

CSB Fiscal Oversight Committee

Herrity Building, 12055 Government Center Parkway, Room 106
Fairfax, VA

November 12, 2020 at 4:00 p.m.

Live audio of the meeting may be accessed by dialing:
1-877-336-1829 and entering the Participant Access code 7703575

Meeting Agenda

<u>Agenda Item</u>	<u>Facilitator</u>
1. <u>Meeting Called to Order</u>	Jennifer Adeli
2. <u>Review of October 15th Meeting Minutes</u>	Jennifer Adeli
3. <u>Administrative Operations Report</u>	Michael Neff
4. <u>Clinical Operations Report</u> A. Time to Treatment	Lyn Tomlinson
5. <u>Financial Status</u> A. Modified Fund Statement/Fiscal Notes B. Variable Revenue Report	Jessica Burriss
6. <u>HR Update</u> A. Position Status	Michael Neff
7. <u>Open Discussion</u>	
8. <u>Adjourn</u>	

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CSB Fiscal Oversight Committee Meeting Minutes

Date: October 15, 2020

Members in Attendance:

In-Person: Chair, Jennifer Adeli; Karen Abraham; Andrew Scalise; Daniel Sherrange; and Sandra Slappey

Audio Bridge: Captain Derek DeGeare; Ken Garnes; and Bettina Lawton

Staff: Michael Neff, Jessica Burris, and Barbara Wadley-Young

1. Summary of Information Shared/Decisions:

The meeting was called to order at 4:00 p.m. Noting this is a resumption of this meeting after several months of cancelations due to the impact of COVID, Jennifer Adeli provided some guidance for attendee actions. It was noted that some members and staff were attending virtually via an audio bridge line. It was further noted that in an effort to assist audibility, attendees would temporarily remove their face masks when speaking. Ms. Adeli, acknowledging the number of new members and the substantial amount of information being provided, encouraged attendees to ask questions and for clarification as needed.

All in person attendees introduced themselves including name, affiliation, and background.

2. Review of meeting minutes

The February 25, 2020 meeting minutes were offered for review. Ms. Adeli, noting that of the members present, none were serving on the Committee in February, made a motion for approval. Dan Sherrange made a motion to approve the minutes as presented, which was seconded and approved.

3. Administrative Operations Report

Michael Neff directed attention to the Report provided in the meeting materials, providing an overview of the topics, highlights of which included:

- Mr. Neff clarified that more than 500 *new* clients were enrolled in Medicaid in September, further noting that since FY2018 with the expansion of VA Medicaid, there has been a consistent growth of approximately 10% in new Medicaid enrollments. Additionally, Mr. Neff confirmed that other billing sources include private insurance and some self-pay clients.
- Management of requirements for a new EHR (Electronic Health Record) include review and demonstration by technical and subject matter experts to obtain a comprehensive cost proposal. There is a goal to procure the system by the end of the calendar year. It was noted that reserve funding will be used.
- A significant number of new reports and requirements are being initiated monthly by DMAS (Department of Medical Assistance Services) and DBHDS (Department of Behavioral Health and Developmental Services) to include an expansion of services provided via telehealth in response to COVID.
- Mr. Neff confirmed that he is filling the vacant Human Resources Director position during the recruitment and hiring process.
- CSB intends to grow the MAX team by 2 to 3 additional staff over the next year.
- There is current legislation pending that proposes approval of service delivery through Telehealth removing the requirement of an originating site, considered a

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barrier to treatment. It was further noted that the use of DocuSign has broadened considerably including with CSB Human Resources and with VA Medicaid.

- Members and staff engaged in robust discussion.

4. Clinical Operations Report

In the absence of Lyn Tomlinson, Barbara Wadley-Young provided an update to clinical services, some highlights of which include:

- Approximately 50% of services are delivered via telework, telehealth, or a hybrid of the two. Mr. Neff clarified that the Emergency Order issued by Governor Northam included modifiers that broadened the definition of tele-services to include via phone or video conference that loosened restrictions on tele-health service delivery.
- It was clarified that time to treatment is actively tracked with reports provided to the Fiscal Committee as this information has been of particular interest to this committee. Additionally, Virginia CSBs are mandated by DBHDS to provide treatment within 10 business days of assessment.
- *Adult* wait times from August to September remain largely the same, noting the increase in assessments due to the hiring of several administrative staff.
- Noting the increase in wait times at Merrifield, it was clarified that this is due to significant (28%) clinical staff vacancies including staff on family medical leave and resignations. Efforts to reduce wait times include flexibility in service delivery hours, improved data management, and increased efforts to reduce the length of time in monitoring while waiting to start services.
- *Youth* wait times remain largely stable from August to September. It was clarified that the youth team is smaller and serves a smaller population, made even smaller with the impact of COVID and a reduction in referrals.
- Staff and members engaged in robust discussion including a request for additional information on CSB efforts to address staff vacancies and the impact to the vacancy break-even point. Acknowledging that the learning curve for new members is steep and lengthy, members were encouraged to reach out to Executive staff for further information as needed.

5. Financial Status

Jessica Burris provided an overview of the financial reports noting ongoing refinement to the current reports. Members were encouraged to request clarification or ask for further information as the reports are reviewed. Highlights included:

A. *Pay Period Metrics Report*

- It was clarified that this report provides current staffing numbers and expenses, confirming that it is closely monitored. Ms. Burris provided an overview of how merit position vacancies are a factor in the budget (Vacancy Breakeven Point). A brief overview of a recent budget realignment that transferred some operational savings to staff expenses (compensation and fringe) was also provided.
- Members requested that pay period dates be added to the Pay Period Metrics report to align the vacancy information with the HR Update, Fund 400, CSB Vacant General Merit Positions chart

CSB Fiscal Oversight Committee Meeting Minutes

B. *Modified Fund Statement*

- An overview of this statement was provided highlighting that the FY 2021 Projections reflect new budgetary reporting requirements in response to COVID.
- Noting the approximately \$100K increase in revenue (Actuals to Budget), it was noted that this is primarily attributable to an increase in residential fees, improved institutional billing and insurance billing correction, and substantial back-billing efforts.
- CSB staff and Committee members engaged in energetic discussion.

C. *Variable Revenue Report*

- Ms. Burris clarified that this report was developed to provide status reports related to the anticipated revenue shortfall in FY2020 of approximately \$4.4M related to Medicaid Expansion. Ms. Burris clarified that approximately \$1.1M was added back in FY2019 due to errors in the formula for Medicaid funding.
- Acknowledging the budget increase to accommodate the expected Medicaid shortfall in FY2020, it was noted that additional efforts to address the shortfall included anticipated revenue from ARTS (Addiction Recovery and Treatment Services) and other revenue maximization efforts.

6. Human Resources (HR) Update

Michael Neff provided the overview of the Human Resources update, noting that staffing is closely monitored by Executive leadership to identify and prioritize positions identified as well as those that are both hard to fill and retain. Barbara Wadley-Young further offered that new staff require an average of six months before full responsibilities can be assumed. Referring to the HR update chart included in the meeting materials, Mr. Neff noted minor changes to the vacancies from the last reporting period. Additional highlights included:

- A. The three categories of positions were clarified as 1) Fund 400 positions are Merit (with benefits), 2) Fund 500 are grant-funded Merit positions, and 3) are non-Merit with no benefits.
- B. Noting an average of 12 staff leave each month, this is primarily attributed to compensation and workload.
- C. The CSB Coordinator (Compliance & Risk Management) position is planned for assignment to assist with implementation of the new Electronic Health Record.
- D. A reminder was offered that the vacancies in Behavioral Health and Youth & Family Outpatient services impact the Time to Treatment reports.

7. Open Discussion

Dan Sherrange reported recent communication with Daryl Washington regarding CSB Board assistance with new initiatives including expanding capacity with crisis stabilization, implementation of a new PACT (Program of Assertive Community Treatment) team and increasing capacity of Substance Use Disorder (SUD) services.

Following presentation of the meeting packet, members were encouraged to review the materials and reach out to staff with any recommendations for revision or refinement of data

CSB Fiscal Oversight Committee Meeting Minutes

presented. Members requested that staff review current reports with a goal of presenting meaningful data to the committee as well as offer guidance for advocacy on matters of CSB interest.

Action Items/Responsible Party Required Prior to Next Meeting:

Staff to provide additional information on CSB efforts to address staff vacancies and the impact to operations.

Pay period dates will be added to the Pay Period Metrics Report for the November meeting to align the vacancy information with the Vacant General Merit Positions chart.

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Next Scheduled Fiscal Oversight Committee meeting

Thursday, November 18, 2020, 4:00 p.m.*

Herrity Building, 12055 Government Center Pkwy, Fairfax, VA

Room 122

** Second Thursday to accommodate the holidays.*

Date Approved

Clerk to the Board

CSB Fiscal Oversight Committee
November 9, 2020

Administrative Operations Report

The Administrative Operations areas (Finance, Informatics, Data Management, Compliance, Project Management (MAX), Human Resources and Administrative Operations/Facilities Management) has prioritized efforts for resolving any outstanding systems issues in preparation for the implementation of the new electronic health record (EHR) while continuing to support work on the COVID 19 pandemic response.

Administrative Operations/Facilities Management. The Admin Ops area continues to work closely with clinical staff to refine COVID 19 reengagement plans to ensure the services are delivered in person as necessary while clients and staff are safe. Administrative staff continue to use teleconferencing to obtain Medicaid benefits for clients and obtain consent for treatment and release of information forms.

Informatics is focusing on preparing for the EHR implementation paying particular attention to interfaces between the EHR and other systems. The second iteration of the system requirements document has been passed to the vendor and system demonstrations are being scheduled that will enable the CSB to obtain an accurate cost proposal. The CSB remains on track to procure a system by the end of the calendar year. Interviews for the Healthcare Systems Implementation Director, Behavioral Health will begin the week of November 30th.

Data Management (DM) continues to recruit for staff to fill vacant positions. Currently DM is working to complete budget reports for performance measure for DMB (Department of Management and Budget).

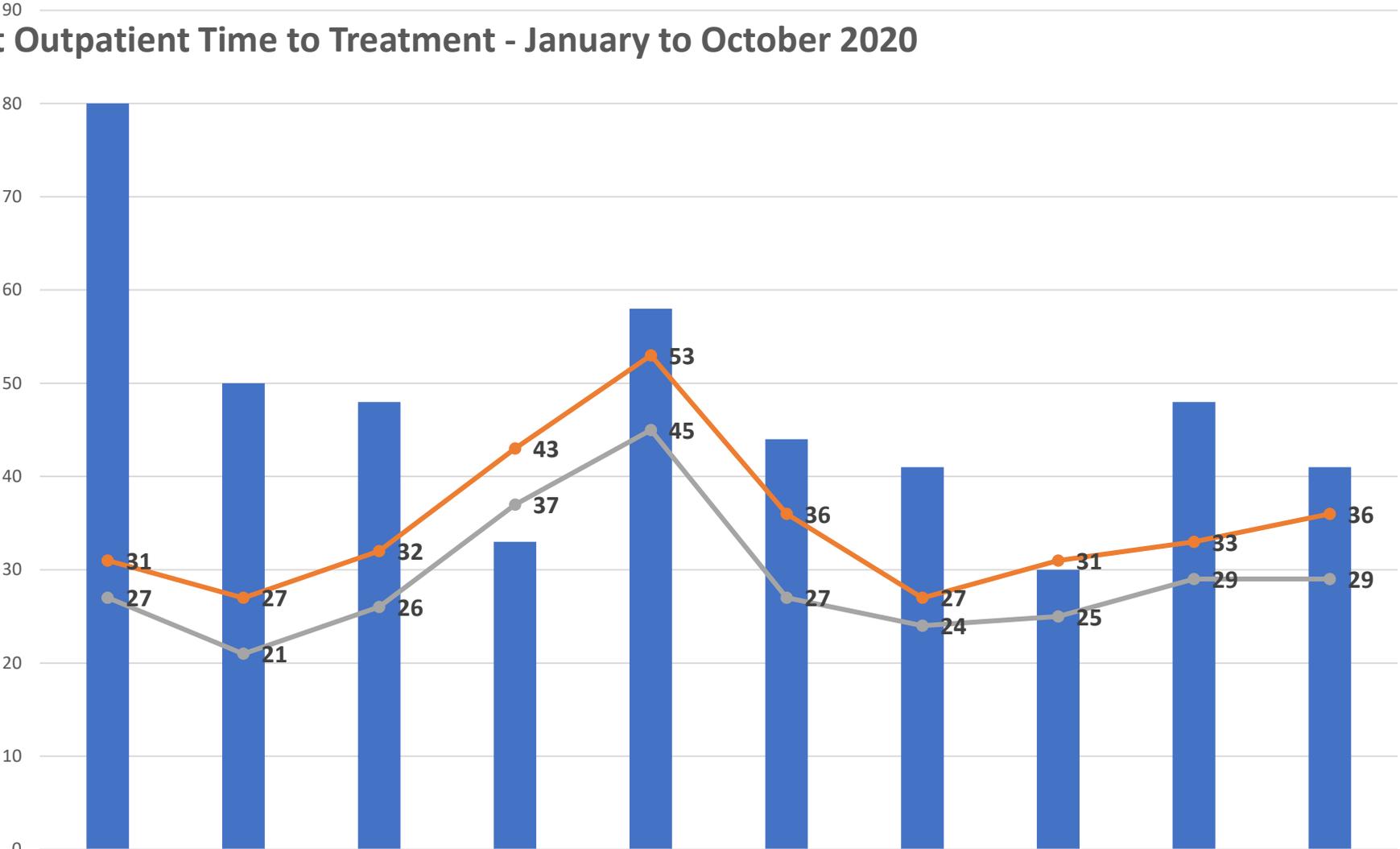
The *Finance* area continues to recruit to fill vacancies for its Revenue Management Team (RMT). The CSB has met with Optum Healthcare to explore participation in a value-based purchasing pilot. The pilot is all “upside” with a cost of care pre and post population entry to the measurement period forming a share saving pool. The cost of care saving pool measured by 5 HEDIS (Healthcare Effectiveness Data and Information Set) outcomes will offer the CSB a percentage of savings for the treatment population.

The *Compliance* area is working to document changes to regulation by (Department of Behavioral Health and Developmental Services) DBHDS (regulatory rewrites) and helping train staff on changes.

Human Resources (HR) continues to work with DHR (Department of Human Resources), DIT (Department of Information Technology) and CSB staff to roll out the State-mandated Virginia Occupational Safety and Health (VOSH) Daily Health Assessment. Carolyn Ford has been named the new HR Director and will oversee the implementation of the business partner model where HR Manager along with a support team, work with areas of the CSB.

The *Administrative Operations area MAX Team* has begun to prioritize projects that have an impact on the EHR implementation. The CSB Fee Schedule has been accepted as an informational item on the Board of Supervisors, December 1, 2020 meeting.

Adult Outpatient Time to Treatment - January to October 2020

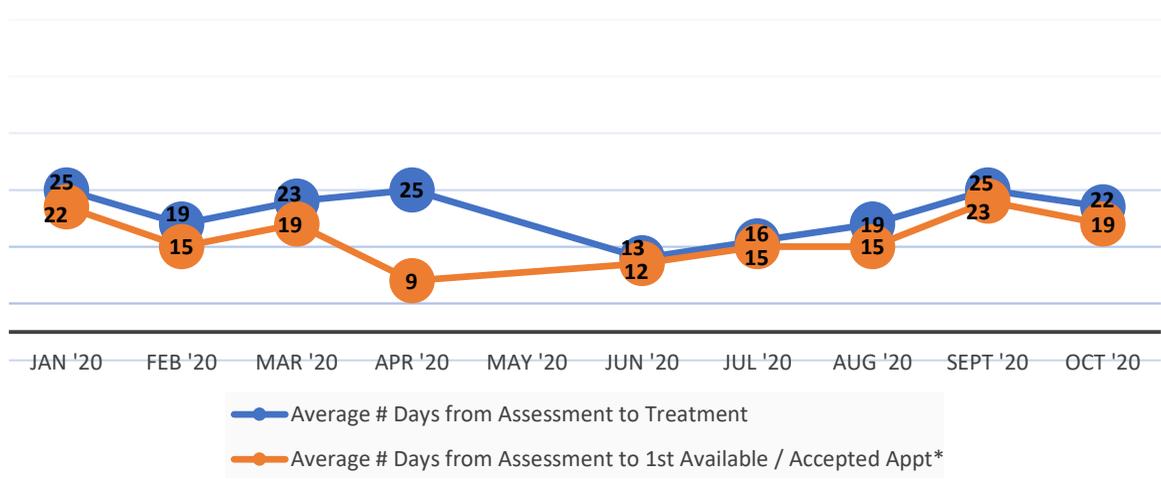


	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sept '20	Oct '20
# Adults Who Attended 1st Treatment Appt	80	50	48	33	58	44	41	30	48	41
Average # Days from Assessment to Treatment	31	27	32	43	53	36	27	31	33	36
Average # Days from Assessment to 1st Available / Accepted Appt*	27	21	26	37	45	27	24	25	29	29

*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

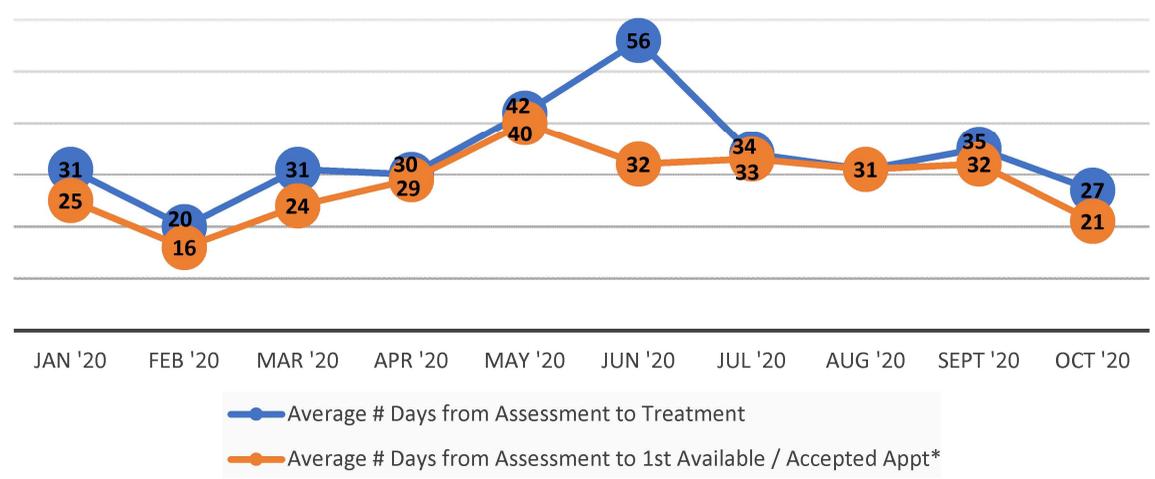
Adult Outpatient Time to Treatment - January to October 2020 by Site

Chantilly Average Time to Treatment



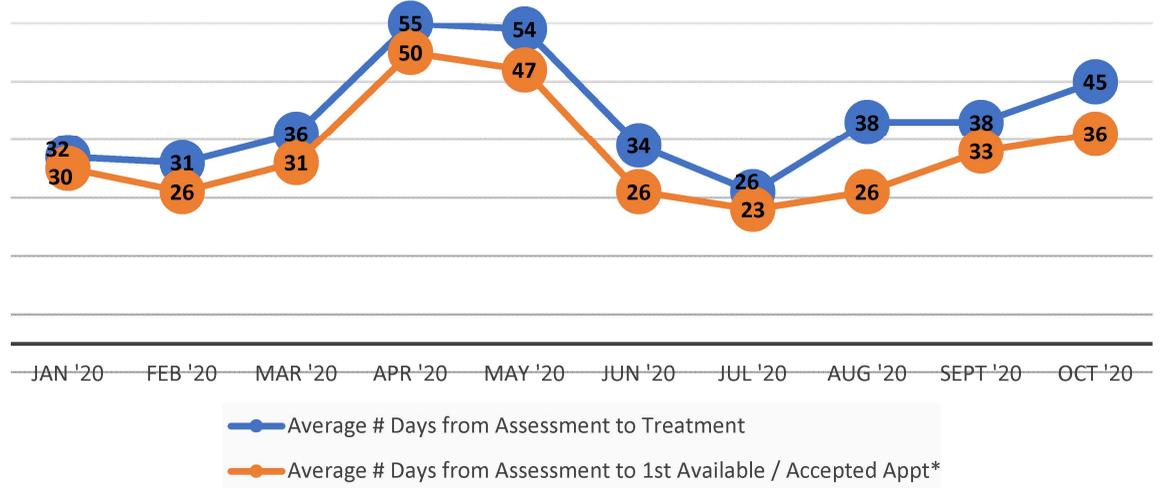
**there were no referrals from Entry & Referral that began services in May at Chantilly

Gartlan Average Time to Treatment

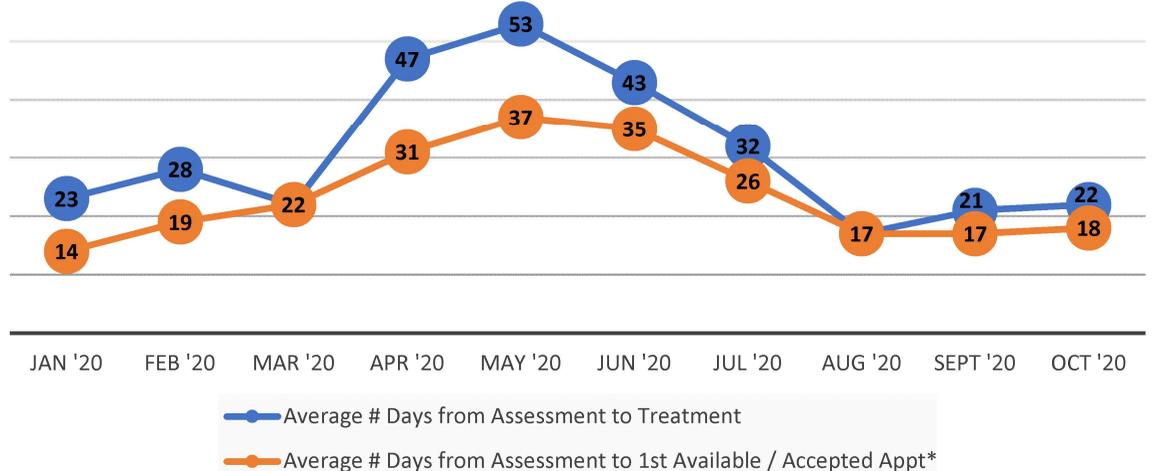


**time from Assessment to Orientation and 1st offered/accepted was the same for Aug '20

Merrifield Average Time to Treatment

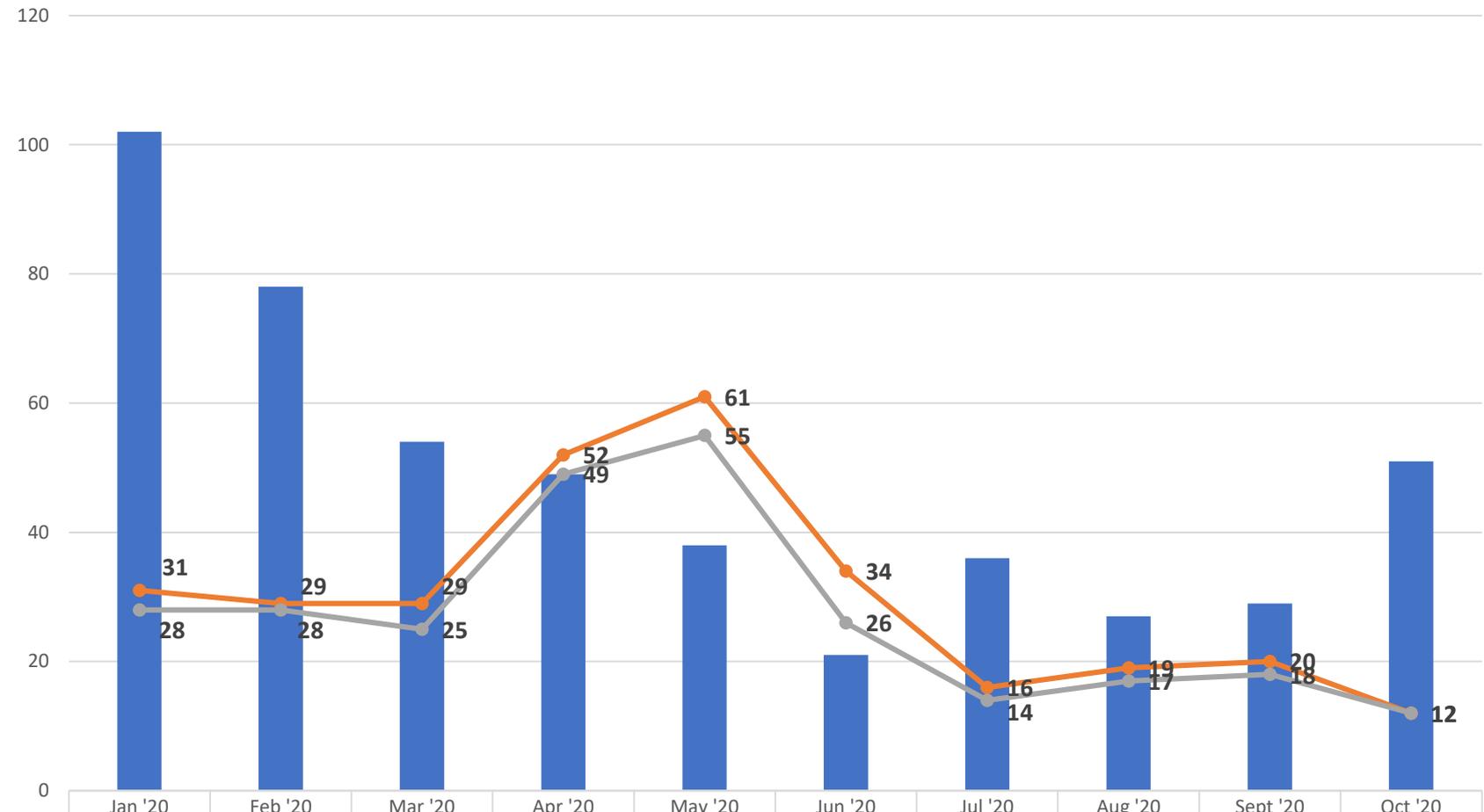


Reston Average Time to Treatment



**time from Assessment to Orientation and 1st offered/accepted was the same for Aug '20

Youth Outpatient Time to Treatment - January to October 2020

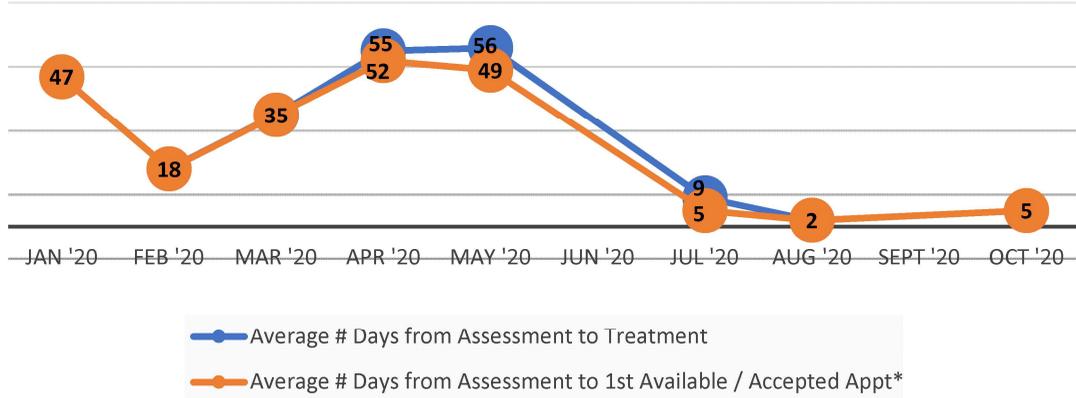


# Youth Who Attended 1st Treatment Appt	102	78	54	49	38	21	36	27	29	51
Average # Days from Assessment to Treatment	31	29	29	52	61	34	16	19	20	12
Average # Days from Assessment to 1st Available / Accepted Appt*	28	28	25	49	55	26	14	17	18	12

*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

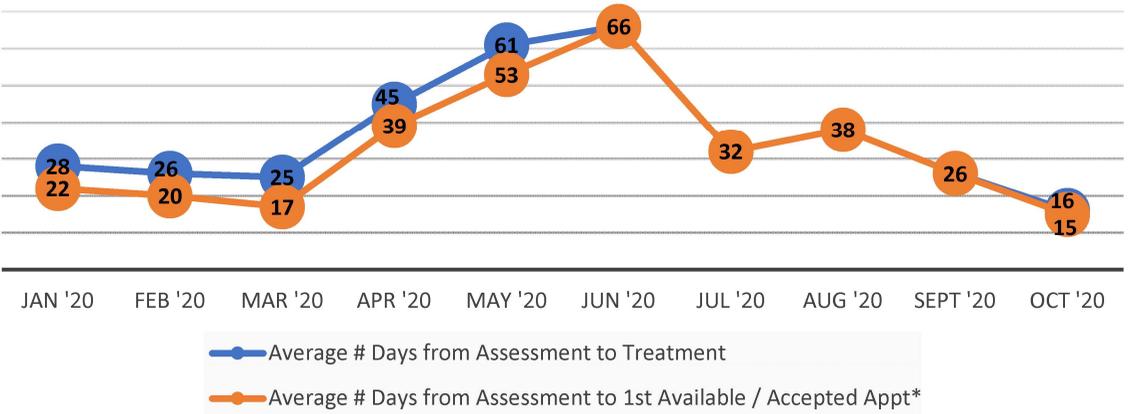
Youth Outpatient Time to Treatment - January to October 2020 by Site

Chantilly Average Time to Treatment



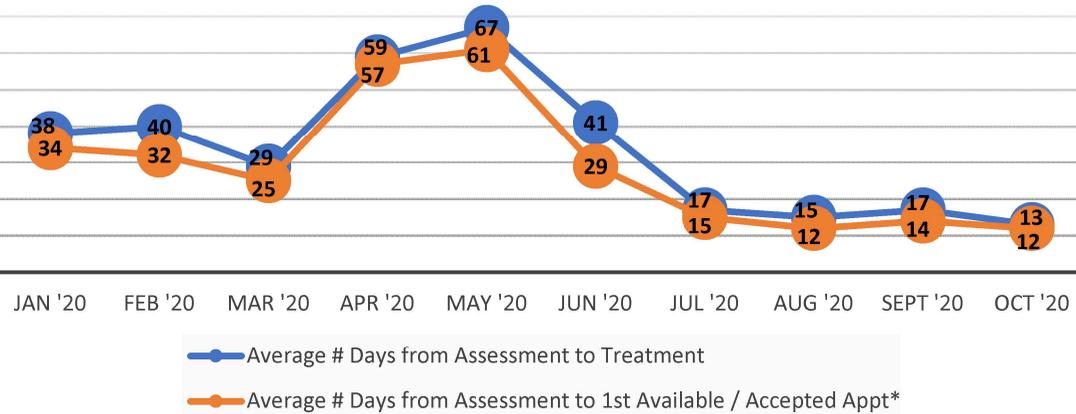
For Chantilly, average days from assessment to treatment AND average days from assessment to 1st available/accepted are the same for Jan - Mar 2020 , Aug '20 & Oct '20; For June '20 & Sept'20, no new clients received orientation @ Chantilly

South County Average Time to Treatment

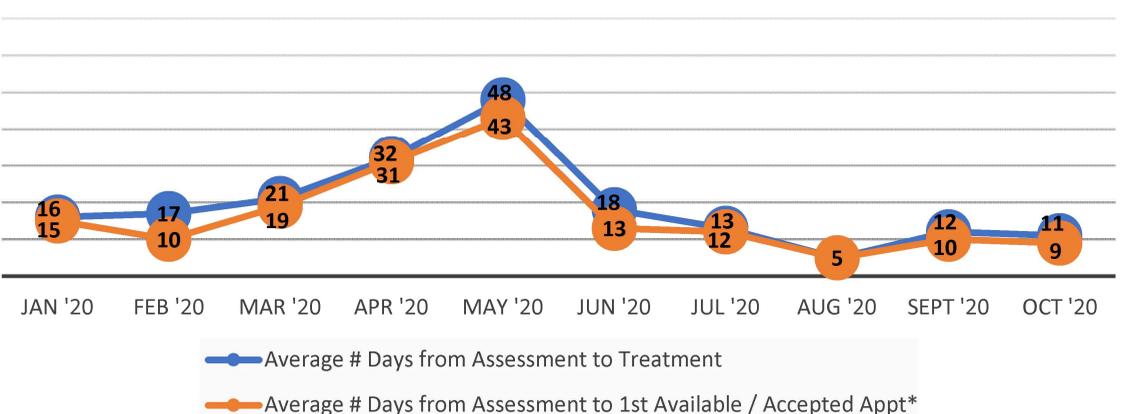


For South County, average days from assessment to treatment AND average days from assessment to 1st available/accepted is the same for Jun '20, Jul '20, Aug '20 & Sept '20

Merrifield Average Time to Treatment



Reston Average Time to Treatment

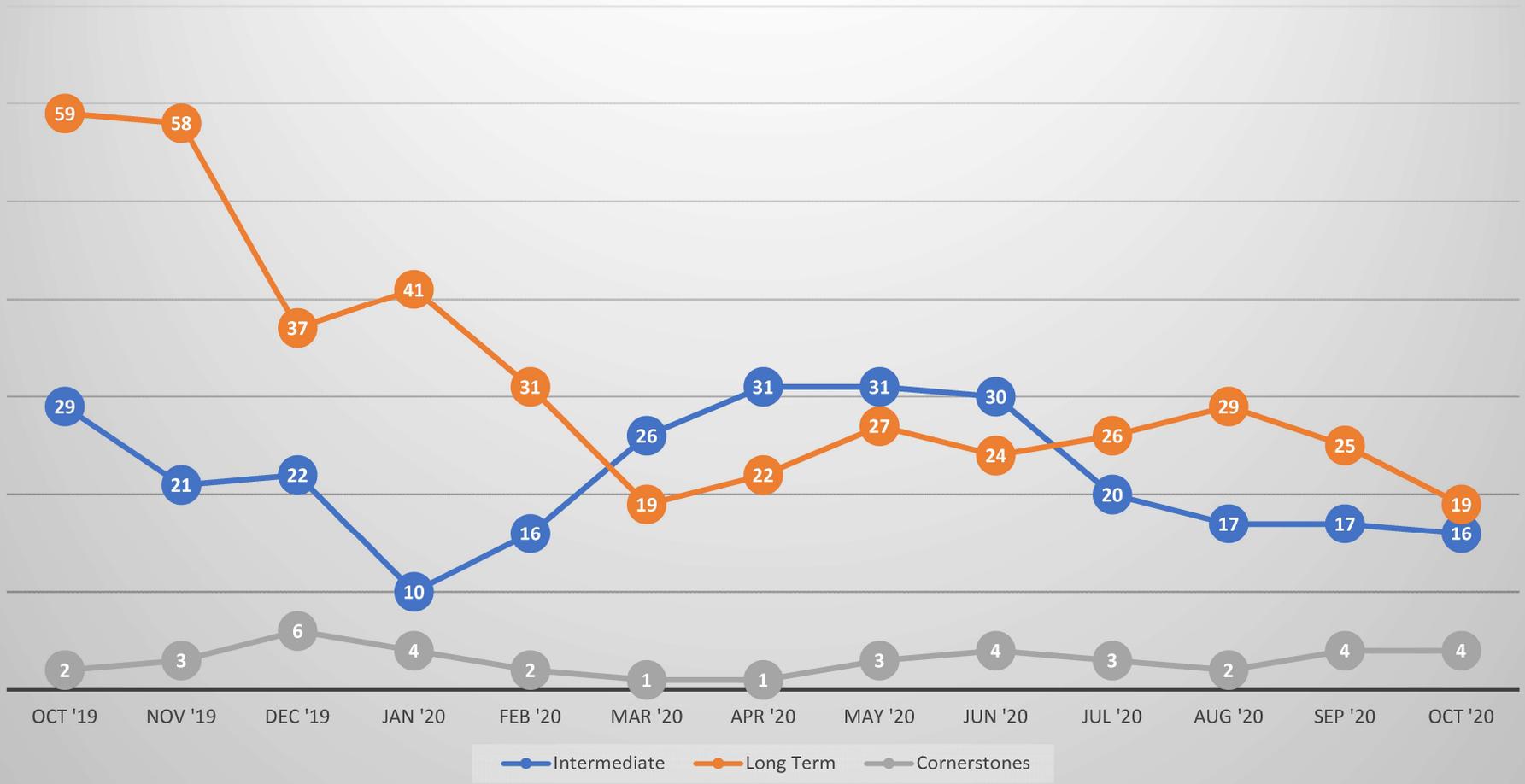


For Reston, average days from assessment to treatment AND average days from assessment to 1st available/accepted is the same for Aug'20

SUD Residential Waiting List

Individuals Waiting by Program Type

October 2019 - October 2020



Fairfax-Falls Church Community Services Board

Fund 40040

FY 2021

October

Statement

	FY 2021 Approved Budget	FY 2021 YTD Budget	FY 2021 Actuals Thru October 2020	Variance from YTD Budget	FY 2021 Projection
Beginning Balance (Est)	26,163,913				26,163,913
F Fairfax City	2,218,100	554,525	554,525	-	2,218,100
F Falls Church City	1,005,368	251,342	251,342	-	1,005,368
F State DBHDS ¹	7,527,316	2,509,105	2,718,279	209,174	7,527,316
F Federal Pass Thru SAPT Block Grant	4,053,659	1,351,220	1,556,092	204,872	4,053,659
V Direct Federal Food Stamps	154,982	51,661	12,583	(39,078)	154,982
V Program/Client Fees	3,994,251	1,331,417	1,505,765	174,348	4,264,942
V CSA	858,673	286,224	264,460	(21,765)	784,380
V Medicaid Option	12,518,068	4,172,689	2,507,423	(1,665,266)	8,022,735
V Medicaid Waiver	2,962,684	987,561	2,483,321	1,495,759	7,376,752
V Miscellaneous	14,100	4,700	44,704	40,004	178,815
Non-County Revenue	35,307,201	11,500,445	11,898,493	398,048	35,587,049
General Fund Transfer	147,554,569	147,554,569	147,554,569	-	147,554,569
Total Available	209,025,683	159,055,014	159,453,062	398,048	209,305,531
Compensation ²	84,104,115	29,112,963	23,362,723	5,750,240	84,080,124
Fringe Benefits ³	37,187,394	12,872,559	9,817,477	3,055,082	37,350,564
Operating ⁴	69,145,965	23,048,655	16,025,155	7,023,500	53,448,231
Recovered Cost (WPF0)	(1,738,980)	(579,660)	(120,221)	(459,439)	(1,738,980)
Capital	76,469	25,490	60,627	(35,137)	(35,137)
Transfer Out	1,500,000	1,500,000	1,500,000	-	1,500,000
Total Disbursements	190,274,963	65,980,007	50,645,761	15,334,246	174,604,803
Ending Balance	18,750,720				34,700,728
DD MW Redesign Reserve ⁵	2,500,000		2,500,000		2,500,000
Medicaid Replacement Reserve ⁶	2,800,000		2,800,000		2,800,000
Opioid Epidemic MAT Reserve ⁷	300,000		300,000		300,000
Diversion First Reserve ⁸	994,245		994,245		994,245
COVID Revenue Impact Reserve ⁹	2,000,000		2,000,000		2,000,000
Electronic Health Record Reserve ¹⁰	3,000,000		3,000,000		
Unreserved Balance	7,156,475				26,106,483

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.

FY 2021 Fiscal Notes

FY 2021 Year to Date Variances

Revenue – FY21 year-to-date non-county revenue is \$11.9M or \$398K better than budget due to:

- Variable revenue shortfall of approximately \$16K offset by surplus of fixed revenue (state/federal) related to timing and one-time funds received. The variable revenue shortfall is attributable to less than anticipated revenue for provided services. We continue to see the increase in variable revenue. This is attributable to ARTS residential services.

Expense – FY21 year-to-date expenditures are \$50.6M, or \$15.3M better than revised budget due to:

- Compensation and Fringe surplus of \$8.7M. This is predominantly due to the FY20 year-end payroll accrual reversal (this will self-correct by the end of the fiscal year).
- Operating surplus of \$6.5M. This is predominantly due to encumbered carryover as well as realignment that is still pending.

FY 2021 Forecast (as of September 2020)

Revenue – FY21 non-county revenue forecast of \$35.5M is \$234K better than annual budget due to:

- Variable revenue anticipated surplus. Although we have seen a decrease in services and revenue related to COVID, we have begun to realize regular revenue related to ARTS residential programs that is offsetting our revenue shortfall from COVID. The variable revenue has seen an increase month over month of approximately \$200K due to ARTS residential. Annualized, this would be approximately \$2M.

Expense – FY21 expenditures forecast of \$174.8M, or \$15.4M better than revised budget due to:

- Operating surplus of \$15.7M. This is predominantly due to lower than anticipated spending due to COVID and encumbered carryover, offset by planned spending for the EHR implementation. Currently, through Q1, we are spending an average of 73% of prior years (2019 and 2020) operating costs.

FY 2020 Carryover Approved

The following Carryover Items were approved:

- \$3,000,000 – Reserve established for electronic health record.
- \$2,000,000 – Reserve established lost revenue related to COVID-19.
- \$1,500,000 – Transferred for building improvements and renovations (Reston and Gartlan).
- \$250,000 - A reduction and appropriation of \$250,000 from the current reserve of \$1,244,245 for Diversion First. In FY 2020, the Community Services Board entered a multi-year contract with a community health provider to establish an onsite medical assessment program at the Merrifield Crisis Response Center (MCRC). While it was anticipated that onsite medical assessment/clearance would be set up and implemented in FY 2020, a change in medical providers, along with the COVID pandemic delayed this effort. Planning is now on track for FY21.

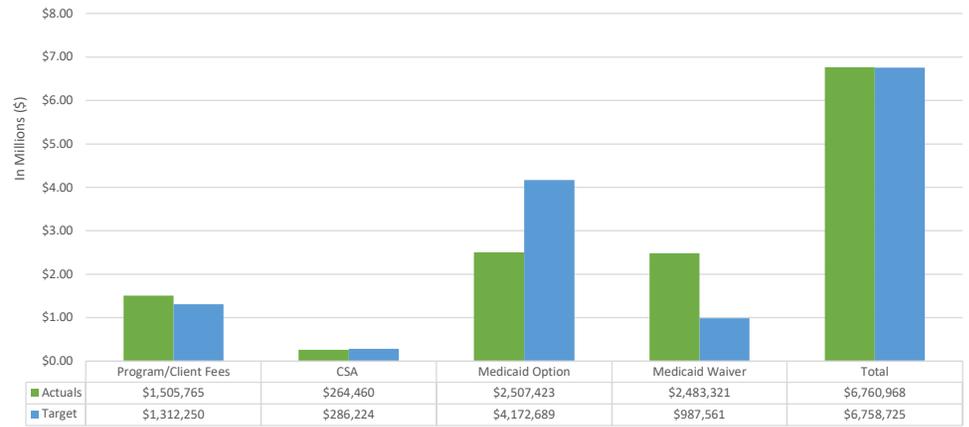
FY21 October YTD Revenue Analysis

Variable Revenue by Month
FY21
Actuals vs. Target



*Adjusted 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 – November 6, 2020**

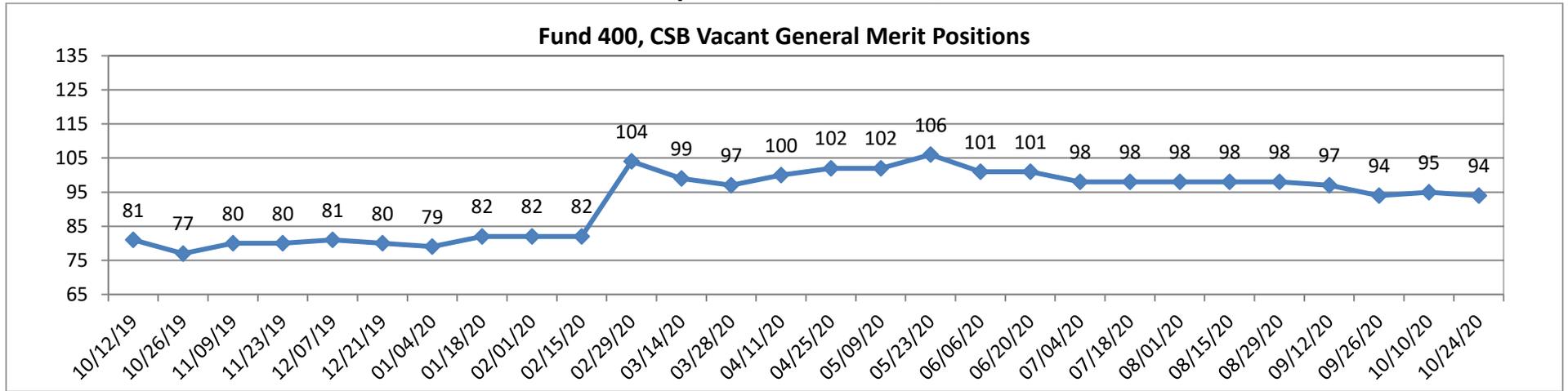


Figure 1: Increase in February 2020 reflects 24 non-merit conversions

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

Service area / program	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	October		November	
												Count	Details	Count	Details
Emergency Svcs/MCU	2	2	3	5	6	5	6	5	3	3	3	3	2 CIS	2	2 CIS
													1 Peer Support Spec		
Behavioral Health – Outpatient Svcs	10	5	6	6	13	13	13	15	16	14	13	11	8 BHS II	7	3 BHS II
													1 BH Sr. Clin		2 BH Sr. Clin
													1 BHN Clin/Case Mgr.		1 BHN Clin/Case Mgr.
													1 LPN		1 LPN
Youth & Family – Outpatient Svcs	2	2	2	3	5	6	6	6	6	4	3	4	2 BH Sr. Clin	4	2 BH Sr. Clin
													2 BHS II		2 BHS II
Support Coordination	21	23	24	25	19	16	18	15	11	11	10	8	8 DDS II	10	10 DDS II
ADC/ Jail Diversion	11	11	12	10	8	8	5	4	6	7	9	9	7 BHS II	8	6 BHS II
													1 BH Sup.		1 BH Sr. Clin
													1 BH Mgr.		1 BH Mgr.
													1 Mgmt. Analyst II		1 Mgmt. Analyst II