

# CSB Fiscal Oversight Committee

## Meeting Agenda

June 21, 2019

Agenda Item	Facilitator
Review of May 17 <sup>th</sup> Meeting Notes	Captain Basilio 'Sonny' Cachuela, Jr.
Introduction and Welcome, Deputy Director of Administrative Operations, Bill Hanna	
Financial Status <ul style="list-style-type: none"><li>• Pay Period Metrics</li><li>• Modified Fund Statement</li><li>• End of Year Budget Status Balances – Issues/Concerns</li><li>• Revenue Billing Report</li></ul>	Jessica Burris
Administrative Operations Report Out <ul style="list-style-type: none"><li>• FY 2019 Carryover Requests (Due in July)</li></ul>	Daryl Washington
FY 2019 End of Year Report <ul style="list-style-type: none"><li>• Begin planning; items to be included in report</li></ul>	Captain Basilio 'Sonny' Cachuela, Jr.
HR Update <ul style="list-style-type: none"><li>• Position Status</li></ul>	Donna Chittum
Deputy Director, Clinical Operations Report Out <ul style="list-style-type: none"><li>• Jail Based Services Organizational Chart</li><li>• Diversion First</li><li>• Time to Treatment</li></ul>	Lyn Tomlinson
<b>Reminder: Meeting location change for June 21<sup>st</sup> Meeting (Merrifield Center, Room 1-308 A/B)</b>	<b>Captain Basilio 'Sonny' Cachuela, Jr.</b>
Adjourn	

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# CSB Fiscal Oversight Committee Meeting Minutes

**Date:** May 17, 2019  
**Attending:** Chair, Basilio 'Sonny' Cachuela, Jr.; Jennifer Adeli; Gary Ambrose; Suzette Kern, Edward Rose  
**Absent:** Ken Garnes and Bettina Lawton  
**Staff:** Daryl Washington; Lyn Tomlinson; Jessica Burris and Donna Chittum

## **Summary of Information Shared/Decisions:**

Captain Basilio 'Sonny' Cachuela Jr. called the meeting to order at 9:00 a.m.

### Review of meeting minutes

The April 19, 2019 meeting minutes were presented for review. Recognizing no revisions were forthcoming, Suzette Kern made a motion to approve the minutes as presented, which was seconded and approved.

### Financial Status

Jessica Burris, noting 102 vacancies, provided an overview of the Pay Period Metrics further noting that the balance of \$4.4M was mainly unchanged from the previous period.

Confirming that the Modified Fund Statement projections reflected no significant change, it was noted that the Compensation and Fringe projections for Pay Period 9 reflects 102 Vacant General Merit positions, only two from the Vacancy Breakeven Point (VBP). Noting a reduction in the Transfer Out balance, a reminder was offered of the approximately \$600K that had been reserved for mold remediation at Crossroads. This process has been put on hold for further testing and monitoring, reporting possible consideration of this matter during Carry Over discussions. It was confirmed that the Ending Balance Variance remains at approximately \$10M.

Attention was directed to the FY2020 Adopted Budget overview brief included in the meeting materials. A handout detailing revenue management efforts was distributed.

- *Revenue Management Metrics & Monitoring:* an overview of each page and chart was provided, noting that a primary factor in this report is aging receivables that are too old to be collected. The total write off is projected to be approximately \$1.5M for funds uncollected prior to 12/31/2017. It was highlighted that the payment denial rate has improved, due to increased monitoring of billing prior to submission.
- *Revenue Maximization Plan:* it was highlighted that the primary lack of revenue is non-billable services, the breakout chart for which was included. Some of the non-billable services are newly or soon-to-be implemented services including ARTS (Addiction Recovery Treatment Services) and OBOT (Office Based Opioid Treatment). Informatics, Operations, and Credentialing staff are working to eliminate the denials created when services are delivered by non-eligible or improperly credentialed staff, and when documentation is incomplete or erroneously completed.

### Administrative Operations Report

Daryl Washington provided an overview of carryover one-time requests that included, 1) the CSB Academy; 2) additional staff in Utilization Management to address MCO (Managed Care Organization) documentation and pre-service delivery requirements, noting that the funds, if approved, will be added to the base; 3) Peer Support Specialists for Primary Healthcare Screening and the BeWell program through 12/31/2020; 4) funding to launch a pilot for placement of eligibility staff at Detox and Crisis Care; 5) implementation of the WIN (Welcoming Inclusion Network) recommendations; 6) building enhancements/space reconfiguration at Merrifield and Pennino; 7) funding added to the \$2.3M reserve

# CSB Fiscal Oversight Committee Meeting Minutes

for the projected Medicaid Shortfall, noting it was indicated that the current reserve balance was thought to be sufficient. Board and Committee members will be updated once costs have been assigned.

## Human Resources (HR) Update

Donna Chittum provided the HR update noting the information was current as of May 11<sup>th</sup> with 105 Vacant General Merit positions, up two positions from the prior period. Highlights of recent recruitment activities to fill vacancies in critical areas include:

- *BHOP*: interviews are scheduled for both vacant positions
- *Youth & Family*; the two vacant BHS (Behavior Health Specialist) positions have been filled as of May 13<sup>th</sup> and May 28<sup>th</sup>. Of the seven Sr. Clinician positions, hiring packets are being prepared for three and references are being checked for an additional three.
- *Support Coordination*; there are some interviews and hiring packets in process.
- *Adult Detention Center (ADC)/Jail Diversion*; hiring packets are in process for some positions, noting that one candidate accepted, then declined a position, restoring a vacant position. Offering a reminder of the four new positions in the FY 2020 budget, a Realistic Job Preview has been scheduled for June 12, with a goal of having the vacant positions posted by that date.
- *Compliance & Risk Management*; interviews are or will be scheduled for the five listed vacancies.

Daryl Washington provided a further personnel update related to STEP-VA staffing. Some new positions have been identified and created per guidance from DMB including three for Walk-in Access, five for Primary Healthcare Screening, and two for Outpatient Services. Mr. Washington further reported anticipation of additional funding for Outpatient Services, the distribution for which is unknown, and some funding for Crisis Services that is anticipated to be distributed regionally as a contract service.

Mr. Washington confirmed FY 2020 STEP-VA funding at approximately \$200K for Same Day Access, \$400K for Primary Healthcare Screening, and \$226K for Outpatient Services.

## Clinical Operations Report

Lyn Tomlinson noting the Jail Based Organization chart had not been included in the materials, confirmed a copy would be sent to the Committee. There are two open positions at the Adult Detention Center (ADC) for which interviews have just been completed, offering a reminder that there is one vacancy as a staff member is leaving. Further updates included:

- Reporting a Diversion First meeting Tuesday, May 16<sup>th</sup>, there was a staff presentation on the CRT (Crisis Response Team); the team that partners with Law Enforcement and Fire & Rescue, to serve high-utilizers in the community. It was reported that the CRT has expanded their hours to five days/week noting the outreach includes recurring case management visits. There is a reported decrease in the number of calls to 911 and emergency services. However, this is contrasted with a reported increase in calls to hospitals and emergency rooms. Efforts to address this with INOVA have been implemented.
- The Time to Treatment charts indicated an overall decrease in wait times.
  - Adult Time to Treatment includes decreased wait times for Intensive Outpatient (IOP) services attributed to revisions to the no-show policy. Noting that individuals receiving Behavioral Health Outpatient (BHOP) services also typically need psychiatric services, it was further noted that psychiatric services have a longer than average wait time. Initial efforts to address this with Medical Director Dr. Colton Hand have begun, updates will be provided as information becomes available.
  - Youth Time to Treatment remains steady, noting that this time of year, March – June are typically a busier than usual time of year for youth appointments.

# CSB Fiscal Oversight Committee Meeting Minutes

- At the April Fiscal Oversight Committee meeting, best practices metrics for emergency services wait times were requested. Ms. Tomlinson reported the difficulty in locating information on wait times, however, research is ongoing. Additionally, identification of the metrics to be researched is under discussion. Offering a reminder that the initial data provided did not include night hours, these will be added once the reporting feature is revised to track this information. A further update will be provided at the June meeting.
- Offering an update to establish medical clearance at the Merrifield Center, efforts to work with Neighborhood Health have begun. INOVA is unable to provide the service as needed at this time.

## Open Discussion

- Captain Cachuela offered a reminder that June would be his final meeting as chair, a nomination for Jennifer Adeli as Committee Chair was put forth Suzette Kern and accepted by all Committee members present.
- Captain Cachuela offered a reminder that the June meeting would be at Merrifield in Room 1-308 A/B

Noting no further discussion was forthcoming, the meeting was adjourned at 10:18 a.m.

## **Action Items/Responsible Party Required Prior to Next Meeting:**

## **Issues to Communicate to CSB Board:**

## **Agenda Items for Next Meeting:**

Fiscal Oversight Committee meeting

Friday, June 21, 2019, 9:00 am. **Merrifield Center, 8221 Willow Oaks Corporate Drive, Level 1-Room 308 A/B, West, Fairfax, VA**

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Date Approved

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Staff to the Board

**FY 2019 Pay Period Metrics PP 1-13**

Category/GL	FY 2019 RBP Millions \$	PP Target July-Dec PP 14-26	PP Target Jan-June PP 1-13	Check
Merit Salary (500000, 500050, 500080)	\$70.37	\$2,706,594	\$2,706,594	\$70,371,431
Non-Merit Salary (500090)	\$5.95	\$228,864	\$228,864	\$5,950,457
Shift (500100)	\$0.22	\$8,323	\$8,323	\$216,400
OT (500110)	\$1.12	\$43,252	\$43,252	\$1,124,557
Stipends (500140)	\$0.31	\$11,833	\$11,833	\$307,650
Leave Pay-Out (500150)	\$0.60	\$23,077	\$23,077	\$600,000
Fringe (501000)	\$35.00	\$1,313,143	\$1,378,800	\$34,995,248
<b>TOTAL</b>	<b>\$113.57</b>	<b>\$4,335,085</b>	<b>\$4,400,742</b>	<b>\$113,565,743</b>

**Summary**

\* As of PP11, CSB had 105 vacant general merit positions, 5 above the VBP of 100.

Actual Data	PP 26 (Repeat)	PP 1 Actual	PP 2 Actual	PP 3 Actual	PP 4 Actual	PP 5 Actual	PP 6 Actual	PP 7 Actual	PP 8 Actual	PP 9 Actual	PP 10 Actual	PP 11 Actual	PP 12 Actual	PP 13 Actual	YTD
Merit Salary (500000, 500050, 500080)	\$2,629,373	\$2,695,582	\$2,625,242	\$2,668,695	\$2,666,329	\$2,688,711	\$2,686,823	\$2,698,140	\$2,792,263	\$2,719,654	\$2,766,332	\$2,727,506			\$62,386,740
Non-Merit Salary (500090)	\$287,745	\$205,220	\$276,699	\$272,547	\$285,278	\$264,649	\$303,003	\$290,036	\$277,975	\$293,858	\$303,049	\$293,208			\$6,484,131
Shift (500100)	\$7,979	\$7,138	\$8,189	\$7,869	\$8,142	\$7,876	\$8,264	\$8,256	\$8,088	\$7,790	\$8,195	\$8,079			\$188,525
OT (500110)	\$51,110	\$129,582	\$51,790	\$82,265	\$54,308	\$121,942	\$55,472	\$57,335	\$61,529	\$61,507	\$59,425	\$71,849			\$1,464,041
Stipends (500140)	\$14,323	\$14,446	\$16,338	\$12,438	\$12,320	\$12,720	\$12,378	\$12,579	\$12,695	\$14,807	\$14,373	\$14,258			\$285,035
Leave Pay-Out (500150)	\$4,601	\$57,378	\$46,999	\$14,971	\$21,239	\$38,059	\$13,891	\$4,568	\$40,624	\$9,114	\$1,158	\$1,139			\$576,589
Fringe (501000)	\$1,335,909	\$1,317,009	\$1,272,249	\$1,295,573	\$1,300,338	\$1,323,967	\$1,301,015	\$1,305,467	\$1,347,040	\$1,313,802	\$1,336,012	\$1,311,605			\$30,230,569
<b>TOTAL</b>	<b>\$4,331,039</b>	<b>\$4,426,355</b>	<b>\$4,297,506</b>	<b>\$4,354,358</b>	<b>\$4,347,953</b>	<b>\$4,457,923</b>	<b>\$4,380,846</b>	<b>\$4,376,380</b>	<b>\$4,540,213</b>	<b>\$4,420,532</b>	<b>\$4,488,545</b>	<b>\$4,427,644</b>	<b>\$0</b>	<b>\$0</b>	<b>\$101,615,631</b>

FY 2019 Pay Period Metrics PP 14-26

Category/GL	FY 2019 ABP Millions \$	PP Target July-Dec PP 14-26	PP Target Jan-June PP 1-13	Check
Merit Salary (500000, 500050, 5000)	\$70.37	\$2,706,594	\$2,706,594	\$70,371,431
Non-Merit Salary (500090)	\$5.95	\$228,864	\$228,864	\$5,950,457
Shift (500100)	\$0.22	\$8,323	\$8,323	\$216,400
OT (500110)	\$1.12	\$43,252	\$43,252	\$1,124,557
Stipends (500140)	\$0.31	\$11,833	\$11,833	\$307,650
Leave Pay-Out (500150)	\$0.60	\$23,077	\$23,077	\$600,000
Fringe (501000)	\$35.00	\$1,313,143	\$1,378,800	\$34,995,248
<b>TOTAL</b>	<b>\$113.57</b>	<b>\$4,335,085</b>	<b>\$4,400,742</b>	<b>\$113,565,743</b>

Summary

\* As of PP26, CSB had 141 vacant general merit positions, 41 above the VBP of 100.

Actual Data	FY 2018 Accrual Reversal	PP 14 Actual	PP 15 Actual	PP 16 Actual	PP 17 Actual	PP 18 Actual	PP 19 Actual	PP 20 Actual	PP 21 Actual	PP 22 Actual	PP 23 Actual	PP 24 Actual	PP 25 Actual	PP 26 Actual	YTD
Merit Salary (500000, 500050, 5000)	(\$1,281,881)	\$2,536,913	\$2,562,050	\$2,688,001	\$2,630,989	\$2,618,127	\$2,617,999	\$2,593,861	\$2,604,902	\$2,592,784	\$2,607,988	\$2,653,001	\$2,631,107	\$2,629,373	\$32,685,215
Non-Merit Salary (500090)	(\$135,237)	\$271,860	\$266,171	\$270,174	\$274,801	\$270,946	\$264,663	\$278,516	\$274,272	\$281,437	\$284,271	\$241,153	\$290,450	\$287,745	\$3,421,223
Shift (500100)	(\$4,142)	\$8,334	\$8,098	\$8,937	\$7,965	\$7,917	\$7,944	\$8,159	\$7,867	\$8,513	\$8,077	\$7,249	\$7,742	\$7,979	\$100,639
OT (500110)	(\$31,210)	\$65,493	\$35,199	\$37,194	\$34,860	\$36,457	\$53,035	\$30,545	\$66,201	\$38,500	\$40,735	\$146,007	\$52,912	\$51,110	\$657,038
Stipends (500140)	(\$4,200)	\$9,273	\$10,573	\$8,880	\$8,912	\$10,669	\$9,345	\$8,776	\$13,041	\$10,904	\$11,019	\$11,922	\$12,400	\$14,323	\$135,836
Leave Pay-Out (500150)	(\$25,330)	\$23,356	\$3,243	\$13,499	\$32,517	\$50,304	\$56,334	\$101,752	\$30,393	\$3,449	\$3,583	\$19,348	\$10,402	\$4,601	\$327,449
Fringe (501000)	(\$596,811)	\$1,238,786	\$1,229,633	\$1,326,682	\$1,257,455	\$1,249,714	\$1,257,604	\$1,246,336	\$1,251,214	\$1,236,363	\$1,242,692	\$1,287,893	\$1,253,370	\$1,335,909	\$15,816,841
<b>TOTAL</b>	<b>(\$2,078,810)</b>	<b>\$4,154,015</b>	<b>\$4,114,966</b>	<b>\$4,353,367</b>	<b>\$4,247,499</b>	<b>\$4,244,133</b>	<b>\$4,266,925</b>	<b>\$4,267,945</b>	<b>\$4,247,891</b>	<b>\$4,171,950</b>	<b>\$4,198,366</b>	<b>\$4,366,574</b>	<b>\$4,258,382</b>	<b>\$4,331,039</b>	<b>\$53,144,241</b>

Fairfax-Falls Church Community Services Board

Fund 40040

FY 2019 May Fund Statement

	<b>FY 2019 Revised Budget</b>	<b>FY 2019 Actuals thru Period 11</b>	<b>FY 2019 Projection</b>	<b>Variance from Budget</b>
<b>Beginning Balance</b>	<b>28,731,168</b>		<b>28,731,168</b>	
F Fairfax City	1,798,517	1,798,516	1,798,517	-
F Falls Church City	815,189	815,190	815,189	-
F State DBHDS	11,886,443	10,098,737	10,196,915	(1,689,528)
F Federal Pass Thru SAPT Block Grant	4,053,659	3,846,266	4,053,659	-
V Direct Federal Food Stamps	154,982	133,084	152,365	(2,617)
V Program/Client Fees	4,011,751	3,636,114	3,664,052	(347,699)
V CSA	858,673	863,346	799,615	(59,058)
V Medicaid Option	8,537,500	4,277,364	4,575,611	(3,961,889)
V Medicaid Waiver	2,371,024	6,154,194	6,716,463	4,345,439
V Miscellaneous	14,100	140,927	77,297	63,197
Non-County Revenue	34,501,838	31,763,737	32,849,683	(1,652,155)
General Fund Transfer	135,334,383	135,334,383	135,334,383	
<b>Total Revenue</b>	<b>198,567,389</b>	<b>167,098,120</b>	<b>196,915,234</b>	<b>-1,652,155</b>
Compensation	78,570,495	68,269,023	79,064,186	(493,691)
Fringe Benefits	34,995,248	28,918,964	33,799,972	1,195,276
Operating	67,312,577	48,646,836	56,306,100	11,006,477
Recovered Cost (WPFO)	-1,738,980	-1,638,544	-2,002,443	263,463
Capital	62,465	39,834	49,834	12,631
Transfer Out-	5,000,000	5,000,000	5,000,000	-
Capital Project HS000038				
<b>Total Expenditures</b>	<b>184,201,805</b>	<b>149,236,113</b>	<b>172,217,650</b>	<b>11,984,155</b>
<b>Ending Balance</b>	<b>14,365,584</b>	<b>17,862,007</b>	<b>24,697,584</b>	<b>10,332,000</b>
1 DD MW Redesign Reserve	2,500,000		2,500,000	
2 Medicaid Replacement Reserve	2,800,000		2,800,000	
3 Opioid Epidemic MAT Reserve	300,000		300,000	
4 Diversion First Reserve	1,244,245		1,905,212	
5 Encumbered Reserve	6,381,985		6,381,985	
Unencumbered Reserve			2,300,000	
<b>Unreserved Balance</b>	<b>1,139,354</b>		<b>8,510,387</b>	<b>10,332,000</b>

**Key**

F Fixed Annual Allocations

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

**Reserve**

- 1 The DD Medicaid Waiver Redesign Reserve ensures the County has sufficient funding to provide services to individuals with developmental disabilities in the event of greater than anticipated costs due to the Medicaid Waiver Redesign effective July 1, 2016.
- 2 The Medicaid Replacement Reserve, for the implementation of Medicaid Expansion to a potential 600 consumers and will provide support with the transition of funding from the State support to Medicaid fees.
- 3 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.
- 4 The Diversion First Reserve represents one-time savings that were realized in FY 2017 as a result of longer than anticipated recruitment times to fill new positions and savings in operating expenses. This funding will be reallocated as part of a future budget process based on priorities identified by the Board of Supervisors.
- 5 Encumbered Reserve Request \$6.4m included with the FY 2018 Carryover Review

## FY 2019 Fiscal Notes

### **Revenue**

-\$1.6m Q3 Revised Revenue Projection  
(-\$1.3m net change)

*The net change, in the projection, is attributed to the FY 2018 back billing of held services and receipt of DBHDS STEP-VA primary care screening funding of \$184,628.*

-\$1.7m FY 2019 DBHDS State Funds Reduction for Medicaid Replacement Fees  
\$0.3m Annualized FY2018 DBHDS COLA  
-\$0.1m FY 2018 Carryover reduction of Local Transfer related to additional DAHS realignment  
\$0.2m DBHDS STEP-VA primary care screening funding, received 1/16/2019. (Q2 additional note)

### **Compensation & Fringe**

\$0.8m End of Year Revised Compensation & Fringe Projection  
(-\$1.0m net change)

This projection takes into consideration year-to-date payroll actuals; projecting the remaining 6.5 pay periods; the above average leave payouts in FY 2019; position changes, including ITC and DAHS realignment; and the current position vacancy rate.

*The net change, in the projection, is attributed to an increase per payroll over the past five months, as well as, adding a number of dual encumbered positions to proactively fill new positions slated for FY2020 for projects, such as, Diversion First and the Opioid Task Force.*

### **Operating**

\$11.0m End of Year Revised Operating Projection  
(\$1.5m net change)

This projection takes into consideration year-to-date actuals; onetime annual expenditures; increased contract expenditures for new awards, expanded services, and contract rate increases; and operating expenditure changes due to the ITC and DAHS realignment.

*The net change, in the projection, is attributed to incomplete or undelivered renovations and onetime replacement purchases; and increased recovered costs from grants; specifically, the High Intensity Drug Trafficking Area (HIDTA) and Regional grants for administrative support. The difference will be requested as encumbered Carryover.*

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## **FY 2020 Adopted Budget – Board Hearing, May 7, 2019**

An overview of the FY2020 Adopted Budget action items:

- The Board of Supervisors approved the following employee pay increases: 2.1% Market Rate Adjustment; 2% (average) Performance Increase and Longevity increases.
  - \$2.5m for June 2019 special education graduates and other individuals eligible for DD employment and day services.
  - \$2.1m to continue addressing the opioid epidemic.
  - \$1.2m for 6.0 full time merit positions to expand Diversion First efforts, this includes 2.0 Crisis Intervention Specialists and 4.0 Jail Diversion positions.
  - \$0.9m in contract rate adjustments
  - \$0.6m for 5.0 full time merit positions to provide support coordination services for new individuals receiving a DD waiver.
- 

## **FY 2019 Third Quarter Review – Board Hearing, April 30, 2019**

### **Revenue**

-\$1.65m Revenue Adjustments

Net revenue adjustments for DBHDS State revenue reduction, due to anticipated Medicaid replacement funds; annualized FY 2018 State COLA; grant setup; and fees adjustments considering back billing, anticipated increased Medicaid and other minor adjustments, such as, CSA, food stamps and client fees.

### **Operating**

\$0.6m Non-Recurring funding adjustment, moving funds to CSB Capital Projects to address Crossroads facilities repairs.

Outcome: the request for an adjustment to Operating was held until Carryover to allow for additional review of the facilities needs for Crossroads.

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## ***FY 2018 Adopted Carryover Actions - Board Hearing, Sept 24, 2018***

### ***\$7.5m unappropriated reserves -***

\$2.5m DD Medicaid Waiver Redesign

\$2.8m Medicaid Replacement Fee to address the transition of revenue from the State to Medicaid.

\$0.3m Opioid Epidemic / Medication Assistive Treatment for evaluation and performance measure analysis, as indicated in the Opioid Task Force Plan.

\$1.9m Diversion First as indicated in the Diversion First Plan.

### ***\$6.5m appropriated funds for special projects -***

\$1.5m Opioid Use Epidemic, request to reserve funds for continue contracted services for medical detoxification and residential treatment.

DMB will present this item as part of the Third Quarter Review. This will allow time to determine the full need and give the department spending flexibility without being tied to a fixed amount.

\$5m Building Improvement requests for the Springfield move; Merrifield; and the Boys Probation House renovations intended for use by the Woodburn Crisis Care Program.

Approved - \$5m was “transferred out” to the Capital Project Fund 30010, in Project HS000038 CSB Facilities Improvements. This secures the funds in a designated project for specific use for CSB capital improvements.

### ***\$6.4m Encumbered Carryover -***

Funds giving flexibility in FY 2019 for unidentified or unanticipated service requirements

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## FY 2019 Adopted Budget

### CSB Central Administration

Category	FY 2017 Actual	FY 2018 Adopted	FY 2018 Revised	FY 2019 Advertised	FY 2019 Adopted
<b>FUNDING</b>					
<b>Expenditures:</b>					
Personnel Services	\$23,585,142	\$24,314,023	\$25,294,023	\$27,465,341	\$27,465,341
Operating Expenses	10,442,434	9,807,589	14,174,802	11,009,464	11,009,464
<b>Subtotal</b>	<b>\$34,027,576</b>	<b>\$34,121,612</b>	<b>\$39,468,825</b>	<b>\$38,474,805</b>	<b>\$38,474,805</b>
Less:					
Recovered Costs	(\$184,595)	(\$164,062)	(\$164,062)	(\$134,062)	(\$134,062)
<b>Total Expenditures</b>	<b>\$33,842,981</b>	<b>\$33,957,550</b>	<b>\$39,304,763</b>	<b>\$38,340,743</b>	<b>\$38,340,743</b>
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)</b>					
Regular	165 / 164.5	165 / 164.5	177 / 176.5	193 / 192.5	216 / 215.5

\$3.6m employee compensation for 2.25% market rate adjustment and performance-based and longevity increases. Includes \$0.5m for projected fringe benefit rate increases, effective January 1, 2019.

\$3.4m for Health and Human Services realignment, as part of the FY 2016 Lines of Business, Phase 2 process moving 39/39.0 FTE position and associated operating from Department of Administration for Human Services to CSB. (\$3.1m personnel, \$0.3 operating)

\$1.2m Opioid Use Epidemic as outlined in the Opioid Task Force Plan. (\$1.1 personnel, \$0.1m operating)

\$1.1m Diversion First funding as outlined in the multi-year plan for diversion activities and includes 8/8.0 FTE positions and associated operating expenses. (\$1.1 personnel, \$0.2m operating)

\$1.1m contract rate adjustments

\$1m Support Coordination for 14/14.0 positions for continued support of the DOJ settlement and Virginia's Medicaid expansion.

-\$8.3m Infant and Toddler Connection realignment, as part of the FY 2016 Lines of Business, Phase 2. Merging the services with the Dept of Family Services, Office for Children for improved service delivery and resources for families. Position count is reduced by 41/41.0 FTEs.  
(-\$4.9m personnel, -\$3.5m operating)



# Community Services Board

**Suzette Kern**

Chair

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Vice Chair

*Hunter Mill District***Edward E. Rose III**

Secretary

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TO: Fairfax County Board of Supervisors  
Mayors, Cities of Fairfax and Falls Church

FROM: Board of the Fairfax-Falls Church Community Services Board

DATE: September 27, 2018

SUBJECT: Fairfax-Falls Church Community Services Board FY 2018 Year-End Report

Our Board thanks you for the generous funding and strong support you provide to the Fairfax-Fall Church Community Services Board (CSB). We are pleased to transmit our FY 2018 End of Year Report highlighting major accomplishments, opportunities and challenges. Your strong partnership and commitment are evidenced by the numbers below reflecting the scope and breadth of services provided to our most vulnerable residents.

In FY 2018, the CSB provided services to 23,963 people. *The numbers below are unduplicated within each service type, but individuals may have received more than one type of service.*

- 20,074 individuals received mental health, substance use and developmental disability services; of these individuals, 6,129 received CSB Emergency Services and 4,616 received same day walk-in screening and assessments. 97% of persons receiving emergency services do so within one hour.
- 3,889 children received Infant & Toddler Connection (ITC) Services. (Note: This program was transferred to the Department of Family Services' Office for Children in June, 2018.)
- 4,644 people with developmental disabilities received support coordination services.
- 3,750 individuals received peer support services in the community.

In FY 2018, the agency faced both opportunities and challenges in ongoing key issue areas. These are described in more detail in the attached report and included:

- ensuring a smooth transition to the newly redesigned development disabilities system,
- addressing the heroin and opioid epidemic,
- decriminalizing mental illness through the Diversion First initiative,

- continuing suicide prevention efforts,
- integrating primary and behavioral health care, and
- seeking permanent supportable housing for our clients.

In the very near future, Medicaid Expansion and the roll-out of Commonwealth's new STEP-VA additional core services will present not only tremendous opportunities but funding challenges as well. In the attached we address how the funding formulas being contemplated by the Commonwealth have the potential for harming Northern Virginia and challenging our delivery of other critical services. The CSB continues its efforts to seek and implement operational efficiencies to offset these anticipated funding gaps. Our report describes these in more detail to include a number of clinical and business redesign efforts and the transfer of services in our Springfield office out of leased space into County-owned facilities.

Our board is nearly fully staffed with only one vacancy at this time. We appreciate the care and concern shown by the Board of Supervisors in selecting appointees to the board. It has resulted in a well-functioning board with committed members being actively engaged in governance and advocacy efforts.

This month, we will hold our annual, full-day board retreat designed to further educate and prepare us for the work we are tasked to do. In the coming year, there are two areas of special focus for our board: compliance and legislative advocacy. We recently established our Compliance Committee to ensure oversight of the CSB's compliance program. We also established an Ad Hoc Legislative Committee to refine the processes and activities for board member advocacy efforts on behalf of the CSB. In this role, we will continue to advocate with our local state legislators for equitable funding — especially in implementing STEP-VA and Medicaid expansion.

The CSB's leadership team recently completely turned over with a new Executive Director, two new Deputy Directors and several other key senior level positions. We welcome our new CSB Executive Director Daryl Washington and look forward to working closely and collaboratively with Mr. Washington and his leadership team in the coming year.

Again, we thank you for the generous funding you provide. We understand the fiscal challenges you face in making difficult budget decisions and we are deeply appreciative of your leadership. As always, we welcome your review, comments, and questions of our report.



Suzette Kern  
Chair, CSB Board

# **1.Fairfax-Falls Church Community Services Board**

## **FY 2018 Year-End Report**

Covering period July 1, 2017 to June 30, 2018

This FY 2018 year-end report highlights key program areas and discusses critical issues for the agency. The CSB Board appreciates the Board of Supervisors' continued strong support, which allows us to serve the residents of Fairfax County and the cities of Fairfax and Falls Church who need our services.

### **CRITICAL ISSUE AREAS**

#### **STEP-VA (System Transformation, Excellence and Performance in Virginia) Mandates**

A new law mandates that all Community Services Boards (CSBs) in Virginia provide additional core services. Two of the newly mandated core services go into effect on July 1, 2019; the others on July 1, 2021. These newly mandated core services, described below, will require additional state funding.

- Effective July 1, 2019, CSBs will be mandated to provide: 1) same-day access to mental health screening services, and 2) outpatient primary health care screening, monitoring, and follow-up for individuals who need help to access primary health services. We already provide some services in these two areas, and our accomplishments are described later in this report.
- Effective July 1, 2021, CSBs will be mandated to provide:
  - Crisis services for mental health or substance abuse
  - Outpatient mental health and substance abuse services
  - Psychiatric rehabilitation
  - Peer support and family support services
  - Mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a veteran's health administration medical facility
  - Care coordination
  - Case management services

***Funding concern:*** We support the STEP-VA goals. Due to generous local funding, we are currently providing *some* of what is covered in the legislation. However, to *fully* meet these mandates without decreasing our other critical services, additional state funding - commensurate with the size of the population we serve - is required. Thus far, the state has taken a flat rate funding approach with the all CSBs. Our CSB received \$270,000 in FY 2019 to implement same-day access services. We project our cost for implementing same-day access alone to be \$2.1 million and no funding has been provided to this date for primary care screening. For FY 2019 the governor allocated \$9.6 million statewide to implement same-day access and primary care screening. Based on population size we should have received \$1.31 million. There is \$30.3 million in the proposed FY 2020 DBHDS statewide services budget for STEP-VA. We estimate

that this dollar amount will fall far short of what will be needed to implement these services in Fairfax-Falls Church and statewide.

The need for increased and equitable STEP-VA state funding is one of the key points our CSB board members will continue to make in their visits with our local Virginia legislators.

### **Medicaid Expansion**

The Commonwealth's recently passed Medicaid expansion bill enables eligible individuals and families to have more health care choices. Beginning in January 2019, newly eligible individuals will include people in the following categories:

- 1) Low income adults, defined as individuals earning less than \$16,104 per year, or families earning less than \$32,913 per year,
- 2) Low-income children who lose Medicaid when they turn nineteen, or
- 3) Adults with disabilities not eligible for Supplemental Security Income or Social Security Disability Insurance.

Effective January 1, 2019, we anticipate that an additional 27,000 individuals in Fairfax County will qualify for Medicaid. Our analysis further indicates that approximately 600 individuals presently served by the CSB will be eligible for Medicaid under the new rules. Although Medicaid expansion introduces a vital resource to underserved individuals, we are concerned that the state's actions to shift costs to localities will reduce the availability of services while simultaneously increasing demand.

**Funding Concern:** Community Services Boards statewide are absorbing a General Fund reduction of \$11 million in FY 2019. The Fairfax-CSB will be absorbing 1.6 million of the \$11-million-dollar reduction. Reductions in the Fairfax-Falls Church in biweekly payments from Commonwealth's Department of Behavioral Health and Developmental Services (DBHDS) begin in October 2018. In FY 2020 a \$25 million-dollar reduction will be applied to CSB's statewide, and the Fairfax-Falls Church CSB will receive a \$4.3 million reduction from DBHDS in FY 2020.

CSBs will be expected to "bill back" the lost state general funds through Medicaid reimbursed service delivery to individuals who are newly eligible for Medicaid under expansion. There is significant concern about the harmful impact this shift will have on the Fairfax-Falls Church CSB. The Fairfax-Falls Church CSB estimate indicates the maximum additional case management billings that can be produced is approximately \$915,000 during FY 2019. This number assumes a 100% recapture rate of insurance billings, which is almost never achievable in the healthcare industry. State officials used a flawed methodology for their revenue projections, which didn't account for the income level of people receiving services. Based on the Fairfax-Falls Church CSB's projections, the DBHDS reduction will result in at least a \$685,000 shortfall in FY 2019. Of greater concern is the state's intention to take back \$4.3 million in FY 2020. This \$4.3 million dollar take back is projected to result in at least a \$2.5 million-dollar shortfall.

Outlined below are the core reasons DBHDS's methodology for CSB Medicaid revenue is flawed:

- 1) DBHDS's estimate of individuals who will be eligible for Medicaid did not account for the individual's income. DBHDS's data indicates 1003 individuals receiving case management at the Fairfax-Falls Church CSB don't have insurance, and based their revenue production numbers on this figure.
- 2) The Fairfax-Falls Church CSB's internal estimate eliminates individuals that have an income above 138% of the Federal Poverty Level (FPL). (138% of FPL or below is needed to qualify for Medicaid expansion.) Once this criterion is applied, the number of individuals eligible for Medicaid case management at the Fairfax-Falls Church CSB shrinks from 1003 to 519.
- 3) The estimate of CSB clients eligible for Medicaid as of January 1st, doesn't take into consideration their legal status, their capacity or willingness to apply for Medicaid.
- 4) The state General Fund reductions assume that existing CSB clients would be enrolled and approved for Medicaid on January 1st. Similar insurance changes across the Commonwealth have consistently demonstrated that most individuals will not be signed up by the January 1<sup>st</sup> launch date.

Other challenges we face with Medicaid expansion are a shortage of private providers and poor reimbursement rates. We will continue exploring cost containment strategies, efficiencies, and technology initiatives to make the program work for those in need across our communities.

### **New Developmental Disabilities Service System**

Virginia is shifting from an institution-based system to a community-based service system for people with developmental disabilities. The Northern Virginia Training Center closed in January 2016, and by 2020, the state plans to close all but one of the other state training centers. Ensuring the creation of sufficient and appropriate housing and employment/day supports, without shifting costs to localities, remains essential for a community-based system. Our CSB's role and oversight responsibility has grown larger and the number of people served is anticipated to increase.

Although there has been some limited expansion of residential supports across the Commonwealth, the state has so far failed to create robust housing and support options for people with developmental disabilities in Northern Virginia. The challenge is especially great in Fairfax County due to high costs of real estate and service delivery, inflexible residency limits, and insufficient Medicaid waiver reimbursement rates. This will require an ongoing dialogue with the Commonwealth's Executive Branch and General Assembly. This was also a key point for our board members in their discussions with local Virginia legislators.

CSB Support Coordination services is feeling the pressure of deadlines. Its work is being closely monitored by the Independent Reviewer who is monitoring the Commonwealth's overall progress under the Department of Justice Settlement Agreement (DOJSA). Reviews are expected to take place in January 2019. CSBs are expected to demonstrate progress in several key areas of concern related to the delivery of case management services to individuals with developmental disabilities by that time.

Support Coordination services added 14 positions in FY 2019 to lower caseload numbers. The addition of these staff members was necessary to help meet the increase in the numbers of people

who need eligibility determination assessments for developmental disability services. The new staff are also helping meet the case management needs for the 2,258 individuals who are currently on the CSB's waitlist. The scope and complexity of the demands placed on support coordinators continues to expand due to multiple factors including the ongoing impact of the DOJSA and significant changes to the requirements governing documentation of services in the state electronic system and the CSB electronic health record.

***Impact on Resources:*** Our resource challenges for employment and day services include:

- 1) Insufficient provider capacity (private and public)
- 2) Medicaid waiver reimbursement rates far below the cost of services in Northern Virginia
- 3) Inadequate state/federal funding to support the Commonwealth's program redesign

Our employment and day services long-term funding and service sustainability is a challenge because of the Medicaid waiver redesign and new access by people with developmental disabilities. The demand for these services is steady with roughly 1,400 individuals receiving services in FY 2018, and an additional 138 individuals who opt for self-directed service options.

In February, the CSB established a new community stakeholder group, the Welcoming Inclusion Network (WIN), championed by Braddock Supervisor John Cook. The group's primary goal is to gather community input to propose new service delivery models, which are equitable and sustainable, to the Board of Supervisors. WIN has already produced a positive impact for the community; with increased networking, resource identification, inclusion "Buddy program" proposals, and opportunities for new employment options in development. We deeply appreciate the Board of Supervisors' support and partnership as we work to address these challenges.

### **Heroin and Opioid Epidemic**

Across Virginia, law enforcement and health care professionals continue to report a skyrocketing number of deaths due to heroin and opioid overdoses. In 2017, there were 114 opioid deaths in the Fairfax County Health District, a 78 percent increase from 2015. This most recent data shows that opioid deaths are now the leading cause of unnatural death in the county, exceeding motor vehicle and gun deaths. CSB serves as a key partner on the County's Opioid Task Force and is at the forefront of the battle in our community to combat the opioid epidemic. Thanks to generous funding in the past year, we added medication detoxification and treatment services, expanded our Medication Assisted Treatment (MAT), and added more Revive training for non-medical personnel to administer the life-saving opioid-reversal medication naloxone (Narcan®). Lives are being saved. This funding also helped cut the wait time for opioid use disorder treatment in half, enabling quicker service to more people.

We are grateful the Board recognized the urgency of this crisis and established a new Opioid Coordinator position to strategically lead efforts for this challenge.

The CSB will continue its efforts in these areas:

- Medication Assisted Treatment (MAT). We are refining expansion of our MAT services which involve providing medication, nursing services, community case management, and in-home supports to help individuals remain opioid free. We have been providing MAT for several years, but additional resources are necessary to meet the growing community need. There are approximately 100 people currently receiving the CSB's MAT services. We are

making service-delivery changes to adapt to the crisis and will continue to explore strategies to do this.

- Medical Detox Beds. Our efforts continue for contracting additional medical detoxification beds which has cut the wait list for treatment services in half.
- Peer Support. We are expanding the use of peer support specialists across the continuum of services for substance use/co-occurring disorders. We are also working with INOVA on a pilot peer program in their Emergency Departments.
- Community Partners. We deeply value our key community partners such as the Sheriff's Office and will seek to collaborate on efforts addressing behavioral health challenges for incarcerated individuals.
- Education and Outreach. Our staff continue outreach and education efforts on this issue and in FY 2018 presented at civic groups, faith and school gatherings, conferences, and educational events.

### **Psychiatric Hospital Bed Crisis**

Northern Virginia, along with the entire state, is in a crisis mode regarding Temporary Detention Order (TDO) admissions at state facilities. Occupancy in these facilities exceeds what is considered "safe." Due to Last Resort Legislation, sponsored by Senator Creigh Deeds, the state psychiatric facilities are required to accept TDOs when at least eight other hospitals have denied services and at the 8-hour mark of an Emergency Custody Order. The local state facility, Northern Virginia Mental Health Institute (NVMHI), ran at an average occupancy rate of approximately 88 percent during FY 2018. Occupancy rates are fluid and change daily.

According to 2016 Virginia Health Information, our local private hospital partners, are running at an occupancy rate of 77.8 percent yet are declining many TDO admissions (this is the most current data available). A significant issue driving the hospital bed shortage is availability of a *willing* hospital bed. A willing hospital bed is defined as a bed at a psychiatric hospital that has availability and is willing to accept an individual after receiving a report on the person's clinical profile provided by CSB Emergency Services clinicians who are certified to provide pre-admission screenings. Almost every day, our CSB sends someone to NVMHI or another state hospital because there is no *willing* local private psychiatric hospital bed despite vacancies. This bed crisis has escalated to the point where recently there were only two vacant beds in the statewide psychiatric hospital system, and no vacant beds at NVMHI.

We have implemented several strategies designed to mitigate this risk, including hiring "bed finders" whose sole job is to secure hospital beds for individuals experiencing psychiatric crisis. This enables our clinical staff to continue their support and therapeutic duties. We are tracking data, and CSB staff continue to meet quarterly with private psychiatric hospital partners to work on this challenge and collaborate on problem-solving together. We will keep the Board informed of this growing crisis.

### **Diversion First and Decriminalization of Mental Illness**

The County's strong commitment to Diversion First is making a difference in the lives of those we serve. In its third year of operation, this program continues to offer alternatives to incarceration for people with mental illness, developmental disabilities, and co-occurring substance use disorders who encounter the criminal justice system for low level offenses. In FY

2018, law enforcement officers brought 2,166 people to the Merrifield Center. Of those individuals, 475 had potential criminal charges but were diverted from arrest to mental health services as part of our Diversion First efforts. This represents a 26 percent increase from FY 2017. To date, this program has diverted over 1,000 people from potential arrest. As more individuals are diverted to assessment, treatment and support, the CSB workload increases.

Law enforcement officers trained in crisis intervention are on duty 24/7 at the Merrifield Crisis Response Center (MCRC) located within CSB's Emergency Services at the Merrifield Center. A second Mobile Crisis Unit (MCU) is now operational and we are currently hiring to field a third. The third MCU will be organized on a co-responder model where law enforcement, fire and rescue, and CSB emergency services will be dispatched as a team to enhance safety and improve outcomes. In FY 2018, the CSB conducted 1,882 mental health evaluations related to emergency custody orders. While this represents a 28 percent increase from FY 2017, a comparison to FY 2015 shows a 369 percent increase in emergency custody orders over the last three fiscal years.

Over the past year, the CSB has focused on the intersection between the behavioral health and criminal justice systems. In the future, we aim to increase our work with the court system, offering opportunities for treatment and recovery. The court system now has multiple diversion-oriented initiatives underway that have expanded our diversion activities. New screening efforts are identifying individuals who might benefit from a mental health assessment and treatment early on in their involvement in the court system. Increasing numbers of people with mental health and related concerns are engaged in the Supervised Release Program, allowing them to engage in treatment services.

The CSB is actively partnering with the Veterans Treatment Docket, and the Virginia Supreme Court has approved a Drug Court that will launch in late 2018 in the Circuit Court. The General District Court is developing approaches to identify and engage people with mental health needs in treatment earlier and is developing strategies to intervene more effectively with people who have mental illness or co-occurring disorders. Efforts are also underway to bolster re-entry resources.

Full implementation of Diversion First as originally envisioned by Fairfax County leadership will continue to require a sustained commitment from our county, city, and community leaders. Additional investments from the state are also needed for such resources as more Crisis Intervention Team training, reintegration services for youth and adults who are at high risk for re-hospitalization, and improved screening and assessment tools. The CSB has more work to do to increase and enhance services and opportunities for individuals who are involved in the criminal justice system. We remain grateful for your support and strong leadership as well as the funding provided in the FY 2018 budget for additional CSB and public safety staff to support diversion programs in the courts.

## **Preventing Suicide**

Suicide is preventable. CSB continues to serve in a leading role in suicide prevention efforts across our communities, through our emergency and outpatient behavioral health services and extensive outreach efforts. We continue to highlight our support services, such as PRS CrisisLink, in our outreach efforts. We also offer online, evidence-based suicide prevention training, through our website using a program called Kognito. This program uses online "avatars" to help users recognize signs of psychological distress in young people. Kognito

modules are available, and required by Fairfax County Public Schools educators and counselors, for elementary, middle, and high school aged students, as well as a module that engages and supports LGBT students. Since the inception of Kognito, 18,877 teachers have completed the program. In the 2017-18 school year, an additional 2,394 teachers completed the training. Responses to the Kognito survey, before and after training, indicate significant increases in sense of confidence and competence in having conversations about mental health. Over 90% of Kognito-trained educators indicate that they would recommend the training to other teachers and many indicate that they have used some of the Kognito skills with students and referred them to counselors for help.

The CSB works closely with community partners such as the National Alliance on Mental Illness, the American Foundation for Suicide Prevention, the Health Department and other human service agencies hosting suicide prevention events and outreach. In spring 2018, CSB's communications unit collaborated with other county agencies and schools to create a suicide prevention and information web page, hosting valuable suicide prevention tools, data, and resources geared towards multiple and diverse audiences.

We appreciate the support you have provided for the Suicide Prevention Alliance of Northern Virginia (SPAN), whose partners include the five CSBs of Northern Virginia and other Northern Virginia groups and individuals, all working together to raise awareness and to share suicide prevention resources and strategies. SPAN coordinates and implements a regional suicide prevention plan expanding public information, training, and intervention services throughout the broader Northern Virginia community. As part of their efforts in 2018, SPAN's Older Adults Committee sponsored a widely-attended caregiver prevention forum in conjunction with our critical community partner Inova Health System, as well as hosting a multicultural health forum in South County.

### **Integrating Primary and Behavioral Health Care**

The integration of primary and behavioral health care continues to be one of our strategic priorities. Research indicates that people with serious mental illness die 25 years younger than the general population - not from their mental illness - but from chronic, often preventable, health conditions because they lack access to primary health care.

The CSB co-locates primary and behavioral health services and makes it easier for individuals we serve to access care and improve their overall health and wellness. Neighborhood Health, a federally qualified health center, operates part-time at our Merrifield and Gartlan Centers. The Community Health Care Network (CHCN) operates a full-time primary health clinic at Merrifield, where a dental clinic and Inova Behavioral Health Services are also co-located.

In August 2015, the CSB was awarded a \$1.6 million grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to support four years of funding to integrate primary care into behavioral health settings at the CSB's Gartlan and Merrifield sites. With its health care partners CHCN and Neighborhood Health, CSB launched its "BeWell" initiative, now in its third year of operation. Participation in BeWell is voluntary and open to individuals already receiving CSB services. BeWell participants are matched with health coaches who themselves have lived experience with mental illness or substance use and are now in recovery. Currently, 471 people receiving CSB services are enrolled in BeWell and we are on our way to meeting and exceeding the program goal of serving

over 700 individuals by the end of the four-year grant period. This program has produced impressive results in measurable health outcomes.

### **Quicker Access to Screening and Assessment**

Walk-in, same-day access to screening and assessment has been available to adults since 2015. In FY 2018, the CSB began offering this service for youth. This is crucial because there is only a small window of time when someone recognizes that they need help and is willing to receive it. If they wait too long for an assessment, the chance to intervene may be lost.

With same-day access to screening and assessments, adults and youth can come to the Merrifield Center, Monday through Friday, without prior appointment, to receive a free screening to determine if they may meet CSB priority access guidelines. CSB assessment staff are trained to assess for substance use disorders as well as mental health and co-occurring disorders. If the individual meets the guidelines for priority access to CSB services, they can be seen that same day, and often by the same staff member, for a full assessment. In addition, a member of the CSB's business staff meets with the individual (or their parent/guardian), prior to the assessment, to inform them of any potential copayments or sliding scale fees. This year, a new customer-friendly kiosk was added to the Merrifield Center in an additional effort to save time to treatment; two additional kiosks are planned for other sections of the Merrifield Center.

### **Housing Needs**

For many people with serious mental illness, a successful life in the community requires stable, safe housing plus clinical support. For someone with a mental health condition, the necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Permanent Supportive Housing (PSH) is a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH typically targets people who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services.

CSB and nonprofit partner New Hope Housing Inc. launched a PSH program in FY 2017 with funding through a multi-year, \$1.4 million state grant to develop permanent supportive housing options for adults with serious mental illness who are currently receiving CSB services. These housing opportunities also are for those who are homeless, at risk of homelessness, or at risk of involvement with the criminal justice system. Priority consideration is given to those leaving hospitals or state institutions, such as the Northern Virginia Mental Health Institute, who have no housing plan. New Hope Housing locates and manages the housing and CSB provides clinical and supportive services.

In the first two years of the program, CSB and New Hope Housing placed 63 individuals in newly developed supportive housing units. Thanks to continued partnerships such as this, people with mental health conditions are a major step closer to achieving their wellness goals.

## **GOVERNANCE AND OPERATIONS**

### **Strategic Planning**

The CSB is fully committed to the strategic planning process and in 2014 produced its first comprehensive, long-term strategic plan. The plan serves as the agency's roadmap for meeting its critical mission. In July 2017, an updated plan covering FY 2018 through FY 2020 was approved by our board. Plan goals are also carefully aligned with countywide initiatives. Evaluation and performance measurement are key to the success of the strategic plan. Data is tracked and reported to demonstrate progress toward strategic goals. Our Board is regularly updated on the implementation of the CSB's strategic priorities.

We look forward to participating in the County's comprehensive strategic planning process which has just begun and will ensure that the CSB's plan and its strategic priorities are aligned with those set forth by the County Plan.

### **Clinical and Business Process Redesign**

***Operational Efficiencies:*** The CSB continues to explore ways to create efficiencies within processes and procedures to help get people the services they need. In conjunction with the Commonwealth's MTM consultant, pilot processes are now underway. These include:

- Centralized office scheduling. Currently being piloted in the Gartlan Center, this process is designed to help streamline the appointment process, reduce missed appointments, and ensure prompt follow up and documentation by key business staff. Typically, centralized scheduling is designed to reduce the amount of time clinical staff spends managing their own schedules (MTM estimates this to be about 100 hours per year, per clinician). It will also streamline the appointment process from the consumer's perspective as well as the Business Operations staff.
- Collaborative documentation. This documentation process, currently being piloted in the Northwest Center, involves increased two-way communication between staff and client. The collaborative note-taking empowers clients and helps them to engage in all aspects of treatment. Staff conclude the session with the individual and the service is documented. This is a change to the previous process in which the staff member needed to spend additional time completing documentation.
- Client intake and assessment business processes. An analysis showed that assessments were taking too long. The assessment is an important part of improving the client experience. With same-day access, there are more people seeking services and a reduction in the time-to-treatment is essential. The CSB set a goal to find ways to cut this lengthy period. Staff identified assessment questions that appeared duplicative or that were not mandated and eliminated them.
- Consistent no-show, missed appointment, and discharge process. Maintaining a consistent schedule is key for therapeutic progress for clients. Working in tandem with CSB business staff, clinicians have developed an appointment policy to clarify how individuals make, cancel, or reschedule appointments. The new no-show policy assesses individuals a \$25.00 fee for missed appointments. In the event of continued missed appointments, the policy

states that CSB services will be discontinued. Specialized engagement staff will provide outreach to individuals who are not showing up for appointments. This will allow other staff to maintain services to individuals who are attending their appointments and require services of a licensed or credentialed staff member. Additionally, staff are engaged in efforts to develop and identify clinically appropriate resources for individuals to transition after completing acute care/stabilization services with the CSB.

***Compliance Program:***

- The CSB's compliance program is required by the United States Office of Inspector General, Federal Sentencing Guidelines, and the Centers for Medicare and Medicaid Services and is defined by seven key elements that focus on preventing, detecting, and correcting ethical and regulatory problems/issues. The CSB continues to enhance these seven elements and the culture of compliance and ethics through training, internal controls, reporting, and developing proactive processes and procedures. The compliance program is undergoing reorganization and is hiring multiple staff to provide support in the CSB offices county-wide. The agency is developing a quality assurance program as well as refining their incident management procedures, regulatory processes, and reviews in high-risk areas. Recently, the CSB began pursuing a new software that will be deployed to help manage compliance activities and produce useful dashboard reports.
- The compliance program is a key focus area for our board. The CSB Board's newly created Compliance Committee will work closely with staff to provide oversight of the compliance program.

***Administrative Changes Underway:***

- Infant & Toddler Connection Program. This program, which provides early intervention services for infants and toddlers who have developmental delays, was transferred to the Department of Family Services' Office for Children in July 1, 2018. No services were impacted and the transition was seamless.
- Turning Point. This program, which provides coordinated services for young people who are experiencing their first psychotic episode, has been a joint program co-administered between the CSB and PRS, Inc. In FY 2019, the program will transition solely to CSB administration. Turning Point offers a recovery-oriented approach that involves shared decision-making to address the unique needs and recovery goals of young people who have had an initial mental health episode. The administrative transition is not expected to impede the implementation of services; hiring is currently underway and current programming is continuing. Since 2015, Turning Point staff members have served 64 individuals, the majority have received services for the full two years. Turning Point currently has 32 individuals enrolled.
- Springfield Office Closure. The CSB has aligned with the County's goal of shrinking its commercial leased space footprint by ending its lease at the Springfield Mental Health site on Trafford Lane at the end of FY 2018. Key members of CSB leadership have held monthly planning and discussion meetings with service recipients and staff to ensure smooth relocation of programs, services, and staff to other CSB sites. Individuals receiving services were given a choice of their preferred new service location. The move plan is on schedule and will be completed prior to December 31, 2018.

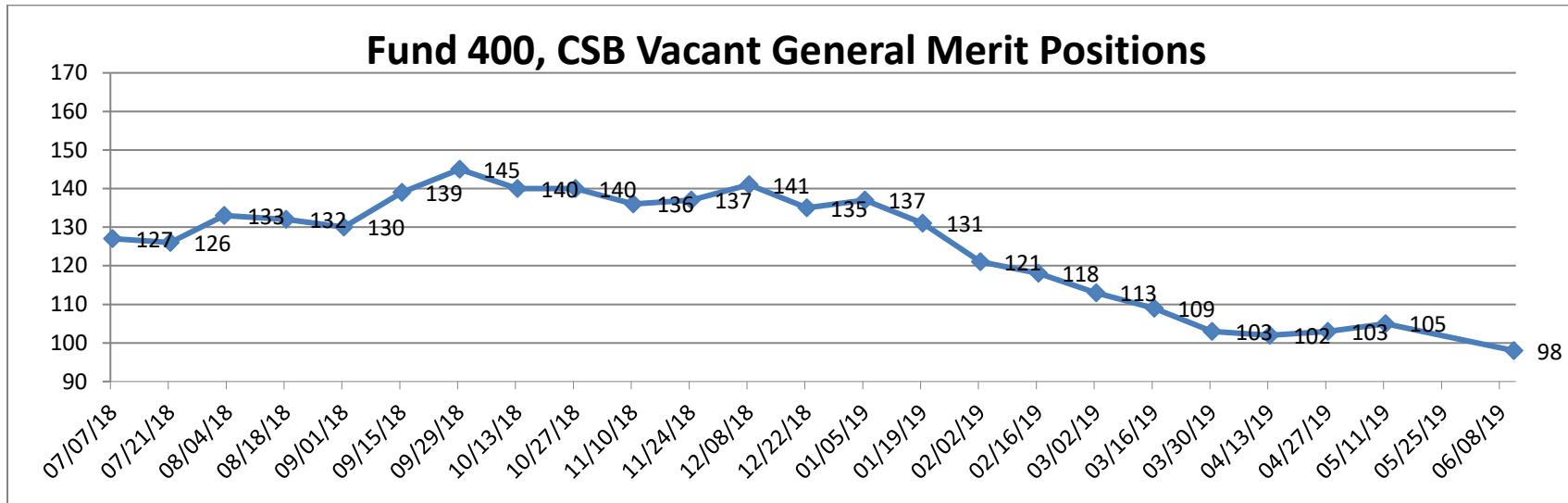
- DAHS Personnel Transfer. As part of a countywide effort to closely review lines of business and pinpoint areas for improved efficiencies, the Board of Supervisors and County Executive approved realignment of the Department of Administration for Human Services. This added 39 positions to the CSB's key administrative functions in human resources, personnel, finance, and training. There was no change in personnel as these staff members had been "deployed" to the agency and were already fully familiar with CSB staff and business practices and procedures.

### **CSB Leadership and Workforce**

In May 2018, after serving as the Acting Executive Director for five months, Daryl Washington was appointed as the Executive Director. Prior to this appointment, Mr. Washington served as the CSB's Deputy Director of Clinical Operations. Also in May 2018, the CSB Deputy Director for Administrative Operations was appointed the County's new Director for the Office of Strategy Management. The two Deputy vacancies, as well as other key position vacancies, left a critical gap in the CSB's leadership team. The Board is aware of the burden this placed on Mr. Washington as he transitioned into the Executive Director role. We appreciate the speed with which he recruited for and filled the two top Deputy positions. It is essential that the newly appointed Deputies are quickly transitioned into their new roles with appropriate leadership training. We have confidence that Mr. Washington will facilitate a smooth transition.

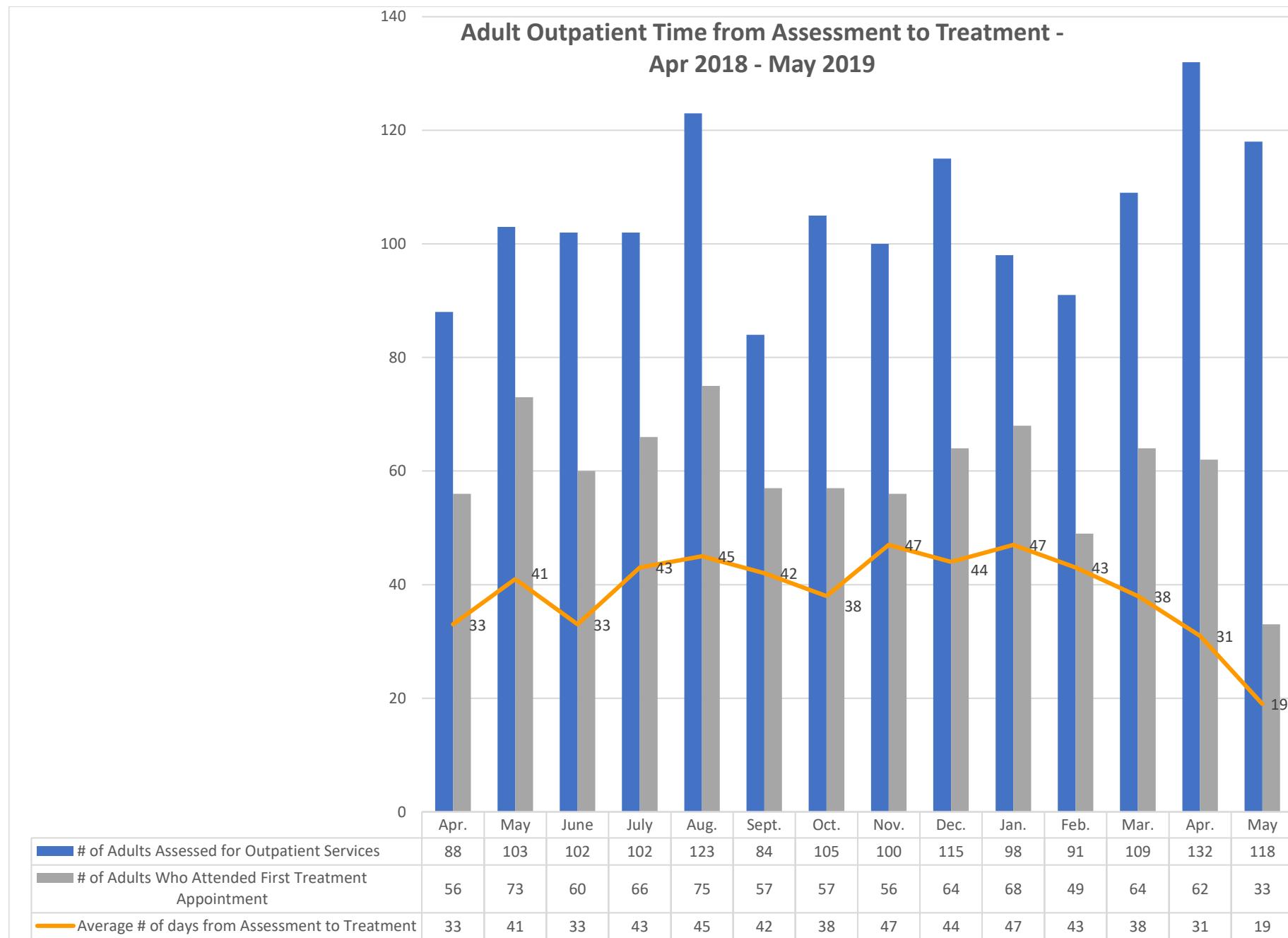
For several years, we have reported on the CSB's challenges in hiring and retaining qualified personnel. Though our overall vacancy count has been slowly reduced as the CSB implemented recruitment and retention strategies, this challenge remains. The initiatives described earlier in this report represent workload increases which have the potential for impacting overall service delivery if vacancies cannot be filled. CSB's staffing challenges are complicated by projections that 26% of our workforce will be eligible for retirement by the year 2020. The CSB continues to collaborate with the Department of Human Resources to broaden staff recruitment and retention efforts and to strengthen succession planning for the future. During the past year, the CSB Board's Ad Hoc Workforce Planning Committee worked closely with staff to further explore challenges and solutions. This remains a focus area for our Board and our Fiscal Oversight Committee as we continue to monitor the agency's recruitment and retention efforts monthly.

**Fiscal Oversight Committee**  
**CSB HR Update**  
**June 11, 2019**



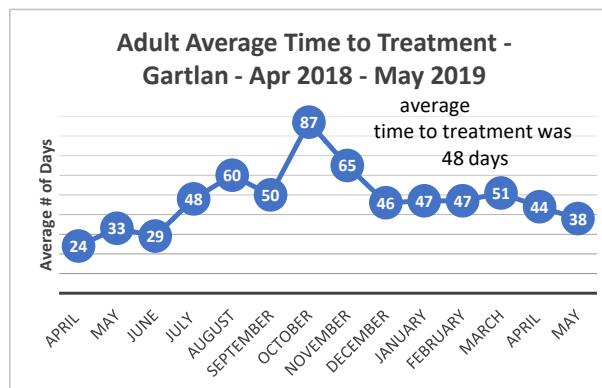
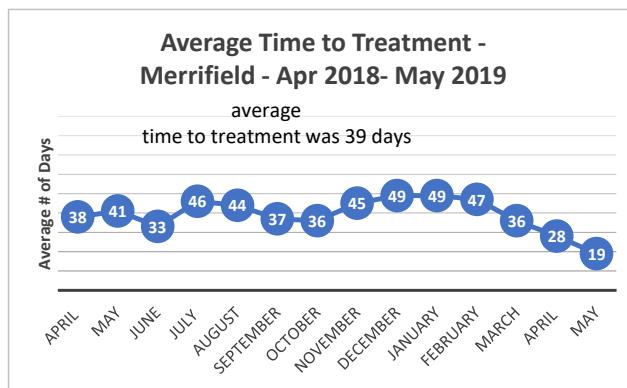
**Vacancies in critical areas\*** \*includes all merit positions (regular and grant)

Service area / program	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		June	
Emergency Svcs/MCU	5	5	7	8	7	7	7	7	5	4	5	4 CIS 1 BHS I	5	4 CIS 1 BHS I
Behavioral Health OP Svcs	8	5	4	5	5	7	6	5	6	2	2	1 BHS II 1 BH Sup.	3	1 BHS II 1 BHS Sup. 1 BH Sr. Clin
Youth & Family – OP Svcs	8	8	9	9	9	8	8	8	9	9	9	7 Sr. Clin 2 BHS II	8	7 Sr. Clin 1 BHS II
Support Coordination	21	19	14	15	14	19	20	21	10	11	13	4 DDS I 8 DDS II 1 DDS III	14	5 DDS I 8 DDS II 1 DDS III
ADC/ Jail Diversion	5	12	9	12	10	11	11	7	7	3	4	4 BHS II	4	4 BHSII
Compliance & Risk Management	9	9	10	10	10	10	10	5	5	4	5	1 Compl. Coord. 4 MA II	5	Compl. Coord. 4 MA II

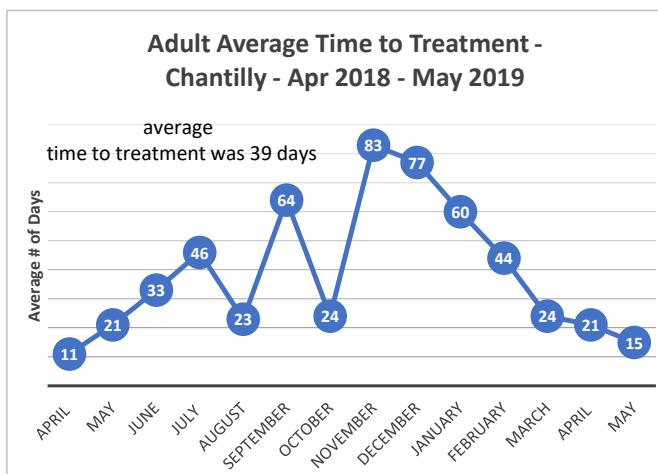
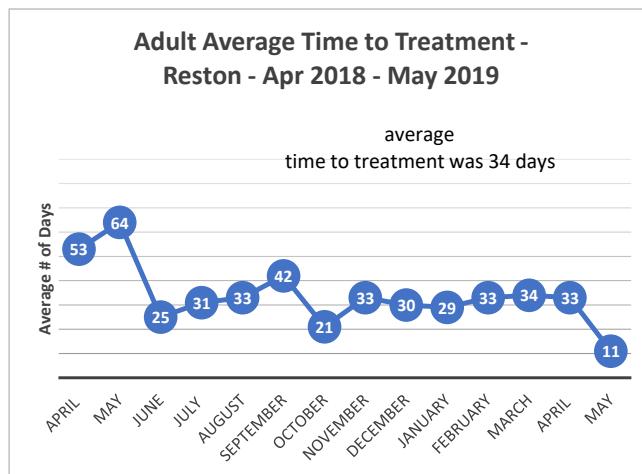


## Adult Outpatient Time to Treatment

### Adult Outpatient Time to Treatment - Apr 2018 - May 2019 by Site



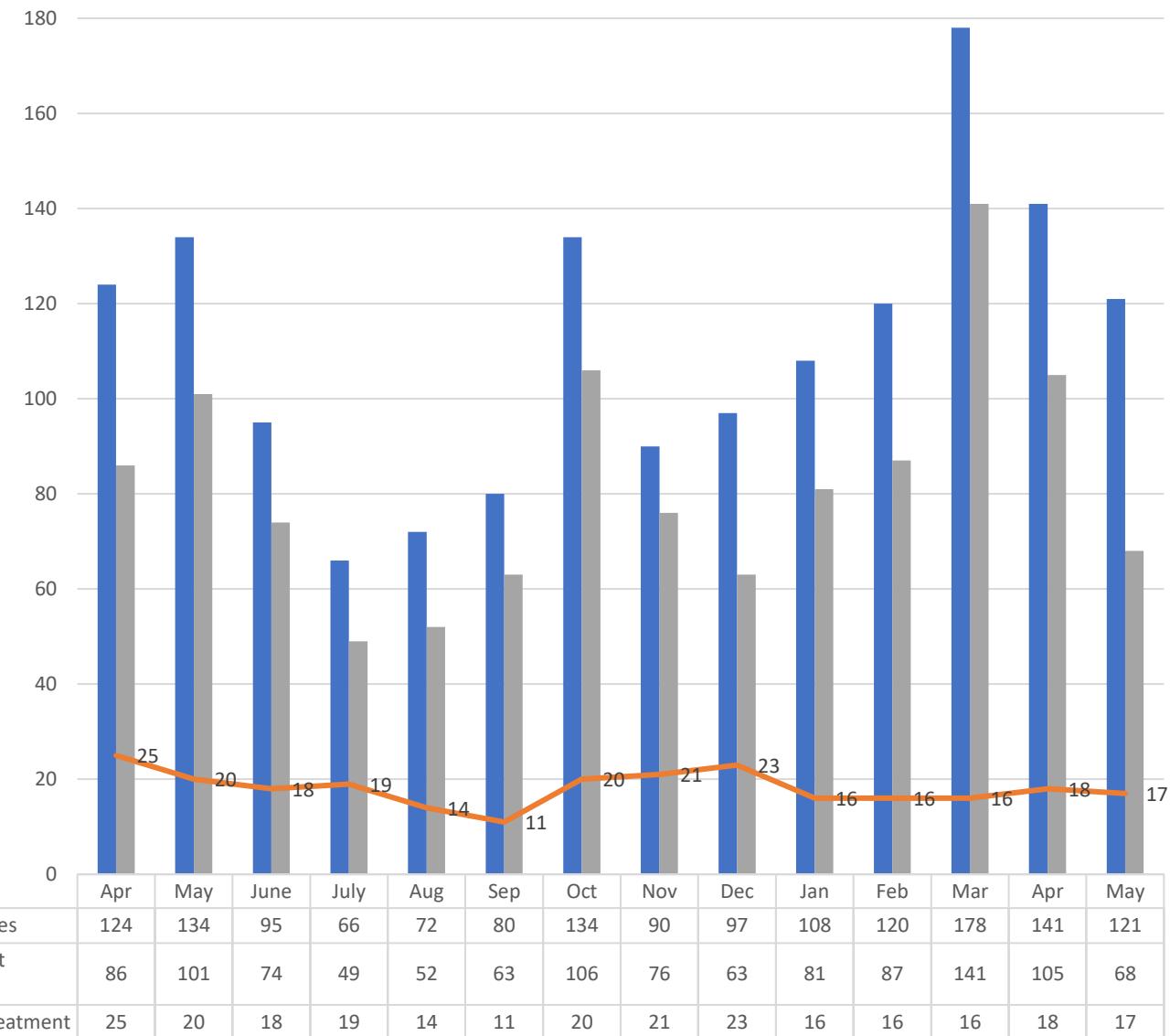
Notes
* Typically, higher staff vacancies are correlated with increased time to treatment
* There is a time lag in the reporting dates to allow for the initial appointment to be completed and entered into Credible.
* The average calculations are based on a 90 day window to begin treatment services.
* Springfield Mental Health closed to Adults in October 2018
* Time to treatment measured in calendar days.
* Engagement and Outreach is conducted to individuals while waiting for treatment to begin
* In Nov. 2018, a streamlined assessment form was implemented for all new adult assessments.



Data Source: Credible Report 1878 - Adult Time to Treatment - Apr. 1, 2019 - June 17, 2019

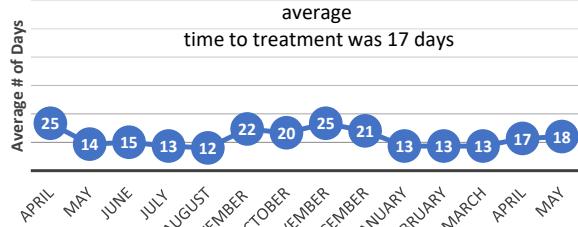
## Youth Outpatient Time from Assessment to Treatment

Apr 2018 - May 2019

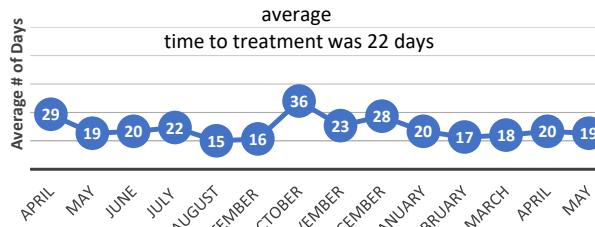


**Youth Outpatient Time to Treatment - Apr 2018 - May 2019 by Site**

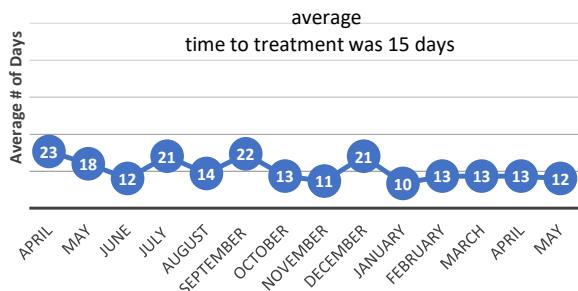
**Youth Average Time to Treatment - Merrifield - Apr 2018 - May 2019**



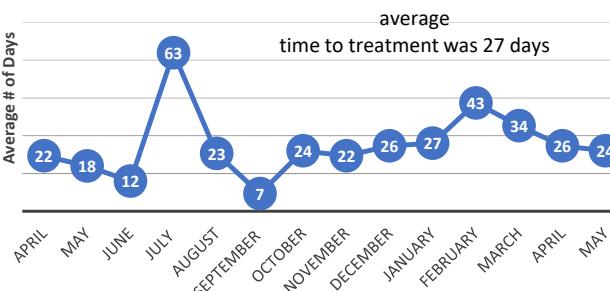
**Youth Average Time to Treatment - South County - Apr 2018 - May 2019**



**Youth Average Time to Treatment - Reston - Apr 2018 - May 2019**



**Youth Average Time to Treatment - Chantilly - Apr 2018 - May 2019**



**Notes**

- \* Typically, higher staff vacancies are correlated with increased time to treatment.
- \* There is a time lag in the reporting dates to allow for the initial appointment to be completed and entered into Credible.
- \* The average calculations are based on a 90 day window to begin treatment services.
- \* Business process changes to decrease time to treatment were put in place in May 2018.
- \* Springfield MH Center closed to Youth OP in Sept. 2018
- \* Time to treatment measured in calendar days.
- \* Youth data includes Centralized and Site-based assessments combined. Average is calculated based on Treatment Site.
- \* In Nov. 2018, a streamlined assessment form was implemented for all new youth assessments.

Data Source: Credible Report 1780 - Youth Time to Treatment Apr. 1, 2018 - June 14, 2019