

## CSB Fiscal Oversight Committee Meeting

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA  
ROOM 3-314, West

June 17, 2021, 4:00 p.m.

Dial by your location to access live audio of the meeting:

+1 301 715 8592 US (Washington DC)	+1 669 900 9128 US (San Jose)
+1 646 558 8656 US (New York)	+1 253 215 8782 US (Tacoma)
+1 312 626 6799 US (Chicago)	+1 346 248 7799 US (Houston)

Meeting ID: [957 0366 8263](#) • Passcode: 567912

### ***MEETING AGENDA***

- |   |                  |
|---|------------------|
| 1. <u>Meeting Called to Order</u>                 | Jennifer Adeli   |
| 2. <u>Matters of the Public</u>                   | Jennifer Adeli   |
| 3. <u>Amendments to the Meeting Agenda</u>        | Jennifer Adeli   |
| 4. <u>Review of May 20, 2021, Meeting Minutes</u> | Jennifer Adeli   |
| 5. <u>Administrative Operations Report</u>        | Daryl Washington |
| 6. <u>Clinical Operations Report</u>              | Lyn Tomlinson    |
| A. Client Data Reports and Time to Treatment      |                  |
| 7. <u>Financial Status</u>                        | Jessica Burris   |
| A. FX-FC CSB Expenditures-Budget vs. Actuals      |                  |
| B. Modified Fund Statement                        |                  |
| C. Variable Revenue Report                        |                  |
| 8. <u>HR Update</u>                               | Daniel Herr      |
| A. Position Status                                |                  |
| 9. <u>FY 2021 End of Year Report</u>              | Jennifer Adeli   |
| 10. <u>Open Discussion</u>                        |                  |
| 11. <u>Adjourn</u>                                |                  |

Fairfax County is committed to a policy of nondiscrimination in all county programs, services, and activities and will provide reasonable accommodations upon request. Call 703-324-7000 or TTY 711 to request special accommodations. Please allow seven working days in advance of the event to allow adequate time to make the necessary arrangements.

These services are available at no charge to the individual.

# CSB Fiscal Oversight Committee Meeting Minutes

May 20, 2021

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

## Members in Attendance:

**In-Person:** Chair, Jennifer Adeli; Karen Abraham; Captain Derek DeGeare; Bettina Lawton; Andrew Scalise; Daniel Sherrange and Sandra Slappey

**Remote:**

## Members Absent:

**Staff:** Daryl Washington, Lyn Tomlinson, Daniel Herr, Linda Mount, and Jessica Burris

1. Meeting called to order.

The meeting was called to order at 4:02 p.m.

2. Matters of the Public

None were presented

3. Amendments to the meeting agenda

Dan Sherrange offered a motion to add an agenda item for discussion of a partnership with GMU who has applied for a grant to study co-responder models that was seconded and approved. Bettina Lawton offered a motion to accept the meeting agenda as revised that was seconded and approved.

4. Review of meeting minutes

The April 15, 2021 meeting minutes were offered for review. Andrew Scalise made a motion to approve the minutes as presented, which was seconded and approved.

5. Administrative Operations Report

Executive staff provided updates to recent activities including:

- The CSB will be presenting a grant proposal at the May 26, 2021 CSB Board meeting. The grant, if awarded, will provide approximately \$2.5M in a one-year grant to work with George Mason University in a study of co-responder models, clarified to be a law enforcement responder accompanied by a clinician to determine and assist with individuals who may need behavioral health assistance. The meeting at which this proposal was discussed included CSB staff Daryl Washington, Lyn Tomlinson, and Abbey May, Lisa Potter, Director Diversion First, and CSB Board member Captain Derek DeGeare as well as members of Fairfax County Sheriff's Office and Police Department. It was clarified that the award is for the federal fiscal year that runs from October 1 through September 30. Members engaged in robust discussion.
- Daryl Washington offered a reminder of the bond funding for renovations at Crossroads, reporting that the kick-off meeting had just been held. Planning for improvements to the facility include ensuring no break in service delivery during the renovations.

# CSB Fiscal Oversight Committee Meeting Minutes

May 20, 2021

- The CSB is working with the Health Department to develop accommodations for the recent changes to COVID restrictions. Plans include recognition of the number of clients seen, the size of the facility, and the type of facility, e.g., congregate care (residential) facilities, etc.
- Dan Sherrange requested that staff provide information on implementation of a plan for management of opioid addiction treatment services using existing resources that will also include planning for sustained service delivery.

## 6. Clinical Operations Report

Lyn Tomlinson directed attention to the Clinical Operations Reports, providing an overview of each report, noting that Linda Mount was in attendance to address any questions regarding data collection. Highlights of the review included:

- The successful relocation of the Substance Use Disorder (SUD) programs to pre-COVID or renovated sites was confirmed, noting that the relocations will allow for increased census that will impact the SUD Residential Waiting List (report) for May.
- Noting that the April *Adult Outpatient Time to Treatment* wait times had significantly increased, a reminder was offered that the decreased wait times for March reflected a higher than usual number of IOP (Intensive Outpatient) clients who began receiving services in March and typically receive services more quickly as capacity is equal to demand.

## 7. Financial Status

Jessica Burris provided an overview of the financial reports, including the following:

- *Modified Fund Statement*
  - The Operating Budget has a shortfall of approximately \$1.4M due to the one-time bonuses for Merit staff paid out in May.
  - Efforts are underway to implement all the FY 2021 initiatives prior to the end of the fiscal year.
  - The 'miscellaneous' revenue projections were determined to be overstated and have been adjusted.
  - Non-county revenue has a shortfall of approximately \$5M partially attributed to outstanding residential revenue that is expected to be received by end of the fiscal year.
  - Noting the end of the fiscal year is six weeks away, planning efforts include:
    - Contacting CSB Service Directors to request one-time expenditure proposals.
    - Planning for FY 2021 carryover requests that are due in early July.
    - Requests for the unspent year-end balance may include grant budget updates, encumbered carryover items from prior years, and open purchase orders, etc.
    - Reporting a planning meeting with DMB (Department of Management and Budget) on June 10<sup>th</sup>, Ms. Burris provided an overview of carryover noting that requests may include initiatives, programs, projects, reserve funding, etc.

# CSB Fiscal Oversight Committee Meeting Minutes

May 20, 2021

- It was further reported that a review of existing reserves is underway to determine if current reserves may need modification, reassignment, or replacement for FY 2022. The CSB Board will receive regular reports.

Members engaged in robust discussion of the existing reserves review.

- *Variable Revenue Report*
  - April revenue totals are just above the variable revenue target attributed to increased communication with payers, and timely resubmission of corrected claims.

## 8. Human Resources (HR) Update

Daniel Herr provided an update to recent human resources activities, including:

- HSD (Human Systems Development) Metrics recently sent exit surveys to staff who left the agency from January through April. The next survey will be sent to staff who have recently been hired.
- Related to filling vacancies in critical, direct service areas, several strategies have been implemented or are pending to include:
  - Staff Surveys: Exit surveys for all staff leaving the agency began in April and processes are in place to begin surveying new staff as well as all current staff.
  - Bonuses: Sign on and referral bonuses have been approved for hard to fill positions
  - Internships: Have been expanded and a stipend will be provided to clinicians who supervise interns.
  - Annuitants: Allow the return of annuitants to address time to treatment concerns.
  - Job Sharing: Convert some full-time merit positions to job sharing positions for clinicians who are looking to retain County benefits
  - Interviewing Flexibility: Exploring options for virtual interviewing processes
  - Salary Compression: Reviewing internal salary alignment for hard to fill positions

There being no further business to come before the Board, the meeting was adjourned at 5:28 p.m.

### **Action Items/Responsible Party Required Prior to Next Meeting:**

Staff was asked to provide information on implementation of a plan for management of opioid addiction treatment services using existing resources that will also include planning for sustained service delivery.

Adult Behavioral Outpatient Report - members requested details on the decrease in the number of clients served from March 2021 to April 2021.

### **Issues to Communicate to CSB Board:**

# CSB Fiscal Oversight Committee Meeting Minutes

May 20, 2021

**Agenda Items for Next Meeting:**

Next Scheduled Fiscal Oversight Committee meeting

**Thursday, June 17, 4:00 p.m.**

**Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA**

**Room 3-314, West**

---

Date Approved

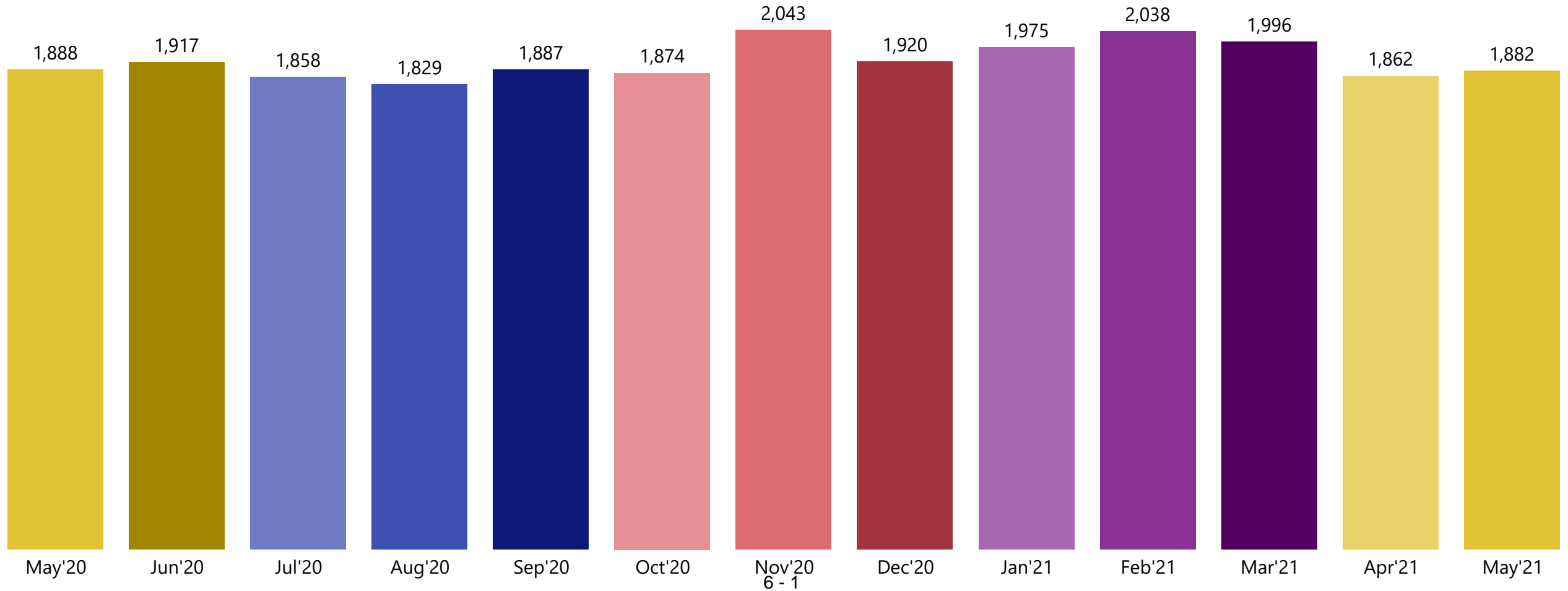
---

Clerk to the Board

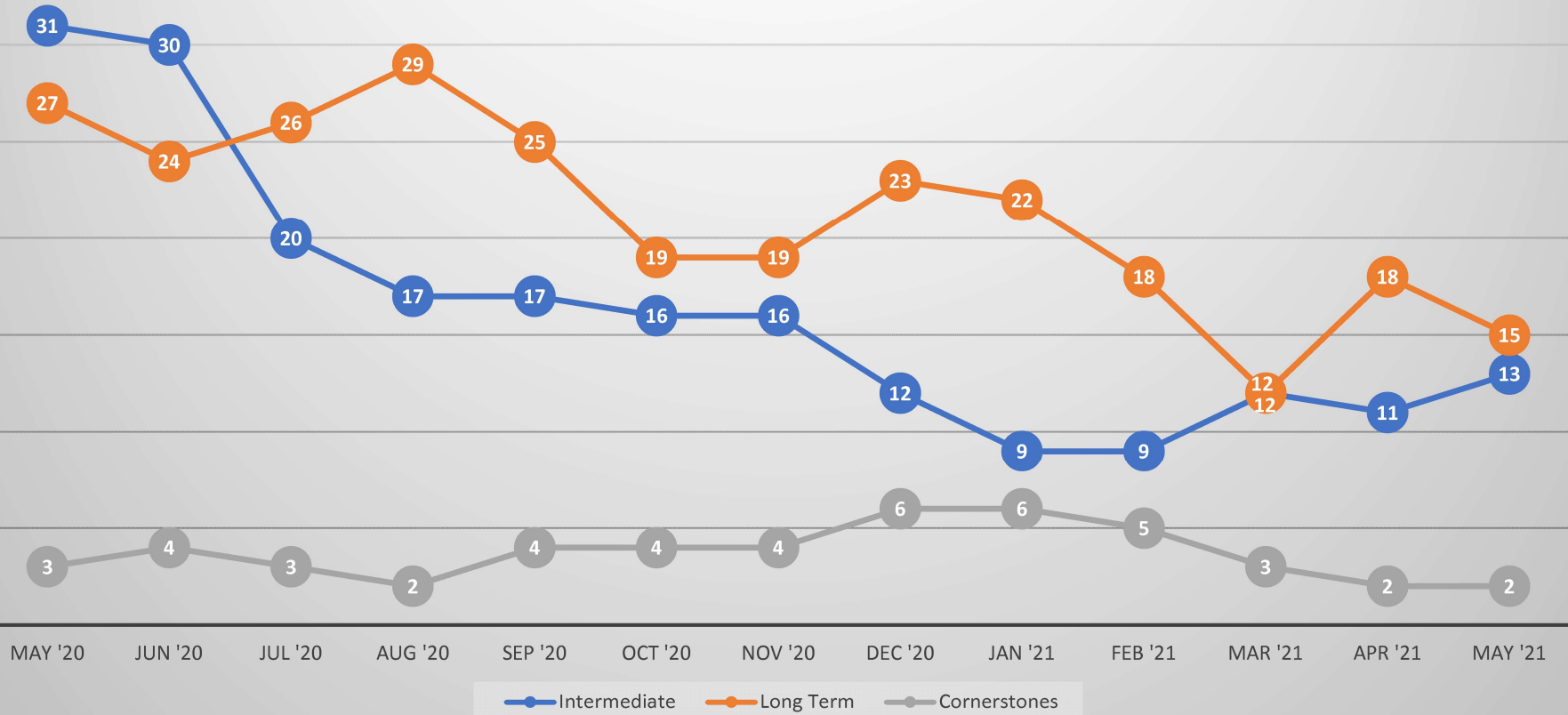
DRAFT

# Agency Wide - Average Clients Served per Day

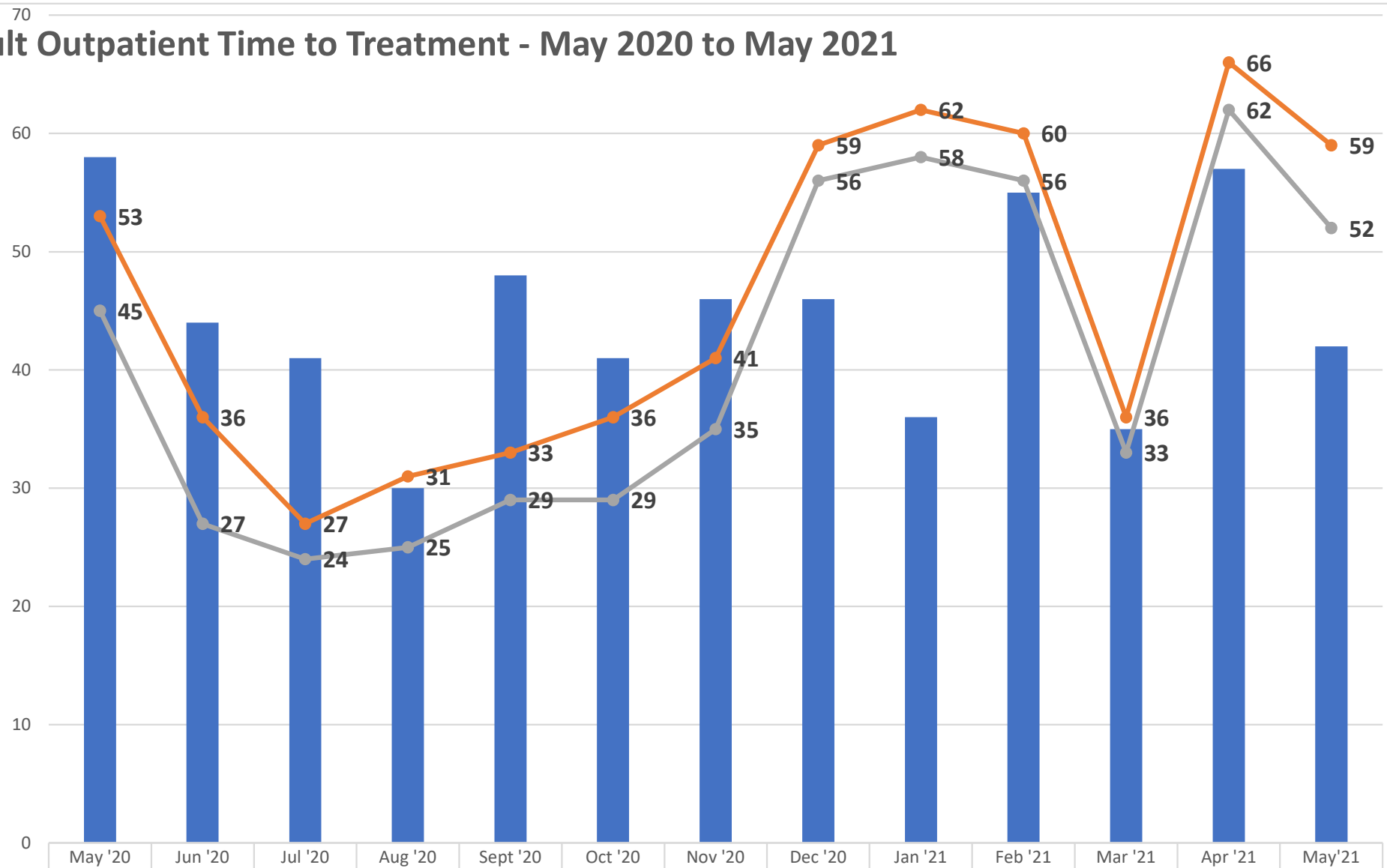
Excludes Emergency, Residential, and Employment & Day



## SUD Residential Waiting List Individuals Waiting by Program Type May 2020 - May 2021



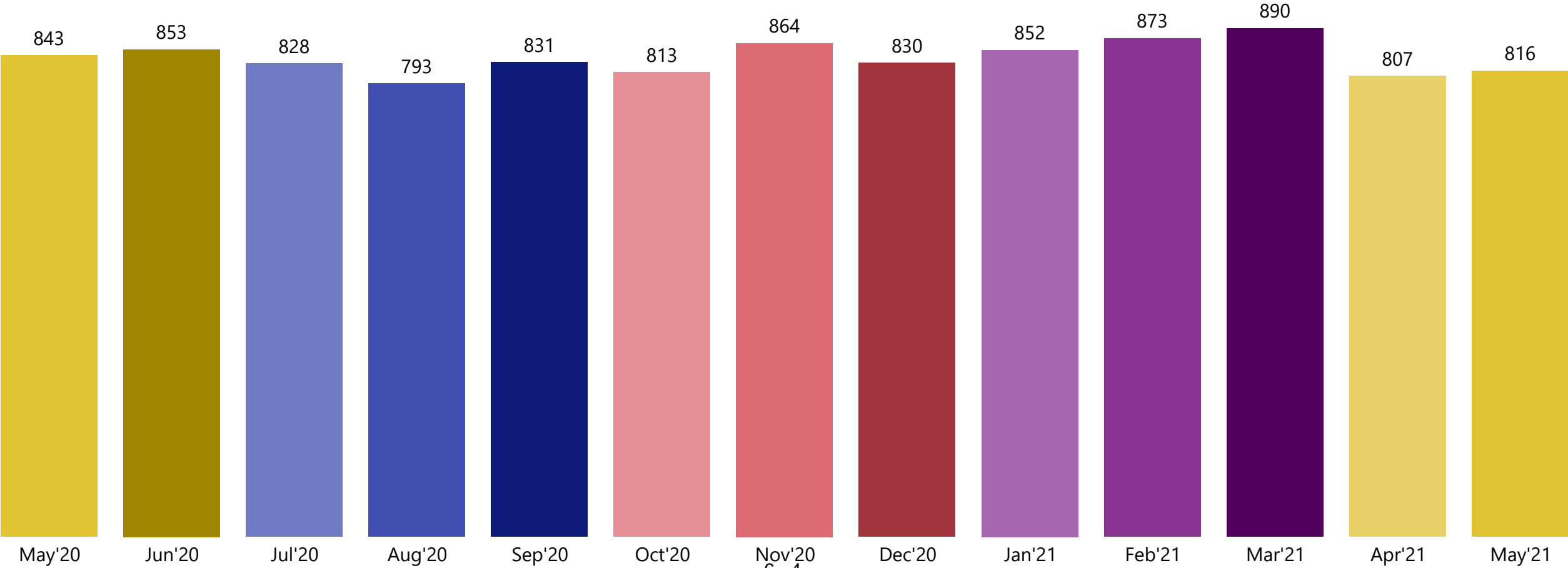
### Adult Outpatient Time to Treatment - May 2020 to May 2021



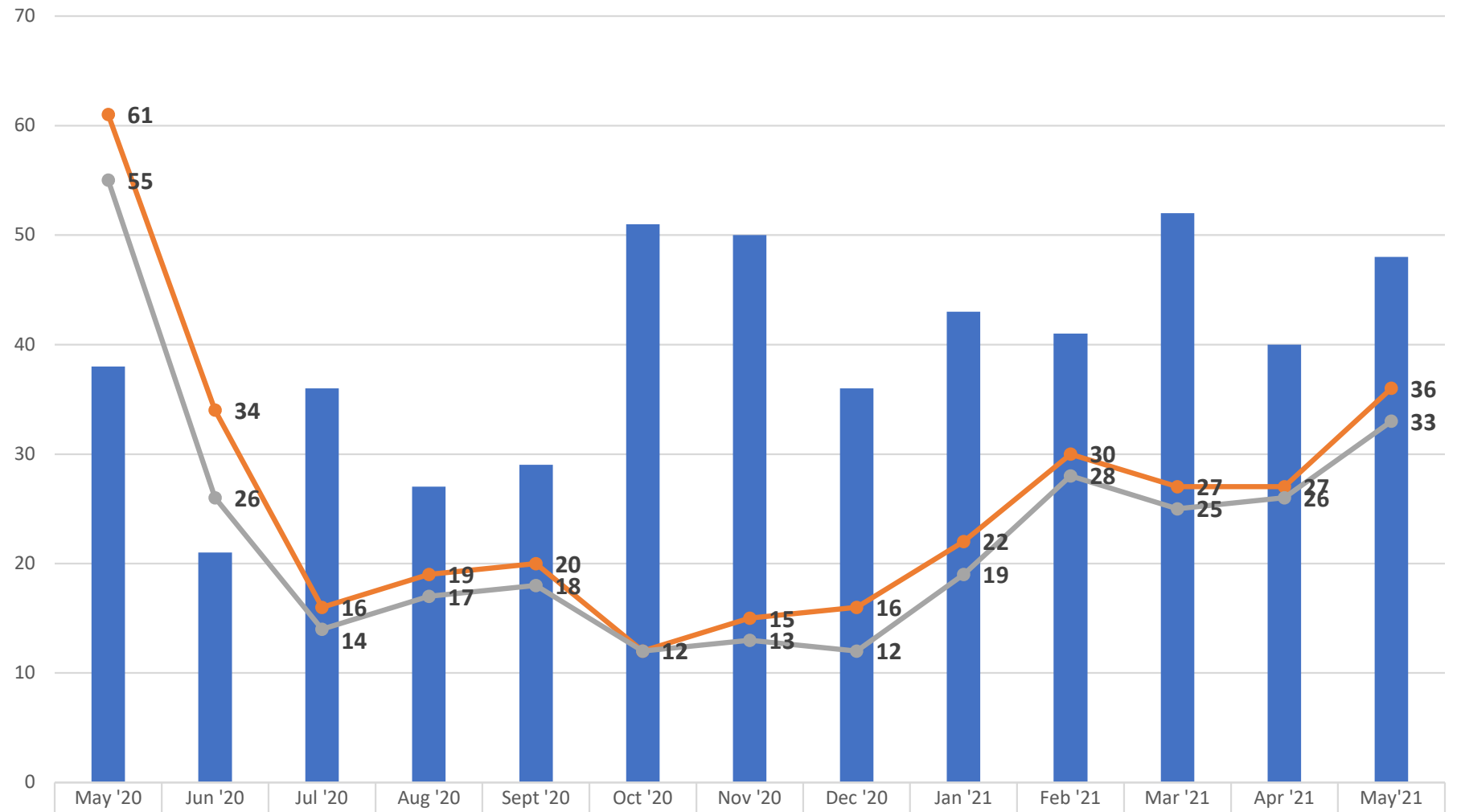
# Adults Who Attended 1st Treatment Appt	58	44	41	30	48	41	46	46	36	55	35	57	42
Average # Days from Assessment to Treatment	53	36	27	31	33	36	41	59	62	60	36	66	59
Average # Days from Assessment to 1st Available / Accepted Appt*	45	27	24	25	29	29	35	56	58	56	33	62	52



# Adult BH Outpatient - Average Clients Served per Day

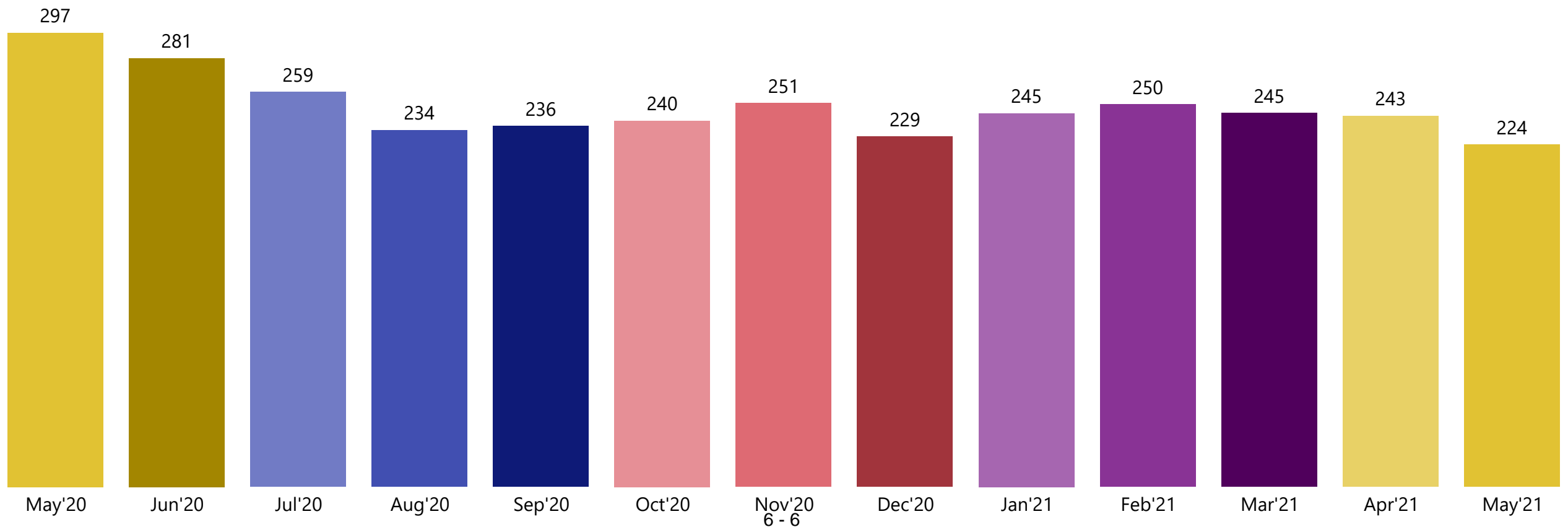


## Youth Outpatient Time to Treatment - May 2020 to May 2021

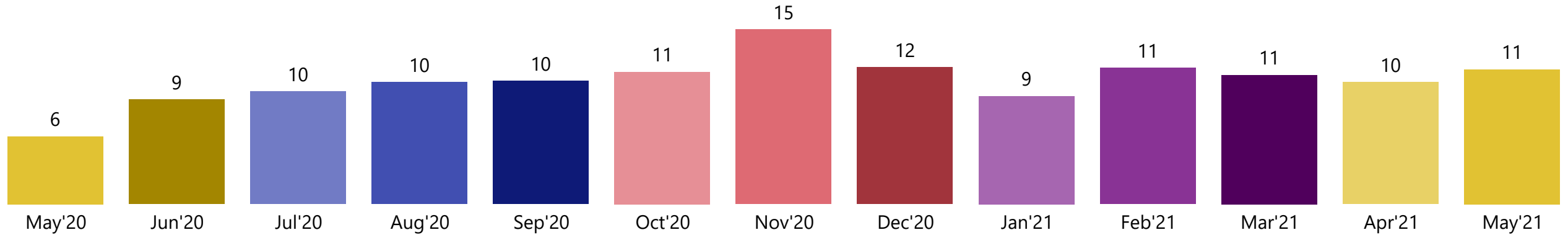


<span style="color: blue;">■</span> # Youth Who Attended 1st Treatment Appt	38	21	36	27	29	51	50	36	43	41	52	40	48
<span style="color: orange;">—●—</span> Average # Days from Assessment to Treatment	61	34	16	19	20	12	15	16	22	30	27	27	36
<span style="color: grey;">—●—</span> Average # Days from Assessment to 1st Available / Accepted Appt*	55	26	14	17	18	12	13	12	19	28	25	26	33

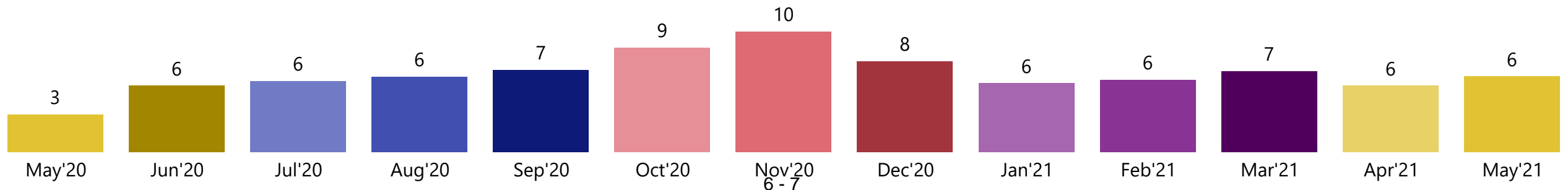
# Youth BH Outpatient - Average Clients Served per Day



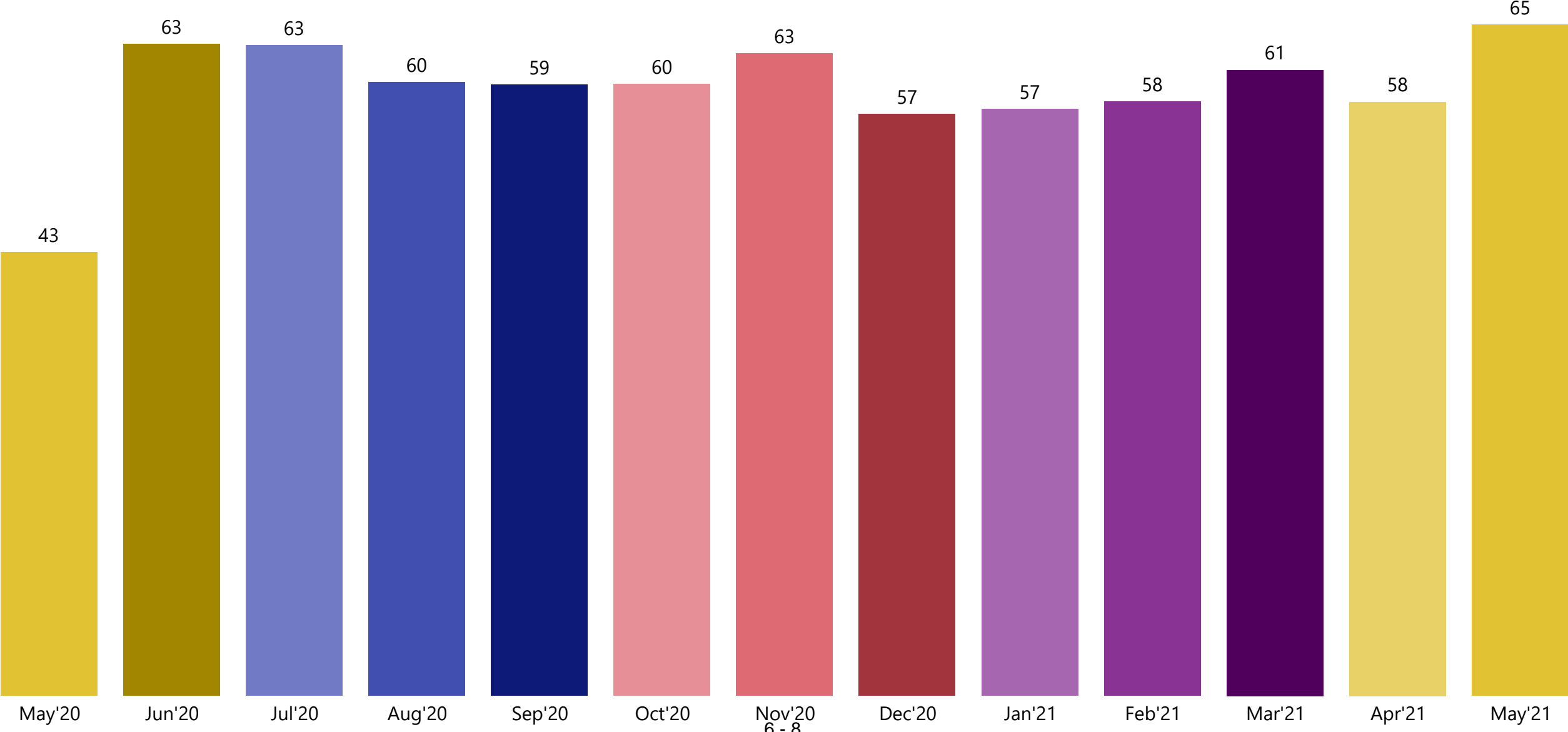
## Entry & Referral - Average Clients Screened per Day



## Entry & Referral - Average Clients Assessed per Day



# Emergency - Average Clients Served per Day



Fairfax-Falls Church Community Services Board  
Expenditures  
Program Budget vs. Actuals  
May FY21 YTD

SERVICE/PROGRAM AREA	FUND 400-C40040 (UNRESTRICTED LOCAL AND STATE)			FUND 500-C50000 (RESTRICTED FEDERAL, STATE AND OTHER)			TOTAL (UNRESTRICTED, RESTRICTED FEDERAL, STATE AND OTHER)		
	Budget	Actuals	Variance	Budget	Actuals	Variance	Budget	Actuals	Variance
<b>G761501 - CSB Office of the Deputy Director - Clinical</b>									
G761001004 - Consumer & Family Affairs	\$ -	\$ 834	\$ (834)				\$ -	\$ 834	\$ (834)
G761001008 - Medical Services	\$ -	\$ 15,786	\$ (15,786)				\$ -	\$ 15,786	\$ (15,786)
G761501002 - Consumer & Family Affairs	\$ 1,999,382	\$ 1,120,473	\$ 878,909	\$ 728,585	\$ 541,333	\$ 187,252	\$ 2,727,967	\$ 1,661,806	\$ 1,066,161
G761501003 - Medical Services	\$ 14,704,180	\$ 10,864,831	\$ 3,839,349	\$ 130,000	\$ -	\$ 130,000	\$ 14,834,180	\$ 10,864,831	\$ 3,969,349
G761501004 - Opioid Task Force	\$ 4,397,254	\$ 2,171,174	\$ 2,226,080				\$ 4,397,254	\$ 2,171,174	\$ 2,226,080
<b>G761501 - CSB Office of the Deputy Director - Clinical Total</b>	<b>\$ 21,100,816</b>	<b>\$ 14,173,099</b>	<b>\$ 6,927,717</b>	<b>\$ 858,585</b>	<b>\$ 541,333</b>	<b>\$ 317,252</b>	<b>\$ 21,959,401</b>	<b>\$ 14,714,432</b>	<b>\$ 7,244,969</b>
<b>G762001 - Engagement Asmt &amp; Referral Services</b>									
G761001011 - Wellness Health Promotion Prevention	\$ -	\$ 46,934	\$ (46,934)				\$ -	\$ 46,934	\$ (46,934)
G762001001 - EAR Program Management	\$ 402,097	\$ 270,113	\$ 131,984	\$ 10,000	\$ 9,357	\$ 643	\$ 412,097	\$ 279,471	\$ 132,626
G762001002 - Entry, Referral, & Assessment	\$ 2,813,253	\$ 2,058,452	\$ 754,800	\$ 989,357	\$ 719,672	\$ 269,685	\$ 3,802,610	\$ 2,778,125	\$ 1,024,485
G762001004 - Wellness Health Promotion Prevention	\$ 2,573,122	\$ 1,916,364	\$ 656,759	\$ 130,000	\$ 57,092	\$ 72,909	\$ 2,703,122	\$ 1,973,455	\$ 729,667
<b>G762001 - Engagement Asmt &amp; Referral Services Total</b>	<b>\$ 5,788,472</b>	<b>\$ 4,291,863</b>	<b>\$ 1,496,609</b>	<b>\$ 1,129,357</b>	<b>\$ 786,121</b>	<b>\$ 343,236</b>	<b>\$ 6,917,829</b>	<b>\$ 5,077,984</b>	<b>\$ 1,839,845</b>
<b>G762002 - Emergency &amp; Crisis Care Services</b>									
G762002001 - Emergency & Crisis Care Svcs Program Mgm	\$ 455,525	\$ 169,134	\$ 286,391				\$ 455,525	\$ 169,134	\$ 286,391
G762002002 - Adult Crisis Stabilization	\$ 3,311,891	\$ 2,906,314	\$ 405,577				\$ 3,311,891	\$ 2,906,314	\$ 405,577
G762002004 - Emergency	\$ 6,347,284	\$ 5,523,453	\$ 823,831	\$ 1,987,957	\$ 1,883,320	\$ 104,637	\$ 8,335,241	\$ 7,406,773	\$ 928,468
<b>G762002 - Emergency &amp; Crisis Care Services Total</b>	<b>\$ 10,114,700</b>	<b>\$ 8,598,901</b>	<b>\$ 1,515,800</b>	<b>\$ 1,987,957</b>	<b>\$ 1,883,320</b>	<b>\$ 104,637</b>	<b>\$ 12,102,657</b>	<b>\$ 10,482,221</b>	<b>\$ 1,620,437</b>
<b>G762003 - Residential Treatment &amp; Detoxification Services</b>									
G762002003 - Detoxification & Diversion	\$ 4,531,062	\$ 3,660,169	\$ 870,893				\$ 4,531,062	\$ 3,660,169	\$ 870,893
G762003001 - Residential Treatment Program Management	\$ 202,911	\$ 252,485	\$ (49,574)				\$ 202,911	\$ 252,485	\$ (49,574)
G762003002 - Residential Admissions & Support	\$ 793,285	\$ 692,636	\$ 100,649				\$ 793,285	\$ 692,636	\$ 100,649
G762003003 - A New Beginning	\$ 3,612,367	\$ 3,195,765	\$ 416,602				\$ 3,612,367	\$ 3,195,765	\$ 416,602
G762003004 - Crossroads Adult	\$ 3,302,813	\$ 3,027,124	\$ 275,689	\$ 406,663	\$ 312,833	\$ 93,831	\$ 3,709,476	\$ 3,339,956	\$ 369,520
G762003005 - New Generations	\$ 1,461,509	\$ 1,303,959	\$ 157,550				\$ 1,461,509	\$ 1,303,959	\$ 157,550
G762003006 - Cornerstones	\$ 2,273,176	\$ 2,000,585	\$ 272,590				\$ 2,273,176	\$ 2,000,585	\$ 272,590
G762003007 - Residential Treatment Contract	\$ 1,221,882	\$ 353,114	\$ 868,768				\$ 1,221,882	\$ 353,114	\$ 868,768
<b>G762003 - Residential Treatment &amp; Detoxification Services Total</b>	<b>\$ 17,399,004</b>	<b>\$ 14,485,837</b>	<b>\$ 2,913,166</b>	<b>\$ 406,663</b>	<b>\$ 312,833</b>	<b>\$ 93,831</b>	<b>\$ 17,805,667</b>	<b>\$ 14,798,670</b>	<b>\$ 3,006,997</b>
<b>G762005 - Youth &amp; Family Services</b>									
G762005001 - Youth & Family Program Management	\$ 335,132	\$ 220,818	\$ 114,314				\$ 335,132	\$ 220,818	\$ 114,314
G762005002 - Youth & Family Outpatient	\$ 5,958,370	\$ 5,059,032	\$ 899,338				\$ 5,958,370	\$ 5,059,032	\$ 899,338
G762005003 - Youth & Family Day Treatment	\$ -	\$ (74)	\$ 74				\$ -	\$ (74)	\$ 74
G762005004 - Youth Resource Team	\$ 1,642,903	\$ 1,216,359	\$ 426,544	\$ 515,529	\$ 351,762	\$ 163,767	\$ 2,158,432	\$ 1,568,121	\$ 590,312
G762005005 - Wraparound Fairfax	\$ 821,345	\$ 781,075	\$ 40,269				\$ 821,345	\$ 781,075	\$ 40,269
G762005006 - Court Involved Youth	\$ 452,812	\$ 438,713	\$ 14,099	\$ 186,724	\$ 183,022	\$ 3,702	\$ 639,536	\$ 621,735	\$ 17,801
G762005009 - Youth & Family Contract	\$ 818,772	\$ 549,944	\$ 268,828				\$ 818,772	\$ 549,944	\$ 268,828
<b>G762005 - Youth &amp; Family Services Total</b>	<b>\$ 10,029,334</b>	<b>\$ 8,265,867</b>	<b>\$ 1,763,467</b>	<b>\$ 702,253</b>	<b>\$ 534,784</b>	<b>\$ 167,469</b>	<b>\$ 10,731,587</b>	<b>\$ 8,800,651</b>	<b>\$ 1,930,936</b>
<b>G762006 - Diversion &amp; Jail-Based Services</b>									
G763006002 - Forensic Services	\$ 2,188,795	\$ 1,796,448	\$ 392,347	\$ 210,802	\$ 95,144	\$ 115,658	\$ 2,399,597	\$ 1,891,592	\$ 508,006
G763006007 - Jail Diversion	\$ 2,839,939	\$ 1,743,521	\$ 1,096,418	\$ 488,785	\$ 278,812	\$ 209,973	\$ 3,328,724	\$ 2,022,333	\$ 1,306,391
<b>G762006 - Diversion &amp; Jail-Based Services Total</b>	<b>\$ 5,028,734</b>	<b>\$ 3,539,969</b>	<b>\$ 1,488,765</b>	<b>\$ 699,587</b>	<b>\$ 373,955</b>	<b>\$ 325,632</b>	<b>\$ 5,728,321</b>	<b>\$ 3,913,924</b>	<b>\$ 1,814,397</b>
<b>G763001 - Behavioral Health Outpatient &amp; Case Mgmt Svcs</b>									
G763001001 - Behavioral Health OP & CM Program Mgmt	\$ 200,041	\$ 188,241	\$ 11,800				\$ 200,041	\$ 188,241	\$ 11,800
G763001002 - Adult Outpatient & Case Management	\$ 12,958,641	\$ 10,784,842	\$ 2,173,799				\$ 12,958,641	\$ 10,784,842	\$ 2,173,799
G763001005 - Adult Partial Hospitalization	\$ 1,177,981	\$ 820,716	\$ 357,265				\$ 1,177,981	\$ 820,716	\$ 357,265
<b>G763001 - Behavioral Health Outpatient &amp; Case Mgmt Svcs Total</b>	<b>\$ 14,336,663</b>	<b>\$ 11,793,799</b>	<b>\$ 2,542,864</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 14,336,663</b>	<b>\$ 11,793,799</b>	<b>\$ 2,542,864</b>
<b>G763002 - Support Coordination Services</b>									
G763002001 - Support Coordination Program Management	\$ 211,889	\$ 123,376	\$ 88,512				\$ 211,889	\$ 123,376	\$ 88,512
G763002002 - Support Coordination	\$ 11,626,432	\$ 9,306,606	\$ 2,319,826				\$ 11,626,432	\$ 9,306,606	\$ 2,319,826
G763002003 - Support Coordination Contracts	\$ 487,000	\$ 371,603	\$ 115,397				\$ 487,000	\$ 371,603	\$ 115,397
<b>G763002 - Support Coordination Services Total</b>	<b>\$ 12,325,320</b>	<b>\$ 9,801,586</b>	<b>\$ 2,523,735</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,325,320</b>	<b>\$ 9,801,586</b>	<b>\$ 2,523,735</b>
<b>G763003 - Employment &amp; Day Services</b>									
G763003001 - Employment & Day Program Management	\$ 2,382,623	\$ 2,405,582	\$ (22,959)				\$ 2,382,623	\$ 2,405,582	\$ (22,959)
G763003002 - Behavioral Health Emp & Day Direct	\$ 763,494	\$ 374,937	\$ 388,557				\$ 763,494	\$ 374,937	\$ 388,557
G763003003 - Behavioral Health Emp & Day Contract	\$ 2,585,429	\$ 2,293,129	\$ 292,300	\$ 1,369,631	\$ 831,636	\$ 537,995	\$ 3,955,060	\$ 3,124,765	\$ 830,295
G763003004 - ID Emp & Day Direct	\$ 172,027	\$ -	\$ 172,027				\$ 172,027	\$ -	\$ 172,027
G763003005 - ID Emp & Day Contract	\$ 22,681,139	\$ 15,623,074	\$ 7,058,065				\$ 22,681,139	\$ 15,623,074	\$ 7,058,065
G763003006 - ID Emp & Day Self-Directed	\$ 2,891,692	\$ 1,732,316	\$ 1,159,377				\$ 2,891,692	\$ 1,732,316	\$ 1,159,377
<b>G763003 - Employment &amp; Day Services Total</b>	<b>\$ 31,476,405</b>	<b>\$ 22,429,037</b>	<b>\$ 9,047,368</b>	<b>\$ 1,369,631</b>	<b>\$ 831,636</b>	<b>\$ 537,995</b>	<b>\$ 32,846,036</b>	<b>\$ 23,260,673</b>	<b>\$ 9,585,363</b>
<b>G763004 - Assisted Community Residential Services</b>									
G763004001 - Assist Community Residential Prog Mgmt	\$ 155,817	\$ 143,940	\$ 11,877				\$ 155,817	\$ 143,940	\$ 11,877
G763004002 - Asst Comm Residential Direct	\$ 9,250,332	\$ 7,747,260	\$ 1,503,072				\$ 9,250,332	\$ 7,747,260	\$ 1,503,072
G763004003 - Asst Comm Residential Contract	\$ 3,241,025	\$ 3,406,344	\$ (165,319)				\$ 3,241,025	\$ 3,406,344	\$ (165,319)
G763004004 - Stevenson Place	\$ 1,071,191	\$ 746,019	\$ 325,172				\$ 1,071,191	\$ 746,019	\$ 325,172
<b>G763004 - Assisted Community Residential Services Total</b>	<b>\$ 13,718,365</b>	<b>\$ 12,043,562</b>	<b>\$ 1,674,803</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 13,718,365</b>	<b>\$ 12,043,562</b>	<b>\$ 1,674,803</b>

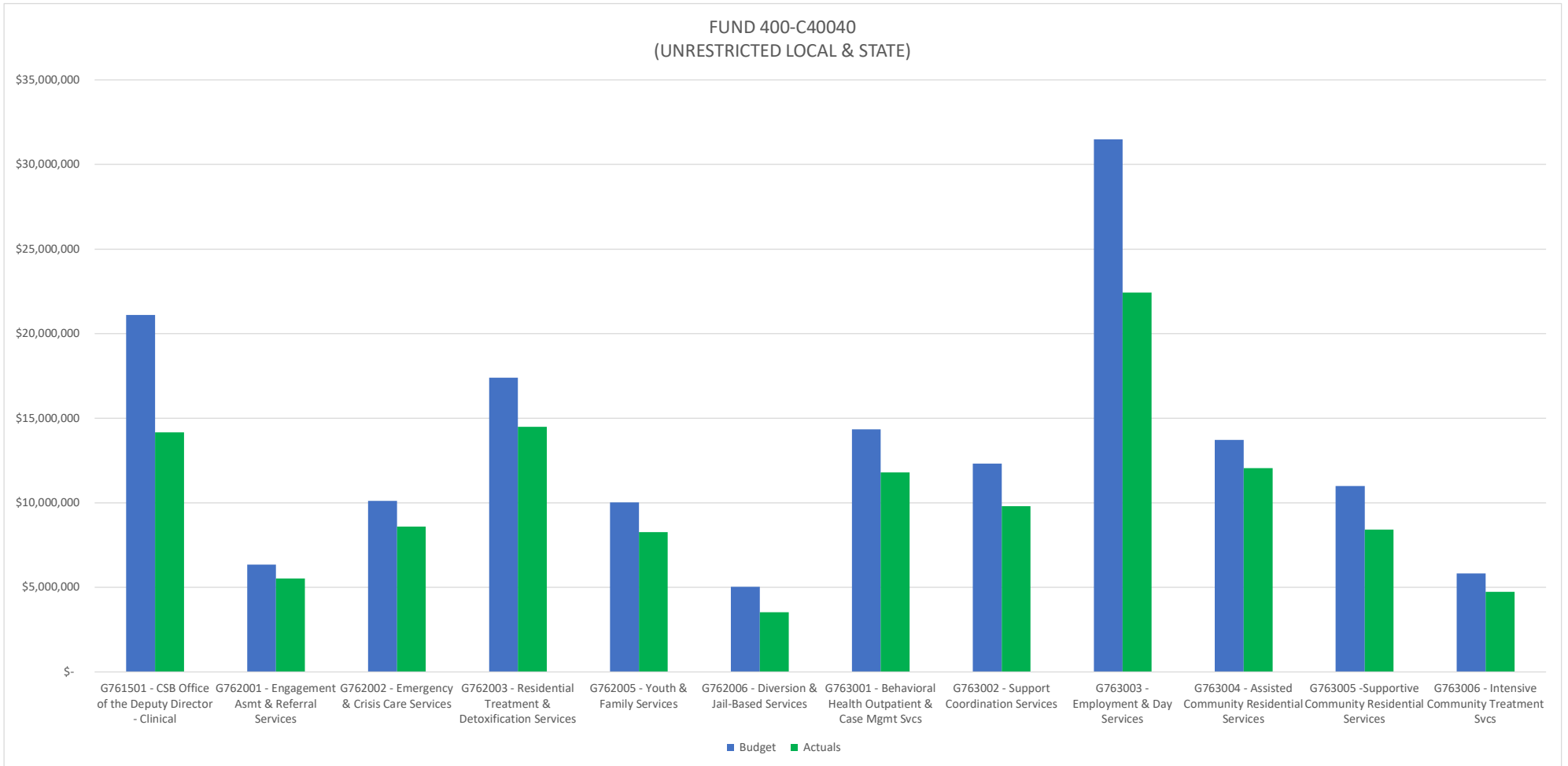
Fairfax-Falls Church Community Services Board  
Expenditures  
Program Budget vs. Actuals  
May FY21 YTD

SERVICE/PROGRAM AREA	FUND 400-C40040 (UNRESTRICTED LOCAL AND STATE)			FUND 500-C50000 (RESTRICTED FEDERAL, STATE AND OTHER)			TOTAL (UNRESTRICTED, RESTRICTED FEDERAL, STATE AND OTHER)		
	Budget	Actuals	Variance	Budget	Actuals	Variance	Budget	Actuals	Variance
<b>G763005 - Supportive Community Residential Services</b>									
G763005001 - Support Community Residential Prog Mgmt	\$ 1,087,368	\$ 970,073	\$ 117,295				\$ 1,087,368	\$ 970,073	\$ 117,295
G763005002 - Supportive Residential Direct	\$ 2,016,055	\$ 1,669,261	\$ 346,794				\$ 2,016,055	\$ 1,669,261	\$ 346,794
G763005003 - RIC	\$ 2,991,539	\$ 2,425,014	\$ 566,525				\$ 2,991,539	\$ 2,425,014	\$ 566,525
G763005004 - RIC Comprehensive	\$ -	\$ (31,079)	\$ 31,079				\$ -	\$ (31,079)	\$ 31,079
G763005005 - Supervised Residential Direct	\$ -	\$ 139	\$ (139)				\$ -	\$ 139	\$ (139)
G763005006 - Beacon Hill	\$ 4,000	\$ 43,571	\$ (39,571)				\$ 4,000	\$ 43,571	\$ (39,571)
G763005007 - Patrick Street	\$ 5,881	\$ 209	\$ 5,672				\$ 5,881	\$ 209	\$ 5,672
G763005008 - New Horizons	\$ 1,543,657	\$ 949,059	\$ 594,598				\$ 1,543,657	\$ 949,059	\$ 594,598
G763005009 - Support Community Residential Contract	\$ 3,350,240	\$ 2,402,182	\$ 948,058				\$ 3,350,240	\$ 2,402,182	\$ 948,058
<b>G763005 - Supportive Community Residential Services Total</b>	<b>\$ 10,998,738</b>	<b>\$ 8,428,429</b>	<b>\$ 2,570,309</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,998,738</b>	<b>\$ 8,428,429</b>	<b>\$ 2,570,309</b>
<b>G763006 - Intensive Community Treatment Svcs</b>									
G762001003 - Outreach	\$ 575,135	\$ 396,949	\$ 178,186	\$ 164,542	\$ 148,574	\$ 15,968	\$ 739,677	\$ 545,523	\$ 194,154
G763006001 - ICT Program Management	\$ 161,042	\$ 185,530	\$ (24,488)				\$ 161,042	\$ 185,530	\$ (24,488)
G763006003 - Assertive Community Treatment	\$ 1,705,490	\$ 1,420,836	\$ 284,654				\$ 1,705,490	\$ 1,420,836	\$ 284,654
G763006004 - Intensive Case Management	\$ 2,534,318	\$ 2,129,617	\$ 404,701				\$ 2,534,318	\$ 2,129,617	\$ 404,701
G763006005 - Discharge Planning	\$ 843,059	\$ 601,726	\$ 241,333	\$ 75,563	\$ 66,943	\$ 8,620	\$ 918,622	\$ 668,669	\$ 249,954
<b>G763006 - Intensive Community Treatment Svcs Total</b>	<b>\$ 5,819,044</b>	<b>\$ 4,734,658</b>	<b>\$ 1,084,386</b>	<b>\$ 240,105</b>	<b>\$ 215,516</b>	<b>\$ 24,589</b>	<b>\$ 6,059,149</b>	<b>\$ 4,950,174</b>	<b>\$ 1,108,975</b>
<b>Program Budget Total</b>	<b>\$ 158,135,595</b>	<b>\$ 122,586,605</b>	<b>\$ 35,548,990</b>	<b>\$ 7,394,138</b>	<b>\$ 5,479,499</b>	<b>\$ 1,914,639</b>	<b>\$ 165,529,733</b>	<b>\$ 128,066,104</b>	<b>\$ 37,463,629</b>
<i>Non-Program Budget Total<sup>1</sup></i>	<i>\$ 30,699,369</i>	<i>\$ 24,122,324</i>	<i>\$ 6,577,045</i>	<i>\$ 20,690,198</i>	<i>\$ 11,587,128</i>	<i>\$ 9,103,070</i>	<i>\$ 51,389,567</i>	<i>\$ 35,709,453</i>	<i>\$ 15,680,114</i>
<b>TOTAL FUND</b>	<b>\$ 188,834,963</b>	<b>\$ 146,708,929</b>	<b>\$ 42,126,035</b>	<b>\$ 28,084,336</b>	<b>\$ 17,066,628</b>	<b>\$ 11,017,708</b>	<b>\$ 216,919,299</b>	<b>\$ 163,775,556</b>	<b>\$ 53,143,743</b>

Comments

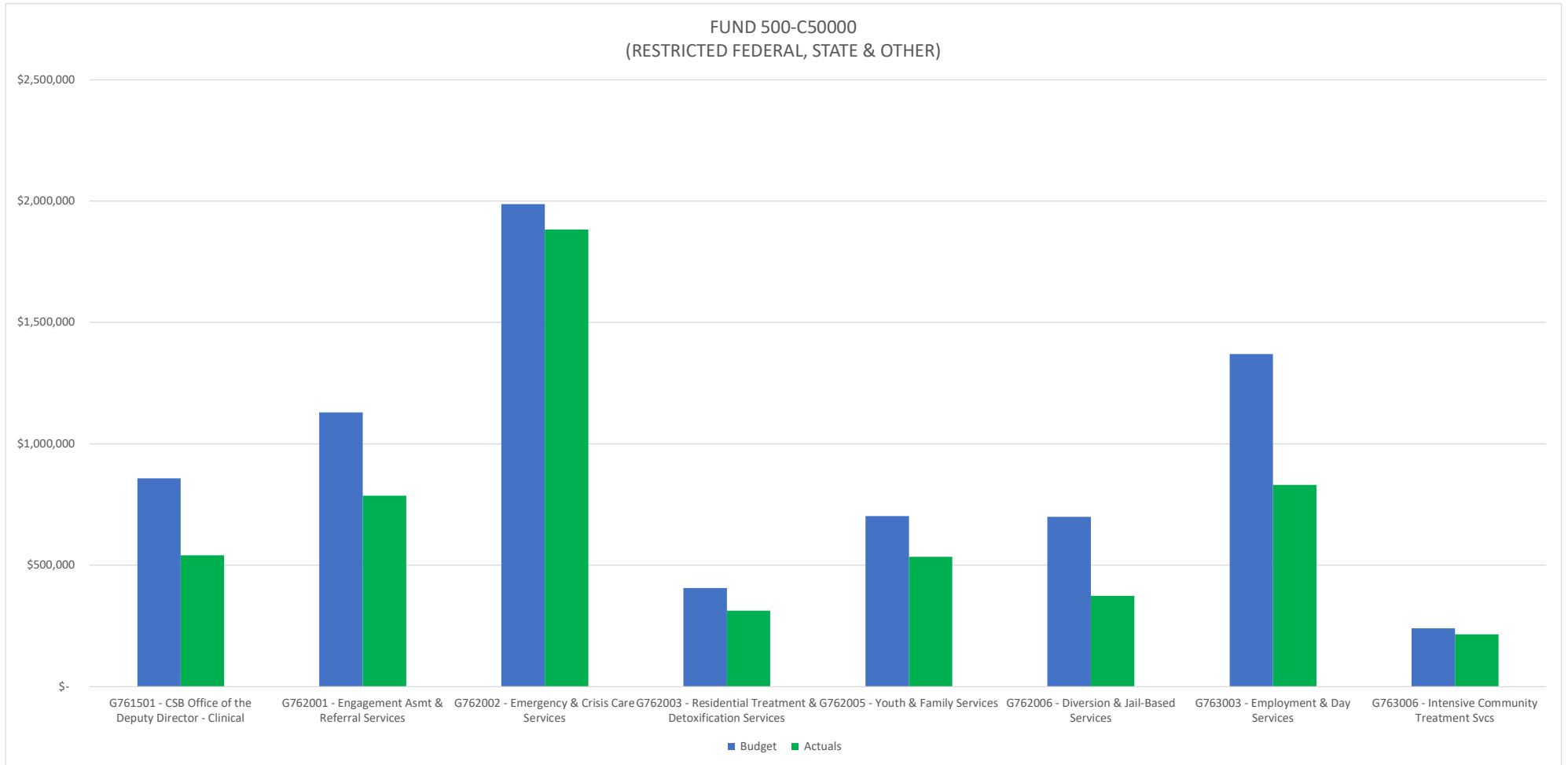
<sup>1</sup>Non-Program Budget Total includes all administrative areas (HR, Finance, Informatics, etc) and Regional.  
*Gray/italicized font denotes closed cost centers.*

Fairfax-Falls Church Community Services Board  
 UNRESTRICTED Program Budget vs. Actuals  
 May FY21 YTD





Fairfax-Falls Church Community Services Board  
 RESTRICTED Program Budget vs. Actuals  
 May FY21 YTD



Fairfax-Falls Church Community Services Board  
Fund 40040 Statement  
MAY FY 2021

	FY 2021 Approved Budget	FY 2021 REVISED Budget <sup>11</sup>	FY 2021 YTD Budget	FY 2021 Actuals Thru May 2021	Variance from YTD Budget	FY 2021 Projection
<b>Beginning Balance</b>	<b>26,138,124</b>	<b>26,138,124</b>				<b>26,138,124</b>
F Fairfax City	2,218,100	2,218,100	2,218,100	2,218,098	(2)	2,218,100
F Falls Church City	1,005,368	1,005,368	1,005,368	1,005,368	-	1,005,368
F State DBHDS <sup>1</sup>	7,527,316	7,527,316	6,900,040	7,573,373	673,333	7,527,316
F Federal Pass Thru SAPT Block Grant	4,053,659	4,053,659	3,715,854	3,947,694	231,840	4,053,659
V Direct Federal Food Stamps	154,982	154,982	142,067	44,234	(97,833)	58,979
V Program/Client Fees	3,994,251	3,994,251	3,661,397	3,921,425	260,028	4,264,656
V CSA	858,673	858,673	787,117	542,704	(244,413)	575,249
V Medicaid Option	12,518,068	12,518,068	11,474,896	7,799,279	(3,675,617)	8,381,039
V Medicaid Waiver	2,962,684	2,962,684	2,715,794	6,799,714	4,083,920	7,407,264
V Miscellaneous	14,100	14,100	12,925	120,479	107,554	144,575
Non-County Revenue	35,307,201	35,307,201	32,633,557	33,972,367	1,338,811	35,636,206
General Fund Transfer	147,554,569	147,554,569	147,554,569	147,216,019	(338,550)	147,216,019
<b>Total Available</b>	<b>208,999,894</b>	<b>208,999,894</b>	<b>180,188,126</b>	<b>181,188,386</b>	<b>1,000,261</b>	<b>208,990,349</b>
Compensation <sup>2</sup>	84,104,115	87,693,231	80,947,598	72,295,339	8,652,259	84,893,836
Fringe Benefits <sup>3</sup>	37,187,394	37,993,964	35,071,351	30,519,737	4,551,614	35,407,767
Operating <sup>4</sup>	69,145,965	63,100,059	57,841,721	43,566,781	14,274,940	52,682,215
Recovered Cost (WPFO)	(1,738,980)	(1,568,760)	(1,438,030)	(1,259,419)	(178,611)	(1,738,980)
Capital	76,469	116,469	106,763	86,490	20,274	76,469
Transfer Out	1,500,000	1,500,000	1,500,000	1,500,000	-	1,500,000
<b>Total Disbursements</b>	<b>190,274,963</b>	<b>188,834,963</b>	<b>174,029,403</b>	<b>146,708,929</b>	<b>27,320,475</b>	<b>172,821,307</b>
<b>Ending Balance</b>	<b>18,724,931</b>	<b>20,164,931</b>				<b>36,169,042</b>
DD MW Redesign Reserve <sup>5</sup>	2,500,000	2,500,000		2,500,000		2,500,000
Medicaid Replacement Reserve <sup>6</sup>	2,800,000	2,800,000		2,800,000		2,800,000
Opioid Epidemic MAT Reserve <sup>7</sup>	300,000	300,000		300,000		300,000
Diversion First Reserve <sup>8</sup>	3,329,234	3,329,234		3,329,234		3,329,234
COVID Revenue Impact Reserve <sup>9</sup>	2,000,000	2,000,000		2,000,000		2,000,000
Electronic Health Record Reserve <sup>10</sup>	3,000,000	3,000,000		3,000,000		3,000,000
<b>Unreserved Balance</b>	<b>4,795,697</b>	<b>6,235,697</b>				<b>22,239,808</b>

**Key**

- F Fixed Annual Allocations
- V Variable Revenue based on number of services provided and total billing collections

**Comments**

- 1 FY21 Budget for State Funds Due to Medicaid Expansion, DBHDS reduced our revenue by ~\$4.4M.
- 2-4 FY21 Expenditures budget has not been adjusted for FY20 budget realignment exercise, therefore compensation and benefits budgets are understated and operating budget is overstated. Operating Budget now includes FY20 Carryover Request of \$5.8M for encumbrances, of which \$250K is allocated from Diversion First Reserve to cover costs associated with medical clearances.
- 5 The DD Medicaid Waiver Redesign Reserve ensures the County has sufficient funding to provide services to individuals with developmental disabilities in the event of greater than anticipated costs due to the Medicaid Waiver Redesign effective July 1, 2016.
- 6 The Medicaid Replacement Reserve, for the implementation of Medicaid Expansion to a potential 600 consumers and will provide support with the transition of funding from the State support to Medicaid fees.
- 7 The Opioid Use Epidemic Reserve provides flexibility, consistent with the Board of Supervisors' FY 2018-FY 2019 Budget Guidance, as the County continues to work with national, state, and regional partners on strategies to combat the opioid epidemic.
- 8 The Diversion First Reserve represents one-time savings that were realized in FY 2017 as a result of longer than anticipated recruitment times to fill new positions and savings in operating expenses to pay for medical clearances. This funding will be reallocated as part of a future budget process based on priorities identified by the Board of Supervisors. This reserve has been reduced by \$250K at FY20 Carryover for costs associated with medical clearances.
- 9 As a result of COVID-19, the CSB is forecasting a negative impact to variable revenue in FY21. Since COVID-19 began, the CSB has seen a decline in services provided to our clients, resulting in less billable revenue (since April 2020, there's been a 40% decrease in billable revenue). We anticipate this being an ongoing issue until there is a vaccine or other factor that would allow the CSB to operate at full capacity.
- 10 Establish a reserve of \$3,000,000 for the implementation of a new electronic health record. The current electronic health record contract with the incumbent Credible will end on August 24, 2021. Even though we have 5-year renewal option year to exercise, the CSB elected to move forward with procuring a new EHR that can support the current and future agency behavioral health requirements. This primary procurement vehicle was the HCSIS procurement released in August 14, 2018 looking for a single EHR vendor to support Health Department and CSB requirements and to promote moving to an integrated healthcare platform. The final HCSIS down-select resulted in two possible vendors and no single vendor solution. The needs of our CSB dictates a progressive and more stable EHR platform capable of aligning itself with the future of our CSB. EHR platforms routinely become obsolete base on growing innovations in technology. We have been with our current incumbent vendor since March 2011.
- 11 FY21 REVISED Budget represents the budget realignment to move ~\$4.5M from Operating Expenses Budget to Compensation and Fringe Budget. This is consistent with the FY20 Budget Realignment exercise, which in collaboration with DMB, we strategically allocated ongoing Operating savings to Compensation and Fringe to lower our vacancy threshold to meet ongoing client needs.

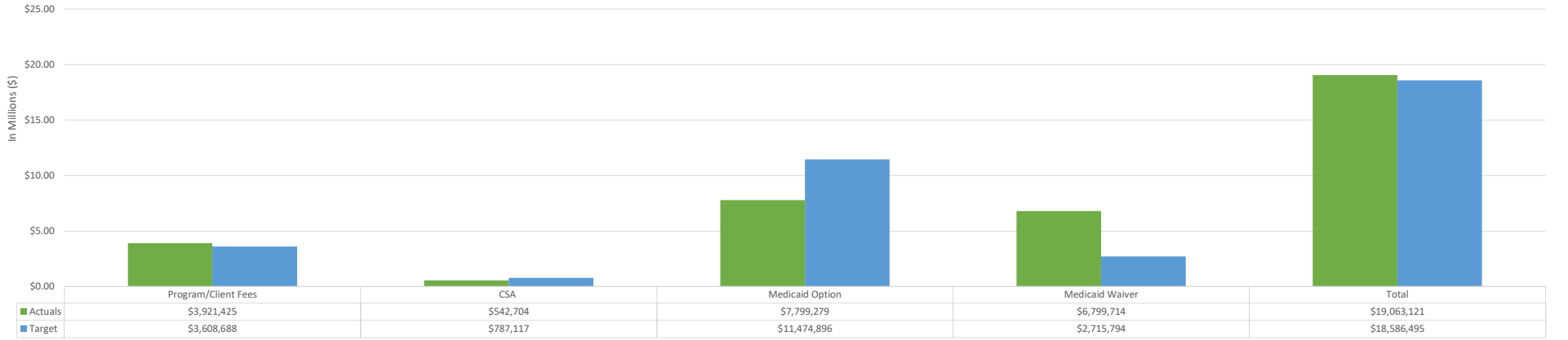
## May FY21 YTD Revenue Analysis

Variable Revenue by Month  
FY21  
Actuals vs. Target



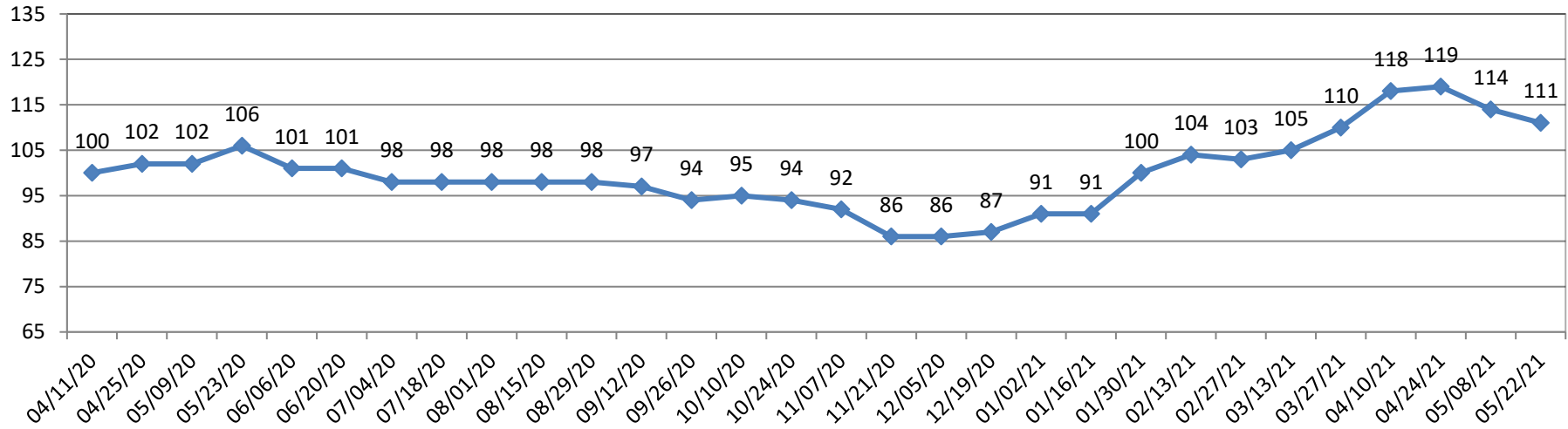
\*Target is reflective of expected Medicaid expansion revenue (\$4.4M for FY21)

Variable Revenue by Category  
FY21 Year to Date  
Actuals vs. Target



**Fiscal Oversight Committee  
CSB HR Update – June 4, 2021**

**Fund 400, CSB Vacant General Merit Positions**



**Vacancies in critical areas\*** \*includes all merit positions (all funds - regular and grant)

Service area / program	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		June			
<b>Emergency Svcs/MCU</b>	5	3	3	3	3	2	2	3	4.5	3.5	3.5	1	1 CIS		1	1 CIS	
<b>Behavioral Health – Outpatient Svcs</b>	15	16	14	13	11	7	7	6	10	11	11	12	5 BHS II		8	4 BHS II	
													3 BH Sr. Clin				
													3 LPN			3 LPN	
													1 BHN Clin/Case Mgr.			1 BHN Clin/Case Mgr.	
<b>Youth &amp; Family – Outpatient Svcs</b>	6	6	4	3	4	4	4	7	8	9	9	9	7 BH Sr. Clin		6	4 BH Sr. Clin	
													1 BHS II			1 BHS II	
													1 BH Mgr.			1 BH Mgr.	
<b>Support Coordination</b>	15	11	11	10	8	8	8	8	8	10	12	13	13 DDS II		10	10 DDS II	
<b>ADC/ Jail Diversion</b>	4	6	7	9	9	8	7	9	7	7	9	10	9 BHS II		10	9 BHS II	
													1 BH Mgr.			1 BH Mgr.	



# Community Services Board

---

**Bettina M. Lawton, Esq.**  
Chair  
*Hunter Mill District*

**Jennifer Adeli**  
Vice Chair  
*Dranesville District*

**Sheila Coplan Jonas**  
Secretary  
*Mason District*

---

**Karen Abraham**  
*Braddock District*

**Daria Akers**  
*At-Large #1*

**Robert Bartolotta**  
*Providence District*

**Captain Derek DeGeare**  
*Office of the Sheriff*

**Ken Garnes**  
*At-Large #*

**Larysa Kautz**  
*Lee District*

**Garrett McGuire**  
*Mount Vernon District*

**Srilekha Palle**  
*Springfield District*

**Edward E. Rose III**  
*City of Falls Church*

**Daniel T. Sherrange**  
*Sully District*

**Andrew Scalise**  
*At-Large #3*

**Sandi Slappey**  
*City of Fairfax*

**Anne Whipple**  
*At-Large #4*

---

**Daryl Washington, LCSW**  
*Executive Director*

**TO:** Fairfax County Board of Supervisors  
Mayors, Cities of Fairfax and Falls Church

**FROM:** Board of the Fairfax-Falls Church Community Services Board

**DATE:** September 23, 2020

**SUBJECT:** Fairfax-Falls Church Community Services Board FY 2020 Year-End Report

Our Board thanks you for the funding and continued support provided to Fairfax-Falls Church Community Services Board (CSB). We are pleased to present our FY 2020 Year-End Report highlighting major accomplishments, challenges, and opportunities. Your commitment and strong partnership result in continuous delivery of services critical to our most vulnerable residents.

In FY 2020, the CSB provided mental health, substance use disorder, and developmental disability services to 20,366 people. *The numbers below are unduplicated within each service type. However, individuals may have received more than one type of service.*

- 5,990 individuals received CSB Emergency Services and 4,940 received same day walk-in screening and assessments. 93% of persons receive emergency services within one hour.
- 4,848 people with developmental disabilities received support coordination services.
- 5,195 individuals received peer support services in the community.

In FY 2020, the CSB faced challenges and opportunities in ongoing key issue areas described in more detail in the attached report including:

- Implementation of multiple new safety protocols, and changes to service provisions and CSB operations due to COVID-19
- Managing implementation of services and service standards as required under STEP-VA (System Transformation Excellence and Performance in Virginia)
- Addressing the heroin and opioid epidemic
- Expanding Diversion First initiatives to enhance ongoing decriminalization of mental illness
- Enhancing access to Medicaid and health care for individuals served
- Ongoing problem solving and partnership to manage the state psychiatric hospital bed shortage
- Implementing new state mandated requirements for individuals with developmental disabilities as part of the Commonwealth's settlement with the US Department of Justice

- Expanding the CSB's ability to maximize service provision revenue
- Advocating for change and monitoring system issues with the CSB's electronic health record

Again, we thank you for the generous funding you provide. We understand the fiscal challenges you face in making difficult budget decisions and we are deeply appreciative of your leadership. As always, we welcome your review, comments, and questions regarding our report.

A handwritten signature in black ink, reading "Bettina M. Lawton". The signature is written in a cursive style with a large initial "B" and a long, sweeping tail.

Bettina M. Lawton, Esq.  
Chair, CSB Board

# Fairfax-Falls Church Community Services Board

## FY 2020 Year-End Report

### Covering period July 1, 2019 to June 30, 2020

This FY 2020 year-end report highlights key program areas and discusses the agency's critical issues. The CSB Board appreciates the Board of Supervisors' continued strong support which allows us to serve residents of Fairfax County and the cities of Fairfax and Falls Church who need our services. Our focus throughout the entire fiscal year was on maintaining the high-quality and essential services to residents with challenges relating to mental health, substance use disorder and developmental disabilities.

#### **A Unique Second Half of FY 2020 – COVID-19**

The second half of the FY 2020 brought COVID-19. In March, and in coordination with other Fairfax County government agencies, the CSB completed its Continuity of Operations Plan (COOP). This plan helped establish and formalize policies and guidance ensuring that critical functions (and services) continue, and that personnel and resources are relocated to an alternate facility, if needed, in case of emergencies. The CSB's completion of this important process was a key factor in its ability to continue to provide services as COVID-19 hit the Fairfax County area.

The CSB was able to quickly respond and adjust staff, processes, and technology to meet the demands and restrictions of COVID-19. The CSB's response was, and continues to be, focused on keeping the CSB staff and individuals we serve safe and healthy while providing essential services, despite ongoing constraints presented by COVID-19. Immediate and frequent communication with the CSB staff kept them informed about the disease, phased re-engagement plans, and provided guidance to prevent the spread of illness and reduce misinformation.

Four of the CSB's main service sites and all its residential programs remained open even as COVID-19 safety protocols and procedures to address the personal protective equipment (PPE) shortage were put in place. The CSB also transitioned to the use of telehealth in lieu of face-to-face visits when clinically appropriate. Over 450 clinical staff can now provide telehealth services via Zoom for Health Care. This easy-to-use and convenient service includes video and teleconferencing. The digital transformation of our operations to telehealth, and the switch to having most staff telework, meant more than 6,500 people received critical, life-changing education and services such as therapy, counseling, case management and prescribing, via telehealth. The CSB saw a drop in new individuals seeking services in April and May as COVID-19 swept across Fairfax County. The request for services has steadily increased as Virginia transitioned into Phase 3 re-opening.

Although the CSB has incurred significant expenses because of COVID-19, the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act money has filled the financial gap. The CSB continues to monitor its ongoing COVID-19 expenses. Unfortunately, the Commonwealth's budget eliminated all new funding for services, except for Developmental Disability waivers.

## Critical Issue Areas

### SYSTEM TRANSFORMATION, EXCELLENCE AND PERFORMANCE (STEP-VA) MANDATES

The implementation of the Commonwealth's STEP-VA initiative continues to be a CSB priority. STEP-VA was enacted in 2017 and seeks to establish a statewide set of community behavioral health services to be offered by each of the 40 CSBs. All CSBs initiated the first two core services, same-day access to mental health screening and primary health care screening, before the July 1, 2019 deadline. The seven remaining core services were originally mandated to begin by July 1, 2021. However, because of budgetary language passed by the General Assembly in 2020, no new STEP-VA service requirements will be put in place. This puts fully implementing crisis services, expansion of outpatient services, veteran's services, peer services, case management, care coordination, peer/family services and psychiatric rehabilitation services all on hold.

STEP-VA aligns with ongoing CSB priorities and we already provide each of the mandated services at some level. However, to meet the requirements for full implementation of the remaining steps, sufficient funding is needed. The CSB has received \$1.1 million from the Department of Behavioral Health and Developmental Services (DBHDS) to provide same day access, primary health care screening and outpatient services. This is about 9 percent of the total estimated cost of \$12.9 million to provide these services. We estimate that it will cost the CSB an additional \$18.3 million to fully implement the remaining STEP-VA services.

Although not funded by DBHDS, the CSB Behavioral Health (BH) employment and day services provides critical employment services and psychosocial rehabilitation services, which are vital to meeting the STEP-VA mandates. In FY 2020, individual supported employment services were provided to 879 persons with seven (7) persons receiving group supported services. The CSB also directly operates an intense psychosocial rehabilitation program with a high staff to client ratio called the Community Readiness and Support Program (CRSP) by which 43 persons received services in FY 2020. During the year, it was decided to transition the CRSP program to contract with Psychiatric Rehabilitation Services, Inc. (PRS) called Recovery Academy. PRS services were received by 206 persons in FY 2020.

During FY 2020 the peer workforce has stabilized and grown. Turnover rates have decreased dramatically through the implementation of group supervisions, enhanced trainings, and regular consultation with supervisors. The first Peer Specialist Supervisor position was established, overseeing peer specialists in the Striving to Achieve Recovery (STAR) program at the Adult Detention Center.

Peer Specialists now work in eighteen CSB programs. Programs with new peer support services include Medication Assisted Treatment clinics, New Horizons, Crossroads and Detox/ Substance Abuse Outreach Monitoring and Engagement (SOME) unit. The Peer Overdose Response Team (PORT) began taking referrals and served 40 individuals with recent overdose or at high risk of overdose. Following the conclusion of a federal grant, the BeWell Health Integration Peer Specialist program was sustained by the CSB in partnership with PRS and continues to offer Peer Health Coaching to the CSB's clients. In adapting to the COVID-19 environment, the Wellness & Recovery Centers began operating a "virtual center" with groups and a warmline. (Warmlines provide early intervention with emotional support that can prevent a crisis. The lines are typically free, confidential peer-support services staffed by volunteers or paid employees who have experienced mental health conditions themselves.)



The biennial budget passed by the General Assembly in March included \$49.9 million for the continued phased implementation of STEP-VA. However, the Governor's updated budget in response to the COVID-19 pandemic froze this new spending and this funding will likely remain unallotted at the conclusion of the August General Assembly Special Session. While positive steps were taken in 2020 to no longer require implementation of the services without an appropriation, at no point during the three years of STEP-VA implementation has DBHDS provided adequate funding to CSBs for the already initiated steps. The CSB Board will continue to advocate for funding for any required mandates. While the CSB will continue working to help ensure the state's goal of increasing services at the community level, this should be achieved without shifting funding burdens to local governments.

## **STATE PSYCHIATRIC HOSPITAL BED CRISIS**

The state psychiatric hospital bed crisis continues to challenge our system of care. Northern Virginia has a slightly lower state hospital bed usage than other areas of the Commonwealth and a significantly lower state hospital bed usage when factoring in population size. Despite Northern Virginia representing 28 percent of the population of the Commonwealth, in FY 2020 the region only used 6 percent of adult state hospital bed days and 3 percent of older adult state hospital bed days.

For the past few years, Northern Virginia has been working to increase Temporary Detention Orders (TDOs) acceptance rates at our private hospital partner facilities and to decrease TDOs to our state hospitals. This goal was met in FY 2020, as TDO acceptance rates increased in five of our local private hospitals and decreased by up to 22 percent in our three state hospitals. Northern Virginia was the only region in the Commonwealth to achieve this goal.

The early stages of COVID-19 were marked by a significant decline in acute care admissions. However, in May, this trend reversed course with a profound exacerbation of the hospital bed crisis for adults. This is reflected in the Northern Virginia Mental Health Institute average occupancy in April of 81 percent which increased to 100 percent in late July and August.

DBHDS has implemented an "admissions decision tree" which prohibits admissions of individuals who test positive for COVID-19 to any state facilities. Our local private hospitals are being forced to admit individuals who need psychiatric treatment but test positive for COVID-19 (even those who are asymptomatic) to medical units. On these units, they receive limited psychiatric consultation, rendering them unable to participate in any of the groups that are the paramount mode of inpatient psychiatric treatment. The CSB discharge planning team has been working diligently to expedite state hospital discharges for individuals who have clinically stabilized and are appropriate for the community continuum of care.

Despite the COVID-19 impact on community providers, the Fairfax-Falls Church CSB discharge planning team has successfully discharged 214 individuals from state psychiatric hospitals over the past four months. In FY 2020, adults represented 86 percent of all Temporary Detention Orders – the greatest use of acute inpatient hospital treatment.

Our greatest need is for a state plan to ensure that individuals in need of acute inpatient behavioral health care who test positive for COVID-19 are still able to receive these critical services.

## HEROIN AND OPIOID EPIDEMIC

In Fairfax County, opioid deaths increased substantially, going from 40 in 2013 to 114 in 2017, followed by a decline to 83 in 2018 and 82 in 2019. More than 80 percent (67) of the fatal opioid overdoses in 2019 involved fentanyl. Though progress has been made in addressing the opioid epidemic in recent years, adequate resources and innovative strategies are needed now more than ever. Hospitals in the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church) reported a 36 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) from January to June 2020 compared to the same period in 2019, providing an early indicator that the opioid epidemic continues to profoundly impact Fairfax County amidst the COVID-19 pandemic.

CSB continues to prioritize combatting the opioid epidemic through its prevention and treatment programs, extensive community education efforts and newly adapted services during the pandemic. In FY 2020, the CSB provided assessment and treatment services to over 1,500 individuals with a history of opioid use. In FY 2020, the Addiction Medicine Clinic (AMC) at Merrifield Center offered medication-assisted detoxification services and substance use disorder treatment to over 400 individuals. The services are provided in an outpatient setting and allow individuals to remain in their community throughout treatment. During FY 2020 the CSB was able to expand its outpatient substance use disorder services and provided intensive outpatient and outpatient treatment services to 488 adults and 157 youth.

The CSB's Wellness, Health Promotion and Prevention (WHPP) team has continued to offer REVIVE!, a training that teaches people how and when to administer naloxone to reverse a heroin/opioid overdose. Trainings were shifted to a virtual platform to ensure that this important initiative has continued during the pandemic. The training is delivered in Spanish and English. In FY 2020, the total number of individuals trained in REVIVE! was 584 and there were 148 Naloxone dispensed. As of January 2020, any resident of Fairfax County and Cities of Fairfax and Falls Church is provided free Naloxone, if interested, upon completion of a REVIVE! training. With the training being delivered virtually, participants are mailed their REVIVE! kit, including Naloxone. Since the program's inception, more than 3,300 individuals have taken REVIVE! training.

In addition, public service announcements (PSAs) focused on opioid medication safety were developed by the WHPP team and supported with State Opioid Response (SOR) funding. The PSAs aired in English and Spanish in March and April of 2020. These PSAs highlighted that opioid addiction could occur in as little as three days and encouraged viewers to ask their physician or dentist for a shorter prescription or alternative pain medication. The PSAs directed individuals to the CSB's website with more information about heroin and opioids. There were 65,377 impressions and the digital content was delivered 20,130 times with nearly 98 percent impressions viewed in full.

The CSB continues to promote the free, confidential, and online mental health screenings. There are 13 screening options. In FY 2020, 1,718 individuals from Fairfax County took one of the screenings. In January of 2020, a new opioid screening was added to the portfolio of available screening options.

The CSB continues to manage the Fairfax Prevention Coalition (FPC), which had its year anniversary in April of 2020. The FPC meets the second Wednesday of every month. Meetings are now held virtually. In the last quarter of FY 2020, the FPC launched a virtual summer training series with Officer Jermaine

Galloway on drug trends, opioid trends, alcohol, and other drugs to include nicotine and marijuana concentrates.

In FY 2020, the public education campaign which launched in May 2019 expanded its reach. The #CouldBeYou campaign acknowledges that there is no “typical” user of opioids as we see overdoses and deaths occurring in all age groups, among men and women, across all socio-economic groups and in all areas of the county. This opioid awareness ad campaign included social media, ads in lobbies and as part of the pre-roll videos at movie theaters, posters on Fairfax Connector buses and bus shelters, and in County facilities. During the winter campaign (November 15, 2019 through February 3, 2020), the ads were viewed 8.5 million times by approximately 1 million people, which exceeds the 3.7 million impressions and 675,418 people from the past two campaigns combined. The campaign is coordinated by the Fairfax County Opioid and Substance Abuse Task Force and made possible through generous funding from the Fairfax County Board of Supervisors.

The Fairfax County CSB Detox Center had over 975 client admissions for residential detoxification services during FY 2020, despite census reductions that were necessary to allow social distancing during the COVID-19 pandemic. Contracts with local hospitals were used to help reduce the waiting list, however the demand for medication assisted detox services continues to be greater than the program’s capacity to provide this essential service. In FY 2020, the center maintained a medical detox waiting list of 16 clients, on average, with a typical wait time for admission of 3 – 6 days.

Individuals are provided opportunities to go bed-to-bed from Detox into the appropriate residential treatment program. While Detox continued to admit opioid users that presented for care, many were self-referrals and referrals from outside of the agency.

During FY 2020 the CSB provided residential substance abuse treatment services to 377 individuals. CSB continues to prioritize combatting the opioid epidemic through treatment programs and extensive community education efforts. In FY 2020, behavioral health adult outpatient services program provided case management and treatment to 330 individuals with a history of opioid use, including those with co-occurring mental health disorders. With the onslaught of the COVID-19 pandemic, intensive outpatient substance abuse and co-occurring disorder treatment services were quickly adapted to a telehealth platform across behavioral health outpatient sites.

Clinicians, keenly attuned to the overlay that the COVID-19 pandemic places upon those struggling with addiction issues, provided significant outreach and support to those in need at first via telephone and then via tele-video software such as Zoom as soon as possible. They also provided resources to support recovery such as online 12-step meetings, information regarding warmlines, connections to coordinated service planning for help with basic needs. They also worked to obtain free telephones and internet services, provided educational resources about COVID-19, and assisted in getting COVID-19 testing as needed. The clinicians have continued to reinforce the importance of staying connected to existing support systems. Additionally, when needed, clinicians assisted in getting individuals into the Detox Center and to the Addiction Medication Clinic for Suboxone.

Individual and group sessions were provided to those in need for up to 15 hours a week via telehealth, as well as ongoing phone calls to those without access to technology. The CSB’s Merrifield Center also offers an intensive substance outpatient substance abuse treatment track dedicated to the treatment of those with opiate addictions called CORE (Coordinating Opioid-Recovery and Empowerment), although opioid treatment is also provided throughout the array of intensive outpatient treatment programming

across sites.

## **MEDICAID**

By January 2020, a year after Medicaid expansion took effect, more than 375,000 people gained coverage under expanded eligibility in the Commonwealth. Our CSB continues its efforts to enroll individuals in Medicaid to ensure they have access to this vital resource. In FY 2020, over 2,100 newly eligible CSB consumers were enrolled in Medicaid. Additionally, the number of individuals with no insurance reported decreased from 27 percent at the beginning of FY 2019 to 15 percent at the end of FY 2020. At the end of FY 2020, 69 percent of individuals were enrolled in Medicaid, an increase from 50 percent in FY 2018. The CSB implemented a new collaboration with the Department of Family Services (DFS) during FY 2020 resulting in additional support during COVID-19.

The CSB is also dealing with ongoing fiscal and revenue challenges because of the reduction in state general funds related to Medicaid expansion. After Medicaid expansion, state general fund dollars to CSBs were cut with the expectation that CSBs could replace these dollars with Medicaid reimbursements. The CSB received a \$4.3 million reduction in funding from DBHDS.

The CSB has increased the amount of billing revenue from Medicaid from \$12.7 million in FY 2019 to \$15 million in FY 2020. The revenue will increase further during FY 2021, as the CSB will begin billing additional services under Addiction Recovery and Treatment Services (ARTS). The CSB still anticipates it will not meet the \$4.3 million target set by DBHDS. A member of the DBHDS financial leadership team has acknowledged their own projections shows the CSB cannot make up the \$4.3 million reduction.

During FY 2020 the CSB implemented enhanced identification monitoring and improvements to our claims billing process. Our goal is to maximize variable revenue to offset the reduction in funding from DBHDS due to Medicaid expansion. Specifically, this included identifying and billing for services that were not previously billed. As a result, our FY 2020 variable revenue increased 12 percent over FY 2019.

## **DIVERSION FIRST**

Throughout FY 2020, CSB continued working to offer alternatives to incarceration for people with mental illness, developmental disabilities and co-occurring substance use disorders who encounter the criminal justice system for low-level offenses. These efforts are possible because of county investments in diversion programs and ongoing county partnerships between the CSB, court services, law enforcement, fire department and the community. Since January 2016, more than 1,900 people have been diverted from potential arrest to assessment, treatment, and support.

During FY 2020, 415 individuals were diverted from potential arrest to the Merrifield Crisis Response Center (MCRC). Law enforcement transported a total of 2,193 individuals to the MCRC, of which 1,627 were under an emergency custody order and 566 were voluntary transports. The Community Response Team (CRT), a co-responder team, served more than 240 individuals who are super utilizers of public safety services. Super utilizers generally have chronic and complex health problems and make up a small percentage of the U.S. population, yet account for nearly 50 percent of health care costs. In the past year, the CRT has significantly expanded their collaboration with community partners, including hospitals such as Inova Health System Emergency Departments. This collaboration has allowed the CRT to improve care coordination for individuals who frequently cycle through hospital emergency

departments and jail.

The CRT has also worked with the Department of Information Technology (DIT) to build a data system to better coordinate referrals and data tracking across public safety agencies. Additionally, the MCRC received a grant from DBHDS and is partnering with Neighborhood Health to launch medical assessment/clearance at the MCRC for individuals who need inpatient hospitalization or crisis stabilization admission. This partnership is the result of a multi-year effort. Onsite medical clearance will reduce the time individuals and law enforcement spend in emergency departments; increase the number of individuals who are connected to follow up care; reduce potential injuries to the individual and law enforcement; and reduce costs by providing this services in a non-emergency department setting.

During FY 2020, the CSB continued to support the specialty courts which grew to serve 14 people in the Mental Health Docket, 18 in the Veterans Treatment Docket and 18 in the Drug Court. Many participants have graduated these programs and many more have been referred and accepted. These dockets provide a critical opportunity to work in partnership with the courts in diverting individuals into treatment and away from the criminal justice system. In collaboration with the Fairfax County Sheriff's Office, the CSB has supported initiatives to connect individuals with an Opioid Use Disorder to Medication Assisted Treatment, to include Suboxone, while incarcerated. The CSB is providing Adult Detention Center (ADC) based treatment support and connections to community-based care upon release in partnership with the CSB's Addiction Medicine Clinic. Efforts to effectively identify individuals at the ADC who have mental health needs have led to a steady increase in referrals to the CSB's ADC based team for treatment services, overall there has been a 54.7 percent increase since 2015 and an 8 percent increase in the past year.

In November 2019, Fairfax County was named an Innovator County by the national Stepping Up Initiative for its expertise in collecting baseline data on the number of people in its jail who have mental illnesses. Currently, Fairfax County is one of only 21 counties in the country that have been recognized as an Innovator County. These jurisdictions use the Stepping Up approach to collect and analyze timely data on the prevalence of people in their jails who have serious mental illnesses.

In August 2019, a group of approximately 50 county and community partners came together for a 1 ½ day Sequential Intercept Model mapping workshop to address methods to reduce criminalization of people with mental illness. Participants reviewed best practices, local services, resources, and opportunities to further prevent interaction and/or deeper involvement in the criminal justice system. Through this workshop, priorities were identified to address community gaps, with a focus on leveraging existing resources, enhancing service linkages, and improving outcomes. Identified priorities included the need to continue to bolster efforts to intervene and connect individuals to services and support before a crisis begins or at the earliest possible stage of system interaction. While Fairfax County has some existing Intercept 0 services (e.g. Mobile Crisis Unit, Community Response Team), needs in the areas include increase community outreach, greater awareness of existing services and increased capacity for 24/7 crisis service response services. Other priorities identified included reentry and community services such as housing and peer supports and other pre/post release services and supports. Work is currently underway to address these priorities.

## **DEVELOPMENTAL DISABILITIES (DD) SERVICES**

The support coordination team is grateful to the Fairfax County Board of Supervisors for maintaining

monies in the budget to assist with the 113 new waiver slots allocated to Fairfax-Falls Church for FY 2021. This will allow us to serve the additional individuals.

During FY 2020, CSB support coordination services continued to serve over 4,800 individuals with developmental disabilities in an equitable and sustainable manner. The five support coordinator positions created for FY 2020 supported the 139 new Medicaid waiver slots allocated by Virginia's General Assembly, allowing us to maintain caseload numbers, provide more targeted support to the more than 2,580 individuals on the DD waiver waitlist and ensure the individual's health and safety during a pandemic. With the U.S. Department of Justice Settlement Agreement (DOJSA) deadline quickly approaching, the scope and complexity of the demands placed on support coordinators continues to expand.

Employment and Day programs served more than 1,550 persons with developmental disabilities. Services included Day Support, Sheltered Employment, Group Supported Employment, and Individual Supported Employment. Approximately 170 persons also received transportation services. Services were provided by contracted private providers in the Northern Virginia community. Nearly 30 different programs were utilized. The services and programs were well received with an overall 90 percent satisfaction rate. Services afforded persons either compensated employment or a meaningful day activity and the opportunity to economically participate in our community. In fiscal 2019, persons in the programs collectively earned over \$5.3 million through their employment. Earnings for FY 2020 should be similar adjusted for the time people were unable to work due to COVID-19 closures. All the contracted developmental disability employment and day programs closed in mid-March due to the COVID-19 pandemic. Some individuals continued to work through this time with planned supports in place. Re-opening plans are being developed for the fall of 2020. The expansion of self-directed services has continued. The number of individuals served through self-directed employment services increased from 144 in FY 2019 to 162 in FY 2020.

## **CSB Business Operations and Personnel**

### **HEALTH CARE COMPLIANCE**

The CSB's compliance program is focused on preventing, detecting, and correcting ethical and regulatory problems. With the implementation of managed care and the DOJSA with Virginia, the CSB is seeing a heightened focus on outcomes, quality of care, chronic disease management, new mandates, and access to services. The compliance team has staff that directly support employees in the field as they navigate regulations and requirements. A staff works from Pennino to provide targeted reviews of current risk areas. The CSB's executive leadership team and CSB Board Compliance Committee have regularly met to review and correct agencywide compliance issues. Since COVID-19, CSB Board Committee meetings have not convened. To enhance compliance efforts the CSB has implemented a software tool, ComplyTrack, which tracks various compliance requirements.

### **INFORMATICS AND ELECTRONIC HEALTH CARE RECORD**

The CSB secured its present electronic health care record (EHR) system, Credible, in 2011. During FY 2020 the CSB refined its future health care record needs. It is anticipated that the CSB will pursue acquiring a new electronic health care record system or updating the contract of its existing health care record system in FY 2021.

In June of 2019, Credible, suffered a significant hardware problem which led to ongoing EHR performance issues for the next six months. Credible has improved its performance and platform stability, but the CSB is working hard to get ongoing timely information saved to a County computer storage site.

## HUMAN RESOURCES

There is a nationwide shortage of qualified behavioral health care professionals. Most of our clinical positions, including nursing, behavioral health, developmental disabilities, and substance use disorders, require mandated specialty degrees, certifications, and licensure, as determined by ever-evolving state laws and licensing requirements. Those requirements mean that most health care related employers in our area are competing for this same group of qualified candidates. In addition, an aging population, increasing patient needs, coupled with an aging workforce and projected retirements means we may anticipate some staffing shortages ahead. Strategic recruitment efforts will remain critical to attract qualified talent, but equally important will be how we ensure retention of existing talent. To promote career opportunities within the CSB, throughout FY 2020 the CSB's HR program expanded its strategic recruitment, sourcing, and outreach efforts to include:

- Participation in the County's pilot program using "LinkedIn Recruiter"
  - Developed and sponsored content ads targeting audiences who met specific qualifications required for several of our hard-to-fill positions.
  - Resulted in stronger applicant pools and at least one hire, that we are aware of, our CSB Deputy Director for Administrative Operations.
- Connecting with university students majoring in health-related fields by participating in career fairs at
  - Marymount University (April)
  - George Mason University (April)
  - James Madison University (JMU) Employer Drive-In Conference (August)
  - NAAAP-DC Diversity Job Fair (October)
  - University of Mary Washington (October)
  - Longwood University (November)
  - Liberty University Nursing Career Fair (February)
- Partnering with DHR to host an all-day event for a group of JMU students majoring in social work and psychology.
  - DHR and the CSB presented an overview of the benefits of working for Fairfax County Government and specific information about career opportunities with the CSB.
  - A tour of the Merrifield Center was also conducted and included members of the CSB's executive and senior leadership teams.
- Facilitating Realistic Job Previews (RJP) for Diversion & Jail-Based Services and Support Coordination Services.
  - Updated the Careers page to include employee spotlights and videos highlighting some of our service areas and related career opportunities.

Despite these efforts the CSB continues to struggle with identifying enough qualified professionals to meet the service needs of the agency.

## **ONE FAIRFAX**

Highlights of initiatives include launching a webinar series focusing on mental health in the Black community, development of an equity primer to be used in CSB staff training, planning for an upcoming CSB survey of staff (focusing on how systemic racism impacts staff and their work) and continuing to analyze workforce equity issues in recruitment and professional opportunities to increase diversity.

While it is difficult to plan for every contingency, especially in a COVID-19 world, the CSB is committed to providing services and keeping those we serve and our staff safe. As the world moves from response to recovery, we have a responsibility to continue serving our communities and tackle the problems we were committed to prior to the pandemic. We will continue to review our business practices such as our legacy systems and manual processes, to further streamline our efforts and increase overall efficiencies and effectiveness. The CSB is in the process of identifying a full-time position to focus on equity issues and develop an agencywide strategic plan on enhancing equitable services and workplace environment.

In summary, the CSB has a wide array of service and business operation challenges. Given the current changes in health care, it is expected this will be a continuing trend. We are grateful for the tremendous amount of local support, which allows the CSB to meet these challenges and serve the mental health, substance use and developmental disability needs of our community.