



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Bettina Lawton, Chair

Wednesday, August 26, 2020, 5:00 p.m.

Will be held electronically due to the COVID-19 pandemic

Live audio of the meeting may be accessed by dialing:

1-877-336-1829 and entering the Participant Access Code #7703575

- | | | |
|--|------------------|-----------|
| 1. Meeting Called to Order | Bettina Lawton | 5:00 p.m. |
| 2. Roll Call and Audibility | Bettina Lawton | |
| 3. Preliminary Motions | Bettina Lawton | |
| 4. Matters of the Public | Bettina Lawton | |
| 5. Amendments to the Meeting Agenda | Bettina Lawton | |
| 6. Approval of the July 22, 2020 CSB Board Virtual Meeting Draft Minutes | Bettina Lawton | |
| 7. Director's Report | Daryl Washington | |
| A. Services Update | | |
| B. Fiscal Update | | |
| • Updated Fee Policy Review and Approval Procedure | Michael Neff | |
| C. Personnel Update | | |
| D. COVID-19 Update | | |
| 8. Matters of the Board | Board Members | |
| A. Team Mission and Agreement Statement, CSB Bd Retreat September 2019 | | |
| 9. Information Item | | |
| A. Review of CSB Board Policies: #2010 and #2400 | Sheila Jonas | |
| 10. Action Item | | |
| A. Approval of CSB Board Policies #1500 and #4000 | Sheila Jonas | |
| B. Community Services Performance Contract | Linda Mount | |
| C. FY2020 CSB Year End Report | Bettina Lawton | |
| 11. Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8). | | |
| 12. Adjournment | | |

Meeting materials may be found online at www.fairfaxcounty.community-services-board/board/archives or may be requested by contacting Erin Bloom at erin.bloom@fairfaxcounty.gov or at 703-324-7827

Fairfax-Falls Church Community Services Board
Virtual Meeting Minutes
July 22, 2020

The Board met electronically via audio conference call due to the COVID-19 pandemic that made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available to CSB Board members, CSB staff, and members of the public. The meeting notice, with participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, participants were provided an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following CSB members were present: Bettina Lawton Chair; Jennifer Adeli; Karen Abraham; Daria Akers; Captain Derek DeGeare.; Ken Garnes; Sheila Coplan Jonas; Larysa Kautz; Garrett McGuire; Srilekha Palle; Edward Rose; Daniel Sherrange; and Anne Whipple

The following CSB Board members were absent:

The following CSB staff was present: Daryl Washington; Jessica Burris; Evan Jones; Marissa Fariña-Morris; Linda Mount; Michael Neff; Shelia Peters-Lee; Cindy Tianti; Lyn Tomlinson; and Barbara Wadley-Young

Guests: Robert Bartolotta (nominated Representative to the Providence District)

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair, called the meeting to order at 5:02 p.m.

2. Roll Call and Audibility

Ms. Lawton conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of current members was present and audible; passing the virtual gavel to CSB Board Vice Chair Jennifer Adeli to make several motions required to begin the meeting.

Ms. Lawton made a motion confirming that each member's voice was audible to each other member of the CSB Board present which was seconded and passed.

3. Preliminary Motions

Ms. Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a dedicated audio-conferencing line, and that the public may access this meeting by calling 1-877-336-1829. All motions were seconded and approved

4. Matters of the Public

None were presented.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Following a minor revision requested by Bettina Lawton, the agenda was revised to include recognition of the retirement of CSB Board Member Diane Tuininga in June 2020. Following this revision Edward Rose made a motion to accept the agenda as presented that was seconded and passed unanimously.

6. Recognition

Bettina Lawton recognized retiring CSB Board Member Diane Tuininga for her many years of service and multiple contributions to the CSB and the communities served.

7. Approval of the Minutes

Draft minutes of the June 24, 2020 virtual meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no revisions were suggested, Edward Rose made a motion for approval, which was seconded by Srilekha Palle and passed unanimously.

8. Director's Report

Daryl Washington, noting that members of Executive Leadership would provide the agency updates, clarified that an opportunity for questions will follow each topic presented. Highlights included:

Lyn Tomlinson, Deputy Director, Clinical Operations, provided the services update including

- Residential and 24/7 services are operational utilizing telehealth and face to face services as needed.
- Regular meetings are held with Laura Yager, Director of Correctional Health, reporting a recent discussion regarding the addition of MAT (Medication Assisted Treatment) to jail services.
- Referring to the time to treatment charts in the meeting materials, it was noted that staff returning from pandemic leave, flexible assignment of staffing, and the use of televideo assessments are helpful in reducing the wait time to services.
- The Business Intelligence Tool charts provided in the meeting materials illustrated the numbers of clients served in CSB Program areas.
- Ms. Tomlinson provided an update to the Massey Building renovations reporting that demolition of the building has been completed. The CSB is seeking to have some services included in planning for the new building. Regular updates will be provided to the Board, following which, Board comments will be conveyed to the workgroup that has been established to plan use of the new Massey building.

Barbara Wadley-Young, Assistant Dep. Dir., Community Living Treatment & Supports, provided an update to activities related to cancelation of the Etron contract and efforts to identify and convey to the individuals and families the broad array of work opportunities available to the individuals impacted by the contract cancelation.

Daryl Washington concluded the services update with several reports including:

- An update to the report provided at the July CSB Board meeting that described the proposed reduction to the administrative fee paid by the Department of Behavioral Health and Developmental Services (DBHDS) to support operations at

the Northern Virginia Regional Program Office (NVRPO). Key CSB staff will be meeting with the DBHDS Commissioner and some leadership staff to further review the proposed reduction, emphasizing the extremely significant impact to NVRPO. Regular updates will be provided to the CSB Board as events occur.

- Mr. Washington reported that Virginia Medicaid and the Centers for Medicare & Medicaid Services (CMS) allow billing for face-to-face or tele-health services as needed or requested by the individual or family during the state of emergency. However, in response to the USDOJSA (U.S. Department of Justice Settlement Agreement) with the Commonwealth, DBHDS requested that Support Coordinators provide only face-to-face services beginning August 1, 2020. A letter was sent to the DBHDS Commissioner and the Director of Medicaid expressing concerns at this decision. Mr. Washington clarified that plans, including case-by-case assessments, are underway to minimize risk for staff and individuals, particularly those with higher risk factors. It was further clarified that this mandate will not apply to Behavioral Health services, allowing for flexibility as needed for provision of these services.
- Mr. Washington offered a reminder of the crisis stabilization site in Manassas that was damaged by fire and had to be closed. Efforts to identify another site include establishment of an MOA with the Sheriff's Office to provide the services at the alternative incarceration branch of the jail. Concurrently, permission is being sought from DBHDS for this location change with a goal of resuming service as soon as possible.
- New Board members were provided a brief history of the hospital bed crisis reporting that as of early July, all state hospitals are at or very near capacity. DBHDS provided direction to hold individuals at the assessment location, including the CSB MCRC (Merrifield Crisis Response Center) or at emergency rooms until a private or state bed could be found; this creates significant high-risk situations for the individual, CSB staff, and attending law enforcement. Mr. Washington confirmed that he has set a 4-hour threshold for holding people for MCRC Emergency Services staff. Should the threshold be met, Mr. Washington will reach out to the Commissioner for further guidance or action.
- Background for the Annual Fee Policy Review was provided, noting that a new and streamlined process has been proposed and will be submitted to the CSB Board at the September CSB Board meeting.

Jessica Burris, CFO, provided an overview of the fiscal documents typically presented at the Fiscal Oversight Committee, noting that the documents provide details through June, the end of the fiscal year. Highlights included:

- Compensation and Fringe expenses remain consistent at approximately \$4.5 million resulting in an approximate \$.5M surplus. This is partially attributed to the number of vacancies that continue to be higher than the Vacancy Breakeven Point (VBP).
- Presenting an overview of the Modified Fund Statement and Fiscal Notes. It was emphasized that the end of year revenue balance was higher than had been projected in the budget.

- Impacts to the end of year revenue included the anticipated Medicaid Expansion shortfall and revenue maximization activities that incorporated billing activation for new programs or services some of which are ARTS (Addiction and Recovery Treatment Services), IOP (Intensive Outpatient Program), medication injection procedures by nurses, and services provided by LMHP (Licensed Mental Health Providers)-Type providers.
- Impacts to expenses included the FY2019 carryover funds, end of year expenses that were less than anticipated including COVID-19 related expenses of approximately \$1M. It was further noted that a large portion of the COVID related expenses have been submitted to Department of Management and Budget (DMB) for reimbursement under the CARES Act. To date, approximately \$473K of operational expenses was approved for reimbursement, further reporting approval of approximately \$1.3M of Pandemic Leave costs that will be reflected in the end of year reports. It was clarified that additional reimbursements may be submitted through the end of Calendar Year (CY) 2020.

Michael Neff, Deputy Director, Administrative Operations, provided an overview of the Human Resources (HR) update highlighting the primarily consistent number of vacancies. Further highlights included a review of vacancies in critical areas including review of the ADC (Adult Detention Center) and Jail Diversion organizational charts included in the meeting materials. A further update on efforts to fill the numerous Behavioral Health Outpatient Services vacancies was provided. Mr. Washington emphasized that the vacancies illustrated the challenges in meeting the Time to Treatment thresholds as illustrated on pages 7A-1 through 7A-4 in the meeting materials.

Mr. Washington announced that CSB Nurse Eleni Halstead is a finalist to be selected as a Star Nurse in the Washington Post/American Nurses Association Star Nurse™ 2020 Program.

Michael Neff provided an update to COVID-19 activities, noting the following:

- Meeting spaces have been measured to identify spaces appropriate for adaptation to treatment spaces. The identified and prepared rooms, with capacity noted, have been added to the online room reservation system.
- Ample stock of PPE (Personal Protective Equipment) is available and monitored daily. Cleaning supplies are also in ample supply and available.
- The CSB has participated in a decontamination initiative for N-95 masks in which used masks are safely collected and sent for decontamination. The process was successful with the decontaminated masks returned in the guaranteed 72-hour turn-around period.
- Recognizing the challenge in identifying the number of persons at each site throughout the day, access to the application Sign-up Genius is provided for staff to post a daily schedule indicating on- or off- site activities and if meeting with a client or if teleworking.
- Further safety steps involve plans for moving safely inside CSB sites including hallways, stairways etc. Plans include posting signs for one-way access as needed, physical distancing reminders including blocking off seating, etc. as needed, and

posting of room maximum capacity signage. Efforts will be piloted at the Reston/Northwest Center. Success of this reengagement plan will result in expansion to additional sites starting with Gartlan, on to South County, to Merrifield, and so on.

The Board of Supervisors (BOS) recently put forth a Board matter requesting that Law Enforcement and Human Services agencies partner to review models of diversion and intervention for working with individuals in mental health or substance misuse crisis. Anticipating approximately 6-8 weeks of review, the results will be provided to the BOS October 1, 2020. This activity was initiated by Braddock District Supervisor Walkinshaw and Lee District Supervisor Lusk.

The CSB was asked to present information at the September Human Services Committee meeting, chaired by Providence District Supervisor Palchik. Proposed talking points include the progression of Developmental Disability Services related to the USDOJSA, and an update to some CSB strategic initiatives including Diversion First, the heroin/opioid epidemic, STEP-VA (System Transformation Excellence and Performance), and efforts to provide services more efficiently and effectively.

The Community Services Performance Contract has been posted for the required 30-day public comment period none of which have been received to date. It was confirmed that the contract will be posted until August 1, 2020.

9. Matters of the Board

Bettina Lawton, noting that under the state of emergency order the committee meetings are not being held, offered a reminder that appointment of Associate Members is postponed until committee meetings resume.

10. Information Item

A. *CSB Board Policy Review*

Sheila Jonas directed members to review the CSB Board policies #1500 and #4000 for edits that may be needed. Copies of the policies were provided in the meeting materials with a request to submit recommendations to CSB Board Clerk, Erin Bloom. The policies will be submitted for further action at the August 26, 2020 CSB Board meeting.

11. Action Item

A. *CSB Board Policy Approval*

Sheila Jonas directed attention to CSB Board policies #1305 and #3040, copies of which were provided in the meeting materials for final review and approval. As no additional recommendations were forthcoming, Ms. Jonas made a motion to approve the policies as presented which was seconded and approved.

B. *CSB Board Officer Nominating Committee*

Ken Garnes provided background to the CSB Board Officer Election process noting that Officers are elected for a period of one year, following which, an opportunity for nominations from the floor was offered. Noting that no nominations were forthcoming, Mr. Garnes made a motion to elect by acclamation the slate of officers as presented, including Bettina Lawton as Chair, Jennifer

Adeli as Vice Chair and Sheila Jones as Secretary. The motion was seconded and approved.

C. DBHDS Forensic Discharge Planning Grant

Marisa Fariña-Morse, Director Diversion and Jail-Based Services, provided an overview of the grant requirements, noting it would provide \$228,000 from DBHDS to fund two senior clinician positions for FY2021 in expansion of forensic discharge planning with a specific population in the mental health unit at the ADC, further noting that staff is require to follow a specific DBHDS model. Edward Rose made a motion to apply for and, if awarded, accept the funding from DBHDS. The motion was seconded and approved.

D. Human Services Issue Paper

Bettina Lawton, offering thanks to the Board for editing assistance, offered an opportunity for further revision. As no recommendations were offered, Edward Rose made a motion for approval of the Human Services Issue Paper as provided. The motion was seconded and approved.

There being no further business to come before the Board, the meeting was adjourned at 6:34 p.m.

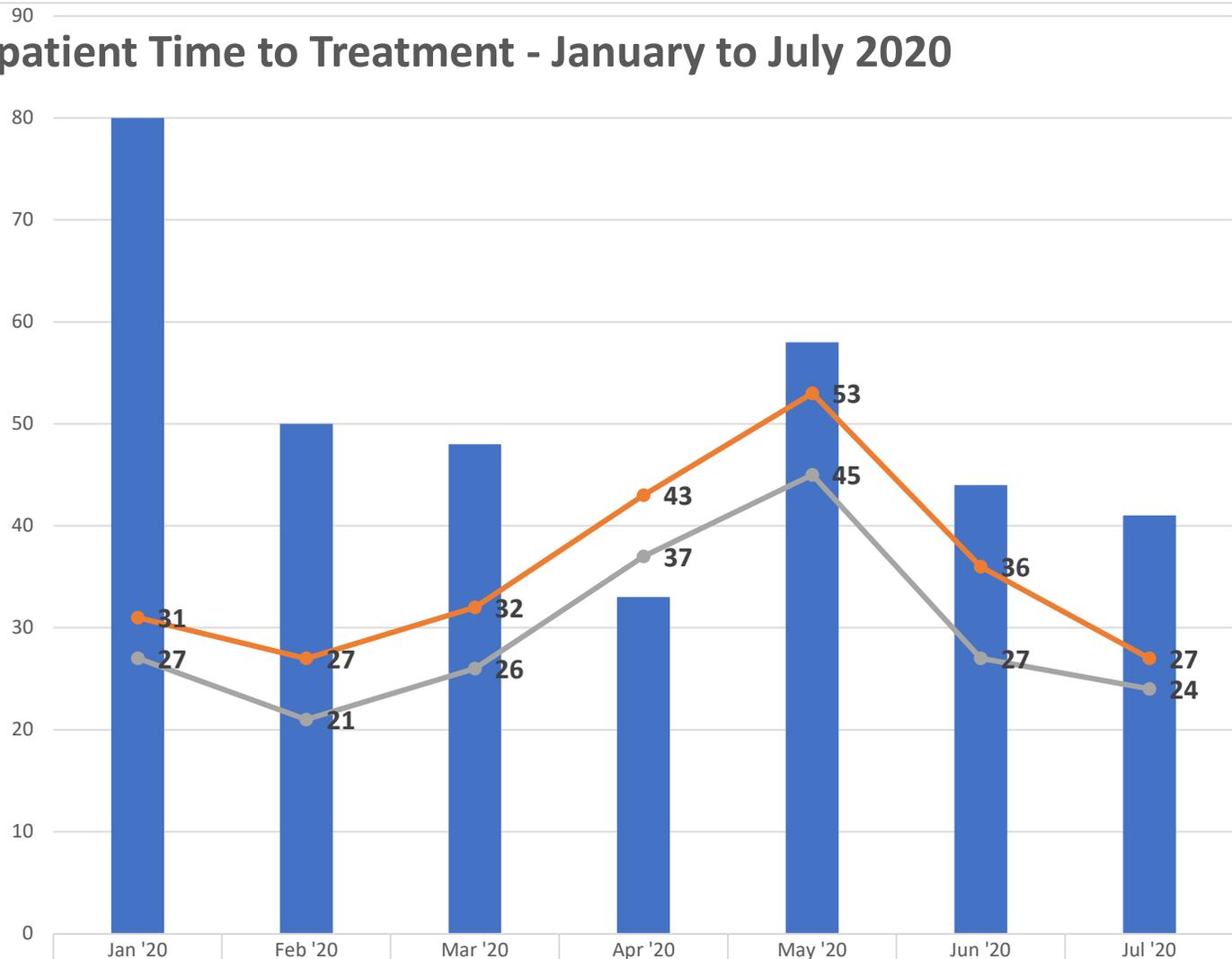
Actions Taken - -

- ◆ The July 22, 2020 CSB Board Meeting minutes were approved as presented.
- ◆ CSB Board policies #1305 and #3040 were approved.
- ◆ The FY2021 CSB Board Officers were elected as presented.
- ◆ Approval was granted to apply for and accept, if awarded, funds up to \$228,000 in FY 2021 for the DBHDS Forensic Discharge Planning Grant.
- ◆ The Human Services Issue paper was approved for submission.

Date Approved

Staff to the CSB Board

Adult Outpatient Time to Treatment - January to July 2020

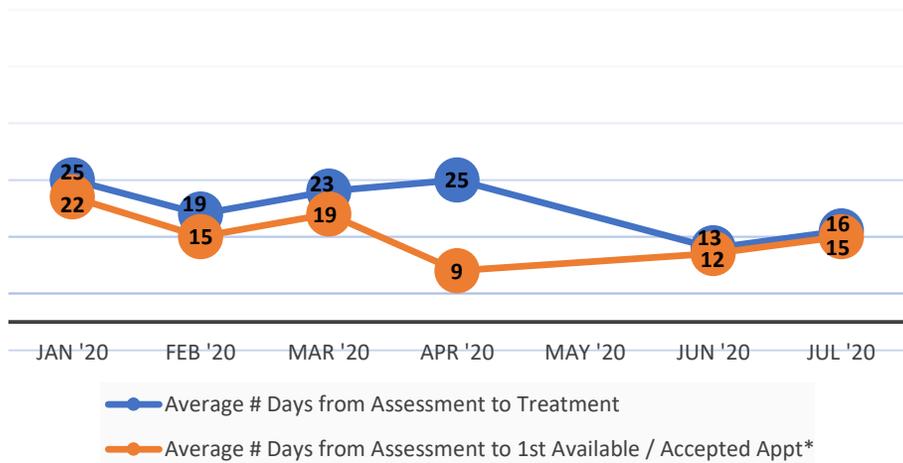


# Adults Who Attended 1st Treatment Appt	80	50	48	33	58	44	41
Average # Days from Assessment to Treatment	31	27	32	43	53	36	27
Average # Days from Assessment to 1st Available / Accepted Appt*	27	21	26	37	45	27	24

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

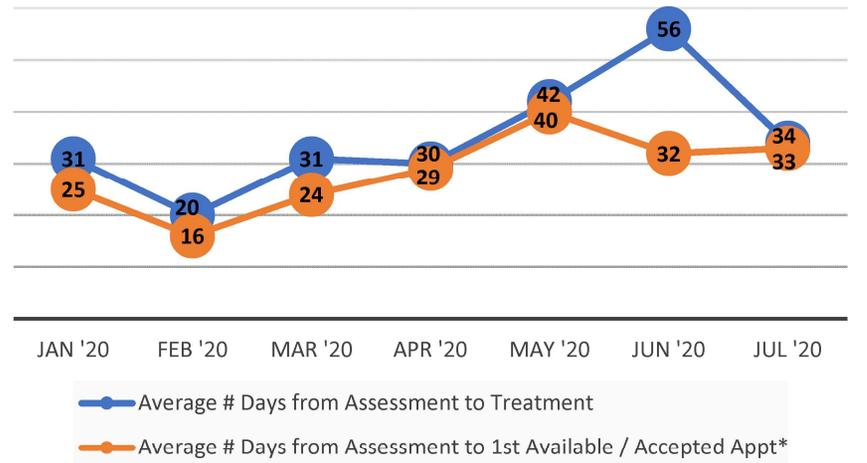
Adult Outpatient Time to Treatment - January to July 2020 by Site

Chantilly Average Time to Treatment

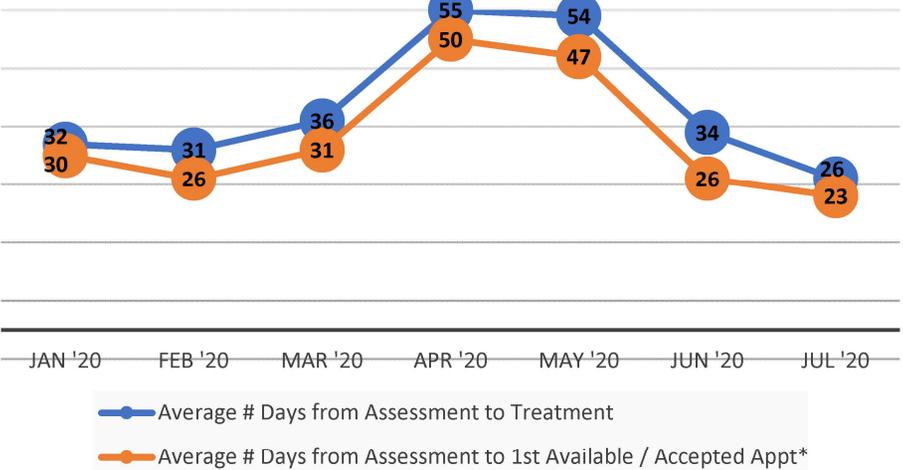


**there were no referrals from Entry & Referral that began services in May at Chantilly

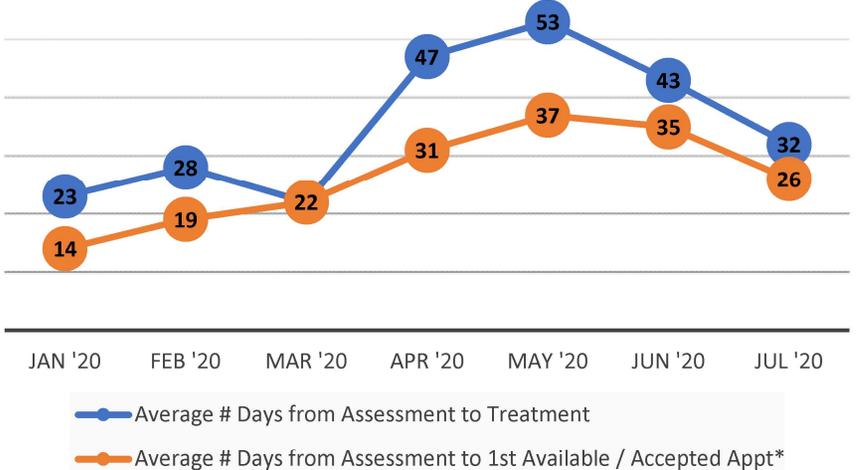
Gartlan Average Time to Treatment



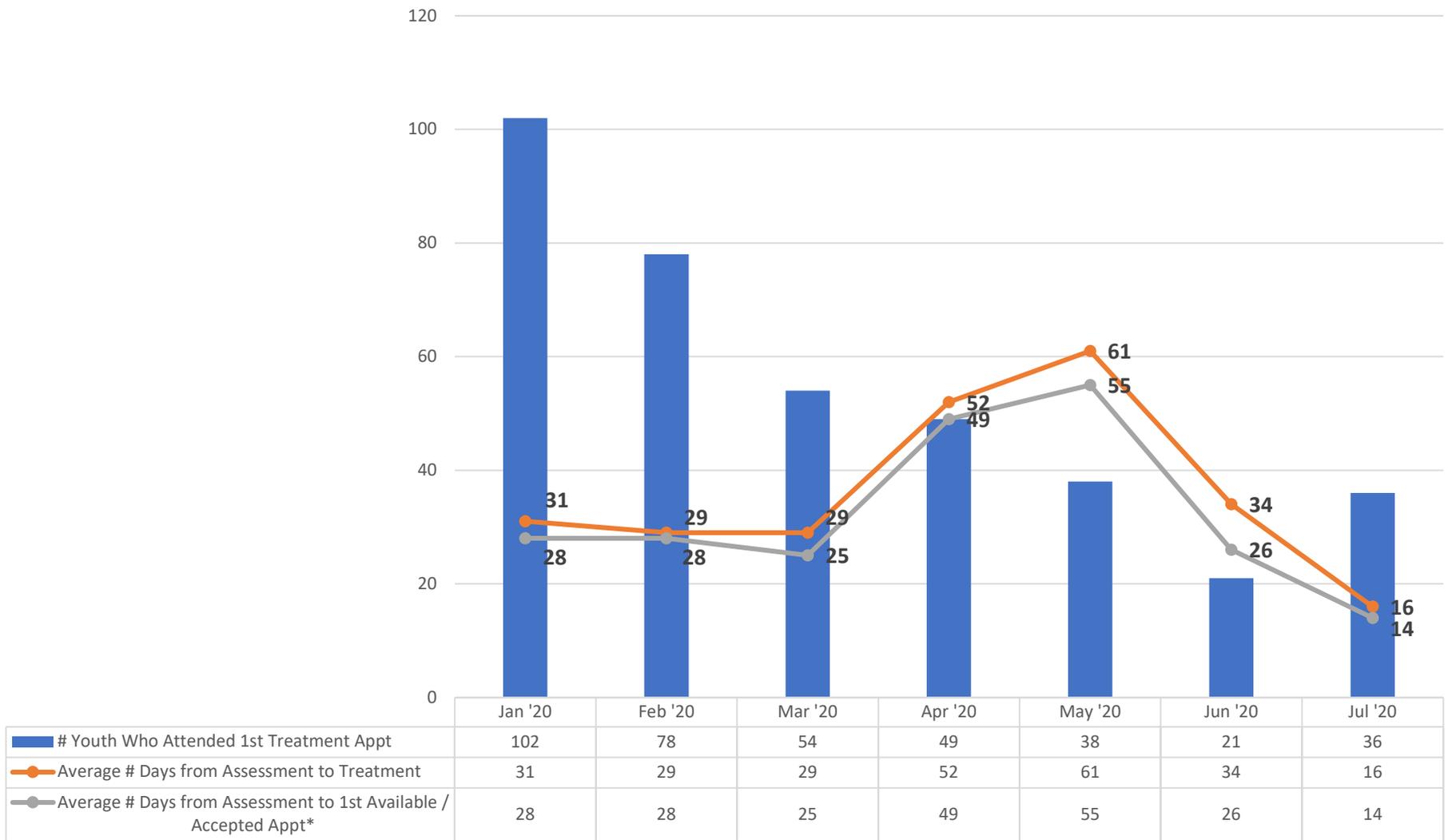
Merrifield Average Time to Treatment



Reston Average Time to Treatment

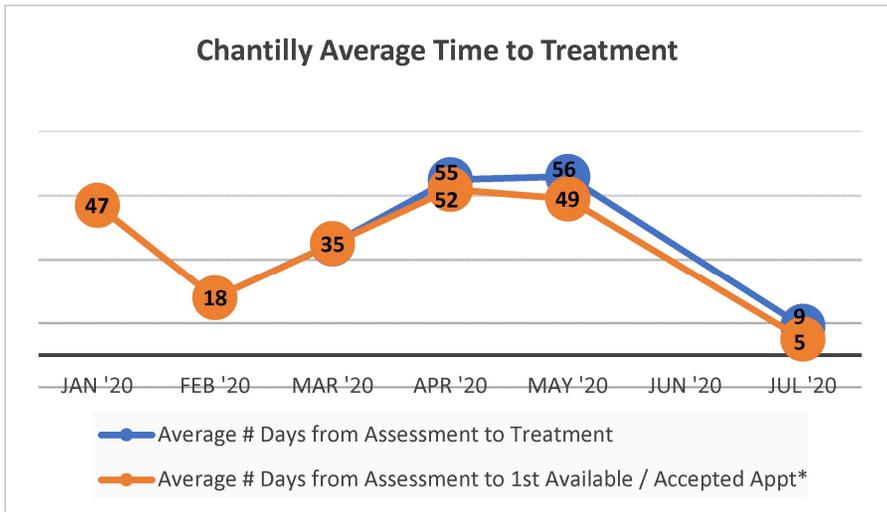


Youth Outpatient Time to Treatment - January to July 2020

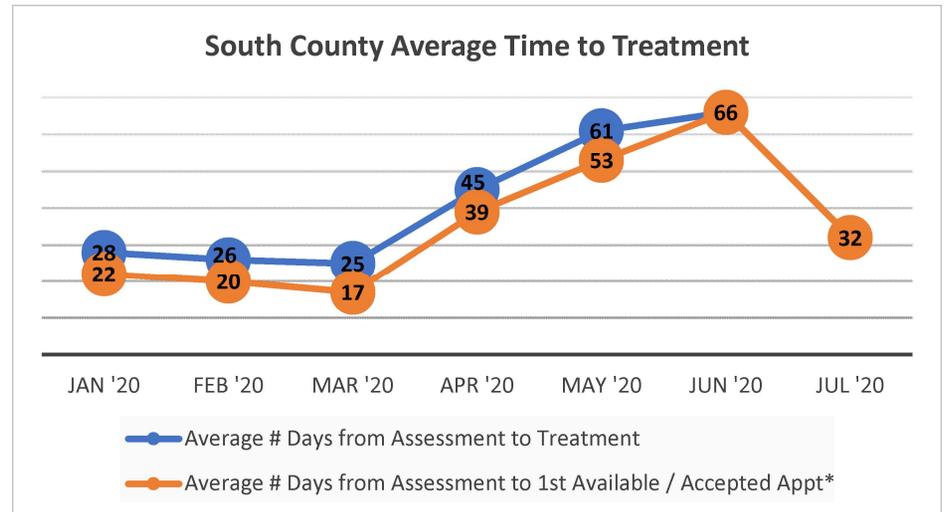


*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

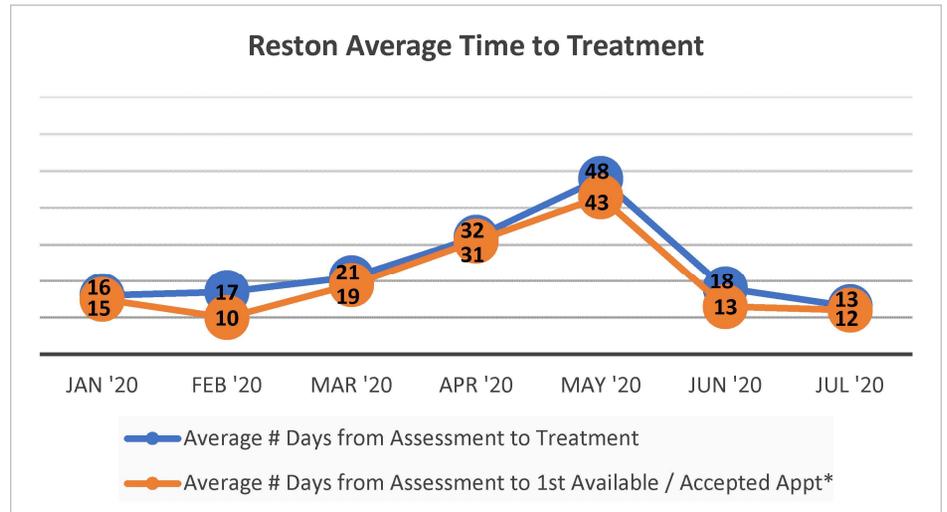
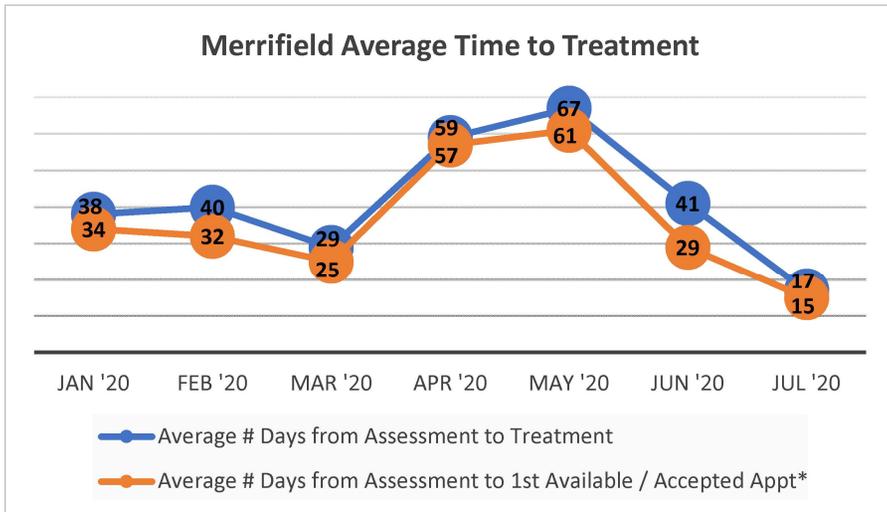
Youth Outpatient Time to Treatment - January to July 2020 by Site



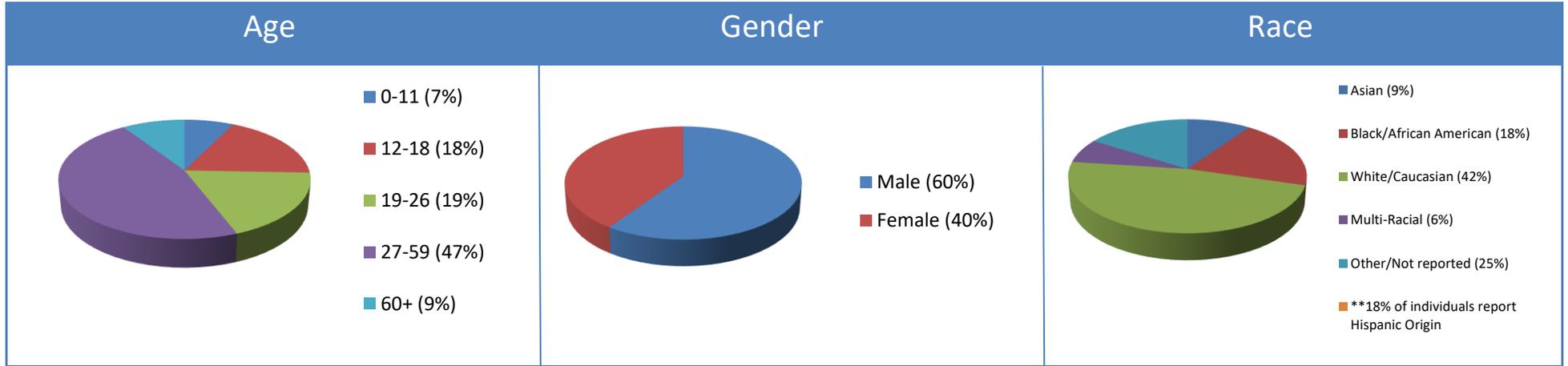
For Chantilly, average days from assessment to treatment AND average days from assessment to 1st available/accepted are the same for Jan - Mar 2020; For June '20, no new clients received orientation @ Chantilly



For South County, average days from assessment to treatment AND average days from assessment to 1st available/accepted is the same for Jun '20 & Jul '20



CSB Status Report – FY 2020 Fourth Quarter



People Served (cumulative each quarter)

Type of Service	FY 19 Total	FY 20 First Quarter	FY 20 Through Second Quarter	FY 20 Through Third Quarter	FY 20 Through Fourth Quarter	FY 20 Total
Total Number Served	21,406	12,246*	15,431	18,412	20,366	20,366
Emergency Services	6,373	1,943	3,513	4,948	5,990	5,990
Behavioral Health Screening and Assessment	3,464 Plus 1,764 walk-in screenings	916 Plus 498 walk-in screenings	1,868 Plus 966 walk-in screenings	2,729 Plus 1,384 walk-in screenings	3,035 Plus 1,905 walk-in screenings	3,035 Plus 1,905 walk-in screenings
Behavioral Health Outpatient	7,371	5,284*	6,053	6,619	6,968	6,968
Behavioral Health Residential	2,042	1,052*	1,404	1,701	1,869	1,869
Developmental Disability Support Coordination	1,215 4,929 – all SC services	1,203* 3,049 – all SC services	1,226 3,602 – all SC services	1,278 4,265 – all SC services	1,346 4,848 – all SC services	1,346 4,848 – all SC services
Developmental Disability Residential	363	297*	315	321	327	327

Wait Time for Emergency Services (each quarter)

	FY 19 Average	FY 20 First Quarter	FY 20 Second Quarter	FY 20 Third Quarter	FY 20 Fourth Quarter	FY 20 Average
% receiving emergency services within 1 hour	91%	93%	93%	92%	93%	93%

Number of Temporary Detention Orders and Emergency Custody Orders (cumulative each quarter)

	Total FY 19	FY 20 First Quarter	FY 20 Through Second Quarter	FY 20 Through Third Quarter	FY 20 Through Fourth Quarter	Total FY20
Temporary Detention Orders	1,536	355	754	1,143	1,575	1,575
Emergency Custody Orders	1,844	418	884	1,375	1,858	1,858

Primary Care (cumulative each quarter)

	Average FY 19	FY 20 First Quarter	FY 20 Second Quarter	FY 20 Third Quarter	FY 20 Fourth Quarter	Average FY 20
% of individuals receiving behavioral health services who report having a primary care provider	71%	77%*	76%	76%	76%	76%
% of individuals receiving program services with a payer source:						
• Medicaid Only	38%	44.5%	45%	48%	47%	46%
• Medicare Only	8%	9%	8%	8%	7%	8%
• Private Insurance Only	9%	8%	8.5%	7%	7%	7.5%
• Multiple Insurance Sources	20%	21%	21%	21%	24%	22%
• No Insurance Coverage Reported	26%	17.5%	17.5%	16%	15%	16.5%

Peer Support Services (cumulative each quarter)

	Total FY 19	FY 20 First Quarter	FY 20 Through Second Quarter	FY 20 Through Third Quarter	FY 20 Through Fourth Quarter	Total FY 20
Number of individuals receiving peer support services in the community	--	688*	1,214	1,777	2,162	2,162
	8,652 – all PRC services	2,152 – all PRC services	3,778 – all PRC services	4,867 – all PRC services	5,195 – all PRC services	5,195 – all PRC svcs

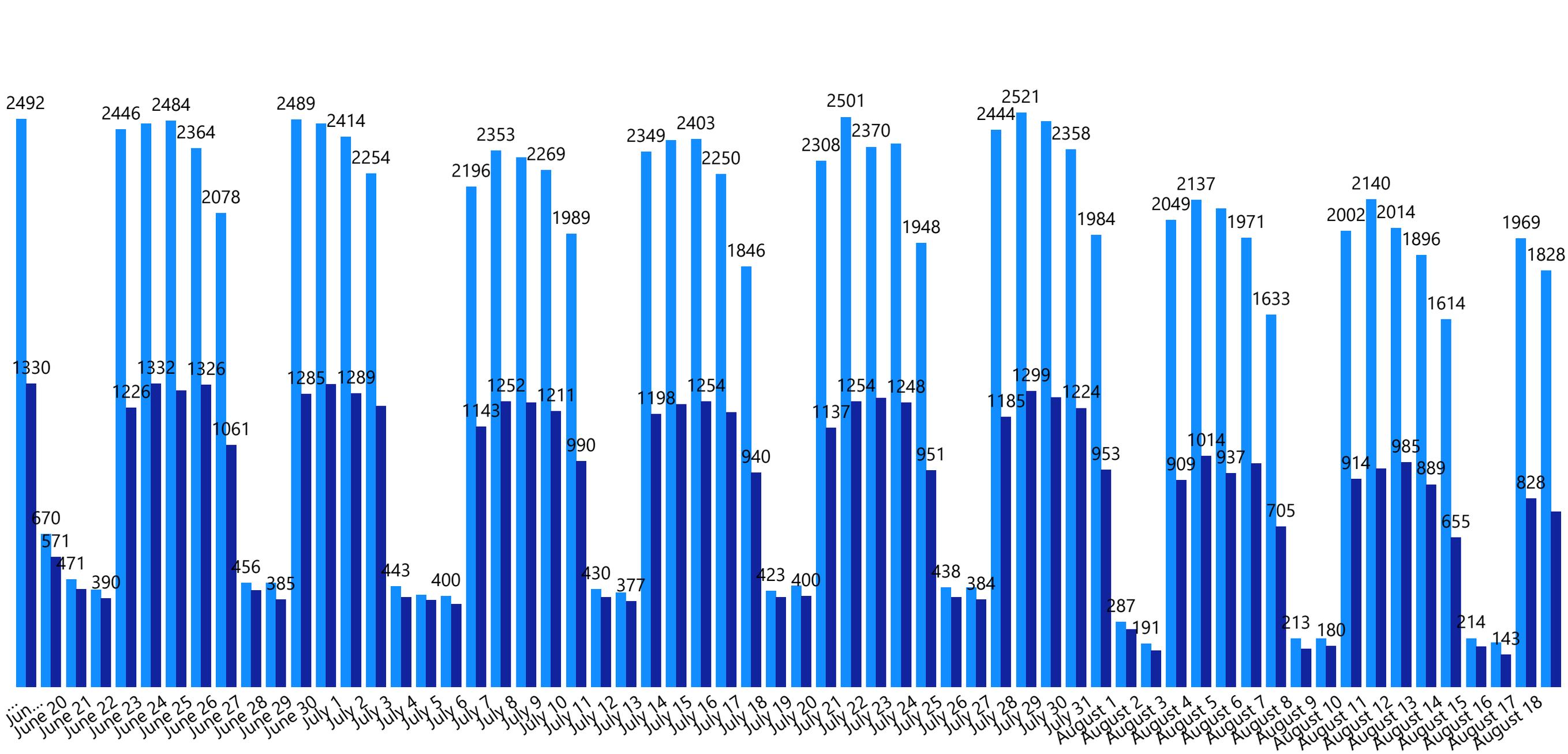
*Includes individuals who were served as of June 30, 2019 and continued services through the first quarter.

NOTES:

- Demographics – Very little change in demographics over time.
- People Served – overall, decrease compared to FY19 totals for most services due primarily to the slow-down experienced from the COVID-19 pandemic
- Walk-in screening/assessment at Merrifield for both youth and adults. Initial screening determines whether an individual needs services and meets criteria for CSB services. If so, an assessment is completed. 12% decrease from 4th Q FY19 to 4th Q FY20
- Emergency Services Wait Time – Waiting clients are triaged and served in priority order. In 4th Q, 93% were seen within an hour; 75% of clients were seen in under 30 minutes. Wait time for some clients greater than one hour due to a high volume of requests for medication management services, and ECOs which are given priority. FY20 average has increased 2% as compared to FY19 average.
- Emergency Custody Orders – 26% increase from Q4 FY17 to Q4FY20 (numbers may vary from Diversion First data based on time period and law enforcement involvement).
- Primary care- a small halo effect is typically seen in Q1 each fiscal year, with people served in the previous fiscal year carrying over to the first quarter. Subsequent quarters include people who are new to the CSB and may not yet have a health care linkage. Overall, we continue to see an increase in the number of clients with a primary care provider – 76% in 4th Q FY20 compared to 69% in 4th Q FY18.
- Payer Source – Clients reporting no insurance coverage has decreased from 27% in Q1 FY19 to 15% in Q4 FY20. The number of clients with Medicaid coverage has increased from 50% at the end of FY18 to 69% in Q4 FY20. This includes individuals with Medicaid only, and Medicaid in combination with other insurance sources.

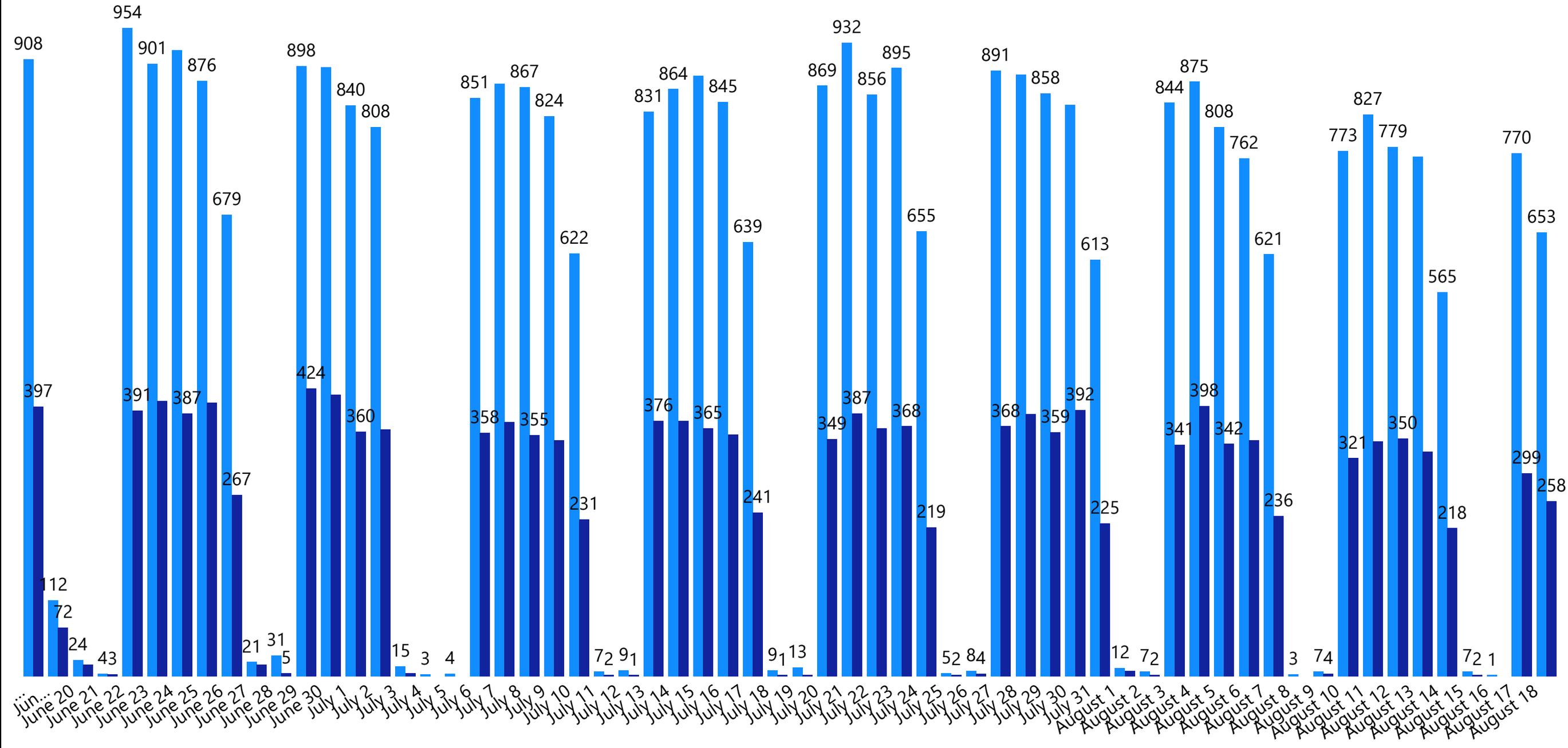
Agency Overall Count Of Clients Served

● Client Count ● F2F Count



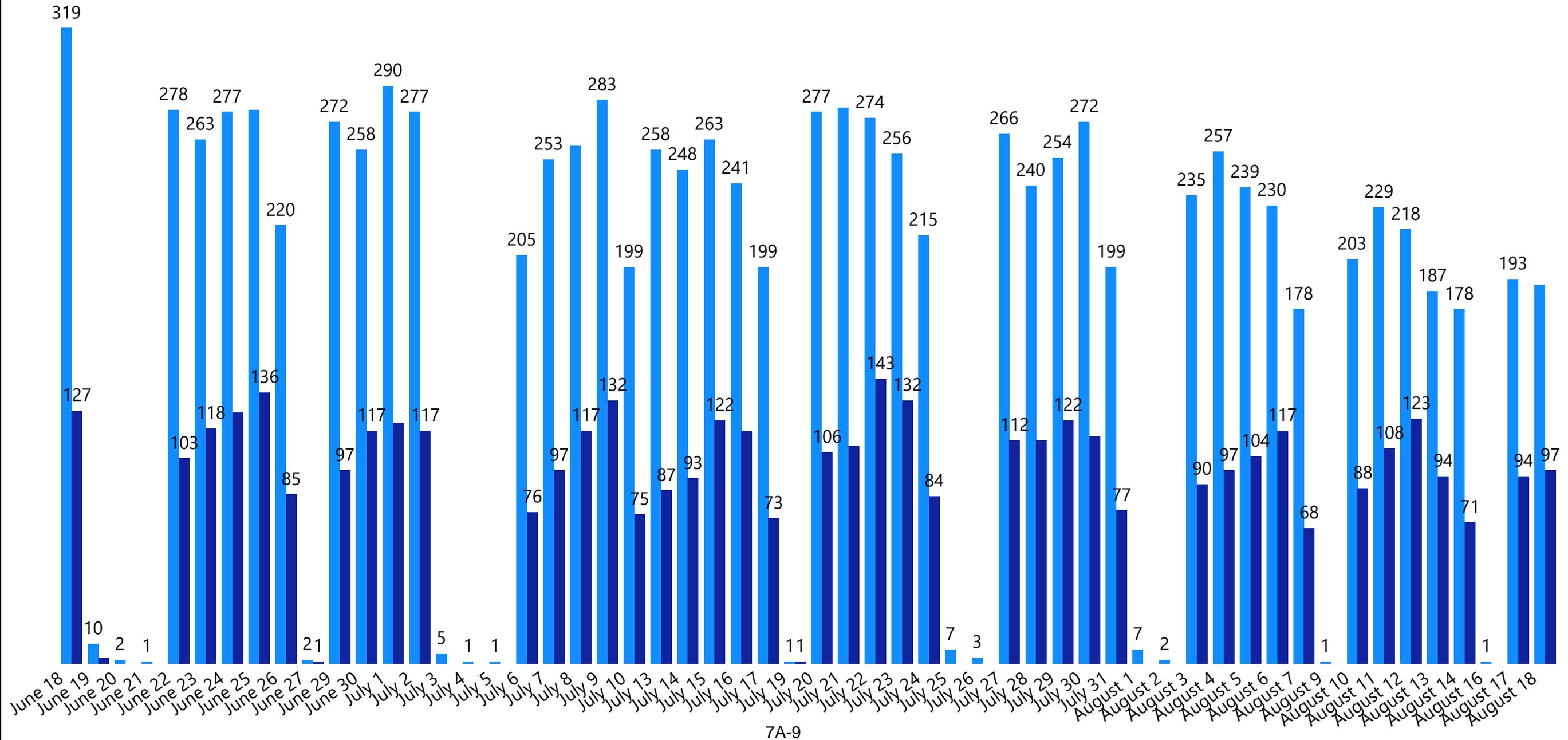
BH Adult Outpatient Count Of Clients Served

ClientCt F2F Count



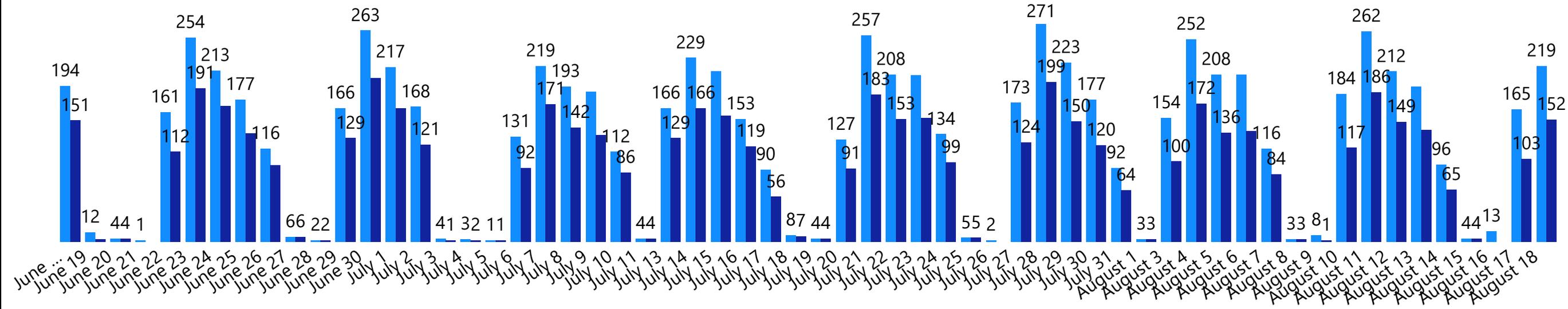
BH Youth Outpatient Count Of Clients Served

ClientCt F2F Count



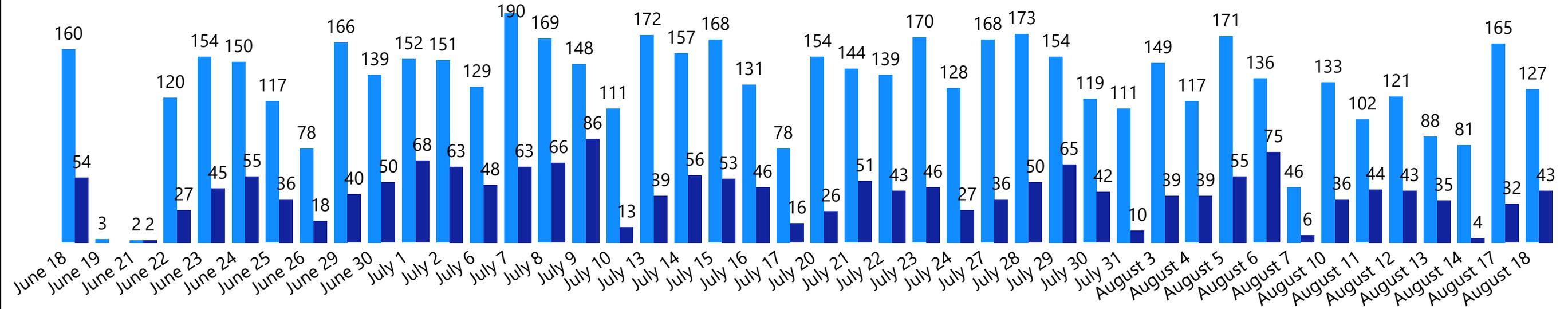
Doctors & NP Count Of Clients Served

ClientCt F2F Count



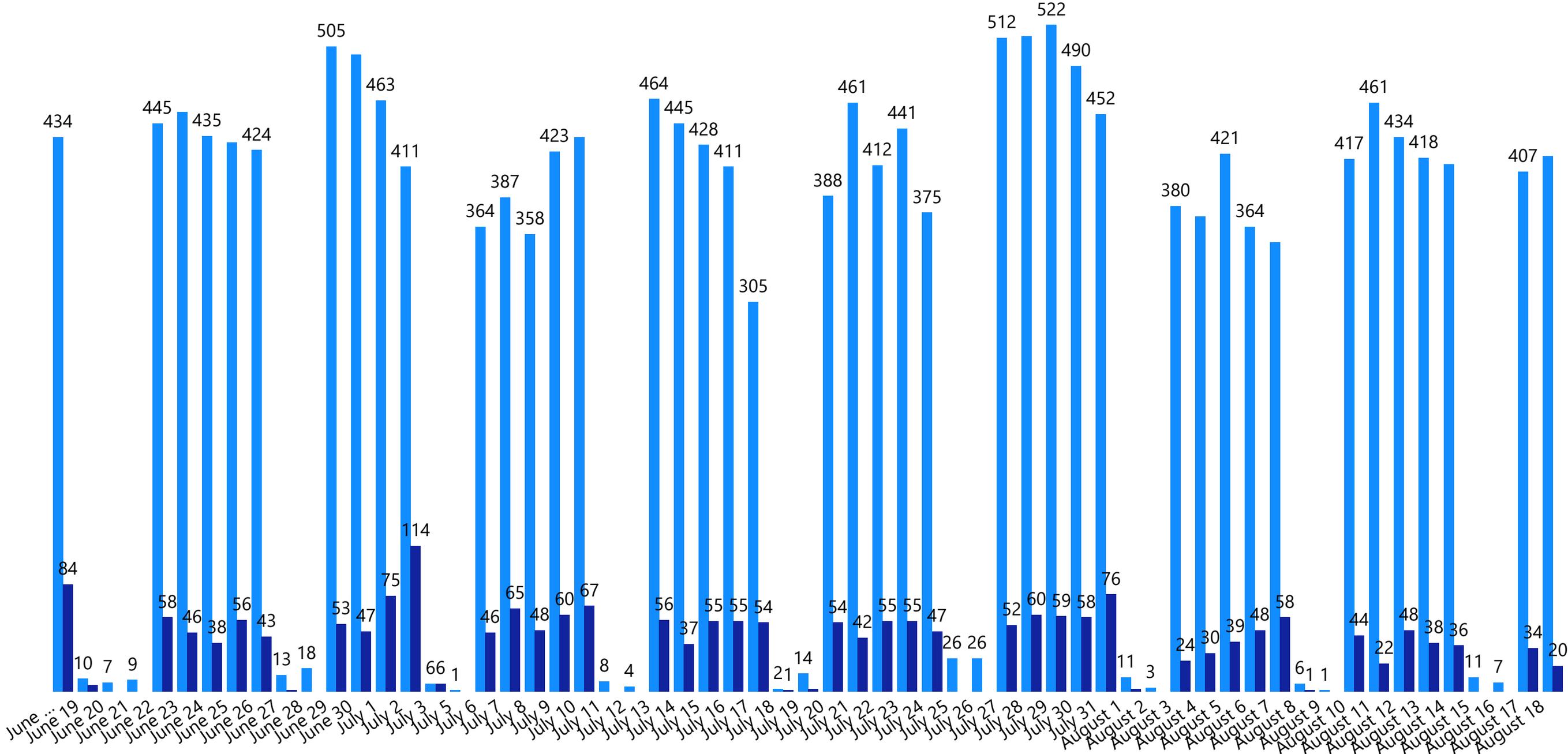
Outpatient Nursing Count Of Clients Served

ClientCt F2F Count



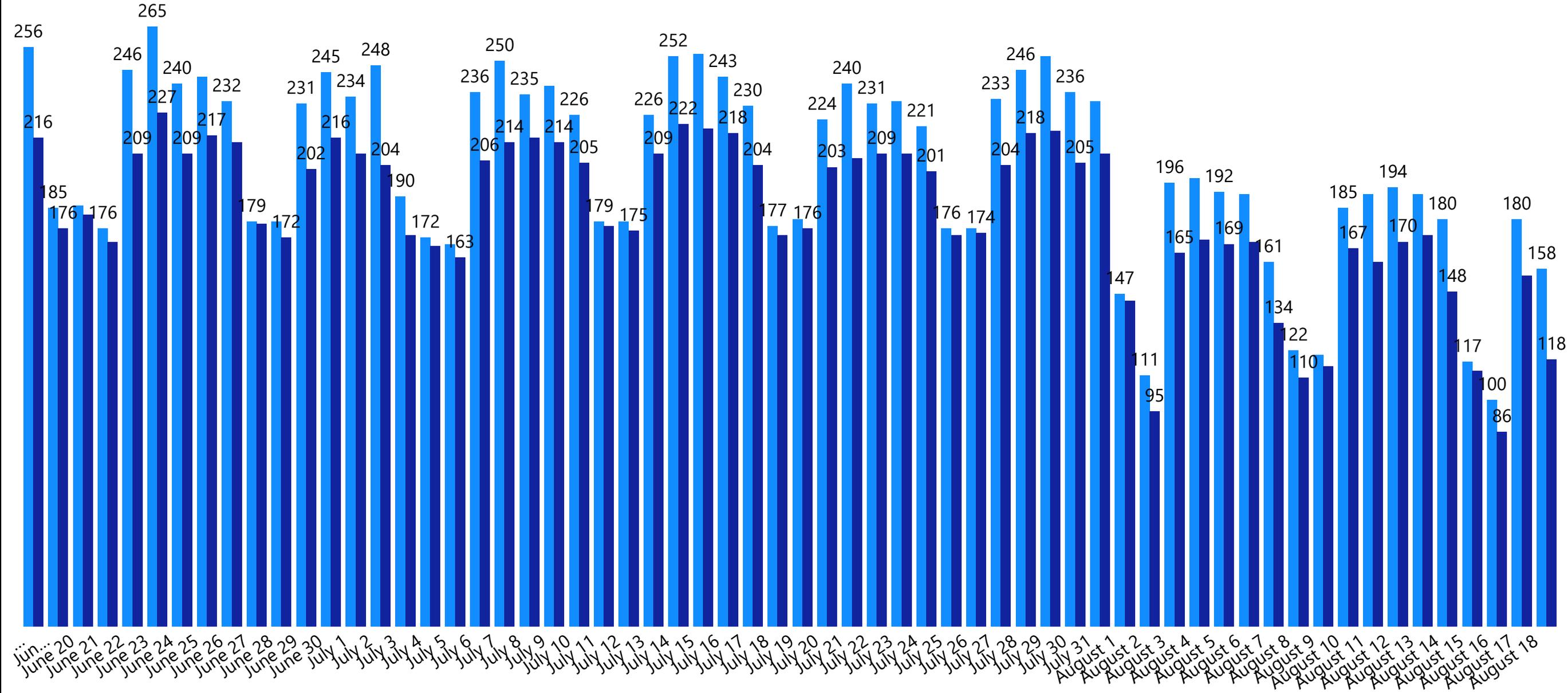
Support Coordination Count Of Clients Served

ClientCt F2F Count



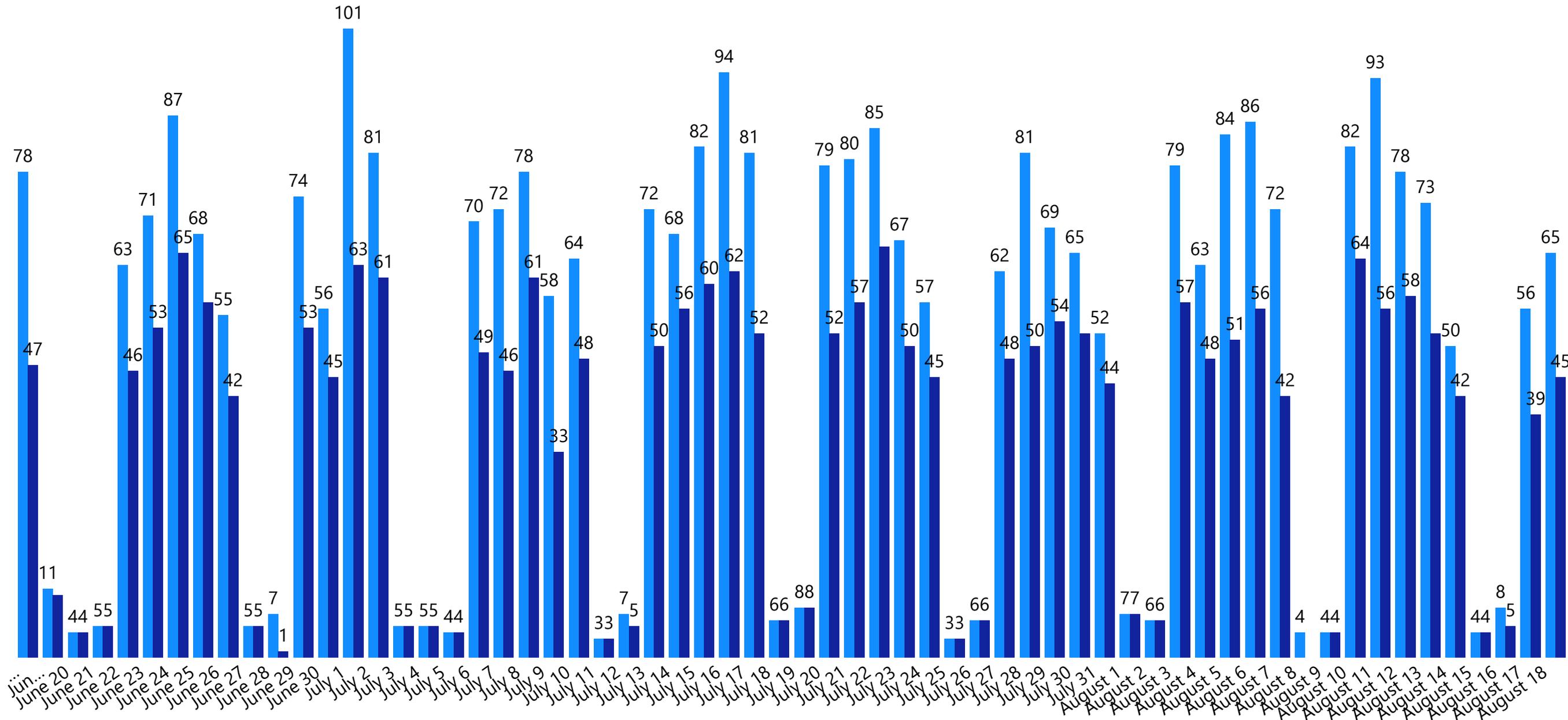
BH Residential (Directly Operated) Count Of Clients Served

ClientCt F2F Count



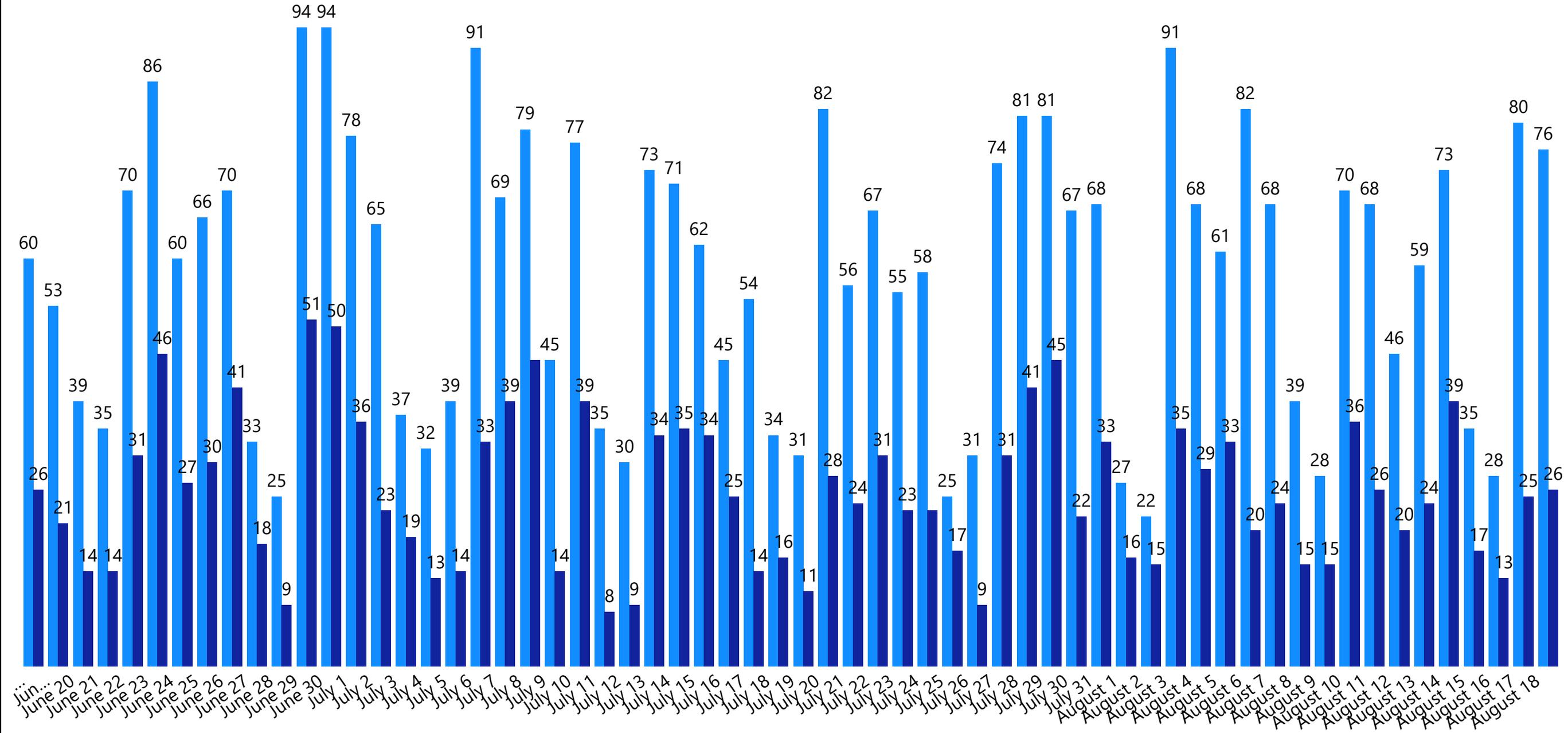
ADC/JDC/Court Count Of Clients Served

ClientCt F2F Count



Emergency Count Of Clients Served

ClientCt F2F Count

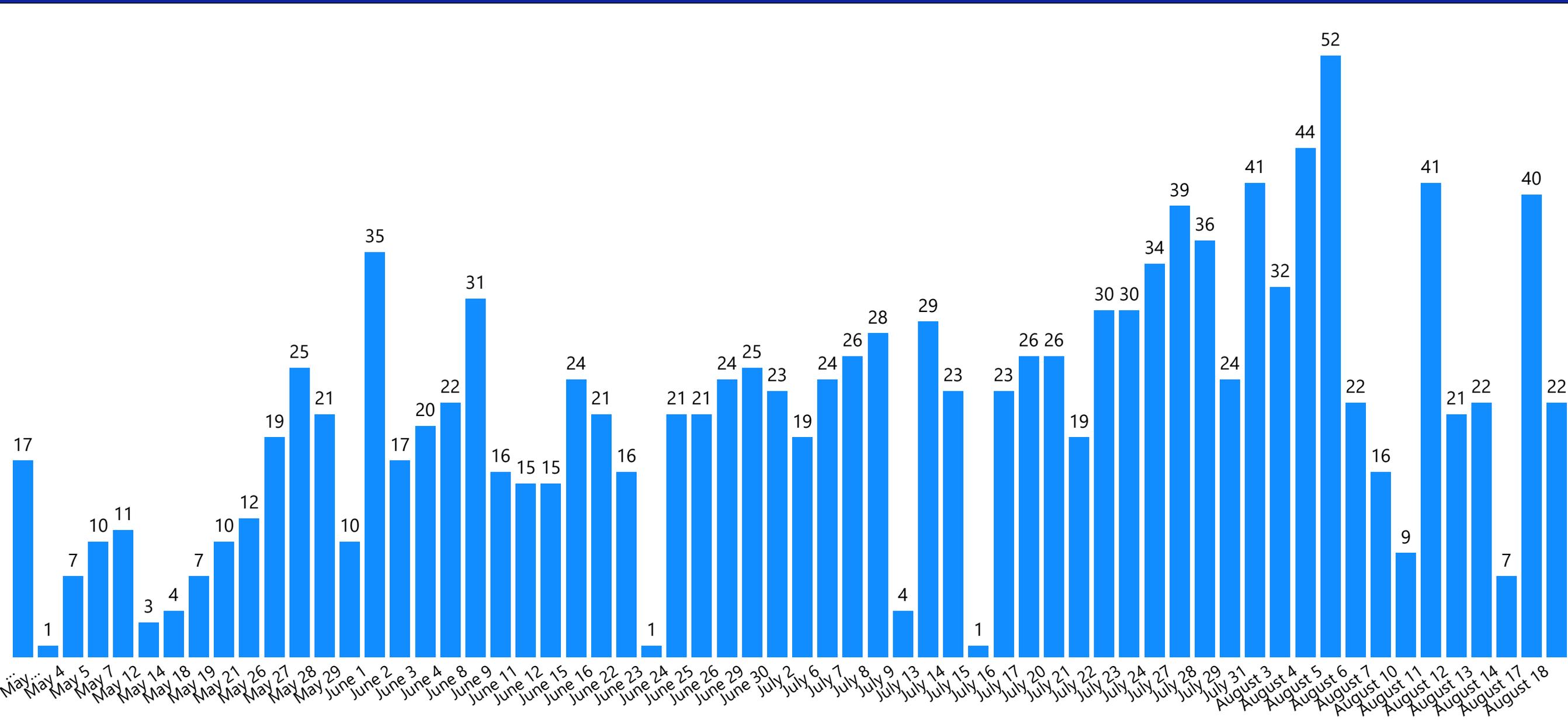


DD Residential (Directly Operated) Count Of Clients Served

ClientCt ● F2F Count

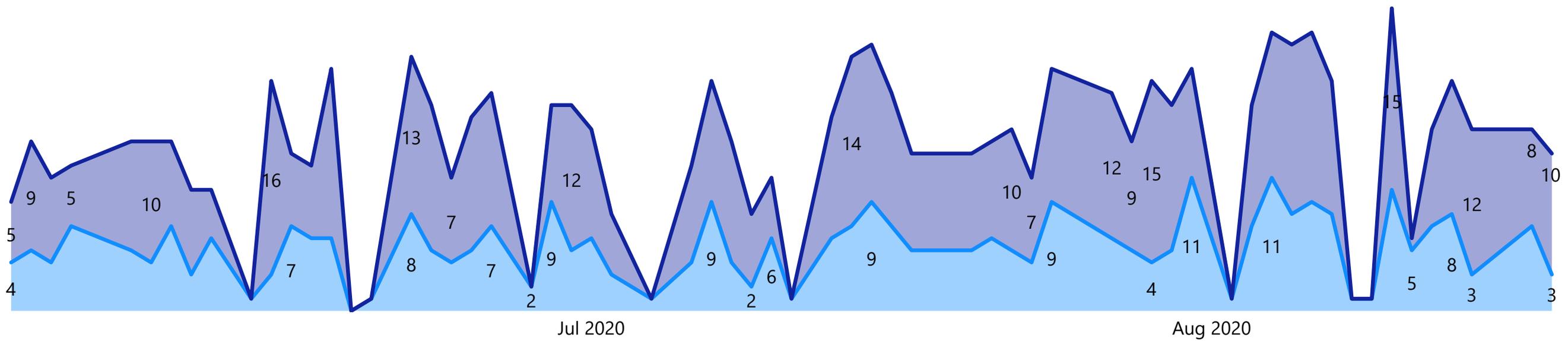


Count of Daily Calls At The Call Center

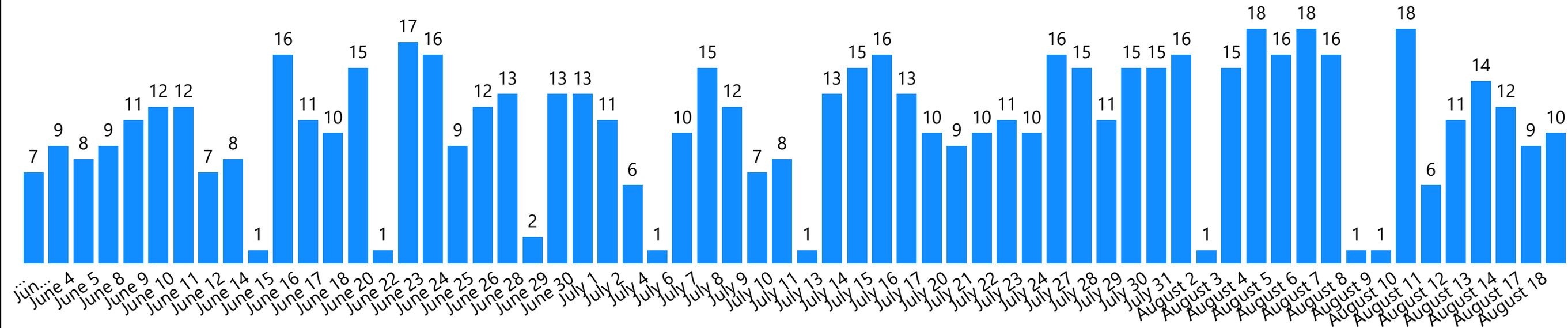


Count of Screening & Assessments By Day (EAR)

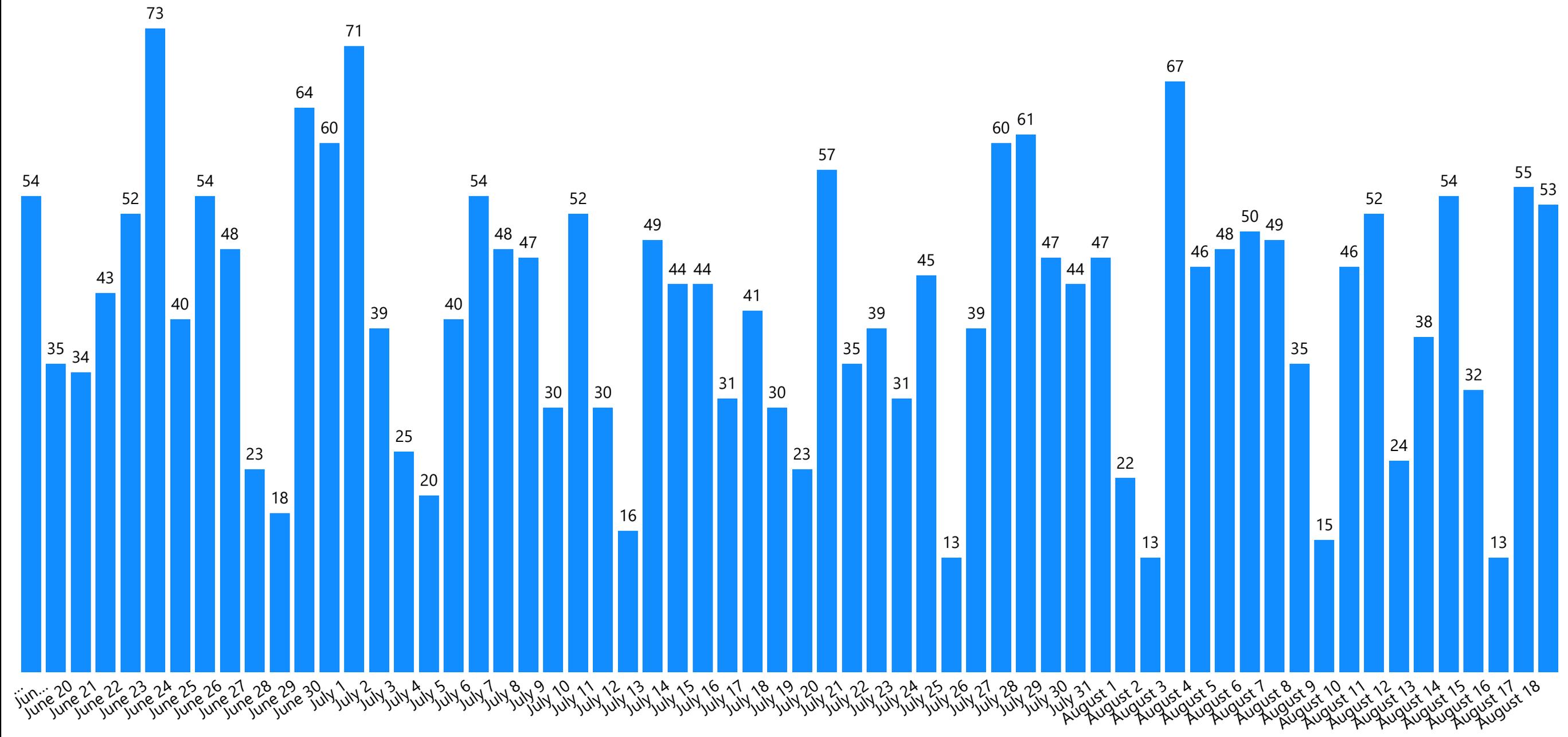
● Assessment ● Screening



Count Of Clients By Day (EAR)



Emergency Count Of Daily Telephone Calls



FY 2021 Pay Period Metrics

Category/GL	FY 2021 Budget	PP Target July-Dec PP 14-26	PP Target Jan-June PP 1-13	Check
Merit Salary	\$75,299,084	\$2,896,119	\$2,896,119	\$75,299,084
Non-Merit Salary	\$6,229,264	\$239,587	\$239,587	\$6,229,264
Shift	\$519,939	\$19,998	\$19,998	\$519,939
OT	\$1,148,178	\$44,161	\$44,161	\$1,148,178
Stipends	\$307,650	\$11,833	\$11,833	\$307,650
Leave Pay-Out	\$600,000	\$23,077	\$23,077	\$600,000
Fringe	\$37,187,394	\$1,395,399	\$1,465,169	\$37,187,394
TOTAL	\$121,291,509	\$4,630,173	\$4,699,943	\$121,291,509

Actual Data	FY 2020 Accrual Reversal	PP 14 Actual	PP 15 Actual	PP 16 Actual	PP 17 Actual	PP 18 Actual	PP 19 Actual	Year to Date
Merit Salary	-\$5,139,516	\$2,876,356	\$2,884,273	\$2,901,070				\$3,522,183
Non-Merit Salary	-\$500,959	\$269,717	\$266,628	\$285,487				\$320,873
Shift	-\$12,826	\$7,607	\$7,703	\$7,808				\$10,292
OT	-\$142,563	\$89,736	\$93,123	\$67,312				\$107,608
Stipends	-\$21,833	\$12,267	\$13,375	\$12,633				\$16,442
Leave Pay-Out	-\$93,679	\$86,859	\$32,047	\$5,624				\$30,851
Fringe	-\$2,517,895	\$1,403,589	\$1,389,506	\$1,369,540				\$1,644,740
TOTAL	-\$8,429,271	\$4,746,131	\$4,686,655	\$4,649,474	\$0	\$0	\$0	\$5,652,989

Fairfax-Falls Church Community Services Board

Fund 40040

FY 2021 July

Statement

	FY 2021 Approved Budget	FY 2021 YTD Budget	FY 2021 Actuals Thru July 2020	Variance from YTD Budget
Beginning Balance (Est)	25,808,083	25,808,083	25,808,083	
F Fairfax City	2,218,100	-	-	-
F Falls Church City	1,005,368	-	-	-
F State DBHDS ¹	7,527,316	627,276	679,038	51,762
F Federal Pass Thru SAPT Block Grant	4,053,659	337,805	355,206	17,401
V Direct Federal Food Stamps	154,982	12,915	2,237	(10,678)
V Program/Client Fees	3,994,251	332,854	257,421	(75,433)
V CSA	858,673	71,556	76,131	4,575
V Medicaid Option	12,518,068	1,043,172	443,376	(599,797)
V Medicaid Waiver	2,962,684	246,890	615,778	368,887
V Miscellaneous	14,100	1,175	11,135	9,960
Non-County Revenue	35,307,201	2,673,644	2,440,321	(233,323)
General Fund Transfer	147,554,569	147,554,569	147,554,569	-
Total Revenue	208,669,853	176,036,296	175,802,973	(233,323)
Compensation ²	84,104,115	9,704,321	4,008,249	5,696,072
Fringe Benefits ³	37,187,394	4,290,853	1,644,740	2,646,113
Operating ⁴	63,309,241	5,275,770	1,500,047	3,775,723
Recovered Cost (WPF0)	(1,738,980)	(144,915)	-	(144,915)
Capital	-	-	-	-
Transfer Out	-	-	-	-
Total Expenditures	182,861,770	19,126,029	7,153,036	11,972,993
Ending Balance	25,808,083			11,739,670
DD MW Redesign Reserve ⁵	2,500,000			
Medicaid Replacement Reserve ⁶	2,800,000			
Opioid Epidemic MAT Reserve ⁷	300,000			
Diversion First Reserve ⁸	1,244,245			
Unreserved Balance	18,963,838			11,739,670

Key

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

Reserve

- 1 FY21 Budget for State Funds Due to Medicaid Expansion, DBHDS reduced our revenue by ~\$4.4M.
- 2-4 FY21 Expenditures budget has not been adjusted for FY20 budget realignment exercise, therefore compensation and benefits budgets are understated and operating budget is overstated. Before end of Q1, budget will be corrected.
- 5 The DD Medicaid Waiver Redesign Reserve ensures the County has sufficient funding to provide services to individuals with developmental disabilities in the event of greater than anticipated costs due to the Medicaid Waiver Redesign effective July 1, 2016.
- 6 The Medicaid Replacement Reserve, for the implementation of Medicaid Expansion to a potential 600 consumers and will provide support with the transition of funding from the State support to Medicaid fees.

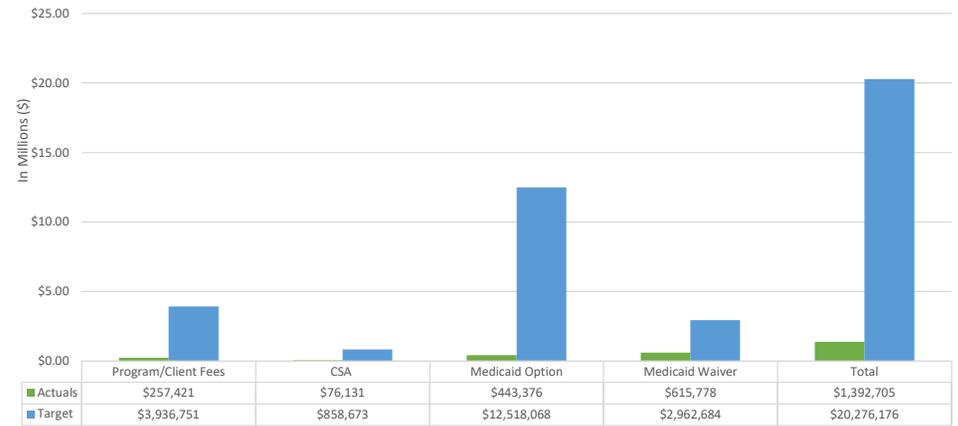
FY21 July YTD Revenue Analysis

Variable Revenue by Month
FY21
Actuals vs. Target



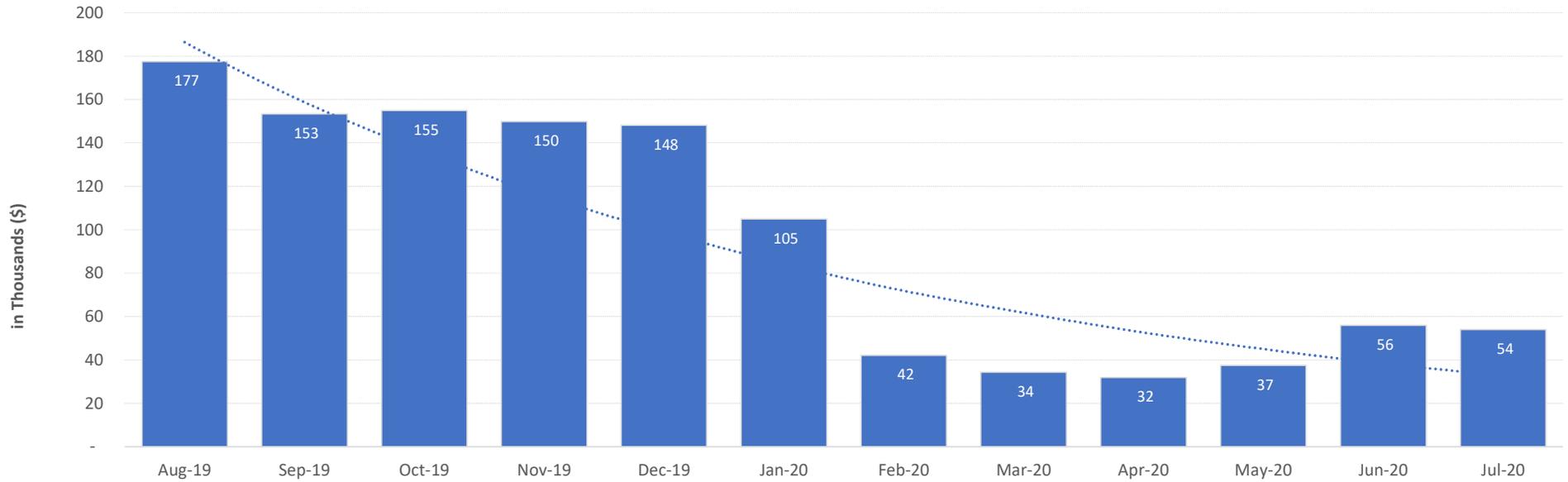
*Adjusted target is reflective of expected Medicaid expansion revenue (\$4.4M for FY21)

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

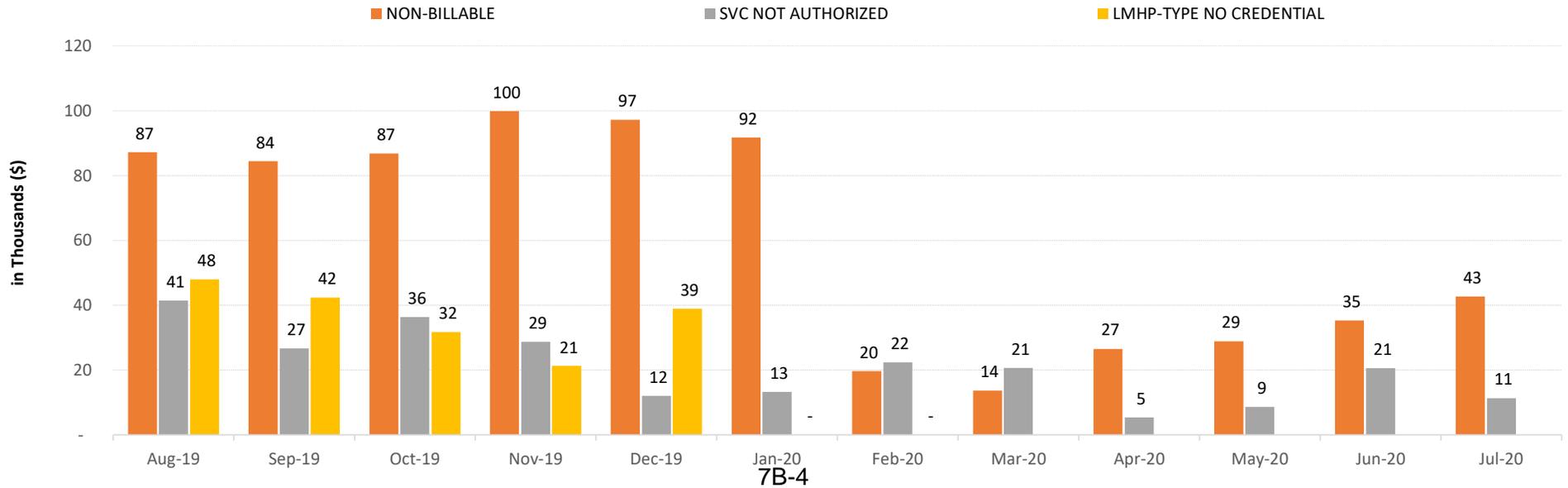


Revenue Maximation - Non-Billable Summary YTD July 2020

Total Non-Billable Amount



Billing Error Types



Submission Error	Jul 2020 Adj Amt (\$)
NON-BILLABLE	42,645
SVC NOT AUTHORIZED	11,360
Total:	54,005
Annualized:	648,066

Service Type	Service ProgramCode	Amt (\$)	Non-Billable Reason
E/M Charge Lvl 1 Est		30,508	
	OP NURSE	12,702	Nursing hours - documentation
	MAT OBOT	9,193	Nursing hours - documentation
	OPYOUTH MH	2,146	Nursing hours - documentation
	MAT MED	1,682	Nursing hours - documentation
	CMADULT MH	1,566	Nursing hours - documentation
	ICM	1,392	Nursing hours - documentation
	MAT ENG	899	Nursing hours - documentation
	CMYOUTH MH	435	Nursing hours - documentation
	MEDSVCS	145	Nursing hours - documentation
	OPADULT MH	116	Nursing hours - documentation
Missed Appointment		10,050	
	MEDSVCS	4,800	Missed Appointments
	CMADULT MH	1,400	Missed Appointments
	IOP	1,300	Missed Appointments
	OPYOUTH MH	650	Missed Appointments
	OPADULT SU	400	Missed Appointments
	OP NURSE	225	Missed Appointments
	ICM MED	200	Missed Appointments
	MONITR ADL	200	Missed Appointments
	OPYOUTH SU	150	Missed Appointments
	PACT	125	Missed Appointments
	MONITR RAU	125	Missed Appointments

* Source: Credible Service & Adjustment Report

* Non-billable adjustment amount reflects current month of services and excludes prior month adjustments.

* Beginning Feb 2020, non-billable amount excludes bundled services such as MH Skill-Building Resi and Case Management Resi.



Proposed Fairfax Falls Church Community Services Board (CSB) Fee Schedule Annual Update Process

In order to ensure a consistent, fair, and reasonable setting of fees as required by code, as well as, to develop a structured, streamlined process, the following process is being recommended to be approved by CSB Board for annual fee schedule updates.

Process for annual rate setting for the CSB fee schedule:

- 1. Align service fees with annual rates published by Medicare (CMS, Centers for Medicare and Medicaid Services).**

Medicare (CMS) is the national entity responsible for setting rates for services by geographic areas based on the cost of delivering those services in the area. The Medicare process is the Resource-based relative value scale (RBRVS). RBRVS is a scheme used to determine how much money medical providers should be paid. It is partially used by Medicare and by nearly all health maintenance organizations (HMOs).

RBRVS assigns procedures performed by a physician or other medical provider a *relative value* which is adjusted by geographic region (so a procedure performed in Fairfax County is *worth* more than a procedure performed in Kansas). This value is then multiplied by a fixed *conversion factor*, which changes annually, to determine the amount of payment.

RBRVS determines prices based on three separate factors: physician work (54%), practice expense (41%), and malpractice expense (5%).

The procedure codes and their associated RVUs are made publicly available by CMS as the Physician Fee Schedule. This schedule will cover all Current Procedural Terminology version 4 (CPT4) codes.

- 2. For services not priced by Medicare, the CSB will use the Department of Medical Assistance Services (DMAS), Virginia's Medicaid authority, fee schedule.**

DMAS publishes rate for all Medicaid covered services that are not priced on the Medicare Physician Fee Schedule. This will cover most other CSB services, specifically Healthcare Common Procedure Coding System (HCPCS) codes. Medicare does not recognize most HCPCS codes and leaves them to be used by Medicaid entities.

- 3. If the CSB has a service that is not priced by either CMS or DMAS, the CSB will use the negotiated rate of the payer as the rate on the fee schedule.**

This method of publishing a rate will happen seldomly. As the CSB begins to develop services for Managed Care Organization (MCO) members to help the plans meet outcome measures, this process will become more prevalent.

This process would remove the requirement to have an ad hoc committee review the recommendations of CSB staff as the fee determination will be made based on federal and state rates published through regulation.

Factors which influence the timeline of the fee schedule updating process.

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

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

*The CSB initial process will be off cycle (based on the above timeline). This is necessary to correct codes on the current fee schedule that have become obsolete and to establish an up to date schedule to allow the CSB to begin development work necessary to configure a new electronic health record.

The initial timeline to update the CSB fee schedule to meet the necessary business requirements would be:

- Aug – CSB staff updates fee schedule, corrects coding, and aligns rates
- Sept – CSB Board reviews updated fee schedule (Information Item)
- Oct – CSB Board votes to approve fee schedule and submit to BOS for approval (Action Item)
- Oct/Nov – CSB staff works with Board of Supervisors (BOS) clerk to add informational item to upcoming BOS meeting
- Nov/Dec – BOS approves new fees to be effective January 1
- January 1 – updated fee schedule goes into effect

**Fiscal Oversight Committee
CSB HR Update – August 12, 2020**

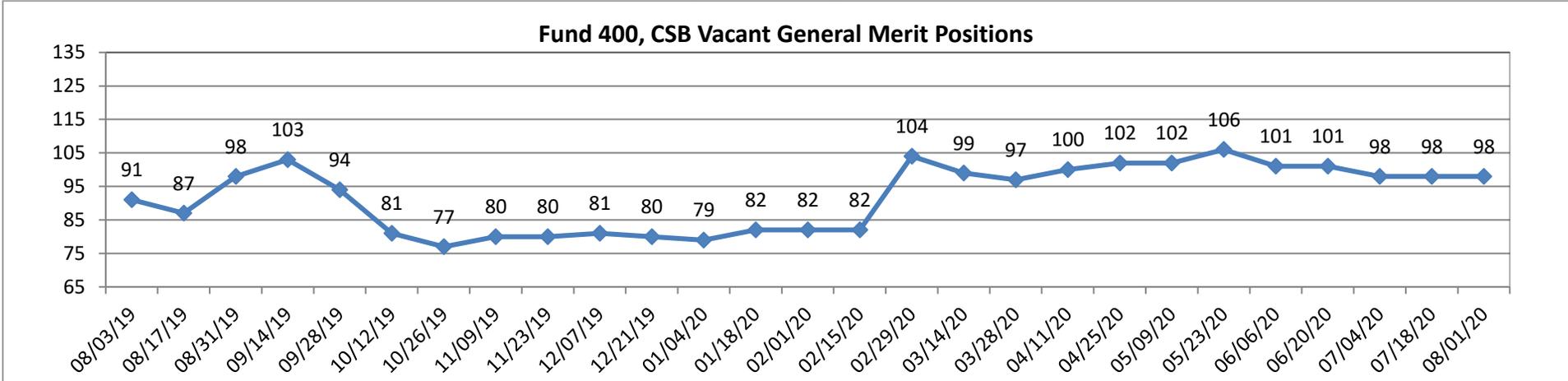


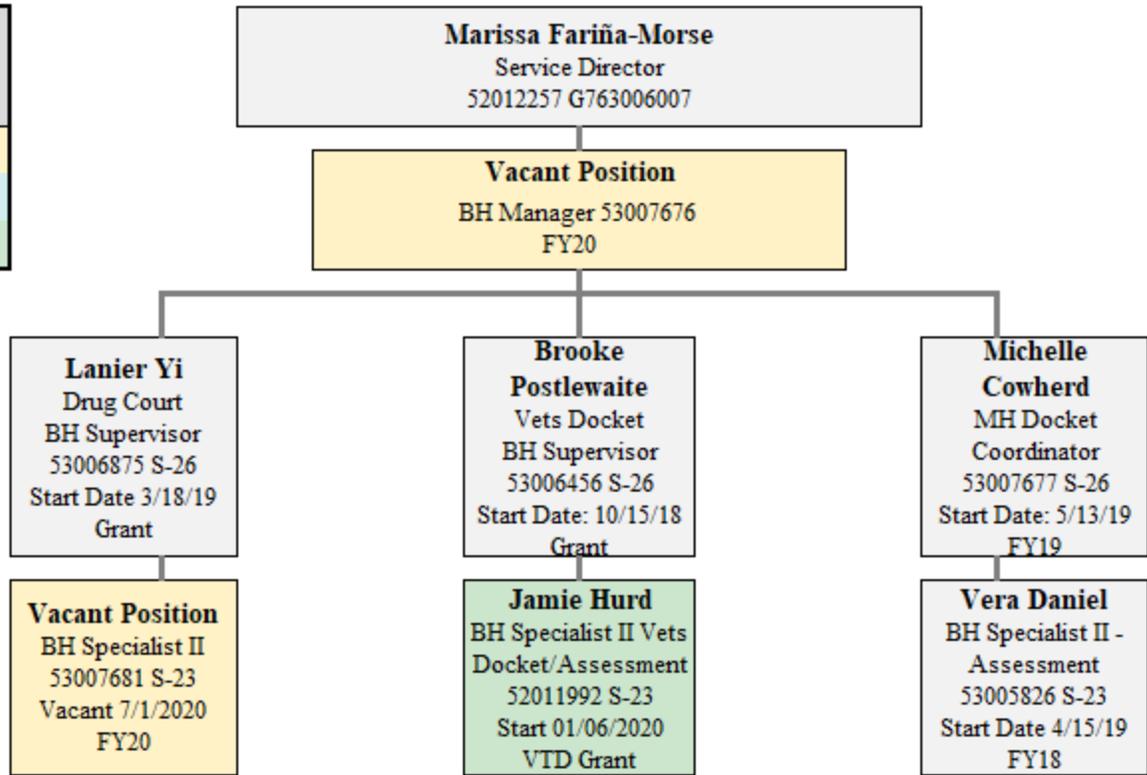
Figure 1: Increase in February 2020 reflects 24 non-merit conversions

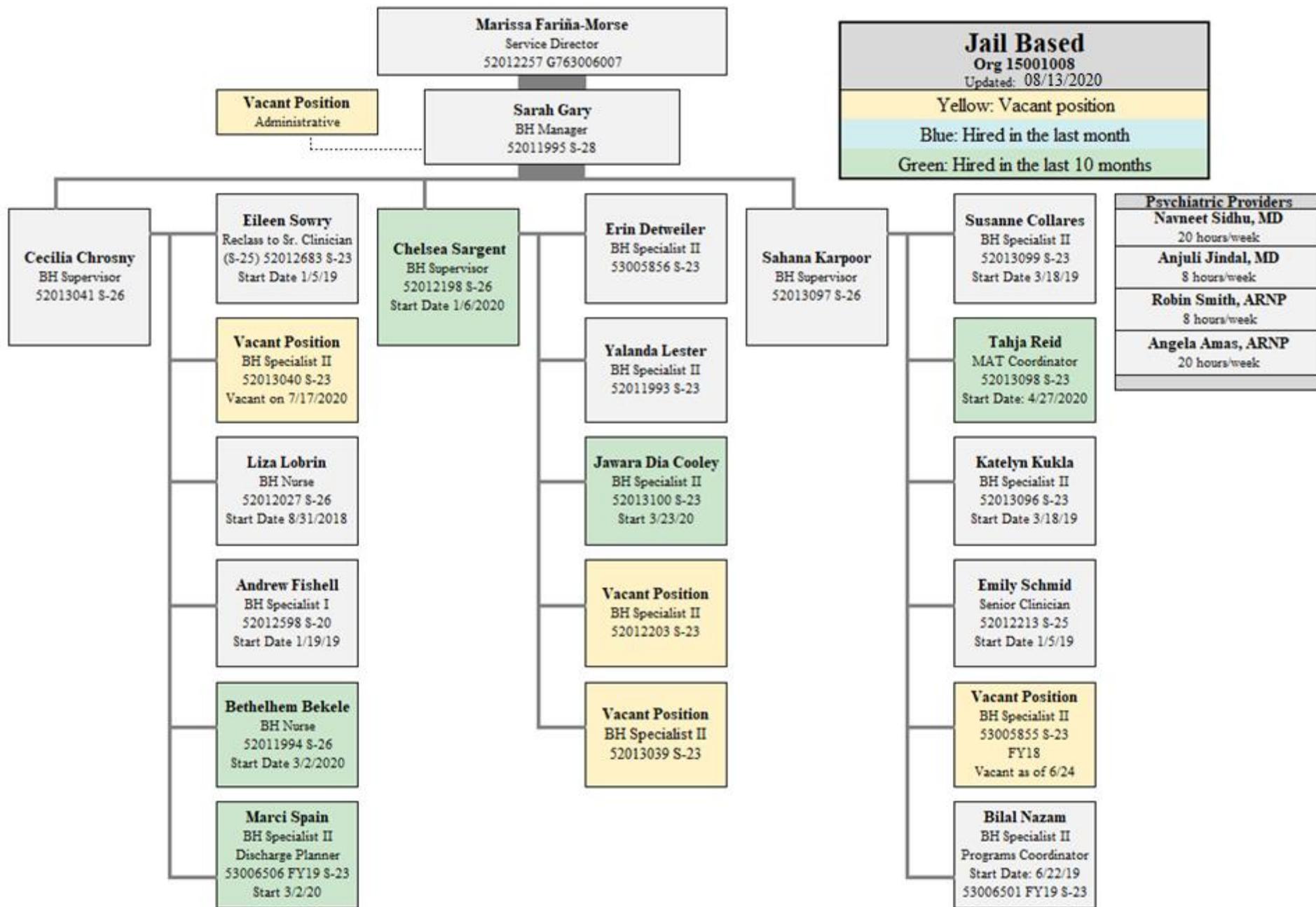
Vacancies in critical areas* *includes all merit positions (all funds - regular and grant)

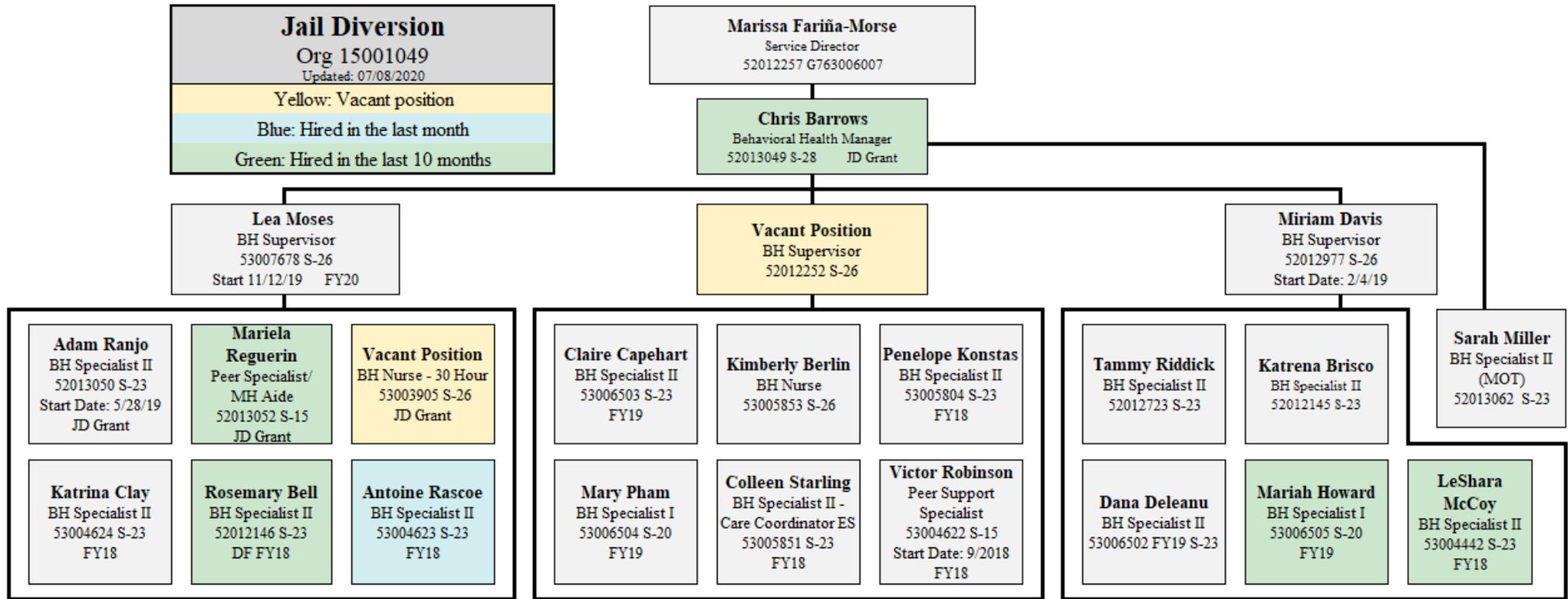
Service area / program	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July		August	
Emergency Svcs/MCU	3	4	4	2	2	3	5	6	5	6	5	3	2 CIS	3	2 CIS
													1 Peer Support Spec		1 Peer Support Spec
Behavioral Health – Outpatient Svcs	2	7	6	10	5	6	6	13	13	13	15	16	10 BHS II	14	8 BHS II
													2 BH Sr. Clin		2 BH Sr. Clin
													2 BHN Clin/Case Mgr.		2 BHN Clin/Case Mgr.
													2 LPN		2 LPN
Youth & Family – Outpatient Svcs	7	8	2	2	2	2	3	5	6	6	6	6	3 BH Sr. Clin	4	3 BH Sr. Clin
													3 BHS II		1 BHS II
Support Coordination	15	22	21	21	23	24	25	19	16	18	15	11	11 DDS II	11	11 DDS II
ADC/ Jail Diversion	4	7	9	11	11	12	10	8	8	5	4	6	5 BHS II	7	6 BHS II
													1 BH Supv		1 BH Supv
Compliance & Risk Mgmt.	5	2	2	2	2	2	3	3	3	3	2	1	1 CSB Coordinator	1	1 CSB Coordinator

Court Based
Org 15001008
 Updated: 08/13/2020

Yellow: Vacant position
 Blue: Hired in the last month
 Green: Hired in the last 10 months









Commonwealth of Virginia
Office of the Governor

Executive Order

NUMBER SEVENTY (2020)

ADDRESSING THE IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) ON THE COMMONWEALTH'S PSYCHIATRIC HOSPITAL SYSTEM

Importance of the Issue

The Commonwealth of Virginia, through the Department of Behavioral Health and Developmental Services, operates eight behavioral health facilities for adults and one for children. Under § 37.2-809.1 of the *Code of Virginia*, these facilities must admit patients under emergency custody who meet the criteria for temporary detention when no other facility of temporary detention can be identified. Prior to the COVID-19 pandemic, the census of the state-operated psychiatric hospitals averaged 95 percent or over their total bed capacity. Through the month of July 2020, the state-operated psychiatric hospitals experienced an increase in admissions and at times exceeded their operating bed capacity. Several state-operated psychiatric hospitals have experienced the drop-off of patients when there were no beds in the state-operated psychiatric hospital to serve the patients safely. Such drop-offs pose a risk to both patients and staff.

In addition to the increase in census levels, state-operated psychiatric hospitals have seen confirmed cases of COVID-19 in patients and staff. In order to control the spread of the virus within the congregate settings of state-operated psychiatric hospitals, patients with confirmed or suspected diagnoses of COVID-19 must be isolated or quarantined. Isolating and quarantining, however, reduces bed capacity and further exacerbates the pressure on the state-operated psychiatric hospitals to admit patients subject to temporary detention orders after the emergency custody period expires.

While our state-operated psychiatric hospitals provide high quality behavioral health care and treatment, they do not have the capability to manage or to treat medical conditions that require medical interventions. Transferring patients with acute symptoms of COVID-19 that require medical monitoring and intervention or patients with other medical conditions who cannot be managed adequately at the state-operated psychiatric hospitals negatively impacts the health and safety of those patients.

COVID-19 will continue to place increased demands on the Commonwealth's state-operated psychiatric hospitals. Response to the mental health effects of the COVID-19 disaster will require both public and private providers, as well as other agencies involved in the civil commitment

process, to work together. We must prioritize the patient's best interests to ensure that each patient receives the requisite care and treatment. We must also ensure that the state-operated psychiatric hospital system continues to operate as a safety net for patients experiencing a mental health crisis.

Directive

Therefore, by virtue of the authority vested in me by Article V, Section 7 of the Constitution of Virginia, by § 44-146.17 of the *Code of Virginia*, and in furtherance of Amended Executive Order No. 51, I direct the following:

1. As currently permitted by Chapter 8 of Title 37.2 of the *Code of Virginia*, when the state-operated psychiatric hospitals are operating at 100% of their total bed capacity, state-operated psychiatric hospitals will not agree to serve as the facility of temporary detention for patients who are not under emergency custody pursuant to § 37.2-808 of the *Code of Virginia*.
2. Prior to the transfer and transport of a patient subject to a temporary detention order to a state-operated psychiatric hospital, the facility where the patient is located and the transporting law enforcement agency or alternative transportation provider are strongly encouraged to contact the state-operated psychiatric hospital of temporary detention to ensure that a bed is available for the patient. If the state-operated psychiatric hospital system is at or over total bed capacity, the facility where the patient is located and the transporting law enforcement agency or alternative transportation provider are encouraged to work with the state-operated psychiatric hospital to delay transportation of the patient until the state-operated psychiatric hospital can provide a bed.
3. Prior to releasing a patient under a temporary detention order for transport to a state-operated psychiatric hospital, providers participating in the State Medicaid Plan must comply with the applicable *Criteria for Medical Assessment Prior to Admission to a Psychiatric Hospital, Inpatient Psychiatric or Crisis Stabilization Unit* found at <http://www.dbhds.virginia.gov/assets/doc/about/masg/adults-medical-and-screening-guidelines-11-5-2018.pdf> and <http://www.dbhds.virginia.gov/assets/doc/about/masg/peds-medical-assessment-and-screening-guidelines-11-5-2018.pdf>. Such providers shall screen patients under emergency custody or temporary detention for COVID-19 in accordance with guidance issued by the Centers for Disease Control and Prevention and the Virginia Department of Health. In addition, with consent of the patient subject to emergency custody or temporary detention, such providers should administer a COVID-19 active infection test prior to the transfer of the patient to a state-operated psychiatric hospital. If no other payment source is available, the Department of Behavioral Health and Developmental Services will reimburse the provider for the cost of the test.
4. Hospitals with emergency rooms that are subject to the federal Emergency Medical Treatment and Labor Act, 42 U.S.C. § 1395dd, must ensure that transfers of patients under temporary detention orders to state-operated psychiatric hospitals are appropriate transfers. Hospitals with emergency rooms should take into account a patient's

COVID-19 status and the inability of the state-operated psychiatric hospitals to isolate and treat such patients properly. Doctors in a hospital where a patient is located for emergency custody and the state-operated psychiatric hospital must communicate regarding a patient's COVID-19 status prior to transfer. Law enforcement and alternative transportation providers involved in the transportation of patients under temporary detention orders should work with the hospital where the patient is located for emergency custody and the state-operated psychiatric hospital to ensure that transport occurs only when safe for the patient.

5. Appropriate use of a medical temporary detention order will ensure that patients receive the medical care they need and could help to reduce the census pressures at the state-operated psychiatric hospitals. Section 37.2-1104 of the *Code of Virginia* provides a medical temporary detention process that should be used in certain circumstances to address and stabilize a patient's medical condition before transfer to a state-operated psychiatric hospital. For patients experiencing intoxication, using the medical temporary detention process, where applicable, may alleviate the need for further psychiatric hospitalization. If a patient undergoing an emergency mental health evaluation has an acute medical condition, including COVID-19 or intoxication, and is incapable of making an informed decision regarding treatment, consideration should be given to whether the criteria for a medical temporary detention order under § 37.2-1104 of the *Code of Virginia* are met.
6. Every state-operated psychiatric hospital, community services board (CSB), behavioral health authority (BHA), and private inpatient provider licensed by the Department of Behavioral Health and Developmental Services required to participate in the acute psychiatric bed registry under § 37.2-308.1 of the *Code of Virginia* (Registry) shall update information included in the Registry whenever there is a change in bed availability, but not less than twice daily, to assist in the location of facilities of temporary detention for patients experiencing a mental health crisis.
7. In order to facilitate discharge of patients from state-operated psychiatric hospitals to increase bed capacity, if the responsible CSB or behavioral health authority BHA disagrees with a state-operated psychiatric hospital's identification of a patient as ready for discharge, the CSB/BHA shall document that disagreement in the patient's treatment plan within 72 hours of the state-operated psychiatric hospital's identification. Section 37.2-505(A) (3) of the *Code of Virginia* governing disagreements related to discharge shall otherwise apply.

Effective Date of this Executive Order

This Executive Order shall be effective until the expiration of Amended Executive Order 51 unless this Order is sooner amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia, this 17th day of August, 2020.





Ralph S. Northam, Governor

Attest:



Kelly Thomasson, Secretary of the Commonwealth



Member Update



Date: Thursday August 6, 2020

Sent To:

Daryl.Washington@fairfaxcounty.gov

NoVa Coalition of Providers Advocacy
Washington Post Article Published Regarding Critical Funding Needed

Dear Daryl,

Kudos to the Northern Virginia Coalition of Providers!
Great article posted in the Washington Post.

https://www.washingtonpost.com/local/va-group-homes-for-adults-with-disabilities-feel-forgotten-in-virus-funding/2020/08/05/1459cd58-d66d-11ea-aff6-220dd3a14741_story.html

Karen Tefelski
Executive Director
vaACCSES
703-200-7660 Cell

[vaACCSES](#) | 7420 Fullerton Road Suite 110 | Springfield, VA 22153 | 571-339-1305
To ensure that you continue receiving our emails notifications, please add [vaACCSES.org](#) to your address book or safe senders list. [Click Here](#) to Unsubscribe from future messages of this type.

Va. group homes for adults with disabilities feel ‘forgotten’ in virus funding



A resident gets an assist at a group home in Manassas. (Dayna Smith/For The Washington Post)

By [Jessica Contrera](#) August 5, 2020 at 3:22 p.m. EDT

The letter to Virginia Gov. Ralph Northam warned of a crisis within a crisis: The industry built to support adults with developmental disabilities was being financially crushed by the pandemic.

Day programs had been shuttered for months. Group homes had sunk hundreds of thousands into attempts to keep their residents from contracting the novel [coronavirus](#). A coalition of service providers, desperate for personal protective equipment and other supports, hoped to alert the governor to their increasingly desperate situation.

They say they received no response to the June 1 plea for help.

Now they are calling on Virginia lawmakers to address their needs in the Aug. 18 special session of the General Assembly, and sending another letter to Northam (D), warning that “unless immediate and substantial action is taken, several providers may face imminent threat of closure.”

“The individuals we’re supporting have been forgotten in these conversations,” said Joanne Orchant Aceto of MVLE, which provides jobs and day programs for adults with disabilities.

Their worries reflect challenges faced by organizations serving people who are more vulnerable to the virus across the Washington region and the country. As the pandemic drags on and leaders brace for many more months ahead, the financial toll of keeping people well is exacerbating long-standing funding challenges.

In Virginia, more than 5,000 people with developmental disabilities live in the state’s more than 1,600 group homes, typically with four to six people per house. These family-size environments, the product of years of [court-ordered reforms](#), have kept the virus from spreading in the way it has at large-scale retirement homes. Virginia disability group homes have recorded [fewer than 200 confirmed cases](#) and 16 deaths since March.

But advocates say that success has been the product of increased staffing and costly personal protective equipment — all of which are harder to come by when organizations are smaller and less visible.

“We need the same kind of support that any other long-term care facility needs,” said Jennifer Fidura, executive director of the Virginia Network of Private Providers, which represents group homes across the state. “But when you start looking to be on the list to get PPE, or to be able to get contact tracing and testing from the local health departments, you get a person saying, ‘Who are you?’ ”

Representatives of a coalition of 40 providers in Northern Virginia said they sent the June letter to Northam in hopes of attracting a fraction of the attention paid to nursing homes during the pandemic.

Northam spokeswoman Alena Yarmosky did not provide an explanation for why the letter went unacknowledged but said the governor is “committed to supporting individuals with disabilities and the critical organizations that serve them.”

She addressed the service providers’ No. 1 request that they see as a first-step solution to their precarious situation. Before the pandemic, the General Assembly increased the amount that providers would be reimbursed by Medicaid for their services. But in April, Northam [froze all new spending](#) in the state in response to the pandemic. The allotted funds were never made available.

Service providers say releasing those funds now would help them handle the months to come.

“Governor Northam looks forward to working with them to structure an updated budget in light of these immense challenges,” his spokeswoman said.

In their new letter to Northam, the coalition also asked for support for day programs, which provide job opportunities, social activity and therapy for people with disabilities. With the virus impeding their ability to do in-person activities, these programs say they aren’t receiving the level of Medicaid reimbursements they need to stay afloat. Retainer payments made by Medicaid to tide them over ended in July.

Without day programs for residents to go to, group homes had to hire additional staff to cover the hours in which the houses would typically be empty. At the Arc of Greater Prince William County, which runs 18 group homes, that meant spending \$259,000 on additional staffing, executive director Karen Smith said. They had to furlough employees who worked in childcare, day services and administration.

Three of those homes have had residents test positive for the virus. In an instant, the workload in the house increases exponentially, as nurses attempt to keep other residents from becoming infected. Most group home residents have medical conditions that make the virus far more dangerous for them. The Arc of Greater Prince William has spent \$115,000 since March to give nurses isolation gowns, gloves, foot coverings and N95 respirator masks, and \$12,000 on hazard pay.

Despite their efforts, staff members have tested positive and in June, nurse Angela Reaves died after contracting the virus. She was 62.

“Her loss solidified the reason to push [for more funding],” Smith said. “She looked at each one of our individuals and knew they had worth. She made certain that came across to them.”

Sean McGinnis, executive director of the Hartwood Foundation and one of the authors of the letter to the governor said he hopes that lawmakers will be thinking of the people he serves when they begin the next legislative session.

“It’s the right thing to do at a critical time,” he said. “We’ve got to keep people healthy and safe and save the service system as we know it.”

CSB Board Member Meetings with Legislators

Each fall, CSB Board members meet with legislators to share the CSB Board priorities for the upcoming General Assembly Session. In preparation for these meetings, the CSB Board determines its legislative priorities and develops a talking points document (2020 Legislative Talking Points attached). This document is provided to the Board members along with Legislative Folders to be distributed to each legislator's office. Folders include background materials on CSB priorities and services. We have been working to reduce the amount of materials in recent years so board member guidance on folder materials is helpful (2020 Legislative Folder documents attached).

Elizabeth will develop a proposed list of board member/legislator assignments to be reviewed by this group and then sent to full board for review. The document will be updated based on board member feedback.

Note: with the ongoing COVID-19 pandemic, engagement with legislators may look different this year. This group's feedback on how best to proceed will be helpful. Additionally, with a good number of new board members, it will be critical to get this group's guidance on how best to advise board members on the CSB's priorities and best practices during their meetings with legislators.

CSB Board Member Testimonies at January General Assembly Hearings

Two budget meetings, as described below, are held in January at which CSB Board member volunteers provide testimony. CSB staff work with the volunteer speakers to develop the testimony, which is mainly based on the identified legislative talking points (last year's testimonies can be viewed [here](#)).

- **House Appropriations and Senate Finance Committees Public Hearing** – *(One CSB Board member speaker needed – usually Board chair)*
Will most likely take place on Thursday, January 7, 2021.
Location, date, and time will be posted here: <http://sfc.virginia.gov/>
- **Fairfax County GA Delegation Pre-2020 Session Public Hearing** – *(Three CSB board member speakers needed)*
Will most likely take place on Saturday, January 9, 2021, at the Fairfax County Government Center.

CSB Board Engagement during 2021 General Assembly Session - [Prefiling Calendar](#)

As of July 20, 2020, pre-filed bills are being posted on Virginia's [legislative information system](#). So far, most bills are identical to the 2020 bills that were passed by indefinitely or left in committee. CSB staff monitor, track, and provide feedback to the County Government Affairs team on CSB-relevant bills. CSB staff are available to provide regular updates to the Board as requested. Direction from this group on how best to keep the Board updated throughout each session will be helpful.

In regard to identifying specific legislation for board engagement, CSB staff and board members will make sure to identify legislation that partner agencies and organizations are supporting or opposing in the upcoming session. CSB board members may also become aware of legislation to focus on coming out of their meetings with legislators in the fall. Feedback from the legislative visits is very valuable and is sought each year from each member.

One important note is that many of CSB's requests and objectives are better met with budget amendments, and the governor's proposed budget is not to be released until mid-December.

More Background on County and CSB Engagement during Session

Each year, the Fairfax County Board of Supervisors adopts an annual Legislative Program for the Virginia General Assembly. They also adopt an annual Human Services Issue Paper, which serves as an addendum to the state legislative program (The adopted 2020 documents can be accessed online under board reports here:

<https://www.fairfaxcounty.gov/boardofsupervisors/>). The 2021 documents will be voted on by the BOS at their December meeting.

Fairfax County takes positions in the Legislative Program and Issue Paper that provide guidance to the BOS during the legislative session. Throughout the session, the CSB and other agencies provide feedback on specific bills to the County Government Affairs team. The BOS will take positions on bills during the BOS Legislative Committee meetings that occur Fridays during the session. County staff working in Richmond then advocate for or against legislation with the Virginia General Assembly.

Community Services Board

Board Planning Retreat

Saturday, September 28, 2019

9:00 a.m. – 4:00 p.m.

Merrifield Center, Board Room

Participants:

Suzette Kern, Nancy Scott, Bettina Lawton, Ed Rose, Sheila Coplan Jonas, Captain Basilio Cachuela, Jr., Ken Garnes, Diane Tuininga, Daria Akers, Evelyn Spain, Garrett McGuire,

Facilitator:

Kimberly Gladis

Matters Discussed:

1. Freedom of Information Act Training – Cindy Tianti
2. Board Responsibilities Review – Bettina Lawton
3. Legislative Talking Points – Ken Garnes
4. Development of CSB Board Team Charter – Kim Gladis

CSB Board Team Charter

DRAFT

9/28/19

TEAM MISSION

We are a team of dedicated community leaders with different skills and backgrounds, appointed by our respective governmental bodies to fulfill specific statutory responsibilities. We provide governance around and advocate for the provision of services and other benefits to members of our community with substance use disorder, behavioral health conditions and developmental disabilities.

TEAM SHARED VALUES

- Transparency
- Respect for diverse backgrounds
- Caring & compassion for the Community
- Trust
- Participation & commitment
- Collaboration
- Efficiency

TEAM WORKING AGREEMENTS

- Be prepared - read the pre-meeting materials
- Actively participate / Be engaged
- Follow through on commitments
- Provide timely responses, including no comments on the materials
- Be clear in communications (i.e., where actions are required; including email subject lines “Action”, “Information” with due date)

2020 TEAM PRIORITIES

- Facilitate the establishment of a proactive Risk Management Process with Senior CSB Leadership to keep Board informed of high-risk areas (October Compliance Committee Mtg – B. Lawton)
 - High-risk areas identified
 - Process in place to keep Board informed on plan to address now and to prevent in future
 - Talking points for Board to address issues raised by the high-risk areas

- Engage in active community outreach about CSB services
 - Explore option of organizational name change that better represents what we do (L. Tomlinson to provide information on process)
 - Ask Supervisors to include the link to the monthly CSB newsletters in their constituent communications
 - Educate Supervisors and Legislators on desire to get the word out for CSB services and ask for support

- Be more intentional around documenting policies and processes to maintain institutional knowledge within the Board
 - Anytime the team agrees to do something differently in Board or Committee operations, document changes for future Board members
 - Create a centralized location where these documents will be housed for new members

- Continue to build trust with CSB Senior Leadership

CSB Board Review of CSB Board Policy

Issue:

Regular review and update to identified CSB Board Policies

Background:

As part of the regular CSB Board policy review process, policies are submitted to the CSB Board Executive Committee for review and recommendation. The policies with Committee recommendations are submitted to the full CSB Board as an Information Item for further review. Following this review the policies are submitted as an Action Item for approval at the next CSB Board meeting with all recommendations visible as well as all edits accepted. The policies submitted for this review include those listed below:

- 2010 – Development of Grant Applications
- 2400 – Performance Management and Improvement

Timing:

Due to the impact of COVID-19 and the subsequent cancelation of CSB Board Committee meetings, review and approval of CSB Board policies is completed by the full Board. Following this opportunity for review and comment by the CSB Board, the policies will be submitted for approval at the September 23, 2020 CSB Board meeting.

Board Member

Sheila Jonas, CSB Board Secretary

Related Documents:

- A. 2010 – Development of Grant Applications
- B. 2400 – Performance Management and Improvement

Policy Number: 2010
Policy Title: Development of Grant Applications
Date Adopted: TBD

Purpose

To provide guidance for developing grant applications.

Policy

Directly operated and contractual agencies shall prepare grant proposals based on the following CSB Board, Fairfax County Board of Supervisors (BOS), and/or Fairfax and Falls Church City Council guidelines, to benefit the citizens of Fairfax County, the City of Fairfax, and the City of Falls Church. Contractual agencies shall follow these guidelines when submitting a joint application with the CSB or requesting CSB funding.

Grant applications:

1. Shall demonstrate their relevance to the CSB Mission and CSB Strategic Plan.
2. Shall be coordinated with all appropriate service providers. Joint submissions with other local agencies are strongly encouraged.
3. Shall include a plan for sustainability that addresses a post-funding cycle plan that may include a continuation design without funding or a plan for program completion. Continuation of a grant-funded project after the funding cycle expires, using local funds, is not considered a sustainable design.
4. Shall be submitted as CSB Board Action Items to the CSB Board and, whenever possible, prior to the deadline for submission of a grant. It is acceptable to include permission to apply and, if awarded, to accept in the same item. Should an award be made, notification will be made to the Board as part of the Executive Director's report and any media releases regarding the award will be sent to the Board.
 - a. The CSB Board must approve submission of the grant application.
 - b. In the event that the grant application deadline prohibits obtaining CSB Board approval prior to the submission, the grant application may be forwarded directly to the grantor with the approval of the Executive Director. The Executive Director will then notify the CSB Board of this action.
5. Permission to apply for and accept funds, if awarded, must be obtained by the Fairfax County Board of Supervisors in accordance with current requirements. Information will also

be provided to the cities of Fairfax and Falls Church.

Approved _____
CSB Board Secretary

_____ Date

Reference: Board Policies 0020, 0030, 0031, and 0032

Policy Adopted: November 1980
Policy Readopted: April 17, 1991
Policy Revised: January 1995
Policy Readopted: April 29, 1998
Policy Readopted: September 19, 2001
Policy Readopted: April 26, 2006
Revision Adopted: December 16, 2015

CSB BOARD REVIEW

Policy Number:	2400
Policy Title:	Performance Management and Improvement
Date Adopted:	TBD

Purpose

The Code of Virginia mandates that Community Services Boards review and evaluate public and private community services for individuals with mental health, substance use and co-occurring disorders and intellectual disability that receive funds from each board. These findings are to be reported to the governing bodies that established each Community Services Board.

A performance management and improvement program is one way to achieve the goals of review and evaluation. Performance management refers to a framework of assessing and improving services and supports. A comprehensive performance management program includes measuring individual service outcomes, monitoring agency performance and business processes, identifying improvement opportunities, and facilitating improvement processes. This policy provides guidance for a system-wide performance management and improvement program, to ensure organizational efficiency and effectiveness and to promote positive outcomes for individuals, families and the community.

Policy

The Fairfax-Falls Church Community Services Board (CSB) values the provision of quality services within a system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life.

It is the policy of the CSB that the agency conducts a performance management program that has as its goal the improvement of individual outcomes, CSB services and business processes and overall performance.

This program:

- Places data into a framework that facilitates data-driven management decisions. Establishes agency goals and objectives and evaluates outcomes to identify success measures and strategies for improvement
- Develops, implements and maintains a performance structure that measures effectiveness and efficiency of and access to services and supports, and incorporates feedback from persons served and other stakeholders

- Promotes a learning culture, involving consumers, staff and stakeholders in working toward organizational mission and strategic goals
- Collaborates with state and county officials on performance management initiatives
- A performance management report will be incorporated into the CSB Strategic Plan annual end-of-year report and provided to the CSB Board.

It is the responsibility of the Executive Director to work with the Board and staff to implement this policy.

Approved _____
 CSB Board Secretary _____ Date _____

References

- Code of Virginia: 37.2-504-A.1
- *2013 Behavioral Health Standards Manual*, published by the Commission on Accreditation of Rehabilitation Facilities (CARF): United States
- State Board Policy 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System for Services
Envision the Possibilities: An Integrated Strategic Plan for Virginia’s Mental Health, Mental Retardation, and Substance Abuse Services System, 2006
- *2008 Standards and Guidelines for the Accreditation of Managed Behavioral Healthcare Organizations*, published by the National Committee on Quality Assurance (NCQA): Washington, DC

Policy Adopted: December 16, 2015
Replaces Policy 2200 dated June 24, 2009

Approval of CSB Board Policy

Recommended Motion:

I move that the Board approve the revised CSB policies as presented

Issue:

Approval to adopt as recommended the CSB Board Policies listed below following CSB Board review.

Background:

As part of the regular CSB Board policy review process, the policies listed below were submitted to CSB Board members at the June 2020 CSB Board meeting for review and possible revision. The policies listed below are submitted, with and without edits, to the CSB Board for final review and approval.

- 1500 – Use of E-Mail among CSB Board Members
- 4000 – CSB Board Member Communication

Timing:

Immediate

Board Member

Sheila Jonas, Secretary to CSB Board

Enclosed Documents:

- A. 1500 – Use of E-Mail among CSB Board Members
- B. 4000 – CSB Board Member Communication

Policy Number: 1500
Policy Title: Use of E-Mail Among
CSB Board Members
Date Adopted: TBD

Purpose

The purpose of this policy is to provide guidance for the members of the Board who use email so that they can comply with the open meeting requirements of the Virginia Freedom of Information Act, Virginia Code §§ 2.2-3700 through 2.2-3714 (hereinafter "VFOIA").

Policy

It is the policy of the CSB to comply with the VFOIA requirements. In order to carry out this policy, Board members shall comply with the following procedures:

1. Because Virginia law provides that a meeting occurs when three or more Board members assemble in person or by electronic means for the purpose of transacting the business of the CSB, and because Virginia law prohibits members of the Board from conducting a meeting by electronic means, no Board member shall conduct any contemporaneous exchange or transmission of e-mail messages between more than one other member of the Board at any one time.
2. Should any member of the Board think that information should be distributed by e-mail to more than one other member of the Board, then that Board member should send that information to the CSB staff and ask the staff to distribute the information via e-mail to other members of the Board. Members of the Board shall be cautious to avoid the contemporaneous exchange of such e-mails which could be interpreted as a possible violation of the VFOIA open meeting requirements or the VFOIA prohibition against conducting electronic meetings. For example, if the CSB staff sends an e-mail to more than two members of the CSB, then a Board member recipient should not send a "reply to all" response that will transmit an electronic transmission to more than one other member of the Board.
3. E-mail communications involving the business of the CSB are public records and those records shall be retained in accordance with Virginia law. Regulations presently applicable to e-mail require that such messages be retained for a period of three years. Records Retention Schedule, General Schedule 19 (Library of Virginia, July 3, 2003).

For that reason, each member of the Board shall retain for a period of three years all e-mail messages with attachments that are sent to or received from other members of the Board, the CSB staff, or members of the public regarding the public business of the CSB. Should a member of the Board not wish to retain such messages in his or her electronic library, then those messages should be forwarded to the Clerk to the CSB for retention and eventual disposition.

Approved

CSB Board Secretary

Date

Policy Adopted: February 25, 2004

Policy Readopted: March 25, 2009

Policy Readopted: October 28, 2015

Policy Revised/Readopted: TBD

References:

- ◆ Opinion of the Virginia Attorney General to the Honorable Phillip Hamilton dated January 6, 1999
- ◆ Opinion of Maria Everett, Executive Director of the Virginia Freedom of Information Advisory Council to Ms. Bridgett Blair dated January 3, 2001

Policy Number: 4000
Policy Title: CSB Board Member
Communication
Date Adopted: TBD

Deleted: October 25, 2017

Purpose:

Provide clear, timely and accurate information to the public, individuals receiving services, and interested parties regarding the Fairfax-Falls Church Community Services Board (CSB) and its operations, facilities, planning, programs, services and other issues of interest. Commit CSB Board to open and transparent processes, community engagement, informing and educating local constituencies and timely utilization of appropriate means and technologies to facilitate effective two-way communication.

Deleted: s

Policy

The Fairfax-Falls Church Community Services Board (CSB) shall communicate with residents and other stakeholders in order to inform and engage the public regarding the CSB and its operations, facilities, planning, programs, services, and other issues of interest. Public engagement shall be encouraged and facilitated. Input from both the community and public entities shall be encouraged.

Deleted: the

Commented [BE1]: first paragraph, 4th line "input from both the community [and] the public entities shall be encouraged."

CSB Board members may and are encouraged to advocate and inform the public of CSB matters. The role for CSB staff is different. While CSB staff may inform, educate and engage, they may not advocate.

Commented [BE2]: Second paragraph, 1st line; "CSB Board members may and are encouraged" Should we leave out the words "may and"? Not sure about this one: according to the policy the CSB Board advocates. However, we don't lobby; should there be a statement to that effect?

When representing the CSB Board during interactions with the public, information will first be coordinated with the CSB Board Chair and CSB Executive Director or designee to ensure accuracy. Members, when engaging in personal communication with the public about the CSB or its services, are not required to coordinate with the CSB Board Chair or CSB Executive Director or designee but must make clear that their opinion may not reflect the opinion of the CSB Board or the CSB.

Communication on behalf of the CSB Board is the responsibility of the CSB Board Chair, or the Chair's designee.

Communication on behalf of the CSB is the responsibility of the CSB Executive Director, or the Executive Director's designee.

CSB staff are available for consultation to Board members concerning outreach to, or interaction with, news media, social media, blogs, or other online public forums.

Deleted: Additionally,

Approved

_____ CSB Board Secretary

_____ Date

References

Fairfax County Social Media Policy: [Fairfax County Social Media Policy & Guidelines for Official Accounts](#)

Policy Adopted: October 25, 2017

[Policy Readopted/Revised: TBD](#)

CSB BOARD APPROVAL

Policy Number: 4000
Policy Title: CSB Board Member
Communication
Date Adopted: TBD

Purpose:

Provide clear, timely and accurate information to the public, individuals receiving services, and interested parties regarding the Fairfax-Falls Church Community Services Board (CSB) and its operations, facilities, planning, programs, services and other issues of interest. Commit CSB Board to open and transparent processes, community engagement, informing and educating local constituencies and timely utilization of appropriate means and technologies to facilitate effective two-way communication.

Policy

The Fairfax-Falls Church Community Services Board (CSB) shall communicate with residents and other stakeholders in order to inform and engage the public regarding the CSB and its operations, facilities, planning, programs, services, and other issues of interest. Public engagement shall be encouraged and facilitated. Input from both the community and public entities shall be encouraged.

CSB Board members may and are encouraged to advocate and inform the public of CSB matters. The role for CSB staff is different. While CSB staff may inform, educate, and engage, they may not advocate.

When representing the CSB Board during interactions with the public, information will first be coordinated with the CSB Board Chair and CSB Executive Director or designee to ensure accuracy. Members, when engaging in personal communication with the public about the CSB or its services, are not required to coordinate with the CSB Board Chair or CSB Executive Director or designee but must make clear that their opinion may not reflect the opinion of the CSB Board or the CSB.

Communication on behalf of the CSB Board is the responsibility of the CSB Board Chair, or the Chair's designee.

Communication on behalf of the CSB is the responsibility of the CSB Executive Director, or the Executive Director's designee.

CSB staff are available for consultation to Board members concerning outreach to, or interaction with, news media, social media, blogs, or other online public forums.

Approved

CSB Board Secretary

Date

References

Fairfax County Social Media Policy: [Fairfax County Social Media Policy & Guidelines for Official Accounts](#)

Policy Adopted: October 25, 2017

Policy Readopted/Revised: TBD

CSB BOARD APPROVAL

Item Title

FY 2019 – FY 2020 Community Services Performance Contract Amendment & Extension Agreement Approval

Recommended Motion

I move that the Board approve the FY 2019-FY 2020 Community Services Performance Contract Amendment & Extension Agreement, pending approval by the Board of Supervisors.

Issue:

The FY 2019-FY 2020 Community Services Performance Contract Amendment & Extension Agreement must be approved, signed, and sent to the Department of Behavioral Health and Developmental Services (DBHDS) following the September 15th meeting of the Board of Supervisors.

Background

The Community Services Performance Contract (“State Performance Contract”) delineates the responsibilities between DBHDS and the community services boards and behavioral health authority for the purpose of providing local public mental health, developmental, and substance abuse services. It specifies the conditions to be met for a CSB to receive State-controlled funds, identifies the groups of consumers to be served with state-controlled funds, and includes requirements to ensure accountability to the state. It includes all services provided or contracted by the CSB and includes projections for budget, staff resources, and service provision.

As required by Va State Code § 37.2-508, CSBs must make the performance contract available for public review and comment for a period of 30 days and must obtain approval by the county’s governing body prior to contract submission. Due to the public health emergency presented by the COVID-19 virus, DBHDS has extended the FY2019-2020 Performance Contract through December 31, 2020 with amendments. The FY 2019–FY 2020 Community Services Performance Contract Amendment & Extension Agreement was released on June 30, 2020. This was later than anticipated due to the coronavirus pandemic and delay in adopting the state budget. While an initial timeline for public comment and county approval was developed, delays in receiving the contract extension required significant adjustments.

The CSB posted the [contract extension agreement and amendments](#) on July 2 and the public comment period remained open until August 1. The CSB will submit an Action Item for Board of Supervisors’ approval on September 15, 2020.

Administrative Requirements

FY 2019-2020 Community Services Performance Contract Amendment & Extension Agreement documents are located on the CSB website: <https://www.fairfaxcounty.gov/community-services-board/news/2020/state-performance-contract>.

The Performance Contract Cover Memo includes a summary of the substantive revisions to the FY 2019-2020 contract. Changes include the extension of the FY19-20 Performance Contract term through December 31, 2020, updates to Exhibit A which reflect any changes made to

services or funding for FY21, updates to Exhibit E which reflect the revised reporting schedule for FY21 and FY22, revised language which expand Department of Justice Settlement Agreement requirements for developmental services and move requirements from the terms and conditions of the contract to Exhibit M, and revisions to Exhibit F which outline federal grant compliance requirements.

Links to Individual Documents:

[Performance Contract Cover Memo](#)

[FY2019-2020 Performance Contract Amendment and Extension Agreement](#)

[FY2019-FY2020 Community Services Performance Contract](#)

[FY2021 Performance Contract Exhibit A](#)

[FY2021 Performance Contract Process Exhibit E](#)

[FY2021 Performance Contract Grant Requirements Exhibit F](#)

[FY2021 Department of Justice Settlement Agreement Requirements Exhibit M](#)

Staff

Daryl Washington, CSB Executive Director

Linda Mount, CSB Director of Analytics & Evaluation