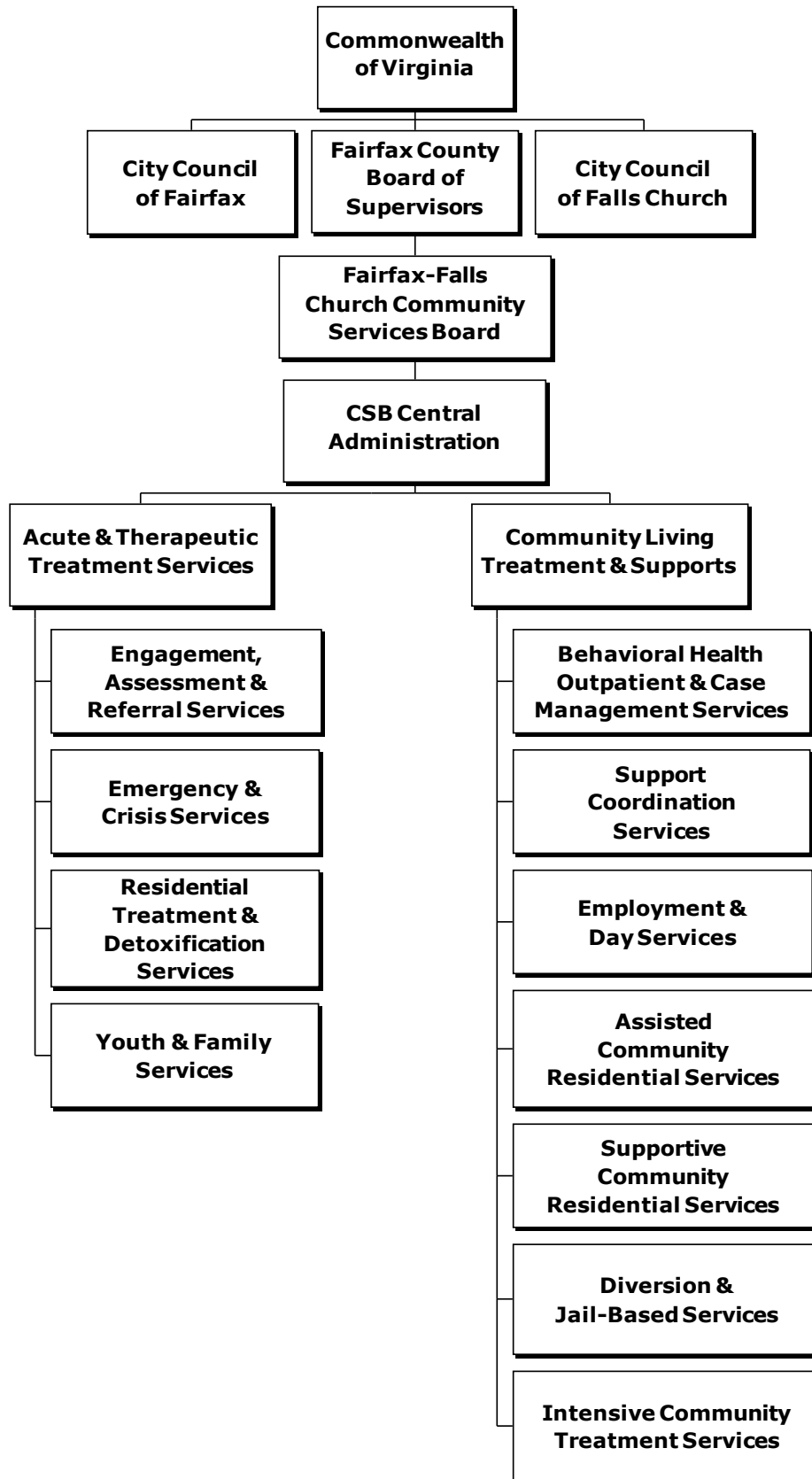


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Fairfax-Falls Church Community Services Board



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Fairfax-Falls Church Community Services Board

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.

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 Engagement, Assessment, and Referral services, as well as its Wellness, Health Promotion, and Prevention Services. 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 approximately 1,100 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 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 2017, the CSB Board adopted a new three-year strategic plan for FY 2018 – FY 2020, which was developed with input and participation from staff, partner organizations, community members, advocacy groups, and individuals and families receiving services. Strategic priorities include providing access to timely, appropriate, quality services and supports; strengthening the health of the entire community, including people receiving CSB services; and ensuring efficient and effective utilization of resources. The 17 strategic goals in the new plan address key issues including expanded treatment for persons caught in the opioid epidemic. 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.

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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. Additionally, the CSB and Health Department have partnered to compare clinical and technical requirements and explore the possibility of securing an electronic medical record solution that can meet both agencies' needs. This project is called the Health Care Services and Information System (HCSIS).

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. In addition, CSB is in the process of clearly defining processes to be used for determining the frequency and level of care individuals received based upon their individual need.

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 into 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

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

longer have to wait weeks for assessments. During Calendar Year (CY) 2018, visitors to the walk-in screening area experienced improved customer service and decreased wait times through the new stand-up kiosk. An average of 250 adults and 100 youth come to the walk-in screening area of the Merrifield Center each month. In FY 2018, 2,898 adults were screened, and around half of them moved on to receive mental health assessments and initial diagnoses by staff. For youth, 1,052 sought screenings and 807 required additional assessment services.

The integration of primary and behavioral health care continues to be a strategic priority for CSB and the County Health and Human Services System. The CSB is committed to meeting the goals of the "triple aim": to improve each person's experience of care and overall health, and to perform in a cost-effective manner. Ongoing partnerships with Federally-Qualified Health Centers (FQHC) and the Community Health Care Network (CHCN) have offered opportunities for integrated health care. CHCN now

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operates a full-time primary health clinic at CSB's Merrifield Center, where a dental clinic and Inova Behavioral Health services are also co-located with CSB. In FY 2017, Neighborhood Health, an FQHC, also began providing services part-time at Merrifield, in addition to the services they have been providing at CSB's Gartlan Center. CSB continues its partnership with HealthWorks for Northern Virginia Herndon, an FQHC site in the north part of the County. CSB's "BeWell" program, funded with a four-year, \$1.6 million grant from the federal Substance Abuse and Mental Health Services Administration, now has 471 participants – all are individuals who already receive CSB services for serious mental illness. CSB is projected to serve over 700 individuals by the end of the four-year grant period. Many are experiencing significant improvements in key health indicators, including blood pressure and body mass index. 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. In FY 2018, 69 percent of individuals served in CSB behavioral health programs reported having a primary care provider. This is a slight increase from FY 2017, and 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, the Merrifield Center includes a wide range of services provided by approximately 400 CSB employees. Inova Behavioral Health, CHCN, and the Northern Virginia Dental Clinic provide services on the building's fourth floor, a pharmacy is available on the second floor, and Neighborhood Health offers part-time primary health care services on the first 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 the criminal justice system. The MCRC serves as a key intercept point 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.

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 online, evidence-based Kognito suicide prevention training. These tools are currently being used successfully in Fairfax County Public Schools and are 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 <https://www.fairfaxcounty.gov/community-services-board/training/suicide-prevention>. By the end of FY 2018, nearly 34,000 people had 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,

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expanding public information, training, and intervention services throughout the broader Northern Virginia community.

CSB continues to provide 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. By the end of FY 2018, over 5,000 people throughout the local community had successfully completed MHFA. 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, substance use disorders, and co-occurring (mental health and substance use) disorders can and do recover and are well-suited to help others achieve long-term recovery. Within the behavioral health care field, this service is known as peer support services. CSB continues to expand its use of peer support specialists across the continuum of services for substance use/co-occurring disorders and is currently working with Inova to pilot a peer program in their emergency departments.

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. Internships also provide an excellent training ground for future clinicians in CSB's workforce and community. In FY 2018, the intern and volunteer program had 244 participants who provided 26,621 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 2018 was \$712,108.

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. 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.

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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, those with waivers 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. In FY 2017, CSBs throughout the Commonwealth, including the Fairfax-Falls Church CSB, became the single point of eligibility determination and case management not only for people with intellectual disability, but also for individuals with other developmental disabilities. CSB’s role and oversight responsibility have grown larger, and the number of people served is increasing. As of June 2018, there were approximately 2,250 Fairfax residents on the state waiting list for Medicaid waivers. The U.S. Department of Justice 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. Since FY 2017, the CSB received funding for and hired 40 additional support coordinators, with another 5 included as part of the FY 2020 Advertised 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 other than intellectual disability. Providing equitable access to the same services for newly eligible people with DD as have been afforded to people with ID augments the ongoing funding challenge for these services. As part of CSB’s efforts to involve community members in the development of an equitable and sustainable service system, the Welcoming Inclusion Network (WIN) was launched during February of 2018. Since then, WIN members have been working together to advance employment and day services for individuals with developmental disabilities. Together, a series of meaningful options were developed and presented to the Board at a December 11, 2018, Health, Housing, and Human Services Committee Meeting. Each is designed to further community inclusion and person-centered experiences for people with developmental disabilities. These efforts will continue in FY 2020, as creative and innovative ideas for new day and employment services are developed and implemented.

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 robust housing and support options for people with developmental disabilities in Northern Virginia. This challenge is especially great in Fairfax

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County due to high costs of real estate and service delivery. Without sufficient Medicaid waiver reimbursement rates, providers will continue to struggle with increasing capacity.

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.

Since January 2016, the Merrifield Crisis Response Center (MCRC) has served as a key intercept point of Diversion First. 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 continues to provide positive results. In Calendar Year (CY) 2018, law enforcement officers transported 2,278 people to the MCRC. Of those, 530 (approximately 23 percent) had potential criminal charges but were diverted from potential arrest to mental health services. To date, this program has diverted over 1,300 people from potential arrest.

Other key components of Diversion First are also progressing. In 2018, the second Mobile Crisis Unit (MCU), became fully operational, and CSB is currently hiring to field a third MCU provided as part of the FY 2019 Adopted Budget Plan. These units will increase capacity to provide emergency mental health personnel and services on-site across the County. In FY 2018, CSB conducted 1,882 mental health evaluations related to emergency custody orders. This is a 28 percent increase over FY 2017, and a 369 percent increase in the three years since FY 2015. Crisis Intervention Team (CIT) training also continues to expand the pool of officers and deputies who are trained to interact effectively with persons experiencing a mental health crisis. At the end of FY 2018, over 600 law enforcement officers had graduated from the intensive week-long CIT training. In addition, CSB continues to offer its popular Mental Health First Aid (MHFA) training specifically tailored for fire and rescue personnel and other first responders.

The court system now has multiple diversion-oriented initiatives underway. CSB has been working in partnership with the courts to provide direct support for the Veterans Treatment Docket, the new Drug Court (launched in October 2018), and for the Supervised Release Plan Review Docket. Each of these efforts seeks to enhance an individual's linkage to treatment services and, in doing so, aims to reduce recidivism.

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

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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. In 2017, there were more than 120 drug-related deaths in Fairfax County, more than in any other Virginia jurisdiction; 114 of the deaths were related to opioid overdoses. In FY 2018, the Fire and Rescue Department administered naloxone to 204 patients with a suspected opioid-related emergency.

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 2018, CSB trained nearly 800 people to be lay rescuers. 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. Since the launch of the program, CSB has trained over 1,800 people. This training has already paid dividends, as CSB staff have received reports of attendees who used what they learned in the Revive training to administer naloxone and save a life.

CSB participates in a multi-disciplinary task force to combat opioid 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 opioid use and resources for treatment. Individuals who are using heroin or any other type of opioid 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 shortened its intermediate length residential treatment program and increased the number of people served at its longer length residential treatment program. In FY 2018, CSB was able to contract additional medical detoxification beds, reducing the waitlist for treatment by half. CSB continues to explore strategies to reduce current wait times ranging on average from 7 to 10 days for people who need medical detoxification or Suboxone detoxification for opioids.

CSB has also expanded the use of Medication Assisted Treatment (MAT), which involves the provision of medications plus nursing services, community case management, and in-home supports to help individuals remain opioid-free. CSB has been providing MAT for several years, but additional resources are necessary to meet the community need for this service. At the close of FY 2018, approximately 100 individuals were receiving MAT services. In July 2018, CSB began offering expanded MAT services to people seeking support for opioid use disorder. MAT involves the use of FDA-approved medications in combination with counseling and behavioral therapies to provide a “whole patient” approach to the treatment of substance use disorders. These new MAT services include a team of doctors, a physician assistant, nurses, counselors, and peer recovery staff.

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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, and CSB must continue to build its 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. Recently, CSB has focused on expanding peer support services to help meet the needs of various populations. Additional peer support specialists are being used across the continuum of services for substance use/co-occurring disorders.

Virginia Legislative Reforms

Building on mental health reforms made in recent years, the 2017 Virginia General Assembly enacted STEP-VA, (System Transformation, Excellence, and Performance in Virginia), which mandates that CSBs provide new core services. This new set of mandated services is modeled after the federally-created Certified Community Behavioral Health Clinics (CCBHCs). As a result of STEP-VA, all CSBs must provide same-day mental health screening services and outpatient primary care screening, monitoring, and follow-up beginning July 1, 2019. Nine other core services (including outpatient mental health and substance abuse services, detoxification, and psychiatric rehabilitation, among others) are mandated to begin on July 1, 2021.

The Fairfax-Falls Church CSB already offers much of what is covered in this legislation. However, to fully meet all of the new mandates without having to decrease other critical services, CSB will require additional state funding in subsequent years. STEP-VA has the potential to enhance community-based behavioral health services, but successful implementation cannot be achieved by shifting an additional funding burden to localities.

Medicaid Expansion

The Commonwealth's recently passed Medicaid expansion bill enables eligible individuals and families to have more health care choices. Beginning in January 2019, several individuals are newly eligible for services based on their income levels. Those eligible include individuals earning less than \$16,104 per year; families earning less than \$32,913 per year; children who lose Medicaid when they turn nineteen; and adults with disabilities not eligible for Supplemental Security Income or Social Security Disability Insurance.

Effective January 1, 2019, CSB estimates an additional 27,000 individuals in Fairfax County will qualify for Medicaid. Further analysis indicates that approximately 600 individuals presently served by the CSB will be eligible for Medicaid under the new rules. Although Medicaid expansion introduces a vital resource to underserved individuals, there is reason to be concerned that the state's shifting costs to localities will reduce the availability of services while simultaneously increasing demand.

In FY 2019, the Commonwealth reduced funding to Community Services Boards statewide by \$11 million, of which \$1.6 million is impacting the Fairfax-Falls Church CSB. In FY 2020, the state reduced funding to CSBs by \$25 million, of which the Fairfax-Falls Church CSB will see a \$4.3 million reduction from DBHDS. CSBs are expected to "bill back" the lost state general funds through Medicaid reimbursed service delivery to individuals who are newly eligible for Medicaid under expansion. There is significant concern about the harmful impact this shift will have on the Fairfax-Falls Church CSB.

Transition to Managed Care

In FY 2018, Virginia moved from a fee-for-service delivery model into a managed care model for individuals who receive both Medicare and Medicaid. The new statewide managed care system, called Commonwealth Coordinated Care Plus (CCC Plus), allows individuals who receive both Medicare and

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Medicaid the opportunity to receive integrated coordinated care to improve health outcomes. CCC Plus became effective in Fairfax County on December 1, 2017. CSB staff are helping affected clients navigate this transition to managed care. Despite working with six managed care organizations, the CSB has continued to ensure quality services are provided. Implementation has had a significant impact on business operations, as there are six new sets of rules and business processes. It will be important for the CSB to partner with these organizations and leadership at DMAS to help implement streamlined and standardized business processes.

The Hospital Bed Crisis and Hospital System Transformation

The General Assembly recognizes the need to ensure that private or state psychiatric beds are available for individuals who meet the criteria for temporary detention. With this goal in mind, legislation passed in 2014 requires state facilities to accept Temporary Detention Orders (TDOs) when at least eight other hospitals have denied services and at the eight-hour mark of an Emergency Custody Order (ECO). As a result, Virginia's nine state mental health hospitals are under tremendous strain as they weather a 224 percent increase in TDO admissions and a 58 percent increase in total admissions since 2013. Recently, there have even been times when DBHDS Northern Virginia Mental Health Institute was at 100 percent capacity, and there were only several state hospital beds available across the Commonwealth.

The main issue driving the hospital bed shortage is the availability of a "willing" hospital bed. A willing hospital bed is defined as a bed at a psychiatric hospital that has availability and is willing to accept an individual after receiving a report on the person's clinical profile from a CSB clinician. According to 2016 Virginia Health Information, local private hospital partners are running at an occupancy rate of 77.8 percent yet are declining many TDO admissions. Almost every day, CSB sends someone to NVHMI or another state hospital because there is no willing local private psychiatric hospital bed despite vacancies.

CSB continues to provide services focused on quickly moving individuals out of hospitals and avoiding re-hospitalizations. In FY 2018, CSB's Discharge Planning Team helped facilitate a total of 707 discharges from psychiatric hospitals. CSB also has several teams of highly successful, intensive treatment service providers. During FY 2018, these teams served 360 individuals at high risk of re-hospitalization, keeping 94 percent of these individuals out of a psychiatric hospital during this time. We are also participating in weekly phone calls with the Northern Virginia Mental Health Institute and the other Region II CSB executive directors to identify the best solutions to the hospital bed crisis. Despite CSB's tremendous investment in services, additional resources are needed to make a more significant impact on hospital census reduction.

DBHDS has proposed a system transformation to help shift dollars from large state institutions to community care and reduce the hospital bed census. This financial realignment is supposed to occur over the next five fiscal years. DBHDS has proposed that localities be required to pay for all or part of the care of their local residents in state psychiatric hospitals. The goal is to create a financial incentive for developing local alternatives to state hospital care. While CSB continues to make significant investments in community care, receiving dollars from the state will be critical if localities are responsible for sharing risk in the cost of psychiatric hospitalization. CSB will continue to monitor how DBHDS plans to move forward with the ongoing process of financial realignment.

Employment and Day Services

The need for CSB services continues to increase on an annual basis in other areas. 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

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funded through local dollars. CSB transition support coordinators work with students and their families to identify day and employment options and possibilities.

CSB continues to gather data on how many newly eligible individuals with DD apply for and expect CSB services. As directed by the Board of Supervisors, CSB worked with Human Services agencies, the Department of Management and Budget, and the Welcoming Inclusion Network to develop options for funding various levels of services for EDS and presented these options to the Board of Supervisors on December 11, 2018. These efforts will continue in FY 2020, as creative and innovative ideas for new day and employment services are developed and implemented.

Youth Behavioral Health

The CSB continues to play a major role in Healthy Minds Fairfax, an initiative of the County Board of Supervisors to address access to behavioral health services, and the quality of services, for children, youth, and families throughout the County. Short-term therapeutic interventions are provided to children and youth with emerging behavioral health issues, whose families are then linked to private therapists offering pro bono mental health treatment services. In FY 2019, an online navigation tool was implemented to help parents of youth with serious behavioral health issues access needed services on a timely basis, reducing the risk of suicide and other negative outcomes. Healthy Minds Fairfax 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, including providing training for CSB therapists. The CSB works closely with Healthy Minds Fairfax to ensure that children, youth, and families access the type and level of behavioral health care best fit their needs.

Services for Young Adults

Nationally and locally, there is a growing need for specialized services for young adults (ages 16-25), with mental health and substance abuse needs. Often, traditional services designed for adolescents or 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. The "Turning Point" program, which launched in FY 2015, 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. Since its launch, the program has served 64 individuals, with a majority of those receiving services for a full two years. Turning Point currently has 32 individuals enrolled. DBHDS is highly engaged in this program and is carefully tracking progress to assure solid outcomes and successful implementation of evidence-based supports. In FY 2019, the program expanded to include services for those who are Clinically High Risk for Psychosis (CHR-P) as a result of a \$400,000 grant from the Substance Abuse and

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Mental Health Services Administration (SAMHSA). The grant allowed CSB to identify, intervene, and treat a greater number of young people more quickly, as well as allow the expansion of eligibility from age 16 to age 14. Staff from Turning Point's CHR-P program will be reaching out to schools, colleges, the faith community, medical and psychiatric practices, and the general community to educate people about psychosis, early intervention and how to access the program.

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

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

This agency has 35/34.8 FTE Grant Positions in Fund 50000, Federal-State Grant Fund.

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

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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.

- ◆ **Employee Compensation** **\$2,881,034**

An increase of \$2,881,034 in Personnel Services includes \$1,031,134 for a 1.00 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.

- ◆ **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

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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 \$145,441,727, an increase of \$9,996,352 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.

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, and all other approved changes through December 31, 2018.

- ◆ **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

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

<u>CSB Central Administration</u>		<u>CSB Clinical Operations</u>	
1	Executive Director	1	Human Resources Generalist III
1	Deputy Director	2	Human Resources Generalists II
1	Dir. of Facilities Manag. & Admin. Ops.	1	Human Resources Generalist I
1	Comm. Svs. Planning/Devel. Dir.	1	Information Officer III
1	Finance Manager CSB	1	Training Specialist III
4	Management Analysts IV, (1T)	2	Training Specialists II
9	Management Analysts III	1	DD Specialist III
12	Management Analysts II	1	DD Specialist II
4	Management Analysts I	2	Communications Specialists II
2	Financial Specialists IV	1	Human Service Worker IV
3	Financial Specialists III	1	Human Service Worker III
7	Financial Specialists II	4	Human Service Workers II
3	Financial Specialists I	1	Volunteer Services Program Manager
2	Business Analysts IV	2	Administrative Associates
5	Business Analysts III	5	Administrative Assistants V
4	Business Analysts II	20	Administrative Assistants IV
1	CSB Compliance Program Coordinator	49	Administrative Assistants III
		8	Administrative Assistants II
		1	CSB Aide/Driver
		1	Deputy Director
		2	Assistant Deputy Directors
		1	Psychiatrist
		1	Program Manager
		1	Res. and Facilities Devel. Mgr.
		1	BHN Supervisor
		1	Behavioral Health Supervisor
		1	Behavioral Health Sr. Clinician
		1	BHN Clinician/Case Manager
		12	Behavioral Health Specialists II
		1	Behavioral Health Specialist I
		1	Management Analyst I
		1	Licensed Practical Nurse
		3	Peer Support Specialists
			Medical Services
		1	Medical Director of CSB
		1	Public Health Doctor, PT
		24	Psychiatrists
		1	Mental Health Manager
		1	Physician Assistant
		6	Nurse Practitioners
		1	BHN Clinician/Case Manager

TOTAL POSITIONS

228 Positions (1T) / 227.5 FTE (1.0T)

T Denotes Transferred Position
PT Denotes Part-Time Position

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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 patient 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.

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
FUNDING				
Expenditures:				
Personnel Services	\$37,853,922	\$37,992,472	\$37,992,472	\$39,238,242
Operating Expenses	7,466,936	4,683,362	5,927,575	4,935,362
Capital Equipment	23,961	0	0	0
Subtotal	\$45,344,819	\$42,675,834	\$43,920,047	\$44,173,604
Less:				
Recovered Costs	(\$1,156,329)	(\$1,049,947)	(\$1,049,947)	(\$1,049,947)
Total Expenditures	\$44,188,490	\$41,625,887	\$42,870,100	\$43,123,657
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	380 / 378	341 / 339	336 / 334	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	14 Substance Abuse Counselors I	
10 Behavioral Health Specialists II, 1 PT	3 BHN Supervisors	
	12 Behavioral Health Supervisors	<u>Youth & Family Services</u>
	8 BHN Clinicians/Case Managers	1 Director Healthy Minds Fairfax
<u>Emergency & Crisis Services</u>	34 Behavioral Health Specialists II	2 CSB Service Directors
1 CSB Service Area Director	15 Behavioral Health Specialists I	2 Mental Health Managers
3 Mental Health Managers	1 Mental Health Counselor	3 Clinical Psychologists
2 Clinical Psychologists	2 Administrative Assistants V	1 Behavioral Health Manager
7 Emergency/Mobile Crisis Suprvs.	7 Licensed Practical Nurses	3 Substance Abuse Counselors IV
4 Behavioral Health Supervisors	3 Food Service Supervisors	1 Substance Abuse Counselor II
27 Crisis Intervent. Specialists, 1 PT, (2)	1 Peer Support Specialist	12 Behavioral Health Supervisors
6 Behavioral Health Senior Clinicians	8 CSB Aides/Drivers	37 Behavioral Health Sr. Clinicians, 1 PT
3 BHN Clinicians/Case Managers	2 Day Care Cntr. Teachers I, 1 PT	23 Behavioral Health Specialists II
17 Behavioral Health Specialists II	6 Cooks	
5 Behavioral Health Specialists I		
2 Mental Health Therapists		
1 Cook		
TOTAL POSITIONS		() Denotes New Positions
338 Positions (2) / 336.0 FTE (2.0)		PT Denotes Part-Time Positions

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

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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 2019, 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

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.

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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 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.

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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.

Community Living Treatment and Supports

Category	FY 2018 Actual	FY 2019 Adopted	FY 2019 Revised	FY 2020 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$43,084,702	\$47,992,142	\$47,992,142	\$50,822,777
Operating Expenses	37,230,369	42,543,412	46,139,891	45,301,828
Subtotal	\$80,315,071	\$90,535,554	\$94,132,033	\$96,124,605
Less:				
Recovered Costs	(\$678,214)	(\$554,971)	(\$554,971)	(\$554,971)
Total Expenditures	\$79,636,857	\$89,980,583	\$93,577,062	\$95,569,634
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	449 / 447.5	469 / 467.5	461 / 459.5	470 / 468.5

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<p><u>Behavioral Health Outpatient & Case Management Services</u></p> <p>1 CSB Service Area Director 2 Mental Health Managers 1 Behavioral Health Manager 5 BHN Supervisors 14 Behavioral Health Supervisors 36 Behavioral Health Sr. Clinicians, 1 PT 9 BHN Clinician/Case Managers 40 Behavioral Health Specialists II 2 Substance Abuse Counselors IV 3 Substance Abuse Counselors II 4 Licensed Practical Nurses</p> <p><u>Support Coordination Services</u></p> <p>1 CSB Service Area Director 5 DD Specialists IV 15 DD Specialists III (1) 92 DD Specialists II (4) 6 DD Specialists I</p> <p><u>Employment & Day Services</u></p> <p>1 CSB Service Area Director 1 Behavioral Health Manager 2 DD Specialists IV 3 DD Specialists II 1 Behavioral Health Supervisor 1 BHN Clinician/Case Manager 1 Management Analyst III 2 Mental Health Therapists 1 Administrative Assistant III</p>	<p><u>Assisted Community Residential Services</u></p> <p>1 CSB Service Area Director 2 DD Specialists IV 3 DD Specialists III 8 DD Specialists II 61 DD Specialists I 1 BHN Supervisor 2 BHN Clinician/Case Managers 1 Licensed Practical Nurse</p> <p><u>Supportive Community Residential Services</u></p> <p>1 CSB Service Area Director 4 Mental Health Managers 9 Behavioral Health Supervisors 3 Behavioral Health Senior Clinicians 15 Behavioral Health Specialists II 17 Behavioral Health Specialists I, 2 PT 5 Mental Health Counselors 4 Licensed Practical Nurses 1 Food Service Supervisor 1 Cook</p>	<p><u>Diversion and Jail-Based Services</u></p> <p>1 CSB Service Area Director 2 Mental Health Managers (1) 4 Behavioral Health Supervisors 2 Behavioral Health Senior Clinicians 3 BHN Clinician/Case Managers 26 Behavioral Health Specialists II (3) 3 Behavioral Health Specialists I 1 Peer Support Specialist</p> <p><u>Intensive Community Treatment Services</u></p> <p>1 CSB Service Area Director 2 Mental Health Managers 1 MH Supervisor/Specialist 5 Behavioral Health Supervisors 8 Behavioral Health Senior Clinicians 5 BHN Clinician/Case Managers 1 Public Health Nurse III 14 Behavioral Health Specialists II 1 Mental Health Therapist 1 Peer Support Specialist 1 Administrative Assistant III</p>
<p><u>TOTAL POSITIONS</u> 470 Positions (9) / 468.5 FTE (9.0)</p>		<p>() Denotes New Positions PT Denotes Part-Time Positions</p>

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.

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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.

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

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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, 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.

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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.

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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-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.

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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
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%

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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
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-advertised-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 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.

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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 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

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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 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.

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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 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

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

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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.

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

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