

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD FISCAL OVERSIGHT COMMITTEE MEETING

Dr. Patricia Zissios, Chair

Wednesday, June 18, 2025 @ 4:00 PM

Sharon Bulova Center for Community Health
8221 Willow Oaks Corporate Drive, Room 3-314 West
Fairfax, VA 22031

MEETING AGENDA

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| 1. Meeting Called to Order | Dr. Patricia Zissios |
| 2. Roll Call, Audibility and Preliminary Motions | Dr. Patricia Zissios |
| 3. Matters of the Public | Dr. Patricia Zissios |
| 4. Amendments to the Meeting Agenda | Dr. Patricia Zissios |
| 5. Approval of the Meeting Minutes (April 17, 2025) | Dr. Patricia Zissios |
| 6. Administrative Operations Report Status | Jean Post |
| 7. Clinical Operations Report | Abbey May/Linda Mount |
| 8. Financial Status Report | Elif Ekingen |
| 9. Open Discussion | |
| 10. Adjournment | |

Meeting materials are posted online at www.fairfaxcounty.com/municipal-services-board/board/archives or may be requested by contacting the CSB Board Clerk at 703-324-7000 or at CSBBoardClerk@fairfaxcounty.gov.

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
FISCAL OVERSIGHT COMMITTEE MEETING
APRIL 17, 2025, 4:00PM**

The Fiscal Oversight Committee met in regular session at the Sharon Bulova Center located at 8221 Willow Oaks Corporate Drive, Fairfax, Virginia 22031 in room 3-314 West.

1. Meeting Called to Order

Committee Chair Dr. Patricia Zissios called the meeting to order at 4:00 P.M.

2. Roll Call, Audibility and Preliminary Motions

PRESENT: BOARD MEMBERS: COMMITTEE CHAIR PATRICIA ZISSIOS; ANDREW SCALISE; EVAN JONES; BETTINA LAWTON; KAREN ABRAHAM

Staff in Attendance: Executive Director Daryl Washington; Deputy Director of Administrative Operations Jean Post; Financial Specialist Tom Young; Deputy Director Clinical Operations Barbara Wadley-Young; Behavioral Health Manager Devin Arnold; Director of Medical Services Dr. Debra O'Beirne; Director of Analytics & Evaluation, Linda Mount; Information Technology Program Manager, Shwetal Adwait Parikh; and Board Clerk Pura Valdez.

3. Matters of the Public

No matters were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review, and the Clerk was asked to update the following: the Clinical Operations Report will be done by Barbara Wadley-Young, and the Financial Status Report will be handled by Tom Young. The agenda was adopted as amended by unanimous consent.

5. Approval of Minutes

Minutes from the Fiscal Oversight Committee Meeting held on March 20, 2025, were provided for review. There were no amendments.

BOARD MEMBER BETTINA LAWTON MOTIONED TO ADOPT THE MINUTES OF FISCAL OVERSIGHT COMMITTEE MEETING HELD ON MARCH 20, 2025. COMMITTEE MEMBER EVAN JONES SECONDED THIS MOTION. THE MOTION TO ADOPT WAS APPROVED UNANIMOUSLY BY BOARD MEMBERS.

6. Administrative Operations Report

Deputy Director of Administrative Operations, Jean Post spoke on the staff transition process from closing programs which progressing smoothly at an efficient pace. The balance between merit, non-merit, and temporary position placements have been carried out in a structured approach. The vacancy report indicated some fluctuation, but overall, staffing adjustments are under control.

The exit survey insights were particularly valuable—while turnover remained below 10%, pay was a leading departure factor, highlighting an area that might require attention. The fact that 76% of departing employees would still recommend the agency for employment, and 73% would consider returning to the CSB, speaks to the organization's overall positive work environment.

Residential programs require additional planning due to the need to continue operations, so careful coordination remains key. Strategically, a task force has been created for Supportive Residential services to ensure smooth staffing transitions.

Executive Director Daryl Washington commented on staffing fluctuations: a loss of 41 full-time staff, who were transferred into other vacant positions within the CSB, brings vacancies down to 79 from 120. In the 3rd quarter, 27 benefit-eligible positions will also convert to merit positions, raising the count to 106. This will create a temporary “yo-yo effect” in staffing numbers. Uncertainty remains as to whether the transition will be a single smooth process or stagger over multiple phases for the next fiscal year. Staff are actively doing their work despite transitions.

7. Clinical Operations Report

Deputy Director Clinical Operations Barbara Wadley-Young expressed notable improvements in treatment program efficiency, particularly in reducing waiting times and increasing appointment availability. The shift to more in-office clinician presence played a key role in that progress. However, an important challenge was highlighted in the case of an individual who waited over 130 days due to the absence of Spanish-speaking staff highlights: language barriers can significantly impact access to care. Addressing this gap with bilingual staff or partnerships is a crucial next step in ensuring equitable service.

The stability observed in long-term residential services and contractor-managed programs suggests a consistent demand that is not overwhelming capacity; but there are still areas for improvement, such as reducing delays in program admissions and mitigating unplanned discharges. It is encouraging that outreach efforts have contributed to the slight uptick in clients, but the waiting list—particularly for incarcerated individuals—shows there’s still a need for better resource balancing.

Executive Director Daryl Washington added that there is a lot of movement in staffing numbers, and the upcoming conversion of 27 benefit-eligible positions to merit roles is definitely going to create some temporary fluctuation. The “yo-yo effect” is an interesting way to describe that challenge—having staffing numbers swing back and forth due to shifts in classification may make workforce planning more complex.

The uncertainty about whether this transition will happen smoothly in one attempt or extend over multiple phases is being monitored by executive leadership. Even with the fluctuations, it’s impressive that staff are staying engaged and keeping up with their responsibilities. That kind of resilience can make a big difference during periods of structural change.

Director of Analytics & Evaluation, Linda Mount reported a significant shift toward proactive care and community-based support, which has helped to reduce reliance on emergency services and full assessments. The decline in walk-in services and assessments could indicate that early screening and intervention efforts are working, allowing people to access care more efficiently without unnecessary delays. The expansion of peer services and medication-assisted treatment was a promising development, reflecting an investment in long-term, sustainable support systems. However, the decrease in residential program numbers and youth service trends signal potential areas of concern, especially if operational or facility-related challenges limit accessibility. A stable service environment with targeted growth in employment referrals and support coordination suggests overall positive momentum, but it is crucial to ensure equitable access across different care models.

Executive Director Daryl Washington added that the Marcus Alert system, which is designed to improve crisis response for individuals experiencing behavioral health emergencies. The Marcus-David Peters Act

aims to divert individuals from the criminal justice system and instead provide specialized crisis intervention. The system includes regional crisis call centers that help de-escalate situations; mobile crisis units like REACH, which provide immediate support in the community, co-responder units, where behavioral health professionals work alongside law enforcement; and crisis stabilization units, which offer short-term care to prevent hospitalization. The goal is to serve individuals in the least intensive setting possible keeping them in their communities rather than defaulting to emergency departments. Fewer referrals could indicate that early intervention and community-based resources are making a real impact. The fact that schools now have an online platform funded by a grant, along with more insurance-accepting providers and virtual offices, suggests that access to mental health support is expanding. The reduction in youth survey reports of distress is another encouraging sign. The pandemic certainly caused a spike in mental health challenges, but perhaps the increased awareness and availability of services have helped young people get support earlier, preventing crises before they escalate. It's worth keeping an eye on these trends—referrals may be down because needs are truly decreasing, or because people are finding help through different channels. Either way, it's a shift worth celebrating.

8. Financial Status Report

Financial Specialists Tom Young, the fiscal landscape, reflects strong revenue trends but also some key timing challenges when it comes to fund allocation and capital expenditures. While exceeding projections by \$4 billion suggests economic resilience, the federal budget deficit of \$1.9 trillion underscores the broader complexity of balancing revenue with spending obligations.

The structured nature of county budget cycles, especially with approvals happening in May and funds officially loaded in June, makes financial planning predictable but slower than ideal for real-time adjustments. The fact that pending levels have been trending upward for eight consecutive years signals sustained fiscal growth, but the nuances of how those funds are moved and utilized remain crucial.

Executive Director Daryl Washington, with the grant coming in and the clinic's expansion, the landscape is shifting, and accurate reporting will be essential for understanding where things are expanding or contracting. Staying adaptable seems to be the key here. While the cancellation of one-time pandemic funds isn't as disruptive as it could have been, the looming financial challenges, especially regarding Medicaid expansion, seem like a much more pressing concern. The potential cuts to CMS funding and the ripple effects on Medicaid expansion could be significant. Given the history of budget reductions and the way our department has worked to compensate for past cuts, it makes sense that any major shifts could have widespread consequences. If Medicaid expansion funding is reduced or eliminated, it could impact not just our budget but the entire structure of service delivery.

9. Open Discussion

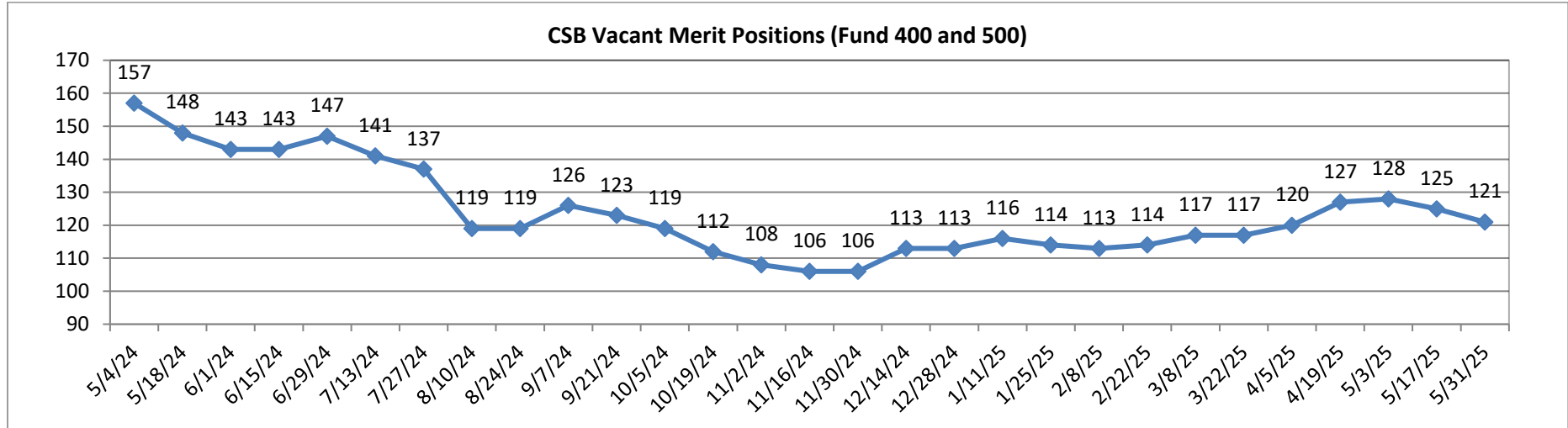
No open discussion

10. Adjournment

COMMITTEE MEMBER PATRICIA ZISSIOS MADE A MOTION TO ADJOURN THE MEETING, WHICH WAS SECONDED BY BOARD MEMBER BETTINA LAWTON. THE MOTION WAS UNANIMOUSLY APPROVED AND THE MEETING WAS ADJOURNED AT 5:08 P.M.

Date Approved

Clerk to the Board

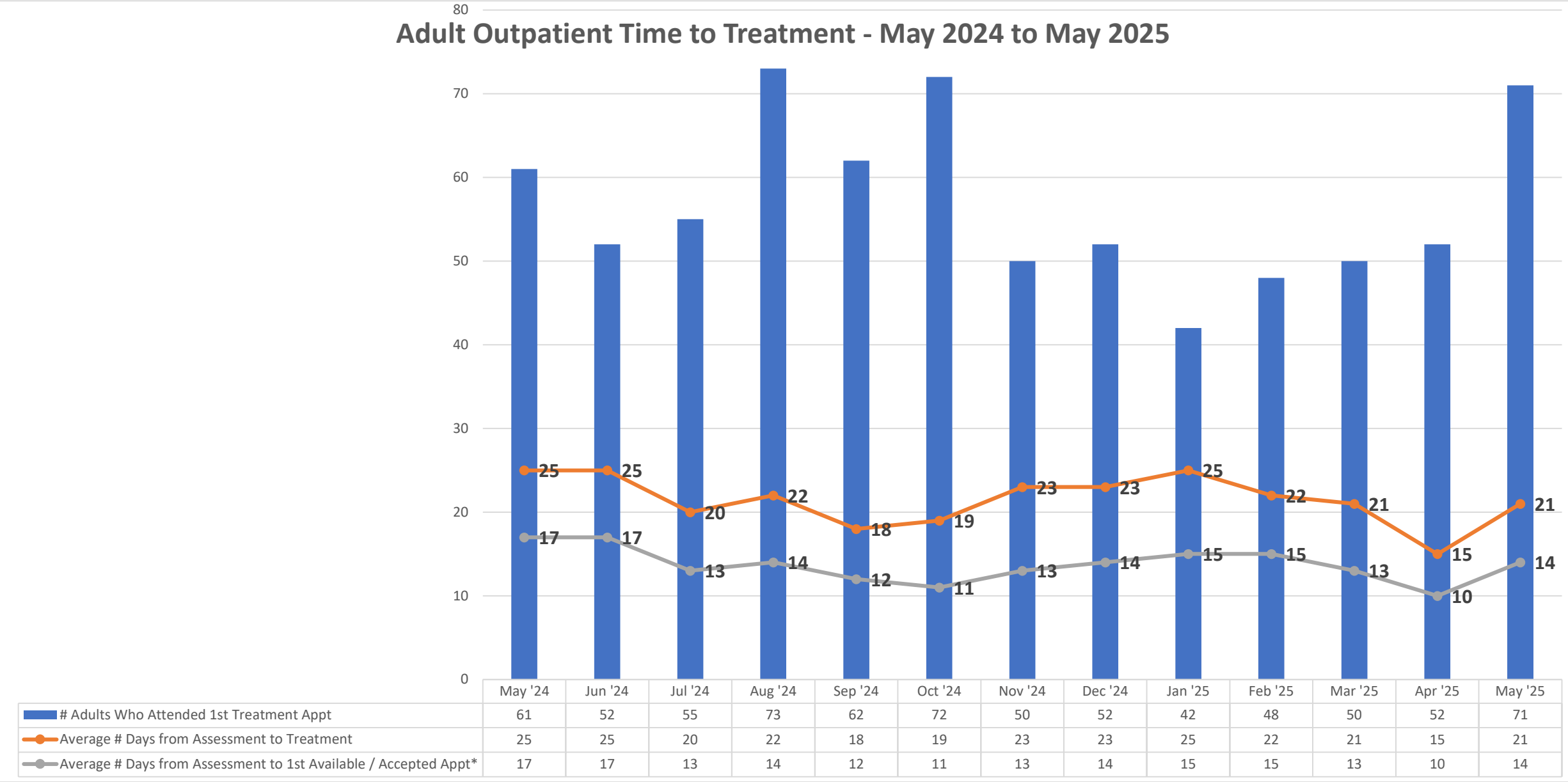


*Note: Increases in vacancies partially attributed to the establishment of new positions - Jan2024 (18), Apr (10), May (8), Jun (9), August (1), Nov. (4), Dec (8), Feb (3), Apr (1)

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

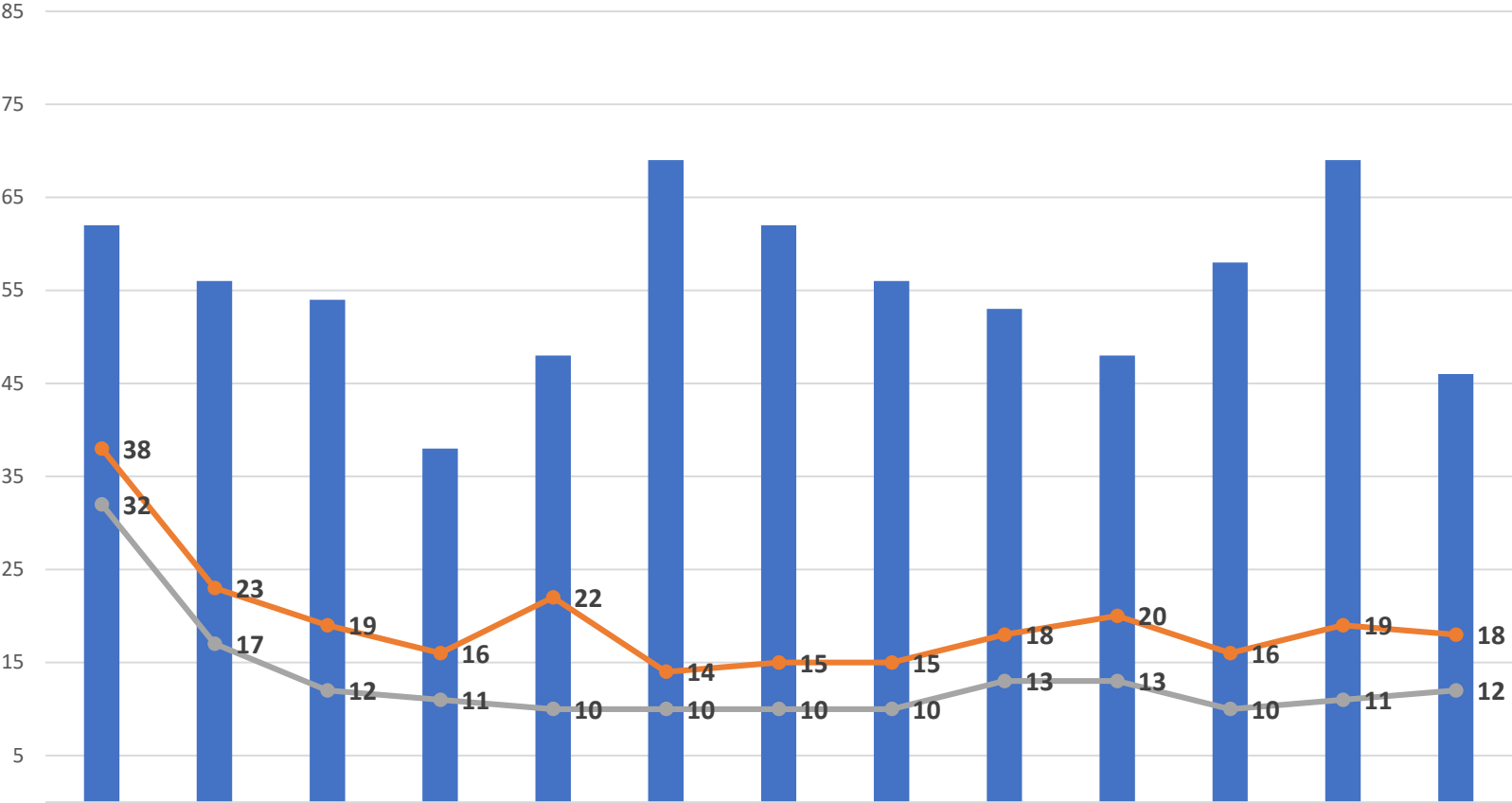
Division	May -Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		June	
Emergency Svcs/MCU	10	7	5	5	5	5	5	7	5	5	6	7	2 CIS	2	1 CIS
													1 HSW I		
													2 BHS I		
													1 BHS II		1 BHS II
													1 BH Sr Clin		
BHOP	9	6	6	9	4	8	6	5	8	13	13	14	5 BHS II	12	3 BHS II
												9 BH Sr Clin	9 BH Sr Clin		
Youth & Family – Outpatient Svcs	17	16	13	11	8	8	8	9	10	12	11	10	8 BH Sr Clin	9	8 BH Sr Clin
													1 BHS II		1 BHS II
													1 Peer Support Spec		
Support Coordination	17	24	20	19	19	14	13	25	20	13	11	12	9 DDS II	12	11 DDS II
													2 DDS III		1 DDS III
													1 DDS IV		
Jail & Court-Based Svcs	11	9	8	11	8	8	7	4	2	3	3	4	2 BHS II	4	2 BHS II
													1 BH Sr Clin		2 BH Sr Clin
													1 BH Supv		
EAR	2	2	1	1	2	2	2	2	1	1	0	0		0	

Adult Outpatient Time to Treatment - May 2024 to May 2025



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

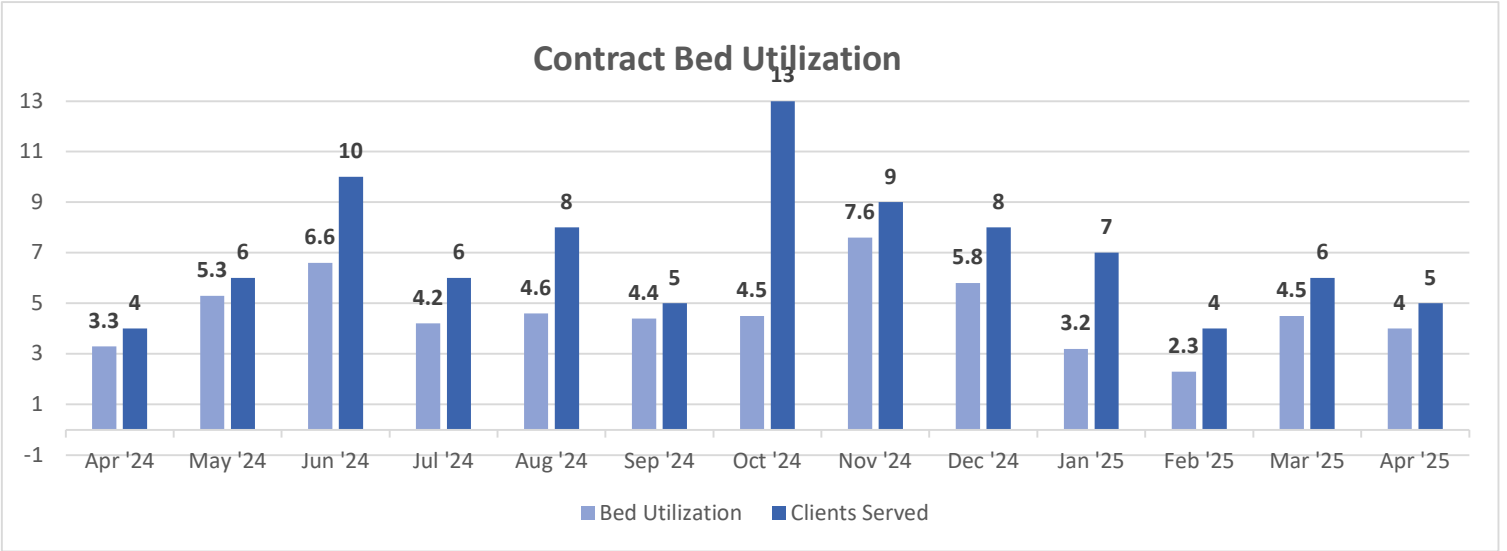
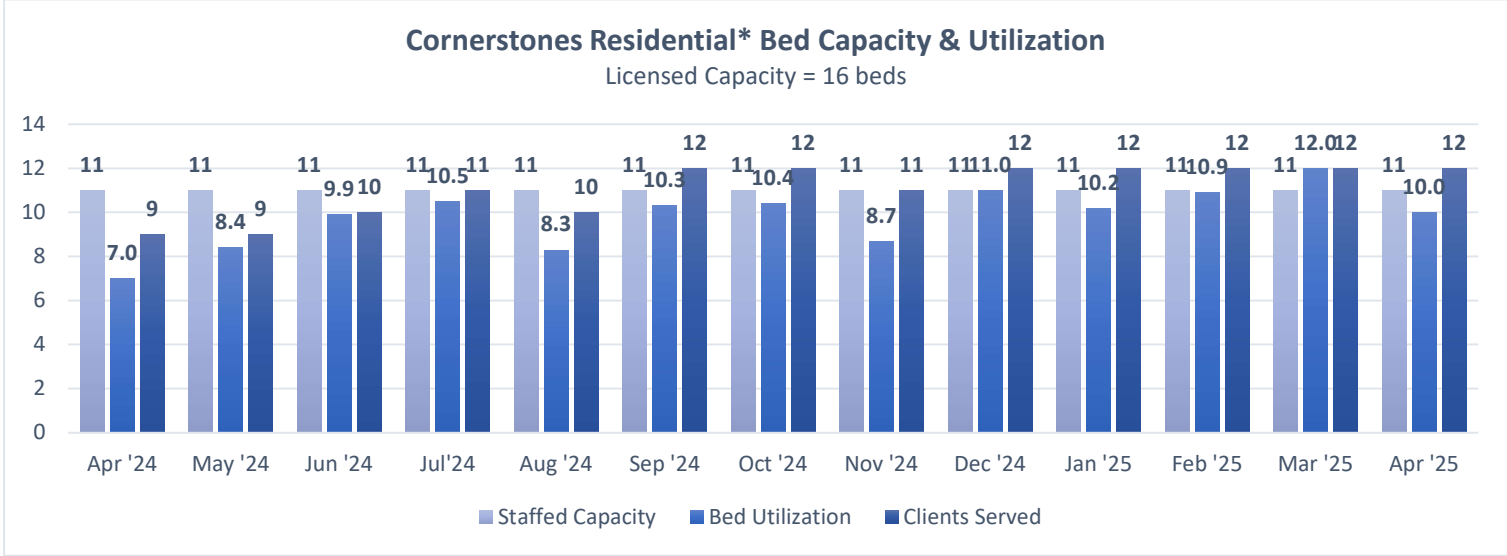
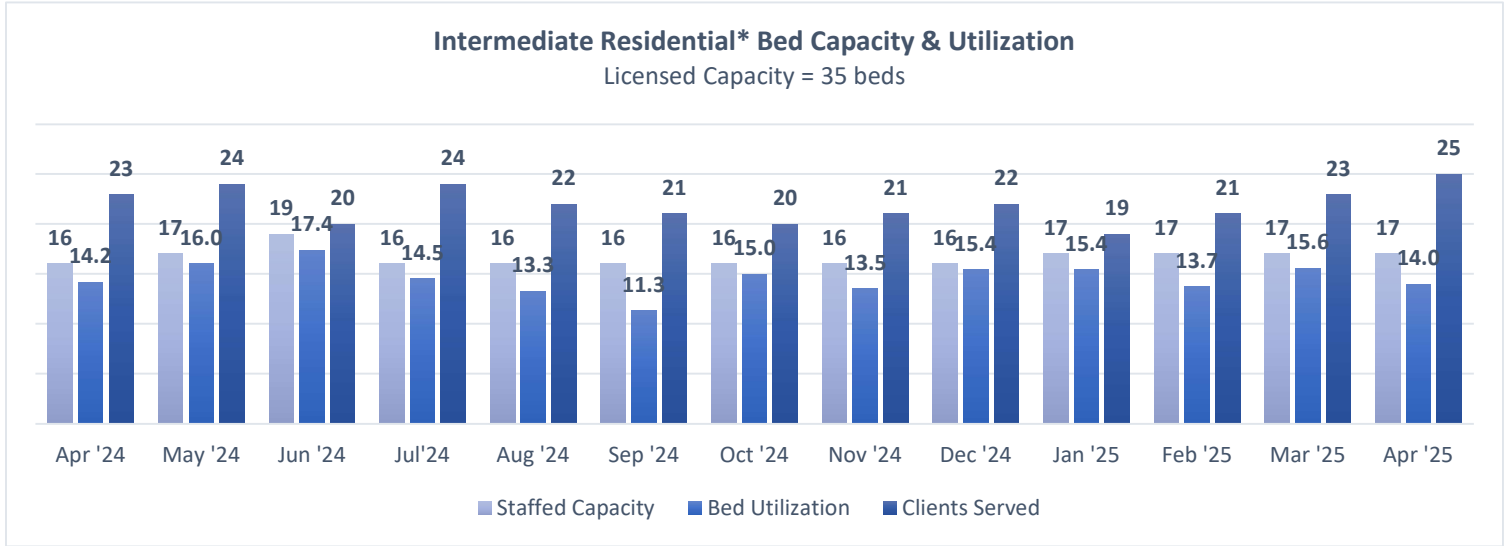
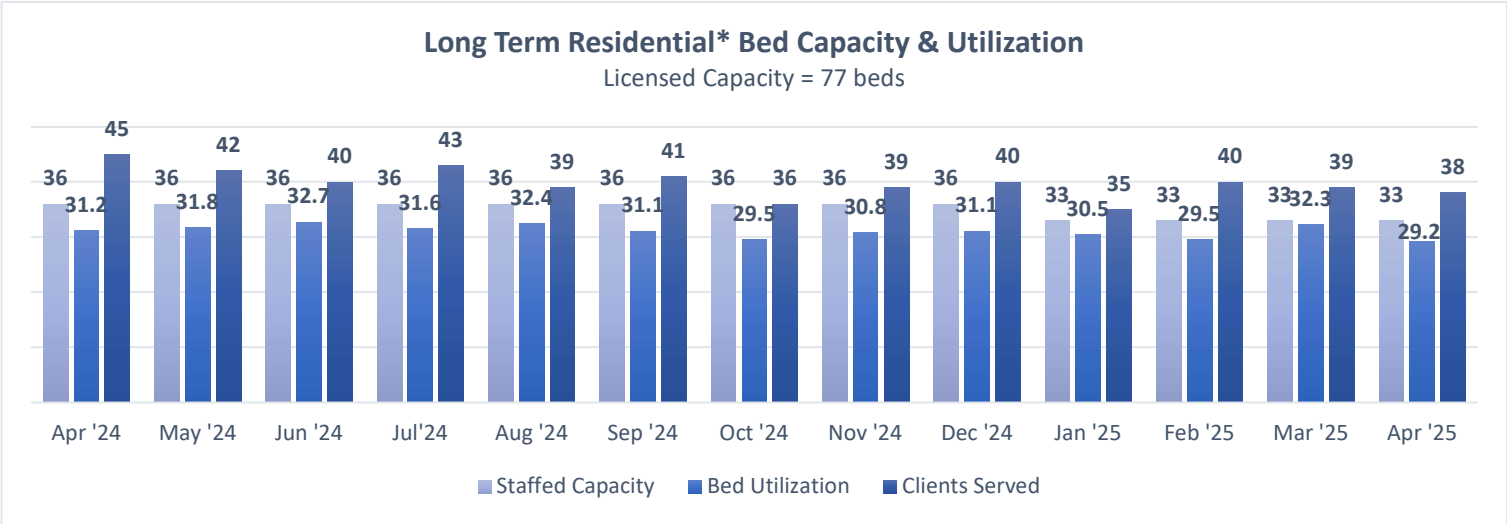
Youth Outpatient Time to Treatment - May 2024 to May 2025



	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct '24	Nov '24	Dec '24	Jan '25	Feb '25	Mar '25	Apr '25	May '25
# Youth Who Attended 1st Treatment Appt	62	56	54	38	48	69	62	56	53	48	58	69	46
Average # Days from Assessment to Treatment	38	23	19	16	22	14	15	15	18	20	16	19	18
Average # Days from Assessment to 1st Available / Accepted Appt*	32	17	12	11	10	10	10	10	13	13	10	11	12

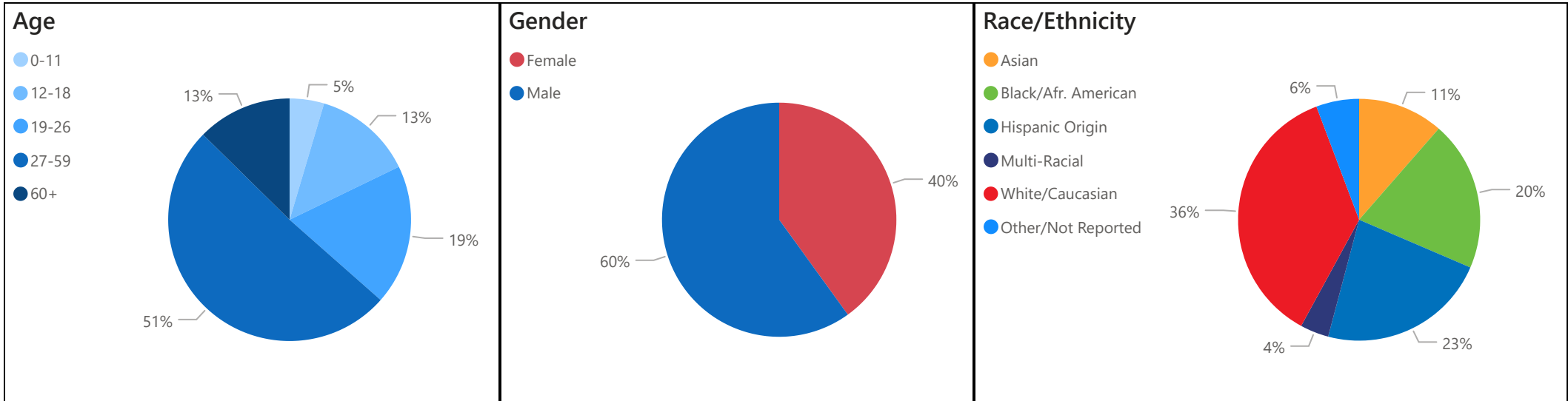
*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

SUD Residential Capacity & Utilization by Month - April 2024 to April 2025



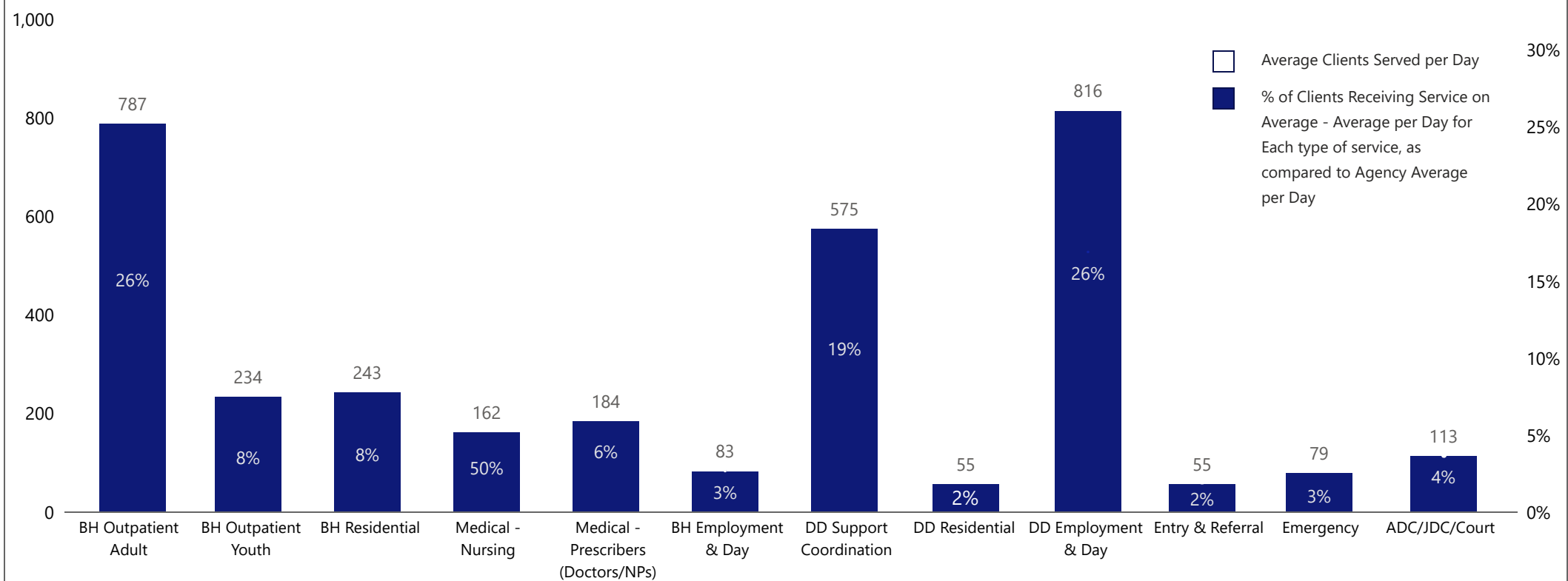
*Long Term Residential includes the Crossroads program in Kingstowne & New Generations in Vienna. Intermediate Residential is provided at A New Beginning in Chantilly. Cornerstones is located in Chantilly.

CSB Status Report



Average Clients Served per Day by Type of Service - April 2025

Agency Average Served per Day in April 2025 = 3,009



Individuals Served by Month by Type of Service Apr'24 - Apr'25

Service Area	Apr'24	May'24	Jun'24	Jul'24	Aug'24	Sep'24	Oct'24	Nov'24	Dec'24	Jan'25	Feb'25	Mar'25	Apr'25	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	9,974	9,808	9,468	9,680	9,770	9,707	9,892	9,575	9,426	9,569	9,635	10,012	9,943	▼ -0.7%	▼ -0.3%	22,674
BH Outpatient Adult	3,428	3,397	3,376	3,492	3,469	3,408	3,561	3,362	3,366	3,393	3,364	3,478	3,437	▼ -1.2%	▲ 0.3%	6,048
BH Outpatient Youth	1,147	1,116	1,073	1,010	948	927	979	956	948	963	960	993	974	▼ -1.9%	▼ -15.1%	1,944
BH Residential	412	422	427	408	411	399	406	392	376	357	350	376	376	= 0.0%	▼ -8.7%	1,318
Medical - Nursing	1,511	1,402	1,413	1,541	1,545	1,479	1,555	1,326	1,387	1,469	1,399	1,553	1,578	▲ 1.6%	▲ 4.4%	3,918
Medical - Prescribers	2,578	2,556	2,327	2,479	2,576	2,435	2,649	2,239	2,345	2,565	2,313	2,532	2,605	▲ 2.9%	▲ 1.0%	6,073
BH Employment & Day	354	356	362	356	355	339	348	336	342	311	318	329	315	▼ -4.3%	▼ -11.0%	705
DD Support Coordination	2,760	2,717	2,651	2,803	2,821	2,807	2,794	2,652	2,706	2,760	2,983	3,080	3,104	▲ 0.8%	▲ 12.5%	5,368
DD Residential	72	72	65	62	59	60	60	60	60	60	59	58	55	▼ -5.2%	▼ -23.6%	72
DD Employment & Day	1,213	1,190	1,114	1,138	1,217	1,218	1,220	1,213	1,207	1,202	1,200	1,198	1,198	= 0.0%	▼ -1.2%	1,358
Entry & Referral (EAR)	718	642	594	594	615	653	706	570	531	587	560	697	685	▼ -1.7%	▼ -4.6%	5,447
EAR Screenings	513	456	421	385	426	468	498	387	373	389	385	448	458	▲ 2.2%	▼ -10.7%	4,382
EAR Assessments	199	181	174	166	191	203	237	167	149	197	151	204	201	▼ -1.5%	▲ 1.0%	2,083
Emergency	1,068	1,059	984	988	1,035	1,036	1,121	1,083	940	963	916	1,038	963	▼ -7.2%	▼ -9.8%	7,372
ADC/JDC/ Court	701	730	624	672	675	656	617	591	631	668	642	683	736	▲ 7.8%	▲ 5.0%	3,065

* 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:	
<p>Page 1:</p> <ul style="list-style-type: none">• 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%. <p>Page 2:</p> <ul style="list-style-type: none">• The 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 is similar to the prior month and year. There have been increases in developmental support coordination, adult behavioral health outpatient, and peer services, along with some decreases in residential programs that are reducing program census through attrition.• BH Outpatient Adult – The number of individuals served is similar to the prior year. There have been recent increases in intensive case management, discharge planning, substance use intensive outpatient, and peer 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. This service area has been trending lower compared to the prior year but has increased by 5% compared to September, with additional youth receiving medication assisted treatment, outpatient, case management, and peer services.• BH Residential – The number of individuals served is 9% lower when compared to the prior year but has increased by 7% compared to February. Although there have been increases in some SUD programs, there have been decreases in contracted residential supportive services, the closure of the Leland House program, and reductions through attrition in the Residential Intensive Care (RIC) program, along with the recent Crossroads facility issues that have resulted in a reduction in program capacity.• 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 in recent months in the Individual Supported Employment program, partly due to increased referrals. There are fewer individuals receiving contracted psychosocial rehabilitation services compared to the prior year.• DD Support Coordination – There is typically monthly variation based on quarterly and annual review cycles. The number of individuals served has increased by 13% compared to the prior year partly due to individuals initiating new waiver services.• 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 and new waivers. New residential placements through community partners are waiver funded.• DD Employment & Day – The number of individuals served is similar to the previous month and year. This service area experiences reductions over the summer months due to the summer break for some self-directed services.• Entry & Referral– Although there is a decrease in individuals seeking walk-in services compared to the prior year, there was a significant increase in March compared to the prior months. There is a 18% increase in individuals receiving screening services compared to November. Assessments have increased slightly compared to the prior year. Entry & Referral has implemented 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 was lower demand for Emergency Services compared to the prior year, although the number of individuals served increased slightly for mobile services, including Co-Responder and the Mobile Crisis Unit..• ADC/JDC/Court – The number of individuals served has been trending higher since November, with a 5% increase compared to the prior year partly due to new staff hires at the Adult Detention Center and increases in the number of individuals receiving Diversion Engagement services.	

FUND STATEMENT

YTD - April 30, 2025 (83.3%)		FY 2025 Revised Budget (1)	FY 2025 YTD Budget * (2)	FY 2025 YTD Actuals (3)	Variance from YTD Budget (3 - 2)	FY 2025 Projection (4)	FY 2025 Projection vs Budget (4-1)
Beginning Balance		72,192,456	72,192,456	72,192,456	-	72,192,456	-
F	Fairfax City	2,610,453	1,305,227	2,069,436	764,210	2,759,248	148,795
F	Falls Church City	1,183,205	591,603	937,986	346,384	1,250,648	67,443
F	State DBHDS **	8,451,543	7,042,953	13,444,468	6,401,515	15,730,027	7,278,484
F	Federal Pass Thru SAPT Block Grant	4,687,492	3,906,243	3,905,474	(769)	4,687,492	-
V	Direct Federal Food Stamps	154,982	129,152	-	(129,152)	154,982	-
V	Program/Client Fees	4,296,500	3,580,417	4,370,104	789,687	5,191,683	895,183
V	CSA Pooled Funds	890,000	741,667	787,318	45,651	944,781	54,781
V	Medicaid Option	8,582,708	7,152,257	11,037,037	3,884,780	12,582,222	3,999,514
V	Medicaid Waiver	9,844,804	8,204,003	8,701,380	497,376	10,232,823	388,019
V	Miscellaneous	124,800	104,000	114,400	10,400	124,800	-
Non-County Revenue		40,826,487	32,757,520	45,367,601	12,610,081	53,658,706	12,832,219
General Fund Transfer In		181,406,295	175,995,187	181,406,295	5,411,108	181,406,295	-
Total Available		294,425,238	280,945,163	298,966,352	18,021,189	307,257,457	12,832,219
Compensation		117,518,468	90,052,466	90,579,291	526,825	118,073,962	555,494
Fringe Benefits		52,805,649	40,464,099	41,419,169	955,070	54,175,909	1,370,260
Operating		60,540,943	50,450,786	38,220,828	(12,229,958)	60,540,943	-
Recovered Cost (WPFO)		(1,568,760)	(1,307,300)	(677,522)	629,778	(1,568,760)	-
Capital		503,735	419,779	66,936	(352,843)	250,000	(253,735)
Total Expenditures		229,800,035	180,079,830	169,608,702	(10,471,128)	231,472,054	1,672,019
Transfer Out to General Fund		15,000,000	15,000,000	15,000,000	-	15,000,000	-
Transfer Out to Fund 10040, IT Projects		1,890,143	1,890,143	1,890,143	-	1,890,143	-
Transfer Out to Fund 30010, GC&C		1,885,000	1,885,000	1,885,000	-	1,885,000	-
Total Disbursements		248,575,178	198,854,973	188,383,845	(10,471,128)	250,247,197	1,672,019
Ending Balance		45,850,060	82,090,190	110,582,507	28,492,317	57,010,260	11,160,200
Opioid Use Epidemic Reserve ¹		8,990,000				8,990,000	
Critical Maintenance Reserve ²		5,000,000				5,000,000	
Youth Mental Health Crisis Care Center Reserve ³		25,000,000				25,000,000	
Unreserved Balance⁴		6,860,060				18,020,260	

* FY 2025 YTD Budget for Revenues and Expenditures are prorated based on the remaining months in the fiscal year.

** Represents not yet recognized/appropriated revenue from the State which includes the increase for salary and fringe costs in FY 2025.

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 Critical Maintenance Reserve was created to allow the CSB to plan for or deal with unforeseen maintenance issues throughout the fiscal year. Funding of \$5,000,000 was allocated to this reserve as part of the FY 2024 Carryover Review.

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

FUND STATEMENT

YTD - May 31, 2025 (91.7%)		FY 2025 Revised Budget (1)	FY 2025 YTD Budget * (2)	FY 2025 YTD Actuals (3)	Variance from YTD Budget (3 - 2)	FY 2025 Projection (4)	FY 2025 Projection vs Budget (4-1)
Beginning Balance		72,192,456	72,192,456	72,192,456	-	72,192,456	-
F	Fairfax City	2,610,453	1,957,840	2,759,248	801,408	2,759,248	148,795
F	Falls Church City	1,183,205	887,404	1,250,648	363,244	1,250,648	67,443
F	State DBHDS **	15,876,780	14,553,715	14,969,405	415,690	15,876,780	-
F	Federal Pass Thru SAPT Block Grant	4,687,492	4,296,868	4,320,123	23,255	4,687,492	-
V	Direct Federal Food Stamps	154,982	142,067	-	(142,067)	154,982	-
V	Program/Client Fees	5,776,611	5,295,227	4,833,635	(461,592)	5,141,229	(635,382)
V	CSA Pooled Funds	890,000	815,833	944,787	128,954	1,010,063	120,063
V	Medicaid Option	8,582,708	7,867,482	12,356,372	4,488,889	13,142,686	4,559,978
V	Medicaid Waiver	9,844,804	9,024,404	9,583,546	559,142	10,193,408	348,604
V	Miscellaneous	124,800	114,400	114,400	-	124,800	-
Non-County Revenue		49,731,835	44,955,239	51,132,163	6,176,924	54,341,337	4,609,502
General Fund Transfer In		181,406,295	175,995,187	181,406,295	5,411,108	181,406,295	-
Total Available		303,330,586	293,142,882	304,730,914	11,588,032	307,940,088	4,609,502
Compensation		123,072,067	108,454,312	105,028,553	(3,425,759)	118,794,025	(4,278,042)
Fringe Benefits		58,582,915	51,624,791	48,099,992	(3,524,799)	54,531,569	(4,051,346)
Operating		60,610,687	55,559,796	41,371,988	(14,187,809)	60,610,687	-
Recovered Cost (WPFO)		(1,568,760)	(1,438,030)	(755,845)	682,185	(1,568,760)	-
Capital		503,735	461,757	72,417	(389,341)	250,000	(253,735)
Total Expenditures		241,200,644	214,662,626	193,817,105	(20,845,522)	232,617,521	(8,583,123)
Transfer Out to General Fund		15,000,000	15,000,000	15,000,000	-	15,000,000	-
Transfer Out to Fund 10040, IT Projects		1,890,143	1,890,143	1,890,143	-	1,890,143	-
Transfer Out to Fund 30010, GC&C		1,885,000	1,885,000	1,885,000	-	1,885,000	-
Total Disbursements		259,975,787	233,437,769	212,592,248	(20,845,522)	251,392,664	(8,583,123)
Ending Balance		43,354,799	59,705,113	92,138,667	32,433,554	56,547,424	13,192,625
Opioid Use Epidemic Reserve ¹		8,990,000				8,990,000	
Critical Maintenance Reserve ²		5,000,000				5,000,000	
Youth Mental Health Crisis Care Center Reserve ³		25,000,000				25,000,000	
Unreserved Balance⁴		4,364,799				17,557,424	

* FY 2025 YTD Budget for Revenues and Expenditures are prorated based on the remaining months in the fiscal year.

** Includes recognized and appropriated revenue from the State which includes the increase for salary and fringe costs in FY 2025.

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 Critical Maintenance Reserve was created to allow the CSB to plan for or deal with unforeseen maintenance issues throughout the fiscal year. Funding of \$5,000,000 was allocated to this reserve as part of the FY 2024 Carryover Review.

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 2025 (as of May 31, 2025)

SERVICE/PROGRAM AREA	FUND 400-C40040 (UNRESTRICTED FEDERAL, LOCAL AND STATE)					
	Budget (100%)	Actuals	91.7%	Variance	8.3%	
G761501 - CSB Office of the Deputy Director - Clinical						
G761501002 - Recovery Services	\$ 2,104,473	\$ 2,472,626		\$ (368,153)		
G761501003 - Medical Services	\$ 18,726,185	\$ 13,092,478		\$ 5,633,707		
G761501004 - Opioid Task Force	\$ 4,270,884	\$ 2,969,965		\$ 1,300,919		
G761501005 - Utilization Management	\$ 750,843	\$ 274,512		\$ 476,331		
G761501006 - Nursing Services	\$ 3,309,813	\$ 10,681,217		\$ (7,371,404)		
G761501 - CSB Office of the Deputy Director - Clinical Total	\$ 29,162,197	\$ 29,490,797	101.1%	\$ (328,600)	-1.1%	
G762001 - Engagement Asmt & Referral Services						
G762001001 - EAR Program Management	\$ 487,484	\$ 422,348		\$ 65,136		
G762001002 - Entry, Referral, & Assessment	\$ 3,592,605	\$ 3,784,346		\$ (191,741)		
G762001004 - Wellness Health Promotion Prevention	\$ 2,812,540	\$ 2,029,385		\$ 783,154		
G762001 - Engagement Asmt & Referral Services Total	\$ 6,892,629	\$ 6,236,079	90.5%	\$ 656,550	9.5%	
G762002 - Emergency & Crisis Care Services						
G762002001 - Emergency & Crisis Care Svcs Program Mgm	\$ 244,103	\$ 407,130		\$ (163,027)		
G762002002 - Adult Crisis Stabilization	\$ 4,323,166	\$ 3,634,115		\$ 689,051		
G762002004 - Emergency	\$ 10,979,237	\$ 10,923,850		\$ 55,387		
G762002 - Emergency & Crisis Care Services Total	\$ 15,546,506	\$ 14,965,095	96.3%	\$ 581,412	3.7%	
G762003 - Residential Treatment & Detoxification Services						
G762003001 - Residential Treatment Program Management	\$ 239,068	\$ 241,568		\$ (2,500)		
G762003002 - Residential Admissions & Support	\$ 995,960	\$ 1,066,713		\$ (70,753)		
G762003003 - A New Beginning	\$ 5,131,582	\$ 3,698,513		\$ 1,433,069		
G762003004 - Crossroads Adult	\$ 5,010,831	\$ 3,663,209		\$ 1,347,622		
G762003005 - New Generations	\$ 1,793,189	\$ 1,525,560		\$ 267,630		
G762003006 - Cornerstones	\$ 3,033,556	\$ 2,156,304		\$ 877,252		
G762003007 - Residential Treatment Contract	\$ 778,266	\$ 822,036		\$ (43,770)		
G762003008 - Detoxification Services	\$ 6,077,036	\$ 2,461,966		\$ 3,615,070		
G762003 - Residential Treatment & Detoxification Services Total	\$ 23,059,489	\$ 15,635,869	67.8%	\$ 7,423,620	32.2%	
G762005 - Youth & Family Services						
G762005001 - Youth & Family Program Management	\$ 404,135	\$ 222,445		\$ 181,690		
G762005002 - Youth & Family Outpatient	\$ 7,540,057	\$ 8,740,768		\$ (1,200,711)		
G762005004 - Youth Resource Team	\$ 1,994,102	\$ 2,005,152		\$ (11,050)		

Fairfax-Falls Church Community Services Board
Operating Expenditures
Program Budget vs. Actuals - FY 2025 (as of May 31, 2025)

SERVICE/PROGRAM AREA	FUND 400-C40040					
	(UNRESTRICTED FEDERAL, LOCAL AND STATE)					
	Budget (100%)	Actuals	91.7%	Variance	8.3%	
G762005005 - Wraparound Fairfax	\$ 1,041,958	\$ 829,486		\$ 212,472		
G762005006 - Court Involved Youth	\$ 616,773	\$ 807,243		\$ (190,470)		
G762005009 - Youth & Family Contract	\$ 1,016,454	\$ 307,498		\$ 708,956		
G762005 - Youth & Family Services Total	\$ 12,613,479	\$ 12,912,593	102.4%	\$ (299,113)	-2.4%	
G762006 - Diversion & Jail-Based Services						
G762006002 - Jail Diversion	\$ 3,402,908	\$ 4,563,854		\$ (1,160,947)		
G762006003 - Forensic Services	\$ 2,668,684	\$ 1,576,523		\$ 1,092,161		
G762006 - Diversion & Jail-Based Services Total	\$ 6,071,592	\$ 6,140,378	101.1%	\$ (68,786)	-1.1%	
G763001 - Behavioral Health Outpatient & Case Mgmt Svcs						
G763001001 - Behavioral Health OP & CM Program Mgmt	\$ 201,179	\$ 203,021		\$ (1,842)		
G763001002 - Adult Outpatient & Case Management	\$ 16,593,821	\$ 13,502,270		\$ 3,091,551		
G763001005 - Adult Partial Hospitalization	\$ 727,766	\$ 675,259		\$ 52,507		
G763001 - Behavioral Health Outpatient & Case Mgmt Svcs Total	\$ 17,522,766	\$ 14,380,550	82.1%	\$ 3,142,216	17.9%	
G763002 - Support Coordination Services						
G763002001 - Support Coordination Program Management	\$ 246,287	\$ 159,269		\$ 87,018		
G763002002 - Support Coordination	\$ 18,864,612	\$ 16,175,078		\$ 2,689,534		
G763002003 - Support Coordination Contracts	\$ 683,137	\$ 577,055		\$ 106,083		
G763002 - Support Coordination Services Total	\$ 19,794,037	\$ 16,911,402	85.4%	\$ 2,882,634	14.6%	
G763003 - Employment & Day Services						
G763003001 - Employment & Day Program Management	\$ 3,315,121	\$ 3,021,183		\$ 293,938		
G763003002 - Behavioral Health Emp & Day Direct	\$ 731,914	\$ 368,443		\$ 363,471		
G763003003 - Behavioral Health Emp & Day Contract	\$ 2,558,890	\$ 2,634,001		\$ (75,111)		
G763003005 - ID Emp & Day Contract	\$ 15,139,962	\$ 9,593,142		\$ 5,546,820		
G763003006 - ID Emp & Day Self-Directed	\$ 3,025,576	\$ 2,344,042		\$ 681,533		
G763003 - Employment & Day Services Total	\$ 24,771,463	\$ 17,960,811	72.5%	\$ 6,810,652	27.5%	
G763004 - Assisted Community Residential Services						
G763004001 - Assist Community Residential Prog Mgmt	\$ 199,244	\$ 1,885		\$ 197,359		
G763004002 - Asst Comm Residential Direct	\$ 11,097,437	\$ 7,758,599		\$ 3,338,838		
G763004003 - Asst Comm Residential Contract	\$ 4,958,473	\$ 2,124,160		\$ 2,834,313		
G763004004 - Stevenson Place	\$ 1,165,940	\$ 802,219		\$ 363,721		

Fairfax-Falls Church Community Services Board
Operating Expenditures
Program Budget vs. Actuals - FY 2025 (as of May 31, 2025)

SERVICE/PROGRAM AREA	FUND 400-C40040 (UNRESTRICTED FEDERAL, LOCAL AND STATE)					
	Budget (100%)	Actuals	91.7%	Variance	8.3%	
G763004 - Assisted Community Residential Services Total	\$ 17,421,094	\$ 10,686,862	61.3%	\$ 6,734,232	38.7%	
G763005 -Supportive Community Residential Services						
G763005001 - Support Community Residential Prog Mgmt	\$ 1,420,818	\$ 1,252,676		\$ 168,142		
G763005002 - Supportive Residential Direct	\$ 4,422,570	\$ 2,087,375		\$ 2,335,195		
G763005003 - RIC	\$ 3,627,745	\$ 2,676,197		\$ 951,548		
G763005009 - Support Community Residential Contract	\$ 2,526,100	\$ 2,582,368		\$ (56,268)		
G763005 -Supportive Community Residential Services Total	\$ 11,997,233	\$ 8,598,616	71.7%	\$ 3,398,617	28.3%	
G763006 - Intensive Community Treatment Svcs						
G763006001 - ICT Program Management	\$ 72,406	\$ 342,261		\$ (269,855)		
G763006003 - Assertive Community Treatment	\$ 2,089,118	\$ 1,839,298		\$ 249,820		
G763006004 - Intensive Case Management	\$ 3,068,885	\$ 2,377,695		\$ 691,191		
G763006005 - Discharge Planning	\$ 1,135,901	\$ 1,056,164		\$ 79,737		
G763006008 - Outreach	\$ 736,332	\$ 835,279		\$ (98,947)		
G763006 - Intensive Community Treatment Svcs Total	\$ 7,102,642	\$ 6,450,696	90.8%	\$ 651,946	9.2%	
Program Budget Total	\$ 191,955,128	\$ 160,369,748	83.5%	\$ 31,585,380	16.5%	
Non-Program Budget Total¹	\$ 68,020,659	\$ 52,222,500	76.8%	\$ 10,503,621	15.4%	
TOTAL FUND	\$ 259,975,787	\$ 212,592,248	81.8%	\$ 42,089,001	16.2%	

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