

Fairfax-Falls Church Community Services Board

LOB #277:

ADULT COMMUNITY RESIDENTIAL SERVICES

Purpose

Adult Community Residential Services (ACRS) provide a continuum of residential services with behavioral health supports of varying intensity that help adults with serious mental illness or co-occurring substance use disorders live successfully in the community. Individuals live in a variety of settings (treatment facilities, apartments, condominiums and houses) across the County and receive different levels of staff support, in terms of frequency of staff contact and degree of involvement, ranging from programs that provide 24/7 awake onsite support to programs providing drop-in services on site as needed. The services are provided based on individual need, and individuals can move through the continuum of care. Often individuals enter ACRS after a psychiatric hospitalization or to receive more intensive support to avert the need for an inpatient stay. Individuals typically admitted to ACRS have had multiple psychiatric hospitalizations, periods of homelessness, justice involvement, and interruptions in income and Medicaid benefits. The programs offer secure residence, direct supervision, counseling, case management, psychiatric services, medical nursing, employment, and life-skills instruction to help individuals manage their primary care, mental health, personal affairs, relationships, employment, and responsibilities as good neighbors as independently as possible. Many of the residential programs are provided through various housing partnerships and contracted service providers.

Description

All of the directly-operated and contracted programs of Adult Community Residential Services (ACRS) have one mission: to help individuals improve their mental health and subsequent ability to maintain housing. Programs are located throughout the County so that individuals can be near the neighborhoods they are used to, remain in contact with supportive family and friends, and access familiar community resources. In FY 2015, 484 individuals were served in ACRS' directly-operated and contracted programs. Demand for all ACRS programs exceeds the CSB's capacity to provide these services, including directly-operated and contracted services, and all of the programs have waitlists.

ACRS serves individuals who have serious and persistent mental illness and who may also have co-occurring substance use disorder or mild developmental disabilities. Most individuals also have primary medical illnesses. Individuals either have a history of homelessness or they would be at risk of homelessness without the appropriate level of support. They have often experienced acute psychosis, multiple hospitalizations, abuse, neglect, violence, and suicide ideation and/or attempts. In addition, many have severe family problems, educational and/or vocational limitations, and economic deprivation. When admitted to services, they often have limited or no decent housing.

Program services include assessment; case management; health education; medication prescription management and monitoring; recreational and social activities; daily living skills training; dual diagnosis treatment; individual, family and group therapy; outreach and linkage; and crisis intervention and management. Services are provided in a broad continuum that enhances treatment integrity by matching appropriate types of service to individual needs and circumstances.

Adult Community Residential Services include the following programs:

New Horizons is a 16 bed co-ed facility in the south part of the County. Staffed 24/7, New Horizons provides a highly structured milieu where clients can stabilize and reintegrate into community living after having experienced long-term hospitalizations, incarcerations or homelessness. Program staff provides onsite psychiatric services, medication management, onsite nursing, clinical assessments, case management, group and individual therapy, daily living skills development and training, and all meals. Individuals typically stay in the program from 9 to 18 months. Those who have more complicated comorbid primary medical illnesses tend to stay longer, because locating appropriate assisted living for them is challenging. The demand for this level of care exceeds program capacity, and the program runs a waitlist.

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Residential Intensive Care (RIC) programming provides daily monitoring of medications and psychiatric symptoms, as well as daily counseling, treatment and support, in therapeutic settings that are stable and supportive.

- **RIC Comprehensive** operates in the central part of the County and provides supervision and supports for 13 individuals in clustered homes and townhomes. Staff supervision is provided at all hours of the day. The RIC Comprehensive program also provides awake overnight staff who spend time in each of the scattered site homes throughout the overnight hours to support individuals as needed. The overnight staff member carries an “on call” phone to respond to emergencies at any of the sites.
- **RIC Plus** (Patrick Street and Beacon Hill programs) provides daily staff supervision and support during the daytime wake hours. The staff is not on site during the overnight hours but can respond to emergencies 24/7. RIC Plus programs operate in the central and south areas of the County and combined these programs support 30 individuals at any one time.
- **Regular RIC** programs operate in the north, central, and south parts of the County in clustered, scattered site locations. Staff is present daily and in the evenings, supporting individuals with their daily tasks and self-management. A staff member serves an “on call” function to respond to clinical and program emergencies.

The following Adult Community Residential Services programs are provided to individuals who live either in their own homes or in County or agency leased units and need support that exceeds a traditional outpatient relationship, but requires less intensity than daily assistance. Services are available Monday through Friday, and typically provide face-to-face support one to two times per week. Psychiatric care is coordinated with the closest mental health center.

- The **Transitional Therapeutic Apartment Program** provides an opportunity to develop independent living skills in the community while still being consistently connected to a structured level of care. Typically individuals receive direct support one to two times per week. The CSB holds the lease on the units which are located throughout the community. Mental health supports are offered multiple times per week to assist individuals in developing skills needed to succeed in a more independent setting when such settings become available. Housing is sought through partnerships with other housing programs.
- The **Shared Supported Housing Program (SSHP)** serves individuals in permanent housing where the individual is the lease holder. The housing is obtained through several different partnerships with the County Department of Housing and Community Development (HCD) and is scattered throughout the community. Most individuals participate in a variety of meaningful daytime activities, although this is not a program requirement. Individuals typically receive a weekly face-to-face contact with staff and can reduce this frequency to monthly as they transition out of care.
- The **Supported Housing Options Program (SHOP)** is similar to SSHP described above. The difference is that most SHOP permanent housing units require that individuals have a history of homelessness. Services are designed to address the individual’s specific needs to develop and maintain housing while providing them with their own lease which affords them housing security.
- **Project-Based Housing Choice Vouchers.** In a partnership with HCD, CSB is given priority access to place individuals in designated units as they receive services at the outpatient center near these identified units. CSB and HCD maintain a mutual referral/waitlist for these units.

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Benefits

Adult Community Residential Services benefit individuals and the general community in several important ways. It is more cost effective to support individuals who have serious mental illness as they live in their communities, where they can link to natural supports while receiving services. Once stabilized, individuals can connect to employment, meaningful day activities, and health care. They maintain these relationships as they move through the continuum of care and frequently maintain their same mental health center placements even as their program or housing placements change. This allows individuals to develop long-term relationships with supportive mental health and primary health care providers. As a result, they are less likely to seek emergency treatment (psychiatric and medical), re-offend, or experience homelessness. Linking individuals with needed mental health supports to help them maintain recovery while linking them with housing allows for a smooth transition out of services.

Individuals experiencing acute or post-acute psychiatric symptoms who receive treatment in a highly structured setting such as New Horizons benefit from the safe, predictable setting. The community also benefits, as it costs less to serve an individual in a non-locked, non-hospital setting. Frequently, acute psychosis is treated in brief psychiatric hospital settings, and clients who are not linked to structured therapeutic settings have more mental health relapses after discharge. A major factor in re-hospitalization is related to the individual's inability to maintain consistency with their prescribed medications and follow-up psychiatric and/or medical appointments. New Horizons and other ACRS programs offer direct supervision and monitoring of medications and in-house psychiatric appointments.

A direct benefit to the individual is the opportunity to develop and maintain an individualized recovery plan that supports them based upon their unique strengths. An equally important benefit is the individual in the program is at less risk of decompensating and requiring multiple re-hospitalizations that are frequently associated with police and medical emergency room interventions. Lastly, individuals with persistent serious mental illness have a higher mortality rate than individuals without this illness. Life expectancy can be lengthened by a structured coordinated plan of care that collaboratively engages individuals to co-manage their illness. Individuals who receive direct support are more likely to receive primary health care and are less likely to engage in the high-risk behaviors and medication mismanagement typically associated with the high mortality rate.

A 1998 study, *Randomized Trial of General Hospital and Residential Alternative Care for Patients with Severe and Persistent Mental Illness*, (Fenton, Mosher, Herrell and Blyler), showed that individuals who voluntarily agreed to non-hospital treatment had outcomes comparable to those who received hospitalization, while the cost associated with their care was significantly lower.

A 2001 study, *A Comparison of Long-Term and Short-Term Residential Treatment Programs for Dual Diagnosis Patients*, (Brunette, Drake, Woods and Hartnett) showed benefits of long-term (more than six months) treatment for stabilization of substance use. Individuals receiving long-term treatment were also less likely to experience homelessness than those who received a treatment experience shorter than six months.

Mandates

This is not a mandated service; however, it supports mandated programming by offering treatment services and housing options for individuals who are also receiving mandated services.

Code of Virginia § 19.2-182.7 stipulates that the CSB can develop conditional release plans for individuals who are acquitted and no longer need inpatient hospitalization or incarceration. The New Horizons and Residential Intensive Care programs frequently accept individuals into services who have been adjudicated as Not Guilty by Reason of Insanity when the individuals no longer present as needing locked inpatient hospitalization and/or incarceration. These individuals receive conditional releases and mandated court monitoring and hospital discharge planning as they integrate into the community. State hospital facilities also release patients into the ACRS programs, which can provide a first step in their reintegration into the community.

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Code of Virginia § 37.2.500 mandates provision of case management services as a core service within the CSB. Programs within this LOB provide case management services.

Code of Virginia § 37.2-837 has to do with discharge from state hospitals or training centers, conditional release, and trial or home visits for individuals. ACRS partners with local hospitals and CSB hospital discharge planning services to admit individuals directly from hospitalization. They routinely provide trial visits to the programs to help individuals experience a smooth and stable transition out of a hospital setting.

Trends and Challenges

Trends with comorbid conditions:

- **Primary health care needs.** As the County's general population is aging, so is the population of individuals served by these programs, who often have complex comorbid medical conditions, difficulty obtaining primary medical care, and challenges maintaining their physical health without additional supports and in part due to the symptoms of their mental health. As a result, CSB has needed to add nursing staff positions and expand nursing coverage within its programs. More time is spent helping individuals obtain primary health care coverage and follow through with appointments.
- **Co-occurring developmental disabilities.** CSB is also seeing a significant rise in the number of individuals who present with developmental disabilities in addition to their mental illness, specifically individuals who have an Autism Spectrum Disorder.
- **Co-occurring substance use.** This program has seen an increase in the number of individuals who present with co-occurring substance use conditions.

Challenges of a costly and tightening housing rental market:

- The challenges faced in this LOB are primarily housing related. The rental market is tightening in all areas of the County as demand outstrips supply, and many lower cost rental market areas are gentrifying. This is making it increasingly difficult to find affordable housing for individuals served in this LOB, even when the County or community agency seeks to lease on behalf of the individuals CSB serves. Many of the apartment complexes that were formerly managed at the local level are increasingly part of larger corporations, where decisions are made off site and are less negotiable. Rental companies are beginning to discourage corporate leases that in the past have allowed the CSB or other agencies to hold the lease. In addition, more and more information about individual residents or tenants is being required with extensive background information prior to leasing. As this market changes, some individuals who have no rental histories or poor rental histories, no or poor credit, or past or present legal charges will find it increasingly difficult to obtain market rental properties. CSB continues to explore the possibility of restructuring services and strengthening relationships with private landlords and investors, as well as with nonprofit organizations, to offer affordable housing for individuals with challenging pasts.
- Individuals who are not connected to benefits (Social Security and/or Disability Insurance or Medicaid) due to complicated legal status have also been a challenge for the program, especially when linking them to the next level of care.
- Over-subscription of permanent supportive housing. A challenge this program has been facing with increasing frequency has been identifying an adequate and available discharge placement for individuals when they need less intensive but ongoing supports to maintain housing. Most housing programs, and especially those with therapeutic supports, are oversubscribed, and all have waitlists.

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Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #277: Adult Community Residential Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$4,579,583	\$4,699,042	\$4,720,881
Benefits	1,657,157	1,819,262	1,967,741
Operating Expenses	4,208,809	4,444,699	4,399,965
Work Performed for Others	0	(242,959)	0
Total Expenditures	\$10,445,549	\$10,720,044	\$11,088,587
Total Revenue	\$4,016,921	\$3,033,467	\$3,160,086
<u>Transfers In:</u>			
Transfer In from General Fund	\$6,428,628	\$7,686,577	\$7,928,501
Total Transfers In	\$6,428,628	\$7,686,577	\$7,928,501
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	80 / 79	80 / 79	77 / 76
Total Positions	80 / 79	80 / 79	77 / 76

Metrics

LOB Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	511	454	484	484	484
Average cost per individual served	\$20,573	\$23,476	\$22,149	\$22,910	\$22,910
Percent of individuals who report that they are better able to deal with daily problems	NA	91%	93%	90%	90%
Percent of individuals who report that they are better able to deal with crises	NA	89%	87%	90%	90%
Percent of individuals receiving intensive or supervised residential services who are able to move to a more independent setting within one year	8%	6%	16%	13%	13%

Adult Community Residential Services served 484 individuals in FY 2015, an increase over 454 in FY 2014. While the number served in FY 2013 was 511, there were two factors which contributed to a decrease in number served beginning in FY 2014. First, a number of apartments previously included in this service area were transitioned to another service area; and secondly, one of the residential programs temporarily provided respite services for individuals from other programs. Respite services are brief in nature and a greater number of people were served during the period in which these services were provided. The cost to serve each individual was \$22,149 in FY 2015; the slight variance in cost over the past three years is due to fluctuations in number served.

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In FY 2015, 93 percent of those served in Community Residential reported that they are dealing more effectively with daily problems as a result of services. “Daily problems” represent a myriad of day-to-day issues that are typically challenging for this population, and include life stressors such as interpersonal relationships, living situations and health conditions. This is slightly higher than the 91 percent who reported an improvement in FY 2014. This outcome was not tracked prior to FY 2014.

In FY 2015, 87 percent of those served in this service area reported that they are better able to deal with a crisis. This is slightly lower than the 89 percent in FY 2014, though a significant outcome given the potential impact of a crisis. Gaining the coping skills necessary to effectively manage a crisis improves stability and decreases the need for a higher level of care such as crisis stabilization or hospitalization. The ability to deal with crises also helps to maintain physical health and safety, as well as involvement with the criminal justice system. While many people with severe and persistent mental illness may continue to experience crises, the ability to safely deal with these crises leads to increased independence, improved quality of life, and better functional outcomes. This outcome was not tracked prior to FY 2014.

The percentage of individuals receiving intensive or supervised services who were able to move to a more independent residential setting within one year was 16 percent in FY 2015, an increase over 6 percent in FY 2014. This is largely due to an increase in Bridging Affordability housing vouchers, allowing several individuals to move to a residence within the community. In addition to those receiving Bridging Affordability vouchers, there were several individuals who gained the skills necessary to move to more independent settings, but housing options were not available. It is anticipated that additional Bridging Affordability vouchers will become available during the upcoming fiscal year, though the number of vouchers will likely be fewer than in the FY 2015. Overall, the population served by Adult Community Residential Services programs experience several challenges in moving to more independent settings. In addition to the considerable barriers related to affordable housing stock, individuals receiving these services have complex medical issues along with severe and persistent mental illness. Also, decreased capacity in state psychiatric hospitals has led to earlier hospital discharges, resulting in people entering programs with increased psychiatric acuity.

Grant Support

FY 2016 Grant Total Funding: Federal funding of \$259,504 supports the Adult Community Residential Services LOB. There are no positions and no Local Cash Match is associated with this grant. The U.S. Department of Housing and Urban Development, Homeless Assistance Program provides funding for housing assistance as authorized by the McKinney-Vento Homeless Assistance Act.