



# Community Services Board

## **FAIRFAX-FALLS CHURCH CSB BOARD MEETING**

**Bettina Lawton, Chair**

**Wednesday, February 24, 2021, 5:00 p.m.**

Will be held electronically due to the COVID-19 pandemic

**Live audio of the meeting may be accessed by dialing:**

**1-866-434-5269 and entering the Participant Access Code 3743216 #**

- |  |                  |           |
|--|------------------|-----------|
| <b>1. Meeting Called to Order</b>  | Bettina Lawton   | 5:00 p.m. |
| <b>2. Roll Call and Audibility</b>   | Bettina Lawton   |           |
| <b>3. Preliminary Motions</b>  | Bettina Lawton   |           |
| <b>4. Matters of the Public</b>  | Bettina Lawton   |           |
| <b>5. Amendments to the Meeting Agenda</b>   | Bettina Lawton   |           |
| <b>6. Approval of the January 27, 2021 CSB Board Meeting Draft Minutes</b>   | Bettina Lawton   |           |
| <b>7. Staff Presentation</b>   |                  |           |
| A. Youth & Family Services   | Jim Gillespie    |           |
| <b>8. Director's Report</b>  | Daryl Washington |           |
| A. Services Update   |                  |           |
| B. COVID-19 Update   |                  |           |
| C. Other Updates   |                  |           |
| <b>9. Matters of the Board</b>   |                  |           |
| <b>10. Action Item</b>   |                  |           |
| A. CSB Board Officer Appointment   | Bettina Lawton   |           |
| <b>11. Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).</b> |                  |           |
| <b>12. Adjournment</b>   |                  |           |

Meeting materials will be posted online at [www.fairfaxcounty.community-services-board/board/archives](http://www.fairfaxcounty.community-services-board/board/archives) or may be requested by contacting Erin Bloom at 703-324-7827 or at [erin.bloom@fairfaxcounty.gov](mailto:erin.bloom@fairfaxcounty.gov)

<http://www.fairfaxcounty.gov/csb/board/schedule.htm>

Other - Audio conference Bridge Line – Toll Free Access: 1-866-434-5269 –  
Participant Access code: 3743216 – Fairfax – VA

Fairfax-Falls Church Community Services Board  
Virtual Meeting Minutes  
January 27, 2021

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

The following CSB members were present: Bettina Lawton Chair (Vienna); Jennifer Adeli (Great Falls); Karen Abraham (Fairfax); Daria Akers (Fairfax); Robert Bartolotta (Falls Church City); Captain Derek DeGeare (Loudoun Co.); Sheila Coplan Jonas (Alexandria); Larysa Kautz (Alexandria); Garrett McGuire (Alexandria); Srilekha Palle (Inova Mt Vernon Hospital); Edward Rose (Falls Church); Andrew Scalise (Fairfax); Daniel Sherrange (Chantilly); Sandra Slappey (Fairfax City), and Anne Whipple Great Falls).

No CSB Board members were absent:

The following CSB staff was present: Daryl Washington, CSB Executive Director; Jennifer Aloï, Healthcare Systems Director; Georgia Bachman, Asst. Dep. Dir. Acute & Therapeutic Treatment Services; Eileen Bryceland, Behavioral Health Outpatient & Case Management Services; Randy Buckland; Jessica Burris, Chief Financial Officer; Evan Jones, Dir. Employment & Day Services; Lisa Flowers, Dir. Of Communications; Michael T. Lane, Dir. Office of Individual & Family Affairs; Elizabeth McCartney, Legislative Liaison; Linda Mount, Dir. Analytics & Evaluation; Carolyn Smith; Cindy Tianti, Dep. Co. Atty; Lyn Tomlinson, Deputy Director Clinical Operations; Barbara Wadley-Young, Asst. Dep. Dir. Community Living Treatment & Supports; LaVurne Williams, Dir. Residential Treatment and Detox Services

1. Meeting Called to Order

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

2. Roll Call and Audibility

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

A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present this motion was seconded by Edward Rose and passed unanimously.

3. Preliminary Motions

CSB Board Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and

unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a dedicated audio-conferencing line, and that the public may access this meeting by calling 1-866-434-5269 and using participant code 3743216. Motions were seconded by Edward Rose and unanimously approved.

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

4. Matters of the Public

Several members of the public attended via conference call to provide comment on concerns related to the consideration of contracting for some services including residential substance use disorder treatment that are currently provided by CSB staff and on the availability of youth crisis services.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging no recommendations were forthcoming, Edward Rose made a motion to approve the agenda as revised that was seconded and unanimously passed.

6. Approval of the Minutes

Draft minutes of the December 16, 2020 virtual meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no further revisions were suggested, Edward Rose made a motion for approval, which was seconded by Captain Derek DeGeare and passed with Bettina Lawton Chair, Jennifer Adeli, Karen Abraham, Daria Akers, Robert Bartolotta, Captain Derek DeGeare, Sheila Coplan Jonas, Larysa Kautz, Garrett McGuire, Srilekha Palle, Edward Rose, Andrew Scalise, Daniel Sherrange, Sandra Slappey, and Anne Whipple with one abstention by Daniel Sherrange.

7. Staff Presentation

Michael T. Lane, Director of the Office of Individual & Family Affairs provided an overview of Peer Support Service program and slides included in the meeting materials.:

- Peer Support Specialists are individuals who have experience in addressing and overcoming mental health and/or substance use disorder challenges and who have received training for how to appropriately use their shared experiences to support and provide guidance to others receiving services in the behavioral health system. Once certified, Peer Support Specialists provide services as part of a team in both CSB directly operated and in contracted programs. Highlighted benefits of Peer Support Specialists include an experienced voice to facilitate trust and cost effectiveness.
- Some of the contracted services/locations include Recovery Program Solutions of Virginia (RPSV), Laurie Mitchell Empowerment Career Center (LMECC), Psychiatric Rehabilitation Services (PRS), Inc. and the Chris Atwood

Foundation, Mr. Lane clarified that funding sources include a blend of federal and state grants and local funding.

- Assignments for the Peer Support Specialists are determined by CSB program supervisors or contract agency program managers. Tracking of assignments and services provided is managed through the CSB EHR (Electronic Health Record). Reporting that efforts to identify and track ‘better-off measures’ are underway. This is a challenging effort as peer supporters work as part of a team, making it challenging to ‘break-out’ measures related to only one member.

#### 8. EHR Implementation

Daryl Washington introduced new CSB staff member Jennifer Aloji, recently hired as the Healthcare Systems Project Manager for Behavioral Health. Ms. Aloji will be managing Informatics and Evaluation & Analytics

Mr. Washington confirmed consistent progress with implementation of a new EHR noting that the RFP process is ongoing.

#### 9. Director’s Report

Several staff members contributed to the Director’s Report, some highlights of which included:

- Offering a reminder of a Board request from last month for further information related to Substance Use Disorder Residential costs and expenses, Lyn Tomlinson, Jessica Burris, and Linda Mount summarized three fiscal years of data to include:
  - Clinical conclusions: reduced census related to physical distancing (2020), staff with higher credentials required for ARTS implementation (2020), fixed facility costs regardless of census, facility needs resulting in a reduction in available beds, individuals presenting with more complex needs resulting in a need for additional staffing, and individuals delaying entry into services in larger numbers. It was clarified that the reasons for individuals delaying entry into services remains unknown.
  - Financial conclusions: Compensation and Benefits included increases in staffing, MRA (Market Rate Adjustment) and performance increases, annual salary, and fringe benefit increases, and with a smaller impact that included shift differential and increased overtime. Also, the annual increases in the allocation of indirect overhead costs that includes Human Resources, Finance, and Informatics. It was further noted that DAHS (Department of Administration of Human Services) disbanded in the review period resulting in a reallocation of staff from DAHS to CSB including Finance, Human Resources.
- Members requested additional information on bed availability to include details for why and for how long a bed may be unavailable.
- Ms. Tomlinson further provided an overview of the December time to treatment reports highlighting that the wait times for adult, and on a lesser scale for youth, have increased at all sites. This is partially attributed to resuming the process of referring individuals to the appropriate catchment (local community) area for service instead of the practice of referring individuals to locations with more

appointment availability as was the practice for some months. There continues to be high numbers of staff vacancies; work is ongoing to identify reasons for this. Strategies to reduce the wait times include overtime opportunities as well as clinicians working with MCOs (Managed Care Organizations) to refer individuals to a community provider. It was noted that the wait times for residential substance use disorder services is less than typically experienced.

- Linda Mount provided a brief synopsis of the Business Intelligence Tool charts. Following the review, Ms. Mount reported that refinement of the reports is planned, asking that members provide feedback. Some recommendations included identify a standard for reportable changes, trends, and anomalies, and to determine a date range that will provide meaningful data.
- Jessica Burris highlighted details of the financial documents noting no significant changes from the last reporting period. It was clarified that the savings in compensation is primarily attributed to lower than anticipated costs related to COVID activities and expenses. Next month's reports will include updated projections and initial preparations for the FY21 third quarter submission. The variable revenue analysis indicated some increased stabilization in variable revenue, noting ongoing efforts to maximize revenue.
- Mr. Washington and Sebastian Tezna provided the COVID-19 including:
  - Confirmation that vaccinations are a primary focus including efforts to develop a tracking resource for both staff and individuals in the CSB EHR. Due to inconsistencies in the statewide vaccine administration process, there have been provision delays for CSB residential program staff for which solutions are being sought. It was confirmed that, in close collaboration with the Health Department, baseline testing, testing at admission, and re-testing as needed of staff and individuals in residential programs is underway.
  - Positive COVID test results for Merrifield/MCRC (Merrifield Crisis Response Center) staff are conveyed to impacted staff as well as to the lead law police officer and the lead deputy and the CSB Board member representative to the Sheriff's Department.
  - The supply of Personal Protective Equipment (PPE) is closely monitored remains adequate to need.
- Mr. Washington provided a brief overview of the HR update highlighting the minor increase to the number of vacant general merit positions from 87 to 91. This is partially attributed to staff who resign/retire adequate prior notice to allow for vacancy planning.
- Directing attention to the *Strategic Plan and Critical Focus Areas* handout, Mr. Washington confirmed that consideration of contracting CSB services is deferred until 2023. Due to the public interest in this topic, Mr. Washington further confirmed active plans to convey this information to the interested community members. Offering strong support of this action members requested further study of this matter be initiated to clarify the value of this proposal.
- Additional focus areas included

- Implementing a pilot program to streamline the walk-in assessment process.
- Investigating the use of an outside agency to identify causes of staff turnover with a goal of mitigation.
- Refinement of current BI tools and reports as discussed earlier. Initial steps include Board review of existing ‘better off’ measures extracted from the current budget documents, planned for February/March 2021.
- The CSB has partnered with DFS (Department of Family Services) in a pilot program designed to improve CSB client Medicaid enrollments with a goal of more individuals with insurance and increased CSB revenue. Highlighting the success of the pilot program as illustrated in the slides provided in the meeting materials, Mr. Washington confirmed continued partnership including plans for cross-training of DFS/CSB staff, refinement of primary healthcare screening, follow up with individuals identified as having metabolic syndrome, and increasing the number of individuals with health insurance *and* a primary healthcare provider.
- Behavioral Health Enhancement is an effort to assign behavioral health services to Medicaid with a goal of qualifying for a federal (dollar for dollar) match, as well as offering improved behavioral health services that meet more robust Medicaid requirements, noting that changes to Medicaid reimbursement rates and regulations is anticipated. It was clarified that an 1115 Waiver makes additional federal funding available to provide services to underserved populations.
- The Marcus Alert Bill provides funding to establish a co-responder unit that includes a mental health clinician and a police officer to respond to a psychiatric crisis in the community. This CSB was not selected to participate in the pilot program (Phase 1) but will participate in Phase 2 that is scheduled for implementation by the end of 2023, as required by the Bill. A reminder was offered that Mr. Washington serves on the statewide stakeholders’ group and will provide regular updates.
- An update to the DOJ (Department of Justice) Settlement Agreement included that the state was notified that they would not be released from the Agreement at the end of June 2020. It was expressed that with the postponement of the exit of the Agreement, a more reasonable timeline for adoption of the multiple rules and requirements may be implemented.

Daryl Washington and Elizabeth McCartney provided an update to the 2021 Virginia General Assembly Session Activities, a summary of which was provided in the meeting materials. Two bills of concern were highlighted including Hospital Census – Discharge Planning (SB 1304) and Mandatory Outpatient Treatment (HB 2166) requesting that members refer to the handout in the meeting materials and provide feedback.

Mr. Washington offered a reminder that Michael Neff, former Director of Administrative Operations, had retired January 22, 2021. The Board, noting high turnover in this position, offered support and cooperation with efforts for successful position design, recruitment, and hiring.

## 10. Matters of the Board

It was confirmed that CSB Board committee meetings will resume following CSB Board adoption of new CSB Board policy #1600 and Board of Supervisors (BOS) approval of amendments to the CSB Board Bylaws.

Daria Akers reported concerns with CSB Crisis Service availability related to a family situation, further reporting that her husband provided comment earlier in the meeting.

Captain Derek DeGeare asked that data be provided to the Board related to the number/percentage of individuals with a TDO (Temporary Detention Order) that are not eligible for ATP (Alternate Transport Program), including how often the service is used for individuals who are found eligible.

Bettina Lawton reported outreach from the Chair of another Virginia CSB proposing ongoing communication between the Chairs of Virginia CSB be initiated, confirming that the Board will be kept apprised.

## 11. Action Item

### A. *CSB Board Policy Approval*

New CSB Board policy #1600 was submitted to the CSB Board for final review and approval. Acknowledging that no recommendations were forthcoming Daniel Sherrange made a motion to approve the policies as submitted that was seconded by Srilekha Palle and unanimously approved.

### B. *Approval of Amendments to the CSB Board Bylaws*

Proposed amendments to the CSB Board Bylaws included adding a provision for CSB Board members to participate electronically in CSB Board and Committee meetings, removing references to Early Intervention Services as these services are now provided by Department of Family Services, and revision to Standing Committees to establish the Service Delivery Oversight Committee and disestablish the Behavioral Health Oversight Committee and the Developmental Disabilities Committee. It was acknowledged that no further recommendations were forthcoming, and no comments were received during the public comment period. Daniel Sherrange made a motion to approve the CSB Board Bylaws as amended that was seconded and passed. A reminder was offered that the Bylaws with the proposed revisions would be submitted to the Board of Supervisors as a Consideration Item at the February 23, 2021 BOS meeting.

## Actions Taken - -

- Motions required to start the virtual meeting including roll call & audibility, safety, electronic meeting and public access, and continuity in government were offered by Bettina Lawton, seconded, and passed.
- The December 16, 2020 CSB Board Meeting minutes were approved as presented.
- The Board will be provided with the requested information regarding utilization of the Alternative Transport Program (ATP).
- CSB Board policy 1600 was approved.
- Amendments to the CSB Board Bylaws were approved for submission to the Board of Supervisors for consideration.

---

Date Approved

---

Staff to the CSB Board

DRAFT





FAIRFAX - FALLS CHURCH

**Community  
Services Board**

# Youth and Family Services

**James Gillespie, LCSW, MPA  
February 24, 2021**

# Priority Population Guidelines

## Children and Adolescents

- Behavioral health problems that significantly impact their mood, thinking, and/or behavior.
- Often significantly disabling as compared to the functioning of most youth their age.
- May be a recent onset or going on for some time.

# Direct Services

## Outpatient Therapy

- Outpatient case management and case support
- Psychiatry
- Nursing
- Intensive care coordination

# Other Ways to Access Services

- Children's Services Act
- Mental Health Initiative
- Medicaid

## Services

- Home based counseling
- Dialectical Behavioral Therapy
- Functional Family Therapy
- Multi-Systemic Therapy
- Therapeutic mentoring
- Applied Behavioral Analysis
- Short-term residential treatment
- Psychiatric residential and group home treatment

# Budget and Outcome Measure

- \$8,120,549 (FY 2021)
- Outcome Measure
  - Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services
- FY 2020 actual: 90%

# Organizational Structure

- Four full-service outpatient clinics and a Juvenile Court site
  - 39 Senior Clinicians
  - 6.5 Behavioral Health Specialist IIs
- Intensive services
  - 1 Senior Clinician
  - 19 Behavioral Health Specialist IIs providing case support & intensive care coordination

# Served in FY 2020

- 2,644 – Outpatient
- 229 – Juvenile Forensics
- 373 – Intensive

# Intensive Clients (July – Dec)

- 227 – 2018
- 269 – 2019
- 233 – 2020



# New Outpatient Clients (July – January)

- 624 – FY18
- 661 – FY19
- 805 – FY20
- 393 – FY21 (51% decrease)

# Engagement Initiatives During COVID-19

- New children's mental health flyer for parents
- Direct referral process from FCPS mental health professionals to CSB
- Expand access to Short-Term Behavioral Health Services to all middle/high schoolers
- Respite for families of children with BH issues
- Coordinate with children's BH providers to meet treatment needs as students return to in-person learning

# Other CSB & Healthy Minds Fairfax Initiatives

- Evidence-based practice training
- Family peer support partners
- Integration of pediatric primary care and BH care
- Address needs of under-served populations
- Maximize families' ability to access BH services through their insurance



# Questions?



[www.fairfaxcounty.gov/csb](http://www.fairfaxcounty.gov/csb)



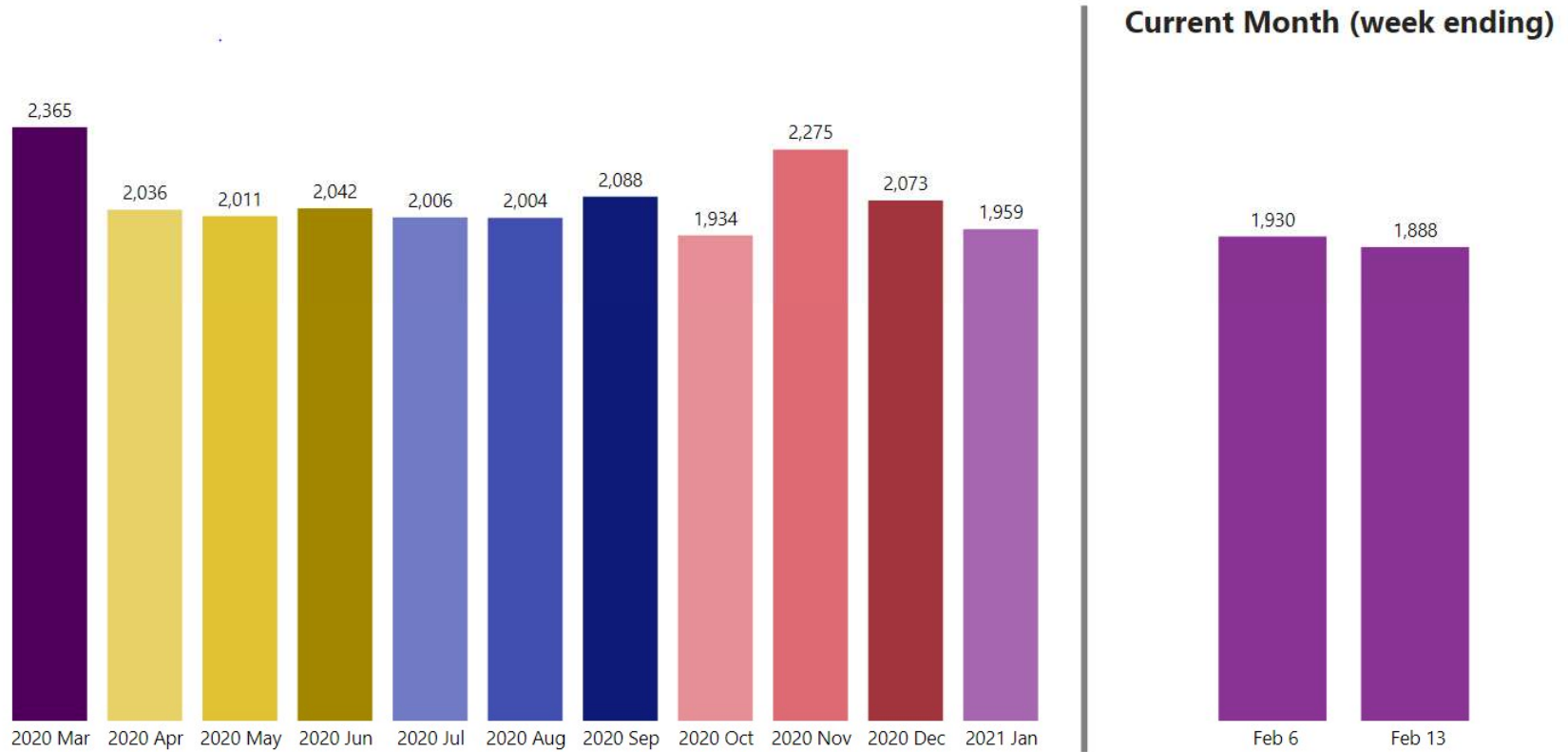
[@FairfaxCSB](https://www.facebook.com/FairfaxCSB)



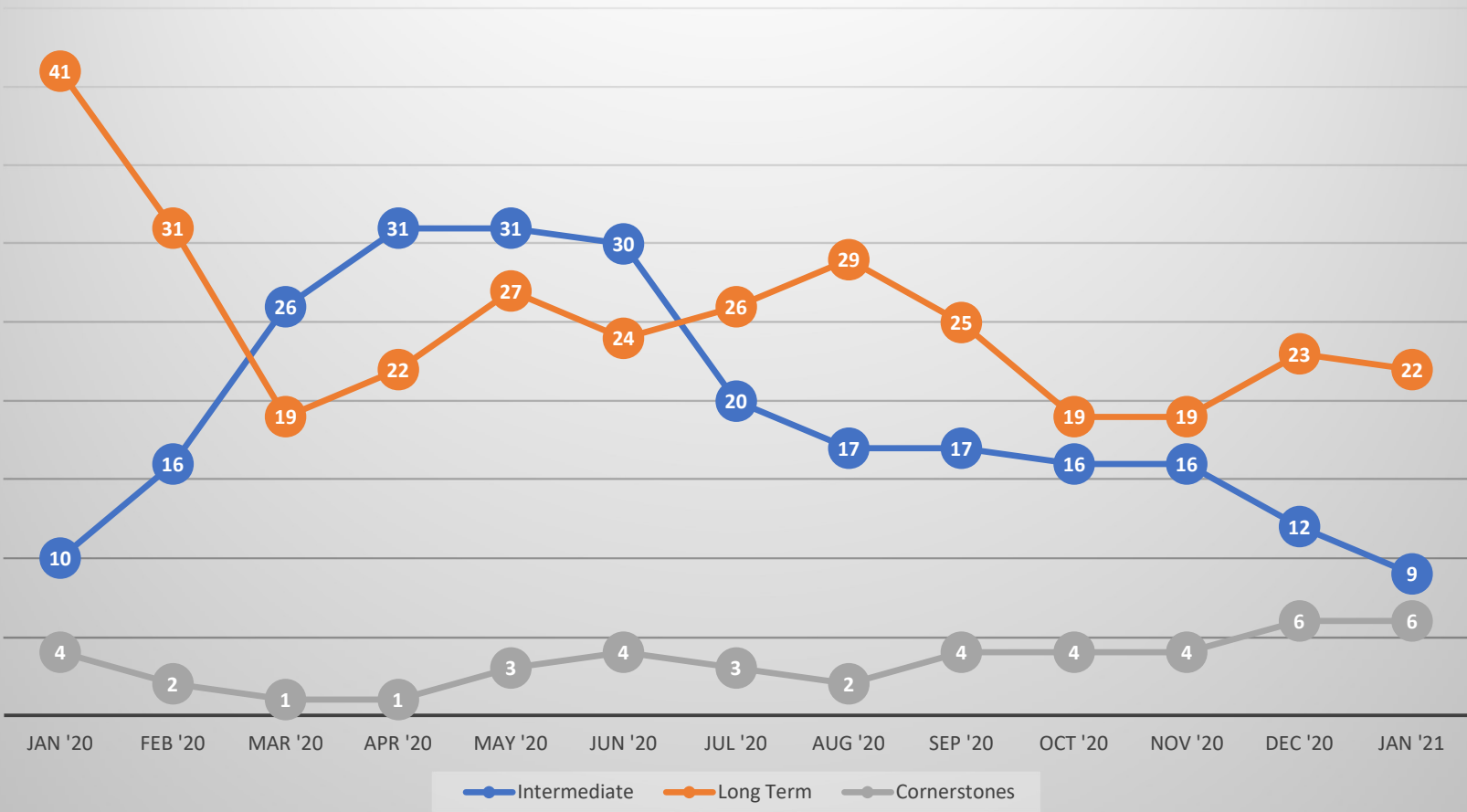
[@FairfaxCSB](https://twitter.com/FairfaxCSB)

## Agency Wide - Average Clients Served per Day

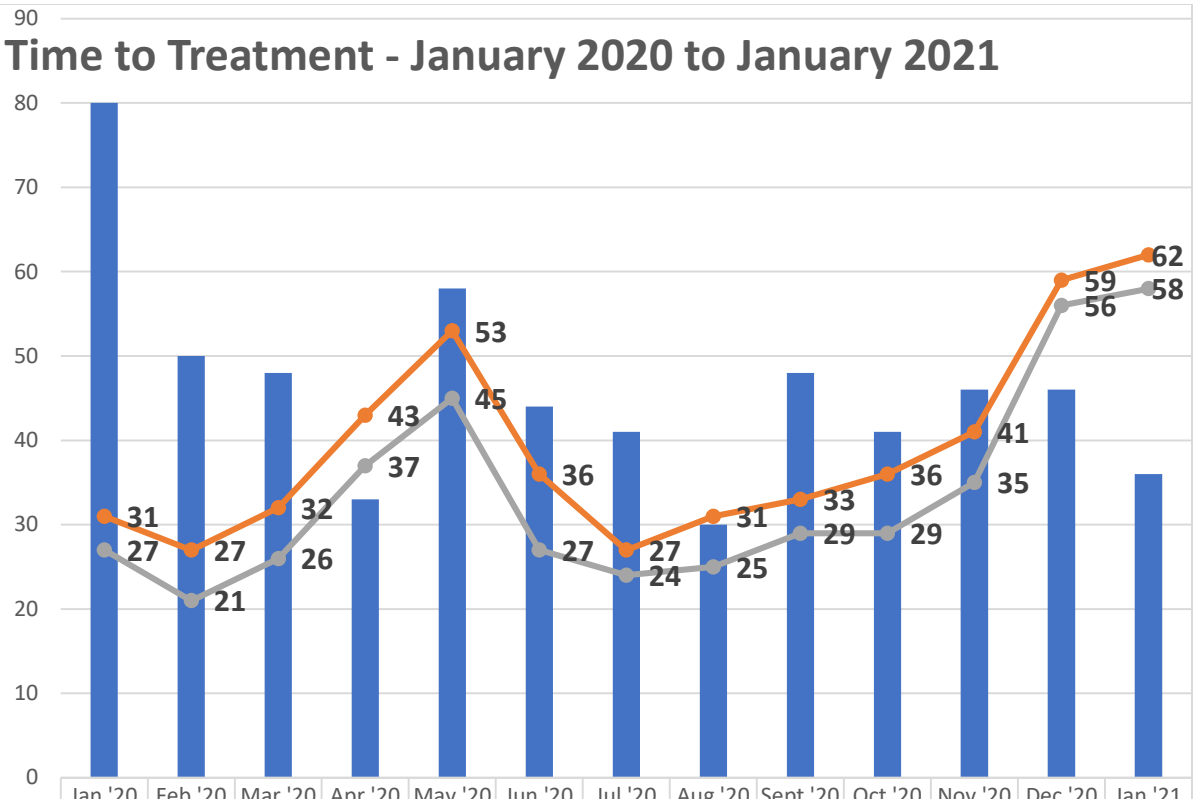
Excludes Emergency & Residential



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

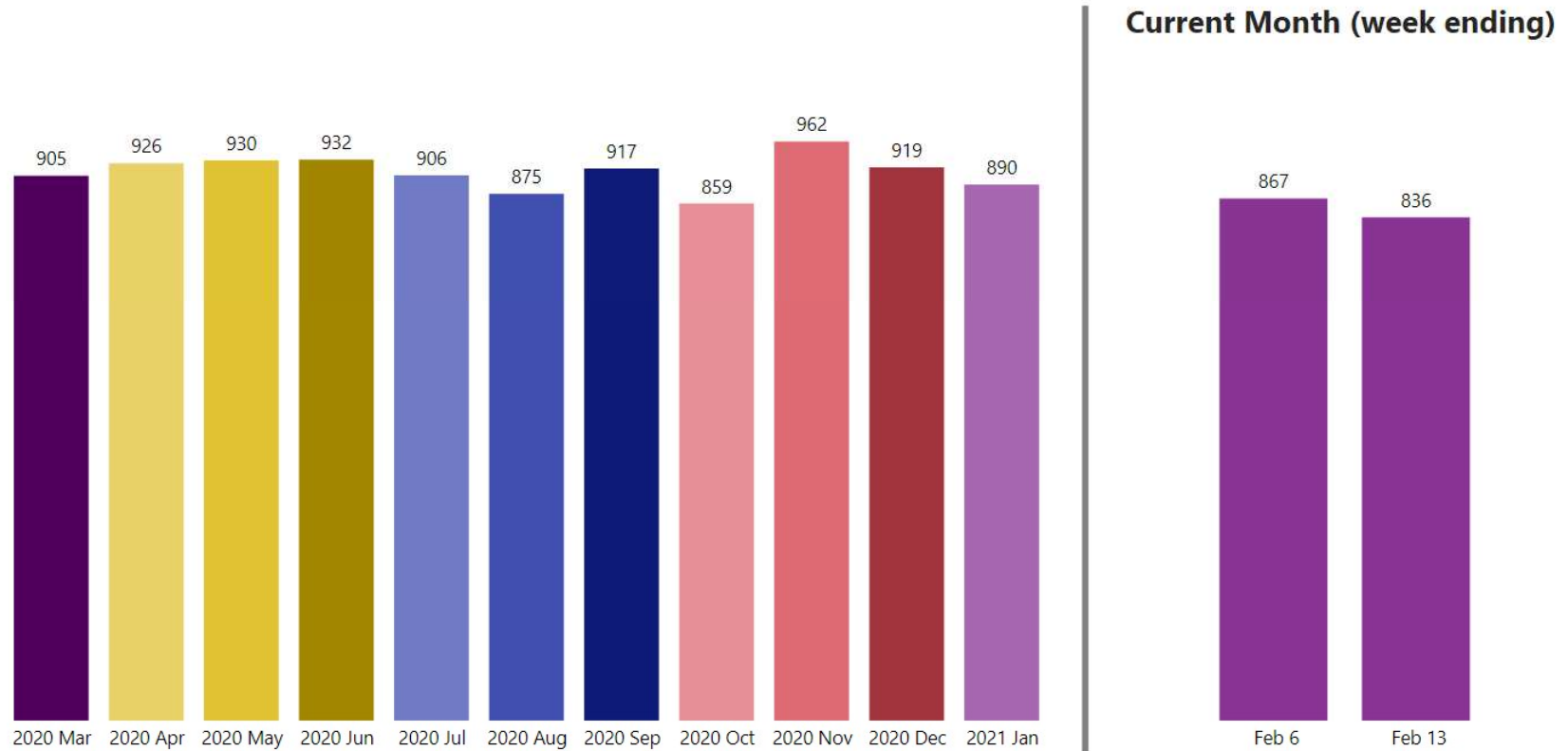


## Adult Outpatient Time to Treatment - January 2020 to January 2021



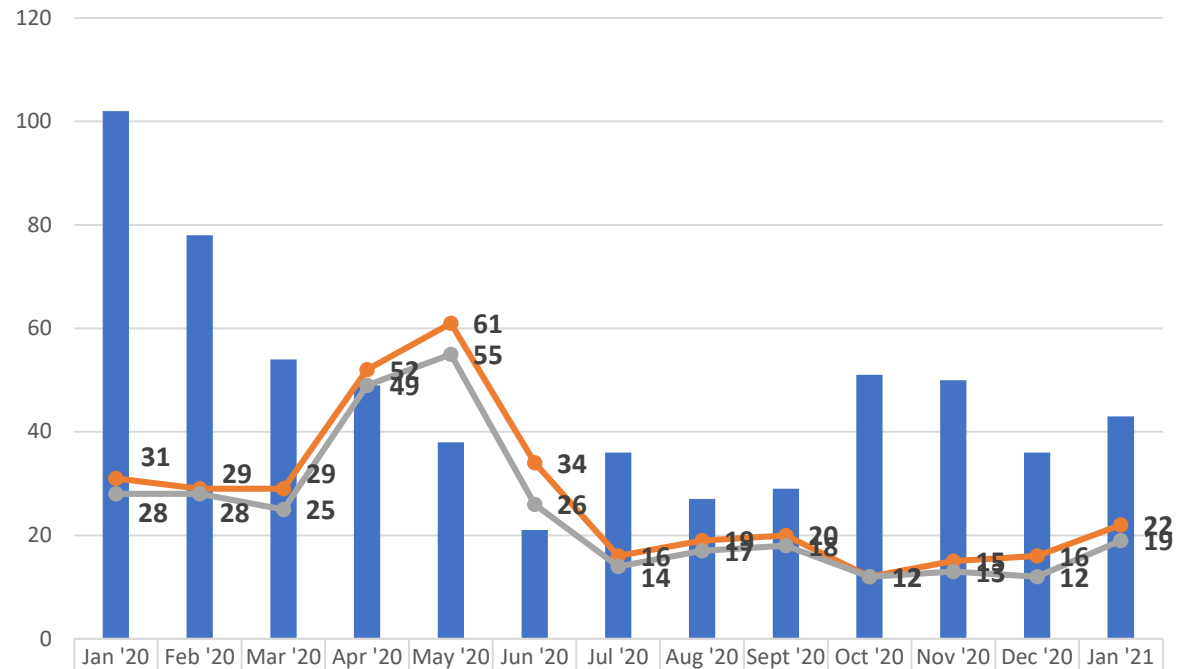
	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sept '20	Oct '20	Nov '20	Dec '20	Jan '21
<span style="color: blue;">■</span> # Adults Who Attended 1st Treatment Appt	80	50	48	33	58	44	41	30	48	41	46	46	36
<span style="color: orange;">—●—</span> Average # Days from Assessment to Treatment	31	27	32	43	53	36	27	31	33	36	41	59	62
<span style="color: grey;">—●—</span> Average # Days from Assessment to 1st Available / Accepted Appt*	27	21	26	37	45	27	24	25	29	29	35	56	58

## BH Outpatient - Average Clients Served per Day



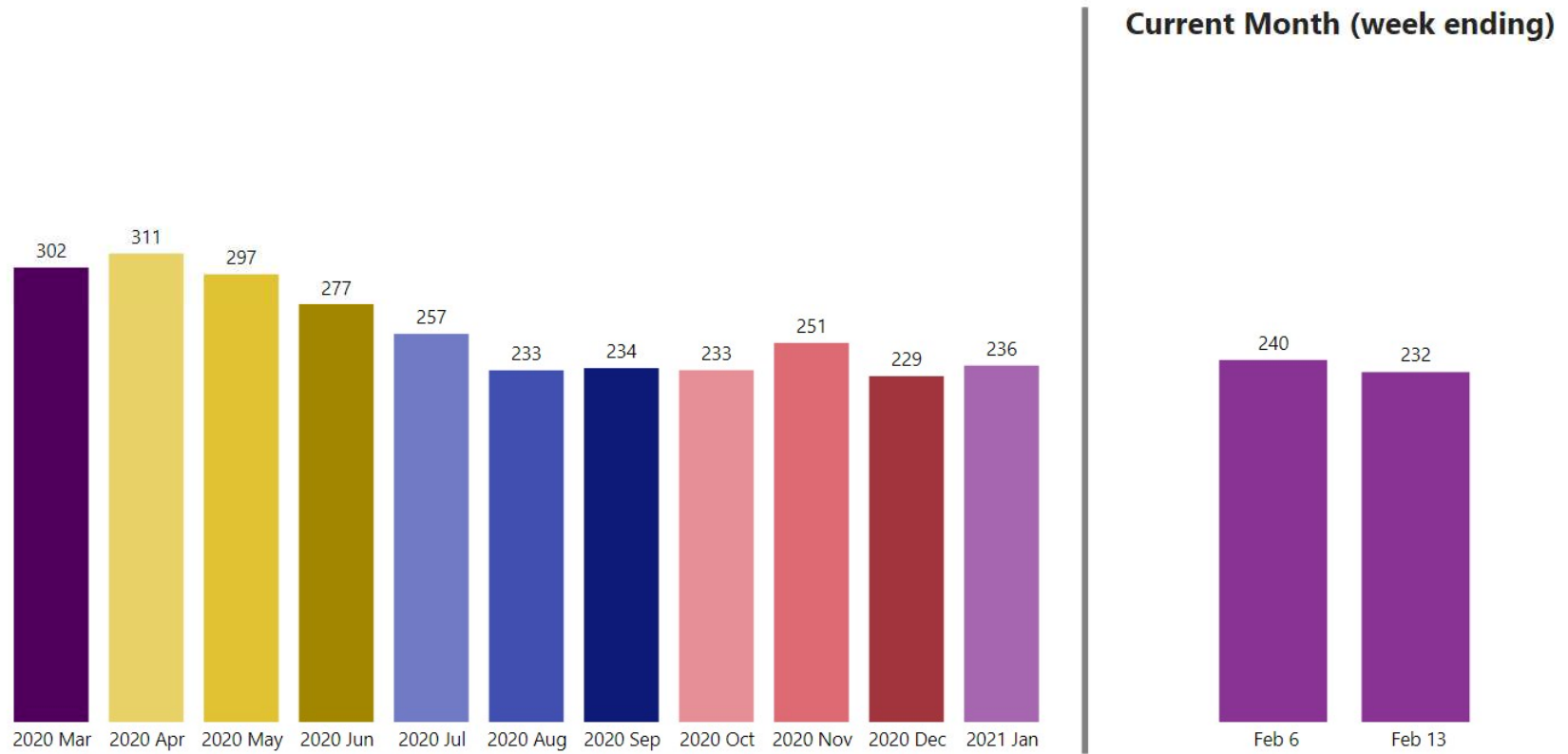


## Youth Outpatient Time to Treatment - January 2020 to January 2021

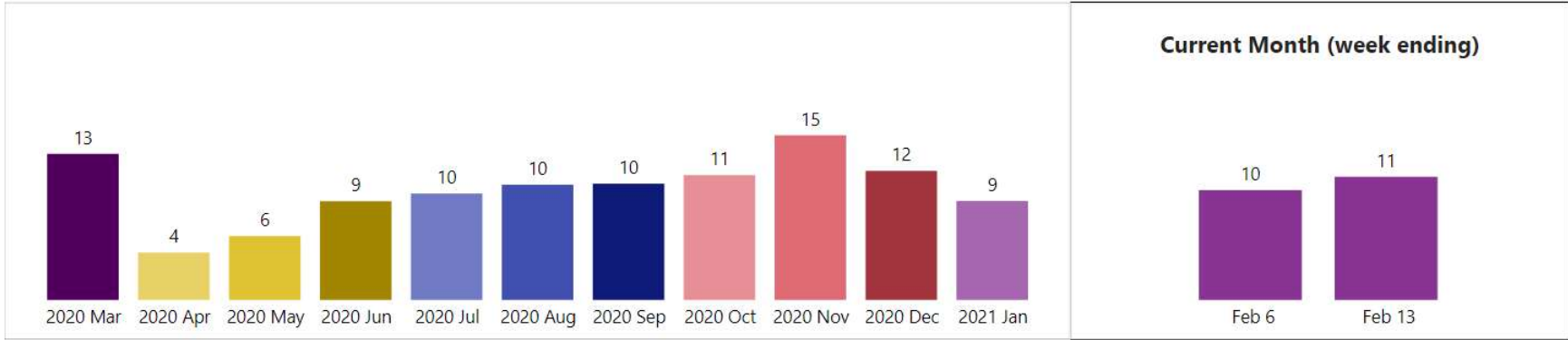


<span style="color: blue;">■</span> # Youth Who Attended 1st Treatment Appt	102	78	54	49	38	21	36	27	29	51	50	36	43
<span style="color: orange;">●</span> Average # Days from Assessment to Treatment	31	29	29	52	61	34	16	19	20	12	15	16	22
<span style="color: grey;">●</span> Average # Days from Assessment to 1st Available / Accepted Appt*	28	28	25	49	55	26	14	17	18	12	13	12	19

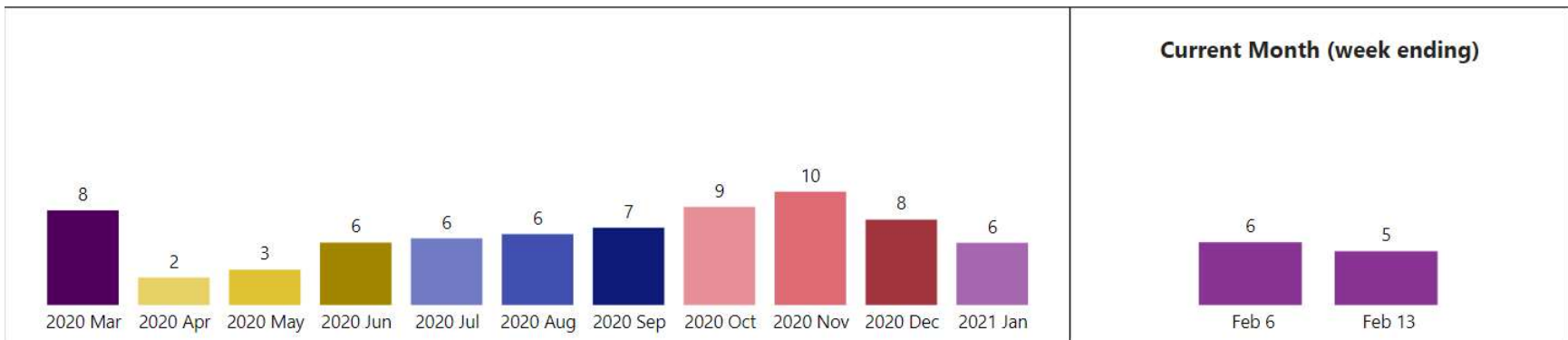
## Youth Outpatient - Average Clients Served per Day



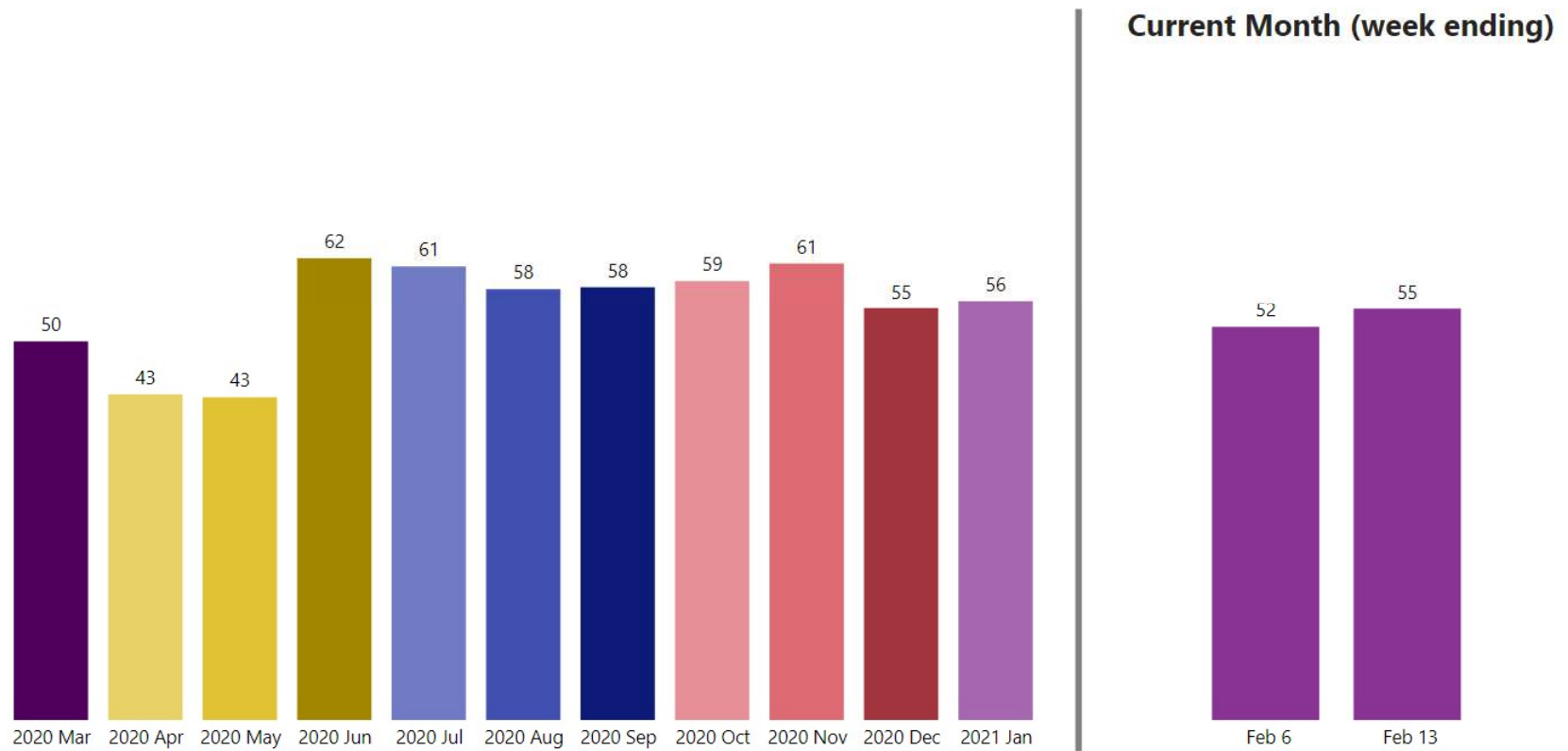
### EAR - Average Clients Screened per Day



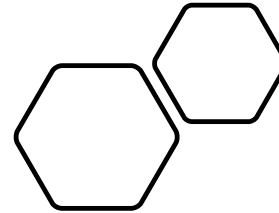
### EAR - Average Clients Assessed per Day



## Emergency - Average Clients Served per Day

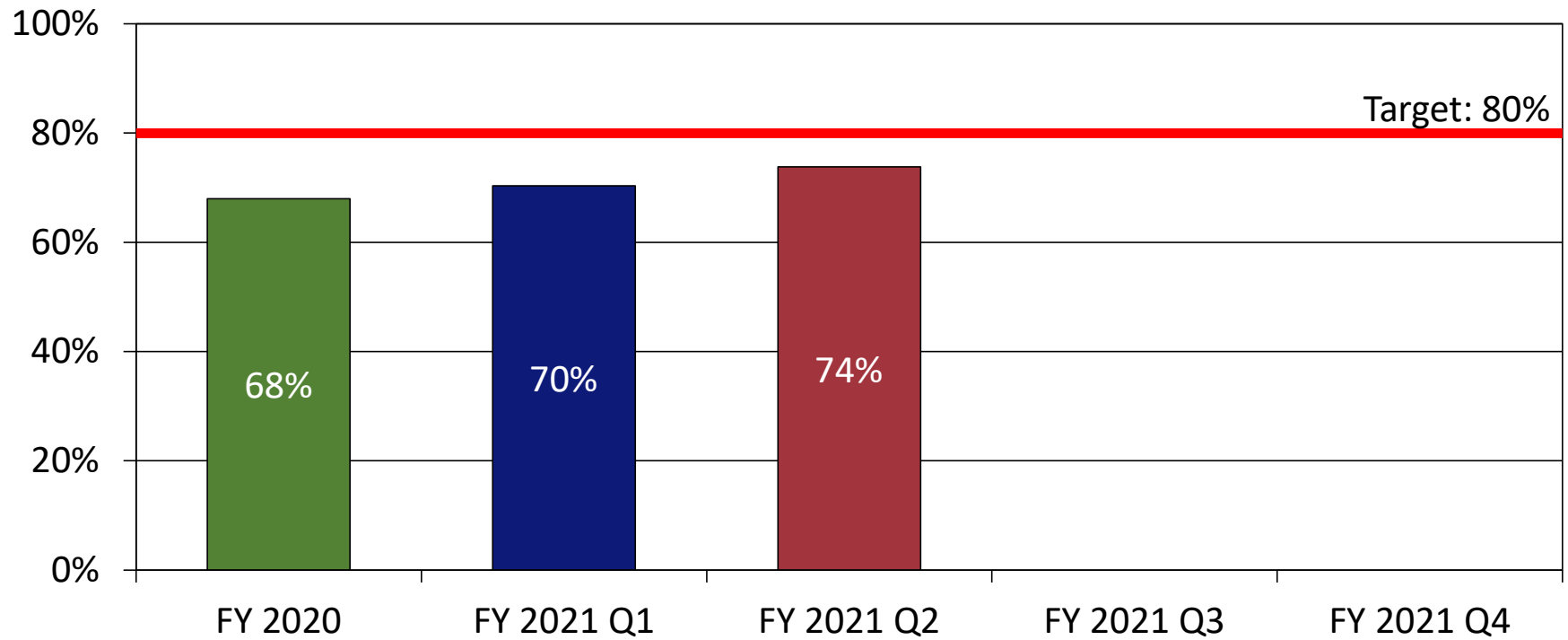


# CSB Quarterly Outcomes



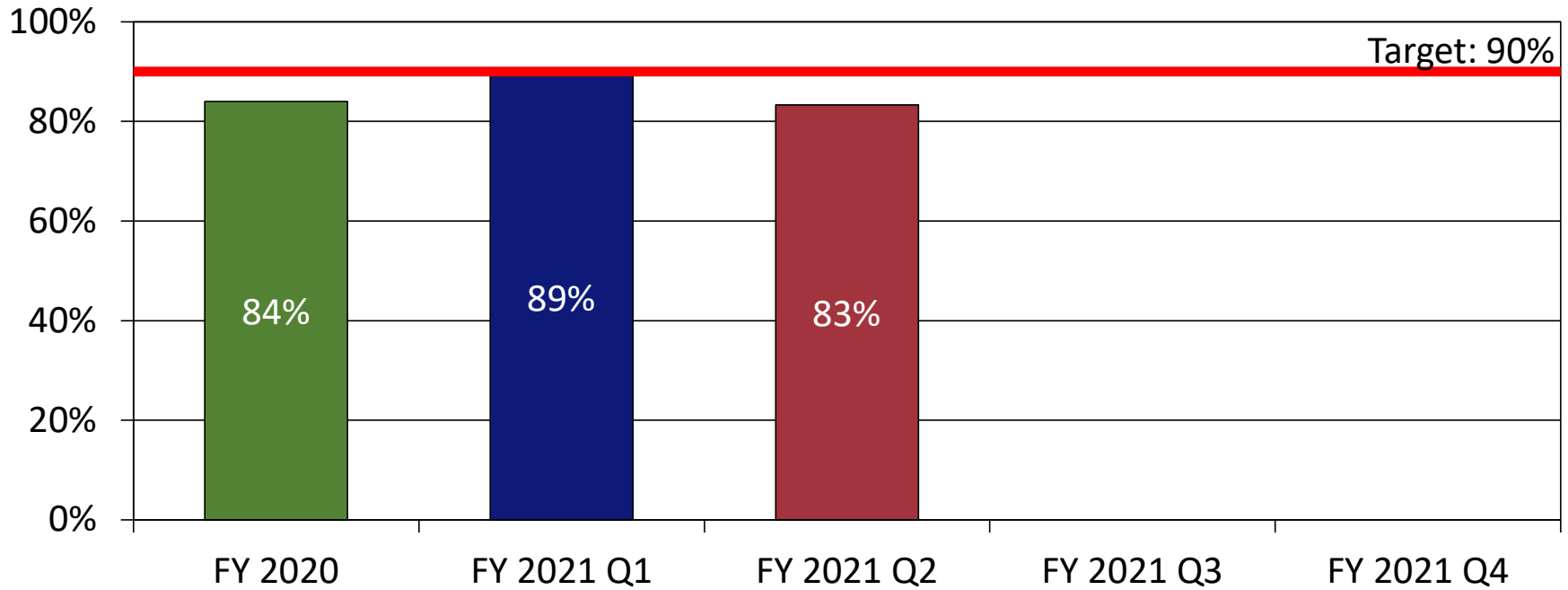
# Substance Use Outpatient Treatment Services

**Percent of Adults Who Maintain or Improve Employment**



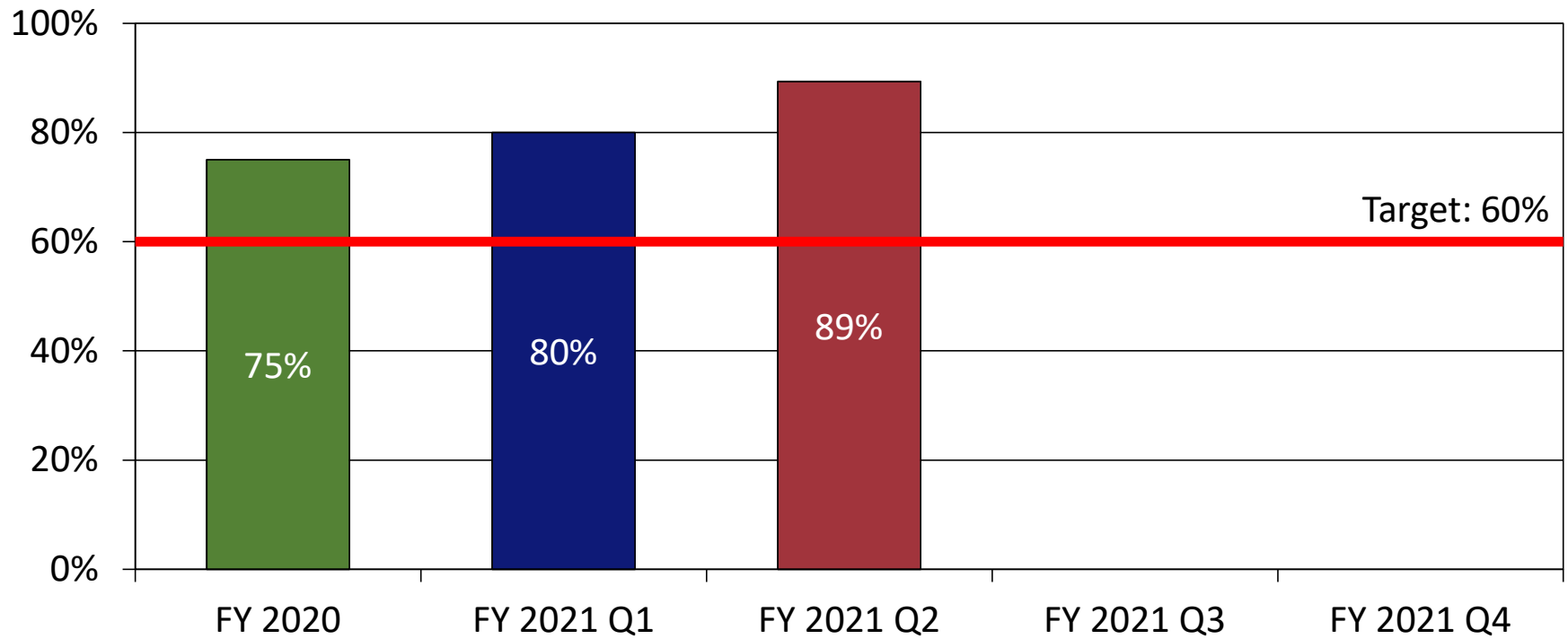
# Jail-Based Services

**Percent of Individuals Who Receive Assessment Appointment Within Two Days of Referral**



# Jail-Based Services

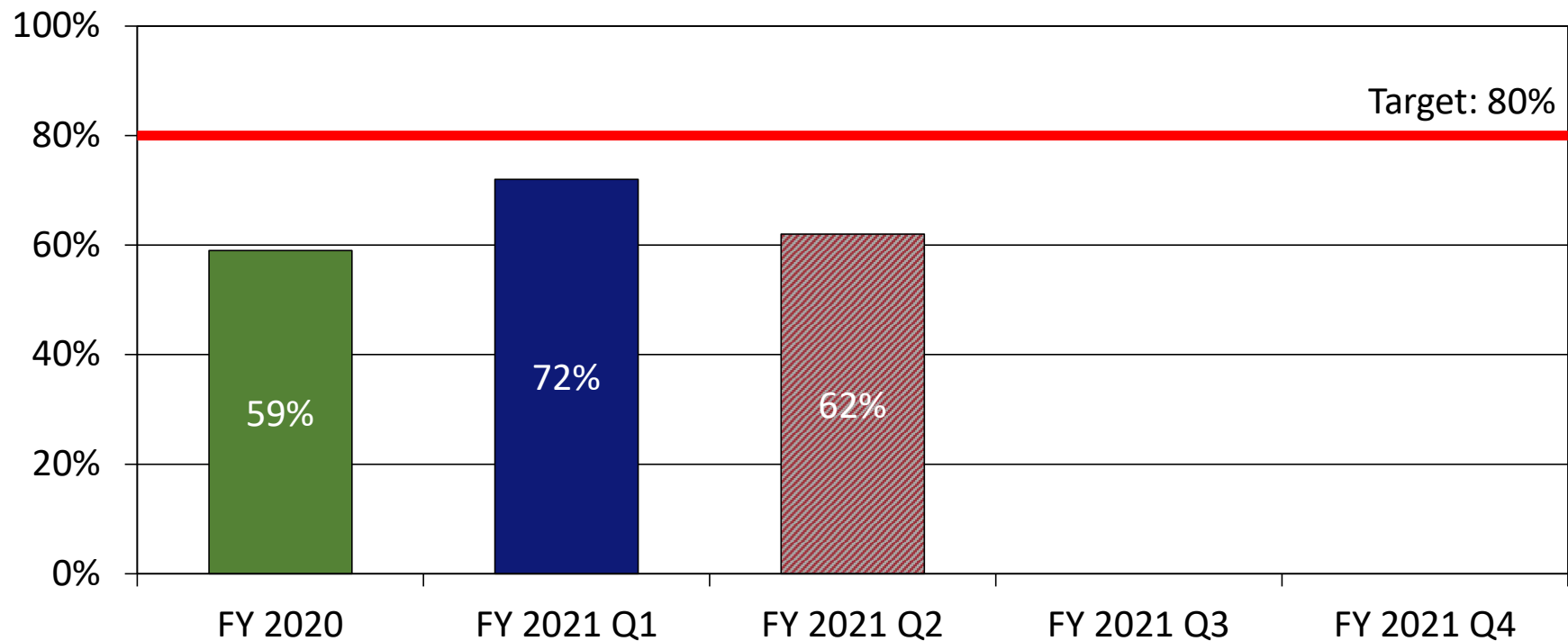
**Percent of Individuals Assessed Who Attend Follow-Up Appointment**





# Engagement, Assessment & Referral Services

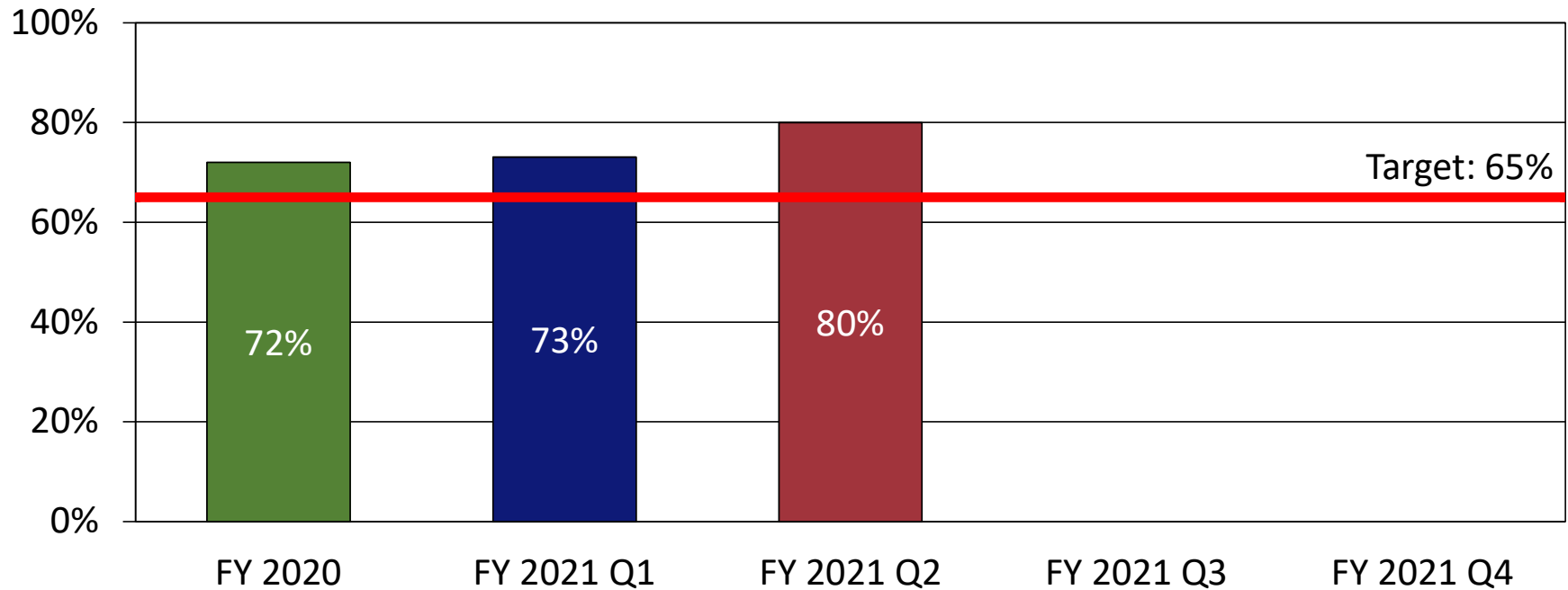
**Percent of Individuals Who Attend Their First Service Appointment**



Q2 reflects the percentage of clients who were assessed in Q2 and have received their first treatment service. The percentage for Q2 may change as additional clients have time to engage in services.

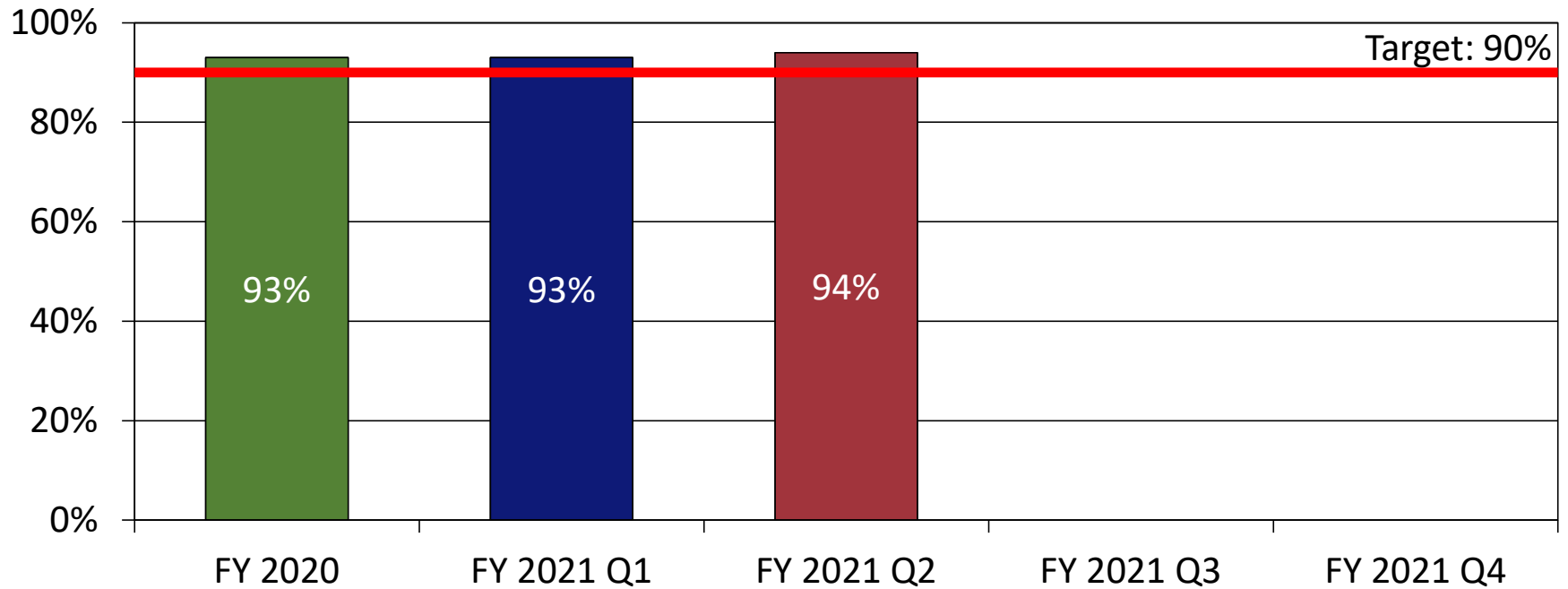
# Emergency Services

**Percent of Crisis Intervention/Stabilization Services That are Less Restrictive Than Psychiatric Hospitalization**



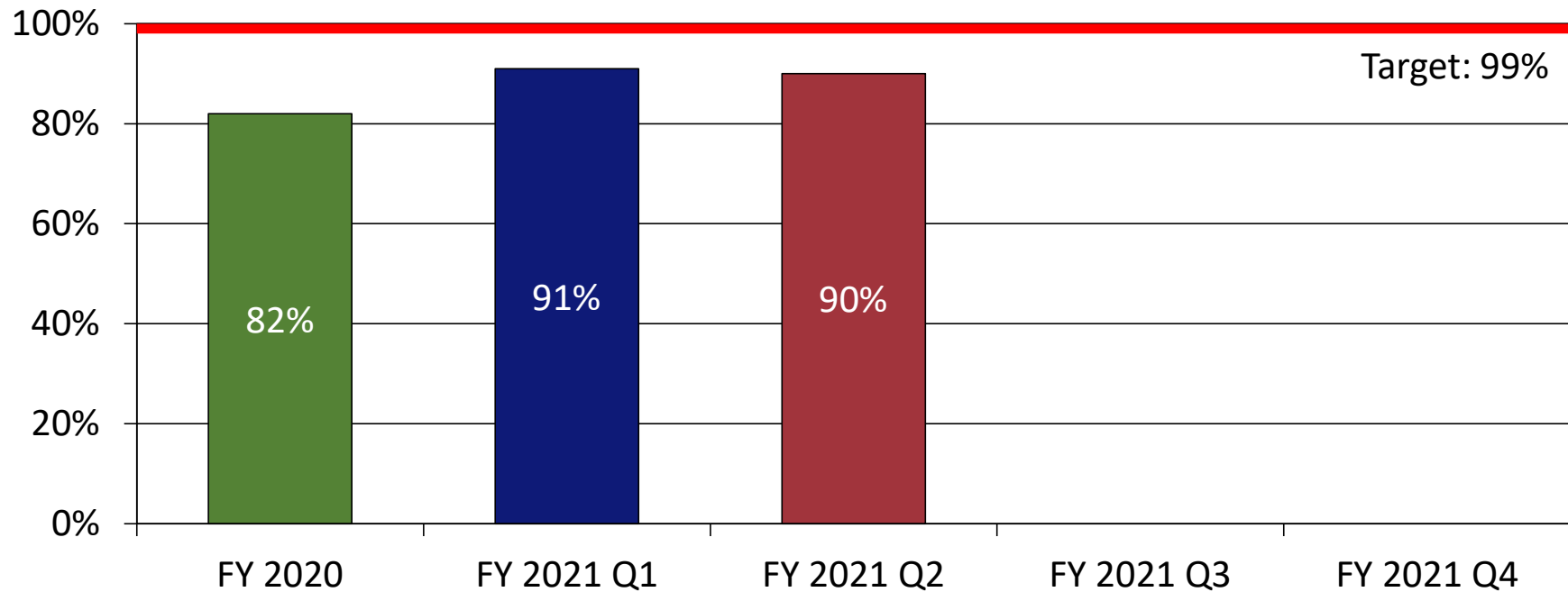
# Emergency Services

**Percent of Individuals Who Received Face-to-Face Services Within One Hour of Check-In At Emergency Services**



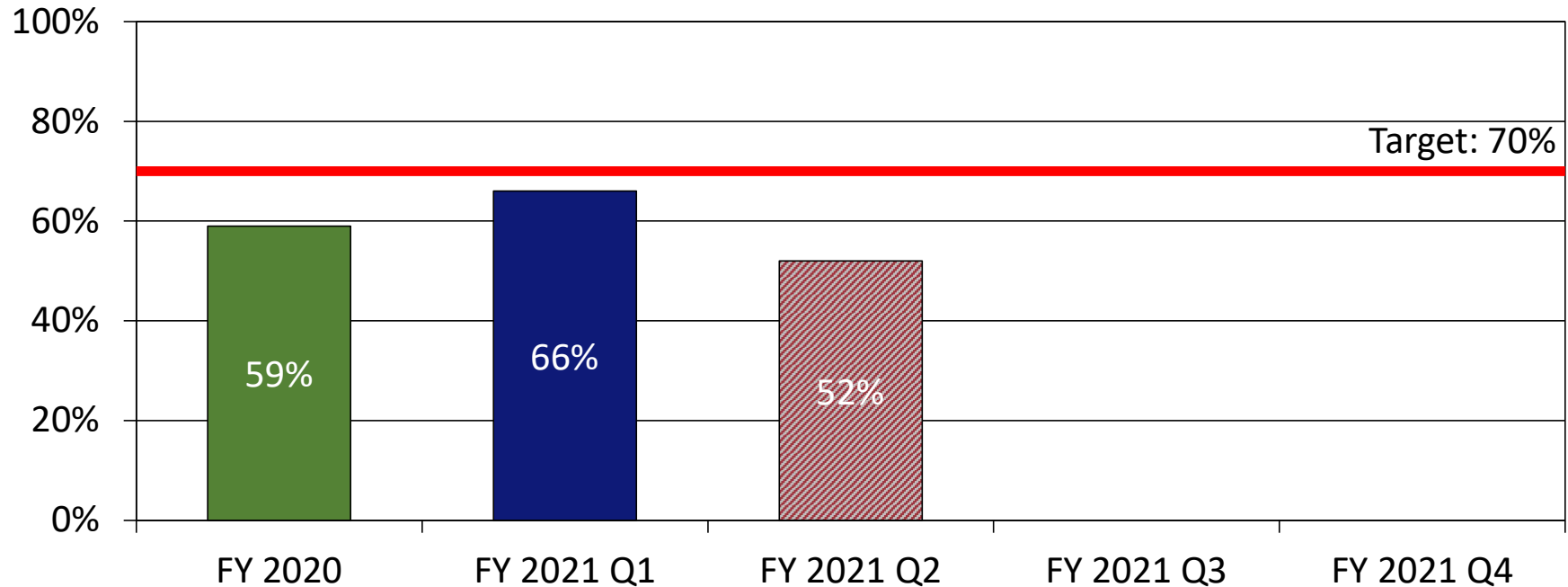
# Intensive Community Services - Discharge Planning

**Percent of Adults Scheduled for Assessment Within 7 Days of Hospital Discharge**



# Intensive Community Services - Discharge Planning

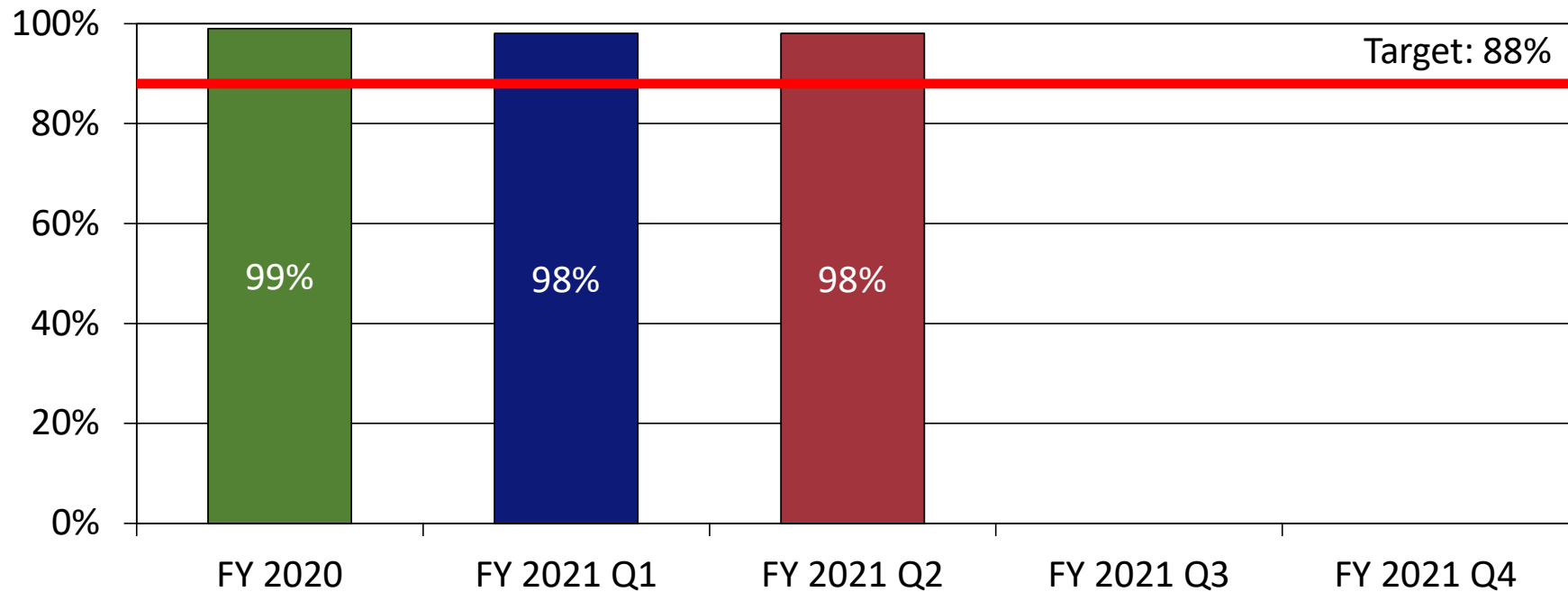
**Percent of Adults Referred to CSB Following Hospital Discharge Who Remain in Service for At Least 90 Days**



Percentages for Q2 only reflect clients who were discharged during October 2020. The results for Q2 may change as additional clients discharged in Q2 have completed at least 90 days of service.

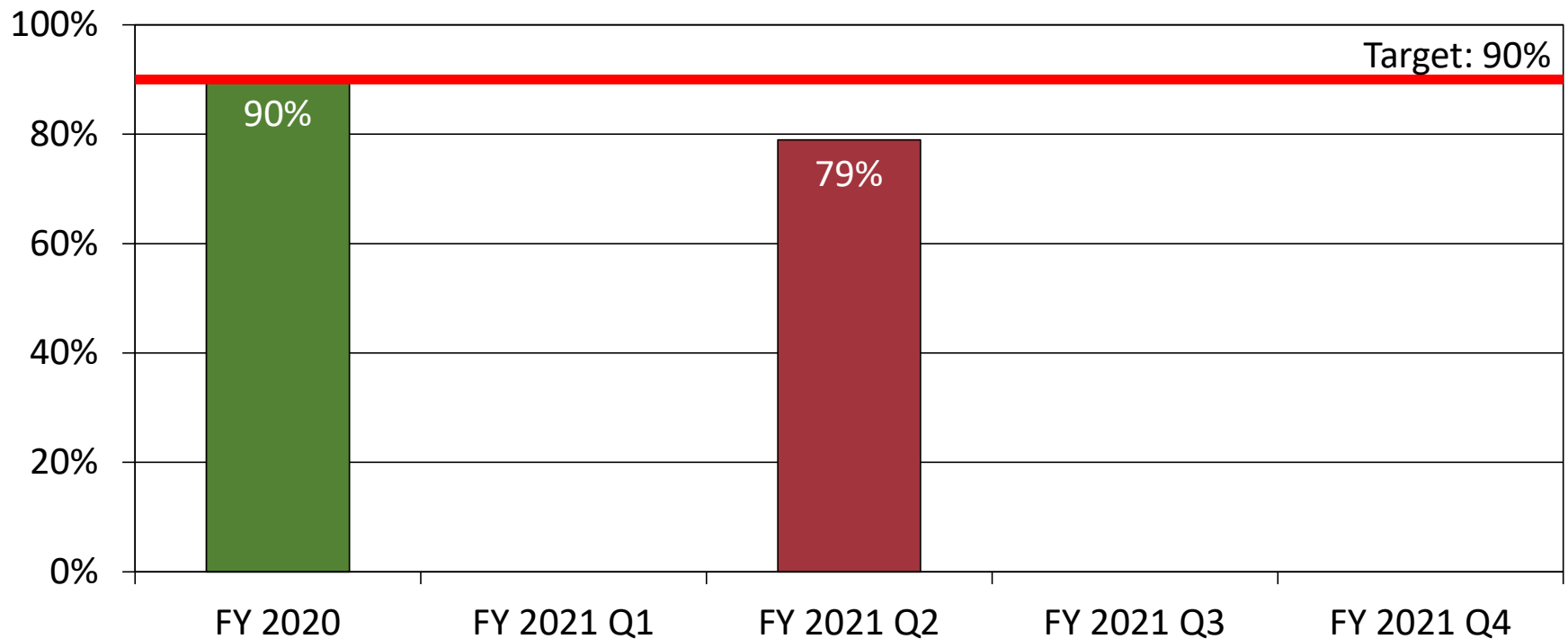
# Support Coordination Services

**Percent of Person-Centered Plan Outcomes Met for Individuals Receiving Targeted Support Coordination**



# Youth & Family Services

**Percent of Youth Who Maintain or Improve School Functioning**



Percentages are not reported for Q1 as most youth do not attend school during much of this reporting period (July – September).

**CSB Quarterly Outcome Measures**

Measure	Definition
<b>Substance Use Outpatient Treatment Services</b>	
Percent of Adults Who Maintain or Improve Employment Status	Percent of adults receiving substance use outpatient treatment services who maintain or improve employment status after participating in at least 60 days of SUD outpatient treatment. Includes adults served during the current quarter who had received at least 60 days of service. <b>Target: 80%</b>
<b>Jail-Based Services</b>	
Percent of Individuals Who Receive Assessment Appointment Within Two Days of Referral	Percent of individuals in the Adult Detention Center who are assessed by CSB Jail-based staff within two days of referral. Includes clients who were assessed during the current quarter. <b>Target: 90%</b>
Percent of Individuals with Forensic Intake That Attend Follow-Up Appointment	Percent of individuals in the Adult Detention Center who received an assessment (forensic intake) from CSB jail-based staff and attended a follow-up service in the jail. Includes clients who received a forensic intake during the current quarter. <b>Target: 60%</b>
<b>Engagement, Assessment &amp; Referral Services</b>	
Percent of Individuals Who Attend Their First Service Appointment	Percent of individuals assessed and recommended for CSB behavioral health treatment who attend their first service appointment. Includes clients who were assessed during the current quarter. Depending on the date of reporting, percentages may change as additional clients have sufficient time to engage in services. <b>Target: 80%</b>
<b>Emergency Services</b>	
Percent of Crisis Intervention/ Stabilization That Are Less Restrictive Than Psychiatric Hospitalization	Percent of crisis intervention/stabilization services provided by Emergency Services that are less restrictive than psychiatric hospitalization. Includes clients who received crisis intervention/stabilization services during the current quarter. <b>Target: 65%</b>
Percent of Individuals Who Received Face-to-Face Services Within One Hour of Check-In at Emergency Services	Percent of individuals who received face-to-face services within one hour of check-in at Emergency Services. Includes clients who received Emergency Services during the current quarter. <b>Target: 90%</b>
<b>Intensive Community Services - Discharge Planning</b>	
Percent of Adults Scheduled for Assessment Within 7 Days of Hospital Discharge	Percent of adults who are referred to the CSB for follow-up services after discharge from a psychiatric hospital who are scheduled for an assessment within 7 days of hospital discharge date. Includes clients discharged during the current quarter. <b>Target: 99%</b>
Percent of Adults Referred to CSB Following Hospital Discharge Who Remain in Service for At Least 90 Days	Percent of adults referred to the CSB for follow-up services after discharge from a psychiatric hospital who remain in CSB services for at least 90 days. Includes clients discharged during the current quarter. Depending on the date of reporting, percentages may change as additional clients have sufficient time to receive services. <b>Target: 70%</b>
<b>Support Coordination Services</b>	
Percent of Person-Centered Plan Outcomes Met for Individuals Receiving Targeted Support Coordination	Percent of Person-Centered Plan outcomes met for individuals with developmental disabilities receiving Targeted Support Coordination. Includes individuals who had a service plan review during the current quarter. <b>Target: 88%</b>
<b>Youth &amp; Family Services</b>	
Percent of Youth Who Maintain or Improve School Functioning	Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services. Includes youth served during the current quarter who had received services for at least 90 days. Q1 is excluded from the measure as most clients are not attending school during the summer months. <b>Target: 90%</b>



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

	FY 2021 Approved Budget	FY 2021 YTD Budget	FY 2021 Actuals Thru January 2021	Variance from YTD Budget	FY 2021 Projection
<b>Beginning Balance (Est)</b>	<b>25,550,695</b>				<b>25,550,695</b>
F Fairfax City	2,218,100	1,109,050	1,109,050	-	2,218,100
F Falls Church City	1,005,368	502,684	502,684	-	1,005,368
F State DBHDS <sup>1</sup>	7,527,316	4,390,934	4,826,659	435,725	7,527,316
F Federal Pass Thru SAPT Block Grant	4,053,659	2,364,634	2,543,294	178,660	4,053,659
V Direct Federal Food Stamps	154,982	90,406	28,522	(61,885)	154,982
V Program/Client Fees	3,994,251	2,329,980	2,460,929	130,949	5,708,359
V CSA	858,673	500,893	355,984	(144,908)	696,514
V Medicaid Option	12,518,068	7,302,206	4,653,262	(2,648,944)	9,535,121
V Medicaid Waiver	2,962,684	1,728,232	4,258,367	2,530,135	7,365,834
V Miscellaneous	14,100	8,225	77,248	69,023	308,991
Non-County Revenue	35,307,201	20,327,245	20,815,998	488,753	38,574,243
General Fund Transfer	147,554,569	147,554,569	147,554,569	-	147,554,569
<b>Total Available</b>	<b>208,412,465</b>	<b>167,881,814</b>	<b>168,370,567</b>	<b>488,753</b>	<b>211,679,507</b>
Compensation <sup>2</sup>	84,104,115	51,756,378	46,171,151	5,585,227	87,484,093
Fringe Benefits <sup>3</sup>	37,187,394	22,884,550	19,596,078	3,288,473	36,447,724
Operating <sup>4</sup>	69,145,965	40,335,146	28,204,094	12,131,053	57,569,101
Recovered Cost (WPF0)	(1,738,980)	(1,014,405)	(554,204)	(460,201)	(1,738,980)
Capital	76,469	44,607	60,627	(16,020)	76,469
Transfer Out	1,500,000	1,500,000	1,500,000	-	1,500,000
<b>Total Disbursements</b>	<b>190,274,963</b>	<b>115,506,277</b>	<b>94,977,745</b>	<b>20,528,532</b>	<b>181,338,408</b>
<b>Ending Balance</b>	<b>18,137,502</b>				<b>30,341,099</b>
DD MW Redesign Reserve <sup>5</sup>	2,500,000		2,500,000		2,500,000
Medicaid Replacement Reserve <sup>6</sup>	2,800,000		2,800,000		2,800,000
Opioid Epidemic MAT Reserve <sup>7</sup>	300,000		300,000		300,000
Diversion First Reserve <sup>8</sup>	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
Electronic Health Record Reserve <sup>10</sup>	3,000,000		3,000,000		3,000,000
<b>Unreserved Balance</b>	<b>4,208,268</b>				<b>16,411,865</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 established a \$2M reserve for reduced revenue related to the Pandemic. This was created to offset any revenue losses during the Pandemic.
- 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.

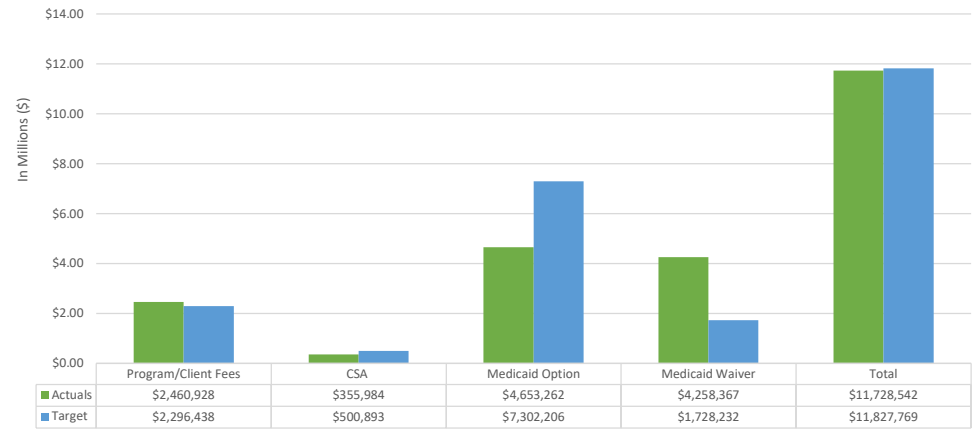
## January FY21 YTD Revenue Analysis

Variable Revenue by Month  
FY21  
Actuals vs. Target



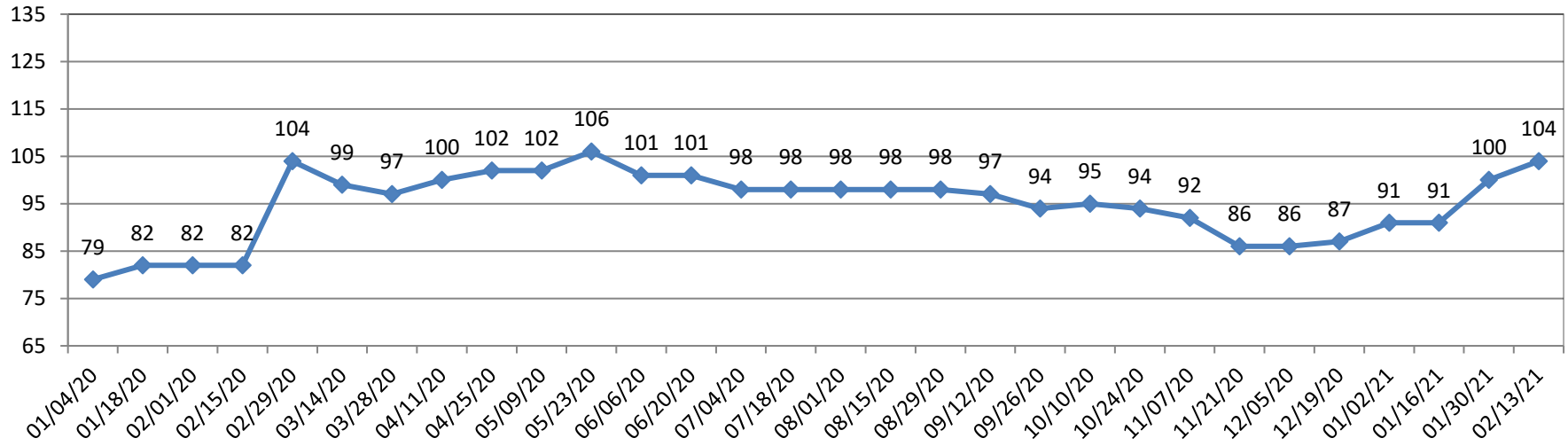
\*Adjusted target is reflective of expected Medicaid expansion revenue (\$4.4M for FY21)

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



**Fiscal Oversight Committee  
CSB HR Update – February 17, 2021**

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



*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	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	January		February		
Emergency Svcs/MCU	5	6	5	6	5	3	3	3	3	2	2	3	2 CIS	4.5	3.5 CIS	
													1 Peer Support Spec		1 Peer Support Spec	
Behavioral Health – Outpatient Svcs	6	13	13	13	15	16	14	13	11	7	7	6	2 BHS II	10	4 BHS II	
													3 BH Sr. Clin		5 BH Sr. Clin	
													1 LPN		1 LPN	
Youth & Family – Outpatient Svcs	3	5	6	6	6	6	4	3	4	4	4	7	6 BH Sr. Clin	8	6 BH Sr. Clin	
													1 BHS II		1 BHS II	
															1 BH Mgr.	
Support Coordination	25	19	16	18	15	11	11	10	8	8	8	8	8	8	8	8
ADC/ Jail Diversion	10	8	8	5	4	6	7	9	9	8	7	9	7 BHS II	7	5 BHS II	
													1 BH Sr. Clin		1 BH Sr. Clin	
													1 BH Mgr.		1 BH Mgr.	

Service	Service Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Previous Rate	New Rate	Unit	Change
Interactive Complexity* add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service	90785		Yes	\$16.92	\$16.47	per event	(\$0.45)
Initial Evaluation/Assessment	90791		Yes	\$159.18	\$199.30	per event	\$40.12
Psychiatric Evaluation, Medical Services	90792		Yes	\$176.58	\$223.16	per event	\$46.58
Individual Therapy/Counseling (16 to 37 minutes)	90832		Yes	\$77.62	\$85.48	per event	\$7.86
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$103.20	\$113.62	per event	\$10.42
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$154.34	\$167.71	per event	\$13.37
Crisis Intervention - non-Medicaid	90839		Yes	\$161.02	\$159.80	per hour	(\$1.22)
Crisis Intervention - Addl 30 Min	90840		Yes	\$77.18	\$75.54	each add't 30 min	(\$1.64)
Family Therapy w/out client (50 minutes)	90846		Yes	\$111.75	\$107.42	per event	(\$4.33)
Family Therapy w/ client (50 minutes)	90847		Yes	\$115.54	\$111.10	per event	(\$4.44)
Multi-Family Group Therapy	90849		Yes	\$41.32	\$39.85	per event	(\$1.47)
Group Therapy/Counseling (per group, per person)	90853		Yes	\$30.75	\$30.37	per event	(\$0.38)
Injection Procedure	96372		Yes	\$16.59	\$16.62	per event	\$0.03
Urine Collection & Drug Screen- Retests Only (Specimen Handling)	99000		Yes	\$25.00	\$25.00	per event	\$0.00
Office Outpatient New 15-29 Min	99202		Yes	New	\$55.95	per event	New
Psychiatric Evaluation & Management Low Complexity - New Patient 30-44 Min	99203		Yes	\$124.97	\$130.74	per event	\$5.77
Psychiatric Evaluation & Management Moderate Complexity - New Patient 45-59 Min	99204		Yes	\$189.38	\$193.99	per event	\$4.61
Office Outpatient New High 60-74 min	99205		Yes	New	\$255.71	per event	New
Nursing Subsequent Care - Established Patient	99211		Yes	\$27.55	\$27.34	per event	(\$0.21)
Office Outpatient Established 10-19 Min	99212		Yes	New	\$40.51	per event	New
Psychiatric Evaluation & Management Low Complexity - Established Patient 20-29 Min	99213		Yes	\$87.12	\$106.24	per event	\$19.12
Psychiatric Evaluation & Management Moderate Complexity - Established Patient 30-39 Min	99214		Yes	\$125.75	\$150.25	per event	\$24.50
Office Outpatient Established High 40-54 min	99215		Yes	New	\$209.07	per event	New
Preventative Visit Estimated Age 18-39	99395		Yes	\$86.72	\$86.72	per event	\$0.00
Preventative Visit Estimated Age 40-64	99396		Yes	\$89.89	\$89.89	per event	\$0.00
Preventative Visit Estimated Age 65+ (negotiated)	99397		Yes	\$95.00	\$95.00	per event	\$0.00
Prolonged Office Outpatient ea 15 min	99417		Yes	New	\$45.00	per 15 min	New
Complex E/M visit add on	G2211		Yes	New	\$45.00	per event	New
Prolonged Outpatient Office Visit	G2212		Yes	New	\$45.00	per event	New
Case Management - SA	H0006		Yes	\$243.00	\$243.00	per month	\$0.00
Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	\$393.50	per day	\$0.00
Intensive Outpatient - SA	H0015	Revenue Code 905 or 906	Yes	\$250.00	\$250.00	per day	\$0.00
Behavioral Health Short Term Residential (TDOs)	H0018 - HK		Yes	New	\$657.96	per event	New
Behavioral Health Outreach Service (Case Management - MH)	H0023		Yes	\$326.50	\$326.50	per month	\$0.00
Community Psychiatric Supportive Treatment	H0036		Yes	New	\$30.79	per 15 min	New
Intensive Community Treatment	H0039/ H0040		Yes	\$153.00	\$153.00	per hour	\$0.00
Crisis Intervention - Medicaid	H2011		Yes	\$30.79	\$30.79	per 15 min	\$0.00
Therapeutic Behavioral Services	H2019		Yes	\$89.00	\$89.00	per 15 min	\$0.00
Crisis Stabilization - Adult Residential (Therapeutic Behavioral Services)	H2019	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$583 (Facility only)	\$583 (Facility only)	per day	\$0.00
Turning Point Program	H2020		Yes	\$146.22	\$146.22	per day	\$0.00
Detoxification, Medical, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	\$393.50	per day	\$0.00
Detoxification, Social, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	\$393.50	per day	\$0.00
Drop-In Support Services, ID	None		Yes	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	per hour	\$0.00
Late Cancellation or No Show (commercial insurance coverage only)	None		Yes	\$25.00	\$25.00	per appointment	\$0.00
Residential Fee ID Community Living Services	None		No	75%	75%	of monthly gross income	\$0.00
Residential Fee MH/SA Community Living Services	None		No	30%	30%	of monthly gross income	\$0.00

FY22 Proposed Fee Schedule for Board Review rev. 021721

Returned Check (due to insufficient funds or closed account)	None		No	\$50.00	\$50.00	per check	\$0.00
Transportation	None		No	\$100.00	\$100.00	per month	\$0.00
Partial Hospitalization Psychiatric Patient	S0201	Revenue Code 912	Yes	\$500.00	\$500.00	per diem	\$0.00
Partial Hospitalization Substance Abuse Patient	S0201	Revenue Code 913	Yes	\$500.00	\$500.00	per diem	\$0.00
Release of Information: Research	S9981		No	\$10.00	\$10.00	per event	\$0.00
Release of Information: Per Page	S9982		No	18¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	\$.37 per pg up to 50 pgs; \$.18 per pg > = 51 pgs; \$6.00 per CD	per pages/CD	Varies

# Fund 40040: Fairfax-Falls Church Community Services Board

## Budget and Staff Resources

Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised
<b>FUNDING</b>				
<b>Expenditures:</b>				
Personnel Services	\$122,649,989	\$121,291,509	\$121,291,509	\$123,039,952
Operating Expenses	54,338,601	63,309,241	69,125,965	62,448,342
Capital Equipment	667,594	0	96,469	0
<b>Subtotal</b>	<b>\$177,656,184</b>	<b>\$184,600,750</b>	<b>\$190,513,943</b>	<b>\$185,488,294</b>
Less:				
Recovered Costs	(\$1,755,631)	(\$1,738,980)	(\$1,738,980)	(\$1,738,980)
<b>Total Expenditures</b>	<b>\$175,900,553</b>	<b>\$182,861,770</b>	<b>\$188,774,963</b>	<b>\$183,749,314</b>
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>				
Regular	1060 / 1056	1060 / 1056	1060 / 1056	1075 / 1071

This department has 64/60.8 FTE Grant Positions in Fund 50000, Federal-State Grants.

## FY 2022 Funding Adjustments

The following funding adjustments from the FY 2021 Adopted Budget Plan are necessary to support the FY 2022 program:

### Support Coordination **\$1,060,602**

An increase of \$1,060,602 and 9/9.0 FTE new positions includes an increase of \$1,036,302 in Personnel Services and \$24,300 in Operating Expenses to provide support coordination services to individuals with developmental disabilities (DD) in the community and comply with current state and federal requirements, primarily those pursuant to the Department of Justice Settlement Agreement and implementation of Virginia's Medicaid Waiver redesign, effective July 1, 2016. The expenditure increase is partially offset by an increase of \$382,669 in Medicaid Waiver revenue for a net cost to the County of \$677,933.

### Healthcare Business Operations **\$475,480**

An increase of \$475,480 and 4/4.0 FTE new positions, including \$464,679 in Personnel Services and \$10,801 in Operating Expenses, will support a team to navigate the rules of more than six managed care organizations (insurance providers) to provide and bill for services provided by the CSB. The expenditure increase is completely offset by revenue for no net impact to the General Fund.

### Opioid Use Epidemic **\$620,000**

An increase of \$620,000 in Operating Expenses is included to continue addressing the growing opioid epidemic. In response to the opioid crisis facing our nation and local communities in Northern Virginia, the Board of Supervisors established an Opioid and Substance Use Task Force to help address the opioid epidemic locally. The primary goal is to reduce death from opioids through prevention, treatment, and harm reduction strategies. Funding is included to provide peer support services to assist with resource navigation services for individuals in need of services, and contracted detoxification and residential treatment services

# Fund 40040: Fairfax-Falls Church Community Services Board

## **Diversion First** **\$299,462**

An increase of \$299,462 and 2/2.0 FTE new positions includes an increase of \$247,462 in Personnel Services and an increase of \$52,000 in Operating Expenses to support the County's successful Diversion First initiative. Diversion First aims to reduce the number of people with mental illness in the County by diverting low-risk offenders experiencing a mental health crisis to treatment rather than bring them to jail. This funding will support peer support services and aid in the successful identification of individuals in need of CSB services in both the Adult Detention Center and with the Specialty Courts.

## **Transfer of the Second Story for Teens in Crisis** **(\$168,000)**

A decrease of \$168,000 is associated with the transfer of the Second Story for Teens in Crisis contract from Fund 40040, Fairfax-Falls Church Community Services Board, to Agency 67, Department of Family Services, in an effort to consolidate the administration of emergency youth shelter services which will better align service delivery within the health and human services system.

## **Operating Expenses Reduction** **(\$1,400,000)**

A reduction of \$1,400,000 in Operating Expenses reflects anticipated savings based on trends in actual expenditures.

## **General Fund Transfer**

The FY 2022 budget for Fund 40040, Fairfax-Falls Church Community Services Board, requires a General Fund Transfer of \$147,583,964, an increase of \$29,395 over the FY 2021 Adopted Budget Plan, primarily due to additional funding and positions to combat the opioid use epidemic, additional funding and positions to support the Diversion First initiative, additional funding and positions to provide support coordination services, and additional funding and positions to support healthcare business operations, partially offset by a reduction of \$1,400,000 in Operating Expenses.

## **Changes to FY 2021 Adopted Budget Plan**

*The following funding adjustments reflect all approved changes in the FY 2021 Revised Budget Plan since passage of the FY 2021 Adopted Budget Plan. Included are all adjustments made as part of the FY 2020 Carryover Review, FY 2021 Mid-Year Review, and all other approved changes through December 31, 2020:*

## **Carryover Adjustments** **\$5,913,193**

As part of the *FY 2020 Carryover Review*, the Board of Supervisors approved funding of \$5,913,193, including \$5,513,193 in encumbered funding in Operating Expenses primarily attributable to ongoing contractual obligations, residential treatment and health related services, medical and laboratory equipment and supplies, and building maintenance and repair services. In addition, an appropriation of \$150,000 was included to continue implementing a strong public communications campaign with County partners as detailed in the Fairfax County Opioid Task Force Plan, which has the dual goals to reduce deaths from opioids through prevention, treatment, and harm reduction, as well as to use data to describe the problem, target interventions, and evaluate effectiveness; and an appropriation of \$250,000 from the Diversion First Reserve to establish an onsite medical assessment program at the Merrifield Crisis Response Center originally funded in the FY 2020 Adopted Budget Plan.

# Fund 40040: Fairfax-Falls Church Community Services Board

## FUND STATEMENT

Category	FY 2020 Actual	FY 2021 Adopted Budget Plan	FY 2021 Revised Budget Plan	FY 2022 Advertised Budget Plan
<b>Beginning Balance</b>	<b>\$26,418,684</b>	<b>\$11,329,069</b>	<b>\$26,138,124</b>	<b>\$18,724,931</b>
<b>Revenue:</b>				
<b>Local Jurisdictions:</b>				
Fairfax City	\$1,957,610	\$2,218,100	\$2,218,100	\$2,218,100
Falls Church City	887,299	1,005,368	1,005,368	1,005,368
<b>Subtotal - Local</b>	<b>\$2,844,909</b>	<b>\$3,223,468</b>	<b>\$3,223,468</b>	<b>\$3,223,468</b>
<b>State:</b>				
State DBHDS	\$9,649,602	\$7,527,316	\$7,527,316	\$7,839,233
<b>Subtotal - State</b>	<b>\$9,649,602</b>	<b>\$7,527,316</b>	<b>\$7,527,316</b>	<b>\$7,839,233</b>
<b>Federal:</b>				
Block Grant	\$4,157,315	\$4,053,659	\$4,053,659	\$4,053,659
Direct/Other Federal	108,990	154,982	154,982	154,982
<b>Subtotal - Federal</b>	<b>\$4,266,305</b>	<b>\$4,208,641</b>	<b>\$4,208,641</b>	<b>\$4,208,641</b>
<b>Fees:</b>				
Medicaid Waiver	\$5,915,763	\$2,962,684	\$2,962,684	\$2,962,684
Medicaid Option	6,961,355	12,518,068	12,518,068	13,064,300
Program/Client Fees	4,218,552	3,994,251	3,994,251	3,994,251
CSA Pooled Funds	1,136,318	858,673	858,673	858,673
<b>Subtotal - Fees</b>	<b>\$18,231,988</b>	<b>\$20,333,676</b>	<b>\$20,333,676</b>	<b>\$20,879,908</b>
<b>Other:</b>				
Miscellaneous	\$151,204	\$14,100	\$14,100	\$14,100
<b>Subtotal - Other</b>	<b>\$151,204</b>	<b>\$14,100</b>	<b>\$14,100</b>	<b>\$14,100</b>
<b>Total Revenue</b>	<b>\$35,144,008</b>	<b>\$35,307,201</b>	<b>\$35,307,201</b>	<b>\$36,165,350</b>
<b>Transfers In:</b>				
General Fund (10001)	\$146,575,985	\$147,554,569	\$147,554,569	\$147,583,964
<b>Total Transfers In</b>	<b>\$146,575,985</b>	<b>\$147,554,569</b>	<b>\$147,554,569</b>	<b>\$147,583,964</b>
<b>Total Available</b>	<b>\$208,138,677</b>	<b>\$194,190,839</b>	<b>\$208,999,894</b>	<b>\$202,474,245</b>
<b>Expenditures:</b>				
Personnel Services	\$122,649,989	\$121,291,509	\$121,291,509	\$123,039,952
Operating Expenses <sup>1</sup>	54,338,601	63,309,241	69,125,965	62,448,342
Recovered Costs <sup>1</sup>	(1,755,631)	(1,738,980)	(1,738,980)	(1,738,980)
Capital Equipment	667,594	0	96,469	0
<b>Total Expenditures</b>	<b>\$175,900,553</b>	<b>\$182,861,770</b>	<b>\$188,774,963</b>	<b>\$183,749,314</b>
<b>Transfers Out:</b>				
General Construction and Contributions (30010)	\$6,100,000	\$0	\$1,500,000	\$0
<b>Total Transfers Out</b>	<b>\$6,100,000</b>	<b>\$0</b>	<b>\$1,500,000</b>	<b>\$0</b>
<b>Total Disbursements</b>	<b>\$182,000,553</b>	<b>\$182,861,770</b>	<b>\$190,274,963</b>	<b>\$183,749,314</b>
<b>Ending Balance</b>	<b>\$26,138,124</b>	<b>\$11,329,069</b>	<b>\$18,724,931</b>	<b>\$18,724,931</b>
DD Medicaid Waiver Redesign Reserve <sup>2</sup>	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Opioid Use Epidemic Reserve <sup>3</sup>	300,000	300,000	300,000	300,000
Diversion First Reserve <sup>4</sup>	3,579,234	2,160,161	3,329,234	3,329,234
Medicaid Waiver Expansion Reserve <sup>5</sup>	2,800,000	2,800,000	2,800,000	2,800,000



# Fund 40040: Fairfax-Falls Church Community Services Board

## FUND STATEMENT

Category	FY 2020 Actual	FY 2021 Adopted Budget Plan	FY 2021 Revised Budget Plan	FY 2022 Advertised Budget Plan
Electronic Health Record Reserve <sup>6</sup>	0	0	3,000,000	0
COVID-19 Revenue Reserve <sup>7</sup>	0	0	2,000,000	2,000,000
<b>Unreserved Balance<sup>8</sup></b>	<b>\$16,958,890</b>	<b>\$3,568,908</b>	<b>\$4,795,697</b>	<b>\$7,795,697</b>

<sup>1</sup> In order to account for expenditures in the proper fiscal year, an audit adjustment, reflected as a decrease of \$587,429.42 to FY 2020 expenditures, is included to accurately record expenditure accruals. This audit adjustment was included in the FY 2020 Comprehensive Annual Financial Report (CAFR). Details of the audit adjustments were included in the FY 2021 Mid-Year Package.

<sup>2</sup>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.

<sup>3</sup> 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.

<sup>4</sup> The Diversion First Reserve represents one-time savings realized since FY 2017 that will be appropriated as part of a future budget process based on priorities identified by the Board of Supervisors.

<sup>5</sup> The Medicaid Waiver Expansion Reserve ensures the County has sufficient funding to provide services to individuals newly eligible under Medicaid Expansion.

<sup>6</sup> The Electronic Health Record Reserve ensures the County has sufficient funding to procure and implement a new electronic health record system capable of aligning itself with the future needs of the CSB.

<sup>7</sup> The COVID-19 Revenue Reserve ensures the County has sufficient funding to provide billable services that may be impacted by the on-going Covid-19 pandemic.

<sup>8</sup> The Unreserved Balance fluctuates based on specific annual program requirements.

## Fairfax County 2021 Budget Timeline

**January 7:** FCPS Superintendent releases FY 2022 Proposed Budget

---

**January 26-27:** School Board holds public hearings on budget (January 27 if needed)

---

**February 18:** School Board adopts FY 2022 (proposed) Budget Plan

---

**February 23:** County Executive releases FY 2022 Advertised Budget Plan

---

**March 2:** Joint County/School Budget Committee to discuss FY 2022 budget and tax rate

---

**March 9:** Board of Supervisors Advertises FY 2022 tax rate

---

**April 13-15:** Board of Supervisors holds public hearings on FY 2022 Budget

---

**April 27:** Board of Supervisors marks up FY 2022 Budget

---

**May 4:** Board of Supervisors adopts FY 2022 Budget

---

**May 11-12:** School Board holds public hearings on FY 2022 Budget (May 12 if needed)

---

**May 20:** School Board adopts FY 2022 Approved Budget

---

**July 1:** FY 2022 Budget Year begins



*Please find below the DBHDS monthly update for February 2021. This summary does not represent all of the activity currently underway at DBHDS but provides updates on key initiatives in major program areas.*

## February Update Contents:

[COVID-19 Response](#)

[DBHDS State Facilities](#)

[Behavioral Health Community Services](#)

[Developmental Disability \(DD\) Services](#)

## DBHDS COVID-19 RESPONSE

- **COVID-19 in DBHDS State Hospitals and Centers** – The COVID-19 positivity rate in Virginia is finally starting to trend downward after many extremely difficult weeks. DBHDS facilities tend to mirror the community and there has been a corresponding reduction in positive cases at DBHDS facilities statewide. DBHDS and the healthcare system has learned with COVID-19 that situations can change rapidly, so DBHDS staff will remain vigilant and continue doing everything possible to reduce risk of infection. As of February 10, 2021, there was a total of 105 COVID-19 cases among DBHDS facilities (52 staff and 53 patients). For context, there are approximately 5,500 staff and 1,900 patients among the 12 DBHDS facilities. More information can be found at [www.dbhds.virginia.gov/covid19](http://www.dbhds.virginia.gov/covid19).
- **COVID-19 in DBHDS State Hospitals and Centers** – DBHDS is currently monitoring outbreaks at Southeastern Virginia Training Center, Piedmont Geriatric Hospital, Central State Hospital, and the Virginia Center for Behavioral Rehabilitation. Admission holds related to COVID-19 outbreaks include:
  - Piedmont Geriatric Hospital continues to be temporarily closed to admissions. As positive cases at PGH are declining, the hospital is working with the local health department on a plan to safely reopen.
  - The Commonwealth Center for Children & Adolescents (CCCA) currently has 28 beds open out of 48 total beds due to COVID-19 and critical staffing shortages.
- **COVID-19 Vaccine Update** – All 12 DBHDS state facilities started receiving the COVID-19 vaccines the week of January 4 and have been administering vaccines to staff and prioritized patients throughout January and February. As of February 10, 2021, there have been **3,674** people in DBHDS facilities (3,057 staff and 617 patients) who have received their first dose of the vaccine. In addition, DBHDS has already had 1,243 staff and 85 patients who have received their second dose. Facility leadership continues to educate

staff and ensure resources and information is available for their consideration. Consents are available for decision makers on behalf of patients and residents. Under Virginia's COVID-19 Vaccination Prioritization Guidance, DBHDS staff at state facilities, geriatric patients and individuals at Hiram Davis and SEVTC fall within Phase 1a. As additional allotments are received, facilities are able to offer the vaccine to an expanded group of people, including patients not in Phase 1a, but still at risk for COVID-19 infection because of the congregate living setting of the facilities. Photos from facility vaccine clinics can be found on DBHDS' [Facebook](#) and [Twitter](#) accounts.

- **DBHDS Licensed Provider COVID-19 Cases** – From March 7, 2020 through January 28, 2021, there have been a total of 3,608 positive cases and 123 deaths among the approximately 1,140 public and private providers of behavioral health and developmental services that are licensed by DBHDS statewide. These are derived from cases reported by providers and do not reflect official VDH data. DBHDS will be advocating for the community providers to the fullest extent possible in the coming weeks as cases rise nationwide. More information is available on the Licensed Provider COVID-19 Data Dashboard found at: [www.dbhds.virginia.gov/covid19](http://www.dbhds.virginia.gov/covid19).
- **DBHDS Licensed Provider Vaccinations** – Virginians who live and work in DBHDS-licensed long-term residential settings are a priority population being served under the Long-Term Care Facility section of the Virginia Department of Health's (VDH) COVID-19 Vaccination Unit. Virginia is prioritizing residential settings where risk of infection is the highest. DBHDS is coordinating with VDH to process a list of over 3,600 DBHDS-licensed long-term residential providers to offer vaccinations. This vaccine supply is tied to the long-term care facility program that grew out of the CVS/Walgreens Retail Pharmacy Partnership for long-term care. As such, this vaccine supply is only available to residents and staff where DBHDS licenses the actual home. Importantly, DBHDS recognizes the critical importance of other licensed services. Unfortunately, Virginia currently does not have an identified pool of vaccines set aside for this purpose. Should additional targeted vaccines become available, DBHDS will reach out with more information as quickly as possible. In the meantime, licensed providers should stay engaged with their local health district to determine where they may be able to be vaccinated at this time.
- **Federal COVID-19 Grant** – DBHDS was recently notified of an increase to Virginia's federal COVID-19 grant from U.S. SAMHSA. This award supports mental health and substance use community-based services, prevention and recovery, and mental health support for front line health care workers. A total of \$2,859,649 was awarded for the new budget period (February 1, 2021 through May 31, 2022). This new amount is in addition to the \$2 million federal grant received for this purpose in April 2020. DBHDS program and finance staff will begin detailing sustainability plans in line with expectations/parameters provided by SAMHSA.
- **Supporting Individuals in the Community During COVID-19** – DBHDS Registered Nurse Care Consultants are following up on 1,610 people with a developmental disability and 2,600 people receiving mental health and substance-use disorder services who have been reported to test positive for COVID-19. Of this group, 59 passed away. This group represents 269 DBHDS licensed providers. In addition, DBHDS is following up on 181

people with a developmental disability who reported to test negative for COVID-19. These efforts are focused on preventing further community spread by identifying barriers and challenges that providers are encountering and providing technical assistance to reduce those barriers and challenges.

- **COVID-19 Warm Line:**

**(877) 349-6428 Toll Free**

*Monday – Friday - 9:00 A.M. - 9:00 P.M.*

*Saturday and Sunday - 5:00 P.M. - 9:00 P.M.*

## **STATE FACILITIES AND COMMUNITY INTEGRATION**

- **State Hospital Census** – As the numbers of people testing positive for COVID-19 in Virginia has been trending downward, the statewide census of the state hospitals is again beginning to rise. As of February 8, 2021, the state hospitals (excluding CCCA and maximum security at CSH) are utilizing 98% of their available capacity. Geriatric Hospitals and units are currently utilizing 113% of available capacity.
- **Alleghany-Highlands CSB Transitional Beds** – DBHDS has finalized a partnership with Alleghany-Highlands CSB for transitional beds for individuals leaving state hospitals. These beds are expected to go-live on March 1, 2021 and will begin by focusing on Western State and Catawba patients.
- **Nursing Home Pilot Program** – The staff for the Mt. Rogers nursing home pilot program started on February 1, 2021. In addition, DBHDS is drafting an RFP for a specialized nursing home for individuals with mental health or behavioral challenges, as well as exploring community resources specifically for not guilty by reason of insanity (NGRI) patients with specialized community placement needs.
- **Alternative Transportation (AT)** – AT goes live in Region 4 (Central Virginia) next week, completing the statewide rollout of AT for adults. New vehicles have been delivered and are currently being outfitted for specialty child and bariatric transports.

## **BEHAVIORAL HEALTH COMMUNITY SERVICES**

- **Community Services Marcus Alert Stakeholders** – The first Marcus Alert stakeholder planning group meeting was held Monday, January 25 via Zoom. The group comprised of 35 stakeholders across mental health, substance use, developmental disabilities, law enforcement, emergency management, social justice, and racial equity. The group will meet 11 additional times and hold multiple community forums during the next six months to prepare the statewide plan due to the General Assembly, July 1, 2021. Initial meeting materials can be accessed [here](#).
- **988 Dialing Code Planning Grant** – DBHDS recently received a planning grant to help prepare Virginia for the National Suicide Prevention Lifeline’s 988 dialing code. Soon, people in crisis across the US can dial 988 to be connected to experts in suicide prevention and mental health, similar to how we can call 911 for emergencies. Through this grant, DBHDS will participate in the development of strategic plans in preparation for the projected infrastructure needs, volume growth, and access to the Lifeline’s new 988

number. In July 2022, 988 will replace the current phone number of 1-800-273-TALK (8255), but people who need support should continue to use this number until then.

- **Peer Recovery Services** – DBHDS recently launched online, on-demand peer recovery specialist training. Completion of the course is required for direct supervisors who will be supervising Certified Peer Recovery Specialists (CPRS) whose peer support services will be billed to Medicaid. It is also available to other supervisors. In addition, the end of the year reports showed 482 peer recovery specialist liaisons were trained in 2020. As a result, there have been 2,487 peer recovery specialists trained since 2017.
- **Behavioral Healthcare Professionals of Color** – DBHDS recently contracted with an outside researcher to conduct a series of focus groups on the workplace experiences of Behavioral Healthcare Professionals of Color. The goal was to gain insight into ways DBHDS and CSBs can better retain and recruit racial/ethnic behavioral health professionals and create a more inclusive environment for these staff members and their clients who identify as Black, Indigenous, and People of Color (BIPOC). An executive summary of the focus group results is available, and the full report will be published on the DBHDS website in the coming weeks.

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

- **Waiver Operations** – The Waiver Management System (WaMS) electronic waiting list module to collect required annual updates went live on January 15, 2021. This system allows individuals and parents to update their information in the WaMS to remain on the waiting list for waiver services.
- **Department of Justice (DOJ) Steering Committee** – In January 2020, the federal judge overseeing the DOJ settlement agreement finalized a set of 328 indicators that measure Virginia's progress with the settlement agreement. This largely internal, cross-divisional steering committee was formed to monitor progress with the implementation of the indicators. Through the steering committee, DBHDS has employed a structured project management process with three phases. The committee meets regularly to assess the status and review the work during each of these phases. Currently, the steering committee is ensuring the processes put into place are meeting the expectation of the indicators.
- **DOJ Independent Reviewer (IR)** – The current Independent Reviewer studies include Crisis Services, Quality and Risk Management, Individual and Family Support Program, Creation of Waiver Slots, Serving Individuals with Complex Medical Needs, Case Management, Independent Living Options, Training Center Discharge Planning and Transition, and Serving Individuals in the Most Integrated Setting. Study activities begin with "kick-off" calls between the agency subject matter experts, the Independent Reviewer, and the Independent Reviewer's assigned expert consultants. The next Status Conference with the federal DOJ judge is in March.

Election to Fill Mid-Term CSB Board Officer Vacancy

Issue

Request for CSB Board approval to appoint CSB Board member Garrett McGuire to the position of CSB Board Vice Char.

Recommended Motion

*I move that the CSB Board approve the appointment of Garrett McGuire as CSB Board Vice Chair with a term of February 24 through June 30, 2021.*

Background

According to Article VI of the CSB Bylaws, CSB Board Officers are elected each June for a term of one year from July 1 to June 30. This off-schedule appointment with a term of February 24 through June 30 is submitted to the CSB Board for approval due to the resignation of current CSB Board Vice Chair, Jennifer Adeli.

Fiscal Impact

None

CSB Board Member

Bettina Lawton, CSB Board Chair