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, January 28, 2015
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 December 17, 2014 Board Meeting Minutes***	Ken Garnes	
5.	***Matters of the Board***		
6.	***Directors Report***		
7.	***Committee Reports***		
	A. Behavioral Health Oversight Committee	Susan Beeman	
	• *January Draft Meeting Notes*		
	B. Fiscal Oversight Committee	Suzette Kern	
	• *December 2014 Meeting Notes*		
	C. Government and Community Relations Committee	Rob Sweezy	
	D. Intellectual Developmental Disability Committee	Lori Stillman	
	• *November 2014 Meeting Notes*		
	E. Other Reports		
8.	***CSB Policies Opportunity for Comment***	Ken Garnes	
9.	***Action Items***		
	A. CSB Updated Policies	Suzette Kern	
	B. Amendment to CSB Bylaws	Suzette Kern	
	C. Request to Apply for SAMHSA Primary and Behavioral Health Care Integration Grant	Laura Yager	
10.	***Adjournment***		

Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. Call 703-324-7000 or TTY 711 to request special accommodations. Please allow seven working days in advance of the event in order to make the necessary arrangements. These services are available at no charge to the individual.

Fairfax-Falls Church Community Services Board
December 17, 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, Molly Long, Suzette Kern, Paul Luisada, Juan Pablo Segura, Lori Stillman, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

The following CSB members were absent: Pam Barrett and Dallas "Rob" Sweezy

The following CSB staff was present: Tisha Deeghan, Daryl Washington, Peggy Cook, Jean Hartman, Evan Jones 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

   David Naylor, with Friends of A New Beginning and retired CSB employee, noted the current attention to heroin abuse and that, historically, substance abuse treatment services have been 18-20% of the CSB total budget. The domino effect was highlighted of reducing diversion funding which in turn impacts jails and other services. While treatment services for substance abuse is not directly reimbursable through Medicaid, it was indicated secondary savings are generated through treatment by alleviating the need to incarcerate or provide other services for these individuals.

   Kathy Briggs, a resident of Fairfax, shared with the Board the tragic death of her 21-year old son Kevin this past September as a result of a drug overdose. Ms. Briggs noted her son's background as a Boy Scout, involved in church and school activities, but in high school became exposed to drugs, the use and type of which escalated. The difficulties in identifying viable treatment programs was shared, and the Board was urged to assist in making treatment information readily accessible as well as ensure sufficient funding of treatment and diversion programs.

3) Approval of the Minutes

   Gary Ambrose offered a motion for approval of the November 19, 2014 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

4) Matters of the Board

- Molly Long, the new Board member representing the Braddock District, was introduced and it was noted will be joining the CSB Intellectual and Developmental Disability Committee.
- In view of the presentations by the public this evening, Gary Ambrose stressed the importance of the diversion program and need for a concentrated effort to ensure funding.
- Noting the recent ribbon cutting ceremony, Mr. Garnes extended appreciation to Peggy Cook and others involved in the collaborative effort to renovate New Generations, a women's treatment center. Peggy Cook shared that this project came about through the partnership and resources of Crate and Barrel, Rebuilding Together as well as Christian Relief Services and provided for a new kitchen, fence and play structure for the children.

5) Directors Report

- Tisha Deeghan reported on the following:
  - An update on the closing of Sojourn House noted all residents are being accommodated through alternative programs and staff reassigned to other parts of the system. In addition, several agencies are considering possible use of the facility.
  - A joint State response to the Board of Supervisors' (BOS) letter on financing of Intermediate Care Facilities was received from Secretaries William Hazel, Department of Housing and Human Resources, and Maurice Jones, Department of Commerce and Trade. The initial read is that from the State perspective all is being implemented according to plan.

    There was discussion of requesting from the State data that supports the statement of a preference for homes with four or fewer, and as comparison, gather local data on the size of homes in Fairfax in which individuals are relocating from the training centers. Continuing concern was expressed that the redesigned Intellectual Disability/Developmental Disability (ID/DD) Waiver rates will not support four-person group homes.
  - Separately, Secretary Maurice Jones has sent correspondence to BOS Chairman Sharon Bulova as well as other jurisdictions across the State requesting local housing assistance pursuant to the Supreme Court's Olmstead Decision. Information is being compiled from several county agencies to prepare a response.
  - Recapping the presentation to the BOS Human Services Committee on ID employment, it was indicated positive feedback was received which has allowed time to continue developing alternative measures. Over the next months, input will be gathered from stakeholders and others in the community to assist in identifying opportunities.
  - In response to the CSB Board letter on hiring issues including the NEOGOV system, a meeting was held with Chairman Bulova in which it was noted other agencies are experiencing similar issues. Deputy County Executive Dave Molchany will be leading the effort to address the concerns and there seems to be an understanding of the immediate need for corrective steps. The situation will continue to be closely monitored to ensure progress.

- With a series of openings in Emergency Services and recent developments, there is now a 26% vacancy rate. Providing this mandated service will be further compounded in February with the retirement of two staff. After determining the historically low level of prescreenings required at Gartlan vs. Woodburn, e.g., in October there were 2 vs. 40, as well as the capability of telepsych which will accommodate prescreenings from multiple locations, the two certified prescreening staff will be redeployed from Gartlan to Woodburn/Merrifield. It was indicated that Supervisor Hyland has been informed with the assurance that services will not be interrupted, and the Gartlan Advisory Board will also be notified.

  During discussion of telepsych services, it was indicated the CSB has employed this system for some time both internally as well as externally with Inova hospital. As there was an interest in additional information, it was noted at an upcoming Board meeting representatives of the County Information Technology as well as CSB Emergency Services can provide a briefing on increased utilization of this system.

- Daryl Washington provided the following:
  - An overview of the schedule to move staff and programs to the Merrifield Center in January. Three phases were reviewed that include:
    - January 8-12: Youth & Family at Woodburn, Adolescent Day Treatment at Reston and Park Place along with Women's Recovery Center on Democracy Lane.
    - January 15-21: Relocate remaining services at Woodburn including Emergency as well as all staff/programs at the Jermantown site. It was noted phones to Emergency Services will be down about a half-hour at 5:00am, the slowest time of day, with the alternative number at Detox being fully manned during this time. This phase also includes relocating the Call Center as well as Assessments.
    - January 22-26: Relocation of ADAPT-an anger management program, ID support coordinators from three separate locations and behavioral health outpatient from Democracy Lane.
    - It was noted bus service is already operational to the Merrifield Center.
  - Prevention drug abuse cards were distributed to Board member which provide contact information for services and a safety plan. It was noted at an upcoming Board meeting, staff will present on some initiatives being implemented in the area of substance use.

6) <u>Committee Reports</u>

A. *Fiscal Oversight Committee*

Reporting on the November committee meeting, Suzette Kern noted the following:

- A report out was provided of the CSB Workplan as well as developments on hiring issues.
- CSB Human Resource Manager Tana Suter will now attend the meeting to provide status reports as well as address issues directly.
- The staff vacancy rate of 128 remains constant.
- The Human Services Council is implementing a new process for budget review that includes briefings on emerging trends. With this in mind, a trend document was forwarded earlier in the evening to Board members for review.

- It was highlighted that due to the short deadline between the release of the FY2016 Advertised Budget, preparation of the Human Services Council response along with the BOS hearings, the CSB Board will need to be prepared to discuss budget concerns at the January meeting.
- An invitation was extended to all Board members to participate in the January committee meeting that will include discussion of current budget variances, scoping out issues to highlight in the third quarter report to the BOS as well as examine the multiple reporting requests in which staff are responding to determine redundancies and/or those that may be unnecessary.

B. *Government and Community Relations Committee*
On behalf of Rob Sweezy, Mr. Garnes noted presenters are needed for the upcoming hearings on the Governor's amendments to the biennial budget. Following discussion, Lori Stillman volunteered to testify at the January 7th local hearings of the Senate Finance/House Appropriations and there was a consensus that one representative will suffice as additional regional CSBs will also be testifying. For the January 10th Fairfax Delegation hearing, Ken Garnes, Suzette Kern and Molly Long offered to present testimony. A reminder was provided that staff is prepared to assist in drafting the presentations.

C. *Intellectual Developmental Disability (IDD) Committee*
While the committee did not meet in December, Lori Stillman indicated focus continues on alternative measures with the elimination of sheltered employment as well as redesign of waivers. In this regard, it was indicated comments were submitted by the December 15th deadline on the proposed waiver redesign which primarily focused on 1) a sufficient differential for the Northern Virginia area along with a request for supporting data used to establish the currently proposed differential percentage, and 2) allow for billable time of support coordinators to transition individuals from the training centers.

It was indicated the next committee meeting will be held January 8th, 7:30pm and all are welcome.

D. *Behavioral Health Oversight Committee*
Susan Beeman reported at the December committee meeting CSB Service Director Georgia Bachman presented an overview of behavioral health outpatient services.

7) <u>Updated CSB Policies Opportunity for Public Comment</u>

Mr. Garnes opened the floor for public comment on the three proposed updated CSB Policies, 0005, 0020 and 0030, and hearing none, closed the opportunity for comment.

8) <u>Action Item</u>

A. *CSB Updated Policies*
Ms. Kern moved that the three proposed CSB updated Policies, 0005, 0020 and 0030, be approved as presented. The motion was seconded and passed.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned 9:15 p.m.

Actions Taken--

- The November 2014 meeting minutes were approved.
- CSB updated policies were approved.

_____ _____

Date Staff to Board

DRAFT

Behavioral Health Oversight Committee Meeting Minutes

Date: January 14, 2015
Location: Fairfax County Government Center, Rooms 4/5
Attendees: Susan Beeman, Chair, Gary Ambrose, Terry Atkinson, Gartlan Center Advisory Board, Shawn Buckner, SAARA, Peggy Cook, Jeannie Cummins Eisenhour, Tisha Deeghan, Wendy Gradison, PRS, Inc., Trudy Harsh, The Brain Foundation, Evan Jones, Suzette Kern, Sylisa Lambert-Woodard, Pathway Homes, Inc., Dave Mangano, DeAnne Mullins, Community Residences, Inc., Bill Taylor, Concerned Fairfax, Lyn Tomlinson, 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 December 3, 2014 Minutes	Gary Ambrose moved that the December 3, 2014 Behavioral Health Oversight 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	*Terry Atkinson, Gartlan Center Advisory Board-the Advisory Board* held their meeting yesterday and he expressed appreciation to Lyn Tomlinson for attending the meeting. *Shawn Buckner, SAARA*- made the following announcements: (1) SAARA is in the process of preparing a new survey for individual recovery coaching as an initiative, focusing on employment, recovery and housing and hope to have it up and running by the end of the month. (2) SAARA is in the process of placing representatives into the jail in order to provide peer support. (3) The Governor's Task Force on Opiate Abuse has made several recommendations to the Governor. The next meeting of the Task Force is scheduled in March. *Wendy Gradison, PRS, Inc*. – announced that the Turning Point Program, which is a grant funded program provided in collaboration with the CSB, had a kick-off meeting on Monday. Evan Jones, Director, Employment & Day Services, announced the hiring of the Turning Point Program Supervisor, Marla Zometsky, and noted that the Turning Point Program team will be located at the Merrifield Center. *Bill Taylor, Concerned Fairfax*, commented that one major concern is the availability of long term housing for individuals with serious mental illness. He noted their interest in advocating for more housing, including residential studios. He commented that it's difficult to quantify the extent of housing need and in discussions with CSB staff, determined a survey can be used for residential placements and could determine and provide future housing needs. He expressed appreciation to Jeannie Cummins Eisenhour for attending tonight's meeting to present information on housing needs and waiting list survey.		
Housing Needs/Wait List Survey	Ms. Beeman welcomed Jeannie Cummins Eisenhour to tonight's meeting, who provided some background and an overview outlining the evolving effort to collect housing data on CSB clients. The overview highlighted the following areas: • *how does the CSB track client housing needs:* she provided a review of the current CSB Community Housing Screening Form used in the CSB Electronic Health Record (Credible) and efforts to collect, capture and track housing needs data and other critical information, which can be used and reported to	Jeannie Cummins Eisenhour	

DRAFT

Topic	Action	Responsible Party	Due Date
	community partners; • *how would the CSB use a housing database:* track individuals who are in need or waiting for community housing or those who have received community housing; use current and trend data to prioritize distribution of available housing resources to individuals as well as target funding resources where most needed, and when available; • *where do we want to be:* a holistic approach that recognizes housing needs change over time and periodic assessment of housing needs is necessary • *what will this take:* assign active CSB clients a "housing status" in the electronic health record; create a universal screening tool to determine need for affordable housing; develop a housing assessment; train case management staff to perform initial housing assessments and update routinely; and set up Credible to utilize existing data elements and incorporate new data elements, forms, reports, etc.; identify protocol to prioritize clients for housing resources to which CSB can make direct referrals; develop key indicators of housing need and housing outcomes. • Ms. Cummins Eisenhour noted that the CSB has a new Electronic Health Record system with capacity; has a new Director of Informatics and several new informatics staff; have some resources to support Credible related activities; and added that we are in a federal and state policy environment that is demanding to see housing outcomes for individuals being served. Ms. Cummins Eisenhour provided copies of information which further explains the components of each area she described. There was brief discussion and some suggestions and comments were provided. Appreciation was extended to Ms. Cummins Eisenhour for this informative presentation. Daryl Washington briefly discussed the next steps and noted that he meets regularly with the Director of Informatics, Jerome Newsome, and can discuss existing ways to create/track data, the best way to capture this information in credible with staff and determine what information can be reported out. He added that an update can be provided at the March meeting.		
Staff Report	*Daryl Washington, Deputy Director, CSB,* provided the following updates and announcements: • Merrifield: Phase I is complete with services being provided on the third floor. The majority of the services currently provided are Youth and Family, with two Day Treatment programs and the Recovery Women's Center. Phase II, which is the largest phase of the move with the most staff, and includes Woodburn Center and Jermantown Road offices, is moving tomorrow. The goal is for those services to open on Wednesday of next week. He commented that the CSB is looking forward to hosting an open house which is currently scheduled for March 27, 2015 at 11:00 am. More information about the open house will be forthcoming.		

DRAFT

Topic	Action	Responsible Party	Due Date
	• Daryl Washington provided an update on the Governor's Access Plan (GAP), limited health benefits for individuals with a serious mental illness, and for those meeting Medicaid and GAP definition: the program started on Monday, January 12th; CSB is the GAP screener-if receiving services from the CSB the case manager will assist; if not receiving services, individuals can contact the CSB Front Door to schedule a screening. He commented that they estimate in excess of 600 individuals served by the CSB may be eligible for GAP. Information can be found on the DMAS website. He noted that next week the CSB hopes to have information to share with the general public, and once refined will send to this Committee. He will send current documents and information to Committee and Associate members.		
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 9:00 p.m.	Susan Beeman, Chair	

Date Approved

Minutes Prepared by
Shelley Ashby

DRAFT

CSB Fiscal Committee Meeting Notes

Date: December 12, 2014
Attending: Suzette Kern, Gary Ambrose, Ken Garnes, Kate Hanley, Jeff Wisoff
Staff: Tisha Deeghan, Len Wales, Daryl Washington, Ron McDevitt, Lisa Potter, Lisa Witt, Tana Suter

Summary of Information Shared/Decisions:

Financial Status

- Pay Period Metrics:
  - Based on PP24 savings, staff estimates some flexibility and capacity to fill 30 additional general merit positions. From PP23 to PP24, 4 positions became vacant, while 6 positions were filled, a net of 2.
- Position Status:
  - As of December 8th the CSB has 128 vacant general merit positions, 33 above the vacancy break point (VBP) of 92.
- Staff noted that additional cuts were not needed to meet the 1% reduction target, which will be taken at third quarter
- It was noted that there will be further discussion at the January, 2015 meeting as the Modified Fund Statement and Explanation of Variance will be provided at the meeting.

CSB Work Plans

Most work plans are on target. Some highlights include:

- Informatics: on target. Staff have been meeting with Credible and Contracts staff. In the next weeks, Credible will do an onsite financial optimization review.
- Front Door: pilots are continuing and being monitored.
- There was some discussion regarding work plan due dates and completion status. It was recommended that, as appropriate, due dates and/or completion status be modified to reflect projected timeframes at present. It was also recommended that tasks that have been completed and have led to ongoing operations be labeled as such. Daryl Washington will continue to work with staff and provide changes/updates at the January Fiscal Committee meeting.
- Request was made for staff to prepare a list or inventory of all CSB work plans, strategic plans, etc. It was noted that a status of each item is not necessary. A list will be developed for the January Fiscal Committee meeting.

Human Resources Issues

- Tana Suter, CSB HR Manager, provided an update and status of Human Resources issues, including NEOGOV issues impacting the CSB. Some highlights include:
  - Pilot of SME (Subject Matter Expert) Role: CSB is one of eight agencies participating. The pilot will run two-three months, with the hope to expand in the Spring. Reviewed the process of the SME and noted the SMEs will include staff from within our agency; five hiring managers from Residential, Mental Health Youth and Family; Behavioral Health Outpatient and two HR managers will be trained.

- Clarify salary expectations: upon request, language at top of advertisement will include a statement that the salary offered for the position will not exceed a certain amount.
- Inclusion of Internal Candidates on referred lists: including SMEs in the process will make it easier for internal candidates to be included. CSB HR will continue to reinforce the importance of completeness of applications and early profile preparation in NEOGOV.
- Exclusion of sometimes outdated illustrative duties from class specification: now only included upon request; can add to existing illustrative duties but cannot selectively delete.
- Competitive pay for Public Health Doctor/Psychiatrist classes: recent meeting with DHR, CSB and Health Department. New plan will preclude need for market review of salaries. Estimated effective date: February 1, 2015. DHR will obtain Deputy County Executive/Human Services and County Executive approval; there was brief discussion about market rate studies of other hard to fill position classes, such as Senior Clinicians and ID Specialist/Support Coordinators.
- Staff will continue to report on HR issues.

Update on FY2016 Budget and Key Budget Dates

- Len Wales provided an update of the FY2016 budget and key budget dates.
  - He commented it's not too early to begin thinking about testimony for the April budget hearings. There are a number of CSB items on the list: ID Grads, Employment First, and contract rate issue and added that Tisha Deeghan presented on Employment First to the BOS HS Committee on December 9th. Staff will continue to provide updates to the Committee as the CSB receives new information.
  - He reported that the CSB has had discussions with DMB about rightsizing CSB revenue projections. Further discussions will occur after January 1, 2015 to identify revenue and expenditure flexibility, and may align with the Lines of Business (LOBs) work beginning in January (for FY2017).
  - Ron McDevitt reported that the HS Council will have a final budget schedule at the December 15th meeting. He added that they are considering scheduling community roundtables/forums in January.
  - Staff will have more details on budget and FY 2016 reductions at the January Fiscal Committee meeting.

CSB Status Report

- Len Wales provided an update on the CSB Status Report and reviewed the information provided, including data definitions.
- The Status Report will be provided on a quarterly basis; reporting dates will correspond with State Performance Contract reporting (2nd quarter of FY 2015 to be reported in February).

CSB Fiscal Committee Meeting Notes

Action Items/Responsible Party Required Prior to Next Meeting:
• Update Work Plan: Due dates/status completion changes and updates, Tier 2 items, and items that have become part of ongoing operations. • Inventory of CSB "Plans" (work plans, strategic plan, etc.).
Issues to Communicate to CSB Board:
• None
Agenda Items for Next Meeting on January 16:
• CSB Work Plan updates/changes • Inventory of CSB "Plans" (work plans, strategic plan, etc).

Fairfax-Falls Church Community Services Board
Intellectual and Developmental Disabilities Committee
November 6, 2014

The Intellectual and Developmental Disability Committee of the Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 9/10, Fairfax, Virginia.

The following Committee members were present: Chair Lori Stillman, the Hon. Jane Woods, and Suzette Kern

The following Committee members were absent: Rob Sweezy

The following CSB staff were present: Jean Hartman, Ginny Cooper, Lara Lafin, Evan Jones, Dave Mangano, Victor Mealy, Jeannie Cummins, Tisha Deeghan.

Also present were Fairfax County Public School (FCPS) staff, private sector staffs as well as members of the public.

1. Meeting Called to Order

   The meeting was called to order at 7:36 p.m.

2. Welcome and Introduction

   Welcomed new board member Suzette Kern.

3. Approval of the Minutes

   The minutes from the previous two meetings were approved (July and September). Motion made by Jane Woods and seconded by Suzette Kern. Motion carried unanimously.

4. Matters of the Public

   None.

5. Matters of the Committee

   - Service Source was recognized and thanked for a very educational site visit they provided to Board members.
   - Logisticare provides web based trainings for vendors on how to use services on the third Thursday of every month. See Lori if interested in getting on the email list. Next Logisticare Advisory Board meeting will be in Jan. 2015.
   - A Trend Watcher article having to do with employment of people with ID outlining trends and benefits of hiring was distributed. More information is available at www.imintohire.org
   - The Sunday Washington Post carried an excellent article on ARC's sponsored "Wings for All" program and its success at Dulles International Airport.
   - RE: Senate Bill 627 – discussed recent developments and problems/concerns relayed in Debora Ferguson's workgroup presentation.

6. Presentations and Dialogue

The first presentation was on Medicaid by Director of Enterprise Services, Ginny Cooper and Waiver and Medicaid Manager, Lara Lafin.

A PowerPoint presentation entitled "Medicaid and CSB" was shared. Ms. Cooper gave a thorough overview of Medicaid especially as it relates to CSB services. Ms. Lafin explained the Medicaid Waiver services, requirements, and the process of allocating available Waivers. Also discussed was the role of CSB staff in assisting individuals to obtain benefits and current ID Waiver status.

The second presentation was on ICF and Rental Choice by Investment & Development Manager, Jeannie Cummins Eisenhour. Handouts were provided on the Rental Choice program, Board of Supervisor Chairman Sharon Bulova's letter to Governor McAuliffe, and Project Details for a proposed feasibility study.

Ms. Cummins Eisenhour explained the CSB's participation in a three-year pilot program designed to increase independent living options for individuals including allowing them to choose their own housing. The initiative is called Rental Choice Virginia and it provides both rent-up and rental assistance.

The Committee had also requested an update on other housing needs particularly in light of capacity issues within Fairfax and Falls Church. Ms. Cummins Eisenhour explained our request for a feasibility study addressing the demand for Intermediate Care Facilities (ICFs). Demand has increased both as a result of the training center closures and as a result of an aging population of individuals with ID and co-occurring medical needs. We are requesting a feasibility study to develop a conceptual design for a community-based ICF and to identify four potential sites on which to build the first half of a series of eight four bed facilities. If the proposed study is approved, it may start the ball rolling in getting ICF facilities through CIP and other initiatives.

Finally, the Committee also reviewed the October 28th letter from Chairman Bulova to Governor McAuliffe outlining the challenges in developing sufficient integrated community residential options for individuals with intellectual disabilities in our area. This problem has been exacerbated by the recent administrative actions of the VHDA and the Virginia DHCD requiring group homes and ICFs to be treated as medical facilities, rather than housing, which has effectively curtailed below-market financing for development of these facilities.

7. Agency and Service Area Updates

Given the full agenda and lateness of the hour, staff updates were kept to minimum announcements. Staff reported some progress in filling Support Coordinator vacancies with five recent new hires.

There are currently 56 individuals from Fairfax-Falls Church at NVTC and 17 at CVTC. Twelve are anticipated to transition to the community by the end of the year.

The CSB received a grant for a new program which will be jointly implemented with PRS. The grant, called Turning Point, will be under Evan Jones' Service Area targeting employment and other services for young adults experiencing a first psychiatric break.

Staff reported that Fairfax County had 868 individuals in Employment Services in the past year who earned hourly wages that ranged from $7.55/hour to over $12/hour.

8. Adjournment

There being no further business to come before the Committee, the meeting was adjourned at 9:30 p.m.

a. Next Meeting January 8, 2015 (first Thursday of the month).

Actions Taken – Approval of the July and September meeting minutes.

Follow-up Items – None

January 8, 2015	Signed
Date Approved	Minutes Prepared by Carol Taylor

COMMUNITY SERVICES BOARD Item: 9A Type: Action Date: 1/28/2015

CSB Updated Policies

Issue:
Board approval of updated CSB policies.

Recommended Motion:
I move that the Board approve revised CSB Policies 1102, 1103, 1200, 1201, 1305 and 3040 as presented.

Background:
As part of the ongoing triennial review of CSB policies, the policies outlined below were updated and issued for a public review and comment period.

- 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

No comments have been received during the review period, and a final opportunity for comment will be provided at the January 28, 2014 CSB Board meeting prior to requesting Board approval.

Board Member:
Suzette Kern, Secretary to the CSB Board

Enclosed Documents:
Attachment A – CSB Policy 1102 as revised
Attachment B – CSB Policy 1103 as revised
Attachment C – CSB Policy 1200 as revised
Attachment D – CSB Policy 1201 as revised
Attachment E – CSB Policy 1305 as revised
Attachment F – CSB Policy 3040 as revised

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: 9B	Type: Action	Date: 1/28/2015

Amendment to CSB Bylaws

Issue:
Adopt amendment to the CSB Bylaws to reflect committee name change.

Recommended Motion:
I move that the CSB Bylaws be amended to reflect the renaming of the Substance Use Disorders/Mental Health Committee to the Behavioral Health Oversight Committee.

Background:
In November 2014, the name of the Substance Use Disorders/Mental Health Committee was changed to the Behavioral Health Oversight Committee. In addition, notification was provided at the November Board meeting that the CSB Bylaws would be amended to reflect this new name. As the 30-day required advance notice has been met, the revised Bylaws incorporating the new committee name are being presented for approval.

Board Member:
Suzette Kern, Secretary to the CSB Board

Enclosed Document:
Attachment: Proposed Bylaws as Amended

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

COMMUNITY SERVICES BOARD ITEM: 9C TYPE: Action DATE: 1/28/2015

Request to Apply for SAMHSA Primary Behavioral Health Care Integration Grant

Issue:
Board approval of a grant application totaling $400,000 to the Substance Abuse and Mental Health Services Administration (SAMHSA) for funding of primary and behavioral health care integration (PBHCI).

Motion:
I move that the Board approve permission to apply for the SAMHSA grant funding totaling $400,000 to expand primary and behavioral health integration services and supports.

Background:
The Substance Abuse and Mental Health Services Administration (SAMHSA) released a Request for Proposals (RFP) on December 22, 2014 to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community based behavioral health settings. The goal is to improve the physical health status of adults with serious mental illnesses (SMI) and those with co-occurring substance use disorders who have or who are at risk for co-morbid primary care conditions and chronic diseases. The objective is to support the triple aim of improving the health of individuals with SMI, enhancing the experience of care (including quality, access, and reliability) and reducing/controlling the per capita cost of care.

Integrated primary and behavioral health care will be located at the new Merrifield Center and the Gartlan Center through established partnerships with the Health Department's Community Health Care Network and Neighborhood Health Services, Inc.

Funds will be used to establish a peer recovery health coaching team that will support required wellness and health promotion activities, integrated treatment teams, and outreach to help engage highest risk populations in integrated services and supports. Funds will also be used for necessary training and enhanced performance management, evaluation, and processes.

Timing:
Immediate. Applications are due February 27, 2015.

Fiscal Impact:
None. No matching funds are required. A health coach team will be established through an existing vendor contract. Current staff will be utilized as in-kind support to the project and existing unfunded positions will be used for any required staff including a nurse care manager. Third party billing will be used when possible to offset cost. These approaches will build a model for future sustainability beyond the funding cycle.

Staff:
Tisha Deeghan, Executive Director
Laura Yager, Director, Partnership and Resource Development

Enclosed Document:
Attachment: RFA No. SM-15-005 Announcement (full documents available at: http://www.samhsa.gov/grants/grant-announcements/sm-15-005)

Grants

Grant Announcements

Applying

Review

Grants Management

Continuation Grants

Block Grants

GPRA Measurement Tools

Contact Information

Grants Glossary

Speak Up. We're Listening.

Let us know how we are doing. What can we do to serve you better? Give your feedback today.

Primary and Behavioral Health Care Integration

Short Title: PBHCI

Initial Announcement

Request for Applications (RFA) Information

RFA Number: SM-15-005

Posted on Grants.gov: Monday, December 22, 2014

Application Due Date: Friday, February 27, 2015

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243

Intergovernmental Review (E.O. 12372):

Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.

Public Health System Impact Statement (PHSIS) / Single State Agency Coordination:

Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

Description

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2015 Primary and Behavioral Health Care Integration (Short Title: PBHCI) grants. The purpose of this program is to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based behavioral health settings. The goal is to improve the physical health status of adults with serious mental illnesses (SMI)

[1]and those with co-occurring substance use disorders who have or are at risk for co-morbid primary care conditions and chronic diseases. The program's objective is to support the triple aim of improving the health of individuals with SMI; enhancing the consumer experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

SAMHSA launched the PBHCI program in FY 2009 with the knowledge that adults with serious mental illness experience heightened morbidity and mortality, in large part due to elevated incidence and prevalence of obesity, diabetes, hypertension, and dyslipidemia. This increased morbidity and mortality can be attributed to a number of issues, including inadequate physical activity and poor nutrition; smoking; side effects from atypical antipsychotic medications; and lack of access to health care services. Emerging research has documented the relationships among exposure to traumatic events, impaired neurodevelopmental and immune systems responses and subsequent health risk behaviors resulting in chronic physical or behavioral health disorders.[2] Unaddressed trauma significantly increases the risk of mental and substance use disorders and chronic physical illnesses. Many of these health conditions are preventable through routine health promotion activities, primary care screening, monitoring, treatment and care management /coordination strategies and/or other outreach programs. Much of the national effort towards achieving the triple aim of improved health, enhanced care, and reduced costs are associated with developing person-centered systems of care that address an individual's holistic health and wellness.

The PBHCI grant program supports the goals of the Million Hearts™ Initiative in that people with behavioral health disorders are disproportionally impacted by many chronic primary care health conditions, including heart disease and hypertension.

The Million Hearts™ initiative supports cardiovascular disease prevention activities across the public and private sectors in an unprecedented effort to prevent 1 million heart attacks and strokes over five years and demonstrate to the American people that improving the health system can save lives. Million Hearts™ will scale-up proven clinical and community strategies to prevent heart disease and stroke across the nation by empowering people to make healthy choices such as preventing tobacco use and reducing sodium and trans fat consumption and by improving care for people who do need treatment by encouraging a targeted focus on the "ABCS" - aspirin for people at risk, blood pressure control, cholesterol management and smoking cessation.

Million Hearts™ brings together existing efforts and new programs to improve health across communities and help Americans live longer, healthier, more productive lives. The Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services are the co-leaders of Million Hearts within the U.S. Department of Health and Human Services, working alongside other federal agencies including the Administration on Aging, National Institutes of Health, the Agency for Healthcare Research and Quality, and the Food and Drug Administration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration, the Office of the National Coordinator, and the Veterans Administration.

Key private-sector partners include the American Heart Association, and YMCA, among many others.

In FY2015, SAMHSA builds on previous PBHCI funding opportunities by capitalizing on lessons learned from previous PBHCI grantees and the field at large, in order to further develop the coordination and integration of primary care and behavioral health care services. Grantees will be expected to achieve this by strengthening their focus on integrated treatment teams, evidence-based and promising wellness interventions, program structures (e.g., primary care access, information sharing, and treatment planning, etc.), performance monitoring and continuous quality improvement, and sustainability.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery provides a cost savings. SAMHSA has identified six Strategic Initiatives to focus the Agency's work on people and emerging opportunities. More information is available at the SAMHSA website: www.samhsa.gov/about-us.

The PBHCI grant program supports SAMHSA's Strategic Initiative on Health Care and Health Systems Integration, as well as aligns with Prevention of Substance Abuse and Mental Illness; Recovery Support; and Health Information Technology. The PBHCI grant program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

PBHCI is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project **at the latest**.

PBHCI grants are authorized under 520K of the Public Health Service Act, as amended. This announcement addresses Healthy People Mental Health and Mental Disorders Topic Area HP 2020-MHMD and/or Substance Abuse Topic Area HP 2020-SA.

---

[1] Adults with a serious mental illness (SMI) are defined by SAMHSA as persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the [DSM-IV], resulting in functional impairment which substantially interferes with or limits one or more major life activities. SAMHSA will defer to state definitions of SMI and/or serious and persistent mental illness (SPMI).

[2] Anda, R.F., Brown, D.W., Dube, S.R., Bremner, J.D., Felitti, V.J, & Giles, W.H. (2008). Adverse childhood experiences and chronic obstructive pulmonary disease in adults. *American Journal of Preventive Medicine, 34*(5), 396-403.

Eligibility

Eligibility for this program is statutorily limited to qualified community mental health programs, as defined under section 1913(b)(1) of the Public Health Service Act, as amended.

The statutory authority for this program prohibits grants to for-profit agencies.

Award Information

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $40,897,330

Anticipated Number of Awards: 102

Anticipated Award Amount: Up to $400,000 per year

Length of Project: Up to 4 years

Cost Sharing/Match Required?: No

Proposed budgets cannot exceed $400,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Contact Information

Program Issues

Tenly Pau Biggs, MSW, LGSW
Center for Mental Health Services/Division of Services and Systems Improvement
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 6-1008
Rockville, Maryland 20857
(240) 276-2411
Tenly.Biggs@samhsa.hhs.gov

Grants Management and Budget Issues

Gwendolyn Simpson
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1408
gwendolyn.simpson@samhsa.hhs.gov