



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Bettina Lawton, Chair

Wednesday, September 23, 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

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| 1. Meeting Called to Order | Bettina Lawton | 5:00 p.m. |
| 2. Roll Call and Audibility | Bettina Lawton | |
| 3. Preliminary Motions | Bettina Lawton | |
| 4. Matters of the Public | Bettina Lawton | |
| 5. Amendments to the Meeting Agenda | Bettina Lawton | |
| 6. Approval of the August 26, 2020 CSB Board Virtual Meeting Draft Minutes | Bettina Lawton | |
| 7. Director's Report | Daryl Washington | |
| A. Services Update | | |
| B. Fiscal Update | | |
| C. Personnel Update | | |
| D. COVID-19 Update | | |
| E. CSB Strategic Plan and Critical Focus Areas | | |
| F. Board of Supervisor's Presentation | | |
| G. Other Updates | | |
| 8. Matters of the Board | Board Members | |
| 9. Information Item | | |
| A. Review of CSB Board Policies: #3060 and #3100 | Sheila Jonas | |
| B. Review of Fee Policy and Related Materials | Michael Neff | |
| C. CSB MOU Review | Daryl Washington | |
| 10. Action Item | | |
| A. Approval of CSB Board Policies #2010 and #2400 | Sheila Jonas | |
| B. FY2020 CSB Year End Report | Bettina Lawton | |
| 11. Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8). | | |
| 12. Adjournment | | |

Meeting materials may be found online at www.fairfaxcounty.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

August 26, 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, participants were provided an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

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

The following CSB Board members were absent: Ken Garnes

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

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair called the meeting to order at 5:05 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. The newest members were introduced including the district represented or seat filled. 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 made by Ms. Lawton 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. All 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 Edward Rose and unanimously passed.

4. Matters of the Public

None were presented.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging that no revision recommendations were forthcoming, the meeting agenda was accepted as presented.

6. Approval of the Minutes

Draft minutes of the July 22, 2020 virtual meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no revisions were suggested, Robert Bartolotta made a motion for approval, which was seconded by Captain Derek DeGeare and passed unanimously.

7. Director's Report

CSB Executive Director Daryl Washington, noting that members of Executive Leadership would continue to provide the agency updates as listed on the meeting agenda, clarified that an opportunity for questions will follow each topic presented. Highlights of the updates included:

Deputy Director of Clinical Operations Lyn Tomlinson reported on the successful agency coordination between the CSB, vendor partners, and other agencies that has contributed to successful service delivery during COVID. Ms. Tomlinson, to illustrate the commitment and dedication of the CSB, read aloud from a letter that was submitted by the family member of a client that praised the staff and the services received.

- Referring to the Time to Treatment charts included in the meeting materials, Ms. Tomlinson highlighted the reduction in wait times for both adult and youth outpatient programs as illustrated in the charts. Ms. Tomlinson clarified that reductions to staffing, including promotions, result in challenges for continued decrease in wait times, confirming approximately 14 vacancies in outpatient services all of which are in the process of being filled. Creative hiring practices include collaborative interview panels and flexibility in treatment assignments that are possible through the use of telehealth.
- Ms. Tomlinson provided an overview of the HR Update report highlighting the number of critical vacancies and confirmed that of the 11 reported vacancies in Support Coordination, six hiring packets are in process.
- Directing attention to the Court Based, Jail Based and Jail Diversion organization charts, Ms. Tomlinson confirmed several vacant positions. The vacant Manager position for Court Services will be hired in collaboration with the courts and judges. Efforts to fill the vacancies in Jail Based and Jail Diversion are ongoing, noting that some positions may be 'held' as the jail census is down.

Linda Mount, Director of Analytics and Evaluation, provided an overview of the Business Information (BI) tools, the highlights of which are noted below.

- Referring to the CSB Board Status Report for FY2020 Fourth Quarter (Dashboard Report) included in the meeting materials, it was clarified that the quarterly data reflects key demographics of the individuals served. Minor reductions in the overall numbers of individuals served are attributed to the decrease in new individuals due to COVID. It was highlighted that first quarter numbers are artificially high as they include numbers carried over from the previous fiscal year. Ms. Lawton shared that this report is a valuable tool for updating a Board member's appointing authority.
- A brief overview of the remaining BI reports was provided. Noting the sizeable amount of daily data provided, Mr. Washington reported that beginning with the September CSB Board meeting, a weekly average will be provided instead. Mr. Washington further acknowledged that as there is negligible change to residential data, those reports will be discontinued beginning with the September reports.

Jessica Burris, Chief Financial Officer, provided an overview of the fiscal documents. Some highlights include:

- Ms. Burris clarified that the Pay Period Metrics track staff expenses by pay period confirming that the expenses to date are largely on target. It was confirmed that the non-merit and overtime expenses were a little more than anticipated due to COVID.
- FY2020 fiscal records remain open to accommodate year-end financial adjustments. Approximately \$2.7M was spent on COVID related expenditures in FY2020. Most expenses were operational, including for tents, generators, PPE (Personal Protective Equipment) and pandemic leave and FMLA (Family Leave Medical Act). Of the \$2.7M spent, roughly 70%, or about \$1.9M, has been reimbursed with the balance under review. It was clarified that COVID related expenses may be submitted for reimbursement until the end of calendar year 2020. Of the approximately \$1.5M in FY2021 expenses roughly \$167K are COVID-related expenses.
- The Modified Fund Statement reflects a FY2021 beginning balance of approximately \$26M. It was clarified that when FY2020 is closed, the fund balance will reflect final year-end adjustments. The significant difference in total expenditures for FY2021 Actuals to the FY2021 Budget was primarily attributed to the year-end payroll accrual for compensation and fringe benefits that is reversed at the beginning of each fiscal year.
- The FY2021 July year to date (YTD) Revenue Analysis reflects efforts to increase Medicaid revenue in anticipation of the estimated \$4.4M shortfall related to Medicaid expansion. It was noted that the Actuals are about \$1.4M, just under the anticipated Target amount of \$1.7M.
- The Non-Billable summary tracks the services provided that are not billable to insurance as well as services previously not billed. Some services were identified as permanently unbillable, including Mental Health Skill Building, and were removed from this list as of July 2020. Additionally, ARTS (Addiction Recovery

Treatment Services) is no longer included as these services are now billed. It was clarified that removal of ARTS billing resulted in an artificial understatement for Services Not Authorized of approximately \$48K that will be corrected for August 2020. It was further clarified that the non-billable services remaining on the report, i.e. E/M Charge Lvl 1 Est and Missed Appointment, are under review for cause and possible correction to a billed service.

Deputy Director of Administrative Operations Michael Neff introduced Sebastian Tezna, Director of Behavioral Health Operations to provide an overview of the fee policy review procedure including CSB Board involvement. Mr. Neff reviewed the proposed revisions to the fee policy noting the policy is developed for individuals who do not have insurance, or who receive services not covered by their insurance. Proposed modifications to the fee policy, schedule, and related documents include adaptation of national standards for pricing that are reasonable and customary and provide transparency to the process. Further steps include alignment with DMAS (Department of Medical Assisted Services) fees and, finally, negotiation of rates with contracted MCOs (Managed Care Organizations). Current efforts include physically distanced staff committee meetings to review current rates and services for needed revision. Recognizing some disparity in CMS, DMAS, and DBHDS (Department of Behavioral Health and Developmental Services) rates and services, efforts are underway to identify discrepancies and standardize the information. Mr. Neff confirmed that impact to revenue is anticipated to be minimal. Members were encouraged to review the handout included in the meeting materials.

Noting the Human Resources (HR) update was provided earlier, Mr. Washington will follow up with CSB Board Chair Bettina Lawton with clarification to the CSB Coordinator position for Compliance and Risk Management included in the list of Critical Vacancies.

Mr. Washington provided an update to COVID-19 activities, highlighting the following:

- PPE (Personal Protective Equipment) is stored and managed for distribution at Merrifield by Sebastian Tezna who sends a daily update on the use and supply to assist with management of inventory.
- Staff continues to balance risk against need in service delivery. It was clarified that residential and Emergency Services continue to provide face-to-face services, teletherapy use is maximized for all other services. Individuals who continue to struggle with teletherapy will be assessed for resumption of face-to-face therapy services.
- Mr. Neff is leading development of the CSB re-engagement plan including mapping of CSB sites for identification and implementation of safety procedures including physical distancing as well as the use of an electronic calendar to track the numbers of staff and clients at all times at each location. Additional efforts include a welcome back kit issued to staff that includes hand sanitizers, cough masks, and a 'touch tool' for use with elevator buttons, etc. It was also noted that the county has issued a mandatory safety training for all staff that also assesses risk level.

- Mr. Washington confirmed that County COVID leave was exhausted, while some Federal leave remains for use as needed. Additionally, some flexibility in work hours is also allowed to accommodate schools restarting.
- 25 CSB staff have tested positive, 24 of whom have returned to work with only one staff exposure confirmed to have been work related. It was further reported that approximately 120 clients have contacted COVID.
- Mr. Washington highlighted two upcoming events including the inaugural Drug Court Graduation on Thursday, September 24, 2020 at the courthouse and a Mental Health Docket Graduation on Friday, October 2, 2020. Information for each ceremony will be forwarded to the Board. Retired CSB Board member Gary Ambrose will be speaking at the Mental Health Docket Graduation.
- It was reported that the DBHDS FY2021 Forensic Discharge Planning Grant was not awarded to the CSB.
- Mr. Washington provided an update to the psychiatric state hospital bed crisis including causes and the impact of delayed admissions. Highlights included:
 - Psychiatric hospitals now require a negative COVID test prior to admission, noting that several hospitals have closed to admission due to COVID outbreaks. Clients with a positive test are typically placed in a primary healthcare hospital bed that only provides a once daily psychiatric consult. Efforts are underway to identify solutions for alternative placements for positive and asymptomatic patients.
 - Medical clearance is required for individuals found eligible for psychiatric hospitalization. While the medical clearance is sought at local hospital emergency rooms staff works to locate an available bed. Due to the lack of available beds, wait times in the emergency room have increased by several hours to as much as several days.
 - Regular updates are provided to County leadership including the County Executive and County Attorney.
 - Regional CSB Executive Directors (ED) participate in regular phone calls with the Commissioner of Behavioral Health. Furthermore, the regional ED's recently sent a letter to the VA Secretary of Health & Human Services (H&HS) to express concern over the risks and challenges in managing this process.
 - A proposal was submitted to the Sheriff to establish a crisis stabilization unit at the Alternative Incarceration Bureau (IAB). A second solution under consideration is contracting with RI International to operate a second crisis stabilization unit that would also be located at the IAB.
 - A temporary, short-term solution for earlier releases and for avoiding repeated admissions to psychiatric hospitals includes offering overtime pay to existing staff and to hire retired staff as additional discharge planners.
 - Following months of planning to implement medical clearance at the Merrifield Center, it is anticipated that this service will launch in September or October 2020. The Director of Licensing has been approached for approval to issue a licensing exception to allow clients that are waiting for an available

bed to remain at the Merrifield Center for up to four days. This request is under consideration pending DBHDS Commissioner approval. Mr. Washington confirmed that Dalia Palchik, Providence District Supervisor, and County Executive Leadership have been notified of these efforts. Regular updates will be provided to the Board, acknowledging that this crisis is anticipated to be ongoing during the COVID crisis.

- The CSB was recently notified that Credible, the current CSB Electronic Health Record (EHR), has merged with QualiFacts. Following confirmation that the CSB will be maintained on the current platform, Mr. Washington has requested a transition plan with timeline. Michael Neff will be the lead for the transition team based on prior experience with implementation of multiple EHRs. In an effort to ensure the best possible choice for an EHR, the CSB will also reengage with a second EHR vendor that was investigated during the Fairfax County Health Care Services Information System (HCSIS) Request for Proposal (RFP) some months ago. The goal is to have an executed contract by December 31, 2020. In support of these proposed changes, some content experts will be hired as full-time staff to form an implementation team.
- Mr. Washington will be presenting an update to the BOS Health & Human Services Committee September 22, 2020. The presentation will include a number of topics to include 1) highlights of FY 2020, 2) the impact of COVID to service delivery, 3) implementation of DD (Developmental Disability) Waivers and updates to Support Coordination and Employment & Day Services as well as the implementation of new requirements under the Department of Justice Settlement Agreement (DOJSA) with Virginia, 4) Mental Health Service delivery, 5) Diversion First, 6) STEP-VA (System Transformation Excellence and Performance), 7) Substance Use Disorder (SUD) service delivery common uses and trends including the impact of COVID and changes to service delivery, 8) challenges and opportunities including the challenges of the hospital bed crisis and the opportunities presented by service delivery changes implemented during COVID including DMAS allowances to point of care for telehealth and telepsychiatry that will be requested to become permanent, 9) DBHDS and Medicaid efforts to align and update reimbursement rates and requirements for standardized service delivery in a phased rollout beginning with crisis stabilization services and PACT (Program for Assertive Community Treatment) teams, 10) DMAS substance use treatment reimbursement (ARTS, Addiction Recovery Treatment Services) rate changes including the value of directly operated vs. contracted services, and 11) ongoing efforts to slowly phase out directly operated DD and MH residential programs in a thoughtful and phased effort to contract with quality care providers that delivers a cost savings and ensures retention of staff as reduction goals are met.

Elizabeth McCartney, CSB Legislative Liaison, provided an update to a meeting of the legislative workgroup confirming members Ken Garnes, Jennifer Adeli, Garrett McGuire, and Srilekha Palle. Offering a reminder of the recent email soliciting feedback for General Assembly member assignments, members were encouraged to respond. It was confirmed that as the visits will most likely be virtual a materials packet is being

developed for electronic distribution including talking points and background materials supporting CSB priorities. Workgroup recommendations include scheduling outreach in early October to avoid the impact of the holiday season and the buildup to the General Assembly session in January.

8. Matters of the Board

Bettina Lawton confirmed postponement of the annual CSB Board member retreat, noting that it may be rescheduled for Spring 2021 based on continuing safety concerns related to COVID. Directing attention to the 2019 retreat handout provided in the meeting materials, Ms. Lawton provided an overview of the main topics including Team Shared Values and Team Working Agreements, emphasizing the use of [ACTION Due Date] or [INFORMATION] in the subject line of email communications to clearly indicate the intent of the email, and the Team Priorities.

Additionally, Ms. Lawton provided an overview of the CSB Board Committees, offering a reminder that each member is required to volunteer on at least one committee. A reminder was offered for the Fiscal Oversight Committee, the Behavioral Health Oversight Committee (BHOC) and the Developmental Disabilities (DD) Committee offering a reminder that the committees may only meet face-to-face when a quorum is present. The Fiscal Oversight Committee, chaired by Jennifer Adeli, has been rescheduled to meet on the third Thursday monthly at 4:00 p.m., location TBD. Sheila Jonas has agreed to continue to chair the DD Committee and Garrett McGuire has been appointed to chair BHOC as the previous chair retired from the Board on June 30. A reminder was offered that prior to the impact of COVID, discussion was underway to merge the BHOC and DD committees. This discussion will continue between the Chairs in preparation for resumption of these committee meetings based on member preference. Members were reminded to notify the Clerk of their preferred committees.

Ed Rose reported a conversation with City of Falls Church Police Department and City Council members regarding Fairfax County police procedures including Diversion First. Lyn Tomlinson has agreed to participate in ongoing discussion of these matters.

9. Information Item

A. *CSB Board Policy Review*

Sheila Jonas directed members to review the CSB Board policies #2010 and #2400 for edits that may be needed. Copies of the policies were provided in the meeting materials with a request to submit recommendations to CSB Board Clerk, Erin Bloom. The policies will be submitted for approval at the September 23, 2020 CSB Board meeting.

10. Action Item

A. *CSB Board Policy Approval*

Sheila Jonas directed attention to CSB Board policies #1500 and #4000, 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 Edward Rose and approved.

B. *Community Services Performance Contract (CSPC)*

Linda Mount provided an overview of the CSPC process and proposed revisions noting no revision recommendations were received during the 30-day public comment period. Edward Rose made a motion to approve the contract amendment and extension as presented pending approval by the Board of Supervisors that was seconded by Captain DeGare. With one abstention, the motion was seconded and approved.

C. The FY2020 End of Year Report

As the Report was not available for pre-meeting review, this Item was tabled until the September 23, 2020 CSB Board meeting. Members were encouraged to review and pass content edits to the CSB Board Clerk.

There being no further business to come before the Executive Committee, the meeting was adjourned at 6:58 p.m.

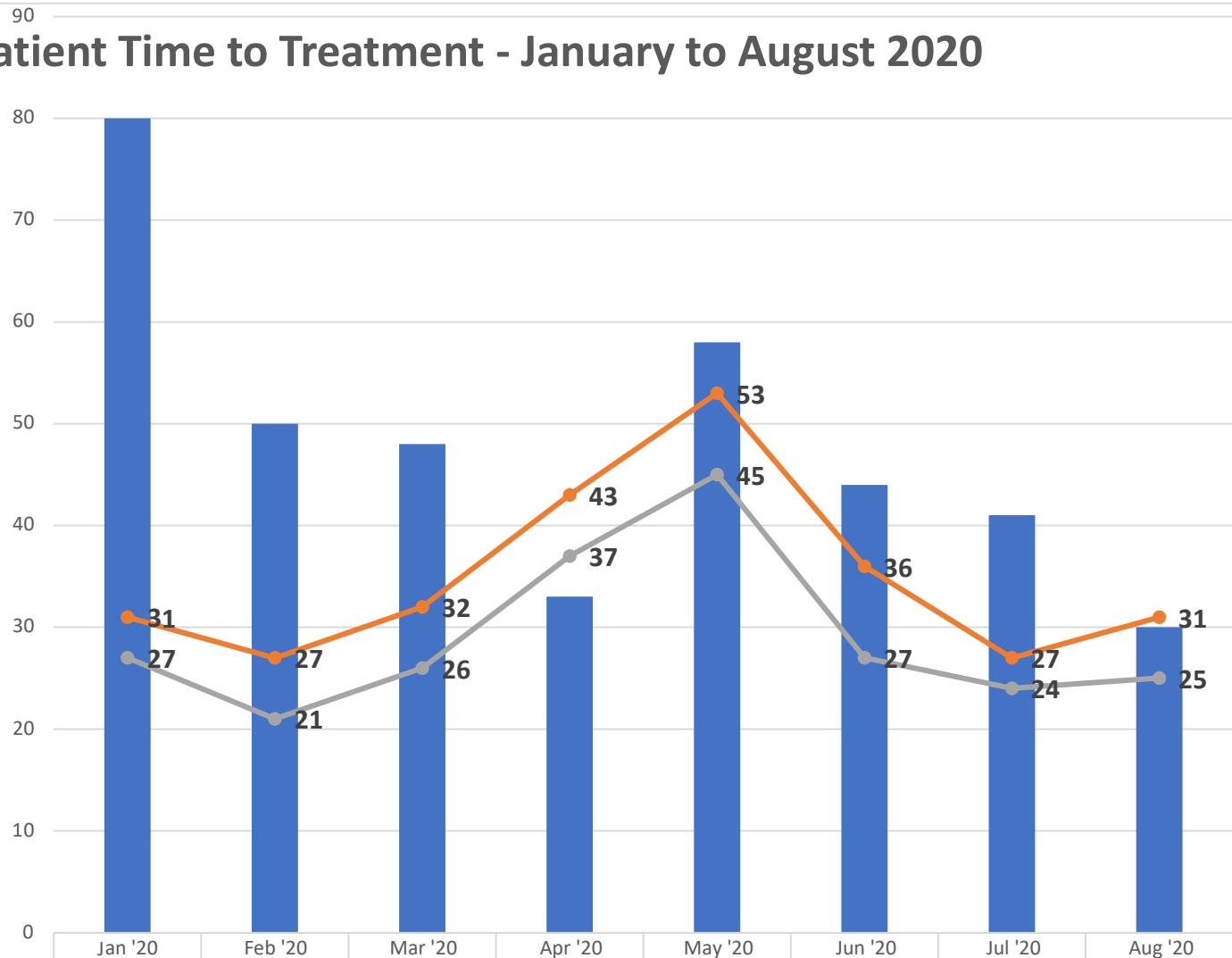
Actions Taken - -

- 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 July 22, 2020 CSB Board Meeting minutes were approved as presented.
- CSB Board policies #1500 and #4000 were approved.
- The Community Services Performance Contract amendment and extension was approved pending approval by the Board of Supervisors.

Date Approved

Staff to the CSB Board

Adult Outpatient Time to Treatment - January to August 2020

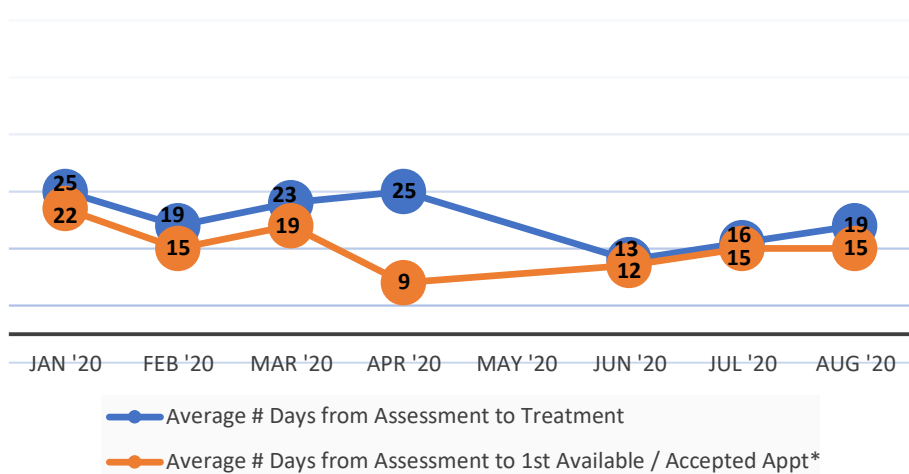


# Adults Who Attended 1st Treatment Appt	80	50	48	33	58	44	41	30
Average # Days from Assessment to Treatment	31	27	32	43	53	36	27	31
Average # Days from Assessment to 1st Available / Accepted Appt*	27	21	26	37	45	27	24	25

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

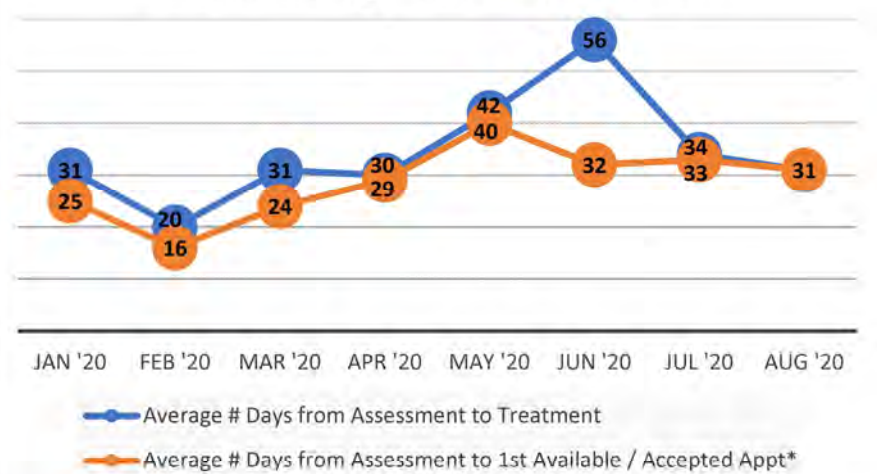
Adult Outpatient Time to Treatment - January to August 2020 by Site

Chantilly Average Time to Treatment



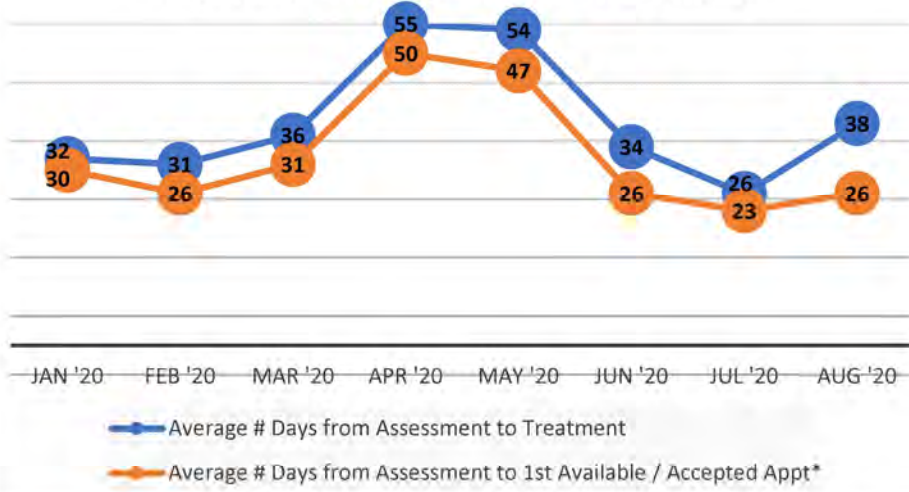
**there were no referrals from Entry & Referral that began services in May at Chantilly

Gartlan Average Time to Treatment

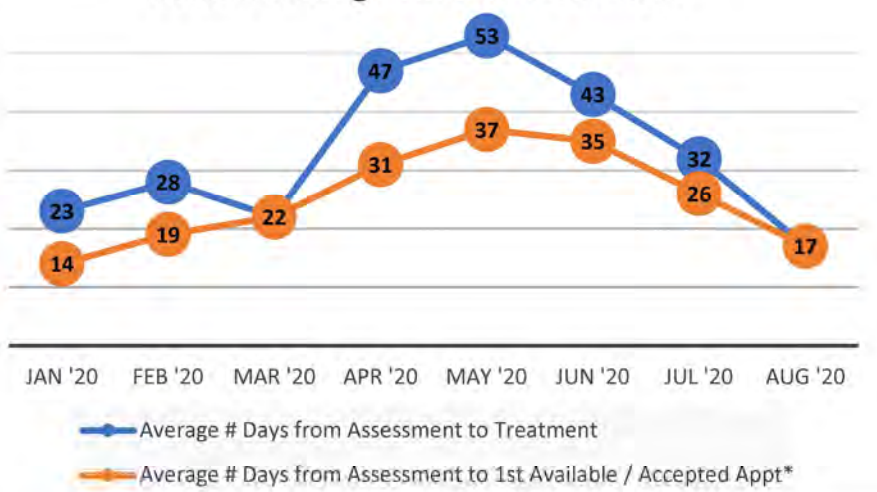


**time from Assessment to Orientation and 1st offered/accepted was the same for Aug '20

Merrifield Average Time to Treatment

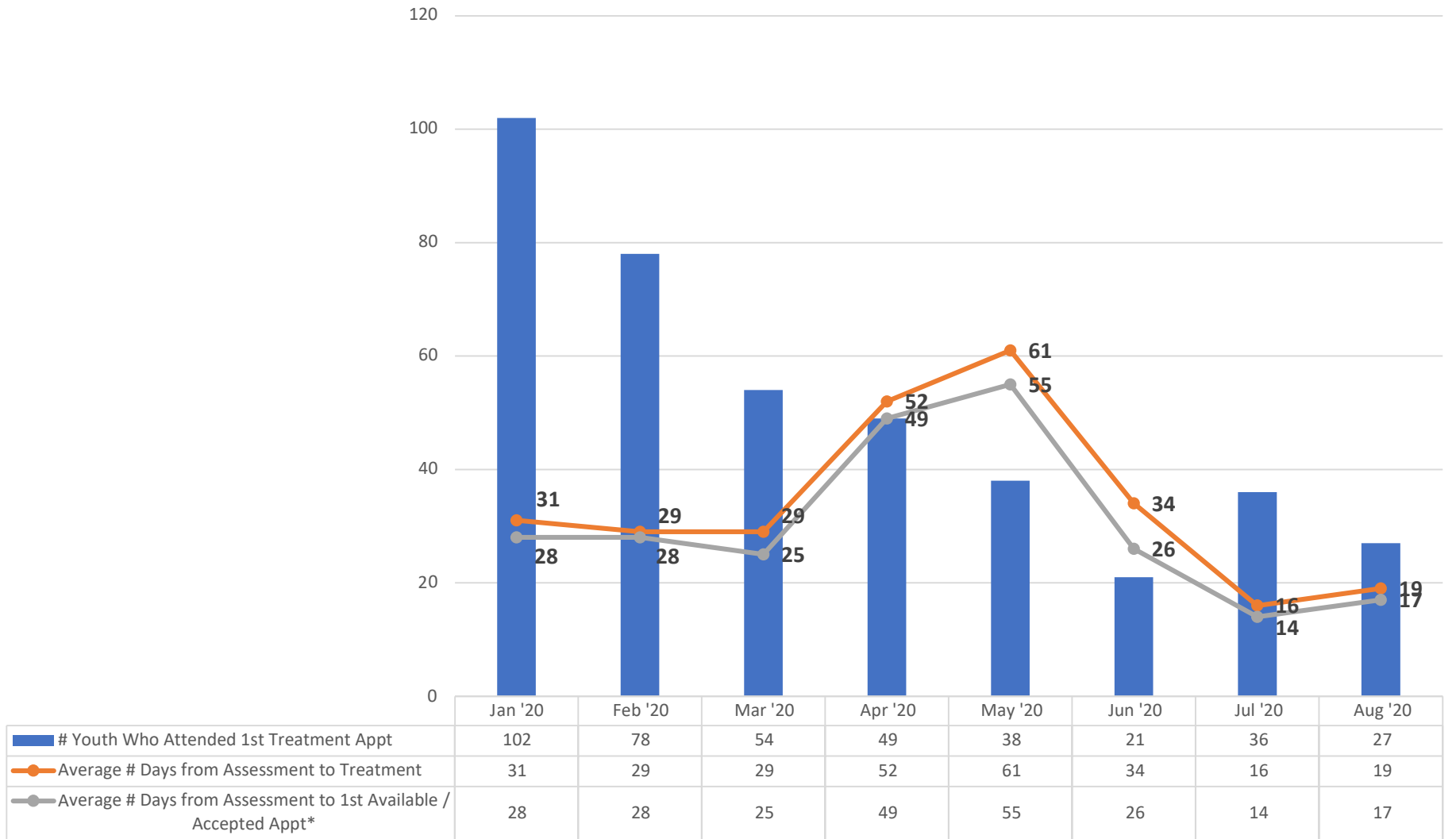


Reston Average Time to Treatment



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

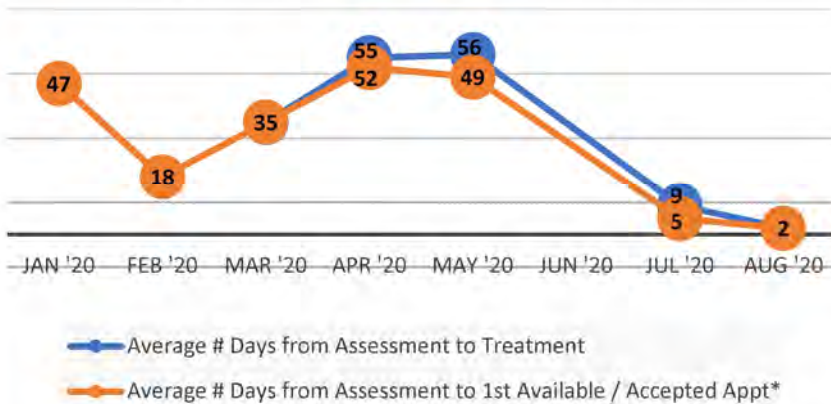
Youth Outpatient Time to Treatment - January to August 2020



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

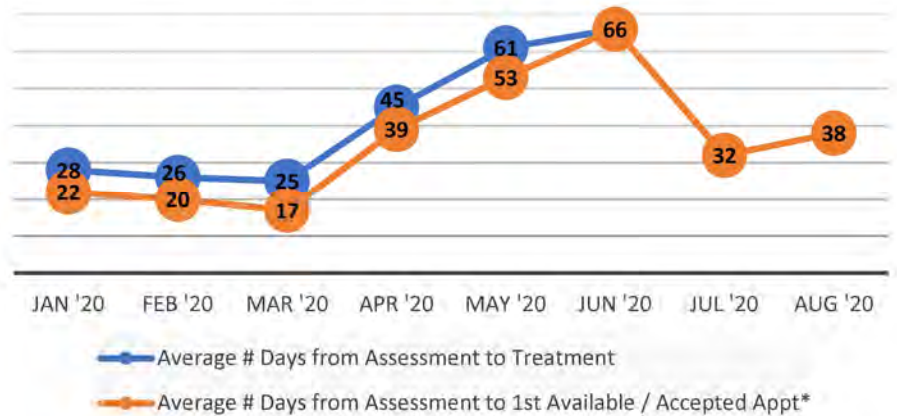
Youth Outpatient Time to Treatment - January to August 2020 by Site

Chantilly Average Time to Treatment



For Chantilly, average days from assessment to treatment AND average days from assessment to 1st available/accepted are the same for Jan - Mar 2020 & Aug '20; For June '20, 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

Merrifield Average Time to Treatment



Reston Average Time to Treatment

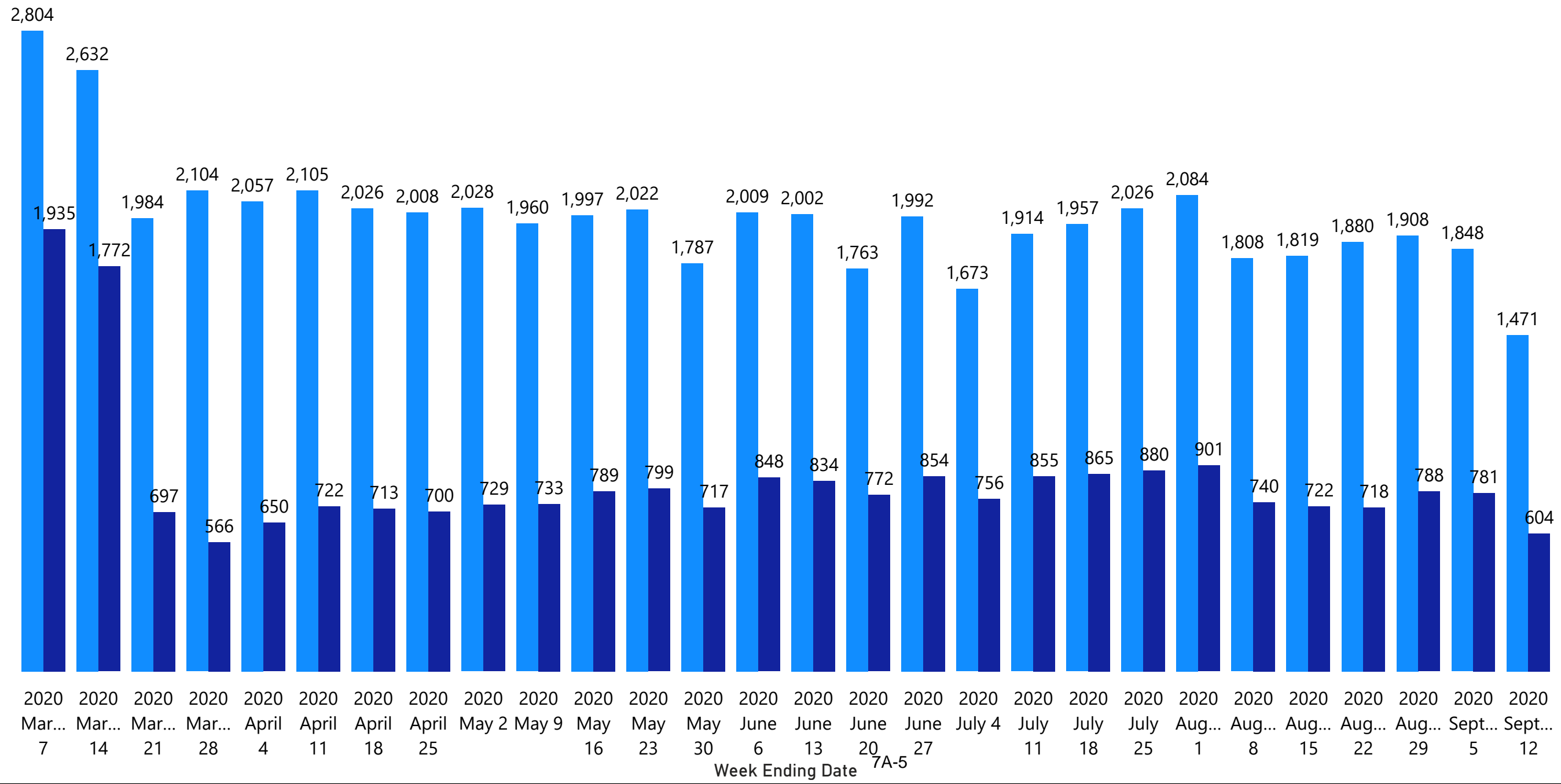


For Reston, average days from assessment to treatment AND average days from assessment to 1st available/accepted is the same for Aug '20

CSB Overall- Average Weekly Count Of Clients Served

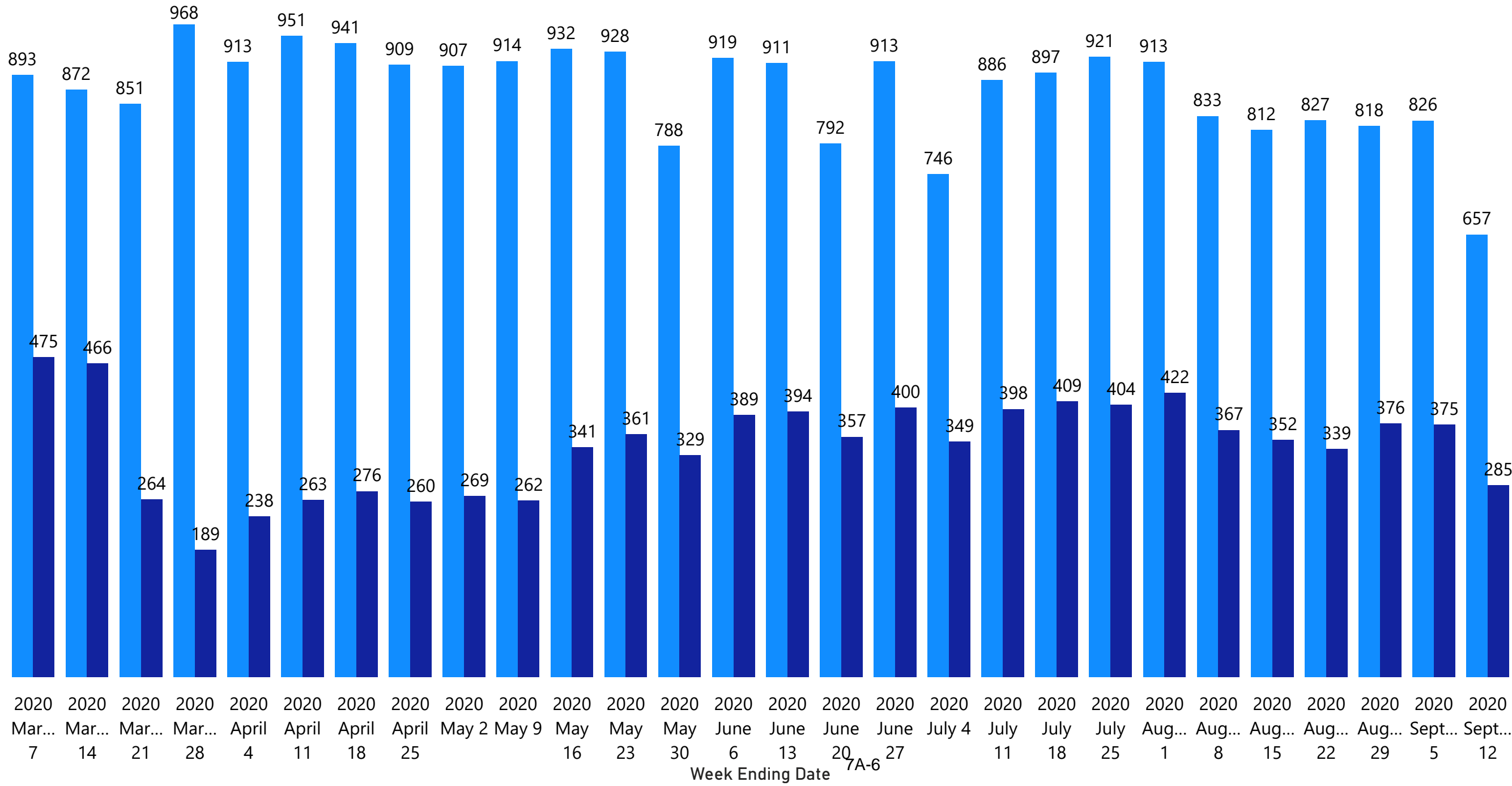
Excludes Emergency & Residential

● Avg. Client Ct. ● Avg. F2F



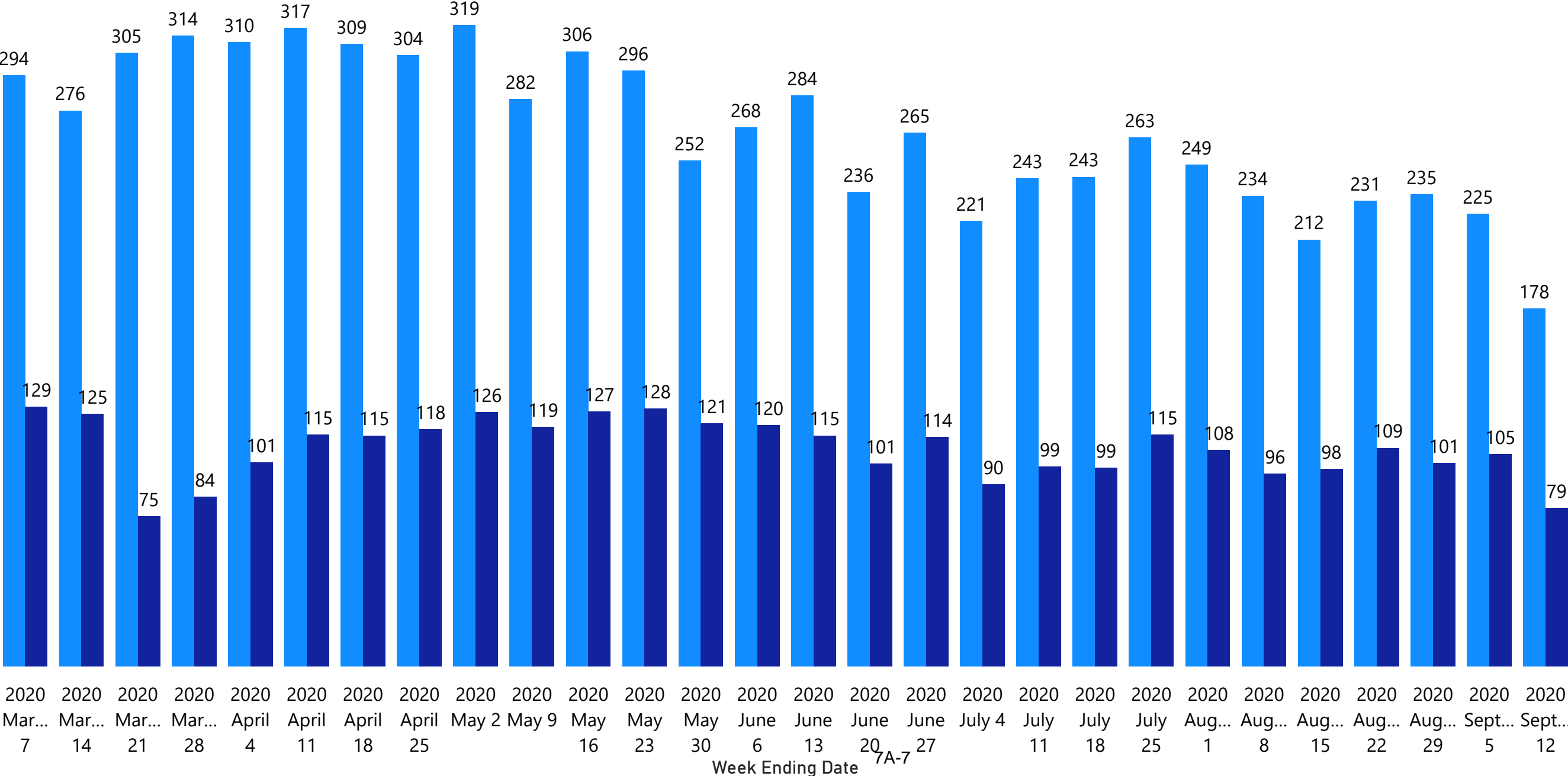
BH Adult Outpatient-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



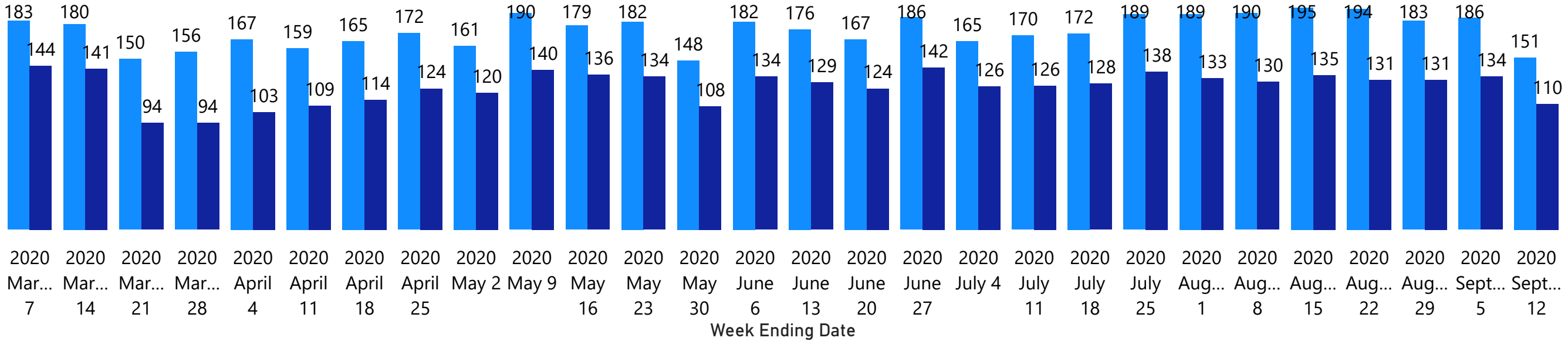
BH Youth Outpatient-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



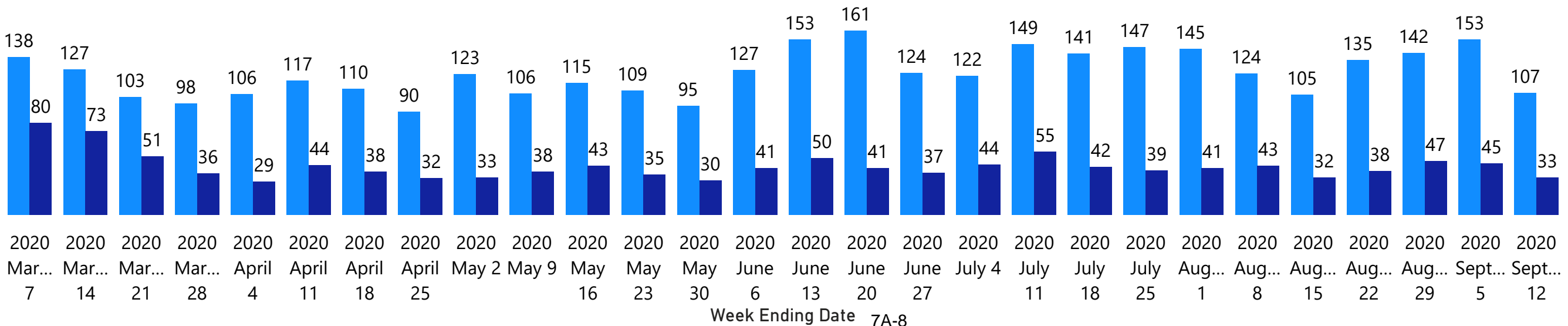
Doctors & NP - Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



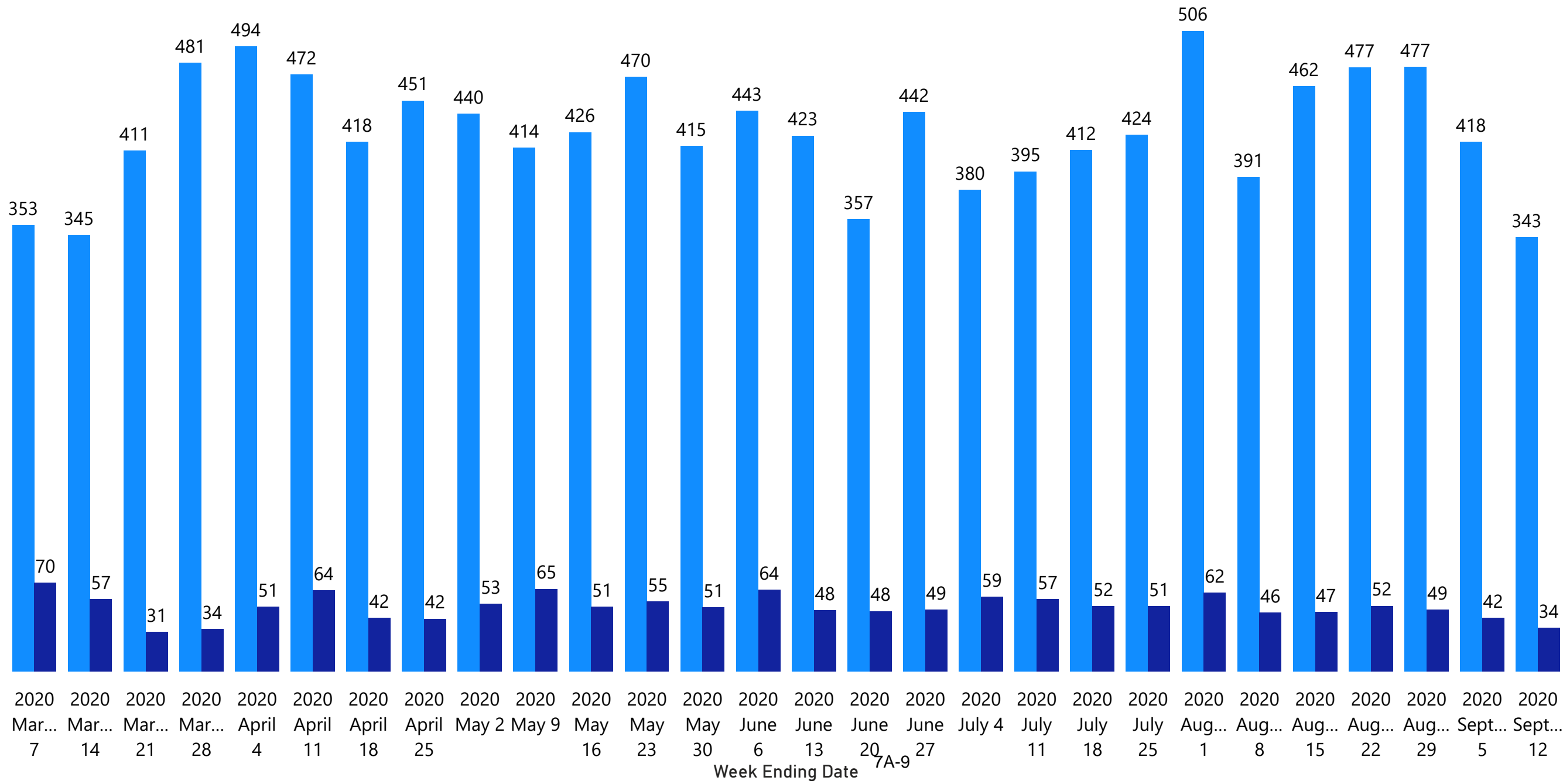
Outpatient Nursing - Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



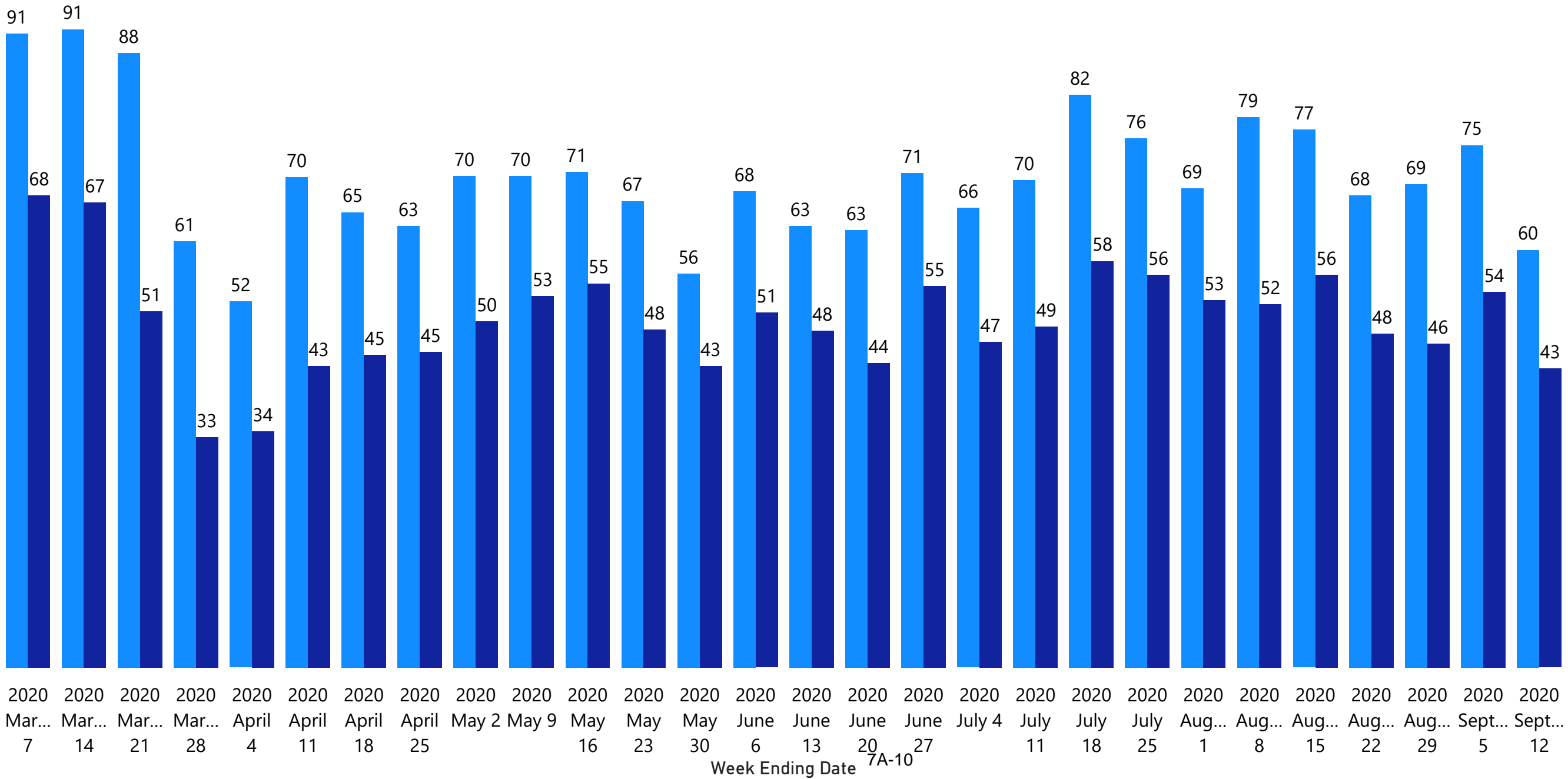
Support Coordination-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F



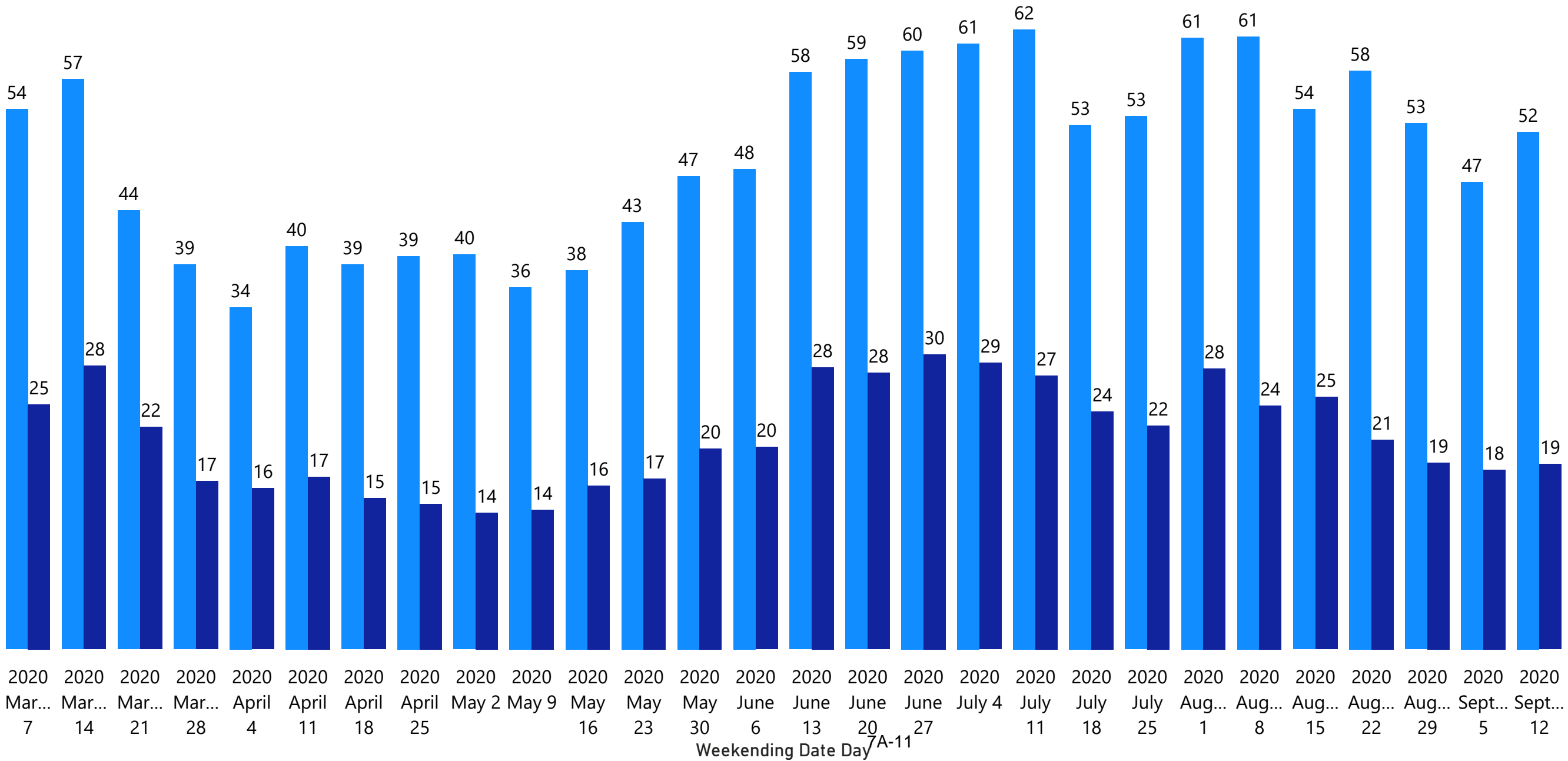
ADC/JDC/Court-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F

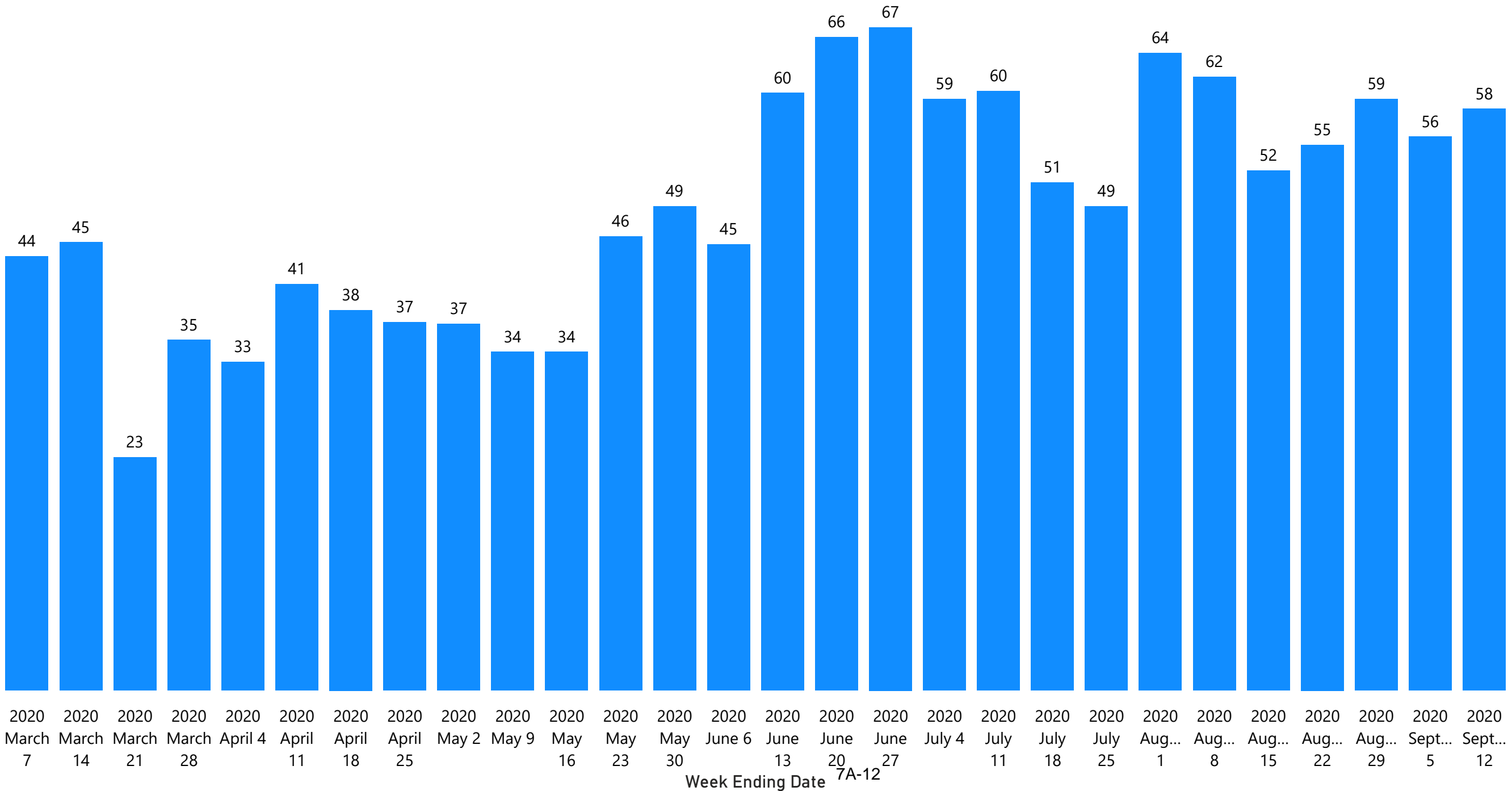


Emergency-Average Weekly Count Of Clients Served

● Avg. Client Ct. ● AVG.F2F

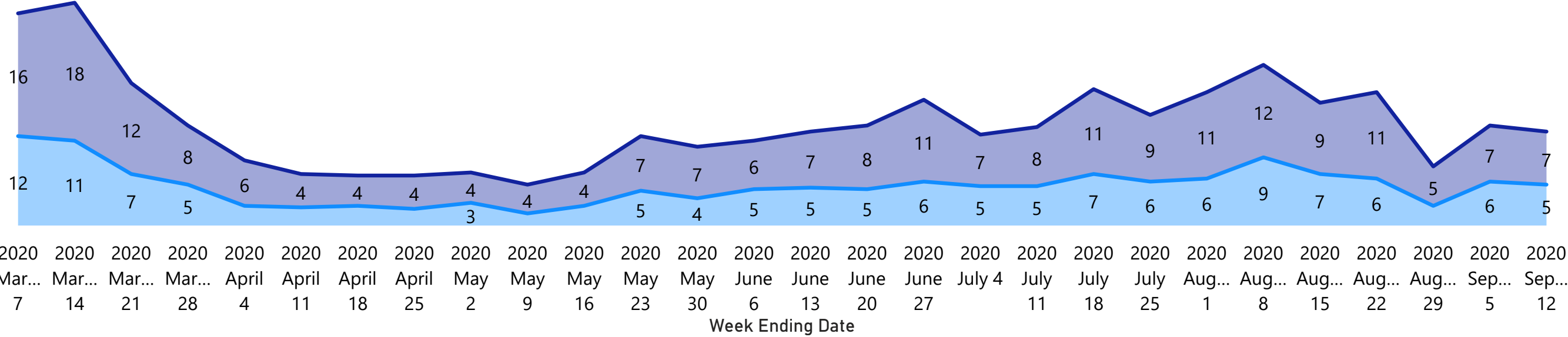


Emergency - Weekly Average Count Of Telephone Calls

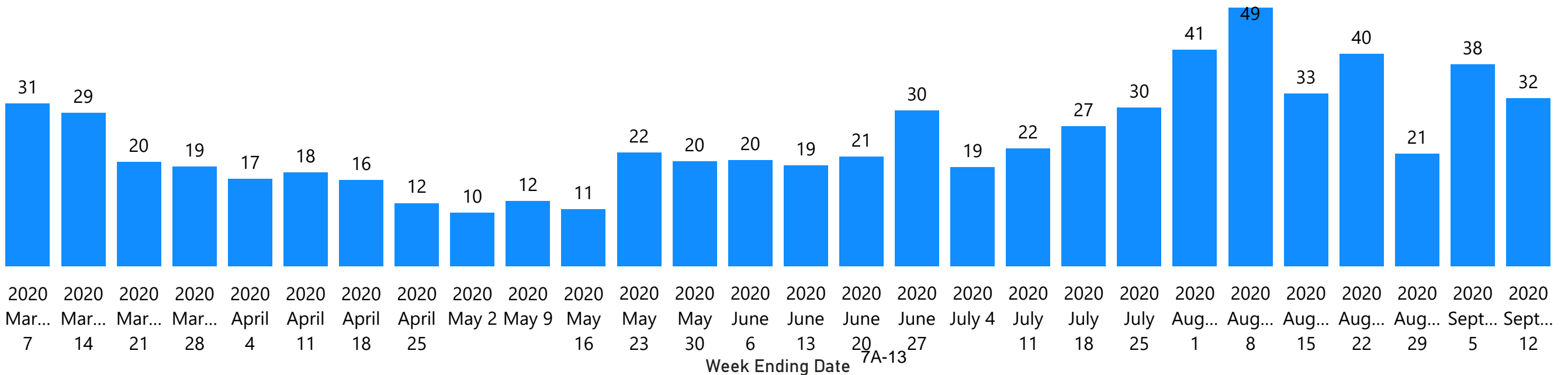


EAR-Weekly Average Count of Screening & Assessments By Day

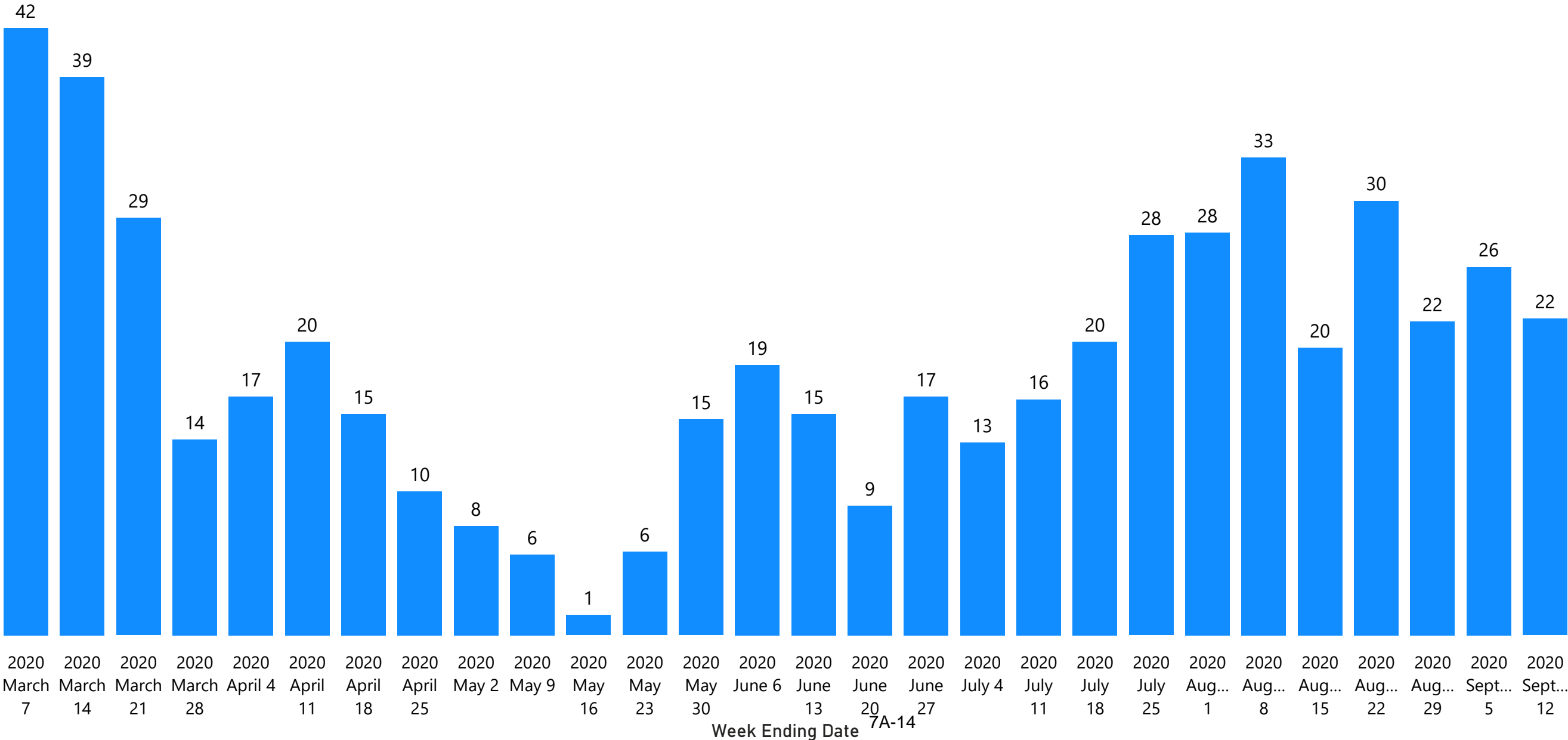
● average daily assessment ● average daily screening



EAR-Weekly Average Count Of Clients By Day



Call Center-Weekly Average Count of Calls



FY 2021 Pay Period Metrics

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

Actual Data	FY 2020 Accrual Reversal	PP 14 Actual	PP 15 Actual	PP 16 Actual	PP 17 Actual	PP 18 Actual	PP 19 Actual	Year to Date
Merit Salary	-\$5,139,516	\$2,876,356	\$2,884,273	\$2,901,070	2,869,338.16	2,868,845.94		\$9,260,367
Non-Merit Salary	-\$500,959	\$269,717	\$266,628	\$285,487	267,663.06	263,879.45		\$852,415
Shift	-\$12,826	\$7,607	\$7,703	\$7,808	7,675.06	7,892.47		\$25,860
OT	-\$142,563	\$89,736	\$93,123	\$67,312	51,711.11	51,650.09		\$210,969
Stipends	-\$21,833	\$12,267	\$13,375	\$12,633	11,424.56	11,301.46		\$39,168
Leave Pay-Out	-\$93,679	\$86,859	\$32,047	\$5,624	44,065.34	19,594.16		\$94,511
Fringe	-\$2,517,895	\$1,403,589	\$1,389,506	\$1,369,540	\$1,371,517	\$1,367,727		\$4,383,984
TOTAL	-\$8,429,271	\$4,746,131	\$4,686,655	\$4,649,474	\$4,623,395	\$4,590,890	\$0	\$14,867,274

Fairfax-Falls Church Community Services Board

Fund 40040

FY 2021 August

Statement

	FY 2021 Approved Budget	FY 2021 YTD Budget	FY 2021 Actuals Thru August 2020	Variance from YTD Budget
Beginning Balance (Est)	25,808,083	25,808,083	25,808,083	
F Fairfax City	2,218,100	554,525	554,525	-
F Falls Church City	1,005,368	251,342	251,342	-
F State DBHDS ¹	7,527,316	1,254,553	1,358,076	103,523
F Federal Pass Thru SAPT Block Grant	4,053,659	675,610	761,570	85,960
V Direct Federal Food Stamps	154,982	25,830	6,043	(19,787)
V Program/Client Fees	3,994,251	665,709	588,872	(76,836)
V CSA	858,673	143,112	110,284	(32,828)
V Medicaid Option	12,518,068	2,086,345	984,453	(1,101,892)
V Medicaid Waiver	2,962,684	493,781	1,235,241	741,460
V Miscellaneous	14,100	2,350	22,246	19,896
Non-County Revenue	35,307,201	6,153,156	5,872,652	(280,504)
General Fund Transfer	147,554,569	147,554,569	147,554,569	-
Total Revenue	208,669,853	179,515,808	179,235,304	(280,504)
Compensation ²	84,104,115	16,173,868	10,483,290	5,690,578
Fringe Benefits ³	37,187,394	7,151,422	4,383,984	2,767,438
Operating ⁴	63,309,241	10,551,540	6,684,348	3,867,192
Recovered Cost (WPFO)	(1,738,980)	(144,915)	-	(144,915)
Capital	-	-	-	-
Transfer Out	-	-	-	-
Total Expenditures	182,861,770	33,731,915	21,551,623	12,180,293
Ending Balance	25,808,083			11,899,789
DD MW Redesign Reserve ⁵	2,500,000			
Medicaid Replacement Reserve ⁶	2,800,000			
Opioid Epidemic MAT Reserve ⁷	300,000			
Diversion First Reserve ⁸	1,244,245			
Unreserved Balance	18,963,838			11,899,789

Key

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

Reserve

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

FY 2021 Fiscal Notes

FY 2020 Carryover Adjustments (BOS Action scheduled for September 29, 2020)

The CSB requested the following adjustments to establish or reduce existing reserves.

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

for FY 2021, and we are requesting that the \$250K allocated to the CSB for medical clearance be carried over to FY 2021.

Unencumbered Carryover

The CSB is requesting \$1,500,000 in unencumbered funds for building improvements and renovations in support of the County Executive's strategy to reduce our footprint in leased properties. With ongoing and increasing needs for space within the CSB, these funds would support the space planning and renovations at two CSB sites - Reston and Gartlan. The planning and renovation would entail taking unused space, formerly used for record keeping and management, and would create multiple offices and hoteling spaces for the ever-growing needs of CSB staff.

FY21 Year-to-Date Variances

Revenue – FY21 year-to-date non-county revenue is \$5.9M or \$281K worse than budget due to:

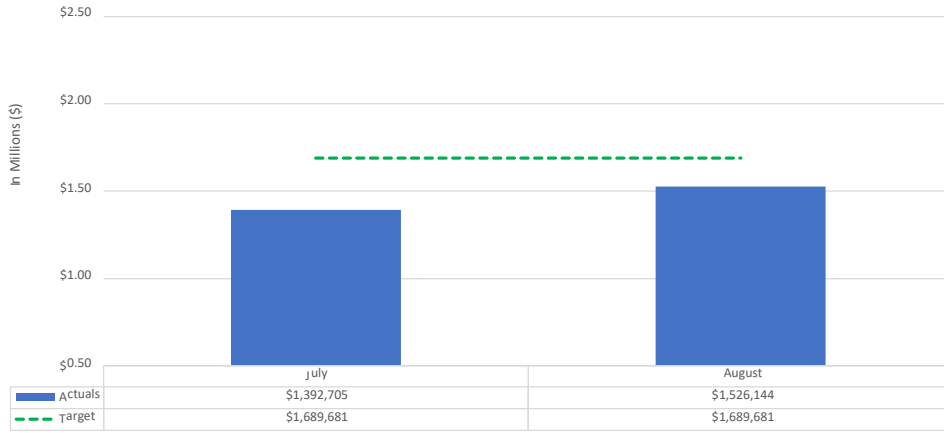
- Variable revenue shortfall of approximately \$470K offset by surplus of fixed revenue (state/federal) related to timing and one-time funds received. The variable revenue shortfall is attributable to less than anticipated revenue for provided services.

Expense – FY21 year-to-date expenditures are \$21.6M, or \$12.2M better than revised budget due to:

- Compensation and Fringe surplus of \$8.5M. This is predominantly due to the FY20 year-end payroll accrual reversal (this will self-correct by the end of the fiscal year).
- Operating surplus of \$3.8M. This is predominantly due to budget overage that is to be realigned to compensation and fringe.

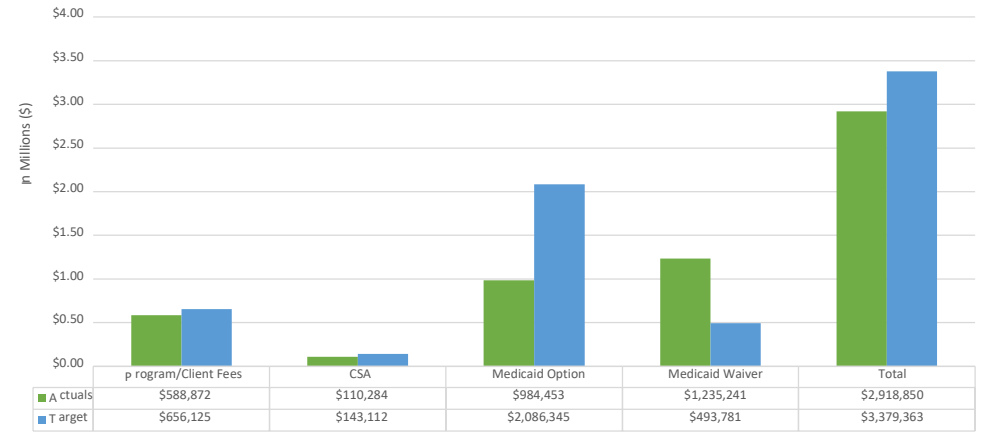
FY21 August YTD Revenue Analysis

Variable Revenue by Month
FY21
Actuals vs. Target



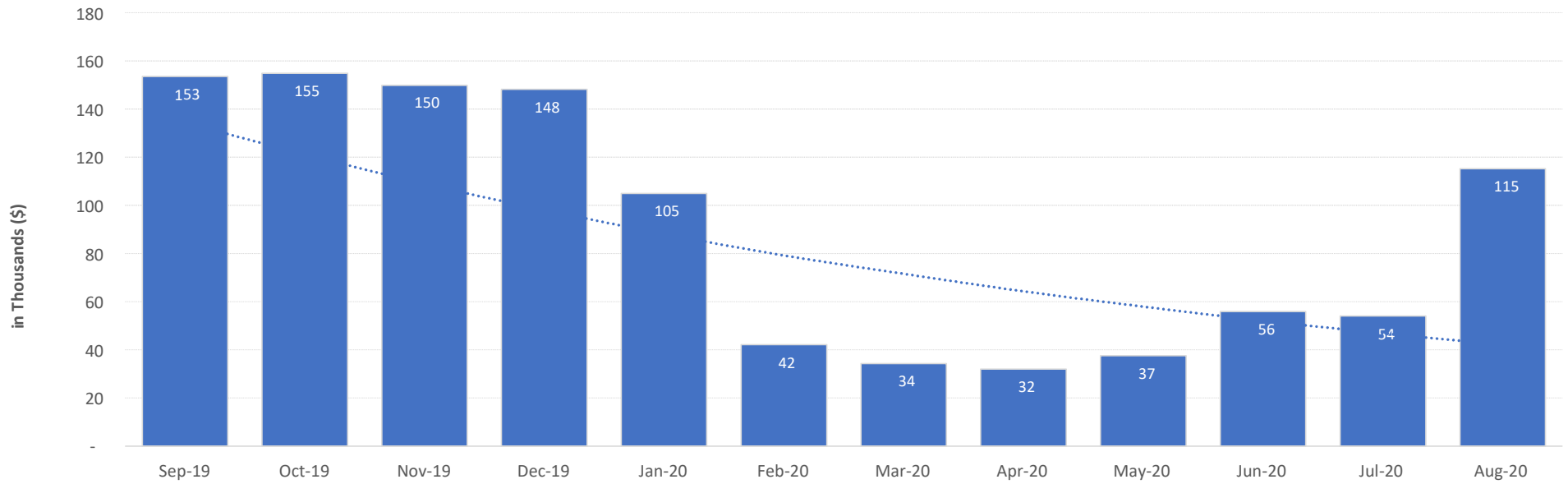
*Adjusted target is reflective of expected Medicaid expansion revenue (\$4.4M for FY21)

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

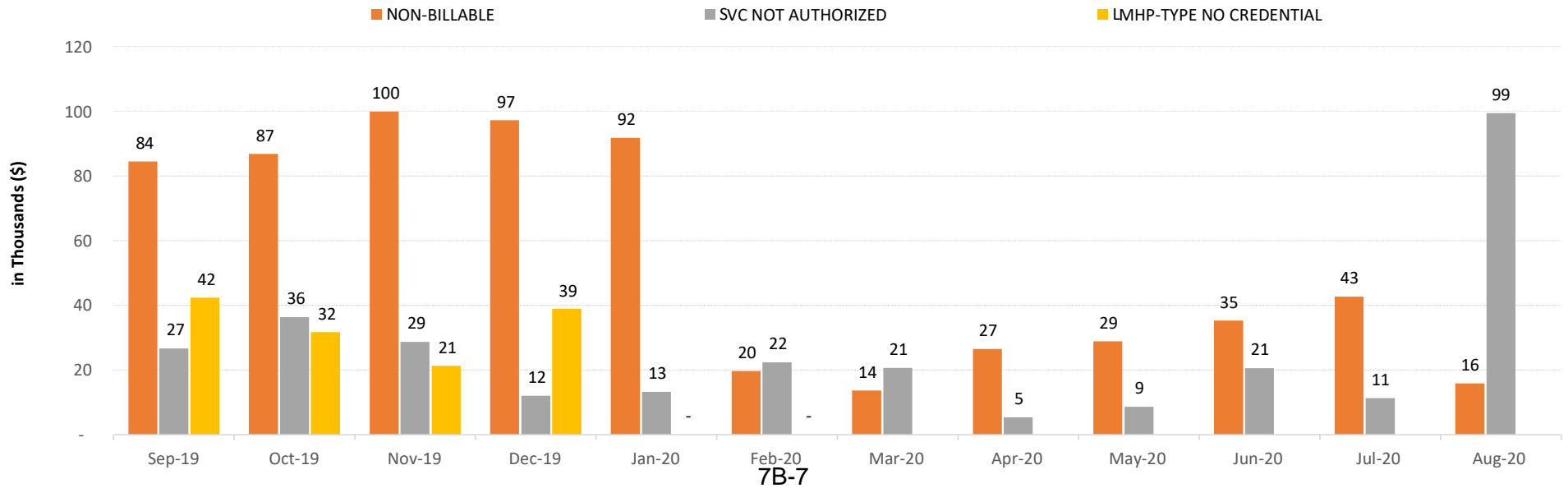


Revenue Maximization - Non-Billable Summary August 2020

Total Non-Billable Amount



Billing Error Types



Submission Error	Aug 2020 Adj Amt (\$)
NON-BILLABLE	15,802
SVC NOT AUTHORIZED	99,386
Total:	115,188
Annualized:	1,382,256

Service Type	Service ProgramCode	Amt (\$)	Non-Billable Reason
Missed Appointment		10,075	
	MEDSVCS	4,400	Missed Appointments
	CMADULT MH	1,750	Missed Appointments
	IOP	1,700	Missed Appointments
	OPYOUTH MH	625	Missed Appointments
	OP NURSE	275	Missed Appointments
	OPADULT MH	200	Missed Appointments
	OPYOUTH SU	175	Missed Appointments
	ICM MED	150	Missed Appointments
	PACT	125	Missed Appointments
	MONITR ADL	125	Missed Appointments
	ADMIN	100	Missed Appointments
	ASSESS MED	75	Missed Appointments
	MAT MED	75	Missed Appointments
	BE WELL	75	Missed Appointments
	EMERGY MED	75	Missed Appointments
	OPADULT SU	75	Missed Appointments
	MONITR RAU	25	Missed Appointments
	PACT MED	25	Missed Appointments
	MAT OBOT	25	Missed Appointments

- * Source: Credible Service & Adjustment Report
- * Non-billable adjustment amount reflects current month of services and excludes prior month adjustments.
- * Beginning Feb 2020, non-billable amount excludes bundled services such as MH Skill-Building Resi and Case Management Resi.
- * Nursing hours documentation is TBD and excluded from non-billable analysis.
- * Beginning Aug 2021, Arts program resi fee is included in services not authorized analysis.

**Fiscal Oversight Committee
CSB HR Update – September 15, 2020**

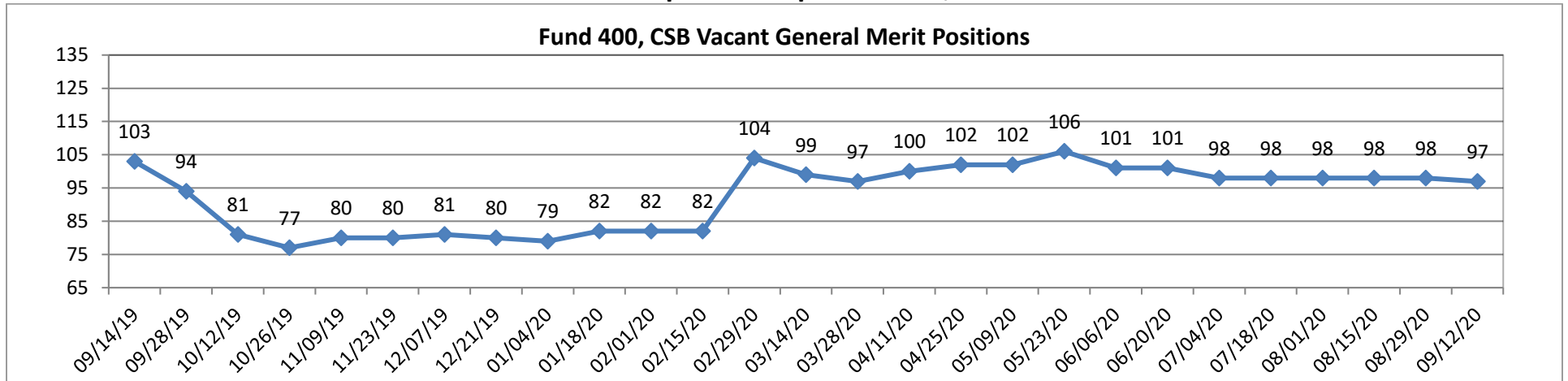
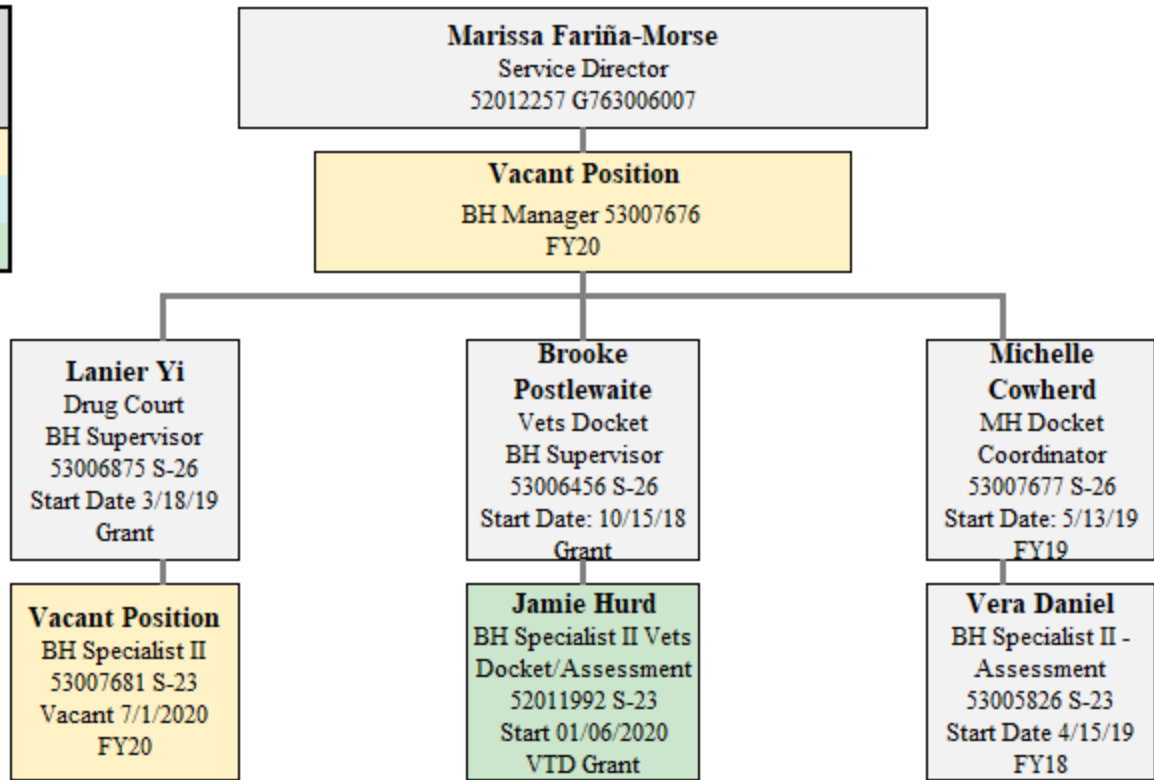


Figure 1: Increase in February 2020 reflects 24 non-merit conversions

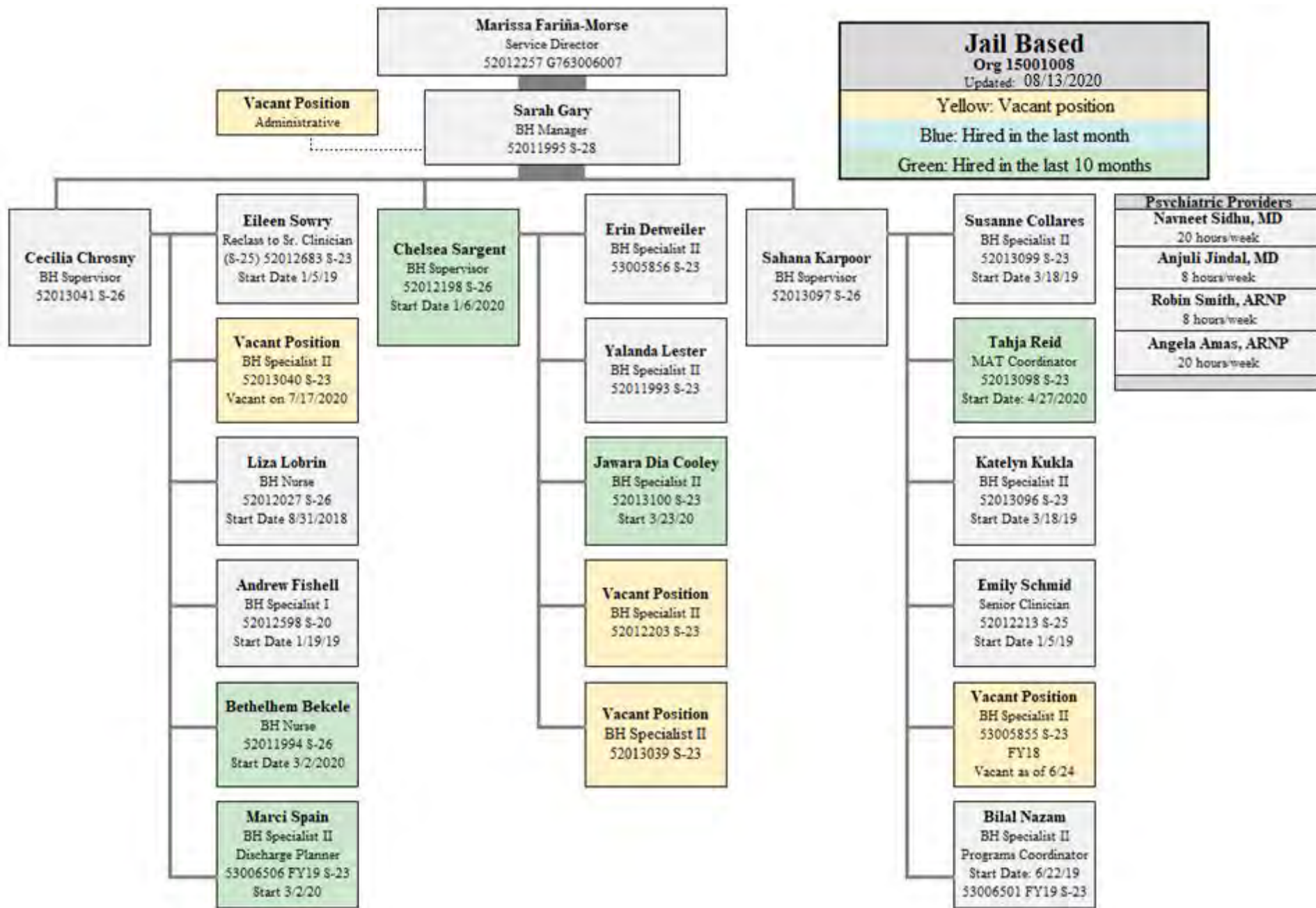
Vacancies in critical areas* *includes all merit positions (all funds - regular and grant)

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

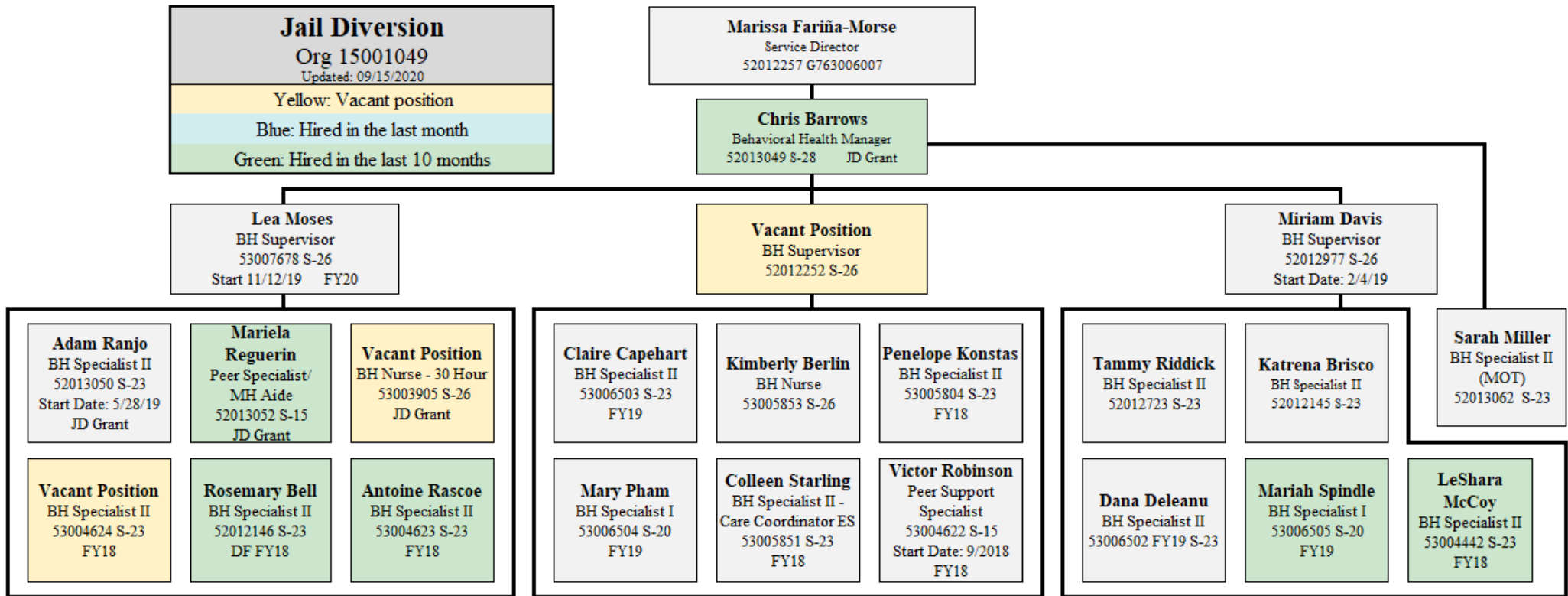
Court Based Org 15001008 Updated: 08/13/2020
Yellow: Vacant position
Blue: Hired in the last month
Green: Hired in the last 10 months



There have been no staffing changes in this service area since the August report.



There have been no staffing changes in this service area since the August report.



Fairfax-Falls Church CSB

Strategic Plan update and Critical Focus Areas

September 2020-September 2021

Given the global pandemic and the lack of adoption of the Fairfax County Strategic plan, the CSB is recommending extending its current Strategic Plan through September 2021. The CSB's Executive Leadership team have reviewed the current strategic plan and feel the goals and objectives continue to be relevant to the work of the CSB.

Critical Focus Areas: Aligned with Strategic Plan Priorities

Priority 1: Access to timely and appropriate services and supports to individuals and families.

- Complete Re-design of walk in assessment business process.
- Improve recruitment and retention of CSB behavioral health clinicians and support coordinators.

Priority 2: Provide quality services and supports

- Strengthen BI Dashboard to track productivity for informed decisions.
- Revise Measures to reflect "better off" rather than productivity.

Priority 3: Strengthen the health of the entire community, including people receiving services.

- Continued refinement of primary healthcare screening
- Improvement in percentage of individuals who have a primary healthcare provider
- Follow-up with individuals identified as having metabolic syndrome.
- Continued increase of % of individuals with healthcare insurance.
- Ensure tenants of One Fairfax are implemented throughout the service delivery system, to include individuals receiving services and CSB personnel

Priority 4: Ensure Efficient and Effective Utilization of Resources.

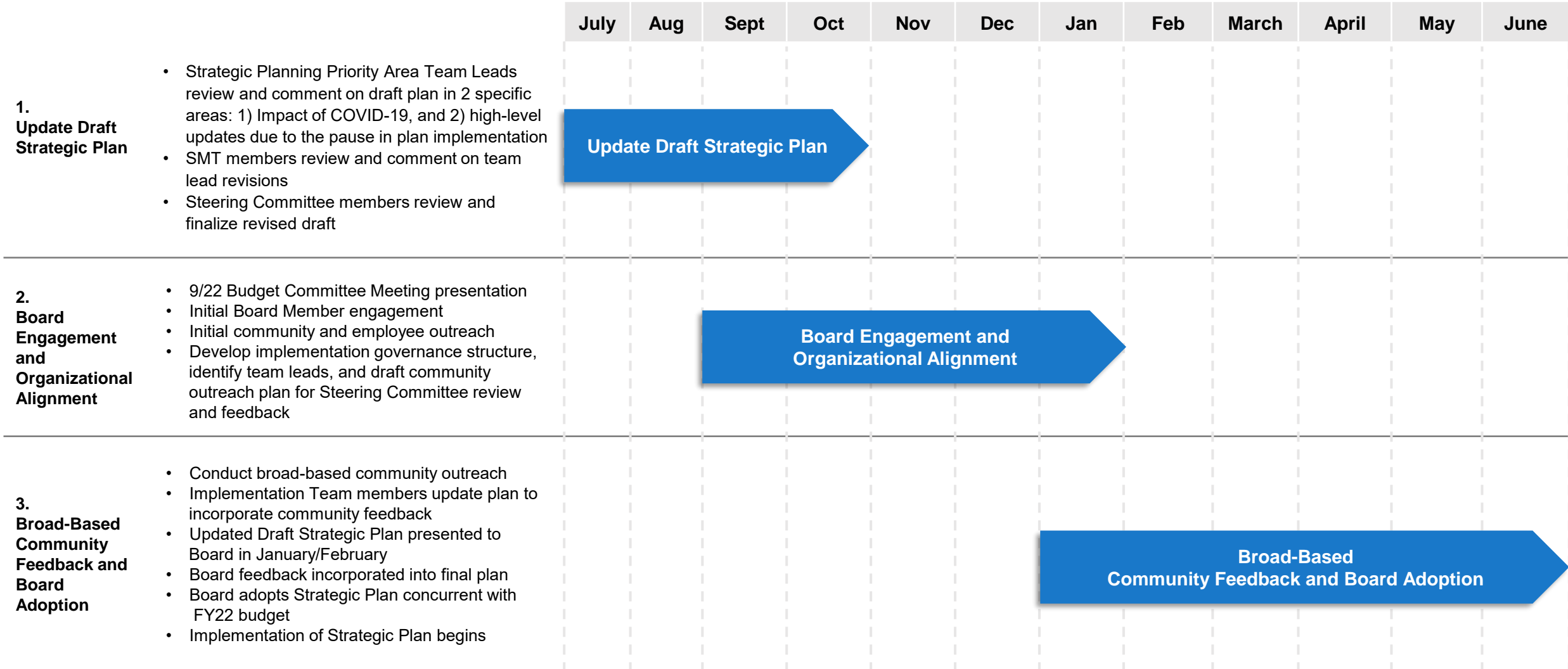
- Complete electronic healthcare record contracting process.
- Begin work of new electronic healthcare record launch.
- Examine potential for key services that should be contracted (PACT, Residential, Crisis Services)
- Continue to update business practices in revenue cycle and maximizing revenue:
 - Reduce Denials:
 - Increase billing:
 - Residential
 - Single Case Agreements
- Plan for continued impact of COVID-19 on clinical services.
- Post emergency declaration services
- Refinement of re-engagement plans
- Impact of ongoing COVID-19 Operations
- Complete updated work on productivity standards by Service Area.

CSB Strategic Priorities and Goals

Strategic Priority 1: Provide access to timely and appropriate services and supports to individuals and families	
Goal 1A	Expand the capability for integrated delivery of behavioral health and developmental supports and physical health services.
Goal 1B	Ensure a comprehensive approach for the treatment of opioid use.
Goal 1C	Ensure system-wide same day access for assessment.
Goal 1D	Ensure that children, adolescents, and their families have access to high quality, integrated developmental and behavioral health services and supports.
Goal 1E	Ensure a competent system of services and supports for individuals with developmental disabilities.
Goal 1F	Develop a comprehensive system of services and supports to offer alternatives to incarceration for people with mental illness, substance use disorders or developmental disabilities, who come into contact with the criminal justice system for low level offenses.
Strategic Priority 2: Provide quality services and supports	
Goal 2A	Develop strategies that expand the use of best practices, promising practices, and evidence-based practices.
Goal 2B	Ensure the direct and active involvement of peers (individuals with lived experience) in the planning, provision and evaluation of services.
Goal 2C	Provide opportunities consistent with the supportive housing model, combining affordable housing assistance with wrap-around services.
Strategic Priority 3: Strengthen the health of the entire community, including people receiving CSB services	
Goal 3A	Provide and support wellness and health promotion activities.
Goal 3B	Increase and promote awareness of suicide prevention resources and services.
Strategic Priority 4: Ensure efficient and effective utilization of resources	
Goal 4A	Recruit, hire, and retain a talented and diverse workforce based on the needs of the organization and the community.
Goal 4B	Ensure efficient and effective budget and financial management.
Goal 4C	Ensure regulatory and corporate compliance.
Goal 4D	Leverage technology to support the service delivery system.
Goal 4E	Ensure a meaningful data management system to increase efficiency and effectiveness in service delivery.
Goal 4F	Ensure clear, concise and strategic internal and external communication aligned with the CSB's mission and goals.



Strategic Planning Timeline: July 2020 – June 2021





COMMONWEALTH of VIRGINIA

Office of the Governor

Daniel Carey, MD
Secretary of Health and Human Resources

September 4, 2020

Margaret Graham, Loudoun County
Daryl Washington, Fairfax-Falls Church
Deborah Warren, Arlington County
Lisa Madron, Prince William County
Carol Layer, City of Alexandria

Re: Considerations for Governor's August 17, 2020 Executive Order

Dear Community Services Board Executive Directors:

Thank you for your letter on behalf of the Northern Virginia Region Community Services Boards (CSBs) regarding Governor Northam's Executive Order 70. I want to thank the CSBs in Northern Virginia (Region 2) for their commitment to serving Virginians with behavioral health conditions and developmental disabilities, particularly during the COVID-19 pandemic. I am pleased to hear that Region 2's strong public-private partnerships among the CSBs, hospitals, and other providers has continued during the pandemic. The collaboration through the TDO Task Force meetings and the Older Adult Service Stakeholder group are particularly critical to addressing the increasing census in DBHDS state hospitals, including Northern Virginia Mental Health Institute. I applaud your efforts to work across the region and stakeholders to improve the behavioral health system for citizens in northern Virginia.

As you note, Region 2 CSBs have elected, with the support of significant local funding, to offer a strong array of outpatient and more intensive services to its citizens in need of support. This extensive set of programs are a model for the rest of the state and demonstrate what a full continuum of supports, from prevention efforts to inpatient care, should and can be in Virginia. The General Assembly, in coordination with DBHDS and the Administration, continue to examine the disparity in state funding to CSBs as a result of the recent JLARC studies regarding STEP-VA and CSB funding. DBHDS also recently mapped out a pathway to modernizing Virginia's state hospital system to ensure there are an appropriate number of inpatient beds available in each region (Right Size Report).

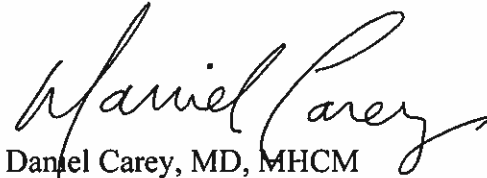
The current budget picture makes it challenging to re-allot critical funding for behavioral health enhancement, discharge assistance planning (DAP) funds, and the remaining funds to complete the build out of STEP-VA. DBHDS has worked to provide CSBs with as much funding flexibility as possible and latitude to adjust operations such as telehealth service requirements during the pandemic to address local needs. We are also closely monitoring the impact of the

Northern Virginia Regional Projects Office
September 4, 2020
Page Two

pandemic on CSBs' ability to continue to provide Code mandated services as well as other critical functions such as PACT/ACT programs and case management. We are carefully monitoring how the lack of DAP funding will impact state hospital census and the Extraordinary Barriers to Discharge List. As Virginia begins to rise from the COVID-19 pandemic, we will collectively re-examine the previous budget as well as new funding needs, such as for PPE and other costs, and prioritize how we direct resources in collaboration with CSBs and members of the General Assembly.

Governor Northam's Executive Order 70 is intended to provide DBHDS state hospitals with the ability to protect its patients and staff. As you are aware, DBHDS hospitals do not have the capacity or physical space to appropriately isolate and treat COVID-19 patients. DBHDS has been approaching this issue from a statewide perspective by fully exercising its ability to divert patients to other state hospitals; however, the temporary closure of beds and units due to COVID-19 outbreaks has made this situation extraordinarily difficult to manage. The Executive Order will provide some relief to ensure we can limit outbreaks within our facilities and continue to admit patients in need of care in a safe manner, consistent with Virginia Department of Health and CDC recommendations. While the solution is not ideal, it is critical to continuing safe operations. I invite you to meet with Commissioner Land to further discuss your specific concerns with the Executive Order and to identify potential actions that can mitigate the spread of COVID-19 and relieve pressure on Northern Virginia Mental Health Institute's census.

Sincerely,



Daniel Carey, MD, MHCM

c: Alison G. Land, Commissioner, DBHDS
Jennifer Faison, VACSB Executive Director

CSB Board Review of CSB Board Policy

Issue:

Regular review and update to identified CSB Board Policies

Background:

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

- 3060 – Human Rights
- 3100 – Consumer Dispute Resolution

Timing:

Due to the impact of COVID-19 and the subsequent cancelation of CSB Board Committee meetings review and approval of CSB Board policies is completed by the full Board. Following this opportunity for review and comment by the CSB Board, the policies will be submitted for approval at the October 28, 2020 CSB Board meeting.

Board Member

Sheila Jonas, CSB Board Secretary

Related Documents:

- A. 3060 – Human Rights
- B. 3100 – Consumer Dispute Resolution

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 the 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.

This shall be accomplished through compliance with CSB regulations to include the areas outlined in the State Regulations: 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: 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 12 VAC 35-115 –10 et seq.

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

Policy Number: 3100
Policy Title: Consumer Dispute Resolution
Date Adopted: TBD

Purpose

To provide guidance for compliance with:

- The Code of Virginia §37.2-504.A.15 requiring Community Services Boards (CSB) to institute a dispute resolution mechanism that is approved by the Department of Behavioral Health and Developmental Services (DBHDS) enabling consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB.
- DBHDS Performance Contract requirements for complying with the current Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Intellectual Disabilities and Substance Abuse Services developing consumer dispute resolution mechanisms.
- DBHDS Performance Contract requirements that CSBs develop their own procedures for complying with informal dispute resolution process in the Human Rights Regulations and for satisfying the requirements in the Code of Virginia for a local dispute resolution mechanism, and
- DBHDS Guidance on Dispute Resolution Requirements issued on June 30, 2005 stating the Department and VACSB continue to agree that an informal dispute resolution process developed to comply with the Human Rights Regulation requirements could also be used to comply with the statutory requirement for a dispute resolution mechanism. While the same procedural steps and actions could be used to fulfill both requirements, the two dispute resolution processes are different, being employed for different purposes: the first being the informal resolution of the human rights complaints and the second being the resolution of other complaints or disputes. When the informal dispute resolution process is used to resolve complaints or disputes not related to Human Rights Regulations, there needs to be an additional step, equivalent to the human rights appeal to the local human rights committee, for the complainant to pursue final resolution if he or she is not satisfied with the result of the informal process. This final step should be a review and decision by the CSB Executive Director or, if the Executive Director is a party to the dispute, the CSB Board itself.

Policy

It is the policy of the Fairfax-Falls Church Community Services Board that:

1. Consumers, their authorized representatives, family members and caregivers have a right to resolve concerns, issues, disputes or disagreements and to make complaints about any aspect of CSB services or operations.
2. Consumers, their authorized representatives and family members or caregivers may

designate an advocate of their choice to accompany, assist, or represent them to resolve their concern, issue, dispute or complaint.

3. The CSB will develop a standard process to handle disputes through informal and formal processes, which will be made available to consumers, family members or caregivers, orally and in writing at intake and then on an annual basis.
4. This dispute resolution mechanism will be developed with consumer, family, advocate, staff and DBHDS input and translated into a process and regulations that consumers, their families, caregivers and staff will understand and be able to use easily to reach solutions to consumer care and service disputes.
5. At any time, consumers, family members and caregivers have the right to pursue any other right or remedy to which they may be entitled under federal, state, or local law and regulations.
6. This dispute resolution process will exist independently of the Human Rights, Health Insurance Portability and Accountability Act (HIPAA), fee, fraud, fair housing and Americans with Disabilities Act (ADA) complaint processes.
7. When a complainant has a Human Rights, HIPAA, fee, fraud, fair housing, or ADA complaint they shall be referred to the CSB's Quality Assurance Office for assistance in understanding and using the established and proper federal, state, county or CSB complaint process.
8. All types of disputes, concerns, issues and complaints, shall be resolved at the earliest possible opportunity and at the lowest level to reach the sustainable and satisfactory solution with the consumer, family member or caregiver.
9. CSB staff will offer assistance to the consumer, if asked or whenever the staff becomes aware that the consumer, family member or caregiver has a concern or complaint and will offer such assistance to help the individual understand the formal and informal complaint processes and the options for resolution and the elements of confidentiality involved.
10. The CSB will expedite the establishment of, or contract for, an ombudsman/consumer affairs office to assist consumers in handling the informal and formal complaint process.
11. CSB senior staff is responsible for educating staff, consumers, and family members about the informal and formal complaint process, but with the full and integral assistance of consumers in the design and training.
12. The CSB shall engage consumer consultants and other advocates to partner with the Quality Assurance staff to develop the dispute resolution training for staff, consumers, family members and other caregivers, as well as advocates and concerned individuals.
13. CSB staff will maintain records and provide annual aggregate reports of dispute resolutions, which will be made available to the CSB and to the public on an annual basis.
14. The CSB will not take, threaten to take, permit or condone any action to retaliate against, intimidate, or prevent anyone from filing a complaint or anyone from helping an individual to resolve concerns, issues, or disagreements about CSB services or operations.
15. The CSB shall comply with federal, state and local laws and regulations to assure a timely

fair and effective resolution of complaints for all consumers who receive services from the CSB.

Approved _____
CSB Board Secretary _____ Date _____

References

- Code of Virginia §37.2-503.A.15
- DBHDS (formerly Department of Mental Health, Mental Retardation and Substance Abuse Services (DHHMRSAS)) FY 2006 State Performance Contract: III.A.5.C
- DBHDS (formerly Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)) June 30, 2005 Guidance on Dispute Resolution Requirement

Policy Adopted: October 25, 2006
Revision Adopted: December 16, 2015
Revision Adopted: TBD

Proposed Changes to FY 2021 CSB Fee Schedule

Issue:

CSB Board review of proposed changes to the FY 2021 CSB Fee Schedule.

Background:

In previous years, the CSB has used a CSB Board Ad Hoc Fee Policy Committee to recommend changes to the CSB Fee Schedule which is reviewed annually. The process was lengthy and involved many steps which created various difficulties in maximizing the agency revenue and involved a great deal of staff and Board member's time to complete.

As discussed during the August 26, 2020 CSB Board meeting, the CSB would like to propose a change in the annual review of the CSB Fee Schedule to a more streamlined and methodical update procedure as follows.

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

Process for annual rate setting for the CSB fee schedule:

1. Align service fees with annual rates published by Medicare (CMS, Centers for Medicare and Medicaid Services).
2. For services not priced by Medicare, the CSB will use the Department of Medical Assistance Services (DMAS), Virginia's Medicaid authority, fee schedule.
3. If the CSB has a service that is not priced by either CMS or DMAS, the CSB will use the negotiated rate of the payer as the rate on the fee schedule.

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

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

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

- Jan – CSB staff updates fee schedule aligns to newly published rates
- Jan/Feb – CSB Board reviews updated fee schedule (informational item)

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

*The CSB initial process will be off cycle (based on the above timeline). This is necessary to correct codes on the current fee schedule that have become obsolete and to establish an up to date schedule to allow the CSB to begin development work necessary to configure a new electronic health record, please see enclosed document Proposed Fairfax Falls Church Community Services Board (CSB) Fee Schedule Annual Update Process for additional details.

Revisions to the Fee Schedule and update process will be submitted to the CSB Board for approval at the September 23, 2020 CSB Board meeting. Following CSB Board approval, the Fee Schedule will be submitted to the Board of Supervisors (BOS) for their review and approval at the December 2020 BOS meeting. Following Board of Supervisors review and if approved, CSB staff will inform clients, notify staff, conduct training, and apply adjustments to the Electronic Health Record, with an effective date not sooner than January 1, 2021.

Timing:

Immediate

Fiscal Impact:

The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid, Medicare, and other health insurance plans. The FY 2021 current budget plan for the CSB includes \$19.4M in estimated fee revenues.

Board Members and Staff:

Staff: Michael A. Neff, Deputy Executive Director of Administrative Operations,
Sebastian Tezna, Director of Behavioral Health Operations

Enclosed Documents:

Proposed Fairfax Falls Church Community Services Board (CSB) Fee Schedule Annual Update Process
FY 2021 Proposed Fee Schedule



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

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

Process for annual rate setting for the CSB fee schedule:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Service	Service Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Rate	Unit
Interactive Complexity* add on to other clinic services when there is a factor that complicates the psychiatric service or increases the work intensity of the psychotherapy service	90785		Yes	\$16.92	per event
Initial Evaluation/Assessment	90791		Yes	\$159.18	per event
Psychiatric Evaluation, Medical Services	90792		Yes	\$176.58	per event
Individual Therapy/Counseling (16 to 37 minutes)	90832		Yes	\$77.62	per event
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$103.20	per event
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$154.34	per event
Crisis Intervention - Medicaid	H2011		Yes	\$30.79	15 min
Crisis Intervention - non-Medicaid	90839		Yes	\$161.02	per hour
Crisis Intervention - Addl 30 Min	90840		Yes	\$77.18	each add't 30 min
Family Therapy w/out client (50 minutes)	90846		Yes	\$111.75	per event
Family Therapy w/ client (50 minutes)	90847		Yes	\$115.54	per event
Multi-Family Group Therapy	90849		Yes	\$41.32	per event
Group Therapy/Counseling (per group, per person)	90853		Yes	\$30.75	per event
Injection Procedure	96372		Yes	\$16.59	per event
Nursing Assessment - New Patient	99201		Yes	\$53.97	per event
Psychiatric Evaluation & Management Low Complexity - New Patient	99203		Yes	\$124.97	per event
Psychiatric Evaluation & Management Moderate Complexity - New Patient	99204		Yes	\$189.38	per event
Nursing Subsequent Care - Established Patient	99211		Yes	\$27.55	per event
Psychiatric Evaluation & Management Low Complexity - Established Patient	99213		Yes	\$87.12	per event
Psychiatric Evaluation & Management Moderate Complexity - Established Patient	99214		Yes	\$125.75	per event
Preventative Visit Estimated Age 18-39	99395		Yes	\$86.72	per event
Preventative Visit Estimated Age 40-64	99396		Yes	\$89.89	per event
Preventative Visit Estimated Age 65+ (negotiated)	99397		Yes	\$95.00	per event
Release of Information: Per Page	S9982		No	18¢ per pg up to 50 pgs; 25¢ per pg for > = 51 pgs	per pages
Release of Information: Research	S9981		No	\$10.00	per event
Urine Collection & Drug Screen- Retests Only (Specimen Handling)	99000		Yes	\$25.00	per event
Case Management - SA	H0006		Yes	\$243.00	per month
Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day
Intensive Outpatient - SA	H0015	Revenue Code 905 or 906	Yes	\$250.00	per day
Behavioral Health Outreach Service (Case Management - MH)	H0023		Yes	\$326.50	per month
Intensive Community Treatment	H0039		Yes	\$153.00	per hour
Therapeutic Behavioral Services	H2019		Yes	\$89.00	per 15 min
Crisis Stabilization - Adult Residential (Therapeutic Behavioral Services)	H2019	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$583 (Facility only)	per day
Turning Point Program	H2020		Yes	\$146.22	per day
Detoxification, Medical, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day
Detoxification, Social, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$393.50	per day

Drop-In Support Services, ID	None		Yes	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	per hour
Late Cancellation or No Show (commercial insurance coverage only)	None		Yes	\$25.00	per appointment
Residential Fee ID Community Living Services	None		No	75%	of monthly gross income
Residential Fee MH/SA Community Living Services	None		No	30%	of monthly gross income
Returned Check (due to insufficient funds or closed account)	None		No	\$50.00	per check
Transportation	None		No	\$100.00	per month
Partial Hospitalization Psychiatric Patient	S0201	Revenue Code 912	Yes	\$500.00	per diem
Partial Hospitalization Substance Abuse Patient	S0201	Revenue Code 913	Yes	\$500.00	per diem

CSB Board Annual Review of Memorandums of Agreements (MOAs), Memorandums of Understanding (MOUs), and Contracts

Issue:

To assist the CSB Board with annual review of the current Memorandums of Agreement (MOAs), Memorandums of Understanding (MOUs), and contracts as required by Va. Code, § 37.2-504.

Background:

Per Va. Code, § 37.2-504, the CSB Board has the statutory responsibility to annually review written agreements consistent with policies adopted by the Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional offices of the Department for Aging and Rehabilitative Services. Due to the recent addition of several new CSB Board members, a summary of this procedure and a listing of the current MOUS, MOAs, and contracts is provided.

Staff:

Daryl Washington, Executive Director

Enclosed Documents:

A. CSB Board MOU list (9/2020)

Title	First Party	Second Party	Start Date	Expiration Date	Date Signed	2nd Date Signed
LOCAL SCHOOL DIVISIONS						
Memo of Understanding	Fairfax-Falls Church CSB-Leland House Prgm	Fairfax Co Public Schools	8/2017	Until Terminated	16-Aug-17	03-Aug-17
Memo of Understanding	Fairfax-Falls Church CSB	George Mason Univeristy	4/23/2019	Ongoing		
Service Organization Agreeemtn	Fairfax-Falls Church CSB	George Mason Univeristy	10/24/2019	Ongoing	10/24/2019	
HIPAA Bus Assoc Agrmt for Intergov'tal Agrmt MOA#20091083-10/8/08	Fairfax-Falls Church CSB	University of Cincinnati, Corrections Institute	12/1/08	Upon Cause	19-Nov-08	04-Dec-08
Memo of Agreement	Fairfax-Falls Church CSB	University of Maryland College Park	Feb 24 2020	2/24/2025		
Business Associate Agreement	Fairfax-Falls Church CSB	Univ. of New Hampshire Institute on Disability	Eff Date	Until Terminated		
COURTS						
Cooperative Agreement	Fairfax-Falls Church CSB Domestic Abuse & Sexual Assault Prgm	Juvenile and Domestic Relations District Court	5/1/2003	Until Terminated	01-May-03	10-Apr-03
Cooperative Agreement (contingent on funding)	Fairfax-Falls Church CSB	Juvenile Domestic Relations District Court, Fairfax County	1/1/1997	Until Terminated	02-Dec-96	03-Oct-96
HOUSING						
Support Service Agreement (Property Management)	Fairfax-Falls Church CSB	Brain Foundation, The	5/1/12	Ongoing	01-May-12	01-May-12
Collaborative Service Protocol	Fairfax-Falls Church CSB	Falls Church, City Dept of Housing and Human Services	1/1/97	Until Terminated	24-Oct-96	07-Oct-06
Administrative Procedures	Fairfax-Falls Church CSB	Fairfax Co Dept of Housing and Community Development	1990	Until Terminated	20-Jul-90	29-Jun-90
Agency Participation Agreement	Fairfax-Falls Church CSB	Homeless Management Information System		Until Revoked	17-Aug-09	
Memo of Understanding-Wedgewood Apartments	Fairfax-Falls Church CSB	Fx Co Dept of Housing & Community Development/Redevelopment & Housing Auth	11/9/10	Ongoing	09-Nov-10	27-Oct-10

Title	First Party	Second Party	Start Date	Expiration Date	Date Signed	2nd Date Signed
BOARD OF SOCIAL SERVICES - AREA AGENCIES ON AGING - REGIONAL OFFICES OF HEALTH DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES						
Cooperative Agreement	Fairfax-Falls Church CSB	FCPS-Div Rehab Service, Dept Aging and Rehab Svcs	6/21/2019	5 years	8/26/2019	
Memo of Understanding	FFCCSB	FX Co DFS, Area Agency on Aging			11-Dec-12	
REGIONAL OFFICE, CSB's, and VACSB						
Business Associate Agreement	Fairfax-Falls Church CSB	Easter Seals UPC NC & VA	7/1/12	Until Termination		
Memo of Understanding	Fairfax-Falls Church CSB	Arlington CSB	10/1/2018	9/30/2019	9/20/2018	
Memo of Understanding	Fairfax-Falls Church CSB	DSVS	10/1/2019	9/30/2022	3/6/2019	
Region 2 Supplemental MOA IDD Services 2016	Region 2 FFCCSB, Alex, Arl, Loudoun, Prince Wm CSBs	Clark, Frederick, Page, Shenandoah, Warren, Winchester Caroline, etc 13 Counties-2 Cities	9/21/2016	Until Terminated	01-Oct-16	01-Oct-16
Region 2 CSBs Service Delivery State Funded MOA	Region 2-Fairfax-Falls Church, Arl, Alex, Loudoun, Prince Wm CSBs	Region 2	4/29/2016	Until Terminated	29-Apr-16	
Region 2 Supplemental MOA IDD Clinic 2016	Region 2 Fairfax-Falls Church, Alex, Arl, Loudoun, Prince Wm	Region 2	5/27/2016	Until Terminated	27-May-16	27-May-16
HIPAA Business Assoc Agreement #1015	Fairfax-Falls Church CSB	VACSB	4/10/13	Ongoing	12-Apr-13	17-Apr-13
MOA Region II and Valley	Fairfax-Falls Church CSB	Valley Community Services	7/1/2020	7/30/2022	8/3/2020	
MOA Region II and District 19	Fairfax-Falls Church CSB	District 19	7/1/2020	6/30/2022	7/27/2020	

Title	First Party	Second Party	Start Date	Expiration Date	Date Signed	2nd Date Signed
LAW ENFORCEMENT						
Memo of Understanding Amendment MCRC	Fairfax-Falls Church CSB	Fairfax Co Police	1/1/17	Until Terminated	06-Mar-17	07-Jan-16
Memo of Agreement	Fairfax-Falls Church CSB	Fairfax Co Office for Women & Domestic and Sexual Violence Services (OFWDSVS)	9/13/11	Until Terminated	13-Sep-11	08-Sep-11
Memo of Agreement	Fairfax-Falls Church CSB-ADS	Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA)	1/1/07	Until Terminated	13-Mar-07	
Memo of Understanding MCRC Amendment	Fairfax County-Fairfax-Falls Church CSB	Town of Herndon	1/1/17	Until Terminated	15-Dec-16	12-Dec-16
Memo of Understanding MCRC Amendment	Fairfax County-Fairfax-Falls Church CSB	Town of Vienna	1/1/2017	Until Terminated	15-Dec-16	12-Dec-16
Statement of Understanding	Fairfax-Falls Church CSB-ADS	Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA)	Upon Both Signatures	Until Terminated	08-Jan-08	
Memo of Understanding	Fairfax-Falls Church CSB	Fairfax Co Police Department	6/23/11	Until Terminated		
Statement of Understanding	Fairfax County, VA	American Red Cross of the National Capital Area	5/10/2004	Written Notice	10-May-04	12-Jan-04
Interagency Agreement	Fairfax-Falls Church CSB	Fairfax Co Human Development	12/1992	Until Terminated	21-Dec-92	10-Dec-92
Business Associate/Qualified Service Organization Agreement	Fairfax-Falls Church CSB	National Commission on Correction Health Care	6/25/18	Until terminated	25-Jun-18	22-Jun-18
Agreement	Fairfax-Falls Church CSB	Medical Assistance Services, Dept. of (DMAS)	7/18/11	Ongoing	05-Jul-11	
Qualified Service Organization Agreement (QSOA)	Fairfax-Falls Church CSB	Alexandria Neighborhood Health Services, Inc. (ANHS, Inc.)	3/12/13	Ongoing	12-Mar-13	12-Mar-13
Cooperative Agreement	Fairfax-Falls Church CSB DASA	SAE Program, INOVA Hospital Assoc.	1/1/2001	Ongoing	26-Feb-02	18-Feb-02
Memo of Agreement	Fairfax-Falls Church CSB	Robert Pierre Johnson Housing Development Corporation	8/1/2007	Until Lease Agreement Signed	01-Aug-07	07-Aug-07
Memo of Agreement	Fairfax-Falls Church CSB	Wesley Housing Development Corporation	4/27/06	Until Lease Agreement Signed	28-Apr-06	29-Apr-06
Memo of Understanding	Fairfax-Falls Church CSB Women's Shelter	Legal Services of No. VA	?	Two Year Term upon Funding	21-Jan-05	
Memo of Agreement	Fairfax-Falls Church CSB	Domestic Violence Fatality Review Team-Fairfax County	8/15/08	Revision w/ 30-day notice	13-Aug-08	
Memo of Understanding	Fairfax County Women's Shelter	NOVACO, Inc.	? Signed Dec. 04	Reference partnership for minimum of 4 yrs	20-Dec-04	
Memo of Affiliation	Fairfax-Falls Church CSB	Argosy University/Washington DC Campus	7/20/2011	Ongoing Annually	18-Jul-11	01-Aug-11
Memo of Understanding	Fairfax-Falls Church CSB	FCPS	7/17/2020	5 Years	21-Jul-20	
Memo Agreement	Fairfax-Falls Church CSB	Fellowship Health Services	8/10/2020	Ongoing	24-Aug-20	
Amendment - MOU	Fairfax-Falls Church CSB	FCPD - Crisis Intervention Team	1/1/2017	Ongoing	07-Apr-17	
MOA - Fellowship Agreement AIB	Fairfax-Falls Church CSB	FCSD - Crisis Stabilization Program	8/10/2020	Ongoing	11-Aug-20	
MOA - AIB Sheriff	Fairfax-Falls Church CSB	FCSD - Crisis Stabilization Program	8/25/2020	Ongoing	10-Aug-20	

Approval of CSB Board Policies

Recommended Motion:

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

Issue:

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

Background:

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

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

Timing:

Immediate

Board Member

Sheila Jonas, Secretary to CSB Board

Enclosed Documents:

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

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

Purpose

To provide guidance for developing grant applications.

Policy

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

Grant applications:

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

be provided to the cities of Fairfax and Falls Church.

Approved _____
CSB Board Secretary

Date

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

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

CSB BOARD APPROVAL

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 Date Adopted: TBD

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5. Permission to apply for and accept funds, if awarded, must be obtained by the Fairfax County Board of Supervisors in accordance with current requirements. Information will also

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be provided to the cities of Fairfax and Falls Church.

Approved _____ Date _____
CSB Board Secretary

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

- Policy Adopted: November 1980
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- Policy Readopted: April 29, 1998
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- Policy Readopted: April 26, 2006
- Revision Adopted: December 16, 2015
- Revision Adopted: TBD

CSB BOARD APPROVAL

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

Purpose

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

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

Policy

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

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

This program:

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

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

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

Approved _____
 CSB Board Secretary _____ Date _____

References

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

Policy Adopted: December 16, 2015 (*Replaces Policy 2200 dated June 24, 2009*)
 Revision Adopted: TBD

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

Purpose

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FY 2020 Year-End Report of the Fairfax-Falls Church Community Services Board

Issue:

The attached FY 2020 Year-End Report was prepared by the CSB Board Chair and CSB staff for the year ending June 30, 2020. To meet the proposed submission in September 2020, the report and cover letter are submitted for CSB Board approval, following which the report and cover letter will be forwarded to the Board of Supervisors and the Mayors of the cities of Falls Church and Fairfax.

Recommended Motion:

I move that the Board approve the FY 2020 Year-End Report for submission to the Fairfax County Board of Supervisors and the Mayors of the cities of Falls Church and Fairfax.

Background:

At the Board's direction, the Fiscal Oversight Committee and CSB staff prepare an annual End of Year Report for submission to the Board of Supervisors and the Mayors of the cities of Falls Church and Fairfax. Information provided in the report includes financial status information, highlights of key program areas that are being closely monitored by our Board, and a discussion of critical issues for the agency and, most importantly, for the people in our community who need our services. Due to the impact of COVID-19, the Fiscal Oversight Committee is not meeting. Therefore, the FY 2020 Year-End report was prepared by the CSB Board Chair and CSB staff for presentation as an action item requesting approval. Once approved, the report is transmitted under the signature of the Chair of the Board.

Fiscal Impact:

None

Board Member:

Bettina A Lawton, Esq.
CSB, Board Chair

Enclosed Document:

Attachment A - Fairfax-Falls Church Community Services Board FY 2020 Year-End Report and Cover Letter



Community Services Board

Bettina M. Lawton, Esq.
Chair
Hunter Mill District

Jennifer Adeli
Vice Chair
Dranesville District

Sheila Coplan Jonas
Secretary
Mason District

Karen Abraham
Braddock District

Daria Akers
At-Large #1

Robert Bartolotta
Providence District

Captain Derek DeGeare
Office of the Sheriff

Ken Garnes
At-Large #

Larysa Kautz
Lee District

Garrett McGuire
Mount Vernon District

Srilekha Palle
Springfield District

Edward E. Rose III
City of Falls Church

Daniel T. Sherrange
Sully District

Andrew Scalise
At-Large #3

Sandi Slappey
City of Fairfax

Anne Whipple
At-Large #4

Daryl Washington, LCSW
Executive Director

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

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

DATE: September 23, 2020

SUBJECT: Fairfax-Falls Church Community Services Board FY 2020 Year-End Report

Our Board thanks you for the funding and continued support provided to Fairfax-Falls Church Community Services Board (CSB). We are pleased to present our FY 2020 Year-End Report highlighting major accomplishments, challenges, and opportunities. Your commitment and strong partnership result in continuous delivery of services critical to our most vulnerable residents.

In FY 2020, the CSB provided mental health, substance use disorder, and developmental disability services to 20,366 people. *The numbers below are unduplicated within each service type. However, individuals may have received more than one type of service.*

- 5,990 individuals received CSB Emergency Services and 4,940 received same day walk-in screening and assessments. 93% of persons receive emergency services within one hour.
- 4,848 people with developmental disabilities received support coordination services.
- 5,195 individuals received peer support services in the community.

In FY 2020, the CSB faced challenges and opportunities in ongoing key issue areas described in more detail in the attached report including:

- Implementation of multiple new safety protocols, and changes to service provisions and CSB operations due to COVID-19
- Managing implementation of services and service standards as required under STEP-VA (System Transformation Excellence and Performance in Virginia)
- Addressing the heroin and opioid epidemic
- Expanding Diversion First initiatives to enhance ongoing decriminalization of mental illness
- Enhancing access to Medicaid and health care for individuals served
- Ongoing problem solving and partnership to manage the state psychiatric hospital bed shortage
- Implementing new state mandated requirements for individuals with developmental disabilities as part of the Commonwealth's settlement with the US Department of Justice

- Expanding the CSB's ability to maximize service provision revenue
- Advocating for change and monitoring system issues with the CSB's electronic health record

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

Bettina M. Lawton, Esq.
Chair, CSB Board

Fairfax-Falls Church Community Services Board
FY 2020 Year-End Report
Covering period July 1, 2019 to June 30, 2020

This FY 2020 year-end report highlights key program areas and discusses the agency's critical issues. The CSB Board appreciates the Board of Supervisors' continued strong support which allows us to serve residents of Fairfax County and the cities of Fairfax and Falls Church who need our services. Our focus throughout the entire fiscal year was on maintaining the high-quality and essential services to residents with challenges relating to mental health, substance use disorder and developmental disabilities.

A Unique Second Half of FY 2020 – COVID-19

The second half of the FY 2020 brought COVID-19. In March, and in coordination with other Fairfax County government agencies, the CSB completed its Continuity of Operations Plan (COOP). This plan helped establish and formalize policies and guidance ensuring that critical functions (and services) continue, and that personnel and resources are relocated to an alternate facility, if needed, in case of emergencies. The CSB's completion of this important process was a key factor in its ability to continue to provide services as COVID-19 hit the Fairfax County area.

The CSB was able to quickly respond and adjust staff, processes, and technology to meet the demands and restrictions of COVID-19. The CSB's response was, and continues to be, focused on keeping the CSB staff and individuals we serve safe and healthy while providing essential services, despite ongoing constraints presented by COVID-19. Immediate and frequent communication with the CSB staff kept them informed about the disease, phased re-engagement plans, and provided guidance to prevent the spread of illness and reduce misinformation.

Four of the CSB's main service sites and all its residential programs remained open even as COVID-19 safety protocols and procedures to address the personal protective equipment (PPE) shortage were put in place. The CSB also transitioned to the use of telehealth in lieu of face-to-face visits when clinically appropriate. Over 450 clinical staff can now provide telehealth services via Zoom for Health Care. This easy-to-use and convenient service includes video and teleconferencing. The digital transformation of our operations to telehealth, and the switch to having most staff telework, meant more than 6,500 people received critical, life-changing education and services such as therapy, counseling, case management and prescribing, via telehealth. The CSB saw a drop in new individuals seeking services in April and May as COVID-19 swept across Fairfax County. The request for services has steadily increased as Virginia transitioned into Phase 3 re-opening.

Although the CSB has incurred significant expenses because of COVID-19, the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act money has filled the financial gap. The CSB continues to monitor its ongoing COVID-19 expenses. Unfortunately, the Commonwealth's budget eliminated all new funding for services, except for Developmental Disability waivers.

Critical Issue Areas

SYSTEM TRANSFORMATION, EXCELLENCE AND PERFORMANCE (STEP-VA) MANDATES

The implementation of the Commonwealth's STEP-VA initiative continues to be a CSB priority. STEP-VA was enacted in 2017 and seeks to establish a statewide set of community behavioral health services to be offered by each of the 40 CSBs. All CSBs initiated the first two core services, same-day access to mental health screening and primary health care screening, before the July 1, 2019 deadline. The seven remaining core services were originally mandated to begin by July 1, 2021. However, because of budgetary language passed by the General Assembly in 2020, no new STEP-VA service requirements will be put in place. This puts fully implementing crisis services, expansion of outpatient services, veteran's services, peer services, case management, care coordination, peer/family services and psychiatric rehabilitation services all on hold.

STEP-VA aligns with ongoing CSB priorities and we already provide each of the mandated services at some level. However, to meet the requirements for full implementation of the remaining steps, sufficient funding is needed. The CSB has received \$1.1 million from the Department of Behavioral Health and Developmental Services (DBHDS) to provide same day access, primary health care screening and outpatient services. This is about 9 percent of the total estimated cost of \$12.9 million to provide these services. We estimate that it will cost the CSB an additional \$18.3 million to fully implement the remaining STEP-VA services.

Although not funded by DBHDS, the CSB ~~Behavioral Health (BH) employment and day services provides critical employment services and psychosocial rehabilitation services, which are vital to meeting the STEP-VA mandates. In FY 2020, individual supported employment services were provided to 879 persons with seven (7) persons receiving group supported services.~~ Behavioral Health (BH) employment and day services include individual supported employment with 879 persons receiving services in FY 2020, and group supported employment with 7 persons being served in FY 2020. The CSB also directly operates an intense psychosocial rehabilitation program with a high staff to client ratio called the Community Readiness and Support Program (CRSP) by which 43 persons received services in FY 2020. During the year, it was decided to transition the CRSP program to contract with Psychiatric Rehabilitation Services, Inc. (PRS) called Recovery Academy. PRS services were received by 206 persons in FY 2020.

During FY 2020 the peer workforce has stabilized and grown. Turnover rates have decreased dramatically through the implementation of group supervisions, enhanced trainings, and regular consultation with supervisors. The first Peer Specialist Supervisor position was established, overseeing peer specialists in the Striving to Achieve Recovery (STAR) program at the Adult Detention Center.

Peer Specialists now work in eighteen CSB programs. Programs with new peer support services include Medication Assisted Treatment clinics, New Horizons, Crossroads and Detox/ Substance Abuse Outreach Monitoring and Engagement (SOME) unit. The Peer Overdose Response Team (PORT) began taking referrals and served 40 individuals with recent overdose or at high risk of overdose. Following the conclusion of a federal grant, the BeWell Health Integration Peer Specialist program was sustained by the CSB in partnership with PRS and continues to offer Peer Health Coaching to the CSB's clients. In adapting to the COVID-19 environment, the Wellness & Recovery Centers began operating a "virtual center" with groups and a warmline. (Warmlines provide early intervention with emotional support that can prevent a crisis. The lines are typically free, confidential peer-support services staffed by volunteers

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or paid employees who have experienced mental health conditions themselves.)

The biennial budget passed by the General Assembly in March included \$49.9 million for the continued phased implementation of STEP-VA. However, the Governor’s updated budget in response to the COVID-19 pandemic froze this new spending and this funding will likely remain unallotted at the conclusion of the August General Assembly Special Session. While positive steps were taken in 2020 to no longer require implementation of the services without an appropriation, at no point during the three years of STEP-VA implementation has DBHDS provided adequate funding to CSBs for the already initiated steps. The CSB Board will continue to advocate for funding for any required mandates. While the CSB will continue working to help ensure the state’s goal of increasing services at the community level, this should be achieved without shifting funding burdens to local governments.

STATE PSYCHIATRIC HOSPITAL BED CRISIS

The state psychiatric hospital bed crisis continues to challenge our system of care. Northern Virginia has a slightly lower state hospital bed usage than other areas of the Commonwealth and a significantly lower state hospital bed usage when factoring in population size. Despite Northern Virginia representing 28 percent of the population of the Commonwealth, in FY 2020 the region only used 6 percent of adult state hospital bed days and 3 percent of older adult state hospital bed days.

For the past few years, Northern Virginia has been working to increase Temporary Detention Orders (TDOs) acceptance rates at our private hospital partner facilities and to decrease TDOs to our state hospitals. This goal was met in FY 2020, as TDO acceptance rates increased in five of our local private hospitals and decreased by up to 22 percent in our three state hospitals. Northern Virginia was the only region in the Commonwealth to achieve this goal.

The early stages of COVID-19 were marked by a significant decline in acute care admissions. However, in May, this trend reversed course with a profound exacerbation of the hospital bed crisis for adults. This is reflected in the Northern Virginia Mental Health Institute average occupancy in April of 81 percent which increased to 100 percent in late July and August.

DBHDS has implemented an “admissions decision tree” which prohibits admissions of individuals who test positive for COVID-19 to any state facilities. Our local private hospitals are being forced to admit individuals who need psychiatric treatment but test positive for COVID-19 (even those who are asymptomatic) to medical units. On these units, they receive limited psychiatric consultation, rendering them unable to participate in any of the groups that are the paramount mode of inpatient psychiatric treatment. The CSB discharge planning team has been working diligently to expedite state hospital discharges for individuals who have clinically stabilized and are appropriate for the community continuum of care.

Despite the COVID-19 impact on community providers, the Fairfax-Falls Church CSB discharge planning team has successfully discharged 214 individuals from state psychiatric hospitals over the past four months. In FY 2020, adults represented 86 percent of all Temporary Detention Orders – the greatest use of acute inpatient hospital treatment.

Our greatest need is for a state plan to ensure that individuals in need of acute inpatient behavioral health care who test positive for COVID-19 are still able to receive these critical services.

HEROIN AND OPIOID EPIDEMIC

In Fairfax County, opioid deaths increased substantially, going from 40 in 2013 to 114 in 2017, followed by a decline to 83 in 2018 and 82 in 2019. More than 80 percent (67) of the fatal opioid overdoses in 2019 involved fentanyl. Though progress has been made in addressing the opioid epidemic in recent years, adequate resources and innovative strategies are needed now more than ever. Hospitals in the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church) reported a 36 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) from January to June 2020 compared to the same period in 2019, providing an early indicator that the opioid epidemic continues to profoundly impact Fairfax County amidst the COVID-19 pandemic.

CSB continues to prioritize combatting the opioid epidemic through its prevention and treatment programs, extensive community education efforts and newly adapted services during the pandemic. In FY 2020, the CSB provided assessment and treatment services to over 1,500 individuals with a history of opioid use. In FY 2020, the Addiction Medicine Clinic (AMC) at Merrifield Center offered medication-assisted detoxification services and substance use disorder treatment to over 400 individuals. The services are provided in an outpatient setting and allow individuals to remain in their community throughout treatment. During FY 2020 the CSB was able to expand its outpatient substance use disorder services and provided intensive outpatient and outpatient treatment services to 488 adults and 157 youth.

The CSB's Wellness, Health Promotion and Prevention (WHPP) team has continued to offer REVIVE!, a training that teaches people how and when to administer naloxone to reverse a heroin/opioid overdose. Trainings were shifted to a virtual platform to ensure that this important initiative has continued during the pandemic. The training is delivered in Spanish and English. In FY 2020, the total number of individuals trained in REVIVE! was 584 and there were 148 Naloxone dispensed. As of January 2020, any resident of Fairfax County and Cities of Fairfax and Falls Church is provided free Naloxone, if interested, upon completion of a REVIVE! training. With the training being delivered virtually, participants are mailed their REVIVE! kit, including Naloxone. Since the program's inception, more than 3,300 individuals have taken REVIVE! training.

In addition, public service announcements (PSAs) focused on opioid medication safety were developed by the WHPP team and supported with State Opioid Response (SOR) funding. The PSAs aired in English and Spanish in March and April of 2020. These PSAs highlighted that opioid addiction could occur in as little as three days and encouraged viewers to ask their physician or dentist for a shorter prescription or alternative pain medication. The PSAs directed individuals to the CSB's website with more information about heroin and opioids. There were 65,377 impressions and the digital content was delivered 20,130 times with nearly 98 percent impressions viewed in full.

The CSB continues to promote the free, confidential, and online mental health screenings. There are 13 screening options. In FY 2020, 1,718 individuals from Fairfax County took one of the screenings. In January of 2020, a new opioid screening was added to the portfolio of available screening options.

The CSB continues to manage the Fairfax Prevention Coalition (FPC), which had its year anniversary in

April of 2020. The FPC meets the second Wednesday of every month. Meetings are now held virtually. In the last quarter of FY 2020, the FPC launched a virtual summer training series with Officer Jermaine Galloway on drug trends, opioid trends, alcohol, and other drugs to include nicotine and marijuana concentrates.

In FY 2020, the public education campaign which launched in May 2019 expanded its reach. The #CouldBeYou campaign acknowledges that there is no “typical” user of opioids as we see overdoses and deaths occurring in all age groups, among men and women, across all socio-economic groups and in all areas of the county. This opioid awareness ad campaign included social media, ads in lobbies and as part of the pre-roll videos at movie theaters, posters on Fairfax Connector buses and bus shelters, and in County facilities. During the winter campaign (November 15, 2019 through February 3, 2020), the ads were viewed 8.5 million times by approximately 1 million people, which exceeds the 3.7 million impressions and 675,418 people from the past two campaigns combined. The campaign is coordinated by the Fairfax County Opioid and Substance Abuse Task Force and made possible through generous funding from the Fairfax County Board of Supervisors.

The Fairfax County CSB Detox Center had over 975 client admissions for residential detoxification services during FY 2020, despite census reductions that were necessary to allow social distancing during the COVID-19 pandemic. Contracts with local hospitals were used to help reduce the waiting list, however the demand for medication-assisted detox services continues to be greater than the program’s capacity to provide this essential service. In FY 2020, the center maintained a medical detox waiting list of 16 clients, on average, with a typical wait time for admission of 3 – 6 days.

Individuals are provided opportunities to go bed-to-bed from Detox into the appropriate residential treatment program. While Detox continued to admit opioid users that presented for care, many were self-referrals and referrals from outside of the agency.

During FY 2020 the CSB provided residential substance abuse treatment services to 377 individuals. CSB continues to prioritize combatting the opioid epidemic through treatment programs and extensive community education efforts. In FY 2020, behavioral health adult outpatient services program provided case management and treatment to 330 individuals with a history of opioid use, including those with co-occurring mental health disorders. With the onslaught of the COVID-19 pandemic, intensive outpatient substance abuse and co-occurring disorder treatment services were quickly adapted to a telehealth platform across behavioral health outpatient sites.

Clinicians, keenly attuned to the overlay that the COVID-19 pandemic places upon those struggling with addiction issues, provided significant outreach and support to those in need at first via telephone and then via tele-video software such as Zoom as soon as possible. They also provided resources to support recovery such as online 12-step meetings, information regarding warmlines, connections to coordinated service planning for help with basic needs. They also worked to obtain free telephones and internet services, provided educational resources about COVID-19, and assisted in getting COVID-19 testing as needed. The clinicians have continued to reinforce the importance of staying connected to existing support systems. Additionally, when needed, clinicians assisted in getting individuals into the Detox Center and to the Addiction Medication Clinic for Suboxone.

Individual and group sessions were provided to those in need for up to 15 hours a week via telehealth, as well as ongoing phone calls to those without access to technology. The CSB’s Merrifield Center also offers an intensive substance outpatient substance abuse treatment track dedicated to the treatment of

those with opiate addictions called CORE (Coordinating Opioid-Recovery and Empowerment), although opioid treatment is also provided throughout the array of intensive outpatient treatment programming across sites.

MEDICAID

By January 2020, a year after Medicaid expansion took effect, more than 375,000 people gained coverage under expanded eligibility in the Commonwealth. Our CSB continues its efforts to enroll individuals in Medicaid to ensure they have access to this vital resource. In FY 2020, over 2,100 newly eligible CSB consumers were enrolled in Medicaid. Additionally, the number of individuals with no insurance reported decreased from 27 percent at the beginning of FY 2019 to 15 percent at the end of FY 2020. At the end of FY 2020, 69 percent of individuals were enrolled in Medicaid, an increase from 50 percent in FY 2018. The CSB implemented a new collaboration with the Department of Family Services (DFS) during FY 2020 resulting in additional support during COVID-19.

The CSB is also dealing with ongoing fiscal and revenue challenges because of the reduction in state general funds related to Medicaid expansion. After Medicaid expansion, state general fund dollars to CSBs were cut with the expectation that CSBs could replace these dollars with Medicaid reimbursements. The CSB received a \$4.3 million reduction in funding from DBHDS.

The CSB has increased the amount of billing revenue from Medicaid from \$12.7 million in FY 2019 to \$15 million in FY 2020. The revenue will increase further during FY 2021, as the CSB will begin billing additional services under Addiction Recovery and Treatment Services (ARTS). The CSB still anticipates it will not meet the \$4.3 million target set by DBHDS. A member of the DBHDS financial leadership team has acknowledged their own projections shows the CSB cannot make up the \$4.3 million reduction.

During FY 2020 the CSB implemented enhanced identification monitoring and improvements to our claims billing process. Our goal is to maximize variable revenue to offset the reduction in funding from DBHDS due to Medicaid expansion. Specifically, this included identifying and billing for services that were not previously billed. As a result, our FY 2020 variable revenue increased 12 percent over FY 2019.

DIVERSION FIRST

Throughout FY 2020, CSB continued working to offer alternatives to incarceration for people with mental illness, developmental disabilities and co-occurring substance use disorders who encounter the criminal justice system for low-level offenses. These efforts are possible because of county investments in diversion programs and ongoing county partnerships between the CSB, court services, law enforcement, fire department and the community. Since January 2016, more than 1,900 people have been diverted from potential arrest to assessment, treatment, and support.

During FY 2020, 415 individuals were diverted from potential arrest to the Merrifield Crisis Response Center (MCRC). Law enforcement transported a total of 2,193 individuals to the MCRC, of which 1,627 were under an emergency custody order and 566 were voluntary transports. The Community Response Team (CRT), a co-responder team, served more than 240 individuals who are super utilizers of public safety services. Super utilizers generally have chronic and complex health problems and make up a small percentage of the U.S. population, yet account for nearly 50 percent of health care costs. In the past year, the CRT has significantly expanded their collaboration with community partners, including

hospitals such as Inova Health System Emergency Departments. This collaboration has allowed the CRT to improve care coordination for individuals who frequently cycle through hospital emergency departments and jail.

The CRT has also worked with the Department of Information Technology (DIT) to build a data system to better coordinate referrals and data tracking across public safety agencies. Additionally, the MCRC received a grant from DBHDS and is partnering with Neighborhood Health to launch medical assessment/clearance at the MCRC for individuals who need inpatient hospitalization or crisis stabilization admission. This partnership is the result of a multi-year effort. Onsite medical clearance will reduce the time individuals and law enforcement spend in emergency departments; increase the number of individuals who are connected to follow up care; reduce potential injuries to the individual and law enforcement; and reduce costs by providing these services in a non-emergency department setting.

During FY 2020, the CSB continued to support the specialty courts which grew to serve 14 people in the Mental Health Docket, 18 in the Veterans Treatment Docket and 18 in the Drug Court. Many participants have graduated these programs and many more have been referred and accepted. These dockets provide a critical opportunity to work in partnership with the courts in diverting individuals into treatment and away from the criminal justice system. In collaboration with the Fairfax County Sheriff's Office, the CSB has supported initiatives to connect individuals with an Opioid Use Disorder to Medication Assisted Treatment, to include Suboxone, while incarcerated. The CSB is providing Adult Detention Center (ADC) based treatment support and connections to community-based care upon release in partnership with the CSB's Addiction Medicine Clinic. Efforts to effectively identify individuals at the ADC who have mental health needs have led to a steady increase in referrals to the CSB's ADC based team for treatment services, overall there has been a 54.7 percent increase since 2015 and an 8 percent increase in the past year.

In November 2019, Fairfax County was named an Innovator County by the national Stepping Up Initiative for its expertise in collecting baseline data on the number of people in its jail who have mental illnesses. Currently, Fairfax County is one of only 21 counties in the country that have been recognized as an Innovator County. These jurisdictions use the Stepping Up approach to collect and analyze timely data on the prevalence of people in their jails who have serious mental illnesses.

In August 2019, a group of approximately 50 county and community partners came together for a 1 ½ day Sequential Intercept Model mapping workshop [to address methods to reduce criminalization of people with mental illness](#). Participants reviewed best practices, local services, resources, and opportunities to further prevent interaction and/or deeper involvement in the criminal justice system. Through this workshop, priorities were identified to address community gaps, with a focus on leveraging existing resources, enhancing service linkages, and improving outcomes. Identified priorities included the need to continue to bolster efforts to intervene and connect individuals to services and support before a crisis begins or at the earliest possible stage of system interaction. While Fairfax County has some existing Intercept 0 services (e.g. Mobile Crisis Unit, Community Response Team), needs in the areas include increase community outreach, greater awareness of existing services and increased capacity for 24/7 crisis service response services. Other priorities identified included reentry and community services such as housing and peer supports and other pre/post release services and supports. Work is currently underway to address these priorities.

DEVELOPMENTAL DISABILITIES (DD) SERVICES

The support coordination team is grateful to the Fairfax County Board of Supervisors for maintaining monies in the budget to assist with the 113 new waiver slots allocated to Fairfax-Falls Church for FY 2021. This will allow us to serve the additional individuals.

During FY 2020, CSB support coordination services continued to serve over 4,800 individuals with developmental disabilities in an equitable and sustainable manner. The five support coordinator positions created for FY 2020 supported the 139 new Medicaid waiver slots allocated by Virginia's General Assembly, allowing us to maintain caseload numbers, provide more targeted support to the more than 2,580 individuals on the DD waiver waitlist and ensure the individual's health and safety during a pandemic. With the U.S. Department of Justice Settlement Agreement (DOJSA) deadline quickly approaching, the scope and complexity of the demands placed on support coordinators continues to expand.

Employment and Day programs served more than 1,550 persons with developmental disabilities. Services included Day Support, Sheltered Employment, Group Supported Employment, and Individual Supported Employment. Approximately 170 persons also received transportation services. Services were provided by contracted private providers in the Northern Virginia community. Nearly 30 different programs were utilized. The services and programs were well received with an overall 90 percent satisfaction rate. Services afforded persons either compensated employment or a meaningful day activity and the opportunity to economically participate in our community. In fiscal 2019, persons in the programs collectively earned over \$5.3 million through their employment. Earnings for FY 2020 should be similar adjusted for the time people were unable to work due to COVID-19 closures. All the contracted developmental disability employment and day programs closed in mid-March due to the COVID-19 pandemic. Some individuals continued to work through this time with planned supports in place. Re-opening plans are being developed for the fall of 2020. The expansion of self-directed services has continued. The number of individuals served through self-directed employment services increased from 144 in FY 2019 to 162 in FY 2020.

CSB Business Operations and Personnel

HEALTH CARE COMPLIANCE

The CSB's compliance program is focused on preventing, detecting, and correcting ethical and regulatory problems. With the implementation of managed care and the DOJSA with Virginia, the CSB is seeing a heightened focus on outcomes, quality of care, chronic disease management, new mandates, and access to services. The compliance team has staff that directly support employees in the field as they navigate regulations and requirements. A staff works from Pennino to provide targeted reviews of current risk areas. The CSB's executive leadership team and CSB Board Compliance Committee have regularly met to review and correct agencywide compliance issues. Since COVID-19, CSB Board Committee meetings have not convened. To enhance compliance efforts the CSB has implemented a software tool, ComplyTrack, which tracks various compliance requirements.

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INFORMATICS AND ELECTRONIC HEALTH CARE RECORD

The CSB secured its present electronic health care record (EHR) system, Credible, in 2011. During FY 2020 the CSB refined its future health care record needs. It is anticipated that the CSB will pursue

acquiring a new electronic health care record system or updating the contract of its existing health care record system in FY 2021.

In June of 2019, Credible, suffered a significant hardware problem which led to ongoing EHR performance issues for the next six months. Credible has improved its performance and platform stability, but the CSB is working hard to get ongoing timely information saved to a County computer storage site.

HUMAN RESOURCES

There is a nationwide shortage of qualified behavioral health care professionals. Most of our clinical positions, including nursing, behavioral health, developmental disabilities, and substance use disorders, require mandated specialty degrees, certifications, and licensure, as determined by ever-evolving state laws and licensing requirements. Those requirements mean that most health care related employers in our area are competing for this same group of qualified candidates. In addition, an aging population, increasing patient needs, coupled with an aging workforce and projected retirements means we may anticipate some staffing shortages ahead. Strategic recruitment efforts will remain critical to attract qualified talent, but equally important will be how we ensure retention of existing talent. To promote career opportunities within the CSB, throughout FY 2020 the CSB's HR program expanded its strategic recruitment, sourcing, and outreach efforts to include:

- Participation in the County's pilot program using "LinkedIn Recruiter"
 - Developed and sponsored content ads targeting audiences who met specific qualifications required for several of our hard-to-fill positions.
 - Resulted in stronger applicant pools and at least one hire, that we are aware of, our CSB Deputy Director for Administrative Operations.
- Connecting with university students majoring in health-related fields by participating in career fairs at
 - Marymount University (April)
 - George Mason University (April)
 - James Madison University (JMU) Employer Drive-In Conference (August)
 - NAAAP-DC Diversity Job Fair (October)
 - University of Mary Washington (October)
 - Longwood University (November)
 - Liberty University Nursing Career Fair (February)
- Partnering with DHR to host an all-day event for a group of JMU students majoring in social work and psychology.
 - DHR and the CSB presented an overview of the benefits of working for Fairfax County Government and specific information about career opportunities with the CSB.
 - A tour of the Merrifield Center was also conducted and included members of the CSB's executive and senior leadership teams.
- Facilitating Realistic Job Previews (RJP) for Diversion & Jail-Based Services and Support Coordination Services.
 - Updated the Careers page to include employee spotlights and videos highlighting some of our service areas and related career opportunities.

Despite these efforts the CSB continues to struggle with identifying enough qualified professionals to meet the service needs of the agency.

ONE FAIRFAX

Highlights of initiatives include launching a webinar series focusing on mental health in the Black community, development of an equity primer to be used in CSB staff training, planning for an upcoming CSB survey of staff (focusing on how systemic racism impacts staff and their work) and continuing to analyze workforce equity issues in recruitment and professional opportunities to increase diversity.

While it is difficult to plan for every contingency, especially in a COVID-19 world, the CSB is committed to providing services and keeping those we serve and our staff safe. As the world moves from response to recovery, we have a responsibility to continue serving our communities and tackle the problems we were committed to prior to the pandemic. We will continue to review our business practices such as our legacy systems and manual processes, to further streamline our efforts and increase overall efficiencies and effectiveness. The CSB is in the process of identifying a full-time position to focus on equity issues and develop an agencywide strategic plan on enhancing equitable services and workplace environment.

In summary, the CSB has a wide array of service and business operation challenges. Given the current changes in health care, it is expected this will be a continuing trend. We are grateful for the tremendous amount of local support, which allows the CSB to meet these challenges and serve the mental health, substance use and developmental disability needs of our community.