

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Gary Ambrose, Chair
Merrifield Center
8221 Willow Oaks Corporate Drive
Level 3 - Room 409A
Fairfax, Virginia 22031
 Wednesday, June 22, 2016
 5:00 p.m.

- | | | |
|--|------------------|-----------|
| 1. Meeting Called to Order | Gary Ambrose | 5:00 p.m. |
| 2. Matters of the Public | Gary Ambrose | |
| 3. Recognition | Gary Ambrose | |
| 4. Amendments to the Meeting Agenda | Gary Ambrose | |
| 5. Approval of CSB May 25, 2016 Board Meeting Minutes | Gary Ambrose | |
| 6. Matters of the Board | | |
| 7. Committee Reports | | |
| A. Behavioral Health Oversight Committee | Diane Tuininga | |
| B. Fiscal Oversight Committee | Ken Garnes | |
| C. Legislative Committee | Molly Long | |
| D. Intellectual and Developmental Disability Committee | Lori Stillman | |
| E. Other Reports | | |
| • Ad Hoc Fee Subcommittee Volunteer Members | Gary Ambrose | |
| 8. Action Items | | |
| A. Election of CSB Board Officers | Lori Stillman | |
| B. Clarification of Amendments to CSB Bylaws | Suzette Kern | |
| C. Permanent Supportive Housing for Adults with Serious Mental Illness Program Requirements | Daryl Washington | |
| 9. Information Items | | |
| A. CSB Associate Committee Members | Diane Tuininga | |
| B. FY 2017 and FY 2018 Community Services Board State Performance Contract | Lisa Potter | |
| 10. Directors Report | Tisha Deeghan | |
| 11. Closed Session: Discussion of personnel matters pursuant to Virginia Code §2.2-3711-A-1 | | |
| 12. Adjournment | | |

Fairfax-Falls Church Community Services Board
May 25, 2016

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

The following CSB members were present: Gary Ambrose, Chair; Suzette Kern, Vice Chair; Sheila Coplan Jonas, Ken Garnes, Kat Kehoe, Bettina Lawton, Molly Long, Paul Luisada, Lori Stillman, Diane Tuininga, Jane Woods and Spencer Woods

The following CSB members were absent: Pam Barrett

The following CSB staff was present: Tisha Deeghan, Daryl Washington, Michael Lane, Jean Hartman, Luann Healy, Belinda Massaro, Victor Mealy, Linda Mount, Lisa Potter, Lyn Tomlinson, and Laura Yager

1. Meeting Called to Order

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

2. Matters of the Public

Michael Hill spoke on behalf of the Northern Virginia Peer Specialist Coalition, urging Board support for filling the position of Director of Consumer and Family Affairs noting this position is vital for support of CSB peer services.

3. Amendments to the Meeting Agenda

Gary Ambrose highlighted the Fairfax County Award for Team Excellence presented March 31 to the Diversion First Organizing Team.

4. Approval of the Minutes

Suzette Kern offered a motion for approval of the April 27, 2016 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

5. Matters of the Board

- Jane Woods provided information on the Region 7 LogistiCare Advisory Committee meeting at which publicity on the use of public transportation for Medicaid members was discussed. Literature will be provided as it becomes available.
- Mr. Ambrose provided an update on the work session that followed the Executive Committee meeting the previous week. Among the matters discussed were subcommittee meeting schedules, which will remain unchanged, and committee charters which are due for review by each Committee Chair. The charters will be distributed electronically for review and update as needed.
- Mr. Ambrose announced that Captain Spencer Woods, representing the Office of the Sheriff will be stepping down from the Board at the end of June.

A. *Behavioral Health Oversight Committee (BHOC)*

Diane Tuininga provided information on the April 13, 2016 meeting noting:

- Jerome Newsome, CSB Director of Informatics, provided an overview of Credible, the Electronic Health Record (EHR) utilized by the Community Services Board (CSB) highlighting a plan for integration and data collection with private providers. Ms. Tuininga noted a pilot program with Psychiatric Rehabilitation Services (PRS) has begun.
- Convening prior to the BHOC meeting, the Wellness and Recovery Group concentrated on the October 21st Wellness and Recovery Conference noting the program, the venue, and the catering vendor had all been confirmed.

The next meeting will be Wednesday, June 8, 2016; 5:00 p.m. at the Merrifield Center.

B. *Fiscal Oversight Committee*

Ken Garnes provided information on the May Fiscal Committee meeting highlighting:

- As of PP9 the vacancy rate was 110, which is 10 over the Vacancy Break Point (VBP) of 100 with an accrued compensation and fringe benefit savings of \$1,400,000.
- With an anticipated Year End shortfall of \$2,230,000 one-time purchase requests are expected.
- Changes are being proposed for the current Human Resources report in order to reflect more relevant data, targeted to CSB Board areas of concern.
- The Fiscal Committee will begin preparations for the FY 2016 Year End Report, which will include the fiscal status, accomplishments, and challenges of the CSB over the past year.

C. *Legislative Committee*

Molly Long, noting the committee did not meet in April, did not have a report. However, the committee will be meeting tonight, immediately following this Board meeting.

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

Lori Stillman provided the following information on the May 11 meeting which was held at the Pennino building:

- Department of Behavioral Health and Developmental Services (DBHDS) and Department of Medical Assistance Services (DMAS) submitted the revised State-Wide Transition plan April 29th and a response is pending
- Tisha Deeghan and Jean Hartman provided updates on CSB matters including the Lines of Business (LOBs) process and the redesigned I/DD waiver services array.
- Staff, board members, and community partners engaged in discussion regarding the immense challenges resulting from the waiver redesign, scheduled to become effective July 1, 2016.

- Barbara Wadley-Young reported Assisted Community Residential Services (ACRS) staff is working with Informatics and the Fiscal team to ensure Credible is updated to accommodate the changes to billing related to waiver redesign.
- Additionally Ms. Wadley-Young has been working with DD case managers to determine capacity for residential services as DD individuals move into the CSB service area.
- Evan Jones reported there are six employment services under the new waiver system and provided information on the new Request for Proposal (RFP) for day and employment services offering a comparison with previous RFP's in terms of increased providers and services offered.
- Victor Mealy provided an update for the Central Virginia Training Center (CVTC), noting there are currently 13 individuals from Fairfax at the facility. Mr. Mealy also indicated there are 1,447 individuals on the Medicaid waiver wait list in Fairfax, all of whom will need a determination of priority level. At this time, 755 have been completed. Mr. Mealy reported progress on the Virginia Individual Developmental Disability Eligibility Survey (VIDES) assessments, noting DBHDS has provided some staff to assist.
- Also noted, there are 1,000 individuals on the 'Urgent' Waitlist, with only 400 individuals determined priority 1. This is expected to result in appeals to CMS, which is anticipated to require extensive CSB staff assistance.
- DBHDS has directed that waiver slots will be determined by the Waiver Slot Assignment Committee (WSAC), a volunteer committee, removing this responsibility from the CSB's. Committee volunteers must be vetted and approved by DBHDS before the committee can begin working. Nine applications are pending.
- Jean Post reported on regional efforts, including the new ID/DD adult/children's clinics and the authorization of four navigators to assist families in navigating the ID/DD system.
- The question of using available county funds for DD individuals who have not received a waiver slot was introduced, prompting a reminder that any decision on this matter would require Board of Supervisors (BOS) involvement.
- Upcoming events include:
 - 2016 Autism Conference on July 30 in Charlottesville, VA with Temple Grandin as the keynote speaker
 - Arc of Virginia's State Convention August 8-10 in Williamsburg.

The next meeting will be Wednesday, July 6th, 5:30 p.m. at the Merrifield Center.

E. Other Matters

Suzette Kern provided information on a board work session involving revisions to the CSB Board Member Orientation Handbook and a proposed board member orientation and training program.

The restructured and revised handbook will initially be sent electronically to new board members, with a hard copy made available upon request. Additionally, regular review and revisions as needed have been proposed as a function of the CSB Board Secretary.

Suggested required training for the orientation and training program includes FOIA, HIPAA, Human Rights, and Corporate Compliance while recommended training is suggested to include budget, strategic plan, (Medicaid) Waivers and other topics as needed. Additionally, site visits will be offered on a regular basis.

6. Action Items

A. *Amendments to CSB Bylaws*

Suzette Kern presented changes to the CSB Bylaws as follows:

- 1) Language added to Article IV, Section 3 to indicate board members are to regularly attend all meetings noting the Chair will notify the Clerk to the Board of Supervisors of any board member missing three consecutive board meetings, possibly resulting in removal from the board.
- 2) Article IV, Section 4 has language added to reflect a board member may be removed from a committee if three consecutive committee meetings are missed.
- 3) Article V, Section 5 assigning the Secretary to regularly review and revise as needed the CSB Board Member Orientation Handbook.

Jane Woods made a motion for Board approval as submitted, which was seconded and passed

B. *Grant Submission*

Daryl Washington and Lyn Tomlinson requested Board approval to apply for and accept, if approved, a \$300,000 demonstration grant for Young Adult Behavioral Health-Criminal Justice Service Improvements Funding from the Commonwealth of VA. This funding will address the behavioral health, substance abuse and co-occurring disorder needs of an under-served population – transition age youth, ages 16-25 – with the intent of diverting youth and young adults from becoming involved with law enforcement as well as decreasing current involvement.

Suzette Kern made a motion for Board approval as submitted, which was seconded and passed.

7. Directors Report

Tisha Deeghan:

- The City of Fairfax has begun utilizing services at the Merrifield Crisis Response Center.
- Lisa Potter presented the FY 2016 Third Quarter CSB Status Report. Noting there was little change to demographics from third quarter FY 2015, some highlights include:
 - Infant and Toddler Connection (ITC) services are up 7% from this quarter last year.
 - There is no waitlist for adult assessment services.

- The length of time from assessment to treatment recommendation has been reduced from 2 to 3 weeks to 2 to 3 days.
- The youth waitlist has declined with a planned roll out for youth walk-in assessments at Merrifield in the fall.
- In large part due to mental health law reform and Diversion First efforts at the Merrifield Crisis Response Center (MCRC), Temporary Detention Orders (TDO) have increased 9 % with Emergency Custody Orders (ECO) increasing by 74% from FY 2015 third quarter, which led to a discussion of the following:
 - Overall capacity of individuals served and sufficient staffing.
 - The difficulties of hiring clinical staff, particularly for flex schedules.
 - Recognition that the MCRC needs more clinicians, and additional law enforcement officers to assist with medical screening.

There being no further business to come before the board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 6:08 p.m.

Actions Taken--

- ◆ The April 27, 2016 meeting minutes were approved.
- ◆ Approval of amendments to the CSB Bylaws
- ◆ Approval to apply, and if awarded, accept Young Adult Behavioral Health-Criminal Justice Service Improvements Funding

Date

Staff to Board

Behavioral Health Oversight Committee Meeting Minutes

Date: May 11, 2016

Location: Merrifield Center

Attendees: Diane Tuininga, Chair, Terry Atkinson, Gartlan Center Advisory Board, Peter Clark, No. Va. Mental Health Foundation, Peggy Cook, Wendy Gradison, PRS Inc., Suzette Kern, Michael Lane, Jerome Newsome, Jean Post, NOVA Regional Projects, Bill Taylor, Concerned Fairfax, Lyn Tomlinson, Syllissa Woodward, Pathway Homes, Captain Spencer Woods and Nick Yacoub. 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 | |
| April 13, 2016 | Minutes were not approved as there was not a quorum. | Behavioral Health Oversight Committee | |
| Associate Member Presentations and Concerns | <p>Lauren Goldsmith, Service Source announced the Service Source Resource Fair on June 11, 2016 from 10am – 2pm more detail to follow.</p> <p>Wendy Gradison, PRS Director, Information Systems, Announced the new project with the Fairfax Falls Church CSB called “Be Well”. This project will be staffed at Merrifield with 2 full time peer health coaches. Both were previously part time recovery support specialists at the Recovery Academies. One additional peer health coach will be hired. The focus of the peer health coaches has been on completing the National Outcomes Measurement Systems (NOMS) questionnaire that enrolls clients into the “Be Well” Program. Data is uploaded in the federal systems for SAMSHA. There are “Be Well” clients at both the Gartlan and Merrifield centers. CSB clients who receive care either from Neighborhood Health or CHCN are eligible for enrollment. Currently, 13 clients are enrolled and an additional 100 names have been collected.</p> <p>The goal is to have 145 clients enrolled by September. The following trainings will take place:</p> <ul style="list-style-type: none"> • Late May – Tobacco Cessation • June – Whole Health Action Mgt. <p>Additionally, Peer Health Coaches will be trained offer Chronic Disease Self Mgt.</p> <ul style="list-style-type: none"> • Nutrition • Stress Mgt. • Exercise, etc. <p>Bill Taylor, Concerned Fairfax, Expressed appreciation to the CSB for working with NAMI and the Healing Voices presentation given last week. NAMI members reported the presentation as being educational and informative.</p> <p>Deanna Mullins, Community Residences, Inc. (CR) updated that Kathy Wellington-Sr. Director of CR has retired after being with CR for over 37 years. Deanna has been asked to step into an acting roll of Senior Director for all of their Virginia and Maryland Mental Health services.</p> | | |

Behavioral Health Oversight Committee Meeting Minutes

Page 2

| Topic | Action | Responsible Party | Due Date |
|--------------------------------------|---|-----------------------|----------|
| | <p>Nick Yacoub, SAARA, We were awarded the \$5000 grant needed for the REM rollout. The location venue maybe moved from Manassas to an industrial site in Fredericksburg that has a larger capacity and is more cost efficient. Marjorie Yates will go over logistics at next meeting.</p> <p>SAARA now has 100% coverage for all of the sites in Fairfax, Prince William, Loudon and Alexandria.</p> <p>Terry Atkinson, Gartlan Center Advisory Board , I would like to invite everyone to come to Gartlan on June 10 at 9:30am, to hear Susan Ezra speak on Recovery After Initial Schizophrenia Episode "RAISE". If you are interested in attending, send email to Terry Atkinson.</p> | | |
| Presentation: Informatics Updates | Jerome Newsome gave an overview of the concerns, challenges and updates with Informatics and the electronic health records Credible. <i>See attached presentation.</i> | Jerome Newsome | |
| Adjournment | There being no further business to come before the Committee, the meeting was adjourned at 6:35 p.m. | Diana Tuininga, Chair | |

Date Approved

Minutes Prepared by
Valerie Lessner

DRAFT

CSB Fiscal Committee Meeting Notes

Date: May 18, 2016
Attending: Gary Ambrose, Ken Garnes, Suzette Kern, Bettina Lawton, and Lori Stillman
Staff: Michael Lane, Tisha Deeghan, Daryl Washington, Lisa Witt, Marta Cruz

Summary of Information Shared/Decisions:

Review of meeting notes

The committee reviewed and approved the notes of the April 15, 2016 committee meeting

Financial Status

- Position Status:
 - Staff provided an update to the previously published report noting that as of May 16th, the number of vacancies had declined to 107
- FY 2016 Pay Period Metrics:
 - From PP8 to PP9 15 positions became vacant, while 16 positions were filled with a net of -1
 - As of PP9, CSB has accrued approximately \$1,436,000 in compensation and fringe benefits savings, noting approximately \$800,000 of the accrual is attributable to FY 2015
- FY 2016 Modified Fund Statement:
 - Staff reported no substantial changes to projections, noting lower than anticipated revenue in April, which refined the data resulting in a reduction in the anticipated revenue shortfall of \$335,000 to \$253,000
 - Staff noted no material change to Compensation and Fringe Benefits
 - Operating cost changes include a reduction in fuel costs of \$45,000 and a capital transfer for Beacon Hill of \$95,000 with no change in Recovery costs

Human Resources Issues

Staff provided an update to include:

- 37 Employee Actions reported for April including:
 - 11 hires including nine new hires and two rehires
 - 11 Promotions
 - 15 Transfers, One non-merit to merit and 14 intradepartmental in class
- 10 terminations consisting of five resignations, two retirements, and three disciplinary terminations
- Staff provided an update to the critical position recruitment status
- Recruitment and Retention Activities include:
 - Ongoing use of targeted outside recruitment sources, including out of state resources, to address hard to fill positions
 - 13 staff dialogue sessions have been scheduled spanning April through June and among the items to be discussed is the Organizational Assessment Survey; six sessions have been completed

Diversion First

- Daryl Washington provided an overview of Diversion First funding resulting from the Ad Hoc Police Commission; approximately \$1,990,000 was awarded in the Fiscal Year 2017 adopted budget

CSB Fiscal Committee Meeting Notes

Other Reports

- Suzette Kern noted the June Fiscal Committee meeting will be the last meeting before the 2016 Year End Report is to be drafted. In preparation Ms. Kern suggested a review of the testimony presented to Board of Supervisors (BOS) in April
- Michael Lane reported that Lisa Potter will present the Quarterly CSB Status Report at the May 25th Board Meeting
- Ken Garnes confirmed that CSB Board members are no longer required to submit financial disclosure forms to the BOS

Action Items/Responsible Party Required Prior to Next Meeting:

Fiscal Committee members are requested to review the Fiscal committee CSB HR Update report to determine information to remain in or to be added to the report with assessments emailed to Ken prior to the June Fiscal meeting, June 17, 2016.

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting on June 17, 2016:

Fairfax-Falls Church Community Services Board
Intellectual and Developmental Disability Committee
Wednesday, May 11, 2016

The Intellectual and Developmental Disability Committee of the Board met in regular session at the Pen-
nino Building, 12011 Government Center Parkway, Room 206; Fairfax, VA 22035

The following Committee members were present: Lori Stillman, Jane Haycock-Woods

The following CSB staff were present: Tisha Deeghan, Jean Hartman, Evan Jones, Victor Mealy, Jean
Post, and Barbara Wadley-Young.

1. **Meeting Called to Order**

The meeting was called to order at 5:31 PM.

2. **Welcome and Introductions**

The chair welcomed the public and introductions were made.

3. **Approval of the Agenda & Minutes**

Due to a lack of a quorum, the minutes from March 2016 were not approved.

4. **Matters of the Public**

There were no matters of the public.

4. **Matters of the Committee:**

- Ms. Stillman attended the VACSB Professional Development Conference last week where there was a great deal of discussion in the IDD area regarding the new Medicaid waiver redesign. She indicated that the VACSB website includes a list of questions and answers regarding the new waiver system which have been developed through various DS Council and community stakeholder meetings, and will be updated periodically.
- On April 13, Ms. Stillman attended the DD Waiver Informational Meeting for individuals and families in Region 2 where DBHDS and DMAS discussed upcoming changes to the waivers including the new services being offered, the new eligibility tool - VIDES - new requirements for providers, the new wait list methodology and reimbursement tiers. Families and individuals can now call a telephone number, 1-844-603-9248, for more information.
- DBHDS and DMAS submitted the revised statewide transition plan to CMS on April 29, 2016. The revised plan describes how Virginia will come into compliance with the new CMS Home and Community-Based settings requirements that were published in January. CMS requires all HCBS waiver program settings to be in full compliance with the requirements no later than March 16, 2019.
- Upcoming events include the Arc of Virginia's State Convention from August 8th - 10th in Colonial Williamsburg. If you want more information please visit thearcofva.org.

- On June 11, 2016, Service Source will be holding its Disability Resource Fair from 10:00am-2:00pm, at Service Source in Oakton. For more information, go to servicesource.org.
- Finally, DBDHS and Region 10 will be presenting the 2016 Autism Conference on Saturday, July 30 at the Double Tree Hilton in Charlottesville. The keynote speaker will be Dr. Temple Grandin. If you would like more information, please visit the VACSB website at vacsb.org.

5. Staff Reports and Agency Updates:

- LOBS and other CSB Updates:
 - Tisha Deeghan reported that the LOBS were presented on Feb. 9, 2016 to the Board of Supervisors. The LOBS are posted on the DMB page of the County website.
 - Jean Hartman mentioned that the Waiver Redesign project still had many questions which remain unanswered.

Assisted & Community Residential:

- ACRS directly operated program staff are working closely with the Informatics and Fiscal teams to make sure that the new billing structures in CREDIBLE are set up and ready for proper billing and service tracking on 7/1/2016;
- We have reached out to the DD provider community and plan to survey the ID provider committee to determine community capacity to meet the residential service needs of the DD population. Funds for individuals to receive services will become available in July, and despite that no contracts for these services are anticipated, we need to consider provider readiness to meet those needs.
- The County and the CSB will determine whether County funds that exist to serve non-Waiver ID individuals will be made available for DD individuals who do not have the Waiver.
- Residential services available to the DD population under the new Waiver are not so new to ID providers:
 - Shared Living models are currently operated by one contracted provider, from whom we anticipate information sharing with other providers on how well the model appears to be working;
 - Supported Living is fairly common among providers;
 - Independent Living models may well be an option for the DD population. The majority of individuals with ID at the level of independence that this program serves tend to not be eligible for Medicaid Waiver, but we'll have to pursue assessments to know for sure;
 - Private Duty Nursing is likely to be very beneficial where there is a need, but providers need more clarity on how this service differs from Skilled Nursing;
 - Non-medical transportation services won't come on-line for a while, but may be a potentially beneficial support for some individuals in residential programs;
 - Electronic-based Home Supports are likely to offer interesting options toward independence in the residential setting.

Employment Services:

Under Medicaid Waiver redesign there will be 6 services on 7/1/2016 or when the proposed waiver changes are approved by CMS. These services are:

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance Services
- Community Engagement
- Community Coaching
- Group Day Services

All of these services are available under all of the new waivers (Building Independence, Family and Individual Supports, and Community Living), except workplace supports is not available under the Building Independence Waiver.

The brief definition of Workplace Assistance Services is, "...support to individuals who have completed job development and job placement training (or nearly completed) but require more than typical follow-along services to maintain stabilization in their employment". Further, workplace assistance services:

- Are supplemental to job coach services
- Provide skill-building related to behavior, health, time management, or other skills needed for successful employment
- Can include support with personal care;
- Are not services which would normally be provided by a job coach; and,
- Cannot be billed simultaneously with job coaching.

Non-medical transportation, benefits planning, mentoring services (includes peer) would be delayed until 7/1/2017.

Reviewing the Community Engagement Service:

- Provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment. These activities are conducted at naturally occurring times and in a variety of natural settings in which the individual actively interacts with a person without disabilities (other than those paid to support the individual). Staff ratio of no more than 1:3.

Review of the CSB's recently completed RFP for Employment and Day Services, which was finalized as of 4/1/2016, indicates the following:

- Individual Services available increased from 46 to 65
- Services by IPOS (Individual purchase of services) decreased from 11 to 3
- 11 services were eliminated or changed
- 30 services were added or were the result of the above changed services
- Providers increased from 19 to 23
- Providers attempted to offer services with tweaks and adjustments to align with proposed waiver changes.

New Providers included:

- Best Buddies
- Career Support Systems
- Sunrise
- Lutheran Family Services

It was noted the RFP process involved 5 jurisdictions (Fairfax, Loudoun, Prince William, Alexandria, and Arlington) and the Virginia Department of Aging and Rehabilitation Services.

Thank you to the Long Term Care Coordination Council (LTCCC) for using some of their allotted time before the Board of Supervisors Budget Hearings to advocate for the CSB's need for additional Support Coordinators.

Support Coordination:

CVTC census=13 individuals from Fairfax County

Waiting list= 1447 individuals from Fairfax County

Waitlist prioritization project- The state of Virginia is merging the ID and DD Waivers effective 07/01/16 and the parameters indicated for the Waiver wait list will be changing also effective 07/01/16. The wait list is changing from an Urgent/Non-Urgent set of criteria to prioritization categories. All of the 1447 individuals on the Fairfax County waiting list will need to have their Priority level determined to assess their current situation and level of need prior to 7/1/16. Five staff assigned to the CSB Monitoring team have been doing the calls to families and have outreached to all of the families. Currently 755 out of 1447 priority checklists have been completed and 275 individuals meet Priority I status, which means they need waiver services within one year. Many individuals on the waiting list who previously met Urgent criteria are not meeting the new criteria to be ranked as Priority I status and will be eligible to appeal the change once the waiver amendments are ratified by CMS. This will be a significant workforce burden as CSB staff must take part in all appeals and currently the CSB has one person who represents the department during the appeals process. All individuals who

meet Priority I status will need a Virginia Individual DD Eligibility Survey (VIDES) assessment completed before 7/1/16, which could be approximately 500 individuals. DBHDS has promised assistance with completing those assessments, which have to be completed in a face-to-face interview that can take 1-2 hours to complete.

Waiver Slot Assignment Committee (WSAC):

The CSB has nine applications under review by DBHDS to serve as volunteers to staff the new WSAC committee. The WSAC process can start after the waiver amendments have been approved, and volunteers have been approved by DBHDS and trained through an online training. As of this date, the CSB and the applicants have not received notification as to which volunteers have been approved.

Outreach to DD CM providers is underway to identify that all of the 152 individuals currently on the DD waiver are covered by a DD CM provider.

Northern Virginia Regional Projects:

Intersection between NVRPO and New Waivers

- New covered service:
 - Center Based Crisis Support Services: REACH Therapeutic Home
 - Community Based Crisis Support Services: REACH Mobile Crisis and In-Home Supports
- Will increase REACH revenue

ID/DD Adult and Children Clinic

- Fairfax March and April Data
 - Clinical Census of 40
 - 104 Face to Face appointments
 - 167 Contacts with Collaterals
- Continuing to work out business systems regionally
 - 4 Fairfax Locations to sign up for services
 - Services will also be provided at Loudoun and PWC CSB
 - Arlington and Alexandria consumers will come to FX to be seen

System Navigators

- 2 of 4 positions filled and both will start Monday 5.16

- Training Developed and will be completed through NVRPO

6. Other Announcements:

The VaAccess Provider Conference and Annual Meeting will be held June 5-7.

7. Meeting Adjourned

7:00 p.m.

Next Meeting: July 6, 2016 at Merrifield at 5:30 PM (the first Wednesday of the month)

DRAFT

Election of CSB Officers

Issue

Nominations for CSB officers to serve beginning July 2016 will be presented by the CSB Nominating Committee as well as a call for any nominations from the floor. The elections will be conducted by voice vote.

Background

CSB Board Officers are elected each June. As required by Article VI of the CSB Bylaws, in April 2016 three Board members were appointed to serve as the Nominating Committee, Lori Stillman, Diane Tuininga, and Spencer Woods and to submit at least one nominee for each office of Chair, Vice Chair, and Secretary. Further nominations may be made from the floor.

The Nominating Committee will present the following names for election:

Chair: Gary Ambrose
Vice-Chair: Suzette Kern
Secretary: Bettina Lawton

The term for the newly elected officers begins on July 1, 2016.

Fiscal Impact

None

CSB Officer Nominations Committee--Board Members

Lori Stillman
Diane Tuininga
Spencer Woods

Amendments to CSB Bylaws

Issue:

Final approval of amendments to the CSB Bylaws to incorporate recently presented changes.

Recommended Motion:

I move for approval of the CSB Bylaws as presented.

Background:

Proposed changes to the CSB Bylaws presented at the April CSB Board meeting for consideration included revisions to

- Article II, Section (1), noting the Board is an administrative policy board
- Article III, Section k., removing language regarding the application for and acceptance of loans as this is not a practice of an administrative policy board
- Article IV, Sections 3 and 4 detailing Board member attendance at Board Meetings and Standing Committees, and
- Article V, Section 5: Secretary, adding language to assign regular review and update of the CSB Board Member Orientation Handbook
- Article IX: Clarifying that the latest edition of Roberts Rules of Order, Newly Revised, latest edition governs.

To ensure proposed revisions to the Bylaws are accurately represented, the attached version correctly reflects the proposed changes listed above.

As the advance notice requirement for revising the CSB Bylaws has been met, final approval of the CSB Bylaws, as amended, is being requested.

Enclosed Document:

Attachment A – Bylaws, Revised 5/26/16

Board Member:

Suzette Kern, Vice Chair, CSB Board

Enclosed Document:

Proposed CSB Bylaws as Amended

Bylaws of the Fairfax-Falls Church Community Services Board

Preamble

Please note, all usages of 'Board' for CSB Board have been revised to 'board' as requested
Subject to the provisions of:

- (1) Chapter 5 (Community Services Boards) of Title 37.2 (Behavioral Health and Developmental Services) of the Code of Virginia, as amended, and Chapter 53 (Early Intervention Service System) of Title 2.2 (Administration of Government), and,
- (2) Joint Resolution adopted by the Board of Supervisors of Fairfax County on April 23, 1969, and by the Councils of the Cities of Fairfax and Falls Church on May 28, 1969, as amended, and,
- (3) Other applicable laws and regulations.

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

Article I: Name

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

Article II: Purpose

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

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

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

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

Article III: Powers and Duties

- Mental Health, Intellectual Disability and Substance Use Disorders Services – In order to implement the purpose set forth in Article II hereof, and pursuant to the requirements of Section 37.2-504 and in accordance with the actions taken by the Board of Supervisors of Fairfax County and the Councils of the **c**Cities of Fairfax and Falls Church to establish the **b**Board as an Administrative Policy Type **b**Board, of the Code of Virginia, the **b**Board shall:
 - a. Review and evaluate all existing and proposed public community mental health, intellectual disabilities and substance use disorder services and facilities available to serve the community and such private services and facilities as receive funds through it and advise the local governing body or bodies of the political subdivision or subdivisions that established it as to its findings.
 - b. Pursuant to Section 37.2-508, submit to the governing body of each political subdivision that established it, an annual performance contract for community mental health, intellectual disabilities and substance use disorders services for its approval prior to submission of the contract to the Department.
 - c. Within amounts appropriated therefore, provide such services as may be authorized under such performance contract.
 - d. In accordance with its approved performance contract, enter into contracts with other providers for the rendition or operation of services or facilities.
 - e. Make policies concerning the rendition or operation of services and facilities under its direction or supervision, subject to applicable standards, policies or regulations promulgated by the State Board.
 - f. Participate with local government in the appointment and annual performance evaluation of an executive director of community mental health, intellectual disabilities and substance use disorders services, according to minimum

qualifications established by the Department, and prescribe his duties. The compensation of the executive director shall be fixed by local government in consultation with the ~~b~~Board within the amounts made available by appropriation therefore.

- g. Prescribe a reasonable schedule for fees for services provided by personnel or facilities under the jurisdiction or supervision of the ~~b~~Board and establish procedures for the collection of the same. All fees collected shall be included in the performance contract submitted to the local governing body or bodies pursuant to subdivision 2 of this subsection and Section 37.2-508 and shall be used only for community mental health, intellectual disabilities and substance use disorders purposes. Every administrative policy board shall institute a reimbursement system to maximize the collection of fees from persons receiving services under their jurisdiction or supervision consistent with the provisions of Section 37.2-511 and from responsible third-party payors. Administrative policy boards shall not attempt to bill or collect fees for time spent participating in involuntary commitment hearings pursuant to Section 37.2814.
- h. Accept or refuse gifts, donations, bequests or grants of money or property from any source and utilize the same as authorized by the governing body or bodies of the political subdivision or subdivisions that established it.
- i. Seek and accept funds through federal grants. In accepting such grants, the administrative policy community services boards shall not bind the governing body or bodies of the political subdivision or subdivisions that established it to any expenditures or conditions of acceptance without the prior approval of such governing body or bodies.
- j. Have authority, notwithstanding any provision of law to the contrary, to disburse funds appropriated to it in accordance with such regulations as may be established by the governing body or bodies of the political subdivision or subdivisions that established it.
- k. ~~Apply for and accept loans as authorized by the governing body or bodies of the political subdivision or subdivisions that established it.~~
- l. Develop joint annual written agreements, consistent with policies and procedures established by the State Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional Department ~~for Aging and of~~ Rehabilitative Services offices. The agreements shall specify what services will be provided to consumers. All participating agencies shall develop and implement the agreements and shall review the agreements annually.
- m. Develop and submit to the local governing body of each political subdivision that established it and to the Department the necessary information for the preparation of the Comprehensive State Plan for mental health, intellectual disabilities and substance use disorders services pursuant to Section 37.2-315.
- n. Take all necessary and appropriate actions to maximize the involvement and

participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.

- o. Institute, singly or in combination with other operating community services boards, administrative policy boards, local government departments with policy-advisory boards, or behavioral health authorities, a dispute resolution mechanism that is approved by the Department and enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the administrative policy board.
 - p. Notwithstanding the provisions of Section 37.2-400 or any regulations promulgated thereunder, release data and information about individual consumers to the Department so long as the Department implements procedures to protect the confidentiality of such information.
 - q. Carry out other duties and responsibilities as assigned by the governing body of each political subdivision that established it.
- Early Intervention Services – In order to implement the purpose set forth in Article II hereof, and pursuant to the requirements of Section 2.2-5304.1, the **b**Board shall:
 - a. Establish and administer a local system of early intervention services in compliance with Part C of the Individuals With Disabilities Education Act (20 U.S.C. § 1431 et seq.) and all relevant state policies and procedures;
 - b. Implement consistent and uniform policies and procedures for public and private providers to determine parental liability and to charge fees for early intervention services pursuant to regulations, policies, and procedures adopted by the state lead agency in § 2.2-5304; and
 - c. Manage relevant state and federal early intervention funds allocated from the state lead agency for the local early intervention system, including contracting or otherwise arranging for services with local early intervention services providers.

Article IV: Members and Terms of Office

Section 1.

In accordance with Section 37.2-502 of the Code of Virginia as implemented by the Board of Supervisors of Fairfax County and the Councils of the **c**Cities of Fairfax and Falls Church, the **b**Board shall consist of sixteen members, thirteen of whom shall be appointed by the Board of Supervisors of Fairfax County, one of whom shall be designated by the Office of the Sheriff of Fairfax County; and one of whom shall be appointed by the Council of the City of Fairfax and one by the Council of the City of Falls Church. In accordance with Section 37.2-501 of the Code of Virginia one-third of the appointments shall be identified consumers or former consumers, or family members of consumers or family members of former consumers, at least one of whom shall be a consumer receiving services. The term of appointment is three years and a person may

serve only three full terms.

Section 2.

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

Section 3.

Members are expected to regularly attend all meetings. The Chair will notify the Clerk to the Board of Supervisors if any board member misses three consecutive board meetings and this may serve as grounds from removal. Members may be removed from the bBoard in accordance with the appointing authority policies and procedures governing removal from Boards, provided that such policies and procedures are consistent with the requirements of State Code.

Section 4.

Each member of the bBoard shall serve on at least one Standing Committee. If a board member misses three consecutive committee meetings, the member may be recommended for removal from the committee by the Committee Chair.

Section 5.

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

Article V: Officers and Their Duties

Section 1: Officers

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

Section 2: Chair

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

Church and the State Department of Behavioral Health and Developmental Services; and keep the Board of Supervisors, City Councils, and the Commissioner advised and fully informed as to the activities and programs of the **bBoard**.

Section 3: Vice Chair

In the absence of the Chair, the Vice Chair shall perform the duties of the Chair.

Section 4: Immediate Past Chair

In the absence of the Chair and the Vice Chair, the immediate past Chair shall perform the duties of the Chair.

Section 5: Secretary

The Secretary shall sign all policies after they have been approved or amended by the **bBoard** and perform such other duties as requested by the Chair of the Board. **The Secretary also regularly reviews and updates the CSB **bBoard** Member Orientation Handbook.** In the absence of the Chair, the Vice Chair, and the immediate past Chair, the Secretary shall perform the duties of the Chair.

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

Section 1: Nomination and Election

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

Section 2: Term of Office

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

Section 3: Vacancies

A vacancy in any office arising from any cause may be filled for the unexpired portion of the term as authorized by the **bBoard**.

Section 4: Absences

In the absence of the Chair, Vice Chair, Secretary and immediate past Chair from any meeting, the **bBoard** shall select one of its members to act in such capacity during that meeting.

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

Section 1: Executive Committee

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

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

Section 2: Standing Committees

Standing Committees shall be the Intellectual and Developmental Disability Committee, the Behavioral Health Oversight Committee, the Legislative Committee, and the Fiscal Oversight Committee. Their purpose shall be to review and make recommendations to the full bBoard regarding policies, plans, service delivery proposals, budgets, grants, and such other matters as are referred to them by the Board-board or Executive Committee.

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

Section 3: Ad Hoc Committees

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

Section 4: Associate Standing Committee or Ad Hoc Committee Members

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

Article VIII: Meetings

Section 1: Regular

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

Section 2: Special

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

Section 3: Quorum

In order to transact business which requires a vote of the **bBoard**, a quorum must be present. A quorum is a majority of the members of the **bBoard**.

Section 4: Voting

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

Article IX: Parliamentary Procedures

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

Article X: Amendments

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

Approved: _____
Secretary Date

Permanent Supportive Housing for Adults with Serious Mental Illness Program Requirements

Issue:

Board approval for the Fairfax-Falls Church Community Services Board to apply for and accept funding from the Department of Behavioral Health and Developmental Services (DBHDS) for supportive housing opportunities for adults with serious mental illness (SMI).

Recommended Motion:

I move that the Board approve the applied for and if awarded, accepting funds totaling approximately \$700,000.

Background:

DBHDS has issued Request for Proposal to provide supportive housing opportunities for adults with serious mental illness (SMI) in order to promote wellness, prevent and end experiences of homelessness, avoid unnecessary hospital admissions, and facilitate discharges from institutional facilities. The purpose of this funding opportunity is to support rental subsidies and housing-related services to provide stable, supportive housing for very low-income persons with SMI, including those with co-occurring medical conditions or substance use disorders (SUDs).

The CSB is applying for funding, \$700,000, to support housing initiatives to address the needs of individuals in our community. This application, in collaboration with other county partners Department of Administration for Human Services, Office to Prevent and End Homelessness, and several community non-profit vendors, will assist in meeting these needs.

Timing:

There was a very brief window from receipt of the notice of the grant opportunity and the due date which was June 21, 2016, and as a result, we are requesting approval retroactively.

Staff:

Daryl Washington, CSB Deputy Director, Clinical Operations

DBHDS Permanent Supportive Housing for Adults with Serious Mental Illness Program Requirements

I. Overview

The Commonwealth of Virginia is committed to providing supportive housing opportunities for adults with serious mental illness (SMI) in order to promote wellness, prevent and end experiences of homelessness, avoid unnecessary hospital admissions, and facilitate discharges from institutional facilities in compliance with Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, as interpreted by *Olmstead v. L.C.*, 527 U.S. 581 (1999). The Virginia Department of Behavioral Health and Development Services (DBHDS) also seeks to strengthen the Commonwealth's behavioral health system in partnership with hospitals; law enforcement; free clinics and community health centers; community services boards; public and non-profit housing and behavioral health care providers; and individuals receiving services, family members, and advocates.

DBHDS seeks to implement a Permanent Supportive Housing (PSH) program that builds on a successful model using existing partnerships to provide and integrate basic behavioral and primary health care services to individuals with SMI in stable housing. It is intended to enable individuals in the PSH program to have coordinated access to services that help ensure successful tenancy and reduce the severity of mental illness symptoms and medical problems in order to be well and live as independently as possible in their communities.

In accordance with the 2016 Virginia Acts of Assembly item 315.AA, the appropriation of State General Funds will support rental subsidies and services to be administered by community services boards, or private entities to provide stable, supportive housing for persons with serious mental illness.

This funding will help PSH participants secure and maintain affordable housing. An array of community-based treatment and rehabilitative services will also be offered to ensure timely access to integrated health and behavioral health care; thereby promoting wellness, reducing the frequency of unnecessary Emergency Department (ED) visits and hospitalizations, and reducing their overall health care costs.

II. Purpose

The purpose of this funding opportunity is to support rental subsidies and housing-related services to be administered by community services boards or behavioral health authorities (CSBs) to provide stable, supportive housing for very low-income persons with SMI.

PSH programs for individuals with SMI, including those with co-occurring medical conditions or substance use disorders (SUDs), must prioritize serving those who meet one or more of the following criteria.

Adults with serious mental illness, as defined by DBHDS, who are currently:

1. Chronically homeless, or
2. Literally homeless and at-risk of becoming chronically homeless, and/or
3. Unstably housed and frequent users of hospital or criminal justice system interventions

CSBs will work with DBHDS to identify a data-driven strategy to identify, engage, and house individuals with these PSH funds.

III. PSH Program Required Components

A. The proposed PSH program must meet the following criteria:

- 1) Assisted housing is affordable, meaning the tenant household ideally pays no more than 30% of its income toward rent and utilities;
- 2) Provides tenant households with a lease or sublease identical to non-supportive housing with no limits on length of tenancy, as long as lease terms and conditions are met;
- 3) Proactively engages members of the tenant household in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy;
- 4) Effectively coordinates with key partners to address issues resulting from medical problems, substance use, or mental health and other crises, with a focus on fostering housing stability and wellness; and
- 5) Supports tenants in connecting with community-based resources and activities, interacting with diverse individuals including those without disabilities, and building strong social support networks.

B. Other key elements required in the proposed PSH program:

- 1) Before moving into PSH, tenants are asked about their housing preferences and are offered a reasonable choice of units that would be similarly available to non-disabled persons.
- 2) Housing is integrated. Tenants have the opportunity to interact with neighbors who do not have psychiatric disabilities.
- 3) Leases comply with the Virginia Residential Landlord and Tenant Act and, therefore, do not have any provisions that would not be found in leases held by someone who does not have a psychiatric disability. Leases are renewable at tenants' and owners' option.
- 4) Lease addendums, if any, are similar to those found in housing for people who do not have psychiatric disabilities and do not restrict visitors or otherwise interfere with a life in the community.
- 5) After paying the calculated tenant rental payment, PSH participants are left with the balance available for discretionary spending sufficient to afford other necessary living expenses.
- 6) The provision of housing and the provision of support services are distinct, based on the tenant's individual needs.
- 7) Support services promote recovery and are designed to help tenants choose, get and keep housing.
- 8) Tenants have choices in the support services that they receive. They are asked about their choices, can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.
- 9) As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes.

C. Housing provided in the PSH program must meet the following criteria:

- 1) Units requiring assistance will receive no more than the current HUD Fair Market Rent (FMR) for a one bedroom apartment in the locality or the locally-approved payment standard, if different than FMR. Efficiency units will receive no more than the 0 bedroom FMR. Units to be shared with family members or friends freely chosen by the resident will require written permission from DBHDS. The income of additional household members may count towards the Adjusted Gross Income of the household, thereby decreasing the grant-funded assistance payment for the individual with SMI.
- 2) The PSH program must ensure that the unit rent is reasonable in relation to rents being charged for comparable unassisted units, in the general area, with similar features and amenities and are not more than rents currently being charged by the same owner for comparable unassisted units. Comparable rents can be checked by using a market study of rents charged for units of different sizes in different

locations or by reviewing advertisements for comparable rental units. Rent reasonableness must be documented.

- 3) Housing units must at least meet HUD Housing Quality Standards (HQS).
- 4) The PSH program must ensure that the assisted household income is no greater than 50% of area median income in accordance with HUD standards and income limits.
- 5) If utilities are not included in the rental amount, the PSH program should use standard Utility Allowances approved by the local housing agency in determining the tenant rent and grant-funded assistance payment.
- 6) Income verification must be performed at the initial lease-signing for the unit with full source documentation (pay stubs, social security statements, etc.) and conducted annually thereafter. Interim re-certifications must be conducted if the individual loses income or if income increases by \$200 or more a month or if household composition changes.
- 7) PSH programs shall not require a minimum tenant rental contribution.
- 8) Tenants shall be entitled to and notified of the Earned Income Disregard when rent is calculated (http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/phr/about/ao_fa_q_eid).
- 9) The administration of PSH rental assistance shall comply with the CSB's PSH Program Operating Manual which shall be approved by DBHDS and include policies, procedures, and forms addressing eligibility criteria, rental calculations, re-certifications, inspections, rental payments, terminations, and other relevant program components. The manual should substantially adhere to relevant components of this document and the HUD Housing Choice Voucher Program Guidebook (http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/forms/guidebook).
- 10) The CSB PSH Operating Manual must also include discharge criteria and an appeals procedure to address involuntary terminations of rental assistance.

D. Services provided in the PSH program must meet the following criteria:

- 1) PSH programs must include Housing Specialist staff time proportionate to the number of individuals in the proposed PSH program (*approximately* 1 FTE: 50 PSH participants). Housing Specialists provide access to and stabilization in housing by assisting individuals with developing a housing plan; identifying and applying for affordable housing options; administering rental assistance; maintaining effective relationships with landlords, property managers, and housing assistance providers; inspecting rental units; providing expertise to tenants and clinical staff in tenant-landlord and fair housing laws, including the use of reasonable accommodations; and assisting other staff members to develop individualized housing skills training for residents.
- 2) Behavioral health service providers must hold a triennial license in good standing with DBHDS to provide in-kind community-based behavioral health supportive services. Individuals must be assessed for and have access to treatment, rehabilitative, and supportive services reflective of their changing needs and preferences.

E. Evaluation

DBHDS intends to partner with PSH providers to develop a common evaluation framework. Providers will report event-based data to capture outcomes in the following domains

- 1) Changes in physical and mental health
- 2) Changes in substance use
- 3) Changes in income and benefits, i.e. Medicaid, SSI/DI, Veterans' benefits, SNAP, and earned income
- 4) Housing stability
- 5) Institutional care utilization before and after the PSH intervention, including psychiatric hospital stays, emergency department utilization, and criminal justice involvement
- 6) Access to primary care and engagement in behavioral health services

The evaluation framework would also include the following process measures:

- 1) Fidelity to evidence-based practices, e.g. the PSH model and *housing first* principles
- 2) Staff trainings and certifications (e.g., PSH training and HQS certification)

In order to completely capture the success of the intervention, outcome measures will need to be common across all providers. Providers and DBHDS will work together to identify common measurement tools and data element definitions and to set standards for how often measures will be collected. DBHDS will try to identify measures and instruments that are already well integrated into the provider's data collection routine.

Allowable costs and limitations:**Housing Assistance**

- Housing Specialist salary, payroll taxes, and fringe benefits
- Supplies and equipment for housing-related services
- Local travel for housing specialist
- Staff training
- Vehicle purchase or allocation of vehicle costs for PSH program
- Vehicle maintenance and fees
- Extermination costs not covered by landlords' lease obligations
- Property damages
- Rental application fees
- Rental assistance payments to landlords
- Utility deposits (up to \$300 per unit)
- Utility allowances paid to utility vendors as part of rental assistance calculations
- Fees for credit and criminal background checks
- Security deposits (up to 1.5 months)
- Vacancy payments to landlords (no more than one month at full FMR)

Client Assistance: supports secured on behalf of PSH participants to improve access to and retention in housing and services

- Hotel/motel assistance while awaiting housing (up to two weeks. Longer stays require approval from DBHDS)
- Items to set up households (e.g., bedding, pots & pans, cleaning supplies, etc. Up to \$500 per consumer household)

- Payment of old judgments for rent or utility arrears if necessary to secure housing.
- Moving fees, equipment, and supplies
- Fees to obtain IDs and birth certificates
- Emergency food (up to \$75)
- Prescription medication if no other assistance is available
- Furnishings (up to \$1,000 per consumer household)

Administration

- Staff time for staff supervision, fiscal and grant management, IT & HR support, etc.).
- Organizational infrastructure costs (electronic health record, software licenses, office space, phone lines, etc.)

**DBHDS FY 16 -17 PSH Funds
Required Proposal Components**

I. Program Description (7 page limit)

- A. The CSB/BHA (CSB) shall affirm its understanding of the project requirements, i.e. the overall approach to the project and provide a summary of the contents of the narrative response including how the CSB and contracted partner agency's (if any) proposed activities will be structured to:
- Operate a program with a high level of fidelity to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) PSH evidence based practice (<http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>) and *housing first* principles (https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf)
 - Identify and engage individuals in the prioritized populations using partnerships with the local HUD Continuum of Care; state and local hospitals; and local jails. Describe how a flexible array of support services and access to community based behavioral and primary health care will be offered and provided to program participants. MOUs or similar documentation is required if contractors are proposed.
 - Collect and report sufficient data about the program and its participants to permit an evaluation of the PSH program process and outcomes.
- B. The CSB shall fully describe in detail the approach it will use to perform each of the required tasks in the PSH Program Requirements, and shall include descriptions of specific activities (with timeframes) that the CSB or its contractor(s) would perform to:
- Outreach and identify eligible applicants among the prioritized SMI populations. Describe any existing partnerships and data sharing agreements to facilitate targeting of individuals with high service needs in the prioritized population;
 - Complete housing and service needs assessments and individual service plans;
 - Locate and secure appropriate, affordable housing with access to community amenities and transportation;
 - Perform reviews of the rental assistance and tenant rent amounts at lease annually or when a participant experiences a change in income or household composition, and at least annual inspections to ensure the housing meets HUD Housing Quality Standards;
 - Develop and maintain effective relationships with landlords, public housing authorities, housing assistance providers, behavioral and primary health care providers, and the local HUD Continuum of Care;
 - Access a full range of recovery and support services that will be made available to service recipients. Treatment, recovery and support services should be grounded in principles of recovery and in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Eight Dimensions of Wellness (see <http://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>)
 - Identify specific activities describing how the provision of housing and the provision of support services are kept distinct, yet coordinated;
 - Establish the capability for data collecting and reporting to DBHDS. The procedural details (e.g., use of CSB's CCS or other database platform) will be developed in partnership with CSBs, however proposals must recognize that required data will include personal and protected health information necessary to establish and measure program outcomes;
 - Complete progress reports for publication by DBHDS; and

- Manage PSH funding to ensure that activities adhere to program requirements. If contractors are proposed, describe the CSB's contractor monitoring plan.

C. The Governor's Coordinating Council on Homelessness has modeled the Commonwealth's goals on addressing homelessness to reflect those of the federal Opening Doors plan, including working to end chronic homelessness by 2017. Describe the status of your community's efforts to end chronic homelessness including participation in the national *Zero: 2016* campaign or any local planning efforts targeting individuals experiencing chronic homelessness.

D. Include a table outlining the proposed PSH program implementation timeline, workflow, and potential implementation challenges. Given that some proposed service models may take more time to develop, the PSH program should become substantially operational at least within 4 months after project initiation, housing *at least* 4 individuals per month thereafter, and should maintain an occupancy rate at or above 90% after full lease-up is achieved.

E. Provide a complete list of operating and services funding to be used. Specify the number of rental subsidies to be supported and the total number of individuals to be served. Identify how the proposed program will be leveraging other resources such as a housing choice vouchers for rental assistance and Medicaid for behavioral and primary health care.

F. Include a description of the type(s) of behavioral health services that will be provided in-kind and the average number of hours of service the CSB estimates one (1) individual will receive per week for the first six (6) months of service and annually thereafter.

G. Provide the amount of hours for one (1) full time equivalent (FTE) staff person and the percentage that will constitute face-to-face hours for each proposed behavioral health and housing specialist service (e.g., "*one FTE consists of a 40 hour work week and 50% (20 hours per week) of the staff time is estimated to be spent in direct face-to-face contact with participants*").

H. Include a description of the specific activities that the CSB would perform to ensure fidelity to the evidence-based PSH model, including adherence to *housing first* principles.

I. Describe the typical housing stock that will be utilized, including neighborhood characteristics such as access to transportation, jobs, services, and other amenities. Describe how landlords will be recruited and retained.

J. Staffing - The proposal shall describe the following:

1) Staffing Plan: The CSB shall provide a functional organizational chart of the proposed project structure and organization(s), indicating the lines of authority for proposed staff directly involved in the performance of this program.

- The staffing plan shall indicate the number of proposed FTEs by position and an estimate of hours to be committed to the project by each staff position.
- The anticipated staff schedule, inclusive of all existing staff and new staff who will participate in the proposed initiative.
- The plan shall identify the number of staff to be employed by the CSB and staff to be secured through contracting arrangements.

2) Staff Qualifications and Resumes: Job descriptions for all key staff on the project including qualifications, experience, or expertise required shall be included. Resumes limited to two pages must be included for any key staff already identified by the CSB.

K. Describe the experience of the CSB and any proposed contractors in delivering and/or managing a project of similar scope.

II. Evaluation Plan (3 page limit)

Providers must submit a proposed evaluation plan that describes the provider's willingness to adhere to the evaluation components in the PSH Program Requirements using its current data collection process. DBHDS will use the proposed evaluation plan to evaluate each PSH program's capacity to track the required outcomes and to investigate which common measures would be the most feasible to implement. The proposed evaluation plan should include the following features:

- 1) The provider's current or proposed client-level outcome measures and data collection routine. A successful description should document how a client's experience is documented from initial outreach to discharge. The description should also address how often current measures are updated.
- 2) Tools the provider currently employs to measure each of the required outcomes, or their preferred tools for measuring these outcomes. For example, a provider might have a preferred substance abuse severity scale or symptom checklist.
- 3) Data collection roles and responsibilities. The provider should describe which staff members are responsible for tracking each measure.
- 4) What measures the provider will take to ensure data is complete, accurate, and timely.
- 5) Existing partnerships with external providers and stakeholders upon whom they might depend for outcome tracking, i.e. HMIS managers, local hospital systems, local jails and police departments, etc. If no such partnerships currently exist, the provider should describe what steps they would need to take to form the necessary partnerships to track the required outcome measures.

III. Budget

A. Budgets must contain sufficient detail to allow evaluation of proposed costs and activities to include budget line items, narratives, and justifications that also reflect a reasonable implementation schedule.

- 1) For personnel line items, include staff position, pay rate(s), titles and hours per workweek.
- 2) Staff fringe benefit expenses may be presented as a percentage factor of total salary costs and should be consistent with the provider's current fringe benefits percentage.
- 3) Lease up and ongoing housing and client assistance expenses. (Note: PSH funds used for housing assistance [e.g., rent and utilities] are limited to the HUD FMR rate or approved payment standard for the locality, if different. Budgets for rental assistance should reflect that tenants will contribute their portion directly to the landlord, thereby reducing the required rental subsidy amount.)
- 4) Other general program operating expenses by category (e.g., supplies, equipment, etc.)
- 5) Administrative expenses (overhead) should only be included if attributable and allocable to the proposed program. Budget justification must describe the types and amounts of administrative costs proposed.
- 6) Budgets should reflect both direct costs to the CSB as well as any contracted costs for each proposed line item. If multiple contractors are proposed, separate budgets are required for each.

- B. The full budget must be submitted in an Excel spreadsheet(s) and be presented by budget item in clearly labeled separate columns, including:
- 1) One column for Year 1 operating costs.
 - 2) One column for Year 2 operating costs.
 - 3) One column detailing the annualized operating costs after full lease up.
 - 4) One column identifying the funding source for each annualized operating cost, if other than PSH funds will be leveraged;
 - 5) One column detailing non-recurring start-up costs as well as itemized maintenance/operating reserve funds for allowable costs for unit repairs, extermination, client assistance, and housing assistance. Reserve funds may be carried forward by CSBs as funds are available. Start-up/reserve funds are limited to \$200,000 per applicant.
 - 6) One column identifying the funding source for each non-recurring cost, if other than PSH funds will be leveraged.

IV. Attachments (where applicable)

- MOU’s with contractors
- Data sharing agreements
- Job descriptions and resumes

Evaluation Criteria: Proposals shall be evaluated by the DBHDS using numerical scoring based on the following criteria:

| <u>CRITERIA</u> | <u>POINT VALUE</u> |
|--|--------------------|
| 1. Specific plans and methodology to provide a high-fidelity Permanent Supportive Housing program with rent subsidies and services | 40 |
| 2. Community need; CSB qualifications, experience, and partnerships established to effectively address the need | 25 |
| 3. Evaluation plan | 15 |
| 4. Cost Proposal | 20 |
| TOTAL | 100 |

CSB Associate Committee Members

Background

As part of the annual appointment of Associate Committee Members as outlined in the CSB Bylaws, the following are being nominated as Associate Members of the Behavioral Health Oversight Committee. At the July 2016 CSB Board meeting, a motion will be presented for final approval:

- a. Advisory Board for the Joe and Fredona Gartlan Center
- b. The Alternative House, Inc.
- c. The Brain Foundation
- d. Community Residences, Inc.
- e. Concerned Fairfax
- f. Inova Health System
- g. The Northern Virginia Mental Health Foundation, Inc.
- h. Northwest Center Advisory Board: Northwest Center for Community Mental Health
- i. Pathway Homes, Inc.
- j. PRS, Inc.
- k. Northern Virginia Mental Health Consumers Association
- l. ServiceSource, Inc.
- m. Substance Abuse and Addiction Recovery Alliance (SAARA)
- n. Consumer Run Programs Representative (*Representatives will alternate meeting attendance*)
 - i. Consumer Wellness Center of Falls Church
 - ii. Laurie Mitchell Employment Center
 - iii. Reston Drop-In Center, Inc.
 - iv. South County Recovery and Drop-In Center

CSB Board Member

Diane Tuininga, Chair, Behavioral Health Oversight Committee

Item Title

FY 2017 and FY 2018 Community Services Performance Contract

Issue:

As specified in the Code of Virginia, the CSB must make its proposed Performance Contract available for public review and comment prior to approving and submitting the biennial contract.

Background

The State Performance Contract delineates the responsibilities between the Department of Behavioral Health and Developmental Services (DBHDS) and the community services boards and behavioral health authority for the purpose of providing local public mental health, developmental and substance abuse services. It specifies the conditions to be met for a CSB to receive State-controlled funds, identifies the groups of consumers to be serviced with State-controlled funds and includes requirements to ensure accountability to the State. It includes all services provided or contracted by the CSB.

Attached to this Information Item is the Performance Contract Cover Memo from DBHDS, which includes a summary of the revisions to the FY 2017 and FY 2018 contract. Changes include revised language to reflect developmental disabilities; additions to meet requirements of the Department of Justice Settlement Agreement and restructuring of developmental services; language revisions related to Prevention services and new Prevention database; and requirements for the new Certification of Preadmission Screening Clinicians.

Timing

The proposed contract, to include FY 2017 projections for units of service and cost per unit, is due to DBHDS on June 24, 2016. This information will be including in the proposed contract for public comment. Pursuant to the Code of Virginia, CSBs must submit a full contract by the end of September. This timeframe will allow for the 30 day comment period and levels of governance approval required prior to contract submission.

| | |
|-----------------|--|
| June 27-July 26 | Public comment period |
| July 27 | Public hearing at July Board meeting to receive comment and approval of Performance Contract |
| July-August | Review of contract at Cities of Fairfax and Falls Church Council meetings |
| Sept. 13 | Board of Supervisors approval of Performance Contract |
| Sept. 14 | Submit contract to DBHDS |

Enclosed Documents

Attachment: FY 2017 and FY 2018 Community Services Contract Cover Memo

- Performance Contract:
<http://www.dbhds.virginia.gov/library/community%20contracting/occ-pc-contract-renewal-final-fy2016.pdf>
- Partnership Agreement:
<http://www.dbhds.virginia.gov/library/community%20contracting/occ-pc-partnership-agreement-fy2016.pdf>
- CSB Administrative Requirements:
<http://www.dbhds.virginia.gov/library/community%20contracting/occ-pc-csb-administrative-rqmts-fy2016.pdf>

Staff

Lisa Potter, Director, CSB Strategy and Performance Management

Michael Lane, Deputy Director of Clinical Operations



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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Richmond, Virginia 23218-1797

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www.dbhds.virginia.gov

TO: Community Services Board or Local Government Department Executive Directors and the Behavioral Health Authority Chief Executive Officer

FROM: Paul R. Gilding
Office of Support Services Director

SUBJECT: **FY 2017 AND FY 2018 COMMUNITY SERVICES PERFORMANCE CONTRACT**

DATE: May 6, 2016

The FY 2017 and FY 2018 Community Services Performance Contract and Partnership Agreement are available for your information and use on the CSB Community Contracting web page at <http://www.dbhds.virginia.gov/professionals-and-service-providers/csb-community-contracting>. The FY 2017 and FY 2018 CSB Administrative Requirements, a separate document incorporated into the contract by reference, is also available there. The Department is distributing Letters of Notification and the Community Automated Reporting System (CARS) software electronically now. The letters contain initial allocations of state and federal funds to community services boards, the behavioral health authority, and the two local government departments with policy-advisory CSBs, all of which are referred to as CSBs in the contract documents and this memo.

The contract documents incorporate changes in the FY 2016 Community Services Performance Contract that were negotiated last month with the Performance Contract Committee established by the Department and the Virginia Association of Community Services Boards. Language relating to intellectual disability is changed to developmental disabilities throughout the contract. Substantive changes from the FY 2016 are described below.

Performance Contract Changes

1. Section 4.a.2.) on page 3 is revised to move the requirement for CSBs operating residential crisis stabilization programs to achieve a 75 percent utilization rate from Exhibit B.
2. Section 4.d on page 6 is revised to incorporate language about developmental disabilities.
3. Section 4.e.2) on page 6 contains added language requiring case managers to document observations required by the DOJ Settlement Agreement.
4. Section 4.e.7.) on page 7 contains added language about when case managers shall offer education about integrated community options to individuals in the Settlement Agreement population who are living outside of their own or their family's homes.

FY 2017 AND FY 2018 COMMUNITY SERVICES PERFORMANCE CONTRACT

May 6, 2016

Page 2

5. Section 4.f on page 10 is revised to clarify what are unacceptable methods for satisfying the requirement for immediate access to emergency services and to require coordination with REACH for individuals with developmental disabilities.
6. Section 4.h on page 11 is revised to require CSB compliance with the new *Certification of Preadmission Screening Clinicians* document that was developed jointly by the Department and the CSBs.
7. Section 4.i on pages 11 and 12 contains additional case management requirements related to the DD wait list and time frames for notifying the Department when an individual has been terminated from all DD waivers and submitting the request to retain a slot form.
8. Sections 6.b.4.)d.) through g.) on pages 13 and 14 are revised to reflect changes in prevention services requirements.
9. Sections 6.b.5.) and 6.) page 15 are revised to reflect changes in DD case management training and compliance with the CMS Final Rule for developmental case management services.
10. Section 6.c.1.) e.) on page 16 is revised to reflect changes in prevention reporting.
11. Section 7.f on page on page 23 is revised to include a requirement for the Department to issue new or revised policy, procedure, and guidance documents via letters, memoranda, or emails from the Commissioner, Deputy Commissioner, or applicable Assistant Commissioner to CSB executive directors and to post them on the Department's web site within 10 business days.
12. In Exhibit B, the requirement for CSBs to report measure I.A on percent of individuals who keep a non-emergency service visit within seven calendar days of discharge from inpatient services is eliminated. The Department will monitor this measure using AVATAR and CCS 3 data.
13. Two new measures are added to Exhibit B on page 45 for community engagement discussions and goals; these will be reported quarterly using the Exhibit B report on page 47.
14. Section E in Exhibit J on pages 63 and 64 is revised to require operating CSBs and the BHA to follow the CSB Executive Director Recruitment Process Guidance issued by the Department and to include OSS staff as a voting member of the search committee when recruiting a new executive director.
15. Two new federal grants are added to section II.A in Exhibit J on page 66, and section II.B on disaster response and emergency service preparedness requirements is rewritten to reflect current requirements.

There are no changes in the **Central Office, State Facility, and Community Services Board Partnership Agreement**.

CSB Administrative Requirements Changes

16. Section II.A.5.b. on page 7 is revised to expand significantly the topics that human resource management policies and procedures for operating CSBs and the BHA must address.
17. Sections 9.a and b, 11, and 12 in Appendix B on pages 9 and 10 are revised to reflect changing substance abuse prevention requirements.

FY 2017 AND FY 2018 COMMUNITY SERVICES PERFORMANCE CONTRACT

May 6, 2016

Page 3

Contract Process

Once the Department distributes the CARS software and Letters of Notification, CSBs will submit all of the contract's Exhibit A electronically using CARS software. CARS software contains Table 2: FY 2016 CSB Management Salary Costs, which enables CSBs and the Department to respond to requirements in § 37.2-504 of the Code of Virginia. This table also collects FTE information by program area and for emergency and ancillary services, including numbers of peer providers. Peer providers are staff who self-identify as individuals receiving services and have been hired specifically as peer providers. Staff not hired as peer providers, even if they have a mental health or substance use disorder or intellectual disability, should not be reported as peer providers.

To be accepted for processing by the Department, a performance contract must satisfy the requirements and criteria in Exhibits E and I of the contract.

1. Exhibit A and Table 2 must be submitted to Information Services and Technology in the Department using CARS software and must be complete and accurate.
2. Since the contract is being distributed electronically, the parts of the contract that are submitted on paper should be printed, signed where necessary, and mailed to the Office of Support Services when Exhibit A is submitted. See Exhibit E in the contract. These parts are:
 - signature page of the contract body (page 29)
 - signature page of Exhibit B,
 - Exhibit D (if applicable),
 - Exhibit F (two pages), and
 - Exhibit G.

The Department must receive all parts of the contract submitted on paper before a contract submission will be considered complete.

3. Exhibit A must conform to allocations of state and federal funds in the Letter of Notification, unless amounts have been revised by or changes negotiated with the Department and confirmed by the Department in writing. Total funds in each program area (pages AF-1 through AF-8) must equal total costs shown on Forms 11, 21, 31, and 01 or differences must be explained on the Financial Comments form.
4. Contracts must contain actual appropriated amounts of local matching funds. If a CSB cannot include the minimum 10 percent local matching funds in its contract, it must submit a written request for a waiver of the local matching funds requirement, pursuant to § 37.2-509 of the Code of Virginia and State Board Policy 4010, to the Office of Support Services with its contract. More information about the waiver request process is attached to this memo.

The FY 2017 and FY 2018 contract and other materials described above are due in the Department's Office of Support Services by June 24, 2016, except for Exhibit A that is submitted to Information Services and Technology by the same date. Section 37.2-508 or 37.2-608 of the Code of Virginia authorizes the Department to provide up to six semi-monthly payments of state and federal funds to allow sufficient time to complete local government approval and Department negotiation and approval of the contract. Exhibit E automatically provides the first two semi-monthly July payments, whether or not a contract has been submitted. The process conditions the next four semi-monthly payments (two in August and two in September) on the Department's receipt of a complete performance contract.

FY 2017 AND FY 2018 COMMUNITY SERVICES PERFORMANCE CONTRACT

May 6, 2016

Page 4

Once a contract is received in the Department, the Community Contracting Director will review it and notify the CSB within five working days that it is or is not accepted for review by the Department. Unacceptable contracts will need to be revised before the Department will process them. If you have any questions about this memo or the contract documents, please e-mail or call Joel Rothenberg, the Community Contracting Director, at joel.rothenberg@dbhds.virginia.gov or (804) 786-6089 or me at paul.gilding@dbhds.virginia.gov or (804) 786-4982. Thank you.

Enclosures (4)

| | | |
|------------------------------|-------------------------|---------------------------|
| pc: Dawn M. Adams | Kevin A. Howard | Beverly D. Rollins |
| Peggy S. Balak | Virgil Kopf | Joel B. Rothenberg |
| Jack W. Barber, M.D. | Martha Kurgens | Michael A. Schaefer |
| Mary Begor | Margaret Anne Lane | Randy B. Sherrod |
| Cleopatra L. Booker, Psy.D. | Eric S. Leabough | Challis H. Smith |
| Gabriella C. Caldwell-Miller | Deborah M. Lochart | Debbie A. Smith |
| Connie L. Cochran | Janet S. Lung | Becky L. Sterling |
| Mindy Conley | Kate Marshall | Gail M. Taylor |
| Donald D. Darr | Holly E. Mortlock | Dawn A. Traver |
| Sterling G. Deal, Ph.D. | Dev Nair, Ph.D. | Julie M. Truitt |
| Andrew Diefenthaler | Heather A. Norton | Allen Wass |
| Kathy B. Drumwright | Diane Oehl | Charlotte Watts, Ph.D. |
| Chris J. Foca | Susan D. Pauley | Florence B. Wells |
| William R. Frank | Tammy E. Peacock, Ph.D. | Allyson K. Tysinger, J.D. |
| Stacy H. Gill, LCSW | Stacy L. Pendleton | Jennifer M. Faison |
| Marion Y. Greenfield | Phil R. Peter, MBA | Susan E. Massart |
| Kenneth M. Gunn, Jr. | Mellie E. Randall | Mike Tweedy |
| Daniel L. Herr, J.D. | Cecily J. Rodriguez | |

MINIMUM TEN PERCENT LOCAL MATCHING FUNDS WAIVER REQUEST ATTACHMENT

A CSB should maintain its local matching funds at least at the same level as that shown in its FY 2016 performance contract. The 2016 Appropriation Act prohibits using state funds to supplant local governmental funding for existing services. If a CSB is not able to include at least the minimum 10 percent local matching funds required by § 37.2-509 of the Code of Virginia and State Board Policy 4010 in its performance contract or its end of the fiscal year performance contract report, it must submit a written request for a waiver of that requirement, pursuant to that Code section and policy, to the Office of Support Services with the contract or report.

In accordance with section 7.g of the Community Services Performance Contract, if only a CSB's receipt of state funds as the fiscal agent for a regional program, including regional DAP, acute inpatient (LIPOS), or state facility reinvestment project funds, causes it to be out of compliance with the 10 percent local matching funds requirement in § 37.2-509, the Department will grant an automatic waiver of that requirement related to the funds for a regional program allocated to the other participating CSBs. The amount of state funds the CSB uses for its own participation in the regional program is not eligible for this automatic waiver. The CSB must submit a written request for the waiver, identifying the specific amounts and types of those funds that cause it to be out of compliance with the local matching funds requirement, but without the documentation required below in items 3, 4, and 5, and the Department will approve an automatic waiver in a letter to the CSB.

1. State Board Policy 4010 defines acceptable local matching funds as local government appropriations, philanthropic cash contributions from organizations and people, in-kind contributions of space, equipment, or professional services for which the CSB would otherwise have to pay, and, in certain circumstances, interest revenue. All other funds, including fees, federal grants, other funds, and uncompensated volunteer services, are not acceptable.
2. Section 37.2-509 of the Code of Virginia states that allocations of state funds to any CSB for operating expenses, including salaries and other costs, shall not exceed 90 percent of the total amount of state and local matching funds provided for these expenses. This section effectively defines the 10 percent minimum amount of local matching funds as 10 percent of the total amount of state and local matching funds.
3. The written waiver request must include an explanation of each local government's inability to provide sufficient local matching funds at this time. This written explanation could include, among other circumstances, the following factors:
 - a. an unusually high unemployment rate compared with the statewide or regional average unemployment rate,
 - b. a decreasing tax base or declining tax revenues,
 - c. the existence of local government budget deficits, or
 - d. major unanticipated local government capital or operating expenditures (e.g., for flood damage).
4. Additionally, the waiver request must include information and documentation about the CSB's efforts to obtain sufficient local matching funds. Examples of such efforts could include newspaper articles, letters from CSB members to local governing bodies outlining statutory matching funds requirements, and CSB resolutions.
5. Finally, the waiver request must include a copy of the CSB's budget request that was submitted to each local government and a copy or description of the local government's response to it.