



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Garrett McGuire, Chair

Sharon Bulova Center for Community Health

**8221 Willow Oaks Corporate Drive, Level 3, Room 3-314, West
Fairfax, VA 22031**

Wednesday, February 22, 2023, 5:00 PM

This meeting can also be attended via electronics access through Zoom

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

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+1 346 248 7799 US (Houston)

Meeting ID: [864 1833 2397](#) Passcode: 001299

MEETING AGENDA

- 1. Meeting Called to Order** **Garrett McGuire**
- 2. Roll Call, Audibility and Preliminary Motions** **Garrett McGuire**
- 3. Matters of the Public** **Garrett McGuire**
- 4. Amendments to the Meeting Agenda** **Garrett McGuire**
- 5. Approval of the January 25, 2023, Meeting Minutes** **Garrett McGuire**
- 6. Opioid Overdose and Naloxone Education** **Anis Saccoh**
- 7. Director’s Report** **Daryl Washington**
 - A. County, Regional, State and Cross Agency Initiatives
 - B. Covid Update
 - C. Electronic Health Record Update
- 8. Information Item** **Sebastian Tezna**
 - A. Proposed Changes to FY24 CSB Fee Schedule
 - B. FY 2024 Proposed Fee Schedule
- 9. Matters of the Board** **Garrett McGuire**
- 10. Committee Reports**
 - A. Service Delivery Oversight Committee **Anne Whipple**
 - B. Compliance Committee **Garrett McGuire**
 - C. Fiscal Oversight Committee **Dan Sherrange**
 - D. Other Reports
- 11. Action Item** **Garrett McGuire**
 - A. Policy 1600 – Virtual Meetings and Board Member Electronic Participation in Meetings (2023)
- 12. Adjournment**

Meeting materials are posted online at [Community Services Board | Community Services Board \(fairfaxcounty.gov\)](#) or may be requested by contacting Sameera Awan at Sameera.Awan@fairfaxcounty.gov

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
MEETING MINUTES
JANUARY 25, 2023

The Fairfax-Falls Church Community Services Board met in regular session at the Sharon Bulova Center for Community Health, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314, West, Fairfax, VA 22031.

1. Meeting Called to Order

Board Chair Garrett McGuire called the meeting to order at 5:00 PM.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** BOARD CHAIR, GARRETT MCGUIRE; CAPTAIN DANIEL WILSON; DAN SHERRANGE; SANDRA SLAPPEY-BROWN; ANDREW SCALISE; BETTINA LAWTON; DARIA AKERS; SRILEKHA PALLE; ANNE WHIPPLE; ROBERT BARTOLOTTA; KAREN ABRAHAM; CLAUDIA VOLK; LARYSA KAUTZ (ALEXANDRIA, VA); JENNIFER ADELI

ABSENT: **BOARD MEMBERS:** SHEILA COPLAN JONAS

Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Lyn Tomlinson, Deputy Director Barbara Wadley- Young, Division Director of BHOP Eileen Bryceland, Healthcare Systems Director Jennifer Aloï, and Board Clerk Sameera Awan.

3. Matters of the Public

Kelley Kline, a member of the public and resident of Fairfax County, addressed the board and noted her concerns regarding a group home that recently moved into their community and has caused a disturbance in the neighborhood by a group home resident. The group home does not have proper supervision or structure; this individual appears to have multiple mental health concerns. The neighborhood has drastically changed over the last couple of months, and the community residents don't feel safe leaving their homes anymore. Law enforcement has shown up a few times but can't assist much. Kelley, along with other community residents, is asking for help or guidance from the Fairfax CSB to get this individual the help he needs.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review; Board Member Dan Sherrange requested to include the discussion on the Grant for Expansion of Substance Use Treatment and Recovery Services to Action Item No. 9.

MOVED BY BOARD MEMBER KAREN ABRAHAM, SECONDED BY BOARD MEMBER DAN SHERRANGE TO APPROVE AGENDA ITEM NO. 4

5. Approval of the Minutes

The November 16, 2022, CSB Board Meeting Minutes were provided for review, no amendments were made.

MOVED BY BOARD MEMBER DARIA AKERS, SECONDED BY BOARD MEMBER DAN SHERRANGE TO APPROVE AGENDA ITEM NO.5, ABSTAIN BY BOARD MEMBER CLAUDIA VOLK.

*Board Member Claudia Volk was absent during November 16, 2022, CSB Board Meeting.

6. Staff Presentation

Division Director of BHOP Eileen Bryceland provided the staff presentation regarding the Behavioral Health Outpatient Adult Program Services (BHOP).

7. Director's Report

A. County, Regional, State and Cross Agency Initiatives

Executive Director Daryl Washington shared that VHC (Virginia Hospital Center), and Arlington County announced an agreement to expand mental health and rehabilitation services. VHC Health will purchase and transform 601 S. Carlin Springs Road into an advanced rehabilitation and behavioral health wellness facility. In addition to greater inpatient rehab services capacity, the new facility will house expanded mental health services – a 24-bed adult, adolescent, and recovery & wellness unit. The CSB is working on getting a request for a proposal for the Opioid Abatement grant that is now open. The Department of Behavioral Health has completed its funding of \$2.2M towards STEP-VA (System, Transformation, Excellence, and Performance in Virginia). These funds received are to help expand STEP VA Services, hire Peer Coordinators, and expand Behavioral Health Services and Case Management Services. The CSB will be lowering the county flag at the Fairfax County Government Center on Friday, January 27, 2023, at noon to honor the passing of Liesl Browne-Hancock. Liesl was a dedicated employee of the CSB since 2007. There will be a Board of Supervisors Health and Human Services Committee Meeting on February 28, 2023, at 1:30 PM. CSB Executive Director Daryl Washington will be doing a presentation on Youth and Mental Health along with Deputy Directory of Opioid and Substance Use Ellen Volo. The Department of Behavioral Health announced the formation of the DD System Issues Resolution Workgroup. DBHDS has identified workgroup members and would like to extend the option to others who would like to observe the meeting. The initial meeting is scheduled for January 27, 2023, from 9:00-12:00 PM. The COVID status moved from medium to low; we continue to get staff testing positive weekly in the organization.

B. Electronic Healthcare Record Update

Healthcare Systems Director Jennifer Aloï reported that the CSB has signed off on the architectural scheme for the DIT project. The CSB has started onboarding a contracted developer and a project manager to help manage this project. We can now begin purchasing equipment; we're in contact with Microsoft so they can buy our server and licenses.

8. Matters of the Board

Board Chair Garrett McGuire requested the board complete their mandatory Board Member training; the deadline is January 31, 2023.

9. Action Item

A. **Grant for Expansion of Substance Use Treatment and Recovery Services**

Board Member Andrew Scalise shared that the DBHDS docket is for a \$540K new grant request for the Expansion of Substance Use Treatment and Recovery Services for Adolescents and their Families. This funding aims to provide one-time startup funds for competitive grants to expand or establish comprehensive treatment and recovery services for youth with substance use disorders and/or co-occurring disorders and their families/primary caregivers.

MOVED BY COMMITTEE MEMBER ANDREW SCALICE, SECONDED BY BOARD MEMBER KAREN ABRAHAM TO APPROVE AGENDA ITEM NO. 9A.

10. Information Item

A. **Policy 1600 – Virtual Meetings and Board Member Electronic Participation in Meetings (2023)**

Board Chair Garrett McGuire provided some background and updates on the CSB Board Policy regarding Virtual Meetings and Board Member Electronic Participation in Meetings. He asked the board to review Policy 1600 and approve it during the February 22, 2023, CSB Board Meeting.

11. Committee Reports

A. **Service Delivery Oversight Committee**

Committee Chair Anne Whipple reported no meeting for the month of January 2023. **The next meeting of the Service Delivery Oversight Committee is Wednesday, February 8, 2023, at 5:00 p.m., via Zoom Conference.**

B. **Compliance Committee**

Committee Chair Garrett McGuire mentioned there was no Compliance Committee meeting for January, but we did get a Compliance update in the Executive Committee meeting.

C. **Fiscal Oversight Committee**

Committee Chair Dan Sherrange shared some highlights from the Fiscal Oversight Committee. The staff vacancies were in a great position last month; there are some concerns for the finance team. **The next meeting of the Fiscal Oversight Committee is Thursday, February 16, 2022, at 4:00 p.m.**

12. Adjournment

Board Member Garrett McGuire adjourned the meeting at 6:20 PM.

*Board Members also participated remotely via Zoom.

Date Approved

CSB Board Clerk

REVIVE!

Opioid Overdose and
Naloxone Education

Virtual classes



Did you know...

- Overdose is the leading cause of accidental death in the United States?
- The only way to reverse an opioid overdose is to administer naloxone?
- You can be trained to administer this life-saving medication?

REVIVE! trains individuals on what to do and not do in an overdose situation, how to administer naloxone, and what to do afterwards, and this course is now being provided online.

During 60-minute virtual classes, participants will learn:

- How to recognize the signs and symptoms of an opioid overdose.
- How to administer naloxone nasal spray to potentially reverse the effects of an opioid overdose.
- Other knowledge needed to fully respond to an opioid overdose emergency (what to do and not do).

In order to access the online class, you will need:

- A smart phone, tablet, desktop or laptop computer equipped with a camera, microphone and speakers.
- Zoom video meetings conferencing software, available for free download.

Registration will be confirmed via email, including course log-in instructions for Zoom and additional registration instructions.

Upon completion of the online training, residents of Fairfax County and Cities of Fairfax and Falls Church will receive the REVIVE! kit (two CPR mouth barriers, vinyl gloves, stickers, instruction card) and/or no-cost naloxone.

REVIVE! training is also available in Spanish; email CSBRevive@fairfaxcounty.gov.



**Ready to sign
up for a class?
Go to
bit.ly/revive-csb
for upcoming
training dates.**



**Don't see a class that fits your schedule,
or have a group you'd like to have trained?**

*To schedule a custom REVIVE! training for your group, please contact
Berkeley Gerstner at CSBRevive@fairfaxcounty.gov.*

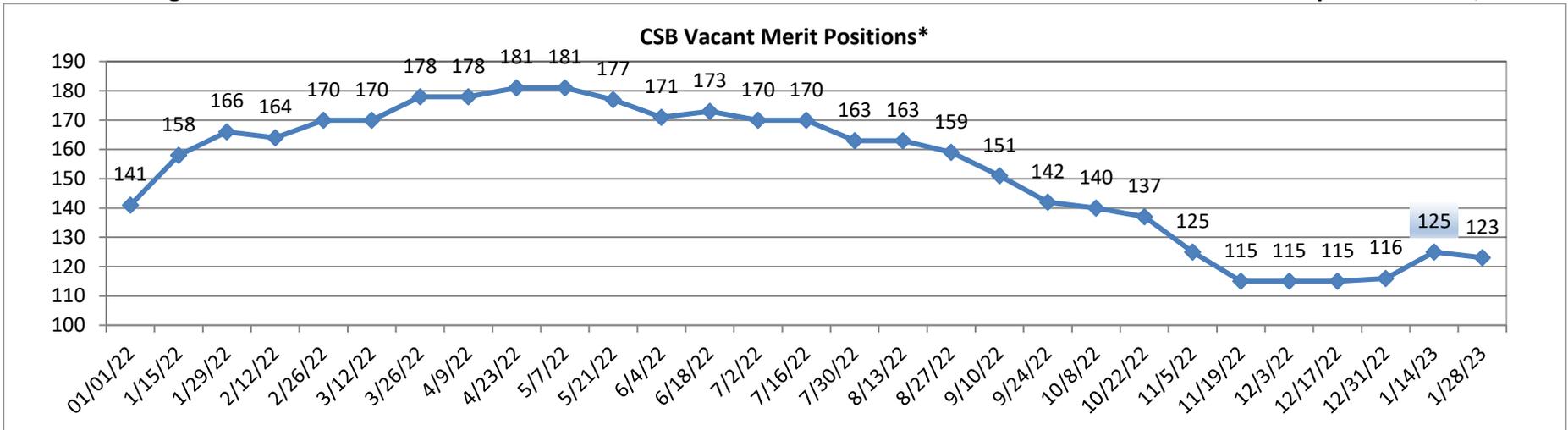


FAIRFAX - FALLS CHURCH

**Community
Services Board**



*Fairfax County is committed to nondiscrimination on the basis of disability in all county programs,
services and activities. Reasonable accommodations will be provided upon request.
Call 703-324-7000, TTY 711.*



*Note: @1/14/2023 reflects a change in reporting to include vacancies in Funds 400 & 500. Data reported prior to 1/14/2023 represents only Fund 400.

Vacancies in critical areas* *includes all merit positions (all funds – regular 400 and grant 500)

Service area	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	December		January	
Emergency Svcs/MCU	11	12	18	22	23	21	23	29	27	21	20	19	17 CIS	21	18 CIS
													2 Peer Supp Spec		2 Peer Supp Spec
															1 Human Srv Worker I
Behavioral Health – Outpatient Svcs	21	22	21	27	18	17	16	8.5	14.5	10.5	7	5	1 BHS II	8	2 BHS II
													2 BH Sr. Clin		3 BH Sr. Clin
													2 BH Supv		3 BH Supv
Youth & Family – Outpatient Svcs	8	11	11	12	13	11	9	7	5	4	3	3	2 BH Sr. Clin	2	2 BH Sr. Clin
													1 BH Supv		
Support Coordination	26	27	27	27	28	30	29	23	22	18	18	11	10 DDS II	6	6 DDS II
													1 Mgmt Analyst		
ADC/ Jail Diversion	13	12	8	11	8	8	8	9	8	9	14	15	1 BH Mgr	11	1 BH Mgr
													4 BHS II		4 BHS II
													2 BHS I		1 BHS I
													3 BH Supv		2 BH Supv
													5 BH Sr. Clin		3 BH Sr. Clin
EAR	6	5	3	4	4	3	3	2	1	1	1	1	1 BH Sr. Clin	2	1 BH Sr. Clin
															1 BH Supv



County of Fairfax, Virginia

MEMORANDUM

DATE: February 2, 2023

TO: Board of Supervisors 

FROM: Bryan J. Hill
County Executive

SUBJECT: Termination of Declaration of Local Emergency for COVID-19 and ending of the National Emergency and Public Health Emergency Declarations

On March 17, 2020, with the consent of the Board of Supervisors, as authorized under Va. Code § 44-146.21(A), in my capacity as the Director of Emergency Management, I signed a Declaration of Local Emergency (“Declaration”). This Declaration officially activated the County’s Emergency Operations Plan and authorized the furnishing of aid and assistance under the plan to mitigate the effects of COVID-19. Pursuant to Va. Code § 44-146.21(A), the Board must take appropriate action to end the declared emergency when, in its judgment, all emergency actions have been taken. The Board is requested to terminate the Declaration, effective March 1, 2023, and approve and consent to all actions taken by the Director of Emergency Management and County staff pursuant to the Declaration and the Fairfax County Emergency Operations Plan.

It should be noted that on Monday January 30, 2023, the Federal government announced that it will end the National Emergency and Public Health Emergency Declarations on May 11, 2023. The biggest impact from ending the Public Health Emergency Declaration is that COVID-19 vaccine and testing supplies will no longer be free to the public. Additionally, the County and eligible local non-profit organizations will no longer be able to apply for Public Assistance Reimbursements for allowable COVID-19 related expenses, which are currently at a 90% Federal and 10% local cost share.

The Department of Emergency Management and Security coordinated with other County agencies to identify the impacts of terminating the local Declaration. The following areas have been identified:

COVID Response Operations – Terminating the Declaration will not have a direct impact on COVID related response operations from public safety agencies or the Health Department.

Federal Funding and Reimbursement – Restoration Act funding is not tied to the Declaration and Federal reimbursement of allowable COVID related expenditures through the Federal Emergency Management Agency (FEMA) are eligible to continue until May 11, 2023.

Non-Congregate Sheltering – The Office to Prevent and End Homelessness (OPEH) is utilizing its existing shelter network. These sites will not be impacted by the termination of the Declaration. The hotel operations used to support isolation of COVID related cases will still be eligible for Federal reimbursement until May 11, 2023 or until provided notice by FEMA.

Resource and Contract Procurement – The Declaration did provide additional justification for emergency purchasing, but the County can continue to use emergency procurements to support COVID related response under the Virginia Public Procurement Act and the Fairfax County Purchasing Resolution.

Boards, Authorities and Commissions (BACs) – Under the Local Emergency Declaration BACs can meet electronically without a physical quorum present pursuant to Va. Code § 2.2-3708.2. In anticipation of an eventual termination of the local state of emergency, Staff Coordinators for BACs will receive communication regarding applicable public meeting requirements.

Un-codified Ordinance Outdoor Dining and Health Facilities – This ordinance remains in effect 12 months after the Declaration is terminated. To continue uses beyond the 12 months (depending upon the site specifics) these facilities would need County approvals which may include amendments to zoning approvals, zoning interpretations, parking reductions, building permits, nonresidential use permits, or site plan approvals. The county has been performing outreach to inform businesses and landlords of this change and the potential to need additional County approvals or actions.

The FY2023/2024 Zoning Ordinance Work Program endorsed by the Board in June 2022 added consideration of outdoor dining/fitness and other activities in parking areas, as has been allowed under this ordinance. County staff is currently working on proposed amendments to the Zoning Ordinance on this topic for the Board's consideration.

LDS Ordinance extending Plats, Plans and Modifications – Under the Declaration this ordinance extends the validity of items approved by LDS Director. This will remain in effect for 60 days after the termination of Declaration.

Zoning, LDS and Fire Marshal Fees – Fees that were reduced for zoning actions for hotels/hospitality uses will remain in effect 12 months after the Declaration is terminated.

The Office of Public Affairs is working with the Office of Emergency Management and Security and other County partners to develop a communications plan regarding this update. This information will be shared with the public, internal stakeholders and the media through the County communications platforms and amplified using our all communications channels.

cc: Tom Arnold, Deputy County Executive
Rachel Flynn, Deputy County Executive
Christina Jackson, Chief Financial Officer
Christopher A. Leonard, Deputy County Executive
Ellicia Seard-McCormick, Deputy County Executive
Karla Bruce, Chief Equity Officer
Tony Castrilli, Director, Public Affairs
Seamus J. Mooney, DEMS Coordinator

Proposed Changes to FY 2024 CSB Fee Schedule

Issue:

CSB Board review of proposed changes to the FY 2024 CSB Fee Schedule.

Background:

In order to ensure a consistent, fair, and reasonable setting of fees as required by code, as well as, to develop a structured, streamlined process, the following process was approved by the CSB board for fee setting.

Process for annual rate setting for the CSB fee schedule:

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

Medicare publishes updates to their Physician Fee Schedule every January. DMAS publishes updates to the Medicaid Fee Schedule every July. Therefore, to streamline the annual fee schedule updating process, the CSB proposes the following timeline:

- Jan – CSB staff updates fee schedule aligns to newly published rates
- Jan/Feb – CSB Board reviews updated fee schedule (informational item)
- Feb/Mar – CSB Board votes to approve fee schedule and submit to BOS (Board of Supervisors) for approval
- Mar/Apr – CSB staff works with Board of Supervisors (BOS) clerk to add informational item to upcoming BOS meeting
- Apr/May – BOS approves new fees to be effective July 1
- July 1 – new fees go into effect

Revisions to the Fee Schedule and update process will be submitted to the CSB Board for approval at the February 22, 2023, CSB Board meeting. Following CSB Board approval, the Fee Schedule will be submitted to the Board of Supervisors (BOS) for their review and approval at the May 2023 BOS meeting. Following Board of Supervisors review and if approved, CSB staff will inform clients, notify staff, conduct training, and apply adjustments to the Electronic Health Record, with an effective date not sooner than July 1, 2023.

Timing:

Immediate

Fiscal Impact:

The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid, Medicare, and other health insurance plans. The FY 2023 current budget plan for the CSB includes \$21 million in estimated fee revenues.

Board Members and Staff:

Staff: Sebastian Tezna, Director of Behavioral Health Operations
Michelle Gonsalves, Contracts and Credentialing Manager

Enclosed Documents:

FY 2024 Proposed Fee Schedule

FY24 Proposed Fee Schedule

Service	Service Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Previous Rate	New Rate	Unit	Change
Initial Evaluation/Assessment	90791		Yes	\$197.19	\$191.78	per event	(\$5.41)
Psychiatric Evaluation, Medical Services	90792		Yes	\$221.80	\$216.44	per event	(\$5.36)
Individual Therapy/Counseling (16 to 37 minutes)	90832		Yes	\$85.67	\$82.66	per event	(\$3.01)
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$113.11	\$109.40	per event	(\$3.71)
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$165.87	\$160.87	per event	(\$5.00)
Crisis Intervention - non-Medicaid	90839		Yes	\$158.89	\$154.85	per hour	(\$4.04)
Crisis Intervention - Addl 30 Min	90840		Yes	\$79.74	\$77.17	each add't 30 min	(\$2.57)
Family Therapy w/out client (50 minutes)	90846		Yes	\$106.54	\$103.20	per event	(\$3.34)
Family Therapy w/ client (50 minutes)	90847		Yes	\$110.19	\$107.60	per event	(\$2.59)
Group Therapy/Counseling (per group, per person)	90853		Yes	\$30.12	\$29.35	per event	(\$0.77)
Injection Procedure	96372		Yes	\$16.91	\$16.37	per event	(\$0.54)
Urine Collection & Drug Screen- Retests Only (Specimen Handling)	99000		Yes	\$3.68	\$3.68	per event	\$0.00
Nursing Subsequent Care - Established Patient	99211		Yes	\$27.97	\$27.43	per event	(\$0.54)
Office Outpatient Established 10-19 Min	99212		Yes	\$66.74	\$65.40	per event	(\$1.34)
Psychiatric Evaluation & Management Low Complexity - Established Patient 20-29 Min	99213		Yes	\$105.79	\$103.35	per event	(\$2.44)
Psychiatric Evaluation & Management Moderate Complexity - Established Patient 30-39 Min	99214		Yes	\$148.55	\$145.72	per event	(\$2.83)
Office Outpatient Established High 40-54 min	99215		Yes	\$209.06	\$203.57	per event	(\$5.49)
Case Management - SA	H0006		Yes	\$273.38	\$243.00	per month	(\$30.38)
Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$423.32	\$376.46	per day	(\$46.86)
Intensive Outpatient - SA	H0015	Revenue Code 905 or 906	Yes	\$281.25	\$250.00	per day	(\$31.25)
Behavioral Health Outreach Service (Case Management - MH)	H0023		Yes	\$367.31	\$367.31	per month	\$0.00
ACT - Base Large Team	H0040		Yes	\$172.13	\$178.76	per diem	\$6.63
ACT - Base Medium Team	H0040 - U1		Yes	New	\$190.50	per diem	\$190.50
ACT - Base Small Team	H0040 - U2		Yes	New	\$219.60	per diem	\$219.60
ACT - High Fidelity Large Team	H0040 - U3		Yes	New	\$213.84	per diem	\$213.84
ACT - High Fidelity Medium Team	H0040 - U4		Yes	New	\$232.47	per diem	\$232.47
ACT - High Fidelity Small Team	H0040 - U5		Yes	New	\$275.95	per diem	\$275.95
Mobile Crisis (1:1 Licensed)/(1:1 Prescreener)/(Non-Emergency 1:1 Prescreener Licensed)	H2011 - HO/32/HK		Yes	\$31.06	\$71.08	per 15 min	\$40.02
Mobile Crisis (2:1 MA/PEER)	H2011 - HT, HM		Yes	New	\$113.85	per 15 min	\$113.85
Mobile Crisis (2:1 Licensed/PEER)	H2011 - HT, HO		Yes	New	\$121.51	per 15 min	\$121.51
Mobile Crisis (2:1 MA/MA)	H2011 - HT, HN		Yes	New	\$124.27	per 15 min	\$124.27
Mobile Crisis (2:1 Licensed, MA)	H2011 - HT		Yes	New	\$131.93	per 15 min	\$131.93
Therapeutic Behavioral Services	H2018		Yes	\$100.13	\$100.13	per 15 min	\$0.00
Crisis Stabilization - Adult Residential (Therapeutic Behavioral Services)	H2018	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$583 (Facility only)	\$583 (Facility only)	per day	None
Detoxification, Medical, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$423.32	\$518.86	per day	\$95.54
Detoxification, Social, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$423.32	\$518.86	per day	\$95.54
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	None
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%
Residential Fee MH/SA Community Living Services	None		No	30%	30%	of monthly gross income	0%
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
23-Hour Crisis Stabilization	S9485 - 32/HK		Yes	New	\$920.06	per diem	\$920.06
Release of Information: Research	S9981		No	\$10.00	\$10.00	per event	\$0.00
Release of Information: Per Page	S9982		No	\$.37 per pg up to 50 pgs; \$.18 per pg > = 51 pgs; \$6.00 per CD	\$.37 per pg up to 50 pgs; \$.18 per pg > = 51 pgs; \$6.00 per CD	per pages/CD	Varies

2023 CSB Board and Committee Meetings

Fairfax-Falls Church Community Services Board

	Service Delivery Oversight Committee	Compliance Committee	Executive Committee	Fiscal Oversight Committee	CSB Board
2023 Meetings	2 nd Wednesday 5:00 PM	3 rd Wednesday 4:00 PM	3 rd Wednesday 4:30 PM	3 rd Thursday 4:00 PM	4 th Wednesday 5:00 PM
January	*	*	18	19	25
February	8	*	15	16	22
March	*	*	15	16	22
April	12	19	19	20	*
May	*	*	17	18	24
June	14	*	21	22	28
July	*	*	19	20	26
August	9	16	16	17	*
September	*	*	20	21	27
October	11	*	18	19	25
November	*	*	8**	9**	15**
December	6**	13**	13**	14**	*

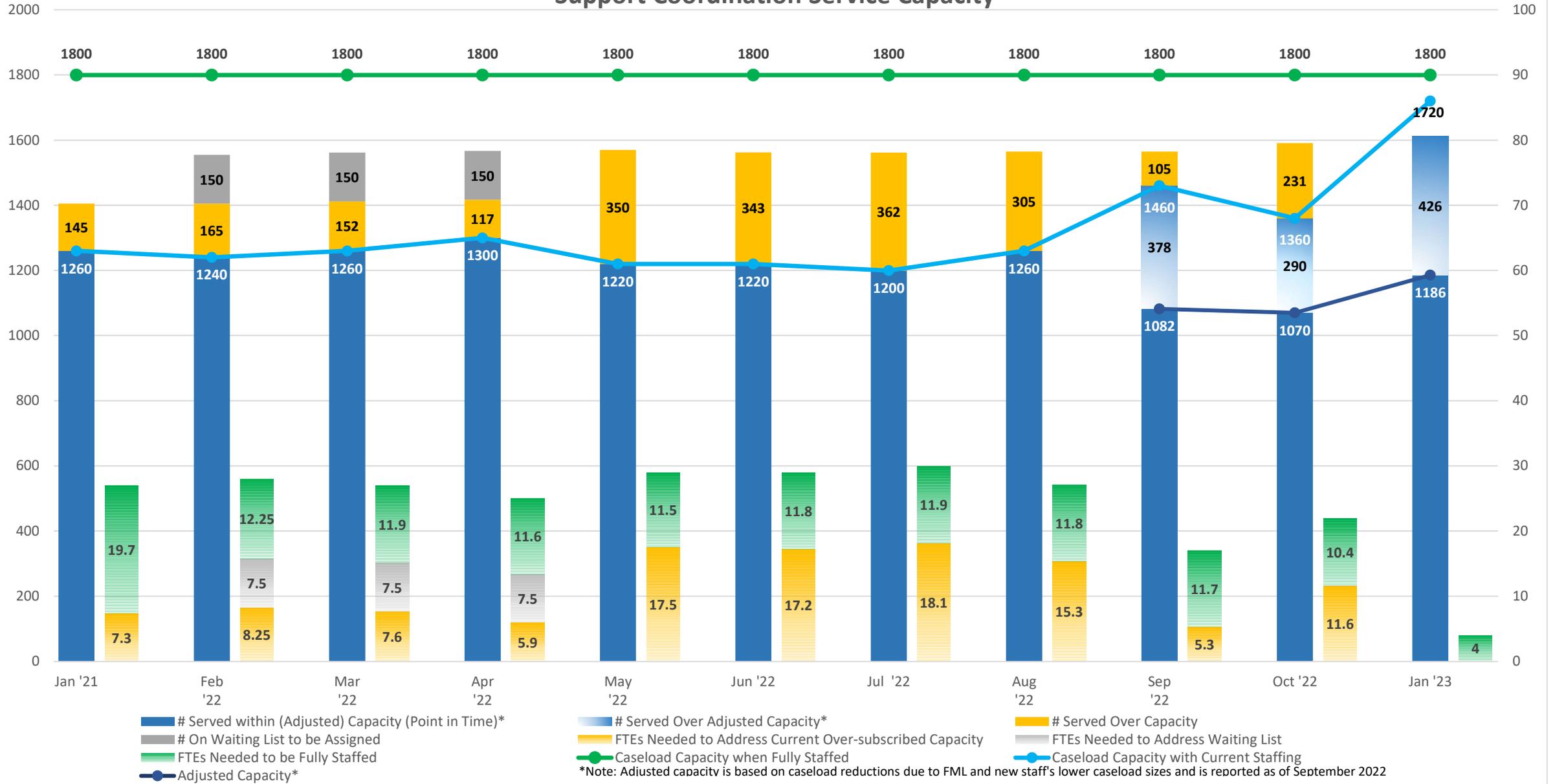
*No Meeting

** Meeting date changed to accommodate holiday schedule

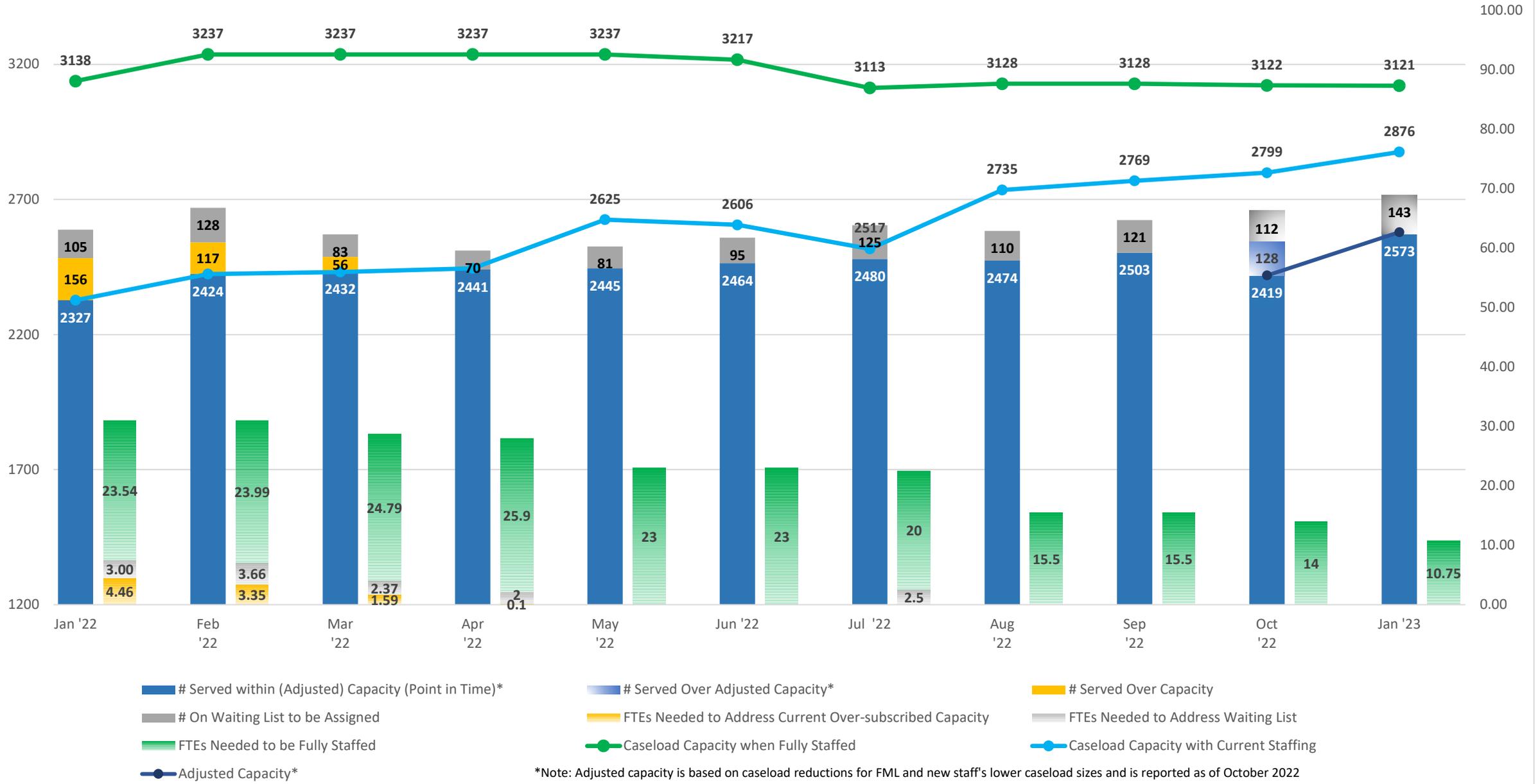
Accommodate: Thanksgiving, Christmas Day, and New Year's Day Holidays

Note: All in person Committee and Board meetings are held at the Merrifield Center, Room 3-314, West

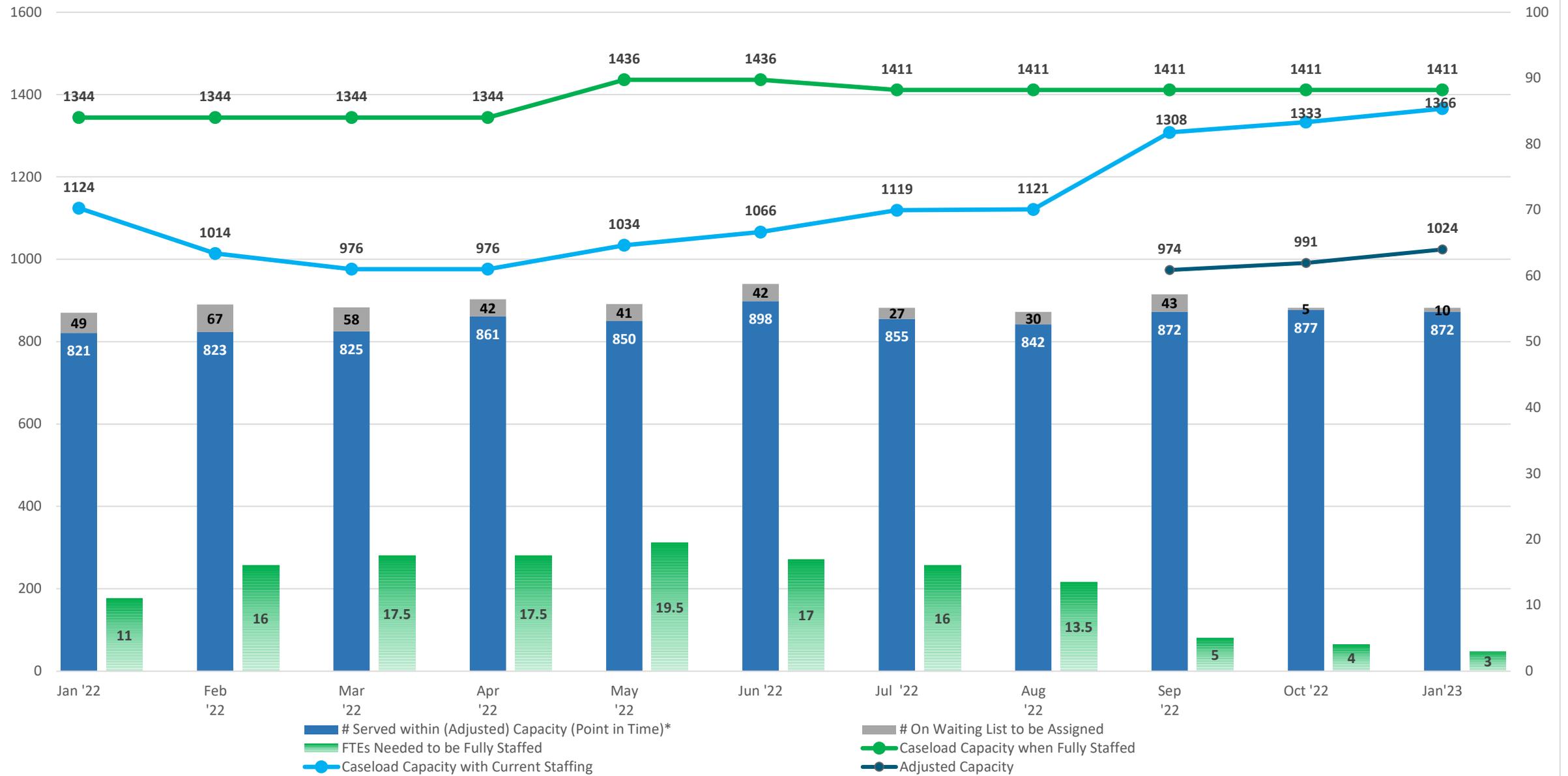
Support Coordination Service Capacity



Adult Behavioral Health Outpatient (BHOP) Service Capacity

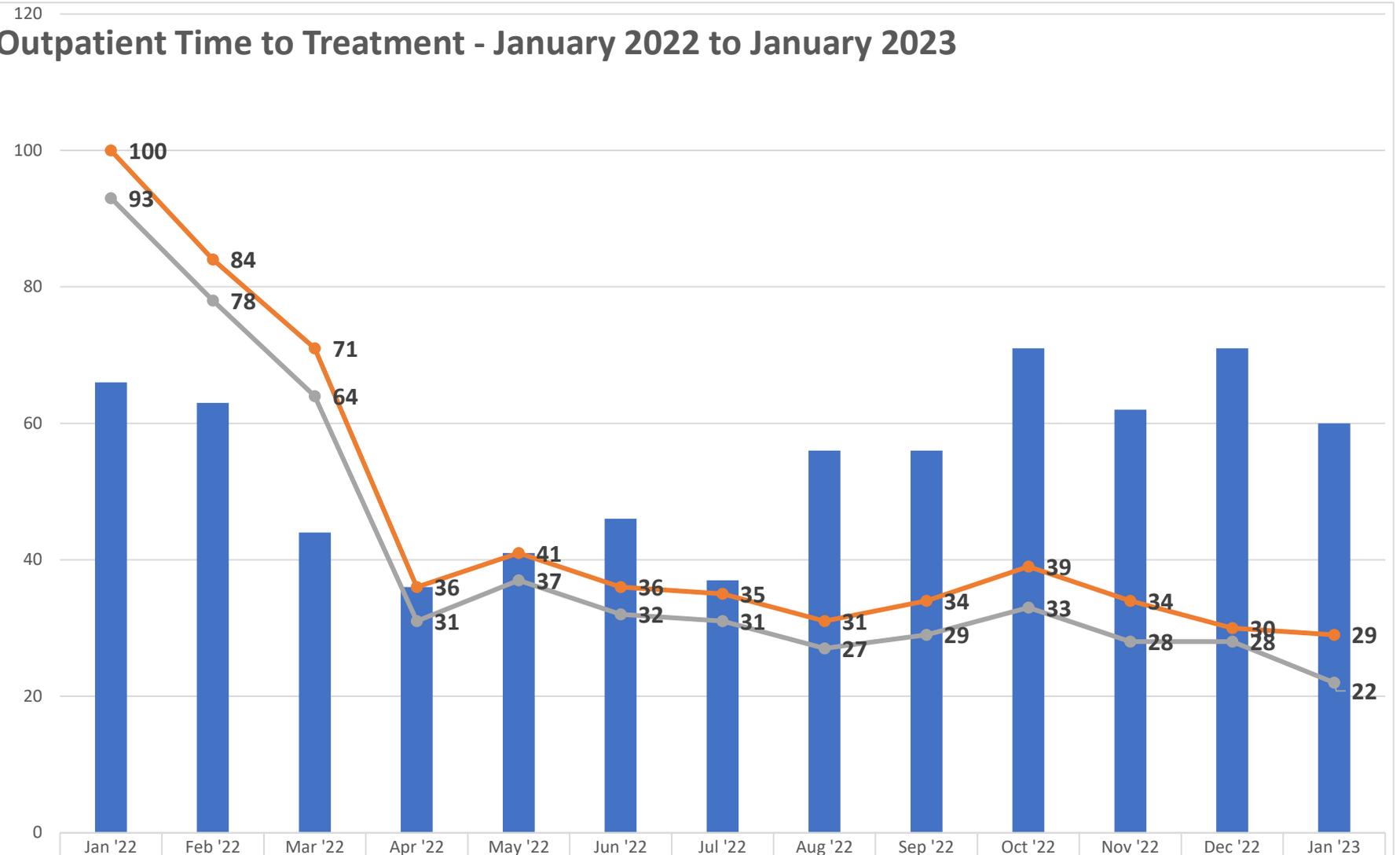


Youth & Family Service Capacity



*Note: Adjusted capacity is based on caseload reductions due to FML and new staff's lower caseload sizes and is reported as of September 2022

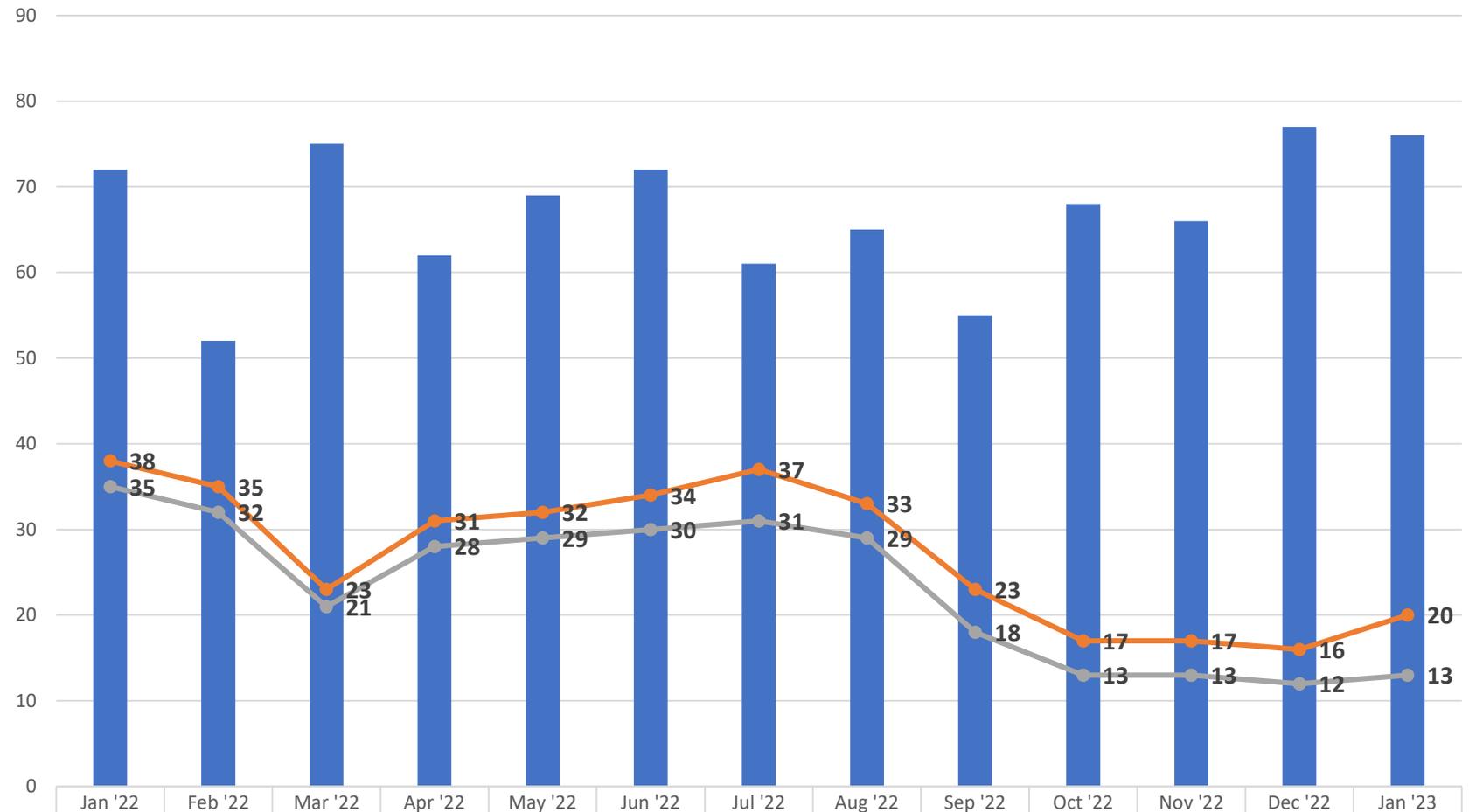
Adult Outpatient Time to Treatment - January 2022 to January 2023



■ # Adults Who Attended 1st Treatment Appt	66	63	44	36	41	46	37	56	56	71	62	71	60
—●— Average # Days from Assessment to Treatment	100	84	71	36	41	36	35	31	34	39	34	30	29
—●— Average # Days from Assessment to 1st Available / Accepted Appt*	93	78	64	31	37	32	31	27	29	33	28	28	22

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

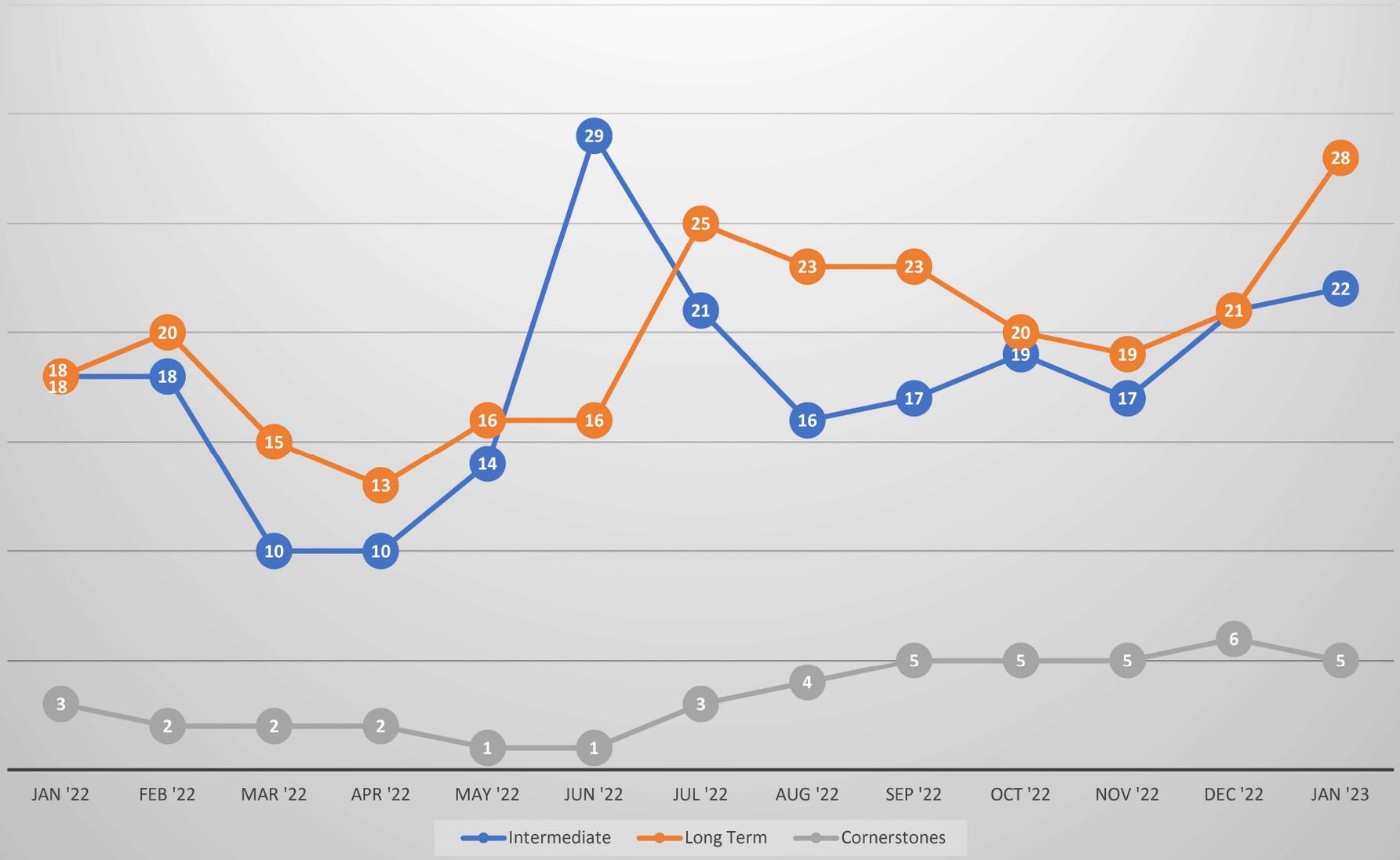
Youth Outpatient Time to Treatment - January 2022 to January 2023



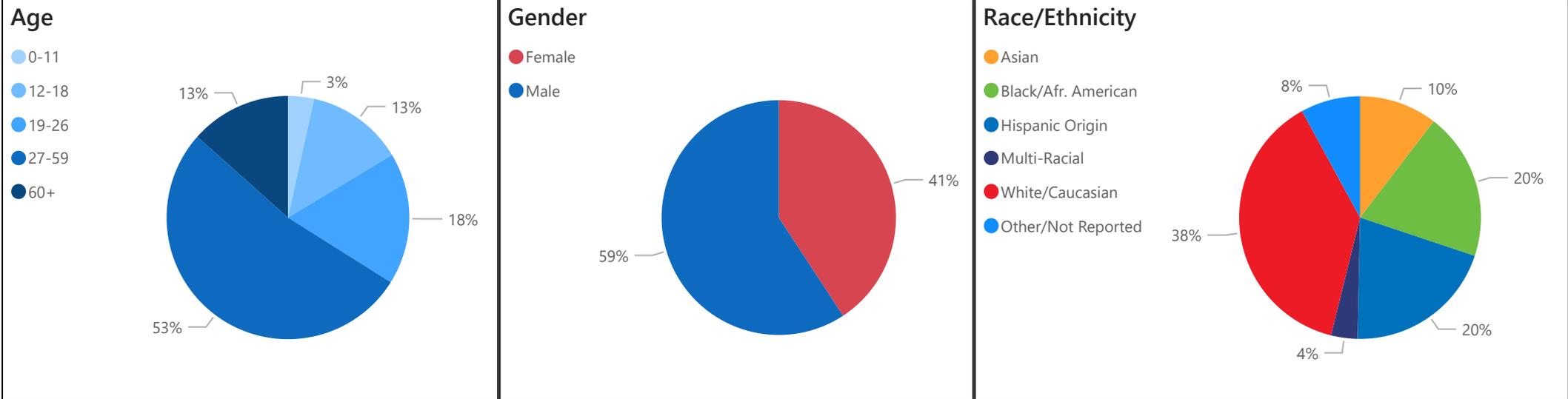
# Youth Who Attended 1st Treatment Appt	72	52	75	62	69	72	61	65	55	68	66	77	76
Average # Days from Assessment to Treatment	38	35	23	31	32	34	37	33	23	17	17	16	20
Average # Days from Assessment to 1st Available / Accepted Appt*	35	32	21	28	29	30	31	29	18	13	13	12	13

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

SUD Residential Waiting List Individuals Waiting by Program Type January 2022 - January 2023

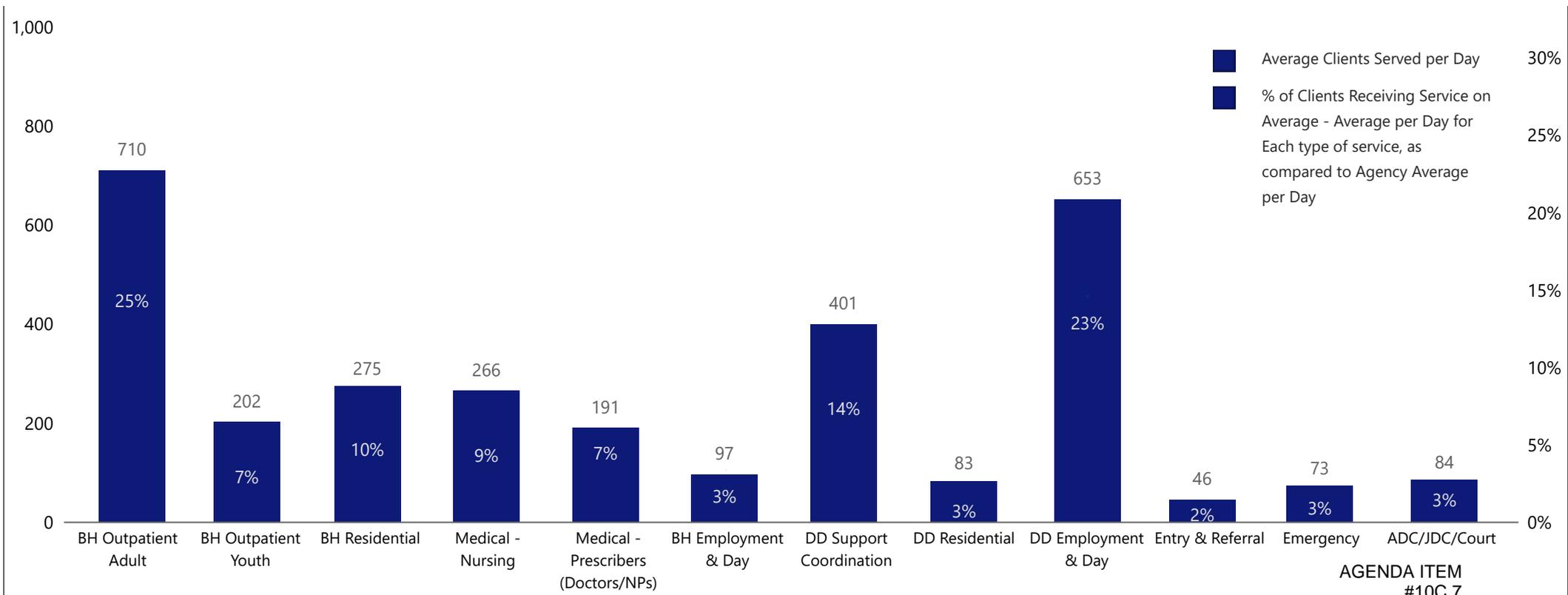


CSB Status Report



Average Clients Served per Day by Type of Service - December 2022

Agency Average Served per Day in December 2022 = 2,627





Individuals Served by Month by Type of Service Dec'21 - Dec'22

Service Area	Dec'21	Jan'22	Feb'22	Mar'22	Apr'22	May'22	Jun'22	Jul'22	Aug'22	Sep'22	Oct'22	Nov'22	Dec'22	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	8,769	8,930	8,854	9,416	9,052	9,162	9,169	8,806	9,137	9,184	9,079	9,232	9,043	-2.0%	3.1%	20,851
BH Outpatient Adult	3,084	3,115	3,047	3,091	3,058	3,052	3,091	3,067	3,199	3,175	3,191	3,238	3,278	1.2%	6.3%	5,143
BH Outpatient Youth	913	903	911	951	969	1,001	1,020	955	918	894	928	946	964	1.9%	5.6%	1,981
BH Residential	447	436	415	463	458	430	428	422	428	433	442	441	432	-2.0%	-3.4%	1,334
Medical - Nursing	1,206	1,275	1,226	1,380	1,323	1,228	1,359	1,354	1,418	1,404	1,424	1,307	1,324	1.3%	9.8%	3,685
Medical - Prescribers	2,606	2,634	2,553	2,897	2,580	2,645	2,779	2,636	2,805	2,625	2,760	2,664	2,530	-5.0%	-2.9%	6,505
BH Employment & Day	371	363	361	379	378	350	351	346	346	355	337	310	307	-1.0%	-17.3%	629
DD Support Coordination	2,559	2,744	2,529	2,751	2,455	2,535	2,629	2,431	2,524	2,518	2,385	2,520	2,301	-8.7%	-10.1%	5,084
DD Residential	86	85	85	85	85	85	85	84	84	84	84	83	83	0.0%	-3.5%	86
DD Employment & Day	926	917	919	1,024	1,038	1,063	982	976	1,109	1,124	1,145	1,146	1,162	1.4%	25.5%	1,325
Entry & Referral (EAR)	496	516	611	699	645	620	622	566	600	617	542	523	544	4.0%	9.7%	4,891
EAR Screenings	335	294	379	420	396	354	380	362	379	396	383	393	400	1.8%	19.4%	3,919
EAR Assessments	153	174	165	206	179	177	160	172	215	233	251	218	240	10.1%	56.9%	2,272
Emergency	824	785	841	993	880	935	852	808	915	869	876	869	858	-1.3%	4.1%	6,547
ADC/JDC/ Court	452	460	488	559	546	540	574	557	609	639	663	628	645	2.7%	42.7%	2,612

* Monthly variance compares current month to previous month; Yearly variance compares current month to the same month in previous calendar year (Ex: May 2021 compared to May 2020). Number Served Past 12 Months is an unduplicated count of clients served in each area in the 12 months prior to end of the reporting period (ex: June 2021 - May 2021).

Service Definitions

All	Includes all individuals receiving services from the Community Services Board. Includes services for people of all ages who have mental illness, substance use disorders and/or developmental disabilities.
BH Outpatient Adult	Individuals receiving services from adult outpatient behavioral health programs. Includes the following service areas/programs: Behavioral Health Outpatient (BHOP) - MH Outpatient, MH Case Management, SUD Intensive Outpatient, Turning Point, Partial Hospitalization; Intensive Community Treatment - Intensive Case Management, PACT, Discharge Planning, PATH; Jail Diversion; Medication Assisted Treatment. Includes individuals receiving engagement, monitoring and treatment services.
BH Outpatient Youth	Individuals receiving services from youth behavioral health outpatient programs. Includes the following service areas/programs: Youth & Family Outpatient - MH Outpatient, MH Case Management, SUD Outpatient; Youth & Family Intensive - Wraparound Fairfax, Resource Program, Youth Discharge Planning. Includes individuals receiving assessment, monitoring, and treatment services.
BH Residential	Individuals receiving services from behavioral health residential programs. Includes the following service areas/programs: Supportive Community Residential - directly operated and contracted residential services; SUD Residential Treatment - Crossroads, Cornerstones, A New Beginning, New Generations; Youth Residential - Leland House; Wellness Circle Residential Crisis Stabilization, Fairfax Detoxification.
Medical - Nursing	Individuals receiving Nursing services in an outpatient setting.
Medical - Prescribers	Individuals receiving services from a prescriber (psychiatrist or nurse practitioner). Services are provided in a variety of treatment settings, including outpatient, residential, assessment, and emergency services.
BH Employment & Day	Individuals receiving behavioral health individual or group supported employment services.
DD Support Coordination	Individuals receiving developmental support coordination services. Includes individuals receiving targeted case management, monitoring, and assessment services.
DD Residential	Individuals receiving developmental disability residential services. Includes directly operated group homes and apartments, and locally funded contracted residential placements.
DD Employment & Day	Individuals receiving developmental day support services; individual, group, or sheltered employment services; and self-directed services. Includes both waiver and locally-funded services.
Entry & Referral (EAR)	Individuals receiving behavioral health entry and referral services. Includes Adult & Youth walk-in screening and assessment clinical services, case coordination, and call center referrals.
EAR Screenings	Individuals receiving behavioral health screening services at Entry & Referral.
EAR Assessments	Individuals receiving behavioral health assessment services at Entry & Referral.
ADC/JDC/Court	Individuals receiving CSB jail-based or court services. Includes CSB services provided at the Adult Detention Center, Juvenile Detention Center and adult participants in specialty court dockets (Veterans' Docket, Mental Health Docket, Drug Court).

Notes:

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- Demographics – Typically little change in demographics over time. Reflects demographic characteristics of all individuals served in the reporting month.
- Average Clients Served per Day by Type of Service – Compares average served per day in each service area to the agency-wide average number served. Individuals may receive more than one type of service per day and totals may be greater than 100%.

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- Numbers reported show the unduplicated number of clients served in each service area. Individuals may receive multiple services each month within a service area and may receive more than one type of service each month.
- The Monthly Variance compares the reporting month to the prior month. The Yearly Variance compares the reporting month to the same month in the previous calendar year.
- All Individuals Served - There was a small increase in the overall numbers served compared to the prior year, which is partly due to increases in adult & youth behavioral health outpatient, jail-based, and developmental employment & day programs.
- BH Outpatient Adult – The number of individuals served is trending higher over the past few months due to increases in adult mental health case management services in the Behavioral Health Outpatient (BHOP) program, medication assisted treatment, and homeless services.
- BH Outpatient Youth – This service area typically sees an increase in referrals and individuals served in the late fall that continues throughout the school year and drops off over the summer months. There is a 6% increase in the number served compared to December 2021.
- BH Residential – The number served is trending lower compared to the prior year due to reductions through attrition in the RIC programs and reductions in some contract placements,
- Medical – Nursing & Prescribers (Psychiatrists & Nurse Practitioners) serve individuals in a variety of treatment settings. There is regular fluctuation in the number of clients served based on the needs of the clients.
- BH Employment & Day – The number served is trending lower as compared to the prior year. The implementation of a new program model in the Supported Employment program requires reduced caseload sizes and it is anticipated that numbers may remain lower as compared to previous years.
- DD Support Coordination – There is typically monthly variation based on service plan review cycles.
- DD Residential – Includes all individuals served in directly operated residential programs and locally-funded contract placements. The number of individuals served each month is trending lower overall due to reductions in the directly operated group home census and locally funded contract placements through natural attrition. New residential placements through community partners are waiver funded.
- DD Employment & Day – There has been an upward trend in this service area with a 26% increase over the prior year. Developmental employment & day programs have been able to reopen from closures that were necessary during the pandemic, along with new graduate placements and people returning to service who had deferred during the pandemic. This service area experiences some reductions over the summer months due to the summer break for some self-directed services.
- Entry & Referral – The number of individuals served overall decreased starting in October primarily due to the Call Center transition to a phone tree system which allows callers to self-route to the appropriate CSB program staff. The number of clients screened and assessed is trending higher overall with the addition of staff resources, with a 57% increase in the number of assessments compared to the prior year.
- Emergency – There is some monthly fluctuation in the demand for Emergency services. All clients who present for services are evaluated by Emergency services staff.
- ADC/JDC/Court – The number of individuals served is trending higher compared to the previous year. The jail census was significantly reduced earlier in the pandemic due to health and safety issues. The number of individuals is also trending higher since August, primarily due to an increase in referrals, including substance use clients receiving medication assisted treatment.

Policy Number: 1600
Policy Title: CSB Board
Virtual Meetings and Board
Member Electronic
Participation Meetings
Date Adopted:

Purpose

The purpose of this policy is to provide guidance for the members of the CSB Board who request electronic attendance at a meeting of the CSB Board or a Standing or Ad Hoc Committee.

Policy

This policy is adopted pursuant to the authorization of [Va. Code § 2.2-3708.2](#) and is to be strictly construed in conformance with the Virginia Freedom of Information Act (VFOIA), [Va. Code §§ 2.2-3700—3715](#). This includes provisions on allowing all-virtual meetings, circumstances under which an all-virtual meeting will be allowed, and requests for remote participation by individual members of the Board. This policy shall also apply uniformly and with equal force to smaller entities or subcommittees created by the CSB Board to perform designated functions or advise the public body. Such entities are not permitted to adopt an additional all-virtual and remote participation meeting policy. (§ [2.2-3708.3\(D\)](#))

Definitions

1. **“Board”** means the Fairfax – Falls Church Community Services Board and its standing and Ad Hoc committees.
2. **“Member”** means any member of the CSB Board.
3. **“Remote participation”, “remotely participate,” or “participate remotely”** means participation by a member of the CSB Board via telephonic, video, or other audio or combined audio and video electronic communication method where the member is not physically assembled with the other members of the CSB Board.
4. **“Meeting”** means a meeting as defined by Va. Code [§ 2.2-3701](#).
5. **“Notify” or “notifies,”** for purposes of this policy, means actual notice, including, but not limited to, email, text, telephone, or in-person notice.
6. **“State of Emergency Electronic Meeting”** is a meeting where all members attend electronically because it has been declared unsafe to meet in person due to a state of emergency as declared by the Governor or the Board of Supervisors.
7. **“All Virtual Meeting”** is a setting where all members attend electronically.
8. **“Remote Participation Meetings”** allow some members to participate remotely via

telephone or video conferencing services when a quorum is physically assembled.

9. **“Subcommittees”** are committees composed of some board members, and this policy includes any entity created by the public body to perform designated functions or advise the public body.

General Virtual Meetings Standards

The following requirements must be met for all virtual meetings, remote access meetings, and state-of-emergency meetings uniformly:

1. Meeting Notice

The Notice for the meeting must indicate whether the meeting is all-virtual or in-person and must be provided at least three (3) business days in advance. (The only exception to three (3) days’ notice is that of a State of Emergency, in which case the notice must be provided as soon as reasonably possible according to [§ 2.2-3708.2](#) and [§ 2.2-3707\(D\)](#))

2. The public must be provided access via electronic communication means. The Meeting Notice must also include details as to how the public will electronically access the meeting. ([§ 2.2-3707\(C\)](#) and [2.2-3708.3\(C\)](#))

3. Once the meeting has been posted to the public, the method shall not be changed, whether in-person or all-virtual. ([§ 2.2-3708.3\(C\)](#))

4. The public will be allowed to comment during electronic meetings, including written comments.

5. No more than two members of the BAC may be together in one location unless that location is open to the public.

6. The CSB Board must resume the transmission of the public meeting to certify a closed session.

7. Duty to Maintain Public Access to Virtual Meetings

To maintain public access, all board members present must be audible, and when video technology is utilized, they must be visible. Additionally, live contact information for the Board Clerk or some other member of the Board in attendance, including the phone number and email, must be provided to alert the Board if the electronic transmission fails for the public in attendance. If the transmission fails, the Board Meeting must recess until public access is restored. ([2.2-3708.3\(C\)\(4\)](#))

8. Virtual Meeting Agenda & Minutes

Agenda and minutes are always required to be made available for public inspection for virtual meetings; Agenda should be made available for public inspection at the time it is

provided to the CSB Board. ([§ 2.2-3707](#)(F)) Within seven days of approval, meeting minutes should be posted to the public body's webpage, in a prominent location, or at the office of the clerk or chief administrator of the public body. Minutes for virtual meetings must include the following:

- A) The fact that the meeting was held electronically.
- B) The type of electronic communication means.
- C) Requested exceptions, if applicable, as defined below under each virtual meeting type, whether permitted or denied, which include:
 - i. The nature of the emergency makes it unsafe to assemble in person.
 - ii. The names and reasons for individual members requesting to participate remotely when a quorum is scheduled to assemble physically, including whether or not their request is permitted or denied.
 - iii. The nature of the emergency making it unsafe for an in-person quorum to assemble

State of Emergency Electronic Meetings

As a written policy is not required to mandate this type of virtual meeting, this policy is not intended to govern or limit the circumstances under which a State of Emergency Electronic Meeting is held. There is no limit to the number of times that the CSB Board may meet virtually where the entire quorum is present electronically due to a state of emergency when at least one of the two conditions below is met:

- A) An emergency which makes it impracticable or unsafe to assemble a quorum of the public body in person has transpired.
- B) Or a State of Emergency has been declared by either the Governor or the Board of Supervisors.

Remote Participation in State of Emergency Electronic Meetings

Individual members of the board do not need to request to participate remotely under these circumstances. However, during a state of emergency, when a quorum of the public body is physically assembled, individual members will need to request permission to participate electronically in accordance with the Remote Participation Policy below.

All Virtual Meetings

A maximum of 2 or 25% (whichever is greater, rounded to the nearest whole number) of the meetings per year may be scheduled to be held virtually, and these may not be consecutive. ([§ 2.2-3708.3](#)(C)(9)) The quorum must assemble virtually, and no more than two members may be together in any remote location unless that location is open to the public. ([§ 2.2-3708.3](#)(C)(7)) Individual members do not need to request to attend an all-virtual meeting electronically.

All-Virtual Meetings for Subcommittees and Ad-HOC Committees: The meeting limit above applies to each subcommittee uniformly. Thus, if a committee meets every other month, six (6) times per year, they are permitted to schedule two (2) All-Virtual Meetings per annum. Whereas, if the Full Board meets ten (10) times annually, they will be allowed three (3) virtual meetings annually.

Remote Participation Meetings

When a quorum of the CSB Board is physically assembled, a member of the CSB Board may request to attend and participate in the meeting electronically. The request must be made in writing and fall under one of the following four reasons:

- (I) a temporary or permanent disability or other medical condition that prevents the member's physical attendance.
- (II) a family member's medical condition requires the member to provide care, thereby preventing the member's physical attendance.
- (III) a personal matter and identifies with specificity the nature of the personal matter; or
- (IV) the member's residence is more than 60 miles from the meeting location.

The following conditions must be met for a member of the CSB Board to participate in a CSB Board meeting remotely:

1. A quorum of the CSB Board must be physically assembled at the primary or central meeting location; and
2. Arrangements have been made for the voice of the remotely participating member to be heard by all persons at the primary or central meeting location. If at any point during the meeting, the voice of the remotely participating member is no longer able to be heard by all persons at the meeting location, the following procedures are to be followed:
 - a) The meeting should recess until the audibility is restored.
 - b) If audibility cannot be restored, the remotely participating member shall no longer be permitted to participate remotely.

Remote Participation Excuse Requirements and Limits

Personal Matter Excuse: If the requesting member is unable to physically attend the meeting due to a personal matter, the requesting member must state with specificity the nature of the personal matter to be recorded in the board meeting minutes. Remote participation due to a personal matter is limited to two meetings per calendar year.

Temporary or Permanent Disability Excuse: The requesting member is not obligated to provide independent verification regarding the temporary or permanent disability or other medical condition that prevents their attendance at the meeting. There is no limit to the number of

times a member may participate remotely due to a temporary or permanent disability or other medical condition.

Temporary or Permanent Disability of a Family Member: If a family member has a medical condition, temporary or permanent disability, that requires the board member to provide care, the requesting member is not obligated to provide independent verification regarding the condition that prevents their physical attendance at the meeting. There is no limit to the number of meetings per year that one may request to attend virtually due to the medical condition, or temporary or permanent disability of a family member that requires the member to provide care.

Process to Request Remote Participation

1. On or before the day of the meeting, and at any point before the meeting begins, the requesting member must notify the CSB Board Chair (or the Vice-Chair if the requesting member is the Chair) and the Committee Chair, as appropriate, that they are unable to physically attend a meeting due to: (I) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; (II) a family member's medical condition that requires the member to provide care, thereby preventing the member's physical attendance; (III) a personal matter and identifies with specificity the nature of the personal matter; or (IV) the members residence is more than 60 miles from the meeting location.
1. The requesting member shall also notify the Executive Director or designee of the CSB providing staff service to the BAC of their request, but their failure to do so shall not affect their ability to participate remotely. The Board will maintain a record of such requests.
2. The Chair (or the Vice-Chair if the requesting member is the Chair) shall promptly notify the requesting member whether their request complies with this policy and therefore approved or disapproved.

Process to Confirm Approval or Disapproval of Participation from a Remote Location

When a quorum of the CSB Board has assembled for the meeting, the Board shall vote to determine whether:

- A. The Chair's decision to approve or disapprove the requesting member's request to participate from a remote location was in conformance with this policy; and
- B. The voice of the remotely participating member can be heard by all persons at the primary or central meeting location.

Recording Remote Participation in Minutes

If the member is approved to participate remotely, the CSB Board shall record the member(s) requesting to participate, the reason for remote participation, and a general description of the

