

Fairfax-Falls Church Community Services Board

LOB #263:

PREVENTION, PARTNERSHIPS, AND CONSUMER AFFAIRS

Purpose

The Prevention, Partnerships and Consumer Affairs LOB includes a unique array of services and supports that span the CSB system and help further the overall agency mission. The purpose of each of these areas is as follows:

- The Office of Partnership and Resource Development includes Wellness, Health Promotion, and Prevention (WHPP); communications; the volunteer and intern program; residential and facility development; and grant development and management;
- The Office of Consumer and Family Affairs provides peer support to facilitate recovery and assist individuals served by the CSB. This office also assures that state regulations related to human rights are implemented and managed.

This LOB also provides coordination with the Northern Virginia Regional Projects Office and by agreement with DBHDS and the five CSB's within the Northern Virginia Region (Alexandria, Arlington, Fairfax-Falls Church, Loudoun and Prince William) provides human resources and fiscal management duties for the regional office.

All of these services have system-wide impact and are vital to the successful operation of the organization. They relate directly to the CSB strategic plan and the organizational mission.

Description

All of the services in this LOB are provided not only during regular business hours (Monday-Friday, 8 a.m. - 4:30 p.m.), but also on evenings and weekends as needed.

Office of Partnership and Resource Development

This office includes WHPP, communications, the volunteer and intern program, residential and facility development, and grant development and management.

Wellness, Health Promotion, and Prevention (WHPP) Services provides programming and capacity-building to help community members build skills that prevent the need for more intensive services. Examples of this type of service include Mental Health First Aid, the Chronic Disease Self-Management Program, tobacco cessation programming, Al's Pals, Kognito Online Suicide Prevention Training, and other evidence-based programs. In addition, this service area addresses prevention-related policy issues such as safe disposal of prescription medications, the "Counter Tools" project to track youth access to tobacco products, and local and regional efforts to prevent misuse of opioids and overdose deaths. The WHPP staff also manages a regional suicide prevention initiative. The prevention services function has been in existence since the CSB was established and has been at the forefront of multiple community-level change efforts, many of which have become models for subsequent state and national efforts.

Communications manages the development and dissemination of all CSB public information, including information shared via news media, social media, public and internal websites, publications (including translations), the employee newsletter, and the CSB News e-newsletter which is sent at least twice monthly to an extensive public readership. Communications staff also develops legislative position statements and other public testimony for CSB Board members and officials, provides staff support to the CSB Board's Government and Community Relations committee, and supports other internal and external communications efforts of the CSB Board and agency senior leadership. These services are vital to informing local residents about CSB services and how to access them. CSB's communications team is heavily involved in countywide and community-wide efforts and various task forces, and coordinates communications for multiple initiatives. Since its formation, the CSB has had a communications staff.

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The **Office of Consumer and Family Affairs** provides peer support specialists in 10 CSB programs and manages five contracted peer-run recovery centers in the County. Sixty percent of the people served in these peer recovery centers receive no other CSB services. This office also coordinates various types of peer training, including Wellness Recovery Action Plan training, peer specialist certification, and other related activities. This office was established in 2006.

The **volunteer and intern program** recruits, trains and supports volunteers and interns who provide support throughout the CSB. This program provides screening, selection, placement, and supervision of volunteers, interns, and advocates who support all of CSB's other lines of business. The volunteer and intern program is an important training ground for the future workforce, helps people who have previously received services gain valuable experience and skills, and engages community members in positive interactions with the CSB's service system. Since its formation, the CSB has used interns.

The residential and facility development efforts within the **Office of Partnership and Resource Development** are pursuing collaborative ventures with both public and private partners to develop cost-effective, community-based residential facilities and expand access to affordable housing for individuals receiving CSB services. The office has been involved in leasing sites and forging partnerships for over 25 years. Since 2010, the residential and facility development staff has transformed the agency's approach to residential site development and securing housing, from a purchase-of-service model to a public-private partnership model, reflecting the mission-focused goal of service delivery rather than owning and operating housing properties. The office seeks opportunities to leverage partnerships with County and private-nonprofit partners. CSB has one staff member supporting these housing initiatives. There is a strong focus on real estate development, financing opportunities, Fair Housing law compliance, local zoning requirements, and U.S. Department of Housing and Urban Development (HUD) programs for rental assistance and homeless assistance. This office works with staff throughout the CSB as well as in partnerships with other County agencies and private entities.

Benefits

The Prevention, Partnerships and Consumer Affairs LOB has multiple benefits on many levels, impacting most sectors of the community. The volunteer and intern program is a key example. In FY 2015, there were 66 volunteers, 55 interns, and 50 advocates placed and serving throughout the system. The volunteers and interns provide quality, caring service at minimal cost and build a future pool of trained professionals. In FY 2015, CSB partnered with 29 universities and had interns at all academic levels including associate, bachelor's, master's and doctoral degree candidates. CSB's volunteers and interns accrued a total of 21,397 hours of service in FY 2015, the value of which, when calculated at the approved state rate of \$24.87, totals \$532,143 of free service to the CSB system.

WHPP services also represent an impressive return on investment by building skills and coping strategies that can buffer the risks people experience and divert them from having to access more intensive services. CSB's use of evidence-based programs, known to be effective when implemented correctly, increases the success rate of such programming. The cost of providing Mental Health First Aid training has dropped to \$79 per person (staff and materials costs) with an over 95 percent successful completion rate. Prevention programming, when implemented correctly, builds skills efficiently, improves community conditions and saves money. Nearly 10,000 people – including all Fairfax County Public Schools middle and high school staff members -- have taken the CSB's evidence-based online Kognito suicide prevention training, which is provided at a cost of about \$12 per person. Programs such as Mental Health First Aid and online suicide prevention training increase opportunities for people to intervene effectively when others are experiencing a crisis and reduce the overall stigma about mental health conditions that can prevent people from getting help.

The CSB's Communications Team is one of the smallest such teams across the County, yet has effectively and efficiently boosted agency visibility, handled challenging media situations, created the internal capacity to develop high quality publications and communications tools, and provided leadership across the County.

The Office of Partnership and Resource Development submitted multiple successful grant proposals in 2014, resulting in over \$3 million in funding for programming.

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The Office of Consumer and Family Affairs provides peer support to people living in the community. Without these services, people living with serious and persistent mental illness and/or serious addiction are repeatedly hospitalized. In 2014, 89 percent of the individuals receiving peer support services were not hospitalized.

Mandates

- Wellness, Health Promotion and Prevention Services: The Substance Abuse Prevention and Treatment Block grant mandates that for every dollar allocated, 20 percent is dedicated to prevention services. Expectations for service delivery are defined by the DBHDS State Performance Contract.
- Office of Consumer and Family Affairs must meet the conditions of 12 VAC 35-225: Rules and Regulations to Assure the Rights of Individuals Receiving Services for programs funded through DBHDS. Consumer services are considered Ancillary Services by the *FY 2015 and FY 2016 Community Services Performance Contract Revision No. 1*.
- Developing housing and residential options must meet mandates related to Virginia Fair Housing Relations and law (Code of Virginia § 51.5-40-4, Chapter 5.1 § 36-96 through § 36-96.23, § 55-248.2 through § 55.248.4. Federal regulations include: Fair Housing Act and Amendments PL 100-430; Rehabilitation Act of 1973, PL 93-112, Housing and Community Development Act of 1974, PL 97-35; Americans with Disabilities Act and Amendments of 2008, PL 101-336, PL 110-325).
- Regional Projects Office must meet the terms and expectations of the *FY 2016 Community Services Performance Contract*.

Trends and Challenges

- The Northern Virginia Regional Projects Office continues to assist in the creation of new programs. However, new grant staff positions to manage and implement regional services has not kept pace. Future alignment is needed to continue to deliver programming and meet requirements.
- CSB's communications is one of the smallest staffed communications teams across human services agencies. There are high communication demands, and it is a challenge to meet needs with the current staffing design. Many emerging trends related to the variety of populations served by the CSB continue to challenge this office. For example, increasing mental health awareness and needs, as well as the Department of Justice (DOJ) settlement and the pending closure of the Northern Virginia Training Center require ongoing communication of factual, stigma-reducing information. Changing technology, social media trends, and increasing communication needs also stretch staff to stay responsive and relevant.
- The Office of Consumer and Family Affairs anticipates continued growth and demand for consumer services. This matches national trends and increasing requirements for peer engagement and support. Most recently, the number of unique individuals seen between FY 2014 and FY 2015 increased 13 percent, from 4,406 to 4,977. Projected growth is 5 percent annually, straining available resources.
- Regarding residential development and housing options, there are increasing pressures at the federal and state levels to obtain integrated independent housing, to delink housing and services and ensure that people receiving long-term residential supports have leases in their own names. Housing requirements related to the DOJ Settlement Agreement have resulted in a significant increase in housing-related development and coordination work for staff at the local level. There is an increasing demand for housing location services for people with poor housing history and modest incomes, which creates increasing challenges since such housing resources are scarce. The CSB's ability to engage in collaborative housing ventures is compromised because of the lack of incentives it can offer potential partners.

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- CSB's Wellness, Health Promotion, and Prevention Services have been nationally recognized for service excellence and commitment to evidence-based programming. This team is often the front line of interaction with the broader, non-CSB-involved community. With a community focus on jail diversion and health care integration, this staff group is a leader in supporting these initiatives through Mental Health First Aid training for law enforcement and other first responders and through wellness programming supporting the integration of primary and behavioral health care.
- The volunteer and intern program has set more stringent policies around screening and placement for people who wish to become involved with the CSB. A new data tracking system is now in place and represents a major practice shift for staff that will ultimately help create a stronger data collection system and recruitment efforts. Another trend is that an increasing number of institutions of higher learning are reaching out to place students for CSB internship opportunities, which requires staff to develop individualized memoranda of understanding, conduct research about each school, and build relationships with the new partner institutions. While these trends have stretched resources, the system is likely to be strengthened by these current challenges.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #263: Prevention, Partnerships, and Consumer Affairs			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$626,118	\$1,406,052	\$1,606,298
Benefits	233,096	522,332	723,598
Operating Expenses	170,527	761,901	641,278
Work Performed for Others	(28,931)	(49,831)	(30,338)
Total Expenditures	\$1,000,810	\$2,640,454	\$2,940,836
Total Revenue	\$591,307	\$556,645	\$531,233
<u>Transfers In:</u>			
Transfer In from General Fund	\$409,503	\$2,083,809	\$2,409,603
Total Transfers In	\$409,503	\$2,083,809	\$2,409,603
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	23 / 23	23 / 23	24 / 24
Total Positions	23 / 23	23 / 23	24 / 24

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served in Peer Support Centers in the community	4,208	4,406	4,977	5,226	5,487
Number of individuals trained in Mental Health First Aid	275	743	718	795	850
Percentage of individuals certified in Mental Health First Aid	94%	95%	95%	90%	90%
Accrued value of Volunteer and Intern hours	\$654,832	\$477,918	\$532,143	\$575,000	\$575,000
Adult diversion from hospitalization through regional crisis care admissions	682	734	808	825	850

Peer Support Centers

In FY 2015, 4,977 individuals were served in Peer Support Centers in the community, an increase of 13 percent over FY 2014. The Office of Consumer and Family Affairs anticipates continued demand for consumer services, with projected growth of 5 percent annually over the next three years. This matches national trends and increasing requirements for peer engagement and support. In FY 2015, individuals receiving this service were provided with 34,691 support services, including mentoring, peer-led support groups, skills training (e.g., parenting, stress management, conflict resolution), job skills training, citizenship restoration, educational assistance, health and wellness information (e.g., smoking cessation, nutrition, relaxation training) and assistance with tasks such as filling out applications or helping people obtain entitlements. Peer support services are an evidence-based practice designed to and reduce social isolation, facilitate community integration and foster a recovery orientation. Peer services are extremely cost effective and are provided at a fairly stable cost.

Wellness, Health Promotion, and Prevention Services

In FY 2015, WHPP provided Mental Health First Aid (MHFA) training to 718 County staff, community members, and community partners at an average cost of \$79 per individual. The cost per individual trained was 15 percent less than projected due to a reduction in the number of preparation and delivery hours needed for the training. The MHFA trainers have remained stable over time and require little preparation to provide the training. MHFA is an evidence-based public education program that helps participants identify, understand and respond to signs of mental health and substance use disorders. In FY 2015, 94 percent of individuals were satisfied with training and 95 percent of individuals were certified in MHFA. In the past two years, specific training for youth and Spanish-speaking participants has been added. Interest in MHFA training has continued to grow and plans are underway to train Fairfax County first responders. WHPP is monitoring another outcome; measuring the percent of certified MHFA participants who make use of the skills they learned and assisted someone either in crisis or showing signs of a mental health or substance use problem. It is anticipated that this outcome will be reported in the future.

Volunteers and Interns

In FY 2015, the Valued Interns, Volunteers and Advocates (VIVA) program had 171 participants who provided 21,397 hours of services. The total value of accrued hours in FY 2015 was \$532,143. This calculation is based on Virginia Employment Commission, Economic Information Services Division, using the Current Employment Statistics annualized average hourly earnings for all production and non-supervisory workers on private non-farm payrolls in Virginia. During the past year, the program hosted interns, volunteers and advocates from 35 different sites and partnered with 29 institutions of higher learning. Data over the past three years has varied slightly due to a shift in volunteer and intern policies around screening and placement for people who wish to become involved with the CSB which has resulted in fluctuations in actual values. An increasing number of institutions of higher learning are reaching out to place students for CSB internship opportunities, which requires staff to develop individualized memoranda of understanding, conduct research about each school, and build relationships with the new partner institutions. Services provided by VIVA participants provide a valuable resource and contribute to the overall mission of the CSB.

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Housing

Entering into leases with non-profit organizations allows for predictable and more stable rent increase structures that helps mitigate market fluctuations and establishes a friendlier tenant-landlord relationship, as well as more stable housing. The CSB Housing Blueprint has served as a planning and prioritization tool for finding affordable housing resources. The number of individuals who have transitioned from CSB residential programs to individual leases through negotiated housing resources increased from two in FY 2013 to five in FY 2015. This is significant as it represents a shift to a more state-of-the-art service design, and because it saves money. The overall goal is to move the CSB out of the role of landlord and to focus more on mission-driven clinical supports to help people be more successful in the community. Cost savings are realized when individuals no longer require residential programs and are able to access housing in the community. While FY 2016 and FY 2017 estimates are difficult to predict due to shifting resource priorities, nonprofit capacity, and funding capacity, it is anticipated that the upward trend will continue over the next two years.

Regional Office

Growing demand for diversion from hospitals and efforts to stabilize people in their community when possible is reflected with 808 diversions in FY 2015, continuing an upward trend over the past three years. People in need of a safe, therapeutic environment that is less restrictive than a hospital setting but more structured than home are typical of those served through regional crisis care service admissions. These services prevent more costly hospitalization and demonstrate the value of keeping people safe in their own communities. Regional staff work collaboratively to place people who do not have other available funding or have Medicaid funding, preventing people from falling through the cracks and later requiring much more intensive, costly services. In addition to the provided metric, the Regional Office launched a Hospital Diversion program for youth in late FY 2014. In FY 2015, 287 crisis calls resulted in 91 percent of youth being diverted from hospitals.

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Grant Support

FY 2016 Anticipated Grant Total Funding: Funding of \$12,161,751 and 5/5.0 FTE grant positions supports the Prevention, Partnerships, and Consumer Affairs LOB. There is no Local Cash Match associated with these grants.

Northern Virginia Regional Projects - \$11,558,859 and 5/5.0 FTE grant positions

The Northern Virginia Regional Projects Office manages and has oversight over regional initiatives for local residents served by the five CSBs (Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William) and two state facilities (Northern Virginia Mental Health Institute (NVMHI) and Northern Virginia Training Center (NVTC)).

The Northern Virginia Regional Projects Office manages Local Inpatient Purchase of Services (LIPOS) for people served by all five CSBs who need inpatient psychiatric care but have no financial resources. When no public beds are available, LIPOS funds are used to access provider beds in 10 different private hospitals. CSB discharge planners monitor their hospital stays and provide discharge planning or transfers to public hospitals as needed. The Regional Discharge Assistance Plans (DAPs) help manage the discharge of people from NVMHI into the community and help cover the cost of services in treatment settings, as well as help with living expenses during the transition. Regional Education Assessment Crisis Services Habilitation (REACH) helps create a more comprehensive Developmental Disability Crisis Response System, designed to meet the crisis support needs of adults who have intellectual or developmental disabilities and are experiencing a crisis that puts them at risk for homelessness or hospitalization. The Child Community Crisis Response (CR2) program provides 24/7 crisis stabilization services for youth and their families. Two CS2 mobile crisis teams provide response throughout the Northern Virginia region, and two facilities in the region provide crisis stabilization. FY 2016 funds have been awarded for a third crisis response team. The Regional Older Adult Facilities Mental Health Support Team (RAFT) provides expertise and assistance to help nursing homes and assisted living facilities build capacity to support people with geriatric psychiatric concerns. All of these services are coordinated by the Regional Projects Office. The foundation for this regional work was established in the late 1990s.

The Regional Projects Office must meet the terms and expectations of the FY 2016 Community Services Performance Contract.

The Northern Virginia Regional Projects office has experienced the creation of new programs. However, the creation of new staff positions to manage and implement regional services has not kept pace. Future alignment is needed to continue to deliver programming and meet requirements.

Regional Recovery Services - \$543,192

The Department of Behavioral Health and Developmental Services provides funding for project-based, peer-operated recovery services for consumers recovering from mental illness, substance use and/or co-occurring disorders.

Al's Pals - \$59,700

The Commonwealth of Virginia, Virginia Foundation for Healthy Youths (VFHY) provides funding for the Al's Pals: Kids Making Healthy Choices program. VFHY was created in 1999 by the General Assembly to distribute monies from the Virginia Tobacco Settlement Fund to localities for youth-focused tobacco use prevention programs. The Al's Pals program is an early childhood prevention program for children ages three to eight years old which includes interactive lessons to develop social skills, self-control and problem solving abilities to prevent the use of tobacco, alcohol, and other drugs.