FAIRFAX - FALLS CHURCH
Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Suzette Kern, Chair
Merrifield Center
8221 Willow Oaks Corporate Drive
Level 3 - Room 409A
Fairfax, Virginia 22031
Wednesday, September 27, 2017
5:00 p.m.

1.	***Meeting Called to Order***	Suzette Kern	5:00 p.m.
2.	***Matters of the Public***	Suzette Kern	
3.	***Amendments to the Meeting Agenda***	Suzette Kern	
4.	***Approval of CSB August 23, 2017 Board Meeting Minutes***	Suzette Kern	
5.	***Matters of the Board***		
6.	***Committee Reports***		
	A. Behavioral Health Oversight Committee	Gary Ambrose	
	B. Fiscal Oversight Committee	Capt. Basilio 'Sonny' Cachuela Jr.	
	C. Developmental Disabilities Committee	Sheila Jonas/Jane Woods	
	D. Other Reports		
	• CSB Board Member Retreat Update	Suzette Kern	
	• VA General Assembly Outreach	Suzette Kern	
7.	***Information Items***		
	A. CSB Board Review and Approval of 2018 Fee Policy	Gary Ambrose	
	B. CSB Board Communication Policy	Ken Garnes	
	C. FY 2015 – FY 2017 Strategic Plan Wrap Up	Suzette Kern	
8.	***Action Items***		
	A. Approval of FY 2017 Year-End Report	Capt. Basilio 'Sonny' Cachuela Jr.	
	B. Approval to Revisions of CSB Board Bylaws	Bettina Lawton	
	C. Approval of FY 2019 Budget in Concept	Michael Lane	
9.	***Director's Report***	Tisha Deeghan	
10.	***Adjournment***		

Fairfax-Falls Church Community Services Board
August 23, 2017

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

The following CSB members were present: Suzette Kern, Chair; Jennifer Adeli, Daria Akers, Gary Ambrose, Basilio 'Sonny' Cachuela Jr., Ken Garnes, Sheila Coplan Jonas, Bettina Lawton, Molly Long, Sarah Meiburg, Edward Rose, Diane Tuininga, and Jane Woods

The following CSB members were absent: Paul Luisada

The following CSB staff was present: Tisha Deeghan, Daryl Washington, Michael Lane, Mark Blackwell, Lucy Caldwell, Evan Jones, Victor Mealy, Lisa Potter, Lyn Tomlinson, and Laura Yager

Guests in Attendance: Cynthia Tianti

1. Meeting Called to Order

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

2. Recognition

   Suzette Kern and Gary Ambrose introduced Lt. Derrick Ledford, Fairfax County Sheriff's Department and Lt. Ryan Morgan, Fairfax County Police Department recognizing their exceptional efforts and significant contributions in the implementation of Diversion First.

3. Matters of the Public

   No members of the public requested to speak

4. Amendments to the Meeting Agenda

   The meeting agenda was accepted as presented.

5. Approval .of the Minutes

   Diane Tuininga made a motion for approval of the July 26, 2017 Board meeting minutes of the Fairfax-Falls Church Community Services Board as presented, which was seconded and passed.

6. Matters of the Board.

   Diane Tuininga directing attention to the board member folders, highlighted a flyer for the October 20, 2017 Wellness and Recovery Conference. Noting the conference will be held at the Government Center this year, board members were encouraged to attend. Ms. Tuininga reported the online registration is available, further noting that the attendance fee is $30.00 and includes a continental breakfast and lunch.

   Molly Long provided highlights of several news articles/blogs that are relevant to current CSB activities.

7. Committee Reports

A. *Behavioral Health Oversight Committee:*

Gary Ambrose reporting no August meeting, offered a reminder of the September meeting date, September 20, 2017.

The next meeting is Wednesday, September 20, 5:00 p.m. at the Merrifield Center, Level 3-Room 409A. ***(No meeting in August)***

B. *Fiscal Oversight Committee:*

Captain Basilio 'Sonny' Cachuela Jr. provided a brief presentation of recent activities of the committee to include:

- Staff provided some clarification to the items included in the FY 2017 Carry Over requests submitted to the Board of Supervisors (BOS).
- Committee members engaged in discussion of the monthly updates provided by staff, noting the committee will be further reviewing the methodology utilized in fiscal reporting particularly related to projections.
- HR Updates included recruitment efforts for critical positions in Emergency Services, Youth & Family Services, and Support Coordination. Discussed in greater detail were the recruitment efforts for the Adult Detention Center (ADC) and Jail Diversion program highlighting 10 vacancies that include six new Diversion First positions. It was reported that ongoing recruiting challenges include a lack of candidates with required Knowledge, Skills, and Abilities (KSA's), licensure/credentialing and salary.
- The Diversion First update provided by Daryl Washington announced that Fairfax County was accepted to attend the Data Driven Justice and Behavioral Health Design Institute in September. In attendance from the CSB will be Daryl Washington, Laura Yager, and Chloe Lee.
- Law Enforcement coverage at the Merrifield Crisis Response Center (MCRC) has increased to 24/7.
- The application for creation of a drug treatment court was approved. *Correction: the application is anticipated to be submitted within two weeks.*
- Daryl Washington provided an update to Time to Treatment for Adult and Youth services, acknowledging the primary challenge continues to be recruitment and retention of bilingual staff. CSB and Human Resources staff are working together to identify strategies to address this ongoing challenge. A work session for Fiscal Committee members has been proposed.
- Captain Cachuela directed committee attention to the FY 2017 End of Year draft report and cover letter, following which the committee discussed the edits. It is anticipated that, in September, a final draft will be presented to the Fiscal Committee, followed by presentation to the Executive Committee and submission to the full Board for approval.
- The FY 2019 Budget Guidance was distributed to all agencies, noting that no budget reductions were requested. It was confirmed that, should this change, staff will alert the Board.

- A reminder was offered of the Budget 101 CSB Board Training scheduled for Wednesday, September 27 at 4:00 p.m., at the Merrifield Center, Room 3-409A, directly preceding the board meeting.

The next meeting is Friday, September 15, 9:00 a.m. at the Pennino Building, Room 836A.

C. *Developmental Disabilities Committee:*

Jane Woods offered a reminder that the August meeting was scheduled for the following Wednesday, August 30, encouraging all board members to attend. The agenda items include updates by CSB staff on outreach efforts this past summer.

The next meeting is Wednesday, August 30, 5:30 p.m. at the Merrifield Center, Level 3-Room 409A. ***Note: this meeting was moved from September 6***

D. *Other Matters*

Noting there are currently three Ad Hoc Committees/Workgroups meeting, Suzette Kern requested updates from each committee Chair. Some highlights include:

- *CSB Board Retreat Planning Workgroup;* Ms. Kern reported that a facilitator has been identified and a final planning meeting is in the planning stages.
- *CSB Board Ad Hoc Fee Policy Meeting;* Gary Ambrose reported it is anticipated the updated fee schedule and supporting documents will be submitted to the full Board in September for approval to post for public comment. This will be followed by submission for approval by the full board in October.
- *CSB Board Communication Policy Committee Workgroup;* Ken Garnes reported preliminary edits and design were completed at an initial workgroup held earlier this month. Additional edits are pending identification of County policy for communication through social media, noting that Lucy Caldwell is working with County staff to identify any guidance that may be available. It is anticipated that, pending any information provided by the county, a draft will be available for presentation to the Executive Committee in September.

8. Information Item

Proposed Amendments to CSB Bylaws: Executive Committee Composition

The Board was recently informed that the process of updating the CSB Bylaws requires approval by the BOS, as stated in Fairfax County Procedural Memo No. 01-02 (November 1, 2004). Cynthia Tianti, Deputy Attorney with Fairfax County, confirmed the procedure for revising the Bylaws.

Suzette Kern provided an overview of the proposed revision to the Bylaws; a language change that affects the composition of the Executive Committee by allowing all past CSB Board Chairs continuing to serve on the CSB Board to also continue serving on the Executive Committee. To accommodate submission of the Bylaws to the BOS, a Board Item requesting approval to post the revised Bylaws for public comment will be submitted to the CSB Board at the September meeting, followed by submission to the BOS for approval at the October meeting.

9. Action Item

Revised Priority Population Guidelines

Daryl Washington presented final drafts of the Priority Populations Access Guidelines, providing highlights of the revisions some of which are:

- In response to feedback that too much clinical language was used in the guidelines two versions were drafted. The public version limits clinical language and clarifies the access to services process. The other version retains the clinical language providing guidance to clinical staff.
- The electronic versions posted on the CSB website includes numerous links that provides access to community and CSB services and information.
- Clarification was provided regarding access to services for individuals with Developmental Disabilities (DD) who do *not* qualify for a DD Waiver. A sentence was added to clarify that an individual meeting criteria does not need a Social Security number (residential status) to receive CSB services.
- An additional recommendation suggested providing information on the review process including how often the Guidelines are reviewed and a description of the decision-making process for revisions. This information will be added to the CSB public website when posting the Guidelines.
- Following guidance provided by the Board, Page 2 of 4, Section C-1 was revised. The word 'diagnostic' was added to clarify the sentence "Individuals must meet the *diagnostic* criteria for a Developmental Disabilities Medicaid Waiver to be eligible for CSB Developmental Disabilities Services**."**

Bettina Lawton made a motion to adopt the Priority Populations Access to Services Guidelines as revised, which was seconded and passed.

10. Director's Report

Tisha Deeghan referring to a flyer provided in the CSB Board packet, prompted Lucy Caldwell to provide additional information on the event announcement:

- Highlighting that the event is to be held at the Merrifield Center on September 27th, MS. Caldwell reported that the event is planned in observance of National Recovery Month. CSB staff and community providers will offer information on a wide variety of available community services. Anticipated provider attendees include Phoenix House, Harrison House, Inova, and Dominion Hospital. Board members were encouraged to attend.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 5:43 p.m.

Actions Taken--

- The July 26, 2017 CSB Board meeting minutes were approved.
- The Priority Population Guidelines for Accessing CSB Services were adopted.

Date	Staff to Board

CSB Fiscal Committee Meeting Notes

Date: August 18, 2017
Attending: Captain Basilio 'Sonny' Cachuela, Jr., Chair; Gary Ambrose, Suzette Kern, Bettina Lawton, and Ken Garnes
Staff: Tisha Deeghan, Daryl Washington, and Marta Cruz
Guest: Jennifer Adeli

Summary of Information Shared/Decisions:

Review of meeting notes

The committee reviewed and approved the notes of the July 21, 2017 committee meeting as presented.

Financial Status

Michael Lane, in the absence of Lisa Witt, Provided Financial Status updates offering a reminder that the information provided reflects the start of Fiscal year 2018. Some highlights included:

- Position Status:
  - As of pay Period 17, there were 150 vacant general merit positions. It was noted this report begins with PP 17 to account for the addition of 19 new positions added to Focus, the County's Human Resources software program, in early August.
- FY 2018 Pay Period Metrics:
  - It was highlighted that due to the reversal of PP14 accruals, the accumulated savings to date are incorrectly reported at approximately $2.4 million. This will be corrected with the September report as the accrual reversal will not be included, giving a more accurate report of accumulated savings to date.
- A reminder was offered of the Budget 101 training planned for September 27, 2017 at 4:00 p.m. at the Merrifield Center, directly prior to the CSB Board Meeting.
- Mr. Lane responded to questions regarding the 2017 carryover differential as depicted in the May 2017 modified fund statement, versus the fund statement that was included with the July carryover Memo (handouts of May 2017 modified statement and variance explanation were distributed):
  - The difference in operations of 6.5 million on the Carryover Memo fund statement included the encumbrances.
  - The fund balance on the Carryover Memo fund statement reflects the 5.7 million carried forward in 2018.

Committee members asked for clarification regarding the differential on the modified fund statement, versus the final statement, sharing concern about the large year end balance.

Mr. Lane, Captain Cachuela, and Lisa Witt will review the methodology utilized for the modified fund statement, focusing on projections and what data is represented, with proposed solutions.

Human Resources (HR) Updates

Marta Cruz provided an overview of recent Human Resources activities. Some highlights include:

- As of August 7, 2017, there were 150 Regular Merit Vacancies. This included 101 vacant positions funded and approved to fill.
- The updated report for July 2017 noted 38 appointments and 19 terminations. *Note: Appointments include new hires, promotions, transfers, non-merit hires, and other appointment types.*
- Critical Position Recruitment and Retention Activities included the following:
    - *Emergency Services:* Noting a second Mental Health Clinician (MHC) was hired in July, it was further noted there are 2.5 Crisis Intervention Specialist (CIS) positions in the interview stage.
    - *Youth & Family Services*: Noting two Sr. Clinicians have been hired, interviews are underway for three Sr. Clinician and Outpatient Behavioral Health Specialist (OP-BHS) positions. Advertisements are currently posted for additional Intensive Behavioral Health Specialist II (INT-BHSII) positions. Clarification was offered to explain that a class spec. change (from Mental Health and Substance Abuse series to behavioral Health) involves re-titling these positions in order to better reflect the work performed.
    - *Support Coordination:* Several positions were filled in August Including two DDSI, three DDSII, and two DDSIII with interviews ongoing for the remaining DDS I and II positions. Recruitment for a DDSIV position was withdrawn for class spec. changes and will be re-listed when complete.
    - *ADC/Jail Diversion:* Recent hires being finalized include one MHC, one Behavioral Health Nurse (BHN), and one Peer Support Specialist. Recruitment efforts for an additional BHN are in progress. With 10 BHSII vacancies between the Adult Detention Center (ADC) and Jail Diversion (including six new Diversion First positions), recruitment efforts continue.
- Some factors contributing to this ongoing challenge were identified as candidates lacking required knowledge, skills and abilities (KSAs); lack of licensed/credentialed candidates; and salary. It was also acknowledged that the individuals receiving services at the CSB often have serious mental illness (SMI), which can be a barrier for some.

<u>Diversion First</u>

Daryl Washington offered an update to Diversion First efforts, including the following:

- Fairfax County applied for and was accepted to attend the Data Driven Justice and Behavioral Health Design Institute to be held September 6-8, 2017, in Rockville, Maryland. CSB staff Daryl Washington, Laura Yager, and Chloe Lee will be attending.
- The application for creation of a drug treatment court is anticipated to be submitted within the next two weeks.
- As accounted for in the FY 2018 budget, law enforcement presence at the Merrifield Crisis Response Center (MCRC) has increased, allowing for 24/7 coverage for transfer of custody.
- Clarification was provided on the required medical clearance currently provided during business hours at the MCRC by contracted partner Inova through the Community Health

Care Network (CHCN). Ongoing refinement of the medical clearance procedures include collaboration with Inova to ensure a smooth, efficient process and to define a long-term solution.

Time to Treatment

Directing attention to the handouts included in the meeting materials, Mr. Washington provided clarification to the increased wait times, noting the primary cause continues to be recruitment and retention of bilingual clinical staff. As noted previously in the HR Updates, CSB and Human Resources staff continue to work together to identify strategies to address this ongoing concern. A Human Resources work session of the committee was proposed to further discuss proposed strategies.

FY 2017 End of Year Report for the BOS

Captain Cachuela distributed copies of a draft version of the FY 2017 End of Year Report that included all of the suggested edits received to date and provided an overview of each, requesting further feedback from the committee. As some additional information is needed before the edits can be assessed for possible inclusion, the report will be further revised and presented to the committee for feedback in September. Suzette Kern indicated revisions to the cover letter would be forthcoming. No further feedback was received.

FY 2019 Budget/Guidance Plan

Noting the receipt of the FY 2019 Budget Guidance from the Department of Management and Budget (DMB), Captain Cachuela reported that are currently no budget reductions requested of any agency. Should this position change, staff will inform the Board of the request. It was noted that Diversion First (DF) funding, initially budgeted at $7.5M, was impacted. DMB issued a request to all agencies involved in DF to collaborate on a five-year fiscal constraint plan. Diversion First staff will keep the committee informed as information becomes available.

Action Items/Responsible Party Required Prior to Next Meeting:

- Explore scheduling a work session on HR practices to discuss CSB hiring challenges and metrics
- Propose new solutions for projection methodology and what is contained in modified fund statement
- Complete End of Year Report edits
- Explore incorporating obligations in modified fund statement

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Fiscal Oversight Committee meeting
Friday, September 15, 2017 at 9:00 a.m.
Pennino Building, 12011 Government Center Parkway, Suite 836A, Fairfax, VA

Fairfax-Falls Church Community Services Board
Developmental Disabilities Committee
June 28, 2017

The Developmental Disabilities 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: Jane Haycock-Woods and Sheila Coplan Jonas, Co-Chairs; Sarah Meiburg, and Lori Stillman

The following staff was present: Jean Hartman, Tisha Deeghan, Evan Jones, Victor Mealy, Jean Post, Lisa Potter, and Daryl Washington

Guests in Attendance: Jan Williams, Service Source; Michelle Brownlee and Bethany Barr, Linden Resources; Rikki Epstein, The Arc of Northern Virginia; Stephen Toth, ServiceSource, Families and Friends; Jack Bruggeman, ServiceSource BOD/Community Residences BOD; Dennis Brown, ServiceSource

1. Meeting Called to Order

   Jane Woods called the meeting to order at 3:30 p.m.

2. Welcome and Introductions

   Jane Woods, directing attention to the Revised DD Committee Meeting Schedule for 2017 and 2018 advised attendees of the change to committee meeting months, highlighting the change to 'even' (Feb., Apr., Jun., Aug., Oct., Dec.) months from 'odd' (Jan., Mar., May., Jul., Sep., Nov.) months

   Noting that Lori Stillman will be retiring from the board following nearly 12 years of outstanding service, the DD Committee will be led by co-chairs Jane Woods and Sheila Jonas. Attendees were welcomed and thanked for making extra efforts to attend this specially scheduled meeting following which, each attendee offering their name and affiliation/CSB position.

3. Approval of the Agenda and Notes

   The agenda was revised to schedule a presentation by Linden Resources prior to the scheduled agenda item Matters of the Public.

   Lori Stillman made a motion for approval of the May 10, 2017 committee meeting notes as presented, which was seconded and passed.

4. Overview of the draft FY 2018 – FY 2020 CSB Strategic Plan

   Lisa Potter presented a high-level overview of the CSB Strategic Plan, highlighting the differences from the FY 2015 – FY 2017 plan. Most prominent changes included updated language, four identified Strategic Priorities with related goals and objectives that reflect a more outward, community based focus, and the inclusion of hyperlinks and web addresses

for access to updated and more in-depth information. Ms. Potter, remarking the draft document would remain posted for public comment until July 15th, encouraged submission of comments and recommendations via the public website or through direct contact with Ms. Potter. It was further noted that services identified as performing at status quo/not in need of changes, may not be specifically named in the report, but would still be monitored for outcomes. Additional information included notice that the design of outcomes measurement is being finalized. The board will receive annual updates in addition to the triennial Strategic Plan redesign and review.

5. Review and feedback of the revised Priority Access Guidelines

   Daryl Washington, providing context to the process of Priority Access Guidelines renovation, noted numerous meetings were held with Health and Human Services (HHS) departments and leadership, Community forums, input from the CSB Board Behavioral Health Oversight Committee and Board members, several workgroups, and others, to elicit feedback. The result was two versions of the guidelines; a public version with user-friendly, more easily understood language and a staff version that retained more clinical language.

   Highlights of the public version included adding a section titled "What to Expect at Your First Visit" which includes a brief overview of the intake process and a list of documentation for the individual to bring. Additionally, a section titled "A note on Priority Access and insurance" clarifies insurance acceptance and how services may be prioritized including referral to providers in the community.

   The staff version echoes the public version while retaining the clinical language and approach to determining access.

   Both versions will be posted for public comment following presentation at the following board meeting. An engaged discussion ensued.

6. Matters of the Committee and Public

   Michelle Brownlee, with Linden Resources, distributed a flyer announcing an affiliation between Linden Resources and Melwood effective July 1, 2017. As the organizations provide complimentary services; Melwood in Maryland and Linden in Virginia, this affiliation will provide for greater choices and services to a broader community.

7. Staff and Agency Updates

   Jean Hartman referred to flyers provided in the meeting packet noting two opportunities for public comment this summer to include

   - *Resource Challenge Workshops*; hosted at the four human services regional areas, this provides a workshop opportunity for community members to participate in creating decision-making models in how tax resources are used to provide the greatest number of people with employment supports and day programs, and
   - *Innovation Challenge*; which is an online 'idea bank' for community members to submit innovative ideas for continuing support of individuals and families while containing costs. Kicking off July 6th at the Government Center, a round-up dialogue is scheduled for Tuesday, August 8th.

Attendees were encouraged to publicize both opportunities to increase community participation.

There being no further business, the meeting was adjourned at 4:37 p.m.

The next meeting of the Developmental Disabilities Committee is August 30, 2017 at 5:30 p.m. at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, Room 3-409A. *Please note, this date reflects the change to the meeting schedule as detailed in Item #3 above.*

Actions Taken –

- Approval of the March 10, 2017 committee notes.
- Acknowledgement of the change to the meeting schedule (Item #3 above)

August 30, 2017
Date Approved

Clerk to the Board

CSB Board Planning Retreat DRAFT AGENDA

Merrifield Center, Room 3-409A
Saturday, September 30, 2017
9:00 a.m. – 3:30 p.m.

LOGISTICS	**Presenters**	**Timing**
1. Welcome	Kristi Dooley	

GOALS

1. Educate Board Members
2. Improve Board Operations/Effectiveness
3. Discuss Strategic Initiatives – understand where/how to focus board attention

TOPICS

MORNING SESSION

Coffee		*8:30-9:00*
Introductions/Ground Rules	Kristi Dooley Suzette Kern	9:00-9:15
1. Governance and Advocacy		
a. Statutory Responsibilities of the Board (includes FOIA)	Cindy Tianti	9:15-10:15
b. Board Member Responsibilities and Expectations for Engagement	Suzette Kern	10:15-10:45
c. Board/Senior Staff Relationship	Ken Garnes	10:45-11:00
2. Board Operations – How can we improve?	Kristi Dooley	11:00-12:00
a. New Member and Ongoing Orientation		
b. Communications		
i. Board Communication Policy	Ken Garnes	
ii. Planning Calendar and Other Communications	Kristi Dooley	
c. Committee Functions – What do we want from our committees? How can we make them more effective?	Kristi Dooley	
Break for Lunch		*12:00-12:30*

CSB Board Planning Retreat DRAFT AGENDA

Merrifield Center, Room 3-409A
Saturday, September 30, 2017
9:00 a.m. – 3:30 p.m.

AFTERNOON SESSION

3. Revised Strategic Plan Overview and Board's Role	Tisha Deeghan	12:30-12:45
a. Reporting and Accountability to The Board		
4. Organizational Assessment Survey Debrief – What's been done with results? Next steps?	Tisha Deeghan	12:45-1:00
5. Challenges and Opportunities		1:00-3:00
a. Diversion First	Daryl Washington	
b. Opioid Epidemic	Tisha Deeghan Daryl Washington	
c. Affordable Housing	Daryl Washington	
d. Step-VA	Daryl Washington	
e. CCC-Plus	Michael Lane	
f. Veterans	Daryl Washington	
g. Workforce Challenges	Michael Lane Daryl Washington Suzette Kern	
h. External Drivers on The Horizon	Tisha Deeghan	
i. Impact of DD Waiver Redesign • Tentative Date for Presentation To BOS-Oct. 31, 2017	Tisha Deeghan	
8. Wrap Up	Kristi Dooley	3:00-3:30
a. Action Items and Follow Up		

From: Barber, Jack (DBHDS) [mailto:Jack.Barber@dbhds.virginia.gov]
Sent: Wednesday, September 13, 2017 9:35 AM
Subject: DBHDS General Assembly Update - September 2017

Please find below the update to General Assembly members I sent today on current major focus areas at DBHDS. Thank you for all you're doing every day.

Jack Barber, MD
Interim Commissioner
Virginia Department of Behavioral Health and Developmental Services

Virginia Department of Behavioral Health & Developmental Services

General Assembly Update – September 2017

Dear General Assembly Member,

In this update, I wanted to provide you with a sense of the major focus areas where we are concentrating current efforts at DBHDS. Those areas are achieving compliance with the US Department of Justice Settlement Agreement, increasing service capacity, strengthening DBHDS oversight capabilities and examining the public behavioral health financial system. These efforts were initiated by the Administration, the General Assembly or by DBHDS, but much of what you read about below has the consensus of all three groups plus system stakeholders.

In this update:

ACHIEVING DEPARTMENT OF JUSTICE (DOJ) SETTLEMENT AGREEEMENT COMPLIANCE

Virginia has steadily moved forward with implementing the DOJ settlement agreement, which requires individuals with developmental disabilities to be served in the most integrated settings appropriate to their needs. The initial challenges associated with this effort included expanding community capacity to support individuals through the development of community services in integrated settings, improving the discharge process of individuals from training centers into the community, and developing a quality management system. Virginia is beyond the midpoint of implementing the 10-year settlement agreement and has made substantial progress. Among other accomplishments, DBHDS has built capacity with providers of community developmental disability services, developed a new crisis program for children and adults which now provides a community based alternative to admission to a training center or mental hospital, expanded employment services and community engagement (rather than just being present in a community), and strengthened community program monitoring. In fact, Virginia is on track to complete implementation before the agreement term ends in 2021. However, experience in other states has shown that a period demonstrating maintenance following implementation is required before

the state is considered by the court to be in full compliance. Multiple steps must still be taken to achieve full compliance, including increasing case management services, child crisis capacity, provider capacity, housing, employment opportunities and additional services for those with more intense support needs. Also, Virginia must add at least the number of waiver slots required by the agreement, and fully implement Medicaid waiver redesign. In addition, Virginia continues to implement plans made in 2012 to close four of the five training centers by 2020 with community options with a current census of 277, down from 1,084 in 2011. So far, two training centers closed as residents with mild to profound disabilities were successfully transitioned to community homes that meet their treatment needs and better provide opportunities for integrated living. Southwestern Virginia Training Center (Hillsville) is scheduled to close by June 2018 and Central Virginia Training Center (Lynchburg) is scheduled to close in 2020. Southeastern Virginia Training Center (Chesapeake) will remain open with a capacity of 75.

INCREASING SERVICE CAPACITY

Together with multiple system partners, including the Administration and the General Assembly, Virginia is working to expand capacity in a number of areas, including:

- **STEP-VA** – DBHDS developed System Transformation Excellence and Performance (STEP-VA), a uniform set of behavioral health services, consistent access and quality measures, and improved oversight in all Virginia communities. The Governor and the 2017 General Assembly funded the first step of STEP-VA, "same day access," in the first 18 of 40 CSBs. In addition, the General Assembly required same day access and primary care screening to be implemented across all CSBs by FY 2019 and the remainder of STEP-VA services by FY 2021. Funding to fully implement STEP-VA services will be needed in future biennia.

- **Opioid Epidemic** – DBHDS is implementing a $9.7 million federal grant to improve access to prevention, treatment and recovery services for people with an opioid use disorder, and to reduce deaths from opioid overdoses. This is a one-time grant with a possibility but no guarantee for a second year. Also, DBHDS continues efforts surrounding its REVIVE! program, which trains people with no medical or health background to use naloxone to reverse the effects of an overdose.

- **Housing** – With permanent supportive housing programs, individuals live in affordable, lease-based housing, pay 30 percent of their income to rent, and receive services to help them maintain housing and address health/behavioral health needs. Ensuring stable, safe housing options is a priority of STEP-VA. Once leases are completed, DBHDS will house and serve more than 700 individuals with serious mental illness through state general funds allocated since 2015.

- **Mental Health Services in Jails** – DBHDS is working on a number of activities to improve services for individuals with mental illness in Virginia jails, including having eliminated the waiting list for those who require a non-emergent admission to a state hospital and completing a study for the discharge planning services at local and correctional facilities to help ensure a better transition after incarceration.

- **Electronic Health Records** – DBHDS has been expanding use of its EHR, which provides an electronic record of patient health information for DBHDS hospitals, including patient demographics, progress notes, clinical assessments, medication orders, past medical history, laboratory data and therapy reports. The EHR currently operates in three of DBHDS' nine state hospitals. The impact of not having an EHR in the majority of state hospitals is harming our ability to recruit and retain new nurses and doctors as well as compromising the ability to

ensure safe medication practices and other medical processes. DBHDS is currently examining a proposal to have all hospitals on the EHR within three years to resolve these workforce and safety issues.

- **Virginia Center for Behavioral Rehabilitation (VCBR)** – Virginia has a system of post-sentence civil commitment for persons who are found to meet SVP criteria and present too great a risk for sexual recidivism to be released into the community. Those who pose the highest risk may be civilly committed to VCBR. VCBR's bed capacity is 450 and maximum census should be reached at the beginning of FY 2019. The General Assembly approved detailed planning funds in 2015 for a long-anticipated expansion of VCBR. Capital construction funds have been appropriated but only recently released. Overflow beds in other facilities will be needed before the expansion can be completed in 2020. DBHDS is developing contingency plans for up to 100 overflow beds, which will ultimately be relocated to the new expansion.

- **Workforce Development** – Direct care staff turnover continues to be a large issue for state hospitals, currently experiencing the highest turnover rates in 10 years. Also, the average salary trails the national market by approximately 13 percent. Hospitals are facing staffing shortages and overtime is increasing as a result. DBHDS has been working to maintain staff and ensure patient safety as clinical acuity increases at the state hospitals. The 2017 General Assembly included $2.4 million for a targeted 2% raise to employees in high-turnover positions, including certain DBHDS positions; these raises were very welcomed but could not fully address the problem. In the meantime, DBHDS is also conducting a compensation study.

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STRENGTHENING OVERSIGHT CAPABILITIES

DBHDS is working to address oversight limitations ranging from expanding data capabilities to developing a more robust quality management system to ensuring better oversight of community-based services.

- **Licensing** –DBHDS licenses 1,053 private providers who offer 2,818 services at 9,158 locations across Virginia. The DBHDS licensing office is currently supported by 34 licensing specialists and one data analyst. These positions manage a case load that is four times the national average. For reference, our licensing staff have site loads of 270-320 versus a national average of 70-90.
- **Data Capabilities** – While DBHDS has collected and reported data consistently, the quality and accuracy of the data has been a challenge due to various sources and ways data were collected and reported. DBHDS recently began building a data warehouse to allow data sets to be loaded into one platform and increase DBHDS' ability to collect reliable data and transform it into valuable information. DBHDS is also looking at other "off-the shelf" analytical tools for the state and CSBs to gain information to strategize for the future, manage operations, develop continuous improvement strategies, and demonstrate outcomes to public and private payers.
- **Quality Improvement** – DBHDS has been actively building a quality management system to measure our effectiveness in meeting improvement goals and expanding QM across the department. DBHDS is working to utilize new data warehouse capabilities to identify common trends, risk, triggers, and thresholds. Using this data and information will help DBHDS provide technical assistance, training, and guidance to the providers, as well as develop processes and metrics to anticipate and correct problems early. The quality improvement system is critical to exiting the DOJ settlement agreement.

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EXAMINING BEHAVIORAL HEALTH SYSTEM FINANCIAL DYNAMICS

Advancing the STEP-VA model with endorsement by the Administration and the General Assembly, eliminating the jail wait list, improving the standards and oversight for emergency evaluators, aggressively making changes to improve state hospital services, and absorbing the significant impact of the "last resort" legislation represent examples of meaningful progress in strengthening Virginia's behavioral health safety net. Despite these investments and improvements, we continue to face significant challenges.

- In FY 2017, there were 256 emergency evaluations and 71 temporary detention orders (TDOs) *each day* across the Commonwealth.
- Based on the trend from FY 2014 - FY 2017, the state hospital average census in FY 2018 is expected to be at 95 percent. Notably, 85 percent and lower utilization is considered safer for both patients and staff.
- The Extraordinary Barriers to Discharge List, or EBL (this list tracks individuals in state hospitals who are clinically ready for discharge for over 14 days but who cannot be safely discharged because of the absence of the right community services) has decreased to 179 from a high of 205, reflecting joint discharge efforts made by CSBs and state hospitals with DBHDS financial support. Still, the EBL represents over 13 percent of Virginia's total state psychiatric beds and this one time effort will not be sustainable.

Virginia's behavioral health funding has historically placed the greatest emphasis on state hospital beds, contributing to insufficient community services that would allow people to be treated for behavioral health symptoms early and maintain wellness near their own homes. As a result, half of Virginia's general funds for behavioral health support just three percent of those served by the system. Compounding the system challenges, state hospital care is at no cost to CSBs, jails, and Medicaid (for adults), so the financial dynamics are not aligned to best facilitate community based care and are inconsistent with managed care principles. To help address this issue, the 2017 General Assembly required OSHHR to develop an implementation plan for the financial realignment of Virginia's public mental health system, due December 1, 2017. The plan must contain a variety of requirements, including reducing the EBL and determining state hospital appropriations that can be made available to CSBs to expand community services. The plan's goals include increasing critically needed community capacity, and reducing and managing increasing censuses at state hospitals. DBHDS is currently working with system partners, especially the CSBs, to address concerns and develop the plan.

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GENERAL ASSEMBLY REQUIRED REPORTS FOR OCTOBER

A number of required reports are due to the General Assembly during the month of **October** 2017. We will brief you on the November reports in the next newsletter. The October reports include:

1	**Geropsychiatric Plan** – DBHDS shall contract to develop a comprehensive plan for the publicly funded geropsychiatric system of care in Virginia. The plan shall address the appropriate array of community services and state geropsychiatric facility services upon which Virginia's behavioral health system should be modeled. The plan shall address relevant state and federal requirements as well as the need for the state to serve as the provider of last resort and forensic services.
2	**Hancock Geriatric Treatment Center (HGTC) Certification** – DBHDS shall contract to determine the necessary requirements and to assist staff at Eastern State Hospital to seek the appropriate Medicaid certification of all or a portion of the HGTC.

3	**Alternative Transportation** – DBHDS shall develop a comprehensive model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in the emergency custody or involuntary admission process as an alternative to transportation by law enforcement.
4	**Child Crisis Funding** – DBHDS shall report on the use and impact of funding to provide child psychiatry and children's crisis response services for children with mental health and behavioral disorders.
5	**Substance Abuse Council Annual Report** – The council (staffed by DBHDS) must produce an annual report to advise and make recommendations on broad policies and goals and on the coordination of the Commonwealth's public and private efforts to control substance abuse.
6	**Child and Adolescent Quarterly Report** – DBHDS provides on a quarterly basis the total number of licensed and staffed inpatient acute care psychiatric beds and the total number of licensed and staffed residential treatment beds in residential facilities but exclusive of group homes.
7	**Eugenics/Sterilization** – DBHDS shall report on a quarterly basis on the number of additional individuals who have applied for compensation as victims of Virginia's former Eugenics Sterilization program.
8	**Quarterly Training Center Report** – DBHDS shall provide quarterly reports on progress in implementing the plan to close state training centers and transition residents to the community.
9	**Waiver Waiting List** – DBHDS shall provide a report on the management and characteristics of individuals on the waiting list for services through the Developmentally Disabled Waiver programs.
10	**TC Financial** – DBHDS shall provide a quarterly accounting of the costs to operate and maintain each of the existing training centers.
11	**Waiver Budget** – DBHDS, in collaboration with DMAS, shall provide a detailed report on the budget, expenditures, and number of recipients for each specific intellectual disability (ID) and developmental disability (DD) service provided through the Medicaid Waiver program or other programs in DBHDS.
12	**Sponsored Residential Rate Differential (with DMAS)** – The Department of Medical Assistance Services (DMAS) and DBHDS shall collect information and feedback related to payments to family homes and the extent to which changes in rates have impacted payments to the family homes statewide, and the increase or decrease in the capacity in each of the five geographic regions.
13	**SIS Workgroup (with DMAS)** – DMAS, in collaboration with DBHDS, shall convene a stakeholder workgroup, to meet at least once annually, to review data on the distribution of the SIS levels and tiers, review the process and information used to assign individuals to their levels and reimbursement tiers, and review the communication which informs parties about the SIS tool, and review other information as deemed necessary by the workgroup. The work of the workgroup shall be reported on annually.
14	**Leased Property** - each agency that controls leased property shall provide a report on each leased facility or portion thereof to DGS in a manner and form prescribed by DGS.

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Thank you again for your continued support of people with behavioral health disorders or developmental disabilities, their families, and the many state and local employees working to make their lives better. If you have any questions or comments, please don't hesitate to contact me at jack.barber@dbhds.virginia.gov or (804) 786-3921.

Jack Barber, MD
Interim Commissioner
Virginia Department of Behavioral Health and Developmental Services

Community Services Board	Item 7A	Type Action	Date 9/27/17

CSB Board Review and Approval for Public Comment of FY 2018 Fee Policy Related Documents

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

Recommended Motion:
I move the Board approve for public review and comment the CSB fee related documents which include the Reimbursement for Services Policy 2120, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation 2120.1.

Background:
The CSB Board's Ad Hoc Fee Policy Committee met on July 26, August 9, August 23, and September 15, 2017. Following the final meeting, the committee members voted to approve proposed revisions and forward the fee related documents to the CSB Board for approval to post for public review and comment.

The recommended changes include:

- Separating the CSB Guidelines for Assigning Priority Access from the Fee Policy
- Synchronization of the Ability to Pay Scale income levels with Federal Poverty income guidelines released each January.
- Updating the Fee Schedule to integrate ARTS services; clarify service names; add Mental Health Peer Support services; specify new psychiatric appointments and individual therapy less than 52 minutes; itemize assessment types; and maximize Medicare reimbursement opportunities.
- Updates and clarifying edits to the Fee and Subsidy Related Procedures Regulation 2120.1.

After the public comment period and subsequent to approval by the CSB Board on October 25, 2017, the Fee Schedule will be submitted to the Board of Supervisors for review on November 21st. Following Board of Supervisors review, staff will inform clients, conduct staff training, and make adjustments in the Electronic Health Record, resulting in an effective date not sooner than February 1, 2018 for both the Fee Schedule and the Ability to Pay Scale. Changes to the Board Policy and Fee Regulation however will become effective in November 2017.

Timing:
Immediate

Fiscal Impact:
The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid, Medicare, and other health insurance plans. The FY 2018 current budget plan for the CSB includes $18.6 million in estimated fee revenues.

Board Members and Staff:
Gary Ambrose, CSB Board Member
Suzette Kern, CSB Board Chair
Jane Woods, CSB Board Member
G. Michael Lane, Deputy Director, Administrative Operations
LaKeisha Flores, Business Operations Director

Enclosed Documents:
Summary of Proposed Changes to CSB 2017- 2018 CSB Fee Related Documents
Policy 2120 – Reimbursement for Services
Regulation 2120.1 – Fee and Subsidy Related Procedures
CSB Fee Schedule – Eff. 2/1/2018

Summary of Changes to CSB 2017-2018 Fee Related Documents

Reimbursement for Services Policy 2120

- ***Separated*** the CSB Guidelines for Assigning Priority Access to CSB Services from the Reimbursement for Services Policy. The CSB Guidelines for Assigning Priority Access to CSB Services is covered in a separate Board Policy.

Ability to Pay Scale

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

Fee Schedule

- ***Adds*** ARTS services.
- ***Removes*** Substance Use services that were discontinued through the implementation of ARTS.
- ***Removes*** CSB services that are no longer offered.
- ***Clarifies*** Service names, procedure codes, and billing intervals.
- ***Adds*** Mental Health Peer Support Services. Fees will be made available through DMAS.
- ***Adds*** Psychiatric Evaluation and Management services for New Patients.
- ***Adds*** Individual Therapy/Counseling for 16 to 37 minutes; and 38 to 52 minutes.
- ***Adds*** Psychological Assessments for Adult Day Treatment, Psychosocial Rehab, GAP SMI, Intensive Community Treatment, and Mental Health Skill Building.
- ***Updates*** Outpatient service fees to maximize Medicare reimbursement.

Fee and Subsidy Related Procedures Regulation 2120.1

Regulation

- Delete "Regulation and/ or the" in Section II of the Regulation. The CSB Board is not required to approve revisions to the Regulation.
- Change "American Medical Association (related to procedural codes)" in Section II, F of the regulation to "Relevant Professional Associations".

Eligibility

- Delete Appendix A, "Guidelines for Assigning Priority Access to CSB Services".

Fees for Service

- Change the term "liability" to "subsidy" to reflect the language used in Policy 2120.

Subsidy Determination

- Delete reference to "household income" in Section VIII, C, i.
- Add clarification when applying full-fee standards to Medicaid enrollees.

Supplemental Subsidy

- Clarify supplemental subsidy determination criteria. (Section VIII, C, iv)

Policy Number: 2120
Policy Title: Reimbursement for Services
Adopted: October 28, 2015

Purpose

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

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

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

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

Policy

It is the policy of the CSB that:

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

~~2.~~1. ~~A single F~~fee(s) will be established for each service and these fees shall be reviewed annually. Fees shall be reasonably related to the established unit cost of providing the services.

~~3.~~2. The individual or other legally responsible parties shall be liable for the established fee and, if they have insurance, related insurance plan required deductibles and co-payments to the extent provided by law.

~~4.~~3. Payment of fees for services rendered shall be sought from the following funding sources: individual self-pay, third party payers/insurance companies, and other legally responsible parties, and the use of extended payment plans.

~~5.~~4. An individual or other legally responsible party who is unable to pay the full fee at the time service is rendered may be granted a subsidy using local and state revenue under the following guidelines:

a. Regulations shall be established to ascertain ability to pay and to determine subsidies.
b. An annual review of the ability to pay of the individual and of other legally responsible parties will be conducted.
c. Extended payment plans and deferred repayment contracts shall be negotiated before any subsidy using local and state revenue is considered.

~~6.~~5. Pursuant to County policy, delinquent accounts may be placed with the Fairfax County Department of Tax Administration (DTA) for collection. DTA employs private collection agents to collect all debt that is 180 days delinquent. Collection actions may include wage liens, bank liens, property seizures and flagging of credit records. Upon referral, a $30 administrative fee, 10% penalty for late payment, and simple interest of 10% per ~~annum and a 20% collection fee~~ will be added to the amount due. A $50 fee will be assessed on any payment returned by the bank unpaid due to non-sufficient funds or account closed.

~~7.~~6. Services shall not be refused to any individual solely on the basis of ~~financial issues~~ability to pay.

~~8.~~7. Every individual served by the CSB shall be subject to this fee policy whether service is obtained from a directly operated program or a contractual agency.

~~9.~~8. Such individual and other responsible parties shall have the right to an appeal of fee-related determinations in accordance with procedures established by the CSB.

Approved: _____ October 28, 2015
Secretary Date

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

Policy Adopted: March 1984
Revision Adopted: January 1995
Policy Readopted: June 1996
Revision Adopted: May 28, 1997
Revision Adopted: April 26, 2000
Revision Adopted: May 23, 2001
Revision Adopted: June 17, 2002
Policy Readopted: July 23, 2003
Policy Readopted: June 23, 2004
Revision Adopted: June 22, 2005
Revision Adopted: December 21, 2005
Revision Adopted: June 25, 2008
Revision Adopted: July 28, 2010
Revision Adopted: October 23, 2013
Revision Adopted: December 1, 2014
Revision Adopted: October 28, 2015

APPENDIX A

Guidelines for Assigning Priority Access to CSB Services

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

(1) Exclusionary Criteria
a. Constituency – Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
b. Requests outside of the CSB's Mission – No service will be provided that is not designed, mandated or funded to be provided by a CSB.
(2) Inclusionary Criteria (in priority order)
a. Enrolled in Service – Currently enrolled individuals who maintain the need for current services (or the equivalents) being provided.
b. Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
c. Alternative Resources – Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
d. Effectiveness – Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.
e. Comparative Need – If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
f. Selection Based on Length of Wait – First-come, first-served basis.

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

APPENDIX A

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 nonCSB 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

Revised October 22, 2014

APPENDIX A

- **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.

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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.

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- Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
- Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.

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

B. Intellectual Disability and Developmental Disability Populations

(1) Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).

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, selfdirection, functional academic skills, work leisure health and safety).

(2) 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.

Regulation Number: 2120.1
Regulation Title: Fee and Subsidy Related Procedures
Date Adopted: December 6, 2016

PURPOSE

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

REGULATION

I. Authority.

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

II. Unanticipated Revisions.

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

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

III. Applicability.

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

IV. Privacy and Use of Protected Health Information.

The CSB is required by law to maintain the privacy of protected health information and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information. Prior to an appointment or at the first appointment, the CSB will request information from an individual in order to verify insurance, subsidy and primary care clinic information. The CSB may only check this information for individuals protected under the Health Insurance Portability and Accountability Act (HIPAA). For individuals protected by other federal rules, e.g., 42 CFR Part 2, the CSB is prohibited

from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

V. Eligibility.

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

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

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

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

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

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

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

Beyond that, exceptions may be made in consultation with and approval by the Deputy Director.

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

VII. Fees for Service.

A. Establishment of Fees

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

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

B. Effective Date of Change in Fees

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

C. Subsidy for Fees

Individuals who receive CSB services are responsible for the costs of services. Persons, guardians, legal representatives, or custodians with the responsibility of holding, managing, or controlling the income and estate of a CSB individual, acting on behalf of the service recipient, shall apply the income and estate toward the costs of services.

Based on proof of income and household size, the CSB offers all individuals the opportunity to reduce the costs of care, Basic Subsidy. The CSB subsidy will be determined using the Ability-to-Pay Scale derived from the most recent Federal Poverty Guidelines, and will reflect a percentage of the full fee.

Individuals, 18 years and older:

Individuals who are 18 years or older are responsible for the cost of their CSB services based on the individual's income except:

- When the individual, who qualifies for and is receiving aid under a federal or state program of assistance to the blind and disabled (including but not limited to, Social Security Disability Insurance, SSDI; Supplemental Security Income, SSI; Virginia Medicaid, if disability based; Medicare, if disability based; or any of the Virginia Disability Waivers). Individuals receiving such aid are not financially liable and will be set at 0%.

However, the following subsidy for fees still apply:

- The holder of an insurance policy providing coverage for the individual who is covered by an insurance policy is responsible for any third-party payments for deductibles, co-insurance, and copayments. ○ Parents or guardians of adult children with a disability are responsible for the cost-share fees of residential programs.

Individuals / Youth, 17 years and younger:

Parents or guardians of youth who are 17 years or younger are responsible for all other fees, except:

- When the youth, who qualifies for and is receiving aid under a federal or state program of assistance to the blind and disabled (including but not limited to, Social Security Disability Insurance, SSDI; Supplemental Security Income, SSI; Virginia Medicaid, if disability based; Medicare, if disability based; or any of the Virginia Disability Waivers). Youth receiving such aid and/or their parents or guardians are not financially liable and will be set at 0%. ○ The youth is married or otherwise legally emancipated, in which case the youth is responsible for the costs of services. The subsidy is set based on the youth's income.

However, the following subsidy for fees still apply:

- Parents or guardians of children with disabilities are responsible for third-party payments for deductibles, co-insurance, and copayments when the consumer is covered by an insurance policy that is held by the parent or guardian.
- Parents or guardians of children with a disability are responsible for the costshare fees of residential programs.

D. Out of State Medicaid Insurance

The CSB will set a 0% subsidy for 90 days for an individual with out of state Medicaid insurance coverage to allow sufficient time to make application and learn of their eligibility determination in Virginia.

E. Collection of Late Cancellation/No Show Fees

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

VIII. Implementation Procedures.

A. Payment for Service

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

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

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

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

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

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

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

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

B. Payment Plans / Deferred Repayment Contracts

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

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

i. Payment Plan Default

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

any payment returned by the bank unpaid due to non-sufficient funds or account closed.

C. Subsidy Determination

i. Basic Subsidy

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

The subsidy applies only to charges for services that are not covered by insurance. Subsidies are based on the individual's gross ~~household~~ income and number of dependents. ~~A household usually includes the tax filer, their spouse and their tax dependents.~~ Examples of income include unemployment compensation, disability benefits, child/spousal support, wages, salaries, tips, pensions and annuities, and Social Security benefits. Documentation of income is required for individuals requesting a subsidy and may include the following: most recent Federal Tax Return (1040), wage statements, paystubs, unemployment compensation letters, bank statements, retirement notices, and Social Security award letters**.** A full fee will be charged under the following circumstances, meaning a basic subsidy will not be provided to the following:

- An individual who refuses to provide documentation of income
- An individual seeking services which are covered by a health insurance plan
    - Clients enrolled with Virginia Medicaid must indicate that they will pay full fee for services they do not wish to have reimbursed through their insurance coverage. If the client does not indicate their willingness to pay full fee, the CSB cannot bill them for services.
- An individual living outside of Fairfax County and the Cities of Fairfax and Falls Church, Virginia, unless the service rendered is a regional program
- An individual receiving services which have been determined by the CSB as ineligible for a subsidy

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

the Financial Assessment and Screening Team and Revenue Management Team designated to determine eligibility. ii. Ability to Pay Scale

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

iv. Supplemental Subsidy

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

A supplemental subsidy is determined based on earned and unearned monthly income less expenses for housing, basic utilities, medical, legal, childcare and tuition, and family size. Clients must make six months of good faith payments on their balance to be eligible for a supplemental subsidy. Documentation of income and expenses must be provided before a supplemental subsidy is granted. Supplemental subsidies are retroactive to the beginning of the month and valid for 12 months.

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

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

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

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

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

D. Health Insurance Usage

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

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

iii. Individuals who do not provide their insurance coverage information shall be charged the full fee.

iv. For individuals who meet the CSB Priority Population Guidelines for Assigning Priority Services, and have insurance with behavioral health coverage, but the insurance company has a closed network, unless seen for emergency services, the staff will refer the individual back to their closed network insurance company for behavioral health services

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

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

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

E. Individual Payment of Co-pay and Deductible

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

F. Advance Beneficiary Notice of Non-Coverage

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

G. Refusal to Pay

All individuals are informed during the initial appointment that they will be charged a fee for services they receive. Services to individuals who are able to pay and refuse may

be discontinued. The decision to deny treatment or services will be made by the Service Director based on the clinical appropriateness to the individual. H. Appeal.

The individual and/or responsible parties who are unable to make the required payments for services may appeal a determination pertaining to their fees or subsidy and may request a re-evaluation of their ability to pay for services. This appeal may result in a Payment Plan, a basic subsidy or a supplemental subsidy, or a Deferred Repayment Contract. The type of documentation required for the appeal may vary by situation, but the minimum level of documentation required is outlined in sections VI and VII. If the individual and/or responsible parties request an appeal based solely on financial reasons, the appeal will be considered and a decision will be made by the Revenue Management Team manager.

IX. Delinquent Accounts and Abatements. A. Delinquent Accounts.

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

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

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

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

a. Obtaining payment from the individual

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

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

B. Abatements

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

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

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

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

Individuals with Medicaid coverage that is managed by an MCO will be assigned to licensed therapists.

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

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

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

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

XIII. Services Provided at No Cost to the Individual. There are no charges for the services listed below.

- Entry and Referral Services. These services include eligibility determination, referral and triage and are conducted primarily on the telephone. It would be impossible to charge for these services since a large percentage of callers are generally not identified.

- Vocational, Employment, Habilitation/Services. Staff has ascertained that it is not cost effective to charge for this service. The revenue collected would be far less than the costs of collection, since most of these individuals have very little income.
- Alternative House-Residential Emergency Services. The individuals of Alternative House-Residential Services are runaways with few, if any, resources. It would not be cost effective to collect fees in this program and often parents would be unwilling to pay since they did not request the service.
- Juvenile Detention Center Services provided at the Juvenile Detention Center. Services to incarcerated youth are provided at no cost to the parents/guardians.
- Care Coordination. The State defines care coordination as the management and brokering of services for individuals to ensure that needs are met, covered services are not duplicated by the care-providing organization(s), and resources are used most cost effectively. It primarily involves gate-keeping functions such as approving care plans and authorizing services, utilization management, providing follow up, and promoting continuity of care.
- Homeless Outreach Services. Individuals receiving outreach services are not well connected to CSB programs. Staff provides education, consultation and support to individuals in order to facilitate connection to needed treatment services.
- Adult Detention Center Services.
- Foster Care. Services which are not reimbursed by Medicaid for children in foster care are provided at no cost to the foster parents.
- Geriatric Consultation Services. The CSB does not charge for outreach services or for initial assessments or consultations when the Department of Family Services (DFS), and/or Police, Fire and Rescue Departments request that CSB Geriatric staff be part of a DFS or Police, Fire and Rescue team making an initial home visit.
- Hostage-barricade incidents, disaster responses, or critical incident stress debriefings. The CSB does not charge the public or non-profit agencies for these services.
- Diversion to Detoxification Center. The CSB does not charge for assessment and transport of individuals by the diversion staff.
- Services that are not requested or are refused by an individual. Examples include where there is probable cause to believe that no intervention would have resulted in serious physical harm to the individual or others or where the person requesting the civil commitment assessment is not the individual being evaluated.

Approved

Tisha Deeghan — December 6, 2016

Date — Executive Director

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~~APPENDIX A~~

~~Guidelines for Assigning Priority Access to CSB Services~~

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

~~(1) Exclusionary Criteria~~

~~a. Constituency – Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.~~

~~b. Requests outside of the CSB's Mission – No service will be provided that is not designed, mandated or funded to be provided by a CSB.~~

~~(2) Inclusionary Criteria (in priority order)~~

~~a. Enrolled in Service – Currently enrolled individuals who maintain the need for current services (or the equivalents) being provided.~~

~~b. Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.~~

~~c. Alternative Resources – Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.~~

~~d. Effectiveness – Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.~~

~~e. Comparative Need – If resources are still available, anyone who still has additional needs for service can have those service needs addressed.~~

~~f. Selection Based on Length of Wait – First-come, first-served basis.~~

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

CSB Priority Populations

Priority Populations

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

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

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

~~Individuals and families who have private health insurance coverage and are able to access nonemergency/non-acute services privately will be asked to seek those services when they are available in the community. In these instances, the CSB Entry and Referral Services staff will assist in identifying resources, linking with potential non-CSB sources of services, and following up with referrals. If similar resources are not available in the community, individuals with private insurance will be screened for priority using the same criteria as is used for those without insurance.~~

~~A. MENTAL ILLNESS POPULATION~~

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

- ~~Diagnosis through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND~~

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

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

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

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

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

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

~~B. SUBSTANCE USE DISORDER POPULATION~~

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

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

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

- ~~Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.~~
- ~~Inability to fulfill major role obligations at work, school or home.~~
- ~~Involvement with legal system as a result of substance use.~~
- ~~Multiple relapses after periods of abstinence or lack of periods of abstinence.~~
- ~~Inability to maintain family/social relationships due to substance use.~~

- ~~Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).~~
- ~~Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.~~

~~(3) Special Priority Populations~~

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

~~C. INTELLECTUAL DISABILITY AND DEVELOPMENTAL DISABILITY POPULATIONS~~

~~(1) Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).~~

~~(2) Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social / interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure health and safety).~~

~~(3) Diagnosis of Intellectual Disability (ID) must be documented by:~~

- ~~For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability or~~
- ~~For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below OR other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an Intellectual Disability.~~

Revised October 22, 2014

Fairfax Falls Church CSB
Fee Schedule
Effective February 1, 2018

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018
~~Adolescent Day Treatment- MH~~	~~H0035-HA~~	~~Yes~~	
Adolescent Day Treatment - SA	-	Yes	$4.80 per 15 minutes
Adult Day Treatment - MH	H0035-HB	Yes	$34.78 per unit
~~Adult Day Treatment- SA~~	~~H0047~~	~~Yes~~	
A New Beginning Residential Treatment	-	Yes	$238.30 per day
GAP Case Management - Regular Intensity	H0023-UB	Yes	$195.90 per month
GAP Case Management - High Intensity	H0023-UC	Yes	$220.90 per month
~~Case Management - ID~~	~~Yes~~	~~Yes~~	
Case Management - MH	H0023	Yes	$326.50 per month
Case Management - DD	T1017	Yes	$326.50 per month
Case Management - SA	H0006	Yes	$243.00 per month
Congregate Residential ID Waiver Services	97535	No	$17.71 per hour
Contracted Residential Treatment - Intermediate Rehabilitation/Reentry		Yes	$163 per day
Crisis Intervention	H0036 or 90839 or 90840	Yes	$30.79 per 15 minutes
Crisis Stabilization - Adult Residential	H2019	Yes	$89 per hour
Crossroads Adult Residential Treatment	-	Yes	$186.52 per day
~~Crossroads Youth Residential Treatment~~	~~-~~	~~Yes~~	
Detoxification, Medical, Residential-setting	-	Yes	$750 per day
Detoxification, Social, Residential-setting		Yes	$750 per day
Drop-In Support Services, ID	-	Yes	Rate set by vendor(s) but no less than $2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge $2 per hour.
Family Therapy w/out client	90846	Yes	$111.24 per event
Family Therapy w/ client	90847	Yes	$115.43 per event
Group Therapy/Counseling	90853	Yes	$27.86 per event
Head Start - Services to	-	No	$25 per 15 minutes
Independent Evaluations	-	No	$75 each
Individual Therapy/Counseling (16 to 37 minutes)	90832	Yes	$69.08 per event
Individual Therapy/Counseling (38 to 52 minutes)	90834	Yes	$91.82 per event

Fairfax Falls Church CSB
Fee Schedule
Effective February 1, 2018

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018
Individual Therapy/Counseling (53 minutes or greater)	90837	Yes	$137.74 per event
Initial Evaluation/Assessment	90791	Yes	$150 per event
Injection Procedure	96372	Yes	$30.20 per event
Intensive Community Treatment	H0039	Yes	$153 per hour
Intensive Outpatient - SA	H0015	Yes	$250.00 per month
Interactive Complexity*	90785	Yes	$15 add on to other clinic
Lab Tests	-	No	Actual Cost
Late Cancellation or No Show	-	Yes	$25.00
Legal Testimony	-	Yes	$25 per 15 minutes
~~Medication Management~~	~~90862~~	~~Yes~~	
Mental Health Skill-building Service	H0046	Yes	$91 per unit
Multi-Family Group Therapy	90849	Yes	$25 per event
Neurological Testing		Yes	$1168 per event
New Generations Residential Treatment	H0010	Yes	$393.50 per month
Nursing Assessment		Yes	
Nursing Subsequent Care	99211	Yes	$29 per event
Peer Support Services - Individual/SA	T1012	Yes	$6.50 per 15 minutes
Peer Support Services - Group/SA	S9445	Yes	$2.70 per 15 minutes
Peer Support Services - Individual/MH		Yes	TBD by Medicaid
Peer Support Services - Group/MH		Yes	TBD by Medicaid
Physical Exam (Physician)	99385-99387	Yes	$167 per event
Psychiatric Evaluation	90792	Yes	$219 per event
Psychiatric Evaluation & Management High Complexity - New Patient	99205	Yes	$234.95 per event
Psychiatric Evaluation & Management Low Complexity - New Patient	99203	Yes	$124.25 per event
Psychiatric Evaluation & Management Moderate Complexity - New Patient	99204	Yes	$187.06 per event
Psychiatric Evaluation & Management High Complexity	99215	Yes	$164.91 per event
Psychiatric Evaluation & Management Low Complexity	99213	Yes	$83.79 per event
Psychiatric Evaluation & Management Moderate Complexity	99214	Yes	$122.82 per event
Psychological Testing	-	No	$150 per event
Psychological Testing Battery	96101	Yes	$851 per event
Psychosocial Rehabilitation	H2017	Yes	$24.23 per unit
~~Psychological Assessment~~	~~H0032~~	~~Yes~~	
Psychological Assessment, Adult Therapeutic Day Treatment	H0032 - U7	Yes	$36.53 Per event

Fairfax Falls Church CSB
Fee Schedule
Effective February 1, 2018

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018
Psychological Assessment, Psychosocial Rehab	H0032 - U6	Yes	$24.23 per event
Psychological Assessment, GAP SMI Short Form	H0032 - UB	Yes	$37.00 per event
Psychological Assessment, GAP SMI Long Form	H0032 - UC	Yes	$75.00 per event
Psychological Assessment, Intensive Community Treatment	H0032 - U9	Yes	$153.00 per event
Psychological Assessment, Mental Health Skill Building	H0032 - U8	Yes	$91.00 per event
Release of Information: Individual	-	No	50¢ per pg up to 50 pgs;
Release of Information: Research	-	No	$10.00
Release of Information: Third Party	-	No	$10 admin fee
Release of Information: Worker's Compensation	-	No	$15.00
Residential Fee ID Community Living Services	-	No	75% of gross income
Residential Fee MH/SA Community Living Services	-	No	30% of gross income
Returned Check (due to insuffient funds or closed account)	-	No	$50. 00
Skilled Nursing Waiver LPN Services	T1003	No	$7.99 per 15 min
Skilled Nursing Waiver RN Services	T1002	No	$9.22 per 15 min
~~Sojourn House Residential Treatment~~	~~H2020~~	~~Yes~~	
Telehealth Facility Fee	GT Modifier	No	$20.00
Transportation	-	No	$100 per month
Turning Point Program	-	Yes	$285.71 per month
Urine Collection & Drug Screening- Retests Only	-	Yes	$25.00
Wraparound Fairfax	-	No	$1270 per month
DDW Case Management		No	$242.73 per month
DDW Group Home Residential 5 person Tier 1	H2022-U2	No	$221.80 per day
DDW Group Home Residential 5 person Tier 2	H2022-U2	No	$249.07 per day
DDW Group Home Residential 5 person Tier 3	H2022-U2	No	$276.33 per day
DDW Group Home Residential 5 person Tier 4	H2022-U2	No	$325.40 per day
DDW Group Home Residential 6 person Tier 1	H2022-U3	No	$214.99 per day
DDW Group Home Residential 6 person Tier 2	H2022-U3	No	$238.84 per day
DDW Group Home Residential 6 person Tier 3	H2022-U3	No	$266.10 per day
DDW Group Home Residential 6 person Tier 4	H2022-U3	No	$316.88 per day
DDW Group Home Residential 7 person Tier 1	H2022-U4	No	$208.17 per day
DDW Group Home Residential 7 person Tier 2	H2022-U4	No	$228.61 per day
DDW Group Home Residential 7 person Tier 3	H2022-U4	No	$255.88 per day
DDW Group Home Residential 7 person Tier 4	H2022-U4	No	$308.36 per day

Service	Billing Procedure Code	Subject to Ability to Pay Scale	Effective February 1, 2018
PERS Medication Monitoring	S5185	No	$58.41
PERS Monitoring	S5161	No	$35.05
PERS Installation	S5160	No	$58.41
PERS Installation & Medication Monitoring	S5160-U1	No	$87.62
DDW Skilled Nursing, Registered Nurse	S9123	No	$11.28 per 15 min
DDW Skilled Nursing, Licensed Practicle Nurse	S9124	No	$9.78 per 15 min
DDW Transition Services	T2038	No	Unit varies/$5000 yearly limit
DDW Assistive Technology, Maintenance Costs Only	T1999-U5	No	Unit varies/$5000 yearly limit

COMMUNITY SERVICES BOARD Item: 7B Type: Action Date: 9/27/17

CSB Board Communication Policy Proposed for Public Comment

Issue:
Development of a new CSB Policy for the establishment of CSB Board Member Communication guidelines to be issued for a public comment period.

Timing:
Immediate

Recommended Motion:
I move that the Board approve issuing proposed CSB Policy 4000, CSB Board Member Communication, for public comment.

Background:
To provide CSB Board members with clear direction for interactions with the public, individuals receiving services, and other interested parties. This CSB policy has been developed to provide outreach guidelines including via news media, social media, blogs, and/or other online public forums.

As part of the review process, the proposed policy will be issued for public comment, along with a final opportunity for comments at the October 25, 2017, CSB Board meeting. Following, the policy will be submitted to the CSB Board for approval.

CSB Staff:
Lucy Caldwell, Director of Communications

Enclosed Document:
CSB Policy 4000, CSB Board Member Communication

Policy Number: 4000
Policy Title: CSB Board Member Communication
Date Adopted: TBD

Purpose:

Provide clear, timely and accurate information to the public, ~~service beneficiaries~~individuals receiving services, and ~~other stakeholders~~interested parties regarding the Fairfax-Falls Church Community Services Board (CSB) and its operations, facilities, planning, programs, services and other issues of interest. Commits CSB Board to open and transparent processes, community engagement, informing and educating local constituencies and timely utilization of appropriate means and technologies to facilitate effective two-way communication.

Policy

The Fairfax-Falls Church Community Services Board (CSB) shall communicate with residents and other stakeholders in order to inform and engage the ~~community~~ public regarding the CSB and its operations, facilities, planning, programs, services, and other issues of interest. Public engagement shall be encouraged and facilitated. Input from both the community and public entities shall be encouraged.

CSB Board members may and are encouraged to advocate and inform the ~~community~~ public of CSB matters. The role for CSB staff is different. While CSB staff may inform, educate and engage, they may not advocate.

When representing the CSB Board during interactions with the ~~community~~public, information will be coordinated with the CSB Board Chair and CSB staff to ensure accuracy. Additionally, CSB staff are available for consultation to Board members concerning outreach to, or interaction with, news media, social media, blogs, or other online public forums. While members are encouraged to ~~educate~~educate, and inform, they ~~may~~ should express opinions with careful consideration and ~~, should~~ be ~~mindful~~ aware of the implications of their statements. ~~of "friending," "liking," and "following" some sites or individuals.~~

~~The CSB Board shall follow all applicable rules and regulations, federal, state, and local mandates pertaining to open meetings, public access, the conduct of executive sessions, board governance and process and ADA accessibility. All public notices shall comply with the aforementioned laws and regulations.~~

Approved _____ _____
Secretary Date

Policy Adopted: TBD

Community Services Board (CSB) Strategic Plan

July 1, 2014 to June 30, 2017

Where We Want to Be- CSB Vision

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

What We Do- CSB Mission

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

What We Believe In- CSB Values

In achieving our mission and vision, we value:

Respect for the people we serve.
Individual dignity and human rights protection are at the center of the CSB service philosophy. Each individual is involved in developing service plans which address his/her needs and preferences. Feedback from service recipients is encouraged to assess program strengths and areas for improvement.

Quality in the services we provide.
The CSB offers a comprehensive menu of preventative and responsive services that meet the needs of individuals who live in the Fairfax County community. Services are provided by qualified professionals using methods proven to achieve positive, measurable outcomes.

Accountability in all that we do.
The CSB recognizes its responsibility to the Fairfax County community by striving to provide services to people with limited resources or complex needs in an effective and efficient manner. Policies and procedures are communicated and accessible to all individuals and organizations with whom we work and process improvement is anchored in continuous data review.

Getting Where We Want to Go – Goals and Strategies

Goal 1: Our SERVICES support individuals and families to live self-determined and healthy lives.
Goal 2: The WORKFORCE is capable and dedicated to carry out the CSB mission
Goal 3: The CSB is fiscally and operationally sound.

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

Strategy 1.1: *Provide or coordinate an array of services leading to the attainment of personal goals/objectives as defined by each individual.*
Strategy 1.2: *Increase accessibility to services so individuals and their families receive services when and where needed.*
Strategy 1.3: *Provide supports and services to promote an individual's access to primary care, housing, and employment.*
Strategy 1.4: *Implement and evaluate current best and/or evidence-based practices in service delivery.*
Strategy 1.5: *Develop strategies for critical and emerging needs.*

Accomplishments aligned with goals and strategies:

- Opened the Merrifield Center, providing comprehensive care to all CSB service populations.
- Established walk-in screening and assessment services for adult behavioral health services; Youth walk-in services were added in early 2017.
- Established the Merrifield Peer Support Center, which provides a variety of services and support to the recovery community and hosts community support groups.
- Established the BeWell program, through a $1.6 million grant award from U. S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, (SAMHSA) to support four years of funding to integrate primary care into behavioral health settings at the CSB's Gartlan and Merrifield sites.
- Launched Diversion First initiative to divert non-violent offenders experiencing mental health crises to treatment instead of incarceration.
- Applied for and received ongoing state funding to establish the Merrifield Crisis Response Center (MCRC), a triage and assessment site for Diversion First; now staffed 24/7.
- In partnership with Inova Health System, developed protocols and business processes to initiate a pilot to provide onsite medical clearance at Merrifield for individuals in need of hospitalization (pilot began July, 2017).
- Began offering REVIVE, providing training and medication (naloxone/Narcan®) to lay rescuers so that they can be prepared for, recognize, and respond to an opioid overdose emergency.
- Expanded contract with Crisis Link to include text line services for individuals in crisis.
- Established regional services (REACH) for youth with intellectual or developmental disabilities, providing 24/7 crisis intervention, information and referral.
- Transitioned all 89 Fairfax-Falls Church residents from Northern Virginia Training Center to new homes and services.
- Combined previously separate service delivery systems for people with intellectual disability (ID) and developmental disabilities (DD) into one Developmental Disabilities (DD) services system.
- Became the single point of eligibility determination and case management for people with intellectual *and* other developmental disabilities.
- Hired 14 additional support coordinators in FY 2017 to meet the needs of this expanded population (will be hiring another 12 in FY 2018).

- Expanded regional availability of Infant and Toddler Connection (ITC) assessments by providing assessments in Reston satellite office.
- Expanded services to Spanish speaking ITC families by adding a Spanish speaking intake coordinator and two home based assessment teams.
- Applied for and received funding to establish the Turning Point program in partnership with PRS. Inc., to provide evidence-based coordinated services for young people with first episode psychosis. Turning Point was invited to be one of the programs included in a Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute of Mental Health (NIMH) 3-year evaluation.
- Launched a new program in partnership with New Hope Housing, Inc., with funding through a multi-year $1.4 mission state grant, to develop permanent supportive housing options. County funds allowed for expansion of this model to support Diversion First housing needs.
- Integrated programs and services to provide comprehensive care for mental health and substance use disorders.
- Expanded Mental Health First Aid training to include training provided in Spanish and to youth.
- Established a second Mobile Crisis Unit (MCU), expanding the capacity to provide on-the-scene emergency mental health services in crisis situations in the community.
- Restructured and advanced the Detox Diversion program, a mobile team of CSB staff who provide outreach and respond to police requests to intervene at the scene of a potential arrest to refer the individual instead to detoxification services.
- Initiated Kognito, an online evidence-based suicide prevention training available to the community and required by Fairfax County Public Schools faculty and staff.
- Expanded the use of Medication Assisted Treatment, outpatient detoxification and outreach services.

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

Strategy 2.1: *Promote a positive work culture and environment that supports the CSB mission, vision, and values.*
Strategy 2.2: *Promote and support administrative, clinical, and managerial professional development.*
Strategy 2.3: *Develop and implement strategies to ensure that the CSB has a skilled and qualified workforce to meet current and future needs.*

Accomplishments aligned with goals and strategies:

- Launched an agency-wide organizational assessment to assess organizational climate.
- Revised CSB Orientation Staff Handbook and incorporated the CSB mission, vision and values.
- Spring, 2015-present- published over 20 *Beacon* articles related to a positive work culture.
- Held semi-annual staff dialogue sessions across the county for staff members to meet and talk with the Executive Director and Deputy Directors.
- Restructured the organizational structure to establish an Administrative Operations unit.
- Established stipend for CSB licensed professionals who are merit employees and provide clinical supervision for licensure for staff.
- Provided incentives to help recruit and retain psychiatrists and emergency services workers.
- Created *We Are CSB* recruitment video.
- Developed a program to provide cross-disciplinary training for ITC providers, increasing capacity to provide integrated and holistic interventions.
- Launched *CSB Today* blog, which can be accessed via FairfaxNET.

- Increased use of video messaging and obtained equipment to increase video capability.
- Secured an online behavioral health eLearning catalog (approximately 500 courses) to address awareness level learning opportunities for staff, contractors, volunteers and interns.
- Expanded the CSB Awards Program to include community partners who reinforce the CSB mission.
- Delivered ICD-10 and DSM 5 training to support administrative, clinical, and managerial functions in the organization.
- Redesigned the Orientation, Promoted, Transferred, and Annual training checklists that address federal, state, and local training mandates.
- Ensured that approximately 90% of CSB courses have an evaluation component embedded in courses to measure satisfaction, relevancy of material, increased/enhanced knowledge, and application to competencies, knowledge, skills, or abilities to achieve current and/or future goals.

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

Strategy 3.1: *Use of accurate, reliable and timely data to inform decision making and system improvement.*
Strategy 3.2: *Allocate and manage resources to maximize service capacity, improve service quality and achieve CSB's mission.*
Strategy 3.3: *Cultivate partnerships and supports which build community capacity to provide a continuum of services.*
Strategy 3.4: *Ensure Regulatory and Corporate Compliance.*
Strategy 3.5: *Integrate performance measurement into quality improvement systems.*
***Strategy 3.6**:* *Ensure open, timely, and consistent communication.*
Strategy 3.7: *Leverage technology to support the service delivery system.*

Accomplishments aligned with goals and strategies:

- Developed and expanded relationships with private and non-profit organizations to enhance service capacity within the CSB and the community. Partnerships and community relationships also facilitated additional/adjunct supports for people receiving CSB services (i.e. therapeutic riding, recreation, music programs).
- Enhanced partnerships with health care entities, to include Federally Qualified Health Centers (FQHCs) and Inova Health System, to expand health care and dental options for individuals served by the CSB.
- Completed FOCUS realignment to ensure alignment between human resources and organizational cost centers.
- Developed new financial management tools and resources and provided training on accessing and using financial management tools.
- Developed productivity reports for management staff in service hour programs.
- Completed business process mapping project for programs and services, documenting processes and procedures that will support training, succession planning, resource allocation, change management, standardization of practice and performance and process improvement.
- Piloted technology with ITC, allowing for real time completion of documentation while in the community (full implementation in July, 2017).
- Increased social media presence with CSB Facebook and Twitter accounts.

- Convened new CSB Communications Committee comprised of staff across the services system, to provide input and guidance regarding CSB internal and external communications, including content for the CSB blog, social media and marketing strategies and messaging and representation at community events.

Highlights:

- Over 4,000 people have been trained in Mental Health First Aid.
- Over 22,500 people have taken the online evidence-based suicide prevention training Kognito since 2014.
- In FY 2017, 356 individuals participated in REVIVE training.
- Between September 2015 and June 30, 2017, 350 law enforcement officers graduated from the intensive week-long Crisis Intervention Training.
- From January, 2016 through June 2017, law enforcement officers brought 2,518 people to the Merrifield Crisis Response Center.
- Of those 2,518 individuals, 586 had potential criminal charges but were diverted from potential arrest to mental health services.
- From January, 2016 through June 2017, CSB conducted 1,689 mental health evaluations related to emergency custody orders (ECOs) through the MCRC.
- In FY 2016, 65 percent of individuals served in CSB behavioral health programs reported having a primary care provider. This is a significant improvement from FY 2015, when only 47 percent reported having a primary care provider.
- As of June, 2017, 325 CSB service recipients have enrolled in the BeWell program.
- Utilizing housing funds awarded in FY 2017, 24 individuals were housed and 13 placements were pending as of June, 2017.
- Currently, there are 794 subscribers to CSB News.

COMMUNITY SERVICES BOARD	Item: 8A	Type: Action	Date: 9/27/17

FY 2017 Year-End Report of the Fairfax-Falls Church Community Services Board

Issue:
The attached FY 2017 Year-End Report, prepared by the Fiscal Oversight Committee for the year ending June 30, 2017, is presented for approval by the Board. Information provided in the report includes financial status information, highlights of key program areas that are being closely monitored by our Board, and a discussion of critical issues for the agency and, most importantly, for the people in our community who need our services.

Recommended Motion:
I move that the Board approve the FY 2017 Year-End Report.

Background:
At the Board's direction, for the past several years, the Fiscal Oversight Committee has been preparing and submitting the Year-End Report to the Board of Supervisors and the Mayors of Falls Church and Fairfax City. The reports are prepared on an annual basis and are presented to the CSB Board as an action item requesting approval. Once approved, the report is transmitted under the signature of the Chair of the Board.

Fiscal Impact:
None

Board Member:
Captain Basilio 'Sonny' Cachuela Jr., Fiscal Oversight Committee Chair

Attachment:
Fairfax-Falls Church Community Services Board FY 2017 Year-End Report and Cover Letter

FAIRFAX - FALLS CHURCH

Community Services Board

TO: Fairfax County Board of Supervisors
Mayors, Cities of Fairfax and Falls Church

FROM: Board of the Fairfax-Falls Church Community Services Board

DATE: September 27, 2017

SUBJECT: Fairfax-Falls Church Community Services Board FY 2017 Year-End Report

We are pleased to transmit the attached FY 2017 Year-End Report for the Fairfax-Falls Church Community Services Board (CSB). With your partnership and support, we have achieved significant accomplishments in key program areas. These are highlighted in our attached report, along with some of the challenges and emerging issues we anticipate in FY 2018.

In FY 2017, CSB provided services to 23,212 people. *The numbers below are unduplicated within each service type, but individuals may have received more than one type of service.*

- 19,570 individuals received mental health, substance use and developmental disability services; of these individuals, 5,833 received CSB Emergency Services.
- 3,642 children received Infant & Toddler Connection (ITC) Services. The average monthly number of children seeking and/or receiving services has grown by more than 20% in the last three years – from 1,380 per month in FY 2014 to 1,615 per month in FY 2017.
- 3,989 people with developmental disabilities received support coordination services.

As part of our continuing efforts to combat the opioid epidemic, in FY 2017, we taught 356 people how to administer life-saving naloxone to reverse the effects of an overdose and save lives. CSB is also working to save lives with its innovative suicide prevention efforts and has a lead role with the Suicide Prevention Alliance of Northern Virginia.

Now in its second year, the Merrifield Crisis Response Center (MCRC) serves as a key intercept point of the County's Diversion First initiative. From January through June 2017, law enforcement officers brought 939 people to the MCRC, and 211 were diverted from potential arrest to mental health services. Our report provides more detail on this successful cross-agency initiative including some of the resultant workload challenges. Also, thanks to your support, CSB launched a second Mobile Crisis Unit, increasing our capacity to provide onsite emergency services in the community.

In FY 2017, CSBs throughout Virginia assumed a major new responsibility as the single point of eligibility determination and case management not only for people with intellectual disability but also for individuals with other developmental disabilities. With your support,

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www.fairfaxcounty.gov/csb

we hired 14 additional support coordination staff members in FY 2017 to help carry out this new responsibility. We are now recruiting and hiring an additional 12 support coordination staff members with FY 2018 funds. People with developmental disabilities other than intellectual disability are now eligible for our employment and day services, which augments the ongoing funding challenge for these services. We conducted an extensive community outreach effort this summer to inform the development of an equitable and sustainable service system.

CSB and New Hope Housing, Inc., launched a new program in FY 2017 with funding through a multi-year, $1.4 million state grant to develop permanent supportive housing options for adults with serious mental illness. In the first year, 16 individuals were placed in newly developed supportive housing units; in FY 2018, we will place another 30 individuals. With your support, we have expanded this housing model further to house individuals who have come into contact with law enforcement or the justice system through our Diversion First effort. As of July 2017, our Diversion First Housing Project had housed 8 individuals, and 13 were in the process of being housed.

The integration of primary and behavioral health care continues to be a strategic priority for CSB and the County human services system. The Community Health Care Network (CHCN) operates a full-time primary health clinic at our Merrifield Center, where a dental clinic and Inova Behavioral Health services are also co-located with us. In FY 2017, our community partner Neighborhood Health, a federally qualified health center, also began providing services part-time at Merrifield, in addition to the services they have been providing at our Gartlan Center. Over 325 people already receiving CSB services for serious mental illness have enrolled in our "BeWell" initiative; many are experiencing significant improvements in key health indicators, including blood pressure and body mass index.

Another major effort in FY 2017 that involved extensive outreach was the revision of CSB guidelines for determining which groups have priority eligibility and access to our non-emergency services. We needed to take a fresh look at the existing guidelines in light of recent challenges including the heroin and opioid addiction crisis, the hundreds of people with developmental disabilities newly eligible for CSB services, our commitment to the Diversion First effort, and the gap in access to community behavioral healthcare services, especially for youth. CSB leadership met with service recipients and families, community partners, CSB staff members and other interested stakeholders. The revised guidelines update and clarify language to be more easily understood by someone who is not already familiar with the process and include a new section on "what to expect at your first visit."

In FY 2017 CSB updated its long-term strategic plan and our board approved the three-year strategic plan for FY 2018-2020. Again, the strategic planning effort involved interviews with key internal and external stakeholders and multiple efforts to solicit public comment. Feedback received was carefully considered and resulted in several changes to the draft plan, including the addition of bilingual staff recruitment as a strategic objective. The new plan's 17 strategic goals address key issues highlighted in this report, including expanded treatment of persons caught in the opioid epidemic.

Our board understands and appreciates the unique role it has in governance and advocacy. CSB Board members' engagement includes not only participation in full board deliberations but also contributions through work done on our various committees. At the end of this month, we will hold our biennial board retreat to focus on board expectations, priorities and strategies. In addition to the strategic priorities outlined in the revised CSB Strategic Plan for 2018-2020, the following areas will be highlighted at the retreat: communications, compliance, challenges and opportunities.

We understand the fiscal challenges you face to make difficult budget decisions, and we remain deeply appreciative of the local funding provided to the CSB. With your continued support and partnership, we will be working to achieve the goals in our strategic plan consistent with the County's Vision Elements. As always, we welcome your review and comments.

Suzette Kern
Chair

Fairfax-Falls Church Community Services Board
FY 2017 Year-End Report

Covering period July 1, 2016, to June 30, 2017

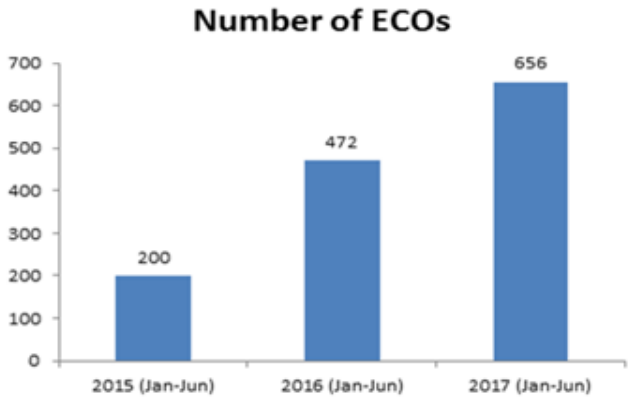
This FY 2017 year-end report highlights key program areas and discusses critical issues for the agency. The CSB board appreciates the Board of Supervisors' continued strong support which allows us to serve the residents of Fairfax County and the cities of Fairfax and Falls Church who need our services. The passages that follow summarize our achievements and challenges.

Diversion First & Decriminalization of Mental Illness

Diversion First offers alternatives to incarceration for people with mental illness, developmental disabilities, and co-occurring substance use disorders who come into contact with the criminal justice system for low level offenses. The goal is to intercede whenever possible to provide assessment, treatment or needed supports.

In its second year of operation, the Merrifield Crisis Response Center (MCRC), continues to be a key intercept point of Diversion First. Located within CSB's emergency services at the Merrifield Center, the MCRC operates as an assessment site where police officers and deputy sheriffs trained in crisis intervention are on duty to accept custody when a patrol officer brings in someone who is experiencing a crisis and needs a mental health assessment. The ability to transfer custody at the MCRC lets patrol officers return quickly to their regular duties and allows the CSB to provide assessment, treatment or needed supports to the individual in crisis. Thanks to the additional funding you provided for FY 2018, law enforcement personnel are now on duty 24/7 at the MCRC.

From January through June 2017, law enforcement officers brought 939 people to the MCRC. Of those 939 individuals, 211 had potential criminal charges but were diverted from potential arrest to mental health services. Of course, as more individuals are diverted to assessment, treatment and support, the CSB workload increases. In the first half of 2017, CSB conducted 656 mental health evaluations related to emergency custody orders (ECOs) through the MCRC. This was a 39% increase from the number of evaluations conducted in the same time period in 2016, and a 228% compared with the same time period in 2015.



We are deeply grateful for the additional funding the Board of Supervisors provided in FY 2017 that has enabled CSB to hire additional emergency services staff to help address the situation.

Other key components of Diversion First are also progressing. Thanks to your support, CSB is now operating a second Mobile Crisis Unit, increasing our capacity to provide emergency mental health personnel and services on site across the county. In FY 2017 CSB hired a service director for Diversion First, whose office is headquartered at the Adult Detention Center. Another critical component of Diversion First -- Crisis Intervention Team (CIT) training -- continues to expand the pool of officers and deputies who are trained to interact effectively with persons experiencing a mental health crisis. Between September 2015 and June 30, 2017, a total of 350 law enforcement officers had graduated from the intensive week-long CIT training. In addition, CSB continues to offer its popular Mental Health First Aid (MHFA) training specifically tailored for fire and rescue personnel and other first responders. By the end of FY 2017, over 200 sheriff deputies had participated in MHFA training. All County magistrates have also completed MHFA training.

Discussions continue regarding establishing specialty dockets in the County court system that would apply problem-solving approaches and procedures focused on defendants – including veterans -- with mental illness and substance use disorders. CSB and the courts are also discussing ways to involve pretrial services in connecting people to needed behavioral health services and supports. Again, we thank you for the additional funding you provided in the FY 2018 budget for additional CSB and public safety staff to support diversion efforts in the courts.

Full implementation of Diversion First as originally envisioned by Fairfax County leadership will require a sustained commitment from our county, city and community leaders. Additional investments from the Commonwealth are also needed for such resources as more CIT training, reintegration services for youth and adults who are at high risk for re-hospitalization, and improved screening and assessment tools.

Opportunities and Challenges with Commonwealth's New Developmental Disabilities Service System

With the closure of the Northern Virginia Training Center in January 2016 and the planned eventual closure by 2020 of all but one of the other state training centers, Virginia is shifting from an institution-based system to a community based service system for people with developmental disabilities. Ensuring the creation of sufficient and appropriate housing and employment/day supports, without shifting costs to localities, remains essential to the achievement of an adequate community-based system.

Although there has been some limited expansion of residential supports, the Commonwealth has failed so far to create such housing and support options in Northern Virginia. The challenge is especially great in Fairfax County due to high costs of real estate and service delivery, inflexible residency limits and insufficient Medicaid waiver reimbursement rates. This will require an ongoing dialogue with the Commonwealth's Executive Branch and General Assembly.

The Commonwealth combined previously separate service delivery systems for people with intellectual disability (ID) and developmental disabilities (DD) into one Developmental Disabilities (DD) services system. The term "developmental disabilities" is now understood to include intellectual disability as well as disorders on the autism spectrum and other developmental disabilities. As of July 1, 2016, CSBs throughout the Commonwealth, including ours, became the single point of eligibility determination and case management for people with intellectual *and* other developmental disabilities. Our CSB's role and oversight responsibility has grown larger, and the number of people served is expected to continue to increase. We are gathering data on how many newly eligible individuals with DD apply for and expect CSB services, and we will be providing you with further information later this fall. There are nearly 2,000 Fairfax residents among the more than 12,000 Virginians currently on the state waiting list for Medicaid waivers.

Our resource challenges include insufficient provider capacity (private and public), Medicaid waiver reimbursement rates that are far below the cost of services in Northern Virginia, and inadequate state/federal funding to support the Commonwealth's program redesign. In order to manage the increasing workload of coordinating support for individuals receiving new Medicaid waivers, the CSB needed to greatly expand its cadre of support coordinators. Thanks to your support, in FY 2017 the CSB was able to hire 14 additional support coordinators. We are now in the process of recruiting and hiring another 12 support coordination staff members with FY 2018 funds you have provided. We are deeply grateful for the strong and consistent support you are providing for these critical services.

We also face a difficult funding challenge with Employment and Day Services as a result of Medicaid waiver redesign and new access by people with developmental disabilities (DD). We all agree that CSB must provide equitable access to the same services for people with DD as are afforded to people with intellectual disability (ID). As directed in the Budget Guidance for FY 2018 and FY 2019 (April 25, 2017), CSB has been conducting extensive outreach efforts to gather input from service providers, advocacy groups, individuals receiving CSB services, their families and other community members who care about the future of county-supported employment and day services. We will use the input from these outreach efforts in developing several models for your consideration for funding an equitable and sustainable service system. We deeply appreciate your support and partnership as we address this challenge.

Preventing overdose deaths from heroin and opioid use

Across Virginia, law enforcement and health care professionals report a skyrocketing number of deaths due to heroin and opioid overdoses. In 2016, more than 1,100 Virginians (including over 100 Fairfax County residents) died from drug overdose, and Virginia emergency departments reported more than 10,000 visits for opioid and heroin overdose treatment. The statewide rate of drug-caused deaths in 2016 exceeded the number of deaths due to motor vehicle accidents. Opioid overdose is now the leading cause of death for individuals under the age of 50.

CSB is at the forefront of the battle in our community to combat the opioid epidemic with our detoxification and treatment services, and our Revive training that teaches non-medical personnel to administer the life-saving opioid-reversal medication naloxone (Narcan®). The state provides some funding, but solutions like medically assisted treatment remain grossly underfunded. Increasingly powerful and deadly drugs are appearing in our region. As overdose fatalities

increase, our wait lists for treatment services continue to grow despite our having been able to serve more individuals by decreasing the length of stay.

To address this urgent, growing crisis we hope to expand service in four key areas with the help of proposed FY 2017 carryover ($1.1 million) from our Fund 40040:

- Expand evidence-based medication assisted treatment (MAT). MAT involves the provision of medications plus nursing services, community case management, and in-home supports to help individuals remain opioid free. CSB has been providing MAT for several years, but additional resources are necessary to meet the community need for this critical service. In FY 2017, approximately 215 individuals received MAT from the CSB. We would like to increase this capacity to be able to serve an additional 80 people.
- Contract for additional medical detoxification beds. There are consistently 2 to 25 individuals awaiting this service. Funding could be used to place individuals in contract detoxification beds and cut the wait list in half.
- Expand the use of peer support specialists across the continuum of services for substance use/co-occurring disorders.
- Contract for additional residential treatment beds. There are consistently 100 people awaiting residential treatment beds.

The additional proposed reserve of $2.5 million will give Fairfax flexibility to work with local, regional and state partners to combat the epidemic in the most efficient and effective ways possible.

Preventing Suicide

CSB is a leading player in suicide prevention efforts in our community, through our emergency and outpatient behavioral health services and our extensive outreach efforts. This year, CSB sponsored two well-attended public forums on youth suicide prevention, posted a new screening tool on our public website homepage, and developed new public information materials targeted to older adults at risk for depression.

CSB continues to offer online, evidence-based suicide prevention training on our website at http://www.fairfaxcounty.gov/csb/at-risk/ . Via interactive role playing with online "avatars," the person taking the training learns how to recognize signs of psychological distress in a young person and to communicate appropriately to connect them with support. We also continue to support a contract with PRS/CrisisLink to provide a crisis and suicide prevention text line and call-in hotline.

We appreciate the support you have provided to launch SPAN--the Suicide Prevention Alliance of Northern Virginia, whose partners include the five CSBs of Northern Virginia and other Northern Virginia groups, all working together to raise awareness and to share suicide prevention resources. Our CSB has a lead role with this regional suicide prevention effort, which receives grant funding from the Virginia Department of Behavioral Health and Developmental Services and is chaired by Jane Woods, one of Chairman Bulova's at-large appointees to our CSB Board.

SPAN coordinates and implements a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader Northern Virginia community. Strategies include mini-grant funding for youth-led suicide prevention efforts;

regional funds for suicide prevention training; regional expansion of the crisis and suicide prevention text line; development and launch of a suicide prevention resource website; and development and implementation of a suicide prevention marketing campaign with adaptations for specific cultural and linguistic populations.

Housing is Key to Stability

In a 2017 survey, CSB case managers reported that 733 individuals they were serving needed affordable housing. For many people with serious mental illness, a successful life in the community requires stable, safe housing plus clinical support – a combination known as "permanent supportive housing."

CSB and nonprofit partner, New Hope Housing, Inc., launched a new program in FY 2017 with funding through a multi-year, $1.4 million state grant, to develop permanent supportive housing options for adults with serious mental illness who are currently receiving CSB services and who are homeless, at risk of homelessness, or at risk of coming in contact with the criminal justice system. Also eligible are individuals leaving hospitals or state institutions, such as the Northern Virginia Mental Health Institute, who have no housing plan. New Hope Housing locates and manages the housing and CSB provides the clinical support.

In the first year of the program, CSB and New Hope Housing placed 16 individuals in newly developed supportive housing units. With FY 2018 funds we will be providing supported housing for an additional 30 individuals.

Thanks to your generous support, we have been able to expand this housing model further to house individuals who have come into contact with law enforcement or the justice system through the Diversion First program. As of July 2017, through our Diversion First Housing Project, we had housed 8 individuals, and 13 were in the process of being housed.

Integrating Primary and Behavioral Health Care

The integration of primary and behavioral health care continues to be a strategic priority for the CSB. Research indicates that people with serious mental illness die 25 years younger than the general population – not from their mental illness, but from chronic, often preventable, health conditions, because they lack access to primary health care.

By co-locating primary and behavioral health services, we are making it easier for individuals we serve to access care and improve their overall health and wellness. Neighborhood Health, a federally qualified health center, now operates part-time at our Merrifield Center as well as at our Gartlan Center. The Community Health Care Network (CHCN) operates a full-time primary health clinic at Merrifield, where a dental clinic and Inova Behavioral Health services are also co-located with us.

In August 2015, the CSB was awarded a $1.6 million grant from the U. S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to support four years of funding to integrate primary care into behavioral health settings at the

CSB's Gartlan and Merrifield sites. With its health care partners CHCN and Neighborhood Health, CSB launched its "BeWell" initiative, now in its second year of operation.

Participation in BeWell is voluntary and open to individuals already receiving CSB services. BeWell participants are matched with health coaches who themselves have lived experience with mental illness or substance use and are now in recovery. Participants have individualized wellness plans. If, for example, someone's health goal is to stop smoking, BeWell can offer tobacco cessation classes. If the goal is to exercise more, BeWell can link them with community recreation centers and exercise classes. Once the goal is reached, BeWell offers activities and supports to help the individual stay well and healthy.

People who enrolled in the first year of BeWell had serious health concerns:

- 61.8% had higher than normal blood pressure
- 82% had a body mass index (BMI) considered to be obese or overweight
- 60.3% were either pre-diabetic or diabetic
- 33.3% had a higher than normal cholesterol level
- 100% had serious mental illness

After just six months of BeWell participation:

- 12.9% had improved their combined blood pressure
- 44.7% had improved BMI scores
- 42.7% showed an improvement in waist circumference
- 50.6% had improved their breath carbon monoxide levels (with goal of tobacco cessation)

With approximately 325 CSB service recipients enrolled in BeWell so far, we are well on our way to meet and exceed the program goal of serving over 700 individuals by the end of the four-year grant period. (The grant is on the federal fiscal year cycle, October 1 – September 30.) We will provide you updated program outcomes in future reports.

Quicker Access to Screening and Assessment

CSB has implemented system changes that have eliminated the wait list for adults requiring an assessment to determine their eligibility for a CSB service. In FY 2017, CSB also began offering walk-in, same-day access to screening and assessments for youth. Why is this so important? Often there is only a small window of time when someone recognizes that they need help and is willing to receive it. If they have to wait too long for an assessment, the chance to intervene may be lost.

With same-day access to screening and assessments, adults and youth can come to the Merrifield Center, Monday through Friday, without prior appointment, at a time that is convenient for them, and receive a free, face-to-face screening to determine if they may meet CSB priority access guidelines. CSB assessment staff members are trained to assess for substance use disorders as well as mental health and co-occurring disorders. If the individual does meet the guidelines for priority access to CSB services, they can be seen that same day, and often by the same staff member, for a full assessment. In addition, a member of the CSB's business staff meets with the individual (or their parent/guardian), prior to the assessment, to inform them of any potential copayments or sliding scale fees.

If an individual is not able to get to Merrifield for the walk-in assessment, CSB staff can perform the screening and assessment using tele-video equipment. CSB can also send a staff member from Merrifield to another site to complete the assessment.

Newly Mandated Core Services Require State Funding

A new law mandates all 39 Community Services Boards (CSBs) and one behavioral health authority to provide additional core services, as described in the Commonwealth's behavioral health system transformation plan, STEP-VA (System Transformation, Excellence and Performance in Virginia). Two of the newly mandated core services go into effect on July 1, 2019; the others go into effect on July 1, 2021.

Effective July 1, 2019, in addition to emergency services which are already mandated, CSBs will also be required to provide same-day access to mental health screening services and outpatient primary healthcare screening, monitoring and follow-up for individuals who need help to access primary health services.

Effective July 1, 2021, CSBs will also be required to provide crisis services for mental health or substance abuse; outpatient mental health and substance abuse services; psychiatric rehabilitation; peer support and family support services; mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a Veterans Health Administration medical facility; care coordination; and case management services. No funding has yet been appropriated for these additional mandates.

We fully support the STEP-VA goals and already offer much of what is covered in this legislation. However, for our CSB to fully meet all these legislative initiatives, without having to decrease other critical services, the General Assembly must appropriate sufficient funds in the FY 2019 budget and subsequent years. As the deadline approaches for implementing STEP-VA, we will also need additional funding from the Commonwealth commensurate with the size of the population our CSB serves. We ask that you advocate forcefully with our Virginia General Assembly members to fund the new mandates.

Workforce Challenges

We greatly appreciate the additional CSB staff positions you approved in FY 2017, which are helping us address the growth in demand for CSB emergency behavioral health and developmental disability services. The CSB was able to use a portion of its FY 2017 carryover balance to help retain and recruit psychiatrists and emergency services workers. These highly trained professionals work in a mandated service area, responding to individuals in crisis and providing prescribing services, two of the most critical services the CSB provides.

Hiring and retaining qualified CSB personnel remains a challenge, however, due to the high cost of living in Fairfax County and the highly specialized skills needed. This can impact service delivery in various ways. For example, for individuals to fully benefit from same-day screening and assessment, CSB must have sufficient personnel to follow up quickly after the assessment to provide the service the person needs. CSB's staffing challenges are complicated by projections

that 26% of our workforce will be eligible for retirement by the year 2020. CSB is collaborating with the Department of Human Resources to broaden our staff recruitment and retention efforts, and to strengthen our succession planning for the future.

COMMUNITY SERVICES BOARD	Item: 8B	Type: Action	Date: 9/27/17

Amendments to the Fairfax Falls Church Community Services Board Bylaws

Issue
Approval of Bylaws for the Fairfax Falls Church Community Services Board with proposed amendment.

Timing
Board consideration is requested on October 24, 2017 so that the Bylaws can become effective, as amended.

Background:
The Fairfax Falls Church Community Services Board (CSB) approved the attached Bylaws with the proposed amendment at the meeting on September 27, 2017. The proposed change to Article VII (1) “Executive Committee, Standing Committees and Ad Hoc Committees” provides for membership on the CSB Executive Committee of not only the past Chair of the CSB Board, but also for any past Chairs continuing to serve on the CSB Board. This change allows for greater continuity on the CSB Executive Committee and takes advantage of the knowledge and experience of any past Chair who continues to be an active member of the CSB Board. This change is not contrary to law or county policy.

Fiscal Impact
None.

Attachments
Attachment 1: Fairfax Falls Church Community Services Board Bylaws -strikethrough
Attachment 2: Fairfax Falls Church Community Services Board Bylaws

Staff
Patricia Harrison, Deputy County Executive
Tisha Deeghan, CSB Executive Director
Cynthia L. Tianti, Deputy County Attorney

Bylaws
of the
Fairfax-Falls Church Community Services Board

Preamble

Subject to the provisions of:

(1) Chapter 5 (Community Services Boards) of Title 37.2 (Behavioral Health and Developmental Services) of the Code of Virginia, as amended, and Chapter 53 (Early Intervention Service System) of Title 2.2 (Administration of Government) as amended, and,

(2) Joint Resolution adopted by the Board of Supervisors of Fairfax County on April 23, 1969, and by the Councils of the Cities of Fairfax and Falls Church on May 28, 1969, as amended, and,

(3) Other applicable laws and regulations.

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

Article I: Name

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

Article II: Purpose

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

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

disabilities, or substance use disorders.

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

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

Article III: Powers and Duties

- Mental Health, , Developmental Disabilities and Substance Use Disorders Services – In order to implement the purpose, set forth in Article II hereof, and pursuant to the requirements of Section 37.2-504 and in accordance with the actions taken by the Board of Supervisors of Fairfax County and the Councils of the cities of Fairfax and Falls Church to establish the board as an Administrative Policy Type board, of the Code of Virginia, the board shall:

  a. Review and evaluate all existing and proposed public community mental health, developmental disabilities and substance use disorder services and facilities available to serve the community and such private services and facilities as receive funds through it and advise the local governing body or bodies of the political subdivision or subdivisions that established it as to its findings.

  b. Pursuant to Section 37.2-508, submit to the governing body of each political subdivision that established it, an annual performance contract for community mental health, developmental disabilities and substance use disorders services for its approval prior to submission of the contract to the Department.

  c. Within amounts appropriated therefore, provide such services as may be authorized under such performance contract.

  d. In accordance with its approved performance contract, enter into contracts with other providers for the rendition or operation of services or facilities.

  e. Make policies concerning the rendition or operation of services and facilities under its direction or supervision, subject to applicable standards, policies or regulations promulgated by the State Board.

  f. Participate with local government in the appointment and annual performance evaluation of an executive director of community mental health, developmental disabilities and substance use disorders services, according to minimum

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

g. Prescribe a reasonable schedule for fees for services provided by personnel or facilities under the jurisdiction or supervision of the board and establish procedures for the collection of the same. All fees collected shall be included in the performance contract submitted to the local governing body or bodies pursuant to subdivision 2 of this subsection and Section 37.2-508 and shall be used only for community mental health, developmental disabilities and substance use disorders purposes. Every administrative policy board shall institute a reimbursement system to maximize the collection of fees from persons receiving services under their jurisdiction or supervision consistent with the provisions of Section 37.2-511 and from responsible third-party payors. Administrative policy boards shall not attempt to bill or collect fees for time spent participating in involuntary commitment hearings pursuant to Section 37.2814.

h. Accept or refuse gifts, donations, bequests or grants of money or property from any source and utilize the same as authorized by the governing body or bodies of the political subdivision or subdivisions that established it.

i. Seek and accept funds through federal grants. In accepting such grants, the administrative policy community services boards shall not bind the governing body or bodies of the political subdivision or subdivisions that established it to any expenditures or conditions of acceptance without the prior approval of such governing body or bodies.

j. Have authority, notwithstanding any provision of law to the contrary, to disburse funds appropriated to it in accordance with such regulations as may be established by the governing body or bodies of the political subdivision or subdivisions that established it.

k. Develop joint annual written agreements, consistent with policies and procedures established by the State Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional Department for Aging and Rehabilitative Services offices. The agreements shall specify what services will be provided to consumers. All participating agencies shall develop and implement the agreements and shall review the agreements annually.

l. Develop and submit to the local governing body of each political subdivision that established it and to the Department the necessary information for the preparation of the Comprehensive State Plan for mental health, developmental disabilities and substance use disorders services pursuant to Section 37.2-315.

m. Take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.

n. Institute, singly or in combination with other operating community services boards, administrative policy boards, local government departments with policy-advisory boards, or behavioral health authorities, a dispute resolution mechanism that is approved by the Department and enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the administrative policy board.

o. Notwithstanding the provisions of Section 37.2-400 or any regulations promulgated thereunder, release data and information about individual consumers to the Department so long as the Department implements procedures to protect the confidentiality of such information.

p. Carry out other duties and responsibilities as assigned by the governing body of each political subdivision that established it.

- Early Intervention Services – In order to implement the purpose, set forth in Article II hereof, and pursuant to the requirements of Section 2.2-5304.1, the board shall:

  a. Establish and administer a local system of early intervention services in compliance with Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and all relevant state policies and procedures;

  b. Implement consistent and uniform policies and procedures for public and private providers to determine parental liability and to charge fees for early intervention services pursuant to regulations, policies, and procedures adopted by the state lead agency in § 2.2-5304; and

  c. Manage relevant state and federal early intervention funds allocated from the state lead agency for the local early intervention system, including contracting or otherwise arranging for services with local early intervention services providers.

Article IV: Members and Terms of Office

Section 1.

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

Section 2.

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

Section 3.
Members are expected to regularly attend all meetings. The Chair will notify the Clerk to the Board of Supervisors if any board member misses three consecutive board meetings and this may serve as grounds for removal. Members may be removed from the board in accordance with the appointing authority policies and procedures governing removal from Boards, provided that such policies and procedures are consistent with the requirements of State Code.

Section 4.
Each member of the board shall serve on at least one Standing Committee. If a board member misses three consecutive committee meetings, the member may be recommended for removal from the committee by the committee and through the Committee Chair.

Section 5.
Each member of the board shall conduct himself or herself cordially and appropriately to members of other governmental or private entities, members of the public or CSB staff, when representing the Fairfax-Falls Church Community Services Board. Each member of the board shall agree to comply with the Code of Conduct issued by the full board.

Article V: Officers and Their Duties

Section 1: Officers
The officers of the Board shall consist of a Chair, immediate past Chair, Vice Chair, and a Secretary, each of whom shall have such powers and duties as generally pertain to such respective offices, as well as such powers and duties as from time to time may be conferred upon them by the board, and which shall specifically include, but not be limited to, the powers, duties and responsibilities set forth hereinafter in Sections 2, 3, and 4 of Article VI.

Section 2: Chair
The Chair shall preside at all meetings of the board; sign or cause to be signed the minutes when approved by the board and such other official documents required of him/her in the course of business of the board; appoint such committees as deemed necessary by the board for its operation and to serve as an *ex officio* member of all committees except the nominating committee; work closely with local public and private facilities, mental health, developmental disabilities and substance use disorders associations of Virginia, and other groups interested in mental health, developmental disabilities and substance use disorder issues; maintain liaison with the Board of Supervisors of Fairfax County and the Councils of the Cities of Fairfax and Falls Church and the State Department of Behavioral Health and Developmental Services; and keep the Board of Supervisors, City Councils, and the Commissioner advised and fully informed as to the activities and programs of the board.

Section 3: Vice Chair
In the absence of the Chair, the Vice Chair shall perform the duties of the Chair.

Section 4: Immediate Past Chair
In the absence of the Chair and the Vice Chair, the immediate past Chair shall perform the duties of the Chair.

Section 5: Secretary
The Secretary shall sign all policies after they have been approved or amended by the board and perform such other duties as requested by the Chair of the Board. The Secretary also regularly reviews and updates the CSB Board Member Orientation Handbook. In the absence of the Chair, the Vice Chair, and the immediate past Chair, the Secretary shall perform the duties of the Chair.

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

Section 1: Nomination and Election
At its regular meeting in April of each year, the Board shall appoint three of its members to serve as a nominating committee. The committee shall submit the name of at least one nominee for each of the offices of Chair, Vice Chair, and Secretary at the June meeting of the board at which meeting the election of officers of the board shall be held. Nominations also may be made from the floor. Members of the nominating committee shall be eligible for nomination but no member shall be nominated whose consent to serve has not first been obtained. A majority of those present and voting shall constitute an election.

Section 2: Term of Office
The term of office of all officers shall be for one year, beginning on July 1 following the election, or until their respective successors are elected, but any officer may be removed from office, either with or without cause, at any time by the affirmative vote of a majority of all the members of the board. No officer may serve more than two consecutive terms in the same office.

Section 3: Vacancies
A vacancy in any office arising from any cause may be filled for the unexpired portion of the term as authorized by the board.

Section 4: Absences
In the absence of the Chair, Vice Chair, Secretary and immediate past Chair from any meeting, the board shall select one of its members to act in such capacity during that meeting.

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

Section 1: Executive Committee
There shall be an Executive Committee of the board. The purpose of the Executive Committee

shall be to draft the agenda for the next full board meeting and to administer, subject to the authority and approval of the Board, the required and necessary business of the board between regular meetings.

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

Section 2: Standing Committees
Standing Committees shall be the Behavioral Health Oversight Committee, the Compliance Committee, the Developmental Disabilities Committee, and the Fiscal Oversight Committee. Their purpose shall be to review and make recommendations to the full board regarding policies, plans, service delivery proposals, budgets, grants, and such other matters as are referred to them by the board or Executive Committee.

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

Section 3: Ad Hoc Committees
Ad Hoc Committees may be established by the full board as needed. Those Committees may be established to address any issue for which the full board determines that the subject matter or issue cannot be adequately addressed by the Standing Committees. The members of each Ad Hoc Committee shall elect one of their members as Chair for a one-year term. The Chair may be reelected to an additional one-year term by the members.

Section 4: Associate Standing Committee or Ad Hoc Committee Members
Associate Standing Committee members are non-voting and may be appointed to each Standing Committee. Associate Standing Committee members are individuals or representatives of organizations and agencies whose work and knowledge is deemed important to the Standing Committee or Ad Hoc Committee. In June of each year, the Standing Committees may bring forth nominations of representatives from the organizations and agencies they desire as Associate Members. These nominations shall be confirmed at the July or January board meeting. Their terms shall be for one year, to begin in September. Associate Standing Committee or Ad Hoc Committee members may be reappointed to each Committee in subsequent years. Vacancies may be filled at any time using the same process.

Article VIII: Meetings

Section 1: Regular
Regular meetings of the board shall be held each month, as scheduled by the board.

Section 2: Special

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

Section 3: Quorum
In order to transact business which requires a vote of the board, a quorum must be present. A quorum is a majority of the members of the board.

Section 4: Voting
Every member, present in person at any validly constituted meeting, shall be entitled to one vote. A majority vote of those members present and voting shall be determinative of any issue.

Article IX: Parliamentary Procedures

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

Article X: Amendments

These bylaws may be amended, altered or supplemented at any regular meeting of the Board by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes has been submitted to the members of the board in writing no less than thirty days prior to the meeting.

Approved: _____ June 28, 2017
CSB Board Chair Date

COMMUNITY SERVICES BOARD Item: 8C Type: Action Date: 9/27/17

CSB FY 2019 Budget in Concept

Issue
Submission of the CSB FY 2019 budget request.

Recommended Motion
I move that the Board approve the proposed CSB FY 2019 budget in concept as presented.

Background
In preparation for submission of the CSB FY 2019 budget request, a proposal is being developed that includes a FY 2018 budget baseline along with some additional funding requests. As discussions are ongoing with the Department of Management and Budget (DMB) to determine the level of additional funding to be requested, as in past years, a conceptual budget is being presented which provides an overview of the baseline and the strategic priorities identified for additional funding.

In light of the mid-October timeframe for submitting the CSB proposed budget and the continuing dialogue with DMB in determining funding levels, the conceptual budget is being presented at this time for CSB board approval. It should be noted that following the mid-October submission, which will be submitted contingent upon final CSB board review, funding level discussions will continue with DMB as it considers county-wide requests and prepares a proposed FY 2019 budget for release in February 2018.

Timing
Immediate.

Staff
Tisha Deeghan, CSB Executive Director
G. Michael Lane, CSB Deputy Director, Administrative Operations
Valecia Witt, Senior Fiscal Officer

Enclosed Document
Attachment A: CSB FY 2019 Conceptual Budget Proposal

Fairfax-Falls Church Community Services Board
Fund 400-C40040
FY 2019 Budget Submission

Based on FY 2018 Adopted appropriation levels, including total expenditures of $166.9 million, total non-County revenues of $36.4 million and a General Fund transfer of $130.4 million, the following funding requests are proposed for FY 2019:

Baseline Adjustments

Fringe Benefits
Funding is requested to support increases in the employer share of fringe benefits, primarily health insurance and retirement over the FY 2018-FY 2019 period.

Anticipated Funding Requests

Employment & Day Services
Funding is requested to support employment and day services for anticipated new participants.
Support Coordination
Funding is requested to provide support coordination services to individuals with developmental disabilities in compliance with federal and state requirements, primarily those pursuant to Virginia's settlement agreement with the US Department of Justice and implementation of Medicaid Waiver redesign.
Diversion First
Funding is requested for the third year of the Diversion First initiative to improve the continuum of crisis intervention services designed to divert individuals with mental illness from more costly services such as incarceration and hospitalization to supports within the community.
Opioid Use Epidemic
Funding is requested to provide medical detoxification, medication assisted treatment (MAT), residential treatment and other services to opioid users.
Contract Rate and Lease Adjustments
Funding is requested to support a 2 percent contract rate increase on personnel services contracts and a 3.5 percent increase in lease costs.

Revenue Adjustments:
Cities

Prepared by Valecia Witt
September 13, 2017