

Fairfax-Falls Church Community Services Board

LOB #271:

ADULT BEHAVIORAL HEALTH OUTPATIENT AND CASE MANAGEMENT SERVICES

Purpose

Adult Behavioral Health Outpatient and Case Management Services (BHOP) provide critical treatment, support, and case management services to individuals who have serious mental illness and/or substance use disorders. These services are essential for the individual's overall well-being, enabling them to live a self-determined, rather than symptom-determined, life. BHOP is the core "hub" service area in the CSB's safety net of behavioral health care services. The multidisciplinary teams of BHOP directly provide most of the CSB's outpatient treatment, as well as case management and service coordination that provide access to the full spectrum of community services. Services are designed to improve individuals' mental, emotional, and physical health and quality of life.

Description

The Adult Behavioral Health Outpatient and Case Management (BHOP) continuum of services includes outpatient counseling, case management, and continuing care services for adults with serious mental illness, substance use disorders and/or co-occurring disorders.

The program provides strength-based, person-centered services for adults who have serious and persistent mental or emotional disorders and/or serious substance use disorders. Services focus on interventions that support recovery and independence. The goal of outpatient and 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. Services are individualized and begin with an ongoing, collaborative assessment and planning process. Tailored to the individual, the services include clinical treatment and case management. Linkage and coordination with community resources, such as housing, medical, benefits, employment, transportation, recreational, legal and other needed services is key to helping individuals achieving their desired goals. In addition, the BHOP team prioritizes collaboration and integration efforts with primary health care providers to ensure treatment of the whole person.

BHOP services are provided at five Fairfax County sites: Merrifield, Gartlan, Northwest Center-Reston, Northwest Center-Chantilly and Springfield. BHOP services are provided from 8 a.m. to 9 p.m. Mondays through Thursdays, and from 8 a.m. to 5 p.m. on Fridays. Services are provided in the office and in the community. Specialty teams include a program for older adults and their families and multicultural teams. Services include:

- Assessment
- Case management
- Treatment services for substance use disorders and co-occurring disorders
- Primary health care collaboration (onsite at Gartlan; coming soon to Merrifield)
- Individual, group and family therapy
- Medication management
- Crisis intervention
- Psychiatric evaluations
- Employment services
- Peer supports

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BHOP services are performed by a multidisciplinary team of County and contracted staff that includes psychiatrists, psychologists, nurses, senior clinicians, mental health and substance abuse counselors, and peer support specialists (individuals in recovery with lived experience).

Benefits

The community looks to the CSB to provide appropriate behavioral health services in the most efficient and cost-effective manner to individuals in the greatest need. The focus in Behavioral Health Outpatient and Case Management is to provide recovery-oriented case management and treatment services in an outpatient setting. The interdisciplinary team works intensively with individuals by evaluating their needs, devising individualized treatment plans, and facilitating community integration. In collaboration with the individuals served and their family members/natural supports, BHOP provides the needed linkage, coordination, and monitoring of services; intensive day supports; and crisis intervention services to improve the lives of the community's most vulnerable residents.

Benefits and Value

BHOP supports individuals in many aspects of their lives. BHOP teams help individuals maintain housing and pursue vocational and meaningful day activities; break the cycle of criminal justice involvement; improve interpersonal and family relationships, and maintain the safety of individuals and the community. Through utilization of intensive community day support programs and case management, BHOP services can prevent the need for more expensive residential treatment and decrease the utilization of jail and hospital beds. Without this service, the community would see an increase in homelessness, suicides, emergency room visits, and interactions with the criminal justice system. BHOP treatment and case management services make a difference in the lives of individuals served and in the health and safety of the community as a whole.

The goal of BHOP is to ensure that individuals with serious mental illness, substance use disorders, and co-occurring disorders receive the treatment and support they need to achieve their highest level of independence and lead a self-determined life.

Mandates

Case Management Services: Both federal and state mandated.

- The Code of Virginia § 37.2-500 mandates provision of case management as a core service within the Community Services Board (CSB)
- Mental Health federal block grant allocation affords some financial assistance to the CSB

Services for Pregnant Women: Both federal and state mandated.

- The Federal Substance Abuse Prevention and Treatment Block Grant, 45CFR 96.131 mandates that pregnant women receive services within 48 hours of agency contact to intervene and interrupt the associated health risks for the women and their unborn children.
- Code of Virginia § 37.2-407 mandates the adoption of regulations that ensure that providers licensed to offer substance abuse services develop policies and procedures for the timely and appropriate treatment of pregnant women with substance abuse.

Services for Treatment and Prevention of Substance Abuse: Both federal and state mandated.

- Code of Virginia § 37.2-500 and Code of Virginia § 2.2-118 mandate services for treatment and prevention of substance abuse
- Federal block grant funds help offset costs

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Services provided as a condition of Suspended Sentence:

- Code of Virginia § 18.2-252, suspended sentence conditioned upon substance abuse screening, assessment, testing and treatment or education: Allows the court to order a substance abuse assessment, and if appropriate from the assessment findings, substance abuse treatment and/or education.
- Federal block grant funds help offset costs

Trends and Challenges

Services for Older Adults

Between 2005 and 2030, the County expects the 50 and over population to increase by 40 percent, and the 70 and over population by 88 percent. The older adult population is growing, and their needs are increasing. Emergent mental health disorders, risk for suicide, increased health problems, and substance abuse are concerns for this population.

Some specialized services for this population are provided by BHOP and are tailored to meet the unique needs of aging adults. Primary health care integration is a particular area of focus for BHOP. Interventions support recovery and independence, are appropriate to the individual's physical and cognitive abilities, and are often community-based, depending on the need. The County's 50+ Action Plan makes several strategic recommendations to address these needs, and alignment with countywide strategic recommendations for the County's growing older adult population will be a continuing area of focus for BHOP.

Services for Young Adults

Nationally and locally, there is a growing need for services for young adults with emergency mental health and substance use needs. National Institute of Mental Health (NIMH) data from 2012 indicate that 5 percent of the general population, within the age range of 16 to 30, has a serious mental illness.

According to recent Fairfax County population data, approximately 250,000 people or 22.5 percent of the population is within the age range of 16 to 30 years old. Extrapolating the NIMH data suggests that over 12,000 of these individuals have a serious mental illness. Early intervention treatment and services for young adults could provide a crucial turning point for many individuals, as intervening early is demonstrated to reduce the need for future, longer-term and ongoing services.

Many of the young adults receiving BHOP services interface with school systems, the County Department of Family Services, and residential and inpatient settings. BHOP assists with the transition of young adults from the youth system of care to the adult behavioral health system of care, for those with serious emotional disturbances and/or substance use disorders who need case management services and continued treatment. These youth present with complex interpersonal, social, emotional, and developmental needs. If their needs are addressed early, it is possible through partnership with the individuals, their families, and other agencies and supports to significantly increase their chances of being able to build successful lives.

Services for Individuals with Heroin and Opiate Abuse

From 2011 to 2014, the CSB saw a 22 percent increase in the number of individuals needing services who reported having used heroin, non-prescription methadone, and/or other opiates. From 2013 to 2014 in Fairfax County, the number of deaths from heroin overdose doubled.

BHOP provides outpatient, intensive outpatient, case management, and continuing care services for adults who present with opiate and heroin abuse. As the hub of the community's behavioral health service delivery system, BHOP sees individuals in all stages of their recovery process. The BHOP Team is trained to assess the individual's current treatment needs and ensure they receive the appropriate level of care. BHOP partners closely with other CSB programs to receive individuals from higher levels of care to support and maintain their recovery; refer individuals to higher levels of care when needed; and offer interim treatment services when appropriate.

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Services for Individuals with Co-occurring Developmental Disabilities

The Center for Disease Control (CDC) reports that more people than ever are being diagnosed with Autism Spectrum Disorder (ASD). The CDC's Autism and Development Monitoring Network estimates that 1 in 68 children has been identified with ASD. Research efforts have focused on children, who are most likely to be identified based on developmental issues. While signs of ASD begin during early childhood they typically last throughout a person's life. People with ASD often have problems with social, emotional, and communication skill and need services to deal with the myriad of complex issues associated with this developmental disability.

Although the CSB is not a provider of specialized services for Autism Spectrum Disorders (ASD), BHOP is seeing an increase in adults with mental illness or substance use disorders who also have developmental disabilities. Historically, the treatment of ASD has not been a part of the repertoire of CSB services, but the increasing number of individuals with co-occurring ASD challenges the CSB and the County to adequately prepare the workforce and assess needed programming.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #271: Adult Behavioral Health Outpatient and Case Management Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$6,986,648	\$6,855,909	\$6,473,452
Benefits	2,688,538	2,750,372	2,832,488
Operating Expenses	132,884	99,820	105,100
Total Expenditures	\$9,808,070	\$9,706,101	\$9,411,040
Total Revenue	\$4,748,893	\$4,000,379	\$4,218,825
<u>Transfers In:</u>			
Transfer In from General Fund	\$5,059,177	\$5,705,722	\$5,192,215
Total Transfers In	\$5,059,177	\$5,705,722	\$5,192,215
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	103 / 103	102 / 102	100 / 99.75
Total Positions	103 / 103	102 / 102	100 / 99.75

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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	5,044	4,842	4,707	4,397	4,397
Cost to serve each individual	\$2,245	\$2,175	\$2,253	\$2,280	\$2,280
Percent of individuals satisfied with services	95%	95%	91%	90%	90%
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	79%	86%	80%	80%	80%
Percent of individuals who obtained or maintained a health care provider/access to health care	NA	NA	64%	68%	72%

During the past fiscal year, Behavioral Health Outpatient and Case Management provided services to 4,707 people with mental health, substance use and co-occurring disorders. This is a slight decrease from the 4,842 served in the previous year. In FY 2014, BHOP experienced substantial changes. Two formerly distinct service areas were combined to provide integrated care for those with co-occurring behavioral health disorders. This service area continues to enhance services and program structure to meet the needs of the population served. In addition, BHOP continues to refine its service delivery model to align with the agency's priority access guidelines and is providing services to those who are most disabled by their behavioral health disorders. As programs have moved toward treating those with more highly acute, complex and persistent needs, programs are providing more intensive services to fewer individuals in outpatient services. As a result of these changes, BHOP projections for FY 2016 and FY 2017 reflect changes in service design, and programs will continue to monitor the impact of the priority access guidelines. As part of an overall effort to ensure that capacity is maximized and individuals receive the most appropriate level of care, reports are routinely used to monitor utilization and productivity.

The cost to serve each individual in FY 2015 was \$2,253, which is consistent with costs over the past three years. Ninety-one percent of those served in BHOP were satisfied with the services they received. Outcome surveys are reviewed by program management and program modifications are made, as appropriate, to meet the needs of those served. For example, specific therapeutic groups have been added or augmented based on feedback and requests of those served.

While BHOP aggregates outcomes for all populations as appropriate, several state and federal requirements still separate performance indicators by disability area. This service area has tracked employment outcomes for those receiving treatment primarily due to substance use for the past several years. In FY 2015, 80 percent of those served maintained or improved employment, which is a decrease from 86 percent in FY 2014 primarily due to serving individuals with more functional impairments. Employment for those with substance use disorders is a national outcome measure and is consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) strategic initiatives. Employment is also strongly correlated with community integration, economic stability and reduced relapse of alcohol and drug use. BHOP programs will begin to track this outcome for all programs in FY 2016, and preliminary data indicates that employment rates for individuals receiving mental health programs who are in the employment market are commensurate with rates of those receiving services for substance use disorders.

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While outcome data for people served who had access to primary care is not available prior to FY 2015, this outcome is included because access to health care is a critical outcome for this population. People with mental illness and substance use disorders have higher rates of acute and chronic medical conditions, shorter life expectancies (by an average of 25 years), and worse quality-of-life than the general medical population. Modifiable risk factors for medical conditions (e.g. tobacco use, obesity, lack of exercise), combined with social isolation, poverty and exposure to violence increase overall health risks. This population frequently has limited access to primary health care due to factors such as lack of insurance, inadequate transportation, and lack of medical providers who are willing to treat people with mental illness and substance use disorders. There has been an enormous shift in the CSB to address health care disparities, to include an onsite health care clinic at one of the main behavioral health centers (Gartlan Center), to open additional clinics, and to include primary health care access to treatment planning efforts. Providing linkages to health care has become an essential component of service delivery and it is anticipated that results will reflect improved outcomes in FY 2016 and FY 2017.