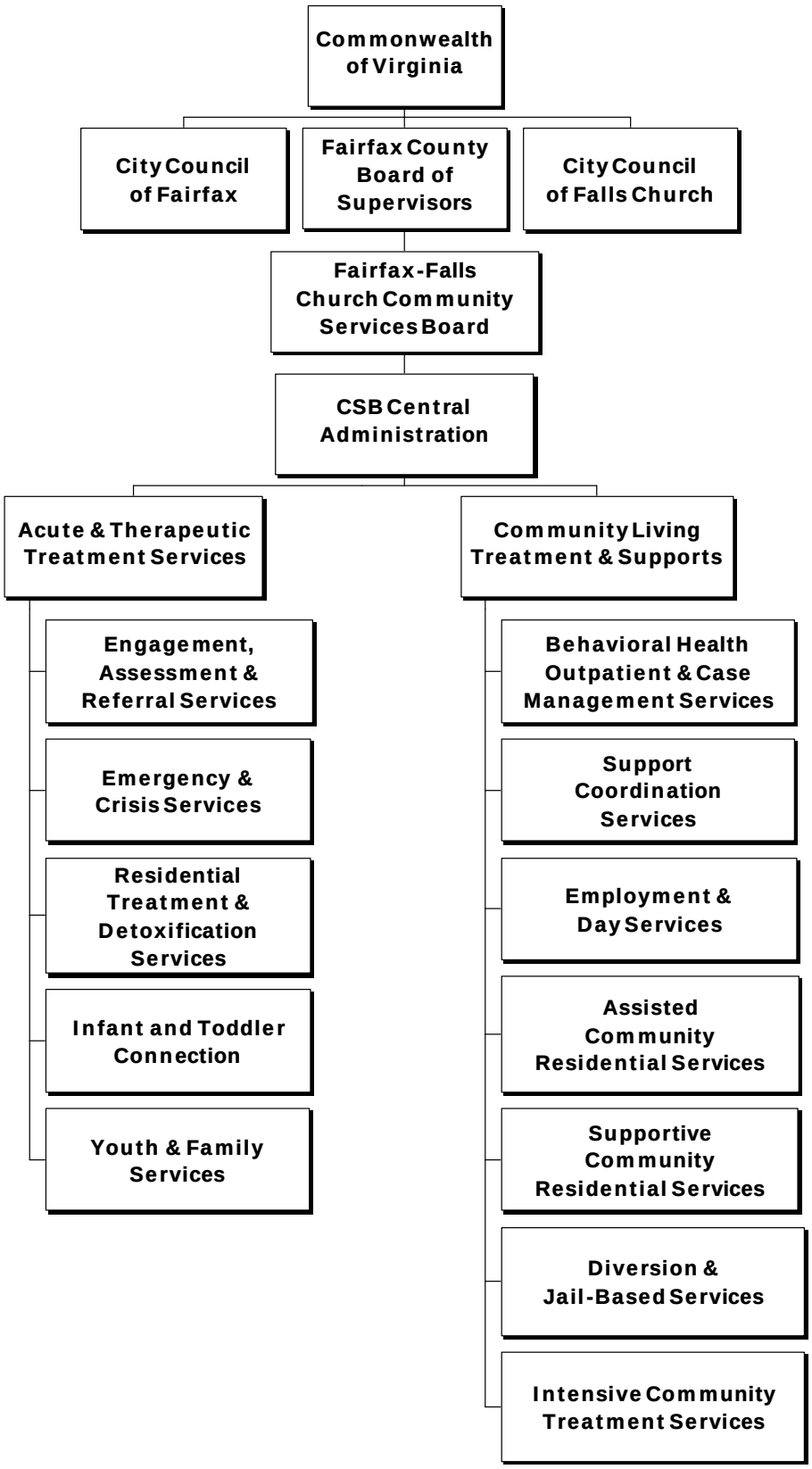
Fund 40040
Community Services Board (CSB)



Fund 40040
Community Services Board (CSB)

Mission

To provide and coordinate a system of community-based supports for individuals and families of Fairfax County and the Cities of Fairfax and Falls Church that are affected by developmental delay, developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders.

The Fairfax-Falls Church Community Services Board supports the following County Vision Elements:

- *Maintaining Safe and Caring Communities*
- *Creating a Culture of Engagement*
- *Connecting People and Places*
- *Maintaining Healthy Economies*
- *Building Livable Spaces*
- *Exercising Corporate Stewardship*

AGENCY DASHBOARD

Key Data	FY 2014	FY 2015	FY 2016
1. Persons served by the CSB	21,249	21,874	22,105
2. Persons served by CSB emergency services*	4,931	5,170	5,253
3. Children served by Infant and Toddler Connection	3,164	3,372	3,559
4. Persons with intellectual disability on Medicaid Waiver waiting list who meet the Urgent Need criteria	733	905	1,039
5. Employment and Day Services			
▪ Persons with intellectual disability served	1,284	1,318	1,383
▪ Annual Special Education Graduates	79	85	91
6. Percent of individuals receiving behavioral health services who reported having a primary care provider	NA	63%	65%
7. Percent of individuals receiving behavioral health services who have Medicaid coverage	32%	36%	39%

* Prior to FY 2015, included general emergency services only.

Fund 40040
Community Services Board (CSB)

Focus

The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental delay, developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders in Fairfax County and the Cities of Fairfax and Falls Church. It is one of Fairfax County's Boards, Authorities, and Commissions (BACs) and operates as part of Fairfax County government's human services system, governed by a policy-administrative board with 16 members, 13 appointed by the Fairfax County Board of Supervisors, one by the Sheriff's Department, and one each by the Councils of the Cities of Fairfax and Falls Church. State law requires every jurisdiction to have a CSB or Behavioral Health Authority (BHA); the Fairfax-Falls Church CSB is one of 40 such entities (39 CSBs and one BHA) in the Commonwealth of Virginia.

All residents of Fairfax County and the Cities of Fairfax and Falls Church can access CSB's Emergency, Assessment and Referral, as well as Wellness, Health Promotion and Prevention Services. However, 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 1,000 CSB employees, including psychiatrists, psychologists, nurses, counselors, therapists, case managers, support coordinators, peer specialists, and administrative and support staff. Their efforts are combined with those of contracted service providers, dedicated volunteers and interns, community organizations, concerned families, faith communities, businesses, schools, and other Fairfax County agencies, all working together 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 health care services. In 2013, CSB initiated an agency-wide strategic planning process to create a shared roadmap for fulfilling the CSB's mission. This resulted in the consolidation of three separate service areas – mental health, intellectual disability, and substance abuse – into one integrated, combined service organization which is now reflected in the CSB Strategic Plan. While past CSB strategic plans focused on specific disability areas and populations, the strategic plan adopted by the CSB Board in 2014 – with input and participation from staff, partner organizations, community members, advocacy groups, and individuals and families receiving services – reflects the agency's goals and objectives as an integrated system of care.

The plan is organized around three primary goals: 1) services will support individuals and families to live self-determined and healthy lives, 2) the workforce will be capable of achieving CSB's mission, and 3) the agency will be fiscally and operationally sound.

All CSB initiatives, including those to improve business and clinical operations, will be aligned with these goals and strategic priorities. A Strategic Plan Implementation Team evaluates progress and ensures that the plan evolves with the needs of the people CSB serves, the community, and the agency.

CSB continues to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral health care services. As the County's Health and Human Services information technology roadmap takes shape, coupled with the continually changing health care landscape, CSB is working closely with its electronic health record vendor, Credible, to ensure that the agency's unique data management needs are met.

CSB is committed to providing high-quality behavioral health care services modeled on evidence-based practices. Historically, the CSB delivered services through separate systems based upon disability, such as mental illness or substance use disorder. As individuals served often have multiple needs, a disability-based system provides services in a fragmented, and often inefficient, manner. By realigning the organization and service delivery model according to individual needs and level of care required, which is a best practice in recovery-oriented services, the CSB is better able to provide the right services at the right time, increasing the likelihood of successful outcomes at reduced cost.

CSB continues to integrate services and incorporate evidence-based practices. For instance, CSB merged mental health and substance use disorder outpatient and case management services to target resources and supports to individuals with co-occurring mental illness and substance use disorders. In addition, CSB assessment staff members are now all trained to assess for substance use disorders as well as for mental health and co-occurring disorders. Adults and children can now walk in to the Merrifield Center, without prior appointment, and receive a free, face-to-face screening to determine if they meet CSB priority access guidelines for services. If they do meet the guidelines, they can be seen that same day, often by the same staff member, for a full assessment. With this improved, more efficient system, people who need CSB services no longer have to wait for assessments.

Integration of primary and behavioral health care is one of the CSB's strategic priorities. In FY 2017, the CSB completed the first year of its new "BeWell" program, launched with a four-year, $1.6 million grant from the federal Substance Abuse and Mental Health Services Administration. The program's goal is to integrate primary care into behavioral health settings, with a focus on serving people with serious mental illness and co-occurring disorders. Ongoing partnerships with Federally Qualified Health Centers (FQHC) and the Community Health Care Network (CHCN) have offered opportunities for integrated health care. A part-time health clinic now operates on-site at the CSB's Gartlan Center, and CSB staff are embedded at HealthWorks for Northern Virginia Herndon, an FQHC site in the north part of the County. In late 2015, CHCN (now operated by Inova Health System) moved its central Fairfax clinic to the Merrifield Center and began prioritizing enrollment for all people served by the CSB who are in need of health care. In FY 2016, 65 percent of individuals served in CSB behavioral health programs reported having a primary care provider. This is a significant improvement from FY 2015, when only 47 percent reported having a primary care provider.

The Merrifield Center is an excellent example of how CSB is integrating service delivery. Opened in January 2015, Merrifield Center includes a wide range of services provided by over 400 CSB employees from seven previously separate sites. Inova Behavioral Health, CHCN, and the Northern Virginia Dental Clinic provide services on the building's fourth floor, and a pharmacy is available on the second floor. Having multiple services at one site allows individuals to access and receive comprehensive and coordinated services – for behavioral and primary health care – in an integrated manner.

Also located at the Merrifield Center is the Merrifield Crisis Response Center (MCRC), for individuals with mental illness, developmental disabilities, and co-occurring substance use disorders who come in contact with law enforcement. This is a key component of the County's "Diversion First" initiative, a

comprehensive, community-wide effort that offers alternatives to incarceration for people who come into contact with the criminal justice system for low-level offenses. Law enforcement officers can transfer custody of individuals who are in need of mental health services to a specially trained officer at the MCRC 24/7/365, where emergency mental health professionals can provide clinical assessment and stabilization, as well as referral and linkage to appropriate services. In the first nine months of MCRC operation (January 1 – September 30, 2016), law enforcement transported 1,164 people to the MCRC. Of those, 294 (approximately 25 percent) had potential criminal charges but were diverted to mental health services.

Another priority for CSB and Fairfax County is the need for suicide prevention and intervention strategies. In Virginia, suicide is the third leading cause of death among 10-24 year olds. In Fairfax County, an annual youth survey found that local youth in 10th and 12th grades are at significantly higher risk for depression and suicide ideation than their peers statewide. CSB continues to offer an online, evidence-based Kognito suicide prevention training. This tool is currently being used successfully in Fairfax County Public Schools and is a training requirement for school faculty and staff. All of the online training is interactive and focuses on skill-building for effective communication and intervention with someone who is experiencing psychological distress. It is available, at no cost, to anyone in the community at http://www.fairfaxcounty.gov/csb/at-risk/. Over 22,500 people have taken the online training since CSB began offering it in 2014. CSB also continues to support a contract with PRS/CrisisLink to provide a crisis and suicide prevention text line and call-in hotline, which are broadly promoted throughout the County and Fairfax County Public Schools (FCPS). CSB has a lead role with the regional Suicide Prevention Alliance of Northern Virginia (SPAN), launched by the Northern Virginia Health Planning Region II (Planning District 8) with grant funding from the Virginia Department of Behavioral Health and Developmental Services. The group includes regional stakeholders from the community, CSBs, schools, and advocacy groups and is chaired by a CSB board member. SPAN coordinates and implements a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader Northern Virginia community.

CSB continues to implement a nationally certified Mental Health First Aid (MHFA) program that introduces key risk factors and warning signs of mental health and substance use problems, builds understanding of their impact, and describes common treatment and local resources for help and information. Over 3,600 people throughout the local community have successfully completed MHFA to date. As part of the County's Diversion First initiative, CSB is also providing MHFA training to the Office of the Sheriff's jail-based staff, Fire and Rescue personnel, and other first responders.

CSB recognizes and supports the uniquely effective role of individuals who have experienced mental illness or substance use disorders and who are themselves in recovery. People with serious mental illness and substance use disorders can and do recover and are well suited to help others achieve long-term recovery. Within the behavioral healthcare field, this service is known as peer support services. CSB contracts with a peer-run organization to deploy 10 peer specialists to provide support in 12 CSB programs. In FY 2016, CSB trained 28 certified peer specialists who have subsequently taken paid or volunteer positions in peer-run organizations throughout the region. CSB also contracts with another peer-run organization to deploy 36 individuals who are in recovery to facilitate wellness workshops in Northern Virginia. In FY 2016, CSB provided 19 eight-week Wellness Recovery Action Plan (WRAP) workshops to 122 individuals. These efforts in training and peer services provision are supported by state and local funding, and with scholarships established by state and local funding as well as through a Fairfax family. CSB is developing a strategy for additional peer and family support services to address the recovery and support needs of individuals and family members in all programs.

CSB has also integrated cross-system supports. CSB's intern and volunteer program contributes significantly to the agency's overall mission, with volunteers and interns providing support to individuals and families throughout the CSB service continuum. Internship also provides an excellent training ground for future clinicians in CSB's workforce and community. In FY 2016, the intern and volunteer program had 177 participants who provided 28,819 hours of service to the CSB community. Based on the Virginia Average Hourly Value of Volunteer Time, as determined by the Virginia Employment Commission Economic Information Services Division, the value of these services in FY 2016 was $751,894. Program policies were revised to remove barriers that had previously prevented people who had received CSB services from volunteering. This shift in policy has opened the door for broader use of peer support throughout CSB's system, another best practice in the field.

Identified Trends and Future Needs

In the dynamic field of behavioral health care, multiple influences such as changes in public policy and community events shape priorities and future direction. Some of the current trends on the horizon include the following:

Department of Justice Settlement Agreement

The CSB has experienced and will continue to experience significant change as a result of the 2012 settlement agreement between the United States Department of Justice (DOJ) and the Commonwealth of Virginia. The Commonwealth is closing institutions (training centers), shifting services into the community, and restructuring Medicaid waiver funding to comply with the agreement. The redesigned waivers only partially address the chronic underfunding of community services, and waiver rates continue to be well below the cost of providing necessary services in Northern Virginia.

By 2020, Virginia will have closed four of the Commonwealth's five training centers that had provided residential treatment for individuals with intellectual and developmental disabilities. The Northern Virginia Training Center (NVTC) in Fairfax County closed in January 2016. Starting years earlier, in 2012, CSB staff began helping individuals at NVTC and their families select new residences and service providers that would best meet their needs and preferences. Before NVTC closed, CSB support coordination staff had helped transition all 89 Fairfax-Falls Church individuals from NVTC into new homes and services. CSB staff continues to work with Fairfax-Falls Church individuals residing at the remaining training centers and will soon help other Fairfax-Falls Church residents, who in the past had been placed in nursing homes and out-of-state facilities, to move back into the community where possible.

State efforts to comply with court direction increased the number of individuals seeking services from the CSBs, with an accompanying increase in the level of intensity of services needed. The state response to the settlement agreement required increases to discharge planning, oversight of transition to community services, ongoing monitoring, and enhanced support coordination for individuals who were being discharged from the training centers. New requirements for enhanced support coordination include monthly, rather than quarterly, face-to-face visits, increased monitoring, and extensive documentation. The settlement also requires enhanced support coordination services for certain individuals on the Medicaid Waiver waitlist and those with Waiver who live in larger group homes, or have other status changes.

Medicaid Waiver Redesign

Pursuant to DOJ settlement implementation, the Commonwealth of Virginia has redesigned the previously separate service delivery systems for people with intellectual disability (ID) and

developmental disabilities (DD) into one Developmental Disabilities (DD) services system. The term "developmental disabilities" is now understood to include intellectual disability as well as disorders on the autism spectrum and other developmental disabilities. As of July 1, 2016, all CSBs throughout the Commonwealth, including the Fairfax-Falls Church CSB, became the single point of eligibility determination and case management for people with intellectual and developmental disabilities. CSB's role and oversight responsibility have grown larger, and the number of people served is increasing. As of May 2017, there were approximately 2,000 Fairfax residents on the state waiting list for Medicaid Waivers. The U.S. Department of Justice has ordered the Commonwealth to develop waivers to address those waiting for services at the time of the settlement.

This increase in demand and responsibility has led to resource challenges including insufficient public and private provider capacity, insufficient Medicaid waiver rates for the Northern Virginia area, and insufficient state/federal funding to support the system redesign costs. In order for CSB to manage the workload of coordinating support for individuals receiving new Medicaid waivers, it is estimated to require one new support coordinator position for every 20 new Medicaid waivers. In FY 2017, the CSB received support to hire 14 additional support coordinators, with another 12 included as part of the FY 2018 Adopted Budget Plan.

CSB also faces a difficult funding challenge with Employment and Day Services as a result of Medicaid waiver redesign and new access for people with developmental disabilities. Providing equitable access to the same services for people with DD as are now afforded to people with ID will require additional funding, and a waiting list may be required when existing funds are depleted.

Ensuring the creation of sufficient and appropriate housing and employment/day supports, without shifting costs to localities, remains essential to the achievement of an adequate community-based service system. Unfortunately, the Commonwealth has failed to create such housing and support options in Northern Virginia, and in Fairfax County in particular, due to high costs of real estate and service delivery, paired with insufficient Medicaid waiver reimbursement rates. This will continue to be a challenge.

Diversion First

Fairfax County's Diversion First initiative, launched in FY 2016, offers alternatives to incarceration for people with mental illness, developmental disabilities, and co-occurring substance use disorders who come into contact with the criminal justice system for low-level offenses. The goal is to intercede whenever possible to provide assessment, treatment or needed supports. Diversion First is designed to prevent repeat encounters with the criminal justice system, improve public safety, promote a healthier community, and is a more cost effective and efficient use of public funding.

In January 2016, the Merrifield Crisis Response Center (MCRC), a key intercept point of Diversion First, became operational. Located with CSB's Emergency Services at the Merrifield Center, the MCRC operates as an assessment site where specially trained police officers and deputy sheriffs are on duty to accept custody when a patrol officer from Fairfax County law enforcement or neighboring jurisdictions brings in someone who is experiencing a mental health crisis and needs to receive a CSB mental health assessment. The ability to transfer custody at the MCRC enables patrol officers to return quickly to their regular duties and facilitates the efficient provision of appropriate services for the individual in crisis.

The investment Fairfax County has made in Diversion First is already providing positive results. In calendar year (CY) 2016, law enforcement officers transported 1,580 people to the MCRC. Of those 1,580

individuals, 375 (approximately 25 percent) had potential criminal charges but were diverted from potential arrest to mental health services. This has significantly increased the workload for CSB Emergency Services staff. For example, during CY 2016, CSB Emergency Services staff conducted 1,033 mental health evaluations related to emergency custody orders (ECOs), an increase of 123 percent over the 463 evaluations conducted during CY 2015.

Other key components of Diversion First are also progressing. CSB is setting up multiple Mobile Crisis Units to increase capacity to provide emergency mental health personnel and services on site across the County. However, the hiring and retaining of qualified CSB Emergency Services personnel to maintain multiple MCUs remains a challenge due to the highly specialized skills needed. Crisis Intervention Team (CIT) training continues to expand the pool of officers and deputies who are trained to interact effectively with persons experiencing a mental health crisis. In FY 2016, 170 law enforcement officers graduated from the intensive week-long CIT training. In addition, CSB now offers a version of its popular Mental Health First Aid (MHFA) training specifically tailored for fire and rescue personnel and other first responders.

All of the County's magistrates have also completed MHFA training since January 1, 2016. Discussions continue regarding establishing a Mental Health Docket in the County court system. The docket will apply problem-solving approaches and procedures that will be sensitive and specific to addressing defendants with mental illness. Finally, given the high priority afforded to Diversion First effort, in FY 2017 CSB hired a new service director for Diversion and Jail-Based Services, whose office is headquartered at the Adult Detention Center.

The goal for the future is a robust, coordinated County-based local diversion system to interrupt the cycle of court and legal system involvement experienced by many nonviolent offenders – youth and adults – who have mental illness, substance use disorders, developmental disabilities, and behavioral issues. Diversion First is designed to improve public safety, including the safety of people with mental illnesses, their families, friends, neighbors, coworkers, law enforcement personnel and others; improve health outcomes for people with mental illnesses by enabling them to access appropriate mental health services; and reduce costs that are shouldered by local taxpayers, including the costs of incarceration and police overtime. Hospital emergency department costs are also likely to be reduced, as the crisis assessment and initial mental health treatment provided at the CSB Merrifield Center will in many instances deescalate the crisis situation such that continued treatment and recovery can be achieved on an outpatient basis. Full implementation of Diversion First will require not only a sustained commitment from County, city and community leaders, but also additional investments from the Commonwealth for such resources as more CIT training, reintegration services for youth and adults who are at risk for re-hospitalization, and improved screening and assessment tools.

Increased Use of Heroin and Other Opiates

Fairfax County has not been spared from the growing heroin and opioid addiction crisis affecting the nation. CSB reported a 16 percent increase in the number of individuals served with a history of heroin use from FY 2014 to FY 2016. In FY 2016, the Fairfax County Fire and Rescue Department assisted 134 patients with suspected heroin or opiate overdose and an additional 99 individuals with suspected complications due to heroin use.

CSB has been a leader in implementing Project Revive, a training program piloted by the Commonwealth to teach non-medical personnel to administer the life-saving opioid-reversal medication naloxone (Narcan®). CSB staff have been trained as instructors and now offer Revive training to individuals in all

CSB residential treatment programs and to their families and loved ones. In FY 2016, CSB trained 640 people to be lay rescuers, and continues to offer trainings at its Gartlan and Merrifield sites. Trainings are being widely publicized and are open to anyone who is interested, including individuals receiving CSB services, staff, community partners and members of the public.

CSB participates in a multi-disciplinary task force to combat opiate use and is the lead County agency for the treatment and education component of this effort. Working with community partners, CSB staff developed overdose prevention cards that are given to and reviewed with people receiving services. CSB provides frequent community and media presentations about opiate use and resources for treatment. Individuals who are using heroin or any other type of opiate have priority for CSB substance use disorder services and can walk in to the Merrifield Center, without prior appointment, to receive a screening and assessment for services.

To be able to serve more people, CSB has shortened its intermediate length residential treatment program and has increased the number of people served at its longer length residential treatment program. Despite these measures, however, a waiting list remains for individuals needing residential treatment for substance use and co-occurring mental health disorders. People who need medical detoxification services must also wait, on average, about three weeks. This is a significant concern, and CSB continues to explore strategies to reduce this wait time.

CSB has expanded the use of Medication Assisted Treatment and is currently the only CSB-licensed outpatient detoxification program in our region. CSB has developed and implemented a Substance Abuse Outreach, Monitoring and Engagement (SOME) program that provides follow-up services to individuals in contracted medical detoxification services. The SOME staff also engages and follows-up with people who have been in detoxification, but who are unlikely to seek further needed services without this extra engagement. The Detoxification Diversion program offers individuals a treatment opportunity in lieu of incarceration.

Substance use disorders affect people at various ages and stages of life, including older adults. The need for substance use disorder services for older adults is growing, but CSB has limited capacity to meet this need. Strategies are needed to coordinate and combine the best of traditional approaches with emerging best practices to promote recovery and community inclusion.

Mental Health Law Reform

Mental health law reform is another legislative change that has modified service delivery. The 2014 Virginia General Assembly passed several legislative changes to state laws impacting mental health emergency services, and CSBs implemented protocols and procedures to comply with the new laws. Legislative changes have lengthened the maximum duration of an emergency custody order (ECO) from four hours with a possible two hour extension to eight hours with no extension; extended the maximum period of a temporary detention order (TDO) prior to a hearing from 48 to 72 hours; mandated that state hospitals admit individuals who meet the criteria for TDO if an alternative facility cannot be located; placed a five-day time frame on the acknowledgement of receipt of a Mandatory Outpatient Treatment order; and required the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to operate an online acute psychiatric bed registry providing real-time information on bed availability. The ECO and TDO extensions provide additional time for Emergency Services staff to find an appropriate psychiatric facility for individuals in crisis.

Issues related to state psychiatric hospital capacity also impact CSB services. The Virginia General Assembly provided funding in FY 2015 for 11 additional psychiatric hospital beds at the Northern Virginia Mental Health Institute for individuals experiencing mental health crises. However, state funding remains insufficient for the intensive community resources that allow hospitalized individuals to transition to community care.

Medicaid Expansion and Managed Care

A key public policy issue to monitor is expanded health care access for the uninsured in the Commonwealth of Virginia. In FY 2016, 39 percent of individuals receiving CSB behavioral health services had Medicaid coverage. With the addition of Magellan as the Behavioral Health Services Administrator (BHSA) for the Virginia Department of Medical Assistance Services (DMAS), new billing and preauthorization requirements are changing CSB involvement with managed care systems. CSB currently has provider agreements with eight managed care organizations and continuously responds to changing requirements and provider agreement adjustments. CSB's ability to respond and adapt to a changing managed care environment will be critical to the agency's efforts in the future.

Beginning in July 2017, Virginia will move from a fee-for-service delivery model into a managed care model, to be known at the Commonwealth Coordinated Care Program Plus (CCCP), for individuals who receive both Medicare and Medicaid. This statewide managed care program will serve approximately 213,000 individuals throughout the Commonwealth. There are six CCCP regions, and at least seven health plans have been selected to be providers throughout all regions. The CCCP program allows individuals who receive both Medicare and Medicaid the opportunity to receive integrated coordinated care to improve health outcomes.

Infant and Toddler Connection (ITC)

The demand for early intervention services for children ages 0-3 with developmental delays and disabilities has been on a steady rise. There is a small window of opportunity to intervene early for maximum success with a child who has developmental delays, and the effectiveness of such early intervention services is clearly documented. In Fairfax, the average monthly number of children seeking and/or receiving early intervention services from CSB's Infant and Toddler Connection (ITC) program has grown by nearly 40 percent in recent years – from 1,115 in FY 2011 to 1,554 per month in FY 2016. The state, not Fairfax County, is legally responsible for providing these services to eligible families, but state funding does not fully cover the cost of services. A recent article in the American Academy of Pediatrics, states that "for every dollar we spend on high quality early childhood development programs, there's a 7-10 percent annual return rate in cost savings to society – and the younger the child served, the wiser the investment." With state funding uncertainties and a growth trend of 6 to 8 percent per year anticipated to continue in FY 2018 and beyond, this is a trend that requires careful attention. It should be noted that there is a $1.5 million reserve available for the ITC program to ensure that the County has funds to provide state-mandated services in the event of unanticipated decreases in state reimbursement.

Employment and Day Services

The need for CSB services continues to increase on an annual basis in other areas. For example, the number of special education graduates with developmental disabilities seeking employment and day support services after graduation continues to place demands on the CSB. Services provided to these individuals are largely funded through local dollars. In June 2016, 91 special education students with an intellectual disability graduated from the school system, and most transitioned to CSB employment and day support services.

As mentioned above, Employment and Day Services has seen the existing funding challenge become even more difficult as a result of Medicaid waiver redesign and new access for people with developmental disabilities (DD). Addressing this additional demand for services will require additional funding, and in FY 2017 the Board of Supervisors appropriated the one-time $1.6 million Employment First Reserve to help address the initial increase in demand for services.

CSB is gathering data on how many newly eligible individuals with DD apply for and expect CSB services. CSB is also analyzing the impact on the sustainability of current services once new Medicaid waiver reimbursement rates go into effect. Staff will continue to provide updates to the Board of Supervisors so that the Board can provide direction on how to proceed with service delivery in FY 2019 to accommodate advance planning for June 2018 graduates and others in the community who come forward for service.

The Self-Directed Services (SDS) program was established in July 2007 as a programmatic and cost-saving alternative to traditional day support and employment services for people with intellectual disability. Starting in FY 2017, people with developmental disabilities other than ID may also participate. CSB provides funds directly to families who can purchase customized services for a family member, rather than have CSB coordinate the service. Services can include training in functional self-help and daily living skills; task-learning skills which improve motor and perceptual skills; community integration and awareness; safety skills; work and work environment skills; social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. Funding for each SDS contract is calculated at 80 percent of the average cost of traditional day support and employment services, for recurring annualized costs avoided of approximately $4,500 per person achieved by eliminating CSB as the pass-through entity. In FY 2016, 73 families were served in SDS, an increase from 58 families in FY 2015.

Youth Behavioral Health

The Behavioral Health System of Care Program is an initiative of the County Board of Supervisors to expand the Children's Services Act (CSA) System of Care (SOC) to improve access to behavioral health services for children and youth in the community who have significant behavioral health issues but are not eligible for other CSA or CSB services. The SOC Program contracts for behavioral health treatment and supports families' ability to access behavioral health services through improved system navigation tools and processes. It is currently providing short-term therapeutic interventions for at-risk teens and building an online navigation tool that will help parents of youth with serious mental health issues access needed services on a timely basis, reducing the risk of suicide and other negative outcomes. The CSA System of Care plays a leadership role in promulgating evidence-based treatments such as trauma-informed care, Motivational Interviewing and trauma-focused cognitive-behavioral therapy across all child-serving systems. The CSB participates in interagency planning, monitoring and implementation of services to ensure that the needs of youth and families are met. Youth who require longer periods of behavioral health care will receive a seamless handoff to CSB services.

Services for Young Adults

Nationally and locally, there is a growing need for specialized services for young adults (ages 16-25), with emergency mental health and substance abuse needs. Often, traditional services designed for adolescents or for adults do not meet the needs of people in this age group. By targeting specialized intervention services for young adults, early intervention can occur and reduce the need for more intensive future services. National Institute of Mental Health (NIMH) data from 2012 indicates 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 fall within the 16 to 30 year old age range. Extrapolating the NIMH data suggests that over 12,000 of these individuals have a serious mental illness. Specialized evidence-based services for young adults offering early intervention and treatment can be a crucial turning point toward recovery. Intervening early is demonstrated to reduce the need for future, longer-term and ongoing services. In response to this trend, the CSB applied for and received funding to replicate evidence-based interventions to serve this older youth/young adult population. In partnership with PRS, a nonprofit behavioral health service provider in the community, the new program "Turning Point," was launched in FY 2015. This program provides a way to intervene rapidly after a first episode of psychosis, and to provide wrap-around services for the young person with the goal of getting them re-engaged in the community and less dependent on a service system. The early intervention program helps the young people and their families understand and manage symptoms of mental illness and/or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and life in general. DBHDS is highly engaged in this program and is carefully tracking progress to assure solid outcomes and successful implementation of evidence-based supports.

Services for Older Adults

Another trend that will impact service provision is the growing older adult population, with Fairfax County projecting a dramatic increase in this age group. 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, and substance abuse are tremendous concerns for this population. Some specialized services for this population are provided by the CSB and are tailored to meet the unique needs of aging adults. Interventions support recovery and independence, are appropriate to the individual's physical and cognitive abilities, and are often community-based, depending on the need. In addition, CSB is partnering with the Fairfax Area Agency on Aging (AAA) and other Northern Virginia AAAs to increase public awareness about depression in older adults, risks and sources of support. 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 the CSB.

Fund 40040
Community Services Board (CSB)

Relationship with Boards, Authorities, and Commissions

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

Examples include:

- Alcohol Safety Action Program Local Policy Board
- Community Action Advisory Board (CAAB)
- Community Criminal Justice Board (CCJB)
- Community Policy and Management Team (CPMT), Fairfax-Falls Church
- Community Revitalization and Reinvestment Advisory Group
- Criminal Justice Advisory Board (CJAB)
- Fairfax Area Disability Services Board
- Fairfax Community Long-Term Care Coordinating Council
- Health Care Advisory Board
- Oversight Committee on Drinking and Driving
- Fairfax County Redevelopment and Housing Authority
- Planning Commission
- Northern Virginia Regional Commission

Budget and Staff Resources

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
FUNDING					
Expenditures:					
Personnel Services	$97,621,717	$103,012,616	$105,929,616	$107,507,500	$108,600,658
Operating Expenses	53,409,088	59,964,382	66,388,302	59,971,782	60,016,927
Capital Equipment	213,800	0	122,676	0	0
Subtotal	$151,244,605	$162,976,998	$172,440,594	$167,479,282	$168,617,585
Less:					
Recovered Costs	($1,822,127)	($1,650,160)	($1,650,160)	($1,738,980)	($1,738,980)
Total Expenditures	$149,422,478	$161,326,838	$170,790,434	$165,740,302	$166,878,605
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	958 / 954	969 / 965	979 / 975	983 / 979	994 / 990

This agency has 65/64.8 FTE Grant Positions in Fund 50000, Federal-State Grant Fund.

Fund 40040
Community Services Board (CSB)

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
CSB Service Area Expenditures					
CSB Central Administration	$31,345,298	$35,034,524	$39,016,531	$33,919,980	$33,957,550
Acute & Therapeutic Treatment Services	41,044,464	42,716,672	43,784,154	46,146,881	46,146,881
Community Living Treatment & Supports	77,032,716	83,575,642	87,989,749	85,673,441	86,774,174
Total Expenditures	$149,422,478	$161,326,838	$170,790,434	$165,740,302	$166,878,605
Non-County Revenue by Source					
Fairfax City	$1,510,434	$1,614,654	$1,614,654	$1,776,119	$1,776,119
Falls Church City	684,613	731,851	731,851	805,036	805,036
State DBHDS	11,850,482	11,716,017	11,716,017	11,886,443	11,886,443
Federal Block Grant	4,073,692	4,073,691	4,073,691	4,053,659	4,053,659
Federal Other	153,269	154,982	154,982	154,982	154,982
Medicaid Waiver	2,127,218	2,756,068	2,156,068	2,371,024	2,371,024
Medicaid Option	8,903,122	9,318,424	9,318,424	8,092,500	8,122,500
Program/Client Fees	6,339,650	5,414,527	5,414,527	6,396,751	6,406,751
CSA Pooled Funds	686,868	654,973	654,973	858,673	858,673
Miscellaneous	36,296	14,100	14,100	14,100	14,100
Total Revenue	$36,365,644	$36,449,287	$35,849,287	$36,409,287	$36,449,287
County Transfer to CSB	$116,243,498	$124,877,551	$126,077,551	$129,331,015	$130,429,318
County Transfer as a Percentage of Total CSB Expenditures	77.8%	77.4%	73.8%	78.0%	78.2%

FY 2018 Funding Adjustments

The following funding adjustments from the FY 2017 Adopted Budget Plan are necessary to support the FY 2018 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the budget on May 2, 2017.

- **Employee Compensation** **$1,690,760**
  An increase of $1,690,760 in Personnel Services includes $1,678,805 for performance-based and longevity increases for non-uniformed merit employees effective July 2017, as well as $11,955 for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions.

- **Support Coordination** **$2,298,007**
  An increase of $2,298,007 and 12/12.0 FTE positions, including a baseline funding adjustment of $1,200,000 to reflect funding approved by the Board of Supervisors as part of the *FY 2016 Carryover Review*, is required to provide support coordination services to individuals with developmental disabilities (DD) in the community and comply with current state and federal requirements, primarily those pursuant to the DOJ Settlement Agreement and implementation of Virginia's Medicaid Waiver redesign, effective July 1, 2016.

- **Fringe Benefit Support** **$1,350,000**
  An increase of $1,350,000 in Personnel Services is required to support increased fringe benefit requirements in FY 2018 based on projected health insurance premium increases and increases in employer contribution rates to the retirement systems.

- **Diversion First** **$725,000**
  An increase of $725,000 and 7/7.0 FTE positions includes an increase of $679,855 in Personnel Services and an increase of $45,145 in Operating Expenses to support the second year of the County's successful Diversion First initiative. Diversion First is a multiagency collaboration between the Police Department, Office of the Sheriff, Fire and Rescue Department, Fairfax County Court system, and the CSB to reduce the number of people with mental illness in the County jail by diverting low-risk offenders experiencing a mental health crisis to treatment rather than bring them to jail. The $725,000 and 7/7.0 FTE positions partially funds the second year of the original Diversion First implementation plan, representing the most critical needs for FY 2018 as discussed in detail at the March 21, 2017, Board Public Safety Committee meeting and will align CSB services with the Courts, including providing timely assessments, treatment recommendations, case management, and service linkages in order to make diversion work.

- **Program Adjustments** **$0**
  A net zero adjustment includes an increase of $88,820 in Personnel Services with a commensurate increase in Recovered Costs due to additional CSB staff providing services that will be reimbursed by the Regional Discharge Assistance Program grant in Fund 50000, Federal-State Grants.

- **Department of Vehicle Services Charges** **($52,000)**
  A decrease of $52,000 in Operating Expenses is included for Department of Vehicle Services charges based on anticipated billings for fuel.

♦ **Reductions** **($460,000)**

A decrease of $460,000 and 4/4.0 FTE positions reflects reductions utilized to balance the FY 2018 budget. The following table provides details on the specific reduction:

Title	Impact	Posn	FTE	Reduction
Eliminate the Youth Day Treatment Program	This reduction eliminates the Youth Day Treatment Program and 4/4.0 FTE positions, including one Mental Health Manager, one Behavioral Health Supervisor, one Mental Health Therapist, and one CSB Aide/Driver providing therapeutic day treatment to youth ages 13 to 18 with medium to high acuity serious emotional disturbance or co-occurring substance use disorders. In FY 2016, the Youth Day Treatment program served 82 youth, providing significant supportive and intensive services including individual, group, and family therapy, case coordination, medication management, and an onsite alternative school program operated by Fairfax County Public Schools. As a result of this reduction, resources will be redeployed to continue serving this population through outpatient services such as individual, group and family therapy and case coordination. Outpatient services will be supplemented by in-home and intensive in-home services provided by contracted providers with dedicated funding streams, such as Mental Health Initiative state and local funds as well as Children's Services Act (CSA) funds, to maintain stability by utilizing natural community supports. In the event these outpatient services are insufficient for youth to maintain stability in the community, there are alternatives including community-based partial hospitalization for youth with private insurance, therapeutic day treatment programs operated in partnership with FCPS for youth with Medicaid, residential diversion programs, or CSA services.	4	4.0	$460,000

♦ **General Fund Transfer**

The FY 2018 budget for Fund 40040, Fairfax-Falls Church Community Services Board requires a General Fund Transfer of $130.43 million, an increase of $5.6 million over the FY 2017 Adopted Budget Plan primarily due to performance-based and longevity increases for non-uniformed merit employees, as well as employee pay increases for specific job classes identified in the County's benchmark class survey; increased fringe benefit requirements in FY 2018; additional funding and

positions to support the second year of the County's successful Diversion First initiative; and additional funding and positions to provide support coordination services to individuals with intellectual and developmental disabilities in the community. These increases are partially offset by decreases associated with reductions utilized to balance the FY 2018 budget.

Changes to FY 2017 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2017 Revised Budget Plan since passage of the FY 2017 Adopted Budget Plan. Included are all adjustments made as part of the FY 2016 Carryover Review, FY 2017 Third Quarter Review, and all other approved changes through April 30, 2017.

- **Carryover Adjustments** **$9,463,596**

  As part of the *FY 2016 Carryover Review*, the Board of Supervisors approved funding of $9,463,596, including $4,913,596 in encumbered funding in Operating Expenses primarily attributable to ongoing contract obligations, pharmaceuticals and pharmacy services, housing assistance to CSB consumers at risk of homelessness, Credible enhancements, and building maintenance and repair projects; $1,250,000 in Personnel Services associated with pay adjustments for psychiatrists and emergency services personnel to address retention and recruitment issues; and $500,000 to support projected increases in fringe benefit requirements in FY 2017; $1,200,000 and 10/10.0 FTE positions, with a commensurate increase in the General Fund Transfer, to provide support coordination services to individuals with Developmental Disabilities (DD) newly eligible for services as a result of Medicaid Waiver Redesign effective July 1, 2016; and, an appropriation of $1,600,000 from fund balance reflecting utilization of the Intellectual Disability (ID) Employment & Day Reserve to provide employment and day services to individuals with DD as a result of Medicaid Waiver Redesign effective July 1, 2016.

Cost Centers

CSB Central Administration

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
FUNDING					
Expenditures:					
Personnel Services	$22,559,740	$22,582,133	$24,332,133	$24,314,023	$24,314,023
Operating Expenses	8,840,873	12,616,791	14,848,798	9,770,019	9,807,589
Capital Equipment	173,535	0	0	0	0
Subtotal	$31,574,148	$35,198,924	$39,180,931	$34,084,042	$34,121,612
Less:					
Recovered Costs	($228,850)	($164,400)	($164,400)	($164,062)	($164,062)
Total Expenditures	$31,345,298	$35,034,524	$39,016,531	$33,919,980	$33,957,550
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	164 / 163.5	165 / 164.5	165 / 164.5	165 / 164.5	165 / 164.5

Fund 40040
Community Services Board (CSB)

	CSB Central Administration	1	Information Officer III		Medical Services
1	Executive Director	2	Communications Specialists II	1	Medical Director of CSB
2	Deputy Directors	1	Medical Records Administrator	1	Public Health Doctor, PT
3	Assistant Deputy Directors	1	Volunteer Services Prog. Manager	24	Psychiatrists
1	Dir. of Facilities Manag. & Admin. Ops.	1	Human Service Worker III	1	Mental Health Manager
1	Comm. Svs. Planning/Devel. Dir.	5	Human Service Workers II	1	Physician Assistant
1	CSB Service Area Director	2	CSB Aides/Drivers	7	Nurse Practitioners
1	Program Manager	2	DD Specialists III	1	BHN Clinician/Case Manager
1	Resident. and Facilities Devel. Mgr.	1	DD Specialist II		
3	Management Analysts IV	1	DD Specialist I		Wellness, Health Promotion &
7	Management Analysts III	2	Administrative Associates		Prevention Services
3	Management Analysts II	3	Administrative Assistants V	1	Substance Abuse Counselor IV
1	Management Analyst I	10	Administrative Assistants IV	2	Behavioral Health Supervisors
2	Business Analysts IV	38	Administrative Assistants III	13	Substance Abuse Counselors II
2	Business Analysts III	10	Administrative Assistants II		
4	Business Analysts II				

TOTAL POSITIONS
165 Positions / 164.5 FTE

PT Denotes Part-Time Position

CSB Central Administration Unit (CAU) provides leadership to the entire CSB system, supporting over 21,000 individuals and their families, over 1,000 employees and more than 70 nonprofit partners. The CSB executive staff oversees the overall functioning and management of the agency to ensure effective operations and a seamless system of community services and key supports. CAU staff also provides support to the 16 citizen members of the CSB Board and serves as the liaison between the CSB; Fairfax County, the Cities of Fairfax and Falls Church; DBHDS; Northern Virginia Regional Planning; and the federal government.

The CAU is responsible for the following functions: regulatory compliance, risk management, and emergency preparation; communications and public affairs; consumer and family affairs including the development of a peer support system, human rights and other problem resolution; facilities management and administrative operations; management of the technology including the Electronic Health Record functions; oversight of Health Planning Region initiatives; partnerships and resource development; organizational development and training; and strategic planning and performance management. For example, the CAU includes the Financial Assessment and Screening Team (FAST), which assists individuals with applications and enrollment in qualified health plans and/or medical homes by screening and assessing their health care needs once assigned to a CSB service.

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; 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 and assessment and education and counseling.

A focus on whole health is a priority for Medical Services and key to the overall wellness of people served by the CSB. A current strategic priority is the development and implementation of integrated primary and behavioral health care. Most prominent among the initiatives is the CSB's Patient Assistance Program (PAP) which arranges for the provision of ongoing, free prescription medications to eligible consumers with chronic conditions.

Wellness, Health Promotion and Prevention Services

Wellness, Health Promotion and Prevention Services (WHPP) focuses on strengthening the health of the entire community. WHPP uses proven approaches to address known risk factors and build resiliency skills. By engaging the community, increasing awareness and building and strengthening skills, people gain the capacity to handle life stressors. Initiatives such as Mental Health First Aid (MHFA), regional suicide prevention planning, and the Chronic Disease Self-Management Program are examples of current efforts. Over 3,600 community members and staff have been trained in MHFA since launching local programming in late 2011. In May 2014, the CSB launched Kognito, an evidence-based suicide prevention training. Kognito provides a suite of online courses and is available to anyone in the community who is interested in learning suicide prevention skills. As of September 2016, over 22,500 people had received this training.

Acute & Therapeutic Treatment Services

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
FUNDING					
Expenditures:					
Personnel Services	$35,448,293	$38,088,921	$38,088,921	$39,254,466	$39,254,466
Operating Expenses	6,648,746	5,637,325	6,699,172	7,912,362	7,912,362
Capital Equipment	22,708	0	5,635	0	0
Subtotal	$42,119,747	$43,726,246	$44,793,728	$47,166,828	$47,166,828
Less:					
Recovered Costs	($1,075,283)	($1,009,574)	($1,009,574)	($1,019,947)	($1,019,947)
Total Expenditures	$41,044,464	$42,716,672	$43,784,154	$46,146,881	$46,146,881
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	369 / 367	371 / 369	372 / 370	368 / 366	368 / 366

Fund 40040
Community Services Board (CSB)

	Engagement, Assessment & Referral Services
1	CSB Service Area Director
1	Mental Health Manager
6	Behavioral Health Supervisors
7	Behavioral Health Senior Clinicians
6	Mental Health Therapists
13	Substance Abuse Counselors II, 1 PT

	Emergency & Crisis Services
1	CSB Service Area Director
3	Mental Health Managers
1	Clinical Psychologist
7	Emergency/Mobile Crisis Suprvs.
4	Behavioral Health Supervisors
23	Crisis Intervention Specialists, 1 PT
5	Behavioral Health Senior Clinicians
3	BHN Clinicians/Case Managers
19	Mental Health Therapists
1	Substance Abuse Counselor II
1	Substance Abuse Counselor I
3	Mental Health Counselors
1	Cook

	Residential Treatment & Detoxification Services
1	CSB Service Area Director
11	Behavioral Health Supervisors
8	BHN Clinicians/Case Managers
6	Substance Abuse Counselors IV
4	Substance Abuse Counselors III
34	Substance Abuse Counselors II
23	Substance Abuse Counselors I
1	Behavioral Health Senior Clinician
3	BHN Supervisors
2	Mental Health Therapists
3	Mental Health Counselors
2	Administrative Assistants V
7	Licensed Practical Nurses
3	Assistant Residential Counselors
3	Food Service Supervisors
6	CSB Aides/Drivers
2	Day Care Center Teachers I, 1 PT
6	Cooks

	Infant and Toddler Connection
1	CSB Service Area Director
1	Early Intervention Manager
1	DD Specialist IV
5	Early Intervention Supervisors
10	Early Intervention Specialists II
4	DD Specialists II
3	Occupational Therapists II
5	Physical Therapists II
6	Speech Pathologists II
1	Business Analyst II
1	Administrative Assistant V
3	Administrative Assistants III

	Youth & Family Services
2	CSB Service Directors
3	Mental Health Managers (-1)
3	Clinical Psychologists
1	Emergency/Mobile Crisis Supervisor
12	Behavioral Health Supervisors (-1)
42	Behavioral Health Sr. Clinicians, 1 PT
1	BHN Clinician/Case Manager
15	Mental Health Therapists (-1)
3	Substance Abuse Counselors IV
11	Substance Abuse Counselors II
2	Substance Abuse Counselors I
1	CSB Aide/Driver (-1)

TOTAL POSITIONS
368 Positions (-4) / 366.0 FTE (-4.0)

PT Denotes Part-Time Positions
(-) Denotes Abolished Positions due to Budget Reductions

Engagement, Assessment & Referral Services

Engagement, Assessment and Referral Services provides information about accessing services both in the CSB and the community, as well as assessment services for entry into the CSB service system. These services include an Entry and Referral Call Center that responds to inquiries from people seeking information and services; an Assessment Unit that provides comprehensive screening, assessment, referral and stabilization services for adults; and Outreach Services for people who are homeless or unsheltered and may need CSB services. The goal of all these services is to engage people who need services and/or support, triage people for safety, and help connect people to appropriate treatment and support. Not everyone with a concern related to mental illness, substance use or intellectual disability is eligible for CSB services. People seeking information about available community resources or who are determined to be ineligible are linked with other community services whenever possible. Call center staff can take calls in English and in Spanish, and language translation services for other languages are available by telephone when needed.

Emergency & Crisis Services

Emergency & Crisis Services are available for anyone in the community who has an immediate need for short-term intervention related to substance use or mental illness. CSB Emergency Services staff provides recovery-oriented crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders, voluntary and involuntary admission to public and private psychiatric hospitals, and services in three regional crisis stabilization units. The CSB's emergency services site at the Merrifield Center is open 24/7. In addition to the services listed above, staff there can also provide psychiatric and medication evaluations and prescribe and dispense medications. Located within CSB emergency services

is the Merrifield Crisis Response Center (MCRC), part of the County's Diversion First initiative. Law enforcement officers who encounter individuals who are in need of mental health services can bring them to the MCRC, rather than to jail, and transfer custody to a specially trained officer at MCRC. There, the individual can receive a clinical assessment from emergency mental health professionals and links to appropriate services and supports. Two Mobile Crisis Units (MCUs), rapid deployment teams drawn from CSB emergency services staff, respond 24/7 to high-risk situations in the community, including hostage/barricade incidents involving the County's Special Weapons and Tactics (SWAT) team and police negotiators. A key component of Diversion First has been to recruit and train additional CSB emergency clinicians to staff the second MCU, which became operational in FY 2017. The Court Civil Commitment Program provides "Independent Evaluators" (clinical psychologists) to evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing, as required by the Code of Virginia. They assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization.

Emergency services, MCU and Independent Evaluators provide approximately 10,000 evaluations annually, to include evaluations for emergency custody and temporary detention orders, civil commitment, psychiatric and medication evaluations, risk assessments, mental status exams and substance abuse evaluations. CSB Emergency Services also includes a disaster response team and a team that provides critical incident stress management and crisis debriefing during and after traumatic events.

The Woodburn Place Crisis Care program offers individuals experiencing an acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term (7-10 days), community-based residential program for adults with severe and persistent mental illness, including those who have co-occurring substance use disorders. In FY 2016, 47 percent of those who received Crisis Care services had both mental health and substance use disorders, and 2 percent had intellectual disability. Services include comprehensive risk assessment; crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; counseling; psychosocial education; and assistance with daily living skills. During FY 2016, this program served 390 individuals (unduplicated).

Residential Treatment Services

Residential Treatment Services (Fairfax Detoxification Center, Crossroads, New Generations, A New Beginning, A New Direction, Residential Support Services, and Cornerstones) offers comprehensive services to adults with substance use disorders and/or co-occurring mental illness who have been unable to maintain stability on an outpatient basis, even with extensive supports, and who require a stay in residential treatment to stabilize symptoms, regain functioning and develop recovery skills. At admission, individuals have significant impairments affecting various life domains, which may include criminal justice involvement, homelessness, employment, impaired family and social relationships, and health issues.

The Fairfax Detoxification Center provides a variety of services to individuals who are in need of assistance with their intoxication/withdrawal states. Length of stay depends upon the individual's condition and ability to stabilize. The center provides clinically managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture (acudetox); health, wellness, and engagement services; assessment for treatment services; HIV/HCV/TB education; universal precautions education; case management services; referral services for follow-up and appropriate care; and an introduction to the 12-Step recovery process. The residential setting is monitored continuously for safety by trained staff. The detox milieu is designed to promote rest, reassurance and recovery. During FY 2016, this program provided a total of 6,665 bed days.

Services are provided in residential treatment settings and align with the level and duration of care needed, which may be intermediate or long-term. Services include individual, group and family therapy; psychiatric services; medication management; access to health care; and case management. Continuing care services are provided to help people transition back to the community. Specialized services are provided for individuals with co-occurring disorders (substance use and mental illness), for pregnant and post-partum women, and for people whose primary language is Spanish.

Infant and Toddler Connection

The Infant and Toddler Connection (ITC) of Fairfax-Falls Church provides family-centered intervention to children from birth to age three who need strategies to assist them in acquiring basic developmental skills such as sitting, crawling, walking and/or talking. ITC is part of a statewide program that provides federally-mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). The CSB serves as the fiscal agent and local lead agency for the program, with advice and assistance from a local interagency coordinating council. Families receive a screening to determine eligibility, service coordination, and development of an Individual Family Service Plan. The family is assigned a "primary provider" who, with support of a multidisciplinary team, meets the needs of the family. This model replaces the previous practice of providing multiple, single discipline service providers to one family, and prevents the unnecessary addition of services to Individual Family Service Plans.

Through public and private partnerships, ITC provides a range of services including physical therapy, occupational therapy and speech therapy; developmental services; hearing and vision services; assistive technology (e.g. hearing aids, adapted toys, and mobility aids); family counseling and support; and service coordination. County staff provides central intake, service coordination, initial assessments, and approximately 20 percent of the ongoing therapeutic services. Contractors provide the remaining 80 percent of the ongoing therapeutic services. Combined, more than 68,000 visits with families were provided in FY 2016. ITC staff collaborates with the Health Department, Department of Family Services, Department of Neighborhood and Community Services, Inova Fairfax Hospital, and FCPS to ensure that infants and toddlers receive appropriate services as soon as eligibility for the program has been determined. ITC contracts with individuals who provide interpretation services to meet the needs of families in Fairfax County's linguistically diverse community.

Youth & Family Services

Youth & Family Services provides assessment, education, therapy and case management services for children and adolescents ages 4 through 18 who have mental health, substance use and/or co-occurring disorders. All services support and guide parents and treat youth who have, or who are at risk for, serious emotional disturbance, and who are involved with multiple youth-serving agencies.

Child, Youth, and Family Youth Outpatient Services provide mental health and substance use disorder treatment and case management for children, adolescents, and their families. Services are provided using evidenced-based practices for youth who are, or are at risk of being, seriously emotionally disturbed and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, alcohol use, or drug use. Family socioeconomic and other issues are frequently present. In FY 2016, 77 percent of the families served had incomes below $50,000. Of the youth served, 32 percent were ages 4 through 12; 53 percent were ages 13 through 17; and 15 percent were ages 18 through 22. For youth ages 4 through 17, family or schools are the main referral sources. For those ages 13 through 17, court/juvenile justice/law enforcement referrals are the next

highest source. Programs are funded through state block grants, as well as County, state and federal funding. Revenue is also received from Medicaid, private insurance, and payments from parents.

Youth and Family Intensive Treatment Services offers a variety of services to support youth and their families. Wraparound Fairfax provides an intensive level of support for youth who are at high risk for residential or out-of-home placement, or who are currently served away from home and are transitioning back to their home community. Services are provided for up to 15 months and are designed to enable youth to remain safely in the community with their families. Resource team services include state-mandated discharge planning, behavioral health consultation, monitoring Mental Health State Initiative funds and lead CSB case management. Services are also provided for youth involved with the Juvenile and Domestic Relations District Court (JDRDC). These services include psychological evaluations, behavioral health care assessments, competency evaluations, urgent and crisis interventions, psycho-educational groups and short-term individual and family treatment.

Community Living Treatment & Supports

Category	FY 2016 Actual	FY 2017 Adopted	FY 2017 Revised	FY 2018 Advertised	FY 2018 Adopted
FUNDING					
Expenditures:					
Personnel Services	$39,613,684	$42,341,562	$43,508,562	$43,939,011	$45,032,169
Operating Expenses	37,919,469	41,710,266	44,840,332	42,289,401	42,296,976
Capital Equipment	17,557	0	117,041	0	0
Subtotal	$77,550,710	$84,051,828	$88,465,935	$86,228,412	$87,329,145
Less:					
Recovered Costs	($517,994)	($476,186)	($476,186)	($554,971)	($554,971)
Total Expenditures	$77,032,716	$83,575,642	$87,989,749	$85,673,441	$86,774,174
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	425 / 423.5	433 / 431.5	442 / 440.5	450 / 448.5	461 / 459.5

Fund 40040
Community Services Board (CSB)

Behavioral Health Outpatient & Case Management Services

1	CSB Service Area Director
4	Mental Health Managers
5	BHN Supervisors
1	BHN Clinical Nurse Specialist
14	Behavioral Health Supervisors
37	Behavioral Health Sr. Clinicians, 1 PT
7	BHN Clinician/Case Managers
23	Mental Health Therapists
2	Substance Abuse Counselors IV
14	Substance Abuse Counselors II
3	Licensed Practical Nurses

Support Coordination Services

1	CSB Service Area Director
5	DD Specialists IV (1)
12	DD Specialists III (2)
75	DD Specialists II (3)
8	DD Specialists I (6)

Employment & Day Services

1	CSB Service Area Director
1	Mental Health Manager
2	DD Specialists IV
8	DD Specialists II
1	Behavioral Health Supervisor
1	BHN Clinician/Case Manager
1	Management Analyst III
2	Mental Health Therapists
1	Mental Health Counselor
1	Administrative Assistant III

Assisted Community Residential Services

1	CSB Service Area Director
2	DD Specialists IV
3	DD Specialists III
8	DD Specialists II
69	DD Specialists I
1	BHN Supervisor
1	BHN Clinician/Case Manager
2	Licensed Practical Nurses

Supportive Community Residential Services

1	CSB Service Area Director
4	Mental Health Managers
11	Behavioral Health Supervisors
3	Behavioral Health Senior Clinicians
25	Mental Health Therapists
23	Mental Health Counselors, 2 PT
1	Substance Abuse Counselor I
3	Licensed Practical Nurses
1	Assistant Residential Counselor
1	Food Service Supervisor
1	Cook

Diversion and Jail-Based Services

1	CSB Service Area Director
1	Mental Health Manager
4	Behavioral Health Supervisors
2	Behavioral Health Senior Clinicians
1	BHN Clinician/Case Manager (1)
1	Public Health Nurse III
5	Substance Abuse Counselors II
15	Mental Health Therapists (6)
1	Mental Health Counselor
1	Peer Support Specialist

Intensive Community Treatment Services

1	CSB Service Area Director
2	Mental Health Managers
1	MH Supervisor/Specialist
5	Behavioral Health Supervisors
7	Behavioral Health Senior Clinicians
5	BHN Clinician/Case Managers
1	Public Health Nurse III
3	Substance Abuse Counselors II
11	Mental Health Therapists
1	Peer Support Specialist

TOTAL POSITIONS
461 Positions (19) / 459.5 FTE (19.0)

( ) Denotes New Positions
PT Denotes Part-Time Positions

Behavioral Health Outpatient & Case Management Services

Behavioral Health Outpatient & Case Management Services includes outpatient programming, case management, day treatment, adult partial hospitalization and continuing care services for people with mental illness, substance use disorders and/or co-occurring disorders. Individuals served may also have co-occurring developmental disabilities.

Outpatient programs include psychosocial education and counseling (individual, group and family) for adults whose primary needs involve substance use, but who may also have a mental illness. Services help people make behavioral changes that promote recovery, develop problem-solving skills and coping strategies, and help participants develop a positive support network in the community. Intensive outpatient services are provided for individuals who would benefit from increased frequency of services, and day treatment services are provided for those who need a greater level of structure and intensity. Continuing care services are available for individuals who have successfully completed more intensive outpatient services but who would benefit from periodic participation in group therapy, monitoring and service coordination to connect effectively to community supports.

Case management services are strength-based, person-centered services for adults who have serious and persistent mental or emotional disorders and who may also have co-occurring substance use disorders. Services focus on interventions that support recovery and independence and include supportive

counseling to improve quality of life, crisis prevention and management, psychiatric and medication management and group and peer supports. The goal of case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms, facilitate a successful life in the community, help manage symptom reoccurrence, build resilience, and promote self-management, self-advocacy, and wellness.

Adult Partial Hospitalization (APH) programs provide intensive recovery-oriented services to adults with mental illness or co-occurring disorders coupled with other complex needs. Services are provided within a day programming framework and are designed to help prevent the need for hospitalization or to help people transition from recent hospitalization to less intensive services. APH focuses on helping individuals develop coping and life skills, and on supporting vocational, educational, or other goals that are part of the process of ongoing recovery. Services provided include service coordination, medication management, psycho-educational groups, group and family therapy, supportive counseling, relapse prevention and community integration.

Support Coordination Services

Support Coordination Services provide a continuum of case management services for people with developmental disabilities and their families, engaging with them to provide a long-term, intensive level of service and support. CSB support coordinators help individuals and families identify needed services and resources through an initial and ongoing assessment and planning process. They then link the individual to services and supports, coordinate and monitor services, provide technical assistance, and advocate for the individual. These individualized services and supports may include medical, educational, employment/vocational, housing, financial, transportation, recreational, legal, and problem-solving skills development services. Support coordinators assess and monitor progress on an ongoing basis to make sure that services are delivered in accordance with the individual's wishes and regulatory standards for best practice and quality. To assess the quality of the services, support coordinators are mandated to work with individuals in various settings, including residential, institutional, and employment/vocational/day settings.

Employment & Day Services

Employment & Day Services provides assistance and employment training to improve individual independence and self-sufficiency to help individuals enter and remain in the workforce. Employment and day services for people with serious behavioral health conditions and/or developmental disabilities are provided primarily through contracts and partnerships with private, nonprofit and/or public agencies. This service area includes developmental services; sheltered, group and individualized supported employment; the Cooperative Employment Program (CEP); self-directed employment services; and psychosocial rehabilitation, including the Turning Point program.

Developmental services provides self-maintenance training and nursing care for people with developmental disabilities who have severe disabilities and conditions and need various types of services in areas such as intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily and community living skills, and employment. Sheltered employment provides employment in a supervised setting with additional support services for habilitative development. Group supported employment provides intensive job placement assistance for community-based, supervised contract work and competitive employment in the community, as well as support to help people maintain successful employment. Individualized supported employment helps people work in community settings, integrated with workers who do not have disabilities. CEP is jointly funded and operated by the Virginia Department of Aging and Rehabilitative Services and the CSB, and provides

supported competitive employment services to eligible individuals who have developmental disabilities. Self-directed employment services involve the CSB providing funding directly to families for customized services, calculated at 80 percent of the annual weighted average cost of CSB-contracted services. Using an individualized approach, program staff assesses skills, analyze job requirements, and provide on-the-job training, coupled with disability awareness training for employers.

Psychosocial rehabilitation services provide a period for adjustment and skills development for persons with serious mental illness, substance use, and/or co-occurring disorders who are transitioning to employment. Services include psycho-educational groups, social skills training, services for individuals with co-occurring disorders, relapse prevention, training in problem solving and independent living skills, health literacy, pre-vocational services and community integration. Services are available in a small, directly-operated program or through contract with private providers. CSB contracts with community partners to provide psychosocial rehabilitation services to individuals who have limited social skills, have challenges establishing and maintaining relationships, and need help with basic daily living activities. The model is called "Recovery Academy," and the above focus areas are addressed in multi-week "courses", such that the experience can be tailored for each person. At the end of a term, courses can be repeated or new courses can be selected depending on an individual's goals and progress.

Turning Point is a grant-funded, coordinated, specialty service program for adolescents and young adults aged 16 through 25 who are experiencing serious behavioral health conditions, including a first episode of psychosis. Psychotic disorders can derail a young adult's social, academic and vocational development; but rapid, comprehensive intervention soon after the first episode can set the course toward recovery. Turning Point is based on the evidence-based model known as *Recovery After an Initial Schizophrenia Episode (RAISE)*. The early intervention program helps young people and their families understand and manage symptoms of mental illness and/or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and life in general. The program can serve up to 120 people per year, and participation in the program may continue for up to three years as needed.

Assisted Community Residential Services

Assisted Community Residential Services (ACRS) provides an array of needs-based, long-term residential supports for individuals with developmental disabilities and for individuals with serious mental illness and comorbid medical conditions who require assisted living. Supports are not time-limited, are designed around individual needs and preferences, and emphasize full inclusion in community life and a living environment that fosters independence consistent with an individual's potential. These services are provided through contracts with a number of community-based private, non-profit residential service providers and through services directly operated by ACRS. While services are primarily provided directly to adults, some supports are provided to families for family-arranged respite services to individuals with developmental disabilities, regardless of age.

Services include an Assisted Living Facility (ALF) with 24/7 care for people with serious mental illness and medical needs. For individuals with developmental disabilities, services include Intermediate Care Facilities (ICFs) that provide 24/7 supports for individuals with highly intensive service, medical and/or behavioral support needs; group homes that provide 24/7 supports (small group living arrangements, usually four to six residents per home); supervised apartments that provide community-based group living arrangements with less than 24-hour care; daily or drop-in supports based on individual needs and preferences to maintain individuals in family homes, their own homes or in shared living arrangements (such as apartments or town homes); short-term, in-home respite services; long-term

respite services provided by a licensed 24-hour home; and emergency shelter services. Individualized Purchase of Service (IPOS) is provided for a small number of people who receive other specialized long-term community residential services via contracts.

Supportive Community Residential Services

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

Residential Intensive Care (RIC) is a community-based, intensive residential program that provides up to daily 24/7 monitoring of medication and psychiatric stability. Counseling, supportive and treatment services are provided daily in a therapeutic setting. The Supportive Shared Housing Program (SSHP) provides residential support and case management in a community setting. Fairfax County's Department of Housing and Community Development (HCD) and the CSB operate these designated long-term permanent subsidized units that are leased either by individuals or the CSB.

The CSB's moderate income rental program and HCD's Fairfax County Rental Program provide long-term permanent residential support and case management in a community setting, and individuals must sign a program agreement with the CSB to participate in the programs. CSB also contracts with a local service provider to offer long-term or permanent housing with support services to individuals with serious mental illness and co-occurring disorders, including those who are homeless and need housing with supports.

Diversion and Jail-Based Services

Diversion and Jail-Based Services provides treatment, engagement, and services to justice-involved individuals with behavioral health concerns and developmental disabilities. This treatment area includes community-based multi-disciplinary teams focused on diverting individuals away from the criminal justice system and into treatment. It also includes an interdisciplinary team at the Fairfax County Adult Detention Center (ADC) to provide crisis intervention, stabilization and continuation of psychiatric medications, facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others, 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, or from the courts. They provide an intensive level of treatment and support to enhance the individual's existing resources, link to on-going supports, and help them attain their goals of community living without further justice involvement. Diversion and Jail-Based Services works closely with law

enforcement, magistrates, courts, and other CSB services such as Emergency, Detox, and Intensive Community Treatment Services.

Intensive Community Treatment Services

Intensive Community Treatment Services include discharge planning services for individuals in state psychiatric hospitals, Program of Assertive Community Treatment (PACT), and intensive, community-based case management and outreach provided by multidisciplinary teams to individuals with acute and complex needs. Discharge planning services are provided to individuals in state psychiatric hospitals to link individuals to community-based services that enhance successful community-based recovery. PACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. Intensive Case Management (ICM) Teams provide intensive, community-based case management and outreach services to persons who have serious mental illness and or/co-occurring serious substance use disorders. Both PACT 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, mental health supports, crisis intervention and medication management.

Key Performance Measures

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate/Actual	FY 2017	FY 2018
Central Administration					
Percent of CSB service quality objectives achieved	75%	76%	80%/63%	80%	80%
Percent of CSB outcome objectives achieved	63%	56%	80%/38%	80%	80%
Percent of individuals trained in Mental Health First Aid that completed certification	95%	95%	90%/96%	90%	92%
Percent of individuals receiving an assessment who attend their first scheduled service appointment	76%	65%	80%/73%	80%	80%
Emergency & Crisis Services					
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	89%	73%	75%/74%	75%	75%
Residential Treatment & Detoxification Services					
Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge	NA	NA	80%/90%	80%	80%
Percent of individuals served who are employed at one year after discharge	80%	76%	80%/77%	80%	80%
Infant and Toddler Connection					
Percent of families that received completed Individual Family Support Plans within 45 days of referral	80%	99%	100%/99%	100%	100%
Average number of days from referral to completion of Individual Family Support Plan	45	36	36/39	36	36
Percent of families that agree that services promoted healthy child and family development	98%	98%	98%/97%	98%	NA
Percent of children who improve the use of age-appropriate behaviors to meet their needs	52%	54%	NA/55%	55%	55%

Fund 40040
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2014 Actual	Prior Year Actuals FY 2015 Actual	Prior Year Actuals FY 2016 Estimate/Actual	Current Estimate FY 2017	Future Estimate FY 2018
Youth & Family Services					
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	NA	NA	90%/88%	90%	90%
Behavioral Health Outpatient & Case Management Services					
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	86%	80%	80%/76%	80%	80%
Support Coordination Services					
Percent of Person Centered Plan objectives met for individuals served in Targeted Support Coordination	94%	91%	95%/88%	85%	88%
Employment & Day Services					
Average annual wages of individuals with a developmental disability receiving group supported employment services	$6,006	$5,891	$5,900/$5,992	$5,900	$5,900
Average annual wages of individuals with a developmental disability receiving individual supported employment services	$16,831	$16,777	$16,725/$17,107	$16,725	$16,725
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services	$11.80	$11.58	$11.80/$11.42	$11.80	$11.50
Assisted Community Residential Services					
Percent of individuals served in directly-operated and contracted group homes and supported apartments who maintain their current level of residential independence and integration in the community	98%	98%	97%/98%	98%	98%
Supportive Community Residential Services					
Percent of individuals receiving intensive or supervised residential services who are able to move to a more independent residential setting within one year	6%	16%	13%/13%	13%	13%
Diversion and Jail-Based Services					
Percent of individuals who had a forensic assessment that attend a follow-up appointment after their assessment	69%	55%	70%/55%	60%	60%
Intensive Community Treatment Services					
Percent of adults referred to the CSB for discharge planning services that remain in CSB services for at least 90 days	61%	63%	75%/61%	70%	70%

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2018/adopted/pm/40040.pdf

Performance Measurement Results

Central Administration

In FY 2016, the CSB achieved 63 percent of its service quality objectives (12 out of 19) and 38 percent of its outcome objectives (6 out of 16), as compared to the estimates of 80 percent for these objectives. It should be noted that an additional 5 out of 19 service quality objectives were within 3 percentage points of meeting the target, which would bring the total percentage met to 89 percent. Similarly, an additional five outcome indicators fall within 3 percentage points of meeting the targets, which would bring the total percentage to 69 percent. While the outcomes are lower than the estimates, factors that impact program outcomes include legislative and policy changes at the state-level, changes in program models, and shifts in program populations. In FY 2017, the CSB will use data from the electronic health record, ongoing quality improvement activities and input from community members, staff, and individuals served to demonstrate improved outcomes for those receiving services.

Wellness, Health Promotion and Prevention Services

In FY 2016, Wellness, Health Promotion and Prevention Services (WHPP) provided Mental Health First Aid (MHFA) training to 920 County staff, community members, and community partners at an average cost of $77 per individual. 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 2016, 93 percent of individuals were satisfied with training, while 96 percent of individuals were certified in MHFA, both exceeding the targets of 90 percent. In the past two years, WHHP added specific training for youth and Spanish-speaking participants, public safety/first-responders and older adults. As interest in MHFA training has continued to grow, WHPP is monitoring another outcome – the percent of certified MHFA participants who, after taking the training, use the skills to assist someone either in crisis or exhibiting signs of a mental health or substance use problem. Results from approximately three years of surveys consistently show that 67 percent of respondents applied the skills from MHFA training either at work or in their personal life.

Engagement, Assessment and Referral Services

In FY 2016, Engagement, Assessment and Referral Services (EAR) served 2,375 individuals, an increase of 49 percent over FY 2015, at an average cost of $795 per individual. The increase in the number served and corresponding decrease in average cost is primarily attributable to a new service model implemented in late FY 2015 to provide walk-in screening and assessment services at the CSB's Merrifield Center. During FY 2016, the first full year of implementation, EAR provided assessment services to 1,103 individuals, the majority of whom also received an initial screening. In addition, CSB completed an initial screening for 1,272 individuals who were referred to services in the community.

It should be noted that CSB's Priority Access Guidelines determine which individuals are referred to services in the community versus those who qualify for CSB services. Based on criteria from DBHDS, the Federal Substance Abuse Prevention and Treatment Block Grant, and Part C of the Individuals with Disabilities Education Act, among others, CSB provides non-emergency/non-acute services to individuals whose conditions seriously impact their daily functioning. While these guidelines ensure equal and consistent access to limited non-emergency/non-acute services for those who need it most, all residents of Fairfax County and the Cities of Fairfax and Falls Church have access to Emergency and Crisis Services, Wellness, Health Promotion and Prevention Services, as well as information and referral to services in the community.

In FY 2016, implementation of the walk-in service model resulted in 100 percent of individuals who requested an assessment through the CSB Call Center being able to access an appointment within 10 days. Consequently, this performance measure is being evaluated for future relevance and will likely be replaced by a new service quality indicator for FY 2019. Of those who received an assessment, 73 percent attended their first scheduled CSB service appointment. While this is lower than the target of 80 percent, it is up from 65 percent in FY 2015, indicating a higher level of engagement and linkage to services.

Emergency & Crisis Services

In FY 2016, Emergency and Crisis Services served 5,253 individuals through general emergency services and the mobile crisis unit at an average cost of $778 per person. This program, which operates 24 hours a day, 7 days a week, provides services to every individual who presents for services. In FY 2016, 68 percent of individuals received face-to-face services within one hour of check in, short of the target of 80 percent. The length of time for face-to-face services has increased over the past two years primarily due to an increase in the proportion of the most time-intensive services required, such as those for temporary detention orders (TDO), as well as higher than anticipated staff vacancies and an increase in the number of individuals served. Emergency Services has recently hired staff and will be filling additional vacancies in order to achieve a more timely provision of services in FY 2017.

In FY 2016, 74 percent of crisis intervention and stabilization services provided by general emergency services and the mobile crisis unit were less restrictive than psychiatric hospitalization, similar to FY 2015 but lower than the 89 percent reported in FY 2014 and the target of 75 percent. It should be noted that in FY 2015, this measure was revised to include individuals served by the mobile crisis unit which had a significant impact on the number of psychiatric hospitalizations. Approximately half of mobile crisis unit responses result in a TDO. In addition, recent changes in mental health legislation have led to a considerable increase in the overall number served, including the number of TDOs which have increased 41 percent since FY 2014. In addition, several barriers that previously existed for those who do need hospitalization have been addressed through legislative changes, such as real-time hospital bed registry and extended time periods for psychiatric placement. While providing the least restrictive intervention remains a critical goal of service provision, CSB ensures that those who truly require the level of care provided through hospitalization are able to access it. Emergency and Crisis Services will continue to closely monitor the impact of mental health legislation on operations and will evaluate current targets, as necessary.

Residential Treatment & Detoxification Services

In FY 2016, 454 individuals received Residential Treatment and Detoxification Services. This represents people who received services through primary treatment, community re-entry, and aftercare services. The number served is slightly higher than FY 2015 though some variation in number served can be expected in residential programs. Modest fluctuations are typically due to the length of stay and admissions and discharges that span across fiscal years. The cost to serve each individual in FY 2016 was $21,140, an increase over the $19,121 average cost in FY 2015, primarily attributable to fewer position vacancies. Many of the residential treatment programs in this service area are large in size, allowing the programs to produce an economy of scale that, combined with successful outcome measures, provide a positive return on investment.

Research indicates that individuals who receive substance abuse treatment and are able to obtain employment are more likely to have better long-term outcomes, including a lower chance of relapse. Additionally, individuals who receive vocational services while in treatment are able to improve competitive employment outcomes. While residential treatment programs recognize the importance of

employment to ensure economic stability and the benefits of daily structure, responsibility and accountability, one recent trend within this service area is an increase in younger individuals served, which may make employment more difficult if the individuals lack job skills or prior experience that allow them to obtain and retain solid employment. During the past fiscal year, 77 percent of those served were employed one year after discharge. This is a slight increase from last year, when 76 percent were employed, while slightly lower than the goal of 80 percent. Individuals are also asked about their current substance use status one year after leaving the program. Of the respondents, 90 percent indicated that they had reduced their substance use at one year after discharge, compared to the target of 80 percent, and a significant portion reported no substance use one year after treatment ended. Additionally, 99 percent of individuals indicated that they were satisfied with the services received.

Infant and Toddler Connection

In FY 2016, the Infant and Toddler Connection (ITC) program served 3,559 infants and toddlers and their families, a 5.5 percent increase over FY 2015 and surpassing the estimate of 3,450 children and families. The average cost to serve each child was $3,350, slightly lower than the estimated $3,390 per child. In FY 2013, ITC introduced Natural Learning Environment Practices, including the Primary Provider model. The model increases the multidisciplinary competence of ITC staff members and contracted providers, which allows for one main provider to serve as the expert with that child. This practice change has created efficiencies for ITC and families and helped to reduce the rate of growth in average cost per child.

In FY 2016, 99 percent of families received completed Individual Family Support Plans (IFSP) within 45 days of the intake call, the same as FY 2015 but slightly below the target of 100 percent. While this federal benchmark of 45 days may not be increased, local lead agencies are able to revise this target to best meet local needs. Based on feedback received from family surveys, ITC changed business processes to decrease the length of time from referral to completion of the IFSP to 36 days so that parents are able to access targeted resources for their children sooner. In FY 2016, the average length of time from intake call to completed IFSP was 39 days, due primarily to a significant increase in the number of intakes in the spring of 2016. ITC anticipates meeting the goal in FY 2017 and FY 2018.

In alignment with the state focus on child outcomes, ITC has adopted the state's child outcome indicators, which target improvement in areas of behavioral growth. CSB has exceeded the state benchmarks for percent of children who substantially increased their rate of behavioral growth and skill acquisition by the time they turned three years of age or exited the program. In addition, the percent of infants and toddlers functioning within age expectations by the time they turned three years of age or exited the program was 55 percent, meeting the current state goal.

Lastly, 95 percent of families indicated they were satisfied with services, meeting the target. The percent of families who agreed that services promoted healthy child and family development was 97 percent, slightly below the target of 98 percent. Because these measures have been consistently met, and built into existing business practices, these measures will be replaced with the child outcome indicator outlined above for FY 2018 forward.

Youth & Family Services

In FY 2016, Youth & Family Outpatient Services served 1,786 youth. While these services are provided to youth and their family members, it should be noted that the numbers served only reflect direct services provided to youth. The cost to serve each child was $2,896, which is slightly lower than previous years, in part due to the increased number of youth served. Eighty-eight percent of families reported that they were satisfied with services, slightly lower than the target of 90 percent. In addition, 88 percent of

adolescents and their families reported an improvement in school functioning, defined as improvement in school attendance, behavior, and academic achievement. There are a number of factors that contribute to this outcome including acuity of the child's emotional and behavioral issues, attendance at treatment sessions and overall family functioning at the start of treatment.

Behavioral Health Outpatient & Case Management Services

In FY 2016, Behavioral Health Outpatient & Case Management Services (BHOP) provided services to 4,076 people with mental health, substance use and/or co-occurring disorders at an average cost of $2,516 per individual. The number served reflects a decrease from the 4,707 individuals served in FY 2015 and was lower than the projected number of 4,397. The decrease in the number served and the corresponding increase in the average cost per individual is primarily attributable to programmatic changes implemented in FY 2014 when two formerly distinct service areas were merged to provide integrated care for those with co-occurring behavioral health disorders. Some programs that served individuals with lower acuity were discontinued, while other more intensive services were enhanced to meet the needs of the current CSB priority population. These changes have resulted in programs that provide intensive services to individuals who have more acute and complex needs and are most disabled by their behavioral health disorders. BHOP output projections for FY 2017 and FY 2018 reflect these changes in service design, and programs will continue to monitor the impact on number served.

Ninety-one percent of those surveyed in BHOP were satisfied with the services they received, meeting the target of 90 percent. Outcome surveys are reviewed by program management and program modifications are made, as appropriate, to meet the needs of those served. For example, based on feedback, BHOP has reallocated existing resources to provide an Intensive Outpatient Program to be located in the northern part of the county. This service area has tracked employment outcomes for those receiving treatment primarily for substance use for the past several years. In FY 2016, 76 percent of those served obtained or maintained employment, representing a decrease from both the target of 80 percent and FY 2015. This is reflective of an overall population that has multiple needs and challenges to be addressed to successfully obtain employment.

Support Coordination Services

In FY 2016, 3,388 individuals with an intellectual disability received an assessment, case coordination, and/or Targeted Support Coordination services, exceeding the target of 3,012. Specifically, while most individuals received case coordination services, 915 individuals received Targeted Support Coordination services, which consists of at least monthly contacts. Additionally, 794 individuals received assessment services. The cost to serve each individual receiving Targeted Support Coordination services, the largest portion of the work in this service area, was $5,319, lower than the target of $5,748.

Ninety-nine percent of individuals receiving Targeted Support Coordination reported satisfaction with services, exceeding the target of 95 percent. While 88 percent of Person Centered Plan objectives were met for individuals served in Targeted Support Coordination, this fell short of the target of 95 percent. This outcome represents the Person Centered Plan objectives developed by CSB Support Coordinators, with active participation from the individual, as well as family members and others who are close to the individual. By asking questions and gathering input from the group, an effective plan can be developed that incorporates the person's needs and goals. The result is an individualized plan that supports personal life choices. Due to recent changes in federal and state policy prioritizing employment-related services, this outcome will be monitored to determine if the benchmark needs to be changed.

Employment & Day Services

In FY 2016, 1,383 individuals with intellectual disability received directly-operated and contracted day support and employment services, of which 851 received services that were fully funded by Fairfax County and 532 received services funded partially through Medicaid Waiver and partially by Fairfax County. The number of people receiving services increased during the past year due primarily to new participants who graduated from Fairfax County Public Schools in June 2015. This increase coupled with decreased days of services due primarily to weather-related closures resulted in an average cost of $17,427 per adult served in FY 2016, a slight decrease from FY 2015 and lower than the target of $18,821.

Ninety-six percent of individuals served expressed satisfaction with services, slightly lower than the estimated 98 percent. Average wages for individuals increased from last year and exceeded the targets. Individuals who received group supported employment services, earned an average annual wage of $5,992, and those who received individual supported employment earned an average annual wage of $17,107.

During the past fiscal year, Employment Services were provided to 485 adults with serious mental illness, substance use and/or co-occurring disorders. The number served represents people who are documented in the CSB's electronic health record, and does not capture a number of other people who received employment services in groups located within CSB drop-in sites. The CSB has developed a solution to accurately reflect the number of people served in group settings, and it is anticipated that the number served will increase in FY 2017 with this change. In addition, more adults are expected to receive services as outreach is provided to Fairfax County Public Schools with the goal of engaging graduating students with behavioral health issues who may benefit from CSB employment services. In FY 2016, Employment Services staff focused on individual job development. Approximately 70 percent of those served received individual-supported employment services. Of those who received individual-supported employment, 62 percent obtained paid employment, the same level as FY 2015 but a slight decrease from the target of 65 percent. Employment specialists also encourage individuals to undertake volunteer work if paid employment is not a viable option. With these additional placements, a total of 67 percent of individuals were engaged in an employment setting, whether paid or unpaid. The individuals who obtained paid employment worked an average of twenty-five hours per week and received an average wage of $11.42. The average wage earned has decreased slightly from previous years and is below the target of $11.80.

Assisted Community Residential Services

In FY 2016, Assisted and Community Residential Services (ACRS) served 360 adults with intellectual disability in CSB directly-operated and contracted group homes and supported apartments at an average cost of $37,026 per person. During FY 2016, services from one residential location were consolidated into other, existing locations and nursing services were added to meet the needs of an aging population. One hundred percent of individuals served in Assisted Community Residential programs were satisfied with services in FY 2016, a slight increase in satisfaction over the 98 percent level experienced in the past several years.

ACRS seeks to address individuals' needs, while affording opportunities to live within communities and participate in the general life of the Fairfax-Falls Church community. Ninety-eight percent of adults served maintained their current level of residential independence and integration. ACRS provides alternatives to institutional, hospital and nursing home care. Many of the individuals currently receiving services in the community originally resided in somewhat isolated state facilities (hospitals or training centers). ACRS program placements provide opportunities for the natural socio-economic progression

from living in one's family to moving into one's own home by oneself or with friends, roommates or other housemates while continuing to receive necessary supports and remaining within the community.

Supportive Community Residential Services

Supportive Community Residential Services (SCRS) served 474 individuals in FY 2016, 10 fewer than both the target and FY 2015. The decrease is due to the closure of a directly-operated residential program that served approximately 13 people a year. It is anticipated that these services will be contracted out to a community provider for future fiscal years. The cost to serve each individual was $22,798 in FY 2016, a slight increase from the previous year, but slightly lower than the target.

In FY 2016, 88 percent of adults reported satisfaction with services, slightly less than the estimated 90 percent, which may be attributed to the client movement within the continuum of care provided within SCRS. Client placements across SCRS were impacted this fiscal year due to decisions to consolidate care within the supervised residential level of care, and ten individuals receiving services were moved to different programing that was appropriate for their clinical needs. Moving to a new location can be a stressful and unsettling event, even when it is clinically supported, and it is likely that satisfaction was impacted.

The percentage of individuals receiving Intensive or Supervised services who were able to move to a more independent residential setting within one year met the target of 13 percent, but represented a slight decrease from FY 2015. This decrease is likely related to the multiple client transitions to affordable housing that occurred in FY 2015. Following these transitions, SCRS had multiple new admissions, and individuals who are newly admitted to the intensive and supervised level of care may not be ready for lower levels of care within one year of their admission date.

During the past fiscal year, the Bridging Affordability Program had fewer vouchers than anticipated, and the clients within CSB programming had significant financial barriers to qualify for the vouchers. Overall the population served by SCRS programs continues to experience financial and clinical challenges in moving to more independent community-based settings. The lack of affordable housing stock within Fairfax County is a major financial barrier, as the individuals served by SCRC typically have the most limited financial resources. In addition, CSB continues to see a trend in increasing medical complexity that co-occurs with the severe and persistent mental illness, requiring a more intensive level of care.

Diversion and Jail-Based Services

During FY 2016, jail-based services at the Adult Detention Center (ADC) provided 1,598 forensic assessments, a 5.9 percent decrease from FY 2015, to 1,320 individuals with mental health, substance use and co-occurring disorders. Given the transient nature of the jail population, an individual may have more than one assessment at the ADC in a fiscal year. The reduction in number of assessments is largely attributable to an increase in mental health screenings in the jail prior to an assessment. When the number of those who received a screening is included, the number rises to 1,863. During the fiscal year, a total of 2,000 individuals received a CSB service in the ADC, at a cost of $886, lower than the estimated $973.

In FY 2016, 95 percent of those referred for a forensic assessment received the assessment within two days of referral, exceeding the target of 90 percent and representing a seven percentage point increase over FY 2015. The 5 percent of assessments that did not occur within 2 days were the result of holiday or weekend scheduling, or because the individual was not available for the assessment due to release from jail or transfer to another facility.

Following a forensic assessment at the ADC, individuals who need services or supports to address their mental health, substance use and/or co-occurring disorders receive follow up appointments for further services. In FY 2016, 55 percent of those who received a forensic assessment attended a follow-up appointment after their assessment, which is lower than the estimated 70 percent but consistent with experience in FY 2015. It should be noted that not all individuals who receive an assessment are in need of follow-up services. Additionally, individuals are sometimes scheduled for follow-up appointments but are transferred out of the jail prior to their appointment. The estimate has been adjusted in future years to account for actual experience.

CSB programming and services provided at the Adult Detention Center are changing significantly. Staff are actively working to track and monitor relevant data to evaluate program efficacy and further assess outcomes for individuals served. The County's Diversion First effort is providing an opportunity to review current business processes and practices that meet the needs of the ADC population. While the jail and the CSB use different data systems, staff are working together to identify and implement solutions to effectively align data elements. It is anticipated that this effort will lead to best practice interventions during incarceration, discharge planning and post-incarceration community integration, as well as more comprehensive and meaningful evaluation and performance measurement.

Intensive Community Treatment Services

In FY 2016, CSB discharge planners served 478 adults, exceeding the estimate of 360 and representing an 11.7 percent increase over FY 2015. The increase in number served over the past two years is largely attributable to changes in mental health legislation leading to an increase in hospital admissions. Increased demand in hospital admissions generally results in decreased length of hospital stay and greater need for responsive discharge planning services. The cost to serve each individual was $1,109, lower than both FY 2015 and the estimate of $1,432. Ninety-nine percent of all adults were scheduled for an assessment within seven days of hospital discharge, exceeding the target of 90 percent. The target has been increased to 95 percent for future fiscal years. Timely access to assessment is a vital component of discharge planning, and efforts have been successful due in large part to outreach and engagement efforts. Ninety-two percent of those served reported satisfaction with services, exceeding the target of 90 percent.

In terms of ongoing CSB services post-assessment, 61 percent of those assessed remained in CSB services after 90 days, which is below the estimated 75 percent but consistent with the past two years. Post-discharge planning services are voluntary and individuals may choose not to continue services after an initial appointment. Engagement occurs throughout treatment and in various settings to ensure that those individuals at risk of re-hospitalization know how to access services to best meet their needs. However, an increase of rapid discharges from state hospital impacts opportunities to engage, educate and encourage follow-up with ongoing treatment services. Treatment recommendations are made by a multi-disciplinary team based on risk levels and acuity, and are intended to match the appropriate service level to the individual's needs. The CSB is conducting a thorough analysis to identify clients who do not continue with recommended services to determine additional ways to engage individuals throughout the treatment process.

Fund 40040
Community Services Board (CSB)

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2016 Actual	FY 2017 Adopted Budget Plan	FY 2017 Revised Budget Plan	FY 2018 Advertised Budget Plan	FY 2018 Adopted Budget Plan
Beginning Balance	$11,411,867	$4,834,935	$14,598,531	$5,734,935	$5,734,935
Revenue:					
Local Jurisdictions:					
Fairfax City	$1,510,434	$1,614,654	$1,614,654	$1,776,119	$1,776,119
Falls Church City	684,613	731,851	731,851	805,036	805,036
Subtotal - Local	$2,195,047	$2,346,505	$2,346,505	$2,581,155	$2,581,155
State:					
State DBHDS	$11,850,482	$11,716,017	$11,716,017	$11,886,443	$11,886,443
Subtotal - State	$11,850,482	$11,716,017	$11,716,017	$11,886,443	$11,886,443
Federal:					
Block Grant	$4,073,692	$4,073,691	$4,073,691	$4,053,659	$4,053,659
Direct/Other Federal	153,269	154,982	154,982	154,982	154,982
Subtotal - Federal	$4,226,961	$4,228,673	$4,228,673	$4,208,641	$4,208,641
Fees:					
Medicaid Waiver	$2,127,218	$2,756,068	$2,156,068	$2,371,024	$2,371,024
Medicaid Option	8,903,122	9,318,424	9,318,424	8,092,500	8,122,500
Program/Client Fees	6,339,650	5,414,527	5,414,527	6,396,751	6,406,751
CSA Pooled Funds	686,868	654,973	654,973	858,673	858,673
Subtotal - Fees	$18,056,858	$18,143,992	$17,543,992	$17,718,948	$17,758,948
Other:					
Miscellaneous	$36,296	$14,100	$14,100	$14,100	$14,100
Subtotal - Other	$36,296	$14,100	$14,100	$14,100	$14,100
Total Revenue	$36,365,644	$36,449,287	$35,849,287	$36,409,287	$36,449,287
Transfers In:					
General Fund (10001)	$116,243,498	$124,877,551	$126,077,551	$129,331,015	$130,429,318
Total Transfers In	$116,243,498	$124,877,551	$126,077,551	$129,331,015	$130,429,318
Total Available	$164,021,009	$166,161,773	$176,525,369	$171,475,237	$172,613,540
Expenditures:					
Personnel Services	$97,621,717	$103,012,616	$105,929,616	$107,507,500	$108,600,658
Operating Expenses	53,409,088	59,964,382	66,388,302	59,971,782	60,016,927
Recovered Costs	(1,822,127)	(1,650,160)	(1,650,160)	(1,738,980)	(1,738,980)
Capital Equipment	213,800	0	122,676	0	0
Total Expenditures	$149,422,478	$161,326,838	$170,790,434	$165,740,302	$166,878,605
Total Disbursements	$149,422,478	$161,326,838	$170,790,434	$165,740,302	$166,878,605

Fund 40040
Community Services Board (CSB)

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2016 Actual	FY 2017 Adopted Budget Plan	FY 2017 Revised Budget Plan	FY 2018 Advertised Budget Plan	FY 2018 Adopted Budget Plan
Ending Balance	$14,598,531	$4,834,935	$5,734,935	$5,734,935	$5,734,935
Infant and Toddler Connection Reserve[1]	$1,500,000	$1,500,000	$1,500,000	$1,500,000	$1,500,000
ID Employment & Day Reserve	1,600,000	1,600,000	0	0	0
DD Medicaid Waiver Redesign Reserve[2]	0	0	2,500,000	2,500,000	2,500,000
Encumbered Carryover Reserve	4,913,596	0	0	0	0
Unreserved Balance[3]	$6,584,935	$1,734,935	$1,734,935	$1,734,935	$1,734,935

[1] The Infant and Toddler Connection Reserve ensures that the County has funds to provide federal and state-mandated services to children from birth to age 3 in the event of unanticipated decreases in federal and state funding.

[2] The DD Medicaid Waiver Redesign Reserve ensures the County has sufficient funding to provide services to individuals with developmental disabilities in the event of greater than anticipated costs due to the Medicaid Waiver Redesign effective July 1, 2016.

[3] The *FY 2017 Revised Budget Plan* Unreserved Balance of $1,734,935 is a decrease of 73.7 percent from the FY 2016 Actual amount of $6,584,935 and reflects utilization to offset FY 2017 program requirements.