



Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD**Suzette Kern, Chair****Merrifield Center, Level 1 - Room 308 A/B****8221 Willow Oaks Corporate Drive, Fairfax, VA 22031**

Wednesday, June 26, 2019, 5:00 p.m.

1. **Meeting Called to Order** Suzette Kern 5:00 p.m.
2. **Matters of the Public** Suzette Kern
3. **Recognition**
4. **Amendments to the Meeting Agenda** Suzette Kern
5. **Approval of the May 22, 2019 CSB Board Meeting Draft Minutes** Suzette Kern
6. **Director's Report** Daryl Washington
 - A. STEP-VA Update
 - B. Department of Justice (DOJ) Update
7. **Matters of the Board**
8. **Committee Reports**
 - A. Joint Meeting of the Developmental Disabilities and Behavioral Health Oversight Committees Gary Ambrose, Sheila Jonas, and Jane Woods
 - B. Compliance Committee Suzette Kern
 - C. Fiscal Oversight Committee Captain Basilio 'Sonny' Cachuela, Jr.
 - D. Other Reports
9. **Information Item**
 - A. Nomination, DD Cmte Associate Members Sheila Coplan Jonas/Jane Woods
 - B. Nomination, BHOC Associate Members Diane Tuininga
 - C. FY 2020 Community Services Performance Contract Linda Mount
 - D. Human Services Issue Paper Elizabeth McCartney
 - E. CSB Board Policy Review and Comment Period Edward Rose
10. **Action Item**
 - A. CSB Board Officer Elections Suzette Kern
 - B. Establish Ad Hoc CSB Board Retreat Planning Committee Suzette Kern
 - C. Virginia Behavioral/Mental Health Docket Grants Marissa Fariña-Morse
11. **Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).**
12. **Adjournment**

Fairfax-Falls Church Community Services Board

May 22, 2019

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; Thomas Burger; Basilio ‘Sonny’ Cachuela Jr; Ken Garnes; Rachna Sizemore Heizer; Sheila Coplan Jonas; Garrett McGuire; Edward Rose; Nancy Scott; and Diane Tuininga; and Jane Woods

The following CSB Board members were absent: Bettina Lawton

The following CSB staff was present: Daryl Washington; Georgia Bachman; Eileen Bryceland; Evan Jones; Michael T. Lane; Victor Mealy; Linda Mount; Cynthia Tianti; and Lyn Tomlinson

1. Meeting Called to Order

Suzette Kern called the meeting to order at 5:00 p.m., following which new CSB Board Garrett McGuire, representing the Mt. Vernon District, was welcomed and all attendees provided introductions including name and agency or Board affiliation.

2. Matters of the Public

None were presented.

3. Amendments to the Meeting Agenda

The meeting agenda was provided for review. As no revisions were offered, Jane Woods made a motion to accept the agenda as presented that was seconded and passed.

4. Approval of the Minutes

Draft minutes of the April 24, 2019 meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no suggestions for revision were offered, Edward Rose made a motion for approval, which was seconded and passed.

5. Director’s Report

Executive staff provided several agency updates, highlights include:

Daryl Washington reported on recent county and agency activities to include:

- The FY 2020 budget was passed May 7, 2019. The CSB was awarded approximately \$9M that provides:
 - Additional Support Coordination staff positions,
 - Approximately \$2M for Employment & Day services,
 - Funds to advance the Opioid Task Force,
 - Funds to advance Diversion First efforts across the County,
 - A Market Rate Adjustment (MRA) for employees,

- Funds to apply Contract Rate Adjustments (CRA) in support of our vendor partners, and
- Various smaller amounts.
- Copies of the 2018 Diversion First Annual Report were distributed. Mr. Washington reported on three anticipated primary focus areas projected to be super utilizers, courts, and discharge planning. Mr. Washington offered clarification that there is an overlap of services including mental health, jails, and first responders. A reminder was offered of the three dockets including veteran's, mental health, and drug that will be fully implemented in July 2019.
- Reporting that he will provide a comprehensive presentation at the June 26, 2019 CSB Board meeting on STEP-VA (System Transformation Performance and Excellence), Mr. Washington offered a brief overview of recent funding activities including funding provision of:
 - Approximately \$270K for three positions to support Same Day Access
 - Approximately \$410K for four-six positions supporting Primary Healthcare Screening, and
 - Approximately \$220K for Outpatient Services, anticipated to provide two full time positions.
- The CSB made the decision to terminate the contract with AdvantEdge, who have received the mailed notification. Plans to expand the internal billing structure include strengthening the existing billing team and the revenue cycle. Details of this plan will be presented at the June CSB Board Meeting. Notification of the contract termination was provided to County Executive Bryan Hill, Deputy County Executive Tisha Deeghan, and County CEO Joe Mondoro in a recent meeting. Following the meeting, development of a statement informing the Board of Supervisors was initiated.
 - Mr. Washington and CSB County Attorney Cynthia Tianti will discover if the Board of Supervisors (BOS) notification will be in closed session, acknowledging that the distribution of talking points, in development, will be impacted if the information is shared in closed session with the BOS.
- Initial interviews to hire a CSB Deputy Director of Administrative Operations are being held this week. Second interviews are scheduled for the following week. It was reported that CSB Board Members Jennifer Adeli and Captain Basilio 'Sonny' Cachuela, Jr. are serving on the hiring panels.
- CSB Executive Leadership attended a recent meeting with some of the vendor partners. Key topics included:
 - Continued efforts to improve communication, specifically noting interest in receiving notification of state and local activities.
 - Increased participation in legislative efforts, including the upcoming Human Services Issues Paper review and recommendation feedback that is due in July 2019. This due date necessitates that the recommendations be presented to the full Board in June. Mr. Washington noted that the Word version for revision has not yet been received.

- Mr. Washington reported communication with the County Legislative Office related to revision of the Human Services Issues Paper. Two areas, described below, are anticipated to be key concerns prompting consideration that they be recommended as stand-alone issues:
 - Customized rates including the burdensome state process for vendors to apply for, receive approval of, and retain the approved rates, and
 - The development by VCU (Virginia Commonwealth University) of a Behavioral Healthcare Index. It is anticipated that the Index will be a primary tool for financial decisions in assigning funding to CSBs. Based upon the methodology that VCU has indicated they will be using; the Index will have a significantly negative impact on this CSB. It was suggested that a revision to the Community Services Performance Contract (CSPC) may include a required minimum state match to CSB budgets as a possible solution.
- The state has launched an Alternative Transportation pilot program that is currently in Phase I, this CSB will be involved in Phase III. Alternative transportation provides individuals, under a commitment order and who are in crisis, with unrestrained transport in a secure vehicle.
- An update was provided to the CSPC, noting that we are in the second year of a biennial contract, that relieves the need for a public comment period. A copy has not yet been received but is anticipated to be received soon.
- The BOS presented a proclamation of the CSB's 50th Anniversary at the May 21st BOS meeting. The video that was developed by the CSB Communications Team and Channel 16 will be provided to the Board (via a link) once available.

Linda Mount, providing a brief background of this report, distributed copies of the FY 2019 3rd Quarter CSB Status Report (dashboard) highlighting the following:

- Emergency Services Wait times have improved.
- Most individuals have wait times of less than 15 minutes, some may wait longer if indicated appropriate in the triage assessment.
- TDO numbers have stabilized, while ECOs have increased 28% from last year in this same time frame, attributed to Diversion First efforts.
- The impact of Medicaid Expansion is reflected in the cumulative data:
 - The number of individuals with no insurance reported has decreased from 28% to 25%.
 - A review of the data for individuals receiving services in the first quarter through the third quarter shows an 18% increase of those with Medicaid.
 - It was confirmed that individuals enrolled in Medicaid are in excess of 1400, an increase over the 1277 reported at the Fiscal Oversight Committee earlier this month.
 - It is anticipated that Medicaid enrollment will continue to increase, with a commensurate reduction in individuals with no insurance

6. Matters of the Board.

Rachna Sizemore Heizer, encouraging attendance, offered a reminder of the initial Disability Inclusion Conference hosted by the Fairfax County Board of Supervisors and the Arc of Northern Virginia, June 20, 2019 at the Government Center, 8:30 a.m. – 12:30 p.m. topics include housing, workforce, community including business and leisure, and social opportunities addressed through a keynote speaker, panels, and breakout sessions. Registration is open. A flyer with the details will be forwarded to the Board.

Jennifer Adeli provided an update to a report provided at the April CSB Board Executive Committee meeting concerning establishment of four mental health group homes for youth in Mclean (Dranesville District). In response to a lawsuit related to zoning the County Attorney, representing the County Zoning Administrator, received a ruling that the three co-located homes were considered a congregate living facility that would require rezoning for the intended use.

Jane Woods provided an update to recent activities of SPAN (Suicide Prevention Alliance Northern Virginia).

- Noting a flyer had been emailed to Board members earlier, Ms. Woods encouraged attendance at the Military Culture and Suicide Prevention Summit scheduled (in Fairfax) on June 17, 2019 from 10:00 a.m. – 3:00 p.m. (Registration is at 9:30 a.m.) at the Government Center.
- SPAN is hosting an all-day conference on suicide prevention for older adults and youth on Thursday, October 31, 2019 at Inova with Kevin Hines as a keynote speaker. More information will be forwarded as it becomes available.

Gary Ambrose provided an update to the May 16th Diversion First Stakeholders meeting, noting this was his last as he has retired from the group. Michael T. Lane, CSB Director of Individual & Family Affairs provided an overview of the Peer Support Specialist program, highlighting plans for development, deployment, and use of Peer Support Specialists. Mr. Ambrose recommended that the presentation be provided at a future CSB Board meeting. Suzette Kern reported that during the meeting May 16, 2019 as Gary Ambrose Day.

Mr. Ambrose offered a recommendation that in future conversation, the word partners be used in place of vendors, which was unanimously accepted.

Suzette Kern reported attending the CSB 50th Anniversary proclamation at the BOS meeting on May 21st, further reporting that Supervisor Cook stated that planning for a future joint CSB Board and BOS meeting is ongoing.

7. Committee Reports

A. *Behavioral Health Oversight Committee (BHOC)*

Gary Ambrose, provided a brief overview of the May meeting, to include:

- ServiceSource and LMECC (Laurie Mitchell Empowerment and Career Center) staff provided the two Associate Member presentations.
- Lyn Tomlinson provided the staff updates.
- There was discussion of the planned joint meeting of the BHOC and DD committees scheduled for June 12, 2019.

The next BHOC meeting is a joint meeting with the DD Committee on Wednesday, June 12, 5:00 p.m. at the Government Center, Conf. Room 9 & 10.

B. Compliance Committee

Suzette Kern provided highlights of the recent meeting, including:

- Termination of the AdvantEdge contract was reported.
- An update to the implementation of ComplyTrack was provided, noting that Compliance Committee members will be offered an opportunity for input on reports provided to the Board, anticipated to be available in August.
- An overview of the moderate and high-risk compliance and risk management areas
- A report of the Serious Incidents reported in April 2019 was provided, following which it was determined to add this report to the agenda as a standing item.

The next meeting is Wednesday, June 19, at 4:00 p.m. at the Merrifield Center, Level 1 - Room 308 A/B, West.

C. Developmental Disabilities (DD) Committee

Jane Woods and Sheila Jonas, reporting that there had not been a meeting in May, offered a further reminder that there will be joint meetings with the Behavioral Health Oversight Committee on June 12th and again in August.

Ms. Woods, referring to the DOJ (Department of Justice) settlement with Virginia, reported the oversight judge recently provided an annual progress report. Details of the report included several expectations to include:

- Increased collaboration between the state and the DOJ that will include the metrics for Corrective Action Plans (CAPs) and identification of how and when progress and compliance will be measured. The State/DOJ report is due to the judge in December 2019.
- Some concerns include the use of SIS (Supports Intensity Scale), the assessment measurement tool that is used to determine eligibility.
- The end, potentially, of implementation and oversight is December 2020. The negotiated plan is due mid-year 2020, with a subsequent year of continued oversight.

The next meeting is a joint meeting with BHOC on Wednesday, June 12 at 5:00 p.m. at the Government Center, Conf. Rooms 9 & 10.

B. Fiscal Oversight Committee

Captain Basilio 'Sonny' Cachuela, Jr., provided highlights of the May 17th meeting, some of which included:

- The FY 2019 Modified Fund Statement was provided with no significant changes, noting the end of year balance remains approximately \$10M.
- There were a reported 102 vacant general merit positions, two over the Vacancy Breakeven point of 100.
- A Revenue Management Plan was distributed that illustrated the primary factor in uncollected funds is receivables that are too old, prior to December 31, 2017, to

be collected. It was noted that the payment denial rate has improved due to improved monitoring of billing prior to submission.

- A Revenue Maximization Plan, also distributed at the meeting, illustrated the non-billable services that included newly or soon-to-be implemented services including ARTS (Addiction Recovery Treatment Services) and OBOT (Office Based Opioid Treatment). Informatics, Operations, and Credentialing staff are working to eliminate the denials.
- The one-time carryover requests include the CSB Academy: additional Peer Support Specialists for Primary Healthcare Screening and the BeWell program; funding to launch a pilot for placement of eligibility staff at Detox and Crisis Care; implementation of the WIN (Welcoming Inclusion Network) recommendations; building enhancements/space reconfiguration at Merrifield and Pennino; and a request to add funding added to the reserve for the projected Medicaid Shortfall. Members were encouraged to review the minutes.
- Captain Cachuela has completed his second term and will be stepping down following the June meeting, reporting the Fiscal Committee member Jennifer Adeli has accepted the nomination as Committee Chair.

The next meeting is Friday, June 21 at 9:00 a.m. at the Pennino Building, Room 836A.

D. *Other Reports*

Suzette Kern advised the members that an Ad Hoc Priority Access to CSB Services Committee will need to be established and to please consider volunteering at the June meeting. Volunteers included Daria Akers, Nancy Scott, and Suzette Kern.

Captain Basilio ‘Sonny’ Cachuela, Jr volunteered for the Ad Hoc CSB Board Retreat Planning Committee that will be established for planning of the CSB Board Retreat scheduled on Saturday, September 28, 2019.

Ms. Kern further noted the establishment of an Ad Hoc CSB Board Officer Nomination Committee, the members of which include, Ken Garnes, Captain Cachuela, and Sheila Coplan Jonas.

Mr. Ambrose announced a Veteran’s Docket Graduation is scheduled for Thursday, May 23 from 2:00 p.m. – 3:30 p.m. at the courthouse. Attendance is strongly encouraged.

8. Action Item

A. *Establishment of CSB Ad Hoc Fee Policy Review Committee*

Noting that the Board fulfills their statutory responsibility of reviewing the CSB fee policy annually, members were encouraged to volunteer for the Ad Hoc Fee Policy Review Committee. Mr. Ambrose offered a brief overview of the process, sharing that this committee offers a good opportunity to learn about the CSB. Volunteers included Nancy Scott, Sheila Coplan Jonas, Garrett McGuire, and Edward Rose.

Edward Rose offered a motion for approval to establish the CSB Ad Hoc Fee Policy Review Committee that was seconded and approved.

CLOSED SESSION

At 6:00 p.m. a motion was offered, seconded and passed to meet in closed session for Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).

At 8:00 p.m. the Board reconvened the open session at which time a motion was offered, seconded and passed, certifying to the best of the Board's knowledge that only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board in closed session.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 8:01 p.m.

Actions Taken--

- ◆ The May 22, 2019 CSB Board Meeting agenda was approved as presented
- ◆ April 24, 2019 CSB Board Meeting minutes were approved as presented.
- ◆ The CSB Ad Hoc Fee Policy Review Committee was established.

Date

Staff to Board

Major State Level Initiatives Impacting the CSB

System Level Initiatives/Changes:

- STEP-VA
- DOJ Settlement
- Behavioral Health Redesign Workgroup
- Medicaid Phase II (Work Requirements)
 - 20-80 hours/month
 - \$5-\$10 monthly premiums
 - 2020-2021 implementation
 - Keeping individuals informed of requirements and notifying DMAS

Possible Drivers of Future Services, Funding/Resources:

- Virginia Behavioral Health System Assessment (October)
 - JBS International
- Behavioral Health Equity Index: Late Summer/Fall
 - VCU Center on Society and Health
- Joint Legislative Audit and Review Commission (JLARC) Study
Recommendations: (See Handouts)
 - Slow Down STEP-VA
 - Re-examine funding decisions

Wildcards:

- SJ47: Commission to Study Behavioral Health Services
- DBHDS Strategic Plan

System Transformation, Excellence and Performance in Virginia

STEP-VA

Goals of STEP-VA: To improve Access, Quality, Consistency, and Accountability of services in the Commonwealth. The services are adopted directly from SAMHSA's Certified Behavioral Healthcare Clinic Structure. The goal of STEP-VA is to achieve the triple aim of improving population health, the healthcare experience, and reducing costs. DBHDS wants to move the focus of care away from institutional care and towards community based care. (Virginia is presently 35th in funding and only 41% of funding is spent in the community. Nationally, 75% of funding is spent in the community.)

Core Services of STEP-VA:

- 1. Same Day Access:** CSB's will have same day access capacity to screen an individual's behavioral health needs face to face or telephonically. This screening will result in a connection to the appropriate level of care for the individual and family by the end of the contact. If the screening indicates a need for emergent care, the CSB will have protocols for immediately accessing crisis care for both behavioral and physical health. If the screening indicates urgent care needs and/or the individual indicates the need is urgent, the assessment will be started within 1 business day of the screening. If routine care needs are identified the assessment will be started within 10 business days of the screening. Assessments will include any information gathered during the screening process.
- 2. Primary Care Screening and Monitoring:** The CSB is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk. Whether directly provided by the CSB or through a DCO, the CSB is responsible for ensuring these services are received in a timely fashion. Required primary care screening and monitoring of key health indicators and health risk provided by the CSB include those for which the CSB will be accountable. The CSB ensures children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions. Prevention is a key component of primary care services provided by the CSB. Nothing in these criteria prevent a CSB from providing other primary care services.
- 3. Outpatient Services (MAT included here):** CSB's will directly provide outpatient mental and substance use disorder services that are evidence-based or best practices, consistent with the needs of individuals as identified in their treatment plans. These services are to include individual, family, and group psychotherapy. In the event, specialized services outside the expertise of the CSB are required for purposes of outpatient mental and substance use disorder treatment (e.g., treatment of sexual trauma, eating disorders, specialized medications for substance use disorders), the CSB makes them available through referral or other formal arrangement with other providers or, where necessary and appropriate,

through use of telehealth/telemedicine services. The CSB also provides or makes available through formal arrangement traditional practices/treatment as appropriate for the consumers served in the CSB area. Practice approaches will consider such issues as the individual's phase of life and cognitive issues. Children and adolescents are treated using a family/caregiver-driven; youth guided, and developmentally appropriate approach that comprehensively addresses family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.

- 4. Crisis Services:** CSB's will develop policies and protocols for a crisis services continuum of care which first and foremost consider the safety of the individual in crisis, the family, crisis team members, and anyone else directly involved in the situation. These protocols will balance safety with a trauma-informed, recovery, and person/family centered approach to intervention. Protocols should address such issues as deciding where the individual will be seen, what and how many staff are needed, should law enforcement accompany staff if not already involved, and how advanced directives are accessed and used. In addition to safety, decisions and plans made during the delivery of crisis services will be informed by sound clinical judgment and availability of resources. When crisis services are delivered to children and adolescents it shall be done so considering family and caretaker involvement and incorporate appropriate developmental approaches.

Mobile crisis teams available 24 hours a day, 7 days a week, are designed to address the needs of individuals in crisis related to mental illness and substance use disorders. A major goal is to support the individual to remain in the least restrictive environment and provide access to supports needed to stabilize the crisis. This may mean diverting from psychiatric hospitalization or accessing detoxification services. CSBs will have the capacity to intervene in a crisis in the community including an individual's home, workplace, or school, as well as more traditional locations such as the CSB office, police station, or hospital emergency department. Mobile crisis team members will meet the person face-to-face (including through telehealth if necessary) within 3 hours of the crisis being identified by the agency. CSBs may decide the exact composition of the Mobile crisis team based on specific community needs. In addition to the emergency crisis staff, the team should minimally include one QMHP and one peer support specialist.

- 5. Targeted Case Management:** The CSB is responsible for high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. Targeted case management should include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an ED or psychiatric hospitalization.

Case Management Services assist individuals and their family members to access needed services that are responsive to the individual's needs. Services include: identifying and reaching out to individuals in need of services, assessing needs and planning services, linking the individual to services and supports, assisting the individual directly to locate, develop, or obtain needed services and resources, coordinating services with other providers, enhancing

community integration, making collateral contacts, monitoring service delivery, and advocating for individuals in response to their changing needs.

- 6. Care Coordination:** The Agency for Healthcare Research and Quality (2014) defines care coordination as “deliberately organizing consumer care activities and sharing information among all of the participants concerned with the consumers care to achieve safer and more effective care. This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people and that this information is used to provide safe, appropriate and effective care to the patient”.

Care coordination for youth in the CSB model is crucial given the many different entities serving children and adolescents and their families including physical health providers. The intensity of care coordination should be appropriate to the level of need and include High Fidelity Wraparound model when needed.

- 7. Peer and Family Support:** The CSB is responsible for providing peer specialist and recovery coaches, peer counseling, and family/caregiver supports including parent peer support partners. Peers will be certified through the DBHDS certification process. WRAP or equivalent planning will be provided through per and family support services.
- 8. Psychosocial:** The CSB is responsible for evidence-based and other psychiatric rehabilitation services. Psychiatric rehabilitation services provide assessment, medication education, opportunities to learn and use independent living skills and to enhance social and interpersonal skills, family support and education, vocational and educational opportunities, and advocacy to individuals with mental health, substance use, or co-occurring disorders in a supportive community environment focusing on normalization. It emphasizes strengthening the individual’s abilities to deal with everyday life rather than focusing on treating pathological conditions. Specificity may be added to this definition based on the outcome of individual community needs assessments. Specific services to be provided include Mental Health Skill Building Services and Psychosocial Rehabilitation Services as defined in the current Virginia State Medicaid Plan.
- 9. Veterans Services:** The CSB is responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour’s drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. Care provided to veterans is required to be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.



Behavioral Health and Developmental Services Key Challenges

VACSB Conference
May 2, 2019

S. Hughes Melton, MD, MBA
Commissioner
Department of Behavioral Health and
Developmental Services

Implementation Update: STEP-VA Services

STEP-VA Service	Implementation Requirement	Status	Funds Allocated
Same Day Access	July 1, 2019	100% Implementation: March 2019	\$10.8M
Primary Care Screening	July 1, 2019	Launch: July 1, 2019	\$3.7M FY19 \$7.4M FY20
Crisis Services	July 1, 2021	Detox Services RFP issued to CSBs	\$2M FY20
		Crisis Services Launch: July 1, 2019	\$7.8M FY20 (proposed)
Outpatient Services	July 1, 2021	Launch: July 1, 2019	\$15M FY20
Psychiatric Rehabilitation	July 1, 2021	Planning Begins 4thQ FY19	–
Peer/Family Support Services	July 1, 2021	Planning Begins 4thQ FY19	–
Veterans Behavioral Health	July 1, 2021	Planning Begins 4thQ FY19	–
Care Coordination	July 1, 2021	Planning Begins 4thQ FY19	–
Targeted Case Management (Adults and Children)	July 1, 2021	Planning Begins 4thQ FY19	–

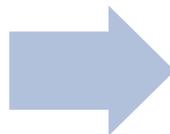
STEP-VA Implementation Process

Formulation of STAC in 2018	Milestones to Date	Future Tasks
<ul style="list-style-type: none">• STAC = <u>STEP-VA Advisory Council</u> is 19 CSB EDs who are a representative cross section of the 40 CSBs.• Plan for and guide the implementation of STEP- VA• Monthly in-person meeting with work done between meetings.	<ul style="list-style-type: none">• Final definitions for Primary Care Screening (PCS) and Outpatient Services• Regional submission of PCS plans and distribution of funds• Workgroups developing metrics for PCS and Outpatient Services	<ul style="list-style-type: none">• Funding formula for Outpatient Services• Allocation & Distribution of \$7.8M Mobile Crisis Funds• Remaining definitions and metrics• Implementation timeframe and estimated costs

Crisis Services in Virginia

Current System

- Out of sync with national best practices
- Fragmented – by age and diagnosis
- MH emergency services and REACH (child & adult) programs operate in coordination, collaboration, but not integrated
- Access to mobile crisis 24/7 –dependent on where you live, age & disability
- Need for increased standardization, including assessments



Future System

- Align w/ national best practices
- Reduce use of hospital EDs
- Dramatically reduce unnecessary bookings into jail
- Universal mental health crisis training to all responders
- Less trauma to individuals, incl. alternative transportation
- Fewer unnecessary hospitalizations
- Fewer people transferred from jail to state hospitals for emergency MH treatment
- Cost savings can be invested in community services

Essential Key Elements

Crisis Hotline
Call centers

Mobile Crisis
Regionally
deployed, 24/7
basis

Residential Crisis
Intervention and
stabilization

Funding, if approved by the Governor, will permit Virginia to initiate the first steps toward an all ages and all disability crisis service system

GA Budget – Support Mobile Crisis Services	FY 2019 GF	FY 2020 GF
Crisis services at CSBs pursuant to the STEP-VA process	–	\$7.8 million

Behavioral Health Redesign – Alignment

The redesign continuum is comprehensive and supports sustainability of STEP-VA services, including the crisis services workgroup.

Transitions from a crisis-driven system to services focused on prevention and early intervention, particularly through Trauma-Informed Care and Adverse Childhood Experiences (ACES).

Developing more comprehensive rates for services that are challenging to sustain (e.g. Multi-System Therapy, Family Focused Therapy, PACT, High Fidelity Wraparound, ICT).

Developing new licensing regulations (upon approval of the 2020 GA) to support realignment and ensure the licensing system supports evidence-based, trauma-informed, prevention-focused and cost-effective services for individuals served across the lifespan.

DOJ Settlement Agreement

- Virginia continues to make progress on the DOJ settlement agreement and we will exit by the planned June 2021 date.

Ten-Year Settlement Agreement Implementation Progress:



- Several current areas of risk include:
 1. Community response to crisis for adults and children;
 2. Quality and risk management;
 3. Case management
- Partnership with public and private providers must continue to ensure that citizens with disabilities across the state receive the best services to meet their needs in the communities where they choose to live.

Achieving Compliance with DOJ

All systems must be fully operational for one year to ensure we demonstrate compliance. Areas specific to CSBs include:

Systems in place to mitigate risk

- Licensing
- Incident Data
- Mortality Review

Systems in place to validate data around all areas identified in the SA

- CCS3 data quality does not meet standards of DOJ or Judge Gibney
- Must use other data sources:
 - WaMS and CHRIS
 - DMAS Data
 - Review Data

Recommendations: CSB Funding

RECOMMENDATION 1

The Department of Behavioral Health and Developmental Services should develop a method to factor in the revenue that each community services board (CSB) should be able to collect through Medicaid and private insurance reimbursements when determining allocations of non-Medicaid state and federal funds to CSBs so that such funds can only be used to pay for services not fully reimbursed by Medicaid. (Chapter 3)

RECOMMENDATION 2

The Department of Behavioral Health and Developmental Services should work with the Department of Medical Assistance Services and the community services boards (CSBs) to analyze if CSBs are maximizing their Medicaid reimbursement for services, and if not, put processes in place to ensure CSBs are maximizing their Medicaid reimbursements. (Chapter 3)

OPTION 1

The General Assembly could consider including language in the Appropriation Act (i) establishing specific objectives for the extent to which funding that the Department of Behavioral Health and Developmental Services (DBHDS) allocates to community services boards (CSBs) should support consistent services statewide versus services that address each community's needs and (ii) directing DBHDS, in collaboration with the CSBs, to develop and submit a proposed funding allocation strategy to meet these objectives to the Joint Subcommittee on Mental Health Services in the Twenty-First Century. (Chapter 2)

Recommendations: Implementation of STEP-VA

RECOMMENDATION 1

The Department of Behavioral Health and Developmental Services should work with community services boards (CSBs) to develop at least one performance measure to indicate whether each CSB is performing same-day behavioral health assessments for each consumer who visits the CSB during same-day assessment hours. (Chapter 2)

RECOMMENDATION 2

The Department of Behavioral Health and Developmental Services should work with community services boards (CSBs) to develop at least one performance measure that will assess whether each CSB is offering a sufficient number of same-day assessment hours at each clinic within its service area to meet community demand. (Chapter 2)

RECOMMENDATION 3

The Department of Behavioral Health and Developmental Services (DBHDS) should pilot phase two of primary care screening at a subset of community services boards (CSBs) that are at different levels of readiness to implement the service. The agency should evaluate the effects of phase two on these CSBs' operations and consumers and use this information to determine whether phase two should be expanded to all CSBs. DBHDS should report on the findings of the pilot program and proposed next steps for primary care screening to the staff and chairs of the House Appropriations and Senate Finance committees following one year of the pilot. (Chapter 2)

RECOMMENDATION 4

The Department of Behavioral Health and Developmental Services should dedicate a senior-level behavioral health staff position to lead and oversee STEP-VA planning and implementation on a full-time basis. (Chapter 3)

RECOMMENDATION 5

The General Assembly may wish to consider including language in the Appropriation Act allowing the Department of Behavioral Health and Developmental Services (DBHDS) to use a portion of future STEP-VA funding for STEP-VA oversight and administration functions at DBHDS. (Chapter 3)

RECOMMENDATION 6

The Department of Behavioral Health and Developmental Services should (i) develop a strategy for all community services boards to access up-to-date information on STEP-VA implementation status, key decisions, and established requirements and (ii) maintain designated points of contact at the agency for providing technical assistance. (Chapter 3)

RECOMMENDATION 7

The Department of Behavioral Health and Developmental Services should base its STEP-VA funding allocation decisions on (i) the demand for specific behavioral health services in each community services board's (CSB) service area and (ii) each CSB's capacity to meet those needs. (Chapter 3)

RECOMMENDATION 8

The General Assembly may wish to consider amending clause 3 of Chapter 607 of the 2017 Acts of Assembly to require community services boards to initiate the provision of all STEP-VA services by July 1, 2022. (Chapter 3)

RECOMMENDATION 9

The Department of Behavioral Health and Developmental Services (DBHDS) should not begin disbursing funds to community services boards (CSBs) for STEP-VA's crisis services until DBHDS and the CSBs have completed sufficient planning, including the requirements, performance measures, and funding allocation plans. (Chapter 3)

RECOMMENDATION 10

The General Assembly may wish to consider including language in the Appropriation Act (i) directing the Department of Behavioral Health and Developmental Services (DBHDS) to submit requirements, performance measures, and funding allocation plans for each of the remaining steps of STEP-VA to the staff and chairs of the House Appropriations and Senate Finance committees, the Secretary of Health and Human Resources, and the Secretary of Finance, and (ii) directing the Department of Accounts to withhold appropriated funds for each of the remaining steps of STEP-VA until DBHDS and the community services boards demonstrate that planning is complete, including requirements, performance measures, and funding allocation plans. (Chapter 3)

RECOMMENDATION 11

The Department of Behavioral Health and Developmental Services should prioritize the remaining steps of STEP-VA to reflect needs of the communities served by Virginia's community services boards. (Chapter 3)

Fairfax-Falls Church CSB Developmental Disability Services

Major Accomplishments:

- Between 2012 and January 2016, 89 individuals were transitioned to the community as part of the closure of NVTC. Many of these residents had lived at NVTC for decades. Thirty-eight (38) of those individuals were placed in community living arrangements within the Region II catchment area. Currently there are 4 Fairfax citizens at SVTC and 1 at CVTC, which is projected to close in 2020.
- In July 2016 CBSs became the single point of entry for all DD individuals. The CSB has taken on services for more than 300 individuals who had been previously managed by private DD case management providers. These individuals do not have a DD Medicaid Waiver but are now eligible for CSB services including Monitoring, case management, and other locally funded services.
- In February of 2019 Support Coordination had a successful technical support consultation with the DBHDS Case Management Quality Improvement Specialist who is monitoring CSB progress on several key metrics. At that time the CSB was meeting or exceeding targets in several key areas.
- Individuals with DD are to be served in the most integrated setting and quality community-based alternatives for individuals with complex needs are to be built. Individuals are experiencing increased community integration, socialization opportunities are expanding, and families are reporting their loved ones are accessing the community in greater ways.
- All persons have been involved in a discussion regarding employment first.
- Employment and Day provider capacity has increased to meet demand, albeit not everyone is able to realize their first provider or service level choice.
- Employment and day services has also served and placed all FCPS special education grads during the DOJ period.
- Improving integrated healthcare services at directly operated group homes.

Challenges/Opportunity:

- Between July 2018 to May 2019, 536 individuals completed the intake process and were found eligible for CSB services and placed into CSB Monitoring services. The numbers of individuals served in Monitoring is the largest service population in support coordination services, accounting for over 3,000 individuals who are without a DD Medicaid waiver.
- For the first time transfers coming from other localities outpaced transfers moving out of County with 28 new individuals transferring *in* and 12 individuals transferring *out*.
- DD Medicaid Waiver rates are insufficient to ensure individuals have access to quality supports and services as required in the DOJSA which stipulates that the Commonwealth build a system of care that serves individuals in the most integrated setting and builds quality community-based alternatives for individuals with complex needs.
- Currently there is no private community capacity to assist the CSB with mandated CM.
- Continuing improvements in the lives of DD individuals in terms of increased community integration, and housing and employment.
- Increased number of Waiver slots are needed to meet the needs of those individuals designated as Priority 1 on the waiting list. The waiting list for services through the DD Waiver has grown to over 2400 people, with 647 of those people waiting in Priority One.
- DBHDS is requiring at least 25% of all persons with a waiver between the ages of 18 to 64 have employment.
- Group Supported Employment (GSE) capacity has remained static. This is the CSB's most requested E & D service. As such some persons are placed more expensive day support while waiting for GSE. We are working to increase GSE capacity, both through a WIN related marketing effort and developing the option for smaller groups (3 person groups instead of 6 to 8 person groups).
- The process for obtaining and continuing customize rates coverage is a barrier and making partners reluctant to take on the most challenging individuals.

Fairfax-Falls Church Community Services Board
Joint Meeting of the Developmental Disabilities Committee and
the Behavioral Health Oversight Committee
June 12, 2019

The Developmental Disabilities Committee and the Behavioral Health Oversight Committee of the Fairfax-Falls Church Community Services Board met in special joint session at the Fairfax County Government Center, 12000 Government Center Parkway, Fairfax, VA.

Committee Members in Attendance: Gary Ambrose, BHOC Chair; Sheila Coplan Jonas, DD Cmte Co-Chair; Jane Woods, DD Cmte Co-Chair; Nancy Scott, DD Member; and Diane Tuininga, BHOC Member

Committee Members Not in Attendance: Daria Akers, DD/BHOC Cmte member; Thomas Burger, DD Cmte member; Captain Basilio 'Sonny' Cachuela, Jr, BHOC Member; Rachna Sizemore Heizer, DD Cmte member; Garrett McGuire, BHOC member

CSB Board Members in Attendance: Suzette Kern, CSB Board Chair

Associate Members in Attendance: Community Living Alternatives (CLA) Susan Keenan; Concerned Fairfax, Joe Pettit; ECHO, Ken Curry; Lutheran Family Services, Andrew Miller; MVLE, Latonia Adams; NAMI – Northern Virginia, Jeanne Comeau; No. VA Mental Health Foundation, Peter Clark; Pathway Homes, Anita Robinson; PRS, Inc., Gilliam Gmitter; Resources for Independence, VA (RIVA), Latoria Bethea and Norma Israel; Second Story, Cathy Benn; and ServiceSource, Dennis Brown, Ken Crum, and Lauren Goldschmidt

Staff in Attendance: Georgia Bachman, Donna Chittum, Evan Jones, Michael T. Lane, Elizabeth McCartney, Victor Mealy, Joseph Rajnic, and Lyn Tomlinson

Guests in Attendance: Gordon Dean

1. Meeting Called to Order

Gary Ambrose convened the meeting at 5:30 p.m.

2. Matters of the Public

None were presented.

3. Approval of the Agenda and Minutes

Approval of the draft minutes of the April 3, 2019 Developmental Disabilities Committee and the May 8, 2019 Behavioral Health Oversight Committee meeting was tabled until the next meeting of the committees due to the lack of a quorum.

4. Associate Membership Nominations to the Developmental Disabilities Committee

Referring to the nomination list for Associate Member agencies to the Developmental Disabilities Committee provided in the meeting materials, Jane Woods offered attendees an opportunity for removal, correction, or addition to the list. As no revision requests were forthcoming, the list was accepted as presented for submission to the full CSB Board at the June meeting for approval.

5. Associate Membership Nominations to the Behavioral Health Oversight Committee

Referring to the nomination list for Associate Member agencies to the Behavioral Health Oversight Committee provided in the meeting materials, Gary Ambrose offered attendees an opportunity for removal, correction, or addition to the list. Jeanne Comeau offered a correction to the agency name as listed. As no further revision requests were forthcoming, the list was accepted as revised for submission to the full CSB Board at the June meeting for approval.

6. Appointment of Developmental Disabilities Committee Co-Chairs

Jane Woods announced that the Committee would continue to be co-chaired. Sheila Jonas accepted a nomination to serve a second term alongside newly appointed Co-Chair Nancy Scott.

7. Appointment of Behavioral Health Oversight Committee Chair

Gary Ambrose announced that Behavioral Health Oversight Committee Member Diane Tuininga had accepted the nomination to serve as Committee Chair.

8. Purpose and Philosophy of Joint Committee meetings and Associate Member Collaboration

Gary Ambrose, noting this meeting was the culmination of the recent partner survey efforts, provided an overview of the goals and anticipated outcomes of participation in a joint meeting, further noting the value of increased collaboration with CSB Board Associate Member Partners. Directing attention to the handout provided in the meeting materials titled *Behavioral Health and Developmental Services Key Challenges*, Mr. Ambrose clarified that this meeting was designed to address the challenges identified in the handout. The meeting structure includes addressing the identified challenges in three ways 1) is there agreement or differentiation with agency strategic outlook, 2) where and how to address identified differences, 3) shape a proposed group approach to meet challenges. Further joint meetings are planned to address the challenges identified at this initial meeting.

9. Purpose and Philosophy of Joint Committee meetings and Associate Member Collaboration

Lyn Tomlinson, offering thanks for tremendous participation in the feedback sessions, noted a key outcome was the opportunity for partners to become more involved in legislative activities in future DD and BHOC meetings, a topic that will be addressed in future independent and joint committee meetings.

Ms. Tomlinson emphasized the value in partner feedback, asking attendees to review the provided contact list for revision of the listed information where needed.

Noting that May was Autism Awareness Month, Ms. Tomlinson reported that the Board of Supervisors, in response from a request from CSB Partner ServiceSource, proclaimed May 2019 at the Autism Awareness Month. Ms. Tomlinson read aloud from the proclamation, following which the plaque was presented to Ken Crum with ServiceSource.

Ms. Tomlinson, provided an overview of the portion of the *Behavioral Health and Developmental Services Key Challenges* that impact tonight's meeting, the highlights of which are provided below.

1. *STEP-VA*; (System Transformation Excellence and Performance), a state program of mandated services, some of which are already provided or are in the implementation phase, including:

- a. *Same Day Access*; projected to be provided at an estimated annual cost of \$2M; the state awarded just \$270K to provide this service.
 - b. *Crisis Services*: a reminder was offered of some material emailed earlier in the day that addressed current efforts to meet the requirements for expansion of these services. Efforts include the Department of Behavioral Health and Developmental Services (DBHDS) and the CSB sending staff to study models of crisis care services, including the Crisis Now model. The Crisis Now model serves individuals, both adult and youth, who have intellectual and developmental disabilities as well as behavioral health and substance use disorders. Reports of findings can be made available upon request. Attendees were encouraged to attend some public meetings, the details for which are included in the materials emailed prior to the meeting.
2. In response to the state hospital bed crisis, the CSB recently received some regional funding to begin providing detoxification services at their 16-bed crisis stabilization facility.
3. Reporting the tremendous amount of work being done on STEP-VA that includes identification of definitions and implementation, Ms. Tomlinson cautioned there have been some fluctuations in the information that is being released by the state, complicating implementation. To remain informed and updated on this and other STEP-VA efforts, CSB Executive Director, Daryl Washington serves on the STEP-VA Advisory Council (STAC). Ms. Tomlinson clarified that this CSB already provides the two services mandated for implementation on July 1, 2019 including Same Day Access and Primary Health Care Screening.
4. Information to participate in the VA Behavioral Health Redesign workgroup, developed to address redesigning the delivery of behavioral health services across the state, will be distributed to interested partners.
5. Approximately \$25M in state funding is being held in reserve in anticipation of increased funding needs related to Medicaid Expansion. This has resulted in a reduction of state financial support.
6. The Department of Justice (DOJ) Settlement is nearing the scheduled expiration date of June 30, 2021. A reminder was offered of this rapidly approaching implementation deadline emphasizing that the settlement requires that the mandated services are in place for no less than one year (June 30, 2020)
7. There was a revision to the procedure following report of in-program deaths to the state (DBHDS) Licensing. All deaths, regardless of type (natural, expected, unexpected, etc.) are now investigated by state licensing staff in addition to the internal investigation performed by Ms. Tomlinson or Medical Director Colton Hand. Additionally, a reminder was offered that there is a dual entry reporting procedure requiring entry into both into the Virginia Waiver Management System (WaMS) and into the Computerized Human Rights Information System (CHRIS).
8. Referring to the Vision Map (page 8-20) in the meeting materials, Ms. Tomlinson noted anticipated challenges in implementing the services as highlighted (varied

colors) without joint support and collaboration of partners. Efforts to increase collaboration are, and will continue to be, ongoing.

Ms. Tomlinson reported that these initial endeavors will be followed by continuing efforts to partner including additional joint meetings and sustained outreach efforts.

10. Facilitated Session

Joan Rodgers, participating as facilitator of the meeting, provided an overview of the meeting design, noting attendees would be seated at multiple table groups to facilitate discussion, following which a synopsis of the individual discussions was offered to the group. Ms. Tomlinson provided some guidance focusing discussion on the following topics:

1. The deadline of the DOJ settlement (provided earlier);
2. The requirements of STEP-VA to include Same Day Access including the requirement that individuals are seen within 10 days, Primary Health Care Screening for all, and Expanded Crisis Services in the community including up to 30 days for services; and
3. Reduced Funding related to Medicaid Expansion.

Three questions, copied below, were presented to stimulate discussion and participation.

1. Do the Strategic Challenges align with your organization's strategic outlook?
2. Where does your strategic outlook differ?
3. How do we meet these challenges together as partners?

Robust discussion followed each (approximately 10 minute) period of table discussion. Ms. Rodgers, using the notes provided by each table and the post-meeting survey, will develop a report for distribution to the groups.

There being no further business to come before the Committee, the meeting was adjourned at 7:28 p.m.

Actions Taken –

- The April 3, 2019 DD Committee meeting minutes approval was tabled until the next meeting of the Committee.
- The May 8, 2019 BHOC meeting minutes approval was tabled until the next meeting of the Committee.
- Nomination of Associate Members to the Developmental Disabilities Committee as presented was accepted for submission to the full Board at the June CSB Board meeting.
- Nomination of Associate Members to the Behavioral Health Oversight Committee as presented was accepted for submission to the full Board at the June CSB Board meeting.
- Sheila Jonas (re-appointed) and Nancy Scott were reappointed as Co-Chairs of the Developmental Disabilities Committee.
- Diane Tuininga was appointed as Chair of the Behavioral Health Oversight Committee.

Date Approved

Clerk to the Board

Fairfax-Falls Church Community Services Board
Compliance Committee Meeting Minutes
May 15, 2019

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

The following Committee members were present: Suzette Kern, Board Chair; Gary Ambrose; Captain Basilio 'Sonny' Cachuela, Jr.; Sheila Coplan Jonas; and Edward Rose

The following Committee members were absent: Ken Garnes and Bettina Lawton

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

1. Meeting Called to Order

The meeting was called to order at 4:00 p.m.

2. Review of Meeting Minutes

Meeting minutes of the April 17, 2019 Compliance Committee were provided for review and revision, following which, Edward Rose made a motion to approve the minutes as presented, that was seconded and approved.

3. Follow up items from April 2019 Compliance Committee Meeting

AdvantEdge

Daryl Washington reported that following a meeting with Bryan Hill, Tisha Deeghan, Joe Mondoro and DMB (Department of Management and Budget) a decision was made to terminate the contract with AdvantEdge, noting that a plan to notify the Board of Supervisors (BOS) is in development. A written notice of termination has been mailed to AdvantEdge.

The alternative billing plan includes reinstatement of the internal billing process with increased internal controls and the hiring and training of additional billing staff. Further plans include meetings with Utilization Maximization staff who work with prior- and re-authorizations. As some steps have already been implemented, it was reported that there has been a decrease in billing denials. Jessica Burris will provide further details of the revenue maximization plan at the May 17, 2019 Fiscal Oversight Committee meeting.

Updates

ComplyTrack

Luann Healy directed attention to the two handouts included in the meeting materials, noting that one of the handouts is the implementation schedule provided by Wolters Kluwer, parent company of ComplyTrack. There was a kickoff meeting on Wednesday, May 1st and a second implementation meeting held earlier that day. The second handout provided some additional details on the steps already taken and further steps planned during the implementation phase. It was confirmed that reports to the Board are anticipated to be generated beginning in August 2019, noting that some Board input on data formatting and delivery is possible.

AdvantEdge

Noting this information was provided earlier during Agenda Item #3, no further information was provided.

4. CSB Moderate/High Risk Compliance and Risk Management Areas

Luann Healy provided an update to incidents reported in April.:

- Ms. Healy, clarifying that incidents are classified using DBHDS standard, reported there were five level III incidents reported that included two deaths, two suicide attempts, and one incident of permanent harm.
- Recommendations to revise the agenda included adding the Serious Incident (Level III) Reporting update and discontinuation of the CSB Compliance Program Tracking report. Incident level definitions will be included in support of the Serious Incident (Level III) Reporting update standing agenda item.

Ms. Healy provided an update to vacancies in the Office of Compliance and Risk Management as follows:

- Positions filled include a Risk Manager, a Quality Assurance Manager, and three Quality Assurance Analysts.
- Interviews are scheduled for four Quality Assurance Analysts and the Compliance Program Coordinator.

CLOSED SESSION

At 4:22 p.m. a motion was offered, seconded and passed to meet in closed session for consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel on a reimbursement matter, as permitted by Virginia Code Section 2.2-3711(A)(8).

At 4:53 p.m. the Board reconvened the open session at which time a motion was offered, seconded and passed, certifying to the best of the Board's knowledge that only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board in closed session.

Immediately following, there being no further business to come before the Committee, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 4:54 p.m.

Actions Taken –

- Minutes of the April 17, 2019 Compliance Committee meeting were reviewed and approved.
- The CSB Compliance Program Tracking Tool removed from the agenda.
- Serious (Level III) Incident Report definitions will be added as a Standing Agenda Item.

June 19, 2019

Date Approved



Staff to the Board

CSB Fiscal Oversight Committee Meeting Minutes

Date: May 17, 2019

Attending: Chair, Basilio 'Sonny' Cachuela, Jr.; Jennifer Adeli; Gary Ambrose; Suzette Kern, Edward Rose

Absent: Ken Garnes and Bettina Lawton

Staff: Daryl Washington; Lyn Tomlinson; Jessica Burris and Donna Chittum

Summary of Information Shared/Decisions:

Captain Basilio 'Sonny' Cachuela Jr. called the meeting to order at 9:00 a.m.

Review of meeting minutes

The April 19, 2019 meeting minutes were presented for review. Recognizing no revisions were forthcoming, Suzette Kern made a motion to approve the minutes as presented, which was seconded and approved.

Financial Status

Jessica Burris, noting 102 vacancies, provided an overview of the Pay Period Metrics further noting that the balance of \$4.4M was mainly unchanged from the previous period.

Confirming that the Modified Fund Statement projections reflected no significant change, it was noted that the Compensation and Fringe projections for Pay Period 9 reflects 102 Vacant General Merit positions, only two from the Vacancy Breakeven Point (VBP). Noting a reduction in the Transfer Out balance, a reminder was offered of the approximately \$600K that had been reserved for mold remediation at Crossroads. This process has been put on hold for further testing and monitoring, reporting possible consideration of this matter during Carry Over discussions. It was confirmed that the Ending Balance Variance remains at approximately \$10M.

Attention was directed to the FY2020 Adopted Budget overview brief included in the meeting materials.

A handout detailing revenue management efforts was distributed.

- *Revenue Management Metrics & Monitoring:* an overview of each page and chart was provided, noting that a primary factor in this report is aging receivables that are too old to be collected. The total write off is projected to be approximately \$1.5M for funds uncollected prior to 12/31/2017. It was highlighted that the payment denial rate has improved, due to increased monitoring of billing prior to submission.
- *Revenue Maximization Plan:* it was highlighted that the primary lack of revenue is non-billable services, the breakout chart for which was included. Some of the non-billable services are newly or soon-to-be implemented services including ARTS (Addiction Recovery Treatment Services) and OBOT (Office Based Opioid Treatment). Informatics, Operations, and Credentialing staff are working to eliminate the denials created when services are delivered by non-eligible or improperly credentialed staff, and when documentation is incomplete or erroneously completed.

Administrative Operations Report

Daryl Washington provided an overview of carryover one-time requests that included, 1) the CSB Academy; 2) additional staff in Utilization Management to address MCO (Managed Care Organization) documentation and pre-service delivery requirements, noting that the funds, if approved, will be added to the base; 3) Peer Support Specialists for Primary Healthcare Screening and the BeWell program through 12/31/2020; 4) funding to launch a pilot for placement of eligibility staff at Detox and Crisis Care; 5) implementation of the WIN (Welcoming Inclusion Network) recommendations; 6) building enhancements/space reconfiguration at Merrifield and Pennino; 7) funding added to the \$2.3M reserve

CSB Fiscal Oversight Committee Meeting Minutes

for the projected Medicaid Shortfall, noting it was indicated that the current reserve balance was thought to be sufficient. Board and Committee members will be updated once costs have been assigned.

Human Resources (HR) Update

Donna Chittum provided the HR update noting the information was current as of May 11th with 105 Vacant General Merit positions, up two positions from the prior period. Highlights of recent recruitment activities to fill vacancies in critical areas include:

- *BHOP*: interviews are scheduled for both vacant positions
- *Youth & Family*; the two vacant BHS (Behavior Health Specialist) positions have been filled as of May 13th and May 28th. Of the seven Sr. Clinician positions, hiring packets are being prepared for three and references are being checked for an additional three.
- *Support Coordination*; there are some interviews and hiring packets in process.
- *Adult Detention Center (ADC)/Jail Diversion*; hiring packets are in process for some positions, noting that one candidate accepted, then declined a position, restoring a vacant position. Offering a reminder of the four new positions in the FY 2020 budget, a Realistic Job Preview has been scheduled for June 12, with a goal of having the vacant positions posted by that date.
- *Compliance & Risk Management*; interviews are or will be scheduled for the five listed vacancies.

Daryl Washington provided a further personnel update related to STEP-VA staffing. Some new positions have been identified and created per guidance from DMB including three for Walk-in Access, five for Primary Healthcare Screening, and two for Outpatient Services. Mr. Washington further reported anticipation of additional funding for Outpatient Services, the distribution for which is unknown, and some funding for Crisis Services that is anticipated to be distributed regionally as a contract service.

Mr. Washington confirmed FY 2020 STEP-VA funding at approximately \$200K for Same Day Access, \$400K for Primary Healthcare Screening, and \$226K for Outpatient Services.

Clinical Operations Report

Lyn Tomlinson noting the Jail Based Organization chart had not been included in the materials, confirmed a copy would be sent to the Committee. There are two open positions at the Adult Detention Center (ADC) for which interviews have just been completed, offering a reminder that there is one vacancy as a staff member is leaving. Further updates included:

- Reporting a Diversion First meeting Tuesday, May 16th, there was a staff presentation on the CRT (Crisis Response Team); the team that partners with Law Enforcement and Fire & Rescue, to serve high-utilizers in the community. It was reported that the CRT has expanded their hours to five days/week noting the outreach includes recurring case management visits. There is a reported decrease in the number of calls to 911 and emergency services. However, this is contrasted with a reported increase in calls to hospitals and emergency rooms. Efforts to address this with INOVA have been implemented.
- The Time to Treatment charts indicated an overall decrease in wait times.
 - Adult Time to Treatment includes decreased wait times for Intensive Outpatient (IOP) services attributed to revisions to the no-show policy. Noting that individuals receiving Behavioral Health Outpatient (BHOP) services also typically need psychiatric services, it was further noted that psychiatric services have a longer than average wait time. Initial efforts to address this with Medical Director Dr. Colton Hand have begun, updates will be provided as information becomes available.
 - Youth Time to Treatment remains steady, noting that this time of year, March – June are typically a busier than usual time of year for youth appointments.

CSB Fiscal Oversight Committee Meeting Minutes

- At the April Fiscal Oversight Committee meeting, best practices metrics for emergency services wait times were requested. Ms. Tomlinson reported the difficulty in locating information on wait times, however, research is ongoing. Additionally, identification of the metrics to be researched is under discussion. Offering a reminder that the initial data provided did not include night hours, these will be added once the reporting feature is revised to track this information. A further update will be provided at the June meeting.
- Offering an update to establish medical clearance at the Merrifield Center, efforts to work with Neighborhood Health have begun. INOVA is unable to provide the service as needed at this time.

Open Discussion

- Captain Cachuela offered a reminder that June would be his final meeting as chair, a nomination for Jennifer Adeli as Committee Chair was put forth Suzette Kern and accepted by all Committee members present.
- Captain Cachuela offered a reminder that the June meeting would be at Merrifield in Room 1-308 A/B

Noting no further discussion was forthcoming, the meeting was adjourned at 10:18 a.m.

Action Items/Responsible Party Required Prior to Next Meeting:

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Fiscal Oversight Committee meeting

Friday, June 21, 2019, 9:00 am. Merrifield Center, 8221 Willow Oaks Corporate Drive, Level 1-Room 308 A/B, West, Fairfax, VA

June 21, 2019

Date Approved



Staff to the Board

FY 2020 CSB Developmental Disabilities Committee Associate Member Nominations

Background

In observation of the procedure outlined in the CSB Bylaws for the appointment of Associate Committee Members of the Developmental Disabilities Committee, the following are being nominated. At the July 2019 CSB Board meeting, a motion will be presented for final approval.

1. Arc of Northern Virginia, The
2. Career Support Systems, Inc.
3. Chimes Virginia
4. Community Concepts, Inc.
5. Community Living Alternatives
6. Community Systems, Inc.-VA
7. CRi
8. ECHO
9. Langley Residential Support Svcs
10. Lutheran Family Services of Virginia, Inc.
11. Melwood (Linden Resources)
12. MVLE
13. Resources for Independence of Virginia., Inc.
14. SD Carter Enterprises, LLC
15. ServiceSource
16. Thrive Health Care Services, LLC

CSB Board Member:

Sheila Coplan-Jonas, Co-Chair, Developmental Disabilities Committee

Jane Woods, Co-Chair, Developmental Disabilities Committee

FY 2020 CSB Behavioral Health Oversight Committee Associate Member Nominations

Background

In observation of the procedure outlined in the CSB Bylaws for the appointment of Associate Committee Members of the Behavioral Health Oversight Committee, the following are being nominated. At the July 2019 CSB Board meeting, a motion will be presented for final approval.

1. Advisory Board for the Joe and Fredona Gartlan Center
2. The Brain Foundation
3. The Chris Atwood Foundation
4. Concerned Fairfax
5. CRi
6. Dominion Hospital
7. INOVA Health System
8. Laurie Mitchell Empowerment & Career Center
9. Multicultural Clinical Center
10. NAMI Northern Virginia
11. National Counseling Group
12. No. VA. Mental Health Foundation
13. NW Center for Community MH Adv. Bd.
14. Oxford House/Virginia Outreach Services for Northern VA.
15. Pathway Homes
16. PRS, Inc.
17. Recovery Program Solutions of Virginia (RPSV)*
18. Second Story
19. ServiceSource, Inc.

*Consumer Wellness Center of FC

*Merrifield Peer Resource Center

*Reston Wellness Center

*South County Recovery and Drop-In Center

CSB Board Member:

Diane Tuininga, Behavioral Health Oversight Committee Member

Item Title

FY 2020 Community Services Performance Contract Renewal and Revision

Issue:

The FY 2020 Community Services Performance Contract Renewal and Revision (“State Performance Contract”) has not yet been released. It is anticipated that the contract will be due to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) on July 10, 2019, with final signature pages due on August 7, 2019.

Background

The Community Services Performance Contract delineates the responsibilities between DBHDS and the community services boards and behavioral health authority for the purpose of providing local public mental health, developmental, and substance abuse services. It specifies the conditions to be met for a CSB to receive State-controlled funds, identifies the groups of consumers to be served with state-controlled funds, and includes requirements to ensure accountability to the state. It includes all services provided or contracted by the CSB. The Contract Renewal and Revision includes projections for budget, staff resources, and service provision for FY 2020, as outlined in the core service taxonomy.

In 2012, DBHDS amended the contract term from one year to two years. A biennial contract term eliminates the need for a local 30-day public comment period for FY 2020. As the Fairfax County Board of Supervisors approved the two-year contract last year, BoS approval is not required for this renewal.

While the contract has not yet been received from DBHDS, the CSB has developed the following timeline based on the draft contract:

April	Run Q3 data reports
June 12	Receive Community Services Performance Contract from DBHDS
June 10-25	Meet with Service Directors to review Q3 data and any planned changes for FY 2020
June 26 – July 3	Develop projections for FY 2019
July 3	Populate Community Automated Reporting System (CARS) report with fiscal, personnel, and service data
July 8-9	Finalize CARS report
July 10	Send CARS report to DBHDS
July 24	Action Item for CSB Board to approve contract renewal
July 24	Obtain Executive Director and CSB Board Chair Signatures
July 25	Submit Contract Renewal to DBHDS

Projected dates based on information provided by DBHDS and may be modified if contract distribution or due dates change

Once the contract has been distributed, the CSB Board will receive contract materials, to include any contract changes.

Staff

Linda Mount, Director, CSB Analytics & Evaluation
 Daryl Washington, Executive Director

2020 Human Services Issue Paper

Issue:

Board approval of three legislative matters including:

- Proposed edits to the CSB-related sections of Fairfax County's 2020 Human Services Issue Paper,
- A Position Statement requesting increased funding for PATH-eligible individuals to live in Intensive Community Residential Treatment (ICRT) sites,
- A Position Statement requesting ongoing state funding and support for the implementation of Virginia's Mental Health Access Program (VMAP).

Background:

In preparation for updating the 2020 Human Services Issue Paper, the CSB, as well as other human services agencies, review and revise positions related to human services issues, including those of concern to the CSB. Each December, the Fairfax County Board of Supervisors approves the Human Services Issue Paper as a supplement to the county's annual Legislative Program, which informs public officials of the county's positions on legislative policy issues.

Timing:

Immediate

CSB Board Members and Staff:

Suzette Kern, CSB Chair

Daryl Washington, CSB Executive Director

Elizabeth McCartney, Public Policy/Legislative Analyst

Enclosed Document:

Attachment A – Draft issues for the 2020 Human Services Issue Paper

CSB Board Review of Outdated CSB Board Policies

Issue:

Review and updating of CSB Board Policies

Background:

As part of the ongoing triennial review process, six CSB Board policies are being submitted to the CSB Board for review and revision. The policies, with recommended revisions added, will be submitted to the Board for final discussion and approval at the July 2019 CSB Board meeting. The policies within this review include:

- 0005 – Definitions
- 1105 – Orientation and Training of Board Members
- 1203 – Policy, Regulation, & Procedure Manuals
- 2205 – Planning
- 2500 – Human Research Review and Approval
- 4201 – Procurement
- 1201 – Adoption and Cancellation of Policy

It was determined that policies that do not require revision should be readopted as is.

Timing:

Immediate

Board Member

Edward Rose, Secretary to CSB Board

Enclosed Documents: (Attachments A – G)

- A. 0005 – Definitions
- B. 1105 – Orientation and Training of Board Members
- C. 1203 – Policy, Regulation, & Procedure Manuals
- D. 2205 – Planning
- E. 2500 – Human Research Review and Approval
- F. 4201 – Procurement
- G. 1201 – Adoption and Cancellation of Policy

Policy Number: 0005
Policy Title: Definitions
Date Adopted: TBD

Purpose

To define selected terms used in policies.

Policy

In order to clarify references to the Community Services Board in policy statements, different terms will be used to refer to the members of the Board and to the agency.

1. "Administrative Policy Board" also known as the "CSB Board" refers to the citizen governing Board appointed by the Fairfax County Board of Supervisors, the Council of the City of Fairfax and the Council of the City of Falls Church.
2. "CSB" refers to Community Services Board as an agency.

Approved _____
Secretary Date

Reference: Title § 37.2-500 of the Virginia Code

Policy Adopted: December 20, 1989
Revision Adopted: December 22, 1993
Revision Adopted: April 23, 1997
Revision Adopted: March 29, 2000
Policy Readopted: April 23, 2003
Policy Readopted: April 26, 2006
Policy Readopted: February 25, 2009
Revision Adopted: December 17, 2014

Policy Number: 1105
Policy Title: Orientation and Training of
Board Members
Date Adopted: TBD

Purpose

To ensure that all Board members are provided sufficient training to enable them to exercise their authority and carry out their responsibilities.

Policy

It is the policy of the Board that all Board members should participate in an ongoing training program. This program will consist of the following components.

1. Orientation for new Board members – This should be conducted by the Board Chairman and Executive Director within 60 days of appointment. In addition, each Board member is expected to be familiar with the Board Member’s Handbook.
2. Mentor – The Chair will assign a Board member to serve as a mentor for each new Board member.
3. Training Sessions – Training will consist of presentations and discussion of specific programs, of trends in service delivery or client needs, or of procedures related to management and planning.
4. Program Visitations – All Board members are encouraged to visit as many of the directly operated and contractual programs as possible. The staff will organize at least one group visit to selected programs annually.
5. Conferences and Seminars – All Board members are encouraged to attend conferences and seminars directly related to the work of the Board. Members are eligible to be reimbursed for their expenses within the limitations of available funding.
6. Professional Literature – Board members should review excerpts from professional literature provided to them by the Executive Director.

It is the responsibility of the Executive Committee to annually review the training requirements of the Board and establish a training schedule which includes dates and topics. It is the responsibility of the Executive Director to assist with requests from the Board. It is the responsibility of the Clerk to the Board to maintain the Board Member’s Handbook, and to make arrangements for training sessions.

Approved _____
Secretary Date

Policy Adopted:	June 1980
Policy Readopted:	June 1987
Policy Readopted:	May 1989
Revision Adopted:	December 22, 1993
Revision Adopted:	August 24, 1994
Policy Readopted:	April 23, 1997
Revision Adopted:	March 29, 2000
Revision Adopted:	September 24, 2003
Revision Adopted:	April 25, 2007
Revision Adopted:	February 18, 2009
Policy Readopted:	March 25, 2009
Policy Readopted:	November 20, 2013

Policy Number: 1201
Policy Title: Adoption, and Cancellation
of Policy
Date Adopted: TBD

Purpose

To specify methods, responsibilities, and procedures to be followed by the Board and CSB when formulating, establishing, reapproving and canceling Board policy.

Policy

Board policy will be established using the following guidelines:

1. Any person may present an issue for policy consideration to the Board.
2. If the Board agrees that a policy on a particular subject should be developed, it will direct the Executive Director to draft a policy for its review.
3. Formal Board adoption of policy routinely shall proceed as follows:
 - a. The Executive Director or designee shall present a draft policy to the appropriate committees and the Board for review and comment.
 - b. The review process will facilitate maximum consumer and family member participation, including the posting of policies being considered on the CSB web site for public review and comment.
 - c. A new policy may be adopted or a previously approved policy may be revised in a two-month cycle. The first presentation shall be for information and the second for approval.
 - d. If the new or revised policy is considered by the Board to be responsive to emergency circumstances, the Board may adopt the policy at the first presentation.
4. Reapproval of a policy which contains no revisions or cancellation of a policy may occur upon its first presentation.
5. All policies will be reviewed by the Board and reapproved at least every three years.
6. The sole responsibility for review and action on policy matters lies with the Board.

Approved _____

Secretary

_____ Date

Policy Adopted: January 10, 1978
Revision Adopted: February 22, 1978
Revision Adopted: November 15, 1989
Revision Adopted: August 24, 1994
Revision Adopted: April 23, 1997
Revision Adopted: March 29, 2000
Policy Readopted: April 23, 2003
Revision Adopted: March 18, 2009
Policy Readopted: April 29, 2009
Policy Revised: January 28, 2015

Policy Number: 1203
Policy Title: Policy, Regulation &
Procedure Manuals
Date Adopted: TBD

Purpose

To formally document and communicate the policies, regulations, and procedures of the Board.

Policy

All policies approved by the Board shall be formally documented. The policies will be maintained in a Policy Manual for reference by the Board, CSB staff, and contract agency personnel. Policies no longer applicable due to revisions or cancellation will be retained separately. Board members shall receive a copy of the Policy Manual.

Regulations will be maintained in a Regulation Manual for reference by Board, CSB staff and contract agency personnel. A Procedures Manual containing procedures relevant to program operations will be maintained by the issuing authority as appropriate.

Approved

Secretary

Date

Policy Adopted: November 1975
Revision Adopted: June 1980
Revision Adopted: December 1985
Revision Adopted: November 15, 1989
Policy Readopted: December 22, 1993
Policy Readopted: August 24, 1994
Revision Adopted: April 23, 1997
Revision Adopted: March 29, 2000
Revision Adopted: June 25, 2003
Policy Readopted: March 25, 2009
Policy Readopted: November 20, 2013

Policy Number: 2205
Policy Title: Planning
Date Adopted: TBD

Purpose

To provide guidance for the development and monitoring of a high level strategic business plan for the Fairfax-Falls Church Community Services Board.

Policy

The Board will review and endorse processes and outcomes involved in the creation of the CSB Strategic Business Plan.

1. The Board shall participate in setting the high level strategic plan.
2. The Board will ensure opinions of individuals receiving services, their families, service providers and other interested members of the community are solicited to help identify needs and trends, as well as potential goals.
3. Measures will be developed by staff that are linked directly to the plan. These measures will be regularly reported out to the Board and CSB.

Approved _____
Secretary Date

Policy Adopted: January 1995
Revision Adopted: April 1998
Revision Adopted: September 19, 2001
Revision Adopted: September 28, 2005
Revision Adopted: March 18, 2009
Policy Readopted: April 29, 2009
Policy Revised: November 20, 2013

Policy Number: 2500
Policy Title: Human Research
Review and Approval
Date Adopted: TBD

Purpose

The purpose of the Human Research Review and Approval Policy is to assure the Fairfax-Falls Church Community Services Board (CSB) complies with Commonwealth of Virginia’s Department of Behavioral Health and Developmental Services (DBHDS) Human Rights Regulations, and appropriate professional, local, state, and federal standards regarding human research projects.

State law requires CSBs to support research that will enhance the ability to serve individuals receiving CSB services, but also requires the CSB to protect such individuals’ human rights. This requires the development of methods to balance potentially conflicting responsibilities among research and service delivery based on sound therapeutic practice.

This guidance does not apply to the gathering of statistical aggregate data, or the keeping and analysis of service records.

Policy

It is the policy of the Community Services Board to promote, sponsor and conduct ethical scientific studies that aid in the understanding and ability to serve individuals receiving CSB services.

Prior to engaging in any research project, CSB staff shall follow CSB regulations and procedures to assure all research is reviewed according to standards set forth in the DBHDS Human Rights Regulations, and other pertinent standards. This includes the establishment of a research review committee, an expedited review process, and full committee review process.

Approved _____

Secretary

_____ Date

References

Commonwealth of Virginia Sources

- Code of Virginia: 37.2-306, Research into causes of mental illness, mental retardation, substance abuse and related subjects.
- Code of Virginia: Chapter 5.1 - Human Research 32.1-162.16 (Definitions), 17 (Exemptions), 18 (Informed consent), 19 (Human research review committees).
- Commonwealth of Virginia, Department of Mental Health, Mental Retardation and Substance Abuse Services, 12 VAC 35-115-130, Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operate by the Department of Mental Health, Mental Retardation and Substance Abuse Services-Research.

FEDERAL SOURCES

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- US PUBLIC LAW 104-191 (HIPAA). Title II Subtitle F
- 45 CFR Part 164, Subpart E, §164.512 (i)
- OCR Guidance on HIPAA & Research:
<http://www.hhs.gov/ocr/hipaa/guidelines/research.pdf>
- Department of Health & Human Services, National Institutes of Health, Office for Protection from Research Risks; Title 45 (Public Welfare), CFR Part 46 (Protection Of Human Subjects), Department of Health and Human Services, National Institute of Health, Revised November 13, 2001, Effective December 13, 2001.

Policy Adopted: June 24, 2009
Replaces Policy 2200 Dated September 19, 2001

Policy Readopted: November 20, 2013

Policy Number: 4201
Policy Title: PROCUREMENT
Date Adopted: TBD

Purpose

To establish the basis for the Fairfax-Falls Church Community Services Board (CSB) to enter into contracts.

Policy

The CSB will comply with the Fairfax County Purchasing Resolution and all related Fairfax County procurement procedures.

Approved _____
Secretary Date

Policy Adopted: March 29, 2000
Revision Adopted: June 25, 2003
Revision Adopted: February 25, 2009

Election of CSB Officers

Issue

Nominations for CSB officers to serve for one year beginning July 2019 will be presented by the CSB Nominating Committee as well as a call for any nominations from the floor. The elections will be conducted by voice vote.

Recommended Motion

I move that the CSB approve the slate of FY 2020 CSB officer nominations by acclimation as presented.

Background

CSB Board Officers are elected each June. As required by Article VI of the CSB Bylaws, in April 2019 three Board members, Ken Garnes, Sheila Coplan Jonas, and Captain Basilio 'Sonny' Cachuela, Jr, were appointed to serve as the Nominating Committee and to submit at least one nominee for each office of Chair, Vice Chair, and Secretary. At the May 2019 CSB meeting, Board members were apprised that identification of candidates for recommendation was ongoing. Further, members were informed that nominations may be made from the floor.

The term for the newly elected officers begins on July 1, 2019.

Fiscal Impact

None

CSB Officer Nominations Committee--Board Members

Ken Garnes

Sheila Coplan Jonas

Captain Basilio 'Sonny' Cachuela, Jr

Establishment of Ad Hoc 2019 CSB Board Member Retreat Planning Committee

Issue

To approve creation of an Ad Hoc 2019 CSB Board Member Retreat Planning Committee.

Recommended Motion

I move that the CSB Board establish an Ad Hoc 2019 CSB Board Member Retreat Planning Committee comprised of volunteer Board members.

Background

As outlined in the CSB Bylaws, 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 a Standing Committees. The members of each Ad Hoc Committee shall elect one of their members as Chair for a one-year term.

The Ad Hoc 2019 CSB Board Member Retreat Planning Committee will define the focus and content of the Board Retreat Agenda and CSB staff participation.

Timing

Request immediate approval to establish an Ad Hoc CSB Board Retreat Planning Committee for the September 28, 2019 CSB Board Retreat.

Board Member/Staff

Suzette Kern, Chair

Virginia Behavioral/Mental Health Docket Grants

Issue:

Request for approval from the Fairfax-Falls Church Community Services Board to accept funding, if awarded, from State Supreme Court of Virginia, Office of the Executive Secretary.

Recommended Motion:

I move that the Board approve submission of and accept funding of \$45,000, if awarded, for the Virginia Behavioral/Mental Health Docket Grant.

Background:

The Virginia Supreme Court, Office of the Executive Secretary provides oversight of all specialty treatment dockets/courts in Virginia pursuant to rule 1:25. This project will provide operational support for the Mental Health Docket that will help assure that the Essential Elements of Mental Health Dockets in Virginia are met.

Grant funding will be utilized to support supplies totaling \$39,584.00 and travel totaling \$3926.00.

Timing:

Board action is requested on June 26, 2019 as the grant submission deadline is tomorrow, June 27, 2019.

Fiscal Impact:

If awarded, funding of \$45,000 over a one-year period will be utilized to support supplies totaling \$39,584.00 that will include drug testing and monitoring for participants, incentives for program successes, training materials, temporary housing, and transportation for participants. Travel totaling \$3,926.00 has been requested for two Mental Health Docket team members to attend the National Association of Drug Court Professionals Annual Conference in 2020. There is a Local Cash Match required to accept this award that will be met through the existing funding of the Mental Health Docket Coordinator (S-26) position. This funding will be available for a one-year period, renewals may be available based on state funding. The County will not be responsible to continue this project beyond this time period.

Creation of Positions:

If awarded, this grant will not be utilized to support any positions.

Staff:

Marissa Fariña-Morse
Georgia Bachman