



Community Services Board

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
EXECUTIVE COMMITTEE MEETING**

**Bettina Lawton, Chair
Merrifield Center
8221 Willow Oaks Corporate Drive,
Level 3 – Room 314, West
Fairfax, VA 22031**

Wednesday, December 11, 2019, 5:00 p.m.

1. **Meeting Called to Order** Bettina Lawton 5:00 p.m.
2. **Approval of the November 13, 2019 Executive Committee Meeting Minutes**
3. **Adoption of the Executive Committee Agenda**
4. **Directors Report** Daryl Washington
5. **Review of the November 20, 2019 CSB Board Meeting Agenda**
6. **Matters of the Executive Committee**
 - A. Behavioral Health Oversight Committee Diane Tuininga
 - B. Compliance Committee Bettina Lawton
 - C. Developmental Disabilities Committee Sheila Jonas/Nancy Scott
 - D. Fiscal Oversight Committee Jennifer Adeli
 - E. Other Matters
 - Legislative Report-Out Ken Garnes
 - CSB Board Policy Review, 0030, 1102, 1103 Sheila Jonas
 - Reinstatement of Policy #2500 Sheila Jonas
7. **CSB Board Annual Planning Calendar**

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

8. Adjourn

Fairfax-Falls Church Community Services Board
Executive Committee
November 13, 2019

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

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

The following Committee members were absent: Suzette Kern

The following staff was present: Daryl Washington

1. Meeting Called to Order

The meeting was called to order at 5:07 p.m.

2. Approval of the Minutes

The October 16, 2019 Executive Committee minutes were distributed for review. Following review, Suzette Kern made a motion for approval of the minutes as presented, which was seconded and unanimously approved.

3. Adoption of the Executive Committee Agenda

No revisions were offered for the November 2019 Executive Committee meeting agenda, following which, it was accepted as presented.

4. Director's Report

Daryl Washington provided several updates, to include:

- Workforce Planning; there are a number of non-merit county staff that work part-time and do not receive benefits. There are approximately 40-50 non-merit CSB staff. As some non-merit positions provide ongoing business needs, efforts will be made to identify long-term non-merit positions that may be better served by transforming them to full time merit positions. Mr. Washington clarified that this process is projected to take no less than 12 months and will be dependent on available funding for the transformed positions.
- Interviews have been completed for the Public Information Officer (PIO). Reference checks are underway.
- Preparations for the December 4, 2019 Open House are ongoing, including setup of informational tables for each service area in the lobby and arrangement for facility tours.
- The 2019 Human Services Needs Assessment has been completed and includes GIS mapping links to the county map. A link to the assessment will be forwarded to the CSB Board members.
- An Intensive Outpatient group was established at the Chantilly Center
- There are several 2019 Fall Wellness Fairs scheduled including on November 19th at Gartlan, and on October 30th at Merrifield.

- Two CSB staff were included in the 2019 ServiceSource Employment and Educational team of the Year Award.
- The New Bailey's Shelter recently hosted an open house, but officially opens December 1, 2019. Once hypothermia season officially starts, the CSB Homeless Outreach Team will partner with the faith community and drop in at identified faith locations to provide hypothermia services and ongoing outreach.
- The one-year anniversary of the STAR (Striving to Achieve Recovery) program was celebrated November 19th at the Adult Detention Center with Sheriff Kincaid, jail staff, Daryl Washington and Georgia Bachman in attendance. Some graduates also attended and provided personal endorsements for the success of the program.
- There are ongoing enrollments for the My Strength online behavioral health program introduced at the October Behavioral Health Oversight Committee meeting.

5. CSB Board Agenda

The November 2019 CSB Board Meeting agenda was presented for review. Revision recommendations included adding an agenda information item for Approval of Associate Member Nomination to the Behavioral Health Oversight Committee. Acknowledging no further requests, the agenda was accepted as revised.

6. Matters of the Executive Committee

A. *Behavioral Health Oversight (BHOC) Committee:*

Diane Tuininga noted that several months of committee Minutes were approved as a quorum was present. An overview of further meeting activities was provided:

- The November Associate Member presentation was provided by Cate Powell and Lynda Hyatt with Gateway Homes, Inc.
- Bill Taylor with concerned Fairfax noted a number of speakers had been identified for the Osher Lifelong Learning Institute discussed at the October 2019 meeting.
- The monthly challenge question regarding accessibility and the lack of available dental care was posed by Peter Clark. Members engaged in robust discussion.
- Lyn Tomlinson provided the staff updates noting that she and Sheriff Kincaid had been on CSB Board Chair Bettina Lawton's TV show. Evan Jones provided some background on Cameron's Chocolates, a vendor partner with Developmental Disability Services, noting that Diane Tuininga had brought in a sampling of the chocolates sold at Cameron's.
- Barbara Kelly, with the 2020 Census spoke on employment opportunities for CSB staff and clientele.
- Michael T. Lane provided an update for the recent Wellness and Recovery advisory Board meeting, encouraging participation.

The next BHOC meeting is a joint meeting with the DD Committee and is scheduled for Wednesday, December 4, 2019, 5:00 p.m. at the Merrifield Center, Level 3-Room 314, West.

B. *Compliance Committee:*

Bettina Lawton, noting the November 2019 Compliance Committee meeting had been held directly prior to this meeting. As all members were present, no update was needed.

The next meeting of the Compliance Committee is Wednesday, December 11, 2019, 4:00 p.m. at the Merrifield Center, 3-Room 314, West.

C. *Developmental Disability (DD) Committee:*

Sheila Jonas offered a reminder that the next meeting of the DD Committee would be Wednesday, December 4, 2019 in a joint meeting with BHOC. Noting that the agenda is in development, Associate Members have been asked to submit agenda item recommendations. **The next DD Committee meeting will be a joint meeting with the Behavioral Health Oversight Committee on Wednesday, December 4, 2019 at 5:00 p.m. at the Merrifield Center, Level 3-Room 314, West.**

D. *Fiscal Oversight Committee:*

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

The next meeting of the Fiscal Oversight Committee is Friday, December 1, 2019 beginning at 9:30 a.m., at the Pennino Building, Room 836A.

E. *Other Matters:*

Ken Garnes, noting the many activities requiring CSB Board attention, expressed concern that the activities be addressed to identify an effective resolution. The identified activities include:

- Regular updates on efforts to develop an updated CSB Board Policy #0030 – Priority Access to Services (Priority Access Guidelines).
- A Board discussion of retention efforts related to the rate of turnover in the position of Deputy Director for Administrative Operations.
- Noting several recent reports of a high number of anticipated retirements in the near future, Mr. Garnes asked for an update to planning efforts to minimize the impact of possible staffing gaps.
- Referring to a recent announcement for a plan to rename/rebrand the CSB for greater community understanding of the services provided by the CSB. Mr. Garnes encouraged a comprehensive and thoughtful process with strong community, partner, and Board involvement.

7. CSB Board Annual Planning Calendar

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

Bettina Lawton, noting a closed session had just been conducted at the conclusion of the Compliance Committee meeting asked if any member may have further need for a closed session. As no recommendations or need was raised, and there being no further business to come before the Committee, the meeting was adjourned at 5:51 p.m.

Actions Taken –

- The October 16, 2019 Executive Committee meeting minutes were approved.
- The November 13, 2019 Executive Committee agenda was accepted as presented.
- The November 20, 2019 CSB Board agenda was accepted as revised.
- The Annual Planning calendar was accepted as presented.

Date Approved

Clerk to the Board



Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Bettina Lawton, Chair

Merrifield Center,

8221 Willow Oaks Corporate Drive, Fairfax, VA 22031

Level 1 - Room 3-314, West

Wednesday, December 18, 2019, 5:00 p.m.

1. **Meeting Called to Order** Bettina Lawton 5:00 p.m.
2. **Recognition** Bettina Lawton
3. **Matters of the Public** Bettina Lawton
4. **Amendments to the Meeting Agenda** Bettina Lawton
5. **Approval of the November 20, 2019 CSB Board Meeting Draft Minutes** Bettina Lawton
6. **Staff Presentations**
 - A. Intensive Community Treatment Services Bob MacMurdo
7. **Director's Report** Daryl Washington
 - A. Status Update – Deputy Dir. Of Administrative Operations
 - B. Planning for Anticipated Retirements – Impact & Staffing Gaps
 - C. Status Update to Renaming/Rebranding of CSB
8. **Matters of the Board**
9. **Committee Reports**
 - A. Behavioral Health Oversight Committee Diane Tuininga
 - B. Compliance Committee Bettina Lawton
 - C. Developmental Disabilities Committee Sheila Jonas / Nancy Scott
 - D. Fiscal Oversight Committee Jennifer Adeli
 - E. Other Reports
 - Legislative Update Ken Garnes
10. **Information Item**
 - A. CSB Board Policy Review Sheila Jonas
 - Policies # 0030, #0040, #1102 and #1103;
 - Reinstatement of Policy #2500
 - B. Implement Evidence Based Practice in Youth & Family Outpatient Jim Gillespie
11. **Action Item**
 - A. CSB Board Policies Approval Sheila Jonas
 - Approval for CSB Board Policy #0020
12. **Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).**
13. **Adjournment**

CSB Board Review of Outdated CSB Board Policy

Issue:

Regular review and update to identified CSB Board Policies

Background:

As part of the regular CSB Board policy review process, the policies listed below are submitted to the CSB Board for review and recommendation. Policy #2500 is submitted for reinstatement following revocation in October 2019 as further information regarding this policy was received. Recommendations for revision are forwarded to the CSB Board Clerk for compilation of all edits at the final review and request for approval by the CSB Board. The policies submitted for this review include:

- 0030 – Priority Access to CSB Services, and Guidelines for Access to CSB Services
- 1102 – Ethical and Professional Behavior
- 1103 – Conflict of Interest
- 2500 – CSB Research Review and Approval (Reinstatement)

Timing:

These policies are presented with recommended edits visible and with recommended edits applied. Following review and comment by the CSB Board, the policies will be submitted to the CSB Board for final action at the January 22 CSB Board meeting.

Board Member

Sheila Jonas, CSB Board Secretary

Related Documents: the current version of all policies may also be accessed via the [CSB Board Policies webpage](#)

- A. 0030 – Priority Access to CSB Services, and Guidelines for Access to CSB Services
- B. 1102 – Ethical and Professional Behavior
- C. 1103 – Conflict of Interest
- D. 2500 – CSB Research Review and Approval (Reinstatement)

Policy Number: 0030
Policy Title: Priority Access to CSB
Services
Date Adopted: December 17, 2014

Purpose

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

Policy

Guidelines for Assigning Priority Access to CSB Services (April 23, 2014-revised October 2014)

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

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

CSB Priority Populations

Priority Populations

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

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

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

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

A. Mental Illness Population

- (1) **Adults with Serious Mental Illnesses (SMI)** assessed along the three dimensions of diagnosis, functional impairment, and duration.
 - **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND

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

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

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

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

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

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

B. Substance Use Disorder Population

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

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
 - Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.

- Inability to be consistently employed at a living wage or consistently carry out household management roles.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Involvement with the foster care system or child protective services as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
 - Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance use.
- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.
- (2) Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:
- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.
- (3) Special Priority Populations
- Pregnant women who are intravenous (IV) drug users
 - Pregnant women
 - Intravenous drug users
 - Individuals requesting treatment for opioid drug abuse, including prescription pain medications, regardless of the route of administration

C. Intellectual Disability and Developmental Disability Populations

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

References:

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

Approved


Secretary

December 17, 2014

Date

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

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

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

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

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

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

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

(3) Special Priority Populations

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

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

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C. Intellectual Disability and Developmental Disability Populations

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

References:

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

Approved _____
 _____ CSB Board Secretary _____ Date

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

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

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

Purpose

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

Policy

Guidelines for Assigning Priority Access to CSB Services ([August 2017](#))

Guidelines for assigning priority access to services offered by the CSB identify those individuals whose needs cannot be addressed except through a public system that provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination. Effective and efficient use of resources enables the maximum number of people to be served within the limits of the federal, state and local funds available.

Criteria (in priority order)

- a) Constituency – Individuals must reside in Fairfax County or the Cities of Fairfax and Falls Church.
- b) The CSB's Mission – Only services designed, mandated, or funded to be provided by a CSB will be provided.
- c) Enrolled in Service – Currently enrolled individuals who maintain the need for current services (or the equivalents) being provided.
- d) Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
- e) Alternative Resources – Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
- f) 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.
- g) Comparative Need – If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
- h) 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 CSB has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA). Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

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

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

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

A. Mental Illness Population

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

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND
- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, to include the following:
 - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
 - Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;

- Inability to maintain employment at a living wage or to consistently carry out household management roles; or
- Inability to maintain a safe living situation.
- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

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

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

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

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

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

B. Substance Use Disorder Population

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

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
 - Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.
 - Inability to be consistently employed at a living wage or consistently carry out household management roles.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Involvement with the foster care system or child protective services as a result of substance use.

- Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
 - Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance use.
- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.
- (2) Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:
- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.
- (3) Special Priority Populations
- Pregnant women who are intravenous (IV) drug users
 - Pregnant women
 - Intravenous drug users
 - Individuals requesting treatment for opioid drug abuse, including prescription pain medications, regardless of the route of administration

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.

Approved _____
CSB Board Secretary

Date

References:

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

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Revision Adopted: November 18, 1998
Revision Adopted: May 23, 2001
Revision Adopted: December 17, 2014
Revision Adopted: TBD

Guidelines for Access to CSB Services

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

Services to the Whole Community

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

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

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

These CSB services are designed for people/individuals whose conditions seriously impact their ability to manage ~~the~~ daily activities of life. **To be eligible for these CSB services, an assessment will need to be ~~performed by~~done with a CSB clinician.**

What to Expect at Your First Visit

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

informed and holistic services to each individual. The business staff member will ask questions-
about the following information:

- Proof of Fairfax County or Fairfax/Falls Church City residency
- ~~Health~~Do you have health insurance ~~including, to include~~ Medicaid and Medicare
- ~~Name, and telephone number of your current primary care physician and/or therapist~~
- Sources and amount of income

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

A. Individuals with mental health conditions

~~A. Mental Illness~~

~~Mental illness involves changes~~health conditions involve a change in thinking, mood, and/or behavior. These ~~disorders~~conditions can affect how we relate to others and make choices. Mental ~~illness takes~~health conditions can take many ~~different~~ forms, with some leading to ~~deep levels of anxiety,~~ extreme changes in mood, ~~or~~ reduced ability to focus, disturbances in thinking, ~~and/or~~ unusual behavior. To read more about mental health ~~disorders~~conditions, visit:

<https://www.samhsa.gov/disorders>.

1. **Adults:** Adults with *serious mental illness-* (SMI). Examples include schizophrenia, major depression ~~and significant anxiety disorders~~, bipolar ~~disorders,~~disorder and borderline personality disorder. The CSB assesses individuals for services based on the severity of the mental health condition and impact on daily life, as opposed to the individual's diagnosis.

2. **Children and Adolescents:** Children and adolescents with mental health conditions, behavioral health problems ~~that significantly impact their mood, thinking, and/or behavior.~~ The problems those children and adolescents who are at risk of serious emotional disturbance. These issues are often significantly disabling as ~~compared~~opposed to the functioning of most youth their age. ~~The problems may be of recent onset or they have been going on for some time.~~

B. Individuals with Substance Use Disorders

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

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

C. Individuals with Developmental Disabilities or Delays

1. **Adults and Children:** Individuals who have mental ~~or physical impairment, or a combination of mental and physical impairments,~~ impairment such as autism ~~and spectrum disorder or~~ intellectual disability, other than a sole diagnosis of mental illness. **To be eligible for these CSB services, an assessment will need to must be performed done by a CSB clinician.** Individuals must meet the diagnostic criteria for a Developmental Disabilities Medicaid Waiver ~~to be eligible for CSB Developmental Disabilities Services.~~ Eligibility screenings can be scheduled by calling **703-324-4400**. All Developmental Disability Medicaid Waivers must be accessed through the CSB Developmental Disabilities Services. It is not necessary for the individual to have a social security number to qualify for CSB Developmental Disability Services.
2. ~~Infants and Toddlers:~~ ~~Infants and toddlers (ages 0 — 3 years) with developmental delays may also be eligible to receive specialized services through the CSB's Infant & Toddler Connection. ~~To be eligible, an assessment will need to be performed by a CSB clinician.~~ ~~Eligibility screenings can be scheduled by calling 703-246-7121.~~~~

Guidelines for Allocating CSB Resources

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

These priority access guidelines are established to provide a process for determining who has priority to receive CSB services. ~~For persons who do~~if an individual presents to walk in screening and assessment and is found not ~~have to meet the~~ priority ~~for services access guidelines~~, the CSB Entry and Referral ~~Services~~ staff will help ~~with identifying the individual to identify and access~~ resources, ~~linking with potential non-~~ in the community which meet their current needs. ~~The~~ CSB ~~sources of services, and following~~ Entry and Referral staff will also follow up with ~~referrals~~the individual to ensure the person was able to access services.

~~The~~These guidelines take into consideration individuals whose needs can ~~only~~ be addressed only through a public system such as the CSB, which provides and coordinates multiple levels and types of services to ~~help assist and support~~ individuals ~~gain a level of independence and self-determination~~with behavioral health conditions and developmental delays.

Services will be provided in the following Rank Order of Priority Access:

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

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

A note on Priority Access and Insurance: The CSB does work with individuals who have insurance.

The CSB accepts and bills most major insurance carriers. However, individuals and families who have no insurance or fewer insurance options may be prioritized when compared with insured individuals. Access to care within the CSB is about the individual's presenting with similar needs. Individuals who have insurance may be asked to seek community treatment based upon an individualized assessment by the CSB clinician. 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 an individual need, not whether the person has insurance they are not barred from receiving services at the CSB.

Fairfax County is actively involved in the One Fairfax initiative. One Fairfax is a joint social and racial equity policy of the Fairfax County Board of Supervisors and School Board.

It commits the county and schools to intentionally consider equity when making policies or delivering programs and services.

It's a declaration that all residents deserve an equitable opportunity to succeed – regardless of their race, color, sex, nationality, sexual orientation, religion, disability, income or where they live.

More information about One Fairfax can be found here:

<https://www.fairfaxcounty.gov/topics/one-fairfax>

The CSB fully endorses One Fairfax and includes an equity lens when making determinations about service allocation.

Process for Appealing Treatment Decisions

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

- Individuals contacted /came into the CSB ~~to request services but and~~ were referred to ~~another~~ an anon CSB service provider based on the ~~CSB's CSB~~ Priority Access Guidelines and did not receive ~~a further~~ CSB appointment services.
- Individuals were referred to a different level of care ~~of,~~ either increased or decreased intensity.
- Individuals' services are being transitioned out of the CSB because ~~they have~~ the individual has completed their treatment goals ~~and objectives and,~~ are ~~considered to~~ no longer require ~~a~~ eligible for CSB ~~service services based on medical necessity criteria or the individual stops attending scheduled appointments.~~

If you have questions or concerns about treatment decisions described above, please try to solve the ~~problem~~ concern with your service provider or the program supervisor.

If ~~you are~~ the concern is unable to ~~resolve a problem with your service staff, you can~~ be resolved or you prefer to begin ~~a formal~~ an appeal process ~~by calling, you may call~~ the ~~CSB's Appeals Line~~ CSB appeals line at **703-383-8466** and ~~leaving~~ leave a voice mail message. Please provide your name ~~and,~~ phone number and indicate that you wish to appeal a treatment decision.

A reviewer will call you back. The reviewer will speak with you, your family or friends (if appropriate ~~and they have permission from you to do so~~), and the treatment team where your services ~~were~~ was delivered. ~~They~~ The reviewer will also ~~review~~ go over your records in ~~our~~ the electronic health record. The review ~~of your appeal~~ will be completed within 10 business days, ~~and you.~~ You will be informed in writing ~~regarding~~ of the outcome of the appeal.

Guidelines for Access to CSB Services

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

Services to the Whole Community

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

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

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

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

What to Expect at Your First Visit

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

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

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

A. Individuals with mental health conditions

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

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

B. Individuals with substance use disorders

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

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

C. Individuals with Developmental Disabilities or Delays

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

Guidelines for Allocating CSB Resources

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

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

These guidelines take into consideration individuals whose needs can be addressed only through a public system such as the CSB which provides and coordinates multiple levels and types of services to assist and support individuals with behavioral health conditions and developmental delays.

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

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

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

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

Fairfax County is actively involved in the One Fairfax initiative. One Fairfax is a joint social and racial equity policy of the Fairfax County Board of Supervisors and School Board. It commits the county and schools to intentionally consider equity when making policies or delivering programs and services.

It's a declaration that **all residents deserve an equitable opportunity to succeed**—regardless of their race, color, sex, nationality, sexual orientation, religion, disability, income or where they live.

More information about One Fairfax can be found here:

<https://www.fairfaxcounty.gov/topics/one-fairfax>

The CSB fully endorses One Fairfax and includes an equity lens when making determinations about service allocation.

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

Purpose

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

Policy^[BE1]

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

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

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

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

Approved
CSB Board Secretary Date

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

Reference:

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

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

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

Purpose

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

Policy

It is the policy of the CSB Board that:

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

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

Approved _____
CSB Board Secretary Date

References:

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

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

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

Purpose

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

Policy

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

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

Approved

CSB Board Secretary		Date
<u>Approved</u>		
	<u>Secretary</u>	<u>Date</u>

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

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

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

Purpose

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

Policy

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

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

Approved _____
CSB Board Secretary Date

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

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

Policy Number: 2500
Policy Title: Human Research
Review and Approval
Date Revoked: October 23, 2019

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 CSB Board to promote, sponsor and conduct ethical scientific studies that aid in the understanding of 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.

Revoked



CSB Board Secretary

October 23, 2019

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 Revoked: October 23, 2019

Policy Number: 2500
Policy Title: CSB Research Review and Approval
Date Revoked: TBD

Purpose

The purpose of the CSB 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 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

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.

Revoked _____
CSB Board Secretary

_____ TBD
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 Behavioral Health, Developmental 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 Revoked: October 23, 2019

Policy Reinstated: TBD

Fairfax-Falls Church Community Services Board

DECEMBER 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 BOS Meeting Public Comment	4 Merrifield Center Open House for Elected Officials with CSB Board 3:00 p.m. – 5:00 p.m. Joint meeting of the Developmental Disabilities and Behavioral Health Oversight Committees; 5:00 pm.	5	6	7
8	9	10	11 Compliance Committee * Executive Committee*	12	13 Fiscal Oversight Committee*	14
15	16	17	18 CSB Board Meeting*	19	20	21
22	23	24 Christmas Eve (1/2 day)	25 Christmas Day	26	27	28
29	30	31	1/1/2020 New Year's Day			

Issues for Board Review, Action, or Information:

- [Finalize Testimony; Jan. 2021 State Budget Hearings held in *early Jan.* \(R\)](#)
- [Visits with General Assembly Representatives \(R\)](#)
- [FY 2021 CIP Budget \(I\)](#)
- [CSB Fee Related Documents submitted January 2020 BOS Meeting](#)

Events of Interest:

- [Upcoming: House Appropriations-Senate Finance Committee's Public Hearings on Budget \(early January\).](#)
- [Upcoming: Fairfax County Delegation's Pre-General Assembly Public Hearing \(early January\)](#)
- [Upcoming VACSB Legislative Conference in January 2020,](#)

* [Meetings moved up one week to accommodate Holiday Schedule](#)

Fairfax-Falls Church Community Services Board

JANUARY 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

Fairfax-Falls Church Community Services Board

FEBRUARY 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

Fairfax-Falls Church Community Services Board

MARCH 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

Fairfax-Falls Church Community Services Board

April 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

Fairfax-Falls Church Community Services Board

MAY 2020

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

Issues for Board Review, Action, or Information:

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

**Closed Session: CSB Exec Director Evaluation*

Events of Interest:

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

Fairfax-Falls Church Community Services Board

JUNE 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

- [Budget Carryover Due in July](#)

Fairfax-Falls Church Community Services Board

JULY 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

- [FY 2020 Budget Carryover](#)

Fairfax-Falls Church Community Services Board

AUGUST 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

Fairfax-Falls Church Community Services Board

SEPTEMBER 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

Fairfax-Falls Church Community Services Board

OCTOBER 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

Fairfax-Falls Church Community Services Board

NOVEMBER 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

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

Fairfax-Falls Church Community Services Board

DECEMBER 2020

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

Issues for Board Review, Action, or Information:

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

Events of Interest:

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

* Meetings moved up one week to accommodate Holiday Schedule