FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Gary Ambrose, Chair
Suzette Kern, Vice Chair
Merrifield Center
8221 Willow Oaks Corporate Drive
Level 3 - Room 409A
Fairfax, Virginia 22031

Wednesday, September 23, 2015
5:00 p.m.

1.	*Meeting Called to Order*	Suzette Kern	5:00 p.m.
2.	*Matters of the Public*	Suzette Kern	
3.	*Amendments to the Meeting Agenda*	Suzette Kern	
4.	*Approval of CSB July 22, 2015 Board Meeting Minutes*	Suzette Kern	
5.	*Matters of the Board*		
6.	*Committee Reports*		
	A. Behavioral Health Oversight Committee	Diane Tuininga	
	• *July 2015 Meeting Notes*		
	B. Fiscal Oversight Committee	Ken Garnes	
	• *July 2015 Meeting Notes*		
	• *FY2017 CSB Budget Submission Update*		
	C. Government and Community Relations Committee	Rob Sweezy	
	• *Legislative Issues Update*		
	D. Intellectual and Developmental Disability Committee	Lori Stillman	
	E. Other Reports		
	• Committee Chair Succession	Suzette Kern	
7.	*Information Items*		
	A. CSB Lines of Business	Daryl Washington	
	B. CSB FY2015-FY2017 Strategic Plan Revisions	Lisa Potter	
8.	*Action Items*		
	A. CSB 2015 Fee Schedule Revisions	Ginny Cooper	
	B. Public Review-Comment Period to Proposed Changes CSB 2016 Fee Related Documents	Ginny Cooper	
	C. FY2017-FY2021 Capital Improvement Project	Jeannie Cummins	
	D. FY2015 Year End Report	Ken Garnes	
	E. Intellectual and Developmental Disability Committee Charter	Lori Stillman	
9.	*Directors Report*	Tisha Deeghan	
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
July 22, 2015

The Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

The following CSB members were present: Gary Ambrose, Chair; Ken Garnes, Kate Hanley, Kat Kehoe, Suzette Kern, Molly Long, Lori Stillman, Dallas "Rob" Sweezy, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

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

The following CSB staff was present: Tisha Deeghan, Daryl Washington, G. Michael Lane, Dave Mangano, Lisa Potter and Laura Yager

1. Meeting Called to Order

   Gary Ambrose called the meeting to order at 5:00 p.m.

2. Matters of the Public

   There were none presented.

3. Recognition

   Ken Garnes was honored for his exceptional leadership and guidance as CSB Chair over the past two years which was crucial in a time in which the agency as well as CSB Board experienced several transitions.

4. Approval of the Minutes

   Kate Hanley offered a motion for approval of the June 24, 2015 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

5. Matters of the Board

   - Kate Hanley noted the CSB presentations at the recent Board of Supervisors (BOS) Human Services Committee were well received, with one member indicating this was the first time information was provided in such a way as to offer a clear understanding of the issues.
   - Reporting on the Suicide Prevention Regional Task Force, Jane Woods noted efforts continue to ensure measures are in place for both youth and adults. As part of this initiative, Laura Yager will be presenting to the CSB Regional Management Group and the Northern Virginia Regional Commission.
   - As a recently appointed CSB Board member, Kat Kehoe shared she has joined the CSB Government & Community Relations as well as Intellectual and Development Disability (IDD) Committees.

DRAFT

- Noting the Pathways to Wellness Conference will be held October 16, 2015, Diane Tuininga indicated registration will soon be available through the website being developed.
- Jeff Wisoff extended appreciation to Jim Stratoudakis and Erin Bloom for providing background information for his new role.

6. Directors Report

Tisha Deeghan reported on the following:

- Noting development of the Lines of Business (LOBs) is moving forward, it was indicated the analysis undertaken last year to identify the three percent budget reduction submission has been helpful in this process. The Human Service agencies are being encouraged to work together to avoid redundancy in the LOB submissions. At the same time, each agency must provide a clear understanding of their unique services, even though they may fall under a main category such as children services.
- In addition to the IDD Day Employment presentation before the BOS Human Services Committee, it was noted the Crisis Intervention Team (CIT) Assessment grant was discussed, clarifying the funds awarded are a small portion of the initial request. It is hoped that some FY 2015 Carryover funding will be designated to bridge a CIT assessment center at Merrifield as well as to establish a mobile crisis unit in another quadrant of the county.
- Along with representatives of the CSB and Fairfax County Sheriff's Office, a local Washington NBC4 reporter participated in the recent site visit to review the Bexar County, Texas jail diversion system. As a result, a series of news reports will be aired beginning July 22nd. It was noted the statistics illustrate the success of the Bexar County program that includes reduction in jail beds as well as homelessness. Additionally, it was emphasized to achieve successful outcomes, all parties must be involved and the measures in place to support the system.
- Michael Lane, newly hired CSB Deputy Director, Administrative Operations, was introduced.

7. Committee Reports

A. *Behavioral Health Oversight Committee* (BHOC)

Recognizing there may be an interest, Diane Tuininga indicated presentations providing an overview of CSB services before the committee over the past several months have been distributed to all CSB Board members.

B. *Fiscal Oversight Committee*

Ken Garnes reported on the following:

- Appreciation was extended to Laura Yager for providing a tour of the Merrifield Center to Tony Griffin, former Fairfax County Executive, who was instrumental in the paving the way for the facility.
- As of now, final decisions have not been received on the FY 2015 Carryover requests submitted to the Department of Management and Budget.

- The CSB yearend report to the BOS and Cities of Fairfax and Falls Church is being developed and will be available for Board review in September. It was noted the document will focus on future activities vs. solely on past year activities.
- In preparation for development of the LOBs, two CSB Board work sessions have been scheduled in September on the 1st and 15th.
- During August, Len Wales will be transitioning out of his CSB position, and in September, may be accepting other county assignments. However, Mr. Wales will continue to provide assistance with the LOBs process.
- To accommodate the October 16th Pathway to Wellness Conference, the October committee meeting is being moved to October 23rd.
- It was determined an August committee will not be necessary.

C. *Government and Community Relations Committee*

Rob Sweezy reported on the activities of the recent committee meeting which included:

- Suicide Prevention training for adults who provide coaching will be addressed with the schools. In addition, outreach efforts for training of adults involved with other community children activities will be pursued.
- Following discussion of a jail diversion legislative proposal drafted for the upcoming Virginia General Assembly session, Kate Hanley moved for adoption and submission of the proposal to the Fairfax County Legislative Office for the BOS to consider including in the 2016 County Legislative Program. The motion was seconded and passed.
- Noting the updated Human Services Issues Paper was previously distributed to Board members for review, it was indicated the committee has incorporated some further revisions. This background document is prepared each year to provide the state legislature with a reference document, however, it was clarified that succinct, bulleted talking points will be developed for use by CSB members when meeting with legislative representatives. Jane Woods presented a motion for approval to submit the CSB updated portion of the Human Services Issues Paper to the County Legislative Office with the understanding there may be some additional verbiage revisions, but no substantive changes to the issues as outlined. The motion was seconded and passed.

D. *Intellectual and Developmental Disability (IDD) Committee*

Lori Stillman provided the following overview of developments as well as discussions at the July committee meeting:

- Kat Kehoe has joined the IDD Committee which is now meeting at 5:30 at the Merrifield Center.
- Referencing the committee September meeting notes included in the CSB agenda packet, the discussion of the Department of Justice settlement and scheduled closure of Northern Virginia Training Center (NVTC) was highlighted.

- In furtherance of the IDD Day Employment presentation to the BOS Human Services Committee, it was noted the PowerPoint is a useful reference document that outlines the issues.
- The August 19th Infant and Toddler Connection (ITC) graduation ceremony has been moved to an indoor location, Daniels Run Elementary School, and Virginia Health and Human Resources Secretary William Hazel is scheduled to attend.
- On Tuesday, July 28th, the BOS will recognize the 25th anniversary of the Americans with Disabilities Act, with a reception held prior at 8:30am at the Fairfax County Government Center.
- The next committee meeting is scheduled Thursday, September 3rd, 5:30, at the Merrifield Center.

8. Action Items

A. CSB Associate Committee Members

As outlined in the CSB Bylaws, Diane Tuininga noted the recommended FY 2016 Associate Committee members were presented at the June meeting, and are now being brought forth for approval. Following, Ms. Tuininga offered a motion for approval of the FY 2016 Associate Committee members which was seconded and passed.

B. Criminal Justice Diversion Program Funding Request

Laura Yager provided background on an opportunity released July 13th for funding, up to $185,000 annually, from the Department of Behavioral Health and Developmental Services for Criminal Justice Diversion services. The funding focuses on Intercepts 2 and 3 within the Sequential Model that includes the courts. With this in mind, efforts are underway to pursue development of a mental health court.

The application for funding is due August 17th, and as the BOS will not be meeting in August, it has been agreed the filing can proceed and presented to the BOS retroactively in September. Jane Woods moved for approval to apply for, and if awarded, accept Criminal Justice Diversion Program funding. 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 at 6:10 p.m.

Actions Taken--

- The June 2015 meeting minutes were approved.
- Approval of the FY 2016 Associate Committee members.
- Approval to apply, and if awarded, accept Criminal Justice Diversion Program funding.

_____ _____

Date Staff to Board

Behavioral Health Oversight Committee Meeting Minutes

Date: July 8, 2015
Location: Merrifield Center
Attendees: Diane Tuininga, Chair, Gary Ambrose, Terry Atkinson, Gartlan Center Advisory Board, Peter Clark, No. Va. Mental Health Foundation, Tisha Deeghan, Suzette Kern, Sylissa Woodward, Pathway Homes, Inc., Tom Schuplin, PRS, Inc., Bill Taylor, Concerned Fairfax, Lyn Tomlinson, Daryl Washington, Sylissa Woodward, Pathway Homes, Jeffery 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 5:00 p.m.	Diana Tuininga, Chair	
Approval of June 10, 2015 Minutes	Suzette Kern moved that the June 10, 2015 Behavioral Health Oversight Committee minutes be approved as presented. The motion was seconded by Gary Ambrose and unanimously carried.	Behavioral Health Oversight Committee	
Associate Member Presentations and Concerns	Bill Taylor, Concerned Fairfax, The 2015 NAMI Walk will be held on Saturday, September 19, 2015 at the Tysons Corner Center in McLean, Virginia. If you would like to create a team or to register to walk the link is www.namiwalks.org/NorthernVirginia Tom Schuplin, PRS, Inc. Staff are attending Credible training this week and excited about the business intelligence possibilities.		
Presentation: CSB Nursing and Acute Care Services	Louella Meachem, Director of Nursing, gave a presentation and shared information regarding CSB Nursing and Detoxification Services. The presentation highlighted the following: Our Nurses work as part of an interdisciplinary team to provide clinical treatment to individuals with mental illness, substance use disorders, co-occurring disorders, and intellectual disability as well as compromised physical health. The nursing staff provides counseling, case management, and mental health support services, crisis intervention, and detoxification and facilitates community collaboration. They perform assessments and screenings to identify primary care, mental health, substance use, and intellectual disability. ***Evidence Base:*** Primary care integration • Nursing assessment added to credible • Diabetes protocol • Hypertension monitoring protocol and guidelines • Wellness Group • Medication assisted treatment • Metabolic syndrome monitoring • Medication and Clozaril Clinics • Smoking cessation ▪ *Nicotine Replacement Treatments* ▪ *Smoking cessation groups*	Louella Meachem	

Topic	Action	Responsible Party	Due Date
	Fairfax County Detoxification Center The Fairfax Detox Center is a 32 bed residential facility designed to provide a supervised, structured, supportive and therapeutic environment in which individuals can detoxify safely from alcohol and other drugs. The program is staffed with clinical and medical professionals who provide emergency services, crisis intervention, monitoring, counseling, medical support and transition planning on a 24 hour, 7 day per week basis. The mission of the program is to intervene in the destructive cycle of alcohol and drug dependence, engage the consumer in recovery based services and promote a transition into continuing community-based services that support further abstinence and sustained recovery. The length of stay is variable [1-10 days) and dependent upon the severity and duration of the individual's withdrawal syndrome as well as the client's willingness to remain engaged in services. *Phases of the program include:* • Screening, triage and engagement at the point of first contact • Crisis Intervention: emergency services, crisis intervention and crisis stabilization, if necessary. • Acute Phase: withdrawal symptom management, support and monitoring during the acute phase of detoxification (0 to 72 hours) Engagement and motivational activities to encourage consumer's continued involvement in the subsequent phases of the program • Stabilization Phase: Psycho-education, counseling, case management, continuing assessment and transition/treatment planning. • Transition Phase: Discharge planning, transition counseling, referrals, case management to access and link the consumer with resources and services to support bed to bed transfers to treatment **Detox Diversion** *This program is currently being reestablished since it was recently restored by the Board of Supervisors* • The Detox Diversion programs offers an alternative to arrest that preserves law enforcement resources and increases community safety • The program funds staff that travel to the site of individuals who are drunk in public and transports them to detoxification services in lieu of arrest • Staff currently assists and works with programs throughout Fairfax County, such as hypothermia prevention program, shelters, FACETS, community referrals and other Fairfax County agencies. Diversion services are available 7 days a week between the hours of 3:00 PM and 1:00AM. *Program Criteria:* • Consumers must be in need of and able to consent to the services offered. • Be at least 18 years old, male and female • Consumers will be those individuals who are physiologically dependent upon alcohol and/or other drugs and may not have health insurance that will pay for detoxification		

Topic	Action	Responsible Party	Due Date
	• In need of outreach services due to risk of unsheltered homelessness or involvement with the criminal justice system as a result of public intoxication • Individuals need to be residents of Fairfax County of the Cities of Falls Church and Fairfax. **Substance Abuse Case Management** Substance Abuse case management assists adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance abuse disorders, the case manager will include activities to address both the mental health and substance use disorders. *Program Criteria*: • Those difficult to engage, however continually presenting for services • Individuals in pre-contemplation stage of change/ may not see the need for treatment • Priority Population • Chronic Recidivist • The individual must require case management • Meet current residency requirements • The case management will requires regular direct or client-related contacts and communication or activity with the client, family, service providers, significant others, and others, including a minimum of one face-to-face contact every 90 days. *Purpose:* • Frequent utilization of Detox w/out subsequent engagement in treatment services or recovery • Extensive case management needs awaiting residential services • Exiting treatment needing assistance to obtain or maintain appropriate linkages to community services as housing, employment or insurance benefits.		

Topic	Action	Responsible Party	Due Date

FY 2015 Highlights and FY 2016 Opportunities and Challenges	Daryl Washington, reviewed FY 2015 Highlights and FY 2016 Opportunities and Challenges for the Fairfax-Falls Church Community Services Board
	FY 2015 Highlights
	• Hiring New Executive Director, Tisha Deeghan
	• Hiring New Deputy Director for Administrative Operations, G. Michael Lane
	• Opening of Merrifield
	
	Across the CSB
	• Training of over 80 staff and members of the public in use of naloxone
	• Development of appeals process.
	• Redeployment of staff to increase services in needed areas
	• Refinement of State Performance Contract Process
	• Reduction of Fairfax Census at Northern Virginia Training Center
	• Ongoing adjustment to State Dept. Of Justice settlement requirements
	• Implementation of next phase of Behavioral Health Outpatient co-occurring continuum services.
	• Multitude of personnel changes to make adjustments for Human Resource issues.
	  ▪ Recruitment issues
	  ▪ Clinical and regulatory requirements
	  ▪ Population needs
	  ▪ Agency business needs
	
	• Hiring of Human Services System of Care Director
	• Enrollment of 102 individuals in GAP coverage
	• Substantial Completion of CSB Work plans (Remaining Items are Ongoing Work)
	• Welcome Home Permanent supportive Housing Grant Regional Office
	• Hiring of new Regional Office Manager, Jean Post.
	• REACH after much struggle has turned a corner, increased utilization of the therapeutic home under new leadership, o Crisis Response 2 (CR2) program started at the beginning of the fiscal year and has successfully provided mobile crisis services to over 250 individuals o Northern Virginia Mental Health Institute added 11 new beds
	
	FY 2016 Challenges and Opportunities
	• The CSB incurred a 23 position reduction for FY 16. This will create budgetary and hiring challenges within the agency.
	• Lines of Business Activity
	• Implementation of Strategic Plan
		Daryl Washington	

Topic	Action	Responsible Party	Due Date
	• Build out of 4th floor at Merrifield ▪ 50% INOVA Behavioral Health ▪ 50% Primary healthcare and Virginia Dental Clinic • Stepping Up Initiative ▪ CSB Received $142,000 from the state for CIT coordinator and training ▪ Plans underway to find a way to stand up a CIT assessment site within resources ▪ Kickoff meeting for Diversion Orientation System of Care is scheduled for early August • Tele-psychiatry ▪ Equipment has been purchased and in process of being installed ▪ Contract with UVA being finalized. • Refinement of Revenue Maximization ▪ Insurance and Credential Matching is occurring ▪ Deeper dive into revenue maximization return on investment is underway. • ID/DD Services ▪ DOJ Settlement ▪ Selling and Closing of Northern Virginia Training Center ▪ ID/DD Waiver Reform and Re-design • Youth ▪ Ongoing yearly increase in need for ITC ▪ Integration of Services into system of care ▪ Ongoing redesign of Services to maximize return on investment. • Housing ▪ Lack of affordable Housing impacts ability to support individuals in the provision of services across the youth and adult continuum. ▪ Bridging Affordability flexibility ▪ Recent announcement of project based section 8 availability ▪ Additional HUD CoC units.		
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 6:45 p.m.	Diana Tuininga, Chair	

September 9, 2015
Date Approved

Minutes Prepared by
Loretta Davidson

CSB Fiscal Committee Meeting Notes

Date: July 17, 2015
Attending: Ken Garnes, Kate Hanley, Lori Stillman
Staff: Len Wales, Michael Lane, Lisa Potter, Lisa Witt, Tana Suter

Summary of Information Shared/Decisions:

Len Wales welcomed Michael Lane, Deputy Director of Administrative Operations, to the Fiscal Committee.

FY 2015 Financial Status/FY 2015 Carryover Review

Len Wales and Lisa Witt provided an update on FY 2015 Carryover:

- Staff provided copies of the FY 2015 Carryover Review submission, highlighting the following.
  - FY 2016 Adjustments to Reserves:
    - An increase of $500K to ITC Reserve for a total of $1.5M
    - An increase of $1.6M for ID Employment and Day
  - Encumbered Carryover: $4.5M
  - Unencumbered Carryover:
    - Crisis Recovery Team $144K
    - Merrifield Peer Resource Center $123K
    - Partners in Prevention Fund $100K (all Human Services agencies are contributors).
  - Administrative Adjustments:
    - A decrease of $1.4M in State Discharge Assistance funding transferred to Fund 50000
    - A decrease of $125K in State funding for Project Link,
    - An increase of $1.8 million from FY 2015 unreserved fund balance to partially support unfunded recurring compensation adjustments for psychiatrists and emergency services personnel as well as projected increases in health insurance benefits.
  - It was noted that CSB will request funding for recurring costs in FY2017

- Position Status:
  - As of July 13, CSB had 102 vacant General Merit Positions. The breakeven point is 100 positions.
  - It was noted that the CSB has initiated a new prioritization process for hiring/filling positions.

- Len Wales announced that the BOS Human Services Committee meeting is scheduled for July 21 at 1:00 pm. Tisha Deeghan will provide a presentation on Intellectual and Development Disability (IDD) Employment and Day Support Services, and will provide information on the outcome of the CIT grant award. It was noted that in regards to the CIT grant the CSB requested $1.4 million and received $140,000 ($100,000 for a coordinator position and $40,000 for training).

Lines of Business (LOBs)

- Len Wales provided an update on the LOBs:
  - LOBs are due October 2.
  - LOBs must match County vision, goals, mission elements and an emphasis will be placed on metrics.
  - It was noted that production of the LOBs will continue through September
- It was recommended that two CSB Board Work Sessions be scheduled to review the LOBs as they are developed; sessions were scheduled for September 1 and September 15, 5:00-7:00 pm.

- The final LOBs will be considered at the September 25 CSB Board meeting.

Human Resources Issues

- Tana Suter provided an update and status of Human Resources issues, to include:
  - June 2015 and Year to Date Employee Actions.
  - Currently four open requisitions for merit positions. Since January 2015, 47 positions have been advertised and closed; it was also noted that there have been 71 hires (12 rehires/59 new hires) and 55 terminations year to date.
  - There was some discussion regarding NeoGov and the concerns regarding the process for candidates applying for positions. Tana Suter has regular meetings with County DHR and it was requested that she share today's discussion with DHR.
  - Recruitment and retention activities: the video production has been delayed due to hiring slow-down and the CSB will look at the timing for the video.

End of Year Report for the BOS

- Committee Chair is working with staff to draft the report for Fiscal Committee and full Board to review.

October Fiscal Committee Meeting

- Recommendation made and accepted to change the October meeting date from October 16th to October 23rd, due to the *Together on the Pathway to Wellness* Conference scheduled in October.

Action Items/Responsible Party Required Prior to Next Meeting:

- Committee Chair will continue to work with staff to prepare draft End of Year Report to the BOS for Fiscal Committee and full Board review.

Issues to Communicate to CSB Board:

- Fiscal Committee will not meet in August
- Recommendation to schedule two Board Work Sessions in September to review the Lines of Business (LOBs) being developed: Tuesday, September 1st and Tuesday, September 15th, 5:00-7:00 pm.

Agenda Items for Next Meeting on September 18:

- Finalize review of end-of-year report

COMMUNITY SERVICES BOARD Item: 7B Type: Information Date: 9/23/15

Community Services Board FY 2015- FY 2017 Strategic Plan Revisions

Background:
The Community Services Board FY 2015- FY 2017 Strategic Plan was approved by the CSB Board on June 25, 2014. Following the adoption of the plan, a Strategic Plan Implementation Team was convened to oversee the implementation and evaluation of the plan. The team has made recommendations for updates and minor revisions to the strategic plan, to include the following:

- Update introduction to reflect current Board Chair and Executive Director
- Update budget information to reflect FY 2016 revenues and expenditures
- Revise language in some of the strategies, for clarity and reduce redundancy
- Under "Services" goal, add:
  Develop strategies for critical and emerging needs.
  - Provide alternatives to incarceration for individuals with mental health, substance use and co-occurring disorders.
  - Ensure a comprehensive approach for prevention and treatment of opiate use.
  - Ensure a comprehensive approach to suicide prevention and assessment.
- Under "Workforce" goal, add:
  Develop and implement strategies to ensure a skilled and qualified workforce to meet current and future needs.
- Update attachments: organizational charts, service area descriptions, and current trends and challenges

The CSB Strategic Planning Implementation Team will continue to oversee the next phase of implementation.

The revised Community Services Board FY 2015-2017 Strategic Plan will be presented to the board for approval at the October 2015 board meeting.

Fiscal Impact
None

CSB Staff
Suzette Kern, CSB Board Member
Lisa Potter, CSB Strategy and Performance Management Director

Community Services Board	Item 8-A	Type Action	Date 9/23/15

Revisions to CSB 2015 Fee Schedule

Issue:
Per CSB Fee and Subsidy Related Procedures Regulation 2120.1, revisions to the Regulation and/or the Fee schedule as instructed by the following authorities will be implemented as near to the effective date as possible and then brought forward to the CSB Board for review and approval.

Recommended Motion:
I move the Board approve the unanticipated revisions to Fee Schedule.

Background:
The CSB Board's Ad Hoc Fee Policy Committee met on June 25, 2015 and September 16, 2015 and reviewed the unanticipated revisions to the Fee Schedule presented by staff. The revisions were necessitated by Medicaid or contract reimbursement rate adjustments, greater alignment with Magellan rates for Community Mental Health Rehab Services, new or reconfigured services, and closed programs.

The majority of the service fee revisions have been implemented, with a few requiring additional time to make changes in the Credible Electronic Health Record. It is anticipated that all of the revisions will be fully implemented by November 1, 2015.

Timing:
Immediate

Fiscal Impact:
DMAS and contracted rate increases of 2-3% will produce modest revenue increases for the select services. No gains in revenues are projected from the alignment of the remaining four Community Mental Health Rehab Services with the corresponding Magellan rates; utilization of the Magellan rates however will produce efficiencies in processing clean claims. The Drop-In Support Services fees are set by the CSB but assessed and collected by the contracted providers. The Skilled Nursing Waiver services are yet not operational. While the Turning Point program receives grant funds for its operations, there is a gap to be covered by implementing a program fee; it is anticipated that a small number of individuals will be assessed the new fee based on the Ability to Pay Scale income guidelines.

Board Members and Staff:
Ken Garnes, CSB Board Member
Jeff Wisoff, CSB Board Member
Jane Woods, CSB Board Member
Staff: James P. Stratoudakis, Ph.D., LCP, Director, Compliance and Risk Management, Bill Belcher, Margie Boteler, Ginny Cooper, Geoff Detweiler, Lauren Donahoo, Mariama Samba-Koroma, Mike Suppa, Shamier Yates

Enclosed Document:
Summary of Revisions to CSB 2015 Fee Schedule

Summary of Revisions to CSB 2015 Fee Schedule

Per CSB Fee and Subsidy Related Procedures Regulation 2120.1, revisions to the Regulation and/or the Fee schedule as instructed by the following authorities will be implemented as near to the effective date as possible and then brought forward to the CSB Board for review and approval. The revisions shown below are being presented to the CSB Board on September 23, 2015.

Service
New or changed DMAS rates · ID Congregate Residential ID Waiver Services rate increase · GAP Case Management (Regular & High Intensity) new rates · Skilled Nursing Waiver (LPN & RN Services) rate increases and units changed
Utilize DMAS/Magellan rates for all Community Mental Health Rehab Services · Cost of these services approximates the Magellan Behavioral Health Service Administrator reimbursement rate. As most others were previously aligned, this will align the remaining 4 Community Mental Health Rehab Services with the corresponding Magellan rates.
Updates to fees associated with contracted rates including CSA, Residential Treatment and ID Drop In Support Services.
Establish program fee for the CSB's new Turning Point Program
Delete fees associated with programs that have closed · Crossroads Youth · Sojourn House
Convert Group Therapy to $4.80 per 15 minute units of service · Required to implement an integrated approach to programming for service recipients and payers

REVISIONS TO CSB 2015 FEE SCHEDULE

MH (Mental Health) ID (Intellectual Disability) SA (Primary Substance Abuse)

Service	Subject to Ability to Pay Scale	Effective Dec 1, 2014	Revision to CSB 2015 Fee Schedule Item 8A CSB Board Item 9/23/15
Adolescent Day Treatment- MH	Yes	$50 per unit	Apply Medicaid rate $36.53 per unit (align all Community Mental Health Rehab Services)
Adult Day Treatment - MH	Yes	$40 per unit	Apply Medicaid rate $34.78 per unit (align all Community Mental Health Rehab Services)
Case Management - GAP Regular Intensity	Yes		Effective 1/12/15 Magellan GAP rate $195.90 mo.
Case Management - GAP High Intensity	Yes		Effective 1/12/15 Magellan GAP rate $220.90 mo.
Congregate Residential ID Waiver Services	No	$17.36 per hour	Effective 7/1/15 DMAS fee $17.71 per hour
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry Services	Yes	$159.38 per day	Non-weighted average of 5 contracted rates $163 per day
Crisis Intervention	Yes	$60 per 15 minutes	Apply Magellan rate $30.79 per 15 min (align all Community Mental Health Rehab Services)
Crossroads Youth Residential Treatment	Yes	$393.86 per day	Delete; program closed
Drop-In Support Services, ID	Yes	< or =10% of gross income	Rate set by vendor(s) but no less than $2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge $2 per hour.
Group Therapy/Counseling	Yes	$25 per event	$4.80 per 15 min (aligns with Community Mental Health Rehab Services day treatment groups)
Psychosocial Rehabilitation	Yes	$24.38 per unit	Apply Magellan rate $24.23 (align all Community Mental Health Rehab Services)
Skilled Nursing Waiver LPN Services	No	$27.03 per hour	Effective 7/1/15 DMAS fee $7.82 per 15 min (=$31.28/hour)
Skilled Nursing Waiver RN Services	No	$31.19 per hour	Effective 7/1/15 DMAS fee $9.02 per 15 min (=$36.08/hour)
Sojourn House Residential Treatment	Yes	Residential=$246.22 Comb. Resid Svcs = $196.81 Total Per Day- $443.03	Delete; program closed
Turning Point Program	Yes		New grant started Apr 2015; $285.71 monthly program fee for enrolled youth and families
Wraparound Fairfax	No	$1187 per month	Contracted FY 2016 Comprehensive Services Act (CSA) rate $1230

Community Services Board	Item 8B	Type Action	Date 9/23/15

Public Review and Comment of Proposed Changes to FY 2016 CSB Fee Related Documents

Issue:
Public review and comment of proposed changes to the CSB fee related documents which include the Reimbursement for Services Policy 2120, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation 2120.1.

Recommended Motion:
I move the Board approve for public review and comment the CSB fee related documents which include the Reimbursement for Services Policy, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation.

Background:
The CSB Board's Ad Hoc Fee Policy Committee met on June 25, 2015 and September 16, 2015 and voted to approve staff proposals and forward to the CSB Board for approval to post the fee related documents for public review and comment.

The recommended changes include:

- Updates and clarifying edits to the Reimbursement for Services Policy
- Synchronization of the Ability to Pay Scale income levels with Federal Poverty income guidelines released each January.
- Cost-based rate changes for Social Detoxification, Physical Exam, and Psychiatric Evaluation services and a new add-on fee for Interactive Complexity of services provided.
- Updates and clarifying edits to the Fee and Subsidy Related Procedures Regulation 2120.1.

After the public comment period and once approved by the Board on October 28, 2015, the Fee Schedule will be submitted to the Board of Supervisors for their review on November 17, 2015. After the Board of Supervisors review, staff will proceed to inform clients, conduct staff training, and make adjustments in the Electronic Health Record, resulting in an effective date not sooner than February 1, 2016 for both the Fee Schedule and the Ability to Pay Scale. Changes to the Board Policy and Fee Regulation however will become effective in November 2015.

Timing:
Immediate

Fiscal Impact:
The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid and other health insurance plans. The FY 2016 current budget plan for the CSB includes $18.6 million in estimated fee revenues.

Board Members and Staff:
Ken Garnes, CSB Board Member
Jeff Wisoff, CSB Board Member
Jane Woods, CSB Board Member
Staff: James P. Stratoudakis, Ph.D., LCP, Director, Compliance and Risk Management, Bill Belcher, Margie Boteler, Ginny Cooper, Geoff Detweiler, Lauren Donahoo, Mariama Samba-Koroma, Mike Suppa, Shamier Yates

Enclosed Document:
Summary of Proposed Changes to FY 2016 CSB Fee Related Documents

Summary of Proposed Changes to CSB FY 2016 Fee Related Documents

Proposed Changes to CSB Fee Related Documents are posted for public review and comment. Written comments on the Proposed Changes to CSB Fee Related Documents will be accepted until 5 p.m., October 28 and should be addressed to: Ad Hoc Fee Policy Committee, Fairfax-Falls Church Community Services Board, 12011 Government Center Parkway, Suite 836, Fairfax, VA 22035-1105 or via email to **wwwcsb@fairfaxcounty.gov.** Printed materials are available for review at the same address; if interested, please call 703-324-7000, TTY 711.

The CSB Board will review the Proposed Changes at its meeting on October 28, 2015. Changes to the Policy and the Regulation will become effective in November 2015. The changes to the Ability to Pay Scale and Fee Schedule will not become effective before February 1, 2016.

Reimbursement for Services Policy 2120

- ***Updates*** Appendix A referenced in Purpose with the 10/22/14 version of the Guidelines for Assigning Priority Access to CSB Services. The primary change is the inclusion of a fourth Special Priority Population – individuals requesting treatment for opioid drug abuse.
- ***Clarifies*** #7 to state that services shall not be refused to any individual solely on the basis of financial issues.
- ***Grammatical corrections*** to #8 and #9.

Ability to Pay Scale

- ***Synchronizes*** the Ability to Pay Scale income levels with the Federal Poverty Levels published by the federal government every January.

Fee Schedule

- ***Adds*** new nominal fee for Interactive Complexity of services provided (paid by Medicare and Medicaid)
- ***Incorporates*** cost-based rate changes for Social Detoxification, Physical Exam, and Psychiatric Evaluation Services
- ***Removes*** unused service fees where other service fees are applied instead (Addiction Medicine, Nursing Assessment)

Fee and Subsidy Related Procedures Regulation 2120.1

- ***Adds*** privacy and use of protected health information section related to insurance verification
- ***Clarifies*** liability for fees for individuals under 26 years of age or full-time students
- ***Adds*** subsidy for individuals with out of state Medicaid plans
- ***Defines*** several terms and provides examples
- ***Changes*** the practice of setting the Ability to Pay Scale income levels to now coincide with Federal Poverty Levels published every January
- ***Adds*** notification to individuals about services not covered by their insurance plans
- ***Updates*** Medicaid terms

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

Purpose

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

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

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

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

Policy

It is the policy of the CSB that:

1. Every service provided has a cost and source of funding.

2. A single fee will be established for each service and these fees shall be reviewed annually. Fees shall be reasonably related to the established unit cost of providing the services.

3. The individual or other legally responsible parties shall be liable for the established fee and, if they have insurance, related insurance plan required deductibles and co-payments to the extent provided by law.

4. Payment of fees for services rendered shall be sought from the following funding sources: individual self-pay, third party payers/insurance companies, and other legally responsible parties, and the use of extended payment plans.

5. An individual or other legally responsible party who is unable to pay the full fee at the time service is rendered may be granted a subsidy using local and state revenue under the following guidelines:
   a. Regulations shall be established to ascertain ability to pay and to determine subsidies.
   b. An annual review of the ability to pay of the individual and of other legally responsible parties will be conducted.
   c. Extended payment plans and deferred repayment contracts shall be negotiated before any subsidy using local and state revenue is considered.

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

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

8. Every individual ~~of~~ served by the CSB shall be subject to this fee policy whether service is obtained from a directly operated program or a contractual agency.

9. ~~The~~ Such individual and other responsible parties shall have the right to an appeal of fee-related determinations in accordance with procedures established by the CSB.

Approved ~~December 1, 2014~~
Secretary Date

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

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

Revision Adopted:

Fairfax-Falls Church Community Services Board

Ability to Pay Scale, Effective ~~Dec 1, 2014~~ Feb 1, 2016

Application of the CSB Ability to Pay Scale is limited to charges for services that are not covered by insurance.
Excluded are services identified on the CSB Fee Schedule as not being subject to the Ability to Pay Scale.
The income ranges on the Scale reflect the ~~2014~~ 2016 Federal Poverty Levels.

Number of Dependents. Includes individual		1	2	3	4 or more
% Federal Poverty Levels	Individual's share of CSB service fee	Annual Gross Family Income ranges			
Over 350%	100%	$40,84			
350%	80%	$35,			75
300%	60%	$29,			50
250%	40%	$23,			25
200%	20%	$17,			00
150%	**0%**	**$0**			**,775**

Proposal is to synchronize the Ability to Pay Scale income levels with Federal Poverty income guidelines released each January, beginning in 2016

EXPLANATION:

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

PROPOSED CHANGES TO FY 2016 CSB FEE SCHEDULE

Service	Subject to Ability to Pay Scale	Effective Dec 1, 2014	Proposed Changes to FY 2016 CSB Fee Schedule for Public Review and Comment Item 8B CSB Board Item 9/23/15
Addiction Medicine Physician Assessment	Yes	$161 per event	Delete; physicians are using CSB service fee aligned with Evaluation & Management procedural codes
Addiction Medicine Physician-Monitoring (follow up)	Yes	$54 per event	Delete; physicians are using CSB service fee aligned with Evaluation & Management procedural codes
Detoxification, Social, Residential-setting	Yes	$371 per day	$495 per bed day
Interactive Complexity*	Yes		$15 as nominal add on to other clinic services to record when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service *
Nursing Assessment	Yes	$58 per event	Delete; cost moved to Physician/Psychiatrist cost
Physical Exam (Physician)	Yes	$95 per event	$167 per event based on cost
Psychiatric Evaluation	Yes	$107 per event	$219 per event based on cost

* Interactive Complexity factors may include: evidence or disclosure of sentinel event; manage maladaptive communication among participants that complicates delivery of care; and use of interpreter to overcome barriers to diagnostic or therapeutic interaction with a person who is not fluent in the same language or who has not developed aor lost expressive or receptive language skills to use or understand typical language.

Regulation Number: 2120.1
Regulation Title: Fee and Subsidy Related Procedures
Revision Adopted: ~~December 1, 2014~~

PURPOSE

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

REGULATION

I. Authority. These procedures are based on the principles contained in Community Services Board policy 2120, applicable State law and fiscal policies developed by the State Board of Behavioral Health and Developmental Services.

II. Unanticipated Revisions. Revisions to the Regulation and/or the Fee Schedule as instructed by the following authorities will be implemented as near to the effective date as possible and then brought forward to the CSB Board for review and approval:

A. Fairfax County Code
B. State Code and Administrative Regulations
C. Virginia Medicaid
D. Federal regulation or law
E. American Medical Association (related to procedural codes)
F. Other required authority

III. Applicability. For services which have fees set by the CSB, these procedures shall apply to all individuals in programs operated directly by the CSB, individuals in applicable contract services for which the CSB performs the billing and retains the reimbursement, and, when required by contract, in agencies for whom the CSB provides funding.

~~III.~~ Privacy and Use of Protected Health Information. The CSB is required by law to maintain the privacy of protected health information and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information. Prior to an appointment or at the first appointment, the CSB will request information from an individual in order to verify insurance, subsidy and primary care clinic information. The CSB may only check this information for individuals protected under the Health Insurance Portability and Accountability Act (HIPAA). For individuals protected by other federal rules, e.g., 42 CFR Part 2, the CSB is prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

IV. Eligibility.

A. See **Appendix A** for Guidelines for Assigning Priority Access to CSB Services

B. Employees of the governments of Fairfax County, City of Fairfax, and City of Falls Church are eligible to receive services and may be eligible to receive subsidies based on the Ability to Pay Scale guidelines established for the residents of the CSB service area. Non-residents who participate in regional programs under the auspices of the CSB are not eligible for additional services.

C. Foster Care Parents-Non-Residents. Parents whose children are in the custody of Fairfax County Foster Care are eligible to receive a parental custody assessment and evaluation charged according to the CSB's Ability to Pay Scale regardless of whether the parents are residents of Fairfax County or the Cities of Fairfax or Falls Church. The parental assessment and evaluation will be provided at a Fairfax-Falls Church location. Custody assessments and evaluations are usually not eligible for reimbursement by insurance because the purpose of the assessment and evaluation is not treatment. Payment for the parental assessment and evaluation must be made at time of service.

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

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

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

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

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

VI. Fees for Service.

A. Establishment of Fees

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

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

B. Effective Date of Change in Fees

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

C. Liability for Fees

An adult individual is liable for the full fee for services rendered. The Ability to Pay Scale subsidy will be based on independent adult status, gross income, and number of dependents.

All persons age 18 or older shall be treated as independent and considered as adults except when the following circumstances apply:

- For an independent adult who is a full-time student, the Ability to Pay Scale will be set at 0%; proof of full-time enrollment status is required.
- When an adult is a qualifying dependent, per IRS Publication 17: Personal Exemptions and Dependents, the gross family income and number of dependents claimed by the head of household (tax filer) will be used in determining the Ability to Pay.
- Under the Patient Protection and Affordable Care Act, an individual between 18 and until the age of 26 is eligible for dependent coverage. Individuals with dependent coverage through a legal guardian or parent will be considered independent. In this case, the individual will be responsible for all liabilities after the insurance has processed the claims including co-pays, coinsurance, deductibles and denials.

The parents or guardians of ~~all~~ persons under age 18 shall be liable for all fees unless the youth requests that his/her parents or guardian not be notified in accordance with State law or the youth is an emancipated minor~~, in which case the emancipated minor is responsible for the fee.~~. If the individual is an emancipated minor, they are responsible for their fees. - ~~All persons age 18 or older shall be treated as independent adults.~~

Parents of adult children with disabilities are responsible for~~are not liable for fees for services to their children, except in the following instances~~: (a) cost-share residential programs; and (b) ~~third party~~ payments for required deductible~~s, and~~ co-insurance, ~~and/or~~ co-~~payments~~payment and any claim denials stated by the guardian/parent's insurance policy. ~~, if an individual is covered by an insurance policy held by a parent or guardian.~~

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

D. Out of State Medicaid Insurance

The CSB will set a 0% liability for six months for an individual with out of state Medicaid insurance coverage to allow sufficient time to make application and learn of their eligibility determination in Virginia.

Formatte
0.5" + Inc

Formatte

~~D.~~E. Collection of Late Cancellation/No Show Fees~~.~~

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

VII. Implementation Procedures.

A. Payment for Service

i. The CSB Financial Responsibility Agreement shall be explained to the individual and/or other legally responsible parties in a culturally and linguistically appropriate manner.

ii. The individual and/or other legally responsible parties shall sign the CSB Financial Responsibility Agreement.

iii. The individual or other legally responsible party will be billed full fee for services when he/she declines or refuses to sign the Financial Responsibility Agreement, to disclose income, to disclose health insurance, and/or to provide documentation.

iv. Information will be collected as soon as possible after initiation of services. Individuals who do not provide the required information will be billed full fee. Individuals are required to make a payment each time services are rendered.

v. Unpaid service fees will be billed monthly. Payment is due within a 30 day period and listed on the billing statement.

vi. The CSB will submit billable services to the insurance company of the individual or policy holder. Individuals receiving services not covered by their insurance plan for whatever reason will be billed at the full fee level. Individuals may apply for a consideration of a subsidy.

vii. Payment Plans may be granted upon application. The criteria for determining eligibility for a payment plan will be explained.

viii. Individuals will be made aware of the availability of supplemental subsidies for those unable to pay fees in accordance with this Regulation.

B. Payment Plans / Deferred Repayment Contracts

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

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

i. Payment Plan Default

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

C. Subsidy Determination

i. Basic Subsidy

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

The subsidy applies only ~~includes~~ to charges for services that are not covered by insurance. Subsidies are based on the individual's gross ~~family~~ household income and number of dependents. A household usually includes the tax filer, their spouse and their tax dependents. Examples of income include wages, salaries, tips, pensions and annuities, and Social Security benefits. Documentation of income is required for individuals requesting a subsidy. A full fee will be charged under the following circumstances, meaning a basic subsidy will not be provided to:

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

For individuals receiving or requesting a subsidy, their ability to pay will be reviewed and documented annually. Additional financial updates may be necessary if an individual or other legally responsible party experiences changes in income and family size used to determine ability to pay. The individual or responsible party must attest to the accuracy of the information provided on the financial agreement. The individual or other legally responsible party will be informed that additional methods of verification and audit may be used. Basic subsidies will be approved by the Financial Assessment and Screening Team and Revenue Management Team designated to determine eligibility.

ii. Ability to Pay Scale

The Scale will be reviewed annually and its income levels adjusted every January to align with the published Federal Poverty Levels. ~~updated as necessary.~~

iii. Supplemental Subsidy

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

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

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

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

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

a. Services that are not covered by the individual's health insurance plan

b. Services that exceed the individual's health insurance plan limits

D. Health Insurance Usage

i. Insurance companies are billed based on the Fee Schedule.

ii. Individuals are responsible for paying all co-payments, coinsurance, and deductibles which are not subject to the Ability to Pay Scale.

iii. Individuals who refuse to disclose their insurance coverage information shall be charged the full fee.

iv. For individuals who meet the CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health coverage, but the insurance company has a closed

network, unless seen for emergency services, the staff will refer the individual back to their closed network insurance company for behavioral health services

v. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health coverage, but their insurance company does not provide behavioral health benefits/services recommended by the CSB, the CSB can serve the individual, and set the fee based on the ability to pay scale

vi. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health care coverage, and the CSB is an in-network/participating provider the CSB can serve the individual and accept payment from the insurance company

vii. For individuals who meet CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health coverage, and the CSB is an out-of- network provider, the CSB can serve the individual and accept payment as an out of network provider. However, if the individual does not want to use their out of network benefits at the CSB, the CSB will refer the individual back to their insurance company.

E. Individual Payment of Co-pay and Deductible

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

F. Advance Beneficiary Notice of NonCoverage

Insured individuals will be notified about services they receive that won't be covered by their insurance plans. The notice alerts the individual that if their insurance plan does not pay then they will be responsible for payment.

Formatte
bullets or

~~F.~~G. Refusal to Pay

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

~~G.~~H. Appeal.

The individual and/or responsible parties who are unable to make the required payments for services may appeal a determination pertaining to their fees or subsidy and may request a re-evaluation of their ability to pay for services. This appeal may result in a Payment Plan, a basic subsidy or a supplemental subsidy, or a Deferred Repayment Contract. The type of documentation required for the appeal may vary by situation, but the minimum level of documentation required is outlined in sections VI and VII. If the individual and/or

responsible parties request an appeal based solely on financial reasons, the appeal will be considered and a decision will be made by the Revenue Management Team manager.

VIII. Delinquent Accounts and Abatements.

A. Delinquent Accounts.

i. An account shall be considered delinquent the first day following the due date stated on the bill.

ii. Upon initial contact, the individual or other legally responsible parties will be informed that delinquent accounts may be subject to placement with the County Department of Tax Administration (DTA) and/or the Virginia Set-Off Debt Collection Program. DTA employs a private collection agency to collect all debt that is 180 days delinquent. Collection actions may include wage liens, bank liens, property seizures and flagging of credit records. Upon referral, a $30 administrative fee, 10% penalty for late payment, and simple interest of 10% per annum and a 20% collection fee will be added to the amount due. A $50 fee will be assessed on any payment returned by the bank unpaid due to non-sufficient funds or account closed. Authorization to pursue collection by sending financial information, name and address to DTA or its collection agency if the account becomes delinquent is included in the Financial Agreement signed by individuals entering service.

iii. The Revenue Management Team is responsible for pursuing collection of all delinquent accounts.

iv. The Revenue Management Team will notify the primary counselor, therapist or service provider periodically of an open case that is delinquent. Action to resolve the delinquency may include :

a. Obtaining payment from the individual

b. Obtaining a Payment Plan or Deferred Repayment Contract if the individual is able to pay the full balance over time or upon future date

c. Obtaining a basic subsidy or supplemental subsidy to reduce the amount the individual is required to pay.

B. Abatements

I. All billed services will be pursued under the full amount of time allowable by law.

II. CSB has the authority to relieve (exonerate) charges for CSB services rendered. Through delegated authority of the CSB Board, the CSB Executive Director may abate fees.

IX. Court Appearance by Clinician.

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

X. Medicaid Services.

Individuals with Medicaid coverage have the right to choose to receive services from any Medicaid enrolled provider of services.

Individuals with Medicaid will be assigned to licensed therapists or to licensed eligible therapists as defined in 12VAC35-105-20 .

Medicaid permits a mental health clinic to bill for therapy services provided by licensed eligible individuals~~, other than an intern or resident,~~ who have completed a graduate degree, are under the direct personal supervision of an individual licensed under state law as directed by the physician directing the clinic, are working toward licensure and are supervised by the appropriate licensed professional in accordance with the requirement of his or her individual profession.

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

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

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

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

XI. Provision of Service to Staff of Other CSBs.

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

XII. Services Provided at No Cost to the Individual.

There are no charges for the services listed below.

- Entry and Referral Services. These services include eligibility determination, referral and triage and are conducted primarily on the telephone. It would be impossible to charge for these services since a large percentage of callers are generally not identified.
- Vocational, Employment, Habilitation/Services. Staff has ascertained that it is not cost effective to charge for this service. The revenue collected would be far less than the costs of collection, since most of these individuals have very little income.

- Alternative House-Residential Emergency Services. The individuals of Alternative House-Residential Services are runaways with few, if any, resources. It would not be cost effective to collect fees in this program and often parents would be unwilling to pay since they did not request the service.

- Juvenile Detention Center Services provided at the Juvenile Detention Center. Services to incarcerated youth are provided at no cost to the parents/guardians.

- Care Coordination. The State defines care coordination as the management and brokering of services for individuals to ensure that needs are met, covered services are not duplicated by the care-providing organization(s), and resources are used most cost effectively. It primarily involves gate-keeping functions such as approving care plans and authorizing services, utilization management, providing follow up, and promoting continuity of care.

- Homeless Outreach Services. Individuals receiving outreach services are not well connected to CSB programs. Staff provides education, consultation and support to individuals in order to facilitate connection to needed treatment services.

- Adult Detention Center Services.

- Foster Care. Services which are not reimbursed by Medicaid for children in foster care are provided at no cost to the foster parents.

- Geriatric Consultation Services. The CSB does not charge for outreach services or for initial assessments or consultations when the Department of Family Services (DFS), and/or Police, Fire and Rescue Departments request that CSB Geriatric staff be part of a DFS or Police, Fire and Rescue team making an initial home visit.

- Hostage-barricade incidents, disaster responses, or critical incident stress debriefings. The CSB does not charge the public or non-profit agencies for these services.

- Diversion to Detoxification Center. The CSB does not charge for assessment and transport of individuals by the diversion staff.

- Services that ~~were~~ are not requested or are refused by an individual~~s~~ ~~unless subject to the Virginia Code~~. Examples include where there is probable cause to believe that no intervention would have resulted in serious physical harm to the individual or others or where the person requesting the civil commitment assessment is not the individual being evaluated.

Approved _____ _____

Executive Director Date

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

APPENDIX A

Guidelines for Assigning Priority Access to CSB Services

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

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

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

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

CSB Priority Populations

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:
    - 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.

COMMUNITY SERVICES BOARD	Item: 8C	Type: Action	Date: 9/23/2015

Fairfax County's Capital Improvement Program FY2017 - FY2021 (to 2026 Out Years)

Issue:
Seek Board approval to submit the CSB's recommendations for the County's FY 2017 Capital Budget Request and FY2017 to FY2021 Capital Improvement Program (with future fiscal years to 2026).

Recommended Motion:
I move that the Board approve the recommendations for the County's FY2017 Capital Budget Request and FY2017 to FY2021 Capital Improvement Program as defined herein.

Timing:
The Human Services Capital Improvement Program (CIP) priorities are presented to the Deputy County Executive and the Department of Management and Budget in September. These priorities include the CSB's CIP requests. The Deputy County Executive reviews, ranks and finalizes the recommended priorities for Human Services, and the Department of Administration for Human Services (DAHS) submits the Human Services CIP Request to the Department of Management and Budget (DMB) in mid-October, 2015. DMB, the Department of Public Works and Environmental Services (DPWES) and the Facilities Management Department (FMD) each meet with the County Executive from October through November 2015 to review County agency requests and anticipated available funding. The CIP Review Team (which includes Human Services representation) discusses the CIP Recommendations with the County Executive in December. Agencies will receive CIP decisions and draft documents for review in January/ February 2016, and the Advertised CIP will be released with the Advertised Budget in February 2016. Human Services staff has opportunities to make formal presentations to the Planning Commission and Board of Supervisors in March 2016, followed by public hearings before the Planning Commission and the Board of Supervisors for Adoption of the CIP in March and April 2016. The CIP will be adopted in April 2016.

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

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

The Community Services Board has actively participated in the CIP since 1985 and has received funding for the construction of the following projects:

Facility	Date Opened	Capacity
Braddock Group Residences (new construction)	1991	16 beds (four, four bedroom group homes for adults with intellectual disabilities)
Fairfax Detox/A New Beginning (new construction)	1994	32 beds of medical, social and suboxone detox 35 beds of residential treatment
Crossroads	1994	81 beds of residential treatment
Cornerstones (new construction)	1999	16 beds of dual diagnosis residential treatment
Stevenson Place (new construction)	2005	18,353 SF of assisted living (36 beds)
Gartlan Center	2010	23,747 SF of outpatient treatment space, including

(renovation/expansion)		emergency services, outpatient services and supports, day treatment, community –based supports for individuals with intellectual disability, wellness and health promotion services, peer support services, and pharmacy.
New Horizons (new construction)	2010	16 beds of dual diagnosis residential treatment
Merrifield Center (new construction)	2015	200,000 SF behavioral and primary care facility, including 24/7 emergency services, mobile crisis team, entry/referral/assessment services, outpatient services and supports, intensive case management, psychiatric services, medication management, community-based supports for individuals with intellectual disability, wellness and health promotion services, peer support services, pharmacy, Community Health Care Network clinic and dental clinic.

Recommendations for the County's FY 2017-2021 Capital Improvement Program

There are two components to the CIP development process: (1) capital budget requests for new or increased funding in FY 2017 and (2) CIP submission requests for new projects, on-going projects and future planning.

A. FY 17 Capital Budget Request

The CSB's FY2017 Capital Budget request was incorporated into the consolidated Human Services FY 2017 Capital Budget request in September 2016. The CSB has three priorities for the FY 2017 Capital Budget, and requested funding for these projects in the following order:

1. Implement Feasibility Study for Siting, Design and Construction of a Crisis Stabilization Facility
2. Implement Feasibility Study for Siting, Design, Construction and Financing of up to Four Intermediate Care Facilities (ICFs)
3. Complete Feasibility Studies for Building Design & Construction and Begin Design for
    - Fairfax Detox and A New Beginning Renovation,
    - Crossroads Renovation, and
    - Cornerstones Renovation and Expansion

The crisis stabilization facility feasibility study is the CSB's top priority because Woodburn Crisis Care has exceeded its usable building life and experiences continual maintenance issues that take beds off-line, which interferes with utilization. In addition, the existing building configuration has bedrooms on the basement and second floor. As a result, additional staffing is required to ensure appropriate 24/7 observation of the individuals in the program. The building does not meet current accessibility mandates, and is at risk of noncompliance with DBHDS licensure requirements.

The siting, design and financing of up to four ICFs (and eventual construction based on a selected design and identified sites) is second priority, because it will support CSB efforts to transition individuals out of Northern Virginia Training Center as a result of the Commonwealth of Virginia's Settlement Agreement with the Department of Justice. Approximately half of the 17 individuals discharged from NVTC since 2012 who need ICF care have moved outside Northern Virginia. In addition, these ICFs will serve aging individuals with intellectual disabilities currently in group homes or on the CSB's residential waitlist who have the most complex medical and behavioral support needs, thereby preventing them from being placed in nursing facilities that are neither appropriate nor integrated settings.

The third priority is to complete the feasibility studies and begin the design phase for Fairfax Detox, A New Beginning, Crossroads and Cornerstones. These three facilities are all over 20 years old and systems show signs of aging. There are growing maintenance issues with heating/cooling systems, plumbing, kitchen equipment and building envelopes. These CIP projects are on the County's Bond Referendum Plan for 2020, at which point many building systems will be substantially beyond their useful life. The County has only a few privately contracted residential treatment beds which are insufficient to meet current needs if these facilities close beds because of maintenance issues.

The profiles of the client populations served in these facilities has changed dramatically over 20 years, as the CSB has placed greater emphasis on serving priority populations and those with co-occurring disorders. If the physical design of these facilities remains unchanged, the programs will continue to provide treatment to individuals in outmoded therapeutic environments where it is increasingly difficult to meet the physical, behavioral and medical needs of individuals with more acute co-occurring mental health and substance abuse conditions. Redesigning Fairfax Detox to support a crisis stabilization component would enable CSB to serve a significant number of individuals who would otherwise be hospitalized in the community, thus freeing up hospital beds for individuals with the most intensive needs. Developing a medical and dental clinic at the ANB/Detox site will enable those with substance use disorders who have been excluded from primary care integration to experience a safe, stable detoxification process and access basic healthcare resources needed to maintain wellness as they transition back to their daily lives. Reconfiguring existing shared bedrooms at Cornerstones into single bedrooms with shared bathroom access will enable the program to maximize the number of clients served regardless of gender and regardless of individual medical or psychiatric needs. Adding on-site supportive housing at Cornerstones will reduce the backlog and promote a stronger path to recovery for very low-income clients with no housing options as the next step after treatment.

Feasibility studies for Fairfax Detox, A New Beginning, Crossroads and Cornerstones began in August 2014 and the estimated completion time has been extended to Fall 2015. The Building Design Branch of DPWES is coordinating feasibility studies to assess the need for renovations to bring the buildings to current code, reduce ongoing maintenance costs, and expand service capacity by providing programmable space that can meet multiple needs. The review will also look at the feasibility of developing supportive housing units on the Cornerstones site and a medical/dental clinic on the ANB site. The architectural firm HGA is performing this feasibility study. They have completed space planning programs, determined what spaces must be adjacent in each facility, conducted safety assessments and developed moderate and comprehensive conceptual designs for each facility except Crossroads. Remaining work includes revising selected design concepts, reviewing existing conditions reports, creating cost estimates and issuing final feasibility reports.

B. Current CIP Requests

Below is an overview of the proposed changes to the CSB's CIP program for the FY2017-2021 CIP submission, including new projects to be added to the CIP and a request to move feasibility study projects from the "future CIP project list" to the "near term" program (FY2017 – FY2021).

Overall, the CSB's priority order for its projects within the FY 2017-FY 2021 CIP is:

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

1. NEW PROJECTS PROPOSED FOR INCLUSION IN THE CIP

Renovation/Relocation of Woodburn Crisis Care: Woodburn Crisis Care is in a 50 year old building that suffers from significant deferred maintenance and limited accessibility. The program is at risk of non-compliance with DBHDS licensure requirements and current building, life safety and health code standards. The existing floor plan requires additional staffing for appropriate 24/7 observation of individuals. CSB requests FY17 Capital funding for a feasibility study to determine the most appropriate option for the existing program (e.g., substantially renovate the existing facility, knock down/rebuild the existing facility, build a new facility on an alternative site, or lease a new facility at an alternative site), develop a conceptual design for a state of the art crisis stabilization facility, identify suitable sites (if needed), and provide a cost estimate. Once the feasibility study identifies the most appropriate siting, design and construction option, this project will become the top priority for a near term, 5 year CIP request.

2. CSB PROJECTS PREVIOUSLY INCLUDED IN "FUTURE PROJECTS" NOW PROPOSED FOR INCLUSION WITHIN THE 5-YEAR CIP WINDOW

The CSB requests the following projects move from "future project" to "current project" status (e.g., projects anticipated to be funded in FY17 – FY21).

Project	Need	Status	Request
Building Design & Construction of Intermediate Care Facilities	See attached project detail sheet. The siting, design and construction of four ICFs will address the medical, behavioral, and physical needs of Fairfax County residents who are transitioning from Northern Virginia and Central Virginia training centers, and individuals with intellectual disabilities currently in group homes or on the CSB's residential waitlist for people with intellectual disabilities age 55 or older who are experiencing age-related conditions which require specialized interventions not typically available in Medicaid Waiver group homes.	CSB made an FY16 Carryover Request and an FY 17 Capital Budget Request to fund a feasibility study for the siting, design, construction and financing of four community-based ICFs (See Section A: FY 17 Capital Budget Request).	The current CIP request is for the siting, design and construction of four, four bed facilities at an estimated cost of $1.5M per facility. This project is scheduled for the FY 2024 Human Services Bond Referendum. *The CSB requests this project be considered for funding as a current project immediately following the feasibility study, due to the imminent closure of the training centers and the high percentage of individuals needing ICF care being placed outside the County.* Development of facilities could be phased, as funds are available.
Building Design & Construction for Fairfax Detox & A New Beginning (ANB)	See attached project detail sheet. The comprehensive renovation redesign for ANB will support services for those with increasingly complex co-occurring serious mental illness and substance use disorders and a medical/dental care clinic. The Fairfax Detox comprehensive renovation redesign will accommodate a higher proportion of medical to social detox beds and a modified crisis stabilization program component.	Feasibility studies are in process, with anticipated completion in Fall 2015. The next step is to begin the design phase of each project in accordance with the selected conceptual design (see Section A: FY17 Capital Budget Request), followed by the full design and construction of each project.	The FY16-FY20 CIP schedules these projects as part of the planned FY2020 Human Services Bond Referendum. *CSB requests funding for the full design and construction of these projects through the proposed FY2020 Human Services Bond Referendum.*
Building Design & Construction for Crossroads Renovation	See attached project detail sheet. The Crossroads renovation redesign will support services for a population experiencing increasingly complex co-occurring serious mental illness and substance use disorders.		
Building Design & Construction for Cornerstones Renovation & Expansion	See attached project detail sheet. The Cornerstones renovation redesign will support services for a highly intensive population experiencing co-occurring serious mental illness and substance use disorders. The comprehensive redesign will expand the facility to accommodate new supportive housing units on site for individuals who complete Phase One of the program.		

Attachments:
CSB CIP Detail Sheets for FY17 – FY21
(with Future Years to 2026)

Staff: Tisha Deeghan, Executive Director
Daryl Washington, Deputy Director
Leonard Wales, Acting Director, Administrative Services
G. Michael Lane, Deputy Director Administrative Operations
Will Williams, Director of Operations & Facility Mgt
Jeannie Cummins, Investment & Development Manager
Lisa Witt, Senior Financial Officer

cip.boarditem.2015

Future Project Details

Project Name:	Woodburn Crisis Care	**Supervisor District:**	Mason
New Facility or Renovation:	TBD	**Total Project Estimate (ENSNI):**	Feasibility Study $175,000 TPE: TBD
Year Last Renovated:	2004	**Year Constructed:**	1964

DESCRIPTION/ JUSTIFICATION:

Funding is requested for a feasibility study to determine the most appropriate option for the existing Woodburn Crisis Care program (e.g., substantially renovate the current facility, knock down/rebuild the current facility, or build a new facility/renovate an existing facility at an alternative leased or purchased site). The study will also include development of a conceptual design for a state-of-the-art crisis stabilization facility, and if indicated, identification of suitable sites for the facility, and cost estimates for the most appropriate option.

Woodburn Crisis Care is a residential crisis stabilization program developed specifically to provide a community-based alternative to psychiatric hospitalization. This intensive, 16-bed residential treatment program provides 24 hour psychiatric stabilization services up to 21 days for adults in acute psychiatric crisis who, due to their mental illness, are presenting as a serious harm to self or others. Individuals may also have a co-occurring substance use disorder. The Crisis Care program has seen a rise in individuals presenting with increasingly complex/serious medical issues and individuals with a serious and persistent mental illness who are (1) high risk to self/other and (2) require medical detoxification.

While renovated in 2004, the Woodburn Crisis Care facility suffers from significant deferred maintenance in most major systems (e.g., plumbing, electrical, heating, roof/windows), and has limited accessibility for individuals with mobility and sensory impairments. The facility is at risk of noncompliance with Department of Behavioral Health and Developmental Services (DBHDS) licensure requirements and current building, life safety and health code standards. Bedrooms and bathrooms are frequently off-line due to recurring maintenance issues. Moreover, the existing building configuration and floor plan with bedrooms on the basement and second floor require the program to provide additional staffing to ensure appropriate 24/7 observation of the individuals in the program. Eleven available parking spaces are insufficient, as there are typically 19 staff on site from 7:00 am – 9:00 pm plus vehicles attributable to six admitted clients.

If this program were to fall into non-compliance with DBHDS licensure requirements for a violation related to the physical facility or a programmatic violation that requires changes to the physical facility and the program is unable to correct the violation, sanctions could range from suspension to revocation of the license to operate a crisis stabilization program. Non-compliance would also trigger the loss of over $1M in DBHDS and Department of Medical Assistance Services funding (DMAS administers the State Medicaid program). As a result, the program would be unable to serve individuals in need of this service until licensure is reinstated. Woodburn Crisis Care is the only crisis stabilization facility for County residents who require psychiatric stabilization and do not have financial resources to afford private hospitalization.

OPERATING IMPACT:

Woodburn Crisis Care: The operating impact of a facility renovation is to be determined, and hinges upon the study recommendations for the most appropriate site/design/construction option. These changes could create opportunities to impact energy efficiency, staffing, equipment, technology, utilities and ongoing maintenance costs. Moreover, a different building layout (reprogramming bedroom configuration) could reduce SYEs required for more efficient service delivery.

Future Project Details

Project Name:	Intermediate Care Facilities	**Supervisor District:**	TBD
New Facility or Renovation:	New Facility	**Total Project Estimate (ENSNI):**	Feasibility Study: $250,000 TPE: TBD
Year Last Renovated:	2004	**Year Constructed:**	1964

DESCRIPTION/ JUSTIFICATION:

Funding is requested for a feasibility study to develop a conceptual design for a community-based intermediate care facility and to identify four potential sites on which to build the first half of a series of eight, four bed facilities.

Intermediate Care Facilities (ICFs) for individuals with intellectual disabilities provide active treatment (AT), a continuous, aggressive, and consistent implementation of a program of specialized and generic training, treatment, and health or related services, directed toward helping individuals function with as much self-determination and independence as possible. Facility requirements include specific standards for the physical environment that address health, safety, accessibility, privacy and human rights, which are specified in the Medicaid survey and certification and DBHDS licensure processes. Examples of such facilities are the Minerva Fisher home and the recently opened Burke Road home operated by Community Residences, Inc.

The CSB continues to work with DBHDS to transition individuals out of the Northern and Central Virginia Training Centers into more integrated community living settings in accordance with the Department of Justice (DOJ) Settlement Agreement. Since 2012, eight of seventeen individuals with intellectual and developmental disabilities needing ICF care who have transitioned out of the Northern Virginia Training Center have moved out/are moving out of Fairfax County due to lack of appropriate placements that can meet their significant physical, medical, behavioral and communication needs. Currently, of the remaining individuals residing at these training centers, approximately 12 individuals are eligible for and prefer an Intermediate Care Facility level of care. At the same time, approximately 148 individuals with intellectual disabilities currently living in group homes and 34 individuals on the CSB's residential waitlist for people with intellectual disabilities are age 55 and above. As medical advances enable this population to live longer, some are beginning to experience age-related conditions which require specialized medical, nutritional, physical and behavioral interventions not typically available in Medicaid Waiver group home settings. Assisted living and skilled nursing facilities are often not appropriate placements, as staff do not have training to support this population's unique needs. Aging parents find it extremely challenging to meet their family member's needs in their own homes. Residential, home-like environments for a minimum of four and a maximum of eight individuals are needed that can provide more square footage than the average home to enable turning space for larger wheelchairs and hospital beds, storage space for adaptive equipment and assistive technology, devices such as built-in track lifts for lifting and transferring, and fully accessible kitchen and bathroom areas (including roll-in showers that are large enough to accommodate an individual and one to two aides).

If no new ICF residential options are made available, Fairfax County citizens who need ICF care will likely have to find a placement out of the Northern Virginia area. The County's housing stock is not equipped to serve this population. Seventy-four percent of the County's housing was built prior to 1990 (before Fair Housing Accessibility requirements went into effect) and 95% of the housing stock is in buildings that are unlikely to have accessible features (e.g., single family homes, townhouses, garden apartments, multiplexes and mobile homes). Moreover, financing sources for private acquisition of intermediate care facilities have dramatically declined due to significant reductions in federal funding for housing, policy shifts away from funding "medically oriented" residential models, and steadily rising commercial interest rates. The County has non-profit residential providers with the expertise and ability to operate ICF services, but they do not have the up-front capital to develop fully accessible homes with extensive requirements for health and safety.

OPERATING IMPACT:

ICFs: The County could lease the ICFs to non-profit residential providers at a negotiated "below market" rent that makes their proformas for program operations feasible. This will allow for private sector expansion of high intensity services for this population at little/no ongoing cost to the County for the services component.

Future Project Details

Project Name:	A New Beginning/Fairfax Detox Renovation	**Supervisor District:**	Sully
New Facility or Renovation:	Renovation	**Total Project Estimate (ENSNI):**	$14,000,000
Year Last Renovated:	N/A	**Year Constructed:**	1992

DESCRIPTION/ JUSTIFICATION:

Fairfax Detox Center is a residential facility that provides a supervised, structured, supportive and therapeutic environment for individuals to safely detoxify from alcohol and other drugs. The program is licensed for 32 beds and currently operates at 25 beds (due to position vacancies). The length of stay varies from 1-10 days depending on the severity and the duration of the individual's withdrawal syndrome as well as the client's willingness to remain engaged in services. The program had 1,202 admissions in FY 2015. A New Beginning is an 8 – 12 week residential substance abuse treatment program for 35 adults that provides rehabilitation services to adults with substance use and co-occurring substance use and mental health disorders. The program provides a highly structured environment, and offers individual, group, and family counseling, psychiatric assessment as needed, medication monitoring, comprehensive case management, substance abuse education, bibliotherapy, and regular involvement in the 12 Step recovery communities. ANB had 155 admissions in FY 2015.

The ANB/Fairfax Detox facility has passed its 20-year built anniversary and requires renovations and redesign to:

- replace outdated building systems that are no longer energy efficient
- address code compliance issues (including ADAAG, building code, HIPAA),
- adapt the building design for the target population's changing client profile, program and service needs
- integrate telecommunications technology, and
- update the building design to be both consumer friendly yet withstand heavy use

A feasibility study was initiated in August 2014 to identify specific issues within these categories, propose several conceptual designs and offer cost estimates for each.

A New Beginning (ANB)/Fairfax Detox is one building containing two separate, distinct programs. Built in 1992, the facility is two stories, slab on grade with a steel frame structure. Roof construction is steel framing with metal deck and combination of standing seam metal roof and asphalt shingles. Exterior walls are brick veneer and vinyl siding on steel stud backup. Windows are operable aluminum. The building is fully sprinklered with a wet pipe system. There are 88 parking spaces on the campus (20 of which are primarily utilized by the Cornerstones program).

ANB has several group meeting rooms, a gym, an exercise room and a client computer room. Fairfax Detox has several detox observation rooms and a day activity room. The two programs share a commercial kitchen and elevator. Each program has its own front office, laundry room, dining room, medication dispensation area, staff offices, and sleeping rooms for male and female clients. ANB sleeps 35 individuals (23 men and 12 women), while Fairfax Detox has capacity to observe 14 individuals and capacity to sleep up to 26 individuals. The programs share major site features, including recreation spaces between ANB and Cornerstones (volleyball court, basketball backboards, memorial garden, etc.). There are storm water management areas at the north and east end of the site.

The ANB/Fairfax Detox renovation redesign will support services for a population experiencing increasingly complex co-occurring serious mental illness and substance use disorders. Staff note the following trends among the client populations utilizing ANB/Fairfax Detox services. There are increasing percentages of clients who:

- have medical and dental issues that impact treatment and service delivery (e.g., ANB clients with physical impairments who cannot use bunk bed arrangements, clients who have dental issues due to medication side effects or lack of resources that impact mood, anxiety, substance use)
- have acute mental health/substance abuse conditions in a residential treatment program designed for individuals with moderate mental health/substance abuse conditions,
- have acute, co-occurring psychiatric conditions and need "low stimulation" spaces and high risk observation areas with multiple safety features (primarily in Detox),
- are ages 18-24 and need more varied recreation activities and heightened security,
- have very low incomes or no income,
- have Limited English Proficiency,
- have bedbugs on their person or their belongings when they are admitted for treatment,

- are of unusually tall stature and do not “fit” regular dormitory bedroom furniture,
- have a need for medical/subutex detoxification (rather than social detoxification).

These trends will influence the renovation redesign for both the ANB and Fairfax Detox programs. A comprehensive redesign is expected to include conceptual plans for a medical/dental clinic on the site that reflects best practice around developing a “medical home” for clients with behavioral health issues who have very low incomes and inadequate access to medical care. Access to medical and dental services will allow those with substance use disorders who have been excluded from primary care integration efforts to experience a safe, stable detoxification process and participate in basic healthcare services needed to maintain wellness as they transition back to their daily lives. The aim is to increase resilience and reduce the probability these individuals will return to Fairfax Detox, the shelters, the hospital or jail. The CSB proposes to redesign space on the site to house a primary care clinic and small dental clinic at this location that would serve clients from ANB, Fairfax Detox, Cornerstones and other CSB outpatient sites in the Northwest region of the County. The current medication dispensation areas at both ANB and Fairfax Detox are neither configured to provide primary care nor to serve individuals who are not admitted to those specific CSB programs.

A moderate Detox redesign will enable CSB to meet the needs of individuals with more complex, comorbid medical conditions (e.g., seizures, hypertension, diabetes) by increasing medical/subutex beds and decreasing social detox beds. A comprehensive Detox redesign will reconfigure the medication and observation areas, enabling CSB to operate a Crisis Stabilization component to assist individuals in acute psychiatric distress who present a significant risk to themselves or others and who may also require detoxification.

OPERATING IMPACT:

The operating impact of a facility renovation is to be determined, and hinges upon the study recommendations for reconfiguring programming space at the site and upgrading systems and building envelope. These changes could create opportunities to impact energy efficiency, equipment, technology, utilities and ongoing maintenance costs. Renovations could also yield efficiencies in programming and staffing. For example, reconfiguring space at ANB to provide more flexible individual and group meeting space could enable staff to provide a greater variety of direct services and more efficiently execute related documentation duties.

CSB has several collaborative relationships with federally qualified health centers and will seek to partner with these providers to operate the primary care/dental clinic (including direct health care, billing, and medical recordkeeping), thereby limiting clinic operating costs for the CSB. Having a medical/dental clinic on campus could reduce staff supervised trips off-site to take clients to appointments, thereby lowering travel costs and enabling staff to perform other billable activities.

Incorporating a crisis stabilization component within Fairfax Detox would enable CSB to serve a significant number of individuals who would otherwise be hospitalized in the community, thus freeing up hospital beds for individuals with the most intensive needs. Fairfax-Falls Church CSB could potentially contract several medical detox beds and/or crisis stabilization beds regionally.

Future Project Details

Project Name:	Crossroads Renovation	**Supervisor District:**	Lee
New Facility or Renovation:	Renovation/Expansion	**Total Project Estimate (ENSNI):**	$17,000,000
Year Last Renovated:	N/A	**Year Constructed:**	1994

DESCRIPTION/ JUSTIFICATION:

Crossroads is a residential substance abuse treatment program serving 77 youth and adults. Crossroads Adult is a 45 bed, 7 – 9 month residential substance abuse treatment program that served 130 individuals in FY 2015. Services include substance abuse education, counseling, vocational rehabilitation, psychiatric services, medication monitoring, drug testing, and case management. Re-entry services offer ongoing structure and support to assist individuals in their continuing recovery from substance use and co-occurring disorders.

The main Rehabilitation Building is 34,708 SF and consists of a 1-story center section flanked by 2-story residential wings on either side (one side for youth, the other for adults). The Education Building, built in 1989, is 1-story and 6,577 SF. Construction for both buildings is slab on grade with continuous strip concrete footing supporting concrete masonry unit (CMU) bearing walls and steel columns on concrete spread footings. Exterior walls are CMU or wood framing with brick veneer or vinyl siding. The gym has a flat roof, metal deck on steel open web joists, with the remainder of the facility having sloped roofs that are pre-engineered wood trusses with asphalt shingles. Interior walls are primarily masonry (CMU). Windows are aluminum framed and generally operable. The HVAC system is a 2-pipe central system consisting of an air cooled chiller and two hot water boilers. The building is fully sprinklered with wet and dry pipe systems. The site has 62 parking spaces, a 666 SF greenhouse, picnic tables, an exterior walk-in freezer and a softball/baseball field. The majority of the site to the rear of the building is wetlands that cannot be disturbed.

The building contains a reception area, staff conference room, multiple staff offices, several group therapy rooms (also used for indoor socialization/recreation), interview rooms, laundry facilities, male/female dormitory rooms with shared bathrooms, classrooms for youth who attend school on site, a commercial kitchen, dining area, gym, medication dispensation room, a client computer room, and administrative and programmatic storage space.

The Crossroads facility has passed its 20-year built anniversary and requires renovations and redesign to:

- replace outdated building systems that are no longer energy efficient
- address code compliance issues (including ADAAG, building code, HIPAA),
- adapt the building design for the target population's changing client profile, program and service needs
- integrate telecommunications technology, and
- update the building design to be both consumer friendly yet withstand heavy use

A feasibility study was initiated in August 2014 to identify specific issues within these categories, propose several conceptual designs and offer cost estimates for each.

The Crossroads renovation redesign will support services for a population experiencing increasingly complex co-occurring serious mental illness and substance use disorders. Crossroads staff have seen several trends in the client population utilizing Crossroads Adult services. They have noted increases in clients who:

- have medical and dental issues that impact treatment and service delivery (e.g., clients with physical impairments who cannot use bunk beds),
- jave acute mental health/substance abuse conditions in a residential treatment program designed for individuals with moderate mental health/substance abuse conditions,
- have acute, co-occurring psychiatric conditions who need "low stimulation" spaces and high risk observation areas with multiple safety features,
- are ages 18 to 24 who need more varied recreation activities and heightened security,
- have very low incomes or no income,
- have Limited English Proficiency,
- have bedbugs on their person or on their belongings when they are admitted to treatment, and
- are of unusually tall stature and do not "fit" regular dormitory bedroom furniture.

These trends will influence the renovation redesign for the Crossroads Facility. In particular, the plan is expected to include an expansion of the medication dispensation room, modifications to improve accessibility of the dormitory facilities, creation of more interview rooms for private meetings and low stimulation "serenity rooms," better soundproofing

between group rooms, safety walls in stairwells and second story landings, a bedbug assessment/treatment area, computers with limited Internet access for consumers to conduct job searches, new exercise equipment for wellness, and a covered walkway between the main building and outbuilding. CSB proposes to reconfigure the ground floor dormitory areas in a flexible manner so that in the short term, ground floor units can serve as transitional "aftercare" units where individuals reside temporarily while they begin their community re-entry process. If space is available, this site will also be targeted for the establishment of a primary care clinic.

OPERATING IMPACT:

The operating impact of a facility renovation is to be determined, and hinges upon the study recommendations for reconfiguring programming space at the site and upgrading systems and building envelope. These changes could create opportunities to impact energy efficiency, equipment, technology, utilities and ongoing maintenance costs. For example, upgrading kitchen equipment will result in less mechanical noise, which will make the space more multifunctional. Reconfiguring space to add a bedbug assessment/treatment station will control costs of treatment for infestations. Renovations could also yield efficiencies in programming and staffing. For example, reconfiguring space at Crossroads to provide more flexible individual and group meeting space could enable staff to perform multiple admissions simultaneously, provide a greater variety of direct services and more efficiently execute related documentation duties. By reconfiguring the ground floor units for aftercare, Crossroads can let go of several market rent leases for condominium and/or townhouse units for several years and use these units for aftercare until it gradually builds the census and staffing needed to convert to 100% residential treatment beds.

Future Project Details

Project Name:	Cornerstones Renovation	**Supervisor District:**	Sully
New Facility or Renovation:	Renovation/Expansion	**Total Project Estimate (ENSNI):**	$8,000,000
Year Last Renovated:	N/A	**Year Constructed:**	1998

DESCRIPTION/ JUSTIFICATION:

The Cornerstones program is a residential treatment and community reintegration program for 16 adults with co-occurring substance use disorders and serious mental illness. The program served 35 individuals in FY 2015. The length of stay in the first phase of treatment is individualized and averages around six months, with a focus on assessment, stabilization, life skills training, and substance abuse treatment. The program offers on-site individual and group therapy, psychiatric services, intensive case management, peer support, medication monitoring, psycho-education, life skills development, recreation and involvement in 12 step/other recovery meetings. The second phase of the program, re-entry, focuses on gradual reintegration to the community through participation in activities outside of the program, which may include work, vocational training, education or other recovery-oriented pursuits. Referrals are made to housing, case management and support services, either within the program via aftercare apartments or outside of the program to permanent supported housing or other community living.

Cornerstones is a 1-story, 10,451 SF residential treatment facility built in 1998. Construction is slab on grade with steel framed exterior walls. The building envelope is brick veneer wainscot and vinyl siding. Roofing is a pre-engineered wood trusses with asphalt shingles. Windows are operable aluminum. The building is fully sprinklered with wet and dry pipe systems. The building exterior has two covered patios and a central courtyard, and a dumpster enclosure. The facility contains a commercial kitchen, dining area, staff offices, a front office/staff conference room area, common areas for client treatment meetings and social/recreation activities, a nursing office/medication room, exercise room, laundry room, and sleeping rooms/bathrooms. Site features are shared with A New Beginning and Fairfax Detox, and include walkways, 88 parking spaces (20 of which are primarily utilized by Cornerstones), half court basketball, volleyball, a memorial garden and shared recreational green space on the Tim Harmon Campus.

The Cornerstones facility is approaching its 20-year built anniversary and requires renovations and redesign to:

- replace outdated building systems that are no longer energy efficient
- address code compliance issues (including licensure, ADAAG, building code, HIPAA),
- adapt the building design for the target population's changing client profile, program and service needs
- integrate telecommunications technology, and
- update the building design to be both consumer friendly yet withstand heavy use

A feasibility study was initiated in August 2014 to identify specific issues within these categories, propose several conceptual designs and offer cost estimates for each.

The Cornerstones renovation redesign will support services for a population with high level symptoms of mental illness and substance use symptoms in the moderate or high range. Clients may need medication stabilization, have active symptoms of psychosis or present with a complex clinical picture and require a treatment setting with a low level of stimulation. Cornerstones staff have seen several trends in its client population. This program is seeing more clients with acute psychiatric symptoms and medical issues which make it very difficult for them to share bedrooms and living space. Likewise, staff anticipates an increase in the number of referrals of individuals who have severe co-occurring disorders and autism or other developmental disabilities. In addition, the population is increasingly low income. Participants need computers and Internet access to search and apply for employment, as well as flexible space for employment resources such as adult education, vocational training, and skills training. Likewise, they need affordable housing options as they begin re-entry because they are unable to afford the high cost of housing in the County but generally have no home to return to and do not qualify for homeless housing resources because they have been in treatment for 90 days or more.

Cornerstones often has a waitlist of four to seven individuals who typically must wait approximately 3 to 6 months to be admitted. This waitlist exists due to (1) the increasing acuity level of the population served and (2) the backlog of individuals who finish treatment and have no housing options to transition to. Reconfiguring existing shared bedrooms into single bedrooms with shared bathroom access would enable the program to maximize the number of clients served regardless of gender and regardless of individual medical or psychiatric needs. Other changes needed to address the population's needs in the first phase include an expanded medication clinic, additional interview room, client computer area with observation capability, a separate exercise room, observation capability from the main office to all bedrooms, bedbug resistant furniture and a bedbug assessment/treatment area, and hard flooring throughout the facility. Providing

on-site supportive housing for very low-income individuals with no housing options to move to as the next step after treatment will reduce the backlog and promote a stronger path to recovery.

The CSB is also interested in developing housing units on the Cornerstones site. Building on existing County land will limit the total development cost and support long-term, lower rents for CSB clients moving to the re-entry phase who cannot afford market rate housing, have no other housing options and still require weekly support. The Cornerstones site potentially has the capacity for a build out on land adjacent to the facility. Housing at this site also has the advantage of being located on a campus with immediate access to the supportive services individuals in the re-entry phase may need. The feasibility study will propose several conceptual designs for supportive housing on the site, along with cost estimates.

OPERATING IMPACT:

The operating impact of a facility renovation is to be determined, and hinges upon the study recommendations for reconfiguring programming space at the site and upgrading systems and building envelope. These changes could create opportunities to impact energy efficiency, equipment, technology, utilities and ongoing maintenance costs. For example, we expect changes to furniture and installation of prevention equipment could control the annual costs of maintenance and treatment for bedbugs.

It may be possible to contract the supportive housing property management function to a private, non-profit housing provider, which would reduce the cost of management and maintenance. Assuming most individuals living in these units will have incomes below 15% of the area median and will pay no more than 30% of their income toward rent (e.g., approximately $220/month), a subsidy would be required to support over 50% of the operating cost per unit. However, developing on-site housing will enable Cornerstones to reduce the number of units the program leases for its aftercare component (currently 3 units/7 beds at a cost of $46,400/year). These savings could help support the cost of the contract.

Providing supportive housing on site will also create staffing efficiencies, as aftercare staff will not need to travel to monitor individuals' progress. Some of these savings may be redirected toward staffing the new housing component and providing property management and maintenance, as client fees will not fully cover these costs.

COMMUNITY SERVICES BOARD	Item: 8E	Type: Action	Date: 9/23/2015

CSB Intellectual and Developmental Disability Committee Charter

Recommended Motion:

I move that the charter of the standing CSB Intellectual and Developmental Disability (I/DD) Committee be approved as presented.

Background:

To clearly outline the responsibilities and objectives of the I/DD committee, the attached charter was developed and reviewed by the committee members. The committee has endorsed the charter which will assist in carrying out the mission of the CSB and requested it be presented to the CSB Board for approval.

Board Member:

Lori Stillman, I/DD Committee Chair

Attachment:

Proposed Charter of the I/DD Committee

Intellectual and Developmental Disabilities Committee Charter

Fairfax-Falls Church Community Services Board

Mission:

The Intellectual and Developmental Disability (I/DD) Committee focuses on all intellectual and developmental disability services, programs and policies of the Fairfax-Falls Church Community Services Board (CSB). The committee works closely with CSB leadership and staff to ensure that individuals in these communities are empowered to lead meaningful, self-directed lives with the supports and services they need. The Committee assists the CSB Board in meeting its responsibilities as outlined in the Code of Virginia.

Committee Composition:

The I/DD Committee is a standing committee of the CSB Board. It is comprised of Board members appointed by the CSB Chair. Self-advocates, families, and other stakeholders are encouraged to actively participate in the work of the committee. The chair of the I/DD Committee will serve on the CSB Executive Committee.

Responsibilities and Duties:

- Advocacy
  - Advocate for I/DD services which promote empowerment, independence, inclusion, integration, and self-determination.
  - Collaborate with relevant public/private boards and councils at state and local levels, businesses, faith-based entities, and all service providers to attain adequate and sustainable resources for a continuum of services that will meet the needs of these diverse populations.

- Education/Outreach
  - Increase awareness and understanding of I/DD services and related issues to the CSB Board and throughout the state and local communities.
  - Obtain information from self-advocates, families, and community partners regarding the service system including, but not limited to, its strengths, weaknesses, opportunities, and threats.
  - Sustain and promote expansion of community networks and provide a public forum for discussion of I/DD issues.

- Communication
  - Review I/DD related policies, plans, proposals, budgets, grants, and such other matters and make recommendations to the CSB Board as appropriate.

Outcomes:

- The CSB Board is informed of pertinent issues related to I/DD services and program areas.

- Board level decisions and governance regarding programs, policies, services, and funding are enhanced.