

CSB Fiscal Oversight Committee Meeting

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

May 20, 2021, 4:00 p.m.

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Meeting ID: 990 4209 0906 • Passcode: 221709

MEETING AGENDA

1. Meeting Called to Order Jennifer Adeli
2. Matters of the Public Jennifer Adeli
3. Amendments to the Meeting Agenda Jennifer Adeli
4. Review of April 15, 2021 Meeting Minutes Jennifer Adeli
5. Administrative Operations Report Daryl Washington
6. Clinical Operations Report Lyn Tomlinson
 - A. Client Data Reports and Time to Treatment
7. Financial Status Jessica Burris
 - A. Modified Fund Statement
 - B. Variable Revenue Report
8. HR Update Daniel Herr
 - A. Position Status
9. Open Discussion
10. Adjourn

CSB Fiscal Oversight Committee Virtual Meeting Minutes

April 15, 2021

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

Members in Attendance:

In-Person: Chair, Jennifer Adeli; Karen Abraham; Captain Derek DeGeare Andrew Scalise; and Sandra Slappey

Remote: Daniel Sherrange (Chantilly)

Members Absent:

 Bettina Lawton

Staff: Daryl Washington, Lyn Tomlinson, and Jessica Burris

1. Meeting called to order.

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

2. Matters of the Public

None were presented

3. Amendments to the meeting agenda

Acknowledging no forthcoming amendments, the agenda was accepted as presented.

4. Review of meeting minutes

The March 18, 2021 meeting minutes were offered for review. BOARD MEMBER made a motion to approve the minutes as presented, which was seconded and approved.

5. Administrative Operations Report

Daryl Washington introduced newly hired Deputy Director of Operations, Daniel Herr. Following this introduction, Mr. Washington offered a reminder to the committee that recommendations for refinement of the reports provided are welcome. Updates to recent activities included:

- The number of CSB staff testing positive for COVID-19 is 83 with 82 staff having returned to work, confirming this indicates a decrease in new cases.
- The renovation of the crisis stabilization facility is anticipated to be complete and resumption of services by the end of April.
- There was a kick-off meeting for the planned renovations at the Crossroads residential treatment center. It was clarified that involved county agencies were notified that the facility must remain open during renovations that include significant repairs to the HVAC system (mold) and some needed updates to the building.
- Behavioral Health Transformation, now called BRAVO (Behavioral Health Redesign for Access, Value, and Outcomes) will be effective July 2021. Robust efforts are underway to prepare for the operational and administrative changes. Some funding is anticipated with approval of the FY2022 county budget. Additional funding is anticipated for the new STEP-VA resources that include veterans' services, expanded peer and outpatient resources. The Regional Office is also anticipated to

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April 15, 2021

receive some additional state funding. Some dual encumbered positions are anticipated to be approved to assist with workforce planning.

6. Clinical Operations Report

Lyn Tomlinson provided an overview of the clinical operation reports, including:

- Attention was directed to the agency wide – average clients serviced per day, it was noted that the numbers have declined, attributed to seasonal holidays (Spring Break etc.), but will be monitored.
- It was clarified that the reporting on the *SUD Residential Waiting List* illustrates delivery of intermediate (term) services at A New Beginning, long term services at Crossroads and Next Generation, and that Cornerstones provides long term services to individuals with significant substance use disorders as well as mental health conditions. All programs remain smaller due to physical distancing.
- In response to member requests, the *Individuals Discharged from SUD residential Waiting List* was provided. A reminder was offered that while waiting for placement, individuals can participate in residential treatment supports that include group meetings, access to the PORT team (Peer Outreach and Response Team). Administrative efforts to remain in contact include multiple calls and letters before discharge.
- Referring to the *Adult Outpatient Time to Treatment* report it was clarified that the numbers were skewed due to the limitations of scheduling individual orientations, noting an increase is anticipated in April 2021. The decrease in wait times was attributed to several openings at Intensive Outpatient program.
- Members requested to add an additional month to the reports to provide a 13-month comparison. Additionally, staff will confirm the methodology of data collection. .
- *Youth Time to Treatment* data shows improvement.

7. Financial Status

Jessica Burris provided an overview of the financial reports, some highlights included:

A. *Modified Fund Statement*

- The Statement has been modified to reflect the FY2021 Revised Budget that includes the transfer of \$4.5M from the Operating budget to Compensation and Fringe that was discussed at prior meetings.
- FY2021 projections are updated to reflect a decrease of approximately \$1.4M in variable revenue. It was reported that approximately \$155,000 was received through Medicaid Option billing for the ARTS (Addiction Recovery Treatment Services) program.
- Compensation and Fringe is decreased to reflect the high number of staff vacancies. Projections have been decreased to compensate for the increased number of staff vacancies.
- Operating expenses forecast is higher due in part to the anticipated FY2021 costs of implementing the new EHR (Electronic Health Record) from the \$3M reserve fund, noting that unspent funds will be requested in carryover.

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Approximately \$1.4M was contributed for one-time staff bonuses paid out in the 3rd quarter. Additional expenses include rent on some leased properties, carryover encumbrances, and some other minor contingencies.

Members engaged in robust discussion of the Vacancy Breakeven Point (VBP)

B. *Variable Revenue Report*

- March revenue totals indicate reflect an increase attributed to increased focus on back-billing and claims correction, supported by new staff.

8. Human Resources (HR) Update

Daryl Washington provided an update to recent human resources activities, including:

- Contracting with HSD (Human Systems Development) Metrics to support staff recruitment and retention. Starting with exit surveys, the next step will be 'stay' surveys with staff who do not leave to track trends and identify strategies. This is scheduled to begin by the end of April.
- Related to filling vacancies in critical areas, some flexibility was approved to include
 - Hiring bonuses including for referrals.
 - Job-sharing to allow a full-time position to be filled by to part time staff
 - Resume hiring of retired CSB staff.
 - Approval from Department of Behavioral Health and Developmental Services Director of Licensing, Behavioral Health Director of Medicaid, and Deputy Director of Health Professions to hire counseling interns.
 - General employment ads will be posted to allow for a broader candidate pool with a goal of filling a larger number of equivalent vacancies.

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

Action Items/Responsible Party Required Prior to Next Meeting:

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Next Scheduled Fiscal Oversight Committee meeting

Thursday, May 20, 4:00 p.m.

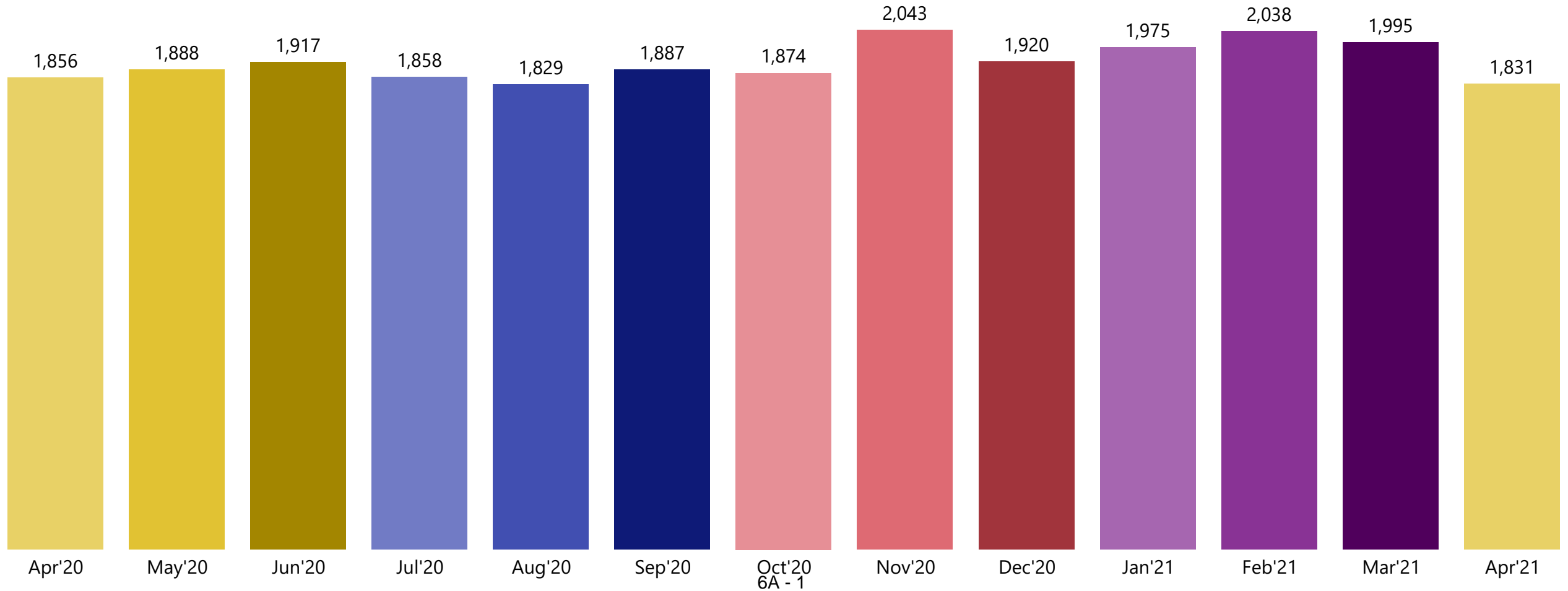
**Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA
Room 3-314, West**

Date Approved

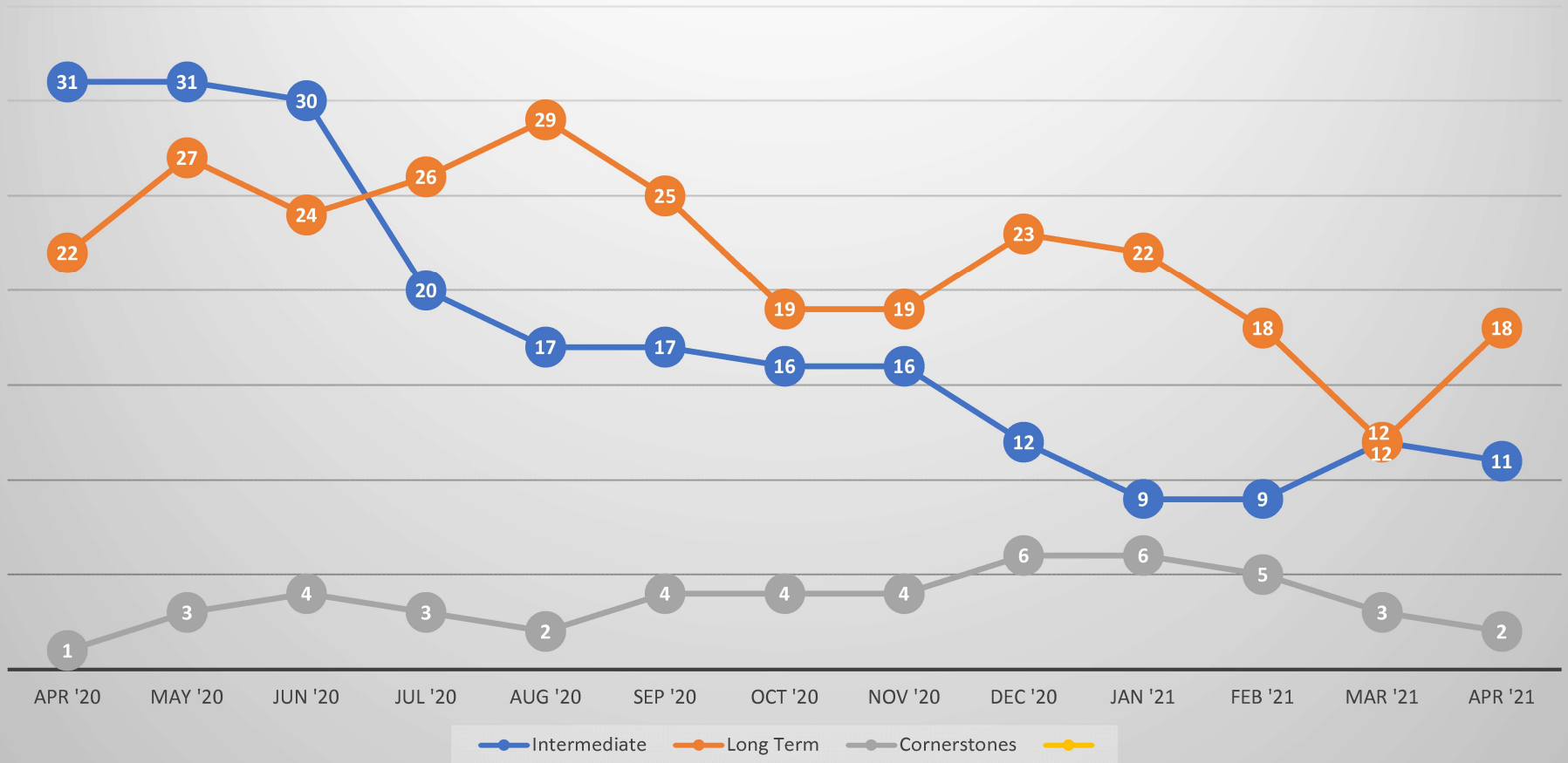
Clerk to the Board

Agency Wide - Average Clients Served per Day

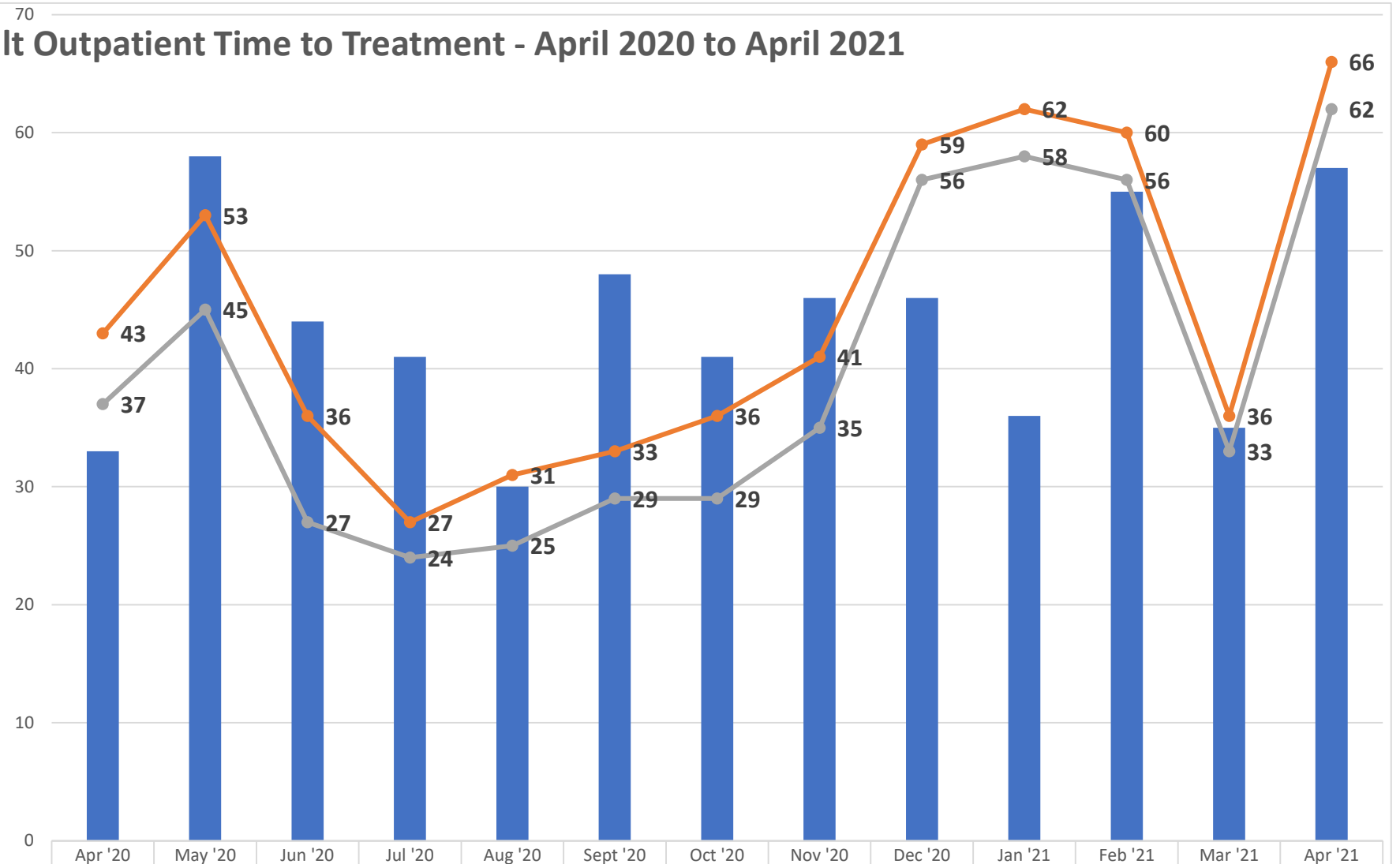
Excludes Emergency, Residential, and Employment & Day



SUD Residential Waiting List Individuals Waiting by Program Type April 2020 - April 2021



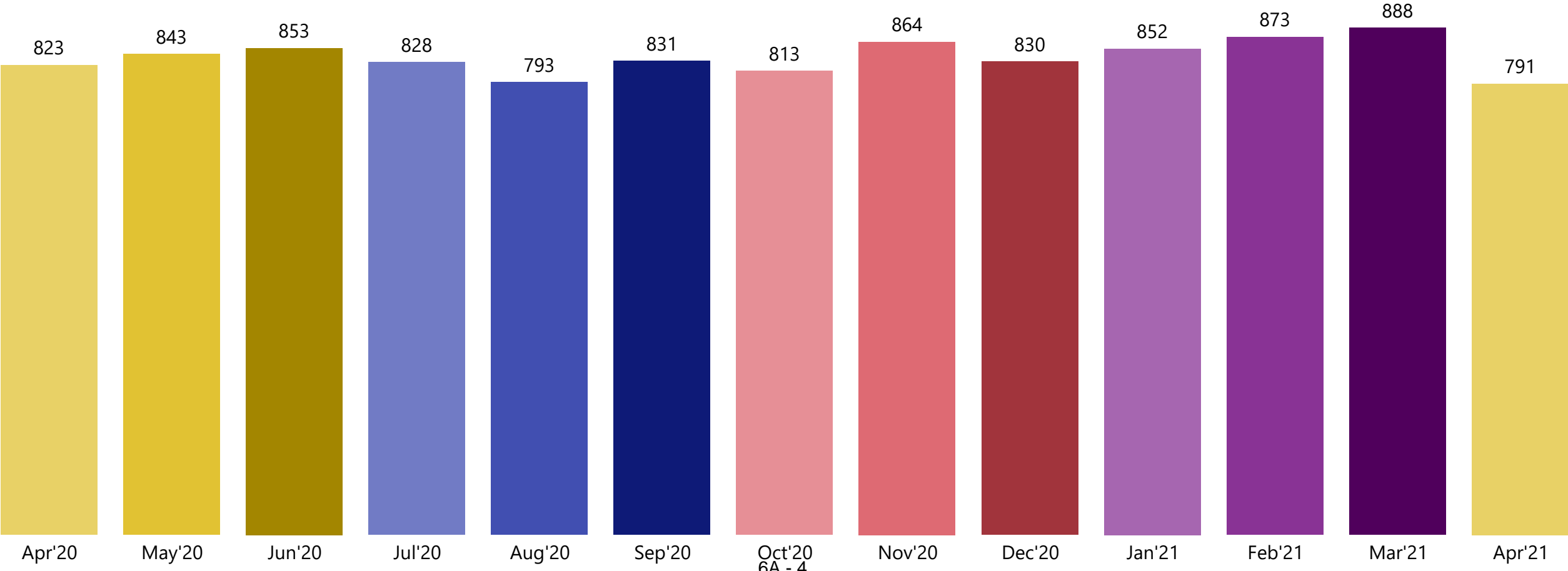
Adult Outpatient Time to Treatment - April 2020 to April 2021



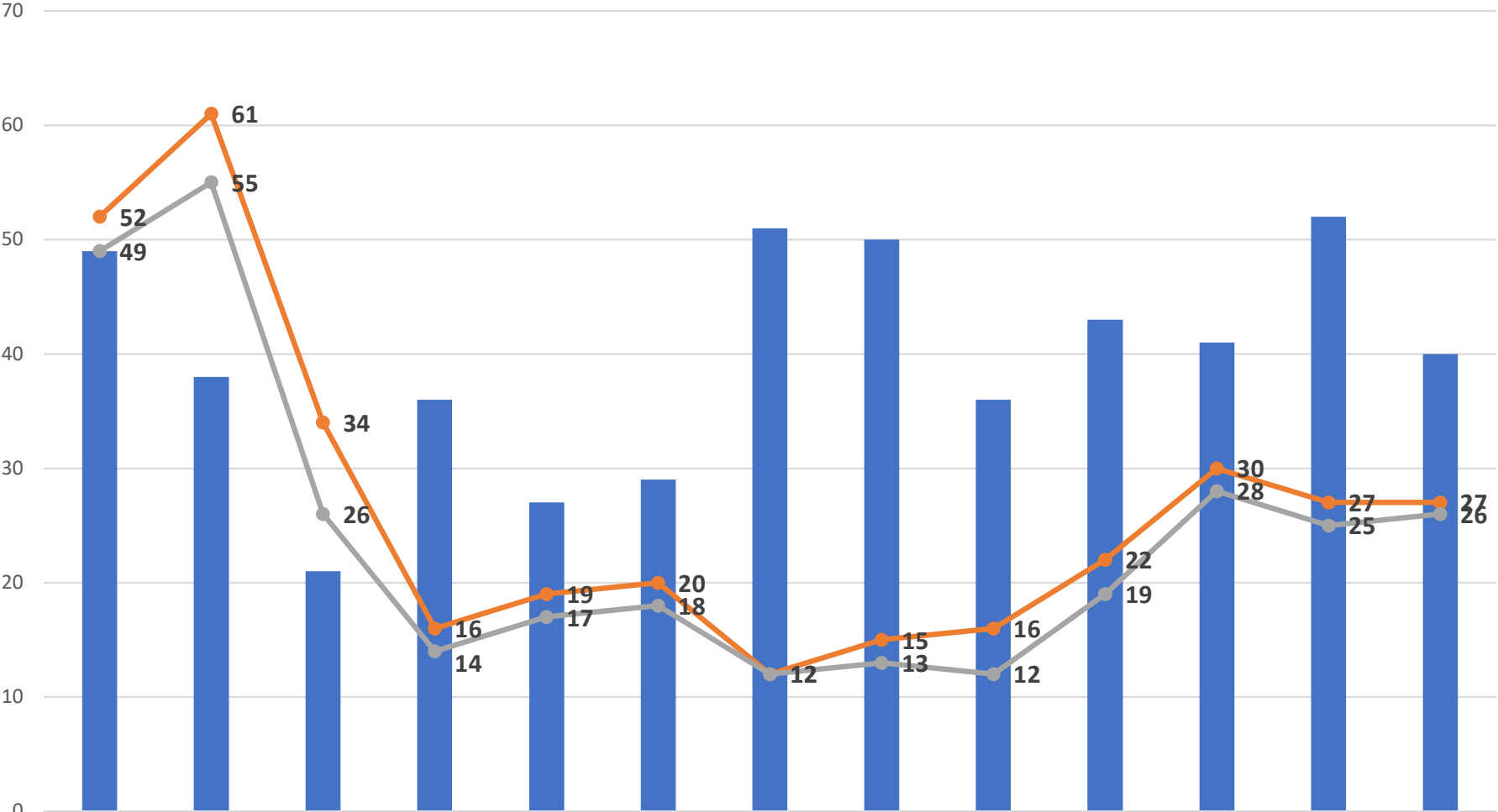
■ # Adults Who Attended 1st Treatment Appt	33	58	44	41	30	48	41	46	46	36	55	35	57
—●— Average # Days from Assessment to Treatment	43	53	36	27	31	33	36	41	59	62	60	36	66
—●— Average # Days from Assessment to 1st Available / Accepted Appt*	37	45	27	24	25	29	29	35	56	58	56	33	62

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

Adult BH Outpatient - Average Clients Served per Day

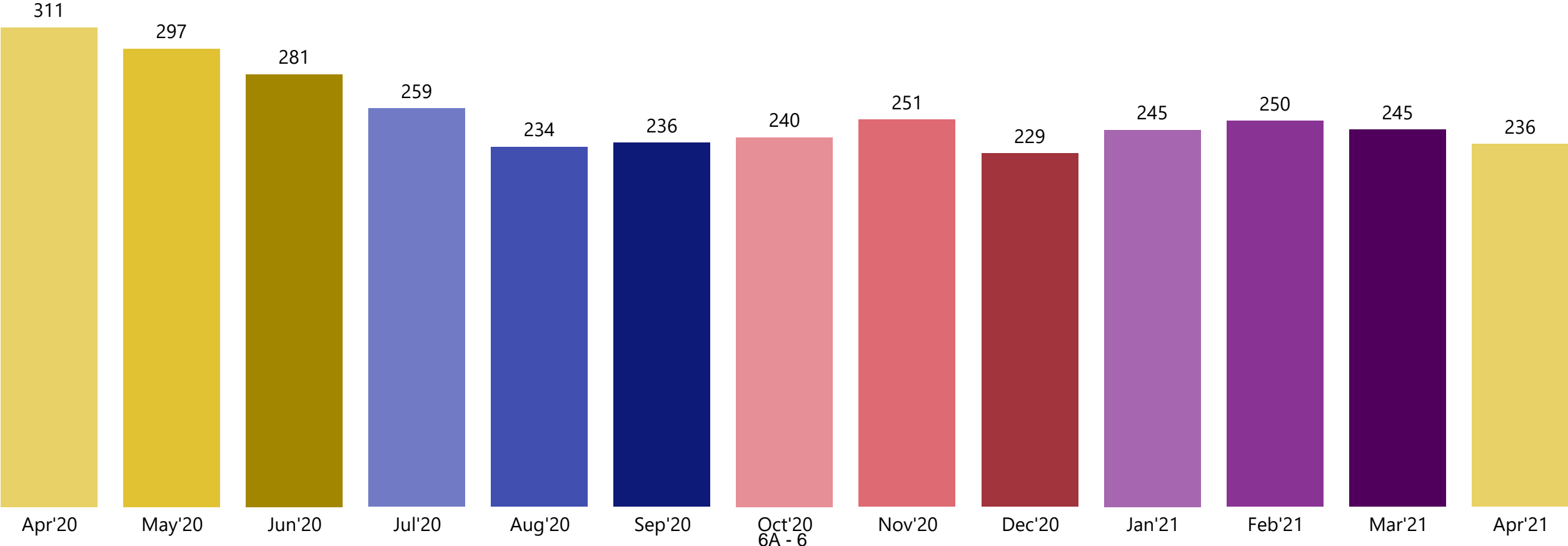


Youth Outpatient Time to Treatment - April 2020 to April 2021

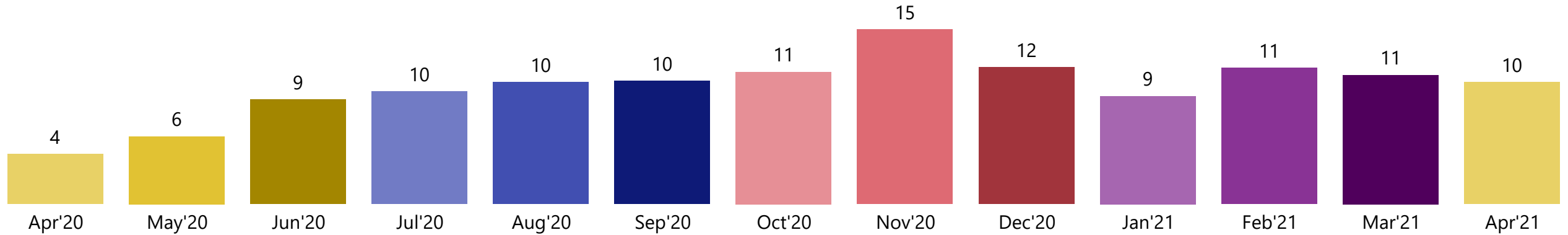


# Youth Who Attended 1st Treatment Appt	49	38	21	36	27	29	51	50	36	43	41	52	40
Average # Days from Assessment to Treatment	52	61	34	16	19	20	12	15	16	22	30	27	27
Average # Days from Assessment to 1st Available / Accepted Appt*	49	55	26	14	17	18	12	13	12	19	28	25	26

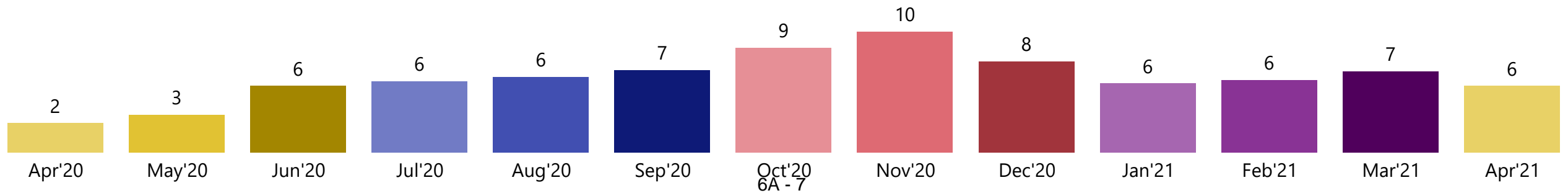
Youth BH Outpatient - Average Clients Served per Day



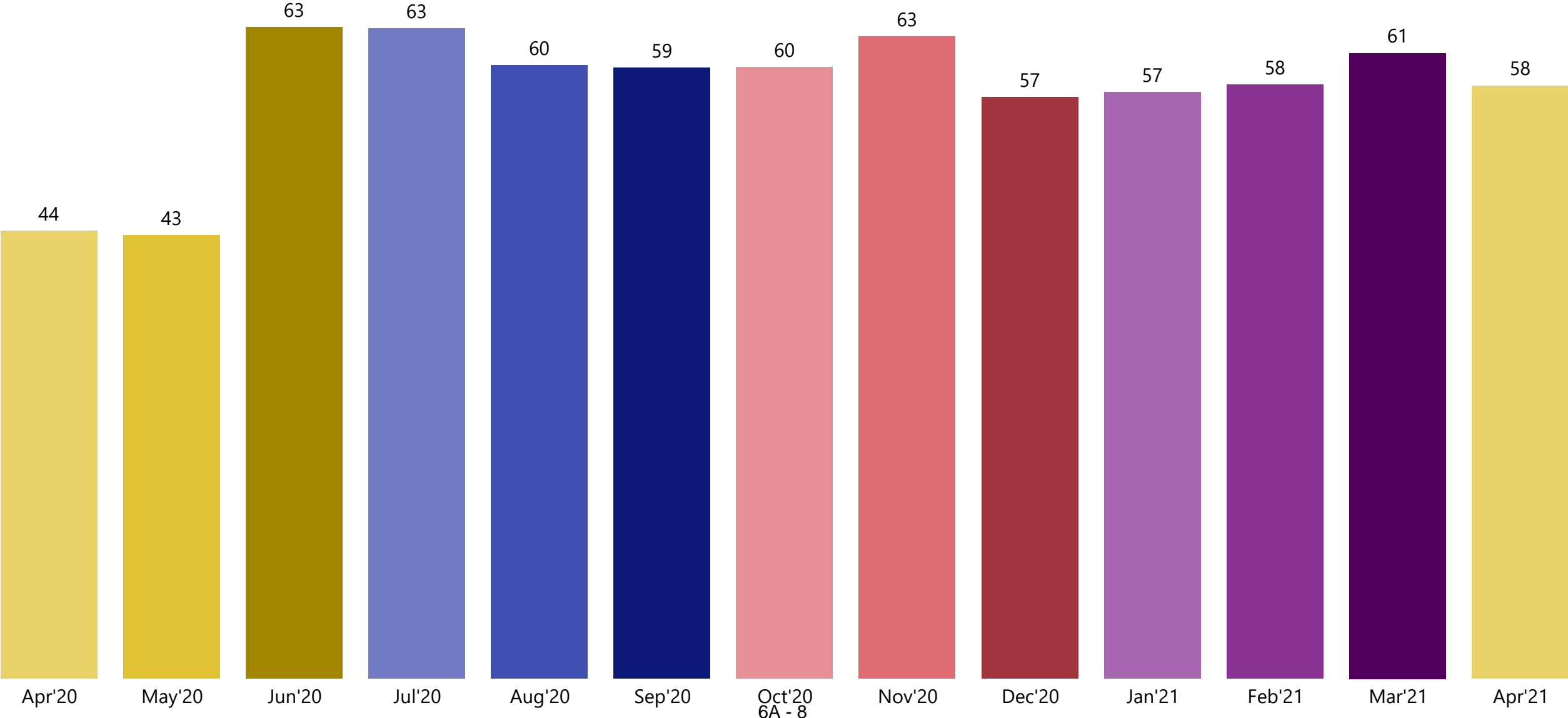
Entry & Referral - Average Clients Screened per Day



Entry & Referral - Average Clients Assessed per Day



Emergency - Average Clients Served per Day



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

	FY 2021 Approved Budget	FY 2021 REVISED Budget ¹¹	FY 2021 YTD Budget	FY 2021 Actuals Thru April 2021	Variance from YTD Budget	FY 2021 Projection
Beginning Balance	26,138,124	26,138,124				26,138,124
F Fairfax City	2,218,100	2,218,100	1,663,575	1,663,575	-	2,218,100
F Falls Church City	1,005,368	1,005,368	754,026	754,026	-	1,005,368
F State DBHDS ¹	7,527,316	7,527,316	6,272,763	6,869,877	597,114	7,527,316
F Federal Pass Thru SAPT Block Grant	4,053,659	4,053,659	3,378,049	3,600,344	222,295	4,053,659
V Direct Federal Food Stamps	154,982	154,982	129,152	39,976	(89,176)	154,982
V Program/Client Fees	3,994,251	3,994,251	3,328,543	3,538,005	209,462	4,429,480
V CSA	858,673	858,673	715,561	487,740	(227,821)	696,514
V Medicaid Option	12,518,068	12,518,068	10,431,723	7,055,111	(3,376,612)	9,123,261
V Medicaid Waiver	2,962,684	2,962,684	2,468,903	6,173,462	3,704,558	7,375,919
V Miscellaneous	14,100	14,100	11,750	109,877	98,127	131,852
Non-County Revenue	35,307,201	35,307,201	29,154,045	30,291,992	1,137,947	36,716,451
General Fund Transfer	147,554,569	147,554,569	147,554,569	147,554,569	-	147,554,569
Total Available	208,999,894	208,999,894	176,708,614	177,846,561	1,137,947	210,409,144
Compensation ²	84,104,115	87,693,231	74,201,965	65,017,198	9,184,767	83,697,551
Fringe Benefits ³	37,187,394	37,993,964	32,148,739	27,780,467	4,368,272	35,208,696
Operating ⁴	69,145,965	63,100,059	52,583,383	39,307,884	13,275,499	50,313,681
Recovered Cost (WPFO)	(1,738,980)	(1,568,760)	(1,307,300)	(1,145,419)	(161,881)	(1,738,980)
Capital	76,469	116,469	97,058	86,490	10,568	76,469
Transfer Out	1,500,000	1,500,000	1,500,000	1,500,000	-	1,500,000
Total Disbursements	190,274,963	188,834,963	159,223,844	132,546,620	26,677,224	169,057,417
Ending Balance	18,724,931	20,164,931				41,351,727
DD MW Redesign Reserve ⁵	2,500,000	2,500,000		2,500,000		2,500,000
Medicaid Replacement Reserve ⁶	2,800,000	2,800,000		2,800,000		2,800,000
Opioid Epidemic MAT Reserve ⁷	300,000	300,000		300,000		300,000
Diversion First Reserve ⁸	3,329,234	3,329,234		3,329,234		3,329,234
COVID Revenue Impact Reserve ⁹	2,000,000	2,000,000		2,000,000		2,000,000
Electronic Health Record Reserve ¹⁰	3,000,000	3,000,000		3,000,000		3,000,000
Unreserved Balance	4,795,697	6,235,697				27,422,493

Key

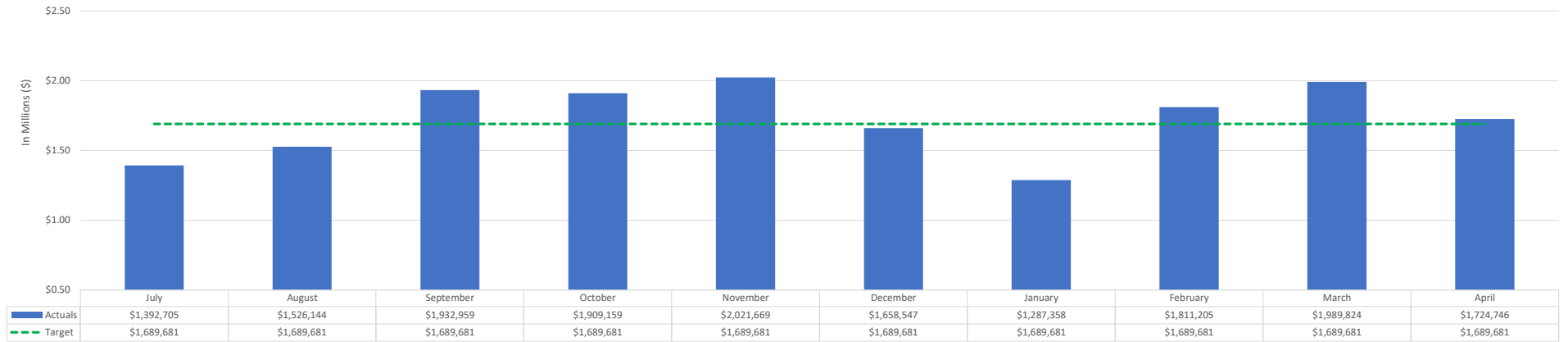
- F Fixed Annual Allocations
- V Variable Revenue based on number of services provided and total billing collections

Comments

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

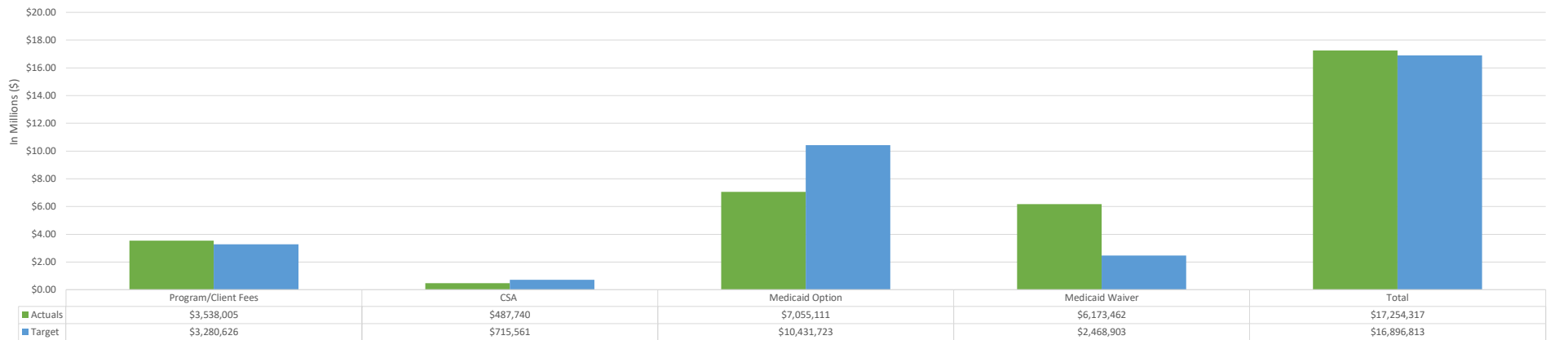
April FY21 YTD Revenue Analysis

Variable Revenue by Month
FY21
Actuals vs. Target

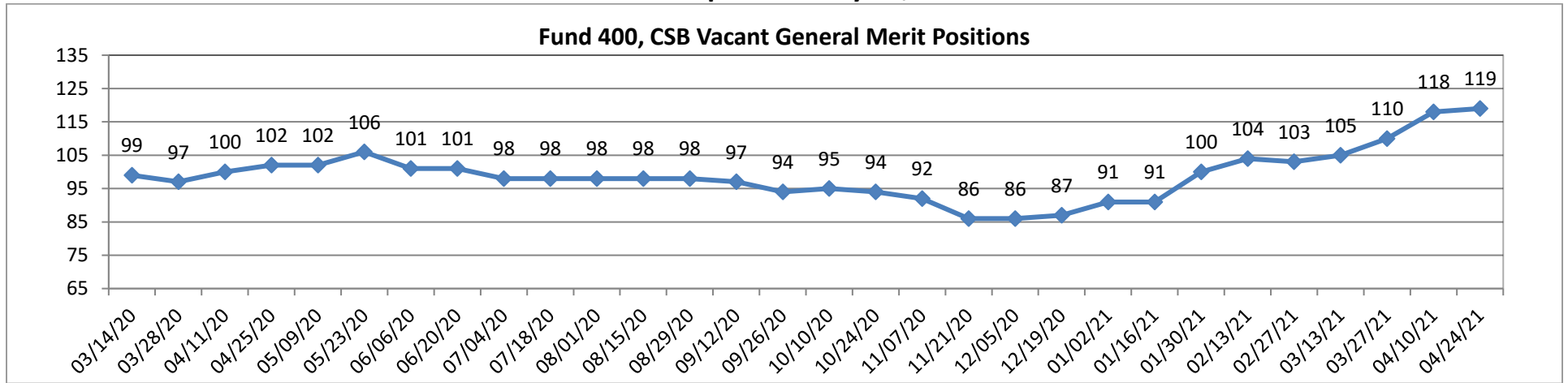


*Target is reflective of expected Medicaid expansion revenue (\$4.4M for FY21)

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



**Fiscal Oversight Committee
CSB HR Update – May 10, 2021**



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

Service area / program	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April		May	
												April	May	April	May
Emergency Svcs/MCU	6	5	3	3	3	3	2	2	3	4.5	3.5	3.5	2.5 CIS	1	1 CIS
													1 Peer Support Spec		
Behavioral Health – Outpatient Svcs	13	15	16	14	13	11	7	7	6	10	11	11	5 BHS II	12	5 BHS II
													3 BH Sr. Clin		3 BH Sr. Clin
													2 LPN		3 LPN
													1 BHN Clin/Case Mgr.		1 BHN Clin/Case Mgr.
Youth & Family – Outpatient Svcs	6	6	6	4	3	4	4	4	7	8	9	9	7 BH Sr. Clin	9	7 BH Sr. Clin
													1 BHS II		1 BHS II
													1 BH Mgr.		1 BH Mgr.
Support Coordination	18	15	11	11	10	8	8	8	8	8	10	12	10 DDS II	13	13 DDS II
													2 DDS III		
ADC/ Jail Diversion	5	4	6	7	9	9	8	7	9	7	7	9	8 BHS II	10	9 BHS II
													1 BH Mgr.		1 BH Mgr.