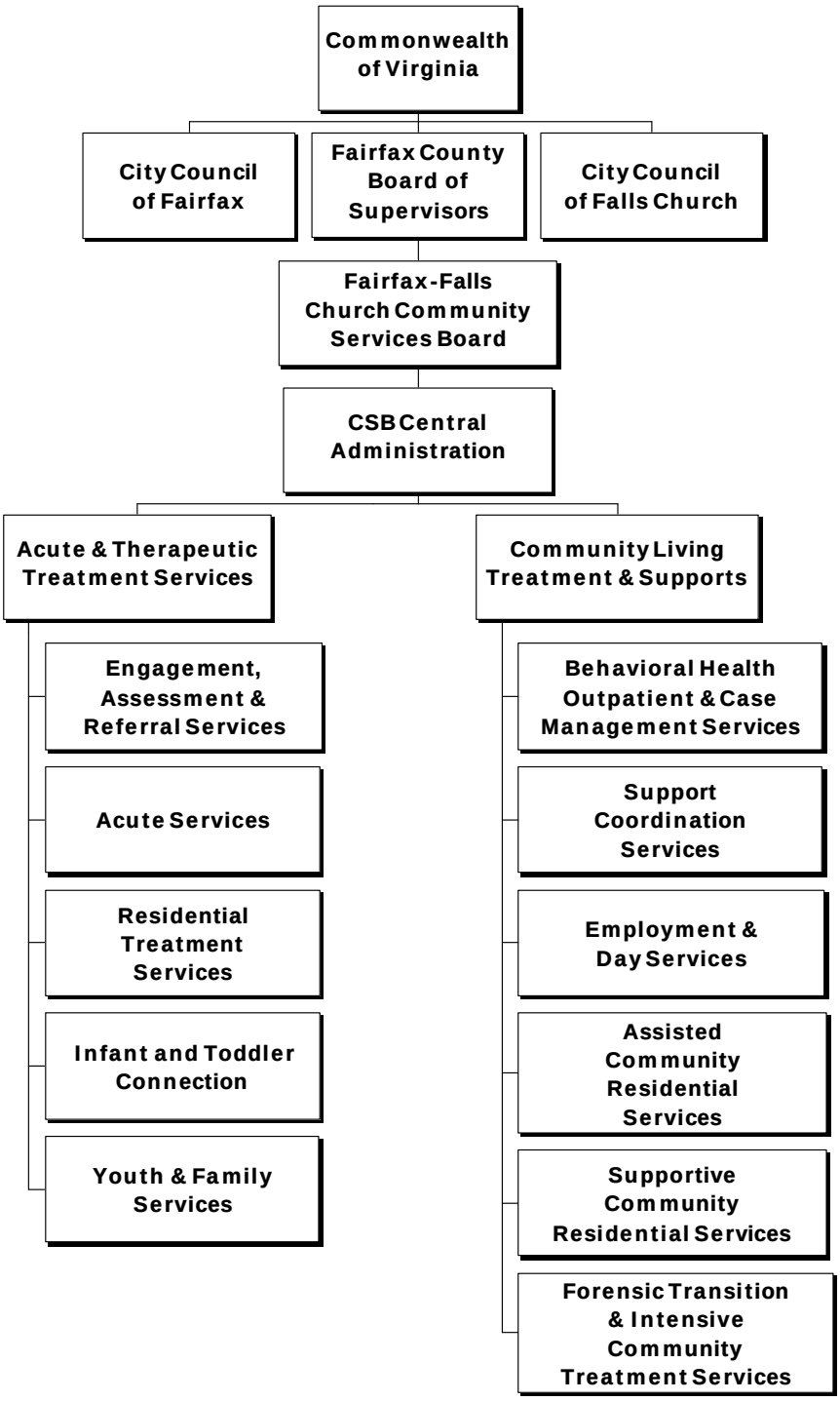
Fund 40040
Community Services Board (CSB)



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 2013	FY 2014	FY 2015
1. Persons served by the CSB	20,988	21,249	21,874
2. Persons served by CSB emergency services*	4,791	4,931	5,170
3. Children served by Infant and Toddler Connection	2,975	3,164	3,372
4. Persons with intellectual disability on Medicaid Waiver waiting list who meet the Urgent Need criteria	576	733	905
5. Employment and Day Services			
▪ Persons with intellectual disability served	1,286	1,284	1,318
▪ Annual Special Education Graduates	121	79	85
6. Percent of individuals who reported that they have a Primary Health Care Provider**	42%	40%	47%
7. Percent of individuals receiving behavioral health services who have Medicaid coverage	35%	32%	36%

* Prior to FY 2015, included general emergency services only. FY 2015 includes the mobile crisis unit.
**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 operates as part of Fairfax County government's human services system, governed by a policy-administrative board with 16 members, 13 appointed by the Fairfax County Board of Supervisors, one by the Sheriff's Department, and one each by the Councils of the Cities of Fairfax and Falls Church. State law requires every jurisdiction to have a CSB or Behavioral Health Authority (BHA); the Fairfax-Falls Church CSB is one of 40 such entities (39 CSBs and one BHA) in the Commonwealth of Virginia.

All residents of Fairfax County and the citizens of Fairfax and Falls Church can access CSB's acute care, emergency, entry and referral and wellness, health promotion, and prevention services. However, most of CSB's other, non-emergency services are targeted primarily to people whose conditions seriously impact their daily functioning. As the single point of entry into publicly-funded behavioral health care services, CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers.

CSB's community-based services and supports are designed to improve mental, emotional and physical health and quality of life for the community's most vulnerable residents. This continuum of services is provided primarily by over 1,000 CSB employees, including psychiatrists, psychologists, nurses, counselors, therapists, case managers and support coordinators, peer specialists, and administrative and support staff. Their efforts are combined with those of contracted service providers, dedicated volunteers and interns, community organizations, concerned families, faith communities, businesses, schools, and other Fairfax County agencies, all working together to provide a system of community-based supports for individuals and families who are affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders.

Strategic Priorities and Integrated Services

CSB has continued to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral health care services. In 2013, the agency initiated an agency-wide strategic planning process to create a shared roadmap for fulfilling CSB's mission. This resulted in the consolidation of four separate service areas – mental health, intellectual disability, substance abuse, and early intervention – into one integrated, combined service organization which is now reflected in the CSB Strategic Plan. While past CSB strategic plans focused on specific disability areas and populations, the strategic plan adopted by the CSB Board in 2014 – with input and participation from staff, partner organizations, community members, advocacy groups, and individuals and families receiving services – reflects the agency's goals and objectives as an integrated system of care.

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

All CSB initiatives, including those to improve business and clinical operations, will be aligned with these goals and strategic priorities. A Strategic Plan Implementation Team evaluates progress and ensures that the plan evolves with the needs of the people CSB serves, the community, and the agency.

CSB continues to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral health care services. Having completed the 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 in FY 2014, CSB continues to refine its electronic health record to align with strategic priorities and improve the data management system.

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.

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) and the Community Health Care Network (CHCN) 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 late 2015, CHCN moved its central Fairfax clinic to the Merrifield Center and began prioritizing enrollment for all people served by the CSB who are in need of health care. Co-locating primary care and behavioral health services increases 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.

Opened in January 2015, the Merrifield Center is an excellent example of how CSB is integrating service delivery. Emergency, mobile crisis, psychiatric, nursing and on-site pharmacy services, outpatient and day treatment for youth and adults, as well as wellness, health promotion, and prevention services are provided at Merrifield Center by over 400 CSB employees from seven previously separate sites. Having multiple services at one site allows individuals to access and receive comprehensive and coordinated services in an integrated manner.

Merrifield Center will also be home to a Crisis Response Center for individuals with mental illness who come in contact with the criminal justice system. This is a key component of the County's "Diversion First" initiative, a comprehensive, community-wide effort which aims to reduce the number of people with mental illness in the local jail by diverting low-risk offenders experiencing mental health crises to treatment instead of incarceration. Law enforcement officers can transfer custody of individuals who are in need of mental health services to a specially trained officer at the Merrifield Crisis Response Center 24/7/365, where emergency mental health professionals can provide clinical assessment, stabilization, and referral and linkage to appropriate services.

Another priority for CSB and the community is the need for suicide prevention and intervention strategies. In FY 2015, the CSB continued to provide online suicide prevention training for adults who work with various youth populations; in FY 2016, CSB added a new training for high school-aged young

people. All of the online 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/. In addition, CSB continues to implement a nationally certified Mental Health First Aid (MHFA) program that introduces key risk factors and warning signs of mental health and substance use problems, builds understanding of their impact, and describes common treatment and local resources for help and information. Nearly 3,000 people have successfully completed MHFA to date. Also, as part of the County's Diversion First initiative, CSB is providing MHFA training to the Office of the Sheriff's jail-based staff, Fire and Rescue personnel, and other first responders.

CSB provides services in partnership with Fairfax County Public Schools. In FY 2014, the CSB added a new textline service to supplement the existing crisis and suicide prevention telephone hotline, so that people who are more comfortable with texting than calling now have that alternative. While the new textline has been predominantly used by FCPS students, it is available to anyone in the community by texting the word "CONNECT" to 855-11. FCPS features the textline number on the home pages of all FCPS school websites, and posters about the textline are prominently displayed throughout the schools. In another important effort to expand suicide prevention resources, CSB received a planning and implementation grant in FY 2015 to coordinate a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader northern Virginia community.

CSB recognizes and supports the uniquely effective role of individuals who have experienced mental illness or substance use disorders and who are themselves in recovery. People with serious mental illness and substance use disorders can and do recover and are well suited to help others achieve long-term recovery. Within the behavioral healthcare field, this service is known as peer support services. CSB contracts with a peer-run organization to deploy 10 peer specialists to provide support in 12 CSB programs. In FY 2015, CSB trained 42 certified peer specialists who have subsequently taken paid or volunteer positions in peer-run organizations throughout the region. CSB also contracts with another peer-run organization to deploy 36 individuals who are in recovery to facilitate wellness workshops in Northern Virginia. In FY 2015, CSB provided 28 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 with scholarships established by state and local funding as well as through a Fairfax family. CSB is developing a strategy for additional peer and family support services to address the recovery and support needs of individuals and family members in all programs.

CSB has also integrated cross-system supports. 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 2015, VIVA had 171 participants who provided 21,397 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 2015 was $532,143. 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 has experienced and will continue to experience significant change as a result of the 2012 settlement agreement between the United States Department of Justice (DOJ) and the Commonwealth of Virginia. This settlement agreement has resulted in the transfer of many individuals with intellectual disability residing in state training centers to more integrated community-based programs in the region. The settlement agreement requires additional resources for staffing, day support, and housing for people with complex needs. While the closure date of the Northern Virginia Training Center (NVTC) was extended to March 2016, as of January 2016, all 89 residents of Fairfax County and the cities of Fairfax and Falls Church who resided at NVTC when the settlement agreement was reached in 2012, have been transitioned to new homes.

The implementation of this settlement agreement has already had an impact on local services. State efforts to comply with court direction have increased the number of individuals seeking intellectual disability services from local CSBs, with an accompanying increase in the level of intensity of services needed. The settlement agreement requires local CSBs to increase discharge planning, oversight of transition to community services, ongoing monitoring, and enhanced support coordination for individuals who are being discharged from the training centers. New requirements for enhanced support coordination include monthly, rather than quarterly, face-to-face visits, increased monitoring, and extensive documentation. The settlement also requires enhanced support coordination services for current recipients of intellectual disability (ID) Medicaid waiver.

Pursuant to DOJ settlement implementation, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS), the state's Medicaid administrator, are currently examining redesign options for Intellectual Disability (ID) Waiver and Developmental Disability (DD) Waiver programs. ID and DD waiver reimbursement from Medicaid are the primary funding source for services for providers, and need to be modified to facilitate access to services and supports in the most integrated setting. This waiver redesign 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 with which the CSB contracts to provide community services. Changes to reimbursement rates and reimbursable services may require an increase in local support or changes in service delivery. The impact of the settlement agreement continues to evolve and the CSB will continue to adjust supports and business practices to fulfill state and federal requirements.

Diversion First

Nationally and locally, renewed attention has been placed on reducing the number of people with mental illnesses in jail. CSB is partnering with local law enforcement agencies and first responders to develop strategies to bring about change. Jails are not designed to be treatment or stabilization centers, and alternatives need to be developed to help people with mental health issues experience more successful outcomes. Multiple efforts are underway to move County systems and the community forward. In June 2015, the Board of Supervisors agreed to participate in the national Stepping Up initiative, which is being promoted by the National Association of Counties, the National Alliance on Mental Illness, the American Psychiatric Association and other national organizations. The first step of this initiative was to establish a

collaborative stakeholder group, which held its inaugural meeting in August 2015 and launched "Diversion First," with local leaders publicly announcing a commitment to set up a basic jail diversion program by January 1, 2016.

CSB has collaborated with local public safety agencies to establish ongoing Crisis Intervention Team (CIT) training for local law enforcement personnel, following state-endorsed, evidence-based model requirements. CSB also sought and was awarded partial grant funding of $142,972 to develop a CIT coordinator and conduct community outreach, as well provide additional training to help support CIT efforts. In addition, CSB has been working collaboratively with law enforcement and the justice system to establish a Crisis Response Center at the CSB's new Merrifield Center, providing a therapeutic alternative to incarceration for low-risk offenders. Law enforcement officers can transfer custody of individuals who are in need of mental health services to an officer at the Merrifield Crisis Assessment Site, where emergency mental health professionals can provide clinical assessment, referral and linkage to appropriate services. CSB is also working with the County's Fire and Rescue Department to develop procedures for people in mental health crisis who have been medically screened by emergency medical technicians to be transported directly to CSB Emergency Services instead of to a hospital emergency room. This reduces cost, increases access to care, and prevents a "revolving door" that often results in no clinical improvement. County leaders and the Diversion First collaborative stakeholders group are committed to building diversion opportunities at the magistrate level and are moving forward with establishing a mental health docket, as well as developing the necessary components and partnerships for it to be successful. Discussions are underway to identify resource needs, legal requirements, and necessary procedures to make this a reality.

The goal for the future is a robust, coordinated County-based local diversion system to interrupt the cycle of court and legal system involvement experienced by many low-risk offenders – youth and adults – who have mental illness, substance use disorders, and behavioral issues. Diversion First is designed to improve public safety, including the safety of people with mental illnesses, their families, friends, neighbors, coworkers, law enforcement personnel and others; improve health outcomes for people with mental illnesses by enabling them to access appropriate mental health services; and reduce costs that are shouldered by local taxpayers, including the costs of incarceration and police overtime. Hospital emergency department costs are also likely to be reduced, as the crisis assessment and initial mental health treatment provided at the CSB Merrifield Center will in many instances deescalate the crisis situation such that continued treatment and recovery can be achieved on an outpatient basis.

Increased Use of Heroin and Other Opiates

The use and abuse of opiates, including prescription medications and illegal drugs such as heroin, continues to be a significant health issue in the community. According to the Virginia Office of the Chief Medical Examiner, heroin-related deaths in Northern Virginia increased 164 percent between 2011 and 2013. CSB is an active participant in a multi-disciplinary task force to combat opiate use and is the lead agency for the treatment and education component of this effort. CSB has provided numerous community and news media presentations about opiate use and resources for treatment. CSB provides prevention and treatment for opiate use, as well as medication-assisted therapies. As part of the effort to combat the increasing numbers of opiate-related deaths in the community, CSB has sponsored REVIVE!, a pilot program of the Commonwealth of Virginia, that makes the medication naloxone (Narcan®) available to lay rescuers to reverse opioid overdoses. CSB has sponsored multiple trainings for CSB staff and community members, and additional training for individuals, friends and family members will be held throughout the County. As of December 2015, over 80 people had been trained to administer naloxone in emergency situations. CSB staff has also worked with a local nonprofit community

organization to develop overdose prevention information cards, which are distributed and reviewed with people receiving CSB services in an effort to reduce the risk of opiate overdose. CSB will continue to partner with state and local agencies and community groups to combat opiate use in the community.

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 individuals in crisis. The full impact of these changes is not yet known, and CSB continues to monitor the recent legislation to determine how it will influence provision of emergency services. CSB will also monitor issues related to state hospital capacity and will track how these issues may impact CSB services.

In addition, further mental health law reform is anticipated. Established by the Virginia General Assembly in 2014, a joint subcommittee is currently assessing the systems of publicly-funded mental health services in the Commonwealth, 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 service access, quality, and outcomes for individuals. Recommendations from this committee could have a significant impact on CSB service provision. CSB will monitor the progress of this committee and 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 DMAS, new billing and preauthorization requirements are changing CSB involvement with managed care systems. CSB currently has provider agreements with eight managed care organizations and continuously responds to changing requirements and provider agreement adjustments. CSB's ability to respond and adapt to a changing managed care environment will be critical to the agency's efforts in the future.

The 2013 *Virginia Acts of Assembly* directed DMAS to implement three phases of Medicaid reform. The third phase is "to include all remaining Medicaid populations and services, including long-term care and home- and community-based waiver services into cost-effective, managed and coordinated delivery systems." In May 2015, CMS issued an extensive proposed rule on Medicaid and Children's Health Insurance Program managed care, which would align managed care regulations across Medicaid, Medicare and the private market. Concurrently, DMAS released an opportunity for public comment on a proposed design and implementation of its program initiative to transition remaining fee-for-service populations into a mandatory managed care program. In September 2015, DMAS released another

opportunity for public comment on the proposed uses of the Delivery System Reform Incentive Payment (DSRIP), which leverages federal funds to focus on transforming care for the Medicaid population, implement value-based payments, and slow down Virginia's rate of Medicaid spending. DMAS has identified key principles to fund, one of which is the concept of team-based, bidirectional, integrated behavioral health and primary care through the creation of new networks of public and private providers and community supports. DMAS plans to submit a request for DSRIP authority through a §1115 Waiver in winter of FY 2016.

Infant and Toddler Connection (ITC)

The demand for early intervention services for children ages 0-3 with developmental delays and disabilities has been on a steady rise. In FY 2011, the total (unduplicated) number served was 2,801 children. In FY 2015, the total served was 3,372 children, an increase of 20 percent over five years. It is expected that this trend will continue during the next five years, leading to a projection of 4,046 children served by ITC in FY 2020. The growth in the demand for services is even more significant. The average number of children served per month has increased from 1,115 in FY 2011 to 1,450 in FY 2015, an increase of 30 percent per month over the last five years. 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 2017 and beyond, this is a trend that requires careful attention. It should be noted, there is a $1.5 million reserve available for the ITC program to ensure the County has funds to provide state-mandated services in the event of unanticipated decreases in state reimbursement.

Employment and Day Services

The need for CSB services continues to increase on an annual basis in other areas. For example, the number of special education graduates with 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, 85 students graduated, while 91 are expected to graduate in June 2016. Enrollment data from Fairfax County Public Schools suggests that approximately 100 special education graduates per year will require locally-funded services through FY 2020.

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 redesign, 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.

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. CSB provides funds directly to families who can purchase customized services for a family member, rather than have CSB coordinate the service. Services can include training in functional self-help and daily living skills; task-learning skills which improve motor and perceptual skills; community integration and awareness; safety skills; work and work environment skills; social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. Funding for each SDS contract is calculated at 80 percent of the average cost of traditional day support and employment services, for recurring annualized costs avoided of approximately $4,500 per person achieved by eliminating CSB as the pass-thru entity. In FY 2015, 58 families participated in SDS compared to the 30 families participating in FY 2014.

Youth Behavioral Health

CSB works closely with the System of Care division within the Department of Family Services, which administers an integrated continuum of services and supports for children, youth and families provided by Fairfax County human services departments, public schools, County-funded providers and community-based advocacy and service organizations. It includes behavioral health services for youth who are not CSA- or CSB-eligible, as well as youth and services covered under the Children's Services Act (CSA). The behavioral health services portion of the System of Care Initiative contracts for behavioral health treatment, and supports families' ability to access behavioral health services through improved system navigation tools and processes. It is currently developing a short-term therapeutic intervention for at-risk teens and building an online navigation tool that will help parents of youth with serious mental health issues access needed services on a timely basis, reducing the risk of suicide and other negative outcomes. The System of Care Initiative plays a leadership role in promulgating evidence-based treatments such as trauma-informed care, Motivational Interviewing and trauma-focused cognitive-behavioral therapy across all child-serving systems. 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. According to recent Fairfax County population data, approximately 250,000 people or 22.5 percent of the population fall within the 16 to 30 year old age range. Extrapolating the NIMH data suggests that over 12,000 of these individuals have a serious mental illness. Specialized evidence-based services for young adults offering early intervention and treatment 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 "older youth/young adult" population. The goal is to intervene rapidly after a first episode of psychosis, to provide wrap-around services for the young person with the goal of getting them re-engaged in the community and less dependent on a service system. DBHDS is highly engaged in this program and is carefully tracking progress to assure solid outcomes as well as successful implementation of evidence-based supports.

Services for Older Adults

Another trend that will impact service provision is the growing older adult population, with Fairfax County projecting a dramatic increase in this age group. Between 2005 and 2030, the County expects the 50 and over population to increase by 40 percent, and the 70 and over population by 88 percent. The older adult population is growing and their needs are increasing. Emergent mental health disorders, risk for suicide, and substance abuse are tremendous concerns for this population. Some specialized services for this population are provided by the CSB and are tailored to meet the unique needs of aging adults. Interventions support recovery and independence, are appropriate to the individual's physical and cognitive abilities, and are often community-based, depending on the need. 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.

Relationship with Boards, Authorities, and Commissions

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

Examples include:

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

General Fund Transfer

The FY 2017 budget for Fund 40040, Fairfax-Falls Church Community Services Board requires a General Fund Transfer of $122.89 million, an increase of $7.4 million over the FY 2016 Adopted Budget Plan primarily due to a 1.33 percent market rate adjustment for all employees and performance-based and longevity increases for non-uniformed merit employees, as well as employee pay increases for specific job classes identified in the County's benchmark class survey; additional support for the June 2016 special education graduates of FCPS 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; a contract rate adjustment to fund individually-negotiated contracts; increased fringe benefit requirements in FY 2017; a second Mobile Crisis Unit providing crisis intervention and assessment services to individuals in psychiatric crisis; and additional funding and positions to provide support coordination services to individuals with intellectual and developmental disabilities in the community.

Fund 40040
Community Services Board (CSB)

Budget and Staff Resources

Category	FY 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised
FUNDING				
Expenditures:				
Personnel Services	$92,337,948	$97,293,998	$99,204,498	$102,032,010
Operating Expenses	53,898,140	57,387,221	61,567,864	58,953,377
Capital Equipment	391,535	0	292,486	0
Subtotal	$146,627,623	$154,681,219	$161,064,848	$160,985,387
Less:				
Recovered Costs	($1,636,591)	($1,173,974)	($1,650,160)	($1,650,160)
Total Expenditures	$144,991,032	$153,507,245	$159,414,688	$159,335,227
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	977 / 972.75	952 / 947.75	958 / 953.75	961 / 956.75

This agency has 60/59.8 FTE Grant Positions in Fund 50000, Federal-State Grant Fund.

Category	FY 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised
CSB Service Area Expenditures				
CSB Central Administration	$29,951,443	$32,067,999	$34,844,448	$34,424,752
Acute & Therapeutic Treatment Services	39,967,083	40,510,248	43,802,391	42,233,380
Community Living Treatment & Supports	75,072,506	80,928,998	80,767,849	82,677,095
Total Expenditures	$144,991,032	$153,507,245	$159,414,688	$159,335,227
Non-County Revenue by Source				
Fairfax City	$1,389,544	$1,510,434	$1,510,434	$1,614,654
Falls Church City	629,819	684,613	684,613	731,851
State DBHDS	11,741,114	13,179,720	11,716,017	11,716,017
Federal Block Grant	4,105,862	4,079,477	4,073,691	4,073,691
Federal Other	139,158	154,982	154,982	154,982
Medicaid Waiver	2,310,812	2,756,068	2,756,068	2,756,068
Medicaid Option	9,044,595	9,569,853	9,569,853	9,318,424
Program/Client Fees	5,711,896	5,414,527	5,414,527	5,414,527
CSA Pooled Funds	917,004	654,973	654,973	654,973
Miscellaneous	42,742	14,100	14,100	14,100
Total Revenue	$36,032,546	$38,018,747	$36,549,258	$36,449,287
County Transfer to CSB	$112,186,215	$115,488,498	$116,288,498	$122,885,940
County Transfer as a Percentage of Total CSB Expenditures	77.4%	75.2%	72.9%	77.1%

FY 2017 Funding Adjustments

The following funding adjustments from the FY 2016 Adopted Budget Plan are necessary to support the FY 2017 program.

- **Employee Compensation** **$2,884,639**
  An increase of $2,884,639 in Personnel Services includes $1,207,700 for a 1.33 percent market rate adjustment (MRA) for all employees and $1,595,982 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2016, as well as $80,957 for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions.

- **Special Education Graduates** **$1,503,896**
  An increase of $1,503,896 in Operating Expenses supports 68 of the 91 June 2016 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** **$891,693**
  An increase of $891,693 in Operating Expenses supports negotiated contract rate adjustments for eligible providers of mental health, intellectual disability, substance use, early intervention and CSB-wide administrative services.

- **Fringe Benefit Support** **$850,000**
  An increase of $850,000 in Personnel Services is required to support increased fringe benefit requirements in FY 2017.

- **Mobile Crisis Unit** **$800,000**
  As part of the *FY 2015 Carryover Review*, the Board of Supervisors approved funding of $800,000, with a commensurate increase in the General Fund Transfer, which includes an increase of $785,500 in Personnel Services and an increase of $14,500 in Operating Expenses to support a second Mobile Crisis Unit providing crisis intervention and assessment services to individuals in psychiatric crisis. This baseline funding adjustment is also necessary in FY 2017.

- **Support Coordination** **$433,894**
  An increase of $433,894 and 4/4.0 FTE positions includes an increase of $418,094 in Personnel Services and an increase of $15,800 in Operating Expenses to support individuals with intellectual and developmental disabilities in the community and comply with current state and federal requirements, primarily those pursuant to the DOJ Settlement Agreement and implementation of Virginia's Medicaid Waiver redesign.

- **Lease Rate Adjustment** **$128,541**
  An increase of $128,541 in Operating Expenses supports negotiated annual rent-based adjustments for the agency's lease contracts.

- **Department of Vehicle Services Charges** **($20,000)**
  A decrease of $20,000 in Operating Expenses is included for Department of Vehicle Services charges based on anticipated billings for fuel, vehicle replacement, and maintenance and operating related charges.

- **Personnel Services Adjustments** **($75,221)**
  A decrease of $75,221 in Personnel Services is associated with the transfer of 1/1.0 FTE position from CSB to Agency 68, Department of Administration for Human Services, as part of an interdepartmental realignment to better provide human services support to the CSB.

- **Program Adjustments** **($1,569,460)**
  A decrease of $1,569,460 includes a decrease of $125,000 in Personnel Services, with a commensurate decrease in state revenues, associated with Project LINK; a decrease of $5,786 in Operating Expenses, with a commensurate decrease in Federal Block Grant funding for individuals with mental illness; and a decrease of $962,488 in Operating Expenses and an increase of $476,186 in Recovered Costs, due to a reclassification of State Discharge Assistance Planning (DAP) revenues received by the CSB to Fund 50000, Federal-State Grant Fund, to more accurately reflect the nature of the revenue.

Changes to FY 2016 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2016 Revised Budget Plan since passage of the FY 2016 Adopted Budget Plan. Included are all adjustments made as part of the FY 2015 Carryover Review, and all other approved changes through December 31, 2015.

- **Carryover Adjustments** **$5,907,443**
  As part of the *FY 2015 Carryover Review*, the Board of Supervisors approved funding of $5,907,443, including $4,526,932 in encumbered funding in Operating Expenses primarily attributable to ongoing contract obligations, housing assistance to CSB consumers at risk of homelessness, Credible enhancements, building maintenance and repair projects, and capital equipment for security improvements; $1,250,000 in Personnel Services associated with pay adjustments for psychiatrists and emergency services personnel in order to address retention and recruitment issues; $800,000 and 6/6.0 FTE positions, with a commensurate increase in the General Fund Transfer, to support a second Mobile Crisis Unit providing crisis intervention and assessment services to individuals in psychiatric crisis; $500,000 for "bridge" funding to further enhance crisis intervention services in the County; $300,000 in Operating Expenses to support a feasibility study for Intermediate Care Facilities, such as repurposing recently-vacated CSB sites such as Sojourn House; a net increase of $94,185 primarily to appropriate additional State Department of Behavioral Health and Developmental Services (DBHDS) funding for a cost of living adjustment; a decrease of $125,000 with a commensurate decrease in state revenues associated with Project LINK; and a decrease of $962,488 in Operating Expenses and an increase of $476,186 in Recovered Costs, due to a reclassification of State Discharge Assistance Planning (DAP) revenues received by the CSB to Fund 50000, Federal-State Grant Fund, to more accurately reflect the nature of the revenue.

Cost Centers

CSB Central Administration

Category	FY 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised
FUNDING				
Expenditures:				
Personnel Services	$19,982,873	$20,846,341	$23,139,592	$22,225,234
Operating Expenses	9,763,278	11,386,058	11,616,185	12,363,918
Capital Equipment	391,535	0	252,221	0
Subtotal	$30,137,686	$32,232,399	$35,007,998	$34,589,152
Less:				
Recovered Costs	($186,243)	($164,400)	($163,550)	($164,400)
Total Expenditures	$29,951,443	$32,067,999	$34,844,448	$34,424,752
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	168 / 167.5	167 / 166.5	166 / 165.5	165 / 164.5

	CSB Central Administration				Medical Services
1	Executive Director	3	Management Analysts IV	1	Medical Director of CSB
2	Deputy Directors	5	Management Analysts III	24	Psychiatrists
2	Assistant Deputy Directors	2	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
2	CSB Service Area Directors	2	Business Analysts III	7	Nurse Practitioners
1	Program Manager	4	Business Analysts II	1	BHN Clinician/Case Manager
1	Resident. and Facilities Devel. Mgr.	2	Substance Abuse Counselors IV		
1	Mental Health Manager	1	Substance Abuse Counselor III		Wellness, Health Promotion & Prevention Services
1	Information Officer III	2	ID Specialists III		
1	Medical Records Administrator	1	ID Specialist II	1	Substance Abuse Counselor IV
1	Volunteer Services Prog. Manager	1	ID Specialist I	2	Substance Abuse Counselors III
1	Communications Specialist II	2	Administrative Associates	12	Substance Abuse Counselors II
1	Communications Specialist I	3	Administrative Assistants V		
1	Human Service Worker III	10	Administrative Assistants IV		
5	Human Service Workers II	35	Administrative Assistants III		
2	CSB Aides/Drivers	13	Administrative Assistants II		
		0	Peer Support Specialists (-1T)		

TOTAL POSITIONS		
165 Positions (-1T) / 164.5 FTE (-1.0T)	T	Denotes Transferred Position
	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 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 2015, the CSB business support staff assisted over 4,600 individuals in-person and performed 20,647 administrative services, including new client registrations, insurance verifications, and account updates. During the FY 2015 Medicare Part D Open Enrollment period, FAST staff assisted 437 Medicare beneficiaries with plan comparisons and enrollment in a Medicare Part D Prescription Drug Plan with savings of at least $411,217.

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 2015, CSB efficiently used its available funding to subsidize medications for 3,413 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. Nearly 3,000 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 2016, over 14,000 individuals have received this training since it was made available in May 2014.

Fund 40040
Community Services Board (CSB)

Acute & Therapeutic Treatment Services

Category	FY 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised
FUNDING				
Expenditures:				
Personnel Services	$34,534,715	$36,138,495	$37,203,228	$37,851,027
Operating Expenses	6,464,157	5,381,327	7,628,787	5,391,927
Capital Equipment	0	0	22,708	0
Subtotal	$40,998,872	$41,519,822	$44,854,723	$43,242,954
Less:				
Recovered Costs	($1,031,789)	($1,009,574)	($1,052,332)	($1,009,574)
Total Expenditures	$39,967,083	$40,510,248	$43,802,391	$42,233,380
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	378 / 376	360 / 358	369 / 367	369 / 367

	Engagement, Assessment & Referral Services		Residential Treatment Services		Infant and Toddler Connection
1	Mental Health Manager	1	CSB Service Area Director	1	CSB Service Area Director
3	MH Supervisor/Specialists	5	Substance Abuse Counselors IV	2	ID Specialists IV
7	MH/ID/ADS Senior Clinicians	11	Substance Abuse Counselors III	5	ID Specialists III
6	Mental Health Therapists	26	Substance Abuse Counselors II	14	ID Specialists II
2	Substance Abuse Counselors III	15	Substance Abuse Counselors I	1	Business Analyst II
12	Substance Abuse Counselors II, 1 PT	1	MH Supervisor/Specialist	3	Occupational Therapists II
		1	MH/ID/ADS Senior Clinician	5	Physical Therapists II
		1	BHN Supervisor	6	Speech Pathologists II
	Acute Services	2	BHN Clinician/Case Managers	1	Administrative Assistant V
2	CSB Service Area Directors	1	Mental Health Therapist	3	Administrative Assistants III
1	Substance Abuse Counselor IV	3	Mental Health Counselors		
5	Substance Abuse Counselors III	2	Administrative Assistants V		Youth & Family Services
10	Substance Abuse Counselors II	3	Licensed Practical Nurses	2	CSB Service Area Directors
8	Substance Abuse Counselors I	3	Assistant Residential Counselors	4	Clinical Psychologists
3	Mental Health Managers	3	Food Service Supervisors	3	Substance Abuse Counselors IV
26	MH Supervisor/Specialists, 1 PT	6	CSB Aides/Drivers	4	Substance Abuse Counselors III
2	MH/ID/ADS Senior Clinicians	2	Day Care Center Teachers I, 1 PT	15	Substance Abuse Counselors II
22	Mental Health Therapists	6	Cooks	3	Substance Abuse Counselors I
4	Mental Health Counselors			3	Mental Health Managers
6	Emergency/Mobile Crisis Supervisors			1	Emergency/Mobile Crisis Supervisor
2	BHN Supervisors			1	BHN Clinical Nurse Specialist
9	BHN Clinicians/Case Managers			9	MH Supervisor/Specialists
3	Licensed Practical Nurses			38	MH/ID/ADS Sr. Clinicians, 1 PT
1	Cook			16	Mental Health Therapists
				2	CSB Aides/Drivers

TOTAL POSITIONS
369 Positions / 367.0 FTE

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, as well as assessment services for entry into the CSB service system. These services include an Entry and Referral Call Center that responds to inquiries from people seeking information and services; an Assessment Unit 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 calls in English and in Spanish, and language translation services for other languages are available telephonically when needed. In FY 2015, the Call Center received 18,339 calls.

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 variety of services to individuals who are in need of assistance with their intoxication/withdrawal states. Length of stay depends upon the individual's condition and ability to stabilize. The center provides clinically managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture (acudetox); health, wellness, and engagement services; assessment for treatment services; HIV, Hepatitis C, and Tuberculosis education; universal precautions education; case management services; referral services for follow-up and appropriate care; and an introduction to the 12-Step recovery process. The residential setting is monitored continuously for safety by trained staff. The detox milieu is designed to promote rest, reassurance and recovery. During FY 2015, this program provided a total of 6,259 bed days.

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 2015, 45 percent of those who received Crisis Care services had both mental health and substance use disorders and 2 percent had an intellectual disability. Services include comprehensive risk assessment, crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; counseling, psychosocial education, and assistance with daily living skills. During FY 2015, this program served 463 individuals (unduplicated).

Residential Treatment Services

Residential Treatment Services (Crossroads, New Generations, A New Beginning, A New Direction, Residential Support Services, and Cornerstones) offers comprehensive services to adults with substance use disorders and/or co-occurring mental illness who have been unable to maintain stability on an outpatient basis, even with extensive supports, and who require a stay in residential treatment to stabilize symptoms, regain functioning and develop recovery skills. At admission, individuals have significant impairments affecting various life domains, which may include criminal justice involvement, homelessness, health, employment, impaired family and social relationships, and health issues.

Services are provided in residential treatment settings and align with the level and duration of care needed, which may be intermediate or long-term. Services include individual, group and family therapy; psychiatric services; medication management; access to health care; and case management. Continuing care services are provided to help people transition back to the community. Specialized services are provided for individuals 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 from a multidisciplinary team, meets the needs of the family. This model replaces the previous practice of providing multiple, single discipline service providers to one family, and prevents unnecessary additions of services to Individual Family Service Plans.

Through public and private partnerships, ITC provides a range of services including physical therapy, occupational therapy, and speech therapy; developmental services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys and mobility aids); family counseling and support; and service coordination. County staff provides central intake, service coordination, initial assessments, and approximately 20 percent of the ongoing therapeutic services. Contractors provide the remaining 80 percent of the ongoing therapeutic services. Combined, more than 64,000 visits with families were provided in FY 2015. ITC staff collaborates with the Fairfax County Health Department, Department of Family Services, Department of Neighborhood and Community Services, Inova Fairfax Hospital, and FCPS to ensure that infants and toddlers receive appropriate services as soon as eligibility for the program has been determined. ITC contracts with individuals who provide interpretation services to meet the needs of families in Fairfax County's linguistically diverse community. As mentioned previously, demand for early intervention services has increased significantly in recent years and growth of 5 percent is anticipated in FY 2017.

Youth & Family Services

Youth and Family Services provides assessment, education, therapy and case management services for children and adolescents ages 4 through 18 who have mental health, substance use and/or co-occurring disorders. All services support and guide parents and treat youth who have, or who are at risk for, serious emotional disturbance, and who are involved with multiple youth-serving agencies.

Child, Youth, and Family Youth Outpatient Services provide mental health and substance use disorder treatment and case management for children and adolescents, and their families. Services are provided, using evidenced-based practices, for youth who are, or are at risk of being, seriously emotionally disturbed, and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, or alcohol or drug use. Family socioeconomic and other issues are frequently present. In FY 2015, 70 percent of the families served had incomes below $50,000. Of the youth served, 28 percent were ages 4 through 12; 51 percent were ages 13 through 17; and 21 percent were ages 18 through 21. For youth ages 4 through 12, family or schools are the main referral sources. For those ages 13 through 17, court referrals are more frequent, and school referrals are reduced. Programs are funded through state block grants, as well as County, state and federal funding. Revenue is also received from Medicaid, private insurance, and payments from parents.

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

Youth and Family Intensive Treatment Services offers a variety of services to support youth and their families. Wraparound Fairfax provides an intensive level of support for youth who are at high risk for residential or out-of-home placement, or who are currently served away from home and transitioning back to their home community. Services are provided for up to 15 months and are designed to enable youth to remain safely in the community with their families. Resource Team services include state-mandated discharge planning, 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).

Community Living Treatment & Supports

Category	FY 2015 Actual	FY 2016 Adopted	FY 2016 Revised	FY 2017 Advertised
FUNDING				
Expenditures:				
Personnel Services	$37,820,360	$40,309,162	$38,861,678	$41,955,749
Operating Expenses	37,670,705	40,619,836	42,322,892	41,197,532
Capital Equipment	0	0	17,557	0
Subtotal	$75,491,065	$80,928,998	$81,202,127	$83,153,281
Less:				
Recovered Costs	($418,559)	$0	($434,278)	($476,186)
Total Expenditures	$75,072,506	$80,928,998	$80,767,849	$82,677,095
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	431 / 429.25	425 / 423.25	423 / 421.25	427 / 425.25

Fund 40040
Community Services Board (CSB)

	Behavioral Health Outpatient & Case Management Services		Employment & Day Services		Supportive Community Residential Services
1	CSB Service Area Director	1	CSB Service Area Director	1	CSB Service Area Director
2	Substance Abuse Counselors IV	1	Mental Health Manager	4	Mental Health Managers
4	Substance Abuse Counselors III	1	MH Supervisor/Specialist	12	MH Supervisor/Specialists
17	Substance Abuse Counselors II	1	Management Analyst III	3	MH/ID/ADS Senior Clinicians
4	Mental Health Managers	2	ID Specialists IV	25	Mental Health Therapists
10	MH Supervisor/Specialists	8	ID Specialists II	25	Mental Health Counselors, 2 PT
36	MH/ID/ADS Senior Clinicians	1	BHN Clinician/Case Manager	1	Substance Abuse Counselor I
24	Mental Health Therapists	2	Mental Health Therapists	3	Licensed Practical Nurses
5	BHN Supervisors	1	Administrative Assistant III	1	Assistant Residential Counselor
3	BHN Clinical Nurse Specialists			1	Food Service Supervisor
5	BHN Clinician/Case Managers		Assisted Community Residential Services	1	Cook
3	Licensed Practical Nurses	1	CSB Service Area Director		
1	Day Care Center Teacher I, PT	2	ID Specialists IV		Forensic Transition & Intensive Community Treatment Services
		3	ID Specialists III		
	Support Coordination Services	8	ID Specialists II	1	CSB Service Area Director
1	CSB Service Area Director	71	ID Specialists I	1	Clinical Psychologist
4	ID Specialists IV	1	BHN Supervisor	4	Mental Health Managers
8	ID Specialists III	1	BHN Clinician/Case Manager	7	MH Supervisor/Specialists
57	ID Specialists II (4)	1	MH/ID/ADS Senior Clinician, PT	11	MH/ID/ADS Senior Clinicians
		2	Licensed Practical Nurses	15	Mental Health Therapists
				1	Mental Health Counselor
				2	Substance Abuse Counselors III
				8	Substance Abuse Counselors II
				2	Public Health Nurses III
				5	BHN Clinician/Case Managers
TOTAL POSITIONS				( )	Denotes New Positions
427 Positions (4) / 425.25 FTE (4.0)				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 provide a continuum of case management services for people with intellectual disability (ID) and their families, engaging with them to provide a long-term, intensive level of service and support so that they attain their maximum potential for independence, productivity and integration into the community. CSB support coordinators help individuals and families identify needed services and resources through an initial and ongoing assessment and planning process. They then link the individual to services and supports, coordinate and monitor services, provide technical assistance, and advocate for the individual. These individualized services and supports may include medical, educational, employment/vocational, housing, financial, transportation, recreational, legal, and problem-solving skills development services. Support coordinators assess and monitor progress on an ongoing basis to make sure that services are delivered in accordance with the individual's wishes and regulatory standards for best practice and quality. To assess the quality of the services, support coordinators are mandated to work with individuals in various settings, including residential, institutional, and employment/vocational/day settings. The CSB's cadre of support coordinators is essential to successful implementation of Medicaid Waiver redesign prompted by the DOJ Settlement Agreement.

Employment & Day Services

Employment & 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 as 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 services provide a period for adjustment and skills development for persons with serious mental illness, substance use, and/or co-occurring disorders who are transitioning to employment. Services include psycho-educational groups, social skills training, services for individuals with co-occurring disorders, relapse prevention, training in problem solving and independent living skills, health literacy, pre-vocational services and community integration. Services are available in a small, directly-operated program or through contract with private providers. The Community Readiness and Support Program (CRSP) is the CSB's directly-operated psychosocial rehabilitation program for individuals who have limited social skills, have challenges establishing and maintaining relationships, and who need help with basic daily living activities. Contracted psychosocial rehabilitation services use the same model as CRSP. In the contracted services, the model is called "Recovery Academy," and the above focus areas are addressed in multi-week "courses", such that the experience can be tailored for each person. At the end of a term, courses can be repeated or new courses can be selected depending on an individual's goals and progress.

Turning Point is a grant-funded coordinated specialty service program for adolescents and young adults aged 16 through 25 who are experiencing serious behavioral health conditions, including a first episode of psychosis. Psychotic disorders can derail a young adult's social, academic and vocational development; but rapid, comprehensive intervention soon after the first episode can set the course toward recovery. Turning Point is based on the evidence-based model known as Recovery After an Initial Schizophrenia Episode (RAISE). The early intervention program helps young people and their families understand and manage symptoms of mental illness and/or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and life. The program can serve up to 120 people per year, and participation in the program may continue for up to three years as needed.

Assisted Community Residential Services

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

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 in late FY 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 (SCRS) provide a continuum of residential services with behavioral health supports of varying intensity that help adults with serious mental illness or co-occurring substance use disorders live successfully in the community. Individuals live in a variety of settings (treatment facilities, apartments, condominiums and houses) across the County and receive various different levels of staff support, in terms of frequency of staff contact and degree of involvement, ranging from programs that provide 24/7 awake onsite support to programs providing drop-in services on site as needed. The services are provided based on individual need, and individuals can move through the continuum of care. Often individuals enter SCRS after a psychiatric hospitalization or to receive more intensive support to avert the need for an inpatient stay. Individuals typically admitted to SCRS have had multiple psychiatric hospitalizations, periods of homelessness, justice system involvement, and interruptions in income and Medicaid benefits. The programs offer secure residence, direct supervision, counseling, case management, psychiatric services, medical nursing, employment, and life-skills instruction to help individuals manage as independently as possible their primary care, mental health, personal affairs, relationships, employment, and responsibilities as good neighbors. Many of the residential programs are provided through various housing partnerships and contracted service providers.

Residential Intensive Care (RIC) is a community-based, intensive residential program that provides up to daily 24/7 monitoring of medication and psychiatric stability. Counseling, supportive and treatment services are provided daily in a therapeutic setting. The 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, 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 & 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 are being discharged from state psychiatric hospitals.

Services for adults who are incarcerated at the Fairfax County Adult Detention Center (ADC) 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 ADC 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. PACT is a multi-disciplinary team that provides enhanced support services for individuals with mental illness and co-occurring disorders. As part of the Diversion First initiative previously mentioned, staff are moving forward with plans to augment discharge planning services to facilitate and assist individuals leaving the ADC to connect them to services and supports in the community. In addition, discussions are underway to identify resource needs, including possibly adding a second Jail Diversion Team. 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			Current Estimate	Future Estimate
	FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	FY 2016	FY 2017
Central Administration					
Percent of CSB service quality objectives achieved	80%	75%	80%/80%	80%	80%
Percent of CSB outcome objectives achieved	68%	63%	80%/56%	80%	80%
Percent of individuals certified in Mental Health First Aid	94%	95%	85%/95%	90%	90%
Percent of individuals who attend their first scheduled service appointment	81%	76%	85%/65%	80%	85%
Acute Services					
Percent of crisis intervention/stabilization services provided which are less restrictive than psychiatric hospitalization	89%	89%	85%/73%	75%	75%

Fund 40040
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	Current Estimate FY 2016	Future Estimate FY 2017
Residential Treatment Services					
Percent of adults served in Crossroads who have reduced alcohol and drug use at post-discharge follow up	97%	91%	90%/80%	NA	NA
Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge	NA	NA	NA/NA	80%	80%
Percent of adults served in Crossroads who have reduced involvement with the criminal justice system at post-discharge follow up	87%	91%	85%/80%	NA	NA
Percent of individuals served who are employed at one-year post-discharge	80%	80%	NA/76%	80%	80%
Infant and Toddler Connection					
Percent of families who received completed Individual Family Support Plans within 45 days of intake call	89%	80%	100%/99%	100%	100%
Average number of days from referral to completion of Individual Family Support Plan	45	45	45/36	36	36
Percent of families who agree that services promoted healthy child and family development	94%	98%	90%/98%	98%	98%
Youth & Family Services					
Percent of children, primarily ages 5 to 12, who maintain or improve school functioning (IECP)	91%	94%	85%/90%	NA	NA
Percent of adolescents, primarily ages 12 to 18, who maintain or improve school functioning after participating in at least 90 days of outpatient services (OP)	91%	91%	90%/90%	NA	NA
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	NA	NA	NA/NA	90%	90%
Behavioral Health Outpatient & Case Management Services					
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	79%	86%	80%/80%	80%	80%
Support Coordination Services					
Percent of Person Centered Plan objectives met for individuals served in Targeted Support Coordination	94%	94%	95%/91%	95%	95%
Employment & Day Services					
Percent of adults with an intellectual disability who maintain or improve their level of day support or employment	95%	95%	90%/95%	NA	NA
Average annual wages of individuals with an intellectual disability receiving group supported employment services	$5,858	$6,006	$5,675/$5,891	$5,900	$5,900
Average annual wages of individuals with an intellectual disability receiving individual supported employment services	$16,553	$16,831	$16,000/$16,777	$16,725	$16,725
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual supported employment services	$11.31	$11.80	$11.80/$11.58	$11.80	$11.80

Indicator	Prior Year Actuals FY 2013 Actual	FY 2014 Actual	FY 2015 Estimate/Actual	Current Estimate FY 2016	Future Estimate FY 2017
Assisted Community Residential Services					
Percent of individuals served in directly-operated and contracted group homes and supported apartments who maintain their current level of residential independence and integration in the community	95%	98%	97%/98%	97%	98%
Supportive Community Residential Services					
Percent of individuals receiving intensive or supervised residential services who are able to move to a more independent residential setting within one year	8%	6%	10%/16%	13%	13%
Forensic Transition & Intensive Community Treatment Services					
Percent of individuals who had a forensic assessment attend a follow-up appointment after their assessment	72%	69%	70%/55%	70%	70%
Percent of adults referred to the CSB for discharge planning services and remain in CSB services for at least 90 days	63%	61%	75%/63%	75%	75%

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2017/advertised/pm/40040.pdf

Performance Measurement Results

Central Administration

In FY 2015, the CSB achieved 80 percent of its service quality objectives (16 out of 20) and 56 percent of its outcome objectives (10 out of 18), as compared to the estimates of 80 percent for these objectives. While the outcome actual is a slight decrease from prior years, the recent trend of declining outcome objectives achieved is primarily due to serving more individuals with an increasing level of intensity of services needed. CSB continues to work on business process improvements in order increase efficiency and effectiveness, maximize data in the electronic health record and ensure access to services. CSB will also continue to evaluate current needs and community priorities, service demand, and resources needed to achieve outcomes.

Wellness, Health Promotion and Prevention Services

In FY 2015, Wellness, Health Promotion and Prevention Services (WHPP) provided Mental Health First Aid (MHFA) training to 718 County staff, community members, and community partners at an average cost of $79 per individual, a decrease from $93 in FY 2014. While the number served is slightly below the estimate of 750, the cost per individual trained was 15 percent lower than estimated. This efficiency was due to a reduction in the number of preparation and delivery hours needed for the training. The MHFA trainers have remained stable over time and require little preparation to provide the training. 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 2015, 94 percent of individuals were satisfied with training, exceeding the target of 90 percent and 95 percent of individuals were certified in MHFA, exceeding the target of 85 percent. Projections for these indicators have been increased for future years. In the past two years, specific training for youth and Spanish-speaking participants has been added. Interest in MHFA training has continued to grow and plans are underway to train Fairfax County first responders. 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

During the past fiscal year, 1,594 individuals received services provided by the Assessment Unit, exceeding the 1,266 estimate, though below the number assessed in previous years. It was anticipated that the number served would be lower than previous years due to service redesign and the agency's priority access guidelines. The priority access guidelines identify the priority service populations based upon definitions from the Virginia DBHDS, the Federal Substance Abuse Prevention and Treatment Block Grant, and Part C of Individuals with Disabilities Education Act (IDEA). Individuals must meet the priority service population criteria to have consistent access to non-emergency/non-acute CSB services. Initial phone screening, wellness, health promotion and prevention services, and acute care and emergency CSB services remain available to all residents of Fairfax County and the cities of Fairfax and Falls Church. As a result of the priority access guidelines, the number of people who are referred to services in the community has increased and the number of people receiving assessments has decreased. The cost to serve each individual was $1,537 in FY 2015, an increase from previous years due to the integration of mental health, substance use, and/or co-occurring disorder services, as well as fewer people served.

In FY 2015, 93 percent of those who requested an assessment through the CSB Call Center were able to get an appointment within 10 days. Also in FY 2015, the combined assessment team at the new Merrifield Center instituted a same-day assessment model. As a result, the percentage of individuals who were able to get an appointment within 10 days rose from 76 percent in FY 2014 to 93 percent. This percentage will likely increase further in FY 2016 and continue in FY 2017, when the same-day assessment model is implemented in all CSB assessment sites. Once same-day assessments are phased in to all sites and the outcome is stable at 100 percent, this service quality data point will be replaced by a new indicator.

Sixty-five percent of individuals who received an assessment attended their first scheduled service appointment in FY 2015. While this is lower than the 76 percent in FY 2014 and the 85 percent estimate, service model changes have impacted data collection methods for this measure. The new priority access guidelines increased the number of people linked to services in the community, and data collection has not historically captured external referrals. Data from the first quarter of FY 2015, prior to the change in service design, indicates that the percentage remained at 76 percent. The percentage steadily declined as the model was implemented over the second and third quarters. Program staff report that people referred for services within the CSB are attending their first scheduled appointment at the same or higher rate as in the past. Data quality plans will address the tracking of program referrals to ensure more accurate data in future years. This is a data point that will be closely monitored, along with data points that indicate time between assessment and referral to a CSB program.

Acute Services

In FY 2015, Emergency Services served 5,170 individuals through general emergency services and the mobile crisis unit. Prior to FY 2015, the data for number of people served included general emergency services only. During the past year, the mobile crisis unit was added to the number served to more accurately reflect the services provided in this area. It should be noted that since the majority of people served by the mobile crisis unit are also served through general emergency services, most of those served through the mobile crisis unit have been reported as receiving those services. In addition, general

emergency services saw an increase in the number of people who arrived in person for services, and will monitor to determine whether this is a one-year increase or a trend. The cost to serve each individual was $632 in FY 2015. This is an increase over the $454 in FY 2014 due to the addition of the mobile crisis unit to this cost center. The program, which operates 24 hours a day, 7 days a week, sees every individual who arrives for services.

In FY 2015, 73 percent of crisis intervention and stabilization services provided by emergency service and the mobile crisis unit were less restrictive than psychiatric hospitalization. This is a slight change from previous years; in FY 2014, 89 percent of emergency services interactions resulted in an intervention less restrictive than hospitalization. The addition of the mobile crisis unit in this data point also had a tremendous impact on the number of psychiatric hospitalizations. Approximately half of the mobile crisis unit responses result in a temporary detention order. In addition, recent changes in mental health legislation have led to a considerable increase in the overall number of temporary detention orders (926 in FY 2014 and 1,150 in FY 2015). Several barriers that previously existed have been addressed through legislative changes such as real-time hospital bed registry and extended time periods for psychiatric placement. Providing the least restrictive intervention remains a critical component of the services provided by emergency services, yet there are many people who truly require the level of care provided through hospitalization. Emergency services will continue to closely monitor the impact of mental health legislation, as well as any service resource needs and service gaps. The percentage of those seen within one hour of check-in was 78 percent. While this percentage was below the target of 85 percent, it is in line with prior year actuals. The increase in length of time for face-to-face services can be attributed to the increase in number of people seen in emergency services, and the increase in the most time-consuming services such as temporary detention orders.

Residential Treatment Services

In FY 2015, 447 individuals received Adult Residential Treatment Services. This represents people who received services through primary treatment, community re-entry and aftercare services, and does not include those who received Residential Support Services while waiting for residential treatment. The number served is slightly lower than in previous fiscal years (3.2 percent from FY 2014); though some variation in number served can be expected in residential programs. Modest fluctuations are typically due to the length of stay (as clinically indicated) and admissions and discharges that span across fiscal years. In addition, admissions at several programs were slowed for a period of time due to staff vacancies. The cost to serve each individual in FY 2015 was $19,121, an increase of 10.6 percent over FY 2014 primarily due to increased staffing and personnel costs. Although many of the residential treatment programs in this service area are large in size, this allows the programs to produce an economy of scale that, combined with positive outcome measures, provides a positive return on investment.

During the past fiscal year, 76 percent of those served were employed at one-year follow up, a slight decrease from 80 percent in FY 2014 primarily due to typical variance in local economic conditions for this population. Programs place a great deal of emphasis on the importance of employment and have solid linkages with employment supports. Through these supports, as well as case management activities, substantial efforts are made to bolster job skills and provide employment opportunities. Programs recognize the importance of employment to ensure economic stability, as well as the tremendous benefits of daily structure, responsibility and accountability. Employment tends to support overall recovery. Research indicates that people who are unemployed have higher rates of substance dependence and relapse to substance use. In addition, employment helps to integrate individuals in the community and the income employment produces enables people to improve their living situation.

Infant and Toddler Connection

In FY 2015, the Infant and Toddler Connection (ITC) program served 3,372 infants and toddlers and their families, a 6.6 percent increase over FY 2014 and surpassing the estimate of 3,300 children and families. The average cost to serve each child was $3,291, slightly higher than the estimated $3,249 per child. In FY 2013, ITC embarked upon introducing Natural Learning Environment Practices, including the Primary Provider model. The new model increases the multidisciplinary competence of each ITC staff member, so multiple staff providers are not required. This practice change has created efficiencies in service delivery to each child. While this practice has reduce the rate of growth in average cost per child, average costs are expected to rise in future years due to increased personnel and other operating costs.

In FY 2015, 99 percent of families received completed Individual Family Support Plans within 45 days of intake call, a significant improvement from 80 percent in FY 2014. In response to consistent family feedback that 45 days was too long for families with concerns about their infants' and toddlers' development, ITC also focused on reducing the days to from referral to completion of the IFSP, averaging 36 days in FY 2015 and set a new target in future years of 36 days. In alignment with the state focus on child outcomes, ITC has adopted the state's outcome indicators. Over the past two fiscal years, emphasis has been primarily on two outcome domains: 1) percent of infants and toddlers who substantially increase their rate of behavioral growth; and 2) percent of infants and toddlers who are functioning within age expectations. Each domain contains three data points (social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behavioral to meet their needs) for a total of six indicators. CSB has exceeded the state target for percent of children who substantially increased their rate of growth by the time they turned three years of age or exited the program. In addition, the percent of infants and toddlers functioning within age expectations by the time they turned three years of age or exited the program was 54 percent, or 87 percent of the state target of 62 percent. As a comparison to all six indicators, the CSB has surpassed targets for three out of six outcomes, and has reached at least 85 percent of the state target for the remaining outcomes. These outcomes will continue to be an area of focus for ITC over the next several years. Lastly, the percent of families satisfied with services and the percent of families who agreed that services promoted healthy child and family development were both 98 percent, exceeding the targets of 90 percent, reflecting the quality of the service provided.

Youth & Family Services

In FY 2015, 1,538 youth were served in Youth & Family Outpatient Services. While these services are provided to youth and their family members, it should be noted that the numbers served only reflect direct services provided to youth. The cost to serve each child was $3,338, which is consistent with previous years. Youth & Family Outpatient Services is inclusive of children and adolescents and encompasses all behavioral health services. Ninety-five percent reported their satisfaction with services, exceeding the target of 90 percent. In FY 2015, 90 percent, of adolescents and their families reported an improvement in school functioning, meeting the projections. School functioning is defined as improvement in school attendance, behavior, and academic achievement. While this is a slight decrease from FY 2014, it is consistent with the past three years. Factors that contribute to this outcome include acuity of the child's emotional and behavioral issues, attendance at treatment sessions and overall family functioning at the start of treatment.

Behavioral Health Outpatient & Case Management Services

In FY 2015, Behavioral Health Outpatient & Case Management Services (BHOP) provided services to 4,707 people with mental health, substance use and/or co-occurring disorders, exceeding the estimate of 4,497, but a decrease from 4,842 served in FY 2014. In FY 2014, BHOP experienced substantial changes. Two formerly distinct service areas were combined to provide integrated care for those with co-occurring

behavioral health disorders. This service area continues to enhance services and program structure to meet the needs of the population served. In addition, BHOP continues to refine its service delivery model to align with the agency's priority access guidelines and is providing services to those who are most disabled by their behavioral health disorders. As programs have moved toward treating those with more highly acute, complex and persistent needs, programs are providing more intensive services to fewer individuals in outpatient services. As a result of these changes, BHOP output projections for FY 2016 and FY 2017 reflect changes in service design, and programs will continue to monitor the impact of the priority access guidelines. As part of an overall effort to ensure that capacity is maximized and individuals receive the most appropriate level of care, reports are routinely used to monitor utilization and productivity.

The cost to serve each individual in FY 2015 was $2,253, which is consistent with costs over the past three years. Ninety-one percent of those served in BHOP were satisfied with the services they received. Outcome surveys are reviewed by program management and program modifications are made, as appropriate, to meet the needs of those served. For example, specific therapeutic groups have been added or augmented based on feedback and requests of those served. While BHOP aggregates outcomes for all populations as appropriate, several state and federal requirements still separate performance indicators by disability area. This service area has tracked employment outcomes for those receiving treatment primarily to substance use for the past several years. In FY 2015, 80 percent of those served obtained or maintained employment, exceeding FY 2013 and meeting the estimate, but representing a decrease from FY 2014. Employment for those with substance use disorders is a national outcome measure and is consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) strategic initiatives. Employment is also strongly correlated with community integration, economic stability and reduced relapse of alcohol and drug use. BHOP programs will begin to track this outcome for all programs in FY 2016, and preliminary data indicates that employment rates for individuals receiving mental health programs who are in the employment market are commensurate with rates of those receiving services for substance use disorders.

Support Coordination Services

In FY 2015, 3,012 individuals received an assessment, case coordination, and/or Targeted Support Coordination Services. Specifically, while most individuals received case coordination services, 875 individuals received Targeted Support Coordination Services, which consists of at least monthly contacts, and 560 individuals received assessment services, of which 237 of those newly assessed also received additional Support Coordination services. A change in data collection in FY 2015 has allowed for more accurate reporting, reflecting the total number of individuals receiving assessment and case coordination. Prior to FY 2015, the number served did not capture individuals who received at least one contact per year. The cost to serve each individual receiving Targeted Support Coordination services was $5,068, reflecting the majority of the work in this service area, more than the FY 2015 estimate of $4,747, but the same as FY 2014 actual experience.

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. The impact of ECM requirements has continued into FY 2015, with a slight drop-off seen as a result of an easing of the ECM requirements at the beginning of the fiscal year. Several other important factors impact Support Coordination, including ongoing staff vacancies, increased demands for transitioning individuals out of Northern Virginia Training Center, and

preparation for waiver redesign changes starting July 2016. Despite these changes and challenges, 97 percent of individuals receiving targeted support coordination reported satisfaction with services, exceeding the target of 90 percent; and 91 percent of Person Centered Plan objectives were met for individuals served in targeted support. This outcome represents the Person Centered Plan objectives developed by CSB Support Coordinators, with active participation from the person, as well as family members and those closest to the people who know him/her best. By asking questions and gathering input from the group, an effective plan can be developed, incorporating how the person's needs can be met and goals for the future obtained. The result is an individualized plan that supports personal life choices.

Employment & Day Services

In FY 2015, 1,318 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 1,318 individuals, 797 were funded by non-Medicaid Waiver resources (Fairfax County) and 521 were funded through the Medicaid Waiver. The number of people receiving services increased during the past year due to several factors. Through a multi-year review process, service eligibility, current residency and current level of service needs have been reviewed and evaluated. As a result of appropriate and intentional service discharges, opportunities for new service recipients have been increased. This is a trend that is likely to continue in upcoming fiscal years. In addition, the number of people with intellectual disability receiving this and other CSB services will continue to increase as individuals are transitioned of state training centers and into community services.

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 $17,575 in FY 2015, an increase of $1,351 or 8.3 percent over FY 2014. Ninety-eight percent of individuals served expressed satisfaction with services, meeting the estimate. 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, largely due to the resourcefulness of service providers in finding alternative placements. People who received group support employment services earned an average annual wage of $5,891, and those who received individual supported employment earned an average annual wage of $16,777. Average annual wages for both group and individual supported employment met estimates, but were slightly lower than the previous year. It is not uncommon to see some fluctuation in this outcome, which varies based on the number of hours worked each year.

During the past fiscal year, Employment Services were provided to 491 adults with serious mental illness, substance use and/or co-occurring disorders. It should be noted that the number served represents people who are documented in the CSB's electronic health record, and does not capture a number of people who received employment services in group settings. The CSB will develop a solution to accurately reflect the number of people served in group settings, and it is anticipated that the number served will increase in FY 2016. In addition, more adults are expected to receive services as outreach is provided to FCPS with the goal of engaging graduating students who have behavioral health issues. In FY 2015, Employment Services staff focused on more individual job development. Approximately 70 percent of those served received individual supported employment services. Sixty-two percent of those who received individual supported employment obtained paid employment, similar to, but slightly

below prior years; the percentage increases to 67 percent when volunteer placements are included. Individuals who obtained paid employment worked an average of 25 hours a week and received an average wage of $11.58. The average wage earned has remained relatively stable for the past three years.

Assisted Community Residential Services

In FY 2015, Assisted and Community Residential Services (ACRS) served 378 adults with intellectual disability in CSB directly-operated and contracted group homes and supported apartments. This number reflects individuals who do not have a Medicaid Waiver and their services are provided solely using County funds. The average cost per individual for whom 100 percent of services were locally funded was $34,945. This reflects a continuing decline in costs over the past three years due primarily to the increase in number served that is expected to partially reverse in FY 2016 due to increasing operating expenses. Ninety-eight percent of individuals served in Assisted Community Residential programs were satisfied with services, a percentage that has remained consistent over the past several years.

ACRS seeks to address individuals' needs, while affording opportunities to live within communities and participate in the general life of the Fairfax-Falls Church community. Ninety-eight percent of adults served maintained their current level of residential independence and integration. ACRS provides alternatives to institutional, hospital and nursing home care. Many of the individuals currently receiving services in the community originally resided in somewhat isolated state facilities (hospitals or training centers). ACRS program placements provide opportunities for the natural socio-economic progression from living in one's family to moving into one's own home by oneself, with friends, roommates or other housemates while continuing to receive necessary supports.

Supportive Community Residential Services

Supportive Community Residential Services served 484 individuals in FY 2015; an increase over 454 in FY 2014. The cost to serve each individual was $22,149 in FY 2015; the slight variance in cost over the past three years is due to fluctuations in number served.

In FY 2015, 96 percent of adults reported satisfaction with services, more than an estimated 90 percent. The percentage of individuals receiving Intensive or Supervised services who were able to move to a more independent residential setting within one year increased from 6 percent in FY 2014 to 16 percent in FY 2015, exceeding the target of 10 percent. This is largely due to an increase in Bridging Affordability housing vouchers, allowing several individuals to move to a residence within the community. In addition to those receiving Bridging Affordability vouchers, there were several individuals who gained the skills necessary to move to more independent settings, but housing options were not available. It is anticipated that additional Bridging Affordability vouchers will become available during the upcoming fiscal year, though the number of vouchers will likely be fewer than in the FY 2015. Overall, the population served by Supportive Community Residential programs experience several challenges in moving to more independent settings. In addition to the considerable barriers related to affordable housing stock, individuals receiving these services have complex medical issues along with severe and persistent mental illness. Also, decreased capacity in state psychiatric hospitals has led to earlier hospital discharges, resulting in people entering programs with increased psychiatric acuity.

Forensic Transition & Intensive Community Treatment Services

During FY 2015, jail-based services at the Adult Detention Center (ADC) provided 1,699 forensic assessments to 1,884 individuals with mental health, substance use and/or co-occurring disorders. These are slight reductions from previous fiscal years, primarily due to staff vacancies. Given the transient nature of the jail population, an individual may have more than one assessment at the ADC in a fiscal

year. The cost to serve each individual was $916 in FY 2015, below the estimate of $931 but an increase over $762 in FY 2014 primarily due to increased personnel costs, as well as a decrease in number of individuals served.

In FY 2015, 89 percent of those referred for a forensic assessment received the assessment within two days of referral, slightly below a projection of 90 percent and 98 percent in FY 2014. This decrease is primarily the result of higher than anticipated staff vacancies and staffing patterns in the past year negatively impacting response times. Following a forensic assessment at the ADC, individuals who need services or supports to address their mental health, substance use and/or co-occurring disorders receive follow up appointments for further services. In FY 2015, 55 percent of those who received a forensic assessment attended a follow up appointment, after their assessment. While this percentage was lower than the 69 percent in FY 2014, it should be noted that not all individuals who receive an assessment are in need of follow up services. Additionally, individuals are sometimes scheduled for follow up appointments but are transferred out of the jail prior to their appointment.

CSB programming and services provided at the Adult Detention Center are currently being reviewed to determine the most efficient and effective service design for the future. This work is critical and will result in services that meet the needs of the ADC population, provide best practice interventions and ensure community integration post-incarceration. As part of the ADC service redesign, staff will also track and monitor performance measures that provide relevant data to further assess outcomes for individuals served and to evaluate program efficacy. During the past three years, significant efforts have been made to improve clinical documentation within CSB Jail-Based Services. As a result, the ADC will be able to benchmark data points to support performance measurement efforts.

This redesign, evaluation and performance measurement work will be done in conjunction with the County's Diversion First initiative, aimed at diverting people with behavioral health issues from incarceration. Diversion First will also provide opportunities to review current processes for communication between agencies working with individuals who are involved with the criminal justice system. It is anticipated that practices and protocols allowing for more comprehensive and meaningful data sharing will be developed.

In FY 2015, CSB discharge planners served 428 adults, exceeding the estimate of 360, and representing a 16 percent increase over FY 2014. All adults were scheduled for an assessment within seven days of hospital discharge, exceeding the target of 85 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. Ninety-three percent of those served reported satisfaction with services, exceeding the target of 90 percent. In terms of ongoing CSB services post-assessment, 63 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 2015 Actual	FY 2016 Adopted Budget Plan	FY 2016 Revised Budget Plan	FY 2017 Advertised Budget Plan
Beginning Balance	$12,184,138	$2,050,004	$11,411,867	$4,834,935
Revenue:				
Local Jurisdictions:				
Fairfax City	$1,389,544	$1,510,434	$1,510,434	$1,614,654
Falls Church City	629,819	684,613	684,613	731,851
Subtotal - Local	$2,019,363	$2,195,047	$2,195,047	$2,346,505
State:				
State DBHDS	$11,741,114	$13,179,720	$11,716,017	$11,716,017
Subtotal - State	$11,741,114	$13,179,720	$11,716,017	$11,716,017
Federal:				
Block Grant	$4,105,862	$4,079,477	$4,073,691	$4,073,691
Direct/Other Federal	139,158	154,982	154,982	154,982
Subtotal - Federal	$4,245,020	$4,234,459	$4,228,673	$4,228,673
Fees:				
Medicaid Waiver	$2,310,812	$2,756,068	$2,756,068	$2,756,068
Medicaid Option	9,044,595	9,569,853	9,569,853	9,318,424
Program/Client Fees	5,711,896	5,414,527	5,414,527	5,414,527
CSA Pooled Funds	917,004	654,973	654,973	654,973
Subtotal - Fees	$17,984,307	$18,395,421	$18,395,421	$18,143,992
Other:				
Miscellaneous	$42,742	$14,100	$14,100	$14,100
Subtotal - Other	$42,742	$14,100	$14,100	$14,100
Total Revenue	$36,032,546	$38,018,747	$36,549,258	$36,449,287
Transfers In:				
General Fund (10001)	$112,186,215	$115,488,498	$116,288,498	$122,885,940
Total Transfers In	$112,186,215	$115,488,498	$116,288,498	$122,885,940
Total Available	$160,402,899	$155,557,249	$164,249,623	$164,170,162
Expenditures:				
Personnel Services	$92,337,948	$97,293,998	$99,204,498	$102,032,010
Operating Expenses	53,898,140	57,387,221	61,567,864	58,953,377
Recovered Costs	(1,636,591)	(1,173,974)	(1,650,160)	(1,650,160)
Capital Equipment	391,535	0	292,486	0
Total Expenditures	$144,991,032	$153,507,245	$159,414,688	$159,335,227
Transfers Out:				
General Fund (10001)	$4,000,000	$0	$0	$0
Total Transfers Out	$4,000,000	$0	$0	$0
Total Disbursements	$148,991,032	$153,507,245	$159,414,688	$159,335,227

Fund 40040
Community Services Board (CSB)

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2015 Actual	FY 2016 Adopted Budget Plan	FY 2016 Revised Budget Plan	FY 2017 Advertised Budget Plan
Ending Balance	$11,411,867	$2,050,004	$4,834,935	$4,834,935
Infant and Toddler Connection Reserve[1]	$1,000,000	$1,000,000	$1,500,000	$1,500,000
ID Employment & Day Reserve[2]	0	0	1,600,000	1,600,000
Encumbered Carryover Reserve	4,526,932	0	0	0
Unreserved Balance[3]	$5,884,935	$1,050,004	$1,734,935	$1,734,935

[1] The Infant and Toddler Connection Reserve ensures that the County has funds to provide federal and state-mandated services to children from birth to age 3 in the event of unanticipated decreases in federal and state funding.

[2] The ID Employment & Day Reserve ensures that the County has sufficient funding to provide employment and day services to individuals with intellectual disabilities in the event of increased costs due to the reduction or elimination of Sheltered Employment as a service option for CSB consumers.

[3] The *FY 2016 Revised Budget Plan* Unreserved Balance of $1,734,935 is a decrease of 70.5 percent from the FY 2015 Actual amout of $5,884,935 and reflects utilization to offset FY 2016 program requirements.