



Community Services Board

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
JOINT MEETING OF THE EXECUTIVE and COMPLIANCE COMMITTEES
Bettina Lawton, Chair
Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA 22031
Level 3 – Room 314, West,
Wednesday, January 15, 2020, 4:00 p.m.**

1. **Meeting Called to Order** Bettina Lawton 4:00 p.m.
2. **Approval of the December 11, 2019 Executive and Compliance Committee Meeting Minutes**
3. **Adoption of the Joint Meeting Agenda**
4. **Compliance Committee**
 - A. Follow Up from Previous Meeting Daryl Washington
 - B. Updates Daryl Washington & Luann Healy
 - ComplyTrack
 - Credible Operation
 - CSB Serious incident (Level III) Report
5. **Directors Report** Daryl Washington
6. **Review of the January 22, 2020 CSB Bd. Mtg. Agenda**
7. **Matters of the Executive Committee**
 - A. Behavioral Health Oversight Committee Diane Tuininga
 - B. Developmental Disabilities Committee Sheila Jonas/Nancy Scott
 - C. Fiscal Oversight Committee Jennifer Adeli
 - D. Other Matters
 - Legislative Report-Out Ken Garnes
 - CSB Board Policy Review, #0030, #1102, #1103 Sheila Jonas
 - Continuity of Operations Plan/EHR Downtime
8. **CSB Board Annual Planning Calendar**

Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).
9. **Adjourn**

Fairfax-Falls Church Community Services Board
Executive Committee
December 11, 2019

The Executive Committee of the Fairfax-Falls Church Community Services Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

The following Committee members were present Bettina Lawton, Chair; Ken Garnes; Sheila Coplan Jonas; Suzette Kern; Nancy Scott; and Diane Tuininga

The following Committee members were absent: Jennifer Adeli

The following staff was present: Daryl Washington, Lyn Tomlinson, and Cindy Tianti

1. Meeting Called to Order

The meeting was called to order at 5:02 p.m.

2. Approval of the Minutes

The November 13, 2019 Executive Committee minutes were distributed for review. Following review, Diane Tuininga made a motion for approval of the minutes as presented, which was seconded and unanimously approved.

3. Adoption of the Executive Committee Agenda

The October 2019 Executive Committee meeting agenda was presented for review, following which, a recommendation to add the Request for Approval of CSB Board Policy #0020 to the agenda was offered. Following this revision, the agenda was accepted as revised.

4. Director's Report

Daryl Washington highlighted some recent activities to include:

- A letter was received from DBHDS (Department of Behavioral Health and Developmental Services) announcing both a one-time award in FY2020 of approximately \$453K to support implementation of medical clearance including personnel and equipment. And an award for ongoing funding of \$258K annually.
- The vacancy count was reported at 81. It was clarified that the current Vacancy Breakeven Point (VBP) is 75. To avoid unexpected increases in vacancies, aggressive hiring practices are being implemented. These practices include monitoring of resignations and retirements, noting the average number of staff losses each month is 12. DMB (Department of Management and Budget) has offered conceptual approval on a request to move some operational funding to personnel, pending details of the budget impact. It is anticipated that this will move forward in January 2020.
- The results of the most recent staff retirement eligibility report indicate that there are 58 staff eligible to retire in FY2019, 47 in FY2020 and 48 in FY2021. Over the next two years, there are 31 staff in DROP, the County's Deferred Retirement Option Program. It was highlighted that several doctors will be retirement eligible in the next couple of years, noting that robust recruitment efforts are ongoing to address this concern.
- An update to hiring included:

- Lisa Flowers, was hired as the Public Information Officer (PIO), starting Monday, December 16, 2019.
- First round interviews for the Deputy Director of Administrative Operations have concluded. Three candidates will be offered second-round interviews, the dates for which will be conveyed to the Board with an invitation to participate.
- DBHDS has provided funding for youth mental health initiatives that included approval for a rollover of funds. The funds have accumulated for several years to a total of approximately \$1M. DBHDS has approved use of the funds to pilot expansion of youth mental health including the hiring of three senior clinicians through FY2022. Plans to add this cost to the base budget for FY2023 are in development.
- Attention was directed to the update CSB Executive Organization Chart included in the meeting materials. It was highlighted that some realignment of positions and responsibilities was needed, the results for which were included in the updated Chart. Additional highlights included:
 - The creation of a CIO/EHR Director to oversee Analytics & Evaluation and Informatics was highlighted.
 - A reminder was offered that the Projects Director position was created in response to a Health Management Services (HMA) recommendation, noting that this position will work closely with senior management across the agency. Current projects include a highly detailed map of Revenue Cycle Management with a goal of increased revenue.
- The Department of Health and Human Services purchased a bus with a goal of providing community health care. CSB staff Louella Meachem represents the CSB on the workgroup that was developed to determine primary and equitable usage of the bus. It was clarified that the bus has five interview rooms and one exam room.
- Fairfax County has been named a Stepping Up Innovator County due to work related to Diversion First, noting this is one of only 17 awards nationwide.
- Proposed CSB Board Policy #0040 Priority Access to Locally Funded Services was provided for review and comment, noting development of the proposed policy stemmed from increasing numbers of out of area referrals to locally funded services. Following robust discussion, staff was asked to provide additional information, cost projections, and analysis on DD Employment and Day Program Enhancements, to further refine the language, and to consider possible inclusion or alignment with the CSB Board Policy #0030 Priority Access to CSB Services and the related document Guidelines for Access to CSB Services/Guidelines for Allocating CSB Resources.
- A reminder was offered that Alison Land is the newly appointed DBHDS Commissioner. It was noted that Ms. Land has extensive experience with the private hospital system but has less experience with Community Behavioral Health. It was further noted that DBHDS leadership overall could benefit from a greater understanding of the Community Behavioral Health system. This concern is heightened by the recent resignation of the Deputy Commissioner of Developmental Disabilities, noting a primary concern related to proposed legislative action involving the state hospital bed crisis. Mr. Washington emphasized that the CSB is working closely with the County Legislative Office in monitoring legislation involving the state hospitals.

5. CSB Board Agenda

The December 2019 CSB Board Meeting agenda was presented for review. Recognizing the need for Executive Committee review of CSB Board policies prior to CSB Board action, a CSB Board policies #0030, #0040, #1102, and #1103 were removed and held over to be readdressed in January 2020. Additionally, agenda item 10B was removed, following which the agenda was accepted and revised.

6. Matters of the Executive Committee

A. *Joint meeting of the Developmental Disabilities (DD) and Behavioral Health Oversight (BHOC) Committees:*

Diane Tuininga, Sheila Jonas, and Nancy Scott provided an overview of the activities of the December 4, 2019 joint committee meeting, highlights of which included:

- Lyn Tomlinson and Elizabeth McCartney provided the staff and legislative updates, respectively.
- Joan Rodgers facilitated the group work and discussion, noting great participation.
- The Associate Members provided agency information for the development of a map that would track services including gaps and overlaps that may be occurring.
- Associate Members also provided recommendations for possible topics to include at the next joint meeting in June 2020.

The next BHOC meeting is scheduled for Wednesday, January 8, 2020, 5:00 p.m. at the Merrifield Center, Level 3-Room 314, West.

B. *Compliance Committee:*

Bettina Lawton, noting the meeting had just been held and that all members were present, did not provide a report.

The next meeting of the Compliance Committee is Wednesday, January 15, 2020, 4:00 p.m. at the Merrifield Center, 3-Room 314, West.

C. *Developmental Disability (DD) Committee:*

The meeting update was included in the BHOC update provided above.

The next meeting of the Developmental Disabilities Committee will be Wednesday, February 5, 2020 at 5:00 p.m. at the Merrifield Center, Level 3-Room 314, West.

D. *Fiscal Oversight Committee:*

Jennifer Adeli reported the December meeting would be held the following Friday, with a report provided at the full Board at the December meeting.

The next meeting of the Fiscal Oversight Committee is Friday, January 17, 2020 beginning at 9:30 a.m., at the Pennino Building, Room 836A.

E. *Other Matters:*

Ken Garnes offered a reminder for the members to submit legislative meeting summaries to Elizabeth McCartney. Additionally, Ms. McCartney will be tracking Bills as they are submitted and move through the legislature with regular updates provided to the Board.

Bettina Lawton referencing the current CSB Board Policy review procedure, offered a revision to the current procedure as follows:

- 1 Identified CSB Board Policies will be presented to the Executive Committee with members encouraged to forward recommended edits to the Clerk to the CSB Board.

- 2 The policies/policy will be submitted at the next Executive Committee meeting for approval to submit, with recommended edits, to the full board for further review.
- 3 The fully reviewed policy/policies will be submitted to the full board as an action item for approval at the meeting the following month.

This proposed procedure was accepted by all, following which CSB Board Policies #0030, #1102, and #1103 were reviewed and moved for further action to the January Executive Committee.

7. CSB Board Annual Planning Calendar

The CSB Board Annual Planning Calendar was presented for review. Noting no revision recommendations were offered, the calendar was accepted as presented.

Bettina Lawton inquired whether there any matters that required discussion in closed session. As no one raised any matters or need for a closed session and there being no further business to come before the Committee, the meeting was adjourned at 6:47 p.m.

Actions Taken –

- The November 13, 2019 Executive Committee meeting minutes were approved.
- The December 11, 2019 Executive Committee agenda was accepted as presented.
- The December 18, 2019 CSB Board agenda was accepted as revised.
- The Annual Planning calendar was accepted as presented.
- The Clerk to the Board will send a reminder of the revised December CSB Board meeting date to all CSB Board members.

Date Approved

CSB Clerk to the Board

Fairfax-Falls Church Community Services Board
Compliance Committee Meeting Minutes
December 11, 2019

The Compliance Committee of the Fairfax-Falls Church Community Services Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

The following Committee members were present: Bettina Lawton, Board Chair; Ken Garnes; Sheila Coplan Jonas; Suzette Kern; Nancy Scott; and Diane Tuininga

The following Committee members were absent: Jennifer Adeli

The following staff were present: Daryl Washington, Luann Healy, Cindy Tianti, and Lyn Tomlinson

1. Meeting Called to Order

The meeting was called to order at 4:08 p.m.

2. Review of Meeting Minutes

Meeting minutes of the November 13, 2019 Compliance Committee were provided for review and revision. As no recommendations were forthcoming, Sheila Jonas made a motion to approve the minutes as presented, which was seconded and approved.

3. Follow up items from the prior Compliance Committee Meeting

Daryl Washington provided an update to ongoing communication with Credible and several Fairfax County agencies to include the CSB, DPMM (Department of Material Management) and DIT (Department of Information Technology). Highlights included:

- An email from Credible was distributed that listed the efforts made to develop successful communication between Credible and WaMS, the Waiver Management System utilized by the Department of Behavioral Health and Developmental Services. Frustration at the lack of timeliness in these efforts was stated.
- The county agencies involved in the communications with Credible continue to closely monitor the efforts reported by Credible to repair and upgrade their current architecture.
- A request was issued for a written HIPAA statement, certifying no breach in PHI (Protected Health Information) of CSB clients during Credible operational failures. A reply had not been received at the time of this meeting.
- It was reported that a large number of Virginia CSB's also using Credible were considering working together to address mutual concerns with Credible.
- A robust discussion ensued, following which, Committee members requested that regular updates be provided.

4. Updates

ComplyTrack

Luann Healy distributed copies of ComplyTrack reports, noting that live data for FY20 was reflected in all three reports. Each report was reviewed and an opportunity for questions and feedback provided. The reports cover three areas including

- Audit; involves both internal and external audits including patient charts, new staff, new programs, etc. An audit may be for an annual review or prompted by the results of a licensing visit, outside audit, or incident report. And,

- CAP (Corrective Action Plan); can result from a licensing review, a mortality review, external or internal audit, or a chart review. A time limit for implementation of a CAP is typically determined by the type of CAP issued.
- Education; included on-site training to staff, that could be specialized to program on request as well as regulatory and licensing education. It was also noted that Compliance and Risk Management staff train program staff in the use of quality assurance tools to self-monitor their programs.

Credible Operations Update

This update was provided in the earlier report provided by Daryl Washington.

CSB Serious Incident Report – November 2019

Luann Healy provided the Serious Incident Report for November 2019.

5. Continuity of Operations Plan (COOP)/EHR Downtime Policy

Noting that this plan is intended to support the agency- and county-wide COOP plans, members reviewed and discussed the draft plan offering several suggestions to include:

- Direction for immediate notification of the Executive Director,
- More comprehensive (less detailed) language,
- CSB Board notification guidance,
- Strong recommendation for testing requirements.

The draft will be revised following Committee direction. Once reviewed and approved by the Board Chair and Secretary, the revised version will be provided to the CSB Board for further review.

6. Open Discussion

Daryl Washington provided an update related to ongoing communications between CSB staff Lyn Tomlinson and David Simmons and a housing partner. Noting a recent meeting, the outcome included acknowledgement for the need of appropriate documentation to support the transition of CSB clients to alternative housing. It was clarified that one-half of the residents will transition by December 31, 2019 and the other half transitioning by January 31, 2020.

Bettina Lawton inquired whether there any matters that required discussion in closed session. As no one raised any matters or need for a closed session and there being no further business to come before the Committee, the meeting was adjourned at 4:56 p.m.

Actions Taken –

- Minutes of the November 13, 2019 Compliance Committee meeting were reviewed and approved.

Date Approved

Clerk to the Board



Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Bettina Lawton, Chair

Merrifield Center,

8221 Willow Oaks Corporate Drive, Fairfax, VA 22031

Level 1 - Room 3-314, West

Wednesday, January 22, 2020, 5:00 p.m.

1. **Meeting Called to Order** Bettina Lawton 5:00 p.m.
2. **Matters of the Public** Bettina Lawton
3. **Amendments to the Meeting Agenda** Bettina Lawton
4. **Approval of the December 18, 2019 CSB Board Meeting Draft Minutes** Bettina Lawton
5. **Staff Presentations**
 - A. Office of Individual and Family Affairs Michael T. Lane
6. **Director's Report** Daryl Washington
 - A. Status Update – Deputy Dir. Of Administrative Operations
 - B. Planning for Anticipated Retirements – Impact & Staffing Gaps
 - C. Status Update to Renaming/Rebranding of CSB
7. **Matters of the Board**
8. **Committee Reports**
 - A. Behavioral Health Oversight Committee Diane Tuininga
 - B. Compliance Committee Bettina Lawton
 - C. Developmental Disabilities Committee Sheila Jonas / Nancy Scott
 - D. Fiscal Oversight Committee Jennifer Adeli
 - E. Other Reports
 - Legislative Update Ken Garnes
9. **Information Item**
 - A. CSB Board Policy Review Sheila Jonas
 - Review of Policy #0020
10. **Action Item**
 - A. CSB Board Policy Approval Sheila Jonas
 - Approval of CSB Board Policy #2500
 - B. Approval of Grant Request to Expand Substance Abuse Treatment Capacity for the Adult Drug Court Marissa Fariña-Morse
11. **Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).**
12. **Adjournment**

Policy Number: 0030
Policy Title: Priority Access to CSB
Services
Date Adopted: TBD

Purpose

To articulate policy for defining who should have priority access to services of the Fairfax-Falls Church CSB for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

Policy

Guidelines for Assigning Priority Access to CSB Services (April 23, 2014-revised October 2014)
Revise this reference so that it links to the most current Guidelines for CSB Services available on the CSB webpage at: <https://www.fairfaxcounty.gov/community-services-board/sites/community-services-board/files/assets/documents/pdf/guidelines-for-access-to-csb-services.pdf>. The Guidelines (both a staff and a public version) were approved by the CSB Board in August 2017.

~~Defining who should have priority access to services of the Fairfax Falls Church Community Services Board (CSB) is a necessary and critically important process to ensure compliance with state and federal codes and regulations. These priorities guide state contract reporting for the CSB's allocation of state block grant funding. This process also applies to decisions about how best to use local funding dollars. Guidelines for assigning priority access to services offered by the CSB need to take into consideration and include those identify those individuals whose needs cannot be addressed except through a public system such as the CSB, which that provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination. Effective and efficient use of resources is an inherent requirement of all CSB services so that enables the maximum number of people are to be served within the limits of the federal, state and local funds available. These revisions were accepted in the August 2019 edits, but do not appear in the December 2019 edits~~

- (1) Exclusionary Criteria Alternative phrase to 'exclusionary' requested. Additionally, it was noted that 'the law' on mandated services changed 7/1/19 and recommended that the language be audited for needed updates to reflect this. Perhaps list as 'criteria' and rephrase the exclusions to a) "Individuals are required to be residents of Fairfax County and the Cities of Fairfax and Falls Church" and b) "No service will be provided that is not designed, mandated, or funded to be provided by a CSB."
- a) Constituency – Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
 - b) Requests outside of the CSB's Mission – No service will be provided that is not designed, mandated or funded to be provided by a CSB.

(2) Inclusionary Criteria (in priority order)

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

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

CSB Priority Populations

Priority Populations

The ~~Fairfax Falls Church Community Services Board (CSB)~~ has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA). Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Note: The following services – initial phone screening; wellness, health promotion and prevention services; and acute care and emergency CSB services – remain available to **all** residents of Fairfax County and the cities of Fairfax and Falls Church.

Individuals may meet the criteria for more than one priority population and receive services accordingly. Individuals who are only in one priority population receive the CSB services which address the needs of the population area they are in. For example, an individual meeting the substance use priority population criteria *only* cannot also receive a priority to access services designed for the Intellectual Disability population, unless that individual also meets the criteria for the Intellectual Disability population. People meeting priority population requirements will have access to cross-cutting organizational services such as medical services or housing assistance supports as available to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services as available to address co-occurring needs.

Individuals and families who have private health insurance coverage and are able to access non-emergency/non-acute services privately will be asked to seek those services when they are available in the community. In these instances, the CSB Entry and Referral Services staff will

assist in identifying resources, linking with potential non-CSB sources of services, and following up with referrals. If similar resources are not available in the community, individuals with private insurance will be screened for priority using the same criteria as is used for those without insurance.

A. Mental Illness Population

(1) **Adults with Serious Mental Illnesses (SMI)** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND
- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, to include the following:
 - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
 - Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;
 - Inability to maintain employment at a living wage or to consistently carry out household management roles; or
 - Inability to maintain a safe living situation.
- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

(2) **Children and Adolescents** birth through age 17 with **Serious Emotional Disability (SED)** resulting in a serious mental health problem that can be diagnosed through the DSM, which is used as the professional guidelines for diagnosis by psychiatry and other professionals, plus have at least one of the following:

- Problems in personality development and social functioning which have been exhibited over at least one year.
- Problems that are significantly disabling based upon the social functioning of most children their age.
- Problems that have become more disabling over time and service needs that require significant intervention by more than one agency.

Children with a co-occurring substance use disorder or intellectual disability diagnosis also meet the criteria for SED.

(3) **Children**, birth through age 7, who are determined to be **at risk** of developing Serious Emotional Disability by means of one of the following:

- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental or intellectual disability.
- Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

B. Substance Use Disorder Population

(1) Adults with a **Substance Dependence Disorder** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
 - Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.
 - Inability to be consistently employed at a living wage or consistently carry out household management roles.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Involvement with the foster care system or child protective services as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
 - Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance use.
- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.

(2) Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:

- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.
- Inability to fulfill major role obligations at work, school or home.
- Involvement with legal system as a result of substance use.

- Multiple relapses after periods of abstinence or lack of periods of abstinence.
- Inability to maintain family/social relationships due to substance use.
- Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
- Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.

(3) Special Priority Populations

- Pregnant women who are intravenous (IV) drug users
- Pregnant women
- Intravenous drug users
- Individuals requesting treatment for opioid drug abuse, including prescription pain medications, regardless of the route of administration

Page 6 (don't know why there is a large gap here) reflects information on populations served including ITC. References should be checked for accuracy

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C. Intellectual Disability and Developmental Disability Populations

- (1) Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).
- (2) Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social/ interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure health and safety).
- (3) Diagnosis of Intellectual Disability (ID) must be documented by:
 - For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability or
 - For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below OR other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an Intellectual Disability.

References:

- Federal Block Grant
- Department of Behavioral Health and Developmental Services Priority Population
- Guidelines for Assigning Priority Access to CSB Services document approved by the CSB Board on ~~April 23, 2014~~ August 23, 2017

Approved _____
 _____ CSB Board Secretary _____ Date

<u>Approved</u>			
	<u>Secretary</u>		<u>Date</u>

- Policy Adopted: March 20, 1991
- Revision Adopted: September 29, 1993
- Revision Adopted: July 27, 1994
- Revision Adopted: November 18, 1998
- Revision Adopted: May 23, 2001
- Revision Adopted: December 17, 2014
- Revision Adopted: TBD

Policy Number: 0030
Policy Title: Priority Access to CSB
Services
Date Adopted: TBD

Purpose

To articulate policy for defining who should have priority access to services of the Fairfax-Falls Church CSB for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

Policy

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

It is the policy of the CSB Board to provide guidance in identifying populations in need of priority access to CSB services and resources including the *Guidelines for Access to CSB Services*.

Guidelines for Access to CSB Services

The Fairfax Falls Church Community Services Board (CSB) is the public agency that provides services for people who reside within Fairfax County, to include the cities of Fairfax and Falls Church, who have mental health conditions, developmental delay/disabilities or substance use disorder. Youth and adults who need assistance/support in any of these areas contact the CSB for help in accessing appropriate services and resources. The goal of the CSB is to be accessible when and where they are needed to individuals and families. The CSB accepts most commercial insurance. If you don't have insurance, services are offered based on a sliding scale/ability to pay.

Services to the Whole Community

The following CSB services are provided to residents of Fairfax County and the cities of Fairfax and Falls Church:

- Wellness, health promotion and prevention services
- Peer support services
- Crisis and emergency services (by phone and walk in at Merrifield 24/7)
- Telephone and walk in screening/assessment at Merrifield (Monday through Friday 9 am until 5 pm) and 703-383-8500

What You Can Expect at Your First Visit

It is our goal that you receive a warm welcome and support during your first visit to the CSB. You will leave with some community resources outside of the CSB to support you. These resources include peer support, which is readily available in the community, to include the Peer Resource Center at Merrifield. Your visit to the CSB will be much like a first visit to a doctor's office. You will meet with a clinician who will ask questions to determine your needs, the level of support that would be helpful and options for where to obtain these services. In addition to meeting with clinical staff, you will also meet with a staff person from the CSB business team. Many individuals with mental health conditions and substance use disorder have experienced trauma in their lives. The CSB provides trauma informed and holistic services to each individual.

A business staff member will ask about the following information:

- Proof of Fairfax County or Fairfax/Falls Church residency
- Do you have health insurance, to include Medicaid/Medicare
- Sources and amount of income

Services for Mental Health Conditions, Substance Use Disorders and/or Developmental Delays/Disabilities

CSB services are designed for individuals whose condition significantly impacts their ability to manage daily activities of life. **To be eligible for CSB services, an assessment will need to be done with a CSB clinician.**

The Fairfax Falls Church CSB offers services to individuals with the mental health conditions, developmental disabilities/delays, and substance use disorder. Here is a more specific description of those served by the CSB:

A. Individuals with mental health conditions

Mental health conditions involve a change in thinking, mood and/or behavior. These conditions can affect how we relate to others and make choices. Mental health conditions can take many forms with some leading to extreme changes in mood, reduced ability to focus, disturbances in thinking and/or unusual behavior. To read more about mental health conditions, visit: <https://www.samsha.gov/disorders>

1. **Adults:** Adults with serious mental illness (SMI). Examples include schizophrenia, major depression, bipolar disorder and borderline personality disorder. The CSB assesses individuals for service based on the severity of the mental health condition and impact on daily life, as opposed to the individual's diagnosis
2. **Children and Adolescents:** Children and adolescents with mental health conditions, behavioral health problems and those children and adolescents who are at risk of serious emotional disturbance. These issues are often significantly disabling as opposed to the functioning of most youth their age.

B. Individuals with substance use disorders

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes significant functional impairment, such as health problems and failure to meet major responsibilities at work, school or home. To read more about substance use disorders, visit: <https://samsha.gov/disorders/substance-use>.

Note: Special priority is afforded to a pregnant woman using substances, anyone who uses drugs by intravenous injection (IV) and any individual who uses any type of opioid, including prescription pain medication.

C. Individuals with Developmental Disabilities or Delays

- 1. Adults and Children: Individuals who have mental and physical impairment such as autism spectrum disorder or intellectual disability, other than a sole diagnosis of mental illness. To be eligible for these CSB services, an assessment must be done by a CSB clinician.** Individuals must meet the diagnostic criteria for a Developmental Disabilities Medicaid Waiver. Eligibility screenings can be scheduled by calling 703 324-4400. All Developmental Disability Medicaid Waivers must be accessed through CSB Developmental Disabilities Services. It is not necessary for an individual to have a social security number to qualify for CSB Developmental Disability Services.

Guidelines for Allocating CSB Resources

As the safety net for behavioral health services for Fairfax County and the cities of Fairfax and Falls Church, the CSB provides essential services for individuals in our community who are significantly impacted by developmental delay, developmental disability, serious emotional disturbance, serious mental illness and/or substance use disorders. The CSB is committed to individuals and their families receiving services and supports when and where needed, but demand can exceed available resources.

These priority access guidelines are established to provide a process for determining who has priority to receive CSB services. If an individual presents to walk in screening and assessment and is found *not* to meet the priority access guidelines, the CSB Entry and Referral staff will help the individual identify and access resources in the community which meet their current needs. The CSB Entry and Referral staff will also follow up with the individual to ensure the person was able to access services.

Services will be provided in the following order of priority access:

1. Individuals who are currently receiving CSB services will continue in service if clinically necessary and the person meets the medical necessity criteria.
2. Pregnant women and any individual who uses drugs by injection (IV) or who uses any type of opioid, including prescription pain medications.
3. Individuals who meet the criteria for services and who have serious needs that cannot be met elsewhere or who do not have alternative resources such as the ability to access community providers, financial resources, insurance, or family supports.
4. Individuals who have the above resources and who can receive needed services with community partners may be referred to providers in the community based on a screening or assessment by an individual clinician. This applies to individuals who are seeking services via walk in screening and assessment and/or through Emergency Services, Crisis Care, Fairfax Detoxification, etc. as well as individuals who no longer

meet medical necessity criteria for CSB services; and therefore, no longer require a CSB level of care.

Staff are frequently asked if the CSB offers medication only as a service. Due to the priority access guidelines and the needs of the individuals served by the CSB, the CSB does not offer medication only as an option when individuals initially enter CSB services. As an individual recovers while in CSB services, medication only may be considered as an option.

A note on Priority Access and Insurance: The CSB does work with individuals who have insurance. The CSB accepts and bills most major insurance carriers. Access to care within the CSB is about the individual's needs, not whether the person has insurance.

Related to local Funding: As stated throughout this document, the CSB serves individuals who reside in Fairfax County and the Cities of Fairfax and Falls Church. The Fairfax Falls Church CSB is largely locally funded, receiving approximately 80% of the funding from Fairfax County and the Cities. As such, it is the policy of the Fairfax Falls Church CSB to utilize local funding for residents of Fairfax County and the Cities of Fairfax and Falls Church. If an individual from another jurisdiction has Medicaid and wishes to obtain services covered by Medicaid with the Fairfax Falls Church CSB, the Fairfax Falls Church CSB will provide and bill for the Medicaid covered service. Locally funded services are available to residents of Fairfax County and the Cities of Fairfax and Falls Church.

Process for Appealing CSB Treatment Decisions

Individuals who request CSB services and are declined may ask for reconsideration. The decision will be reviewed using the criteria for individualized services and the CSB Guidelines for Access to CSB Services. Individuals can appeal CSB treatment decisions in the following situations:

- Individuals contacted/came into the CSB and were referred to a non CSB service provider based on the CSB Guidelines for Access to CSB Services and did not receive further CSB services.
- Individuals were referred to a different level of care of either increased or decreased intensity.
- Individuals' services are being transitioned from the CSB because the individual has completed their treatment goals, are no longer eligible for CSB services based on medical necessity criteria, or the individual stops attending scheduled appointments.

Questions or concerns with the treatment decisions described above, will be referred to the service provider or program supervisor.

If the concern is unable to be resolved or the individual prefers to begin the appeal process, this is initiated with a call to the CSB automated (voice mail) appeals line at **703-383-8366**. The caller will be asked for name, phone number and notification that they wish to appeal a treatment decision.

A reviewer will speak with the caller and the caller's family or friends (if authorized by the caller) and the treatment team where the service was delivered. The reviewer will also review the caller's records in the electronic health record. The appeal review will be completed within 10 business days. The caller will be informed in writing of the outcome of the appeal.

Approved _____
CSB Board Secretary

Date

References:

- Federal Block Grant
- Department of Behavioral Health and Developmental Services Priority Population

Policy Adopted: March 20, 1991
Revision Adopted: September 29, 1993
Revision Adopted: July 27, 1994
Revision Adopted: November 18, 1998
Revision Adopted: May 23, 2001
Revision Adopted: December 17, 2014
Revision Adopted: TBD

DRAFT

Policy Number: 1102
Policy Title: Ethical and Professional Behavior
Date Adopted: TBD

Purpose

To communicate the basic standards of ethical behavior that the CSB Board and ~~Fairfax Falls Church Community Services Board~~CSB staff are expected to maintain in support of the CSB's mission.

Policy^[BE1]

It is the policy of the ~~Community Services~~CSB Board that:

1. Board members perform their designated functions in a manner that reflects the highest standards of ethical behavior.
2. Board members work to implement the stated mission of the CSB, approaching all Board issues with an open mind, prepared to make the best decision for the CSB.
3. Board members fully participate in CSB Board functions. At a minimum, each board member shall actively serve on at least one standing committee.
4. CSB staff, contract agency staff, students, interns, and volunteers perform their designated functions in a manner that reflects the highest standards of ethical behavior.
5. Board and CSB staff shall maintain standards of ethical behavior by adhering to appropriate:
 - Federal, State, County codes and regulations
 - Guidelines adopted or endorsed by professional organizations
 - Licensing and certification boards' standards, and
 - In keeping with the Commonwealth of Virginia's Department of Behavioral Health, and Developmental Services Human Rights ~~Plan~~^[BL2].
6. CSB staff actions reflect a competent, respectful, and professional approach when serving consumers and their families and in working with other agencies.
7. The Executive ~~Director~~^[BL3] shall ensure that ~~the~~ Board and staff are educated about ethical issues, including County personnel practices dealing with professional conduct, business practices, promotional practices, clinical practices, conflict-of-interest disclosure, privacy and confidentiality practices and other matters exempted from release by Virginia Freedom of Information Act, procedures for reporting and investigating violations of federal, state, county and/or professional associations' codes

Ethics and non-retaliation against a Board or staff member because they complied with this policy.

8. The Executive Director shall ensure that a mechanism will be developed and put in place for handling ethical issues as they arise.

Approved
CSB Board Secretary Date

<u>Approved</u>			
	<u>Secretary</u>		<u>Date</u>

Reference:

- Fairfax County's Code of Ethics
- Commonwealth of Virginia, Department of Behavioral Health and Developmental Services (DBHDS), 12VAC 35-115-130, Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by DBHDS

Policy Adopted: April 28, 2004
Revision Adopted: January 28, 2015
Revision Adopted: TBD

CSB Board Policy Review #1102, Comments

[BE1] KG: Board and Staff to discuss. Needs clarification, perhaps examples

[BL2]: Have I ever seen this? Is it in the new member handbook? If not, how can I be held to comply with it? [Added link to DBHDS Rules and Regulations in References](#)

[BL3]: Except for high-level “do no harm”, many of the details of the areas listed are outside the scope of what a board should be required to know. Perhaps splitting the requirements for the board vs. staff would be clearer.

The Executive Director shall ensure that the CSB Board and staff are educated about ethical issues, including County personnel practices dealing with professional conduct, business practices, promotional practices, clinical practices, conflict-of-interest disclosure, privacy and confidentiality practices and other matters exempted from release by Virginia Freedom of Information Act, procedures for reporting and investigating violations of federal, state, county and/or professional associations’ Codes of Ethics and non-retaliation against a CSB Board or staff member because they complied with this policy. [Ethics training is provided to Board members at orientation and annually thereafter. Additionally, the Fairfax County code of Ethics is available through a link that has been added to the policy References. A copy of V-FOIA is provided to each new Board member by the County at appointment and re-appointment. Additionally, a copy is provided in the CSB Board Member Handbook.](#)

Perhaps; The Executive Director shall ensure that the CSB Board (and staff?) is offered training on ethical issues, including County personnel practices ~~dealing with professional conduct, business practices, promotional practices, clinical practices, conflict of interest disclosure, privacy and confidentiality practices and other matters~~ exempted from release by Virginia Freedom of Information Act. This will include procedures for reporting ~~and investigating~~ Codes of Ethics violations of federal, state, county and/or professional associations’ Codes of Ethics and non-retaliation against a CSB Board or staff member because they complied with this policy. (below)

The Executive Director shall ensure that the CSB Board is offered training on ethical issues, including County personnel practices and matters exempted from release by Virginia Freedom of Information Act. This will include procedures for reporting Codes of Ethics violations and non-retaliation against a CSB Board or staff member because they complied with this policy.

References to full agency name, revised to CSB

References to involved parties is current verbiage and consistent throughout

Policy Number: 1102
Policy Title: Ethical and Professional
Behavior
Date Adopted: TBD

Purpose

To communicate the basic standards of ethical behavior that the CSB Board and CSB staff are expected to maintain in support of the CSB's mission.

Policy

It is the policy of the CSB Board that:

1. Board members perform their designated functions in a manner that reflects the highest standards of ethical behavior.
2. Board members work to implement the stated mission of the CSB, approaching all Board issues with an open mind, prepared to make the best decision for the CSB.
3. Board members fully participate in CSB Board functions. At a minimum, each board member shall actively serve on at least one standing committee.
4. CSB Board members, CSB staff, partners, students, interns, and volunteers perform their designated functions in a manner that reflects the highest standards of ethical behavior by adhering to appropriate:
 - Federal, State, County codes and regulations
 - Guidelines adopted or endorsed by professional organizations
 - Licensing and certification boards' standards, and
 - In keeping with the Commonwealth of Virginia's Department of Behavioral Health, and Developmental Services Human Rights Plan.
5. CSB staff actions reflect a competent, respectful, and professional approach when serving consumers and their families and in working with other agencies.
6. The Executive Director shall ensure that the CSB Board is offered training on ethical issues, including County personnel practices and matters exempted from release by Virginia Freedom of Information Act. This will include procedures for reporting Codes of Ethics violations and non-retaliation against a CSB Board or staff member because they complied with this policy.
7. The Executive Director shall ensure that a mechanism is in place for handling ethical issues as they arise.

Approved _____
CSB Board Secretary

Date

References:

- [Fairfax County Code of Ethics and Standards of Conduct – Volunteers](#)
- [Commonwealth of Virginia, Department of Behavioral Health and Developmental Services \(DBHDS\), 12VAC 35-115-130, Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by DBHDS](#)
- CSB Board Member Training: *Corporate Compliance and Ethics (ONL-RELIAS-REL-ALL-0-CCETH)*

Policy Adopted: April 28, 2004
Revision Adopted: January 28, 2015
Revision Adopted: TBD

Policy Number: 1103
Policy Title: Conflict of Interest
Date Adopted: TBD

Purpose

To provide guidance to members of the Board regarding conflicts that may arise related to contractual matters and Board transactions.

Policy

Each individual member of the Board and its staff [BE1] shall be responsible for meeting the requirements of the State and Local Government Conflict of Interests Act (Virginia Code Section 2.2-3100 *et seq.* as amended [BL2]) which includes filing a financial disclosure form [BE3] [BL4].

In accordance with the Principle Guidance for the Fairfax County Code of Ethics [BL5], Board members are encouraged to avoid the appearance of impropriety in the course of their participation in Board responsibilities [BE6]. In some instances where a Board member has a personal or professional interest in or affiliation to a matter under consideration by the Board that does not rise to the level of a prohibited conflict, the member may wish to take other steps to avoid or ameliorate the appearance of impropriety through recusal, abstention, disclosure, or other similar action. [Board members may wish to consult with CSB counsel if they are uncertain about their responsibilities.](#)

Approved

CSB Board Secretary Date

<u>Approved</u>			
	<u>Secretary</u>		<u>Date</u>

Reference: Virginia Code Section 2.2-3100 *et seq.*

Policy Adopted: November 1981
Revision Adopted: August 24, 1994
Policy Readopted: April 23, 1997
Policy Revised: March 29, 2000
Policy Revised: May 25, 2005
Revision Adopted: January 28, 2015
Revision Adopted: TBD

CSB Board Policy Review #1103, Comments

[BE1] KG: Board Staff? Policy should be cross walked with #4000 Communication Policy, due for review next session. *This reference is included in every iteration since the policy was established and has now been removed.*

[BL2] BML (*State and Local Government Conflict of Interests Act (Virginia Code Section 2.2-3100 et seq. as amended)*): Is this ever given to the board? I don't see it on the index to the new member handbook. I don't think I've ever reviewed it.

Copies are available and a link to the code has been added to CSB Board Policy #0030, Att. 1 Code of Virginia State and Local Government Conflict of Interests Act

[BL3] EB: Please note CSB Board members are no longer required to file financial disclosure forms as of July 2016

[BL4] BML: *Please delete reference following review by Cindy Tianti*

[BL35] BML (*Principle Guidance for the Fairfax County Code of Ethics*): What is this "Principle Guidance"? Again, has the board received this? *Copies are available; Att. 2 Fairfax County Code of Ethics and Standards of Conduct-Volunteers and a link has been added to the References*

[BE4] DT: Although Board members "are encouraged to avoid the appearance of impropriety ... and where they have a personal or professional interest in or affiliation to a matter under consideration by the Board that does not rise to the level of a prohibited conflict", the definition of "personal or professional interest in or affiliation" and "rise to the level of a prohibited conflict" is unclear, to me, and I'm not sure exactly what constitutes this requirement. I know it would be difficult to include all the possible examples of conflicts, but perhaps the statement could be clarified, or refer to the regulation(s) covering this area?

BML: CSB counsel may be able to provide further details on Board responsibilities. Additionally, there may be some helpful information in the CSB Board member Handbook. The link to the Conflicts of Interest Act may also be helpful

Policy Number: 1103
Policy Title: Conflict of Interest
Date Adopted: TBD

Purpose

To provide guidance to members of the Board regarding conflicts that may arise related to contractual matters and Board transactions.

Policy

Each member of the CSB Board shall be responsible for meeting the requirements of the State and Local Government Conflict of Interests Act (Virginia Code Section 2.2-3100 *et seq.* as amended), *which includes filing a financial disclosure form. (May be removed following guidance from County Attorney)*

In accordance with the Principle Guidance for the Fairfax County Code of Ethics, Board members are encouraged to avoid the appearance of impropriety in the course of their participation in Board responsibilities. In some instances where a Board member has a personal or professional interest in or affiliation to a matter under consideration by the Board that does not rise to the level of a prohibited conflict, the member may wish to take other steps to avoid or ameliorate the appearance of impropriety through recusal, abstention, disclosure, or other similar action. Board members may wish to consult with CSB counsel if they are uncertain about their responsibilities.

Approved _____
CSB Board Secretary Date

Reference: [Virginia Code Section 2.2-3100 et seq.](#)
[Fairfax County Code of Ethics and Standards of Conduct – Volunteers](#)

Policy Adopted: November 1981
Revision Adopted: August 24, 1994
Policy Readopted: April 23, 1997
Policy Revised: March 29, 2000
Policy Revised: May 25, 2005
Revision Adopted: January 28, 2015
Revision Adopted: TBD

Policy Number: #####
Policy Title: Continuity of Operations Plan (COOP)
Date Adopted: TBD

Purpose

To provide guidance for the establishment and maintenance of the Fairfax-Falls Church Community Services Board Continuity of Operations Plan (COOP)

Policy

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

1. The CSB respond quickly at all levels in the event of an emergency or threat resulting from human, technological, natural or other causes, and to ensure its ability to perform essential functions under all circumstances.
2. The CSB establishes and maintains a Continuity of Operations Plan that addresses a concept of operations, identifies essential functions, and outlines procedures for (1) activation and relocation; (2) alternate facility operations; and (3) reconstitution.
3. The CSB COOP is maintained and updated on an ongoing basis to include conducting periodic exercises by the appropriate CSB departments and staff to demonstrate ability to meet the objectives of the CSB COOP.
4. Only the CSB Executive Director or their designated representative has the authority to execute the CSB COOP.

Approved: _____
CSB Board Secretary

Date

References:
County Emergency Operation Plan

Policy Adopted: TBD

Continuity of Operations Plan for Electronic Health Record Downtime Standard Operating Procedure/Guideline

I. Purpose

To act in accordance with CSB Board Policy Number XXXX for establishment and maintenance of a Continuity of Operations Plan by ensuring that appropriate steps are executed in the event of a planned or unplanned system or network outage (or severe degradation) which limits access to the agency's electronic health record (EHR) system. The inability to access the electronic health record may be due to unplanned software, hardware, network, and/or power outages. Planned software upgrades can also result in system inaccessibility. Effective communication, planning, and training for these events through written processes and staff preparations are designed to mitigate the impact to the agency and CSB clients, ensuring proper continuity of care.

II. Requirement

The Fairfax-Falls Church Community Services Board will ensure that effective downtime procedures are executed when the electronic health record becomes unavailable or degrades significantly to the point where downtime procedures will be initiated. The CSB Executive Director is notified immediately when initiating use of downtime procedures as an alternative to the electronic health record.

III. Continuity of Operations Plan (COOP) for EHR Downtime: Standard Operating Procedure Summary

The following provides a summary of the standard operating procedures and guidelines for implementing the COOP during significant EHR downtime periods.

- A. The decision to activate the COOP for EHR downtime can stem from an EHR outage that affects the entire agency, a single site or even a specific location within a building. This procedure/guideline covers planned or unplanned EHR downtime and applies to all end users of the system.
- B. In the event of a **planned downtime** (i.e. maintenance) to the EHR, the Informatics team will ensure that the CSB Executive Director or their designated representative have been notified. The team will go through the proper channels to ensure optimal planning and scheduling of the event. The Informatics team will provide as much advance notice as possible so that the agency can prepare for the downtime. Once a date and time have been established, leadership and end users will be notified of the date, time, and expected duration of the downtime via electronic communication.
- C. In the event of an **unplanned downtime** or severe degradation of the EHR where there is either a partial or complete system outage during normal business hours, the Informatics team will generally be notified by end users through the EHR Helpdesk or by submitting an Enterprise Service Management Platform (ESMP) ticket. The Helpdesk staff will then contact the Informatics team to inform them of the status of the system. Troubleshooting by CSB Informatics staff will begin immediately to determine the root cause. County DIT (Department of Information Technology) will be notified and appropriate assistance will be requested. During normal business hours, messaging of the event via email will be sent to the facilities that are impacted to alert end users and leadership of the EHR downtime. If an **unplanned downtime** occurs after normal

Continuity of Operations Plan for Electronic Health Record Downtime Standard Operating Procedure/Guideline

business hours, any CSB facility or department can initiate the EHR Downtime COOP after the EHR has been inaccessible or severely degraded for longer than 2 hours. Since each facility is unique and has different requirements, leadership at each facility will determine when to initiate the EHR Downtime COOP Plan, whether before 2 hours or after 2 hours of system outage or severe degradation. Initiating the EHR Downtime COOP is required to be communicated to the EHR Helpdesk so the Informatics team and DIT are aware. Notification will include details for the start of the EHR performance issues or severe latency and when the EHR Downtime COOP was initiated.

- D. Once the EHR Downtime COOP has been initiated, clinical service areas will utilize paper documentation in order to continue services for clients. It is the responsibility of each clinical service area to create and maintain their own downtime kit and develop specific EHR downtime procedures and protocols using the guidance from this policy. When there is a planned downtime each clinical service area will have a plan for accessing critical client information such as ordered medications, allergies, daily appointment schedules, etc. Clinical service areas will maintain 'hard copy' paper forms of documentation completed in the EHR during the downtime. It is recommended that each area have enough copies of documentation to cover a 96-hour period based on client population and trends. The hard copy forms should be printed out and placed in a central location that staff have access to (downtime kit). Paper documentation containing PHI (Protected Health Information) will need to be stored in a secure location in accordance with Health Insurance Portability and Accountability Act (HIPAA) rules and regulations. When there is an unplanned downtime of two hours or more, a copy of the critical client information on current and active CSB clients will be extracted and printed from the back-up of the CSB data maintained on the county DIT server. The Informatics team will provide centralized and periodic review of downtime kits to ensure they are adequate, complete, and provide guidance as necessary to assist with improving their content and setup.
- E. Once the downtime has concluded and EHR services and access is restored, it is the responsibility of each clinical service area to enter client service documentation into the EHR *no more than two business days for each business day the EHR was unavailable following restoration of service*. Each clinical service area must designate staff who are responsible for ensuring documentation collected during downtime is entered into the EHR once services are restored. For billing to occur from Credible, services will need to be created in Credible and manually documented and completed. This could include both manual entry and scanning paper documentation into the EHR. If the facility has questions or requires assistance regarding the proper method of entering documents into Credible, they can contact the CSB Records Management Director for guidance. Each clinical service area affected during a downtime will need to contact the CSB Records Management Office before shredding any paper documentation containing PHI to ensure the records are properly transferred into the EHR and destroyed according to policy. A roster of all clients that were provided services during a downtime must be compiled and provided to the CSB Records Management Director so their records can be

**Continuity of Operations Plan for Electronic Health Record Downtime
Standard Operating Procedure/Guideline**

audited post downtime to ensure the documentation is properly transferred into the EHR when accessible. Each clinical service area should designate a staff member responsible for auditing the records in Credible once the documentation has been transferred into the EHR.

Fairfax-Falls Church Community Services Board

JANUARY 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	12/30/19	12/31/19	1 New Year's Day	2 House Approps and Senate Finance Cmte Public Hearings <i>(Details below)</i>	3	4 FX Co. GA Delegation Pre-2020 Session Public Hearing – <i>anticipated</i>
5	6	7	8 Behavioral Health Oversight Committee	9	10	11
12	13	14	15 Compliance Cmte Executive Cmte	16	17 Fiscal Oversight Committee	18
19	20 Martin Luther King, Jr. Holiday	21	22 CSB Board Meeting	23	24	25
26	27	28	29	30	31	

Issues for Board Review, Action, or Information:

- [CSB Board Testimony before the House Appropriations – Senate Finance Committee – State Budget \(R\)](#)
- [CSB Board testifies before No. VA. Legislative Delegation \(R\)](#)
- [FY 2021 CSB CIP](#)

Events of Interest:

- [House Appropriations-Senate Finance Committee's Budget Public Hearings Geo. Mason Univ. Hylton Performing Arts Center, Gregory Family Theatre; 10960 George Mason Circle, Manassas, VA 20109; beginning at 10:00 a.m.](#)
- [Fairfax County Delegation's Pre-General Assembly Public Hearing; *Anticipated: Saturday, January 4, 2020*](#)
- [VACSB Legislative Conference, January 21-22, 2020; the Richmond Marriott](#)
- [BOS Budget Committee Meetings](#)

Fairfax-Falls Church Community Services Board

FEBRUARY 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5 Developmental Disabilities Committee	6	7	8
9	10	11	12 Behavioral Health Oversight Committee	13	14	15
16	17 President's Day	18	19 Compliance Committee Executive Committee	20	21 Fiscal Oversight Committee	22
23	24	25	26 CSB Board Meeting	27	28	29

Issues for Board Review, Action, or Information:

- Possible Third Quarter Submission due to DMB (R)
- FY20 – FY21 Strategic Plan Mid-Year Accomplishments (I)
- CSB Status Report – FY 20120 Q2 (R)
- CSPC Measures, FY2019 Q2,

Events of Interest:

- [BOS Budget Committee Meetings](#)
- [Release of FY 2021 Advertised County Budget by County Executive](#)
- [BOS Proclamation of March 2020 as DD Inclusion Month and pre-proclamation Reception – Government Center](#)

Fairfax-Falls Church Community Services Board

MARCH 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11 Behavioral Health Oversight Committee	12	13	14
15	16	17	18 Compliance Committee Executive Committee	19	20 Fiscal Oversight Committee	21
22	23	24	25 CSB Board Meeting	26	27	28
29	30	31				

Issues for Board Review, Action, or Information:

- Development of CSB input for Human Services council 2021 Budget testimony before the BS (R)
- FCSB Preparation Budget Testimony before BOS April (R)
- Fairfax County Tax Rate Advertised

Events of Interest:

- [BOS FY2020 Advertised Budget Committee Review](#)
- [VACSB Development & Training Conference, May 6-8, 2021; the Williamsburg Lodge](#)
- [2020 CSB Spirit of Excellence and Honors Awards, April 2020](#)

Fairfax-Falls Church Community Services Board

April 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Developmental Disabilities Committee	2	3	4
5	6	7	8 Behavioral Health Oversight Committee	9	10	11
12	13	14	15 Compliance Committee Executive Committee	16	17 Fiscal Oversight Committee	18
19	20	21	22 CSB Board Meeting	23	24	25
26	27	28	29	30		

Issues for Board Review, Action, or Information:

- Appointment of CSB Officer Nominating Committee (A)
- CSB Board Testimony Budget Public Hearings BOS, TBD

Events of Interest:

- [BOS FY 2020 Advertised Budget, Public Hearings-CSB Testimony Date TBD](#)
- [BOS Markup of County FY 2021 Budget](#)
- [VACSB Development & Training Conference, May 6-8, 2021; the Williamsburg Lodge](#)
- [20120 CSB Spirit of Excellence and Honors Awards](#)

Fairfax-Falls Church Community Services Board

MAY 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13 Behavioral Health Oversight Committee	14	15 Fiscal Oversight Committee	16
17	18	19	20 Compliance Committee Executive Committee	21	22	23
24	25 Memorial Day	26	27 CSB Board Meeting	28	29	30
31			Developmental Disabilities Committee			

Issues for Board Review, Action, or Information:

- [Establishment of CSB Ad Hoc Fee Policy Review Committee \(A\)](#)
- [CSB Status Report-FY 2020 Q3 \(R\)](#)
- [CSPC Measures, FY2019 Q3](#)

**Closed Session: CSB Exec Director Evaluation*

Events of Interest:

- [VACSB Development & Training Conference, May 6-8, 2021; the Williamsburg Lodge](#)
- [CSB Executive Director Evaluation due next month](#)
- [Review County Legislative Proposals – Human Services Issues Paper](#)
- [BOS Adoption of County FY 2020 Budget](#)

Fairfax-Falls Church Community Services Board

JUNE 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
		CSB Board Meeting with BOS Chair 3PM – 4:30 PM	Developmental Disabilities Committee			
7	8	9	10	11	12	13
			Behavioral Health Oversight Committee			
14	15	16	17	18	19	20
			Compliance Committee Executive Committee		Fiscal Oversight Committee	
21	22	23	24	25	26	27
			CSB Board Meeting			
28	29	30				

Issues for Board Review, Action, or Information:

- [CSB BHOC and DD Associate Committee Member Nominations \(I\)](#)
- [Election of CSB Board Officers \(A\)](#)
- [Community Services Performance Contract \(A\)](#)
- [CSB Board Review of Human Services Issues Paper \(R\)](#)
- [Establish Ad Hoc Board Retreat Planning Committee](#)

Events of Interest:

- [Budget Carryover Due in July](#)

Fairfax-Falls Church Community Services Board

JULY 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 FY 2019 BEGINS	2	3 County Holiday	4 Independence Day
5	6	7	8 Behavioral Health Oversight Committee	9	10	11
12	13	14	15 Compliance Committee Executive Committee	16	17 Fiscal Oversight Committee	18
19	20	21	22 CSB Board Meeting	23	24	25
26	27	28	29	30	31	

Issues for Board Review, Action, or Information:

- [CSB BHOC and DD Associate Committee Members Approval \(A\)](#)
- [Fiscal Year End CSB Report to BOS and Cities Preparation \(R\)](#)
- [CSB Board Review and Approval of Human Services Issues Paper \(A\)](#)

Events of Interest:

- [FY 2020 Budget Carryover](#)

Fairfax-Falls Church Community Services Board

AUGUST 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5 Developmental Disabilities Committee	6	7	8
9	10	11	12 Behavioral Health Oversight Committee Meeting	13	14	15
16	17	18	19 Compliance Committee – 4PM Executive Committee – 5PM	20	21 Fiscal Oversight Committee	22
23	24	25	26 CSB Board Meeting	27	28	29
30	31					

Issues for Board Review, Action, or Information:

- Finalize/Approve Fiscal Year End CSB Report to BOS and Cities (A)
- Annual Ad Hoc Fee Policy Cmte review of fees and related materials (R)
- CSPC Measures, FY2019 Q4, Annual Measures

Events of Interest:

- Upcoming: VACSB Public Policy Conference, October 2020;
- Upcoming: Review of FY 2021 Budget Requests

Fairfax-Falls Church Community Services Board

SEPTEMBER 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7 Labor Day	8	9 Behavioral Health Oversight Committee	10	11	12
12	14	15	16 Compliance Committee Executive Committee	17	18 Fiscal Oversight Committee	19
20	21	22	23 CSB Board Meeting	24	25	26
27	28	29	30			

Issues for Board Review, Action, or Information:

- [Approval of FY 2022 Budget in Concept \(A\)](#)
- [Board Carryover Actions \(R\)](#)
- [Match CSB Bd. Mbrs. with GA Rep., Schedule Visits, Prep Talking Pts \(R\)](#)
- [CSB Status Report-FY 2020 Q4/EOY Report \(R\)](#)
- [FY20 – FY22 Strategic Plan Annual Accomplishments \(I\)](#)
- [CSPC Measures Quarterly Update \(R\)](#)

Events of Interest:

- [BOS Carryover Approvals \(R\)](#)
- [VACSB Public Policy Conference, October 2020;](#)

Fairfax-Falls Church Community Services Board

OCTOBER 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7 Developmental Disabilities Committee	8	9	10
11	12 Columbus Day	13	14 Behavioral Health Oversight Committee	15	16 Fiscal Oversight Committee	17
18	19	20	21 Compliance Committee, 4PM Executive Committee, 5PM	22	23	24
25	26	27	28 CSB Board Meeting	29	30	31

Issues for Board Review, Action, or Information:

- [Visits with General Assembly Legislators \(R\)](#)
- [Identify CSB Speakers/Priorities for January Hearings \(R\)](#)
- [Annual CSB Fee Revisions and Approval \(A\)](#)
- [CSPC Measures, FY2018 Q4](#)
- [Annual CSB Fee Revisions Public Comment Period \(A\)](#)
- [CSB Annual Report for FY 2020 \(I\)](#)
-

Events of Interest:

- [VACSB Public Policy Conference, October 2020](#)
- [Review/Prep BOS Legis. Priority Issues, VACSB, & Region II CSB Priorities](#)
- [Begin to Prepare CSB Testimony – local Gen. Assy. Hearings](#)
- [18th Annual Wellness & Recovery Conference, 10/18/19](#)

Fairfax-Falls Church Community Services Board

NOVEMBER 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 * Behavioral Health Oversight Committee	5	6	7
8	9	10	11 Veterans Day – County Holiday * Compliance Committee * Executive Committee	12	13 Fiscal Oversight Committee	14
15	16	17	18 * CSB Board Meeting	19	20	21
22	23	24	25	26 Thanksgiving Holiday	27 Thanksgiving Holiday	28
29	30					

Issues for Board Review, Action, or Information:

- [2021 Board Meeting Schedule \(A\)](#)
- [Visits with General Assembly Legislators \(R\)](#)
- [Preparation Continues for January Hearings \(R\)](#)
- [FY 2021 CIP Budget \(I\)](#)
- [CSB Status Report-FY 2021 Q1 \(R\)](#)
- [CSPC Measures, FY2020 Q1](#)
- [Annual CSB Fee Revisions and Approval \(A\)](#)

Events of Interest:

- [Review and Prepare BOS Legislative Priority Issues, VACSB, & Region II CSB Priorities](#)
- [Prepare CSB Testimony – local Gen. Assy. Hearings](#)
- [Upcoming VACSB Legislative Conference in January 2021,](#)

* [Meeting Schedule has Changed to Accommodate Holiday Schedule](#)

Fairfax-Falls Church Community Services Board

DECEMBER 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 Joint meeting of the Developmental Disabilities and Behavioral Health Oversight Committees; 5:00 pm.	3	4	5
6	7	8	9 Compliance Committee * Executive Committee*	10	11 Fiscal Oversight Committee*	12
13	14	15	16 CSB Board Meeting*	17	18	19
20	21	22	23	24 Christmas Eve (1/2 Day)	25 Christmas Day	26
27	28	29	30	31	1/1 New Year's Day	1/2

Issues for Board Review, Action, or Information:

- [Finalize Testimony; Jan. 2021 State Budget Hearings held in *early Jan.* \(R\)](#)
- [Visits with General Assembly Representatives \(R\)](#)
- [FY 2021 CIP Budget \(I\)](#)
- [CSB Fee Related Documents submitted January 2021 BOS Meeting](#)

Events of Interest:

- [Upcoming: House Appropriations-Senate Finance Committee's Public Hearings on Budget \(early January\).](#)
- [Upcoming: Fairfax County Delegation's Pre-General Assembly Public Hearing \(early January\)](#)
- [Upcoming VACSB Legislative Conference in January 2021,](#)

* Meetings moved up one week to accommodate Holiday Schedule

Fairfax-Falls Church Community Services Board

JANUARY 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 New Year's Day	2
3	4	5	6 Behavioral Health Oversight Committee	7	8	9
10	11	12	13 Compliance Cmte Executive Cmte	14	15	16
17	18 Martin Luther King, Jr. Holiday	19	20 CSB Board Meeting	21	22 Fiscal Oversight Committee	23
24	25	26	27	28	29	30
31	2/1/21	2/2/21	2/3/21 DD Committee	2/4/21	2/5/21	2/6/21

Issues for Board Review, Action, or Information:

- CSB Board Testimony before the House Appropriations – Senate Finance Committee – State Budget (R)
- CSB Board testifies before No. VA. Legislative Delegation (R)
- FY 2022 CSB CIP

Events of Interest:

- [House Appropriations-Senate Finance Committee's Budget Public Hearings](#)
- [Fairfax County Delegation's Pre-General Assembly Public Hearing;](#)
- [VACSB Legislative Conference, January](#)
- [BOS Budget Committee Meetings](#)