



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Dan Sherrange, Chair

Wednesday, February 28, 2024, 5:00 PM

Sharon Bulova Center for Community Health

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

MEETING AGENDA

- | | |
|-------------------------------------------------------------|------------------|
| 1. Meeting Called to Order | Dan Sherrange |
| 2. Roll Call, Audibility and Preliminary Motions | Dan Sherrange |
| 3. Matters of the Public | Dan Sherrange |
| 4. Amendments to the Meeting Agenda | Dan Sherrange |
| 5. Approval of the January 24, 2024, Meeting Minutes | Dan Sherrange |
| 6. Staff Presentation | Kevin Lafin |
| A. Contract & Supportive Services (CSS) | |
| 7. Director's Report | Daryl Washington |
| A. County, Regional, State and Cross Agency Initiatives | |
| B. Youth Services and Crisis Response Centers | |
| C. DD Waivers | |
| D. Legislative Update | |
| E. FY 2025 Budget | |
| 8. Information Item | Elif Ekingen |
| A. Proposed Changes to FY25 CSB Fee Schedule | |
| B. FY 2025 Proposed Fee Schedule | |
| 9. Matters of the Board | Dan Sherrange |
| 10. Committee Reports | Evan Jones |
| A. Service Delivery Oversight Committee | Dan Sherrange |
| B. Compliance & Executive Committee | Andrew Scalise |
| C. Fiscal Oversight Committee | |
| D. Other Reports | |
| 11. Adjournment | |

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

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
MEETING MINUTES
JANUARY 24, 2024**

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

1. Meeting Called to Order

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

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** BOARD CHAIR, DAN SHERRANGE; SHEILA COPLAN JONAS; ANDREW SCALISE; BETTINA LAWTON; CLAUDIA VOLK; JIM GILLESPIE; EVAN JONES; DARIA AKERS; KAREN ABRAHAM; ANNE WHIPPLE; ROBERT BARTOLOTTA; SRILEKHA PALLE (FAIRFAX, VA)

ABSENT: **BOARD MEMBERS:** CAPTAIN DANIEL WILSON

Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Barbara Wadley-Young, Deputy Director of Clinical Operations Abbey May, Director of Medical Services Dr. Debra O'Beirne, CSB Service Director of Intensive Community Treatment and Discharge Planning Bob MacMurdo, Legislative and Grants Analyst Elizabeth McCartney, Healthcare Systems Director Jennifer Aloji, and Board Clerk Sameera Awan.

Motions

Board Chair Dan Sherrange motioned to approve Board Member Srilekha Palle's request to participate from a remote location for personal reasons. The motion was approved unanimously. Board Chair Sherrange offered a further motion to approve that all persons at the primary central meeting location can adequately hear the voice of Board Member Srilekha Palle from her remote location; this motion was approved unanimously.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for your review. Board Chair Dan Sherrange suggested the inclusion of "Crisis Response Centers" as a discussion point under Agenda Item #7, specifically in reference to the Director's Report.

BOARD MEMBER CONSENSUS TO AMEND AGENDA ITEM NO. 4

5. Approval of the Minutes

The minutes of the CSB Board Meeting held on November 15, 2023, were distributed for review. Board Member Bettina Lawton proposed minor changes under Agenda Item #5.6, focusing on the

Closed Session. The adjustments are reflected in the final paragraph, which now reads, "At 6:42 PM, the Board reconvened the open session. At that time, a motion was offered, seconded, and passed **with each member** certifying, to the best of **their** knowledge, that only public business matters were lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such general business matters identified in the motion to convene a closed meeting were heard, discussed, or considered by the Community Services Board in closed session."

MOTION TO ADOPT NOVEMBER 15, 2023, MEETING MINUTES WAS MOVED BY BOARD MEMBER DARIA AKERS, SECONDED BY BOARD MEMBER EVAN JONES.

MOTION TO ADOPT WAS APPROVED BY SHEILA COPLAN JONAS, BETTINA LAWTON, DARIA AKERS, CLAUDIA VOLK, JIM GILLESPIE, ROBERT BARTOLOTTA, SRILEKHA PALLE, EVAN JONES, KAREN ABRAHAM, AND ANNE WHIPPLE. DAN SHERRANGE ABSTAINED

6. Staff Presentation

CSB Service Director of Intensive Community Treatment and Discharge Planning Bob MacMurdo presented an overview of his division. He typically works at the Gartland Center, where he is part of the management team overseeing the following programs: Assertive Community Treatment (ACT), ICT, the Program for Assistance in Transition from Homelessness (PATH), and finally Discharge Planning. One notable change mentioned is the transition from the Program for Assertive Community Treatment (PACT) to Assertive Community Treatment (ACT) due to regulatory adjustments. Despite the name change, the program remains the same, but billing and service provision have significantly differed. ICT covers Intensive Case Management, the Program for Assistance and Transition from Homelessness (PATH), and Discharge Planning.

The budget overview reveals a total budget of around \$7.2 million, with approximately \$6.2 million sourced from local funds and \$1 million from the state. Two grants are associated with the PATH program and Discharge Planning, providing additional funding from SAMHSA (Substance Abuse and Mental Health Services Administration) and the state's Department of Behavioral Health and Developmental Services. Staffing primarily consists of Behavioral Health Specialists II, with integrated peer recovery services and nursing teams. Mr. MacMurdo oversees these positions directly, but there are also psychiatrists from different areas who are matrix-managed by the Director of Medical Services, Director Dr. Debra O'Beirne.

Despite the challenges posed by the COVID-19 pandemic, they made it difficult to retain staff during specific periods when fear and uncertainty prevailed. Currently, the positions are adequately filled, with most employees working full-time. Four positions receive funding from the Department of Behavioral Health and Developmental Services (DBHDS) and SAMHSA. The expectation is that all teams will find ways to maintain capacity.

While the mid-county area receives more referrals due to its proximity, Intensive Case Management is available across the county in Reston, Gartlan, and the Heritage building to serve the mid-county area. An exciting development is the recent expansion of the Assertive Community Treatment (ACT)

team, which now operates in the Heritage building, in addition to that located on the Route 1 corridor, marking a significant improvement after two decades of efforts to enhance ACT teams.

One of the staffing challenges faced is the attraction and retention of staff. Some individuals use the program as a learning ground but may leave for behavioral health outpatient positions with similar pay, more telework options, and no evenings or weekends. To address this, changes have been implemented, allowing two days of teleworking per week, with extended hours for teleworking. Some teams have adopted flexible schedules, such as four 10-hour days, to accommodate and retain staff effectively. These adjustments have been well-received, and flexibility positively impacts retention. However, the division experienced 75% turnover rate one or two years into the pandemic. Currently, it is more fully staffed due to increased investment from staff. The achievement of this improvement is attributed to several factors. These include broadening expectations for degree requirements and establishing partnerships with student programs at George Mason University. Additionally, the division's recruitment efforts are facilitated by maintaining more positions that do not require a license, as it does not typically bill formal therapy. Applicants can alternatively qualify for positions within this division with the Qualified Mental Health Provider (QMHP) designation.

Individuals in the PATH program visit various settings, particularly encampments, where people with serious mental illnesses, often accompanied by substance abuse issues, can be found in the Reston area. The staff, typically working in pairs or with assistance from other agencies, including the health department and community groups, conduct outreach at these encampments. The team's outreach efforts coincide with the day of point-in-time studies, a significant endeavor in metropolitan areas to gauge the homeless population. In 2023, the study reported 1,310 homeless (sheltered or unsheltered) individuals, marking a 10% increase from 2022. The team, equipped with peers with lived experiences, also visits hypothermia shelters to engage needy individuals.

Engagement proves to be the primary focus for the PATH team (approximately 6 full-time staff, 2-3 part-time staff, and 2 vacancies – 2 located in Reston, 2 in mid-county, and 2 in Gartlan, who shift and flex to cover one another). Community members or police might inform the team about someone in need; the PATH team conducts outreach and engagement efforts. Despite potential resistance, they tirelessly attempt to connect with individuals, providing clothing and resources and connecting them with services, nurses who aid with skin care, gift cards for food, etc., even accepting referrals. Once engaged, individuals are guided through basic case management tasks, with the possibility of transitioning to programs like ACT, intensive case management, or other suitable services. The overarching goal of the PATH team remains steadfast – fostering meaningful engagement with those in need. This service is not billable, so this does not generate revenue for the County.

Moving into Intensive Case Management (ICM), Mr. MacMurdo elaborated on services that generate revenue and are billable under Medicaid and other insurances, where the staff typically deals with community members struggling with Serious Mental Illness (SMI). In such cases, for example, rather than suggesting that a client go to a medical office for an appointment or service, staff will drive them. Services include home, site, and community-based support, assisting with appointments, access and maintenance of benefits, crisis counseling, monitoring healthcare and

medications, skill teaching, and more. Three ICM teams are currently functioning throughout the county, serving 132 individuals (as of FY 23). ACT maintains the highest level of case management, then ICM, and later BHOP, although individuals may remain within either level of case management for years at a time. There is currently a 12-person waitlist. However, once the vacancies are filled, this should level out. There are typically 15 cases managed by every (1) case manager.

Discharge Planning is based primarily at state hospitals such as the Northern Virginia Mental Health Institute (NVMHI). These services become gridlocked due to individuals being sent from outside the region, all over the state, to state hospitals in this region. These clients tend to be extremely ill, have run out of insurance, and may end up 'stuck' in this system. The population of individuals who have committed something forensic that has landed them in the facility has increased to 42 since 2022; these have been considered not guilty because of insanity. Current DAP funds for 19 individuals with contracts with nursing homes and assisted living facilities amount to \$2.4 million. The total number of individuals served by this program in FY 2023 is 482.

Mr. MacMurdo remains optimistic in this challenging field, having observed individuals with SMI achieve stability, secure employment, and reintegrate into the community. He has also witnessed the enduring presence of strong, skilled contributors in this field.

Board Chair Dan Sherrange had the distinct pleasure of presenting Bob MacMurdo with a Length of Service award from Fairfax County, acknowledging his 35 years of dedication to the agency. Dan noted that individuals who commit themselves to public service are viewed as exceptional and staying committed for 35 years is a testament to this fact. The award recognizes Mr. MacMurdo's remarkable dedication.

7. Director's Report

A. County, Regional, State and Cross Agency Initiatives

Executive Director Daryl Washington provided updates on the county budget process, emphasizing that the CSB is currently navigating it. The county executive is set to review and propose the budget in the second week of February. Despite acknowledging the challenges inherent in the budget process, Mr. Washington expressed confidence in the agency's standing, noting that there are no significant concerns based on the information available.

Regarding the state budget, the CSB has secured additional resources, leading to the ongoing hiring of additional staff for the assessment unit. This initiative aims to expedite the triage and assessment of individuals, thereby fortifying the System Transformation Excellence and Performance (STEP-VA). An allocation of nearly \$2.5 million has been designated to support staff salaries, effective January 1, 2024. Pending approval of the governor's proposed budget, an additional \$2.5 million is anticipated to aid staff salaries.

A substantial portion of the governor's FY25 proposed budget is allocated to crisis services, emphasizing regional funding distribution. Mr. Washington clarified that funds allocated to any individual locality, such as Prince William's program, will be accessible to Fairfax citizens

due to the regional nature of the program. He highlighted Fairfax's success in bidding for regional programs, ensuring equitable resource utilization.

The challenges and timeframe involved in transitioning from a hospital-based care system to a community-based system for crisis services were discussed. Mr. Washington stressed the need to purchase and develop buildings and staff these services. While acknowledging the existence of Wellness Circle, a long-standing program, Washington emphasized the necessity for multiple similar programs to establish a comprehensive community-based crisis delivery system that minimizes hospital admissions. Continued reinvestment is deemed essential for the success of this transition.

There is an ongoing search for suitable buildings within Fairfax County. Once an appropriate location is identified, the CSB Board will receive updates. Mr. Washington expressed readiness to communicate progress and updates as soon as the agency is in a position to do so.

B. Youth Services

Deputy Director of Clinical Operations Abbey May shared updates regarding the Chantilly Crisis Receiving Center. The center, previously located in Chantilly and managed by Recovery International, concluded its contract in June 2023. Connections will assume control of the facility, with plans to have it operational by July 1, 2024, marking an exciting development for the team.

Shifting the focus to youth behavioral health, in the previous year, the regional office aimed to establish a youth detox facility with Region 2 funding through the state's agreement authority. Despite challenges in securing a vendor last year, there have been meetings with vendors, increased interest, and a decision to reissue the Request for Proposals (RFP). The revised scope will encompass youth detox, crisis receiving center, and crisis stabilization. Anticipation is high for these developments.

Addressing the expansion of programs, Mrs. May highlighted progress in establishing Youth Medicated Assisted Treatment (MAT) and outpatient teams in non-traditional settings. The recruitment process for these positions has commenced, with the HR department actively offering manager and supervisor positions for the two teams. Efforts have also been made to determine suitable locations for these teams, considering areas such as South County, Mid-County, and Herndon. Partnerships have been established with Neighborhood Community Services (NCS) at the Hybla Valley Recreation Center, James Lee Recreation Center in Falls Church, and the Neighborhood Resource Center in Herndon. She expressed enthusiasm for these collaborations and ongoing efforts regarding space arrangements, furniture, and other logistical aspects. The goal is to have these teams operational by late spring, contingent on the hiring process and team establishment.

C. Developmental Disabilities Waivers

Deputy Director of Clinical Operations Barbara Wadley-Young shared that CSB staff are currently engaged in forecasting, staffing, and assessing resource needs in anticipation of the expected state funding to alleviate the Priority One Medicaid Waitlist across Virginia. In Fairfax, this initiative is expected to benefit approximately 1,200 individuals who will be receiving a waiver, necessitating the addition of around 70 new positions. This represents a substantial 50% increase for the support coordination team over the next two years, significantly impacting both internal and external service and business operations teams at the CSB.

Collaborating with the County Department of Management and Budget (DMB) and Department of Human Resources (DHR), Dr. Wadley-Young, Mr. Washington, and CSB staff plan to meet with the Assistant Commissioner for the state. The objective is to discuss expectations, outline the pace, and devise a plan to manage logistics related to meeting those expectations. It's essential to note that while revenue for support coordination services will increase with the additional staff, covering about 2/3 of the actual expenses, there will be added costs to the county.

In response to the board chair's request, a concise summary of the projected growth and its impact, along with a timeline, is being prepared. This information will be utilized for advocacy efforts by the CSB board and leadership to create more opportunities for engagement with individuals and families affected by the increase in services. The aim is to educate them about the process and what to expect over time with the delivery and implementation of the waivers. It is essential to provide the BOS offices with information to address constituent inquiries regarding activating additional disability waivers, aiming to manage expectations effectively.

8. Legislative Update

Legislative and Grants Analyst Elizabeth McCartney provided updates on the CSB Board's activities during the 2024 Virginia General Assembly session, which began on January 10, 2024. During the session, McCartney highlighted key budget aspects. She emphasized that details of budget amendments tied to specific bills or consisting of language-only changes would be accessible on February 20th when posted on the budget website.

In the legislative arena, the CSB had scrutinized 200 bills. The county's government relations tracking system and staff swiftly delivered crucial feedback on bills pertinent to CSB services. A primary focus was on bills addressing the civil admission process, an ongoing concern for the past four to five years. Notably, SB 34 and HB 608, mirroring a previously opposed bill, were scheduled for discussion by the legislative committee.

Addressing a significant bill arising from the Joint Legislative Audit and Review Commission (JLARC) report on Virginia psychiatric hospitals, HB 888 and SB 176 were classified as adverse. These bills dealt with neurodevelopmental disabilities and neurocognitive issues, proposing that individuals with such conditions be categorized as having a mental illness, potentially affecting their eligibility

for Temporary Detention Order (TDO) for Involuntary Admissions. The VACSB also opposed these bills.

SB 497 and HB 823 focused on alternative transportation, aiming to codify a six-hour time limit for the availability of alternative transportation providers in TDO cases. HB 822 was marked as adverse due to its potential to grant the CSB authority to take custody of individuals in the eco process, deviating from the standard involvement of law enforcement. This served as a point of opposition.

Lastly, HB 808 and SB 653 were flagged as adverse, suggesting a delay in admissions to state psychiatric hospitals until it is confirmed that individuals don't have urgent medical needs. McCartney argued that this could complicate the system and cause unnecessary delays in admitting individuals in need. These feedback points have been shared with government relations for discussion with the Board of Supervisors (BOS).

9. Matters of the Board

Board Chair Dan Sherrange shared a crucial update, announcing the successful hiring of the HR director, a significant milestone for the organization. They plan to collaborate with the new HR director to enhance the hiring process and facilitate a reduction in staff shortages in key areas. This positive news was conveyed to ensure everyone is informed about the latest developments.

Board Member Sheila Jonas shared a heartwarming note of appreciation she received from the retired Mason District Supervisor, Penny Gross. Reflecting on the years they had known each other, Sheila fondly described Penny as someone who consistently prioritized the well-being of the underrepresented, emphasizing her commitment to looking out for the "little person" before addressing the needs of the more prominent figures. Sheila expressed a sense of loss at Penny's retirement and mentioned that she would miss the handwritten notes highlighting Penny's genuine and caring nature.

Board Member Jim Gillespie reported that in Fairfax City, during last night's City Council session, a zoning amendment was approved. In summary, the amendment establishes a new category for social services delivery, permitting such services by right in commercial and industrial zones. Jim clarified that, as he understood it, this amendment would enable the administrative center to offer certain drop-in services that may not have been possible before. Looking ahead, the zoning amendment is anticipated to positively impact Human Services provision within the city, providing greater flexibility for both for-profit and nonprofit Human Services providers to deliver their services without the necessity of obtaining special use permits.

Board Member Daria Akers shared that she and CSB Board member Andrew Scalise testified at the January General Assembly budget hearing, accompanied by her 11-year-old son. Her son thoroughly enjoyed observing the notes she took during people's testimonies in front of the Northern Virginia delegation. The following day, he appreciated the experience, noting it was a valuable opportunity to witness democracy.

10. Committee Reports

A. Service Delivery Oversight Committee

Service Delivery Oversight Committee Chair Evan Jones provided updates on the committee. He shared that a longstanding goal of the board is the focus for this year – revitalizing community participation in the committee. The aim is to restore it to its previous robust state, particularly before the COVID era. To achieve this, two planning meetings have been held to explore various strategies to enhance interaction with service providers and those receiving services. A structured plan has been developed, with increased communication being a key feature. The committee plans to send out a minimum of two reminders a week before each meeting to individuals on the list, and this list will be expanded throughout the year. Personal invites will also be extended, particularly to kickstart the initiative. A new section will also be introduced where four to five providers will give a 5-minute update. The hope is to boost attendance, encourage more dialogue, and create a more robust and informative experience for everyone involved. The committee is actively working on implementing these changes. **The next Service Delivery Oversight Committee meeting is Wednesday, February 14, 2024, at 5:00 PM.**

B. Fiscal Oversight Committee

Fiscal Oversight Committee Chair Claudia Volk brought attention to the committee's close budget monitoring considering previously addressed concerns. The committee has tackled issues related to the Priority One Waitlist and underscored the significance of Housing Units. A pending discussion involves scrutinizing the utilization of Substance Abuse beds, as there seems to be some surplus capacity. This monitoring of utilization has become a central focus for the committee. **The next Fiscal Oversight Committee meeting is Thursday, November 16, 2023, at 4:00 PM.**

11. Adjournment

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Daria Akers. The motion was approved unanimously, and the meeting was adjourned at 6:51 PM.

Date Approved

CSB Board Clerk



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**Community
Services Board**

Contract and Supportive Services

Kevin Lafin, Division Director
Kevin.Lafin@fairfaxcounty.gov

February 28, 2024

AGENDA ITEM
#6A.1

Contracts and Supportive Services Include:



- Staff currently have oversight of 48 contracts as well as housing initiatives that include:
 - Developmental Disability (DD) and Employment and Day Support Services (EDS)
 - Self-Directed Services
 - Behavioral Health (BH) Employment and Day Support
 - Special Housing and Facilities
 - Developmental Disability and Mental Health (MH) Residential Services

Contracts and Supportive Services Budget and Personnel



<u>CSS FY 24 Contracted Budget</u>		<u>CSS FY 24 Staffing Support</u>	
DD Employment and Day	\$ 16,248,500	DD Employment and Day	2
Transportation	\$ 2,406,009	Special Housing and Facilities	7
Self-Directed Services	\$ 2,157,879	Self-Directed Services	5
BH Employment and Day	\$ 2,694,004	BH Employment and Day	14*
DD/MH Residential Contracts	\$ 8,766,324	DD/MH Residential Contracts	2
Division Total	\$ 32,271,730	Division Total	31

Developmental Disabilities (DD) Employment & Day Services (EDS)



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24 DD Providers Serving 1,282 Individuals Authorized to Receive Services	
Contracted Service	# Authorized Individuals
Day Support	487
Intense Day Support	198
Group Supported Employment	198
Individual Supported Employment	190
Self-Directed Services (SDS)	209
Transportation	38
Total	1,282*
FY 2023 Total Wages	\$5,371,407

Developmental Disabilities (DD) Self-Directed Services (SDS)



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- Currently serves 209 individuals
- Individuals design their own service program/plan
- Available budget is 80% of traditional service cost
- Staff assist families with technical support and service structure
- Popularity of individualized service and cost efficiency is driving expansion



There are two types of SDS services; Direct and Indirect services which provide funding for supports to engage in community-based instruction, employment, and day service programs:

Direct Services

- Career and Technical Certificate Programs: College Steps, George Mason LIFE, Inclusive Pathways to Success (IPS)
- Employment Support: Best Buddies and other contracted DD providers
- Day Services: Adults With Disabilities Day Program (ADDP-Mclean Bible Church); Specially Adapted Resource Club (SPARC-Arc of Northern VA)

Indirect Services

- Agency Travel Support (to/from SDS funded programs): Metro Access, Uber, Lyft

Behavioral Health Employment and Day Support Services



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- Employment – Serves SMI/SUD/Dually diagnosed
- Individual Supported Employment (ISE) uses the Individual Placement and Support Model (IPS).
- Referrals through Integrated Referral and Transition Team (IRTT)
- Services include:
 - Obtaining and keeping competitive employment
 - Education through college or industry certification
 - Exploring career choices and barriers
 - On-the-job supports

Behavioral Health Employment Services



Early Adopter for Training and Development of Individual Placement and Supports (IPS)

- First CSB in Virginia to achieve good fidelity which allowed the state to become a part of the international collaboration for IPS.
- It is anticipated that the CSB should be able to begin billing for IPS services in April.
- Integration of employment with mental health treatment, with no exclusions from services.
- Zero exclusions – everyone who wants to work should have the opportunity.
- Systemic job development with rapid engagement and unlimited supports.
- Proactive benefits counseling, helping clients have accurate information to make informed choices about working, returning to work and maximizing income and earning potential.

Behavioral Health Employment Support Services



Number of Individuals Served

- 410 individuals served in FY 23 including individual and group employment, and coaching support
- 44 people used this service for educational supports such as completing their GED to pursue advanced career options

Earnings

- Average wage was \$17.46/hour
- Average hours worked 23/week
- Wages ranged from \$9.50 hour to \$100 hour from entry level to professional such as attorney and executive chef



Behavioral Health Services



Psychosocial Rehabilitation Services - Serves SMI/SUD/Dually Diagnosed

Contractually operated Community Readiness and Support Program (CRSP) with HopeLink at Merrifield, Alexandria, and Fairfax

- Part of STEP - VA
- High Intensity - 1:4 staff ratio, 47 persons served in FY23
- Persons served have SMI/SUD/Dual and meet two of the following criteria:
 - Difficulty with relationships/supports and at risk of hospitalization and/or homelessness
 - Difficulty with ADLs
 - Behaviors that require intervention
 - Difficulty in cognitive ability, perceiving danger
- Services include corrective emotional experiences, orientation to community living, and ability to maintain mental health supports
- Regular Intensity – 1:20 staff ratio, 142 persons served in FY 23
 - Same admission criteria and services as high-intense with less intense involvement and symptoms

Developmental Disability and Mental Health Residential Services



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Contractual oversight and technical assistance of 12 Developmental Disability residential contracts with nine residential providers

- Services include residential group homes, Intermediate Care Facility (ICF), In-home Drop-In supports, Respite facility and subsidy.
- 198 Individuals served in FY 23
- FY 24 Budget for this area is \$4,904,859

Contractual oversight and technical assistance of three Mental Health contracts with three providers

- Services include Assisted Living Facility (ALF), Intensive and Supervised residential, and Mental Health Skill Building.
- 146 Individuals served in FY 23
- FY 24 Budget for this area is \$3,861,465

Special Housing and Facilities



Permanent Supportive Housing (PSH)

- DBHDS initiative that provides housing and supports for approximately 120 CSB individuals with Serious Mental Illness (SMI) that prioritizes homeless population in state hospitals, community and supervised setting
- PSH expansion over the next several fiscal years to include 250 anticipated units for Fairfax
- CSB and DBHDS staff have bi-weekly meetings to collaborate on expansion and staffing requirements to support the expansion.
- DBHDS has committed \$30 million for expansion beginning in FY 2025 with a goal of expanding PSH by 8 individuals per month.

Special Housing and Facilities



Tenancy Supports

- Provides supports to help individuals with Developmental Disabilities transition to independent housing for the first time
- Some examples of supports are:
 - Screenings that identify individual preference
 - Assist with housing search and application process
 - Assist with rights and responsibilities of tenant and landlord
 - Assist in resolving disputes
- Consulting Connection Services is the contracted provider of tenancy supports and is funded by pass-through funds from DBHDS.

Flexible Funding

- Program that reimburses individuals and families for expenses incurred during initial move-in or to maintain housing
- Fully funded by DBHDS and managed in a collaborative effort from CSB fiscal team and Regional office

Special Housing and Facilities



Housing Liaison

- Provides oversight and guidance to CSB in matters where CSB has a lease agreement with another county agency.
- Role is to track and manage leases for community-based programs and assists other Division Directors with leased prosperities where applicable.

Diversion First Housing

- Eligible individuals need to be recently diverted from arrest and/or actively involved in the criminal justice system in the past six months and have no housing plan.
- CSB has partnership with New Hope Housing that serves 38 individuals.



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**Community
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Questions?



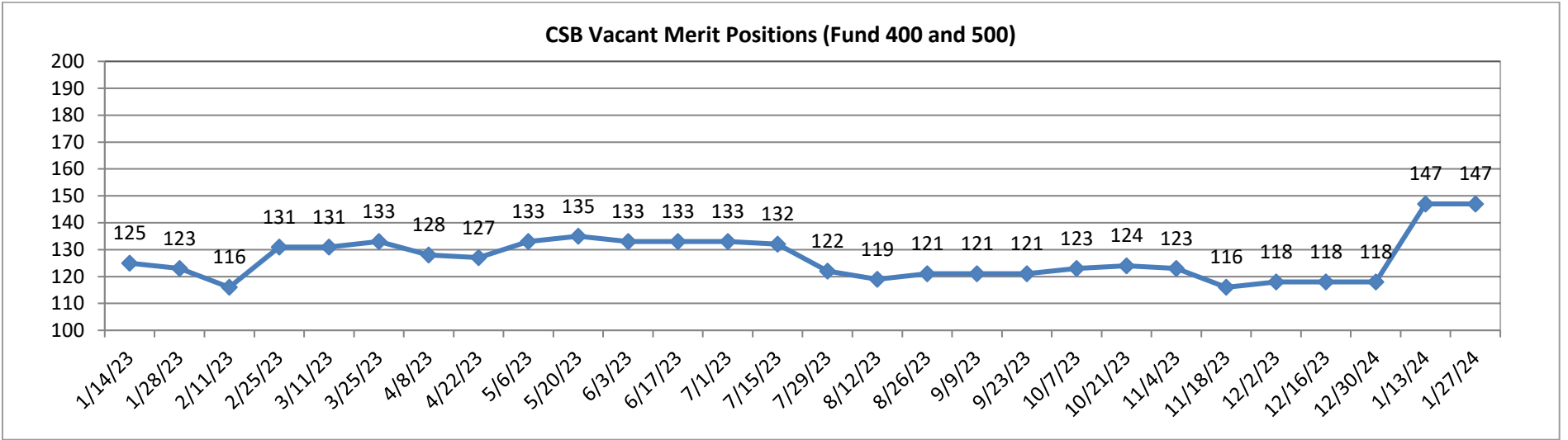
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*Note: 1/13/2024 Increase in vacancies partially attributed to the establishment of 18 new positions

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

Division	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	December		January	
Emergency Svcs/MCU	21	20	16	14	15	13	10	10	9	10	11	11	6 CIS	12	8 CIS
													2 Peer Support Spec		2 Peer Support Spec
													3 BHS II		2 BHS II
BHOP	8	8	10	9	11	10	11	11	10	8	7	8	4 BHS II	10	5 BHS II
													2 BH Sr Clin		2 BH Sr Clin
													1 BH Supv		2 BH Supv
													1 BH Mgr		1 Peer Support Spec
Youth & Family – Outpatient Svcs	2	3	5	5	7	7	5	7	5	4	4	4	3 BH Sr. Clin	17	9 BH Sr Clin
													1 BHS II		3 BHS II
															2 BH Supv
															1 BH Mgr
															2 Peer Support Spec
Support Coordination	6	7	7	10	9	9	10	7	7	6	5	7	7 DDS II	10	10 DDS II
ADC/ Jail Diversion	11	16	15	11	13	13	8	8	5	6	8	9	5 BHS II	13	6 BHS II
															3 BHS I
													4 BH Sr Clin		3 BH Sr Clin
															1 BH Supv
EAR	2	2	1	3	4	3	3	1	2	1	1	1	1 LPN	1	1 LPN

Budget Process Timeline



Fairfax County Government and Fairfax County Public Schools Fiscal Year (FY) 2025 Budget Process Timeline

November 28: Joint County/School Budget Committee to discuss FY 2025 fiscal forecast

January 25: FCPS Superintendent releases FY 2025 Proposed Budget

February 5: School Board holds public hearings on budget

February 20: County Executive releases FY 2025 Advertised Budget Plan

February 22: School Board adopts FY 2025 (proposed) Budget Plan

February 27: Joint County/School Budget Committee to discuss FY 2025 budget and tax rate

March 5: Board of Supervisors Advertises FY 2025 tax rate

March 19: Board of Supervisors Advertises FY 2024 Third Quarter Review

April 16: School Board Presents FCPS Budget to Board of Supervisors

April 16–18: Board of Supervisors holds public hearings on FY 2025 Budget

April 30: Board of Supervisors marks-up FY 2025 Budget

May 7: Board of Supervisors adopts FY 2025 Budget

May 23: School Board adopts FY 2025 Approved Budget **July 1:** FY 2025 Budget Year begins

You can find more information on Fairfax County and FCPS Fiscal Year (FY) 2025 Budget Process Timeline [here](#).

Fund 40040: Fairfax-Falls Church Community Services Board

Mission

To provide and coordinate a system of community-based supports for individuals and families of Fairfax County and the Cities of Fairfax and Falls Church that are affected by developmental disabilities, mental illness and/or substance use disorders.

Connection to the Countywide Strategic Plan

The Fairfax County Board of Supervisors adopted the first-ever Countywide Strategic Plan on October 5, 2021. The Countywide Strategic Plan serves as a road map to help guide future work, focusing on the 10 Community Outcome Areas that represent the issues of greatest importance to the community, and uses our One Fairfax equity policy to invest in people and places that have limited access to opportunity. On February 20, 2024, the second Annual Report on the work of the strategic plan was released to the public. The report contains point-in-time progress highlights for each of the community outcome areas, plus three data dashboards and data stories that are being replicated across all of the outcome areas, and a number of additional initiatives to embed the elements of the plan within department-level work. The report also includes a Year Three Implementation Model, which will engage hundreds of County subject-matter experts to identify and champion the specific strategies that will move forward to implementation under the guidance of the Board of Supervisors. For more information on the Countywide Strategic Plan, please visit www.fairfaxcounty.gov/strategicplan. The Fairfax-Falls Church Community Services Board primarily supports the following Community Outcome Areas:



Community Outcome Area	Vision Statement
Empowerment and Support for Residents Facing Vulnerability	<i>All people facing vulnerability are empowered and supported to live independent lives to their fullest potential.</i>
Healthy Communities	<i>All people can attain their highest level of health and well-being.</i>
Lifelong Education and Learning	<i>All people at every stage of life are taking advantage of inclusive, responsive and accessible learning opportunities that enable them to grow, prosper and thrive.</i>
Safety and Security	<i>All people feel safe at home, school, work and in the community.</i>

Focus

The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental disabilities, mental illness, and/or substance use disorders in Fairfax County and the Cities of Fairfax and Falls Church. As one of Fairfax County's Boards, Authorities, and Commissions (BACs), it operates as part of the health and human services system, governed by a policy-administrative board with 16 members, 13 appointed by the Fairfax County Board of Supervisors, one by the Office of the Sheriff, and one each by the Councils of the Cities of Fairfax and Falls Church. State law requires every jurisdiction to have a CSB or Behavioral Health

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Authority (BHA). The Fairfax-Falls Church CSB is one of 40 such entities (39 CSBs and one BHA) in the Commonwealth of Virginia (Commonwealth).

All residents of Fairfax County and the Cities of Fairfax and Falls Church can access CSB's Engagement, Assessment, and Referral services, as well as its Wellness, Health Promotion, and Prevention Services (WHPP). Most of CSB's other non-emergency services are targeted primarily to people whose conditions seriously impact their daily functioning. As the single point of entry into publicly funded behavioral health care services, CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers.

CSB's community-based services and supports are designed to improve mental, emotional, and physical health and quality of life for many of the community's most vulnerable residents. This continuum of services is provided primarily by over 1,100 CSB employees, including psychiatrists, psychologists, nurses, counselors, therapists, case managers, support coordinators, peer specialists, and administrative and support staff. Their efforts are combined with those of contracted service providers, dedicated volunteers and interns, community organizations, concerned families, faith communities, businesses, local public and private schools and other Fairfax County agencies to provide a system of community-based supports for individuals and families that are affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness, and/or substance use disorders.

Strategic Priorities and Integrated Services

CSB has continued to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral healthcare services. The CSB has extended its current strategic plan due to the COVID-19 pandemic and challenges with position vacancies. However, the CSB anticipates beginning a new strategic planning process before the end of FY 2024 and is also working to ensure the efficient and effective use of resources with a new electronic health record system.

CSB continues to integrate services and incorporate evidence-based practices. For instance, CSB merged mental health and substance use disorder outpatient and case management services to target resources and supports to individuals with co-occurring mental illness and substance use disorders. In addition, CSB assessment staff members are now all trained to assess substance use disorders as well as mental health and co-occurring disorders. Adults and children can walk into the Sharon Bulova Center for Community Health (formerly Merrifield Center), without prior appointment, and receive a free, face-to-face screening to determine if they meet CSB priority access guidelines for services. If they do meet the guidelines, they are often seen that same day, often by the same staff member, for a full assessment. With this improved, more efficient system, people who need CSB services no longer must wait weeks for assessments.

The integration of primary and behavioral health care continues to be a strategic priority for CSB and the Health and Human Services System. Continued partnerships with Inova Behavioral Health, Neighborhood Health's Community Health Center Network, and the Northern Virginia Dental Clinic at the Sharon Bulova Center for Community Health allows individuals to access and receive comprehensive and coordinated services – for behavioral and primary health care – in an integrated manner.

Also located at the Sharon Bulova Center for Community Health is the Merrifield Crisis Response Center (MCRC) for individuals with mental illness, developmental disabilities, and co-occurring substance use disorders who encounter the criminal justice system. The MCRC serves as a key intercept point of the County's Diversion First initiative. Law enforcement officers can transfer custody of individuals who need mental health services to a specially trained officer at the MCRC 24

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hours a day, seven days a week, 365 days a year, where emergency mental health professionals can provide clinical assessment and stabilization, as well as referral and linkage to appropriate services. On-site medical clearance is available at the MCRC, which helps to reduce lengthy wait times for individuals at local emergency departments and expedite transfer of custody throughout the medical assessment process.

Another priority for CSB and Fairfax County is the need for suicide prevention and intervention strategies. In Virginia, suicide is the second leading cause of death among 10 to 34-year-olds. CSB also continues to support a contract partnership with PRS/CrisisLink to provide a crisis and suicide prevention text line and call-in hotline, which are broadly promoted throughout the County and Fairfax County Public Schools (FCPS). This partnership has been strengthened and expanded with the recent 988 crisis hotline rollout, a national initiative that aligns with the Commonwealth's transformation of crisis services. CSB has a lead role with the regional Suicide Prevention Alliance of Northern Virginia (SPAN), launched by the Northern Virginia Health Planning Region II (Planning District 8) with grant funding from the Virginia Department of Behavioral Health and Developmental Services (DBHDS). The group includes regional stakeholders from the community, CSBs, local public and private schools, and advocacy groups. SPAN coordinates and implements a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader Northern Virginia community.

CSB continues to provide a nationally certified Mental Health First Aid (MHFA) program that introduces key risk factors and warning signs of mental health and substance use problems, builds understanding of their impact, and describes common treatment and local resources for help and information. As part of the County's Diversion First initiative, CSB provides MHFA training to the Office of the Sheriff's jail-based staff, Fire and Rescue Department (FRD) personnel, and other first responders.

CSB recognizes and supports the unique role of individuals who have experienced mental illness or substance use disorders and who are themselves in recovery. People can and do recover and are well-suited to help others achieve long-term recovery. Within the behavioral health care field, this service is known as peer support services. CSB continues to expand its use of peer support specialists across the continuum of services for substance use/co-occurring disorders. The Peer Outreach Response Team (PORT) is now receiving overdose referrals directly from law enforcement personnel in addition to FRD personnel.

CSB has also integrated cross-system supports. The CSB intern and volunteer program contributes significantly to the agency's overall mission, with volunteers and interns providing support to individuals and families throughout the CSB service continuum. Internships also provide an excellent training ground for future clinicians in CSB's workforce. In FY 2023, the intern and volunteer program had 81 participants who provided over 27,000 hours of service to the CSB community and the value of a volunteer's time to the CSB was estimated to be \$31.80 per hour.

Behavioral Health Workforce Planning

Since FY 2021, the workforce crisis brought about by the COVID-19 pandemic have continued to impact the CSB. While most services continued, there were less staff to meet the growing needs of the community. CSB continues to struggle with staff vacancies in critical service positions and reached an all-time high of 206 in May 2022. While focused local efforts and increased local investments did decrease vacancies in FY 2023, vacancies remain around 121. These continued vacancies only heighten service challenges due to lack of qualified clinical staff needed to operate community programs. CSB remains focused on increasing its workforce planning efforts. Most of the CSB's clinical positions, including those in nursing, behavioral health, developmental disabilities,

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and substance use disorders, require mandated specialty degrees, certifications, and licensure, as determined by state laws and licensing requirements. Due to these requirements, most health care related employers in the area are competing for the same group of qualified candidates.

Implementing new strategies around recruitment and retention remains a strategic priority in FY 2024 and will remain critical to attract qualified talent and to ensure the retention of existing staff. Efforts include incentivizing referral, recruitment, and retention and one-time hiring bonuses for vacant positions that are chronically hard to fill. Additionally, reviewing and reflecting on the results of employee surveys for newly hired/existing staff and conducting staff exit interviews has been prioritized. CSB continues to expand its outreach efforts to build upon connections with university partners.

Diversion First

Diversion First is a cross-system initiative providing alternatives to incarceration for people with mental illness, co-occurring substance use disorders and/or developmental disabilities who come in contact with the criminal justice system for low-level and/or nonviolent offenses. This program continues to have a positive impact in the community and is possible due to Fairfax County's commitment and solid partnerships between the CSB, Office of the Sheriff, Fairfax County Police Department, FRD, Courts, Department of Public Safety Communications (DPSC), other County agencies and the community.

Diversion First uses the Sequential Intercept Model, a national framework to inform strategies and community-based responses to the involvement of people with behavioral health issues in the criminal justice system. The MCRC continues to grow to meet community needs to provide a continuum of crisis services and provides onsite medical assessment, a partnership with Neighborhood Health, a Federally Qualified Health Center, to divert individuals from local hospital emergency rooms. In the coming year, the CSB will add 23-hour crisis stabilization, a service designed for individuals who may need ongoing assessment and crisis intervention in a safe environment that is less restrictive than a hospital.

In FY 2022, the CSB and Fairfax County Police Department launched a co-responder team, comprised of a Crisis Intervention Team (CIT) trained Police Officer and a CSB Crisis Intervention Specialist. The team responds to calls for public safety services related to behavioral health issues and provides crisis de-escalation, resources, and linkages to needed services. Plans to expand include Peer Support Specialists and a CSB "Behavioral Health Liaison" based at the Department of Public Safety Communications.

The CSB continues to provide Mobile Crisis Unit (MCU) services for individuals who are experiencing a mental health emergency and who need, but are unwilling or unable to seek, mental health treatment. In addition, the Community Response Team (CRT), a CSB collaboration with FRD, provides outreach and care coordination to frequent utilizers of public safety services, with the goal of better outcomes for individuals served and more efficient utilization of public safety resources.

The CSB also supports the Office of the Sheriff's Striving to Achieve Recovery (STAR) program, a peer led, trauma informed, jail-based addiction recovery program. In addition, the CSB Jail Diversion program, comprised of clinicians, peer support specialists and medical staff, provide intensive, community-based case management to individuals involved in the criminal justice system, assisting critical needs such as treatment, health care and housing.

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Through a strong partnership with the specialty dockets, the CSB provides program and treatment coordination for participants of the Veterans Treatment Docket, Drug Court Docket, and Mental Health Docket. Those who are diverted to one of these dockets participate in a structured program integrating treatment with court supervision. The CSB also closely collaborates with Court Services to serve individuals in the Supervised Release Program, which provides intensive supervision in the community in lieu of incarceration.

Diversion First also includes a robust system of community-based behavioral health treatment, peer recovery support and housing to support stability, self-sufficiency skills and long-term independence. Diversion First is grounded in the commitment of multiple agencies to collaboratively develop innovative solutions and fill identified gaps to serve this vulnerable population. Full implementation of Diversion First will require not only a sustained commitment from County and community leaders, but also additional investments from the Commonwealth to support the full continuum of crisis services.

Increased Use of Opioids

While there was a reduction of opioid overdoses through 2019, the COVID-19 pandemic brought new challenges requiring the CSB to adjust opioid response strategies. The focus remained on reducing deaths from opioids, improving the quality of life of individuals impacted by opioid use disorder, and using data to describe the problem, target and improve interventions, and evaluate effectiveness. In the Fairfax Health District (inclusive of the County of Fairfax and Cities of Fairfax and Falls Church), the number of fatal overdoses remained elevated in 2022, relative to 2019, but the increase was not as dramatic as that observed both nationally and statewide.

According to the Fairfax County Opioid Response Plan between 2007 and 2021, a total of 1,247 drug overdose deaths (of all types) were reported among residents of the Fairfax Health District. Notably, between 2007 and 2015, the number of all drug overdose deaths ranged from 40 to 89, but since 2016, over 100 fatal overdoses have occurred every year. Throughout this period, opioid overdoses accounted for most of the overdose deaths. Within the opioid deaths, there was a shift from overdose deaths being mostly caused by prescription opioid drugs in 2007 (34 of 45 deaths, or 76 percent) to most deaths in 2021 being caused by fentanyl (103 of 111, or 93 percent). Throughout the same period, heroin deaths declined from 29 percent of deaths in 2007 to 11 percent of deaths in 2021. Statewide, there has been a similar upward trend in deaths from fentanyl overdoses while deaths from heroin and prescription opioid drugs have remained steady in the last few years. National data shows a spike in overdose deaths from synthetic opioids other than methadone (primarily fentanyl) starting in 2016 and continuing into 2020 (the last year for which complete data are available).

Since most recent fatal overdoses in the Fairfax Health District involve fentanyl, the CSB now provides fentanyl test strips (FTS) to individuals participating in various programs. Expansion of this practice to other County agencies is being explored. Individuals who are using any type of opioid have priority for CSB substance use disorder services and can walk into the Sharon Bulova Center for Community Health, without prior appointment, to receive a screening and assessment for services. CSB also continues to expand the use of Medication Assisted Treatment (MAT), which involves the provision of medications plus nursing services, community case management, and in-home supports to help individuals remain opioid-free. To promote recovery and community inclusion, CSB is expanding peer support services to help meet the needs of various populations. Additional peer support specialists are being used across the continuum of services for substance use/co-occurring disorders. CSB is also expanding its telehealth services, which was expedited through changes to federal and state rules/regulations during the COVID-19 pandemic. Many of these

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changes will remain in the future. This is positive for CSB's substance use treatment services as innovative solutions are needed to ensure timely treatment and access to needed medications.

In addition to providing treatment, CSB is the lead County agency for the education component of the County's Opioid and Substance Abuse Task Force. The CSB provides frequent community and media presentations about opioid use and resources for treatment. CSB's community efforts also include training non-medical personnel to administer the life-saving opioid reversal medication, naloxone.

Identified Trends and Future Needs

In the dynamic field of behavioral health care, multiple influences such as changes in public policy and community events shape priorities and future direction. Some of the current trends on the horizon include:

Virginia Legislative Reforms

Building on mental health reforms made in recent years, the 2017 Virginia General Assembly enacted STEP-VA (System Transformation Excellence and Performance in Virginia), which mandated that CSBs provide new core behavioral health services. Despite state funding gaps, the CSB has been able to begin providing all mandated services required by the legislation.

The implementation of mandated STEP-VA services continues to be complicated by the nationwide shortage in behavioral health workers, compounded by high attrition. This is further complicated by the administrative burden of evolving regulatory requirements for service delivery. As additional mandates are implemented, the chasm between state funding and actual costs of providing such services in Fairfax County will continue to grow. As the Commonwealth works to transition to the nationally recognized Certified Community Behavioral Health Clinic (CCBHC) model, funding challenges are expected to continue.

The Fairfax-Falls Church CSB is one of 14 selected in the state to participate in the process to assess readiness to become a certified CCBHC. The assessment consists of community needs and self-readiness assessments, which will help evaluate current compliance with CCBHC services and criteria. Any gaps identified by the assessment will inform plans for capacity and infrastructure development as the model is expanded to all 40 CSBs.

Behavioral Health System Transformation and Managed Care

In FY 2018, Virginia expanded Medicaid. Since that time, the CSB has significantly reduced the number of uninsured individuals and made significant changes to its healthcare revenue cycle business operations to reflect best practices in the industry. Driven by Medicaid expansion and Virginia's worsening state hospital bed crisis, the Virginia Department of Medical Assistance Services (DMAS) is implementing a new state model in collaboration with DBHDS to bring significant changes to Medicaid-funded behavioral health services. Medicaid is the single largest payment source for many of Virginia's mental health providers. The Behavioral Health Redesign for Access, Value and Outcomes project (Project BRAVO) is transforming services and reimbursement for intensive community based and crisis services covered by DMAS.

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The Hospital Bed Crisis

The Fairfax-Falls Church CSB continues to implement strategies to address the hospital bed crisis. The ongoing local investments in behavioral health services help ensure one of the lowest per capita hospitalization rates in the state (four residents per every 100,000 compared to the statewide average of 11 per 100,000). The Fairfax-Falls Church CSB and other CSBs in the Northern Virginia region also continue efforts to increase Temporary Detention Order (TDO) acceptance rates at private hospital partner facilities to decrease TDOs at state hospitals. CSB has also dedicated two full-time staff to continuously search for vacant psychiatric hospital beds.

The Extraordinary Barriers List (EBL) is a measure of community capacity to meet individuals' needs in the community who are in state hospitalization. This inadequate community capacity remains one of the main contributing factors to the bed crisis. In June 2023, 95 percent of Region 2 individuals on the Northern Virginia Mental Health Institute (NVMHI) EBL needed a specialized residential treatment program in order to successfully discharge to the community. The cost to keep these individuals hospitalized for one year is far greater than the cost to provide appropriate community based residential services.

Developmental Disabilities Services

The CSB continues to experience significant changes as the Commonwealth continues to address the 2012 United States Department of Justice Settlement Agreement (DOJSA). The Commonwealth closed institutions (training centers), shifted services into the community, and restructured Medicaid waiver funding to comply with the agreement. The redesigned waivers only partially address the chronic underfunding of community services, and waiver rates continue to be well below the cost of providing necessary services due to high costs in Northern Virginia. Without sufficient Medicaid waiver reimbursement rates, providers will continue to struggle with increasing capacity.

The new requirements for enhanced support coordination include monthly, rather than quarterly, face-to-face visits, increased monitoring, and extensive documentation. The DOJSA also requires enhanced support coordination services for certain individuals on the Medicaid Waiver waitlist, those with waivers who live in larger group homes, or have other status changes. With the Commonwealth unable to exit the settlement agreement at the assigned date of July 1, 2021, DBHDS has continued to implement new service requirements for CSBs. It is expected that these requirements will continue as the Department of Justice has made clear the agreement will continue until all settlement provisions have been met.

Pursuant to the DOJSA, CSBs throughout the Commonwealth are now the single point of eligibility determination and case management for individuals with developmental disabilities. As a result, role and oversight responsibilities have grown for CSBs, and the number of people served continues to increase. This increase in demand and responsibility has led to resource challenges, including insufficient public and private provider capacity, inadequate Medicaid waiver rates for the Northern Virginia area, and insufficient state/federal funding to support the system redesign costs. For CSB to manage the workload of coordinating support for individuals receiving new Medicaid waivers, it is estimated to require one new support coordinator position for every 20 new Medicaid waivers. CSB staff are also working to meet the case management needs of more than 2,944 Fairfax-Falls Church residents on the state waiting list for Medicaid waivers as of September 2023.

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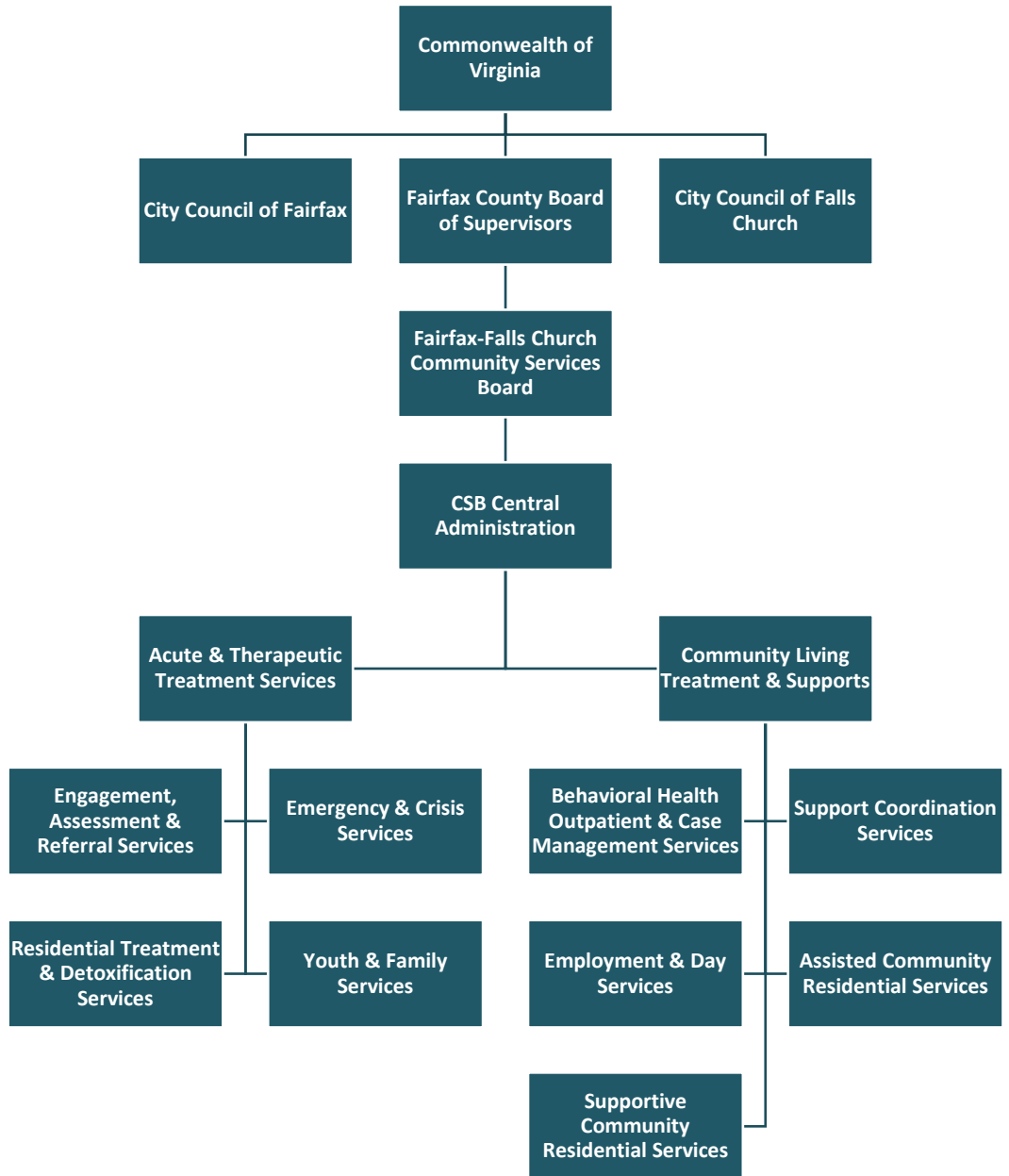
Relationship with Boards, Authorities, and Commissions

As one of the County's official Boards, Authorities, and Commissions (BACs), the CSB works with other BACs and numerous other community groups and organizations. It is through these relationships that broader community concerns and needs are identified, information is shared, priorities are set, partnerships are strengthened, and the mission of the CSB is carried out in the community. Examples include:

- Alcohol Safety Action Program Local Policy Board
- Community Action Advisory Board (CAAB)
- Community Criminal Justice Board (CCJB)
- Community Policy and Management Team (CPMT), Fairfax-Falls Church
- Community Revitalization and Reinvestment Advisory Group
- Criminal Justice Advisory Board (CJAB)
- Fairfax Area Disability Services Board
- Fairfax Community Long-Term Care Coordinating Council
- Health Care Advisory Board
- Oversight Committee on Drinking and Driving
- Fairfax County Redevelopment and Housing Authority
- Fairfax County Planning Commission
- Northern Virginia Regional Commission

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Organizational Chart



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Budget and Staff Resources

Category	FY 2023 Actual	FY 2024 Adopted	FY 2024 Revised	FY 2025 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$141,482,053	\$154,993,863	\$154,993,863	\$171,106,522
Operating Expenses	47,228,816	59,726,990	65,696,058	50,905,023
Capital Equipment	264,015	0	247,749	0
Subtotal	\$188,974,884	\$214,720,853	\$220,937,670	\$222,011,545
Less:				
Recovered Costs	(\$1,532,187)	(\$1,568,760)	(\$1,568,760)	(\$1,568,760)
Total Expenditures	\$187,442,697	\$213,152,093	\$219,368,910	\$220,442,785
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	1105 / 1100.5	1102 / 1097.5	1120 / 1114	1122 / 1116

This department has 86/81.6 FTE Grant Positions in Fund 50000, Federal-State Grants.

FY 2025 Funding Adjustments

The following funding adjustments from the FY 2024 Adopted Budget Plan are necessary to support the FY 2025 program:

Employee Compensation \$7,073,962

An increase of \$7,073,962 in Personnel Services includes \$2,967,906 for a 2.00 percent market rate adjustment (MRA) for all employees and \$2,527,823 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2024. The remaining increase of \$1,578,233 is primarily included for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions to support employee retention and recruitment efforts that will reduce pay compression and align the County's pay structures with the market based on benchmark data.

Contract Rate Increases \$2,251,848

An increase of \$2,251,848 in Operating Expenses supports negotiated contract rate adjustments for eligible providers of developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders, FASTRAN, as well as CSB-wide administrative services.

Support Coordination \$2,096,829

An increase of \$2,096,829 and 7/7.0 FTE new positions includes \$2,026,829 in Personnel Services and \$70,000 in Operating Expenses to provide support coordination services to an additional 240 individuals with developmental disabilities in the community as a result of new Medicaid Waivers allocated by the state, effective January 1, 2024 and July 1, 2024. As Medicaid Waivers are allocated to the County, additional support coordinators are needed in order to comply with 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. It should be noted that in order to implement support coordination services to those individuals who received a Medicaid Waiver effective in January 2024, additional positions will be included in the *FY 2024 Third Quarter Review*. The expenditure increase is partially offset by an increase of \$838,728 in Medicaid Waiver revenue for a net cost to the County of \$1,258,101.

Fringe Benefit Support \$2,011,868

An increase of \$2,011,868 in Personnel Services is required to support increased fringe benefit requirements in FY 2025 based on increases in employer contribution rates to the retirement systems.

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Department of Vehicle Services Charges

\$22,735

An increase of \$22,735 in Department of Vehicle Services charges is based on anticipated billings for fuel, maintenance, and operating-related charges.

Reductions

(\$6,166,550)

A decrease of \$6,116,550 and 5/5.0 FTE positions reflect reductions utilized to balance the FY 2025 budget. In addition, a total of \$1,000,000 in revenue enhancements is included to align actual revenue received for the administration of department programs. The following table provides details on the specific reductions followed by revenue enhancements:

Title	Impact	Positions	FTE	Reduction
Align the Employment and Day Services Program Budget with Actual Spending	The Fairfax-Falls Church Community Services Board provides Employment and Day Services to individuals with developmental disabilities. New participants are primarily graduates from Fairfax County Public School and eligible individuals from the community. Beginning with the COVID-19 pandemic, utilization of Employment and Day Services has decreased and are projected to remain low for the next several years. This reduction realizes savings of \$5,500,000 and is based on current service levels. Sufficient funding remains to maintain these service levels, along with modest growth. Since this reduction is based on actual spending over the past several years, it is not expected that it will impact agency operations and/or service delivery; however, when participation increases additional funding may be required in the future.	0	0.0	\$5,500,000
Operating Savings due to Efficiencies and Cost Savings	As a result of the COVID-19 pandemic and the County's shift to a hybrid in-office and telework policy, the Fairfax-Falls Church Community Services Board has realized efficiencies and cost savings in general office supplies such as cell phone usage and furniture replacement. It is not expected this reduction will have a negative impact on agency operations.	0	0.0	\$500,000
Realize Savings Associated with County Lease	The Facilities Management Department (FMD) is responsible for negotiating and managing leases on behalf of County agencies. FMD has negotiated rental abatements and lower rates on several large leases, one of which the funding resides in the Fairfax-Falls Church Community Services Board budget. These savings have reduced CSB lease expenses by \$166,550. It is not expected that this reduction will negatively impact agency operations.	0	0.0	\$166,550
Eliminate Vacant Positions	This reduction eliminates 5/5.0 FTE positions that have been vacant ranging between 18 months and three years. Given the length of time these positions have been vacant and the Fairfax-Falls Church Community Services Board ability to absorb the associated workload across the remaining staff, it is not expected that this reduction will adversely impact agency operations.	5	5.0	\$0

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Title	Impact	Positions	FTE	Reduction
Revenue Enhancements				
Align Budget to Actual Revenue	The Fairfax-Falls Church Community Services Board generates revenue for the delivery of services from the federal and state government, Medicaid and other program/client fees. CSB has implemented process improvements which have resulted in actual revenue exceeding budget the last several fiscal years. This revenue enhancement recognizes \$1,000,000 in additional revenue in an effort to more closely align budget to actuals and thus allowing the General Fund Transfer In to decrease by a corresponding amount.	0	0.0	\$1,000,000

General Fund Transfer

The FY 2025 budget for Fund 40040, Fairfax-Falls Church Community Services Board, requires a General Fund Transfer of \$181,447,151 an increase of \$5,451,964 over the FY 2024 Adopted Budget Plan, primarily due to additional funding to support employee pay increases and contract rate adjustments for eligible providers, new positions for support coordination, and an increase in funding in fringe benefits due to increases in employer contribution rates to the retirement systems. These increases are partially offset by agency reductions totaling \$7,166,550.

Changes to FY 2024 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2024 Revised Budget Plan since passage of the FY 2024 Adopted Budget Plan. Included are all adjustments made as part of the FY 2023 Carryover Review and all other approved changes through December 31, 2023.

Carryover Adjustments

\$6,216,817

As part of the *FY 2023 Carryover Review*, the Board of Supervisors approved funding of \$6,216,817, and includes an appropriation of \$913,915 for a settlement payment to the Department of Housing and Community Development to remove the CSB from the lease agreement for the Sojourn House property, at which CSB no longer provides services. The remaining amount of \$5,302,902 is included for encumbered carryover.

Youth Mental Health

\$0

As part of the *FY 2023 Carryover Review*, the Board of Supervisors approved a total of 18/16.5 FTE positions, to be absorbed within current CSB appropriations, to combat the youth mental health crisis. These positions make up three teams of healthcare positions that will work in targeted areas of the County. These teams will provide initial mental health screenings, engagement, assessment, therapy, and both case management and medication services. It is expected that each team will serve 300 clients for a total of 900 youth clients annually.

Cost Centers

CSB Central Administration

CSB Central Administration Unit (CAU) provides leadership to the entire CSB system, supporting over 21,000 individuals and their families, more than 70 nonprofit partners, and CSB employees. The CSB executive staff oversees the overall functioning and management of the agency to ensure effective operations and a seamless system of community services and key supports. CAU staff also provides support to the 16 resident members of the CSB Board and serves as the liaison between the CSB; Fairfax County, the Cities of Fairfax and Falls Church; DBHDS; Northern Virginia Regional Planning; and the federal government.

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The CAU is responsible for the following functions: health care regulatory compliance and risk management; communications and public affairs; consumer and family affairs; facilities management and emergency preparedness; business and administrative support operations, inclusive of the benefits/eligibility team and patient assistance program; management of the technology functions including the Electronic Health Record; oversight of Health Planning Region initiatives; organizational development and training; and data analytics and evaluation.

Medical Services

Medical Services provides and oversees psychiatric/diagnostic evaluations; medication management; pharmacy services; physical exams/primary health care and coordination with other medical providers; psychiatric hospital preadmission medical screenings; crisis stabilization; risk assessments; residential and outpatient detoxification; residential and outpatient addiction medicine clinics using medication assisted treatment; intensive community/homeless outreach; jail-based forensic services; public health and infectious diseases; and addiction medicine and associated nursing/case management. Nurses work as part of interdisciplinary teams and have several roles within the CSB, including medication administration and monitoring, psychiatric and medical screening, case management, and assessment and education and counseling.

A focus on whole health is a priority for Medical Services and key to the overall wellness of people served by the CSB. A current strategic priority is the development and implementation of integrated primary and behavioral health care. Another priority is responding to the opioid crisis by significantly expanding capacity to provide medication assisted treatment. CSB's Patient Assistance Program (PAP) arranges for the provision of ongoing, free prescription medications to eligible consumers with chronic conditions.

Category	FY 2023 Actual	FY 2024 Adopted	FY 2024 Revised	FY 2025 Advertised
EXPENDITURES				
Total Expenditures	\$48,692,966	\$56,624,809	\$58,871,866	\$63,344,739
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	256 / 255.5	256 / 255.5	260 / 258.5	260 / 258.5

Acute and Therapeutic Treatment Services

Engagement, Assessment, and Referral Services

Engagement, Assessment, and Referral (EAR) Services are the primary point of entry for the CSB to help individuals get appropriate treatment that meets their needs. CSB's Priority Access Guidelines determine which individuals are referred to services in the community versus those who qualify for CSB services. EAR provides information about accessing services both in the CSB and the community, as well as assessment services for entry into the CSB service system. These services include an Entry and Referral Call Center that responds to inquiries from people seeking information and services and an Assessment Unit that provides comprehensive screening, assessment, and referral. Individuals can come in person to the CSB's Sharon Bulova Center for Community Health, without a prior appointment, to be screened for services. CSB also offers a free, online screening tool from the County website to help people assess whether they, or someone they care about, need to seek help for a mental health or substance use issue. The goal of EAR is to engage people in need of services and/or support, triage people for safety, and connect people to appropriate treatment and support. People seeking information about available community resources or who are determined to be ineligible for CSB services are linked with other community services when possible.

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Wellness, Health Promotion, and Prevention Services (WHPP) focuses on strengthening the health of the entire community. By engaging the community, increasing awareness, and building and strengthening skills, people gain the capacity to handle life stressors. Requests for trainings such as Mental Health First Aid (MHFA), QPR (Question, Persuade, Refer) continue to increase in demand from parents, professionals, and the community. Another important and much attended training, REVIVE! Rescuer Training helps participants understand opioids and how opioid overdoses happen. Participants learn the signs of an overdose and how to respond to an overdose emergency. All WHPP's trainings and initiatives play a vital role in the community's emotional health and ability to handle challenges related to mental health concerns and substance misuse.

Emergency and Crisis Services

Emergency and Crisis Services are available to anyone in the community with an immediate need for short-term crisis intervention related to substance use or mental illness. CSB Emergency Services staff provides recovery-oriented crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders, voluntary and involuntary admission to public and private psychiatric hospitals, and assessment for admission for services in three regional crisis stabilization units. The CSB's emergency services site at the Sharon Bulova Center for Community Health is open 24 hours a day, seven days a week. Staff can also provide psychiatric and medication evaluations and prescribe and dispense medications. Twenty-three-hour crisis stabilization services are scheduled to launch in the coming months to provide outpatient crisis stabilization for up to four individuals at a time as a least restrictive alternative to inpatient psychiatric admission.

Located within CSB emergency services is the Merrifield Crisis Response Center, part of the County's Diversion First initiative. Law enforcement officers who encounter individuals in need of mental health services can bring them to the MCRC, rather than to jail, and transfer custody to a specially trained Crisis Intervention Team law enforcement officer at MCRC. The individual receives a clinical assessment from emergency mental health professionals and links to appropriate services and supports. On-site medical clearance for psychiatric hospitalization and/or admission to crisis stabilization units is available by Neighborhood Health, a Federally Qualified Health Center. Based out of the MCRC are mobile teams including a mobile crisis unit and co-responder teams with the FRD and Fairfax County Police Department that provide response in the community for individual's that are super utilizers of public safety and 911 behavioral health calls for service.

The Court Civil Commitment Program provides "Independent Evaluators" (clinical psychologists) to evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing, as required by the [Code of Virginia](#). They assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization.

The Wellness Circle Crisis Stabilization Unit program offers individuals experiencing an acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term (seven to 10 days), community-based residential program for adults with severe and persistent mental illness, including those who have co-occurring substance use disorders and provides medical detox services for individuals with a primary mental health diagnosis.

Residential Treatment & Detoxification Services

Residential Treatment Services (Fairfax Detoxification Center, Crossroads, New Generations, A New Beginning, A New Direction, Residential Support Services, and Cornerstones) offers comprehensive services to adults with substance use disorders and/or co-occurring mental illness who have been unable to maintain stability on an outpatient basis. Individuals served have significant impairments affecting various life domains, which may include criminal justice involvement, homelessness, employment, impaired family and social relationships, and health issues.

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The Fairfax Detoxification Center provides a variety of services to individuals in need of assistance with their intoxication/withdrawal states. The center provides clinically managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture; health, wellness, and engagement services; assessment for treatment services; Human Immunodeficiency Virus/Hepatitis C Virus/Tuberculosis education; universal precautions education; case management services; referral services for follow-up and appropriate care; and an introduction to the 12-Step recovery process. The residential setting is monitored continuously for safety by trained staff in an environment designed to promote rest, reassurance, and recovery.

Continuing care services are provided to help people transition back to the community. Specialized services are provided for individuals with co-occurring disorders, pregnant and post-partum women, and people whose primary language is Spanish.

Youth and Family Services

Youth and Family Services (Y&F) provides assessment, education, therapy and case management services for children and adolescents ages 3 through 18 who have mental health, substance use and/or co-occurring disorders. All services support and guide parents and treat youth who have, or who are at-risk for, serious emotional disturbance. The CSB maintains a close partnership with the Children's Services Act (CSA) and Healthy Minds Fairfax in the Department of Family Services. Together, CSB and these partners work to maximize local and state funds to provide comprehensive services to at-risk youth. Programs are funded through state block grants, as well as County, state, and federal funding. Revenue is also received from Medicaid, private insurance, and fees for service. Services are provided at four CSB clinics located throughout the County, as well as FCPS and juvenile court programs.

Child, Youth, and Family Outpatient Services provides mental health and substance use disorder treatment and case management for children, adolescents, and their families. Services are provided using evidenced-based and evidence-informed practices for youth who have, or who are at-risk of developing, a serious emotional disturbance and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, alcohol use, or drug use. Youth services include psychological evaluations, behavioral health care assessments, competency evaluations, urgent and crisis interventions, psycho-educational groups, and short-term individual and family treatment.

Youth and Family Intensive Treatment Services offers a variety of services to support youth and their families. The Resource Team provides state-mandated hospital discharge planning, behavioral health consultation, case management, and access to privately provided intensive treatment funded through CSA and the Mental Health Initiative. Wraparound Fairfax provides an intensive level of support for youth with complex behavioral health issues who are at high-risk for out-of-home placement, or who are currently served away from home and are transitioning back to the community.

Across the Commonwealth, there are rising concerns about youth behavioral health and the increase in demand for mental health and substance use support for the youth population. Fairfax County is experiencing increased visits to local emergency departments and receiving consistent reports from local providers of increasing acuity of needs for youth and their families. Youth visits for suicidal ideation and/or self-harm continue to rise more than any other group. The CSB has seen a continual increase in referrals of opioid using youth, primarily from County public safety agencies. CSB is working closely with County leaders on addressing this significant growth in the need for targeted youth services, which included a pilot Youth Medication Assisted Treatment clinic. During FY 2024, the goal is to increase local capacity and expand crisis programs in the region.

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Healthy Minds Fairfax coordinates a full range of mental health and substance abuse services for children and youth across multiple County agencies, FCPS and private treatment providers. The program works to help youth and families in the Fairfax-Falls Church community access mental health and substance abuse services and improve the quality of those services. Staff continued to build and strengthen partnerships with stakeholders and community service providers towards meeting the needs of the children’s mental health crisis and filling the gaps in services as well as providing more resources.

Category	FY 2023 Actual	FY 2024 Adopted	FY 2024 Revised	FY 2025 Advertised
EXPENDITURES				
Total Expenditures	\$55,608,537	\$59,109,147	\$60,074,691	\$62,985,687
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	369 / 366.5	366 / 363.5	379 / 376	376 / 373

Community Living Treatment and Supports

Behavioral Health Outpatient and Case Management Services

Behavioral Health Outpatient and Case Management Services (BHOP) includes outpatient programming, case management, nurse and medication management, adult partial hospitalization, and continuing care services for people with mental illness, substance use disorders and/or co-occurring disorders. Individuals served may also have co-occurring developmental disabilities.

Outpatient programs include counseling (individual, group, and family) for adults. Services help people make behavioral changes that promote recovery, develop problem-solving skills and coping strategies, and develop a positive support network in the community. Intensive outpatient services are provided for individuals who would benefit from increased frequency of services. Continuing care services are available for individuals who have successfully completed more intensive outpatient services but who would benefit from periodic participation in group therapy, monitoring, and service coordination to connect effectively to community supports.

Case management services are strength-based, person-centered services for adults with serious and persistent mental or emotional disorders and who may also have co-occurring substance use disorders. Services focus on interventions that support recovery and independence and include supportive counseling and employment services focused on improving quality of life, crisis prevention and management, psychiatric and medication management and group and peer supports. The goal of case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms, facilitate a successful life in the community, help manage symptom reoccurrence, build resilience, and promote self-management, self-advocacy, and wellness. In addition to outpatient case management, staff are deployed to case management at community facilities including Lincolnia and Stevenson Place assisted living facilities, and New Horizons, an intensive residential services program.

BHOP provides medication management at four major sites via medication clinics that are staffed by Licensed Practical Nurses (LPNs), Registered Nurse (RN) Case Managers, and Prescribers. The medical staff work collaboratively with the rest of the team and an on-site pharmacy to provide routine psychotropic medication management and distribution to include injections, linkage to primary care providers, metabolic profiling, and acute care as it arises on site.

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Adult Partial Hospitalization (APH) programs provide intensive recovery-oriented services to adults with mental illness or co-occurring disorders coupled with other complex needs. Services are provided within a day programming framework and are designed to help prevent the need for hospitalization or to help people transition from recent hospitalization to less-intensive services. APH focuses on helping individuals develop coping and life skills, and on supporting vocational, educational, or other goals that are part of the process of ongoing recovery. Services provided include service coordination, medication management, psycho-educational groups, group and family therapy, supportive counseling, relapse prevention, and community integration.

Psychosocial rehabilitation services provide a period for adjustment and skills development for persons with serious mental illness, substance use, and/or co-occurring disorders who are transitioning to employment. Services include psycho-educational groups, social skills training, services for individuals with co-occurring disorders, relapse prevention, training in problem solving and independent living skills, health literacy, pre-vocational services, and community integration. CSB contracts with community partners to provide psychosocial rehabilitation services to individuals who have limited social skills, have challenges establishing and maintaining relationships, and need help with basic daily living activities.

Turning Point First Episode Psychosis Program is an evidence-based, grant-funded, Coordinated Specialty Care (CSC) program for young adults between the ages of 16 and 30 who have experienced the onset of psychosis within the past 24 months. Turning Point helps participants and their families to better understand and manage symptoms of psychosis, while building skills and supports that allow them to be successful in work, school, and life. Turning Point is a transitional treatment program, and participants typically receive specialized services for approximately two years. Services include supported employment and education, peer support, psychiatric services, individual and group therapy, and family psychoeducation and support. Turning Point - Clinically High Risk for Psychosis (CHRP) provides additional services for those ages 14 to 25 who are at a high-risk for a first episode of psychosis.

Support Coordination Services

Support Coordination Services provide a continuum of case management services for people with developmental disabilities and their families, engaging with them to provide long-term, intensive level services and supports. Services provided include assessment and eligibility, targeted and monitoring case management, and school transition. CSB support coordinators engage with individuals and families in a collaborative, person-centered process to identify needed services and resources through an initial and ongoing assessment and planning process. Support coordinators then link individuals to services and supports, coordinate and monitor services, provide technical assistance, and advocate for the individual. These individualized services and supports may include medical, behavioral, educational, employment/vocational, housing, financial, transportation, recreational, legal, and problem-solving skills development services.

Support Coordination Services are directly impacted by the Department of Justice Settlement Agreement with the Commonwealth of Virginia DBHDS. A critical priority of the settlement is to reduce the Priority 1 (P1) waitlist for Medicaid Waivers. As of September 2023, the CSB has 1,152 individuals on the P1 waiting list. Strategies to mitigate workforce and private provider capacity challenges are needed to manage significant growth associated with investment in Medicaid Waiver reduction for support coordination and related services.

Employment and Day Services

Employment and Day Services (EDS) provides assistance and employment training to improve individual independence and self-sufficiency to help individuals enter and remain in the workforce.

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Employment and day services for people with serious behavioral health conditions and/or developmental disabilities are provided primarily through contracts and partnerships with private, nonprofit, and/or public agencies. This service area includes developmental services; sheltered, group, and individualized supported employment; self-directed employment services; and psychosocial rehabilitation, including the Turning Point program.

Developmental services provide self-maintenance training and nursing care for people with developmental disabilities who have severe disabilities and conditions and need various types of services in areas such as intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily and community living skills, and employment. Sheltered employment provides employment in a supervised setting with additional support services for habilitative development. Group supported employment provides intensive job placement assistance for community-based, supervised contract work and competitive employment in the community, as well as support to help people maintain successful employment. Individualized supported employment helps people work in community settings, integrated with workers who do not have disabilities.

The Self-Directed Services (SDS) program provides a programmatic and cost-saving alternative to traditional day support and employment services. CSB provides funds directly to families who can purchase customized services for a family member. Services can include community participation and integration; training in safety, work environment, and social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. SDS staff helps families identify resources and provides technical assistance. Funding for each SDS contract is calculated at 80 percent of the weighted average cost of traditional day support and employment services. The annualized cost avoidance is approximately \$4,000 per person. This results from families not having to pay for personnel, overhead, and other expenses that a traditional service provider must incur.

Psychosocial rehabilitation services provide a period for adjustment and skills development for persons with serious mental illness, substance use, and/or co-occurring disorders who are transitioning to employment. Services include psycho-educational groups, social skills training, services for individuals with co-occurring disorders, relapse prevention, training in problem solving and independent living skills, health literacy, pre-vocational services, and community integration. CSB contracts with community partners to provide psychosocial rehabilitation services to individuals who have limited social skills, have challenges establishing and maintaining relationships, and need help with basic daily living activities.

Turning Point is an evidence-based, grant-funded, Coordinated Specialty Care (CSC) program for young adults between the ages of 16 and 25 who have experienced the onset of psychosis within the past 24 months. Turning Point helps participants and their families to better understand and manage symptoms of psychosis, while building skills and supports that allow them to be successful in work, school, and life. Turning Point is a transitional treatment program, and participants typically receive specialized services for approximately two years. Services include supported employment and education, peer support, psychiatric services, individual and group therapy, and family psychoeducation and support.

The CSB's Supported Employment program helps people with disabilities and/or people who are in recovery work towards life goals that involve getting and keeping a job in the competitive labor market, learning about career choices and barriers to employment, volunteering in the community, completing a GED, and continuing their education through college or industry certification. An employment specialist assists individuals to find and maintain employment. The Supported Employment program works with individuals who are receiving mental health and/or substance use

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disorder services from the CSB and can also work with people who are receiving services from another provider in the community.

Special Housing Projects are also supported under the EDS Division Director as appropriate for the planned over-arching name change to Contracts and Supportive Services. The CSB's special housing projects area includes DBHDS Permanent Supportive Housing (PSH), Brain Foundation collaboration, coordination of the CSB portion of mainstream housing vouchers, multiple housing projects coordinated with the Department of Housing and Community Development through coordinated entry process, Flexible Funding program, Tenancy Supports program and other special leasing or property management projects. All programs support CSB individuals in need of prioritized housing for special need populations.

Community Residential Services: Assisted and Supportive

Assisted Community Residential Services (ACRS) provides an array of needs-based, long-term residential supports for individuals with developmental disabilities. Supports are not time limited, designed around individual needs and preferences, emphasize full inclusion in community life, and a living environment that fosters independence. These group homes and supervised apartment programs are directly operated by ACRS and include nursing care coordination, staff training on integrated healthcare protocols and nursing services to meet increasingly complex medical needs of program participants. Along with medical and healthcare assistance, supports provided include assistance with activities of daily living; educational and civic interests; transportation; and sustaining day and employment services.

Supportive Community Residential Services (SCRS) provides a continuum of residential services with behavioral health supports that help adults with serious mental illness or co-occurring substance use disorders live successfully in the community. Individuals live in a variety of settings (treatment facilities, apartments, condominiums, and houses) across the County. The services are provided based on individual need, and individuals can move through the continuum of care. Individuals admitted to SCRS typically have had multiple psychiatric hospitalizations, periods of homelessness, justice system involvement, and interruptions in income and Medicaid benefits. The programs offer secure residence, direct supervision, counseling, case management, psychiatric services, medical nursing, employment, and life-skills instruction to help individuals manage, as independently as possible, their primary care, mental health, personal affairs, relationships, employment, and responsibilities as good neighbors. SCRS is comprised of Residential Intensive Care (RIC) programs and Supportive Shared Housing Program (SSHP) programs. RIC offers community-based, intensive residential services of up to 24 hours a day, seven days a week monitoring of medication and psychiatric stability. Counseling, supportive, and treatment services are provided daily in a therapeutic setting. SSHP provides residential support and case management in a community setting. The Department of Housing and Community Development and the CSB operate these long-term permanent subsidized units that are leased either by individuals or the CSB. As DBHDS continues to drive adaptation of supervised programs towards a permanent supportive housing model with the use of housing vouchers and grant funded housing services, it is anticipated that SCRS will adapt, and transition staff supports from CSB leased settings to service recipient-leased residences.

Many of the assisted and supportive residential programs are provided through various housing partnerships and contracted service providers. While services are primarily provided directly to adults, some contracted support is provided to families for family-arranged respite services to individuals with developmental disabilities, regardless of age. Contracted services include: an Assisted Living Facility (ALF) with 24 hours a day, seven days a week care for people with serious mental illness and medical needs; an intensive residential program for 16 individuals with serious

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mental illness, many of whom are transitioning from psychiatric hospitals or seeking more intensive services to avoid hospitalization; Intermediate Care Facilities (ICFs) that provide 24 hours a day, seven days a week supports for individuals with developmental disabilities and highly intensive medical and/or behavioral support needs; group homes that provide 24 hours a day, seven days a week supports (small group living arrangements, usually four to six residents per home); supervised apartments that provide community-based group living arrangements with less than 24 hour care; daily or drop-in supports based on individual needs and preferences to maintain individuals in family homes, their own homes, or in shared living arrangements (such as apartments or town homes); short-term, in-home respite services and long-term respite services provided by a licensed 24 hour home for individuals with developmental disabilities; and emergency shelter services. Individualized Purchase of Service (IPOS) is provided for a small number of people who receive other specialized long-term community residential services via contracts.

Diversion and Jail-Based Services

Diversion and Jail-Based Services provides treatment, engagement, and services to justice-involved individuals with behavioral health concerns. This treatment area includes community-based multi-disciplinary teams focused on diverting individuals away from the criminal justice system and into treatment. It also includes an interdisciplinary team at the Fairfax County Adult Detention Center to provide crisis intervention, stabilization, and continuation of psychiatric medications, facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others, facilitation of substance use disorder treatment groups, release planning, and re-entry case management connecting individuals with community treatment and supports. The Diversion teams engage individuals prior to arrest, from the magistrates, with probation and pre-trial services, or from the courts. They provide an intensive level of treatment and support to enhance the individual's existing resources, link to ongoing supports, and help them attain their goals of community living without further justice involvement. Diversion and Jail-Based Services works closely with law enforcement, probation and pre-trial services, magistrates, courts, and with other CSB services such as Emergency, Detox, MAT, and Intensive Community Treatment Services. CSB partners with specialty courts to provide direct support for the Veterans Treatment Docket, the Drug Court Docket and the Mental Health Docket. Each of these efforts is focused in enhancing an individual's linkages to treatment services with the goal of reducing recidivism.

Intensive Community Treatment Services

Intensive Community Treatment Services includes Discharge Planning, Assertive Community Treatment (ACT), services for individuals who are adjudicated Not Guilty by Reasons of Insanity (NGRI), Projects for Assistance in Transition from Homelessness (PATH), and Intensive Case Management (ICM). Discharge planning services are provided to individuals in state psychiatric hospitals to link individuals to community-based services that enhance successful community-based recovery. Discharge Planners work collaboratively with the state hospital treatment team to develop comprehensive discharge plans. ACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. NGRI services include collaborating with state hospital staff, preparing and implementing conditional release plans, and submitting reports to the court on the person's progress and adjustment in the community. PATH is an outreach team meeting individuals in the community who are homeless and connecting them to needed services, including healthcare, substance use treatment, shelter, and behavioral health services. ICM Teams provide intensive, community-based case management and outreach services to persons who have serious mental illness and/or co-occurring serious substance use disorders. Both ACT and ICM teams work with individuals who have acute and complex needs and provide appropriate levels of support and services where individuals live, work, and relax in the community. Many of the individuals served in these programs are homeless and have previously been

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hospitalized or involved with the criminal justice system. Services include case management, linking to community resources, crisis intervention, and medication management.

Category	FY 2023 Actual	FY 2024 Adopted	FY 2024 Revised	FY 2025 Advertised
EXPENDITURES				
Total Expenditures	\$83,141,194	\$97,418,137	\$100,422,353	\$94,112,359
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	480 / 478.5	480 / 478.5	481 / 479.5	486 / 484.5

Position Detail

The FY 2025 Advertised Budget Plan includes the following positions:

CSB CENTRAL ADMINISTRATION – 260 Positions			
Administration			
1	Executive Director	6	Human Resources Generalists II
1	Deputy Director	1	Training Specialist III
1	Comm. Svs. Planning/Devel. Dir.	2	Training Specialists II
1	Finance Manager CSB	1	DD Specialist III
2	Policy and Information Managers	1	Info Tech Program Manager I
4	Management Analysts IV	1	Information Security Analyst I
13	Management Analysts III	1	Statistical and Data Specialist IV
12	Management Analysts II	3	Statistical and Data Specialists III
3	Management Analysts I	3	Statistical and Data Specialists II
2	Financial Specialists IV	1	Statistical and Data Specialist I
5	Financial Specialists III	1	Data Analyst I
6	Financial Specialists II	3	Communications Specialists II
6	Financial Specialists I	1	Human Service Worker IV
2	Business Analysts IV	1	Human Service Worker III
5	Business Analysts III	9	Human Service Workers II
5	Business Analysts II	37	Human Services Assistants, 2 PT
1	Residential & Facility Development Manager	1	Volunteer Services Program Manager
1	Information Officer III	1	Administrative Associate
1	Assistant Human Resources Manager	5	Administrative Assistants V
1	Licensed Practical Nurse	1	Human Resource Manager
2	Behavioral Health Senior Clinicians	21	Administrative Assistants IV
1	BHN Clinician/Case Manager	14	Administrative Assistants III
1	Admin & Policy Division Director	4	Administrative Assistants II
1	Policy and Information Manager		
CSB Clinical Operations			
1	CSB Division Director	1	BHN Clinician/Case Manager
2	Deputy Directors	7	Behavioral Health Specialists II
1	Psychiatrist	1	Behavioral Health Specialist I
1	Program Manager	1	Human Service Worker V
1	BHN Supervisor	1	Management Analyst I
1	Behavioral Health Supervisor	2	Licensed Practical Nurses
1	Behavioral Health Sr. Clinician	4	Peer Support Specialists
Medical Services			
1	Medical Director of CSB	1	BHN Clinician/Case Manager
1	Public Health Doctor, PT	1	Physician Assistant
24	Psychiatrists	6	Psychiatric Nurse Practitioners
2	Behavioral Health Managers	1	Nurse Practitioners
1	Behavioral Health Supervisor		

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ACUTE AND THERAPEUTIC TREATMENT SERVICES – 376 Positions			
Engagement, Assessment and Referral Services			
1	CSB Service Area Director	11	Behavioral Health Senior Clinicians
1	Behavioral Health Manager	8	Behavioral Health Specialists II, 1 PT
4	Behavioral Health Supervisors	2	Licensed Practical Nurses
Emergency and Crisis Services			
1	CSB Service Area Director	4	BHN Clinicians/Case Managers
3	Behavioral Health Managers	20	Behavioral Health Specialists II [-1]
2	Clinical Psychologists	8	Behavioral Health Specialists I
9	Emergency/Mobile Crisis Supervisors	1	Cook
3	Behavioral Health Supervisors	0	Peer Support Specialists [-1]
34	Crisis Intervention Specialists, 1 PT	4	Human Service Workers I
6	Behavioral Health Senior Clinicians		
Residential Treatment and Detoxification Services			
1	CSB Service Area Director	6	Behavioral Health Managers
1	Substance Abuse Counselor III	26	Behavioral Health Specialists I
1	Substance Abuse Counselor II	7	Licensed Practical Nurses
5	Substance Abuse Counselors I	2	Administrative Assistants V
3	BHN Supervisors	3	Food Service Supervisors
15	Behavioral Health Supervisors	1	Peer Support Specialist [-1]
7	Behavioral Health Senior Clinicians	8	CSB Aides/Drivers
11	BHN Clinicians/Case Managers	2	Day Care Center Teachers I, 1 PT
37	Behavioral Health Specialists II, 1 PT	6	Cooks
Wellness, Health Promotion and Prevention Services			
1	Behavioral Health Manager	11	Behavioral Health Specialists II
1	Behavioral Health Supervisor		
Youth and Family Services			
1	Director Healthy Minds Fairfax	27	Behavioral Health Specialists II
2	Clinical Psychologists	2	Peer Support Specialists
6	Behavioral Health Managers	1	Psychiatric Nurse Practitioner
14	Behavioral Health Supervisors	1	Psychiatrist, PT
45	Behavioral Health Sr. Clinicians, 1 PT		
COMMUNITY LIVING TREATMENT AND SUPPORTS – 486 Positions			
Behavioral Health Outpatient and Case Management Services			
1	CSB Service Area Director	5	Behavioral Health Managers
5	BHN Supervisors	11	BHN Clinician/Case Managers
17	Behavioral Health Supervisors	45	Behavioral Health Specialists II
40	Behavioral Health Sr. Clinicians, 1 PT	6	Licensed Practical Nurses
Support Coordination Services			
1	Management Analyst I	107	DD Specialists II [+6]
5	DD Specialists IV	3	DD Specialists I
17	DD Specialists III [+1]	1	Management Analyst I
Employment and Day Services			
1	CSB Service Area Director	1	Management Analyst III
2	Behavioral Health Managers	2	Management Analysts I
1	DD Specialist IV	1	Behavioral Health Senior Clinician
1	DD Specialist II [-1]	1	Behavioral Health Supervisor
2	DD Specialists I	1	CSB Aide/Driver
Assisted Community Residential Services			
1	CSB Service Area Directors	1	BHN Supervisor
2	DD Specialists IV	3	BHN Clinician/Case Managers
2	DD Specialists III	1	Management Analyst I
6	DD Specialists II	2	Licensed Practical Nurses
49	DD Specialists I		

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Each individual that receives Targeted Support Coordination services has monthly contacts with a support coordinator and has a team consisting of professionals and family members who meet at least every 90 days with the individual to ensure needs are being addressed and progress towards outcomes is accomplished and reflected in the Individual Support Plan (ISP). During these meetings, 96 percent of individuals indicated they were satisfied with services. Ninety-six percent of Person-Centered Plan outcomes were met for individuals served in Targeted Support Coordination. This outcome represents the Person-Centered Plan outcomes developed by CSB support coordinators, with active participation from the individual as well as family members. Challenges to meeting service outcomes include finding specialized providers who can meet the complex medical and behavioral needs of the individuals served, transportation throughout the region, and ensuring vendors are able to apply for and obtain customized rates through Medicaid.

In FY 2023, 84 individuals were served in directly operated group homes, contracted group homes and supported apartments throughout the community. The number of individuals in this service area has decreased over the past several years due to natural attrition. The lowered estimate of individuals served in FY 2025 reflects changes in individual needs which impact funding streams and continuity of services with the CSB. As this population ages, more individuals will require services provided through state funded Medicaid Waivers or a higher level of care. The average cost per individual served increased to \$109,933, which was partially due to the decrease in individuals served and an increase in staffing levels in group homes in response to the acute needs of this aging and intensely medically and behaviorally involved population.

This service area maintains contracts with community-based providers to support a continuum of residential services and supports to include congregate group homes, respite facility, respite subsidy, and in-home supports. This service area is designed to enhance community capacity and maintain the quality of care for individuals served. The CSB will continue serving individuals directly and through contracts in the future, shifting this level of care to community-based providers throughout the County and focusing on the identified priority populations. In addition, CSB staff members provide consultation and assistance to community-based providers in navigating new Medicaid funding structures to maximize their state funding and capacity to serve this population.

The individuals who receive residential services generally show high levels of satisfaction with their living arrangement and the supports and activities offered. In FY 2023, 96 percent of those surveyed indicated satisfaction. This is slightly below the target of 98 percent and is largely due to limitations that were required to maintain individuals' health and safety during the COVID-19 pandemic. Examples of these limitations include decreased community activities/engagement, limited options for employment and vocational activities, and visitor restrictions in the home. It is anticipated that satisfaction levels will increase as these limitations subside and day programs reopen. Additionally, 85 percent of those served were able to maintain their existing level of residential independence, which affords a higher level of independence for individuals with developmental disability.

Healthy Communities

In FY 2023, 237 individuals received Adult Residential Treatment for substance use, including those who received services through primary treatment, community re-entry, and aftercare services, at an average cost of \$56,755 per person. This was similar to the number of individuals served in FY 2022 and was partly due to social distancing requirements that maintained client and staff safety but reduced program capacity. The CSB continues to balance the census (number served) against the need to maintain sufficient staff to client ratios to provide the increased Medicaid mandated documentation needed for billing, as Medicaid reimbursement began during the COVID-19 pandemic restrictions. Now that social distancing requirements are no longer needed and as staffing improves, it is expected that the program census will increase and program utilization will normalize to levels

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seen prior to the COVID-19 pandemic. However, the cost of staff salaries increased in FY 2022 and is expected to remain high as turnover continues within the program, offsetting potential decreases in the cost per person served in future fiscal years. Aside from limitations on the number of individuals that can be served, as the residential facilities age, additional maintenance and repair costs are incurred. Capital Improvement Plans are being finalized and will begin in January 2025, encompassing a division-wide upgrade to all treatment facilities. Many of the residential treatment programs in this service area are large, allowing them to produce an economy of scale that, when combined with successful outcome measures, will continue to provide a positive return on investment.

Outcome surveys are completed one-year post discharge and individuals are surveyed about overall satisfaction with the services received, their current substance use status, and employment. Ninety-three percent of respondents indicated that they were satisfied with the services. Of the respondents, 48 percent reported that they had reduced their substance use at one-year post discharge as compared to their substance use prior to entering the program, which did not meet the target of 80 percent. This is likely due to fewer surveys being collected, the decrease in the total number served (e.g., smaller recovery peer groups), and the general isolation experienced in the recovery community as many self-help recovery services experienced a significant reduction in face-to-face attendance that has yet to return to pre-pandemic levels. With all programs now operating it is anticipated that survey responses will be more robust in FY 2024.

Residential treatment programs recognize the importance of employment in ensuring economic stability and the benefits of daily structure, responsibility, and accountability in an individual's recovery. During the past fiscal year, 71 percent of respondents were employed one-year post discharge. Although the target was not met, a significant number of individuals were also connected to entitlement benefits due to receiving case management services at the programs, improving their economic stability. With federal pandemic benefits expiring and a return to pre-pandemic funding, it is predicted that more individuals will return to the work force in the future. In addition, the service delivery model remains shortened, and individuals are often less prepared for future employment upon entering the program and there is less time for them to connect with job supports during treatment. In the future, the residential programs may look to partner with the Virginia Department of Aging and Rehabilitative Services (DARS) to link individuals to employment opportunities more quickly and/or refer clients to other programs for continued case management services (e.g., ARTS case management for individuals with substance use disorder).

In FY 2023, Behavioral Health Outpatient and Case Management Services provided services to 4,342 adults with mental health, substance use, and/or co-occurring disorders at an average cost of \$3,545 per individual. Eighty-four percent of individuals indicated that they were satisfied with services. This service area has implemented several business process improvements to enhance efficiencies around service delivery, including client engagement, collaborative documentation, centralized scheduling, no-show policy, and utilization review. In the past year, BHOP has made several improvements including expansion of the provision of evidence-based trauma-informed care and the implementation of The Rapid Engagement and Assessment Transition (TREAT) teams. The goal of the TREAT teams is to increase program capacity, facilitate the initiation of individuals into treatment services, and allow clinicians to refer more people to community-based providers when stable. Staff are enhancing linkages with community partners, including Neighborhood Health, to move stable individuals to community-based care along with providing increased collaboration to allow for rapid re-entry into CSB outpatient services if needed. During the COVID-19 pandemic, BHOP was able to quickly move to primarily telehealth services in March 2020 and has since transitioned to a hybrid model consisting of telehealth and in-person service delivery.

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For the past several years, this service area has tracked employment outcomes for those receiving treatment primarily for substance use. In FY 2023, 74 percent of those served obtained or maintained employment, which was 13 percent higher than FY 2020. This program has seen a change in population and referrals during the COVID-19 pandemic and is examining options for potential changes to programming to better meet client needs. Additional measures that are reflective of the goals of current programming are also being explored.

In FY 2023, CSB clinicians housed in the Adult Detention Center (ADC) served a total of 2,675 individuals at a cost of \$650 per individual. In addition, 2,723 forensic assessments were conducted with 2,026 individuals (unduplicated) during the fiscal year. Diversion and Jail-Based Services staff had a total of 27,768 service hours during FY 2023. As part of the Diversion First Initiative, ADC staff members screen all individuals for mental health issues as part of the medical assessment. The results from the evidence-based tool are used to identify individuals for more in-depth clinical assessments or referral to other providers. This helps to ensure that those who are incarcerated and in need of behavioral health services are properly identified and referred for treatment.

Timeliness of assessment and services correlates with better behavioral health outcomes. In FY 2023, 85 percent of those referred for a forensic assessment received that assessment within two days of referral, which did not meet the target of 90 percent. The assessments that did not occur within two days were largely due to staffing shortages the program experienced during the fiscal year. However, individuals with acute needs were seen within two days of referral. In addition, nearly all individuals, 99.7 percent, were seen within 14 days of referral, aligning with standards developed by the National Commission on Correctional Health Care (NCCHC). Of those individuals who received a full forensic assessment, 82 percent received follow-up treatment services while in jail, which could include services to address mental health and/or substance use disorder.

The CSB Jail Services team has expanded the scope of its work to include Emergency Custody Orders (ECOs) and Temporary Detention Orders (TDOs) to help stabilize acute mental health needs while individuals are incarcerated or upon release. In FY 2021, the Office of the Sheriff expanded services for MAT for individuals with opioid use disorder. The CSB provides coordination of care and release planning for MAT participants prior to and post release. This service area continues to collaborate with the specialty courts and other Diversion First services to provide needed supports to individuals while incarcerated and to link them with appropriate services upon release. With the increased focus on individuals with opioid use disorder and providing MAT services, it is anticipated that the number of individuals served will increase significantly. The CSB is also applying for funding from the Opioid Abatement Authority, which may increase the number of staff able to provide services to individuals with opioid use disorder.

In FY 2023, CSB discharge planners served 482 adults, at an average cost of \$1,262 per individual. This represents a 33 percent decrease from FY 2022. From FY 2017 to FY 2020, there was a significant increase in the adults served each year, due to state legislative changes requiring shorter time frames to locate alternative treatment. This resulted in more admissions to state hospitals as a last resort placement. However, during the past year, some state hospitals were closed at various times because of a staffing shortage due to the challenges of hiring and retaining behavioral health professionals. This resulted in limited capacity and pressure for staff to locate alternatives to state hospitals. An additional reason for the decline of adults served includes Medicaid expansion, which resulted in more people who were able to obtain insurance and could be served in community hospitals or a crisis care program. Community hospitals also expanded their bed capacity, allowing for more people to be served in the community rather than the state hospitals.

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Although the number of individuals served is leveling off, clients continue to have multiple complex treatment needs, which necessitates responsive discharge planning services. Eighty seven percent of all adults were scheduled for a CSB assessment within seven days of hospital discharge. An additional 13 percent of clients were scheduled within 15 days for an assessment. Staff continue to work on improving coordination between multiple systems to provide more timely access to assessment services, including court-related cases. For individuals who had been discharged and were waiting for an assessment, discharge planners remained involved to ensure continuity until individuals could begin receiving other CSB services. One hundred percent of clients who returned satisfaction surveys indicated they were satisfied with services in FY 2023; however, there were a limited number of survey responses, partly due to limited staffing resources in FY 2023. Program staff are revising procedures for administering surveys and it is expected that the survey response rate will increase in future fiscal years.

As individuals re-integrate into community-based settings, access to ongoing care supports their reintegration and recovery. Of the individuals referred for assessment and CSB treatment services, 67 percent remained in CSB services after 90 days, which just missed the target of 70 percent. Individuals are required to be discharged from hospitals as soon as possible, while also presenting with a higher acuity and complexity. As individuals may not be as well prepared to adjust to community-based treatment, this requires more complex planning between providers to help ensure individuals remain in treatment and impacts the overall outcomes. Additionally, the COVID-19 pandemic has put stress on the behavioral health care system nationwide, which has limited the availability of treatment resources and may have impacted client engagement. The CSB is working to mitigate these issues and anticipates that as more resources become available, this will improve client engagement, staffing consistency, and retention in services.

In FY 2023, EAR served 3,088 adults in walk-in assessment at the Sharon Bulova Center for Community Health at an average cost of \$1,148 per individual served. This represented a 49 percent increase in the number of individuals served compared to FY 2021, suggesting that the impact of the COVID-19 pandemic is waning, and the number of adults served is gradually returning to pre-pandemic levels. The CSB continues to utilize virtual options along with providing in-person services, and it is expected that this will allow the CSB to serve clients at levels seen prior to the COVID-19 pandemic in the upcoming year.

In FY 2019, the Virginia DBHDS launched a Same Day Access screening model throughout the state. Fairfax has utilized this model for several years, with the goal of shortening the amount of time that it takes for an individual to begin receiving appropriate behavioral health treatment. Additional enhancements to the assessment process in recent years include a new triage process, nursing and peer specialist positions, and contracted telehealth providers, which streamline the process for clinical staff, provide resources to link clients with services in the community, and enhance the client experience. In FY 2023, 69 percent of individuals who provided their opinion in a satisfaction survey were satisfied with their assessment services. Although this result did not meet the 85 percent target, it is expected that improvements in staffing and the assessment process will result in increased client satisfaction in FY 2024. Program leadership will continue to place a stronger emphasis on clinical training related to mental health and substance use disorders, in addition to individuals who are diagnosed with an intellectual and developmental disability.

Once an individual is assessed and recommended for services, best practice is to begin treatment services as soon as possible. Of the individuals who received an assessment and were referred to CSB services, 62 percent attended their first scheduled CSB service appointment. The CSB continues to address this issue by maximizing existing staff resources, offering more groups in additional locations and times, providing outreach and engagement services during the transition

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from assessment to treatment, enhancing utilization management, and linking clients to appropriate services in the community. To align with a new DBHDS statewide measure related to treatment engagement with an expectation that 70 percent of individuals will attend their first scheduled service appointment, the CSB adjusted its target for FY 2023 to reflect the state's benchmark.

Supportive Community Residential Services served 280 individuals in FY 2023 at an average cost of \$38,397 per person. Continued expansion of state and federal housing programs, along with additional Medicaid accessibility, will allow this service area to decrease reliance on local funding for housing and services over time. Contracts with community-based providers have created a better flow for a continuum of services. As expected, fewer individuals were served in this service area in FY 2023 due to contract and service delivery re-alignment which allows more individuals to be served by community-based providers. Overall, 95 percent of individuals reported being satisfied with services in FY 2023.

One of the goals in this service area is for clients to reach a stage where they are at a self-sufficiency level in which they can move to a more independent housing arrangement. Clients must be able to consistently manage their own medication administration, appointments, finances, and work schedules with minimal staff intervention to move out of a level of care that provides daily interaction with clinical staff. Clients are making progress towards independent living, however the transition to a community-based setting requires a significant amount of skill training and rehabilitation for clients to reach a level of functioning that allows for a successful move to a more independent living arrangement, a process which typically takes 12 to 18 months.

As the agency decreases the directly operated census and moves clients to more independent settings, the percentage of remaining clients needing more independent residential settings will decrease. As such, the percentage of individuals who were ready to move to a more independent residential setting within one year was 5 percent, which did not meet the target. The clients remaining in SCRS programs often require the same level or more intensive residential supports and the target percentage will need to decrease in future fiscal years to better reflect the clinical acuity of the population being served. This service area continues to manage waitlists, need for services, and available slots based on resources in the community.

Lifelong Education and Learning

In FY 2023, Youth and Family Outpatient Services served 1,590 youth at an average cost of \$4,446 per person. As a result of impacts from the COVID-19 pandemic and the nationwide staffing shortage, the CSB received fewer direct referrals from the school and court systems throughout the fiscal year. As the year progressed, there was a steady increase in referrals due to the incalculable increase in youth using opioids, specifically the lethal drug, fentanyl, contributing to the national decline in youth mental health. Additionally, the opioid epidemic and the recent overdoses amongst this population has forged increased collaboration between the CSB, youth-serving agencies in the community, and public safety. These strong partnerships are expected to result in additional referrals and the expansion of CSB services in the upcoming years. Throughout the COVID-19 pandemic, the CSB has maintained the capacity to serve youth and families in the community, through a combination of telehealth and in-person services. Behavioral health needs of youth are met through individualized plans which include outpatient individual, family and group treatment, case management and/or psychiatric services. Youth and Family Outpatient staff coordinate closely with education, child welfare, and juvenile justice to meet the needs of youth involved in multiple systems. Through case management, youth with especially complex and high-risk behaviors can access intensive services funded through the Children's Services Act or Medicaid.

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Overall, 81 percent of families indicated satisfaction with services in FY 2023, which was below the target of 95 percent. A variety of factors may have contributed to this result, including families facing difficulties scheduling after-school sessions and not wanting to take their child out of school for services, a waitlist for services at the Sharon Bulova Center for Community Health, the challenges of the opioid epidemic on youth mental health, and a lack of resources in the community. In the upcoming year, as the programs become fully staffed and can offer more in-person and evening services, along with expanded services delivered in the school system, it is expected that the satisfaction rate will improve. The CSB utilizes a research-backed outcomes measurement tool, the Daily Living Activities-20 (DLA-20), which assesses individual functioning on 20 daily living skills and identifies where outcomes are needed so that clinicians can address functional deficits through individualized service plans. Results from these assessments show that 82 percent of youth served maintained or improved functioning on school-related measures, which fell below the 90 percent target. The CSB is exploring options to utilize the DLA-20 for tracking client outcomes and improvements in the future.

In FY 2023, 1,324 individuals with developmental disability received directly operated and contracted day support and employment services. Of these individuals, 818 received services fully funded by Fairfax County while 506 received services partially funded through Medicaid Waiver and partially by Fairfax County. The average cost to serve these individuals was \$20,727 per person. Programs are continuing to face capacity challenges due to staffing shortages and it is unclear when these issues will be fully resolved. As programs began to reopen, interest in returning to service outpaced staff recruitment. Providers used creative solutions such as part-time attendance so individuals could at least participate in programming two to three days each week until staffing was further addressed. Some providers have seen some success in decreasing job vacancies with hiring incentives such as more competitive compensation and retention bonuses. The CSB has been working with community providers to continue to mitigate the impacts of the COVID-19 pandemic and identify opportunities to increase community capacity. It is anticipated that the number of individuals served will increase, based on the estimated number of graduates from Fairfax County Public Schools who may be eligible for CSB Employment and Day Support Services. It is expected that these graduates will begin placements in Day Support and Employment Services in FY 2024, dependent upon increases in capacity.

For those that receive services, one factor that leads to improved outcomes is driven by enjoyment of the activity in which they are engaged. In FY 2023, 98 percent of individuals reported satisfaction with their services. Of the individuals who received group supported employment services, the average annual wage was \$9,640, and for those who received individual supported employment, \$16,738 was the average annual wage. Staff are exploring additional ways to support members in the community, including options to utilize the Adult Day Health Care program and the senior centers both operated by the Department of Neighborhood and Community Services.

This service area also provides employment services to individuals with serious mental illness, substance use and/or co-occurring disorders. In FY 2023, 424 adults received supported employment services, which included individual and group employment coaching and support, at a cost of \$3,793 per individual. The number of individuals served was lower than typical due to staffing shortages, along with continued impacts of the COVID-19 pandemic, and is partly due to client reluctance to work in face-to-face, service-oriented employment, due to the COVID-19 pandemic and reduced number of referrals for this service. This program is also continuing to undergo a baseline fidelity review related to evidence-based best practices. Recommendations include reducing caseload sizes to provide more intensive services to those who have a greater need for the service with the expectation of more individuals gaining employment with benefits. In addition to updating

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business processes, this may result in reductions in the number of individuals served in future years. This review will conclude in March 2024.

In FY 2023, Employment Services staff and contractors continued to focus on individual job development and placement. Overall, 420 individuals, or 99 percent of those served, received individual supported employment services while four individuals, or 1 percent, received group supported employment services. Of the 424 individuals who received individual, or group supported employment, 93 percent indicated satisfaction with services, and 60 percent obtained paid or volunteer employment. In this area, the program is beginning to see improvement and is nearing the success rates in job placement seen prior to the COVID-19 pandemic. This program continued to provide educational supports to many individuals to prepare them for future employment. This included guidance to enroll and attend college courses, support for skills training classes, and study to obtain professional certifications or licenses. As the new program model is implemented in the upcoming year, it is expected that employment outcomes will increase in FY 2024 and beyond.

The individuals who obtained paid employment worked an average of 23 hours per week and received an average hourly wage of \$17.46, surpassing the target of \$12.00. This is primarily due to individuals with prior professional experience who worked with job coaches to successfully secure employment in their career fields, which increased the average wage. There was also an increase in starting wages offered by employers. Additional employment included work in the education, government, restaurant, and retail sectors within the region and was reflective of many job placements. There was a significant number of individuals working in customer service call centers and entry level IT positions. Due to the recent increases in the state minimum wage and the hourly wage increases of local employers, it is estimated that this will continue to increase over the next several fiscal years.

In FY 2023, the Wellness, Health Promotion and Prevention (WHPP) team provided Mental Health First Aid (MHFA) training to 884 individuals at an average cost of \$174 per individual. MHFA is an evidence-based international health education program that helps participants identify, understand, and respond to individuals experiencing a crisis due to mental health and/or substance use disorders. Of the participants receiving MHFA training, 95 percent passed the standard exam required to obtain MHFA certification and 94 percent of the participants were satisfied with the training.

In FY 2023, there were 30 virtual Youth MHFA courses (for 448 adults who interact with youth), 32 Adult MHFA courses (420 participants), and three Public Safety MHFA courses for the Office of the Sheriff (16 participants) for a total of 65 courses. During Spring 2023, the WHPP team saw an increase in requests for customized in-person training sessions. In January 2022, the National Council issued the updated in-person curriculum for MHFA Youth and Adult. The WHPP team continues to deliver monthly open enrollment virtual training. In addition, the WHPP team offers customized in-person or virtual training for groups and organizations as requested. In FY 2023, some of the customized MHFA courses were delivered to the following groups: Food for Others, Creekside Village Community Center, Boy Scouts (virtual and in-person), Office to Prevent and End Homelessness (within the Department of Housing and Community Development), Volunteer Solutions, Zeta Phi Beta Sorority, Inc., Health Department (Maternal Child Health and School Nurses), Department of Neighborhood and Community Services (Head Start), Falls Church City Public School Teachers and Parents, Community Emergency Response Team (CERT), and the Town of Vienna recreation and public works staff.

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Safety and Security

In FY 2023, the Merrifield Crisis Response Center served 6,639 individuals through general emergency services and two mobile crisis units at an average cost of \$1,330 per person. Since FY 2021, the number served increased by 5 percent, exceeding the target and suggesting that Emergency Services usage is returning to pre-pandemic levels. Emergency Services operates 24 hours per day, seven days per week, and aids every individual who presents for services. In FY 2023, 85 percent of individuals received face-to-face services within one hour of check-in, missing the 90 percent target. Individuals are triaged and served in priority order, those with lower acuity needs may have extended wait times of longer than one hour.

In 2018, a Community Response Team began providing services. This is a co-responder model partnership with CSB, law enforcement, the Fire and Rescue Department and DPSC to provide proactive case management, engagement, and referral services to individuals that are identified as super-utilizers of public safety services and whose needs may be better met through CSB or other community services. A second Community Response Team began providing a broader scope of services in April 2023. In May 2021, FRD began conducting direct transport to MCRC for individuals in behavioral health crisis.

Staff have also implemented a multi-agency initiative that has created three full-time (12-hour, seven day a week) co-responder teams involving a mental health clinician and CIT trained police officer to respond to requests for mental health interventions through the 911 call center. During FY 2024, a fourth co-responder team launched, and a telehealth component will be piloted with an aim to increase availability of services. These co-responses could increase the number of individuals served in future fiscal years.

In October 2020, the CSB implemented on-site medical clearance services for individuals in need of psychiatric hospitalization and admission to crisis stabilization units. This effort is expected to reduce utilization of emergency departments, increase efficiency for CSB and law enforcement staff and provide a better client experience. In addition, Emergency Services staff continue to explore better ways of serving the community and expanding crisis services to offer alternatives to psychiatric hospitalization such as piloting a 23 hour crisis stabilization program. A 23 hour program allows an individual to receive increased monitoring and support in an outpatient setting up for to 23 hours. It is anticipated that this expanded continuum of crisis services may increase the number of individuals served in the future.

A goal for the Emergency and Crisis service area is to identify the best options and least restrictive services for individuals who are experiencing severe behavioral health issues. In FY 2023, 71 percent of crisis intervention and stabilization services provided by the general emergency service and the mobile crisis units were less restrictive than psychiatric hospitalization, surpassing the target of 65 percent. For FY 2024, it is expected that 70 percent of crisis intervention and stabilization services will be less restrictive than psychiatric hospitalization due to the implementation of the continuum of crisis services, including expanded co-responder teams and a 23 hour crisis stabilization program. There are a variety of factors that drive the number of hospitalizations. The CSB is continuing to see an increase in the acuity of individuals seeking emergency services, partly due to the impacts of the COVID-19 pandemic with lower treatment compliance rates and the ongoing hospital bed shortage which has limited available access to inpatient psychiatric care.

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Community Outcome Area	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Empowerment and Support for Residents Facing Vulnerability¹						
Services Are High Quality and Coordinated¹						
Percent of CSB service quality objectives achieved	80%	53%	80%	47%	80%	80%
Percent of CSB outcome objectives achieved	67%	53%	80%	60%	80%	80%
Percent of individuals served in directly operated and contracted group homes and supported apartments who maintain their current level of residential independence and integration in the community	98%	95%	98%	85%	98%	98%
Percent of Person-Centered Plan objectives met for individuals served in Targeted Support Coordination	98%	98%	88%	96%	90%	90%
Healthy Communities¹						
Improving Physical and Behavioral Health Conditions						
Percent of individuals receiving an assessment who attend their first scheduled service appointment	65%	64%	70%	62%	70%	70%
Percent of individuals receiving intensive or supervised residential services who are able to move to a more independent residential setting within one year	12%	14%	18%	5%	18%	5%
Percent of individuals served who are employed at one year after discharge	75%	75%	85%	71%	85%	85%
Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge	85%	89%	80%	48%	80%	80%
Percent of individuals who had a forensic assessment that attend a follow-up appointment after their assessment	85%	83%	75%	82%	75%	75%
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	58%	68%	65%	74%	65%	65%
Access to Health Services						
Percent of adults referred to the CSB for discharge planning services that remain in CSB services for at least 90 days	52%	68%	70%	67%	70%	70%
Percent of individuals trained who obtain Mental Health First Aid certification	100%	100%	92%	95%	92%	92%
Lifelong Education and Learning¹						
Supporting Career-Based Training						
Average annual wages of individuals with a developmental disability receiving group supported employment services	\$8,524	\$7,089	\$6,250	\$9,640	\$6,250	\$6,250
Average annual wages of individuals with a developmental disability receiving individual supported employment services	\$13,949	\$12,776	\$15,500	\$16,738	\$15,500	\$15,500
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services	\$13.79	\$15.23	\$12.00	\$17.46	\$13.00	\$15.00
Supporting Academic Achievement						
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	93%	88%	90%	82%	90%	90%
Safety and Security¹						
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	79%	72%	65%	71%	70%	70%

¹It should be noted that an improved methodology has been identified and previously reported results have been recalculated for improved accuracy.

A complete list of performance measures can be viewed at
<https://www.fairfaxcounty.gov/budget/fy-2025-advertised-performance-measures-pm>

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FUND STATEMENT

Category	FY 2023 Actual	FY 2024 Adopted Budget Plan	FY 2024 Revised Budget Plan	FY 2025 Advertised Budget Plan
Beginning Balance	\$45,581,191	\$26,041,861	\$61,279,071	\$48,192,397
Revenue:				
Local Jurisdictions:				
Fairfax City	\$2,479,063	\$2,479,063	\$2,479,063	\$2,479,063
Falls Church City	1,123,651	1,123,651	1,123,651	1,123,651
Subtotal - Local	\$3,602,714	\$3,602,714	\$3,602,714	\$3,602,714
State:				
State DBHDS	\$9,290,026	\$8,451,543	\$8,451,543	\$8,451,543
Subtotal - State	\$9,290,026	\$8,451,543	\$8,451,543	\$8,451,543
Federal:				
Block Grant	\$4,410,526	\$4,053,659	\$4,053,659	\$4,053,659
Direct/Other Federal	110,433	154,982	154,982	154,982
Subtotal - Federal	\$4,520,959	\$4,208,641	\$4,208,641	\$4,208,641
Fees:				
Medicaid Waiver	\$9,656,133	\$7,000,000	\$7,000,000	\$8,838,728
Medicaid Option	14,136,282	8,582,708	8,582,708	8,582,708
Program/Client Fees	5,386,380	4,296,500	4,296,500	4,296,500
CSA Pooled Funds	933,861	890,000	890,000	890,000
Subtotal - Fees	\$30,112,656	\$20,769,208	\$20,769,208	\$22,607,936
Other:				
Miscellaneous	\$168,744	\$124,800	\$124,800	\$124,800
Subtotal - Other	\$168,744	\$124,800	\$124,800	\$124,800
Total Revenue	\$47,695,099	\$37,156,906	\$37,156,906	\$38,995,634
Transfers In:				
General Fund (10001)	\$165,445,478	\$175,995,187	\$175,995,187	\$181,447,151
Total Transfers In	\$165,445,478	\$175,995,187	\$175,995,187	\$181,447,151
Total Available	\$258,721,768	\$239,193,954	\$274,431,164	\$268,635,182
Expenditures:				
Personnel Services	\$141,482,053	\$154,993,863	\$154,993,863	\$171,106,522
Operating Expenses	47,228,816	59,726,990	65,696,058	50,905,023
Recovered Costs	(1,532,187)	(1,568,760)	(1,568,760)	(1,568,760)
Capital Equipment	264,015	0	247,749	0
Total Expenditures	\$187,442,697	\$213,152,093	\$219,368,910	\$220,442,785
Transfers Out:				
General Fund (10001)	\$10,000,000	\$0	\$0	\$0
Information Technology Projects (10040)	0	0	6,869,857	0
Total Transfers Out	\$10,000,000	\$0	\$6,869,857	\$0
Total Disbursements	\$197,442,697	\$213,152,093	\$226,238,767	\$220,442,785

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FUND STATEMENT

Category	FY 2023 Actual	FY 2024 Adopted Budget Plan	FY 2024 Revised Budget Plan	FY 2025 Advertised Budget Plan
Ending Balance	\$61,279,071	\$26,041,861	\$48,192,397	\$48,192,397
DD Medicaid Waiver Redesign Reserve ¹	\$2,500,000	\$2,500,000	\$0	\$0
Opioid Use Epidemic Reserve ²	8,000,000	8,000,000	10,000,000	10,000,000
Diversion First Reserve ³	5,853,866	5,853,866	7,839,174	7,839,174
Medicaid Replacement Reserve ⁴	2,800,000	2,800,000	0	0
Youth Mental Health Crisis Care Center Reserve ⁵	0	0	15,000,000	15,000,000
Unreserved Balance⁶	\$42,125,205	\$6,887,995	\$15,353,223	\$15,353,223

¹ The DD Medicaid Waiver Redesign Reserve ensures the County has sufficient funding to provide services to individuals with developmental disabilities in the event of greater than anticipated costs due to the Medicaid Waiver Redesign effective July 1, 2016.

² The Opioid Use Epidemic Reserve provides flexibility, consistent with the Board of Supervisors' FY 2018-FY 2019 Budget Guidance, as the County continues to work with national, state, and regional partners on strategies to combat the opioid epidemic.

³ The Diversion First Reserve represents one-time savings realized since FY 2017 that will be appropriated as part of a future budget process based on priorities identified by the Board of Supervisors.

⁴ The Medicaid Waiver Expansion Reserve ensures the County has sufficient funding to provide services to individuals newly eligible under Medicaid Expansion.

⁵ The Youth Mental Health Crisis Care Center Reserve provides funding to purchase or lease a facility for youth mental health services, consistent with the Board of Supervisor's FY 2024-FY 2025 Budget Guidance.

⁶ The Unreserved Balance fluctuates based on specific annual program requirements.

Proposed Changes to FY 2025 CSB Fee Schedule

Issue:

CSB Board review of proposed changes to the FY 2025 CSB Fee Schedule.

Background:

In order to ensure a consistent, fair, and reasonable fee structure as required by the Code of Virginia, as well as to develop a structured, streamlined operation, the following fee setting process has been approved by the CSB Board.

Process for annual rate setting for the CSB fee schedule:

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

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

- Jan – CSB staff updates fee schedule that aligns with newly published rates
- Jan/Feb – CSB Board reviews updated fee schedule (informational item)
- Feb/Mar – CSB Board votes to approve fee schedule and submits to BOS (Board of Supervisors) for implementation
- Mar/Apr – CSB staff works with Board of Supervisors (BOS) clerk to add informational item to upcoming BOS meeting
- Apr/May – BOS concurs with the new fees to be effective as of July 1
- July 1 – New fees go into effect

Revisions to the Fee Schedule and update process will be submitted to the CSB Board for approval at the February 28, 2024, CSB Board meeting. Following CSB Board approval, the Fee Schedule will be submitted to the Board of Supervisors (BOS) for their review and implementation at the May 2024 BOS meeting. Following Board of Supervisors review and if no objections are presented, CSB staff will inform clients, notify staff, conduct necessary training, and apply adjustments to the Electronic Health Record, with an effective date not sooner than July 1, 2024.

Timing:

Immediate

Fiscal Impact:

The fee related documents provide the CSB with uniform mechanisms to maximize revenues for the delivery of services from Medicaid, Medicare, and other health insurance plans as well as other program/client fees. The FY 2024 Adopted Budget Plan for the CSB for charges for services includes \$20,769,208 which is consistent with the FY 2023 Budget Plan. The actual revenue collection on this category was \$30,111,420 in FY 2023.

Board Members and Staff:

Staff: Elif Ekingen, Chief Financial Officer

Michelle Gonsalves, Contracts and Credentialing Manager

Enclosed Documents:

FY 2025 Proposed Fee Schedule

Summary of Changes

Summary of Changes to CSB 2024-2025 Self Pay Fee Schedule

Fee Schedule

- The CSB has adopted the use of the national standard for rate development used by Medicare to determine reimbursement rates. The following structure has been adopted to allow for the Schedule to be updated annually with a standard methodology that can be validated with transparency.
 - First, use of CMS Medicare code/rate structure for Fairfax County
 - Second, if code/rate not available, use Virginia Department of Medical Assistance (DMAS) Fee Schedule
 - Third, if code/rate not available, use CSB negotiated rate with payers

- Added codes that were included in the VA DMAS service update.

- Removed codes no longer being billed to clients per the Revenue Management Team.

Self Pay FY25 Final Fee Schedule

Service	Service Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Previous Rate	New Rate	Unit	Change
Initial Evaluation/Assessment	90791		Yes	\$191.78	\$184.74	per event	(\$7.04)
Psychiatric Evaluation, Medical Services	90792		Yes	\$216.44	\$208.64	per event	(\$7.80)
Individual Therapy/Counseling (16 to 37 minutes)	90832		Yes	\$82.66	\$83.82	per event	\$1.16
Individual Therapy/Counseling (38 to 52 minutes)	90834		Yes	\$109.40	\$110.56	per event	\$1.16
Individual Therapy/Counseling (53 minutes or greater)	90837		Yes	\$160.87	\$162.96	per event	\$2.09
Crisis Intervention - non-Medicaid	90839		Yes	\$154.85	\$157.16	per hour	\$2.31
Crisis Intervention - Addl 30 Min	90840		Yes	\$77.17	\$78.08	each add't 30 min	\$0.91
Family Therapy w/out client (50 minutes)	90846		Yes	\$103.20	\$103.21	per event	\$0.01
Family Therapy w/ client (50 minutes)	90847		Yes	\$107.60	\$108.19	per event	\$0.59
Group Therapy/Counseling (per group, per person)	90853		Yes	\$29.35	\$29.64	per event	\$0.29
Injection Procedure	96372		Yes	\$16.37	\$16.02	per event	(\$0.35)
Urine Collection & Drug Screen- Retests Only (Specimen Handling)	99000		Yes	\$3.68	\$3.68	per event	\$0.00
Nursing Subsequent Care - Established Patient	99211		Yes	\$27.43	\$26.52	per event	(\$0.91)
Office Outpatient Established 10-19 Min	99212		Yes	\$65.40	\$63.21	per event	(\$2.19)
Psychiatric Evaluation & Management Low Complexity - Established Patient 20-29 Min	99213		Yes	\$103.35	\$100.73	per event	(\$2.62)
Psychiatric Evaluation & Management Moderate Complexity - Established Patient 30-39 Min	99214		Yes	\$145.72	\$141.67	per event	(\$4.05)
Office Outpatient Established High 40-54 min	99215		Yes	\$203.57	\$199.00	per event	(\$4.57)
Case Management - SA	H0006		Yes	\$243.00	\$243.00	per month	\$0.00
Residential Treatment	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$376.46	\$534.47	per day	\$158.01
Intensive Outpatient - SA	H0015	Revenue Code 905 or 906	Yes	\$250.00	\$250.00	per day	\$0.00
Behavioral Health Outreach Service (Case Management - MH)	H0023		Yes	\$367.31	\$367.31	per month	\$0.00
ACT - Base Large Team	H0040		Yes	\$178.76	\$196.64	per diem	\$17.88
ACT - Base Medium Team	H0040 - U1		Yes	\$190.50	\$209.55	per diem	\$19.05
ACT - Base Small Team	H0040 - U2		Yes	\$219.60	\$241.56	per diem	\$21.96
ACT - High Fidelity Large Team	H0040 - U3		Yes	\$213.84	\$235.22	per diem	\$21.38
ACT - High Fidelity Medium Team	H0040 - U4		Yes	\$232.47	\$255.72	per diem	\$23.25
ACT - High Fidelity Small Team	H0040 - U5		Yes	\$275.95	\$303.55	per diem	\$27.60
Mobile Crisis (1:1 Licensed)/(1:1 Prescriber)/(Non-Emergency 1:1 Prescriber Licensed)	H2011 - HO/32/HK		Yes	\$71.08	\$78.19	per 15 min	\$7.11
Mobile Crisis (2:1 MA/PEER)	H2011 - HT, HM		Yes	\$113.85	\$125.24	per 15 min	\$11.39
Mobile Crisis (2:1 Licensed/PEER)	H2011 - HT, HO		Yes	\$121.51	\$133.66	per 15 min	\$12.15
Mobile Crisis (2:1 MA/MA)	H2011 - HT, HN		Yes	\$124.27	\$136.70	per 15 min	\$12.43
Mobile Crisis (2:1 Licensed, MA)	H2011 - HT		Yes	\$131.93	\$145.12	per 15 min	\$13.19
Psychosocial Rehab Services	H2018	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$583.00	\$847.04	per 15 min	\$264.04
Therapeutic Behavioral Services	H2019		Yes	\$100.13	\$100.13	per 15 min	\$0.00
Detoxification, Medical/Social Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$518.86	\$534.47	per day	\$15.61
Drop-In Support Services, ID	None		Yes	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	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	None
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%
Residential Fee MH/SA Community Living Services	None		No	30%	30%	of monthly gross income	0%
Returned Check (due to insufficient 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
23-Hour Crisis Stabilization	S9485 - 32/HK		Yes	\$920.06	\$1,012.07	per diem	\$92.01
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	\$.37 per pg up to 50 pgs; \$.18 per pg > = 51 pgs; \$6.00 per CD	per pages/CD	Varies

2024 CSB Board and Committee Meetings

Fairfax-Falls Church Community Services Board

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

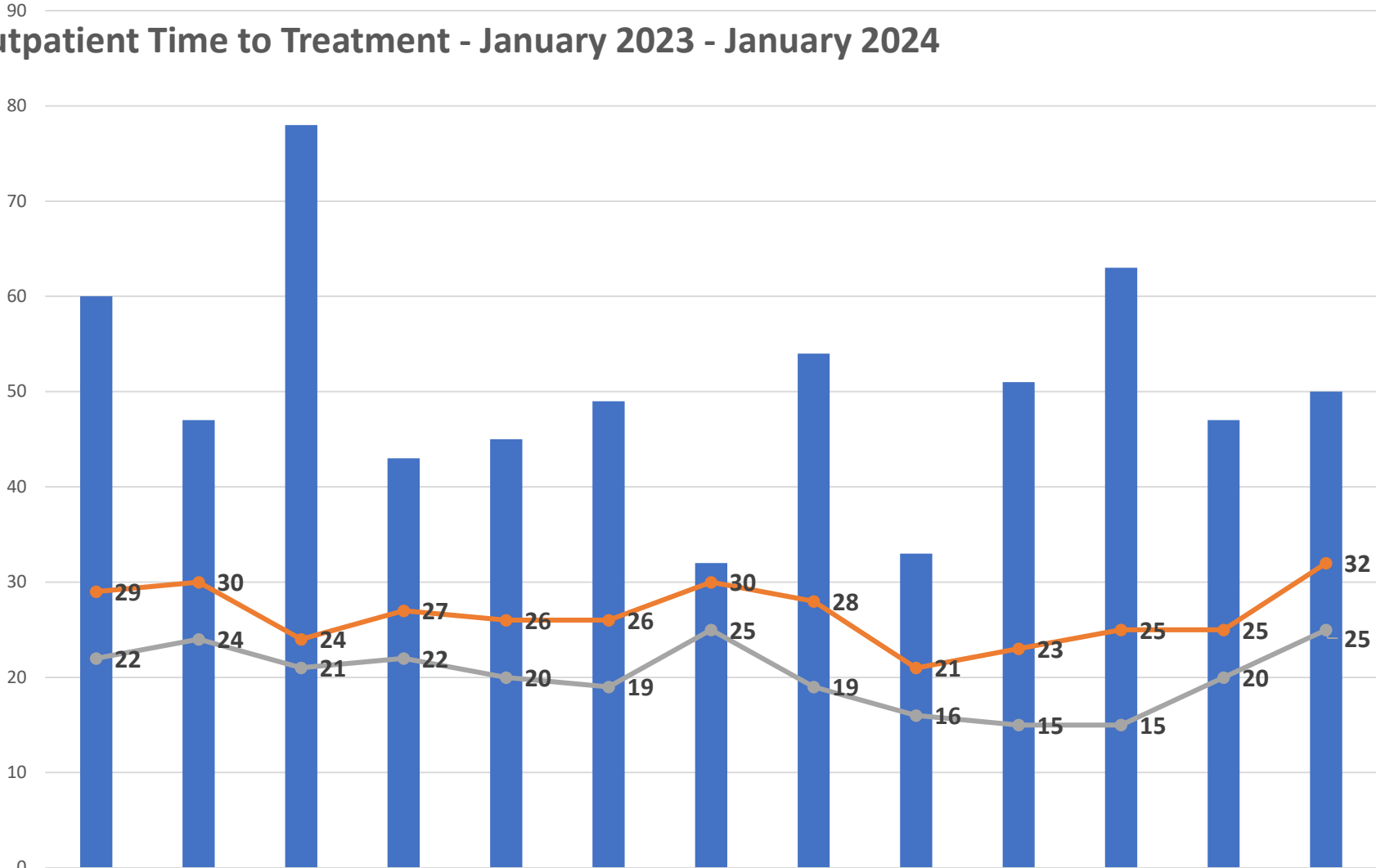
*No Meeting

** Meeting date changed to accommodate holiday schedule

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

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

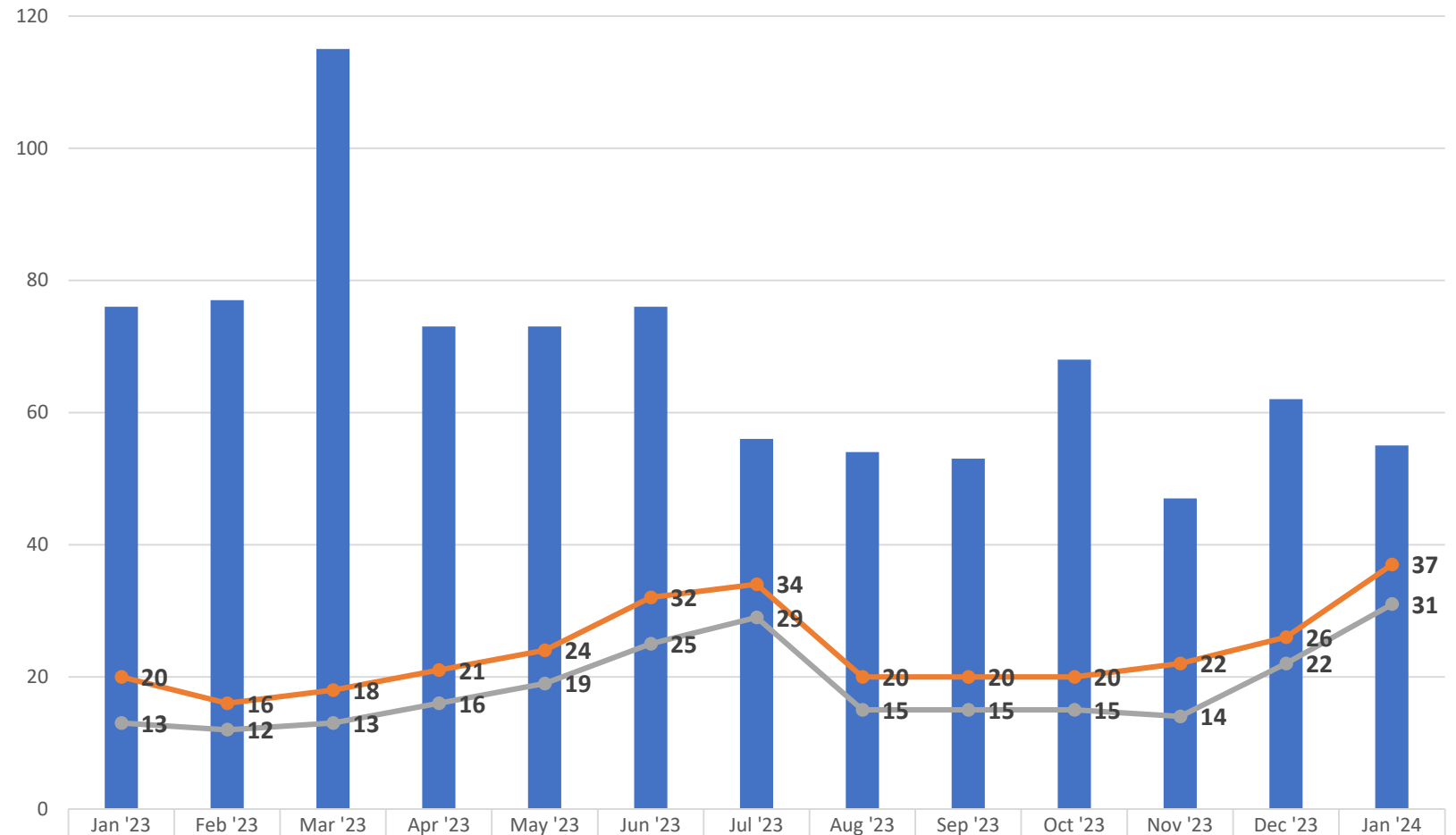
Adult Outpatient Time to Treatment - January 2023 - January 2024



	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Aug '23	Sep '23	Oct '23	Nov '23	Dec '23	Jan '24
# Adults Who Attended 1st Treatment Appt	60	47	78	43	45	49	32	54	33	51	63	47	50
Average # Days from Assessment to Treatment	29	30	24	27	26	26	30	28	21	23	25	25	32
Average # Days from Assessment to 1st Available / Accepted Appt*	22	24	21	22	20	19	25	19	16	15	15	20	25

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

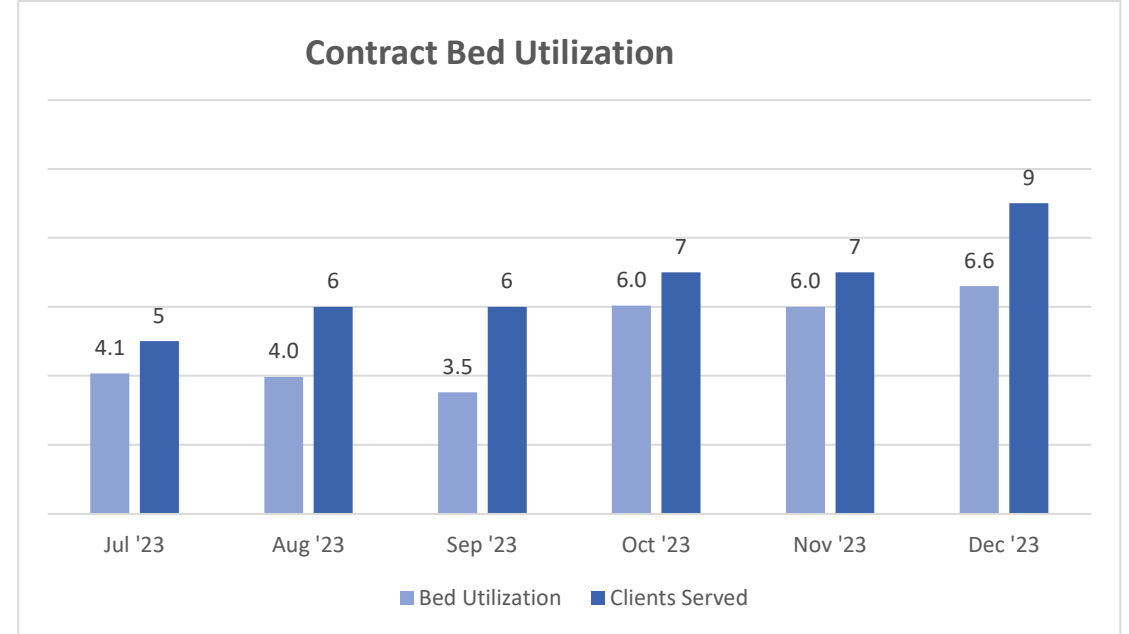
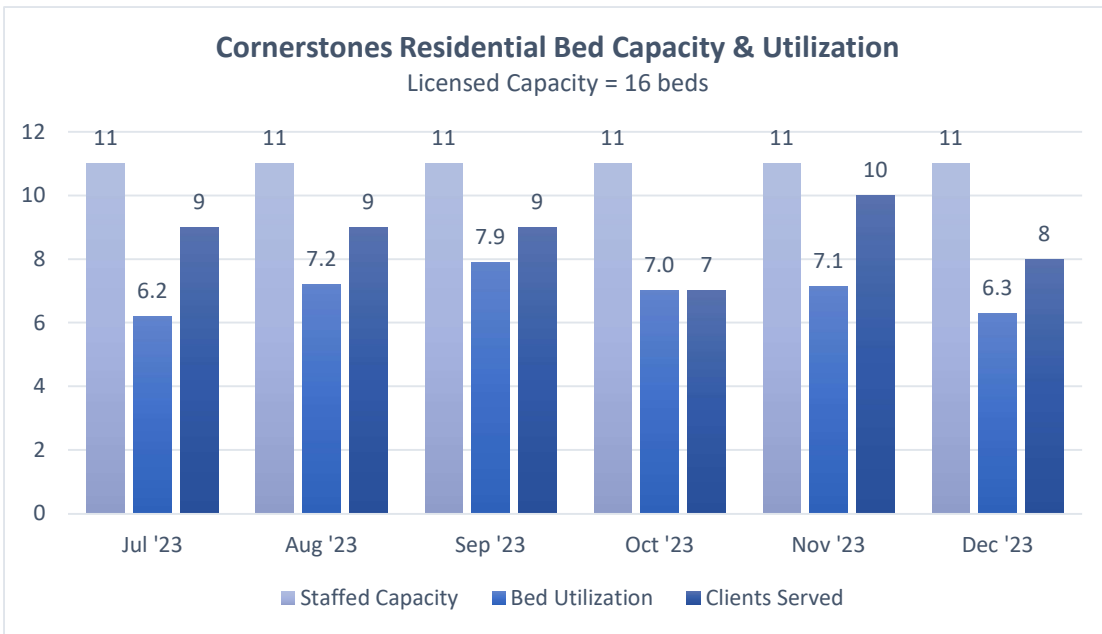
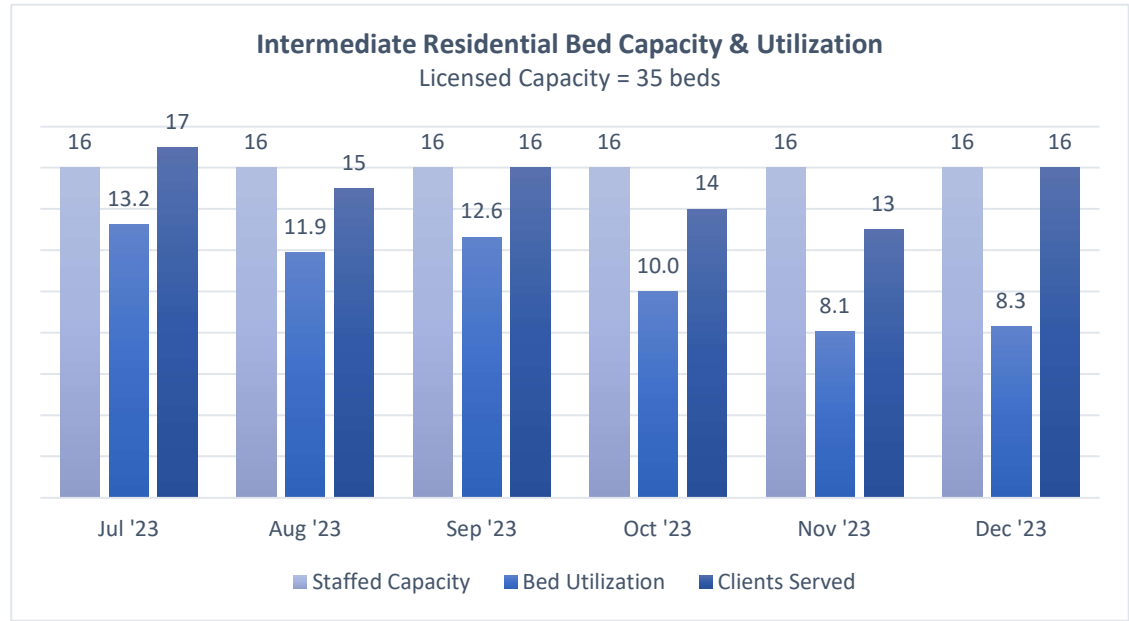
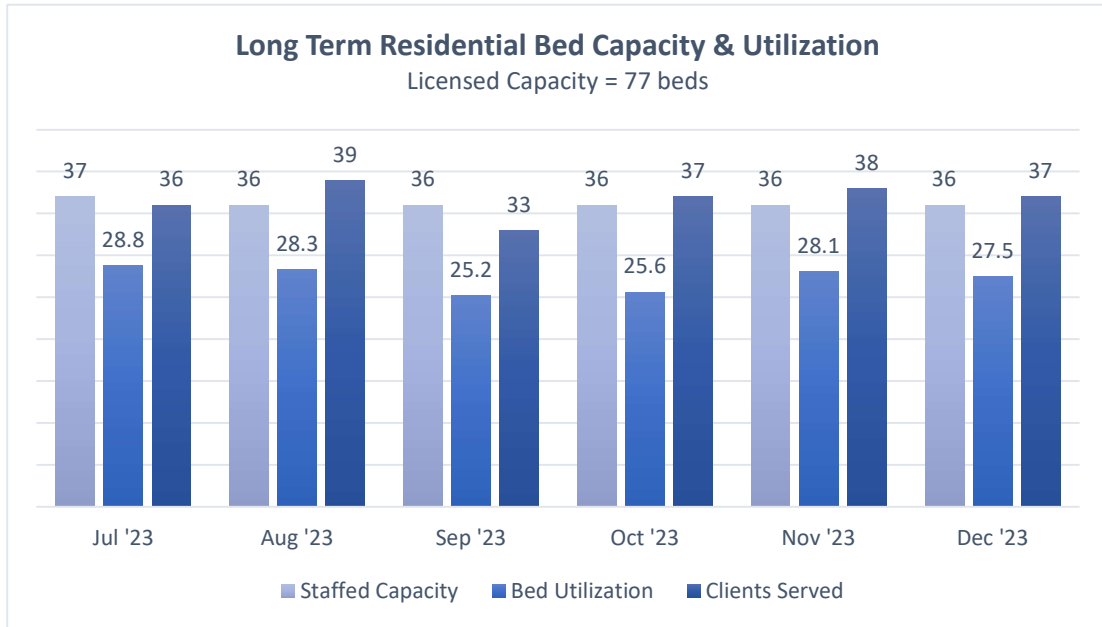
Youth Outpatient Time to Treatment - January 2023 to January 2024



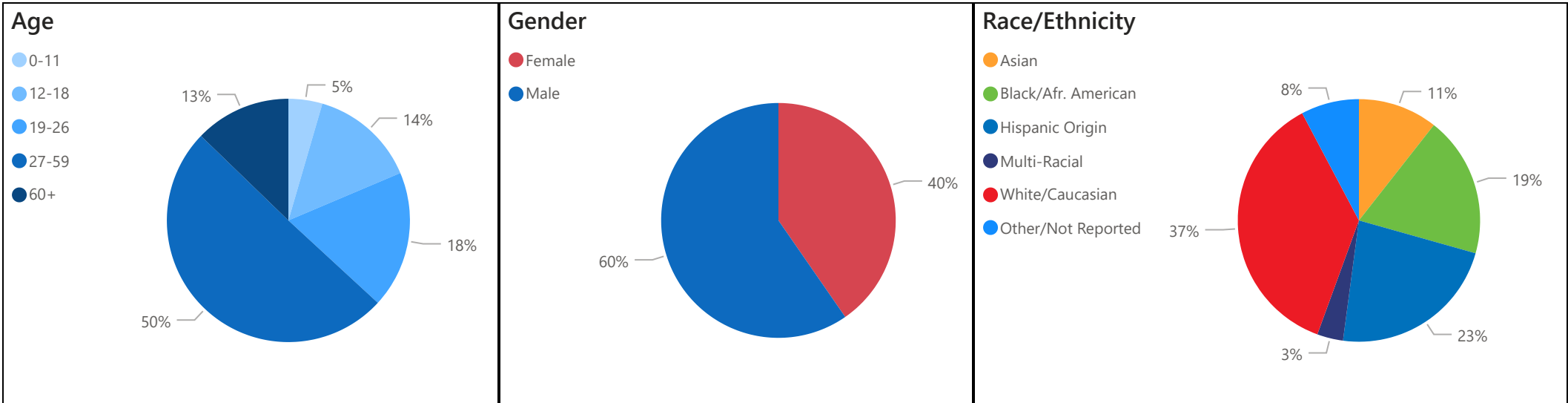
# Youth Who Attended 1st Treatment Appt	76	77	115	73	73	76	56	54	53	68	47	62	55
Average # Days from Assessment to Treatment	20	16	18	21	24	32	34	20	20	20	22	26	37
Average # Days from Assessment to 1st Available / Accepted Appt*	13	12	13	16	19	25	29	15	15	15	14	22	31

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

FY 2024 SUD Residential Capacity & Utilization by Month

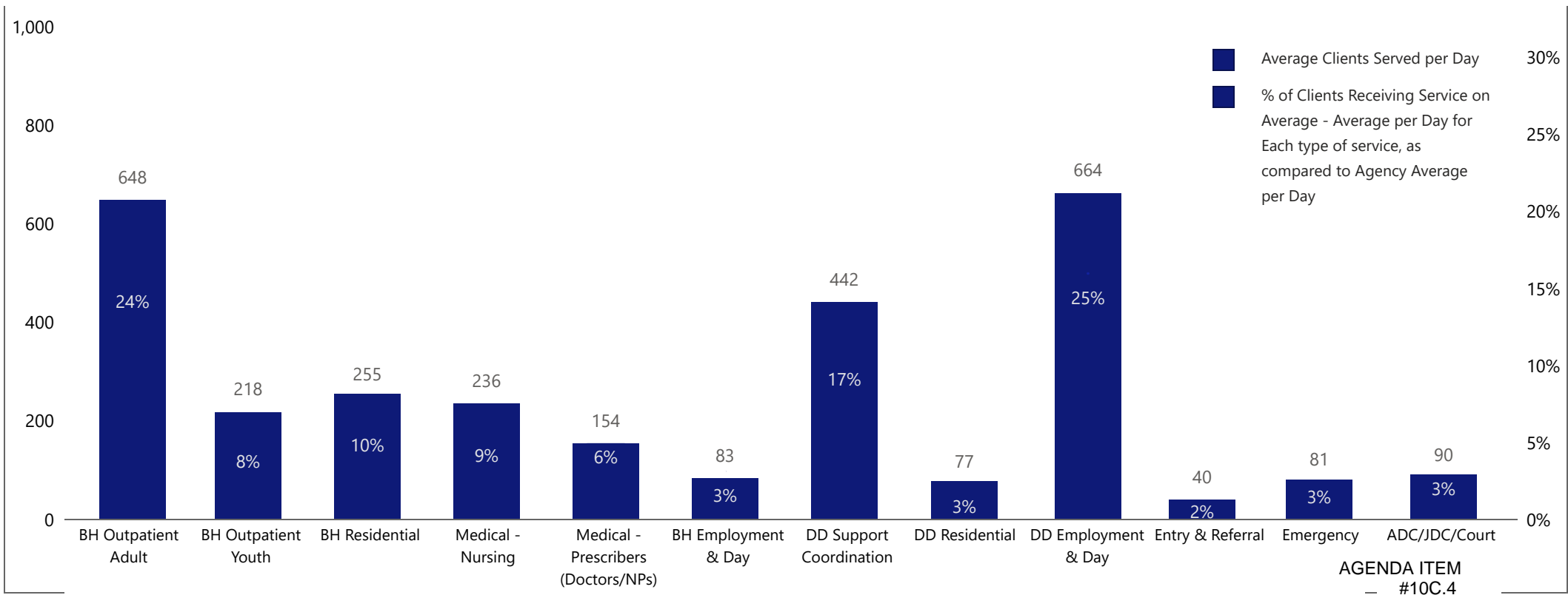


CSB Status Report



Average Clients Served per Day by Type of Service - December 2023

Agency Average Served per Day in December 2023 = 2,587





Individuals Served by Month by Type of Service Dec'22 - Dec'23

Service Area	Dec'22	Jan'23	Feb'23	Mar'23	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23	Oct'23	Nov'23	Dec'23	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	9,091	9,541	9,638	10,032	9,646	9,905	9,677	9,245	9,746	9,682	9,748	9,429	9,389	-0.4%	3.3%	22,574
BH Outpatient Adult	3,278	3,309	3,323	3,412	3,259	3,334	3,258	3,227	3,294	3,149	3,220	3,216	3,205	-0.3%	-2.2%	5,469
BH Outpatient Youth	964	993	1,038	1,146	1,142	1,178	1,166	1,070	1,064	1,046	1,070	1,078	1,074	-0.4%	11.4%	2,158
BH Residential	435	436	453	470	455	460	445	438	437	423	446	419	409	-2.4%	-6.0%	1,435
Medical - Nursing	1,324	1,392	1,406	1,522	1,400	1,333	1,316	1,405	1,416	1,385	1,453	1,378	1,314	-4.6%	-0.8%	3,638
Medical - Prescribers	2,544	2,713	2,583	2,932	2,489	2,728	2,569	2,490	2,684	2,425	2,684	2,446	2,334	-4.6%	-8.3%	6,473
BH Employment & Day	307	322	314	327	304	323	322	317	324	269	294	315	306	-2.9%	-0.3%	644
DD Support Coordination	2,301	2,613	2,691	2,858	2,729	2,801	2,734	2,544	2,862	2,800	2,693	2,603	2,616	0.5%	13.7%	5,439
DD Residential	83	81	79	79	79	78	78	78	78	78	77	77	77	=	-7.2%	81
DD Employment & Day	1,174	1,163	1,154	1,163	1,143	1,149	1,075	1,068	1,177	1,198	1,213	1,214	1,209	-0.4%	3.0%	1,374
Entry & Referral (EAR)	544	607	620	801	731	789	738	657	746	734	649	652	571	-12.4%	5.0%	5,768
EAR Screenings	400	449	421	556	452	530	489	450	486	483	430	452	381	-15.7%	-4.8%	4,699
EAR Assessments	240	234	256	279	203	218	146	132	173	167	163	196	147	-25.0%	-38.8%	2,220
Emergency	902	976	947	1,001	836	995	891	839	947	997	1,051	937	1,005	7.3%	11.4%	7,211
ADC/JDC/ Court	648	656	664	678	599	577	602	546	622	685	696	621	614	-1.1%	-5.2%	2,864

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

Service Definitions

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

Notes:

Page 1:

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

Page 2:

- Numbers reported show the unduplicated number of clients served in each service area. Individuals may receive multiple services each month within a service area and may receive more than one type of service each month.
- The Monthly Variance compares the reporting month to the prior month. The Yearly Variance compares the reporting month to the same month in the previous calendar year.
- All Individuals Served - The number of individuals served has increased by 3% compared to the previous year. This is partly due to increases in youth behavioral health outpatient, developmental support coordination and developmental employment & day programs.
- BH Outpatient Adult – The number of individuals served in December is similar to the previous year. Over the past year there have been increases in the number served in the adult mental health outpatient & case management services in the BHOP program and in medication assisted treatment services, which has leveled off in more recent months.
- BH Outpatient Youth – This service area typically sees an increase in referrals and individuals served in the late fall that continues throughout the school year and drops off over the summer months. There is an 11% increase as compared to December 2022, including an increase in individuals receiving substance use and medication assisted treatment services.
- BH Residential – The number of individuals served has decreased compared to December 2022 partly due to a decrease in demand for detoxification and SUD residential services, and reductions through attrition in the Residential Intensive Care (RIC) program.
- Medical – Nursing & Prescribers (Psychiatrists & Nurse Practitioners) serve individuals in a variety of treatment settings. There is regular fluctuation in the number of clients served based on the needs of the clients.
- BH Employment & Day – There was a temporary dip in the number of individuals served in September 2023 due to staff turnover; the number of individuals served is now back on trend with prior months.
- DD Support Coordination – There is typically monthly variation based on quarterly and annual review cycles. The number of individuals served is trending higher compared to last year due to new waivers and an increase in assessment services.
- DD Residential – Includes all individuals served in directly operated residential programs and locally-funded contract placements. The number of individuals served each month is trending lower overall due to reductions in the directly operated group home census and locally funded contract placements through natural attrition. New residential placements through community partners are waiver funded.
- DD Employment & Day – There has been an upward trend in this service area with a 3% increase over the prior year as programs have reopened and individuals have returned to programming, along with new graduate placements and people returning to service who had deferred during the pandemic. This service area experiences reductions over the summer months due to the summer break for some self-directed services.
- Entry & Referral– The number of clients receiving screenings, assessments, and served overall had been trending higher compared to the prior year. In more recent months, there was a decrease in the number of individuals receiving screening and assessment services due to a combination of staff turnover, decreased client demand for services and an increase in clients who are not attending scheduled assessments.
- Emergency – There is monthly fluctuation in the demand for Emergency services. All individuals who present for services are evaluated by Emergency services staff. There have been increases in the number of individuals served in recent months due to the expansion of the Co-Responder program and an increase in clients served by the Community Response and Mobile Crisis teams.
- ADC/JDC/Court – The number of individuals served decreased by 5% compared to December 2022, primarily related to a decrease in the individuals served in the adult detention center due to staff vacancies.