A RESOLUTION NO. 09-24

Honoring the life of E. Alvin Small, August 12, 1916 – May 28, 2009.

WHEREAS, E. Alvin Small was born August 12, 1916, to Edward A. and Dora Witt Small and was reared with two brothers, Herbert S. Small and Ralph L. "Buddy" Small; and

WHEREAS, E. Alvin Small was married to Ruby Sheffield Small; and

WHEREAS, Mr. Small was the founder and president of E. Alvin Small Funeral Home, which began service on August 29, 1952; and

WHEREAS, Mr. Small was also a dedicated community leader as the first president and founder of the Colonial Heights Optimist Club; past governor of the Capital Virginia District of Optimist International; past president in 1958/59 of the Colonial Heights Chamber of Commerce, to which he was awarded life membership in 1997; member of Powhatan Starke Masonic Lodge #124, which awarded him a 50 year certificate in 1998; member of Appomattox Commandery Knights of Templar #6; Royal Arch Chapter #7; member of Acca Temple Shrine; past president of Petersburg Shrine Club; member of Alpha Chapter #1 Order of the Eastern Star; charter member and elder emeritus of Colonial Christian Church, having served as chairman of various committees and trustee of the church; former member of the Fort Lee Army Advisory Committee; and former member of the Petersburg Salvation Army Advisory Board, where he served the longest tenure in board history for 39 years; and

WHEREAS, E. Alvin Small will be remembered for his love of family and his dedicated and tireless community service; NOW, THEREFORE,

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF COLONIAL HEIGHTS:

1. That Council hereby expresses, on behalf of the City, its gratitude to E. Alvin Small for his community spirit and service to others and sympathy to his family for their loss.

2. That, in attestation of the high regard in which E. Alvin Small was held by this Council, this resolution is hereby read into the minutes of this meeting and the permanent record of the City of Colonial Heights, this 14th day of July, 2009; and the members of Council unanimously affix their signatures.

Approved:

_____
Mayor

Attest:

_____
City Clerk

****

I certify that the above resolution was:

Adopted on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

_____
City Clerk

Approved as to form:

Hugh P. Foster, III
City Attorney

Proclamation

COLONIAL HEIGHTS, VIRGINIA

DESIGNATING THE MONTH OF JULY 2009 AS RECREATION AND PARKS MONTH IN THE CITY OF COLONIAL HEIGHTS, VIRGINIA

WHEREAS, public parks and recreation systems are dedicated to enhancing the quality of life for millions of residents in communities around the world through recreation programming, leisure activities and conservation efforts; and

WHEREAS, parks, recreation activities and leisure experiences provide opportunities for young people to live, grow and develop into contributing members of society; create lifelines and continuous life experiences for older members of the community; and generate opportunities for people to come together and experience a sense of community; and

WHEREAS, we recognize the vital contributions of employees and volunteers in our parks and recreation facilities who provide a wide range of high-quality programs for people of all ages and abilities; and

WHEREAS, these dedicated supporters keep public parks clean and safe for visitors, organize youth activities, and ensure that City facilities are accessible places for all citizens to enjoy.

NOW, THEREFORE, I, C. Scott Davis, Mayor of the City of Colonial Heights, do hereby proclaim the month of July 2009 as "Recreation and Parks Month" in the City of Colonial Heights and call upon our citizens to enjoy what our community has to offer by taking part in their favorite sports, visiting the outdoors and spending time with family and friends.

Signed this 14th day of July, 2009.

C. Scott Davis, Mayor

Attest:

Kimberly J. Rollinson, City Clerk

Proclamation

COLONIAL HEIGHTS, VIRGINIA

RECOGNIZING DANIEL CULLER
FOR HIS ACCOMPLISHMENTS IN SKILLSUSA

WHEREAS, Daniel Culler, the son of Stephen Culler and Catherine Crowder, is a June 2009 graduate from Colonial Heights High School; and

WHEREAS, SkillsUSA is a national partnership of students, teachers and industry, working together to ensure America has a skilled workforce; and

WHEREAS, Daniel won the SkillsUSA State Competition in the Job Skills Demonstration open category with a chair caning demonstration, which was held on March 28, 2009 in Hampton, Virginia; and

WHEREAS, as a gold medalist, Daniel won the right to compete in the SkillsUSA National Leadership and Skills Conference in Kansas City, Missouri, which was held June 21-27, 2009; and

WHEREAS, during the national championship, more than 5,400 outstanding career and technical education students, all state contest winners, competed "hands-on" in 91 different trade, technical and leadership fields; and

WHEREAS, Daniel won the National Gold Medal in the Job Skills Demonstration open category and became the first national gold medalist from Colonial Heights High School.

NOW, THEREFORE, I, C. Scott Davis, Mayor, on behalf of the Colonial Heights City Council, hereby recognize Daniel Culler for his accomplishments, extend congratulations to him and acknowledge the good fortune of the City for having such an outstanding young man as one of its citizens.

Signed this 14th day of July 2009.

C. Scott Davis, Mayor

Attest:

Kimberly J. Rollinson, City Clerk

JUNE 2009 EMPLOYEE OF THE MONTH

NAME: Officer Michael B. Kelley

POSITION: Police Officer

EMPLOYMENT HISTORY: Officer Kelley began his employment with the City in October of 2004 as a Police Officer in the Police Department.

NARRATIVE: Officer Kelley has been a solid member of the Police Department since he started with the City. He posses the positive attitude, work ethic and commitment to customer service that we strive for in the Police Department. With that being said, Officer Kelley has also recently shown his well rounded investigative skills in assisting another City department. Officer Kelley was assigned to handle a graffiti call at the City Library. The men's restroom was vandalized with graffiti and the Police were called. He was able to identify the graffiti that was written as graffiti that he had previously seen in other locations. Officer Kelley then was able to view video footage provided by library staff in order to identify two juvenile suspects. He then linked both suspects to several other locations throughout the City where they defaced property with the same type of graffiti. He was able to obtain eleven juvenile petitions against the suspects and hold them responsible for the library and those other previously reported cases. Since then, Officer Kelley has created a graffiti database that is accessible by our police personnel through our intranet for use in future graffiti cases. Officer Michael Kelley deserves recognition as Employee of the Month. Officer Kelley is setting the right examples of initiative, forward thinking, assistance to other departments and just plain ole good police work for others to follow.

PRESERVATION VIRGINIA

RECEIVED

JUL 07 2009

CITY CLERK'S OFFICE

July 7, 2009

Kimberly J. Rollinson, CMC
City Clerk
Colonial Heights
P. O. Box 3401
Colonial Heights, VA 23834

Ms. Rollinson:

I am requesting to be placed on the agenda for the upcoming City Council meeting to be held Tuesday, July 14th, 2009.

My topic of discussion will be concerning the reuse of the Colonial Heights Baptist Church building.

Thank you for your time.

Sincerely,

Sonja Ingram

Sonja Ingram
Field Representative
Preservation Virginia/ National Trust for Historic Preservation
767 Main Street
P.O. Box 3542
Danville, VA 24543
804-551-3249
www.preservationvirginia.org

AN ORDINANCE NO. 09-FIN-13

To amend the General Fund Budget for the fiscal year beginning July 1, 2009, and ending June 30, 2010, to appropriate a total of $39,853 to Public Safety, $28,919 to Police for the purchase of one (1) police vehicle and all pertinent equipment; $9,584 to Fire & EMS for the purchase of one (1) direct network attached CD/DVD server, two (2) wireless PC to TV receivers, two (2) LCD TVs and (1) set, pumping apparatus driver/operator DVD series; and $1,350 to Fire & EMS for the purchase of a portable defibrillator for the Colonial Heights Senior Citizen Center; such funds coming from grants and a donation.

THE CITY OF COLONIAL HEIGHTS HEREBY ORDAINS:

1. That Sections 1, 2 and 3 of Ordinance No. 09-FIN-4, the General Fund Budget, be, and are hereby amended and reordained as follows:

1. That the budget designated the General Fund Budget for the fiscal year beginning July 1, 2009, and ending June 30, 2010, is hereby adopted; and that, subject to transfers by resolution pursuant to § 6.15 of the City Charter, funds hereby appropriated shall be used for the following purposes:

Legislative (City Council)	$ 147,397	
Administrative (City Manager)	310,461	
Legal (City Attorney)	203,878	
Tax Collections & Assessments	602,256	
Finance	5,834,116	
Information Technologies	187,249	
Board of Elections	130,309	
Judicial	4,279,017	
Public Safety	~~7,567,985~~	*7,607,838*
Public Works	2,814,385	
Health and Social Services	643,750	
Parks and Recreation	1,401,494	
Cultural Enrichment	91,787	
Library	598,942	
Community Development	535,209	
Grant Programs	353,392	
Nondepartmental	510,930	
Debt Service	3,217,341	
Operating Transfers Out	19,037,766	

2. That the sum of $ ~~48,467,664~~ *48,507,517* is appropriated for the fiscal year beginning July 1, 2009.

3. That the foregoing appropriation is based upon the following revenue estimates for the fiscal year beginning July 1, 2009:

General Property Taxes	$ 21,216,669
Other Local Taxes	14,403,852
Licenses, Permits & Fees	3,394,794

Fines and Forfeitures	556,500	
Use of Money & Property	427,000	
Intergovernmental Revenues	~~6,073,800~~	*6,112,303*
Charges for Current Services	1,138,401	
Miscellaneous	1,256,648	
Reserve – Fire/EMS Donations	*1,350*	
TOTAL	$ ~~48,467,664~~	*48,507,517*

2. That this ordinance shall be in full force and effect upon its passage on second reading.

Approved:

_____
Mayor

Attest:

_____
City Clerk

****

I certify that the above ordinance was:

Adopted on its first reading on June 9, 2009.

Ayes: 7. Nays: 0. Absent: 0. Abstain: 0.

The Honorable Milton E. Freeland, Jr., Councilman: Aye.

The Honorable Kenneth B. Frenier, Councilman: Aye.

The Honorable W. Joe Green, Jr., Councilman: Aye.

The Honorable Elizabeth G. Luck, Vice Mayor: Aye.

The Honorable John T. Wood, Councilman: Aye.

The Honorable Diane H. Yates, Councilwoman: Aye.

The Honorable C. Scott Davis, Mayor: Aye.

Adopted on its second reading on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

_____
City Clerk

Approved as to form:

_____
City Attorney

AN ORDINANCE NO. 09-17

To amend and reordain §286-179 of Chapter 286, Zoning, of the Colonial Heights City Code, to provide that no freestanding ground sign be located within eight (8) feet of any curbing and/or road pavement, regardless of other setback requirements of that section.

THE CITY OF COLONIAL HEIGHTS HEREBY ORDAINS:

1. That §286-179 of Chapter 286, Zoning, of the Colonial Heights City Code, be, and is hereby, amended and reordained as follows:

§ 286-179 Freestanding signs.

A. No portion of a freestanding sign shall be constructed to a height greater than 25 feet above the grade level of the ground on which the sign is erected or 25 feet above the grade level of the center line of the street to which it is oriented at the nearest point, whichever is greater.

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H. No freestanding ground sign shall be located within eight (8) feet of any curbing or road pavement, regardless of other setback requirements in this section.

2. That this ordinance shall be in full force and effect upon its passage on second reading.

Approved:

_____
Mayor

Attest:

_____
City Clerk

****

I certify that the above ordinance was:

Adopted on its first reading on June 9, 2009.

Ayes: 7. Nays: 0. Absent: 0. Abstain: 0.

The Honorable Milton E. Freeland, Jr., Councilman: Aye.

The Honorable Kenneth B. Frenier, Councilman: Aye.

The Honorable W. Joe Green, Jr., Councilman: Aye.

The Honorable Elizabeth G. Luck, Vice Mayor: Aye.

The Honorable John T. Wood, Councilman: Aye.

The Honorable Diane H. Yates, Councilwoman: Aye.

The Honorable C. Scott Davis, Mayor: Aye.

Adopted on its second reading on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

_____
City Clerk

Approved as to form:

Hugh P. Fisher, III
City Attorney

CITY OF COLONIAL HEIGHTS

P.O. Box 3401
COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

Office of the City Manager

TO: The Honorable Mayor and Members of City Council

FR: Richard A. Anzolut, Jr., City Manager

DATE: July 10, 2009

SUBJ: Public Hearing and Resolution Supporting Virginia Recreational Trails Program Grant Application

The City has received notice from the State Department of Conservation in Recreation of a new round of federal grant funding thorough the Virginia Recreational Trails Program. Electronic notification of the grant funding came on July 1, 2009 and the program has a July 31, 2009 application deadline. Staff is proposing to submit an application, so a public hearing on the application has been advertised for the Council Meeting of July 14, 2009. Consideration of Resolution 09-29 authorizing the grant application is scheduled following the public hearing.

A total of $800,000 in federal money is available during this round with a $25,000 minimum award and a $100,000 maximum award. A 20% in-kind-or cash grant match is required. The Director of Planning and Community Development is applying for funding to build a trail connector from the proposed parking lot/boat launch areas to the first section of the trail currently under construction. Staff and the Trails Committee will explore grant match possibilities, including private fund raining, if the City is successful with the application.

The Director of Planning and Community Development will present this matter during the Council Meeting on July 14, 2009. If any questions arise prior to the Council Meeting, please do not hesitate to contact me.

Attachment

cc: Hugh P. Fisher, III, City Attorney
William E. Johnson, Director of Finance
George W. Schanzenbacher, Director of Planning & Community Development

OFFICE OF THE
CITY ATTORNEY

CITY OF COLONIAL HEIGHTS
201 JAMES AVENUE
P. O. BOX 3401
COLONIAL HEIGHTS, VIRGINIA 23834-9001

(804) 520-9316 / FAX 520-9398

HUGH P. FISHER, III
CITY ATTORNEY

TAMARA L. DRAPER
LEGAL ASSISTANT

July 7, 2009

RECEIVED
JUL 07 2009
CITY CLERK'S OFFICE

VIA FACSIMILE 861-9452

The Progress-Index
15 Franklin Street
Petersburg, VA 23803

Attention: Legal Advertisements

Dear Madam or Sir:

I have enclosed for publication in the legal advertisements section of your newspaper a notice of City Council holding a public hearing to accept public comment on and consider the adoption of Resolution No. 09-29.

You are requested to publish the notice on **July 8, 2009.**

Please send a certificate of publication to the Office of the City Clerk in City Hall so that we may have evidence that legal requirements have been met.

If there is any problem in publishing the notice on the date requested, please notify this Office immediately so that we may make other arrangements for publication.

Thank you for your assistance.

Very truly yours,

Hugh P. Fisher, III / TLD

Hugh P. Fisher, III
City Attorney

Enclosure
cc: The Honorable C. Scott Davis, Mayor
Richard A. Anzolut, Jr., City Manager
Kimberly J. Rollinson, City Clerk
George Schanzenbacher, Director of Planning and Community Development

NOTICE OF PUBLIC HEARING

CITY OF COLONIAL HEIGHTS, VIRGINIA

Notice is hereby given to all persons affected or interested that at the Colonial Heights City Council meeting to be held on **Tuesday, July 14, 2009, at 7:00 P.M.**, in Council Chambers of City Hall, 201 James Avenue, Colonial Heights, Virginia, the City Council shall hold a public hearing to accept comments on the following:

A RESOLUTION NO. 09-29

Requesting the Virginia Recreational Trails Fund Program to provide funding for the development of a recreational trail and related improvements along the Appomattox River as a part of the Appomattox River Greenway.

A copy of the proposed resolution is on file for public examination during regular business hours in the City Clerk's Office in City Hall, 201 James Avenue, Colonial Heights, Virginia. All persons affected or interested are invited to be present at the public hearing of the City Council, to be held at the time and place stated above, when an opportunity will be given for them to be heard.

Hugh P. Fisher, III
City Attorney

Any interested party whose participation in this meeting would require reasonable accommodation of a handicap should contact the City Manager's Office at 520-9265 at least six days in advance.

A RESOLUTION NO. 09-29

Requesting the Virginia Recreational Trails Fund Program to provide funding for the development of a recreational trail and related improvements along the Appomattox River as a part of the Appomattox River Greenway.

WHEREAS, in accordance with Virginia Recreational Trails Fund Program procedures, it is necessary that a request by resolution be received from the local government before the program can provide funding for the locality; NOW, THEREFORE,

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF COLONIAL HEIGHTS:

1. That the City of Colonial Heights hereby requests the Virginia Recreational Trails Fund Program to provide funding for the development of a recreation trail and related improvements along the Appomattox River as a part of the Appomattox River Greenway in the City.

2. That the City of Colonial Heights hereby agrees to provide for the minimum 20% local share required as a part of the program and to implement the program if the grant is approved, consistent with all applicable local state and federal laws and regulations.

3. That this resolution shall be in full force and effect upon its passage.

Approved:

_____
Mayor

Attest:

_____
City Clerk

****

I certify that the above resolution was:

Adopted on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

_____
City Clerk

Approved as to form:

_____
City Attorney

RECEIVED
JUL 0 2 2009
CITY CLERK'S OFFICE

Brandon Goodwyn
Troop 178
3418 Ivyridge Drive
Chester, Va 23831

Colonial Heights City Council
201 James Avenue,
Colonial Heights, VA 23834

2 July 2009

Colonial Heights City Council Members,

My name is Brandon Goodwyn and I am working on my Eagle Scout Project. As an Eagle Scout project, Robert E. Lee Post 2239 of the Veterans of Foreign Wars of the United States would like Colonial Heights City Council's authorization to place engraved bricks adjacent to the sidewalk located at the War Memorial located in Colonial Heights, VA. I would like to be scheduled to present my Eagle Scout project at the next meeting to be held on 14 July 2009. I can be reached at 804-777-9692. My email address is [redacted].

Sincerely,

Brandon Goodwyn
Troop 178

CITY OF COLONIAL HEIGHTS

P.O. BOX 3401
COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

Office of the City Manager

TO: The Honorable Mayor and Members of City Council

FR: Richard A. Anzolut, Jr., City Manager

DATE: July 10, 2009

SUBJ: July 2009 Budget Amendment

The July 2009 Budget Amendment amends the FY10 Budget, and is summarized as follows:

1. The Fire Chief has qualified the City for a Local Emergency Planning Grant from the State Department of Emergency Management. The grant funds totaling $5,000 will be used for emergency planning activities and the local Emergency Planning Committee in their preparation for natural disasters and other emergency management responsibilities. The City's emergency activities serve as the local match for these grants. In order to continue to advance the City's preparedness, it is recommended that these $5,000 in grant funds be appropriated to the Public Safety Category of the FY10 Budget for use in the City's Emergency Preparedness Budget.

2. On an annual basis, the Director of Finance amends City Council's Final Budget once final figures are available from the Commonwealth of Virginia. Historically, the Commonwealth's estimates are used in our budget preparation process. Once the General Assembly has completed its budget activities and the State Departments reconcile the accounts, the City receives the final figures on state aid and other reimbursements. By that time, we have usually adopted our local budget. Therefore, the Director of Finance makes an amendment early in the fiscal year to set the final state figures.

   The attached report from the Director of Finance outlines numerous changes in revenue from the Commonwealth. Final direct aid and grant amounts are amended, primarily for the rolling stock tax, street maintenance funding and

the juvenile crime control grant. In addition, reimbursements for the functions of the Constitutional Officers have now been finalized by the State Compensation Board and are included in this amendment. In addition, the Director of Finance is correcting minor salary changes, primarily in his department. We are also establishing a new revenue account for administrative fees collected by the City Treasurer. Historically, these fees have been credited to expense accounts in the Treasurer's Office. The amount collected in these administrative fees has now reached a point where the City's auditors believe they should be recorded separately in a revenue account as part of the overall budget. The Director of Finance has proposed a slight increase to the Treasurer's budget to offset expenses formerly covered by the credits.

3. Just about once every year, the Police Department proposes the use of asset forfeiture funds for the purchase of specialized equipment to be used by the Police Department. The Chief of Police is requesting the appropriation of $14,924 in Asset Forfeiture Funds to buy equipment for the Streets Crime Unit as detailed on the attachment. As Council is aware, both the Police Department and the Office of the Commonwealth Attorney receive funds from the disposition of assets seized through arrests for criminal activity. These funds accumulate in an account of the City until they are appropriated by City Council. Basically the Police Department has its share of these proceeds and the Commonwealth Attorney has another share. The Chief of Police is requesting this $14,924 appropriation to better equip the Streets Crime Unit. It is recommended that this appropriation be endorsed in conjunction with the July Budget Amendment.

4. Annually, the Office on Youth administers the Youth Conservation Corps program that gives work experience to teenagers in Colonial Heights and Chesterfield. The program is conducted in Pocahontas State Park. The City serves as fiscal agent for the program. The $11,000 in State Funding needs to be appropriated so the operating expenses and stipends for the participants can be paid.

5. Members of City Council are familiar with the Appomattox River Trail System and its associated grants and construction activities. Since construction began, change orders were identified for small wet areas along the course of the trail. We now have $17,681 in change orders to complete the section of trail under construction. Mr. Freeland identified $15,452 in funds formally put aside for the Technical Center Sports Complex that will not be used. The July Budget Amendment proposes the transfer of these in sports complex funds to the trail accounts in the Capital Project Fund. In order to complete the trail section currently under construction, it is recommended that this transfer be approved as part of the Budget Amendment. Staff will find a way to absorb the remaining $2,229 in change orders in the General Fund Budget.

Staff associated with this Budget Amendment will be available during the Council Meeting of July 14, 2009, to assist with these matters. If any questions arise prior to the Council Meeting, please do not hesitate to contact me.

Attachments

cc: Hugh P. Fisher, III, City Attorney
William E. Johnson, Director of Finance
A. G. Moore, Jr., Chief of Fire & EMS
Jeffrey W. Faries, Chief of Police
Eileen M. Brown, Director of Office on Youth & Human Services

City of Colonial Heights
Ordinance/Resolution Recap Worksheet
July 2009

	Local Emergency Management Planning Grant	State Budget & Miscellaneous Budget Adjustments	Forfeited Assets Police	Youth Grant Va Dept of Conservation	Appomattox Greenway Transfer	
GENERAL FUND						
REVENUE:						
Licenses, Permits & Fees		$15,000				$15,000
Intergovernmental		127,214		11,000		138,214
Restricted Fund Balance-Fire/EMS	5,000					5,000
Restricted Fund Balance-Forfeited Assets Police			14,924			14,924
Total	$5,000	$142,214	$14,924	$11,000	$0	$173,138
EXPENDITURES:						
Tax Collections & Assessments		$4,776				$4,776
Finance		13,204				13,204
Board of Elections		(150)				(150)
Judicial		$1,714				1,714
Public Safety	5,000	(434)	14,924			19,490
Public Works		75,877				75,877
Parks & Recreation		875				875
Grants				11,000		11,000
Nondepartmental		46,352				46,352
Total	$5,000	$142,214	$14,924	$11,000	$0	$173,138
CAPITAL PROJECTS						
REVENUE:						
	$0	$0			$0	$0
EXPENDITURES:						
Appomattox River Greenway					15,452	$15,452
Vocational School Sport Center					(15,452)	(15,452)
Total	$0	$0			$0	$0

cc: Tammy
Bill

July agenda
6/1

CITY OF COLONIAL HEIGHTS

P.O. BOX 3401
COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

RECEIVED

MAY 29 2009

City Manager's Office

MEMORANDUM

TO : Richard Anzolut, Jr., City Manager

FROM : A. G. Moore, Jr., Fire Chief

SUBJECT : Restricting of Funds & Council Agenda

DATE : May 28, 2009

The City Fire, EMS, & Emergency Management Department has received funds totaling $5,000 from the Local Emergency Management Planning Grant program, LEMPG. These funds will need to be restricted until the July council meeting at which time I will ask that this item be placed on Council's agenda to have said funds appropriated thereby amending the FY 09-10 Emergency Management budget to reflect an increase of $5,000. Said funds will be used for part-time emergency management activities such as emergency planning, LEPC/CERT coordination and grants administration.

The only match on the City's behalf is the "In Kind" match of use of computer equipment, training facilities, and the EOC.

If you should have any questions, please contact me at extension 319.

cc: Bill Johnson
Tammy Draper

July 14th agenda please.
RAA 6/29

CITY OF COLONIAL HEIGHTS

P.O. BOX 3401
COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

RECEIVED
JUN 26 2009

FINANCIAL ADMINISTRATION

City Manager's Office

To: Richard A. Anzolut, Jr., City Manager

From: William E. Johnson, Director of Finance WEJ

Date: 6/25/09

RE: Budget Modifications

The City has received funding notifications based on final State formulas for grants and other intergovernmental reimbursements that were estimated during the annual budget process. This is also the time we normally make modifications to salary & wages budgets to reflect turnover in personnel and any corrections found since the presentation of the originally proposed budget. I am also recommending a minor change in the reporting of fees collected by the Treasurer. These changes are summarized as follows:

State Funding Changes

We have now received revised funding notifications due to State budget changes for the following intergovernmental revenue accounts: Rolling Stock Tax, street construction funding and Juvenile Crime Grant. These were previously estimated due to the timing of the State budget process. Any increase in State street construction funding has been traditionally added to the street paving account, and my proposed budget revision continues this tradition.

Intergovernmental Reimbursements

These reflect increases in State funding for salary increases in constitutional and election official offices. These offices include Commissioner of Revenue, Treasurer, Circuit Court, Sheriff, Commonwealth Attorney and Electoral Board. These increases are due primary to the final State budget not including an earlier straight percentage decrease for each of these constitutional offices.

Salaries & Wages

Most accounts only contain minor differences based on turnover or correction of budgeted salaries, with two exceptions. First is the correction of the Finance budget which only contained 26 not 27 pay periods as discovered in the budget work session, and the saving resulting in the retirement of a senior engineering technician.

Fee Collection By Treasurer

It has been past practice that certain fees collected by the current & past Treasurers were credited to an expenditure account in their budget. This practice understates both revenues and expenditures in the Annual Comprehensive Financial Report and should be shown separately. The external auditors concur with my recommendation. A separate revenue account for these fees is proposed along with an increase in the Treasurer's Printing & Office Supply account.

Required Appropriations

I have attached a detailed summary of the proposed modifications, which totals $142,214 in overall budget increases. This includes the recommended $84,033 increase in the street paving program and an increase of $46,352 in the Contingencies and Reserve account.

If you have any questions or need additional clarification, please advise.

City of Colonial Heights
Proposed Budget Revision
6/25/2009

		Budget	Revised	Difference
REVENUES:				
Licenses, Permits & Fees				
Treasurer Fees			15,000	15,000
Intergovernmental Revenues				
Rolling Stock		$3,692	$3,126	($566)
Street Construction & Maintenance		$2,069,585	$2,153,618	84,033
Commissioner of Revenue - Recoveries		96,328	100,415	4,087
Treasurer - Recoveries		96,157	98,970	2,813
Circuit Court - Recoveries		230,032	234,002	3,970
Sheriff - Recoveries		295,234	313,281	18,047
Commonwealth's Attorney - Recoveries		477,757	488,002	10,245
State Board of Election - Reimbursement		47,000	50,459	3,459
Juvenile Crime Grant		93,000	94,126	1,126
Total		3,408,785	3,535,999	127,214
TOTAL REVENUES		$3,408,785	$3,535,999	$142,214
EXPENDITURES:				
TAX COLLECTIONS & ASSESSMENTS				
City Treasurer	Salaries			(1,224)
	Printing & Office Supplies			6,000
Total				4,776
FINANCE				
Financial Administration	Salaries			14,764
Auditing	Salaries			(1,560)
				13,204
BOARD OF ELECTIONS				
Electoral Board	Salaries			(150)
Total				(150)
JUDICIAL				
Commonwealth's Attorney	Salaries			1,714
Total				1,714
PUBLIC SAFETY				
Police	Salaries			619
Communications	Salaries			(1,053)
Total				(434)
PUBLIC WORKS				
Street Maintenance	Salaries			84,033
Engineering	Salaries			(8,156)
Total				75,877
RECREATION				
Horticulture	Salaries			875
Total				875
NONDEPARTMENTAL				
Contingencies & Reserve				46,352
Total				46,352
TOTAL EXPENDITURES				$142,214

CITY OF COLONIAL HEIGHTS

P.O. BOX 3401
COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

RECEIVED
JUL 0 6 2009

City Manager's Office COLONIAL HEIGHTS POLICE DEPARTMENT

July 6, 2009

Mr. Rick A. Anzolut, Jr.
City Manager
201 James Avenue
Colonial Heights, VA 23834

RE: TRANSFER OF ASSET FORFEITURE FUNDS

Dear Rick:

As a result of multiple drug arrests and subsequent confiscations, the Colonial Heights Police Department currently has asset forfeiture funds in a reserve account with the City. In an effort to fully equip the newly formed Street Crimes Unit, we are requesting a transfer of funds in the amount of **$14,923.75** from this reserve account into a spendable account, as noted below. Specific items to be purchased are as follows:

EQUIPMENT FOR STREET CRIMES UNIT

ITEM	QUANTITY	MANUFACTURER	ITEM NO.	COST/ ITEM	TOTAL
Digital Voice Recorder	4	Sony	ICP-PX720	59.95	239.80
Tactical Serpa Holster	4	Blackhawk	430500 BK-R	89.99	359.96
Tactical Carrier	4	Gall's	BP-166	149.50	598.00
Micro-Pro Pocket DVR	1	SME	CV-701	795.00	795.00
Belt Buckle Mono Recorder System	1	SME	FMBR1GB	405.00	405.00
Cellular Telephone Recording Interface	1	SME	TP3CX	35.00	35.00
Universal Forensic Extraction Device	1	CelleBrite USA		4,064.00	4,064.00
Dingo Digital Recorder	1	Geonautics	TAG-A3E	2,550.00	2,550.00

ITEM	QUANTITY	MANUFACTURER	ITEM NO.	COST/ ITEM	TOTAL
Flash Memory Card Receiver Recorder	1	LEA		4,294.00	4,294.00
i576 Phones	3	Motorola		.99	3.00
Unlimited Everything Plan (Cellular, data, web, GPS navigation, e-mail, messaging)	3	Nextel			99.00
I290 Phone	1	Boostmobile			49.99
Cyber-shot 10 MP Digital Camera	4	Sony	DSC-S930	109.00	436.00
Stereo Watch Recorder	1	SME	SIGMA	995.00	995.00
				TOTAL:	**$14,923.75**

Therefore, I respectfully request that this matter be placed on the agenda for the July City Council meeting for approval to transfer and spend these funds. Once approval has been received, we would appreciate your transferring **$14,923.75** from **Account #10-4802** [*Recoveries and Rebates*] to **Account #1401-5242** [*Printing and Office Supplies*].

Please be advised, also, that Capt. Wayne Newsome and Capt. Keith Early will be attending the July 14th meeting in my absence to address any questions that Council may have.

Thank you for your attention to this request.

Sincerely,

Col. Jeffrey W. Faries

Colonel Jeffrey W. Faries
Chief of Police

JWF:bbh

Cc: William Johnson, Director of Finance
Kathy Sparks, Assistant Director of Finance
Capt. Wayne T. Newsome, Law Enforcement Services
Capt. W. Keith Early, Patrol
Lt. Dann P. Ferguson, Investigations

CITY OF COLONIAL HEIGHTS

P.O. BOX 3401
COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

RECEIVED
JUL 06 2009
FINANCE DEPARTMENT

Office on Youth & Human Services
804-520-9286

MEMORANDUM

TO: William Johnson, Director of Finance

FROM: Eileen M. Brown, Director
Office on Youth & Human Services

SUBJECT: Summer Youth Conservation Corps Program Funds

DATE: July 6, 2009

Once again Colonial Heights will be the fiscal agent for the Pocahontas State Park Project, Summer Youth Conservation Corps. An invoice has been mailed to Gaston Rouse in the amount of $11,000. A copy of the invoice is attached.

Thank you for bringing this before City Council as we are requesting approval at their earliest convenience.

Thank you.

EMB/pc

cc: Richard A. Anzolut, City Manager

Enclosure

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

MEMORANDUM

TO: Richard A. Anzolut Jr. City Manager

FROM: George W. Schanzenbacher, Director

DATE: July 6, 2009

SUBJECT: Appomattox River Greenway Trail –Phase 1- change orders

There have been six change orders issued for the project, primarily due to unstable wetland soil conditions. This has necessitated removing the unstable soils and adding additional stone base, of 2'- 3' thickness in most areas. The total cost of the change orders is $24,681.13.

After contingency funds in the original program budget have been allocated there is a shortfall of $17,681.13.

AN ORDINANCE NO. 09-FIN-14

To amend the General Fund Budget for the fiscal year beginning July 1, 2009, and ending June 30, 2010, to appropriate $5,000 to Public Safety to assist Fire & EMS with funding of part-time emergency management activities such as emergency planning, LEPC/CERT coordination and grants administration; such funds coming from a grant.

And to further amend the General Fund Budget for the fiscal year beginning July 1, 2009, and ending June 30, 2010, to appropriate $142,214, including $127,214 in additional State Funding changes, grants, intergovernmental reimbursements, including $84,033 in Street Maintenance and $15,000 in current local fees; such funds coming from increased State revenues and reallocation of current local fee collections.

And to further amend the General Fund Budget for the fiscal year beginning July 1, 2009, and ending June 30, 2010, to appropriate $14,924 in Restricted Asset Forfeiture funds to Public Safety for the Police budget.

And to further amend the General Fund Budget for the fiscal year beginning July 1, 2009, and ending June 30, 2010, to appropriate $11,000 to Grant Programs for the Pocahontas State Park Project.

And to amend the Capital Projects Fund Budget for the fiscal year beginning July 1, 2009, and ending June 30, 2010, to transfer $15,452 from the Vocational School Sport Center to the Appomattox River Greenway project.

THE CITY OF COLONIAL HEIGHTS HEREBY ORDAINS:

1. That Sections 1, 2 and 3 of Ordinance No. 09-FIN-4, the General Fund Budget, be, and are hereby amended and reordained as follows:

1. That the budget designated the General Fund Budget for the fiscal year beginning July 1, 2009, and ending June 30, 2010, is hereby adopted; and that, subject to transfers by resolution pursuant to § 6.15 of the City Charter, funds hereby appropriated shall be used for the following purposes:

Legislative (City Council)	$ 147,397	
Administrative (City Manager)	310,461	
Legal (City Attorney)	203,878	
Tax Collections & Assessments	~~602,256~~	*607,032*
Finance	~~5,834,116~~	*5,847,320*
Information Technologies	187,249	
Board of Elections	~~130,309~~	*130,159*
Judicial	~~4,279,017~~	*4,280,731*
Public Safety	~~7,567,985~~	*7,587,475*
Public Works	~~2,814,385~~	*2,890,262*
Health and Social Services	643,750	
Parks and Recreation	~~1,401,494~~	*1,402,369*
Cultural Enrichment	91,787	
Library	598,942	

Community Development	535,209	
Grant Programs	~~353,392~~	*364,392*
Nondepartmental	~~510,930~~	*557,282*
Debt Service	3,217,341	
Operating Transfers Out	19,037,766	

2. That the sum of ~~$ 48,467,664~~ *48,640,802* is appropriated for the fiscal year beginning July 1, 2009.

3. That the foregoing appropriation is based upon the following revenue estimates for the fiscal year beginning July 1, 2009:

General Property Taxes	$ 21,216,669	
Other Local Taxes	14,403,852	
Licenses, Permits & Fees	~~3,394,794~~	*3,409,794*
Fines and Forfeitures	556,500	
Use of Money & Property	427,000	
Intergovernmental Revenues	~~6,073,800~~	*6,212,014*
Charges for Current Services	1,138,401	
Miscellaneous	1,256,648	
Restricted Fund Balance – Fire/EMS	*5,000*	
Restricted Fund Balance Forfeited Assets – Police	*14,924*	
TOTAL	$ ~~48,467,664~~	*48,640,802*

2. That Section 2 of Ordinance No. 06-FIN-4, the Capital Projects Fund Budget, be, and is hereby amended and reordained as follows:

2. That there shall be appropriated from the resources and revenues available to the City of Colonial Heights (City) in its Capital Projects Fund, until said appropriations are amended by the City Council or the subject projects are completed or abandoned, the following sums for the purposes stated:

GENERAL GOVERNMENT

Senior Citizen/Youth Center Addition	682,007	
Beautification Committee/Tourism Jamestown 2007	89,122	
Courts Building Renovation/A & E	481,610	
Library Renovation/Addition/A & E	1,349,716	
Emergency Shelter—Power Modification	70,722	
Boulevard Redevelopment	333,927	
Fire Apparatus	205,926	
SUBTOTAL		$ 3,213,030

RECREATIONAL FACILITIES

Vocational School Sports Complex	~~24,698~~	*9,246*
Shepherd Stadium	70,000	
Violet Bank Museum	63,759	

Facilities Masterplan/Improvements	205,000	
Appomattox River Greenway	~~190,900~~	*206,352*
SUBTOTAL		$ 554,357

EDUCATIONAL FACILITIES

Asbestos Abatement/		
Renovation High School	$ 95,575	
SUBTOTAL		$ 95,575

STREETS AND BRIDGES

Highway Construction Fund (Local Share)	12,561	
Access Road—Transfer Station	100,000	
Conduit Road Drainage Improvements	863	
Bruce Avenue Drainage	2,740,671	
I-95 Northbound Ramp—Temple Avenue	563,000	
Lynchburg Avenue Reconstruction	162,305	
Longhorn Drive Drainage	182,719	
Boulevard Widening—North End	670,825	
Boulevard Enhancement Project	275,000	
Lafayette Avenue Paving	68,500	
Yacht Basin Drive Storm Sewer	14,235	
Lexington Drive Storm Sewer	33,172	
Dupuy Boulevard Intersection	850,000	
Signal Coordination – Temple/Sherwood	331,000	
SUBTOTAL		$ 6,004,851

UTILITY IMPROVEMENTS

Sanitary Sewer Rehabilitation	$ 319,926	
Waterline Rehabilitation	84,061	
Utility System Line Testing	108,417	
SUBTOTAL		$ 512,404

TRANSFERS

Transfer to School CIP Program	$ 7,500,000	
SUBTOTAL		$ 7,500,000

TOTAL	$17,880,217

3. That this ordinance shall be in full force and effect upon its passage on second reading.

Approved:

_____
Mayor

Attest:

_____
City Clerk

****

I certify that the above ordinance was:

Adopted on its first reading on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

Adopted on its second reading on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

_____
City Clerk

Approved as to form:

Hugh P. Foster, III
City Attorney

CITY OF COLONIAL HEIGHTS

P.O. BOX 3401
COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

Office of the City Manager

TO: The Honorable Mayor and Members of City Council

FR: Richard A. Anzolut, Jr., City Manager

DATE: July 10, 2009

SUBJ: Resolution 09-25 Authorizing a Standard Project Administration Agreement with VDOT on the Safe Routes to Schools Project

Council has become very familiar with Standard Project Administration Agreements through their use on our street construction projects, namely the Boulevard related projects. VDOT also administers the Safe Routes to Schools Project. As Council knows, it is a grant program that builds sidewalks and other pedestrian improvements in the proximity of schools. Council is generally aware that the City has qualified for three Safe Routes to Schools Grants. The first provided for the study of our program area. The second provided construction money for sidewalks around the Middle School. The third is before City Council in the attached Standard Project Administration Agreement. It would also build additional sidewalks in the Middle School area.

Now that VDOT is using the Standard Project Administration Agreement for local oversight of the Safe Route to Schools Program, it is necessary for the City Manager to authorize said Agreement to qualify for the funding reimbursement. Attached is Resolution 09-25 which would authorize the City Manager to sign the Standard Project Agreement to qualify the City for the awarded $117,048 for Safe Route to Schools Program. This matter has been scheduled for Council's consideration during the Council Meeting of July 14, 2009. It is recommended that Council endorse Resolution 09-25 when the matter is considered.

The Department of Public Works and Engineering oversees the construction of the Safe Route to Schools Program. The Director of Public Works and Engineering will be available during the Council Meeting should his assistance be necessary in consideration of this matter.

If any questions arise prior to the Council Meeting, please do not hesitate to contact me.

Attachment

cc: Hugh P. Fisher, III, City Attorney
William E. Johnson, Director of Finance
William E. Henley, Director of Public Works and Engineering

A RESOLUTION NO. 09-25

Authorizing the City Manager to execute a "Standard Project Administration Agreement" with the Virginia Department of Transportation to improve walking and bicycling routes to Colonial Heights Middle School for students from residential neighborhoods. The Project Number is SRTS-106-128, P101, R201, M501, UPC 93211, and the project is to be locally administered.

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF COLONIAL HEIGHTS:

1. That Richard A. Anzolut, Jr., City Manager, be, and is hereby, authorized to enter into, on behalf of the City, an Agreement with the Virginia Department of Transportation entitled "Standard Project Administrative Agreement", a copy of which is attached to and made a part of this resolution; subject to approval by the City Attorney as to form.

2. That this resolution shall be in full force and effect upon its passage.

Approved:

_____
Mayor

Attest:

_____
City Clerk

****

I certify that the above resolution was:

Adopted on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

_____
City Clerk

Approved as to form:

_____
City Attorney

COMMONWEALTH of VIRGINIA

DEPARTMENT OF TRANSPORTATION
1401 EAST BROAD STREET
RICHMOND, Virginia 23219-2000

David S. Ekern, P.E.
COMMISSIONER

June 17, 2009

Mr. Adam Brooks, Projects Coordinator
City of Colonial Heights
201 James Avenue
Colonial Heights, VA 23834

Re: Transmittal of Draft of SRTS Project Agreement
UPC 93211 - Colonial Heights - Cameron at Washington - SRTS Project II

Dear Mr. Brooks:

I am sending to you three copies of the Agreement for the above-referenced project.

After your review, please have them signed (including the signature of the local project manager at the left bottom of Appendix A-1) and return all copies of the Agreement to me at the following address:

Sarah Weisiger
VDOT - TMPD – Safe Routes to School Program
1401 E. Broad St., 1st Floor
Richmond, VA 23219

The Virginia Office of the Attorney General requires that you provide a certified copy of the authority under which the Agreement is executed. This signatory authority typically takes one of two forms:

- a copy of a locality's bylaws or constitution, indicating that the individual who signs the agreement has the authority to enter into legal agreement on behalf of the locality, or
- a resolution from the locality's governing board stating that the individual who signs the agreement has the authority to enter into a legal agreement on behalf of the locality.

Do not fill in the dates on the first page of the agreement, they will be completed later.

Please note that no costs should be incurred for which you expect reimbursement until the Department signs the Agreement **and** you are given written authorization to proceed. Once the agreement has been executed, a copy will be sent to you for your file. Please don't hesitate to contact me if you have any questions at (804) 371-4868.

Sincerely,

Sarah Weisiger, AICP
Safe Routes to School Coordinator

Enclosures

Cc: Jakob Helmboldt, VDOT (w/o enclosures)
Sherry Eagle, VDOT SRTS District Coordinator (one copy)

RECEIVED
JUN 18 2009
CITY OF COLONIAL HEIGHTS
DEPARTMENT OF PUBLIC WORKS

STANDARD PROJECT ADMINISTRATION AGREEMENT

Project Number	UPC	Local Designation
SRTS-106-128, P101, R201, M501	93211	City of Colonial Heights, VA

THIS AGREEMENT, made and executed in triplicate this ____ day of _____, 2009, by and between the City of Colonial Heights, Virginia, hereinafter referred to as the LOCALITY and the Commonwealth of Virginia, Department of Transportation, hereinafter referred to as the DEPARTMENT.

WHEREAS, the LOCALITY has expressed its desire to administer the work described in Appendix A, and such work for each improvement shown is hereinafter referred to as a Project; and

WHEREAS, the funds shown in Appendix A have been allocated to finance each Project; and

WHEREAS, the LOCALITY will progress with the development of each Project so that any federal funds allocated to each Project may be obligated within three years of allocation to each Project in accordance with the current Statewide Transportation Improvement Program, unless otherwise specified in writing by the Department; and

WHEREAS, both parties have concurred in the LOCALITY's general administration of the phase(s) of work for the respective Project(s) listed in Appendix A in accordance with applicable federal, state, and local law and regulations.

NOW THEREFORE, in consideration of the mutual premises contained herein, the parties hereto agree as follows:

1. The LOCALITY shall:

   a. Be responsible for all activities necessary to complete the noted phase of each Project shown in Appendix A, except the performance of the State Environmental Review Process (SERP), and coordinate with the DEPARTMENT for all reviews, approvals, and environmental actions and decisions, as required. Each Project will be designed and constructed to meet or exceed current American Association of State Highway and Transportation Officials standards or supplementary standards approved by the DEPARTMENT.

   b. Receive prior written authorization from the DEPARTMENT to proceed with preliminary engineering, right-of-way acquisition and utility relocation, and construction phases of each Project.

   c. Maintain accurate and complete records of each Project's development and documentation of all expenditures and make such information available for inspection or auditing by the DEPARTMENT. Records and documentation for items for which reimbursement will be requested shall be maintained for

no less than three (3) years following acceptance of the final voucher on each Project, or all such records and documentation may be turned over to the DEPARTMENT in a manner acceptable to the DEPARTMENT.

d. No more frequently than monthly, submit invoices with supporting documentation to the DEPARTMENT in the form prescribed by the DEPARTMENT. The supporting documentation shall include copies of related vendor invoices paid by the LOCALITY and a to-date project summary schedule tracking payment requests and adjustments. A request for reimbursement shall be made within 90 days after any eligible project expenses are incurred by the Locality. For federally funded projects and pursuant to the Federal Code of Regulation Title 49, Section 18.43, violations of the provision may result in the imposition of sanctions including possible denial or delay of payment of all or a part of the costs associated with the activity or action not in compliance.

e. Subject to appropriation, reimburse the DEPARTMENT all Project expenses incurred by the DEPARTMENT if, due to action or inaction solely by the LOCALITY, federally funded Project expenditures incurred are not reimbursed by the Federal Highway Administration (FHWA), or reimbursements are required to be returned to the FHWA, or in the event the reimbursement provisions of Section 33.1-44 or Section 33.1-70.01 of the Code of Virginia, 1950, as amended, or other applicable provisions of federal, state, or local law or regulations require such reimbursement.

f. On Projects that the LOCALITY is providing the required match to state or federal funds, pay the DEPARTMENT the LOCALITY's match for eligible Project expenses incurred by the DEPARTMENT in the performance of activities set forth in paragraph 2.a.

g. Administer the Project in accordance with all applicable federal, state, or local laws and regulations.

h. Provide certification by a LOCALITY official that all LOCALITY administered Project activities have been performed in accordance with all federal, state, or local laws and regulations. If the locality expends over $500,000 annually in federal funding, such certification shall include a copy of the LOCALITY's single program audit in accordance with Office of Management and Budget Circular A-133.

i. The LOCALITY will use its staff counsel for all legal proceedings. If legal services other than that provided by staff counsel are required, the LOCALITY will consult the DEPARTMENT to obtain an attorney from the list of outside counsel approved by the Office of the Attorney General.

j. For Projects on facilities not maintained by the DEPARTMENT, provide, or have others provide, maintenance of the Project upon completion, unless otherwise agreed to by the DEPARTMENT.

2. The DEPARTMENT shall:

   a. Perform the SERP and provide guidance relative to the coordination of environmental commitments that result from the SERP, provide necessary coordination with the FHWA, and approve plans, specifications, advertisement documents, and contract awards as determined to be necessary by the DEPARTMENT.

   b. Upon receipt of the LOCALITY's invoices pursuant to paragraph 1.d, reimburse the LOCALITY the cost of eligible Project expenses, as described in Appendix A. Such reimbursements shall be payable by the DEPARTMENT within 30 days of an acceptable submission by the LOCALITY.

   c. If appropriate, submit invoices to the LOCALITY for the LOCALITY's share of eligible project expenses incurred by the DEPARTMENT in the performance of activities pursuant to paragraph 2.a.

   d. Audit the LOCALITY's Project records and documentation as may be required to verify LOCALITY compliance with federal and state laws and regulations.

   e. Make available to the LOCALITY guidelines to assist the parties in carrying out responsibilities under this Agreement.

3. Appendix A outlines the phases of work and general items to be administered by the LOCALITY. There may be additional elements that, once identified, shall be addressed by the parties hereto in writing, which may require an amendment to this Agreement.

4. If designated by the DEPARTMENT, the LOCALITY is authorized to act as the DEPARTMENT's agent for the purpose of conducting survey work pursuant to Section 33.1-94 of the Code of Virginia, 1950, as amended.

5. Nothing in this Agreement shall obligate the parties hereto to expend or provide any funds in excess of funds agreed upon in this Agreement or as shall have been appropriated. In the event the cost of a Project is anticipated to exceed the allocation shown for such respective Project on Appendix A, both parties agree to cooperate in providing additional funding for the Project or to terminate the Project before its costs exceed the allocated amount, however the DEPARTMENT and the LOCALITY shall not be obligated to provide additional funds beyond those appropriated and allocated.

6. Nothing in this agreement shall be construed as a waiver of the LOCALITY's or the Commonwealth of Virginia's sovereign immunity.

7. This agreement may be terminated by either party upon 30 days advance written notice. Eligible Project expenses incurred through the date of termination shall be reimbursed in accordance with paragraphs 1.e, 1.f, and 2.b, subject to the

limitations established in this Agreement and Appendix A. Upon termination, the DEPARTMENT shall retain ownership of plans, specifications, and right of way, unless all state and federal funds provided for the Project have been reimbursed to the DEPARTMENT by the LOCALITY, in which case the LOCALITY will have ownership of the plans, specifications, and right of way, unless otherwise mutually agreed upon in writing.

THE LOCALITY and DEPARTMENT acknowledge and agree that this Agreement has been prepared jointly by the parties and shall be construed simply and in accordance with its fair meaning and not strictly for or against any party.

THIS AGREEMENT, when properly executed, shall be binding upon both parties, their successors, and assigns.

THIS AGREEMENT may be modified in writing by mutual agreement of both parties.

IN WITNESS WHEREOF, each party hereto has caused this Agreement to be executed as of the day, month, and year first herein written.

CITY OF COLONIAL HEIGHTS, VIRGINIA:

Richard A. Anzolut Jr
Typed or printed name of signatory

City Manager — 6/18/09
Title — Date

Signature of Witness — Date

NOTE: The official signing for the LOCALITY must attach a certified copy of his or her authority to execute this agreement.

COMMONWEALTH OF VIRGINIA, DEPARTMENT OF TRANSPORTATION:

Commonwealth Transportation Commissioner — Date
Commonwealth of Virginia
Department of Transportation

Signature of Witness — Date

Attachments: Appendix A -1

Appendix A-1

Project Number: SRTS-106-128; UPC 93211 Project Name: Colonial Heights MS II – Cameron/Washington - SRTS Project	Locality: City of Colonial Heights, VA

Project Narrative

Scope: The purpose of this Safe Routes to School (SRTS) project is to improve walking and bicycling routes to Colonial Heights MS by students from residential neighborhoods; the project location is at the intersection of Cameron Ave, Washington Ave and Colonial Ave for purpose of traffic calming, it includes curb extension, pedestrian island, curb ramps, crosswalks and signage.

Locality Project Manager Contact Info: Adam Brooks , (804) 524-8739, brooksa@colonial-heights.com

Department Project Coordinator Contact Info: Sherry Eagle , (804) 524-6382, Sherry.Eagle@vdot.virginia.gov

Project Costs and Reimbursement

Phase	Estimated Project Costs	Estimated Eligible Project Costs	Estimated Eligible VDOT Project Expenses	Estimated Reimbursement to Locality
Preliminary Engineering	$18,625	$18,625	$1,500	$17,125
Right-of-Way & Utilities	$25,700	$25,700	$0	$25,700
Construction	$72,723	$72,723	$0	$72,723
Total Estimated Cost	$117,048	$117,048	$1,500	$115,548

Total Maximum Reimbursement by Locality to VDOT	$0
Total Maximum Reimbursement by VDOT to Locality (may be reduced by eligible VDOT project expenses)	$115,548

Project Financing

A	B	C	D	E
SRTS Funds - Federal (100%)	Local Funds (100%)			Aggregate Allocations (A+B)
$117,048	$0			$117,048

Program and Project Specific Funding Requirements

- This project will be administered in accordance with the "Guide for Local Administration of Virginia Department of Transportation Projects".
- In accordance with federal policy for Safe Routes to School infrastructure projects, public funds must be spent on projects within the public right of way.
- All costs exceeding available Safe Routes to School (SRTS) funds will be borne 100% by the locality.
- VDOT will reimburse locality 100% of eligible costs up to Maximum Reimbursement Amount.
- VDOT charges may increase due to increased VDOT oversight.
- For SRTS projects, the LOCALITY shall maintain the Project, or have it maintained, in a manner satisfactory to the Department or its authorized representatives, and make ample provision each year for such maintenance unless otherwise agreed to by the DEPARTMENT.
- SERP is not required for SRTS projects.

The project must be completed and the **$117,048** SRTS allocation expended by **three years from execution of Project Agreement** or the project may be subject to de-allocation.

This attachment is certified and made an official attachment to this document by the parties of this agreement

Authorized Locality Official 6/18/09 date

VDOT SRTS Program Manager date

CITY OF COLONIAL HEIGHTS

P.O. Box 3401
COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

Office of the City Manager

TO: The Honorable Mayor and Members of City Council

FR: Richard A. Anzolut, Jr., City Manager

DATE: July 10, 2009

SUBJ: District 19 Community Services Board Performance Contract

State Code requires Community Services Boards to annually prepare service contracts that outline their work plan for the coming year and seek approval from their member localities. Since the inception of this requirement, District 19 Community Services Board has approached the City of Colonial Heights and its other member jurisdictions with its Annual Performance Contract for its review and approval. Enclosed with this Agenda is the proposed Performance Contract for FY10. Council's review and consideration of this matter is scheduled for the Council Meeting of July 14, 2009.

Community based mental health services are an essential component of the overall public service offerings by the Commonwealth and local governments. The District 19 Community Services Board is the entity that provides these community based mental health services in the City of Colonial Heights and in our region. As a result, favorable consideration of this performance contract is suggested.

It is anticipated that a representative of District 19 Community Services Board will be available during the July 14th Council Meeting to answer any questions about the performance contract. The conclusion of Council's review, is suggested that Resolution No. 09-26 be adopted that is our formal approval of the Performance Contract.

If staff can be of any assistance to Council prior to your consideration of this matter, please do not hesitate to contact me.

Attachment

cc: Hugh P. Fisher, III, City Attorney
William E. Johnson, Director of Finance
Eileen M. Brown, Director of Office on Youth & Human Services

DISTRICT 19 COMMUNITY SERVICES BOARD

MENTAL HEALTH, MENTAL RETARDATION and SUBSTANCE ABUSE SERVICES

20 W. Bank Street - Suite 7 • Petersburg, Virginia 23803
(804) 862-8054 - Fax: (804) 863-1665
jhubbard@d19csb.com
gtravis@d19csb.com

RECEIVED
JUN 04 2009
City Manager's Office

Joseph E. Hubbard, C.P.A.
Executive Director

Virginia P. Travis
Director of Operations

June 3, 2009

Mr. Richard A. Anzolut, Jr.
Colonial Heights City Manager
P.O. Box 3401
Colonial Heights, VA 23834

Dear Mr. Anzolut:

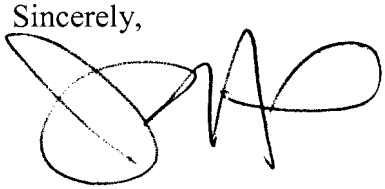
In accordance with § 37.2-508 of the Code of Virginia, please submit the enclosed State Fiscal Year (SFY) 2009 Performance Contract to your board/council for approval on or before September 15, 2009.

The District 19 Board of Directors approved this proposed contract on May 28, 2009. The contract has not changed in any material way from previous year's contract. Local approval is required by state code, but does not create a liability for your locality

Please send me a copy of the minutes indicating approval as soon as possible in order for me to forward a copy to the Department of Mental Health, Mental Retardation, and Substance Abuse Services.

If you have any questions, please give me a call.

Sincerely,



Joseph E. Hubbard

Enclosures

pc: Carolyn A. Thompson
Raenord B. Walker

A RESOLUTION NO. 09-26

Relating to the performance contract for District 19 Community Services Board for FY 2010.

WHEREAS, Section 37.2-508 of the Code of Virginia, 1950, as amended, requires a community services board to submit annually to the State Department of Mental Health, Mental Retardation and Substance Abuse Services its proposed performance contract for the next fiscal year, including the approval by formal vote of the governing body of each member locality; and

WHEREAS, the Board of Directors of the District 19 Community Services Board has requested that the member localities formally approve the FY 2010 contract, a copy of which is attached hereto and made a part hereof, including Exhibit A containing budgetary information; NOW, THEREFORE,

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF COLONIAL HEIGHTS:

1. That Council hereby approves the FY 2010 Community Services Board Performance Contract for District 19 Community Services Board.

2. That this resolution shall be in full force and effect upon its passage.

Approved:

_____
Mayor

Attest:

_____
City Clerk

****

I certify that the above resolution was:

Adopted on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

_____
City Clerk

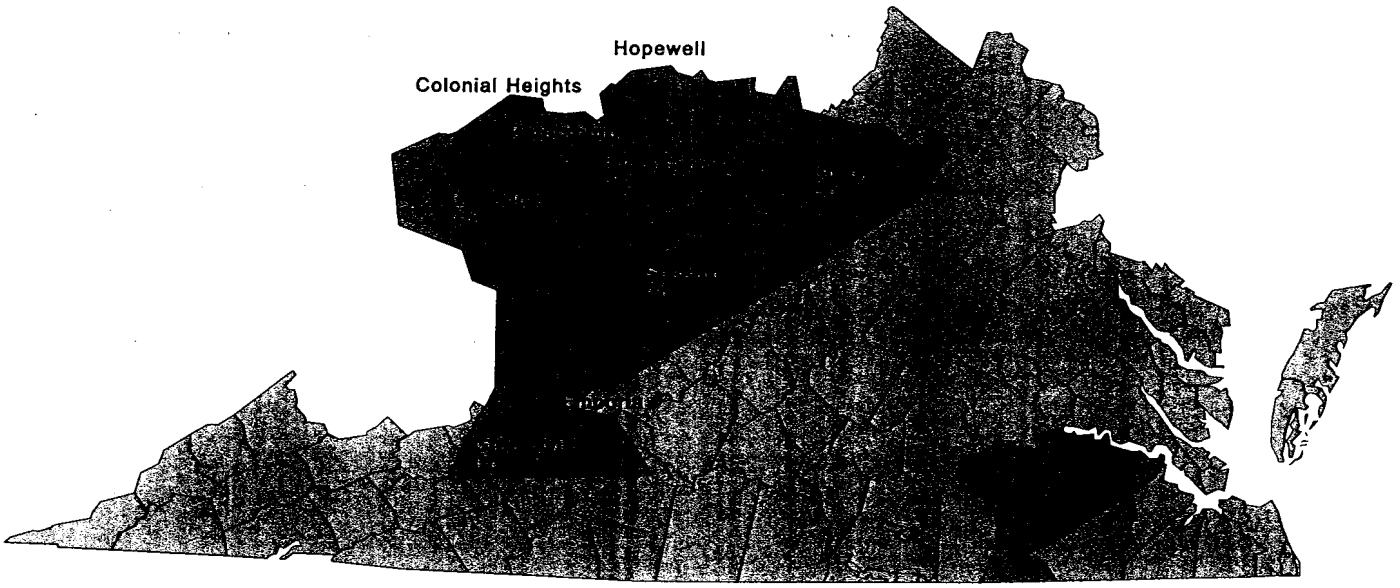
Approved as to form:

Hugh P. Foster, III
City Attorney

DISTRICT 19
COMMUNITY SERVICES BOARD

PERFORMANCE CONTRACT
Fiscal Year 2010

"Helping Others Reach Their Potential"



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COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dmhmrsas.virginia.gov

MEMORANDUM

ACTION: Community Services Board Executive Directors, Local Government Department Director, and Behavioral Health Authority Chief Executive Officer

INFO: State Hospital and Training Center Directors

State Mental Health, Mental Retardation and Substance Abuse Services Board

Mental Health, Mental Retardation, and Substance Abuse Services Advocates

FROM: Paul R. Gilding
Community Contracting Director

SUBJECT: FY 2010 Community Services Performance Contract; Central Office, State Facility, and Community Services Board Partnership Agreement; and Community Services Performance Contract General Requirements Document

DATE: May 1, 2009

Attached for your use or information are the FY 2010 contract documents: the Community Services Performance Contract, Partnership Agreement, and General Requirements Document. They are available on the Department's web site at www.dmhmrsas.virginia.gov. The Department will distribute Letters of Notification and the CARS contract software electronically next week. Letters of Notification contain initial allocations of state and federal funds to community services boards (CSBs), the behavioral health authority, and the local government department with a policy-advisory CSB, all of which are referred to as Boards or CSBs in the contract documents and this memorandum.

The attached contract documents reflect comments received during the 60-day public comment period required by § 37.2-508 of the *Code of Virginia,* the work of the Performance Contract Committee established by the Department and the Virginia Association of Community Services Boards, and comments from Department staff. The Office of the Attorney General has reviewed these contract documents. Given the complete rewriting of the performance contract for FY 2004 and positive reaction to the FY 2005, FY 2006, FY 2007, and FY 2008 versions of the contract, the Department and the Performance Contract Committee decided to focus revisions or changes in the FY 2010 contract in only a few areas. Thus, many parts of the contract documents remain substantially unchanged from FY 2009.

Performance Contract Changes from the FY 2009 Contract

1. "Mental illness" is replaced by "mental health disorder" and "consumer" is replaced with "individual receiving services" or "individual," unless the context requires consumer (e.g., the Community Consumer Submission). Both changes respond to suggestions from individuals receiving services. Also "intellectual disabilities" is changed to "intellectual disability," the correct term.

2. Language is added in section 6.c.1.) g.) on page 8 about reporting information on Part C services, previously reported in CARS and CCS 3, through a separate reporting system maintained by the Department (currently iTOTS), eliminating duplicative separate reporting requirements.

3. Language is added in section 6.c.1.) h.) on page 8 about reporting data on juvenile detention center and jail diversion services previously reported through separate manual reports, only in CARS and CCS, eliminating separate and duplicative paper reporting requirements. A consistent theme in the FY 2010 performance contract is eliminating duplicative reports for collecting the same information, since this creates inconsistent data and extra work for everyone.

4. Language is added on pages 6 and 11 about Boards and the Department implementing plans for assessing and reporting on increasing their recovery orientation, following up on language in the FY 2009 Performance Contract.

5. Language is added in section 6.h on page 10 about Intensive Care Coordination for the Comprehensive Services Act.

6. Language is stricken in section 6 and in section 7 about Individualized Services, since these requirements are no longer necessary.

7. Language is stricken on page 17 in section 10 to delete a reference to the System Operations Team since it is defunct, and language is inserted in section 10.b about revising the FY 2009 performance expectations and goals.

8. Columns for projecting individuals to be served are deleted from Forms 11, 21, 31 and 01 on pages 29 and 30. While Boards will no longer have to project numbers of individuals to be served by core service in the performance contract, this information still will have to be reported through CCS 3. Rows on the forms for projecting individuals to be served by Consumer Designation Codes are deleted, since this information is captured in CCS 3.

9. Exhibit B is revised substantially to reflect co-occurring and integrated services language and to incorporate changes in various expectations and goals that have been made in the Exhibit B Required Measures Report, which is now included in Exhibit B. Reflecting existing language in the FY 2009 Partnership Agreement, a new section is added for Co-Occurring Mental Health and Substance Use Disorders Performance Expectations, including related affirmations in section IV. The Data Quality Measures in the FY 2009 contract are moved to the Expectations section and the reporting requirements are eliminated. A new section V is added on continuous quality improvement feedback, which addresses improving data quality and integrity and furthering transparent accountability.

10. Exhibit C on page 41 is revised to include language about Boards implementing plans for and reporting on increasing their recovery orientation to the Department by March 31, 2010.

11. The Regional Program Operating Principles in Exhibit J of the FY 2009 performance contract are deleted, and they are moved to Appendix E in revised Core Services Taxonomy 7.2 to retain them for guidance and reference purposes.

Partnership Agreement Changes from the FY 2009 Agreement

1. The language changes in item 1 for the Performance Contract are reflected in the Agreement.

2. As in the Performance Contract, language about the System Operations Team in section 9 of the Agreement is deleted since the Team is defunct.

3. Language on page 10 about reviewing and renewing the Agreement at the end of five years is deleted since it is reviewed every year as part of developing the next Performance Contract.

General Requirements Document Changes from the FY 2009 Document

1. The language changes in item 1 for the Performance Contract are reflected in the Document.

2. The reference on page 2 to Procedures for Continuity of Care Between CSBs and State Psychiatric Facilities is deleted since the Procedures are archaic, having been issued on February 3, 1997 and superseded by the Discharge Planning Protocols, now being revised.

3. The Crosswalk Between Licensing Regulations and CARF Standards on pages 19-21 is revised to reflect the 2009 CARF Standards.

4. Appendix A: Continuity of Care Procedures on pages 22-23 and 30 is revised to reflect revised state hospital admission criteria in Chapter 8 of Title 37.2 of the *Code of Virginia*.

5. Language in the Continuity of Care Procedures on pages 30 and 31 is revised to reflect current practice regarding readiness for discharge from training centers.

6. Appendix B, Discharge Assistance Project Procedures, is deleted.

7. The Regional Program Procedures in Appendix D of the FY 2009 performance contract are deleted, and they are moved to Appendix F in revised Core Services Taxonomy 7.2 to retain them for guidance and reference purposes.

All of the contract's Exhibit A will be submitted electronically, using CARS software supplied by the Department. More detailed information about which parts of the contract must be submitted on paper is contained in Exhibit E of the contract, the Performance Contract Process. CARS also contains Table 2: FY 2010 Board Management Salary Costs, which enables CSBs and the Department to respond to requirements in § 37.2-504 of the *Code of Virginia*. This table collects FTE information by program area and for services available outside of a program area, including numbers of peer providers. Peer providers are staff who self-identify as individuals receiving services and have been hired specifically as peer providers. Staff who have not been hired as peer providers, even if they have a mental health or substance use disorder or intellectual disability, should not be reported as peer-providers.

The Department is distributing FY 2010 contract documents electronically, rather than as paper copies by mail. This enables the Department to distribute these contract documents more quickly and easily and allows recipients to distribute the documents to others more rapidly and efficiently. To be accepted for processing by the Department, a performance contract must satisfy the criteria in Exhibits E and I of the contract.

1. Exhibits A and H (first two pages) and Table 2 must be submitted to the Department's Office of Information Technology Services using CARS software and must be complete and accurate.

2. Since the contract is being distributed electronically to CSBs, the parts of the contract that are submitted on paper should be printed, signed where necessary, and mailed to the Office of Community Contracting at the same time that Exhibits A and H are submitted. These parts include: the signature page of the contract body (page 18), the Board's current organization chart (the third page of Exhibit H); the signature page of Exhibit B, Exhibit D (if applicable), Exhibit F (two pages), the first page of Exhibit G, Exhibit J (if applicable), and the signature page of the Partnership Agreement (page 11). The second page of Exhibit G must be submitted as soon as possible and no later than September 30. The Department must receive all parts of the contract that are submitted on paper before a contract submission will be considered to be complete.

3. Exhibit A must conform to the allocations of state and federal funds in the Letter of Notification enclosures, unless amounts have been revised by or changes negotiated with the Department and confirmed by the Department in writing. Revenues must equal costs on all contract forms or differences must be explained on the Financial Comments form.

4. Contracts must contain actual appropriated amounts of local matching funds. If a CSB cannot include the minimum 10 percent local matching funds in its contract, it must submit a written request for a waiver of the matching funds requirement, pursuant to § 37.2-509 of the *Code of Virginia*, to the Office of Community Contracting with its contract. More information about the waiver request is contained in an attachment to this memorandum.

The FY 2010 contract and other materials described above are due in the Department's Office of Community Contracting by **June 19, 2009,** except for Exhibits A and H (the first two pages), which are submitted to the Department's Office of Information Technology Services by the same date. More detailed information about submitting Exhibits A and H (the first two pages) in CARS will be provided in the Performance Contract Workshops, conducted by Department staff during May.

Section 37.2-508 or 37.2-608 of the *Code of Virginia* requires that the CSB or behavioral health authority make its proposed performance contract available for public review and solicit public comment for a period of 30 days before submitting it for the approval of the operating or administrative policy CSB or behavioral health authority board of directors or the comments of the local government department's policy advisory CSB. That same *Code* section authorizes the Department to provide up to six semi-monthly payments of state and federal funds to allow sufficient time to complete public review and comment, local government approval, and Department negotiation and approval of the contract.

The Performance Contract Process (Exhibit E in the contract) automatically provides the first two semi-monthly July payments to all CSBs, whether or not a contract has been submitted. The Process conditions the next four semi-monthly payments (two in August and two in September) on the Department's receipt of a complete performance contract.

Once a performance contract is received in the Department, the CSB's Community Contracting Administrator will review it and notify the CSB within five working days that it is or is not accepted for review by the Department. Unacceptable contracts will need to be revised before the Department will process them. For CSBs, please call or e-mail your Community Contracting Administrator if you have any questions about this memo and contract documents. If other recipients of this memorandum have any questions about it or the contract documents, please e-mail me at paul.gilding@co.dmhmrsas.virginia.gov or call me at (804) 786-4982. Thank you.

Enclosures (4)

PRG/prg

pc:
Leslie M. Anderson
Theresa M. Anderson
Kenneth B. Batten
Sharon A. Becker
Arthur W. Byrd, Jr.
Victoria Cochran
Charline A. Davidson
Sterling G. Deal, Ph.D.
Mary Ann Discenza
Heidi R. Dix
Susan G. Elmore
Adrienne Ferriss
Wilma P. Finney
Nancy C. Ford
Anthony J. Gintout, C.P.A.
Wayde Glover
Arlene G. Good
Linda B. Grasewicz
Marion Y. Greenfield
Kenneth M. Gunn, Jr.
Neila L. Gunter
Cynthia A. Hatch
Jane D. Hickey
Sanford L. Hostetter
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Meghan W. McGuire
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Beth Nelson
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C. Lee Price
Mellie Randall
James S. Reinhard, M.D.
Cecily J. Rodriguez
Joel B. Rothenberg
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Michael A. Shank
Grace H. Sheu
Cynthia D. Smith
Rosanna VanBodegom Smith
Cheryl L. Stierer, Ph.D.
Teja S. Stokes
Frank L. Tetrick, III
Beverly A. Thomas
Miranda A. Turner
Ruth Anne Walker
Margaret S. Walsh
Steven Wolf, Ph.D.
Joy Yeh, Ph.D.
James W. Stewart, III
Mary Ann Bergeron
Stephen W. Harms
Susan E. Massart
Joe Flores

Minimum Ten Percent Local Matching Funds Waiver Request Attachment

A Board should maintain its local matching funds at least at the same level as that shown in its FY 2009 final performance contract revision. The 2009 Appropriation Act prohibits using state funds to supplant local governmental funding for existing services.

If a Board is not able to include at least the minimum 10 percent local matching funds, required by § 37.2-509 of the *Code of Virginia* and State Board Policy 4010, in its original performance contract, any subsequent contract revision, or its mid-year or end of the fiscal year performance contract reports, it must submit a written request for a waiver of that requirement, pursuant to § 37.2-509 of the *Code of Virginia* and State Board Policy 4010, to the Office of Community Contracting with the original or revised contract or performance contract reports.

In accordance with sections 7.f and h of the Community Services Performance Contract, if only a Board's participation in the Discharge Assistance Project (DAP), its receipt of state facility reinvestment project funds, or its participation in a regional program, as defined in the Regional Program Operating Principles in Core Services Taxonomy 7.2, causes it to be out of compliance with the 10 percent local matching funds requirement in § 37.2-509 of the *Code of Virginia*, the Department will grant an automatic waiver of that requirement, related to the funds for the DAP, reinvestment project, or regional program. The Board must submit a written request for the waiver, identifying the specific amounts and types of those funds that cause it to be out of compliance with the local matching funds requirement, but without the documentation required below in items 3, 4, and 5, and the Department will approve an automatic waiver in a letter to the Board.

1. State Board Policy 4010 defines acceptable local matching funds as local government appropriations, philanthropic cash contributions from organizations and people, in-kind contributions of space, equipment, professional services (for which the Board would otherwise have to pay), and, in certain circumstances, interest revenue. All other revenues, including fees, federal grants, and other funds, as well as uncompensated volunteer services, are not acceptable as local matching funds.
2. Section 37.2-509 of the *Code of Virginia* states that allocations of state funds to any Board for operating expenses, including salaries and other costs, shall not exceed 90 percent of the total amount of state and local matching funds provided for these expenses. This section effectively defines the 10 percent minimum amount of local matching funds as 10 percent of the total amount of state and local matching funds.
3. The written waiver request must include an explanation of each local government's inability to provide sufficient local matching funds at this time. This written explanation could include, among other circumstances, the following factors:
   a. an unusually high unemployment rate, compared with the statewide or regional average unemployment rate;
   b. a decreasing tax base or declining tax revenues;
   c. the existence of local government budget deficits; or
   d. major unanticipated local government capital or operating expenditures (e.g., for flood damage).
4. Additionally, the waiver request must include information and documentation about the Board's efforts to obtain sufficient local matching funds. Examples of such efforts could include newspaper articles, letters from Board members to local governing bodies outlining statutory matching funds requirements, and Board resolutions.
5. Finally, the waiver request must include a copy of the Board's budget request that was submitted to each local government and a copy or description of the local government's response to the request.

FY 2010 Community Services Performance Contract

Table of Contents

Exhibits

FY 2010 Community Services Performance Contract

1. Contract Purpose

a. Title 37.2 of the *Code of Virginia* establishes the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department) to ensure delivery of publicly funded services and supports to individuals with mental health or substance use disorders or intellectual disability (previously identified as mental retardation) and authorizes the Department to fund community mental health, mental retardation, and substance abuse services. In this contract, intellectual disability refers to the condition an individual has; mental retardation refers to the services that address that condition.

b. Sections 37.2-500 through 37.2-511 of the *Code of Virginia* require cities and counties to establish community services boards for the purpose of providing local public mental health, mental retardation, and substance abuse services; §§ 37.2-600 through 37.2-614 authorize certain cities or counties to establish behavioral health authorities that plan and provide those same local public services. In this contract, the community services board, local government department with a policy-advisory community services board, or behavioral health authority named on page 18 of this contract will be referred to as the Board or CSB.

c. Section 37.2-500 or 37.2-601 of the *Code of Virginia* states that, in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care, the Board shall function as the single point of entry into publicly funded mental health, mental retardation, and substance abuse services. The Board fulfills this function in accordance with State Board Policy 1035 for any person who is located in the Board's service area and needs mental health, mental retardation, or substance abuse services.

d. Sections 37.2-508 and 37.2-608 of the *Code of Virginia* establish this contract as the primary accountability and funding mechanism between the Department and the Board.

e. The Board is applying for the assistance provided under Chapter 5 or 6 of Title 37.2 of the *Code of Virginia* by submitting this performance contract to the Department in accordance with § 37.2-508 or § 37.2-608 of the *Code of Virginia*.

f. This contract establishes requirements and responsibilities for the Board and the Department that are not established through other means, such as statute or regulation. The General Requirements Document, which, by agreement of the parties, is hereby incorporated into and made a part of this contract by reference, includes or incorporates by reference ongoing statutory, regulatory, policy, and other requirements that are not expected to change frequently.

g. The Department and the Board enter into this performance contract for the purpose of funding services provided directly or contractually by the Board in a manner that ensures accountability to the Department and quality of care for individuals receiving services and implements the vision, articulated in State Board Policy 1036, of an individual-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships; and the Board and the Department agree as follows.

2. Relationship: The Department functions as the state authority for the public mental health, mental retardation, and substance abuse services system; and the Board functions as the local authority for that system. The relationship between and the roles and responsibilities of the Department and the Board are described more specifically in the current Partnership Agreement between the parties, which, by agreement of the parties, is hereby incorporated into and made a part of this contract by reference. This contract shall not be construed to establish any employer-employee or principal-agent relationship between employees of the Board or its board of directors and the Department.

3. **Contract Term:** This contract shall be in effect for a term of one year, commencing on July 1, 2009 and ending on June 30, 2010.

4. **Scope of Services**

   a. **Services:** Exhibit A of this contract includes all mental health, mental retardation, and substance abuse services provided or contracted by the Board that are supported by the resources described in section 5 of this contract. Services and certain terms used in this contract are defined in the current Core Services Taxonomy, which, by agreement of the parties, is hereby incorporated into and made a part of this contract by reference.

   b. **Expenses for Services:** The Board shall provide to the extent practicable those services that are funded within the revenues and expenses set forth in Exhibit A and documented in the Board's financial management system. The Board shall distribute its administrative and management expenses across some or all of the three program areas on a basis that is in accordance with Uniform Cost Report principles, is auditable, and satisfies Generally Accepted Accounting Principles.

   c. **Continuity of Care:** In order to partially fulfill its responsibility in § 37.2-500 or 37.2-601 of the *Code of Virginia* and State Board Policy 1035 to function as the single point of entry into publicly funded services in its service area, the Board shall follow the *Continuity of Care Procedures*, included in the current General Requirements Document as Appendix A.

      1.) **Coordination of Mental Retardation Waiver Services:** The Board shall provide case management services to individuals who are receiving services under the Medicaid Mental Retardation Home and Community-Based Waiver (MR Waiver). In its capacity as the case manager for these individuals and in order to receive payment for services from the Department of Medical Assistance Services (DMAS), the Board shall develop individual service authorization requests (ISARs) for Waiver services and submit them to the Department for preauthorization, pursuant to the current DMAS/ DMHMRSAS Interagency Agreement (November, 2007), under which the Department preauthorizes ISARs as a delegated function from the DMAS. As part of its specific case management responsibilities for individuals receiving MR Waiver services, the Board shall coordinate and monitor the delivery of all services to individuals it serves, including monitoring the receipt of services in an individual's ISAR that are provided by independent vendors, who are reimbursed directly by the DMAS, to the extent that the Board is not prohibited from doing so by such vendors (reference the DMAS *Mental Retardation Community Services Manual*, Chapters II and IV).

      The Board may raise issues regarding its efforts to coordinate and monitor services provided by independent vendors to the applicable funding or licensing authority, for example the Department, the DMAS, or the Virginia Department of Social Services. In fulfilling this service coordination responsibility, the Board shall not restrict or seek to influence an individual's choice among qualified service providers. This prohibition is not intended to restrict the ability of Board case managers to make recommendations, based on their professional judgment, to individuals regarding those available service options that best meet the terms of the individuals' ISPs and allow for the most effective coordination of services. This section does not, nor shall it be construed to, make the Board legally liable for the actions of independent vendors of MR Waiver services who are reimbursed directly by the DMAS.

      2.) **Linkages with Health Care:** When it arranges for the care and treatment of individuals in hospitals, inpatient psychiatric facilities, or psychiatric units of hospitals, the Board shall assure its staff's cooperation with those hospitals, inpatient psychiatric facilities, or psychiatric units of hospitals, especially emergency rooms and emergency room physicians, in order to promote continuity of care for those individuals.

3.) **Coordination with Local Psychiatric Hospitals:** When the Board performed the preadmission screening and referral to the Board is likely upon the discharge of an involuntarily admitted individual, the Board shall coordinate or, if it pays for the service, approve an individual's admission to and continued stay in a psychiatric unit or hospital and collaborate with that unit or hospital to assure appropriate treatment and discharge planning in the least restrictive setting and to avoid the use of these facilities when the service is no longer needed.

4.) **Access to Services:** The Board shall not require an individual to receive case management services in order to receive other services that it provides, directly or contractually, unless it is permitted to do so by applicable regulations or the person is an adult with a serious mental illness, a child with or at risk of serious emotional disturbance, or an individual with an intellectual disability or a substance use disorder, the person is receiving more than one other service from the Board, or a licensed clinician employed or contracted by the Board determines that case management services are clinically necessary for that individual.

5.) **PACT Criteria:** If the Board receives state general or federal funds for a Program of Assertive Community Treatment (PACT), it shall satisfy the following criteria:

a.) Meet PACT state hospital bed use targets.

b.) Prioritize providing services to individuals with serious mental illnesses who are frequent recipients of inpatient services or are homeless.

c.) Achieve and maintain a caseload of 80 individuals receiving services after two years from the date of initial funding by the Department.

d.) Participate in technical assistance provided by the Department.

If the Board receives state general or federal funds for a new PACT during the term of this contract or in the fiscal year immediately preceding that term, it also shall satisfy the following conditions:

a.) Procure team training and technical assistance quarterly.

b.) Meet bimonthly with other PACT programs (the network of CSB PACTs).

d. **Populations Served:** The Board shall provide needed services to adults with serious mental illnesses, children with or at risk of serious emotional disturbance, and individuals with intellectual disability, substance dependence, or substance abuse to the greatest extent possible within the resources available to it for this purpose. In accordance with § 37.2-508 or § 37.2-608 of the *Code of Virginia*, the Board shall report the unduplicated numbers of adults with serious mental illnesses, children with or at risk of serious emotional disturbance, and individuals with intellectual disability, substance dependence, or substance abuse that it serves during the term of this contract. These populations are defined in the current Core Services Taxonomy.

5. **Resources:** Exhibit A of this contract includes the following resources: state general funds and federal funds appropriated by the General Assembly and allocated by the Department to the Board; balances of unexpended or unencumbered state general and federal funds retained by the Board and used in this contract to support services; local matching funds required by § 37.2-509 or § 37.2-611 of the *Code of Virginia* to receive allocations of state general funds; Medicaid Targeted Case Management, State Plan Option, and Mental Retardation Home and Community-Based Waiver fees and any other fees, as required by § 37.2-504 or § 37.2-605 of the *Code of Virginia*; and any other revenues associated with or generated by the services shown in Exhibit A. The Board may choose to include only the minimum 10 percent local matching funds in the contract, rather than all local matching funds.

a. **Allocations of State General and Federal Funds**: The Department shall inform the Board of its allocations of state general and federal funds in a letter of notification. The Department may adjust allocation amounts during the term of this contract. The Commissioner or his designee shall communicate all adjustments to the Board in writing. Allocations of state general and federal funds shall be based on state and federal statutory and regulatory requirements, provisions of the current Appropriation Act, State Board policies, and previous allocation amounts. Allocations shall not be based on numbers of adults with serious mental illnesses, children with or at risk of serious emotional disturbance, or individuals with intellectual disability, substance dependence, or substance abuse who receive services from the Board.

b. **Conditions on the Use of Resources:** The Department can attach service requirements or specific conditions that it establishes for the use of funds, separate from those established by other authorities, for example, applicable statutory or regulatory requirements such as licensing or human rights regulations or federal anti-discrimination requirements, only to the state general and federal funds that it allocates to the Board and to the 10 percent local matching funds that are required to obtain the Board's state general fund allocations.

6. Board Responsibilities

a. **State Hospital Bed Utilization:** In accordance with § 37.2-508 or § 37.2-608 of the *Code of Virginia*, the Board shall identify or develop jointly with the Department and with input from private providers involved with the public mental heath, mental retardation, and substance abuse services system mechanisms, such as the Discharge Protocols, Extraordinary Barriers to Discharge lists, and reinvestment, restructuring, or system transformation projects and activities, and employ these mechanisms collaboratively with state hospitals that serve it to manage the utilization of state hospital beds. Utilization will be measured by bed days received by individuals for whom the Board is the case management board.

b. **Quality of Care**

1.) **Clinical Consultation:** The Board may request the Department to provide professional consultations for clinically complex or difficult or medically complicated cases within the resources available for this purpose in the Department or its facilities and as permitted under 45 CFR § 164.506 (c) (1) when individuals or their authorized representatives have requested second opinions and with valid authorizations that comply with the Human Rights Regulations and the HIPAA Privacy Rule or when staff of the Board request such consultations for individuals it serves in the community, if the Board is not able to provide those second opinions or obtain this consultation within its resources.

2.) **Quality Improvement and Risk Management:** The Board shall, to the extent possible, develop and implement quality improvement processes that utilize individual outcome measures, provider performance measures, and other data or participate in its local government's quality improvement processes to improve services, ensure that services are provided in accordance with current acceptable professional practice, and enable the ongoing review of all major areas of the Board's responsibilities under this contract.

The Board shall, to the extent practicable, develop, implement, and maintain, itself or in affiliation with other Boards, a quality improvement plan incorporating Board provider performance measures, individual outcome measures, and human rights information. The Board shall, to the extent practicable, develop, implement, and maintain, itself or in affiliation with other Boards, a risk management plan or the Board shall participate in a local government's risk management plan. The Board shall work with the Department through the System Leadership Council to identify how the Board will address quality improvement activities.

The Board shall implement, in collaboration with other Boards in its region, the state hospitals and training centers serving its region, and private providers involved with the public mental health, mental retardation, and substance abuse services system, regional utilization management procedures and practices that reflect the Regional Utilization Management Guidance document, adopted by the System Leadership Council on January 10, 2007, which, by agreement of the parties, is hereby incorporated into and made a part of this contract by reference.

3.) **Continuous Quality Improvement Process:** The Board shall address and report on the performance expectations and goals in Exhibit B of this contract as part of the Continuous Quality Improvement Process supported by the Department and the Board.

4.) **Individual Outcome and Board Provider Performance Measures**

a.) **Measures:** Pursuant to § 37.2-508 or § 37.2-608 of the *Code of Virginia*, the Board shall report the individual outcome, Board provider performance, individual satisfaction, and individual and family member participation and involvement measures in Exhibit C of this contract to the Department. These reporting requirements are contingent on the Department supplying any necessary specifications and software to the Board in time for the Board to make needed changes in its information systems.

b.) **Board Performance Measures:** The Department may negotiate specific, time-limited measures with the Board to address identified performance concerns or issues. When negotiated, such measures will be included as Exhibit D of this contract.

c.) **Individual Satisfaction Survey:** Pursuant to § 37.2-508 or § 37.2-608 of the *Code of Virginia*, the Board shall participate in an assessment of the satisfaction of individuals receiving services in accordance with Exhibit C of this contract.

d.) **Substance Abuse Youth Surveys:** The Board shall work closely with community-based prevention planning groups, schools, and local governments to support and enable the administration of the Virginia Community Youth Survey and the Virginia Youth Tobacco Survey, which are mandated by federal funding sources and are necessary for continuation of federal block grant funding.

e.) **Prevention Services Participants and Program Evaluations:** The Board shall evaluate a minimum of 20 percent of participants in evidence-based prevention programs using program-specific instruments, which are evaluation instruments and processes developed by the program developer for that program. The Board shall conduct program-specific evaluations of all federal Substance Abuse Prevention and Treatment grant-supported prevention programs as agreed in the grant contract with the Department. The Board shall use community-level abstinence data from regional community youth survey data for alcohol, tobacco, and other drug use, perceptions of harm and disapproval, and other indicator data, including archival data listed in the National Outcome Measures, for outcome evaluation of environmental strategies and community-based processes.

f.) **Recovery Orientation:** The Board shall implement a plan for assessing and increasing its recovery orientation over time, initially for adults with serious mental illnesses, in accordance with Exhibit C and Section 5, Advancing the Vision, of the Partnership Agreement and shall report on its recovery orientation to the Department by March 31, 2010.

5.) **Program and Service Reviews:** The Department may conduct or contract for reviews of programs or services provided or contracted by the Board under this contract to examine their quality or performance at any time as part of its monitoring and review

responsibilities or in response to concerns or issues that come to its attention, as permitted under 45 CFR § 164.512 (a), (d), and (k) (6) (ii) and as part of its health oversight functions under § 32.1-127.1:03 (D) (6) and § 37.2-508 or § 37.2-608 of the *Code of Virginia* or with a valid authorization by the individual receiving services or his authorized representative that complies with the Human Rights Regulations and the HIPAA Privacy Rule.

6.) **Response to Complaints:** The Board shall implement procedures to respond to complaints from individuals receiving services, family members, advocates, or other stakeholders as expeditiously as possible in a manner that seeks to achieve a satisfactory resolution and advises the complainant of any decision and the reason for it. The Board shall acknowledge complaints that the Department refers to it within five days of receipt and provide follow up commentary on them to the Department within 10 days of receipt.

c. Reporting Requirements

1.) **Board Responsibilities:** For purposes of reporting to the Department, the Board shall comply with State Board Policy 1037 and:

a.) provide monthly Community Consumer Submission (CCS) extracts that report individual characteristic and service data to the Department, as required by § 37.2-508 or § 37.2-608 of the *Code of Virginia*, the federal Substance Abuse and Mental Health Services Administration, and Part C of Title XIX of the Public Health Services Act - Block Grants, § 1943 (a) (3) and § 1971 and § 1949, as amended by Public Law 106-310, and as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (a) (1) and (d) and under §32.1-127.1:03.D (6) of the *Code of Virginia*, and as defined in the current CCS Extract Specifications and Design Specifications (including the current Business Rules), which, by agreement of the parties, are hereby incorporated into and made a part of this contract by reference;

b.) follow the current Core Services Taxonomy and CCS Extract Specifications and Design Specifications (including the current Business Rules) when responding to reporting requirements established by the Department;

c.) complete the National Survey of Substance Abuse Treatment Services (N-SSATS), formerly the Uniform Facility Data Set (UFDS), annually that is used to compile and update the National Directory of Drug and Alcohol Abuse Treatment Programs and the on-line Substance Abuse Treatment Facility Locator;

d.) report Inventory of Mental Health Organizations information and data in accordance with federal requests to the greatest extent possible;

e.) report KIT Prevention System data on all substance abuse prevention services provided by the Board, including services that are supported by the Substance Abuse Prevention and Treatment (SAPT) Block Grant allocation, LINK prevention and education services funded with the 20 percent SAPT set aside, and prevention services funded by other grants KIT Prevention System and reported under substance abuse in CARS-ACCESS, and enter KIT Prevention System data on goals, objectives, and programs approved by the community prevention planning coalition by June 15;

f.) supply information to the Department's Forensics Information Management System for individuals adjudicated not guilty by reason of insanity (NGRI), as required under § 37.2-508 or § 37.2-608 of the *Code of Virginia* and as permitted under 45 CFR §§ 164.506 (c) (1) and (3), 164.512 (d), and 164.512 (k) (6) (ii);

g.) report individual, service, financial, and other information on Part C services that it provides, previously reported through the CARS and CCS, to the Department through a separate reporting system maintained by the Department;

h.) report individual, service, financial, and other information on jail diversion and juvenile detention center services, previously reported through separate manual reports, only through the CARS and CCS; and

i.) report data and information required by the current Appropriation Act.

2.) **Routine Reporting Requirements:** The Board shall account for all services, revenues, expenses, and costs accurately and submit reports to the Department in a timely manner using current CARS, CCS, or other software provided by the Department. All reports shall be provided in the form and format prescribed by the Department. The Board shall provide the following information and meet the following reporting requirements:

a.) types and service capacities of services provided, costs for services provided, and revenues received by source and amount and expenses paid by program area and for services available outside of a program area, reported mid-year and at the end of the fiscal year through CARS, and types and amounts of services provided to each individual, reported monthly through the current CCS;

b.) demographic characteristics of individuals through the current CCS;

c.) numbers of adults with serious mental illnesses, children with serious emotional disturbance, children at risk of serious emotional disturbance, and individuals with intellectual disability, substance dependence, or substance abuse through the current CCS;

d.) performance expectations and goals and individual outcome and Board provider performance measures in Exhibits B and C;

e.) community waiting list information for the Comprehensive State Plan that is required by § 37.2-315 of the *Code of Virginia,* as permitted under § 32.1-127.1:03 (D) (6) of the *Code of Virginia* and 45 CFR § 164.512 (d) and (k) (6) (ii) (when required);

f.) State Facility Discharge Waiting List Data Base reports using ACCESS software supplied by the Department;

g.) Federal Balance Report (October 31);

h.) Total numbers of individuals served for the Discharge Assistance Project, Mental Health Child and Adolescent Services Initiative, MR Waiver Services, and other Consumer Designation (900) Codes through CARS-ACCESS (mid-year and at the end of the fiscal year) and the current CCS;

i.) PATH reports (mid-year and at the end of the fiscal year);

j.) Uniform Cost Report information through CARS (annually) and

k.) other reporting requirements in the current CCS Extract or Design Specifications.

3.) **Subsequent Reporting Requirements:** In accordance with State Board Policy 1037, the Board shall work with the Department to ensure that current data and reporting requirements are consistent with each other and the current Core Services Taxonomy, the current CCS, and the Treatment Episode Data Set (TEDS) and other federal reporting requirements. The Board also shall work with the Department in planning and developing any additional reporting or documentation requirements beyond those identified in this contract, such as the federal mental health and substance abuse National Outcomes Measures (NOMS) when they become effective, to ensure that such

requirements are consistent with the current Core Services Taxonomy, the current CCS, and TEDS and other federal reporting requirements.

4.) **Streamlining Reporting Requirements:** The Board shall work with the Department through the VACSB Data Management Committee to review existing reporting requirements outside of the current CCS to determine if they are still necessary and, if they are, to streamline those reporting requirements as much as possible.

d. **Discharge Assistance Project (DAP)**

1.) **Board Responsibilities:** If it participates in any DAP funded by the Department, the Board shall manage, account for, and report DAP funds allocated to it as a restricted fund. The Board shall be responsible for ensuring the effective utilization of those funds, without submitting individualized services plans (ISPs) to the Department for approval or preauthorization. The Board shall submit all DAP ISPs to the Department for information purposes and shall inform the Department whenever an individual is admitted to or discharged from a DAP-funded placement.

2.) **Department Review:** The Board agrees to participate in any utilization review or utilization management activities conducted by the Department involving services provided under the DAP. Protected health information may be disclosed as permitted under 45 CFR §§ 164.506 (c) (1), (3), and (4) and 164.512 (k) (6) (ii).

e. **Compliance Requirements:** The Board shall comply with all applicable federal, state, and local laws and regulations, including those contained or referenced in the General Requirements Document and in Exhibit F of this contract, as they affect the operation of this contract. Any substantive change in the General Requirements Document, except changes in statutory, regulatory, policy, or other requirements or in other documents incorporated by reference in it, which changes are made in accordance with processes or procedures associated with those statutes, regulations, policies, or other requirements or documents, shall constitute an amendment of this contract, made in accordance with applicable provisions of the Partnership Agreement, that requires a new contract signature page, signed by both parties.

If any laws or regulations that become effective after the execution date of this contract substantially change the nature and conditions of this contract, they shall be binding upon the parties, but the parties retain the right to exercise any remedies available to them by law or other provisions of this contract. The Board shall comply with the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder by their compliance dates, except where the HIPAA requirements and applicable state law or regulations are contrary, and state statutes or regulations are more stringent, as defined in 45 CFR § 160.202, than the related HIPAA requirements.

The Board shall follow the procedures and satisfy the requirements in the Performance Contract Process and the Administrative Performance Standards, contained in Exhibits E and I respectively of this contract. The Board shall document its compliance with §§ 37.2-501, 37.2-504, and 37.2-508 or §§ 37.2-602, 37.2-605, and 37.2-608 of the *Code of Virginia* in Exhibits G and H of this contract.

f. **Regional Programs:** The Board shall manage or participate in the management of, account for, and report on regional programs in accordance with the Regional Program Operating Principles and the Regional Program Procedures in Appendices E and F of the current Core Services Taxonomy. The Board agrees to participate in any utilization review or utilization management activities conducted by the Department involving services provided through a regional program. Protected health information may be disclosed as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (k) (6) (ii).

g. **Joint Agreements:** If the Board enters into a joint agreement pursuant to § 37.2-512 or § 37.2-615 of the *Code of Virginia*, the Board shall describe the agreement in Exhibit J of this contract and shall attach a copy of the joint agreement to that Exhibit.

h. **Intensive Care Coordination for the Comprehensive Services Act**

1.) As the single point of entry into publicly funded mental health, mental retardation, and substance abuse services pursuant to § 37.2-500 of the *Code of Virginia* and as the exclusive provider of Medicaid targeted mental health and mental retardation case management services, the Board is the most appropriate provider of intensive care coordination (ICC) services through the Comprehensive Services Act for At-Risk Youth and Families (CSA). The Board and the local Community Policy and Management Team (CPMT) in its service area shall determine collaboratively the most appropriate and cost-effective provider of ICC services for children who are placed in or are at risk of being placed in residential care through the CSA program in accordance with guidelines developed by the State Executive Council and shall develop a local plan for ICC services that best meets the needs of those children and families. If there is more than one CPMT in the Board's service area, the CPMTs and the Board may work together as a region to develop a plan for ICC services.

2.) If the Board is identified as the provider of ICC services, it shall work in close collaboration with its CPMT(s) and Family Assessment and Planning Team(s) to implement ICC services, to assure adequate support for these services through local CSA funds, and to assure that all children receive appropriate assessment and care planning services. Examples of ICC activities include: efforts at diversion from more restrictive levels of care, discharge planning to expedite return from residential or facility care, and community placement monitoring and care coordination work with family members and other significant stakeholders. If the Board contracts with another entity to provide ICC services, the Board shall remain fully responsible for ICC services, including monitoring the services provided under the contract. Subject to the approval of the local CPMT(s), the Board may phase in ICC services as a way to facilitate meaningful integration of ICC services with existing services and supports or as a means of maximizing the limited resources available within the community.

7. Department Responsibilities

a. **Funding:** The Department shall disburse the state general funds displayed in Exhibit A, subject to the Board's compliance with the provisions of this contract, prospectively on a semi-monthly basis to the Board. Payments may be revised to reflect funding adjustments. The Department shall disburse federal grant funds that it receives to the Board in accordance with the requirements of the applicable federal grant and, wherever possible, prospectively on a semi-monthly basis. The Department shall make these payments in accordance with Exhibit E of this contract.

b. **State Facility Services**

1.) The Department shall make state facility services available, if appropriate, through its state hospitals and training centers, when individuals located in the Board's service area meet the admission criteria for these services.

2.) The Department shall track, monitor, and report on the Board's utilization of state hospital beds and provide data to the Board about individuals receiving services from its service area who are served in state hospitals as permitted under 45 CFR §§ 164.506 (c) (1), (2), and (4) and 164.512 (k) (6) (ii). The Department shall post state hospital bed utilization by the Board for all types of beds (adult, geriatric, child and adolescent, and forensic) on its Internet web site for information purposes.

3.) The Department shall manage its state hospitals and training centers in accordance with State Board Policy 1035 to support service linkages with the Board, including adherence to the applicable provisions of the *Continuity of Care Procedures*, attached to the General Requirements Document as Appendix A, and the *Discharge Planning Protocols*. The Department shall assure that its state hospitals and training centers use teleconferencing technology to the extent practicable and whenever possible to facilitate the Board's participation in treatment planning activities and the Board's fulfillment of its discharge planning responsibilities for individuals in state hospitals and training centers for whom it is the case management Board.

4.) The Department shall involve the Board, as applicable and to the greatest extent possible, in collaborative planning activities regarding the future role and structure of state hospitals and training centers.

5.) **Recovery Orientation:** The Department shall ensure that each state hospital shall implement a plan for assessing and increasing its recovery orientation over time, initially for adults with serious mental illnesses, in accordance with Section 5, Advancing the Vision, of the Partnership Agreement, and each state hospital shall report on its recovery orientation to the Department by March 31, 2010.

c. **Quality of Care**

1.) The Department with participation from the Board shall identify individual outcome, Board provider performance, individual satisfaction, and individual and family member participation and involvement measures and emergency services and case management services performance expectations and goals for inclusion in this contract, pursuant to § 37.2-508 or § 37.2-608 of the *Code of Virginia*, and shall collect information about these measures and performance expectations and goals and work with the Board to use them as part of the Continuous Quality Improvement Process described in Exhibit B to improve services.

2.) The Department may provide professional consultations to the Board upon request for clinically complex or difficult or medically complicated cases within the resources available for this purpose in the Department or its facilities and as permitted under 45 CFR § 164.506 (c) (1) when individuals receiving services or their authorized representatives have requested second opinions and with valid authorizations that comply with the Human Rights Regulations and the HIPAA Privacy Rule or when staff of the Board request such consultations for individuals it serves in the community, if the Board is not able to provide those second opinions or obtain this consultation within its resources.

3.) The Department shall work with the Board, the state hospitals and training centers serving it, and private providers involved with the public mental health, mental retardation, and substance abuse services system, to implement regional utilization management procedures and practices reflected in the Regional Utilization Management Guidance document, adopted by the System Leadership Council on January 10, 2007, which, by agreement of the parties, is hereby incorporated into and made a part of this contract by reference.

4.) **Recovery Orientation:** The Department shall implement a plan for assessing and increasing its recovery orientation over time, initially for adults with serious mental illnesses, in accordance with Exhibit C and Section 5, Advancing the Vision, of the Partnership Agreement and shall report on its recovery orientation on its web site by March 31, 2010. It shall work with the Board within the resources available to support the Board's efforts to assess and increase its recovery orientation over time and review and provide feedback to the Board on its efforts in this area.

d. Reporting Requirements

1.) In accordance with State Board Policy 1037, the Department shall work with representatives of Boards, including the Virginia Association of Community Services Boards' Data Management Committee (DMC), to ensure that current data and reporting requirements are consistent with each other and with the current Core Services Taxonomy, the current Community Consumer Submission (CCS), and TEDS and other federal reporting requirements. The Department also shall work with representatives of Boards, including the DMC, in planning and developing any additional reporting or documentation requirements beyond those identified in this contract, such as the federal mental health and substance abuse National Outcomes Measures (NOMS) when they become effective, to ensure that such requirements are consistent with the current Core Services Taxonomy, the current CCS, and TEDS and other federal reporting requirements.

2.) The Department shall collaborate with representatives of the Boards, including the DMC, in the implementation and modification of the current Community Consumer Submission (CCS), which reports individual characteristic and service data that is required under § 37.2-508 or § 37.2-608 of the *Code of Virginia*, the federal Substance Abuse and Mental Health Services Administration, and Part C of Title XIX of the Public Health Services Act – Block Grants, §1943 (a) (3) and § 1971 and § 1949, as amended by Public Law 106-310, to the Department and is defined in the current CCS Extract Specifications and Design Specifications (including the current Business Rules). The Department will receive and use individual characteristic and service data disclosed by the Board through the CCS as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (a) (1) and under § 32.1-127.1:03.D (6) of the *Code of Virginia* and shall implement procedures to protect the confidentiality of this information pursuant to § 37.2-504 or § 37.2-605 of the *Code of Virginia* and HIPAA.

3.) The Department shall work with representatives of the Boards, including the DMC, to reduce the number of data elements required whenever this is possible.

4.) The Department shall ensure that all surveys and requests for data have been reviewed for cost effectiveness and developed through a joint Department and Board process. The Department shall comply with the Procedures for Approving CSB Surveys, Questionnaires, and Data Collection Instruments and Establishing Reporting Requirements, issued by Commissioner Reinhard on November 9, 2007.

5.) The Department shall work with representatives of the Boards, including the DMC, to review existing reporting requirements outside of the current CCS to determine if they are still necessary and, if they are, to streamline those reporting requirements as much as possible.

e. Discharge Assistance Project

1.) **Department Responsibilities:** If the Board participates in any DAP funded by the Department, the Department shall fund and monitor the DAP as a restricted fund. The Department agrees that the Board shall be responsible for ensuring the effective utilization of those funds, without submitting individualized services plans to the Department for preauthorization or approval.

2.) **Department Review:** The Department may conduct utilization review or utilization management activities involving services provided by the Board under the DAP. If such activities involve the disclosure of protected health information, the information may be used and disclosed as permitted under 45 CFR §§ 164.506 (c) (1), (3), and (4) and 164.512 (k) (6) (ii).

f. **Compliance Requirements:** The Department shall comply with all applicable state and federal statutes and regulations, including those contained or referenced in the General Requirements Document and in Exhibit F of this contract, as they affect the operation of this contract. Any substantive change in the General Requirements Document, except changes in statutory, regulatory, policy, or other requirements or in other documents incorporated by reference in it, which changes are made in accordance with processes or procedures associated with those statutes, regulations, policies, or other requirements or documents, shall constitute an amendment of this contract, made in accordance with applicable provisions of the Partnership Agreement, that requires a new contract signature page, signed by both parties.

If any laws or regulations that become effective after the execution date of this contract substantially change the nature and conditions of this contract, they shall be binding upon the parties, but the parties retain the right to exercise any remedies available to them by law or other provisions of this contract. The Department and its state hospitals and training centers shall comply with the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder by their compliance dates, except where the HIPAA requirements and applicable state law or regulations are contrary, and state statutes or regulations are more stringent, as defined in 45 CFR § 160.202, than the related HIPAA requirements.

If the Board's receipt of DAP or state facility reinvestment project funds causes it to be out of compliance with the 10 percent local matching funds requirement in § 37.2-509 of the *Code of Virginia*, the Department shall grant an automatic waiver of that requirement, related to the DAP or state facility reinvestment project funds, as authorized by that *Code* section and State Board Policy 4010.

g. **Communication:** The Department shall provide technical assistance and written notification regarding changes in funding source requirements, such as regulations, policies, procedures, and interpretations, to the extent that those changes are known to the Department. The Department shall resolve, to the extent practicable, inconsistencies in state agency requirements that affect requirements in this contract. The Department shall respond in a timely manner to written correspondence from the Board that requests information or a response.

h. **Regional Programs:** The Department may conduct utilization review or utilization manage-ment activities involving services provided by the Board through a regional program. If such activities involve the disclosure of protected health information, the information may be used and disclosed as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (k) (6) (ii). If the Board's participation in a regional program, as defined in the Regional Program Principles and the Regional Program Procedures in Appendices E and F of the current Core Services Taxonomy, causes it to be out of compliance with the 10 percent local matching funds requirement in § 37.2-509 of the *Code of Virginia*, the Department shall grant an automatic waiver of that requirement, related to the funds for that regional program, as authorized by that *Code* section and State Board Policy 4010.

8. **Subcontracting:** The Board may subcontract any of the requirements in this contract. The Board shall remain fully and solely responsible and accountable for meeting all of its obligations and duties under this contract, including all services, terms, and conditions, without regard to its subcontracting arrangements. Subcontracting must comply with applicable statutes, regulations, and guidelines, including the Virginia Public Procurement Act. All subcontracted activities shall be formalized in written contracts between the Board and subcontractors. The Board agrees to provide copies of such contracts or other documents to the Department upon request. The Board shall satisfy the subcontracting provisions in the General Requirements Document.

9. Terms and Conditions

a. Availability of Funds: The Department and the Board shall be bound by the provisions of this contract only to the extent of the funds available or that may hereafter become available for the purposes of the contract.

b. Compliance: The Department may utilize a variety of remedies, including requiring a corrective action plan, delaying payments, and terminating the contract, to assure Board compliance with this contract. Specific remedies, described in Exhibit I of this contract, may be taken if the Board fails to satisfy the reporting requirements in this contract.

c. Disputes: Resolution of disputes arising from Department contract compliance review and performance management efforts or from actions by the Board related to this contract may be pursued through the dispute resolution process in section 9.f, which may be used to appeal only the following conditions:

1.) reduction or withdrawal of state general or federal funds, unless funds for this activity are withdrawn by action of the General Assembly or federal government, or adjustment of allocations or payments pursuant to section 5 of this contract;

2.) termination or suspension of the performance contract, unless funding is no longer available;

3.) refusal to negotiate or execute a contract modification;

4.) disputes arising over interpretation or precedence of terms, conditions, or scope of the performance contract;

5.) determination that an expenditure is not allowable under this contract; and

6.) determination that the performance contract is void.

d. Termination

1.) The Department may terminate this contract immediately, in whole or in part, at any time during the contract period if funds for this activity are withdrawn or not appropriated by the General Assembly or are not provided by the federal government. In this situation, the obligations of the Department and the Board under this contract shall cease immediately. The Board and the Department shall make all reasonable efforts to ameliorate any negative consequences or effects of contract termination on individuals receiving services and Board staff.

2.) The Board may terminate this contract immediately, in whole or in part, at any time during the contract period if funds for this activity are withdrawn or not appropriated by its local government(s) or other funding sources. In this situation, the obligations of the Board and the Department under this contract shall cease immediately. The Board and the Department shall make all reasonable efforts to ameliorate any negative consequences or effects of contract termination on individuals receiving services and Board staff.

3.) In accordance with § 37.2-508 or § 37.2-608 of the *Code of Virginia*, the Department may terminate all or a portion of this contract, after unsuccessful use of the remediation process described in section 9.e and after affording the Board an adequate opportunity to use the dispute resolution process described in section 9.f of this contract. A written notice specifying the cause must be delivered to the Board's board chairman and executive director at least 75 days prior to the date of actual termination of the contract. In the event of contract termination under these circumstances, only payment for allowable services rendered by the Board shall be made by the Department.

e. **Remediation Process:** The remediation process mentioned in § 37.2-508 or § 37.2-608 of the *Code of Virginia* is an informal procedure that shall be used by the Department and the Board to address a particular situation or condition identified by the Department or the Board that may, if unresolved, result in termination of the contract, in accordance with the provisions of section 9.d of this contract. The details of this remediation process shall be developed by the parties and added as an exhibit of this contract. This exhibit shall describe the situation or condition and include the performance measures that shall document a satisfactory resolution of the situation or condition.

f. **Dispute Resolution Process:** Disputes arising from any of the conditions in section 9.c of this contract shall be resolved using the following process.

1.) Within 15 days of the Board's identification or receipt of a disputable action taken by the Department or of the Department's identification or receipt of a disputable action taken by the Board, the party seeking resolution of the dispute shall submit a written notice to the Department's Director of Community Contracting, stating its desire to use the dispute resolution process. The written notice must describe the condition, nature, and details of the dispute and the relief sought by the party.

2.) The Director of Community Contracting shall review the written notice and determine if the dispute falls within the conditions listed in section 9.c. If it does not, the Director of Community Contracting shall notify the party in writing within seven days of receipt of the written notice that the dispute is not subject to this dispute resolution process. The party may appeal this determination to the Commissioner in writing within seven days of its receipt of the Director's written notification.

3.) If the dispute falls within the conditions listed in section 9.c, the Director of Community Contracting shall notify the party within seven days of receipt of the written notice that a panel will be appointed within 15 days to conduct an administrative hearing.

4.) Within 15 days of notification to the party, a panel of three or five disinterested persons shall be appointed to hear the dispute. The Board shall appoint one or two members; the Commissioner shall appoint one or two members; and the appointed members shall appoint the third or fifth member. Each panel member will be informed of the nature of the dispute and be required to sign a statement indicating that he has no interest in the dispute. Any person with an interest in the dispute shall be relieved of panel responsibilities and another person shall be selected as a panel member.

5.) The Director of Community Contracting will contact the parties by telephone and arrange for a panel hearing at a mutually convenient time, date, and place. The panel hearing shall be scheduled not more than 15 days after the appointment of panel members. Confirmation of the time, date, and place of the hearing will be communicated to all parties at least seven days in advance of the hearing.

6.) The panel members shall elect a chairman and the chairman shall convene the panel. The party requesting the panel hearing shall present evidence first, followed by the presentation of the other party. The burden shall be on the party requesting the panel hearing to establish that the disputed decision or action was incorrect and to present the basis in law, regulation, or policy for its assertion. The panel may hear rebuttal evidence after the initial presentations by the Board and the Department. The panel may question either party in order to obtain a clear understanding of the facts.

7.) Subject to provisions of the Freedom of Information Act, the panel shall convene in closed session at the end of the hearing and shall issue written recommended findings of fact within seven days of the hearing. The recommended findings of fact shall be submitted to the Commissioner for a final decision.

8.) The findings of fact shall be final and conclusive and shall not be set aside by the Commissioner unless they are (1) fraudulent, arbitrary, or capricious; (2) so grossly

erroneous as to imply bad faith; (3) in the case of termination of the contract due to failure to perform, the criteria for performance measurement are found to be erroneous, arbitrary, or capricious; or (4) not within the Board's purview.

9.) The final decision shall be sent by certified mail to both parties no later than 60 days after receipt of the written notice from the party invoking the dispute resolution process.

10.) Multiple appeal notices shall be handled independently and sequentially so that an initial appeal will not be delayed by a second appeal.

11.) The Board or the Department may seek judicial review of the final decision as provided in § 2.2-4365 of the *Code of Virginia* in the Circuit Court for the City of Richmond within 30 days of receipt of the final decision.

g. **Contract Amendment:** This contract, including all exhibits and incorporated documents, constitutes the entire agreement between the Department and the Board. The services identified in Exhibit A of this contract may be revised in accordance with the performance contract revision instructions, contained in Exhibit E of this contract. Other provisions of this contract may be amended only by mutual agreement of the parties, in writing and signed by the parties hereto.

h. **Liability:** The Board shall defend or compromise, as appropriate, all claims, suits, actions, or proceedings arising from its performance of this contract. The Board shall obtain and maintain sufficient liability insurance to cover claims for bodily injury and property damage and suitable administrative or directors and officers liability insurance. These responsibilities may be discharged by means of a proper and sufficient self-insurance program operated by the state or a city or county government. The Board shall provide a copy of any such policy or program to the Department upon request. This contract is not intended to, and does not, create by implication or otherwise any basis for any claim or cause of action by a person or entity not a party to this contract, arising out of any claimed violation of any provision of this contract, nor does it create any claim or right on behalf of any person to services or benefits from the Board or the Department.

i. **Severability:** Each paragraph and provision of this contract is severable from the entire contract, and the remaining provisions shall nevertheless remain in full force and effect if any provision is declared invalid or unenforceable.

10. Areas for Future Resolution: On an ongoing basis, the Board and the Department agree to work together to identify and resolve barriers and policy and procedural issues that interfere with the most effective and efficient delivery of public services. This section identifies issues and topics that the Board and the Department agree to work on collaboratively during the term of this contract in order to resolve them during that period or later, if necessary. Issues and topics may be added at any time by mutual agreement through amendment of this contract. The Board or representatives of the Board and the Department will establish work groups where appropriate to address these issues and topics. The Department and the Board also may address issues and topics through the System Leadership Council, which is described in the Partnership Agreement.

a. **Evidence-Based or Best Clinical Practices:** Identify evidence-based practices or best clinical practices that will improve the quality of mental health, mental retardation, or substance abuse services and address the service needs of individuals with co-occurring disorders and develop strategies for the implementation of these practices to the extent practicable.

b. **Mental Health and Substance Abuse Services Performance Expectations and Goals:** Review the results of the first year's implementation and consider revisions of the performance expectations and goals from the FY 2009 contract that address emergency

services and case management services and expand this continuous quality improvement approach to other services provided by the Board, including preadmission screening and discharge planning, to local, regional, and statewide utilization management, and to state facility operations.

c. **Data Quality and Use:** Through the Moving Forward Work Group, the VACSB Data Management Committee, and similar mechanisms, work collaboratively to (i) monitor and increase the timeliness and quality of data submitted through the current Community Consumer Submission in accordance with the current CCS Extract Specifications and Design Specifications (including the current Business Rules); (II) address current and future data and information needs, including communicating more effectively about the volume of services provided and how these services affect the lives of individuals; (iii) achieve the values and benefits of interoperability or the ability to reliably exchange information without error, in a secure fashion, with different information technology systems, software applications, and networks in various settings; to exchange this information with its clinical or operational meaning preserved and unaltered; and to do so in the course of the process of service delivery to promote the continuity of that process and (iv) plan for the implementation of electronic Health Information Exchange and Electronic Health Records by July 1, 2012 to improve the quality and accessibility of services and streamline and reduce reporting and documentation requirements.

d. **Regional Management Structures or Processes for Individuals Moving Among Regions or Providers:** Through the Regional Utilization Management/Continuous Quality Improvement (RUM/CQI) Work Group, develop clear regional management structures or processes to deal with individuals transferring between private providers participating as signatories in regional partnerships and Boards or state facilities within a region or across regions or individuals transferring from Boards or state facilities in one region to Boards or state facilities in another region. The structures or processes should focus on behavioral rather than diagnostic criteria, individuals and their unique situations rather than population groupings, shared responsibilities and joint ownership, and problem solving. The structures or processes should be as consistent as possible among regions, while allowing variations needed to accommodate particular or unique circumstances in regions. The RUM/CQI Work Group shall develop these structures or processes for consideration and possible adoption in FY 2010 and, where appropriate, inclusion in the FY 2010 contract.

e. **Discharge Planning Protocols and Continuity of Care Procedures:** Through the RUM/CQI Work Group or a separate group established for this purpose, revise the current Discharge Planning Protocols and Continuity of Care Procedures, integrating or combining them to the greatest extent possible, in time for the revised document(s) to be included in or incorporated by reference into the FY 2011 performance contract. The revised document shall be consistent with applicable *Code of Virginia* requirements and with the regional structures or processes developed pursuant to section 10.d of this contract and also shall include admission protocols or procedures. The revised document or the regional structures or processes also shall address a process for resolving disagreements or problems among Boards and state facilities which they cannot resolve locally.

11. Signatures: In witness thereof, the Department and the Board have caused this performance contract to be executed by the following duly authorized officials.

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services

By: _____

Name: James S. Reinhard, M.D.
Title: Commissioner

Date: _____

District 19 Community Services Board

By: Shel Bolyard-Douglas

Name: Shel Bolyard-Douglas
Title: Chairman of the Board

Date: 5-28-09

By: _____

Name: Joseph E. Hubbard
Title: Executive Director

Date: 5/28/09

Exhibit A

District 19

Consolidated Budget				
Revenue Source	Mental Health	Mental Retardation	Substance Abuse	TOTAL
State Funds	1,829,238	821,575	1,289,506	3,940,319
State Restricted Funds	2,875,291	0	240,259	3,115,550
Local Matching Funds	632,913	87,329	0	720,242
Total Fees	6,730,289	1,966,437	23,300	8,720,026
Transfer Fees (To)/From	0	0	0	0
Federal Funds	105,162	0	1,450,573	1,555,735
Other Funds	0	0	0	0
State Retained Earnings	0	0	0	0
Federal Retained Earnings	0		0	0
Other Retained Earnings	354,000	0	0	354,000
Subtotal Funds	**12,526,893**	**2,875,341**	**3,003,638**	**18,405,872**
State Funds One-Time	0			0
State Restricted Funds One-Time		0		0
Federal Funds One-Time	0		0	0
Subtotal One -Time Funds	**0**	**0**	**0**	**0**
TOTAL ALL FUNDS	**12,526,893**	**2,875,341**	**3,003,638**	**18,405,872**

Cost for MH/MR/SA	**11,924,699**	**2,216,132**	**2,162,840**	**16,303,671**
Cost for Services Available Outside of a Program Area				**2,102,201**
Total Cost				**18,405,872**

Local Match Computation	
Total State Restricted and State Funds	7,055,869
Total Local Matching Funds	720,242
Total State and Local Funds	7,776,111
Total Local Match %	9.26%

Administration Expenses	
Total Admin. Expenses	2,276,949
Total Expenses	18,405,872
% Administration	12.37%

FY 2010 Community Services Performance Contract Financial Summary

Mental Health

District 19

Revenue Source	Revenue
Fees	
MH Medicaid Fees	6,254,145
MH Fees: Other	476,144
Total MH Fees	6,730,289
MH Transfer Fees (To)/From	0
MH Net Fees	6,730,289
Restricted Funds	
Federal	
MH FBG SED C & A	24,601
MH FBG SMI	72,984
MH FBG PACT	0
MH FBG Geriatrics	0
MH FBG Consumer Services	0
MH Fed PATH	7,577
MH Other Federal - DMHMRSAS	0
MH Other Federal - CSB	0
Total Federal Restricted MH Funds	105,162
State	
MH Acute Care (Fiscal Agent)	0
MH Transfer In/(Out) Acute Care	626,203
MH Net Acute Care	626,203
MH Regional DAP (Fiscal Agent)	0
MH Transfer In/(Out) Regional DAP	0
MH Net Regional DAP	0
MH Facility Reinvestment (Fiscal Agent)	0
MH Transfer In/(Out) Facility Reinvestment	242,763
MH Net Facility Reinvestment	242,763
MH Regional DAD/Wintex (Fiscal Agent)	0
MH Transfer In/(Out) Regional DAD/Wintex	0
MH Net Regional DAD/Wintex	0
MH Crisis Stabilization (Fiscal Agent)	0
MH Transfer In/(Out) Crisis Stabilization	101,467
MH Net Crisis Stabilization	101,467
MH Recovery (Fiscal Agent)	0
MH Transfer In/(Out) Recovery	149,051
MH Net Recovery	149,051
MH Transformation (Fiscal Agent)	0
MH Transfer In/(Out) Transformation	0
MH Net Transformation	0
MH DAD/Wintex	0
MH PACT	619,452
MH Discharge Assistance (DAP)	458,434

FY 2010 Community Services Performance Contract Financial Summary

Mental Health

District 19

Revenue Source	Revenue
MH Child & Adolescent Services Initative	161,429
MH Pharmacy (Blue Ridge)	0
MH Demo Proj-System of Care (Child)	0
MH Juvenile Detention	110,000
MH Jail Diversion/Service	0
MH Geriatrics	0
MH Law Reform	331,492
MH Children's Outpatient	75,000
Total State Restricted MH Funds	2,875,291
Other Funds	
MH Other Funds	0
MH Federal Retained Earnings	0
MH State Retained Earnings	0
MH State Retained Earnings - Regional Prog	0
MH Other Retained Earnings	354,000
Total Other MH Funds	354,000
State Funds	
MH State General Funds	1,804,238
MH State Regional Deaf Services	0
MH State NGRI	0
MH State Children's Services	25,000
Total State MH Funds	1,829,238
Local Matching Funds	
MH In-Kind	0
MH Contributions	0
MH Local Other	0
MH Local Government	632,913
Total Local MH Funds	632,913
Total MH Revenue	**12,526,893**
MH One Time Funds	
MH FBG SWVMH Board	0
MH FBG SMI	0
MH FBG SED C & A	0
MH FBG Consumer Services	0
MH Fed Emergency Preparedness and Response	0
MH State General Funds	0
Total One Time MH Funds	0
Total All MH Revenue	**12,526,893**

FY 2010 Community Services Performance Contract Financial Summary

Mental Retardation

District 19

Revenue Sources	Revenue
Fees	
MR Medicaid Fees	1,540,734
MR Medicaid ICF/MR	0
MR Fees: Other	425,703
Total MR Fees	1,966,437
MR Transfer Fees (To)/From	0
MR Net Fees	1,966,437
Restricted Funds	
Federal	
MR Other Federal - DMHMRSAS	0
MR Other Federal - CSB	0
Total Federal Restricted MR Funds	0
State	
MR Facility Reinvestment (Fiscal Agent)	0
MR Transfer In/(Out) Facility Reinvestment	0
MR Net Facility Reinvestment	0
MR Transformation	0
Total State Restricted MR Funds	0
Other Funds	
MR Workshop Sales	0
MR Other Funds	0
MR State Retained Earnings	0
MR Other Retained Earnings	0
Total Other MR Funds	0
State Funds	
MR State General Funds	767,014
MR OBRA	8,478
MR Family Support	20,083
MR Children's Family Support	26,000
Total State MR Funds	821,575

FY 2010 Community Services Performance Contract Financial Summary

Mental Retardation

District 19

Revenue Sources	Revenue
Local Matching Funds	
MR In-Kind	0
MR Contributions	5,000
MR Local Other	0
MR Local Government	82,329
Total Local MR Funds	87,329
Total MR Revenue	2,875,341
MR One Time Funds	
MR Waiver-Start Up	0
Total One Time MR Funds	0
Total ALL MR Revenue	2,875,341

FY 2010 Community Services Performance Contract Financial Summary

Substance Abuse

District 19

Revenue Sources	Revenue
Fees	
SA Medicaid Fees	0
SA Fees: Other	23,300
Total SA Fees	23,300
SA Transfer Fees (To)/From	0
SA Net Fees	23,300
Restricted Funds	
Federal	
SA FBG Alcohol/Drug Trmt	782,205
SA FBG Women (Includes LINK-6 CSBs)	177,900
SA FBG Prevention-Women (LINK)	20,000
SA FBG SARPOS	71,271
SA FBG Facility Diversion	24,245
SA FBG Jail Services	0
SA FBG Crisis Intervention	0
SA FBG Prevention	174,952
SA FBG Co-Occurring	0
SA FBG Prev-Strengthening Families	0
SA FBG New Directions	0
SA FBG Recovery	200,000
SA Fed VASIP/COSIG (Fiscal Agent)	0
SA Fed Transfer In/(Out) VASIP/COSIG	0
SA Net VASIP/COSIG	0
SA Fed Project REMOTE	0
SA Fed Project TREAT	0
SA Other Federal - DMHMRSAS	0
SA Other Federal - CSB	0
Total Federal Restricted SA Funds	1,450,573
State	
SA Facility Reinvestment (Fiscal Agent)	0
SA Transfer In/(Out) Facility Reinvestment	0
SA Net Facility Reinvestment	0
SA Facility Diversion	106,806
SA Women (Includes LINK - 4 CSBs)	0
SA Crisis Stabilization	0
SA MAT	0
SA Transformation	0
SA SARPOS	37,819
SA Recovery	0
SA HIV/AIDS	95,634
Total State Restricted SA Funds	240,259

FY 2010 Community Services Performance Contract Financial Summary

Substance Abuse

District 19

Revenue Sources	Revenue
Other Funds	
SA Other Funds	0
SA Federal Retained Earnings	0
SA State Retained Earnings	0
SA State Retained Earnings-Regional Prog	0
SA Other Retained Earnings	0
Total Other SA Funds	0
State Funds	
SA State General Funds	1,104,423
SA Region V Residential	0
SA Postpartum - Women	4,200
SA Jail Services/Juv Detention	180,883
Total State SA Funds	1,289,506
Local Matching Funds	
SA In-Kind	0
SA Contributions	0
SA Local Other	0
SA Local Government	0
Total Local SA Funds	0
Total SA Revenue	3,003,638
SA One Time Funds	
SA FBG Alcohol/Drug Trmt	0
SA FBG Women	0
SA FBG Prevention	0
Total One Time SA Funds	0
Total ALL SA Revenue	3,003,638

FY 2010 Community Services Performance Contract

Local Government Tax Appropriations

District 19

City/County	Tax Appropriation
Petersburg City	181,955
Hopewell City	105,288
Emporia City	39,471
Colonial Heights City	70,000
Sussex County	61,339
Surry County	56,867
Prince George County	93,222
Greensville County	48,019
Dinwiddie County	66,286
Total Local Government Tax Funds:	722,447

FY 2010 Community Services Performance Contract
CSB 100 Mental Health Services
District 19

: for Form 11

Core Services Code

	Costs
250 Acute Psychiatric or SA Inpatient Services	$411,620
310 Outpatient Services	$2,245,532
350 Assertive Community Treatment	$2,028,696
320 Case Management Services	$3,936,109
410 Day Treatment/Partial Hospitalization	$205,809
425 Rehabilitation/Habilitation	$1,784,297
460 Individual Supported Employment	$30,000
501 Highly Intensive Residential Services	$0
510 Residential Crisis Stabilization Services	$178,246
521 Intensive Residential Services	$18,376
551 Supervised Residential Services	$203,972
581 Supportive Residential Services	$882,042
Total Costs	**$11,924,699**

FY 2010 Community Services Performance Contract
CSB 200 Mental Retardation Services
District 19

t for Form 21

Core Services Code

	Costs
320 Case Management Services	$856,316
430 Sheltered Employment	$316,065
460 Individual Supported Employment	$1,839
521 Intensive Residential Services	$1,001,485
581 Supportive Residential Services	$40,427
Total Costs	**$2,216,132**

FY 2010 Community Services Performance Contract
CSB 300 Substance Abuse Services
District 19

t for Form 31

Core Services Code

	Costs
250 Acute Psychiatric or SA Inpatient Services	$56,965
260 Community-Based SA Medical Detox Inpatient Services	$12,863
310 Outpatient Services	$1,611,564
320 Case Management Services	$12,863
610 Prevention Services	$468,585
Total Costs	**$2,162,840**

FY 2010 Community Services Performance Contract
CSB 400 Services Available Outside of a Program Area
District 19

t for Form 01

Core Services Code	Costs
100 Emergency Services	$1,495,796
390 Consumer Monitoring Services	$161,708
720 Assessment and Evaluation Services	$33,077
620 Early Intervention Services	$411,620
Total Costs	**$2,102,201**

FY 2010 Community Services Performance Contract Supplement

Table 1: Board of Directors Membership Characteristics

Name of CSB:	District 19				
Total Appointments:	0	Vacancies:	0	Filled Appointments:	0
Number of Consumers:	0			Number of Family Members:	0

FY 2010 Community Services Performance Contract

Exhibit D: CSB Board of Directors Membership List

District 19

Name	Address	Phone Number	Start Date	End Date	Term No.
Lance Forsythe	1411 Smokey Ordinary Road Emporia,VA 23847	(434) 634-0670	7/1/2004		
Mary Bagshaw	11234 Lawyers Road Prince George,VA 23875	(804) 458-6901	7/1/2004		
Shel Bolyard-Douglas	P. O. Box 107 Dinwiddie,VA 23841	(804) 469-4524	9/1/2006		
Brenda Burgess	205 E. Main St. Waverly,VA 23890	(804) 520-3148	7/1/2004		
Willadean Harrison	8801 Hobbs Mill Road Wilsons,VA 23894	(804) 469-4294	3/4/2003		
Cornell Prince	24 South Crater Road Petersburg,VA 23803	(804) 504-7200	10/6/2006		
George W. Pugh, Sr	750 Halifax Street Emporia,VA 23847	(434) 634-4455	7/1/2004		
Kenneth Robinson	10844 Walton Lake Rd. Disputanta,VA 23842	(804) 733-2180	7/1/2005		
Carolyn Thompson	410 Norwood Dr Colonial Heights,VA 23834	(804) 526-3732	1/1/2008		
Raenord Walker	200 Swift Creek Lane Colonial Heights,VA 23834	(804) 526-0129	7/1/2004		
John Weigel	105 Summit Court Hopewell,VA 23860	(804) 541-2311	1/1/2009		
Marion Wilkins	2714 Martin Luther King Highway Waverly,VA 23890	(804) 834-3661	9/6/2001		

FY 2010 Community Services Performance Contract Supplement

Table 2: Board Management Salary Costs

Name of CSB: **District 19**

Table 2a: Management Position Title	FY 2010 Beginning	Salary Range Ending	FY 2010 Budgeted Tot. Salary Cost	Tenure (yrs)
Administrative/Finance Director				0.00
Children and Youth Services Director				0.00
Executive Director				0.00
Management Information System Director				0.00
Quality Assurance Director				0.00
Reimbursement Director				0.00
Residential Services Director				0.00
Substance Abuse Services Director				0.00

FY 2010 Community Services Performance Contract Supplement

District 19

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	MR	SA	Srv Outside Pgm	ADMIN	TOTAL
Consumer Service FTEs	0.00	0.00	0.00	0.00		0.00
Peer Staff Service FTEs	0.00	0.00	0.00	0.00		0.00
Support Staff FTEs	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL FTE CSB Employees	0.00	0.00	0.00	0.00	0.00	0.00

Lance Forsythe
1411 Smokey Ordinary Road
Emporia,VA 23847

Mary Bagshaw
11234 Lawyers Road
Prince George,VA 23875

olyard-Douglas
P. O. Box 107
Dinwiddie,VA 23841

Brenda Burgess
205 E. Main St.
Waverly,VA 23890

Willadean Harrison
8801 Hobbs Mill Road
Wilsons,VA 23894

Cornell Prince
24 South Crater Road
Petersburg,VA 23803

George W. Pugh, Sr
750 Halifax Street
Emporia,VA 23847

Kenneth Robinson
10844 Walton Lake Rd.
Disputanta,VA 23842

Carolyn Thompson
410 Norwood Dr
Colonial Heights,VA 23834

Raenord Walker
200 Swift Creek Lane
Colonial Heights,VA 23834

John Weigel
105 Summit Court
Hopewell,VA 23860

Marion Wilkins
2714 Martin Luther King Highway
Waverly,VA 23890

FY 2010 Community Services Performance Contract

Exhibit B: Continuous Quality Improvement Process

Introduction: The Department shall continue to work with Boards to achieve a welcoming, recovery-oriented, integrated services system, a transformed system for individuals receiving services and their families in which Boards, state facilities, programs, and services staff, in collaboration with individuals and their families, are becoming more welcoming, recovery-oriented, and co-occurring disorder capable. The process for achieving this goal within limited resources is to build a system wide continuous quality improvement process, in a partnership among Boards, the Department, and other stakeholders, in which there is a consistent shared vision combined with a measurable and achievable implementation process for each Board to make progress toward this vision. This contract provides further clarification for those implementation activities, so that each Board can be successful in designing a performance improvement process at the local level.

Meaningful performance expectations are part of a continuous quality improvement (CQI) process being developed and supported by the Department and the Board that will monitor the Board's progress in achieving those expectations to improve the quality, accessibility, integration and welcoming, person-centeredness, and responsiveness of services locally and to provide a platform for system wide improvement efforts. Generally, performance expectations reflect established requirements based in statute, regulation, or policy. Performance goals are developmental; once baseline measures are established and implemented, they will become expectations. The initial performance expectations and goals focus on the areas of the public mental health, mental retardation, and substance abuse services system that have the primary interactions with individuals who are at risk of involvement in the civil admissions process established in Chapter 8 of Title 37.2 of the *Code of Virginia*, are directly involved in that process, are receiving case management services from the Board, or require service linkages between state facility or local inpatient services and other community services. This emphasis is consistent with the Department's and the Board's interest in assuring that individuals receive the services and supports necessary to link them with the most appropriate resources needed to support their recovery, empowerment, and self-determination. It also is consistent with the recognition that many of these individuals will have co-occurring mental health and substance abuse disorders or intellectual disability and will need services that are designed to welcome and engage them in co-occurring capable services. The capacity to measure progress in achieving performance expectations and goals, provide feedback, and plan and implement CQI strategies shall exist at local, regional, and state levels.

Implementing the CQI process will be a multi-year, iterative, and collaborative effort to assess and enhance Board and system wide performance over time through a partnership among Boards and the Department in which they are working to achieve a shared vision of a transformed services system. In this process, Boards and the Department engage with stakeholders to perform meaningful self-assessments of current operations, determine relevant CQI performance expectations and goals, and establish benchmarks for goals, determined by baseline performance, to convert those goals to expectations. Then, each Board assesses and reports to the Department on its progress toward achieving these expectations and goals and develops and implements a CQI plan to meet them. As benchmarks are attained and expectations and goals are achieved, Boards and the Department review and revise the performance expectations, goals, and benchmarks or establish new ones. Because this CQI process focuses on improving services and to strengthen the engagement of Boards in this process and preserve essential services for individuals, funding will not be based on or associated with Board performance in achieving these expectations and goals. The Department and the Board may negotiate Board performance measures in Exhibit D reflecting actions or requirements to meet expectations and goals in the Board's CQI plan. As this joint CQI process evolves and expands, the Department and the VACSB will utilize data and reports submitted by Boards to conduct a broader scale evaluation of service system performance and to identify opportunities for CQI activities across all program areas.

I. CQI Performance Expectations and Goals for Emergency Services and Mental Health and Substance Abuse Case Management Services

A. General Performance Goals

1. For individuals currently receiving services, the Board shall have a protocol in effect 24 hours per day, seven days per week (a) for service providers to alert emergency services staff about individuals deemed to be at risk of needing an emergency intervention, (b) for service providers to provide essential clinical information, which should include advance directives, wellness recovery action plans, or safety and support plans to the extent they are available, that would assist in facilitating the disposition of the emergency intervention, and (c) for emergency services staff to inform the case manager of the disposition of the emergency intervention. Individuals with co-occurring mental health and substance use disorders should be welcomed and engaged promptly in an integrated screening and assessment process to determine the best response or disposition for continuing care.

2. For individuals hospitalized through the civil involuntary admission process in a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital, including those who were under a temporary detention order or an involuntary commitment order or were admitted voluntarily from a commitment hearing, and referred to the Board, the Board that will provide services upon the individual's discharge shall have in place a protocol to engage those individuals in appropriate Board services and supports upon their return to the community. The Board shall monitor and strive to increase the rate at which these individuals keep scheduled face-to-face (non-emergency) service visits within seven business days after discharge from the hospital or unit. Since these individuals frequently experience co-occurring mental health and substance use disorders, Board services should be planned as co-occurring capable and should promote successful engagement of these individuals in continuing integrated care.

B. Emergency Services Performance Expectations

1. Every preadmission screening evaluator hired after July 1, 2008 shall meet the educational qualifications endorsed in October 2007 by the Department and the Virginia Association of Community Services Boards.

2. Every preadmission screening evaluator shall complete the certification program approved by the Department, and documentation of satisfactory completion shall be accessible for review.

3. Every preadmission screening evaluator shall be hired with the goal of welcoming individuals with co-occurring disorders and performing hopeful engagement and integrated screening and assessment.

4. Pursuant to subsection B of § 37.2-815 of the *Code of Virginia*, a preadmission screening evaluator or, through a mutual arrangement, an evaluator from another Board shall attend each commitment hearing, original (up to 30 days) or recommitment (up to 180 days), for an adult held in the Board's service area or for an adult receiving services from the Board held outside of its service area in person, or, if that is not possible, the preadmission screening evaluator shall participate in the hearing through two-way electronic video and audio or telephonic communication systems, as authorized by subsection B of § 37.2-804.1 of the *Code of Virginia*, for the purposes of presenting preadmission screening reports and recommended treatment plans and facilitating least restrictive dispositions.

5. In preparing preadmission screening reports, the preadmission screening evaluator shall consider all available relevant clinical information, including a review of clinical records, wellness recovery action plans, advance directives, and information or recommendations provided by other current service providers or appropriate significant persons (e.g., family members or partners). Reports shall reference the relevant clinical information used by the preadmission screening evaluator.

6. If the emergency services intervention occurs in a hospital or clinic setting, the preadmission screening evaluator shall inform the charge nurse or requesting medical doctor of the disposition, including leaving a written clinical note describing the assessment and recommended disposition or a copy of the preadmission screening form containing this information.

C. Emergency Services Performance Goals

1. Telephone access to clinicians employed or contracted by the Board to provide emergency services shall be available 24 hours per day, seven days per week. Initial telephone responders in emergency services shall triage calls and, for callers with emergency needs, shall be able to link the caller with a preadmission screening evaluator within 15 minutes of his or her initial call.

2. When an immediate face-to-face intervention by a certified preadmission screening evaluator is appropriate to determine the possible need for involuntary hospitalization, the intervention shall be completed by a certified preadmission screening evaluator who shall be available within one hour of initial contact for urban Boards and within two hours of initial contact for rural Boards. Urban and rural Boards are defined and listed in the current Overview of Community Services in Virginia on the Department's web site.

D. Mental Health and Substance Abuse Case Management Services Performance Expectations

1. Case managers employed or contracted by the Board shall meet the knowledge, skills, and abilities qualifications in the Case Management Licensing Regulations, 12 VAC 35-105-1250.

2. Individuals receiving case management services shall be offered a choice of case managers to the extent possible, and this shall be documented by a procedure to address requests for changing a case manager.

3. Case managers shall be hired with the goal of becoming welcoming, recovery-oriented, and co-occurring competent to engage all individuals receiving services in empathetic, hopeful, integrated relationships to help them address multiple issues successfully.

4. Reviews of the individualized services plan (ISP), including necessary assessment updates, shall be conducted face-to-face with the individual every 90 days and shall include significant changes in the individual's status, engagement, participation in recovery planning, and preferences for services; and the ISP shall be revised accordingly to include an individual-directed wellness plan that addresses crisis self-management strategies and implements advance directives, as desired by the individual. For those individuals who express a choice to discontinue case management services because of their dissatisfaction with care, the provider must review the ISP to consider reasonable solutions to address the individual's concerns.

5. The Board shall have policies and procedures in effect to ensure that, during normal business hours, case management services shall be available to respond in person, electronically, or by telephone to preadmission screening evaluators of individuals with open cases at the Board to provide relevant clinical information in order to help facilitate appropriate dispositions related to the civil involuntary admissions process established in Chapter 8 of Title 37.2 of the *Code of Virginia.*

E. Mental Health and Substance Abuse Case Management Services Performance Goals

1. For an individual who has been discharged from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital or released from a commitment hearing and has been referred to the Board and determined by it to be appropriate for its case management services program, a preliminary assessment shall be initiated at first contact and completed, preferably within 14 but in no case more than 30 calendar days of referral, and an individualized services plan (ISP) shall be initiated within 24 hours of the individual's admission to a program area for services in its case management services program and updated when required by the Department's licensing regulations. A copy of an advance directive, a wellness recovery action plan, or a similar expression of an individual's treatment preferences, if available, shall be included in the clinical record.

2. For individuals for whom case management services will be discontinued due to failure to keep scheduled appointments, outreach attempts, including home visits, telephone calls, letters, and contacts with others as appropriate, to reengage the individual shall be documented. The Board shall have a procedure in place to routinely review the rate of and reasons for refused or discontinued case management services and shall take appropriate actions when possible to reduce that rate and address those reasons.

II. Co-Occurring Mental Health and Substance Use Disorders Performance Expectations

A. The Board, as part of its regular intake processes, shall ensure that every adolescent (ages 13 to 18) and adult presenting for mental health or substance abuse services is screened, based on clear clinical indications noted in the services record or use of a validated brief screening instrument, for co-occurring mental health and substance use disorders. If screening indicates a need, the Board shall assess the individual for co-occurring mental health and substance use disorders.

B. If the Board has not conducted an organizational self-assessment of service integration using the COMPASS tool as part of the Virginia System Integration Project (VASIP) process, the Board shall conduct an organizational self-assessment of service integration using the COMPASS tool during the term of this contract and use the results of this self-assessment as part of its continuous quality improvement plan and process.

C. In the Board's information system, individuals shall be identified as having co-occurring mental health and substance use disorders if there is (1) an Axis I or Axis II mental health diagnosis and (a) an Axis I substance use disorder diagnosis or (b) admission to the substance abuse program area (denoted in a type of care record) or (2) an Axis I substance use disorder diagnosis and (a) an Axis I or Axis II mental health diagnosis or (b) admission to the mental health program area (denoted in a type of care record).

III. Data Quality Performance Expectations and Goals

A. Data Quality Performance Expectations

1. The Board shall submit complete Community Consumer Submission (CCS) consumer, type of care, and services file extracts to the Department in accordance with the schedule in Exhibit E of this contract and the CCS 3 Extract Specifications - Version 7 and current CCS 3 Business Rules, a submission for each month by the end of the following month.

2. If the Board experiences a fatal error rate of more than five percent of its CCS consumer records in more than one monthly submission, the Board shall develop and implement a data quality improvement plan to achieve the goal of no more than five percent of its CCS consumer records containing fatal errors within a timeframe negotiated with the Department.

3. The Board shall ensure that all required CCS data is collected and entered into its information system when a case is opened or an individual is admitted to a program area, updated at least annually when an individual remains in service that long, and updated when an individual is discharged from a program area or his case is closed. The Board shall identify situations where data is missing or incomplete and implement a data quality improvement plan to increase the completeness, accuracy, and quality of CCS data that it collects and reports.

IV. Continuous Quality Improvement Process Affirmations

Pursuant to Section 7: Accountability in the Community Services Performance Contract Central Office, State Facility, and Community Services Board Partnership Agreement, the Board provides the following affirmations of its compliance with the listed Emergency Services, Case Management, and Data Quality Performance Expectations and Goals. If the Board cannot comply with a particular affirmation, the Board shall attach an explanation to this exhibit with a plan for complying with the identified expectation or goal, including specific actions and target dates. The Department will review this plan and negotiate any changes with the Board, whereupon, the plan will become part of this exhibit.

Expectation or Goal **Affirmation**

I.A.1. For individuals currently receiving services, the Board has a protocol in effect 24 hours per day, seven days per week (a) for service providers to alert emergency services staff about individuals deemed to be at risk of needing an emergency intervention, (b) for service providers to provide essential clinical information, which should include advance directives, wellness recovery action plans, or safety and support plans to the extent they are available, that would assist in facilitating the disposition of the emergency intervention, and (c) for emergency services staff to inform the case manager of the disposition of the emergency intervention. The Board will provide a copy this protocol to the Department upon request. During its inspections, the Department's Licensing Office will examine this protocol to verify this affirmation as it reviews the Board's policies and procedures.

I.A.2. For individuals hospitalized through the civil involuntary admission process in a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital, including those who were under a temporary detention order or an involuntary commitment order or were admitted voluntarily from a commitment hearing, and referred to the Board, for whom the Board will provide services upon the individual's discharge, the Board has in place a protocol to engage those individuals in appropriate Board services and supports upon their return to the community. The Board will provide this protocol to the Department upon request. During its inspections, the Department's Licensing Office will examine this protocol to verify this affirmation as it reviews the Board's policies and procedures.

I.B.1. Every preadmission screening evaluator hired after July 1, 2008 meets the educational qualifications endorsed in October, 2007 by the Department and the Virginia Association of Community Services Boards. During its inspections, the Department's Licensing Office will verify this affirmation as it reviews personnel records.

I.B.2. Every preadmission screening evaluator employed by the Board has completed the certification program approved by the Department before performing preadmission screenings. During its inspections, the Department's Licensing Office will verify this affirmation as it reviews personnel or training records or documentation.

I.B.5. In preparing preadmission screening reports, preadmission screening evaluators consider available relevant clinical information, including a review of clinical records, wellness recovery action plans, advance directives, and information or recommendations provided by other current service providers or appropriate significant persons (e.g., family members or partners). Reports reference the relevant clinical information used by the preadmission screening evaluator. During its inspections, the Department's Licensing Office will verify this affirmation as it reviews services records, including records selected from a sample identified by the Board for individuals who received preadmission screening evaluations.

I.B.6. If the emergency services intervention occurs in a hospital or clinic setting, the Board's preadmission screening evaluator informs the charge nurse or requesting medical doctor of the disposition, including leaving a written clinical note describing the assessment and recommended disposition or a copy of the preadmission screening form containing this information, and this action is documented in the individual's service record at the Board with a progress note or with a notation on the preadmission screening form that is included in the individual's service record. During its inspections, the Department's Licensing Office will verify this affirmation as it reviews services records, including records selected from a sample identified by the Board for individuals who received preadmission screening evaluations, for a progress note or a copy of the preadmission screening form.

I.D.1. Case managers employed or contracted by the Board meet the knowledge, skills, and abilities qualifications in the Case Management Licensing Regulations. During its inspections, the Department's Licensing Office will verify this affirmation as it reviews personnel records.

I.D.2. Individuals receiving case management services are offered a choice of case managers to the extent possible, and this is documented by a procedure to address requests for changing a case manager. The Board will provide a copy this procedure to the Department upon request. During its inspections, the Department's Licensing Office will verify this affirmation as it reviews services records and by examining the procedure.

I.D.3. Reviews of the ISP, including necessary assessment updates, are conducted face-to-face with the individual every 90 days and include significant changes in the individual's status, engagement, participation in recovery planning, and preferences for services; and the individualized services plan (ISP) shall be revised accordingly to include an individual directed wellness plan that addresses crisis self-management strategies and implements advance directives, as desired by the individual. For those individuals who express a choice to discontinue case management services because of their dissatisfaction with care, the provider reviews the ISP to consider reasonable solutions to address the individual's concerns. During its inspections, the Department's Licensing Office will verify this affirmation as it reviews services records, including records from a sample identified by the Board for individuals who discontinued case management services.

I.D.4. The Board has policies and procedures in effect so that, during normal business hours, case management services are available to respond in person, electronically, or by telephone to preadmission screening evaluators of individuals with open cases at the Board to provide relevant clinical information in order to help facilitate appropriate dispositions related to the civil involuntary admissions process established in Chapter 8 of Title 37.2 of the *Code of Virginia*. During its inspections, the Department's Licensing Office will verify this affirmation as it examines the Board's policies and procedures.

I.E.1. a. For an individual who has been discharged from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital or released from a commitment hearing and has been referred to the Board and determined by it to be appropriate for its case management services program, an individualized services plan (ISP) is initiated within 24 hours of the individual's admission to a program area for services in its case management services program and updated when required by the Department's licensing regulations.

b. A copy of an advance directive, a wellness recovery action plan, or a similar expression of the treatment preferences of an individual receiving services, if available, is included in the individual's clinical record.

During its inspections, the Department's Licensing Office will verify these affirmations as it reviews service records.

I.E.2. For individuals for whom case management services will be discontinued due to failure to keep scheduled appointments, outreach attempts, including home visits, telephone calls, letters, and contacts with others as appropriate, to reengage the individual are documented. The Board has a procedure in place to routinely review the rate of and reasons for refused or discontinued case management services and shall take appropriate actions when possible to reduce that rate and address those reasons. The Board will provide a copy of this procedure to the Department upon request. During its inspections, the Department's Licensing Office will examine this procedure to verify this affirmation.

II.A. The Board ensures that, as part of its regular intake processes, every adolescent (ages 13 to 18) and adult presenting for mental health or substance abuse services is screened, based on clear clinical indications noted in the services record or use of a validated brief screening instrument, for co-occurring mental health and substance use disorders. If screening indicates a need, the Board assesses the individual for co-occurring mental health and substance use disorders. During its on-site reviews, the staff from the Department's Office of Substance Abuse Services will examine a sample of service records to verify this affirmation.

II.B. If the Board has not conducted an organizational self-assessment of service integration using the COMPASS tool as part of the Virginia Services Integration Project (VASIP) process, the Board will conduct an organizational self-assessment during the term of this contract of service integration using the COMPASS tool and use the results of this self-assessment as part of its continuous quality improvement plan and process. The Board will provide the results of its continuous quality improvement activities for service integration to the Department's Office of Substance Abuse Services during its on-site review of the Board.

II.C. The Board agrees that in its information system, individuals shall be identified as having co-occurring mental health and substance use disorders if there is (1) an Axis I or Axis II mental health diagnosis and (a) an Axis I substance use disorder diagnosis or (b) admission to the substance abuse program area (denoted in a type of care record or (2)

an Axis I substance use disorder diagnosis and (a) an Axis I or Axis II mental health diagnosis or (b) admission to the mental health program area (denoted in a type of care record). The Department will monitor this affirmation by analyzing the Board's CCS 3 submissions and reviewing any continuous quality improvement plan submitted by the Board.

III.A.1. The Board agrees to submit 100 percent of its monthly CCS consumer, type of care, and services file extracts submitted to the Department in accordance with the schedule in Exhibit E of this contract and the CCS 3 Extract Specifications - Version 7 and current CCS 3 Business Rules, a submission for each month by the end of the month following the month for which the extracts are due. The Department will monitor this measure quarterly by analyzing the Board's CCS submissions and negotiate an Exhibit D with the Board if it fails to meet this goal for more than two months in a quarter.

III.A.2. The Board agrees to monitor the total number of consumer records rejected due to fatal errors divided by the total consumer records in the Board's monthly CCS consumer extract file. If the Board experiences a fatal error rate of more than five percent of its CCS consumer records in more than one monthly submission, the Board agrees to develop and implement a data quality improvement plan to achieve the goal of no more than five percent of its CCS consumer records containing fatal errors within a timeframe negotiated with the Department. The Department will monitor this affirmation by analyzing the Board's CCS submissions.

III.A.3. The Board agrees to monitor the total number of individuals without service records submitted showing receipt of any substance abuse service within the prior 90 days divided by the total number of individuals with a TypeOfCare record showing a substance abuse discharge in those 90 days. If more than 10 percent of the individuals it serves have not received any substance abuse service within the prior 90 days and have not been discharged from the substance abuse program area, the Board agrees to develop and implement a data quality improvement plan to reduce that percentage to no more than 10 percent. The Department will monitor this affirmation by analyzing the Board's CCS submissions.

V. Continuous Quality Improvement Process Measures

The Board agrees to monitor and collect data and report on the following measures, using the attached Exhibit B Required Measures Report, or to use data from the Department or other sources to monitor its accomplishment of the performance expectations and goals in this exhibit.

Expectation or Goal **Measure**

I.A.2. The Board agrees to monitor and report quarterly to the Department on the percentage of individuals referred to the Board who keep a face-to-face (non-emergency) service visit within seven business days after having been discharged from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital following involvement in the civil involuntary admission process. This includes all individuals referred to the Board upon discharge from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital who were under a temporary detention order or an involuntary commitment order or who were admitted voluntarily from a commitment hearing. The Department agrees to monitor part of this measure through comparing AVATAR data on individuals discharged from state hospitals to the Board with CCS data about their admission to the mental health program area and dates of service after discharge from the hospital or unit.

I.B.4. The Board agrees to report the total number of original commitment (up to 30 days) and recommitment (up to 180 days) hearings for adults, attended each quarter by its preadmission screening evaluators for individuals it serves or on behalf of other Boards in person or via two-way electronic video and audio or telephonic communication systems to the Department quarterly.

I.C.2. The Board agrees to collect in its two week sample of its emergency services each quarter, the time within which the preadmission screening evaluator is available when an immediate face-to-face intervention by a certified preadmission screening evaluator is appropriate to determine the need for involuntary hospitalization and to monitor achievement of the goal that the evaluator be available within one hour of initial contact for an urban board or within two hours for a rural board. The Board agrees to maintain documentation of these samples, including information about circumstances in which this goal is not met, locally for three years and to report a summary and analysis of the information quarterly to the Department.

VI. Continuous Quality Improvement Data Feedback

A. For purposes of improving data quality and integrity, the Department shall provide regular reports to the Board on the completeness and validity of the individual and service data that it submits through CCS 3. When requested by the Department, the executive director of the Board shall develop and submit a plan of correction to the Department to remedy persistent deficiencies in the Board's CCS 3 submissions and, upon approval of the Department, shall implement the plan of correction. Persistent deficiencies that are not resolved through this process shall be addressed with a Board Performance Measure in Exhibit D.

B. For purposes of furthering transparent accountability, the Department shall develop summary and comparative reports using CCS 3 and other data submitted by Boards and place these reports on its web site. Reports shall include information about numbers of individuals served, their characteristics, services availability, services provided, state hospital utilization rates, continuity of care between inpatient facilities and community services, emergency services responsiveness, community tenure, retention of individuals in services, Medicaid utilization, and penetration rates and the timeliness and completeness of CCS submissions. Before developing reports, the Department shall consult with the Executive Directors Forum and the Data Management Committee of the Virginia Association of Community Services Boards about the types and formats of these reports and shall work through the Performance Expectations Steering Committee to develop formats and explanations for agreed-upon reports.

Signature: In witness thereof, the Board provides the affirmations in section IV of this Exhibit and agrees to monitor and collect data and report on the measures in section IV of this Exhibit or to use data from the Department or other sources to monitor the accomplishment of the performance expectations and goals in this Exhibit, as denoted by the signature of the Board's Executive Director.

District 19 Community Services Board

By: _____
Name: Joseph E. Hubbard, C.P.A.
Title: Executive Director

Date: 5/28/09

FY 2010 Community Services Performance Contract

Date of Report:		Quarter: ☐ First ☐ Second ☐ Third ☐ Fourth Quarter	
CSB Name:		Contact Name:	
Contact Telephone Number:		E-Mail Address:	
Exh. B	**Expectation or Goal Measure**	**Data**	**Data Reported**
I.A.2	Percentage of individuals referred to the Board who keep a face-to-face (non-emergency) service visit within seven calendar days after having been discharged from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital following involvement in the civil involuntary admission process. This includes all individuals referred to the Board upon discharge from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital who were under a temporary detention order or an involuntary commitment order or who were admitted voluntarily from a commitment hearing.		Number of individuals who kept scheduled face-to-face (non-emergency) service visits within seven days of discharge from the hospital or unit in this quarter.
			Number of individuals who were discharged to the Board from the hospital or unit in this quarter.
		%	Enter 1st number ÷ by 2nd number x 100.
I.B.4	Pursuant to subsection B of § 37.2-815 of the *Code of Virginia*, a preadmission screening evaluator or, through a mutual arrangement, an evaluator from another Board, shall attend each commitment hearing, original (up to 30 days) or recommitment (up to 180 days), for an adult held in the Board's service area or for an adult receiving services from the Board held outside of its service area in person. See I.B.4 for a complete statement of this goal measure.		Total number of original commitment and recommitment hearings for adults attended each quarter by the Board's preadmission screening evaluators for individuals it serves or on behalf of other Boards.
I.C.2	When an immediate face-to-face intervention by a certified preadmission screening evaluator is appropriate to determine the need for involuntary hospitalization, the intervention shall be completed by a certified preadmission screening evaluator who shall be available within one hour of initial contact for urban Boards and within two hours of initial contact for rural Boards.		Number of individuals who required a face-to-face evaluation for possible involuntary hospitalization who saw a certified preadmission screening evaluator face-to-face within one or two hours of initial contact during the two-week sample of emergency services each quarter.
			The total number of individuals who saw a certified preadmission screening evaluator for evaluation of possible involuntary hospitalization during quarterly two week sample of emergency services.
		%	Enter 1st number ÷ by 2nd number x 100.

FY 2010 Community Services Performance Contract

Exhibit C: Statewide Individual Outcome and Board Performance Measures

Measure	Access for Pregnant Women
Program Area	Substance Abuse Services Only
Source of Requirement	SAPT Block Grant
Type of Measure	Aggregate
Data Needed For Measure	Number of Pregnant Women Requesting Service
	Number of Pregnant Women Receiving Services Within 48 Hours
Reporting Frequency	Annually
Reporting Mechanism	Performance Contract Reports

Other Board Provider Performance and Individual Outcome Measures will be collected through the current CCS, which CSBs submit to provide TEDS data and to satisfy federal Mental Health and SAPT Block Grant requirements. These measures include changes in employment status and type of residence, number of arrests, and type and frequency of alcohol or other drug use.

The Board also agrees to participate in the conduct of the following surveys:

1. Annual Survey of Individuals Receiving MH and SA Outpatient Services,
2. Annual Youth Services Survey for Families (i.e., Child MH survey), and
3. MR Family Survey (done at the time of the individual's annual planning meeting).

As part of its continuous quality improvement process and in accordance with Section 5, Advancing the Vision, of the Partnership Agreement and recommendations in the *Services System Transformation Initiative Data/Outcomes Measures Workgroup Report* (September 1, 2006), the Board shall administer the Recovery Oriented Systems Indicators (ROSI) Consumer Survey (42 items) with a statistically valid sample of five percent or a minimum of 70, whichever is larger, of individuals with serious mental illness receiving mental health services from the Board and the ROSI Provider Survey (23 item Administrative Profile) annually. The Board shall administer both ROSI surveys and report the results to the Department by March 31, 2010. The Board may submit the results of both ROSI surveys through the Department's Internet web portal. In administering the ROSI, the Board shall involve individuals receiving services, for instance by training and hiring individuals receiving services to administer the ROSI and to compile and analyze the results.

Exhibit D: Board Performance Measures

Signatures: In witness thereof, the Department and the Board have caused this performance contract amendment to be executed by the following duly authorized officials.

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services

By: _____

Name: James S. Reinhard, M.D.
Title: Commissioner

Date: _____

_____

Board

By: _____

Name: _____
Title: Chairman of the Board

Date: _____

By: _____

Name: _____
Title: Executive Director

Date: _____

FY 2010 Community Services Performance Contract

Exhibit E: Performance Contract Process and Contract Revision Instructions

05-01-09: The Department distributes the FY 2010 Performance Contract to Boards electronically on **May 1.**

05-08-09: The Department distributes the FY 2010 Letters of Notification to Boards on **May 8**, with enclosures that show tentative allocations of state and federal block grant funds. Another enclosure may list performance measures that have been negotiated with a Board to be included in Exhibit D of the contract. The Office of Information Technology Services (OITS) completes distribution of the FY 2010 Community Services Performance Contract package software in the Community Automated Reporting System (CARS) to CSBs by **May 8**.

06-19-09: Exhibit A and other parts of the FY 2010 Community Services Performance Contract, submitted electronically in CARS, are due in the OITS *in time to be received by* **June 19**. Tables 1 and 2 of the Performance Contract Supplement (also in CARS) must be submitted with the contract. *While a paper copy of the complete contract is not submitted,* paper copies of the following completed pages with signatures where required are due in the Office of Community Contracting (OCC) by **June 19**: the signature page of the contract body; the Board's current organization chart (page 3 of Exhibit H); the signature page in Exhibit B; Exhibit D, if applicable; Exhibit F (two pages); page 1 of Exhibit G; Exhibit J (if applicable); and the signature page of the Partnership Agreement (page 11). Page 2 of Exhibit G must be submitted as soon as possible and no later than **September 30.**

Contracts must conform to Letter of Notification allocations of state and federal funds, or amounts subsequently revised by or negotiated with the OCC and confirmed in writing, and must contain actual appropriated amounts of local matching funds. If the Board cannot include the minimum 10 percent local matching funds in the contract, it must submit a written request for a waiver of the matching funds requirement, pursuant to § 37.2-509 of the *Code of Virginia* and State Board Policy 4010, to the OCC with its contract. This requirement also applies to mid-year and end of the fiscal year performance contract reports, submitted after the ends of the 2nd and 4th quarters, and contract revisions, if either report or the contract revision reflects less than the minimum 10 percent local matching funds.

06-30-09: Program Accountants in the Department's Office of Grants Management (OGM) prepare Electronic Data Interchange (EDI) transfers for the *first two semi-monthly payments* (both July payments) of state and federal funds for all Boards and send the requests to the Department of Accounts, starting with the transmission on **June 30**.

07-14-09: Program Accountants receive authorizations to prepare EDI transfers for *payments 3 through 6* (both August and September) of state and federal funds for Boards whose contracts were received and determined to be complete by July 14 and, after OCC Administrators authorize their release, prepare and send the transfers to the Department of Accounts, starting with the transmission on **July 31**. Payments will not be released without complete contracts, as defined in item 1 of Exhibit I. For a Board whose contract is received after July 14, EDI transfers for these four semi-monthly payments will be processed within two weeks of receipt of the contract, if the contract is complete.

07-22-09: Department staff complete reviews by **July 22** of FY 2010 contracts received by June 19 that are complete and acceptable. Contracts received after June 19 will be processed in the order in which they are received.

1. The **Office of Grants Management** (OGM) analyzes the revenue information in the contract for conformity to Letter of Notification allocations and makes corrections and changes on the financial forms in Exhibit A of the contract.

2. The **Offices of Mental Health, Child and Family, Mental Retardation,** and **Substance Abuse Services** review and approve new service proposals and consider program issues related to existing services, based on Exhibit A.

3. The **Office of Community Contracting** (OCC) assesses contract completeness, examines maintenance of local matching funds, analyzes existing service levels for numbers of individuals served, integrates new service information, makes corrections and changes on the service forms in Exhibit A, negotiates changes in Exhibit A, and finalizes the contract for signature by the Commissioner. The OCC Administrator notifies the Board when its contract is not complete or has not been approved and advises the Board to revise and resubmit its contract.

4. The **Office of Information Technology Services** (OITS) receives CARS and Community Consumer Submission (CCS) submissions from the Boards, maintains the community database, and processes signed contracts into that database as they are received from the OCC.

07-31-09: Boards submit their final FY 2009 CCS consumer, type of care, and service extract files for June to the OITS in time to be received by **July 31**. Boards submit their final FY 2009 quarterly System Transformation Initiative (STI) reports in time to be received in the OCC by **July 31**.

08-21-09: The OITS distributes the FY 2009 end of the fiscal year performance contract report software (CARS) by **August 21**.

08-27-09: Boards submit their complete CCS reports for total (annual) FY 2009 CCS service unit data to the OITS in time to be received by **August 27**. This later date for final FY 2009 CCS service unit data, as opposed to July 31, 2009, allows for the inclusion of all units of services delivered in FY 2009, which might not be in local information systems in July. Since all services provided by Boards directly and contractually should be in their local information systems, service unit information in final CCS FY 2009 submissions should match service unit information in FY 2009 CARS performance contract reports. Any corrections of service information needed as a result of Departmental review of the August 27 submissions must be completed by **October 1**.

09-15-09: Program Accountants receive authorization to prepare EDI transfers for *payments 7 and 8* (October) and, after OCC Administrators authorize their release, prepare and send the transfers to the Department of Accounts, for transmission starting on **September 30** for payment 7 for Boards with signed contracts and that submitted their final FY 2009 CCS consumer, type of care, and service extract files and their final FY 2009 quarterly STI reports by July 31. Payments 7 and 8 will not be released without a contract signed by the Commissioner and receipt of those CCS extract files and final STI reports.

After the Commissioner signs it, the OCC sends a copy of the approved contract Exhibit A to the Board, with the signature page containing only the Commissioner's signature. The Board must review this contract, which reflects all of the changes negotiated by Department staff (see 7-22-08); complete the signature page, which documents its acceptance of these changes; and return the completed signature page to the OCC.

10-01-09: Boards send complete FY 2009 end of the fiscal year performance contract reports that include Uniform Cost Report information electronically in CARS to the OITS *in time to be received by* **October 1**. *Reports must be accompanied by the Executive Director's certification that the software error check was performed, the report contains no errors identified by the error checking software, and the data submitted in the reports is accurate.*

Boards must insure that substance abuse prevention units of service data in their CARS end of the fiscal year reports are identical to the units of service data that they submitted through the KIT Prevention System.

OITS staff places the reports in a temporary data base for OCC and OGM staff to access them and print paper copies of the reports. OCC Administrators review services sections of reports for correctness, completeness, consistency, and acceptability; resolve discrepancies with Boards; communicate necessary changes to Boards; and make the changes on the paper copies of the reports. OGM Program Accountants review the financial portions of reports for arithmetic accuracy, completeness, consistency, and conformity with state funding actions; resolve discrepancies with Boards; communicate necessary changes to Boards; and make the changes on the paper copies of reports.

Once OCC and OGM staffs complete their reviews and corrections of a Board's reports, the OCC administrator notifies the Board to submit new reports, reflecting only those approved changes, to OITS. Upon receipt, the process described above is repeated to ensure that the new reports contain only those changes identified by OGM and OCC staff. If the reviews document this, OCC and OGM staffs approve the reports. OITS staff then processes final report data into the Department's community database.

Late report submission, if an extension of the October 1 due date has not been obtained through the process in Exhibit I of this contract, or submitting a report without correcting errors identified by the CARS error checking program will result in a letter from the Commissioner to the Board Chairman and local government officials. See Exhibit I for additional information.

Boards submit their first CCS consumer, type of care, and service extract files for the first two months of FY 2010 to the OITS in time to be received by **October 1**.

Boards submit their annual local inpatient purchase of services surveys for FY 2009 to the OCC in time to be received by **October 1.**

10-13-09: Program Accountants receive authorization to prepare EDI transfers for *payments 9 and 10* (November), and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts, beginning with the transmission on **October 30** for Boards whose complete FY 2009 end of the fiscal year performance contract reports were received by October 1. Payments will not be released without (1) complete reports, as defined in item 2.a. of Exhibit I of this contract, (2) complete CCS submissions (see 07-31-08 and 08-27-08) for FY 2009 and for the first two months of FY 2010, and (3) the completed signature page received from the Board (see 9-15-08).

10-30-09: If necessary, Boards submit new FY 2009 end of the fiscal year performance contract reports not later than **October 30** that correct errors or inaccuracies. The Department will not accept CARS report revisions after October 30. Boards submit CCS FY 2010 monthly consumer, type of care, and service extract files for September to the OITS in time to be received by **October 30.**

Boards submit their System Transformation Initiative (STI) Quarterly Status Reports for the first quarter of FY 2010 to the OCC in time to be received by October 30.

11-13-09: Program Accountants receive authorization to prepare EDI transfers for *payments 11 and 12* (December), and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts, beginning with the transmission on **November 30** for Boards that submitted their FY 2010 first quarter STI reports by October 30.

11-30-09: Boards submit their CCS FY 2010 monthly consumer, type of care, and service extract files for October to the OITS in time to be received by **November 30.**

12-01-09: Boards that are not local government departments or included in local government audits send one copy of the audit report for the preceding fiscal year on all board-operated programs to the Department's Office of Budget and Financial Reporting. *While*

the Code requires reports within 90 calendar days after the end of the fiscal year, the Auditor of Public Accounts will not penalize late submissions ***up to December 1.*** A management letter and plan of correction for deficiencies must be sent with this report. Boards submit a copy of C.P.A. audit reports for all contract programs for their last full fiscal year, ending on June 30, to the Office of Budget and Financial Reporting by **December 1**. For programs with different fiscal years, reports are due five months after the end of the year. Management letters and plans of correction for deficiencies must be included with these reports.

Audit reports for Boards that are local government departments or are included in local government audits are submitted to the Auditor of Public Accounts by the local government. Under a separate cover, the Board must forward a plan of correction for any audit deficiencies that are related to or affect the Board to the Office of Budget and Financial Reporting by **December 1**.

If the Board receives an audit identifying material deficiencies or containing a disclaimer or prepares the plan of correction referenced in the preceding paragraph, the Board and the Department shall negotiate an Exhibit D that addresses the deficiencies or disclaimer and includes a proposed plan with specific timeframes to address them, and this Exhibit D and the proposed plan shall become part of this contract.

12-15-09: Program Accountants receive authorization to prepare EDI transfers for *payment 13* (first January), and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts, beginning with the transmission on **January 4** for Boards whose FY 2009 end of the fiscal year performance contract reports have been **verified** as accurate and internally consistent, per items 2.b. through d. of Exhibit I, whose CCS submissions for FY 2009 are complete, and whose CCS monthly extracts for September and October have been received. Payments will not be released without verified reports, complete CCS submissions for FY 2009, and CCS submissions for September and October.

12-31-09: Boards submit their CCS FY 2010 monthly consumer, type of care, and service extract files for November to the OITS in time to be received by **December 31**.

01-04-10: The Department distributes the exposure draft of the FY 2011 performance contract for a 60-day public comment period pursuant to § 37.2-508 of the *Code of Virginia*.

Program Accountants receive authorization to prepare EDI transfers for *payments 14 through 16* (second January, February), and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts, beginning with the transmission on **January 15** for Boards that submitted their FY 2009 C.P.A. audit, or plan of correction if the Board is a local government department or is included in a local government audit submitted to the Auditor of Public Accounts by the local government (see 12-01-08), to the Department's Office of Budget and Financial Reporting by December 1. Payments will not be released without receipt of the audit report or plan of correction.

01-08-10: The OITS distributes FY 2010 mid-year performance contract report software by **January 8**.

01-31-10: Boards submit their System Transformation Initiative (STI) Quarterly Status Reports for the second quarter of FY 2010 to the OCC in time to be received by January 31. Boards submit their CCS FY 2010 monthly consumer, type of care, and service extract files for December to the OITS in time to be received by **January 31**.

02-16-10: Boards send complete mid-year performance contract reports and a revised Table 1 in Exhibit H to the OITS electronically in CARS-ACCESS *within 45 calendar days after the end of the second quarter, in time to be received by* **February 16**. OITS staff places the

reports on a shared drive for OCC and OGM staff to access them. The offices review and act on the reports using the process described at 10-01-09. When reports are acceptable, OITS staff processes the data into the Department's community data base.

Program Accountants receive authorization to prepare EDI transfers for *payment 17* (first March), and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts, beginning with the transmission on **February 26** for Boards that submitted their FY 2010 second quarter STI reports by January 31.

02-26-10: Program Accountants receive authorization to prepare EDI transfers for *payments 18 and 19* (2nd March, 1st April) and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts, starting with the transmission on **March 12** for Boards whose complete FY 2010 mid-year performance contract reports were received by February 16 and whose monthly CCS consumer, type of care, and service extract files for November and December were received by the end of the month following the month of the extract. Payments will not be released without complete reports, as defined in item 2.a. of Exhibit I, and without these monthly CCS submissions. Boards submit their CCS FY 2010 monthly consumer, type of care, and service extract files for January to the OITS in time to be received by **February 26**.

03-31-10: Boards submit their CCS FY 2010 monthly consumer, type of care, and service extract files for February to the OITS in time to be received by **March 31**.

04-02-10: Program Accountants receive authorization to prepare EDI transfers for *payments 20 through 22* (2nd April, May) and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts, starting with the transmission on **April 16** for Boards whose FY 2010 mid-year performance contract reports have been **verified** as accurate and internally consistent, per items 2.b. through d. of Exhibit I, and whose monthly CCS consumer, type of care, and service extract files for January and February were received by the end of the month following the month of the extract. Payments will not be released without verified reports and without these monthly CCS submissions.

04-16-10: The Department distributes final revised FY 2010 Letters of Notification to Boards by **April 16**, with enclosures reflecting any changes in allocations of state and federal block grant funds since the original Letters of Notification (issued May 8, 2009) for Boards to use in preparing their final FY 2010 contract revisions.

04-30-10: Boards submit their System Transformation Initiative (STI) Quarterly Status Reports for the third quarter of FY 2010 to the OCC in time to be received by April 30. Boards submit their CCS FY 2010 monthly consumer, type of care, and service extract files for March to the OITS in time to be received by **April 30**.

05-03-10: The Department distributes the FY 2011 Community Services Performance Contract and Letters of Notification to Boards on **May 3**, with enclosures showing tentative allocations of state and federal funds. The OITS completes distribution of the FY 2011 Community Services Performance Contract package software (CARS) to CSBs by **May 7.**

The final revised FY 2010 Performance Contract Exhibit A, prepared in accordance with instructions in this Exhibit, is due in the OITS by **May 3**. Final contract revisions must conform to final revised Letter of Notification allocations, or amounts subsequently revised by or negotiated with the Department and confirmed in writing, and must contain actual amounts of local matching funds. Revised contracts are reviewed and acted on using the process at **7-22-09.** If the Board cannot include the minimum 10 percent local matching funds in its revised contract, it must submit a written request for a waiver of the matching funds requirement, pursuant to § 37.2-509 of the *Code of Virginia* and State Board Policy 4010, to the OCC with its revised contract.

05-14-10: Program Accountants receive authorization to prepare EDI transfers for *payment 23* (first June), and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts, beginning with the transmission on **May 28** for Boards that submitted their FY 2010 third quarter STI reports by April 30.

05-28-10: Boards submit their CCS FY 2010 monthly consumer, type of care, and service extract files for April to the OITS in time to be received by **May 28**.

06-01-10: Program Accountants receive authorization to prepare EDI transfers for *payment 24* and, after OCC Administrators authorize their release, prepare and send these transfers to the Department of Accounts for transmission on **June 15**, after the Department has made any final adjustments in the Board's state and federal funds allocations, for Boards whose monthly CCS consumer, type of care, and service extract files for March and April were received by the end of the month following the month of the extract. Payments will not be released without these monthly CCS submissions.

06-18-10: The FY 2011 Community Services Performance Contract, submitted electronically in CARS, is due in the OITS and the paper copies of the applicable parts of the contract are due in the OCC by **June 18**.

06-30-10: Boards submit their CCS FY 2010 monthly consumer, type of care, and service extract files for May to the OITS by **June 30**.

07-16-10: The OITS distributes FY 2010 end of the fiscal year performance contract report software (CARS) to Boards.

07-30-10: Boards submit their final CCS FY 2010 consumer, type of care, and service extract files for June to the OITS in time to be received by **July 30**.

08-31-10: Boards submit their System Transformation Initiative (STI) Quarterly Status Reports for the fourth quarter of FY 2010 to the OCC in time to be received by August 31.

Boards submit their complete Community Consumer Submission (CCS) reports for total (annual) FY 2010 service units to the OITS in time to be received by **August 31**. This later date for final FY 2010 CCS service unit data, as opposed to July 30, 2010, allows for the inclusion of all units of services delivered in FY 2010, which might not be in local information systems in July. Any corrections of service information needed as a result of Departmental review of the August 31 submissions must be completed by October 1.

10-01-10: Boards send complete FY 2010 end of the fiscal year performance contract reports electronically in CARS to the OITS *in time to be received by* **October 1**.
Boards submit their annual local inpatient purchase of services surveys for FY 2010 to the OCC in time to be received by **October 1.**

FY 2010 Community Services Performance Contract

Exhibit E: Performance Contract Process and Contract Revision Instructions

The Board may revise Exhibit A of its signed performance contract *only in the following circumstances:*

1. a new, previously unavailable category or subcategory of core services is implemented;
2. an existing category or subcategory of core services is totally eliminated;
3. a new program offering an existing category or subcategory of core services is implemented;
4. a program offering an existing category or subcategory of core services is eliminated;
5. new earmarked state general or federal funds are received to expand an existing service or establish a new one;
6. state general or federal block grant funds are moved between program (MH, MR, SA) areas (an exceptional situation);
7. allocations of state general, federal, or local funds change; or
8. a major error is discovered in the original contract.

Contract revisions should not be made to reflect minor deviations from the contract level in numbers of individuals to be served within existing programs and services.

To avoid frequent submissions of revisions, these circumstances should be consolidated and reflected in revisions that are periodically sent to the Department. A final revision must be submitted before the end of the term of this contract, as specified in this Exhibit, so that any discrepancies in state general or federal fund disbursements can be resolved and any other changes can be reflected in the final revision.

Revisions of Exhibit A must be submitted using the CARS-ACCESS software and the same procedures used for the original performance contract.

Exhibit F: Federal Compliances

Certification Regarding Salary: Federal Mental Health and Substance Abuse Prevention and Treatment Block Grants

Check One

__X__ 1. The Board has no employees being paid totally with Federal Mental Health Block Grant funds or Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds at a direct salary (not including fringe benefits and operating costs) in excess of $191,300 per year.

_____ 2. The following employees are being paid totally with Federal Mental Health or SAPT Block Grant funds at a direct salary (not including fringe benefits and operating costs) in excess of $191,300 per year.

	Name	***Title***
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Assurances Regarding Equal Treatment for Faith-Based Organizations

The Board assures that it is and will continue to be in full compliance with the applicable provisions of 45 CFR Part 54, Charitable Choice Regulations, and 45 CFR Part 87, Equal Treatment for Faith-Based Organizations Regulations, in its receipt and use of federal Mental Health Services and Substance Abuse Prevention and Treatment Block Grants and federal funds for Projects for Assistance in Transitions from Homelessness programs. Both sets of regulations prohibit discrimination against religious organizations, provide for the ability of religious organizations to maintain their religious character, and prohibit religious organizations from using federal funds to finance inherently religious activities.

FY 2010 Community Services Performance Contract

Exhibit F: Federal Compliances

Assurances Regarding Restrictions on the Use of Federal Block Grant Funds

The Board assures that it is and will continue to be in full compliance with the applicable provisions of the federal Mental Health Services Block Grant (CFDA 93.958) and the federal Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959), including those contained in the General Requirements Document and the following requirements. Under no circumstances shall Federal Mental Health Services and Substance Abuse Prevention and Treatment Block Grant funds be used to:

1. provide mental health or substance abuse inpatient services[1];
2. make cash payments to intended or actual recipients of services;
3. purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. satisfy any requirement for the expenditure of non-federal finds as a condition for the receipt of federal funds;
5. provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs;
6. provide financial assistance to any entity other than a public or nonprofit private entity; or
7. provide treatment services in penal or correctional institutions of the state.

[Source: 45 CFR § 96.135]

Signature of Executive Director

5/28/09
Date

[1] However, the Board may expend SAPT Block Grant funds for inpatient hospital substance abuse services only when all of the following conditions are met:

a. the individual cannot be effectively treated in a community-based, non-hospital residential program;
b. the daily rate of payment provided to the hospital for providing services does not exceed the comparable daily rate provided by a community-based, non-hospital residential program;
c. a physician determines that the following conditions have been met: (1) the physician certifies that the person's primary diagnosis is substance abuse, (2) the person cannot be treated safely in a community-based, non-hospital residential program, (3) the service can reasonably be expected to improve the person's condition or level of functioning, and (4) the hospital-based substance abuse program follows national standards of substance abuse professional practice; and
d. the service is provided only to the extent that it is medically necessary (e.g., only for those days that the person cannot be safely treated in a community-based residential program).

[Source: 45 CFR § 96.135]

Exhibit G: Local Government Approval of the Community Services Performance Contract – Page 1

1. Name of the Board: **District 19 Community Services Board**

2. City or County designated as the Board's Fiscal Agent: **Prince George County**

3. Name of the Fiscal Agent's City Manager or County Administrator or Executive:

   Name: **John G. Kines, Jr.** Title: **County Administrator**

4. Name of the Fiscal Agent's County or City Treasurer or Director of Finance:

   Name: **Prince George County** Title: **County Treasurer**

5. Name of the Fiscal Agent official to whom checks should be electronically transmitted:

   Name: **Jean N. Barker** Title: **Treasurer**

   Address: **P.O. Box 156**
   Prince George, VA 23875

Note: Subsection A.18 of § 37.2-504 of the *Code of Virginia* authorizes an operating community services board to receive state and federal funds directly from the Department and act as its own fiscal agent when authorized to do so by the governing body of each city or county that established it.

FY 2010 Community Services Performance Contract

Exhibit G: Local Government Approval of the Community Services Performance Contract – Page 2

Name of City or County [1]	Date Contract Submitted to Local Government [2]	Date and Type of Approval [3]
City of Colonial Heights		
Dinwiddie County		
City of Emporia		
Greensville County		
City of Hopewell		
City of Petersburg		
Prince George County		
Surry County		
Sussex County		

1. Enter the name of each city or county that established the Board in the left column.

2. Enter the date on which the Board submitted its contract to each local government.

3. Enter the date on which that city or county approved the Board's performance contract by formal vote and the type of action taken (e.g., passage of an ordinance or resolution or a motion and voice vote). The first page of Exhibit G must be submitted with the performance contract. The second page must be submitted to the Office of Community Contracting in the Department as soon as possible and no later than the last business day in September. By that date, if a local government has not acted upon the Board's contract, enter No Action Taken in this column.

Exhibit H: Board Membership

Table 1: Board Membership Characteristics			
Name of Board			
Total Appointments:	Vacancies:	* Filled Appointments:	
Number of Consumers and Family Members (Ref. § 37.2-100 for Definitions)			
Number of Consumers or Former Consumers		Number of Family Members of Consumers or Former Consumers	
§ 37.2-501 and § 37.2-602 of the *Code of Virginia* require appointments to the Board to be broadly representative of the community. One-third of the appointments to the Board shall be identified consumers or former consumers or family members of consumers or former consumers, at least one of whom shall be a consumer receiving services.			

Use Table 1 in the Performance Contract Supplement (CARS) to complete this table.

FY 2010 Community Services Performance Contract

Exhibit H: Board Membership

Board Membership List					
Name: (List Officers After Names)	**Address:** (With zip code)	**Phone Number**	**Start Date of Term**	**End Date of Term**	**Term No. (1st, 2nd, 3rd)**

Use Board of Directors Membership List in the CARS/ACCESS software to complete this table.

Exhibit H: Board Organization Chart

Attach the Board's organization chart here.

Exhibit I: Administrative Performance Standards

Standards

The Board shall meet these administrative performance standards in submitting its performance contract, contract revisions, mid-year and end of fiscal year performance contract reports in the Community Automated Reports System (CARS), and monthly Community Consumer Submission (CCS) extracts to the Department.

1. The performance contract and any revisions submitted by the Board shall be:
   a. complete, that is all required information is displayed in the correct places and all required Exhibits and Forms, including applicable signature pages, are included;
   b. consistent with Letter of Notification allocations or figures subsequently revised by or negotiated with the Department;
   c. prepared in accordance with instructions in the Department-provided CARS software and any subsequent instructional memoranda; and
   d. received by the due dates listed in Exhibit E of this contract.

   If these performance contract standards are not met, the Department may delay future semi-monthly payments until satisfactory performance is achieved.
2. The current contract term mid-year and the previous contract term end of fiscal year performance contract reports submitted by the Board shall be:
   a. complete, that is all required information is displayed in the correct places, all required data are included in the electronic CARS application reports, and any required paper forms that gather information not included in CARS are submitted;
   b. consistent with the state general and federal block grant funds allocations in the most recent Letter of Notification or figures subsequently revised by or negotiated with the Department;
   c. prepared in accordance with instructions;
   d. (i) internally consistent and arithmetically accurate: all related expenses, revenues, and service, cost, and individual data are consistent, congruent, and correct within a report, and (ii) submitted only after errors identified by the CARS error checking programs are corrected; and
   e. received by the due dates listed in Exhibit E of this contract, unless, pursuant to the process on the next page, an extension of the due date for the end of the fiscal year report has been obtained from the Department.

   If these standards are not met for mid-year reports, the Department may delay future semi-monthly payments until satisfactory performance is achieved. If the Board does not meet these standards for its end of the fiscal year reports, the Department may delay future semi-monthly payments until satisfactory performance is achieved, and the Commissioner may contact the Board and local government officials about failure to comply with both aspects of standard 2.d or to satisfy standard 2.e.
3. Monthly consumer, type of care, and service extract files must be submitted by the end of the month following the month of the extract in accordance with the CCS Extract and Design Specifications (including the current Business Rules). If the Board fails to meet the extract submission requirements in Exhibit E of this contract, the Department may delay future semi-monthly payments until satisfactory performance is achieved.
4. Substance abuse prevention units of service data in the Board's CARS end of fiscal year report must be identical to the service unit data that the Board submitted to the Department through the KIT Prevention System.

Exhibit I: Administrative Performance Standards

Process for Obtaining an Extension of the End of the Fiscal Year Report Due Date

Extensions will be granted only in very exceptional situations, for example, unanticipated staff, hardware, or software problems such as an ITS failure, a key staff person's illness or accident, or an emergency that makes it impossible to meet the due date.

1. It is the responsibility of the Board to seek, negotiate, obtain, and confirm the Department's approval of an extension of the due date within the time frames specified below.

2. As soon as the Board becomes aware that its end of the fiscal year report cannot be submitted in time to be received in the Department by 5:00 p.m. on the first business day of October in the current contract term, its executive director must inform the Office of Community Contracting Director or its Community Contracting Administrator that it is requesting an extension of this due date. This request should be submitted as soon as possible and it must be in writing, describe completely the reason(s) and need for the extension, and state the date on which the Department will receive the report.

3. The written request for an extension must be received in the Office of Community Contracting no later than 5:00 p.m. on the fourth business day before the date in the second step. A facsimile transmission of the request to the number used by the Office of Community Contracting (804-371-0092), received by that time and date, is acceptable if receipt of the transmission is confirmed with a return facsimile memo from the Office no later than 5:00 p.m. on the third business day before the date in the second step. Telephone extension requests are not acceptable and will not be processed.

4. The Office of Community Contracting will act on all requests for due date extensions that are received in accordance with this process and will notify the requesting Boards by facsimile transmission of the status of their requests by 5:00 p.m. on the second business day before the date in the second step.

5. If an extension of the end of the fiscal year report due date is granted, this will not result in automatic continuation of semi-monthly payments. All of the requirements for these payments, contained in Exhibit E, must be satisfied for semi-monthly payments to continue.

Exhibit J: Joint Agreements

If the Board enters into a joint agreement pursuant to § 37.2-512 or § 37.2-615 of the *Code of Virginia*, the Board shall describe the agreement in this exhibit and attach a copy of the joint agreement to this Exhibit.

FY 2010 Community Services Performance Contract Central Office, State Facility, and Community Services Board Partnership Agreement

Section 1: Purpose

Collaboration through partnerships is the foundation of Virginia's public system of mental health, mental retardation, and substance abuse services. The Central Office of the Department of Mental Health, Mental Retardation and Substance Abuse Services (the Central Office), State Hospitals and Training Centers (State Facilities) operated by the Department, and Community Services Boards (CSBs), which are entities of local governments, are the operational partners in Virginia's public system for providing these services. CSBs include operating CSBs, administrative policy CSBs, and local government departments with policy-advisory CSBs and behavioral health authorities that are established pursuant to Chapters 5 and 6, respectively, of Title 37.2 of the *Code of Virginia*.

Pursuant to State Board Policy 1034, the partners enter into this agreement to implement the vision statement articulated in State Board Policy 1036 and to improve the quality of care provided to individuals receiving services (individuals) and enhance the quality of their lives. The goal of this agreement is to establish a fully collaborative partnership process through which CSBs, the Central Office, and State Facilities can reach agreements on operational and policy matters and issues. In areas where it has specific statutory accountability, responsibility, or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The partners also agree to make decisions and resolve problems at the level closest to the issue or situation, whenever possible. Nothing in this partnership agreement nullifies, abridges, or otherwise limits or affects the legal responsibilities or authorities of each partner, nor does this agreement create any new rights or benefits on behalf of any third parties.

The partners share a common desire for the system of care to excel in the delivery and seamless continuity of services for individuals and their families and seek similar collaborations or opportunities for partnerships with advocacy groups for individuals and their families and other stakeholders. We believe that a collaborative strategic planning process helps to identify the needs of individuals and ensures effective resource allocation and operational decisions that contribute to the continuity and effectiveness of care provided across the public mental health, mental retardation, and substance abuse services system. We agree to engage in such a collaborative planning process.

The Central Office, State Facility, and CSB partnership reflects a common purpose derived from:

1. Codified roles defined in Chapters 3, 4, 5, 6, 7, and 8 of Title 37.2 of the *Code of Virginia*, as delineated in the Community Services Performance Contract;
2. Philosophical agreement on the importance of services and supports that are person-centered and individual-driven and other core goals and values contained in this partnership agreement;
3. Operational linkages associated with funding, program planning and assessment, and joint efforts to address challenges to the public system of services; and
4. Quality improvement-focused accountability to individuals receiving services and family members, local and state governments, and the public at large, as described in the accountability section of this partnership agreement.

This partnership agreement also establishes a framework for covering other relationships that may exist among the partners. Examples of these relationships include regional initiatives such as the Region IV Acute Care Pilot Project, reinvestment and restructuring projects, and the system transformation initiative, the planning partnership regions, and the initiative to promote integrated services for individuals with co-occurring mental health and substance use disorders.

FY 2010 Community Services Performance Contract Central Office, State Facility, and Community Services Board Partnership Agreement

This partnership agreement contains sections that address: Roles and Responsibilities; Core Values; Indicators Reflecting Core Values; Advancing the Vision; Critical Success Factors; Accountability; Involvement and Participation of Individuals Receiving Services and Their Family Members; System Leadership Council; Communication; Quality Improvement; Reviews, Consultation, and Technical Assistance; Revision; Relationship to the Community Services Performance Contract; and Signatures.

Section 2: Roles and Responsibilities

Although this partnership philosophy helps to ensure positive working relationships, each partner has a unique role in providing public mental health, mental retardation, and substance abuse services. These distinct roles promote varying levels of expertise and create opportunities for identifying the most effective mechanisms for planning, delivering, and evaluating services.

Central Office

1. Ensures through distribution of available funding that an individual-driven and community-based system of care, supported by community and state facility resources, exists for the delivery of publicly funded services and supports to individuals with mental health or substance use disorders or intellectual disability.

2. Promotes at all locations of the public mental health, mental retardation, and substance abuse service delivery system (including the Central Office) quality improvement efforts that focus on individual outcome and provider performance measures designed to enhance service quality, accessibility, and availability, and provides assistance to the greatest extent practicable with Department-initiated surveys and data requests.

3. Supports and encourages the maximum involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, monitoring, and evaluation.

4. Ensures fiscal accountability that is required in applicable provisions of the *Code of Virginia*, relevant state and federal regulations, and State Mental Health, Mental Retardation and Substance Abuse Services Board policies.

5. Promotes identification of state-of-the-art, best or promising practice, or evidence-based programming and resources that exist as models for consideration by other partners.

6. Seeks opportunities to affect regulatory, policy, funding, and other decisions made by the Governor, the Secretary of Health and Human Resources, the General Assembly, the Department of Medical Assistance Services and other state agencies, and federal agencies that interact with or affect the other partners.

7. Encourages and facilitates state interagency collaboration and cooperation to meet the service needs of individuals and to identify and address statewide interagency issues that affect or support an effective system of care.

8. Serves as the single point of accountability to the Governor and the General Assembly for the public system of mental health, mental retardation, and substance abuse services.

9. Problem solves and collaborates with a CSB and State Facility together on a complex or difficult situation involving an individual receiving services when the CSB and State Facility have not been able to resolve the situation successfully at their level.

FY 2010 Community Services Performance Contract Central Office, State Facility, and Community Services Board Partnership Agreement

Community Services Boards

1. Pursuant to State Board Policy 1035, serve as the single points of entry into the publicly funded system of individual-driven and community-based services and supports for individuals with mental health or substance use disorders or intellectual disability, including individuals with co-occurring disorders in accordance with State Board Policy 1015.

2. Serve as the local points of accountability for the public mental health, mental retardation, and substance abuse service delivery system.

3. To the fullest extent that resources allow, promote the delivery of community-based services that address the specific needs of individuals, particularly those with complex needs, with a focus on service quality, accessibility, integration, and availability and on self-determination, empowerment, and recovery.

4. Support and encourage the maximum involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, monitoring, and evaluation.

5. Establish services and linkages that promote seamless and efficient transitions of individuals between state facility and local community services.

6. Promote sharing of program knowledge and skills with other partners to identify models of service delivery that have demonstrated positive outcomes for individuals.

7. Problem-solve and collaborate with State Facilities on complex or difficult situations involving individuals receiving services.

8. Encourage and facilitate local interagency collaboration and cooperation to meet the other services and supports needs of individuals receiving services.

State Facilities

1. Provide psychiatric hospitalization and other services to individuals identified by CSBs as meeting statutory requirements for admission in § 37.2-817 of the *Code of Virginia* and criteria in the Continuity of Care Procedures in the General Requirements Document, including the development of specific capabilities to meet the needs of individuals with co-occurring mental health and substance use disorders in accordance with State Board Policy 1015.

2. Within the resources available, provide residential, training, or habilitation services to individuals with intellectual disability identified by CSBs as needing those services.

3. To the fullest extent that resources allow, provide services that address the specific needs of individuals with a focus on service quality, accessibility, and availability and on self-determination, empowerment, and recovery.

4. Support and encourage the involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, monitoring, and evaluation.

5. Establish services and linkages that promote seamless and efficient transitions of individuals between state facility and local community services.

6. Promote sharing of program knowledge and skills with other partners to identify models of service delivery that have demonstrated positive outcomes for individuals.
7. Problem-solve and collaborate with CSBs on complex or difficult situations involving individuals receiving services.

Recognizing that these unique roles create distinct visions and perceptions of individual and service needs at each point (statewide, communities, and state facilities) of services planning, management, delivery, and evaluation, the partners are committed to maintaining effective lines of communication with each other and with other providers involved in the services system through their participation in regional partnerships generally and for addressing particular challenges or concerns. Mechanisms for communication include the System Leadership Council and its subgroups; representation on work groups, task forces, and committees; use of websites and electronic communication; consultation activities; and circulation of drafts for soliciting input from other partners. When the need for a requirement is identified, the partners agree to use a participatory process, similar to the process used by the Central Office to develop Departmental Instructions for State Facilities, to establish the requirement.

These efforts by the partners will help to ensure that individuals have access to a public, individual-driven, person-centered, community-based, and integrated system of mental health, mental retardation, and substance abuse services that maximizes available resources, adheres to the most effective, evidence-based, best, or promising service delivery practices, utilizes the extensive expertise that is available within the public system of care, and encourages and supports the self-determination, empowerment, and recovery of individuals receiving services, including the provision of services by them.

Section 3: Core Values

The Central Office, State Facilities, and CSBs, the partners to this agreement, share a common desire for the public system of care to excel in the delivery and seamless continuity of services to individuals receiving services and their families. While they are interdependent, each partner works independently with both shared and distinct points of accountability, such as state, local or federal governments, other funding sources, individuals receiving services, and families. The partners embrace common core values that guide the Central Office, State Facilities, and CSBs in developing and implementing policies, planning services, making decisions, providing services, and measuring the effectiveness of service delivery.

Vision Statement

Our core values are based on our vision, articulated in State Board Policy 1036, for the public mental health, mental retardation, and substance abuse services system. Our vision is of a individual-driven and community-based system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership.

Core Values

1. The Central Office, State Facilities, and CSBs are working in partnership; we hold each other accountable for adhering to our core values.
2. As partners, we will focus on fostering a culture of responsiveness instead of regulation, finding solutions rather than assigning responsibility, emphasizing flexibility over rigidity, and striving for continuous quality improvement, not just process streamlining.

3. As partners, we will make decisions and resolve problems at the level closest to the issue or situation whenever possible.

4. Services should be provided in the least restrictive and most integrated environment possible. Most integrated environment means a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible (28 CFR pt. 35, App. A, page 450, 1998).

5. All services should be designed to be welcoming, accessible, and capable of providing interventions properly matched to the needs of individuals with co-occurring disorders.

6. Community and state facility services are integral components of a seamless public, individual-driven, and community-based system of care.

7. The goal of all components of our public system of care is that the persons we serve recover, realize their fullest potential, or move to independence from our care.

8. The participation of the individual and, when one is appointed or designated, the individual's authorized representative in treatment planning and service evaluation is necessary and valuable and has a positive effect on service quality and outcomes.

9. The individual's responsibility for and active participation in his or her care and treatment are very important and should be supported and encouraged whenever possible.

10. Individuals receiving services have a right to be free from abuse, neglect, or exploitation and to have their human rights assured and protected.

11. Choice is a critically important aspect of participation and dignity for individuals receiving services, and it contributes to their satisfaction and desirable outcomes. Individuals should be provided as much as possible with responsible and realistic opportunities to choose.

12. Family awareness and education about a person's disability or illness and services are valuable whenever the individual with the disability supports these activities.

13. Whenever it is clinically appropriate, children and adolescents should receive services provided in a manner that supports maintenance of their home and family environment. Family includes single parents, grandparents, older siblings, aunts or uncles, and other persons who have accepted the child or adolescent as part of their family.

14. Children and adolescents should be in school and functioning adequately enough that the school can maintain them and provide an education for them.

15. Living independently or in safe and affordable housing in the community with the highest level of independence possible is desired for adults receiving services.

16. Gaining or maintaining meaningful employment or participating in employment readiness activities improves the quality of life for adults with mental health or substance use disorders or intellectual disability.

17. Lack of involvement or a reduced level of involvement with the criminal justice system, including court-ordered criminal justice services, improves the quality of life of all individuals.

18. Pursuant to State Board Policy 1038, the public, individual-driven, and community-based mental health, mental retardation, and substance abuse services system serves as a safety net for individuals, particularly people who are uninsured or under-insured, who do not have access to other service providers or alternatives.

Section 4: Indicators Reflecting Core Values

Nationwide, service providers, funding sources, and regulators have sought instruments and methods to measure system effectiveness. No one system of evaluation is accepted as the method, as perspectives about the system and desired outcomes vary, depending on the unique role (e.g., as an individual receiving services, family member, payer, provider, advocate, or member of the community) that one has within the system.

Simple, cost-effective measures reflecting a limited number of core values or expectations identified by the Central Office, State Facilities, and CSBs guide the public system of care in Virginia. Any indicators or measures should reflect the core values listed in the preceding section. The partners agree to identify, prioritize, collect, and utilize these measures as part of the quality assurance systems mentioned in section 6 of this agreement and in the quality improvement plan described in section 6.b of the Community Services Performance Contract.

Section 5: Advancing the Vision

The partners agree to engage in activities to advance the achievement of the Vision Statement contained in State Board Policy 1036 and stated in section 3 of this agreement. These efforts include the following activities.

1. **Recovery:** The partners agree, to the greatest extent possible, to:
   a. provide more opportunities for individuals receiving services to be involved in decision-making,
   b. increase recovery-oriented, peer-provided, and consumer-run services,
   c. educate staff and individuals receiving services about recovery, and
   d. implement recommendations of the System Transformation Initiative Data/Monitoring Work Group, for example, use the ROSI or a similar mechanism to assess the recovery orientation of the CSB, the Central Office, or a State Facility.

2. **Integrated Services:** The partners agree to advance the values and principles in the Charter Agreement signed by the Board and the Central Office and to increase effective screening and assessment of individuals for co-occurring disorders to the greatest extent possible.

3. **Person-Centered Planning:** The partners agree to promote awareness of the principles of person-centered planning, disseminate and share information about person-centered planning, and participate on work groups focused on implementing person-centered planning.

Section 6: Critical Success Factors

The partners agree to engage in activities that will address the seven critical success factors identified in *Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation and Substance Abuse Services System*, January 2006. These critical success factors, listed below and described more fully in the *Integrated Strategic Plan*, are required to transform the current service system's crisis response orientation to one that provides incentives and rewards for implementing the vision of a recovery and resilience-oriented and person-centered

system of services and supports. Successful achievement of these critical success factors will require the support and collective ownership of all system stakeholders.

1. Virginia successfully implements a recovery and resilience-oriented and person-centered system of services and supports.

2. Publicly funded services and supports that meet growing mental health, mental retardation, and substance abuse services needs are available and accessible across the Commonwealth.

3. Funding incentives and practices support and sustain quality care focused on individuals receiving services and supports, promote innovation, and assure efficiency and cost-effectiveness.

4. State facility and community infrastructure and technology efficiently and appropriately meet the needs of individuals receiving services and supports.

5. A competent and well-trained mental health, mental retardation, and substance abuse services system workforce provides needed services and supports.

6. Effective service delivery and utilization management assures that individuals and their families receive services and supports that are appropriate to their needs.

7. Mental health, mental retardation, and substance abuse services and supports meet the highest standards of quality and accountability.

Section 7: Accountability

The Central Office, State Facilities, and CSBs agree that it is necessary and important to have a system of accountability. The partners also agree that any successful accountability system requires early detection with faithful, accurate, and complete reporting and review of agreed-upon accountability indicators. The partners further agree that early detection of problems and collaborative efforts to seek resolutions improve accountability. To that end, the partners commit themselves to a problem identification process defined by open sharing of performance concerns and a mutually supportive effort toward problem resolution. Technical assistance, provided in a non-punitive manner designed not to "catch" problems but to resolve them, is a key component in an effective system of accountability.

Where possible, joint work groups, representing CSBs, the Central Office, and State Facilities, shall review all surveys, measures, or other requirements for relevance, cost benefit, validity, efficiency, and consistency with this statement prior to implementation and on an ongoing basis as requirements change. In areas where it has specific statutory accountability, responsibility, or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly.

The partners agree that when accreditation or another publicly recognized independent review addresses an accountability issue or requirement, where possible, compliance with this outside review will constitute adherence to the accountability measure or reporting requirement. Where accountability and compliance rely on affirmations, the partners agree to make due diligence efforts to comply fully. The Central Office reserves the powers given to the Department to review and audit operations for compliance and veracity and upon cause to take actions necessary to ensure accountability and compliance.

FY 2010 Community Services Performance Contract Central Office, State Facility, and Community Services Board Partnership Agreement

Desirable and Necessary Accountability Areas

1. **Mission of the System.** As part of a mutual process, the partners, with maximum input from stakeholders and individuals receiving services, will define a small number of key missions for the public community and state facility services system and a small number of measures for these missions. State Facilities and CSBs will report on these measures at a minimum frequency necessary to determine the level and pattern of performance over several years.

2. **Central Office Accountability.** In addition to internal governmental accountability, the Central Office agrees to support the mission of the public services system by carrying out its functions in accordance with the vision and values articulated in section 3. Accountability for the Central Office will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

3. **State Facility Accountability.** In addition to internal governmental accountability, State Facilities agree to support the mission of the public services system by carrying out their functions in accordance with the vision and values articulated in section 3. Accountability for State Facilities will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

4. **CSB Accountability.** In addition to internal governmental accountability, CSBs agree to support the mission of the public services system by carrying out their functions in accordance with the vision and values articulated in section 3. Accountability for CSBs will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.

5. **Legislative Accountability.** Additional reporting or responses may be required of CSBs, the Central Office, or State Facilities by the General Assembly or for a legislative request or study.

6. **Quality Improvement.** CSBs, State Facilities, and the Central Office will manage internal quality improvement, quality assurance, and corporate compliance systems to monitor activities, detect and address problems, and minimize risk. These activities require no standardized reporting outside of that contained in law, regulation, or policy. The partners agree to identify and, wherever possible, implement evidence-based best practices and programs to improve the quality of care that they provide. In the critically important area of service integration for individuals with co-occurring disorders, the partners agree to

   a. engage in periodic organizational self-assessment using identified tools,

   b. develop a work plan that prioritizes quality improvement opportunities in this area,

   c. monitor progress in these areas on a regular basis, and

   d. adjust the work plan as appropriate.

7. **Fiscal.** Funds awarded or transferred by one partner to another for a specific identified purpose should have sufficient means of accountability to ensure that expenditures of funds were for the purposes identified. The main indicators for this accountability include an annual CPA audit by an independent auditing firm or an audit by the Auditor of Public Accounts and reports from the recipient of the funds that display the amounts of expenditures and revenues, the purposes for which the expenditures were made and, where necessary, the types and amounts of services provided. The frequency and detail of this reporting shall reflect the minimum necessary.

8. **Compliance with Departmental Regulatory Requirements for Service Delivery.** In general, regulations ensure that entities operate within the scope of acceptable practice. The system of Department licensing, in which a licensed entity demonstrates compliance by policy, procedure, or practice with regulatory requirements for service delivery, is a key accountability mechanism. Where a service is not subject to state licensing, the partners may define minimum standards of acceptable practice. Where CSBs obtain nationally recognized accreditation covering services for which the Department requires a license, the Department, to the degree practical and with the fullest possible participation and involvement by the other partners, will consider substituting the accreditation in whole or in part for the application of specific licensing standards.

9. **Compliance with Federal and Non-Department Standards and Requirements.** In areas where it has specific statutory accountability, responsibility, or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The Central Office agrees to identify the minimum documentation needed from the other partners to indicate their compliance with applicable Federal and non-Departmental standards and requirements. Where possible, this documentation shall include affirmations by CSBs or State Facilities in lieu of direct documentation. The partners shall define jointly the least intrusive and least costly compliance strategies, as necessary.

10. **Compliance with Department-Determined Requirements.** In areas where it has specific statutory accountability, responsibility, or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The Central Office agrees to define the minimum compliance system necessary to ensure that CSBs and State Facilities perform due diligence in regard to requirements established by the Central Office and that this definition will include only the minimum necessary to meet the intent of the State law or State Board policy for which the requirement is created. Where local government standards are in place, compliance with the local standards shall be acceptable.

11. **Medicaid Requirements.** The Central Office agrees to work proactively with the Department of Medical Assistance Services (DMAS) to create an effective system of accountability that will ensure services paid for by the DMAS meet minimum standards for quality care and for the defined benefit. The Central Office, and CSBs to the fullest extent possible, will endeavor to assist the DMAS in regulatory and compliance simplification in order to focus accountability on the key and most important elements.

12. **Maximizing State and Federal Funding Resources.** The partners agree to collect and utilize available revenues from all appropriate sources to pay for services in order to extend the use of state and federal funds as much as possible to serve the greatest number of individuals in need of services. Sources include Medicaid cost-based, fee-for service, Targeted Case Management, Rehabilitation (State Plan Option), and MR Waiver payments; other third party payers; auxiliary grants; food stamps; SSI, SSDI, and direct payments from individuals; payments or contributions of other resources from other agencies, such as local social services or health departments; and other state or local funding sources.

13. **Information for Decision-Making.** The partners agree to work collaboratively to

    a. improve the accuracy, timeliness, and usefulness of data provided to funding sources and stakeholders;

    b. enhance infrastructure and support for information technology systems and staffing; and

c. use this information in their decision-making about resources, services, policies, and procedures and to communicate more effectively with funding sources and stakeholders about the activities of the public services system and its impact on individuals receiving services and their families.

Section 8: Involvement and Participation of Individuals Receiving Services and Their Family Members

1. **Involvement and Participation of Individuals Receiving Services and Their Family Members:** CSBs, State Facilities, and the Central Office agree to take all necessary and appropriate actions in accordance with State Board Policy 1040 to actively involve and support the maximum participation of individuals receiving services and their family members in policy formulation and services planning, delivery, monitoring, and evaluation.

2. **Involvement in Individualized Services Planning and Delivery by Individuals Receiving Services and Their Family Members:** CSBs and State Facilities agree to involve individuals receiving services and, with the consent of individuals where applicable, family members, authorized representatives, and significant others in their care, including the maximum degree of participation in individualized services planning and treatment decisions and activities, unless their involvement is not clinically appropriate.

3. **Language:** CSBs and State Facilities agree that they will endeavor to deliver services in a manner that is understood by individuals receiving services. This involves communicating orally and in writing in the preferred languages of individuals, including Braille and American Sign Language when applicable, and at appropriate reading comprehension levels.

4. **Culturally Competent Services:** CSBs and State Facilities agree that in delivering services they will endeavor to address to a reasonable extent the cultural and linguistic characteristics of the geographic areas and populations that they serve.

Section 9: System Leadership Council. The System Leadership Council, established by the partners through this agreement, includes representatives of the Central Office, State Facilities, the State Mental Health, Mental Retardation and Substance Abuse Services Board, CSBs, individuals receiving services and their families, local governments, the criminal justice system, private providers, and other stakeholders. The Council will meet at least quarterly to, among other responsibilities:

1. identify, discuss, and resolve issues and problems;

2. examine current system functioning and identify ways to improve or enhance the operations of the public mental health, mental retardation, and substance abuse services system; and

3. identify, develop, propose, and monitor the implementation of new service modalities, systemic innovations, and other approaches for improving the accessibility, responsiveness, and cost effectiveness of publicly funded mental health, mental retardation, and substance abuse services.

Section 10: Communication. CSBs, State Facilities, and the Central Office agree to communicate fully with each other to the greatest extent possible. Each partner agrees to respond in a timely manner to requests for information from other partners, considering the type, amount, and availability of the information requested.

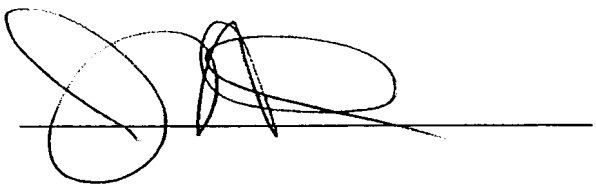
Section 11: Quality Improvement. On an ongoing basis, the partners agree to work together to identify and resolve barriers and policy and procedural issues that interfere with the most effective and efficient delivery of public mental health, mental retardation, and substance abuse services.

Section 12: Reviews, Consultation, and Technical Assistance. CSBs, State Facilities, and the Central Office agree, within the constraints of available resources, to participate in review, consultation, and technical assistance activities to improve the quality of services provided to individuals and to enhance the effectiveness and efficiency of their operations.

Section 13: Revision. This is a long-term agreement that does not and should not need to be revised or amended annually. However, the partners agree that this agreement may be revised at any time with the mutual consent of the parties. When revisions become necessary, they will be developed and coordinated through the System Leadership Council. Finally, either party may terminate this agreement with six months written notice to the other party and to the System Leadership Council.

Section 14: Relationship to the Community Services Performance Contract. This partnership agreement, by agreement of the parties, is hereby incorporated into and made a part of the Community Services Performance Contract.

Section 15: Signatures. In witness thereof, the CSB and the Department, acting on behalf of the Central Office and the State Facilities that it operates, have caused this partnership agreement to be executed by the following duly authorized officials.

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services	**District 19 Community Services Board**
By: _____	By: 
Name: James S. Reinhard, M.D. Title: Commissioner	Name: Joseph E. Hubbard, C.P.A. Title: Executive Director
Date: _____	Date: 5/28/09

Community Services Performance Contract General Requirements Document

Table of Contents

1. Purpose

A. Title 37.2 of the *Code of Virginia* establishes the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department) to ensure delivery of publicly funded services and supports to individuals with mental health or substance use disorders or intellectual disability (previously identified as mental retardation) and authorizes the Department to fund community mental health, mental retardation, and substance abuse services.

B. Sections 37.2-500 through 37.2-511 of the *Code of Virginia* require cities and counties to establish community services boards for the purpose of providing local public mental health, mental retardation, and substance abuse services; § 37.2-600 through § 37.2-614 authorize certain cities or counties to establish behavioral health authorities that plan and provide those same local public services. In this Document, community services boards, local government departments with policy-advisory community services boards, and behavioral health authorities will be referred to as Boards or CSBs.

C. This General Requirements Document (Document) includes or incorporates by reference ongoing statutory, regulatory, policy, and other requirements that are not expected to change frequently. This Document is incorporated into and made a part of the current Community Services Performance Contract by reference. Any substantive change in this Document, except changes in statutory, regulatory, policy, or other requirements or in other documents incorporated by reference in it, which changes are made in accordance with processes or procedures associated with those statutes, regulations, policies, or other requirements or documents, shall be made in accordance with applicable provisions of the Partnership Agreement and shall be considered to be a performance contract amendment that requires a new contract signature page, signed by both parties.

II. Joint Department and Board Requirements

A. General Requirements: Boards and the Department shall comply with all applicable federal and state laws, regulations, policies, and procedures. If any laws, regulations, policies, or procedures that become effective after the issuance of this Document change requirements in it, they shall replace the applicable provisions in this Document and shall be binding upon Boards and the Department, but the Department and Boards retain the right to exercise any remedies available to them by law or applicable provisions in the community services performance contract.

B. Continuity of Care Procedures: In fulfilling their respective statutory responsibilities for preadmission screening and discharge planning, Boards and the Department shall comply with State Board Policies 1035 and 1036 and with the Continuity of Care Procedures, which are contained in Appendix A of this Document.

C. Discharge Planning Protocols: Boards and the Department shall comply with the most recent version of the *Discharge Planning Protocols*, which are issued by the Department and are incorporated into and made a part of this Document by reference. Boards shall provide discharge planning pursuant to § 37.2-505 or § 37.2-606 of the *Code of Virginia* and in accordance with State Board Policies 1035 and 1036, the Continuity of Care Procedures, which are contained in Appendix A of this Document, and the most recent version of the *Discharge Planning Protocols*.

III. Board Requirements

A. State Requirements

1. **General State Requirements:** Boards shall comply with applicable state statutes and regulations, State Mental Health, Mental Retardation and Substance Abuse Services Board regulations and policies, and Department procedures including:
   a. Community Services Boards, § 37.2-500 through § 37.2-512 or Behavioral Health Authorities, § 37.2-600 through § 37.2-615 of the *Code of Virginia*;
   b. State and Local Government Conflict of Interests Act, § 2.2-3100 through § 2.2-3127 of the *Code of Virginia*;
   c. Virginia Freedom of Information Act, § 2.2-3700 through § 2.2 -3714 of the *Code of Virginia*, including its notice of meeting and public meeting provisions;
   d. Government Data Collection and Dissemination Practices Act, § 2.2-3800 through § 2.2-3809 of the *Code of Virginia*;
   e. Virginia Public Procurement Act, § 2.2-4300 through § 2.2-4377 of the *Code of Virginia*;
   f. Chapter 8 (Admissions and Dispositions) and other applicable provisions of Title 37.2 and other titles of the *Code of Virginia*; and
   g. Applicable provisions of the current Appropriation Act.
2. **Continuity of Care:** Section 37.2-500 or 37.2-601 of the *Code of Virginia* requires each Board to function as the single point of entry into publicly funded mental health, mental retardation, and substance abuse services. The Board fulfills this function for any person who is located in the Board's service area and needs mental health, mental retardation, or substance abuse services.
3. **Preadmission Screening:** Boards shall provide preadmission screening services pursuant to § 37.2-505 or § 37.2-606, § 37.2-805, § 37.2-809 through § 37.2-813, and § 37.2-814 and § 16.1-335 et seq. of the *Code of Virginia* and in accordance with the Continuity of Care Procedures for any person who is located in a Board's service area.
4. **Discharge Planning:** Boards shall provide discharge planning pursuant to § 37.2-505 or § 37.2-606 of the *Code of Virginia* and in accordance with the Continuity of Care Procedures and the most recent version of the *Discharge Planning Protocols*.
5. **Protection of Individuals Receiving Services**
   a. **Human Rights:** Boards shall comply with the current *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services* (the Human Rights Regulations) adopted by the State Mental Health, Mental Retardation and Substance Abuse Services Board. In the event of a conflict between any of the provisions of this Document and provisions in the Human Rights Regulations, the applicable provisions of the Human Rights Regulations shall apply. Boards shall cooperate with any Department investigation of allegations or complaints of human rights violations, including providing any information needed for the investigation as required under state law and as permitted under 45 CFR § 164.512 (d) in as expeditious a manner as possible.
   b. **Disputes:** The filing of a complaint or the use of the informal dispute resolution mechanism in the Human Rights Regulations by an individual or his family member or authorized representative shall not adversely affect the quantity, quality, or timeliness of services provided to that individual unless an action that produces such an effect is based on clinical or safety considerations and is documented in the individual's individualized services plan (ISP).

c. **Dispute Resolution Mechanism:** Boards shall develop their own procedures for satisfying requirements in § 37.2-504 or § 37.2-605 of the *Code of Virginia* for a local dispute resolution mechanism for individuals receiving services.

6. **Financial Management Requirements, Policies, and Procedures**

a. **Generally Accepted Accounting Principles:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, the Board's financial management and accounting system must operate and produce financial statements and reports in accordance with Generally Accepted Accounting Principles. It must include necessary personnel and financial records and a fixed assets system. It must provide for the practice of fund accounting and adhere to cost accounting guidelines issued by the Department.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory board, the Board shall comply with local government financial management requirements, policies, and procedures. If the Department receives any complaints about the Board's financial management operations, the Department will forward these complaints to the local government and any other appropriate authorities. In response to those complaints, the Department may conduct a review of that Board's financial management activities.

b. **Accounting:** Boards shall account for all service and administrative expenses accurately and submit timely reports to the Department to document these expenses. Boards shall comply with the Uniform Cost Report Manual issued by the Department, pursuant to § 37.2-508 or § 37.2-608 of the *Code of Virginia*, when submitting reports to the Department in accordance with requirements contained in the Community Services Performance Contract.

c. **Annual Independent Audit:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, the Board shall obtain an independent annual audit conducted by certified public accountants. Audited financial statements shall be prepared in accordance with generally accepted accounting principles (GAAP). The appropriate GAAP basis financial reporting model is the Enterprise Fund in accordance with the requirements of Governmental Accounting Standards Board (GASB) Statement Number 34, *Basic Financial Statements- and Management's Discussion and Analysis- for State and Local Governments.* GASB 34 replaces the previous financial reporting model *Health Care Organizations Guide*, produced by the American Institute of Certified Public Accountants. Copies of the audit and the accompanying management letter must be provided to the Office of Budget and Financial Reporting in the Department and to each local government that established the Board. Boards shall, to the extent practicable, obtain unqualified audit opinions. Deficiencies and exceptions noted in an audit or management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board and the Department.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory board, the Board shall be included in the annual audit of its local government. Copies of the applicable portions of the accompanying management

letter must be provided to the Office of Budget and Financial Reporting in the Department. Deficiencies and exceptions noted in a management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board, its local government(s), and the Department.

If an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or a local government department with a policy-advisory board obtains a separate independent annual audit conducted by certified public accountants, audited financial statements shall be prepared in accordance with generally accepted accounting principles. The appropriate GAAP basis financial reporting model is the Enterprise Fund in accordance with the requirements of Governmental Accounting Standards Board (GASB) Statement Number 34, *Basic Financial Statements- and Management's Discussion and Analysis- for State and Local Governments*. GASB 34 replaces the previous financial reporting model *Health Care Organizations Guide*, produced by the American Institute of Certified Public Accountants. The local government will determine the appropriate fund classification in consultation with its certified public accountant. Copies of the audit and the accompanying management letter must be provided to the Office of Budget and Financial Reporting and to each local government that established the Board. Boards shall, to the extent practicable, obtain unqualified audit opinions. Deficiencies and exceptions noted in an audit or management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board and the Department.

d. **Federal Audit Requirements:** When the Department subgrants federal grants to a Board, all federal government audit requirements must be satisfied.

e. **Subcontractor Audits:** Every Board shall obtain, review, and take any necessary actions on audits, which are required by the Financial Management Standards for Community Services Manual issued by the Department, of any subcontractors that provide services that are procured under the Virginia Public Procurement Act and included in a Board's performance contract. The Board shall provide copies of these audits to the Office of Budget and Financial Reporting in the Department.

f. **Bonding:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, Board employees with financial responsibilities shall be bonded in accordance with local financial management policies.

g. **Fiscal Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, a Board's written fiscal policies and procedures shall conform to applicable State Board policies and Departmental policies and procedures, contained in the Financial Management Standards for Community Services Manual issued by the Department.

h. **Financial Management Manual:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, a Board shall be in material compliance with the requirements in the current Financial Management Standards for Community Services Manual issued by the Department.

i. **Local Government Approval:** Boards shall submit their performance contracts to the local governments in their service areas for review and approval, pursuant to § 37.2-508 or § 37.2-608 of the *Code of Virginia,* which requires approval of the contracts by September 30. Boards shall submit their contracts to the local governing bodies of the cities and counties that established them in accordance with the schedules determined by those governing bodies or at least 15 days before meetings at which the governing bodies are scheduled to consider approval of their contracts. Unless prohibited from doing so by its local government(s), a Board may submit its contract to the Department before it is approved by its local government(s).

j. **Department Review:** If a Board is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, the Department may conduct a review of the Board's financial management activities at any time. While it does not conduct routine reviews of the Board's financial management activities, the Department may conduct a review in response to significant deficiencies, irregularities, or problems identified in the Board's independent annual audit or management letter or in response to complaints or information that it receives. Boards shall submit formal plans of correction to the Office of Budget and Financial Reporting in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

   If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory board, the Department may conduct a review of a Board's financial management activities at any time in order to fulfill its responsibilities for federal sub-recipient (Board) monitoring requirements under the Single Audit Act (OMB Circular A-133). While it does not conduct routine reviews of the Board's financial management activities, the Department may conduct a review in response to significant deficiencies, irregularities, or problems identified in the Board's audit or management letter or in response to complaints or information that it receives. Such reviews shall be limited to sub-recipient monitoring responsibilities in Subpart D.400 of the Single Audit Act associated with receipt of federal funds by the Board. Boards shall submit formal plans of correction to the Office of Budget and Financial Reporting in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

k. **Balances of Unspent Funds:** In calculating amounts of unspent state funds, the Department shall prorate balances of unexpended unrestricted funds after the close of the fiscal year among unrestricted state funds, local matching funds, and fee revenues, based on the relative proportions of those revenues received by the Board. This normally will produce identified balances of unrestricted state funds, local matching funds, and fee revenues, rather than just balances of unrestricted state funds. Restricted state funds, such as Programs of Assertive Community Treatment (PACT) and Discharge Assistance Projects (DAP), shall be accounted for separately, given their restricted status, and the Department shall identify balances of unexpended restricted state funds separately.

7. **Procurement Requirements, Policies, and Procedures**

   a. **Procurement Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, a Board shall have written procurement policies and procedures in effect that address internal procurement responsibilities, small purchases and dollar thresholds, ethics, and disposal of surplus property. Written procurement policies and procedures relating to vendors shall be in effect that address how to sell to the Board, procurement, default, and protests and appeals. All written policies and procedures must conform to the Virginia Public Procurement Act and the current Community Services Procurement Manual issued by the Department.

   If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government procurement requirements, policies, and procedures or it is a local government department with a policy-advisory board, a Board shall comply with its local government's procurement requirements, policies, and procedures, which must conform to the Virginia Public Procurement Act. If the Department receives any complaints about the Board's procurement operations, the Department will forward these complaints to the local government and any other appropriate authorities. In response to those complaints, the Department may conduct a review of that Board's procurement activities.

   b. **Procurement Manual:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, a Board shall be in material compliance with the requirements contained in the current Community Services Procurement Manual issued by the Department.

   c. **Department Review:** If a Board is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, the Department may conduct a review of the Board's procurement activities at any time. While it does not conduct routine reviews of the Board's procurement activities, the Department may conduct a review in response to significant deficiencies, irregularities, or problems identified in the Board's independent annual audit or management letter or in response to complaints or information that it receives. The review will include a sampling of Board subcontracts. Boards shall submit formal plans of correction to the Office of Administrative Services in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

8. **Reimbursement Requirements, Policies, and Procedures**

   a. **Reimbursement System:** Each Board's reimbursement system shall comply with § 37.2-504, § 37.2-511, § 37.2-605, § 37.2-612, and § 20-61 of the *Code of Virginia* and State Board Policy 6002 (FIN) 86-14. Its operation must be described in organizational charts identifying all staff members, flow charts, and specific job descriptions for all personnel involved in the reimbursement system.

b. **Policies and Procedures:** Written fee collection policies and procedures shall be adequate to maximize revenues from individuals and responsible third party payors.

c. **Schedule of Charges:** A schedule of charges shall exist for all services that are included in the Performance Contract, shall be related reasonably to the cost of the services, and shall be applicable to all recipients of the services.

d. **Ability to Pay:** A method, approved by a Board's board of directors, that complies with applicable state and federal regulations shall be used to evaluate the ability of each individual to pay fees for the services he or she receives.

e. **Reimbursement Manual:** Boards shall be in material compliance with the requirements in the current Community Services Reimbursement Manual issued by the Department.

f. **Department Review:** While it does not conduct routine reviews of the Board's reimbursement activities, the Department may conduct a review at any time in response to significant deficiencies, irregularities, or problems identified in the Board's independent annual audit or management letter or in response to complaints or information that it receives. Boards shall submit formal plans of correction to the Office of Cost Accounting and Reimbursement in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

g. **Medicaid and Medicare Regulations:** Boards shall comply with applicable federal and state Medicaid and Medicare regulations, policies, procedures, and provider agreements. Medicaid non-compliance issues identified by Department staff will be communicated to the Department of Medical Assistance Services.

9. **Human Resource Management Requirements, Policies, and Procedures**

a. **Statutory Requirements:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board shall operate a human resource management program that complies with state and federal statutes, regulations, and policies. When its executive director position becomes vacant, a Board shall provide to the Office of Community Contracting in the Department a current position description and salary range and the advertisement for the position for review, pursuant to § 37.2-504 or § 37.2-605 of the *Code of Virginia*. This review does not include Department approval of the selection or employment of a particular candidate for the position. In accordance with § 37.2-504 or § 37.2-605 of the *Code of Virginia*, if it is an operating board or a behavioral health authority, a Board shall employ its executive director under an annually renewable contract that contains performance objectives and evaluation criteria. A Board shall provide a copy of this employment contract to the Department upon request.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory board, a Board shall be part of a human resource management program that complies with state and federal statutes, regulations, and policies. When its executive director position becomes vacant, a Board shall provide to the Office of Community Contracting in the Department a current position description

and the advertisement for the position for review, pursuant to § 37.2-504 of the *Code of Virginia*. This review does not include Department approval of the selection or employment of a particular candidate for the position.

b. **Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board's written human resource management policies and procedures must include a classification plan and uniform employee pay plan and must address benefits, progressive discipline (standards of conduct), professional conduct, employee ethics, compliance with the state Human Rights Regulations and the Board's local human rights policies and procedures, conflicts of interest, employee performance evaluation, equal employment opportunity, employee grievances, hours of work, leave, outside employment, recruitment and selection, transfer and promotion, termination and layoff, travel, initial employee orientation, examinations, employee to executive director and board of directors contact protocol, and on-the-job expenses.

   If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory board, a Board shall adhere to its local government's human resource management policies and procedures.

c. **Job Descriptions:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board must have written, up-to-date job descriptions for all positions. Job descriptions must include identified essential functions, explicit responsibilities, and qualification statements, expressed in terms of knowledges, skills, and abilities as well as business necessity and bona fide occupational qualifications or requirements.

d. **Grievance Procedure:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board's grievance procedure must satisfy § 15.2-1506 or § 15.2-1507 of the *Code of Virginia*.

e. **Uniform Pay Plan:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board must adopt a uniform pay plan in accordance with § 15.2-1506 of the *Code* and the Equal Pay Act of 1963.

f. **Department Review:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, employee complaints regarding a Board's human resource management practices will be referred back to the Board for appropriate local remedies. The Department may conduct a human resource management review to ascertain a Board's compliance with performance contract requirements and assurances, based on complaints or other information received about a Board's human resource management practices. If a review is done and deficiencies are identified, a Board shall submit a formal plan of correction to the Office of Human Resource Management and Development in the Department within 45 days of receipt of an official report of a review. Minor compliance issues

must be corrected within 45 days of submitting the plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting the plan, unless the Department grants an extension.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory board, employee complaints regarding a Board's human resource management practices will be referred back to the local government for appropriate local remedies. In response to complaints that it receives, the Department may conduct a review of the local government's human resource management practices at any time.

10. **Information Technology Capabilities and Requirements:** Boards shall meet the following requirements.

    a. **Hardware and Software Procurement:** Any hardware and software purchased by a Board with state or federal funds shall be capable of addressing requirements established by the Department, including communications, compatibility, and network protocols and the reporting requirements in the Performance Contract. Such procurements may be subject to review and approval by the Office of Information Technology Services in the Department.

    b. **Operating Systems:** Boards shall use or have access to operating systems that are compatible with or are able to communicate with the Department's network. A Board's computer network or system must be capable of supporting and running the Department's Community Automated Reporting System (CARS) software and the current version of the Community Consumer Submission (CCS) extract software and should be capable of processing and reporting standardized aggregate and discrete data about individuals receiving services (individuals), services, outcome, performance, and revenues, expenditures, and costs based on documents and requirements listed in the Performance Contract.

    c. **Electronic Communication:** Boards shall ensure that their information systems communicate with those used by the Department and that this communication conforms to the security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This communication shall provide file and data exchange capabilities for automated routines and access to legally mandated systems via the TCP/IP networking protocol.

    d. **Data Access:** Boards shall develop and implement or access automated systems that allow for output of fiscal, service, and individual data, taking into consideration the need for appropriate security and confidentiality. Output shall be in a format prescribed by the Department. In addition to regular reports, such data may be used to prepare ad hoc reports on individuals and services and to update Department files using this information. Boards shall ensure that their information systems meet all applicable state and federal confidentiality, privacy, and security requirements, particularly concerning the distribution of identifying information, diagnosis, service history, and service use and that their information systems are compliant with HIPAA.

11. **Licensing:** Boards shall comply with the current licensing regulations adopted by the State Board. Boards shall establish systems to ensure ongoing compliance with applicable licensing regulations. Results of licensing reviews, including scheduled reviews, unannounced visits, and complaint investigations, shall be provided to all members of a Board in a timely manner.

12. **Quality of Care**

    a. **Individualized Services Plan (ISP)**

        1) **Assessment:** Each individual shall receive an assessment appropriate to his or her needs that a) includes, where appropriate, consideration of co-occurring mental illness, intellectual disability, or substance use disorder, b) is consistent with the Department's licensing regulations, and c) is performed by a person with appropriate clinical training. The assessment and the development of the ISP shall be completed within time periods specified in the applicable Medicaid or Departmental licensing regulations. After the initial assessment, the individual shall be referred to a qualified service provider for treatment appropriate to his or her condition or needs.

        2) **Service Planning:** Boards shall develop and implement a written ISP for each individual who is admitted that is appropriate to his or her needs and the scope of the services required and reflects current acceptable professional practice. This ISP shall include an assessment of level of functioning, treatment goals, and all services and supports needed, whether delivered by a Board, its subcontractors, or other providers.

        3) **Plan Implementation:** The implementation of the ISP shall be documented and the ISP shall be reviewed within the time periods specified in applicable Medicaid or Departmental licensing regulations, or for unlicensed services, except motivational treatment, consumer monitoring, assessment and evaluation, early intervention, or consumer-run services as defined in the current Core Services Taxonomy and in which an ISP is not required, at least every six months or more often as indicated by the individual's level of functioning. Discharge planning and discharge from services shall be consistent with the ISP or the program's criteria for discharge.

13. **Planning**

    a. **General Planning:** Boards shall participate in collaborative local and regional service and management information systems planning with state facilities, other Boards, other public and private human services agencies, and the Department, as appropriate. In accordance with § 37.2-504 or § 37.2-605 of the *Code of Virginia*, Boards shall provide input into long-range planning activities that are conducted by the Department, including the Comprehensive State Plan required by § 37.2-315 of the *Code of Virginia*. Boards shall report unduplicated community waiting list information to the Department when required for the Comprehensive State Plan update. Boards shall work with local prevention planning bodies composed of representatives of multiple systems and groups to develop community-based prevention plans based on assessed needs and resources and submit annual Community Prevention Plan reports to the Department.

    b. **Participation in State Facility Planning Activities:** Boards shall participate in collaborative planning activities with the Department to the greatest extent possible regarding the future role and structure of the state facilities that it operates.

14. **Interagency Relationships**

    a. Pursuant to the case management requirements of § 37.2-500 or § 37.2-601 of the *Code of Virginia*, Boards shall, to the extent practicable, develop and maintain linkages with other community and state agencies and facilities that are needed to assure that individuals they serve are able to access the treatment,

training, rehabilitative, and habilitative mental health, mental retardation, and substance abuse services and supports identified in their individualized services plans. Boards shall comply with the provisions of § 37.2-504 or § 37.2-605 of the *Code of Virginia* regarding interagency agreements.

b. Boards also shall develop and maintain, in conjunction with the courts having jurisdiction in the cities and counties served by the Boards, cooperative linkages that are needed to carry out the provisions of § 37.2-805 through § 37.2-821 and related sections of the *Code* pertaining to the involuntary admission process.

c. Boards shall develop and maintain the necessary linkages, protocols, and interagency agreements to effect the provisions of the Comprehensive Services Act for At-Risk Youth and Families (§ 2.2-5200 through § 2.2-5214 of the *Code of Virginia*) and Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq. and § 2.2-5300 through § 2.2-5308 of the *Code of Virginia*) that relate to services that they provide. Pursuant to § 2.2-5305 and § 2.2-5306 of the *Code of Virginia*, a Board shall provide information to the Local Interagency Coordinating Council of which it is a member that is necessary to satisfy state and federal requirements about Part C services that it provides directly to Part C-eligible individuals. Nothing in this Document shall be construed as requiring Boards to provide services related to these acts in the absence of sufficient funds and interagency agreements.

15. **Providing Information:** Boards shall provide any information requested by the Department that is related to performance of or compliance with the Performance Contract in a timely manner, considering the type, amount, and availability of the information requested. The provision of information shall comply with applicable laws and regulations governing the confidentiality, privacy, and security of information regarding individuals receiving services from Boards.

16. **Forensic Services**

a. Upon receipt of a court order pursuant to § 19.2-169.2 of the *Code of Virginia*, a Board shall provide or arrange for the provision of services to restore the individual to competency to stand trial. These services shall be provided in the local or regional jail, juvenile detention center (when a juvenile is being tried as an adult), or other location in the community where the individual is currently located. These services shall include treatment and restoration services, emergency services, assessment services, the provision of medications and medication management services, and other services that may be needed by the individual in order to restore him to competency and to prevent his admission to a state hospital for these services.

b. Upon written notification from a state facility that an individual hospitalized for treatment for restoration to competency pursuant to § 19.2-169.2 of the *Code of Virginia* has been restored to competency and is being discharged back to the community, a Board shall to the greatest extent possible provide or arrange for the provision of services in the local or regional jail, juvenile detention center (when a juvenile is being tried as an adult), or other location in the community where the individual is located to that individual to ensure the maintenance of his psychiatric stability and competency to stand trial. Services shall include treatment and restoration services, emergency services, assessment services, the provision of medications and medication management services, and other services which may be needed by the individual in order prevent his readmission to a state hospital for these services.

c. Upon receipt of a court order pursuant to § 16.1-356 of the *Code of Virginia*, a Board shall perform a juvenile competency evaluation. Upon receipt of a court order pursuant to § 16.1-357, a Board shall provide services to restore a juvenile to competency to stand trial through the Department's statewide contract.

d. Upon receipt of a court order, a Board shall provide or arrange for the provision of forensic evaluations required by local courts in the community, in accordance with State Board Policy 1041.

e. Forensic evaluations and treatment shall be performed on an outpatient basis unless the results of an outpatient evaluation indicate that hospitalization is necessary. A Board shall consult with local courts in placement decisions for hospitalization of individuals with a forensic status based upon evaluation of the individual's clinical condition, need for a secure environment, and other relevant factors. A Board's staff shall conduct an assessment of risk to provide information to the Commissioner for the determination of whether an individual with a forensic status in need of hospitalization requires placement in a civil facility or a secure facility. A Board's staff will contact and collaborate with the Forensic Coordinator of the state hospital that serves the Board in making this determination. A Board's assessment shall include those items required prior to admission to a state hospital, per the Continuity of Care Procedures in Appendix A of this Document.

f. Each Board shall designate a Forensic Admissions Coordinator, a Forensic Evaluation Coordinator, and an NGRI Coordinator to collaborate with the local courts, the forensic staff of state facilities, and the Department. Each Board shall notify the Department's Director of Forensic Services of the name, title, and contact information of these designees and shall inform the Director of any changes in these designations. Each Board shall ensure that designated staff complete the forensic training necessary to maintain forensic certification.

g. Boards shall provide discharge planning for persons found not guilty by reason of insanity. Pursuant to § 19.2-182.2 through § 19.2 -182.7, and § 19.2-182.11 of the *Code of Virginia*, a Board shall provide discharge planning, collaborate with the state facility staff in preparing conditional release plans, implement the court's conditional release orders, and submit written reports to the court on the person's progress and adjustment in the community no less frequently than every six months for acquittees who have been conditionally released to a locality served by the Board. A Board should provide to the Department's Director of Forensic Services written monthly reports on the person's progress and adjustment in the community for their first 12 continuous months in the community for acquittees who have been conditionally released to a locality served by the Board and copies of court orders regarding acquittees on conditional release.

h. If an individual with a forensic status does not meet the criteria for admission to a state hospital, his psychiatric needs should be addressed in the local jail, prison, detention center, or other correctional facility in collaboration with local treatment providers.

17. **Access to Services for Individuals who are Deaf, Hard of Hearing, Late Deafened, or Deafblind:** The Board should identify and develop a working relationship with the Regional Deaf Services Program and the Regional Deaf Services Coordinator that serve the Board's service area and collaborate with them on the provision of appropriate, linguistically and culturally competent services, consultation, and referral for individuals who are deaf, hard of hearing, late deafened, or deafblind.

18. **Subcontracting:** A subcontract means a written agreement between a Board and another party under which the other party performs any of the Board's obligations. Subcontracts, unless the context or situation supports a different interpretation or meaning, also may include agreements, memoranda of understanding, purchase orders, contracts, or other similar documents for the purchase of services or goods by a Board from another organization or agency or a person on behalf of an individual. A subcontract does not include employment of staff by a Board through contractual means.

    a. **Subcontracts:** The written subcontract must, as applicable and at a minimum, state the activities to be performed, the time schedule and duration, the policies and requirements that are applicable to the subcontractor, the maximum amount of money for which a Board may become obligated, and the manner in which the subcontractor will be compensated, including payment time frames. Subcontracts shall not contain provisions that require a subcontractor to make payments or contributions to a Board as a condition of doing business with the Board. A Board shall not include, assess, or otherwise allocate its own administrative expenses in its contracts with subcontractors.

    b. **Subcontractor Compliance:** A Board shall require that its subcontractors comply with the requirements of all applicable federal and state statutes, regulations, and policies that affect or are applicable to the services included in its Performance Contract. A Board shall require that any agency, organization, or person with which it intends to subcontract services that are included in its Performance Contract is fully qualified and possesses and maintains current all necessary licenses or certifications from the Department and other applicable regulatory entities before it enters into the subcontract and places individuals in the subcontracted service. A Board shall require all subcontractors that provide services to individuals and are licensed by the Department to maintain compliance with the Human Rights Regulations adopted by the State Board. A Board shall, to the greatest extent practicable, require all other subcontractors that provide services purchased by that Board for individuals and are not licensed by the Department to develop and implement policies and procedures that comply with the Board's human rights policies and procedures or to allow the Board to handle allegations of human rights violations on behalf of individuals served by the Board who are receiving services from such subcontractors. When a Board funds providers such as family members, neighbors, individuals receiving services, or others to serve individuals, the Board may comply with these requirements on behalf of those providers, if both parties agree.

    c. **Subcontractor Dispute Resolution:** Boards shall include contract dispute resolution procedures in their contracts with subcontractors.

    d. **Quality Improvement Activities:** Boards shall, to the extent practicable, incorporate specific language in their subcontracts regarding their quality improvement activities. Each vendor that subcontracts with a Board should have its own quality improvement system in place or should participate in the Board's quality improvement program.

B. Federal Requirements

1. **General Federal Compliance Requirements:** Boards shall comply with all applicable federal statutes, regulations, policies, and other requirements; including applicable provisions of the federal Mental Health Services Block Grant (CFDA 93.958) and the federal Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959) Requirements contained in Appendix C of this Document, and:

a. the Federal Immigration Reform and Control Act of 1986;
b. applicable provisions of Public Law 105-17, Part C of the Individuals with Disabilities Education Act, if a Board receives federal early intervention (Part C) funds; and
c. Confidentiality of Alcohol and Substance Abuse Records, 42 C.F.R. Part 2.

Non-federal entities, including Boards, expending $500,000 or more in a year in federal awards shall have a single or program-specific audit conducted for that year in accordance with Office of Management and Budget Circular A-133.

Boards shall prohibit the following acts by themselves, their employees, and agents performing services for them:

a. the unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol or other drugs; and
b. any impairment or incapacitation from the use of alcohol or other drugs (except the use of drugs for legitimate medical purposes).

2. **Disaster Response and Emergency Service Preparedness Requirements:** Boards agree to comply with section 416 of Public Law 93-288 and § 44-146.13 through § 44-146.28 of the *Code of Virginia* regarding disaster response and emergency service preparedness. Section 416 of P.L. 93-288 authorizes the State Office of Emergency Services to require the Department to comply with the *Commonwealth of Virginia Emergency Operations Plan, Volume 2,* Emergency Support Function No. 8: Health and Medical Services, Section 4: Emergency Mental Health Services. Section 4 requires Boards to comply with Department directives coordinating disaster planning, preparedness, and response to emergencies and to develop procedures for responding to major disasters. These procedures must address:

   a. conducting preparedness training activities;
   b. designating staff to provide counseling;
   c. coordinating with state facilities and local health departments or other responsible local agencies, departments, or units in preparing Board all hazards disaster plans;
   d. providing crisis counseling and support to local agencies, including volunteer agencies;
   e. negotiating disaster response agreements with local governments and state facilities; and
   f. identifying community resources.

3. **Federal Certification Regarding Lobbying for the Mental Health and Substance Abuse Prevention and Treatment Block Grants:** Boards certify, to the best of their knowledge and belief, that:

   a. No federal appropriated funds have been paid or will be paid, by or on behalf of the Board, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.

   b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant,

loan, or cooperative agreement, the Board shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c. The Board shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 or more than $100,000 for each failure.

C. State and Federal Requirements

1. **Employment Anti-Discrimination**: Boards certify that they will conform to the applicable provisions of Title VII of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, Sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Act of 1974, the Age Discrimination in Employment Act of 1967, the Americans With Disabilities Act of 1990, the Virginians With Disabilities Act, the Virginia Fair Employment Contracting Act, the Civil Rights Act of 1991, regulations issued by Federal Granting Agencies, and other applicable statutes and regulations, including § 2.2-4310 of the *Code of Virginia*. Boards agree as follows.

   a. Boards will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Board. Boards agree to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

   b. Boards, in all solicitations or advertisements for employees placed by or on behalf of themselves, will state that they are equal opportunity employers.

   c. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting these requirements.

2. **Service Delivery Anti-Discrimination:** Boards certify that they will conform to the applicable provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, the Virginians With Disabilities Act, the Civil Rights Act of 1991, regulations issued by the U.S. Department of Health and Human Services pursuant thereto, other applicable statutes and regulations, and paragraphs a and b below.

   a. Services operated or funded by Boards have been and will continue to be operated in such a manner that no person will be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under such services on the grounds of race, religion, color, national origin, age, gender, or disability.

   b. Boards and their direct and contractual services will include these assurances in their services policies and practices and will post suitable notices of these assurances at each of their facilities in areas accessible to individuals.

c. Boards will periodically review their operating procedures and practices to insure continued conformance with applicable statutes, regulations, and orders related to non-discrimination in service delivery.

IV. Department Requirements

A. State Requirements

1. **Human Rights:** The Department shall operate the statewide human rights system described in the current Human Rights Regulations, monitor compliance with the human rights requirements in those regulations, and conduct reviews and investigations referenced in the Regulations. The Department's human rights staff shall be available on a daily basis, including weekends and holidays, to receive reports of allegations of violations of an individual's human rights.
2. **Licensing:** The Department shall license programs and services that meet the requirements of the current Licensing Regulations and conduct licensing reviews in accordance with the provisions of those regulations. The Department shall respond in a timely manner to issues raised by a Board regarding its efforts to coordinate and monitor services provided by independent providers licensed by the Department.
3. **Policies and Procedures:** The Department shall revise, update, and provide to Boards copies of the uniform cost report, financial management, procurement, and reimbursement manuals cited in sections III.A.6, 7, and 8 of this Document. The Department shall provide or otherwise make available to Boards copies of relevant regulations and policies adopted by the State Mental Health, Mental Retardation and Substance Abuse Services Board.
4. **Reviews:** The Department shall review and take appropriate action on audits submitted by a Board in accordance with the provisions of this Document. The Department may conduct procurement, financial management, reimbursement, and human resource management reviews of a Board's operations, in accordance with provisions in section III of this Document.
5. **Planning:** The Department shall conduct long-range planning activities related to state facility and community services, including the preparation and dissemination of the Comprehensive State Plan required by § 37.2-315 of the *Code of Virginia*.
6. **Information Technology:** The Department shall operate and provide technical assistance and support, to the extent practicable, to Boards about the CARS information system and the Community Consumer Submission (CCS) software referenced in the Performance Contract and comply with State Board Policies 1030 and 1037. The Department shall operate the FIMS and the KIT Prevention System referenced in the Performance Contract. The Department shall develop and implement communication, compatibility, and network protocols in accordance with the provisions in section III of this Document. Pursuant to § 37.2-504 and § 37.2-605 of the *Code of Virginia*, the Department shall implement procedures to protect the confidentiality of data accessed in accordance with the Performance Contract and this Document. The Department shall ensure that any software application that it issues to Boards for reporting purposes associated with the Performance Contract has been field tested by a reasonable number of Boards to assure compatibility and functionality with the major IT systems used by Boards, is operational, and is provided to Boards sufficiently in advance of reporting deadlines to allow Boards to install and run the software application.
7. **Providing Information:** The Department shall provide any information requested by Boards that is related to performance of or compliance with the Performance Contract

in a timely manner, considering the type, amount, and availability of the information requested.

8. **Licensing Review Protocol for CARF-Accredited Board Outpatient and Day Support Services:** The Department and Boards with directly operated programs that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) have agreed to the following provisions, pursuant to the Partnership Agreement and in accordance with applicable requirements of the *Code of Virginia* and associated regulations.

   a. The Department's Office of Licensing shall accept CARF surveys as a review of regulation compliance for those licensing regulations or standards that are the same for outpatient and day support services at Boards that have triennial licenses for these services. These regulations or standards are identified in the crosswalk between the licensing regulations and CARF standards that follows this section (IV.A.8).

   b. The Office of Licensing shall accept the CARF review of compliance for the administrative, human resource, record management, and physical plant licensing regulations that also are covered by CARF regulations for outpatient and day support services.

   c. Boards that are accredited by the CARF shall provide the results of CARF surveys to the Office of Licensing. These results shall be public documents.

   d. The Office of Licensing shall conduct annual unannounced focused reviews as required by the *Code of Virginia* on specific areas of risk and on areas not covered by CARF standards, which may include emergency services in outpatient services, case management services licensed under the outpatient license, medication administration, review of incidents, or areas cited for deficiencies as a result of complaints or in previous surveys.

   e. The Office of Licensing shall continue to access the same documents, records, staff, and individuals receiving services that it needs to access to conduct inspections and complaint investigations.

   f. When practicable, the Office of Licensing shall issue triennial licenses to coincide with CARF accreditations.

   g. New services implemented by a Board shall not be subject to these provisions until they achieve triennial licensing status.

   h. The Office of Licensing shall conduct complaint investigations. Boards shall continue to report serious injuries to or deaths of individuals and allegations of abuse or neglect to the Department. The Offices of Licensing and Human Rights shall review these reports to ensure that reporting continues as required by applicable provisions of the *Code of Virginia* and associated human rights and licensing regulations.

   i. Should multiple or serious violations be identified as a result of an investigation or inspection or the Department reduces a license in one of these services, full inspections by the Office of Licensing of all licensing regulations shall resume.

Crosswalk Between Licensing Regulations and 2009 CARF Standards		
	Ch. 105, Part I. General Provisions Ch. 105, Part II. Licensing Process Ch. 105, Part III. Administrative Services	
140	License Availability	
150	Compliance with Laws, Regulations, and Policies	Sec. 1, E.1-2
160	Reviews by Department; Request for Information	Sec. 1, E.1
170	Corrective Action Plan	
180	Notification of Changes	
190	Operating Authority, Governing Body, and Organizational Structure	Sec. 1, A.1, A.2, A.6, A.8
200	Appointment of Administrator	Sec. 1, A.1
210	Fiscal Accountability	Sec. 1, C.1, F.1-6, F.9-10, M.3
220	Indemnity Coverage	Sec. 1, G.2
230	Written Fee Schedule	Sec. 1, F.8
240	Policy/Funds of Individuals Receiving Services	Sec. 1, F.11
250	Deceptive or False Advertising	Sec. 1, A.4
260	Building Inspection and Classification	Sec. 1, H.1, H.11
270	Building Modifications	
280	Physical Environment	Sec. 1, H.1
290	Food Service Inspections	Sec. 1, H.1, H.11
300	Sewer and Water Inspections	Sec. 1, H.1, H.11
310	Weapons	Sec. 1, H.19
320	Fire Inspections	Sec. 1, H.11, H.15
330	Beds	Sec. 3, U.4
340	Bedrooms	Sec. 3, U.4
350	Condition of Beds	
360	Privacy	Sec. 3, U.4
370	Ratios of Toilets, Basins, Showers or Baths	
380	Lighting	
390	Confidentiality and Security Personnel Records	Sec. 1, K.7-8
400	Criminal Registry Checks	Sec. 1, I.2
410	Job Description	Sec. 1, I.4-5
420	Qualifications of Employees or Contractors	Sec. 1, I.4-5, I.8-9
430	Employee or Contractor Personnel Records	Sec. 1, I.10, K.8
440	Orientation of New Employees, Contractors, Volunteers, and Students	Sec. 1, H.4, I.4, I.6, I.10-11
450	Employee Training & Development	Sec. 1, H.4, H.16, I.4, I.8, I.11; Sec. 2, A.4
460	Emergency Medical or First Aid Training	Sec. 1, H.4, H.6
470	Notification of Policy Changes	Sec. 1, I.8
480	Employee or Contractor Performance Evaluation	Sec. 1, I.4-6, I.10
490	Written Grievance Policy	Sec. 1, I.7
500	Students and Volunteers	Sec. 1, I.6
510	Tuberculosis Screening	Sec. 1, H.9, I.2
520	Risk Management	Sec. 1, G.1-2, H.7-9, H.11, H.12
530	Emergency Preparedness and Response Plan	Sec. 1, H.2, H.5, H.6, H.13
540	Access to Telephone in Emergencies; Emergency Telephone Numbers	Sec. 1, H.1, H.5-6; Sec. 2, E.5
550	First Aid Kit Accessible	Sec. 1, H.6

560	Operable Flashlights or Battery Lanterns	Sec. 1, H.5
	Ch. 105, Part IV. Services and Supports	
570	Mission Statement	Sec. 1, A.2
580	Service Description Requirements	Sec. 2, A.1-3
590	Provider Staffing Plan	Sec. 1, I.1, I.8; Sec. 2, A.1, A.12-13
600	Nutrition	Sec. 3, U.4
610	Community Participation	Sec. 2, A.3, A.7
620	Monitoring and Evaluating Service Quality	Sec. 1, N.1-2; Sec. 2, A.13, H.1-5
630	Policies on Screening, Admission, and Referrals	Sec. 2, B.1-5
640	Screening and Referral Services Documentation and Retention	Sec. 1, K.8, Sec. 2, B.1-5
650	Assessment Policy	Sec. 2, B.7-12
660	Individualized Services Plan (ISP)	Sec. 2, C.1-6, C.8
670	ISP Requirements	Sec. 2, C.1-5
680	Progress Notes or Other Documentation	Sec. 2, C.7
690	Orientation	Sec. 2, B.6
700	Written Policies and Procedures for a Crisis or Clinical Emergency	Sec. 2, A.11
710	Documenting Crisis Intervention and Clinical Emergency Services	Sec. 2, C.7
720	Health Care Policy	Sec. 2, B.9, E.5; Sec. 3, U.5
730	Medical Information	Sec. 2, B.9, E.5
740	Physical Examination	Sec. 2, E.5
750	Emergency Medical Information	Sec. 2, B.9, E.5
760	Medical Equipment	
770	Medication Management	Sec. 2, E.1-10
780	Medication Errors and Drug Reactions	Sec. 1, H.7-8; Sec. 2, E.3-10
790	Medication Administration and Storage or Pharmacy Operation	Sec. 2, E.1-10
800	Policies and Procedures on Behavior Management Techniques	Sec. 2, F.1-15
810	Behavioral Treatment Plan	Sec. 1, K.5-6; Sec. 2, A.14; Sec.2, C.1-4
820	Prohibited Actions	Sec. 1, K.1-6
830	Seclusion, Restraint, and Time Out	Sec. 2, F.1-15
840	Requirements for Seclusion Room	Sec. 2, F.11
850	Transition of Individuals Among Services	Sec. 2, D.1-11
860	Discharge	Sec. 2, D.1-11
	Ch. 105, Part V. Records Management	
870	Written Records Management Policy	Sec. 2, G.1-5
880	Documentation Policy	Sec. 2, G.1-5
890	Individual's Service Record	Sec. 2, G.1-5
900	Record Storage and Security	Sec. 1, K.7-8
910	Retention of Individual's Service Records	Sec. 1, K.8
920	Review Process for Records	Sec. 2, H.1-5
	Ch. 105, Part VI. Additional Requirements for Selected Services	
930	Registration, Certification, or Accreditation	Opioid Treatment Manual
940	Criteria for Involuntary Termination from Treatment	Opioid Treatment Manual
950	Service Operation Schedule	Opioid Treatment Manual
960	Physical Examinations	Opioid Treatment Manual
970	Counseling Sessions	Opioid Treatment Manual

980	Drug Screens	Opioid Treatment Manual
990	Take-Home Medication	Opioid Treatment Manual
1000	Preventing Duplication of Medication Services	Opioid Treatment Manual
1010	Guests	Opioid Treatment Manual
1020	Detoxification Prior to Involuntary Discharge	Opioid Treatment Manual
1030	Opioid Agonist Medication Renewal	Opioid Treatment Manual
1040	Emergency Preparedness Plan	Opioid Treatment Manual
1050	Security of Opioid Agonist Medication Supplies	Opioid Treatment Manual
1060	Cooperative Agreements with Community Agencies	Sec. 3, J.8
1070	Observation Area	Sec. 3, J.3
1080	Direct-Care Training for Providers of Detox. Services	Sec. 3, J.1, J.4, J.5
1090	Minimum No. of Employees or Contractors on Duty	Sec. 3, J.1, J.2, J.4, J.6
1100	Documentation	Sec. 3, J.5
1110	Admission Assessments	Sec. 3, J.1, J.3, J.5-6
1120	Vital Signs	Sec. 3, J.1, J.5
1130	Light Snacks and Fluids	
1140	Clinical and Security Coordination	
1150	Other Requirements for Correctional Facilities	
1160	Sponsored Residential Home Information	
1170	Sponsored Residential Home Agreements	
1180	Sponsor Qualification and Approval Process	
1190	Sponsored Residential Home Service Policies	
1200	Supervision	
1210	Sponsored Residential Home Service Records	
1220	Regulations Pertaining to Employees	
1230	Maximum Number of Beds in Sponsored Residential Home	
1240	Service Requirements for Providers of Case Management Services	Sec. 3, C.1-7
1250	Qualifications of Case Management Employees or Contractors	Sec. 3, C.2
1260	Admission Criteria	Sec. 2, A.1, B. 1-2
1270	Physical Environment Requirements of Community Gero-Psychiatric Residential Services	
1280	Monitoring	
1290	Service Requirements for Providers of Gero-Psychiatric Residential Services	
1300	Staffing Requirements for Providers of Gero-Psychiatric Residential Services	
1310	Interdisciplinary Services Planning Team	
1320	Employee or Contract Qualifications and Training	
1330	Medical Director	
1340	Physician Services and Medical Care	
1350	Pharmacy Services for Providers of Gero-Psychiatric Residential Services	
1360	Admission and Discharge Criteria	Sec. 2, A.1-3, B.1-2; Sec. 3, A.35-37
1370	Treatment Team and Staffing Plan	Sec. 3, A.1-32
1380	Contacts	Sec. 3, A.24-27
1390	ICT and PACT Service Daily Operation and Progress Notes	Sec. 3, A.28-33
1400	ICT and PACT Assessment	Sec. 2, B.7-12; Sec. 3, A.14-22
1410	Service Requirements	Sec. 3, A.6-29, A.32

Appendix A: Continuity of Care Procedures

Overarching Responsibility: Sections 37.2-500 and 37.2-601 of the *Code of Virginia* and State Board Policy 1035 state that community services boards (CSBs) are the single points of entry into publicly funded mental health, mental retardation, and substance abuse services. Related to this principle, it is the responsibility of Boards to assure that individuals receive:

- preadmission screening that confirms the appropriateness of admission to a state hospital or training center (state facilities) and
- discharge planning services, beginning at the time of admission to the state facility, that enable timely discharge from the state facility and appropriate post-discharge, community-based services.

Throughout this Appendix, the term community services board (CSB) is used to refer to an operating CSB, an administrative policy CSB, a local government department with a policy-advisory CSB, or a behavioral health authority, also referred to in the Community Services Performance Contract as Boards. State hospital is defined in § 37.2-100 of the *Code of Virginia* as a hospital, psychiatric institute, or other institution operated by the Department that provides care and treatment for persons with mental illness. Training center is defined in § 37.2-100 as a facility operated by the Department for the treatment, training, or habilitation of persons with intellectual disability.

These procedures must be read and implemented in conjunction with the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document. Applicable provisions in the protocols have replaced most treatment team, discharge, and post-discharge activities that were described in earlier versions of these procedures; however a few remain in the procedures. In the event of a conflict between any Continuity of Care Procedures and the *Discharge Planning Protocols*, provisions in the protocols shall apply.

I. State Facility Admission Criteria

A. State Hospitals

1. An individual must meet the following criteria for admission to a state hospital.
   a. **Adults:** The individual meets one of the criteria in section A. 1.) below or one or more of the other criteria listed in section A and the criterion in section B:

      Section A:

      1.) the person has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future,

         a.) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or

         b.) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs[1]; or

      [1] Criteria for involuntary admission for inpatient treatment to a facility pursuant to § 37.2-817.C of the *Code of Virginia*.

      2.) the person has a condition that requires intensive monitoring of newly prescribed drugs with a high rate of complications or adverse reactions; or

      3.) the person has a condition that requires intensive monitoring and intervention for toxic effects from therapeutic psychotropic medication and short term community stabilization is not deemed to be appropriate; and

Section B:

4.) all available less restrictive treatment alternatives to involuntary inpatient treatment that would offer an opportunity for the improvement of the person's condition have been investigated and determined to be inappropriate (§37.2-817.C of the *Code of Virginia*).

b. **Children and Adolescents:** Due to a mental illness, the child or adolescent meets one or more of the criteria in section A and both criteria in section B:

Section A:

1.) presents a serious danger to self or others such that severe or irremediable injury is likely to result, as evidenced by recent acts or threats [2]; or

2.) is experiencing a serious deterioration of his ability to care for himself in a developmentally age-appropriate manner, as evidenced by delusional thinking or significant impairment of functioning in hydration, nutrition, self-protection, or self control [2]; or

[2] Criteria for parental or involuntary admission to a state hospital.

3.) requires monitoring of newly prescribed drugs with a high rate of complications or adverse reactions or monitoring for toxic effects from therapeutic psychotropic medication; and

Section B:

4.) is in need of inpatient treatment for a mental illness and is likely to benefit from the proposed treatment; and

5.) all treatment modalities have been reviewed and inpatient treatment at a state hospital is the least restrictive alternative that meets the minor's needs (§ 16.1-338, §16.1-339, and § 16.1-344 of the *Code of Virginia*).

The determination of least restrictive alternative should be a joint decision of the case management CSB and the receiving state hospital, with input from the individual receiving services and family members. The CSB must document specific community alternatives considered or attempted and the specific reasons why state hospital placement is the least restrictive setting for the individual at this time.

2. Admission to state hospitals is not appropriate for:

   a. individuals who have behaviors that are due to medical disorders, neurological disorders (including head injury), or intellectual disability and who do not have a qualifying psychiatric diagnosis or serious emotional disturbance;

   b. individuals with unstable medical conditions that require detoxification services or other extensive medical services;

   c. individuals with a diagnosis of dementia, as defined in the Diagnostic and Statistical Manual, unless they also have significant behavioral problems, as determined by qualified state hospital staff;

   d. individuals with primary diagnoses of adjustment disorder, anti-social personality disorder, or conduct disorder; and

   e. individuals with a primary diagnosis of substance use disorder unless it is a co-occurring disorder with a qualifying psychiatric diagnosis or serious emotional disturbance.

3. In most cases, individuals with severe or profound levels of intellectual disability are not appropriate for admission to a state hospital. However, individuals with a mental illness who are also diagnosed with mild or moderate intellectual disability but are

exhibiting signs of acute mental illness may be admitted to a state hospital if they meet the preceding criteria for admission due to their mental illness and have a primary need for mental health services. Once these psychiatric symptoms subside, the person must be reassessed according to AAIDD criteria and must be discharged to an appropriate setting.

4. Individuals with a mental health disorder who are also diagnosed with a co-occurring substance use disorder may be admitted to a state hospital if they meet the preceding criteria for admission.
5. For a forensic admission to a state hospital, an individual must meet the criteria for admission to a state hospital.

B. Training Centers

1. Admission to a training center for a person with intellectual disability will occur only when all of the following circumstances exist.
   a. The training center is the least restrictive and most appropriate available placement to meet the individual's treatment and training needs.
   b. Programs in the community cannot provide the necessary adequate supports and services required by an individual as determined by the CSB, pursuant to § 37.2-505 or § 37.2-606 of the *Code of Virginia*.
   c. It has been documented in the person's plan of care that the individual and his or her parents or authorized representative have selected ICF/MR services after being offered a choice between ICF/MR and community MR waiver services and that they agree with placement at a training center.
   d. The training center director approves the admission to the training center, with the decision of the director being in compliance with State Board regulations that establish the procedure and standards for issuance of such approval, pursuant to § 37.2-806 of the *Code of Virginia*.
   e. Documentation is present that the individual meets the AAIDD definition of intellectual disability and level 6 or 7 of the ICF/MR Level of Care.
   f. The individual demonstrates a need for extensive or pervasive supports and training to perform activities of daily living (ICF/MR Level of Care 6 or 7).
   g. The individual demonstrates one or more of the following conditions:
      - exhibits challenging behaviors (e.g., behavior patterns that may be manifested in self-injurious behavior, aggression toward others, or behaviors that pose public safety risks),
      - does not have a mental health diagnosis without also having an intellectual disability diagnosis, or
      - is medically fragile (e.g., has a chronic medical condition or requires specialized technological health care procedures or ongoing support to prevent adverse physical consequences).
2. After the training center director approves the admission, the CSB shall initiate the judicial certification process, pursuant to § 37.2-806 of the *Code of Virginia*.
3. Admission to a training center is not appropriate for obtaining:
   a. extensive medical services required to treat an unstable medical condition,
   b. evaluation and program development services, or

c. treatment of medical or behavioral problems that can be addressed in the community system of care.

4. Special Circumstances for Short-Term Admissions

a. Requests for respite care admissions to training centers must meet the criteria for admission to a training center and the regulations adopted by the State Board. The admission must be based on the need for a temporary placement and will not exceed statutory time limits (21 consecutive days or a maximum of 75 days in a calendar year) set forth in § 37.2-807 of the *Code of Virginia*.

b. Emergency admissions to training centers must meet the criteria for admission to a training center and must:

- be based on specific, current circumstances that threaten the individual's health or safety (e.g., unexpected absence or loss of the person's caretaker),
- require that alternate care arrangements be made immediately to protect the individual, and
- not exceed statutory time limits (21 consecutive days or a maximum of 75 days in a calendar year) set forth in § 37.2-807 of the *Code of Virginia*.

c. No person shall be admitted to a training center for a respite admission or an emergency admission unless the CSB responsible for the person's care, normally the case management CSB, has agreed in writing to begin serving the person on the day he or she is discharged from the training center, if that is less than 21 days after his or her admission, or no later than 21 days after his or her admission.

II. Preadmission Screening Services and Assessments Required Prior to State Facility Admission

A. CSB Preadmission Screening Requirements

1. CSBs will perform preadmission screening assessments on all individuals for whom admission, or readmission if the person is already in the hospital, to a state hospital is sought. A qualified CSB employee or designee shall conduct a comprehensive face-to-face evaluation of each individual who is being screened for admission to a state hospital. All CSB preadmission screeners for admission to state hospitals shall meet the qualifications for preadmission screeners as required in § 37.2-809 of the *Code of Virginia*. The preadmission screener shall forward a completed DMHMRSAS MH Preadmission Screening Form to the receiving state hospital before the individual's arrival.

2. CSBs should ensure that employees or designees who perform preadmission screenings to a state hospital have expertise in the diagnosis and treatment of mental illnesses and consult, as appropriate, with professionals who have expertise in working with and evaluating persons with intellectual disability or substance use disorders or children and adolescents with serious emotional disturbance.

3. CSBs should ensure that employees or designees who perform preadmission screenings for admission to a training center have expertise in the diagnosis and treatment of persons with intellectual disability and consult, as appropriate, with professionals who have expertise in working with and evaluating individuals with mental health or substance use disorders.

4. Results of the CSB's comprehensive face-to-face evaluation of each individual who is being screened for admission to a state facility should be forwarded to the receiving state facility for its review before the person's arrival at the facility. This evaluation should include the CSB assessments listed in the following section.

5. When an individual who has not been screened for admission by a CSB arrives at a state facility, he should be screened in accordance with procedures negotiated by the state facility and the CSBs that it serves. State facility staff will not perform preadmission screening assessments.
6. Preadmission screening CSBs must notify the state hospital immediately in cases in which the CSB preadmission screener did not recommend admission but the individual has been judicially admitted to the state hospital.
7. The case management CSB or its designee shall conduct preadmission screening assessments for the readmission of any individuals it serves in a state hospital.

B. Assessments Required Prior to Admission to a State Hospital: Section 37.2-815 of the *Code of Virginia* requires an examination, which consists of items 1 and 2 below and is conducted by an independent examiner, of the person who is the subject of a civil commitment hearing. The same *Code* section permits CSB staff, with certain limitations, to perform these examinations. The same items are required for a voluntary admission, but they do not have to be performed by an examiner referenced in § 37.2-815.

1. If there is reason to suspect the presence of a substance use disorder and available information is not adequate to make a determination of its existence, a substance use disorder screening, including completion of:
   a. a comprehensive drug screen including blood alcohol concentration (BAC), with the individual's consent, and
   b. the Substance Abuse Subtle Screening Inventory (SASSI) or Simple Screening Instrument (SSI) for adults or the adolescent version of SASSI for adolescents age 12 and older. The SASSI will not be required for youth under age 12.
2. A clinical assessment that includes:
   a. a face-to-face interview or one conducted via two-way electronic video and audio communication system, including arrangements for translation or interpreter services for individuals when necessary;
   b. clinical assessment information, as available, including documentation of:
      - a mental status examination, including the presence of a mental illness and a differential diagnosis of an intellectual disability,
      - determination of current use of psychotropic and other medications, including dosing requirements,
      - a medical and psychiatric history,
      - a substance use, dependence, or abuse determination, and
      - a determination of the likelihood that, as a result of mental illness, the person will, in the near future, suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs;
   c. a risk assessment that includes an evaluation of the likelihood that, as a result of mental illness, the person will, in the near future, cause serious physical harm to himself of others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any;
   d. an assessment of the person's capacity to consent to treatment, including his ability to:
      - maintain and communicate choice,
      - understand relevant information, and
      - comprehend the situation and its consequences;

e. a review of the temporary detention facility's records for the person, including the treating physician's evaluation, any collateral information, reports of any laboratory or toxicology tests conducted, and all admission forms and nurses' notes ;

f. a discussion of treatment preferences expressed by the person or contained in a document provided by the person in support of recovery;

g. an assessment of alternatives to involuntary inpatient treatment; and

h. recommendations for the placement, care, and treatment of the person.

3. To the extent practicable, a medical assessment performed by an available medical professional (i.e., an M.D. or a nurse practitioner) at, for example, the CSB or an emergency room. Elements of a medical assessment include a physical examination and a medical screening of:

   a. known medical diseases or other disabilities;

   b. previous psychiatric and medical hospitalizations;

   c. medications;

   d. current use of alcohol and illicit drugs, using blood alcohol concentrations and the results of the comprehensive drug screen; and

   e. physical symptoms that may suggest a medical problem.

4. If there is reason to suspect the presence of intellectual disability, to the extent practicable, a psychological assessment that reflects the person's current level of functioning based on the current AAIDD criteria should be performed if a recent psychological assessment is not already available to the preadmission screener.

5. When a state hospital accepts a direct admission, the Medical Officer on Duty should be contacted prior to admission to determine which of these assessments are needed. The state hospital shall communicate the results its decision in writing to the Board within four hours.

C. CSB Assessments Required Prior to Admission to a Training Center

1. If there is reason to suspect the presence of a substance use disorder (e.g., current or past substance dependence or addiction) and available information is not adequate to make a determination of its existence, a substance use disorder screening, including completion of:

   a. a comprehensive drug screen including blood alcohol concentration (BAC), with the individual's consent, and

   b. the Substance Abuse Subtle Screening Inventory (SASSI) or Simple Screening Instrument (SSI) for adults or the adolescent version of SASSI for adolescents age 12 and older. The SASSI will not be required for youth under age 12.

2. When indicated, an assessment of the individual's mental status to determine the presence of a co-occurring mental illness. This mental status assessment should include:

   a. a face-to-face interview, including arrangements for translation or interpreter services for individuals;

   b. clinical assessment information, as available, including documentation of the following:

      - a mental status examination,
      - current psychotropic and other medications, including dosing requirements,

- medical and psychiatric history,
- substance use or abuse,
- information and recommendations of other current service providers (e.g., treating physicians) and appropriate significant persons (e.g., spouse, parents), and
- ability to care for self; and

c. assessment of capacity to consent to treatment, including an evaluation of such processes as the ability to:

- maintain and communicate choice,
- understand relevant information, and
- understand the situation and its consequences.

3. A completed application package, which includes the following for a certified admission:

a. a completed DMHMRSAS Intellectual Disability Preadmission Screening form forwarded to the receiving training center before the individual's arrival;

b. an ICF/MR Level of Care Assessment;

c. an Intellectual Disability Social History form;

d. a Medical History form and a Current Medical Information form, which contains a statement, signed by a physician within 30 days prior to the date of the admission application, indicating that the individual is free of communicable diseases;

e. a psychological evaluation that reflects the person's current level of functioning based on the current AAIDD criteria;

f. release of information forms for pertinent information about individuals receiving services to be transferred between the CSB and the training center;

g. a plan for discharge, including tentative date of discharge, appropriate services and supports, and the name of the CSB case manager; and

h. an assessment of alternatives to admission and a determination, with appropriate documentation, that training center placement is the least restrictive intervention.

4. For emergency admissions to a training center, information requirements for the admission package are limited, but must include:

a. a completed DMHMRSAS Intellectual Disability Preadmission Screening form;

b. an Intellectual Disability Social History form;

c. a Medical History form and Current Medical Information form, which contains a statement, signed by a physician within 30 days prior to the date of the admission application, as to whether the individual is free of communicable diseases; and

d. a psychological evaluation, with level of intellectual disability based on the AAIDD criteria, that reflects the person's current level of functioning and ICF/MR level of care; or

e. a completed Emergency Care Admission Intake Form with attachments or other emergency admission forms that do not exceed the requirements set forth in the preceding items for emergency admissions but meet training center requirements.

D. Disposition of Individuals with Acute or Unstable Medical Conditions

1. Individuals who are experiencing acute or unstable medical conditions will not receive medical clearance for admission to a state hospital or training center. Examples of these conditions include: untreated acute medical conditions requiring surgery or other immediate treatment, acute pneumonia, respiratory distress, acute renal failure or chronic renal failure requiring dialysis, unstable diabetes, symptoms of alcohol or drug toxicity, and erratic consciousness of unknown origin.
2. CSBs should have procedures in place to divert individuals who do not meet state facility admission criteria due to with medical conditions to appropriate medical facilities.

E. Procedures for Dealing with Inappropriate Judicial Admissions to State Facilities

1. The individual's case management CSB shall immediately formulate and implement a discharge plan, as required by § 37.2-505 or § 37.2-606 of the *Code of Virginia*, if a state hospital determines that an individual who has been judicially admitted to the hospital is inappropriate for admission (e.g., the person does not meet the admission criteria listed in these procedures).
2. CSBs will be notified of the numbers of their admissions that state hospitals have determined do not meet the admission criteria in these procedures. State hospitals will report this information to the Department and the affected CSBs at least quarterly in a format prescribed by the Department. This information will be discussed during the bi-monthly utilization review and utilization management process developed and implemented by CSBs and state hospitals, which is described in the next section. This will include inappropriate jail transfers for evaluation and treatment.

III. CSB Participation on Interdisciplinary Treatment Teams and Coordination with State Facility in Service Planning

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to participation in treatment planning while the individual is in the state hospital or training center (state facility).

A. Staff of the case management CSBs shall participate in readmission hearings at state hospitals by attending the hearings or participating in teleconferences or video conferences. State hospital staff will not represent CSBs at readmission hearings.

B. CSBs and state facilities shall develop and implement a bi-monthly utilization review and utilization management process to discuss and address issues related to the CSB's utilization of state facility services. This includes reviewing the status and lengths of stay of individuals served by the CSB and developing and implementing actions to address census management issues.

IV. CSB Discharge Planning Responsibilities

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to discharge planning responsibilities.

A. State facilities shall provide or arrange transportation, to the extent practicable, for individuals for discharge-related activities. Transportation includes travel from state facilities to community settings for trial visits and back to state facilities after such visits. The case management CSB shall provide or arrange transportation, to the extent

practicable, for an individual whose admission to a state facility has been determined to be inappropriate, resulting in the person's discharge in accordance with § 37.2-837, § 37.2-505, § 37.2-606, or § 16.1-346.B of the *Code of Virginia*, and shall provide or arrange transportation for individuals when they are discharged from state facilities.

V. Discharge Criteria and Resolution of Disagreements about an Individual's Readiness for Discharge

A. Each state facility and the CSBs that it serves will use the following discharge criteria.

1. ***State Hospitals***

a. **Adults:** An adult will be discharged from a state hospital when hospitalization is no longer clinically appropriate. The interdisciplinary treatment team will use all of the following criteria to determine an individual's readiness for discharge:

1.) the individual has a mental illness but there is not a substantial likelihood that, as a result of mental illness, the person will, in the near future,

a.) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or

b.) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; and

2.) inpatient treatment goals, as documented in the person's individualized treatment plan, have been addressed sufficiently, and

3.) the individual is free from serious adverse reactions to or complications from medications and is medically stable.

b. **Children and Adolescents:** A child or an adolescent will be discharged from a state hospital when he or she no longer meets the criteria for inpatient care. The interdisciplinary treatment team will use the following criteria to determine an individual's readiness for discharge:

1.) the minor no longer presents a serious danger to self or others, and

2.) the minor is able to care for himself in a developmentally appropriate manner; and, in addition,

3.) the minor, if he is on psychotropic medication, is free from serious adverse effects or complications from the medications and is medically stable;

OR when any of the following apply:

4.) the minor is unlikely to benefit from further acute inpatient psychiatric treatment;

5.) the minor has stabilized to the extent that inpatient psychiatric treatment in a state hospital is no longer the least restrictive treatment intervention; or

6.) if the minor is a voluntary admission, the legal guardian or the minor, if he is age 14 or older, has withdrawn consent to admission (§ 16.1-338.D of the *Code of Virginia*), unless continued hospitalization is authorized under § 16.1-339, § 16.1-340, or § 16.1-345 of the *Code of Virginia* within 48 hours of the withdrawal of consent to admission.

2. ***Training Centers***: Any individual is ready for discharge from a training center when the supports that are necessary to meet his or her needs are available in the community of his or her choice.

B. The state facility shall provide assessment information that is equivalent to the information specified in sections II.B. or II.C. (except for items B.3.a. and g. and C.3.a. and h.) of these procedures to the CSB when an individual is being considered for discharge to the community.

C. The CSB shall be notified when the state facility interdisciplinary treatment team determines that an individual admitted to a state facility does not meet the admission criteria in these procedures and needs to be discharged in accordance with § 37.2-837 and § 37.2-505 or § 37.2-606 of the *Code of Virginia*.

D. A disagreement as to whether an individual is ready for discharge from a state facility is solely a clinically-based disagreement between the state facility treatment team and the CSB that is responsible for the individual's care in the community. A dispute may occur when either:

1. the treatment team determines that the individual is clinically ready for discharge and the CSB disagrees; or
2. the CSB determines that an individual is clinically ready for discharge and the treatment team disagrees.

VI. CSB Post-discharge Services

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to post-discharge services responsibilities.

A. Individuals discharged from a training center who have missed their first appointment with a CSB case manager or in a day support program shall be contacted by the case management CSB within 14 calendar days.

B. To reduce readmissions to training centers, CSBs shall, to the extent practicable, establish an MR crisis stabilization/behavior management capability to work with individuals who have been discharged from a training center who are having difficulty adjusting to their new environments.

Appendix B: Federal Substance Abuse Prevention and Treatment Block Grant Requirements

Certification Regarding Environmental Tobacco Smoke: Substance Abuse Prevention and Treatment (SAPT) Block Grant and Community Mental Health Services Block Grant

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; Boards whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing a performance contract, a Board certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services to children as defined by the Act.

A Board agrees that it will require that the language of this certification be included in any subawards that contain provisions for children's services and that all subrecipients shall certify accordingly.

Special Federal Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959) Compliance Requirements

Treatment services provided with federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds must satisfy federally mandated requirements. SAPT funds must be treated as the payer of last resort only for providing services to pregnant women and women with dependent children and TB and HIV services [Source: 45 CFR § 96.137]. Relevant requirements of the Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule (45 CFR Part 96) are summarized below. As subgrantees of the Department, the Board and its subcontractors under this performance contract are responsible for compliance with these requirements. Failure to address these requirements may jeopardize all SAPT block grant funds awarded to the Board.

1. **Meet Set-Aside Requirements:** Federal law requires that the state expend its allocation to address established minimum set-asides. In order to address these set-asides, the Department shall designate its awards to the Board in specified categories, which may include:

   a. primary prevention,

   b. services to pregnant women and women with dependent children, and

   c. services for persons at risk of HIV/AIDS.

   The Board must utilize these funds for the purposes for which they are indicated in the performance contract and the letter of notification. The Board must provide documentation in its semi-annual (2nd quarter) and annual (4th quarter) performance contract reports of expenditures of the set-asides to the Office of Substance Abuse Services and the Division of Finance and Administration in the Department to ensure that the state meets its set-aside requirements.

   [Sources: 45 CFR § 96.124 and 45 CFR § 96.128]

2. **Primary Prevention Services:** Federal law requires that funds designated for primary prevention services be directed at individuals not identified to be in need of treatment and that a variety of strategies be utilized, to include the following strategies.

   a. *Information Dissemination*: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include:

      1) clearinghouse and information resource center(s),
      2) resource directories,
      3) media campaigns,
      4) brochures,
      5) radio and TV public service announcements,
      6) speaking engagements,
      7) health fairs and health promotion, and
      8) information lines.

   b. *Education*: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator or facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages), and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include:

      1) classroom and small group sessions (all ages),
      2) parenting and family management classes,
      3) peer leader and helper programs,
      4) education programs for youth groups, and
      5) children of substance abusers groups.

   c. *Alternatives*: This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco, and other drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted and methods used for this strategy include:

      1) drug free dances and parties,
      2) youth and adult leadership activities,
      3) community drop-in centers, and
      4) community-service activities.

   d. *Problem Identification and Referral*: This strategy aims at identification of those who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those persons who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include:

      1) employee assistance programs,
      2) student assistance programs, and
      3) driving while under the influence and driving while intoxicated programs.

   e. *Community-Based Process*: This strategy aims to enhance the ability of the community to provide prevention and treatment services for alcohol, tobacco, and drug abuse disorders more effectively. Activities in this strategy include organizing, planning, enhancing

efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building, and networking. Examples of activities conducted and methods used for this strategy include:

1) community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff and officials training;
2) systemic planning;
3) multi-agency coordination and collaboration;
4) accessing services and funding; and
5) community team-building.

f. *Environmental*: This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy include:

1) promoting the establishment and review of alcohol, tobacco, and drug use policies in schools;
2) technical assistance to communities to maximize local enforcement procedures affecting the availability and distribution of alcohol, tobacco, and other drugs;
3) modifying alcohol and tobacco advertising practices; and
3) product pricing strategies.

[Source: 45 CFR § 96.125]

3. **Services to Pregnant Women and Women with Dependent Children:** Federal law requires that funds allocated to the Board under this set-aside must support, at a minimum, the following services, either directly or by a written memorandum of understanding:

a. primary medical care for women, including referral for prenatal care, and child care while such women are receiving this care;

b. primary pediatric care, including immunization for their children;

c. gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, and parenting and child care while the women are receiving these services;

d. therapeutic interventions for children in custody of women in treatment that may, among other things, address their developmental needs and their issues of sexual and physical abuse and neglect; and

e. sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs 2.a-d.

In addition to complying with the requirements described above, the Board shall:

a. treat the family as a unit and, therefore, admit both women and their children into treatment services, if appropriate [Source: 45 CFR § 96.124(e)];

b. report to the Department when it has insufficient capacity to provide treatment to the woman and make available interim services, including a referral for prenatal care, within 48 hours of the time the woman initially seeks services [Source: 45 CFR § 96.131]; and

c. publicize the availability and priority of treatment for pregnant women [Source: 45 CFR § 96.131].

4. **Preference in Admission:** The Board must give preference in admission to pregnant women who seek or are referred for and would benefit from SAPT Block Grant-funded treatment services. The Board must give admission preference to individuals in the following order:

   a. pregnant injecting drug users,

   b. other pregnant substance abusers,

   c. other injecting drug users, and

   d. all other individuals.

   [Source: 45 CFR § 96.128]

5. **Services for persons at risk of HIV/AIDS:** Virginia is no longer considered a designated state under these regulations and is no longer required to spend five percent of the federal SAPT Block Grant on HIV Early Intervention Services (EIS). Further, Virginia is prohibited from spending federal funds on HIV EIS. Consequently, neither the Department nor the Board may spend federal SAPT Block Grant funds for these services. However, if the Board has an HIV rate of 10 percent or more and wishes to continue its HIV EIS during the term of this contract, it may use state general or local funds that are available to it for this purpose. If the Board uses state general funds for HIV EIS, those funds will become restricted for that purpose, and the Board must meet the same requirements as the federal criteria for HIV EIS activities. In any event, the Board should determine if individuals are engaging in high risk behaviors for HIV infection and encourage them to contact their local health departments for HIV testing and preventative supplies.

6. **Interim Services:** Federal law requires that the Board, if it receives any Federal Block Grant funds for operating a program of treatment for substance addiction or abuse, either directly or through arrangements with other public or private non-profit organizations, routinely make available services for persons who have sought admission to a substance abuse treatment program yet, due to lack of capacity in the program, have not been admitted to the program. While awaiting admission to the program, these individuals must be provided, at a minimum, with certain interim services, including counseling and education about HIV and tuberculosis (TB). Interim services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of such interim services are to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease.

   a. For pregnant women, interim services also include counseling about the effects of alcohol and drug abuse on the fetus and referral for prenatal care. [Source: 45 CFR § 96.121, Definitions]

   b. At a minimum, interim services must include the following:
      1) counseling and education about HIV and tuberculosis (TB),
      2) the risks of needle sharing, the risks of transmission to sexual partners and infants, and
      3) the steps that can be taken to ensure the HIV and TB transmission does not occur and include referral for HIV or TB treatment services, if necessary.

   [Source: 45 CFR §§ 96.121 and 96.126]

7. **Services for Individuals with Intravenous Drug Use:** If the Board offers a program that treats individuals for intravenous drug abuse, it must:

   a. provide notice to the Department within seven days when the program reaches 90 percent of capacity;

   b. admit each individual who requests and is in need of treatment for intravenous drug abuse not later than:
      1) 14 days after making the request, or
      2) 120 days after making the request if the program

- has no capacity to admit the person on the date of the request, and
- within 48 hours of the request makes interim services as defined in 45 CFR § 96.126 available until the individual is admitted to the program;

c. maintain an active waiting list that includes a unique identifier for each injecting drug abuser seeking treatment, including individuals receiving interim services while awaiting admission;

d. have a mechanism in place that enables the program to:
   1) maintain contact with individuals awaiting admission, and
   2) admit or transfer individuals on the waiting list at the earliest possible time to an appropriate treatment program within a reasonable geographic area;

e. take individuals awaiting treatment off the waiting list only when one of the following conditions exists:
   1) such persons cannot be located for admission, or
   2) such persons refuse treatment; and

f. encourage individuals in need of treatment for intravenous drug use to undergo such treatment, using outreach methods that are scientifically sound and that can reasonably be expected to be effective; such outreach methods include:
   1) selecting, training, and supervising outreach workers;
   2) contacting, communicating, and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of federal and state confidentiality requirements, including 42 CFR Part 2;
   3) promoting awareness among injecting drug users about the relationship between injecting drug abuse and communicable diseases, such as HIV;
   4) recommending steps that can be taken to ensure that HIV transmission does not occur; and
   5) encouraging entry into treatment.

[Sources: 45 CFR §§ 96.121 and 96.126]

8. Tuberculosis (TB) Services:

a. Federal law requires that the Board, if it receives any Federal Block Grant funds for operating a program of treatment for substance addiction or abuse, either directly or through arrangements with other public or private non-profit organizations, routinely make available the following tuberculosis services to each individual receiving treatment for substance abuse [45 CFR § 96.121 (Definitions)]:

   1) counseling individuals with respect to tuberculosis,
   2) testing to determine whether the individual has been infected with mycobacteria tuberculosis to identify the appropriate form of treatment for the person, and
   3) providing for or referring the individuals infected with mycobacteria tuberculosis for appropriate medical evaluation and treatment.

b. The Board must follow the protocols established by the Department and the Department of Health and distributed by the Department of Health for screening for, detecting, and providing access to treatment for tuberculosis.

c. All individuals with active TB shall be reported to the appropriate state official (the Virginia Department of Health, Division of TB Control), as required by state law and in accordance with federal and state confidentiality requirements, including 42 CFR Part 2.

d. The Board shall:
   1) establish mechanisms to ensure that individuals receive such services, and
   2) refer individuals who are denied admission due to lack of service capacity to other providers of TB services.

[Source: 45 CFR § 96.127]

9. **Other Requirements**

   a. The Board shall make available continuing education about treatment services and prevention activities to employees in SAPT Block Grant-funded treatment and prevention programs. The Board shall provide support to the greatest extent possible for at least 20 hours annually of prevention-specific training for prevention directors, managers, and staff. If the Board hires a new prevention director or manager, it agrees to support his or her participation in the 12-month prevention director mentorship program as space is available.

   b. The Board shall implement and maintain a system to protect individual services records maintained by SAPT Block Grant-funded services from inappropriate disclosures. This system shall comply with applicable federal and state laws and regulations, including 42 CFR, and provide for employee education about the confidentiality requirements and the fact that disciplinary action may be taken for inappropriate disclosures. [Source: 45 CFR § 96.132]

10. **Faith-Based Service Providers:** In awarding contracts for substance abuse treatment, prevention, or support services, the Board shall consider bids from faith-based organizations on the same competitive basis as bids from other non-profit organizations. Any contract with a faith-based organization shall stipulate compliance with the provisions of 42 CFR Parts 54 and 54a and 45 CFR Parts 96, 260, and 1050. Funding awarded through such contracts shall not be used for inherently religious activities, such as worship, religious instruction, or proselytizing. Such organizations are exempt from the requirements of Title VII of the Civil Rights Act regarding employment discrimination based on religion. However, such organizations are not exempt from other provisions of Title VII or from other statutory or regulatory prohibitions against employment discrimination based on disability or age. These organizations are subject to the same licensing and human rights regulations as other providers of substance abuse services. The Board shall be responsible for assuring that the faith-based organization complies with the provisions described in these sections. The Board shall provide individuals referred to services provided by a faith-based organization with notice of their right to services from an alternative provider. The Board shall notify the Office of Substance Abuse Services in the Department each time such a referral is required.

11. **Prevention Services Addressing Youth Tobacco Use and Underage Drinking:** The Board shall select and implement evidence-based programs and practices that target youth tobacco use and underage drinking, based on rates of youth tobacco and alcohol use and age of first use that exceed or fall below state rates in the Board's service area. The Board shall integrate underage drinking, youth access, and smoking prevention strategies and education into prevention services as appropriate and report this integration through the KIT Prevention System.

    [Sources: 42 USC 300x-26 and 45 CFR § 96.130]

12. **Evidence-Based Programs:** The Board shall ensure that a minimum of 50 percent of all prevention programs and strategies entered in the KIT Prevention System and supported wholly or in part by the SAPT Block Grant prevention set-aside are evidence-based or are included in a federal list or registry of evidence-based interventions. If the Board's rate exceeds 50 percent in FY 2007, it shall maintain or increase its FY 2007 percentage of evidence-based programs in FY 2008. The Board shall increase the minimum percentage of evidence-based programs to 75 percent by FY 2010. The Board shall replicate any evidence-based program as directed by that program's guidelines or as adapted in collaboration with that program's developer.

CITY OF COLONIAL HEIGHTS

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COLONIAL HEIGHTS, VA 23834-9001
www.colonial-heights.com

Office of the City Manager

TO: The Honorable Mayor and Members of City Council

FR: Richard A. Anzolut, Jr., City Manager

DATE: July 10, 2009

SUBJ: Resolution 09-28 requesting the General Assembly to add Colonial Heights to the localities that can regulate the height of grass on occupied properties.

The Mayor has requested that this subject be considered by City Council during the meeting of July 14, 2009. The Resolution is self-explanatory and is a follow-up to a briefing by the City Attorney earlier this year. Should the Resolution be adopted, staff will follow through with our legislators and our representatives in the General Assembly.

Please contact the City Attorney or me with any questions.

cc: Hugh P. Fisher, III, City Attorney
George W. Schanzenbacher, Director of Planning & Community Development

A RESOLUTION NO. 09-28

A Resolution concerning regulation of tall grass, weeds, and other foreign growth on occupied properties within the City of Colonial Heights.

WHEREAS, subsection A.3 of Virginia Code Section 15.2-901 gives the City of Colonial Heights the authority to regulate tall grass, weeds and other foreign growth only on vacant developed or undeveloped property; and

WHEREAS, subsection A.3 authorizes the Cities of Newport News and Williamsburg and localities in Planning District 8 to adopt an ordinance to regulate tall grass, weeds, and other foreign growth on occupied property; and

WHEREAS, currently owners of certain occupied properties in the City of Colonial Heights allow the grass, weeds, and other foreign growth on such properties to exceed twelve inches in height; and

WHEREAS, excessive grass, weeds, and other foreign growth on occupied properties is both unsightly and a health hazard; NOW, THEREFORE,

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF COLONIAL HEIGHTS:

1. That Council hereby petitions Delegate M. Kirkland Cox and Senator Stephen H. Martin to take legislative action at the General Assembly's next term to have the City of Colonial Heights added to those localities in subsection A.3 of Virginia Code Section 15.2-901 that are authorized to enact an ordinance regulating tall grass, weeds, and other foreign growth on occupied properties.

2. That this resolution shall be in full force and effect upon its passage.

Approved:

_____
Mayor

Attest:

_____
City Clerk

****

I certify that the above resolution was:

Adopted on _____.

Ayes: _____. Nays: _____. Absent: _____. Abstain: _____.

The Honorable Milton E. Freeland, Jr., Councilman: _____.

The Honorable Kenneth B. Frenier, Councilman: _____.

The Honorable W. Joe Green, Jr., Councilman: _____.

The Honorable Elizabeth G. Luck, Vice Mayor: _____.

The Honorable John T. Wood, Councilman: _____.

The Honorable Diane H. Yates, Councilwoman: _____.

The Honorable C. Scott Davis, Mayor: _____.

_____
City Clerk

Approved as to form:

Hugh P. Foster, III
City Attorney

§ 15.2-901. Locality may provide for removal or disposal of trash, cutting of grass and weeds; penalty in certain counties; penalty.

A. Any locality may, by ordinance, provide that:

1. The owners of property therein shall, at such time or times as the governing body may prescribe, remove therefrom any and all trash, garbage, refuse, litter and other substances which might endanger the health or safety of other residents of such locality; or may, whenever the governing body deems it necessary, after reasonable notice, have such trash, garbage, refuse, litter and other like substances which might endanger the health of other residents of the locality, removed by its own agents or employees, in which event the cost or expenses thereof shall be chargeable to and paid by the owners of such property and may be collected by the locality as taxes are collected;

2. Trash, garbage, refuse, litter and other debris shall be disposed of in personally owned or privately owned receptacles that are provided for such use and for the use of the persons disposing of such matter or in authorized facilities provided for such purpose and in no other manner not authorized by law;

3. The owners of vacant developed or undeveloped property therein, including such property upon which buildings or other improvements are located, shall cut the grass, weeds and other foreign growth on such property or any part thereof at such time or times as the governing body shall prescribe; or may, whenever the governing body deems it necessary, after reasonable notice as determined by the locality, have such grass, weeds or other foreign growth cut by its agents or employees, in which event the cost and expenses thereof shall be chargeable to and paid by the owner of such property and may be collected by the locality as taxes are collected. In the Cities of Newport News and Williamsburg and in a locality within Planning District 8, an ordinance adopted pursuant to this subdivision may also apply to owners of occupied property therein. No such ordinance adopted by any county shall have any force and effect within the corporate limits of any town. No such ordinance adopted by any county having a density of population of less than 500 per square mile shall have any force or effect except within the boundaries of platted subdivisions or any other areas zoned for residential, business, commercial or industrial use.

B. Every charge authorized by this section with which the owner of any such property shall have been assessed and which remains unpaid shall constitute a lien against such property ranking on a parity with liens for unpaid local taxes and enforceable in the same manner as provided in Articles 3 (§ 58.1-3940 et seq.) and 4 (§ 58.1-3965 et seq.) of Chapter 39 of Title 58.1. A locality may waive such liens in order to facilitate the sale of the property. Such liens may be waived only as to a purchaser who is unrelated by blood or marriage to the owner and who has no business association with the owner. All such liens shall remain a personal obligation of the owner of the property at the time the liens were imposed.

C. The governing body of any locality may by ordinance provide that violations of this section shall be subject to a civil penalty, not to exceed $50 for the first violation, or violations arising from the same set of operative facts. The civil penalty for subsequent violations not arising from the same set of operative facts within 12 months of the first violation shall not exceed $200. Each business day during which the same violation is found to have existed shall constitute a separate offense. In no event shall a series of specified violations arising from the same set of operative facts result in civil penalties that exceed a total of $3,000 in a 12-month period.

D. Except as provided in this subsection, adoption of an ordinance pursuant to subsection C shall be in lieu of criminal penalties and shall preclude prosecution of such violation as a misdemeanor. The governing body of any locality may, however, by ordinance provide that such violations shall be a Class 3 misdemeanor in the event three civil penalties have previously been imposed on the same defendant for the same or similar violation, not arising from the same set of operative facts, within a 24-month period. Classifying such subsequent violations as criminal

offenses shall preclude the imposition of civil penalties for the same violation.

(Code 1950, § 15-14; 1962, cc. 400, 623, § 15.1-11; 1964, c. 31; 1968, c. 423; 1974, c. 655; 1978, c. 533; 1983, cc. 192, 390; 1990, c. 177; 1992, c. 649; 1994, c. 167; 1997, c. 587; 1999, c. 174; 2000, c. 740; 2001, c. 750; 2003, c. 829; 2006, c. 275; 2009, c. 446.)

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CITY OF COLONIAL HEIGHTS

P.O. BOX 3401
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www.colonial-heights.com

Department of Planning and Community Development

MEMORANDUM

To: Honorable Mayor and Members of City Council
Mr. Richard A. Anzolut Jr., City Manager

From: George W. Schanzenbacher, Director

RECEIVED
JUL 08 2009
CITY CLERK'S OFFICE

Date: July 8, 2009

Subject: Planning Commission Actions at July 7, 2009 meeting

At the July 7, 2009 meeting of the Commission the following actions were taken:

1. Approved minutes of the June 2009 meeting (Attached).

2. Gave conditional approval of Roslyn Farm Corporations plan to construct a 2,723 sq ft office building at the corner of CH Dimmock Parkway and Temple Lake Drive

3. Gave conditional approval of a 2 lot subdivision at the end of Clifton drive owned by J. B. Veazey.

4. Discussed Accessory Apartments in the proposed low density residential district and recommended that they not be allowed, if they contained separate kitchen facilities. Staff will develop the precise language for the new ordinance.

5. Amended the by laws to include a specific time requirement for the submittal of initial plan of development of twenty eight (28) days and twenty one (21) days for the resubmission of plans.

CITY OF COLONIAL HEIGHTS
REGULAR PLANNING COMMISSION MEETING
JUNE 2, 2009, 7:00 P.M.

CALL TO ORDER

The regular Colonial Heights Planning Commission Meeting was called to order by Chairman Harry B. Hargis, Jr. Mr. Milton E. Freeland, Jr.; Mrs. Mary Ann Hamilton; Mr. Lewis L. Johnson, Jr.; Mr. Michael A. Magnusson; Mr. James L. O'Connell; Mr. Charles E. Townes and Mr. Richard A. Anzolut, Jr., City Manager were present. Also in attendance were Harold Caples, Assistant Public Works Director; Mr. Hugh P. Fisher, III, City Attorney and Mr. George W. Schanzenbacher, Director of Planning and Community Development. A quorum was determined for the conducting of business.

APPROVAL OF MINUTES OF MAY 5, 2009

Mr. Hargis asked if there were any changes to the minutes. The minutes were approved on a 6 to 0 roll call vote with Mr. Magnusson abstaining.

APPROVAL OF AGENDA

There were no changes to the agenda.

HEARING OF CITIZENS GENERALLY

No one spoke.

PUBLIC HEARINGS

Amendment to sign regulations.

Mr. Schanzenbacher read the rules for procedure of a public hearing.

Mr. Schanzenbacher stated what the Commission has before them tonight is a proposed amendment to the sign regulations that deals with ground signs. We had one situation on the Boulevard where a ground sign met all the current regulations, but because where it was located was so close to the edge of pavement or the curb it created a clear vision problem for people exiting from the parking lot. Normally for ground signs, they are setback a distance from the edge of pavement. The proposed amendment requires that any ground sign be at least 8-feet from the edge of the curb or road pavement. This could occur primarily on the Boulevard. We don't think this would occur very often, but in certain circumstances the edge of pavement or the edge of the curbing

may be at the edge of the right-of-way. Normally, there are not any front yard setback requirements for signs. It can be right up to the edge of right-of-way.

Mr. Johnson asked Mr. Schanzenbacher what he meant by edge of right-of-way. Is that 6-feet off the Boulevard.

Mr. Schanzenbacher stated that is not necessarily so and that is the problem. In some cases it maybe more and other maybe less, because the Boulevard has been adjusted many times over the years and in addition we have Cedar Lane. Some of which has been built on, parts are still owned by the City and in some cases it has been abandoned and privately owned, so we have a number of different scenarios that could come in to play. In any other commercial area you will find the road itself does not take up 100% of the width of the right-of-way. There is a green space that is often 6 to 7 feet.

Mr. Johnson stated he didn't know if curb and sidewalk is part of the right-of-way.

Mr. Schanzenbacher stated it usually would be, but no always.

Mr. Johnson asked if Mr. Schanzenbacher was saying 8-foot behind the sidewalk.

Mr. Schanzenbacher stated no.

Mr. Townes said the curb line or the pavement.

Mr. Hargis asked would the existing sign at 1910 Boulevard would stay there.

Mr. Schanzenbacher stated it would be moved and would become a pole sign, as a result of the Boulevard Revitalization efforts. The City Council has approved funding to raise the sign up and relocate it. That problem would go away. There may only be one other sign at the corner of Westover and the Boulevard that maybe close to that situation.

Mr. Freeland stated actually in this instance Mr. Lin Lane and the people at Village Coin have agreed to swap the location of the sign also.

Mr. Freeland stated it was not just the Boulevard Revitalization, but it would correct the problem.

Mr. O'Connell asked at whose expense.

Mr. Freeland stated from both the owner and the City.

Mrs. Hamilton stated she was curious, do these owners just pick a place to locate these signs or does somebody tell them where to put the sign.

Mr. Schanzenbacher stated the current ordinance does not require a setback from the edge of property for commercial signs, either a ground sign or a pole sign. That has been that way for a long time. With the Boulevard Revitalization Overlay District being created, we introduced the concept of ground signs.

Mr. Hargis stated there were no citizens here tonight that would wish to speak to this matter.

There was no further discussion.

Mr. O'Connell made MOTION to approve Resolution No. 09-3 (PC) and be forwarded to City Council and seconded by Mr. Townes. The motion passed on a 7 to 0 roll call vote.

Mr. Hargis stated this concludes the public hearing.

PLANS OF DEVELOPMENT/SUBDIVISION

A. PD-09-7 Cricket Communication-Collocation of Antennas and Equipment on VSU Water Tank. Mr. Schanzenbacher stated this is very similar to what the Commission saw last month, but just a different location. Mr. O'Connor from Cricket Communication is here tonight to address any questions the Commission might have. They are proposing to put an antenna and equipment on the water tank at Virginia State University, similar to the tower that VDOT owns. We have had several of these over the years, where they put the communication equipment on the water tower. You have the Staff review comments, which are very limited.

Mr. Hargis stated the reason this has come before us is because one of the footprints is on Colonial Heights property.

Mr. Schanzenbacher stated this corner of the campus is actually in the City of Colonial Heights.

Mr. Hargis asked if there was any further discussion.

There, being no further discussion, Mr. Townes made MOTION to approve and seconded by Mr. Freeland. The motion passed on a 7 to 0 roll call vote.

OLD BUSINESS

A. Z-08-1 – 880 West Roslyn Road – Rezoning from M-L Limited Industrial District to B-3 General Business (high density) District-deferred to the July 2009 meeting at the request of the applicant. Mr. Schanzenbacher stated that we have received the traffic impact study and that has been referred on to VDOT, so we are still talking another 45-days.

Mr. Caples stated it is going to be at least that many days, but it is going to be more likely more than that.

Mr. Schanzenbacher stated they are at least making progress.

B. PD-09-2 AB Cook Farm-Commercial Development-Phase I-deferred to the July 2009 meeting at the request of the applicant. Mr. Hargis stated that he has been some changes to this matter.

Mr. Schanzenbacher stated they deferred the plan until the July meeting, because they weren't quiet ready with the modifications. He then asked if the Commission was aware of the City Council's action on this matter.

Mr. Anzolut stated the matter as you were informed of it last month, what we call plan two, required the vacation of Cedar Lane past the developed houses down the hill was introduced on the first reading by the Council at their last meeting. So, it is scheduled for second reading on the Council's consent agenda this coming Tuesday night. The property would be vacated and conveyed to the developer for inclusion into the development site, of course, with all the public improvements.

Mr. Johnson asked if the Council had as much citizen input as the Planning Commission had at their meeting.

Mr. Anzolut asked would that be in numbers of citizens or time elapsed.

Mr. Johnson stated however Mr. Anzolut wanted to phrase it.

Mr. Anzolut stated the time elapsed was approximately the same, but the number of citizens was fewer. A particular citizen that addressed the Commission really had a comprehensive list. He stated he thinks the Commission had eight or nine citizens, but the Council only had three. He then stated he didn't think that there was anything that the Commission heard that Council didn't hear, even though fewer citizens.

C. S-09-1 Resubdivision of Lot 39 J. A. Picardat & J. H. Pritchett Subdivision-deferred to July 2009 meeting at request of applicant. Mr. Schanzenbacher stated the designer left a message today that said he is ready to resubmit his plan and he wanted to set up a meeting so he could review them before they are submitted. It appears that he would ready to go for the July meeting. He then stated as soon as he gets them, he would review them with Mr. Caples and if they look all right, we would then proceed forward.

D. Proposed Zoning Ordinance-accessory dwelling units. Mr. Schanzenbacher stated the information that he just handed the Commission was just received today. This is from our zoning consultant trying to address some of the questions that were raised last month concerning home occupations and accessory apartments. He did do a study of several smaller communities to see how they addressed the issues. Home occupations are generally allowed in small communities. On accessory apartments it is a little bit more of a mixed bag, some do and some don't allow them and some have special requirements for such approvals. We could entertain any discussion the Commission may want on this matter tonight or we could just forging along and when Staff brings this document to the Commission you could ultimately decide at that point in time. Right now they are included in the document. Now would be the time to let us know, although it is something that could be removed when we do the detail review.

Mr. Freeland asked if it would be possible to have more comparison from some more localities for this to see what others might do other than just these we have here.

Mr. Schanzenbacher stated sure we could do that. He asked Mr. Freeland if he had something specific in mind. He said he thinks the consultant tried to focus on the smaller communities.

Mr. Freeland stated he agrees with that.

Mr. O'Connell stated we have three yeses and three nos. What is going to be incorporated in this draft?

Mr. Anzolut stated when it comes to accessory apartments he could offer some direct experience in two of the yeses and point out that it is only in the higher density classification, both in Front Royal and Stanton. That zoning characteristic that we do

one, two, three and four and you can see although they permit them, they only permit them in the higher density zoning classification. He believes the questions were in R-1 or what would become the low density residential, if they are retired.

Mr. Townes stated for this to really have meaning, he thinks, when he looks at Front Royal or Stanton, and it says R-3, he thinks for us to be able to properly interpret this, we need to know what is R-3 in that community.

Mr. Anzolut stated it is virtually an identical definition to that what is currently in Colonial Heights. We are consolidating R-1 and R-2.

Mr. Townes asked was Stanton the same thing.

Mr. Anzolut stated it is the same.

Mr. Townes said so really what we are saying is R-1 would be no.

Mr. Anzolut stated that was correct.

Mr. Townes said which was what we discussed before.

Mr. Anzolut stated he thinks that was the basis of the consideration.

Mr. Freeland asked if the accessory apartment was attached or unattached.

Mr. Schanzenbacher stated that is kind of a subset of the bigger question. He then stated he truly didn't have a chance to go through detail, but in most communities they are attached to the principal structure. Once in awhile, you might see something like a second unit in a detached garage, if they are allowed at all.

Mr. Hargis asked if there was any reason to leave Hopewell out.

Mr. Schanzenbacher stated he didn't know. If the Commission would like us to do some additional research, we could do that. For the next meeting, would the Commission like for him to bring that section of the ordinance and review that against this or bring some additional information.

Mr. Townes stated he was happy with what Mr. Anzolut said.

Mr. Anzolut stated this is a pretty good cross-section, but we could look at some more progressive localities, but they would be larger than Colonial Heights. He would

consider Charlottesville to be likely progressive and Lynchburg is one of more progressive municipalities. They might be missing from perfect comparison list. You might want to know what Hopewell is doing just because you have Petersburg. The only reason he says Front Royal is a good comparison, because they rewrote their ordinance in the last three years. He had that project set before coming to Colonial Heights.

Mr. Freeland said we don't have anything in our current code as it stands. Is that correct?

Mr. Schanzenbacher stated no and that is one of the reasons we want to get some clarification on this issue, because it keeps coming up in the community. We have had a lot of situations where there have been conversions some legal and some illegal over the years and it just really wasn't clear guidance in the code now.

Mr. Freeland stated in our new ordinance it would be just R-1 and R-2. We don't know what the proposed R-1 would be as of now.

Mr. Schanzenbacher stated it would be just a single-family district.

Mr. Anzolut stated that R-1 and R-2 would be merged together.

Mr. Freeland stated if were to guess, the largest portion of our undeveloped property would be R-3, which would be our new R-2.

Mr. Anzolut stated the real question is denying conversion in a single-family district.

Mr. Fisher stated he would just point out that there would be a lot of request for this in single-family districts, especially for family members. Another option would be to possibly allow it some districts or all districts pursuant to a special use permit, so there is not either a yes or no.

Mr. Hargis stated a special use permit made sense to him.

Mr. Freeland stated it would have to have certain criteria to be met, such as owner occupied to allow it for a family member. He then stated he is not willing to deny it flat in the R-1 or R-2 district. It is a need and a growing trend and we are going to be addressed with it more and more and he thinks we are being closed minded if we did not allow it with some type of provisions on it.

Mr. Magnusson said you are allowing for family members, but is it kind of difficult to determine what the family is. Our family determination changes so much.

Mr. Freeland stated it would have to be owner occupied in order to be part of this special use permit. If that situation changes, then the permit would be revoked.

Mr. O'Connell stated given what Mr. Fisher said, it seems like we anticipate a high demand for this kind of thing, at least from the request side of the table. The question then becomes do we want to discourage it or encourage it.

Mr. Anzolut asked was that a question that Mr. O'Connell wanted him to answer.

Mr. O'Connell stated that is correct.

Mr. Anzolut stated he thinks everyone knows where he is coming from. He then stated he doesn't know why in the world you would want to increase the density that this thing is going to increase. He just can't concur that we want on something we think might happened to increase the density and create special permits for people who are not coming to get them, because they don't come now. Then we don't do anything about it, because we don't have the will to force conversion and take these people to court. The will doesn't exist in the Staff body and it doesn't exist in the elective body. These people just do it and increase the density, for what every reason anytime, and maybe we catch them and they buy a building permit.

Mr. O'Connell stated in situations where they exist today, these people would be grandfathered anyway and there would be no change there.

Mr. Anzolut stated we are not doing anything about.

Mr. Freeland stated he thinks taking action is better than taking no action.

Mr. O'Connell stated he agreed.

Mr. O'Connell stated he thinks we need to make a new sheet and decide what we want to do, and he thinks Mr. Anzolut has the right idea.

Mr. Townes asked Mr. Anzolut to please relate to him what his idea is.

Mr. Anzolut stated to prohibit accessory dwelling units in the low density residential. In redoing the zoning ordinance, it is possible you would redo some components of the zoning map. If it were a single-family residential district, why would

you want to, whether it is on the larger lot on R-1 or the smaller lot on R-2, which would be grouped together, allow for additional density. Single-family means single, not multiple units, not multiple families and not with sixteen different last names. That would end the deterioration that many people talk about, because people have flat out violated the ordinance.

Mr. O'Connell stated in the cases where you have your mother-in-law, the regulation would be you would have to have it a part of the major structure. Is that correct?

Mr. Anzolut stated it would be the same structure. He then stated he understands the perception of separate, but he doesn't personally believe the separate kitchen facilities are practical. If these people are moving in with family members because they are aging, there is some separation to the life style, but why are that the family experiences in preparing food and dining. He doesn't believe that is the case. He believes that now extended family prepares food and dines together. Sure there might be a separate den, bedroom and bath, so it would be a suite of sorts, but he doesn't believe in the separate kitchens and laundry facilities. The reason they moved is because they are aging and joined the family, grandchildren and all, but that is his observation and he doesn't think you need to create separate kitchen and laundry rooms in a single-family.

Mr. Hargis stated if his children, for economic reasons had to move back and we didn't making any changes in the house, would that be permissible.

Mr. Anzolut stated under the current State law that would be absolutely permissible. He then stated his general rule is two families with different last names and not related by blood or marriage are permitted, but as soon as you get to third person that is not related to either of these other two sets you are over the limit of who can live together. Most of Colonial Heights wants that to go away. They don't want two families that aren't related by blood or marriage.

Mr. Freeland stated he would like some research on this issue.

Mr. Hargis asked if the consensus is that we would prefer some more data.

Mr. Schanzenbacher stated we would look at these other communities that Mr. Anzolut suggested.

Mr. Schanzenbacher stated what you haven't addressed is the impact of having these units in the community. He thinks that is the missing piece right now. If there is any impact or not and he really doesn't know. He thinks it might be an important piece.

He doesn't know if that information is available or not, but we can do some searching and see.

Mr. Hargis asked if there was any more discussion on the zoning ordinance.

Mr. Anzolut stated the Commission didn't really discuss home occupations or if you wanted the same comparisons from the same places.

Mr. Hargis stated he thinks that would be a good idea to make the sheets complete.

Mr. Johnson asked what is the difference in home occupations and home businesses.

Mr. Schanzenbacher stated they were the same.

Mr. Johnson stated if you look at some of these comments, one is allowed but the other has to have a permit. One doesn't expire and the other expires in three years, so is there any difference from occupation and business.

Mr. Fisher stated in general home business is a more intensive use at the home than a home occupation.

Mr. Schanzenbacher stated the purpose of this regulation is really to limit business activity in the home, so there is no impact in the neighborhood in residential areas. The ordinance was written in 1968 and has about seven categories of home occupations and it doesn't reflect the reality of what is going on in the world. The whole focus is to create standards, rather than try to identify particular uses. Try to put in standards for such activities that basically make it so that there isn't any impact and you wouldn't know what is going on in the home, as opposed to people coming in and out during the activities, plus trucks coming in and out of the neighborhood.

Mr. Anzolut stated he would guess that business operation from a home is not really addressed here, because that dynamic is beginning to set in where a branch or accessory arm of a business is run out of a home for the service people to park and that draws a lot of complaints, because it has an appearance of business activity location, because they bring everybody to work at the house and then they all go off in the service vehicles.

Mr. Schanzenbacher stated we wouldn't allow that type of activity in the regulations that we are talking about.

Mr. Fisher stated that has been deleted from this zoning ordinance. It is suppose to be that you don't increase the general traffic in that community at all. It is suppose to be that you wouldn't even know it was there.

Mr. Schanzenbacher stated that is the standard that we are proposing.

NEW BUSINESS – None

REPORTS

Chairman: No report.

Committees

Land Use: No report.

Subdivision: No report.

Zoning: No report.

City Manager: Mr. Anzolut stated he wanted to make the Commission aware that he thinks you will have an ordinance, perhaps as soon as next month, that he believes is an amendment to the Zoning Ordinance, on a transit merchants and itinerate vendor. It was a topic that came up at the Council level, because of these temporary merchants. The furniture person at the old Nichols parking lot got everybody worked up. So now you have the flower guys at Big Lots and Ashley Furniture that never pack out their frame structure and then we would be discussing the roadside kitchens, as well. They also come in and buy their $500.00 permit fee and you buy one and it's like any other business for a year, so they feel they can come back several times. We are not leaning that way, at least from a Staff perspective. We think it adds some down side. There are some members of Council that are not too crazy about these roadside kitchens. They leave the stuff on the private property pretty close to the roadway when they are not operating. There are some members of Council who don't think that is the image the City wants, but if we permit them, we would probably want the structure to go away. The other thing that he would mention is that we won't meet before July 4th, so the fireworks would be at the landfill again, but by that time we would have relocated the convenience center operation to the Utility Department.

Assistant Director of Public Works: Mr. Caples stated he would like to bring up what he proposed to the Commission about two months ago regarding the new checklist and using that to incorporated the changes Mr. Schanzenbacher and he have and it seems to be moving forward well. We got a new submittal deadline for the plans coming before the Commission. He would like to propose to the Commission again to establish a resubmittal deadline, so we can have some guidelines to when we receive the plans and be able to get an adequate review completed, so the Commission could see the comments prior to the Commission meeting. So we won't experience what has happened in the last couple of months, where the Commission is getting comments, the day before or the day of the Commission meeting, because we didn't receive the plan but a couple of days before.

Mr. Johnson stated he thought we had already done that.

Mr. Townes asked we are going to get some type of a written idea or concept of what Mr. Caples wants to do.

Mr. Caples stated what we are doing for the new submittals if four weeks. What we propose is a three-week deadline for resubmittals, so that would give them essentially a week to incorporate any potential changes that the Commission had requested and get them back to Mr. Schanzenbacher.

Mr. Townes stated shouldn't we have a policy in writing that the Commission could see.

Mr. Anzolut stated we would get that drafted and bring it back to the Commission next month.

Director of Planning and Community Development: No report.

ADJOURNMENT

There, being no further business, the meeting was adjourned.

Respectfully,

Mary Beth Fallin

Mary Beth Fallin

APPROVAL:

Harry B. Hargis, Jr.
Chairman