

Fund 40040: Fairfax-Falls Church Community Services Board

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

Focus The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental delay, developmental disabilities, serious emotional disturbance, mental illness, and/or substance use disorders in Fairfax County and the Cities of Fairfax and Falls Church. It is one of Fairfax County's Boards, Authorities, and Commissions (BACs) and operates as part of Fairfax County government's human services system, governed by a policy-administrative board with 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 Cities of Fairfax and Falls Church can access CSB's Engagement, Assessment, and Referral services, as well as its Wellness, Health Promotion, and Prevention Services. Most of CSB's other non-emergency services are targeted primarily to people whose conditions seriously impact their daily functioning. As the single point of entry into publicly funded behavioral health care services, CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers.

CSB's community-based services and supports are designed to improve mental, emotional, and physical health and quality of life for many of the community's most vulnerable residents. This continuum of services is provided primarily by nearly 1,500 CSB employees, including psychiatrists, psychologists, nurses, counselors, therapists, case managers, support coordinators, peer specialists, and administrative and support staff. Their efforts are combined with those of contracted service providers, dedicated volunteers and interns, community organizations, concerned families, faith communities, businesses, schools, and other Fairfax County agencies to provide a system of community-based supports for individuals and families that are affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness, and/or substance use disorders.

Strategic Priorities and Integrated Services

CSB has continued to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral healthcare services. In 2017, the CSB Board adopted a new three-year strategic plan for FY 2018 – FY 2020, which was developed with input and participation from staff, partner organizations, community members, advocacy groups and individuals and families receiving services. Strategic priorities include providing access to timely, appropriate, quality services and supports; strengthening the health of the entire community, including people receiving CSB services; and ensuring efficient and effective utilization of resources. The 17 strategic goals in the new plan address key issues including expanded treatment for persons caught in the opioid epidemic. 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. The CSB recently participated in the countywide strategic planning process and will be ready to update its plan to reflect countywide priorities.

Fund 40040: Fairfax-Falls Church Community Services Board

As the County's Health and Human Services information technology roadmap takes shape, coupled with the continually changing health care landscape, CSB is working closely with its electronic health record vendor, Credible, to ensure that the agency's unique data management needs are met. Additionally, the CSB and Health Department have partnered to compare clinical and technical requirements and explore the possibility of securing an electronic medical record solution that can meet both agencies' needs. This project is called the Health Care Services and Information System (HCSIS).

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

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

The integration of primary and behavioral health care continues to be a strategic priority for CSB and the County Health and Human Services System. The CSB is committed to meeting the goals of the "triple aim": to improve each person's experience of care and overall health, and to perform in a cost-effective manner. The Merrifield Center is an excellent example of how CSB is integrating service delivery. Inova Behavioral Health, Neighborhood Health's CHCN, and the Northern Virginia Dental Clinic provide services on the building's fourth floor, and a pharmacy is available on the second floor. Having multiple services at one site allows individuals to access and receive comprehensive and coordinated services – for behavioral and primary health care – in an integrated manner.

Also located at the Merrifield Center is the Merrifield Crisis Response Center (MCRC) for individuals with mental illness, developmental disabilities, and co-occurring substance use disorders who come in contact with the criminal justice system. The MCRC serves as a key intercept point of the County's "Diversion First" initiative. Law enforcement officers can transfer custody of individuals who are in need of mental health services to a specially trained officer at the MCRC 24/7/365, where emergency mental health professionals can provide clinical assessment and stabilization, as well as referral and linkage to appropriate services.

Fund 40040: Fairfax-Falls Church Community Services Board

Another priority for CSB and Fairfax County is the need for suicide prevention and intervention strategies. In Virginia, suicide is the third leading cause of death among 10 to 24-year-olds. CSB continues to offer online Kognito suicide prevention training. These tools are currently being used successfully in Fairfax County Public Schools and are a training requirement for school faculty and staff. The online training is interactive and focuses on skill-building for effective communication and intervention with someone who is experiencing psychological distress. It is available, at no cost, to anyone in the community at <https://www.fairfaxcounty.gov/community-services-board/training/suicide-prevention>. CSB also continues to support a contract with PRS/CrisisLink to provide a crisis and suicide prevention text line and call-in hotline, which are broadly promoted throughout the County and Fairfax County Public Schools (FCPS). CSB has a lead role with the regional Suicide Prevention Alliance of Northern Virginia (SPAN), launched by the Northern Virginia Health Planning Region II (Planning District 8) with grant funding from the Virginia Department of Behavioral Health and Developmental Services. The group includes regional stakeholders from the community, CSBs, schools, and advocacy groups and is chaired by a CSB board member. SPAN coordinates and implements a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader Northern Virginia community.

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

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 can and do recover and are well-suited to help others achieve long-term recovery. Within the behavioral health care field, this service is known as peer support services. CSB continues to expand its use of peer support specialists across the continuum of services for substance use/co-occurring disorders.

CSB has also integrated cross-system supports. CSB's intern and volunteer program contributes significantly to the agency's overall mission, with volunteers and interns providing support to individuals and families throughout the CSB service continuum. Internships also provide an excellent training ground for future clinicians in CSB's workforce and community. In FY 2019, the intern and volunteer program had 36 participants who provided 5,125 hours of service to the CSB community. Based on the Virginia Average Hourly Value of Volunteer Time, as determined by the Virginia Employment Commission Economic Information Services Division, the value of these services in FY 2019 was \$130,327.

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:

Diversion First

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

Fund 40040: Fairfax-Falls Church Community Services Board

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

The court system now has multiple diversion-oriented initiatives underway. CSB has been working in partnership with the courts to provide direct support for the Veterans Treatment Docket, the Drug Court, the Supervised Release Non-Compliance Docket, and the new Mental Health Docket. Each of these efforts seeks to enhance an individual's linkage to treatment services and, in doing so, aims to reduce recidivism.

The goal for the future is a robust, coordinated County-based local diversion system to interrupt the cycle of court and legal system involvement experienced by many nonviolent offenders – youth and adults – who have mental illness, substance use disorders, developmental disabilities, and behavioral issues. Full implementation of Diversion First will require not only a sustained commitment from County, city, and community leaders, but also additional investments from the Commonwealth for such resources as more CIT training, reintegration services for youth and adults who are at risk for re-hospitalization, and improved screening and assessment tools.

Increased Use of Heroin and Other Opiates

Fairfax County has not been spared from the growing heroin and opioid addiction crisis affecting the nation. Opioid overdose is the leading cause of unnatural death in Fairfax County. Opioid deaths increased substantially, from 40 in 2013, to 114 in 2017. While 2018 overdose deaths declined to 83, Fairfax County is seeing a higher proportion of overdose deaths associated with fentanyl. The proportion of all overdose deaths that include fentanyl and fentanyl analogs is higher in Fairfax than all of Virginia.

Individuals who are using heroin or any other type of opioid have priority for CSB substance use disorder services and can walk into the Merrifield Center, without prior appointment, to receive a screening and assessment for services. CSB also continues to expand the use of Medication Assisted Treatment (MAT), which involves the provision of medications plus nursing services, community case management, and in-home supports to help individuals remain opioid-free. Three hundred thirty individuals are served in CSB's Office Based Opioid Treatment clinic and many more are served in other treatment programs across the CSB. To promote recovery and community inclusion, CSB is expanding peer support services to help meet the needs of various populations. Additional peer support specialists are being used across the continuum of services for substance use/co-occurring disorders.

In addition to providing treatment, CSB is the lead County agency for the education component of the County's Opioid Task Force. Working with community partners, CSB staff developed overdose prevention cards that are given to, and reviewed with, people receiving services. CSB provides frequent community and media presentations about opioid use and resources for treatment. CSB's community efforts also include training non-medical personnel to administer the life-saving opioid-reversal medication naloxone. In 2019, CSB further increased its public education efforts by launching the #CouldBeYou campaign.

Fund 40040: Fairfax-Falls Church Community Services Board

Virginia Legislative Reforms

Building on mental health reforms made in recent years, the 2017 Virginia General Assembly enacted STEP-VA, (System Transformation Excellence and Performance in Virginia), which mandates that CSBs provide new core behavioral health services. The Commonwealth is halfway through its four-year implementation timeline and all CSBs have initiated the first two services: same-day access to mental health screening and primary care screening and monitoring. CSBs must initiate the remaining seven services by July 1, 2021. These include crisis services, outpatient services, targeted case management, care coordination, peer and family support, psychosocial services, and veterans services.

The Fairfax-Falls Church CSB already offers much of what is covered in this legislation at some level. However, to fully meet the new mandates without having to decrease other critical services, CSB will require additional state funding in subsequent years. The amount of funding the General Assembly will put forth for these services, and how the funding will be distributed throughout the state, is unknown at this time.

Medicaid Expansion and Transition to Managed Care

The Commonwealth's recently passed Medicaid expansion bill enables eligible individuals and families to have more health care choices. During FY 2019, the CSB signed up more than 1,061 newly eligible individuals for Medicaid. While Medicaid expansion introduces a vital resource to underserved individuals, there is reason to be concerned that the state's shifting costs to localities will reduce the availability of services while simultaneously increasing demand. The CSB has increased revenue but there will be ongoing fiscal and revenue challenges as a result of the reduction in state general funds for Medicaid.

Since Virginia expanded Medicaid, CSB staff have helped affected clients navigate the transition to managed care. Despite working with seven managed care organizations, the CSB has continued to ensure quality services are provided. However, CSB staff continue learning how best to deal with six different sets of rules and procedures. Staff will continue to focus on ways to meet the goal of maximizing revenue recovery. It will be important for the CSB to partner with the managed care organizations and leadership at the Department of Medical Assistance Services (DMAS) to help implement streamlined and standardized business processes to alleviate any future financial strain.

The Hospital Bed Crisis and Hospital System Transformation

The General Assembly recognizes the need to ensure that private or state psychiatric beds are available for individuals who meet the criteria for temporary detention. With this goal in mind, legislation passed in 2014 requires state facilities to accept Temporary Detention Orders (TDOs) when at least eight other hospitals have denied services and are at the eight-hour mark of an Emergency Custody Order (ECO). As a result, Virginia's nine state mental health hospitals are under tremendous strain. Virginia's eight adult mental hospitals operated at 98 percent and 100 percent capacity in May and June 2019.

The Extraordinary Barriers List (EBL) is a measure of community capacity to meet the individual needs in the community in state hospitalization. In FY 2019, 90 Northern Virginia Regional Individuals were discharged from the Northern Virginia Mental Health Institute (NVMHI), and 27 of these were with the CSB. Individuals on the EBL exacerbate the hospital census crisis by retaining individuals who could be discharged if there was appropriate community capacity to meet their needs.

The CSB continues to implement strategies to address the bed crisis. In FY 2019, two additional mental health counselor administrative positions were added. These positions are part of a small team whose role is to identify and secure hospital beds for individuals experiencing psychiatric crisis.

Fund 40040: Fairfax-Falls Church Community Services Board

Developmental Disabilities Services

The CSB continues to experience significant change as the Commonwealth works to make progress under the 2012 United States Department of Justice Settlement Agreement (DOJSA). The Commonwealth is closing institutions (training centers), shifting services into the community, and restructuring Medicaid waiver funding to comply with the agreement. The redesigned waivers only partially address the chronic underfunding of community services, and waiver rates continue to be well below the cost of providing necessary services due to high costs of real estate and service delivery in Northern Virginia. Without sufficient Medicaid waiver reimbursement rates, providers will continue to struggle with increasing capacity.

The Northern Virginia Training Center (NVTC) in Fairfax County closed in January 2016. Before NVTC closed, CSB support coordination staff had helped transition all 89 Fairfax-Falls Church individuals from NVTC into new homes and services. CSB continues to work with Fairfax-Falls Church individuals residing at the remaining training centers and will soon help other Fairfax-Falls Church residents, who in the past had been placed in nursing homes and out-of-state facilities, to move back into the community where possible.

The new requirements for enhanced support coordination include monthly, rather than quarterly, face-to-face visits, increased monitoring, and extensive documentation. The DOJSA also requires enhanced support coordination services for certain individuals on the Medicaid Waiver waitlist, those with waivers who live in larger group homes, or have other status changes. With the DOJSA deadline approaching, the scope and complexity of demands placed on CSB's support coordinators will continue to expand.

Pursuant to DOJSA, the Commonwealth also redesigned the previously separate service delivery systems for people with intellectual disability and developmental disabilities into one Developmental Disabilities services system. The term "developmental disabilities" is now understood to include intellectual disability, as well as disorders on the autism spectrum and other developmental disabilities. CSBs throughout the Commonwealth are now the single point of eligibility determination and case management for individuals with developmental disabilities. As a result, CSB's role and oversight responsibility have grown, and the number of people served is increasing. This increase in demand and responsibility has led to resource challenges, including insufficient public and private provider capacity, insufficient Medicaid waiver rates for the Northern Virginia area, and insufficient state/federal funding to support the system redesign costs. For CSB to manage the workload of coordinating support for individuals receiving new Medicaid waivers, it is estimated to require one new support coordinator position for every 20 new Medicaid waivers. CSB staff are also working to meet the case management needs of more than 2,430 Fairfax-Falls Church residents on the state waiting list for Medicaid waivers.

Employment and Day Services

The number of special education graduates with developmental disabilities seeking employment and day support services after graduation continues to place demands on the CSB. Services provided to these individuals are largely funded through local dollars. CSB transition support coordinators work with students and their families to identify day and employment options and possibilities.

As directed by the Board of Supervisors, CSB worked with Human Services agencies and the Welcoming Inclusion Network to develop options for funding various levels of services for EDS and presented these options to the Board of Supervisors on December 11, 2018. These efforts will continue in FY 2021, as the proposed ideas for new day and employment services are implemented.

Fund 40040: Fairfax-Falls Church Community Services Board

Relationship with Boards, Authorities, and Commissions

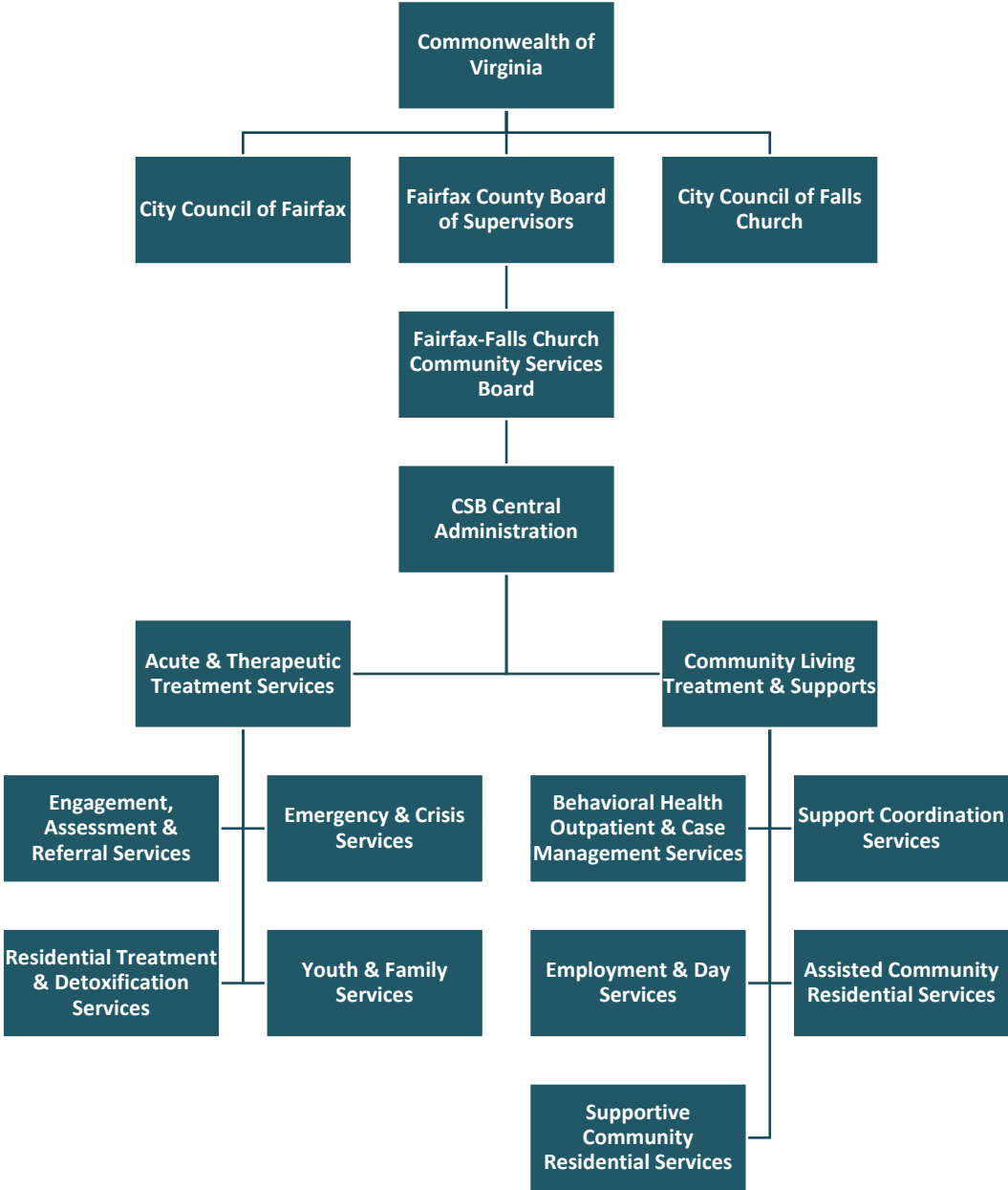
As one of the County's official Boards, Authorities, and Commissions (BACs), the CSB works with other BACs and numerous other community groups and organizations. It is through these relationships that broader community concerns and needs are identified, information is shared, priorities are set, partnerships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

Fund 40040: Fairfax-Falls Church Community Services Board

Organizational Chart



Fund 40040: Fairfax-Falls Church Community Services Board

Budget and Staff Resources

| Category | FY 2019 Actual | FY 2020 Adopted | FY 2020 Revised | FY 2021 Advertised |
|--|----------------------|----------------------|----------------------|----------------------|
| FUNDING | | | | |
| Expenditures: | | | | |
| Personnel Services | \$112,631,989 | \$120,048,786 | \$120,048,786 | \$127,864,646 |
| Operating Expenses | 56,685,882 | 63,279,541 | 71,497,301 | 64,794,953 |
| Capital Equipment | 39,834 | 0 | 771,855 | 0 |
| Subtotal | \$169,357,705 | \$183,328,327 | \$192,317,942 | \$192,659,599 |
| Less: | | | | |
| Recovered Costs | (\$1,992,972) | (\$1,738,980) | (\$1,738,980) | (\$1,738,980) |
| Total Expenditures | \$167,364,733 | \$181,589,347 | \$190,578,962 | \$190,920,619 |
| AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE) | | | | |
| Regular | 1024 / 1020 | 1036 / 1032 | 1060 / 1056 | 1097 / 1093 |

This department has 59/57.3 FTE Grant Positions in Fund 50000, Federal-State Grants.

FY 2021 Funding Adjustments

The following funding adjustments from the FY 2020 Adopted Budget Plan are necessary to support the FY 2021 program:

Employee Compensation \$4,306,270

An increase of \$4,306,270 in Personnel Services includes \$2,056,281 for a 2.06 percent market rate adjustment (MRA) for all employees and \$2,249,989 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2020.

Addiction Recovery and Treatment Services \$1,381,729

An increase of \$1,381,729 and 11/11.0 FTE positions includes \$1,352,029 in Personnel Services and \$29,700 in Operating Expenses to provide Addiction Recovery and Treatment Services (ARTS) at directly operated treatment programs. While the number of individuals served will not be expanded, individuals will receive more intensive services as required by Medicaid for billing and documentation. Enhanced treatment will be provided at Fairfax Detoxification, A New Beginning, Cornerstones, New Generations and Crossroads. Anticipated Medicaid revenue in the amount of \$1,524,616 completely offsets the cost of providing these services.

Contract Rate Adjustment \$1,049,199

An increase of \$1,049,199 in Operating Expenses supports negotiated contract rate adjustments for eligible providers of developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders, as well as CSB-wide administrative services.

Support Coordination \$930,040

An increase of \$930,040 and 8/8.0 FTE positions includes an increase of \$908,440 in Personnel Services and \$21,600 in Operating Expenses to provide support coordination services to individuals with developmental disabilities (DD) in the community and comply with current state and federal requirements, primarily those pursuant to the Department of Justice Settlement Agreement and implementation of Virginia's Medicaid Waiver redesign, effective July 1, 2016. The expenditure increase is partially offset by an increase of \$293,839 in Medicaid Waiver revenue for a net cost to the County of \$636,201.

Fund 40040: Fairfax-Falls Church Community Services Board

Opioid Use Epidemic **\$643,482**

An increase of \$643,482 and 3/3.0 FTE positions includes an increase of \$442,669 in Personnel Services and an increase of \$200,813 in Operating Expenses to continue addressing the growing opioid epidemic. In response to the opioid crisis facing our nation and local communities in Northern Virginia, the Board of Supervisors established an Opioid Task Force to help address the opioid epidemic locally. The primary goal is to reduce death from opioids through prevention, treatment, and harm reduction strategies. Funding is included primarily to provide medical detoxification services and to provide Substance Abuse Prevention programming in Fairfax County Public Schools.

Diversion First **\$535,282**

An increase of \$535,282 and 3/3.0 FTE positions includes an increase of \$335,282 in Personnel Services and an increase of \$200,000 in Operating Expenses to support the County's successful Diversion First initiative. Diversion First aims to reduce the number of people with mental illness in the County by diverting low-risk offenders experiencing a mental health crisis to treatment rather than bring them to jail. This funding will support services for Adult Detention Center discharge planning, housing assistance and specialty docket evaluation.

Self-Directed Services **\$342,383**

An increase of \$342,383 and 3/3.0 FTE positions includes an increase of \$334,283 in Personnel Services and an increase of \$8,100 in Operating Expenses to provide self-directed services that continue to support the Welcoming Inclusion Network (WIN) initiatives that were presented to the Board of Supervisors in December 2018. The Self-Directed Services (SDS) program provides a programmatic and cost-saving alternative to traditional day support and employment services for persons with developmental disabilities. CSB provides funds directly to families who can purchase customized services for a family member. Services can include community participation and integration; training in safety, work/work environment, and social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. SDS staff helps families identify resources and provides technical assistance.

Healthcare Business Operations **\$142,887**

An increase of \$142,887 and 9/9.0 FTE positions in Personnel Services supports a utilization management team to navigate the rules of more than six managed care organizations (insurance providers) to provide and bill for services provided by the CSB. The expenditure increase is partially offset by Operating Expenses currently budgeted in the CSB to conduct these services through contracted services.

General Fund Transfer

The FY 2020 budget for Fund 40040, Fairfax-Falls Church Community Services Board requires a General Fund Transfer of \$154,088,802, an increase of \$7,512,817 over the FY 2020 Adopted Budget Plan primarily due to a market rate adjustment for all employees and performance-based and longevity increases for non-uniformed merit employees, additional funding and positions to combat the opioid use epidemic, additional funding and positions to support the Diversion First initiative, additional funding and positions to support contract and lease rate adjustments, additional funding and positions to provide support coordination services, additional funding and positions to support healthcare business operations, additional funding and positions to support ARTS, and additional funding and positions to support SDS.

Fund 40040: Fairfax-Falls Church Community Services Board

Changes to FY 2020 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2020 Revised Budget Plan since passage of the FY 2020 Adopted Budget Plan. Included are all adjustments made as part of the FY 2019 Carryover Review, and all other approved changes through December 31, 2019.

Carryover Adjustments **\$8,989,615**

As part of the *FY 2019 Carryover Review*, the Board of Supervisors approved funding of \$8,989,615, including \$8,064,615 in encumbered funding in Operating Expenses primarily attributable to ongoing contractual obligations, medical detoxification and associated nursing services, housing assistance to CSB consumers at risk of homelessness, and building maintenance and repair projects; \$525,000 for prevention incentive funding for the development of programs to prevent youth violence and gang involvement; and an increase of \$250,000 to assist with implementation of a pilot program to provide 1,000 hours of job development services consistent with the recommendations presented by CSB and the Welcoming Inclusion Network at the December 11, 2018, Health, Housing, and Human Services Committee Meeting. In addition, an appropriation of \$150,000 from the Opioid Use Epidemic Reserve was included to continue implementing a strong public communications campaign with county partners as detailed in the Fairfax County Opioid Task Force Plan.

Reclassification of Non-Merit Benefits Eligible Positions to Merit **\$0**

As part of an ongoing Board-directed review of the County's use of limited-term staffing, 24/24.0 FTE new merit positions are included due to the reclassification of non-merit benefits-eligible positions to merit status. These are part of a total of 235 positions that were identified in the *FY 2019 Carryover Review* across all County agencies as candidates for possible conversion based on the tasked performed by each position and the hours worked by incumbents. No additional funding has been included as the work hours of these positions are expected to remain largely unchanged.

Fund 40040: Fairfax-Falls Church Community Services Board

Cost Centers **CSB Central Administration**

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

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

Medical Services

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

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

| Category | FY 2019 Actual | FY 2020 Adopted | FY 2020 Revised | FY 2021 Advertised |
|--|-------------------|--------------------|--------------------|-----------------------|
| EXPENDITURES | | | | |
| Total Expenditures | \$42,882,829 | \$42,020,793 | \$44,173,838 | \$46,142,306 |
| AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE) | | | | |
| Regular | 226 / 225.5 | 227 / 226.5 | 240 / 239.5 | 263 / 262.5 |

Acute and Therapeutic Treatment Services

Engagement, Assessment, and Referral Services

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

Wellness, Health Promotion and Prevention Services

Wellness, Health Promotion, and Prevention Services (WHPP) focuses on strengthening the health of the entire community. By engaging the community, increasing awareness, and building and strengthening skills, people gain the capacity to handle life stressors. Initiatives such as Mental Health First Aid (MHFA), regional suicide prevention planning, and the Chronic Disease Self-Management Program are examples of current efforts.

Emergency & Crisis Services

Emergency and Crisis Services are available to anyone in the community with an immediate need for short-term crisis intervention related to substance use or mental illness. CSB Emergency Services staff provides recovery-oriented crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders, voluntary and involuntary admission to public and private psychiatric hospitals, and assessment for admission for services in three regional crisis stabilization units. The CSB's emergency services site at the Merrifield Center is open 24/7. Staff can also provide psychiatric and medication evaluations and prescribe and dispense medications.

Located within CSB emergency services is the Merrifield Crisis Response Center (MCRC), part of the County's Diversion First initiative. Law enforcement officers who encounter individuals in need of mental health services can bring them to the MCRC, rather than to jail, and transfer custody to a specially trained Crisis Intervention Team (CIT) law enforcement officer at MCRC. The individual can then receive a clinical assessment from emergency mental health professionals and links to appropriate services and supports.

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

The Woodburn Place Crisis Care program offers individuals experiencing an acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term (7-10 days), community-based residential program for adults with severe and persistent mental illness, including those who have co-occurring substance use disorders.

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Residential Treatment & Detoxification Services

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

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

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

Fund 40040: Fairfax-Falls Church Community Services Board

Youth & Family Services

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

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

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

| Category | FY 2019 Actual | FY 2020 Adopted | FY 2020 Revised | FY 2021 Advertised |
|--|-------------------|--------------------|--------------------|-----------------------|
| EXPENDITURES | | | | |
| Total Expenditures | \$40,390,533 | \$43,510,425 | \$44,479,234 | \$44,976,468 |
| AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE) | | | | |
| Regular | 336 / 334 | 338 / 336 | 341 / 339 | 341 / 339 |

Community Living Treatment and Supports

Behavioral Health Outpatient & Case Management Services

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

Outpatient programs include 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 develop a positive support network in the community. Intensive outpatient services are provided for individuals who would benefit from increased frequency of services. Continuing care services are available for individuals who have successfully completed more intensive outpatient services but who would benefit from periodic participation in group therapy, monitoring, and service coordination to connect effectively to community supports.

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

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

Support Coordination Services

Support Coordination Services provide a continuum of case management services for people with developmental disabilities and their families, engaging with them to provide a long-term, intensive level of services and supports. CSB support coordinators engage with individuals and families in a collaborative person-centered process to identify needed services and resources through an initial and ongoing assessment and planning process. 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.

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Employment & Day Services

Employment and Day Services provide assistance and employment training to improve individual independence and self-sufficiency to help individuals enter and remain in the workforce. Employment and day services for people with serious behavioral health conditions and/or developmental disabilities are provided primarily through contracts and partnerships with private, nonprofit, and/or public agencies. This service area includes developmental services; sheltered, group, and individualized supported employment; self-directed employment services; and psychosocial rehabilitation, including the Turning Point program.

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

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

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

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

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Assisted Community Residential Services

Assisted Community Residential Services (ACRS) provides an array of needs-based, long-term residential supports for individuals with developmental disabilities and for individuals with serious mental illness and comorbid medical conditions requiring 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. These services are provided through contracts with 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 developmental disabilities, regardless of age.

Services include an Assisted Living Facility (ALF) with 24/7 care for people with serious mental illness and medical needs. For individuals with developmental disabilities, services include Intermediate Care Facilities (ICFs) that provide 24/7 supports for individuals with highly intensive service, medical and/or behavioral support needs; group homes that provide 24/7 supports (small group living arrangements, usually four to six residents per home); supervised apartments that provide community-based group living arrangements with less than 24-hour care; daily or drop-in supports based on individual needs and preferences to maintain individuals in family homes, their own homes, or in shared living arrangements (such as apartments or town homes); short-term, in-home respite services; long-term respite services provided by a licensed 24-hour home; and emergency shelter services. Individualized Purchase of Service (IPOS) is provided for a small number of people who receive other specialized long-term community residential services via contracts.

Supportive Community Residential Services

Supportive Community Residential Services (SCRS) provides 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. The services are provided based on individual need, and individuals can move through the continuum of care. Individuals admitted to SCRS typically have had multiple psychiatric hospitalizations, periods of homelessness, justice system involvement, and interruptions in income and Medicaid benefits. The programs offer secure residence, direct supervision, counseling, case management, psychiatric services, medical nursing, employment, and life-skills instruction to help individuals manage, as independently as possible, their primary care, mental health, personal affairs, relationships, employment, and responsibilities as good neighbors. Many of the residential programs are provided through various housing partnerships and contracted service providers.

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

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

Fund 40040: Fairfax-Falls Church Community Services Board

Diversion and Jail-Based Services

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

Intensive Community Treatment Services

Intensive Community Treatment Services includes Discharge Planning, the Program of Assertive Community Treatment (PACT), services for individuals who are judged Not Guilty by Reasons of Insanity (NGRI), Projects for Assistance in Transition from Homelessness (PATH), and Intensive Case Management (ICM). Discharge planning services are provided to individuals in state psychiatric hospitals to link individuals to community-based services that enhance successful community-based recovery. Discharge Planners work collaboratively with the state hospital treatment team to develop comprehensive discharge plans. PACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. NGRI services include monitoring, linking and supporting individuals facing civil commitment proceedings, subsequent to a court proceeding. PATH is an outreach team meeting individual in the community who are homeless and connecting them to needed services, including healthcare, substance use treatment, shelter, and behavioral health services. Intensive Case Management (ICM) Teams provide intensive, community- based case management and outreach services to persons who have serious mental illness and or/co- occurring serious substance use disorders. Both PACT and ICM teams work with individuals who have acute and complex needs and provide appropriate levels of support and services where individuals live, work, and relax in the community. Many of the individuals served in these programs are homeless and have previously been hospitalized or involved with the criminal justice system. Services include case management, linking to community resources, crisis intervention, and medication management.

| Category | FY 2019 Actual | FY 2020 Adopted | FY 2020 Revised | FY 2021 Advertised |
|--|-------------------|--------------------|--------------------|-----------------------|
| EXPENDITURES | | | | |
| Total Expenditures | \$84,091,371 | \$96,058,129 | \$101,925,890 | \$99,801,845 |
| AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE) | | | | |
| Regular | 462 / 460.5 | 471 / 469.5 | 479 / 477.5 | 493 / 491.5 |

Fund 40040: Fairfax-Falls Church Community Services Board

Position Detail

The FY 2021 Advertised Budget Plan includes the following positions:

| CSB CENTRAL ADMINISTRATION – 263 Positions | | | |
|---|--|----|--|
| CSB Central Administration | | | |
| 1 | Executive Director | 4 | Human Resources Generalists II |
| 1 | Deputy Director | 1 | Human Resources Generalist I |
| 1 | Dir. Of Facilities Manage. & Admin. Ops. | 1 | Training Specialist III |
| 1 | Comm. Svs. Planning/Devel. Dir. | 2 | Training Specialists II |
| 1 | Finance Manager CSB | 1 | DD Specialist III |
| 4 | Management Analysts IV | 1 | DD Specialist II |
| 10 | Management Analysts III | 1 | Information Security Analyst I |
| 12 | Management Analysts II | 1 | Data Analyst I |
| 8 | Management Analysts I [+4] | 2 | Communications Specialists II |
| 2 | Financial Specialists IV | 1 | Human Service Worker IV |
| 3 | Financial Specialists III | 1 | Human Service Worker III |
| 6 | Financial Specialists II | 9 | Human Service Workers II |
| 5 | Financial Specialists I | 1 | Volunteer Services Program Manager |
| 2 | Business Analysts IV | 2 | Administrative Associates |
| 5 | Business Analysts III | 5 | Administrative Assistants V |
| 7 | Business Analysts II [+1] | 23 | Administrative Assistants IV [+4] |
| 1 | CSB Compliance Program Coordinator | 50 | Administrative Assistants III |
| 1 | Information Officer III | 8 | Administrative Assistants II |
| 1 | Human Resources Generalist III | 1 | CSB Aide/Driver |
| 2 | Licensed Practical Nurses | | |
| CSB Clinical Operations | | | |
| 1 | Deputy Director | 4 | Behavioral Health Sr. Clinicians [+3] |
| 2 | Assistant Deputy Directors | 3 | BHN Clinician/Case Managers [+2] |
| 1 | Psychiatrist | 10 | Behavioral Health Specialists II [+3] |
| 1 | Program Manager | 3 | Behavioral Health Specialists I [+2] |
| 1 | Res. and Facilities Devel. Mgr. | 1 | Management Analyst I |
| 1 | BHN Supervisor | 3 | Licensed Practical Nurses [+1] |
| 1 | Behavioral Health Supervisor | 4 | Peer Support Specialists |
| 1 | Behavioral Health Nurse [+1] | | |
| Medical Services | | | |
| 1 | Medical Director of CSB | 1 | BHN Clinician/Case Manager |
| 1 | Public Health Doctor, PT | 1 | Physician Assistant |
| 24 | Psychiatrists | 8 | Nurse Practitioners [+2] |
| 1 | Behavioral Health Manager | | |
| ACUTE AND THERAPEUTIC TREATMENT SERVICES – 341 Positions | | | |
| Engagement, Assessment & Referral Services | | | |
| 1 | CSB Service Area Director | 11 | Behavioral Health Senior Clinicians |
| 1 | Behavioral Health Manager | 1 | Mental Health Therapist |
| 5 | Behavioral Health Supervisors | 9 | Behavioral Health Specialists II, 1 PT |
| Emergency & Crisis Services | | | |
| 1 | CSB Service Area Director | 6 | Behavioral Health Senior Clinicians |
| 2 | Behavioral Health Managers | 3 | BHN Clinicians/Case Managers |
| 1 | Mental Health Manager | 15 | Behavioral Health Specialists II |
| 2 | Clinical Psychologists | 8 | Behavioral Health Specialists I |
| 7 | Emergency/Mobile Crisis Supervisors | 1 | Mental Health Therapist |
| 4 | Behavioral Health Supervisors | 1 | Cook |
| 27 | Crisis Intervention Specialists, 1 PT | 2 | Peer Support Specialists |
| Residential Treatment & Detoxification Services | | | |
| 1 | CSB Service Area Director | 5 | Behavioral Health Managers |
| 1 | Substance Abuse Counselors IV | 16 | Behavioral Health Specialists I |
| 4 | Substance Abuse Counselors III | 8 | Licensed Practical Nurses |
| 4 | Substance Abuse Counselors II | 2 | Administrative Assistants V |
| 13 | Substance Abuse Counselors I | 3 | Food Service Supervisors |
| 3 | BHN Supervisors | 2 | Peer Support Specialists |

Fund 40040: Fairfax-Falls Church Community Services Board

| Residential Treatment & Detoxification Services | | | |
|---|--|-----|--|
| 12 | Behavioral Health Supervisors | 8 | CSB Aides/Drivers |
| 8 | BHN Clinicians/Case Managers | 2 | Day Care Center Teachers I, 1 PT |
| 34 | Behavioral Health Specialists II | 6 | Cooks |
| Wellness, Health Promotion & Prevention Services | | | |
| 2 | Behavioral Health Managers | 12 | Behavioral Health Specialists II |
| 1 | Behavioral Health Supervisor | | |
| Youth & Family Services | | | |
| 1 | Director Healthy Minds Fairfax | 1 | Substance Abuse Counselor II |
| 2 | CSB Service Directors | 11 | Behavioral Health Supervisors |
| 2 | Clinical Psychologists | 39 | Behavioral Health Sr. Clinicians, 1 PT |
| 6 | Behavioral Health Managers | 23 | Behavioral Health Specialists II |
| 1 | Substance Abuse Counselor IV | | |
| COMMUNITY LIVING TREATMENT AND SUPPORTS – 493 Positions | | | |
| Behavioral Health Outpatient & Case Management Services | | | |
| 1 | CSB Service Area Director | 2 | BHN Case Managers |
| 5 | Behavioral Health Managers | 9 | BHN Clinician/Case Managers |
| 5 | BHN Supervisors | 46 | Behavioral Health Specialists II |
| 14 | Behavioral Health Supervisors | 3 | Substance Abuse Counselors II |
| 36 | Behavioral Health Sr. Clinicians, 1 PT | 6 | Licensed Practical Nurses |
| Support Coordination Services | | | |
| 1 | CSB Service Area Director | 101 | DD Specialists II [+7] |
| 5 | DD Specialists IV | 5 | DD Specialists I |
| 16 | DD Specialists III [+1] | | |
| Employment & Day Services | | | |
| 1 | CSB Service Area Director | 1 | Management Analyst I |
| 1 | Behavioral Health Manager | 1 | Behavioral Health Supervisor |
| 2 | DD Specialists IV | 1 | BHN Clinician/Case Manager |
| 6 | DD Specialists II [+3] | 1 | Mental Health Therapist |
| 1 | Management Analyst III | 1 | Administrative Assistant III |
| Assisted Community Residential Services | | | |
| 1 | CSB Service Area Director | 60 | DD Specialists I |
| 1 | DD Specialist IV | 1 | BHN Supervisor |
| 2 | DD Specialists III | 2 | BHN Clinician/Case Managers |
| 8 | DD Specialists II | 1 | Licensed Practical Nurse |
| Supportive Community Residential Services | | | |
| 1 | CSB Service Area Director | 17 | Behavioral Health Specialists I, 2 PT |
| 4 | Behavioral Health Managers | 5 | Mental Health Counselors |
| 1 | DD Specialist IV | 4 | Licensed Practical Nurses |
| 9 | Behavioral Health Supervisors | 1 | Food Service Supervisor |
| 3 | Behavioral Health Senior Clinicians | 1 | Cook |
| 15 | Behavioral Health Specialists II | | |
| Diversion and Jail-Based Services | | | |
| 1 | CSB Service Area Director | 3 | BHN Clinician/Case Managers |
| 2 | Behavioral Health Managers | 24 | Behavioral Health Specialists II |
| 5 | Behavioral Health Supervisors | 3 | Behavioral Health Specialists I |
| 4 | Behavioral Health Senior Clinicians [+2] | 2 | Peer Support Specialists [+1] |
| Intensive Community Treatment Services | | | |
| 1 | CSB Service Area Director | 13 | Behavioral Health Specialists II |
| 2 | Behavioral Health Managers | 1 | Public Health Nurse III |
| 7 | Behavioral Health Supervisors | 1 | Mental Health Therapist |
| 8 | Behavioral Health Senior Clinicians | 2 | Peer Support Specialists |
| 5 | BHN Clinician/Case Managers | 1 | Administrative Assistant III |
| | | | |
| + | Denotes New Position(s) | | |
| PT | Denotes Part-time Position(s) | | |

Fund 40040: Fairfax-Falls Church Community Services Board

Performance Measurement Results

CSB Central Administration

In FY 2019, the CSB met 88 percent of its service quality objectives (14 out of 16) and 67 percent of its outcome objectives (10 out of 15) as compared to the estimates of 80 percent. A variety of factors influence the outcomes achieved. These include changes in policy at the federal and state levels, changes in program and service delivery, focus on priority population, and staffing levels. The CSB program staff regularly review service and outcome data to improve data collection, service delivery and individual outcomes. The CSB has begun to use new measurement tools to evaluate changes in client functioning. These tools and measures will be explored to determine applicability and reliability for use as outcome measures in the future.

Engagement, Assessment and Referral Services

In FY 2019, EAR served 3,335 adults in the walk-in assessment center at Merrifield, representing a fifteen percent increase over FY 2018. The CSB has recently conducted a variety of social media campaigns which resulted in more people seeking behavioral health services. Additionally, overall population growth in the county may be a driving factor around this increase. The average cost was \$953 per individual served.

During this fiscal year, the Virginia Department of Behavioral Health Services launched a Same Day Access screening model throughout the state. Fairfax has utilized this model for several years, with the goal of shortening the amount of time that it takes for an individual to begin receiving appropriate behavioral health treatment. In FY 2019, 95 percent of individuals served were satisfied with their assessment services, and 100 percent of individuals requesting an assessment through the CSB Call Center were able to access an assessment appointment within 10 days. Because this practice is now built into the service delivery model, it is anticipated that this measure will be phased out. Once an individual is assessed and recommended for services, best practice is to begin treatment services as soon as possible. Of those who received an assessment and were referred to CSB services, 59 percent attended their first scheduled CSB service appointment. The CSB continues to address this issue by maximizing existing staff resources, offering more groups in additional locations and times, enhancing utilization management, and linking clients to appropriate services in the community.

In FY 2019, Wellness, Health Promotion and Prevention Services (WHPP) provided Mental Health First Aid (MHFA) training to 1,036 County and Fairfax County Public School staff, community members, and community partners at an average cost of \$106 per individual. MHFA is an evidence-based international health education program that helps participants identify, understand and respond to individuals experiencing a crisis as a result of mental health and/or substance use disorders. Of the participants in MHFA, 95 percent passed the standard exam required to obtain MHFA certification and 94 percent of the participants were satisfied with the training.

As interest in MHFA training has continued to grow, WHPP is monitoring the percent of certified MHFA participants who, after taking the training, use the skills to assist someone either in crisis or exhibiting signs of a mental health or substance use problem. Results from approximately three years of surveys have consistently shown that more than half the respondents applied the skills from MHFA training either at work or in their personal life after obtaining MHFA certification.

WHPP continues to partner with the national Mental Health First Aid organization to provide a variety of trainings that meet the needs of the community. Since FY 2016, 642 Fairfax County Sheriff's staff members have been trained in MHFA. It is anticipated that by FY 2020, WHPP will have trained 100 percent of the existing Sheriff's staff, while continuing to provide MHFA training for newly hired staff members. The Fairfax County Public Schools, in partnership with WHPP, applied to and was accepted into the National Council of Behavioral Health's Teen Mental Health First Aid pilot program.

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WHPP staff, along with FCPS staff members were trained in Teen MHFA which trains teens how to help other teens who may be experiencing a mental health crisis. Planning is underway to implement the program in FCPS.

In addition, WHPP staff members have provided input on a new training module to address first Episode Psychosis that the National Council on Behavioral Health is including in the entire MHFA Adult curriculum.

Emergency and Crisis Services

In FY 2019, Emergency and Crisis Services served 6,373 individuals through general emergency services and two mobile crisis units at an average cost of \$915 per person. Emergency Services, which operate 24 hours per day, 7 days per week, and provides assistance to every individual who presents for services. In FY 2019, 91 percent of individuals received face-to-face services within one hour of check in, compared to 97 percent in FY 2018, a decrease, which may in part be related to the increased number of individuals served. In addition, in November of 2018, a Community Response Team began providing services. This is a co-responder model partnership with CSB, Law enforcement, Fire and Rescue and Dispatch to provide proactive case management, engagement and referral services to individuals that are identified as super-utilizers of public safety services, whose needs may be better met through CSB services.

A goal for this service area is to identify the best options and least restrictive services for individuals who are experiencing severe behavioral health issues. In FY 2019, 74 percent of crisis intervention and stabilization services provided by general emergency services and the mobile crisis units were less restrictive than psychiatric hospitalization, surpassing the target of 65 percent. There are a variety of factors that drive the number of hospitalizations. Recent data has shown that individuals who come to Emergency Services via law enforcement with an Emergency Custody Order have a higher probability of a Temporary Detention Order that leads to psychiatric hospitalization. As more law enforcement officers receive training to identify individuals who are experiencing a mental health crisis and to bring them to the attention of emergency services, it is anticipated that these hospitalizations may increase. While providing the least restrictive intervention remains a critical goal of service provision, CSB ensures that those who truly require the level of care provided through hospitalization are able to access it.

Residential Treatment and Detoxification Services

In FY 2019, 423 individuals received Adult Residential Treatment for substance abuse. This represents people who received services through primary treatment, community re-entry, and aftercare services. Throughout the fiscal year, the facilities were at expected capacity, however more people received either step-down services after a highly intensive residential program or experienced multiple stays during the year. In particular, individuals with opioid dependence often need services in multiple programs. The cost to serve each individual in FY 2019 was \$27,360, a 6 percent increase from FY 2018. As the residential facilities age, additional maintenance and repair costs are incurred. Many of the residential treatment programs in this service area are large, allowing the programs to produce an economy of scale that, combined with successful outcome measures, provide a positive return on investment.

Outcome surveys are conducted one-year post discharge. Individuals are surveyed about overall satisfaction with the services received, their current substance use status, and employment. Ninety-eight percent of the respondents indicated they were satisfied with services. Of the respondents, 87 percent reported that they had reduced their substance use at one year after discharge as compared to substance use prior to entering the program, exceeding the target of 80 percent. Residential treatment programs recognize the importance of employment to ensure

Fund 40040: Fairfax-Falls Church Community Services Board

economic stability and the benefits of daily structure, responsibility, and accountability in an individual's recovery. During the past fiscal year, 77 percent were employed one year post discharge, an increase from FY 2018 which was 72 percent. Throughout the last several years employment has continued to be a challenge for some of our clients. Despite efforts to assist individuals with employment, challenges remain. While there are several factors that impact this indicator, a recent notable trend within this service area is an increase in younger individuals served. People who are younger often have less work experience which may impact employment options and ability to continually maintain a job. Also, the service delivery model has changed so that the length of stay in the residential programs has decreased over time, leaving less time for individuals to get connected to job supports during treatment.

Youth and Family Services

In FY 2019, Youth and Family Outpatient Services served 1,880 youth at a cost of \$2,803 per youth. While these services are provided to youth and their family members, the numbers served only reflect direct services provided to youth. While ninety-five percent of families indicated satisfaction with services, seventy-two percent of adolescents and their families reported an improvement in school functioning as a result of treatment, defined as improvement in school attendance, behavior, and academic achievement, lower than the projected target of ninety percent. As Youth Outpatient Services provides mental health services to a large number of youths with a broad variety of presenting issues, changes in educational attainment may be more difficult to measure. Additional indicators that this service area tracks may also be reflective of improvements in youth mental health status. Eighty-four percent of families indicated the youth were better able to handle life day to day, 81 percent were better able to handle life when things go wrong, and 82 percent of youth decreased behaviors that put health at risk such as alcohol, drug-use, or self-harm. Additionally, over the past few years, this service area has shifted focus from provision of educational services and case management to more of a focus on providing mental health therapy. This service area is looking to enhance ways to capture additional youth behavioral health outcomes that can be incorporated into the CSB's electronic health record.

Feedback from families is an important element of practice improvement in this service area. Prior feedback from families has centered around two aspects of scheduling – how many days it takes to begin treatment services once assessed and preference to attend evening appointments. Both of these areas have been addressed in the past year. The time to treatment has decreased and additional evening hours at all sites have been incorporated into the schedule.

Behavioral Health Outpatient and Case Management Services

In FY 2019, Behavioral Health Outpatient and Case Management Services (BHOP) provided services to 4,148 adults with mental health, substance use and/or co-occurring disorders at an average cost of \$3,093 per individual. Ninety-five percent of individuals surveyed indicated that they were satisfied with services. Individuals are prioritized for services based on the severity of needs at the time of assessment. The CSB has received technical assistance from DBHDS to decrease the length of time that individuals wait to begin treatment services and to identify individuals who are not engaged in services to assess willingness or ability to continue treatment services. This service area has implemented a number of business process improvements to improve efficiencies around service delivery, including client engagement, collaborative documentation, centralized scheduling, no-show policy, and utilization review. Medicaid Expansion has allowed clinicians to refer more people to community-based providers when stable, which allows more individuals to begin treatment services.

For the past several years, this service area has tracked employment outcomes for those receiving treatment primarily for substance use. In FY 2019, 62 percent of those served obtained or

Fund 40040: Fairfax-Falls Church Community Services Board

maintained employment. Since FY 2016, the percent of individuals receiving substance use treatment who are successfully employed has leveled off in comparison to the target of 80 percent. This decrease followed a change in the population served that focuses resources on those individuals whose lives are most severely impacted by substance use and who may face significant barriers in obtaining and maintaining employment. Additional measures that are reflective of the goals of current programming are being explored for this service area.

Support Coordination Services

In FY 2019 4,929 individuals with a developmental disability received an assessment, case coordination, and/or Targeted Support Coordination services, a six percent increase from 4,644 in FY 2018. While most individuals received assessment and case coordination services, 1,215 individuals received Targeted Support Coordination services, which consist of at least monthly contacts. This number increases as the number of Medicaid Waivers assigned by the state increases. The cost to serve each individual receiving Targeted Support Coordination services was \$5,815. Medicaid re-design has led to additional requirements for support coordination, which has presented challenges maintaining adequate staffing.

Each individual served has a team consisting of professionals and family members who meet at least every ninety days with the individual to ensure needs are being addressed and progress towards outcomes is accomplished and reflected in Individual Support Plan. During these meetings which include the individual, 90 percent of individuals said that they were satisfied with services. Ninety-eight percent of Person-Centered Plan outcomes were met for individuals served in Targeted Support Coordination. This outcome represents the Person-Centered Plan outcomes developed by CSB Support Coordinators, with active participation from the individual, as well as family members and people who know him/her best. Challenges to meeting service outcomes include finding specialized providers who can meet the complex medical and behavioral needs of the individuals served, transportation throughout the region, and ensuring vendors are able to apply for and obtain customized rates through Medicaid.

Employment and Day Services

In FY 2019, 1,547 individuals with developmental disability received directly-operated and contracted day support and employment services, of which 917 received services that were fully funded by Fairfax County while 630 received services funded partially through Medicaid Waiver and partially by Fairfax County. The average cost to serve these individuals was \$20,369 per adult. It is anticipated that the number of individuals served will continue to increase, based on the estimated number of graduates from Fairfax County Public Schools who may be eligible for CSB Employment and Day Support Services.

Individuals who undertake community-based employment show improved economic, physical, and mental health outcomes. Part of the improved outcome is driven by their enjoyment of activity in which they are engaged, and 97 percent of the individuals reported satisfaction with their services. Of those individuals who received group supported employment services, the average annual wage was \$6,576, which met the target. Of those who received individual supported employment, \$15,157 was the average annual wage, which did not meet the projected wage target of \$16,950. This is driven by two factors. First, there were a number of retirements of federal government employees who had obtained high final annual salaries based on significant length of service. Additionally, there is a trend towards more jobs in the retail, hospitality, and food industries. While these jobs may provide a desired level of flexibility for employees, the number of hours worked are lower, which leads to lower overall annual earnings, even while hourly wage remains constant. It is anticipated that this decreased earnings trend will continue, as this type of employment is replacing previous jobs that had more security for the individual.

Fund 40040: Fairfax-Falls Church Community Services Board

Staff is exploring additional ways to support members in the community. This includes options to utilize the Adult Day Health programs run by the Fairfax County Health Department and the Senior Centers run by Neighborhood and Community Services. Another observation in the past year is that for the first time, more individuals transferred into Fairfax County and received services than transferred out of Fairfax County. It is not yet known the impact of this dynamic, but staff are monitoring the changes to ensure system-wide capacity.

This service area also provides employment services to individuals with serious mental illness, substance use and/or co-occurring disorders. In FY 2019, 628 adults received supported employment services, which included individual and group employment coaching and support. This number reflects an enhancement to the CSB's electronic health record that more accurately captures individual CSB clients served in a group setting. The average cost to serve each individual was \$2,002. Individuals may also be served in drop-in groups that are provided at locations throughout the community.

In FY 2019, Employment Services staff and contractors continued to focus on individual job development and placement. Over 590 individuals, or 94 percent of those served, received individual supported employment services. Of these 95 percent indicated satisfaction with services, while 65 percent obtained paid or volunteer employment. A higher number of individuals served this year received educational supports to prepare them for future employment. This included guidance to enroll and attend college courses, support for skills training classes, and study to obtain professional certifications or licenses. The individuals who obtained paid employment worked an average of 27 hours per week and received an average hourly wage of \$12.99, surpassing the target of \$11.50. This is primarily due to individuals with prior professional experience who worked with job coaches to successfully secure employment in their career fields, which increased the average wage. Additional employment included work in the educational, government, restaurant and retail sectors within the region and is reflective of the majority of the job placements in this service area.

Assisted Community Residential Services

In FY 2019, 122 individuals were served in directly-operated and contracted group homes and supported apartments throughout the community. The number of individuals in this service area has decreased over the past few fiscal years as a result of contracting changes that have maximized state and federal funding sources, decreasing reliance on local funds, while maintaining housing stability and quality for the individuals served.

The cost per individual served was \$70,254 and is reflective of the decrease in the number served, while maintaining the same number of individuals in directly operated group homes. This service area awarded new contracts with community-based providers structured to shift the funding sources away from local funding to increased utilization of Medicaid Waiver funding options. This intentional change in service delivery is designed to enhance community capacity, maintain the quality of care for individuals served, and reduce reliance on local funding in the future. It is anticipated that the county will serve fewer individuals directly in the future and that this level of care will shift more to community-based providers throughout the county. CSB staff members provide assistance to community-based providers in navigating new Medicaid funding structures to maximize state funding.

The individuals who receive residential services generally show high levels of satisfaction with their living arrangement and the supports and activities offered. This year, 98 percent of those surveyed indicated satisfaction. Additionally, 98 percent of those served were able to maintain their existing

Fund 40040: Fairfax-Falls Church Community Services Board

level of residential independence which affords a higher level of independence for individuals with developmental disability.

Supportive Community Residential Services

Supportive Community Residential Services (SCRS) served 344 individuals in FY 2019 at a cost per individual served of \$31,620, a 24 percent increase from FY 2018. The increase is due to a reduction in the number of individuals served, while maintaining the CSB's directly operated facilities. A recently awarded contract with community-based providers is anticipated to have a positive impact on system-wide capacity throughout the region. The contract is designed to maximize the use of available state and federal funding sources to decrease reliance on local funding over time. It is anticipated that fewer individuals will be served in this service area as a result of contract and service delivery re-alignment, coupled with Medicaid expansion, as more individuals are able to be served by community-based providers.

One of the goals in this service area is for clients to reach a stage where they are at a self-sufficiency level in which they are able to move to a more independent housing arrangement. Clients must be able to consistently manage their own medication administration, appointments, finances and work schedules with minimal staff intervention in order to move out of a level of care that provides daily interaction with clinical staff. The percentage of individuals who were ready to move to a more independent residential setting within one year was 18 percent, meeting this target. Consistent with prior years, a number of new clients were discharged from institutional or highly intensive settings. This transition to a community-based setting requires a significant amount of skill training and rehabilitation for the clients to be ready for a level of functioning that allows for a successful move to a more independent living arrangement.

The Virginia Department of Behavioral Health and Developmental Services has provided additional funding for permanent supportive housing, to improve housing availability in the region. It is anticipated that those who are ready for independent housing will move to this level of support from other levels of care. This service area continues to manage wait lists, need for services, and available slots based on resources in the community.

Diversion and Jail-Based Services

In FY 2019, CSB clinicians housed in the Adult Detention Center served a total of 2,479 individuals at a cost of \$832 per individual. During FY 2019, 1,456 Forensic Assessments were conducted with 1,185 people (unduplicated). As part of the Diversion First initiative, ADC staff members screen all individuals for mental health issues as part of the medical assessment. The results from the evidence-based tool are used to identify individuals for more in depth clinical assessments or referral to other providers. This helps to ensure that those who are incarcerated and in need of behavioral health services are properly identified and referred for treatment.

Timeliness of assessment and services correlates with better behavioral health outcomes. In FY 2019, 95 percent of those referred for a forensic assessment received the assessment within two days of referral, exceeding the target of 90 percent. The assessments that did not occur within 2 days were generally impacted by the outcome of court cases, primarily for bond motions. Of those individuals who received a full forensic assessment, 62 percent received follow up treatment services while in jail which could include services to address mental health and/or substance use disorder. This service area continues to collaborate with the specialty courts and other Diversion First services to provide needed supports while incarcerated and to link individuals with appropriate services upon release.

Fund 40040: Fairfax-Falls Church Community Services Board

Intensive Community Treatment Services

In FY 2019, CSB discharge planners served 628 adults, at a cost of \$1,132 per individual served. There has been a significant increase in the number of individuals served each year since 2017, due to more clients who are hospitalized, in part due to an increase in emergency custody orders, as well as clients in jail who are hospitalized. Additionally, recent state legislative changes have required shorter time frames to locate alternative treatment which results in more admissions to state hospitals as a last-resort placement. State hospitals are at capacity, which increases the need for discharge planning to transition individuals to local services.

Increased demand generally results in shorter hospital stays and greater need for responsive discharge planning services for clients with multiple complex treatment needs. Eighty eight percent of all adults were scheduled for a CSB assessment within seven days of hospital discharge. The additional 12 percent of clients were scheduled within fifteen days for an assessment. For individuals who had been discharged and were waiting for an assessment, discharge planners remained involved to ensure continuity until individuals could begin receiving other CSB services. This measure has been challenging to meet as system-wide, there was a fifteen percent increase in the number of individuals presenting for CSB services, which impacts the length of time to begin treatment services for all clients. Within that context, the percent of individuals who were satisfied with Discharge Planning services was 89 percent.

As individuals re-integrate into community-based settings, access to ongoing care supports their reintegration and recovery. Of the individuals referred for assessment and CSB treatment services, 70 percent remained in CSB services after 90 days of service. More individuals are required to be discharged from hospitals as soon as possible, while also presenting with a higher acuity and complexity. This requires more complex planning between providers to help ensure individuals remain in treatment.

| Indicator | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimate/Actual | FY 2020 Estimate | FY 2021 Estimate |
|--|----------------|----------------|-------------------------|------------------|------------------|
| Central Administration | | | | | |
| Percent of CSB service quality objectives achieved | 79% | 88% | 80%/88% | 80% | 80% |
| Percent of CSB outcome objectives achieved | 59% | 73% | 80%/67% | 80% | 80% |
| Engagement, Assessment, and Referral Services | | | | | |
| Percent of individuals receiving an assessment who attend their first scheduled service appointment | 70% | 67% | 80%/59% | 80% | 80% |
| Percent of individuals trained who obtain Mental Health First Aid certification | 96% | 95% | 92%/95% | 92% | 92% |
| Emergency and Crisis Services | | | | | |
| Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization | 70% | 72% | 65%/74% | 65% | 65% |
| Residential Treatment and Detoxification Services | | | | | |
| Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge | 84% | 85% | 80%/87% | 80% | 80% |
| Percent of individuals served who are employed at one year after discharge | 73% | 72% | 80%/77% | 80% | 75% |
| Youth and Family Services | | | | | |
| Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services | 93% | 91% | 90%/72% | 90% | 90% |

Fund 40040: Fairfax-Falls Church Community Services Board

| Indicator | FY 2017 Actual | FY 2018 Actual | FY 2019 Estimate/Actual | FY 2020 Estimate | FY 2021 Estimate |
|--|-------------------|-------------------|----------------------------|---------------------|---------------------|
| Behavioral Health Outpatient and Case Management Services | | | | | |
| Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment | 63% | 59% | 80%/62% | 80% | 80% |
| Support Coordination Services | | | | | |
| Percent of Person-Centered Plan objectives met for individuals served in Targeted Support Coordination | 94% | 96% | 88%/98% | 88% | 88% |
| Employment and Day Services | | | | | |
| Average annual wages of individuals with a developmental disability receiving group supported employment services | \$6,438 | \$6,750 | \$6,500/\$6,576 | \$6,750 | \$6,250 |
| Average annual wages of individuals with a developmental disability receiving individual supported employment services | \$16,872 | \$15,985 | \$16,950/\$15,157 | \$16,200 | \$15,500 |
| Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services | \$11.62 | \$14.61 | \$11.50/\$12.99 | \$12.00 | \$12.00 |
| 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 | 99% | 100% | 98%/98% | 98% | 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 | 15% | 13% | 13%/18% | 13% | 18% |
| Diversion and Jail-Based Services | | | | | |
| Percent of individuals who had a forensic assessment that attend a follow-up appointment after their assessment | 75% | 62% | 60%/62% | 60% | 62% |
| Intensive Community Treatment Services | | | | | |
| Percent of adults referred to the CSB for discharge planning services that remain in CSB services for at least 90 days | 76% | 71% | 70%/70% | 70% | 70% |

A complete list of performance measures can be viewed at
<https://www.fairfaxcounty.gov/budget/fy-2021-advertised-performance-measures-pm>

Fund 40040: Fairfax-Falls Church Community Services Board

FUND STATEMENT

| Category | FY 2019 Actual | FY 2020 Adopted Budget Plan | FY 2020 Revised Budget Plan | FY 2021 Advertised Budget Plan |
|--|----------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| Beginning Balance | \$29,531,838 | \$15,166,254 | \$26,418,684 | \$11,329,069 |
| Revenue: | | | | |
| Local Jurisdictions: | | | | |
| Fairfax City | \$1,798,517 | \$1,957,610 | \$1,957,610 | \$2,218,100 |
| Falls Church City | 815,189 | 887,299 | 887,299 | 1,005,368 |
| Subtotal - Local | \$2,613,706 | \$2,844,909 | \$2,844,909 | \$3,223,468 |
| State: | | | | |
| State DBHDS | \$10,445,154 | \$11,886,443 | \$11,886,443 | \$9,051,932 |
| Subtotal - State | \$10,445,154 | \$11,886,443 | \$11,886,443 | \$9,051,932 |
| Federal: | | | | |
| Block Grant | \$4,197,558 | \$4,053,659 | \$4,053,659 | \$4,053,659 |
| Direct/Other Federal | 145,635 | 154,982 | 154,982 | 154,982 |
| Subtotal - Federal | \$4,343,193 | \$4,208,641 | \$4,208,641 | \$4,208,641 |
| Fees: | | | | |
| Medicaid Waiver | \$6,697,485 | \$2,651,345 | \$2,651,345 | \$2,962,684 |
| Medicaid Option | 4,783,111 | 8,537,500 | 8,537,500 | 12,518,068 |
| Program/Client Fees | 3,912,169 | 4,011,751 | 4,011,751 | 3,994,251 |
| CSA Pooled Funds | 924,466 | 858,673 | 858,673 | 858,673 |
| Subtotal - Fees | \$16,317,231 | \$16,059,269 | \$16,059,269 | \$20,333,676 |
| Other: | | | | |
| Miscellaneous | \$197,912 | \$14,100 | \$14,100 | \$14,100 |
| Subtotal - Other | \$197,912 | \$14,100 | \$14,100 | \$14,100 |
| Total Revenue | \$33,917,196 | \$35,013,362 | \$35,013,362 | \$36,831,817 |
| Transfers In: | | | | |
| General Fund (10001) | \$135,334,383 | \$146,575,985 | \$146,575,985 | \$154,088,802 |
| Total Transfers In | \$135,334,383 | \$146,575,985 | \$146,575,985 | \$154,088,802 |
| Total Available | \$198,783,417 | \$196,755,601 | \$208,008,031 | \$202,249,688 |
| Expenditures: | | | | |
| Personnel Services ¹ | \$112,631,989 | \$120,048,786 | \$120,048,786 | \$127,864,646 |
| Operating Expenses ¹ | 56,685,881 | 63,279,541 | 71,497,301 | 64,794,953 |
| Recovered Costs | (1,992,972) | (1,738,980) | (1,738,980) | (1,738,980) |
| Capital Equipment | 39,834 | 0 | 771,855 | 0 |
| Total Expenditures | \$167,364,733 | \$181,589,347 | \$190,578,962 | \$190,920,619 |
| Transfers Out: | | | | |
| General Construction and Contributions (30010) | \$5,000,000 | \$0 | \$6,100,000 | \$0 |
| Total Transfers Out | \$5,000,000 | \$0 | \$6,100,000 | \$0 |
| Total Disbursements | \$172,364,733 | \$181,589,347 | \$196,678,962 | \$190,920,619 |

Fund 40040: Fairfax-Falls Church Community Services Board

FUND STATEMENT

| Category | FY 2019 Actual | FY 2020 Adopted Budget Plan | FY 2020 Revised Budget Plan | FY 2021 Advertised Budget Plan |
|--|---------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| Ending Balance | \$26,418,684 | \$15,166,254 | \$11,329,069 | \$11,329,069 |
| DD Medicaid Waiver Redesign Reserve ² | \$2,500,000 | \$2,500,000 | \$2,500,000 | \$2,500,000 |
| Opioid Use Epidemic Reserve ³ | 450,000 | 300,000 | 300,000 | 300,000 |
| Diversion First Reserve ⁴ | 2,283,135 | 1,244,245 | 2,160,161 | 2,160,161 |
| Medicaid Waiver Expansion Reserve ⁵ | 2,800,000 | 2,800,000 | 2,800,000 | 2,800,000 |
| Encumbered Carryover Reserve | 8,064,615 | 0 | 0 | 0 |
| Unreserved Balance⁶ | \$10,320,934 | \$8,322,009 | \$3,568,908 | \$3,568,908 |

¹ In order to account for revenues and expenditures in the proper fiscal year, audit adjustments have been reflected as an increase of \$25,788.56 to FY 2019 expenditures to accurately record an expenditure accrual. This audit adjustment was included in the FY 2019 Comprehensive Annual Financial Report (CAFR). Details of the audit adjustments will be included in the FY 2020 Third Quarter Package.

² The DD Medicaid Waiver Redesign Reserve ensures the County has sufficient funding to provide services to individuals with developmental disabilities in the event of greater than anticipated costs due to the Medicaid Waiver Redesign effective July 1, 2016.

³ The Opioid Use Epidemic Reserve provides flexibility, consistent with the Board of Supervisors' FY 2018-FY 2019 Budget Guidance, as the County continues to work with national, state, and regional partners on strategies to combat the opioid epidemic.

⁴ The Diversion First Reserve represents one-time savings realized since FY 2017 that will be appropriated as part of a future budget process based on priorities identified by the Board of Supervisors.

⁵ The Medicaid Waiver Expansion Reserve ensures the County has sufficient funding to provide services to individuals newly eligible under Medicaid Expansion.

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