



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Bettina Lawton, Chair

Wednesday, December 16, 2020, 5:00 p.m.

Will be held electronically due to the COVID-19 pandemic

Live audio of the meeting may be accessed by dialing:

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

- | | | |
|--|---------------------|-----------|
| 1. Meeting Called to Order | Bettina Lawton | 5:00 p.m. |
| 2. Roll Call and Audibility | Bettina Lawton | |
| 3. Preliminary Motions | Bettina Lawton | |
| 4. Recognition | Bettina Lawton | |
| 5. Matters of the Public | Bettina Lawton | |
| 6. Amendments to the Meeting Agenda | Bettina Lawton | |
| 7. Approval of the August 26, 2020 CSB Board Virtual Meeting Draft Minutes | Bettina Lawton | |
| 8. Staff Presentation | | |
| A. EARS, WHPP, & Nursing
<i>(Engagement, Assessment and Referral Services)</i>
<i>(Wellness, Health Promotion, and Prevention)</i> | Louella Meachem | |
| 9. Director's Report | Michael Neff | |
| A. Services Update | | |
| B. COVID-19 Update | | |
| C. Fiscal Update | | |
| D. Other Updates | | |
| • VACSB Draft Budget Priorities 2021 | Elizabeth McCartney | |
| 10. Matters of the Board | Board Members | |
| 11. Action Item | | |
| A. CSB Board Policy Approval, #2120 | Sheila Jonas | |
| 12. 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). | | |
| 13. Adjournment | | |

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

Fairfax-Falls Church Community Services Board
Virtual Meeting Minutes
November 18, 2020

The Board met electronically 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 via video and audio conference call 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: Bettina Lawton Chair; Jennifer Adeli; Karen Abraham; Daria Akers; Robert Bartolotta; Captain Derek DeGeare.; Ken Garnes; Sheila Coplan Jonas; Larysa Kautz; Garrett McGuire; Srilekha Palle; Edward Rose; Andrew Scalise; Daniel Sherrange; Sandi Slappey, and Anne Whipple.

The following CSB Board members were absent:

The following CSB staff was present: Daryl Washington; Eileen Bryceland; Evan Jones; Lisa Flowers; Michael T. Lane; Linda Mount; Michael Neff; Cindy Tianti; and Lyn Tomlinson

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair, called the meeting to order at 5:00 p.m.

2. Roll Call and Audibility

Ms. Lawton conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Ms. Lawton passed the virtual gavel to CSB Board Vice Chair Jennifer Adeli 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 Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this 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 and using 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 Rob Bartolotta and unanimously passed.

4. Matters of the Public

Nine members of the public including CSB current and retired staff, family members of individuals receiving or having received CSB services, and members of the community, attended via conference call to provide comment on concerns related to the consideration of contracting for some services including residential substance use disorder treatment and Crisis Care stabilization that are currently provided by CSB staff.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Bettina Lawton requested that the Fiscal Oversight Committee report be added to Matters of the Board, following which, the agenda was accepted as revised.

6. Approval of the Minutes

Draft minutes of the October 28, 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 Daria Akers and passed unanimously.

7. Director's Report

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

- The successful launch of medical clearance services at the Merrifield Center was reported, noting that it is provided five days each week, eight hours each day for both adults and youth.
- Alternative transportation services for Northern Virginia have been successfully launched from the Merrifield Center. It was clarified that as the launch occurred recently, only a small number of trips have been completed.
- Review of service trends revealed that the number of clients coming in for assessments and at the Call Center is increasing to near pre-COVID numbers.
- Referring to the public comment provided at recent CSB Board meetings regarding the consideration of contracting some services, follow up efforts were reported including outreach to residential treatment program leadership and staff for the collection of broad feedback. Additionally, three years of historical data collection has begun. Data points will include the cost of service delivery and the number of individuals being served and on the residential wait list. Preliminary results will be presented at the December 2020 CSB Board meeting.

Additionally, open town hall style virtual meetings are planned. Attendees are anticipated to include residential staff, individuals served and family members, community members, and the wider CSB and Health & Human Services staff. Outreach will also include a survey to provide an opportunity for non-electronic participation.

A reminder was offered that these efforts will impact the initial timeline for a final decision. Recognizing strong member interest, additional discussion is planned following the data collection reported earlier and as events move forward.

- Mr. Washington reported that a bill, informally called the MARCUS Alert bill, was passed. As a reminder, the bill proposes the establishment of a statewide co-responder model that will pair mental health clinicians and peers with police officers responding to 911 calls involving individuals in a mental health crisis. Implementation is proposed in two phases: for year one, the end of 2021 and for year two, the end of 2023. Performance details are pending further discussion by the legislature, reporting a current funding proposal of \$600K. It was confirmed that the Board of Supervisors (BOS) has strong interest in this type of program. Initial plans under consideration include cooperative planning and information sharing between law enforcement and the CSB and the likely implementation of a micro pilot for which regular updates will be provided.
- The 2020 CSB Spirit of Excellence Awards virtual ceremony was held via Zoom on Thursday, November 12, 2020.
- At the November 17, 2020 BOS meeting, Chris Leonard, currently the Director of Neighborhood Health and Community Services was announced as the new Deputy County Executive for Health, Housing and Human Services. He will be working with outgoing Deputy County Executive Tisha Deeghan for a smooth transition at the end of February 2021.

CSB Deputy Director of Administrative Operations Michael Neff provided the COVID-19 update, noting that reengagement is proceeding smoothly. Acknowledging the challenges presented by the array of services provided at the Merrifield Center, reengagement efforts have been supported by meeting with partners co-located at Merrifield including Inova, the pharmacy and the dental clinic, and Neighborhood Health. Revisions to implement hypothermia centers at both the North County and the South County centers have begun. Fluctuations in COVID cases will be closely observed for any needed changes. Personal protective equipment and sanitization supplies are well stocked and strictly monitored.

Daryl Washington provided a brief background of the Capital Improvement Plan (CIP) noting that it is a long-term plan for future anticipated county facility needs, highlighting that the Plan is annually reviewed and revised as needed. Attention was directed to the CSB related slides of the 2022 – 2026 County Executive CIP briefing included in the meeting materials. The slides detailed the services provided and the anticipated needs of each facility including Crossroads, the Tim Harmon Complex that includes Cornerstones, A New Beginning, and Fairfax Detox, with the proposal of a new building to provide administrative and step down services. Members were encouraged to review the materials, including the slides that highlight the efforts to improve and increase the availability of affordable housing.

Linda Mount, Director of Analytics and Evaluation, provided an overview of the outcomes and status reports provided in the meeting materials. Some additional details were provided that included:

- Clarification that the Performance Measures reports include the Community Services Performance Contract/DBHDS (Department of Behavioral Health and Developmental Services) measures as well as modified measures that have been developed to better reflect outcomes for this CSB. The related definitions are provided to clarify representation of the measures.
- The CSB Status Report (Dashboard) for the first quarter of 2021 was provided for review. It was clarified that the numbers for the first quarter are inflated as they include the individuals carried over from the prior fiscal year. Additionally, the numbers reflect the impact of COVID on service delivery, noting further that the improvements reported earlier in the meeting will be reflected in the second quarter report. Bettina Lawton encouraged members to closely review and share this report with their appointing authorities, noting it is a helpful tool that provides a quick and simple quarterly update of CSB activities.

8. Matters of the Board

Ken Garnes provided an update to development of the Annual Report, confirming that it will be shared with the Board very soon, further reporting that Elizabeth McCartney, CSB Legislative Liaison, is available for questions at Elizabeth.McCartney@fairfaxcounty.gov or at 703-324-5257.

Bettina Lawton reported proposed revisions to the CSB Board Bylaws and a new CSB Board Policy are in development. Proposed revisions to the Bylaws are to accommodate CSB Board member electronic participation in CSB Board and Committee meetings as well as to reflect current CSB programs and CSB Board standing committees.

Development of a new policy also addresses member electronic participation in Board and Committee meetings. A copy of the new policy and the revised Bylaws, with initial recommendations reflected, will be forwarded electronically to all members. Please forward further edit recommendations to Erin Bloom.

Ms. Lawton also reported that a virtual CSB Board retreat is not advisable at this time due to the typical 6-hour length of a CSB Board member retreat. Alternatively, several monthly virtual workgroup sessions of approximately 90 minutes each will be scheduled to provide information typically discussed at the Board member retreat. Topics are anticipated to include statutory responsibilities, VA-FOIA, budget planning, and programmatic information. Initial scheduling recommendation is for the third Wednesday monthly beginning in 2021.

9. Information Item

A. *CSB Board Policy Review*

Sheila Jonas directed attention to copies of CSB Board policy #2120 included in the meeting materials. Members were asked to review and provide feedback to CSB Board Clerk Erin Bloom. The policy will be submitted for approval at the December 2020 CSB Board meeting.

10. Action Item

A. *CSB Board Policy Approval*

CSB Board policies #1401, #3060 and #3200, including recommended revisions, were submitted to the CSB Board for final review and approval. Acknowledging that no recommendations were forthcoming Sheila Jonas made a motion to approve the policies as submitted that was seconded by Edward Rose and unanimously approved.

B. 2021 CSB Board Meeting Schedule

Bettina Lawton presented the draft 2021 meetings schedule, highlighting some meeting conflicts with county holidays that will be addressed as the conflict dates near. Sheila Jonas made a motion to accept the calendar as presented that was seconded by Daria Akers and unanimously approved.

There being no further business to come before the CSB Board, the meeting was adjourned at 6:43 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 Bettina Lawton, seconded, and passed.
- The October 28, 2020 CSB Board Meeting minutes were approved as presented.
- CSB Board policies 1401, 3060, and 3200 were approved.
- Approval of the 2021 CSB meetings schedule

Date Approved	Staff to the CSB Board
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COMMUNITY SERVICE BOARD NURSING SERVICES

PRESENTATION TO THE FAIRFAX-FALLS CHURCH CSB
BOARD

DECEMBER 16, 2020

Louella Meachem, Service Director

BRIEF INTRODUCTION

- Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.
- CSB Nurses work as part of an interdisciplinary team to provide clinical treatment to individuals with mental illness, substance use disorders, co-occurring disorders, and developmental disabilities, as well as compromised physical health conditions.
- They perform assessments and screenings to identify needed treatment related to primary care and behavioral health disorders . Our nursing staff provide counseling, case management, mental health support services, crisis intervention, detoxification and care coordination with community and county partners.
- Nurses serve as the medical representative who provides medical and rehabilitative interventions in an emergency and ongoing basis .
- Nurses also act as the consultant around medical issues to non-medical team members.

NURSING SERVICE CRITERIA

- CSB nurses do not serve primarily as medication clinic nurses but also serve in key roles on service teams throughout the agency. Usually, the nursing staff are assigned caseloads that involve individuals with complex medical issues.
- Nurses are obligated to make good use of medical training and experience and to take leadership roles on clinical teams for people with complex medical needs, making sure that, as an agency, the CSB is providing behavioral health care in a holistic way that recognizes the many components of wellness.
- Nurses seek opportunities to educate and train other CSB staff and our individuals about critical health issues, medications, smoking cessation, primary care integration and nutrition.
- While job descriptions will differ somewhat, depending on where nurses work, we have updated all nursing position descriptions throughout the agency to reflect the professional role that nurses in this organization must assume to enable the organization to better meet the complex and serious needs of those who come to us for services

DESCRIPTION OF NURSING DEGREES

- **Licensed Practical Nurses (LPN)** provide basic nursing care including monitoring vital signs, and other assessments, performing dressing changes and other treatments, administering medication in certain states and work under the supervision of a physician or registered nurse. They complete 12-18 months education programs usually in vocational or technical schools or community colleges and must pass a nationally standardized licensing exams
- **Registered Nurses (RN)** complete programs of study at a two-year community college, or four-year college or university. They must also pass a nationally standardized licensing exam in the state of practice. The essential core of their nursing practice is to deliver holistic, patient centered care that includes assessment and monitoring, administering a variety of treatments and medications, patient and family education and servicing as a member of the interdisciplinary team. Nurses care for individuals and families in all phases of the health and wellness continuum as well as provide leadership in health care delivery systems and in academic settings
- **Nurse Practitioners (NP)** are advanced Practice RNs who provide a wide range of healthcare services across healthcare settings, NPs take health histories and provide complete physical exams, diagnose and treat many common acute and chronic problems, interpret labs results and x-ray, prescribe and manage medications and other therapies provide education and counseling. Advance practice RNs receives advanced clinical preparation generally a master's degree. Specific titles and credentials vary by state approval.
- **Clinical nurse specialist (CNS)** are also advanced practice RNs. They practice in a variety of health care environments and participate in mentoring other nurses, case management, research, designing and conducting quality improvement programs, educators, consultants. Some specialty areas are Adult health, community health, geriatrics, home health, pediatric, mental health, school and women's health.

NURSING ROLE IN PRIMARY CARE INTEGRATION

- As we know, individuals with serious mental illnesses and co-occurring disorders are known to be at higher risk for poor physical health outcomes largely due to unidentified chronic conditions.
- We are continuing to promote primary healthcare and healthcare integration is a critical focus area for our CSB.
- The Behavioral Health and Developmental Service(DBHDS)initiated the System Transformation Excellence Performance (StepVA) to promote wellness at all levels
- Teams throughout the CSB worked hard to help implement Step VA. One portion of Step VA is primary care integration which involved doing a yearly primary care screening and screening for metabolic syndrome every 6 months to a year.
- Our nursing staff had a central roll in its implementation and continue sustainability by completing the primary care screenings on all clients receiving case management and metabolic screening on all individuals receiving psychotropic medications .

NURSES ROLE IN MEDICATION ASSISTED TREATMENT

- The National Institute on Drug Abuse (NIDA) describes Medication Assisted Treatment as the pharmacotherapy used to support and treat recovery efforts for individuals seeking to overcome substance use disorders.
- Treatment is always combined with counseling, therapies, monitoring, and community -based services along with the support needed for recovery.
- Medications used to assist those seeking recovery is methadone, Buprenorphine, and Naltrexone
- The CSB nurses in several programs and services have supported this efforts thru duties listed below .
 - Nursing assessments
 - Monitoring for withdrawal symptoms
 - Monitoring vitals signs
 - Medications delivery and administrations
 - Collaboration and care coordination with and referral to other programs as ADC, primary care ,housing , community hospitals and lower or higher levels of care.
 - Medical treatment
 - Laboratory results monitoring and specimen collections

Program	# Nursing Positions	Vacancies	Initiatives
Acute Services			
EAR	None	Proposal 2 LPN's	Front door Redesign
ES& Crisis services	1 BHNS 6 BHNCM 1 30 non- merit BHNCM	None	Detox unit StepVA COVID 19
Diversion/ Jail	3 BHNCM 1 30 non-merit BHNCM	1 30 hr. BHNCM	MAT StepVA
Resi Tx Detox	3 BHNS 10 BHNCM 8 LPN 2 Temp	3 BHNCM	ARTS MAT StepVA COVID 19
Y&F	1 BHNCM 20 hours merit 1 LPN 30hour non-merit	none	StepVA COVID 19
Community Living			
BHOP	5 BHNS 10 BHNCM 9 LPN 1 30 LPN	1 LPN 1 30 LPN	ARTS MAT StepVA COVID 19
ACRS	1BHNS 2 BHNCM 1 LPN	1BHNS	StepVA COVID 19
SCRS	4 LPN	2LPN	StepVA COVID 19
ICTS	5 BHNCM 1 LPN	1 BHNCM 1 LPN	StepVA COVID 19
MEDICAL SERVICE			
ADC	1 BHNS 2BHNCM 1 LPN 1 30 LPN	None	ARTS MAT StepVA COVID 19
NP /PA	6 NP /PA 2 non merit NP	None	ARTS MAT StepVA COVID 19
Totals	NP/PA =8	none	
	BHNS= 11	1	
	BHNCM=40	5	
	LPN=26	4	
TOTALS NURSE	85	10	8 - 7

COVID-19 ASSISTANCE

- Completing and developing FIT testing skills including “train the trainer” allowing our CSB nurses to be able to train other nurses to conduct FIT testing for our work force and decrease or eliminate our staff’s exposure to COVID-19
- COVID-19 testing of individuals in residential and group homes
- Bringing Blood sugar levels under control, in our brittle diabetic individuals
- Monitoring Hypertension /blood pressure levels in at risk individuals
- Sharpen assessment skills for clients presenting for services or returning to programs to identify COVID-19 symptoms or other chronic diseases.
- Making sure individuals received their medication and injections on schedule during COVID-19



ANY QUESTIONS?



ENGAGEMENT, ASSESSMENT AND REFERRAL SERVICES

PRESENTATION TO THE FAIRFAX-FALLS CHURCH CSB
BOARD

DECEMBER 16, 2020

Louella Meachem, Service Director

Shana Grady, Program Manager

Kristen Werner, Assessment Supervisor/Interim Program Manager

WELCOME TO THE FRONT DOOR!



BRIEF PROGRAM OVERVIEW

- The purpose and goal of the Engagement, Assessment and Referral unit is to serve as a point of entry” front door” for the CSB, to triage people for safety and help them get appropriate treatment to meet their mental health, substance use, developmental and co-occurring disorder needs
- The program provides behavioral health screenings and initial assessments of individuals, adults and youth/families, seeking CSB services to ensure that the individual receives the appropriate level of care.

ACCESS AND OPERATIONS (PRE-COVID)

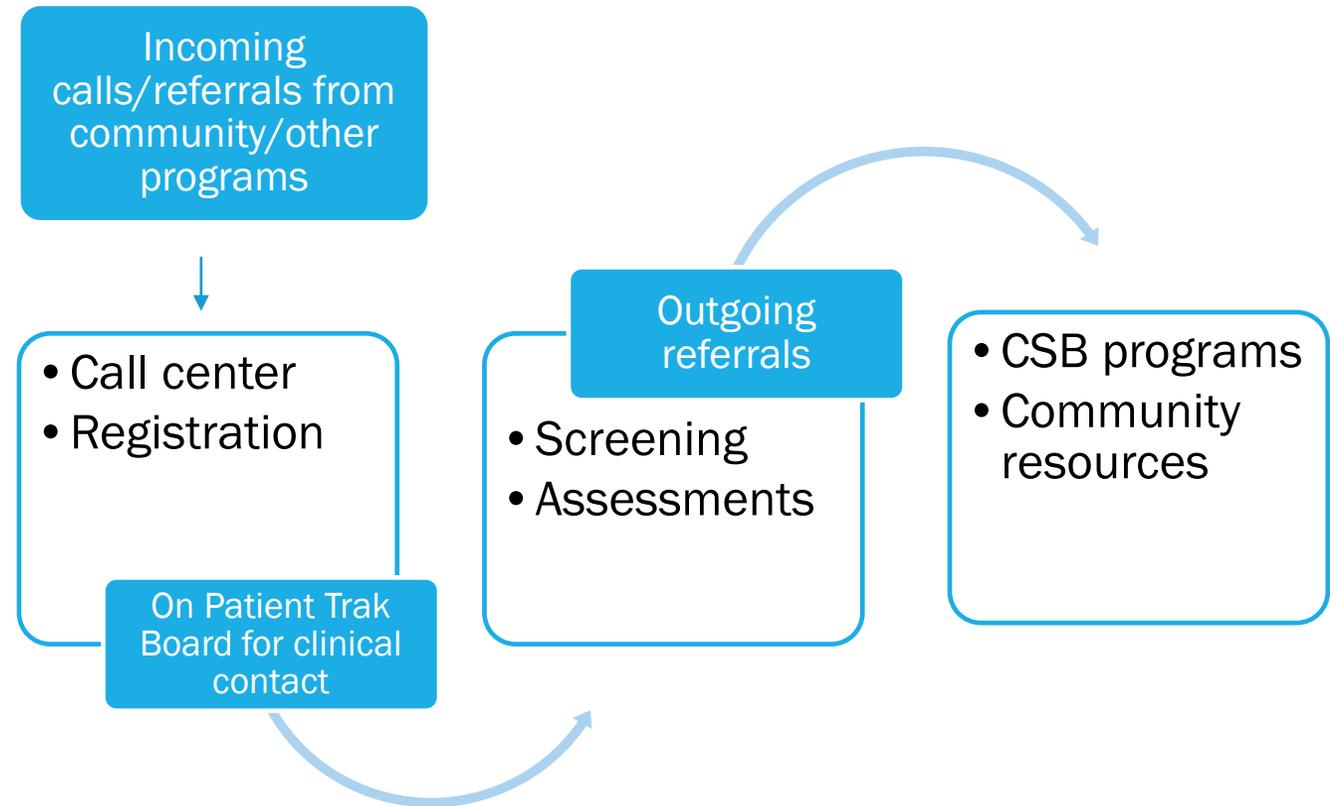
- Individuals initiated requests for services through the CSB Call Center or walk-in any time between 9am & 5pm Monday thru Friday.
- Individuals are screened, triaged and scheduled for assessments according to the priority population guidelines for services (e.g. for risk, pregnancy and substance use), as well as along a first come first served basis.

ACCESS AND OPERATIONS



- Most individuals are initiating requests for services through the CSB Call Center or they can walk in any time between 9am & 4pm Monday thru Friday
- Individuals complete registration process and then transferred to our CSB Assessment team for screening and assessment, according to the priority for services.
- Most clinical services are being conducted virtually via zoom or phone. Individuals who prefer to walk-in can do so and are set up in a room on-site to complete screening/assessment with the available on-site clinician

GENERAL WORKFLOW

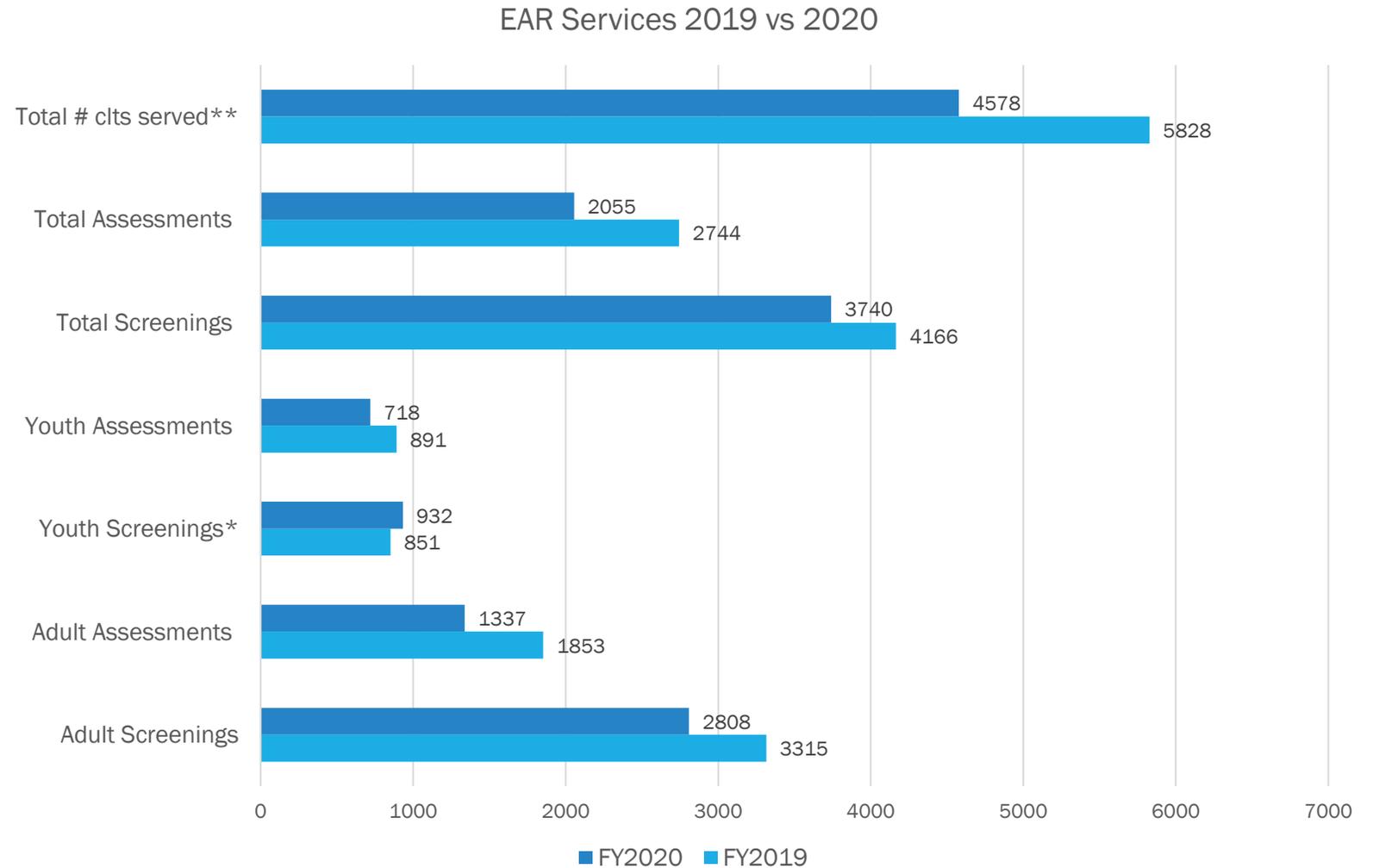


STAFFING

- Total FTE's – 23 (Call center, Adult and Youth Assessment)
- 1 Service Director -1 FTE
- 1 Manager -1 FTE
- 4 Supervisors - 4 FTE's
- 13 Senior Clinicians (Full and Part-time)
- 4 Behavioral Health Specialists (Full and Part-time)

PERFORMANCE

- 71% adults screened - referred for intake (29% referred out/decline services)
- 88% youth screened - referred for intake (12% referred out/decline services)



CALL CENTER

- FY19 – 5,101 calls
- FY20 – 6,284 calls

SUCCESS AND CHALLENGES FOR 2020

- Increased volume of MH/SUD needs*, following COVID dip between March - July
- Teleworking pros & cons:
 - Easier access
 - Technology barriers

OTHER HIGHLIGHTS:



- **CSB Equity lens:**
 - to address disparities of screening to intake % for sub-populations (Hispanic and Asian communities)
 - Staff cultural competency trainings
 - Welcome videos in 8 languages
 - Video language interpretation
- **Front Door Redesign ****coming soon****:**
 - Improve client experience
 - Streamline process & reduce wait times
 - Peer recovery specialist and volunteer/intern resources



ANY QUESTIONS?



FAIRFAX - FALLS CHURCH

**Community
Services Board**



**Wellness
Health Promotion
& Prevention**

Wellness, Health Promotion and Prevention

Presentation to the Fairfax-Falls Church CSB Board

December 16, 2020

Louella Meachem, Service Director
Marla Zometsky, Program Manager

Purpose

- The Purpose of the Wellness, Health Promotion and Prevention team is to provide community-wide prevention strategies to strengthen the community's emotional health and ability to handle challenges related to mental health concerns and substance misuse.
 - Community Outreach and Engagement
 - Evidence-Based Trainings
 - Presentations

Staffing

- FTE's – 11
 - 2 PTE (Diversion First & SPAN)
 - Total: 13
- 1 manager -1 FTE
- 1 supervisor-1 FTE's
- 9 Behavioral Health (Prevention) Staff
- 1 Service Director -1 FTE

Budget

Substance Abuse Prevention and Treatment Block Grant (SAPT BG)
\$481,233

Virginia Foundation for Healthy Youth (VFHY)
\$50,000

State Opioid Response (SOR)
\$75,000

Suicide Prevention (Regional)
\$125,000

Opioid Task Force Coalition Support – Additional funding
\$100,000

Program/Grant	Staff Contact	FTEs	Funded By	Yst Cntr/Grant	Budget Category	Budget Amount
WHPP	Marla Zometsky		CSB	G7620010	Revenue-	-481,233
WHPP	Marla Zometsky		CSB	G7620010	Revenue-	-10,000
Revenue						-491,233
WHPP	Marla Zometsky		CSB	G7620010	Comp&Fri	1,446,312
WHPP	Marla Zometsky		CSB	G7620010	Operating	252,000
WHPP	Marla Zometsky		CSB	G7620010	Recovered	-30,000
Expenditure						1,668,312
Total						1,177,079
Program/Grant	Staff Contact	FTEs	Funded By	Yst Cntr/Grant	Budget Category	Budget Amount
Al's Pals	Katie Scipione & Marla Zometsky		State	AA176002	Operating	50,000
Total						50,000
Program/Grant	Staff Contact	FTEs	Funded By	Yst Cntr/Grant	Budget Category	Budget Amount
SOR	Marla Zometsky		Fed Pass-t	AA-176005	Operating	50,000
Total						50,000
Program/Grant	Staff Contact	FTEs	Funded By	Yst Cntr/Grant	Budget Category	Budget Amount
Reg Suicide P	Marla Zom	0.3	State	AA176002	Comp&Fri	10,600
Reg Suicide P	Marla Zometsky		State	AA176002	Operating	114,400
Total						125,000
Opioid Task Force 761501004						
Prevention Fund 400-C40040 / G761001001 / 2G76-0CSB Funds						1,177,079
Grant Funds						225,000
						1,402,079

Priority Areas

DBHDS Priority Prevention Strategies



CounterTools



ACE Interface Training



**Community Coalition
Development**



**Mental Health Promotion
and Suicide Prevention**



Lock & Talk

Prevention Trainings and Initiatives



Wellness, Health Promotion & Prevention

The Fairfax-Falls Church Community Services Board's (CSB) Wellness, Health Promotion & Prevention (WHPP) team strengthens our community's emotional health and ability to handle challenges related to mental health concerns and substance misuse through trainings, workshops, presentations, and campaigns.

TRAININGS



Mental Health First Aid
Courses for: Adult, Youth, Spanish, Older Adults, Higher Education and Public Safety (8 hours). Recognize the signs of a mental health or substance use disorder, help someone in a crisis, and identify support resources.



Online youth suicide prevention training
Kognito is an online training that helps adults notice when a child or young adult is showing signs of stress, how to talk with them about these signs, and connect them to appropriate support. (Free, 30-60 minutes)



Adverse Childhood Experiences (ACE) Interface
Presentation to help understand the impacts of childhood adversity and trauma on development and how to build resiliency and improve well-being. (Free)



REVIVE! Rescuer Training
Understand opioids and how opioid overdoses happen. Learn the signs of an overdose and how to respond to an overdose emergency. (Free, 60-90 minutes)



QPR (Question, Persuade, Refer)
QPR is a suicide prevention program where participants learn to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. (Free, 60 minutes)



Talk. They Hear You.
Empowers parents and caregivers to talk with children and teens about alcohol. Understand the risks and triggers of underage drinking and how to play a role in prevention. (Free, 90 minutes)



INITIATIVES



Test Your Mood (English & Spanish)
Get a checkup from your neck up! Receive quick, free and confidential online screenings and resources for a variety of mental health issues. bit.ly/TestYourMood



myStrength
myStrength is an online tool to help you live your best life. You'll find help for stress, anxiety, chronic pain, and more. It's safe, secure and personalized. Track your health and become inspired. (Free)



Fairfax Prevention Coalition (FPC)
FPC is a community-based partnership to combat substance misuse in our community.



Suicide Prevention Alliance of Northern Virginia (SPAN)
SPAN is a regional alliance committed to building on strengths and empowering communities to prevent suicide. www.suicidepreventionnva.org



Lock & Talk
"Lock Meds. Lock Guns. Talk Safety." promotes safe and responsible care of lethal items to prevent their misuse and encourages communities to talk about mental wellness.



Counter Act
The initiative assesses the availability of tobacco products in the community and educates tobacco vendors on not selling tobacco to minors.



AI's Pals
Equips teachers to create safe, empathic classrooms that teach children 3 to 8 years old to self-regulate, form caring relationships and make safe and healthy choices. (Free)

**For more information,
call 703-383-8451 or email
csbprevention@fairfaxcounty.gov.**



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. Call 703-324-7000, TTY 711.

Oct. 2020

www.fairfaxcounty.gov/csb

Mental Health First Aid



REVIVE!

Opioid Overdose and
Naloxone Education

Virtual classes



During this 60-minute virtual class, you will learn:

- How to recognize the signs and symptoms of an opioid overdose.
- How to administer naloxone nasal spray to potentially reverse the effects of an opioid overdose.
- What to do and not do when responding.
- <https://www.fairfaxcounty.gov/community-services-board/heroin-opioids/revive>

Building Resilient Communities and Understanding Adverse Childhood Experiences (ACE's)

Learn about:

- The neurobiological effect of adversity on development.
- The impacts of childhood adversity and trauma on population health.
- Resilience - What we can all do to improve health and well-being across the lifespan.

For Fairfax County, please email Fairfax-AceInterface@fairfaxcounty.gov



FAIRFAX PREVENTION COALITION

A partnership working for a healthy and safe community free of substance misuse.

Mission:

to empower the community to understand, prevent, and reduce substance misuse.

<https://www.fairfaxpreventioncoalition.com/>



FAIRFAX PREVENTION COALITION



Fairfax Prevention Coalition

Summer 2020 Virtual Trainings
with Officer Jermaine Galloway

Overall Drug Trends

Wednesday, July 15 – 4 to 5:30 p.m.

Synthetic Drugs, Designer Drugs & Opioid Trends

Tuesday, July 28 – 6 to 7:30 p.m.

Alcohol Trends and Other Drugs Associated with Alcohol

Thursday, August 13 – 11 a.m. to 12:30 p.m.

Nicotine, Marijuana, Vape & Marijuana Concentrate Trends

Thursday, August 27 – 6 to 7:30 p.m.

Click Date to Register

Brought to you by:



For more information contact Lori Naveda at 703-538-7476 or
lori.naveda@fairfaxcounty.gov
www.fairfaxpreventioncoalition.com

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July 2020



"Tall Cop Says Stop" was created by Officer Jermaine Galloway, an Idaho law enforcement officer since 1977.

Regarded as one of America's top experts in drug and alcohol trends, he has specialized in underage drinking and drug enforcement for more than 15 years.



FAIRFAX PREVENTION COALITION PRESENTS

COMMUNITY FOCUS GROUPS

Virtual Sessions

Tuesday, August 18, 2020

7 to 8 p.m.

<https://bit.ly/3halcig>, Training ID: 279-684-828

Wednesday, August 19, 2020

5 to 6 p.m.

<https://bit.ly/2Y7ZJQu>, Training ID: 483-980-988

Thursday, August 20, 2020

2:30 to 3:30 p.m.

<https://bit.ly/2FxfgmX>, Training ID: 622-656-924

The FPC is conducting a community assessment on substance misuse. We need your input! Your voice matters! We want to hear it. Share your thoughts and feedback around substance misuse in our community.



www.fairfaxpreventioncoalition.com

 Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call 703-324-7000, TTY 711.

August 2020

Fairfax Prevention Coalition and WHPP



SAFE Use of Opioids



<https://knowrx.org/>

- Only take opioids prescribed to you.
- Never share your opioid prescriptions.
- Never take your opioids more often or in higher doses than prescribed or directed.
- Ask your doctor how your medicine will interact with other medicine or alcohol. This includes both over-the-counter and prescribed medications.
- Know the common risks and side effects associated with opioids. Call your doctor if a side effect is unexpected.
- Properly dispose of all unused and expired prescription and over-the-counter medications.

For more information and resources, please visit the **KnowRx, Use with Caution** website.



www.fairfaxpreventioncoalition.com

Fairfax Prevention Coalition empowers the community to understand, prevent and reduce substance misuse



Participants will learn how to Question, Persuade and Refer someone who may have thoughts of suicide; learn more about preventing suicide; the warning signs of suicide; and how to get help for someone in crisis.

1 to 1.5 hours



Virtual role-play courses teach how to recognize when a young person is showing signs of distress, how to talk with them, and how to connect them with support.

Visit <http://kognito.com/fairfax> to take this free training.



- Free virtual mental health screening with personal recommendations
- Visit www.bit.ly/TestYourMood to take this free screening



LOCK & TALK

Lock & Talk: “Lock Meds. Lock Guns. Talk Safety” Become a Lock & Talk Family

- Lock & Talk is an initiative that encourages you to **Lock** items, like pill bottles and guns, to prevent someone at risk from using it as a means for suicide and gets you to **Talk** about suicide and reach understanding.
- For Fairfax, visit: <https://www.fairfaxcounty.gov/community-services-board/prevention/lock-and-talk>



Prevention Responds and Shifts to COVID-19: Social Media Examples

Supporting children during COVID-19

Ages 7 to 10

What to look for

Older children may feel sad, mad, or afraid. They may focus on details of the crisis and want to talk about it all the time, or not want to talk about it at all. Other signs to look for include:

- Trouble concentrating.
- Excessive crying, whining, irritation or aggressive behavior.
- Clinging and nightmares.
- Sleep and appetite changes.
- Headaches and stomachaches.
- Withdrawal from peers.
- Loss of interest.
- Competition for parents' attention.



How you can help

- Be patient and reassure them that they are safe.
- Let them know it is okay to feel upset.
- Share how you deal with your own stress so that they can learn how to cope from you.
- Think things through with them.
- Encourage play and connecting with friends virtually or by telephone, regular exercise and stretching, and participating in educational activities and structured household chores.
- Set gentle but firm limits.
- Discuss the current outbreak and encourage questions.
- Limit media exposure.
- Address any stigma or discrimination occurring and clarify misinformation.
- Help them express their feelings through drawing or other activities.

fairfaxcounty.gov/csb

Supporting children during COVID-19

Preteens and Teenagers

What to look for

Some preteens and teenagers respond to trauma by acting out. They can feel overwhelmed by their intense emotions and feel unable to talk about them. Their emotions may lead to increased arguing and even fighting. Other signs of distress include:

- Excessive worry or sadness.
- Unhealthy eating and sleeping habits.
- Difficulty concentrating.
- Unexplained headaches or body pain.
- Use of alcohol, tobacco or other drugs.
- Decrease in energy.
- Isolation.
- Concerns about stigma and injustices.
- Avoiding schoolwork.



How you can help

- Encourage, but do not force, discussion of the outbreak experience with peers and family.
- The message you want to send is, "I know you may be scared, and that's okay. I'm here, and I'm going to help you get through this."
- The goal isn't to eliminate anxiety but to help your child manage it.
- Encourage them to connect with friends, participate in family routines and chores, and support younger siblings.
- Limit media exposure.
- Discuss and address stigma, prejudice and injustices occurring during outbreak.



fairfaxcounty.gov/csb

HELPING CHILDREN COPE WITH COMMON REACTIONS TO STRESS

INFANT TO 6 YEARS OLD

Infants may become crankier, cry more than usual or want to be held and cuddled more. Young children may return to behaviors they have outgrown, like toileting accidents, bed-wetting or being frightened about being separated from their caregivers. They may also have tantrums, difficulty sleeping, bad dreams, speech difficulties or changes in appetite.

HOW TO HELP

For infants through age 3

- Breathe. With your child, pretend your fingers are birthday candles and blow them out one by one.
- Lay your child on their back, put a favorite stuffed animal on their tummy and watch it slowly move up and down as they inhale and exhale.

For children ages 3 and older

- Be patient.
- Provide reassurance.
- Avoid media exposure.
- Maintain regular family routines.
- Plan calming and comforting activities before bedtime.
- Allow short-term changes in sleep arrangements.
- Encourage expression through play.

CHILDREN WITH SPECIAL NEEDS

A child with special needs may need extra words of reassurance, and more explanations about events and why their routine has changed. In addition to keeping a new routine, look for ways to virtually connect your child with special needs support and other activities where you can socially distance.

Resources compiled from the Centers for Disease Control and Prevention, Child Mind Institute, Zero to Three, The National Child Traumatic Stress Network, Public Health Insider and Mental Health First Aid.

7 TO 10 YEARS OLD

Older children may feel sad, mad, or afraid. They may focus on details of the crisis and want to talk about it all the time, or not want to talk about it at all. Other signs to look for include:

- Trouble concentrating.
- Excessive crying, whining, irritation, or aggressive behavior.
- Clinging and nightmares.
- Sleep and appetite changes.
- Headaches and stomachaches.
- Withdrawal from peers.
- Loss of interest.
- Competition for parents' attention.

HOW TO HELP

- Be patient and reassure them that they are safe.
- Let them know it is okay to feel upset.
- Share how you deal with your own stress so that they can learn how to cope from you.
- Think things through with them.
- Encourage play and connecting with friends virtually or by telephone, regular exercise and stretching, and participating in educational activities and structured household chores.
- Set gentle but firm limits.
- Discuss the current outbreak and encourage questions.
- Limit media exposure.
- Address any stigma or discrimination occurring and clarify misinformation.
- Help them express their feelings through drawing or other activities.

PRETEEN AND TEENAGER

Some preteens and teenagers respond to trauma by acting out. They can feel overwhelmed by their intense emotions and feel unable to talk about them. Their emotions may lead to increased arguing and even fighting. Other signs of distress include:

- Excessive worry or sadness.
- Unhealthy eating and sleeping habits.
- Difficulty concentrating.
- Unexplained headaches or body pain.
- Use of alcohol, tobacco, or other drugs.
- Decrease in energy.
- Isolation.
- Concerns about stigma and injustices.
- Avoiding schoolwork.

HOW TO HELP

- Encourage, but do not force, discussion of the outbreak experience with peers and family.
- The message you want to send is "I know you may be scared, and that's okay. I'm here, and I'm going to help you get through this."
- The goal isn't to eliminate anxiety but to help your child manage it.
- Encourage them to connect with friends, participate in family routines and chores, and support younger siblings.
- Limit media exposure.
- Discuss and address stigma, prejudice and injustices occurring during outbreak.

TIPS FOR PARENTS AND CAREGIVERS DURING COVID-19



THE NEED FOR SELF-CARE

Young children need their parents and caregivers to offer a calm, stable and predictable "home base" for them. It may be difficult, but the best way to help your child be at their best is to take care of yourself. Remember, how you handle this stressful situation can affect how your children manage their worries.

WAYS TO SUPPORT YOURSELF

Choose activities that make you happy, reduce your stress level and leave you feeling calm.

Pay attention to how you are feeling.

Give yourself small breaks from the stress of the situation. Meditation and other replenishing activities are a great way to de-stress. Take a moment to breathe and feel present.

Be kind to yourself. This is not the time to be hard on ourselves for not being the "best" parent. Right now, we need to be gentle with our kids, ourselves and our community.

- Stay connected to loved ones.
- Balance media consumption with other activities you enjoy.
- Eat healthy. Exercise. If you can, get outside.
- You don't have to have all the answers. It is okay to say, "I don't know the answer to that but there are many smart, dedicated people working on this, so we just have to do our part and let them do theirs."

HOW TO MANAGE TELECOMMUTING & HOMESCHOOLING

Try to keep daily routines as stable as possible during this break.

While a routine is good for your family, rigidity to that schedule is not. Things happen, so give yourself grace. Give kids grace too and let them explore creative ways to learn.

- Make time to do things at home that have made your family feel better in other stressful situations, such as reading, watching movies, listening to music, playing games, exercising or engaging in meaningful activities consistent with your family and cultural values.

HOW TO TALK TO YOUR KIDS ABOUT COVID-19

Keep updated about what is happening with the outbreak by getting information from credible media outlets, local public health authorities and updates from public health websites.

Minimize exposure to media outlets or social media that might promote fear.

Focus your family discussion on supporting children by encouraging questions and helping them understand the current situation. Check in regularly with them.

In a developmentally appropriate way, talk about what the current disease outbreak is, how it is contracted, possible dangers and protective steps being taken by your family and community.



If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression or anxiety, or feel like you want to harm yourself or others, call or text the 24/7 PRS CrisisLink Hotline at 703-527-4077 or text "connect" to 855-11. For TTY, dial 711.

Responding to covid-19

Reasonable accommodations will be provided upon request. For information, call 703-324-7000, TTY 711.

July

Prevention Responds and Shifts to COVID-19: New Virtual Trainings and Calendars

PREVENTION IS THE BEST MEDICINE

How to Prevent Opioid Misuse in Your Community

About 1 in 4 people in the United States will be prescribed an opioid medication this year. For many people addiction begins with a legal opioid prescription. Join us to discuss opioids and how YOU can take action to prevent opioid misuse and addiction in your community.



**THURSDAY
DECEMBER 17, 2020
11:00AM - 12:00PM**

<https://zoom.us/join/register/tJUVduiltqzooE9cEeKT-u0tRRz1JDFbsP3cv>

CLICK THE LINK TO REGISTER

For more information contact csbprevention@fairfaxcounty.gov or visit us at <https://www.fairfaxcounty.gov/community-services-board/prevention>

Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call 703-324-7000, TTY 711. Nov 2020

**FAIRFAX - FALLS CHURCH
Community Services Board**

Tune into June

Talk, Listen, and Connect.

Reach out to family, friends, neighbors, and your community. During this challenging time, a phone or virtual call, a letter, or a brief chat with a community member or a wave, can mean so much to someone. Challenge yourself to reach out to others daily.

Wellness, Health Promotion, and Prevention

June 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Please remember to physically distance yourself by at least 6 feet and wear a face covering mask when you're out in public. Stay safe!</p> <p>7 Do something nice for an older neighbor.</p>	<p>1 Watch a movie together, apart, and then chat about it.</p> <p>8 Call or email a colleague to say hello.</p>	<p>2 Wave to a neighbor walking by.</p> <p>9 Share a favorite recipe with a group of friends or family and invite them to do the same.</p>	<p>3 Sit and listen to someone's story via phone or virtual call.</p> <p>10 Ask your child about their day and listen without disruption.</p>	<p>4 Leave a kind note for your mail carrier.</p> <p>11 Leave a note for a delivery person.</p>	<p>5 Set up a virtual game night with friends.</p> <p>12 Set up a phone call with a high school or college friend.</p>	<p>6 National Gardening Exercise Day! Get outside with your family and garden.</p> <p>13 Take a walk with a family member and listen to what's on their mind.</p>
<p>14 Have a conversation about alcohol, drugs and mental health with a loved one; be a resource of trustworthy information.*</p> <p>21 Let someone know how much they mean to you.</p>	<p>15 Email someone you used to work with to check in.</p> <p>22 Write a thank you note.</p>	<p>16 Drop off a treat for a neighbor.</p> <p>23 National Hydration Day! Remind your loved ones to drink lots of water today!</p>	<p>17 Tell a family story to a loved one.</p> <p>24 Ask a friend about their day and listen.</p>	<p>18 Put a kind note in a neighbor's mailbox.</p> <p>25 Send a letter to a family member.</p>	<p>19 Set up a call with a family member.</p> <p>26 Set up a call with a friend from another state.</p>	<p>20 Do an activity outside and talk.</p> <p>27 Say thank you to your grocery store team.</p>
<p>28 Call someone and wish them a happy birthday!</p>	<p>29 Drop off a meal for a friend.</p>	<p>30 Ask a neighbor if they need help with anything.</p>	<p>Connect: Reach out, start conversations, and keep them going.</p> <p>*Conversation Goals about Alcohol: www.samhsa.gov/underage-drinking/parent-resources/five-conversation-goals</p>			

 Reasonable accommodations provided upon request; call 703-324-7000, TTY 711. www.fairfaxcounty.gov/csb June 2020

PREVENTION CALENDARS



SEPTEMBER = SUPPORT

September is National Suicide Prevention Month. Remember to be a SUPPORT to friends, family, and community members. Especially during this uncertain time, remember to stay connected, look for warning signs, and reach out for help when needed.



Wellness, Health Promotion, and Prevention							2020
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Please remember to physically distance yourself by at least 6 feet when around others in the community and wear a face covering mask. Stay Safe. </div>							
		1 Save the Suicide Prevention Lifeline number in your phone: 1-800-273-TALK (8255)	2 Provide the Crisis Text Line to a friend: Text "Connect" to 855-11	3 Be part of someone's support team	4 Talk to children about the importance of mental health	5 Contact the CSB Prevention Team for information about trainings you can take	
6 National Suicide Prevention Week	7 Test Your Mood Go to: bit.ly/TestYourMood	8 Learn the suicide warning signs: download a free pocket guide	9 Attend a virtual support group with RPSV	10 World Suicide Prevention Day	11 Visit the Suicide Prevention Alliance of Northern Virginia (SPAN) website	12 Learn about Kevin Hines' story and watch inspirational videos	
13 Learn how to dispose of medications safely	14 Download the myStrength app	15 Inventory medications in your home and secure them in a locking medication box	16 Learn about the Adverse Childhood Experiences (ACE) Presentation	17 Join the American Foundation for Suicide to Prevent Suicide in BIPOC communities	18 Pick up a gun lock at your local Community Services Board or Police Station	19 Share the "Test Your Mood" questionnaire, go to: bit.ly/TestYourMood	
20 Explore the Lock and Talk website; review the resources tab	21 Provide a medication lock box to a friend or neighbor	22 Pick up a medication disposal bag at your local Health Department	23 Ask a friend to register and take the Mental Health First Aid (MHFA) class with you	24 Practice self-care as a family	25 Go to the Lock & Talk website and read a blog entry	26 Share the myStrength app with a family member or friend	
27 Remember to lock medications, firearms, and other weapons	28 Take a free online youth suicide prevention training (Kognito)	29 Attend the virtual SPAN Suicide Prevention Forum from 6-9 p.m.	30 Register for a REVIVE! training	Links • CSB Prevention Team: www.fairfaxcounty.gov/community-services-board/prevention • Test your mood: bit.ly/TestYourMood • Suicide warning signs pocket guide: suicidepreventionlifeline.org/wp-content/uploads/2020/09/green-national-suicide-prevention-lifeline-wallet-card.pdf • RPSV: rpsv.org/rpsv-virtual-offerings • SPAN: www.suicidepreventionva.org • Kevin Hines: www.kevinhinesstory.com • Learn how to dispose of medication safely: knowrx.org/throw-out • myStrength app: mystrength.com/go/fccs/csbcommunity , Click on 'Sign Up', and enter access code 'CSBCommunity' • Lock & Talk: bit.ly/lock-and-talk and lockandtalk.org • ACE: www.fairfaxcounty.gov/community-services-board/prevention/aces • Prevent suicide in BIPOC: afsp.org/elevating-voices-for-long-lasting-change-town-hall-series#part-three-preventing-suicide-in-bipoc-communities-ways-forward • FCPD: www.fairfaxcounty.gov/police/fairfax-county-police-department • Kognito online suicide prevention training: bit.ly/kognito-suicide-prevention • Fairfax County Health Department: www.fairfaxcounty.gov/health/drug-disposal • MHFA: www.fairfaxcounty.gov/community-services-board/training/mental-health-first-aid • REVIVE!: bit.ly/revive-csb			
		If you are in crisis or need immediate help, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for 24/7, free and confidential support, prevention and crisis resources for you or your loved ones, and best practices for professionals.					
Reasonable accommodations provided upon request; call 703-324-7000, TTY 711 www.fairfaxcounty.gov/csb							



OCTOBER

A time to OBSERVE, be OPEN-MINDED, look at OPTIONS and OPPORTUNITY, and be OPEN-HEARTED.

Wellness, Health Promotion, and Prevention							2020
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Please remember to physically distance yourself by at least 6 feet when around others in the community and wear a face covering mask. Stay Safe. </div>							
				1 Learn about Mental Health First Aid and register for a class	2 Visit the CSB website for resources	3 Test your mood, go to: bit.ly/TestYourMood	
4 Mental Illness Awareness Week	5 Make a list of things you can do for Self-Care	6 Download the myStrength app. Click on 'Sign Up Now', and enter access code 'CSBCommunity'	7 Inventory medications in your home and secure them in a locking medication box	8 National Depression Screening Day	9 Learn how to dispose of medication safely	10 World Mental Health Day	
11 Learn about NAMI, visit: www.nami.org	12 Pick up a medication disposal bag at your local Health Department	13 Self check-in: Are you practicing self-care?	14 Contact the CSB Prevention Team for information about trainings you can take	15 Pick up a gun lock at your Community Services Board office or Police Station	16 Learn about the Adverse Childhood Experiences (ACE) Presentation	17 Share the myStrength app with a friend or family member, Click on "Sign Up Now", and enter access code 'CSBCommunity'	
18 Register for an online REVIVE! training	19 Practice self-care as a family or discuss it with a friend	20 Listen to other's personal mental health stories	21 Share your personal story	22 Have you registered for a training or two? Encourage a friend to join!	23 Red Ribbon Week Begins	24 Fairfax County Drug Takeback Event, 10 a.m. to 2 p.m.	
25 Learn about Red Ribbon Week	26 Wear a Red Ribbon, tell someone about it	27 Start a conversation with your children about drugs	28 Enter the National Red Ribbon Week Photo Contest	29 Post a message on social media about Red Ribbon Week	30 Get involved and submit a Red Ribbon theme for 2021	31 Check in with your myStrength app	
<ul style="list-style-type: none"> • MHFA: bit.ly/CSB-MHFA • Test your mood: bit.ly/TestYourMood • myStrength app: appv2.mystrength.com/go/fccs/csbcommunity • Lock & Talk: bit.ly/lock-and-talk and lockandtalk.org • Learn how to dispose of medication safely: knowrx.org/throw-out • Get a medication disposal bag: www.fairfaxcounty.gov/news/24-ways-to-safely-dispose-of-unused-medications • CSB Prevention Team: www.fairfaxcounty.gov/community-services-board/prevention • ACE: www.fairfaxcounty.gov/community-services-board/prevention/aces • REVIVE!: bit.ly/revive-csb • Red Ribbon Week: www.redribbon.org • Talk with your children about drugs: www.dea.gov/sites/default/files/2018-06/growing-up-drug-free-2017.pdf 						If you are in crisis or need immediate help, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for 24/7, free and confidential support, prevention and crisis resources for you or your loved ones, and best practices for professionals.	
Reasonable accommodations provided upon request; call 703-324-7000, TTY 711 www.fairfaxcounty.gov/csb							

<https://www.fairfaxcounty.gov/community-services-board/prevention/wellness-activities-calendar-archive>

Highlights FY2020

- MHFA Trained 685 – 41 classes
- ASIST Trainings – 3
- ACE Interface – 37 presentations
- PSAs – Medication Safety and Disposal (English & Spanish)
 - 65,3778 impressions; 97.6% viewed in full
- Coalition Development
 - Focus groups (10)
 - Tall Cop Training (4)
 - Campaigns (Red Ribbon, International Overdose Awareness Day, Recovery Month)
 - Monthly Newsletter
- Counter Tools – updated all vender information (636 retailers)
- REVIVE – 52 trainings, trained 553 individuals and dispensed 258 boxes of Naloxone
- Lethal Means Safety Devices
 - Gun Lock
 - Medication Lock Boxes
- Kognito – over 14,700 licenses used
- Free Screening – over 1,500

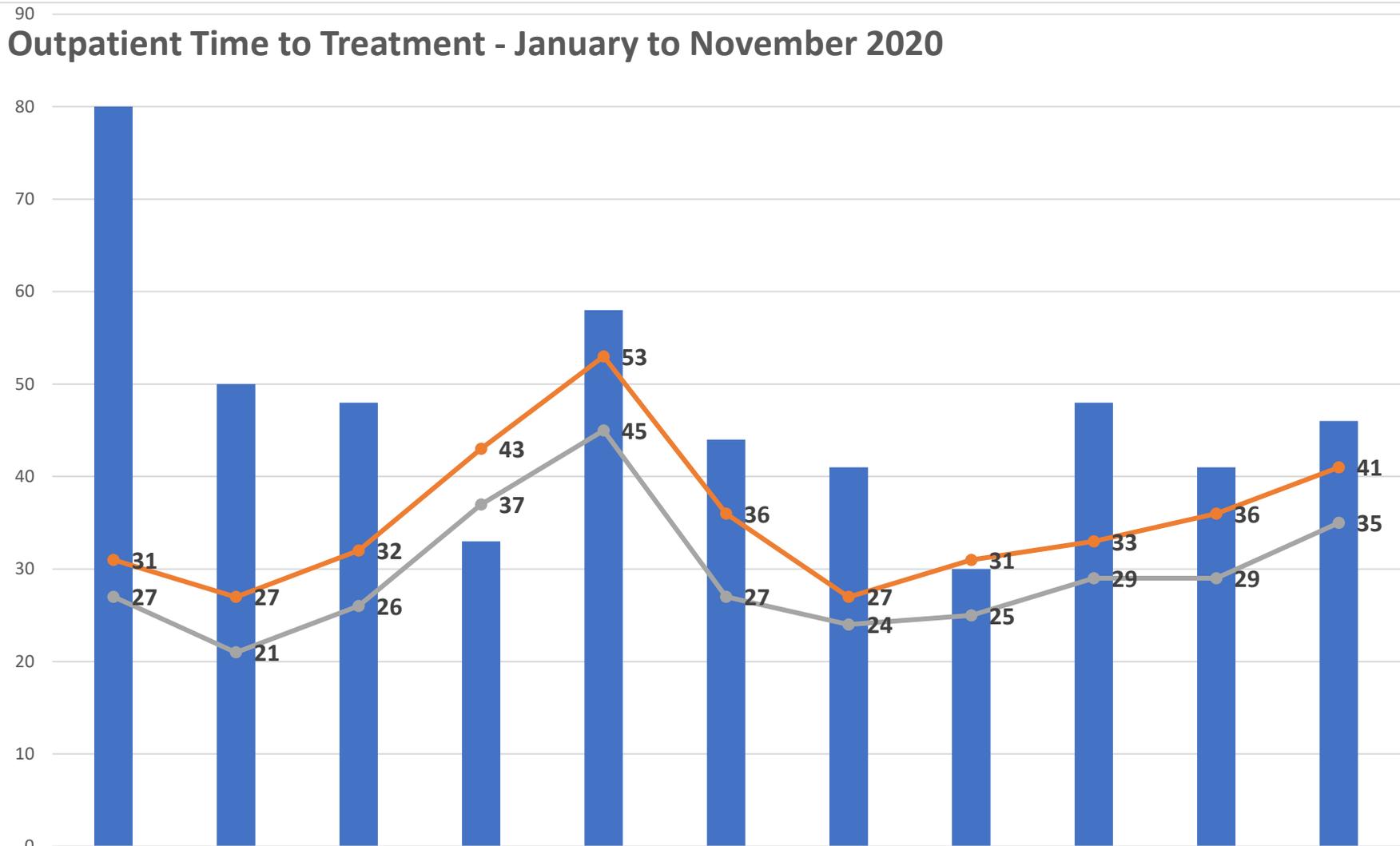


Wellness, Health Promotion & Prevention



QUESTIONS?

Adult Outpatient Time to Treatment - January to November 2020

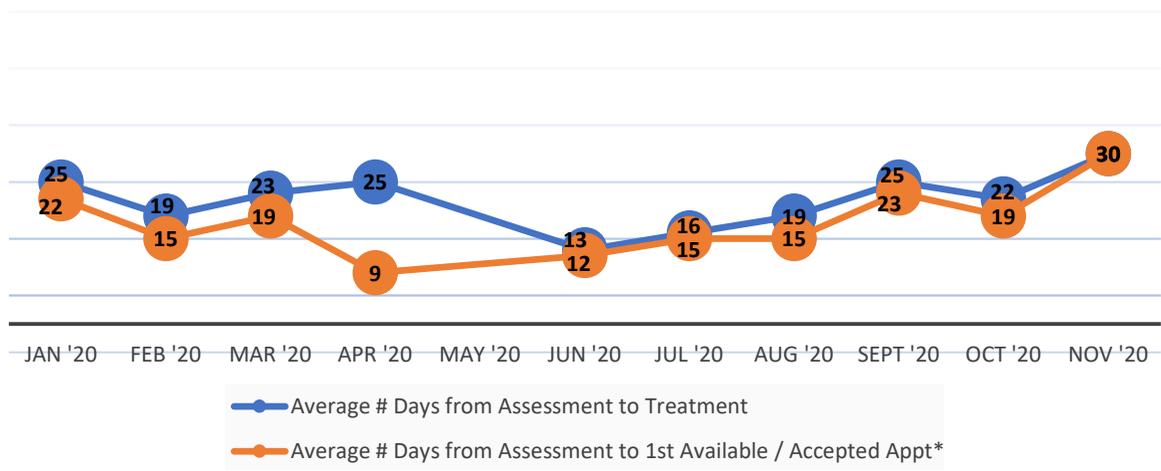


	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sept '20	Oct '20	Nov '20
# Adults Who Attended 1st Treatment Appt	80	50	48	33	58	44	41	30	48	41	46
Average # Days from Assessment to Treatment	31	27	32	43	53	36	27	31	33	36	41
Average # Days from Assessment to 1st Available / Accepted Appt*	27	21	26	37	45	27	24	25	29	29	35

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

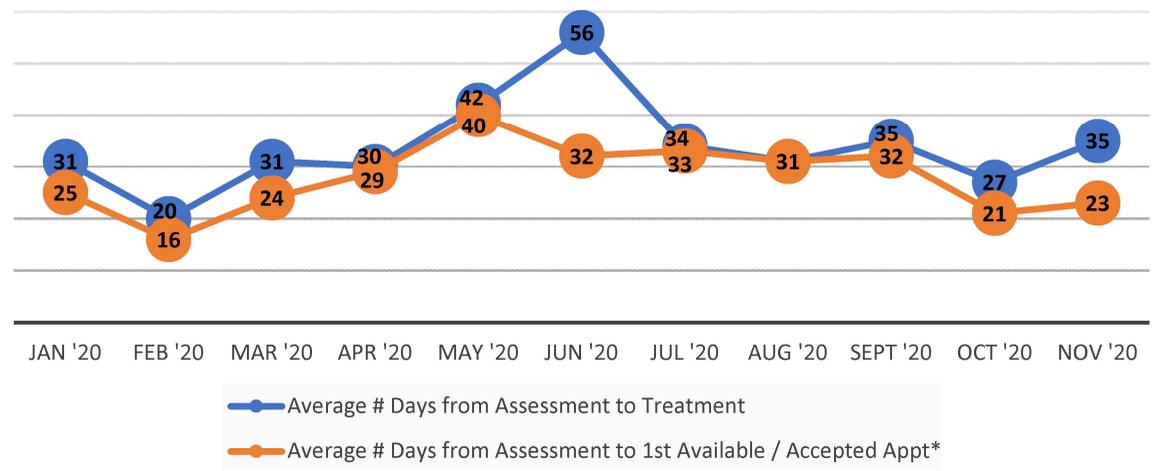
Adult Outpatient Time to Treatment - January to November 2020 by Site

Chantilly Average Time to Treatment



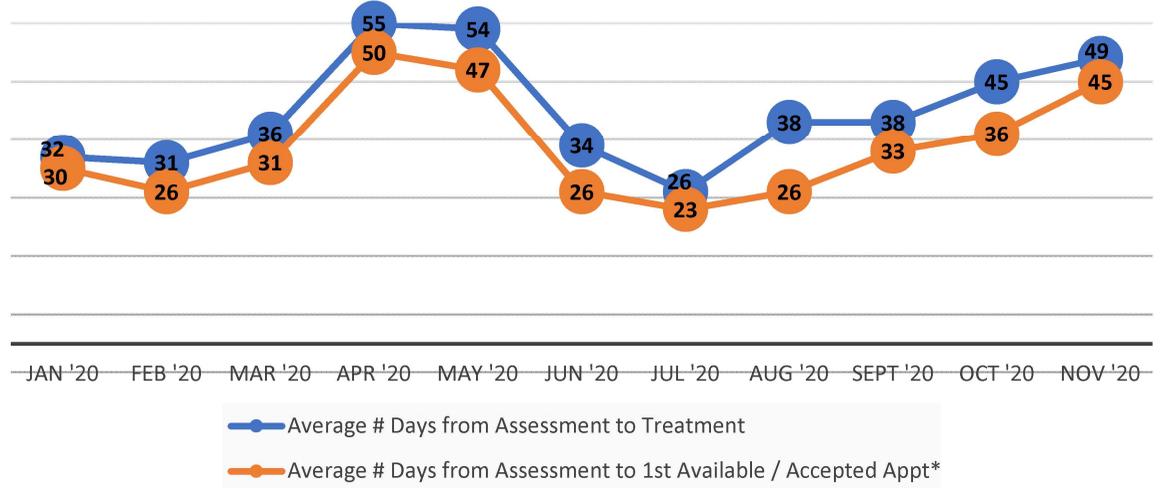
**there were no referrals from Entry & Referral that began services in May at Chantilly

Gartlan Average Time to Treatment

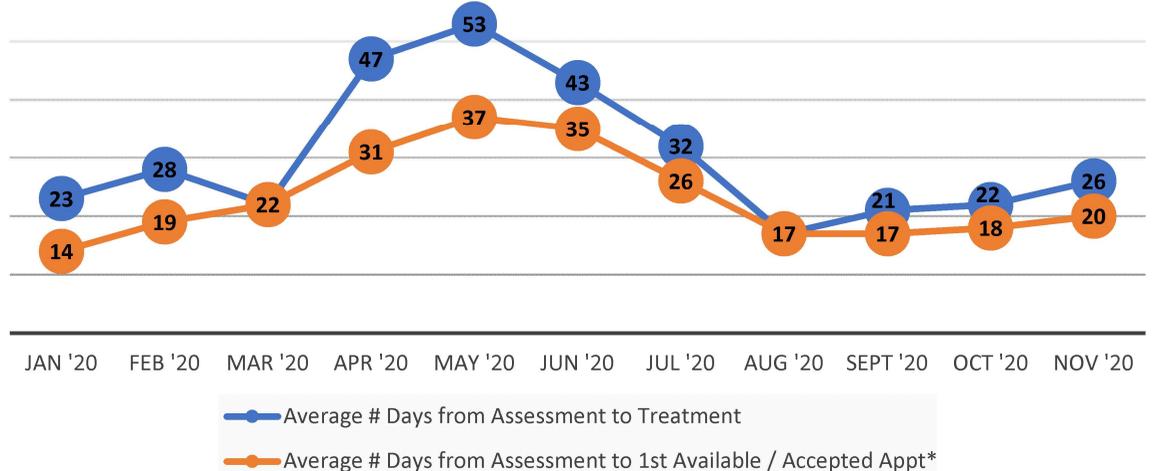


**time from Assessment to Orientation and 1st offered/accepted was the same for Aug '20

Merrifield Average Time to Treatment

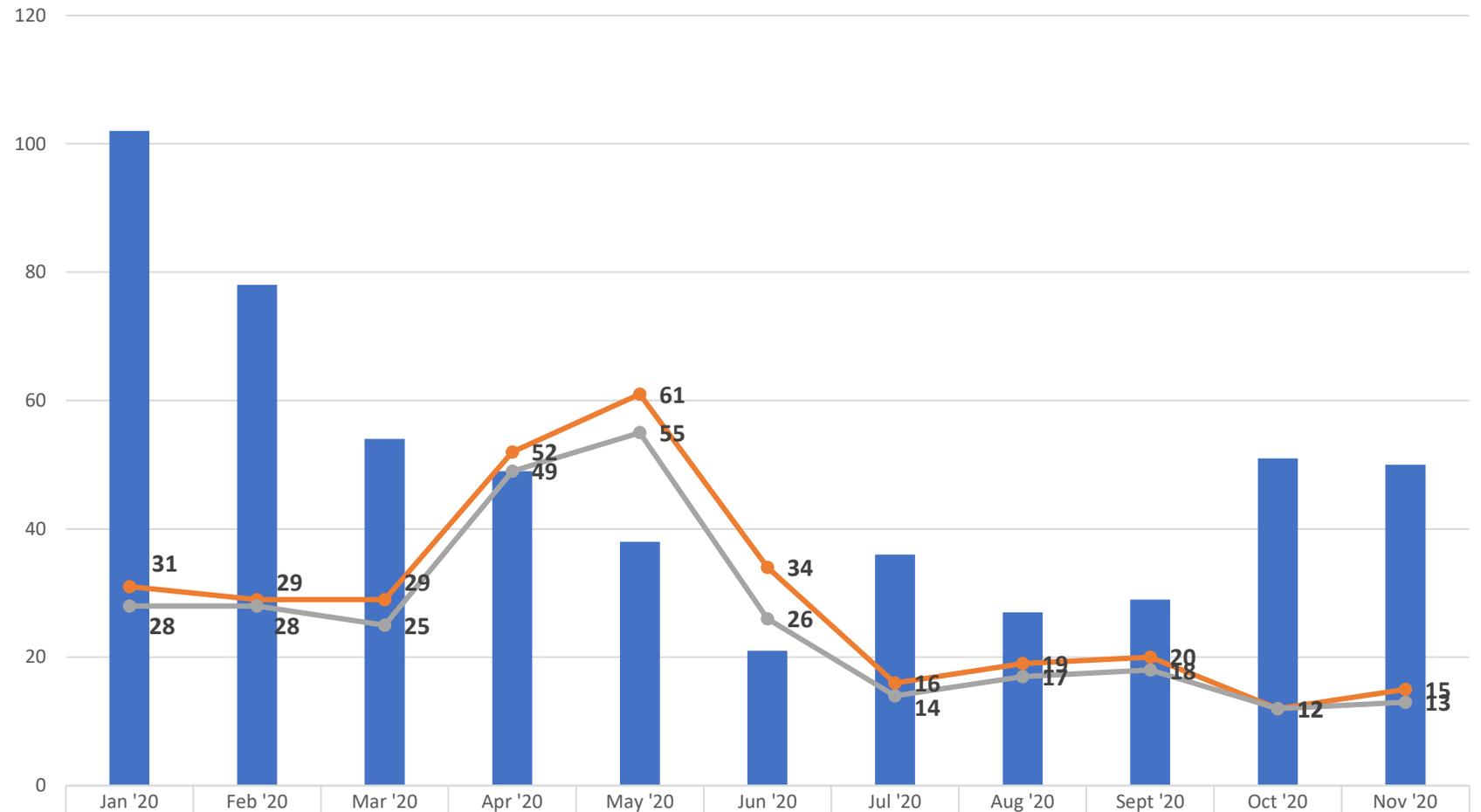


Reston Average Time to Treatment



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

Youth Outpatient Time to Treatment - January to November 2020

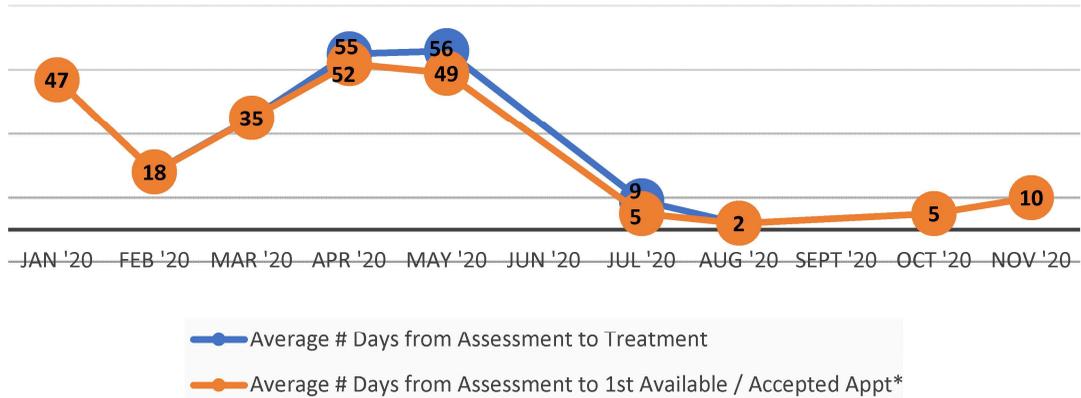


	Jan '20	Feb '20	Mar '20	Apr '20	May '20	Jun '20	Jul '20	Aug '20	Sept '20	Oct '20	Nov '20
# Youth Who Attended 1st Treatment Appt	102	78	54	49	38	21	36	27	29	51	50
Average # Days from Assessment to Treatment	31	29	29	52	61	34	16	19	20	12	15
Average # Days from Assessment to 1st Available / Accepted Appt*	28	28	25	49	55	26	14	17	18	12	13

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

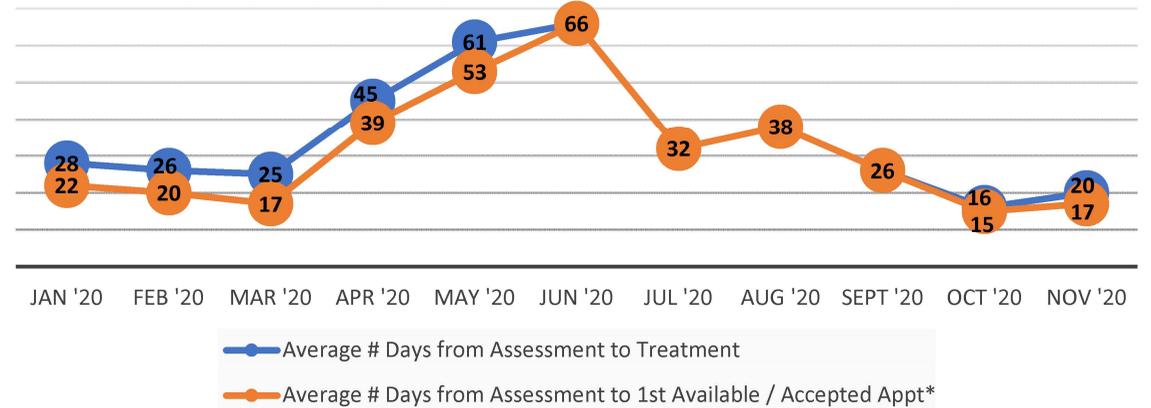
Youth Outpatient Time to Treatment - January to November 2020 by Site

Chantilly Average Time to Treatment



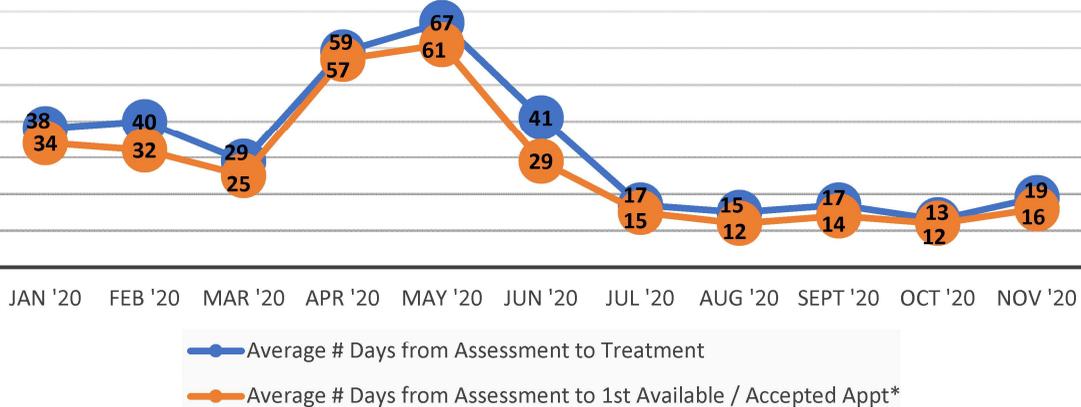
For Chantilly, average days from assessment to treatment AND average days from assessment to 1st available/accepted are the same for Jan - Mar 2020 , Aug '20, Oct '20 & Nov '20; For June '20 & Sept'20, no new clients received orientation @ Chantilly

South County Average Time to Treatment

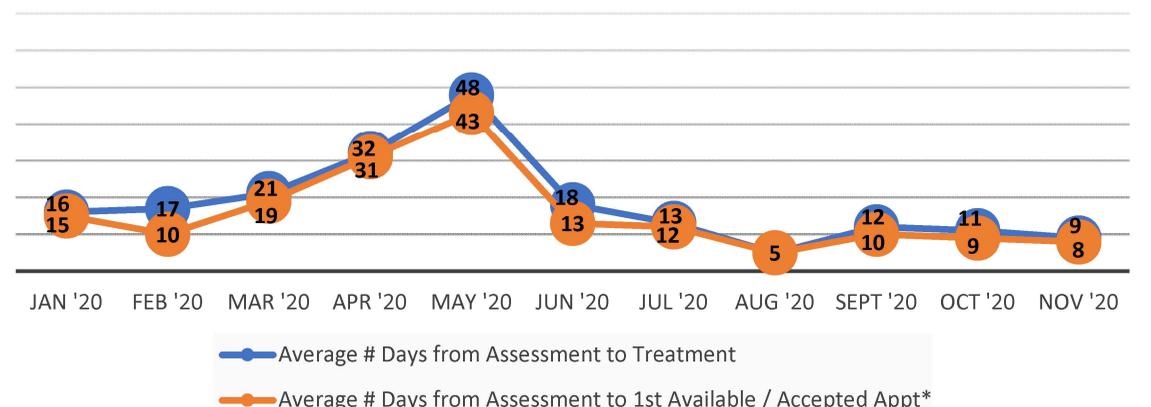


For South County, average days from assessment to treatment AND average days from assessment to 1st available/accepted is the same for Jun '20, Jul '20, Aug '20 & Sept '20

Merrifield Average Time to Treatment



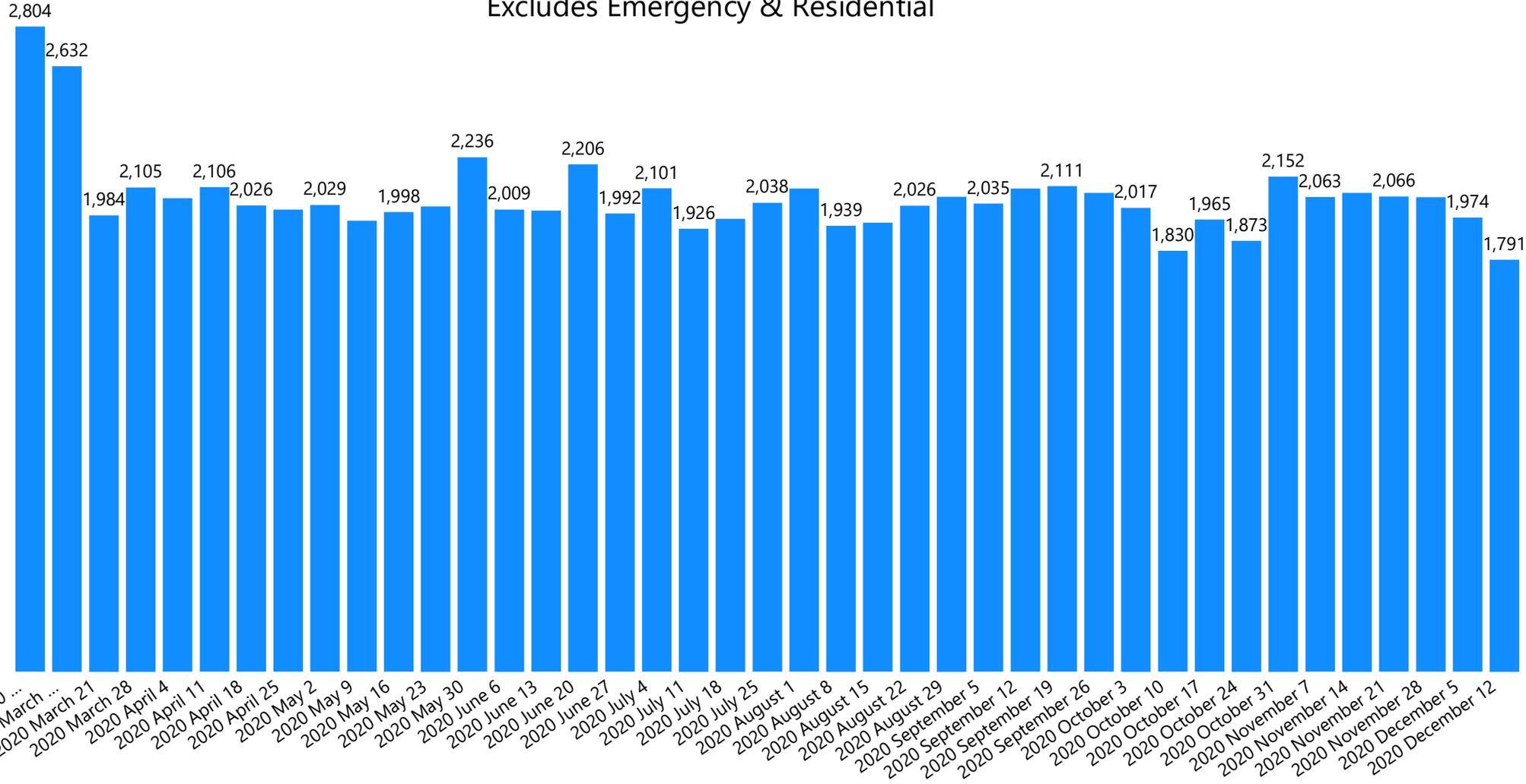
Reston Average Time to Treatment



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

CSB Overall- Average Weekly Count Of Clients Served

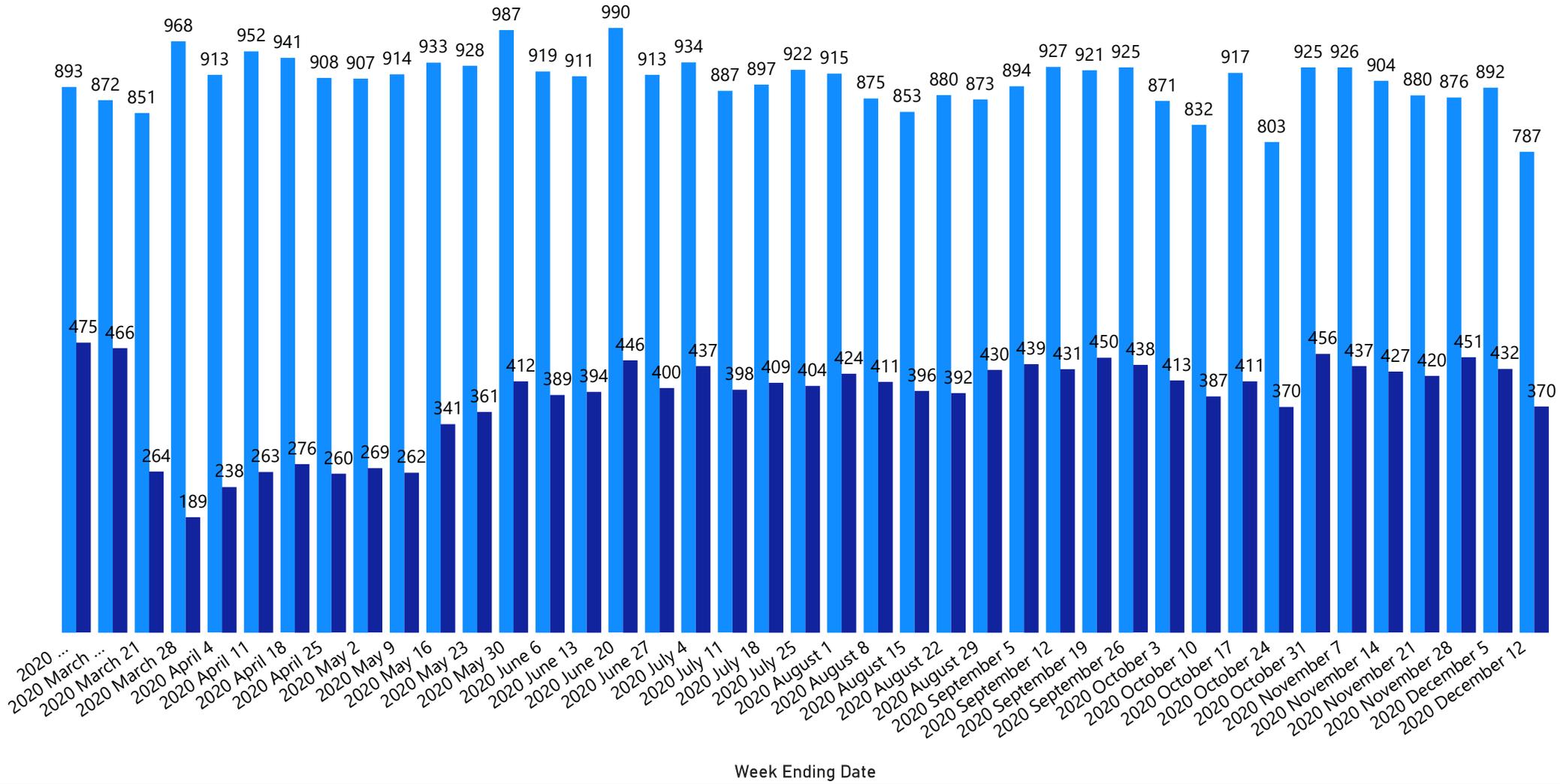
Excludes Emergency & Residential



Week Ending Date

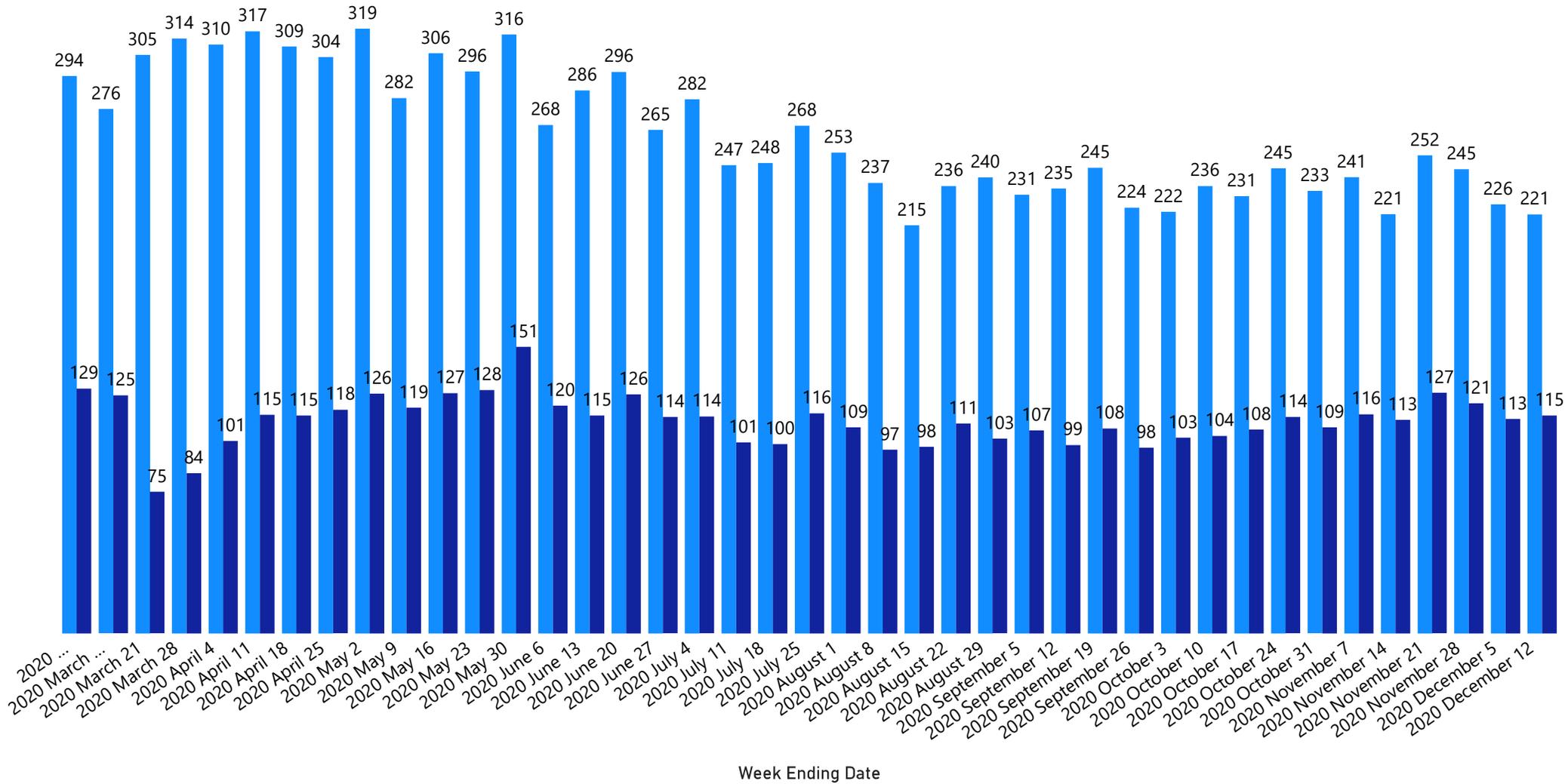
BH Adult Outpatient-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



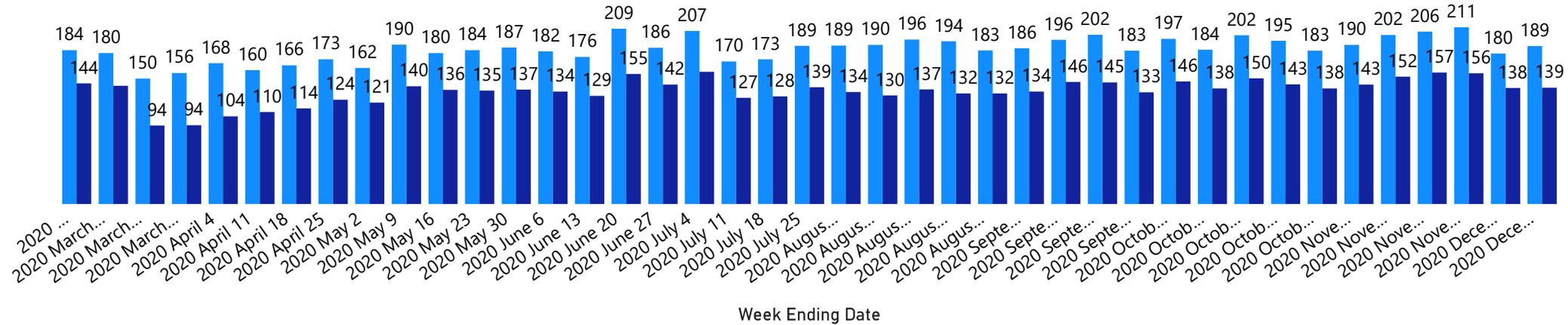
BH Youth Outpatient-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



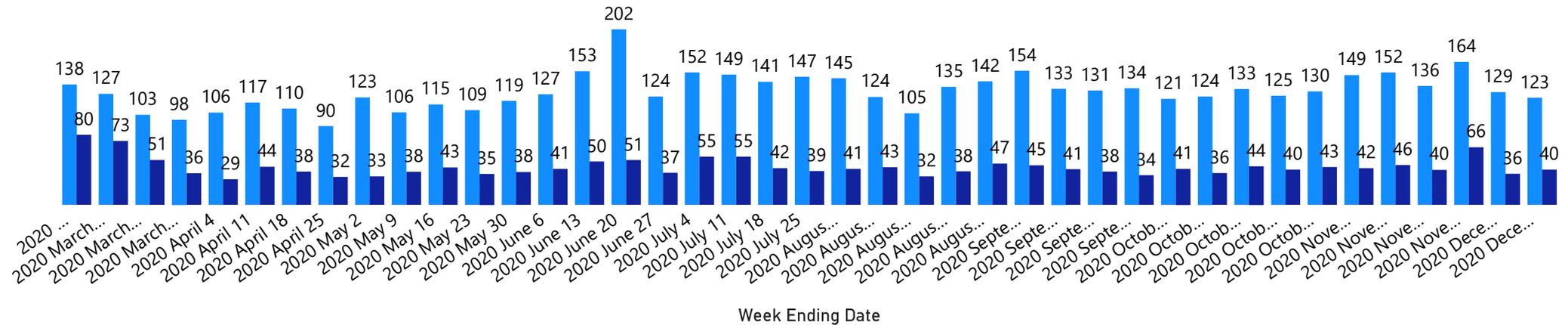
Doctors & NP - Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



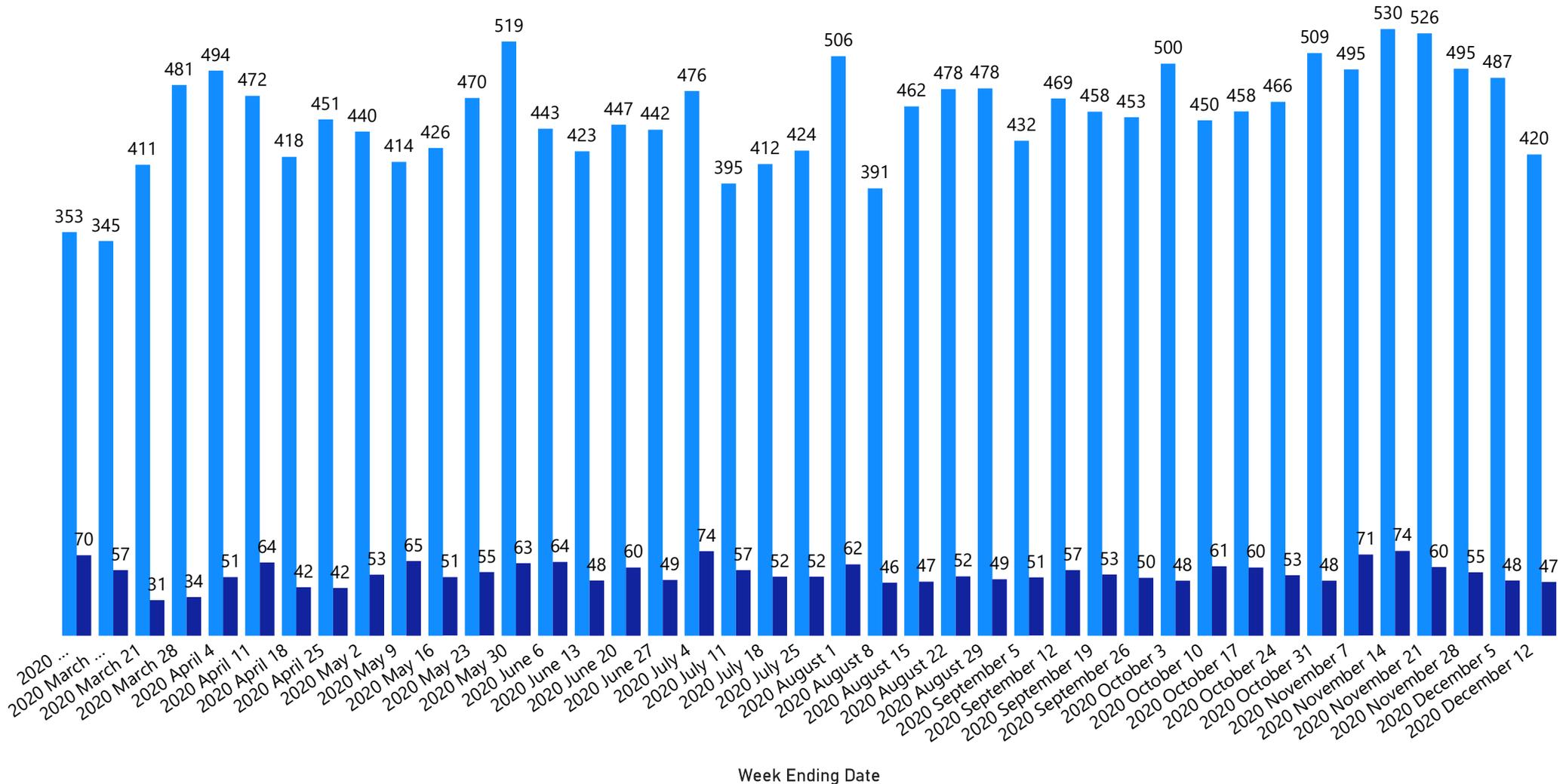
Outpatient Nursing - Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



Support Coordination-Average Weekly Count Of Clients Served

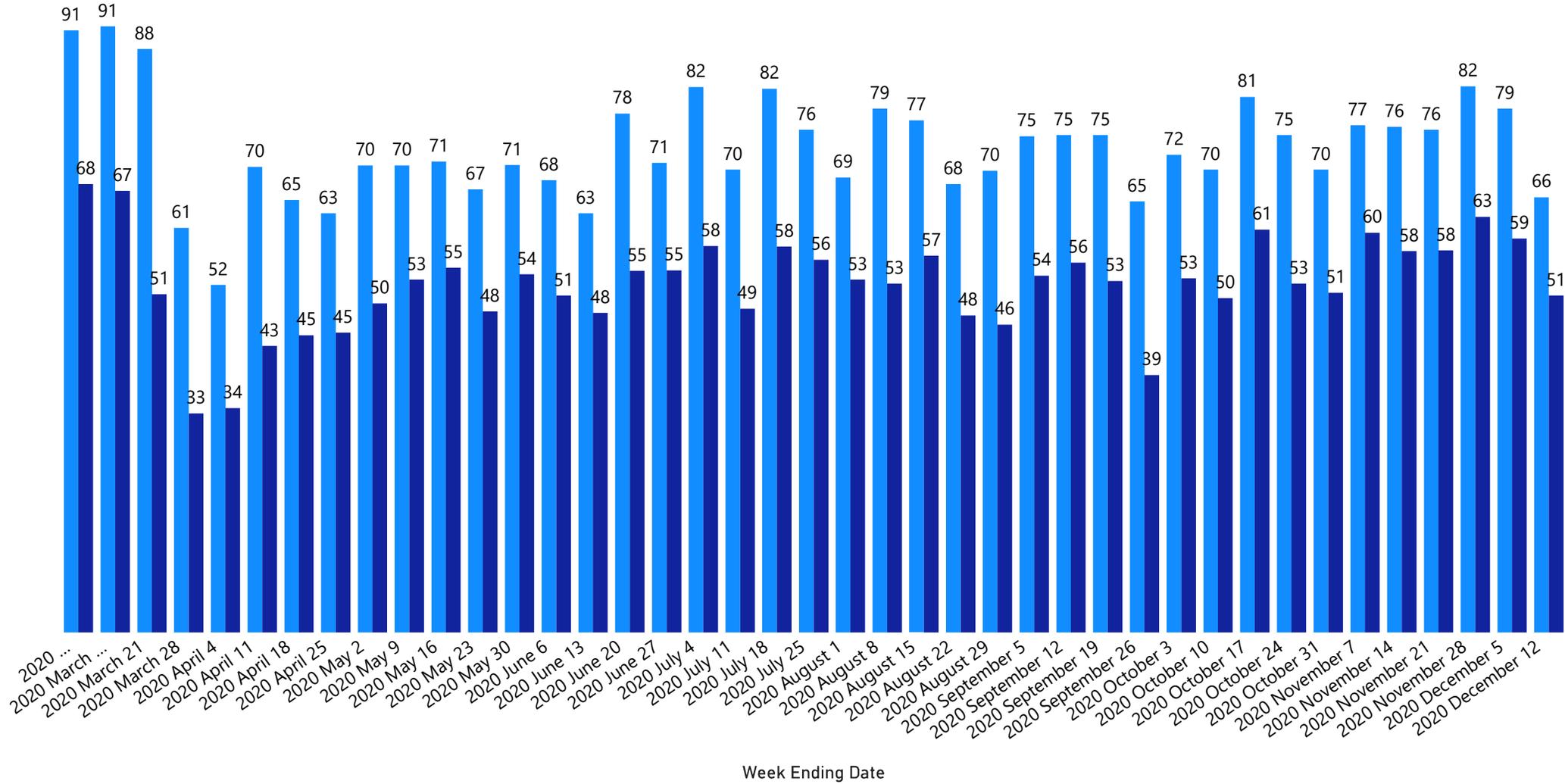
● Avg. Client Ct. ● AVG.F2F



Week Ending Date

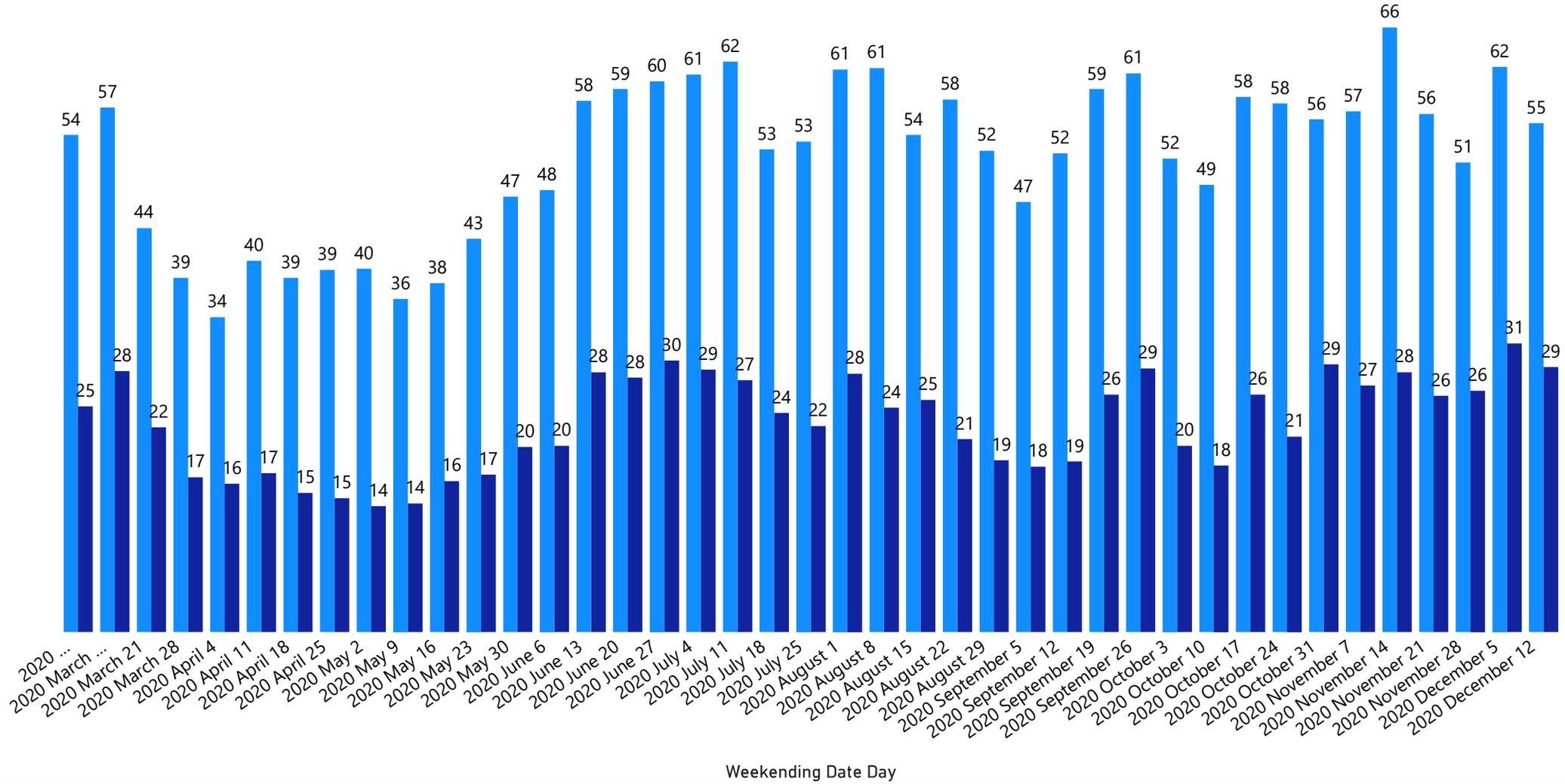
ADC/JDC/Court-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F

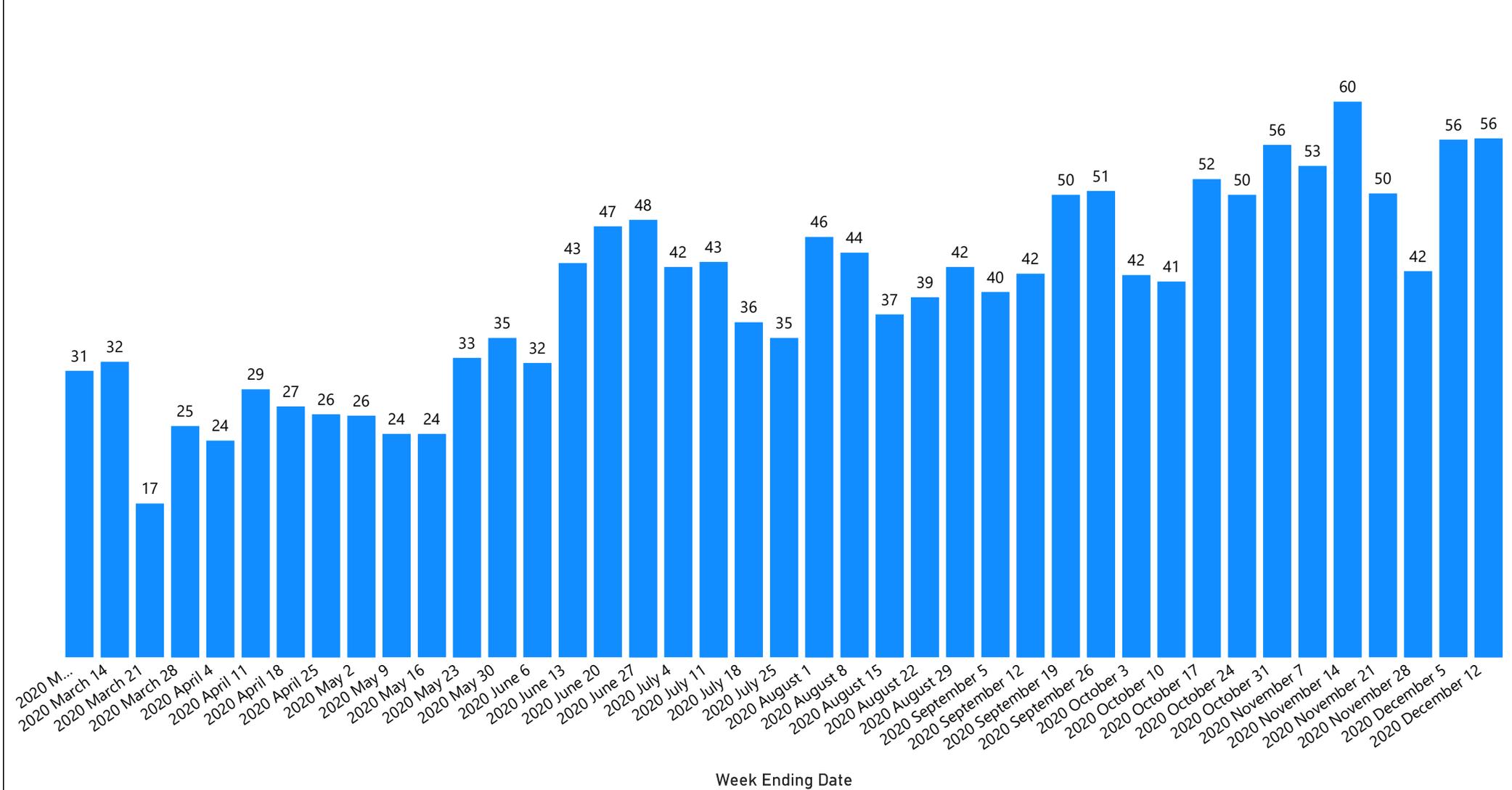


Emergency-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F

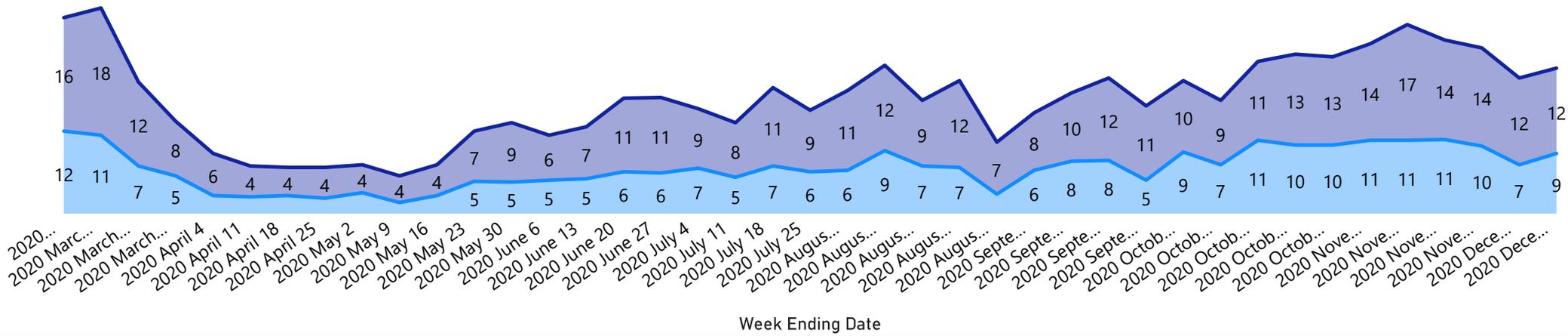


Emergency - Weekly Average Count Of Telephone Calls

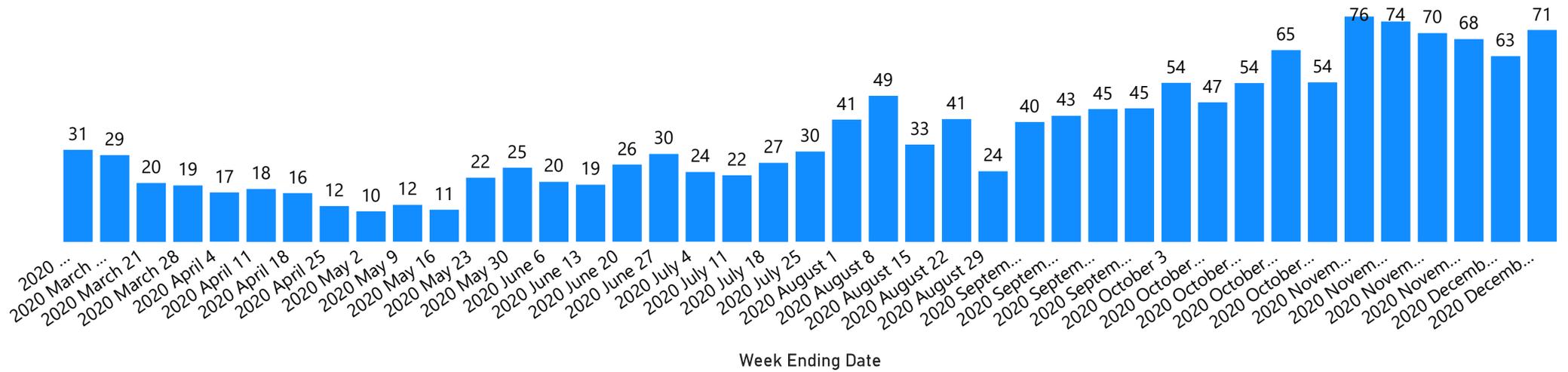


EAR-Weekly Average Count of Screening & Assessments By Day

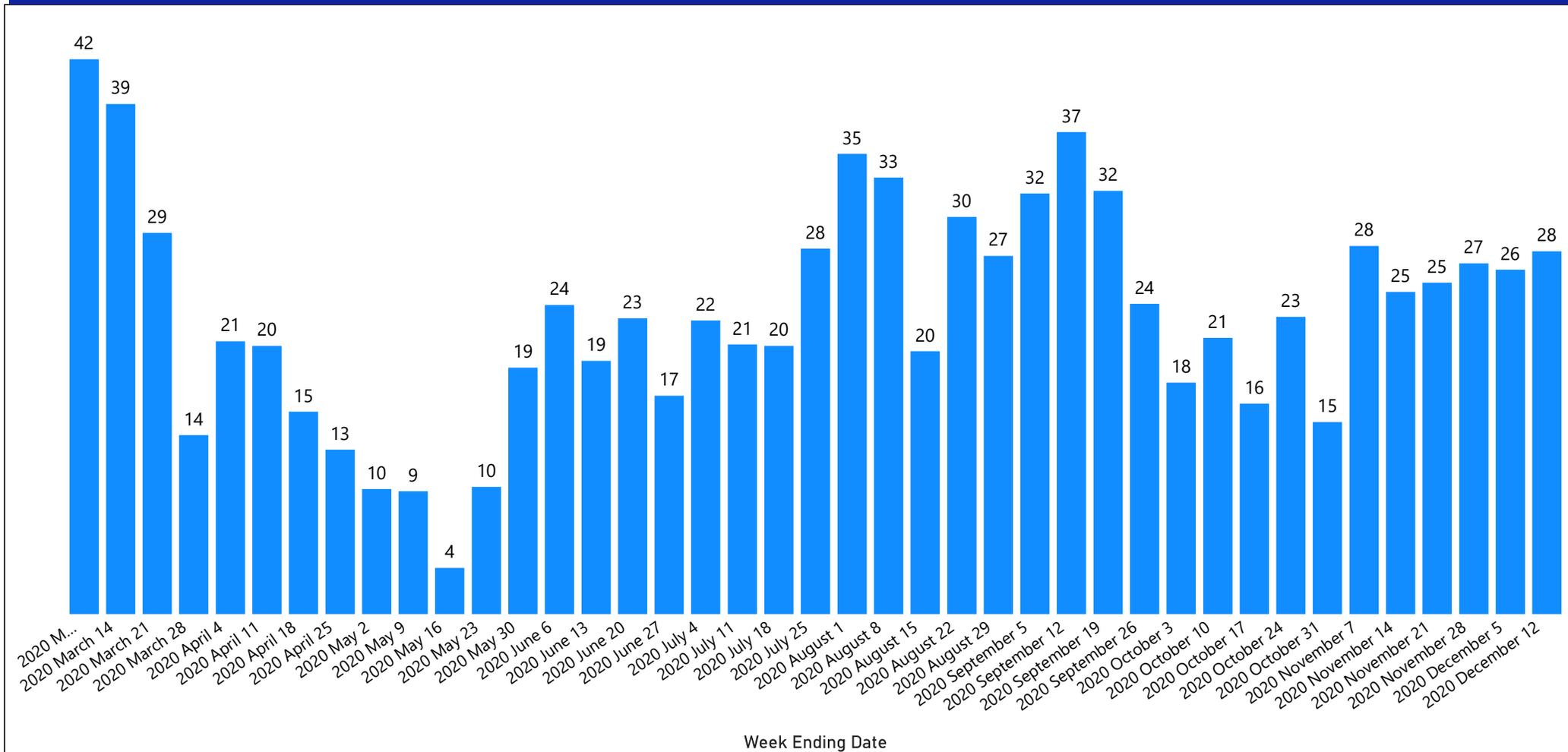
● average daily assessment ● average daily screening



EAR-Weekly Average Count Of Clients By Day



Call Center-Weekly Average Count of Calls



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

	FY 2021 Approved Budget	FY 2021 YTD Budget	FY 2021 Actuals Thru November 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	3,136,382	3,780,021	643,639	7,527,316
F Federal Pass Thru SAPT Block Grant	4,053,659	1,689,025	2,022,269	333,244	4,053,659
V Direct Federal Food Stamps	154,982	64,576	15,745	(48,831)	154,982
V Program/Client Fees	3,994,251	1,664,271	1,801,987	137,716	4,264,942
V CSA	858,673	357,780	336,281	(21,499)	784,380
V Medicaid Option	12,518,068	5,215,862	3,530,398	(1,685,464)	8,022,735
V Medicaid Waiver	2,962,684	1,234,452	3,113,970	1,879,519	7,376,752
V Miscellaneous	14,100	5,875	55,799	49,924	223,197
Non-County Revenue	35,307,201	14,174,089	15,462,338	1,288,249	35,631,431
General Fund Transfer	147,554,569	147,554,569	147,554,569	-	147,554,569
Total Available	209,025,683	161,728,658	163,016,907	1,288,249	209,349,913
Compensation ²	84,104,115	35,582,510	29,824,442	5,758,068	84,080,124
Fringe Benefits ³	37,187,394	15,733,128	12,559,213	3,173,916	37,350,564
Operating ⁴	69,145,965	28,810,819	21,566,402	7,244,417	53,448,231
Recovered Cost (WPF0)	(1,738,980)	(724,575)	(438,193)	(286,382)	(1,738,980)
Capital	76,469	31,862	60,627	(28,764)	(28,764)
Transfer Out	1,500,000	1,500,000	1,500,000	-	1,500,000
Total Disbursements	190,274,963	80,933,744	65,072,490	15,861,255	174,611,175
Ending Balance	18,750,720				34,738,737
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				26,144,492

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.

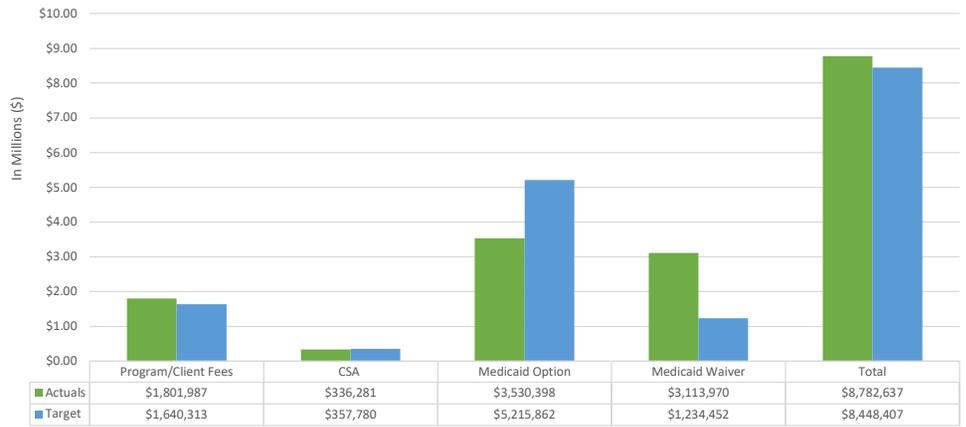
FY21 November YTD Revenue Analysis

Variable Revenue by Month
FY21
Actuals vs. Target



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

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



**Fiscal Oversight Committee
CSB HR Update – December 2, 2020**

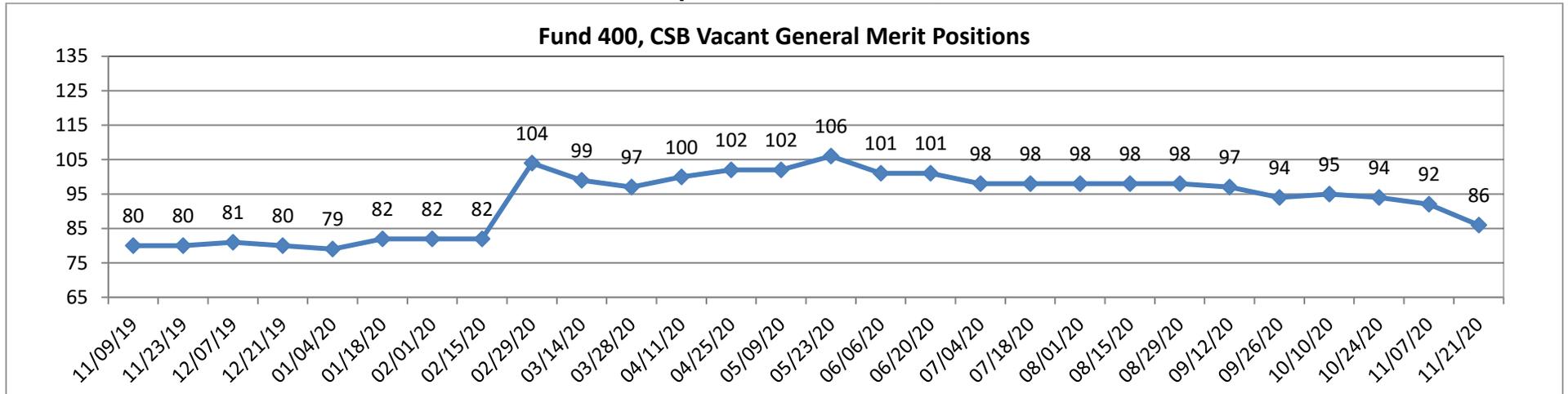


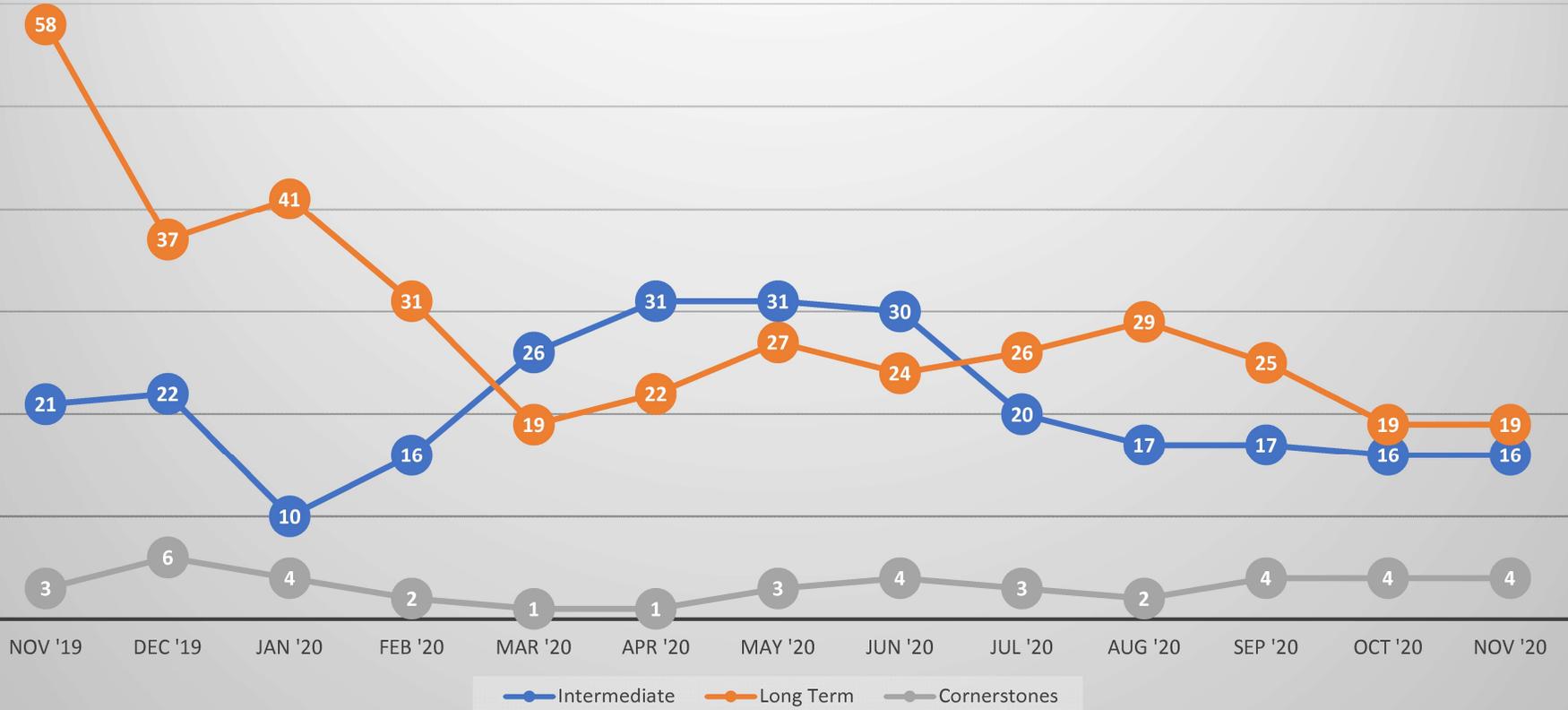
Figure 1: Increase in February 2020 reflects 24 non-merit conversions

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

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

SUD Residential Waiting List

Individuals Waiting by Program Type
November 2019 - November 2020



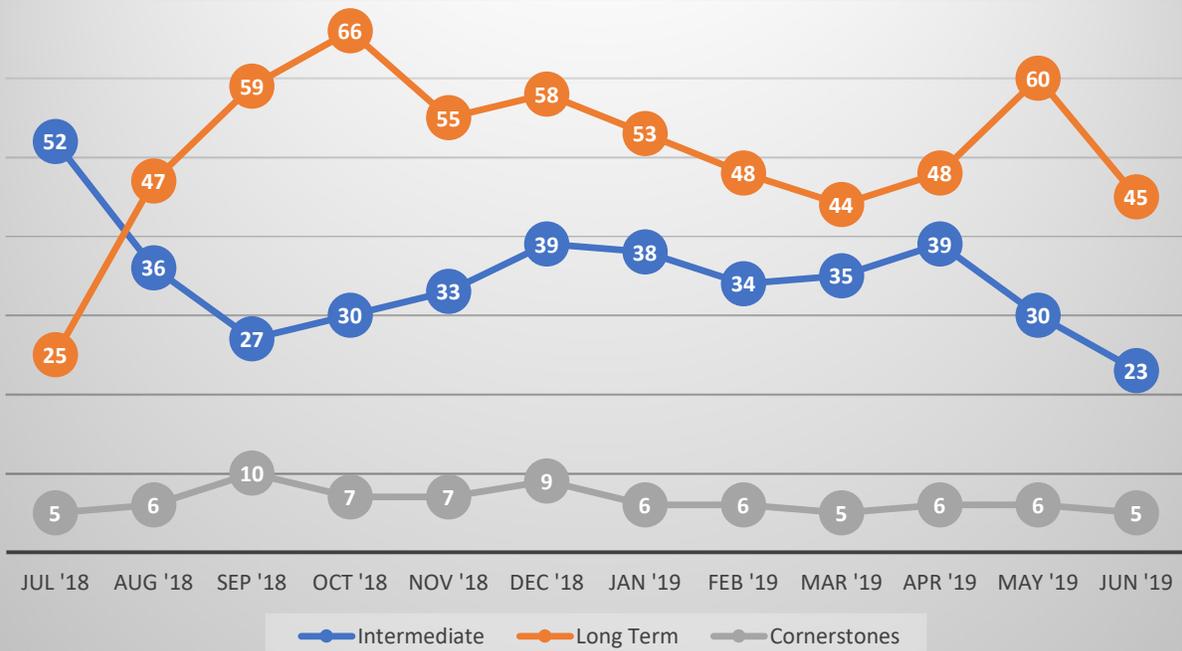
FY18 SUD Residential Waiting List

Individuals Waiting by Program Type



FY19 SUD Residential Waiting List

Individuals Waiting by Program Type



FY20 SUD Residential Waiting List

Individuals Waiting by Program Type



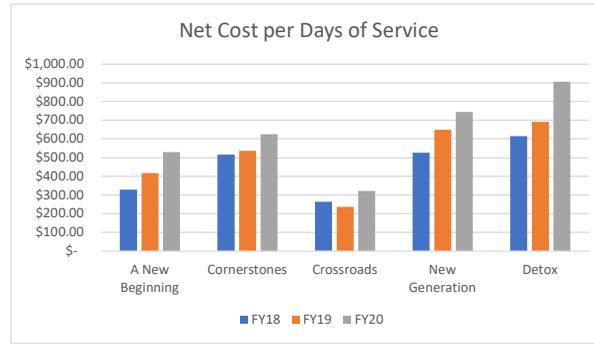
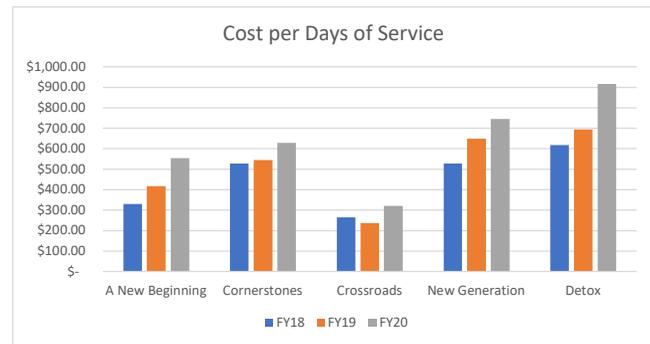
SUD Residential Program	FY18		FY19		FY20	
	Clients Served	Days of Service	Clients Served	Days of Service	Clients Served	Days of Service
A New Beginning	169	11,318	160	10,084	134	7,597
Cornerstones	39	4,397	42	4,911	37	4,322
Crossroads	138	13,655	156	16,285	130	12,958
New Generations	30	3,002	35	2,664	30	2,356
New Direction (Supervised)	83	5,939	80	5,584	69	5,358
Cornerstones - Supervised Apartments	12	2,157	10	2,370	11	1,875
Crossroads - Supervised Apartments	57	4,974	30	2,162	45	3,687
New Generations - Supervised Apartments	16	1,129	11	856	7	568
Total	544	46,571	524	44,916	463	38,721

Fairfax Detox	FY18			FY19			FY20		
	Clients Served	Admissions	Days of Service	Clients Served	Admissions	Days of Service	Clients Served	Admissions	Days of Service
Clinical	448	519	3,432	337	492	3,149	257	404	2,543
Medical	227	382	2,511	148	341	2,300	103	243	1,455
Suboxone	231	246	2,115	193	308	2,424	161	277	2,255
Medical & Suboxone	*	45	*	*	56	*	*	51	*
Total (unduplicated)	808	1,192	8,058	767	1,197	7,873	666	975	6,253

* "Medical & Suboxone" is only tracked as an Admission type. Clients Served & Days of Service for these admissions are counted under the Medical or Suboxone program

	A New Beginning			Cornerstones			Crossroads			New Generations			Detox			TOTAL		
	FY18	FY19	FY20	FY18	FY19	FY20												
Revenue	\$ (29,321)	\$ (13,025)	\$ (192,473)	\$ (49,573)	\$ (35,291)	\$ (16,409)	\$ (16,874)	\$ (8,405)	\$ (8,837)	\$ (2,776)	\$ (1,191)	\$ (5,537)	\$ (27,747)	\$ (25,714)	\$ (71,832)	\$ (126,291)	\$ (83,626)	\$ (295,088)
Direct Expenses	\$ 3,219,248	\$ 3,576,602	\$ 3,576,602	\$ 1,909,936	\$ 2,175,669	\$ 2,194,824	\$ 3,037,313	\$ 3,153,392	\$ 3,429,047	\$ 1,356,717	\$ 1,453,192	\$ 1,470,147	\$ 4,220,736	\$ 4,552,483	\$ 4,782,672	\$ 13,743,949	\$ 14,911,338	\$ 15,453,293
Allocated Indirect	\$ 523,381	\$ 634,265	\$ 634,265	\$ 410,218	\$ 497,126	\$ 520,999	\$ 579,963	\$ 702,834	\$ 736,584	\$ 226,327	\$ 274,277	\$ 287,448	\$ 749,708	\$ 908,542	\$ 952,170	\$ 2,489,597	\$ 3,017,044	\$ 3,131,466
Net (Cost)	\$ 3,713,308	\$ 4,197,842	\$ 4,018,394	\$ 2,270,581	\$ 2,637,505	\$ 2,699,413	\$ 3,600,402	\$ 3,847,820	\$ 4,156,795	\$ 1,580,268	\$ 1,726,278	\$ 1,752,058	\$ 4,942,697	\$ 5,435,311	\$ 5,663,010	\$ 16,107,256	\$ 17,844,755	\$ 18,289,670
Clients Served	169	160	134	39	42	37	138	156	130	30	35	30	808	767	666	1,184	1,160	997
Days of Service	11,318	10,084	7,597	4,397	4,911	4,322	13,655	16,285	12,958	3,002	2,664	2,356	8,058	7,873	6,253	40,430	41,817	33,486
Admissions													1,192	1,197	975	1,192	1,197	975
Cost per Client Served	\$ 22,145.73	\$ 26,317.92	\$ 31,424.38	\$ 59,491.13	\$ 63,638.00	\$ 73,400.61	\$ 26,212.14	\$ 24,719.40	\$ 32,043.32	\$ 52,768.13	\$ 49,356.24	\$ 58,586.50	\$ 6,151.54	\$ 7,119.98	\$ 8,610.87	\$ 13,710.77	\$ 15,455.50	\$ 18,640.68
YOY Cost per Client Served %		18.8%	19.4%		7.0%	15.3%		-5.7%	29.6%		-6.5%	18.7%		15.7%	20.9%		12.7%	20.6%
Cost per Days of Service	\$ 330.68	\$ 417.58	\$ 554.28	\$ 527.67	\$ 544.25	\$ 628.37	\$ 264.90	\$ 236.80	\$ 321.47	\$ 527.33	\$ 648.45	\$ 746.01	\$ 616.83	\$ 693.64	\$ 917.13	\$ 401.52	\$ 428.73	\$ 555.00
YOY Cost per Days of Service %		26.3%	32.7%		3.1%	15.5%		-10.6%	35.8%		23.0%	15.0%		12.5%	32.2%		6.8%	29.5%
Cost per Admissions													\$ 4,169.84	\$ 4,562.26	\$ 5,881.89	\$ 13,618.75	\$ 14,977.76	\$ 19,061.29
YOY Cost per Admissions														9.4%	28.9%		10.0%	27.3%
Net Cost per Client Served	\$ 21,972.24	\$ 26,236.51	\$ 29,988.02	\$ 58,220.02	\$ 62,797.73	\$ 72,957.12	\$ 26,089.87	\$ 24,665.52	\$ 31,975.34	\$ 52,675.60	\$ 49,322.22	\$ 58,401.93	\$ 6,117.20	\$ 7,086.46	\$ 8,503.02	\$ 13,604.10	\$ 15,383.41	\$ 18,344.70
YOY Net Cost per Client Served %		19.4%	14.3%		7.9%	16.2%		-5.5%	29.6%		-6.4%	18.4%		15.8%	20.0%		13.1%	19.2%
Net Cost per Days of Service	\$ 328.09	\$ 416.29	\$ 528.94	\$ 516.39	\$ 537.06	\$ 624.58	\$ 263.67	\$ 236.28	\$ 320.79	\$ 526.41	\$ 648.00	\$ 743.66	\$ 613.39	\$ 690.37	\$ 905.65	\$ 398.40	\$ 426.73	\$ 546.19
YOY Net Cost per Days of Service %		26.9%	27.1%		4.0%	16.3%		-10.4%	35.8%		23.1%	14.8%		12.6%	31.2%		7.1%	28.0%
Net Cost per Admissions													\$ 4,146.56	\$ 4,540.78	\$ 5,808.22	\$ 13,512.80	\$ 14,907.90	\$ 18,758.64
YOY Net Cost per Admissions														9.5%	27.9%		10.3%	25.8%

	Cost per Days of Service			Net Cost per Days of Service		
	FY18	FY19	FY20	FY18	FY19	FY20
A New Beginning	\$ 330.68	\$ 417.58	\$ 554.28	\$ 328.09	\$ 416.29	\$ 528.94
Cornerstones	\$ 527.67	\$ 544.25	\$ 628.37	\$ 516.39	\$ 537.06	\$ 624.58
Crossroads	\$ 264.90	\$ 236.80	\$ 321.47	\$ 263.67	\$ 236.28	\$ 320.79
New Generation	\$ 527.33	\$ 648.45	\$ 746.01	\$ 526.41	\$ 648.00	\$ 743.66
Detox	\$ 616.83	\$ 693.64	\$ 917.13	\$ 613.39	\$ 690.37	\$ 905.65





VACSB Budget Priorities for State Fiscal Year 2022

- **\$3M in FY22 for the additional MARCUS Alert programs and community care or mobile crisis teams:** Request an additional \$3M to the current funding allocated for the first five sites that will implement the new protocols related to the MARCUS Alert legislation. In allocating these funds, the General Assembly recognizes that there will be costs associated with meeting the new requirements. If funding is not included for development and implementation of the protocols in future sites, the money will have to be carved out of existing STEP-VA funds. STEP-VA funding was put in place prior to the additional requirements included in the MARCUS Alert legislation and should remain whole in order to meet the stated objectives of that program. The second set of 5 sites are due to be in place by July 1, 2023 so the funding needs to be made available in FY22 and included in the base budget to support development and implementation.
- **Retain the \$30.2M in FY22 for the additional STEP-VA services:** STEP-VA was developed to address: Accountability, Access, Quality, and Consistency across all CSBs. STEP-VA services are intended to foster wellness among individuals and prevent crises before they arise. The result would be fewer admissions to state and private hospitals, decreased emergency room visits, and reduced involvement of individuals with behavioral health needs in the criminal justice system.
- **Retain the \$25.7M in FY22 for the provider reimbursement rate increase for DD Waiver services:** This funding was appropriated based on a model for reimbursement rates created by a nationally recognized expert.
- **Retain the \$10M in FY22 for Discharge Assistance Planning (DAP) funding:** Finding the right combination of supervised housing and mental health treatment for individuals ready for discharge is a large challenge across Virginia. DAP funds help to fill gaps where services and funding options are lacking. A recent DBHDS report on DAP shows that in FY19, because of DAP funds, there were 566 new discharges from state hospitals. These individuals were served in the community with \$4.9M. If these same individuals had remained hospitalized through FY19, the cost would have reached \$82M. As well, DAP funding helps to reduce the census crisis at state hospitals. It is imperative that resources are devoted to having proper housing and services in place so individuals ready for discharge can come back to the community in a timely matter.
- **Retain the \$2.4M in FY22 for the reimbursement rate increase for behavioral health service providers:** These funds will increase the physician rate to 110% of the Medicare reimbursement rate.
- **Retain the \$17M in FY22 for permanent supportive housing (PSH):** Stable housing is one of the greatest barriers to discharge for individuals in state psychiatric facilities. PSH funds remove that barrier and reduce state hospital census. The 2019 report on PSH shows that state hospital utilization decreased 82% for individuals in PSH. This resulted in \$9.5M in savings for state hospitals. Eighty-six percent of individuals served in PSH remained stably housed.
- **Retain the \$4.1M in FY22 for 250 Developmental Disability Waiver slots:** Currently, roughly 13,000 people with developmental disabilities are on the Waiver waiting list for community-based services. Receiving a Waiver slot enables an individual who needs developmental services and supports to live a life that is fully integrated in the community.

VACSB will also support amendments from its advocacy partners once they are advanced.

Approval of CSB Board Policy

Recommended Motion:

I move that the Board approve the revised CSB Board policy as presented.

Issue:

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

Background:

As part of the annual CSB Board fee policy review process, CSB Board Policy 2120, Reimbursement for Services is reviewed. The policy was submitted to CSB Board members at the November 2020 CSB Board meeting for review and recommendation. Following this review, the policy is submitted with edits noted below, to the CSB Board for final review and approval.

- 2120 – Reimbursement for Services (*per CSB Board member recommendation, links have been added to References*)

Timing:

Immediate

Board Member

Sheila Jonas, Secretary to CSB Board

Enclosed Documents:

- A. 2120 – Reimbursement for Services

Policy Number: 2120

Policy Title: Fees and 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, and other legally responsible parties. The use of extended payment plans will be allowed, if necessary.
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. Information on the collection of

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[delinquent accounts through DTA can be found at https://www.fairfaxcounty.gov/taxes/pay/missed-due-date.](https://www.fairfaxcounty.gov/taxes/pay/missed-due-date)

- 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 contract agent.
- 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.

Deleted: 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 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.

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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 | |