#### FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Will be held electronically due to the COVID-19 pandemic

# Bettina Lawton, Chair Wednesday, March 24, 2021, 5:00 p.m.

#### Dial by your location to access live audio of the meeting

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Meeting ID: 918 8442 0266 • Passcode: 669268

#### **MEETING AGENDA**

1.	Meeting Called to Order	Bettina Lawton	5:00 p.m.
<b>2</b> .	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 February 24. 2021 CSB Board Meeting Draft Minutes	Bettina Lawton	
	February 17, 2021 Workgroup Draft Minutes		

7. Staff Presentation

A. County Budget Dept. of Management & Budget

**Daryl Washington** 

8. Director's Report

- A. Services Update
- B. COVID-19 Update
- C. Other Updates
- 9. Matters of the Board
- 10. Legislative Reports
- 11. Action Item

A.	Approval to Submit proposed FY2022 Fee Schedule to BOS	Daryl Washington/Sebastian Tezna
В.	Approval of Service Delivery Oversight Cmte. Charter	Sheila Jonas/Garrett McGuire
C.	Virginia Foundation for Health Youth Grant (Al's Pals)	Marla Zometsky/Louella Meachem
D.	Bureau of Justice Assistance Adult Drug Court Discretionary	Daryl Washington/Marissa Farina-
	Grant Application Request	Morse

12. Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).

#### 13. Adjournment

Meeting materials will be posted online at <a href="www.fairfaxcounty/community-services-board/board/archives">www.fairfaxcounty/community-services-board/board/archives</a> or may be requested by contacting Erin Bloom at 703-324-7827 or at <a href="mailto:erin.bloom@fairfaxcounty.gov">erin.bloom@fairfaxcounty.gov</a>

#### Fairfax-Falls Church Community Services Board Virtual Meeting Minutes February 24, 2021

The Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and audio conference call to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were provided an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following CSB members were present: Bettina Lawton Chair (Vienna); Jennifer Adeli (Great Falls); Karen Abraham (Fairfax); Daria Akers (Fairfax); Robert Bartolotta (Falls Church City); Captain Derek DeGeare (Loudoun Co.); Sheila Coplan Jonas (Alexandria); Garrett McGuire (Alexandria); Srilekha Palle (Inova Mt Vernon Hospital); Edward Rose (Falls Church); Andrew Scalise (Fairfax); Daniel Sherrange (Chantilly); Sandra Slappey (Fairfax City), and Anne Whipple (Great Falls).

The following CSB Board members were absent: Larysa Kautz

The following CSB staff was present: Daryl Washington, CSB Executive Director; Jennifer Aloi, Healthcare Systems Director; Eileen Bryceland, Behavioral Health Outpatient & Case Management Services; Jessica Burris, Chief Financial Officer; Evan Jones, Dir. Employment & Day Services; Lisa Flowers, Dir. Of Communications; Jim Gillespie, Youth and Family Services Director; Jessica Jackson, Program Manager Resource and Wraparound Teams; Michael T. Lane, Dir. Office of Individual & Family Affairs; Linda Mount, Dir. Analytics & Evaluation; Steve Shorman, Juvenile Forensic Evaluation Program Manager; Patricia Sloate, Behavioral Health Manager; Carolyn Smith; Birgit Snellenburg; Sebastian Tezna, Director Behavioral Health Operations; Cynthia Tianti, Dep. Co. Atty; Lyn Tomlinson, Deputy Director Clinical Operations; Barbara Wadley-Young, Asst. Dep. Dir. Community Living Treatment & Supports; LaVurne Williams, Dir. Residential Treatment and Detox Services

## 1. <u>Meeting Called to Order</u> Bettina Lawton, CSB Board Chair, called the meeting to order at 5:03 p.m.

#### 2. Roll Call and Audibility

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

A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present; this motion was seconded by Edward Rose and passed unanimously.

#### 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 1-866-434-5269 and using participant code 3743216. 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 Daniel Sherrange and unanimously passed.

#### 4. Matters of the Public

One member of the public attended via conference call to express appreciation for the decision to pause consideration of contracting for some services including residential substance use disorder treatment.

#### 5. Amendments to the Meeting Agenda

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

#### 6. Approval of the Minutes

Draft minutes of the January 27, 2021 virtual meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no further revisions were suggested, Rob Bartolotta made a motion for approval, which was seconded by Daria Akers and unanimously passed.

#### 7. Staff Presentation

Jim Gillespie presented information on Youth & Family Services focusing on the youth services provided. It was clarified that the youth served have serious behavioral health concerns and often need most or all the services offered. Referring to the slides, Mr. Gillespie provided an overview of the information including some more detailed definitions that included:

- Case support: a type of case management that specializes in accessing intensive services for children and youth with the most complex issues.
- Intensive Care Coordination: an evidence based intensive case management for children and youth most at risk of out of home placement.
- The decrease in outpatient youth services is primarily attributed to the closure of schools during COVID as most referrals are received through the school system. Additional contributors include decreased educational expectations related to distanced learning.

- Short Term Behavioral Health services: 6 -8 session of outpatient therapeutic intervention with contracted private providers. The primary referral source is school mental health professionals who have assessed a student with emerging mental health issues and need urgent outpatient intervention where the family experiences an obstacle accessing insurance.
- Healthy Minds Fairfax: a county sponsored partnership with the CSB, other
  county child serving agencies, the school system, private providers, and family
  organizations including NAMI (National Alliance on mental Illness) with the
  goals of expanding access to behavioral health services for children and families
  and improving those services.
- It was clarified that 85 90% of youth services are provided through telehealth. Of that group, approximately 80 90% are successful. In-person services are offered, in a safe environment, to youth who respond better from in-person treatment.

Members and staff engaged in robust discussion.

#### 8. Director's Report

Daryl Washington provided several updates beginning with an update to services, the highlights of which are provided below.

- The Analytics and Evaluation charts included in the meeting materials have been revised in response to requests from CSB Board members. The charts now indicate services provided each day, reflected in a monthly count. Mr.
   Washington requested feedback from the members to assist with further refinement of the data and presentation.
- Adult Outpatient Time to Treatment wait times have continued to increase.
   Primarily attributed to staff shortages, this will be further discussed with the HR update.
- The data included in the CSB Quarterly Outcomes reflect better off measures that are typically provided during the annual budget process. Mr. Washington provided an overview of each slide, clarifying that the target goals are set internally and are revised higher once met.
- Staff is receiving training in the DLA-20 (Daily Living Activities) rating tool that measures daily activities, level of functioning, and global functioning and is anticipated to be a useful tool in better off outcomes once implemented.
  - Members offered some feedback that included a request to add metrics related to Substance Use Disorder and recidivism, add indicators of anticipated impact to agency related to outcomes, e.g., staff shortage, and to add program capacity as a further comparative measure.
- Mr. Washington and Sebastian Tezna provided an update to COVID-19 procedures including:
  - Residential and DD (Developmental Disability) Group Home residents and staff have begun receiving vaccinations. The CSB is also working with the Health Department to facilitate vaccinations for contracted group home staff and residents.

- Daily safety measures with staff and clients continue, noting that positive test results are a regular occurrence and are addressed with contact tracing and increased sanitization of identified areas.
- Directing attention to the CSB budget handout Mr. Washington summarized the report noting that there was no reduction in services and that 15 new positions had been authorized. To balance out the cost to the county of the new positions, the CSB budget was reduced by \$1.5M. The new positions include nine Support Coordinators, four Behavioral Healthcare Operations staff, and two Diversion First staff. It was additionally noted that the budget did not include funding for Contract Rate Adjustments (CRA) for contract partners or Market Rate Adjustments (MRA) for county staff.
- A summary of the budget timeline was provided. Highlighted dates included the budget markup process on April 27<sup>th</sup> and the advertisement of the tax rate on March 9<sup>th</sup>.
- Members were encouraged to review the state budget handout included in the meeting materials noting that funding for STEP-VA was restored.
- Mr. Washington provided an update to a prior CSB Board discussion on workforce planning. Efforts are underway to identify an organization that will administer workforce surveys to assist with hiring. The goal is to include surveys on both exit and onboarding procedures and perform comparisons to other healthcare organizations. Spark Hire, a video interview organization that can integrate with county hiring software has been previewed and is under consideration. The CSB may fund initial use of this platform. Updates will be provided they become available.
  - A reclassification of positions is also pending following a survey of salary ranges paid by the CSB's in Northern Virginia. A reminder was offered that reclassification upgrades are funded through the CSB budget. Initial review is Support Coordination followed by Case Management and licensed clinicians. Additional steps include upgrades to Nurse Practitioner positions.
- Daniel Herr has accepted the position of Deputy Director of Administrative Operations.

Jessica Burris provided highlights of the fiscal documents included in the meeting materials beginning with the Modified Fund Statement (January FY2021).

- Fixed revenue is approximately \$500K over expectations for the year-to-date budget. This was primarily attributed to the timing of fixed revenue sources including the Community Services Performance Contract (CSPC).
- Variable Revenue is performing somewhat under expectations, primarily attributed to the timing of payments from Anthem. The February report is expected to reflect the increased revenue due to corrected billing.
- The approximately \$9M surplus in compensation and fringe continues to reflect the accrual from the beginning of the fiscal year that will disperse through this fiscal year.

- Referring to the approximately \$12M variance in operating expenses, Ms. Burris noted that the CSB is operating at approximately 60% 80% comparatively from the last few years, primarily attributed to COVID.
- The 2021 projections were submitted to DMB with the 3<sup>rd</sup> quarter submission. A surplus in variable revenue of approximately \$3M was projected attributed to increased enrollments in Medicaid, ARTS program billing, and more efficient revenue cycle procedures.
- It was clarified that the forecast for compensation and fringe will be updated in February that is anticipated to result in a forecast surplus of approximately \$1M. Operating expense projections include funding for the new EHR implementation, some anticipated expenses related to Crisis Care services and housing, and for the previously discussed Spark Hire assessment efforts for improved recruitment and retention. Additional financial metrics are in development to provide a more comprehensive financial report.
- The Variable Revenue Analysis report reflected lower than usual income for January 2021 primarily attributed to the delay in Anthem payments reported earlier as well as some ongoing billing matters with other payers.

Noting the continued increase in vacancies, Mr. Washington noted the correlation between vacancies and impact to the time-to-treatment reports. A reminder was offered that hiring, onboarding, and training new staff typically takes 60-90 days, another impact to wait times for services.

Sebastian Tezna provided an overview of the proposed FY2022 Fee Schedule offering a reminder of the new, streamlined process. It was noted that the new process includes aligning the fees with Medicaid published rates further noting that in the absence of Medicaid rates, the fees will align with rates negotiated with private insurance payer sources. Mr. Tezna reported no significant changes, highlighting that some prolonged services rates published by the American Medical Association (AMA) have been added. The revised fee schedule will be presented to the CSB Board in March for approval to submit to the Board of Supervisors in June to become effective July 1, 2021.

#### 9. Matters of the Board

Bettina Lawton reported contact from her appointing Supervisor requesting information related to delivery of face-to-face services for individuals with disabilities following vaccine administration. Sheila Jonas and Garrett McGuire, co-chairs of the Service Delivery Oversight Committee (SDOC), with Daryl Washington will investigate this matter and report back to the Board in March.

#### 10. Action Item

A. Election to Fill Mid-Term CSB Board Officer Vacancy
CSB Board Vice Chair Jennifer Adeli, noting her immediate resignation as Vice
Chair, made a motion to accept the nomination of CSB Board member Garrett
McGuire to the position for the unfinished term through June\_30, 2021. Following
an opportunity for further nominations for which there were none, the motion was
seconded by Sheila Coplan Jonas and unanimously approved.

#### 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 January 27, 2021 CSB Board Meeting minutes were approved as presented.
- Garrett McGuire was elected to complete the current term for resigning CSB Board Vice Chair Jennifer Adeli.

Date Approved Staff to the CSB Board

#### Fairfax-Falls Church CSB Board Member Retreat Workgroup Minutes February 17, 2021

A workgroup of the Fairfax-Falls Church Community Services Board was held virtually via Zoom and AT&T Bridge Line conference call. The workgroup was conducted electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and audio conference call to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were provided an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following CSB members attended virtually: Bettina Lawton Chair (Vienna); Jennifer Adeli (Great Falls); Karen Abraham (Fairfax); Daria Akers (Fairfax); Robert Bartolotta (Falls Church); Captain Derek DeGeare (Loudoun Co.); Sheila Coplan Jonas (Alexandria); Larysa Kautz (Alexandria); Garrett McGuire (Alexandria); Srilekha Palle (Inova Mt. Vernon Hospital); Edward Rose (Falls Church); Andrew Scalise (Fairfax); Daniel Sherrange (Chantilly); Sandra Slappey (Fairfax City); and Anne Whipple (Great Falls).

The following CSB Board members were absent:

The following CSB staff was present: Daryl Washington and Lyn Tomlinson

#### 1. Meeting Called to Order

CSB Board Chair Bettina Lawton called the meeting to order at 5:03 p.m.

#### 2. Roll Call and Audibility

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

A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present, this motion was seconded by Captain Derek DeGeare and passed unanimously.

#### 3. Preliminary Motions

CSB Board Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a dedicated audio-conferencing line, and that the public may access this meeting

by calling 1-877-336-1829 and using participant code 7703575. Motions were seconded by Edward Rose and unanimously approved.

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

#### 4. Matters of the Public

None were offered.

#### 5. <u>Statutory Responsibilities</u>

Bettina Lawton directed attention to the meeting materials clarifying that the information is typically provided at the annual CSB Board Member Retreat. Ms. Lawton confirmed that the retreat will remain canceled until the emergency order is lifted, and members can safely resume face-to-face meetings.

An overview of the materials was provided, some highlights included

- the Fairfax-Falls Church Community Services Board was established as required by Va. Code 37.2-500.
- the CSB Board was established as an administrative policy board.
- Members were encouraged to review the code for further details noting that specific duties may be found there.
- The CSB Board Chair, or designee, is the spokesperson for all Board matters. Members
  must ensure clarity when speaking about CSB or Board matters or when making a
  personal statement.
- There are strict requirements related to lobbying. A copy of the lobbying memo is included in the CSB Board Member Handbook; an updated copy is distributed annually.
- A reminder was offered that all members must participate on at least one committee, noting that committee meetings are anticipated to resume soon.

#### 6. Member Discussion

Topics of discussion included CSB Board and CSB (agency) communication, guidance for managing powers and duties, and an update to the search for a new Director of Administrative Operations,

seconded, and carried.	The meeting was adjourned at 5:56 p.m.
Date	Staff to the CSR Roard

There being no further business to come before the Board, a motion to adjourn was offered,

# Fairfax-Falls Church Community Services Board FY 2022 Funding Adjustments

Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised					
FUNDING									
Expenditures:									
Personnel Services	\$122,649,989	\$121,291,509	\$121,291,509	\$123,039,952					
Operating Expenses	54,338,601	63,309,241	69,125,965	62,448,342					
Capital Equipment	667,594	0	96,469	0					
Subtotal	\$177,656,184	\$184,600,750	\$190,513,943	\$185,488,294					
Less:									
Recovered Costs	(\$1,755,631)	(\$1,738,980)	(\$1,738,980)	(\$1,738,980)					
Total Expenditures	\$175,900,553	\$182,861,770	\$188,774,963	\$183,749,314					
<b>AUTHORIZED POSITIONS/FULL-TIME EQUIV</b>	AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)								
Regular	1060 / 1056	1060 / 1056	1060 / 1056	1075 / 1071					

The following funding adjustments from the <u>FY 2021 Adopted Budget Plan</u> are necessary to support the FY 2022 program:

#### **Support Coordination - \$1,060,602**

An increase of \$1,060,602 and 9/9.0 FTE new positions includes an increase of \$1,036,302 in Personnel Services and \$24,300 in Operating Expenses to provide support coordination services to individuals with developmental disabilities (DD) in the community and comply with current state and federal requirements, primarily those pursuant to the Department of Justice Settlement Agreement and implementation of Virginia's Medicaid Waiver redesign, effective July 1, 2016. The expenditure increase is partially offset by an increase of \$382,669 in Medicaid Waiver revenue for a net cost to the County of \$677,933.

#### <u>Healthcare Business Operations - \$475,480</u>

An increase of \$475,480 and 4/4.0 FTE new positions, including \$464,679 in Personnel Services and \$10,801 in Operating Expenses, will support a team to navigate the rules of more than six managed care organizations (insurance providers) to provide and bill for services provided by the CSB. The expenditure increase is completely offset by revenue for no net impact to the General Fund.

#### Opioid Use Epidemic - \$620,000

An increase of \$620,000 in Operating Expenses is included to continue addressing the growing opioid epidemic. In response to the opioid crisis facing our nation and local communities in Northern Virginia, the Board of Supervisors established an Opioid and Substance Use Task Force to help address the opioid epidemic locally. The primary goal is to reduce death from opioids through prevention, treatment, and hard reduction strategies. Funding is included to provide peer support services to assist with resource navigation services for individuals in need of services, and contracted detoxification and residential treatment services.

#### Diversion First - \$299,462

An increase of \$299,462 and 2/2.0 FTE new positions includes an increase of \$247,462 in Personnel Services and an increase of \$52,000 in Operating Expenses to support the County's successful Diversion First initiative. Diversion First aims to reduce the number of people with mental illness in the County by diverting low-risk offenders experiencing a mental health crisis to treatment rather than bring them to jail. This funding will support direct clinical services with individuals in crisis and successful identification and intervention with individuals in need of diversion from incarceration.

#### Transfer of the Second Story for Teens in Crisis - (\$168,000)

A decrease of \$168,000 is associated with the transfer of the Second Story for Teens in Crisis contract from Fund 40040, Fairfax-Falls Church Community Services Board, to Agency 67, Department of Family Services, in an effort to consolidate the administration of emergency youth shelter services which will better align service delivery within the health and human services system.

#### Operating Expenses Reduction - (\$1,400,000)

A reduction of \$1,400,000 in Operating Expenses reflects anticipated savings based on trends in actual expenditures.

#### **General Fund Transfer**

The FY 2022 budget for Fund 40040, Fairfax-Falls Church Community Services Board, requires a General Fund Transfer of \$147,583,964, an increase of \$29,395 over the FY 2021 Adopted Budget Plan, primarily due to additional funding and positions to combat the opioid use epidemic, additional funding and positions to support the Diversion First initiative, additional funding and positions to provide support coordination services, and additional funding and positions to support healthcare business operations, partially offset by a reduction of \$1,400,000 in Operating Expenses.



# Fairfax County FY 2022 Advertised Budget Plan

Slides adapted from the County Executive's February 23, 2021 Presentation

www.fairfaxcounty.gov/budget



# FY 2022 Advertised Budget Context



- With the timing and scale of economic recovery still uncertain, maintains conservative budgetary posture
- Builds upon the success that the County has had in utilizing federal stimulus funds, particularly the \$200.2 million received through the CARES Act Coronavirus Relief Fund
  - No additional stimulus funds are assumed in this proposal, but staff is monitoring progress of new stimulus package
- Adjustments are in alignment with the Priority Areas as outlined in the Countywide Strategic Plan
  - Updated proposed Strategic Plan is released concurrent with the budget

# FY 2022 Advertised Budget Highlights



- Decreases Real Estate Tax rate by 1 cent to \$1.14 per \$100 of assessed value
  - O Based on equalization, results in an increase in the average tax bill of approximately \$224
- Includes overall increase for County and Schools, excluding reserves, of 0.55%
  - O Provides an \$14.13 million increase over FY 2021 for School Operating; School Board request was \$104.40 million
- Includes no funding for employee pay increases in FY 2022
- Recommendation includes a \$20 million unappropriated reserve for Economic Recovery
  - Could be utilized at Board's discretion and appropriated at future quarterly reviews for County or School requirements
- Funds modest investments in Board priorities such as Public Safety staffing, Diversion First, Opioid Use Prevention Efforts, and Environmental Initiatives
  - Also include baseline funding for previously approved initiatives, such as Body-Worn Cameras and Health Department positions initially funded
    with stimulus funds
  - Includes increase of 109 positions, primarily for new facilities and the continuation of previous initiatives

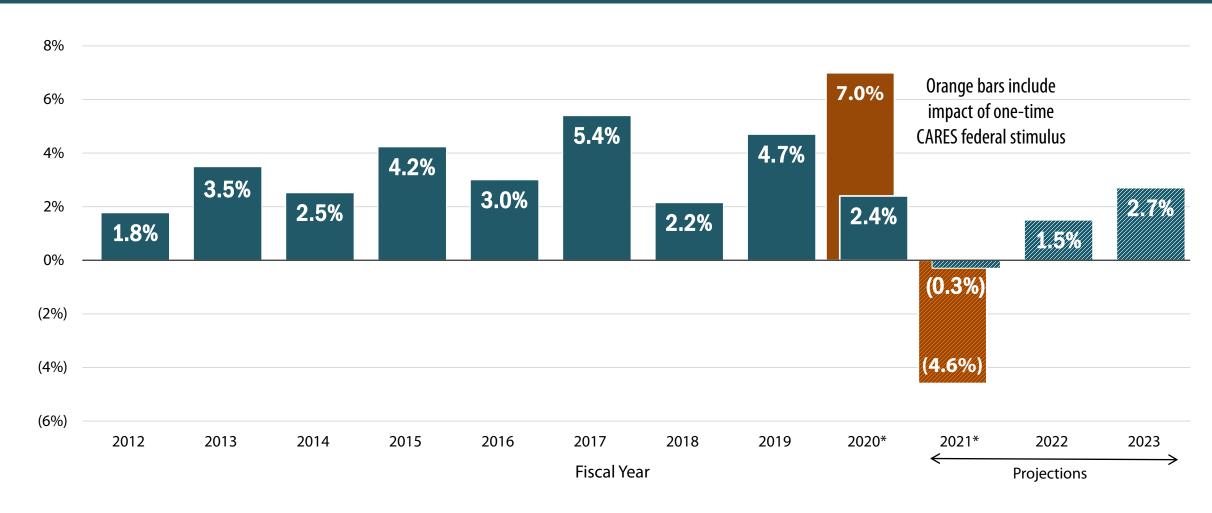
# Release of updated proposed Countywide Strategic Plan

- Countywide Strategic Plan originally presented with the <u>FY 2021 Advertised Budget Plan</u>
- Onset of the COVID-19 pandemic caused us to delay action on the plan by one year
- Staff has utilized this time to make updates to the plan based on the significant cultural and societal changes that have occurred over the past year
  - Worked closely with County's Chief Equity Officer and followed the recommendations coming out of the Chairman's Task Force on Equity and Opportunity to ensure alignment
- Fundamental components of the plan remain unchanged
- Updated plan now available online



# Annual Change in General Fund Revenue FY 2012 — FY 2023





<sup>\*</sup> FY 2020 growth rate of 7.0% includes one-time CARES federal stimulus revenue of \$200.2 million.



### **Real Estate Tax Base**

- The projected value of 1 Penny on the Real Estate tax rate equals \$27.14 million in revenue in FY 2022
- The Commercial/Industrial percentage of the total real estate assessment base decreased from 19.72% in FY 2021 to 18.17% in FY 2022

	2010	2011	2012	2013	2014	2015	2016
Equalization	(10.52%)	(8.98%)	2.67%	2.53%	2.63%	4.84%	2.40%
- Residential	(12.55)	(5.56)	2.34	0.71	3.50	6.54	3.39
- Nonresidential	(4.51)	(18.29)	3.73	8.21	0.14	(0.10)	(0.60)
Growth	0.57	(0.22)	0.60	0.74	0.77	0.93	1.06
TOTAL	(9.95%)	(9.20%)	3.27%	3.27%	3.40%	5.77%	3.46%

	2017	2018	2019	2020	2021	2022	2023 Prelim
Equalization	1.94%	0.97%	2.58%	2.45%	2.71%	2.02%	1.75%
- Residential	1.64	0.68	2.17	2.36	2.65	4.25	3.00
- Nonresidential	2.87	1.85	3.79	2.71	2.87	(4.05)	(1.95)
Growth	1.04	0.92	1.01	1.15	1.05	0.86	0.85
TOTAL	2.98%	1.89%	3.59%	3.60%	3.76%	2.88%	2.60%

# FY 2022 Budget Summary

- Net County revenues increase totals \$42.23 million, with \$13.07 million transferred to support Schools Operating and Debt Service requirements, a net \$11.70 million to support County priorities, and \$20 million held in balance for the Board for Economic Recovery efforts
- Schools support and County requirements, excluding reserves, are both increased 0.55% over FY 2022
- Schools are 52.8% of General Fund Disbursements in FY 2022
- County's reserves remain budgeted at target of 10% of General Fund disbursements

#### Adjustments included in FY 2022 General Fund Budget

(Amounts shown are in millions, net change over FY 2021 Adopted Budget Plan)

(Amounts snown are in millions, net change over <u>FY 2021 Adopted Budget Plan</u> )								
Available Revenue Increase								
Revenue Increase at Current Real Estate Tax Rate								
Real Estate Tax Rate Decrease of One Cent to \$1.14 per \$100 of Assessed Value								
Net Impact of Transfers In			<u>\$0.29</u>					
Total Available			\$42.52					
FY 2022 Requirements								
	County	Schools	Total					
County Compensation	(\$1.97)		(\$1.97)					
County Debt Service	\$0.28		\$0.28					
Lifelong Education and Learning	(\$0.01)	\$13.07	\$13.06					
Safety and Security	\$11.91		\$11.91					
Health and Environment	\$9.12		\$9.12					
Empowerment and Support for Residents Facing Vulnerability	\$2.92		\$2.92					
Effective and Efficient Government	\$2.49		\$2.49					
Cultural and Recreational Opportunities	\$2.18		\$2.18					
Housing and Neighborhood Livability	\$0.47		\$0.47					
Economic Opportunity	\$0.22		\$0.22					
Mobility and Transportation								
Agency Reductions and Savings	(\$15.91)		(\$15.91)					
Subtotal	\$11.70	\$13.07	\$24.77					
Reserve Adjustments			(\$2.25)					
Total Uses			\$22.52					
Available Balance to be set aside in Economic Recovery Reserve			\$20.00					

# **Looking Forward**



- Will continue to closely monitor revenue categories and include potential adjustments as part of the FY 2022 Add-On Package
- Staff will continue to maximize stimulus resources as appropriate
- Even if economy improves for FY 2023, will be challenging budget year due to competing demands
  - Employee compensation, impacted by collective bargaining
  - Board priorities that have not been addressed in FY 2022 including affordable housing and school readiness
- FY 2023 will be developed based on Strategic Plan priorities as approved by the Board of Supervisors

# How to Provide Input on the FY 2022 Budget



• To learn more about participating in the budget public hearings, call the Clerk to the Board's Office at (703) 324-3151 (TTY 711) or to access the form at:

### www.fairfaxcounty.gov/bosclerk/speakers-form

- The public can send written testimony or communicate with the Clerk's Office by email at: <a href="mailto:clerktothebos@fairfaxcounty.gov">clerktothebos@fairfaxcounty.gov</a>.
- Residents can also provide testimony by phone or submit video testimony. In-person testimony will not be allowed if the Board meetings are held virtually.
- The entire <u>FY 2022 Advertised Budget Plan</u> and the <u>FY 2022-FY 2026 Capital Improvement Program</u> are available online at:

www.fairfaxcounty.gov/budget

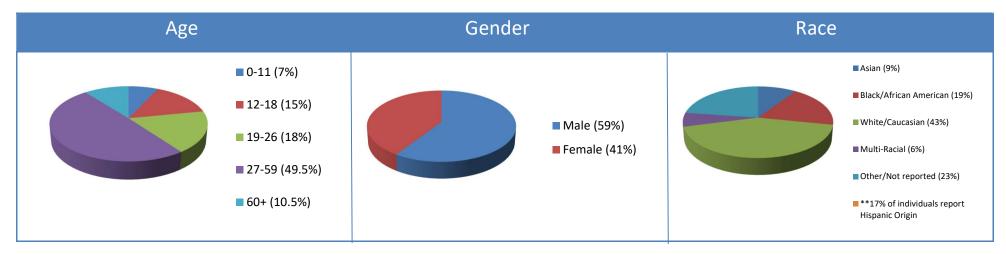
# **FY 2022 Budget Timeline**



February 23, 2021	County Executive presents FY 2022 Advertised Budget Plan
March 2, 2021	Joint Board of Supervisors/School Board Budget Committee Meeting
March 9, 2021	Board of Supervisors authorizes advertisement of FY 2022 tax rates
March 23, 2021	Board of Supervisors authorizes advertisement of FY 2021 Third Quarter Review
April 13-15, 2021	Board of Supervisors holds Public Hearings on FY 2022 Budget, FY 2021 Third Quarter Review, and FY 2022-FY 2026 Capital Improvement Program
April 27, 2021	Board of Supervisors marks-up FY 2022 Budget, adopts FY 2022-FY 2026 Capital Improvement Program and FY 2021 Third Quarter Review
May 4, 2021	Board of Supervisors adopts FY 2022 Adopted Budget
May 11-12, 2021	School Board holds public hearings on FY 2022 budget
May 20, 2021	School Board adopts FY 2022 Approved Budget
July 1, 2021	FY 2022 Budget Year Begins

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#### **CSB Status Report – FY 2021 Second Quarter**



#### **People Served (cumulative each quarter)**

Type of Service	FY 20 Total	FY 21 First Quarter	FY 21 Through Second Quarter	FY 21 Through Third Quarter	FY 21 Through Fourth Quarter	FY 21 Total
Total Number Served	20,366	11,685*	14,911	Through Thin a quarter	Till Ought Fourth Quarter	Total
Emergency Services	5,990	2,085	3,606			
Behavioral Health	3,035	535	1,232			
Screening and	Plus 1,905 walk-in	Plus 237 walk-in	Plus 463 walk-in			
Assessment	screenings	screenings	screenings			
Behavioral Health	6.968	4,857*	5,364			
Outpatient						
Behavioral Health	1,869	701*	957			
Residential						
Developmental	1,346	1,345*	1,372			
Disability Support	4,848 – all SC services	3,313 – all SC services	4,321 – all SC services			
Coordination						
Developmental	327	241*	254			
Disability Residential						

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

	FY 20 Average	FY 21 First Quarter	FY 21 Second Quarter	FY 21 Third Quarter	FY 21 Fourth Quarter	FY 21 Average
% receiving emergency services	93%	93%	94%			
within 1 hour						

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

	Total FY 20	FY 21 First Quarter	FY 21 Through Second Quarter	FY 21 Through Third Quarter	FY 21 Through Fourth Quarter	Total FY21
Temporary Detention Orders	1,575	422	869			
Emergency Custody Orders	1,858	446	909			

#### **Primary Care (cumulative each quarter)**

	Average FY 20	FY 21 First Quarter	FY 21 Second Quarter	FY 21 Third Quarter	FY 21 Fourth Quarter	Average FY 21
% of individuals receiving behavioral health						
services who report having a primary care	76%	84%*	82%			
provider						
% of individuals receiving program services with	n a payer source:					
Medicaid Only	46%	44%	45%			
Medicare Only	8%	9%	8.5%			
Private Insurance Only	7.5%	7%	7.5%			
Multiple Insurance Sources	22%	28%	28%			
No Insurance Coverage Reported	16.5%	12%	11%			

#### **Peer Support Services (cumulative each quarter)**

	Total FY 20	FY 21 First Quarter	FY 21 Through Second Quarter	FY 21 Through Third Quarter	FY 21 Through Fourth Quarter	Total FY 21
Number of individuals receiving peer support services in the community	2,162 5,195 – all PRC services	238** 733 – all PRC services	776 1,312 – all PRC services			

<sup>\*</sup>Includes individuals who were served as of June 30, 2020 and continued services through the first quarter. \*\*Numbers for one peer support center were unavailable.

#### **NOTES:**

- Demographics Very little change in demographics over time.
- People Served overall decrease compared to FY19 2nd Q for many services due to impacts of the COVID-19 pandemic, but the gap appears to be narrowing. For example, overall clients served were 5% lower in 1st Q FY21 as compared to FY20, but the difference is now only 3% lower when compared to Q2 FY20.
- Emergency Services 3% increase in numbers served as compared to FY20 2nd Q
- Walk-in screening/assessment at Merrifield for both youth and adults. Initial screening determines whether an individual needs services and meets criteria for CSB services. If so, an assessment is completed. 40% decrease from 2nd Q FY20 to 2nd Q FY21 due to impacts of the pandemic
- Emergency Services Wait Time Waiting clients are triaged and served in priority order. In 2nd Q, 94% were seen within an hour; 74% of clients were seen in under 30 minutes. Wait time for some clients greater than one hour when there is a high volume of requests for medication management services, or ECOs which are given priority
- Emergency Custody Orders 3% increase from Q2 FY20 to Q2 FY21. 34% increase from Q2 FY17 to Q2 FY21 (numbers may vary from Diversion First data based on time period and law enforcement involvement).
- Primary care- a small halo effect is typically seen in Q1 each fiscal year, with people served in the previous fiscal year carrying over to the first quarter. Subsequent quarters include people who are new to the CSB and may not yet have a health care linkage. Overall, we continue to see an increase in the number of clients with a primary care provider 82% in 2nd Q FY21 compared to 69% in 2nd Q FY18.
- Payer Source Clients reporting no insurance coverage has decreased from 27% in Q1 FY19 to 11% in Q2 FY21. The number of clients with Medicaid coverage has increased from 50% at the end of FY18 to 71% in Q2 FY21. This includes individuals with Medicaid only, and Medicaid in combination with other insurance sources.

# A Detailed Look at Virginia's Plan for Crisis System Transformation

#### **National Models to know:**

#### The Crisis Now Model:



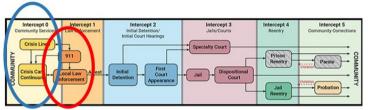
grams use technology for real-time across a system of care and leverage or performance improvement and ty across systems. At the same time, le high-touch support to individuals

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup. These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hosoital-based acute care.

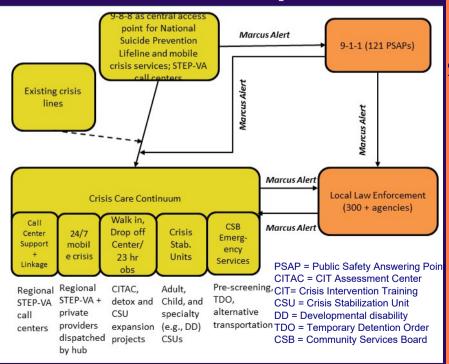
These must include a recovery oriental trauma-informed care, significant use of staff, a commitment to Zero Suicide/Suicid Care, strong commitments to safety the consumers and staff, and collaboration wenforcement.

#### The Sequential Intercept Model:





# Understanding Virginia's Projects and Plans at Intercept 0 and 1:



#### Across system:

(1) Shared triage levels across STEP-VA, Marcus Alert, and 9-1-1 (2) Shared data, reporting, and quality improvement requirements

#### **Marcus Alert**

The Marcus-David Peters Act was signed into law in late 2020 and is complementary to other plans and investments. The Crisis Now model is primarily an Intercept 0 Model, in terms of the Sequential Intercept Model,

whereas the Marcus Alert focuses specifically on Intercept 1 and the intersection of Intercept 1 and 0. Both are necessary investments to build a coordinated, health-focused continuum of crisis services that are equitably accessible and supportive to all Virginians.

#### 9-8-8 Federal Requirements

A new federal law requires that all states use the three digit code 9-8-8 as a single access point to the National Suicide Prevention Lifeline and the crisis care continuum. Virginia will use this as the access point for mobile crisis services. This is required of all states by July 16, 2022.

#### Behavioral Health Enhancements

This refers to new Medicaid reimbursement rates. Four crisis rates for mobile crisis response, follow-up stabilization, 23-hour observation, and per diem for Crisis Stabilization Units are planned for December, 2021.

<u>Community Services Board</u> Item: <u>11A</u> Type: <u>Action</u> Date: <u>03/2421</u>

#### Request for Approval of Proposed FY 2022 Fee Schedule

#### Issue:

Updates to the Fee Schedule

#### Recommended Motion:

I move the Board approve the proposed FY 2022 CSB Fee Schedule for submission to the Board of Supervisors for approval.

#### Background:

At the CSB Board meeting on February 24, 2021, the CSB Board discussed the proposed changes.

The recommended changes include:

1. Updated to the fees based on current Medicare, Medicaid, or negotiated rates for CSB services provided and billed to clients

If approved by the CSB Board, the proposed Fee Schedule will be submitted to the Board of Supervisors for review in May 2021. Following Board of Supervisors review, staff will inform clients, conduct staff training, and update the Electronic Health Record, with an effective date not sooner than July 1, 2021.

#### Timing:

If approved by the CSB Board, the proposed Fee Schedule is forwarded to the Board of Supervisors for their review. Following BOS approval, the changes to the Fee Schedule will not become effective before July 1, 2021.

#### 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 \$20M in estimated fee revenues.

#### **Enclosed Documents**:

Proposed CSB Fee Schedule - Eff. 7/1/2021

#### Board Members and Staff:

Sebastian Tezna, Director of Behavioral Health Operations

Service	Service Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Previous Rate	New Rate	Unit	Change
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	\$16.47	per event	(\$0.45)
Initial Evaluation/Assessment	90791		Yes	\$159.18	\$199.30	per event	\$40.12
Psychiatric Evaluation, Medical Services	90792		Yes	\$176.58	\$223.16	per event	\$46.58
Individual Therapy/Counseling (16 to 37 minutes)	90832		Yes	\$77.62	\$85.48	per event	\$7.86
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$103.20	\$113.62	per event	\$10.42
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$154.34	\$167.71	per event	\$13.37
Crisis Intervention - non-Medicaid	90839		Yes	\$161.02	\$159.80	per hour	(\$1.22)
Crisis Intervention - Addl 30 Min	90840		Yes	\$77.18	\$75.54	each add't 30 min	(\$1.64)
Family Therapy w/out client (50 minutes)	90846		Yes	\$111.75	\$107.42	per event	(\$4.33)
Family Therapy w/ client (50 minutes)	90847		Yes	\$115.54	\$111.10	per event	(\$4.44)
Multi-Family Group Therapy	90849		Yes	\$41.32	\$39.85	per event	(\$1.47)
Group Therapy/Counseling (per group, per person)	90853		Yes	\$30.75	\$30.37	per event	(\$0.38)
Injection Procedure	96372		Yes	\$16.59	\$16.62	per event	\$0.03
Urine Collection & Drug Screen- Retests Only (Specimen Handling)	99000		Yes	\$25.00	\$25.00	per event	\$0.00
Office Outpatient New 15-29 Min	99202		Yes	New	\$55.95	per event	New
Psychiatric Evaluation & Management Low Complexity - New Patient 30-44 Min	99203		Yes	\$124.97	\$130.74	per event	\$5.77
Psychiatric Evaluation & Management Moderate Complexity - New Patient 45-59 Min	99204		Yes	\$189.38	\$193.99	per event	\$4.61
Office Outpatient New High 60-74 min	99205		Yes	New	\$255.71	per event	New
Nursing Subsequent Care - Established Patient	99211		Yes	\$27.55	\$27.34	per event	(\$0.21)
Office Outpatient Established 10-19 Min	99212		Yes	New	\$40.51	per event	New
Psychiatric Evaluation & Management Low Complexity - Established Patient 20-29 Min	99213		Yes	\$87.12	\$106.24	per event	\$19.12
Psychiatric Evaluation & Management Moderate Complexity - Established Patient 30-39 Min	99214		Yes	\$125.75	\$150.25	per event	\$24.50
Office Outpatient Established High 40-54 min	99215		Yes	New	\$209.07	per event	New
Preventative Visit Estimated Age 18-39	99395		Yes	\$86.72	\$86.72	per event	\$0.00
Preventative Visit Estimated Age 40-64	99396		Yes	\$89.89	\$89.89	per event	\$0.00
Preventative Visit Estimated Age 65+ (negotiated)	99397		Yes	\$95.00	\$95.00	per event	\$0.00
Prolonged Office Outpatient ea 15 min	99417		Yes	New	\$45.00	per 15 min	New
Complex E/M visit add on	G2211		Yes	New	\$45.00	per event	New
Prolonged Outpatient Office Visit	G2212		Yes	New	\$45.00	per event	New
Case Management - SA Residential Treatment	H0006 H0010 - HB	Revenue Code(s) 1002, and	Yes	\$243.00 \$393.50	\$243.00 \$393.50	per month per day	\$0.00 \$0.00
		DRG(s) 894-897		•			
Intensive Outpatient - SA	H0015	Revenue Code 905 or 906	Yes	\$250.00	\$250.00	per day	\$0.00
Behavioral Health Short Term Residential (TDOs)	H0018 - HK		Yes	New	\$657.96	per event	New
Behavioral Health Outreach Service (Case Management - MH)	H0023		Yes	\$326.50	\$326.50	per month	\$0.00
Community Psychiatric Supportive Treatment	H0036 H0039/		Yes	New	\$30.79	per 15 min	New
Intensive Community Treatment  Crisis Intervention - Medicaid	H0040 H2011		Yes	\$153.00 \$30.79	\$153.00 \$30.79	per hour per 15 min	\$0.00
Therapeutic Behavioral Services	H2019		Yes	\$89.00	\$89.00	per 15 min	\$0.00
Crisis Stabilization - Adult Residential (Therapeutic Behavioral		Revenue Code(s) 1001, and		•		·	
Services) Turning Point Program	H2019 H2020	DRG(s) 876, 880-887	Yes	\$583 (Facility only) \$146.22	\$583 (Facility only) \$146.22	per day per day	\$0.00
Detoxification, Medical, Residential-setting	H2036 - HB	Revenue Code(s) 1002, and	Yes	\$393.50	\$393.50	per day	\$0.00
Detoxification, Social, Residential-setting	H2036 - HB	DRG(s) 894-897 Revenue Code(s) 1002, and	Yes	\$393.50	\$393.50	per day	\$0.00
Drop-In Support Services, ID	None	DRG(s) 894-897	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.	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	\$0.00
Late Cancellation or No Show (commercial insurance coverage only)	None		Yes	\$25.00	\$25.00	per appointment	\$0.00
Residential Fee ID Community Living Services	None		No	75%	75%	of monthly gross income	\$0.00
Residential Fee MH/SA Community Living Services	None		No	30%	30%	of monthly gross income	\$0.00

#### ATTACHMENT A

Returned Check (due to insuffient funds or closed account)	None		No	\$50.00	\$50.00	per check	\$0.00
Transportation	None		No	\$100.00	\$100.00	per month	\$0.00
Partial Hospitalization Psychiatric Patient	S0201	Revenue Code 912	Yes	\$500.00	\$500.00	per diem	\$0.00
Partial Hospitalization Substance Abuse Patient	S0201	Revenue Code 913	Yes	\$500.00	\$500.00	per diem	\$0.00
Release of Information: Research	S9981		No	\$10.00	\$10.00	per event	\$0.00
Release of Information: Per Page	S9982		No		\$.37 per pg up to 50 pgs; \$.18 per pg > = 51 pgs; \$6.00 per CD		Varies

#### CSB Service Delivery Oversight Committee Charter

#### Issue:

Presentation of proposed Service Delivery Oversight Committee charter for CSB Board consideration.

#### Recommended Motion:

I move that the proposed charter of the standing CSB Service Delivery Oversight Committee (SDOC) be approved as presented

#### **Background:**

To revise the composition of the Developmental Disabilities (DD) and Behavioral Health Oversight Committees (BHOC), the Committees were merged to establish the Service Delivery Oversight Committee (SDOC). Merging the committees into one will improve the ability of committee and associate members to address provision of integrated and holistic care for individuals with developmental disabilities, substance use disorders, and mental health conditions. The combining of these meetings will also be more efficient for the Committee and Associate Members who attend both meetings as the meetings are scheduled for the second Wednesday of every other (even) month at 500 p.m. The new committee charter has been developed to clarify the mission and purpose of the new committee.

The CSB Board Bylaws have been amended to reflect these changes and were submitted for approval to the Board of Supervisors February 23, 2021.

#### **Board Member:**

Bettina Lawton, Chair Sheila Jonas, Co-Chair, Service Delivery Oversight Committee Garrett McGuire, Co-Chair, Service Delivery Oversight Committee

#### **Enclosed Document:**

Service Delivery Oversight Committee Charter

# CSB Board Service Delivery Oversight Committee Charter

#### Mission:

The Service Delivery Oversight Committee (SDOC) focuses on all intellectual and developmental disabilities, substance use disorder, and mental health services, programs, and policies of the CSB. The Committee works closely with CSB leadership and staff to ensure that individuals in these communities are empowered to lead meaningful, self-directed lives with the supports and services they need. The Committee assists the CSB board in meeting its responsibilities as outlined in the Code of Virginia.

#### **Committee Composition:**

The SDOC is a standing committee of the CSB. It is comprised of a chair, board members appointed by the CSB Chair, and associate members including self-advocates, families, representatives of populations served, organizations whose work and knowledge are important to the work of the Committee and other stakeholders. Associate members are nominated annually by members of the SDOC and confirmed by the full CSB Board. The chair of the SDOC will serve on the CSB Executive Committee.

#### **Responsibilities and Duties:**

#### Advocacy:

- Advocate for services and programs that promote empowerment, inclusion, independence, integration, prevention, recovery, self-determination, and treatment.
- Collaborate with relevant public/private boards and councils at state and local levels, businesses, faith-based entities, and service providers to attain adequate and sustainable resources for a continuum of services that will meet the needs of a diverse population.

#### Education/Outreach:

- Increase awareness and understanding of CSB services and programs to the CSB Board and throughout the state and local communities.
- Sustain and promote expansion of the community network.
- Actively seek information from self-advocates, families, and community partners regarding the service system and provide a public forum for discussion.

Oversight: Provide oversight of CSB programs and the provision of services.

- Review and evaluate public and private services and facilities that receive funds from the CSB and make recommendations to the CSB Executive Committee and Board based on its findings.
- Provide policy guidance to the CSB Board to include reviewing relevant draft policies and recommending additional policies.
- Review and make recommendations to the CSB Executive Committee and Board regarding policies, plans, service delivery proposals, budgets, grants, and other matters affecting the relevant communities.

#### **Outcomes:**

The CSB Board is timely informed of pertinent issues related to service provision and programs.

Board level decisions and governance regarding programs, policies, services, and funding are enhanced.

#### Virginia Foundation for Healthy Youth (VFHY) Grant Application Request

#### Issue:

Request for approval from the Fairfax-Falls Church Community Services Board to accept funding from the Virginia Foundation for Healthy Youth (VFHY).

#### Recommended Motion:

I move that the Board approve and accept funding of \$150,000 for a three-year grant from Virginia Foundation for Healthy Youth for the Fairfax-Falls Church Community Services Board to implement the Al's Pals: Kids Making Healthy Choices program.

#### Background:

Since 2011, the Wellness, Health Promotion and Prevention (WHPP) team of the Fairfax-Falls Church Community Services Board (CSB) has implemented the Al's Pals: Kids Making Healthy Choices program, a tobacco and nicotine prevention program, with funding from the VFHY. Al's Pals is a resiliency-based early childhood curriculum and teacher training program that develops personal, social, and emotional skills in children ages 3 to 8. It is delivered in English and Spanish. With Memo of Understanding with the CSB, approximately 38 classrooms across 12 sites in Fairfax implement the program and receive technical assistance from the WHPP team.

Grant funding will be utilized to support CSB prevention staff who coordinate and provide technical assistance to the implementing sites.

#### Timing:

Board action is requested on March 24, 2021. Due to the grant application deadline of Monday, March 22, 2021 the application was submitted pending Board approval. We are seeking the permission of the Executive Director to submit the application as the application deadline is in advance of the Board meeting This grant project, if awarded, will begin in July 2021. It is anticipated funding will be available through June 2024.

#### Fiscal Impact:

Funding of \$150,000 (\$50,000 per year) for the three-year period of July 1, 2021 through June 30, 2024.

#### Positions:

This grant will not be utilized to support the *creation* of any new positions. This program does, however, support current staff positions that include coordination of the program, evaluation activities, and the provision of technical assistance to implementation sites.

#### **Enclosed Documents:**

Attachment A: Grant Summary

#### Staff:

Louella Meachem, Service Director and Director of Nursing
Marla Zometsky, Behavioral Health Mgr.: Wellness, Health Promotion and Prevention
Katie Scipione, Prevention Specialist

#### Attachment A

#### Virginia Foundation for Healthy Youth Summary of Grant Proposal

Grant Title: Tobacco Use Prevention Grant: Youth Development Grant (Al's Pals:

Kids Making Healthy Choices)

Funding Agency: Virginia Foundation for Healthy Youth (VFHY)

**Applicant:** CSB Wellness, Health Promotion and Prevention

**Funding Amount:** \$150,000 over three years (\$50,000 per year).

**Proposed Use of Funds:** The funds will be utilized to support the implementation of the Al's Pals

program, an evidence-based tobacco prevention program funded through the Virginia Foundation of Healthy Youth (VFHY) under their Youth Development grant category. Al's Pals is an early childhood prevention program for youth ages 3-8 that is implemented in Pre-K through 3<sup>rd</sup> grade. Using puppets and creative lessons, Al's Pals helps children to develop social skills, self-control, problem-solving abilities, and an understanding that they are not to use tobacco, alcohol, and other drugs.

The program has 46 lessons that are approximately 15 minutes each and delivered two times a week. Throughout the lessons, children are encouraged to seek adult permission and/or assistance and reminded that

tobacco products are not safe and healthy for children.

CSB Staff will work with Teaching Strategies, the provider of the Al's Pals compendium, to train approximately 38 classroom teachers at 12 sites from childhood development centers and kindergarten classrooms.

Approximately 500-600 children a year receive the program.

**Performance Measures:** To evaluate program outcomes, teachers or day care providers complete

the Social Skills Scale of the PKBS-2 before and after program

implementation (i.e., a pretest and posttest) will all children served. An independent evaluator analyzes the data to determine improvements in outcomes targeted by the Al's Pals programs. Outcomes include improved in social skills, specifically positive changes in social

cooperation, social interaction, and social independence.

**Grant Period:** July 1, 2021 through June 30, 2024

#### Bureau of Justice Assistance Adult Drug Court Discretionary Grant Application Request

#### Issue:

CSB Board approval for the Fairfax-Falls Church Community Services Board to apply for and, if awarded, accept funding from the Department of Justice, Office of Justice Program, Bureau of Justice Assistance for an Adult Drug Court Discretionary Grant.

#### **Recommended Motion:**

I move that the Board approve applying for and accepting, if awarded, funds totaling \$500,000 for the Adult Drug Court Discretionary Grant.

#### Background:

CSB Board authorization for the Fairfax-Falls Church Community Services Board (CSB) to apply for and accept \$500,000 if awarded a grant, from the Department of Justice (DOJ), Office of Justice Program Bureau of Justice Assistance to fund the Adult Drug Court Discretionary Grant. A local match of 25 percent is required. The total requested budget is \$500,000 with a minimum 25 percent in-kind match.

The Adult Drug Court Discretionary Grant Program seeks to implement and enhance the operations of adult drug courts that effectively integrate evidence-based substance use disorder treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over substance-misusers to include addressing the opioid epidemic. BJA is accepting applications for FY 2021 grants to implement and enhance drug court services, including service coordination, management of drug court participants, and recovery support services. Funding may assist a jurisdiction to launch a drug court; scale up a drug court program's capacity; provide access to or enhance treatment capacity or other critical support services; enhance court operations; expand or enhance court services; or improve the quality and/or intensity of services based on needs assessments. This program provides resources to state, local, and federally recognized tribal governments to enhance drug court programs and systems for nonviolent offenders and veterans with addictions, including stimulant and opioid abuse and overdose. BJA also supports courts that integrate the National Association of Drug Court Professionals (NADCP) adult drug court standards into existing drug court services. Funding will support 1/1.0 FTE grant new Drug Court Treatment Coordinator position to collaborate between Drug Court and CSB related to treatment needs and progress of Drug Court participants. This proposal seeks to expand and diversify funding for Fairfax County's Diversion First efforts.

#### Timing:

Board action is requested on April 13, 2021. The proposal is due April 14, 2021. This grant project, if awarded, will begin on October 1, 2021 through September 30, 2025.

#### Fiscal Impact:

Grant funding in the amount of \$500,000 is being requested from the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance to fund the Adult Drug Court Discretionary Grant. The total required non-federal match of 25 percent will be met with in-kind resources. This action does not increase the expenditure level in the Federal-State Grant Fund, as funds are held in reserve for unanticipated grant awards.

#### Positions:

There is 1/1.0 FTE new grant position associated with this award. The County is under no obligation to continue funding this position when the grant funding expires.

#### **Enclosed Documents:**

Attachment A: Grant Summary

#### Staff:

Daryl Washington, Executive Director Marissa Farina-Morse, CSB Service Director Diversion First

#### Adult Drug Court Discretionary Grant Summary of Grant Proposal

Please note: the actual grant application is not yet complete; therefore, this summary has been provided detailing the specifics of this application.

Grant Title: Adult Drug Court Discretionary Grant

Funding Agency: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice

Assistance

**Applicant:** Fairfax-Falls Church Community Services Board (CSB)

**Funding Amount:** Federal funding of \$500,000; a required non-federal match of 25 percent

will be met with in-kind resources.

**Proposed Use of Funds:** This grant project will support the enhancement of the Adult Drug Court

in Fairfax County Circuit Court. It will support the use of evidence-based principles and practices by a multidisciplinary team responding to the offenses and treatment needs of program participants diagnosed with substance abuse. The grant will support collaboration between law

enforcement, justice and CSB systems in increasing diversion

opportunities. A 1/1.0 FTE new grant Drug Court Treatment Coordinator position will be established to collaborate between Drug Court and CSB related to treatment needs and progress of Drug Court participants.

**Performance Measures:** Enhance the drug court in Fairfax County.

Fund one Drug Court Treatment Coordinator position to support

collaboration between the Drug Court and CSB.

Expand program beyond current capacity of serving a total of 25

individuals annually in the drug court program.

Implement required evidenced-based practices developed by the National

Association of Drug Court Professionals (NADCP).

Develop and track outcomes aligned with best practices for drug courts.

**Grant Period:** October 1, 2021 – September 30, 2025