

Lines of Business

LOB #261:

LEADERSHIP

Purpose

To provide leadership to the entire CSB system, supporting over 21,000 individuals and their families, over 1,000 employees and more than 70 nonprofit partners. The CSB executive staff oversees the overall functioning and management of the agency to ensure effective operations and a seamless system of community services and key supports.

Description

As described herein, Leadership has responsibility for the following functions: regulatory compliance, risk management and emergency preparedness; management of the electronic health record, computers and other technology; facilities management; and administrative operations;

Office of the Executive Director: The Executive Director provides 24/7 leadership, oversight and monitoring of the County's behavioral health treatment and community living programs and services. In addition, the Executive Director administers the Board-approved annual plan and operating budget in accordance with established policy, vision, and applicable governmental regulations and policies, including provisions of the Department of Behavioral Health and Disability Services (DBHDS) State Performance Contract.

The position reports to the Deputy County Executive and works directly with the CSB's Board of Directors in the leadership and operations of the agency. In general, the Executive Director is responsible for the strategic, managerial and fiscal leadership of the organization, including:

- Creating a vision, plan and implementation strategy, aligned with the County and Community Services Board's vision and mission;
- Serving as liaison with state and local agencies to ensure that CSB has the required funding, infrastructure, processes and people to deliver services that consistently meet regulatory and accreditation standards;
- Providing strategic and tactical leadership and planning to ensure quality programming, regulatory compliance and fiscal responsibility;
- Providing legislative and policy development guidance to ensure that short-term and long-term goals are met;
- Maximizing revenue and optimizing cost containment and efficiency strategies by implementing expert knowledge of current and future industry cost drivers and best practices;
- Championing continuous program improvement, program development and leadership strategies to address changing markets;
- Creating a positive work environment and using innovative staff development strategies to attract and retain a stable, progressive, caring and diverse workforce;
- Building community partnerships; and
- Serving on statewide, regional and local boards, committees and task forces including: Fairfax County Human Services Leadership Team, Fairfax-Falls Church Community Policy Team, Virginia Association of Community Services Boards, and Northern Virginia CSB Regional Coalition.

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Office of the Deputy Directors: The Deputy Director for Clinical Operations provides leadership, oversight and monitoring of CSB's behavioral health treatment and community living programs and services. This position is responsible for partnering with CSB clinical leadership and community organizations to develop the provision of services for the CSB. The Deputy Director of Clinical Operations ensures that CSB services follow sound, evidence-based clinical practice and are provided to the right person, at the right place, and at the right time. The Deputy Director for Administrative Operations provides leadership, oversight and monitoring of CSB's non-clinical business support services including: regulatory compliance; management of the electronic health record and other technology; facilities management; administrative operations; and linkages with other Fairfax County agencies for organizational development and training, human resources, financial management, contract and procurement management, and site planning. The Deputy Director of Administrative Operations also oversees strategy and performance management functions including the agency's state performance contract with the Virginia DBHDS. Other functional areas under the Office of Deputy Director for Administrative Operations are discussed in the next LOB.

Benefits

The goal of the Leadership LOB is to provide leadership to the entire CSB system, overseeing the overall functioning and management of the agency to ensure effective operations that provide a seamless system of community services and key supports. Leadership provides the following benefits:

- Serves as the only public access point to behavioral healthcare and intellectual disability services for the County of Fairfax and the Cities of Fairfax and Falls Church.
- Ensures that CSB is an integral part of a networked human services system which maintains accountability by ensuring that continuous system improvement is anchored in best practice, outcome and effectiveness measures, and the efficient use of resources.
- Promotes and improves quality of life for residents of Fairfax County and the cities of Fairfax and Falls Church by maintaining a healthy, safe service system environment that supports provision of quality services.
- Ensures the integration of the principles of resilience, recovery and self-determination in the development and provision of services.
- Champions continuous program improvement, program development and leadership strategies to address changing markets.
- Creates a positive work environment and using innovative staff development strategies to attract and retain a stable, progressive, caring and diverse workforce.

The goal of Leadership is to partner with individuals, families, and the community to empower and support Fairfax-Falls Church residents with or at risk for developmental delay, intellectual disability, mental illness, and alcohol or drug abuse or dependency. The CSB operates as part of Fairfax County's human services system that is designed to protect and promote the health and welfare of residents.

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Mandates

Compliance with Virginia State Code and Regulations establishing and overseeing Community Services Boards

- *System Restructuring of Mental Health Services: Code of Virginia §37.2-316, establishing community consensus and planning teams*
- *Human Rights: Code of Virginia § 37.2-400 Rights of Consumers, 12 VAC 35-115, DBHDS Human Rights Regulations*
- *Purposes of CSB: Code of Virginia § 37.2-500 through § 37.2-512 requires cities and counties to establish community services boards for the purpose of providing local public mental health, developmental, and substance abuse services. Boards are to review and evaluate public and private community mental health, developmental, and substance abuse services and facilities that receive funds to advise the local governing body of each city or county of its findings*
- *Service Requirements: Code of Virginia § 37.2-500 requires the CSB to function as the single point-of-entry into publicly funded mental health, developmental, and substance abuse services. The CSB fulfills this function for any person who is located in the CSB's service area and needs mental health, developmental, or substance abuse services*
- *Fees & Reimbursement: Code of Virginia § 37.2-504 (A)(7-11) requires every CSB prescribe a reasonable schedule of fees, and establish procedures for the collection of same...shall institute a reimbursement system to maximize the collection of fees...manage funds, grants, gifts and donations*
- *Service Coordination: Code of Virginia § 37.2-504 (A)(12) requires CSBs to develop joint written agreements with local school divisions, health departments, departments of family services, housing agencies, courts, sheriffs, area agencies on aging, and departments of rehabilitative services*
- *Code of Virginia § 37.2-504 and § 37.2-505*
- *Performance Contract between Virginia and CSBs: Code of Virginia § 37.2-508 and State Board Policy 4018 establish the State Performance Contract as the primary accountability and funding mechanism between the Department of Behavioral Health and Disability Services (DBHDS) and the CSB. *FY 2015 and FY 2016 Community Services Performance Contract Revision No. 1* and attachments define the mandates and requirements associated with the CSB relationship with DBHDS, which include protocols for dispute resolution, risk management, protection of consumers, human rights, financial management, reporting, priority populations, consumer and family involvement, subcontracting and Board requirements, and outlines special terms and conditions*
- *Program Licensing: Code of Virginia §3 7.2-703, DBHDS Commissioner to prescribe system of records, accounts, and reports and 12 VAC 35-105, Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services*
- *Involuntary Commitment Requirements: Code of Virginia § 37.2-809-816*
- *Mandated Outpatient Treatment increases CSB responsibility and requires additional staff resources: Code of Virginia § 37.2-817*

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Trends and Challenges

The following discussion includes key public policy issues as well as critical stages in various system initiatives.

The Guidelines for Assigning Priority Access to CSB Services, adopted in late FY 2014, has provided a framework for defining who should have priority access to services.

Trend: This is considered a necessary and critically important process to ensure compliance with state and federal codes and regulations and to make wise decisions about how best to use funding when need exceeds available resources. With these guidelines driving access, capacity and service delivery, CSB will continue to focus planning and resource allocation efforts to meet the needs of those most impacted by their mental illness and/or, substance use or intellectual disability.

Challenge: As funding decisions are made, consideration will be given to whether or not a service is designed for those in the greatest need. For the coming year, the CSB will likely serve fewer people, but will focus on those with the greatest needs who require more intensive services.

A key public policy issue is to monitor expanded health care access for the uninsured in the Commonwealth. Nearly 50 percent of all individuals served by the CSB report no health plan coverage. With the addition of Magellan as the Behavioral Health Services Administrator for the Virginia Department of Medical Assistance Services (DMAS) in late 2013, new billing and preauthorization requirements are changing CSB's involvement with managed care systems. The CSB currently has provider agreements with eight health plans and is identifying others for potential negotiation.

Upon receiving approval from the Centers for Medicare and Medicaid (CMS) in January 2015, Virginia launched the Governor's Access Plan (GAP), a program to integrate primary and behavioral health services and care coordination for Virginia's uninsured with serious mental illness. Other key benefits included diagnostic, and laboratory services, as well as coverage for prescriptions. CSBs were designated as screening agencies. As of August 2015, the CSB had screened 295 individuals, while also assisting them with the separately required proof of income applications. Of the individuals CSB screened in the first seven months of the program, 47 percent were approved for GAP. During this time, Virginia successfully petitioned CMS to lower the income eligibility ceiling from 100 percent of Federal Poverty to 65 percent, citing budget constraints.

Trend: Health care reform continues to place mandates on primary health and behavioral health care providers. Providers must promote prevention efforts, and are expected to detect and resolve instances of conduct that does not conform with federal and state law, or with federal, state and private payer health care program requirements.

Challenge: The size of the CSB provider system requires an overall compliance infrastructure to work in conjunction with other CSB processes. The challenge is to minimize the need for paybacks to funders and the risk of losses to the CSB and the County, as well as to prevent fraud, theft, litigation, and fines.

Trend: GAP is a Section 1115 Demonstration, approved for five years but subject to CMS renewal after two years. Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid program and the Children's Health Insurance Program (CHIP). The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as expanding eligibility to individuals who are not otherwise eligible for Medicaid or CHIP, providing services not typically covered by Medicaid, or using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

Challenge: While the process appears to be improving, Virginia's approval process for GAP applications had its share of issues which delayed notification of results beyond the stated 45-day timeframe. The CSB initially estimated new revenue resulting from GAP covered behavioral health benefits to range from approximately \$4,000 to \$9,500 per individual annually based on seven services, with the largest potential payment for GAP Case Management Service. With no pro forma turnaround time to anticipate approvals,

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followed by the Magellan service authorization process for GAP Case Management, the CSB will not benefit from the new revenues at the level expected in year one. In year two, some of the individuals approved for GAP will not be recertified because of the lower income eligibility ceiling. Without insurance coverage, however limited, these individuals will be referred to the Community Health Care Network and other primary care safety net providers.

Trend: The 2013 *Virginia Acts of Assembly* directed DMAS to implement three phases of Medicaid reform. The third phase is “to include all remaining Medicaid populations and services, including long-term care and home- and community-based waiver services into cost-effective, managed and coordinated delivery systems. In May 2015, CMS issued an extensive proposed rule on Medicaid and Children’s Health Insurance Program managed care which would align managed care regulations across Medicaid, Medicare and the private market. Concurrently, DMAS released an opportunity for public comment on a proposed design and implementation of its program initiative to transition remaining fee-for-service populations into a mandatory managed care program.

Challenge: In its white paper, *Considerations and Cautions about Managed Care Approaches*, the Virginia Association of Community Services Board (VACSB) noted that without “careful consideration” of the impact of a Medicaid managed care approach on individuals, services and funding mechanisms, there is a risk that “Capitated, at-risk mechanisms to manage care may reduce funds in the CSB system and, as a result, service capacity will diminish.”

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #261: Leadership			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$1,684,199	\$1,161,901	\$1,348,933
Benefits	535,306	400,962	582,861
Operating Expenses	269,202	222,789	694,500
Work Performed for Others	(22,855)	0	0
Capital Equipment	0	391,535	0
Total Expenditures	\$2,465,852	\$2,177,187	\$2,626,294
<u>Transfers Out:</u>			
Transfer Out to General Fund	\$0	\$4,000,000	\$0
Total Transfers Out	\$0	\$4,000,000	\$0
Total Revenue	\$2,057,823	\$2,092,747	\$2,199,221
<u>Transfers In:</u>			
Transfer In from General Fund	\$6,162,443	\$3,312,169	\$427,073
Total Transfers In	\$6,162,443	\$3,312,169	\$427,073
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	24 / 24	22 / 22	20 / 20
Total Positions	24 / 24	22 / 22	20 / 20

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Administrative overhead rate	NA	14%	10%	11%	11%
Number of people served by the Community Services Board	20,988	21,249	21,874	22,311	22,757
Average cost to serve each individual	\$6,912	\$6,941	\$7,173	\$7,033	\$6,895

Leadership provides overall leadership, policy direction and oversight for all programs and services provided by the Fairfax-Falls Church Community Services Board. The administrative overhead rate for the CSB was 10 percent in FY 2015, which is lower than FY 2014 and in line with future estimates. In FY 2015, the CBS provided services to 21,874 individuals in the community who have mental illness, substance use and co-occurring disorders and/or intellectual disability at an average cost of \$7,173 per individual. The number of people and cost to serve them increased 3 percent over FY 2014 and 4 percent over FY 2013. This is primarily due to steady increases seen in emergency services and Infant and Toddler Connection over the past three years.

The CSB also anticipates growth over the next few years. An estimated increase in demand for services provided by Infant and Toddler Connection, the launch of the Diversion First initiative to divert people with behavioral health issues from incarceration, and the fairly recent changes in mental health legislation will all impact the number of people who receive CSB services. In addition, overall growth in the County population will likely increase the demand for services provided by the CSB. Anticipating some of these shifts, planning efforts have emphasized resource efficiencies such as integrated care. The CSB initially focused on integrating behavioral health services, and is now directing efforts to primary health care and behavioral health integration.