

## **FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD FISCAL OVERSIGHT COMMITTEE MEETING**

**Andrew Scalise, Acting Chair**

**Thursday, June 20, 2024, 5:00 PM**

**Sharon Bulova Center for Community Health**

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

### **MEETING AGENDA**

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| <b>1. Meeting Called to Order</b>  | <b>Andrew Scalise</b>                           |
| <b>2. Roll Call, Audibility and Preliminary Motions</b>  | <b>Andrew Scalise</b>                           |
| <b>3. Matters of the Public</b>  | <b>Andrew Scalise</b>                           |
| <b>4. Amendments to the Meeting Agenda</b>   | <b>Andrew Scalise</b>                           |
| <b>5. Approval of the May 16, 2024, Meeting Minutes</b>  | <b>Andrew Scalise</b>                           |
| <b>6. Administrative Operations Report Status</b>  | <b>Jean Post</b>                                |
| <b>7. Clinical Operations Report</b>   | <b>Barbara Wadley-Young &amp;<br/>Abbey May</b> |
| <b>8. Information Item</b>   | <b>Abbey May</b>                                |
| A. FY 2024 Opioid, Stimulant, and Substance Use Program by the DOJ's<br>Bureau of Justice Assistance |   |
| <b>9. Financial Status</b>   | <b>Elif Ekingen</b>                             |
| B. Modified Fund Statement   |   |
| C. FX-FC CSB Expenditures-Budget vs. Actuals   |   |
| <b>10. Open Discussion</b>   | <b>Andrew Scalise</b>                           |
| <b>11. Adjournment</b>   |   |

**Meeting materials are posted online at [www.fairfaxcounty.com/municipal-services-board/archives](http://www.fairfaxcounty.com/municipal-services-board/archives) or may be requested by contacting Sameera Awan at 703-324-7827 or at [Sameera.Awan@fairfaxcounty.gov](mailto:Sameera.Awan@fairfaxcounty.gov)**

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD FISCAL OVERSIGHT  
COMMITTEE MEETING MINUTES  
MAY 16, 2024**

The CSB Fiscal Oversight Committee met in regular session at the Sharon Bulova Center, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031

**1. Meeting Called to Order**

Acting Committee Chair Andrew Scalise called the meeting to order at 4:00 PM

**2. Roll Call, Audibility, and Preliminary Motions**

**PRESENT:**      **BOARD MEMBERS:** ACTING COMMITTEE CHAIR ANDREW SCALISE; DAN SHERRANGE; CAPTAIN DANIEL WILSON; PATRICIA ZISSIOS; KAREN ABRAHAM; EVAN JONES; BETTINA LAWTON (NORTH CAROLINA)

**Also present:** Deputy Director of Administrative Operations Jean Post, Deputy Director of Clinical Operations Abbey May, Chief Financial Officer Elif Ekingen, Director of Medical Services Dr. Debra O'Beirne, Director of Analytics & Evaluation Linda Mount, and Board Clerk Sameera Awan.

**3. Matters of the Public**

None were presented.

**4. Amendments to the Meeting Agenda**

The meeting agenda was provided for review, no amendments were made.

**5. Approval of Minutes**

April 18, 2024, Fiscal Oversight Committee Meeting minutes were presented for review and revision.

**MOTION TO ADOPT APRIL 18, 2024, MEETING MINUTES AS AMENDED WAS MOVED BY COMMITTEE MEMBER DAN SHERRANGE, SECONDED BY COMMITTEE MEMBER KAREN ABRAHAM.**

**THE MOTION TO ADOPT WAS APPROVED BY DAN SHERRANGE, ANDREW SCALISE, EVAN JONES, KAREN ABRAHAM AND BETTINA LAWTON. CAPTAIN DANIEL WILSON AND PATRICIA ZISSIOS ABSTAINED.**

**6. Administrative Operations Report**

**Deputy Director of Administrative Operations Jean Post** presented the CSB Human Resources Positions Vacancy Report during Agenda Item #6.1, revealing a vacancy increase to 157 in the last pay period due to new positions and turnover. Notably, 36 positions were established, with 36%

already filled or pending. In critical service areas, youth and family outpatient services vacancies rose to 20, while emergency services and mobile crisis vacancies increased by 1 to 13.

System realignment last month led to notable changes in positions, with Human Resources having 2 vacancies out of 15, and data analytics with 3 vacancies, 2 in workforce planning. Fiscal now comprises 42 positions, including new roles for utilization management and MCO (Managed Care Organization) contracting. Compliance and risk management expanded to 29 positions.

Quarterly data reports were shared, showing a combined vacancy rate of 12% for Northern Virginia CSBs in Q2 (second quarter of the fiscal calendar), with Fairfax CSB at 9%. Exit interview processes include email surveys and follow-up calls, with efforts to improve data submission frequency.

A new Human Resources director starts in June 2024, focusing on timely information dissemination. April saw 6 separations, with 51% completing exit surveys. Supervision and pay were the primary reasons cited for leaving, with 58% mentioning pay, which aligned with trends in Prince William County.

## **7. Clinical Operations Report**

**Director of Analytics & Evaluation Linda Mount** presented the Adult Behavioral Health Outpatient (BHOP) Time to Treatment report. In April, 74 orientations were conducted from front door assessments, marking an increase from the previous month and the highest number recorded in a month over the past year. The overall average time to the first available appointment offered remained steady at 13 days, which falls below the state target of 14 calendar days or 10 business days. Notably, 77% of clients were offered an appointment within 14 days, the highest average in the past year. The team has been actively engaged in ongoing efforts, including weekly meetings of their TREAT team, also known as The Rapid Engagement and Assessment Team. This initiative aims to enhance client experience, reduce wait times, and provide targeted engagement for clients. Additionally, progress has been made in filling vacancies, enabling the team to increase their caseloads as new staff members gain experience in their roles.

**Deputy Director of Clinical Operations Abbey May** presented the Youth Time to Treatment and the Support Coordination Service Capacity Report. In terms of youth, there was an increase in the average wait time, rising to 30 days from the first available appointment compared to 21 in March. The month saw 78 orientations, marking the highest number recorded in the past year, with 47% offered appointments within 10 business days. Contributing factors to the increase included the lag time from spring break at the end of March and mandatory three-day training in March and April for youth and family staff, impacting scheduling efficiencies.

Regarding Substance Use Disorder (SUD) residential capacity, efforts have been ongoing to address utilization issues. While there have been slight increases in long-term and contract bed utilization, overall changes have not been significant. To optimize resources, plans are underway to consolidate the 16-bed Cornerstones facility into the New Beginnings location, reallocating

staffing to fill existing vacancies across the division. Additionally, adjustments to service operations are proposed, including establishing a rapid admissions unit to expedite admissions and addressing barriers to timely assessments and admissions. This operational change aims to enhance flexibility and responsiveness, aligning with competitive practices in the private sector. Furthermore, consideration is given to adding Outpatient services (ASAM Level 1.0) to the CSB's offerings, expanding the scope of substance use treatment provided.

**Director of Analytics & Evaluation Linda** presented the CSB Status Report and Quarterly Performance Measures. Overall, the number of individuals served remained relatively unchanged compared to the prior month, with a mix of small increases and decreases across the CSB, balancing the overall number. Over several months, a consistent upward trend in behavioral health outpatient adult services was attributed partly to increased utilization of adult case management, outpatient therapy, Medication-assisted Treatment (MAT), and assertive community treatment (ACT) service programs.

Behavioral health outpatient youth services followed typical seasonal trends, with referrals increasing during the school year, peaking in spring, and tapering off in summer. However, a decrease in the number of individuals served in behavioral health residential services compared to last year was observed, partly due to attrition and reductions in the residential intensive care program.

In behavioral health employment and day services, a noticeable upward trend was observed, with a 7% increase compared to February, attributed to enhancements in the supported employment program and filling vacant positions. Similarly, in DD (Developmental Disability) Support Coordination, although there are monthly variations based on review cycles, the number served has stabilized in recent months, with expectations of future increases due to the allocation of additional waivers.

Developmental Disability Employment and Day services saw a 4% increase over the prior year, primarily driven by new graduate placements and individuals returning to service. In entry and referral services, efforts to refine business processes and pilot new models aim to improve efficiency and reduce client lead times for same-day assessments, prioritizing screenings to identify clients needing assessments or community resources promptly.

Emergency services witnessed an increase in individuals served due to the expansion of the Co-responder program, enhanced community response, and mobile crisis teams. Lastly, ADC (Adult Detention Center) and JDC (Juvenile Detention Center) services saw a 10% increase compared to the prior month, attributed to filling previously vacant positions on the adult side.

## **8. Financial Status**

**Chief Financial Officer Elif Ekingen** delivered the staff report, providing insights into the Modified Fund Statement and Expenditures-Budget vs. Actuals Financial Reports during Agenda Item #9.1. A fiscal snapshot was presented on revenues, noting an increase in state income to an anticipated \$2.495 million by the end of the fiscal year, primarily due to salary increases.

Additionally, fees from service charges were projected to reach approximately \$8 million, conservatively exceeding the budgeted amount.

On the expense side, compensation was discussed, particularly regarding the addition of Co-responder positions to the budget in previous fiscal years. However, it was discovered that extra funding expiring at the end of the calendar year 2024 could be allocated to already incurred expenses through the American Rescue Plan Act (ARPA), resulting in another unspecified amount for year-end. This adjustment will impact the first half of 2025, with charges subsequently returning to the budget.

Regarding operating expenses, the state projected an underspent amount of approximately \$10.5 million, contributing to an overall balance of \$23 million between revenues and expenditures. Elif emphasized the conservative approach to fee revenue projection.

**9. Open Discussion**

None were raised.

**10. Adjournment**

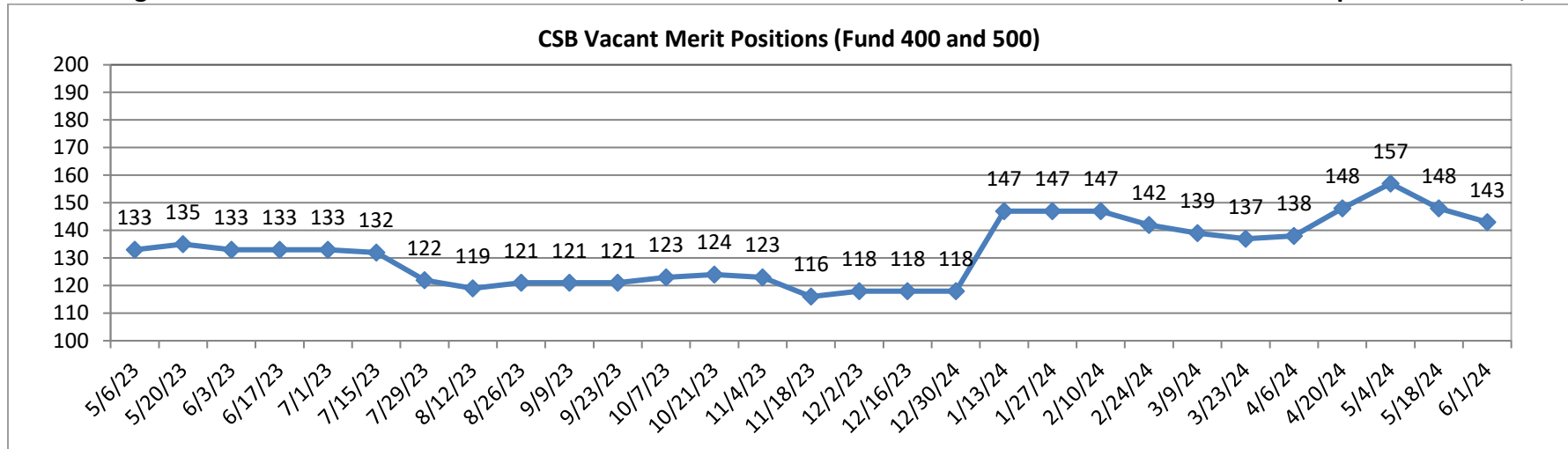
A motion to adjourn the meeting was made by Committee Member Dan Sherrange and seconded by Committee Member Evan Jones. The motion was approved unanimously, and the meeting was adjourned at 5:28 PM.

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Date Approved

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Clerk to the Board

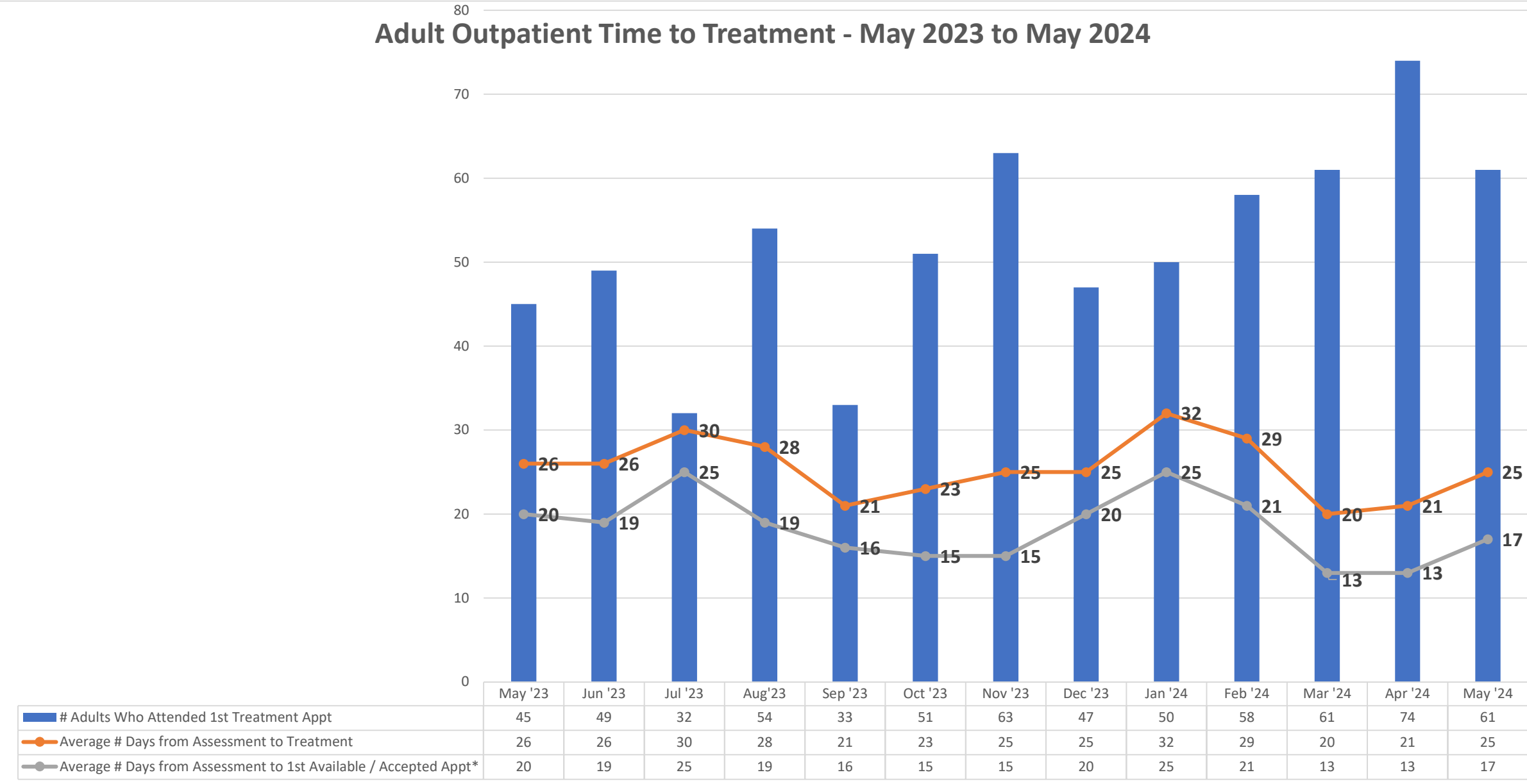


\*Note: Increases in vacancies partially attributed to the establishment of 18 positions in January 2024, plus 10 established in April, and another 8 established in May

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

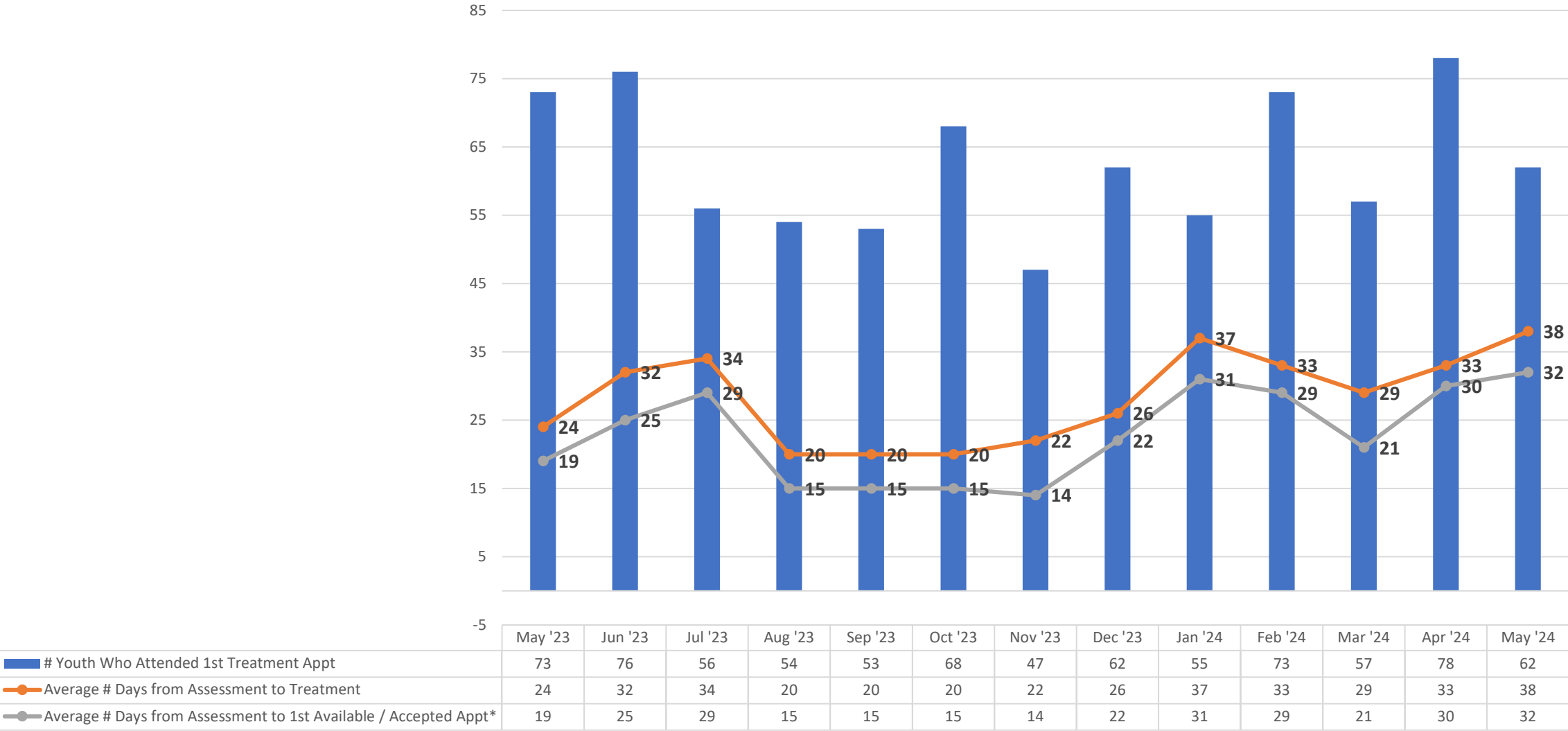
Division	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April		May/June	
Emergency Svcs/MCU	15	13	10	10	9	10	11	11	12	13	12	13	8 CIS	10	5 CIS
													2 Peer Support Spec		2 Peer Support Spec
													2 BHS II		2 BHS II
													1 Emer/Mobile Crisis Unit Supv		1 Emer/Mobile Crisis Unit Supv
BHOP	11	10	11	11	10	8	7	8	10	9	10	9	4 BHS II	9	4 BHS II
													1 BHS I		1 BHS I
													3 BH Sr Clin		3 BH Sr Clin
													1 Peer Support Spec		1 Peer Support Spec
Youth & Family – Outpatient Svcs	7	7	5	7	5	4	4	4	17	18	18	20	12 BH Sr Clin	17	9 BH Sr Clin
													5 BHS II		5 BHS II
															1 BH Supv
													3 Peer Support Spec		2 Peer Support Spec
Support Coordination	9	9	10	7	7	6	5	7	10	8	6	13	12 DDS II	17	16 DDS II
													1 DDS III		1 DDS III
Jail & Court-Based Svcs	13	13	8	8	5	6	8	9	13	12	9	14	9 BHS II	11	6 BHS II
															1 BHS I
													4 BH Sr Clin		3 BH Sr Clin
													1 BH Supv		1 BH Supv
EAR	4	3	3	1	2	1	1	1	1	1	1	0		2	2 BH Sr Clin

Adult Outpatient Time to Treatment - May 2023 to May 2024



\*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 - May 2023 to May 2024



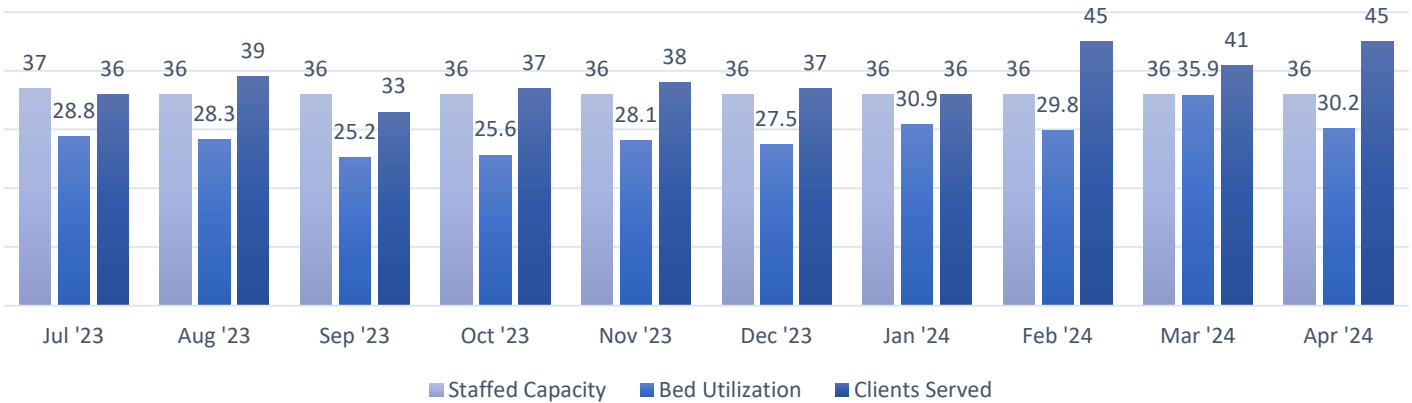
\*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment



# FY 2024 SUD Residential Capacity & Utilization by Month

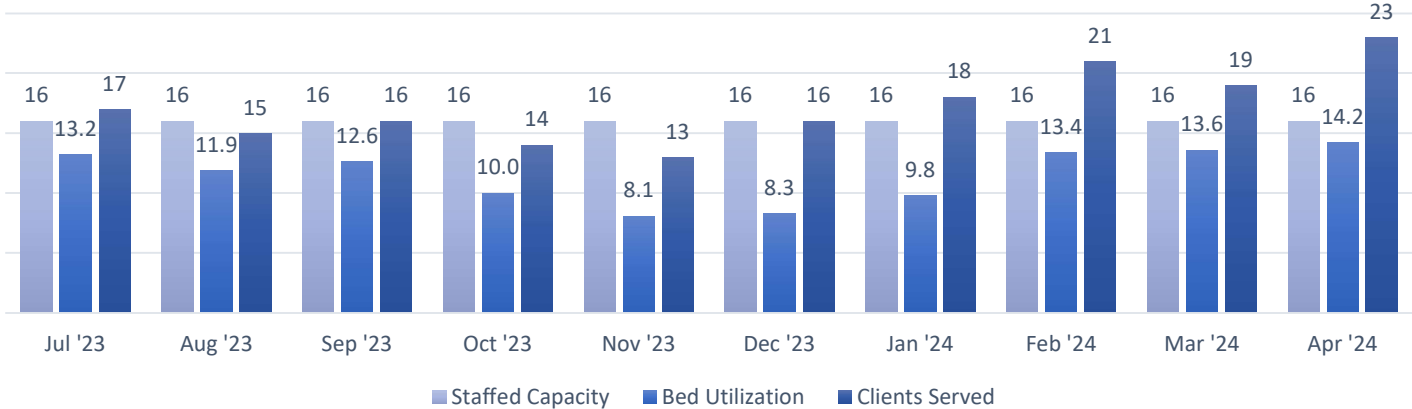
## Long Term Residential Bed Capacity & Utilization

Licensed Capacity = 77 beds



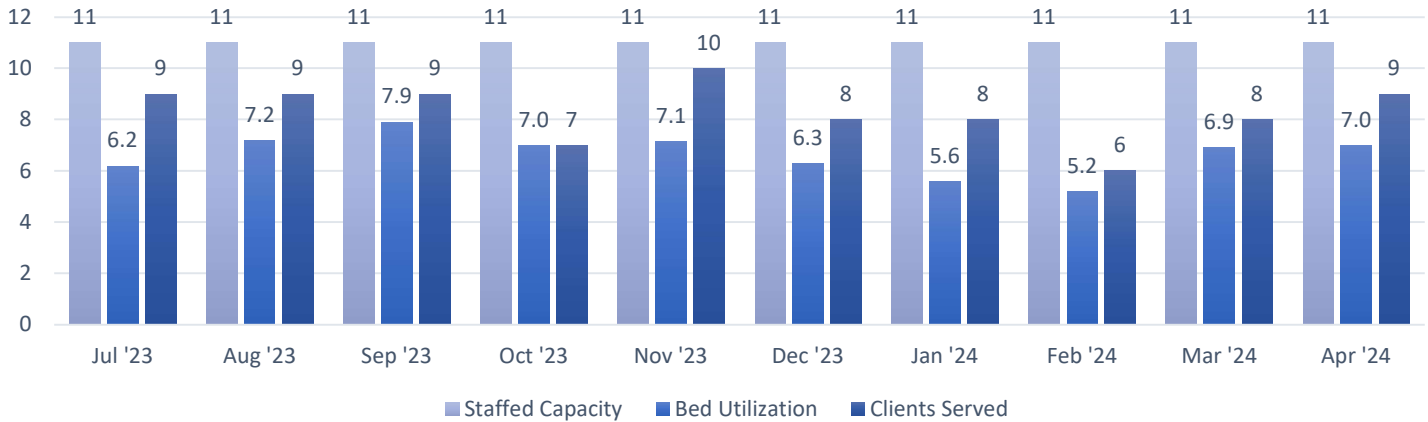
## Intermediate Residential Bed Capacity & Utilization

Licensed Capacity = 35 beds

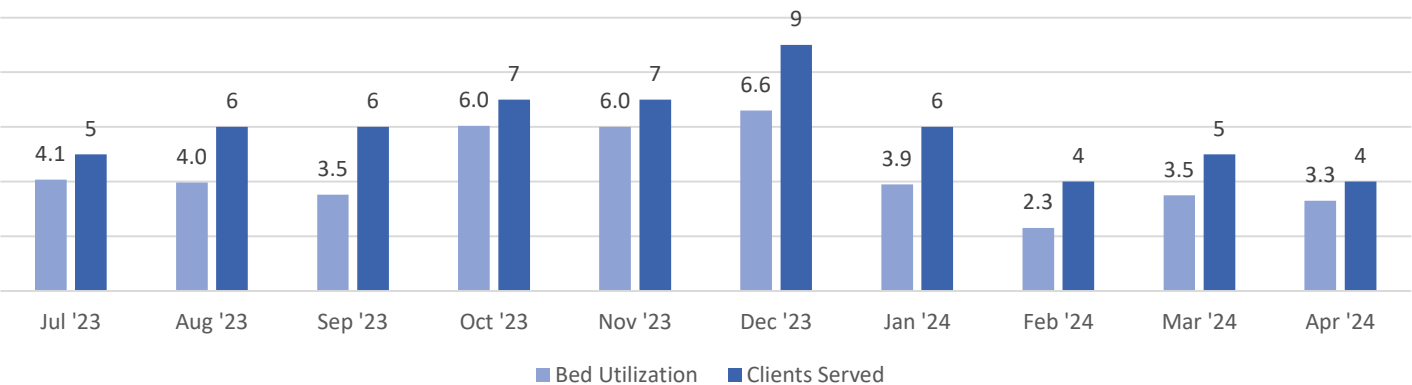


## Cornerstones Residential Bed Capacity & Utilization

Licensed Capacity = 16 beds

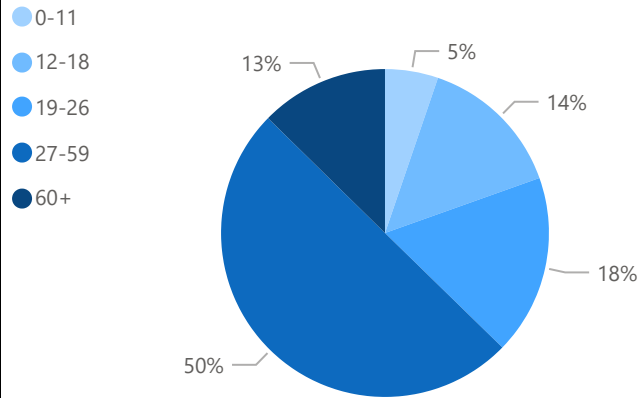


## Contract Bed Utilization

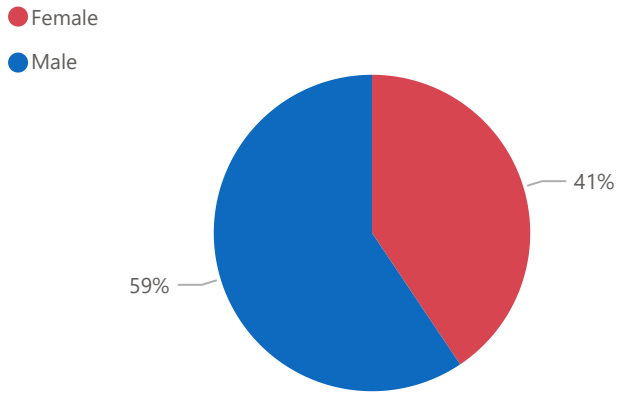


# CSB Status Report

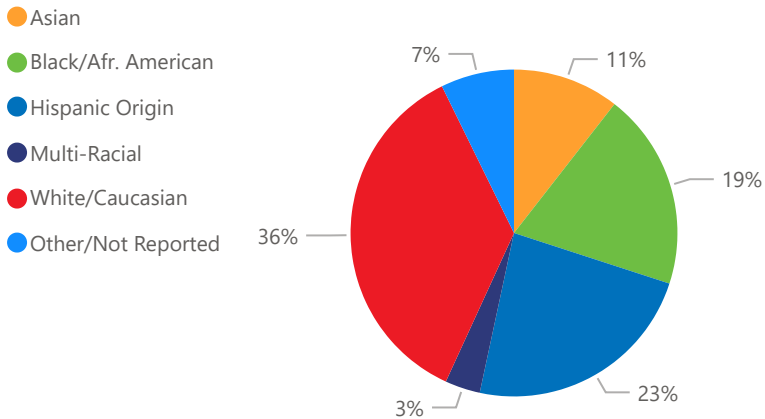
## Age



## Gender

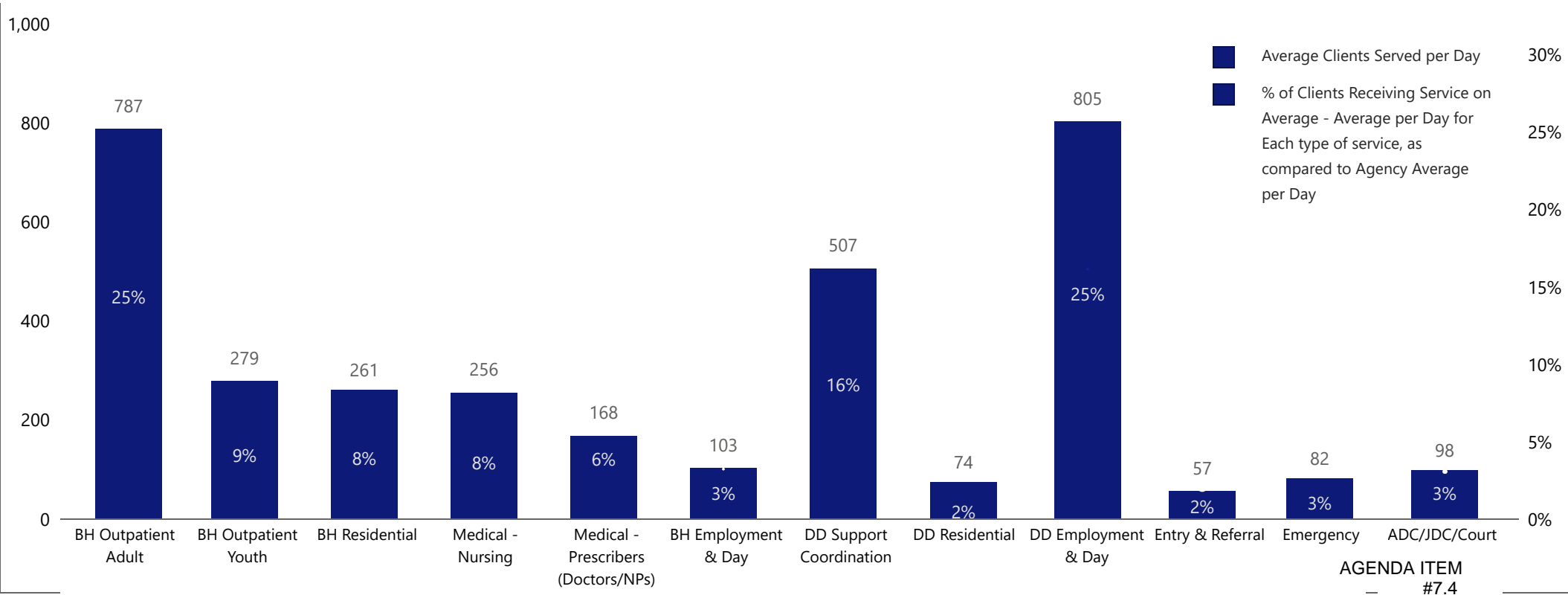


## Race/Ethnicity



## Average Clients Served per Day by Type of Service - April 2024

Agency Average Served per Day in April 2024 = 3,017



## Individuals Served by Month by Type of Service Apr'23 - Apr'24

Service Area	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23	Oct'23	Nov'23	Dec'23	Jan'24	Feb'24	Mar'24	Apr'24	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	9,646	9,905	9,677	9,245	9,746	9,682	9,748	9,432	9,392	9,735	9,730	9,717	9,962	▲ 2.5%	▲ 3.3%	22,763
BH Outpatient Adult	3,259	3,334	3,258	3,227	3,294	3,149	3,220	3,217	3,209	3,343	3,354	3,374	3,428	▲ 1.6%	▲ 5.2%	5,655
BH Outpatient Youth	1,142	1,178	1,166	1,070	1,064	1,046	1,070	1,078	1,074	1,113	1,142	1,136	1,145	▲ 0.8%	▲ 0.3%	2,223
BH Residential	455	460	445	438	437	423	446	419	409	415	421	412	411	▼ -0.2%	▼ -9.7%	1,451
Medical - Nursing	1,400	1,333	1,316	1,405	1,416	1,385	1,453	1,378	1,314	1,381	1,366	1,449	1,444	▼ -0.3%	▲ 3.1%	3,597
Medical - Prescribers	2,489	2,728	2,569	2,490	2,684	2,425	2,684	2,446	2,339	2,589	2,573	2,523	2,522	▼ <-0.1%	▲ 1.3%	6,433
BH Employment & Day	304	323	322	317	324	269	294	315	306	317	308	328	354	▲ 7.9%	▲ 16.4%	663
DD Support Coordination	2,729	2,801	2,734	2,544	2,862	2,800	2,693	2,603	2,616	2,741	2,730	2,724	2,758	▲ 1.2%	▲ 1.1%	5,427
DD Residential	79	78	78	78	78	78	77	77	77	77	75	74	74	= 0.0%	▼ -6.3%	78
DD Employment & Day	1,143	1,149	1,075	1,068	1,177	1,198	1,213	1,215	1,211	1,192	1,203	1,204	1,211	▲ 0.6%	▲ 5.9%	1,373
Entry & Referral (EAR)	731	789	738	657	746	734	649	652	571	608	668	656	718	▲ 9.5%	▼ -1.8%	5,713
EAR Screenings	452	530	489	450	486	483	430	452	381	437	463	480	509	▲ 6.0%	▲ 12.6%	4,646
EAR Assessments	203	218	146	132	173	167	163	196	147	200	196	188	199	▲ 5.9%	▼ -2.0%	2,040
Emergency	836	995	891	839	947	997	1,051	937	1,005	1,067	1,031	1,001	1,068	▲ 6.7%	▲ 27.8%	7,319
ADC/JDC/ Court	599	577	602	546	622	685	696	621	614	652	638	699	700	▲ 0.1%	▲ 16.9%	2,854

\* 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:

Page 1:

- 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%.

Page 2:

- 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 – The number of individuals served overall has increased by 3% compared to the prior month. There have been recent increases in youth behavioral health outpatient, developmental support coordination, employment & day, medication assisted treatment, and emergency services programs, along with some decreases in residential programs that are reducing program census through attrition.
- BH Outpatient Adult – The number of individuals served has been trending higher over the past several months, with a 5% increase as compared to the prior year, partly due to increases in adult mental health case management & outpatient therapy, substance use intensive outpatient services, medication assisted treatment, and ACT 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. The number of individuals served has been trending higher over the past few months.
- BH Residential – The number of individuals served has decreased compared to May 2023 partly due to decreases in contracted residential supportive services and reductions through attrition in the Residential Intensive Care (RIC) program.
- 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 of individuals served has been trending higher over the past several months, with a 16% increase as compared to the prior year, partly due to increases in the Supported Employment program as they’ve been able to fill vacant positions.
- DD Support Coordination – There is typically monthly variation based on quarterly and annual review cycles. The number of individuals served has leveled off over the past few months and is expected to increase in the future due to the allocation of additional waivers in the upcoming year.
- 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 6% increase over the prior year due to new graduate placements. This service area experiences reductions over the summer months due to the summer break for some self-directed services.
- Entry & Referral– The number of individuals receiving screening services is trending higher over the past few months. Entry & Referral is piloting a new model with the goal of improving efficiency, reducing client wait times, and placing focus on screenings to more quickly identify clients who need to move forward to an assessment, or link them to community resources when appropriate.
- Emergency – There is monthly fluctuation in the demand for Emergency services. All individuals who present for services are evaluated by Emergency services staff. There have been increases in the individuals served in recent months due to the expansion of the Co-Responder program and increased demand for Emergency Services.
- ADC/JDC/Court – The number of individuals served has increased by 17% compared to the prior year, partly due to increases in the adult detention center as that program has filled several positions.

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for a FY 2024 Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program

Issue:

Board approval for the Fairfax-Falls Church Community Services Board to apply for and accept funding from the Bureau of Justice Assistance for the FY 2024 Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program grant.

Background:

Board authorization for the Fairfax-Falls Church Community Services Board (CSB) to apply for and accept up to \$1,600,000 from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA) for a FY 2024 Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program grant. If the program is successful, the CSB plans to continue to support and maintain the program and associated positions either through additional grant resources (if available) or in Fund 40040, Fairfax-Falls Church Community Services Board, by realigning existing resources to integrate the program into its current service delivery.

The Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program (COSSUP) aims to mitigate the impact of illicit opioids, stimulants, and other substances on individuals and communities. The program provides resources to state, local, tribal, and territorial efforts to promote public safety and support access to prevention, harm reduction, treatment, and recovery services. COSSUP encourages cross-systems partnerships, particularly those between public safety and behavioral health teams. BJA is accepting applications for FY 2024 grants to support comprehensive programs that respond to the overdose crisis to address the significant public health emergency posed by illicit substances, particularly synthetic opioids like fentanyl. The program focuses on evidence-based treatments, including Medication Assisted Treatment, to combat substance use disorders and prevent overdose deaths.

Federal funding of \$1,600,000 over a 36-month period will support 3/3.0 FTE new grant positions to help establish an Urgent Care team at the CSB's Addiction Medicine Clinic to provide MAT services to individuals within 24 hours. This Urgent Care team will provide rapid intervention for high-risk individuals who come into contact with the CSB, public safety partners, hospital emergency departments, and the criminal justice system, among others. The AMC will manage this initiative and focus on prioritizing medications to bridge the gap until intake with Office-Based Addiction Treatment (OBAT) or another treatment program occurs. Staff will also be cross trained to support both AMC and Urgent Care MAT, which will cut down on downtime for Urgent Care staff and provide support for AMC who are supporting the expansion. This initiative will also support the Fairfax County Fire and Rescue Department (FRD) as they explore a

potential pilot to allow for alternative treatment options for individuals encountered for a nonfatal opioid overdose. These options include EMS Specialists administering buprenorphine (a medication for opioid use disorder) on the incident scene to initiate MAT for select patients and EMS personnel transporting some nonfatal overdose patients to the CSB AMC Urgent Care team as an alternative to the emergency department, if appropriate (several other fire and rescue departments across the country have begun similar efforts, including Chesterfield, Virginia). A portion of grant funding will be used to cover the cost of medication for both the CSB Urgent Care team and the FRD. The majority of grant funds will go toward the 3/3.0 FTE new grant positions to include the following:

- 1/1.0 FTE new Nurse Practitioner will provide medical evaluations, prescription and initiation of medications, medication management, and physical assessments as part of the Urgent Care team.
- 1/1.0 FTE new Behavioral Health Nurse will provide comprehensive nursing services as part of the Urgent Care team at the CSB's AMC. This position will deliver immediate access to MAT for individuals at high risk of overdose, conduct health assessments, and provide crisis intervention services to help bridge the gap to long-term treatment programs.
- 1/1.0 FTE new Behavioral Health Senior Clinician will facilitate assessments and admission services, provide case management, and offer service navigation as part of the Urgent Care team. This role will regularly collaborate with medical and CSB program staff to coordinate services for clients.

Timing:

Board action is requested on June 26, 2024. Approval by the Board of Supervisors occurred on June 25, 2024. The grant period is October 1, 2024 – September 30, 2027.

Fiscal Impact:

Federal funding of up to \$1,600,000 will be used to create staff positions to establish an Urgent Care team at the CSB's Addiction Medicine Clinic to provide MAT services to individuals within 24 hours. No Local Cash Match is required. This grant does not allow for the recovery of indirect costs. This action does not increase the expenditure level in the Federal-State Grant Fund, as funds are held in reserve for unanticipated grant awards in FY 2024.

Enclosed Documents:

Attachment A: Grant Summary

Staff:

Daryl Washington, CSB Executive Director  
Abbey May, CSB Deputy Director of Clinical Operations

**Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program  
Summary of Grant Proposal**

<b>Grant Title:</b>	Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program
<b>Funding Agency:</b>	U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance
<b>Applicant:</b>	Fairfax-Falls Church Community Services Board (CSB)
<b>Funding Amount:</b>	Federal funding of \$1,600,000; there is no Local Cash Match required.
<b>Proposed Use of Funds:</b>	<p>Grant funding will support 3/3.0 FTE new grant positions to help establish an Urgent Care team to offer Medication Assisted Treatment (MAT) services to individuals within 24 hours. This team will deliver rapid intervention for high-risk individuals with the CSB, public safety partners, hospital emergency departments, and the criminal justice system, among others. The 36-month grant will cover the costs of one Nurse Practitioner, one Public Health Nurse II, one Behavioral Health Senior Clinician, and partial hours for an MD supervision position. Additionally, an existing psychiatrist position will allocate a portion of full-time hours to provide essential supervision of the Nurse Practitioner. A small portion of grant funds will be allocated for medication expenses. Grant funding will be allocated evenly across the grant period at \$533,000/year over three years.</p> <p>This initiative seeks to provide immediate access to MAT for individuals at high risk of accidental overdose, with a mission to develop an effective medication bridge intervention and facilitate rapid admissions and support services. The AMC will manage this initiative and focus on prioritizing medications to bridge the gap until intake with Office-Based Addiction Treatment (OBAT) or another treatment program occurs. This initiative will also support the Fairfax County Fire and Rescue Department as they explore a potential pilot to allow for alternative treatment options for individuals encountered for a nonfatal opioid overdose. These options include EMS Specialists administering buprenorphine (a medication for opioid use disorder) on the incident scene to initiate MAT for select patients and EMS personnel transporting some nonfatal overdose patients to the CSB AMC Urgent Care team as an alternative to the emergency department, if appropriate (several other fire and rescue departments across the country have begun similar efforts, including Chesterfield, Virginia).</p>
<b>Performance Measures:</b>	<p>100 percent of individuals offered medication services within 24 hours.</p> <p>Increase percentage of individuals retained in services at 30 days.</p> <p>Establish referral process with eight community partners.</p> <p>Develop policies and practices to support this effort and help sustain the Urgent Care team after the grant budget period ends.</p>
<b>Grant Period:</b>	October 1, 2024 – September 30, 2027

## FUND STATEMENT

YTD - May 31, 2024 (91.67%)	FY 2024 Revised Budget (1)	FY 2024 YTD Budget * (2)	FY 2024 YTD Actuals (3)	Variance from YTD Budget (3 - 2)	FY 2024 Projection (4)	FY 2024 Projection vs Budget (4-1)
<b>Beginning Balance</b>	<b>61,279,071</b>	<b>61,279,071</b>	<b>61,279,071</b>	<b>-</b>	<b>61,279,071</b>	<b>-</b>
F Fairfax City	2,479,063	2,479,063	2,610,453	131,390	2,610,453	131,390
F Falls Church City	1,123,651	1,123,651	1,183,205	59,554	1,183,205	59,554
F State DBHDS **	8,451,543	7,747,248	11,234,692	3,487,445	10,946,804	2,495,261
F Federal Pass Thru SAPT Block Grant	4,053,659	3,715,854	4,038,816	322,962	4,405,981	352,322
V Direct Federal Food Stamps	154,982	142,067	78,233	(63,834)	154,982	-
V Program/Client Fees	4,296,500	3,938,458	5,419,389	1,480,931	5,793,820	1,497,320
V CSA Pooled Funds	890,000	815,833	1,121,601	305,767	1,040,030	150,030
V Medicaid Option	8,582,708	7,867,482	11,865,229	3,997,746	12,426,130	3,843,422
V Medicaid Waiver	7,000,000	6,416,667	9,206,835	2,790,169	9,842,944	2,842,944
V Miscellaneous	124,800	114,400	52,000	(62,400)	124,800	-
Non-County Revenue	37,156,906	34,360,723	46,810,453	12,449,730	48,529,149	11,372,243
General Fund Transfer In	175,995,187	175,995,187	175,995,187	-	175,995,187	-
<b>Total Available</b>	<b>274,431,164</b>	<b>271,634,981</b>	<b>284,084,711</b>	<b>12,449,730</b>	<b>285,803,407</b>	<b>11,372,243</b>
Compensation	112,312,318	99,353,204	95,491,986	(3,861,219)	108,766,416	(3,545,902)
Fringe Benefits	47,681,545	42,179,828	41,666,324	(513,505)	47,432,663	(248,882)
Operating ***	58,996,058	54,079,720	44,677,484	(9,402,236)	48,739,073	(10,256,985)
Recovered Cost (WPFO)	(1,568,760)	(1,438,030)	(824,193)	613,837	(1,568,760)	-
Capital	247,749	227,103	183,448	(43,655)	247,749	-
Transfer Out	8,569,857	8,569,857	8,569,857	-	8,569,857	-
<b>Total Disbursements</b>	<b>226,238,767</b>	<b>202,971,683</b>	<b>189,764,905</b>	<b>(13,206,778)</b>	<b>212,186,998</b>	<b>(14,051,769)</b>
<b>Ending Balance</b>	<b>48,192,397</b>	<b>68,663,299</b>	<b>94,319,806</b>	<b>25,656,507</b>	<b>73,616,409</b>	<b>25,424,012</b>
Opioid Use Epidemic Reserve <sup>1</sup>	10,000,000				10,000,000	
Diversion First Reserve <sup>2</sup>	7,839,174				7,839,174	
Youth Mental Health Crisis Care Center Reserve <sup>3</sup>	15,000,000				15,000,000	
<b>Unreserved Balance<sup>4</sup></b>	<b>15,353,223</b>				<b>40,777,235</b>	

\* FY 2024 YTD Budget for Revenues and Expenditures are prorated based on the remaining months in the fiscal year.

\*\* State revenue includes an aggregate increase of \$2,495,261 for salary and fringe costs in FY 2024.

\*\*\* A budget transfer of \$5 million from Operating to Personnel as well as transfer out of \$1,876,152 to Fund 30010 have been initiated in January.

F Fixed Annual Allocations

V Variable Revenue based on number of services provided and total billing collections

1 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.

2 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.

3 The Youth Mental Health Crisis Care Center Reserve provides funding to purchase or lease a facility for youth mental health services, consistent with the Board of Supervisor's FY 2024-FY 2025 Budget Guidance.

4 The Unreserved Balance fluctuates based on specific annual program requirements



**Fairfax-Falls Church Community Services Board**  
**Operating Expenditures**  
**Program Budget vs. Actuals - FY 2024 (as of May 31, 2024)**

SERVICE/PROGRAM AREA	FUND 400-C40040					
	(UNRESTRICTED FEDERAL, LOCAL AND STATE)					
	Budget (100%)	Actuals	91.7%	Variance	8.3%	
<b>G761501 - CSB Office of the Deputy Director - Clinical</b>						
G761501002 - Consumer & Family Affairs	\$ 2,370,486	\$ 2,549,395		\$ (178,909)		
G761501003 - Medical Services	\$ 16,100,832	\$ 13,085,977		\$ 3,014,855		
G761501004 - Opioid Task Force	\$ 4,470,789	\$ 2,714,995		\$ 1,755,794		
G761501005 - Utilization Management	\$ 932,204	\$ 603,991		\$ 328,213		
G761501006 - Nursing Services	\$ -	\$ 792,263		\$ (792,263)		
<b>G761501 - CSB Office of the Deputy Director - Clinical Total</b>	<b>\$ 23,874,310</b>	<b>\$ 19,746,620</b>	<b>82.7%</b>	<b>\$ 4,127,690</b>	<b>17.3%</b>	
<b>G762001 - Engagement Asmt &amp; Referral Services</b>						
G762001001 - EAR Program Management	\$ 470,088	\$ 385,619		\$ 84,469		
G762001002 - Entry, Referral, & Assessment	\$ 3,386,403	\$ 3,534,937		\$ (148,534)		
G762001003 - Outreach	\$ 58,997	\$ 72,941		\$ (13,944)		
G762001004 - Wellness Health Promotion Prevention	\$ 2,736,081	\$ 1,768,276		\$ 967,806		
<b>G762001 - Engagement Asmt &amp; Referral Services Total</b>	<b>\$ 6,651,569</b>	<b>\$ 5,761,772</b>	<b>86.6%</b>	<b>\$ 889,797</b>	<b>13.4%</b>	
<b>G762002 - Emergency &amp; Crisis Care Services</b>						
G762002001 - Emergency & Crisis Care Svcs Program Mgm	\$ 235,476	\$ 287,895		\$ (52,419)		
G762002002 - Adult Crisis Stabilization	\$ 4,115,903	\$ 4,316,847		\$ (200,944)		
G762002003 - Detoxification & Diversion	\$ 264,808	\$ 147,762		\$ 117,046		
G762002004 - Emergency	\$ 10,328,076	\$ 7,438,404		\$ 2,889,672		
<b>G762002 - Emergency &amp; Crisis Care Services Total</b>	<b>\$ 14,944,263</b>	<b>\$ 12,190,908</b>	<b>81.6%</b>	<b>\$ 2,753,354</b>	<b>18.4%</b>	
<b>G762003 - Residential Treatment &amp; Detoxification Services</b>						
G762003001 - Residential Treatment Program Management	\$ 229,287	\$ 296,672		\$ (67,384)		
G762003002 - Residential Admissions & Support	\$ 962,020	\$ 1,002,459		\$ (40,439)		
G762003003 - A New Beginning	\$ 4,740,018	\$ 3,965,853		\$ 774,164		
G762003004 - Crossroads Adult	\$ 4,630,231	\$ 3,984,007		\$ 646,223		
G762003005 - New Generations	\$ 1,728,175	\$ 1,696,067		\$ 32,108		
G762003006 - Cornerstones	\$ 2,917,189	\$ 2,431,801		\$ 485,388		
G762003007 - Residential Treatment Contract	\$ 796,956	\$ 741,209		\$ 55,748		
G762003008 - Detoxification Services	\$ 5,350,362	\$ 4,315,637		\$ 1,034,725		
<b>G762003 - Residential Treatment &amp; Detoxification Services Total</b>	<b>\$ 21,354,238</b>	<b>\$ 18,433,705</b>	<b>86.3%</b>	<b>\$ 2,920,533</b>	<b>13.7%</b>	
<b>G762005 - Youth &amp; Family Services</b>						
G762005001 - Youth & Family Program Management	\$ 389,750	\$ 198,984		\$ 190,766		

**Fairfax-Falls Church Community Services Board**  
**Operating Expenditures**  
**Program Budget vs. Actuals - FY 2024 (as of May 31, 2024)**

SERVICE/PROGRAM AREA	FUND 400-C40040					
	(UNRESTRICTED FEDERAL, LOCAL AND STATE)					
	Budget (100%)	Actuals	91.7%	Variance	8.3%	
G762005002 - Youth & Family Outpatient	\$ 7,312,130	\$ 6,965,231		\$ 346,899		
G762005004 - Youth Resource Team	\$ 1,926,545	\$ 1,985,043		\$ (58,498)		
G762005005 - Wraparound Fairfax	\$ 1,005,397	\$ 890,729		\$ 114,668		
G762005006 - Court Involved Youth	\$ 590,416	\$ 627,227		\$ (36,811)		
G762005009 - Youth & Family Contract	\$ 872,701	\$ 582,260		\$ 290,441		
<b>G762005 - Youth &amp; Family Services Total</b>	<b>\$ 12,096,939</b>	<b>\$ 11,249,474</b>	<b>93.0%</b>	<b>\$ 847,465</b>	<b>7.0%</b>	
<b>G762006 - Diversion &amp; Jail-Based Services</b>						
G762006002 - Jail Diversion	\$ 3,176,332	\$ 4,392,260		\$ (1,215,928)		
G762006003 - Forensic Services	\$ 3,090,732	\$ 1,676,457		\$ 1,414,275		
<b>G762006 - Diversion &amp; Jail-Based Services Total</b>	<b>\$ 6,267,064</b>	<b>\$ 6,068,717</b>	<b>96.8%</b>	<b>\$ 198,347</b>	<b>3.2%</b>	
<b>G763001 - Behavioral Health Outpatient &amp; Case Mgmt Svcs</b>						
G763001001 - Behavioral Health OP & CM Program Mgmt	\$ 194,072	\$ 208,954		\$ (14,882)		
G763001002 - Adult Outpatient & Case Management	\$ 15,625,450	\$ 14,510,394		\$ 1,115,056		
G763001005 - Adult Partial Hospitalization	\$ 1,400,733	\$ 1,303,048		\$ 97,685		
<b>G763001 - Behavioral Health Outpatient &amp; Case Mgmt Svcs Total</b>	<b>\$ 17,220,255</b>	<b>\$ 16,022,396</b>	<b>93.0%</b>	<b>\$ 1,197,859</b>	<b>7.0%</b>	
<b>G763002 - Support Coordination Services</b>						
G763002001 - Support Coordination Program Management	\$ 237,921	\$ 163,238		\$ 74,683		
G763002002 - Support Coordination	\$ 14,281,460	\$ 14,040,484		\$ 240,976		
G763002003 - Support Coordination Contracts	\$ 624,930	\$ 820,769		\$ (195,839)		
<b>G763002 - Support Coordination Services Total</b>	<b>\$ 15,144,311</b>	<b>\$ 15,024,492</b>	<b>99.2%</b>	<b>\$ 119,819</b>	<b>0.8%</b>	
<b>G763003 - Employment &amp; Day Services</b>						
G763003001 - Employment & Day Program Management	\$ 3,090,644	\$ 3,096,125		\$ (5,481)		
G763003002 - Behavioral Health Emp & Day Direct	\$ 832,669	\$ 443,485		\$ 389,184		
G763003003 - Behavioral Health Emp & Day Contract	\$ 2,536,512	\$ 2,360,791		\$ 175,721		
G763003005 - ID Emp & Day Contract	\$ 16,675,621	\$ 10,545,304		\$ 6,130,317		
G763003006 - ID Emp & Day Self-Directed	\$ 2,454,156	\$ 2,776,194		\$ (322,038)		
<b>G763003 - Employment &amp; Day Services Total</b>	<b>\$ 25,589,601</b>	<b>\$ 19,221,898</b>	<b>75.1%</b>	<b>\$ 6,367,703</b>	<b>24.9%</b>	
<b>G763004 - Assisted Community Residential Services</b>						
G763004001 - Assist Community Residential Prog Mgmt	\$ 192,132	\$ 181,899		\$ 10,233		
G763004002 - Asst Comm Residential Direct	\$ 11,822,567	\$ 10,118,627		\$ 1,703,940		

**Fairfax-Falls Church Community Services Board**  
**Operating Expenditures**  
**Program Budget vs. Actuals - FY 2024 (as of May 31, 2024)**

SERVICE/PROGRAM AREA	FUND 400-C40040 (UNRESTRICTED FEDERAL, LOCAL AND STATE)					
	Budget (100%)	Actuals	91.7%	Variance	8.3%	
G763004003 - Asst Comm Residential Contract	\$ 4,904,859	\$ 3,074,730		\$ 1,830,129		
G763004004 - Stevenson Place	\$ 1,150,940	\$ 858,077		\$ 292,863		
<b>G763004 - Assisted Community Residential Services Total</b>	<b>\$ 18,070,498</b>	<b>\$ 14,233,333</b>	<b>78.8%</b>	<b>\$ 3,837,165</b>	<b>21.2%</b>	
<b>G763005 - Supportive Community Residential Services</b>						
G763005001 - Support Community Residential Prog Mgmt	\$ 1,292,012	\$ 1,156,644		\$ 135,368		
G763005002 - Supportive Residential Direct	\$ 3,302,508	\$ 2,133,406		\$ 1,169,102		
G763005003 - RIC	\$ 4,252,445	\$ 3,177,230		\$ 1,075,215		
G763005009 - Support Community Residential Contract	\$ 2,710,525	\$ 2,252,755		\$ 457,771		
<b>G763005 - Supportive Community Residential Services Total</b>	<b>\$ 11,557,490</b>	<b>\$ 8,720,035</b>	<b>75.4%</b>	<b>\$ 2,837,456</b>	<b>24.6%</b>	
<b>G763006 - Intensive Community Treatment Svcs</b>						
G763006001 - ICT Program Management	\$ 184,059	\$ 201,612		\$ (17,553)		
G763006003 - Assertive Community Treatment	\$ 2,021,403	\$ 2,013,034		\$ 8,369		
G763006004 - Intensive Case Management	\$ 3,099,266	\$ 2,323,340		\$ 775,925		
G763006005 - Discharge Planning	\$ 982,310	\$ 697,793		\$ 284,517		
G763006008 - Outreach	\$ 653,157	\$ 542,768		\$ 110,389		
<b>G763006 - Intensive Community Treatment Svcs Total</b>	<b>\$ 6,940,195</b>	<b>\$ 5,778,547</b>	<b>83.3%</b>	<b>\$ 1,161,647</b>	<b>16.7%</b>	
<b>Program Budget Total</b>	<b>\$ 179,710,732</b>	<b>\$ 152,451,898</b>	<b>84.8%</b>	<b>\$ 27,258,834</b>	<b>15.2%</b>	
<b>Non-Program Budget Total<sup>1</sup></b>	<b>\$ 46,528,035</b>	<b>\$ 37,313,007</b>	<b>80.2%</b>	<b>\$ 9,215,222</b>	<b>19.8%</b>	
<b>TOTAL FUND</b>	<b>\$ 226,238,767</b>	<b>\$ 189,764,905</b>	<b>83.9%</b>	<b>\$ 36,474,056</b>	<b>16.1%</b>	

<sup>1</sup> Non-Program Budget Total includes all administrative areas (HR, Finance, Communications, Compliance, Informatics, etc)