



**FAIRFAX-FALLS CHURCH CSB BOARD MEETING**

**Bettina Lawton, Chair**

**Wednesday, November 18, 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**

- |  |                  |           |
|--|------------------|-----------|
| <b>1. Meeting Called to Order</b>  | Bettina Lawton   | 5:00 p.m. |
| <b>2. Roll Call and Audibility</b>   | Bettina Lawton   |           |
| <b>3. Preliminary Motions</b>  | Bettina Lawton   |           |
| <b>4. Matters of the Public</b>  | Bettina Lawton   |           |
| <b>5. Amendments to the Meeting Agenda</b>   | Bettina Lawton   |           |
| <b>6. Approval of the October 28, 2020 CSB Board Virtual Mtg Draft Minutes</b>   | Bettina Lawton   |           |
| <b>7. Director's Report</b>  | Daryl Washington |           |
| A. Services Update   |                  |           |
| B. COVID-19 Update   |                  |           |
| C. Other Updates   |                  |           |
| • FY2021 CIP Budget – Daryl Washington   |                  |           |
| • CSB Status Report – FY 2021 QI – Linda Mount   |                  |           |
| <b>8. Matters of the Board</b>   | Board Members    |           |
| <b>9. Information Item</b>   |                  |           |
| A. Review of CSB Board Policy #2120  | Sheila Jonas     |           |
| <b>10. Action Item</b>   |                  |           |
| A. Approval of CSB Board Policies #1401, #3060, and #3200  | Sheila Jonas     |           |
| B. CSB Board 2021 Meeting Calendar Approval  | Bettina Lawton   |           |
| <b>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).</b> |                  |           |
| <b>12. Adjournment</b>   |                  |           |

Meeting materials may be found online at [www.fairfaxcounty.com/municipal/community-services-board/board/archives](http://www.fairfaxcounty.com/municipal/community-services-board/board/archives) or may be requested by contacting Erin Bloom at [erin.bloom@fairfaxcounty.gov](mailto:erin.bloom@fairfaxcounty.gov) or at 703-324-7827

Fairfax-Falls Church Community Services Board  
Virtual Meeting Minutes  
October 28, 2020

The Board met electronically via video and audio conference call due to the COVID-19 pandemic that has 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, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees 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: Jennifer Adeli; Karen Abraham; Daria Akers; Captain Derek DeGeare.; Ken Garnes; Sheila Coplan Jonas; Srilekha Palle; Edward Rose; Andrew Scalise; Daniel Sherrange; Sandi Slappey, and Anne Whipple.

The following CSB Board members were absent: Bettina Lawton Chair; Robert Bartolotta; Larysa Kautz; Garrett McGuire

The following CSB staff was present: Daryl Washington; Georgia Bachman; Jessica Burris; Evan Jones; Elizabeth McCartney; Lisa Flowers; Michael T. Lane; Linda Mount; Michael Neff; Sebastian Tezna; Lyn Tomlinson; and Barbara Wadley-Young

1. Meeting Called to Order

In the absence of Bettina Lawton, CSB Board Chair, CSB Board Vice Chair Jennifer Adeli called the meeting to order at 5:00 p.m.

2. Roll Call and Audibility

Ms. Adeli conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Ms. Adeli passed the virtual gavel to CSB Board Secretary Sheila Jonas to make several motions required to start the meeting.

The first motion confirmed that each member's voice was audible to each other member of the CSB Board present which was seconded by Edward Rose and unanimously passed.

3. Preliminary Motions

CSB Board Vice Chair Jennifer Adeli 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 CSB 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, participant code 7703575. Motions were seconded by Edward Rose and unanimously approved.

Ms. Lawton made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded by Captain Derek DeGeare and unanimously passed.

4. Matters of the Public

Ten persons, including CSB staff, clients and alumni, and members of the community, attended via conference call to provide public comment on concerns related to the consideration of contracting residential substance use disorder treatment services currently provided by CSB staff. Additionally, several statements and survey results (signatures and comments) were emailed prior to the start of the meeting and included in the meeting materials.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging that no revision recommendations were forthcoming, Edward Rose made a motion to adopt the meeting agenda as presented that was seconded and unanimously passed.

6. Approval of the Minutes

Draft minutes of the September 23, 2020 virtual meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no revisions were suggested, Daniel Sherrange made a motion for approval, which was seconded by Edward Rose and passed unanimously.

7. Director's Report

CSB Executive Director Daryl Washington provided agency updates the highlights for which included:

- Medical clearance has been implemented at the Merrifield Center. It was clarified that the most complex cases will still be sent to the hospital emergency room for assessment and clearance.
- Beginning in mid-November, privately provided alternative transportation services for Northern Virginia will be launched and managed from a hub located at the Merrifield Center. Mr. Washington offered a reminder that currently, clients are transported to state psychiatric hospitals by law enforcement officers. Alternative transportation services will allow more officers to perform local duties, while simultaneously proving a more clinical transport environment for the individuals being transported.
- Mr. Washington provided highlights of a bill currently pending approval in the General Assembly Special Session. The bill proposes the establishment of a statewide system that will pair mental health clinicians and peers with police officers responding to 911 call involving individuals in a mental health crisis. Acknowledging that resources are a concern, Mr. Washington reported the Board of Supervisors (BOS) has asked for the formation of a workgroup to explore this proposal. Initial steps include CSB staff and 911 call center staff visiting each other's locations to share information and determine next steps. It was confirmed that the CSB Board would be regularly updated.

Lyn Tomlinson, Deputy Director of Clinical Operations, provided an update to service delivery during the Pandemic. Service delivery at the Reston/Northwest Center was recently observed. The appropriate social distancing efforts, use of PPE (Personal Protective Equipment), and effective staff engagement by clinicians and support staff was reported. In support of telehealth services, ICM (Intensive Case Management) staff are working with clients in their homes to ensure successful access of telehealth services via personal phones and computers as needed.

Deputy Director of Administrative Operations Michael Neff provided several updates including:

- The last draft of the re-engagement plan was completed. The complexity of the plan is primarily attributed to the multiple services delivered and partners including Inova, Neighborhood Health, a general clinic, 24/7 assessment center, a medication clinic operating several days each week, and co-located adult and youth mental health services.
- A reminder was offered that the tents had been removed and assessment services moved inside in anticipation of much colder weather. Service delivery will be monitored and refined as needed.
- The use of PPE is closely monitored, noting that supplies are provided through the County. It was further noted that cleaning supplies are the responsibility of each agency.

Referring to the public comment provided earlier in the meeting Daryl Washington directed attention to the handout provided in the meeting materials. Acknowledging that resources are limited, it was clarified that the primary motivation prompting consideration of contracting this service is to realize cost savings for the CSB so they can increase capacity and reduce waitlists for individuals seeking these services. Mr. Washington provided an overview of the handout that detailed four proposed implementation phases, clarifying that contracting the services will result in a significant savings in personnel costs. Following a robust discussion, members requested that further updates also be provided in writing, to include the fiscal impact for personnel, operations, and services with clarification for how the cost savings will be reinvested in programs. Additionally, members expressed concern over a lack of prior notice to the public and CSB Board members of the proposed change, asking for improvements in communication transparency.

Ken Garnes, Legislative Workgroup Chair, offered thanks to workgroup members Jennifer Adeli, Garrett McGuire, and Srilekha Palle. Noting that the special session of the General Assembly was lasting longer than anticipated and that opportunities for legislative outreach was narrowing. Mr. Garnes confirmed that electronic materials will soon be emailed to all members in support of outreach to their assigned General Assembly Legislator(s).

Elizabeth McCartney, CSB Legislative Liaison, offered a reminder that the materials have been designed to support virtual meetings and electronic outreach, clarifying that hard copies are available upon request. Materials include a background document (talking points) developed to assist Board member discussion of CSB priorities, a packet of

materials that provide information on CSB legislative priorities to be included in the initial email and an email outreach template individualized to each assigned legislator. Members were reminded that CSB staff is available to assist with questions or additional information, noting that both Elizabeth and Erin Bloom are available to assist with connecting members to staff when needed.

Daryl Washington reported that as the special session had not yet closed, there may be some funding adjustments as bills are prepared to be sent to the Governor for signature.

#### 8. Matters of the Board

Jennifer Adeli, acknowledging the challenge of becoming familiar with the CSB, reported a virtual CSB Board retreat was proposed at the Fiscal Oversight Committee meeting the prior week. Requesting a date in January or February 2021, CSB staff was asked to support planning efforts including location, scheduling, and materials. In further support of CSB Board knowledge building, CSB staff was asked if service area presentations could be scheduled to resume, starting with the December 16, 2020 CSB Board meeting.

#### 9. Committee Reports

##### A. *CSB Board Developmental Disabilities and Behavioral Health Oversight Committees Update*

Sheila Jonas provided an update to ongoing efforts to merge the Behavioral Health Oversight and Developmental Disabilities Committees, with the first meeting proposed for February 2021. In anticipation of the continued impact of COVID, it has been proposed that a quorum of committee members will attend in person with Associate Members and the public attending virtually. Further discussion will refine this plan as needed.

##### B. *CSB Board Fiscal Oversight Committee*

Jennifer Adeli provided an update to the October 2020 CSB Board Fiscal Oversight Committee meeting noting that a quorum of members participated in person with two members attending virtually. Highlights of the meeting included:

- CSB Operations report provided updates: 1) efforts with Medicaid Expansion resulted in 500+ enrollments in Medicaid in September 2020, 2) the plan for implementation of a new Electronic Health Record (EHR), and 3) recruitment for a Human Resources Director will begin soon.
- Clinical Operations report included 1) approximately 50% of services are delivered via telehealth, 2) adult wait times reflect an increase at Merrifield attributed to staff vacancies, with youth wait times mostly stable.
- Financial report included 1) a reminder of the realignment of operational funding to personnel (compensation & fringe benefits) impacting the September reports, 2) an overview of recruitment and retention of vacant critical positions.

The next Fiscal Oversight Committee meeting is Thursday, November 12<sup>th</sup>, scheduled one week early to accommodate the holidays.

## 10. Information Item

### A. *CSB Board Policy Review*

Sheila Jonas directed attention to CSB Board policies #1400 and #3200, copies of which were provided in the meeting materials for final review and approval. As no recommendations were forthcoming, Ms. Jonas made a motion to approve the policies as presented which was seconded by Daniel Sherrange and approved.

## 11. Action Item

### A. *CSB Board Policy Approval*

Sheila Jonas directed attention to copies of CSB Board policies #3060 and #3100, included in the meeting materials, for review and feedback. Approval of CSB Board policy #3060 was tabled until the November 2020 CSB Board meeting to allow additional time for review and discussion. Sheila Jonas made a motion to approve CSB Board policy #3100 that was seconded and passed.

### B. *Approval to Submit FY 2021 Fee Policy and Related Materials to BOS*

Michael Neff provided highlights of revisions to the FY 2021 Fee Schedule and related documents, directing attention to the materials in the meeting packet. A reminder was offered of the purpose and process for annual review and revision to the fee schedule and related documents including alignment with Medicaid and the contracted MCOs (Managed Care Organizations).

Daniel Sherrange made a motion to approve submission of the fee schedule to the Board of Supervisors at the December 2020 BOS meeting that was seconded and approved.

### C. *One Year Extension to CSB Strategic Plan*

Daryl Washington provided an overview of the request for the extension, offering a reminder that the CSB Strategic Plan will be revised once the County Strategic Plan is finalized and published. As no comments were forthcoming, Daniel Sherrange made a motion to approve extending the CSB Strategic Plan for one year that was seconded and approved.

### D. *Virginia Behavioral/Mental Health Docket Grants*

Lyn Tomlinson provided an overview of the grant request reporting that General District Court Judge, Tina Snee applied for grant funds from the Virginia Supreme Court in the amount of \$51K to fund family therapy for individuals who appear before the Mental Health Docket. The CSB will oversee the funding and the contract. Ken Garnes made a motion to accept the grant funds that was seconded and approved.

There being no further business to come before the Executive Committee, the meeting was adjourned at 7:19 p.m.

## Actions Taken - -

- Motions required to start the virtual meeting including roll call & audibility, safety, electronic meeting and public access, and continuity in government were offered by Jennifer Adeli, seconded, and passed.

- The September 23, 2020 CSB Board Meeting minutes were approved as presented.
- CSB Board policy #3100 was approved.
- Approval of CSB Board policy #3060 was tabled until the November 18, 2020 CSB Board meeting.
- Approval to submit the revised Fee Policy and related materials to the Board of Supervisors.
- A one-year extension to the CSB Strategic Plan was approved.
- Approval to accept funding from the State Supreme Court of Virginia, Office of the Executive Secretary to provide operational support for the Mental Health Docket.

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Date Approved

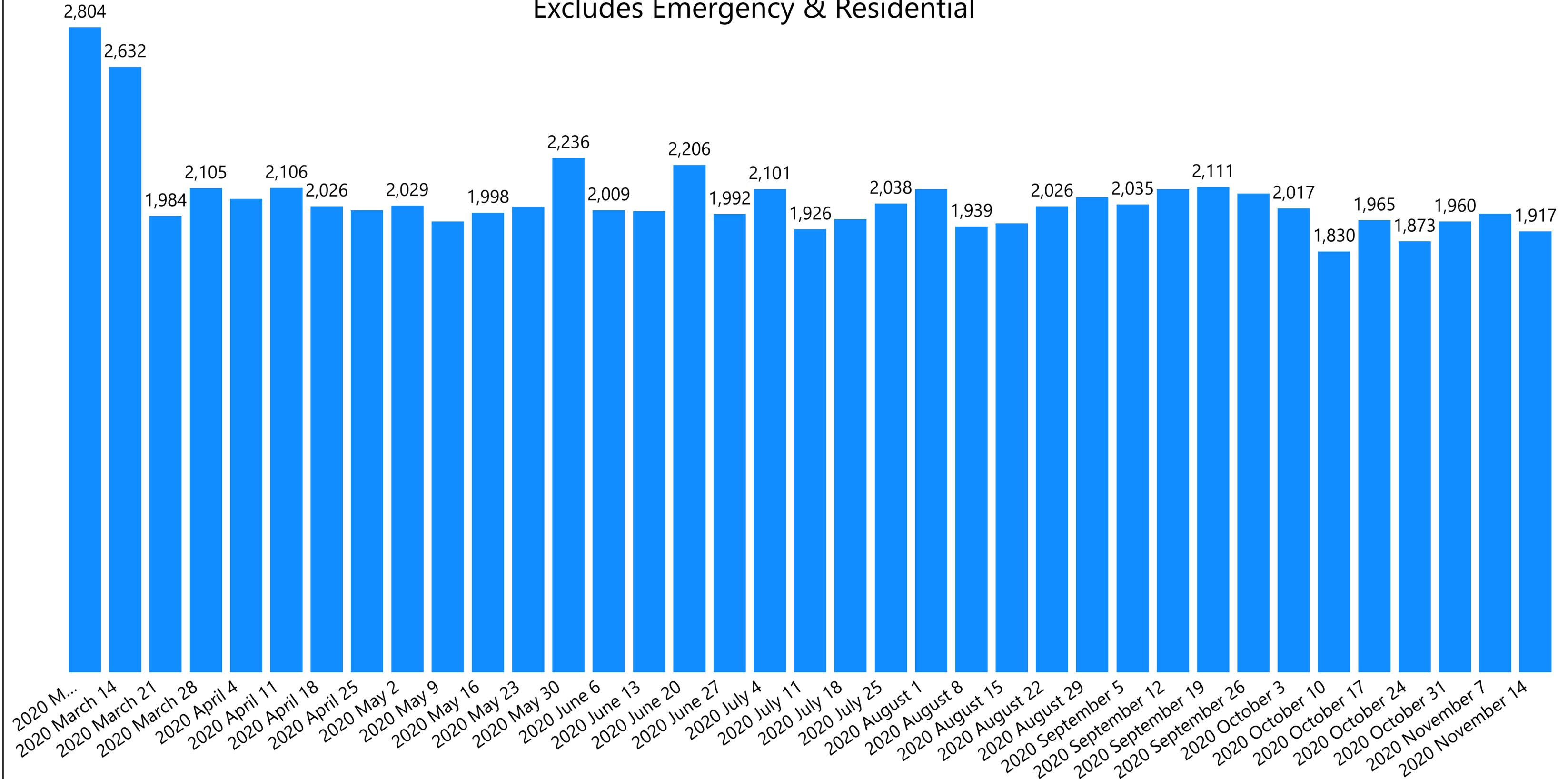
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Staff to the CSB Board

DRAFT

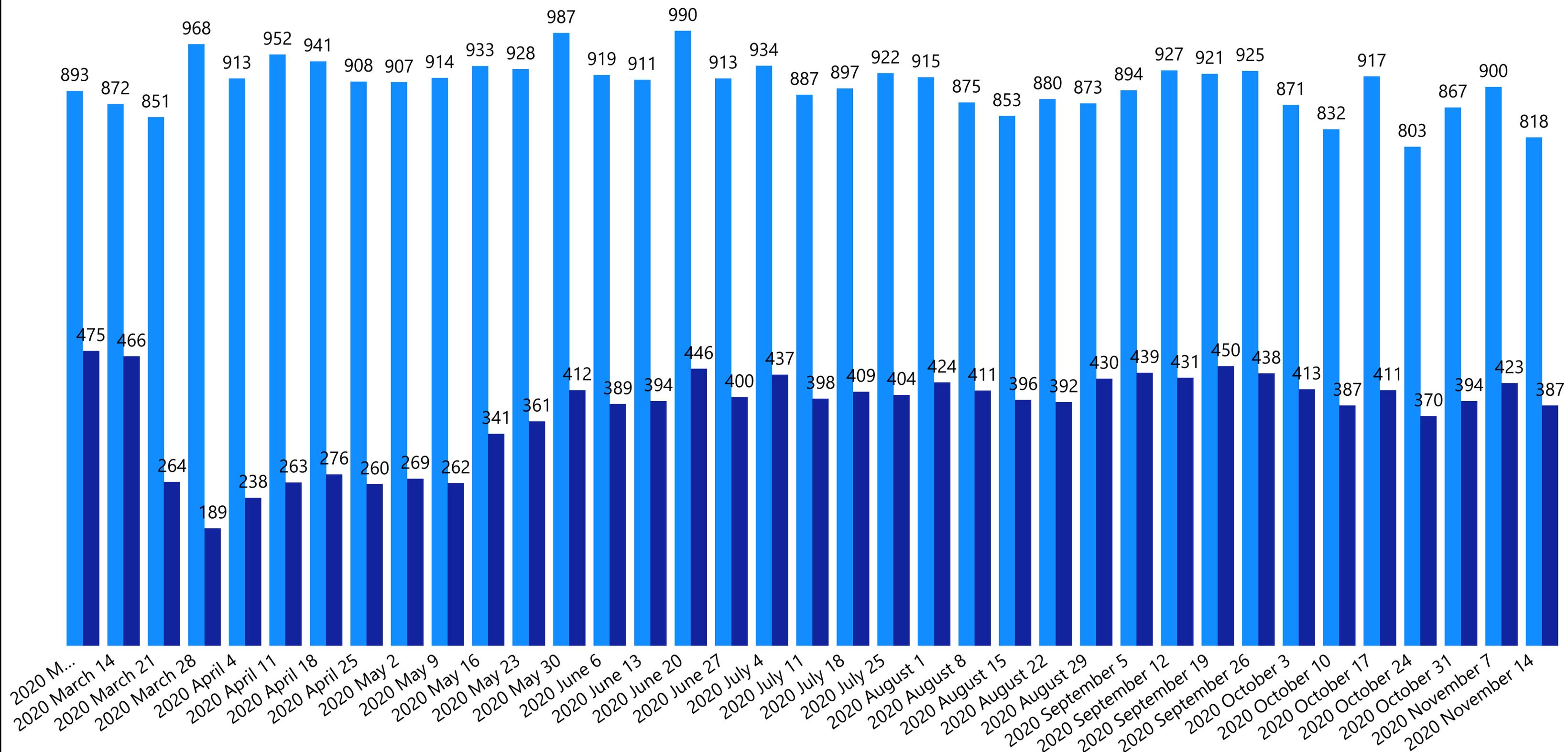
# CSB Overall- Average Weekly Count Of Clients Served

Excludes Emergency & Residential



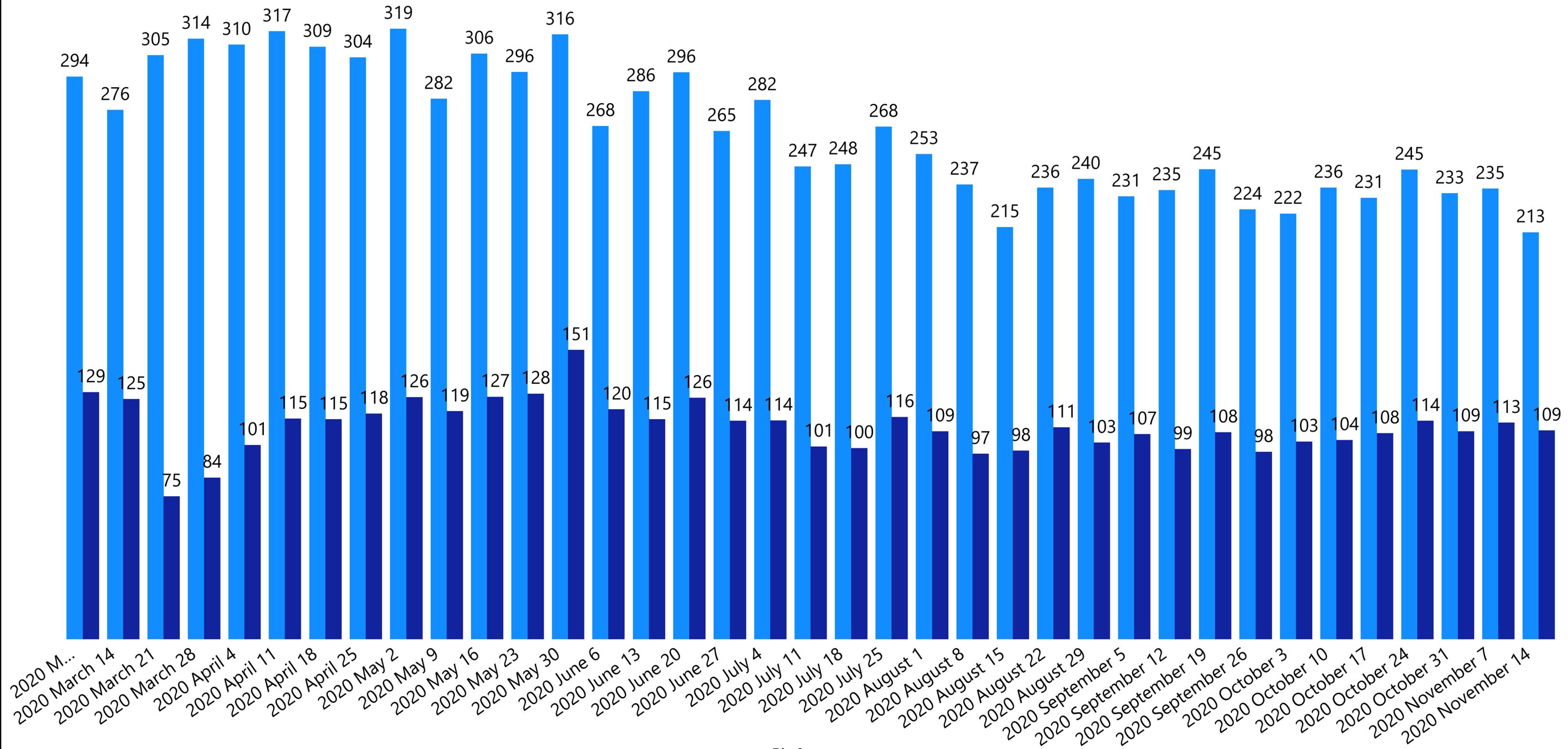
# BH Adult Outpatient-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



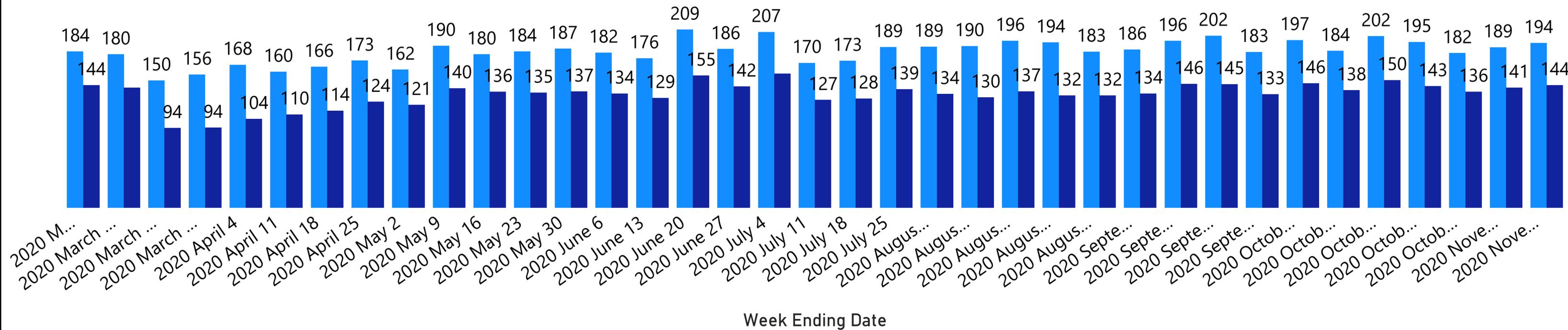
# BH Youth Outpatient-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



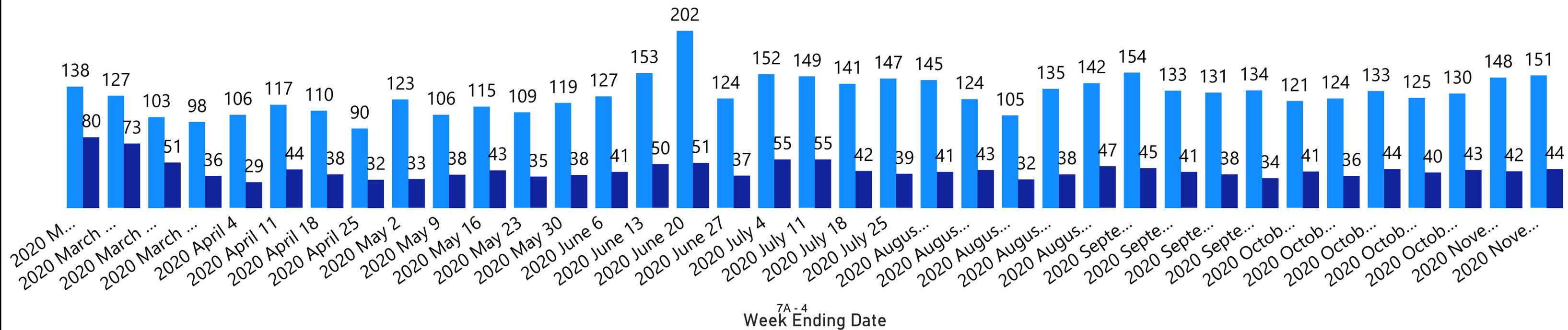
# Doctors & NP - Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



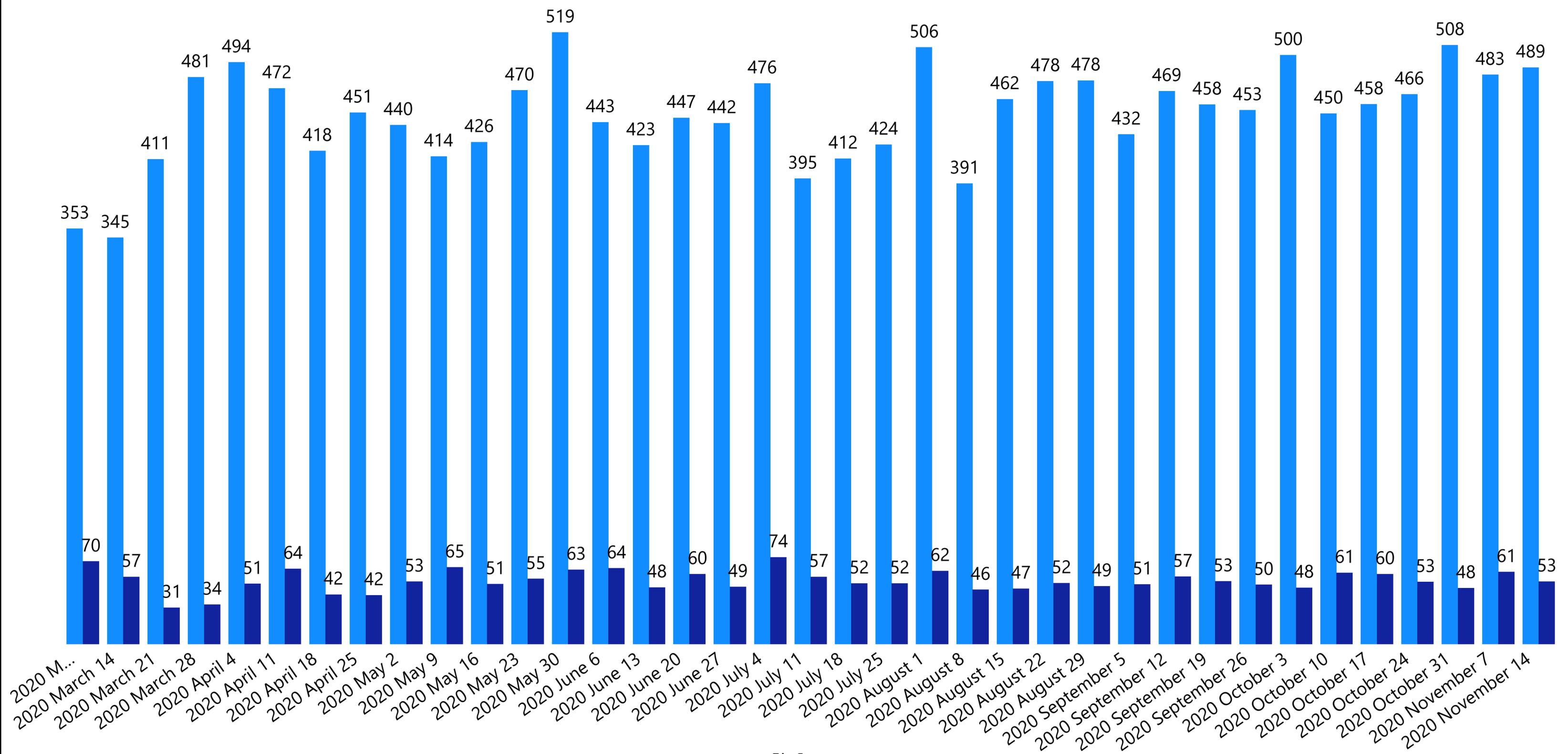
# Outpatient Nursing - Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



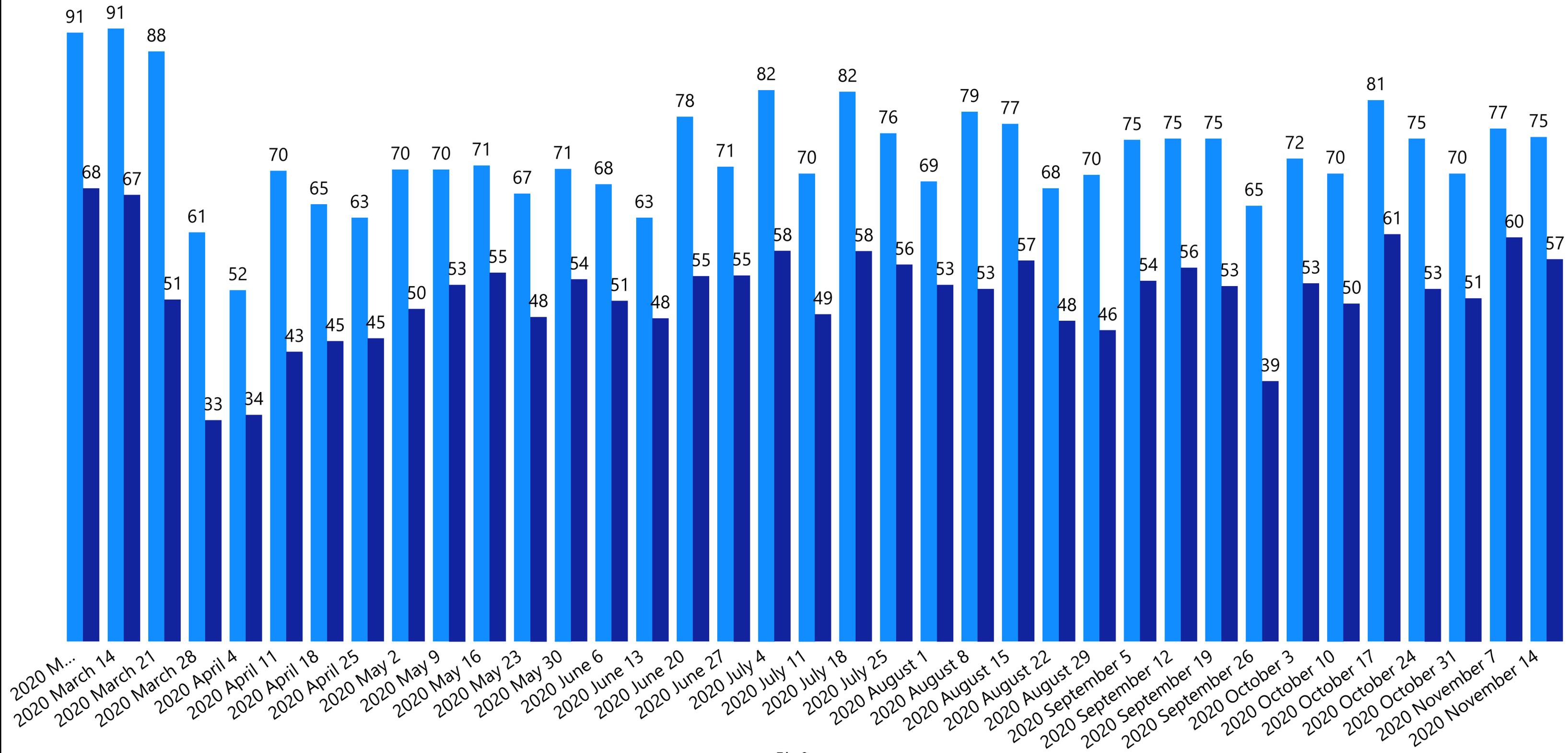
# Support Coordination-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



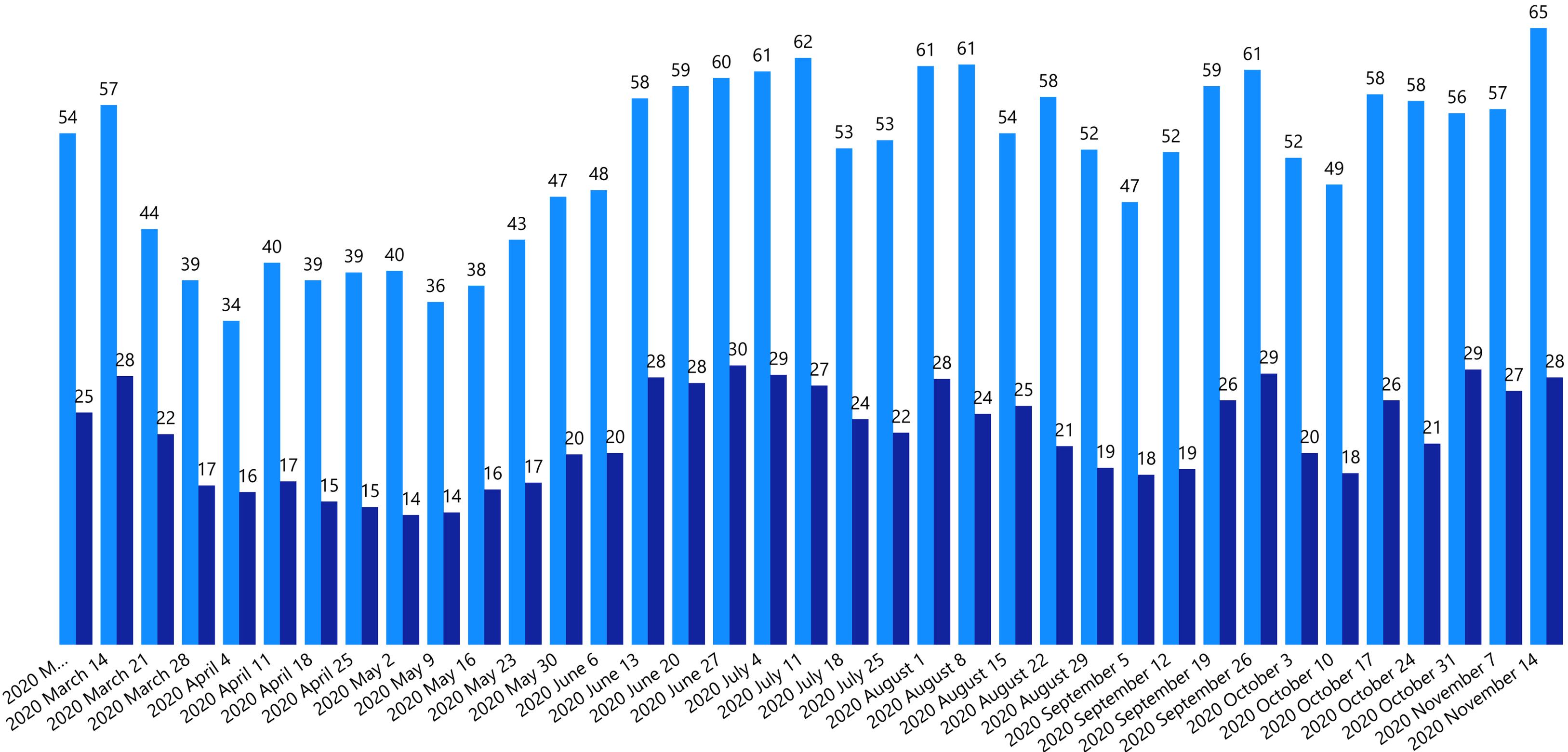
# ADC/JDC/Court-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F

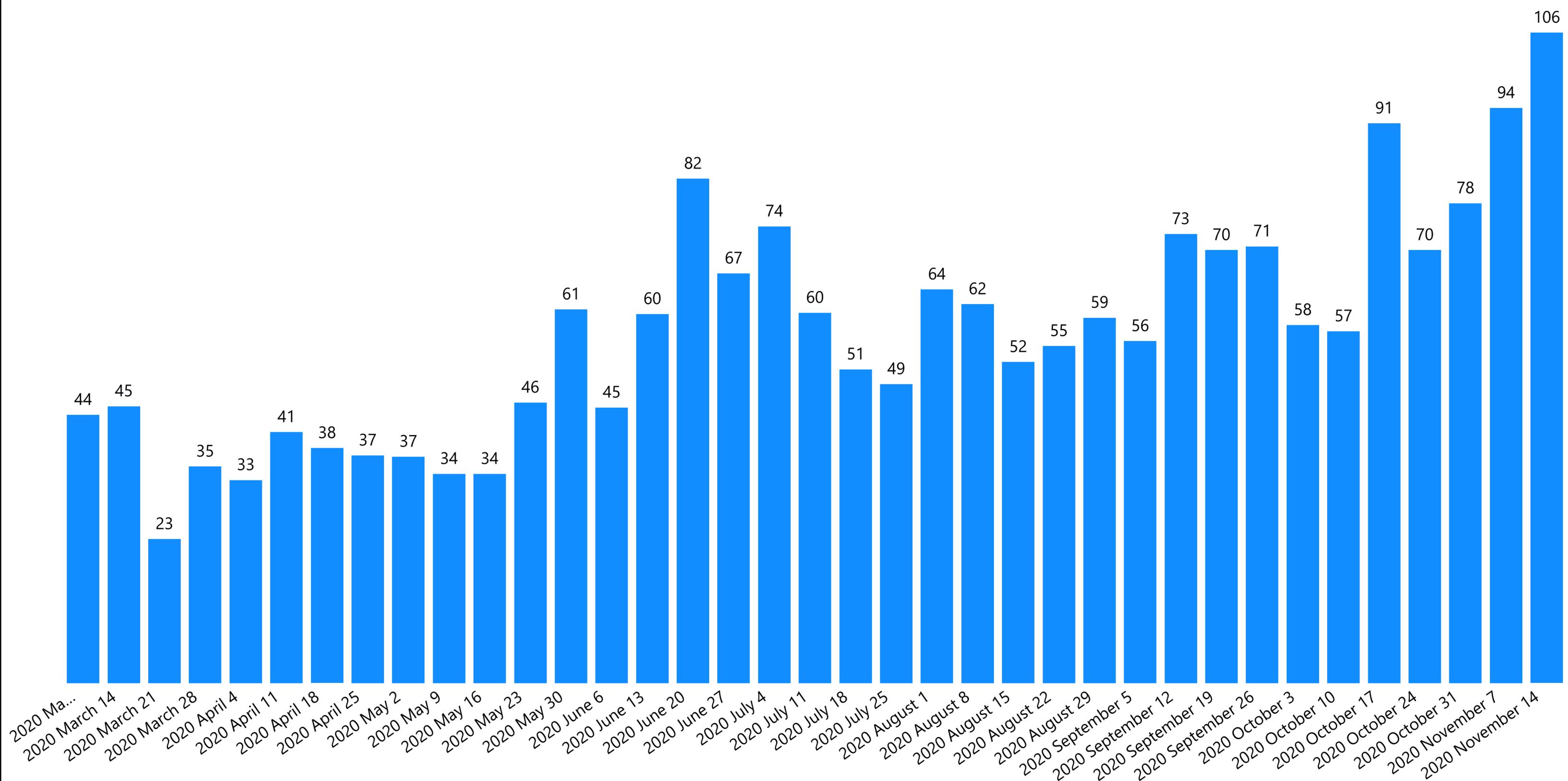


# Emergency-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F

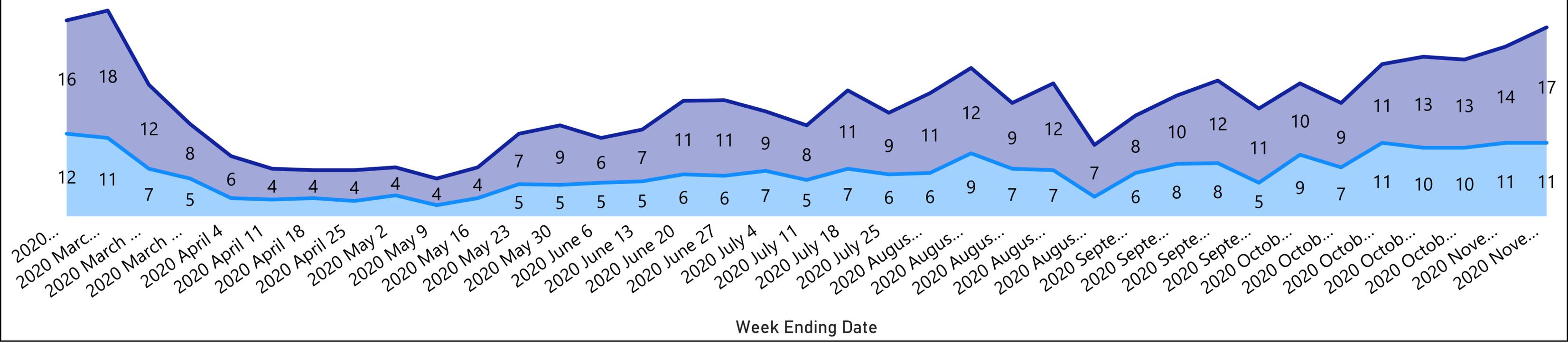


# Emergency - Weekly Average Count Of Telephone Calls

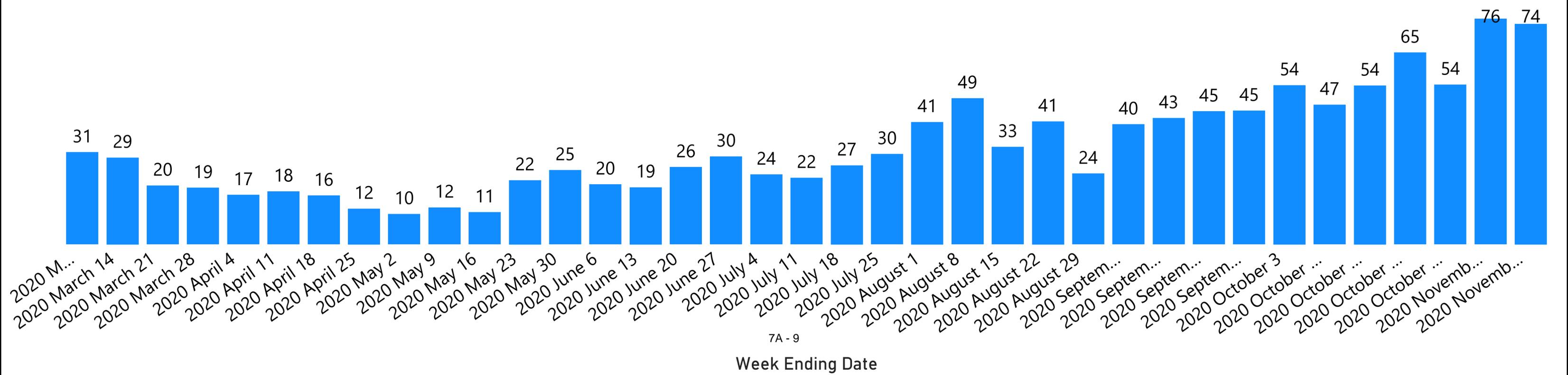


# EAR-Weekly Average Count of Screening & Assessments By Day

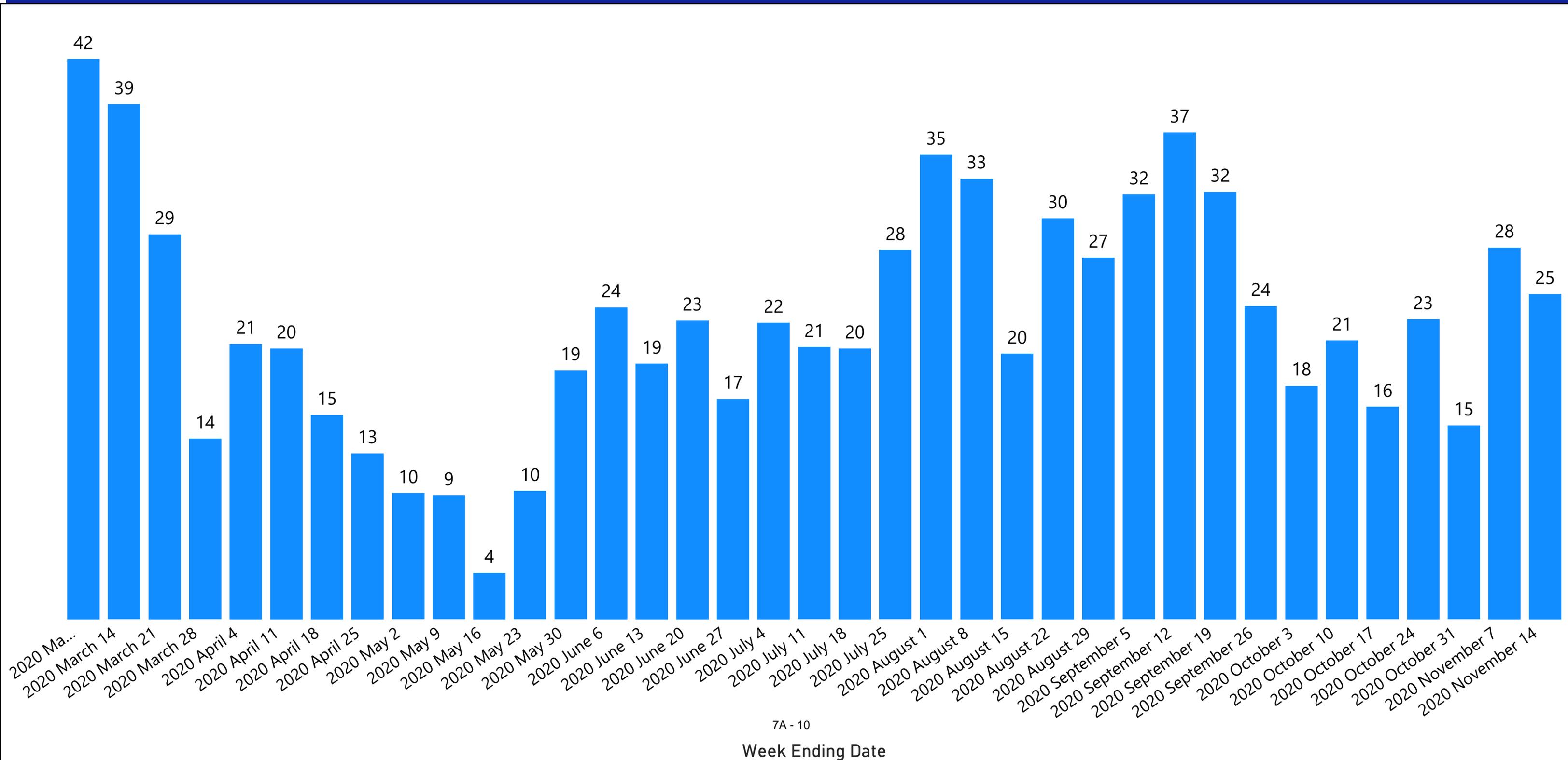
● average daily assessment ● average daily screening



# EAR-Weekly Average Count Of Clients By Day



# Call Center-Weekly Average Count of Calls



Fairfax County  
Health & Human Services



Shaping the Future  
**Together**  
Fairfax County Strategic Plan

# Health, Housing, and Human Services

County Executive CIP Briefing

October 29, 2020

FY2022 – FY2026 CIP



# HHS ORGANIZATION & MISSION



***We create opportunities for individuals and families to be safe, be healthy, and realize their potential.***

- **Fairfax-Falls Church Community Services Board**
- **Department of Family Services**
- **Health Department**
- **Department of Housing and Community Development**
- **Juvenile & Domestic Relations District Court**
- **McLean Community Center**
- **Department of Neighborhood and Community Services**
- **Reston Community Center**
- **Office of Strategy Management for HHS**

# HHS CIP THEMES

- **Alignment**

- Strategic Plan     
- One Fairfax Policy & Communities of Opportunity
- HHS Needs Assessment
- Communitywide Housing Strategic Plan



- **One Story, One Time**

- Co-location
- Innovation in service delivery & building design
- Land development planning & policies

# Current Projects

<b>Project</b>	<b>Agency</b>	<b>Project Cost</b>	<b>Status</b>
• <b>Lorton Community Center</b>	NCS; <i>FCPL, FCPA</i>	\$18.5 M	Construction
• <b>Sully Community Center</b>	NCS, HD, OSM; <i>FCPA</i>	\$21.9 M	Construction
• <b>Crisis Care/Boys Probation</b>	CSB	\$3.5 M	Construction
• <b>New Community Center – Lee District (Ph I)</b>	NCS, HCD	~\$2M *	Design
• <b>Patrick Henry Shelter</b>	HCD	\$12.0 M	Design
• <b>Kingstowne Consolidated Facility</b>	NCS; <i>FCPL, Police, BOS</i>	\$79.5 M **	Design
• <b>East County HHS Center</b>	NCS, CSB, HD, DFS, HCD	TBD	Pre-Design
• <b>Judicial Complex Redevelopment</b> Diversion & Community Re-Entry	CSB, DFS, HCD, OSM; <i>Police Courts, Probation, Veterans Affairs</i>	TBD	Pre-Design
• <b>Eleanor Kennedy Shelter</b>	HCD	\$12.0 M	Pre-Design
• <b>New Community Center – Lee District (Ph II)</b>	NCS	TBD **	Pre-Design
• <b>Original Mount Vernon High School</b> Renovations & Adaptive Reuse	NCS; <i>TBD</i>	TBD	Pre-Design
• <b>Reston Town Center North</b> Embry Rucker Shelter & Supportive Housing	HCD	\$15.5 M	Pre-Design
North County HHS Center	DFS, OSM, NCS, CSB, HD; <i>FCPL</i>	TBD	Pre-Design

\* Excludes land cost.

\*\* Funding needs to be identified.



# HHS CIP Projects by Bond Year

## County Bond Referendum Plan

- **NEW: \$25 M for Early Childhood Facilities in 2022, 2024, 2026, 2028**

2020 Bond	Cost	2022 Bond	Cost	2024 Bond	Cost	2026 Bond	Cost
Crossroads (1989/1994)	\$21M			Springfield Community Resource Center	\$25M		
Willard Health Center (1954)	\$58M			Tim Harmon Campus (1994/1998)	\$39M		
		Early Childhood Facilities	\$25M	Early Childhood Facilities	\$25M	Early Childhood Facilities	\$25M





### Lee District

- Located at 6901 South Van Dorn Street, Kingstowne
- HHS Department: Community Services Board

### Summary:

- Residential substance abuse/co occurring treatment program w/ occupancy limit of 75
- 6-7 month program
  - Substance abuse education, counseling, vocational rehab, psychiatric services, medication monitoring, drug testing, case management and re-entry services

### Status:

- Year built: 1989
  - Significant mold issues
  - Client profiles shifting
  - ADA accessible programming space
- Proposed Improvements
  - Renovation of existing facility
  - Addition of clinic area, restrooms and storage

### Funding:

- TPE - \$21,000,000

# Willard-Sherwood Campus Redevelopment



## Providence District

- Located at 3750 Old Lee Highway in Fairfax
- HHS Departments: Health Department, Neighborhood and Community Services

## Summary:

- Joint master plan study with City of Fairfax for 'campus-wide' redevelopment
- Proposed Facilities (County)
  - Clinic, Dental, Pharmacy, X-Ray Services, Infant & Toddler Connection, Speech and Hearing, Vital Records, Women Infant Children, Central Reproduction, COOP needs, Early Childhood Education (Pre-K)
- Proposed Facilities (City of Fairfax)
  - Senior center, fitness facility, gymnasium, improved parking and vehicle circulation

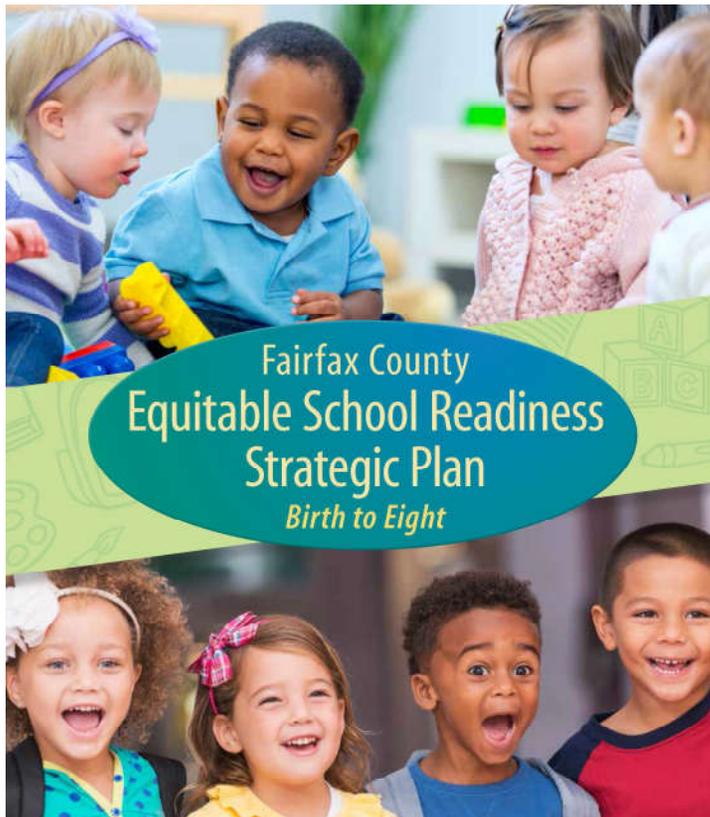
## Status:

- Year Built: 1954
- Concept master plan complete for joint County & City programs
- Potential county program relocation to Judicial Complex
- Site location decision pending

## Funding:

- TPE – \$58,000,000 (May vary based on location)

# Early Childhood Facilities



## Countywide

- Options for co-location at County-owned and FCPS sites to be explored
- Neighborhood and Community Services

## Summary:

- Advances the goal of the Board of Supervisors to ensure that every child in Fairfax County has equitable opportunity to thrive as well as the recommendation of the School Readiness Resources Panel to expand the County's Equitable Early Childhood System.
- Part of a two-pronged approach which includes establishing the Early Childhood Birth to 5 Fund and a capital investment strategy to build program capacity.

## Status:

- Capital expansion plan through a proposed series of bond referenda

## Funding:

- \$25M per year: 2022,2024,2026,2028

# Springfield Community Resource Center



## Location – To Be Determined

- Options for co-location and exiting leased spaces to be explored
- HHS Department: Neighborhood and Community Services

## Summary:

- Need for community center in Springfield
  - Increases capacity for Center Without Walls (older adult programming) and would address wait list for programs
  - Increases access for residents to the human services system
  - Co-location of services can provide efficiencies and maximizes resources

## Status:

- Phase one: Feasibility Study (not yet funded)
  - Conceptual designs and project cost
  - Options of replacing leased space

## Funding:

- TPE - \$25,000,000

# Tim Harmon Campus

## 2024 BOND



	A New Beginning	Fairfax Detox	Cornerstones
Wait List	45	84	10
Entry Wait	2 wks- several mo	2-3 wks	3-5 months

### Sully District

- Located at 4211 Walney Road, Chantilly
- HHS Department: Community Services Board

### Summary:

- Cornerstones
  - Onsite treatment planning, therapy, case management and psycho-education of gender, medical or psychiatric needs
- A New Beginning
  - Provides rehabilitation services to adults with substance use and co-occurring substance use and mental health disorders.
- Fairfax Detox
  - Licensed residential substance abuse treatment program where individuals can safely detoxify from alcohol and other drugs.

### Status:

- Year built: 1992
- Client profiles shifting; Onsite supportive housing to promote independent living w/ access to services; healthcare offices

### Funding:

- TPE - \$39,000,000



## Communitywide Housing Strategic Plan

### ➤ Goal – New Production and Resources

- Produce a minimum of 5,000 new affordable units over the next 15 years

### ➤ Goal – Preservation of Affordable Housing Units

- The Board reaffirmed its commitment to no net loss of existing market affordable units

### ➤ Goal – Innovative Land Use Policies, Regulatory Toolbox, and Financing Mechanisms

- The Board directed Deputy County Executive for planning and development to explore

#### **Recommendation to the Board on Resources to Achieve Goal:**

- Increase the Affordable Housing Fund the equivalent of one additional cent on the real estate tax rate (in addition to the current half penny)\*.
- Transfer of county land for affordable housing purposes, and co-location.

*\* investment deferred as a result of COVID-19*

# Department of Housing and Community Development

## Goal: New Production and Preservation

### ➤ Construction

Projects	Project Type	No. Units	Status
Murraygate	Preservation	200	Complete – Dec 2020
North Hill	New - PPEA	279	Complete – Fall 2022
Arden	New - Finance	126	Complete – Summer 2022
New Lake Anne House	New - Finance	240	Complete – Summer 2022
<b>TOTAL</b>		<b>845</b>	



# Department of Housing and Community Development

## Goal: New Production and Preservation

### ➤ Design

Projects	Project Type	No. Units	Status
Stonegate Village	Preservation	240	Design
One University	New - PPEA	240	Close - Summer 2021
Oakwood	New - PPEA	150	Close - Summer 2021
Autumn Willow	New - PPEA	150	Tax Credits – Summer 2021
West Ox/Route 50	New - PPEA	30	Unsolicited PPEA Oct 2020
Arrowbrook	New - Finance	274	Close – Dec 2020
Little River Glen IV	New - HCD	60	Tax Credits – Summer 2021
Little River Glen Renov	Preservation	120	Tax Credits – Summer 2021
<b>TOTAL</b>		<b>1,264</b>	



# Stonegate Village



Hunter Mill District

Located on Stone Wheel Drive in Reston

## Summary:

- Built in 1972; acquired in 1990
- 12.4 acre site
- 240 units of affordable housing
- Renovations include the following:
  - ✓ HVAC replacement
  - ✓ Site improvement
  - ✓ Building improvements
  - ✓ Accessibility
  - ✓ Modernization

## Status:

- Needs assessment completed
- Establishing contract for design

## Funding:

- Anticipate LIHTC and County resources

# One University



## Braddock District

Located at 4500 University Drive

## Summary

- PPEA Development
- 10.7 acres site
- Redevelopment:
  - ✓ 120 Affordable Residential Development
  - ✓ 120 Senior Independent Living
  - ✓ 333 student units (798 beds)

## Status:

- Rezoning is completed
- Low Income Housing Tax Credits (LITHC) awarded
- Permitting in progress

## Funding:

- Private equity, local funds, federal resources (rental subsidize vouchers), and LITHC

# The Residences at Oakwood



## Lee District

Located at South Van Dorn Street and Oakwood Drive

## Summary

- PPEA Development
- 6.2 acre site
- 150 Senior Affordable Residential Units

## Status:

- Rezoning is completed
- Low Income Housing Tax Credits (LITHC) awarded
- Permitting in progress

## Funding:

- Private equity, local funds and LITHC

# Autumn Willow Senior Housing



## Springfield District

Located at Stringfellow Road and Autumn Willow Drive

## Summary

- PPEA Development
- 10.9 acre site
- 150 Senior Affordable Residential Units

## Status:

- Property transferred to FCRHA
- Rezoning in process
- Low Income Housing Tax Credits (LITHC) submission in March 2021

## Funding:

- Private equity, local funds and LITHC

# Housing at Route 50/West Ox Road



## Sully District

Located near Route 50 and West Ox Road

### Summary:

- PPEA Development
- 20 to 30 units of affordable housing

### Status:

- Property transferred to FCRHA
- Unsolicited PPEA in October 2020

### Funding:

- TBD

# Arrowbrook



## Dranesville District

Herndon/Reston area

Within a mile of the Innovation Center Metro station, Worldgate shopping and restaurants, food stores and Clocktower Shopping Center

### Summary:

- 274 units of affordable housing in a highly cos-burdened Herndon/Reston area
- The FCRHA has committed six units of project-based SRAP assistance at the project in addition to the FCRHA's award of eight federal project-based vouchers

### Status:

- Closing in Dec 2020
- Occupancy Summer 2022

### Funding:

- Housing Blueprint - \$7,725,000
- FCRHA Bonds - \$22,000,000

# Little River Glen IV



Braddock District

Located at Little River Turnpike and Olley Lane

## Summary

- New Development
  - 60 affordable senior Independent living units
- Redevelopment
  - 120 existing affordable senior Independent living units
- 2.9 acres site on Little River Glen campus.

## Status:

- Design contracts awarded
- Low Income Housing Tax Credits (LIHTC) submission in March 2021

## Funding:

- Anticipate LIHTC and County resources

## Goal: New Production and Preservation

### ➤ Pre-Design

- Review list of over 704 Board owned properties (FMD Database) with existing facilities, vacant, remnant parcels.
- Review current CIP and proposed bond referendum projects for co-location opportunities
- Review existing FCRHA property for potential new or redevelop options
- Review of County (Board, Park, School) owned property for potential land availability
- Coordinate with Developers on affordable housing opportunities, both new and preservation
- Track Co-Star listing for possible acquisition opportunities

# Department of Housing and Community Development

## Goal: New Production and Preservation

### ➤ Sample Projects

Projects	Project Type	No. Units	Status
Government Center	New - PPEA	250 +	Board Matter – Oct 2020
Sully Community Center	New - PPEA	100	Concepts Developed
Franconia Police Station	New - PPEA	160	Concepts Developed
Burkholder	New - PPEA	270	Part of Master Plan
East County	New - PPEA	180 +	Concepts Developed
Tysons Developments	New – Finance	300 +	Negotiations with Developer
Mt. Vernon Development	Preserve - Finance	200 +	Negotiations with Developer
<b>TOTAL</b>		<b>1,460 +</b>	



## Goal: Innovative land use policies, regulatory toolbox, and financing mechanisms

### ➤ Workforce Dwelling Unit Policy

- **Objective:** Enhance the delivery of units for lower-income households. Comprehensive Pan Amendment for the Housing and Land Use elements for the Policy Plan and for specific guidance on the Area Plans and the Glossary.

	Current Policy	WDU Policy Proposal
<b>Countywide WDU Policy</b>	4% at 80% AMI 4% at 100% AMI 4% at 120% AMI 12% WDU commitment  A density bonus of 12% may be applied.	2% at 60% AMI 2% at 70% AMI 4% at 80% AMI 8% WDU commitment  A density bonus of 12% may be applied.
<b>Tysons WDU Policy</b>	2% at 60% AMI 3% at 70% AMI 5% at 80% AMI 5% at 100% AMI 5% at 120% AMI 20% WDU commitment  The maximum density bonus is up to 20%.	The developer would elect either Option 1 or Option 2:  Option 1 3% at 60% AMI 2% at 70% AMI 8% at 80% AMI 13% WDU commitment  Option 2 10% at 60% AMI 10% WDU commitment  The maximum density bonus continues to be up to 20%.

### ➤ Affordable Housing Preservation Task Force

- **Objective:** Develop policy recommendations for creative and sustainable preservation of the county’s existing stock of affordable housing consistent with One Fairfax and industry best practices.



**QUESTIONS?**

**THANK YOU**



# CSB Performance Outcome Measures

## FY2020



Order	Measures	KPI	Target	Jul	Aug	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	FY20
1	Continuity Of Care For Local Psychiatric Inpatient (LIPOS) Discharge	●	70.0%	50.0%	33.3%	40.0%	66.7%	100.0%	71.4%	75.0%	60.0%	80.0%	67.0%	67.0%	100.0%	67.5%
2	Continuity Of Care For Local Psychiatric Inpatient (LIPOS) Discharge (Modified)	●	70.0%	100.0%	100.0%	80.0%	100.0%	100.0%	85.7%	100.0%	80.0%	80.0%	83.0%	100.0%	100.0%	92.4%
3	Continuity Of Care For State Hospital Discharge	●	80.0%	50.0%	80.0%	72.7%	71.4%	68.8%	50.0%	88.0%	86.0%	79.0%	63.0%	50.0%	58.0%	68.1%
4	Continuity of Care For State Hospital Discharge (Modified)	●	80.0%	78.6%	80.0%	100.0%	85.7%	68.8%	75.0%	92.0%	100.0%	88.0%	88.0%	92.0%	79.0%	85.6%
5	PACT Case Load	●	75.0%	88.9%	91.1%	85.6%	102.0%	109.0%	106.0%	104.9%	97.3%	96.2%	99.5%	98.4%	95.1%	97.8%
6	Provision Of Developmental Enhanced Case Management Services (Face to Face)	●	90.0%	96.0%	95.2%	96.2%	92.9%	93.4%	93.0%	92.6%	93.5%	88.7%	77.5%	94.2%	96.0%	92.4%
7	Provision Of Developmental Enhanced Case Management Services (In-Home)	●	90.0%	93.6%	92.7%	91.5%	92.3%	90.4%	91.1%	91.6%	94.5%	87.5%	88.0%	93.2%	98.3%	92.1%
8	Employment Discussion	●	N/A	94.5%	100.0%	94.4%	95.4%	96.4%	95.4%	100.0%	98.0%	98.0%	100.0%	99.0%	100.0%	97.6%
9	Employment Discussion (Modified)	●	N/A	95.8%	97.4%	95.9%	94.5%	96.7%	95.6%	100.0%	99.0%	99.0%	100.0%	99.0%	100.0%	97.7%
10	Employment Goals	●	N/A	92.0%	92.0%	85.7%	80.0%	100.0%	94.7%	88.0%	95.0%	100.0%	90.0%	87.0%	90.0%	91.2%
11	Employment Goals (Modified)	●	N/A	94.7%	95.8%	91.3%	87.5%	100.0%	94.7%	88.0%	95.0%	96.0%	88.0%	87.0%	90.0%	92.3%
12	Community Engagement Discussion	●	N/A	96.9%	96.8%	96.3%	96.6%	98.2%	100.0%	96.0%	100.0%	97.0%	95.0%	96.0%	97.0%	97.2%
13	Community Engagement Discussion (Modified)	●	N/A	97.3%	96.8%	96.9%	95.8%	98.3%	100.0%	97.0%	99.0%	97.0%	95.0%	96.0%	97.0%	97.2%
14	Community Engagement Goals	●	N/A	20.4%	22.2%	14.1%	26.2%	14.8%	21.5%	21.0%	23.0%	15.0%	13.0%	23.0%	23.0%	19.8%
15	Community Engagement Goals (Modified)	●	N/A	20.2%	20.0%	16.7%	22.8%	15.3%	23.5%	22.0%	23.0%	18.0%	14.0%	23.0%	26.0%	20.4%
16	Intensity of Engagement of Adults Receiving Mental Health Case Management Services	●	N/A	100.0%	97.1%	98.4%	100.0%	97.1%	97.9%	96.1%	95.9%	100.0%	98.1%	100.0%	96.3%	98.1%
17	Adult Suicide Risk Assessment	●	N/A	62.6%	49.1%	54.0%	60.7%	54.4%	51.8%	40.5%	46.6%	47.9%	37.1%	41.7%	50.0%	49.7%
18	Adult Suicide Risk Assessment (Modified)	●	N/A	64.3%	49.2%	55.0%	62.0%	50.8%	54.3%	62.7%	63.6%	62.7%	50.9%	59.0%	54.5%	57.4%
19	Child Suicide Risk Assessment	●	N/A	33.3%	48.3%	41.4%	38.9%	50.0%	40.0%	48.6%	60.0%	65.6%	55.6%	21.4%	63.6%	47.2%
20	Child Suicide Risk Assessment (Modified)	●	N/A	39.3%	44.1%	48.3%	52.9%	42.5%	50.0%	59.5%	65.0%	70.8%	63.6%	36.4%	50.0%	51.9%
21	Date of Last Physical Exam	●	N/A	51.6%	53.0%	53.5%	54.3%	54.6%	54.6%	53.1%	52.7%	51.7%	48.2%	46.0%	46.3%	51.6%
22	Calculated BMI	●	N/A	72.0%	73.9%	57.8%	71.9%	70.7%	71.3%	83.8%	84.4%	83.9%	81.9%	80.9%	80.6%	76.1%
23	BMI Outside of Normal Range	●	N/A	79.6%	79.8%	79.2%	79.6%	79.5%	79.1%	80.1%	80.3%	80.7%	80.8%	80.5%	80.0%	79.9%
24	BMI Follow-Up Plan	●	N/A	63.4%	64.0%	58.3%	62.7%	60.4%	61.1%	67.9%	69.9%	71.4%	69.9%	68.5%	68.7%	65.5%
25	Initiation of SUD Services	●	N/A	55.6%	54.2%	43.4%	57.1%	48.6%	54.0%	63.8%	65.5%	65.2%	56.6%	72.8%	67.2%	58.7%
26	Engagement of SUD Services	●	N/A	55.6%	50.6%	41.5%	51.4%	40.0%	42.5%	52.1%	54.1%	56.3%	46.5%	63.2%	54.1%	50.7%
27	Engagement of SUD Services (Modified)	●	N/A	98.7%	98.7%	94.6%	98.6%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	99.1%

# CSB Performance Outcome Measures

## FY2020



Order	Measures	KPI	Target	Jul	Aug	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	FY20
28	Retention of SUD Services	●	N/A	52.4%	42.2%	34.0%	30.0%	23.8%	18.4%	20.2%	25.2%	33.9%	29.3%	27.2%	27.9%	30.4%
29	Retention of SUD Services (Modified)	●	N/A	58.9%	62.3%	61.2%	64.4%	57.0%	51.3%	50.7%	51.8%	58.8%	69.5%	57.9%	51.6%	58.0%
30	Residential Crisis Stabilization Utilization (RCSU)	●	75.0%													74.5%
31	Regional Discharge Assistance Program (RDAP) Expended	●	90.0%													100.0%
32	Regional Discharge Assistance Program (Obligated)	●	95.0%													100.0%
33	Local Inpatient Purchase Of Services (LIPOS) Expended	●	85.0%													100.0%

**CSB Performance Outcome Measures\***

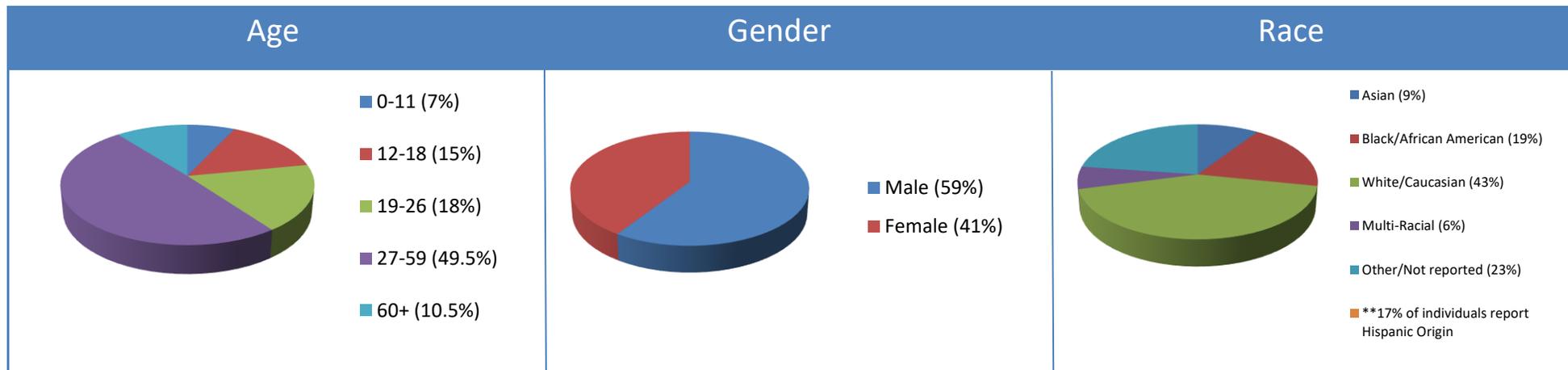
	DBHDS Measure		Modified Measure
1	<b>Continuity of Care for Local Psychiatric Inpatient (LIPOS) Discharges</b> Percentage of individuals for whom the CSB purchased or managed local inpatient psychiatric services from a private psychiatric hospital or psychiatric unit in a public or private hospital who <i>keep</i> a face-to-face mental health outpatient service appointment within seven calendar days after discharge. <b>Benchmark: At least 70 percent</b>	2	<b>Continuity of Care for Local Psychiatric Inpatient (LIPOS) Discharges (Modified)</b> Percentage of individuals for whom the CSB purchased or managed local inpatient psychiatric services from a private psychiatric hospital or psychiatric unit in a public or private hospital who <i>are scheduled for</i> a face-to-face mental health outpatient service appointment within seven calendar days after discharge. <b>Benchmark: At least 70 percent</b>
3	<b>Continuity of Care for State Hospital Discharges</b> Percentage of individuals for whom the CSB is the identified case management CSB who <i>keep</i> a face-to-face (non-emergency) mental health outpatient service appointment within seven calendar days after discharge from a state hospital. <b>Benchmark: At least 80 percent</b>	4	<b>Continuity of Care for State Hospital Discharges (Modified)</b> Percentage of individuals for whom the CSB is the identified case management CSB who <i>are scheduled for</i> a face-to-face (non-emergency) mental health outpatient service appointment within seven calendar days after discharge from a state hospital. <b>Benchmark: At least 80 percent</b>
5	<b>PACT Caseload:</b> Average number of individuals receiving services from the PACT team during the preceding quarter. <b>Benchmark: At least 75 percent</b> of the number of individuals who could be served by the available staff, at the ratio of 10 individuals per clinical staff on average.		N/A
6	<b>Provision of Developmental Enhanced Case Management Services – Face to Face:</b> Percentage of individuals receiving DD Waiver services who meet the criteria for receiving enhanced case management (ECM) services who: Receive at least one face-to-face case management service monthly with no more than 40 days between visits. <b>Benchmark: At least 90 percent</b>		N/A
7	<b>Provision of Developmental Enhanced Case Management Services – In-Home:</b> Percentage of individuals receiving DD Waiver services who meet the criteria for receiving enhanced case management (ECM) services who: Receive at least one face-to-face case management service monthly with no more than 40 days between visits, and receive at least one face-to-face case management service visit every other month in the individual’s place of residence. <b>Benchmark: At least 90 percent</b>		N/A
8	<b>Employment Discussion</b> - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose case managers discussed integrated, community-based employment <i>with the individual</i> during the annual face-to-face case management individual supports plan (ISP) meeting.	9	<b>Employment Discussion (Modified)</b> - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose case managers discussed integrated, community-based employment <i>with the individual, or family only (at request of the family)</i> , during the annual face-to-face case management individual supports plan (ISP) meeting..
10	<b>Employment Goals</b> - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose ISPs, developed or updated at the annual face-to-face ISP meeting <i>with the individual</i> , contained employment goals/outcomes.	11	<b>Employment Goals (Modified)</b> - Percentage of adults (age 18 or older) receiving developmental case management services from the CSB whose ISPs, developed or updated at the annual face-to-face ISP meeting <i>with the individual, or family only (at request of the family)</i> , contained employment goals/outcomes.
12	<b>Community Engagement Discussion</b> – Percentage of individuals who are receiving case management services from the CSB whose case managers discussed community engagement or community coaching opportunities <i>with the individual</i> during the most recent annual face-to-face case management ISP meeting.	13	<b>Community Engagement Discussion (Modified)</b> – Percentage of individuals who are receiving case management services from the CSB whose case managers discussed community engagement or community coaching opportunities <i>with the individual, or family only (at request of the family)</i> , during the most recent annual face-to-face case management ISP meeting.

\*Please note that some measures are presented in two ways: 1) using the DBHDS methodology as written; 2) applying a modification to the DBHDS methodology. The differences between the DBHDS measure & modified measure are indicated in *italics*.

	DBHDS Measure		Modified Measure
14	<b>Community Engagement Goals</b> – Percentage of individuals who are receiving case management services from the CSB whose individual support plans (ISPs), developed or updated at the annual face-to-face ISP meeting <b>with the individual</b> , contained community engagement or community coaching goals/outcomes.	15	<b>Community Engagement Goals (Modified)</b> - Percentage of individuals who are receiving case management services from the CSB whose individual support plans (ISPs), developed or updated at the annual face-to-face ISP meeting <b>with the individual, or family only (at request of the family)</b> , contained community engagement or community coaching goals/outcomes.
16	<b>Intensity of engagement of adults receiving mental health case management services</b> – Percent of adults admitted to the mental health services program area who received one hour of case management services within 30 days of admission who received at least three additional hours of case management services within 90 days of admission.		N/A
17	<b>Adult Suicide Risk Assessment</b> – Percentage of adults who are receiving mental health or substance use disorder outpatient, case management, or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments <b>on the date of diagnosis</b> .	18	<b>Adult Suicide Risk Assessment (Modified)</b> – Percentage of adults who are receiving mental health or substance use disorder outpatient, case management, or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments <b>on the date of diagnosis +/- 3 days</b> .
19	<b>Child Suicide Risk Assessment</b> – Percentage of children who are receiving mental health or substance use disorder outpatient, case management or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments <b>on the date of diagnosis</b> .	20	<b>Child Suicide Risk Assessment (Modified)</b> – Percentage of children who are receiving mental health or substance use disorder outpatient, case management or medical services and have a new or recurrent diagnosis of major depressive disorder who received suicide risk assessments <b>on the date of diagnosis +/- 3 days</b> .
21	<b>Date of Last Physical Exam</b> – Percentage of adults with SMI who are receiving mental health case management services who received a complete physical examination in the last 12 months.		N/A
22	<b>Calculated BMI</b> – Percentage of adults who are receiving mental health medical services who had a Body Mass Index (BMI) calculated.		N/A
23	<b>BMI Outside of Normal Range</b> - Percentage of adults who are receiving mental health medical services, had a BMI calculated, and had a BMI outside of the normal range.		N/A
24	<b>BMI Follow-Up Plan</b> – Percentage of adults who are receiving MH medical services, had a BMI calculated, and had a BMI outside of the normal range who had follow-up plans documented.		N/A
25	<b>Initiation of SUD Services</b> – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service within 14 days of the diagnosis.		N/A
26	<b>Engagement of SUD Services</b> – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service <b>within 14 days of the diagnosis</b> and received two or more additional SUD services within 30 days of the initial service.	27	<b>Engagement of SUD Services (Modified Measure)</b> – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service <b>(regardless of date of diagnosis)</b> and received two or more additional SUD services within 30 days of the initial service.
28	<b>Retention of SUD Services</b> – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service <b>within 14 days of the diagnosis</b> , received two or more additional SUD services within 30 days of the initial service and received at least two SUD services every 30 days for 90 days following initiation of treatment.	29	<b>Retention of SUD Services</b> – Percentage of adults and children who are 13 years old or older with a new episode of substance use disorder services who initiated any SUD service <b>(regardless of date of diagnosis)</b> , received two or more additional SUD services within 30 days of the initial service and received at least two SUD services every 30 days for 90 days following initiation of treatment.

Annual Measures:		
	DBHDS Measure	Modified Measure
30	<b>Residential Crisis Stabilization Unit (RCSU) Utilization</b> Percent of all available RCSU bed days for adults and children utilized annually. <b>Benchmark:</b> annual average utilization rate of <b>at least 75 percent</b> of available bed days.	N/A
31 & 32	<b>Regional Discharge Assistance Program (RDAP) Service Provision - Percentage</b> of the total annual state RDAP fund allocations to a region obligated and expended by the end of the fiscal year. <b>Benchmark:</b> CSBs in a region shall <b>obligate at least 95 percent and expend at least 90 percent</b> of the total annual ongoing state RDAP fund allocations on a regional basis by the end of the fiscal year.	N/A
33	<b>Local Inpatient Purchase of Services (LIPOS) Provision:</b> Percentage of the total annual regional state mental health LIPOS fund allocations to a region expended by the end of the fiscal year. <b>Benchmark:</b> CSBs in a region shall <b>expend at least 85 percent</b> of the total annual regional state mental health LIPOS fund allocations by the end of the fiscal year.	N/A

## CSB Status Report – FY 2021 First Quarter



### People Served (cumulative each quarter)

Type of Service	FY 20 Total	FY 21 First Quarter	FY 21 Through Second Quarter	FY 21 Through Third Quarter	FY 21 Through Fourth Quarter	FY 21 Total
Total Number Served	20,366	11,685*				
Emergency Services	5,990	2,085				
Behavioral Health Screening and Assessment	3,035 Plus 1,905 walk-in screenings	565 Plus 237 walk-in screenings				
Behavioral Health Outpatient	6,968	4,857*				
Behavioral Health Residential	1,869	701*				
Developmental Disability Support Coordination	1,346 4,848 – all SC services	1,345* 3,313 – all SC services				
Developmental Disability Residential	327	241*				

### Wait Time for Emergency Services (each quarter)

	FY 20 Average	FY 21 First Quarter	FY 21 Second Quarter	FY 21 Third Quarter	FY 21 Fourth Quarter	FY 21 Average
% receiving emergency services within 1 hour	93%	93%				

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

	Total FY 20	FY 21 First Quarter	FY 21 Through Second Quarter	FY 21 Through Third Quarter	FY 21 Through Fourth Quarter	Total FY21
Temporary Detention Orders	1,575	422				
Emergency Custody Orders	1,858	446				

## Primary Care (cumulative each quarter)

	Average FY 20	FY 21 First Quarter	FY 21 Second Quarter	FY 21 Third Quarter	FY 21 Fourth Quarter	Average FY 21
% of individuals receiving behavioral health services who report having a primary care provider	76%	84%*				
% of individuals receiving program services with a payer source:						
• Medicaid Only	46%	44%				
• Medicare Only	8%	9%				
• Private Insurance Only	7.5%	7%				
• Multiple Insurance Sources	22%	28%				
• No Insurance Coverage Reported	16.5%	12%				

## Peer Support Services (cumulative each quarter)

	Total FY 20	FY 21 First Quarter	FY 21 Through Second Quarter	FY 21 Through Third Quarter	FY 21 Through Fourth Quarter	Total FY 21
Number of individuals receiving peer support services in the community	2,162 5,195 – all PRC services	583 798 – all PRC services				

\*Includes individuals who were served as of June 30, 2020 and continued services through the first quarter.

### NOTES:

- Demographics – Very little change in demographics over time.
- People Served – overall decrease compared to FY19 1<sup>st</sup> Q for most services due to impacts of the COVID-19 pandemic.
- Emergency Services – 7% increase in numbers served as compared to FY20 1<sup>st</sup> Q
- 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. 38% decrease from 1<sup>st</sup> Q FY20 to 1<sup>st</sup> Q FY21 due to impacts of the pandemic
- Emergency Services Wait Time – Waiting clients are triaged and served in priority order. In 1<sup>st</sup> Q, 93% were seen within an hour; 74% of clients were seen in under 30 minutes. Wait time for some clients greater than one hour when there is a high volume of requests for medication management services, or ECOs which are given priority. In 1<sup>st</sup> Q FY21 the numbers seen within an hour have increased 2% as compared to FY19 average.
- Emergency Custody Orders – 7% increase from Q1 FY20 to Q1 FY21. 36% increase from Q1 FY17 to Q1 FY21 (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 – 84% in 1<sup>st</sup> Q FY21 compared to 72% in 1<sup>st</sup> Q FY18.
- Payer Source – Clients reporting no insurance coverage has decreased from 27% in Q1 FY19 to 12% in Q1 FY21. The number of clients with Medicaid coverage has increased from 50% at the end of FY18 to 70% in Q1 FY21. This includes individuals with Medicaid only, and Medicaid in combination with other insurance sources.

## CSB Status Report Data Definitions

Data Element	Definition	Notes
<b>Demographics</b>		
Age	Age of individuals served in all CSB programs.	0-11; 12-18; 19-26; 27-59; 60
Gender	Gender of individuals served in all CSB programs.	Male, female
Race	Race of individuals served in all CSB programs.	Asian, black/African American, white/Caucasian, multi-racial, other/not reported; also includes reported Hispanic origin.
<b>People Served (numbers served are unduplicated within each service, but may be duplicated across services)</b>		
Total Number Served	The total number (unduplicated count) of individuals served in all CSB programs/services.	For first quarter, reflects individuals who were served on the last day of the previous fiscal year and continued services into the first quarter of the current fiscal year. Totals are cumulative throughout the year.
Emergency Services	The number of individuals served in general emergency services and the mobile crisis units.	Fiscal year begins with a "0" baseline and totals are cumulative throughout the year.
Behavioral Health Screening and Assessment	The number of completed behavioral health screenings and assessments for both youth and adults. Initial screening determines whether an individual is in need of services and meets the criteria for CSB services. If so, an assessment is completed.	Fiscal year begins with a "0" baseline and totals are cumulative throughout the year.
Behavioral Health Outpatient	The number of individuals served in all non-residential behavioral health programs, such as outpatient or in community-based services.	For first quarter, reflects individuals who were served on the last day of the previous fiscal year and continued services into the first quarter of the current fiscal year. Totals are cumulative throughout the year.
Behavioral Health Residential	The number of individuals served in behavioral health residential and supportive community residential services, to include detoxification and psychiatric inpatient services purchased by the CSB.	For first quarter, reflects individuals who were served on the last day of the previous fiscal year and continued services into the first quarter of the current fiscal year. Totals are cumulative throughout the year. Psychiatric inpatient accounts for approximately 6-7% of these services.
Developmental Disability Support Coordination	Top number reflects number of individuals who received at least one case management service during specified time frame. Bottom number reflects number of individuals who received <u>any</u> Support Coordinator Service, to include assessment, case coordination and case management.	For first quarter, reflects individuals who were served on the last day of the previous fiscal year and continued services into the first quarter of the current fiscal year. Totals are cumulative throughout the year.
Developmental Disability Residential	The number of individuals served in directly operated and contracted group homes, supported apartments, and some supportive services. Does not include individuals with Medicaid Waiver who are receiving services through contract providers.	For first quarter, reflects individuals who were served on the last day of the previous fiscal year and continued services into the first quarter of the current fiscal year. Totals are cumulative throughout the year.
<b>Wait Time for Emergency Services</b>		

Data Element	Definition	Notes
% receiving emergency services within one hour	Percentage of individuals who receive emergency services within one hour of check-in/triage.	Fiscal year begins with a "0" baseline and totals are cumulative throughout the year.
<b>Number of Temporary Detention Orders and Emergency Custody Orders</b>		
Temporary Detention Orders (TDO)	Reflects number of temporary detention orders through emergency services.	Fiscal year begins with a "0" baseline and totals are cumulative throughout the year.
Emergency Custody Orders (ECO)	Reflects number of emergency custody orders through emergency services.	Fiscal year begins with a "0" baseline and totals are cumulative throughout the year.
<b>Primary Care</b>		
% of individuals receiving behavioral health program services who report having a primary care provider	Percentage of individuals receiving ongoing <b>behavioral health</b> services whose health record indicates that they have a primary care provider.	"Yes/No" data field). An adjoining data field prompts for primary care provider name and contact information.  Fiscal year begins with a "0" baseline and totals are cumulative throughout the year.
% of all individuals with a payer source	Percentage of individuals whose health record indicates a payer source.	Reflects all individuals in a program area. Does not include individuals who only receive Assessment, Monitoring or Emergency Services.  Fiscal year begins with a "0" baseline and totals are cumulative throughout the year.  Payer source is intended to be linked to an individual's access to health care and not CSB operations.
Medicaid Only	Individuals whose health record indicates Medicaid only.	
Medicare Only	Individuals whose health record indicates Medicare only.	
Private Insurance Only	Individuals whose health record indicates private insurance only.	
Multiple Insurance Sources	Individuals whose health record indicates multiple insurance sources and includes individuals who have more than one type of public insurance, as well as those who have both private and public insurance.	
No Insurance Coverage Reported	"No" responses and blanks are combined to equal the percentage for "no insurance coverage reported".	
<b>Peer Services</b>		
Number of Individuals receiving peer support services in the community	The top number reflects individuals who received at least one (15 minute or longer) individual of group service from a peer support specialist in a community-based peer support center. Bottom number reflects individuals who received any service or support in a community-based peer support center.	For first quarter, reflects individuals who were served on the last day of the previous fiscal year and continued services into the first quarter of the current fiscal year. Totals are cumulative throughout the year.

Additional Notes:

- Total number of individuals served is unduplicated
- Number of individuals served is unduplicated within each service area (i.e. Behavioral Health Assessment, Behavioral Health Outpatient), but individuals may be duplicated across service areas (i.e. an individual may receive Assessment and Outpatient Services within the reporting period).
- Numbers served are extracted from the CSB Electronic Health Record and are consistent with the data reported to the Department of Behavioral Health and Developmental Services.

CSB Board Review of CSB Board Policy

Issue:

Regular review and update to identified CSB Board Policies

Background:

The regular CSB Board policy review process includes submission of policies to the CSB Board Executive Committee for initial review. The policies, with Committee recommendations visible, are then submitted to the full CSB Board as an Information Item for further review. Following CSB Board review the policies are submitted as an Action Item for approval at the next CSB Board meeting. The policies submitted for Board review at this meeting include:

- 2120 – Reimbursement for Services

Timing:

Due to the ongoing impact of COVID-19 cancellation of the CSB Board Executive Committee meetings continue. Therefore, review and approval of CSB Board policies is completed by the full Board. Following this opportunity for review and recommendation by the CSB Board, the policies will be submitted for approval at the December 16, 2020 CSB Board meeting.

Board Member

Sheila Jonas, CSB Board Secretary

Related Documents:

- A. 2120 – Reimbursement for Services

Policy Number: 2120  
Policy Title: Reimbursement for Services  
Date Adopted: TBD

Purpose

To ensure that a system is in place to provide subsidies for individuals who are unable to pay the full fee and are only applied to services not covered by the individual's insurance plan. Subsidies are also available for individuals who do not have insurance and are unable to pay the full fee. Subsidies are based on the CSB's Ability to Pay Scale guidelines and the individual's provision of documentation of income and family size.

To provide guidance for the establishment of a reimbursement system that maximizes the collection of fees from individuals receiving services from the CSB.

To ensure that fees are established in accordance with state and local statutes and regulations.

Policy

It is the policy of the CSB Board that:

1. Fee(s) will be established for each service and these fees shall be reviewed annually. Fees shall be reasonably related to the established unit cost of providing the services.
2. The individual or other legally responsible parties shall be liable for the established fee and, if they have insurance, related insurance plan required deductibles and co-payments to the extent provided by law.
3. Payment of fees for services rendered shall be sought from the following funding sources: individual self-pay, third party payers/insurance companies, other legally responsible parties, and the use of extended payment plans.
4. An individual or other legally responsible party who is unable to pay the full fee at the time service is rendered may be granted a subsidy using local and state revenue under the following guidelines:
  - a. Regulations shall be established to ascertain ability to pay and to determine subsidies.
  - b. An annual review of the ability to pay of the individual and of other legally responsible parties will be conducted.
  - c. Extended payment plans shall be negotiated before any subsidy using local and state revenue is considered.
5. Pursuant to County policy, delinquent accounts may be placed with the Fairfax County Department of Tax Administration (DTA) for collection. DTA employs private collection agents to collect all debt that is 90 days' delinquent. Collection actions may include wage liens, bank liens, property seizures and flagging of credit records. Upon referral, a \$30

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administrative fee, 10% penalty for late payment, and simple interest of 10% per will be added to the amount due. A \$50 fee will be assessed on any payment returned by the bank unpaid due to non-sufficient funds or account closed.

- 6. Services shall not be refused to any individual solely on the basis of ability to pay.
- 7. Every individual served by the CSB shall be subject to this fee policy whether service is obtained from a directly operated program or a contracted vendor.
- 8. Such individual and other responsible parties shall have the right to an appeal of fee-related determinations in accordance with procedures established by the CSB.

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Approved: \_\_\_\_\_ TBD  
CSB Board Secretary Date

References:

- Code of Virginia, §37.2-504.A7
- Code of Virginia, §37.2-508
- Code of Virginia, §37.2-511.
- Code of Virginia, §37.2-814
- Code of Virginia, §58.1-3919.1
- Fairfax County Code § 1-1-17 and § 1-1-18

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| Policy Adopted: March 1984          | Revision Adopted: October 23, 2019 |
| Revision Adopted: January 1995      | Revision Adopted: TBD              |
| Policy Readopted: June 1996         |                                    |
| Revision Adopted: May 28, 1997      |                                    |
| Revision Adopted: April 26, 2000    |                                    |
| Revision Adopted: May 23, 2001      |                                    |
| Revision Adopted: June 17, 2002     |                                    |
| Policy Readopted: July 23, 2003     |                                    |
| Policy Readopted: June 23, 2004     |                                    |
| Revision Adopted: June 22, 2005     |                                    |
| Revision Adopted: December 21, 2005 |                                    |
| Revision Adopted: June 25, 2008     |                                    |
| Revision Adopted: July 28, 2010     |                                    |
| Revision Adopted: October 23, 2013  |                                    |
| Revision Adopted: December 1, 2014  |                                    |
| Revision Adopted: October 28, 2015  |                                    |
| Revision Adopted: December 6, 2017  |                                    |
| Policy Readopted: December 4, 2018  |                                    |

Approval of CSB Board Policies

Recommended Motion:

*I move that the Board approve the revised CSB Board 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, two policies were submitted to CSB Board members at the October 2020 CSB Board meeting for review and recommendation. At the October 2020 CSB Board Meeting, policy #3060 was tabled for further review and recommendation until the November meeting. The three policies, as listed below, are submitted with and without edits to the CSB Board for final review and approval.

- 1401 – Executive Director Line of Succession (*no edits offered*)
- 3060 – Human Rights
- 3200 – Diversion First (*no edits offered*)

Timing:

Immediate

Board Member

Sheila Jonas, Secretary to CSB Board

Enclosed Documents:

- A. 1401 – Executive Director Line of Succession
- B. 3060 – Human Rights
- C. 3100 – Consumer Dispute Resolution

Policy Number: 1401  
Policy Title: Executive Director Line of  
Succession  
Date Adopted: TBD

**Purpose**

To establish a line of succession for the position of Executive Director during catastrophic emergency events.

**Policy**

The Executive Director has overall responsibility for managing the CSB and has the authority to delegate functions to other CSB staff. The Executive Director is also responsible for ensuring the continuous ability of the CSB to carry out emergency duties and responsibilities during catastrophic emergency events.

During a declared state of emergency, the Executive Director may be unavailable to carry out the duties and responsibilities. Emergency interim successors may be appointed by the Deputy County Executive to carry out identified duties and responsibilities of the Executive Director or their successors.

The emergency interim successor may exercise the authority and responsibilities of the Executive Director until a successor is appointed or hired, or until the incumbent is able to resume the exercise of the authority and responsibilities of the Executive Director.

Emergency interim successors in the order of the succession shall have full powers of the Executive Director's position to commit CSB resources during a time of emergency or disaster if the person normally exercising the position becomes unavailable.

The following line of succession shall apply:

1. Executive Director
2. Deputy Director, Clinical Operations
3. Deputy Director, Administrative Operations
4. Assistant Deputy, Community Living Treatment & Supports
5. Assistant Deputy, Acute & Therapeutic Treatment Services

Approved: \_\_\_\_\_  
CSB Board Secretary

\_\_\_\_\_  
Date

Reference: CSB Policy 1400: Executive Director

Policy Adopted: November 19, 2003  
Policy Readopted: March 25, 2009  
Policy Revised: December 16, 2015  
Policy Revised: February 22, 2017  
Policy Revised: TBD

Policy Number: 3060  
Policy Title: Human Rights  
Date Adopted: TBD

Purpose

To provide for the assurance of Human Rights for all consumers who receive services from the Fairfax-Falls Church Community Services Board (CSB) or its contractors.

Policy

The CSB shall comply with federal, state, and local laws to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, Or Operated by the Department of Behavioral Health and Developmental Services.

This shall be accomplished through compliance with CSB regulations to include the areas outlined in the Virginia Administrative Code : Assurance of Rights, Explanation of Individual Rights and Provider Duties, Substitute Decision Making, Complaint Resolution, Hearing and Appeals Procedures, Variances, Reporting Requirements, Enforcement and Sanctions, and Responsibilities and Duties.

Approved \_\_\_\_\_

CSB Board Secretary

\_\_\_\_\_ Date

Reference: [Code of Virginia to assure the Rights of Individuals receiving services from providers licensed, funded, or operated by the Department of Behavioral Health and Developmental Services, 12VAC35-115 –10 Authority and Applicability](#)

Policy Adopted: July 24, 2002  
Revision Adopted: June 23, 2010  
Revision Adopted: October 28, 2015  
Revision Adopted: TBD

Policy Number: 3060  
Policy Title: Human Rights  
Date Adopted: TBD

Purpose

To provide for the assurance of Human Rights for all consumers who receive services from the Fairfax-Falls Church Community Services Board (CSB) or its contractors.

Policy

The CSB shall comply with federal, state, and local laws to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, Or Operated by the Department of Behavioral Health and Developmental Services.

- Deleted:** the State Administrative Code under Virginia Law
- Deleted:** to the extent that such are applicable to the CSB or it's programs
- Deleted:** Rules and Regulations

This shall be accomplished through compliance with CSB regulations to include the areas outlined in the Virginia Administrative Code; Assurance of Rights, Explanation of Individual Rights and Provider Duties, Substitute Decision Making, Complaint Resolution, Hearing and Appeals Procedures, Variances, Reporting Requirements, Enforcement and Sanctions, and Responsibilities and Duties.

- Commented [TCL2]:** This is the correct name of the administrative code in Virginia
- Deleted:** State
- Deleted:** under Virginia Law
- Deleted:** Regulations

Approved \_\_\_\_\_  
CSB Board Secretary Date

Reference: Code of Virginia to assure the Rights of Individuals receiving services from providers licensed, funded, or operated by the Department of Behavioral Health and Developmental Services, 12VAC35-115 –10 Authority and Applicability

- Deleted:** State Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, Or Operated By The Department Of Behavioral Health and Developmental Services
- Deleted:** under
- Deleted:**
- Deleted:**
- Deleted:** et seq.

Policy Adopted: July 24, 2002  
Revision Adopted: June 23, 2010  
Revision Adopted: October 28, 2015  
Revision Adopted: TBD

Policy Number: 3200  
Policy Title: Diversion First  
Adopted: TBD

Purpose

A Diversion-Oriented System of Care, known as *Diversion First*, aims to reduce the number of people with mental illness, substance use disorders and intellectual and developmental disabilities in local jails. This is accomplished through diverting individuals to needed services in circumstances where a police officer has probable cause that the individual committed a low-level crime for which the individual could be arrested. Diversion may also occur through magistrate processes, court involved cases, as well as transitions from incarceration to linkages with community services and supports.

Policy

It is the policy of the CSB to collaborate with participating organizations to provide assessment, consultation, and resources subject to availability to:

1. Collaborate with law enforcement, the judicial system, first responders, other community agencies, and citizens to redirect individuals from our judicial system into our health care system.
2. Support ongoing Crisis Intervention Team (CIT) training for local law enforcement personnel.
3. Develop and collaborate on Diversion First initiatives through Memorandums of Understandings and service delivery strategies with local law enforcement agencies.
4. Provide Mental Health First Aid Training to community stakeholders groups and the general population.
5. Collaborate on transfer of custody, data collection, and assessment and treatment services.

Services provided by the CSB that support the Diversion First efforts will be designed to comply with policies and procedures required by federal and state oversight agencies, county, and interagency agreements.

Approved: \_\_\_\_\_  
CSB Board Secretary Date

References

Code of Virginia § 9.1-187-90

[§ 9.1-187](#) : *Establishment of crisis intervention team programs*

References (Cont'd)

[§ 9.1-188](#) : *Crisis intervention team training*

[§ 9.1-189](#) : *Crisis intervention team protocol*

[§ 9.1-190](#) : *Crisis intervention team program assessment*

[Code of Virginia §12-35-105](#): *Rules and Regulations for Licensing Providers by The Department of Behavioral Health and Developmental Services.*

(<http://www.dbhds.virginia.gov/library/developmental%20services/chapter%20105%202013.pdf>)

*Essential Elements for the Commonwealth of Virginia's Crisis Intervention Team Programs (CIT)* published by the Department of Criminal Justice Services and Department of Behavioral Health and Developmental Services, updated October 1, 2014.

<http://www.dbhds.virginia.gov/library/forensics/fofo%20-%20vacitessentialelements.pdf>

Policy Adopted: February 24, 2016

Policy Revised: TBD

CSB BOARD REVIEW

2021 CSB Board Meeting Schedule

Issue

Review and request approval of the proposed 2021 CSB Board meeting schedule.

Recommended Motion

*I move that the Board approve the CSB Board meeting schedule for calendar year 2021 as presented (revised)*

Background

In preparation for CSB Board and Committee meetings scheduled for January 2021 through December 2021, attached is a proposed schedule along with notations of the locations at which the in-person meetings may be held as determined by the CSB Board. Additionally, please note that the first column reflects the merging of the Developmental Disabilities and Behavioral Health Oversight Committees to a 'services' meeting that is scheduled to meet bi-monthly in the even months. The highlighted dates indicate conflicts with the 2021 County holiday schedule. Please note the red text that reflects the usual rescheduling of meetings one week earlier to accommodate the scheduled holidays on which the County is closed in November and December.

Enclosed Document

2021 Proposed Board and Committee Meeting Schedule

Board Member

Bettina Lawton, Chair

**DRAFT 2021 CSB Board Meetings Calendar**  
**Fairfax-Falls Church Community Services Board**

ATTACHMENT A

	FFCCSB 'Services' Committee (bi-monthly, even)	FFCCSB Compliance Committee	FFCCSB Executive Committee	FFCCSB Fiscal Oversight Committee	FFCCSB Board
<b>2021 Meetings</b>	<b>2<sup>nd</sup> Wed: 5:00 pm</b>	<b>3<sup>rd</sup> Wed: 4:00 pm</b>	<b>3<sup>rd</sup> Wed: 4:30 pm</b>	<b>3<sup>rd</sup> Thu: 4:00 pm</b>	<b>4<sup>th</sup> Wed: 5:00 pm</b>
<b>ROOMS:</b>	<b>Merrifield Center Rom 3-314, West</b>	<b>Merrifield Center Rom 3-314, West</b>	<b>Merrifield Center Rom 3-314, West</b>	<b>Pennino Bulding Room 836A</b>	<b>Merrifield Center Rom 3-314, West</b>
Jan	*	20***	20***	21	27
Feb	10	17	17	18	24
Mar	*	17	17	18	24
Apr	14	21	21	15	28
May	*	19	19	20	26
Jun	9	16	16	17	23
Jul	*	21	21	15	28
Aug	11	18	18	19	25
Sep	*	15	15	16	22
Oct	13	20	20	21	27
Nov	* (1st Wed)**	10 (2nd Wed)**	10(2nd Wed)**	11 (2nd Thu)***	17 (3rd Wed)**
Dec	1 (1st Wed)**	8 (2nd Wed)**	8 (2nd Wed)**	9 (2nd Thu)**	15 (3rd Wed)**

\* **No Meeting**

\*\***In observance of a County holiday**

\*\*\* **Conflict with County Holiday**

Note: **All Committee meetings with the exception of the Fiscal Committee are held at the Merrifield Center, Room 3-314, West**

**Inauguration Day: Wednesday, January 20 \*\*\***  
**Veteran's Day; Thursday, November 11\*\*\***  
**Thanksgiving; Thursday, Nov. 25 & Friday, Nov. 26**  
**Christmas; Friday, Dec. 24 & Monday, Dec. 27**