

Fund 40040

Fairfax-Falls Church Community Services Board

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 that 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.

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

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Budget and Staff Resources

Category	FY 2018 Actual	FY 2019 Adopted	FY 2019 Revised	FY 2020 Advertised	FY 2020 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$104,616,791	\$113,449,955	\$113,565,743	\$118,914,528	\$120,048,786
Operating Expenses	57,940,809	58,236,238	67,312,577	63,279,541	63,279,541
Capital Equipment	32,427	0	62,465	0	0
Subtotal	\$162,590,027	\$171,686,193	\$180,940,785	\$182,194,069	\$183,328,327
Less:					
Recovered Costs	(\$2,002,443)	(\$1,738,980)	(\$1,738,980)	(\$1,738,980)	(\$1,738,980)
Total Expenditures	\$160,587,584	\$169,947,213	\$179,201,805	\$180,455,089	\$181,589,347

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	1006 / 1002	1026 / 1022	1024 / 1020	1036 / 1032	1036 / 1032

This agency has 43/42.3 FTE Grant Positions in Fund 50000, Federal-State Grant Fund.

Category	FY 2018 Actual	FY 2019 Adopted	FY 2019 Revised	FY 2020 Advertised	FY 2020 Adopted
CSB Service Area Expenditures					
CSB Central Administration	\$36,762,237	\$38,340,743	\$42,754,643	\$41,761,798	\$42,020,793
Acute & Therapeutic Treatment Services	44,188,490	41,625,887	42,870,100	43,123,657	43,510,425
Community Living Treatment & Supports	79,636,857	89,980,583	93,577,062	95,569,634	96,058,129
Total Expenditures	\$160,587,584	\$169,947,213	\$179,201,805	\$180,455,089	\$181,589,347
Non-County Revenue by Source					
Fairfax City	\$1,776,119	\$1,798,517	\$1,798,517	\$1,957,610	\$1,957,610
Falls Church City	805,036	815,189	815,189	887,299	887,299
State DBHDS	12,077,162	11,886,443	11,886,443	11,886,443	11,886,443
Federal Block Grant	4,058,059	4,053,659	4,053,659	4,053,659	4,053,659
Federal Other	130,035	154,982	154,982	154,982	154,982
Medicaid Waiver	2,731,242	2,371,024	2,371,024	2,651,345	2,651,345
Medicaid Option	7,102,115	8,537,500	8,537,500	8,537,500	8,537,500
Program/Client Fees	4,855,896	4,011,751	4,011,751	4,011,751	4,011,751
CSA Pooled Funds	697,367	858,673	858,673	858,673	858,673
Miscellaneous	96,960	14,100	14,100	14,100	14,100
Total Revenue	\$34,329,991	\$34,501,838	\$34,501,838	\$35,013,362	\$35,013,362
County Transfer to CSB	\$130,429,318	\$135,445,375	\$135,334,383	\$145,441,727	\$146,575,985
County Transfer as a Percentage of					
Total CSB Expenditures	81.2%	79.7%	75.5%	80.6%	80.7%

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FY 2020 Funding Adjustments

The following funding adjustments from the FY 2019 Adopted Budget Plan are necessary to support the FY 2020 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 7, 2019.

- ◆ **Employee Compensation** **\$4,015,292**

An increase of \$4,015,292 in Personnel Services includes \$2,165,392 for a 2.10 percent market rate adjustment (MRA) for all employees and \$1,849,900 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2019.

- ◆ **Special Education Graduates** **\$2,469,641**

An increase of \$2,469,641 in Operating Expenses supports 148 of the 187 June 2019 special education graduates of Fairfax County Public Schools turning 22 years of age who are eligible for day support and employment services.

- ◆ **Opioid Use Epidemic** **\$2,091,589**

An increase of \$2,091,589 is included to continue addressing the growing opioid epidemic. In response to the opioid crisis facing our nation and local communities in Northern Virginia, the Board of Supervisors established an Opioid Task Force to help address the opioid epidemic locally. The primary goal is to reduce death from opioids through prevention, treatment, and harm reduction strategies. Funding is included primarily to provide medical detoxification services, to expand the use of Medication Assisted Treatment, and to provide Substance Abuse Prevention programming in Fairfax County Public Schools.

- ◆ **Diversion First** **\$1,233,646**

An increase of \$1,233,646 and 6/6.0 FTE positions includes an increase of \$731,396 in Personnel Services and an increase of \$502,250 in Operating Expenses to support the fourth 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 incarceration. Consistent with the FY 2019 Budget Guidance from the Board of Supervisors, this is the second year of a five-year, fiscally-constrained implementation plan, representing the most critical needs for FY 2020. This plan is designed to strengthen operations at the Merrifield Crisis Response Center, provide ongoing funding for a Community Response Team, provide resources to the Court systems, provide needed housing and other resources, and strengthen behavioral health services at needed intercepts. Funding specifically supports: 2/2.0 FTE Crisis Intervention Specialist positions; 4/4.0 FTE Behavioral Health Specialist positions for the Jail-Diversion Team and to provide mental health case management services; as well as funding for housing assistance, medical screening, and specialty docket evaluation.

- ◆ **Contract Rate Adjustment** **\$884,845**

An increase of \$884,845 in Operating Expenses supports negotiated contract rate adjustments for eligible providers of developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders, as well as CSB-wide administrative services.

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- ◆ **Support Coordination** **\$598,707**
An increase of \$598,707 and 5/5.0 FTE positions includes an increase of \$575,457 in Personnel Services and \$23,250 in Operating Expenses 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. The expenditure increase is partially offset by an increase of \$280,321 in Medicaid Waiver revenue for a net cost to the County of \$318,386.
- ◆ **Fringe Benefit Support** **\$500,000**
An increase of \$500,000 in Personnel Services is required to support increased fringe benefit requirements in FY 2020 based on projected health insurance premium increases and increases in employer contribution rates to the retirement systems.
- ◆ **Lease Rate Adjustment** **\$153,405**
An increase of \$153,405 in Operating Expenses supports negotiated annual rent-based adjustments for the agency’s lease contracts.
- ◆ **Position Adjustments** **\$7,129**
A net increase of \$7,129 includes an increase of \$118,121 and 1/1.0 FTE position due to a position transferred from Agency 77, Office of Strategy Management for Health and Human Services, to CSB, to better align workload requirements within Health and Human Services. This increase is partially offset by a decrease of \$110,992 associated with ongoing costs associated with position movements approved as part of the *FY 2018 Carryover Review*.
- ◆ **Springfield Lease Savings** **(\$312,120)**
A decrease of \$312,120 in Operating Expenses is associated with lease savings due to the consolidation of programming located at 8348 Traford Lane, Springfield. This move resulted in no reductions in service, as the CSB was able to relocate the approximately 25 staff providing youth, adult, and Community Readiness and Support programming at this location primarily to the Merrifield Center.
- ◆ **General Fund Transfer**
The FY 2020 budget for Fund 40040, Fairfax-Falls Church Community Services Board requires a General Fund Transfer of \$146,575,985, an increase of \$11,130,610 over the FY 2019 Adopted Budget Plan primarily due to a market rate adjustment for all employees and performance-based and longevity increases for non-uniformed merit employees, additional support for the June 2019 special education graduates, additional funding and positions to combat the opioid use epidemic, additional funding and positions to support the Diversion First initiative, additional funding to support contract and lease rate adjustments, additional funding and positions to provide support coordination services, increased fringe benefit requirements in FY 2020, and additional funding to support position realignments within the Human Services system. These increases are partially offset by a decrease associated with savings as a result of commercial lease savings.

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Changes to FY 2019 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2019 Revised Budget Plan since passage of the FY 2019 Adopted Budget Plan. Included are all adjustments made as part of the FY 2018 Carryover Review, FY 2019 Third Quarter Review, and all other approved changes through April 30, 2019.

- ◆ **Carryover Adjustments** **\$9,254,592**
 As part of the FY 2018 Carryover Review, the Board of Supervisors approved funding of \$9,254,592, including \$6,381,985 in encumbered funding in Operating Expenses primarily attributable to ongoing contractual obligations, medical detoxification and associated nursing services, housing assistance to CSB consumers at risk of homelessness, and building maintenance and repair projects; \$525,000 for prevention incentive funding for the development of programs to prevent youth violence and gang involvement; and an increase of \$338,900 associated with affordable housing payments in group homes, partially offset by a decrease of \$110,992 and 2/2.0 FTE positions due to the realignment of positions among Health and Human Services agencies. In addition, an appropriation of \$2,119,699 from the Opioid Use Epidemic Reserve continues the implementation of the Fairfax County Opioid Task Force Plan.

Cost Centers

CSB Central Administration

Category	FY 2018 Actual	FY 2019 Adopted	FY 2019 Revised	FY 2020 Advertised	FY 2020 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$23,678,167	\$27,465,341	\$27,581,129	\$28,853,509	\$29,112,504
Operating Expenses	13,243,504	11,009,464	15,245,111	13,042,351	13,042,351
Capital Equipment	8,466	0	62,465	0	0
Subtotal	\$36,930,137	\$38,474,805	\$42,888,705	\$41,895,860	\$42,154,855
Less:					
Recovered Costs	(\$167,900)	(\$134,062)	(\$134,062)	(\$134,062)	(\$134,062)
Total Expenditures	\$36,762,237	\$38,340,743	\$42,754,643	\$41,761,798	\$42,020,793
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	177 / 176.5	216 / 215.5	226 / 225.5	228 / 227.5	227 / 226.5

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<u>CSB Central Administration</u>		1	Human Resources Generalist III	<u>CSB Clinical Operations</u>	
1	Executive Director	2	Human Resources Generalists II	1	Deputy Director
1	Deputy Director	1	Human Resources Generalist I	2	Assistant Deputy Directors
1	Dir. of Facilities Manag. & Admin. Ops.	1	Training Specialist III	1	Psychiatrist
1	Comm. Svs. Planning/Devel. Dir.	2	Training Specialists II	1	Program Manager
1	Finance Manager CSB	1	DD Specialist III	1	Res. and Facilities Devel. Mgr.
4	Management Analysts IV, (1T)	1	DD Specialist II	1	BHN Supervisor
9	Management Analysts III	1	Information Security Analyst I	1	Behavioral Health Supervisor
12	Management Analysts II	1	Data Analyst I	1	Behavioral Health Sr. Clinician
4	Management Analysts I	2	Communications Specialists II	1	BHN Clinician/Case Manager
2	Financial Specialists IV	1	Human Service Worker IV	8	Behavioral Health Specialists II
3	Financial Specialists III	1	Human Service Worker III	1	Behavioral Health Specialist I
6	Financial Specialists II	4	Human Service Workers II	1	Management Analyst I
4	Financial Specialists I	1	Volunteer Services Program Manager	1	Licensed Practical Nurse
2	Business Analysts IV	2	Administrative Associates	3	Peer Support Specialists
5	Business Analysts III	5	Administrative Assistants V		
5	Business Analysts II	19	Administrative Assistants IV	<u>Medical Services</u>	
1	CSB Compliance Program Coordinator	50	Administrative Assistants III	1	Medical Director of CSB
1	Information Officer III	8	Administrative Assistants II	1	Public Health Doctor, PT
		1	CSB Aide/Driver	24	Psychiatrists
				1	Mental Health Manager
				1	Physician Assistant
				6	Nurse Practitioners
				1	BHN Clinician/Case Manager
<u>TOTAL POSITIONS</u>				T	Denotes Transferred Position
227 Positions (1T) / 226.5 FTE (1.0T)				PT	Denotes Part-Time Position

CSB Central Administration Unit (CAU) provides leadership to the entire CSB system, supporting nearly 24,000 individuals and their families, approximately 1,100 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: health care regulatory compliance and risk management; communications and public affairs; consumer and family affairs; facilities management and emergency preparedness; business and administrative support operations, inclusive of the benefits/eligibility team and patience assistance program; management of the technology functions including the Electronic Health Record; oversight of Health Planning Region initiatives; organizational development and training; and data analytics and evaluation.

Medical Services

Medical Services provides and oversees psychiatric/diagnostic evaluations; medication management; pharmacy services; physical exams/primary health care and coordination with other medical providers; psychiatric hospital preadmission medical screenings; crisis stabilization; risk assessments; residential and outpatient detoxification; residential and outpatient addiction medicine clinics using medication assisted treatment (MAT); intensive community/homeless outreach; jail-based forensic services; public health and infectious diseases; and addiction medicine and associated nursing/case management. Nurses work as part of interdisciplinary teams and have several roles within the CSB, including medication administration and monitoring, psychiatric and medical screening, case management, and assessment and education and counseling.

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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. Another priority is responding to the opioid crisis by significantly expanding capacity to provide MAT. Also, of continuing importance, is the CSB's Patient Assistance Program (PAP) which arranges for the provision of ongoing, free prescription medications to eligible consumers with chronic conditions.

Acute and Therapeutic Treatment Services

Category	FY 2018 Actual	FY 2019 Adopted	FY 2019 Revised	FY 2020 Advertised	FY 2020 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$37,853,922	\$37,992,472	\$37,992,472	\$39,238,242	\$39,625,010
Operating Expenses	7,466,936	4,683,362	5,927,575	4,935,362	4,935,362
Capital Equipment	23,961	0	0	0	0
Subtotal	\$45,344,819	\$42,675,834	\$43,920,047	\$44,173,604	\$44,560,372
Less:					
Recovered Costs	(\$1,156,329)	(\$1,049,947)	(\$1,049,947)	(\$1,049,947)	(\$1,049,947)
Total Expenditures	\$44,188,490	\$41,625,887	\$42,870,100	\$43,123,657	\$43,510,425

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)

Regular	380 / 378	341 / 339	336 / 334	338 / 336	338 / 336
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<u>Engagement, Assessment & Referral Services</u>	<u>Residential Treatment & Detoxification Services</u>	<u>Wellness, Health Promotion & Prevention Services</u>
1 CSB Service Area Director	1 CSB Service Area Director	1 Substance Abuse Counselor IV
1 Mental Health Manager	6 Substance Abuse Counselors IV	1 Behavioral Health Manager
5 Behavioral Health Supervisors	4 Substance Abuse Counselors III	1 Behavioral Health Supervisor
11 Behavioral Health Senior Clinicians	4 Substance Abuse Counselors II	12 Behavioral Health Specialists II
1 Mental Health Therapist	13 Substance Abuse Counselors I	
10 Behavioral Health Specialists II, 1 PT	3 BHN Supervisors	<u>Youth & Family Services</u>
	12 Behavioral Health Supervisors	1 Director Healthy Minds Fairfax
	8 BHN Clinicians/Case Managers	2 CSB Service Directors
<u>Emergency & Crisis Services</u>	34 Behavioral Health Specialists II	2 Mental Health Managers
1 CSB Service Area Director	15 Behavioral Health Specialists I	2 Clinical Psychologists
3 Mental Health Managers	1 Mental Health Counselor	1 Behavioral Health Manager
2 Clinical Psychologists	7 Licensed Practical Nurses	3 Substance Abuse Counselors IV
7 Emergency/Mobile Crisis Suprvs.	2 Administrative Assistants V	1 Substance Abuse Counselor II
4 Behavioral Health Supervisors	3 Food Service Supervisors	12 Behavioral Health Supervisors
27 Crisis Intervent. Specialists, 1 PT, (2)	1 Peer Support Specialist	39 Behavioral Health Sr. Clinicians, 1 PT
6 Behavioral Health Senior Clinicians	8 CSB Aides/Drivers	22 Behavioral Health Specialists II
3 BHN Clinicians/Case Managers	2 Day Care Cntr. Teachers I, 1 PT	1 Behavioral Health Specialist I
17 Behavioral Health Specialists II	6 Cooks	
5 Behavioral Health Specialists I		
2 Mental Health Therapists		
1 Cook		

TOTAL POSITIONS

338 Positions (2) / 336.0 FTE (2.0)

() Denotes New Positions
PT Denotes Part-Time Positions

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Engagement, Assessment, and Referral Services

Engagement, Assessment, and Referral Services (EAR) serves as the primary point of entry for the CSB to help individuals get appropriate treatment that meets their needs. CSB's Priority Access Guidelines determine which individuals are referred to services in the community versus those who qualify for CSB services. EAR provides information about accessing services both in the CSB and the community, as well as assessment services for entry into the CSB service system. These services include an Entry and Referral Call Center that responds to inquiries from people seeking information and services and an Assessment Unit that provides comprehensive screening, assessment, and referral. Individuals can now come in person to the CSB's Merrifield Center, without prior appointment to be screened for services. CSB also offers a free, online screening tool from the County website to help people who are wondering whether they or someone they care about need to seek help from a mental health or substance use issue. 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 developmental 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.

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 5,000 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. At the end of FY 2018, over 34,000 people had received this suicide prevention training.

Emergency & Crisis Services

Emergency and Crisis Services are available for anyone in the community who has an immediate need for short-term crisis 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 assessment for admission for 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 Crisis Intervention Team (CIT) law enforcement officer at MCRC. There, the individual can receive a clinical assessment from emergency mental health professionals and links to appropriate services and supports. In addition, there are Certified Peer Specialists on staff to provide information and guidance on services and share their lived experience. In FY 2020, CSB plans to launch a pilot medical clearance program in partnership with Inova Health System. This program would provide onsite medical clearance at the MCRC for individuals that are involuntarily hospitalized with the goal to provide a more expedited, safe, recovery-oriented experience for individuals that are in law enforcement custody, reduce law enforcement time in the Emergency Room, and decrease costs

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Two Mobile Crisis Units (MCUs), rapid deployment teams drawn from CSB emergency services staff, respond to high-risk situations in the community, in which a person needing emergency assistance, who may be at risk to self or others, is unable or unwilling to come to the emergency services office. 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. MCU1 operates from 8 a.m. to midnight, and MCU2 operates from 10 a.m. to 10:30 p.m. MCU staff is also on call 24/7 to respond to hostage/barricade incidents involving the County's Special Weapons and Tactics (SWAT) team and police negotiators and provides critical incident stress management and crisis debriefing during and after traumatic events. During FY 2019, a pilot Community Response Team with law enforcement, the Fire and Rescue Department, and Emergency Services personnel began responding in the community to individuals that are identified as super utilizers of public safety in an effort to link them with services and reduce the use of first responders.

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, including evaluations for emergency custody and temporary detention orders, civil commitment, psychiatric and medication evaluations, risk assessments, mental status exams and substance abuse evaluations.

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 2018, 48 percent of those who received Crisis Care services had both mental health and substance use disorders, and 1 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 2018, this program served 435 unduplicated individuals. Of the total 528 persons served, 93 came to Woodburn Place Crisis Care more than once.

Residential Treatment & Detoxification 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

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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 2018, this program provided a total of 8,011 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.

Youth & Family Services

Youth and Family Services provides assessment, education, therapy and case management services for children and adolescents ages 3 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. The CSB maintains a close partnership with the Children's Services Act (CSA) program and Healthy Minds Fairfax. Together, CSB and these partners work to maximize local and state funds to provide comprehensive services to youth who have, or who are at-risk of developing, a serious emotional disturbance. Programs are funded through state block grants, as well as County, state, and federal funding. Revenue is also received from Medicaid, private insurance, and fees for service. Services are provided at four CSB clinics located throughout the County, as well as schools and juvenile court programs.

Child, Youth, and Family Outpatient Services provides mental health and substance use disorder treatment and case management for children, adolescents, and their families. Services are provided using evidenced-based and evidence-informed practices for youth who have, or who are at-risk of developing, a serious emotional disturbance 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 or schools are the main referral sources, and the second most frequent referral source is the Department of Family Services. 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.

Youth and Family Intensive Treatment Services offers a variety of services to support youth and their families. The Resource Team provides state-mandated hospital discharge planning, behavioral health consultation, case management, and access to privately provided intensive treatment funded through CSA and the Mental Health Initiative. Wraparound Fairfax provides an intensive level of support for youth with complex behavioral health issues who are at high-risk for out-of-home placement, or who are currently served away from home and are transitioning back to the community. Services are provided for up to 15 months and are designed to enable youth to remain safely in the community with their families.

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Community Living Treatment and Supports

Category	FY 2018 Actual	FY 2019 Adopted	FY 2019 Revised	FY 2020 Advertised	FY 2020 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$43,084,702	\$47,992,142	\$47,992,142	\$50,822,777	\$51,311,272
Operating Expenses	37,230,369	42,543,412	46,139,891	45,301,828	45,301,828
Subtotal	\$80,315,071	\$90,535,554	\$94,132,033	\$96,124,605	\$96,613,100
Less:					
Recovered Costs	(\$678,214)	(\$554,971)	(\$554,971)	(\$554,971)	(\$554,971)
Total Expenditures	\$79,636,857	\$89,980,583	\$93,577,062	\$95,569,634	\$96,058,129

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)

Regular	449 / 447.5	469 / 467.5	462 / 460.5	470 / 468.5	471 / 469.5
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<u>Behavioral Health Outpatient & Case Management Services</u>	<u>Assisted Community Residential Services</u>	<u>Diversion and Jail-Based Services</u>
1 CSB Service Area Director	1 CSB Service Area Director	1 CSB Service Area Director
2 Mental Health Managers	1 DD Specialist IV	2 Mental Health Managers (1)
1 Behavioral Health Manager	3 DD Specialists III	4 Behavioral Health Supervisors
5 BHN Supervisors	8 DD Specialists II	2 Behavioral Health Senior Clinicians
14 Behavioral Health Supervisors	61 DD Specialists I	3 BHN Clinician/Case Managers
36 Behavioral Health Sr. Clinicians, 1 PT	1 BHN Supervisor	26 Behavioral Health Specialists II (3)
9 BHN Clinician/Case Managers	2 BHN Clinician/Case Managers	3 Behavioral Health Specialists I
40 Behavioral Health Specialists II	1 Licensed Practical Nurse	1 Peer Support Specialist
2 Substance Abuse Counselors IV		
3 Substance Abuse Counselors II		
4 Licensed Practical Nurses		
	<u>Supportive Community Residential Services</u>	<u>Intensive Community Treatment Services</u>
	1 CSB Service Area Director	1 CSB Service Area Director
	4 Mental Health Managers	2 Mental Health Managers
	1 DD Specialist IV	1 MH Supervisor/Specialist
	9 Behavioral Health Supervisors	5 Behavioral Health Supervisors
	3 Behavioral Health Senior Clinicians	8 Behavioral Health Senior Clinicians
	15 Behavioral Health Specialists II	5 BHN Clinician/Case Managers
	17 Behavioral Health Specialists I, 2 PT	14 Behavioral Health Specialists II
	5 Mental Health Counselors	1 Public Health Nurse III
	4 Licensed Practical Nurses	1 Mental Health Therapist
	1 Food Service Supervisor	2 Peer Support Specialists
	1 Cook	1 Administrative Assistant III
<u>Employment & Day Services</u>		
1 CSB Service Area Director		
1 Behavioral Health Manager		
2 DD Specialists IV		
3 DD Specialists II		
1 Management Analyst III		
1 Behavioral Health Supervisor		
1 BHN Clinician/Case Manager		
2 Mental Health Therapists		
1 Administrative Assistant III		

TOTAL POSITIONS

471 Positions (9) / 469.5 FTE (9.0)

() Denotes New Positions

PT Denotes Part-Time Positions

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Behavioral Health Outpatient & Case Management Services

Behavioral Health Outpatient and Case Management Services includes outpatient programming, case management, 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. Frequency of service varies depending on the individuals' need. 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 and employment services focused on improving 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 engage with individuals and families in a collaborative person-centered process to identify needed services and resources through an initial and ongoing assessment and planning process. 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.

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Employment & Day Services

Employment and 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; self-directed employment services; and psychosocial rehabilitation, including the Turning Point program.

Developmental services provide 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.

The Self-Directed Services (SDS) program provides a programmatic and cost-saving alternative to traditional day support and employment services. CSB provides funds directly to families who can purchase customized services for a family member. Services can include community participation and integration; training in safety, work/work environment, and social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. SDS staff helps the family identify resources and provides technical assistance. Funding for each SDS contract is calculated at 80 percent of the weighted average cost of traditional day support and employment services. The annualized cost avoidance is approximately \$4,000 per person. This results from families not having to pay for personnel, overhead, and other expenses that a traditional service provider must incur.

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. Depending on an individual's progress at the end of a term, courses can be repeated or new courses can be selected.

Turning Point is an evidence-based, grant-funded, Coordinated Specialty Care (CSC) program for young adults between the ages of 16 and 25 who have experienced the onset of psychosis within the past twenty-four months. Psychotic disorders can derail a young adult's social, academic, and vocational development; but rapid, comprehensive intervention soon after the onset of psychosis can set the course toward recovery and has been demonstrated to lead to better outcomes. A descendant of the Recovery After an Initial Schizophrenia Episode (RAISE) initiative, Turning Point helps participants and their families better understand and manage symptoms of psychosis, while building skills and supports that allow them to be successful in work, school, and life. Turning Point is a transitional treatment program,

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and participants typically receive specialized services for approximately two years. Services include supported employment and education, peer support, psychiatric services, individual and group therapy, and family psychoeducation and support.

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

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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, including mental health and substance use disorders, 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, facilitation of substance use disorder treatment groups, release planning, and re-entry case management connecting individuals with community treatment and supports. In 2017, CSB launched a program to provide medication assisted treatment in the jail and started teaching inmates how to administer the life-saving drug Naloxone to someone experiencing an opioid overdose. In addition, the jail team implemented the provision of naltrexone (Vivitrol), a medication that blocks the activity of opioids. One injection provides 30 days of assistance for individuals addicted to opioids. People leaving institutions are at high risk of overdose due to reduced tolerance. The Diversion teams engage individuals prior to arrest, from the magistrates, with probation and pre-trial services, or from the courts. They provide an intensive level of treatment and support to enhance the individual's existing resources, link to ongoing supports, and help them attain their goals of community living without further justice involvement. Diversion and Jail-Based Services works closely with law enforcement, probation and pre-trial services, magistrates, courts, and with other CSB services such as Emergency, Detox, and Intensive Community Treatment Services. In FY 2018, CSB expanded its partnership with specialty courts to provide direct support for the Veterans Treatment Docket, the Drug Court and the Supervised Release Plan Review Docket. Each of these efforts is focused in enhancing an individual's linkages to treatment services with the goal of reducing recidivism.

Intensive Community Treatment Services

Intensive Community Treatment Services includes Discharge Planning, the Program of Assertive Community Treatment (PACT), services for individuals who are judged Not Guilty by Reasons of Insanity (NGRI), Projects for Assistance in Transition from Homelessness (PATH), and Intensive Case Management (ICM). Discharge planning services are provided to individuals in state psychiatric hospitals to link individuals to community-based services that enhance successful community-based recovery. Discharge Planners work collaboratively with the state hospital treatment team to develop comprehensive discharge plans. PACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. NGRI services include monitoring, linking and supporting individuals facing civil commitment proceedings, subsequent to a court proceeding. PATH is an outreach team meeting individuals in the community who are homeless and connecting them to needed services; including healthcare, substance use treatment, shelter, and behavioral health services. Intensive Case Management (ICM) Teams provide intensive, community-based case management and outreach services to persons who have serious mental illness and or/co-

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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, linking to community resources, crisis intervention, and medication management.

Key Performance Measures

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate/Actual	FY 2019	FY 2020
Central Administration					
Percent of CSB service quality objectives achieved	63%	79%	80%/88%	80%	80%
Percent of CSB outcome objectives achieved	38%	59%	80%/73%	80%	80%
Engagement, Assessment, and Referral Services					
Percent of individuals receiving an assessment who attend their first scheduled service appointment	73%	70%	80%/67%	80%	80%
Percent of individuals trained who obtain Mental Health First Aid certification	96%	96%	92%/95%	92%	92%
Emergency and Crisis Services					
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	74%	70%	70%/72%	65%	65%
Residential Treatment and Detoxification Services					
Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge	90%	84%	80%/85%	80%	80%
Percent of individuals served who are employed at one year after discharge	77%	73%	80%/72%	80%	80%
Youth and Family Services					
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	88%	93%	90%/91%	90%	90%
Behavioral Health Outpatient and Case Management Services					
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	76%	63%	80%/59%	80%	80%
Support Coordination Services					
Percent of Person Centered Plan objectives met for individuals served in Targeted Support Coordination	88%	94%	88%/96%	88%	88%
Employment and Day Services					
Average annual wages of individuals with a developmental disability receiving group supported employment services	\$5,992	\$6,438	\$5,900/\$6,750	\$6,500	\$6,750
Average annual wages of individuals with a developmental disability receiving individual supported employment services	\$17,107	\$16,872	\$16,725/\$15,985	\$16,950	\$16,200
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services	\$11.42	\$11.62	\$11.50/\$14.61	\$11.50	\$12.00

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate/Actual	FY 2019	FY 2020
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%	99%	98%/100%	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	13%	15%	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	55%	75%	60%/62%	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%	76%	70%/71%	70%	70%

A complete list of performance measures can be viewed at
<https://www.fairfaxcounty.gov/budget/fy-2020-adopted-performance-measures-pm>

Performance Measurement Results

CSB Central Administration

In FY 2018, the CSB achieved 88 percent of its service quality objectives (14 out of 16) and 73 percent of its outcome objectives (11 out of 15), as compared to the estimates of 80 percent. Service quality measures met increased by 8 percentage points in FY 2018, and outcome measures met increased by 14 percentage points. Several factors impact CSB performance indicators, to include legislative and policy changes at the state-level, changes in program models, and shifts in program populations, and improved documentation and tracking systems. CSB will continue to review data and monitor outcomes as changes occur and business processes evolve, and will continue to engage in quality improvement activities. The use of additional performance measures for current populations served and service delivery models is being explored.

Engagement, Assessment and Referral Services

In FY 2018, EAR served 2,898 individuals, a 15 percent increase over FY 2017, at an average cost of \$940 per individual served. One goal of the same-day screening service model is to shorten the amount of time that it takes for an individual to begin receiving appropriate behavioral health treatment, mirroring state and national trends in care. The first objective is to ensure that individuals are assessed in a timely manner. In FY 2018, 100 percent of individuals requesting an assessment through the CSB Call Center were able to access an assessment appointment within 10 days. This practice is now built in to the business process, so this measure will be replaced by a different measure around access to treatment services in the future. The second component of improving the time to treatment is linking the individual to the first treatment appointment. Of those who received an assessment and were referred to CSB services, 67 percent attended their first scheduled CSB service appointment. During FY 2018, DBHDS

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provided technical assistance to the CSB around decreasing the length of assessment and the number of days an individual has to wait to begin treatment services.

Wellness, Health Promotion and Prevention Services

In FY 2018, Wellness, Health Promotion and Prevention Services (WHPP) provided Mental Health First Aid (MHFA) training to 962 County and Fairfax County Public School staff, community members, and community partners at an average cost of \$91 per individual. MHFA is an evidence-based international health education program that helps participants identify, understand and respond to individuals experiencing a crisis as a result of mental health and/or substance use disorders. In the past two years, WHPP added specific training for individuals who work with youth, 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 between 65 and 69 percent of respondents applied the skills from MHFA training either at work or in their personal life after obtaining MHFA certification.

WHPP continues to partner with the Mental Health First Aid organization to implement trainings to meet the needs of the community. A new curriculum will be offered for those who live with or work with young adults in a higher education setting. WHPP has been selected to participate in the Mental Health First Aid First Episode Psychosis Community of Practice project through the National Council for Behavioral Health. This will complement and support the existing Turning Point program and allow WHPP staff to pilot the new First Episode Psychosis (FEP) curriculum that will be part of the Adult MHFA class and receive training and technical assistance.

Emergency and Crisis Services

In FY 2018, Emergency and Crisis Services served 6,129 individuals through general emergency services and two mobile crisis units at an average cost of \$869 per person. These services, which operate 24 hours per day, 7 days per week, provide assistance to every individual who presents for services. In FY 2018, 97 percent of individuals received face-to-face services within one hour of check in, compared to 85 percent in FY 2017. This improvement in wait times is due to hiring of clinical and medical staff, streamlining the initial administrative intake process, and utilizing a new automated triage system.

A goal for this service area is to identify the best options and least restrictive services for individuals who are experiencing severe behavioral health issues. In FY 2018, 72 percent of crisis intervention and stabilization services provided by general emergency services and the mobile crisis units were less restrictive than psychiatric hospitalization, surpassing the target of 70 percent. There are a variety of factors that drive the number of hospitalizations. Recent data has shown that individuals who come to Emergency Services via law enforcement with an ECO have a higher probability of a TDO that leads to psychiatric hospitalization. As more law enforcement officers receive training to identify individuals who are experiencing a mental health crisis and to bring them to the attention of emergency services, it is anticipated that these hospitalizations will increase. 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.

Residential Treatment and Detoxification Services

In FY 2018, 423 individuals received Adult Residential Treatment and Detoxification Services. This represents people who received services through primary treatment, community re-entry, and aftercare services. Throughout the fiscal year, the facilities were at capacity, however more people received either

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step-down services after a highly intensive residential program or experienced multiple stays during the year. The cost to serve each individual in FY 2018 was \$25,737, a 22 percent increase over the \$21,097 average cost in FY 2017. This increase is due to serving slightly fewer individuals, but for a longer period, when taking into account the step-down option of residential treatment. Many of the residential treatment programs in this service area are large, allowing the programs to produce an economy of scale that, combined with successful outcome measures, provide a positive return on investment.

Outcomes surveys are conducted one-year post discharge. Individuals are surveyed about their current substance use status, employment and overall satisfaction with the services received. Of the respondents, 85 percent indicated that they had reduced their substance use at one year after discharge as compared to substance use prior to entering the program, exceeding the target of 80 percent.

Residential treatment programs recognize the importance of employment to ensure economic stability and the benefits of daily structure, responsibility, and accountability in an individual's recovery. During the past fiscal year, 72 percent of those surveyed were employed one-year post discharge, a slight decrease from 73 percent in FY 2017. While there are several factors that impact this indicator, a recent notable trend within this service area is an increase in younger individuals served. People who are younger often have less work experience which may impact employment options in a competitive market. Also, the length of stay in the residential programs has decreased over time, leaving less time for individuals to get connected to job supports during treatment.

Youth and Family Services

In FY 2018, Youth and Family Outpatient Services served 1,705 youth at a cost of \$2,922 per youth. While these services are provided to youth and their family members, the numbers served only reflect direct services provided to youth. Ninety-one percent of adolescents and their families reported an improvement in school functioning as a result of treatment, 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 throughout the duration of treatment.

This service area is looking to enhance ways to capture youth behavioral health outcomes that can be incorporated into the CSB's electronic health record. Additionally, changes in business processes have taken place to decrease the length of time between when a youth is assessed and recommended for services and when treatment services begin. This is an area that will continue to be monitored as it has a positive correlation with improved outcomes for youth.

Behavioral Health Outpatient and Case Management Services

In FY 2018, Behavioral Health Outpatient and Case Management Services (BHOP) provided services to 3,975 people with mental health, substance use and/or co-occurring disorders at an average cost of \$2,757 per individual. Individuals are prioritized for services based on the severity of needs at the time of assessment. The CSB has received technical assistance from DBHDS to decrease the length of time that individuals wait to begin treatment services and to identify individuals who are not engaged in services to assess willingness or ability to continue treatment services.

For the past several years, this service area has tracked employment outcomes for those receiving treatment primarily for substance use. In FY 2018, 59 percent of those served obtained or maintained employment, representing a reduction from 63 percent in FY 2017. Since FY 2016, the percent of individuals receiving substance use treatment who are successfully employed has decreased. This followed a change in the population served that focuses resources on those individuals whose lives are

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most severely impacted by substance use and who may face significant barriers in obtaining and maintaining employment. Additional measures that are reflective of client outcomes are being explored.

Support Coordination Services

In FY 2018, 4,644 individuals with a developmental disability received an assessment, case coordination, and/or Targeted Support Coordination services, an increase from 3,989 in FY 2017. While most individuals received assessment and case coordination services, 1,140 individuals received Targeted Support Coordination services, which consist of at least monthly contacts. This number increases as the number of Medicaid Waivers assigned by the state increases. The cost to serve each individual receiving Targeted Support Coordination services increased from \$5,535 in FY 2017 to \$5,818 in FY 2018. This increased cost is in large part due to Medicaid Waiver re-design, which has resulted in additional requirements for support coordination.

Each individual served has a team of supports consisting of professionals and family members who meet as needed with the individual to ensure needs are being addressed and progress towards outcomes is accomplished and reflected in Individual Support Plan. Ninety-six percent of Person Centered Plan outcomes were met for individuals served in Targeted Support Coordination. This outcome represents the Person-Centered Plan outcomes developed by CSB Support Coordinators, with active participation from the individual, as well as family members and those closest to the people who know him/her best. By asking questions and gathering input from the group, an effective plan can be developed, incorporating how the person's needs can be met and goals for the future realized. The result is an individualized plan that supports personal life choices. This measure is aligned with the state-level methodology that looks at a more holistic approach on progress towards outcomes.

Employment and Day Services

In FY 2018, 1,466 individuals with developmental disability received directly-operated and contracted day support and employment services, of which 886 received services that were fully funded by Fairfax County while 580 received services funded partially through Medicaid Waiver and partially by Fairfax County. The average cost to serve these individuals was \$18,262 per adult, an increase from the \$18,459 in FY 2017.

Individuals who undertake community-based employment show improved economic, physical, and mental health outcomes. Of those individuals who received group supported employment services, the average annual wage was \$6,750, and those who received individual supported employment earned an average annual wage of \$15,985. The latter represents a decrease primarily attributable to the retirement of a number of individuals who were long term federal government employees and it is not anticipated that these placements will be filled at this time. CSB staff continue to explore ways to provide access to services to meet the needs of the community and to increase system-wide capacity.

This service area also provides employment services to individuals with serious mental illness, substance use and/or co-occurring disorders. In FY 2018, 656 adults received supported employment services, which included individual and group employment coaching and support. This number reflects an enhancement to the CSB's electronic health record that more accurately captures individual CSB clients served in a group setting. Individuals may also be served in drop in groups that are provided at locations throughout the community.

In FY 2018, Employment Services staff and contractors continued to focus on individual job development. Over 560 individuals, or 85 percent of those served, received individual supported employment services. Of these, 78 percent obtained paid or volunteer employment, which shows continual growth from previous years. The individuals who obtained paid employment worked an average of 25 hours per

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week and received an average hourly wage of \$14.61, surpassing the target of \$11.50. This is primarily due to individuals with prior professional experience who worked with job coaches to successfully secure employment in their fields, which increased the average wage significantly. However, wage growth has been stagnant in other sectors of the economy that are more in line with this service area's typical client.

Assisted Community Residential Services

In FY 2018, 271 individuals were served in directly-operated and contracted group homes and supported apartments throughout the community. This number is lower than the 279 served in FY 2017 as this service area has made changes in contracting with private providers. The cost per individual served was \$48,373 and is reflective of the decrease in the number served. This service area awarded new contracts with community-based providers that will shift the funding sources away from local funding to increased utilization of Medicaid Waiver funding. This intentional change in service delivery is designed to enhance community capacity, maintain the quality of care for individuals served, and reduce reliance on local funding. It is anticipated that the county will serve fewer individuals directly in the future and that this level of care will shift more to community-based providers.

An additional driver in the reduced census is related to a reduction in program sites serving five or more individuals. This is commonly achieved through attrition, where vacancies that occur due to transfers or discharges are relicensed at the lower census. This practice has occurred in seven directly operated group homes and supervised apartments in recent years. This practice of census reduction for improved, more normalized, and better integrated community-based services is further supported by DMAS incentives that provide higher Medicaid Waiver reimbursement rates for individuals served in smaller settings. This trend is in keeping with national best-practice trends and requirements of the Department of Justice Settlement Agreement.

Supportive Community Residential Services

Supportive Community Residential Services (SCRS) served 402 individuals in FY 2018 at a cost per individual served of \$25,515. A newly awarded contract with community-based providers is anticipated to have a positive impact on system-wide capacity throughout the region. The contract is designed to maximize the use of available state and federal funding sources to decrease reliance on local funding. It is anticipated that fewer individuals will be served in this service area as a result of contract and service delivery re-alignment.

One of the goals in this service area is for clients to reach a stage where they are at a self-sufficiency level in which they are able to move to a more independent housing arrangement. Clients must be able to consistently manage their own medication administration, appointments, finances and work schedules with minimal staff intervention in order to move out of a level of care that provides daily interaction with clinical staff. The percentage of individuals who were ready to move to a more independent residential setting within one year was 13 percent, meeting this target. Consistent with prior years, a number of new clients were discharged from institutional or highly intensive settings. This transition to a community-based setting requires a significant amount of skill training and rehabilitation for the clients to be ready for a level of functioning that allows for a successful movement to a more independent living arrangement.

Diversion and Jail-Based Services

In FY 2018, CSB clinicians housed in the Adult Detention Center served a total of 2,165 individuals at a cost of \$729 per individual. During FY 2018, 1,230 Forensic Assessments were conducted with 988 people (unduplicated). In addition, CSB staff have instituted a screening process to determine whether an individual has any presenting issues that would require more in depth clinical attention or referral to

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other providers. This helps to focus resources on those who truly need behavioral health services while incarcerated.

Timeliness of assessment and services correlates with better behavioral health outcomes. In FY 2018, 98 percent of those referred for a forensic assessment received the assessment within two days of referral, exceeding the target of 90 percent. The assessments that did not occur within 2 days were generally 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. Of those who received a full forensic assessment, 62 percent received follow up treatment services while in jail. This service area continues to collaborate with the specialty courts and other Diversion First services to ensure that individuals receive needed supports while incarcerated and to link them with services upon release.

Intensive Community Treatment Services

In FY 2018, CSB discharge planners served 627 adults, a 36 percent increase from the 461 served in FY 2017, at a cost of \$1,032 per individual served. This increase is due to more clients who are hospitalized, in part due to an increase in emergency custody orders, as well as clients in jail who are hospitalized. Additionally, recent state legislative changes have required shorter time frames to locate alternative treatment which results in more admissions to state hospitals as a last-resort placement. State hospitals are at capacity, a situation that leads to more discharges.

Increased demand generally results in shorter hospital stays and greater need for responsive discharge planning services for clients with multiple complex treatment needs. Ninety-nine percent of all adults were scheduled for a CSB assessment within seven days of hospital discharge. Timely access to assessment and treatment is a vital component of discharge planning, and efforts have been successful due in large part to outreach and engagement efforts.

As individuals re-integrate into community-based settings, timely access to ongoing care supports their reintegration. Of the individuals referred for assessment and CSB treatment services, 71 percent remained in CSB services after 90 days of services, a slight decrease from last year. More individuals are required to be discharged from hospitals as soon as possible, while also presenting with a higher acuity and complexity. This decrease may be due to the level of care required to maximize stability in the community.

Fund 40040

Fairfax-Falls Church Community Services Board

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2018 Actual	FY 2019 Adopted Budget Plan	FY 2019 Revised Budget Plan	FY 2020 Advertised Budget Plan	FY 2020 Adopted Budget Plan
Beginning Balance	\$25,360,113	\$9,032,361	\$29,531,838	\$15,166,254	\$15,166,254
Revenue:					
Local Jurisdictions:					
Fairfax City	\$1,776,119	\$1,798,517	\$1,798,517	\$1,957,610	\$1,957,610
Falls Church City	805,036	815,189	815,189	887,299	887,299
Subtotal - Local	\$2,581,155	\$2,613,706	\$2,613,706	\$2,844,909	\$2,844,909
State:					
State DBHDS	\$12,077,162	\$11,886,443	\$11,886,443	\$11,886,443	\$11,886,443
Subtotal - State	\$12,077,162	\$11,886,443	\$11,886,443	\$11,886,443	\$11,886,443
Federal:					
Block Grant	\$4,058,059	\$4,053,659	\$4,053,659	\$4,053,659	\$4,053,659
Direct/Other Federal	130,035	154,982	154,982	154,982	154,982
Subtotal - Federal	\$4,188,094	\$4,208,641	\$4,208,641	\$4,208,641	\$4,208,641
Fees:					
Medicaid Waiver	\$2,731,242	\$2,371,024	\$2,371,024	\$2,651,345	\$2,651,345
Medicaid Option	7,102,115	8,537,500	8,537,500	8,537,500	8,537,500
Program/Client Fees	4,855,896	4,011,751	4,011,751	4,011,751	4,011,751
CSA Pooled Funds	697,367	858,673	858,673	858,673	858,673
Subtotal - Fees	\$15,386,620	\$15,778,948	\$15,778,948	\$16,059,269	\$16,059,269
Other:					
Miscellaneous	\$96,960	\$14,100	\$14,100	\$14,100	\$14,100
Subtotal - Other	\$96,960	\$14,100	\$14,100	\$14,100	\$14,100
Total Revenue	\$34,329,991	\$34,501,838	\$34,501,838	\$35,013,362	\$35,013,362
Transfers In:					
General Fund (10001)	\$130,429,318	\$135,445,375	\$135,334,383	\$145,441,727	\$146,575,985
Total Transfers In	\$130,429,318	\$135,445,375	\$135,334,383	\$145,441,727	\$146,575,985
Total Available	\$190,119,422	\$178,979,574	\$199,368,059	\$195,621,343	\$196,755,601
Expenditures:					
Personnel Services	\$104,616,791	\$113,449,955	\$113,565,743	\$118,914,528	\$120,048,786
Operating Expenses	57,940,809	58,236,238	67,312,577	63,279,541	63,279,541
Recovered Costs	(2,002,443)	(1,738,980)	(1,738,980)	(1,738,980)	(1,738,980)
Capital Equipment	32,427	0	62,465	0	0
Total Expenditures	\$160,587,584	\$169,947,213	\$179,201,805	\$180,455,089	\$181,589,347
Transfers Out:					
General Construction and Contributions (30010)	\$0	\$0	\$5,000,000	\$0	\$0
Total Transfers Out	\$0	\$0	\$5,000,000	\$0	\$0
Total Disbursements	\$160,587,584	\$169,947,213	\$184,201,805	\$180,455,089	\$181,589,347

Fund 40040

Fairfax-Falls Church Community Services Board

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2018 Actual	FY 2019 Adopted Budget Plan	FY 2019 Revised Budget Plan	FY 2020 Advertised Budget Plan	FY 2020 Adopted Budget Plan
Ending Balance	\$29,531,838	\$9,032,361	\$15,166,254	\$15,166,254	\$15,166,254
DD Medicaid Waiver Redesign Reserve ¹	\$9,176,090	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Opioid Use Epidemic Reserve ²	2,119,699	1,888,682	300,000	300,000	300,000
Diversion First Reserve ³	1,852,561	774,490	1,244,245	1,244,245	1,244,245
Medicaid Waiver Expansion Reserve ⁴	0	0	2,800,000	2,800,000	2,800,000
Encumbered Carryover Reserve	6,381,985	0	0	0	0
Unreserved Balance⁵	\$10,001,503	\$3,869,189	\$8,322,009	\$8,322,009	\$8,322,009

¹ 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.

² The Opioid Use Epidemic Reserve provides flexibility, consistent with the Board of Supervisors' FY 2018-FY 2019 Budget Guidance, as the County continues to work with national, state, and regional partners on strategies to combat the opioid epidemic.

³ The Diversion First Reserve represents one-time savings realized since FY 2017 that will be appropriated as part of a future budget process based on priorities identified by the Board of Supervisors.

⁴ The Medicaid Waiver Expansion Reserve ensures the County has sufficient funding to provide services to individuals newly eligible under Medicaid Expansion.

⁵ The Unreserved Balance fluctuates based on specific annual program requirements.