

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 its strategic plan, 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 CSB participated in the countywide strategic planning process and is beginning the process of updating its strategic plan to. CSB is also working to ensure the efficient and effective use of resources with its new electronic health record.

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

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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 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 need 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. Medical clearance is now on site at the MCRC, which will help to reduce lengthy wait times for individuals at local emergency departments and expedite transfer of custody throughout the medical assessment process.

Another priority for CSB and Fairfax County is the need for suicide prevention and intervention strategies. In Virginia, suicide is the second leading cause of death among 10 to 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 (DBHDS). The group includes regional stakeholders from the community, CSBs, schools, and advocacy groups. SPAN coordinates and implements a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader Northern Virginia community.

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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 first responders.

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

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 2021, the intern and volunteer program had 42 participants who provided 6,968 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 2021 was \$198,867.

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:

Behavioral Health Workforce Planning

The pandemic exacerbated a workforce crisis in medical and behavioral health care. CSB is encountering significant staff vacancies in critical service positions, with an average of 150 vacancies as of September 2021. With these ongoing vacancies only heightening service challenges due to lack of qualified clinical staff needed to operate community programs, CSB is focused on increasing its workforce planning efforts.

Most of the CSB's clinical positions, including in the areas of nursing, behavioral health, developmental disabilities, and substance use disorders, require mandated specialty degrees, certifications, and licensure, as determined by ever-evolving state laws and licensing requirements. Due to these requirements, most health care related employers in our area are competing for the same group of qualified candidates.

CSB's recruitment efforts were a strategic priority in FY 2021 and will remain critical to attract qualified talent and to ensure the retention of existing talent. Efforts include incentivizing referral, recruitment, and retention and one-time hiring bonuses for vacant positions that are chronically hard to fill. Additionally, conducting employee surveys for newly hired/existing staff and conducting staff exit interviews have been prioritized. The CSB Human Resources and Finance departments have also done a salary compression analysis for hard to fill positions, including 466 clinicians.

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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 non-violent 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.

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, and the Mental Health Docket. The CSB also collaborates with Court Services to service individuals in the Supervised Release Program, which provides intensive supervision in the community instead of incarceration. Each of these efforts seeks to enhance an individual's linkage to treatment services and, in doing so, aims to reduce recidivism.

Diversion First is also focused on connecting individuals to treatment before a behavioral crisis begins or at the earliest possible state of system interaction. A strong crisis services continuum, including behavioral health call centers, crisis response teams, and crisis stabilizations units remain key to these efforts. The CSB also continues to support the County's efforts toward creating a co-responder model.

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 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 to support the full continuum of crisis services.

Increased Use of Heroin and Other Opiates

Across Virginia, the number of fatal overdoses set a record high with about 2,300 fatalities in calendar year 2020, more than a 40 percent increase from 2019. In the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church), opioids are the number one cause of unnatural death, with 94 opioid deaths in 2020, all but six of these fatalities were due to fentanyl. Alarming, hospitals in the Fairfax Health District reported a 38 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in 2020 relative to 2019. The number of such visits is also trending higher during the first half of 2021, indicating that the opioid epidemic continues to profoundly impact the community.

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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. To promote recovery and community inclusion, CSB is expanding peer support services to help meet the needs of various populations. Additional peer support specialists are being used across the continuum of services for substance use/co-occurring disorders. CSB is also expanding its telehealth services, which was expedited through changes to federal and state rules/regulations during the COVID-19 pandemic. Many of these changes will remain in the future. This is positive for CSB's substance use treatment services as innovative solutions are needed to ensure timely treatment and access to needed medications.

In addition to providing treatment, CSB is the lead County agency for the education component of the County's Opioid and Substance Abuse Task Force. 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.

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.

All CSBs initiated the first two services, same day access to mental health screening and primary health care screening, before the July 1, 2019, deadline. The seven remaining services were originally mandated to begin by July 1, 2021, but implementation deadlines are now dependent on funding being allocated for each of the remaining seven core services. Some funding was allocated for peer support crisis services, veterans services, and outpatient services and the Regional Crisis Call Center (which will be designated Virginia's 988 mental health and suicide crisis hotlines, a federal effort required to be in effect by July 16, 2022) in FY 2020. However, at no point during the four years of STEP-VA implementation has the Commonwealth provided adequate funding to implement the newly mandated services.

The implementation of mandated STEP-VA services is further complicated by the nationwide shortage in the behavioral health work force, compounded by salary compression for CSB staff and attrition rates, and impacted by the administrative burden of evolving regulatory requirements for service delivery. As additional mandates are implemented, the chasm between the funding the state provides and the actual costs of providing such services in Fairfax County continues to grow. This funding gap was further exacerbated as the Commonwealth began approving new behavioral health reform mandates that operate in tandem with STEP-VA, such as the recently established Marcus Alert initiative (enacted during the 2020 General Assembly special session). The Marcus Alert initiative looks to ensure behavioral health experts are involved in emergency responses related to mental health and substance use issues. The law requires CSBs to create local protocols and establish either a mobile crisis or community care teams. As Fairfax County and the CSB continue making significant local investments in community behavioral health services, including the strong crisis continuum, funding for state mandates is critical. The state has not provided sufficient funding for STEP-VA or Marcus Alert implementation.

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Behavioral Health System Transformation and Managed Care

Driven by Medicaid expansion and Virginia's worsening state hospital bed crisis, the Virginia Department of Medical Assistance Services (DMAS) is implementing a new state model in collaboration with DBHDS to bring significant changes to Medicaid-funded behavioral health services. Medicaid is the single largest payment source for many of Virginia's mental health providers. The Behavioral Health Redesign for Access, Value and Outcomes project, Project BRAVO, is moving the state away from a Medicaid system with strict screening criteria for psychiatric services, which has led to many patients not receiving care until symptoms reached a crisis point, requiring hospitalization. Medicaid now covers three new services: Assertive Community Treatment (ACT), partial hospitalization, and intensive outpatient. In December 2021, DBHDS and DMAS implemented six new services. All these services had the goal of strengthening the behavioral healthcare system crisis continuum. These services included Multi-systemic Therapy (MST), Functional Family Therapy (FFT), Mobile Crisis Intervention, 23-hour crisis stabilization, Community-Based Crisis Stabilization, and Crisis Stabilization Unit. With the exception of 23-hour crisis stabilization, which doesn't exist anywhere in the commonwealth yet, the CSB either directly operates or partners with a contractor to provide each of these new services.

In FY 2018, Virginia moved from a fee-for-service delivery model into a managed care model for individuals who receive both Medicare and Medicaid. Many CSB clients are affected by this change, which impacts not only business operations, as CSB works with new managed care companies, but also clinical operations, as CSB clinicians partner with managed care organizations' care coordinators to ensure that medical necessity criteria are met. CSB staff have helped affected clients navigate the transition to managed care and have continued to ensure quality services are provided. However, CSB must navigate the rules of six managed care organizations (insurance providers) to provide and bill for services. 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

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. For much of FY 2021, state hospitals remained at critical levels with utilization at or above maximum capacity statewide. Additionally, COVID-19 amplified the state hospital bed crisis as staffing issues at hospitals impacted bed availability and led to the temporary closure of admissions at certain state hospitals.

The Extraordinary Barriers List (EBL) is a measure of community capacity to meet the individual needs in the community in state hospitalization. Individuals on the EBL exacerbate the bed crisis by retaining individuals who could be discharged if there was appropriate community capacity to meet their needs. This inadequate community capacity remains one of the main contributing factors to the bed crisis. In the last quarter of FY 2021, Fairfax had 14 individuals on the EBL, of which 13 needed a 24-hour residential community placement. Based on the cost of this level of care in the Fairfax-Falls Church CSB directly operated, vendor operated, or regionally contracted programs, between \$745,096 and \$1,210,986 would allow these 13 individuals to move into the community and free up critical state hospital bed space. The NVMHI average cost per patient day in FY 2020 was \$1,043.60 and thus the cost to keep these individuals hospitalized for one year is \$4,951,882, far greater than the cost to provide appropriate community based residential services

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Fairfax County and the CSB continue to implement strategies to address the bed crisis. The ongoing local investments in behavioral health services help ensure one of the lowest per capita hospitalization rates in the Commonwealth (6 citizens per every 100,000 compared to the statewide average of 15 per 100,000). The Fairfax-Falls Church CSB and other CSBs in the region also continue efforts to increase Temporary Detention Order (TDO) acceptance rates at private hospital partner facilities to decrease TDOs at state hospitals. CSB has also dedicated two full-time staff to continuously search for vacant psychiatric hospital beds.

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 closed institutions (training centers), shifted services into the community and restructured Medicaid waiver funding to comply with the agreement. The redesigned waivers only partially address the chronic underfunding of community services, and waiver rates continue to be well below the cost of providing necessary services due to high costs 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 Commonwealth unable to exit the settlement agreement at the assigned date of July 1, 2021, DBHDS has continued to implement new service requirements to the CSB. The number and complexity of these new requirements accompanied with the short implementation timeline is making it extremely challenging for CSBs to appropriately partner with DBHDS to help them meet their DOJ settlement agreement requirements. It is expected that these requirements will continue well into 2023, as the DOJ has made clear the agreement will continue until all settlement provisions have been met.

Pursuant to DOJSA, 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 2,684 Fairfax-Falls Church residents on the state waiting list for Medicaid waivers.

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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 services continued to be offered in FY 2022 but did face some operational changes due to the pandemic.

Relationship with Boards, Authorities, and Commissions

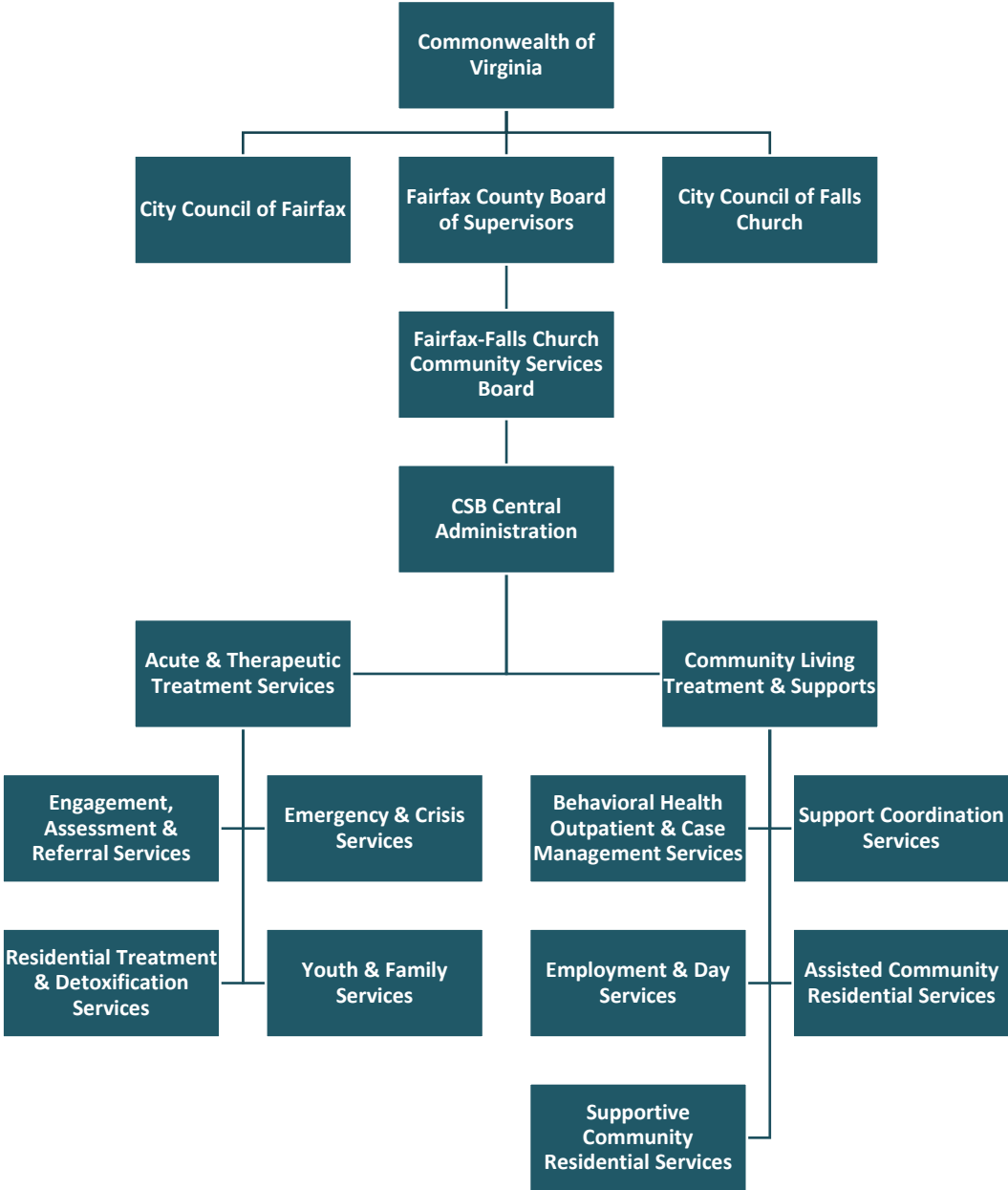
As one of the County's official Boards, Authorities, and Commissions (BACs), the CSB works with other BACs and numerous other community groups and organizations. It is through these relationships that broader community concerns and needs are identified, information is shared, priorities are set, partnerships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

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Organizational Chart



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Budget and Staff Resources

Category	FY 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised	FY 2023 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$121,731,966	\$124,147,434	\$128,707,302	\$144,386,423	\$144,386,423
Operating Expenses	50,529,247	62,448,342	71,857,646	59,532,746	59,532,746
Capital Equipment	94,130	0	898,899	0	0
Subtotal	\$172,355,343	\$186,595,776	\$201,463,847	\$203,919,169	\$203,919,169
Less:					
Recovered Costs	(\$1,841,850)	(\$1,738,980)	(\$1,568,760)	(\$1,568,760)	(\$1,568,760)
Total Expenditures	\$170,513,493	\$184,856,796	\$199,895,087	\$202,350,409	\$202,350,409
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	1061 / 1057	1076 / 1072	1095 / 1091	1105 / 1100.5	1105 / 1100.5

This department has 74/69.8 FTE Grant Positions in Fund 50000, Federal-State Grant Fund.

FY 2023 Funding Adjustments

The following funding adjustments from the FY 2022 Adopted Budget Plan are necessary to support the FY 2023 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the Budget on May 10, 2022.

Employee Compensation **\$13,430,781**
 An increase of \$13,430,781 in Personnel Services includes \$4,562,808 for a 4.01 percent market rate adjustment (MRA) for all employees and \$2,196,771 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2022. The remaining increase of \$6,671,202 is included for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions.

Diversion First **\$695,364**
 An increase of \$695,364 and 4/4.0 FTE new positions includes an increase of \$482,564 in Personnel Services and an increase of \$212,800 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 direct clinical services with individuals in crisis and successful identification and intervention with individuals in need of diversion from incarceration.

Detoxification and Residential Treatment Services **\$612,310**
 An increase of \$612,310 and 5/4.5 FTE new positions includes an increase of \$596,310 in Personnel Services and an increase of \$16,000 in Operating Expenses to support detoxification and residential treatment services in response to the opioid crisis. Addiction Recovery Treatment Services revenue of \$612,310 fully offsets this cost.

Emergency Services **\$150,364**
 An increase of \$150,364 and 1/1.0 FTE new position includes an increase of \$147,165 in Personnel Services and an increase of \$3,199 in Operating Expenses to support mandatory independent evaluations as required by Virginia Code to meet increased demand of civil commitment hearings in the county.

Contract Rate Increases **\$35,037**
 An increase of \$35,037 in Operating Expenses to support a contract rate increase for FASTRAN services provided to CSB clients.

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Department of Vehicle Services Charges **\$15,015**

An increase of \$15,015 in Department of Vehicle Services Charges is based on anticipated billings for maintenance and operating-related charges.

Co-Responder Model Supporting Behavioral Health Crisis Calls **\$2,178,792**

An increase of \$2,178,792 is included to support additional positions previously approved by the Board of Supervisors as part of the *FY 2022 Mid-Year Review*. These positions were previously funded through the American Recovery Plan Act (ARPA) in FY 2022 to support the Co-Responder Model which pairs a Crisis Intervention Specialist and a Crisis Intervention Team trained police officer to respond to 911 call that are related to behavioral health issues.

Office of Strategy Management for Health and Human Services Realignment **\$375,950**

An increase of \$375,950 is associated with the realignment of funding and positions as a result of a reorganizational review of Agency 77, Office of Strategy Management for Health and Human Services (OSM), approved as part of *FY 2021 Carryover Review*. This funding includes \$366,308 in Personnel Services to support the transfer of 2/2.0 FTE positions and \$9,642 in Operating Expenses. This reorganization includes the re-envisioning of Health and Human Services strategic policy and planning efforts, previously coordinated by the OSM. Moving forward, this work will continue through a hybrid of centralized cross-system coordination and imbedded corporate agency supports. There is no net impact on the General Fund in terms of funding or positions associated with these changes.

General Fund Transfer

The FY 2023 budget for Fund 40040, Fairfax-Falls Church Community Services Board, requires a General Fund Transfer of \$165,193,503, an increase of \$16,502,057 over the FY 2022 Adopted Budget Plan, primarily due to additional funding to support employee pay increases, additional funding and positions to support the Diversion First initiative, additional funding and positions to provide detoxification and residential treatment services, additional funding and positions to support emergency services, and additional funding to support the Co-Responder Model.

Changes to FY 2022 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2022 Revised Budget Plan since passage of the FY 2022 Adopted Budget Plan. Included are all adjustments made as part of the FY 2021 Carryover Review, FY 2022 Mid-Year Review, FY 2022 Third Quarter Review, and all other approved changes through April 30, 2022.

Carryover Adjustments **\$15,038,291**

As part of the *FY 2021 Carryover Review*, the Board of Supervisors approved funding of \$15,038,291, including \$10,320,859 in encumbered carryover, consisting primarily of ongoing contractual obligations, residential treatment and health related services, medical and laboratory equipment and supplies, and building maintenance and repair services. A transfer of \$254,713 from Agency 77, Office of Strategy Management for Health and Human Services, and \$121,237 from Agency 89, Employee Benefits, was included in connection with an organizational realignment to re-envision Health and Human Services strategic policy and planning efforts. In addition, an appropriation of \$3,000,000 from the Electronic Health Record Reserve was included to implement a new electronic health record solution for the agency; an appropriation of \$250,000 from the Diversion First Reserve to establish an onsite medical assessment program at the Merrifield Crisis Response Center originally funded in the FY 2020 Adopted Budget Plan; as well as an increase of \$1,091,482 in Personnel Services for a one-time compensation adjustment of \$1,000 for merit employees and \$500 for non-merit employees to be paid no later than November 2021.

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Co-Responder Model Supporting Behavioral Health Crisis Calls \$0

As part of the *FY 2022 Mid-Year Review*, the Board of Supervisors approved an increase of 17/17.0 FTE new positions to support Phase 1 of the Co-Responder Model. This program is multi-agency collaboration including the Police Department, Fairfax-Falls Church Community Services Board and the Department of Public Safety Communications to respond to 911 calls related to behavioral health issues. These positions will be funded through the American Recovery Plan Act in FY 2022.

Cost Centers **CSB Central Administration**

CSB Central Administration Unit (CAU) provides leadership to the entire CSB system, supporting over 20,000 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 patient assistance program; management of the technology functions including the Electronic Health Record; oversight of Health Planning Region initiatives; organizational development and training; and data analytics and evaluation.

Medical Services

Medical Services provides and oversees psychiatric/diagnostic evaluations; medication management; pharmacy services; physical exams/primary health care and coordination with other medical providers; psychiatric hospital preadmission medical screenings; crisis stabilization; risk assessments; residential and outpatient detoxification; residential and outpatient addiction medicine clinics using medication assisted treatment (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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised	FY 2023 Adopted
EXPENDITURES					
Total Expenditures	\$43,403,630	\$43,369,881	\$57,432,990	\$52,287,609	\$52,287,609
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	242 / 241.5	246 / 245.5	250 / 249.5	248 / 247.5	250 / 249.5

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.

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.

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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 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised	FY 2023 Adopted
EXPENDITURES					
Total Expenditures	\$42,170,355	\$43,711,555	\$48,895,745	\$55,358,623	\$55,358,623
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	345 / 343	345 / 343	365 / 363	370 / 367.5	372 / 369.5

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 recurrence, 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.

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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.

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

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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.

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.

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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.

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 Mental Health Docket. Each of these efforts is focused in enhancing an individual's linkages to treatment services with the goal of reducing recidivism.

Intensive Community Treatment Services

Intensive Community Treatment Services includes Discharge Planning, the Program of Assertive Community Treatment (ACT), 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. ACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. NGRI services include 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 ACT and ICM teams work with individuals who have acute and complex needs and provide appropriate levels of support and services where individuals live, work, and relax in the community. Many of the individuals served in these programs are homeless and have previously

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

Category	FY 2021 Actual	FY 2022 Adopted	FY 2022 Revised	FY 2023 Advertised	FY 2023 Adopted
EXPENDITURES					
Total Expenditures	\$84,939,508	\$97,775,360	\$93,566,352	\$94,704,177	\$94,704,177
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	474 / 472.5	485 / 483.5	480 / 478.5	487 / 485.5	483 / 481.5

Position Detail

The FY 2023 Adopted Budget Plan includes the following positions:

CSB CENTRAL ADMINISTRATION – 250 Positions					
1	Executive Director		5	Human Resources Generalists II	
1	Deputy Director		1	Human Resources Generalist I	
1	Comm. Svs. Planning/Devel. Dir.		1	Training Specialist III	
1	Finance Manager CSB		2	Training Specialists II	
2	Policy and Information Managers		1	DD Specialist III	
4	Management Analysts IV		1	DD Specialist II	
11	Management Analysts III		1	Information Security Analyst I	
13	Management Analysts II		2	Statistical and Data Specialists III	
5	Management Analysts I		1	Data Analyst I	
2	Financial Specialists IV		2	Communications Specialists II	
4	Financial Specialists III		1	Human Service Worker IV	
7	Financial Specialists II		1	Human Service Worker III	
6	Financial Specialists I		10	Human Service Workers II	
2	Business Analysts IV		29	Human Services Assistants	
5	Business Analysts III		1	Volunteer Services Program Manager	
6	Business Analysts II		1	Administrative Associate	
1	Residential & Facility Development Manager		4	Administrative Assistants V	
1	Information Officer III		21	Administrative Assistants IV	
1	Licensed Practical Nurse		17	Administrative Assistants III	
1	Human Resources Generalist III		8	Administrative Assistants II	
CSB Clinical Operations					
1	Deputy Director		2	BHN Clinician/Case Managers	
2	Assistant Deputy Directors		7	Behavioral Health Specialist II	
1	Psychiatrist		1	Behavioral Health Specialist I	
1	Program Manager		1	Human Service Worker V	
1	BHN Supervisor		1	Management Analyst I	
1	Behavioral Health Supervisor		2	Licensed Practical Nurses	
3	Behavioral Health Sr. Clinicians		5	Peer Support Specialists	
Medical Services					
1	Medical Director of CSB		1	Behavioral Health Manager	
1	Public Health Doctor, PT		1	BHN Clinician/Case Manager	
23	Psychiatrists		1	Physician Assistant	
1	Behavioral Health Manager		7	Nurse Practitioners	
ACUTE AND THERAPEUTIC TREATMENT SERVICES – 372 Positions					
Engagement, Assessment & Referral Services					
1	CSB Service Area Director		7	Behavioral Health Specialists II, 1 PT	
1	Behavioral Health Manager		1	Behavioral Health Specialist I	
4	Behavioral Health Supervisors		2	Licensed Practical Nurses	
11	Behavioral Health Senior Clinicians				

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Emergency & Crisis Services			
1	CSB Service Area Director	4	BHN Clinicians/Case Managers
3	Behavioral Health Managers	16	Behavioral Health Specialists II
3	Clinical Psychologists [+1]	8	Behavioral Health Specialists I
10	Emergency/Mobile Crisis Supervisors [+1]	1	Cook
3	Behavioral Health Supervisors	1	Peer Support Specialist
44	Crisis Intervention Specialists, 1 PT	4	Human Service Workers I
6	Behavioral Health Senior Clinicians		
Residential Treatment & Detoxification Services			
1	CSB Service Area Director	25	Behavioral Health Specialists I
2	Substance Abuse Counselors III	7	Licensed Practical Nurses
3	Substance Abuse Counselors II	2	Administrative Assistants V
7	Substance Abuse Counselors I	3	Food Service Supervisors
3	BHN Supervisors	2	Peer Support Specialists
14	Behavioral Health Supervisors	8	CSB Aides/Drivers
3	Behavioral Health Senior Clinicians [+1]	2	Day Care Center Teachers I, 1 PT
9	BHN Clinicians/Case Managers	6	Cooks
39	Behavioral Health Specialists II, 1 PT [+2]	2	Registered Nurses [+2]
6	Behavioral Health Managers		
Wellness, Health Promotion & Prevention Services			
1	Behavioral Health Manager	11	Behavioral Health Specialists II
1	Behavioral Health Supervisor		
Youth & Family Services			
1	Director Healthy Minds Fairfax	12	Behavioral Health Supervisors
2	Clinical Psychologists	39	Behavioral Health Sr. Clinicians, 1 PT
5	Behavioral Health Managers	25	Behavioral Health Specialists II
COMMUNITY LIVING TREATMENT AND SUPPORTS – 483 Positions			
Behavioral Health Outpatient & Case Management Services			
1	CSB Service Area Director	11	BHN Clinician/Case Managers
5	BHN Supervisors	50	Behavioral Health Specialists II
13	Behavioral Health Supervisors	2	Substance Abuse Counselors II
37	Behavioral Health Sr. Clinicians, 1 PT	6	Licensed Practical Nurses
5	Behavioral Health Managers		
Support Coordination Services			
1	CSB Service Area Director	100	DD Specialists II
5	DD Specialists IV	4	DD Specialists I
16	DD Specialists III		
Employment & Day Services			
1	CSB Service Area Director	1	Management Analyst III
1	Behavioral Health Manager	2	Management Analysts I
1	DD Specialist IV	1	Behavioral Health Supervisor
3	DD Specialists II	1	CSB Aide/Driver
2	DD Specialists I		
Assisted Community Residential Services			
1	CSB Service Area Director	54	DD Specialists I, 1 PT
2	DD Specialists IV	1	BHN Supervisor
2	DD Specialists III	3	BHN Clinician/Case Managers
6	DD Specialists II	1	Licensed Practical Nurse
Supportive Community Residential Services			
1	CSB Service Area Director	1	Housing/Community Develop Division Director
3	Behavioral Health Managers	5	Mental Health Counselors
1	DD Specialist IV	3	Licensed Practical Nurses
7	Behavioral Health Supervisors	1	Food Service Supervisor
3	Behavioral Health Senior Clinicians	1	Cook
12	Behavioral Health Specialists II	1	Residential & Facility Develop Mgr
12	Behavioral Health Specialists I, 1 PT		

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Diversion and Jail-Based Services			
1	CSB Service Area Director	3	BHN Clinician/Case Managers
2	Behavioral Health Managers	17	Behavioral Health Specialists II [+2]
5	Behavioral Health Supervisors	4	Behavioral Health Specialists I [+1]
11	Behavioral Health Senior Clinicians	1	Peer Support Specialist
Intensive Community Treatment Services			
1	CSB Service Area Director	1	Behavioral Health Specialist I
2	Behavioral Health Managers	1	Developmental Disability Specialist I
8	Behavioral Health Supervisors	1	Licensed Practical Nurse
7	Behavioral Health Senior Clinicians	1	Mental Health Therapist
6	BHN Clinicians/Case Managers	3	Peer Support Specialists
16	Behavioral Health Specialists II	2	Administrative Assistants III
+	Denotes New Position(s)		
PT	Denotes Part-time Position(s)		

Performance Measurement Results

CSB Central Administration

In FY 2021, the CSB met 80 percent of its service quality objectives (8 out of 10) and 67 percent of its outcome objectives (10 out of 15) as compared to the targets of 80 percent. Due to the COVID-19 pandemic, service quality measures related to satisfaction surveys for five service areas could not be collected or are not reported due to a low response rate. Additionally, although the CSB was able to make changes in the service system, such as providing services through telehealth, the pandemic has continued to have a tremendous impact on the CSB service system and may have played a role in fewer objectives being met this fiscal year. A variety of other factors also may have influenced 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 (EAR) Services

In FY 2021, EAR served 2,076 adults in walk-in assessment at the Merrifield Center at an average cost of \$1,325 per individual served. This represented a 24 percent decline from the number of adults served in FY 2020, suggesting that the COVID-19 pandemic has continued to have an impact on EAR services. To maintain safety, virtual options were put in place early in the pandemic that led to some challenges establishing contact with clients who had limited access to technology. Since then, staff have returned to in-person operations, and it is expected that this will allow the CSB to serve clients at levels seen prior to the pandemic.

In FY 2019, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) launched a Same Day Access screening model throughout the state. Fairfax has utilized this model for several years, with the goal of shortening the amount of time that it takes for an individual to begin receiving appropriate behavioral health treatment. Previously, the CSB tracked the percent of individuals requesting an assessment through the Call Center who were able to access an assessment appointment within 10 days. Because this practice is now built into the service delivery model, this performance measure has been phased out. Additional enhancements to the assessment process for FY 2022 include a new triage process and nursing and peer specialist positions, which will streamline the process for clinical staff, provide resources to link clients with services in the community and enhance the client experience. Due to the changes in business

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practice which resulted from the pandemic, satisfaction surveys could not be administered to clients in FY 2021. However, client satisfaction surveys have been administered in FY 2022.

Once an individual is assessed and recommended for services, best practice is to begin treatment services as soon as possible. Of the individuals who received an assessment and were referred to CSB services, 65 percent attended their first scheduled CSB service appointment. The CSB continues to address this issue by maximizing existing staff resources, offering more groups in additional locations and times, providing outreach and engagement services during the transition from assessment to treatment, enhancing utilization management, and linking clients to appropriate services in the community. In order to align with a new DBHDS statewide measure related to treatment engagement with an expectation that 70 percent of individuals will attend their first scheduled service appointment, the CSB has adjusted its target for FY 2023 to reflect the state's benchmark.

In FY 2021, Wellness, Health Promotion and Prevention Services (WHPP) provided Mental Health First Aid (MHFA) training to 380 County and Fairfax County Public School staff, community members, and community partners at an average cost of \$379 per individual. MHFA is an evidence-based international health education program that helps participants identify, understand, and respond to individuals experiencing a crisis due to mental health and/or substance use disorders. Of the participants receiving MHFA training, 100 percent passed the standard exam required to obtain MHFA certification and 95 percent of the participants were satisfied with the training.

In previous years, WHPP staff conducted follow-up surveys for the participants who completed MHFA training to determine 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 survey data had consistently shown that more than half of the respondents applied the skills from MHFA training either at work or in their personal life after obtaining certification. This survey was not conducted in FY 2021 due to continued challenges with COVID-19 and a redesign of MHFA courses to a virtual platform.

The number of actual trainings in FY 2021 was lower than usual due to the impact of COVID-19. The National Council for Behavioral Health released the MHFA virtual training platform for facilitators in July 2020. By the end of August 2020, all CSB WHPP staff were certified to deliver the new curriculum, trained in the learning management system required by National Council to deliver virtual MHFA, and the first virtual MHFA course was held in October 2020.

In FY 2021, seven (7) virtual Youth MHFA courses and 26 Adult MHFA courses were held for a total of 33 courses. No virtual Teen MHFA courses were held as there is no virtual option permitted by the National Council. WHPP continues to provide customized MHFA courses to community groups, non-profit organizations, and local businesses. In addition, WHPP trained staff and volunteers from Volunteer Solutions, Capitol One, Antioch HELPS Ministry, the Office to Prevent and End Homelessness, Domestic and Sexual Violence Services, Boy Scouts, Community Health Workers from the Department of Health, a cohort of staff from the Board of Supervisors, Fairfax Christian Ministry, and the Progress Center.

Emergency and Crisis Services

In FY 2021, the Merrifield Crisis Response Center (MCRC) served 6,305 individuals through general emergency services and two mobile crisis units at an average cost of \$1,106 per person. The number served increased by five percent, slightly exceeding the target, and suggesting that Emergency Services usage is returning to pre-pandemic levels. Emergency Services operates 24 hours per day, 7 days per week, and aids every individual who presents for services. In FY 2021, 93 percent of individuals received face-to-face services within one hour of check-in.

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During early FY 2021, Emergency Services remained open and available to provide services. However, during the stay-at-home order, individuals and families were reluctant to seek direct face-to-face services, leading to a decrease in the number served at the beginning of the fiscal year. Practices were in place to safely serve individuals in-person and through remote telehealth services, health screenings prior to in-person interviews, and offering evaluations in temporary outdoor tents as needed. For those that did seek services during this timeframe, cases tended to be more acute with higher complexity, so although fewer individuals were requesting Emergency Services, longer periods of intervention were often required, and the overall number of service hours in FY 2021 exceeded the 30,000-hour goal. The mobile crisis units were also briefly limited in the types of cases and locations where individuals could be seen when called for evaluations. They were able to quickly resume normal outreach operations with increased screening and PPE but were limited by the public's willingness to receive the team in their homes.

In 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 and whose needs may be better met through CSB or other community services. In May 2021, Fire and Rescue began conducting direct transports to MCRC for individuals in behavioral health crisis. Staff are also part of a multi-agency initiative that is exploring options for creating a co-responder model to respond to requests for mental health interventions through the 911 call center. This model could impact the number of individuals served in future fiscal years.

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

A goal for the Emergency and Crisis service area is to identify the best options and least restrictive services for individuals who are experiencing severe behavioral health issues. In FY 2021, 79 percent of crisis intervention and stabilization services provided by the general emergency service and the mobile crisis units were less restrictive than psychiatric hospitalization, surpassing the target of 65 percent. There are a variety of factors that drive the number of hospitalizations. Access and use of crisis stabilization units were slightly lower in FY 2021 due to lower referrals from the community. As individuals are vaccinated in the community, the CSB expects an increase in utilization during the upcoming fiscal year. 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 can access it.

Throughout the pandemic, law enforcement involved cases remained consistent, including those brought in through an Emergency Custody Order (ECO) or on a voluntary basis. Data have shown that individuals who come to Emergency Services via law enforcement with an ECO have a higher probability of a Temporary Detention Order (TDO) that leads to psychiatric hospitalization. This can be directly attributed to the Crisis Intervention Team (CIT) training that better aligns a police officer's interpretation of the ECO with its intended purpose, and assessment of the client's acuity and need for a higher level of care. As more law enforcement officers receive training to identify individuals who are experiencing a mental health crisis and bring them to the attention of Emergency Services, it is anticipated that these hospitalizations may increase.

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Residential Treatment and Detoxification Services

In FY 2021, 215 individuals received Adult Residential Treatment for substance abuse, including those who received services through primary treatment, community re-entry, and aftercare services, at an average cost of \$54,167 per person. This represented a 41 percent decrease from the number of individuals served in FY 2020, which is partly due to the social distancing requirements that reduced program capacity starting at the end of FY 2020. The CSB has consulted with the Health Department, which advises facilities to continue following best practices regarding COVID-19. To maintain client and staff safety, residential treatment programs have continued reduced program capacities in FY 2021. In addition, fewer individuals are requesting this level of care as some individuals are reluctant to enter care in a congregate setting during the public health emergency. Aside from the limitations on the numbers served due to the pandemic, as the residential facilities age, additional maintenance and repair costs are incurred. However, had the pandemic not reduced the programs' ability to admit individuals at the usual pace, it is expected that numbers served would have more closely matched the target and the estimated cost per individual served. Many of the residential treatment programs in this service area are large, allowing the programs to produce an economy of scale that, when 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 respondents indicated that they were satisfied with services. Of the respondents, 85 percent reported that they had reduced their substance use at one-year post discharge as compared to their substance use prior to entering the program, exceeding the target of 80 percent. Residential treatment programs recognize the importance of employment to ensure economic stability and the benefits of daily structure, responsibility, and accountability in an individual's recovery. During the past fiscal year, 75 percent of respondents were employed one-year post discharge, meeting the target. Given the increase in employment opportunities since FY 2019, we expect that the percent of clients employed will reach 85 percent in FY 2023. Although the target was met, there are still challenges which staff remain focused on meeting to assist individuals with employment. As the age of the population served has trended lower and the service delivery model has changed, including a decreased length of stay, individuals are often less prepared for future employment upon entering the program and there is less time for them to get connected to job supports during treatment.

Youth and Family Services

In FY 2021, Youth and Family Outpatient Services served 1,361 youth at an average cost of \$4,361 per person. This represented a 25 percent decrease in youth served from FY 2020. As a result of the COVID-19 pandemic, the CSB received many fewer direct referrals from Fairfax County Public Schools (FCPS) and Falls Church City Public Schools (FCCPS). In addition, many issues that caused parents to bring their children to behavioral health services are school related, such as attendance, school behavior, and academic performance. With in-home learning, these factors were less salient. Throughout the pandemic, the CSB maintained the capacity to serve youth and families in the community, through a combination of telehealth and in-person services. As students return to in-person learning, it is anticipated that referrals will increase to levels seen prior to the pandemic and perhaps higher. Behavioral health needs of children and youth are met through individualized plans which include outpatient individual, family and group treatment, case management and/or psychiatric services. Youth and Family Outpatient staff coordinate closely with education, child welfare, and juvenile justice to meet the needs of children and youth involved in multiple systems. Through case management, children and youth with especially complex and high-risk behaviors can access intensive services funded through the Children's Services Act or Medicaid.

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In previous fiscal years, improvement in home, school and community functioning for children and youth served was measured through parent questionnaires on satisfaction surveys. However, these surveys are typically administered in a paper format and due to the pandemic, staff were unable to administer satisfaction surveys this fiscal year. It is anticipated the CSB will be able to administer surveys to clients in FY 2022. In 2019, the CSB implemented a new research-backed outcomes measurement tool, the Daily Living Activities-20 (DLA-20). The DLA-20 assesses individual functioning on 20 daily living skills and identifies where outcomes are needed so that clinicians can address functional deficits through individualized service plans. Results from these assessments show that 93 percent percent of youth served maintained or improved functioning on school-related measures. The CSB is exploring options to utilize the DLA-20 for tracking client outcomes and improvements in the future.

Behavioral Health Outpatient and Case Management Services

In FY 2021, Behavioral Health Outpatient and Case Management Services (BHOP) provided services to 4,264 adults with mental health, substance use, and/or co-occurring disorders at an average cost of \$3,021 per individual. In this service area, satisfaction surveys are typically administered in the spring. However, due to the COVID-19 pandemic and the change to online and telehealth services, staff were unable to administer surveys this fiscal year. It is anticipated the CSB will be able to administer surveys to clients in FY 2022. This service area has implemented several business process improvements to enhance efficiencies around service delivery, including client engagement, collaborative documentation, centralized scheduling, no-show policy, and utilization review. Individuals are prioritized for services based on the severity of their needs at the time of assessment. Medicaid expansion has also allowed clinicians to refer more people to community-based providers when stable, which increases program capacity and allows more individuals to begin treatment services. During the onset of the pandemic, BHOP was able to quickly move to primarily telehealth services in March 2020 and safely continue critical treatment services.

For the past several years, this service area has tracked employment outcomes for those receiving treatment primarily for substance use. In FY 2021, 58 percent of those served obtained or maintained employment, which was a five (5) percentage point decrease from FY 2020. 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 2021, 5,004 individuals with a developmental disability received an assessment, case coordination, and/or Targeted Support Coordination services, at an average cost of \$5,361 per person. While most individuals received assessment and case coordination services, 1,481 individuals received Targeted Support Coordination services, missing the target of 1,537. The target was missed due to unexpected staff vacancies and increased staff workload related to new state mandates. These mandates include the completion of additional assessment tools at each face-to-face visit to assess individuals' support needs and crisis risk, and the completion of an annual comprehensive assessment to identify areas of potential risk. Although these new requirements are intended to reduce risk and improve outcomes for individuals, the increased workload limited the CSB's ability to expand targeted case management services as projected. The number of individuals receiving this service increases as the number of Medicaid Waivers assigned by the state increases. It is anticipated that the number of individuals receiving Targeted Support Coordination services will have a higher than usual increase over the next two fiscal years, due to an anticipated increase in

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new waiver slots and an increase in individuals served through State Plan Option services. Overall, it estimated that 1,768 individuals will be served in FY 2022 and 1,900 served in FY 2023.

Each individual that receives Targeted Support Coordination services has monthly contacts with a support coordinator and has a team consisting of professionals and family members who meet at least every 90 days with the individual to ensure needs are being addressed and progress towards outcomes is accomplished and reflected in the Individual Support Plan (ISP). During these meetings, which include the individual, 96 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 or 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 2021, 784 individuals with developmental disability received directly operated and contracted day support and employment services, representing a 50 percent decline from the number served in FY 2020. Of these individuals, 532 received services fully funded by Fairfax County while 252 received services partially funded through Medicaid Waiver and partially by Fairfax County. The average cost to serve these individuals was \$33,373 per person. The continued impact of the COVID-19 pandemic was a substantial factor in the decline. For example, all providers for day support and group supported employment were closed until May 2021. Additionally, programs are continuing to face capacity challenges and it is unclear when these issues will be resolved. It is anticipated that after the pandemic, the number of individuals served will increase, based on the estimated number of graduates from Fairfax County Public Schools (FCPS) who may be eligible for CSB Employment and Day Support Services. Due to the pandemic, FCPS extended an extra year of eligibility for individuals who would have typically aged out of the school system, which also contributed to a reduction in the number of FY 2020 and 2021 graduates that were placed. It is expected that these graduates will gradually begin placements in Day Support employment services in FY 2022.

Due to the program disruptions experienced and large reductions in client engagement, satisfaction surveys had a low response rate. As such, satisfaction data are not presented for FY 2021. Additionally, average annual wages in FY 2021 were likely skewed due to the lower number of individuals who were employed. Of the individuals who received group supported employment services, the average annual wage was \$8,524, and for those who received individual supported employment, \$13,949 was the average annual wage. Prior to the pandemic, there was a trend towards more jobs in the retail, hospitality, and food service 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 the 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. Staff are 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.

This service area also provides employment services to individuals with serious mental illness, substance use and/or co-occurring disorders. In FY 2021, 502 adults received supported employment services, which included individual and group employment coaching and support, at a cost of \$2,480 per individual. This number reflects an enhancement to the CSB's electronic health

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record that more accurately captures individual CSB clients served in a group setting in treatment programs and through drop-in groups that are provided at locations throughout the community.

In FY 2021, Employment Services staff and contractors continued to focus on individual job development and placement. Overall, 498 individuals, or 99 percent of those served, received individual supported employment services while four individuals (one percent) received group supported employment services. Of these, 92 percent indicated satisfaction with services, and 44 percent obtained paid or volunteer employment. This represents a decline from FY 2020 and is due to the pandemic, which resulted in business closures and a lack of employment opportunities. In addition, some clients were less likely to work due to safety concerns related to the pandemic for themselves and/or family members. Also, increased availability of unemployment benefits may have impacted the number of clients employed in FY 2021. It is expected that as the impact of the pandemic lessens in the upcoming year, the employment rate will return to previous levels towards the end of FY 2022. Although not formally employed, 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. One positive effect of the pandemic has been new opportunities for virtual volunteer work, which increase community involvement and build communication and other work readiness skills.

The individuals who obtained paid employment worked an average of 27 hours per week and received an average hourly wage of \$13.79, surpassing the target of \$12.00. This is primarily due to individuals with prior professional experience who worked with job coaches to successfully secure employment in their career fields, which increased the average wage. Additional employment included work in the educational, government, restaurant and retail sectors within the region and is reflective of the majority of job placements in this service area. There was a significant number of individuals working in customer service call center and entry level IT positions. Due to the recent increase in the state minimum wage, it is expected that the average hourly wage will continue to increase over the next several fiscal years.

Assisted Community Residential Services

In FY 2021, 99 individuals were served in directly operated group homes, contracted group homes and supported apartments throughout the community. The number of individuals in this service area has decreased over the past few fiscal years due to natural attrition. The average cost per individual served increased to \$82,558, driven by an increase in staffing levels at two of the directly operated group homes in response to the acute needs of this aging and intensely medically involved population.

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

The individuals who receive residential services generally show high levels of satisfaction with their living arrangement and the supports and activities offered. In FY 2021, 100 percent of those surveyed indicated satisfaction. Additionally, 98 percent of those served were able to maintain their

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existing 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 311 individuals in FY 2021 at an average cost of \$31,488 per person. A recently awarded contract with community-based providers is anticipated to have a positive impact on the cost of services and 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. As expected, fewer individuals were served in this service area in FY 2021 due to contract and service delivery re-alignment, coupled with Medicaid expansion, which allows more individuals to be served by community-based providers. Overall, 93 percent of individuals reported being satisfied with services.

One of the goals in this service area is for clients to reach a stage where they are at a self-sufficiency level in which they can move to a more independent housing arrangement. Clients must be able to consistently manage their own medication administration, appointments, finances, and work schedules with minimal staff intervention to move out of a level of care that provides daily interaction with clinical staff. The percentage of individuals who were ready to move to a more independent residential setting within one year was 12 percent, which did not meet the target. Clients in service are making progress towards independent living, however this percentage dropped due to the successful placement of several individuals in permanent supportive housing in FY 2020 with vouchers obtained through a partnership with the Department of Housing and Community Development (DHCD). These housing vouchers are essential for providing a subsidy to low-income individuals so that they may afford housing in Northern Virginia. Research suggests that permanent supportive housing for this vulnerable population leads to more successful outcomes. An implication of placing more individuals into housing during FY 2020 is that it opened the door for new clients with more intensive needs to enter this level of care. The transition to a community-based setting requires a significant amount of skill training and rehabilitation for clients to reach a level of functioning that allows for a successful move to a more independent living arrangement, a process which typically takes 12 to 18 months. It is anticipated that as these clients have more time in service that this percentage will increase in FY 2022. 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 2021, CSB clinicians housed in the Adult Detention Center (ADC) served a total of 1,826 individuals at a cost of \$1,026 per individual. In addition, 1,236 forensic assessments were conducted with 998 individuals (unduplicated) during the fiscal year. 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 2021, 84 percent of those referred for a forensic assessment received that assessment within two days of referral, which did not meet the target of 90 percent. The assessments that did not occur within two days were partly impacted by the COVID-19 pandemic, which limited timely access. Of those individuals who received a full forensic assessment, 85 percent received follow up treatment services while in jail, which could include services to address mental health and/or substance use disorder. The CSB Jail Services team has expanded the scope of its work to include Emergency Custody Orders (ECOs) and Temporary Detention Orders (TDOs) to help stabilize acute

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mental health needs while individuals are incarcerated or upon release. In FY 2021, the Sheriff's Office expanded services for Medication Assisted Treatment (MAT) for individuals with opioid use disorder. The CSB provides coordination of care and release planning for MAT participants prior to and post release. This service area continues to collaborate with the specialty courts and other Diversion First services to provide needed supports to individuals while incarcerated and to link them with appropriate services upon release.

Intensive Community Treatment Services

In FY 2021, CSB discharge planners served 663 adults, at an average cost of \$1,076 per individual served. This represented a 7 percent decrease from FY 2020. Although there were significant increases in the number of adults served each year since FY 2017, state legislative changes have required shorter time frames to locate alternative treatment, which resulted in more admissions to state hospitals as a last-resort placement. In the past year, five of the eight state hospitals were closed to admissions at various points, which both limited admissions, and with the remaining state hospitals at capacity, caused increased pressure 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. Ninety five percent of all adults were scheduled for a CSB assessment within seven days of hospital discharge. The additional five 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. Due to the COVID-19 pandemic, satisfaction surveys could not be administered in FY 2021. It is anticipated the CSB will be able to administer surveys to clients in FY 2022.

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, 52 percent remained in CSB services after 90 days. More individuals are required to be discharged from hospitals as soon as possible, while also presenting with a higher acuity and complexity. As individuals may not be as well prepared to adjust to community-based treatment, this requires more complex planning between providers to help ensure individuals remain in treatment and impacts the overall outcomes. Additionally, the pandemic has put stress on the behavioral health care system nationwide, which has limited the availability of treatment resources and may have impacted client engagement. The CSB is working to mitigate these issues and anticipates that as more resources become available, this will improve client engagement, staffing consistency, and retention in services.

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Indicator	FY 2019 Actual	FY 2020 Actual	FY 2021 Estimate	FY 2021 Actual	FY 2022 Estimate	FY 2023 Estimate
Central Administration						
Percent of CSB service quality objectives achieved	88%	88%	80%	75%	80%	80%
Percent of CSB outcome objectives achieved	73%	67%	80%	60%	80%	80%
Engagement, Assessment, and Referral Services						
Percent of individuals receiving an assessment who attend their first scheduled service appointment	67%	59%	80%	59%	80%	80%
Percent of individuals trained who obtain Mental Health First Aid certification	95%	95%	92%	96%	92%	92%
Emergency and Crisis Services						
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	72%	74%	65%	72%	65%	65%
Residential Treatment and Detoxification Services						
Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge	85%	87%	80%	82%	80%	80%
Percent of individuals served who are employed at one year after discharge	72%	77%	80%	80%	75%	75%
Youth and Family Services						
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	91%	72%	90%	90%	90%	90%
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	59%	62%	80%	63%	70%	70%
Support Coordination Services						
Percent of Person-Centered Plan objectives met for individuals served in Targeted Support Coordination	96%	98%	88%	99%	88%	88%
Employment and Day Services						
Average annual wages of individuals with a developmental disability receiving group supported employment services	\$6,750	\$6,576	\$6,750	\$5,203	\$6,250	\$6,250
Average annual wages of individuals with a developmental disability receiving individual supported employment services	\$15,985	\$15,157	\$16,200	\$13,298	\$15,500	\$15,500
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services	\$14.61	\$14.61	\$12.00	\$13.27	\$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	100%	98%	98%	94%	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	13%	18%	13%	19%	18%	18%

A complete list of performance measures can be viewed at
<https://www.fairfaxcounty.gov/budget/fy-2023-adopted-performance-measures-pm>

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FUND STATEMENT

Category	FY 2021 Actual	FY 2022 Adopted Budget Plan	FY 2022 Revised Budget Plan	FY 2023 Advertised Budget Plan	FY 2023 Adopted Budget Plan
Beginning Balance	\$26,138,124	\$18,724,931	\$38,795,887	\$10,225,028	\$10,225,028
Revenue:					
Local Jurisdictions:					
Fairfax City	\$2,218,098	\$2,218,100	\$2,218,100	\$2,479,063	\$2,479,063
Falls Church City	1,005,368	1,005,368	1,005,368	1,123,651	1,123,651
Subtotal - Local	\$3,223,466	\$3,223,468	\$3,223,468	\$3,602,714	\$3,602,714
State:					
State DBHDS	\$8,743,455	\$7,839,233	\$7,839,233	\$8,451,543	\$8,451,543
Subtotal - State	\$8,743,455	\$7,839,233	\$7,839,233	\$8,451,543	\$8,451,543
Federal:					
Block Grant	\$4,151,268	\$4,053,659	\$4,053,659	\$4,053,659	\$4,053,659
Direct/Other Federal	47,877	154,982	154,982	154,982	154,982
Subtotal - Federal	\$4,199,145	\$4,208,641	\$4,208,641	\$4,208,641	\$4,208,641
Fees:					
Medicaid Waiver	\$7,453,296	\$2,962,684	\$7,000,000	\$7,000,000	\$7,000,000
Medicaid Option	8,736,090	13,064,300	8,582,708	8,582,708	8,582,708
Program/Client Fees	4,352,505	3,994,251	4,296,500	4,296,500	4,296,500
CSA Pooled Funds	616,349	858,673	890,000	890,000	890,000
Subtotal - Fees	\$21,158,240	\$20,879,908	\$20,769,208	\$20,769,208	\$20,769,208
Other:					
Miscellaneous	\$130,931	\$14,100	\$124,800	\$124,800	\$124,800
Subtotal - Other	\$130,931	\$14,100	\$124,800	\$124,800	\$124,800
Total Revenue	\$37,455,237	\$36,165,350	\$36,165,350	\$37,156,906	\$37,156,906
Transfers In:					
General Fund (10001)	\$147,216,019	\$148,691,446	\$150,158,878	\$165,193,503	\$165,193,503
Total Transfers In	\$147,216,019	\$148,691,446	\$150,158,878	\$165,193,503	\$165,193,503
Total Available	\$210,809,380	\$203,581,727	\$225,120,115	\$212,575,437	\$212,575,437
Expenditures:					
Personnel Services	\$121,731,966	\$124,147,434	\$128,707,302	\$144,386,423	\$144,386,423
Operating Expenses	50,529,247	62,448,342	71,857,646	59,532,746	59,532,746
Recovered Costs	(1,841,850)	(1,738,980)	(1,568,760)	(1,568,760)	(1,568,760)
Capital Equipment	94,130	0	898,899	0	0
Total Expenditures	\$170,513,493	\$184,856,796	\$199,895,087	\$202,350,409	\$202,350,409
Transfers Out:					
General Fund (10001)	\$0	\$0	\$15,000,000	\$0	\$0
General Construction and Contributions (30010)	1,500,000	0	0	0	0
Total Transfers Out	\$1,500,000	\$0	\$15,000,000	\$0	\$0
Total Disbursements	\$172,013,493	\$184,856,796	\$214,895,087	\$202,350,409	\$202,350,409

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FUND STATEMENT

Category	FY 2021 Actual	FY 2022 Adopted Budget Plan	FY 2022 Revised Budget Plan	FY 2023 Advertised Budget Plan	FY 2023 Adopted Budget Plan
Ending Balance	\$38,795,887	\$18,724,931	\$10,225,028	\$10,225,028	\$10,225,028
DD Medicaid Waiver Redesign Reserve ²	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Opioid Use Epidemic Reserve ³	300,000	300,000	50,000	50,000	50,000
Diversion First Reserve ⁴	4,658,162	3,329,234	4,408,162	4,408,162	4,408,162
Medicaid Waiver Expansion Reserve ⁵	2,800,000	2,800,000	2,800,000	2,800,000	2,800,000
Electronic Health Record Reserve ⁶	3,000,000	0	0	0	0
COVID-19 Revenue Reserve ⁷	2,000,000	2,000,000	0	0	0
Encumbered Carryover Reserve	10,299,859	0	0	0	0
Unreserved Balance⁸	\$13,237,866	\$7,795,697	\$466,866	\$466,866	\$466,866

¹ In order to account for expenditures in the proper fiscal year, an audit adjustment, reflected as a decrease of \$5,562.87 to FY 2021 expenditures, was included to accurately record expenditure accruals. The Annual Comprehensive Financial Report (ACFR) reflects all audit adjustments in FY 2021. Details of the audit adjustments were found in Attachment VI of the *FY 2022 Mid-Year Review*.

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 Electronic Health Record Reserve ensures the County has sufficient funding to procure and implement a new electronic health record system capable of aligning itself with the future needs of the CSB.

⁷ The COVID-19 Revenue Reserve ensures the County has sufficient funding to provide billable services that may be impacted by the on-going Covid-19 pandemic.

⁸ The Unreserved Balance fluctuates based on specific annual program requirements.