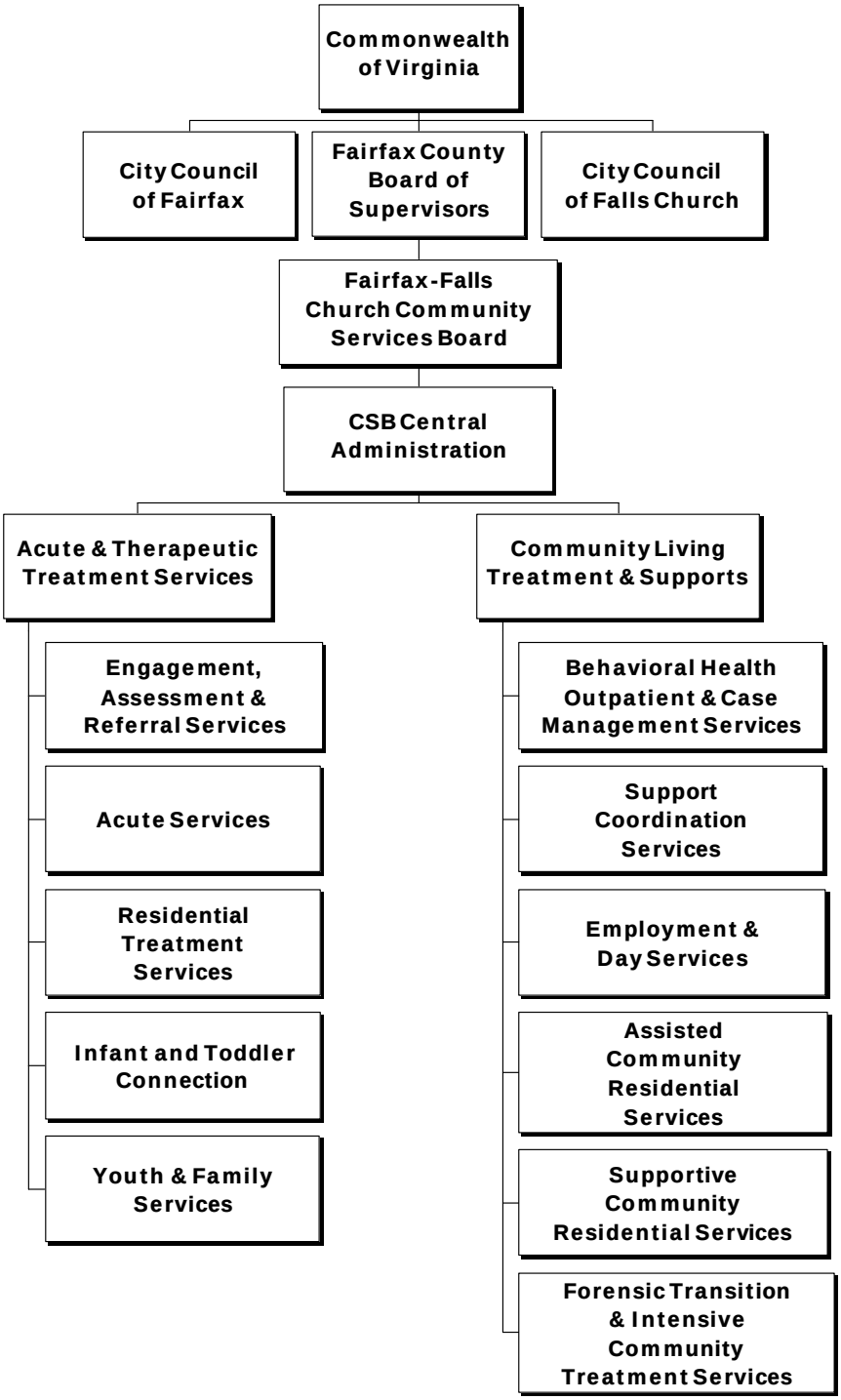
Fund 40040
Community Services Board (CSB)



Fund 40040
Community Services Board (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, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders.

The Fairfax-Falls Church Community Services Board supports the following County Vision Elements:

- *Maintaining Safe and Caring Communities*
- *Creating a Culture of Engagement*
- *Connecting People and Places*
- *Maintaining Healthy Economies*
- *Building Livable Spaces*
- *Exercising Corporate Stewardship*

AGENCY DASHBOARD

Key Data	FY 2012	FY 2013	FY 2014
1. Persons served by the CSB	20,446	20,988	21,249
2. Persons served by general CSB emergency services	5,037	4,791	4,931
3. Children served by Infant and Toddler Connection	3,090	2,975	3,164
4. Persons with intellectual disability on Medicaid Waiver waiting list who meet the Urgent Need criteria	494	576	733
5. Employment and Day Services			
▪ Persons with intellectual disability served	1,240	1,286	1,284
▪ Annual Special Education Graduates*	110	121	79
6. Percent of individuals who reported that they have a Primary Health Care Provider**	50%	42%	40%
7. Percent of individuals receiving behavioral health services who have Medicaid coverage	38%	35%	32%

* When initially reported, special education graduates were counted in the fiscal year in which they graduated. Data has been adjusted to reflect the fiscal year in which services began.
**Does not include the Infant and Toddler Connection program.

Fund 40040
Community Services Board (CSB)

Focus

The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental delay, intellectual disability, 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 one of the Commonwealth of Virginia's 39 Community Services Boards and one Behavioral Health Authority (BHA). State law requires every jurisdiction to have a CSB or BHA and in Fairfax County, CSB 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.

CSB provides a safety net of vital services for individuals with developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders. 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. While all residents can access CSB's acute care, emergency, entry and referral and wellness, health promotion and prevention services, most other, non-emergency CSB services are targeted primarily to people whose conditions seriously impact their daily functioning.

CSB's continuum of community-based services and supports are designed to improve mental, emotional and physical health and quality of life for the community's most vulnerable residents. This continuum of services is provided primarily by over 1,000 employees and contracted service providers, including psychiatrists, psychologists, nurses, counselors, therapists, case managers and support coordinators, peer specialists, and administrative and support staff. Their efforts are supplemented by a dedicated team of volunteers and interns as well as partnerships with community organizations, concerned families, faith communities, businesses, schools, and other Fairfax County agencies, all of whom play significant roles in achieving CSB's mission.

Strategic Priorities and Integrated Services

During the past year, CSB has strategically and systematically continued to evaluate and improve business and clinical operations to enhance delivery of behavioral health care services. As part of this effort, in FY 2014, the agency completed a multi-year project to align the County's financial management and human resources system – FOCUS – as well as the agency's electronic health record – Credible – with its redesigned organizational structure. Completion of this project represents a critical step in improving budgeting, financial management and performance evaluation and facilitating financial and programmatic analysis of resource allocation and the cost/benefit of outcomes achieved.

In conjunction with this activity, CSB initiated an agency-wide strategic planning process to create a shared roadmap for fulfilling CSB's mission. While past CSB strategic plans focused on specific disability areas and populations, with input and participation from staff, the CSB Board, partner organizations, community members, advocacy groups, and individuals and families receiving services, the strategic plan adopted by the CSB Board reflects the agency's goals and objectives as a whole. 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 will evaluate progress and ensure the plan evolves with the needs of the people CSB serves, the community, and the agency.

Fund 40040
Community Services Board (CSB)

To effectively support individuals and families affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders, CSB is committed to providing high-quality behavioral health care services modeled on evidence-based practices. Historically, 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, a best practice in recovery-oriented services, CSB is able to provide the right services at the right time, increasing the likelihood of successful outcomes at reduced cost.

During the past year, CSB has undertaken several initiatives to integrate services and incorporate evidence-based practices. For instance, CSB merged mental health and substance use disorder outpatient and case management services to target resources and supports to individuals with co-occurring mental illness and substance use disorders. Ongoing partnerships with Federally Qualified Health Centers (FQHC) have offered additional opportunities for integrated health care, with a part time on-site health clinic at the CSB's Gartlan site and CSB staff embedded at HealthWorks for Northern Virginia Herndon, an FQHC site in the north part of the County. In addition, CSB staff continue to be actively involved in county-wide efforts to increase access to health care.

The most prominent example of integrated and seamless service delivery, however, may be found in the new Merrifield Center. Opened in January 2015, Merrifield Center includes a wide range of services provided by over 400 CSB employees from seven previously separate sites. CSB offers emergency, mobile crisis, psychiatric, nursing and on-site pharmacy services, outpatient and day treatment for youth and adults, and wellness, health promotion, and prevention services. Having multiple services at one site allows individuals to access and receive comprehensive and coordinated services in an integrated manner.

In addition, Merrifield Center's planned primary health care clinic demonstrates further integration beyond traditional CSB services as well as implementation of evidence-based practices. Research indicates that people with serious mental illness die 25 years younger than the general population due to preventable health conditions. People served by the CSB typically experience greater primary health disparities in access to care, health literacy, and wellness services. Co-locating primary care and behavioral health services will increase access to care, allowing CSB to focus on the whole health and wellness of individuals, improve health outcomes, improve service quality and reduce health care costs.

The 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. The CSB contracts with a peer-run organization to deploy 10 peer specialists to provide support in 12 CSB programs. In FY 2014, the CSB trained 41 certified peer specialists who have subsequently taken paid or volunteer positions in peer-run organizations throughout the region. The CSB also contracts with another peer-run organization to deploy 36 individuals in recovery to facilitate wellness workshops in Northern Virginia. In FY 2014, the CSB provided 30 eight-week Wellness Recovery Action Plan (WRAP) workshops to over 300 individuals. These efforts in training and providing peer services are supported by state and local funding, and scholarships established by state and local funding as well as through a Fairfax family. In the coming year, the CSB will be 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.

In addition to integrated care, one of the CSB's and the community's critical priorities is the need for suicide prevention and intervention strategies. In FY 2014, the CSB launched new online suicide prevention training for adults working with various youth populations. The training is interactive and focuses on skill-building for effective communication and intervention with someone who is experiencing psychological distress. The three training modules are available to any interested community member at http://www.fairfaxcounty.gov/csb/at-risk/. The CSB has also implemented a nationally certified Mental Health First Aid (MHFA) program, geared for the general public, 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 1,500 people have successfully completed MHFA to date. In FY 2014, the CSB added a new texting service in addition to the CrisisLink telephone hotline, so that people who are more comfortable with texting than calling now have that alternative. In FY 2015, the CSB received a planning and implementation grant to coordinate a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader northern Virginia community.

The CSB has also integrated cross-system supports. The Valued Interns, Volunteers and Advocates (VIVA) program contributes significantly to the overall mission of the CSB, and is now fully integrated across the CSB system. VIVA members provide supports to individuals and families throughout the service continuum. Interns also receive an excellent training ground as future clinicians in CSB's workforce and community. In FY 2014, VIVA had 205 participants who provided 22,364 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 VIVA services in FY 2014 was $477,918. Recently, VIVA program policies were revised to remove barriers that had 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.

Department of Justice Settlement Agreement

The CSB will experience significant change as a result of the 2012 settlement agreement between the United States Department of Justice (DOJ) and the Commonwealth of Virginia. This settlement agreement will reduce the number of people with intellectual disability currently residing in state training centers and many people currently living in these institutions will transition to the community. As of January 2015, there were 65 residents of Fairfax County and the cities of Fairfax and Falls Church in state training centers. The implementation of this settlement agreement is increasing the number of individuals seeking intellectual disability services, as well as the level of intensity of services needed. The settlement agreement requires discharge planning, oversight of transition to community services, ongoing monitoring and enhanced case management for individuals who are being discharged from the training centers. New requirements for enhanced case management include monthly face-to-face visits, increased monitoring, and extensive documentation. The settlement also requires enhanced case management services for current recipients of intellectual disability (ID) Medicaid waiver recipients, and individuals on the waiting list for ID waivers.

The settlement agreement requires additional resources for staffing, day support, and housing for people with complex needs. Locally, the closure date of the Northern Virginia Training Center has been extended to March 2016. During the 2014 session of the Virginia General Assembly, legislation was passed that called for the Department of Behavioral Health and Developmental Services (DBHDS) to convene a workgroup of interested stakeholders to consider options for expanding the number of training centers that remain open, in whole or in part, in the State. The goal of the workgroup is to have open and productive discussions with an emphasis on both safety and the ability to lead a full life for each person with developmental disability served through the Commonwealth.

In addition, DBHDS and the Department of Medical Assistance Services (DMAS) are currently examining redesign options for Intellectual Disability (ID) Waiver and Developmental Disability (DD) Waiver programs. ID and DD waivers are the primary funding source for services, and need to be modified to facilitate access to services and supports in the most integrated setting. This waiver reform will address ID/DD silos and streamline access to services. Any change in the ID/DD waiver structure will have a significant impact on how the CSB provides services, and will even have a greater effect on the partner agencies the CSB contracts with for community services. The impact of the settlement agreement continues to evolve and the CSB will continue to adjust supports and business practices to fulfill state requirements.

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. In response to these changes, CSBs have implemented new protocols and procedures in order 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, extended 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 will provide additional time for emergency services' staff to find an appropriate psychiatric facility for those in crisis. The full impact of these changes is not yet known, and the CSB continues to monitor the recent legislation to determine how it will influence provision of emergency services. The CSB will also monitor issues related to state hospital capacity and will track how these issues may impact CSB services.

Further mental health law reform may also emerge from efforts that are currently underway. The 2014 Virginia General Assembly agreed to establish a joint subcommittee to study mental health services in the Commonwealth of Virginia. This committee will assess the systems of publicly-funded mental health services, including emergency, forensic, and long-term mental health care, and the services provided by local and regional jails and juvenile detention facilities. The committee is also charged with identifying gaps in services and recommending changes needed to improve access to services, quality of services and outcomes for individuals in need of services. Recommendations stemming from this committee could have a significant impact on CSB service provision. The CSB will monitor the progress of this committee and will provide input and technical assistance as requested.

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. Nearly 50 percent of all individuals served by the CSB report no health plan 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. The CSB currently has provider agreements with eight managed care organizations and continuously responds to changing requirements and provider agreement adjustments. The CSB's ability to respond and adapt to a changing managed care environment will be critical to the agency's efforts in the future.

In late 2014, the region joined the Commonwealth Coordinated Care (CCC) program, a statewide initiative to coordinate the delivery of primary, preventative, acute, behavioral and long-term services and supports for individuals who are currently served by both Medicaid and Medicare. Benefits will be combined into one health plan and those enrolled will receive coordinated care through a network of providers, with the goals for improved quality and health outcomes, streamlined Medicaid and Medicare requirements, increased accountability, and increased emphasis on person-centered care. Additionally, in September 2014, the Commonwealth released a report, "A Healthy Virginia: Health Care Report," announcing 10 initiatives to close the health care coverage gap for thousands of Virginians. Several of the proposed initiatives aim to improve health outcomes and reduce costs for individuals with serious mental illness. The CSB currently serves approximately 650 individuals who would be eligible for these new benefits, and it is likely that the agency will play a key role in screening additional people who may qualify for benefits under this initiative. Emerging policy and funding changes will continue to influence the entire service delivery system, and the CSB will continue to remain proactive in positioning the agency to evolve with state and national health care trends.

Infant and Toddler Connection (ITC)

The CSB continues to see an upward trend in demand for Infant and Toddler Connection (ITC) services. This program, which is legally mandated to serve all eligible children, experienced a 16 percent increase in demand, from an average of 1,002 children served per month in FY 2011 to an average of 1,163 children per month in FY 2014. 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. There is a small window of opportunity to intervene early for maximum success with a child who has developmental delays, and the effectiveness of ITC services is clearly documented. A recent article in the American Academy of Pediatrics, states that "for every dollar we spend on high quality early childhood development programs, there's a 7-10 percent annual return rate in cost savings to society – and the younger the child served, the wiser the investment." With state funding uncertainties and a growth trend of 5 to 6 percent per year anticipated to continue in FY 2016 and beyond, this is a trend that requires careful attention. It should be noted, there is a $1 million reserve available for the ITC and ID Employment and Day Services programs.

Employment and Day Services

The need for CSB services continues to increase on an annual basis in other areas. As another example, the number of special education graduates with intellectual disability needing employment and day support services after graduation will also continue to place demands on the CSB. Services provided to these individuals are largely funded through local dollars. Approximately 100 special education graduates with intellectual disability leave the school system every year. In June 2014, 120 special education students graduated, the largest number to date. In June 2015, 79 students are anticipated to graduate. While well below the trend, data suggests FY 2016 will be a one-year anomaly with greater numbers of graduates requiring locally-funded services through FY 2020.

The CSB provides several types of employment and day support services, including habilitation (day), sheltered employment, group-supported employment, and individual supported employment. In sheltered employment, people with disabilities are paid based on their productivity compared to the productivity of a minimum wage worker (referred to as "commensurate wages"). Usually, but not always, the productivity and amount paid is less than minimum wage and providers must have a minimum wage waiver from the Department of Labor to pay employees on this piece rate basis. Recently, the nationwide "Employment First" movement is expected to be adopted by local providers that will eventually eliminate sheltered employment programs. This change, along with the State's imminent Medicaid Waiver Rate Reform, will significantly impact ID Employment and Day Services. CSB staff is currently working on short- and long-term solutions and will forward a plan to the Board of Supervisors for consideration during the FY 2017 budget cycle.

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. The CSB provides funds directly to families who can purchase customized services for a family member, rather than have the 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-thru entity. In FY 2014, 30 families participated in SDS.

Youth Behavioral Health

Another important trend is the increasing need for behavioral health services for children and youth in the County. In FY 2014, CSB staff participated in an Interagency Behavioral Health Youth Services Work Group established to increase communication between youth and family serving agencies and services providers, identify gaps in services and recommend possible solutions to address existing gaps, prioritize service needs, and improve the mental health delivery system for youth and families. The work group provided recommendations for a service delivery model using available resources and developed service protocols to ensure successful implementation of system-wide goals. Recommendations included more focused efforts to address the gap in services to youth experiencing anxiety, depression, conduct concerns, trauma, and substance use, particularly for youth without insurance or who face barriers in accessing existing services. Utilization management strategies and evidence-based practices to include a standardized screening tool will be adopted to help achieve the goals associated with these recommendations. The CSB will continue to participate in interagency planning, monitoring and implementation of services to ensure that the needs of youth and families are met.

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. Recent Fairfax County population data reports that 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 could be a turning point for many individuals in need. 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 vulnerable population. Services were initiated in late 2014 with full implementation of programming anticipated by the end of FY 2015.

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. 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.

Prioritization and Intensity of Services

The *Guidelines for Assigning Priority Access to CSB Services*, adopted in late FY 2014, has provided a framework to define who should have priority access to services. This is considered a necessary and critically important process to ensure compliance with state and federal codes and regulations, and to make wise decisions about how best to use funding when need exceeds available resources. In addition to prioritizing access to services, these guidelines will drive services provided. As funding decisions are made, consideration will be given to whether or not a service is designed for those in the greatest need. For the coming year, the CSB will likely serve fewer people, but will focus on those with the greatest needs who require more intensive services. With these guidelines driving access, capacity and delivery, the CSB focus will continue planning and resources allocation efforts to meet the needs of those most impacted by their mental illness and/or, substance use or intellectual disability.

Relationship with Boards, Authorities, and Commissions

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

Examples include:

- Alcohol Safety Action Program Local Policy Board
- Community Action Advisory Board (CAAB)
- Community Criminal Justice Board (CCJB)
- Community Policy and Management Team (CPMT), Fairfax-Falls Church
- Community Revitalization And Reinvestment Advisory Group
- Criminal Justice Advisory Board (CJAB)
- Fairfax Area Disability Services Board

- Fairfax Community Long-Term Care Coordinating Council
- Health Care Advisory Board
- Oversight Committee on Drinking and Driving
- Redevelopment And Housing Authority
- Planning Commission
- Northern Virginia Regional Commission

General Fund Transfer

The FY 2016 budget for Fund 40040, Fairfax-Falls Church Community Services Board requires a General Fund Transfer of $114.89 million, an increase of $1.6 million over the FY 2015 Adopted Budget Plan due to a 0.84 percent market rate adjustment for all employees and performance-based and longevity increases for non-uniformed merit employees, a contract rate adjustment to fund individually-negotiated contracts, a lease adjustment to support negotiated annual rent-based lease agreements, and additional support for the June 2015 special education graduates of Fairfax County Public Schools turning 22 years of age who are eligible for day support and employment services who currently do not have a funding source for such services. These increases are partially offset by decreases associated with realizing annualized lease savings at five consolidated sites as a result of the opening of Merrifield Center to assist in debt payments, and reductions utilized to balance the FY 2016 budget.

Budget and Staff Resources

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised
FUNDING				
Expenditures:				
Personnel Services	$90,428,281	$96,544,799	$96,544,799	$96,704,243
Operating Expenses	52,422,504	56,780,222	62,402,720	57,382,876
Capital Equipment	102,260	0	511,636	0
Subtotal	$142,953,045	$153,325,021	$159,459,155	$154,087,119
Less:				
Recovered Costs	($1,552,393)	($1,173,974)	($1,173,974)	($1,173,974)
Total Expenditures	$141,400,652	$152,151,047	$158,285,181	$152,913,145
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	978 / 973.75	978 / 973.75	977 / 972.75	948 / 943.75

This department has 57/56.8 FTE Grant Positions in Fund 50000, Federal-State Grants.

Fund 40040
Community Services Board (CSB)

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised
CSB Service Area Expenditures				
CSB Central Administration	$32,465,113	$32,700,206	$35,542,071	$32,014,688
Acute & Therapeutic Treatment Services	36,640,506	40,498,063	41,716,200	40,169,439
Community Living Treatment & Supports	72,295,033	78,952,778	81,026,910	80,729,018
Total Expenditures	$141,400,652	$152,151,047	$158,285,181	$152,913,145
Non-County Revenue by Source				
Fairfax City	$1,336,100	$1,389,544	$1,389,544	$1,510,434
Falls Church City	605,595	629,819	629,819	684,613
State DBHDS	13,259,822	13,153,665	13,153,665	13,179,720
Federal Block Grant	4,079,500	4,079,477	4,079,477	4,079,477
Federal Other	121,409	154,982	154,982	154,982
Medicaid Waiver	2,144,782	2,756,068	2,756,068	2,756,068
Medicaid Option	9,185,343	9,719,853	9,719,853	9,569,853
Program/Client Fees	5,209,827	5,595,211	5,595,211	5,414,527
CSA Pooled Funds	1,083,303	1,342,113	1,342,113	654,973
Miscellaneous	48,352	14,100	14,100	14,100
Total Revenue	$37,074,032	$38,834,832	$38,834,832	$38,018,747
County Transfer to CSB	$110,081,034	$113,316,215	$113,316,215	$114,894,398
County Transfer as a Percentage of Total CSB Expenditures	77.9%	74.5%	71.6%	75.1%

FY 2016 Funding Adjustments

The following funding adjustments from the FY 2015 Adopted Budget Plan are necessary to support the FY 2016 program.

- **Employee Compensation** **$2,625,984**
  An increase of $2,625,984 in Personnel Services includes $748,240 for a 0.84 percent market rate adjustment (MRA) for all employees and $1,877,744 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2015.

- **Special Education Graduates** **$1,275,643**
  An increase of $1,275,643 in Operating Expenses supports 55 of the 79 June 2015 special education graduates of Fairfax County Public Schools turning 22 years of age who are eligible for day support and employment services who currently do not have a funding source for such services.

- **Contract Rate Adjustment** **$887,677**
  An increase of $887,677 in Operating Expenses supports negotiated contract rate adjustments for eligible providers of mental health, intellectual disability, alcohol and drug, early intervention and CSB-wide administrative services.

- **Lease Rate Adjustment** **$129,879**
  An increase of $129,879 in Operating Expenses supports negotiated annual rent-based adjustments for the agency's lease contracts.

- **Program Adjustments** **$26,055**
  An increase of $26,055 in Personnel Services is associated with a commensurate increase in State funding to support programming for youth served by the Juvenile and Domestic Relations District Court.

- **Merrifield Lease Savings** **($1,000,000)**
  A decrease of $1,000,000 in Operating Expenses is associated with the consolidation of five leased sites – 3900 Jermantown Road, 10370 Democracy Lane, 10388 Democracy Lane, 10390 Democracy Lane, and 107 Park Place – as a result of Merrifield Center opening in early 2015. These savings will be returned to the General Fund and utilized to assist in debt service payments for Merrifield Center.

- **Reductions** **($3,183,140)**
  A decrease of $3,183,140 and 29/29.0 FTE positions reflects reductions utilized to balance the FY 2016 budget. The following table provides details on the specific reductions:

Title	Impact	Posn	FTE	Reduction
Close Sojourn House	This reduction closes the CSB-operated Sojourn House, an 8-bed community-based therapeutic group home for girls ages 12 through 17 with serious emotional disturbance or serious emotional disturbance with co-occurring substance use disorder. Closure involves eliminating 10/10.0 FTE positions, including one Mental Health Manager, one Mental Health Supervisor/Specialist, one MH/ID/ADS Senior Clinician, three Mental Health Therapists, and four Mental Health Counselors and associated limited term funding. Despite advertising services to multiple Virginia jurisdictions, utilization rates at Sojourn have been steadily decreasing from 79 percent in FY 2011 to 53 percent in FY 2014, when a total of 17 individuals were served. This reduction would eliminate capacity in CSB directly-operated programs, instead relying on community partners in the Northern Virginia region to utilize CSA and CSB Mental Health State Initiative funding to support residential placements. This reduction includes a decrease of $842,140 in non-County revenue, and thus there is a savings of $146,648 to the General Fund Transfer.	10	10.0	$988,788

Title	Impact	Posn	FTE	Reduction
Reduce Infant and Toddler Connection Appropriated Reserve	This reduction reduces the appropriated reserve in the Infant and Toddler Connection (ITC) program by $500,000, from $1,000,000 to $500,000, as this amount is not anticipated to be needed until at least FY 2018 based on current growth rate projections. In FY 2014, an appropriated reserve was established to support anticipated increased contractor expenses and additional services to provide mandated service coordination as well as clinical and therapeutic services to more eligible children. This reduction will decrease flexibility in the program's capacity to provide federally mandated services to infants and toddlers with, or at risk of, developmental delays should caseloads increase beyond expectations.	0	0.0	$500,000
Eliminate One Vacant and One Filled Position in Assisted Community Residential Services	The reduction eliminates 2/2.0 FTE Intellectual Disability Specialist positions in directly-operated group homes for individuals with intellectual disabilities and also recognizes savings in operating expenses from prior consolidation of directly-operated group homes. Assisted Community Residential Services operates nine group homes and five apartments for individuals with intellectual disabilities, utilizing 89/89.0 FTE positions to provide direct care services and management thereof for approximately 57 individuals. Eliminating these positions will reduce program capacity to support these individuals in recreational and individual-specific activities, as well as decrease flexibility for managers to coordinate and provide direct care when needed. The work will be absorbed by remaining staff.	2	2.0	$306,652

Title	Impact	Posn	FTE	Reduction
Eliminate Diversion to Detoxification Outreach Program and Three Positions	This reduction eliminates 3/3.0 FTE positions, including one Substance Abuse Counselor III, one Substance Abuse Counselor II, and one Substance Abuse Counselor I, in the Diversion to Detoxification program. The program represents the outreach component of Fairfax Detoxification Center, a 32-bed residential facility that provides a supervised, structured, supportive and therapeutic environment for individuals to safely detoxify from alcohol and other drugs. The Diversion program offers resources and services to individuals intoxicated in public, transporting them to a safe place such as the Fairfax Detoxification Center or hospital, and offering the appropriate level of care. In FY 2014, 451 diversions were made to a total of 234 unduplicated individuals. This saved approximately 1,353 public safety personnel hours, or an estimated 3 hours per diversion, preserving law enforcement resources and enhancing community safety. The outreach effort is a critical function in terms of building relationships with individuals with substance use disorder, diverting them from arrest, and reducing the burden on public safety. While the underlying core service of detoxification would still be available to those who present to the Fairfax Detoxification Center, this reduction would not only adversely impact those who require detoxification services within the community, but also community service providers and public safety and human services personnel who may otherwise be required to respond to calls for service.	3	3.0	$257,394

Title	Impact	Posn	FTE	Reduction
Eliminate Two Filled Positions Providing Assessment Services	This reduction eliminates two filled positions, including one Mental Health Supervisor and one Substance Abuse Counselor II, providing face-to-face comprehensive screening and assessment services for individuals prior to their entry into the CSB system of care. The Assessment Unit determines individuals' need, eligibility for services, and level of care required, conducting 1,745 assessments in FY 2014. Eliminating these two positions will reduce capacity to assess individuals for substance use disorder and substance use disorder with co-occurring mental illness by approximately 280 assessments annually if the work cannot be absorbed by remaining staff. However, fewer assessments are anticipated to be required based on the CSB's recently adopted Priority Access guidelines. CSB also anticipates the remaining 12 positions in this unit can absorb the workload so there is minimal impact on direct service provision.	2	2.0	$234,685
Reduce Eight Positions and Limited Term Funding in Residential Treatment and Supportive Community Residential Services	This reduction eliminates 8/8.0 FTE positions and limited term funding in Residential Treatment and Supportive Community Residential Services providing residential services to individuals with severe mental illness, substance use disorder, or co-occurring disorders, and instead proposes to contract with community partners to provide those services. Many of the individuals served are homeless, have chronic and severe physical health conditions and have histories of self-injury and/or violence. In FY 2014, 980 individuals were served by 169 full-time staff. As a result of this reduction, there will not be a reduction in capacity to provide services, but service quality and effectiveness may decline, and if retention of contracted staff becomes an issue, additional service impacts could result.	8	8.0	$213,648

Title	Impact	Posn	FTE	Reduction
Reduce One Service Director Position and Restructure Staff Within Jail-Based Behavioral Health Services	This reduction eliminates 1/1.0 FTE CSB Service Director position and reclassifies 1/1.0 FTE MH/ID/ADS Senior Clinician to a Mental Health Therapist at the Fairfax County Adult Detention Center. Forensic Transition and Intensive Community Treatment Services provides behavioral health services, including assessment, referral, education and limited substance use disorder treatment to adults incarcerated at the Fairfax County Adult Detention Center. The CSB Service Director position is responsible for developing, supervising and administering a program of behavioral health services for incarcerated individuals and their families, as well as serving as CSB's liaison to the Sheriff's Department, courts, attorneys, state hospitals and family members. The on-site management and supervision responsibilities would likely be absorbed by remaining staff. Reclassifying a MH/ID/ADS Senior Clinician to a Mental Health Therapist will provide additional capacity for discharge planning services to individuals with mental illness, reducing capacity to engage individuals early in their incarceration.	1	1.0	$184,979
Eliminate One Filled Management and Budget Coordinator Position	This reduction eliminates 1/1.0 FTE filled Management and Budget Coordinator position within CSB Central Administration deployed to CSB Special Projects and Human Services cross-system planning. This position develops and manages a monthly dashboard of key activities within the CSB, facilitates multi-agency efforts to meet Human Services business requirements, and develops policy and an implementation structure for a Human Services Information Technology Strategic Plan. The work will have to be absorbed by remaining staff.	1	1.0	$179,616

Title	Impact	Posn	FTE	Reduction
Eliminate One Vacant CSB Service Director	This reduction eliminates 1/1.0 FTE CSB Service Director for Engagement, Assessment and Referral Services based on a CSB organizational realignment designed to improve service delivery and increase efficiencies. As part of the realignment, the Access and Assessment Units within this service area will be absorbed into Behavioral Health Outpatient and Case Management Services, while the Call Center and PATH/Hypothermia programs will be absorbed into Acute and Emergency Services. Elimination of this position is not expected to impact the numbers of clients served or wait times for service, although it may reduce the CSB's presence, outreach, and capacity building efforts in the community.	1	1.0	$160,259
Eliminate One Filled Substance Abuse Counselor IV Position at Merrifield Center	This reduction eliminates 1/1.0 FTE filled Substance Abuse Counselor IV position providing outpatient and day treatment services to approximately 25-30 youth and families in Youth & Family Outpatient and Day Treatment Services. Outpatient and Day Treatment Services provides assessment, education, therapy and case management services for youth ages 3 through 18 with serious emotional disturbance, substance use or co-occurring disorders. In FY 2014, the Outpatient and Day Treatment programs served 1,570 youth and families with 65 full-time and one part-time staff. As a result of efficiencies in this program due to the opening of Merrifield Center, this position's workload can be absorbed by existing staff.	1	1.0	$147,119

Title	Impact	Posn	FTE	Reduction
Reduce Expenditures in Office Supplies	This reduction is anticipated to provide $7,500 in savings by limiting orders of calendars, appointment books, planners and similar supplies to employees who do not have easy access to computers or mobile devices, and are often working outside of the office. Because nearly all staff have easy access to Outlook via their computer and/or mobile device, and especially as CSB begins to implement the Credible scheduling functionality, it will become less useful to maintain paper calendars, especially for direct service providers.	0	0.0	$7,500
Reduce Printing and Copying Supplies	This reduction is associated with a countywide policy decision being implemented to reduce the volume of printing and copying documents over a multi-year period. This was a common and recurring theme brought forward by employees as part of the Mission Savings process in Fall 2014. Agencies are being directed to review internal printing policies and reduce the use of individual desktop printers by utilizing the Multi-Functional Devices (MFDs) available throughout County buildings. In addition, agencies are being directed to reduce paper and toner consumption by only printing documents when necessary and by printing materials double-sided whenever possible.	0	0.0	$2,500

Changes to FY 2015 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2015 Revised Budget Plan since passage of the FY 2015 Adopted Budget Plan. Included are all adjustments made as part of the FY 2014 Carryover Review, and all other approved changes through December 31, 2014.

- **Carryover Adjustments** **$6,134,134**

  As part of the *FY 2014 Carryover Review*, the Board of Supervisors approved funding of $6,134,134, including $4,834,134 in encumbered funding in Operating Expenses primarily attributable to ongoing contract obligations, building maintenance and repair projects, security improvements, new vehicles and other outstanding obligations; and $1,300,000 in unencumbered funding in Operating Expenses, including $400,000 to provide flexible housing assistance for CSB consumers at risk of homelessness, $100,000 fully offset by state revenues received in FY 2014 to support licensing costs of three suicide prevention training programs to be used by the CSB and Fairfax County Public Schools, and $800,000 for a multi-year project to improve the Credible Electronic Health Record (EHR) system's implementation.

- **Out-of-Cycle Position Adjustment** **$0**
  As part of an internal reorganization of positions approved by the County Executive, 1/1.0 FTE position previously included in this agency has been redeployed to another agency to provide additional support for critical County programs. Funding for this position will be absorbed in the receiving agency's appropriation.

Cost Centers

CSB Central Administration

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised
FUNDING				
Expenditures:				
Personnel Services	$21,210,007	$20,448,227	$20,448,227	$20,797,375
Operating Expenses	11,348,147	12,416,379	14,746,608	11,381,713
Capital Equipment	102,260	0	511,636	0
Subtotal	$32,660,414	$32,864,606	$35,706,471	$32,179,088
Less:				
Recovered Costs	($195,301)	($164,400)	($164,400)	($164,400)
Total Expenditures	$32,465,113	$32,700,206	$35,542,071	$32,014,688
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	173 / 173	172 / 171.5	170 / 169.5	169 / 168.5

	CSB Central Administration				Medical Services
1	Executive Director	3	Management Analysts IV	1	Medical Director of CSB
2	Deputy Directors	4	Management Analysts III	24	Psychiatrists
2	Assistant Deputy Directors	3	Management Analysts II	1	Public Health Doctor, PT
1	Dir. of Facilities Mgmt. & Admin. Ops.	2	Management Analysts I	1	Physician Assistant
1	Planning and Development Director	1	Business Analyst IV	1	Mental Health Manager
0	Mgmt. and Budget Coordinators (-1)	2	Business Analysts III	7	Nurse Practitioners
2	CSB Service Area Directors	4	Business Analysts II	1	BHN Clinician/Case Manager
1	Program Manager	2	Substance Abuse Counselors III	1	Mental Health Therapist
1	Resid. and Facilities Dev. Mgr.	1	Substance Abuse Counselor II		
1	Mental Health Manager	2	ID Specialists III		Wellness, Health Promotion & Prevention Services
1	Information Officer III	1	ID Specialist II		
1	Medical Records Administrator	1	ID Specialist I	1	Substance Abuse Counselor IV
1	Volunteer Services Prog. Manager	2	Administrative Associates	2	Substance Abuse Counselors III
1	Communications Specialist I	2	Administrative Assistants V	12	Substance Abuse Counselors II
1	MH/ID/ADS Senior Clinician	9	Administrative Assistants IV		
5	MH/ID/ADS Aides	26	Administrative Assistants III		
6	Human Service Workers II	23	Administrative Assistants II		
		1	Peer Support Specialist		

TOTAL POSITIONS
169 Positions (-1) / 168.5 FTE (-1.0)

(-) Denotes Abolished Position due to Budget Reductions
PT Denotes Part-Time Position

CSB Central Administration Unit (CAU) provides leadership to the entire CSB system, supporting over 21,000 individuals and their families, over 1,000 employees and more than 70 non-profit partners. The CSB executive staff oversees the overall functioning and management of the agency to ensure effective operations and a seamless system of community services and key supports. CAU staff also provide support to the 16 citizen members of the CSB Board and serves as the liaison between the CSB; Fairfax

County, the cities of Fairfax and Falls Church; the Department of Behavioral Health and Developmental Services (DBHDS); Northern Virginia Regional Planning; and the federal government.

The CAU is responsible for the following functions: regulatory compliance, risk management, and emergency preparation; communications and public affairs; consumer and family affairs including the development of a peer support system, human rights and other problem resolution; facilities management and administrative operations; management of the technology including the Electronic Health Record functions; oversight of Health Planning Region initiatives; partnerships and resource development; organizational development and training; and strategic planning and performance management.

For example, the CAU includes the Financial Assessment and Screening Team (FAST), which assists individuals with applications and enrollment in qualified health plan and/or medical homes by screening and assessing their health care needs once assigned to a CSB service. In FY 2014, the team assisted over 5,089 persons and conducted 7,460 in-person appointments. FAST enrolled 477 CSB Medicare beneficiaries in Prescription Drug Plans during the 2013 Part D Open Enrollment Period, saving them on average $9,432 a year. In addition to conducting registrations with new clients, FAST performed eligibility screening and facilitated over 1,000 applications with CSB service recipients for Virginia Medicaid, Community Health Care Network, Low Income Subsidy (Extra Help), and public assistance programs.

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. In FY 2014, the CSB efficiently used its available funding to subsidize medications for 3,633 individuals. This was made possible through various ongoing initiatives in which the CSB successfully avoided over $6 million in expenditures for medications. 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 1,500 community members and staff have been trained in MHFA since launching local programming in late 2011. In FY 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 January 2015, over 10,000 have received this training since it was made available in May 2014.

Acute & Therapeutic Treatment Services

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised
FUNDING				
Expenditures:				
Personnel Services	$33,001,524	$36,577,987	$36,577,987	$35,797,686
Operating Expenses	4,996,074	4,929,650	6,147,787	5,381,327
Capital Equipment	0	0	0	0
Subtotal	$37,997,598	$41,507,637	$42,725,774	$41,179,013
Less:				
Recovered Costs	($1,357,092)	($1,009,574)	($1,009,574)	($1,009,574)
Total Expenditures	$36,640,506	$40,498,063	$41,716,200	$40,169,439
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	370 / 367.5	375 / 373	376 / 374	355 / 353

Engagement, Assessment & Referral Services

0 CSB Service Area Directors (-1)
1 Substance Abuse Counselor IV
2 Substance Abuse Counselors III
12 Substance Abuse Cnslrs. II (-1), 1 PT
1 Mental Health Manager
3 MH Supervisor/Specialists (-1)
7 MH/ID/ADS Senior Clinicians
6 Mental Health Therapists

Acute Services

2 CSB Service Area Directors
1 Substance Abuse Counselor IV
3 Substance Abuse Counselors III (-1)
7 Substance Abuse Counselors II (-1)
7 Substance Abuse Counselors I (-1)
3 Mental Health Managers
21 MH Supervisor/Specialists, 1 PT
21 Mental Health Therapists
4 Mental Health Counselors
4 Emergency/Mobile Crisis Supervisors
2 BHN Supervisors
8 BHN Clinicians/Case Managers
2 Licensed Practical Nurses
1 Cook

Residential Treatment Services

1 CSB Service Area Director
5 Substance Abuse Counselors IV
10 Substance Abuse Counselors III
25 Substance Abuse Cnslrs. II (-1)
13 Substance Abuse Cnslrs. I (-2)
1 MH Supervisor/Specialist
1 MH/ID/ADS Senior Clinician
1 BHN Supervisor
2 BHN Clinician/Case Managers
1 Mental Health Therapist (-1)
3 Mental Health Counselors
2 Administrative Assistants V
3 Licensed Practical Nurses
3 Assistant Residential Counselors
6 MH/ID/ADS Aides
2 Day Care Center Teachers I, 1 PT
3 Food Service Supervisors
6 Cooks

Infant and Toddler Connection

1 CSB Service Area Director
2 ID Specialists IV
5 ID Specialists III
13 ID Specialists II
1 Business Analyst II
3 Occupational Therapists II
5 Physical Therapists II
6 Speech Pathologists II
1 Administrative Assistant V
3 Administrative Assistants III

Youth & Family Services

2 CSB Service Area Directors
4 Clinical Psychologists
4 Substance Abuse Cnslrs. IV (-1)
5 Substance Abuse Counselors III
17 Substance Abuse Counselors II
7 Substance Abuse Counselors I
1 Emer./Mobile Crisis Unit Supv.
1 BHN Clinical Nurse Specialist
3 Mental Health Managers (-1)
9 MH Supervisor/Specialists (-1)
40 MH/ID/ADS Sr. Clinicians (-1), 1 PT
14 Mental Health Therapists (-3)
0 Mental Health Counselors (-4)
2 MH/ID/ADS Aides

TOTAL POSITIONS
355 Positions(-21) / 353.0 FTE (-21.0)

(-) Denotes Abolished Position due to Budget Reductions
PT Denotes Part-Time Positions

Engagement, Assessment & Referral Services

Engagement, Assessment and Referral Services provides information about accessing services both in the CSB and the community and 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 and Access Unit that provide 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 intellectual 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 telephonically when needed. In FY 2014, the Call Center received 17, 958 calls, 16,567 in English and 1,391 in Spanish.

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 central County emergency services site is open 24/7 and, in addition to the services listed above, can also provide psychiatric and medication evaluations and prescribe and dispense medications. The Mobile Crisis Unit (MCU), a rapid deployment team of 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. 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 safe, temporary, protective environment for people experiencing crisis requiring detoxification and stabilization from use of alcohol, drugs and/or other substances. Individuals receive assessment, support, supervision and medical monitoring necessary to stabilize both physically and emotionally. The CSB is working to increase the center's capacity to provide medically-monitored detoxification and to respond to the increased demand for acute care, detoxification and stabilization services, increasing the number of available beds by filling staff vacancies in the second half of FY 2014. This service also offers an opportunity to engage people in additional treatment services that may be needed.

The Woodburn Place Crisis Care program offers people experiencing an acute mental health 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 FY 2014, approximately 43 percent of those who received Crisis Care services had both mental health and substance use disorders. Services include comprehensive risk assessment, crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; counseling, psychosocial education, and assistance with daily living skills.

Residential Treatment Services

Residential Treatment Services (Crossroads Adult, 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, occupational and speech therapy; developmental services; medical, health and nursing services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys and mobility aids); family training and counseling; service coordination; and transportation. ITC staff collaborates with the Fairfax County Health Department, Inova Fairfax Hospital, and Fairfax County Public Schools (FCPS) to ensure that infants and toddlers get appropriate services as soon as delays are detected. ITC contracts with translation service providers to meet the needs of families in the linguistically diverse community. Demand for early intervention services has increased significantly in recent years, and based on FY 2014 data, growth of 5 to 6 percent is anticipated in FY 2015.

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.

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, consultation and case management, and monitoring of youth under Mandatory Outpatient Treatment commitment requirements. Services are also provided for youth involved with the Juvenile and Domestic Relations District Court (JDRDC).

Crossroads Youth is a 10-bed residential program serving adolescent males who have substance use and/or co-occurring mental health. CSB youth services staff also partner with the court system to provide alcohol and drug use assessments, psychological evaluations, mental health and substance abuse treatment interventions, case management services, and psychiatric medication monitoring.

Community Living Treatment & Supports

Category	FY 2014 Actual	FY 2015 Adopted	FY 2015 Revised	FY 2016 Advertised
FUNDING				
Expenditures:				
Personnel Services	$36,216,750	$39,518,585	$39,518,585	$40,109,182
Operating Expenses	36,078,283	39,434,193	41,508,325	40,619,836
Capital Equipment	0	0	0	0
Subtotal	$72,295,033	$78,952,778	$81,026,910	$80,729,018
Less:				
Recovered Costs	$0	$0	$0	$0
Total Expenditures	$72,295,033	$78,952,778	$81,026,910	$80,729,018
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	435 / 433.25	431 / 429.25	431 / 429.25	424 / 422.25

Fund 40040
Community Services Board (CSB)

	Behavioral Health Outpatient & Case Management Services
1	CSB Service Area Director
2	Substance Abuse Counselors IV
6	Substance Abuse Counselors III
22	Substance Abuse Counselors II
5	BHN Supervisors
4	BHN Clinical Nurse Specialists
4	BHN Clinician/Case Managers
4	Mental Health Managers
24	Mental Health Therapists
10	MH Supervisor/Specialists
36	MH/ID/ADS Senior Clinicians
3	Licensed Practical Nurses
1	Day Care Center Teacher I, PT

	Support Coordination Services
1	CSB Service Area Director
4	ID Specialists IV
8	ID Specialists III
53	ID Specialists II

	Employment & Day Services
1	CSB Service Area Director
1	Mental Health Manager
1	MH Supervisor/Specialist
2	ID Specialists IV
8	ID Specialists II
1	BHN Clinician/Case Manager
2	Mental Health Therapists

	Assisted Community Residential Services
1	CSB Service Area Director
2	ID Specialists IV
3	ID Specialists III
8	ID Specialists II (-1)
73	ID Specialists I (-1)
1	BHN Supervisor
1	BHN Clinician/Case Manager
1	MH/ID/ADS Senior Clinician, PT

	Supportive Community Residential Services
1	CSB Service Area Director
4	Mental Health Managers
11	MH Supervisor/Specialists
2	MH/ID/ADS Senior Clinicians
26	Mental Health Therapists (-2)
26	Mental Health Counselors (-2), 2 PT
3	Licensed Practical Nurses
1	Assistant Residential Counselor
1	Food Service Supervisor
1	Cook

	Forensic Transition & Intensive Community Treatment Services
1	CSB Service Area Director (-1)
1	Clinical Psychologist
4	Mental Health Managers
7	MH Supervisor/Specialists
12	MH/ID/ADS Senior Clinicians
13	Mental Health Therapists
1	Mental Health Counselor
2	Substance Abuse Counselors III
6	Substance Abuse Counselors II
3	Public Health Nurses III
4	BHN Clinician/Case Managers

TOTAL POSITIONS
424 Positions (-7) / 422.25 FTE (-7.0)

(-) Denotes Abolished Position due to Budget Reductions
PT Denotes Part-Time Positions

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.

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 helps people who have an intellectual disability, as well as their families, to access essential services and supports so that individualized basic needs are met and they attain their maximum potential for independence, productivity and integration into the community. These individualized services and supports include medical, educational, employment, housing, financial, transportation, recreational, legal, problem-solving skills development, and advocacy. Key values and approaches include the belief that people with developmental disabilities are entitled to the same rights as everybody else; person-centered planning, which involves getting to know the hopes, dreams, wants and needs of the individual; and the principles of community inclusion and participation. Support coordinators help people and families identify needed services and resources through an initial and ongoing assessment and planning process, and coordinate with other involved service providers. They also assess 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 and Day Services provides assistance and vocational 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 mental illness and/or intellectual disability 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.

Developmental services provides self-maintenance training and nursing care for people with intellectual disability who are severely disabled 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, working with non-disabled workers. 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 provides an adjustment period and skills development for persons with serious mental illness and/or co-occurring disorders who are transitioning to employment and socialization in a work setting. Services may include training in areas of self-esteem, self-confidence, and self-awareness. The Community Readiness and Support Program is a recovery-oriented psychosocial day program for individuals with serious mental illness and co-occurring disorders who have limited social skills and challenges establishing and maintaining relationships, and who need help with basic daily living activities. 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.

Assisted Community Residential Services

Assisted Community Residential Services (ACRS) provides for an array of long-term residential supports for individuals with intellectual disability and individuals with serious mental illness. Supports are not time-limited, are designed around individual needs and preferences, and emphasize full inclusion in community life. These services are provided through contracts with a number of community-based private, non-profit residential service providers and through services directly operated by ACRS.

Services include: an Assisted Living Facility (ALF) with 24/7 care for people with serious mental illness and medical needs; 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 for individuals with intellectual disability, 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. Service and operations changes in CSB directly-operated programs were made from March-July, 2014 to better allocate resources to meet increasing needs of an aging population of individuals with intellectual disability. Programs have been able to provide targeted, enhanced services at key sites where needs are greatest, without reducing overall service capacity. The service area realized an annualized savings of more than $200,000 through this effort.

Supportive Community Residential Services

Supportive Community Residential Services programming is provided through various housing partnerships and is primarily for people with serious mental illness or co-occurring mental illness and substance use disorders. Programs include intensive residential, supervised, and supportive services. The services are provided based on individual need and people have the ability to move through the continuum of care.

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 Transitional Therapeutic Apartment Program (TTAP) provides residential treatment in a stable, supportive, therapeutic setting. Individuals learn and practice life skills needed for successful community living with the goal of eventually transitioning into a

manageable independent living environment. 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. Pathway Homes and the CSB jointly operate the Supported Housing Option Program (SHOP), which provides long-term or permanent housing with support services, focusing on individuals with the greatest needs who are willing to accept needed services. Pathway Homes and the CSB also jointly operate the Shelter Plus Care program, providing 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.

Forensic Transition & Intensive Community Treatment Services

Forensic Transition and Intensive Community Treatment Services includes a variety of services for adults who have serious mental illness and/or serious substance use disorders and who are involved with the criminal justice system, incarcerated, homeless or unsheltered, or are being discharged from state psychiatric hospitals.

Services for adults who are incarcerated at the Fairfax County Adult Detention Center include assessment, stabilization and referral; facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others; court assessments; substance abuse education; and limited treatment for adults who have substance use disorders. More than half of the individuals seen by CSB staff working in the Adult Detention Center are current or former CSB service recipients. Their involvement in the criminal justice system is usually a direct result of mental illness, substance use disorders or co-occurring disorders. Incarceration or other involvement with the criminal justice system can present a unique opportunity for CSB staff to intervene and forge a therapeutic alliance.

Intensive Community Services include jail diversion, discharge planning services for individuals in state psychiatric hospitals, Program of Assertive Community Treatment (PACT), as well as intensive, community-based case management and outreach provided by multidisciplinary teams to individuals with acute and complex needs. The Jail Diversion Program provides an intensive level of care to enhance existing resources available to persons with serious mental illness and/or co-occurring severe substance use disorder and co-occurring disorders who are involved with, or being diverted from, the criminal justice system. Discharge planning services are provided to individuals in state psychiatric hospitals to support linkages to community-based services, enhancing successful community-based recovery. The Program of Assertive Community Treatment (PACT) is a multi-disciplinary team that provides enhanced support services for individuals with mental illness and co-occurring disorders. Intensive Case Management 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. Teams work with individuals who have acute and complex needs and provide appropriate levels of support and services in the individuals' natural environment. Many of the individuals served in this program are homeless. Services include case management, mental health supports, crisis intervention and medication management.

Key Performance Measures

Indicator	Prior Year Actuals FY 2012 Actual	FY 2013 Actual	FY 2014 Estimate/Actual	Current Estimate FY 2015
Central Administration				
Percent of CSB service quality objectives achieved	73%	80%	80%/75%	80%
Percent of CSB outcome objectives achieved	60%	68%	80%/63%	80%
Percent of individuals who become certified in Mental Health First Aid	NA	94%	85%/95%	85%
Engagement, Assessment & Referral Services				
Percent of adults who attend their first scheduled service appointment	NA	81%	85%/76%	85%
Acute Services				
Percent of crisis intervention/stabilization services provided which are less restrictive than psychiatric hospitalization	NA	89%	85%/89%	85%
Residential Treatment Services				
Percent of adults who have reduced alcohol and drug use at post-discharge follow up	94%	97%	90%/91%	90%
Percent of adults who have reduced involvement with the criminal justice system at post-discharge follow up	94%	87%	85%/91%	85%
Infant and Toddler Connection				
Percent of families who received completed Individual Family Support Plans within 45 days of intake call	98%	89%	100%/80%	100%
Average number of days from referral to completion of Individual Family Support Plan	42	45	45/45	45
Percent of families who agree that services promoted healthy child and family development	NA	94%	90%/98%	90%
Youth & Family Services				
Percent of children, primarily ages 5 to 12, who maintain or improve school functioning (IECP)	NA	91%	85%/94%	85%
Percent of youth, primarily ages 12 to 18, who maintain or improve school functioning after participating in at least 90 days of outpatient services (OP)	NA	91%	90%/91%	90%
Percent of youth, primarily ages 12 to 18, who maintain or improve school functioning after participating in at least 90 days of day treatment services	90%	91%	90%/93%	90%
Behavioral Health Outpatient & Case Management Services				
Percent of adults primarily with substance use or co-occurring disorders who maintain or improve employment and/or school functioning after participating in at least 30 days of outpatient services	78%	79%	80%/86%	80%
Percent of adults who maintain or improve employment after participating in at least 90 days of day treatment services	55%	75%	80%/68%	80%
Percent of adults receiving partial hospitalization services who demonstrate improvement in psychiatric symptoms from admission to discharge	NA	70%	75%/65%	75%

Fund 40040
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2012 Actual	FY 2013 Actual	FY 2014 Estimate/Actual	Current Estimate FY 2015
Support Coordination Services				
Percent of individuals served in targeted support coordination who meet their Person Centered Plan objectives	95%	94%	95%/94%	95%
Employment & Day Services				
Percent of adults who maintain or improve their level of day support or employment	NA	95%	90%/95%	90%
Average annual wages of adults receiving group supported employment services	$5,510	$5,858	$5,675/$6,006	$5,675
Average annual wages of by adults receiving individual supported employment services	$17,479	$16,553	$16,000/$16,831	$16,000
Assisted Community Residential Services				
Percent of adults living in directly operated and contracted group homes who maintain their current level of residential independence and integration	99%	95%	98%/98%	98%
Supportive Community Residential Services				
Percent of adults in supportive residential programs able to move to a more independent residential setting within one year	3%	8%	10%/6%	10%
Percent of adults in group homes able to maximize community independence upon discharge	NA	85%	75%/60%	75%
Forensic Transition & Intensive Community Treatment Services				
Percent of inmates who attend a follow-up appointment after their assessment	NA	72%	70%/69%	70%
Percent of adults who remain out of jail or the hospital for at least 330 days in a 12 consecutive month period	88%	97%	90%/95%	90%
Percent of adults referred to the CSB for discharge planning services and remain in CSB services for at least 90 days	NA	63%	75%/61%	75%

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2016/advertised/pm/40040.pdf

Performance Measurement Results

As the reorganization of CSB's service delivery structure is now completed, the department has initiated a multi-year effort to improve budgeting and financial management and enhance its performance measurement system. A standard methodology to calculate efficiency based on total expenditures, rather than net County cost, has been implemented for reporting FY 2013 actuals and beyond. Goals, objectives and indicators reflecting a full family of measures are being developed for critical services in each of eleven service areas. Analysis of baseline data will be used to assess capacity, measure success and allocate available resources to maximum benefit. Consequently, although the FY 2016 Advertised Budget Plan reflects CSB's completed organizational structure, it reflects an evolving performance measurement system and comparison of data across fiscal years is cautioned.

Central Administration

In FY 2014, the CSB achieved 75 percent of its service quality objectives (18 out of 24) and 63 percent of its outcome objectives (15 out of 24), as compared to the estimates of 80 percent. However, it should be noted that the CSB came within three percentage points of meeting three additional service quality objectives, which, if achieved, would have increased the percentage to 88 percent. Over the next year, the CSB will continue to work on a series of business process improvements in order to standardize business practices, increase efficiency and effectiveness, and ensure access to services. In addition, the CSB will continue to evaluate current needs and community priorities, service demand, and resources needed to achieve outcomes.

Wellness, Health Promotion and Prevention Services

In FY 2014, Wellness, Health Promotion and Prevention Services (WHPP) provided Mental Health First Aid training to 743 County staff, community members, and community partners at an average cost of $92 per individual, down from $139 in FY 2013 and an estimate of $152. Mental Health First Aid (MHFA) is an evidence-based public education program that helps participants identify, understand and respond to signs of mental health and substance use disorders. In FY 2014, 91 percent of individuals were satisfied with training, exceeding the target of 90 percent and 95 percent of individuals were certified in Mental Health First Aid, exceeding the target of 85 percent. Focused process improvements have significantly improved program coordination, scheduling, support and marketing. Also, the addition of training for youth and Spanish-speaking participants led to an increase in number of individuals trained, which decreased the cost per participant. As a result, future estimates will be adjusted accordingly. Lastly, WHPP is monitoring another outcome; measuring the percent of certified MHFA participants who make use of the skills they learned and assisted someone either in crisis or showing signs of a mental health or substance use problem. It is anticipated that this outcome will be reported in the future.

Engagement, Assessment and Referral Services

In FY 2014, 1,745 individuals received services provided by the assessment center, which was 5 percent below the projection of 1,830, at a cost of $968 per adult served. The inability to meet the projection was due to staffing factors; two staff were out due to Family Medical Leave and there were two staff vacancies. Both vacancies have since been filled, however projections for FY 2015 will be lowered due to a change in service system design. Based on the agency's priority access guidelines, it is projected that the CSB will serve fewer people, but will provide more intensive services to those served. Seventy-six percent of adults who requested services were able to access an appointment within ten days, falling short of the 85 percent projection. This was also a result of staff shortages, which led to longer wait times for assessment appointments. It is important to note that since June 2014, the wait time has consistently been below 10 days, a trend that is anticipated to continue in FY 2015. Seventy-six percent of adults who received an assessment attended their first scheduled service appointment, which was below the target of 85 percent. This is an area that the CSB will target for process improvements in the upcoming fiscal year.

Acute Services

In FY 2014, the Emergency Services program provided services to 4,931 individuals at an average cost of $453 per individual, a 3 percent increase as compared to 4,791 individuals at an average cost of $441 per individual in FY 2013, primarily due to increased requests for emergency services. The program, which operates 24 hours a day, 7 days a week, sees every individual who arrives for services. Eighty percent of those requesting services were seen within one hour of check-in. While this represents a five percentage point increase over FY 2013, it is below the projection of 85 percent. Eighty-nine percent of crisis intervention and stabilization services provided were less restrictive than psychiatric hospitalization, exceeding the estimated 85 percent. This is a critical outcome, as Emergency Services programs are

required by state code to pursue the least restrictive alternative to hospitalization. Staff conduct comprehensive and thorough evaluations and assessments to determine the most appropriate services for individuals with acute needs. There has been an increase in focus on intervention and follow up services for those in crisis. Emergency Services will closely monitor the impact of the recent mental health legislation, as well as any service resource needs and service gaps.

Residential Treatment Services

In FY 2014, Crossroads Adult served 152 adults at an average cost of $14,731 per adult served. Despite failing to meet the targets of 156 adults served at an average cost of $13,932 per adult, both service quality and outcome measures exceeded targets. Ninety-five percent of adults were satisfied with services, exceeding the 90 percent target. In addition, 91 percent of adults at post-discharge follow-up had reduced alcohol and drug use, as well as reduced involvement with the criminal justice system. This exceeded targets of 90 percent and 85 percent, respectively. It is also worth mentioning, program data showed that 95 percent of the individuals were stably housed at follow up and 86 percent were employed.

Infant and Toddler Connection

In FY 2014, Infant and Toddler Connection (ITC) served 3,164 infants and toddlers and their families, surpassing the estimate of 3,150 children and families. The average cost was $3,002 per child, lower than the estimated $3,426 per child. Over the past several years, the ITC business model has been streamlined to provide the best quality services while reducing costs. As a result, further reduction in the average cost per child is not anticipated. It should be noted that starting in FY 2013, the methodology to calculate cost per child was changed to include funding from all sources, not just Fairfax County. Due to rising service demands in FY 2014, 284 of the 1,452 families referred for ITC services did not receive their Individual Family Service Plan (IFSP) within the 45 day period required by the U.S. Department of Education's Office of Special Education Programs. In response, the CSB added eight new grant positions in Fund 50000, Federal-State Grant Fund, to meet the rising demand and has been 100 percent compliant through the first half of FY 2015. The percent of families satisfied with services and the percent of families who agreed that services promoted healthy child and family development were 97 and 98 percent, respectively, reflecting the quality of the service provided. ITC is also monitoring outcomes of new state performance measures related to each infant/toddler's rate of development from the beginning to end of services and in relation to that of infants/toddlers of the same age.

Youth & Family Services

In FY 2014, 146 children between the ages of 5 to 12 were served in the Infancy, Early Childhood and Pre-Adolescent (IECP) program at a cost of $5,635 per child, while 1,345 youth between the ages of 12-18 were served in the Youth Outpatient program at a cost of $3,306 per youth. Actual costs were significantly below estimates primarily due to service area realignment. While these services are provided to children and their family members, it should be noted that the numbers served only reflect direct services provided to youth. In FY 2015, IECP will merge with Youth Outpatient to form one program area: Youth Outpatient Services. Ninety-seven percent of IECP and Youth Outpatient families self-reported their satisfaction with services, exceeding the target of 90 percent. Ninety-four percent of children and 91 percent of youth maintained or improved their school functioning, which is defined as improvement in school attendance, behavior, and academic achievement. Youth services staff work with school personnel and family members to determine progress towards school functioning and other treatment goals.

Seventy-nine youth were served in the day treatment programs at a cost of $9,743 per youth. The cost to serve each individual was significantly below the estimated $18,193 per youth due to service area realignment. The number served was only one lower than the estimated target. While programming includes services for youth and their family members, it should be noted that the numbers served only reflect direct services provided to youth. Ninety-seven percent of families self-reported their satisfaction with services, exceeding the target of 90 percent. Ninety-three percent of program participants maintained or improved their school functioning, which is defined as improvement in school attendance, behavior, and academic achievement as reported by each family and school personnel. This exceeded the target of 90 percent.

Behavioral Health Outpatient & Case Management Services

In FY 2014, Behavioral Health Outpatient Services experienced substantial changes. Two formerly distinct service areas were combined in an effort to provide integrated care for those with co-occurring behavioral health disorders. In addition, Behavioral Health Outpatient Services continues to refine its service delivery model to align with the agency's priority access guidelines and will provide services to those who are most disabled by their behavioral health disorders. This service area will continue to enhance services and structural design to meet the needs of the population served.

Outpatient programs for adults who primarily have substance use disorders served 1,429 people at an average cost of $2,164 during the past fiscal year. This compared to an estimate of 1,550 adults served at an average cost of $2,733. Despite fewer adults served, both the percent of adults satisfied with services and percent of adults maintaining or improving employment exceeded estimates. Ninety-five percent of those served were satisfied with services and 86 percent maintained or improved employment status, exceeding the targets of 90 and 80 percent, respectively.

Case management programs for adults who primarily have serious mental illness served 3,413 people in FY 2014, representing 96 percent of the estimate of 3,547. The average cost was $2,172 per adult, representing 79 percent of the estimated cost. It is important to note that case management and outpatient programs have increasingly served adults with more severe and complex mental illness and substance dependence. As programs move toward treating individuals with more highly acute and persistent needs, programs will provide more intensive services to fewer individuals. Reports will be used to monitor utilization and productivity to ensure that capacity is maximized and that individuals receive the most appropriate level of care. Behavioral Health Outpatient programs will also continue to monitor the impact of the priority access guidelines.

During the past fiscal year, day treatment programs served 66 individuals, falling short of the initial projection of 70. This contributed to the average cost per adult served being $3,271, failing to meet the estimate of $3,005. The men's day treatment program operated below capacity in the first half of the fiscal year, though the program increased admission in the last two quarters of the fiscal year. Efforts are underway to review the continuum of day treatment services, and will emphasize demand, capacity and best-practice service delivery models. The overall satisfaction rate for day treatment was 94 percent, exceeding the projection of 85 percent. This estimate will be increased to 90 percent beginning in FY 2015. The percentage of adults who maintained or improved their employment was 68 percent, less than the goal of 80 percent. Linkages to employment supports were impacted by a temporary reduction of supports provided by a partner agency. In response to these reductions, day treatment programs established relationships with other employment program services, to ensure a broader array of supports and the target of 80 percent remains for FY 2015.

In FY 2014, the Adult Partial Hospitalization program served 213 adults at an average cost of $4,097 per adult, exceeding the estimate of 200 adults and lower than the estimated average cost of $5,801 per adult. Overall, 89.5 percent of those served in APH were satisfied with the services they received. While 65 percent of adults served demonstrated an improvement in psychiatric symptoms from admission to discharge, less than the 75 percent target, the program served adults with increasingly complex needs who are in danger of requiring immediate hospitalization or who have recently been discharged from psychiatric hospitals. Those receiving APH services typically have a multitude of psychiatric issues, and the standardized tool that is used to measure symptoms from admission to discharge provides aggregate results, rather than quantifying improvement in discrete symptoms. To assess improvement in a variety of psychiatric symptoms, the program will be evaluating various aspects of functioning over the course of treatment to better determine program efficacy.

Support Coordination Services

In FY 2014, 1,294 individuals received at least one case management service with a support coordinator during the year. Of this total, 853 individuals received targeted support coordination and received a service contact with a support coordinator at least one time per month. The number of individuals served was below the estimate of 1,400. The Department of Justice settlement with the state and new requirements for enhanced case management (ECM) services impacted the number of people served. The changes in ECM criteria expanded the population receiving this level of case management, increasing the number of face-to-face contacts and impacting the length of contacts and required documentation. Consequently, support coordinators have a slightly reduced caseload capacity. In addition, there was considerable turnover in support coordination staff during FY 2014. In response, the CSB prioritized hiring for vacant support coordination positions. To maximize staff resources and to serve individuals with the highest level of need, emphasis has been placed on closely monitoring caseload size and frequently evaluating each individual's need for ECM to create capacity as appropriate. Despite these changes, 97 percent of individuals receiving targeted support coordination reported satisfaction with services, exceeding the target of 90 percent, and 94 percent of program participants achieved their person-centered plan objectives, barely missing the target of 95 percent.

Employment & Day Services

In FY 2014, 1,284 individuals with intellectual disability received directly-operated and contracted day support and employment services. Directly-operated services were provided by the CSB's Cooperative Employment Program and the Self-Directed Services program. Contracted services were provided by 16 community-based organizations. Of these 1,284 individuals, 625 were funded through the Medicaid Waiver and 659 were funded by non-Medicaid Waiver resources (Fairfax County). The cost per person is based on service recipient attendance (utilization) which can be impacted by weather closures, days absent (annual and sick leave), holidays, and staff training. The average cost per adult served was $13,696, below the estimate of $14,978. Ninety-five percent of individuals served expressed satisfaction with services, 3 percentage points less than estimated. The satisfaction survey, administered to all individuals receiving day support and employment services, and its implementation process is being evaluated in FY 2015. The local economy continues to impact group and individual supported employment with the elimination of community-based jobs and the reduction of hours available. CSB staff and community-based service providers are working to build community capacity to result in additional job placement opportunities. Even with a reduction in employment opportunities, 95 percent of adults maintained or improved their level of employment due to the creativity of service providers to find alternative activity. This service area provided group support employment services to 334 adults who earned a total of $2,005,971, or an average annual wage of $6,006. The 200 adults who received individual supported employment earned a total of $3,366,259, or an average annual wage of $16,831.

It should be noted that in addition to services provided to adults with intellectual disability, employment services were provided to 1,665 individuals with mental illness, substance use and co-occurring disorders in FY 2014, an 85 percent increase from FY 2013. The increase was made possible by the addition of another staff position and by providing an increased number of services in a group venue/setting. More adults are expected to receive services as outreach is provided to the Fairfax County Public Schools to work with graduating students diagnosed with mental illness, substance use and co-occurring disorders. Adults receiving individual supported employment services earned an average hourly rate of $11.80, a 4 percent increase from FY 2013 ($11.31). These measures will be included in this service area in FY 2016.

Assisted Community Residential Services

In FY 2014, Assisted and Community Residential Services served 371 adults with intellectual disability in CSB directly-operated and contracted group homes at an average cost of $37,040. While the cost to serve each individual was higher than the estimate of $33,831, it was only 5 percent higher than FY 2013. It should be noted that the United States Department of Justice amended its settlement agreement with the Commonwealth of Virginia so that training centers for individuals with intellectual disability will have one additional year to discharge their residents to community-based services. As such, the FY 2015 estimate for number of individuals served in community-based residential services has been amended from 400 to 380. A projection of 400 individuals served for FY 2016 has been made in anticipation of Medicaid Waiver enhancements through State initiatives on enhanced funding as well as anticipated reforms. Beginning in FY 2016, adults with intellectual disability served in CSB directly-operated and contracted supervised apartments will be reported as part of this performance measure. Due to high demand and greater efficiencies, the program filled vacant beds in directly-operated and contracted group homes in an average of 21 days. It is in the best interest of service providers to fill vacancies as soon as possible to minimize the revenue impact from a vacant bed. Vacant days tend to be a direct result of time needed to coordinate site visits, collaborative development of service plans and assurance of proper staff training specific to individualized needs. Ninety-eight percent of adults served maintained their current level of residential independence and integration. Based on the CSB's philosophy to provide training, support, and supervision to adults with an intellectual disability to maximize community independence and integration, group home services and facilities are continuously being modified so that adults with changing physical needs can age in place. As a result, this service area is researching industry standards for outcome measures for similar residential services and will be adding outcome measures as appropriate.

Supportive Community Residential Services

In FY 2014, Supportive Community Residential Services served 410 individuals and provided 31,563 hours of service at an average cost of $4,510 per adult. This exceeded estimates of individuals served and hours provided by at least 11 percent, at an actual cost 16 percent lower than estimated. In terms of service quality, 96 percent of adults reported satisfaction with services, more than an estimated 90 percent. Of those served in Supportive Residential programs, 6.3 percent were able to move to a more independent setting, falling short of the estimate of 10 percent. This is also a decrease from 8 percent in FY 2013. There are two primary factors contributing to this reduction. Those receiving services in this intensive level of care have increasingly complex medical issues, and these physical health issues, in combination with severe and persistent mental illness, impact the ability to move to a more independent setting. In addition, decreased capacity in state psychiatric hospitals has led to earlier hospital discharges, resulting in people entering programs with increased psychiatric acuity. The impact of decreased bed capacity was first experienced following the closure of psychiatric beds at the Northern Virginia Mental Health Institute in FY 2011. While the full impact is not yet known, it is anticipated that programs serving those with complex and significant needs will be affected by recent changes stemming from mental

health law reform. These changes mandate that state hospitals serve who cannot be admitted to other facilities, increasing the number of people admitted to state hospitals and likely shortening the length of time between admission and discharge. Supportive residential services has maximized its ability to hire staff to support programming needs and has worked to create effective linkages with medical providers to provide the comprehensive care needed for this population. The program is assessing gaps and resources needs and has identified the need for expansion of onsite integration of psychiatric and medical services.

In FY 2014, 33 adults were served in two group homes, slightly above the projection of 30. Ninety-five percent of those served were satisfied with the services they received, above the estimated 90 percent. Of the 33 people served, 60 percent were able to maximize community independence upon discharge, below the 75 percent estimated. Forty percent of those who left the programs were discharged to a more restrictive environment. The issues impacting the ability to move to a less restrictive environment were the same as the factors that affected those served in supportive residential programs; a population with a myriad of medical and behavioral health problems, and an increase in rapid hospital discharges. It should be noted that these two programs have historically been categorized as "group homes"; however as a result of a service redesign to create efficiencies, these programs now fall under the state taxonomy of "supervised residential programs". This change will be reflected in future documents.

Forensic Transition & Intensive Community Treatment Services

In FY 2014, Jail-Based Behavioral Health Services provided 2,044 behavioral health assessments at the Adult Detention Center (ADC). Given the transient nature of the jail population, an individual may have more than one assessment at the ADC in a fiscal year. Ninety-eight percent of inmates had a scheduled assessment within two days of referral, exceeding the estimate of 90 percent. Sixty-nine percent of inmates attended a follow up appointment, when clinically indicated, after their assessment. Not everyone who is assessed needs a follow up appointment. Beginning in FY 2016, the ADC will track the number of assessments provided, number of services hours and number of individuals served. The ADC is also monitoring an additional outcome, which identifies the percentage of inmates who receive behavioral health services and are subsequently housed in the general population within 60 days of being incarcerated. This new outcome demonstrates stability in behavioral health symptoms, and that the inmate is able to be housed with the general population rather than the behavioral health unit.

In FY 2014, the Program of Assertive Community Treatment (PACT) served 104 adults at an average cost of $9,663 per adult, exceeding the estimate of 100 adults and below the estimated average cost of $10,306. Ninety-four percent of program participants reported satisfaction with services, exceeding the target of 90 percent. Ninety-five percent of adults remained out of jail or the hospital for at least 330 days in a twelve consecutive month period, exceeding the target of 90 percent. These outcomes are significant for the population receiving PACT services as they have a severe and persistent mental illness, often coupled with substance use disorders, and major disability in daily functioning. This population typically has not been helped by traditional outpatient service models, experience difficulty attending appointments in office settings, and have multiple and complex case management needs.

In FY 2014, CSB discharge planners served 369 adults, exceeding the estimate of 360. Ninety-five percent of adults were scheduled for an assessment within seven days of hospital discharge, exceeding the target of 80 percent. Timely access to assessment is a vital component of discharge planning, and efforts have been successful due in large part to outreach and engagement efforts. Eight-seven percent of those served reported satisfaction with services, which was below the target of 90 percent. The program will continue to monitor program satisfaction for trends over the next year. In terms of ongoing CSB services post-assessment, 61 percent of those assessed remained in CSB services after 90 days, below the estimated 75 percent. Post-discharge planning services are voluntary, and individuals may choose to discontinue services after an initial appointment. Multiple admissions may occur before an individual is willing to connect and follow through with outpatient services to decrease need for inpatient treatment. In addition, an increase of rapid discharges from state hospitals limits engagement opportunities to educate and encourage follow-up with outpatient services as recommended.

Fund 40040
Community Services Board (CSB)

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2014 Actual	FY 2015 Adopted Budget Plan	FY 2015 Revised Budget Plan	FY 2016 Advertised Budget Plan
Beginning Balance	$6,429,724	$1,772,810	$12,184,138	$2,050,004
Revenue:				
Local Jurisdictions:				
Fairfax City	$1,336,100	$1,389,544	$1,389,544	$1,510,434
Falls Church City	605,595	629,819	629,819	684,613
Subtotal - Local	$1,941,695	$2,019,363	$2,019,363	$2,195,047
State:				
State DBHDS	$13,259,822	$13,153,665	$13,153,665	$13,179,720
Subtotal - State	$13,259,822	$13,153,665	$13,153,665	$13,179,720
Federal:				
Block Grant	$4,079,500	$4,079,477	$4,079,477	$4,079,477
Direct/Other Federal	121,409	154,982	154,982	154,982
Subtotal - Federal	$4,200,909	$4,234,459	$4,234,459	$4,234,459
Fees:				
Medicaid Waiver	$2,144,782	$2,756,068	$2,756,068	$2,756,068
Medicaid Option	9,185,343	9,719,853	9,719,853	9,569,853
Program/Client Fees	5,209,827	5,595,211	5,595,211	5,414,527
CSA Pooled Funds	1,083,303	1,342,113	1,342,113	654,973
Subtotal - Fees	$17,623,255	$19,413,245	$19,413,245	$18,395,421
Other:				
Miscellaneous	$48,351	$14,100	$14,100	$14,100
Subtotal - Other	$48,351	$14,100	$14,100	$14,100
Total Revenue	$37,074,032	$38,834,832	$38,834,832	$38,018,747
Transfers In:				
General Fund (10001)	$110,081,034	$113,316,215	$113,316,215	$114,894,398
Total Transfers In	$110,081,034	$113,316,215	$113,316,215	$114,894,398
Total Available	$153,584,790	$153,923,857	$164,335,185	$154,963,149
Expenditures:				
Personnel Services	$90,428,281	$96,544,799	$96,544,799	$96,704,243
Operating Expenses	52,422,504	56,780,222	62,402,720	57,382,876
Recovered Costs	(1,552,393)	(1,173,974)	(1,173,974)	(1,173,974)
Capital Equipment	102,260	0	511,636	0
Total Expenditures	$141,400,652	$152,151,047	$158,285,181	$152,913,145
Transfers Out:				
General Fund (10001)	$0	$0	$4,000,000	$0
Total Transfers Out	$0	$0	$4,000,000	$0
Total Disbursements	$141,400,652	$152,151,047	$162,285,181	$152,913,145

Fund 40040
Community Services Board (CSB)

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2014 Actual	FY 2015 Adopted Budget Plan	FY 2015 Revised Budget Plan	FY 2016 Advertised Budget Plan
Ending Balance	$12,184,138	$1,772,810	$2,050,004	$2,050,004
ID Employment and Day and ITC Reserve[1]	$1,000,000	$1,000,000	$1,000,000	$1,000,000
Encumbered Carryover Reserve	4,834,134	0	0	0
Unencumbered Carryover Reserve	1,300,000	0	0	0
Unreserved Balance[2]	$5,050,004	$772,810	$1,050,004	$1,050,004

[1] The ID Employment and Day and Infant and Toddler Connection Reserve assures that the County has funds to provide employment and day services to individuals with intellectual disabilities, as well as state mandated services to children from birth to age 3 in the event of unanticipated decreases in state reimbursement.

[2] The *FY 2015 Revised Budget Plan* Unreserved Balance of $1,050,004 is a decrease of 79.2 percent from the FY 2014 Actual amout of $5,050,004 and reflects a transfer out to the General Fund primarily associated with FY 2014 savings in Personnel Services due to position vacancies.