

CSB Fiscal Oversight Committee

Herrity Building, 12055 Government Center Parkway, Room 122
Fairfax, VA

October 15, 2020 at 4:00 p.m.

Live audio of the meeting may be accessed by dialing:
1-877-336-1829 and entering the Participant Access code 7703575

Meeting Agenda

<u>Agenda Item</u>	<u>Facilitator</u>
1. <u>Meeting Called to Order</u>	Jennifer Adeli
2. <u>Review of February 21st Meeting Minutes</u>	Jennifer Adeli
3. <u>Administrative Operations Report</u>	Michael Neff
4. <u>Clinical Operations Report</u> A. Time to Treatment	Barbara Wadley-Young
5. <u>Financial Status</u> A. Pay Period Metrics B. Modified Fund Statement C. Variable Revenue Report	Jessica Burris
6. <u>HR Update</u> A. Position Status	Michael Neff
7. <u>Open Discussion</u>	
8. <u>Adjourn</u>	

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CSB Fiscal Oversight Committee Meeting Minutes

Date: February 21, 2020

Attending: Chair, Jennifer Adeli; Captain Derek DeGeare; Ken Garnes; Bettina Lawton, and Edward Rose

Staff: Daryl Washington, Jessica Burris, and Lyn Tomlinson

1. Meeting called to order:

The meeting was called to order at 9:34 a.m.

2. Review of meeting minutes

The January 17, 2019 meeting minutes were offered for review. Recognizing no revisions were forthcoming, Edward Rose made a motion to approve the minutes as presented, which was seconded and approved.

3. Administrative Operations Report

Daryl Washington provided an update to agency activities related to Credible. A meeting has been scheduled for Wednesday, February 26, 2020 in Richmond, between the CEO of Credible and the Executive Directors of the 25 (out of 40) CSBs in Virginia that use Credible. It was further reported that there are ongoing discussions with Credible regarding the format and delivery of the CSB data transfer to the established County CSB dedicated electronic storage. Additionally, it was noted that efforts are ongoing to determine a long-term solution to Credible operations concerns. Efforts include an investigation of 'riding' an existing EHR contract that, per IT confirmation, if additional, related functional requirements are needed, it is possible to augment the existing contract.

4. Clinical Operations Report

Lyn Tomlinson provided updates to Diversion First and Time to Treatment, including:

A. *Diversion First:*

- The vacancy report for jail-based and jail diversion staff was updated to reflect the recent addition of two new staff for each program, noting a revised total of six vacancies. Recruitment efforts continue.
- The vacancies in Emergency Services/MCU are currently at 3 as two staff were recently hired.
- Neighborhood Health has signed a contract to provide medical clearance in the MCRC (Merrifield Crisis Response Center). The contract will be presented to the Board of Supervisors (BOS) on Tuesday, February 25, 2020 as an Information Item. There is a walk-thru of the allocated space scheduled for Monday, March 3, 2020 to assess the needs of both agencies for service delivery. The specific launch date is unknown at this time.
- As noted at the recent Executive Committee meeting, alternative transportation services are scheduled to launch in Region II, with the current plan placing the transportation hub at the Merrifield Center. It was clarified that alternative transportation provides an option to transport by the Sheriff's Department.

B. *Time to Treatment*

- The Youth Time to Treatment chart displays data for a three-month period. Highlights of the data included:

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- Clarification that the median number of days is representative of current wait times. It was further clarified that the maximum number of days are easily skewed by small numbers (outliers), including even just one individual, who may have delays attending the first scheduled appointment.
- Noting that some of the data on the Adult Time to Treatment charts displayed no numbers, this was explained as locations with Direct Scheduling. It was clarified that Direct Scheduling is when an individual is scheduled for an initial appointment within two weeks following assessment. Direct Scheduling eliminates the need to track time to treatment as the initial appointment is scheduled within 14 days of assessment.
 - It was suggested that the charts be revised to 1) reflect the average number of days from assessment to first appointment *offered*, and 2) reflect the average number of days from assessment to the first appointment *attended*. Efforts are underway to design reports that will track this data.
 - Mr. Washington clarified that it is not possible to track the core measures of 'No Show Rate' or 'Cancellation Rate' as Credible does not have the capacity to track these data points due to limits in the scheduling configuration.
 - Efforts to implement an automatic text and phone call reminder system are underway, this includes obtaining a signed Release of Information (ROI) from each individual that would receive these reminders, expected to be a lengthy process.
 - Members offered some recommendations for further revision of the charts to include:
 - Monitor and report hiring efforts and accomplishments, including the impact of vacancies to time to treatment,
 - Notifications to the Committee of activities that may prompt BOS or citizen comment and/or public scrutiny,
 - Increase the 'Snapshot Time Period' range of days on the adult chart to provide more meaningful data,
 - Resume listing historical and comparative data on the charts.

5. Financial Status

Jessica Burris provided the financial report, providing an overview of each report to include:

A. *Pay Period Metrics Report*

- A slight decrease from the previous month was attributed to the holidays, the vacancy rate remained the same at 82.

B. *Modified Fund Statement*

- As discussed in prior meetings, the revised budget column has been added and reflects the transfer of approximately \$4.4m from Operating to Compensation and Fringe, offering a reminder that the forecast includes a

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Vacancy Breakeven Point (VBP) of 70 that resulted in a savings of approximately \$450K.

- The Budget Actuals reflects the retraction of approximately \$134K for CRSP (Community Readiness Support Program) services in January 2020.
- A reminder was offered that the most significant budget item is Employment & Day (E&D) services. Due to very conservative management of encumbered E&D reserve funds over time, about \$1.5M rolls over annually. Plans to review and refine carryover funding are underway.

C. *Variable Revenue Report*

- A. Highlighting the approximately \$60K shortfall from target, this is attributed to insurance billing practices related to recent use of the County Tax ID # (not the CSB Tax ID #) on claims. Payments made to this Tax ID # were sent to several County agencies that bill the same insurance companies and also use the County Tax ID # without filtering by agency or NPI (National Provider Identifier) number. This resulted in efforts by the affected agencies to reassign the payments appropriately, a tedious and lengthy manual process. Efforts to work with insurance companies for correction, possibly to include NPI number for filtering future payments, are ongoing. An additional impact was the CRSP payback, noted earlier, that was processed in January. An update to correction efforts will be provided in March.

D. *Revenue Maximization - Non-Billable Report*

- A. Highlighting the reduction in non-billable services, this is attributed to the removal of 'LMHP-Type No Credential' billing error type and improvements to the process for 'Svcs Not Authorized' that have resulted in an increase to billable services. The remaining error types are primarily related to ARTS (Addiction and Recovery Treatment Services) billing that is not yet implemented, further noting that some of the Non-Billable service types include services that will remain non-billable and will, eventually, be removed from the list.

6. Human Resources (HR) Update

Daryl Washington and Lyn Tomlinson provided the Human Resources update, correcting the number of Support Coordinator vacancies 23, further reporting that several hiring packets have been submitted for processing. Additionally, the number of Compliance & Risk Management vacancies was corrected to one as the Compliance Coordinator position has been removed.

Noting no further discussion was forthcoming, the meeting was adjourned at 10:59 a.m.

Action Items/Responsible Party Required Prior to Next Meeting:

Requested revisions or an update to revision efforts to the Time to Treatment charts.

CSB Fiscal Oversight Committee Meeting Minutes

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Next Scheduled Fiscal Oversight Committee meeting

Friday, March 20, 2020, 9:30 am

**Pennino Building, 12011 Government Center Pkwy, Fairfax, VA
Suite 836A**

Date Approved

Clerk to the CSB Board

DRAFT

CSB Fiscal Oversight Committee Administrative Operations Report

October 15, 2020

Administrative Operations Report

The Administrative Operations areas (Finance, Informatics, Data Management, Compliance, Project Management (MAX), Human Resources and Administrative Operations/Facilities Management) has been focused on COVID 19 pandemic response while joining with the clinical operations program areas to reengineer a CSB work approach to solving operational issues for agency-wide processes and projects. This work has been done while continuing operations at the CSB treatment sites.

The treatment site management for COVID 19 screening for staff and clients for entry to the buildings has been challenging for Administrative Operations/Facilities Management. At the beginning of the pandemic, leave associated with the pandemic significantly reduced the administrative staff at the sites. This led to redeploying staff to sites as needed to maintain operations. Many staff moved to tents outside of the buildings to screen clients before they could receive services. Following the exhaustion of leave, as staff returned to the service sites, any staff not assigned for screening began working to support program staff by obtaining consent to treatment and release of information forms via teleconferencing. This work initiated the roll out of DocuSign to obtain the necessary treatment consents. In addition, Administrative staff have used teleconferencing to obtain Medicaid benefits for clients. In September, over 500 clients obtained Medicaid benefits through this new process. Beginning Friday, October 16th, screening for entry to buildings will be moved inside CSB sites and tents will be removed. Tents are being removed for two reasons: first, County Health Department guidance notes that appropriate distancing and use of personal protective equipment (PPE) within a facility allows for the necessary screening for COVID 19 and second, winter weather particularly cold and snow would make it very difficult to conduct screening from tents.

Informatics has ordered equipment and supported the use of telehealth software for the CSB to continue to conduct many services via telehealth during the pandemic. Informatics staff is managing the requirements process for the new electronic health record (EHR) procurement. This will be one of the largest and most comprehensive CSB projects for the remainder of the fiscal year.

Data Management (DM) is recruiting staff to fill vacant positions. This area has had a significant increase in reporting due to COVID 19. DM has completed the first CSB staff productivity reports for medical staff and outpatient substance use services. The productivity reports will be gradually rolled out to other service areas.

The Finance area is recruiting to fill vacancies for its Revenue Management Team (RMT). The CSB has had to learn how to bill for the substance use disorder (SUD) residential services in institutional settings. RMT is working closely with Credentialing (Admin Ops) and Utilization Management (UM) to develop workflow to ensure that institutional billing is completed successfully. Finance staff have procured such goods and services related to the COVID 19 response as tents, generators, heating/cooling units, and PPE for the CSB.

CSB Fiscal Oversight Committee Administrative Operations Report

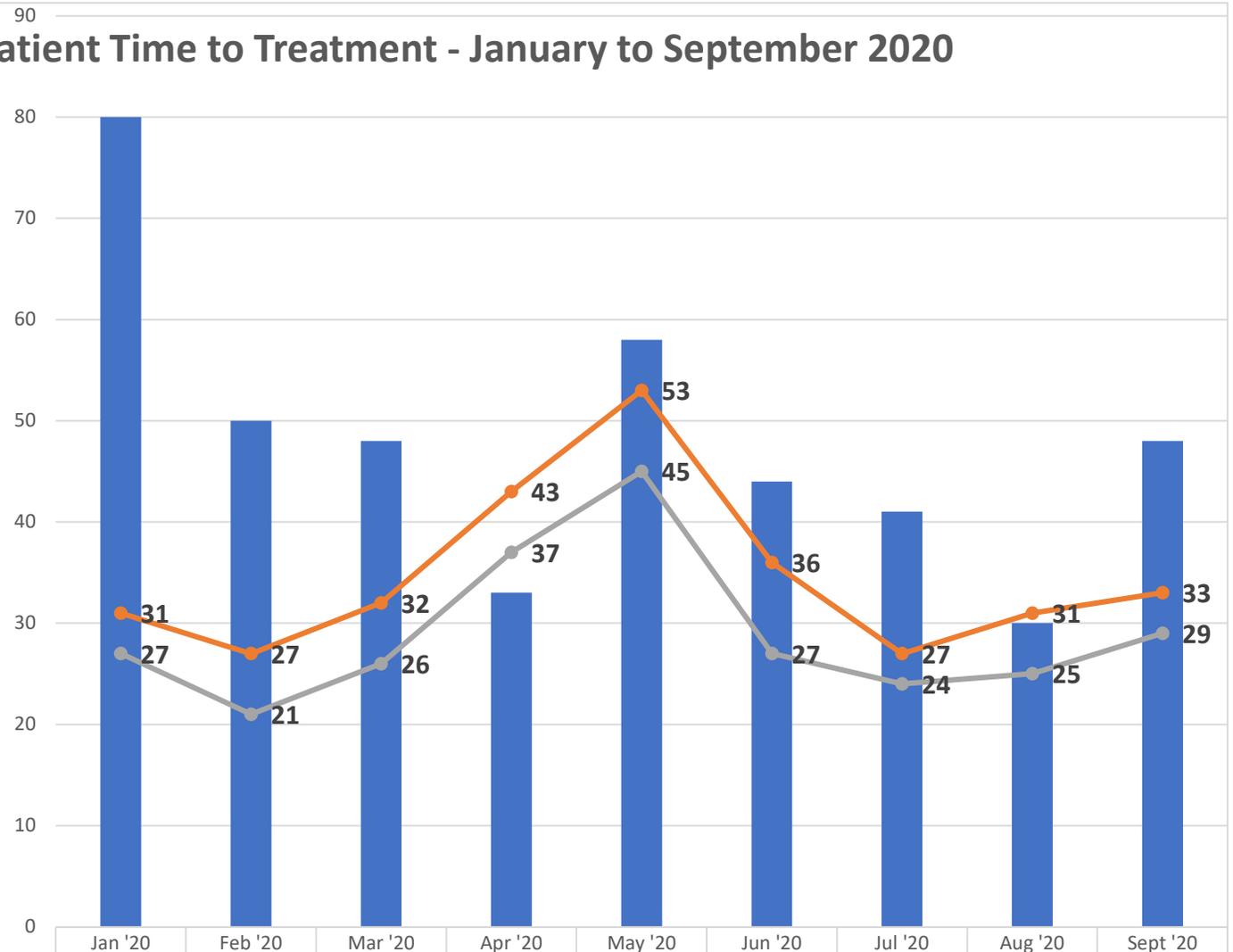
October 15, 2020

The Compliance area has had additional work due to changes by DBHDS and DMAS to regulations, particularly telehealth, due to COVID 19. In addition, as the Commonwealth moves to comply with Medicaid expansion and seeks to exit the Department of Justice (DOJ) settlement for Developmental Disabilities services, DBHDS has scrutinized all providers of service more stringently.

Human Resources (HR) workload has increased significantly; staff have had to administer various County and Federal leave benefits due to COVID 19. For several reasons, concern over working at sites, childcare issues with schools either closed or conducting on-line learning, needing to care for family members, many CSB staff have accessed leave benefits. HR has set up COVID 19 risk management trainings and coordinated the State-mandated Virginia Occupational Safety and Health (VOSH) staff risk ranking due to COVID 19. The CSB will begin recruitment for an HR Director soon.

The Administrative Operations area has created the MAX Team. The MAX Team is a multidisciplinary CSB work group that has representatives from program areas and the Admin Operational areas. MAX is tasked to maximize revenue, maximize a positive client experience, maximize health outcomes and maximize the use of quality data to make informed decisions. The structure to resolve CSB issues is based on Lean Six Sigma processes. The purpose of the work group is to manage new processes (business implementation) and changes to processes (improved workflow) through a central team using standard tools to manage work and track efforts to find solutions to problems. The process is facilitated by a Project Director. To date MAX has reconfigured services to be billed due to emergency regulations to address COVID19, reworked the CSB Fee Schedule and set up a new process to maintain the schedule going forward, managed EHR system requirements process, completed IOP (Intensive Outpatient Program) conversion billing process due to COVID 19, as well as, clarified processes to reduce errors so services can be billed. The following items are currently being worked on by the MAX work group: setting up Turning Point and CHRP (Clinically High Risk for Psychosis), implementing 23-hour beds, defining the process for closing cases, streamlining recipient types to improve entering encounters, and lessening errors. The CSB will add resources to the MAX process so that more projects can be managed through a structured process.

Adult Outpatient Time to Treatment - January to September 2020

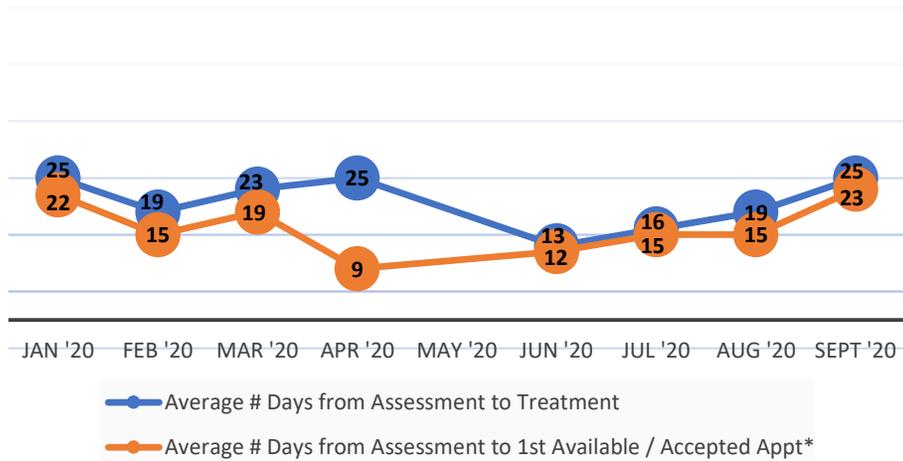


	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sept '20
# Adults Who Attended 1st Treatment Appt	80	50	48	33	58	44	41	30	48
Average # Days from Assessment to Treatment	31	27	32	43	53	36	27	31	33
Average # Days from Assessment to 1st Available / Accepted Appt*	27	21	26	37	45	27	24	25	29

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

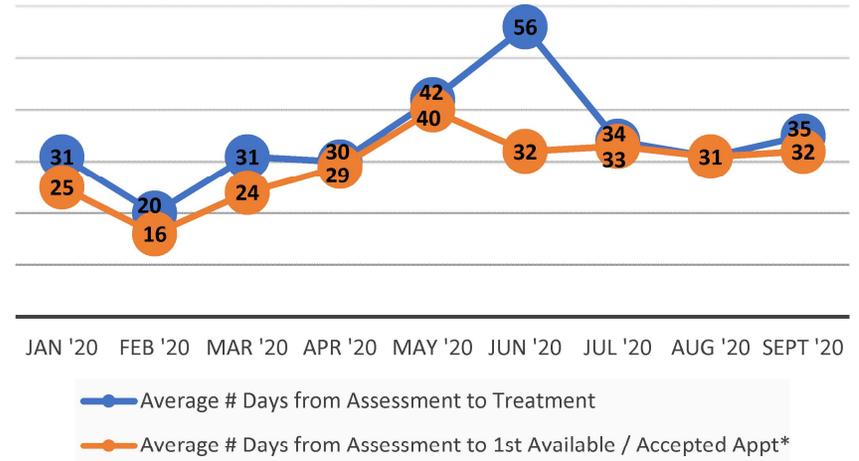
Adult Outpatient Time to Treatment - January to September 2020 by Site

Chantilly Average Time to Treatment



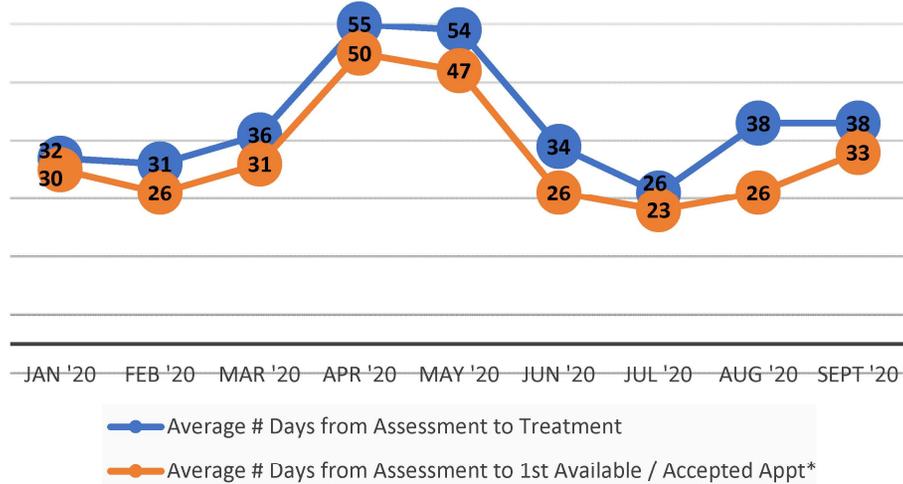
**there were no referrals from Entry & Referral that began services in May at Chantilly

Gartlan Average Time to Treatment

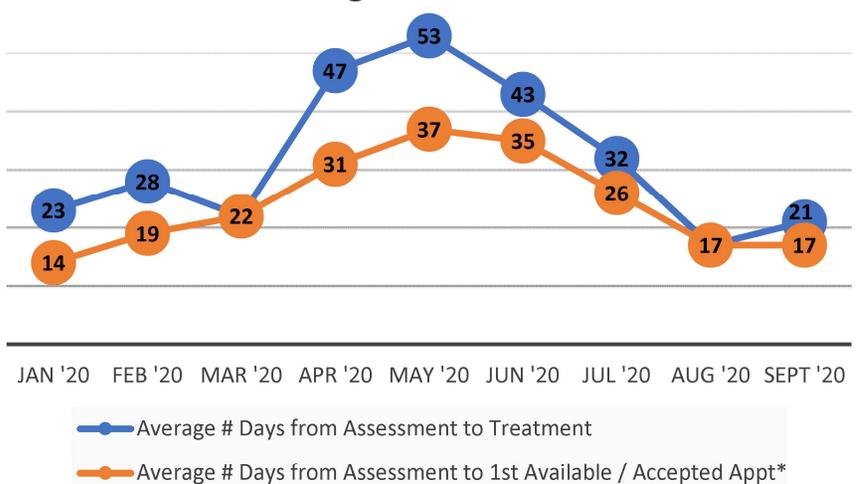


**time from Assessment to Orientation and 1st offered/accepted was the same for Aug '20

Merrifield Average Time to Treatment

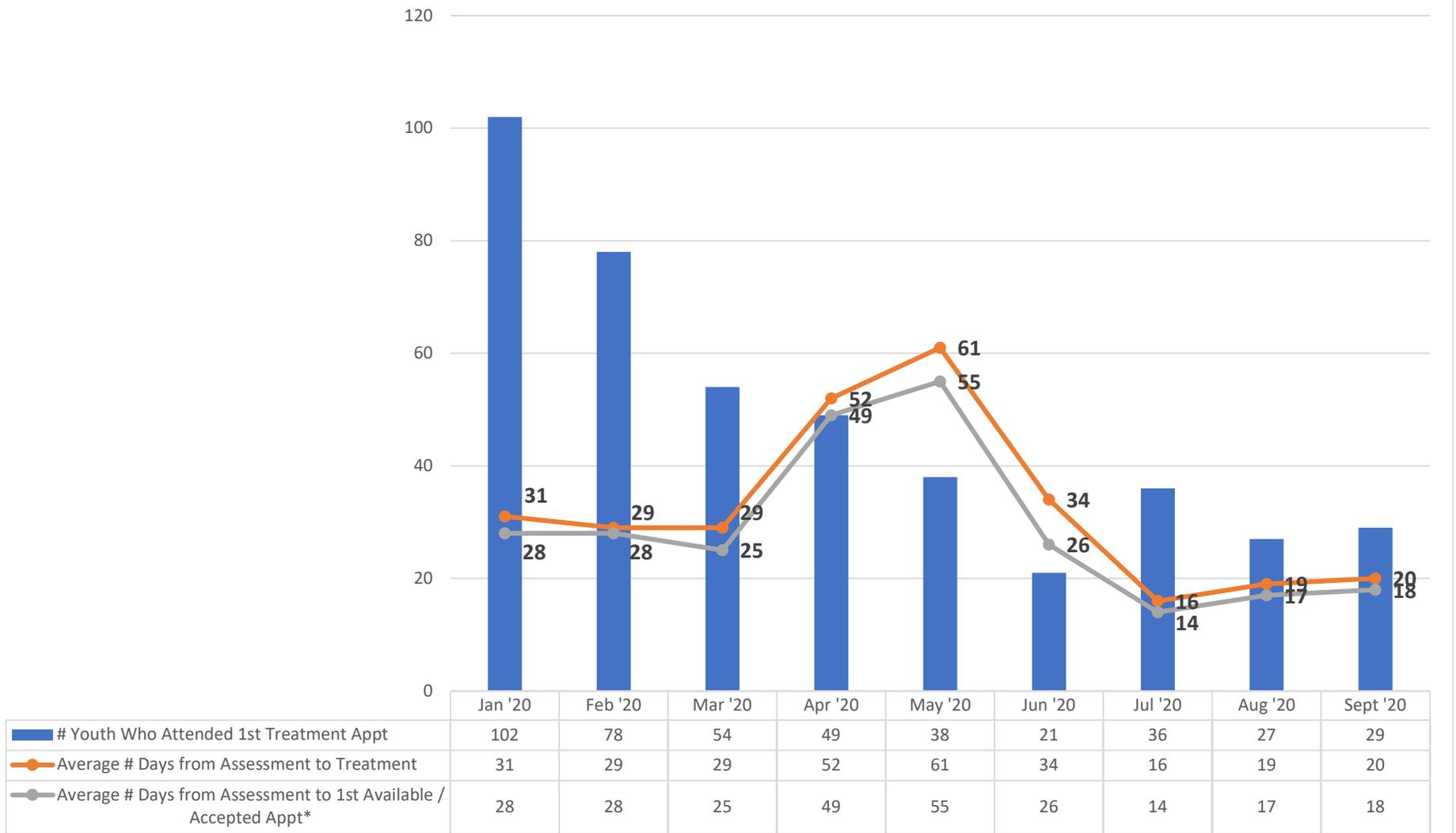


Reston Average Time to Treatment



**time from Assessment to Orientation and 1st offered/accepted was the same for Aug '20

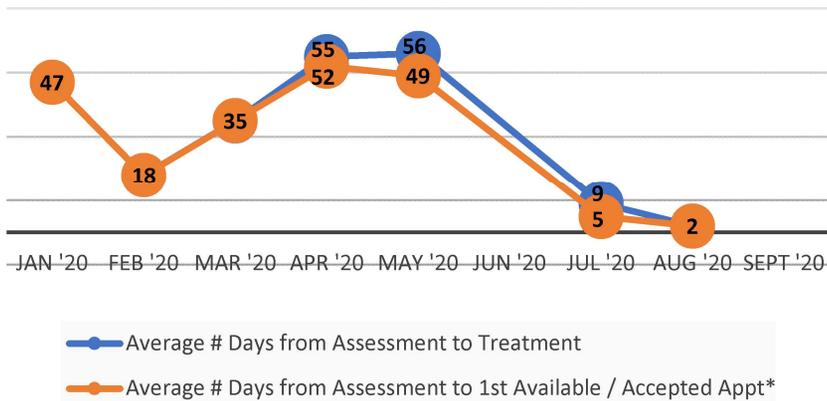
Youth Outpatient Time to Treatment - January to September 2020



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

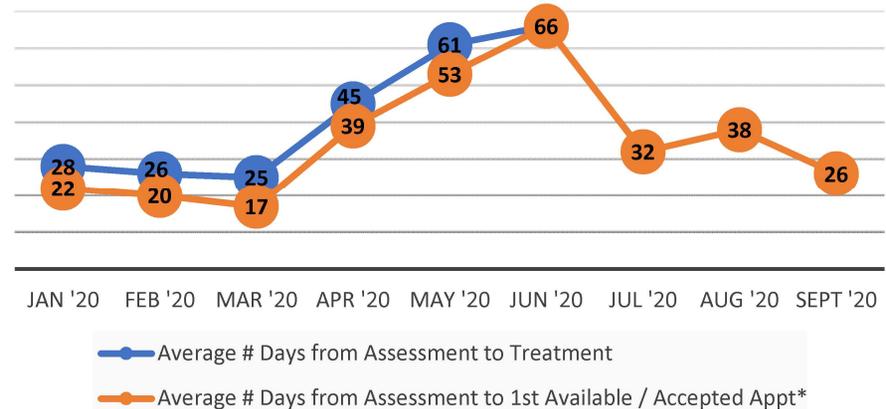
Youth Outpatient Time to Treatment - January to September 2020 by Site

Chantilly Average Time to Treatment



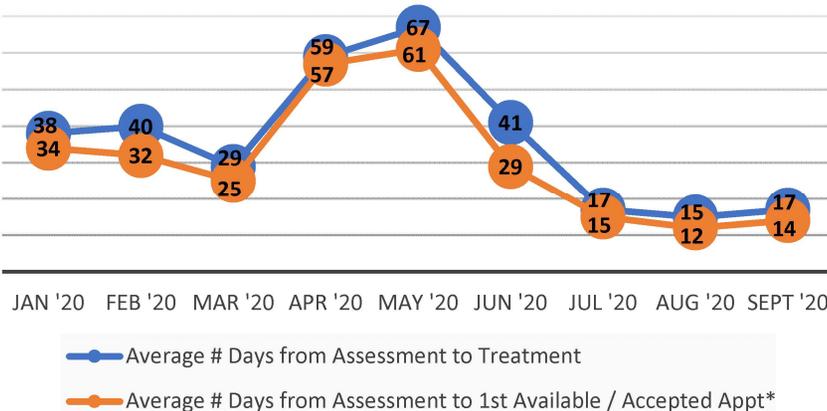
For Chantilly, average days from assessment to treatment AND average days from assessment to 1st available/accepted are the same for Jan - Mar 2020 & Aug '20; For June '20 & Sept'20, no new clients received orientation @ Chantilly

South County Average Time to Treatment

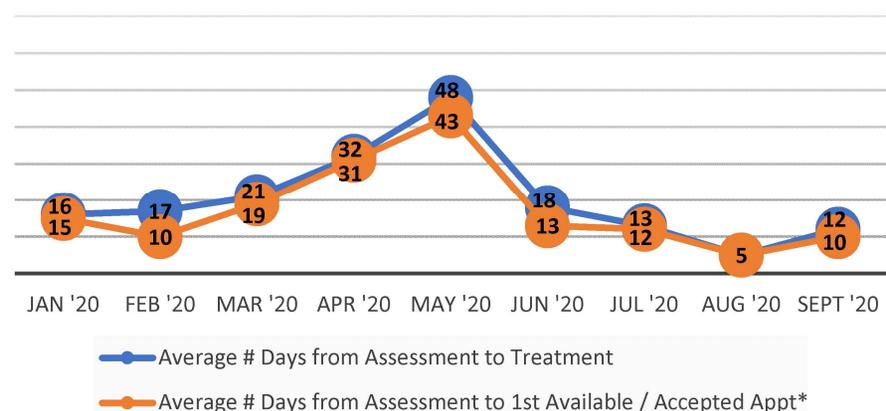


For South County, average days from assessment to treatment AND average days from assessment to 1st available/accepted is the same for Jun '20, Jul '20, Aug '20 & Sept '20

Merrifield Average Time to Treatment



Reston Average Time to Treatment



For Reston, average days from assessment to treatment AND average days from assessment to 1st available/accepted is the same for Aug'20

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	PP 20 Actual	Year to Date
Merit Salary	-\$5,139,516	\$2,876,356	\$2,884,273	\$2,901,070	2,869,338	2,868,846	2,853,996	2,842,426	\$14,956,789
Non-Merit Salary	-\$500,959	\$269,717	\$266,628	\$285,487	267,663	263,879	257,869	250,457	\$1,360,741
Shift	-\$12,826	\$7,607	\$7,703	\$7,808	7,675	7,892	7,932	7,472	\$41,263
OT	-\$142,563	\$89,736	\$93,123	\$67,312	51,711	51,650	54,344	82,607	\$347,920
Stipends	-\$21,833	\$12,267	\$13,375	\$12,633	11,425	11,301	11,479	11,537	\$62,184
Leave Pay-Out	-\$93,679	\$86,859	\$32,047	\$5,624	44,065	19,594	82,984	10,531	\$188,026
Fringe	-\$2,517,895	\$1,403,589	\$1,389,506	\$1,369,540	1,371,517	1,367,727	\$1,364,410	1,357,524	\$7,105,919
TOTAL	-\$8,429,271	\$4,746,131	\$4,686,655	\$4,649,474	4,623,395	4,590,890	\$4,633,014	\$4,562,554	\$24,062,843

Fairfax-Falls Church Community Services Board
Fund 40040
FY 2021 September
Statement

	FY 2021 Approved Budget	FY 2021 YTD Budget	FY 2021 Actuals Thru September 2020	Variance from YTD Budget	FY 2021 Projection
Beginning Balance (Est)	26,163,913				26,163,913
F Fairfax City	2,218,100	554,525	554,525	-	2,218,100
F Falls Church City	1,005,368	251,342	251,342	-	1,005,368
F State DBHDS ¹	7,527,316	1,881,829	2,037,823	155,994	7,527,316
F Federal Pass Thru SAPT Block Grant	4,053,659	1,013,415	1,195,030	181,615	4,053,659
V Direct Federal Food Stamps	154,982	38,746	9,441	(29,305)	154,982
V Program/Client Fees	3,994,251	998,563	1,069,942	71,379	4,264,942
V CSA	858,673	214,668	208,380	(6,288)	784,380
V Medicaid Option	12,518,068	3,129,517	1,722,735	(1,406,782)	8,022,735
V Medicaid Waiver	2,962,684	740,671	1,850,752	1,110,081	7,376,752
V Miscellaneous	14,100	3,525	33,209	29,684	132,836
Non-County Revenue	35,307,201	8,826,800	8,933,179	106,379	35,541,070
General Fund Transfer	147,554,569	147,554,569	147,554,569	-	147,554,569
Total Available	209,025,683	156,381,369	156,487,748	106,379	209,259,552
Compensation ²	84,104,115	22,643,416	16,946,003	5,697,412	84,080,124
Fringe Benefits ³	37,187,394	10,011,991	7,100,190	2,911,801	37,350,564
Operating ⁴	69,145,965	17,286,491	11,097,238	6,189,253	53,448,231
Recovered Cost (WPF0)	(1,738,980)	(434,745)	(6,186)	(428,559)	-
Capital	76,469			-	-
Transfer Out	1,500,000				
Total Disbursements	190,274,963	49,507,153	35,137,245	14,369,908	174,878,920
Ending Balance	18,750,720				34,380,632
DD MW Redesign Reserve ⁵	2,500,000		2,500,000		2,500,000
Medicaid Replacement Reserve ⁶	2,800,000		2,800,000		2,800,000
Opioid Epidemic MAT Reserve ⁷	300,000		300,000		300,000
Diversion First Reserve ⁸	994,245		994,245		994,245
COVID Revenue Impact Reserve ⁹	2,000,000		2,000,000		2,000,000
Electronic Health Record Reserve ¹⁰	3,000,000		3,000,000		
Unreserved Balance	7,156,475				25,786,387

Key

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

Comments

- 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. Operating Budget now includes FY20 Carryover Request of \$5.8M for encumbrances, of which \$250K is allocated from Diversion First Reserve to cover costs associated with medical clearances.
- 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.
- 7 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.
- 8 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 to pay for medical clearances. This funding will be reallocated as part of a future budget process based on priorities identified by the Board of Supervisors. This reserve has been reduced by \$250K at FY20 Carryover for costs associated with medical clearances.
- 9 As a result of COVID-19, the CSB is forecasting a negative impact to variable revenue in FY21. Since COVID-19 began, the CSB has seen a decline in services provided to our clients, resulting in less billable revenue (since April 2020, there's been a 40% decrease in billable revenue). We anticipate this being an ongoing issue until there is a vaccine or other factor that would allow the CSB to operate at full capacity.
- 10 Establish a reserve of \$3,000,000 for the implementation of a new electronic health record. The current electronic health record contract with the incumbent Credible will end on August 24, 2021. Even though we have 5-year renewal option year to exercise, the CSB elected to move forward with procuring a new EHR that can support the current and future agency behavioral health requirements. This primary procurement vehicle was the HCSIS procurement released in August 14, 2018 looking for a single EHR vendor to support Health Department and CSB requirements and to promote moving to an integrated healthcare platform. The final HCSIS down-select resulted in two possible vendors and no single vendor solution. The needs of our CSB dictates a progressive and more stable EHR platform capable of aligning itself with the future of our CSB. EHR platforms routinely become obsolete base on growing innovations in technology. We have been with our current incumbent vendor since March 2011.

FY 2021 Fiscal Notes

FY 2020 Carryover Approved

The following Carryover Items were approved:

- \$3,000,000 – Reserve established for electronic health record.
- \$2,000,000 – Reserve established lost revenue related to COVID-19.
- \$1,500,000 – Transferred for building improvements and renovations (Reston and Gartlan).
- \$250,000 - A reduction and appropriation of \$250,000 from the current reserve of \$1,244,245 for Diversion First. In FY 2020, the Community Services Board entered a multi-year contract with a community health provider to establish an onsite medical assessment program at the Merrifield Crisis Response Center (MCRC). While it was anticipated that onsite medical assessment/clearance would be set up and implemented in FY 2020, a change in medical providers, along with the COVID pandemic delayed this effort. Planning is now on track for FY21.

FY 2021 Year to Date Variances

Revenue – FY21 year-to-date non-county revenue is \$8.9M or \$106K better than budget due to:

- Variable revenue shortfall of approximately \$231K offset by surplus of fixed revenue (state/federal) related to timing and one-time funds received. The variable revenue shortfall is attributable to less than anticipated revenue for provided services. The variable revenue has seen an increase month over month of approximately \$200K. This is attributable to ARTS residential services.

Expense – FY21 year-to-date expenditures are \$35.1M, or \$14.4M better than revised budget due to:

- Compensation and Fringe surplus of \$8.6M. This is predominantly due to the FY20 year-end payroll accrual reversal (this will self-correct by the end of the fiscal year).
- Operating surplus of \$6.2M. This is predominantly due to encumbered carryover as well as realignment that is still pending.

FY 2021 Forecast

Revenue – FY21 non-county revenue forecast of \$35.5M is \$234K better than annual budget due to:

- Variable revenue anticipated surplus. Although we've seen a decrease in services and revenue related to COVID, we have begun to realize regular revenue related to our ARTS residential programs which is offsetting our revenue shortfall from COVID. The variable revenue has seen an increase month over month of approximately \$200K due to ARTS residential. Annualized, this would be approximately \$2M.

Expense – FY21 expenditures forecast of \$174.8M, or \$15.4M better than revised budget due to:

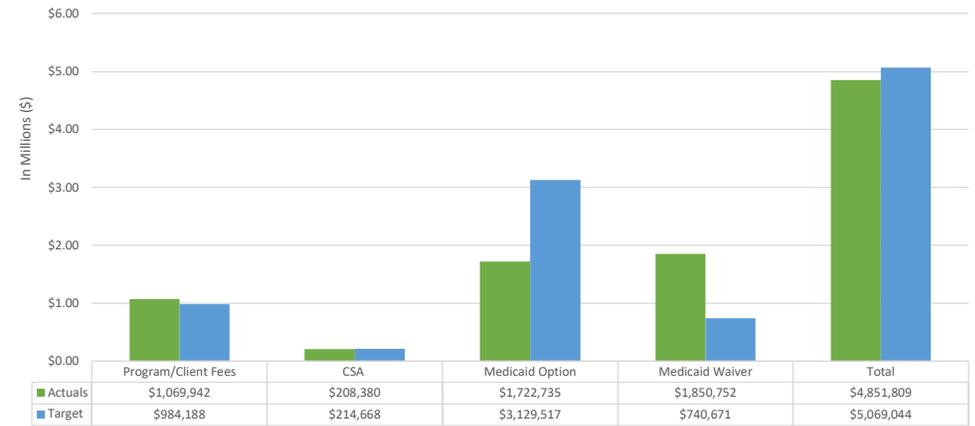
- Operating surplus of \$15.7M. This is predominantly due to lower than anticipated spending due to COVID and encumbered carryover, offset by planned spending for the eHR implementation. Currently, through Q1, we're spending an average of 73% of prior years (2019 and 2020) operating costs.

FY21 September YTD Revenue Analysis

Variable Revenue by Month
FY21
Actuals vs. Target



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



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

**Fiscal Oversight Committee
CSB HR Update – October 9, 2020**

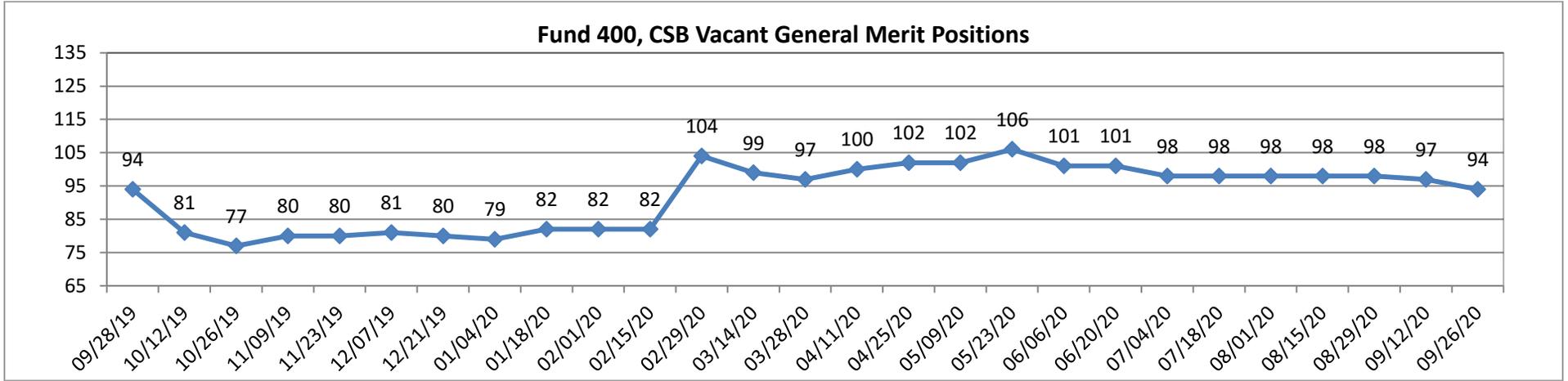


Figure 1: Increase in February 2020 reflects 24 non-merit conversions

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

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