FAIRFAX - FALLS CHURCH

Community Services Board

Strategic Plan

July 1, 2014 to June 30, 2017

Call 703-324-7000, TTY 711 to request this information in an alternate format.

Foreword

We are pleased to present the **Fairfax-Falls Church Community Services Board's (CSB) FY 2015 – 2017 Strategic Plan**, the roadmap that will effectively guide us towards achieving our mission:

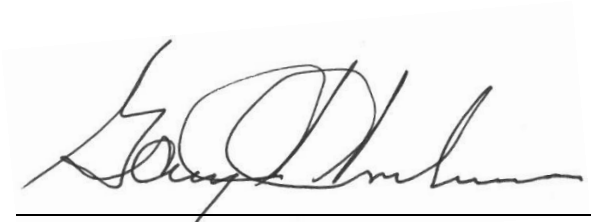
> *"To provide and coordinate a system of community-based supports for individuals and families of Fairfax County and the cities of Fairfax and Falls Church who are affected by developmental delay, developmental disability, serious emotional disturbance (youth), mental illness and/or substance use disorders."*

We remain fully committed to our mission but acknowledge there are challenges ahead which are characterized by increasing community needs and diminishing resources. Legislative changes at the national and state levels add to the complexity of the CSB's challenges. This strategic plan examines these challenges and provides direction for where the CSB is going, the actions needed to get there, and milestones to let us know if we get there successfully.

Our strategic plan was developed using these four principles:

- **Strategic planning is an ongoing process**. This 3 year plan is designed to evolve with the needs of the CSB and those we serve.
- **Strategic planning is future-oriented and proactive**. The plan is flexible and can be adapted as needs change and as new priorities emerge.
- **Evaluation and performance measurement are key to the strategic plan's success.** The plan will be reviewed and evaluated annually and data will be gathered and shared to demonstrate the achievement of our strategic goals.
- **Strategic planning involves broad participation.** Individuals receiving services, families, community members, partners, stakeholders and staff in the planning, development and implementation of the activities, services and supports outlined in this plan.

We look forward to working with our partners to carry out this plan and celebrate our successes along the way.



Gary Ambrose, Chair
Fairfax-Falls Church CSB Board

Tisha Deeghan, Executive Director
Fairfax-Falls Church CSB

Strategic Plan

July 1, 2014 to June 30, 2017

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About Us –The Fairfax-Falls Church Community Services Board [1]

Where We Want to Be – CSB Vision

Everyone in our community has the support needed to live a healthy, fulfilling life.

What We Do – CSB 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 who are affected by developmental delay, developmental disability, serious emotional disturbance (youth), mental illness and/or substance use disorders.

What We Believe In – CSB Values

In achieving our mission and vision, we value:

- **Respect for the people we serve.**
  Individual dignity and human rights protection are at the center of the CSB service philosophy. Each individual is involved in developing service plans which address his/her needs and preferences. Feedback from service recipients is encouraged to assess program strengths and areas for improvement.
- **Quality in the services we provide.**
  The CSB offers a comprehensive menu of preventative and responsive services that meet the needs of individuals who live in the Fairfax County community. Services are provided by qualified professionals using methods proven to achieve positive, measurable outcomes.
- **Accountability in all that we do.**
  The CSB recognizes its responsibility to the Fairfax County community by striving to provide services to people with limited resources or complex needs in **an effective and efficient** manner. Policies and procedures are communicated and accessible to all individuals and organizations with whom we work and process improvement is anchored in continuous data review.

Who We Are

The Fairfax-Falls Church Community Services Board (CSB) is the public agency that plans, organizes and provides services for people in our community who have mental illness, substance use disorders, and/or developmental disability. The CSB also provides early intervention services for infants and toddlers with, or are at risk for, developmental delays.

We are one of 39 Community Services Boards and one Behavioral Health Authority in the Commonwealth of Virginia. State law requires every jurisdiction to have a CSB. We operate as part of Fairfax County government's human services system.

Our staff and contracted service providers include, but are not limited to, psychiatrists, nurses and medical staff, counselors, therapists, case managers and support coordinators, peer specialists, and support and administrative staff. We partner with community organizations, faith communities, businesses, schools and other local government agencies in many ways to provide the services people need, and to be good neighbors in the community.

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[1] About the CSB

Whom We Serve [2]

Our CSB serves residents of Fairfax County and the cities of Fairfax and Falls Church.

Most CSB services are primarily for people whose conditions seriously impact their daily functioning. However, anyone with a related concern may contact the CSB for help in finding appropriate treatment and resources. (See Appendix B, Guidelines for Assigning Priority Access to CSB Services[3])

What Services We Provide [4]

There are two main areas of focus for CSB services:

- **Acute & Therapeutic Treatment Services** – Engagement, Assessment & Referral Services;; Emergency and Crisis Services, Residential Treatment Services, Detoxification Service, Youth & Family Intensive Treatment Services, Youth & Family Outpatient and Day Treatment Services, and Infant and Toddler Connection. .
- **Community Living Treatment & Supports** – Support Coordination Services, Employment & Day Services, Assisted Community Residential Services, Behavioral Health Outpatient & Case Management Services, Supportive Residential Services, Diversion and Jail-Based Services, and Intensive Community Treatment Services.

Services are provided directly by CSB staff, or provided through contracts with local partner organizations.

Where We Provide Services [5]

Services are provided in a variety of settings throughout the county, including offices, residential settings, and in the community.

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[2] Who We Serve

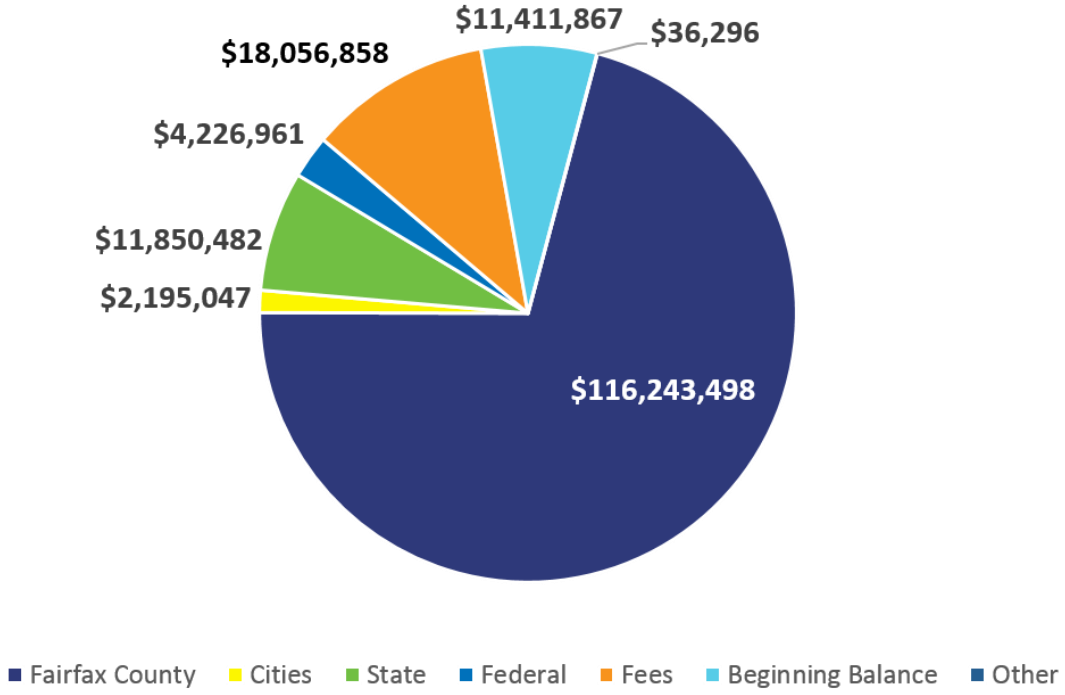
[3] Guidelines for Assigning Priority Access to CSB Services

[4] CSB Services
Strategic Plan Appendix C

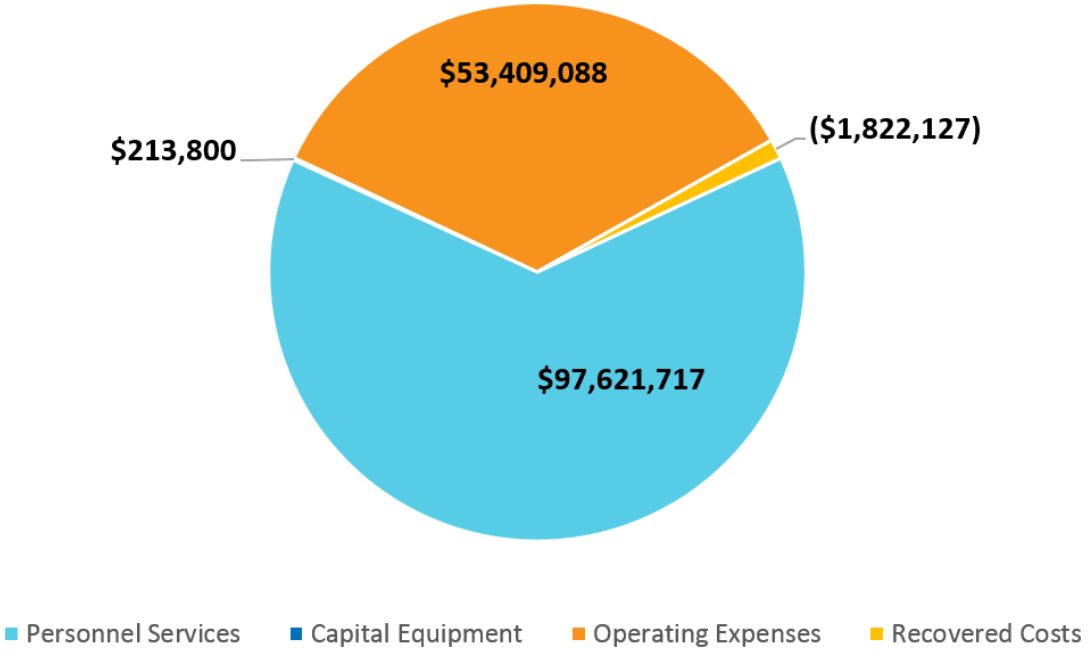
[5] CSB Service Locations

How We Are Funded

CSB FY 2016 Revenues



CSB FY 2016 Expenditures



Operating expenses include amounts paid to vendors for contracted services, rent, etc. Recovered costs include reimbursements for CSB services provided to other county agencies. FY 2016 ending fund balance is $14,598,531.

Getting Where We Want to Go – Goals, Strategies, and Performance Measures

Three goals have been identified:

Goal 1: Our SERVICES support individuals and families to live self-determined and healthy lives.

Goal 2: The WORKFORCE is capable and dedicated to carry out the CSB mission

Goal 3: The CSB is fiscally and operationally sound.

These goals, associated strategies and performance measures described below will help us to meet our vision and mission.

Goal 1: Our SERVICES *support individuals and families to live self-determined and healthy lives.*

- ***Strategy 1.1: Provide or coordinate an array of services leading to the attainment of personal goals/objectives as defined by each individual.***
    - 1.1.1: Establish process to define, record, and report progress toward meeting goals/objectives on the individual service plan.
        - Measure: % of CSB program areas achieving their targets for individuals meeting service plan objectives.
- ***Strategy 1.2: Increase accessibility to services so individuals and their families receive services when and where needed.***
    - 1.2.1: Establish process to track, monitor, and address demand, capacity, utilization and/or productivity targets.
        - Measure: % of programs meeting standards for access to services.
        - Measure: % of programs operating at capacity.
        - Measure: % of programs meeting utilization standards.
        - Measure: % of programs meeting productivity standards.
    - 1.2.2: Existence of a process to identify and prioritize service populations, needs, and service gaps ensuring alignment with county safety net guidelines.
- ***Strategy 1.3: Provide supports and services to promote an individual's access to primary care, housing, and employment.***
    - 1.3.1: Establish process to define and measure health care access, stable housing, and employment/day activity outcomes.
        - Measure: % of individuals with a primary care provider.
        - Measure: % of individuals who achieve or maintain stable housing.
        - Measure: **%** of individuals who achieve or maintain employment, school, or meaningful day activity.
- ***Strategy 1.4: Implement and evaluate current best and/or evidence-based practices in service delivery.***
    - 1.4.4: Establish a process to define, prioritize, and measure use of best and/or evidence-based practices.
        - Measure: % of CSB programs employing best and/or evidence-based practices.

        - Measure: % of CSB programs utilizing fidelity measures for evidence-based programs.

- ***Strategy 1.5: Develop strategies for critical and emerging needs.***
    - 1.5.1: Provide alternatives to incarceration for individuals with mental health, substance use and co-occurring disorders (Diversion First).
    - 1.5.2: Ensure a comprehensive approach for prevention and treatment of opiate use.
    - 1.5.3: Ensure a comprehensive approach to suicide prevention and assessment.

Goal 2: *The* ***WORKFORCE*** *is capable and dedicated to carry out the CSB mission.*

- ***Strategy 2.1: Promote a positive work culture and environment that supports the CSB mission, vision, and values.***
    - 2.1.1: Establish a process to define and measure a "positive work culture and environment" to fully integrate the CSB mission, vision and values into staff orientation, onboarding, and ongoing agency activities.
    - 2.1.2: Administer and act on an organizational culture survey.

- ***Strategy 2.2: Promote and support administrative, clinical, and managerial professional development.***
    - 2.2.1: Measure: % of courses for which participants' overall satisfaction was rated 4 or above on a 5 point scale.
    - 2.2.2: Measure: % of courses for which participants rated content as relevant and provided tools or ideas that would help them perform their job better.
    - 2.2.3: Measure: % of courses for which participants reported increased knowledge with the training topics after taking classes.
    - 2.2.4: Measure: % of courses for which participants indicated an increased/enhanced knowledge and ability to use training concepts.
    - 2.2.5: Measure: % courses for which participants indicated that the offering developed their competencies, knowledge, skills, or abilities to achieve current and/or future goals.

- ***Strategy 2.3: Develop and implement strategies to ensure that the CSB has a skilled and qualified workforce to meet current and future needs.***
    - 2.3.1: Establish a process to assess current and future workforce planning needs, to include recruitment, retention and development.

Goal 3: *The* ***CSB*** *is fiscally and operationally sound.*

- ***Strategy 3.1: Use of accurate, reliable and timely data to inform decision making and system improvement.***
    - 3.1.1: Provide a complete and accurate State Performance Contract report, in compliance with all contract elements, to the Department of Behavioral Health and Developmental Services.
    - 3.1.2: Develop an internal dashboard for service area directors and managers to use as a program management tool.
    - 3.1.3: Develop an external dashboard to display and communicate key data elements and outcomes.

- ***Strategy 3.2: Allocate and manage resources to maximize service capacity, improve service quality and achieve CSB's mission.***
    - 3.2.1: Align human resources and financial management systems and processes to support the current service delivery system.
    - 3.2.2: Develop and execute a budget based on an analysis of the required resources (positions and expenditures) and non-county and county funding required for each service area, including a review of services provided, population served, and outcomes and an analysis of return on investment.
    - 3.2.3: Create easy-to-use financial management tools for service area directors and program managers to improve financial and program management.
    - 3.2.4: Update portfolio of financial management policies and procedures to support efficient and effective operations and sound internal controls.
- ***Strategy 3.3: Cultivate partnerships and supports which build community capacity to provide a continuum of services.***
    - 3.3.1: Establish an annual process to identify key partnership areas for development and evaluate outcomes of partnerships developed.
    - 3.3.2: Create or expand partnerships that support CSB strategic goals.
- ***Strategy 3.4: Ensure Regulatory and Corporate Compliance.***
    - 3.4.1: Incorporate internal controls into an agency-wide system of regulatory and corporate compliance.
        - Measure: % compliance with internal and external audits (programmatic and finance).
- ***Strategy 3.5: Integrate performance measurement into quality improvement systems.***
    - 3.5.1: Establish an annual quality improvement plan for service and business areas within the CSB which includes participation from individuals and families.
        - Measure: % of programs with at least one outcome/"better off" performance measure and performance target.
        - Measure: % of programs achieving established performance targets.
- ***Strategy 3.6: Ensure open, timely, and consistent communication.***
    - 3.6.1: Develop and enhance strategies to communicate internally and externally, using a variety of media.
        - Measure: % of staff acknowledging satisfaction with the CSB communications content and systems.
- ***Strategy 3.7: Leverage technology to support the service delivery system.***
    - 3.7.1: Refine electronic health record (EHR) implementation and complete business process review to ensure a standardized approach for use of the EHR.
        - Use EHR to establish and retrieve data to support agency strategic goals and activities.

How We Use the Strategic Plan – The Evaluation Process [6]

Primary responsibility to facilitate CSB strategic planning activities lies with the Office of Strategy and Performance Management (SPM). This office works closely with members of the CSB Senior Leadership

[6] Strategic Plan Appendix F - Strategic Plan Development

Team to identify strategic planning needs, develop goals/targets, monitor implementation, evaluate results, and recommend performance improvement.

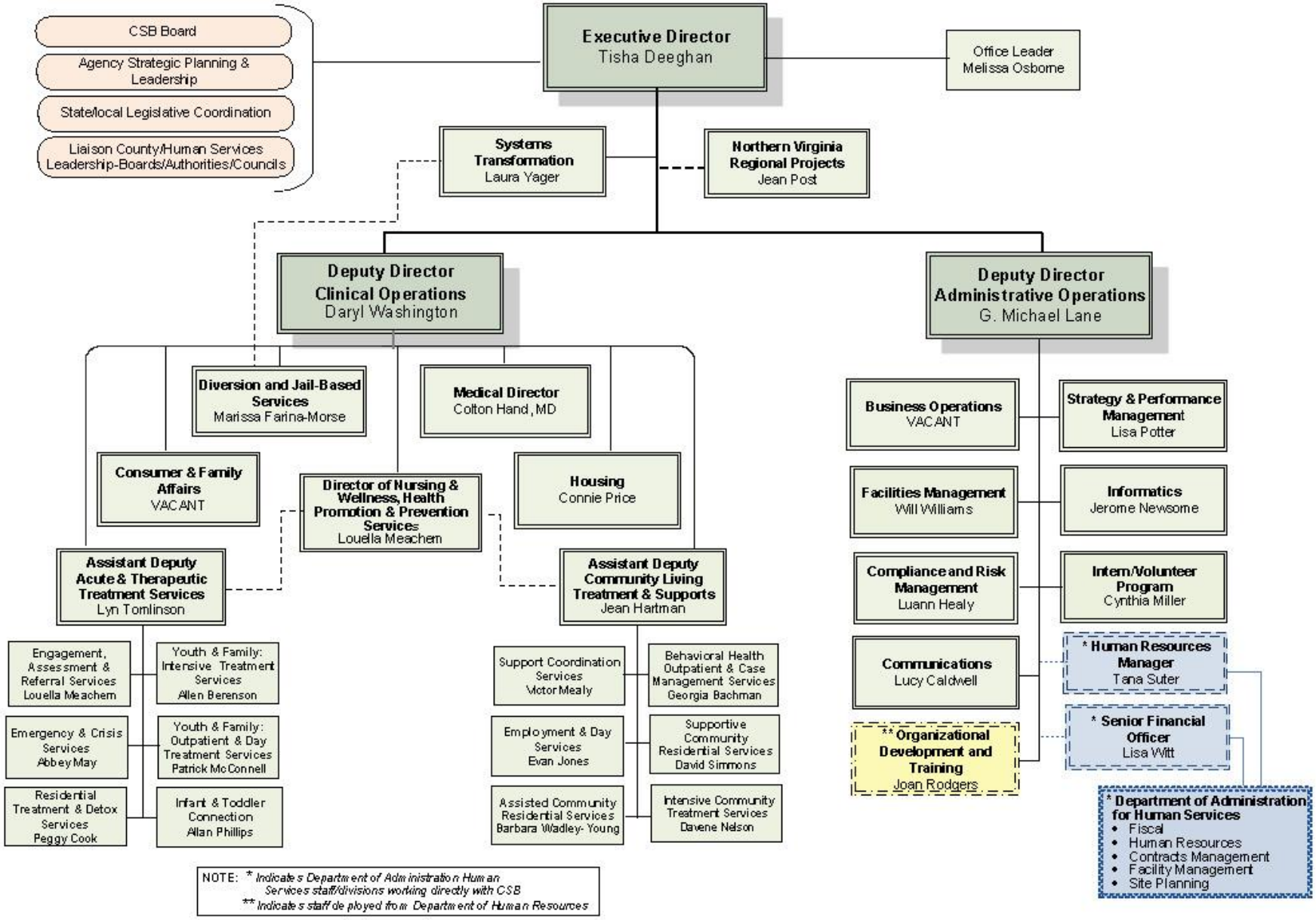
The CSB strategic plan is evaluated on an ongoing basis, as progress toward established goals and strategies are assessed. A comprehensive evaluation of goals, strategies, and performance measures will be completed at the end of each fiscal year with results provided in an annual report. A strategic planning implementation team, facilitated by CSB Office of Strategy and Performance Management, and comprised of a broad representation of CSB staff and stakeholders, is convened to evaluate and recommend revisions to the strategic plan. Recommendations for revisions are brought to the CSB stakeholders for feedback.

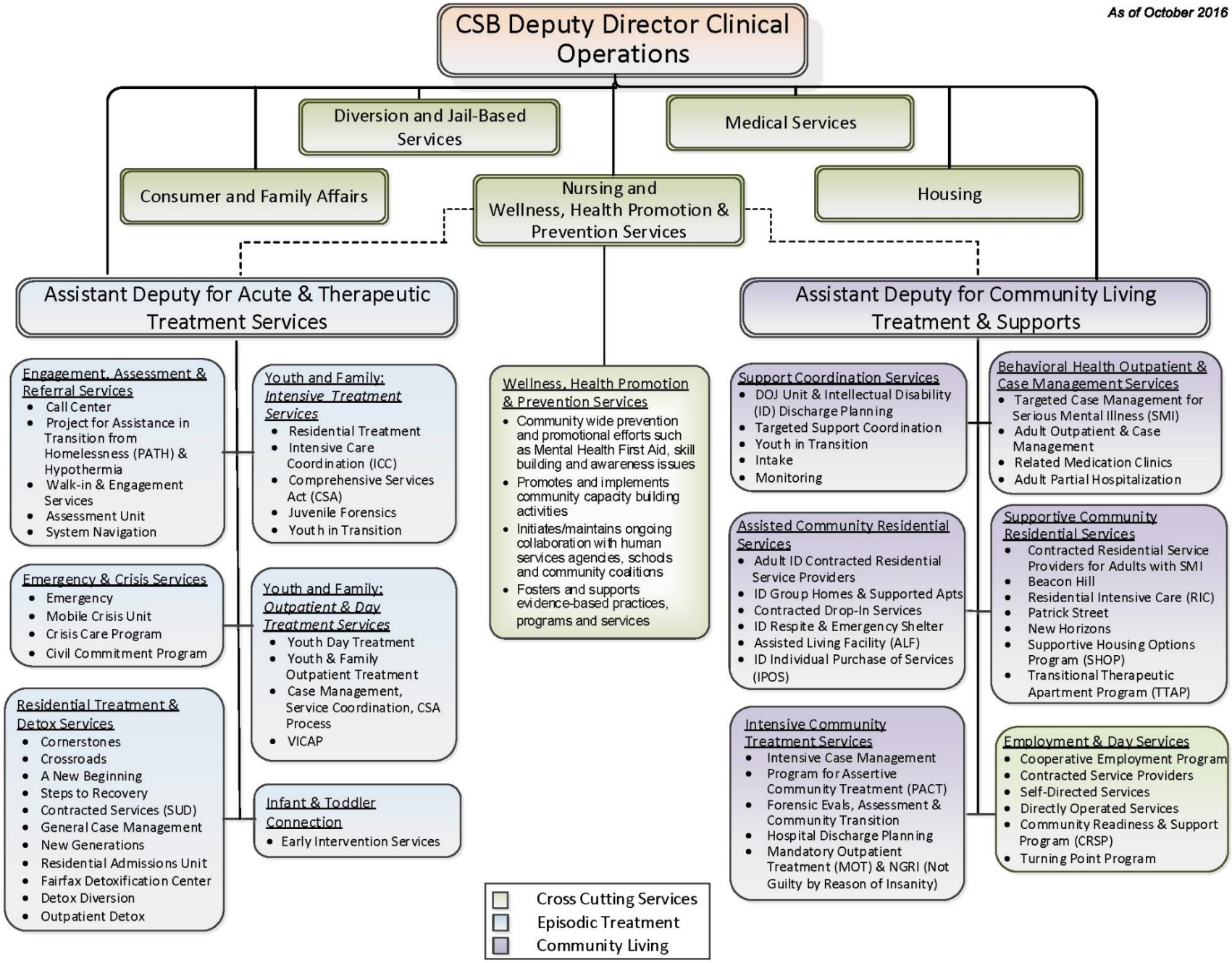
Appendices

Appendix A – CSB Executive Organization Charts

Fairfax-Falls Church Community Services Board
Executive Organization Chart

As of October 2016




As of October 2016
CSB Deputy Director Clinical Operations
Diversion and Jail-Based Services
Medical Services
Consumer and Family Affairs
Nursing and Wellness, Health Promotion & Prevention Services
Housing
Assistant Deputy for Acute & Therapeutic Treatment Services
Assistant Deputy for Community Living Treatment & Supports
Engagement, Assessment & Referral Services
• Call Center
• Project for Assistance in Transition from Homelessness (PATH) & Hypothermia
• Walk-in & Engagement Services
• Assessment Unit
• System Navigation
Emergency & Crisis Services
• Emergency
• Mobile Crisis Unit
• Crisis Care Program
• Civil Commitment Program
Residential Treatment & Detox Services
• Cornerstones
• Crossroads
• A New Beginning
• Steps to Recovery
• Contracted Services (SUD)
• General Case Management
• New Generations
• Residential Admissions Unit
• Fairfax Detoxification Center
• Detox Diversion
• Outpatient Detox
Youth and Family: Intensive Treatment Services
• Residential Treatment
• Intensive Care Coordination (ICC)
• Comprehensive Services Act (CSA)
• Juvenile Forensics
• Youth in Transition
Youth and Family: Outpatient & Day Treatment Services
• Youth Day Treatment
• Youth & Family Outpatient Treatment
• Case Management, Service Coordination, CSA Process
• VICAP
Infant & Toddler Connection
• Early Intervention Services
Wellness, Health Promotion & Prevention Services
• Community wide prevention and promotional efforts such as Mental Health First Aid, skill building and awareness issues
• Promotes and implements community capacity building activities
• Initiates/maintains ongoing collaboration with human services agencies, schools and community coalitions
• Fosters and supports evidence-based practices, programs and services
Support Coordination Services
• DOJ Unit & Intellectual Disability (ID) Discharge Planning
• Targeted Support Coordination
• Youth in Transition
• Intake
• Monitoring
Assisted Community Residential Services
• Adult ID Contracted Residential Service Providers
• ID Group Homes & Supported Apts
• Contracted Drop-In Services
• ID Respite & Emergency Shelter
• Assisted Living Facility (ALF)
• ID Individual Purchase of Services (IPOS)
Intensive Community Treatment Services
• Intensive Case Management
• Program for Assertive Community Treatment (PACT)
• Forensic Evals, Assessment & Community Transition
• Hospital Discharge Planning
• Mandatory Outpatient Treatment (MOT) & NGRI (Not Guilty by Reason of Insanity)
Behavioral Health Outpatient & Case Management Services
• Targeted Case Management for Serious Mental Illness (SMI)
• Adult Outpatient & Case Management
• Related Medication Clinics
• Adult Partial Hospitalization
Supportive Community Residential Services
• Contracted Residential Service Providers for Adults with SMI
• Beacon Hill
• Residential Intensive Care (RIC)
• Patrick Street
• New Horizons
• Supportive Housing Options Program (SHOP)
• Transitional Therapeutic Apartment Program (TTAP)
Employment & Day Services
• Cooperative Employment Program
• Contracted Service Providers
• Self-Directed Services
• Directly Operated Services
• Community Readiness & Support Program (CRSP)
• Turning Point Program
Cross Cutting Services
Episodic Treatment
Community Living

As of October 2016

CSB Deputy Director Administrative Operations

Department of Administration for Human Services (DAHS)
- Fiscal
- Human Resources
- Contracts Management
- Facility Management
- Site Planning

Business Operations
- Oversight of CSB administrative support activities
- Financial assessment/screening for public assistance and health care programs
- Coordination of free medications through pharmaceutical assistance program
- Business process management related to health care

Facilities Management
- Manages all aspects of CSB facilities in coordination with DAHS, Facilities Management and Risk Management
- Serves as subject matter expert to architects, planners and project managers on construction and rehabilitation projects impacting CSB services.
- Integrates strategic goals into Capital Planning process
- Oversees CSB emergency management and COOP Operations

Compliance and Risk Management
- Manages the CSB's Corporate Compliance Program focusing on State, Federal healthcare regulatory requirements, best practices and internal as well as external audits
- Integrates Medicaid, Medicare and other third party payer requirements into clinical and administrative operations
- Upholds Quality Assurance program for program licensing, human rights, risk management, adverse incident analysis and improvements to ensure safety
- Oversees the Credentialing program to ensure staff licensing standards and revenue maximization

Organizational Development and Training
[staff deployed from Department of Human Resources]

Communications
- News media liaison
- Public information
- Website
- Guidance/consultation for internal and external communication

Strategy and Performance Management
- Manages and coordinates the Community Services Performance Contract
- Manages agency data and performance management activities
- Oversees the agency strategic plan
- Coordinates data quality improvement strategies

Informatics Support
- Electronic Health Record (EHR-Credible)
- Telecommunications & Asset Management (Phones, Desktops/ Laptops, Tablets)
- Local EHR Help Desk Operations
- Data Analysis and Reporting (Business Intelligence)
- Telehealth Support
- County DIT Liaison

Intern/Volunteer Program
- Recruits and manages volunteers, interns and residents throughout CSB
- Intermediary to academic institutions including partnership development, program compliance and affiliation agreement management
- Volunteer management system county enterprise system executor

Appendix B – Priority Access Guidelines (October 22, 2014 edition)

Guidelines for Assigning Priority Access to CSB Services

Defining who should have priority access to services of the Fairfax-Falls Church Community Services Board (CSB) is a necessary and critically important process to ensure compliance with state and federal codes and regulations. These priorities guide state contract reporting for the CSB's allocation of state block grant funding. This process also applies to decisions about how best to use local funding dollars. Guidelines for assigning priority access need to take into consideration and include those individuals whose needs cannot be addressed except through a public system such as the CSB, which provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination. Effective and efficient use of resources is an inherent requirement of all CSB services so that the maximum number of people are served within the limits of federal, state and local funds available.

(1) Exclusionary Criteria
   a. Constituency – Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
   b. Requests outside of the CSB's Mission – No service will be provided that is not designed, mandated or funded to be provided by a CSB.

(2) Inclusionary Criteria (in priority order)
   a. Enrolled in Service – Currently enrolled individuals who maintain the need for current services (or the equivalents) being provided.
   b. Need – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
   c. Alternative Resources – Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
   d. Effectiveness – Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.
   e. Comparative Need – If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
   f. Selection Based on Length of Wait – First-come, first-served basis.

NOTE: These criteria do not apply to initial phone screening; acute care services; or wellness, health promotion, and prevention services, all of which are available to all residents of Fairfax County and the Cities of Fairfax and Falls Church.

CSB Priority Populations

Priority Populations

The Fairfax-Falls Church Community Services Board (CSB) has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA).Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Note: The following services – initial phone screening; wellness, health promotion and prevention services; and acute care and emergency CSB services – remain available to **all** residents of Fairfax County and the cities of Fairfax and Falls Church.

Individuals may meet the criteria for more than one priority population and receive services accordingly. Individuals who are only in one priority population receive the CSB services which address the needs of the population area they are in. For example, an individual meeting the substance use priority population criteria *only* cannot also receive a priority to access services designed for the developmental disability population, unless that individual also meets the criteria for the intellectual or developmental disability population. People meeting priority population requirements will have access to cross-cutting organizational services such as medical services or housing assistance supports as available to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services as available to address co-occurring needs.

Individuals and families who have private health insurance coverage and are able to access non-emergency/non-acute services privately will be asked to seek those services when they are available in the community. In these instances, the CSB Entry and Referral Services staff will assist in identifying resources, linking with potential non-CSB sources of services, and following up with referrals. If similar resources are not available in the community, individuals with private insurance will be screened for priority using the same criteria as is used for those without insurance.

A. Mental Illness Population

(1) **Adults with Serious Mental Illnesses** (SMI) assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND
- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, to include the following:
  - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);
  - Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;
  - Inability to maintain employment at a living wage or to consistently carry out household management roles; or
  - Inability to maintain a safe living situation.
- The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.

(2) **Children and Adolescents** birth through age 17 with **Serious Emotional Disability** (SED) resulting in a serious mental health problem that can be diagnosed through the DSM, which is used as the professional guidelines for diagnosis by psychiatry and other professionals, plus have at least one of the following:

- Problems in personality development and social functioning which have been exhibited over at least one year.
- Problems that are significantly disabling based upon the social functioning of most children their age.
- Problems that have become more disabling over time and service needs that require significant intervention by more than one agency.

Children with a co-occurring substance use disorder or developmental disability diagnosis also meet the criteria for SED.

(3) **Children**, birth through age 7, who are determined to be **at risk** of developing Serious Emotional Disability by means of one of the following:

- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental disability.
- Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

B. Substance Use Disorder Population

(1) Adults with a **Substance Dependence Disorder** assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
- **Functional Impairment (any of the following):**
  - Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.
  - Inability to be consistently employed at a living wage or consistently carry out household management roles.
  - Inability to fulfill major role obligations at work, school or home.
  - Involvement with legal system as a result of substance use.
  - Involvement with the foster care system or child protective services as a result of substance use.
  - Multiple relapses after periods of abstinence or lack of periods of abstinence.
  - Inability to maintain family/social relationships due to substance use.
  - Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
  - Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
  - Hospital, psychiatric or other medical intervention as a result of substance use.
- **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.

(2) Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:

- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.
- Inability to fulfill major role obligations at work, school or home.
- Involvement with legal system as a result of substance use.
- Multiple relapses after periods of abstinence or lack of periods of abstinence.
- Inability to maintain family/social relationships due to substance use.
- Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
- Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.

(3) Special Priority Populations

- Pregnant women who are intravenous (IV) drug users
- Pregnant women
- Intravenous drug users
- Individuals requesting treatment for opioid drug abuse, including prescription pain medications, regardless of the route of administration.

C. Intellectual Disability and Developmental Disability Populations

(1) Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).

(2) Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social /interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure health and safety).

(3) Diagnosis of **Intellectual Disability (ID)** must be documented by:

- For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability **<u>or</u>**
- For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below OR other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an Intellectual Disability.

Appendix C – CSB Service Descriptions

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; 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 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 includes development and implementation of integrated primary and behavioral health care. Most prominent among the initiatives is the CSB's Patient Assistance Program (PAP) which arranges for the provision of ongoing, free prescription medications to eligible consumers with chronic conditions through the PAP administered by pharmaceutical companies.

Wellness, Health Promotion and Prevention Services
Wellness, Health Promotion and Prevention Services (WHPP) focuses on strengthening the health of the entire community. WHPP uses proven approaches to address known risk factors and build resiliency skills. By engaging the community, increasing awareness and building and strengthening skills, people gain the capacity to handle life stressors. Initiatives such as Mental Health First Aid (MHFA), regional suicide prevention planning, and the Chronic Disease Self-Management Program are examples of current efforts. Over 3,600 community members and staff have been trained in MHFA since launching local programming in late 2011. In May 2014, the CSB launched Kognito, an evidence-based suicide prevention training. Kognito provides a suite of online courses and is available to anyone in the community who is interested in learning suicide prevention skills. As of September 2016, over 22,500 people had received this training.

Engagement, Assessment & Referral Services
Engagement, Assessment and Referral Services 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; an Assessment Unit that provides comprehensive screening, assessment, referral and stabilization services for adults; and Outreach Services for people who are homeless or unsheltered and may need CSB services. The goal of all these services is to engage people who need services and/or support, triage people for safety, and help connect people to appropriate treatment and support. Not everyone with a concern related to mental illness, substance use or developmental disability is eligible for CSB services. People seeking information about available community resources or who are determined to be ineligible are linked with other community services whenever possible. Call center staff can take call in English in Spanish, and language translation services for other languages are available by telephone when needed.

Acute Services
Acute Services (CSB emergency, crisis care, and detoxification services) are available for anyone in the community who has an immediate need for short-term 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 services in three regional crisis stabilization units. The CSB’s emergency services site at the Merrifield Center is open 24/7. In addition to the services listed above, staff there can also provide psychiatric and medication evaluations and prescribe and dispense medications. Located within CSB emergency services is the Merrifield Crisis Response Center (MCRC),

part of the County's Diversion First initiative. Law enforcement officers who encounter individuals who are in need of mental health services can bring them to the MCRC, rather than to jail, and transfer custody to a specially trained officer at MCRC. There, the individual can receive a clinical assessment from emergency mental health professionals and links to appropriate services and supports The Mobile Crisis Unit (MCU), a rapid deployment team drawn from CSB emergency services staff, responds 24/7 to high-risk situations in the community, including hostage/barricade incidents involving the County's Special Weapons and Tactics (SWAT) team and police negotiators. With only one MCU (two employees, one vehicle) available at any given time for a county of nearly 400 square miles and 1.2 million residents, the need for a second unit became increasingly apparent. A key component of Diversion First has been to recruit and train additional CSB emergency clinicians to staff a second MCU, which became operational in FY 2017. 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.

Emergency services, MCU and Independent Evaluators provide approximately 10,000 evaluations annually, to include evaluations for emergency custody and temporary detention orders, civil commitment, psychiatric and medication evaluations, risk assessments, mental status exams and substance abuse evaluations. CSB Emergency Services also includes a disaster response team and a team that provides critical incident stress management and crisis debriefing during and after traumatic events.

The Fairfax Detoxification Center provides a variety of services to individuals who are in need of assistance with their intoxication/withdrawal states. Length of stay depends upon the individual's condition and ability to stabilize. The center provides clinically managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture (acudetox); health, wellness, and engagement services; assessment for treatment services; HIV/HCV/TB 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. The detox milieu is designed to promote rest, reassurance and recovery. During FY2016,this program provided a total of 6,665 bed days.

The Woodburn Place Crisis Care program offers individuals experiencing an acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term (7-10 days), community-based residential program for adults with severe and persistent mental illness, including those who have co-occurring substance use disorders. In FY2016, 47 percent of those who received Crisis Care services had both mental health and substance use disorders, and 2 percent had a developmental disability. Services include comprehensive risk assessment; crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; counseling; psychosocial education; and assistance with daily living skills. During FY 2016, this program served 390 individuals (unduplicated).

Residential Treatment Services

Residential Treatment Services (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, even with extensive supports, and who require a stay in residential treatment to stabilize symptoms, regain functioning and develop recovery skills. At admission, individuals have significant impairments affecting various life domains, which may include criminal justice involvement, homelessness, health, employment, impaired family and social relationships, and health issues.

Services are provided in residential treatment settings and align with the level and duration of care needed, which may be intermediate or long-term. Services include individual, group and family therapy; psychiatric services; medication management; access to health care; and case management. Continuing

care services are provided to help people transition back to the community. Specialized services are provided for clients with co-occurring disorders (substance use and mental illness), for pregnant and post-partum women, and for people whose primary language is Spanish.

Infant and Toddler Connection

The Infant and Toddler Connection (ITC) of Fairfax-Falls Church provides family-centered intervention to children from birth to age three, who need strategies to assist them in acquiring basic developmental skills such as sitting, crawling, walking and/or talking. ITC is part of a statewide program that provides federally mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). The CSB serves as the fiscal agent and local lead agency for the program, with advice and assistance from a local interagency coordinating council. Families receive a screening to determine eligibility, service coordination, and development of an Individual Family Service Plan. The family is assigned a “primary provider” who, with support of a multidisciplinary team, meets the needs of the family. This model replaces the previous practice of providing multiple, single discipline service providers to one family, and prevents unnecessary additions of services to Individual Family Service Plans.

Through public and private partnerships, ITC provides a range of services including physical therapy, occupational therapy and speech therapy; developmental services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys, and mobility aids); family counseling and support; and service coordination. County staff provides central intake, service coordination, initial assessments, and approximately 20 percent of the ongoing therapeutic services. Contractors provide the remaining 80 percent of the ongoing therapeutic services. Combined, more than 68,000 visits with families were provided in FY2016. ITC staff collaborates with the Health Department, Department of Family Services, Neighborhood and Community Services, Inova Fairfax Hospital, and Fairfax County Public Schools (FCPS) to ensure that infants and toddlers receive appropriate services as soon as eligibility for the program has been determined. ITC contracts with individuals who provide interpretation services to meet the needs of families in Fairfax County’s linguistically diverse community.

Youth & Family Services

Youth and Family Outpatient and Day Treatment Services provides assessment, education, therapy and case management services for children and adolescents ages 5 through 18 who have mental health, substance use and/or co-occurring disorders. All services support and guide parents and treat children who have, or who are at risk for, serious emotional disturbance, and who are involved with multiple youth-serving agencies.

Child, Youth, and Family Youth Outpatient Services provide mental health and substance use disorder treatment and case management for children and adolescents, and their families. Services are provided, using evidenced-based practices, for youth who are, or are at risk of being, seriously emotionally disturbed, and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, or alcohol or drug use. Family socioeconomic and other issues are frequently present. In FY 2016, 77 percent of the families served had incomes below $50,000. Of the youth served, 32 percent were ages 4 through 12; 53 percent were ages 13 through 17; and 15 percent were ages 18 through 22. For youth ages 4-12, family or schools are the main referral sources. For those ages 13-17, family or schools are still the main referral source, but court/juvenile justice/law enforcement referrals are the next highest source. Programs are funded through state block grants, as well as county, state and federal funding. Revenue is also received from Medicaid, private insurance, and payments from parents. Programs are funded through state block grants, as well as county, state and federal funding. Revenue is also received from Medicaid, private insurance, and payments from parents.

The Adolescent Day Treatment Program serves youth ages 13 to 18 (and their families) who have substance use disorders and/or mental health disorders. FCPS provides an alternative school at the site, and youth stay from three to six months.

Youth and Family Intensive Treatment Services offers a variety of services to support youth and their families. Wraparound Fairfax provides an intensive level of support for youth who are at high risk for residential or out-of-home placement, or who are currently served away from home and transitioning back to their home community. Services are provided for up to 15 months and are designed to enable youth to remain safely in the community with their families. Resource team services include state-mandated discharge planning, behavioral health consultation, monitoring Mental Health State initiative funds and lead CSB case management. Services are also provided for youth involved with the Juvenile and Domestic Relations District Court (JDRDC). These services include psychological evaluations, behavioral health care assessments, competency evaluations, urgent and crisis interventions, psycho-educational groups and short term individual and family treatment.

Behavioral Health Outpatient & Case Management Services

Behavioral Health Outpatient & Case Management Services includes outpatient programming, case management, day treatment, 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 psychosocial education and counseling (individual, group and family) for adults whose primary needs involve substance use, but who may also have a mental illness. Services help people make behavioral changes that promote recovery, develop problem-solving skills and coping strategies, and help participants develop a positive support network in the community. Intensive outpatient services are provided for individuals who would benefit from increased frequency of services, and day treatment services are provided for those who need a greater level of structure and intensity. 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 who have 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 to improve 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.

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.

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 a long-term, intensive level of service and support. CSB support coordinators help individuals and families identify needed services and

resources through an initial and ongoing assessment and planning process. They then link the individual to services and supports, coordinate and monitor services, provide technical assistance, and advocate for the individual. These individualized services and supports may include medical, educational, employment/vocational, housing, financial, transportation, recreational, legal, and problem-solving skills development services. Support coordinators assess and monitor progress on an ongoing basis to make sure that services are delivered in accordance with the individual's wishes and regulatory standards for best practice and quality. To assess the quality of the services, support coordinators are mandated to work with individuals in various settings, including residential, institutional, and employment/vocational/day settings.

Employment & Day Services

Employment & Day Services provides assistance and employment training to improve individual independence and self-sufficiency to help individuals enter and remain in the workforce. 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; the Cooperative Employment Program (CEP); self-directed employment services; and psychosocial rehabilitation including the Turning Point program.

Developmental services provides 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 possibly some level of 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 support to help people maintain successful employment. Individualized supported employment helps people work in community settings, integrated with workers who do not have disabilities. CEP is jointly funded and operated by the Virginia Department of Aging and Rehabilitative Services and the CSB, and provides supported competitive employment services to eligible individuals who have developmental disabilities. Self-directed employment services involve the CSB providing funding directly to families for customized services, calculated at 80 percent of the annual weighted average cost of CSB-contracted services. Using an individualized approach, program staff assesses skills, analyze job requirements, and provide on-the-job training, coupled with disability awareness training for employers.

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. Services are available in a small directly operated program or through contract with private providers. The Community Readiness and Support Program (CRSP) is the CSB's directly operated psychosocial rehabilitation program for individuals who have limited social skills, have challenges establishing and maintaining relationships, and need help with basic daily living activities. Contracted psychosocial rehabilitation services use the same model as CRSP. In the contracted services, the model is called "Recovery Academy," and the above focus areas are addressed in multi-week "courses," such that the experience can be tailored for each person. At the end of a term, courses can be repeated or new courses can be selected depending on an individual's goals and progress.

Turning Point is a grant-funded coordinated specialty service program for adolescents and young adults aged 16-25 who are experiencing serious behavioral health conditions, including a first episode of psychosis. Psychotic disorders can derail a young adult's social, academic and vocational development; but rapid, comprehensive intervention soon after the first episode can set the course toward recovery.

Turning Point is based on the evidence-based model known as *Recovery After an Initial Schizophrenia Episode (RAISE).* The early intervention program helps the young people and their families understand and manage symptoms of mental illness and or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and in life in general. The program can serve up to 120 people per year, and participation in the program may continue for up to three years as needed.

Assisted Community Residential Services

Assisted and Community Residential Services (ACRS) provide an array of needs-based, long-term residential supports for individuals with developmental disabilities (inclusive of intellectual disability) and for individuals with serious mental illness and comorbid medical conditions who require assisted living. Supports are not time-limited, are designed around individual needs and preferences, and emphasize full inclusion in community life and a living environment that fosters independence consistent with an individual's potential. These services are provided through contracts with a number of community-based private, nonprofit residential service providers and through services directly operated by ACRS. While services are primarily provided directly to adults, some supports are provided to families for family-arranged respite services to individuals with developmental disabilities, regardless of age.

Services include: an Assisted Living Facility (ALF) with 24/7 care for people with serious mental illness and medical needs. For individuals with developmental disabilities: Intermediate Care Facilities (ICFs) that provide 24/7 supports for individuals with highly intensive service, medical and/or behavioral support needs; group homes that provide 24/7 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; longer term respite services provided by a licensed 24-hour home; 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.

Supportive Community Residential Services

Supportive Community Residential Services (SCRS) provide a continuum of residential services with behavioral health supports of varying intensity 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 and receive various different levels of staff support, in terms of frequency of staff contact and degree of involvement, ranging from programs that provide 24/7 awake onsite support to programs providing drop-in services on site as needed. The services are provided based on individual need, and individuals can move through the continuum of care. Often individuals enter SCRS after a psychiatric hospitalization or to receive more intensive support to avert the need for an inpatient stay. Individuals typically admitted to SCRS have had multiple psychiatric hospitalizations, periods of homelessness, justice 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. Many of the residential programs are provided through various housing partnerships and contracted service providers.

Residential Intensive Care (RIC) is a community-based, intensive residential program that provides up to daily 24/7 monitoring of medication and psychiatric stability. Counseling, supportive and treatment services are provided daily in a therapeutic setting. The Supportive Shared Housing Program (SSHP) provides residential support and case management in a community setting. Fairfax County's Department of Housing and Community Development (HCD) and the CSB operate these designated long-term permanent subsidized units that are leased either by individuals or the CSB.

The CSB's moderate income rental program and HCD's Fairfax County Rental Program provide long-term permanent residential support and case management in a community setting, and individuals must sign a program agreement with the CSB to participate in the programs. CSB also contracts with a local service provider to offer long-term or permanent housing with support services to individuals with serious mental illness and co-occurring disorders, including those who are homeless and need housing with supports.

Diversion and Jail-Based Services

Diversion and Jail-Based Services provides treatment engagement and services to justice-involved individuals with behavioral health concerns and developmental disabilities. This treatment area includes community based multidisciplinary teams focused on diverting individuals away from the criminal justice system and into treatment. It also includes an interdisciplinary team at the 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, 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, or courts. They provide an intensive level of treatment and support to enhance individual's existing resources, link to on-going supports, and help them attain their goals of community living without further justice involvement. The Diversion and Jail-based services work closely with law enforcement, magistrates, courts, and other CSB services such as Emergency, Detox, and Intensive Community Services.

Intensive Community Treatment Services

Intensive Community Treatment Services includes discharge planning services for individuals in state psychiatric hospitals, Program of Assertive Community Treatment (PACT), and intensive, community-based case management and outreach provided by multidisciplinary teams to individuals with acute and complex needs. Discharge planning services are provided to individuals in state psychiatric hospitals to link individuals to community-based services that enhance successful community-based recovery. PACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. Intensive Case Management (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 PACT 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 program are homeless and have previously been hospitalized or forensically involved. Services include case management, mental health supports, crisis intervention and medication management

Appendix D – Fairfax County Vision Elements

The CSB's goals, where applicable, are aligned with the Fairfax County Vision Elements.

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County by:

Maintaining Safe and Caring Communities
The needs of a diverse and growing community are met through innovative public and private services, community partnerships and volunteer opportunities. As a result, residents feel safe and secure, capable of accessing the range of services and opportunities they need, and are willing and able to give back to their community.

Building Livable Spaces
Together, we encourage distinctive "built environments" that create a sense of place, reflect the character, history and natural environment of the community, and take a variety of forms -- from identifiable neighborhoods, to main streets, to town centers. As a result, people throughout the community feel they have unique and desirable places to live, work, shop, play and connect with others.

Connecting People and Places
Transportation, technology and information effectively and efficiently connect people and ideas. As a result, people feel a part of their community and have the ability to access places and resources in a timely, safe and convenient manner.

Maintaining Healthy Economies
Investments in the workforce, jobs, and community infrastructure and institutions support a diverse and thriving economy. As a result, individuals are able to meet their needs and have the opportunity to grow and develop their talent and income according to their potential.

Practicing Environmental Stewardship
Local government, industry and residents seek ways to use all resources wisely and to protect and enhance the County's natural environment and open space. As a result, residents feel good about their quality of life and embrace environmental stewardship as a personal and shared responsibility.

Creating a Culture of Engagement
Individuals enhance community life by participating in and supporting civic groups, discussion groups, public-private partnerships and other activities that seek to understand and address community needs and opportunities. As a result, residents feel that they can make a difference and work in partnership with others to understand and address pressing public issues.

Exercising Corporate Stewardship
Fairfax County government is accessible, responsible and accountable. As a result, actions are responsive, providing superior customer service and reflecting sound management of County resources and assets.

Appendix E – Current Issues, Trends, and Challenges

Focus
The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental delay, developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders in Fairfax County and the cities of Fairfax and Falls Church. It is one of Fairfax County's Boards, Authorities, and Commissions (BACs) and operates as part of Fairfax County government's human services system, governed by a policy-administrative board with sixteen members, thirteen appointed by the Fairfax County Board of Supervisors, one by the Sheriff's Department, 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 Authority (BHA); the Fairfax-Falls Church CSB is one of 40 such entities (39 CSBs and 1 BHA) in the Commonwealth of Virginia.

All residents of Fairfax County and the cities of Fairfax and Falls Church can access CSB's acute care, emergency, entry and referral and wellness, health promotion and prevention services. However, 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 1,000 CSB employees, including psychiatrists, psychologists, nurses, counselors, therapists, case managers and 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, schools, and other Fairfax County agencies, all working together to provide a system of community-based supports for individuals and families who are affected by developmental delay, developmental 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 health care services. In 2013, CSB initiated an agency-wide strategic planning process to create a shared roadmap for fulfilling the CSB's mission. This resulted in the consolidation of three separate service areas -- mental health, developmental disability and substance abuse -- into one integrated, combined service organization which is now reflected in the CSB Strategic Plan. While past CSB strategic plans focused on specific disability areas and populations, the strategic plan adopted by the CSB Board in 2014 -- with input and participation from staff, partner organizations, community members, advocacy groups, and individuals and families receiving services -- reflects the agency's goals and objectives as an integrated system of care.

The plan is organized around three primary goals:
1) Services will support individuals and families to live self-determined and healthy lives;
2) The workforce will be capable of achieving CSB's mission; and
3) The agency will be fiscally and operationally sound.

All CSB initiatives, including those to improve business and clinical operations, will be aligned with these goals and strategic priorities. A Strategic Plan Implementation Team evaluates progress and ensures that the plan evolves with the needs of the people CSB serves, the community, and the agency.
CSB continues to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral health care services. As the County's Health and Human Services information technology roadmap takes shape, coupled with the continually changing health care

landscape, CSB is working closely with its electronic health record vendor, Credible, to ensure that the agency's unique data management needs are met.

CSB is committed to providing high-quality behavioral health care services modeled on evidence-based practices. Historically, the CSB delivered services through separate systems based upon disability, such as mental illness or substance use disorder. As individuals served often have multiple needs, a disability-based system provides services in a fragmented, and often inefficient, manner. By realigning the organization and service delivery model according to individual needs and level of care required, which is a best practice in recovery-oriented services, the CSB is better able to provide the right services at the right time, increasing the likelihood of successful outcomes at reduced cost.

CSB continues to integrate services and incorporate evidence-based practices. 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 for substance use disorders as well as for mental health and co-occurring disorders. Adults can now walk in to the Merrifield Center, without prior appointment, and receive a free, face-to-face screening to determine if they may meet CSB priority access guidelines for services. If they do meet the guidelines, they can be 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 have to wait for assessments.

Integration of primary and behavioral health care is one of the CSB's strategic priorities. In FY 2017, the CSB is completing the first year of its new "BeWell" program, launched with a four-year, $1.6 million grant from the Substance Abuse and Mental Health Services Administration. The program's goal is to integrate primary care into behavioral health settings, with a focus on serving people with serious mental illness and co-occurring disorders. Ongoing partnerships with Federally Qualified Health Centers (FQHC) and the Community Health Care Network (CHCN) have offered opportunities for integrated health care. A part-time health clinic now operates onsite at the CSB's Gartlan Center, and CSB staff are embedded at HealthWorks for Northern Virginia Herndon, an FQHC site in the north part of the county. In late 2015, CHCN (now run by Inova Health System) moved its central Fairfax clinic to the Merrifield Center and began prioritizing enrollment for all people served by the CSB who are in need of health care. In FY 2016, 65 percent of individuals served in CSB behavioral health programs reported having a primary care provider. This is a significant improvement from FY 2015, when only 47 percent reported having a primary care provider.

The Merrifield Center is an excellent example of how CSB is integrating service delivery. Opened in January 2015, Merrifield Center includes a wide range of services provided by over 400 CSB employees from seven previously separate sites. Inova Behavioral Health, CHCN, and the Northern Virginia Dental Clinic provide services on the building's fourth floor, and a pharmacy is available on the second floor. Having multiple services at one site allows individuals to access and receive comprehensive and coordinated services – for behavioral and primary health care -- in an integrated manner.

Also located at the Merrifield Center is the Merrifield Crisis Response Center (MCRC), for individuals with mental illness, developmental disabilities, and co-occurring substance use disorders who come in contact with law enforcement. This is a key component of the county's "Diversion First" initiative, a comprehensive, community-wide effort that offers alternatives to incarceration for people who come into contact with the criminal justice system for low level offenses. Law enforcement officers can transfer custody of individuals who are in need of mental health services to a specially trained officer at the MCRC, where emergency mental health professionals can provide clinical assessment and stabilization, as well as referral and linkage to appropriate services. In the first nine months of MCRC operation (January 1 – September 30, 2016), law enforcement transported 1,164 people to the MCRC. Of those, 294 (approximately 25 percent) had potential criminal charges but were diverted to mental health services.

Another priority for CSB and Fairfax County is the need for suicide prevention and intervention strategies. In Virginia, suicide is the third leading cause of death among 10-24 year olds. In Fairfax County, an annual youth survey found that local youth in 10th and 12th grades are at significant higher risk for depression and suicide ideation than their peers statewide. CSB continues to offer an online, evidence-based Kognito suicide prevention training. This tool is currently being used successfully in Fairfax County Public Schools and is a training requirement for school faculty and staff. All of the online training is interactive and focuses on skill-building for effective communication and intervention with someone who is experiencing psychological distress. It is available, at no cost, to anyone in the community from the County's public website. Over 22,500 people have taken the online training since CSB began offering it in 2014. CSB also continues to support a contract with PRS/CrisisLink to provide a crisis and suicide prevention text line and call-in hotline, which are broadly promoted throughout the County and FCPS. 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. The group includes regional stakeholders from the community, CSBs, schools, and advocacy groups and is chaired by a CSB board member. 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 implement 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. Over 3,600 people throughout our local community have successfully completed MHFA to date. As part of the county's Diversion First initiative, CSB is also providing MHFA training to Sheriff's Office jail-based staff, Fire and Rescue personnel, and other first responders.

CSB recognizes and supports the uniquely effective role of individuals who have experienced mental illness or substance use disorders and who are themselves in recovery. People with serious mental illness and substance use disorders can and do recover and are well suited to help others achieve long-term recovery. Within the behavioral healthcare field, this service is known as peer support services. CSB contracts with a peer-run organization to deploy 10 peer specialists to provide support in 12 CSB programs. In FY 2016, CSB trained 28 certified peer specialists who have subsequently taken paid or volunteer positions in peer-run organizations throughout the region. CSB also contracts with another peer-run organization to deploy 36 individuals who are in recovery to facilitate wellness workshops in Northern Virginia. In FY 2016, CSB provided 19 eight-week Wellness Recovery Action Plan (WRAP) workshops to 122 individuals. These efforts in training and peer services provision are supported by state and local funding, and with scholarships established by state and local funding as well as through a Fairfax family. CSB is developing a strategy for additional peer and family support services to address the recovery and support needs of individuals and family members in all programs.

CSB has also integrated cross-system supports. CSB's 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. Internship also provides an excellent training ground for future clinicians in CSB's workforce and community. In FY 2016, the intern and volunteer program had 177 participants who provided 28,819 hours of service to the CSB community. Based on the Virginia Average Hourly Value of Volunteer Time, as determined by the Virginia Employment Commission Economic Information Services Division, the value of these services in FY 2016 was $751,894. Program policies were revised to remove barriers that had previously prevented people who had received CSB services from volunteering. This shift in policy has opened the door for broader use of peer support throughout CSB's system, another best practice in the field.

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 the following:

Major Changes in Developmental Disabilities Service System, Medicaid Waiver Redesign
The CSB has experienced and will continue to experience significant change as a result of the 2012 settlement agreement between the United States Department of Justice (DOJ) and the Commonwealth of Virginia. The Commonwealth is closing institutions (training centers), shifting services into the community, and restructuring 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 in Northern Virginia.
By 2020, Virginia will have closed four of the Commonwealth's five training centers that had provided residential treatment for individuals with developmental disabilities. The Northern Virginia Training Center (NVTC) in Fairfax County closed in January 2016. Starting years earlier, in 2012, CSB staff began helping individuals at NVTC and their families select new residences and service provider(s) that would best meet their needs and preferences. Before NVTC closed, CSB support coordination staff had helped transition all 89 Fairfax-Falls Church individuals from NVTC into their new homes and services. CSB staff continues to work with individuals residing at the Central Virginia Training Center (CVTC) and will soon help other Fairfax-Falls Church residents, who in the past had been placed in nursing homes and out-of-state facilities, to move back into the community where possible.

State efforts to comply with court direction increased the number of individuals seeking services from the CSBs, with an accompanying increase in the level of intensity of services needed. The state response to the settlement agreement required increases to discharge planning, oversight of transition to community services, ongoing monitoring, and enhanced support coordination for individuals who were being discharged from the training centers.

Pursuant to DOJ settlement implementation, the Commonwealth of Virginia has redesigned the previously separate service delivery systems for people with intellectual disability (ID) and developmental disabilities (DD) into one Developmental Disabilities (DD) services system. The term "developmental disabilities" is now understood to include intellectual disability as well as disorders on the autism spectrum and other developmental disabilities. As of July 1, 2016, all CSBs throughout the Commonwealth, including the Fairfax-Falls Church CSB, became the single point of eligibility determination and case management for people with intellectual and developmental disabilities. CSB's role and oversight responsibility have grown larger, and the number of people served is increasing and will continue to increase. As of October 2016, there were approximately 2,000 Fairfax residents on the state waiting list for Medicaid Waivers, with about 1,000 of those considered to have "urgent need." The U.S. Department of Justice has ordered the Commonwealth to eliminate the waiting list by 2020.

Resource challenges include insufficient provider capacity (private and public), insufficient Medicaid waiver rates in Northern Virginia, and insufficient state/federal funding to support the system redesign. For CSB to manage the workload of coordinating support for individuals receiving new Medicaid waivers will require one new support coordinator position for every 20 new Medicaid waivers. In FY 2017, the CSB received support to hire 14 additional support coordinators.

CSB also faces a difficult funding challenge with Employment and Day Services as a result of Medicaid waiver redesign and new access by people with developmental disabilities (DD). To provide equitable access to the same services for people with DD as are now afforded to people with intellectual disability (ID) will require additional funding, and a waiting list may be required when existing funds are depleted.
Ensuring the creation of sufficient and appropriate housing and employment/day supports, without shifting costs to localities, remains essential to the achievement of an adequate community-based service system. Unfortunately, the Commonwealth has failed to create such housing and support options

in Northern Virginia, and in Fairfax County in particular, due to high costs of real estate and service delivery, paired with inflexible residency limits and insufficient Medicaid waiver reimbursement rates. This will continue to be a challenge.

Diversion First

Fairfax County's Diversion First initiative, launched in FY 2016, offers alternatives to incarceration for people with mental illness, developmental disabilities, and co-occurring substance use disorders who come into contact with the criminal justice system for low level offenses. The goal is to intercede whenever possible to provide assessment, treatment or needed supports. Diversion First is designed to prevent repeat encounters with the criminal justice system, improve public safety, promote a healthier community and is a more cost effective and efficient use of public funding.

In January 2016, the Merrifield Crisis Response Center (MCRC), a key intercept point of Diversion First, became operational. Located with CSB's emergency services at the Merrifield Center, the MCRC operates as an assessment site where specially trained police officers and deputy sheriffs are on duty to accept custody when a patrol officer from Fairfax County law enforcement or neighboring jurisdictions brings in someone who is experiencing a mental health crisis and needs to receive a CSB mental health assessment. The ability to transfer custody at the MCRC enables patrol officers to return quickly to their regular duties and facilitates the efficient provision of appropriate services for the individual in crisis.

The investment Fairfax County has made in Diversion First is already providing positive results. From January through September 2016, law enforcement officers transported 1,164 people to the MCRC. Of those 1,164 individuals, 209 (approximately 25 percent) had potential criminal charges but were diverted from potential arrest to mental health services. This has significantly increased the workload for CSB emergency services staff. For example, during the first six months of calendar year 2016, CSB emergency services staff conducted 472 mental health evaluations related to emergency custody orders (ECOs), compared with 200 such evaluations during the first six months of 2015 (an increase of 136 percent).

Other key components of Diversion First are also progressing. CSB is setting up a second Mobile Crisis Unit to increase capacity to provide emergency mental health personnel and services on site across the county. However, the hiring and retaining of qualified CSB emergency services personnel to maintain a second MCU remains a challenge due to the highly specialized skills needed and the high cost of living in Fairfax County. Crisis Intervention Team (CIT) training continues to expand the pool of officers and deputies who are trained to interact effectively with persons experiencing a mental health crisis. In FY 2016, 170 law enforcement officers graduated from the intensive week-long CIT training. In addition, CSB now offers a version of its popular Mental Health First Aid (MHFA) training specifically tailored for fire and rescue personnel and other first responders.

All of the County's magistrates have also completed MHFA training since January 1, 2016. Discussions continue regarding establishing a Mental Health Docket in the County court system. The docket will apply problem-solving approaches and procedures that will be sensitive and specific to addressing defendants with mental illness. Finally, given the high priority afforded to Diversion First effort, in FY 2017 CSB hired a new service director for Diversion and Jail-Based Services, whose office is headquartered at the Adult Detention Center.

The goal for the future is a robust, coordinated county-based local diversion system to interrupt the cycle of court and legal system involvement experienced by many nonviolent offenders -- youth and adults -- who have mental illness, substance use disorders, developmental disabilities and behavioral issues. Diversion First will improve public safety, including the safety of people with mental illnesses, their families, friends, neighbors, coworkers, law enforcement personnel and others; improve health outcomes for people with mental illnesses by enabling them to access appropriate mental health services; and reduce costs that are shouldered by local taxpayers, including the costs of incarceration and police

overtime. Hospital emergency department costs are also likely to be reduced, as the crisis assessment and initial mental health treatment provided at the CSB Merrifield Center will in many instances deescalate the crisis situation such that continued treatment and recovery can be achieved on an outpatient basis. Full implementation of Diversion First will require not only a sustained commitment from our County, city and community leaders, but also additional investments from the Commonwealth for such resources as more CIT training, reintegration services for youth and adults who are at high risk for re-hospitalization, and improved screening and assessment tools.

Increased Use of Heroin and Other Opiates

Fairfax County has not been spared from the growing heroin and opioid addiction crisis affecting the nation. CSB reported a 9 percent increase in the number of individuals served with a history of heroin use from FY 2014 to FY 2015. Through the first half of calendar year 2016, the Fairfax County Fire and Rescue Department assisted 40 patients with suspected heroin or opiate overdoses. Too often such use leads to death, including 18 deaths from heroin overdoses in Fairfax County in 2015.

CSB has been a leader in implementing Project Revive, a training program piloted by the Commonwealth to teach non-medical personnel to administer the life-saving opioid-reversal medication naloxone (Narcan®). CSB staff have been trained as trainers and now offer Revive training to individuals in all CSB residential treatment programs and to their families and loved ones. In FY 2016, CSB trained 640 people to be lay rescuers, and continues to offer trainings at its Gartlan and Merrifield sites. Trainings are being widely publicized and are open to anyone who is interested, including individuals receiving CSB services, staff, community partners and members of the public.

CSB participates in a multi-disciplinary task force to combat opiate use and is the lead County agency for the treatment and education component of this effort. Working with community partners, CSB staff developed overdose prevention cards that are given to and reviewed with people receiving services. CSB provides frequent community and media presentations about opiate use and resources for treatment. Individuals who are using heroin or any other type of opiate have priority for CSB substance use disorder services and can walk in to the Merrifield Center, without prior appointment, to receive a screening and assessment for services.

To be able to serve more people, CSB has shortened its intermediate length residential treatment program and has increased the number of people served at its longer length residential treatment program. Despite these measures, however, a waiting list remains for individuals needing residential treatment for substance use and co-occurring mental health disorders. People who need medical detoxification services must also wait, on average, about three weeks. This is a significant concern, and CSB continues to explore strategies to reduce this wait time.

CSB has expanded the use of Medication Assisted Treatment and is currently the only CSB-licensed outpatient detoxification program in our region. CSB has developed and implemented a Substance Abuse Outreach, Monitoring and Engagement (SOME) program that provides follow-up services to individuals in contracted medical detoxification services. The SOME staff also engages and follows up with people who have been in detoxification, but who are unlikely to seek further needed services without this extra engagement. The Detoxification Diversion program offers individuals a treatment opportunity in lieu of incarceration.

Substance use disorders affect people at various ages and stages of life, including older adults. The need for substance use disorder services for older adults is growing, but CSB has limited capacity to meet this need. Strategies are needed to coordinate and combine the best of traditional approaches with emerging best practices to promote recovery and community inclusion.

Mental Health Law Reform
Mental health law reform is another legislative change that has modified service delivery. The 2014 Virginia General Assembly passed several legislative changes to state laws impacting mental health emergency services, and CSBs implemented protocols and procedures to comply with the new laws. Legislative changes have extended the maximum duration of an emergency custody order (ECO) from four hours with a possible two hour extension to eight hours with no extension; lengthened the maximum period of a temporary detention order (TDO) prior to a hearing from 48 to 72 hours; mandated that state hospitals admit individuals who meet the criteria for TDO if an alternative facility cannot be located; placed a five-day time frame on the acknowledgement of receipt of a Mandatory Outpatient Treatment order; and required the Virginia Department of Behavioral Health and Developmental Services to operate an online acute psychiatric bed registry providing real-time information on bed availability. The ECO and TDO extensions provide additional time for emergency services staff to find an appropriate psychiatric facility for individuals in crisis.

Issues related to state psychiatric hospital capacity also impact CSB services. The Virginia General Assembly provided funding in FY 2015 for 11 additional psychiatric hospital beds at the Northern Virginia Mental Health Institute for individuals experiencing mental health crises. However, state funding remains insufficient for the intensive community resources that allow hospitalized individuals to transition to community care.

Medicaid Expansion and Managed Care
A key public policy issue to monitor is expanded health care access for the uninsured in the Commonwealth of Virginia. In FY 2016, 39 percent of individuals receiving CSB behavioral health services had Medicaid coverage. With the addition of Magellan as the Behavioral Health Services Administrator (BHSA) for the Virginia Department of Medical Assistance Services (DMAS), new billing and preauthorization requirements are changing CSB involvement with managed care systems. CSB currently has provider agreements with eight managed care organizations and continuously responds to changing requirements and provider agreement adjustments. CSB's ability to respond and adapt to a changing managed care environment will be critical to the agency's efforts in the future.
Beginning in July 2017, Virginia will move from a fee-for-service delivery model into a managed care model, to be known at the Commonwealth Coordinated Care Program Plus (CCCP), for individuals who receive both Medicare and Medicaid. This statewide managed care program will serve approximately 213,000 individuals throughout the Commonwealth. There are six CCCP regions, and six health plans have been selected to be providers throughout all regions. The CCCP program allows individuals who receive both Medicare and Medicaid the opportunity to received integrated coordinated care to improve health outcomes.

Infant and Toddler Connection (ITC)
The demand for early intervention services for children ages 0 - 3 with developmental delays and disabilities has been on a steady rise. There is a small window of opportunity to intervene early for maximum success with a child who has developmental delays, and the effectiveness of such early intervention services is clearly documented. In Fairfax, the average monthly number of children seeking and/or receiving early intervention services from CSB's Infant and Toddler Connection (ITC) program has grown by more than 70 percent in recent years – from 909 per month in FY 2010 to 1,553 per month in FY 2016. Demand for ITC services is expected to continue to grow at an average rate of six to eight percent annually. The state, not Fairfax County, is legally responsible for providing these services to eligible families, but state funding does not fully cover the cost of services.

Employment and Day Services
The need for CSB services continues to increase on an annual basis in other areas. For example, the number of special education graduates with developmental disabilities needing employment and day support services after graduation continues to place demands on the CSB. Services provided to these individuals are largely funded through local dollars. In June 2016, 91 special education students with

intellectual disability graduated from the school system, and most transitioned to CSB employment and day support services.

The Employment and Day Services funding challenge is now even more difficult as a result of Medicaid waiver redesign and new access by people with developmental disabilities (DD). The County is committed to providing equitable access to the same services for people with DD as are now afforded to people with intellectual disability (ID). Addressing this additional demand for services will require additional funding, and a waiting list may be required when existing funds are depleted. In FY 2017, CSB was allowed to use a $1.6 million dollar Employment First reserve fund to help address the increased demand for services, but more funding will be needed.

CSB is gathering data on how many newly eligible individuals with DD apply for and expect CSB services. CSB is also analyzing the impact on the sustainability of current services once new Medicaid waiver reimbursement rates go into effect.

The Self-Directed Services (SDS) program was established in July 2007 as a programmatic and cost saving alternative to traditional day support and employment services for people with intellectual disability. Starting in FY 2017, people with developmental disabilities other than ID may also participate. CSB provides funds directly to families who can purchase customized services for a family member, rather than have CSB coordinate the service. Services can include training in functional self-help and daily living skills; task-learning skills which improve motor and perceptual skills; community integration and awareness; safety skills; work and work environment skills; social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. Funding for each SDS contract is calculated at 80 percent of the average cost of traditional day support and employment services, for recurring annualized costs avoided of approximately $4,500 per person achieved by eliminating CSB as the pass-through entity. In FY 2016, 73 families were served in SDS, an increase from 58 families in FY 2015.

Youth Behavioral Health

The Behavioral Health System of Care Program is an initiative of the County Board of Supervisors to expand the Children's Services Act (CSA) System of Care (SOC) to improve access to behavioral health services for children and youth in the community who have significant behavioral health issues but are not eligible for other CSA or CSB services. The SOC Program contracts for behavioral health treatment and supports families' ability to access behavioral health services through improved system navigation tools and processes. It is currently providing short-term therapeutic interventions for at-risk teens and building an online navigation tool that will help parents of youth with serious mental health issues access needed services on a timely basis, reducing the risk of suicide and other negative outcomes. The CSA System of Care plays a leadership role in promulgating evidence-based treatments such as trauma-informed care, Motivational Interviewing and trauma-focused cognitive-behavioral therapy across all child-serving systems. The CSB participates in interagency planning, monitoring and implementation of services to ensure that the needs of youth and families are met. Youth who require longer periods of behavioral health care will receive a seamless handoff to CSB services.

Services for Young Adults

Nationally and locally, there is a growing need for specialized services for young adults (ages 16-25), with emergency mental health and substance abuse needs. Often, traditional services designed for adolescents or for adults do not meet the needs of people in this age group. By targeting specialized intervention services for young adults, early intervention can occur and reduce the need for more intensive future services. National Institute of Mental Health (NIMH) data from 2012 indicates that 5 percent of the general population, within the age range of 16 to 30, has a serious mental illness. According to recent Fairfax County population data, approximately 250,000 people or 22.5 percent of the population fall within the 16 to 30 year old age range. Extrapolating the NIMH data suggests that over 12,000 of these individuals have a serious mental illness. Specialized evidence-based services for young

adults offering early intervention and treatment can be a crucial turning point toward recovery. Intervening early is demonstrated to reduce the need for future, longer-term and ongoing services. In response to this trend, the CSB applied for and received funding to replicate evidence-based interventions to serve this older youth/young adult population. In partnership with PRS, a nonprofit behavioral health service provider in the community, the new program "Turning Point," was launched in FY 2015, providing a way to intervene rapidly after a first episode of psychosis, to provide wrap-around services for the young person with the goal of getting them re-engaged in the community and less dependent on a service system. The early intervention program helps the young people and their families understand and manage symptoms of mental illness and or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and in life in general. The Virginia Department of Behavioral Health and Developmental Services is highly engaged in this program and is carefully tracking progress to assure solid outcomes and successful implementation of evidence-based supports.

Services for Older Adults

Another trend that will impact service provision is the growing older adult population, with Fairfax County projecting a dramatic increase in this age group. Between 2005 and 2030, the County expects the 50 and over population to increase by 40 percent, and the 70 and over population by 88 percent. The older adult population is growing, and their needs are increasing. Emergent mental health disorders, risk for suicide, and substance abuse are tremendous concerns for this population. Some specialized services for this population are provided by the CSB and are tailored to meet the unique needs of aging adults. Interventions support recovery and independence, are appropriate to the individual's physical and cognitive abilities, and are often community-based, depending on the need. In addition, CSB is partnering with the Fairfax Area Agency on Aging (AAA) and other Northern Virginia AAAs to increase public awareness about depression in older adults, risks and sources of support. The County's 50+ Action Plan makes several strategic recommendations to address these needs, and alignment with countywide strategic recommendations for the County's growing older adult population will be a continuing area of focus for the CSB.

Appendix F – Strategic Planning Development

The FY 2015 to FY 2017 strategic plan was developed by a Strategic Plan Development Team with opportunities for input by CSB staff, members of the CSB Board, individuals receiving services and their families, and other community based partners. Consideration was given, but not limited to:

- CSB System Transformation Principles
- The FY 2013 CSB Strategic Plan Working Document
- Fairfax County Vision and Core Purposes
- Fairfax County Deputy Director for Human Services 2014/2015 Work Priorities
- Fairfax County Human Service System Results Based Accountability Principles/Guidelines
- Fairfax County Department of Management and Budget Direction
- Fairfax County and Commonwealth of Virginia Trends and Mandates
- Beeman Commission Recommendations
- Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Priorities
- Emerging trends and issues
- Best and evidence based practice approaches
- Systematic and programmatic desired outcomes
- Development and implementation of system improvements
- Outreach efforts to diverse communities of interest
- High quality service delivery to maximize customer satisfaction
- Work to assure timely access to all who need services
- A continuing integrated approach to service delivery
- Considerations of positions/issue analyses resulting from federal, state and local policy

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