CSB Fiscal Oversight Committee

Pennino Building,
12011 Government Center Parkway, Suite 836
Fairfax, VA

September 20, 2019, 9:30 a.m.

Meeting Agenda

Agenda Item	Facilitator
1. Meeting Called to Order	Jennifer Adeli
2. Review of August 17th Meeting Minutes	Jennifer Adeli
3. Financial Status	Jessica Burris
A. Pay Period Metrics	
B. Modified Fund Statement	
C. Variable Revenue Report	
D. Non-Billable Report	
4. Deputy Director, Administrative Operations Report Out	Bill Hanna
A. FY2019 Carryover	
5. Director Report Out	Daryl Washington
A. FY2021 Budget in Concept	
B. HMA Report-Health Informatics and Revenue Cycle Management	
6. HR Update	Lyn Tomlinson
A. Position Status	Bill Hanna
7. Deputy Director, Clinical Operations Report Out	Lyn Tomlinson
A. Diversion First	
B. Time to Treatment	
8. Open Discussion	
A. October Meeting Date	
9. Adjourn	

CSB Fiscal Committee Meeting Minutes

Date: August 16, 2019

Attending: Chair, Jennifer Adeli; Basilio 'Sonny' Cachuela, Jr.; Suzette Kern; and Bettina Lawton

Absent: Ken Garnes and Edward Rose

Staff: Bill Hanna; Lyn Tomlinson; Daryl Washington

Summary of Information Shared/Decisions:

Jennifer Adeli called the meeting to order at 9:35 a.m.

Review of meeting minutes

The July 19, 2019 meeting minutes were presented for review. Recognizing no revisions were forthcoming, Suzette Kern made a motion to approve the minutes as presented, which was seconded and approved.

Financial Status

Bill Hanna provided an overview of the Financial status, noting that projections remain on budget. Additional highlights include:

Pay Period Metrics – A reminder was offered that the FY2019 Accrual Reversal reflects payroll adjustments for the end of FY2019. It was noted that the discrepancy between Pay Period 15 Actuals and Target is primarily attributed to an increase in Overtime and Non-Merit Salaries likely in accommodation of the increased number of staff on vacation during the summer months as well as staff turnover in residential programs.

Modified Fund Statement – Providing an overview of the FY2020 July Fund Statement, Mr. Hanna clarified that the projections mirror the approved budget numbers, offering a reminder that providing projections is difficult for the first month of a new fiscal year. Further highlights include:

- The Statement (Variance from Budget) reflected funds that had been entered incorrectly for Medicaid Options instead of (correctly) for Medicaid Waiver. The budget correction will be reflected in the August Fund Statement that will be provided in the September Committee meeting materials.
- The current analysis of the first quarter FY2020 revenue and expenses is anticipated to be concluded at the end of September. With approval of DMB (Department of Management and Budget) the analysis results are projected to result in substantial budget changes, most significantly with Personnel and Operations. CSB staff will ensure the Committee is kept informed on the planned changes as well as the methodology utilized in identifying the changes.
- A footnote detailing the DBHDS (Department of Behavioral Health and Developmental Services) retention of approximately $4M in Medicaid funding will be added to the Fund Statement.
- It was clarified that the approximately $1.2M in the Diversion First reserve is intended to support Medical Clearance efforts; the footnote will be revised to reflect this purpose.

Variable Revenue and Non-Billable Report – Mr. Hanna, noting new revenue charts were provided in the meeting materials, clarified that the charts illustrate variable (not fixed) revenue and provided an overview of the data. Highlights included:

- The blue bar is the monthly revenue collected, it does not reflect when the service was provided or when billing occurred. The green line illustrates the budgeted target revenue. The red dotted line illustrates what is needed to meet the DBHDS projected Medicaid Expansion revenue of approximately $4.4M.
- Mr. Hanna confirmed that billing for several previously non-billable services, as identified on the Non-Billable Summary, was implemented in August and includes injectable medications, ARTS-IOP (Addiction Recovery Treatment Services-Intensive Outpatient), and services provided by LMHP-Type (Licensed Mental Health Professional) license eligible staff. It was confirmed that Informatics staff has developed a correction in Credible to assist with the LMHP-Type license-eligible supervision and credentialing billing concerns. Additionally, a review of missed billing opportunities has been initiated to support ongoing back billing efforts.
- As billing is implemented, regular and consistent checks and balances for billing accuracy is managed through reviews by the CSB Office of Compliance & Risk Management and by clinical staff.
- It was reported that services provided through VA Premier, one of six Medicaid Managed Care Organizations in Virginia, will be provided for the Northern Virginia region through Kaiser once the agreements have been finalized.

FY2019 End of Year Report

Jennifer Adeli directed attention to a copy of the FY2019 End of Year Report that was included in the meeting materials. It was reported that, barring further edit recommendations, the Report, as presented in this meeting, will be submitted at the August CSB Board Executive Committee meeting. Following approval at the Executive Committee, the Report will be submitted to the full CSB Board for approval to submit to the Board of Supervisors once all financial data has been received and inserted. The cover letter is in development by Bettina Lawton and Jennifer Adeli.

Human Resources (HR) Update

Lyn Tomlinson and Bill Hanna provided some highlights of the current report that include:

- There are currently only 91 vacant general merit vacancies, noting that efforts by Donna Chittum, Recruiter, has contributed significantly to successful hiring practices.
- The critical vacancies update included:
    - The ad closed for three Crisis Intervention Specialists (CIS) working in Emergency Services/MCU (Mobile Crisis Unit) and interviews are scheduled to start soon.
    - Noting low vacancies for Behavioral Health Outpatient Services (BHOP) it was clarified that training and orientation of new staff typically takes 6-8 weeks resulting in a delay until a case load can be assigned. It was further clarified that this impacts time to treatment, a topic that will be discussed later in the meeting.
    - Offers have been made to fill all six of the Youth & Family Outpatient Services Senior Clinician vacancies.
    - There are vigorous and ongoing efforts to fill the Support Coordination vacancies.

- The ad to fill four Behavioral Health Specialist II (BHSII) positions for the ADC/Jail Diversion team recently closed, resulting in 28 resumes under consideration.
- Three of the four vacant Management Analyst II (MAII) positions in Compliance & Risk Management have been filled with the new staff starting on Monday, August 19th. Interviews for the vacant Compliance Coordinator position start on Thursday, August 22nd.

Clinical Operations Report

Lyn Tomlinson provided updates to Diversion First and Time to Treatment, some highlights of which include:

Diversion First – copies of the Jail Based and Jail Diversion Organizational Charts were included in the meeting materials. Highlights of the information included

- The Jail Based chart included the three BHS II vacancies noted earlier in the HR Update. Additionally, the chart has been revised to list the four prescribing practitioners two of which are medical doctors (MD) and two of which are Advanced Registered Nurse Practitioners (ARNP). The prescribers are supervised by Behavioral Health Manager Sarah Gary. It was clarified that CSB Medical Director Colton Hand is also greatly involved.
  - It was reported that CSB staff will begin attending NAMI (National Alliance on Mental Illness) meetings that are held at the jail when the meetings resume in September.
- The Jail Diversion chart reflected two current vacancies.
- Additional Diversion First updates included:
  - The Crisis Response Team (CRT) in Emergency Services has begun operating 5 days each week, noting there were 27 individuals seen over 55 visits in the past quarter. It was reported that the service most needed by the high-utilizer callers are basic Case Management. A referral database has been developed and will be released to Public Safety with an eventual goal of including Fairfax City and other localities over time.
  - Woodburn Place Crisis Care has received approval to begin providing TDO (Temporary Detention Order) beds beginning Monday, August 19, 2019.
- Time to Treatment charts for both adult and youth outpatient services were updated to reflect the number of individuals who attend their first treatment appointment within a given time range, e.g. 1-15 days, 16-30 days, etc. Committee members and CSB staff engaged in robust discussion including data interpretation, attendance trends, and continued outreach to individuals who are waiting for a preferred service, are non-responsive to outreach, or are no-shows to their first appointment. Additional highlights included:
  - There is a goal to capture data for 'first appointment offered' in which an individual may decline the first offered appointment, at which time the first appointment agreed to and scheduled is likely to be outside of the 10-day wait time requirement with STEP-VA (System Transformation Excellence Performance) and DBHDS.
  - DBHDS and the VA CSB's serve on a Data Management Committee (DMC). The DMC is a joint effort to identify the measures for meeting the 10-day wait time requirement. It is anticipated that the measures may include first appointment attended, or first appointment offered. Once a decision is reached, the Board will be informed.

- During the wait for a first appointment there are ongoing outreach efforts that include assessment and triage to provide a timely response to individuals who are assessed with critical needs. Responses may include referrals to crisis services such as CSB Emergency Services Mobile Crisis Unit (MCU), APH (Adult Partial Hospitalization), or Detox. It was confirmed that these initial appointments to crisis services are also captured in the time to treatment outpatient data.
- Given the detailed data provided in the new chart, it was determined that the previous 'Time from Assessment to Treatment' chart would be discontinued.
- Referring to the charts that provide wait times by site, it was noted that these charts also illustrate over-all decreased wait times.

Open Discussion

- It was reported that efforts to establish medical clearance at the MCRC (Merrifield Crisis Response Center) with Inova have been halted due to continued delays. Continued efforts to establish medical clearance at the MCRC will be focused elsewhere. Additional information will be provided as it becomes available.
- Referring to a report provided at the July Fiscal Oversight Committee meeting on implementing the WIN (Welcoming Inclusion Network) recommendations, members requested an update on the projected savings by each year of the 5-year plan. Daryl Washington, offering to collect and provide some preliminary data, offered a reminder that the WIN recommendations are primarily designed as a 'cost avoidance' not a 'cost savings', noting that while the recommendations are intended to slow the growth of the programs, there is an anticipated annual expense increase of approximately $2M.

Noting no further discussion was forthcoming, the meeting was adjourned at 11:14 a.m.

Action Items/Responsible Party Required Prior to Next Meeting:

Staff will provide details of the Capital Projects HS000038 listed as an expenditure on the Fund Statement. It was emphasized that no funding is assigned to this item.

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Fiscal Oversight Committee meeting

Friday, September 20, 2019, 9:30 am. Pennino Building, 12011 Government Center Parkway, Suite 836A, Fairfax, VA

Date Approved

Staff to the Board

FY 2020 Pay Period Metrics

Category/GL	FY 2020 Budget	PP Target July-Dec PP 14-26	PP Target Jan-June PP 1-13	Check
Merit Salary	$74,471,595	$2,864,292	$2,864,292	$74,471,595
Non-Merit Salary	$6,229,264	$239,587	$239,587	$6,229,264
Shift	$216,400	$8,323	$8,323	$216,400
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	$37,075,699	$1,391,208	$1,460,769	$37,075,699
TOTAL	**$120,048,786**	**$4,582,481**	**$4,652,041**	**$120,048,786**

Actual Data	FY 2019 Accrual Reversal	PP 14 Actual	PP 15 Actual	PP 16 Actual	PP 17 Actual	PP 18 Actual	PP 19 Actual	PP 20 Actual	PP 21 Actual	Year to Date
Merit Salary	($1,360,313)	$2,766,680	$2,837,531	$2,860,167	$2,846,551					$9,950,617
Non-Merit Salary	($151,525)	$272,607	$303,507	$302,787	$303,649					$1,031,026
Shift	($4,096)	$7,442	$7,780	$7,903	$7,736					$26,765
OT	($29,713)	$119,130	$54,423	$66,734	$64,897					$275,471
Stipends	($7,187)	$11,885	$13,885	$13,885	$12,435					$44,902
Leave Pay-Out	($579)	$19,784	$1,871	$2,890	$19,159					$43,124
Fringe	($654,746)	$1,368,389	$1,369,976	$1,381,859	$1,373,468					$4,838,946
TOTAL	**($2,208,158)**	**$4,565,917**	**$4,588,972**	**$4,636,225**	**$4,627,896**		**$0**	**$0**	**$0**	$16,210,852

Fairfax-Falls Church Community Services Board
Fund 40040
FY 2020 August Statement

		FY 2020 Approved Budget	FY 2020 YTD Budget	FY 2020 Actuals Thru August 2019	Variance from YTD Budget
Beginning Balance		**25,661,360**	**25,661,360**	**25,661,360**	
F	Fairfax City	1,957,610	-	-	-
F	Falls Church City	887,299	-	-	-
F	State DBHDS[1]	11,886,443	1,981,074	1,696,296	-284,778
F	Federal Pass Thru SAPT Block Grant	4,053,659	675,610	783,108	107,498
V	Direct Federal Food Stamps	154,982	25,830	21,210	-4,620
V	Program/Client Fees	4,011,751	668,625	544,987	-123,638
V	CSA	858,673	143,112	264,666	121,554
V	Medicaid Option	8,537,500	1,422,917	843,806	-579,111
V	Medicaid Waiver	2,651,345	441,891	1,158,302	716,411
V	Miscellaneous	14,100	2,350	24,062	21,712
	Non-County Revenue	35,013,362	5,361,409	5,336,437	-24,972
	General Fund Transfer	146,575,985	146,575,985	146,575,985	0
Total Revenue		**207,250,707**	**177,598,754**	**177,573,782**	**-24,972**
	Compensation	82,973,087	12,765,090	11,400,580	1,364,510
	Fringe Benefits	37,075,699	5,703,954	4,858,613	845,341
	Operating	63,279,541	10,546,590	8,702,891	1,843,699
	Recovered Cost (WPFO)	(1,738,980)	-289,830	-	-289,830
	Capital	-		145,927	-145,927
	Transfer Out- Capital Project HS000038	-			
Total Expenditures		**181,589,347**	**28,725,804**	**25,108,011**	**3,617,793**
Ending Balance		**25,661,360**	**148,872,950**	**152,465,771**	**3,592,821**
	DD MW Redesign Reserve[2]	2,500,000			
	Medicaid Replacement Reserve[3]	2,800,000			
	Opioid Epidemic MAT Reserve[4]	300,000			
	Diversion First Reserve[5]	1,244,245			
Unreserved Balance		**18,817,115**	**148,872,950**	**152,465,771**	**3,592,821**

Key

F Fixed Annual Allocations

V Variable Revenue based on number of services provided and total billing collections

Reserve

1 FY20 Budget for State Funds of $11.9M is overstated and based on prior year fund allocations. Due to Medicaid Expansion, DBHDS reduced our revenue by ~$4M ($4.4M due to Medicaid Expansion, offset by ~$400K for COLA).

2 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.

3 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.

4 The Opioid Use Epidemic Reserve provides flexibility, consistent with the Board of Supervisors' FY 2018-FY 2019 Budget Guidance, as the County continues to work with national, state, and regional partners on strategies to combat the opioid epidemic.

5 The Diversion First Reserve represents one-time savings that were realized in FY 2017 as a result of longer than anticipated recruitment times to fill new positions and savings in operating expenses to pay for medical clearances. This funding will be reallocated as part of a future budget process based on priorities identified by the Board of Supervisors.

FY 2020 Fiscal Notes

For the August 2019 reporting period, the Modified Fund Statement has been updated to include the August YTD actuals. Additionally, a FY20 YTD budget column has been added to compare YTD actuals to YTD budget.

The first projections for FY 2020 will be presented to the CSB Fiscal Committee as part of the October 2019 meeting. *Thank you!*

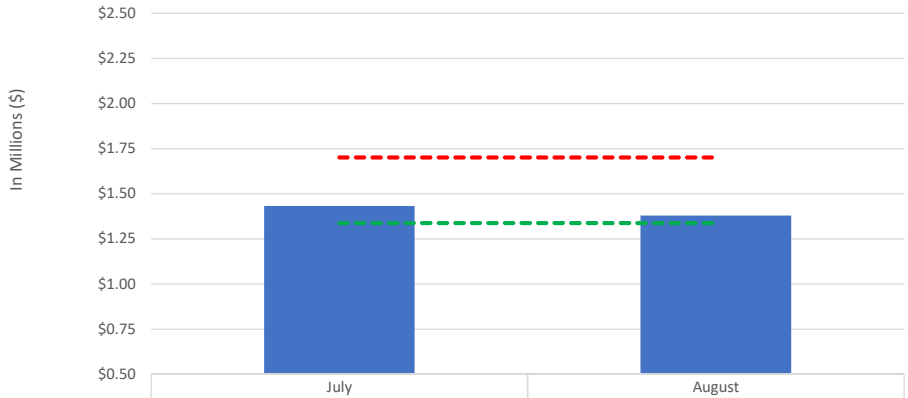
FY 2020 Adopted Budget – Board Hearing, May 7, 2019

An overview of the FY2020 Adopted Budget action items:

- The Board of Supervisors approved the following employee pay increases: 2.1% Market Rate Adjustment; 2% (average) Performance Increase and Longevity increases.
- $2.5m for June 2020 special education graduates and other individuals eligible for DD employment and day services.
- $2.1m second year funding to continue addressing the opioid epidemic.
- $1.2m for 6.0 full time merit positions to expand Diversion First efforts, this includes 2.0 Crisis Intervention Specialists and 4.0 Jail Diversion positions.
- $0.9m in contract rate adjustments
- $0.6m for 5.0 full time merit positions to provide support coordination services for new individuals receiving a DD waiver.

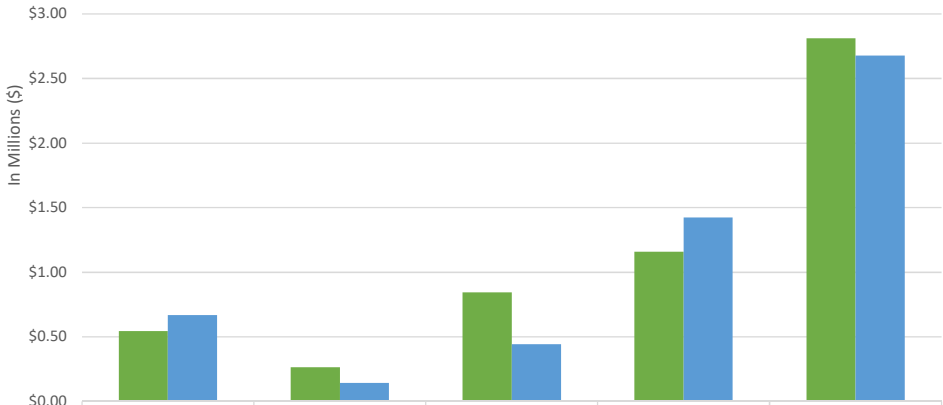
FY20 Revenue Analysis

Revenue by Month
FY20 August
Year to Date
Actuals vs. Target



	July	August
Actuals	$1,432,812	$1,378,949
Target	$1,338,272	$1,338,272
Adjusted Target*	$1,701,533	$1,701,533

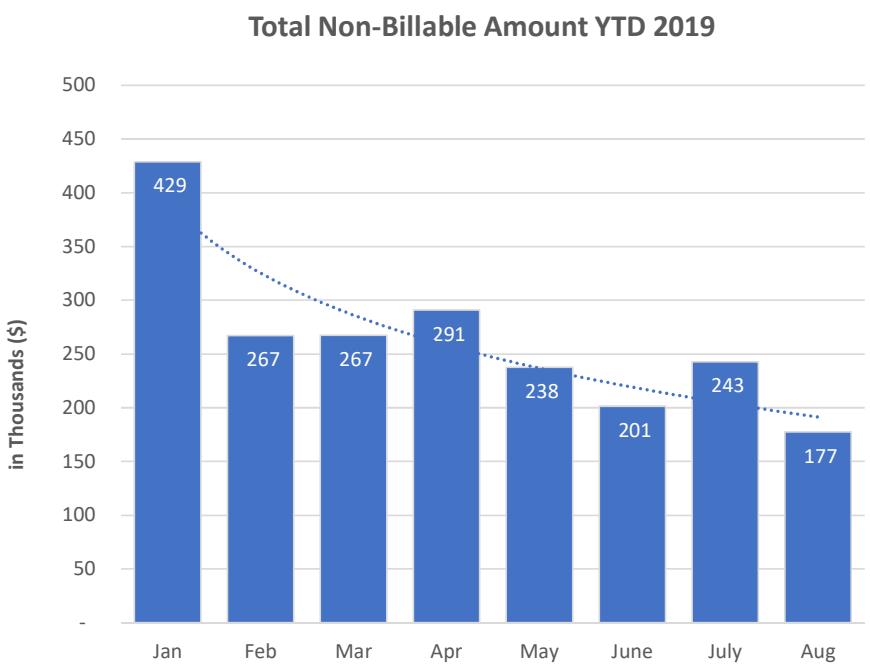
Revenue by Category
FY20 August
Year to Date
Actuals vs. Target

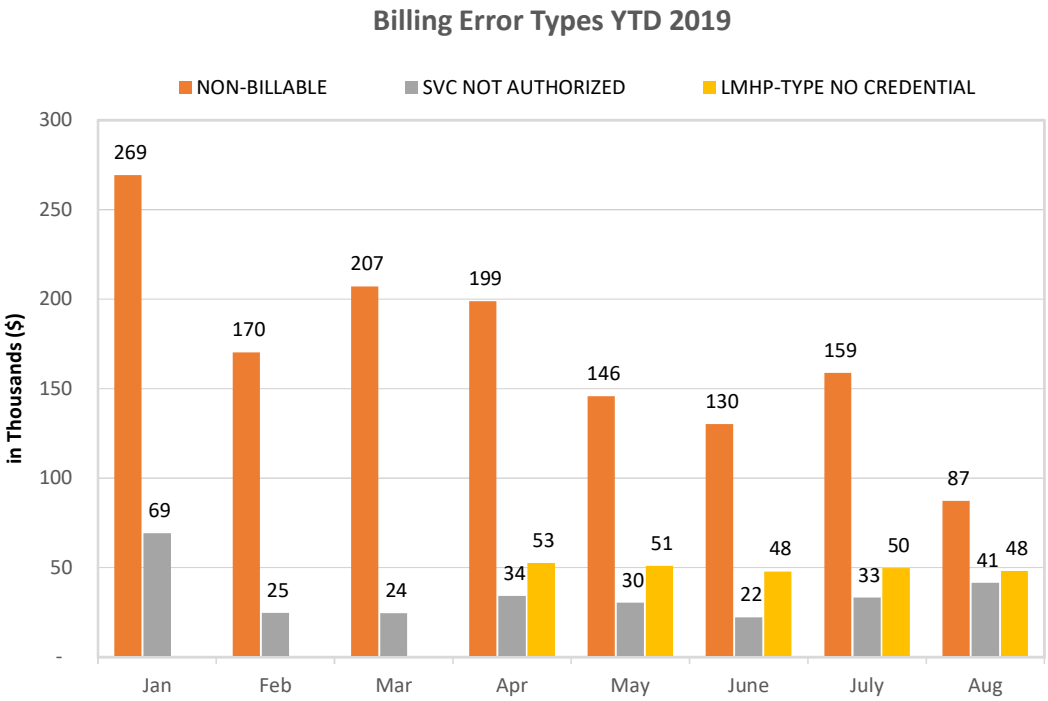


	Program/Client Fees	CSA	Medicaid Option	Medicaid Waiver	Total
Actuals	$544,987	$264,666	$843,806	$1,158,302	$2,811,761
Target	$668,625	$143,112	$441,891	$1,422,917	$2,676,545

**Adjusted target is reflective of expected Medicaid expansion revenue ($4.4M for FY20)*

Revenue Maximation - Non-Billable Summary YTD AUG 2019





** Billing error tracking for no credential for billing related to LMHP-type began in April 2019*

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

ASSESSMENT OF HEALTH INFORMATICS AND REVENUE CYCLE MANAGEMENT FUNCTIONS AND BUSINESS UNITS

Introduction

Health Management Associates (HMA, www.healthmanagement.com), a national health and human services consulting firm, was engaged by the Fairfax-Falls Church Community Services Board (CSB) to complete an assessment of the CSB's revenue cycle management (RCM) and health informatics (HI) functions and business units. As part of the assessment, HMA was tasked with formulating actionable recommendations for measurable improvements in RCM and HI functions and the performance of the RCM and HI business units. A major driver for this assessment is the change to CSB business practice necessitated by the transition of behavioral health services to managed care organizations (MCOs) under the Virginia's Medicaid program. The assessment was also driven by the CSB Executive Director's goal of having the CSB operate as a high-performing component of Fairfax County's Health and Human Services (HHS) organization.

Key Observations and Improvement Areas

- ✓ It was generally acknowledged that the management team that has been assembled to lead the various RCM business units demonstrates a lot of energy and commitment to improve operations and staff job satisfaction.

- ✓ Staff was very forthcoming and willing to share history and ideas.

- ✓ The CSB's electronic health record system, Credible, was not disparaged to the extent expected; the general consensus was that the system was not inherently flawed or beyond repair.

- ✓ There was acknowledgement of "pockets of effort" geared at improving certain processes; for instance:
    - Implementing more formal system change tracking,
    - Implementing new registration and service authorization processes,
    - Conducting systematic after-the-fact review of denied claims, and
    - Implementation of a centralized utilization management unit.

- ✓ There is a widely acknowledged systemic lack of project/change management – this impacts both Credible configuration and operation AND organizational and process changes. There is limited prioritization of initiatives and the aforementioned "pockets of effort" do not appear to be coordinated

- ✓ There is significant role overlap between the RCM and HI teams, as well as work being performed by RCM and HI resources (e.g. IT asset management, IT and telecommunications "break-fix" services) that could be performed by other business units thereby allowing these teams to focus and develop needed competencies.

- ✓ Concerns were raised about the effectiveness and (lack of) consistency in EHR onboarding processes, including inflexible and delayed Credible training.

- ✓ Access to/use of provider credentialing information (and, possibly, inefficiencies in the underlying provider credentialing processes) result in many downstream impacts, particularly denied claims.

- ✓ Inefficient eligibility verification processes and systems were raised as another major area of concern, although there is work in progress to implement Credible-based enhancements to these processes.

- ✓ Inefficient reminder calling processes and systems are resulting in many missed calls and considerable time spent performing manual work without reducing "no-show" levels.

- ✓ Major RCM functionality limitations within Credible as currently deployed was also cited as a problem area – the functionality in question is usually associated with the "practice management" component of a typical EHR solution. It appears that this functionality is available in Credible but not fully deployed. As a consequence, a significant amount of claim/invoice management workflow happens outside of Credible and involves email and other less-than-optimal means of resolving claim/invoice issues.

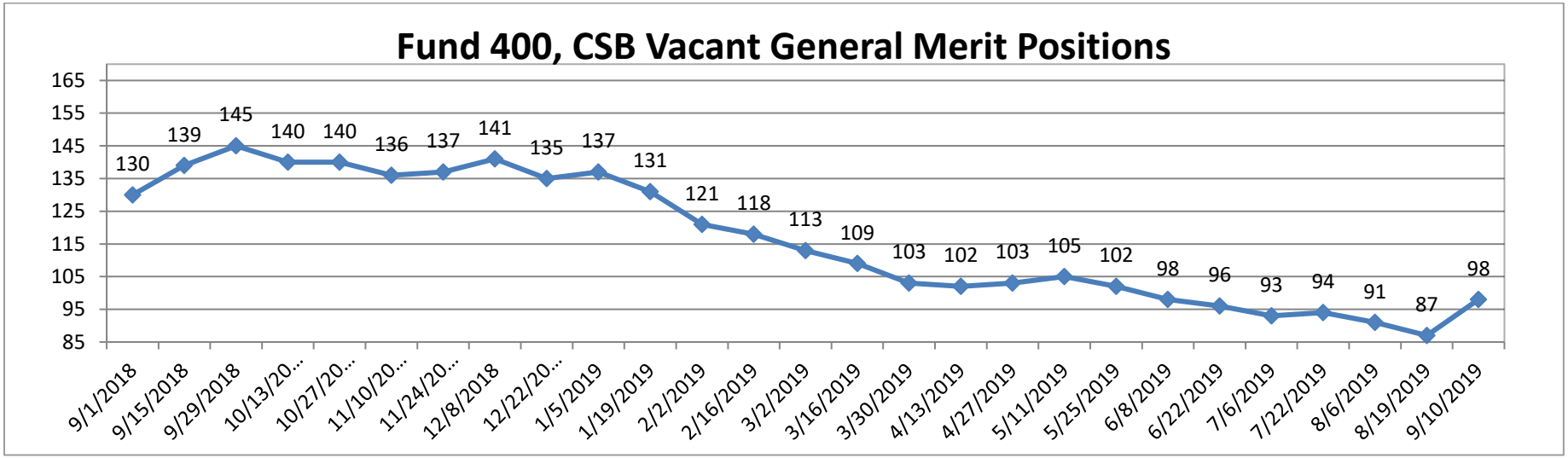
- ✓ There is no mechanism for efficiently dealing with the process idiosyncrasies of the various Medicaid MCOs, e.g. service authorization processes. This may be an issue that needs to be raised with the Commonwealth's Department of Medical Assistance Services (DMAS), as we suspect this is a challenge that other CSBs have and an issue that could/should have been addressed in the contracts that DMAS holds with these MCOs.

- ✓ The lack of analytics/reporting bandwidth within the HI unit was raised repeatedly as a concern. The root cause of this concern may lie in a combination of Credible system/vendor inflexibility, the quality and breadth of Credible's basic report set, lack of awareness of existing reports, and ongoing unmanaged demand for reports. Related to this, there is no repository of reports which provides details on data captured on reports, report purpose(s), or other information that would provide clear guidance on what is already available for users.

Conclusion

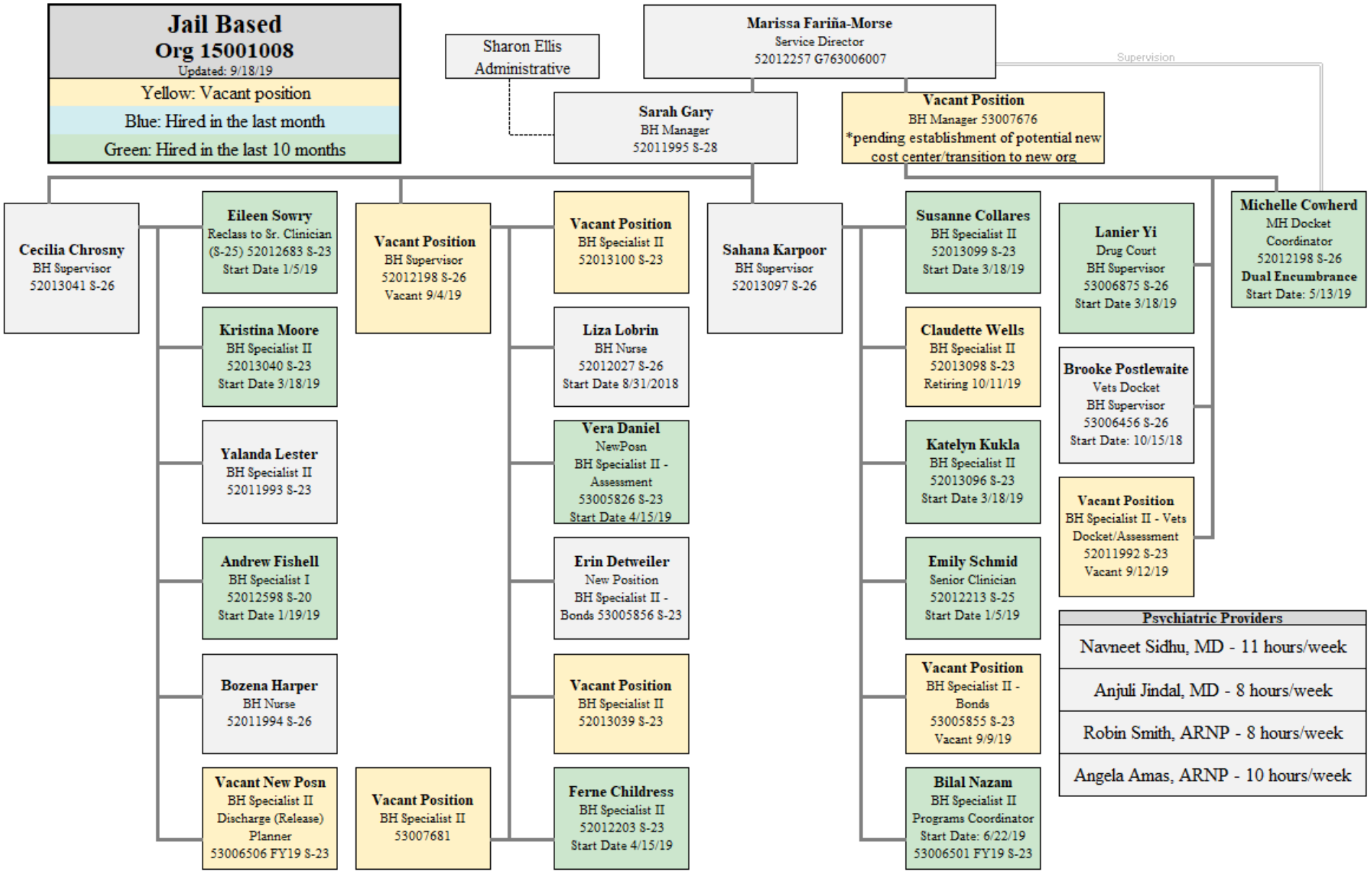
We believe a well-staffed Project and Change Management Office, will result in significant improvements in revenue cycle management and health informatics processes and organizational performance. Ultimately, these improvements will set up the CSB to reach a higher level of performance and continue to provide a broad array of services to its clients.

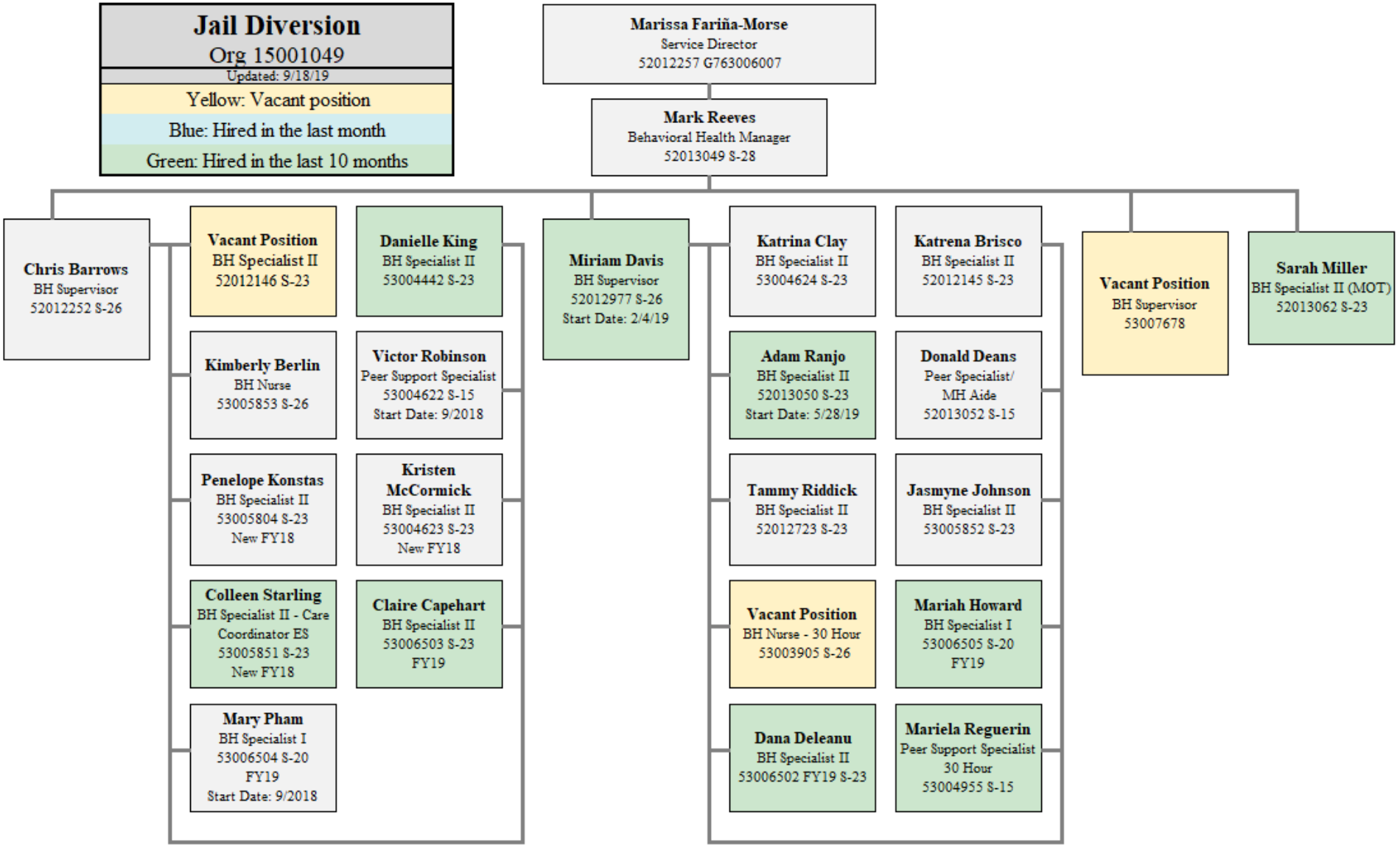
Fiscal Oversight Committee
CSB HR Update - September 10, 2019

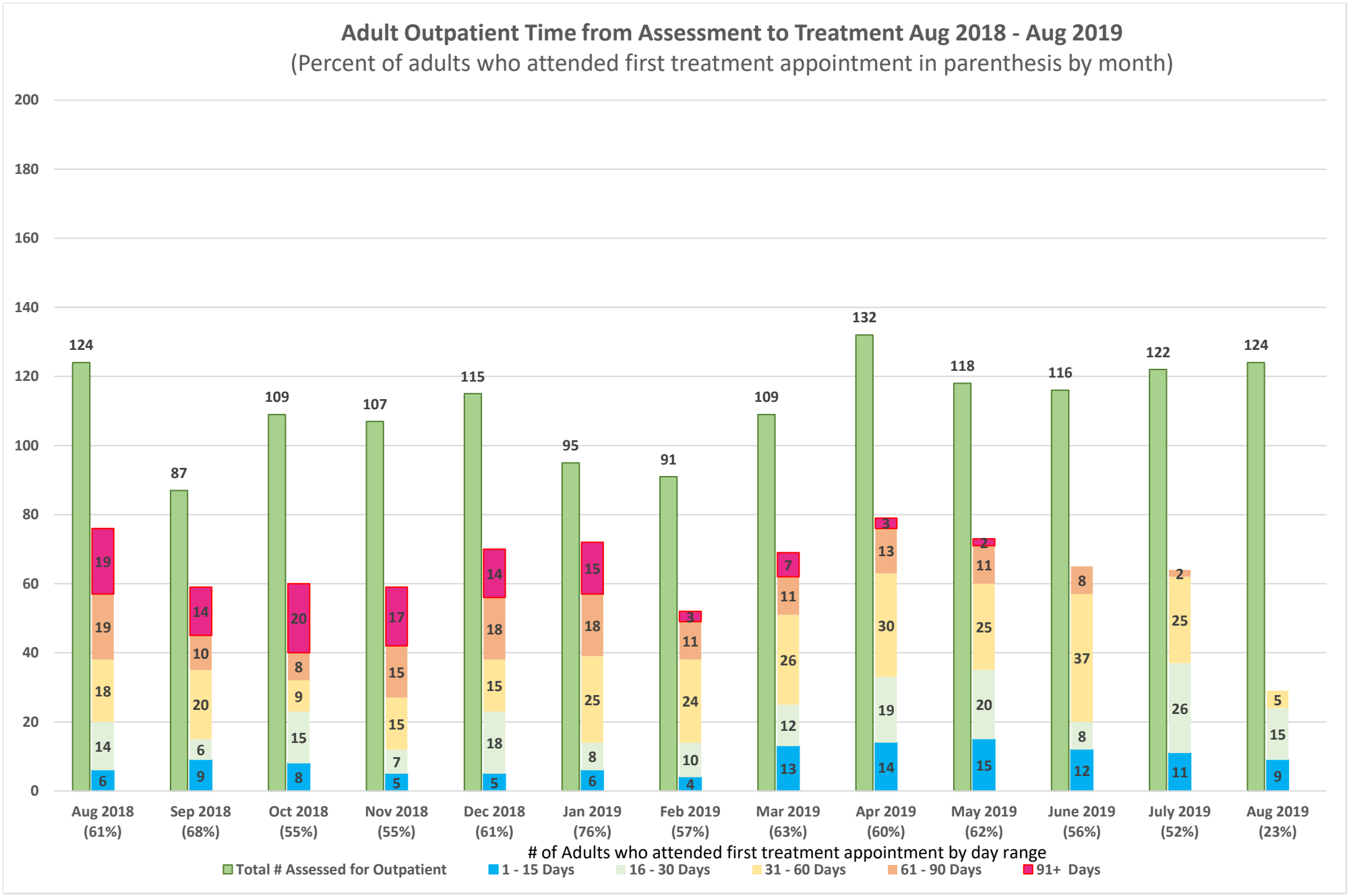


Vacancies in critical areas* *includes all merit positions (regular and grant)

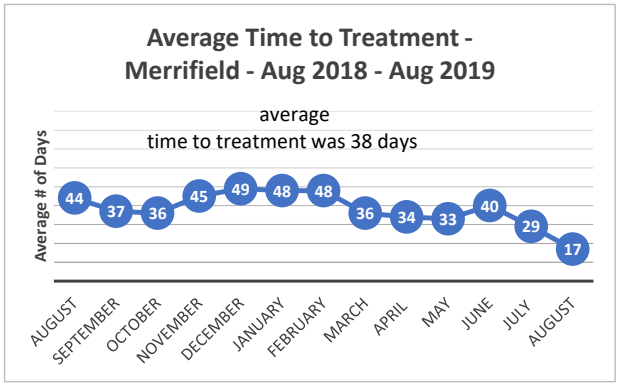
Service area / program	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug		Sept	
Emergency Svcs/MCU	7	8	7	7	7	7	5	4	5	5	5	3	3 CIS	4	4 CIS
Behavioral Health OP Svcs	4	5	5	7	6	5	6	2	2	3	4	2	1 BHS Sup. 1 BH Sr. Clin	7	1 BH Sup. 3 BH Sr. Clin 3 LPN
Youth & Family – OP Svcs	9	9	9	8	8	8	9	9	9	8	6	7	6 BH Sr. Clin 1 BH Sup.	8	7 BH Sr. Clin 1 BH Sup.
Support Coordination	14	15	14	19	20	21	10	11	13	14	13	15	4 DDS I 10 DDS II 1 DDS III	22	4 DDS I 15 DDS II 2 DDS III 1 DDS IV
ADC/ Jail Diversion	9	12	10	11	11	7	7	3	4	4	3	4	4 BHSII	7	5 BHS II 1 BH Sup. 1 BH Mgr.
Compliance & Risk Management	10	10	10	10	10	5	5	4	5	5	5	5	Compl. Coord. 4 MA II	2	Compl. Coord. 1 MA II

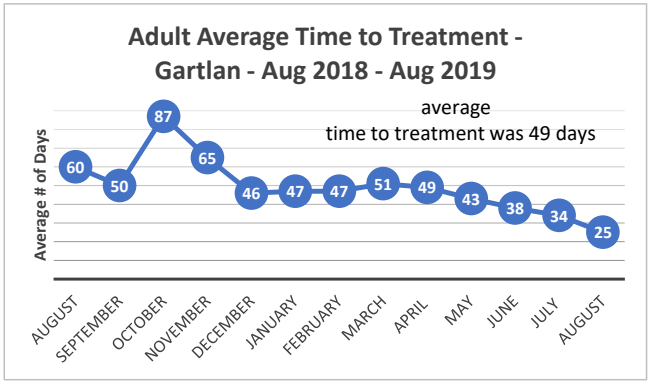

Jail Based
Org 15001008
Updated: 9/18/19
Yellow: Vacant position
Blue: Hired in the last month
Green: Hired in the last 10 months
Sharon Ellis
Administrative
Marissa Fariña-Morse
Service Director
52012257 G763006007
Supervision
Sarah Gary
BH Manager
52011995 S-28
Vacant Position
BH Manager 53007676
*pending establishment of potential new cost center/transition to new org
Cecilia Chrosny
BH Supervisor
52013041 S-26
Eileen Sowry
Reclass to Sr. Clinician (S-25) 52012683 S-23
Start Date 1/5/19
Kristina Moore
BH Specialist II
52013040 S-23
Start Date 3/18/19
Yalanda Lester
BH Specialist II
52011993 S-23
Andrew Fishell
BH Specialist I
52012598 S-20
Start Date 1/19/19
Bozena Harper
BH Nurse
52011994 S-26
Vacant New Posn
BH Specialist II
Discharge (Release) Planner
53006506 FY19 S-23
Vacant Position
BH Supervisor
52012198 S-26
Vacant 9/4/19
Vacant Position
BH Specialist II
53007681
Vacant Position
BH Specialist II
52013100 S-23
Liza Lobrin
BH Nurse
52012027 S-26
Start Date 8/31/2018
Vera Daniel
NewPosn
BH Specialist II - Assessment
53005826 S-23
Start Date 4/15/19
Erin Detweiler
New Position
BH Specialist II - Bonds 53005856 S-23
Vacant Position
BH Specialist II
52013039 S-23
Ferne Childress
BH Specialist II
52012203 S-23
Start Date 4/15/19
Sahana Karpoor
BH Supervisor
52013097 S-26
Susanne Collares
BH Specialist II
52013099 S-23
Start Date 3/18/19
Claudette Wells
BH Specialist II
52013098 S-23
Retiring 10/11/19
Katelyn Kukla
BH Specialist II
52013096 S-23
Start Date 3/18/19
Emily Schmid
Senior Clinician
52012213 S-25
Start Date 1/5/19
Vacant Position
BH Specialist II - Bonds
53005855 S-23
Vacant 9/9/19
Bilal Nazam
BH Specialist II
Programs Coordinator
Start Date: 6/22/19
53006501 FY19 S-23
Lanier Yi
Drug Court
BH Supervisor
53006875 S-26
Start Date 3/18/19
Brooke Postlewaite
Vets Docket
BH Supervisor
53006456 S-26
Start Date: 10/15/18
Vacant Position
BH Specialist II - Vets Docket/Assessment
52011992 S-23
Vacant 9/12/19
Michelle Cowherd
MH Docket Coordinator
52012198 S-26
Dual Encumbrance
Start Date: 5/13/19
Psychiatric Providers
Navneet Sidhu, MD - 11 hours/week
Anjuli Jindal, MD - 8 hours/week
Robin Smith, ARNP - 8 hours/week
Angela Amas, ARNP - 10 hours/week

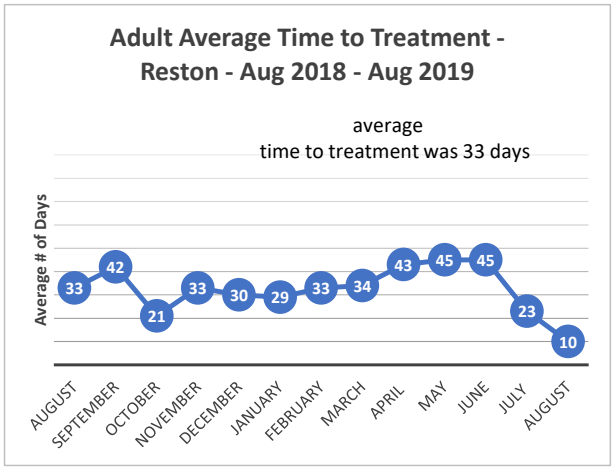

Jail Diversion
Org 15001049
Updated: 9/18/19
Yellow: Vacant position
Blue: Hired in the last month
Green: Hired in the last 10 months
Marissa Fariña-Morse
Service Director
52012257 G763006007
Mark Reeves
Behavioral Health Manager
52013049 S-28
Chris Barrows
BH Supervisor
52012252 S-26
Vacant Position
BH Specialist II
52012146 S-23
Danielle King
BH Specialist II
53004442 S-23
Kimberly Berlin
BH Nurse
53005853 S-26
Victor Robinson
Peer Support Specialist
53004622 S-15
Start Date: 9/2018
Penelope Konstas
BH Specialist II
53005804 S-23
New FY18
Kristen McCormick
BH Specialist II
53004623 S-23
New FY18
Colleen Starling
BH Specialist II - Care Coordinator ES
53005851 S-23
New FY18
Claire Capehart
BH Specialist II
53006503 S-23
FY19
Mary Pham
BH Specialist I
53006504 S-20
FY19
Start Date: 9/2018
Miriam Davis
BH Supervisor
52012977 S-26
Start Date: 2/4/19
Katrina Clay
BH Specialist II
53004624 S-23
Katrena Brisco
BH Specialist II
52012145 S-23
Adam Ranjo
BH Specialist II
52013050 S-23
Start Date: 5/28/19
Donald Deans
Peer Specialist/ MH Aide
52013052 S-15
Tammy Riddick
BH Specialist II
52012723 S-23
Jasmyne Johnson
BH Specialist II
53005852 S-23
Vacant Position
BH Nurse - 30 Hour
53003905 S-26
Mariah Howard
BH Specialist I
53006505 S-20
FY19
Dana Deleanu
BH Specialist II
53006502 FY19 S-23
Mariela Reguerin
Peer Support Specialist
30 Hour
53004955 S-15
Vacant Position
BH Supervisor
53007678
Sarah Miller
BH Specialist II (MOT)
52013062 S-23

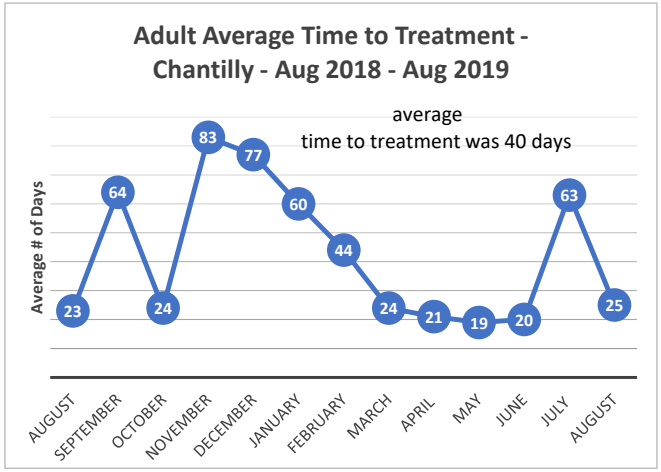

Adult Outpatient Time from Assessment to Treatment Aug 2018 - Aug 2019
(Percent of adults who attended first treatment appointment in parenthesis by month)
200
180
160
140
120
100
80
60
40
20
0
Aug 2018 (61%)
Sep 2018 (68%)
Oct 2018 (55%)
Nov 2018 (55%)
Dec 2018 (61%)
Jan 2019 (76%)
Feb 2019 (57%)
Mar 2019 (63%)
Apr 2019 (60%)
May 2019 (62%)
June 2019 (56%)
July 2019 (52%)
Aug 2019 (23%)
124 19 19 18 14 6
87 14 10 20 6 9
109 20 8 9 15 8
107 17 15 15 7 5
115 14 18 15 18 5
95 15 18 25 8 6
91 3 11 24 10 4
109 7 11 26 12 13
132 3 13 30 19 14
118 2 11 25 20 15
116 8 37 8 12
122 2 25 26 11
124 5 15 9
# of Adults who attended first treatment appointment by day range
Total # Assessed for Outpatient
1 - 15 Days
16 - 30 Days
31 - 60 Days
61 - 90 Days
91+ Days

Adult Outpatient Time to Treatment - Aug 2018 - Aug 2019 by Site









Notes

* Typically, higher staff vacancies are correlated with increased time to treatment

* The wait time and # / % who attended first treatment appointment in the most recent three months may appear lower since not enough time has elapsed for all adults to start services. As more adults start services, over time, the average wait time for these months may increase.

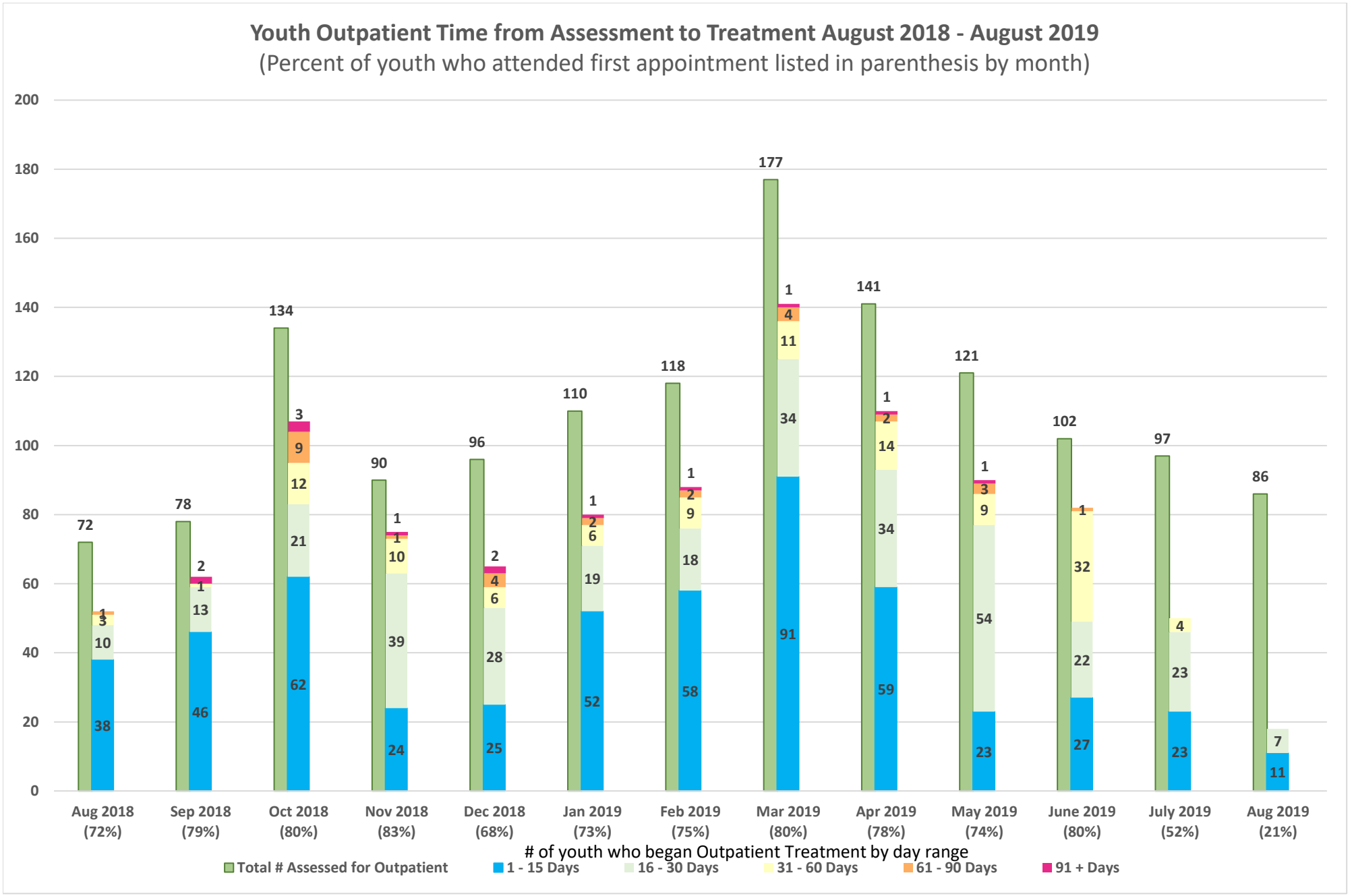
* The site-based average calculations use a 90 day window to begin treatment services and are based on the number of adults who began services at that site only. The number of individuals served varies greatly by site and cannot be compared to determine the overall average.

* Time to treatment measured in calendar days.

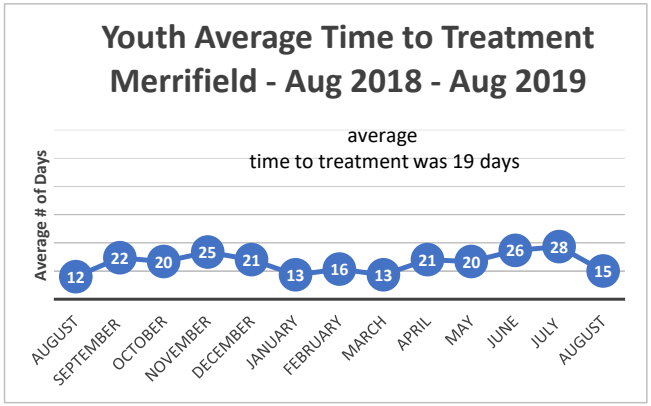
* Engagement and Outreach activities are provided to individuals while waiting for treatment to begin.

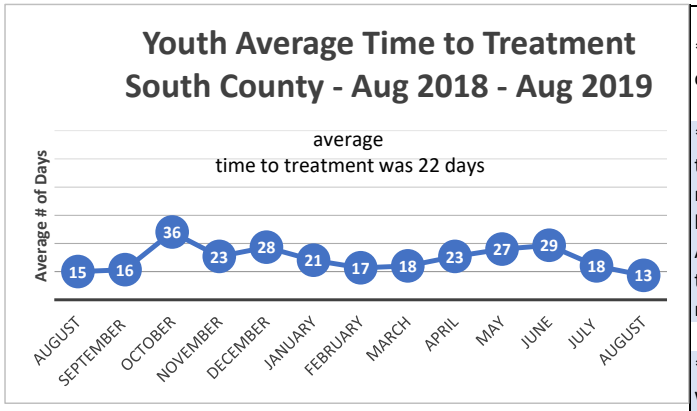
* In Chantilly for July, there was only one individual who began treatment, which skews this site's average.

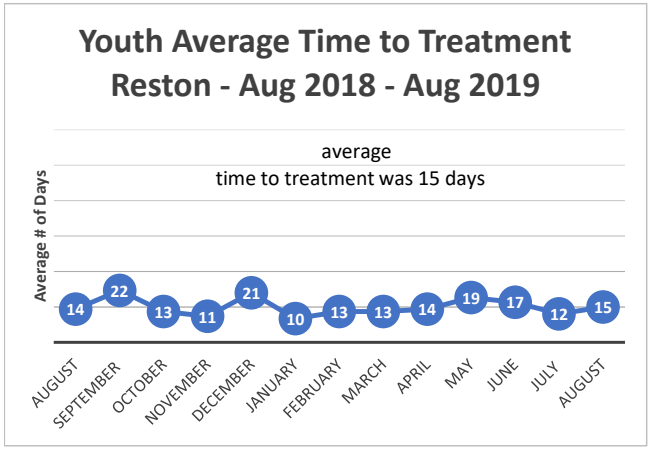
Data Source: Credible Report 1878 - Adult Time to Treatment - data from Aug. 1, 2019 through Sept. 13, 2019

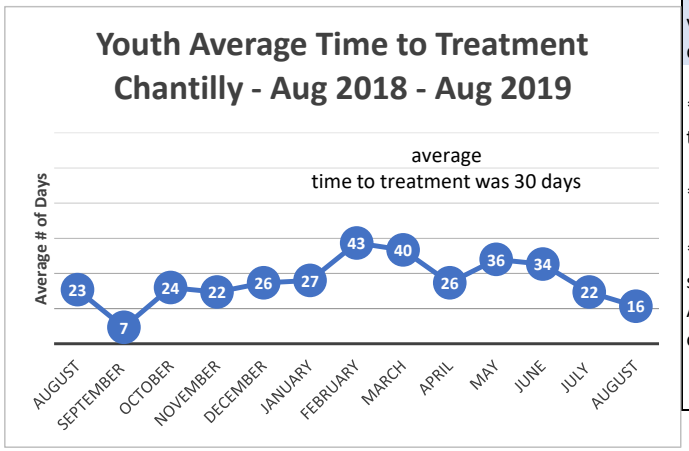

Youth Outpatient Time from Assessment to Treatment August 2018 - August 2019
(Percent of youth who attended first appointment listed in parenthesis by month)
200
180
160
140
120
100
80
60
40
20
0
72
38
3
10
1
78
46
13
1
2
134
62
21
12
9
3
90
24
39
10
1
1
96
25
28
6
4
2
110
52
19
6
2
1
118
58
18
9
2
1
177
91
34
11
4
1
141
59
34
14
2
1
121
23
54
9
3
1
102
27
22
32
1
97
23
23
4
86
11
7
Aug 2018 (72%)
Sep 2018 (79%)
Oct 2018 (80%)
Nov 2018 (83%)
Dec 2018 (68%)
Jan 2019 (73%)
Feb 2019 (75%)
Mar 2019 (80%)
Apr 2019 (78%)
May 2019 (74%)
June 2019 (80%)
July 2019 (52%)
Aug 2019 (21%)
# of youth who began Outpatient Treatment by day range
Total # Assessed for Outpatient
1 - 15 Days
16 - 30 Days
31 - 60 Days
61 - 90 Days
91 + Days

Youth Outpatient Time to Treatment - Aug 2018 - Aug 2019 by Site









Notes

* Typically, higher staff vacancies are correlated with increased time to treatment.

* The wait time and # / % who attended first treatment appointment in the most recent three months may appear lower since not enough time has elapsed for all youth to start services. As more youth start services, over time, the average wait time for these months may increase.

* The site-based average calculations use a 90 day window to begin treatment services and are based on the number of youth who began services at that site only. The number of individuals served varies greatly by site and cannot be compared to determine the overall average.

* Business process changes to decrease time to treatment were put in place in May 2018.

* Time to treatment measured in calendar days.

*Youth data includes centralized, community and site-based assessments combined. Average time to treatment is calculated based on Treatment Site.

Data Source: Credible Report 1780 - Youth Time to Treatment - data from Aug. 1, 2018 through Sept. 16, 2019