

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD**

**Gary Ambrose, Chair**  
**Merrifield Center**  
**8221 Willow Oaks Corporate Drive**  
**Level 3 - Room 409A**  
**Fairfax, Virginia 22031**  
 Wednesday, October 28, 2015  
 5:00 p.m.

- |  |                  |           |
|--|------------------|-----------|
| 1. <b>Meeting Called to Order</b>  | Gary Ambrose     | 5:00 p.m. |
| 2. <b>Matters of the Public</b>  | Gary Ambrose     |           |
| 3. <b>Recognition</b>  | Gary Ambrose     |           |
| 4. <b>Amendments to the Meeting Agenda</b>   | Gary Ambrose     |           |
| 5. <b>Approval of CSB September 23, 2015 Board Meeting Minutes</b>                 | Gary Ambrose     |           |
| 6. <b>Matters of the Board</b>   |                  |           |
| 7. <b>Committee Reports</b>  |                  |           |
| A. Behavioral Health Oversight Committee   | Diane Tuininga   |           |
| • <i>September 2015 Meeting Notes</i>  |                  |           |
| B. Fiscal Oversight Committee  | Ken Garnes       |           |
| • <i>September 2015 Meeting Notes</i>  |                  |           |
| C. Government and Community Relations Committee                                    |                  |           |
| • <i>Legislative Talking Points</i>  |                  |           |
| D. Intellectual and Developmental Disability Committee                             | Lori Stillman    |           |
| E. Other Reports   |                  |           |
| 8. <b>Public Hearing: Proposed Changes to 2016 Fee Related Documents</b>           | Gary Ambrose     |           |
| 9. <b>Information Items</b>  |                  |           |
| A. Trauma Care Assistance  | Lyn Tomlinson    |           |
| B. Permanent Supportive Housing Partnership  | Daryl Washington |           |
| 10. <b>Action Items</b>  |                  |           |
| A. CSB 2016 Fee Related Documents  | Ginny Cooper     |           |
| B. CSB Policies Review and Comment Period  | Jeff Wisoff      |           |
| C. CSB FY2015-FY2017 Strategic Plan  | Lisa Potter      |           |
| D. CSB FY2017 Budget Submission  | Michael Lane     |           |
| 11. <b>Directors Report</b>  | Tisha Deeghan    |           |
| • CSB Status Report  |                  |           |
| 12. <b>Discussion of personnel matters pursuant to Virginia Code §2.2-3711-A-1</b> | Jeff Wisoff      |           |
| 13. <b>Adjournment</b>   |                  |           |

Fairfax-Falls Church Community Services Board  
September 23, 2015

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

The following CSB members were present: Suzette Kern, Vice Chair; Ken Garnes, Kate Hanley, Kat Kehoe, Paul Luisada, Lori Stillman, Diane Tuininga, Jeff Wisoff, Jane Woods and Spencer Woods

The following CSB members were absent: Gary Ambrose, Pam Barrett, Molly Long and Dallas “Rob” Sweezy

The following CSB staff was present: Tisha Deeghan, Daryl Washington, G. Michael Lane, Ginny Cooper, Jean Hartman, Dave Mangano, Victor Mealy, Lisa Potter, Lyn Tomlinson and Laura Yager

1. Meeting Called to Order

Suzette Kern called the meeting to order at 5:00 p.m.

2. Matters of the Public

Dave Mangano introduced some staff who will be coordinating activities at the Peer Resource Center which opens on October 5<sup>th</sup>. It was noted a grand opening event will be scheduled towards the end of October to introduce the community to the available services.

3. Approval of the Minutes

Kate Hanley offered a motion for approval of the July 22, 2015 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

4. Matters of the Board

With a focus on the Regional Suicide Prevention initiative, Jane Woods noted that a presentation is scheduled before the Northern Virginia Regional Commission this week and the website will be going live shortly.

5. Committee Reports

A. *Behavioral Health Oversight Committee (BHOC)*

Diane Tuininga noted a presentation on infant massage was provided at the September committee meeting along with an overview of the Lines of Business (LOBs). In addition, a reminder was offered of the October 16<sup>th</sup> Wellness and Recovery Conference, noting registration is available via the website.

B. *Fiscal Oversight Committee*

Ken Garnes reported at the committee’s September meeting the following was discussed:

- Noting the CSB FY 2015 Year-End Report was finalized and will be put forth for Board approval later in the meeting, it was indicated in light of the CSB's current stable fiscal environment, the report no longer primarily focuses on financials. Instead, the report is evolving into an opportunity to provide the Board of Supervisors and City Mayors with an overview of CSB services supporting the community as well as new initiatives.
- LOBs were reviewed and appreciation extended to staff and Board members in facilitating this process.
- Noting preparations are underway on the CSB FY 2017 budget submission, Michael Lane outlined some added requests that fall within the categories of baseline adjustments, planned funding requests and new initiatives. These include:
  - Baseline Adjustments: \$800,000 for a second Mobile Crisis Unit, \$2.1 million for psychiatrists/emergency services compensation to address retention and recruitment, and \$200,000 for two additional human resources support staff.
  - Planned Funding: \$150,000 for Merrifield Peer Resource Center, \$230,000 to allow for crisis recovery team services after hours, \$1.5 million to support the 2016 special education graduates with employment and day support, and \$1.6 million for employment of individuals with intellectual disabilities to cover cost increases resulting from federal and state regulations.
  - New Initiatives: Although amounts have not yet been determined, areas needing supportive funding include Diversion First, support coordination for individuals in the community and previously unfunded increases in fringe benefits.
- As there will not be a CSB Board meeting prior to the October due date of the FY 2017 budget submission, it was indicated the budget will be submitted contingent upon CSB Board approval.

*C. Government and Community Relations Committee*

Jane Woods reported for the upcoming Virginia General Assembly visits:

- Draft talking points on priority issues have been developed and are currently being reviewed by committee members. As in past years, a one-page summary of the issues will be provided along with a more detailed document with further background.
- These documents will also be forwarded to CSB Board members for review and feedback along with a list of General Assembly assignments which will be updated following the November elections.
- *Note: The discussion within the "Directors Report" to reinforce the language on the Medicaid Waiver funding.*

*D. Intellectual and Developmental Disability (I/DD) Committee*

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

- An I/DD Committee Charter has been drafted and will be presented for approval later in the meeting.
- Joel Friedman provided a presentation on self-directed services and the benefits of meeting the needs of the individuals as well as the resulting cost savings. It was indicated 62 individuals are currently participating in this program.
- In addition, an overview of the LOBs as well as the Diversion First initiative was provided.
- Residents at the Training Centers currently stand at 34 in Northern Virginia and 14 at Central Virginia.
- The Medicaid Waiver waiting list stands at 970 urgent and 388 non-urgent
- The committee will next meet on November 5<sup>th</sup>, 5:30 p.m. at the Merrifield Center.

*E. Other Matters*

Noting CSB committee chairs serve for two years, it was indicated the Government and Committee Relations Committee will be identifying a new chair at their next meeting.

6. Information Items

*A. CSB Lines of Business*

Daryl Washington noted following the second CSB work session, the agency overview, Template A, has been updated with the suggested revisions. Also as requested, the evaluation ratings were reexamined with the vision elements criteria and now reflect revisions as noted on the rating summary sheet.

*B. CSB FY2015-FY2017 Strategic Plan Revisions*

Suzette Kern extended appreciation to staff for their work on this effort. Following, Lisa Potter provided an overview of the changes that will be incorporated and noted these revisions will be distributed to the Board. To ensure a wide spectrum focus, it was indicated the Strategic Plan workgroup is comprised of over 40 members among which are Board members, individuals receiving services and staff from each service area. At the October meeting, the updated plan will be presented for CSB Board approval.

7. Action Items

*A. CSB 2015 Fee Schedule Revisions*

As provided for in the CSB Policy, unanticipated Medicaid changes that are mandated during the year, can be implemented, and any resulting CSB fee changes, approved by the Board after the fact. The CSB Ad Hoc Fee Committee has reviewed the changes that took place 2015 and is presenting the revisions for approval. Following discussion,

Ken Garnes moved that the Board approve the unanticipated changes as outlined which was seconded and passed.

B. *Public Review-Comment Period to Proposed Changes CSB 2016 Fee Related Documents*

As part of the annual process, the Ad Hoc Fee Committee has reviewed the proposed CSB fee changes for 2016 and is recommending issuance for a public comment period.

Following discussion and a suggested clarification which will be incorporated in the fee materials, Ken Garnes offered a motion for Board approval to issue for public comment the fee related documentation including the Reimbursement for Services Policy, Ability to Pay Scale, Fee Schedule and Fee and Subsidy Related Procedures Regulation. The motion was seconded and passed.

C. *FY2017-FY2021 Capital Improvement Program*

Jeannie Cummins provided an overview of the Capital Improvement Program (CIP) proposed requests. It was noted that a study on Intermediate Care Facilities was included as the number two priority, but as it was recently approved through the FY 2015 Carryover, is no longer needed.

The priorities being requested in the proposal in FY 2017 include:

1. Renovation/relocation of Woodburn Crisis Care, a 16-bed crisis stabilization facility. This is the major priority as the facility has significant issues including a failing septic system and is unable to meet ADA compliance requirements.
2. Building design and construction for Fairfax Detox and A New Beginning renovations.
3. Building design and construction for Crossroads renovation.
4. Building design and construction for Cornerstones renovation and expansion.

For future years through FY 2021, these same projects are included.

During discussion it was indicated that the Human Services agencies have reviewed all the CIP proposals and are in agreement that the CSB crisis stabilization facility is the number one priority for all Human Services. Concern was noted that even suggesting possible relocation of the CSB crisis stabilization facility may open up consideration of other sites and an extensive zoning process.

With this in mind and following further discussion, Kate Hanley offered a motion that the Board approve the recommendations for the CSB FY 2017 CIP requests as well as those as outlined for FY 2017-FY 2021 with a provision that CSB staff be directly involved in the scope of work and specs of the study to be developed. The motion was seconded and passed.

In addition, staff was directed to provide the Board with updates as this process unfolds.

D. *FY2015 Year End Report*

Noting the CSB Board was provided the draft FY 2015 Year-End Report for review, Ken Garnes offered a motion for approval of the report which was seconded and passed.

E. *Intellectual and Developmental Disability Committee Charter*

Lori Stillman noted the proposed I/DD Committee Charter being presented was developed to clarify the duties, mission and committee composition and modeled after the charters of the Behavioral Health Oversight and Fiscal Oversight Committees. Ms. Stillman offered a motion for Board approval of the I/DD Charter which was seconded and passed.

8. Directors Report

Tisha Deeghan reported on the following:

- Department of Behavioral Health and Developmental Services Commissioner Debra Ferguson has tendered her resignation as of the end of October to accept a position with the Office of the Governor. Dr. Jack Barber will serve as interim commissioner.
- Notice has been received from Richmond that the Medicaid Waivers are no longer being redesigned, but should be referred to as the New Waivers. With this in mind, it was recommended that the Board of Supervisors be made aware of this development as well as the County Legislative Office to ensure the necessary funding is being considered by the Virginia General Assembly. Also, it was advised to readdress the CSB legislative talking points being drafted to strengthen the Medicaid Waiver language to ensure there is an emphasis on allotting sufficient funding.
- The Department of Medical Assistance Services has proposed Medicaid expansion for treatment of substance use disorders. Comments on this proposal are being accepted through October 21, 2015.

9. CSB Status Report

Lisa Potter distributed the FY 2015 fourth quarter CSB Status Report and highlighted the following:

- There were no major fluctuations in demographics
- Total number served rose slightly which may be due to more accurate vendor data in the electronic health record
- Change in wait time for assessments may be due to walk-in services
- The number of individuals receiving primary health care has risen to 63% vs. 40%.
- In FY 2016, employment will be added and efforts will continue to refine the areas being reported as well as the accompanying data.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 7:10 p.m.

Actions Taken--

- ♦ The July 2015 meeting minutes were approved.
- ♦ 2016 CSB proposed fee related documents approved for public review and comment period.
- ♦ The FY 2017 and future through FY 2021 Capital Improvement Programs were approved for submission.
- ♦ Approval of the FY2015 Year End Report
- ♦ The I/DD Committee Charter was approved.

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Date

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Staff to Board

## Behavioral Health Oversight Committee Meeting Minutes

**Date:** September 9, 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, Tom Schuplin, PRS, Inc., Joe Petit, Concerned Fairfax, Lyn Tomlinson, Daryl Washington, Sylisa Lambert-Woodard, Pathway Homes, Jeffrey Wisoff and Captain Spencer Woods. Also present were other private sector staffs as well as members of the public.

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	Meeting was called to order at 5:00 p.m.	Diana Tuininga, Chair	
Approval of July 8, 2015 Minutes	Suzette Kern moved that the July 8, 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	<p>Bill Taylor, Concerned Fairfax, The 2015 NAMI Walk will be held on Saturday, September 19, 2015 at the Tysons Corner Center in McLean, Virginia.</p> <p>Peter Clark, No. Va. Mental Health Foundation, The Wellness and Recovery Committee will be Friday, October 16 from 8:30 a.m. to 2:15 p.m. at the NVCC Annandale Campus.</p> <p>Sylisa Lambert-Woodard, Pathway Homes, Our Help the Homeless Community Walk will be held on Saturday, October 24, 2015.</p>		
Staff Reports	Lyn Tomlinson, On Sunday, October 4, 2015 there will be a UNITE to Face Addiction Rally in Washington D.C. to support a growing movement that will demand solutions to the addiction crisis. For additional information visit <a href="http://www.FacingAddiction.org">www.FacingAddiction.org</a> .		
Presentation: Infant Massage	<p>Linda Storm gave a presentation and shared information the benefits of Infant Massage. The presentation highlighted the following:</p> <p>Infant Massage is an ancient tradition in many cultures that has been recognized for its physical and emotional benefits for babies and their families. The mission is to promote nurturing touch through training, education, and research so that babies, parents, and caregivers are loved, valued, and respected throughout the world community.</p> <p>Some of the benefits for babies are:</p> <ul style="list-style-type: none"> <li>• Relieves discomfort of gas, colic, constipation</li> <li>• Can help reduce pain from teething</li> <li>• Babies gain body awareness and body ownership</li> </ul> <p>Some of the benefits for parents are:</p> <ul style="list-style-type: none"> <li>• Helps with post-partum depression</li> <li>• Builds confidence</li> <li>• Promotes healthy and appropriate touch and trusting relationships</li> </ul>	Linda Storm	

## Behavioral Health Oversight Committee Meeting Minutes

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Topic	Action	Responsible Party	Due Date
<p>Diversion First</p>	<p>Diversion First was launched in an effort to reduce the number of people with mental illness in local jails by diverting non-violent offenders experiencing mental health crises to treatment instead of incarceration.</p> <p>Diversion First members include judges, officials throughout the Fairfax County government, mental health leaders, law enforcement agencies, political leaders, mental health advocacy groups, and community members whose families have experienced the consequences of incarceration as well as its alternative.</p> <p>We are committed to set up a basic jail diversion program by January 1, 2016 at the Merrifield Center, with the following initial components in place, to be expanded and further developed over the next several years:</p> <ul style="list-style-type: none"> <li>• Crisis Intervention Team training for local law enforcement, led by the Fairfax County Police Department in collaboration with the county Sheriff's Office and the CSB.</li> <li>• A therapeutic Crisis Assessment Site at the CSB's new Merrifield Center, where police will be able to transfer custody of offenders who may need mental health services to a CIT-trained officer on-site, rather than taking the individual directly to jail.</li> <li>• A second CSB Mobile Crisis Unit to increase the county's capacity to provide emergency mental health personnel in the field when requested by county residents or law enforcement.</li> <li>• A Mental Health Docket in the Fairfax County Court system. This docket will be a specialized court docket which employs a problem-solving approach rather than traditional court procedures to addressing defendants with mental illnesses.</li> </ul>	<p>Daryl Washington</p>	
<p>Lines of Business Update</p>	<p>Daryl Washington, Deputy Director, gave an overview for fourteen lines of business that look at the services we provide. There are several additional CSB work sessions, Fiscal Committee and CSB Board meetings scheduled that will continue gathering information to be finalized and submitted to Department of Management and Budget on October 2, 2015.</p> <p>If there are any comments and concerns they can be sent to Len Wales at <a href="mailto:Len.Wales@fairfaxcounty.gov">Len.Wales@fairfaxcounty.gov</a>.</p>	<p>Daryl Washington</p>	
<p>Adjournment</p>	<p>There being no further business to come before the Committee, the meeting was adjourned at 6:45 p.m.</p>	<p>Diana Tuininga, Chair</p>	

\_\_\_\_\_  
Date Approved

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Minutes Prepared by  
Loretta Davidson

## CSB Fiscal Committee Meeting Notes

**Date:** September 18, 2015  
**Attending:** Ken Garnes, Gary Ambrose, Kate Hanley, Jeff Wisoff  
**Staff:** Tisha Deeghan, Michael Lane, Len Wales, Daryl Washington, Lisa Potter, Lisa Witt, Tana Suter

### Summary of Information Shared/Decisions:

#### Financial Status

- Position Status:
  - As of September 14, CSB has 112 vacant General Merit Positions.
- FY 2016 Pay Period Metrics:
  - From PP17 to PP18, 9 positions became vacant, while 6 positions were filled, a net of -3.
  - As of PP18 CSB had 106 vacant general merit positions, 6 above the VBP of 100.
  - While it appears that as of PP18, savings to date is \$665,667, 4 days from FY 2016 will be charged back to FY 2015 (PP spanned 2 fiscal years).
  - It was noted that the Pay Period Metrics information shared reflects the Adopted Budget Plan. The budget is scheduled for approval on September 22.

#### FY 2017 Budget

Lisa Witt provided an update on FY 2017 Budget:

- Staff provided copies of the Fund 40040 CSB FY 2017 Budget Planning Strategy and the FY 2017 Advertised Fund Statement, highlighting the following.
  - FY 2017 Baseline Budget:
    - Based on FY2016 Adopted appropriation levels, including total expenditures of \$153.5 million, total non-County revenues of \$38.0 million, and a General Fund transfer of \$115.5 million, CSB proposes to develop a baseline budget aligned to the CSB's transformed organization and consistent with the CSB Board's strategic direction.
  - Adjustments:
    - CSB proposes to submit adjustments to the FY2017 baseline budget resulting in no net change to the General Fund transfer. Adjustments will include an increase of \$151,458 in Fairfax City and Falls Church City revenue, offset by a commensurate decrease in program/client fees.
  - New Requirements:
    - CSB proposes to submit FY2017 funding requests for the following new requirements, totaling \$9.71 million.
      - DMB is aware of most of the items included in new requirement, with a few exceptions such as funding of to support previously unfunded increases in fringe benefits costs, particularly health insurance, over the FY2015-FY2017 period; and funding to effectively support individuals in the community and comply with required federal, state and local mandates, such as those related to Virginia's settlement agreement with the US Department of Justice and Medicaid Waiver reform.
  - There was discussion about identifying costs for Diversion First. It was suggested the CSB take the opportunity to indicate the required funding needed for next year. Daryl Washington noted that a starting point is updating the sequential intercept model which can be used as a roadmap for identifying gaps. This will also be a new item for DMB to consider. It was also recommended that community advocates could be mobilized when the timing is appropriate.
  - The budget is due October 5<sup>th</sup>. It was recommended to bring forward to CSB Board for

## CSB Fiscal Committee Meeting Notes

endorsement.

### Human Resources Issues

- Tana Suter provided an update and status of Human Resources issues, to include:
  - July-August 2015 and Year to Date Employee Actions.
  - Currently four open requisitions for merit positions. It was noted that there has been a lot of activity for new hires and promotions: there have been 21 hires (18 new hires/2 rehires/1 Reemployed Annuitant), 8 promotions; no terminations for July-August.
  - Recruitment and retention activities: the video production has been delayed and is pending based on resources to include HR and CSB Director of Communications availability.

### End of Year Report for the BOS

- The FY 2015 Year-End Report to BOS was presented for Committee review. There was discussion on key topics with comments and input from Committee members and staff, including the following recommendations:
  - It was recommended to move some sections of the report to the cover letter. It was recommended that the report should highlight key program areas, and high-level fiscal information will be included in the cover letter.
  - Comment was made of the importance of Diversion First and ID Employment/Day Support Services and that this is opportunity to set the stage for needed resources.
  - Staff will revise the letter and report with the recommended edits and will send to Fiscal Committee for review, then send to CSB Board members prior to Wednesday's full Board meeting. The cover letter and report will be presented as an action item.

### Lines of Business (LOBs)

- Len Wales provided an update on the LOBs:
  - Edits that the Board requested have been made and staff plan to have an update for Wednesday's full Board meeting.
  - The importance of collaboration with other Human Services agencies was noted; Tisha Deeghan stated that Gail Ledford has requested a copy of all HS LOBs once they are submitted to DMB.
  - Ken Garnes expressed appreciation to staff for work done on the LOBs and Work Sessions.

### **Action Items/Responsible Party Required Prior to Next Meeting:**

- Staff will update the End of Year Report to the BOS for Fiscal Committee and full Board review.

### **Issues to Communicate to CSB Board:**

- FY 2015 End of Year Report to BOS – Action Item - September CSB Board meeting

### **Agenda Items for Next Meeting on October 23:**

- TBD

## Fairfax-Falls Church Community Services Board Legislative Talking Points – Highlights

### **Diversion First – A Groundbreaking Local Initiative with National Significance**

Diversion First is a Fairfax County initiative to reduce the number of people with mental illness in local jails by diverting nonviolent offenders experiencing mental health crises to needed treatment instead of incarceration. By January 1, 2016, the county intends to be operating a basic jail diversion program with ongoing Crisis Intervention Team (CIT) training for law enforcement personnel, Mental Health First Aid training for first responders and jail-based staff, and a therapeutic Crisis Assessment Site at the Community Services Board's new Merrifield Center. Local funding is being provided for a second CSB Mobile Crisis Unit and discussions are underway to establish a Mental Health Docket in the county court system. **Additional state resources are required to expand this initial jail diversion program over the next 3 to 5 years.**

### **Enhanced Crisis Response through Workforce Development**

The Commonwealth has made sweeping reforms in CSB Emergency Services in recent years -- including commitment criteria, Emergency Custody Order and Temporary Detention Order processes, security protocols, data collection/reporting and more. In addition, demand for Emergency Services has increased significantly. Local CSBs are attempting to manage the volume increase as well as enhanced supervision, training and credentialing requirements. **Additional state funding (\$6,955,000 annually for our region; \$1,391,000 per CSB) is critically needed to develop and enhance the region's crisis response and emergency services workforce.**

### **Changes in Medicaid Waivers, Funding for New Waivers and Other Services for Individuals with Intellectual and Developmental Disabilities (ID and DD)**

Major changes to the state's Medicaid Waiver system for individuals with intellectual disability (ID) and developmental disabilities (DD) are under consideration. These changes, if approved and funded by the General Assembly, will require that CSBs, rather than health departments, take responsibility for determining eligibility. CSBs will also be providing case management services for individuals with DD. **State funding for additional CSB staff resources is needed to handle these new responsibilities. Additional Medicaid Waivers are also needed.** As of August, over 4,600 persons with ID remain on the statewide urgent needs waiting list for Medicaid waivers; of that number, 1,294 are from our Health Planning Region II. **Funding is also needed to provide case management and services to individuals with ID and/or DD who are not eligible for Medicaid Waivers but who have urgent service needs.**

### **Increase Detoxification Resources to Combat Heroin-Opioid Epidemic**

CSBs are currently battling the dramatic increase in heroin and opioid dependence afflicting our community, our Commonwealth, and our nation. **Detoxification is often the necessary first step towards recovery.** However, in the Fairfax-Falls Church area for example, individuals typically must wait at least two to three weeks, and sometimes months, before a detox bed becomes open. Waiting decreases the chance and opportunity for successful, timely intervention that can literally save a life. **Additional state funding is needed to increase the number of detox beds in our region and to expand the use of buprenorphine,** a medication that mediates the craving for opiates and prevents the person from experiencing the euphoria associated with opiate use.

## **Priority Issues for 2016**

### **Fairfax – Falls Church Community Services Board**

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#### ***Diversion First – A Groundbreaking Local Initiative with National Significance***

Diversion First is a Fairfax County initiative to reduce the number of people with mental illness in local jails by diverting nonviolent offenders experiencing mental health crises to needed treatment instead of incarceration.

#### **What are its key components?**

By January 1, 2016, the county intends to be operating a basic jail diversion program with ongoing **Crisis Intervention Team (CIT) training** for law enforcement personnel; **Mental Health First Aid training** for first responders and jail-based staff; and a therapeutic **Crisis Assessment Site** at the Community Services Board's (CSB) new Merrifield Center, where law enforcement officers can transfer custody of nonviolent offenders who need mental health services to a CIT-trained officer there, instead of taking them directly to jail. Also by January 1, the county will have launched staff recruitment for a **second Mobile Crisis Unit**, that will double the county's current capacity to provide emergency mental health personnel in the field. Another key element of the jail diversion effort is to establish a **Mental Health Docket in the Fairfax County Court system**. Discussions are already underway to identify resource needs, legal requirements, and necessary procedures to make this a reality.

#### **How is the county funding this initiative?**

At present, **existing local resources** from the Fairfax County Police Department, Sheriff's Office, and Community Services Board **are being reassigned, reallocated and pooled** to provide coverage for the Merrifield Crisis Assessment site and to implement other aspects of Diversion First. Fairfax County intends to **expand this initial jail diversion program over the next 3 to 5 years**, in terms of capacity and variety of services. To do this will require additional resources, including grants from state and national sources, as well as local and state budget initiatives. Bexar County (San Antonio), Texas, where a similar, comprehensive jail diversion effort has been in place for years, has **saved millions of taxpayer dollars and changed thousands of lives** by diverting nonviolent offenders with mental illness to treatment instead of incarceration. Other municipalities have experienced similar successes.

#### **What is the problem?**

**Of the approximately 1,000 inmates in Fairfax County's Adult Detention Center, about 400 have a mental health or substance use disorder.** A similar situation exists in jails and prisons throughout the country. Jails are not equipped, intended, nor suitable for mental health treatment and recovery. When the behavior of someone with a mental illness brings them to the attention of law enforcement, it is generally far better to divert them to a place where they can get appropriate treatment for their

illness, rather than take them to jail, which is likely to only aggravate the illness. Incarceration is harmful to the individual with mental illness and is far more costly for local taxpayers than early, appropriate mental health treatment. Incarceration often initiates a tragic, costly and increasingly harmful **cycle of re-incarceration**. Diverting someone to treatment can break this cycle.

### **How does the community benefit?**

Diversion First will improve **public safety**, including the safety of people with mental illnesses, their families, friends, neighbors, coworkers, law enforcement personnel and others; **improve health outcomes** for people with mental illnesses who are able to access appropriate mental health services; and **reduce costs** that are shouldered by local taxpayers, including the costs of incarceration and police overtime. Hospital emergency department costs are also likely to be reduced, as the crisis assessment and initial mental health treatment provided at the CSB Merrifield Center may be able to successfully **deescalate the crisis situation such that continued treatment and recovery can be achieved on an outpatient basis**.

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## ***Enhanced Crisis Response through Workforce Development***

### ***Background***

**There have been sweeping statewide reforms in CSB Emergency Services** beginning in 2007 after the Virginia Tech shootings and continuing after the death of Senator Creigh Deeds' son in 2013. Some of the areas in which changes have been implemented include: commitment criteria, mandatory outpatient treatment, privacy and disclosure provisions, firearm purchase and reporting requirements, increased coordination among treatment providers and collateral contacts, increased accountability through data collection and reporting, Emergency Custody Order and Temporary Detention Order processes, security protocols and training mandates.

In addition, **demand for CSB Emergency Services has increased significantly**. At the Fairfax-Falls Church CSB, an increasing number of individuals who are at risk of harming themselves and/or others are being seen by emergency services staff. Since FY 2012, Emergency Custody Orders have increased 41 percent, and Temporary Detention Orders have increased 45 percent. Local CSBs are attempting to manage this sharp increase in demand as well as the need for enhanced supervision, training and credentialing requirements.

### **Funding Request**

**Additional state funding (\$6,955,000 annually for our region; \$1,391,000 per CSB) is critically needed to develop and enhance the region's crisis response and emergency services workforce.** These funds will enable CSBs to hire additional Emergency Service therapists; provide recruitment and retention bonuses; train staff on best practices for risk and threat assessments, violence prediction and capacity evaluations; provide stipends to pay for required supervision towards licensure; provide each CSB with an adequate supervisory ratio; and enhance the provision of telepsychiatry to increase rapid access to psychiatric services.

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## ***Changes in Medicaid Waivers, Funding for New Waivers and Other Services for Individuals with Intellectual and Developmental Disabilities (ID and DD)***

### **Implications for CSBs of Medicaid Waiver changes**

In the 2016 General Assembly Session, **legislators will be considering major changes to the state's Medicaid Waiver system** affecting services for people with intellectual disability (ID) and developmental disabilities (DD). These changes, if approved and funded by the General Assembly, **will require that CSBs, rather than health departments, take on the responsibility for determining eligibility. CSBs will also be providing case management services for individuals with DD.** This is also a new responsibility; in the past, according to state code, CSBs only served individuals with DD if they also had ID or serious mental illness as a primary diagnosis. CSBs will be responsible for providing case management/service coordination or contracting with private case management providers and assuming responsibility for billing submissions and compliance with state and federal regulations.

Currently CSBs are reimbursed by Medicaid for providing targeted case management to persons with intellectual disability (ID) whose services are Medicaid eligible or who have ID Medicaid Waivers. This revenue source helps CSBs fund additional ID case managers to keep up with demand. However, **under the current developmental disabilities (DD) Waiver, targeted case management is not a billable service; instead, service coordination is billable, but at a rate that is roughly 50 percent less than the rate for targeted case management. Sufficient funding for CSB staffing resources is needed to determine DD eligibility, manage the additional numbers of persons with DD who have or are waiting for Medicaid Waivers, and to monitor private case managers.**

### **Need for more Waivers and funding for individuals with urgent needs**

**Additional Medicaid Waivers are needed statewide.** As of August, **over 4,600 persons with ID remain on the statewide urgent needs waiting list; of that number, 1,294 are from our region (Health Planning Region II).** **Funding is also needed to provide services for individuals with ID (and in the future DD) who have urgent needs but are not Medicaid Waiver eligible.**

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## ***Increase Detoxification Resources to Combat Heroin-Opioid Epidemic***

### **Issue Summary**

Our CSBs are currently battling the dramatic increase in heroin and opioid dependence afflicting our community, our Commonwealth, and our nation. **Detoxification is often the necessary first step towards recovery** for a person who is physically dependent on alcohol or other drugs. Ongoing data indicate that often the most successful way to treat substance dependency is to **combine the use of medication-assisted treatment with behavioral therapies.**

In the Fairfax-Falls Church area, **individuals typically must wait at least two to three weeks, and sometimes months, before a detox bed becomes open.** In FY2014, there were on average **54 individuals per month on the waitlist** for critical detox services. With opioid dependence, it is often impossible to stop using the drug without medically assisted treatment. Waiting decreases the chance and opportunity for successful, timely intervention that can literally save a life.

**Additional state funding is needed to increase the number of medically assisted detoxification beds in our region and to expand the use of buprenorphine,** a medication that mediates the craving for opiates and prevents the person from experiencing the euphoria associated with opiate use. Funding is needed not only to purchase the drug but also to help cover the cost of increased physician time required for examining and monitoring patients and attending related training.

**To add 50 medically assisted detoxification beds in FY2018 for our region will cost an estimated \$8,000,000. In addition, the region will require \$900,000 annually in state funding to expand use of buprenorphine.** (Health Planning Region II).

## ACTION ITEM

CSB 2016 CSB Fee Related DocumentsIssue:

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

Timing:

If approved by the Board, the Fee Schedule will be forwarded to the Board of Supervisors for their review. An effective date of February 1, 2016 is planned.

Recommended Motion:

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

Background:

At the CSB Board's Ad Hoc Fee Policy Committee meeting on September 23<sup>rd</sup>, members voted to approve staff proposals as amended by the committee, and recommended that the CSB Board post the proposed Reimbursement for Services Policy, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation for public comment. At its meeting on September 23<sup>rd</sup>, the CSB Board approved the release of the proposed changes for public review.

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

- published on the [www.fairfaxcounty/csb](http://www.fairfaxcounty/csb) webpage with English, Spanish, Vietnamese and Korean translated documents
- appeared in the *CSB News*, the CSB's electronic newsletter
- posted at all CSB sites

No comments were received during the public review period prior to the October 28<sup>th</sup> CSB Board meeting.

A complete list of changes to fee related documents can be found in the enclosed document. A key change is the alignment of the CSB Ability to Pay Scale income levels with the Federal Poverty Levels (FPL) published by the federal government every January. In the past, the CSB's Scale was in sync with the FPL for only a few months each year.

If approved by the Board, the Fee Schedule will be submitted to the Board of Supervisors for their review on November 17, 2015. Afterward, CSB staff training and adjustments within the Electronic Health Record will commence with a targeted effective date of February 1, 2016. Changes to the Board Policy will become effective after the CSB Board Secretary signs the Policy. Given its correlation to the Board Policy, the staff Fee and Subsidy Related Procedures Regulation is furnished here for your reference and will be forwarded to the Executive and Deputy Directors for their review and approval.

Fiscal Impact:

The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid and other health insurance plans. The FY 2016 current budget plan for the CSB includes \$18.4 million in estimated fee revenues.

Enclosed Documents:

- Summary of Proposed Changes to CSB 2016 Fee Related Documents
- Reimbursement for Services Policy 2120
- Ability-to-Pay Scale
- Fee Schedule
- Fee and Subsidy Related Procedures Regulation 2120.1 – for information only

Board Members and Staff:

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

## Summary of Changes to CSB 2016 Fee Related Documents

Proposed Changes to CSB Fee Related Documents were posted for public review and comment on September 25, 2015. Written comments on the Proposed Changes to CSB Fee Related Documents were accepted until 5 p.m., October 28, 2015. The CSB Board will hold a Public Hearing on the Proposed Changes at its meeting on October 28, 2015 and consider a motion to approve.

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:

### 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 financial issues.
8. Every individual 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. 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  
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:

### **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.

## **B. 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.

**Fairfax-Falls Church Community Services Board**

**Ability to Pay Scale, Effective < 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 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%	\$40,840			
350%	80%	\$35,775			
300%	60%	\$29,825			
250%	40%	\$23,875			
200%	20%	\$17,925			
150%	0%	\$0			\$13,775

**The Ability to Pay Scale income levels will be aligned 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.

<b>2016 CSB FEE SCHEDULE</b>			
<b>Service</b>	<b>Subject to Ability to Pay Scale</b>	<b>Effective Prior to Feb 2016</b>	<b>Effective Feb 1, 2016</b>
Addiction Medicine Physician Assessment	Yes	\$161 per event	<b>Deleted; using other procedural codes</b>
Addiction Medicine Physician-Monitoring (follow up)	Yes	\$54 per event	<b>Deleted; using other procedural codes</b>
Adolescent Day Treatment- MH	Yes	\$36.53 per unit	\$36.53 per unit
Adolescent Day Treatment - SA	Yes	\$4.80 per 15 minutes	\$4.80 per 15 minutes
Adult Day Treatment - MH	Yes	\$34.78 per unit	\$34.78 per unit
Adult Day Treatment- SA	Yes	\$4.80 per 15 minutes	\$4.80 per 15 minutes
A New Beginning Residential Treatment	Yes	\$238.30 per day	\$238.30 per day
GAP Case Management - Regular Intensity	Yes	\$195.90 per month	\$195.90 per month
GAP Case Management - High Intensity	Yes	\$220.90 per month	\$220.90 per month
Case Management - ID	Yes	\$326.50 per month	\$326.50 per month
Case Management - MH	Yes	\$326.50 per month	\$326.50 per month
Case Management - SA	Yes	\$16.50 per 15 minutes	\$16.50 per 15 minutes
Congregate Residential ID Waiver Services	No	\$17.71 per hour	\$17.71 per hour
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry Services	Yes	\$163 per day	\$163 per day
Crisis Intervention	Yes	\$30.79 per 15 minutes	\$30.79 per 15 minutes
Crisis Stabilization - Adult Residential	Yes	\$89 per hour	\$89 per hour
Crossroads Adult Residential Treatment	Yes	\$186.52 per day	\$186.52 per day
Detoxification, Medical, Residential-setting	Yes	\$750 per day	\$750 per day
Detoxification, Social, Residential-setting	Yes	\$371 per day	<b>\$495 per day</b>
Drop-In Support Services, ID	Yes	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.	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.
Family Therapy	Yes	\$80.00 per hour	\$80.00 per hour
Group Therapy/Counseling	Yes	\$4.80 per 15 minutes	\$4.80 per 15 minutes
Head Start - Services to	No	\$25 per 15 minutes	\$25 per 15 minutes
Independent Evaluations	No	\$75 each	\$75 each
Individual Therapy/Counseling	Yes	\$80.00 per hour	\$80.00 per hour
Initial Evaluation/Assessment	Yes	\$150 per event	\$150 per event
Injection Procedure	Yes	\$20.00	\$20.00
Intensive Community Treatment	Yes	\$153 per hour	\$153 per hour
Intensive Outpatient - Individual or Group	Yes	\$4.80 per 15 minutes	\$4.80 per 15 minutes
Interactive Complexity*	Yes	n/a	<b>\$15 add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service</b>
Lab Tests	No	Actual Cost	Actual Cost
Late Cancellation or No Show	Yes	\$25.00	\$25.00
Legal Testimony	Yes	\$25 per 15 minutes	\$25 per 15 minutes
Medication Management	Yes		
Mental Health Skill-building Service	Yes	\$91 per unit	\$91 per unit
Multi-Family Group Therapy	Yes	\$25 per event	\$25 per event
Neurological Testing	Yes	\$1168 per event	\$1168 per event
New Generations Residential Treatment	Yes	\$120 per day	\$120 per day
Nursing Assessment	Yes	\$58 per event	<b>Deleted; using other procedural codes</b>
Nursing Subsequent Care	Yes	\$29 per event	\$29 per event
Physical Exam (Physician)	Yes	\$95 per event	<b>\$167 per event</b>
Psychiatric Evaluation	Yes	\$107 per event	<b>\$219 per event</b>
Psychiatric Evaluation & Management High Complexity	Yes	\$144 per event	\$144 per event

<b>2016 CSB FEE SCHEDULE</b>			
<b>Service</b>	<b>Subject to Ability to Pay Scale</b>	<b>Effective Prior to Feb 2016</b>	<b>Effective Feb 1, 2016</b>
Psychiatric Evaluation & Management Low Complexity	Yes	\$54 per event	\$54 per event
Psychiatric Evaluation & Management Moderate Complexity	Yes	\$90 per event	\$90 per event
Psychological Testing	No	\$150 per event	\$150 per event
Psychological Testing Battery	Yes	\$851 per event	\$851 per event
Psychosocial Rehabilitation	Yes	\$24.23 per unit	\$24.23 per unit
Release of Information: Individual	No	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs
Release of Information: Research	No	\$10.00	\$10.00
Release of Information: Third Party	No	\$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	\$10 admin fee 50¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs
Release of Information: Worker's Compensation	No	\$15.00	\$15.00
Residential Fee ID Community Living Services	No	75% of gross income	75% of gross income
Residential Fee MH/SA Community Living Services	No	30% of gross income	30% of gross income
Returned Check (due to insufficient funds or closed account)	No	\$50.00	\$50.00
Skilled Nursing Waiver LPN Services	No	\$7.82 per 15 min	\$7.82 per 15 min
Skilled Nursing Waiver RN Services	No	\$9.02 per 15 min	\$9.02 per 15 min
Telehealth Facility Fee	No	\$20.00	\$20.00
Transportation	No	\$100 per month	\$100 per month
Turning Point Program	Yes	\$285.71 per month	\$285.71 per month
Urine Collection & Drug Screening- Retests Only	Yes	\$25.00	\$25.00
Wraparound Fairfax	No	\$1230 per month	\$1230 per month
* 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:

## **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.
- IV. 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.

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.

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 scale (ATP).

Dependency status is further determined by the following information:

- When an individual is under age 19 at the end of the year and younger than you (or your spouse, if filing jointly), or
- A full-time student under age 24 at the end of the year and younger than you (or your spouse, if filing jointly), or
- Permanently and totally disabled at any time during the year, regardless of age.

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 insurance 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.

For an independent adult who is not a qualifying dependent and is a full-time student, the Ability to Pay Scale will be set at 0%; proof of full-time enrollment is required.

For select federal or state grant programs, this section may not apply. As such, liability for services provided in these programs will be discussed with the individual prior to participation.

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.

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 to charges for services that are not covered by insurance. Subsidies are based on the individual's gross 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

iii. The Scale will be reviewed annually and its income levels adjusted every January to align with the published Federal Poverty Levels. 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, individuals are expected to pay the required co-insurance, co-payment and deductible amounts on a pay-as-you-go basis (billed as necessary).

F. Advance Beneficiary Notice of Non-Coverage

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.

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.

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 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.

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.

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 are not requested or are refused by an individual. 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
	Revised: May 1997	Revised: September 15, 2006
	Revised: October 1999	Revised: August 14, 2007
	Revised: April 26 2000	Revised: July 21, 2008
	Revised: May 23, 2001	Revised: June 24, 2009
	Revised: October 24, 2001	Revised: September 22, 2010
	Revised: June 17, 2002	Revised: November 1, 2012
Approved: October 1984	Revised: July 23, 2003	Revised: January 1, 2014
Revised: January 1995	Revised: August 31, 2004	Revised: December 1, 2014
Revised: June 1996	Revised: August 15, 2005	Revised:

## **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.

CSB Policy Review and Comment Period

Issue:

Triennial review and updating of CSB Board Policies

Timing:

Immediate

Recommended Motion:

I move that the Board approve issuing the revised CSB policies as presented for a 30-day public review and comment period as well as readopt Policy 1500, Use of E-Mail among Board Members as well as Policy 3060, Human Rights, which do not require any revisions.

Background:

As part of the ongoing triennial review process, additional policies have been updated as appropriate and are being presented for a public review and comment period. Following the comment period and consideration of responses to be incorporated, the policies will be submitted to the Board for final approval. The policies within this review include:

- 1401 – Executive Director Line of Succession
- 1500 – Use of E-Mail among Board Members (reviewed, no changes needed)
- 2010 – Development of Grant Applications
- 2400 – Quality Management Improvement
- 3060 – Human Rights (reviewed, no changes needed)
- 3100 – Consumer Dispute Resolution

As noted, it was determined that Policy 1500, Use of E-Mail among Board Members, as well as Policy 3060, Human Rights, do not require revisions and each should be readopted as is.

Board Member

Jeffrey Wisoff, Secretary to CSB Board

Enclosed Documents:

- 1401 – Executive Director Line of Succession
- 1500 – Use of E-Mail among Board Members
- 2010 – Development of Grant Applications
- 2400 – Quality Management Improvement
- 3060 – Human Rights
- 3100 – Consumer Dispute Resolution

Policy Number: 1401  
Policy Title: Executive Director's Line of Succession  
Date Adopted: TBD

**Purpose**

To establish a line of succession for the position of Executive Director during catastrophic emergency events.

**Policy**

The Executive Director has overall responsibility for managing the CSB and has the authority to delegate functions to other CSB staff. The Executive Director is also responsible for ensuring the continuous ability of the CSB to carry out emergency duties and responsibilities during catastrophic emergency events.

During a declared state of emergency the Executive Director may be unavailable to carry out the duties and responsibilities. Emergency interim successors may be appointed to carry out identified duties and responsibilities of the Executive Director or their successors.

The emergency interim successor may exercise the authority and responsibilities of the Executive Director until a successor is appointed or hired, or until the incumbent is able to resume the exercise of the authority and responsibilities of the Executive Director.

Emergency interim successors in the order of the succession shall have full powers of the Executive Director's position to commit CSB resources during a time of emergency or disaster if the person normally exercising the position becomes unavailable.

The following line of succession shall apply:

1. Executive Director
2. Deputy Director, **Administrative Operations**
3. **Deputy Director, Clinical Operations**
4. **Assistant Deputy, Community Living Treatment & Supports**
5. **Assistant Deputy, Acute & Therapeutic Treatment Services**
6. **Director, Compliance & Risk Management**

Approved \_\_\_\_\_  
Secretary Date

Policy Adopted: November 19, 2003  
Policy Readopted: March 25, 2009  
Policy Revised: **TBD**

Reference: CSB Policy 1400: Executive Director

Policy Number: 1500  
Policy Title: Use of E-Mail Among  
Board Members  
Date Adopted: October 28, 2015

### Purpose

The purpose of this policy is to provide guidance for the members of the Board who use email so that they can comply with the open meeting requirements of the Virginia Freedom of Information Act, Virginia Code §§ 2.2-3700 through 2.2-3714 (hereinafter "VFOIA").

### Policy

It is the policy of the CSB to comply with the VFOIA requirements. In order to carry out this policy, Board members shall comply with the following procedures:

1. Because Virginia law provides that a meeting occurs when three or more Board members assemble in person or by electronic means for the purpose of transacting the business of the CSB, and because Virginia law prohibits members of the Board from conducting a meeting by electronic means, no Board member shall conduct any contemporaneous exchange or transmission of e-mail messages between more than one other member of the Board at any one time.
2. Should any member of the Board think that information should be distributed by e-mail to more than one other member of the Board, then that Board member should send that information to the CSB staff and ask the staff to distribute the information via e-mail to other members of the Board. Members of the Board shall be cautious to avoid the contemporaneous exchange of such e-mails which could be interpreted as a possible violation of the VFOIA open meeting requirements or the VFOIA prohibition against conducting electronic meetings. For example, if the CSB staff sends an e-mail to more than two members of the CSB, then a Board member recipient should not send a "reply to all" response that will transmit an electronic transmission to more than one other member of the Board.
3. E-mail communications involving the business of the CSB are public records and those records shall be retained in accordance with Virginia law. Regulations presently applicable to e-mail require that such messages be retained for a period of three years. Records Retention Schedule, General Schedule 19 (Library of Virginia, July 3, 2003).

For that reason, each member of the Board shall retain for a period of three years all e-mail messages with attachments that are sent to or received from other members of the Board, the CSB staff, or members of the public regarding the public business of the CSB. Should a member of the Board not wish to retain such messages in his or her electronic library, then those messages should be forwarded to the Clerk to the CSB for retention and eventual disposition.

Approved \_\_\_\_\_  
Secretary Date

Policy Adopted: February 25, 2004  
Policy Readopted: March 25, 2009  
Policy Readopted: **October 28, 2015**

References:

- ◆ Opinion of the Virginia Attorney General to the Honorable Phillip Hamilton dated January 6, 1999
- ◆ Opinion of Maria Everett, Executive Director of the Virginia Freedom of Information Advisory Council to Ms. Bridgett Blair dated January 3, 2001

Policy Number: 2010  
Policy Title: Development of Grant Applications  
Date Adopted: TBD

### Purpose

To provide guidance for developing grant applications.

### Policy

Directly operated and contractual agencies shall prepare grant proposals based on the following CSB Board, Fairfax County Board of Supervisors (BOS), and/or Fairfax and Falls Church City Council guidelines, to benefit the citizens of Fairfax County, the City of Fairfax, and the City of Falls Church. Contractual agencies shall follow these guidelines when submitting a joint application with the CSB or requesting CSB funding.

Grant applications:

1. Shall demonstrate their relevance to the CSB Mission and CSB Strategic Plan.
2. Shall be coordinated with all appropriate service providers. Joint submissions with other local agencies are strongly encouraged.
3. Shall include a plan for sustainability that addresses a post-funding cycle plan that may include a continuation design without funding or a plan for program completion. Continuation of a grant-funded project after the funding cycle expires, using local funds, is not considered a sustainable design.
4. Shall be submitted as CSB Board Action Items to the CSB Board and, whenever possible, prior to the deadline for submission of a grant. It is acceptable to include permission to apply and, if awarded, to accept in the same item. Should an award be made, notification will be made to the Board as part of the Executive Director's report and any media releases regarding the award will be sent to the Board.
  - a. The CSB Board must approve submission of the grant application.
  - b. In the event that the grant application deadline prohibits obtaining CSB Board approval prior to the submission, the grant application may be forwarded directly to the grantor with the approval of the Executive Director. The Executive Director will then notify the CSB Board of this action.
5. Permission to apply for and accept funds, if awarded, must be obtained by the Fairfax County Board of Supervisors in accordance with current requirements. Information will also be provided to the cities of Fairfax and Falls Church.

Approved \_\_\_\_\_  
Secretary Date

Reference: Board Policies 0020, 0030, 0031, and 0032

Policy Adopted: November 1980  
Policy Readopted: April 17, 1991  
Policy Revised: January 1995  
Policy Readopted: April 29, 1998  
Policy Readopted: September 19, 2001  
Policy Readopted: April 26, 2006  
Revision Adopted: **TBD**

Policy Number: 2400  
Policy Title: Performance  
Management and  
Improvement  
Date Adopted:

### Purpose

The Code of Virginia mandates that Community Services Boards review and evaluate public and private community services for individuals with mental health, substance use and **co-occurring disorders and intellectual disability** that receive funds from each board. These findings are to be reported to the governing bodies that established each Community Services Board.

A **performance** management and improvement program is one way to achieve the goals of review and evaluation. **Performance** management refers to a framework of assessing and improving services and supports. A comprehensive performance management program includes measuring individual service outcomes, monitoring agency **performance** and business processes, identifying improvement opportunities, and facilitating improvement processes. This policy provides guidance for a system-wide **performance** management and improvement program, to ensure organizational efficiency and effectiveness and to promote positive outcomes for individuals, families and the community.

### Policy

The Fairfax-Falls Church Community Services Board (CSB) values the provision of quality services **within a system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life.**

It is the policy of the CSB that the agency conducts a performance management program that has as its goal the improvement of individual outcomes, CSB services and business processes and overall performance.

This program:

- Places data into a framework that facilitates **data-driven management decisions. Establishes agency goals and objectives and evaluates outcomes to identify success measures and strategies for improvement**
- **Develops, implements and maintains a performance structure that measures effectiveness and efficiency of and access to services and supports, and incorporates feedback from persons served and other stakeholders**
- **Promotes a learning culture, involving consumers, staff and stakeholders in working toward organizational mission and strategic goals**
- Collaborates with state and county officials on **performance** management initiatives.

- Provides an annual **performance** management report to the CSB Board.

It is the responsibility of the Executive Director to work with the Board and staff to implement this policy.

Approved \_\_\_\_\_  
Secretary Date

References

- Code of Virginia: 37.2-504-A.1
- *2013 Behavioral Health Standards Manual*, published by the Commission on Accreditation of Rehabilitation Facilities (CARF): United States
- State Board Policy 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System for Services  
*Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System*, 2006
- *2008 Standards and Guidelines for the Accreditation of Managed Behavioral Healthcare Organizations*, published by the National Committee on Quality Assurance (NCQA): Washington, DC

Policy Adopted:

*Replaces Policy 2200 dated June 24, 2009*

Policy Number: 3060  
Policy Title: Human Rights  
Date Adopted: **October 28, 2015**

Purpose

To provide for the assurance of Human Rights for all consumers who receive services from the Fairfax-Falls Church Community Services Board (CSB) or its contractors.

Policy

The CSB shall comply with the State Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, Or Operated by the Department of Behavioral Health and Developmental Services.

This shall be accomplished through compliance with CSB regulations to include the areas outlined in the State Regulations: Assurance of Rights, Explanation of Individual Rights and Provider Duties, Substitute Decision Making, Complaint Resolution, Hearing and Appeals Procedures, Variances, Reporting Requirements, Enforcement and Sanctions, and Responsibilities and Duties.

Approved \_\_\_\_\_  
Secretary Date

Reference: State Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, Or Operated By The Department Of Behavioral Health and Developmental Services 12 VAC 35-115 –10 et seq.

Policy Adopted: July 24, 2002  
Revision Adopted: June 23, 2010  
Revision Adopted: **October 28, 2015**

Policy Number: 3100  
Policy Title: Consumer Dispute Resolution  
Date Adopted: TBD

## Purpose

To provide guidance on complying with:

- The Code of Virginia §37.2-504.A.15 requiring Community Services Boards (CSB) to institute a dispute resolution mechanism that is approved by the Department of **Behavioral Health and Developmental Services (DBHDS)** enabling consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB.
- **DBHDS** Performance Contract requirements for complying with the current Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, **Intellectual Disabilities** and Substance Abuse Services developing consumer dispute resolution mechanisms.
- **DBHDS** Performance Contract requirements that CSBs develop their own procedures for complying with informal dispute resolution process in the Human Rights Regulations and for satisfying the requirements in the Code of Virginia for a local dispute resolution mechanism, and
- **DBHDS** Guidance on Dispute Resolution Requirements issued on June 30, 2005 stating the Department and VACSB continue to agree that an informal dispute resolution process developed to comply with the Human Rights Regulation requirements could also be used to comply with the statutory requirement for a dispute resolution mechanism. While the same procedural steps and actions could be used to fulfill both requirements, the two dispute resolution processes are different, being employed for different purposes: the first being the informal resolution of the human rights complaints and the second being the resolution of other complaints or disputes. When the informal dispute resolution process is used to resolve complaints or disputes not related to Human Rights Regulations, there needs to be an additional step, equivalent to the human rights appeal to the local human rights committee, for the complainant to pursue final resolution if he or she is not satisfied with the result of the informal process. This final step should be a review and decision by the CSB Executive Director or, if the Executive Director is a party to the dispute, the CSB Board itself.

## Policy

It is the policy of the Fairfax-Falls Church Community Services Board that:

1. Consumers, their authorized representatives, family members and caregivers have a right to resolve concerns, issues, disputes or disagreements and to make complaints about any aspect of CSB services or operations.
2. Consumers, their authorized representatives and family members or caregivers may

designate an advocate of their choice to accompany, assist, or represent them to resolve their concern, issue, dispute or complaint.

3. The CSB will develop a standard process to handle disputes through informal and formal processes, which will be made available to consumers, family members or caregivers, orally and in writing at intake and then on an annual basis.
4. This dispute resolution mechanism will be developed with consumer, family, advocate, staff and DBHDS input and translated into a process and regulations that consumers, their families, caregivers and staff will understand and be able to use easily to reach solutions to consumer care and service disputes.
5. At any time, consumers, family members and caregivers have the right to pursue any other right or remedy to which they may be entitled under federal, state, or local law and regulations.
6. This dispute resolution process will exist independently of the Human Rights, Health Insurance Portability and Accountability Act (HIPAA), fee, fraud, fair housing and Americans with Disabilities Act (ADA) complaint processes.
7. When a complainant has a Human Rights, HIPAA, fee, fraud, fair housing, or ADA complaint they shall be referred to the CSB's Quality Assurance Office for assistance in understanding and using the established and proper federal, state, county or CSB complaint process.
8. All types of disputes, concerns, issues and complaints, shall be resolved at the earliest possible opportunity and at the lowest level to reach the sustainable and satisfactory solution with the consumer, family member or caregiver.
9. CSB staff will offer assistance to the consumer, if asked or whenever the staff becomes aware that the consumer, family member or caregiver has a concern or complaint and will offer such assistance to help the individual understand the formal and informal complaint processes and the options for resolution and the elements of confidentiality involved.
10. The CSB will expedite the establishment of, or contract for, an ombudsman/consumer affairs office to assist consumers in handling the informal and formal complaint process.
11. CSB senior staff is responsible for educating staff, consumers, and family members about the informal and formal complaint process, but with the full and integral assistance of consumers in the design and training.
12. The CSB shall engage consumer consultants and other advocates to partner with the Quality Assurance staff to develop the dispute resolution training for staff, consumers, family members and other caregivers, as well as advocates and concerned individuals.
13. CSB staff will maintain records and provide annual aggregate reports of dispute resolutions, which will be made available to the CSB and to the public on an annual basis.
14. The CSB will not take, threaten to take, permit or condone any action to retaliate against, intimidate, or prevent anyone from filing a complaint or anyone from helping an individual to resolve concerns, issues, or disagreements about CSB services or operations.
15. The CSB shall comply with federal, state and local laws and regulations to assure a timely

fair and effective resolution of complaints for all consumers who receive services from the CSB.

Approved \_\_\_\_\_  
Secretary Date

References

- Code of Virginia §37.2-503.A.15
- **DBHDS** (formerly Department of Mental Health, Mental Retardation and Substance Abuse Services (DHHMRSAS)) FY 2006 State Performance Contract: III.A.5.C
- **DBHDS** (formerly Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)) June 30, 2005 Guidance on Dispute Resolution Requirement

Policy Adopted: October 25, 2006

Revision Adopted: **TBD**

Community Services Board (CSB) FY 2015- FY 2017 Strategic Plan Revisions

Recommended Motion

I move the Board approve the proposed revisions to the CSB FY 2015- FY 2017 Strategic Plan.

Background

The Community Services Board 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.

Fiscal Impact

None

CSB Staff

Suzette Kern, CSB Board Member

Lisa Potter, CSB Strategy and Performance Management Director



# Strategic Plan

July 1, 2014 to June 30, 2017

*Call 703-324-7000, TTY 711 to request this information in an alternate format.*

# Foreword

We are pleased to present the **Fairfax-Falls Church Community Services Board's (CSB) FY 2015 – 2017 Strategic Plan**, the roadmap that will effectively guide us towards achieving our mission:

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

We remain fully committed to our mission but acknowledge there are challenges ahead which are characterized by increasing community needs and diminishing resources. Legislative changes at the national and state levels add to the complexity of the CSB's challenges. This strategic plan examines these challenges and provides direction for where the CSB is going, the actions needed to get there, and milestones to let us know if we get there successfully.

Our strategic plan was developed using these four principles:

- **Strategic planning is an ongoing process.** This 3 year plan is designed to evolve with the needs of the CSB and those we serve.
- **Strategic planning is future-oriented and proactive.** The plan is flexible and can be adapted as needs change and as new priorities emerge.
- **Evaluation and performance measurement are key to the strategic plan's success.** The plan will be reviewed and evaluated annually and data will be gathered and shared to demonstrate the achievement of our strategic goals.
- **Strategic planning involves broad participation.** Individuals receiving services, families, community members, partners, stakeholders and staff in the planning, development and implementation of the activities, services and supports outlined in this plan.

We look forward to working with our partners to carry out this plan and celebrate our successes along the way.

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Gary Ambrose, Chair  
Fairfax-Falls Church CSB Board

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Tisha Deeghan, Executive Director  
Fairfax-Falls Church CSB

# Strategic Plan

July 1, 2014 to June 30, 2017

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# About Us –The Fairfax-Falls Church Community Services Board <sup>1</sup>

## ***Where We Want to Be – CSB Vision***

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

## ***What We Do – CSB Mission***

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

## ***What We Believe In – CSB Values***

In achieving our mission and vision, we value:

- **Respect for the people we serve.**  
Individual dignity and human rights protection are at the center of the CSB service philosophy. Each individual is involved in developing service plans which address his/her needs and preferences. Feedback from service recipients is encouraged to assess program strengths and areas for improvement.
- **Quality in the services we provide.**  
The CSB offers a comprehensive menu of preventative and responsive services that meet the needs of individuals who live in the Fairfax County community. Services are provided by qualified professionals using methods proven to achieve positive, measurable outcomes.
- **Accountability in all that we do.**  
The CSB recognizes its responsibility to the Fairfax County community by striving to provide services to people with limited resources or complex needs in **an effective and efficient** manner. Policies and procedures are communicated and accessible to all individuals and organizations with whom we work and process improvement is anchored in continuous data review.

## ***Who We Are***

The Fairfax-Falls Church Community Services Board (CSB) is the public agency that plans, organizes and provides services for people in our community who have mental illness, substance use disorders, and/or intellectual disability. The CSB also provides early intervention services for infants and toddlers with, or are at risk for, developmental delays.

We are one of 39 Community Services Boards and one Behavioral Health Authority in the Commonwealth of Virginia. State law requires every jurisdiction to have a CSB. We operate as part of Fairfax County government's human services system.

Our staff and contracted service providers include, but are not limited to, psychiatrists, nurses and medical staff, counselors, therapists, case managers and support coordinators, peer specialists, and support and administrative staff. We partner with community organizations, faith communities, businesses, schools and other local government agencies in many ways to provide the services people need, and to be good neighbors in the community.

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<sup>1</sup> [About the CSB](#)

## ***Whom We Serve***<sup>2</sup>

Our CSB serves residents of Fairfax County and the cities of Fairfax and Falls Church.

Most CSB services are primarily for people whose conditions seriously impact their daily functioning. However, anyone with a related concern may contact the CSB for help in finding appropriate treatment and resources. (See Appendix B, Guidelines for Assigning Priority Access to CSB Services<sup>3</sup>)

## ***What Services We Provide***<sup>4</sup>

There are two main areas of focus for CSB services:

- **Acute & Therapeutic Treatment Services** – Engagement, Assessment & Referral Services;; Emergency and Crisis Services, Residential Treatment Services, Detoxification Service, Youth & Family Intensive Treatment Services, Youth & Family Outpatient and Day Treatment Services, and Infant and Toddler Connection. .
- **Community Living Treatment & Supports** – Support Coordination Services, Employment & Day Services, Assisted Community Residential Services, Behavioral Health Outpatient & Case Management Services, Supportive Residential Services, Forensic Transition & Intensive Community Treatment Services, and Jail-Based Behavioral Health Services.

Services are provided directly by CSB staff, or provided through contracts with local partner organizations.

## ***Where We Provide Services***<sup>5</sup>

Services are provided in a variety of settings throughout the county, including offices, residential settings, and in the community.

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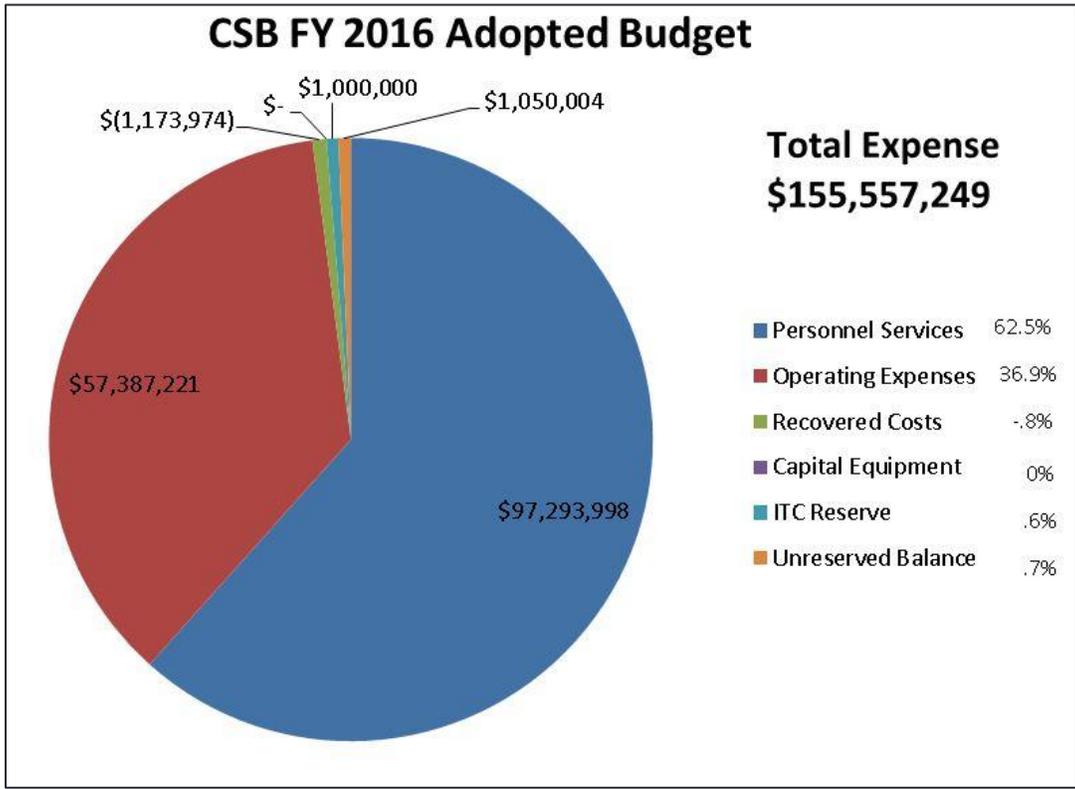
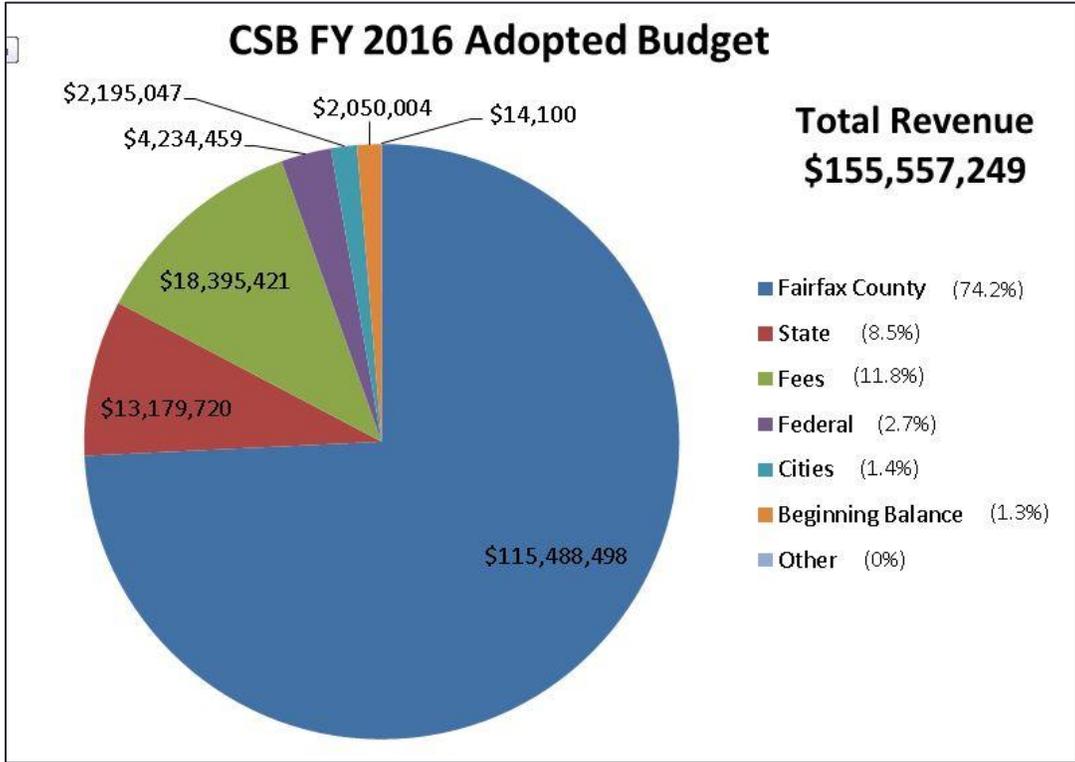
<sup>2</sup> [Who We Serve](#)

<sup>3</sup> [Guidelines for Assigning Priority Access to CSB Services](#)

<sup>4</sup> [CSB Services](#)  
Strategic Plan Appendix C

<sup>5</sup> [CSB Service Locations](#)

**How We Are Funded**



# Getting Where We Want to Go – Goals, Strategies, and Performance Measures

Three goals have been identified:

**Goal 1:** Our SERVICES support individuals and families to live self-determined and healthy lives.

**Goal 2:** The WORKFORCE is capable and dedicated to carry out the CSB mission

**Goal 3:** The CSB is fiscally and operationally sound.

These goals, associated strategies and performance measures described below will help us to meet our vision and mission.

**Goal 1: Our SERVICES support individuals and families to live self-determined and healthy lives.**

- **Strategy 1.1: Provide or coordinate an array of services leading to the attainment of personal goals/objectives as defined by each individual.**
  - 1.1.1: Establish process to define, record, and report progress toward meeting goals/objectives on the individual service plan.
    - Measure: % of CSB program areas achieving their targets for individuals meeting service plan objectives.
- **Strategy 1.2: Increase accessibility to services so individuals and their families receive services when and where needed.**
  - 1.2.1: Establish process to track, monitor, and address demand, capacity, utilization and/or productivity targets.
    - Measure: % of programs meeting standards for access to services.
    - Measure: % of programs operating at capacity.
    - Measure: % of programs meeting utilization standards.
    - Measure: % of programs meeting productivity standards.
  - 1.2.2: Existence of a process to identify and prioritize service populations, needs, and service gaps ensuring alignment with county safety net guidelines.
- **Strategy 1.3: Provide supports and services to promote an individual's access to primary care, housing, and employment.**
  - 1.3.1: Establish process to define and measure health care access, stable housing, and employment/day activity outcomes.
    - Measure: % of individuals with a primary care provider.
    - Measure: % of individuals who achieve or maintain stable housing.
    - Measure: % of individuals who achieve or maintain employment, school, or meaningful day activity.
- **Strategy 1.4: Implement and evaluate current best and/or evidence-based practices in service delivery.**
  - 1.4.4: Establish a process to define, prioritize, and measure use of best and/or evidence-based practices.
    - Measure: % of CSB programs employing best and/or evidence-based practices.

- Measure: % of CSB programs utilizing fidelity measures for evidence-based programs.
- **Strategy 1.5: Develop strategies for critical and emerging needs.**
  - 1.5.1: Provide alternatives to incarceration for individuals with mental health, substance use and co-occurring disorders (Diversion First).
  - 1.5.2: Ensure a comprehensive approach for prevention and treatment of opiate use.
  - 1.5.3: Ensure a comprehensive approach to suicide prevention and assessment.

**Goal 2: The *WORKFORCE* is capable and dedicated to carry out the CSB mission.**

- **Strategy 2.1: Promote a positive work culture and environment that supports the CSB mission, vision, and values.**
  - 2.1.1: Establish a process to define and measure a “positive work culture and environment” to fully integrate the CSB mission, vision and values into staff orientation, onboarding, and ongoing agency activities.
  - 2.1.2: Administer and act on an organizational culture survey.
- **Strategy 2.2: Promote and support administrative, clinical, and managerial professional development.**
  - 2.2.1: Measure: % of courses for which participants’ overall satisfaction was rated 4 or above on a 5 point scale.
  - 2.2.2: Measure: % of courses for which participants rated content as relevant and provided tools or ideas that would help them perform their job better.
  - 2.2.3: Measure: % of courses for which participants reported increased knowledge with the training topics after taking classes.
  - 2.2.4: Measure: % of courses for which participants indicated an increased/enhanced knowledge and ability to use training concepts.
  - 2.2.5: Measure: % courses for which participants indicated that the offering developed their competencies, knowledge, skills, or abilities to achieve current and/or future goals.
- **Strategy 2.3: Develop and implement strategies to ensure that the CSB has a skilled and qualified workforce to meet current and future needs.**
  - 2.3.1: Establish a process to assess current and future workforce planning needs, to include recruitment, retention and development.

**Goal 3: The *CSB* is fiscally and operationally sound.**

- **Strategy 3.1: Use of accurate, reliable and timely data to inform decision making and system improvement.**
  - 3.1.1: Provide a complete and accurate State Performance Contract report, in compliance with all contract elements, to the Department of Behavioral Health and Developmental Services.
  - 3.1.2: Develop an internal dashboard for service area directors and managers to use as a program management tool.
  - 3.1.3: Develop an external dashboard to display and communicate key data elements and outcomes.

- **Strategy 3.2: Allocate and manage resources to maximize service capacity, improve service quality and achieve CSB's mission.**
  - 3.2.1: Align human resources and financial management systems and processes to support the current service delivery system.
  - 3.2.2: Develop and execute a budget based on an analysis of the required resources (positions and expenditures) and non-county and county funding required for each service area, including a review of services provided, population served, and outcomes and an analysis of return on investment.
  - 3.2.3: Create easy-to-use financial management tools for service area directors and program managers to improve financial and program management.
  - 3.2.4: Update portfolio of financial management policies and procedures to support efficient and effective operations and sound internal controls.
- **Strategy 3.3: Cultivate partnerships and supports which build community capacity to provide a continuum of services.**
  - 3.3.1: Establish an annual process to identify key partnership areas for development and evaluate outcomes of partnerships developed.
  - 3.3.2: Create or expand partnerships that support CSB strategic goals.
- **Strategy 3.4: Ensure Regulatory and Corporate Compliance.**
  - 3.4.1: Incorporate internal controls into an agency-wide system of regulatory and corporate compliance.
    - Measure: % compliance with internal and external audits (programmatic and finance).
- **Strategy 3.5: Integrate performance measurement into quality improvement systems.**
  - 3.5.1: Establish an annual quality improvement plan for service and business areas within the CSB which includes participation from individuals and families.
    - Measure: % of programs with at least one outcome/"better off" performance measure and performance target.
    - Measure: % of programs achieving established performance targets.
- **Strategy 3.6: Ensure open, timely, and consistent communication.**
  - 3.6.1: Develop and enhance strategies to communicate internally and externally, using a variety of media.
    - Measure: % of staff acknowledging satisfaction with the CSB communications content and systems.
- **Strategy 3.7: Leverage technology to support the service delivery system.**
  - 3.7.1: Refine electronic health record (EHR) implementation and complete business process review to ensure a standardized approach for use of the EHR.
    - Use EHR to establish and retrieve data to support agency strategic goals and activities.

## How We Use the Strategic Plan – The Evaluation Process <sup>6</sup>

Primary responsibility to facilitate CSB strategic planning activities lies with the Office of Strategy and Performance Management (SPM). This office works closely with members of the CSB Senior Leadership

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<sup>6</sup> Strategic Plan Appendix F - Strategic Plan Development

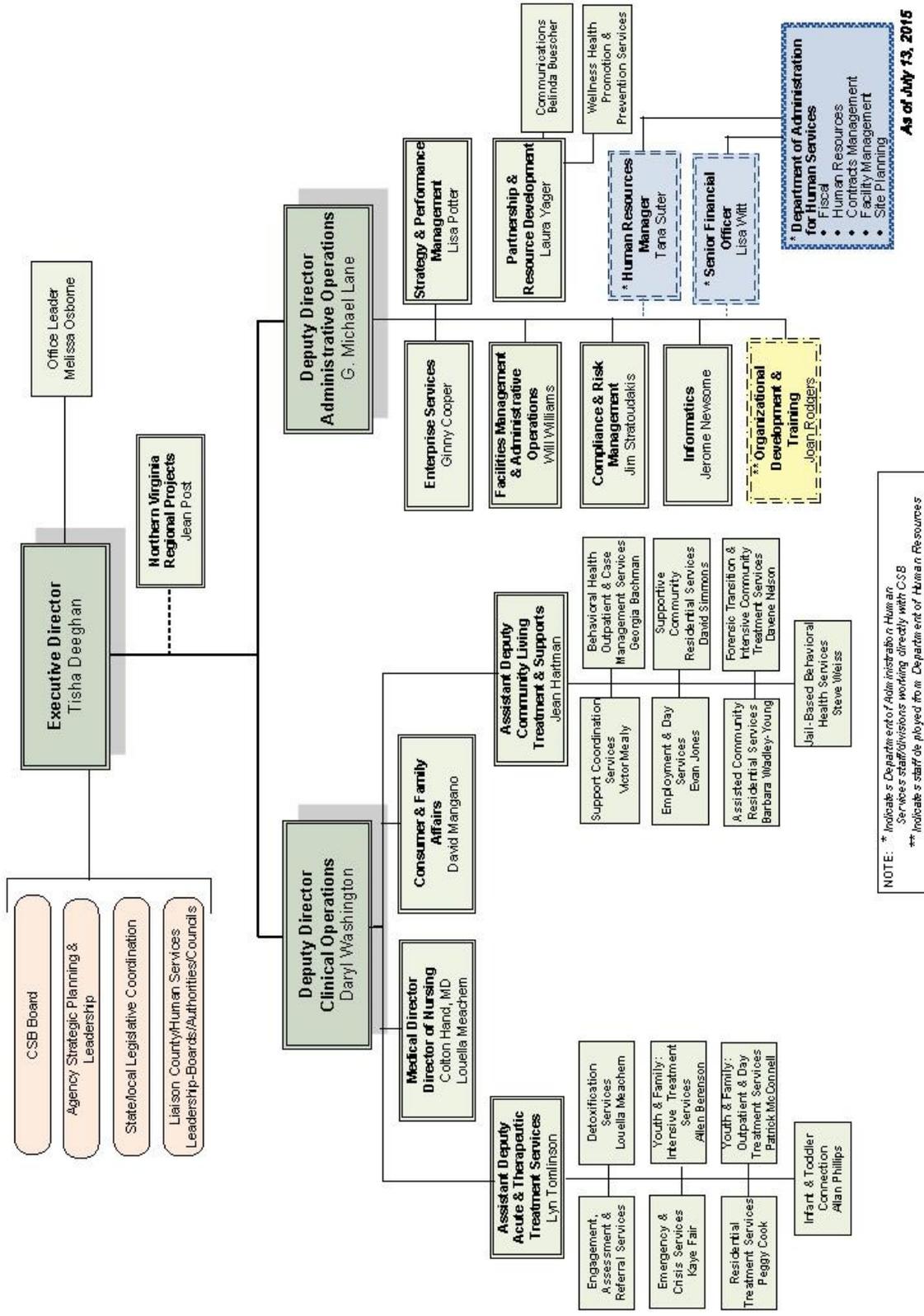
Team to identify strategic planning needs, develop goals/targets, monitor implementation, evaluate results, and recommend performance improvement.

The CSB strategic plan is evaluated on an ongoing basis, as progress toward established goals and strategies are assessed. A comprehensive evaluation of goals, strategies, and performance measures will be completed at the end of each fiscal year with results provided in an annual report. A strategic planning implementation team, facilitated by CSB Office of Strategy and Performance Management, and comprised of a broad representation of CSB staff and stakeholders, is convened to evaluate and recommend revisions to the strategic plan. Recommendations for revisions are brought to the CSB stakeholders for feedback.

# Appendices

## ***Appendix A – CSB Executive Organization Charts***

# Fairfax-Falls Church Community Services Board Executive Organization Chart



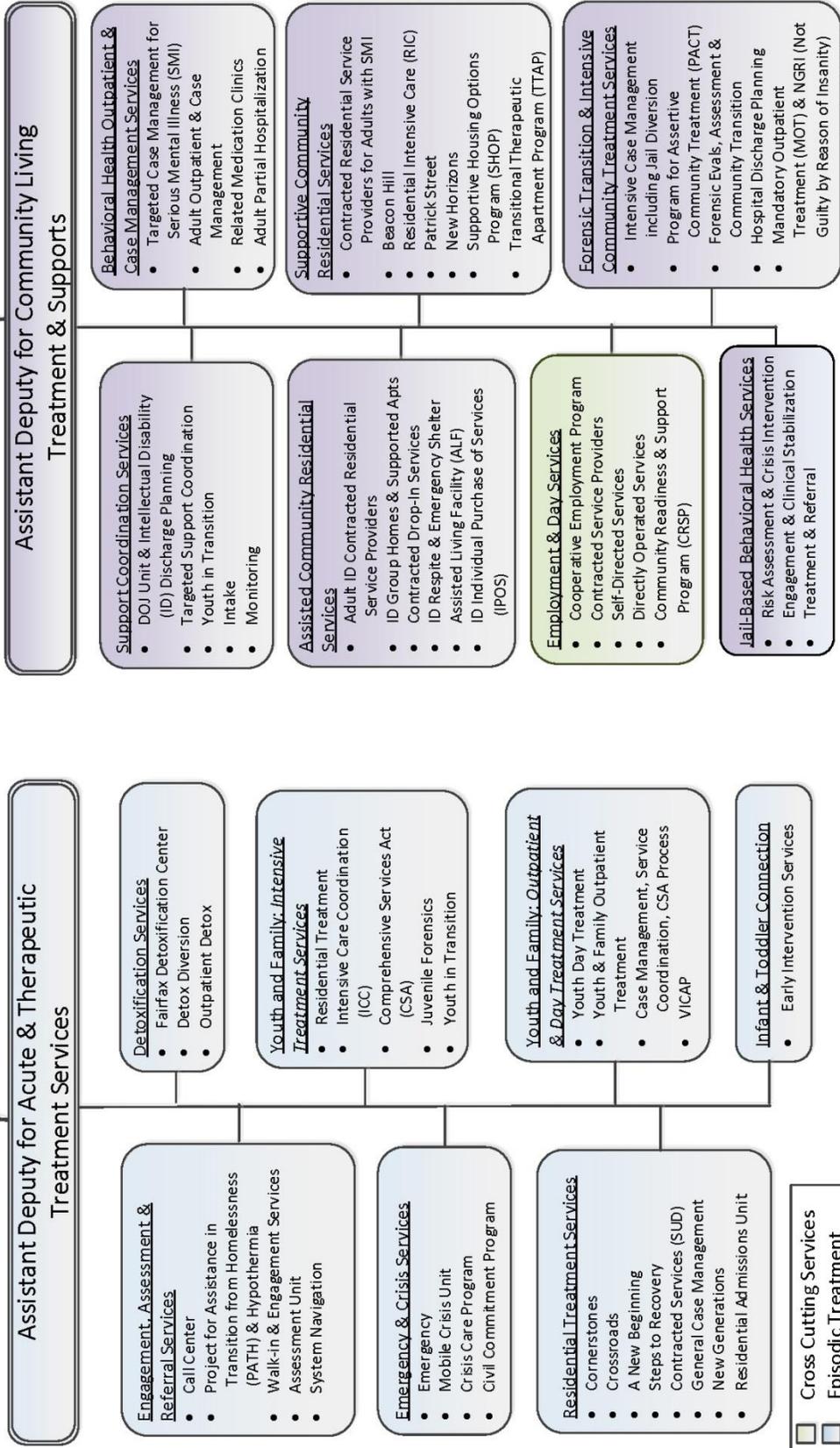
NOTE: \* Indicates Department of Administration Human Services staff/divisions working directly with CSB  
 \*\* Indicates staff deployed from Department of Human Resources

As of July 13, 2015

# CSB Deputy Director Clinical Operations

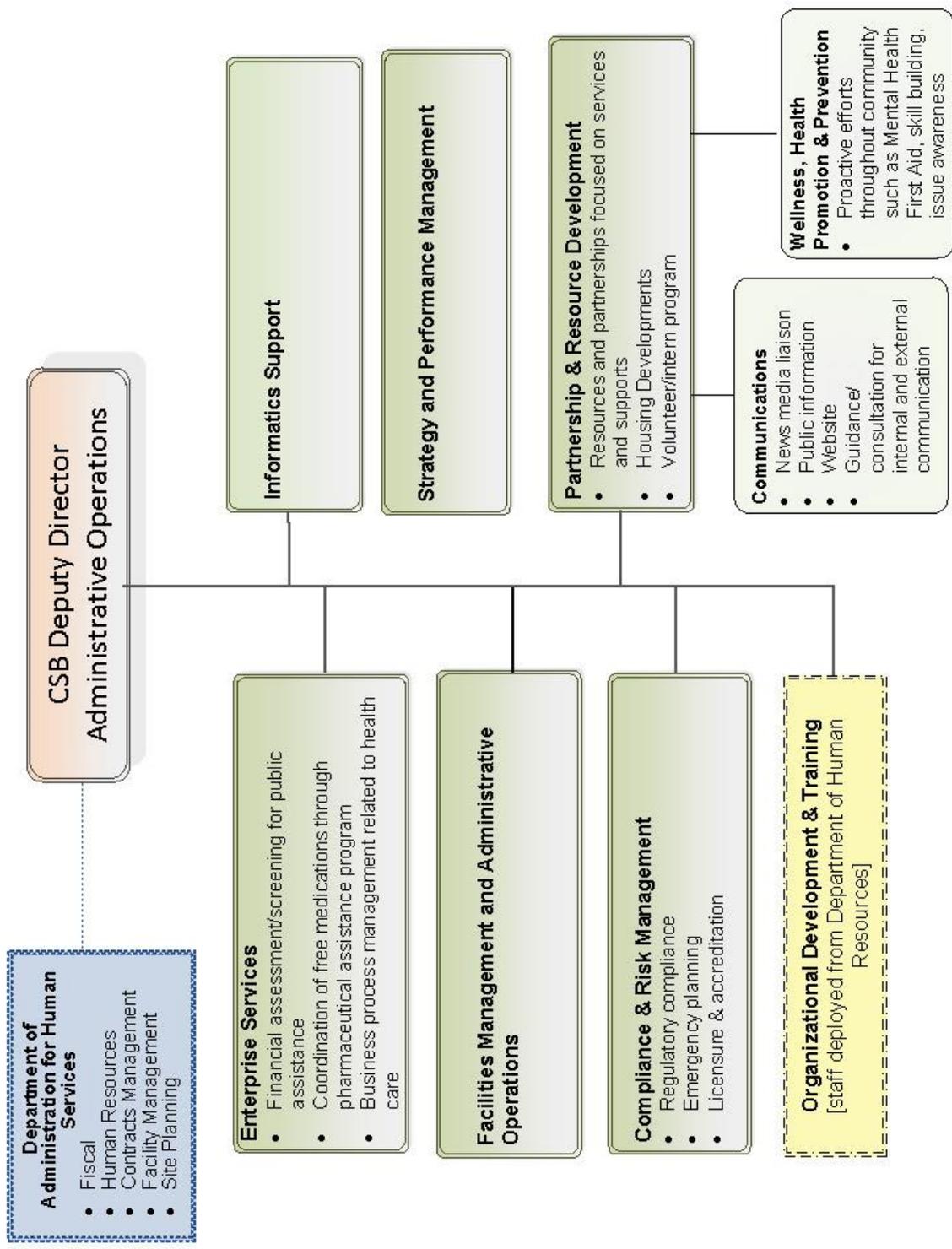
Consumer & Family Affairs

Medical Services – Medical Director,  
Nursing, Integrated Health Care



As of July 13, 2015

Cross Cutting Services  
 Episodic Treatment  
 Community Living



As of July 13, 2015

## **Appendix B – Priority Access Guidelines (October 22, 2014 edition)**

### **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.

## **Appendix C – CSB Service Descriptions**

### **Medical Services**

Medical Services provides and oversees psychiatric/diagnostic evaluations; medication management; pharmacy services; physical exams/primary health care and coordination with other medical providers; psychiatric hospital preadmission medical screenings; crisis stabilization; risk assessments; residential and outpatient detoxification; intensive community/homeless outreach; jail based forensic services; public health and infectious diseases; and addiction medicine and associated nursing/case management. Nurses work as part of interdisciplinary teams and have several roles within the CSB, including medication administration and monitoring, psychiatric and medical screening and assessment and education and counseling. A focus on whole health is a priority for Medical Services and key to the overall wellness of people served by the CSB. A current strategic priority includes development and implementation of integrated primary and behavioral health care

### **Wellness, Health Promotion and Prevention Services**

Wellness, Health Promotion and Prevention Services (WHPP) focuses on strengthening the health of the entire community. WHPP uses proven approaches to address known risk factors and build resiliency skills. By engaging the community, increasing awareness and building and strengthening skills, people gain the capacity to handle life stressors. Initiatives such as Mental Health First Aid (MHFA), regional suicide prevention planning, and the Chronic Disease Self-Management Program are examples of current efforts. Nearly 3,000 community members and staff have been trained in MHFA since launching local programming in late 2011. In FY 2014, the CSB launched Kognito, an evidence-based suicide prevention training. Kognito provides a suite of online courses and is available to anyone in the community who is interested in learning suicide prevention skills. As of May 2015, nearly 10,000 have received this training since it was made available in May 2014.

### **Engagement, Assessment & Referral Services**

Engagement, Assessment and Referral Services provides information about accessing services both in the CSB and the community, as well as assessment services for entry into the CSB service system. These services include an Entry and Referral Call Center that responds to inquiries from people seeking information and services; an Assessment Unit and Access Unit that provide comprehensive screening, assessment, referral and stabilization services for adults; and Outreach Services for people who are homeless or unsheltered and may need CSB services. The goal of all these services is to engage people who need services and/or support, triage people for safety, and help connect people to appropriate treatment and support. Not everyone with a concern related to mental illness, substance use or intellectual disability is eligible for CSB services. People seeking information about available community resources or who are determined to be ineligible are linked with other community services whenever possible. Call center staff can take call in English in Spanish and language translation services for other languages are available telephonically when needed. In FY 2015, the Call Center received 18,339 calls.

### **Acute Services**

Acute Services (CSB emergency, crisis care, and detoxification services) are available for anyone in the community who has an immediate need for short-term intervention related to substance use or mental illness. CSB Emergency Services staff provides recovery-oriented crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders, voluntary and involuntary admission to public and private psychiatric hospitals, and services in three regional crisis stabilization units. The CSB's central County emergency services site is open 24/7 and, in addition to the services listed above, can also provide psychiatric and medication evaluations and prescribe and dispense medications. The Mobile Crisis Unit (MCU), a rapid deployment team of CSB emergency services staff, responds 24/7 to high-risk situations in the community, including hostage/barricade incidents involving the County's Special Weapons and Tactics (SWAT) team and police negotiators. The Court Civil Commitment Program provides "Independent Evaluators" (clinical psychologists) to evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing, as required by the Code of Virginia. They

assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization.

Emergency services, MCU and Independent Evaluators provide approximately 10,000 evaluations annually, to include evaluations for emergency custody and temporary detention orders, civil commitment, psychiatric and medication evaluations, risk assessments, mental status exams and substance abuse evaluations. CSB Emergency Services also includes a disaster response team and a team that provides critical incident stress management and crisis debriefing during and after traumatic events.

The Fairfax Detoxification Center provides a variety of services to individuals who are in need of assistance with their intoxication/withdrawal states. Length of stay depends upon the individual's condition and ability to stabilize. The center provides clinically managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture (acudetox); health, wellness, and engagement services; assessment for treatment services; HIV/HCV/TB education; universal precautions education; case management services; referral services for follow-up and appropriate care; and an introduction to the 12-Step recovery process. The residential setting is monitored continuously for safety by trained staff. The detox milieu is designed to promote rest, reassurance and recovery. During FY 2015, this program provided a total of 6,259 bed days.

The Woodburn Place Crisis Care program offers individuals experiencing an acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term (7-10 days), community-based residential program for adults with severe and persistent mental illness, including those who have co-occurring substance use disorders. In FY 2015, 45 percent of those who received Crisis Care services had both mental health and substance use disorders, and 2 percent had intellectual disability. Services include comprehensive risk assessment; crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; counseling; psychosocial education; and assistance with daily living skills. During FY 2015, this program served 463 individuals (unduplicated).

### ***Residential Treatment Services***

Residential Treatment Services (Crossroads, New Generations, A New Beginning, A New Direction, Residential Support Services, and Cornerstones) offers comprehensive services to adults with substance use disorders and/or co-occurring mental illness who have been unable to maintain stability on an outpatient basis, even with extensive supports, and who require a stay in residential treatment to stabilize symptoms, regain functioning and develop recovery skills. At admission, individuals have significant impairments affecting various life domains, which may include criminal justice involvement, homelessness, health, employment, impaired family and social relationships, and health issues.

Services are provided in residential treatment settings and align with the level and duration of care needed, which may be intermediate or long-term. Services include individual, group and family therapy; psychiatric services; medication management; access to health care; and case management. Continuing care services are provided to help people transition back to the community. Specialized services are provided for clients with co-occurring disorders (substance use and mental illness), for pregnant and post-partum women, and for people whose primary language is Spanish.

### ***Infant and Toddler Connection***

The Infant and Toddler Connection (ITC) of Fairfax-Falls Church provides family-centered intervention to children from birth to age three, who need strategies to assist them in acquiring basic developmental skills such as sitting, crawling, walking and/or talking. ITC is part of a statewide program that provides federally-mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). The CSB serves as the fiscal agent and local lead agency for the program, with advice and assistance from a local interagency coordinating council. Families receive a screening to determine eligibility, service coordination, and development of an

Individual Family Service Plan. The family is assigned a “primary provider” who, with support of a multidisciplinary team, meets the needs of the family. This model replaces the previous practice of providing multiple, single discipline service providers to one family, and prevents unnecessary additions of services to Individual Family Service Plans.

Through public and private partnerships, ITC provides a range of services including physical therapy, occupational therapy and speech therapy; developmental services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys, and mobility aids); family counseling and support; and service coordination. County staff provides central intake, service coordination, initial assessments, and approximately 20 percent of the ongoing therapeutic services. Contractors provide the remaining 80 percent of the ongoing therapeutic services. Combined, more than 64,000 visits with families were provided in FY 2015. ITC staff collaborates with the Health Department, Department of Family Services, Neighborhood and Community Services, Inova Fairfax Hospital, and Fairfax County Public Schools (FCPS) to ensure that infants and toddlers receive appropriate services as soon as eligibility for the program has been determined. ITC contracts with individuals who provide language interpretation services to meet the needs of families in Fairfax County’s linguistically diverse community.

### ***Youth & Family Services***

Youth and Family Outpatient and Day Treatment Services provides assessment, education, therapy and case management services for children and adolescents, ages 5 through 18, who have mental health, substance use and/or co-occurring disorders. All services support and guide parents and treat children and youth who have, or who are at risk for, serious emotional disturbance, and who are involved with multiple youth-serving agencies.

Youth and Family Outpatient Services provides mental health and substance use disorder treatment and case management for children and adolescents, and their families. Services are provided, using evidenced-based practices, for youth who are, or are at risk of being, seriously emotionally disturbed, and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, or alcohol or drug use. Family, socioeconomic and other issues are frequently present. In FY 2015, 70 percent of the families serviced had annual incomes below \$50,000. Of the youth served, 28 percent are ages 4 through 12; 51 percent are ages 13 through 17; and 21 percent are ages 18 through 21. For youth ages 4-12, family or schools are the main referral sources. For those ages 13-17, court referrals are more frequent, and school referrals are reduced. Programs are funded through state block grants as well as county, state and federal funding. Revenue is also received from Medicaid, private insurance, and payments from parents.

The Adolescent Day Treatment Program serves youth ages 13 to 18, and their families, who have substance use disorders and/or mental health disorders. FCPS provides an alternative school at the site, and youth stay from three to six months.

Youth and Family Intensive Treatment Services offers a variety of services to support youth and their families. Wraparound Fairfax provides an intensive level of support for youth who are at high risk for residential or out-of-home placement, or who are currently served away from home and transitioning back to their home community. Services are provided for up to 15 months and are designed to enable youth to remain safely in the community with their families. Resource Team services include state-mandated discharge planning, consultation and case management, and monitoring of youth under Mandatory Outpatient Treatment commitment requirements. Services are also provided for youth involved with the Juvenile and Domestic Relations District Court (JDRDC).

### ***Behavioral Health Outpatient & Case Management Services***

Behavioral Health Outpatient & Case Management Services includes outpatient programming, case management, day treatment, adult partial hospitalization and continuing care services for people with mental illness, substance use disorders and/or co-occurring disorders.

Outpatient programs include psychosocial education and counseling (individual, group and family) for adults whose primary needs involve substance use, but who may also have a mental illness. Services help people make behavioral changes that promote recovery, develop problem-solving skills and coping strategies, and help participants develop a positive support network in the community. Intensive outpatient services are provided for individuals who would benefit from increased frequency of services, and day treatment services are provided for those who need a greater level of structure and intensity. Continuing care services are available for individuals who have successfully completed more intensive outpatient services but who would benefit from periodic participation in group therapy, monitoring and service coordination to connect effectively to community supports.

Case management services are strength-based, person-centered services for adults who have serious and persistent mental or emotional disorders and who may also have co-occurring substance use disorders. Services focus on interventions that support recovery and independence and include supportive counseling to improve quality of life, crisis prevention and management, psychiatric and medication management and group and peer supports. The goal of case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms, facilitate a successful life in the community, help manage symptom reoccurrence, build resilience and promote self-management, self-advocacy, and wellness.

Adult Partial Hospitalization (APH) programs provide intensive recovery-oriented services to adults with mental illness or co-occurring disorders coupled with other complex needs. Services are provided within a day programming framework and are designed to help prevent the need for hospitalization or to help people transition from recent hospitalization to less intensive services. APH focuses on helping individuals develop coping and life skills, and on supporting vocational, educational, or other goals that are part of the process of ongoing recovery. Services provided include service coordination, medication management, psycho-educational groups, group and family therapy, supportive counseling, relapse prevention and community integration.

### ***Support Coordination Services***

Support Coordination Services provides a continuum of case management services for people with intellectual disability (ID) and their families, engaging with them to provide a long-term, intensive level of service and support. CSB support coordinators help individuals and families identify needed services and resources through an initial and ongoing assessment and planning process. They then link the individual to services and supports, coordinate and monitor services, provide technical assistance, and advocate for the individual. These individualized services and supports may include medical, educational, employment/vocational, housing, financial, transportation, recreational, legal, and problem-solving skills development services. Support coordinators assess and monitor progress on an ongoing basis to make sure that services are delivered in accordance with the individual's wishes and regulatory standards for best practice and quality. To assess the quality of the services, support coordinators are mandated to work with individuals in various settings, including residential, institutional, and employment/vocational/day settings.

### ***Employment & Day Services***

Employment & Day Services provides assistance and vocational training to improve individual independence and self-sufficiency to help individuals enter and remain in the workforce. Employment and day services for people with serious mental illness and/or intellectual disability are provided primarily through contracts and partnerships with private, nonprofit and/or public agencies. This service area includes developmental services; sheltered, group and individualized supported employment; the Cooperative Employment Program (CEP); self-directed employment services; and psychosocial rehabilitation.

Developmental (Day Support) services provide self-maintenance training and nursing care for people with intellectual disability who are severely disabled and need various types of services in areas such as intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily and community living skills, and possibly some level of employment. Sheltered employment provides employment in a supervised setting with additional support services for habilitative development. Group supported employment provides intensive job placement assistance for community-based, supervised contract work and competitive employment in the community, as well support to help people maintain successful employment. Individualized supported employment helps people work in community settings, working with non-disabled workers. The Cooperative Employment Program (CEP) is jointly funded and operated by the Virginia Department of Aging and Rehabilitative Services and the CSB, and provides supported competitive employment services to eligible individuals who have developmental disabilities. Self-directed employment services involve the CSB providing funding directly to families for customized services, calculated at 80 percent of the annual weighted average cost of CSB-contracted services. Using an individualized approach, program staff assesses skills, analyzes job requirements, and provides on-the-job training, coupled with disability awareness training for employers.

Psychosocial rehabilitation services provide a period for adjustment and skills development for persons with serious mental illness, substance use and/or co-occurring disorders who are transitioning to employment. Services include psycho-educational groups, social skills training, services for individuals with co-occurring disorders, relapse prevention, training in problem solving and independent living skills, health literacy, pre-vocational services and community integration. Services are available in a small directly operated program or through contract with private providers. The Community Readiness and Support Program (CRSP) is the CSB's directly operated psychosocial rehabilitation program for individuals who have limited social skills, have challenges establishing and maintaining relationships, and need help with basic daily living activities. Contracted psychosocial rehabilitation services use the same model as CRSP. In the contracted services, the model is called "Recovery Academy," and the above focus areas are addressed in multi-week "courses," such that the experience can be tailored for each person. At the end of a term, courses can be repeated or new courses can be selected depending on an individual's goals and progress.

Turning Point is a grant-funded coordinated specialty service program for adolescents and young adults aged 16-25 who are experiencing serious behavioral health conditions, including a first episode of psychosis. Psychotic disorders can derail a young adult's social, academic and vocational development; but rapid, comprehensive intervention soon after the first episode can set the course toward recovery.

Turning Point is based on the evidence-based model known as *RAISE (Recovery After an Initial Schizophrenia Episode)*. This early intervention program helps young people and their families understand and manage symptoms of mental illness and or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and in life in general. The program can serve up to 120 people per year, and participation in the program may continue for up to three years as needed.

### ***Assisted Community Residential Services***

Assisted and Community Residential Services (ACRS) provides an array of needs-based, long-term residential supports for individuals with intellectual disability and for individuals with serious mental illness and comorbid medical conditions who require assisted living. Supports are not time-limited, are designed around individual needs and preferences, and emphasize full inclusion in community life and a living environment that fosters independence consistent with an individual's potential. These services are provided through contracts with a number of community-based private, non-profit residential service providers and through services directly operated by ACRS. While services are primarily provided directly to adults, some supports are provided to families for family-arranged respite services to individuals with intellectual disability, regardless of age.

Services include: an Assisted Living Facility (ALF) with 24/7 care for people with serious mental illness and medical needs; Intermediate Care Facilities (ICFs) that provide 24/7 supports for individuals with highly intensive service, medical and/or behavioral support needs; group homes that provide 24/7 supports (small group living arrangements for individuals with intellectual disability, usually four to six residents per home); supervised apartments that provide community-based group living arrangements with less than 24-hour care; daily or drop-in supports based on individual needs and preferences to maintain individuals in family homes, their own homes or in shared living arrangements (such as apartments or town homes); short-term, in-home respite services; longer term respite services provided by a licensed 24-hour home; and emergency shelter services. Individualized Purchase of Service (IPOS) is provided for a small number of people who receive other specialized long-term community residential services via contracts. Service and operations changes in CSB directly-operated programs were made from March through July 2014 to better allocate resources to meet increasing needs of an aging population of individuals with intellectual disability. Programs have been able to provide targeted, enhanced services at key sites where needs are greatest, without reducing overall service capacity. The service area realized an annualized savings of more than \$200,000 through this effort.

### ***Supportive Community Residential Services***

Supportive Community Residential Services (SCRS) provides a continuum of residential services with behavioral health supports of varying intensity that help adults with serious mental illness or co-occurring substance use disorders live successfully in the community. Individuals live in a variety of settings (treatment facilities, apartments, condominiums and houses) across the county and receive a various different levels of staff support, in terms of frequency of staff contact and degree of involvement, ranging from programs that provide 24/7 awake onsite support to programs providing drop-in services on site as needed. The services are provided based on individual need, and individuals can move through the continuum of care. Often individuals enter SCRS after a psychiatric hospitalization or to receive more intensive support to avert the need for an inpatient stay. Individuals typically admitted to SCRS have had multiple psychiatric hospitalizations, periods of homelessness, justice involvement, and interruptions in income and Medicaid benefits. The programs offer secure residence, direct supervision, counseling, case management, psychiatric services, medical nursing, employment, and life-skills instruction to help individuals manage as independently as possible their primary care, mental health, personal affairs, relationships, employment, and responsibilities as good neighbors. Many of the residential programs are provided through various housing partnerships and contracted service providers.

Residential Intensive Care (RIC) is a community-based, intensive residential program that provides up to daily 24/7 monitoring of medication and psychiatric stability. Counseling, supportive and treatment services are provided daily in a therapeutic setting. The Transitional Therapeutic Apartment Program (TTAP) provides residential treatment in a stable, supportive, therapeutic setting. Individuals learn and practice life skills needed for successful community living with the goal of eventually transitioning into a manageable independent living environment. The Supportive Shared Housing Program (SSHP) provides residential support and case management in a community setting. Fairfax County's Department of Housing and Community Development (HCD) and the CSB operate these designated long-term permanent subsidized units that are leased either by individuals or the CSB.

The CSB's moderate income rental program and HCD's Fairfax County Rental Program provide long-term permanent residential support and case management in a community setting, and individuals must sign a program agreement with the CSB to participate in the programs. Pathway Homes and the CSB jointly operate the Supported Housing Option Program, which provides long-term or permanent housing with support services, focusing on individuals with the greatest needs who are willing to accept needed services. Pathway Homes and the CSB also jointly operate the Shelter Plus Care program, providing long-term or permanent housing with support services to individuals with serious mental illness and co-occurring disorders, including those who are homeless and need housing with supports.

### ***Forensic Transition & Intensive Community Treatment Services***

Forensic Transition & Intensive Community Treatment Services includes a variety of services for adults who have serious mental illness and/or serious substance use disorders and who are involved with the criminal justice system, incarcerated, homeless or unsheltered, or are being discharged from state psychiatric hospitals.

Services for adults who are incarcerated at the Fairfax County Adult Detention Center (ADC) include assessment, stabilization and referral; facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others; court assessments; substance abuse education; and limited treatment for adults who have substance use disorders. More than half of the individuals seen by CSB staff working in the ADC are current or former CSB service recipients. Their involvement in the criminal justice system is usually a direct result of mental illness, substance use disorders or co-occurring disorders. Incarceration or other involvement with the criminal justice system can present a unique opportunity for CSB staff to intervene and forge a therapeutic alliance.

Intensive Community Services include jail diversion, discharge planning services for individuals in state psychiatric hospitals, Program of Assertive Community Treatment (PACT), as well as intensive, community-based case management and outreach provided by multidisciplinary teams to individuals with acute and complex needs. The Jail Diversion Program provides an intensive level of care to enhance existing resources available to persons with serious mental illness and/or co-occurring severe substance use disorder and co-occurring disorders who are involved with, or being diverted from, the criminal justice system. Discharge planning services are provided to individuals in state psychiatric hospitals to support linkages to community-based services, enhancing successful community-based recovery. PACT is a multi-disciplinary team that provides enhanced support services for individuals with mental illness and co-occurring disorders. Intensive Case Management Teams provide intensive, community-based case management and outreach services to persons who have serious mental illness and or/co-occurring serious substance use disorders. Teams work with individuals who have acute and complex needs and provide appropriate levels of support and services in the individuals' natural environment. Many of the individuals served in this program are homeless. Services include case management, mental health supports, crisis intervention and medication management.

## ***Appendix D – Fairfax County Vision Elements***

The CSB's goals, where applicable, are aligned with the Fairfax County Vision Elements.

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County by:



### **Maintaining Safe and Caring Communities**

The needs of a diverse and growing community are met through innovative public and private services, community partnerships and volunteer opportunities. As a result, residents feel safe and secure, capable of accessing the range of services and opportunities they need, and are willing and able to give back to their community.



### **Building Livable Spaces**

Together, we encourage distinctive "built environments" that create a sense of place, reflect the character, history and natural environment of the community, and take a variety of forms -- from identifiable neighborhoods, to main streets, to town centers. As a result, people throughout the community feel they have unique and desirable places to live, work, shop, play and connect with others.



### **Connecting People and Places**

Transportation, technology and information effectively and efficiently connect people and ideas. As a result, people feel a part of their community and have the ability to access places and resources in a timely, safe and convenient manner.



### **Maintaining Healthy Economies**

Investments in the workforce, jobs, and community infrastructure and institutions support a diverse and thriving economy. As a result, individuals are able to meet their needs and have the opportunity to grow and develop their talent and income according to their potential.



### **Practicing Environmental Stewardship**

Local government, industry and residents seek ways to use all resources wisely and to protect and enhance the County's natural environment and open space. As a result, residents feel good about their quality of life and embrace environmental stewardship as a personal and shared responsibility.



### **Creating a Culture of Engagement**

Individuals enhance community life by participating in and supporting civic groups, discussion groups, public-private partnerships and other activities that seek to understand and address community needs and opportunities. As a result, residents feel that they can make a difference and work in partnership with others to understand and address pressing public issues.



### **Exercising Corporate Stewardship**

Fairfax County government is accessible, responsible and accountable. As a result, actions are responsive, providing superior customer service and reflecting sound management of County resources and assets.

## ***Appendix E – Current Issues, Trends, and Challenges***

### **Focus**

The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders in Fairfax County and the cities of Fairfax and Falls Church. It is one of Fairfax County's Boards, Authorities, and Commissions (BACs) and one of the Commonwealth of Virginia's 39 Community Services Boards and one Behavioral Health Authority (BHA). State law requires every jurisdiction to have a CSB or BHA and in Fairfax County, CSB operates as part of Fairfax County government's human services system, governed by a policy-administrative board with sixteen members, thirteen appointed by the Fairfax County Board of Supervisors, one by the Sheriff's Department, and one each by the Councils of the Cities of Fairfax and Falls Church.

CSB provides a safety net of vital services for individuals with developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders. As the single point of entry into publicly-funded behavioral health care services, CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers. While all residents can access CSB's acute care, emergency, entry and referral and wellness, health promotion and prevention services, most other, non-emergency CSB services are targeted primarily to people whose conditions seriously impact their daily functioning.

CSB's continuum of community-based services and supports are designed to improve mental, emotional and physical health and quality of life for the community's most vulnerable residents. This continuum of services is provided primarily by over 1,000 employees and contracted service providers, including psychiatrists, psychologists, nurses, counselors, therapists, case managers and support coordinators, peer specialists, and administrative and support staff. Their efforts are supplemented by a dedicated team of volunteers and interns as well as partnerships with community organizations, concerned families, faith communities, businesses, schools, and other Fairfax County agencies, all of whom play significant roles in achieving CSB's mission.

### **Strategic Priorities and Integrated Services**

CSB has strategically and systematically continued to evaluate and improve business and clinical operations to enhance delivery of behavioral health care services. As part of this effort, the agency completed a multi-year project in FY 2014 to align the County's financial management and human resources system – FOCUS – as well as the agency's electronic health record – Credible – with its redesigned organizational structure. Completion of this project represents a critical step in improving budgeting, financial management and performance evaluation and facilitating financial and programmatic analysis of resource allocation and the cost/benefit of outcomes achieved.

In conjunction with this activity, CSB initiated an agency-wide strategic planning process to create a shared roadmap for fulfilling CSB's mission. While past CSB strategic plans focused on specific disability areas and populations, with input and participation from staff, the CSB Board, partner organizations, community members, advocacy groups, and individuals and families receiving services, the strategic plan adopted by the CSB Board reflects the agency's goals and objectives as a whole. The plan is organized around three primary goals: 1) services will support individuals and families to live self-determined and healthy lives, 2) the workforce will be capable of achieving CSB's mission, and 3) the agency will be fiscally and operationally sound. All CSB initiatives, including those to improve business and clinical operations, will be aligned with these goals and strategic priorities. A Strategic Plan Implementation Team evaluates progress and ensures that the plan evolves with the needs of the people CSB serves, the community, and the agency.

To effectively support individuals and families affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders, CSB is committed to

providing high-quality behavioral health care services modeled on evidence-based practices. Historically, CSB delivered services through separate systems based upon disability, such as mental illness or substance use disorder. As individuals served often have multiple needs, a disability-based system provides services in a fragmented, and often inefficient, manner. By realigning the organization and service delivery model according to individual needs and level of care required, a best practice in recovery-oriented services, CSB is able to provide the right services at the right time, increasing the likelihood of successful outcomes at reduced cost.

During the past year, CSB has undertaken several initiatives to integrate services and incorporate evidence-based practices. For instance, CSB merged mental health and substance use disorder outpatient and case management services to target resources and supports to individuals with co-occurring mental illness and substance use disorders. Ongoing partnerships with Federally Qualified Health Centers (FQHC) have offered additional opportunities for integrated health care, with a part-time on-site health clinic at the CSB's Gartlan site and CSB staff embedded at HealthWorks for Northern Virginia Herndon, an FQHC site in the north part of the County. In addition, CSB staff continues to be actively involved in countywide efforts to increase access to health care.

The most prominent example of integrated and seamless service delivery, however, may be found in the new Merrifield Center. Opened in January 2015, Merrifield Center includes a wide range of services provided by over 400 CSB employees from seven previously separate sites. CSB offers emergency, mobile crisis, psychiatric, nursing and on-site pharmacy services, outpatient and day treatment for youth and adults, and wellness, health promotion, and prevention services. Having multiple services at one site allows individuals to access and receive comprehensive and coordinated services in an integrated manner.

In addition, Merrifield Center's planned primary health care clinic demonstrates further integration beyond traditional CSB services as well as implementation of evidence-based practices. Research indicates that people with serious mental illness die 25 years younger than the general population due to preventable health conditions. People served by the CSB typically experience greater primary health disparities in access to care, health literacy, and wellness services. Co-locating primary care and behavioral health services will increase access to care, allowing CSB to focus on the whole health and wellness of individuals, improve health outcomes, improve service quality and reduce health care costs.

Another important service planned for the Merrifield Center is a Crisis Intervention Assessment Site for individuals with mental illness who come in contact with the criminal justice system. The secure assessment site will be open 24/7/365 to establish a therapeutic alternative to arrest, where law enforcement officers can transfer custody of individuals who are in need of mental health services to emergency mental health professionals for clinical assessment, referral and linkage to appropriate services. This site will aide CSB staff in their work with branches of Public Safety and the Criminal Justice Advisory Board to pursue the development of a Countywide collaborative mental health program that improves and streamlines diversion from the Fairfax County Adult Detention Center, as well as improving mental health care for individuals already detained.

The CSB recognizes and supports the uniquely effective role of individuals who have experienced mental illness or substance use disorders and who are themselves in recovery. People with serious mental illness and substance use disorders can and do recover and are well suited to help others achieve long-term recovery. Within the behavioral healthcare field, this service is known as peer support services. The CSB contracts with a peer-run organization to deploy 10 peer specialists to provide support in 12 CSB programs. In FY 2014, the CSB trained 41 certified peer specialists who have subsequently taken paid or volunteer positions in peer-run organizations throughout the region. The CSB also contracts with another peer-run organization to deploy 36 individuals in recovery to facilitate wellness workshops in Northern Virginia. In FY 2014, the CSB provided 30 eight-week Wellness Recovery Action Plan (WRAP) workshops to over 300 individuals. These efforts in training and providing peer services are supported by

state and local funding, and scholarships established by state and local funding as well as through a Fairfax family. In the coming year, the CSB will be developing a strategy for additional peer and family support services to address the recovery and support needs of individuals and family members in all programs.

In addition to integrated care, one of the CSB's and the community's critical priorities is the need for suicide prevention and intervention strategies. In FY 2014, the CSB launched new online suicide prevention training for adults working with various youth populations. The training is interactive and focuses on skill-building for effective communication and intervention with someone who is experiencing psychological distress. The three training modules are available to any interested community member at <http://www.fairfaxcounty.gov/csb/at-risk/>. The CSB has also implemented a nationally certified Mental Health First Aid (MHFA) program, geared for the general public, that introduces key risk factors and warning signs of mental health and substance use problems, builds understanding of their impact, and describes common treatment and local resources for help and information. Nearly 3,000 people have successfully completed MHFA to date. In FY 2014, the CSB added a new texting service in addition to the CrisisLink telephone hotline, so that people who are more comfortable with texting than calling now have that alternative. In FY 2015, the CSB received a planning and implementation grant to coordinate a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader northern Virginia community.

The CSB has also integrated cross-system supports. The Valued Interns, Volunteers and Advocates (VIVA) program contributes significantly to the overall mission of the CSB, and is now fully integrated across the CSB system. VIVA members provide supports to individuals and families throughout the service continuum. Interns also receive an excellent training ground as future clinicians in CSB's workforce and community. In FY 2014, VIVA had 205 participants who provided 22,364 hours of service to the CSB community. Based on the Virginia Average Hourly Value of Volunteer Time, as determined by the Virginia Employment Commission Economic Information Services Division, the value of these VIVA services in FY 2014 was \$477,918. Recently, VIVA program policies were revised to remove barriers that had prevented people who had received CSB services from volunteering. This shift in policy has opened the door for broader use of peer support throughout CSB's system, another best practice in the field.

### **Identified Trends and Future Needs**

In the dynamic field of behavioral health care, multiple influences such as changes in public policy and community events shape priorities and future direction. Some of the current trends on the horizon include the following.

#### Department of Justice Settlement Agreement

The CSB will experience significant change as a result of the 2012 settlement agreement between the United States Department of Justice (DOJ) and the Commonwealth of Virginia. This settlement agreement will reduce the number of people with intellectual disability currently residing in state training centers and many people currently living in these institutions will transition to the community. As of May 2015, there were 57 residents of Fairfax County and the cities of Fairfax and Falls Church in state training centers. The implementation of this settlement agreement is increasing the number of individuals seeking intellectual disability services, as well as the level of intensity of services needed. The settlement agreement requires discharge planning, oversight of transition to community services, ongoing monitoring and enhanced case management for individuals who are being discharged from the training centers. New requirements for enhanced case management include monthly face-to-face visits, increased monitoring, and extensive documentation. The settlement also requires enhanced case management services for current recipients of intellectual disability (ID) Medicaid waiver recipients, and individuals on the waiting list for ID waivers.

The settlement agreement requires additional resources for staffing, day support, and housing for people with complex needs. Locally, the closure date of the Northern Virginia Training Center has been

extended to March 2016. During the 2014 session of the Virginia General Assembly, legislation was passed that called for the Department of Behavioral Health and Developmental Services (DBHDS) to convene a workgroup of interested stakeholders to consider options for expanding the number of training centers that remain open, in whole or in part, in the State. The goal of the workgroup is to have open and productive discussions with an emphasis on both safety and the ability to lead a full life for each person with developmental disability served through the Commonwealth.

In addition, DBHDS and the Department of Medical Assistance Services (DMAS) are currently examining redesign options for Intellectual Disability (ID) Waiver and Developmental Disability (DD) Waiver programs. ID and DD waivers are the primary funding source for services, and need to be modified to facilitate access to services and supports in the most integrated setting. This waiver reform will address ID/DD silos and streamline access to services. Any change in the ID/DD waiver structure will have a significant impact on how the CSB provides services, and will even have a greater effect on the partner agencies the CSB contracts with for community services. The impact of the settlement agreement continues to evolve and the CSB will continue to adjust supports and business practices to fulfill state requirements.

#### Mental Health Law Reform

Mental health law reform is another legislative change that has modified service delivery. The 2014 Virginia General Assembly passed several legislative changes to state laws impacting mental health emergency services. In response to these changes, CSBs have implemented new protocols and procedures in order to comply with the new laws. Legislative changes have extended the maximum duration of an emergency custody order (ECO) from four hours with a possible two hour extension to eight hours with no extension, extended the maximum period of a temporary detention order (TDO) prior to a hearing from 48 to 72 hours, mandated that state hospitals admit individuals who meet the criteria for TDO if an alternative facility cannot be located, placed a five-day time frame on the acknowledgement of receipt of a Mandatory Outpatient Treatment order, and required the Virginia Department of Behavioral Health and Developmental Services to operate an online acute psychiatric bed registry providing real-time information on bed availability. The ECO and TDO extensions will provide additional time for emergency services' staff to find an appropriate psychiatric facility for those in crisis. The full impact of these changes is not yet known, and the CSB continues to monitor the recent legislation to determine how it will influence provision of emergency services. The CSB will also monitor issues related to state hospital capacity and will track how these issues may impact CSB services.

Further mental health law reform may also emerge from efforts that are currently underway. The 2014 Virginia General Assembly agreed to establish a joint subcommittee to study mental health services in the Commonwealth of Virginia. This committee will assess the systems of publicly-funded mental health services, including emergency, forensic, and long-term mental health care, and the services provided by local and regional jails and juvenile detention facilities. The committee is also charged with identifying gaps in services and recommending changes needed to improve access to services, quality of services and outcomes for individuals in need of services. Recommendations stemming from this committee could have a significant impact on CSB service provision. The CSB will monitor the progress of this committee and will provide input and technical assistance as requested.

#### Medicaid Expansion and Managed Care

A key public policy issue to monitor is expanded health care access for the uninsured in the Commonwealth of Virginia. Nearly 50 percent of all individuals served by the CSB report no health plan coverage. With the addition of Magellan as the Behavioral Health Services Administrator (BHSA) for the Virginia Department of Medical Assistance Services (DMAS), new billing and preauthorization requirements are changing CSB involvement with managed care systems. The CSB currently has provider agreements with eight managed care organizations and continuously responds to changing requirements and provider agreement adjustments. The CSB's ability to respond and adapt to a changing managed care environment will be critical to the agency's efforts in the future.

In late 2014, the region joined the Commonwealth Coordinated Care (CCC) program, a statewide initiative to coordinate the delivery of primary, preventative, acute, behavioral and long-term services and supports for individuals who are currently served by both Medicaid and Medicare. Benefits will be combined into one health plan and those enrolled will receive coordinated care through a network of providers, with the goals for improved quality and health outcomes, streamlined Medicaid and Medicare requirements, increased accountability, and increased emphasis on person-centered care. Additionally, in September 2014, the Commonwealth released a report, "A Healthy Virginia: Health Care Report," announcing 10 initiatives to close the health care coverage gap for thousands of Virginians. Several of the proposed initiatives aim to improve health outcomes and reduce costs for individuals with serious mental illness. The CSB currently serves approximately 650 individuals who would be eligible for these new benefits, and it is likely that the agency will play a key role in screening additional people who may qualify for benefits under this initiative. Emerging policy and funding changes will continue to influence the entire service delivery system, and the CSB will continue to remain proactive in positioning the agency to evolve with state and national health care trends.

#### Infant and Toddler Connection (ITC)

The CSB continues to see an upward trend in demand for Infant and Toddler Connection (ITC) services. This program, which is legally mandated to serve all eligible children, experienced a 16 percent increase in demand, from an average of 1,002 children served per month in FY 2011 to an average of 1,163 children per month in FY 2014. The state, not Fairfax County, is legally responsible for providing these services to eligible families, but state funding does not fully cover the cost of services. There is a small window of opportunity to intervene early for maximum success with a child who has developmental delays, and the effectiveness of ITC services is clearly documented. A recent article in the American Academy of Pediatrics, states that "for every dollar we spend on high quality early childhood development programs, there's a 7-10 percent annual return rate in cost savings to society – and the younger the child served, the wiser the investment." With state funding uncertainties and a growth trend of 5 to 6 percent per year anticipated to continue in FY 2016 and beyond, this is a trend that requires careful attention. It should be noted, there is a \$1 million reserve available for the ITC and ID Employment and Day Services programs.

#### Employment and Day Services

The need for CSB services continues to increase on an annual basis in other areas. As another example, the number of special education graduates with intellectual disability needing employment and day support services after graduation will also continue to place demands on the CSB. Services provided to these individuals are largely funded through local dollars. Approximately 100 special education graduates with intellectual disability leave the school system every year. In June 2014, 120 special education students graduated – the largest number to date. In June 2015, 80 students graduated. While well below the trend, data suggests FY 2016 will be a one-year anomaly with greater numbers of graduates requiring locally-funded services through FY 2020.

The CSB provides several types of employment and day support services, including habilitation (day), sheltered employment, group-supported employment, and individual supported employment. In sheltered employment, people with disabilities are paid based on their productivity compared to the productivity of a minimum wage worker (referred to as "commensurate wages"). Usually, but not always, the productivity and amount paid is less than minimum wage and providers must have a minimum wage waiver from the Department of Labor to pay employees on this piece rate basis. Recently, the nationwide "Employment First" movement is expected to be adopted by local providers that will eventually eliminate sheltered employment programs. This change, along with the State's imminent Medicaid Waiver Rate Reform, will significantly impact ID Employment and Day Services. CSB staff is currently working on short- and long-term solutions and will forward a plan to the Board of Supervisors for consideration during the FY 2017 budget cycle.

The Self-Directed Services (SDS) program was established in July 2007 as a programmatic and cost saving alternative to traditional day support and employment services for people with intellectual disability. The CSB provides funds directly to families who can purchase customized services for a family member, rather than have the CSB coordinate the service. Services can include training in functional self-help and daily living skills; task learning skills which improve motor and perceptual skills; community integration and awareness; safety skills; work and work environment skills; social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. Funding for each SDS contract is calculated at 80 percent of the average cost of traditional day support and employment services, for recurring annualized costs avoided of approximately \$4,500 per person achieved by eliminating CSB as the pass-thru entity. In FY 2014, 30 families participated in SDS.

#### Youth Behavioral Health

Another important trend is the increasing need for behavioral health services for children and youth in the County. In FY 2014, CSB staff participated in an Interagency Behavioral Health Youth Services Work Group established to increase communication between youth and family serving agencies and services providers, identify gaps in services and recommend possible solutions to address existing gaps, prioritize service needs, and improve the mental health delivery system for youth and families. The work group provided recommendations for a service delivery model using available resources and developed service protocols to ensure successful implementation of system-wide goals. Recommendations included more focused efforts to address the gap in services to youth experiencing anxiety, depression, conduct concerns, trauma, and substance use, particularly for youth without insurance or who face barriers in accessing existing services. Utilization management strategies and evidence-based practices to include a standardized screening tool will be adopted to help achieve the goals associated with these recommendations. The CSB will continue to participate in interagency planning, monitoring and implementation of services to ensure that the needs of youth and families are met.

#### Services for Young Adults

Nationally and locally, there is a growing need for specialized services for young adults (ages 16-25), with emergency mental health and substance abuse needs. Often, traditional services designed for adolescents or for adults do not meet the needs of people in this age group. By targeting specialized intervention services for young adults, early intervention can occur and reduce the need for more intensive future services. National Institute of Mental Health (NIMH) data from 2012 indicates that 5 percent of the general population, within the age range of 16 to 30, has a serious mental illness. Recent Fairfax County population data reports that approximately 250,000 people or 22.5 percent of the population fall within the 16 to 30 year old age range. Extrapolating the NIMH data suggests that over 12,000 of these individuals have a serious mental illness. Specialized evidence-based services for young adults offering early intervention and treatment could be a turning point for many individuals in need. Intervening early is demonstrated to reduce the need for future, longer-term and ongoing services. In response to this trend, the CSB applied for and received funding to replicate evidence-based interventions to serve this vulnerable population. Services were initiated in late 2014 with full implementation of programming completed in FY 2015.

#### Services for Older Adults

Another trend that will impact service provision is the growing older adult population, with Fairfax County projecting a dramatic increase in this age group. Between 2005 and 2030, the County expects the 50 and over population to increase by 40 percent, and the 70 and over population by 88 percent. The older adult population is growing and their needs are increasing. Emergent mental health disorders, risk for suicide, and substance abuse are tremendous concerns for this population. Some specialized services for this population are provided by the CSB and are tailored to meet the unique needs of aging adults. Interventions support recovery and independence, are appropriate to the individual's physical and cognitive abilities, and are often community-based, depending on the need. The County's 50+ Action Plan makes several strategic recommendations to address these needs, and alignment with countywide

strategic recommendations for the County's growing older adult population will be a continuing area of focus for the CSB.

#### Prioritization and Intensity of Services

The *Guidelines for Assigning Priority Access to CSB Services*, adopted in late FY 2014, has provided a framework to define who should have priority access to services. This is considered a necessary and critically important process to ensure compliance with state and federal codes and regulations, and to make wise decisions about how best to use funding when need exceeds available resources. In addition to prioritizing access to services, these guidelines will drive services provided. As funding decisions are made, consideration will be given to whether or not a service is designed for those in the greatest need. For the coming year, the CSB will likely serve fewer people, but will focus on those with the greatest needs who require more intensive services. With these guidelines driving access, capacity and delivery, the CSB focus will continue planning and resources allocation efforts to meet the needs of those most impacted by their mental illness and/or, substance use or intellectual disability.

## ***Appendix F – Strategic Planning Development***

The FY 2015 to FY 2017 strategic plan was developed by a Strategic Plan Development Team with opportunities for input by CSB staff, members of the CSB Board, individuals receiving services and their families, and other community based partners. Consideration was given, but not limited to:

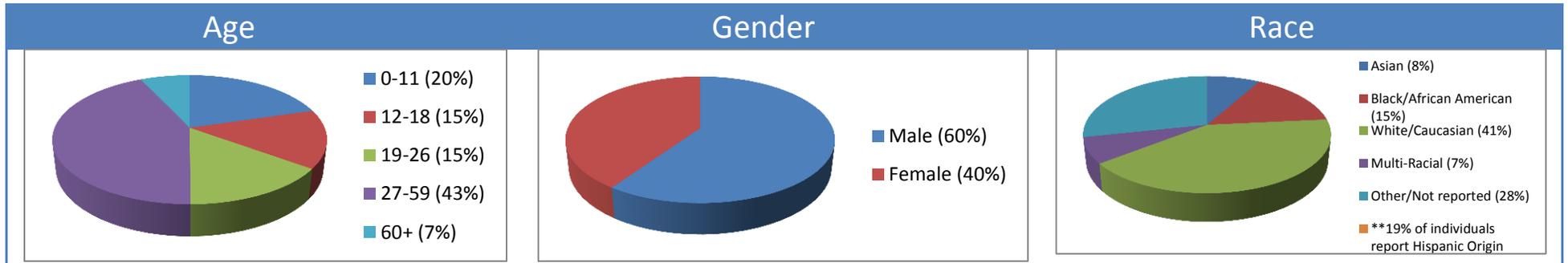
- CSB System Transformation Principles
- The FY 2013 CSB Strategic Plan Working Document
- Fairfax County Vision and Core Purposes
- Fairfax County Deputy Director for Human Services 2014/2015 Work Priorities
- Fairfax County Human Service System Results Based Accountability Principles/Guidelines
- Fairfax County Department of Management and Budget Direction
- Fairfax County and Commonwealth of Virginia Trends and Mandates
- Beeman Commission Recommendations
- Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Priorities
- Emerging trends and issues
- Best and evidence based practice approaches
- Systematic and programmatic desired outcomes
- Development and implementation of system improvements
- Outreach efforts to diverse communities of interest
- High quality service delivery to maximize customer satisfaction
- Work to assure timely access to all who need services
- A continuing integrated approach to service delivery
- Considerations of positions/issue analyses resulting from federal, state and local policy

### **CSB Strategic Plan Development Team**

- Gary Ambrose, CSB Board Member
- Belinda Buescher, CSB Communications
- Peggy Cook, CSB Residential Treatment Services
- Rick Dumas, CSB Informatics
- Joel Friedman, CSB Strategy and Performance Management
- Jean Hartman, CSB Assistant Deputy, Community Living
- Kathaleen Karnes, Neighborhood and Community Services Systems Planner
- Suzette Kern, CSB Board Member
- Lara Lafin, CSB Support Coordination
- Lara Larson, CSB Communications

- David Mangano, CSB Consumer and Family Affairs
- Kelly Matthews, CSB Infant and Toddler Connection
- Louella Meachem, CSB Nursing Services
- Davene Nelson, CSB Intensive Community Treatment Services
- Jerome Newsome, CSB Informatics
- Allan Phillips, CSB Infant and Toddler Connection
- Lisa Potter, CSB Strategy and Performance Management
- Joan Rodgers, CSB Organizational Development and Training
- Lyn Tomlinson, CSB Engagement, Assessment, and Referral Services
- Daryl Washington, CSB Deputy Director
- Lisa Witt, Chief Financial Officer
- Laura Yager, CSB Partnership and Resource Development

# CSB Status Report- FY 2015 Fourth Quarter



## People Served (cumulative each quarter)

Type of Service	FY 14 Total	FY 15 First Quarter	FY 15 Through Second Quarter	FY 15 Through Third Quarter	FY 15 Through Fourth Quarter	FY 15 Total
Total Number Served	21,249	11,055	12,946	16,184	18,696	21,874
Emergency Services	4,931	1,585*	2,918	3,973	5,027	5,027
Call Center - # of Calls Received	17,958	4,571*	8,845 (4,274 in Q2)	13,778 (4,933 in Q3)	18,390 (4,612 in Q4)	18,390
Behavioral Health Assessment	3,214	862*	1,614	2,338	3,042	3,042
Behavioral Health	7,828	5,710	6,692	7,513	8,283	8,283
	167,950 encounters	52,948 encounters	110,360 encounters 529 new to CSB	162,915 encounters 980 new to CSB	219,911 encounters 1,400 new to CSB	219,911 encounters 1,400 new to CSB
Behavioral Health Residential	1,301	993	1,230 149 new to CSB	1,521 192 new to CSB	1,913 310 new to CSB	1,913 310 new to CSB
Intellectual Disability Support Coordination	1,294	945	1,054	1,055	1,129	1,129
	9,194 encounters	2,036 encounters	4,506 encounters 3 new to CSB	7,083 encounters 3 new to CSB	9,240 encounters 8 new to CSB	9,240 encounters 8 new to CSB
Intellectual Disability Residential	371	333	355 2 new to CSB	369 4 new to CSB	378 6 new to CSB	378 6 new to CSB
Infant & Toddler Connection	3,164	1,891	2,318	2,721	3,372	3,372

## Number of Days Waiting for an Assessment (each quarter)

Type of Service	FY 14 Total	FY 15 First Quarter	FY 15 Second Quarter	FY 15 Third Quarter	FY 15 Fourth Quarter	FY 15 Average
Adult (English)	MH-4.6 SA- 14.5	MH-6 SA-8	MH-6 SA- <2	MH-5 SA-<2	MH-4 SA-2	MH-5 SA-<4
Adult (Spanish)	MH-N/A SA- 16	MH-N/A SA-7	MH-N/A SA-11	MH-N/A SA-3	MH-N/A SA-1	MH-N/A SA-5.5
Youth (English)	MH-16.5 SA- <7	MH-12 SA- <7	MH-15 SA- <10	MH-9 SA-<10	MH-9 SA-<3	MH-13 SA-<7
Youth (Spanish)	MH-20 SA-<7	MH-16 SA-<7	MH-22 SA-<10	MH-20 SA-<10	MH-24 SA-<3	MH-20.5 SA-<7

### Wait Time for Emergency Services (each quarter)

	Total FY 14	FY 15 First Quarter	FY 15 Second Quarter	FY 15 Third Quarter	FY 15 Fourth Quarter	FY 15 Average
% receiving emergency services within 1 hour	80%	84% 86%	77%	78%	72%	78%

### Number of Temporary Detention Orders and Emergency Custody Orders (cumulative each quarter)

	Total FY 14	FY 15 First Quarter	FY 15 Through Second Quarter	FY 15 Through Third Quarter	FY 15 Through Fourth Quarter	Total FY 15
Temporary Detention Orders	926	311*	602	856	1,150	1,150
Emergency Custody Orders	386	127*	226	312	401	401

### Primary Care (each quarter)

	Total FY 14	FY 15 First Quarter	FY 15 Second Quarter	FY 15 Third Quarter	FY 15 Fourth Quarter	Total FY 15
% of individuals receiving behavioral health services who report having a primary care provider	40%	54%	56%	59%	63%	63%
% of individuals with a payer source						
Medicaid Only	18%	25%	23.5%	23%	23%	23%
Medicare Only	3.5%	8%	6%	5%	5%	5%
Private Insurance Only	13.5%	11%	12%	13%	14%	14%
Multiple Insurance Sources	16.5%	13%	13%	12%	11%	11%
No Insurance Coverage Reported	48.5%	42%	45.5%	47%	47%	47%

### Employment

	Total FY 14	FY 15 First Quarter	FY 15 Second Quarter	FY 15 Third Quarter	FY 15 Fourth Quarter	Total FY 15
% of individuals receiving services who are employed or receiving employment services	under construction					

### Peer Support Services (cumulative each quarter)

	Total FY 14	FY 15 First Quarter	FY 15 Through Second Quarter	FY 15 Through Third Quarter	FY 15 Through Fourth Quarter	Total FY 15
Number of individuals receiving peer support services in the community	4,406	1,303*	2,726	3,647	4,535	4,535
supports	37,517	8,406*	7,090	25,396	34,694	34,691
		supports	supports	supports	supports	supports

\*notes those served/waiting from a "0" baseline on July 1, 2015. All other data points reflect individuals who were served as of June 30, 2014 and continued services through the first quarter.

10/2/15  
LPotter

Closed Meeting

Recommended Motion:

I move that the Board convene a Closed Meeting for a discussion of personnel matters pursuant to Virginia Code §2.2-3711-A-1.

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Certificate of Closed Meeting

Recommended Motion:

We hereby certify that, to the best of our knowledge, only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board during the closed meeting.

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Secretary

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Date