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## **FAIRFAX-FALLS CHURCH CSB BOARD MEETING**

**Captain Daniel Wilson, Chair (acting)**

**Wednesday, November 15, 2023, 5:00 PM**

**Sharon Bulova Center for Community Health**

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

### **MEETING AGENDA**

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|---|-------------------------|
| <b>1. Meeting Called to Order</b>                           | <b>Daniel Wilson</b>    |
| <b>2. Roll Call, Audibility and Preliminary Motions</b>     | <b>Daniel Wilson</b>    |
| <b>3. Matters of the Public</b>                             | <b>Daniel Wilson</b>    |
| <b>4. Amendments to the Meeting Agenda</b>                  | <b>Daniel Wilson</b>    |
| <b>5. Approval of the October 25, 2023, Meeting Minutes</b> | <b>Daniel Wilson</b>    |
| <b>6. Staff Presentation</b>                                | <b>Sebastian Tezna</b>  |
| A. Northern Virginia Regional Projects Office               |                         |
| <b>7. Director's Report</b>                                 | <b>Daryl Washington</b> |
| A. County, Regional, State and Cross Agency Initiatives     |                         |
| B. Electronic Health Record Update                          |                         |
| <b>8. Matters of the Board</b>                              | <b>Daniel Wilson</b>    |
| <b>9. Committee Reports</b>                                 |                         |
| A. Service Delivery Oversight Committee                     | <b>Anne Whipple</b>     |
| B. Compliance & Executive Committee                         | <b>Daniel Wilson</b>    |
| C. Fiscal Oversight Committee                               | <b>Claudia Volk</b>     |
| D. Other Reports  |                         |
| <b>10. Adjournment</b>                                      |                         |

Meeting materials are posted online at [www.fairfaxcounty.gov/community-services-board/board/archives](http://www.fairfaxcounty.gov/community-services-board/board/archives) or may be requested by contacting Sameera Awan at 703-324-7827 or at [Sameera.Awan@fairfaxcounty.gov](mailto:Sameera.Awan@fairfaxcounty.gov)

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD**  
**MEETING MINUTES**  
**OCTOBER 25, 2023**

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

**1. Meeting Called to Order**

Board Chair Dan Sherrange called the meeting to order at 5:17 PM.

**2. Roll Call, Audibility, and Preliminary Motions**

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

**ABSENT:**      **BOARD MEMBERS:** GARRETT MCGUIRE; SRILEKHA PALLE

**Also present:** Executive Director Daryl Washington, Deputy Director of Community Living Barbara Wadley- Young, Chief Financial Officer Elif Ekingen, Healthcare Systems Director Jennifer Aloï, Service Director Kevin Lafin, Director of Clinical Operations Abbey May, Service Director Sierra Simmons, Legislative and Grants Analyst Elizabeth McCartney, Director of Communications and Public Information Caroline Coscia, and Board Clerk Sameera Awan.

**3. Amendments to the Meeting Agenda**

The meeting agenda was provided for review, no amendments were made.

**BOARD MEMBER CONSENSUS TO APPROVE AGENDA ITEM NO. 3**

**4. Discussion with General Assembly**

The following General Assembly Representatives were present during the board meeting:

Delegate Mark Sickles (43<sup>rd</sup> District)

Delegate Rip Sullivan (48<sup>th</sup> District)

Delegate Karrie Delaney (67<sup>th</sup> District)

Delegate Vivian Watts (39<sup>th</sup> District)

Delegate Kathy Tran (42<sup>nd</sup> District)

**Executive Director Daryl Washington** presented a comprehensive overview of CSB Services, including County and Regional Legislative Priorities. The objective was to swiftly address these key points and open the floor for questions. Additionally, he guided the attendees through the materials in their packets. It was emphasized that the CSB is currently grappling with a workforce crisis within the healthcare field, with ongoing staff vacancies fluctuating between 127 and 120. Addressing this issue is crucial for ensuring timely, quality care for residents. To enhance the appeal of public Behavioral Health careers, an investment in a staff person to liaise with local universities was proposed. Reducing administrative variances and regulatory barriers to facilitate workforce pipeline development was also discussed. Behavioral Health Crisis Response in the Northern Virginia region

was a focal point, with plans for multiple crisis response centers and crisis stabilization units. The overutilization of hospital beds in other parts of the state, impacting Fairfax, was highlighted as a key issue, as the region has a significantly lower hospitalization rate. Efforts to address this challenge were underscored, as it plays a substantial role in the limited hospital capacity problem statewide.

**Delegate Mark Sickles (43<sup>rd</sup> District)** emphasized that the higher hospitalization rates in certain regions were primarily due to the lack of available alternatives to hospitalization. He noted that the CSB, in contrast, offers a variety of alternative routes, and this difference can be attributed to the funding provided by the Board of Supervisors (BOS). Delegate Sickles also mentioned ongoing efforts to invest in permanent supportive housing and crisis response centers. However, he acknowledged that these efforts were affected by the existing workforce crisis, which has presented challenges in utilizing allocated funds effectively.

**Delegate Vivian Watts (39<sup>th</sup> District)** appreciated the information presented. She indicated a keen interest in understanding how the Behavioral Health Commission's data over the last five years aligns with the points discussed. She noted a significant difference in the length of stay in Northern Virginia compared to other hospitals. She had previously assumed, as Delegate Sickles mentioned, that shorter stays in Northern Virginia were due to the availability of alternatives for patients. However, she also acknowledged the unique challenges that individuals from outside the region might face when seeking treatment in Northern Virginia.

**Executive Director Daryl Washington** provided insights into the situation's complexity, highlighting that it's both simple and intricate. In Northern Virginia, there are significant investments in discharge planners, with each CSB having its discharge planners. This focused approach, where each discharge planner can specialize in one individual state hospital, significantly impacts the ability to establish transition plans for returning patients to the community. Another key factor is the strong relationship between the CSB and the director at the Virginia Mental Health Institute. Their collaborative efforts aim to stabilize individuals and facilitate a quicker return to the community. The Wellness Circle facility serves not only as a means to avoid hospitalization but also as a bridge to expedite the transition from the hospital back to the community, resulting in reduced use of state hospital beds. In essence, it's a combination of multiple factors contributing to the shorter length of stay.

**Delegate Vivian Watts (39<sup>th</sup> District)** inquired about the process for individuals from other regions who may need services. She sought clarity on whether these individuals could be accommodated within the services provided in Northern Virginia or if they were required to return to their respective regions. Additionally, she was interested in understanding whether these individuals fell under the jurisdiction of our CSB's.

**Executive Director Daryl Washington** responded, explaining that individuals have the right to choose their treatment and location. He mentioned that, on occasion, individuals from other parts of the state express a desire to relocate to Northern Virginia and request discharge planning to facilitate this move. However, he noted that the overwhelming majority, approximately 99% or more, prefer to return to their home regions, where they reside and consider their home.

**Delegate Vivian Watts (39<sup>th</sup> District)** inquired whether there is a backlog of individuals ready for discharge but lacking a discharge plan.

**Executive Director Daryl Washington** responded, explaining that there is an "extraordinary barriers list" that circulates among various state hospitals. Discharge planners focus on addressing this list, which includes individuals who are stable and prepared for discharge. Their primary goal is to identify suitable community placements for these individuals, facilitating their transition from the hospital to the community.

**Delegate Vivian Watts (39<sup>th</sup> District)** noted a recurring issue during the meeting. She expressed her concern that when it comes to the Northern Virginia Institute and its operations related to admission, release, and ongoing services, it often appears that the focus is solely on this region taking care of its residents. However, she emphasized that the issue lies in the significant number of individuals coming from other areas due to the unavailability of beds elsewhere. This has created challenges in the existing model. Instead of considering this model as the ideal way it should function, she believed it was essential to recognize that it is being strained due to its absence in other parts of the state, leading to the transfer of issues that must be addressed at their source.

**Executive Director Daryl Washington** highlighted the common occurrence where individuals residing in Northern Virginia are transported to Western State Hospital by law enforcement due to bed availability. Simultaneously, individuals from the Western State area are transferred to the Northern Virginia Mental Health Institute when beds become available. He emphasized that this situation results in the misallocation of behavioral healthcare resources but also places a significant burden on law enforcement.

**Delegate Mark Sickles (43<sup>rd</sup> District)** noted the presence of a new Commissioner and highlighted their ongoing efforts in developing strategic plans. He inquired about the current direction and goals of the department. He also questioned the feasibility of the department's slogan, "Help Right Now," considering the challenges previously discussed.

**Executive Director Daryl Washington** stated that the direction the department is taking in implementing the crisis response model and establishing crisis response centers, which he viewed as a best practice. He emphasized the need to continue along this path. He acknowledged the considerable challenges faced by the Commonwealth in this regard, involving building facilities, program design, and staff recruitment. These were described as multi-year endeavors already underway. As an example, he cited Prince William County plans, having already purchased a building and initiated build-out plans, with an anticipated opening in 2025.

**Delegate Mark Sickles (43<sup>rd</sup> District)** pointed out the positive progress being made in addressing these issues. He emphasized that not all solutions can be implemented immediately and acknowledged the substantial investment in this area. It was noted that while they might be unable to allocate all the resources simultaneously, they are committed to moving in the right direction.

**Executive Director Daryl Washington** discussed the challenge posed by DD Waivers, which has led to the continuous expansion of the DD Waiver Wait List. He emphasized that the number of Waivers

issued to Fairfax County is not keeping pace with the growth of the wait list. Fairfax's wait list is notably more extensive than other regions in the state, and even if they were to cut it in half, it would still be the largest in the state. On January 1st, there will be 500 waivers issued statewide, with 82 designated for Fairfax. The current Waiver Wait List for Priority 1 stands at 1,125 individuals. While there is a goal to eliminate the Priority 1 Wait List, it's important to consider the challenges involved in achieving this, including workforce shortages and the capacity of private providers. Mr. Washington stressed the need for a multi-year investment with larger allocations, cautioning against a knee-jerk reaction to address Fairfax's extensive wait list. He suggested an opportunity to distribute the 500 waivers strategically, allowing localities with smaller wait lists to eliminate their Priority 1 lists, creating room for addressing other wait lists.

**Delegate Kathy Tran (42<sup>nd</sup> District)** inquired about the process when a locality's CSB receives a waiver they cannot utilize for any reason. She sought clarification on the fate of these unassigned waivers. Specifically, she asked whether they are returned to the state and left unused or if there is a mechanism for reallocating them to other areas.

**Executive Director Daryl Washington** explained that the current rules, as he understands them, address a relatively recent development. This year, two waiver allocations have created a situation where numerous localities are on the cusp of eliminating their Priority 1 Wait Lists. Once this happens, the practice is for the waivers to open up within the region. However, there may be an opportunity for more flexibility, allowing these waivers to not only open within the region but become available statewide. An example provided was region 2, where Alexandria received waivers that would enable them to eliminate their Priority 1 Wait List. Mr. Washington emphasized that this isn't solely a concern for Southwestern Virginia; it affects larger localities in general. Larger localities tend to have more substantial wait lists, and when comparing the size of the locality to the number of waivers issued, an imbalance becomes apparent. Fairfax County, while notably larger, is not alone in experiencing this dynamic, as other large localities in the state face similar challenges.

Mr. Washington addressed Core Behavioral Healthcare Services, particularly within System Transformation Excellence and Performance (Step-VA), which has been in place for several years. He noted that Step-VA has consistently faced challenges in total funding and variations in funding methodology each year. This unpredictability makes it challenging to determine available resources and maintain compliance with Step-VA's service provision and quality standards. Mr. Washington mentioned the state's previous goal of having all 40 Community Services Boards (CSBs) become Certified Community Behavioral Health Clinics (CCBHCs) but stated that the state had paused this initiative due to other pressing matters, such as the request for proposals (RFP) for managed care organizations and Medicaid. He stressed the importance of keeping sight of the CSBs' transition to CCBHCs, as CCBHCs operate nationwide and have federal standards, making them valuable for outcome measures and service comparisons with other states. Additionally, becoming a CCBHC would allow the state to apply for a waiver that offers flexibility in services and reimbursement from the Centers for Medicare & Medicaid Services (CMS). This, in turn, would reduce the administrative burden and enhance service flexibility and delivery.

Lastly, Mr. Washington addressed the ongoing impact of the Opioid Epidemic on the Fairfax County Health District. He highlighted that while there was a decrease in the past year, a noticeable pattern

emerged during the pandemic. Gains were being made, but when the pandemic hit, overdose numbers increased. This trend is consistent with what's happening nationwide. In response, investments in Medication Assisted Treatment (MAT) have been made, including a directly operated MAT clinic and 24/7 residential programs. Regional efforts have been initiated to secure opioid abatement funding. Mr. Washington stressed the importance of acknowledging that the opioid epidemic remains a significant concern. Despite multiple plans for residential treatment options, the challenge lies in finding private providers willing to offer such services. Providers express concerns about the risks associated with treating minors and medically managed detox. Mr. Washington mentioned that exploring the possibility of the locality's CSB directly operating these services may be necessary, similar to the level of care provided to adults at the Chantilly campus. Evaluating the feasibility of providing such services to children would be essential.

### **Questions and Discussions**

**Delegate Kathy Tran (42<sup>nd</sup> District)** asked Mr. Washington to provide details about one of the legislative priorities, specifically the Study of Early Intervention. She shared her personal experience with early intervention services, which had a positive impact on her family. She sought clarification on the nature and purpose of this legislative priority.

**Executive Director Daryl Washington** responded by explaining that in the revised state budget taking effect on January 1st, there are adjustments to the Part C rates. This marks the first time these rates have been adjusted in over five years. However, there is a prevalent sentiment among early intervention specialists that the adjustment does not keep pace with the increasing healthcare costs. The pandemic has led to a surge in healthcare costs, particularly impacting big providers like occupational and physical therapists who command high hourly rates. These professionals have various opportunities in the community, and if the rates remain competitive, it becomes easier to secure providers willing to offer early intervention services at the required level.

**Delegate Vivian Watts (39<sup>th</sup> District)** inquired about the challenges faced in terms of staffing, mainly whether the most significant issue is a shortage of individuals with professional prevention credentials or a lack of personnel for direct care, which is often observed in roles providing direct services.

**Executive Director Daryl Washington** highlighted that the federal landscape plays a significant role in the workforce challenges. He explained that CMS rates for behavioral healthcare reimbursement differ from those in primary medical care, which affects how healthcare companies compensate their staff. This leads to salary disparities between the primary health care and behavioral health care fields due to differing reimbursement rates. Additionally, the nature of work in community behavioral health care clinics can be demanding, involving individuals with severe mental health issues and complex needs. This high-stress environment can deter potential professionals from pursuing careers in this field. Collaborating with universities to raise awareness of community behavioral health as a viable career option is another challenge. It's essential to ensure that individuals with degrees in social work are well-informed about the opportunities in this sector beyond traditional options like the Department of Family Services.

**Delegate Kathy Tran (42<sup>nd</sup> District)** raised the topic of Medicaid redetermination and mentioned that in her new 18 House district, nearly one in five people rely on Medicaid for coverage. She highlighted the push for the DMAS (Department of Medical Assistance Services) to publish redetermination results based on race and mentioned that they have recently taken this step, adding to the transparency of the process. She pointed out that the latest data indicates that almost 40% of those who did not reapply for Medicaid were children, and nearly a third of those affected were black Virginians. She sought Mr. Washington's thoughts on how the redetermination process is unfolding in Virginia.

**Executive Director Daryl Washington** discussed the approach taken by their financial team, which closely collaborates with the Department of Family Services (DFS) to manage Medicaid redetermination in Fairfax. He noted that their staff is diligent in following up and assisting those who may face challenges. They have been monitoring trends, and while some individuals are found to be ineligible, the numbers haven't shown a significant spike. Most cases where individuals are non-responsive are due to not meeting eligibility criteria. Mr. Washington stated that there are only a few cases where people are responsive but still need help with eligibility issues, and their team is working to address these situations.

**Delegate Kathy Tran (42<sup>nd</sup> District)** inquired about the patient information system when seeking mental health services through the CSB, particularly in comparison to her recent experience with a hospital. She asked about the CSB's pre-patient information system, specifically its online accessibility and availability in multiple languages to improve access for vulnerable communities. Delegate Tran also noted the growing Afghan refugee population in Northern Virginia and wanted to know if these individuals had sought mental health services through the CSB and how successful these interactions had been.

**Executive Director Daryl Washington** responded that he didn't have an answer regarding the Afghan refugees' utilization of CSB services. He mentioned that they were in the process of an RFP for electronic health records, and their current system offered a limited online pre-registration process. However, they were looking forward to having this feature in their future portfolio with a new electronic health record system.

**Healthcare Systems Director Jennifer Aloï** added that their front office staff had developed a temporary solution by creating fillable PDF forms that could be emailed out for various front-end paperwork, making the process more convenient.

**Delegate Kathy Tran (42<sup>nd</sup> District)** expressed her interest in assisting with crisis services and requested that CSB staff send her information regarding Afghan refugees.

## **5. Matters of the Public**

None were presented.

## **6. Approval of the Minutes**

The September 27, 2023, CSB Board Meeting Minutes were provided for review, no amendments were made.

**MOTION TO ADOPT SEPTEMBER 27, 2023, MEETING MINUTES WAS MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY BOARD MEMBER DARIA AKERS.**

**MOTION TO ADOPT WAS APPROVED BY DAN SHERRANGE, ANDREW SCALISE, SHEILA COPLAN JONAS, JIM GILLESPIE, EVAN JONES, CLAUDIA VOLK, ROBERT BARTOLOTTA, KAREN ABRAHAM.**

## **7. Director's Report**

### **A. County, Regional, State and Cross Agency Initiatives**

**Executive Director Daryl Washington** provided an update on recent developments, highlighting the positive trends in the youth survey, including lower levels of depressive elements and improved substance use statistics. He discussed the expansion of youth services and the establishment of positions for youth MAT. He also addressed the plans for a residential facility, emphasizing the long-term investment it represents for the community and the need for building, staffing, and development over several years. He mentioned exploring creative ways to jumpstart smaller programs to address immediate needs while focusing on long-term goals. In anticipation of the statewide 500 DD Waivers, the CSB is set to receive 82, and there are ongoing efforts to secure additional waivers beyond that number. Dr. Wadley-Young is actively collaborating with state-level developmental disability partners to explore the possibility of obtaining more waivers. To prepare for this potential increase, the budget office and personnel are being engaged to consider the establishment of additional support coordinators, surpassing the immediate requirements, based on the optimistic outlook of acquiring more waivers.

**Board Member Robert Bartolotta** inquired about the system's capacity to absorb the DD waivers, given that the current count is 82. He sought to understand the timeline for the system to be able to accommodate additional waivers.

**Executive Director Daryl Washington** explained the challenges associated with receiving a large number of DD Waivers. He emphasized the need to ensure the CSB has enough support coordinators and supervisors to handle the paperwork-intensive job. He also highlighted the importance of developing community capacity and the need for a graduate plan to absorb the additional waivers effectively. Mr. Washington expressed his desire for a higher number of waivers while remaining mindful of the operational constraints and the timeline for implementing services once the waivers are issued.

Mr. Washington provided an update on the youth initiatives, including the use of local opioid dollars. He mentioned that they received approval to expand youth MAT (Medication-Assisted Treatment) and strengthen the drug treatment docket. Healthy Minds Fairfax also received resources to address substance use issues and conduct assessments, which highlighted several positive outcomes from the use of local opioid abatement dollars.



## 8. Matters of the Board

**Board Chair Dan Sherrange** provided an update on the Human Resources issue and mentioned that a briefing had been emailed to the CSB Board. He encouraged everyone to review the briefing and said he would accompany them in meetings with their supervisors if needed. The briefing to Supervisor Penny Gross and Dalia Palchik was well-received by delegates and the BOS. There were a couple of recommendations in progress, including a strategy to meet with the acting director of HR. Ultimately, the next steps were in the hands of the BOS. Mr. Sherrange offered to answer any questions or provide further information as needed.

## 9. Committee Reports

### A. **Service Delivery Oversight Committee**

Service Delivery Oversight Committee Chair Anne Whipple reported on the recent site visit for Emergency Services at the Sharon Bulova Center. She expressed her ongoing admiration for the dedicated staff and the impressive range of services offered in the building. Anne mentioned that during the last SDOC meeting, Director of Diversity, Equity & Inclusion Anika Harris provided a comprehensive overview of ongoing Diversity, Equity, Inclusion, and Belonging (DEIB) efforts. The approach focuses on promoting mental health in an engaging and joyful manner, involving various parts of the CSB and its diverse employees in activities. The SDOC is currently discussing its plans for the upcoming year, with considerations to reduce meeting frequency while expanding content. They also aim to increase member organization involvement, aligning with Anne's recent emphasis on this direction in recent months. **The next Service Delivery Oversight Committee meeting is Wednesday, December 6, 2023, at 5:00 PM.**

### B. **Compliance Committee**

Compliance Committee Chair Dan Sherrange had no updates or information to share from the October 2023 meeting. **The next meeting of the Compliance Committee will be held on Wednesday, November 8, 2023, in conjunction with the Executive Committee meeting starting at 4:00 PM.**

### C. **Fiscal Oversight Committee**

Fiscal Oversight Committee Chair Claudia Volk presented a report on recent financial developments. She noted an over expenditure in the non-program expenditures category, resulting from a \$6.9M transfer from the budget to cover the Electronic Health Records (EHR) expenses. This transfer created the appearance of an overspend in that area, but it is considered a one-time adjustment expected to level out during the year. Claudia also mentioned that operating expenses are currently under budget, and approximately \$5M will be moved from the operating budget to personnel expenses to balance it out. She anticipated that by the end of the year, the surplus is unlikely to reach the \$35M of the previous year and may be closer to \$10M, indicating that the financial situation is on track. **The next Fiscal Oversight Committee meeting is Thursday, November 16, 2023, at 4:00 PM.**

#### D. Other Reports

**Board Member Jim Gillespie** provided updates on two issues in Fairfax City. First, he mentioned the Atwood Center for Support Center is generating controversy. It is scheduled to be discussed by the City Council on November 14th, and this matter is complex because it is part of a broader zoning ordinance change that would remove certain restrictions on social services entities in specific zoning areas. Strangely, it has faced significant opposition from one church. Jim expressed his intention to testify at the City Council meeting and encouraged any Fairfax City residents who find this matter important to attend and testify or email the City Council. Secondly, Jim addressed the ongoing concern about chronically unhoused individuals in the city. There was a staff presentation to the City Council on this issue recently, and it seems that the City Council is interested in investing resources to support unhoused individuals. This may present opportunities for nonprofits to provide behavioral health-related services or housing solutions. While this matter has generated concern among citizens, the City Council appears committed to addressing it in a constructive manner.

**Executive Director Daryl Washington** addressed the issue of homelessness and the efforts being made to provide support. He mentioned the existence of a homeless outreach group, the homeless healthcare program, and the Lamb Center, which plays a central role in addressing homelessness. Fairfax County's staff also collaborates with the Lamb Center to offer services. In addition, the Office to Prevent and End Homelessness is actively working on supportive housing initiatives. Mr. Washington noted that the Department of Behavioral Health has allocated \$30M to enhance supportive housing across the state, although the specifics of its distribution are still in the works. He expressed the expectation that opportunities for intersection and collaboration with resources would be available. Furthermore, he emphasized the department's desire to prioritize supportive housing units for individuals transitioning out of state institutions.

**Board Member Sheila Coplan-Jonas** commended Daryl Washington for his exceptional presentation during the meeting. She also shared her positive impressions of the CSB Board Chairman and his interaction with Supervisor Penny Gros, highlighting his organizational skills and precision as the Chairman. This led her to express her confidence that the CSB Board members are in capable hands.

**Board Member Claudia Volk** reported on the City of Falls Church's successful pilot program for the Marcus Alert, which commenced on July 1<sup>st</sup>. She mentioned that nearly 100% of the City of Falls Church Police Department has received Crisis Intervention Team (CIT) training and commended them for their exceptional performance. Dr. Bracey, the clinical support for the program, has only been called upon twice for interventions since its launch, indicating its effectiveness. The program involves bringing individuals to the CSB for assessment and support.

**10. Adjournment**

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Daria Akers. The motion was approved unanimously, and the meeting was adjourned at 7:12 PM.

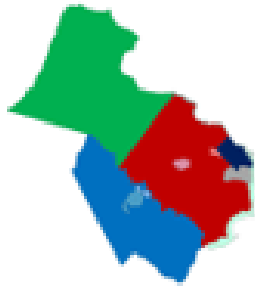
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Date Approved

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CSB Board Clerk

DRAFT



# Northern Virginia Regional Projects Office

*Serving Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William*

*Community Services Boards*

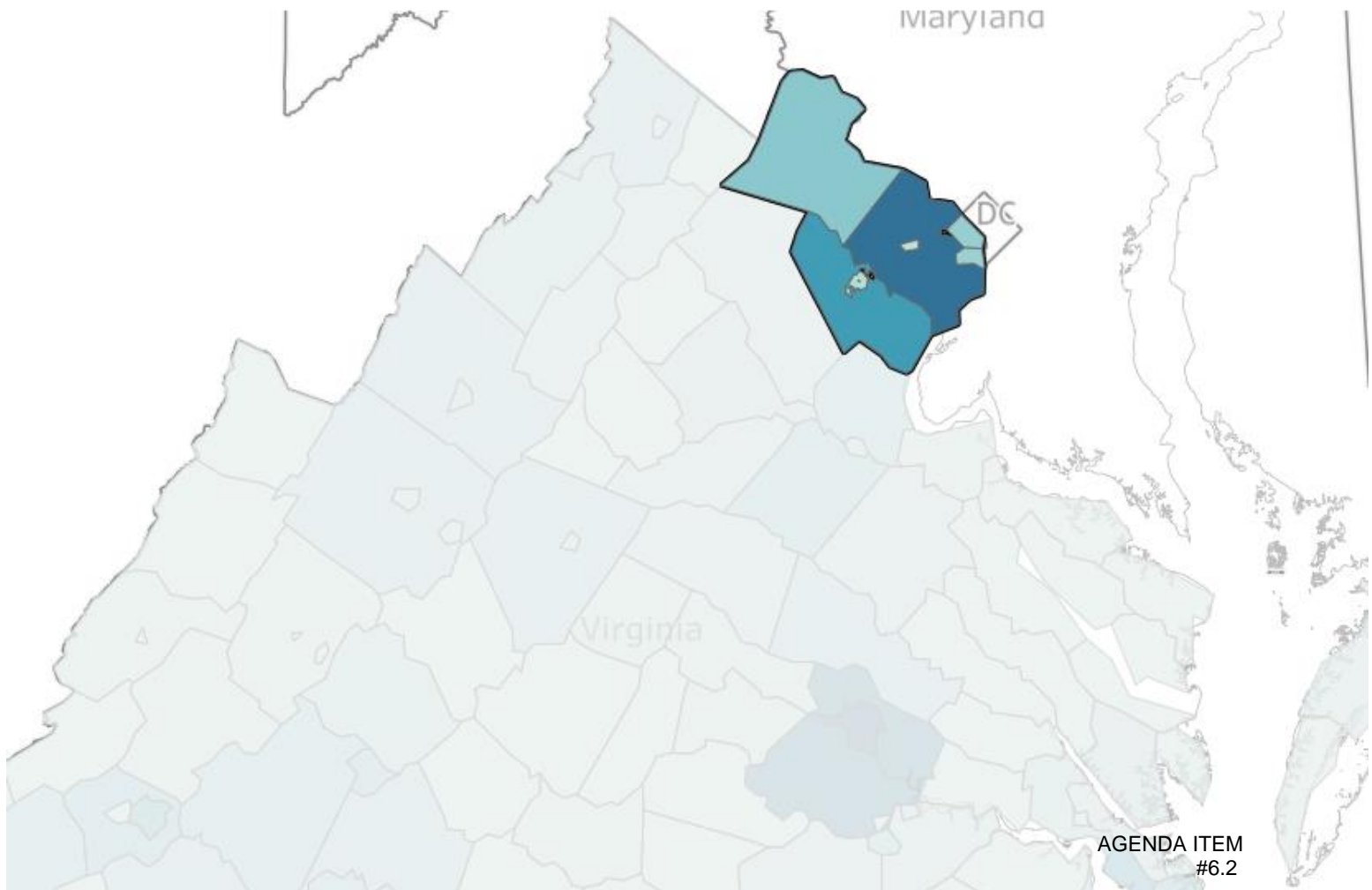
# NVRPO

**Sebastian Tezna, Division Director**

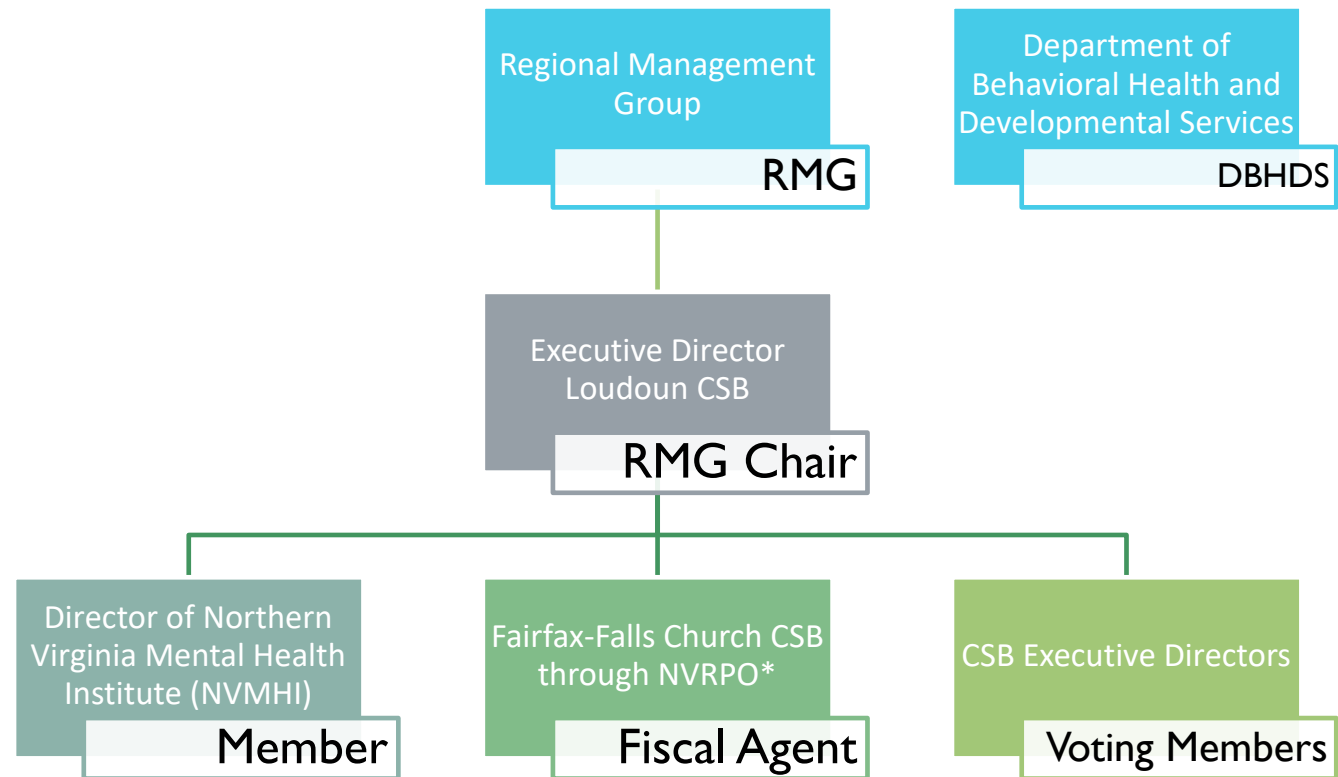
**[Sebastian.Tezna@fairfaxcounty.gov](mailto:Sebastian.Tezna@fairfaxcounty.gov)**

# Serving the Department of Behavioral Health and Developmental Services (DBHDS) – Region 2

- Alexandria CSB
- Arlington CSB
- Fairfax-Falls Church CSB
- Loudoun CSB
- Prince William CSB

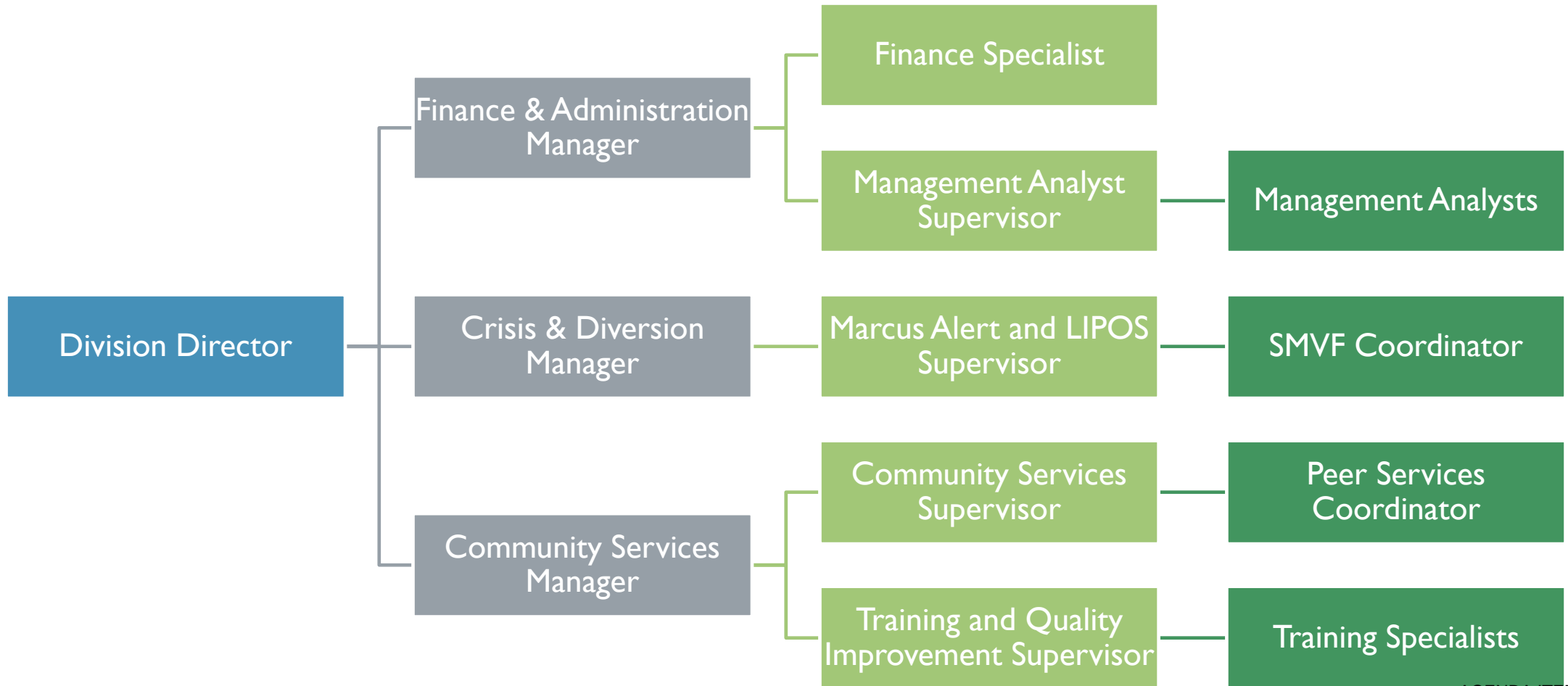


# Reporting Authorities

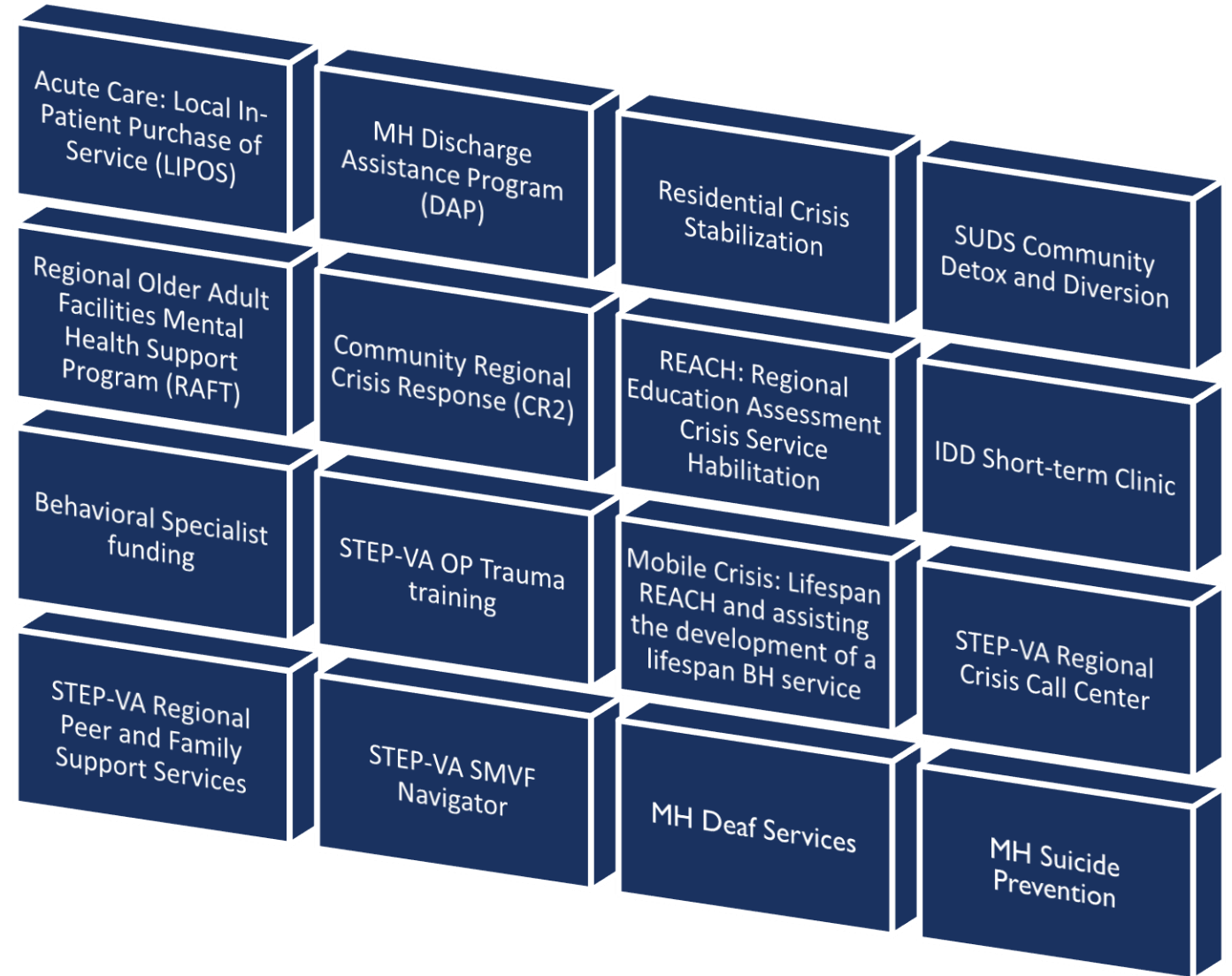


\*NVRPO serves as fiscal agent for most regional projects

# NVRPO Organizational Structure



# Regional Program Portfolio





**Facilitate regional collaboration and decision making based on one vote per locality and majority vote**



**Data collection, analysis and regional data driven decision making as well as oversight of regional programs and projects**



**Program development, grant writing, contracting, regional working group facilitators, continuous quality improvement**



**Regional representation and advocacy in DBHDS statewide meetings for region 2 projects and state initiatives**

## **Primary Functions**

# Core Regional Meetings

<b>Regional Management Group (RMG)</b>	<b>Manage, review, monitor utilization of services, and provide oversight to regional programs</b>
<b>Regional Utilization Group (RUG)</b>	<b>Subcommittee of the RMG to review utilization trends</b>
<b>Region 2 Crisis Hub</b>	<b>Review crisis systems and changes related to STEP-VA Crisis Call Center</b>
<b>Older Adult Service Stakeholder Group</b>	<b>Advice and support the RAFT program and collaborate on services for older adults</b>
<b>Northern Virginia Consortium for EBP</b>	<b>Review contract compliance for training programs and develop regional training initiatives</b>
<b>Region 2 Peer Supervisor Collaboration</b>	<b>Peer and family support supervisors' collaboration and sharing of resources related to peer and FSP services</b>
<b>NVMHI Utilization Management</b>	<b>DBHDS initiated meeting to review utilization trends at NVMHI</b>
<b>Region 2 REACH Advisory Council</b>	<b>Provide oversight and guidance to the Regional Adult and Child REACH program</b>
<b>Region 2 CFOs</b>	<b>Fiscal agents collaboration on regional financial initiatives</b>

# Core Regional Meetings – RUG Subcommittees



<b>Aftercare Managers</b>	<ul style="list-style-type: none"><li>• Subcommittee of the RUG to review and provide oversight to DAP funding</li></ul>
<b>Developmental Service Directors</b>	<ul style="list-style-type: none"><li>• Subcommittee of the RUG for collaboration and strategic problem solving on ID/DD system</li></ul>
<b>Emergency Service Directors</b>	<ul style="list-style-type: none"><li>• Subcommittee of the RUG for collaboration and strategic problem solving on Emergency Services</li></ul>
<b>Child Behavioral Health Managers</b>	<ul style="list-style-type: none"><li>• Subcommittee of the RUG for collaboration and strategic problem solving of Child and Family services</li></ul>
<b>Regional Front Door</b>	<ul style="list-style-type: none"><li>• Subcommittee of the RUG for collaboration and strategic problem solving of Same Day Access</li></ul>
<b>Regional CSU Managers</b>	<ul style="list-style-type: none"><li>• Subcommittee of the RUG for collaboration and strategic problem solving of Crisis Stabilization Units</li></ul>

# Data Collection, Analysis, and Regional Data Driven Decision-Making



70+ page, comprehensive quarterly UM (Utilization Management) report and 42-page, monthly UM report  
<https://www.fairfaxcounty.gov/community-services-board/region/regional-utilization-group>



Analyze data trends to provide recommendations and create proposals for future programs and/or current program expansions

- ICRT (Intensive Community Residential Treatment) Step-down admissions,
- Detox at Wellness Circle,
- Redesign regional CSU program



## Completion of DBHDS regional reporting:

- State Performance Contract bi-annual report,
- Monthly ES (Emergency Services) Activity and Exception report,
- Quarterly Children's Mobile Crisis Data report
- Quarterly Adult Residential Crisis Stabilization Data report,
- Quarterly LIPOS Data report,
- Quarterly DAP
  - Enhanced UM, monthly; ICRT tracking monthly; DAP transfers, real time, and monthly report; Invoicing and spending by category, quarterly; DAP report, quarterly)
- Quarterly REACH fiscal worksheet,

# Program Development and Regional Service Expansion Over the Years

## FY18

- Expanded Older Adult Facilities Mental Health Support Program (“RAFT”) Capacity and Infrastructure
- Added community detox for diversion from State hospital admissions

## FY19

- Added Intensive Community Residential Treatment Step-Down (Supervised) Programs (12 beds)

## FY20

- Added Detox services and enhanced Temporary Detention Order (“TDO”) capacity at Woodburn Place Crisis Care
- Added Regional Education Assessment Crisis Service Habilitation (“REACH”) Crisis Therapeutic Home (“CTH”) for youth and
- REACH Transitional Home for adults (ATH)
- Implemented Phase 1 of System Transformation Excellence and Performance (STEP-VA) Mobile Crisis: Expanded Adult REACH services to include mobile response for those with a mental illness and cognitive and functional impairments and nearly doubled the capacity of our CR2 (Youth and Adult BH Mobile Crisis) Program

## FY21

- Restructured vendor operated Residential Crisis Stabilization Unit (“CSU”) from three small 6-bed programs to one 16-bed program with increased TDO capacity and ability to provide medical withdrawal management
- Added STEP-VA Regional Out-Patient Trauma Trainings

## FY22

- Added STEP-VA Regional Crisis Call Center
- Expanding regional BH (Behavioral Health) mobile crisis for adults

## FY22 Con’t

- Added regional peer liaison
- Added SMVF (Service Members, Veterans, and Families) liaison
- Added ICRT Transitional Step-down residential program.

## FY23

- Added Regional Training Program
- Development of DAP platform
- Expansion of RAFT Dementia services
- Submitted OAA funding request
- Marcus Alert Implementation Prince William and Fairfax

## FY24

- Added two 4-bed homes
- Expansion of infrastructure support for STEP-VA reporting
- Regional Crisis Call Center Mobile Crisis
- Marcus Alert planning for remaining CSBs
- Expansion of Crisis Services in Chantilly and Woodbridge

# Regional Budget



R2 Fiscal Agents	Regional Project	Budgets (\$)	% of Budget
NVRPO/Fairfax	R2 fiscal agent, multi	\$37,069,070	86%
Arlington	CR2, RAFT	\$3,328,328	8%
Prince William	CSU, SUD, Marcus Alert	\$2,598,495	6%
<b>TOTAL R2</b>		<b>\$42,995,893</b>	<b>100%</b>



Regional team and general operating expenses are funded through grant management fees and unrestricted grants.

# Questions?



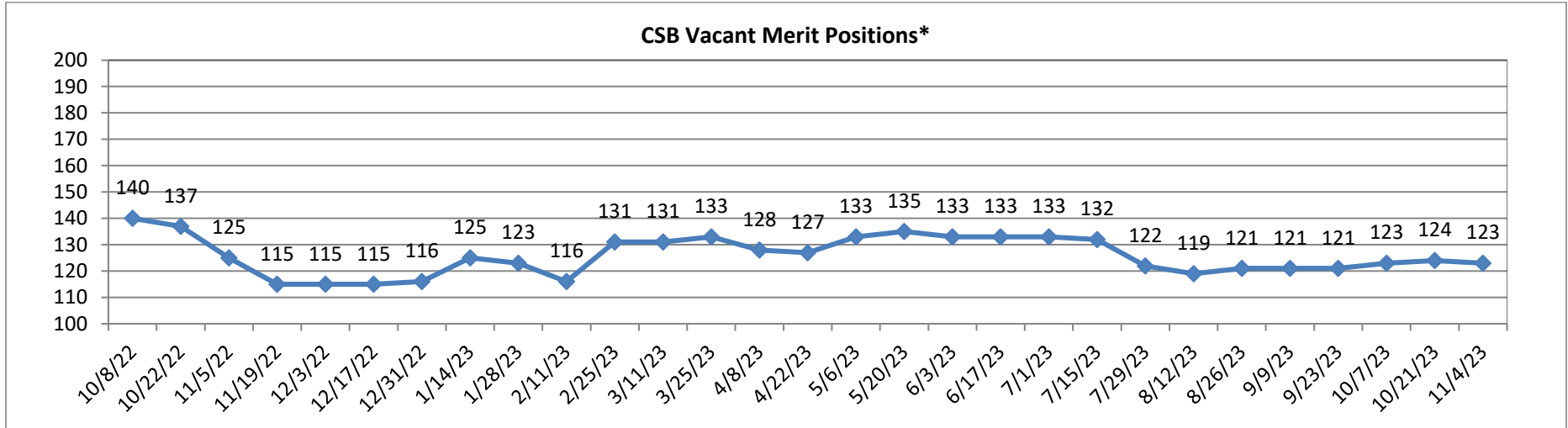
Northern Virginia Regional Projects Office

*Serving Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William*

*Community Services Boards*

**Sebastian Tezna, Division Director**

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\*Note: 1/14/2023 reflects a change in reporting to include vacancies in Funds 400 & 500. All data reported prior to 1/14/2023 represents only Fund 400

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

Service area	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	September		October		
												Count	Breakdown	Count	Breakdown	
Emergency Svcs/MCU	21	20	19	21	20	16	14	15	13	10	10	9	3 CIS 2 Peer Support Spec 1 Emer/Mobile Crisis Supv 3 BHS II	10	4 CIS 2 Peer Support Spec 1 Emer/Mobile Crisis Supv 3 BHS II	
												10	10 BHS II		8	8 BHS II
												5	4 BH Sr. Clin 1 BHS II		4	3 BH Sr. Clin 1 BHS II
												7	7 DDS II		6	6 DDS II
ADC/ Jail Diversion	9	14	15	11	16	15	11	13	13	8	8	5	1 BHS I 3 BHS II 1 BH Sr. Clin	6	3 BHS II 3 BH Sr. Clin	
												2	2 BH Sr. Clin		1	1 Licensed Practical Nurse
												1				
EAR	1	1	1	2	2	1	3	4	3	3	1	2		1		



# 2023 CSB Board and Committee Meetings

## Fairfax-Falls Church Community Services Board

	Service Delivery Oversight Committee	Compliance Committee	Executive Committee	Fiscal Oversight Committee	CSB Board
2023 Meetings	2 <sup>nd</sup> Wednesday 5:00 PM	3 <sup>rd</sup> Wednesday 4:00 PM	3 <sup>rd</sup> Wednesday 4:30 PM	3 <sup>rd</sup> Thursday 4:00 PM	4 <sup>th</sup> Wednesday 5:00 PM
January	*	*	18	19	25
February	8	*	15	16	22
March	*	*	15	16	22
April	12	19	19	20	*
May	*	*	17	18	24
June	14	*	21	22	28
July	*	*	19	*	26
August	9	16	16	17	*
September	*	*	20	21	27
October	11	*	18	19	25
November	*	*	8**	16**	15**
December	6**	13**	13**	14**	*

\*No Meeting

\*\* Meeting date changed to accommodate holiday schedule

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

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