



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Jennifer Adeli, Vice Chair

Wednesday, October 28, 2020, 5:00 p.m.

Will be held electronically due to the COVID-19 pandemic

Live audio of the meeting may be accessed by dialing:

1-877-336-1829 and entering the Participant Access Code #7703575

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|--|--------------------------------------|-----------|
| 1. Meeting Called to Order | Jennifer Adeli | 5:00 p.m. |
| 2. Roll Call and Audibility | Jennifer Adeli | |
| 3. Preliminary Motions | Jennifer Adeli | |
| 4. Matters of the Public-Comments (Attached) Submitted Electronically | Jennifer Adeli | |
| 5. Amendments to the Meeting Agenda | Jennifer Adeli | |
| 6. Approval of the September 23, 2020 CSB Board Virtual Mtg Draft Minutes | Jennifer Adeli | |
| 7. Director's Report | Daryl Washington | |
| A. Services Update | | |
| B. COVID-19 Update | | |
| C. Other Updates | | |
| 8. Matters of the Board | Board Members | |
| 9. Committee Reports | | |
| A. Behavioral Health Oversight and Developmental Disabilities Committees | | |
| B. Fiscal Oversight Committee | | |
| 10. Information Item | | |
| A. Review of CSB Board Policies | Sheila Jonas | |
| 11. Action Item | | |
| A. Approval of CSB Board Policies | Sheila Jonas | |
| B. Approval to Submit Fee Policy and Related Materials to BOS | Michael Neff | |
| C. One Year Extension to CSB Strategic Plan | Daryl Washington | |
| D. Virginia Behavioral/Mental Health Docket Grants | Georgia Bachman/Marissa Fariña-Morse | |
| 12. Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8). | | |
| 13. Adjournment | | |

Meeting materials may be found online at www.fairfaxcounty.com/municipal/community-services-board/board/archives or may be requested by contacting Erin Bloom at erin.bloom@fairfaxcounty.gov or at 703-324-7827

Bloom, Erin

From: Tamara Philbin <tsphilbin@gmail.com>
Sent: Sunday, October 18, 2020 1:50 PM
To: OPA 703Fairfax; Chairman; Braddock BOS; Dranesville BOS; Leedist BOS; Mason; Hunter Mill BOS; Mt. Vernon District BOS; Providence BOS; Springfield BOS; Sully District Kathy L. Smith; Flowers, Lisa; Washington, Daryl; Tomlinson, Lyn; Deeghan, Tisha; CEX Bryan Hill; Bloom, Erin
Subject: don't contract out CSB substance abuse programs

Hello-

My name is Tamara Philbin and I have been a Fairfax County resident for 30+ years. My schooling, volunteer work, and career have shown me the importance of Fairfax County's CSB rehab programs. This service is used by those with an urgent need and have nowhere else to go. The opioid problem and COVID19 pandemic make these services even more important now.

Until our society is closer to ensuring all citizens have access to healthcare there will not be a for-profit that will sustain a program like Fairfax County has been able to. The CSB cannot stop this valuable service now. Not yet.

Please stop this idea of outsourcing to an organization that needs to make a profit. It will be at the detriment to many needy individuals.

Sincerely,
Tamara Philbin, NCC

Bloom, Erin

From: Kae Bieber <kbieber@accacdc.org>
Sent: Monday, October 12, 2020 1:54 PM
To: OPA 703Fairfax; Chairman; Braddock BOS; Dranesville BOS; Leedist BOS; Mason; Hunter Mill BOS; Mt. Vernon District BOS; Providence BOS; Springfield BOS; Sully District Kathy L. Smith; Flowers, Lisa; Washington, Daryl; Tomlinson, Lyn; Deeghan, Tisha; CEX Bryan Hill; Bloom, Erin
Subject: Say no to privatization of CSB Residential Substance Abuse Services!

Hello,

My name is Kae Bieber and I am a resident and taxpayer of Fairfax County, advocate for our community, and .

In addition to the individuals included in this email, I am requesting that the clerk to the CSB Board, Erin Bloom, disseminate this to the CSB Board and include it in their materials for the next Board Meeting.

I have lived in Fairfax County for 28 years and have been an advocate for those affected by substance abuse and mental illness. My daughter has been affected by mental illness and substance abuse and has received services through CSB since the age of 10. At age 19, my daughter made the choice to fight her strongest battle against substance abuse and entered the De-tox program on the Tim Harmon Campus. She has now been clean and sober for seven months and I truly believe that this program saved her life. My daughter has lost five friends over ***this past year alone***, all due to their addiction issues, particularly to Fentenayl which is ravaging our young community in Fairfax County.

I am writing to let you know that I think the CSB idea to contract out Residential Substance Abuse Services is a BAD PLAN. This is not about allegiance to a program, but about the CSB plan being short sighted and detrimental to county citizens. I am a stakeholder and I have reached out to many others. Not a single one of us was consulted or asked for our opinions! Citizens will be impacted, and lives will be lost.

On the surface, it may look good and save money, but it will cost lives. I beg you to look into the details. Once you see this, I think you will agree with me that it is a bad decision to put out an RFP to contract services during an epidemic. You don't contract out the Fire Department during a fire!

First and foremost, even if (eventually) a reasonable company can be found to run the programs, the disruption during transition will cost lives. There is an opioid epidemic and it has been growing since Covid. The CSB says that there will not be any reduced services... But this is AFTER the transition. There's already a long waiting list to get into these programs. Transitioning to a contract during an epidemic is irresponsible. As soon as it is announced an RFP has been issued to contract out the programs, staff will immediately begin looking for other jobs and leaving. There will also be other staff leaving for promotions, moving out of the area, all the normal things. Are those staff going to be immediately replaced? Will this continue until the new company is operating at full capacity? Even if the plan is to replace the experienced staff, with who? Who would be willing to come to a program that is closing? Nobody! Even the CSB 's plan says the contract process will "spread out over several years". But the destruction will begin immediately. You can stop this!

ASK: Can the CSB guarantee, in writing, that there will be no reduction of staff and services from now until the new program is at fully capacity? How?

What happens in the meantime? What would we tell the mom who cannot get her child into life- saving services? How would we feel if there is a tragedy because there is not enough remaining staff to provide the quality of services that Fairfax County is used to?

It is also a BAD PLAN to disrupt current, effective services to save money. Contracting always sounds good at the beginning and companies promise things they cannot deliver to get the business. We all know of contracting nightmares. We can't pretend they do not exist. At the last CSB Board meeting, there was discussion of the problems with Credible. The company is not doing what it promised. Yet, I am sure back then there were promises that a good RFP would produce good results, just like the promises now. Promising to choose a "qualified Vendor" does not guarantee a good outcome. This is not good enough when lives are at stake.

The CSB is making it look like there are plenty of companies that can just come in and begin running the programs. This is not true. Until the recent Medicaid expansion, insurance wouldn't cover residential substance abuse treatment; so programs didn't exist because there was no money in it. The only programs in northern Virginia for the last 30 years were Phoenix House and Fairfax County's programs. One other program, Second Genesis, went out of business long ago. Even now, with Medicaid, there are no other residential programs in Northern Virginia to contract with. Given this, how is the plan to contract out considered a good plan? Does this mean that the programs will be contracted out to some unknown out-of-area companies who just look good on paper?

Thanks to the generosity of the Board of Supervisors over the last 50 years (Crossroads will be 50 next year) Fairfax had residential rehab when nobody else did. We are hugely grateful for this and know that it is rare. This means that you built state of the art, effective programming that does not exist elsewhere! I beg you not to dismantle this. If you destroy it, you can never re-create it as it doesn't exist elsewhere.

The county programs have strong relationships with the community that have been built over years and support those with current substance abuse challenges. Relationships support recovery and should not be thrown away. There are Alumni (501 c3s) connected to the programs, and many are still involved to support the current residents. We deserve program providers who understand Fairfax County and our community and who have connections with the community. We do not want some outside unknown who is suddenly in it for the money. A new program will have to start from scratch trying to find qualified and experienced staff. Where will the staff come from since there are no others who have even run programs in the area? Is this a recipe for success? No!

Please put a stop to an RFP to contract out quality Fairfax County residential substance abuse Services. Now is not the time!

October 26, 2020

To whom this may concern:

I appreciate you taking time to listen and hear my voice. I must express that the CSB's plan is very flawed. There was no actual study done about contracting and nobody outside of the CSB was included in decisions. An RFP is not a study. It is a request for proposals which will set destruction in motion. I am a stakeholder and a taxpayer and I have reached out to many others. Not a single one of us was consulted or asked for our opinions! We will be impacted and lives will be lost. Based on recent decisions, it seems that the CSB is not interested in our viewpoints and our welfare. This is a bad plan and I am requesting that you ask the CSB to rethink its decision to move forward with contracting.

Any plan to contract looks good on the surface. But we all know and are aware of contracting failures. The CSB's plan is on its way to this. And if it fails, people will die. Literally. I understand why the "plan" you sent me would make elected officials feel like there is a good plan. But once you dig deeper, you will see huge problems.

Lack of private programs with experience:

The CSB is making it look like there is a large choice of private companies that can just come in and begin running the programs. This is not accurate. Until the recent Medicaid expansion, insurance wouldn't cover residential substance abuse treatment; so programs didn't exist because there was no money in it. The only programs in northern Virginia for the last 30 years were Phoenix House and Fairfax County's programs. One other program, Second Genesis, shut down long ago. Even now, with Medicaid, there are no other residential programs in Northern Virginia. Given this, how is the plan to contract out considered a good plan? Does this mean that the programs will be contracted out to some unknown out-of-area companies who just look good on paper? Thanks to the generosity of the board of supervisors who funded services over the last 30 years, you built state of the art, effective programming that does not exist elsewhere! I beg you not to dismantle this. If you destroy it, you can never re-create it as it doesn't exist elsewhere.

The county programs have strong relationships with the community that have been built over years. Relationships support recovery and should not be thrown away. There are Alumni (501 c3s) connected to the programs, and many of us are still involved. We deserve program providers who understand Fairfax County and our community and who have connections with the community. We do not want some outside unknown who is suddenly in it for the money. A new program will have to start from scratch trying to find qualified and experienced staff. Where will the staff come from since there are no others who have even run programs in the area? Is this a recipe for success? No! It is easy for a contractor to look good on paper, but you cannot replace years of experience with vendors who don't know the community.

Longer waiting list and fewer served:

Even if, after everything is finished, there would be some cheaper, less experienced company to come in and run the residential programs, there will be huge disruption before this is in place. I am very concerned about this disruption and quite literally believe lives will be lost. There's already a long waiting list to get into these programs. I see that it says there will be no reduction in capacity to serve people with substance abuse problems. Maybe that is true when the transition is over. But I am worried

for the lives that will be lost during the transition. We are in the middle of an opioid epidemic and need to continue services, not disrupt them! It is a bad plan! As soon as it is announced that there is an RFP to contract out the programs, staff will begin looking for other jobs and leaving. Can the CSB guarantee that there will be no interruption in services and that the waiting list will go down rather than going up? During the transition period, if staff leave, how can you run quality services? Who would accept a job in a program that is shutting down? People's lives are at stake. How would everyone - the CSB, the Board, the program operators, families, the recovery community – feel if lives were lost as a result of this plan?

I've read several articles that talk about overdoses increasing during COVID-19. We are in the middle of an epidemic. Creating additional disruption and dismantling proven programs is irresponsible during this crisis. Contracting out lifesaving treatment in the middle of an epidemic that shows no sign of slowing down is risky. It puts lives in danger. I am asking you to dig a bit deeper into the CSB "plan". You will see the flaws. Many people are up in arms about this because we can see the negative impact. I beg you to consider this before people die.

Thank you for your time,

Kimberly Fergus

Recipient: Citizens of Fairfax county, Family Members, Friends, advocates

Letter: Greetings,

Put a stop to contracting out for Residential Treatment Programs in Fairfax County

558 Signatures: 26 Pages

Signatures

Name	Location	Date
Kimberly Fergus	Annandale, VA	2020-09-29
Jessica Henderson	Falls Church, VA	2020-09-29
Barbara Loughran	Fairfax, VA	2020-09-29
Steffani El	Fairfax, VA	2020-09-29
Joyce Cantrell	US	2020-09-29
Daniel Hydro	Springfield, VA	2020-09-29
Rebecca Kaufmann	Fairfax, VA	2020-09-29
Rebecca Frazer	Burke, VA	2020-09-29
Natasha Smith	Falls Church, VA	2020-09-29
John Burton	Ashburn, VA	2020-09-29
Kat Womack	Fairfax, VA	2020-09-29
Iris Ticas	Fairfax, VA	2020-09-29
Caelyn Reyher	Silver spring, MD	2020-09-29
Rachel Picon	Dumfries, VA	2020-09-29
Christine Welch	Dumfries, VA	2020-09-29
Brittany Winslow	Alexandria, VA	2020-09-29
Robert Jennings	Springfield, VA	2020-09-29
Misty Faulkner	Alexandria, VA	2020-09-29
Paola Rosales	Springfield, VA	2020-09-29
Christy Williams	Falls Church, VA	2020-09-29

Name	Location	Date
Kamrynn Webb	Vienna, VA	2020-09-29
Becky Petersen	Herndon, VA	2020-09-29
Robert Hilldrup	Churchville, VA	2020-09-29
Maricza Hinnah	Fort Campbell, KY	2020-09-29
H. Jeffrey Lewis	Sun City, AZ	2020-09-29
Colette Murray	Falls Church, VA	2020-09-29
James Faulkner	Springfield, VA	2020-09-29
Amy Nail	Falls Church, VA	2020-09-29
Angeline Buracker	Woodbridge, VA	2020-09-29
Jose Pena	Alexandria, VA	2020-09-29
Becky Sommerfield	Sterling, VA	2020-09-29
Kathern Burgin	Front Royal, VA	2020-09-29
Christopher Perez	US	2020-09-29
Laura S	Fairfax, VA	2020-09-29
Bess Anna Carter	Herndon, VA	2020-09-29
Jennifer Thomas	Alexandria, VA	2020-09-29
Susan Smit	Centreville, VA	2020-09-29
Regina Mullins	Springfield, VA	2020-09-29
Lauren Fischer	Clifton, VA	2020-09-29
Tanya Bellfield	Winchester, VA	2020-09-29
Rodney Bailey	Alexandria, VA	2020-09-29
Charles mensah	Hyattsville, MD	2020-09-29

Name	Location	Date
Tiffany Nomikos	Alexandria, VA	2020-09-29
Chelsea Rushbrook	Chesterfield, VA	2020-09-30
Tasha Floyd	Springfield, VA	2020-09-30
Stacey Thomas	Alexandria, VA	2020-09-30
Marlene Mahler	Fairfax, VA	2020-09-30
Sanna Heflin	Herndon, VA	2020-09-30
Eric Williams	Alexandria, VA	2020-09-30
Patrice Thompson	Riverview, FL	2020-09-30
Barbie Connelly	Goodyear, AZ	2020-09-30
Marianne Pope	Fairfax, VA	2020-09-30
Shannon Doby	Leesburg, VA	2020-09-30
Kristin Mehigan	Glen Allen, VA	2020-09-30
Maureen Cummings	Bluemont, VA	2020-09-30
Natalie Mitchell	Woodford, VA	2020-09-30
Nivaeh Smith	Woodbridge, VA	2020-09-30
Carol McCallum	Bunker Hill, WV	2020-09-30
Emily R. Aleman	Springfield, VA	2020-09-30
Ashley Dunn	Springfield, VA	2020-09-30
Michelle Dumph	Centreville, VA	2020-09-30
Scott Muse	Manassas, VA	2020-09-30
Lisa Zaricki	Springfield, VA	2020-09-30
Kelsey Dunn	Springfield, VA	2020-09-30

Name	Location	Date
David Britt	Centreville, VA	2020-09-30
Nicole Esteves	Fairfax, VA	2020-09-30
Santiago Esteves	Denver, CO	2020-09-30
Frank Lucas	Fairfax, VA	2020-09-30
Danny Deck	Manassas, VA	2020-09-30
Edward Higginbotham	Centreville, VA	2020-09-30
Abigail Perrin	Springfield, VA	2020-09-30
Megan Lownes	Bensalem, PA	2020-09-30
Patricia Harrison	Harvey, LA	2020-09-30
doria wosk	miami, FL	2020-09-30
Chloe Speck	Dayton, IA	2020-09-30
Greg Steinhilber	Leesburg, VA	2020-09-30
Paul Blackburn	Elizabethtown, KY	2020-09-30
Elizabeth Higginbotham	Leesburg, VA	2020-09-30
Whitney Waits	Tampa, FL	2020-09-30
Kathy Rogers	Sterling, VA	2020-09-30
Jas Briggs	Louisville, KY	2020-09-30
vicky dail	Mount Airy, MD	2020-09-30
Marigrace Caminiti	Springfield, VA	2020-09-30
Michelle Ross	Reston, VA	2020-09-30
Bill Leake	Leesburg, VA	2020-09-30
Michelle Duggan	Herndon, VA	2020-09-30

Name	Location	Date
Maria Pilgreen	Hyattsville, MD	2020-09-30
Brittany Magill	Alexandria, VA	2020-09-30
Elizabeth Avila	Arlington, VA	2020-09-30
Kelly McDonald	Falls Church, VA	2020-09-30
Aimee Nece	Washington, DC	2020-09-30
Jennifer Edwards	Burke, VA	2020-09-30
LUCIO ALIAGA	Alexandria, VA	2020-09-30
Diane Lung	Huntington Beach, CA	2020-09-30
Cade Herman	Oak Ridge, NJ	2020-09-30
Forrest Seuser	Minneapolis, MN	2020-09-30
Esther Garvett	Miami, FL	2020-09-30
Drema Ogletree	Springfield, VA	2020-09-30
Christopher Giuliano	Chantilly, VA	2020-09-30
Maggie McCormick	Vienna, VA	2020-09-30
Timothy Church	Niles, OH	2020-09-30
Jennifer Gilbert	Lyons, IL	2020-09-30
Sally Goodyear	Vienna, VA	2020-09-30
Katie Bertrand	Fairfax, VA	2020-09-30
John Seiler	Warrenton, VA	2020-09-30
Susan Graceson	Falls Church, VA	2020-09-30
Andrea Bautista	Annandale, VA	2020-09-30
kelly miller	villas, NJ	2020-09-30

Name	Location	Date
Mary Tate	Alexandria, VA	2020-09-30
Mark Walker	Fairfax, VA	2020-09-30
Sandra Pollet	Annandale, VA	2020-09-30
Debbie Reynolds	US	2020-09-30
Sofia Henry	Alexandria, VA	2020-09-30
katherine dander	boston, MA	2020-09-30
Deborah McGill	Centreville, VA	2020-09-30
Robert Rainey	Manassas, VA	2020-09-30
Katie Volante	Alexandria, VA	2020-09-30
Sarah Voss	Clemson, SC	2020-09-30
Amanda Salmeron	Linden, VA	2020-09-30
Nadia Morales	Herndon, VA	2020-09-30
Rene Vincit	San Antonio, TX	2020-09-30
Jonell Rivera	Manassas, VA	2020-09-30
Jennifer Dillon	Manassas, VA	2020-09-30
Molly Ballou	Fairfax, VA	2020-09-30
Cheryl Lewis	Lorton, VA	2020-09-30
Elizabeth D'Avignon	Woodbridge, VA	2020-09-30
Shauntea Black	Lewistown, PA	2020-09-30
Erin McCarthy	Lakeland, FL	2020-09-30
Grace Chung	Hyattsville, MD	2020-09-30
Elizabeth Ayers	Fairfax, VA	2020-09-30

Name	Location	Date
Carleigh Finkbeiner	San Juan Capistrano, CA	2020-09-30
Edgar Gomez	Woodbridge, VA	2020-09-30
Shannon Hudson	Alexandria, VA	2020-09-30
Lannie Detwiler	Arlinton, VA	2020-09-30
Hanna Marcey	Falls Church, VA	2020-09-30
Brian Fisher	Silver Spring, MD	2020-09-30
Caroline Austin	Fairfax, VA	2020-09-30
Jess Poulin	Fairfax, VA	2020-09-30
Brittany Humes	Chicago, IL	2020-09-30
Katie Carter	Sebastian, FL	2020-09-30
Katherine Ronan	Manassas, VA	2020-09-30
Jill Blovits	Chicago, IL	2020-09-30
Morgan Stevens	Spout Spring, VA	2020-09-30
Neal Money	Annandale, VA	2020-09-30
Lori Anderson	Reston, VA	2020-09-30
Arthur Walker	Silver Spring, MD	2020-09-30
Lucy Willis	Florissant, MO	2020-09-30
Joseph Aufrecht	Woodbridge, VA	2020-09-30
Yanira Montoya	Virginia	2020-09-30
Deborah Robinson	Charles Town, WV	2020-09-30
Alex Piligian	Vienna, VA	2020-09-30
Kellee Tollander	Chantilly, VA	2020-09-30

Name	Location	Date
Ellen Haapala	Fairfax, VA	2020-09-30
Tina K	Fairfax, VA	2020-09-30
Kimberly Kane	Annandale, VA	2020-09-30
John C Anderton Anderton	Hyattsville, MD	2020-09-30
Amanda Overman	Lorton, VA	2020-09-30
Elmer Funes	Winchester, VA	2020-09-30
Carrie Kim	Fairfax, VA	2020-09-30
Michael Wills	Ashburn, VA	2020-09-30
Valerie Golden	Dumfries, VA	2020-09-30
Joseph Preti	Vienna, VA	2020-09-30
Andrew Hamid	Annandale, VA	2020-09-30
Abram Goodwin	Chantilly, VA	2020-09-30
Victor Acevedo	Washington, DC	2020-09-30
Connie Price	Gainesville, VA	2020-09-30
Anthony Flickner	Henrico, VA	2020-09-30
Timothy MacLean	Mc Lean, VA	2020-09-30
Sheila Shifflett	Centreville, VA	2020-09-30
Karen Payne	Woodbridge, VA	2020-09-30
Kim Hess	Aldie, VA	2020-09-30
Wayne Taylor jr	Alexandria, VA	2020-09-30
Heather McKinnon	Bothell, WA	2020-09-30
Nadia Morales	Burke, VA	2020-09-30

Name	Location	Date
Katie Roberts	US	2020-09-30
Joe Hart	Elkridge, MD	2020-09-30
Danielle Boyd	Alexandria, VA	2020-09-30
Gertrud Marshall	Silver Spring, MD	2020-09-30
Patrick Rowland	Alexandria, VA	2020-09-30
Hale Branson	Fairfax, VA	2020-09-30
Manny Kaptain	Henderson, NV	2020-09-30
Michael Larson	Silver Spring, MD	2020-09-30
Jennifer Steburg	Centreville, VA	2020-09-30
Philip Edwards	Falls Church, VA	2020-09-30
Steven Buzzell	Alexandria, VA	2020-09-30
Lamonta Gladney	Silver Spring, MD	2020-09-30
Ronnie Semko	Palm Coast, FL	2020-09-30
Kristen Halasz	Woodbridge, VA	2020-09-30
Brad Demarce	Alexandria, VA	2020-09-30
Nisha Shendrikar	Fairfax, VA	2020-09-30
Amanda Propst	Arlington, VA	2020-09-30
Blake Jones	Tempe, AZ	2020-09-30
Shannon McGee	Kingstowne, VA	2020-09-30
Debra Quesenberry	Washington, DC	2020-09-30
Barbara Steinhilber	Springfield, VA	2020-09-30
Peter Woods	Lanham, MD	2020-09-30

Name	Location	Date
Tiffani Wills	Ashburn, VA	2020-09-30
Dimitri Xeron	Rockville, MD	2020-09-30
Jason Nichols	Springfield, VA	2020-09-30
Anna Walker	Springfield, VA	2020-09-30
Robin McMillan	Alexandria, VA	2020-09-30
Brian Wills	Arlington, VA	2020-09-30
Crystal Gaskins	Centreville, VA	2020-09-30
Rosa C	Fairfax, VA	2020-09-30
Lonnie Hays	Chantilly, VA	2020-09-30
Joseph Stevens	Annandale, VA	2020-09-30
Carli Ginevan	Cumberland, US	2020-09-30
maurice sawyer	Alexandria, VA	2020-09-30
Carol Wickline	Springfield, VA	2020-09-30
moises ayala lopez	Mc Lean, VA	2020-09-30
Kiara Kniaz-Phillips	Ashburn, VA	2020-09-30
John McKinley	Centreville, VA	2020-09-30
Malinda Branson	New Britain, CT	2020-09-30
John McCormack	Fairfax, VA	2020-09-30
Craig Jefferson	Alexandria, VA	2020-09-30
Lisa Alward	Woodbridge, VA	2020-09-30
Kathy Gardner	Centreville, VA	2020-09-30
Thomas Nieland	Alamo, TX	2020-09-30

Name	Location	Date
SHERRY EDELKAMP	Alexandria, VA	2020-09-30
Kirk Hesemeyer	Natick, MA	2020-10-01
Michele Boyd	Fairfax, VA	2020-10-01
Patricia Jones	Herndon, VA	2020-10-01
john hart	Vienna, VA	2020-10-01
Sherry Loenichen	Fairfax, VA	2020-10-01
Bonnie Mascali	Manassas, VA	2020-10-01
Sara Woody	Blue Ridge, VA	2020-10-01
Angela Drew	Alexandria, VA	2020-10-01
Hope Zimmerman	Easton, MD	2020-10-01
John Regan	Fairfax, VA	2020-10-01
Patrick Gilbert	Ashburn, VA	2020-10-01
Jamy Maynard	Palmyra, VA	2020-10-01
Jessica Flores	Ladera Ranch, CA	2020-10-01
Matthew Woodhall	Springfield, VA	2020-10-01
Carla Austin	Burke, VA	2020-10-01
Dawn Bocanegra	Greenville, NC	2020-10-01
Tina Griffin	Mount Pleasant, SC	2020-10-01
Lizzy Riggs	centreville, VA	2020-10-01
Peggy Cook	Chantilly, VA	2020-10-01
Jeanette Castillo	Chantilly, VA	2020-10-01
Donna Strouth	Marshall, VA	2020-10-01

Name	Location	Date
Judy Dutton	Reston, VA	2020-10-01
Emily Roe	Hyattsville, MD	2020-10-01
Ashley White	Falls Church, VA	2020-10-01
Jennifer Jones-Strouth	Bristow, VA	2020-10-01
Alison Heilig	Sterling, VA	2020-10-01
Cheryl Dickerson	Fairfax, VA	2020-10-01
Rebecca Dodge	Chesapeake, VA	2020-10-01
Lexi Mitchell	Richmond, VA	2020-10-01
Arya Shorish	Richmond, VA	2020-10-01
Amanda Juhasz	Exmore, VA	2020-10-01
Abigail Santiago	Elkridge, MD	2020-10-01
Ana Santiago	Manassas, VA	2020-10-01
Blake Peterson	Rochester, MN	2020-10-01
Britney Quartey	US	2020-10-01
Michelle Mejia	Fairfax, VA	2020-10-01
Lauren M	Woodbridge, VA	2020-10-01
Sheila Santiago	Fairfax, VA	2020-10-01
Katheryne Ramos	Richmond, VA	2020-10-01
Darya Shorish	Woodbridge, VA	2020-10-01
Madison Burgess	Woodbridge, VA	2020-10-01
Jeremy DeMott	Fairfax, VA	2020-10-01
Sammy Lisanevork	Alexandria, VA	2020-10-01

Name	Location	Date
Madeenah Hashimi	Woodbridge, VA	2020-10-01
Nik Bekkum	Rochester, MN	2020-10-01
Avi Patel	Richmond, VA	2020-10-01
Maya Lancaster	Niceville, FL	2020-10-01
Terri Gasparis	Falls Church, VA	2020-10-01
Lisa Clem	Herndon, VA	2020-10-01
Seneca Durfee	Richmond, VA	2020-10-01
Alvin Van	Richmond, VA	2020-10-01
Frances Cox	Montgomery, TX	2020-10-01
Janice Schumaker	Culpeper, VA	2020-10-01
Jason Kasper	Herndon, VA	2020-10-01
Charity Sabatini	Richmond, VA	2020-10-01
Kelly Smith	Dix hills, NY	2020-10-01
Barbara Mewborn	Herndon, VA	2020-10-01
Leah Benyam	Alexandria, VA	2020-10-01
Amy Lewis	Alexandria, VA	2020-10-01
Albert Nixon	Ft. Washington, MD	2020-10-01
Barbara Sheer	Olney, MD	2020-10-01
Bradley Meyer	Reston, VA	2020-10-01
Kathryn Evans	Montross, VA	2020-10-01
Morgan Heritage	Richmond, VA	2020-10-01
Shyria Wynn	Hyattsville, MD	2020-10-01

Name	Location	Date
Jennie Jackson	Elkridge, MD	2020-10-01
Zahra Hashimi	Brandywine, MD	2020-10-01
Darwin Perla	Macon, GA	2020-10-01
Patrick OBrien	Alexandria, VA	2020-10-01
Ken Chesney	Alexandria, VA	2020-10-01
Taylor Dunlap	Woodbridge, VA	2020-10-01
Cherokee Saggars	Unionville, VA	2020-10-01
John Devine	US	2020-10-01
Zachary Hamn	Manassas, VA	2020-10-01
Shannon Davis	Hollywood, MD	2020-10-01
Maia Peterson	West Palm Beach, FL	2020-10-01
Tracy Taylor	Fairfax, VA	2020-10-01
Carley Rigg	Alexandria, VA	2020-10-01
Teaira Starling	Annandale, VA	2020-10-01
David Jacobs	Staunton, VA	2020-10-01
Debra Turberville	Woodbridge, VA	2020-10-01
Matt Novak	Richmond, VA	2020-10-01
Mary Buckley	Springfield, VA	2020-10-01
Susan Bonsiero	Centreville, VA	2020-10-01
Alice Tamaro	Springfield, VA	2020-10-01
Diane DAVIS	Silver Spring, MD	2020-10-01
Ellen higinbotham	Hyattsville, MD	2020-10-01

Name	Location	Date
Jessica Farley	Delray Beach, FL	2020-10-01
Dorothy Duff	Fairfax, VA	2020-10-01
Mara Jacobs	Alexandria, VA	2020-10-02
Megan Gray	Bethesda, MD	2020-10-02
Ashley Brooks	Fairfax, VA	2020-10-02
Amara Lansdowne	Manassas, VA	2020-10-02
Kim Frayser	Burke, VA	2020-10-02
Angela Mizner	Bellevue, NE	2020-10-02
Teresa Brynda	Herndon, VA	2020-10-02
Sharon Driscoll	Annandale, VA	2020-10-02
Colin Westfield	Sebastian, FL	2020-10-02
Keith Beecher	Waldorf, MD	2020-10-02
David Saylor	Manassas, VA	2020-10-02
Chad Mock	Fairfax, VA	2020-10-02
Stacey Richardson	Virginia	2020-10-02
Matthew LePage	Centreville, VA	2020-10-02
Stacey Hubbell	Arlington, VA	2020-10-02
Rommel Mulugeta	Boston, MA	2020-10-02
Lynn Duvall	Fairfax, VA	2020-10-02
Justin Brown	Washington, DC	2020-10-02
Sonja Baris	Sterling, MA	2020-10-02
Leslie Efird Rolita	Fredericksburg, VA	2020-10-02

Name	Location	Date
Ben Stepen	Deerfield, US	2020-10-02
Nathan Cabrera	Forney, US	2020-10-02
Kemaline Mathurin	Hollywood, US	2020-10-02
Kiyokie Cortes	Anaheim, US	2020-10-02
Shelly Guenther	Dumfries, VA	2020-10-02
Kelly Granahan	Columbia, MD	2020-10-02
Stephanie Chavez	Woodbridge, VA	2020-10-02
Anna Quayle	Alexandria, VA	2020-10-02
Aniya Berryman	Elkridge, MD	2020-10-02
Ingrid Benitez	Burke, VA	2020-10-02
Kathleen Rankin	Springfield, VA	2020-10-02
Kathryn Van Steyn	Marshall, VA	2020-10-02
Stephanie Brambila	San Jose, US	2020-10-02
Stephanie Childress	Raleigh, NC	2020-10-02
Mark Blackwell	Falls Church, VA	2020-10-02
Eryn Letterman	Reston, VA	2020-10-02
Margaret Kollay	Fairfax, VA	2020-10-02
Donald Bartlett	Gainesville, VA	2020-10-02
Cynthia Mrozek	Alexandria, VA	2020-10-02
Gail Campbell	Albuquerque, NM	2020-10-02
Sandra Woodhall	Washington, DC	2020-10-02
Nichole Smith	Rutland, VT	2020-10-02

Name	Location	Date
Michelle Chick	Herndon, VA	2020-10-02
Elena Rodriguez	Manassas, VA	2020-10-02
Pam Gannon	Alexandria, VA	2020-10-02
Tyler Williams	Richmond, VA	2020-10-02
Sara Gildo	Richmond, VA	2020-10-02
Shakayla Thomas	Compton, CA	2020-10-03
Carol Bertrand	Pittsburgh, PA	2020-10-03
Stacey Tibbs	Lorton, VA	2020-10-03
Grace P Starbird	Falls Church, VA	2020-10-03
John Sullivan	Herndon, VA	2020-10-03
Nichole North	Woodbridge, VA	2020-10-03
Stephanie Ney	Deland, FL	2020-10-03
Robert Moore	Clirton, VA	2020-10-03
Lynne Rommel	Leland, NC	2020-10-03
Cathy Chumley	Arlington, VA	2020-10-03
Julie Rigg	Alexandria, VA	2020-10-03
Heather Brennan	US	2020-10-04
Kylene Bartalos	Manassas, VA	2020-10-04
Shaela Krayner	Ogden, UT	2020-10-04
connie riffle	west augusta, VA	2020-10-04
Barry Mack	Woodbridge va, VA	2020-10-04
Minh Nguyen	Centreville, VA	2020-10-04

Name	Location	Date
Liz Fenwick	Arlington, VA	2020-10-04
Kelly Thompson	Ashburn, VA	2020-10-04
Janet Trijo	Alexandria, VA	2020-10-04
david martin	Alexandria, VA	2020-10-04
Ralph Rehor	Falmouth, VA	2020-10-04
Ellie Crump	Washington, DC	2020-10-04
Denise Depot-Poisson	Princeton, MA	2020-10-04
Dennis Schulte	Reston, VA	2020-10-04
Mike Cohen	Bristow, VA	2020-10-04
Candy Rigg	Rutherglen, VA	2020-10-04
Pam Wark	Fredericksburg, VA	2020-10-04
Rossy Carpel	Fairfax, VA	2020-10-04
Peggy Vought	Burke, VA	2020-10-04
Johnnie Rankin	Springfield, VA	2020-10-04
Edna Beyene	Alabama	2020-10-04
Nathan hardee	Alexandria, VA	2020-10-04
Kathleen Easley	Washington, DC	2020-10-04
Amy Slater	Elkridge, MD	2020-10-04
David Slater	Nashville, TN	2020-10-04
Robin Slater	Nashville, TN	2020-10-04
Michael Slater	Manassas, VA	2020-10-04
John Slater	Old Hickory, TN	2020-10-04

Name	Location	Date
Amanda Slater	Old Hickory, TN	2020-10-04
Willetta Combs	Zuni, VA	2020-10-04
Patricia Sautel Slater	Culpeper, VA	2020-10-04
Patrick Slater	Culpeper, VA	2020-10-04
Mary Slater	Durham, NC	2020-10-04
Lise Klerekoper	Ashburn, VA	2020-10-05
Candi Ayala	Arlington, VA	2020-10-05
Sherrie Beachy	Mechanicsville, MD	2020-10-05
Lori Underwood	Deerfield Beach, FL	2020-10-05
Sarah Paul	San Antonio, TX	2020-10-05
Brandon Haskin	Woodbridge, VA	2020-10-05
Alessandra FP	Alexandria, VA	2020-10-05
Kadesha B	Lanham, MD	2020-10-05
Yonika Powell	Stafford, VA	2020-10-05
Tina Kroll- Guerch	Alexandria, VA	2020-10-05
Susan Tashjian	Alexandria, VA	2020-10-05
Daavid Rankin	Falls Church, VA	2020-10-05
Kristy Moss	CHANTILLY, VA	2020-10-06
Debbie Labriny	Springfield, VA	2020-10-06
Kathleen Dossman	Owings Mills, MD	2020-10-06
Ayanna Timmons	San Antonio, US	2020-10-06
Samer El Yafi	Falls Church, VA	2020-10-06

Name	Location	Date
Aimee Henson	Alexandria, VA	2020-10-06
John Hon	Vienna, US	2020-10-06
Wallace Sullivan	Burke, VA	2020-10-07
Kelly Clemento	Chase city, VA	2020-10-07
Theresa Rowello	Centreville, VA	2020-10-07
Paul Lucas	Centreville, VA	2020-10-07
Jake Uden	Centreville, VA	2020-10-08
Tina Perry	Alexandria, VA	2020-10-08
melissa arnold	Pittsburgh, PA	2020-10-08
Annette Zilker	Fairfax, VA	2020-10-08
Dianne Slocum	Mc Lean, VA	2020-10-08
robert egan	Annandale, VA	2020-10-08
Taylour Walker	Ashburn, VA	2020-10-08
Jackie Bruns	Alexandria, VA	2020-10-08
Debby Willette	Greencastle, US	2020-10-08
kc onukwufor	Sterling, US	2020-10-08
Anthony Foye	Lorton, US	2020-10-08
Paisley Rios	US	2020-10-08
Salieha Elizabeth	Nashua, US	2020-10-08
David Dusseault	Taunton, US	2020-10-08
Christine Morgan	Vineland, US	2020-10-08
Guadalupe Garfias	Mercersburg, US	2020-10-08

Name	Location	Date
Megan Snyder	Williamsport, US	2020-10-08
Jeanette Rowello	Fairfax, VA	2020-10-08
Angela Petro	Fairfax, VA	2020-10-08
Christine Ramey	Sterling, VA	2020-10-08
GREGG CANNELLA	Manassas, VA	2020-10-08
Steve Mooney	Chantilly, VA	2020-10-08
Yonis Yalahow	Arlington, VA	2020-10-09
Ludmila Keller	Emmaus, PA	2020-10-09
Kevin Ramirez	Annandale, VA	2020-10-09
Mary Ganley	Leesburg, VA	2020-10-09
Rusty Edwards	Woodbridge, VA	2020-10-10
Taylor Free	Aldie, VA	2020-10-10
Meredith Vickery	Oakton, VA	2020-10-10
Annabelle Pieszak	Saginaw, US	2020-10-10
Rose Gold	Tallahassee, US	2020-10-10
Jacek Sichan	Fremont, US	2020-10-10
sara poris	US	2020-10-10
Richard Quintero	Paso Robles, US	2020-10-10
Judith Romero	Anaheim, US	2020-10-10
Kelsey Shelton	Lawton, US	2020-10-10
jamesmaster master	US	2020-10-10
Maribel Marulanda	New York, US	2020-10-10

Name	Location	Date
Brittney Elliott	Richmond, US	2020-10-10
Bloom Malien	Olathe, US	2020-10-10
Mike Fletcher	Fairfax, VA	2020-10-10
Yanira Masquida	arlington,va, VA	2020-10-11
Michael Easley	Mountain View, CA	2020-10-11
Kim Babin	Chantilly, VA	2020-10-11
Kaitlin Schwarz	Fairfax, VA	2020-10-11
Tyler Cowans	Ridgewood, US	2020-10-11
d f	US	2020-10-11
Ok K	North Babylon, US	2020-10-11
John Holmes	Appleton, US	2020-10-11
John Easley	Washington, DC	2020-10-11
deja gray	Newport News, US	2020-10-11
harris choudhary	US	2020-10-11
emerson w.	Albuquerque, US	2020-10-11
Jesus Moreno	Cumming, US	2020-10-11
Candice Ledet	Hialeah, FL	2020-10-11
Dakota Villano	Commack, US	2020-10-11
Rebecca Easley	Falls Church, VA	2020-10-11
ugwdisawd wdasdwdw	TEXAS, US	2020-10-11
Sandra Campbell	Portland, US	2020-10-11
Ethan Tran	San Mateo, US	2020-10-11

Name	Location	Date
RaDasia McCluney	Shelby, US	2020-10-11
Utakatas Flute	Fairfax, US	2020-10-11
Emma Markel	Zephyrhills, US	2020-10-11
yaya toure	Philadelphia, US	2020-10-11
Joni Manson	Westerville, US	2020-10-11
Feli Gonzalez	North Hollywood, US	2020-10-11
Cassiah Carr	Willard, US	2020-10-11
Nancy Nguyen	Antioch, US	2020-10-11
Jaden Bell	Richmond, US	2020-10-11
Jackson Smith	Riverside, US	2020-10-11
Jordan Walker	Atlanta, US	2020-10-11
Naomi Cardinal	Pasco, US	2020-10-11
kayla qiwjkejwirjhfsa	brooklyn, US	2020-10-11
MARIO MA	Hacienda Heights, US	2020-10-11
jai leboeuf	Thibodaux, US	2020-10-11
Daymonnie Wingfield	Silver Spring, US	2020-10-11
Chantel Young	Saint Louis, US	2020-10-11
Kira Moore	West Jordan, US	2020-10-11
Samuel Mischio	Madison, US	2020-10-11
Penny Dean	Waterloo, US	2020-10-11
Klinton Kavanagh	Jackson, US	2020-10-11
Shark .	Cincinnati, US	2020-10-11

Name	Location	Date
reagan daddy	Kennesaw, US	2020-10-11
Jessica Jones	Raeford, US	2020-10-11
Megan Landes	Lancaster, US	2020-10-11
Abigail Cano	Ridgefield Park, US	2020-10-11
Stephen Pratt	Annandale, VA	2020-10-12
Carey Gauzens, LCSW	Alexandria, VA	2020-10-12
Sandra Proseus	Chantilly, VA	2020-10-12
Jeff McCaslin	Gainesville, VA	2020-10-12
Jan Stevens	Oakland, CA	2020-10-12
Sophia Rosales	Lindenhurst, US	2020-10-12
Syune Grigorian	Burbank, US	2020-10-12
Jessica Pascale	Boonton Township, US	2020-10-12
Aaron English Scrimshaw	Minneapolis, US	2020-10-12
Darren Barnes	Miami, US	2020-10-12
Ashley Smith	Belleville, US	2020-10-12
Nataly Huang	Santa Monica, US	2020-10-12
Becki porter-harmon	Alexandria, VA	2020-10-12
Ann Applegate	Springfield, VA	2020-10-13
wayne wright	Knoxville, TN	2020-10-13
Pamela Smith	Falls Church, VA	2020-10-13
Danielle Smith	McLean, VA	2020-10-13
Pamela Levay	South Riding, MD	2020-10-13

Name	Location	Date
Greg Bunch	Nokesville, VA	2020-10-13
Andrea Mills	Bristow, VA	2020-10-13
James Aber	Franklin, MA	2020-10-13
Kevin Easley	Arlington, VA	2020-10-13
Jessica moberly	Falls church, VA	2020-10-13
Katy Fergus	Leesburg, VA	2020-10-13
Molly Marlatt	Fairfax, VA	2020-10-14
Jane Rich	Leesburg, VA	2020-10-14
elizabeth sangster	jersey city, US	2020-10-15
Cristian Quintana	Buckeye Lake, US	2020-10-15
Joy Lee-Diamond	Stephens City, VA	2020-10-15
Peter Nedzbala	Springfield, VA	2020-10-15
Julia Pruitt	Oakton, VA	2020-10-15
Kathy Lambert	Washington, DC	2020-10-15
Jesse Goldstein	Arlington, VA	2020-10-15
Megan Cerniglia	Ashburn, VA	2020-10-15
Luis Villalobos	Reston, VA	2020-10-15
Samantha Ousley	Sterling, VA	2020-10-15
David Burke	Reston, VA	2020-10-16
Kristin Burke	Chantilly, VA	2020-10-16
Catherine Flanery	Athens, GA	2020-10-16
Dean Sharp	St Michaels, MD	2020-10-16

Name	Location	Date
Carole Sharp	Saint Michaels, MD	2020-10-16
Michael Killen	Washington, PA	2020-10-16
Diana X	Sterling, VA	2020-10-17
Kristen Bodenhofer	US	2020-10-22
Yesenia Tobar	Falls Church, VA	2020-10-22
Louis Q	Gainesville, VA	2020-10-22
Sarah Nichols	Centreville, VA	2020-10-23
Krista Hawk	Lovettsville, VA	2020-10-24
Jeanette Dilick	Coudersport, PA	2020-10-25
Jon Taylor	Woodbridge, VA	2020-10-26

Recipient: Citizens of Fairfax county, Family Members, Friends, advocates

Letter: Greetings,

Put a stop to contracting out for Residential Treatment Programs in Fairfax County

51 Comments: 4 Pages

Comments

Name	Location	Date	Comment
Kimberly Fergus	Annandale, VA	2020-09-29	"Im signing because I have a story. Without the experience from the treatment team, I might not have story. I might just be the statistic."
Joyce Cantrell	US	2020-09-29	"The dedicated counselors at Chantilly Detox, A New Beginning, and Supervised Apartment Program saved my life 20 years ago. I have stayed connected to these programs since I completed them, giving back and helping current clients. The staff put their whole heart into their work because they care so much about the suffering addict. You can't fill their shoes with contract workers, it just won't work!!"
rachel picon	Woodbridge, VA	2020-09-29	"When I came to New Generations, I was nothing but a hopeless addict who lived in pain and suffering. I was defeated, alone, and on death's door. I'm signing because New Generations helped to heal me, teach me, and most importantly they never gave up on me.. even when the rest of the world did. 7 years later I'm alive and sober and thriving and without New Gen I would be dead or in jail by now."
Becky Petersen	Herndon, VA	2020-09-29	"20 years sober because of a fantastic set of counselors at A New Beginning!! They saved my and many, many others!!"
Colette Murray	Falls Church, VA	2020-09-29	"I'm signing this petition for those that need future residential treatment. Fairfax County has helped me a few times since 1988. Please allow those who, in the future, that need to receive the help with alcohol and drug addiction. There are so many in need, please allow them the gift of a chance to change that was given to me."
Kathern Burgin	Front Royal, VA	2020-09-29	"Because it's saved my best friends life and if it can help her then it can help anyone who wants the help."
Christopher Perez	US	2020-09-29	"This program has benefited myself in the past as well as some of my friends."
Patrice Thompson	Riverview, FL	2020-09-30	"This program is needed."
Carol McCallum	Bunker Hill, WV	2020-09-30	"I agree centers are needed everywhere for people in need."
David Britt	Centreville, VA	2020-09-30	"A New Beginning saved my life, then helped prepare me to give back to those suffering from addiction and mental illness. It is far too vital to contract out. Please don't make the harm done to the programs, during the last few years, permanent."
Edward Higginbotham	Centreville, VA	2020-09-30	"The Fairfax CSB the detox and A New Beginning have save countless lives including mine"
doria wosk	miami, FL	2020-09-30	"SAVE THE SUBSTANCE ABUSE PROGRAMS"
Elizabeth Higginbotham	Leesburg, VA	2020-09-30	"Life saving program."

Name	Location	Date	Comment
Elizabeth Avila	Arlington, VA	2020-09-30	"I am signing the because New Generations and the CSB saved not only my life but also my son's life and ability to have a healthy mother. If it weren't for the services offered by the CSB and the residential programs. These programs save lives!"
Sally Goodyear	Vienna, VA	2020-09-30	"CSB programs and follow up help with my recovery"
Katie Bertrand	Fairfax, VA	2020-09-30	"I'm signing because the New Generation program saved my life."
Debbie Reynolds	US	2020-09-30	"Debbie Reynolds"
Neal Money	Annandale, VA	2020-09-30	"Programs like these save lives. One of them saved mine almost 50 years ago. The lives saved by programs like these could well be members of your family."
Lucy Willis	Florissant, MO	2020-09-30	"This is a misguided effort to save money. This is penny wise and dollar foolish. This sounds like "Those addicts are not worth spending money on. They are hopeless cases that deserve to die a painful, nasty death.""
Elmer Funes	Winchester, VA	2020-09-30	"Because they saved my friends life #So proud of her"
Anna Walker	Springfield, VA	2020-09-30	"I wouldn't be alive or a functional, job holding, tax paying member of society without the help of these residential programs"
Robin McMillan	Alexandria, VA	2020-09-30	"A very important program to the community. We need this service."
Crystal Gaskins	Centreville, VA	2020-09-30	"We need these places to remain open!!"
Dawn Bocanegra	Greenville, NC	2020-10-01	"This has helped many people that mean a lot to me. It is important and needed. In fact, we need more not less."
Amanda Juhasz	Exmore, VA	2020-10-01	"I'm signing because this is a program this is needed and should never be taken away"
Avi Patel	Richmond, VA	2020-10-01	"mental health is a good way to help keep substance abuse down, but is not the only way. We need this program to help give others support and continued reassurance in not abusing substances."
Kelly Smith	Dix hills, NY	2020-10-01	"I think Crossroads is doing perfectly well without being contracted out"
John Devine	US	2020-10-01	"County Services need to be run by the county."
Caroline Austin	Fairfax, VA	2020-10-01	"New generations saved my life and brought my son back home to me. The counselors there were amazing throughout the whole process. Addiction is killing so many and I've been so grateful to live in Fairfax county.. thanks to the resources available to get help. I can't imagine living somewhere that addiction resources aren't available, and I can't imagine Fairfax county turning into one of those places."
Tracy Taylor	Fairfax, VA	2020-10-01	"I lost my mother to an opioid overdose. Had it not been for the residential substance abuse program already in place in Fairfax County I would have continued to follow her path right to the grave."

Name	Location	Date	Comment
			The most important element to my success was and continues to be the dedicated counselors, alumni and countless others with years and years of experience, expertise and care that I met during my time at the residential program I went to. They were not just "professionals" that I sought for help and never saw again. They were and still are my neighbors, my community, my friends. The very fabric of recovery depends on having a network of safe, supportive, caring and understanding people. Had I gone away or been "outsourced" to a program elsewhere only to come home and be alone I would not be here today. For Fairfax County to lose such important and vital stitches in the very fabric of the recovery community, especially during this pandemic, would be a devastating blow."
Debra Turberville	Woodbridge, VA	2020-10-01	"It is important to have mental health available for all people."
Mary Buckley	Springfield, VA	2020-10-01	"This has saved those near and dear to me!"
Alice Tammaro	Springfield, VA	2020-10-01	"My son has dealt with substance abuse and I know how hard the struggle is"
Sharon Driscoll	Annandale, VA	2020-10-02	"Treat addiction like you would other mental health disorders! People suffer without appropriate treatment, as do their families, employers, and society. We must make treatment a priority!"
Stacey Richardson	Virginia	2020-10-02	"I've lost too many friends. We need MORE places open to help. Not closing doors on them. Closing doors will lead to potentially more deaths due to not having local help. Shame."
Lynn Duvall	Fairfax, VA	2020-10-02	"I concur with the reasons stated in the intro. Very dear, capable, talented and valuable citizens become addicted and merit as much assistance as needed to break free."
Leslie Efird Rolita	Fredericksburg, VA	2020-10-02	"Because treatment services helped people very important to me."
Stephanie Childress	Raleigh, NC	2020-10-02	"Family members have received and benefited from this care"
Eryn Letterman	Reston, VA	2020-10-02	"I'm signing this because this is a major asset in helping the active addict/alcoholic to not have to fight their demons alone. These facilities have saved numerous people that I hold near and dear and if it closes so many people will be stuck in the darkness of substances."
Nichole North	Woodbridge, VA	2020-10-03	"As a Fairfax county resident and a recovering addict who attended A New Beginnings in 1998. I'm saddened that the county and CSB thinks so little of the lives of addicts in active addiction who need help. Please do not contract out these programs. They work just fine the way they are. They are saving lives. Without ANB and the therapy I received there I would be dead. Please leave substance abuse programs alone and allow them to continue to operate the way they are now."
Lynne Rommel	Leland, NC	2020-10-03	"This program has saved the lives of countless women and their beautiful children. Releasing it to external management will destroy that continuum of care. Don't fix what isn't broken, please."

Name	Location	Date	Comment
david martin	Alexandria, VA	2020-10-04	"David m Martin"
Denise Depot-Poisson	Princeton, MA	2020-10-04	"It matters to so many people to have support."
Mike Cohen	Bristow, VA	2020-10-04	"It is the right thing to do!"
John Slater	Old Hickory, TN	2020-10-04	"Someone I love was helped by this program."
Amanda Slater	Old Hickory, TN	2020-10-04	"My nephew benefits from this program. He has turned his life around with extra help."
Debbie Labriny	Springfield, VA	2020-10-06	"I believe in this program."
Aimee Henson	Alexandria, VA	2020-10-06	"These are great programs..."
John Hon	Vienna, US	2020-10-06	"This is poor management at it's best. The CSB is asking the voters in Fairfax to approve a \$21 million bond for Crossroads at the expensive of another residential program. This is a common CSB residential management move to save their pet program at the expensive of another program."
wayne wright	Knoxville, TN	2020-10-13	"Fairfax County Alcohol and Drug Services have provided top of the line treatment to its citizens for many years now with life changing results! Many families have been salvaged and many productive recovering persons have been returned to the work force. This of course adds to the tax base of Fairfax county and the region. I hope short sighted goals do not eliminate one of the most effective systems for provision of addiction treatment services in the country!"
Kathy Lambert	Washington, DC	2020-10-15	"Recovery works"

Hello,

My name is Koraima Borjas and I have been a Fairfax County Resident for 26 years. As a woman and mother that suffers with the disease of addiction, since the age of 12, I saw it excel because of the opioid epidemic. I ask myself “why in the most challenging times of our nation, during this COVID Pandemic is the CSB considering to contract out our residential programs that have saved lives.” These programs are proven to work as statistics have shown. I attended the first hearing and listened to someone who asked “why this change after numbers have proven that these programs work.” **Why sell us out?** As I speak for myself, in my experience having been a client at The New Generations treatment facility, I can assure you that if it weren’t for this program and the staff members there, my life would continue to be a misery. I went to New Generations in 2017 after a judge ordered me to this program. At the time, I did not believe that change was possible and in all honesty I’m not sure I wanted to change. Having been given this opportunity, I was able to survive this disease. I came here wallowing in self-loathing and self-rejection. I have two children that had no idea what it was like to have a mother that loved and took care of them. While there, I was able to bring my daughter, (whom I did not know and left when she was only 3 weeks old). The professionals at this program quickly became a family to me helped me form a relationship with my daughter. As I grew stronger in recovery, the bond with my children did as well. I could not believe that there was a program that specialized with woman and mothers in addiction. I worked with 2 child care professionals as well as counselors and therapist that have the experience or knowledge on how to help me work through my problems and on becoming the person I dream to be. In the past I’ve worked with clinicians in a treatment program that honestly did not know how to work with the kind of issues that I have, I didn’t feel like I could trust them with my life and all I want is for the next addict that needs help to have the kind of experience that I have had, the chance that I acquired at New Generations. As a recovering addict I’ve learned that what so freely has been handed to me, it is my obligation to hand to the still suffering addict. With this I close to say that New Generations has saved my life and can save the lives of others, so why consider changing something that works? It is our due diligence to save lives, not risk lives.

Additionally, I think the CSB idea to contract out Residential Substance Abuse Services is a BAD PLAN. This is not just about my allegiance to one program. I am concerned about all of the programs and the effects of this plan on citizens who need the programs and on their families, I am a stakeholder and I have reached out to many others. Not a single one of us was consulted or asked for our opinions! Citizens will be impacted, and lives will be lost.

On the surface, it may look good and it may save money, but it will cost lives. I beg you to look into the details and to study the effects of contracting before doing an RFP. I believe that you will find that it is a bad decision to contract services, especially during an epidemic. You don’t contract out the Fire Department during a fire!

First and foremost, even if a decent company can be found to run the programs, the disruption during the transition will cost lives. There is an opioid epidemic and it has been increasing since Covid started. The CSB claims that there will not be any reduced services... But this is AFTER the transition. There is already a waiting list to get into these programs. Transitioning to a contract during an epidemic is irresponsible. As soon as it is announced an RFP has been issued to contract out the programs, staff will start looking for other jobs and leaving. Quality staff will be lost and unlikely they would be replaced. Even during normal times, staff move on for promotions and other reasons. Why would they stay to watch their program be turned over to another company? And how would they be replaced to keep the program running with all of the beds full if another company is taking over? Those of us who have been in treatment in other areas, especially in programs that don't have enough staff, know what happens to quality when a program doesn't have enough good staff. Although the CSB's plan says the contract process will "spread out over several years", the destruction will begin immediately. You can stop this! Please ask the CSB:

Could the CSB guarantee, in writing, that there will be no reduction of staff and services from now until the new program takes over at full capacity?

If the CSB cannot guarantee that, what happens in the meantime? What would we tell the mom who cannot get her child into life-saving services? How would everyone feel if there is a tragedy because there is not enough remaining experienced staff to provide the quality of services that Fairfax County is used to?

It is also a BAD PLAN to disrupt current, effective services to save money. Contracting always sounds good at the beginning and companies promise things they cannot deliver to get the business. We all know of contracting nightmares. We can't pretend they do not exist. At the last CSB Board meeting, there was discussion of the problems with Credible. The company is not doing what it promised. Yet, I am sure back then there were promises that a good RFP would produce good results, just like the promises now. Promising to choose a "qualified vendor" does not guarantee a good vendor. This is especially not good enough when lives are at stake.

The CSB is making it look like there are plenty of companies that can just come in and begin running the programs. This is not true. Until the recent Medicaid expansion, insurance wouldn't cover residential substance abuse treatment; so programs didn't exist because there was no money in it. The only programs in northern Virginia for the last 30 years were Phoenix House and Fairfax County's programs. One other program, Second Genesis, went out of business long ago. Even now, with Medicaid, there are no other residential programs in Northern Virginia to contract with. Given this, how is the plan to contract out considered a good plan? Does this mean that the programs will be contracted out to an unknown out-of-area company who looks good on paper?

Thanks to the generosity of the Board of Supervisors over the last 50 years (Crossroads will be 50 next year) Fairfax had residential treatment when almost nobody else did. We are hugely grateful for this and know that it is rare. This means that you built state of the art, effective

programming that does not exist elsewhere! I beg you not to dismantle this. If you destroy it, you can never re-create it and it doesn't exist elsewhere. Everyone in the recovering community knows about the quality of the Fairfax County programs!

The county programs have strong relationships with the community that have been built over years and support those with current substance abuse challenges. Relationships support recovery and should not be thrown away. There are Alumni (501 c3s) connected to the programs, and they are involved to support the current residents. We deserve program providers who understand Fairfax County and our community and who have connections with the community. We do not want some outside unknown who is mainly in it for the money. A new program will have to start from scratch trying to find qualified and experienced staff. They will not know the program alumni and the recovery community. Where will the staff come from? Will they all be recruited from out of the area? Is this a recipe for success? No!

Please put a stop to an RFP to contract out quality Fairfax County residential substance abuse services. Now is not the time!

In addition to the individuals included in this email, I am requesting that the clerk to the CSB Board, Erin Bloom, disseminate this to the CSB Board and include it in their materials for the next Board Meeting.

Thank you for your time,

Koraima Borjas

Fairfax-Falls Church Community Services Board

Virtual Meeting Minutes

September 23, 2020

The Board met electronically via video and audio conference call due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were provided an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following CSB members were present: Bettina Lawton Chair; Jennifer Adeli; Karen Abraham; Daria Akers; Robert Bartolotta; Captain Derek DeGeare.; Ken Garnes; Sheila Coplan Jonas; Larysa Kautz; Garrett McGuire; Srilekha Palle; Edward Rose; Andrew Scalise; Daniel Sherrange; Sandi Slappey, and Anne Whipple.

The following CSB Board members were absent:

The following CSB staff was present: Daryl Washington; Georgia Bachman; Jessica Burris; Evan Jones; Elizabeth McCartney; Lisa Flowers; Michael T. Lane; Linda Mount; Michael Neff; Sebastian Tezna; Lyn Tomlinson; and Barbara Wadley-Young

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair called the meeting to order at 5:00 p.m.

2. Roll Call and Audibility

Ms. Lawton conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Ms. Lawton passed the virtual gavel to CSB Board Vice Chair Jennifer Adeli to make several motions required to start the meeting.

The first motion made by Ms. Lawton confirmed that each member's voice was audible to each other member of the CSB Board present which was seconded by Edward Rose and unanimously passed.

3. Preliminary Motions

CSB Board Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a dedicated audio-conferencing line, and that the public may access this meeting by calling 1-877-336-1829, participant code 7703575. Motions were seconded by Edward Rose and unanimously approved.

Ms. Lawton made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded by Edward Rose and unanimously passed.

4. Matters of the Public

Several attendees including CSB clients and alumni and members of the public attended via conference call to present concerns related to the possibility of contracting residential substance use disorder treatment services currently provided by CSB staff.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging that no revision recommendations were forthcoming, the meeting agenda was adopted as presented.

6. Approval of the Minutes

Draft minutes of the August 26, 2020 virtual meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no revisions were suggested, Robert Bartolotta made a motion for approval, which was seconded by Daria Akers and passed unanimously.

7. Director's Report

CSB Executive Director Daryl Washington offered a reminder that an opportunity for questions would be offered following presentation of each agenda topic, updates for which included:

- The revision of business (dashboard) reports from daily data to weekly data was confirmed, with confirmation that the revised reports would be presented later in the meeting.
- Providing an update to the psychiatric hospital bed crisis, Mr. Washington reported that the Northern Virginia Mental Health Institute (NVMHI) has reopened to admissions following a recent closure due to COVID. Additionally, the only state psychiatric hospital for children in Virginia has been closed to admissions due to a COVID outbreak. Mr. Washington clarified that, should it be needed, alternative placements could be made to several private hospitals including Dominion Hospital, located locally. Additional resources are located in Fredericksburg, Leesburg, and a limited amount of youth hospital beds at Inova Fairfax Hospital.
- Related to the state psychiatric hospital bed crisis, the new Crisis Stabilization unit opened Monday, September 21st at the Alternative Incarceration Branch (AIB) in cooperation with the Fairfax County Sheriff's Department. Further efforts to expand crisis stabilization services include exploration of providing additional crisis stabilization services through a regional contract.
- Due to the constraints of the current budget, Department of Management and Budget (DMB) revised the Vacancy Breakeven Point (VBP) from 70 to 89. It is anticipated that continued collaboration with DMB will result in a resumption of the lower number.

Lyn Tomlinson, Deputy Director of Clinical Operations, provided the Services update to include the following:

- All services are operational either virtually, for outpatient services, or in person, primarily for residential and emergency services, but also for individuals who have not been successful receiving treatment via telehealth.
- The organizational charts for jail and court services included in the meeting materials, reflected a few vacancies for which active recruitment has been suspended. Efforts to fill critical positions in Emergency Services include ongoing recruitment for a full-time Crisis Intervention Specialist and the hiring of two Behavioral Health Specialists I (BHS I) as hospital bed-finders to assist with locating available beds in the psychiatric hospital bed crisis.
- Directing attention to the Time to Treatment reports for both youth and adult, the wait times at most CSB sites have reduced except for South County, primarily attributed to staff shortages. It was clarified that active recruitment efforts are ongoing for clinical staff at South County. Efforts to improve wait times include offering telehealth services by clinicians at other sites.

Linda Mount, Director of Analytics and Evaluation, provided an overview of the Business Information (BI) dashboard reports offering a reminder that the revision to weekly data more effectively highlights trends.

Jessica Burris, Chief Financial Officer, summarized each of the fiscal documents provided in the meeting materials including Pay Period Metrics and the Modified Fund Statement with Fiscal Notes that reflect revenue and expenses for the fiscal year-to date through August 2020. Some highlights included:

- A budget realignment that occurred in FY2020 included a transfer of funds from operating to compensation & fringe to better align the budget with recurring and significant year-end budget balances. This correction effort continues with the FY2021 budget.
- Ms. Burris provided an overview of the FY2020 Carryover Adjustments as reported in the Fiscal notes, adding that encumbered funding for contracts and purchase orders carried over from FY2020 to FY2021 has also been requested.
- The Revenue Analysis and Revenue Maximization/Non-Billable Summary were reviewed. A significant impact to revenue is a delay in authorizations, reimbursement and utilization management staff are collaborating to address this delay in authorizations.

Daryl Washington acknowledged that the CSB Board is typically offered an opportunity to review and approve the CSB Budget in concept in September. It was clarified that the budget is submitted 'in concept' as some final amounts are not available until after the September CSB Board meeting. Due to timing of submission to the Board of Supervisors, the request for approval of the budget cannot be delayed. Mr. Washington offered a summary of the FY2022 budget requests including funding for Employment and Day graduates, new DD (Developmental Disability) Waivers including support coordinators, contract rate adjustments for partners, and for the opioid task force. The CSB will also be part of a multi-agency request for additional Diversion First funding. New funding

requests include funding for establishment of an additional PACT (Program of Assertive Community Treatment) team and for additional business operations staff.

Deputy Director of Administrative Operations Michael Neff provided an update to the reengagement plan. Plans for the Reston/Northwest Center and the South County/Gerry Hyland Center sites have been finalized and are in operation. Plans for Merrifield, Chantilly, and Gartlan are anticipated to be finalized and put into operation the week of September 28, 2020. Refinement of the plans is continuously monitored and revised as needed based on guidance from the Health Department. It was confirmed that the CSB continues to maintain an ample supply of PPE (Personal Protective Equipment) including N95 masks.

Daryl Washington directed attention to the Strategic Plan handouts in the meeting materials, providing background to the triennial process and noting that the CSB Strategic Plan has expired. To align the CSB Strategic Plan with the County Strategic plan currently in development, the CSB has paused revision efforts until the County Plan is finalized. Highlighting the priorities and goals, members were asked to review the handouts and forward feedback or questions to Erin Bloom. An Action Item requesting CSB board approval to extend the current CSB Strategic Plan for one additional year will be presented, including feedback, to the CSB Board in October. Regular updates to development of the County Strategic Plan will be provided as available.

Mr. Washington provided highlights of the September 22, 2020 presentation to the Health and Human Services Committee on the challenges and opportunities of the CSB.

- *Challenges* included the state hospital bed crisis, unfunded and partially funded mandates including the Department of Justice Settlement Agreement (DOJSA) with the Commonwealth, and STEP-VA (System Transformation Excellence and Performance), and the inadequate funding formula utilized by the state for CSB support.
- *Opportunities* included behavioral healthcare transformation; an effort by the Department of Behavioral Health and Developmental Services (DBHDS) and Medicaid to align reimbursement rates for more equitable funding beginning with Crisis Stabilization and PACT services. Additional opportunities are with the recent adoption of ARTS (Addiction Recovery and Treatment Services) as a billable service (Medicaid). Another opportunity is contracting some services with a goal of reducing waitlists and costs while avoiding a reduction in force (RIF) confirming that initial consideration will be contracting for Crisis Stabilization and PACT services prompted by behavioral healthcare transformation reported earlier. It was clarified that contracting for services may also include ARTS. Recognizing the lengthy procurement process for contracting, Mr. Washington clarified that initiating the RFP process early (now) is likely to result in finalized contracts for FY2023. Mr. Washington confirmed the involvement of CSB Board members in the RFP process, including development and oversight. Members and staff engaged in robust discussion.

8. Matters of the Board

Bettina Lawton introduced new CSB Board member, Sandra ‘Sandi’ Slappey, noting she was representing the City of Fairfax.

Ms. Lawton offered a reminder of the current cancelation of CSB Board subcommittees noting that in order to resume the subcommittee meetings, a quorum must be physically present. Noting that several Board members have volunteered to serve on the Fiscal Oversight Committee and a quorum of members is willing to meet in person, the first meeting is scheduled for October at the Herrity building. The Developmental Disabilities and Behavioral Health Oversight Committees will explore initiating in person meetings.

9. Information Item

A. *CSB Board Policy Review*

Sheila Jonas directed attention to the CSB Board policies #3060 and #3100 included in the meeting materials for review and feedback. Members were asked to forward edit recommendations to CSB Board Clerk, Erin Bloom one week prior to the October 2020 CSB Board meeting. The policies will be submitted for approval at the October 28, 2020 CSB Board meeting.

B. *Review of Fee Policy and Related Materials*

Michael Neff provided an overview of the process for reviewing and updating the Fee Schedule and related documents. Attention was directed to the fee documents provided in the meeting materials. Mr. Neff highlighted several significant changes to the fee schedule including alignment of fees and codes to agree with Medicaid and the contracted MCOs (Managed Care Organizations). A reminder was offered that the final schedule and materials will be submitted for CSB Board approval at the October 28, 2020 CSB Board meeting.

C. *CSB Memorandums of Understanding (MOUs)*

Daryl Washington provided an overview of the MOU/MOA (Memorandums of Understanding/Agreement) process that included oversight and review by the CSB Board. Board members were encouraged to review the list provided in the meeting materials, recommending that members contact Erin Bloom to request a copy of any MOU/MOA of interest for review.

10. Action Item

A. *CSB Board Policy Approval*

Sheila Jonas directed attention to CSB Board policies #2010 and #2400, copies of which were provided in the meeting materials for final review and approval. As no recommendations were forthcoming, Ms. Jonas made a motion to approve the policies as presented which was seconded by Daniel Sherrange and approved.

B. *The FY2020 End of Year Report*

Acknowledging that this matter was tabled from September, a final opportunity for comment was offered. As no comments were forthcoming, Andrew Scalise made a motion to approve the End of Year Cover Letter and Report as presented for distribution to the Board of Supervisors and the Mayors of the cities of Fairfax and Falls Church that was seconded by Ken Garnes and unanimously approved.

There being no further business to come before the Executive Committee, the meeting was adjourned at 7:19 p.m.

Actions Taken - -

- Motions required to start the virtual meeting including roll call & audibility, safety, electronic meeting and public access, and continuity in government were offered by Bettina Lawton, seconded, and passed.
- The August 26, 2020 CSB Board Meeting minutes were approved as presented.
- CSB Board policies #2010 and #2400 were approved.
- The FY2020 End of Year Report was approved for submission to the Board of Supervisors and the Mayors of the cities of Fairfax and Falls Church.

Date Approved

Staff to the CSB Board

DRAFT

**Exploration of Contracting CSB Services
A Phased Approach**

As you may know the CSB is engaged in an exploration process to determine whether to contract some of the services which we currently directly operate. Executive leadership has attended multiple team meetings to discuss the process and how it will impact the CSB's staff and the individuals we serve. The savings provided by contracting services will allow the CSB to serve more individuals as well as reduce time individuals may spend on a waitlist.

If the CSB decides to move forward with contracting some of our directly operated services, we are committed to maintaining our core values that include:

- The individuals we serve continue to receive quality services
- A proper clinical transition occurs
- No reduction in force occurs
- No reduction in our capacity to serve individuals with substance use disorders occurs
- All savings will be re-invested into the expansion of behavioral healthcare services

The CSB will be using a phased approach to begin the Request for Proposal (RFP) writing process and any subsequent contracting decision. This will occur in four phases. The timelines provided below are estimates.

Phase 1: Supportive Community Residential Services (SCRS) 2-24 months

- a. Gateway Homes has the current contract.
- b. Services will be provided at the existing New Horizons building.
- c. The CSB is exploring the contracting of other Programs in this service area.

Phase 2: Crisis Stabilization Services (CSU) – Crisis Care (9-18 months)

- a. Recovery International (RI) currently has a contract with Prince William County for crisis stabilization services (CSU).
- b. A CSU run by RI is expected to open this winter in the Chantilly area.
- c. The CSB will study how well CSU services are provided by RI and at what cost. The CSB will then decide whether to proceed with contracting Crisis Care with RI.

Phase 3: Assertive Community Treatment (PACT)

- a. Currently, the CSB only has one PACT team and it is frequently referred to as a "hospital in the community".
- b. Many more individuals could thrive in this service if the CSB were able to have additional PACT teams in the county.
- c. Medicaid is seeking to transform how they reimburse for PACT services.
- d. The process of writing an RFP is expected to begin before the end of this year.
- e. Any new service or re-tooling of existing services would occur in early 2022 at the soonest.

Phase 4: Residential Substance Use Disorder/Co-occurring Treatment Programs

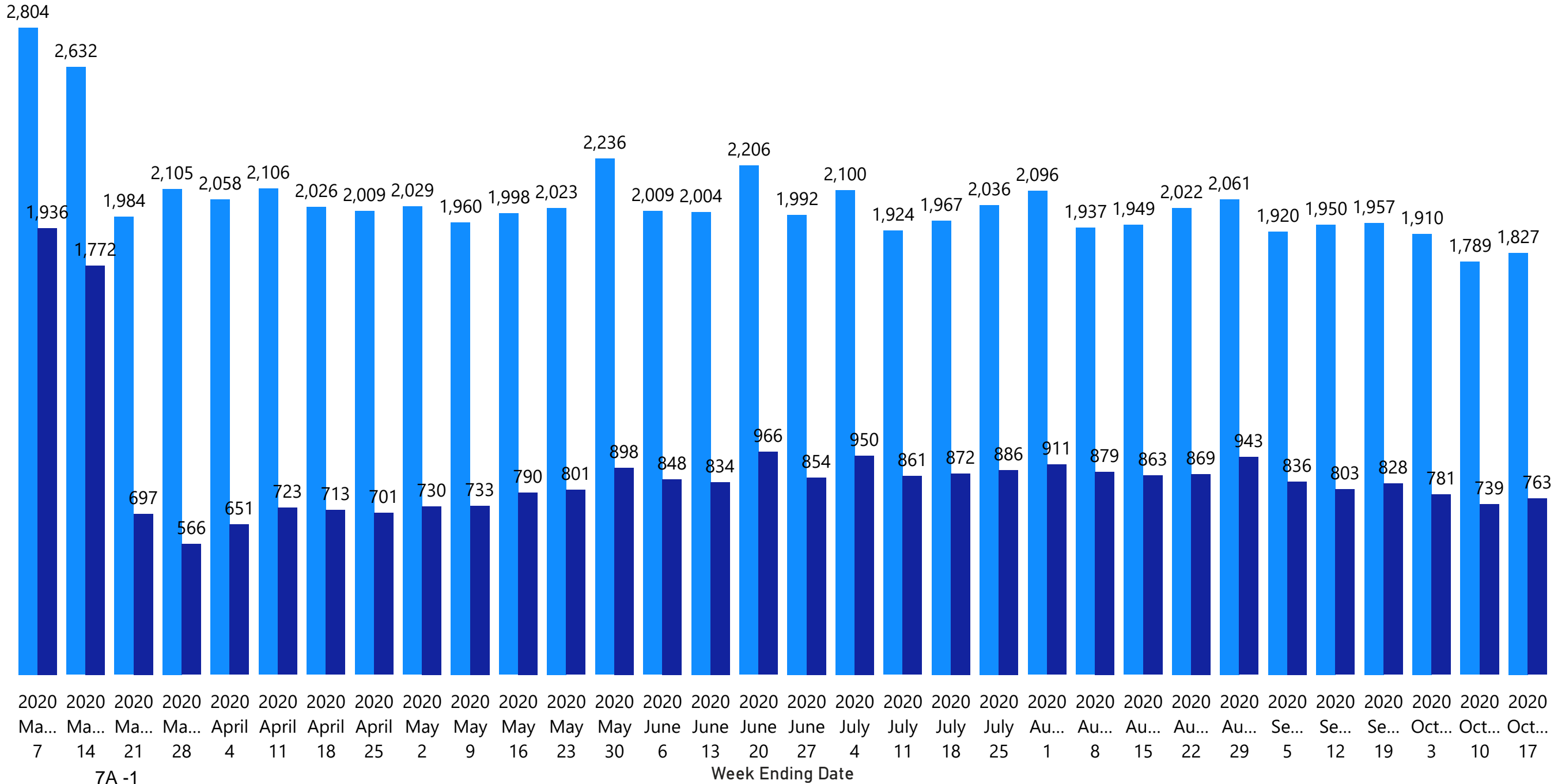
- a. Current programs include Crossroads, A New Beginning, New Generations, Cornerstones, and Detox.
- b. Writing of the RFP is not expected to begin until the Spring of 2021.
- c. It is expected to be early 2022 before the CSB has enough information to make further decisions with these services.

Contracting for any service, requires an RFP. This is a long process that requires the CSB to engage with the County's Department of Material Management (DPM) to help write the RFP. The CSB will engage stakeholders, to include individuals served, in the RFP process, but will need to make sure the group is a reasonable size to keep the working group manageable.

CSB Overall- Average Weekly Count Of Clients Served

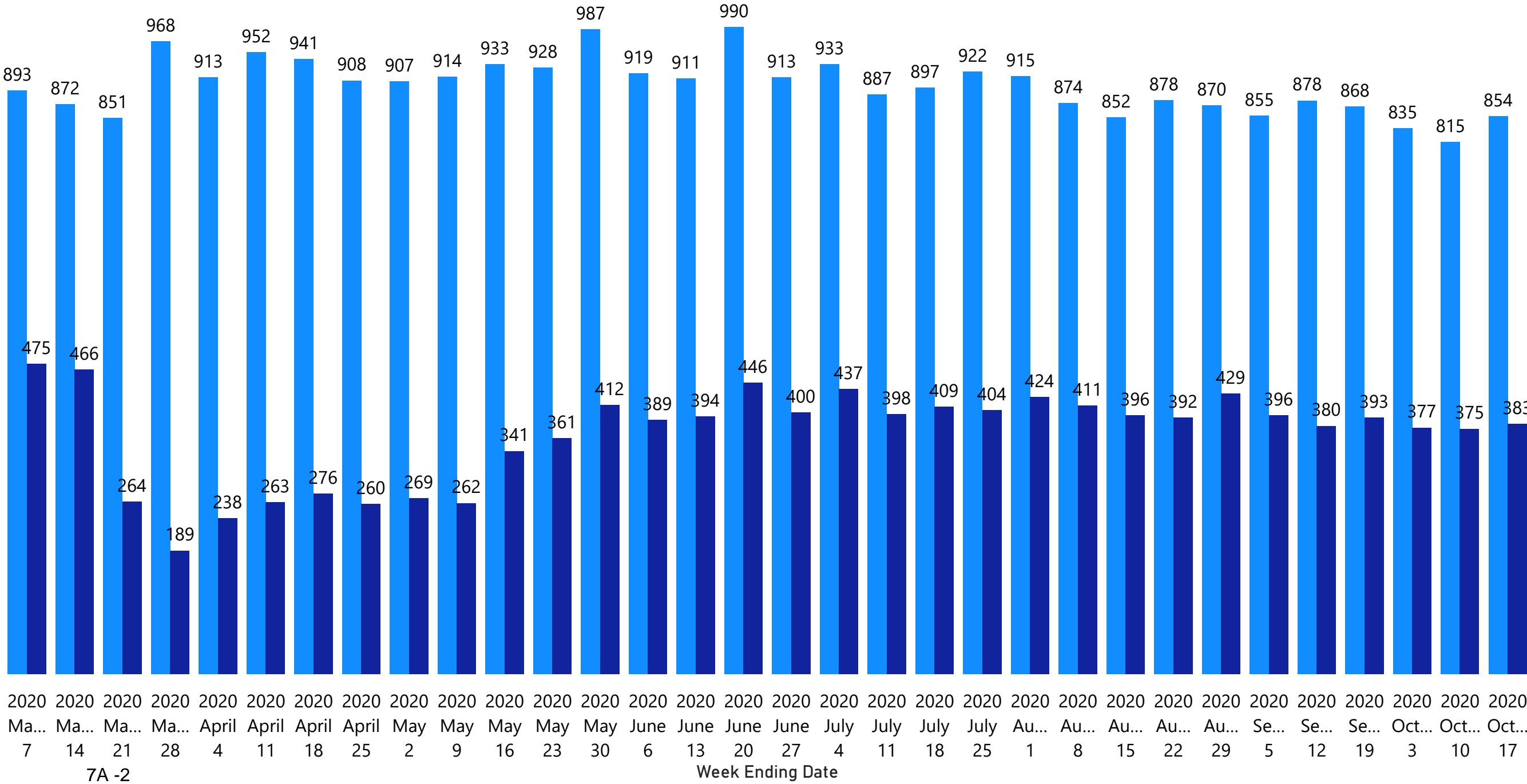
Excludes Emergency & Residential

● Avg. Client Ct. ● Avg. F2F



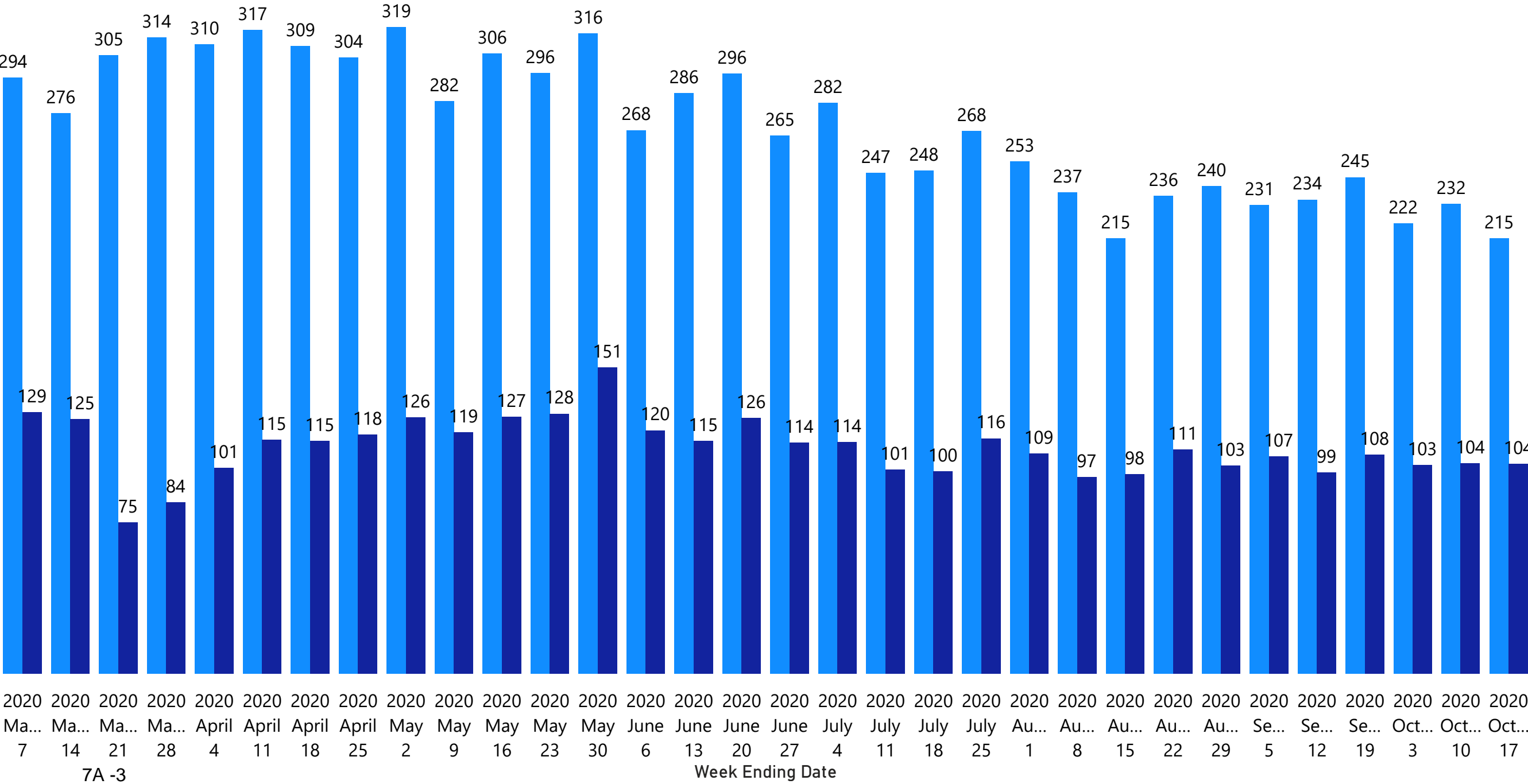
BH Adult Outpatient-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



BH Youth Outpatient-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F

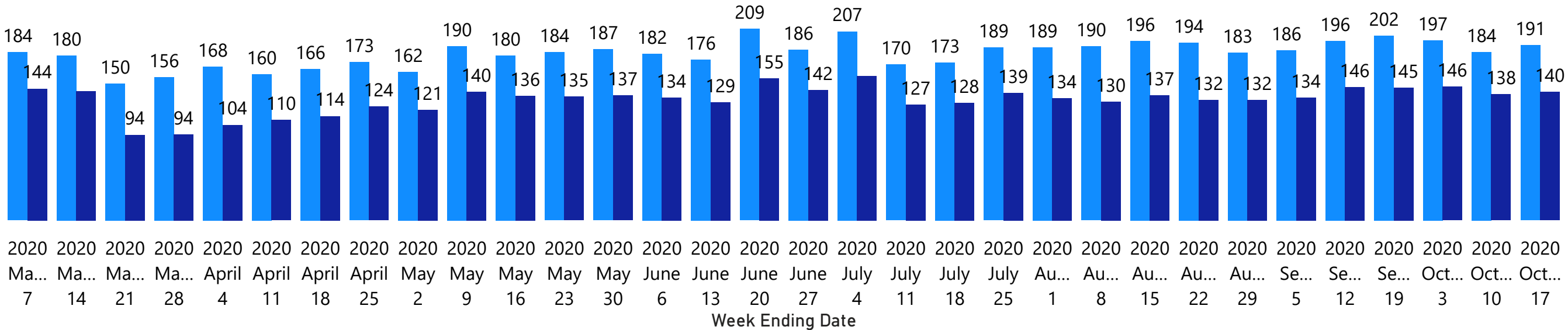


7A -3

Week Ending Date

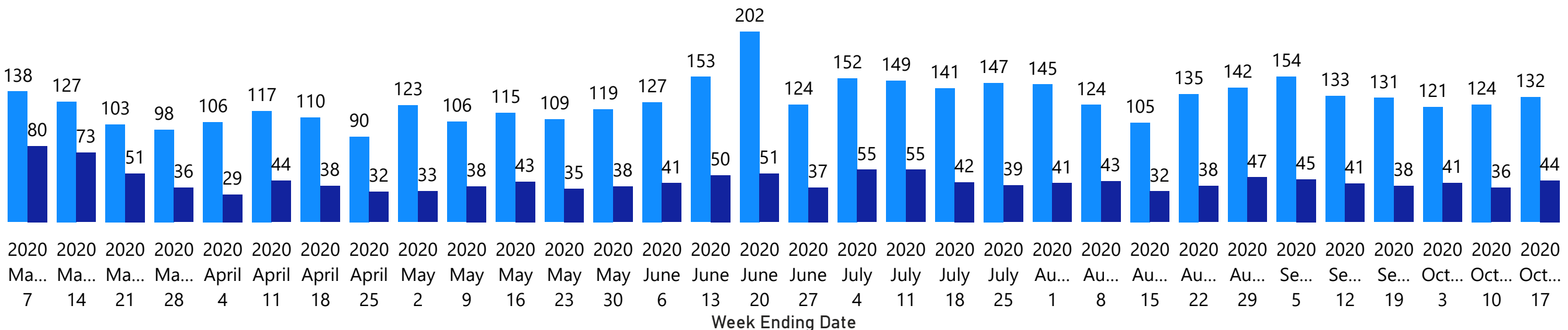
Doctors & NP - Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



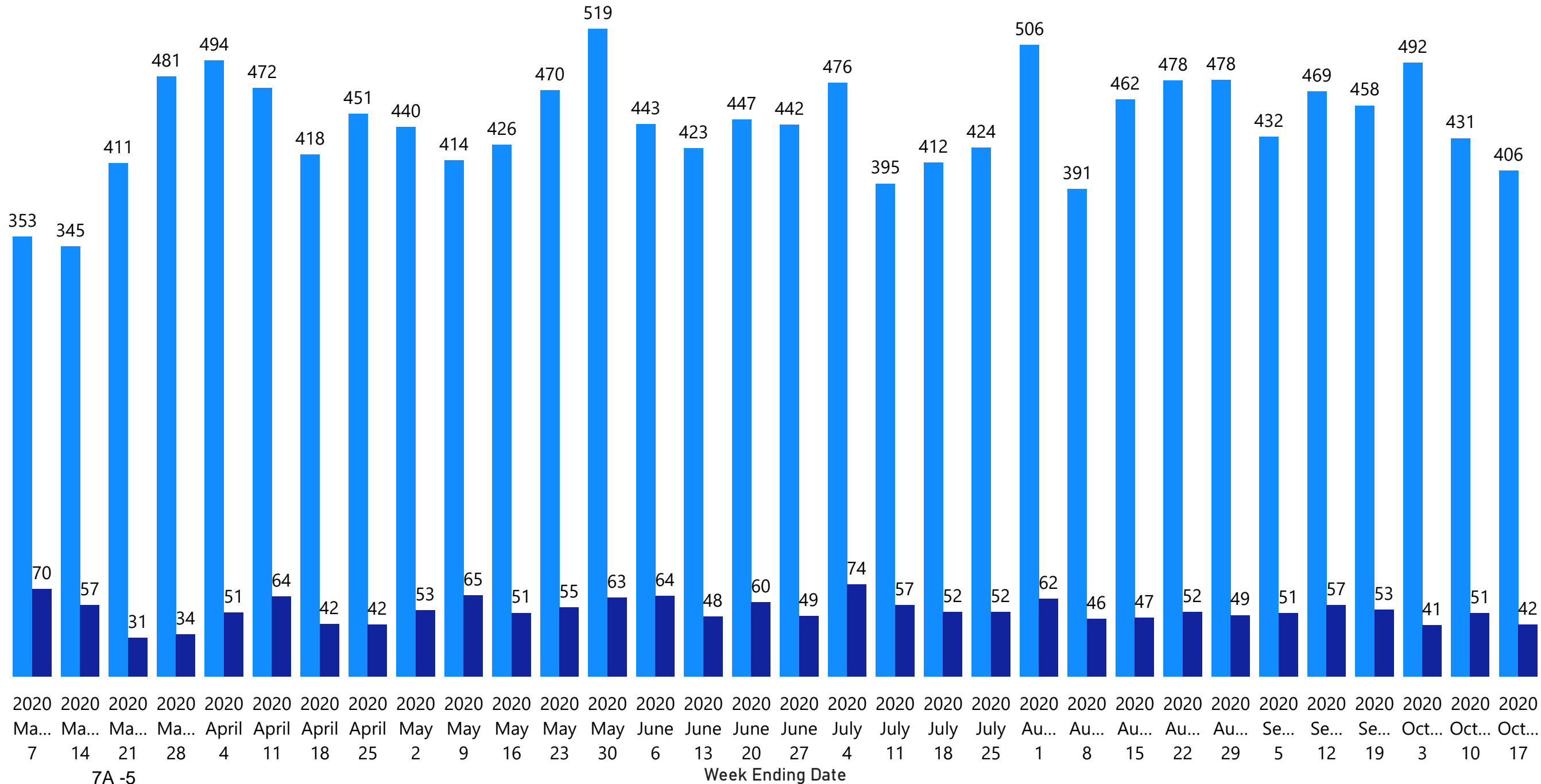
Outpatient Nursing - Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



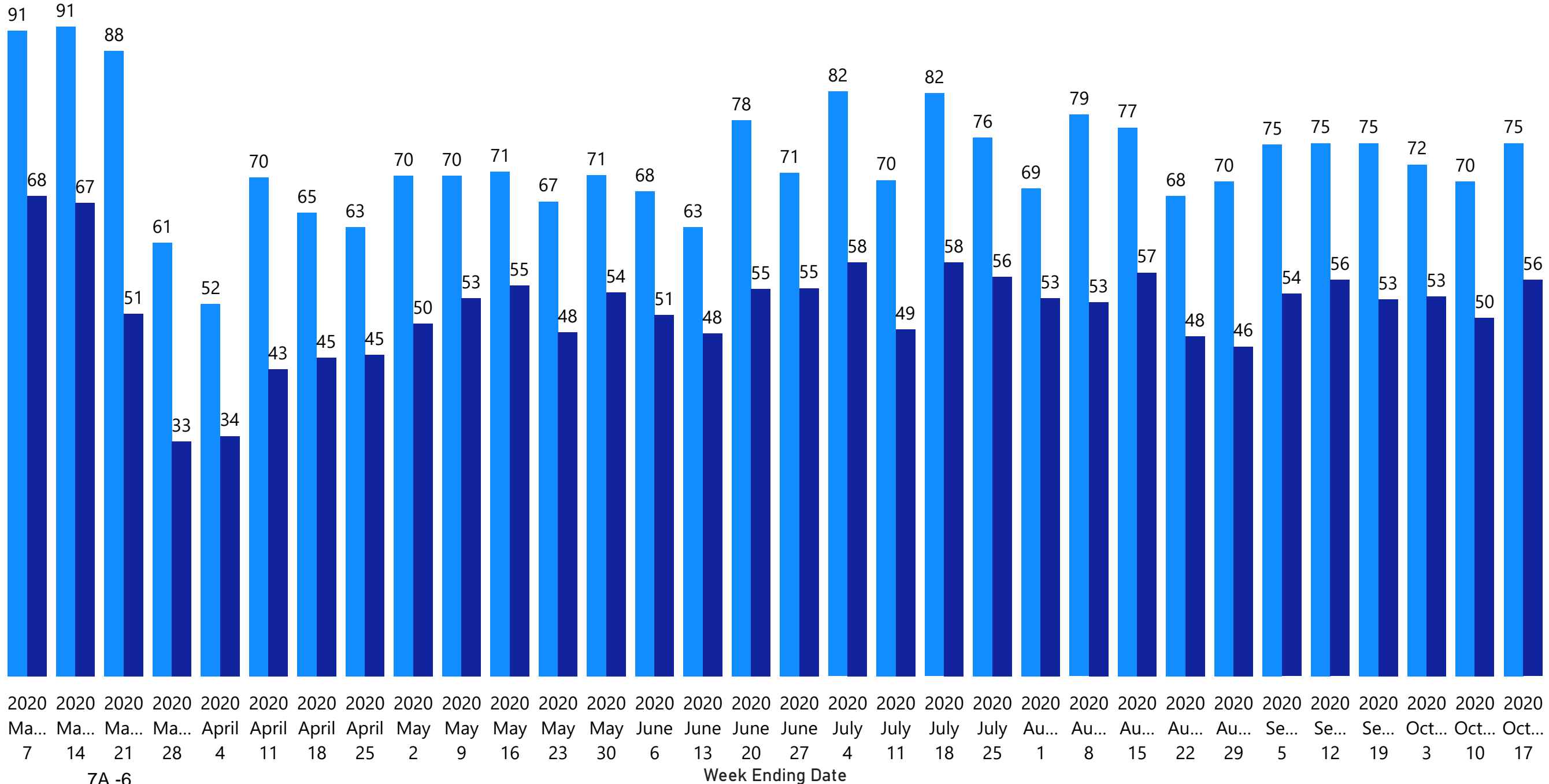
Support Coordination-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



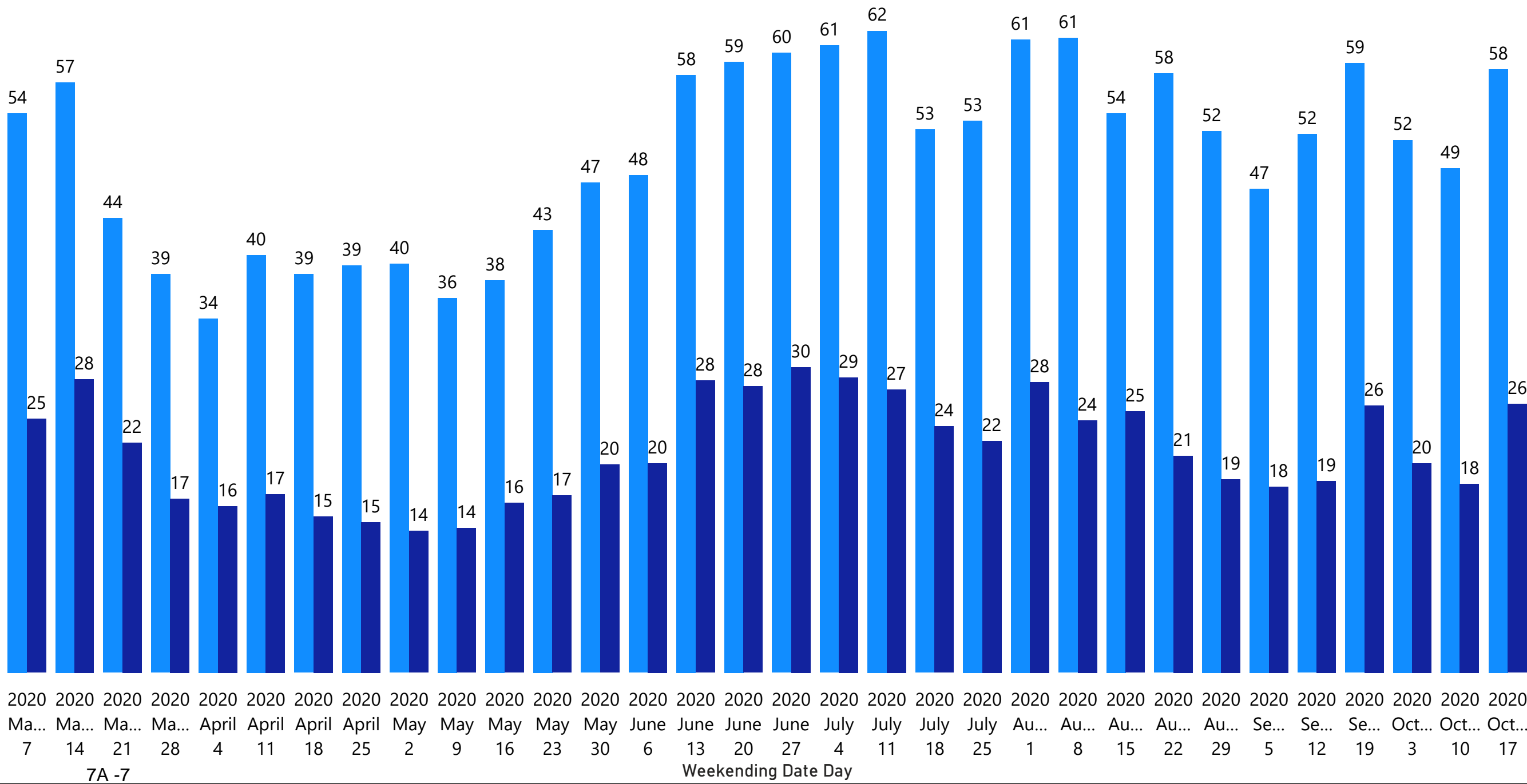
ADC/JDC/Court-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



Emergency-Average Weekly Count Of Clients Served

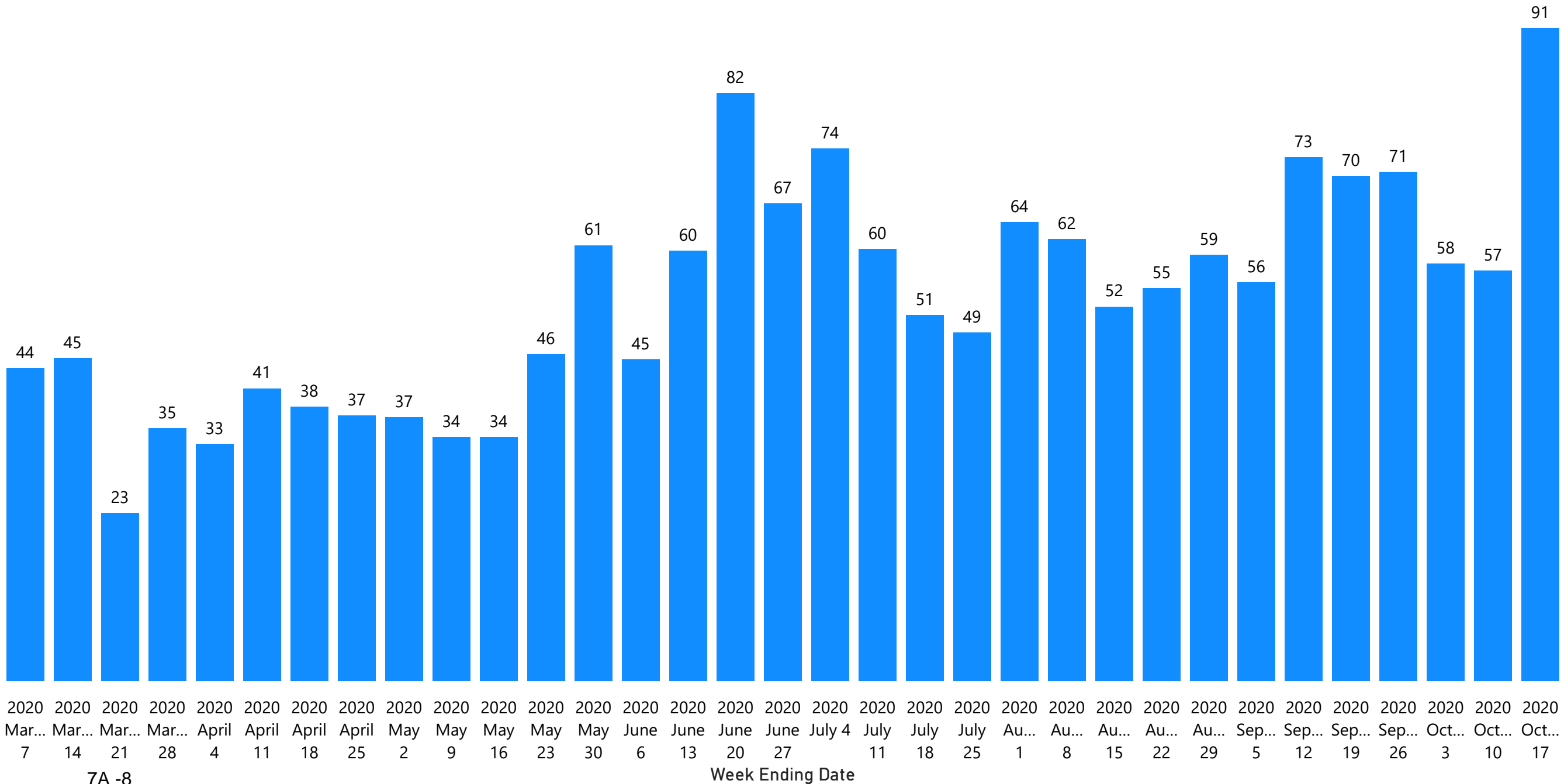
● Avg. Client Ct. ● AVG.F2F



7A -7

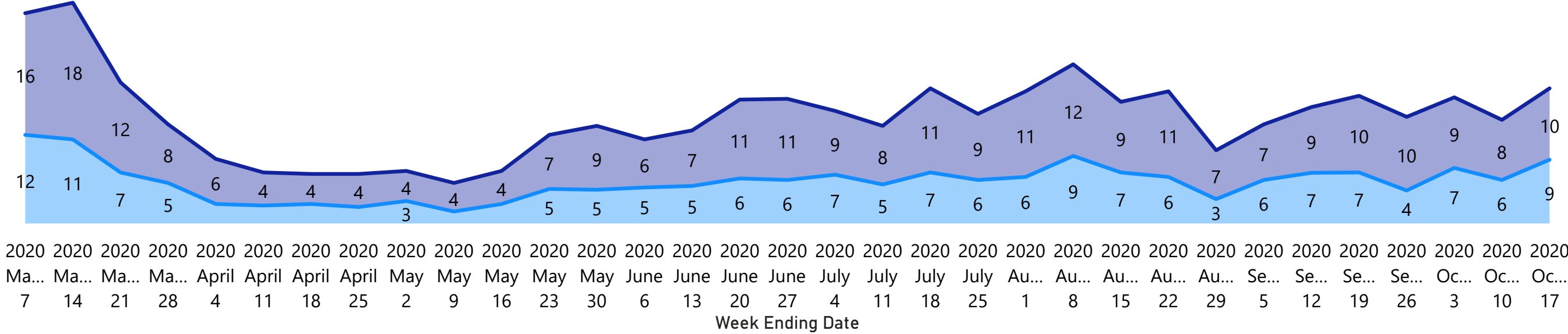
Weekending Date Day

Emergency - Weekly Average Count Of Telephone Calls

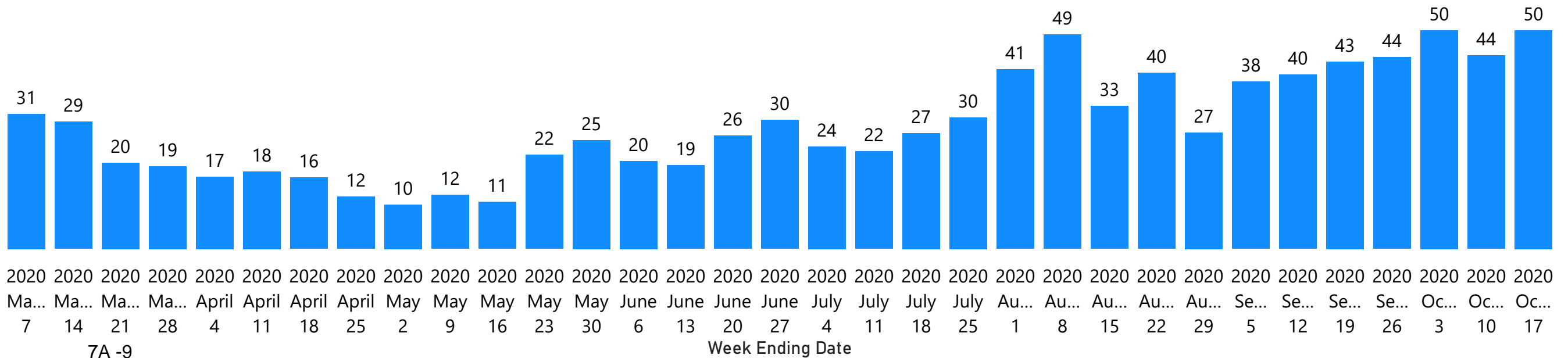


EAR-Weekly Average Count of Screening & Assessments By Day

● average daily assessment ● average daily screening

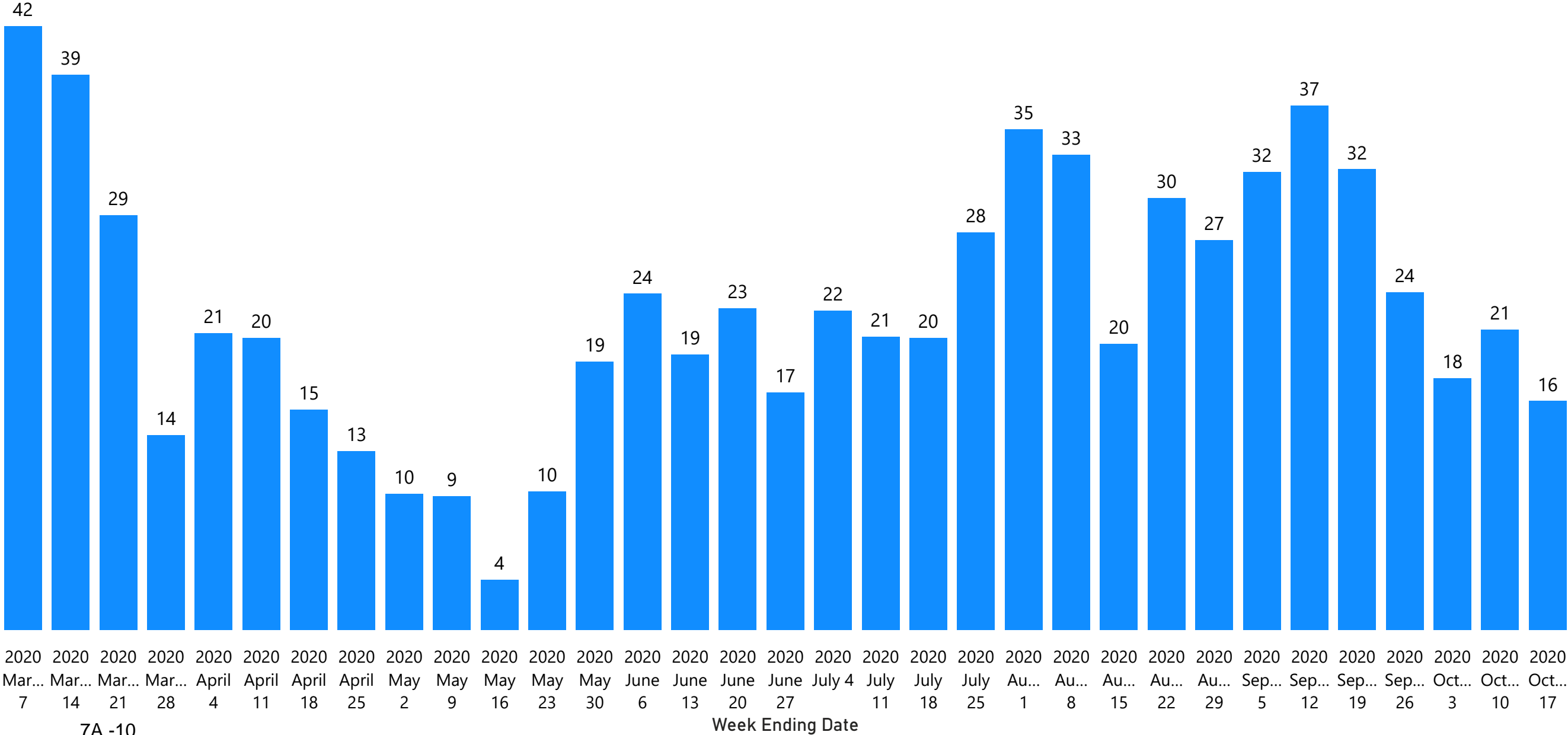


EAR-Weekly Average Count Of Clients By Day



7A -9

Call Center-Weekly Average Count of Calls



7A -10

CSB Performance Outcome Measures

FY2020



Order	Measures	KPI	Target	Jul	Aug	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	FY20
1	Continuity Of Care For Local Psychiatric Inpatient (LIPOS) Discharge	●	70.0%	50.0%	33.3%	40.0%	66.7%	100.0%	71.4%	75.0%	60.0%	80.0%	67.0%	67.0%	100.0%	67.5%
2	Continuity Of Care For Local Psychiatric Inpatient (LIPOS) Discharge (Modified)	●	70.0%	100.0%	100.0%	80.0%	100.0%	100.0%	85.7%	100.0%	80.0%	80.0%	83.0%	100.0%	100.0%	92.4%
3	Continuity Of Care For State Hospital Discharge	●	80.0%	50.0%	80.0%	72.7%	71.4%	68.8%	50.0%	88.0%	86.0%	79.0%	63.0%	50.0%	58.0%	68.1%
4	Continuity of Care For State Hospital Discharge (Modified)	●	80.0%	78.6%	80.0%	100.0%	85.7%	68.8%	75.0%	92.0%	100.0%	88.0%	88.0%	92.0%	79.0%	85.6%
5	PACT Case Load	●	75.0%	88.9%	91.1%	85.6%	102.0%	109.0%	106.0%	104.9%	97.3%	96.2%	99.5%	98.4%	95.1%	97.8%
6	Provision Of Developmental Enhanced Case Management Services (Face to Face)	●	90.0%	96.0%	95.2%	96.2%	92.9%	93.4%	93.0%	92.6%	93.5%	88.7%	77.5%	94.2%	96.0%	92.4%
7	Provision Of Developmental Enhanced Case Management Services (In-Home)	●	90.0%	93.6%	92.7%	91.5%	92.3%	90.4%	91.1%	91.6%	94.5%	87.5%	88.0%	93.2%	98.3%	92.1%
8	Employment Discussion	●	N/A	94.5%	100.0%	94.4%	95.4%	96.4%	95.4%	100.0%	98.0%	98.0%	100.0%	99.0%	100.0%	97.6%
9	Employment Discussion (Modified)	●	N/A	95.8%	97.4%	95.9%	94.5%	96.7%	95.6%	100.0%	99.0%	99.0%	100.0%	99.0%	100.0%	97.7%
10	Employment Goals	●	N/A	92.0%	92.0%	85.7%	80.0%	100.0%	94.7%	88.0%	95.0%	100.0%	90.0%	87.0%	90.0%	91.2%
11	Employment Goals (Modified)	●	N/A	94.7%	95.8%	91.3%	87.5%	100.0%	94.7%	88.0%	95.0%	96.0%	88.0%	87.0%	90.0%	92.3%
12	Community Engagement Discussion	●	N/A	96.9%	96.8%	96.3%	96.6%	98.2%	100.0%	96.0%	100.0%	97.0%	95.0%	96.0%	97.0%	97.2%
13	Community Engagement Discussion (Modified)	●	N/A	97.3%	96.8%	96.9%	95.8%	98.3%	100.0%	97.0%	99.0%	97.0%	95.0%	96.0%	97.0%	97.2%
14	Community Engagement Goals	●	N/A	20.4%	22.2%	14.1%	26.2%	14.8%	21.5%	21.0%	23.0%	15.0%	13.0%	23.0%	23.0%	19.8%
15	Community Engagement Goals (Modified)	●	N/A	20.2%	20.0%	16.7%	22.8%	15.3%	23.5%	22.0%	23.0%	18.0%	14.0%	23.0%	26.0%	20.4%
16	Intensity of Engagement of Adults Receiving Mental Health Case Management Services	●	N/A	100.0%	97.1%	98.4%	100.0%	97.1%	97.9%	96.1%	95.9%	100.0%	98.1%	100.0%	96.3%	98.1%
17	Adult Suicide Risk Assessment	●	N/A	62.6%	49.1%	54.0%	60.7%	54.4%	51.8%	40.5%	46.6%	47.9%	37.1%	41.7%	50.0%	49.7%
18	Adult Suicide Risk Assessment (Modified)	●	N/A	64.3%	49.2%	55.0%	62.0%	50.8%	54.3%	62.7%	63.6%	62.7%	50.9%	59.0%	54.5%	57.4%
19	Child Suicide Risk Assessment	●	N/A	33.3%	48.3%	41.4%	38.9%	50.0%	40.0%	48.6%	60.0%	65.6%	55.6%	21.4%	63.6%	47.2%
20	Child Suicide Risk Assessment (Modified)	●	N/A	39.3%	44.1%	48.3%	52.9%	42.5%	50.0%	59.5%	65.0%	70.8%	63.6%	36.4%	50.0%	51.9%
21	Date of Last Physical Exam	●	N/A	51.6%	53.0%	53.5%	54.3%	54.6%	54.6%	53.1%	52.7%	51.7%	48.2%	46.0%	46.3%	51.6%
22	Calculated BMI	●	N/A	72.0%	73.9%	57.8%	71.9%	70.7%	71.3%	83.8%	84.4%	83.9%	81.9%	80.9%	80.6%	76.1%
23	BMI Outside of Normal Range	●	N/A	79.6%	79.8%	79.2%	79.6%	79.5%	79.1%	80.1%	80.3%	80.7%	80.8%	80.5%	80.0%	79.9%
24	BMI Follow-Up Plan	●	N/A	63.4%	64.0%	58.3%	62.7%	60.4%	61.1%	67.9%	69.9%	71.4%	69.9%	68.5%	68.7%	65.5%
25	Initiation of SUD Services	●	N/A	55.6%	54.2%	43.4%	57.1%	48.6%	54.0%	63.8%	65.5%	65.2%	56.6%	72.8%	67.2%	58.7%
26	Engagement of SUD Services	●	N/A	55.6%	50.6%	41.5%	51.4%	40.0%	42.5%	52.1%	54.1%	56.3%	46.5%	63.2%	54.1%	50.7%
27	Engagement of SUD Services (Modified)	●	N/A	98.7%	98.7%	94.6%	98.6%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	99.1%

CSB Performance Outcome Measures

FY2020



Order	Measures	KPI	Target	Jul	Aug	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	FY20
28	Retention of SUD Services	●	N/A	52.4%	42.2%	34.0%	30.0%	23.8%	18.4%	20.2%	25.2%	33.9%	29.3%	27.2%	27.9%	30.4%
29	Retention of SUD Services (Modified)	●	N/A	58.9%	62.3%	61.2%	64.4%	57.0%	51.3%	50.7%	51.8%	58.8%	69.5%	57.9%	51.6%	58.0%
30	Residential Crisis Stabilization Utilization (RCSU)	●	75.0%													74.5%
31	Regional Discharge Assistance Program (RDAP) Expended	●	90.0%													100.0%
32	Regional Discharge Assistance Program (Obligated)	●	95.0%													100.0%
33	Local Inpatient Purchase Of Services (LIPOS) Expended	●	85.0%													100.0%

CSB Performance Outcome Measures*

	DBHDS Measure		Modified Measure
1	Continuity of Care for Local Psychiatric Inpatient (LIPOS) Discharges Percentage of individuals for whom the CSB purchased or managed local inpatient psychiatric services from a private psychiatric hospital or psychiatric unit in a public or private hospital who <i>keep</i> a face-to-face mental health outpatient service appointment within seven calendar days after discharge. Benchmark: At least 70 percent	2	Continuity of Care for Local Psychiatric Inpatient (LIPOS) Discharges (Modified) Percentage of individuals for whom the CSB purchased or managed local inpatient psychiatric services from a private psychiatric hospital or psychiatric unit in a public or private hospital who <i>are scheduled for</i> a face-to-face mental health outpatient service appointment within seven calendar days after discharge. Benchmark: At least 70 percent
3	Continuity of Care for State Hospital Discharges Percentage of individuals for whom the CSB is the identified case management CSB who <i>keep</i> a face-to-face (non-emergency) mental health outpatient service appointment within seven calendar days after discharge from a state hospital. Benchmark: At least 80 percent	4	Continuity of Care for State Hospital Discharges (Modified) Percentage of individuals for whom the CSB is the identified case management CSB who <i>are scheduled for</i> a face-to-face (non-emergency) mental health outpatient service appointment within seven calendar days after discharge from a state hospital. Benchmark: At least 80 percent
5	PACT Caseload: Average number of individuals receiving services from the PACT team during the preceding quarter. Benchmark: At least 75 percent of the number of individuals who could be served by the available staff, at the ratio of 10 individuals per clinical staff on average.		N/A
6	Provision of Developmental Enhanced Case Management Services – Face to Face: Percentage of individuals receiving DD Waiver services who meet the criteria for receiving enhanced case management (ECM) services who: Receive at least one face-to-face case management service monthly with no more than 40 days between visits. Benchmark: At least 90 percent		N/A
7	Provision of Developmental Enhanced Case Management Services – In-Home: Percentage of individuals receiving DD Waiver services who meet the criteria for receiving enhanced case management (ECM) services who: Receive at least one face-to-face case management service monthly with no more than 40 days between visits, and receive at least one face-to-face case management service visit every other month in the individual’s place of residence. Benchmark: At least 90 percent		N/A
8	Employment Discussion - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose case managers discussed integrated, community-based employment <i>with the individual</i> during the annual face-to-face case management individual supports plan (ISP) meeting.	9	Employment Discussion (Modified) - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose case managers discussed integrated, community-based employment <i>with the individual, or family only (at request of the family)</i> , during the annual face-to-face case management individual supports plan (ISP) meeting..
10	Employment Goals - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose ISPs, developed or updated at the annual face-to-face ISP meeting <i>with the individual</i> , contained employment goals/outcomes.	11	Employment Goals (Modified) - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose ISPs, developed or updated at the annual face-to-face ISP meeting <i>with the individual, or family only (at request of the family)</i> , contained employment goals/outcomes.
12	Community Engagement Discussion – Percentage of individuals who are receiving case management services from the CSB whose case managers discussed community engagement or community coaching opportunities <i>with the individual</i> during the most recent annual face-to-face case management ISP meeting.	13	Community Engagement Discussion (Modified) – Percentage of individuals who are receiving case management services from the CSB whose case managers discussed community engagement or community coaching opportunities <i>with the individual, or family only (at request of the family)</i> , during the most recent annual face-to-face case management ISP meeting.

*Please note that some measures are presented in two ways: 1) using the DBHDS methodology as written; 2) applying a modification to the DBHDS methodology. The differences between the DBHDS measure & modified measure are indicated in *italics*.

	DBHDS Measure		Modified Measure
14	Community Engagement Goals – Percentage of individuals who are receiving case management services from the CSB whose individual support plans (ISPs), developed or updated at the annual face-to-face ISP meeting with the individual , contained community engagement or community coaching goals/outcomes.	15	Community Engagement Goals (Modified) - Percentage of individuals who are receiving case management services from the CSB whose individual support plans (ISPs), developed or updated at the annual face-to-face ISP meeting with the individual, or family only (at request of the family) , contained community engagement or community coaching goals/outcomes.
16	Intensity of engagement of adults receiving mental health case management services – Percent of adults admitted to the mental health services program area who received one hour of case management services within 30 days of admission who received at least three additional hours of case management services within 90 days of admission.		N/A
17	Adult Suicide Risk Assessment – Percentage of adults who are receiving mental health or substance use disorder outpatient, case management, or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments on the date of diagnosis .	18	Adult Suicide Risk Assessment (Modified) – Percentage of adults who are receiving mental health or substance use disorder outpatient, case management, or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments on the date of diagnosis +/- 3 days .
19	Child Suicide Risk Assessment – Percentage of children who are receiving mental health or substance use disorder outpatient, case management or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments on the date of diagnosis .	20	Child Suicide Risk Assessment (Modified) – Percentage of children who are receiving mental health or substance use disorder outpatient, case management or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments on the date of diagnosis +/- 3 days .
21	Date of Last Physical Exam – Percentage of adults with SMI who are receiving mental health case management services who received a complete physical examination in the last 12 months.		N/A
22	Calculated BMI – Percentage of adults who are receiving mental health medical services who had a Body Mass Index (BMI) calculated.		N/A
23	BMI Outside of Normal Range - Percentage of adults who are receiving mental health medical services, had a BMI calculated, and had a BMI outside of the normal range.		N/A
24	BMI Follow-Up Plan – Percentage of adults who are receiving MH medical services, had a BMI calculated, and had a BMI outside of the normal range who had follow-up plans documented.		N/A
25	Initiation of SUD Services – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service within 14 days of the diagnosis.		N/A
26	Engagement of SUD Services – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service within 14 days of the diagnosis and received two or more additional SUD services within 30 days of the initial service.	27	Engagement of SUD Services (Modified Measure) – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service (regardless of date of diagnosis) and received two or more additional SUD services within 30 days of the initial service.
28	Retention of SUD Services – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service within 14 days of the diagnosis , received two or more additional SUD services within 30 days of the initial service and received at least two SUD services every 30 days for 90 days following initiation of treatment.	29	Retention of SUD Services – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service (regardless of date of diagnosis) , received two or more additional SUD services within 30 days of the initial service and received at least two SUD services every 30 days for 90 days following initiation of treatment.

Annual Measures:		
	DBHDS Measure	Modified Measure
30	Residential Crisis Stabilization Unit (RCSU) Utilization Percent of all available RCSU bed days for adults and children utilized annually. Benchmark: annual average utilization rate of at least 75 percent of available bed days.	N/A
31 & 32	Regional Discharge Assistance Program (RDAP) Service Provision - Percentage of the total annual state RDAP fund allocations to a region obligated and expended by the end of the fiscal year. Benchmark: CSBs in a region shall obligate at least 95 percent and expend at least 90 percent of the total annual ongoing state RDAP fund allocations on a regional basis by the end of the fiscal year.	N/A
33	Local Inpatient Purchase of Services (LIPOS) Provision: Percentage of the total annual regional state mental health LIPOS fund allocations to a region expended by the end of the fiscal year. Benchmark: CSBs in a region shall expend at least 85 percent of the total annual regional state mental health LIPOS fund allocations by the end of the fiscal year.	N/A

CSB Fiscal Oversight Committee Meeting Minutes

Date: February 21, 2020

Attending: Chair, Jennifer Adeli; Captain Derek DeGeare; Ken Garnes; Bettina Lawton, and Edward Rose

Staff: Daryl Washington, Jessica Burris, and Lyn Tomlinson

1. Meeting called to order:

The meeting was called to order at 9:34 a.m.

2. Review of meeting minutes

The January 17, 2019 meeting minutes were offered for review. Recognizing no revisions were forthcoming, Edward Rose made a motion to approve the minutes as presented, which was seconded and approved.

3. Administrative Operations Report

Daryl Washington provided an update to agency activities related to Credible. A meeting has been scheduled for Wednesday, February 26, 2020 in Richmond, between the CEO of Credible and the Executive Directors of the 25 (out of 40) CSBs in Virginia that use Credible. It was further reported that there are ongoing discussions with Credible regarding the format and delivery of the CSB data transfer to the established County CSB dedicated electronic storage. Additionally, it was noted that efforts are ongoing to determine a long-term solution to Credible operations concerns. Efforts include an investigation of 'riding' an existing EHR contract that, per IT confirmation, if additional, related functional requirements are needed, it is possible to augment the existing contract.

4. Clinical Operations Report

Lyn Tomlinson provided updates to Diversion First and Time to Treatment, including:

A. *Diversion First:*

- The vacancy report for jail-based and jail diversion staff was updated to reflect the recent addition of two new staff for each program, noting a revised total of six vacancies. Recruitment efforts continue.
- The vacancies in Emergency Services/MCU are currently at 3 as two staff were recently hired.
- Neighborhood Health has signed a contract to provide medical clearance in the MCRC (Merrifield Crisis Response Center). The contract will be presented to the Board of Supervisors (BOS) on Tuesday, February 25, 2020 as an Information Item. There is a walk-thru of the allocated space scheduled for Monday, March 3, 2020 to assess the needs of both agencies for service delivery. The specific launch date is unknown at this time.
- As noted at the recent Executive Committee meeting, alternative transportation services are scheduled to launch in Region II, with the current plan placing the transportation hub at the Merrifield Center. It was clarified that alternative transportation provides an option to transport by the Sheriff's Department.

B. *Time to Treatment*

- The Youth Time to Treatment chart displays data for a three-month period. Highlights of the data included:

CSB Fiscal Oversight Committee Meeting Minutes

- Clarification that the median number of days is representative of current wait times. It was further clarified that the maximum number of days are easily skewed by small numbers (outliers), including even just one individual, who may have delays attending the first scheduled appointment.
- Noting that some of the data on the Adult Time to Treatment charts displayed no numbers, this was explained as locations with Direct Scheduling. It was clarified that Direct Scheduling is when an individual is scheduled for an initial appointment within two weeks following assessment. Direct Scheduling eliminates the need to track time to treatment as the initial appointment is scheduled within 14 days of assessment.
 - It was suggested that the charts be revised to 1) reflect the average number of days from assessment to first appointment *offered*, and 2) reflect the average number of days from assessment to the first appointment *attended*. Efforts are underway to design reports that will track this data.
 - Mr. Washington clarified that it is not possible to track the core measures of 'No Show Rate' or 'Cancellation Rate' as Credible does not have the capacity to track these data points due to limits in the scheduling configuration.
 - Efforts to implement an automatic text and phone call reminder system are underway, this includes obtaining a signed Release of Information (ROI) from each individual that would receive these reminders, expected to be a lengthy process.
 - Members offered some recommendations for further revision of the charts to include:
 - Monitor and report hiring efforts and accomplishments, including the impact of vacancies to time to treatment,
 - Notifications to the Committee of activities that may prompt BOS or citizen comment and/or public scrutiny,
 - Increase the 'Snapshot Time Period' range of days on the adult chart to provide more meaningful data,
 - Resume listing historical and comparative data on the charts.

5. Financial Status

Jessica Burris provided the financial report, providing an overview of each report to include:

A. *Pay Period Metrics Report*

- A slight decrease from the previous month was attributed to the holidays, the vacancy rate remained the same at 82.

B. *Modified Fund Statement*

- As discussed in prior meetings, the revised budget column has been added and reflects the transfer of approximately \$4.4m from Operating to Compensation and Fringe, offering a reminder that the forecast includes a

CSB Fiscal Oversight Committee Meeting Minutes

Vacancy Breakeven Point (VBP) of 70 that resulted in a savings of approximately \$450K.

- The Budget Actuals reflects the retraction of approximately \$134K for CRSP (Community Readiness Support Program) services in January 2020.
- A reminder was offered that the most significant budget item is Employment & Day (E&D) services. Due to very conservative management of encumbered E&D reserve funds over time, about \$1.5M rolls over annually. Plans to review and refine carryover funding are underway.

C. *Variable Revenue Report*

- A. Highlighting the approximately \$60K shortfall from target, this is attributed to insurance billing practices related to recent use of the County Tax ID # (not the CSB Tax ID #) on claims. Payments made to this Tax ID # were sent to several County agencies that bill the same insurance companies and also use the County Tax ID # without filtering by agency or NPI (National Provider Identifier) number. This resulted in efforts by the affected agencies to reassign the payments appropriately, a tedious and lengthy manual process. Efforts to work with insurance companies for correction, possibly to include NPI number for filtering future payments, are ongoing. An additional impact was the CRSP payback, noted earlier, that was processed in January. An update to correction efforts will be provided in March.

D. *Revenue Maximization - Non-Billable Report*

- A. Highlighting the reduction in non-billable services, this is attributed to the removal of 'LMHP-Type No Credential' billing error type and improvements to the process for 'Svcs Not Authorized' that have resulted in an increase to billable services. The remaining error types are primarily related to ARTS (Addiction and Recovery Treatment Services) billing that is not yet implemented, further noting that some of the Non-Billable service types include services that will remain non-billable and will, eventually, be removed from the list.

6. Human Resources (HR) Update

Daryl Washington and Lyn Tomlinson provided the Human Resources update, correcting the number of Support Coordinator vacancies 23, further reporting that several hiring packets have been submitted for processing. Additionally, the number of Compliance & Risk Management vacancies was corrected to one as the Compliance Coordinator position has been removed.

Noting no further discussion was forthcoming, the meeting was adjourned at 10:59 a.m.

Action Items/Responsible Party Required Prior to Next Meeting:

Requested revisions or an update to revision efforts to the Time to Treatment charts.

CSB Fiscal Oversight Committee Meeting Minutes

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Next Scheduled Fiscal Oversight Committee meeting

Friday, March 20, 2020, 9:30 am

Pennino Building, 12011 Government Center Pkwy, Fairfax, VA

Suite 836A

October 15, 2020

Date Approved



Clerk to the CSB Board

CSB Board Review of CSB Board Policy

Issue:

Regular review and update to identified CSB Board Policies

Background:

The regular CSB Board policy review process includes submission of policies to the CSB Board Executive Committee for review. The policies with Committee recommendations showing are then submitted to the full CSB Board as an Information Item for further review. Following CSB Board review the policies are submitted as an Action Item for approval at the next CSB Board meeting. The policies submitted for Board review at this meeting include:

- 1401 – Executive Director Line of Succession
- 3200 – CSB Diversion First Policy

Timing:

Due to the ongoing impact of COVID-19 cancellation of the CSB Board Executive Committee meetings continue. Therefore, review and approval of CSB Board policies is completed by the full Board. Following this opportunity for review and recommendation by the CSB Board, the policies will be submitted for approval at the November 18, 2020 CSB Board meeting.

Board Member

Sheila Jonas, CSB Board Secretary

Related Documents:

- A. 1401 – Executive Director Line of Succession
- B. 3200 – CSB Diversion First Policy

Policy Number: 1401
 Policy Title: Executive Director Line of
 Succession
 Date Adopted: TBD

Purpose

To establish a line of succession for the position of Executive Director during catastrophic emergency events.

Policy

The Executive Director has overall responsibility for managing the CSB and has the authority to delegate functions to other CSB staff. The Executive Director is also responsible for ensuring the continuous ability of the CSB to carry out emergency duties and responsibilities during catastrophic emergency events.

During a declared state of emergency, the Executive Director may be unavailable to carry out the duties and responsibilities. Emergency interim successors may be appointed by the Deputy County Executive to carry out identified duties and responsibilities of the Executive Director or their successors.

The emergency interim successor may exercise the authority and responsibilities of the Executive Director until a successor is appointed or hired, or until the incumbent is able to resume the exercise of the authority and responsibilities of the Executive Director.

Emergency interim successors in the order of the succession shall have full powers of the Executive Director's position to commit CSB resources during a time of emergency or disaster if the person normally exercising the position becomes unavailable.

The following line of succession shall apply:

1. Executive Director
2. Deputy Director, Clinical Operations
3. Deputy Director, Administrative Operations
4. Assistant Deputy, Community Living Treatment & Supports
5. Assistant Deputy, Acute & Therapeutic Treatment Services

Approved: _____
 CSB Board Secretary

 Date

Policy Adopted: November 19, 2003
 Policy Readopted: March 25, 2009
 Policy Revised: December 16, 2015
 Policy Revised: February 22, 2017
 Policy Revised: TBD

Reference: CSB Policy 1400: Executive Director

Policy Number: 3200
 Policy Title: Diversion First
 Adopted: TBD

Purpose

A Diversion-Oriented System of Care, known as *Diversion First*, aims to reduce the number of people with mental illness, substance use disorders and intellectual and developmental disabilities in local jails. This is accomplished through diverting individuals to needed services in circumstances where a police officer has probable cause that the individual committed a crime for which the individual could be arrested. Diversion may also occur through magistrate processes, court involved cases, as well as transitions from incarceration to linkages with community services and supports.

Policy

It is the policy of the CSB to collaborate with participating organizations to provide assessment, consultation, and resources subject to availability to:

1. Collaborate with law enforcement, the judicial system, first responders, other community agencies, and citizens to redirect individuals from our judicial system into our health care system.
2. Support ongoing Crisis Intervention Team (CIT) training for local law enforcement personnel.
3. Develop and collaborate on Diversion First initiatives through Memorandums of Understandings and service delivery strategies with local law enforcement agencies.
4. Provide Mental Health First Aid Training to community stakeholders groups and the general population.
5. Collaborate on transfer of custody, data collection, and assessment and treatment services.

Services provided by the CSB that support the Diversion First efforts will be designed to comply with policies and procedures required by federal and state oversight agencies, county, and interagency agreements

Approved: _____
 CSB Board Secretary

 Date

References

Code of Virginia § 9.1-187-90

[§ 9.1-187](#) : *Establishment of crisis intervention team programs*

References (Cont'd)

[§ 9.1-188](#) : *Crisis intervention team training*

[§ 9.1-189](#) : *Crisis intervention team protocol*

[§ 9.1-190](#) : *Crisis intervention team program assessment*

[Code of Virginia §12-35-105](#): *Rules and Regulations for Licensing Providers by The Department of Behavioral Health and Developmental Services.*

(<http://www.dbhds.virginia.gov/library/developmental%20services/chapter%20105%202013.pdf>)

Essential Elements for the Commonwealth of Virginia's Crisis Intervention Team Programs (CIT), published by the Department of Criminal Justice Services and Department of Behavioral Health and Developmental Services, updated October 1, 2014.

<http://www.dbhds.virginia.gov/library/forensics/fofo%20-%20vacitessentialelements.pdf>

Policy Adopted: February 24, 2016

Policy Revised: TBD

CSB BOARD REVIEW

Approval of CSB Board Policies

Recommended Motion:

I move that the Board approve the revised CSB policies as presented.

Issue:

Approval to adopt as recommended the CSB Board Policies, listed below, following CSB Board review.

Background:

As part of the regular CSB Board policy review process, two policies were submitted to CSB Board members at the September 2020 CSB Board meeting for review and recommendation. The policies listed below are submitted, with and without edits, to the CSB Board for final review and approval.

- 3060 – Human Rights
- 3100 – Consumer Dispute Resolution

Timing:

Immediate

Board Member

Sheila Jonas, Secretary to CSB Board

Enclosed Documents:

- A. 3060 – Human Rights
- B. 3100 – Consumer Dispute Resolution

Policy Number: 3060
Policy Title: Human Rights
Date Adopted: TBD

Purpose

To provide for the assurance of Human Rights for all consumers who receive services from the Fairfax-Falls Church Community Services Board (CSB) or its contractors.

Policy

The CSB shall comply with the Administrative Code under Virginia Law to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, Or Operated by the Department of Behavioral Health and Developmental Services.

This shall be accomplished through compliance with CSB regulations to include the areas outlined in the Administrative Code under Virginia Law: Assurance of Rights, Explanation of Individual Rights and Provider Duties, Substitute Decision Making, Complaint Resolution, Hearing and Appeals Procedures, Variances, Reporting Requirements, Enforcement and Sanctions, and Responsibilities and Duties.

Approved _____
CSB Board Secretary Date

Reference: [Code of Virginia to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services under 12 VAC 35-115-10 Authority and Applicability](#)

Policy Adopted: July 24, 2002
Revision Adopted: June 23, 2010
Revision Adopted: October 28, 2015
Revision Adopted: TBD

Policy Number: 3060
 Policy Title: Human Rights
 Date Adopted: TBD

Purpose

To provide for the assurance of Human Rights for all consumers who receive services from the Fairfax-Falls Church Community Services Board (CSB) or its contractors.

Policy

The CSB shall comply with the [Administrative Code under Virginia Law](#) ~~State Rules and Regulations~~ to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, Or Operated by the Department of Behavioral Health and Developmental Services.

This shall be accomplished through compliance with CSB regulations to include the areas outlined in the [Administrative Code under Virginia Law](#) ~~State Regulations~~: Assurance of Rights, Explanation of Individual Rights and Provider Duties, Substitute Decision Making, Complaint Resolution, Hearing and Appeals Procedures, Variances, Reporting Requirements, Enforcement and Sanctions, and Responsibilities and Duties.

Approved

CSB Board Secretary

Date

Reference: [Code of Virginia to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services under 12 VAC 35-115-10 Authority and Applicability](#) ~~under State Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, Or Operated By The Department Of Behavioral Health and Developmental Services 12 VAC 35-115-10 et seq.~~ [Authority and Applicability](#)

Policy Adopted: July 24, 2002
 Revision Adopted: June 23, 2010
 Revision Adopted: October 28, 2015
 Revision Adopted: TBD

Policy Number: 3100
 Policy Title: Consumer Dispute Resolution
 Date Adopted: TBD

Purpose

To provide guidance for compliance with:

- The Code of Virginia §37.2-504.A.15 (Behavioral Health and Developmental Services) requiring Community Services Boards (CSB) to institute a dispute resolution mechanism that is approved by the Department of Behavioral Health and Developmental Services (DBHDS). This mechanism enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB.
- DBHDS Performance Contract requirements to comply with the current Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Intellectual Disabilities and Substance Abuse Services developing consumer dispute resolution mechanisms.
- DBHDS Performance Contract requirements that CSBs develop their own procedures for complying with informal dispute resolution process in the Human Rights Regulations and for satisfying the requirements in the Code of Virginia for a local dispute resolution mechanism, and
- DBHDS Guidance on Dispute Resolution Requirements issued on June 30, 2005 stating the Department and VACSB continue to agree that an informal dispute resolution process developed to comply with the Human Rights Regulation requirements could also be used to comply with the statutory requirement for a dispute resolution mechanism. While the same procedural steps and actions could be used to fulfill both requirements, the two dispute resolution processes are different, being employed for different purposes: the first being the informal resolution of the human rights complaints and the second being the resolution of other complaints or disputes. When the informal dispute resolution process is used to resolve complaints or disputes not related to Human Rights Regulations, there needs to be an additional step, equivalent to the human rights appeal to the local human rights committee, for the complainant to pursue final resolution if he or she is not satisfied with the result of the informal process. This final step should be a review and decision by the CSB Executive Director or, if the Executive Director is a party to the dispute, the CSB Board itself.

Policy

It is the policy of the Fairfax-Falls Church Community Services Board that:

1. Consumers, their authorized representatives, family members and caregivers have a right to resolve concerns, issues, disputes or disagreements and to make complaints about any aspect of CSB services or operations.
2. Consumers, their authorized representatives and family members or caregivers may

designate an advocate of their choice to accompany, assist, or represent them to resolve their concern, issue, dispute or complaint.

3. The CSB will develop a standard process to handle disputes through informal and formal processes, which will be made available to consumers, family members or caregivers, orally and in writing at intake and then on an annual basis.
4. This dispute resolution mechanism will be developed with consumer, family, advocate, staff and DBHDS input and translated into a process and regulations that consumers, their families, caregivers and staff will understand and be able to use easily to reach solutions to consumer care and service disputes.
5. At any time, consumers, family members and caregivers have the right to pursue any other right or remedy to which they may be entitled under federal, state, or local law and regulations.
6. This dispute resolution process will exist independently of the Human Rights, Health Insurance Portability and Accountability Act (HIPAA), fee, fraud, fair housing and Americans with Disabilities Act (ADA) complaint processes.
7. When a complainant has a Human Rights, HIPAA, fee, fraud, fair housing, or ADA complaint they shall be referred to the CSB's Quality Assurance Office for assistance in understanding and using the established and proper federal, state, county or CSB complaint process.
8. All types of disputes, concerns, issues and complaints, shall be resolved at the earliest possible opportunity and at the lowest level to reach the sustainable and satisfactory solution with the consumer, family member or caregiver.
9. CSB staff will offer assistance to the consumer, if asked or whenever the staff becomes aware that the consumer, family member or caregiver has a concern or complaint and will offer such assistance to help the individual understand the formal and informal complaint processes and the options for resolution and the elements of confidentiality involved.
10. The CSB will expedite the establishment of, or contract for, an ombudsman/consumer affairs office to assist consumers in handling the informal and formal complaint process.
11. CSB senior staff is responsible for educating staff, consumers, and family members about the informal and formal complaint process, but with the full and integral assistance of consumers in the design and training.
12. The CSB shall engage consumer consultants and other advocates to partner with the Quality Assurance staff to develop the dispute resolution training for staff, consumers, family members and other caregivers, as well as advocates and concerned individuals.
13. CSB staff will maintain records and provide annual aggregate reports of dispute resolutions, which will be made available to the CSB and to the public on an annual basis.
14. The CSB will not take, threaten to take, permit or condone any action to retaliate against, intimidate, or prevent anyone from filing a complaint or anyone from helping an individual to resolve concerns, issues, or disagreements about CSB services or operations.
15. The CSB shall comply with federal, state and local laws and regulations to assure a timely

fair and effective resolution of complaints for all consumers who receive services from the CSB.

Approved _____
CSB Board Secretary Date

References

- [Code of Virginia §37.2-504.A.15](#)
- DBHDS (formerly Department of Mental Health, Mental Retardation and Substance Abuse Services (DHHMRSAS)) FY 2006 State Performance Contract: III.A.5.C
- [DBHDS Guidance on Dispute Resolution Requirement](#) Reviewed June 18, 2020.

Policy Adopted: October 25, 2006
Revision Adopted: December 16, 2015
Revision Adopted: TBD

Policy Number: 3100
 Policy Title: Consumer Dispute Resolution
 Date Adopted: TBD

Purpose

To provide guidance for compliance with:

- The Code of Virginia §37.2-504.A.15 ([Behavioral Health and Developmental Services](#)) requiring Community Services Boards (CSB) to institute a dispute resolution mechanism that is approved by the Department of Behavioral Health and Developmental Services (DBHDS). [This mechanism enables](#) enabling consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB.
- DBHDS Performance Contract requirements [to comply](#) for complying with the current Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Intellectual Disabilities and Substance Abuse Services developing consumer dispute resolution mechanisms.
- DBHDS Performance Contract requirements that CSBs develop their own procedures for complying with informal dispute resolution process in the Human Rights Regulations and for satisfying the requirements in the Code of Virginia for a local dispute resolution mechanism, and
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5. At any time, consumers, family members and caregivers have the right to pursue any other right or remedy to which they may be entitled under federal, state, or local law and regulations.
6. This dispute resolution process will exist independently of the Human Rights, Health Insurance Portability and Accountability Act (HIPAA), fee, fraud, fair housing and Americans with Disabilities Act (ADA) complaint processes.
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13. CSB staff will maintain records and provide annual aggregate reports of dispute resolutions, which will be made available to the CSB and to the public on an annual basis.
14. The CSB will not take, threaten to take, permit or condone any action to retaliate against, intimidate, or prevent anyone from filing a complaint or anyone from helping an individual to resolve concerns, issues, or disagreements about CSB services or operations.
15. The CSB shall comply with federal, state and local laws and regulations to assure a timely

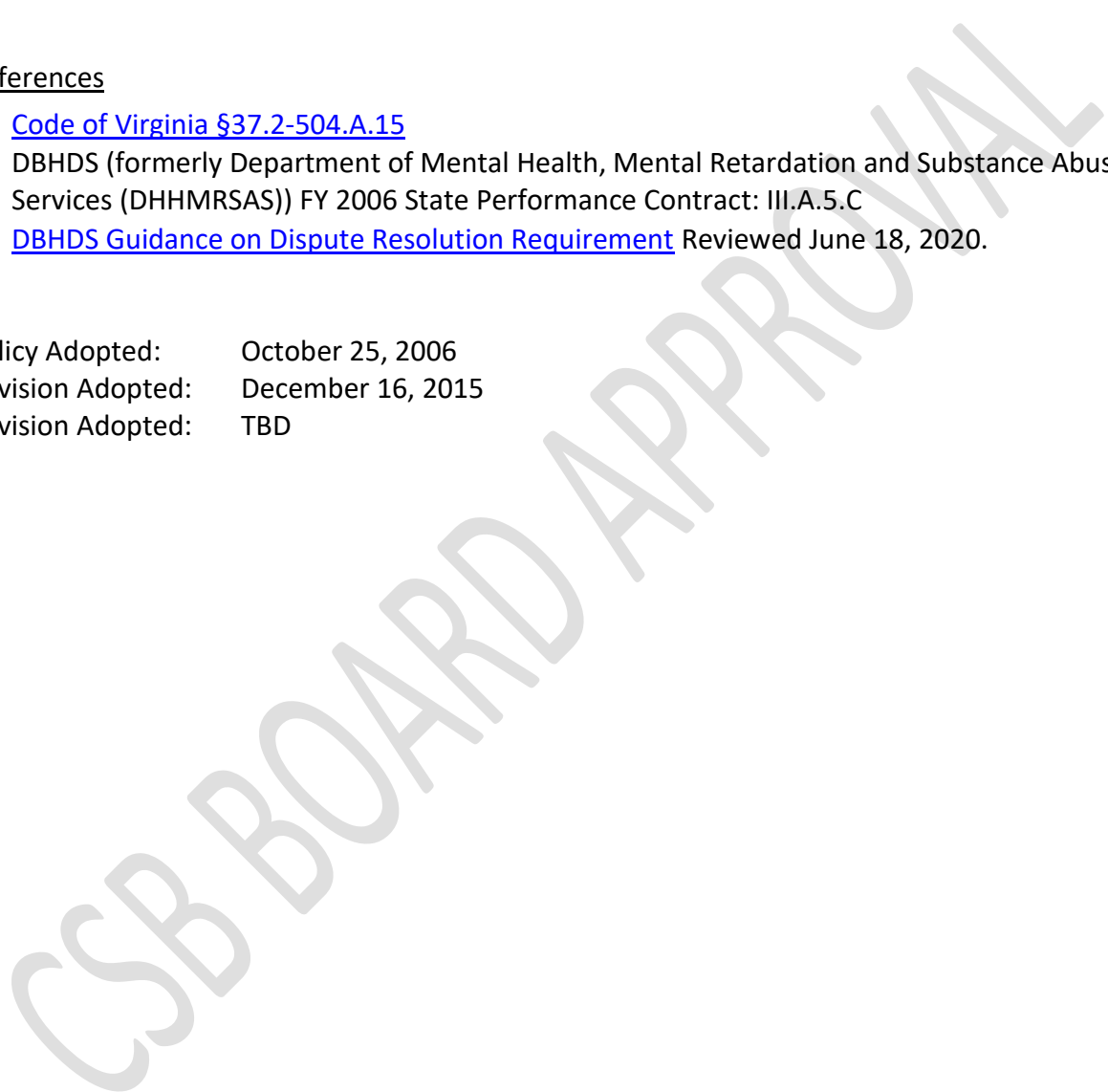
fair and effective resolution of complaints for all consumers who receive services from the CSB.

Approved _____
CSB Board Secretary Date

References

- [Code of Virginia §37.2-504.A.15](#)
- DBHDS (formerly Department of Mental Health, Mental Retardation and Substance Abuse Services (DHHMRSAS)) FY 2006 State Performance Contract: III.A.5.C
- [DBHDS Guidance on Dispute Resolution Requirement](#) Reviewed June 18, 2020.

Policy Adopted: October 25, 2006
Revision Adopted: December 16, 2015
Revision Adopted: TBD



Request for Approval of FY 2021 Fee Schedule

Issue:

CSB Board approval of updates to the FY 2021 Fee Schedule for submission to the Board of Supervisors (BOS).

Timing:

If approved by the CSB Board, the Fee Schedule is forwarded to the Board of Supervisors for review. Additionally, the CSB Board will review CSB Board Policy 2120 for possible revision. The changes to the Fee Schedule will not become effective before January 1, 2021.

Recommended Motion:

I move that the Board approve the CSB Fee Schedule as presented

Background:

At the CSB Board meeting on September 23, 2020, the CSB Board discussed the proposed changes.

The recommended changes include:

1. Align service fees with annual rates published by Medicare (CMS, Centers for Medicare, and Medicaid Services).
2. For services not priced by Medicare, the CSB will use the Department of Medical Assistance Services (DMAS), Virginia's Medicaid authority, fee schedule.
3. If the CSB has a service that is not priced by either CMS or DMAS, the CSB will use the negotiated rate of the payer as the rate on the fee schedule.

If approved by the CSB Board, the Fee Schedule will be submitted to the Board of Supervisors for review in December 2020. Following BOS review, staff will inform clients, conduct staff training, and adjust the Electronic Health Record, resulting in an effective date not sooner than January 1, 2021.

Fiscal Impact:

The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid, Medicare, and other health insurance plans. The FY 2021 current budget plan for the CSB includes \$19.4M in estimated fee revenues.

Board Members and Staff:

Staff: Michael A. Neff, Deputy Executive Director of Administrative Operations,
Sebastian Tezna, Director of Behavioral Health Operations

Enclosed Documents:

CSB Fee Schedule – Eff. 2/1/2021

Service	Service Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Rate	Unit
Interactive Complexity* add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service	90785		Yes	\$16.92	per event
Initial Evaluation/Assessment	90791		Yes	\$159.18	per event
Psychiatric Evaluation, Medical Services	90792		Yes	\$176.58	per event
Individual Therapy/Counseling (16 to 37 minutes)	90832		Yes	\$77.62	per event
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$103.20	per event
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$154.34	per event
Crisis Intervention - Medicaid	H2011		Yes	\$30.79	15 min
Crisis Intervention - non-Medicaid	90839		Yes	\$161.02	per hour
Crisis Intervention - Addl 30 Min	90840		Yes	\$77.18	each add't 30 min
Family Therapy w/out client (50 minutes)	90846		Yes	\$111.75	per event
Family Therapy w/ client (50 minutes)	90847		Yes	\$115.54	per event
Multi-Family Group Therapy	90849		Yes	\$41.32	per event
Group Therapy/Counseling (per group, per person)	90853		Yes	\$30.75	per event
Injection Procedure	96372		Yes	\$16.59	per event
Nursing Assessment - New Patient	99201		Yes	\$53.97	per event
Psychiatric Evaluation & Management Low Complexity - New Patient	99203		Yes	\$124.97	per event
Psychiatric Evaluation & Management Moderate Complexity - New Patient	99204		Yes	\$189.38	per event
Nursing Subsequent Care - Established Patient	99211		Yes	\$27.55	per event
Psychiatric Evaluation & Management Low Complexity - Established Patient	99213		Yes	\$87.12	per event
Psychiatric Evaluation & Management Moderate Complexity - Established Patient	99214		Yes	\$125.75	per event
Preventative Visit Estimated Age 18-39	99395		Yes	\$86.72	per event
Preventative Visit Estimated Age 40-64	99396		Yes	\$89.89	per event
Preventative Visit Estimated Age 65+ (negotiated)	99397		Yes	\$95.00	per event
Release of Information: Per Page	S9982		No	18¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	per pages
Release of Information: Research	S9981		No	\$10.00	per event
Urine Collection & Drug Screen- Retests Only (Specimen Handling)	99000		Yes	\$25.00	per event
Case Management - SA	H0006		Yes	\$243.00	per month
Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day
Intensive Outpatient - SA	H0015	Revenue Code 905 or 906	Yes	\$250.00	per day
Behavioral Health Outreach Service (Case Management - MH)	H0023		Yes	\$326.50	per month
Intensive Community Treatment	H0039		Yes	\$153.00	per hour
Therapeutic Behavioral Services	H2019		Yes	\$89.00	per 15 min
Crisis Stabilization - Adult Residential (Therapeutic Behavioral Services)	H2019	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$583 (Facility only)	per day
Turning Point Program	H2020		Yes	\$146.22	per day
Detoxification, Medical, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day
Detoxification, Social, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day

Drop-In Support Services, ID	None		Yes	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	per hour
Late Cancellation or No Show (commercial insurance coverage only)	None		Yes	\$25.00	per appointment
Residential Fee ID Community Living Services	None		No	75%	of monthly gross income
Residential Fee MH/SA Community Living Services	None		No	30%	of monthly gross income
Returned Check (due to insufficient funds or closed account)	None		No	\$50.00	per check
Transportation	None		No	\$100.00	per month
Partial Hospitalization Psychiatric Patient	S0201	Revenue Code 912	Yes	\$500.00	per diem
Partial Hospitalization Substance Abuse Patient	S0201	Revenue Code 913	Yes	\$500.00	per diem

Title

Fairfax-Falls Church Community Services Board (CSB) FY 2018 - 2020 Strategic Plan

Recommended Motion

I move that the Board approve a one-year extension to the FY 2018 – FY 2020 CSB Strategic Plan.

Background:

The Fairfax-Falls Church Community Services Board (CSB) FY 2018 – FY 2020 Strategic Plan was adopted July 2017. The Plan provided a roadmap for the CSB through FY 2020. The content of the Plan was driven by feedback from community members, community-based partners, people and families served by the CSB, agencies, and other key stakeholders. As of December 2019, the CSB met 97% of the goals in four key areas, that included:

- timely and appropriate services and supports to individuals and families,
- provision of quality services and supports,
- strengthening the health of the entire community, including people receiving CSB services, and
- ensuring efficient and effective utilization of resources.

A one-year extension to revision of the CSB Strategic Plan is requested so that CSB Strategic Priorities and Goals can be aligned with the County Strategic Plan.

Development of the County Strategic Plan has been paused to address the impact of the COVID-19 pandemic.

Timing

The current CSB Strategic Plan expired on July 1, 2020. The CSB did meet 97% of the goals in the FY 2018 - 2020 CSB Strategic Plan as of December 2019 and had to shift attention to the pandemic in 2020. Once the COVID-19 emergency conditions have passed and the Countywide Strategic Plan is in place, the CSB intends to begin development of the FY 2022 – FY 2024 Strategic Plan.

Fiscal Impact

None

Enclosed Documents

Attachment A – Strategic Plan Update and Critical Focus Areas

Attachment B – CSB Strategic Priorities and Goals

CSB Staff

Daryl Washington, Executive Director

Fairfax-Falls Church CSB Strategic Plan update and Critical Focus Areas September 2020-September 2021

Given the global pandemic and the lack of adoption of the Fairfax County Strategic plan, the CSB is recommending extending its current Strategic Plan through September 2021. The CSB's Executive Leadership team have reviewed the current strategic plan and feel the goals and objectives continue to be relevant to the work of the CSB.

Critical Focus Areas: Aligned with Strategic Plan Priorities

Priority 1: Access to timely and appropriate services and supports to individuals and families.

- Complete Re-design of walk in assessment business process.
- Improve recruitment and retention of CSB behavioral health clinicians and support coordinators.

Priority 2: Provide quality services and supports

- Strengthen BI Dashboard to track productivity for informed decisions.
- Revise Measures to reflect "better off" rather than productivity.

Priority 3: Strengthen the health of the entire community, including people receiving services.

- Continued refinement of primary healthcare screening
- Improvement in percentage of individuals who have a primary healthcare provider
- Follow-up with individuals identified as having metabolic syndrome.
- Continued increase of % of individuals with healthcare insurance.
- Ensure tenants of One Fairfax are implemented throughout the service delivery system, to include individuals receiving services and CSB personnel

Priority 4: Ensure Efficient and Effective Utilization of Resources.

- Complete electronic healthcare record contracting process.
- Begin work of new electronic healthcare record launch.
- Examine potential for key services that should be contracted (PACT, Residential, Crisis Services)
- Continue to update business practices in revenue cycle and maximizing revenue:
 - Reduce Denials:
 - Increase billing:
 - Residential
 - Single Case Agreements
- Plan for continued impact of COVID-19 on clinical services.
- Post emergency declaration services
- Refinement of re-engagement plans
- Impact of ongoing COVID-19 Operations
- Complete updated work on productivity standards by Service Area.

CSB Strategic Priorities and Goals

Strategic Priority 1: Provide access to timely and appropriate services and supports to individuals and families	
Goal 1A	Expand the capability for integrated delivery of behavioral health and developmental supports and physical health services.
Goal 1B	Ensure a comprehensive approach for the treatment of opioid use.
Goal 1C	Ensure system-wide same day access for assessment.
Goal 1D	Ensure that children, adolescents, and their families have access to high quality, integrated developmental and behavioral health services and supports.
Goal 1E	Ensure a competent system of services and supports for individuals with developmental disabilities.
Goal 1F	Develop a comprehensive system of services and supports to offer alternatives to incarceration for people with mental illness, substance use disorders or developmental disabilities, who come into contact with the criminal justice system for low level offenses.
Strategic Priority 2: Provide quality services and supports	
Goal 2A	Develop strategies that expand the use of best practices, promising practices, and evidence-based practices.
Goal 2B	Ensure the direct and active involvement of peers (individuals with lived experience) in the planning, provision and evaluation of services.
Goal 2C	Provide opportunities consistent with the supportive housing model, combining affordable housing assistance with wrap-around services.
Strategic Priority 3: Strengthen the health of the entire community, including people receiving CSB services	
Goal 3A	Provide and support wellness and health promotion activities.
Goal 3B	Increase and promote awareness of suicide prevention resources and services.
Strategic Priority 4: Ensure efficient and effective utilization of resources	
Goal 4A	Recruit, hire, and retain a talented and diverse workforce based on the needs of the organization and the community.
Goal 4B	Ensure efficient and effective budget and financial management.
Goal 4C	Ensure regulatory and corporate compliance.
Goal 4D	Leverage technology to support the service delivery system.
Goal 4E	Ensure a meaningful data management system to increase efficiency and effectiveness in service delivery.
Goal 4F	Ensure clear, concise and strategic internal and external communication aligned with the CSB's mission and goals.

Virginia Behavioral/Mental Health Docket Grants

Issue:

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

Recommended Motion:

I move that the Board approve and accept funding of \$51,000 for the Virginia Behavioral/Mental Health Docket Grant.

Background:

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

Grant funding will be utilized to support contracts for family therapy services totaling \$51,000.00. Contracting for family therapy will be explored and established for the use of these funds.

Timing:

Board action is requested on October 28, 2020

Fiscal Impact:

Funding of \$51,000 over a ten-month period of September 1, 2020 – June 30, 2021 for FY21 has been awarded, that will provide for family therapy services for Mental Health Docket Participants. There is no Local Cash Match required. This funding will be available through FY21. Grant funding for FY22 will be available, contingent on state funding. The County will not be responsible to continue this project beyond this time period. The funds will be utilized for contracting services, no positions are being established.

Creation of Positions:

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

Staff:

Marissa Fariña-Morse
Georgia Bachman

**Virginia Behavioral Health Docket Grant
Summary of Grant Proposal**

Please note: the grant was applied for by General District Court, Judge Snee. Funds were subsequently awarded to CSB.

Grant Title:	Virginia Behavioral Health Docket Grant
Funding Agency:	State Supreme Court of Virginia, Office of the Executive Secretary
Applicant:	General District Court, directed to Fairfax-Falls Church Community Services Board (CSB)
Funding Amount:	State funding of \$51,000.00
Proposed Use of Funds:	The funds will be utilized to support family therapy services for participants. Many mental health docket participants enter into the program with the encouragement of their families who have an active role with those served. The court has observed that additional services would be beneficial to support the family system, augmenting services already provided to the individual through the CSB. These funds would provide an option for participants to access these services, which may be mandated by the court.
Performance Measures:	Performance measures to align with overall docket measures as tracked by the State Supreme Court and includes: Duration to proceed through program phases and overall program. Recidivism rates while participating in the program.
Grant Period:	September 1, 2020 – June 30, 2021