



FAIRFAX-FALLS CHURCH CBS BOARD MEETING

Dan Sherrange, Chair

Wednesday, May 22, 2024, 5:00 PM

Sharon Bulova Center for Community Health

8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West Fairfax,
VA 22031

MEETING AGENDA

- | | |
|--|------------------|
| 1. Meeting Called to Order | Dan Sherrange |
| 2. Roll Call, Audibility and Preliminary Motions | Dan Sherrange |
| 3. Matters of the Public | Dan Sherrange |
| 4. Amendments to the Meeting Agenda | Dan Sherrange |
| 5. Approval of the March 27, 2024, Meeting Minutes | Dan Sherrange |
| 6. Staff Presentation | Sarah Gary |
| A. Jail-based & Diversion Services (JDS) | |
| 7. Director's Report | Daryl Washington |
| A. County, Regional, State and Cross Agency Initiatives | |
| B. Youth Services and Crisis Response Centers | |
| C. DD Waivers | |
| D. FY 2025 Budget and Third Quarter Updates | |
| E. Change Healthcare Update | |
| 8. Action Item | Elif Ekingen |
| A. Budget and Concept Approval | |
| 9. Matters of the Board | Dan Sherrange |
| A. VACSB Convention Debrief: May 1-3, 2024 | |
| B. Representative for the Affordable Housing Advisory Council (AHAC) and Consolidated Community Funding Advisory Committee (CCFAC) on Other Boards | |
| 10. Committee Reports | |
| A. Service Delivery Oversight Committee | Evan Jones |
| B. Compliance & Executive Committee | Dan Sherrange |
| C. Fiscal Oversight Committee | Andrew Scalise |
| D. Other Matters: <i>Nominating Committee's Report on the Election of CSB Board Officers</i> | |
| 11. Adjournment | |

Meeting materials are posted online at www.fairfaxcounty.com/municipal/community-services-board/board/archives or may be requested by contacting Sameera Awan at 703-324-7827 or at Sameera.Awan@fairfaxcounty.gov

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
MEETING MINUTES
MARCH 27, 2024

The Fairfax-Falls Church Community Services Board met in regular session at the Sharon Bulova Center for Community Health, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031.

1. Meeting Called to Order

Board Chair Dan Sherrange called the meeting to order at 5:01 PM.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** BOARD CHAIR, DAN SHERRANGE; SHEILA COPLAN JONAS; ANDREW SCALISE; BETTINA LAWTON; CAPTAIN DANIEL WILSON; JIM GILLESPIE; EVAN JONES; DARIA AKERS; KAREN ABRAHAM; ANNE WHIPPLE; ROBERT BARTOLOTTA; SRILEKHA PALLE; PATRICIA ZISSIOS

ABSENT: **BOARD MEMBERS:** SARAH COUGHTER

Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Barbara Wadley-Young, Deputy Director of Administrative Operations Jean Post, Division Director of Developmental Disabilities and Support Coordination Sierra Simmons, Healthcare Systems Director Jennifer Aloï, Director of Medical Services Dr. Debra O'Beirne, Chief Financial Officer Elif Ekingen, Division Director of Engagement Assessment and Referral Brian Anderson, and Board Clerk Sameera Awan.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

Board Chair Dan Sherrange requested the inclusion of a closed session as Agenda Item #11. The purpose of the closed session would be to discuss long-term strategies potentially affected by personnel and budget issues.

MOTION TO ADOPT THE MARCH 27, 2024, MEETING AGENDA WAS APPROVED BY EVAN JONES, BETTINA LAWTON, ANDREW SCALISE, KAREN ABRAHAM, SHEILA COPLAN JONAS, CAPTAIN DANIEL WILSON, JIM GILLESPIE, DARIA AKERS, ANNE WHIPPLE, ROBERT BARTOLOTTA, SRILEKHA PALLE AND PATRICIA ZISSIOS.

5. Approval of the Minutes

The February 28, 2024, CSB Board Meeting Minutes were distributed for review. Board Member Bettina Lawton proposed minor changes under Agenda Item #6, pertaining to the Staff Presentation. Specifically, she suggested removing the word "State" from the top of page 3, second line. Additionally, under Agenda Item #7C, relating to the FY 2025 Budget, she recommended changing the first line in the second paragraph to "real property tax" instead of "personal property

tax." Moreover, she suggested removing the word "Traditionally" from the second line of the first paragraph of Agenda Item #5.5.

MOTION TO ADOPT FEBRUARY 28, 2024, MEETING MINUTES WAS MOVED BY BOARD MEMBER EVAN JONES, SECONDED BY BOARD MEMBER DARIA AKERS.

MOTION TO ADOPT WAS APPROVED BY DAN SHERRANGE, ANDREW SCALISE, SHEILA COPLAN JONAS, JIM GILLESPIE, EVAN JONES, BETTINA LAWTON, ROBERT BARTOLOTTA, AND KAREN ABRAHAM AND CAPTAIN DANIEL WILSON.

6. Staff Presentation

Division Director of Engagement Assessment Referral Brian Anderson presented an overview of his division, outlining the services provided by the Engagement Assessment Referral and Wellness Health Promotion Prevention teams. The division offers Youth and Family Services, developmental disability support, and mental health services for Youth and Adults. Emergency Services are available for Crisis Intervention, and the CSB provides various Substance Youth Services, including residential and outpatient options. The Prevention & Wellness team also focuses on strengthening emotional health through engagement with civic leaders, faith-based organizations, and private entities. The responsibilities of the Entry Call Center include triaging and directing incoming calls from the public to the appropriate services. Walk-in assessments are offered for same-day access, with extended hours available on specific days to accommodate diverse schedules. The division works closely with community partners, such as Fairfax County Public Schools (FCPS), the Health Department, and the Department of Family Services, to implement outreach and engagement initiatives. Training programs such as Mental Health First Aid, QPR (Question, Persuade, and Refer), and SPAN (Suicide Prevention Alliance of Northern Virginia) are designed to address mental health challenges and promote suicide prevention within our community.

7. Director's Report

A. County, Regional, State and Cross Agency Initiatives

Deputy Director of Administrative Operations Jean Post shared that the CSB is participating in a comprehensive drug reduction effort with the Virginia Department of Health to monitor drug hotspots along Virginia's Prime 95 corridor. Similar initiatives are taking place along the I-81 and I-95 corridors, where a drug overdose alert network is being established to notify stakeholders when a certain threshold of overdoses is reached within a 24-hour period. The first meeting for the I-95 initiative is scheduled for April 5, 2024. Additionally, the CSB is being recognized at the Valor Awards, which honor public safety heroes from Fairfax County, including healthcare professionals, for their actions above and beyond the call of duty. Finally, the Department of Behavioral Health and Developmental Services (DBHDS) is requiring STEP-VA cost reporting for salaries in FY23. This report is expected to be due in late August 2024. DBHDS recently met with all CSBs on March 5th to discuss a needs assessment for non-service components of STEP-VA, aiming to determine unmet needs and estimate associated costs. The information gathered will be shared with the House Appropriations and Senate Finance and Appropriations Committees by December 1st, 2024. Jean emphasized the significant time commitment involved in this process, particularly given the

upcoming deadline in August 2024, and acknowledged the challenging task ahead as the CSB concludes the current fiscal year and prepares for the next.

B. Youth Services and Crisis Response Centers

Deputy Director of Administrative Operations Jean Post shared that the organization is continuing its efforts in recruiting and onboarding training for new staff, particularly for the Youth Medicated Assisted Treatment (MAT) and outreach and engagement teams. Additionally, they are collaborating with facilities to prepare shared spaces for these programs. The Hybla Valley Recreation Center, James Lee Recreation Center, and other resource centers are designated as collocated spaces for the outreach and engagement teams, and efforts are underway to address logistical considerations associated with this arrangement.

C. Developmental Disabilities Waivers

Deputy Director of Clinical Operations Barbara Wadley-Young shared that the CSB has established 7 new positions through the third-quarter budget, and processes are underway to recruit for those positions. Anticipating Commonwealth approval of the Waitlist reduction initiative by July 8, 2024, coordination with the Department of Behavioral Development Services will intensify. At that point, projections for workforce needs in FY25 and FY26 will become clearer. It is anticipated that 70 Support Coordinators and additional Administrative Operations staff will be needed to support the workforce. A comprehensive communications plan has been initiated to keep service recipients, community members, and stakeholders informed and engaged throughout the rollout process.

The first communication, Agenda Item #7C, the newsletter, will be distributed via email and mail tomorrow to inform those in priority one status. This communication emphasizes that the initiative is an exciting opportunity and clarifies the process for determining waiver allocation. A virtual community meeting is scheduled for April 24th from 5:00 to 7:00 PM to provide updates and maintain ongoing communication. An email has been established for individuals and family members to directly communicate with the Support Coordination team regarding questions about the process. The Arc of Northern Virginia, a long-term Community Partner, will provide information about what to expect while waiting for a waiver and the coverage it entails. Additionally, in-person and virtual sessions will be held for community members to receive routine updates and provide feedback on preferred communication frequency and format. Agenda Item 7C.3 includes communication from Executive Director Daryl Washington and CSB Board Chairman Dan Sherrange to the Board of Supervisors (BOS), informing them of the CSB's communication plan for constituents regarding the complex labor process. The Board is urged to direct constituents to access points identified by the Support Coordination team for accurate information and assistance with accessing unity settings for in-person meetings as needed.

Board Chair Dan Sherrange acknowledged Dr. Wadley-Young's and her staff's efforts, recognizing the significant work they have undertaken. He emphasized the ongoing nature of the task and expressed gratitude to Board members for their collaboration with the team.

Mr. Sherrange is committed to providing regular updates to the Board on progress and developments, acknowledging the dynamic nature of the situation. While details may be complex, the focus will remain on maintaining awareness of the status to address any issues that may arise promptly.

D. FY 2025 Budget

Deputy Director of Administrative Operations Jean Post provided an update on the budget status, mentioning that business processes for the third quarter were ongoing as of March 19th. The quarter package was presented to the BOS, with public hearings scheduled for April 16th, 17th, and 18th. Action on the third quarter is expected to be taken on April 30th. The FY25 adopted budget is anticipated for May 7th, with implementation slated for July 1st. Additionally, the allocation of 7 new Support Coordinator positions in Q3 outlined the requested changes in the advertised budget, including a general fund increase of \$5.5 million, a reduction of \$6.2 million, and a revenue target increase of 1.8 million.

E. Cyber Security Breach

Healthcare Systems Director Jennifer Aloï shared information regarding a cybersecurity attack and breach at Change Healthcare. As a subsidiary of United Health Group, Change Healthcare operates as an IT platform facilitating various data exchanges, including revenue payment processing, lab orders, lab results, and E-Prescribing. The CSB utilizes their services for claims processing and lab orders and by some pharmacies for E-Prescribing. When the breach occurred, the connections were disrupted, prompting the CSB to implement downtime processes and engage clinical informatics support. The team ensured the reconciliation of lab and prescription orders to prevent any clinical care issues or delays. They are operating in a hybrid of uptime and downtime processes until Change Healthcare resumes normal operations. Despite the disruption, there were no clinical implications for client care. Further communication from Change Healthcare regarding the breach and its impact on EHR vendors is awaited. HIPAA compliance officers at the county and organizational levels are actively involved and prepared to facilitate communication. While there have been delays in payment collections from United Healthcare, the teams have adapted by implementing manual reconciliation processes and exploring new channels for payment collection.

8. Action Item

A. FY 2025 Proposed Fee Schedule

Chief Financial Officer Elif Ekingen presented the proposed revisions to the FY 2025 CSB Fee Schedule, noting corrections and enhancements. Specifically, she highlighted the correction of the unit column for H2018, which was initially listed as 15 minutes but should have been per diem. Elif clarified and expanded the service column descriptions, revising abbreviations to ensure clarity. She requested the Board's approval for the FY 2025 Proposed Fee Schedule as presented.

MOTION TO APPROVE AGENDA ITEM NO. 8A WAS MOVED BY BOARD MEMBER ANDREW SCALISE, SECONDED BY BOARD MEMBER DARIA AKERS.

THE MOTION WAS APPROVED UNANIMOUSLY.

9. Matters of the Board

Board Chair Dan Sherrange provided an update on various advisory councils in the county that are currently active and expressed a need for greater involvement from the Community Services Board. Specifically, the Affordable Housing Advisory Council (AHAC) and the Consolidated Community Funding Advisory Committee (CCFAC) are two councils requesting regular representation from the Community Services Board. Although he did not have specific information on the frequency of AHAC meetings, he mentioned that CCFAC convenes every other month for approximately an hour and a half per session. More details to come. Lastly, the public hearing on the County Executive's Proposed FY 2024 Advertised Budget is scheduled for Thursday, April 18, 2024, at 3:00 p.m. CSB has reserved speaking slots #12, #13, and #14. The hearing will be held in the Board Auditorium at the Fairfax County Government Center. The board is seeking three volunteers. The first CSB board member volunteer will be allotted 5 minutes to testify, while the second and third volunteers will have 3 minutes each.

10. Committee Reports

A. Service Delivery Oversight Committee

Service Delivery Oversight Committee Chair Evan Jones expressed anticipation for the forthcoming meeting, highlighting notable presentations. Heather Norton, Assistant Commissioner of Developmental Services at the Virginia Department of Behavioral Health and Developmental Services, is expected to attend. Additionally, internal staff members LaVurne Williams, Director of Youth and Family, and Peter Steinberg, Program Manager at Healthy Minds Fairfax, will deliver presentations. The agenda also allocates more time for community partners to provide feedback. Evan noted the increasing attendance at previous meetings, indicating a growing synergy within the group. He expressed enthusiasm for the progress and presentations anticipated at the upcoming meeting. **The next Service Delivery Oversight Committee meeting is Wednesday, April 10, 2024, at 5:00 PM.**

B. Compliance and Executive Committee

Compliance and Executive Committee Chair Dan Sherrange highlighted positive outcomes from recent audits, both internal and external, demonstrating strong performance by the CSB staff in record-keeping and adherence to procedures. Specifically, a major audit by Kaiser resulted in nearly 100% compliance with their requirements, indicating the committee's effectiveness. Despite these successes, it is important to conduct root cause analysis for any discrepancies that may arise. While cases are collected and forwarded for adjudication, the committee remains vigilant in addressing concerns and maintaining high performance standards. **The next Compliance and Executive meeting are Wednesday, April 17, 2024, at 4:00 PM.**

C. Fiscal Oversight Committee

Acting Chair of the Fiscal Oversight Committee, Andrew Scalise, provided an update on the committee's discussion regarding the budget. He mentioned the ongoing status of the Virginia budget and the county-level initiatives relevant to the CSB. While the committee is cautiously optimistic about potential reductions in the CSB's budget at the county level, they remain vigilant until the final decisions are made. Andrew also highlighted the reports in the packets distributed to committee members, emphasizing the significance of tracking vacancy trends within the organization. **The next Fiscal Oversight Committee meeting is Thursday, April 18, 2024, at 4:00 PM.**

11. Closed Session

At 6:30 PM, a motion was offered, seconded, and passed to meet in closed session with legal counsel employed or retained by a public body to discuss consideration of employment assignments, as permitted by Virginia Code Section 2.2-3711(A)(29).

Board Chair Bettina Lawton requested a closed session with only Board Members and CSB Staff at 6:08 PM.

MOTION TO ENTER INTO CLOSED SESSION WAS MADE BY BOARD BETTINA LAWTON, SECONDED BY BOARD MEMBER ANDREW SCALISE.

MOTION TO ADOPT WAS APPROVED BY SHEILA COPLAN JONAS, JIM GILLESPIE, EVAN JONES, DARIA AKERS, ANNE WHIPPLE, ROBERT BARTOLOTTA, KAREN ABRAHAM, PATRICIA ZISSIOS, SRILEKHA PALLE, CAPTAIN DANIEL WILSON AND DAN SHERRANGE.

**Board Members participated in person*

At 6:57 PM, the Board reconvened the open session. At that time, a motion was offered, seconded, and passed with each member, certifying to the best of their knowledge that only public business matters were lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such general business matters identified in the motion to convene a closed meeting, were heard, discussed, or considered by the Community Services Board in closed session.

AT 6:57 PM MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY BOARD MEMBER DARIA AKERS TO RETURN TO PUBLIC MEETING

12. Adjournment

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Daria Akers. The motion was approved unanimously, and the meeting was adjourned at 6:57 PM.

Date Approved

CSB Board Clerk



FAIRFAX - FALLS CHURCH

**Community
Services Board**

Jail and Court Based Services

May 22, 2024

**Sarah Gary, LPC, NCC
Division Director**

AGENDA ITEM
#6.1

Division of Jail and Court Based Service



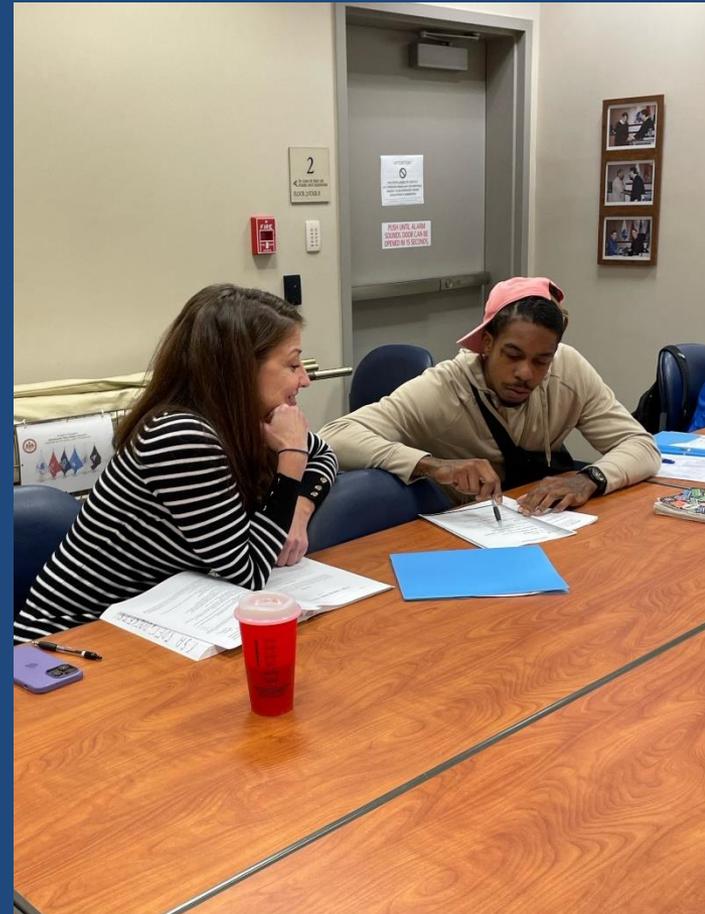
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**Community
Services Board**

Formerly Known As:
Diversion First

Overview

- About us
 - Who we are
 - What we do
- Budget, Metrics, Positions
- Looking Ahead



Division Leadership



- **Division Director**

Sarah Gary

- **Courts Based Behavioral Health Manager**

Martha Dunn-McCue

- **Jail Based Services Behavioral Health Manager**

Lea Moses

- **Jail Diversion Behavioral Health Manager**

Chris Barrows

What We Do



- Provide Behavioral Health Services for those incarcerated at the Fairfax County Adult Detention Center (ADC)
- Provide clinical support to individuals in Medication Assisted Treatment (MAT) at ADC
- Specialty Dockets
- Jail Diversion – Community team
- Diversion Engagement – Care coordination services
- Front Door CSB Assessments

Jail Based Services



- Provides behavioral health services to individuals while they are incarcerated at the Fairfax County ADC
- Support for individuals on Medication for Opioid Use Disorder (MOUD)
 - Two new contract positions through OAA funding
- New Position – Forensic Discharge Planner
 - Grant through DBHDS
 - Release Planners for Individuals with Serious Mental Illness
 - Follows individuals receiving services for at least 30 days in the community

Jail Diversion



Provides intensive, community-based case management for adults with serious mental illness.

- Severe functional impairments and recurrent arrests stemming from their psychiatric signs and symptoms
- **Criteria for services**
 - Charges stem from symptoms
 - Need for intensive case management
 - Need for case management to be in-person, in-community
- **Maximum capacity is 103 individuals**
 - County-wide Catchment Area
 - Ideally treated in the short-term and transitioned to lower level of care
 - Rolling Census to keep serving the most in-need
 - “Front Door” Program (most referrals involve clients unknown to CSB)

Jail Diversion

Mandatory Outpatient Treatment



- An outcome at the Commitment/Post Commitment Hearing for individuals who have received TDO
- Up to 180 days with or without a stepdown from involuntary hospitalization
- MOT Coordinator assists with linking the individual to treatment providers/programs
 - CSB, Community Providers, or Insurance
- Reports compliance and non-compliance to the Court and Special Justice
 - MOT can be continued, extended, or rescinded

Specialty Dockets

Veterans Treatment Docket

- High Risk-High Need Docket – Started February 2015
 - Minimum Program Length: 14 months
- Low Risk-High Need Docket – Started July 2022
 - Minimum Program Length: 11 months

Drug Court (Established December 2018)

- Minimum Program Length: 14 months
- New Track starting in Summer 2024
 - Target age: 18-24 years old
 - Position funded through OAA

Mental Health Docket (Established July 2019)

- Minimum Program Length: 12 months



Specialty Dockets



- Fairfax County Diversion First Programs overseen by the Supreme Court of Virginia
- Multi agency teams composed of court staff, probation, Office of the Public Defender, Commonwealth Attorney Office, Fairfax Sheriff's Department, and CSB
- The dockets follow guidelines established and regulated by the National Association of Drug Court Professionals (ALL RISE). They are monitored for fidelity to the model.

CSB's Role in Specialty Courts:

- **Staff on the Docket Teams:** Provide administrative oversight of the dockets, determine criminogenic and clinical eligibility using evidence-based tools, act as liaisons between all involved providers & and the agencies on the docket team.
- **As a Treatment Provider:** Dockets have participants in various CSB programs including directly operated and contracted residential, BHOP/IOP, ICM, ACT, Jail Diversion, Turning Point.

Division Engagement Team



Mission: To assist individuals identified as High Utilizers of Emergency Services and the Fairfax County Criminal Justice System follow through on connecting to ongoing treatment.

What we do: Partner with clients and their support systems to navigate the CSB intake process or to reconnect to CSB services. Temporary engagement and case coordination services to assist with getting intake assessments and following through on connecting to the identified ongoing treatment program.

The Diversion Engagement Team is community based and works with people in jail, emergency services, courthouse, shelters, etc. We can assist with phones, transportation, and other barriers that make it challenging to connect to the CSB. We can provide referrals to benefits and community resources while people are waiting to be picked up by a team.

Outpatient Competency Restoration



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Community
Services Board

- Forensic DBHDS service the state reimburses the CSB for providing
- Court ordered when an individual has been found to:
 - Lack factual or rational capacity to understand the proceedings against them.
 - or
 - Lack the ability to assist their attorney in their defense.
- Involves an education component to teach individuals about court proceedings and the law as well as any case management services that are needed to aid an individual in stabilizing their mental health symptoms to meet criteria for being Competent to Stand Trial (CST).
- **Goal:** For individuals to become CST so they can participate and understand what is going on when they prepare for and participate in their court hearings.

Courts Based Assessment Team



The CSB Assessment Team is a front door team based in the Fairfax County Courthouse. Assessment clinicians complete CSB intakes and referrals to services for individuals that are court ordered.

- **Adult Detention Center Assessments** are done by direct court order from a judge. Usually these are ordered when a bed-to-bed treatment is desired or to help a judge determine sentencing.
- **Office Based Assessments** are done when they are ordered as part of an individual's conditions of supervised release by the General District Court. Referrals for in office appointments are made by court services officers.

Contracted Services



- **GMU Empowered Community Opioid Project**

- **Alternative Paths Training School & Programs**

BUDGET, POSITIONS AND METRICS

Jail and Court Based Division

Division Budget



Funding Source

Local	Grants	Total
\$6.1M	\$3.5M	\$9.6M

Division Positions



60 Positions

Status	Vacancy Rate
Full-Time (Merit)	18.3%

- Peer Support Specialist – 2
- Behavioral Health Specialist I – 6
- Behavioral Health Specialist II – 21
- Behavioral Health Senior Clinician – 12
- Contract Position through OAA for MOUD – 2
- Behavioral Health Nurse – 3 and 30-hour Non-Merit position - 1
- Behavioral Health Supervisor – 10
- Behavioral Health Managers – 3

Metrics



Program	Individuals Served
Jail Based Services	FY 2023 2,675 Unique Individuals
Jail Diversion	FY 2023 96 Individuals
Diversion Engagement Team	December 2022 – March 2024 282 High Utilizers Served 37 Outpatient Restoration Cases

Metrics



Program	Individuals Served
Veterans Treatment Docket: High Risk/High Need	47 Graduates FY23 served 19 individuals
Veterans Treatment Docket: Low Risk/High Need	8 Graduates FY23 served 11 individuals
Drug Court	20 Graduates FY23 served 25 individuals
Mental Health Docket	35 Graduates FY23 served 28 individuals

Looking Ahead



Expected FY24 - FY25

- New Drug Court Track for 18 - 24-year-olds
- 2 OAA Funded Positions to Support MOUD at the ADC
- 2 STEP-VA Care Coordination Positions

Needs

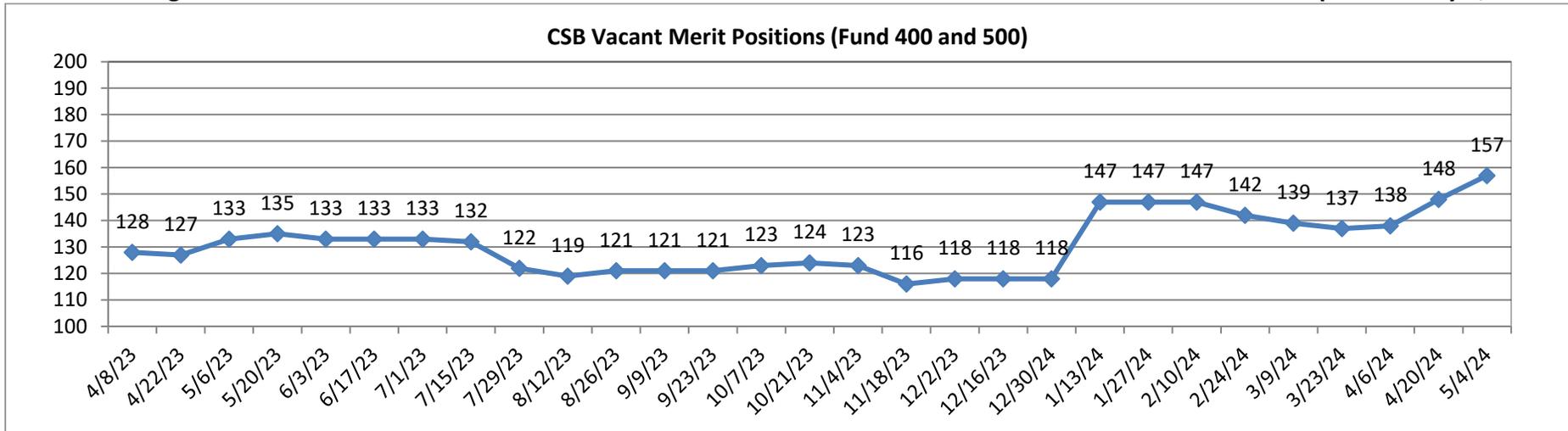
- Recruitment/Retention
- Re-entry Services
- Expand MOUD services
- Merit Position for MOUD



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**Community
Services Board**

Questions?



*Note: Increases in vacancies partially attributed to the establishment of 18 positions in January 2024, plus 10 established in April, and another 8 established in May

Vacancies in critical areas* *includes all merit positions (all funds – regular 400 and grant 500)

Division	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March		April		
Emergency Svcs/MCU	14	15	13	10	10	9	10	11	11	12	13	12	8 CIS	13	8 CIS	
													2 Peer Support Spec		2 Peer Support Spec	
													2 BHS II		2 BHS II	
															1 Emer/Mobile Crisis Unit Supv	
BHOP	9	11	10	11	11	10	8	7	8	10	9	10	4 BHS II	9	4 BHS II	
													1 BHS I		1 BHS I	
													2 BH Sr Clin		3 BH Sr Clin	
													2 BH Supv			
													1 Peer Support Spec		1 Peer Support Spec	
Youth & Family – Outpatient Svcs	5	7	7	5	7	5	4	4	4	17	18	18	11 BH Sr Clin	20	12 BH Sr Clin	
													5 BHS II		5 BHS II	
													2 Peer Support Spec		3 Peer Support Spec	
Support Coordination	10	9	9	10	7	7	6	5	7	10	8	6	6 DDS II	13	12 DDS II	
															1 DDS III	
Jail & Court-Based Svcs	11	13	13	8	8	5	6	8	9	13	12	9	4 BHS II	14	9 BHS II	
													1 BHS I			
													3 BH Sr Clin		4 BH Sr Clin	
													1 BH Supv		1 BH Supv	
EAR	3	4	3	3	1	2	1	1	1	1	1	1	1	1	1 LPN	0

On February 21, Change Healthcare, a subsidiary of United Health Group that provides healthcare billing and data systems, reported a widespread cybersecurity attack on its systems. The Department of Health and Human Services has [launched an investigation](#) into the attack and has issued [FAQs](#) related to the incident.

Fairfax County's Fire and Rescue Department contracts with Change Healthcare for patient transport billing, and the county's Health Department and Community Services Board contract with entities that utilize Change Healthcare services. Change Healthcare has not indicated whether Personally Identifiable Information (PII) from Fairfax County was accessed. If the county is notified that resident PII was accessed, the county will ensure that any affected residents are notified in accordance with federal and Virginia law.

Residents are encouraged to stay vigilant regarding scams, including potential scams related to this cyberattack. Consumers who receive unsolicited phone calls claiming to be related to the Change Healthcare cyberattack should not engage with callers and should never provide any banking, credit card or personal information. You can find additional tips for avoiding scams [here](#).

We continue to closely monitor this situation and will provide more information as it becomes available. Please email hipaacomplianceofficer@fairfaxcounty.gov with question.

2024 CSB Board and Committee Meetings

Fairfax-Falls Church Community Services Board

	Service Delivery Oversight Committee	Compliance Committee	Executive Committee	Fiscal Oversight Committee	CSB Board
2024 Meetings	2 nd Wednesday 5:00 PM	3 rd Wednesday 4:00 PM	3 rd Wednesday 4:30 PM	3 rd Thursday 4:00 PM	4 th Wednesday 5:00 PM
January	*	*	17	18	24
February	14	*	21	22	28
March	*	*	20	21	27
April	10	17	17	18	*
May	*	*	15	16	22
June	12	*	20	20	26
July	*	*	17	*	24
August	14	21	21	22	*
September	*	*	18	19	25
October	9	*	16	17	23
November	*	*	6**	14**	13**
December	4**	11**	11*	12**	*

*No Meeting

** Meeting date changed to accommodate holiday schedule

Accommodate: Thanksgiving, Christmas Day, and New Year's Day Holidays

Note: All in person Committee and Board meetings are held at the Sharon Bulova Center, Room 3-314, West

**CHARTER
AFFORDABLE HOUSING ADVISORY COUNCIL**

- TITLE:** **Affordable Housing Advisory Council (AHAC)**
This Charter is intended to promote a common understanding as to the Affordable Housing Advisory Council's purpose, duties and method of operation.
- DATE INITIATED:** July 1, 2021
- PURPOSE:** Recognizing that housing is foundational for all, the purpose of the Council is to provide recommendations to the Board of Supervisors, consistent with the One Fairfax initiative, regarding the implementation and achievement of the Communitywide Housing Strategic Plan, County resource requirements identified in the annual Budget Guidance, any additional adopted affordable housing development or preservation guidance, as well as recommendations on overarching policies and programs that synthesize County efforts related to both housing affordability and homelessness.
- STRUCTURE:** The Affordable Housing Advisory Council (AHAC) will include the Continuum of Care Committee (CoC). The Council and its Committee will each have separate governing documents to enable the successful implementation of duties. To ensure continuity between the Council and its Committee, the Chair of the CoC Committee will serve on AHAC.
- RESTRICTIONS:** None
- STAFF:** Director, Department of Housing and Community Development
- TERM:** Each Council member will serve a two-year term on alternating annual fiscal year cycles. The Co-Chairs will each serve four-year terms on alternating biennial fiscal year cycles.
- DUTIES:** The Council will:
- Use an equity lens in all its work and recommendations to determine who benefits and who is burdened by past and current actions, how to mitigate burdens, and how housing benefits might be more broadly shared and, by cultivating an inclusive culture that intentionally includes diverse perspectives and interests represented by individuals who reflect the County's diversity and are committed to housing affordability for all throughout the County;
 - Monitor and provide advice regarding the progress toward

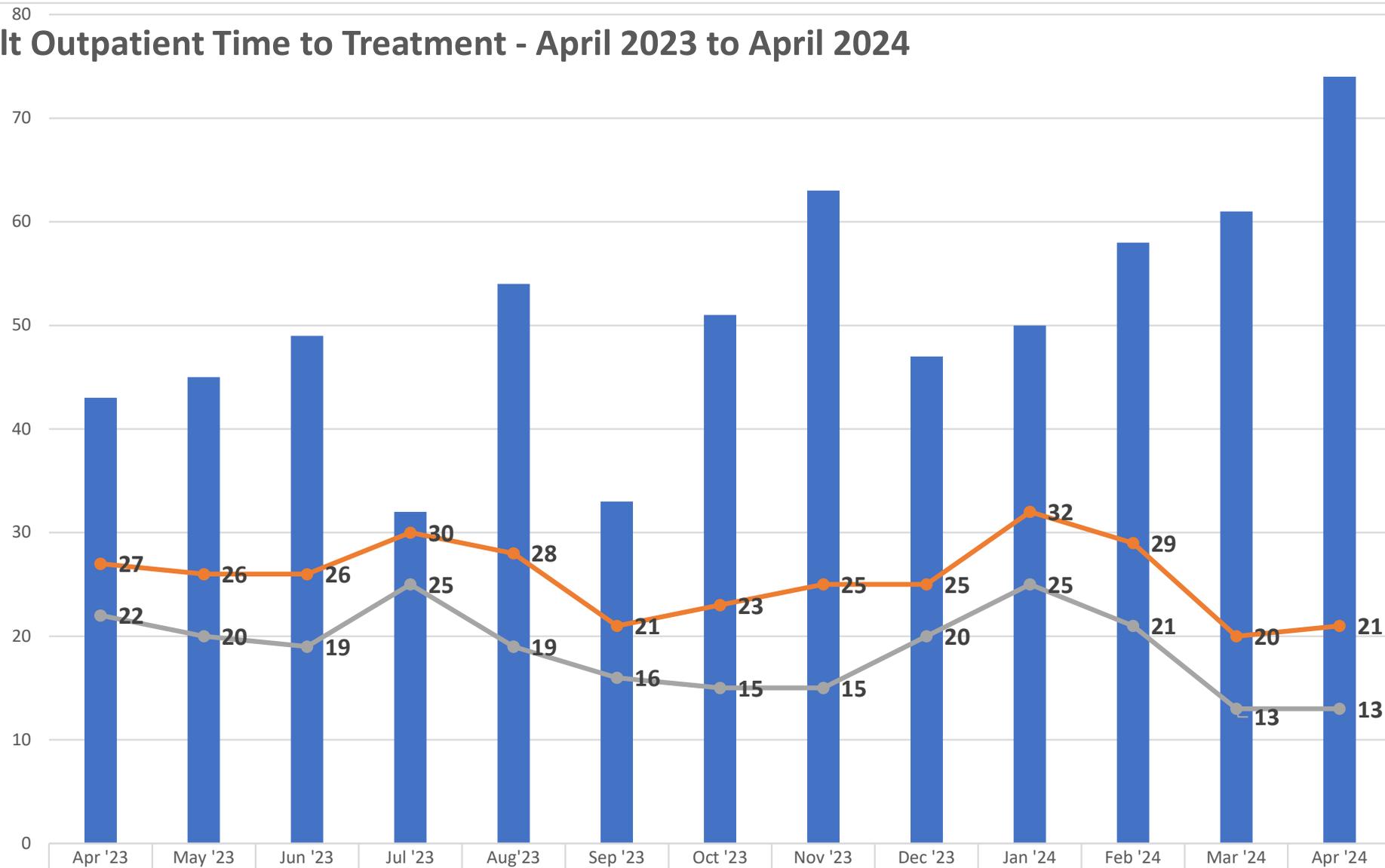
achieving the Communitywide Housing Strategic Plan recommendations, with a particular focus on the housing unit production and preservation goals specified by the Affordable Housing Resource Panel, included in the annual Budget Guidance, and any additional adopted affordable housing development or preservation guidance;

- Enhance community outreach by communicating with and educating the public about the benefits to the whole community of having housing that is affordable to all residents; the importance of preserving the affordable housing opportunities to prevent displacement and maintain affordable housing opportunities throughout the County; the importance and goals of the Communitywide Housing Strategic Plan, the Countywide Strategic Plan and any additional adopted or successor affordable housing development or preservation guidance, and resource requirements to achieve the goals;
- Recommend affordable housing development and preservation fund goals and priorities;
- Review and provide guidance for the use of funds allocated for the equitable development and preservation of affordable housing;
- Monitor effectiveness of affordable housing fund(s) on a biennial basis and suggest course corrections as needed;
- Recommend innovative affordable housing strategies;
- Review CoC Committee recommendations going to the Board of Supervisors to ensure alignment with the Communitywide Housing Strategic Plan;
- Synthesize and develop overarching policy and program recommendations for affordable housing and homelessness; and
- Understand housing affordability and homelessness challenges in the broader context of poverty, education, health, ability, economic mobility, and systemic racism.

METHOD OF OPERATIONS:

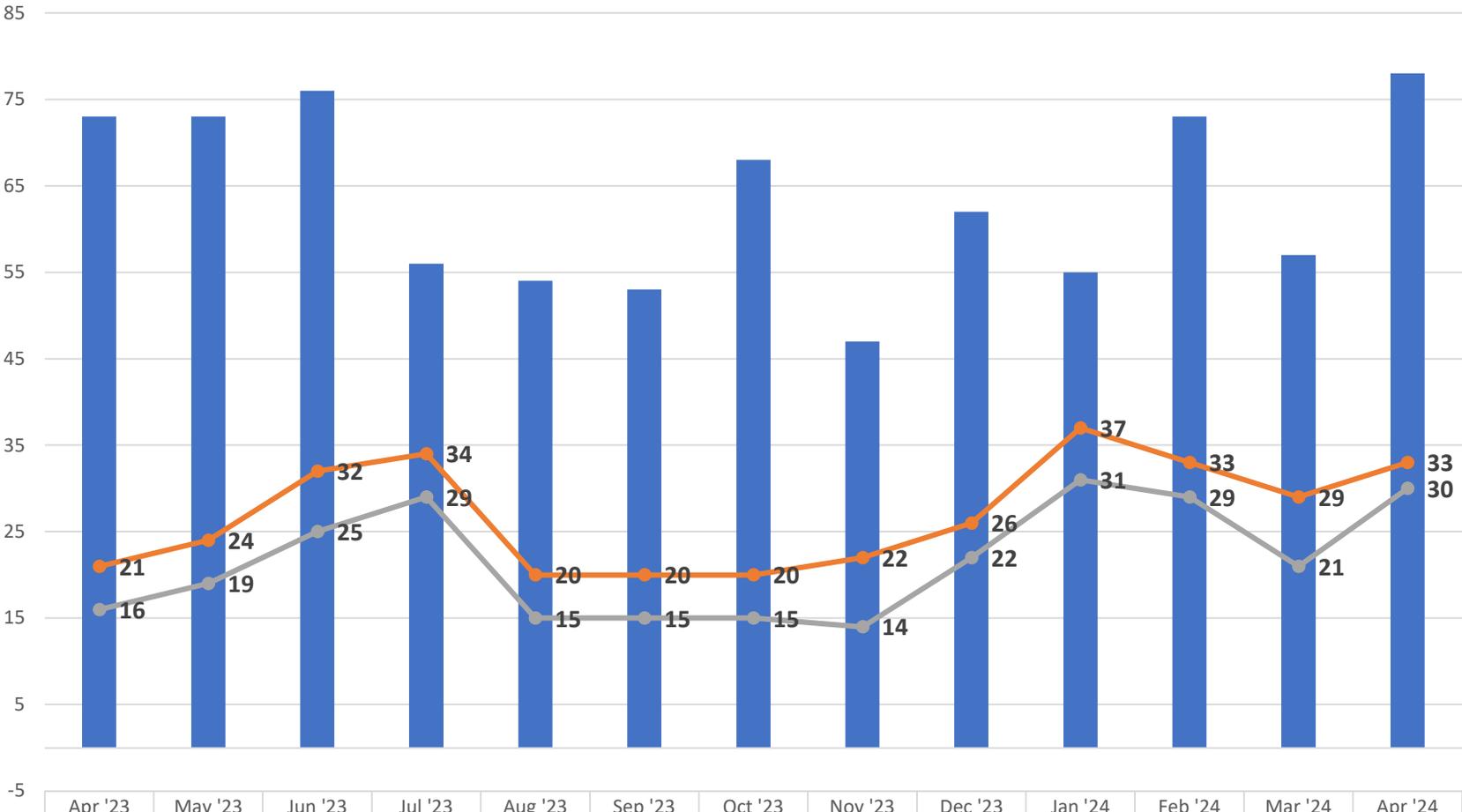
The Council will meet on a quarterly basis, and as needed. The Council may establish an Executive Committee, committees or working groups as needed to accomplish its goals. The Council will provide regular reports to the Board of Supervisors and County Executive, the Fairfax County Redevelopment and Housing Authority and other related boards, authorities and commissions, as needed to ensure progress in achieving the Communitywide Housing Strategic Plan, the Countywide Strategic Plan and any additional adopted or successor affordable housing development or preservation guidance.

Adult Outpatient Time to Treatment - April 2023 to April 2024



■ # Adults Who Attended 1st Treatment Appt	43	45	49	32	54	33	51	63	47	50	58	61	74
—●— Average # Days from Assessment to Treatment	27	26	26	30	28	21	23	25	25	32	29	20	21
—●— Average # Days from Assessment to 1st Available / Accepted Appt*	22	20	19	25	19	16	15	15	20	25	21	13	13

Youth Outpatient Time to Treatment - April 2023 to April 2024



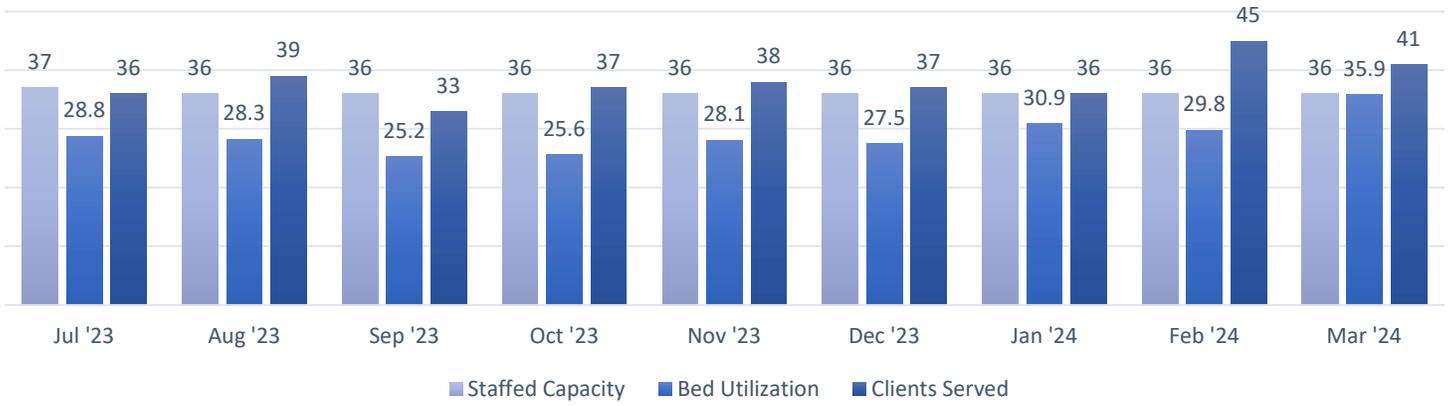
# Youth Who Attended 1st Treatment Appt	73	73	76	56	54	53	68	47	62	55	73	57	78
Average # Days from Assessment to Treatment	21	24	32	34	20	20	20	22	26	37	33	29	33
Average # Days from Assessment to 1st Available / Accepted Appt*	16	19	25	29	15	15	15	14	22	31	29	21	30

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

FY 2024 SUD Residential Capacity & Utilization by Month

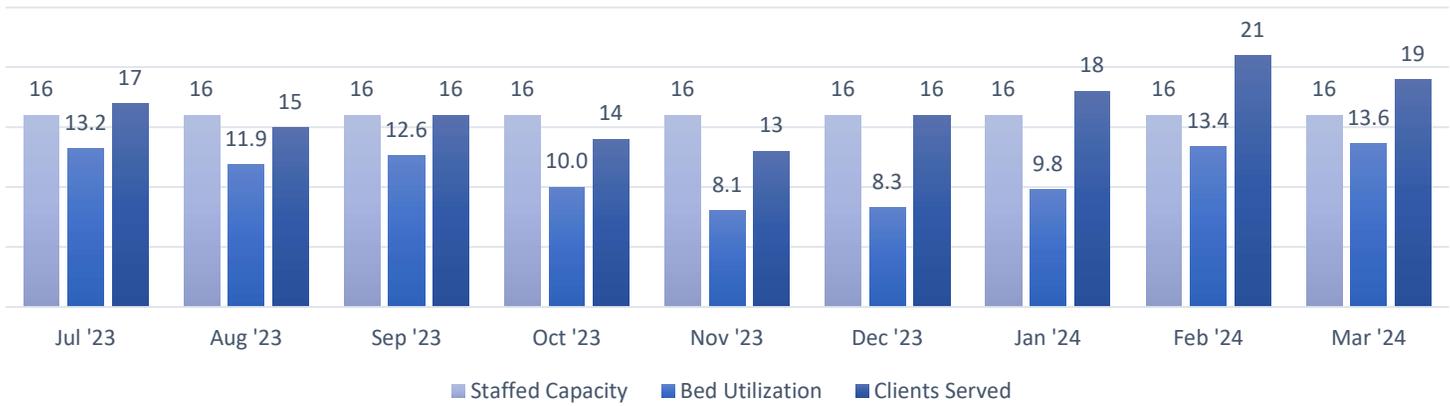
Long Term Residential Bed Capacity & Utilization

Licensed Capacity = 77 beds



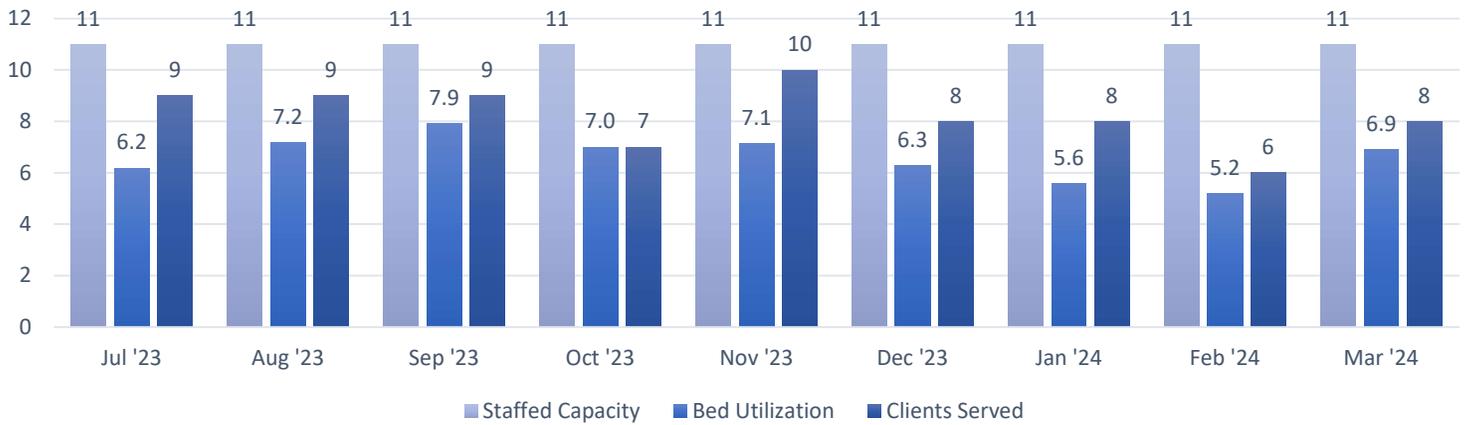
Intermediate Residential Bed Capacity & Utilization

Licensed Capacity = 35 beds

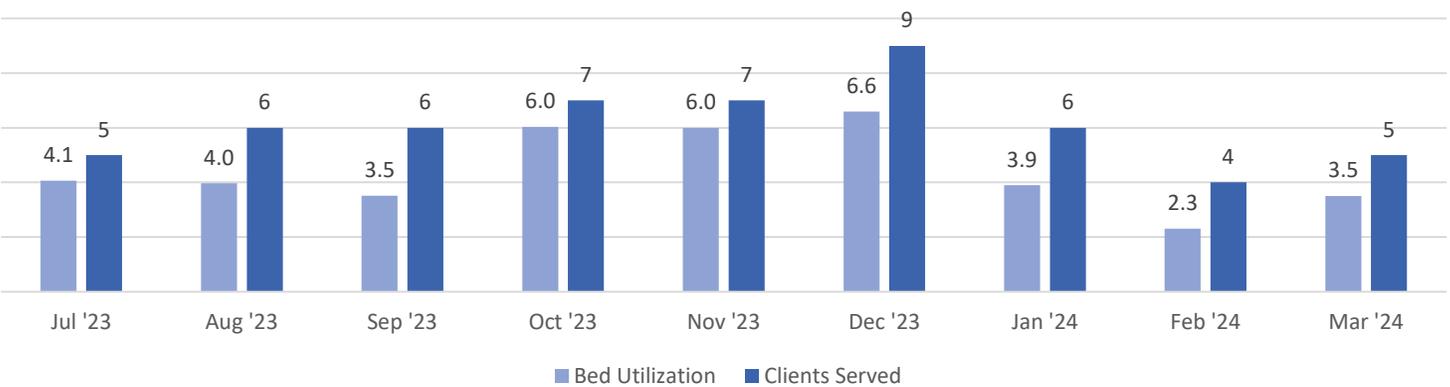


Cornerstones Residential Bed Capacity & Utilization

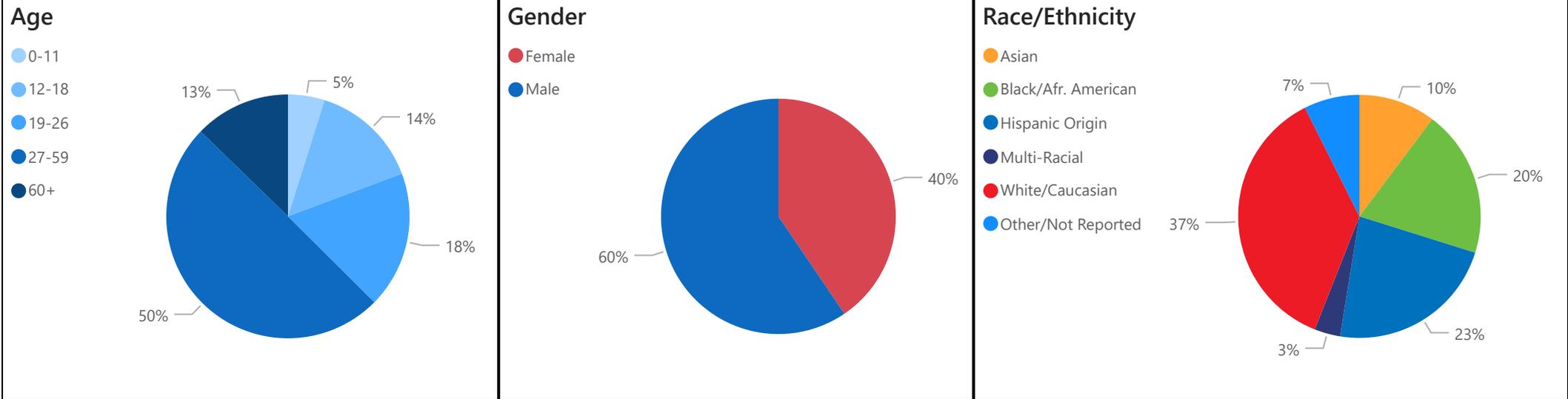
Licensed Capacity = 16 beds



Contract Bed Utilization

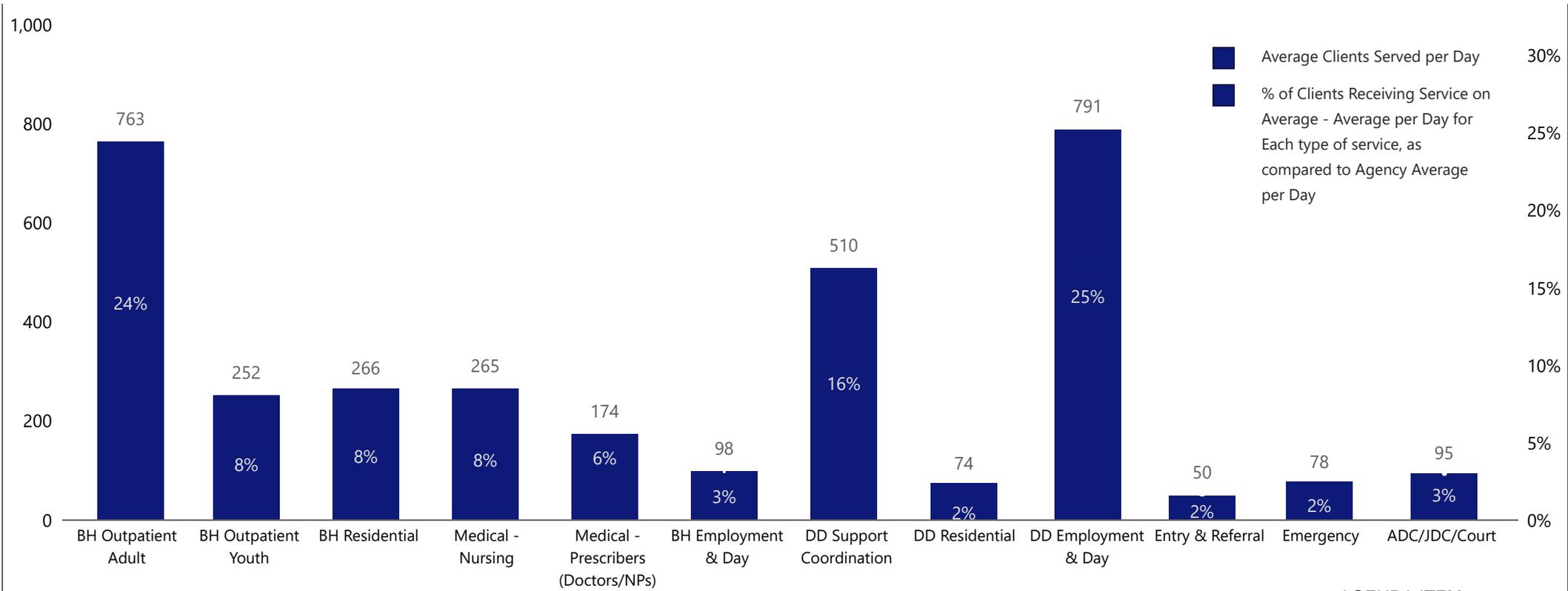


CSB Status Report



Average Clients Served per Day by Type of Service - March 2024

Agency Average Served per Day in March 2024 = 2,932





Individuals Served by Month by Type of Service Mar'23 - Mar'24

Service Area	Mar'23	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23	Oct'23	Nov'23	Dec'23	Jan'24	Feb'24	Mar'24	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	10,032	9,646	9,905	9,677	9,245	9,746	9,682	9,748	9,432	9,392	9,735	9,730	9,717	-0.1%	-3.1%	22,657
BH Outpatient Adult	3,412	3,259	3,334	3,258	3,227	3,294	3,149	3,220	3,217	3,209	3,343	3,354	3,374	0.6%	-1.1%	5,580
BH Outpatient Youth	1,146	1,142	1,178	1,166	1,070	1,064	1,046	1,070	1,078	1,074	1,113	1,142	1,136	-0.5%	-0.9%	2,210
BH Residential	470	455	460	445	438	437	423	446	419	409	415	421	412	-2.1%	-12.3%	1,459
Medical - Nursing	1,522	1,400	1,333	1,316	1,405	1,416	1,385	1,453	1,378	1,314	1,381	1,366	1,449	6.1%	-4.8%	3,602
Medical - Prescribers	2,932	2,489	2,728	2,569	2,490	2,684	2,425	2,684	2,446	2,339	2,589	2,573	2,523	-1.9%	-13.9%	6,469
BH Employment & Day	327	304	323	322	317	324	269	294	315	306	317	308	328	6.5%	0.3%	648
DD Support Coordination	2,858	2,729	2,801	2,734	2,544	2,862	2,800	2,693	2,603	2,616	2,741	2,730	2,724	-0.2%	-4.7%	5,444
DD Residential	79	79	78	78	78	78	78	77	77	77	77	75	74	-1.3%	-6.3%	79
DD Employment & Day	1,163	1,143	1,149	1,075	1,068	1,177	1,198	1,213	1,215	1,211	1,192	1,203	1,204	0.1%	3.5%	1,370
Entry & Referral (EAR)	801	731	789	738	657	746	734	649	652	571	608	668	656	-1.8%	-18.1%	5,768
EAR Screenings	556	452	530	489	450	486	483	430	452	381	437	463	480	3.7%	-13.7%	4,675
EAR Assessments	279	203	218	146	132	173	167	163	196	147	200	196	188	-4.1%	-32.6%	2,131
Emergency	1,001	836	995	891	839	947	997	1,051	937	1,005	1,067	1,031	1,001	-2.9%	0.0%	7,215
ADC/JDC/ Court	678	599	577	602	546	622	685	696	621	614	652	638	699	9.6%	3.1%	2,844

* Monthly variance compares current month to previous month; Yearly variance compares current month to the same month in previous calendar year (Ex: May 2021 compared to May 2020). Number Served Past 12 Months is an unduplicated count of clients served in each area in the 12 months prior to end of the reporting period (ex: June 2021 - May 2021).

Service Definitions

All	Includes all individuals receiving services from the Community Services Board. Includes services for people of all ages who have mental illness, substance use disorders and/or developmental disabilities.
BH Outpatient Adult	Individuals receiving services from adult outpatient behavioral health programs. Includes the following service areas/programs: Behavioral Health Outpatient (BHOP) - MH Outpatient, MH Case Management, SUD Intensive Outpatient, Turning Point, Partial Hospitalization; Intensive Community Treatment - Intensive Case Management, PACT, Discharge Planning, PATH; Jail Diversion; Medication Assisted Treatment. Includes individuals receiving engagement, monitoring and treatment services.
BH Outpatient Youth	Individuals receiving services from youth behavioral health outpatient programs. Includes the following service areas/programs: Youth & Family Outpatient - MH Outpatient, MH Case Management, SUD Outpatient; Youth & Family Intensive - Wraparound Fairfax, Resource Program, Youth Discharge Planning. Includes individuals receiving assessment, monitoring, and treatment services.
BH Residential	Individuals receiving services from behavioral health residential programs. Includes the following service areas/programs: Supportive Community Residential - directly operated and contracted residential services; SUD Residential Treatment - Crossroads, Cornerstones, A New Beginning, New Generations; Youth Residential - Leland House; Wellness Circle Residential Crisis Stabilization, Fairfax Detoxification.
Medical - Nursing	Individuals receiving Nursing services in an outpatient setting.
Medical - Prescribers	Individuals receiving services from a prescriber (psychiatrist or nurse practitioner). Services are provided in a variety of treatment settings, including outpatient, residential, assessment, and emergency services.
BH Employment & Day	Individuals receiving behavioral health individual or group supported employment services.
DD Support Coordination	Individuals receiving developmental support coordination services. Includes individuals receiving targeted case management, monitoring, and assessment services.
DD Residential	Individuals receiving developmental disability residential services. Includes directly operated group homes and apartments, and locally funded contracted residential placements.
DD Employment & Day	Individuals receiving developmental day support services; individual, group, or sheltered employment services; and self-directed services. Includes both waiver and locally-funded services.
Entry & Referral (EAR)	Individuals receiving behavioral health entry and referral services. Includes Adult & Youth walk-in screening and assessment clinical services, case coordination, and call center referrals.
EAR Screenings	Individuals receiving behavioral health screening services at Entry & Referral.
EAR Assessments	Individuals receiving behavioral health assessment services at Entry & Referral.
ADC/JDC/Court	Individuals receiving CSB jail-based or court services. Includes CSB services provided at the Adult Detention Center, Juvenile Detention Center and adult participants in specialty court dockets (Veterans' Docket, Mental Health Docket, Drug Court).

Notes:

Page 1:

- Demographics – Typically little change in demographics over time. Reflects demographic characteristics of all individuals served in the reporting month.
- Average Clients Served per Day by Type of Service – Compares average served per day in each service area to the agency-wide average number served. Individuals may receive more than one type of service per day and totals may be greater than 100%.

Page 2:

- Numbers reported show the unduplicated number of clients served in each service area. Individuals may receive multiple services each month within a service area and may receive more than one type of service each month.
- The Monthly Variance compares the reporting month to the prior month. The Yearly Variance compares the reporting month to the same month in the previous calendar year.
- All Individuals Served – The number of individuals served overall is relatively unchanged compared to the prior month. There have been recent increases in youth behavioral health outpatient, developmental support coordination, employment & day, medication assisted treatment, and emergency services programs, along with some decreases in residential programs that are reducing program census through attrition.
- BH Outpatient Adult – The number of individuals served has been trending higher over the past several months, partly due to increases in adult case management & outpatient therapy, medication assisted treatment, and ACT services.
- BH Outpatient Youth – This service area typically sees an increase in referrals and individuals served in the late fall that continues throughout the school year and drops off over the summer months. The number of individuals served has been trending higher over the past few months.
- BH Residential – The number of individuals served has decreased compared to March 2023 partly due to reductions through attrition in the Residential Intensive Care (RIC) program.
- Medical – Nursing & Prescribers (Psychiatrists & Nurse Practitioners) serve individuals in a variety of treatment settings. There is regular fluctuation in the number of clients served based on the needs of the clients.
- BH Employment & Day – The number of individuals served has been trending higher over the past several months, partly due to increases in the Supported Employment program as they've been able to fill vacant positions.
- DD Support Coordination – There is typically monthly variation based on quarterly and annual review cycles. The number of individuals served has leveled off over the past few months and is expected to increase in the future due to the allocation of additional waivers in the upcoming year.
- DD Residential – Includes all individuals served in directly operated residential programs and locally-funded contract placements. The number of individuals served each month is trending lower overall due to reductions in the directly operated group home census and locally funded contract placements through natural attrition. New residential placements through community partners are waiver funded.
- DD Employment & Day – There has been an upward trend in this service area with a 4% increase over the prior year due to new graduate placements and people returning to service who had deferred during the pandemic. This service area experiences reductions over the summer months due to the summer break for some self-directed services.
- Entry & Referral – The number of individuals receiving screening services is trending higher over the past few months. Entry & Referral is in the process of refining their business processes and piloting a new model with the goal of improving efficiency, reducing client wait times, and placing focus on screenings to more quickly identify clients who need to move forward to an assessment, or link them to community resources when appropriate.
- Emergency – There is monthly fluctuation in the demand for Emergency services. All individuals who present for services are evaluated by Emergency services staff. There have been increases in the individuals served in recent months due to the expansion of the Co-Responder program and an increase in the number of individuals served by the Community Response and Mobile Crisis teams.
- ADC/JDC/Court – The number of individuals served has increased by 10% compared to the prior month, partly due to increases in the adult detention center as that program has filled a number of positions.