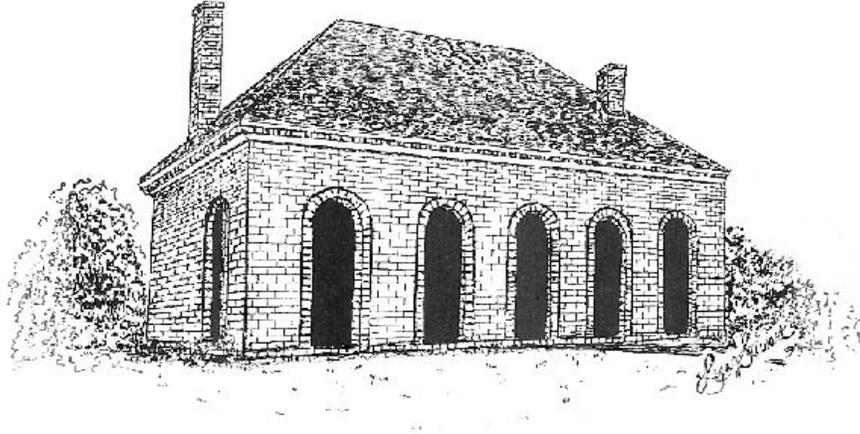


BOARD MEETING PACKET

PREPARED FOR
HANOVER COUNTY COMMUNITY SERVICES BOARD



MEETING DATE

MEETING TIME

LOCATION

**Hanover Community Services Board
Conference Room
12300 Washington Highway
Ashland, VA 23005**

STATEMENT OF MISSION

We partner with individuals to provide supports and services in the areas of

- Mental Health
- Intellectual Disabilities
- Substance Use Disorders

in their efforts to lead satisfying and productive lives in their communities.

AGENDA
HANOVER COUNTY COMMUNITY SERVICES BOARD

July 18, 2016, 5:30 p.m.
Hanover Community Services Board Conference Room
12300 Washington Highway, Ashland, VA 23005

5:30 p.m. – Call to Order and Welcome

Work Session: Standards of Professional Conduct/Board Member Roles & Responsibilities

6:30 p.m. – General Business Meeting:

1. Reconvene
2. Donations
3. Public Comments
4. Approval of Minutes – June 20, 2016 Board Meeting
5. Board Liaison Reports
 - a. Hanover Mental Health Association – Warren Rice
 - b. Hanover Community Support Services – Scott Bateman
 - c. Arc of Hanover – Hamilton Holloway
 - d. Hanover Board of Supervisors – Sean Davis
6. Executive Director’s Report
 - a. Directors’ Updates
 - b. Other Items
7. Chairperson’s Report
 - a. Executive Committee Report
 - b. Strategic Plan Committee Reports
 - c. Work Session Planning
 - d. Member Updates & Activities
 - e. Other Items
8. Action Item - FY17-18 Performance Contract
9. Other Business/Board Member Comments
10. Adjourn

Next Regularly Scheduled Meeting: September 19, 2016, 5:30 p.m.
Hanover Community Services Board Conference Room
12300 Washington Highway, Ashland, VA 23005
The Hanover CSB will not meet in August 2016

BOARD OF SUPERVISORS

AUBREY M. STANLEY, CHAIRMAN
BEAVERDAM DISTRICT

ANGELA KELLY-WIECEK, VICE-CHAIRMAN
CHICKAHOMINY DISTRICT

SEAN M. DAVIS
HENRY DISTRICT

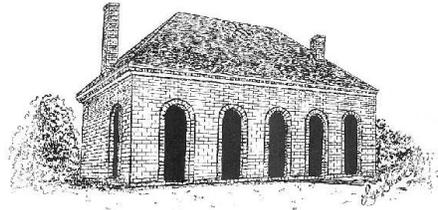
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MECHANICSVILLE DISTRICT

FAYE O. PRICHARD
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HANOVER COURTHOUSE

HANOVER COUNTY

ESTABLISHED IN 1720

COMMUNITY SERVICES BOARD

IVY T. SAGER, MSW
EXECUTIVE DIRECTOR

12300 WASHINGTON HIGHWAY
ASHLAND, VIRGINIA 23005

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DRAFT OF MINUTES

June 20, 2016

Members Present	Members Absent	Others
Scott Bateman		Lisa Beitz
Thomas Blake		Donna Boyce
William Brenzovich		Christina Crumrine
Anne Cross		Suzy Christopher
Sean Davis		Rhu Harris
Jeanie Edwards		Stacy Johnson-Moore
Eric Hendrixson		Sarah Jordan
Lynn Hargrove		Wanda Martin
Hamilton Holloway		Ivy Sager
Gary D. Perkins		Lisa Seward
Lori Spain		
Warren Rice		

Call to Order:

The meeting was called to order by Jeanie Edwards, Chairperson, at 5:34 p.m. at the Hanover Community Services Board conference room, 12300 Washington Highway, Ashland VA 23005.

The following members were present: Scott Bateman, Thomas Blake (Arrived at 5:42 PM), William Brenzovich, Anne Cross, Sean Davis (Arrived at 6:29 PM), Jeanie Edwards, Lynn Hargrove, Hamilton Holloway, Gary D. Perkins, Warren Rice (Arrived at 6:09 PM) and Lori Spain.

Work Session:

Donna Boyce gave a presentation on waiver redesign, the addition of case management supports for those individuals previously on the developmental disability waiver/waiting list, expected impacts and system response to date.

Donations – The Board acknowledged a large food donation received by the Health Department.

Citizen Comments

None.

Approval of Minutes

The minutes of May 18, 2016 meeting were deemed approved as submitted.

Board Liaison Reports

1. Hanover Mental Health Association – None.
2. Hanover Community Support Services – Scott Bateman said the entire meeting was dedicated to the Taste of Hanover and brainstorming ideas for the next one.
3. Hanover Arc – Hamilton Holloway reported that they had hired Caroline Kistler for the position of Executive Director. Hamilton stated they will present the Raby Awards at the School Board meeting in July. Hamilton also reported that they got the numbers back from Taste of Hanover and the event did very well.
4. Board of Supervisors – Sean Davis reported the Board of Supervisors sends their thanks to the Board both individually and collectively for their service.

Executive Director's Report

Ivy Sager began by informing the Board that the proposed FY17 Performance Contract has been posted for public comment. The contract will be open to public comment for 30 days. Ivy encouraged the Board members to voice any comments or questions they may have. Thomas Blake took this time to present several recommendations that were highlighted in a handout he had prepared for the Board. The Board members had a brief discussion on the recommended items that were included on the handout.

Ivy informed the Board that the CSB is moving forward with making renovations to the front lobby, and anticipate the work to begin this summer. Ivy turned the Board's attention to the dashboard included in the packet, and highlighted some of the included data. Ivy then turned the floor to Lisa Beitz for updates regarding the progress of Adult Drug Court.

Lisa Beitz stated that the Office of Probation and Parole came to the CSB several months ago and asked if we could provide some onsite SA assessments and therapy for those they serve. Lisa reported they began talking through this at the same time they were all a part of the team working to implement an Adult Drug Court. Surrounding all of this, Lisa informed the Board that they had just begun talking about funding a full time position that could provide both the assessment and group treatment through probation and parole, as well as provide some of the services for the Adult Drug Court. Lisa conveyed her excitement and enthusiasm around this initiative.

Following Lisa's update, Ivy returned the Board's attention back to the dashboard and invited questions from the Board members. The Board briefly discussed several items included on the dashboard. Following the discussion surrounding the dashboard, Ivy took a few moments to highlight several accomplishments from FY16.

Chairman's Report

Jeanie stated that an Executive Committee meeting was held earlier in June and centered on the Board's strategic plan and the focus items for the coming fiscal year. With some discussion on the mission and purpose of the Board, the Executive Committee agreed for the July work session to be a review of the Standards of

Professional Conduct, which is acknowledged by Board members at the beginning of their service and in July each year thereafter.

Following an inquiry from Scott, the Board members discussed the onboarding time frame and process for new members in regards to the learning process that new members face. As a result of this discussion, the Board agreed to take the discussion to the next Executive Committee meeting to further develop the onboarding process.

Jeanie reminded the Board that the upcoming two by twos are to take place in August, and that the August board meeting is cancelled.

Jeanie then turned the Board's attention to the strategic plan included in the Board packet, and encouraged the Board's subcommittees to continue to meet to implement their part of the strategic plan. Jeanie then opened the floor to the Board for member updates.

William Brenzovich stated that he will be an official member of VACSB as of July 2016.

Following an inquiry from Scott, Ivy briefly discussed different items included in the Director's Report.

After a suggestion from Lynn Hargrove the Board discussed implementing a time where each Board member could have 5 minutes to discuss any items, questions, or concerns they may have.

Closed Session

At 8:02 pm motion was made by Lynn Hargrove, seconded by William Brenzovich and carried to go into closed session pursuant to Virginia Code 2.2-3711(A)(1) for discussion of personnel: annual performance evaluation of the Executive Director.

A motion was made by Lynn Hargrove, seconded by Warren Rice, and carried to certify the closed session.

There being no other business, the meeting was adjourned.

The next regularly scheduled Board meeting will be held July 18, 2016 at 5:30 p.m. at the Hanover Community Services Board conference room, 12300 Washington Highway, Ashland, VA 23005.

Executive Director's Monthly Report

7/18/2016

A. Executive Director

General Updates

We are coming to the final stages of our transition to community-based employment opportunities for individuals who have been involved in the sheltered workshop environment. As such, as of August 15th, Hanover Recycling and Hanover Industries will no longer operate as it has in the past. However, day support programming will still be available to empower individuals gain and practice vocational skills to support their transition to community-based employment. As we have shared in the past, community-based employment is considered “best practice” compared to the sheltered workshop environment which does not provide inclusive employment options for individuals with developmental and intellectual disabilities. Our process over the last 18 months or so has been intentionally slow and steady in an effort to best support the needs and choices of those involved. As well, staff have implemented processes to provide consistency and “sameness” for individuals in that many of them continue to start and end their work day at Atlee Commons and with the same friends as they have for many years. We continue to appreciate your questions and dialogue as we make this transition.

As of this time, no additional comments have been received regarding the proposed FY17-18 Performance Contract with the Department of Behavioral Health and Development Services. Responses to the comments received by Tommy Blake at the last board meeting were provided to the Executive Committee on July 11th; that information is attached to this report. In addition, slight modifications were made related to pages AP-1, AP-4 and AP-8; those revised pages are attached.

Due to later than normal deadlines for year-end reporting of both our CCS data to DBHDS and the County's closing of financial books, the June and FY16 Year-end dashboards will be provided in September.

The agency's Standards of Professional Conduct are attached for your review. As in the past, members will be asked to sign a document acknowledging their review of this document. Please review before Monday's meeting as this document will be referenced during the work session.

Human Resources

In the month of June, we hired a Clinician and accepted resignations from a Clinician and Psychiatric Nurse. As part of the County's ongoing process to ensure competitive wages, a benchmark study was conducted for all positions. As a result, the following positions moved up one or more grades (salary band): Clinician, Division Director-Business Operations, Peer Counselor, Training Specialist, Psychiatric Nurse and Psychiatric Nurse Supervisor. As a result, twenty-nine (29) CSB employees received a benchmark increase to bring their salary to the new grade minimum. Those employees in the listed positions whose salary was already above the new grade minimum are not impacted.

Donations

On July 13th, staff and two board members attended a brief event at the Thomas Hale House (former Sunrise House) to receive a donation of \$9,000. These funds come as a result of the sale of the house and are given to support independent living, stable housing and other supportive services for individuals with serious mental illness in our community. While the large check, both literally and figuratively, was presented, the actual check has not yet been received; however, it is requested that the Board accept this donation during Monday's meeting.

Community Relations

In an effort to educate communities on the growing epidemic of prescription drug and heroin abuse, the FBI and DEA have produced a documentary entitled, "Chasing the Dragon: The Life of an Opiate Addict." On Monday, July 11th, the Ashland Police Department, Hanover County Sheriff's Office and the local offices the FBI and DEA joined forces with a showing of the documentary. Jim Taylor, Ivy Sager and Lisa Beitz as well as representatives from Hanover Cares were in attendance. For those interested, the video can be viewed online at <https://www.fbi.gov/news/stories/2016/february/raising-awareness-of-opioid-addiction/video/chasing-the-dragon-the-life-of-an-opiate-addict>.

B. Business Operations

As will be evident on Monday, the lobby renovations are well underway. In addition to the physical changes, staff have been further developing front desk procedures with a focus on enhancing the customer experience. The posting of the Division Director position is in process; we anticipate beginning the interview process in mid- to late-August.

C. Clinical Services

One of the many goals of ICT is to be able to transition clients to a lesser level of care once they have demonstrated psychiatric stability and have established a strong support system. One of the Team's younger clients has demonstrated a period of stability in the community for the past year. The Team has worked to help coordinate his care with the psychiatrist and support the client in his recovery by helping him obtain a housing voucher. Since receiving the voucher, the client has been able to move out of his parent's home and has been living alone. He has worked with staff to develop independent living skills and gain self-confidence to take control of his own mental health recovery. His parent's regularly attend the Family Support Group and have been able to use those skills to support the client towards achieving his goals. The Team, the client, and his family have agreed that it is appropriate for the client to transition to the Adult Outpatient Team, where he will be able to continue to receive treatment and support, while maintaining his independence.

D. Community Support Services

As related to the information above regarding transition from the sheltered workshop, we now have a more complete picture of the continuum of services initially shared with you last summer during the 2x2's. What follows is a more comprehensive view of the continuum with added service complement based on waiver redesign.



Efforts to increase community-based and inclusive employment opportunities have resulted in the uptick of enclave/community employment crews. We began with two (2) enclaves; Rock Solid Janitorial and American Family Fitness in Short Pump. When Rock Solid lost the contract with the county, we developed a contract with McGeorge RVs marking our first venture into fully integrated and community-based employment with individuals working alongside their non-disabled peers. Our menu of Community Employment Crews has grown and now includes the following:

1. McGeorge RVs
2. Randolph Macon College
3. King’s Dominion Theme Park
4. Blue Ridge Arsenal – ramping up in August
5. American Family Fitness

The Case Managers/Support Coordinators have shifted and are now also supporting those previously served under the Developmental Disability waiver/waitlist. The chart below provides a count of individuals in each category.

ID Waiver	DD Waiver	DD Waiver Pending	I/DD Waitlist Combined
170	17	5	166

Previously on ID Waitlist
 → Urgent (88)
 → Non-Urgent (29) } Combined Total 117

Previously on DD Waitlist
 → 54 (which included the 5 now ‘pending’)

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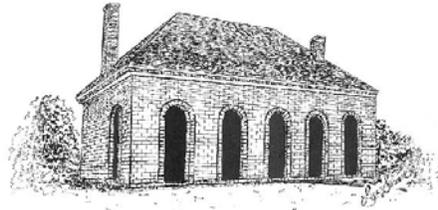
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Memorandum

To: CSB Executive Committee
From: Ivy Sager
Subject: Proposed Amendments to the FY17 Performance Contract
Date: July 11, 2016
Copy: Rhu Harris, Jim Taylor, Lisa Seward

At the June 20, 2016, CSB Board Meeting, Tommy Blake offered recommendations for amendments to the FY17 Proposed Performance Contract. Please see below for responses to each of the recommendations offered.

1. Add attachment which explains the services available to CSBs in Virginia and identify the services provided by Hanover:
 - The original Performance Contract document includes such list on pages AP1-AP4, which is delineated by service area (MH, DD, SA and ES), as attached. This can be cross-referenced with the Core Services Taxonomy document, available on the DBHDS website: (<http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf>). Specifically, pages 5-15 include the definitions of each category and subcategory of service. (See attached)
 - Hanover’s submission has pages AP1-AP4 updated to include those services provided by or through this agency.

2. Add attachment which is an organizational chart of the 3 divisions:
 - Hanover CSB organizational charts are provided to members in the Orientation Manual. If members desire a different format and/or more information on the chart, the Orientation, Training & Education Subcommittee can address. Adding Organizational Charts to the Performance Contract submission is not required by DBHDS; this issue can be best addressed through our orientation process.

3. Correct page 61, item C8 related to board members receiving meeting material at least one week before a scheduled meeting:

- While this language in the Performance Contract is not available for amendment, Tommy does highlight an area that is not practiced as stated. This will be addressed beginning with the September meeting in that the Board Packet will be sent to board members on the Tuesday before each board meeting (and following the monthly Board Planning meeting, which typically occurs the Monday before each board meeting).
4. Recommend the above be completed and provided as an addendum to the proposed FY17 Performance Contract:
- The items listed can be most effectively addressed outside of the Performance Contract submission and approval process, as outlined above.

FY 2017 AND FY 2018 COMMUNITY SERVICES PERFORMANCE CONTRACT

FY 2017 Exhibit A: Resources and Services

CSB 100 Mental Health Services

CSB: _____

Form 11: Mental Health (MH) Services Program Area (100)			
Core Services	Projected Service Capacity	Projected Numbers of Individuals Receiving Services	Projected Total Service Costs
250 Acute Psychiatric Inpatient Services	Beds		
310 Outpatient Services	FTEs		
350 Assertive Community Treatment	FTEs		
320 Case Management Services	FTEs		
410 Day Treatment or Partial Hospitalization	Slots		
420 Ambulatory Crisis Stabilization Services	Slots		
425 Mental Health Rehabilitation	Slots		
430 Sheltered Employment	Slots		
465 Group Supported Employment	Slots		
460 Individual Supported Employment	FTEs		
501 MH Highly Intensive Residential Services	Beds		
510 Residential Crisis Stabilization Services	Beds		
521 Intensive Residential Services	Beds		
551 Supervised Residential Services	Beds		
581 Supportive Residential Services	FTEs		
610 Prevention Services	FTEs		
Totals			

Form 11 A: Pharmacy Medication Supports	Number of Consumers
803 Total Pharmacy Medication Supports Consumers	

FY 2017 AND FY 2018 COMMUNITY SERVICES PERFORMANCE CONTRACT

FY 2017 Exhibit A: Resources and Services

CSB 200 Developmental Services

CSB: _____

Form 21: Developmental (DV) Services Program Area (200)			
Core Services	Projected Service Capacity	Projected Numbers of Individuals Receiving Services	Projected Total Service Costs
310 Outpatient Services	FTEs		
320 Case Management Services	FTEs		
420 Ambulatory Crisis Stabilization Services	Slots		
425 Developmental Habilitation	Slots		
430 Sheltered Employment	Slots		
465 Group Supported Employment	Slots		
460 Individual Supported Employment	FTEs		
501 Highly Intensive Residential Services (Community-Based ICF/ID Services)	Beds		
510 Residential Crisis Stabilization Services	Beds		
521 Intensive Residential Services	Beds		
551 Supervised Residential Services	Beds		
581 Supportive Residential Services	FTEs		
610 Prevention Services	FTEs		
Totals			

FY 2017 AND FY 2018 COMMUNITY SERVICES PERFORMANCE CONTRACT

FY 2017 Exhibit A: Resources and Services

CSB 300 Substance Abuse Services

CSB: _____

Form 31: Substance Abuse (SA) Services Program Area (300)			
Core Services	Projected Service Capacity	Projected Numbers of Individuals Receiving Services	Projected Total Service Costs
250 Acute Substance Abuse Inpatient Services	Beds		
260 Community-Based Substance Abuse Medical Detoxification Inpatient Services	Beds		
310 Outpatient Services	FTEs		
313 Intensive Outpatient Services	FTEs		
335 Medication Assisted Treatment	FTEs		
320 Case Management Services	FTEs		
410 Day Treatment or Partial Hospitalization	Slots		
420 Ambulatory Crisis Stabilization Services	Slots		
425 Substance Abuse Rehabilitation	Slots		
430 Sheltered Employment	Slots		
465 Group Supported Employment	Slots		
460 Individual Supported Employment	FTEs		
501 Highly Intensive Residential Services (Medically Managed Withdrawal Services)	Beds		
510 Residential Crisis Stabilization Services	Beds		
521 Intensive Residential Services	Beds		
551 Supervised Residential Services	Beds		
581 Supportive Residential Services	FTEs		
610 Prevention Services	FTEs		
Totals			

FY 2017 AND FY 2018 COMMUNITY SERVICES PERFORMANCE CONTRACT

FY 2017 Exhibit A: Resources and Services

CSB 400 Emergency and Ancillary Services

CSB: _____

Form 01: Emergency and Ancillary Services (400)			
Core Services	Projected Service Capacity	Projected Numbers of Individuals Receiving Services	Projected Total Service Costs
100 Emergency Services	FTEs		
Ancillary Services			
318 Motivational Treatment Services	FTEs		
390 Consumer Monitoring Services	FTEs		
720 Assessment and Evaluation Services	FTEs		
620 Early Intervention Services	FTEs		
730 Consumer-Run Services			
Ancillary Services Totals			

Core Services Taxonomy 7.3

Core Services Definitions: Categories and Subcategories of Services

Emergency and Ancillary Services (400): If a CSB determines that it can serve a person who is seeking or has been referred for services, the CSB opens a case for the person. Persons needing these services may access them without being admitted to a program area (all mental health, developmental, or substance abuse services). However, individuals who have been admitted to a program area may still access the following services if they need them. These services do not require collecting as many CCS data elements or as much individual service record information as admission to a program area does. If a person receives any of the following services and is subsequently admitted to a program area, the additional CCS program area admission data elements must be collected. The 400 is a pseudo program area code for CCS service file purposes, since this group of services is not a program area. If individuals receive any of the following services after they are admitted to a program area, these services still must be coded with the 400 code, rather than the program area code (100, 200, or 300) to which they have been admitted.

1. **Emergency Services (100)** are unscheduled and sometimes scheduled crisis intervention, stabilization, and referral assistance provided over the telephone or face-to-face, if indicated, 24 hours per day and seven days per week to people seeking such services for themselves or others. Services also may include walk-ins, home visits, and jail interventions. Emergency services include preadmission screening activities associated with admission to a state hospital or training center or other activities associated with the judicial admission process. This category also includes Medicaid crisis intervention and short-term crisis counseling and intellectual disability home and community-based (ID HCB) waiver crisis stabilization and personal emergency response system services. Persons receiving critical incident stress debriefing services are not counted as individuals receiving services, and service units are identified and collected through the z-consumer function in the CCS.

Service Subtype is a specific activity associated with a particular core service category or subcategory for which a service.txt file is submitted in the CCS. Currently, service subtypes are defined only for emergency services and case management services. The emergency services subtype is collected at every emergency services encounter and reported in the service file; every emergency service encounter is coded with one of these six subtypes in the CCS.

- a. **Crisis Intervention** is provided in response to an acute crisis episode. This includes counseling, short term crisis counseling, triage, or disposition determination and all emergency services not included in the following service subtypes.
- b. **Crisis Intervention Provided Under an Emergency Custody Order** is clinical intervention and evaluation provided by a certified preadmission screening evaluator in response to an emergency custody order (ECO) issued by a magistrate.
- c. **Crisis Intervention Provided Under Law Enforcement Custody (paperless ECO)** is clinical intervention and evaluation provided by a certified preadmission screening evaluator to an individual under the custody of a law enforcement officer without an ECO issued by a magistrate.
- d. **Independent Examination** is an examination provided by an independent examiner who satisfies the requirements in and who conducts the examination in accordance with § 37.2-815 of the Code of Virginia in preparation for a civil commitment hearing.

Core Services Taxonomy 7.3

- e. **Commitment Hearing** is attendance of a certified preadmission screening evaluator at a civil commitment or recommitment hearing conducted pursuant to § 37.2-817.
 - f. **MOT Review Hearing** is attendance at a review hearing conducted pursuant to §§ 37.2-817.1 through 37.2-817.4 for a person under a mandatory outpatient treatment (MOT) order.
2. **Ancillary Services** consist of the following activities that typically are short term (less than 30 days or four to eight sessions in duration), infrequent, or low-intensity services.
- a. **Motivational Treatment Services** (318) are generally provided to individuals on an hourly basis, once per week, through individual or group counseling in a clinic. These services are structured to help individuals resolve their ambivalence about changing problematic behaviors by using a repertoire of data gathering and feedback techniques. Motivational treatment services are not a part of another service; they stand alone. Their singular focus on increasing the individual's motivation to change problematic behaviors, rather than on changing the behavior itself, distinguishes motivational treatment services from outpatient services. A course of motivational treatment may involve a single session, but more typically four to eight sessions; and it may be repeated, if necessary, as long as repetition is clinically indicated. Prior to placement in motivational treatment, the individual's level of readiness for change is usually assessed, based on clinical judgment, typically supported by standardized instruments. An assessment may follow a course of motivational treatment to ascertain any changes in the individual's readiness for change. Psycho-educational services are included in this subcategory.
 - b. **Consumer Monitoring Services** (390) are provided to individuals who have not been admitted to a program area but have had cases opened by the CSB. For example, this includes individuals with opened cases whom the CSB places on waiting lists for other services, for example, Medicaid ID waiver services. Individuals receive no interventions or face-to-face contact, but they receive consumer monitoring services that typically consist of service coordination or intermittent emergency contacts. Other examples of consumer monitoring services include individuals who receive only outreach services, such as outreach contacts through projects for assistance in transition from homelessness (PATH), individuals in waiting list groups, and outreach by peers to individuals who are in need of services or have been referred for services.
 - c. **Assessment and Evaluation Services** (720) include court-ordered or psychological evaluations; initial assessments for screening, triage, and referral for individuals who probably will not continue in services; and initial evaluations or assessments that result in placement on waiting lists without receiving other services. An abbreviated individualized services plan and services record may be required.
 - d. **Early Intervention Services** (620) are intended to improve functioning or change behavior in individuals who have been identified as beginning to experience problems, symptoms, or behaviors that, without intervention, are likely to result in the need for treatment. Outpatient service activities should not be included here merely to avoid record keeping or licensing requirements since this is not clinically appropriate and could expose the CSB to increased liability. Services are generally targeted to identified individuals or groups and include case consultation, groups for adolescents who have been suspended for use of alcohol or tobacco, and programs for children or adults exhibiting behavior changes following loss such as divorce, death of a loved one, and job loss. School-based interventions should be included in prevention, early intervention, or outpatient services, as appropriate.

Core Services Taxonomy 7.3

3. **Consumer-Run Services (730)** are self-help programs designed, governed, and led by and for people in recovery. Consumer-run services employ peers as staff and volunteers and are often open on weekends and evenings beyond the usual hours traditional services operate. Services are usually open door or drop in, with no required applications, waiting times, or appointments. Services include networking, advocacy, and mutual support groups; drop-in centers; supported housing; hospital liaison; recreation and social activities; arts and crafts and exercise groups; peer counseling, mentorship, and one-on-one consultations; information and referrals; and knowledge and skill-building classes such as employment training, computer training, and other seminars and workshops. Consumer-run centers also may offer the use of washers and dryers, showers, telephones for business calls, mailboxes, and lending libraries. Because of their nature, no information is collected in the CCS about consumer-run services or the individuals participating in them. Instead, the number of persons participating in consumer-run services is reported in the CARS management report. However, core services provided by peers are included and reported where they are delivered, e.g., in outpatient, rehabilitation, or residential services, rather than in consumer-run services; see Appendix G for more information.

Services Available at Admission to a Program Area: If an individual needs other services beyond emergency or ancillary services, the CSB admits the individual to a program area: all mental health (100), developmental (200), or substance abuse (300) services. Depending on his or her needs, the individual may be admitted to two or even three program areas. An individual may be admitted directly to a program area, bypassing case opening, but CCS data elements collected at case opening must still be obtained. Even after admission to a program area, an individual may still receive emergency or ancillary services if he or she needs them.

4. **Inpatient Services** deliver services on a 24-hour-per-day basis in a hospital or training center.
 - a. **Medical/Surgical Care** provides acute medical treatment or surgical services in state facilities. These services include medical detoxification, orthopedics, oral surgery, urology, care for pneumonia, post-operative care, ophthalmology, ear, nose and throat care, and other intensive medical services.
 - b. **Skilled Nursing Services** deliver medical care, nursing services, and other ancillary care for individuals with mental disabilities who are in state facilities and require nursing as well as other care. Skilled nursing services are most often required by individuals who are acutely ill or have significant intellectual disability and by older adults with mental health disorders who suffer from chronic physical illnesses and loss of mobility. Services are provided by professional nurses, licensed practical nurses, and qualified paramedical personnel under the general direction and supervision of a physician.
 - c. **Intermediate Care Facility for Individuals with Intellectual Disability (ICF/ID) Services** are provided in state training centers for individuals with intellectual disability who require active habilitative and training services, including respite and emergency care, but not the degree of care and treatment provided in a hospital or skilled nursing home.
 - d. **Intermediate Care Facility/Geriatric Services** are provided in state geriatric facilities by interdisciplinary teams to individuals who are 65 years of age and older. Services include psychiatric treatment, medical treatment, personal care, and therapeutic programs appropriate to the facility and to the individual's needs.
 - e. **Acute Psychiatric or Substance Abuse Inpatient Services (250)** provide intensive short-term psychiatric treatment in state hospitals or intensive short-term psychiatric treatment,

Core Services Taxonomy 7.3

including services to individuals with intellectual disability, or substance abuse treatment, except medical detoxification, in local hospitals. Services include intensive stabilization, evaluation, psychotropic medications, psychiatric and psychological services, and other supportive therapies provided in a highly structured and supervised setting.

- f. **Community-Based Substance Abuse Medical Detoxification Inpatient Services** (260) use medication under the supervision of medical personnel in local hospitals to systematically eliminate or reduce the effects of alcohol or other drugs in the body.
 - g. **Extended Rehabilitation Services** offer intermediate or long-term treatment in a state hospital for individuals with severe psychiatric impairments, emotional disturbances, or multiple disabilities (e.g., individuals with mental health disorders who also are deaf). Services include rehabilitation training, skills building, and behavioral management for people who are beyond the crisis stabilization and acute treatment stages.
5. **Outpatient Services** provide clinical treatment services, generally in sessions of less than three consecutive hours, to individuals and groups.

- a. **Outpatient Services** (310) are generally provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location, including a jail or juvenile detention center. Outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychological testing and assessment, laboratory and other ancillary services, medical services, and medication services. Medical services include the provision of psychiatric, medical, psychiatric nursing, and medical nursing services by licensed psychiatrists, physicians, and nurses and the cost of medications purchased by the CSB and provided to individuals. Medication services include prescribing and dispensing medications, medication management, and pharmacy services. Medication only visits are provided to individuals who receive only medication monitoring on a periodic (monthly or quarterly) basis from a psychiatrist, other physician, psychiatric nurse, or physician's assistant. These visits are included in outpatient services. The Department has identified a minimum set of information for licensing purposes that would be needed to constitute an individualized services plan (ISP) for individuals receiving only medication visits.

Outpatient services also include *intensive in-home services* that are time-limited, usually between two and six months, family preservation interventions for children and adolescents with or at risk of serious emotional disturbance, including such individuals who also have a diagnosis of intellectual disability. In-home services are provided typically but not solely in the residence of an individual who is at risk of being moved into or is being transitioned to home from an out-of-home placement. The services provide crisis treatment; individual and family counseling; life, parenting, and communication skills; case management activities and coordination with other required services; and 24 hour per day emergency response.

Outpatient services also include *jail-based habilitation services* that involve daily group counseling, individual therapy, psycho-educational services, 12 step meetings, discharge planning, and pre-employment and community preparation services.

Finally, outpatient services also include Medicaid ID HCB waiver skilled nursing services and therapeutic consultation services. Probation and parole and community corrections day reporting centers also are included in outpatient services, rather than in ancillary services.

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- b. **Intensive Outpatient Services** (313) provide substance abuse treatment in a concentrated manner for two or more consecutive hours per day to groups of individuals in nonresidential settings multiple times per week. This service is provided over a period of time for individuals requiring more intensive services than outpatient services can provide. Intensive substance abuse outpatient services include multiple group therapy sessions during the week, individual and family therapy, individual monitoring, and case management.
- c. **Medication Assisted Treatment** (335) combines outpatient treatment with administering or dispensing synthetic narcotics, such as methadone or buprenorphine (suboxone), approved by the federal Food and Drug Administration for the purpose of replacing the use of and reducing the craving for opioid substances, such as heroin or other narcotic drugs.
- d. **Assertive Community Treatment** (350) consists of two modalities: intensive community treatment (ICT) and program of assertive community treatment (PACT). Individuals served by either modality have severe symptoms and impairments that are not effectively remedied by available treatments or, because of reasons related to their mental health disorders, resist or avoid involvement with mental health services. This could include individuals with severe and persistent mental illnesses who also have co-occurring diagnoses of intellectual disability. Assertive community treatment provides an array of services on a 24-hour per day basis to these individuals in their natural environments to help them achieve and maintain effective levels of functioning and participation in their communities. Services may include case management, supportive counseling, symptom management, medication administration and compliance monitoring, crisis intervention, developing individualized community supports, psychiatric assessment and other services, and teaching daily living, life, social, and communication skills.

ICT is provided by a self-contained, interdisciplinary team of at least five full-time equivalent clinical staff, a program assistant, and a psychiatrist. This team (1) assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illnesses, (2) minimally refers individuals to outside service providers, (3) provides services on a long-term care basis with continuity of caregivers over time, (4) delivers 75 percent or more of the services outside of the program's offices, and (5) emphasizes outreach, relationship building, and individualization of services. PACT is provided by a self-contained, inter-disciplinary team of at least 10 full-time equivalent clinical staff, a program assistant, and a psychiatrist, and this team meets the five criteria contained in the definition of ICT.

- 6. **Case Management Services** (320) assist individuals and their family members to access needed services that are responsive to the individual's needs. Services include: identifying and reaching out to individuals in need of services, assessing needs and planning services, linking the individual to services and supports, assisting the individual directly to locate, develop, or obtain needed services and resources, coordinating services with other providers, enhancing community integration, making collateral contacts, monitoring service delivery, and advocating for individuals in response to their changing needs.

Service Subtype is a specific activity associated with a particular core service category or subcategory for which a service.txt file is submitted in the CCS. Currently, service subtypes are defined only for emergency and case management services. The case management services subtype is collected at every developmental case management services encounter and reported in the service file with one of the two subtypes in the CCS. CSBs may report these service subtypes for mental health or substance abuse case management services, but this is optional.

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- a. **Face-to-Face Case Management Services:** These are case management services received by an individual and provided by a case manager during a face-to-face encounter in a case management service licensed by the Department. Examples of service hour activities applicable to face-to-face case management services include case management, individual present and discharge planning, individual present. All other case management services must be reported using non-face-to-face case management.
 - b. **Non-Face-to-Face Case Management Services:** These are all other case management services provided to or on behalf of an individual by a case manager in a case management service licensed by the Department. This includes telephone contacts with the individual, any contacts (face-to-face or otherwise) with the individual's family members or authorized representative, or any contacts (face-to-face or otherwise) about the individual with other CSB staff or programs or other providers or agencies. Examples of service hour activities applicable to non-face-to-face case management services include:
 - case management, individual not present;
 - individual-related staff travel; and
 - phone consultation with individual;
 - discharge planning, individual not present.
 - report writing re: individual;
7. **Day Support Services** provide structured programs of treatment, activity, or training services, generally in clusters of two or more continuous hours per day, to groups or individuals in non-residential settings.
- a. **Day Treatment or Partial Hospitalization (410)** is a treatment program that includes the major diagnostic, medical, psychiatric, psychosocial, and prevocational and educational treatment modalities designed for adults with serious mental health, substance use, or co-occurring disorders who require coordinated, intensive, comprehensive, and multi-disciplinary treatment that is provided several hours per day for multiple days each week and is not provided in outpatient services.

This subcategory also includes *therapeutic day treatment for children and adolescents*, a treatment program that serves children and adolescents (birth through age 17) with serious emotional disturbances or substance use or co-occurring disorders or children (birth through age 7) at risk of serious emotional disturbance in order to combine psychotherapeutic interventions with education and mental health or substance abuse treatment. Services include: evaluation, medication education and management, opportunities to learn and use daily living skills and to enhance social and interpersonal skills, and individual, group, and family counseling.
 - b. **Ambulatory Crisis Stabilization Services (420)** provide direct care and treatment to non-hospitalized individuals experiencing an acute crisis related to mental health, substance use, or co-occurring disorders that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization, provide normative environments with a high assurance of safety and security for crisis intervention, stabilize individuals in crisis, and mobilize the resources of the community support system, family members, and others for ongoing rehabilitation and recovery. Ambulatory crisis stabilization services may be provided in an individual's home or in a community-based program licensed by the Department. These services are planned for and provide services for up to 23 hours per day. Services that are integral to and provided in ambulatory crisis stabilization programs, such as outpatient or case management services, should not be reported separately in those core services since they are included in the ambulatory crisis stabilization day support hours.

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- c. **Rehabilitation or Habilitation** (425) consists of training services in two modalities.

Psychosocial rehabilitation provides assessment, medication education, opportunities to learn and use independent living skills and to enhance social and interpersonal skills, family support and education, vocational and educational opportunities, and advocacy to individuals with mental health, substance use, or co-occurring disorders in a supportive community environment focusing on normalization. It emphasizes strengthening the individual's abilities to deal with everyday life rather than focusing on treating pathological conditions.

Habilitation provides planned combinations of individualized activities, supports, training, supervision, and transportation to individuals with intellectual disability to improve their condition or maintain an optimal level of functioning. Specific components of this service develop or enhance the following skills: self-care and hygiene, eating, toileting, task learning, community resource utilization, environmental and behavioral skills, medication management, and transportation. Habilitation also includes Medicaid ID HCB waiver day support (center-based and non-center-based) and prevocational services.

8. **Employment Services** provide work and support services to groups or individuals in non-residential settings.
- a. **Sheltered Employment** (430) programs provide work in a non-integrated setting that is compensated in accordance with the Fair Labor Standards Act for individuals with disabilities who are not ready, are unable, or choose not to enter into competitive employment in an integrated setting. This service includes the development of social, personal, and work-related skills based on an individualized services plan.
- b. **Group Supported Employment** (465) provides work to small groups of three to eight individuals at job sites in the community or at dispersed sites within an integrated setting. Integrated setting means opportunities exist for individuals receiving services in the immediate work setting to have regular contact with non-disabled persons who are not providing support services. The employer or the vendor of supported employment services employs the individuals. An employment specialist, who may be employed by the employer or the vendor, provides ongoing support services. Support services are provided in accordance with the individual's written rehabilitation plan. Models include mobile and stationary crews, enclaves, and small businesses. Group supported employment includes Medicaid ID HCB waiver supported employment - group model.
- c. **Individual Supported Employment** (460) provides paid employment to an individual placed in an integrated work setting in the community. The employer employs the individual. Ongoing support services that may include transportation, job-site training, counseling, advocacy, and any other supports needed to achieve and to maintain the individual in the supported placement are provided by an employment specialist, co-workers of the supported employee, or other qualified individuals. Support services are provided in accordance with the individual's written rehabilitation plan. Individual supported employment includes Medicaid ID HCB waiver supported employment - individual model.
9. **Residential Services** provide overnight care with an intensive treatment or training program in a setting other than a hospital or training center, overnight care with supervised living, or other supportive residential services.

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- a. **Highly Intensive Residential Services** (501) provide overnight care with intensive treatment or training services. These services include:

Mental Health Residential Treatment Centers such as short term intermediate care, residential alternatives to hospitalization such as community gero-psychiatric residential services¹, and residential services for individuals with co-occurring diagnoses (e.g., mental health and substance use disorders, intellectual disability and mental health disorders) where intensive treatment rather than just supervision occurs;

Community Intermediate Care Facilities for Individuals With Intellectual Disability (ICF/ID) that provide care to individuals who have intellectual disability and need more intensive training and supervision than may be available in an assisted living facility or group home, comply with Title XIX of the Social Security Act standards and federal certification requirements, provide health and habilitation services, and provide active treatment to individuals receiving services toward the achievement of a more independent level of functioning or an improved quality of life; and

Substance Abuse Medically Managed Withdrawal Services that provide detoxification services with physician services available when required to eliminate or reduce the effects of alcohol or other drugs in the individual's body and that normally last up to seven days, but this does not include medical detoxification services provided in community-based substance abuse medical detoxification inpatient services (260) or social detoxification services.

- b. **Residential Crisis Stabilization Services** (510) provide direct care and treatment to non-hospitalized individuals experiencing an acute crisis related to mental health, substance use, or co-occurring disorders that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization, provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in crisis, and mobilize the resources of the community support system, family members, and others for ongoing rehabilitation and recovery. Residential crisis stabilization services are provided in a community-based program licensed by the Department. These services are planned for and provide overnight care; the service unit is a bed day. Services that are integral to and provided in residential crisis stabilization programs, such as outpatient and case management services, should not be reported separately in those core services since they are included in the bed day.

- c. **Intensive Residential Services** (521) provide overnight care with treatment or training that is less intense than highly intensive residential services. It includes the following services and Medicaid ID HCB waiver congregate residential support services.

Group homes or *halfway houses* provide identified beds and 24 hour supervision for individuals who require training and assistance in basic daily living functions such as meal preparation, personal hygiene, transportation, recreation, laundry, and budgeting. The expected length of stay normally exceeds 30 days.

¹ Community gero-psychiatric residential services that provide 24-hour non-acute care with treatment in a setting that offers less intensive services than a hospital, but more intensive mental health services than a nursing home or group home. Individuals with mental health disorders, behavioral problems, and concomitant health problems, usually age 65 and older, who are appropriately treated in a geriatric setting, receive intensive supervision, psychiatric care, behavioral treatment planning, nursing, and other health-related services.

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Primary care offers substance abuse rehabilitation services that normally last no more than 30 days. Services include intensive stabilization, daily group therapy and psycho-educational services, consumer monitoring, case management, individual and family therapy, and discharge planning.

Intermediate rehabilitation is a substance abuse psychosocial therapeutic milieu with an expected length of stay up to 90 days. Services include supportive group therapy, psycho-education, consumer monitoring, case management, individual and family therapy, employment services, and community preparation services.

Long-term habilitation is a substance abuse psychosocial therapeutic milieu with an expected length of stay of 90 or more days that provides a highly structured environment where residents, under staff supervision, are responsible for daily operations of the facility. Services include intensive daily group and individual therapy, family counseling, and psycho-education. Daily living skills and employment opportunities are integral components of the treatment program. Jail-based habilitation services, previously reported here, should be reported in outpatient services (310).

- d. ***Supervised Residential Services*** (551) offer overnight care with supervision and services. This subcategory includes the following services and Medicaid ID HCB waiver congregate residential support services.

Supervised apartments are directly-operated or contracted, licensed residential programs that place and provide services to individuals in apartments or other residential settings. The expected length of stay normally exceeds 30 days.

Domiciliary care provides food, shelter, and assistance in routine daily living but not treatment or training in facilities of five or more beds. This is primarily a long-term setting with an expected length of stay exceeding 30 days. Domiciliary care is less intensive than a group home or supervised apartment; an example would be a licensed assisted living facility (ALF) operated, funded, or contracted by a CSB.

Emergency shelter or *residential respite* programs provide identified beds, supported or controlled by a CSB, in a variety of settings reserved for short term stays, usually several days to no more than 21 consecutive days.

Sponsored placements place individuals in residential settings and provide substantial amounts of financial, programmatic, or service support. Examples include individualized therapeutic homes, specialized foster care, family sponsor homes, and residential services contracts for specified individuals. The focus is on individual residential placements with expected lengths of stay exceeding 30 days rather than on organizations with structured staff support and set numbers of beds.

- e. ***Supportive Residential Services*** (581) are unstructured services that support individuals in their own housing arrangements. These services normally do not involve overnight care delivered by a program. However, due to the flexible nature of these services, overnight care may be provided on an hourly basis. It includes the following services and Medicaid ID HCB waiver supported living/in-home supports, respite (agency and consumer-directed) services, companion services (agency and consumer-directed), and personal assistance services (agency and consumer-directed).

In-Home respite provides care in the homes of individuals with mental disabilities or in a setting other than that described in residential respite services above. This care may last

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from several hours to several days and allows the family member care giver to be absent from the home.

Supported living arrangements are residential alternatives that are not included in other types of residential services. These alternatives assist individuals to locate or maintain residential settings where access to beds is not controlled by a CSB and may provide program staff, follow along, or assistance to these individuals. The focus may be on assisting an individual to maintain an independent residential arrangement. Examples include homemaker services, public-private partnerships, and non-CSB subsidized apartments (e.g., HUD certificates).

Housing subsidies provide cash payments only, with no services or staff support, to enable individuals to live in housing that would otherwise not be accessible to them. These cash subsidies may be used for rent, utility payments, deposits, furniture, and other similar payments required to initiate or maintain housing arrangements for individuals. This is used only for specific allocations of funds from the Department earmarked for housing subsidies. Numbers of individuals receiving services and expense information should be included in supportive residential services in performance contract reports. Information associated with other housing subsidies should be included in the services of which they are a part.

10. **Prevention Services (610)** are designed to prevent mental health or substance use disorders. Activities that are really outpatient services should not be included in prevention services to avoid record keeping or licensing requirements, since this exposes the CSB to increased liability, is not clinically appropriate, and violates the regulatory requirements of the federal Substance Abuse Prevention and Treatment block grant. Prevention services promote mental health through individual, community, and population-level change strategies. Prevention services are identified through the implementation of the Strategic Prevention Framework, an evidenced-based and community-based needs assessment-focused planning model. This model involves data-driven needs assessment, planning and evaluation, capacity building, and implementation of evidenced-based programs, strategies, and practices. Overlaying all these components are cultural competence and sustainability of effective outcomes. To achieve community level strategies, CSBs must be a part of a community coalition. Emphasis is on enhancement of protective factors and reduction of risk factors in individuals and the community. Information on substance abuse prevention services is collected and reported separately through the Department's contracted prevention information system, instead of being included in the CCS. The following six strategies comprise prevention services.

Information Dissemination provides awareness and knowledge of the nature and extent of mental health and substance use disorders and intellectual disability. It also provides awareness and knowledge of available prevention programs and services. Examples of information dissemination include media campaigns, public service announcements, informational brochures and materials, community awareness events, and participation on radio or TV talk shows. Information dissemination is characterized by one-way communication from the source to the audience.

Prevention Education aims to affect critical life and social skills, including general competency building, specific coping skills training, support system interventions, strengthening caregivers, and decision-making skills training. Prevention education is characterized by two-way communication with close interaction between the facilitator or educator and program

Core Services Taxonomy 7.3

participants. Examples of prevention education include children of alcoholics groups and parenting classes.

Alternatives provide for the participation of specific populations in activities that are constructive, promote healthy choices, and provide opportunities for skill building. Examples of prevention alternatives include leadership development, community service projects, alcohol, tobacco, and other drug free activities, and youth centers.

Problem Identification and Referral aims at the identification of those individuals who are most at risk of developing problematic behaviors in order to assess if their behaviors can be changed through prevention education. Examples include student and employee assistance programs.

Community-Based Process aims at enhancing the ability of the community to provide prevention and treatment services more effectively. Activities include organizing, planning, enhancing efficiency and effectiveness of service implementation, interagency collaboration, coalition building, and networking. Examples include community and volunteer training, multi-agency coordination and collaboration, accessing services and funding, and community team-building.

Environmental Prevention Activities establish or change written and unwritten community standards, codes, and attitudes, thereby influencing the development of healthy living conditions. Examples include modifying advertising practices and promoting the establishment and review of alcohol, tobacco, and other drug use policies.

11. ***Infant and Toddler Intervention Services*** (625) provides family-centered, community-based early intervention services designed to meet the developmental needs of infants and toddlers and the needs of their families as these needs relate to enhancing the child's development. These services prevent or reduce the potential for developmental delays in infants and toddlers and increase the capacity of families to meet the needs of their at-risk infants and toddlers. Infant and toddler intervention is delivered through a comprehensive, coordinated, interagency, and multidisciplinary services system. Infant and toddler intervention includes:
- a. assistive technology,
 - b. audiology,
 - c. family training, counseling, and home visits,
 - d. health services,
 - e. nursing services,
 - f. nutrition services,
 - g. occupational therapy,
 - h. physical therapy,
 - i. medical services (for diagnostic or evaluation purposes only),
 - j. special instruction,
 - k. psychological services,
 - l. service coordination,
 - m. social work services,
 - n. speech-language pathology,
 - o. transportation services, and
 - p. vision services.

The identified individual receiving services is the infant or toddler. Information about infant and toddler intervention services, including funds, expenditures, costs, service units, and the individuals receiving them is collected and reported to the Department through a separate contract and automated information system, rather than through CARS reports and the CCS. Consequently, this service is not included in the Core Services Category and Subcategory Matrix in the taxonomy. This infant and toddler intervention services definition is included in the taxonomy for information and reference purposes.

FY 2017 Community Services Performance Contract

FY 2017 Exhibit A: Resources and Services

CSB 100 Mental Health Services

Hanover County Community Services Board

Report for Form 11

Core Services	Projected Service Capacity	Projected Numbers of Individuals Receiving Services	Projected Total Service Costs
250 Acute Psychiatric Inpatient Services	0.25 Beds	13	\$199,941
310 Outpatient Services	5.5 FTEs	700	\$1,217,348
350 Assertive Community Treatment	9 FTEs	60	\$897,885
320 Case Management Services	10.79 FTEs	700	\$1,438,648
420 Ambulatory Crisis Stabilization Services	0.5135 Slots	209	\$52,801
425 Mental Health Rehabilitation	30 Slots	66	\$749,800
460 Individual Supported Employment	1 FTEs	10	\$82,635
510 Residential Crisis Stabilization Services	2.0078 Beds	172	\$206,453
Totals		1,930	\$4,845,511

Form 11A: Pharmacy Medication Supports	Number of Consumers
803 Total Pharmacy Medication Supports Consumers	100

FY 2017 Community Services Performance Contract

FY 2017 Exhibit A: Resources and Services

CSB 400 Emergency and Ancillary Services

Hanover County Community Services Board

Report for Form 01

Core Services	Projected Service Capacity	Projected Numbers of Individuals Receiving Services	Projected Total Service Costs
100 Emergency Services	5 FTEs	675	\$807,413
390 Consumer Monitoring Services	2 FTEs	235	\$88,522
720 Assessment and Evaluation Services	4.5 FTEs	1200	\$472,325
Totals		2,110	\$1,368,260

FY 2017 Community Services Performance Contract

Hanover County Community Services Board

Table 2: Board Management Salary Costs

Explanations for Table 2a						

Table 2b: Community Service Board Employees

1.	2.	3.	4.	5.	6.	7.
No. of FTE CSB Employees	MH	DEV	SA	SAOPA	ADMIN	TOTAL
Consumer Service FTEs	39.74	42.88	13.13	11.10		106.85
Peer Staff Service FTEs	2.00	0.00	1.00	0.49		3.49
Support Staff FTEs	2.25	0.80	0.00	0.30	15.85	19.20
TOTAL FTE CSB Employees	43.99	43.68	14.13	11.89	15.85	129.54

HANOVER COUNTY COMMUNITY SERVICES BOARD

STANDARDS OF PROFESSIONAL CONDUCT

Introduction

Hanover County Community Services Board (HCCSB) is committed to ethical, moral and responsible clinical practice, business practice, public relations and professional conduct. The agency expectation is for Board Members and employees to comply with all applicable laws, regulations, and procedures.

All employees, contractors, students and volunteers, (hereafter called "Staff") and Board Members of HCCSB will comply with the following standards in fulfilling the mission of the HCCSB. While these Standards summarize the principles that guide daily actions, they do not address every situation that may be encountered. When situations not specifically covered by this code occur, Staff are expected to confer with a supervisor, and Board Members with the Executive Director and/or legal counsel.

Ultimately, Staff and Board Members are accountable for their own behavior and are responsible for reviewing, understanding and following these Standards. Staff and Board Members are expected to understand and comply with all local, state and federal laws, government regulations, and County and agency policies and procedures that impact their duties.

Client Rights and Confidentiality

1. Staff will deliver the highest quality care to clients while protecting their rights to dignity, privacy and respect as per the HCCSB Human Rights Regulations. Clients will be provided information regarding their services and staff will assure that clients are informed of their rights and choices regarding services.
2. Staff will involve the persons served and, when appropriate, family members in the development of their treatment plan and provide respectful services with recognition of the client's spiritual and cultural values and belief systems.
3. Staff and Board Members will protect the confidentiality of client information, including information contained in medical records in accordance with HIPAA and HCCSB Privacy Procedures. Staff and Board Members will not access, discuss, obtain or re-disclose any protected health information that is not consistent with their role and/or job function.

Workplace Conduct

1. Staff and Board Members will not practice or condone any form of discrimination or harassment against any person on the basis of race, color, gender, sexual orientation, age, ethnicity, religion or mental or physical disability.
2. In order to provide a safe and healthy environment for employees, contractors and persons served, Staff and Board Members will comply with the occupational health and safety laws applicable to their job, as well as the HCCSB Health and Safety Procedures.
3. Staff and Board Members will not misuse or misappropriate the property of persons served, their family members or guardians, other employees/Board Members or Hanover County Government. Staff and Board Members will demonstrate honesty, integrity and respectful behavior toward each other and the individuals served.
4. Information about available services will be communicated in an honest and accurate manner. Staff and Board Members will consider the public's perception of their personal and professional actions, and the effect their actions could have, positively or negatively, on HCCSB's reputation in the community and elsewhere. They will strive for personal and professional growth to improve their effectiveness in their role with HCCSB.
5. Staff and Board Members are prohibited from engaging in conduct that results in instances of fraud, waste or abuse of county, state or federal resources.

Supervisors and Managers

1. All supervisors and/or managers will be fair, consistent, respectful and ensure quality in carrying out their supervisory responsibilities. All supervisors and/or managers will take responsibility for their actions and demonstrate positive collaboration and teamwork in carrying out their responsibilities.

2. Supervisors and/or managers will model professional behaviors. To the greatest extent possible, all supervisors and/or managers will involve staff in decisions that impact them and will strive to be positive and constructive in their communications.

Board Members

1. Board Members will receive initial orientation and on-going training specific to their role. This includes, but is not limited to, Conflict of Interest, Freedom of Information Act, Confidentiality and Privacy and Human Rights.
2. Board Members will review the Standards of Professional Conduct at the beginning of their service and annually thereafter. Each year Board Members will sign the Acknowledgement that they have reviewed these standards.
3. Board Members will ensure that HCCSB is operated in a manner that upholds the agency's integrity and merits the trust and support of the public. Board members will uphold all applicable laws and regulations, going beyond the letter of the law to protect and/or enhance HCCSB's ability to accomplish its mission.
4. Board Members will be responsible stewards of HCCSB's resources and will take no actions that could benefit them personally at the unwarranted expense of HCCSB, avoiding even the perception of a conflict of interest.
5. Board Members will strive to fulfill their roles and responsibilities while not engaging in day to day operational activities, including specific human resource matters, that are the responsibility of the agency's Management Team.

Safeguarding and Conserving System Resources and Time Reporting

1. Staff and Board Members will demonstrate good corporate citizenship and will retain and dispose of business documents and records in accordance with Library of Virginia Record Retention Regulations and the HCCSB Records of the Person Served Procedures.
2. Staff and Board Members will follow Hanover County and HCCSB Policies and Procedures when communicating through systems such as voicemail, e-mail, Internet and other methods of data transmission.
3. Staff will honestly and accurately report travel and other expenses and time worked as scheduled and document on the appropriate form. Staff and Board Members will be responsible stewards of HCCSB's resources, by utilizing agency materials and resources in a cost-effective manner.

Business, Public Relations and Marketing Practices

1. All business practices and contractual relationships of HCCSB will be handled in accordance with the applicable federal, state, and local laws. Financial matters will be conducted within the standards of commonly accepted, sound financial management practices.
2. Staff will complete documentation in the medical record as necessary and within the established timeframes to expedite the billing of services.
3. Staff will provide all clients and customers with timely bills and answers to any questions they may have regarding their bills.
4. Marketing activities will respect the dignity and privacy rights of those served; will not mislead or misinform the public or misrepresent HCCSB; will uphold the integrity of HCCSB so as to merit the continued support and trust of the public; and will comply with all applicable state and federal regulations
5. Staff and Board Members will assure that there is no purposeful deception of service provision to the individuals served, communities or third-party funders. HCCSB property and supplies will be used for the sole purpose of delivering the agency's services.

Conflicts of Interest, Dual Relationships and Boundaries Issues

1. Staff and Board Members will not exploit relationships for personal or professional gain; will not engage persons served and their family members or guardians in fund raising or business transactions that benefit the Staff or Board Member; or seek special privilege from the person served, family members or guardians related to goods and services they may offer for sale.
2. Staff and Board Members will not transfer or refer persons served by HCCSB to a private practice or provider in which the Staff or Board Member has a financial interest.
3. Staff and Board Members will not accept “any money, loan, gift, favor, service, or business or professional opportunity that reasonably tends to influence him or her in the performance of his or her official duties.” (The State and Local Government Conflict of Interests Act)
4. Cards or written expressions of appreciation may be accepted. If individuals currently being served or who have been served offer gifts or favors to staff, consultation with a supervisor must take place before the gift or favor can be accepted. The therapeutic relationship will be considered in determining the best course of action. If the gift or favor can be accepted it will be done as a donation to the agency, not an individual. The client/caregiver/family member will receive a letter thanking them for their donation.
5. Staff and Board Members can engage in agency donations of gift cards or other goods that support individuals served but will refrain from the personal giving of gifts to individuals served. Agency donations will be made according to applicable policy; the giving of personal gifts is not allowed unless a therapeutic benefit is determined in consultation with the supervisor.
6. Staff will immediately report to their supervisor any occasion of a family member or personal friend receiving treatment at HCCSB. If that staff’s job duties would typically require access to that individual’s treatment and/or medical record, the supervisor must develop a plan to ensure these duties are re-assigned and will be responsible for on-going monitoring and oversight.
7. Staff who seek treatment at HCCSB will be referred to another provider. However if the circumstance warrants treatment from this agency, steps will be taken to ensure privacy. This would include, but not be limited to, involving as few staff as possible, ensuring services are provided by a supervisor or coordinator and isolating the medical record from general staff access to the extent possible.
8. Staff who meet current or former persons served unexpectedly in the community will be cued by the individual’s response before approaching him or her. Should the individual not initiate contact, neither should the staff. If the individual does initiate contact, staff may reply in kind. Under no circumstance is staff to identify their workplace or role, the context in which they know the person or in any way identify the individual as someone served by this agency.
9. Staff wishing to attend the funeral of an individual served or their family member will first consult with their supervisor to determine if it is advisable, given the boundary and confidentiality issues that could arise.
- 10 Staff will avoid personal and professional circumstances that may cause a conflict of interest and hinder their ability to make judgments in the best interest of individuals served, their family members or guardians. Examples include, but are not limited to, socializing, either in person, by phone or through social media, entering into personal or business dual relationships, or engaging in flirtation, romantic or sexual relationships with individual’s served, their family members or guardians.
11. Staff may be asked by individuals being served to witness personal documents (Advance Directive, Guardianship, etc.). Staff will first encourage the individual to ask a friend or relative instead. However, if no one else is available, staff may witness such documents, after using their own discretion and in consultation with their supervisor.
12. All staff, including Peer positions, volunteers and students, are bound by these standards of conduct as well as expectations specific to their role as outlined by their supervisor.

Conformance with the Standards of Professional Conduct

1. Staff are required to receive training regarding the HCCSB Standards of Professional Conduct, Privacy procedures and Human Rights procedures at hire and annually thereafter. In addition, staff must complete ethics training in accordance with their professional requirements.

2. Staff are expected to conform to these standards. Violations may result in disciplinary action leading up to and including termination. Disciplinary action will be taken in accordance with Hanover County Human Resources Policies and Procedures. Violations of these standards by contractors may result in the termination of the contract. Violation of these standards by Hanover Community Services Board Members will be addressed in accordance with Virginia Code governing Community Services Boards. (VA Code 37.2-502)

3. These standards complement existing Human Resources policies and procedures, Human Rights policies and procedures, Privacy procedures and the HCCSB Corporate Compliance Plan.

4. Staff and Board Members have an obligation to report any suspected violation of the HCCSB Corporate Compliance Plan, Standards of Professional Conduct, Privacy, or Human Rights procedures, or any professional ethics, applicable law, regulation or policy. There is a no-reprisal approach to reporting violations and clear timeframes for investigation of reports of suspected violations. The QI Coordinator(s) will initiate a fact-finding investigation within twenty-four (24) hours of an allegation. Steps to mitigate damage, if available and appropriate, will be taken while the investigation is in process. The investigation will be completed within ten (10) business days unless circumstances warrant an extension of that timeframe; a written report will be completed and submitted to the Executive Director upon completion. Depending on the nature of the allegation, the Executive Director, Program Director(s), or Management Team will review the issue and a Corrective Action Plan, if warranted, will be developed and implemented in accordance with state regulations. The Corrective Action Plan will be developed within seven (7) business days of the final report with implementation beginning immediately thereafter.

5. Should the investigation show a violation of any state or federal law and/or professional licensure standards, a report will be made to the proper authorities. This could result in civil or criminal consequences.

6. Staff and Board Members can additionally report allegations of fraud, waste, abuse or other wrong-doing anonymously by calling the Hanover County Internal Auditor's Hotline at (804) 365-6813.

7. HCCSB self-reports material violations as required by the Virginia DBHDS Office of Licensing and the Office of Human Rights, Hanover County Government, Virginia DMAS, CARF and the U.S. Department of Health & Human Services.

Acknowledgment

Staff and Board Members will receive a copy of the Standards of Professional Conduct and will review with their supervisors at hire/appointment. A signed copy of the acknowledgement form will be placed in the personnel file. These Standards will be reviewed each year thereafter and a signed acknowledgement will be placed in the personnel record of all staff and Board Members.

**HANOVER COUNTY COMMUNITY SERVICES BOARD
STANDARDS OF PROFESSIONAL CONDUCT & CONFIDENTIALITY REVIEW**

ACKNOWLEDGMENT

This is to acknowledge that as of the date listed below, I have reviewed the HCCSB Standards of Professional Conduct.

I understand and agree that in the performance of my duties as a Board Member with the Hanover County Community Services Board I must abide by the Standards set forth and that failure to do so may result in removal from the Board and possible legal action.

Name: _____

Signature: _____

Date: _____

This form is to be completed annually and is to be kept on file.



Hanover County Community Services Board Action Item

Board Meeting Date: July 18, 2016

Subject: Approval of FY17-18 Performance Contract with the Virginia Department of Behavioral Health and Developmental Services

Summary of Agenda Item:

HCCSB staff reviewed and supplied the required data and information for the FY17-18 Performance Contract, a document developed by the Virginia Department of Behavioral Health and Developmental Services to be executed by each community services board and behavioral health authority in Virginia as a prerequisite for the receipt of state-controlled funds for mental health, intellectual and developmental disabilities and substance use disorder services. Execution of the Performance Contract requires approval by both the CSB Board and the Board of Supervisors.

The Code of Virginia requires that prior to the execution of the performance contract, each community services board and behavioral health authority make the proposed Performance Contract available for public comment for a thirty-day period. HCCSB made the proposed FY17-18 Performance Contract available for public comment on June 17, 2016. Comments from a CSB Board member were received at the June 20, 2016 Board meeting. No additional comments have been received to date. If approved by this Board, the FY17-18 Performance Contract will be presented to the Board of Supervisors for its approval at the July 27, 2016 meeting.

Action

Recommended: Recommend to the Board of Supervisors approval of the FY17-18 Performance Contract.

**CSB Board
Three-Month Planning Calendar**

August	September	October
<p>-BOS 2x2 Sessions</p> <p style="text-align: center;">NO BOARD MEETING</p> <p>Work Session: None</p>	<p>-4th Qtr./Year End Financial Report</p> <p>-Review/update Policies</p> <p>-Fees/Sliding Fee Schedule</p> <p>-National Suicide Prevention Week</p> <p>-Substance Abuse Recovery Month</p> <p>-Board Planning: 9/12/16</p> <p>-Board Meeting: 9/19/16</p> <p>Work Session: Board Member Advocacy/The CSB Message</p>	<p>-Supported Employment Banquet</p> <p>-By-Laws Review Committee</p> <p>-County Budget due</p> <p>-VACSB Fall Public Policy Conference, Oct. 5-7, Charlottesville</p> <p>-Board Planning: 10/10/16</p> <p>-Board Meeting: 10/17/16</p> <p>Work Session: State of the County and Budget Overview (tentative)</p>

Upcoming Events & Activities: