

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 disabilities, mental illness and/or substance use disorders.

Connection to the Countywide Strategic Plan

The Fairfax County Board of Supervisors adopted the first-ever Countywide Strategic Plan on October 5, 2021. The Countywide Strategic Plan serves as a road map to help guide future work, focusing on the 10 Community Outcome Areas that represent the issues of greatest importance to the community, and uses the County's One Fairfax equity policy to invest in people and places that have limited access to opportunity. On February 18, 2025, the third Annual Report on the work of the strategic plan was released to the public. The report contains point-in-time progress highlights for each of the community outcome areas, plus a number of additional initiatives to embed the elements of the plan within department-level work. The report also includes a Year Three Implementation Model, including five data dashboards and data stories that are being replicated across all of the outcome areas, which will engage hundreds of County subject-matter experts to identify and champion the specific strategies that will move forward to implementation under the direction of the County Executive's Steering Committee. For more information on the Countywide Strategic Plan, please visit www.fairfaxcounty.gov/strategicplan. The Fairfax-Falls Church Community Services Board primarily supports the following Community Outcome Areas:



Community Outcome Area	Vision Statement
Empowerment and Support for Residents Facing Vulnerability	<i>All people facing vulnerability are empowered and supported to live independent lives to their fullest potential.</i>
Healthy Communities	<i>All people can attain their highest level of health and well-being.</i>
Lifelong Education and Learning	<i>All people at every stage of life are taking advantage of inclusive, responsive and accessible learning opportunities that enable them to grow, prosper and thrive.</i>
Safety and Security	<i>All people feel safe at home, school, work and in the community.</i>

Focus

The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental disabilities, mental illness, and/or substance use disorders in Fairfax County and the Cities of Fairfax and Falls Church. As one of Fairfax County's Boards, Authorities, and Commissions (BACs), it operates as part of the health and human services system, governed by a policy-administrative board with 16 members, 13 appointed by the Fairfax County Board of Supervisors, one by the Office of the Sheriff, 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

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Authority (BHA). The Fairfax-Falls Church CSB is one of 40 such entities (39 CSBs and one BHA) in the Commonwealth of Virginia (Commonwealth).

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 (WHPP). Most of CSB's other non-emergency services are targeted primarily to people whose conditions seriously impact their daily functioning. As the single point of entry into publicly funded behavioral health care services, CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers.

CSB's community-based services and supports are designed to improve mental, emotional, and physical health and quality of life for many of the community's most vulnerable residents. This continuum of services is provided primarily by over 1,100 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, local public and private 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. However, the CSB anticipates beginning a new strategic planning process in FY 2026 and is also working to ensure the efficient and effective use of resources with a new electronic health record system.

As an evidence-based practice, 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. Integrating primary and behavioral health care remains a strategic priority for CSB and the health and human services system. Partnerships with Inova Behavioral Health, Neighborhood Health's Community Health Center Network, and the Northern Virginia Dental Clinic at the Sharon Bulova Center for Community Health provide individuals with comprehensive, coordinated services.

CSB offers a nationally certified Mental Health First Aid (MHFA) program that identifies key risk factors and warning signs of mental health and substance use problems, explains their impact, and describes common treatments and local resources. Suicide prevention is another priority as suicide is the second leading cause of death among 10- to 34-year-olds in Virginia. In addition, the CSB is expanding support services for substance use and co-occurring disorders, and The Peer Outreach Response Team (PORT) now receives overdose referrals directly from both law enforcement and Fire and Rescue Department personnel.

Behavioral Health Workforce Planning

Since FY 2021, the workforce crisis brought about by the COVID-19 pandemic has continued to impact the CSB. While most services continued, there were fewer staff to meet the community's growing needs. CSB continues to struggle with staff vacancies in critical service positions and reached an all-time high (206 vacancies) in May 2022. While focused local efforts and increased local investments have decreased vacancies, they remain high, averaging 130 in FY 2024. These continued vacancies only heighten service challenges due to lack of qualified clinical staff needed to operate community programs. CSB remains focused on increasing its workforce planning efforts. Most of the CSB's clinical positions, including those in nursing, behavioral health, developmental

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disabilities, and substance use disorders, require mandated specialty degrees, certifications, and licensure, as determined by state laws and licensing requirements. Due to these requirements, most health care related employers in the area compete for the same group of qualified candidates.

Implementing new strategies around recruitment and retention remains a strategic priority and will be critical to attracting qualified talent and ensuring the retention of existing staff. Efforts include incentivizing referral, recruitment, and retention; providing one-time hiring bonuses for vacant positions that are chronically hard to fill; and identifying funding opportunities to support staff with tuition payments as well as loan repayment. Additionally, reviewing and reflecting on the results of employee surveys for newly hired/existing staff and conducting staff exit interviews has been prioritized. CSB continues to expand its outreach efforts to build upon connections with university partners.

Diversions First

Diversions First continues to provide alternatives to arrest and incarceration for people with mental illness, substance use disorders, and/or developmental disabilities who come into contact with the criminal justice system for low-level offenses. The CSB collaborates with multiple public safety agencies and the courts to intervene wherever possible to provide assessment, treatment and needed support, prevent repeated encounters with the criminal justice system, and promote a safer community.

At the earliest stages, community-based teams, including teams comprised of public safety and clinical staff, respond to behavioral health crises. In addition, law enforcement officers can bring people to a 24 hours a day, seven days a week community-based crisis response center for services in lieu of arrest. Diversions First also provides opportunities for intervention throughout the criminal justice system. Behavioral health services are provided during incarceration. A Supervised Release Program provides intensive pre-trial supervision in the community, and the Veteran's Treatment Docket, Drug Court Docket, and Mental Health Docket provide diversion through a structured process that integrates treatment and court supervision. Diversions First also includes community-based behavioral health treatment, peer recovery support and housing, providing person-centered care, a connection to recovery and a pathway out of the justice system.

In FY 2024, Diversions First expanded further, enhancing the behavioral health crisis response system. The County's Co-Responder Program grew to four teams serving the County seven days a week. These teams are comprised of a Crisis Intervention Team (CIT) trained Fairfax County police officer and a CSB Crisis Intervention Specialist who respond to public safety calls for services involving behavioral health issues and provides crisis de-escalation, resources, and linkages to services. In FY 2024, Co-Responder Teams responded to approximately 1,900 calls. Also, in FY 2024, a post crisis response team with a clinician and peer recovery specialist and an overnight Mobile Crisis Unit was established, and the CSB partnered with the Department of Public Safety Communications (DPSC) to co-locate CSB Behavioral Health Liaisons within the 911 Call Center to provide support and resources for calls related to behavioral health.

Increased Use of Opioids

Addressing the opioid epidemic is an immediate need and a longstanding priority in Fairfax County. The CSB partners with multiple County stakeholders through Fairfax County's Opioid and Substance Use Task Force to advance a multi-pronged, collaborative opioid response strategy. Fairfax County's [FY 23-FY25 Opioid Response Plan](#) includes approximately 40 programs and activities across six priority areas.

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As the [Fairfax Opioid Overdose Dashboard](#) illustrates, the local community continues to be profoundly impacted by the opioid epidemic, with 117 fatal opioid overdoses (of which the majority involved fentanyl) and over 400 emergency department visits for nonfatal opioid overdoses in 2023. A particular area of focus in FY 2024 was planning and launching eight projects funded with opioid settlement dollars; CSB is the lead agency for four of these projects. More information on these projects and Fairfax County's use of opioid settlement funds are available online at: [Opioids: Opioid Settlement Funds](#).

Trends Shaping CSB Services

Many service trends are driven by state legislative reforms requiring core mandated behavioral health services alongside the broader system transformations driven by the state. Medicaid expansion and the shift towards managed care is also reshaping revenue cycles and service delivery. The state is seeking to transform services and reimbursement for intensive community-based and crisis services covered by the Virginia Department of Medical Assistance Services (DMAS).

The hospital bed crisis remains a persistent challenge that requires continued expansion of community-based crisis services and the enhancement of community residential capacity. Developmental disabilities services face unique challenges as the state continues working to meet the 2012 U.S. Department of Justice Settlement Agreement by shifting services into the community and restructuring Medicaid waiver funding for services. Amidst the influx of new Developmental Disability (DD) waiver slots, adequate DD waiver, support coordination, and case management rates are needed. Each of the current trends necessitate innovative strategies and sustainable funding solutions to ensure the provision of quality, accessible services throughout the CSB system.

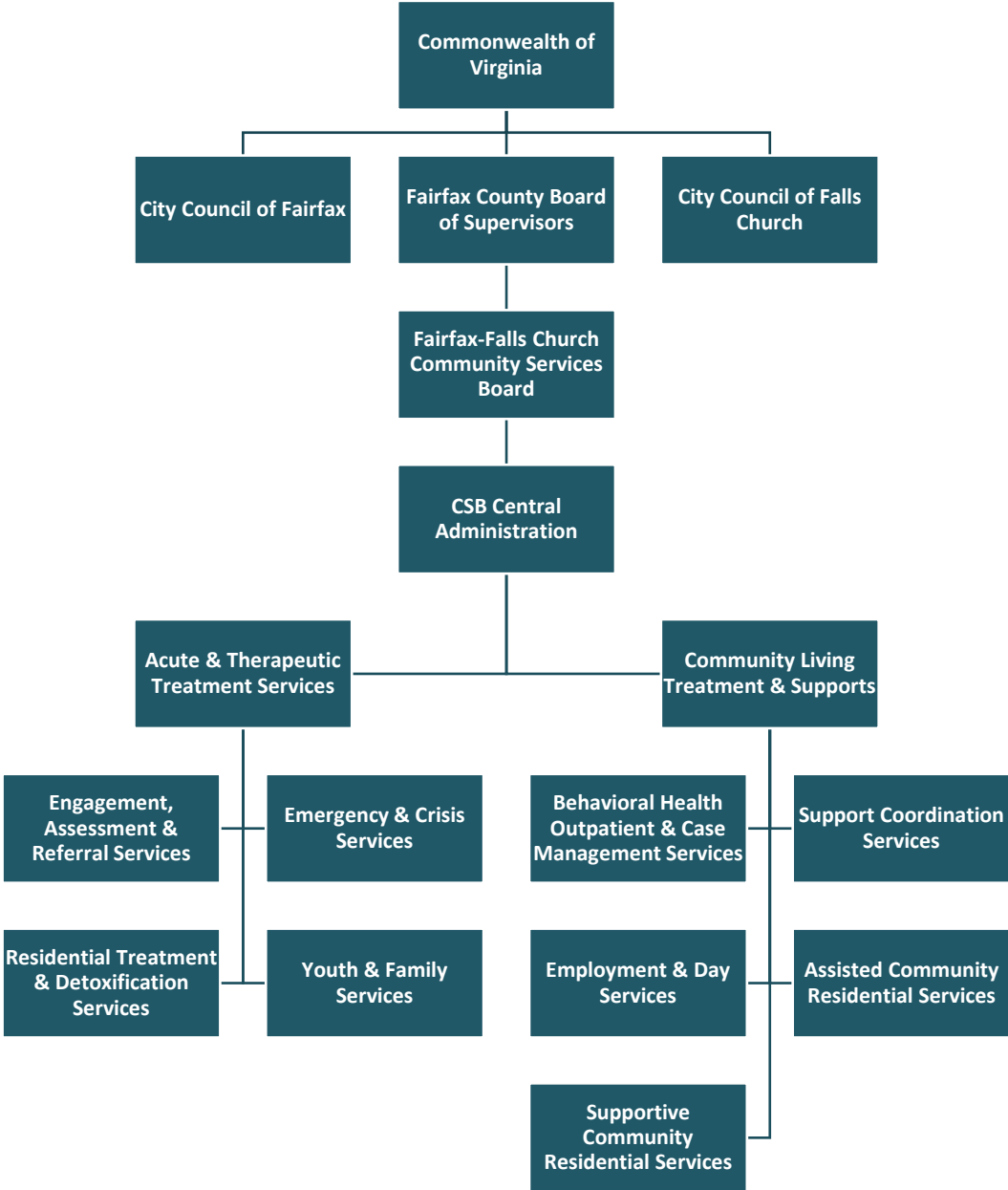
Relationship with Boards, Authorities, and Commissions

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
- Fairfax County Planning Commission
- Northern Virginia Regional Commission

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Organizational Chart



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Budget and Staff Resources

Category	FY 2024 Actual	FY 2025 Adopted	FY 2025 Revised	FY 2026 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$156,092,862	\$171,106,522	\$170,324,117	\$175,644,155
Operating Expenses	52,539,325	50,893,738	59,615,943	49,298,186
Capital Equipment	159,158	0	1,428,735	0
Subtotal	\$208,791,345	\$222,000,260	\$231,368,795	\$224,942,341
Less:				
Recovered Costs	(\$1,137,907)	(\$1,568,760)	(\$1,568,760)	(\$1,568,760)
Total Expenditures	\$207,653,438	\$220,431,500	\$229,800,035	\$223,373,581
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	1127 / 1121	1129 / 1123	1137 / 1131	1096 / 1090.25

This department has 85/81.6 FTE Grant Positions in Fund 50000, Federal-State Grant Fund.

FY 2026 Funding Adjustments

The following funding adjustments from the FY 2025 Adopted Budget Plan are necessary to support the FY 2026 program:

Employee Compensation \$6,927,167

An increase of \$6,927,167 in Personnel Services includes \$3,282,257 for a 2.00 percent cost of living adjustment (COLA) for all employees and \$2,713,247 for performance-based and longevity increases for non-uniformed merit employees, both effective the first full pay period in July 2025. The remaining increase of \$931,663 comprises \$929,074 for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions and the final year of a three-year phase-in to support employee retention and recruit efforts that will reduce pay compression and \$2,589 for other compensation adjustments.

Fringe Benefit Support \$2,151,670

An increase of \$2,151,670 in Personnel Services is primarily due to higher employer costs for retirement contributions and health insurance.

Contract Rate Increases \$1,927,789

An increase of \$1,927,789 in Operating Expenses supports a contract rate increase for eligible providers of mandated and non-mandated services.

Support Coordination \$1,257,595

As previously approved by the Board of Supervisors as part of the *FY 2024 Carryover Review*, an increase of \$1,257,595 is included to provide support coordination services to individuals with developmental disabilities in the community as a result of new Medicaid Waivers allocated by the state, effective July 1, 2024. As Medicaid Waivers are allocated to the County, additional support coordinators are needed in order to comply with state and federal requirements, primarily those pursuant to the U.S. Department of Justice Settlement Agreement and Implementation of Virginia's Medicaid Waiver redesign, effective July 1, 2016. This funding is offset with Medicaid Waiver revenue in the amount of \$1,006,076, resulting in a net cost to the General Fund of \$251,519.

Department of Vehicle Services Charges \$11,285

An increase of \$11,285 in Department of Vehicle Services charges is included. These expenses are associated with the purchase of replacement vehicles, regular maintenance of fleet assets, fueling, and use of the motor pool.

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Refuse Collection **(\$74,256)**

Consistent with actions taken as part of the *FY 2024 Carryover Review*, a decrease of \$74,256 in Operating Expenses is based on a shift in the management of trash collection billing to the Facilities Management Department (FMD). Due to staffing shortages, equipment failures and the overall inefficiency of trash pickup from facilities sparsely distributed across the County, the service model previously performed by the Department of Public Works and Environmental Services (DPWES) for trash collection is now contracted out to a private hauler and centrally billed to FMD. Funding is no longer required in this agency and was transferred to FMD as part of the *FY 2024 Carryover Review* to provide overall contract management for the refuse collection contract.

Housing Services Grants County Cash Match **(\$206,834)**

As previously approved by the Board of Supervisors as part of the *FY 2024 Carryover Review*, a decrease of \$206,834 is associated with the transfer of annual local cash match requirements from Fund 40040, Fairfax-Falls Church Community Services Board to Agency 38, Housing and Community Development in an effort to better align resources within the Health and Human Services system.

Reductions **(\$9,052,335)**

A decrease of \$9,052,335 and 41/40.75 FTE positions reflect reductions utilized to balance the FY 2026 budget. The following table provides details on the specific reductions:

Title	Impact	Positions	FTE	Reduction
Close Cornerstones and New Generations Residential Treatment Programs	The Fairfax-Falls Church Community Services Board operates a number of residential treatment programs as part of a continuum of care to address substance use disorders with or without co-occurring mental health disorders. Cornerstones is a highly intensive, long-term residential treatment program serving individuals with both a serious mental illness and a serious substance use disorder who require integrated and intensive treatment. New Generations is a residential treatment program that provides rehabilitative services to women who have a substance use disorder and/or co-occurring mental health disorders. Women entering New Generations are pregnant, or enter with their child 4 years or younger, or are in a parenting relationship with a child who resides elsewhere. Given the number of individuals these two programs serve, this reduction will close both of these residential programs and move existing clients to other CSB programs. Service delivery for existing clients will not be interrupted; however, going forward there may be an additional wait time for services should demand increase.	35	34.75	\$4,687,938

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Title	Impact	Positions	FTE	Reduction
Eliminate Rental Leases and Transition to Permanent Supportive Housing	The Intensive Community Treatment (ICT) program provides comprehensive, community-based support to individuals with severe mental health issues and/or co-occurring serious substance use disorders. One component of the program is to provide stable housing. This has historically been done through rental lease agreements funded with local dollars. This reduction proposed to eliminate the General Fund support and move these individuals to Permanent Supportive Housing slots or to a different, more appropriate level of care. Service delivery for these individuals will continue uninterrupted; therefore, it is not anticipated that this reduction will have a negative impact on the Fairfax-Falls Church Community Services Board or the individuals served.	0	0.0	\$800,865
Reduce Funding for Employment and Day Support Services	Employment and Day Services are designed to help individuals with developmental disabilities gain employment, develop job skills, and participate in meaningful day activities. These services aim to promote independence, self-sufficiency, and community involvement. This reduction achieves savings in employment and day support contracts by streamlining and tailoring services to meet individual needs; therefore, it is not anticipated that this reduction will have a negative impact on the individuals served.	0	0.0	\$675,000
Reduce Funding for the Self-Directed Services Program	The Self-Directed Services program helps adults with developmental disabilities learn or improve important skills so they can be active in their communities. It is a cost-effective alternative to traditional employment and day services. One component of this program is paying for post-secondary education. This reduction will eliminate this component of the Self-Directed Services program and impact 68 individuals. The remaining service components will not be impacted; however, the individuals receiving funding for post-secondary education will need to find another funding source. They remain eligible for Self-Directed Services funding for employment and community-based day activities.	0	0	\$644,912
Transition Individuals Receiving Developmental Disability Services through Local Funding to a Medicaid Waiver	This reduction transitions individuals from receiving locally funded developmental disability services to receiving services utilizing a Medicaid waiver slot. Service delivery for these individuals will continue uninterrupted; therefore, it is not anticipated that this reduction will have a negative impact on the Fairfax-Falls Church Community Services Board or the individuals served.	0	0.0	\$524,153
Eliminate Respite Services for Individuals with Developmental Disabilities	Respite services are designed to provide temporary relief to primary caregivers who are responsible for the continuous care of individuals with developmental disabilities. The Fairfax-Falls Church Community Services Board provides up to two weeks per year of either center- or home-based respite services. This reduction eliminates respite services for 16 individuals. This service provides essential support for caretakers as well as offering the individuals served appropriate care and/or a change of environment with trained staff. The CSB will explore other options such as Purchase of Service to provide relief to caregivers in place of this service.	0	0.0	\$436,811

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Title	Impact	Positions	FTE	Reduction
Eliminate 3/3.0 FTE Positions Providing Transition Services to Fairfax County Public Schools Seniors	The Fairfax-Falls Church Community Services Board offers various transition services to support students with developmental disabilities who are leaving Fairfax County Public Schools and moving into adulthood. These services aim to help young adults achieve independence, integrate into the community, and pursue post-secondary goals such as employment or other activities. This reduction eliminates 3/3.0 FTE positions that provide dedicated transition services to an average of 130 students annually. The CSB administrative team will continue to support the transition process, as well as any services provided by Fairfax County Public Schools.	3	3.0	\$422,349
Eliminate Contract with Leland House	The Fairfax-Falls Church Community Services Board contracts with Leland House to provide short-term, intensive mental health services for adolescents in crisis. This reduction eliminates the Leland House contract; however, it is not expected to negatively impact service delivery as there are other similar CSB services available to meet this need.	0	0.0	\$411,084
Eliminate 3/3.0 FTE Vacant Developmental Disability Specialist I Positions	This reduction eliminates 3/3.0 FTE vacant Developmental Disability Specialist I positions in the Assisted Community Residential Services (ACRS) program. The ACRS program helps adults with developmental disabilities live more independently in the community. There is sufficient staffing at each program location and an adequate relief pool of staff; therefore, it is not expected that this reduction will negatively impact service delivery.	3	3.0	\$402,606
Reduce Funding for the Intensive Case Management Program	The Intensive Case Management program provides comprehensive, community-based services to individuals who require a higher level of support due to severe and persistent mental health issues or co-occurring disorders. This reduction decreases funding for the program and will increase the waiting list for services without interim supports or engagement.	0	0.0	\$46,617

General Fund Transfer

The FY 2026 budget for Fund 40040, Fairfax-Falls Church Community Services Board, requires a General Fund Transfer of \$183,371,871, an increase of \$1,936,005 over the FY 2025 Adopted Budget Plan. This increase is primarily due to additional funding to support employee pay increases and contract rate adjustments for eligible providers, baseline funding for new positions for support coordination, and an increase in funding associated with fringe benefits due to increases in employer contribution rates to the retirement systems. These increases are partially offset by agency reductions totaling \$9,052,335.

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Changes to FY 2025 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2025 Revised Budget Plan since passage of the FY 2025 Adopted Budget Plan. Included are all adjustments made as part of the FY 2024 Carryover Review and all other approved changes through December 31, 2024.

Carryover Adjustments **\$8,110,940**

As part of the *FY 2024 Carryover Review*, the Board of Supervisors approved funding of \$8,110,940 due to increases of \$5,557,253 in encumbered carryover, \$1,010,000 due to an appropriation from the Opioid Use Epidemic Reserve, \$1,000,000 to support critical capital needs at CSB facilities, and an appropriation of \$824,777 in Federal Block Grant and local jurisdiction revenues. These increases are partially offset by transfers of \$206,834 to Agency 38, Housing and Community Development, associated with the County's annual cash match for housing services grants and \$74,256 to Agency 08, Facilities Management Division, to support the consolidation effort of the County's refuse disposal program.

Support Coordination **\$1,257,595**

As part of the *FY 2024 Carryover Review*, the Board of Supervisors approved funding of \$1,257,595 and 8/8.0 FTE positions to provide support coordination services to individuals with developmental disabilities in the community as a result of new Medicaid Waivers allocated by the state, effective July 1, 2024. This funding is offset with Medicaid Waiver revenue in the amount of \$1,006,076, resulting in a net cost to the General Fund of \$251,519.

Cost Centers **CSB Central Administration**

CSB Central Administration Unit (CAU) provides leadership to the entire CSB system, supporting over 21,000 individuals and their families, more than 70 nonprofit partners, and CSB employees. The CSB executive staff oversees the overall functioning and management of the agency to ensure effective operations and a seamless system of community services and key supports. CAU staff also provide support to the 16 resident members of the CSB Board and serves as the liaison between the CSB; Fairfax County, Cities of Fairfax and Falls Church; Virginia Department of Behavioral Health and Developmental Services (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 2 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; 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. CSB's Patient

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Assistance Program (PAP) arranges for the provision of ongoing, free prescription medications to be eligible for consumers with chronic conditions.

A focus on whole health is a priority for Medical Services and key to the overall wellness of people served by the CSB. Current strategic priorities include the development and implementation of integrated primary and behavioral health care and responding to the opioid crisis by expanding capacity to provide medication assisted treatment.

Category	FY 2024 Actual	FY 2025 Adopted	FY 2025 Revised	FY 2026 Advertised
EXPENDITURES				
Total Expenditures	\$56,916,178	\$63,344,739	\$67,898,289	\$72,718,872
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	261 / 259.5	261 / 259.5	332 / 330.5	331 / 329.5

Acute and Therapeutic Treatment Services

Engagement, Assessment, and Referral Services

Engagement, Assessment, and Referral (EAR) Services are the CSB's primary entry point to help individuals get appropriate treatment. CSB's Priority Access Guidelines determine who qualifies 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. Services include an Entry and Referral Call Center and an Assessment Unit for comprehensive screening, assessment, and referral. Individuals can visit the Sharon Bulova Center for Community Health for in-person screenings without appointments. A free online screening tool is available on the County website to assess mental health or substance use issues. EAR aims to engage individuals needing services, triage for safety, and connect them to appropriate treatment and support. Those ineligible for CSB services are linked to community resources whenever possible.

Wellness, Health Promotion, and Prevention Services 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. Requests for trainings such as Mental Health First Aid, QPR (Question, Persuade, Refer), and REVIVE! Rescuer Training is growing among parents, professionals, and the community. These trainings play a vital role in enhancing the community's emotional health and ability to handle mental health and substance use challenges.

Emergency and Crisis Services

Emergency and Crisis Services provide immediate, short-term crisis intervention for individuals of all ages experiencing a behavioral health or substance use crisis. Available to anyone in the community, these recovery-oriented services at the Sharon Bulova Center for Community Health provide crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders, and admission to psychiatric hospitals and regional crisis stabilization units. This center also offers 24 hour a day, seven days a week emergency services, including psychiatric evaluations, medication prescriptions, and dispensing of selective medications.

The Merrifield Crisis Response Center (MCRC), located on the ground floor of the Sharon Bulova Center for Community Health, is a part of the County's Diversion First initiative. Law enforcement can bring individuals needing mental health services to the MCRC instead of jail, transferring custody to a Crisis Intervention Team officer. The individual receives a clinical assessment from emergency mental health professionals and is linked to appropriate services and supports. Neighborhood Health provides on-site medical clearance for admission to crisis stabilization units and in some cases to

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psychiatric hospitalizations. Based out of the MCRC are Mobile Crisis Units, Co-Responder Units, and Crisis Response Teams, who pair with the police and fire and rescue departments personnel to respond to individuals who frequently utilize public safety and 911 behavioral health services.

The Court Civil Commitment Program provides Independent Evaluators (clinical psychologists) to evaluate individuals involuntarily hospitalized before a final commitment hearing, as required by the Code of Virginia. They help the court determine the necessity and legal basis for longer-term involuntary hospitalization.

Residential Treatment & Detoxification Services

Residential Treatment Services (Fairfax Detoxification Center, Crossroads, A New Beginning, A New Direction, and Residential Support Services) offers comprehensive care to adults with substance use disorders and/or co-occurring mental illness who have been unable to maintain stability on an outpatient basis. Services address significant impairments in various life domains, including criminal justice involvement, homelessness, employment, family and social relationships, and health issues.

The Fairfax Detoxification Center provides services for intoxication/withdrawal, including clinically managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture; health, wellness, and engagement services; assessment for treatment services; Human Immunodeficiency Virus/Hepatitis C Virus/Tuberculosis education; universal precautions education; case management services; referral services; and introduction to the 12-Step recovery process. The residential setting is monitored continuously for safety by trained staff in an environment designed to promote rest, reassurance, and recovery.

Continuing care services help people transition back into the community, with specialized services for those with co-occurring disorders, pregnant and post-partum women, and people whose primary language is Spanish.

Youth and Family Services

Youth and Family Services (Y&F) provides a comprehensive continuum of care from Outpatient to Intensive Services. The division delivers behavioral health assessments, psychiatric and competency evaluations, medication assisted treatment, outreach and engagement initiatives, crisis interventions, psychoeducation and therapeutic services, including individual, group and family therapy. Case management is also available for children and adolescents ages 3 to 18 and their families. Youth receiving services present with behavioral challenges, mental health, substance use, and/or co-occurring disorders. Episodic services support and guide parents while treating youth who have or are at risk for complex behavioral health needs affecting their relationships at home, school, and in the community.

Intensive Services are delivered by the Resource Team (RT) and Intensive Care Coordination (ICC). The RT is responsible for state-mandated hospital discharge planning, behavioral health consultation, case management, and facilitating access to private intensive treatment funded by the Children's Services Act (CSA) and the Mental Health Initiative. ICC offers intensive support for youth with complex behavioral health challenges who are at high risk for out-of-home placement or transitioning back to the community.

Programs are funded through state block grants, County, state, and federal funding, as well as Medicaid, private insurance, and self-payment options. The CSB collaborates with CSA and Healthy Minds Fairfax partners to optimize funding and address service gaps, affording at-risk youth access to comprehensive services that improve their mental health and substance use outcomes. Additionally, through robust partnerships, services are accessible within non-traditional community settings such as Fairfax County Public Schools (FCPS), Department of Neighborhood and

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Community Services (NCS), and juvenile court programs, as well as CSB’s four traditional sites, Chantilly Center, Gerry Hyland Government Center, Northwest Center in Reston, and the Sharon Bulova Center for Community Health.

Youth behavioral health is a national concern, increasing statewide. Hospitals and clinic settings report treating youth with higher acuity needs, such as suicidal ideation and/or self-harm and opioid use. CSB has worked with County leaders to address the rising demand for youth services, resulting in expanded Youth Medication Assisted Treatment and the integration of CSB community-based teams in non-traditional settings throughout the County. Evaluating the effectiveness of these programs will assist CSB and County leaders in guiding future service delivery and the expansion of best practices.

Category	FY 2024 Actual	FY 2025 Adopted	FY 2025 Revised	FY 2026 Advertised
EXPENDITURES				
Total Expenditures	\$60,909,027	\$62,981,662	\$62,992,155	\$59,271,490
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	376 / 373	373 / 370	350 / 347	317 / 314.25

Community Living Treatment and Supports

Behavioral Health Outpatient and Case Management Services

Adult Behavioral Health Outpatient and Case Management Services (BHOP) provides case management services and outpatient programs for people with serious mental illness (SMI), substance use disorders (SUD), and/or co-occurring disorders. Individuals served may also have co-occurring developmental disabilities. The goal of services is to provide episodic treatment to people to enable them to live independently with community support.

Case management services are person-centered services for adults with serious and persistent mental or behavioral health needs, including co-occurring/SUD. Services focus on interventions that support full recovery and independence. The goal of mental health case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms, facilitate a successful life in the community, help manage symptom reoccurrence, build resilience, and promote self-management, self-advocacy, and wellness.

Outpatient programs provide treatment based on evidence-based programming to persons whose primary needs involve SMI, SUD, and/or co-occurring disorders. The CSB offers the following services:

- Intensive Stabilization Unit (ISU): Nine plus hours of weekly stabilization and transitional group treatment for people with acute SMI and co-occurring disorder symptoms. The ISU program is designed to help prevent the need for hospitalization or to help people transition from recent hospitalization to less intensive services.
- Intensive Outpatient Program (IOP): Nine plus hours of weekly group treatment for people with SUD and co-occurring disorder symptoms.
- Turning Point: A program for young adults (ages 16 to 25) providing rapid intervention and wraparound services after the first episode of psychosis. Services are also offered to people who are at a high risk of psychosis.
- Outpatient Therapy: Short-term treatment for individuals with SMI, SUD, or co-occurring disorders.

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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 long-term, intensive level services and supports. Services provided include assessment and eligibility, targeted and monitoring case management, and school transition. 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. Support coordinators then link individuals to services and supports, coordinate and monitor services, provide technical assistance, and advocate for the individual. These individualized services and supports may include medical, behavioral, educational, employment/vocational, housing, financial, transportation, recreational, legal, and problem-solving skills development services.

Support Coordination Services are directly impacted by the U.S. Department of Justice Settlement Agreement with the Commonwealth of Virginia DBHDS. A critical priority of the settlement is to reduce the Priority 1 (P1) waitlist for Medicaid Waivers. Strategies to mitigate workforce and private provider capacity challenges are needed in order to manage the significant growth of support coordination and related services that are required as a result of the Medicaid Waiver investment.

Employment and Day Services

Employment and Day Services (EDS) provides support and training for individuals with developmental disabilities to improve independence and self-sufficiency. Through varying levels of Day Support and Supported Employment, individuals can utilize services through partnerships with private, nonprofit, and/or public agencies to successfully access and thrive in the workforce and their community. Day Support provides facility and community-based activities and nursing care for people best supported through intensive medical care, behavioral interventions, and various program activities to bolster socialization, communication, fine and gross motor skills, and daily and community living skills. Group Supported Employment provides intensive job placement assistance and continual job support for community-based, supervised contract employment in the community. Individual supported employment provides necessary job skills and placement support with minimal, intermittent on-the-job support in competitive, integrated employment settings.

The Self-Directed Services (SDS) program is a cost-effective alternative to traditional day support and employment services. It provides resource identification, technical assistance, and allocation of funds to community members, enabling them to directly purchase community-based support services for their family members. These supports may include companion, employment, instructional services, and/or day support, offering a flexible and affordable solution for families.

Psychosocial rehabilitation services (provided via contract through community partnership) 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, co-occurring services, relapse prevention, training in problem solving and independent living skills, health literacy, pre-vocational services, and community integration.

The CSB's Supported Employment program provides support to individuals with behavioral health issues working towards life goals that involve getting and keeping a job in the competitive labor market, learning about career choices, addressing barriers to employment, volunteering in the community, and/or completing educational goals that enhance career outcomes. A workforce specialist or job coach provides individualized services to help participants achieve and maintain employment. Employment services are provided both through contract and directly operated services. Two levels of services are provided: Individual Placement and Supports (IPS) for individuals

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needing a higher level of support and the traditional Supported Employment model for individuals who need a moderate level of support.

Community Residential Services: Assisted and Supportive

Assisted Community Residential Services (ACRS) provides an array of need-based, long-term residential support for individuals with developmental disabilities. 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 group homes and supervised apartment programs are directly operated by ACRS and include nursing care coordination, staff training on integrated healthcare protocols and nursing services to meet increasingly complex medical needs of program participants.

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. SCRS is comprised of Residential Intensive Care (RIC) programs and Supportive Housing Programs (SHP). RIC offers intensive residential services for up to 24 hours a day, daily monitoring of medication and psychiatric stability. Counseling, supportive, and treatment services are provided daily in a therapeutic setting. SHP provides residential support and case management in a community setting. The programs offer secure residence, direct supervision, counseling, case management, psychiatric services, nursing support, 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 services within the Community Residential Services (CRS) division are provided through contractual relationships with local service providers. Contracted services for individuals with a primary diagnosis of a developmental disability include intensive and supervised residential, in-home supports, emergency and drop-in respite, assistive technology, and an Intermediate Care Facility (ICF). Contracted services for clients with a primary diagnosis of a serious mental illness include intensive and supervised residential programs, mental health skill building, and an Assisted Living Facility (ALF).

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 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, MAT, and Intensive Community Treatment Services. CSB partners with specialty courts to provide direct support for the Veterans Treatment Docket, the Drug Court Docket and the Mental Health Docket. Each of these efforts is focused on enhancing an individual's linkages to treatment services with the goal of reducing recidivism.

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Intensive Community Treatment Services

Intensive Community Treatment Services includes Discharge Planning, Assertive Community Treatment (ACT), services for individuals who are adjudicated 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 collaborating with state hospital staff, preparing and implementing conditional release plans, and submitting reports to the court on the person’s progress and adjustment in the community. PATH is an outreach team meeting individuals in the community who are homeless and connecting them to needed services, including healthcare, substance use treatment, shelter, and behavioral health services. 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 been hospitalized or involved with the criminal justice system. Services include case management, linking to community resources, crisis intervention, and medication management.

Category	FY 2024 Actual	FY 2025 Adopted	FY 2025 Revised	FY 2026 Advertised
EXPENDITURES				
Total Expenditures	\$89,828,233	\$94,105,099	\$98,909,591	\$91,383,219
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	490 / 488.5	495 / 493.5	455 / 453.5	448 / 446.5

Position Detail

The FY 2026 Advertised Budget Plan includes the following positions:

CSB CENTRAL ADMINISTRATION – 331 Positions			
Administration			
1	Executive Director	1	Human Resources Generalist I
1	Deputy Director	6	Human Resources Generalists II
1	Comm. Svs. Planning/Devel. Dir.	1	Training Specialist III
1	Finance Manager CSB	2	Training Specialists II
2	Policy and Information Managers	1	Info Tech Program Manager I
4	Management Analysts IV	1	Information Security Analyst I
9	Management Analysts III	2	Statistical and Data Specialists IV
12	Management Analysts II	3	Statistical and Data Specialists III
2	Management Analysts I	3	Statistical and Data Specialists II
3	Financial Specialists IV	1	Statistical and Data Specialist I
4	Financial Specialists III	1	Data Analyst I
7	Financial Specialists II	3	Communications Specialists II
5	Financial Specialists I	1	Human Service Worker V
3	Business Analysts IV	1	Human Service Worker IV
5	Business Analysts III	1	Human Service Worker III
5	Business Analysts II	9	Human Service Workers II
1	Residential & Facility Development Manager	37	Human Services Assistants, 2 PT
1	Information Officer III	1	Volunteer Services Program Manager
1	Assistant Human Resources Manager	1	Administrative Associate

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Administration			
1	Licensed Practical Nurse	6	Administrative Assistants V
1	Behavioral Health Senior Clinician	1	Human Resource Manager
3	BHN Clinician/Case Managers	22	Administrative Assistants IV
3	Behavioral Health Managers	13	Administrative Assistants III
1	Admin & Policy Division Director	3	Administrative Assistants II
1	Substance Abuse Counselor III		
CSB Clinical Operations			
1	CSB Division Director	0	Behavioral Health Specialists I [-1]
2	Deputy Directors	1	Human Service Worker V
1	Program Manager	1	Human Service Worker IV
1	Behavioral Health Supervisor	1	Management Analyst I
1	Behavioral Health Sr. Clinician	4	Peer Support Specialists
8	Behavioral Health Specialists II		
Medical Services			
1	Medical Director of CSB	40	BHN Clinician/Case Managers
1	CSB Division Director	2	BHN Managers
1	Public Health Doctor, PT	10	BHN Supervisors
1	Psychiatrist Supervisor	1	Behavioral Health Specialist II
22	Psychiatrists	1	Physician Assistant
1	Behavioral Health Manager	6	Psychiatric Nurse Practitioners
1	Behavioral Health Supervisor	2	Nurse Practitioners
21	Licensed Practical Nurses		
ACUTE AND THERAPEUTIC TREATMENT SERVICES – 317 Positions			
Engagement, Assessment and Referral Services			
1	CSB Service Area Director	11	Behavioral Health Senior Clinicians
1	Behavioral Health Manager	8	Behavioral Health Specialists II, 1 PT
4	Behavioral Health Supervisors	2	Licensed Practical Nurses
Emergency and Crisis Services			
1	CSB Division Director	6	Behavioral Health Senior Clinicians
3	Behavioral Health Managers	19	Behavioral Health Specialists II
2	Clinical Psychologists	8	Behavioral Health Specialists I
9	Emergency/Mobile Crisis Supervisors	1	Food Service Specialist
3	Behavioral Health Supervisors	1	Peer Support Specialist
36	Crisis Intervention Specialists, 1 PT	4	Human Service Workers I
Residential Treatment and Detoxification Services			
1	CSB Division Director	2	Administrative Assistants V
1	Substance Abuse Counselor II	2	Food Service Supervisors [-1]
5	Substance Abuse Counselors I	1	Food Service Specialist
12	Behavioral Health Supervisors [-3]	0	Peer Support Specialists [-1]
6	Behavioral Health Senior Clinicians [-5]	6	CSB Aides/Drivers [-2]
27	Behavioral Health Specialists II, 1 PT [-4]	0	Day Care Center Teachers I, 1 PT [-2]
4	Behavioral Health Managers [-2]	4	Cooks [-1]
14	Behavioral Health Specialists I [-12]		
Wellness, Health Promotion and Prevention Services			
1	Behavioral Health Manager	2	Social Services Supervisors
1	Behavioral Health Supervisor	2	Social Services Specialists III
7	Behavioral Health Specialists II		
Youth and Family Services			
1	CSB Division Director	27	Behavioral Health Specialists II
2	Clinical Psychologists	2	Peer Support Specialists
6	Behavioral Health Managers	1	Psychiatric Nurse Practitioner
14	Behavioral Health Supervisors	1	Psychiatrist, PT
45	Behavioral Health Sr. Clinicians, 1 PT		

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COMMUNITY LIVING TREATMENT AND SUPPORTS – 448 Positions			
Behavioral Health Outpatient and Case Management Services			
1	CSB Division Director	5	Behavioral Health Managers
17	Behavioral Health Supervisors	45	Behavioral Health Specialists II
40	Behavioral Health Sr. Clinicians, 1 PT		
Support Coordination Services			
1	CSB Division Director	19	DD Specialists III
1	Management Analyst I	117	DD Specialists II [-3]
6	DD Specialists IV	6	DD Specialists I
Employment and Day Services			
1	CSB Division Director	1	Management Analyst III
1	Behavioral Health Manager	2	Management Analysts I
2	DD Specialists IV	1	Behavioral Health Senior Clinician
1	DD Specialist II	1	Behavioral Health Supervisor
3	DD Specialists I	1	Behavioral Health Specialist II
Assisted Community Residential Services			
1	DD Specialist IV	41	DD Specialists I [-3]
2	DD Specialists III	1	CSB Aide/Driver
6	DD Specialists II		
Supportive Community Residential Services			
1	CSB Division Director	10	Behavioral Health Specialists II
3	Behavioral Health Managers	11	Behavioral Health Specialists I, 1 PT [-1]
1	DD Specialist IV	1	Housing/Community Develop Division Director
7	Behavioral Health Supervisors	4	Mental Health Counselors
3	Behavioral Health Senior Clinicians	1	Management Analyst I
Diversion and Jail-Based Services			
1	CSB Division Director	11	Behavioral Health Senior Clinicians
2	Behavioral Health Managers	15	Behavioral Health Specialists II
9	Behavioral Health Supervisors	5	Behavioral Health Specialists I
Intensive Community Treatment Services			
1	CSB Division Director	17	Behavioral Health Specialists II
2	Behavioral Health Managers	1	Behavioral Health Specialist I
8	Behavioral Health Supervisors	2	Peer Support Specialists
7	Behavioral Health Senior Clinicians	2	Administrative Assistants III
-	Denotes Abolished Position(s) due to Budget Reductions		
PT	Denotes Part-time Position(s)		

Performance Measurement Results by Community Outcome Area

Empowerment and Support for Residents Facing Vulnerability

Services are High Quality and Coordinated

In FY 2024, the CSB met 57 percent of its service quality objectives (eight out of 14) and 60 percent of its outcome objectives (nine out of 15) as compared to the targets of 80 percent, with several objectives only slightly below the target level. A behavioral health provider shortage has resulted in staffing issues within multiple service areas, which may have played a role in fewer objectives being met in FY 2024. 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, and a focus on priority populations. CSB leadership and 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.

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The number of individuals served in Assisted Community Residential Services has decreased over the past several fiscal years due to natural attrition and an increased number of Medicaid developmental disability waivers. In FY 2026, it is anticipated that no more than 60 individuals will receive this level of care through local funding, as the CSB prioritizes services for individuals on the Medicaid waitlist. This service area maintains contracts with community-based providers to support a continuum of residential services and supports to include congregate group homes, respite facilities, respite subsidies, and in-home supports. In FY 2024, 97 percent of individuals served in directly operated and contracted group homes and supported apartments were able to maintain their existing level of residential independence, which fell just below the target. This affords a higher level of independence for individuals with developmental disabilities. While ACRS serves an aging population whose support needs naturally increase over time, these individuals can still maintain their level of housing.

In FY 2024, 5,340 individuals with a developmental disability received an assessment, case coordination, and/or Targeted Support Coordination services. The number of individuals served was below the target due to limited resources to manage the individuals involved in the assessment and monitoring process, as staff focused on the more critical needs of individuals with waivers and those who were waiver eligible. While most individuals received assessment and case coordination services, 1,826 individuals received Targeted Support Coordination services, just below the target of 1,900. This was due to a delay in receiving waiver slots and limitations on expanding State Plan Option case management services.

For individuals who receive targeted case management, the program exceeded expectations with 96 percent of individuals satisfied and 93 percent of person-centered plan outcomes met. With the plans for elimination of the Medicaid P1 waiver waitlist, it is anticipated that there will be 2,136 active waiver slots in FY 2025 and a minimum of 2,428 in FY 2026.

Healthy Communities

Improving Physical and Behavioral Health Conditions

In FY 2024, 3,098 individuals were served in Engagement, Assessment, and Referral Services which fell below the estimated level of 3,400. All individuals who requested services received a screening or assessment. The estimate for FY 2026 has been adjusted to 3,100 based on client demand over the past two fiscal years. In FY 2024, 80 percent of individuals who responded to a satisfaction survey indicated they were satisfied with assessment services. Although this did not meet the 85 percent target, it is expected that improvements in staffing and the recent redesign of the assessment process will result in increased satisfaction. Program leadership will continue to place a stronger emphasis on clinical training related to mental health and substance use disorders, in addition to individuals who are diagnosed with an intellectual and/or developmental disability.

Once an individual is assessed and recommended for services, the best practice is to begin treatment services as soon as possible. Of the individuals referred to CSB services, 71 percent attended their first scheduled 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 individuals to appropriate services in the community.

Continued expansion of state and federal housing programs, along with additional Medicaid accessibility, will allow Supportive Community Residential Services to decrease reliance on local funding for housing and services over time and reduce the number of individuals served in this program. Contracts with community-based providers have created a better flow for a continuum of

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services. One of the goals in this service area is for individuals to reach a stage where they are at a self-sufficiency level at which they can move to a more independent housing arrangement. As the County decreases the directly operated census, the percentage of remaining individuals needing more independent residential settings will decrease. Individuals in service are making progress towards independent living; however, the transition to a community-based setting requires a significant amount of skill training and rehabilitation, a process which typically takes 12 to 18 months. The SCRS programs are transitioning to an evidence-based permanent supportive housing model, relying less on facility-based services and increasing community based in-home supports.

Residential Treatment & Detoxification Services provided treatment services to 265 individuals in FY 2024. Significant staff vacancies impacted the programs, and COVID-19 continues to be a factor, with several occurrences that slowed program admissions. The service area is currently considering redesigning its program models to allow for a future youth crisis receiving and treatment center, utilizing existing residential positions. Based on the current plans, it is estimated the programs will serve 280 individuals in FY 2026. Aside from limitations on the number of individuals served, as the residential facilities age, maintenance and repair costs are incurred and affect the cost of providing service. Capital improvement plans are currently being finalized and began in January 2025, encompassing a division-wide upgrade to all treatment facilities.

Outcome surveys are conducted one year post discharge from residential treatment and individuals are asked about satisfaction with services, current substance use status, and employment. Seventy-seven percent of respondents reported they had reduced their substance use. While this missed the target of 80 percent, it is a 29 percent increase from FY 2023 and staff continue to focus on increasing client involvement in self-help recovery and community activities to improve outcomes. Seventy-eight percent of respondents were employed one-year post discharge. Although below the 80 percent target, this was also an improvement from FY 2023 as more individuals returned to the workforce after the pandemic. The program has partnered with the Virginia Department for Aging and Rehabilitative Services (DARS) to enhance employment supports.

As part of the Diversion First initiative, Adult Detention Center (ADC) staff members screen all individuals for mental health issues as part of the medical assessment and identify individuals for more in-depth clinical assessments or referral to other providers. Timeliness of assessment and services correlates with better behavioral health outcomes. In FY 2024, 69 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. Some individuals were not seen within two days, largely due to staffing shortages. However, individuals were triaged, and those with acute needs were seen within two days of referral and nearly all individuals were seen within 14 days of referral, aligning with standards developed by the National Commission on Correctional Health Care (NCCHC). Seventy-six percent of individuals who had a forensic assessment attended a follow-up appointment after their assessment, slightly exceeding expectations.

In FY 2024, the CSB underwent a reorganization to centralize nursing services under its own service area. Consequently, the number of reported individuals served for Behavioral Health Outpatient and Case Management Services and estimates for FY 2026 have been adjusted to account for this transition. Eighty-eight percent of individuals who responded to a survey indicated they were satisfied with services. While this fell below the 90 percent target, this was a 4 percent increase over FY 2023. In the past year, the Rapid Engagement and Assessment Transition (TREAT) teams have made steady progress in improving timely access to services. The goal of the TREAT teams is to increase program capacity, facilitate the initiation of individuals into treatment services, and allow clinicians to refer more people to community-based providers when stable. Staff are enhancing linkages with community partners, including Health Works and Neighborhood Health, to move stable individuals

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to community-based care, along with providing increased collaboration to allow for rapid re-entry into CSB outpatient services if needed. The service area tracks employment outcomes for those receiving treatment primarily for substance use. In FY 2024, the program exceeded expectations and 75 percent of those served obtained or maintained employment.

Access to Health Services

Despite serving fewer individuals than expected in Intensive Community Treatment Services due to Medicaid expansion and an increase in community hospital bed capacity, the individuals who were served had more intensive needs and longer hospital stays. This situation demanded greater coordination with the legal system and partner agencies. Notably, 87 percent of all adults were scheduled for a CSB assessment within seven days of hospital discharge. Efforts to enhance coordination across multiple systems are ongoing to ensure more timely access to assessment services, especially for court-related cases. Discharge planners remain involved with individuals awaiting assessment to ensure continuity of care until they begin receiving other CSB services. Due to limited staff resources, an insufficient number of satisfaction surveys were collected to report results for FY 2024. Program staff are revising procedures for administering surveys and it is expected that the survey response rate will increase in future fiscal years. The program exceeded expectations for individuals who were referred to CSB services, with 71 percent remaining in service for at least 90 days.

Mental Health First Aid 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. MHFA is offered to various County agencies and the general public. In FY 2024, the number of individuals trained did not meet the target. This was due to some individuals and organizations rescheduling their classes to FY 2025. However, the program did exceed its goals with 94 percent of individuals trained who obtained MHFA certification and 95 percent of individuals satisfied with training. Wellness, Health Promotion, and Prevention also offers customized in-person or virtual training for groups and organizations as requested.

Lifelong Education and Learning

Supporting Career-Based Training

In FY 2024, 1,353 individuals with a developmental disability received directly operated and contracted day support and employment services. Of these individuals, 808 received services fully funded by Fairfax County. Although there will be a continued need for graduate placements, it is anticipated that the number of individuals who receive 100 percent local funding will decrease over the next few fiscal years due to the elimination of the Medicaid P1 waitlist. In FY 2024, the program exceeded expectations with 97 percent of individuals satisfied with services and average annual wages for group supported employment over \$11,000. For those receiving individual supported employment, the average annual wage was \$15,198, falling slightly below the target. It is anticipated that individuals' average annual wages will increase in upcoming years due to planned increases to the minimum wage.

This service area also provides employment services to individuals with serious mental illness, substance use and/or co-occurring disorders. In FY 2024, 443 adults received supported employment services, which was below the target of 600. Staffing challenges and the implementation of a new evidence-based Individual Placement and Support program model, which provides more intensive services but limits staff caseload size, were contributing factors in the lower number of individuals served. Targets for FY 2025 and FY 2026 were adjusted based on the requirements of the new program model.

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In FY 2024, Employment Services continued to focus on individual job development and placement. Of the individuals who received behavioral health supported employment, 90 percent indicated satisfaction with services, and 53 percent obtained paid or volunteer employment. Due to the competitive job market and an increase in individuals seeking more professional employment opportunities, this measure did not meet the target. As the new IPS program model is implemented in the upcoming year, it is anticipated that employment outcomes will improve. The individuals who obtained paid employment worked an average of 28 hours per week and received an average hourly wage of \$16.40, surpassing the target of \$12.00. Due to the recent increases in the state minimum wage and the hourly wage increases of local employers, it is estimated that this will continue to increase over the next several fiscal years.

Supporting Academic Achievement

There has been a steady rise in youth opioid use, contributing to the national decline in youth mental health. The opioid epidemic and the recent youth overdoses have led to increased collaboration between the CSB, other youth-serving agencies, and public safety. These strong partnerships are expected to result in additional referrals and the expansion of services in the upcoming years. Youth and Family Outpatient Services served 1,645 youth in FY 2024, falling short of the target of 1,920. Ninety percent of families indicated satisfaction with services, an improvement over FY 2023, but short of the 95 percent goal. Contributing factors to these results include staffing shortages, scheduling conflicts with extracurricular activities and tutoring, parents' reluctance to take their child out of school for services, waitlists, and a lack of resources in the community. As staffing improves, the program will offer more in-person, evening, and expanded services, which should increase satisfaction.

Safety and Security

Emergency Services provide 24 hour a day, seven days a week crisis intervention services at the Sharon Bulova Center for Community Health and at mobile crisis services in the community. In FY 2024, Emergency Services served 7,269 individuals, an increase of 9 percent over FY 2023. Since 2016, Emergency Services has expanded service delivery through several Diversion First initiatives, including the Co-Responder program, Merrifield Crisis Response Center, and the Community Response Team. It is expected that the number of individuals served will continue at this level due to the sustained national and local mental health crisis.

A goal for the service area is to identify the least restrictive service options for individuals experiencing severe behavioral health issues. In FY 2024, 69 percent of interventions provided were less restrictive than psychiatric hospitalization, just below the target of 70 percent, due to periods of time when admissions to crisis stabilization beds were limited due to facility constraints. It is expected that the recent opening of additional crisis stabilization beds in the community will improve usage of less restrictive options. In FY 2024, Emergency Services also launched a Post Response Team to provide follow-up support to individuals and prevent hospitalizations after crises. In addition, awareness and use of the 988 Regional Crisis Call Center is expected to grow in future years and further reduce the need for more intensive services.

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Community Outcome Area	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
Empowerment and Support for Residents Facing Vulnerability¹						
Services Are High Quality and Coordinated¹						
Percent of CSB service quality objectives achieved	53%	47%	80%	57%	80%	80%
Percent of CSB outcome objectives achieved	53%	60%	80%	60%	80%	80%
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	96%	96%	98%	100%	98%	98%
Percent of Person-Centered Plan objectives met for individuals served in Targeted Support Coordination	98%	96%	88%	93%	90%	90%
Healthy Communities¹						
Improving Physical and Behavioral Health Conditions						
Percent of individuals receiving an assessment who attend their first scheduled service appointment	64%	62%	70%	71%	70%	70%
Percent of individuals receiving intensive or supervised residential services who are able to move to a more independent residential setting within one year	14%	5%	18%	20%	5%	5%
Percent of individuals served who are employed at one year after discharge	75%	71%	85%	78%	85%	80%
Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge	89%	48%	80%	77%	80%	80%
Percent of individuals who had a forensic assessment that attend a follow-up appointment after their assessment	83%	82%	75%	76%	75%	75%
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	68%	74%	65%	75%	65%	65%
Access to Health Services						
Percent of adults referred to the CSB for discharge planning services that remain in CSB services for at least 90 days	68%	67%	70%	71%	70%	70%
Percent of individuals trained who obtain Mental Health First Aid certification	100%	95%	92%	94%	92%	92%
Lifelong Education and Learning¹						
Supporting Career-Based Training						
Average annual wages of individuals with a developmental disability receiving group supported employment services	\$7,089	\$9,640	\$6,250	\$11,064	\$6,250	\$11,000
Average annual wages of individuals with a developmental disability receiving individual supported employment services	\$12,776	\$16,738	\$15,500	\$15,198	\$15,500	\$16,000
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services	\$15.23	\$17.46	\$12.00	\$16.40	\$13.00	\$16.00
Supporting Academic Achievement						
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	88%	82%	90%	89%	90%	90%
Safety and Security¹						
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	72%	71%	70%	69%	70%	70%

¹It should be noted that an improved methodology has been identified and previously reported results have been recalculated for improved accuracy.

A complete list of performance measures can be viewed at
<https://www.fairfaxcounty.gov/budget/fy-2026-advertised-performance-measures-pm>

Fund 40040: Fairfax-Falls Church Community Services Board

FUND STATEMENT

Category	FY 2024 Actual	FY 2025 Adopted Budget Plan	FY 2025 Revised Budget Plan	FY 2026 Advertised Budget Plan
Beginning Balance	\$61,279,071	\$48,192,397	\$72,131,338	\$45,788,942
Revenue:				
Local Jurisdictions:				
Fairfax City	\$2,610,453	\$2,479,063	\$2,670,007	\$2,479,063
Falls Church City	1,183,205	1,123,651	1,123,651	1,123,651
Subtotal - Local	\$3,793,658	\$3,602,714	\$3,793,658	\$3,602,714
State:				
State DBHDS	\$12,650,959	\$8,451,543	\$8,451,543	\$8,451,543
Subtotal - State	\$12,650,959	\$8,451,543	\$8,451,543	\$8,451,543
Federal:				
Block Grant	\$4,687,492	\$4,053,659	\$4,687,492	\$4,053,659
Direct/Other Federal	78,233	154,982	154,982	154,982
Subtotal - Federal	\$4,765,725	\$4,208,641	\$4,842,474	\$4,208,641
Fees:				
Medicaid Waiver	\$10,029,515	\$8,838,728	\$9,844,804	\$9,844,804
Medicaid Option	12,761,695	8,582,708	8,582,708	8,582,708
Program/Client Fees	5,762,943	4,296,500	4,296,500	4,296,500
CSA Pooled Funds	1,248,714	890,000	890,000	890,000
Subtotal - Fees	\$29,802,867	\$22,607,936	\$23,614,012	\$23,614,012
Other:				
Miscellaneous	\$67,166	\$124,800	\$124,800	\$124,800
Subtotal - Other	\$67,166	\$124,800	\$124,800	\$124,800
Total Revenue	\$51,080,375	\$38,995,634	\$40,826,487	\$40,001,710
Transfers In:				
General Fund (10001)	\$175,995,187	\$181,435,866	\$181,406,295	\$183,371,871
Total Transfers In	\$175,995,187	\$181,435,866	\$181,406,295	\$183,371,871
Total Available	\$288,354,633	\$268,623,897	\$294,364,120	\$269,162,523
Expenditures:				
Personnel Services	\$156,092,862	\$171,106,522	\$170,324,117	\$175,644,155
Operating Expenses ¹	52,539,325	50,893,738	59,615,943	49,298,186
Recovered Costs	(1,137,907)	(1,568,760)	(1,568,760)	(1,568,760)
Capital Equipment	159,158	0	1,428,735	0
Total Expenditures	\$207,653,438	\$220,431,500	\$229,800,035	\$223,373,581
Transfers Out:				
General Fund (10001)	\$0	\$0	\$15,000,000	\$0
Information Technology Projects (10040)	6,869,857	0	1,890,143	0
General Construction and Contributions (30010)	1,700,000	0	1,885,000	0
Total Transfers Out	\$8,569,857	\$0	\$18,775,143	\$0
Total Disbursements	\$216,223,295	\$220,431,500	\$248,575,178	\$223,373,581

Fund 40040: Fairfax-Falls Church Community Services Board

FUND STATEMENT

Category	FY 2024 Actual	FY 2025 Adopted Budget Plan	FY 2025 Revised Budget Plan	FY 2026 Advertised Budget Plan
Ending Balance	\$72,131,338	\$48,192,397	\$45,788,942	\$45,788,942
Opioid Use Epidemic Reserve ²	10,000,000	10,000,000	8,990,000	8,990,000
Diversion First Reserve ³	7,839,174	7,839,174	0	0
Critical Maintenance Reserve ⁴	0	0	5,000,000	5,000,000
Youth Mental Health Crisis Care Center Reserve ⁵	15,000,000	15,000,000	25,000,000	25,000,000
Unreserved Balance⁶	\$39,292,164	\$15,353,223	\$6,798,942	\$6,798,942

¹ In order to account for revenues and expenditures in the proper fiscal year, audit adjustments have been reflected as an increase of \$61,118.41 to FY 2024 expenditures to accurately record expenditure accruals. The Annual Comprehensive Financial Report (ACFR) reflects all audit adjustments in FY 2024. Details of the audit adjustments will be included in the FY 2025 Third Quarter Package.

² 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.

³ The Diversion First Reserve represents one-time program savings realized since FY 2017 that were held in reserve with the intent to appropriate if funding needs were identified. As a result of consistent and stable baseline funding these one-time program balances are not needed and have been transferred from Fund 40040, Fairfax-Falls Church Community Services Board to Fund 10001, General Fund to support one-time human services needs as part of the *FY 2024 Carryover Review*.

⁴ The Critical Maintenance Reserve was created to allow the CSB to plan for or deal with unforeseen maintenance issues throughout the fiscal year. Funding of \$5,000,000 was allocated to this reserve as part of the *FY 2024 Carryover Review*.

⁵ The Youth Mental Health Crisis Care Center Reserve provides funding to purchase or lease a facility for youth mental health services, consistent with the Board of Supervisor's FY 2024-FY 2025 Budget Guidance.

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