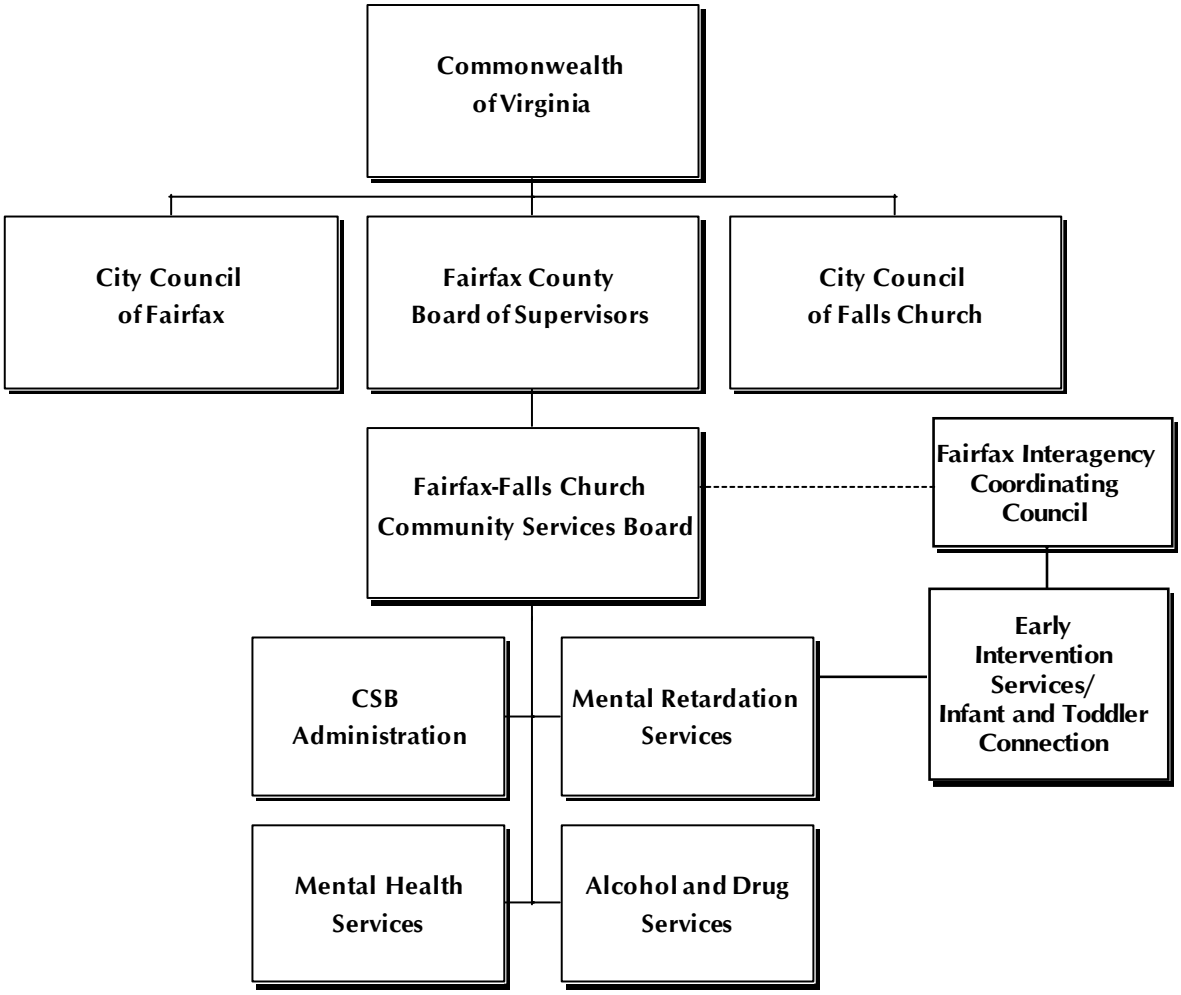
Fund 106
Community Services Board (CSB)



Mission

The mission of the Fairfax-Falls Church Community Services Board (CSB) is to:

- Serve Fairfax-Falls Church residents with, or at risk of, severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; alcohol or drug abuse or dependency; or cognitive developmental delays;

- Empower and support the people we serve to live self-determined, productive and valued lives within the community; and

- Identify, develop and offer programs on prevention, intervention, treatment, rehabilitation, residential and other support services in a personalized, and flexible manner appropriate to the needs of each individual and family served.

Fund 106
Community Services Board (CSB)

Focus

The CSB was created in 1969 and is comprised of 16 members; 14 appointed by the Fairfax County Board of Supervisors and one each appointed by the Councils of the Cities of Fairfax and Falls Church. The CSB is established under the Code of Virginia; however, under a Memorandum of Agreement between the CSB and the local jurisdictions, the CSB carries out its roles and responsibilities under the Administrative Policy Board type of structure and observes County rules and regulations regarding financial management, personnel management and purchasing activities. The CSB directly operates and contracts with outside entities for the provision of many client services.

In the aftermath of the Virginia Tech tragedy, the CSB responded to the media and local community by offering information, counseling and support. The report on this tragic incident is expected to have long standing impact on the structure and priorities within the state mental health system. Prior to the Virginia Tech tragedy, the Commission on Mental Health Law Reform was conducting a comprehensive review which included the civil commitment process, access to services, and diversion of individuals with serious mental illness away from the criminal justice system and into the mental health system. CSB staff has been actively involved in evaluating needed changes to the laws and services to more effectively meet the needs of people with mental illness. Further complicating the issues is the ongoing trend evidenced by downsized state facilities and fewer local psychiatric hospital beds. While the scrutiny following the Virginia Tech shootings is likely to bring new attention to some of the issues of community and institutional treatment, the funding source to comply with pending legislation related to commitment of consumers to inpatient or outpatient care is currently unclear.

Another significant influence on the recent work of the CSB has been the transformation initiative established by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, which is described in the following vision statement: "We envision a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health and the highest possible level of consumer participation in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership." The implementation of these principles is visible in the CSB's visionary goals, in its strategic planning effort with its Board and staff and in a significant number of change initiatives aimed at a more person-centered, recovery-oriented service system. An example is evident in the CSB's selection as a site for the Virginia Services Integration Project (VASIP). As part of this project, the CSB is training all mental health and alcohol and drug services staff to become more effective in the provision of services to persons with the dual disorders of mental illness and substance abuse. The CSB is also better integrating mental health and alcohol and drug services and promoting a much closer partnership with consumers and families in the design and evaluation of services. A joint assessment tool, researched and developed by the CSB staff, was successfully piloted in FY 2007 and is currently being implemented by staff in Mental Health and Alcohol and Drug Services. This tool will streamline the assessment process for consumers with mental health or substance use disorders seeking services from the CSB, and is an example of a best practice model.

A major piece of transformation work currently underway is the CSB Recovery Initiative. Mental health consumers, advocates and staff are working closely to improve the "feel" of the CSB's service system for those who use it. Efforts include new educational materials, wellness seminars, consumer leadership development, the hiring of consumers in CSB peer support positions and a general focus

on a welcoming, informed and compassionate service experience, which is inclusive of the expertise of consumers and families.

An area of significant change in Mental Health Services is the reduction of the waiting list for services, achieved through the implementation of a rapid access assessment model for adult consumers. Waiting periods for services, which were over 120 days in early 2006, have been reduced to two to ten days for persons not requiring immediate emergency services. This rapid access approach will continue to require additional resources to meet the best practice standards of an assessment appointment within two to ten days of the consumer call for services.

Major staff resources are currently committed to support the work of the Josiah H. Beeman Commission. The Commission, named for the former CSB Board Chairman who passed away in 2006, was established by the Board of Supervisors in FY 2007 to review Mental Health Services and to recommend the design of a highly transformed system of care. This Commission consists of locally and nationally recognized mental health service administrators/providers and community stakeholders, and their recommendations will establish a vision and framework for a future mental health delivery system grounded in best practices. There is hope that the Commissioners' future recommendations for Mental Health Services, anticipated to be released in calendar year 2008, will strongly align with current change initiatives now underway in the CSB as a whole.

Transformation efforts within the CSB are also evident in the arena of technology. In FY 2007, the CSB began implementing the last major component of its Electronic Health Record (EHR) system, the service planning and progress notes feature. Although implementation was temporarily postponed due to connectivity and functionality issues, the implementation process is expected to resume in the fall of calendar year 2008, along with training for all CSB staff. At the state level, an EHR vision and a data dictionary are currently being developed and the Community Consumer Submission, Version Three (CCS3), a data collection mechanism that allows data exchange between the CSB and the Commonwealth, is being implemented. The implementation of the CCS3 is a significant step toward improved data reporting, facilitated by the consolidation of information in a central data warehouse.

Regional projects also demonstrate the CSB's current transformation efforts. Through state-initiated funding mechanisms, several recovery projects are underway that empower consumers with mental illness to provide direct services to their peers and to become leaders and trainers in the field. The CSB staff has also been involved in the Northern Virginia Regional Health Information Organization effort, the goal of which is facilitating health information exchanges among the medical community in order to improve consumer care and coordination. On a smaller scale, the Northern Virginia CSBs have established a regional database of information related to consumer hospitalizations. This database is expected to be operational by the end of calendar year 2007.

System transformation necessitates a significant level of support and training for staff. Over the past year, there have been many system-wide training events related to transformation principles. The transition of service approaches, funding alternatives and full use of the EHR all require a significant amount of time to fully integrate with the changing demographic face of the community.

Major strategic planning efforts are underway. Several CSB programs began work on the Balanced Scorecard, a countywide strategic planning initiative for FY 2008 and FY 2009. Additionally, the CSB Board has drafted a new mission statement, which they will continue to refine in FY 2008 and

FY 2009. The CSB Board is also retooling their strategic plan to reflect initiatives that focus on short-term and measurable goals for the CSB. The first step in this process involved the completion of the CSB Board "dashboard," a collection of critical data elements for regular review by the Board and CSB staff.

The changing demographics in the Fairfax-Falls Church community offer many opportunities to improve current services and address future needs. For example, the CSB is an active contributor to the county's planning for citizens' long term care needs. Persons served in the CSB's residential programs or supported housing wish to age-in- place and require additional resources to meet their needs for barrier-free living as their needs for medical assistance increase. In addition, the CSB is actively contributing to other countywide initiatives, including Gang Prevention and the Ten Year Plan to End Homelessness.

Revenue maximization efforts continue to focus on Medicare Part D. The CSB has been successful in assisting consumers with choosing and maintaining benefits through Medicare Part D. Another example of the CSB's expanded opportunities through revenue maximization is evident in the state's enactment of Medicaid coverage for select Alcohol and Drug Services. With staff positions funded from this new revenue source, Alcohol and Drug Services joins Mental Health and Mental Retardation Services in offering much needed case management and support services funded through Medicaid dollars.

Budget and Staff Resources

Fund Summary

Category	FY 2007 Actual	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years		
Regular	895/ 890	895/ 890
Grant	91/ 88.75	114/ 111.25
Expenditures:		
Personnel Services	$78,969,408	$84,891,873
Operating Expenses	60,727,172	63,169,348
Capital Equipment	81,710	0
Subtotal	**$139,778,290**	**$148,061,221**
Less:		
Recovered Costs	($1,113,997)	($890,744)
Total Expenditures	**$138,664,293**	**$147,170,477**

Fund 106
Community Services Board (CSB)

SUMMARY OF ALL AGENCY LOBS
(FY 2008 Adopted Budget Data)

Number	*LOB Title*	*Net LOB Cost*	*Number of Positions*	*LOB SYE*
106-01	CSB Central Services Unit	$1,330,292	13	13.0
106-02	CSB Prevention Services	$643,683	20	20.0
106-03	Mental Health Adult and Family Services	$16,400,043	166	165.0
106-04	Mental Health Adult Residential Services	$9,013,746	84	83.5
106-05	Mental Health Youth and Family Services	$8,488,553	83	82.5
106-06	Alcohol and Drug Adult Outpatient Treatment Services	$3,451,361	35	35.0
106-07	Alcohol and Drug Adult Day Treatment Services	$1,053,833	15	14.5
106-08	Alcohol and Drug Adult Residential Services	$6,141,299	85	84.0
106-09	Alcohol and Drug Youth Outpatient Treatment Services	$4,105,765	44	44.0
106-10	Alcohol and Drug Youth Day Treatment Services	$915,815	16	16.0
106-11	Alcohol and Drug Youth Residential Services	$2,583,199	35	35.0
106-12	Mental Retardation Case Management Services	$1,188,681	12	12.0
106-13	Mental Retardation Day Support and Vocational Services	$19,475,035	12	11.5
106-14	Mental Retardation Residential Services	$13,578,156	76	76.0
106-15	Early Intervention for Infants and Toddlers (Part C)	$2,713,581	20	20.0
106-16	CSB Homeless Services	$1,825,391	32	32.0
106-17	CSB Emergency, Crisis and Detoxification Services	$7,411,443	125	124.0
106-18	CSB Forensic, Diagnostic, Crisis and Treatment Services	$1,662,990	22	22.0
106-19	Northern Virginia Regional Projects	($511)	0	0.0
TOTAL		**$101,982,355**	**895**	**890.0**

Note: Fund 106 is supported by General Fund positions in addition to also being supported by some grant funded positions. The total positions and SYEs shown above are solely the County merit regular positions. Grant funded positions are not reflected in the total LOB count shown above. For further details regarding programs supported by grant funded positions please refer to the LOB detail pages.

Fund 106
Community Services Board (CSB)

LOBS SUMMARY

106-01: CSB Central Services Unit

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-01	***CSB Central Services Unit***
Personnel Services	$1,292,192
Operating Expenses	$140,951
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,433,143
Federal Revenue	$10,000
State Revenue	$76,995
User Fee Revenue	$0
Other Revenue	$15,856
Total Revenue:	$102,851
Net LOB Cost:	$1,330,292
Merit Positions/SYE involved in the delivery of this LOB	13 / 13.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

The Community Services Board's Central Services Unit provides overall leadership, policy direction, and oversight to the Community Services Board (CSB) system, which includes the program areas of Mental Health, Mental Retardation, and Alcohol and Drug Services, as well as the specialized programs in Prevention and Early Intervention (Part C). It carries out various senior level management and oversight responsibilities in the areas of interagency coordination, operations, personnel, budget, contracting, strategic planning, long-range planning for County and state comprehensive plans, public information, consumer relations, approval of contracts and leases, grant preparation, and residential development. In addition to these activities, the Central Services Unit fulfills the following responsibilities: primary support to a 16-member citizen governing Board, an Executive Committee, a Strategic Planning Committee, a Government and Community Relations Committee, a Fiscal Committee, and a Housing Advocacy Committee; liaison with the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) Central Office; liaison with the State Department of Medical Assistance Services (DMAS); liaison with the Northern Virginia Training Center, the Northern Virginia Mental Health Institute and Western State Hospital; liaison with four other regional CSB's; participation in various statewide and regional planning groups; liaison with the Cities of Fairfax and Falls Church; primary staff support to the Local Human Rights Committee; as well as liaison with numerous private providers and consumer organizations. Additionally, the Deputy Director participates on the Human Services Leadership Team and in many cross-system initiatives with County agencies including those with

shared outcomes such as Long Term Care, Prevention, and the Ten Year Plan to End Homelessness.

The CSB Administration cost center includes the Director's Office, the Planning and Information Management team, the Site Planning and Resource Development team, and the Quality Improvement team. The Director's Office provides overall leadership, policy direction and oversight of all programs and services while supporting advocacy efforts at the state level to promote policy changes and increased funding. This includes an emphasis on identifying and implementing best practice programming throughout the service system. The Planning and Information Management staff promotes the use of technology that maximizes efficiency and improves service delivery and statewide benchmarking of services to evaluate and adjust approaches. A major initiative is the implementation of the CSB Electronic Health Record. In addition, system wide strategic planning efforts for both the agency and the CSB Board are staffed from this office. The Site Planning and Resource Development staff provides vital residential and facility development work to support treatment programs and to address unmet housing needs of CSB consumers.

The Quality Improvement staff focuses on implementing a detailed system-wide quality improvement plan with an emphasis on risk management, training, and human rights.

CSB staff has held a number of key leadership positions across the state. This includes chairmanship of several committees, including the state MR and ADS councils. Through these venues, as well as state-wide documentation streamlining and data management efforts, Fairfax-Falls Church has contributed to the improvements in processes that will assist staff in the daily performance of their jobs. Among these are the streamlining of documentation requirements, developing congruence among licensing and Medicaid requirements, and identifying other strategic efforts. Participation in county wide efforts has also enhanced the partnerships and collaborations, among other county agencies and the private sector. CSB leadership is discussing methods to improve communication and dissemination of information within the CSB, a challenge with the size and complexity of the organization. Primary in these efforts is the development of an agency communication strategy and a communications team and a more advanced public information function.

The CSB continued its work on the implementation of the electronic health record (EHR) by implementing the last component, treatment planning and progress notes. Although training was stopped by connectivity and functionality issues, this project is expected to be back on course in the fall of 2008. Staff have participated in trainings and presentations related to the development of EHRs. Furthering this effort are state-wide initiatives involving the streamlining of documentation and development of a data dictionary, a critical step toward the exchange of health information.

Like other county agencies, the CSB has a number of individuals readying for retirement, and a number of these individuals are in key leadership positions. In order to facilitate the transfer of knowledge and development of skills, the CSB began work on core competencies for its management and supervisory positions. The CSB has been chosen to be part of the county's phase one succession planning pilot and anticipates that its participation will be a great asset in the leadership of the system transformation already underway.

Fund 106
Community Services Board (CSB)

Almost all of the programs of the CSB are subject to state licensure requirements. Many programs generate revenues and therefore, require specific credentialing of provider staff and extensive documentation requirements. It is the role of the Central Services Unit to ensure that the mechanisms are in place to successfully meet all state and local accountability requirements and to maintain high quality service delivery throughout the system.

The rate of Central Administration staff to CSB merit and exempt status positions is 1:100. The CSB Central Administration budget is 1.25 percent of the overall Fund.

Initiatives and Accomplishments:

- Coordinated with the Department of Public Works and Environmental Services in three Capital Improvement programs: 1) large addition to accommodate service coordination and improve community access at the Mt. Vernon Community Mental Health Center; 2) new dual-diagnosis treatment residence built on the current Gregory Drive site; and, 3) substantial renovation or relocation of the Woodburn Community Mental Health Center.

- Began development on the automation of a database to track adverse incidents and provide opportunities for analysis of this information to support the CSB's Risk Management Program.

- Participated in regional emergency management activities, including planning for future events, safety and care continuity for recipients of CSB services.

- Emphasized the design and development of barrier-free homes for consumers who are medically fragile or physically disabled.

- Improved nursing retention and recruitment. The Department of Human Resources (DHR) completed a behavioral health nurse classification series for the CSB to address recruitment and retention issues. The CSB was a key partner in bringing the George Mason University School of Nursing to the County, which resulted in Master of Science in Nursing course offerings on-site in County facilities. The CSB nurses are now developing undergraduate and graduate student nurse training.

- Partnered with the Community HealthCare Network (CHCN) to increase access to behavioral healthcare for persons served by the CHCN by the deployment of a CSB psychiatrist; additional initiatives are underway to improve access to primary and behavioral healthcare with the non-profit community.

- Improved community awareness through news media and advocacy efforts of the CSB Board with the establishment of a public information officer and communications specialist.

- Piloted an integrated assessment instrument to be utilized in assessing the service needs of all Mental Health and Alcohol and Drug Services consumers, and evaluated a systemic evaluation of the co-occurring disorder treatment capability of CSB staff and system.

Funding Sources:

Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; and DMHMRSAS.

Fund 106
Community Services Board (CSB)

► Method of Service Provision

Services are provided by County staff. The Director's Office provides overall leadership, policy direction and oversight of all programs and services while supporting advocacy efforts at the state level to promote policy changes and increased funding. The Planning and Information Management staff promotes the use of technology and statewide benchmarking of services. The Site Planning and Resource Development staff provides vital residential and facility development work. The Quality Improvement staff focuses on implementing a detailed system-wide quality improvement plan with an emphasis on risk management, training, and human rights.

Normal business hours are Monday through Friday, from 8:00 a.m. to 4:30 p.m. The senior managers support numerous evening and weekend Board and Committee meetings.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 51-75 percent. See the January 2007 Mandate Study, reference pages 46-47 for the specific federal or state code and a brief description.

LOBS SUMMARY

106-02: CSB Prevention Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-02	*CSB Prevention Services*
Personnel Services	$1,137,661
Operating Expenses	$162,153
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,299,814
Federal Revenue	$507,823
State Revenue	$63,708
User Fee Revenue	$31,287
Other Revenue	$53,313
Total Revenue:	$656,131
Net LOB Cost:	$643,683
Positions/SYE involved in the delivery of this LOB	20 / 20.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

Fund 106
Community Services Board (CSB)

► LOB Summary

The Community Service Board's Prevention Services provides a comprehensive evidence-based continuum of services to individuals, families and communities at risk for alcohol, tobacco, and other drug (ATOD) abuse and/or mental health concerns. The goal of the service is to reduce the incidence of substance abuse and the impact of mental health problems in the community. Prevention services are ahead of the curve in the increasing emphasis on research and evidenced-based practices. The Fairfax-Falls Church CSB's services are nationally recognized. The Leadership and Resiliency and Girl Power Programs were invited to the National Prevention Network Research Conference in 2001, which is considered the preeminent national conference for current prevention research findings and proven program models. These programs directly address key individual and family risk factors through school and neighborhood-based initiatives. Prevention Staff are involved in major countywide prevention initiatives including the Prevention Coordinating Team, Prevention Strategy Team, and the Gang Prevention efforts.

Prevention Services provides outreach services to individuals and families in crisis reluctant to seek traditional services, and often provides the linkage to the appropriate level of care within Alcohol and Drug Services, Mental Health Services, or other appropriate County agencies and private/non-profit providers. Many of these individuals do not typically access traditional treatment services due to a number of factors, which include cultural norms, language barriers, inability to access services due to the nature of a disability, lack of transportation, fear of contact, and economic deprivation. Prevention Services focuses on building community capacity to deliver effective prevention programming and practices in an effort to increase the reach and impact throughout the community.

Recent initiatives have focused on partnerships with community based organizations and faith-based groups. These groups receive training, technical assistance and monitoring, and program evaluation support to implement a proven program with fidelity. Upon completion of the program, partner organizations receive a small stipend and often can continue to use program materials. This approach promotes a sustainable future for continued prevention services while increasing the capacity of community groups to implement effective prevention strategies.

All programs and practices are evaluated for effectiveness and programs that do not meet stated goals and objectives are retooled as a best practice approach to quality improvement.

Contract Management oversight is provided by CSB Prevention Services staff for capacity-building partnerships as well as grants distributed through the Virginia Tobacco Settlement Foundation which fund a number of private to implement prevention programs. Oversight includes on-site observations, clinical consultation, financial oversight, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

Leadership and Resiliency Program (LRP)

In FY 2008, expansion funds were allocated by the County to expand the Leadership and Resiliency Program (LRP) to 15 high schools by the end of the school year. LRP is a substance abuse and violence prevention program for high school students and participants discover and strengthen personal resiliency traits, including goal setting, healthy relationships and coping skills. Opportunities for continued expansion will be reviewed every two years based on success and fund availability. This program, created by the CSB, is a national model and has been replicated in over 60 communities across the country. LRP has received the following honors: a National Association

of Counties (NACO) Award (1999), a Washington Metropolitan Council of Governments Science-Based Prevention Program Award (2000), and a Governor's Recognition for Excellence Award (2000), and recognition as an Exemplary Model Substance Abuse Prevention Program by the Center for Substance Abuse Prevention (2001). LRP students have demonstrated reduced school absenteeism and school disciplinary reports, increased grade point averages by nearly a full point, and increased graduation rates.

This program has been consistently cited as an example of a successful Fairfax County Public Schools-Fairfax County Government collaboration.

Smart Kids Healthy Choices
In FY 2007, the Smart Kids Healthy Choices Initiative was launched as a prevention strategy to address gang and violence prevention concerns in the community. With over 30 partner sites, the project served 524 nine to 13 year olds. Evaluation results demonstrated significant increases in awareness and understanding of violence as well as improved attitudes and beliefs around the use of violence to solve problems.

Al's Pals
Al's Pals, a preschool substance abuse and violence prevention program, was implemented in 19 classrooms in four preschools/Head Start Programs in FY 2007. This initiative reached over 300 three to five year old children during the year. In FY 2008, the program is projected to reach over 500 three to five year old children in 35 classrooms at 12 preschool/Head Start centers.

The Wellness Discussion Series
The Wellness Discussion Series is designed to serve older adults in community locations throughout the community. The program offers structured topic areas including a focus on depression, wise use of medications and healthy lifestyles. In FY 2007, nearly 150 older adults participated in this program with extremely high rates of satisfaction in the program.

Girl Power
Girl Power is a substance use prevention and mental health promotion program serving at-risk girls, ages 10 to 15. Girl Power is a 32-week program that promotes a strong "no use" message about alcohol, tobacco and other drugs while providing opportunities for girls to build skills and self-confidence in academics, arts, sports and other endeavors. In FY 2007, 440 girls were involved in Girl Power with 22 partner organizations, and there were 220 attendees at the Girl Power Annual Conference. Girl Power was nominated as a Promising Program through the Center for Substance Abuse Prevention and received national recognition through a NACO Award in 2001.

Funding Sources:

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; Virginia Tobacco Settlement Grant; Fairfax County Public Schools; and revenues from organizations across the Country that purchase training and materials for the Leadership and Resiliency Program.

Fund 106
Community Services Board (CSB)

► Method of Service Provision

Programming includes services to children, adolescents, adults, families and older adults. Programming seeks to reduce risk factors associated with alcohol, other drug use and environmental mental health factors, while supporting resiliency factors in the individual, peers, family, community, school and workplace. Prevention Services also provides education, information and alternative programming to individuals, families, schools, businesses, civic groups and service providers. Programming includes targeted services across the lifespan.

- Individuals participate in a variety of activities, which include education, information dissemination, problem identification, referral services, alternative activities, policy changes and integration of the business community and community-at-large with federal and state laws related to underage availability of alcohol and tobacco.

- Evidence-based programming, or programming designed and implemented based on research that proves services are effective for similar populations, incorporates a three-pronged approach of education, alternative activities and community service.

- Intensive youth services are designed to interrupt the cycle of substance abuse, addiction, mental health problems, and violence. Services are provided in communities and schools and include collaborative efforts with the Fairfax County and Falls Church City School systems and Fairfax County Police Department.

Prevention Services are provided through a combination of directly operated and limited contracting services with Virginia Tobacco Settlement Foundation (VTSF) and capacity-building funds. These contracted services provide Al's Pals programming and the Smart Kids Healthy Choices initiative.

► Mandate Information

This LOB is federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.121 95%
- Code of Virginia Section 37.1220 5%

See the January 2007 Mandate Study, reference pages 56-57 for the specific federal or state code and a brief description.

106-03: Mental Health Adult and Family Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-03	*Mental Health Adult and Family Services*
Personnel Services	$16,742,215
Operating Expenses	$6,792,421
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$23,534,636
Federal Revenue	$1,515,790
State Revenue	$1,147,336
User Fee Revenue	$4,154,163
Other Revenue	$317,304
Total Revenue:	$7,134,593
Net LOB Cost:	$16,400,043
Positions/SYE involved in the delivery of this LOB	166 / 165.0
Grant Positions/SYE involved in the delivery of this LOB	18 / 16.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Mental Health Adult and Family Services provides a broad array of mental health services to adults with acute and/or serious, persistent mental illness and adults with co-occurring mental illness and substance use disorders.

Many of the individuals served have a history of psychiatric instability, psychiatric hospitalization, and a history of significant trauma, incarceration or involvement in the criminal justice system. They may also have multiple other needs such as physical illness, substance abuse, homelessness or risk of homelessness and poverty.

Services are recovery focused, individualized and include initial assessment, case management, psychopharmacology, individual, group, and family therapy, as well as psycho-educational and vocational services Services vary by duration and level of intensity according to risk issues and individual needs. Service intensity ranges from periodic case management and medication services to the intensive partial hospitalization programs.

In partnership with consumers, the goals of treatment are to:

- Stabilize mental health crises and symptoms;
- Facilitate individuals reaching optimal community integration;
- Assist individuals in managing reoccurrence of symptoms;

- Assist individuals in building resilience; and
- Promote self-management, self-advocacy and wellness.

Utilization reviews are conducted and outcome measures are in place to ensure efficient and effective services across the continuum of care.

Treatment is designed to meet individual needs in the least restrictive manner possible while addressing consumer and community safety. Specialized services are offered to individuals with needs related to aging, grief, sexual assault, domestic abuse, HIV-positive status, multicultural and multilingual factors, and co-occurring disorders such as mental illness and substance abuse and mental illness and mental retardation.

Services are provided by both County staff and contract agencies licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) at seven sites across the County. Service providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses, nurse practitioners and professional counselors. Some of these professionals are cross-trained and cross-credentialed in alcohol and drug treatment. Outreach services are provided to those individuals whose illness precludes their coming into one of the mental health sites. Treatment is coordinated with other agencies including: Department of Family Services, Child Protective Services, Adult Protective Services, Probation and Parole, Alcohol and Drug Services (ADS), Mental Retardation Services, Area Agency on Aging, the County Coalition on Domestic Abuse, Virginia Batterers Intervention Programs, County Homeless Shelters and Nonprofit Transitional Housing Programs.

The **Entry/Access Unit** is the primary "front door" for adults entering Mental Health Services. When a consumer calls requesting services, they speak with a worker in the Entry Unit who assesses their service request, obtains information about their resources and supports and evaluates the urgency of their needs via a risk assessment. A determination is made on the phone to refer the caller to Emergency Services, to the Access Team or to a community based option. When referred to the Access Unit, the Entry worker schedules them for an initial assessment within 2 to 10 business days. At the initial appointment, the Access clinician speaks directly with the person to assure an informative, positive and welcoming connection. The Access clinician functions as an expert assessor of the person's needs and risk level. They rapidly engage with the consumer and family to focus on immediate concerns, needs, and preferences. The consumer may meet their mental health needs with the Access worker and be discharged, be referred to a private provider, or brought into a longer term program in Mental Health Services.

The **Comprehensive Treatment and Recovery Program (CTR)** provides a range of outpatient services including assessment, crisis stabilization, case management and intensive case management, medication services, in-home or community based mental health support services, individual, group and family treatment, discharge planning, outreach, wellness/psycho-educational groups, family education and support to persons 18 years of age and over who have serious and persistent mental illness. These individuals may have a history of psychiatric hospitalization or are at risk for hospitalization. The major mental illnesses include schizophrenia, schizoaffective disorders, bipolar and other affective illnesses and severe personality disorders. Many of these individuals have co-occurring substance use disorders. Many will require a broad range of psychiatric, case management, rehabilitative, and support services periodically throughout their lifetime in order to achieve stability,

and maximize recovery. Community based outreach services are provided based on individual need, risk factors and resource availability. Intensive case management services are community based services which offer intensive wrap-around supports.

The **Older Adults and Their Families Program (OAFP)** provides evaluation, treatment, case management, consultation, and support to older adults and their caregivers in Fairfax County. Program services are available to any person 60 years of age or older and to relatives, friends, or other adults who live with or have concerns for older persons. Geropsychiatric evaluations, medication treatment, individual, family, couples and group counseling, consultations, crisis intervention and coordination with specialized community resources are available. Rapid response outreach is available within 3 to 5 business days to engage medically frail clients who are reluctant to seek help, or to provide, upon request from staff of other agencies, professional impressions of older clients who may be at risk or in danger due to mental illness. Rapid response is also available to the Fire Marshall when older adults face eviction because their hoarding behavior has created a serious fire hazard in their homes.

Older adults receiving services may have a history of severe and persistent mental illness or may be experiencing severe depression or anxiety associated with the effects of physical illness, disability and the onset of dementia. There is an increasing co-occurrence of substance use disorders along with psychiatric and physical illness.

OAFP staff provides consultation to Day Health Centers, Senior Living Centers, nursing homes, Assisted Living Centers and hospitals in managing participants' behavior and assessing for possible mental illness. OAFP staff provide therapeutic support services and community education through ongoing groups in senior residences, health, and recreation center settings, as well as lectures and workshops for persons concerned with problems of aging and caregiving. OAFP staff also provides Employee Assistance Program consultations to Fairfax County employees facing older adult issues. Specialized multi-cultural mental health services for non-English speaking older adults and their caregivers are offered at the CSB's Seven Corners site.

Medication Services:

- **CTR** offers medication services to individuals experiencing symptoms of mental illness or who require ongoing medication to sustain symptom relief. Psychopharmacology services are provided by psychiatrists and nurse practitioners, and are usually offered in collaboration with other mental health services offering a comprehensive approach to managing mental illness. Medication can, along with other psychotherapeutic support and case management services, assist individuals in living comfortably and successfully in their community. CTR Medication Services also work to obtain needed medications for individuals unable to pay; a number of resources are utilized including pharmaceutical company indigent care programs, the Community Resource pharmacy, insurance programs, private self-pay resources, and Fairfax County subsidy.

- **OAFP** offers specialized psychiatric coverage by psychiatrists able to manage the medication needs of the elderly. These program clients frequently have multiple co-occurring physical disorders, dementia, and a complicated response to psychotropic medications.

- **Discharge Planning:** This includes an array of services that focus on successful reintegration and community transition for persons with mental illness being discharged from a psychiatric facility. Assessment, treatment coordination, and extensive discharge planning and collaboration are provided in partnership with consumers at Northern Virginia Mental Health Institute, Western State Hospital and Eastern State Hospital. Additionally, these services are provided to consumers at several private psychiatric hospitals that participate in a state-funded private bed purchase agreement. Teleconferencing and contracting with other Community Services Boards for recommitment prescreening are utilized to assist in the discharge planning process when a state facility is out of the Northern Virginia area.

- The **Adult Partial Hospitalization** Program is a directly operated CSB program offering an array of intensive services for adults with serious and persistent mental illnesses. These two programs which provide short-term (average stay of up to 12 weeks), highly structured stabilization, evaluation and treatment to individuals at direct risk of being psychiatrically hospitalized or in the process of being discharged from a hospital. The programs use a group treatment focus with adjunctive individual treatment, family support groups, psychopharmacology services and medications, crisis intervention, social and community skills training, vocational guidance and case management. Individuals served in the Partial Hospitalization Programs require this intensive treatment (four to six hours daily) to stabilize and remain in the community. These individuals often have co-occurring substance use disorders and/or developmental disabilities.

- **Psychosocial rehabilitation services** are provided by Psychosocial Rehabilitation Services, Inc. (PRS), a contractually operated program providing community-based services to adults with serious mental illness in the Northern Virginia Region. The comprehensive and individualized services provided by PRS, Inc. include the following: rehabilitation and structured activity services, intensive case management, dual-diagnosis services, psychiatric disability management services, deaf services and mentoring services. The goals of psychiatric rehabilitation services are to reduce the need for hospitalization, develop social relationships, prepare for independent living, secure and sustain employment, promote good physical health and promote appropriate education.

- **Vocational services** are provided by PRS, Inc., Service Source, (also a contractually operated program) and Virginia Department of Rehabilitation Services. There is a close partnership between providers, consumers and case managers. An extensive array of vocational and pre-vocational services is provided, as well as job follow-along supports when individuals become employed.

Transportation to and from the programs is an essential service for the individuals who participate in psycho-social rehabilitation services. The CSB provides transportation through FASTRAN, a bus service operated by the Fairfax County Department of Community and Recreation Services.

The Program of Assertive Community Treatment (PACT) is a multidisciplinary outreach-based treatment team providing comprehensive psychiatric, rehabilitation and support services to persons with mental illness who have symptoms and impairments that interfere with their daily lives and which are not effectively treated in office-based programs. The goals of the program are to enable individuals who may otherwise suffer hospitalization, homelessness, or incarceration to instead live

independently and productively in the community in which they live and work. The PACT Team accomplishes this goal by providing individually-tailored life skills teaching, vocational, substance abuse, psychiatric nursing, medication, discharge planning, emergency, and peer-to-peer and family support services which equip individuals to live in recovery from mental illness and co-occurring substance use disorders.

Domestic Abuse and Sexual Assault Programs:

- The **Victim Assistance Network (VAN) Program** is a state-certified sexual assault center (and, along with the Women's Crisis Shelter, part of a state-certified County domestic abuse program). VAN provides services to survivors of domestic violence and sexual assault through crisis intervention and stabilization, counseling, a 24-hour crisis hotline, advocacy service (to hospital, police, magistrate, and courts), and support groups. Specialized professional individual counseling services are provided to sexual assault survivors who need assistance in dealing with the acute and long-term adjustment phases of rape trauma syndrome and to children and youth who are victims of non-family sexual abuse. Limited individual domestic abuse counseling is made available through graduate interns. VAN trains and supervises volunteers to provide community-based support groups for abuse survivors and parents of sexually assaulted children.

  VAN provides community education programs on domestic abuse and sexual assault to other service providers, hospitals, police, human service agencies, teens and their families, and community groups. VAN staff participate with the following organizations in a coordinated community response to domestic abuse and sexual assault: INOVA Fairfax Hospital Domestic Abuse Council, the Fairfax County Network Against Family Abuse, Office for Women Legal Round Table, Virginians Against Sexual Assault, Virginians Against Domestic Violence, the Region II Domestic Violence Community Resource Council, the Northern Virginia Batterers Intervention and Anger Management Providers Group, the Coalition for Treatment of Abusive Behaviors, and the Fairfax County Child Sex Abuse Team. VAN staff provides clinical intervention and consultation through outreach efforts to Adolescent and Adult Detention Centers, Homeless Shelters, Teen Centers, Police Roll Calls, Alternative Schools, Senior Centers, Girl Scout Troops, and the Department of Family Services Foster Care and Child Protective Services.

- The **Anger and Domestic Abuse Prevention and Treatment (ADAPT) Program** is a state-certified program, providing specialized treatment to men and women who have difficulties regulating anger and other emotions and have frequently been physically or emotionally abusive to intimate partners or family members. Many clients are referred by local courts and child protective services agencies for domestic abuse with partners, spouses, children, parents, and siblings, as well as chronic anger and road-rage. Services offered are clinical assessment and screening for mental illness and substance abuse, an eight-week anger management group, and an eighteen-week psychoeducational and treatment group. Clients are seen on a weekly to monthly basis between the assessment and entry into a group. Client partners are offered a partners' orientation group where they receive information on the program, relationship safety planning, and appropriate referrals. ADAPT provides regular reports to Probation and Parole officers and collaborates with other service providers. Clients are taught self-regulation strategies through lecture, videotape, demonstration, and weekly homework assignments which are evaluated. ADAPT promotes emotional self-

regulation and individual responsibility instead of blame, coercion, and aggression. Participants are taught to self-assess the role of alcohol and drug use in their lives.

- **Volunteer Services -** During the past fiscal year, volunteers provided the Domestic Abuse and Sexual Assault Programs with 8,658 hours of service on the 24-hour Crisis Hotline, facilitating Domestic Abuse and Sexual Assault Support Groups, and providing Domestic Abuse and Sexual Assault Community Education under staff supervision.

- The **HIV Program** is a grant-based (Ryan White Grant) adult program for persons diagnosed as HIV-positive or AIDS involved. The program is designed to serve indigent clients with no other financial means (which includes Medicaid and Medicare) of affording treatment. The program serves HIV-positive individuals, in all stages of the disease, with mental health issues; these individuals may also have co-occurring substance use disorders. These complicated cases often require case coordination with the local health department and other agencies/individuals needed to stabilize the person's condition. Given the nature of the illness, the level of treatment may begin only with support and case management but will invariably require dealing with the psychiatric crises and functional dementia associated with advanced AIDS.

- The **Deaf Services Program** provides specialized counseling to persons with hearing loss and their family members. The staff is fluent in American Sign Language and have specialized training in the psychosocial aspects of hearing loss. The caseload includes those residents who are deaf, hard of hearing, deaf blind or late deafened. Services are provided to clients of all ages with varying degrees of mental illness.

  The Deaf Services Program is regional and involves liaisons with Prince William, Alexandria, Arlington, and Loudoun Community Services Boards, as well as with the State Coordinator of Deaf, Hard of Hearing, Deaf Blind, and Late Deafened in the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons (NVRD). Clients may come from any catchment area in Fairfax County as well as from the above mentioned Community Services Boards in Northern Virginia for services. Consequently, working with these clients involves linkage and collaboration with appropriate disability related resources, such as the Deaf Unit at the Psychiatric Rehabilitation Center, the Regional Counselor for the Deaf at the Department of Rehabilitation and the Regional Counselor for the deaf blind at the Department for Blind and the Vision Impaired. Most services are provided at the Springfield Mental Health Center site.

- The **Grief Crisis Program** provides grief counseling and support groups for people who have experienced the death of a significant person in their lives. Services are provided to children, adolescents, and adults who have lost a relative to suicide, murder, traumatic accident or terminal illness. The program provides consultation, education and professional staff trainings on issues of death and dying to individuals, families, community organizations and other human service providers. Debriefings following unexpected deaths are provided to neighborhoods, schools, communities and businesses. The program provides supervision to, and makes extensive use of, both students and volunteers to expand service capacity.

Community Outreach:
Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings.

Initiatives and Accomplishments:

- **Medication Services Initiatives**

  Nurse Practitioners are being integrated into many of the medication services in the CTR and Partial Hospitalization Programs. The role of the Nurse Practitioner has enhanced and expanded the capacity to provide medication services as well as offer more comprehensive assessments and monitoring of medical conditions; which contribute to the complexity of the needs of the consumers.

  Licensed Practical Nurses are also being integrated into the medication service programs to perform necessary duties that do not require a more advanced nursing degree. This has allowed for expanded capacity of the professional nursing staff and maximizes existing medical and nursing resources.

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- **Multicultural and Multilanguage Initiatives –** The population of Fairfax County has become increasingly diverse. Individuals in need of mental health services are similarly diverse in their countries of origin and language. Several programs in Adult and Family Services, through recruitment and programming effort, have developed an increased capacity for multicultural and multi-language treatment. Additionally, the CSB has contracted with the Center for Multicultural Human Services, as a means of expanding capacity to provide service to this growing population.

- **The Access Unit** was created due to unacceptably long waits for an assessment appointment. Based on research into improving access for consumers this approach brings people in to be briefly assessed prior to making a service placement decision. There are significant benefits to the Access approach. There are far fewer cancellations of first appointments, an assessment can begin within 2 to 10 business days, and consumers that have their mental health needs met in a brief period of time do so without being admitted to more intensive services. The Access design accounts for this in its rapid response to consumers, streamlined processes and paperwork, the richness of the dialogue about options, and the efforts to offer a positive experience that engages the consumer now or creates the context for a return in the future. Assertive outreach is done, as indicated by consumer need. The remaining consumers that enter into longer term treatment programs are more likely to engage in treatment and benefit from treatment.

- **Intensive Case Management Initiatives –** Through the use of Medicaid funds, a small, intensive case management team has been developed. This team is able to offer community-based, intensive wrap-around services at a level of intensity and frequency that is not normally available to consumers within the CTR program. This program has been successful in assisting consumers in meeting and sustaining their goals toward recovery and community living.

- **Research or Evidence-Based Treatment Initiatives -** Both CTR and Partial Hospitalization have designed and implemented groups for individuals with Borderline

Personality Disorder based upon the research of Marsha Linehan. The approach is a modified Dialectical Behavior Therapy treatment process addressing the needs of a high-risk population to develop emotional regulation skills, learn interpersonal behaviors appropriate to the workplace, and to develop resistance to impulsive, substance abuse, self-destructive and suicidal behaviors. This approach has been successful throughout the country and allows Adult and Family Services programs to bring state-of-the-art treatment to County residents with mental illness.

With the growing understanding of the biological nature of psychiatric illness and the powerful interplay between emotions and physical well-being, CTR has developed psycho educational groups for consumers and their families that cover:

- medication;
- side-effects of medication;
- nutrition;
- exercise and fitness;
- self-care;
- symptom management;
- responding to family members with mental illness; and
- how to achieve maximum benefit from the mental health treatment process.

PACT Accomplishments:

- PACT reduces homelessness in both the short and long term. Approximately 75 percent of PACT consumers are homeless at the point of admission, but, according to current figures, only 10 percent remain homeless. PACT has served 44 individuals in PACT supported and subsidized apartments in FY 2007 and, of those, 69 percent have successfully moved into their own independently leased apartments with federal subsidies.

- Although rates of employment among the disabled population served by PACT are historically very low, through the program's support, 28 percent of those currently receiving services have been able to gain employment, enroll in school or start volunteer work.

- PACT's peer specialist participated in the first ever national conference of the National Association of Peer Specialists. As one of the first local certified Wellness Recovery Action Plan (WRAP) facilitators, PACT's peer specialist has assisted several PACT consumers to develop their own WRAP plans and has helped other programs within Mental Health Services adopt more recovery-oriented approaches to service-delivery.

- As a designated mentor site, the PACT Team provided consultation for a number of other PACT programs around the state.

In December 2006, **The ACT Program** underwent an intensive, three-day federal program review as part of the requirements for its Ryan White Grant status and received an exceptional score based on nationwide standards.

- The **Older Adults and Their Families Program (OAFP)** arranged for expert training to be brought to Fairfax County for staff in AOP, CSP, Adult Partial Hospitalization and Residential Services on treatment for individuals with severe hoarding behavior. These individuals often come to the attention of Mental Health Services through the Fire Marshall, Health Department, Police and Adult Protective Services for severe hoarding and concomitant failure to maintain a safe and healthy home environment. Following the training, a group to treat hoarding behavior was begun at the Reston Human Services Site and is co-led by clinicians from AOP and OAFP. The group is available to clients from these programs, as well as CSP. Individuals participating in the group are at risk for hospitalization, loss of custody of their children, eviction and homelessness. The group reflects a state-of-the-art approach to this complex and dangerous disorder.

- **Domestic Abuse and Sexual Assault Programs Initiatives** - VAN and ADAPT have recently received recognition through an award for their work from the Fairfax County Domestic Violence Coalition. ADAPT has been Certified by the Commonwealth of Virginia as a Domestic Abuse Batterer's Intervention Program. ADAPT has completed an outcome study with the assistance of Virginia Tech demonstrating positive client change after receiving program services. VAN has maintained existing sexual assault state grants in an increasingly competitive process and has received new grants from the Virginia Department of Criminal Justice Services for outreach and program evaluation activities.

- **Volunteer Services** placed an average of 152 volunteers in 21 Mental Health Services Programs during FY 2007 for a total of 12,343 hours of service. According to the Virginia Employment Commission, the average hourly value for volunteer time is $17.79. Based upon this calculation, Mental Health Services received $219,582 worth of support from the community in the past fiscal year.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Mental Health Federal Block Grant for Persons with Serious Mental Illness; the Virginia Department of Criminal Justice Services for federal sexual assault and domestic violence grants; Northern Virginia Regional Commission (NVRC) for Federal HIV Services; Medicaid State Plan Option, and fees from clients, insurance companies and Medicare.

► Method of Service Provision

Services are provided in both directly operated and contracted programs.

Adult Community Treatment and Recovery Program (CTR): Multidisciplinary staff are available at five mental health sites throughout the County. Office-based services are available Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Clients may need to use Emergency Services that are available 24 hours a day, seven days a week.

Older Adults and Their Families Program (OAFP): Services are available at four sites (Reston, Lincolnia, Mt. Vernon IMP, and Woodburn) Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Treatment is offered at the homes of persons unable to get to these sites because of physical incapacity.

Partial Hospitalization Programs: These two programs, located in the Reston and Mount Vernon areas, operate Monday through Friday from 8:00 a.m. to 5:00 p.m., plus scheduled evenings. Each program has a dedicated van that allows staff to pick up and return clients to their homes throughout the County.

PACT: Services are directly operated and licensed by DMHMRSAS. Services are available Monday through Friday for 12 hours a day, Saturday, Sunday, and Holidays for 8 hours a day, plus on-call response 24 hours a day, seven days a week (including holidays).

Victim Assistance Network (VAN): Counseling, education, training and consultation services are available Monday through Friday from 8:00 a.m. to 9:00 p.m. Hotline and advocacy services are provided 24 hours a day, seven days a week.

ADAPT: The ADAPT program is offered in three locations: Woodburn, Mt. Vernon, and Chantilly. Program hours are Monday through Friday from 9:00 a.m. to 9:00 p.m. Initial appointments are scheduled through the Entry and Referral office at one of three locations. In conjunction with the Women's Shelter, hotline services are provided 24 hours a day, seven days a week.

HIV Positive: Based at the Mt Vernon Center, this program utilizes support from other Northern Virginia CSBs, which collectively supported the establishment of a regional, rather than individual, program. Program staff manages the existing caseload at Mt. Vernon, as well as performing community-wide outreach on a flexible schedule.

Deaf Services Program: Multidisciplinary staff are available at the Springfield Mental Health Center. Office-based services are available Monday, Wednesday, and Thursday from 8:00 a.m. to 4:30 p.m., Tuesday from 9:00 a.m. to 9:00 p.m., and Friday from 8:00 a.m. to 12:00 p.m. Clients may need to use Emergency Services, which are available 24 hours a day, seven days a week. A sign language interpreter is used for communication access.

Grief Services Program: Counseling services in grief, loss and death are provided by 1/0.5 SYE specialist, who manages a flexible schedule to be available when needed. This professional also provides supervision to students and volunteers who give their time to the Program.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy these mandates is 26-50 percent. See the January 2007 Mandate Study, pages 49-55 for the specific state code and a brief description.

106-04: Mental Health Adult Residential Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-04	*Mental Health Adult Residential Services*
Personnel Services	$7,502,946
Operating Expenses	$6,674,745
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$14,177,691
Federal Revenue	$0
State Revenue	$2,969,571
User Fee Revenue	$1,981,775
Other Revenue	$212,599
Total Revenue:	$5,163,945
Net LOB Cost:	$9,013,746
Positions/SYE involved in the delivery of this LOB	84 / 83.5
Grant Positions/SYE involved in the delivery of this LOB	9 / 8.5

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Mental Health Adult Residential Services provides mental health services to adults with serious mental illness and adults with co-occurring mental illness and substance abuse disorders. Consumers receive services in an array of residential programs designed to address their needs. The mission of Adult Residential Services is to help consumers maintain and/or improve levels of functioning by tailoring treatment and support services to match consumers' existing strength and functioning.

Services include assessment, case management, health education, medication prescription/management and monitoring, recreational and social activities, daily living skills training, dual diagnosis treatment, individual/family/group therapy, outreach and linkage, roommate mediation and crisis intervention and management. Adult Residential Services provides treatment to the mandated population of adults who meet the adult mental health priority population as determined by the State Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), as well as case management services as mandated by the Code of Virginia.

Individuals served in these programs have experienced homelessness, acute psychosis, multiple hospitalizations, abuse/neglect and/or violence, suicide ideation and/or attempts, severe family problems, educational and/or vocational limitations and economic deprivation with limited or no independent living skills. These individuals are not able to independently acquire and maintain decent housing. Services are provided in a broad continuum that enhances treatment integrity by allowing for matching appropriateness of the individual to the type of individual service.

Highly Intensive Treatment Services
These programs provide overnight care/management in conjunction with intensive treatment and training. Services include mental health and/or substance use treatment, crisis stabilization and serve as residential alternatives to hospitalization since they provide intensive treatment rather than just supervision. Co-occurring programs assist with reducing and eliminating the effect of alcohol or other drugs in the body in a specialized non-medical facility with physician services available when needed. Staff are onsite 24 hours a day, seven days a week.

- The **Franconia Road Treatment Center** provides 24 hours a day onsite highly intensive treatment and support services to adult males, 18 years of age and older, with co-occurring serious mental illness and substance use disorder. This is a transitional program with up to eighteen months length of stay.

- The **Residential Extensive Dual Diagnosis Program** provides 24 hours a day onsite highly intensive treatment and support services to adult females, 18 years of age and older, with co-occurring serious mental illness and substance use disorder. This is a transitional program with up to eighteen months length of stay.

- The **DAD Regional Group Home** offers permanent housing for male and female consumers needing ongoing 24 hours per day, highly intensive treatment and support services. Consumers are 18 years of age and older with serious mental illness. These services are contractually operated.

Intensive Treatment Services
Group Homes are facilities of five or more beds owned or leased by the Community Services Board that provide 24 hour onsite supervision for individuals who require training and assistance in basic daily living functions such as meal preparation, personal hygiene, transportation, recreation, laundry and budgeting.

- The **Patrick Street** and **Beacon Hill Transitional Group Homes** offer a 24 hours a day supervised environment to male and female consumers with serious mental illness. These consumers are 18 years of age and older who are being discharged from hospitals or institutions or reside in the community, but lack basic independent living skills to reside independently in the community. This is a transitional program with up to eight months length of stay.

- The **Leroy Place** and **Calamo Street Permanent Group Homes** offer permanent housing to male and female consumers with serious mental illness needing 24 hours a day on-site treatment and support services. Consumers are 18 years of age and older and in need of ongoing services. These services are contractually operated.

- **Dual Diagnosis Cornerstones** – (Adult Residential Services provides mental health staff to the Dual Diagnosis Cornerstones program.) The Dual Diagnosis Cornerstones program provides 24 hours a day onsite highly intensive treatment and support services to male and female adults, 18 years of age and older, with co-occurring mental illness and substance use disorders. This is a residential treatment program with up to six months length of stay.

Supervised Services
These programs are licensed residential programs that place and provide services to individuals in units that are owned, rented, leased or otherwise controlled by the CSB. The length of stay exceeds 30 days but is less than 24 months. The programs offer overnight care in conjunction with supervision and services, and include the following:

- **Supervised Apartments or Townhouses** are licensed residential programs that place and provide services to individuals in units that are owned, rented, leased or otherwise controlled by the CSB. The length of stay exceeds 30 days but is less than 24 months.

- The **Transitional Therapeutic Apartment Program** provides residential treatment in a stable, supportive, therapeutic setting in which consumers with a psychiatric disorder learn and practice the life skills needed for successful community living, and ultimately transition into the most manageable independent living environment. Consumers are males and females, 18 years of age and older, with a serious mental illness. This is a transitional program with up to 24 months length of stay.

- The **Residential Intensive Care Program** provides onsite daily monitoring of medication, psychiatric symptoms, daily counseling, treatment and support in a stable, supportive and therapeutic setting in which male and female consumers with serious mental illness can develop the needed skills for self-sufficiency. Consumers are males and females, 18 years of age and older, with a serious mental illness. This is a transitional program with up to 24 months length of stay.

- **Group Homes Extension Apartment Beds** are designed to assist consumers in their transitioning from group homes to a more independent living environment. This program has been designed to allow consumers the opportunity to live in the community while maintaining a supportive connection to group home programs. Consumers are males and females, 18 years of age and older, with serious mental illness. This is a transitional program with up to 24 months length of stay.

Domiciliary Care
Domiciliary Care provides food, shelter and assistance in routine daily living in facilities of five or more beds. This is primarily a long-term setting with an expected length of stay exceeding 30 days. Domiciliary care is a less intensive program than a group home or supervised apartment, since the program does not provide treatment or training.

- The **Stevenson Place Assisted Living Facility** provides long-term placement and services to the neediest consumers with serious mental illness. Consumers are male and female adults, 18 years of age and older, with multiple medical and psychiatric issues. This program is contractually operated.

- **Fairfax Community Residences** provides services to clients with mental illness, mental retardation and physical disabilities. This program provides long and short term residential care, as well as case management, crisis stabilization and community support. This program is contractually operated.

- The **Oconomowac Development Training Center** is a contract agency that specializes in providing residential and school programming to children, adolescents and young adults with dually diagnosed developmental disabilities and emotional disturbances. This unique program focuses on developing adult independent living skills, positive self-image, behavior management and weight and food control for individuals diagnosed with Prader-Wili Syndrome.

- **Cardinal House** is an Assisted Living Facility contract service that specializes in serving adults with mental illness. This program provides residential support and offers residents the opportunity to participate in meaningful non-recreational activities, paid work, opportunities to participate in volunteer work and use of recreational facilities in the community.

- **Tall Oaks** is an Assisted Living Facility contract service that provides assessment of medication, quarterly care meetings, assistance with hygiene and mobility, rehabilitation services and social and recreational services.

- The **Learning Services Corporation** is a national contract agency that specializes in comprehensive community integrated post acute neuro-rehab services for those with acquired brain injury. This program provides long-term residential rehabilitation, day treatment, outpatient services, and supported living services for people with traumatic brain injury and includes a vocational and respite component.

Supportive Services
This program provides unstructured services that support individuals in their own housing arrangement and normally does not involve overnight care.

Supported Living Arrangements are residential alternatives not included in other types of residential services. Staff assists individuals to locate or maintain residential settings where the CSB does not control access to beds. The focus may be on assisting the individual to maintain an independent residential arrangement.

- The **Supported Shared Housing Program PH/PBS8/FCRP** is jointly operated by Department of Housing and Community Development and Mental Health Adult Residential Services. Consumers of mental health services acquire long-term permanent subsidized units through the Department of Housing and Community Development. Adult Residential Services staff assists consumers receiving mental health services to acquire and maintain housing that is safe, decent, and affordable.

- The **Supported Housing Option Program** is jointly operated by Pathway Homes and Mental Health Adult Residential Services. Most of the units in this program are funded by Shelter Plus Care Grants through the HUD Continuum of Care process. Consumers of mental health services acquire long-term subsidized units through Pathway Homes' HUD funding. Adult Residential Services and Pathway Homes staff assist consumers receiving mental health services to acquire and maintain housing that is safe, decent and affordable.

- **HUD McKinney Housing** is contractually operated by Pathway Homes and Psychiatric Rehabilitation Services. These units are funded by Permanent Supported Housing Grants through the HUD Continuum of Care process. Consumers of mental health services acquire

long-term permanent housing and support through contract agencies. Staff assists consumers to maintain housing and provide the needed services to maintain their psychiatric stability.

- **Individual/Family Home -** Consumers residing in their Individual units or Family Home require ongoing assistance in order to maintain their housing. These consumers were able to acquire Public Housing or Section 8 units through the Department of Housing and Community Development. Adult Residential Services staff provides consumers the needed treatment and support services.

Community Outreach:
Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings.

Initiatives and Accomplishments:
The following programs have been initiated over the last four years (Calendar Years 2004 through 2008): Dual Diagnosis program for females, Supported Shared Housing programs with the Department of Housing and Community Development, Expansion of HUD Shelter Plus Care program, Residential Intensive Care program, Expansion of the Extension Apartment Beds program, Assisted Living Facility, an Intensive self-contained Dual Diagnosis program, a Housing First model program and a mobile Community Treatment Team.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Project for Assistance in Transitioning from Homelessness (PATH) Federal Block Grant; the Northern Virginia Mental Health Institute for discharge assistance/aftercare; Medicaid State Plan Option and fees from clients and insurance companies.

► Method of Service Provision

Services are provided by directly operated and contracted programs licensed by DMHMRSAS.

A designated staff is assigned to on-call duty after normal work hours to address emergencies in programs that do not have staff onsite 24 hours a day, 7 days a week and 365 days a year. Emergency Services are available to consumers in these programs 24 hours a day, 7 days a week and 365 days a year.

- Franconia Road Treatment Center, Residential Extensive Dual Diagnosis and Cornerstones are designed to serve dually diagnosed consumers (serious mental illness and substance abuse). Staffs are onsite 24 hours a day, 7 days a week and 365 days a year.

- DAD Regional Group Home, Patrick Street, Beacon Hill, Leroy Place and Calamo Street Group Homes are designed to serve consumers with serious mental illness. Staffs are onsite site 24 hours a day, 7 days a week and 365 days a year.

- The Transitional Therapeutic Apartment Program is designed to serve consumers with serious mental illness. Staffs make three to four contacts weekly, at least one contact occurring onsite.

- The Residential Intensive Care Program is designed to serve consumers with serious mental illness that are in need of more intense treatment than in a supervised apartment program and less treatment than in a 24 hours a day group home. Staffs are onsite twice a day, in the morning and evening.

- Group Home Extension Apartment Beds is designed to serve consumers with serious mental illness transitioning from the group home. These consumers are able to maintain daily contact with group home staff. Group home staff provides onsite contact three to five times a week, daily when necessary.

- The Stevenson Place Assisted Living Facility is designed to serve consumers with serious mental illness needing ongoing support. Adult Residential Services staff provides onsite case management, therapy and medication management to these consumers Monday through Friday from 8:00 a.m. to 5:00 p.m. and some evenings until 9:00 p.m.

- Fairfax Community Residence, Oconomowac Development Training Center, Cardinal House, Tall Oaks and Learning services Corporation are contract agencies with programs designed to meet special needs of mental health consumers. Services are provided daily.

- The Supported Shared Housing Program, Supported Housing Option, HUD McKinney Housing and Individual/Family Home programs are designed to provide flexible services to consumers with serious mental illness. The frequency of onsite contacts and weekly contacts are based upon individual functioning and needs. Contacts vary from three contacts per week to 40 hours of contact per week.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy these mandates is 1-25 percent. See the January 2007 Mandate Study, pages 49-55 for the specific state code and a brief description.

106-05: Mental Health Youth and Family Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-05	*Mental Health Youth and Family Services*
Personnel Services	$7,784,847
Operating Expenses	$4,183,795
Recovered Costs	($151,174)
Capital Equipment	$0
Total LOB Cost:	$11,817,468
Federal Revenue	$284,858
State Revenue	$711,416
User Fee Revenue	$2,192,376
Other Revenue	$140,265
Total Revenue:	$3,328,915
Net LOB Cost:	$8,488,553
Positions/SYE involved in the delivery of this LOB	83 / 82.5
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Mental Health Youth and Family Services provides a broad array of mental health services to children and youth with serious emotional disturbances (SED) and at-risk (AR) children and their families. Some families present with such complex problems that they can only be served in a large clinical organization and through extensive collaboration among the various child-serving agencies.

Many of these children and youth have a history of:

- psychotic episodes;
- psychiatric hospitalization;
- involvement with the juvenile justice system;
- exposure to violence;
- abuse and neglect;
- out of control and aggressive behaviors;
- suicidal ideation and/or suicide attempts; and
- exposure to serious disturbances in their care takers.

Services include assessment, individual, group and family therapy, pharmacological therapy, case management, psycho-education, day treatment, in-home services and out-of-home respite and residential services to children ages three to 18 years. The requirement for interagency collaboration and the sharing of intervention efforts has become a standard of care and is mandated by the federal Comprehensive Services Act. Services vary by duration and level of intensity according to the family's needs. Service intensity ranges from periodic case management and medication maintenance to residential programs. Youth and Family Services provides treatment to the mandated population of children and adolescents who meet the child and adolescent priority population as determined by the State Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). It also provides case management and discharge planning services as mandated by the Code of Virginia.

Services are provided at five outpatient sites, three residential sites, the Juvenile and Domestic Relations District Court, the Less Secure and Secure Juvenile Detention Facilities and in Fairfax County Public Schools (FCPS). Service providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses and professional counselors.

Treatment is coordinated with other agencies including: the Department of Family Services (Child Protective, Foster Care and Family Services), the Juvenile and Domestic Relations District Court, Community and Recreation Services, the Fairfax County Health Department, Alcohol and Drug Services, Mental Retardation Services, FCPS and community-based child serving agencies. Youth and Family Services actively participate in the system of care with the Comprehensive Services Act (CSA) program under the auspices of the Community Policy and Management Team (CPMT).

Youth and Family Services provide contract management oversight through case management, clinical consultation with other agencies, direct contact with families and providers and participation in the CSA process. In-home services, respite services and the Mental Health Initiative residential services are provided through contracts, as are newly authorized outpatient services.

The design of the program recognizes the range of service needs of children and their families. The programs fit along a developmental continuum, as well as a level of intensity and duration of service.

The programs within Youth and Family Services are as follows:

- The **Continuing Care Program** serves families whose children and youth ages seven through 18 (or high school completion) require ongoing Mental Health services due to persistent, serious emotional disturbances. Over time, youth and their families typically experience multiple interventions and multi-agency involvement, as well as psychiatric hospitalizations, residential treatment and use of psychoactive medications. The child or youth evidences significant impairments in one or more activities of daily living.

- The **Focused Care Program** serves children and youth ages seven through 18 (or high school completion) whose families are available to engage in Mental Health services aimed at a specific problem or issue. The family has the resources to maintain itself successfully in the community and the impairments of the children and youth are not debilitating enough for the family to seek ongoing care. The family may request services episodically to resolve problems as they arise.

- The **Infant/Early Childhood Program** serves at-risk infants, toddlers, and pre-school through early elementary grade children ages birth through age seven and their parents. The array of services is designed to support and guide parents in improving their parenting capacity to enhance their children's development, and/or treat children who are developmentally compromised, at-risk of or victims of abuse, or have the potential to become Seriously Emotionally Disturbed and are at risk of multi-agency interventions. This program provides direct treatment services in eight of the FCPS' non-categorical pre-school programs.

- The **Intermediate Care Program** provides a range of treatment services, including Home Based, Intensive In-Home and Out-Of-Home Respite services, through contracts with private providers and the Adolescent Comprehensive Day Treatment Program in collaboration with FCPS. Families served by the program are involved multiple times weekly in treatment designed for seriously emotionally disturbed children and adolescents who may be treated at this intermediate level of care rather than through residential or inpatient care. Transportation is provided for youth in the Day Treatment Program by a CSB van and through FASTRAN, Fairfax County Community and Recreation Service's transportation service.

- The **Mental Health Resource Program** provides Mental Health expertise, support and guidance to families who are in treatment with non-CSB mental health providers and are involved with child-serving agencies such as the Courts, Schools and Family Services. The program operates primarily by joining agencies and families in Child Specific Teams. The Resource Program manages the Mental Health Initiative with funding from the State. Discharge planning for the Commonwealth Center for Children and Adolescents is a function of this program.

- The **Child Abuse Program** provides assessment, evaluation and treatment preparation services for families involved with the Department of Family Services and the Juvenile and Domestic Relations Court by reason of abuse and neglect allegations. The team evaluates the family, interacts with other agencies in developing intervention strategies and provides expert opinion to the Court.

- The **Youth Residential Program** directly provides residential care for at-risk and seriously emotionally disturbed youth in one facility, Sojourn House, which serves adolescent females primarily in the custody of the Department of Family Services for reasons of abuse and neglect. In addition, Alternative House, a contract agency, provides shelter to runaway or "at risk of runaway" youth. During calendar year 2006, an RFP was offered and successfully bid upon to provide short-term residential crisis intervention to male and female youth and their families. This facility, Leland House, was opened in January 2007, is a contracted eight bed facility for youth ages 12 to 17. While not directly operated, the CSB is the primary County agency to provide oversight and liaison to the facility thru the Community Policy and Management team (CPMT).

- The **Juvenile Forensic Program** provides mental health diagnostic services and crisis intervention to children and youth before the Juvenile and Domestic Relations District Court by reason of runaway, out of control and truant behavior, and criminal activities. The

program also provides dual diagnosis treatment to youth sentenced to the Juvenile Detention Facility. The Model Court endeavor is assigned to this program.

Community Outreach:
Public forums are held for community members/interested citizens featuring staff presentations on mental health issues of interest at open luncheons and other meetings.

Initiatives and Accomplishments:
Youth and Family Services completed a redesign, resulting in a clearly defined continuum of program services offered County-wide. The redesign effort took into account the changing requirements for services over the years. The following factors were taken into account: Fairfax County's population increase, the increased capacity of other child-serving agencies, the increased severity of disorders in children and families in the County, and the increased demand for interagency collaboration.

Youth and Family Services is participating in the Model Court Pilot designed to front-load services and engage families before the Juvenile and Domestic Relations District Court for reasons of abuse and neglect of the children.

The Mental Health Initiative of DMHMRSAS allocated up to $505,529 in FY 2007 for the purchase of residential services for Family Assessment and Planning Team (FAPT)-involved, non-mandated children and youth. Authorization for expenditures was available from November 2006 through April 2007.

Youth and Family Services has developed an agreement with the FCPS by which therapists work in non-categorical pre-schools with parents and children identified by teachers as needing mental health intervention.

Under the auspices of the Community Policy and Management Team, the CSB has been funded for the first year of a three-year plan to develop a Crisis Care Facility for children and youth in Fairfax County who do not require psychiatric hospitalization, but do require diagnostic assessment and targeted treatment in a short-term secure residential setting. This facility opened in January 2007. The CSB has also received $600,000 for the provision of Mental Health Services in the Continuing, Focused and Infant/Early Childhood Programs. Services are provided contractually.

Two additional positions have been authorized to provide crisis intervention and diagnostic services for the youth in the Juvenile and Domestic Relations District Court Detention and Less Secure Shelter. Funding for the positions is available in the Court's budget. Another position will be added to provide services to the Juvenile Detention Center through recently approved grant funding from DMHMRSAS.

Two additional positions were authorized to provide care coordination and consultative services to other agencies involved in the Comprehensive Services Act (CSA). Funding for these positions was made available through the use of Mental Health Initiative funds from the Commonwealth.

The CSB also received $100,000 to provide Mental Health Services to the new Katherine K. Hanley Family Shelter. These services are provided contractually.

Upon careful multi-agency consideration and review of existing data, the decision was made to close My Friends Place and plans are currently underway to reallocate available resources to meet the underserved needs of transitioning youth ages 18 to 24.

Youth and Family Services is working with the Juvenile Court to expand psychiatric services to the Juvenile Detention Center's general population. Existing resources will be reallocated to expand this service. The CSB is also seeking to expand an already successful co-led anger management program to other regions of the County.

Funding Sources
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Mental Health Federal Block Grant for Children and Adolescents; Comprehensive Services Act for At-Risk Youth and Children fees, as well as fees from clients and insurance companies.

► Method of Service Provision

Services are provided in both directly operated and contractual programs. In-home services, respite services and the Mental Health Initiative residential services are provided through contracts, as are newly authorized outpatient services.

Services are provided Monday through Friday on a flexible schedule to accommodate the needs of families for outpatient treatment. Residential services are provided 24 hours per day and day treatment services operate 5 days per week.

► Mandate Information

This LOB is state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 26-50 percent. See the January 2007 Mandate Study, pages 49-55 for the specific state code and a brief description.

106-06: Alcohol and Drug Adult Outpatient Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-06	*Alcohol and Drug Adult Outpatient Treatment Services*
Personnel Services	$3,031,491
Operating Expenses	$1,076,152
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,107,643
Federal Revenue	$289,179
State Revenue	$108,038
User Fee Revenue	$233,230
Other Revenue	$25,835
Total Revenue:	$656,282
Net LOB Cost:	$3,451,361
Positions/SYE involved in the delivery of this LOB	35 / 35.0
Grant Positions/SYE involved in the delivery of this LOB	2 / 1.75

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

Outpatient and Case Management Services provides case management and individual, group and family counseling for adult and adolescent clients, with specialized care for the dually diagnosed, pregnant and post-partum women, those whose primary language is Spanish and those with HIV/AIDS. Psychiatric consultation to assist in treatment planning and case management is also provided.

Adult Outpatient Services promote abstinence from drugs and alcohol as well as stabilization and management of their mental health disorders through education, individual, group and family counseling and breath/urine screening. Programs are designed to achieve permanent changes in the related problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior or activity and other legal difficulties.

Adult Outpatient Services also provides specialized, integrated treatment for individuals with co-occurring disorders. This service consists of individual, group and family education and counseling with a particular focus on the interaction of the client's substance use and mental health disorders. Medication management services are also provided when needed.

Admission to Adult Outpatient Services is directly linked to the client's motivation and ability to maintain abstinence in the community. Outpatient Services provides substance abuse education and a varying intensity of treatment services matched to the clients' needed level of care.

- Clinical services include: treatment planning; case management; substance abuse education; individual, group and family counseling; relapse prevention counseling, medication management, breath/urine screening and discharge planning to other required support services. Clients are required to attend self-help support groups and/or other support activities in the community to develop an abstinence-based lifestyle. Linkage to appropriate resources, adjunctive treatment and case collaboration is also provided.

- Clients' attendance in Outpatient Services varies from two to six months depending on their individual level of need.

- Referring agencies require reporting on client progress monthly or as needed based on clients' presenting issues.

Day Reporting Center
Adult Outpatient Services are provided through the Day Reporting Program. These services are funded through a grant from the Virginia Department of Criminal Justice Services and target an offender population released into the community that the Virginia Department of Corrections considers as being at-risk for re-offense. Programming employs a graduated sanction model and clients must report daily to the Day Reporting Program. A collaborative team approach is provided in conjunction with Department of Corrections, Opportunities, Alternatives and Resources of Fairfax County (OAR), and Adult Education Services. The goal of Outpatient Services is to avert clients from re-offending or re-entering the corrections system by providing "on demand" treatment and monitoring services. These clients require daily monitoring and treatment to arrest a lifelong pattern of addiction and criminal behavior. Without treatment intervention, they are at high-risk for continued substance use and criminal activity. Probation sanctions are immediate for those clients that relapse or display other dysfunctional behaviors. Services include substance abuse screening, education, individual, group, family and relapse prevention counseling. Individuals also receive case management services and immediate triage of crisis treatment needs and detoxification services. If needed, these clients are referred for more intensive Day Treatment or Residential services within the ADS system.

Relapse Prevention Services
A contract was established with the Department of Corrections to provide a specialized Relapse Prevention Group for individuals who have participated in various treatment programs but have been unable to maintain recovery in the community.

HIV/AIDS Services
Adult Outpatient Services provides specialized case management and support services for individuals with HIV/AIDS. Services include education about the disease and risk reduction behaviors to impact the spread of the disease as well as case management and referral to necessary medical and support services. This is a mandated service, required by the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT).

Initiatives and Accomplishments:

- Continue to redesign the delivery of psychiatric services to address the mental health needs of clients with co-occurring mental health and substance abuse disorders.
    - To achieve this goal, an ADS physician position was established to address client psychiatric needs and agency medical procedures.
    - In addition, ADS expanded the practice of prescribing psychiatric medications for individuals with co-occurring disorders at all outpatient and day treatment sites.
- Outpatient Services was recently redesigned, with input from staff, referral agencies and clients, to provide a more client-centered and variable treatment regimen. Outpatient Services, and the agency as a whole, re-established the relationship with the Pre-Release Center of the Adult Detention Center to provide outpatient services for eligible inmates. Psychiatric services have been expanded at all the outpatient sites to increase the number of psychiatric hours and expand the ability of the psychiatrist to prescribe medications. Due to the long waiting list for the Latino residential treatment program (Nueva Dia), outpatient services has established a process to provide outpatient and case management services for Spanish speaking adults while they are waiting for bed space.
- Completed the Outpatient 'Moving Forward Initiative' that established standardized and client-centered services that meet individual client needs consisting of education, counseling and relapse prevention. In addition, established a comprehensive orientation package for clients entering outpatient treatment.
- Although traditionally managed by ADS Residential Services, ADS Adult Outpatient Services manages the transitional housing program for Latino men. Services will continue to provide clinical services to the transitional housing program for Latino men who complete the regional Latino residential treatment program. Continuing care services are offered for these individuals to assist them in their transition back into the community.
- Continue to establish the infrastructure and process for billing Medicare Part D and Medicaid for services for eligible clients, some with co-occurring disorders. Effective July 1, 2007, the state provides Medicaid coverage of substance abuse treatment services for children and adults including emergency services, evaluation and assessments, outpatient services including intensive outpatient services, case management, opioid treatment and day treatment.
- Continue a contract with the Virginia Department of Corrections, Department of Parole and Probation to provide relapse prevention services for offenders in need of that specialized service.
- After a need was identified in the Culmore community of Falls Church, work began with representatives of the Department of Family Services and the Culmore community for a pilot program offering substance abuse education, outreach and case management services. Exploration of future programming will continue.

- In FY 2007, 1,450 individuals were served (73 percent of the FY 2007 estimate). The decreased number served was due to the re-tooling of treatment services to accommodate more clients with co-occurring substance use and mental health disorders, as well as a decrease in Spanish speaking referrals. Clients with co-occurring disorders warrant more intensive and longer term treatment which results in lower caseloads for staff.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; the Department of Corrections Day Reporting Center Grant and fees from clients and client insurance.

Participant Characteristics:
Substance Abuse Education Services
Clients placed in this level of care may carry a substance related diagnosis of dependence, but all are abusing substances at a minimum. Clients receive substance use related education.

Individuals who have or believe they may have a substance abuse problem, have had minimal to no consequences of their use, and no prior treatment interventions, as well as those who are referred by third parties (Probation and Parole, Alcohol Safety Action Program, Courts, Juvenile and Domestic Relations Court, Department of Family Services, hospitals, colleges and universities, employers) due to suspected substance abuse.

Outpatient Services
Outpatient Services promote abstinence from drugs and alcohol through education, individual, group, family counseling and urinalysis. Programs are designed to achieve permanent changes in related problem areas. Admission to Outpatient Services is directly linked to the client's motivation and ability to maintain abstinence in the community. Clients attend Outpatient programs two to three times a week for 90 minute sessions, for an average of four to six months.

The client generally has few or no continuing symptoms of withdrawal or intoxication, and has stable physical or psychiatric conditions. Physical or psychiatric conditions may require stabilization prior to, or while in care. Clients should demonstrate sufficient willingness to participate in treatment, have stable community support, and be in school or employed. The client's history of substance abuse should not have resulted in significant impairment in major life areas.

Relapse Prevention Services
Relapse Prevention is designed for clients that may or may not have relapsed, need continued support for recovery, and need enhancement of recovery skills.

Clients in this level of care have usually completed a substance abuse or co-occurring treatment program, have a history of positive life functioning, can maintain abstinence, and need enhancement of recovery skills to support ongoing recovery.

Trends and Future Issues:
- The waiting list for Outpatient Services averages 50 individuals monthly, with consumers generally waiting one to one and a half months for services. While consumers are waiting

for services in a level of care, interim services are provided which include case management, individual counseling and drug use monitoring.

- Co-morbidity of substance use and mental health disorders requiring co-occurring care is seen in approximately twenty percent of the individuals served. This population presents with more complexity which requires longer episodes of care for co-occurring disorders.
    - Adult Outpatient Services lack adequate psychiatric services to address the complex needs of those with co-occurring disorders.
    - Individuals with co-occurring disorders have significant case management needs. Adult Outpatient Services currently provides case management services as an embedded component of treatment and lacks the ability to provide this as a needed stand-alone service.
    - Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.
- Best practice dictates that women with substance use disorders receive specialized care due to increased rates of histories which include physical and sexual abuse, victims of domestic violence, poor school and work options and barriers related to lack of child care, transportation and safe/adequate housing options.
    - There are limited treatment resources for women in the southern area of the County.

► Method of Service Provision

Alcohol and Drug Adult Outpatient Services provides a range of treatment services for substance abusing and addicted adults and those individuals with co-occurring (substance abuse and mental health) disorders and their families. The goal of the service is to provide a comprehensive continuum of outpatient treatment services, based on client level of need, to interrupt the cycle of abuse and addiction. Individuals accessing services are at high-risk of relapse and/or return to criminal behavior. Most of the individuals served in Adult Outpatient Services are court referred, in crisis (i.e., at risk to themselves, their family members and/or the public).

Hours of Operation: Hours of operation for Adult Outpatient Services are Monday through Thursday from 8:30 a.m. to 9:30 p.m., and Friday from 8:30 a.m. to 4:30 p.m. Day Reporting Center hours are Monday through Friday from 8:30 a.m. to 7:00 p.m. Clinicians provide emergency case management services 24 hours a day, seven days a week, including holidays for clients in distress.

Locations: Services are diversified and provided at four locations throughout the Fairfax County and the Cities of Fairfax and Falls Church (Reston, Falls Church, Fairfax, South County/Route One). Services are provided in the different locations due to the size of the jurisdiction and population characteristics and demands. The four sites provide specialized services for Spanish-speaking clients and individuals with co-occurring disorders.

Fund 106
Community Services Board (CSB)

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 5%
- Code of Virginia 32.1-127 5%
- Code of Virginia 37.1 – 194 25%
- Code of Virginia 37.1220 30%
- Code of Virginia 18.2 – 251 5%
- Code of Virginia 18.2 -252 25%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-07: Alcohol and Drug Adult Day Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-07	*Alcohol and Drug Adult Day Treatment Services*
Personnel Services	$1,727,988
Operating Expenses	$283,934
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,011,922
Federal Revenue	$318,492
State Revenue	$321,594
User Fee Revenue	$266,836
Other Revenue	$51,167
Total Revenue:	$958,089
Net LOB Cost:	$1,053,833
Positions/SYE involved in the delivery of this LOB	15 / 14.5
Grant Positions/SYE involved in the delivery of this LOB	7 / 7.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Adult Day Treatment Services provide daily intensive case management, individual, group and family counseling to substance abusing adults who need more intensive services than the standard outpatient care. Psychiatric services are provided to assist in treatment planning and case management.

Day Treatment Services promotes abstinence from drugs and alcohol as well as stabilization and management of their mental health disorder through education, individual, group and family counseling, breath/urine screening and medication management. Programs are designed to achieve permanent changes in the related problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior or activity, and other legal difficulties.

- Day Treatment provides a structured environment for clients in need of intensive treatment who are able to stabilize without the structure of residential care. Day Treatment provides essential education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments. Clinical services include case management, group, individual, and family counseling and urine/breath screening. Clients are required to attend self-help support groups and/or other support activities in the community to develop an abstinence-based lifestyle. Linkage to appropriate resources, adjunctive treatment and case collaboration is also provided.

- Day Treatment is an intensive three hour a day, three to five day(s) a week program.

- Clients generally attend services for nine to twelve months.

- Admission requires the absence of major withdrawal symptoms from substances and the ability to respond safely to and benefit from ambulatory detoxification. For co-occurring clients, linkage to psychiatric service is required.

- Clients require intensive treatment due to significant life disruptions and/or lack of social supports.

- Clients have exhibited behaviors that indicate the inability to be successful in a less intensive outpatient setting.

- Clients served in this modality are at higher risk for being placed in residential services, have a serious addiction problem that they have been unable to control on an outpatient basis, may have multiple diagnoses and/or are in need of intensified support on a daily basis.

- Programming focuses on strengthening socialization skills and pro-social values, cognitive behavioral development and management of co-occurring substance addiction and mental illnesses. Intensive group treatment and education, including medication management, relapse prevention, life skills development, recreational therapy and vocational training, including GED completion, is part of the service package.

- Due to their multiple needs, which are often barriers to treatment, clients receive ancillary services, such as childcare, transportation assistance and intensive case management to assist in service access and follow through.

- Day Treatment Services include one program funded through a High Intensity Drug Trafficking Area Grant (HIDTA) of the Office of National Drug Control Policy (ONDCP). This program provides Day Treatment Services to offenders at the South County site. The day treatment program in Falls Church is tailored to provide services for Spanish speaking clients.

Fund 106
Community Services Board (CSB)

Initiatives and Accomplishments:

- Continue to redesign the delivery of psychiatric services to address the mental health needs of clients with co-occurring mental health and substance abuse disorders.

  - To achieve this goal, an ADS physician position was established to address client psychiatric needs and agency medical procedures.

  - In addition, ADS expanded the practice of prescribing psychiatric medications for individuals with co-occurring disorders to all the outpatient and day treatment sites.

- Completed the Day Treatment 'Moving Forward Initiative' that established standardized and client-centered services that meet individual client needs consisting of education, counseling and relapse prevention. In addition, established a comprehensive orientation package for clients entering day treatment.

- Continue to establish the infrastructure and process for billing Medicare Part D and Medicaid for services for eligible clients, some with co-occurring disorders. Effective July 1, 2007, the state provides Medicaid coverage of substance abuse treatment services for children and adults including emergency services, evaluation and assessments, outpatient services including intensive outpatient services, case management, opioid treatment and day treatment.

- Established a continuum of women's services between Recovery Women's Center day treatment services and New Generations residential treatment services. Redesigned the New Generations residential treatment program for women who are pregnant or postpartum and their children to allow for an intermediate length of stay to address the needs of population.

- In FY 2007, Adult Day Treatment Services provided intensified services to 131 individuals. All the day treatment programs recently participated in systems review, which consisted of input from staff, referral agencies and clients to provide a more client-centered and variable treatment regimen.

- It should be noted that this is one of the most difficult populations that the agency serves. It is not unusual that individuals requiring residential care meet residential exclusionary criteria and are subsequently placed in day treatment, which is a lower level of care. Exclusionary criteria include issues related to criminal histories that have the potential of risk of jeopardy to other clients in a residential setting.

Funding Sources:

Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; the University of Maryland for Federal High Intensity Drug-Trafficking Area (HIDTA) services; Medicaid State Plan Option, and fees from clients and client insurance.

Participant Characteristics:

Day Treatment Services

Day Support provides a structured environment for clients in need of intensive treatment, who are able to stabilize without the structure of residential treatment. Day Support provides essential education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments. Day Support is an intensive three to five hours per day, five day per week program with decreasing participation (i.e., "step down") in response to individual progress. Clients generally receive services for nine to 12 months.

- Admission requires the absence of major withdrawal symptoms from substances and the ability to respond safely to and benefit from ambulatory detoxification. Physical or psychiatric conditions may require stabilization prior to or while in care. The client requires intensive treatment due to significant life disruptions and/or lack of social supports. Clients have exhibited behaviors that indicate the inability to be successful in an outpatient setting or not appropriate for residential settings based on exclusionary criteria (i.e., history of fire setting, perpetrator of abuse, violence, etc.).

Trends and Future Issues:

- The waiting list for Day Treatment Services averages 40 individuals monthly, generally waiting one to one and a half months for services. While consumers are waiting for services in a level of care, interim services are provided which include case management, individual counseling and drug use monitoring.

- Co-morbidity of substance use and mental health disorders requiring co-occurring care is seen in approximately twenty percent of the individuals served. This population presents with more complexity which requires longer episodes of care for co-occurring disorders.
    - Adult Day Treatment Services lack adequate psychiatric services to address the complex needs of those with co-occurring disorders.
    - Individuals with co-occurring disorders have significant case management needs. Adult Day Treatment Services currently provides case management services as an embedded component of treatment and lacks the ability to provide this as a needed stand-alone service.
    - Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.
- Best practice dictates that women with substance use disorders receive specialized care due to increased rates of histories which include physical and sexual abuse, victims of domestic violence, poor school and work options and barriers related to the lack of child care, transportation and safe/adequate housing options.
    - There are no day treatment resources for women in the southern area of the County.

Fund 106
Community Services Board (CSB)

► Method of Service Provision

Alcohol and Drug Adult Day Treatment Services provides an intensive level of treatment services for addicted adults and those individuals with co-occurring (substance abuse and mental health) disorders and their families. The goal of the service is to provide a comprehensive continuum of Day Treatment Services, based on client level of need, to interrupt the cycle of addiction. Individuals accessing services are at high-risk of relapse and/or return to criminal behavior. Most of the individuals served in Day Treatment Services are court referred and/or in crisis (i.e., often homeless, unemployed, and at risk to themselves, their family members and/or the public). ADS Adult Day Treatment Services is directly operated.

Hours of Operation: Hours of operation for the Day Treatment Services are Monday through Thursday from 8:00 a.m. to 9:30 p.m., and Friday from 8:00 a.m. to 5:30 p.m.

Locations: Services are provided at four Day Treatment sites throughout the community. One program specializes in women's services, while three are tailored specifically for men.

► Mandate Information

This LOB is both federally and state mandated.

The percentage of this LOB's resources utilized to satisfy the mandate is:

Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131	5%
Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126	15%
Code of Virginia 32.1-127	10%
Code of Virginia 37.1 – 194	25%
Code of Virginia 37.1220	20%
Code of Virginia 18.2 – 252	25%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-08: Alcohol and Drug Adult Residential Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-08	*Alcohol and Drug Adult Residential Services*
Personnel Services	$6,534,970
Operating Expenses	$2,092,823
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$8,627,793
Federal Revenue	$1,017,461
State Revenue	$1,165,496
User Fee Revenue	$193,368
Other Revenue	$110,169
Total Revenue:	$2,486,494
Net LOB Cost:	$6,141,299
Positions/SYE involved in the delivery of this LOB	85 / 84.0
Grant Positions/SYE involved in the delivery of	1 / 1.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

Alcohol and Drug Adult Residential Services provides services to the most impaired substance abusing adults and their families throughout the service area. Most clients have previous outpatient treatment failures, are court involved and are receiving services through multiple human service agencies. Comprehensive services include individual, group and family therapy, medication management and case management. Residential treatment settings are matched to the level of care needed. Treatment services include detoxification, intermediate and long term treatment, supervised apartment programming, supported living services and aftercare services. Specialized care is provided for clients with co-occurring substance use disorders and mental illness, pregnant and post-partum women and persons whose primary language is Spanish.

Many clients are homeless and have co-occurring mental health disorders. Clients receiving these services have the highest degree of addiction and generally have lost most social support systems including family, employers and churches. Clients who are parents often have children in foster care, or have children for whom their parental rights will be terminated without treatment. Services are provided in a residential living environment that provides structure, support and supervision. Intensive residential programs provide 24 hours per day, seven days per week treatment, supervision and support. Supported Living programs provide on-site supervision less than 24 hours per day, seven days per week treatment, based on client need.

The continuum of residential services includes: intermediate length treatment; long term treatment; specialized co-occurring disorders treatment; specialized women and babies program; supportive housing; and comprehensive case management. Services provided by programs include: 24 hours per

day, seven days per week treatment; individual and group counseling; family therapy; substance abuse education; vocational counseling; psychiatric assessment, medication management and treatment; life skills training; individualized treatment planning; urinalysis surveillance; behavior monitoring; and aftercare services.

Services are provided at various sites throughout the County and include both directly operated and contractual programs. ADS Adult Residential Services provides levels of treatment that correlate with the American Society of Addiction Medicine (ASAM) Levels of Care.

Intermediate Length Rehabilitation Treatment Services
Intermediate length rehabilitation programs provide services 24 hours per day, seven days per week and 365 days per year. The focus of programming is on regaining previous life functioning. Individuals develop recovery and life skills necessary to function productively. The programs are approximately 90 days in length followed by aftercare services. The directly operated program in this service area is *A New Beginning*. Contractual agreements are in place with Vanguard Services Unlimited to provide programming at the *Phoenix*, *Demeter* and *Nuevo Dia* programs. Nuevo Dia provides services to Spanish speaking individuals. Programming is similar at all three programs.

The directly operated program, *A New Beginning*, is a 35 bed residential treatment program for clients in need of rehabilitation. Residents rehabilitate through an intensive phase of treatment established on evidence based practices and followed by a re-entry phase in preparation for transition back to the community. Family participation is a vital aspect to treatment success. Comprehensive psychiatric (including medication) and case management services are incorporated into programming.

Long Term Habilitation Treatment Services
Long Term Habilitation programs teach individuals the skills necessary to live productively in society. Most individuals entering this level of service do not have a history of positive life functioning and began using drugs and alcohol at a very early age. Many individuals also present with multiple health problems. The directly operated program included in this service area is the *Crossroads Adult Program*. Contractual services with *Second Genesis* provide additional long-term treatment beds. Both programs provide similar services.

Treatment Services provide therapy, treatment and support in a residential environment 24 hours per day, seven days per week and 365 days per year. Generally there are two staff on duty during waking hours and one staff on duty during sleeping hours. Through the provision of treatment activities and a therapeutic environment, the program assists clients in developing a sober, drug-free lifestyle, increasing employability, eliminating antisocial and criminal activity and developing pro-social values. The client length of stay is generally nine to 12 months.

Crossroads Adult is a 50-bed, long-term therapeutic community with an additional nine apartment beds for clients transitioning back into the community. Clients complete the residential phase of the program then enter a continuing care phase to allow them to make a smooth transition into the community. A special program track is provided for individuals with co-occurring mental illness and substance abuse disorders. During this phase, there are comprehensive services available to clients providing the support needed to complete recovery.

Specialized Co-Occurring Treatment Services
Cornerstones, a 16-bed residential treatment program for clients with co-occurring mental health and substance abuse disorders, provides comprehensive substance abuse, mental health and psychiatric services on-site. Prior to the opening of the program in 1999, there were no residential treatment options for individuals with dual disorders. This innovative program has been the subject of regional acclaim and is considered one of the premiere co-occurring disorder programs in the area.

Specialized Women and Babies Program
The *New Generations* program serves pregnant and post-partum women and their children. Most women in the program are involved with Child Protective Services and Foster Care. The goal of the program is to intervene in the multigenerational aspects of addiction and co-occurring disorders to promote healthy families on a long term basis. The program involves three phases. Phase I of the program enables clients to focus on issues related to recovery and essential child care and parenting skills while living in a structured primary residential treatment facility. During Phase II, clients move to a supervised residence and find employment and child-care services while continuing treatment. Phase III completes the residential portion of the program, allowing clients to find housing for post programming while receiving counseling and support for life-long recovery.

Supported Living Treatment Services
This service includes two components: the Residential Admissions Unit and the Steps to Recovery Program.

The Residential Admissions Unit (RAU) provides crisis intervention and case management services to individuals who have been assessed to need residential treatment but who are unable to access the required level of service due to waiting lists. The RAU orients, prepares and case manages clients waiting for residential services, ensuing that regulatory and licensure admission requirements are met. Last fiscal year, the Residential Admissions Unit placed 422 individuals in treatment, reflecting a placement rate of 80 percent.

The Steps to Recovery program offers an eight-bed supervised transitional treatment program for adult males as well as transitional apartments for both males and females. These clients are frequently on active probation or parole and have previously participated in a substance abuse treatment program. Clients work during the day and return to a house or apartment within the community in the evening. Treatment services are provided on-site.

The Apartment component of the Steps to Recovery Program includes eight units with a total of 24 beds and provides transitional living services for clients who have completed other treatment programs or need supported living in the community in order to maintain their recovery. Supported Living Treatment Services provide treatment, structure, support and comprehensive case management in a residential environment less than 24 hours per day. Services include assessments, group counseling, individual counseling, crisis intervention and support. The goal of the program is to assist the clients in attaining the skills necessary to live a productive, sober life in the community. After completing intensive treatment services, clients often transition to less intensive supported living treatment services.

Contract Management oversight is provided by Adult Residential Services for all contract programs through on-site observations, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

Initiatives and Accomplishments:

- Increased the capacity of the *Crossroads* Adult and *Cornerstones* programs to serve clients with co-occurring disorders by adding a psychiatric nurse practitioner to the treatment team. This cost effective approach decreases the number of expensive psychiatric hours needed while allowing the program to quickly and effectively respond to client needs.

- Enhanced addiction medication services for individuals suffering from opiate dependency by expanding the use of the medication, Buprenorphine, to all ADS residential programs to assist opiate dependent individuals toward recovery.

- Implemented the evidence-based practice of motivational interviewing at *A New Beginning* residential treatment program. Evaluated the effectiveness of the programming by assessing client outcomes/improvements and made enhancements where appropriate.

- Redesigned the *New Generations* residential treatment program for women who are pregnant or postpartum and their children to allow for an intermediate length of stay to address the needs of the population.

- The *Crossroads* Adult program achieved accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF standards are best practices and could increase funding reimbursement from Medicaid and third-party payers.

- Of the clients participating in 90 days of service at *Crossroads*, 92 percent demonstrated improvement in employment/school status, and 97 percent of clients in the *Crossroads* program were satisfied with services.

- Of the clients that participated in 30 days of service in Intermediate Rehabilitation, 100 percent demonstrated improvement in employment/school status, and 85 percent of clients indicated that they were satisfied with the services.

Funding Sources:

Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; Substance Abuse Residential Purchase of Service (SARPOS), the Federal Housing and Urban Development supportive housing program; Medicaid State Plan Option, and fees from clients.

Participant Characteristics:

Intermediate Residential Treatment

Intermediate Residential treatment is designed for clients in need of rehabilitation, with a primary focus placed upon self diagnosis, problem awareness and problem management. Treatment services include family, individual, and group counseling, and intensive involvement in self help support groups. This level of care provides 24 hours per day, seven days per week supervision and treatment. The program length is generally 60 to 90 days plus aftercare services.

- Clients placed in this level of treatment generally can be characterized as having chaotic and often abusive interpersonal relationships, and extensive treatment and criminal justice histories. These clients have a high risk for continued criminal behavior; have little or no

work history or educational experience, and an overall anti-social value system. Physical or psychiatric conditions may require stabilization prior to or while in care.

Long Term Residential Treatment
Long Term Residential treatment is designed for clients in need of habilitation treatment services to address significant problems of alcohol and/or drug use or co-occurring substance abuse and mental health problems, living skills, life disruptions, and a lack of social supports. Treatment services include behavior management and modification, vocational services, family, individual, and group counseling, and intensive involvement in self help support groups. This level of care provides 24 hours per day, seven days per week supervision and treatment. The program length is generally nine to 15 months plus aftercare services.

- Clients placed in this level of treatment generally can be characterized as having chaotic and often abusive interpersonal relationships, and extensive treatment and criminal justice histories. These clients have a high risk for continued criminal behavior; have little or no work history or educational experience and an overall anti-social value system. Physical or psychiatric conditions may require stabilization prior to or while in care.

Supported Living Services
Programs are designed for clients who are in need of more structure than an outpatient or day treatment setting, but have shown some ability to remain abstinent without 24 hour supervision. Participants live in program facilities and receive counseling, support, and supervision to help sustain recovery. The most intensive program provides staff supervision 12 to 14 hours per day, while the less intensive provides counseling in a nearby office with drop in supervision only.

- Clients placed in these programs have generally successfully completed a substance abuse treatment program and/or have a history of positive life functioning, but have shown an inability to maintain abstinence. Due to significant life disruptions and/or lack or social supports, clients require continued treatment structure and a supported living environment to focus on recovery and implement lifestyle changes.

Trends and Future Issues:
The waiting list throughout the continuum of residential care averages 300 individuals monthly with variable wait times depending on the level of care required.

Co-morbidity of substance use and mental health disorders is prominent in the individuals requiring residential care. The population served in residential care generally present with more complexity which requires longer episodes of care for co-occurring disorders.

- Residential Services lack adequate psychiatric services throughout the continuum of care to address the complex needs of those with co-occurring disorders.

- Individuals with co-occurring disorders have significant case management needs. Residential Services currently provides case management services as an embedded component of treatment and lacks the ability to provide this as a needed stand-alone service.

- Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.

- More individuals are presenting for detoxification services with physical health complications requiring medical detoxification services. Currently, there are limited resources and significant waiting times for this level of care. This impacts placement in other services.

► Method of Service Provision

Adult Residential Services is provided through a combination of directly operated and contract services. Contracts include detoxification services provided by the Alexandria Regional Detoxification Center, Intermediate length treatment provided by Vanguard Services (Phoenix and Demeter Programs), and long-term treatment provided by Second Genesis. Nuevo Dia, an intermediate length program for Spanish-speaking clients, is operated by Vanguard Services as a result of a grant from the Center for Substance Abuse Treatment as well as purchase of service contract funds. All other services are directly operated.

Hours of Operation: Hours of operation for the highly intensive and intensive residential programs are 24 hours per day, 365 days per year. Hours of operation vary for supported living programs Hours of operation vary for supported living programs, but are generally Monday through Friday from 8:00 a.m. to 10:00 p.m. and Saturday, Sunday and holidays, 10 a.m. to 10 p.m., based on client need. Staff is on call 24 hours per day.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 12%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 25%
- Code of Virginia 32.1-127 7%
- Code of Virginia 18.2 2-254 6%
- Code of Virginia 37.1 – 194 10%
- Code of Virginia 37.1220 7%
- Code of Virginia 18.2 – 251 25%
- Code of Virginia 18.2 – 252 8%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-09: Alcohol and Drug Youth Outpatient Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-09	*Alcohol and Drug Youth Outpatient Treatment Services*
Personnel Services	$3,763,755
Operating Expenses	$1,028,552
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,792,307
Federal Revenue	$270,617
State Revenue	$161,383
User Fee Revenue	$95,597
Other Revenue	$158,945
Total Revenue:	$686,542
Net LOB Cost:	$4,105,765
Positions/SYE involved in the delivery of this LOB	44 / 44.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Alcohol and Drug Youth Outpatient Treatment Services provides assistance to youth and their families through outpatient, court, and school-based programs. The purpose of Youth Outpatient Treatment Services is to intervene and treat those youth that are in the early stages of alcohol and drug use, or addiction.

The Youth Outpatient Treatment programs located at Chantilly, Falls Church, Reston, and South County provide a continuum of outpatient treatment services to the entire service area. ADS Youth Outpatient Sites, Forensics and School Student Assistance Program staff provides screening, assessment and evaluation services for youth and their families to determine the existence of a substance abuse or mental health problem and the level of services needed. Substance and mental health treatment services, using an adolescent developmental approach, consist of education, early intervention, outpatient, day and residential treatment. Outpatient services consist of primary care twice a week, including relapse prevention for three to six months. The programming occurs in three phases. Family counseling occurs weekly in multifamily groups and individual family sessions are held at least monthly. Continuing Care is provided once a week thereafter for those youth and families who are interested. The mix and intensity of these services are based on the client's individual needs. "Stages of Change" has been utilized in the treatment approach since 1999 to address families' motivation for change. Cognitive-behavioral therapy is also used. Participation in 12-step Alcoholics Anonymous and Narcotics Anonymous is also part of the program. Case management services are provided as a part of all of the above-mentioned components. Psychiatric

consultation is available. Services for Spanish-speaking persons are available in Falls Church and Reston.

Youth Outpatient Services

Outpatient Services for youth consist of screening, assessment, evaluation, group counseling two or three times per week, individual and family substance abuse treatment, relapse prevention, and continuing care. Case management services are provided for all clients entering outpatient services.

- Outpatient Services for youth consist of screening, assessment, evaluation, group counseling two or three times per week, individual and family substance abuse treatment, relapse prevention and continuing care. Case management services are provided for all clients entering outpatient services.

- Outpatient Services are available for adolescents ages 13 to 18 and their families. Cases are referred from the Juvenile Court, Fairfax County Public Schools (FCPS), Mental Health Services and the Department of Family Services.

- Outpatient Sites are located in Chantilly, Falls Church, Reston and South County. All sites provide assessment and counseling services.

- Referrals are made by ADS to private service providers, depending upon the family's choice, their ability to pay and insurance coverage.

- In addition, staff serves on all Comprehensive Services Act (CSA) Family Assessment and Planning Team (FAPT) meetings and Interdisciplinary Team (IDT) staffing.

Juvenile Court Services

- Assessment and evaluation services are provided in the CSB Forensics Office, Juvenile Detention Center, Less Secure Shelter and Boys and Girls Probation Houses through Juvenile Court Forensics staff.

- Educational services are also provided in the Secure Detention Center and Less Secure Shelter, as well as the Boys and Girls Probation Houses on a weekly basis.

- Treatment services are provided at the Juvenile Detention Center Post-Dispositional Unit.

- Juvenile Court Judges and staff refer the youth and families.

- Drug Court services are an intensive therapeutic partnership between the adolescent, family, treatment services, and probation, providing weekly acknowledgement of successes or sanctions for behaviors outside of the treatment plan.

School Services

- ADS provides a three-day Substance Abuse Awareness Seminar at the Devonshire Center in conjunction with FCPS for students suspended or referred for substance abuse related issues by FCPS. Parents of students referred also are required to attend an evening substance abuse education group.

- Additionally, assessment and consultation services are provided to high schools and middle schools throughout the County. ADS School Resource Counselors are assigned to high schools to work with school administrators, social workers, and guidance counselors to identify and intervene with youth who are exhibiting substance-related problems.

- Parent education seminars are provided at various high schools throughout the school year.

- Liaison, consultation and screening services are also provided to schools in the cities of Fairfax and Falls Church.

- Student Assistance Programs (SAP), which are intensive, school-based programs, are currently in place at eight Fairfax County public high schools.

Initiatives and Accomplishments:

- Expanded the Student Assistance Program (SAP), which are intensive, school-based programs, to a total of 12 Fairfax County public high schools. SAP includes alcohol and drug screening, assessment and early intervention services for adolescents and their families.

- Continue ADS Youth Drug Court, a collaborative effort between the Fairfax County Juvenile and Domestic Relations Court and Alcohol and Drug Services. Programming provides adolescent care for substance abuse disorder issues, with support and immediate sanctions for individual accomplishments and difficulties in treatment. The Youth Drug Court program averages ten youth in programming throughout the year.

- Continue Youth Outpatient Services best practice incorporation of Solution Focused Therapy throughout the continuum of services. This approach focuses on strengths and abilities of youth and supports and encourages them in these areas to help identify a healthy lifestyle.

- Continue to assist Crossroads Adult and Youth Residential programs to meet accreditation standards outlined by the commission on Accreditation of Rehabilitation Facilities (CARF). CARF standards are best practices and could increase funding reimbursement from Medicaid and third-party payers. Sunrise Youth Residential program maintained CARF accreditation throughout FY 2008.

- ADS Youth Outpatient Services are being redesigned to meet the treatment, scheduling, and financial needs of youth and their parents. Quicker access to services, a shortened screening and assessment process, and variable lengths of treatment intervention have been arranged to accommodate the varying needs of the youth and families who were referred. As a result, more families are entering quickly and staying in service. Solution Focused Therapy was implemented to provide a more positive approach.

- For Student Assistance Services, County funds were recently allocated to expand services to more high schools. This service has resulted in the identification of additional youth being screened and assessed through the school system. The work in individual high schools has been successful as more administrators are requesting services.

- Ninety-two percent of youth clients were satisfied with services. This can be attributed to quality improvement initiatives within the agency that incorporated feedback from narrative portions of previous client satisfaction surveys. Ninety-seven percent of youth achieved improvement in their school and/or employment status after 30 days of treatment.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; Fairfax County Public Schools; and fees from clients and client insurance.

► Method of Service Provision

Alcohol and Drug Youth Outpatient Treatment Services provides assistance to youth and their families through outpatient, court, and school-based programs. The purpose of Youth Outpatient Treatment Services is to intervene and treat those youth that are in the early stages of alcohol and drug use, or addiction. All four outpatient programs are directly operated.

Hours of Operation: The four primary outpatient sites are operational Monday through Thursday from 9:00 a.m. to 9:00 p.m., and Friday from 9:00 a.m. to 6:00 p.m. Juvenile Court and school services are operational from 8:00 a.m. to 4:30 p.m.

Locations: All four outpatient programs are directly operated. Services are diversified and provided at four locations throughout the Fairfax County and the Cities of Fairfax and Falls Church (Reston, Falls Church, Fairfax, South County). Services are provided in the different locations due to the size of the jurisdiction and population characteristics and demands. The four sites provide specialized services for individuals with co-occurring disorders. Services are also provided in the Fairfax County Juvenile Detention Center and various high schools throughout the jurisdiction.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 5%
- Code of Virginia 32.1-127 5%
- Code of Virginia 37.1 – 194 25%
- Code of Virginia 37.1220 30%
- Code of Virginia 18.2 – 251 5%
- Code of Virginia 18.2 -252 25%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-10: Alcohol and Drug Youth Day Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-10	*Alcohol and Drug Youth Day Treatment Services*
Personnel Services	$1,049,825
Operating Expenses	$144,800
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$1,194,625
Federal Revenue	$0
State Revenue	$217,471
User Fee Revenue	$49,308
Other Revenue	$12,031
Total Revenue:	$278,810
Net LOB Cost:	$915,815
Positions/SYE involved in the delivery of this LOB	16 / 16.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Alcohol and Drug Youth Day Treatment Services Alcohol and Drug Youth Day Treatment Services provides day treatment services for youth with serious alcohol, drug and mental health problems. The youth have used marijuana, alcohol and other drugs. Their mental health issues include Attention Deficit Disorder, Depression, conduct disorders and Post-Traumatic Stress Disorder. Many are victims of physical, emotional and sexual abuse. Some have been hospitalized for suicidal behavior, while some have gang involvement. These youth cannot function in a regular school setting and need the structure of an integrated treatment and school environment during the day. Day treatment is a more intense level of service than outpatient services, though less intense than a residential program. Including school, youth are at the program a minimum of seven hours a day. The length of stay varies from six to 12 months. The availability of day treatment frequently averts the need for more costly residential care.

Day Treatment Services promotes abstinence from drugs and alcohol as well as stabilization and management of mental health disorders through education, individual, group and family counseling, breath/urine screening and medication management. Programs are designed to achieve permanent changes in the related problem areas of school, family relations, criminal behavior or activity and other legal difficulties.

Program Characteristics include:

- Services for adolescent's ages 13 to 18;
- An on-site alternative school program, staffed by FCPS teachers;
- Self-help support groups and/or other support activities in the community to develop an abstinence-based lifestyle;
- Linkage to appropriate resources, adjunctive treatment and case collaboration; and
- Programming focused on strengthening socialization skills and pro-social values, cognitive behavioral development and management of co-occurring substance use and mental health disorders.

Initiatives and Accomplishments:

- Day Treatment youth are served through ADS Youth Drug Court, a collaborative effort between the Fairfax County Juvenile and Domestic Relations Court and Alcohol and Drug Services. Programming provides adolescent care for substance abuse disorder issues, with support and immediate sanctions for individual accomplishments and difficulties in treatment. The Youth Drug Court program averages ten youth in programming throughout the year.
- Continue best practice incorporation of Solution Focused Therapy. This approach focuses on strengths and abilities of youth and supports and encourages them in these areas to help identify a healthy lifestyle.
- Over the past several years, programming in day treatment has changed due to the vast array of drugs youth are using, the serious mental health problems that youth are exhibiting and cultural changes in the community. As a result, day treatment staff continuously reviews the program and a number of changes have been made. The program continues to evolve as the needs of the population change. The mental health, family treatment and psychiatric medication components of the program have been enhanced. Youth can now be medicated through a staff psychiatrist when necessary. The psychiatrist also attends weekly staff meetings. The family component of the program was also strengthened because family progress is closely tied to client progress in treatment. Current services are being reviewed again to determine efficiency and effectiveness within the ADS youth continuum of services. Youth staff continues to work closely with school personnel to meet the needs of the youth referred from the school system.
- Ninety-two percent of youth clients were satisfied with services. This can be attributed to quality improvement initiatives within the agency that incorporated feedback from narrative portions of previous client satisfaction surveys. Ninety-nine percent of youth clients showed improvement in school status and/or employment.

Participant Characteristics:
Day Treatment Services

Day Treatment provides a structured environment for clients in need of intensive treatment, who are able to stabilize without the structure of residential treatment. Day Treatment provides essential education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments. Day Treatment is an intensive eight hour per day, five day per week program. Youth generally receive services for six to 12 months. Youth programming includes an educational component.

- Psychiatric conditions may require stabilization prior to or while in care. The client requires intensive treatment due to significant life disruptions and/or lack of positive social supports. Clients have exhibited behaviors that indicate the inability to be successful in an outpatient setting or not appropriate for residential settings based on exclusionary criteria, i.e., history of fire setting, violence, etc.

Trends and Future Issues:

- Co-morbidity of substance use and mental health disorders is prominent in the individuals requiring day treatment care. The population served in day treatment care generally present with more complexity which requires longer episodes of care for co-occurring disorders.
    - Day Treatment Services lack adequate psychiatric services to address the complex needs of those with co-occurring disorders.
    - Individuals with co-occurring disorders have significant case management needs. Day Treatment Services currently provide case management services as an embedded component of treatment and lacks the ability to provide this as a needed stand-alone service.
    - Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; and fees from clients and client insurance.

► Method of Service Provision

Youth Day Treatment Services uses an adolescent developmental approach. Individual, group and multifamily counseling is provided for youth and families involved in day treatment. Weekly recreational activities are provided, as well as community service projects. Community meetings, treatment planning, life skills training, and education groups are held weekly. Relapse prevention and continuing care groups also are offered. The program also has a strong family focus. Multifamily and parent groups are available for families and individual family counseling is held biweekly or more often, if needed.

Continuing Care services are available for youth that complete the program. A "Stages of Change" approach has been utilized since 1999, utilized to help assess a family's motivation for change. Solution-focused and cognitive-behavioral therapy has also been implemented. Alcoholics Anonymous and Narcotics Anonymous participation is also part of the program. Day Treatment services are provided five days per week with a minimum of three hours of treatment services per day accompanied by an additional three to five hours of education provided by the Fairfax County Public Schools (FCPS).

Hours of Operation: The three day treatment programs are directly operated. The sites are located in Falls Church, Chantilly, and at the South County Human Services site. Hours of operation are Monday through Thursday from 8:30 a.m. to 8:30 p.m., and Friday from 8:30 a.m. to 5:30 p.m. Staff are available as needed for after hour emergencies.

Locations: The three day treatment programs are directly operated. The sites are located in Falls Church, Chantilly, and at the South County Human Services site.

► Mandate Information

This LOB is both federally and state mandated.

The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 15%
- Code of Virginia 32.1-127 10%
- Code of Virginia 37.1 – 194 25%
- Code of Virginia 37.1220 20%
- Code of Virginia 18.2 – 252 25%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-11: Alcohol and Drug Youth Residential Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-11	*Alcohol and Drug Youth Residential Services*
Personnel Services	$2,255,526
Operating Expenses	$525,722
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,781,248
Federal Revenue	$110,000
State Revenue	$0
User Fee Revenue	$76,228
Other Revenue	$11,821
Total Revenue:	$198,049
Net LOB Cost:	$2,583,199
Positions/SYE involved in the delivery of this LOB	35 / 35.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Alcohol and Drug Youth Residential Services provides comprehensive services to include individual, group and family therapy; medication management and case management. Residential treatment settings are matched to the level of care needed by adolescent clients. Treatment services include intermediate and long term treatment with aftercare services. Specialized care is provided for clients with co-occurring substance use disorders and mental illness.

Alcohol and Drug Youth Residential Services provides intensive residential treatment services for youth with serious alcohol and/or substance abuse problems. The youth needing these services are seriously impaired and often present with serious educational and court problems as a result of their substance abuse issues. Many of the youth treated in Youth Residential Services also present with school and mental health problems. They frequently have been the victims of physical, sexual and/or emotional abuse. In order to be considered appropriate for residential services, these youth have progressed to the point of not being able to function appropriately at home, in school or in the community. Most of the youth needing residential treatment services have become court-involved, are facing serious problems or multiple suspensions from school, and their behavior has become extremely problematic for their family. Their mental health disorders have often resulted in hospitalization due to suicidal intent or attempts. Typically, youth in residential have received outpatient or day treatment services but were not able to discontinue their alcohol and drug use or improve their mental health with those levels of care.

Residential treatment services are designed to provide a more intense level of service than outpatient or day treatment services, and include an intensive residential treatment experience accompanied by

a school component provided by Fairfax County Public Schools. Residential services are available for adolescents, ages 13 to 18 and their families. ADS Youth Residential Services are directly provided at Crossroads and Sunrise and/or purchased through contracts with the private sector.

- Crossroads is a 20-bed program which provides both levels of services for boys.

- Sunrise is an 11-bed program, that provides an intermediate (four to six months) level of services for both boys and girls.

Besides living in a residential treatment environment 24 hours a day, seven days per week, individuals also receive group and individual counseling sessions daily, individual family counseling biweekly and multifamily group counseling weekly. For families, parent support groups are provided and parenting skills development groups are offered. Al-Anon participation is strongly encouraged for parents and siblings. The family focus is very important because of the correlation between family and youth progress. Various groups occur to help youth and families address mental health disorders.

An adolescent developmental approach is utilized which includes peer assimilation and relationship building with peers and parents. The program includes a "Stages of Change" focus to address client and family motivation for change. Cognitive-behavioral therapy is also used. Alcoholics Anonymous and Narcotics Anonymous twelve-step programs using adult and adolescent mentors are included to help build and solidify recovery. Ancillary therapeutic approaches include art therapy and yoga, as well as an emphasis on stress reduction activities. Gender groups occur weekly to address a variety of issues that are important at this stage of adolescence. Community service projects are held with groups such as senior citizens or at food shelters. Recreational activities include various team-building exercises designed to increase self-esteem and confidence. The Independent Living Apartment program provides an opportunity for independent living skills and vocational counseling for youth that have completed residential treatment and are not able to return home. The Tattoo Removal Program is also utilized by some youth.

Contract management oversight is provided by Youth Residential Services for all contract programs through onsite observation, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

The continuum of residential services includes:

- intermediate length treatment;

- long term treatment;

- incorporated co-occurring disorders treatment; and

- comprehensive case management.

Services provided by programs include:

- 24 hours per day, seven days per week supervised residential living;
- individual and group counseling;
- family therapy;
- substance abuse education;
- vocational counseling;
- psychiatric assessment, as well as medication management and treatment;
- life skills training;
- individualized treatment planning ;
- urinalysis surveillance;
- behavior monitoring; and
- aftercare services.

Initiatives and Accomplishments:

- Residential programs have specific admission criteria to ensure that only youth needing an intensive level of service are admitted. The length of stay is variable for the different programs to allow for treatment based on one's individual needs. Treatment plans for each individual are constantly updated to ensure that the services are tailored to each individual's needs.

- Over the years, Sunrise has had a long waiting list which has been alleviated with the availability of additional SAPT Block Grant and County funds. This program, which is directly operated, continues to run at full capacity, but a waiting list remains. The Crossroads Youth program for adolescent boys recently implemented a more variable length of stay. The number of youth needing or willing to stay in long-term treatment has declined. These programmatic changes have minimized waiting periods and ensure an acceptable rate of program utilization. Because of the limited amount of residential services available it has been important to constantly review and revise programming to stay current with the needs of youth and their families, as well as with the needs of referring agents and programs.

- Both programs have improved their ability to serve youth with substance abuse and mental health disorders. However, youth with this profile need additional staffing coverage which is not available. Also, these youth require consistent psychiatric care.

- Both Sunrise and Crossroads have been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

- Of the clients participating in service at Crossroads, 92 percent demonstrated improvement in employment/school status. 97 percent of clients in the Crossroads program were satisfied with services

- Of the clients that participated in Sunrise, 100 percent demonstrated improvement in employment/school status. 85 percent of clients indicated that they were satisfied services in Sunrise.

Participant Characteristics:
Intermediate Residential Treatment

Intermediate Residential treatment is designed for youth in need of rehabilitation, with a primary focus placed upon self diagnosis, problem awareness and problem management. Treatment services include family, individual and group counseling and intensive involvement in self help support groups. This level of care provides 24 hours per day, seven days per week supervision and treatment. The program length is generally four to six months plus aftercare services.

- Clients placed in this level of treatment generally can be characterized as having chaotic and often abusive interpersonal relationships, with prior treatment and criminal justice histories. These clients have a high risk for continued school failure and criminal behavior. Psychiatric conditions may require stabilization prior to or while in care.

Long Term Residential Treatment:
Long Term Residential treatment is designed for clients in need of habilitation treatment services to address significant problems of alcohol and/or drug use or co-occurring substance abuse and mental health problems, school failure, living skills, life disruptions and a lack of social supports. Treatment services include behavior management and modification, school, family, individual and group counseling and intensive involvement in self help support groups. This level of care provides 24 hours per day, seven days per week supervision and treatment. The program length is generally six to 12 months, plus aftercare services.

- Clients placed in this level of treatment generally can be characterized as having chaotic and often abusive interpersonal relationships, and prior treatment and criminal justice histories. These clients have a high risk for continued criminal behavior; have school failure, and may have an overall anti-social value system. Psychiatric conditions may require stabilization prior to or while in care.

Trends and Future Issues:

- Co-morbidity of substance use and mental health disorders is prominent in the individuals requiring residential care. The population served in residential care generally present with more complexity which requires longer episodes of care for co-occurring disorders.
    - Residential Services lack adequate psychiatric services throughout the continuum of care to address the complex needs of those with co-occurring disorders.
    - Individuals with co-occurring disorders have significant case management needs. Residential Services currently provides case management services as an embedded

component of treatment and lacks the ability to provide this as a needed stand-alone service.

- Psychiatric hospitalizations could be diverted for individuals with co-occurring disorders with an increase in crisis stabilization care.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant; purchase of service from other jurisdictions through the Comprehensive Services Act; and fees from clients and client insurance.

► Method of Service Provision

Youth Residential Services is provided through a combination of directly operated and contract services. Directly operated services include Sunrise I and Crossroads Youth. Limited contractual services are utilized when alternative programming is required to meet the clinical needs of a youth or when directly operated program space is unavailable.

Youth residential services are provided 24 hours per day, seven days per week. Individual, group and family counseling are provided.

Hours of Operation: All programs are open 24 hours per day, seven days per week, 365 days per year, and are staffed at all times.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is:

- Federal Substance Abuse Prevention and Treatment Block Grant 45 CFR 96.131 5%
- Federal Substance Abuse Prevention & Treatment Block Grant 45 CFS 96.121, 126 25%
- Code of Virginia 32.1-127 5%
- Code of Virginia Section 18.2-254 10%
- Code of Virginia 37.1 – 194 5%
- Code of Virginia 37.1220 10%
- Code of Virginia 18.2 – 251 30%

See the January 2007 Mandate Study, reference page 56, 57 and 58 for the specific federal or state code and a brief description.

106-12: Mental Retardation Case Management Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-12	*Mental Retardation Case Management Services*
Personnel Services	$3,817,996
Operating Expenses	$229,824
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$4,047,820
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$2,830,846
Other Revenue	$28,293
Total Revenue:	$2,859,139
Net LOB Cost:	$1,188,681
Positions/SYE involved in the delivery of this LOB	12 / 12.0
Grant Positions/SYE involved in the delivery of this LOB	40 / 40.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Case Management is the intervention which assures that service systems and community supports are responsive to the specific, multiple, and changing needs of individuals and families. Case Management Services ensure that individuals are properly connected to, and involved in, the appropriate services and supports in order to maximize opportunities for successful community living. Case Managers assist in gaining access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources and other supports essential to meeting basic needs. Through face to face contacts, phone contacts and review of various reports, the Case Manager assesses the needs of the individual and develops a service plan, links the individual to services and supports, coordinates and monitors services and provides technical assistance and advocates for the individual.

The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) regulations require that case management services must be provided to all individuals who are enrolled in Medicaid and who request Case Management. These individuals who are recipients of Medicaid benefits receive a full cadre of case management support such as interdisciplinary team planning, coordination of services, intake and assessments, advocacy and resource planning. Those individuals who do not have Medicaid may also receive the same or similar service coordination based on need. In addition, the state mandates case management services to those who are in need of emergency assistance pursuant to §37.2-500 of the Code of Virginia. Pre-admission screening and pre-discharge planning from state training centers or hospitals is also required under the Community Services Performance Contract 5.3.1 and 5.3.3 pursuant to the Code of Virginia.

Fund 106
Community Services Board (CSB)

Initiatives and Accomplishments:
Case management services were provided to 1,834 persons with mental retardation in FY 2007. Of that total, 1,202 individuals received targeted case management services, and 632 people received consumer monitoring services.

Case management staff continues to coordinate not only County-funded services, but also approximately $31 million in Medicaid-funded services paid directly to private providers providing covered services to residents of Fairfax County, Fairfax City, and the City of Falls Church. For all case management services, Medicaid reimbursed the CSB over $2.8 million in FY 2007 — a 7.7 percent increase over the FY 2006 total of $2.6 million, and a 45.1 percent increase over the FY 2005 total of $1.9 million.

Mental Retardation Services' (MRS) Strategic Plan Initiatives that impact case management services include, but are not limited to:

Strategic Initiative	Impact
Staff Retention	Retaining staff maximizes continuity and consumes fewer resources (time and money) as compared to hiring and training new staff
Individual Staff Development	Professional staff development enhances an employee's ability to do his/her job
Documentation	Less time spent documenting services results in more time available for direct service
Licensing, Certifications, Other	Licenses and certifications issued from accredited outside sources validate quality of services and opportunities to improve service delivery
Maximize Funding	Maximized funding from all possible sources enables more service needs to be met
Placement onto Waiting Lists	Prompt intake makes people known to the service system and hastens their receipt of services
Timely Receipt of Services	Prompt receipt of services positively impacts an individual's quality of life
Responsiveness to Individual Needs	Prompt attention to needs prevents situations from escalating
Satisfaction with Services (Responsiveness, Effectiveness, and Reliability)	Satisfaction with services is necessary to achieve a preferred and valued quality of life

Measures to gauge performance in Case Management Services include:

- **Output** - Number of Individuals Served
- **Efficiency** - Cost per Individual Served
- **Service Quality** - Percent of individuals satisfied with Services
- **Outcome** - Percent of Individual Service Plan Objectives Met

Trends and Future Issues:
People with mental retardation are now living longer and as a result, many MRS consumers experience the same health and aging related issues as the general population. As a result, individuals served can be more medically fragile and need specialized support and increased levels of supervision by case managers including monitoring medication for effectiveness and possible side effects.

As the Fairfax County community has become increasingly multi-cultural and multi-linguistic, specialized training for MRS case managers is required.

Transition of youth from public and private school systems in Fairfax County continues to be a high priority activity for case management. The CSB also recognizes a continuing trend of the increasing number of students who are medically fragile or require extensive physical or personal care.
There is an extensive case management intake demand from people moving into the County requiring case management services. Since case management is the "gate-keeper" for all other Mental Retardation Services, this intake process is a very significant activity.

There is a trend toward increasing external documentation requirements imposed by DMHMRSAS licensure, DMHRMSAS State Performance Contract, DMHMRSAS Performance and Outcome Measurement System and Medicaid. This results in increased documentation monitoring and utilization review, quality assurance, training and specialized administrative and managerial supports. Additionally, some requirements involving assessment activities must be performed in person by the case manager.

Participant Characteristics:
Individuals age six or older must have a confirmed diagnosis of mental retardation to be determined eligible for case management services. For a child three to six years of age, there must be confirmation of a cognitive developmental delay. Individuals served may be as young as three years of age and range through consumers over age 70.

Fund 106
Community Services Board (CSB)

HISTORICAL FRAMEWORK

	FY 2007	FY 2003
Output		
Individuals Served	1,202	1,063
Efficiency		
Cost per Individual Served	$2,698	$ 2,282
Service Quality		
Percent of individuals satisfied with Services	97%	76%
Outcome		
Percent of Individual Service Plan Objectives Met	98%	98%

Funding Sources:

Funding sources for case management services include: Fairfax County; the Virginia Department of Medical Assistance Services, and Medicaid State Plan Option.

► Method of Service Provision

Case Management services are directly operated by CSB staff, which is the norm among the 40 CSBs in Virginia.

Hours of Operation: Although office hours are generally Monday through Friday from 8:00 a.m. to 4:30 p.m. Case Managers maintain flexible hours to meet the needs of families and individuals served. In addition, there is 24-hour emergency coverage available.

► Mandate Information

This LOB is state mandated. Item 341, Chapter 1, Special Session I, 1998.

Virginia Acts of Assembly specifies a requirement that CSBs must participate in Medicaid covered services and meet all requirements for provider participation. The percentage of this LOB's resources utilized to satisfy the mandate is 69 percent. See the January 2007 Mandate Study, page 55.

106-13: Mental Retardation Day Support and Vocational Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-13	*Mental Retardation Day Support and Vocational Services*
Personnel Services	$1,066,692
Operating Expenses	$19,890,234
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$20,956,926
Federal Revenue	$0
State Revenue	$0
User Fee Revenue	$883,788
Other Revenue	$598,103
Total Revenue:	$1,481,891
Net LOB Cost:	$19,475,035
Positions/SYE involved in the delivery of this LOB	12 / 11.5
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Day Support services provide assistance and training to improve individual independence and self-sufficiency, and/or to obtain vocational training and support to enter and remain in the workforce. Vocational and day support services for individuals with mental retardation are provided primarily through contracts with private, non-profit agencies.

- Developmental Services provide self-maintenance training and nursing care for individuals who are the most severely disabled in areas such as: intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily living and community living skills and possibly limited remunerative employment.

- Sheltered Employment provides individuals full-time, remunerative employment in a supervised setting with support services for habilitative development.

- Group Supported Employment provides individuals intensive job placement assistance for off-site, supervised contract work and competitive employment in the community. Job retention services are also provided.

- Individualized Supported Employment provides remunerative employment with necessary support services. This service primarily serves persons with less severe disabilities and stresses social integration with non-disabled workers.

- The Cooperative Employment Program (CEP) provides supported competitive employment services to eligible individuals with developmental disabilities. The CEP is jointly funded and operated by the Virginia Department of Rehabilitative Services (DRS) and the CSB. Using an individualized approach, program staff assesses skills, analyze job requirements and provide on-the-job training for disabled individuals, and provides disability awareness training for employers. Extensive follow-up services are provided to ensure the success of the job placement. In addition to the job-training component, the CEP offers mobility training to enhance individuals' abilities in the use of public transportation.

- Transportation for day support services is contracted by the CSB through FASTRAN, providing morning and evening transportation for consumers to and from employment and vocational training sites throughout the Fairfax-Falls Church service area. Alternative transportation services may be available from other qualified providers, including providers who have been approved by the Virginia Department of Medical Assistance Services as eligible for Medicaid reimbursement. The CSB has a flat fee policy in effect requiring a monthly fee collection for non-Medicaid-funded transportation services.

Initiatives and Accomplishments:
In FY 2007, day support and employment services were provided to 1,132 individuals with mental retardation. The average annual earnings for the 565 people surveyed in FY 2007 that received community-based group and individual employment services were $8,731, a 5 percent increase above their prior year average annual earnings of $8,301. The total gross earnings for these 565 people totaled $4,933,289.

In the directly-operated Cooperative Employment Program (CEP), a total of 130 persons were served and 20 new job placements or replacements occurred during FY 2007. Average hourly wages for 105 of these individuals increased 2 percent above the FY 2006 average hourly wage level to $10.92/hour, and total wages earned increased to over $1.89 million. The average number of hours worked by these individuals was 32 hours per week, and over 26 percent of them earned over $25,000 during FY 2007. In addition, over 70 percent of the employed individuals served by CEP received full or partial benefits as part of the compensation package offered by their employers.

As directed by the Board of Supervisors in FY 2006, CSB staff (along with representatives from the Office of the County Executive, Office of the County Attorney, Department of Management and Budget, and Department of Administration for Human Services) recommended implementation of Self-Directed (SD) Services as an alternative model to traditional day support and employment services. SD services will provide adults with mental retardation and their families (including recent graduates from local public and private school special education programs) the opportunity to self-direct day support or employment services to maximize self-determination, enhance personalized service delivery, promote greater community involvement, and reduce service costs. Initiation of SD Services began in FY 2008 via use of Individualized Purchase of Service contracts for two consumers, and is currently being evaluated. Its continuation beyond FY 2009 is contingent upon completion of an evaluation of the program's strengths and weaknesses.

Mental Retardation Services' (MRS) Strategic Plan Initiatives that impact day support services include, but are not limited to:

Strategic Initiative	Impact
Staff Retention	Retaining staff maximizes continuity and consumes fewer resources (time and money) as compared to hiring and training new staff
Individual Staff Development	Professional staff development enhances an employee's ability to do his/her job
Documentation	Less time spent documenting services results in more time available for direct service
Licensing, Certifications, Other	Licenses and certifications issued from accredited outside sources validate quality of services and opportunities to improve service delivery
Build Community Capacity	Increased community capacity results in a greater selection of services and reduces dependence on any on resource
Maximize Funding	Maximized funding from all possible sources enables more service needs to be met
New Service Alternatives	New service alternatives increase individual choice to meet existing and changing service needs and preferences
Timely Receipt of Services	Prompt receipt of services positively impacts an individual's quality of life
Responsiveness to Individual Needs	Prompt attention to needs prevents situations from escalating
Satisfaction with Services (Responsiveness, Effectiveness, and Reliability)	Satisfaction with services is necessary to achieve a preferred and valued quality of life

Measures to gauge performance in Day Support Services include:

Output

- Day Support – Total Number of Individuals Served
- Day Support – Number of Non-Medicaid Eligible Consumers Served
- Supported Employment - Number of Individuals Served

Efficiency

- Day Support – Cost per individuals served with local funds
- Supported Employment – Cost per individuals served with local funds

Service Quality

- Percent of individuals satisfied with Services

Outcome

- Supported Employment – Average wages reported by individuals in group-based programs
- Supported Employment – Average wages reported by individuals in individuals-based programs

Trends and Future Issues:
As people with mental retardation live longer, individuals served can be more medically fragile and need specialized support and increased levels of supervision. New day support models, with less emphasis on work related activities and more focus on health related support, will need to be developed.

A low level of unemployment in the Northern Virginia area, coupled with competition for limited available staff to support individuals with mental retardation and the high cost of living in Northern Virginia, results in the hiring of a workforce that may not be best situated to provide services to this population.

Reduced availability of public funds must stimulate community capacity building and collaboration to address the resource needs of organizations providing services to people with mental retardation.

An increasing number of students with mental retardation who are no longer eligible for services through public and private school systems and people from the community at large who seek day support services necessitate an understanding of the day support service system's ability to accommodate these people and the county's ability to fund these services. As a result, new cost effective service models must be explored.

Participant Characteristics:
Recipients of local funding for Day Support services must:

- Be age 22 or older;
- Have a confirmed diagnosis of mental retardation;
- Be determined eligible for services by case management services; and
- No longer have eligibility for services in a public or private school system in Fairfax County.

HISTORICAL FRAMEWORK

	FY 2007	FY 2003
Output		
Day Support – Total Individuals Served	1,188*	1213
Day Support – Non-Medicaid Eligible Served	677**	847
Supported Employment - Individuals Served	607	474

Efficiency

Day Support – Cost per individuals served with local funds	$ 16,815	$ 14,783
Supported Employment – Cost per individuals served with local funds	$ 11,661	$ 11,416

Service Quality

% of individuals satisfied with Services	95%	96%

Outcome

Supported Employment – Average wages reported by individuals in group-based programs	$ 5,160***	$ 6,837
Supported Employment – Average wages reported by individuals in individuals-based programs	$ 15,952	$ 13,582

* The decrease in the number of people served reflects consumers aging (and being unable to be served in traditional day support services), leaving the area and passing away.

** An increased number of people being funded by the Home and Community Based Medicaid Waiver results in fewer people receiving local funding.

*** Reduction in Supported Employment Wages Earned from FY 2003 to FY 2007 reflects individuals with more severe disabilities (which affects productivity and compensation) working in the community.

Funding Sources:
Funding sources for day support services include: Fairfax County; the Cities of Fairfax and Falls Church; the Virginia Department of Rehabilitation Services; and the Virginia Department of Medical Assistance Services.

► Method of Service Provision

Day Support services are both directly and contractually provided, with 90 percent of individuals served through provider contracts.

Hours of Operation: Day support services are generally available Monday through Friday from approximately 8:30 a.m. to 4:00 p.m. Since transportation supports precede and follow these hours, transportation supports generally operate from 6:00 a.m. to 6:00 p.m.

▶ Mandate Information

There is no federal or state mandate for this LOB.

106-14: Mental Retardation Residential Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-14	*Mental Retardation Residential Services*
Personnel Services	$6,501,528
Operating Expenses	$9,151,435
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$15,652,963
Federal Revenue	$45,000
State Revenue	$0
User Fee Revenue	$1,907,970
Other Revenue	$121,837
Total Revenue:	$2,074,807
Net LOB Cost:	$13,578,156
Positions/SYE involved in the delivery of this LOB	76 / 76.0
Grant Positions/SYE involved in the delivery of this LOB	0 / 0.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

▶ LOB Summary

Residential Services provide housing and residential support services in the community for individuals with mental retardation. These services provide an array of residential supports designed around individual needs and desires, with an emphasis on providing opportunities for full inclusion in community life. The majority of residential services are provided through CSB partnerships with approved private providers. Contract management oversight is provided by the CSB for all of the residential programs (public or private) through onsite observations, clinical consultations with case managers and other professionals in the community, review of outcome measures and coordination with quality assurance activities.

- Group Homes provide small-group living arrangements for three to six individuals located in homes that are integrated in surrounding neighborhoods. These programs may be directly operated by the CSB, operated by private providers under contract with the CSB or by private providers not under contract with the CSB, but funded through Medicaid. Approximately 75 percent of group home services are privatized. Staff support services are available on a 24 hour basis and concentrate on developing supportive relationships, independent living skills and a network of friends and opportunities in the community.

- Intermediate Care Facilities (ICF-MR) provide group living arrangements for four to 12 individuals located in homes that are integrated in surrounding neighborhoods. ICF-MRs are operated by private providers and are funded by Medicaid. Staff support services are available on a 24 hour basis and concentrate on developing supportive relationships, independent living skills and a network of friends and opportunities in the community. Due to the active treatment required in these programs, support services such as doctors, nurses, pharmacists and social workers are required.

- Residential Supported Living provides services to individuals living in their own homes or in shared living arrangements (i.e., apartments and town homes, etc.). These services may be provided by the CSB or by private providers. The extent of support provided ranges from daily to drop-in, is based on individual needs and takes into account individual preference, choice and independence. Staff supports include individual and group counseling, training and assistance in community living and personal skills, and linkage with other more natural support networks in the community. Support services to individuals living in their own homes are all privatized, and over 90 percent of the drop-in support services for people living in program-leased apartments and town homes are privatized.

- Respite Services provide trained respite care providers (short-term relief), available by telephone referral, who are scheduled for hourly or overnight assistance to families needing time away from caring for their family members with mental retardation. Services are also available at a licensed 24 hour home for longer-term respite and emergency services. Respite services are provided through private providers.

- Domiciliary Care provides individualized residential placements for individuals with highly specialized needs that may not be available otherwise in the local community. The CSB contracts with private providers and individuals for these services.

- Family Support Services ease care-giving demands and assist in providing needed community supports or services for infants with developmental disabilities, and children and adults with mental retardation. Eligible individuals and families may apply for limited financial assistance for needed services or supplies.

Initiatives and Accomplishments:
In FY 2007, Residential Services provided housing and residential support to 615 individuals, with 305 of those individuals being served through directly-operated and contracted group homes.

In FY 2007, one directly-operated group home relocated to a site with fewer stairs to accommodate mobility needs and to provide essential health and safety. Two additional directly-operated group homes will be relocating to new sites in FY 2008. Residential Services continues to explore opportunities for the creation of barrier-free group homes and/or more accessible apartments, which provide better residential options for individuals requiring such living arrangements.

Mental Retardation Services' (MRS) Strategic Plan Initiatives that impact residential services include, but are not limited to:

Strategic Initiative	Impact
Staff Retention	Retaining staff maximizes continuity and consumes fewer resources (time and money) as compared to hiring and training new staff
Individual Staff Development	Professional staff development enhances an employee's ability to do his/her job
Documentation	Less time spent documenting services results in more time available for direct service
Licensing, Certifications, Other	Licenses and certifications issued from accredited outside sources validate quality of services and opportunities to improve service delivery
Build Community Capacity	Increased community capacity results in a greater selection of services and reduces dependence on any one resource
Maximize Funding	Maximized funding from all possible sources enables more service needs to be met
New Service Alternatives	New service alternatives increase individual choice to meet existing and changing service needs and preferences
Timely Receipt of Services	Prompt receipt of services positively impacts an individual's quality of life
Responsiveness to Individual Needs	Prompt attention to needs prevents situations from escalating
Satisfaction with Services (Responsiveness, Effectiveness, and Reliability)	Satisfaction with services is necessary to achieve a preferred and valued quality of life

Measures to gauge performance in Residential Services include:

- **Output** - Group homes – individuals served
- **Efficiency** - Group homes – cost per individual served
- **Service Quality** - Group homes – percentage of individuals who are satisfied with services
- **Outcome** - Group homes – percentage of individuals living in Group homes who maintain their current level of service

Trends and Future Issues:
A serious challenge confronting Residential Services is the number of individuals who are aging in place and require more physically-accessible, barrier-free living environments. In addition, specialized health related support services would enable people who do not need skilled nursing care to remain in the community.

This same need exists for many individuals residing in other residential settings, but there is a notable shortage of available, affordable, and accessible housing in Fairfax County.

A low level of unemployment in the Northern Virginia area, coupled with competition for limited available staff to support individuals with mental retardation and the high cost of living in Northern Virginia, results in the hiring of a workforce that may not be best situated to provide services to this population.

Reduced availability of public funds must stimulate community capacity building and collaboration to address the resource needs of organizations providing services to people with mental retardation.

Additional in-home support services will be needed for adults with mental retardation as their primary caregivers are also living longer and become unable to completely care for the needs of their family members.

Participant Characteristics:
Recipients of local funding for Residential Services must:

- Be age 22 or older;
- Have a confirmed diagnosis of mental retardation; and
- Be determined eligible for services by case management services.

HISTORICAL FRAMEWORK

	FY 2007	FY 2003
Output		
Group homes – individuals served	314	308
Efficiency		
Group homes – cost per individual served	$ 35,281	$ 28,491
Service Quality		
Group homes – percentage of individuals who are Satisfied with services	91%	92%
Outcome		
Group homes – percentage of individuals living in Group homes who maintain their current level of service	99%	not measured

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Medicaid Waiver; and fees from individuals receiving services.

► Method of Service Provision

Residential Services programs are directly operated residential programs, private residential programs under contract to the CSB, and private residential programs that are licensed by DMHMRSAS and funded through Medicaid.

Hours of Operation: Residential group homes and Intermediate Care Facilities are operated 24 hours per day, seven days per week. For supported living and respite, services are individually arranged by the family or individual. Family support assistance is available during normal business hours Monday through Friday from 8:00 a.m. to 4:30 p.m.

► Mandate Information

This LOB is state mandated (Item 341, Chapter 1 Special Session I, 1998).

Virginia Acts of Assembly specifies a requirement that CSBs must participate in Medicaid covered services and meet all requirements for provider participation. The percentage of this LOB resources utilized to satisfy the mandate is 23 percent. See the January 2007 Mandate Study, page 55.

106-15: Early Intervention for Infants and Toddlers (Part C)

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-15	*Early Intervention for Infants and Toddlers (Part C)*
Personnel Services	$3,706,072
Operating Expenses	$1,754,463
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$5,460,535
Federal Revenue	$708,697
State Revenue	$850,664
User Fee Revenue	$1,121,906
Other Revenue	$65,687
Total Revenue:	$2,746,954
Net LOB Cost:	$2,713,581
Positions/SYE involved in the delivery of this LOB	20 / 20.0
Grant Positions/SYE involved in the delivery of this LOB	21 / 21.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

Fund 106
Community Services Board (CSB)

► LOB Summary

Early Intervention Services is provided by the Community Services Board, as mandated by Part C of the Individuals with Disabilities Education Act (IDEA).

- Infants and toddlers are eligible for Part C services due to the following: a diagnosed disabling condition that will result in developmental delays, a delay of 25 percent or more in at least one area of development or atypical development.

- The purpose of early intervention services for infants and toddlers with developmental delays and their families is to facilitate child development and enhance families' abilities to meet their children's developmental needs.

- Part C requirements include: free multidisciplinary evaluation to families who are concerned about their children's development; the development of an Individualized Family Service Plan (IFSP) for each child found eligible for services; service coordination; provision of services listed on the IFSP; and transition planning for when a child is either no longer eligible for services or reaches his or her third birthday.

- Part C also requires that children be served in "natural environments," that is where children would be if they didn't have developmental disabilities. Therefore, almost all services are provided in the home and daycare centers.

Services listed on each family's IFSP plan are provided through Early Intervention Services (EIS), the Daytime Development Center (DDC) or a contract with a private provider group.

- EIS provides intake, service coordination, family support and transition planning. Among the services provided are coordination of the evaluation, development of the IFSP, provision of identified services, and transition planning to public preschool services and/or other community resources.

- The types of services provided are occupational therapy, speech therapy, physical therapy, social work, nutrition services, assistive technology; and other services listed under Part C in federal and state law. Services are provided directly to families or in consultation with service providers.

- Translation services for individual sessions and documents are also provided to families whose primary language is not English.

- Services are provided to children based on the needs identified in an IFSP. Individualized services are provided to the infants and toddlers in individual sessions and through professional consultation.

- Instruction for parents and/or other caregivers is an important component of each individual session.

Services must be provided in natural environments unless there is justification for not doing as documented in the IFSP.

- A local coordinating council known as the Fairfax-Falls Church Interagency Coordinating Council (FFICC) serves to advise and assist the lead agency while the Fairfax-Falls Church Community Services Board (CSB) serves as the local fiscal agent and lead agency. Private providers, community representatives and representatives from the CSB, Health Department, Department of Family Services and the schools participate on the FFICC.

- EIS is also responsible for the following: data management; quality assurance; staff training; information and referral; community education and outreach; management of contracts with private providers; management of contract with the state for continuing participation in Part C; and collaborative interagency planning and implementation.

- EIS works closely with the schools to ensure timely and smooth transitions for children older than two found eligible for preschool special education services under Part B of the IDEA.

Accomplishments:

- Infant and Toddler Connection (ITC) of Fairfax-Falls Church served 1,850 infants and toddlers in FY 2007. This represents a 6 percent increase in the number of children over the previous fiscal year. The increase of children served is reflective of the large and rapid growth in demand for early intervention services consistently seen over the past several years.

- To better support families, the *Welcome Book* is being revamped. This book serves as an orientation and resource guides for new families joining the program.

- Over the past two fiscal years (FY 2007 and FY 2008), eight new Medicaid grant positions were obtained at no cost to the County. This increase in the number of positions reduced caseload sizes among service coordinators, which subsequently allowed for better quality assurance and mandate compliance.

- ITC is working very closely and sharing resources with Fairfax County Public Schools. A priority from the Federal Office of Special Education Programs is to have a seamless system of transition between Part C and Part B in the schools. Staff from the schools and the county are meeting to streamline this transition process, and to develop systems of information sharing to ensure children get into Part B in a timely simplified manner.

- FCPS and EIS are jointly funding a vision specialist to focus on transitioning visually impaired children into the school programs.

- EIS offers many support groups and provides babysitting services so more families can attend program activities. We also offer family support activities where families can get together and share experiences. Over 483 families attended these support activities in FY 2007.

- In FY 2007, EIS brought in a national consultant to train staff to work with families whose children are experiencing severe feeding problems. Trained staff are currently replicating the Feeding Program for families receiving CSB services.

Fund 106
Community Services Board (CSB)

Funding Sources:
Funding sources include: Fairfax County; the Federal Early Intervention Part C grant; a state match to the Federal grant from DMHMRSAS; and fees from clients and insurance companies.

► Method of Service Provision

The County directly provides all mandated evaluation services. Approximately one-third of all therapy services are provided directly by County staff, and about two-thirds are provided through contracts with private provider groups.

Hours of Operation: Although the office hours for Early Intervention Services are Monday through Friday from 8:00 a.m. to 4:30 p.m., the actual schedule is flexible to be responsive to the needs of families. Families and service providers make individual arrangements for services.

► Mandate Information

This LOB is both federally and state mandated. The percentage of this LOB's resources utilized to satisfy the mandate is 100 percent. See the January 2007 Mandate Study, page 59.

106-16: CSB Homeless Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-16	*CSB Homeless Services*
Personnel Services	$2,249,221
Operating Expenses	$326,466
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,575,687
Federal Revenue	$409,147
State Revenue	$89,000
User Fee Revenue	$218,603
Other Revenue	$33,546
Total Revenue:	$750,296
Net LOB Cost:	$1,825,391
Positions/SYE involved in the delivery of this LOB	32 / 32.0
Grant Positions/SYE involved in the delivery of this LOB	4 / 4.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

Fund 106
Community Services Board (CSB)

► LOB Summary

The Community Services Board has performed an annual point-in-time count of the number of homeless individuals and family members in this community for numerous years. This count has consistently indicated that more than 80 percent of single homeless individuals have a mental health, substance use or co-occurring disorder. These individuals are among the County's most vulnerable citizens. Recently, the community has taken on the challenge of ending homelessness in Fairfax County within ten years. The CSB Homeless Unit is participating in this effort by providing life-saving services across the community to the homeless population.

CSB Homeless Services operates as an integrated team providing Mental Health, Substance Abuse, and Co-occurring disorder services to homeless individuals throughout Fairfax County and the cities of Fairfax and Falls Church. The CSB Homeless Services Unit is comprised of teams at the Embry Rucker, Baileys, Eleanor Kennedy, Mondloch I and II and Shelter House Shelters. The unit has a Community Treatment Team North and South and a Housing First Community Treatment Team that provides residential services to homeless individuals. In addition, the unit provides an array of outreach and engagement services with its Project to Assist Transition from Homelessness (PATH) Team, the Homeless Hypothermia Team and the Homeless Healthcare Team. These teams provide outreach, engagement, assessment, counseling/therapy, case management, crisis intervention, medication services, support services, daily living skills training, co-occurring disorder treatment, group counseling, recreation and social activities and linkages to needed resources.

Services are provided by both County staff and contract agencies licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) at multiple sites across the County. Services providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses, nurse practitioners, and professional counselors. All of these professionals are cross-trained for mental health, alcohol and drug, and co-occurring disorder services.

- **Emergency Services:** The Emergency services branch of CSB Homeless Services focuses on medication services for the homeless population. These services are provided by medication clinics staged at various homeless shelters and with the Healthcare for the Homeless program, which provides medication services to the street homeless population at a variety of non-traditional locations throughout the county. Details of both programs follow:

    - **Shelter Based Medication Clinics**: Presently, five different medication clinics are operated at four different homeless shelters, with the fifth medication clinic occurring at one of the mental health centers. These clinics provide needed psychiatric medication services to high risk CSB homeless consumers who have historically had extreme difficulties accessing such services. These clinics operate one day a week at each of the shelters throughout the county. Plans are in place to expand this service to one of the homeless community treatment teams as well.

    - **Homeless Healthcare Program**: This program provides emergency medication services to the street homeless population wherever people are to be found. It provides services at established drop-in centers that are operated by the PATH outreach workers. These medications are dispensed at a church, a faith based drop-in center, a shelter, a multipurpose room at a mental health center and on the street, if needed. This program has shown

success providing medication services to a sector of the street homeless population which historically has neither trusted nor connected with mainstream CSB services. These programs operate five days a week at various sites throughout the county.

- **Supportive Services:** The supportive services branch of CSB Homeless Services provides residential services to formerly homeless individuals. This is accomplished by housing that is leased by the CSB, cooperative relationships with the Department of Housing and Community Development, a collaborative relationship with Pathway Homes and a collaborative relationship with Christian Relief Services Charities. Whenever possible, this housing is implemented using the "housing first" service approach where obtaining housing is not contingent upon the client/consumer accepting services. This housing is a mix of transitional and permanent supportive housing. Three to six contacts a week are provided on site to formerly homeless individuals who now reside in this housing.

- **Community Treatment Team North and South:** Provides onsite services to adults 18 years of age and older with co-occurring disorders, mental health and substance use issues. These individuals can reside at Greymont House, Russell Road House and Pembroke Village for up to two years. Individuals residing in the Shelter Plus Care beds, Crescent Apartment beds or at Valencia Way can remain there for as long as they continue to require that level of care. Contacts are provided three to six times a week as needed and agreed upon by the client/consumer and worker.

- **Housing First Community Treatment Team:** Provides onsite services to adults 18 years of age and older with co-occurring disorders. Consumers/clients can remain there for as long as they continue to require that level of care. Contacts are provided three to six times a week as needed and agreed upon by the client/consumer and worker.

- **Alcohol and Drug Services Housing First:** Provides onsite services to adults 18 years of age and older with substance use and co-occurring disorders. Consumers/clients can remain there for up to two years. Contacts are provided one to four times a week as needed and agreed upon by the client/consumer and worker.

- **Limited Services:** The Limited Services Branch of CSB Homeless Services provide services in a variety of settings that include the shelter, the streets, churches, campsites, and any other non-traditional setting where a homeless individual is located. These services are provided with an emphasis on outreach, engagement, and meeting the homeless individual where they are at in the relationship. The long term goal is to build self sufficiency, engage the individual with mainstream resources and move the individual out of homelessness.

- **Shelter Based Services:** Is operated by the integrated CSB Homeless services team. The physical plant of the homeless shelters is operated by various private non-profit agencies via a contract with the Department of Family Services. CSB Homeless staff provides outreach, engagement, assessments, case management, counseling/therapy and medication services to individual's onsite at the shelters. CSB staff is onsite Monday through Friday until 8 pm at most shelters.

- **PATH:** The PATH team is comprised of CSB clinicians that travel to various areas of the county providing outreach, engagement, basic needs assistance, assessments, case management and counseling/therapy to street homeless individuals. Their work is performed in non-traditional locations that include campsites, the streets and cars.

- **Homeless Healthcare:** The Homeless Healthcare team works closely with the PATH team. This team provides outreach, engagement, assessments, crisis intervention, counseling/therapy and medication services to the street homeless population. This is accomplished by providing services at established drop-in centers that are operated by the PATH outreach workers. The medication services are provided at a church, faith based drop-in center, shelter, multipurpose room of a mental health center, or on the street if needed. This program has shown success providing medication services to the street CSB homeless population that has had a very poor history of accessing mainstream CSB services. These services operate five days a week at various sites throughout the county.

- **Homeless Hypothermia:** The Homeless Hypothermia Team works collaboratively with the PATH team, Homeless Healthcare team, multiple churches and multiple private non-profit agencies. This team provides outreach, engagement, basic needs assistance, assessments, case management and counseling/therapy to street homeless individuals. This service is done in various identified homeless hypothermia sites during the winter months. This team typically works from 1pm-9pm seven days a week during the winter season. When the weather is warmer they provide these same services to street homeless individuals that they established relationships with during the hypothermia season.

Community Outreach:
Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings and settings.

Initiatives and Accomplishments:
The following programs have been initiated over the last four years: Integration of Mental Health and Alcohol and Drug Services Homeless Services into a blended CSB Homeless Services unit; reallocation of 10 transitional residential beds for the homeless to the CSB Homeless unit through a cooperative relationship with Christian Relief Services; opened 14 new housing first permanent supportive housing beds for the homeless via two Shelter Plus Care grants with Pathway Homes and the Department of Housing; opened 11 new permanent supportive housing beds for the homeless in the Reston area of the County; established a CSB Hypothermia team to assist in Fairfax County's efforts to eliminate any deaths of homeless individuals due to hypothermia; established a CSB Homeless Hypothermia team to provide medication services to the street homeless across the county; and converted two Alcohol and Drug *Steps to Recovery* apartment beds to "housing first" beds, which serve homeless individuals with substance use disorders using a "housing first" service model.

Funding Sources:
Funding sources include: Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Project for Assistance in Transitioning from Homelessness (PATH) Federal Block Grant; HUD SHP grant for the two ADS Housing First Beds, Pathway Homes receives funding from HUD via two Shelter Plus Care pass-through grants with the Department of Housing.

Fund 106
Community Services Board (CSB)

► Method of Service Provision

Services are provided by directly operated and contracted programs licensed by DMHMRSAS.

A designated staff person is assigned to on-call duty after normal work hours to address emergencies in programs that do not have staff onsite 24 hours per day, seven days per week, 365 days per year. Emergency Services are also available to consumers in these programs 24 hours per day, seven days per week, 365 days per year.

- Community Treatment and Housing First programs are designed to provide flexible services to consumers with serious mental illness. The frequency of onsite contacts and weekly contacts are based upon individual functioning and needs. Contacts vary from three contacts per week to 40 hours of contact per week.

- Homeless Services at Shelters are designed for homeless consumers. Adult Residential Services staff is onsite at the shelters Monday through Friday from 9:00 a.m. to 5:00 p.m., and several evenings a week.

- Homeless Outreach Services and the Homeless Healthcare Services are designed to seek out homeless individuals living in the street, cars, woods and other areas not suitable for dwelling. Staff frequently visits locations where these individuals tend to hang out. Services are provided daily between 9:00 a.m. and 9:00 p.m.

► Mandate Information

There is no federal or state mandate for this LOB.

106-17: CSB Emergency, Crisis and Detoxification Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-17	*CSB Emergency, Crisis and Detoxification Services*
Personnel Services	$11,869,566
Operating Expenses	$2,401,696
Recovered Costs	($739,570)
Capital Equipment	$0
Total LOB Cost:	$13,531,692
Federal Revenue	$598,803
State Revenue	$4,495,789
User Fee Revenue	$752,958
Other Revenue	$272,699
Total Revenue:	$6,120,249
Net LOB Cost:	$7,411,443
Positions/SYE involved in the delivery of this LOB	125 / 124.0
Grant Positions/SYE involved in the delivery of this LOB	4 / 4.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

A continuum of rapid mental health and substance abuse care is available to the citizens of Fairfax County and the Cities of Falls Church and Fairfax. These services are used to prevent or contain behavioral crises in the target population which may exhibit characteristics such as psychosis, intoxication, suicidality, aggression and illness impact to the point of persons being substantially unable to care for themselves. Depending upon the immediacy of need, Emergency Services, Crisis Stabilization, Detoxification Services and Assessment Services are available to provide short-term safety for both the individual and the community; to assess and stabilize the situation and to link the individual to services that address his long-term needs.

Mental Health (MH) Services: Emergency Services - The priority treatment population for Mental Health Emergency and Crisis Services are adults, adolescents and children who are at risk for being a danger to self or others due to mental illness or, because of mental illness, are so unable to care for themselves that their lives are in imminent jeopardy. Prompt and expert intervention can literally be a matter of life and death. The mission and focus of Emergency and Crisis Services is to "save lives, stabilize the crisis, and connect patients with outpatient care once it is safe to do so."

Depending upon a patient's needs and willingness to accept treatment, services may be delivered in a walk-in psychiatric emergency room at three locations, in the community by the Mobile Crisis Unit at Woodburn Place (a crisis stabilization therapeutic residential facility) or through voluntary or involuntary psychiatric hospitalization. Services provided include: risk assessment; crisis intervention and crisis stabilization; psychiatric evaluation; emergency, medications dispensed or prescribed; admission to a crisis stabilization residential facility and facilitating voluntary and involuntary

psychiatric hospitalizations. In addition to walk-in services, inpatient services and crisis residential services, Emergency and Crisis Services also fields rapid response teams with specialized training in hostage or barricade situations, mass casualty or disaster situations and to acutely traumatized public safety personnel. The Division is also responsible for staffing every commitment hearing held in the County with psychologists who act as "Independent Evaluators" for the Court.

The psychiatrists, clinical psychologists, and clinical social workers who work in Emergency and Crisis Services are seasoned, senior clinicians with specialized clinical training and skills. However, they also must be thoroughly grounded in the mobilization of community resources. It is impossible to successfully treat depression or lower the risk of suicide when the patient has no food or a place to stay.

- **MH Emergency Services** - CSB provides 24 hours a day, comprehensive walk-in psychiatric emergency services to persons critically at risk. Consumers (patients) may come in by themselves, be accompanied by a friend or relative, be referred by various County or private agencies, or be brought in by the police - voluntarily or involuntarily. In addition to crisis intervention and crisis stabilization, "walk-in" services include: hospital pre-admission screenings; pre-detention evaluations; psychiatric hospitalizations; evaluations for, and admissions to, the Crisis Care Program or the Fairfax County Detoxification Center; psychiatric evaluations to rule out medical etiologies of psychological symptoms; medication evaluations, prescriptions or dispensation of medications. MH Emergency Services also provides consultation and assistance to Police (for the Jail Diversion Drop-Off Center or other needed services), Fire and Rescue, Magistrates, Adult and Juvenile Detention Centers, schools, hospitals (Fairfax, Mt. Vernon, Fair Oaks, Reston, and Dominion), Department of Family Services (Child Protective Services and Adult Protective Services) and other human services agencies and families of patients. This program also serves as the off-hour emergency service for Mental Retardation Services, Alcohol and Drug Services, the Northern Virginia Regional Deaf Services Program and Crisis Link (formerly Northern Virginia Hotline).

- **MH Mobile Crisis Unit (MCU)** is a rapid response team that provides expert emergency mental health evaluation and intervention within the community to individuals who are unwilling to seek assistance. MCU routinely responds to high-risk cases of individuals who are dangerous to themselves or others, or who are unable to care for themselves, because of mental illness. The MCU accepts referrals from numerous sources including: Police, family members and significant others, Courts, Fire and Rescue, Child Protective Services, Adult Protective Services, mental health professionals, hospital emergency rooms and community organizations and agencies.

  The MCU prioritizes its cases by level of risk, with the highest risk cases at any given moment responded to first. Examples of the kinds of patients seen by the MCU in the community include those with psychotic disorders, people who are at risk for being a danger to self or others, people with mania or depression and people who are dually diagnosed (both serious mental illness and substance dependent or abusing). Services provided include: crisis intervention; hospital pre-admission screenings; pre-detention evaluations; evaluations for and admissions to the Crisis Care Program and Fairfax County Detoxification Center; back-up clinical services to the Adult Detention Center and Juvenile Detention Center and on-scene consultation to Police and Fire and Rescue. In multi-agency cases, one of the

MCU's objectives is to free others (such as police officers or paramedics) from a scene so that they may respond to other, non-psychiatric emergencies.

- **MH Hostage/Barricade Team** is a rapid response team that is on-call 24 hours per day, seven days per week, to respond to hostage/barricade incidents to serve as consultants to the Fairfax County Police Department's Special Operations Team and Crisis Negotiation Team. On scene, the team develops a psychological profile of the hostage-taker, gathers critical clinical information, monitors negotiations and recommends negotiating strategies and tactics, acts as a resource to the incident commander on decisions that a situation is no longer negotiable and tactical assault is warranted, facilitates involuntary psychiatric hospitalization when needed, treats released hostages, works with families of victims, recommends crowd control strategies when needed and works with families of hostage taker/barricader, particularly if the incident ends in his or her death. The team also provides regular clinical training for police members of the team and participates in training "first responder" police officers, including participating in training simulations.

- **MH Critical Incident Stress Management (CISM)/Disaster Response Team** is a rapid response team that is on-call 24 hours per day, seven days per week to assist police officers, fire fighters, paramedics and any other County employees who have been exposed to a psychologically traumatic event (i.e., line of duty deaths, death of a child, mass or multiple casualty events, workplace violence or the traumatic death of a co-worker). The Team is able to provide various types of expert crisis intervention ranging from on-scene work for long duration public safety events (such as the Oklahoma City tragedy) to brief debriefings immediately after an event, to full scale formal Critical Incident Stress Debriefings. Examples of CISM services include working with Fairfax County public safety personnel after the Oklahoma City disaster, the embassy bombing in Nairobi and earthquakes in Armenia, the Philippines, Turkey and elsewhere. Examples of more local clinical services include debriefings after a fatal elevator accident, after an employee suicide and after a violent death in a County park. In addition to the kinds of clinical services just described, the Disaster Response Team is also able to work on-scene with victims, survivors and families in disaster situations such as plane crashes, weather emergencies or other mass casualty incidents, and to provide emergency psychological services at emergency evacuation shelters set up by the American Red Cross and the Department of Family Services.

- **MH Civil Commitment Program** provides independent evaluators to the General District Court prior to and at every psychiatric commitment hearing conducted in Fairfax County, as required by the Code of Virginia. Independent Evaluators are licensed clinical psychologists or psychiatrists. After a psychiatric temporary detention, but before the commitment hearing (which occurs two days later), they are required to conduct a clinical evaluation of the detainee independent of the evaluation done by the clinicians who initiated the Temporary Detention Order. In the language of the law, they must determine if: (i) the patient is an imminent danger to self or others; or (ii) is so seriously mentally ill as to be substantially unable to care for self; and (iii) that there is no less restrictive alternative to commitment in a psychiatric hospital. The Independent Evaluator provides a clinical report to the Special Justice who conducts the commitment hearing, as well as expert testimony during the hearing itself. The Independent Evaluator is a code-specified gatekeeper; if the Independent Evaluator testifies that there is no further risk of imminent dangerousness, the patient is released and no commitment hearing may be held.

- **MH Crisis Care Program (Woodburn Place)** is a crisis stabilization residential program developed specifically to provide a community-based alternative to psychiatric hospitalization. This intensive, short-term 16-bed residential treatment program provides psychiatric crisis stabilization services to adults with severe and persistent mental illness (including those with co-occurring substance abuse issues), who are experiencing acute psychiatric crises. Services include: comprehensive risk assessment, crisis intervention and crisis stabilization, individual counseling, group-based wellness and recovery activities, including classes in Wellness Recovery Action planning and Wellness Management and Recovery, consultation and coordination with service providers, families, or other social service agencies, psychiatric evaluation, medication evaluations and medication management, substance abuse counseling, psychosocial education and assistance with skills of daily living and short-term case management.

- **MH Entry and Referral Program** is the primary point of contact for new requests for services. Entry and Referral assesses a caller's mental health needs, conducts a risk assessment and assesses the need for emergency intervention and, if needed, makes the referral. Following the assessment, Entry and Referral schedules the initial face-to-face evaluation and/or makes referrals to other appropriate community resources or private providers.

- **MH Women's Crisis Shelter** is a 17-bed crisis residential program for women and children who are fleeing imminent physical domestic abuse and is part of the state-certified County Domestic Abuse Program. Specialized services offered include: crisis intervention, individual and group counseling, children's counseling, assistance with court and in obtaining legal services, assistance in obtaining employment, housing, health care, and meeting other needs and community education to other professionals. Interpreter services and culturally sensitive counseling and materials are available for language minority clients.

Alcohol and Drug (ADS) Services: Emergency Services

Detoxification is an emergency service similar to a hospital. When individuals are in need of detoxification, they are unable to wait safely in the community. Without immediate services, tragedy often results, including death. Furthermore, the lack of immediate, appropriate detoxification services results in citizens using other more expensive yet inappropriate services in the community. The inappropriate use of services includes hospitals, psychiatric facilities, jails and law enforcement interventions. Unsheltered homeless individuals are at especially high risk for death by hypothermia due to having alcohol in their system.

Crisis Intervention and Assessment Services provide comprehensive emergency, stabilization, crisis intervention, assessment and contracted Methadone and Buprenorphine treatment services to individuals requiring treatment for substance use disorders and co-occurring substance use and mental health disorders. Without rapid response and prompt intervention, individuals present a risk to themselves, their family members and/or the public. The goal of Crisis Intervention and Assessment Services is to deliver prompt services to address emergency, stabilization and crisis intervention needs of the clients and the referring agencies. Referring agencies use assessment findings for Court sentencing, resolution of child abuse and neglect cases, child removal and custody resolution and probation monitoring and sanctions. Individuals are most often referred to services by the following agencies: Virginia Department of Probation and Parole, Circuit Court, General District Court, the Alcohol Safety Action Program (ASAP), Juvenile and Domestic Relations Court

(JDRC), the Health Department and the Department of Family Services (including Child Protective Services, Foster Care, and Adult Protective Services). Additional services provided include case management for individuals requiring hospitalization for severe withdrawal symptoms and individuals participating in Methadone and Buprenorphine treatment.

- **Fairfax Detoxification Center** provides medical and non-medical (social) detoxification services to citizens who otherwise would remain intoxicated in the community. ADS also contracts for additional social detoxification services for individuals in the southern part of the services area with the Alexandria Community Services Board's Regional Social Detoxification Center. Detoxification services provide a cost-effective alternative to hospital based service delivery. Some individuals have complicated medical problems which require hospitalization and cannot be addressed in a community based setting. In emergency situations, Hospital Based Medical Detoxification Services are provided through a contract with Prince William Hospital to a small number of clients each year.

  The Fairfax Detoxification Center is considered state-of-the-art innovative programming that includes acupuncture, Buprenorphine detoxification and Diversion/Outreach services. Generally, there are three or more clinical and medical staff on duty during waking hours and two or more staff on duty during client sleeping hours. Clients are admitted to services seven days a week, including day, afternoon, evening and nighttime admissions. The staffing pattern has a wide range of professionals including substance abuse counselors, nurses, psychiatrists, and physicians. Clients of the Detoxification Program receive crisis stabilization, medical and clinical assessments, comprehensive referral services, psychiatric assessment and detoxification monitoring. The Detoxification Program regularly collaborates with and receives community referrals from:

  - Homeless Shelters;
  - Department of Family Services;
  - Fairfax County Police;
  - Community Centers;
  - Probation and Parole;
  - Mental Health Services;
  - Health Department;
  - Area Hospitals;
  - Homeless Outreach Workers; and
  - Community Based Organizations.

- **Diversion Outreach Services** offer an alternative to arrest for individuals who are drunk in public for individuals that have committed no other crime. Individuals are diverted from arrest to detoxification services, thus saving Police, Sherriff and Magistrate time. This program is offered through the Fairfax Detoxification Center and is the result of a successful two year collaborative effort among agencies and stakeholders within the community. Stakeholders include: area Police Departments, Sheriff's Office, Homeless advocates, the CSB, Criminal Justice Agencies, non-profit organizations and consumer groups such as the National Alliance for the Mentally Ill (NAMI).

- **Crisis Intervention and Assessment Services** provides the following mandated services: Services are provided in an outpatient setting. Individuals participate in a structured assessment with a trained clinician. The assessment is a clinical evaluation that includes: alcohol/drug use and history; potential for withdrawal, ability to maintain abstinence, physical and psychiatric conditions, life area functioning, support for recovery and willingness to participate in treatment. A team of professionals reviews the client information and places the client in the appropriate level of care (e.g. detoxification, outpatient, Methadone/Buprenorphine treatment, day treatment or residential services).

- **Contract Management oversight for purchase of Methadone and Buprenorphine treatment** services from the Alexandria Methadone Clinic operated by the Alexandria Community Services Board. ADS Intervention and Assessment Services contracts with the Clinic and in collaboration, case manage the patients receiving Methadone and Buprenorphine services. Oversight includes on-site observations, clinical consultation, case management, review of outcome measures, and coordination of Quality Assurance/Quality Improvement activities.

- **Emergency appointments** for assessment and crisis stabilization.

- **48-hour rapid response** care to pregnant substance abusing/addicted women to intervene and interrupt the associated health risks for the women and their unborn children.

- **Emergency, crisis intervention, assessment and referral services** through the LINK grant to pregnant/post-partum women to intervene and interrupt the cycle of addiction and the resulting serious health issues. This service addresses the mandate for hospitals, physicians, the Department of Family Services and the CSB to collaborate and intervene in prenatal and infant substance exposure.

- **Methadone maintenance** throughout pregnancy to pregnant women who are addicted to heroin to avoid the severe risks to the fetus that is associated with maternal withdrawal.

- **Prioritized services** for individuals that engage in Intravenous Drug use to intervene and interrupt the associated individual and community health risks of HIV/AIDS and Hepatitis.

- **Vital Court information** related to parental substance use associated with child abuse, neglect cases and emergency child removals.

- **A centralized point of entry** to programs and referrals out to private treatment providers in the community.

Community Outreach:
CSB Emergency, Crisis and Detoxification Services provide community outreach primarily through the MCU, the CISM/Disaster Response Team and the Detoxification Diversion/Outreach Team

Initiatives and Accomplishments:

- **Emergency/Mobile Crisis Unit:**
  - Provides Mental Health, crisis intervention and crisis negotiation training to officers in two formal training classes; one in Crisis Intervention and one in Crisis (hostage/barricade) Negotiations. Each class is 40 hours in duration and is offered twice a year at the Criminal Justice Academy. MCU also provides yearly roll-call training in Mental Health issues to police officers at each individual sub-station.

  - The Woodburn Center Emergency Services is the hub of the County's Jail Diversion Program. Woodburn is a "no refusal" drop-off site. Police bring consumers identified with potential misdemeanor charges for assessment, intervention and mental health placement as alternative to jail.

  - Following the tragic events at Columbine High School in Colorado, a project was initiated to gather state-of-the-art information about the assessment and treatment of young people at risk for violence. Using information from the FBI, research projects (both published and unpublished) and the considerable risk assessment experience of Emergency and MCU clinicians, a screening tool was developed and a consultation model was put into place. This has been of substantial value, particularly for FCPS.

  - In the aftermath of Virginia Tech, responded to the media and various groups closely related to the incident offering counseling, direction and support.

  - Developed Outpatient Commitment Procedures to clearly articulate management of these cases within the community.

  - Developed a 25-page manual specifically for police officers that serves as a practical reference for handling situations on the street involving mentally ill citizens and includes ways to access immediate, as well as longer term, psychiatric interventions for these citizens. The manual includes triage charts, Code of Virginia citations, resource telephone numbers and programs, hours of operation and names of contacts. It was distributed, via Roll Call trainings, to every "street" police officer in the five Police Departments within the service area (Fairfax County, the Cities of Fairfax and Falls Church and the Towns of Herndon and Vienna) and has been very well received.

  - Completed a second revision of the "Involuntary Psychiatric Hospitalization" pamphlet created to provide information to "petitioners" and family members about the Temporary Detention and Commitment process**.**

  - Annually provides more than:

    - 500 residential assessments;
    - 1,200 prescreening for hospital placement;
    - 15,000 phone consultations to assist in the coordination of consumer treatment
    - 4,000 consumers contacts for crisis stabilization and crisis intervention; and
    - 6,500 psychiatric medication assessments.

- **Woodburn Place:**
  - In FY 2007, the utilization rate was 100 percent, with an average of 40.3 consumers admitted per month. The availability of this short-term, high-acuity crisis stabilization program in the Northern Virginia area has provided some relief to the growing scarcity of inpatient psychiatric beds in the region.

  - Solidified its role as a state-wide demonstration model of a successful crisis stabilization facility, with similar, newer programs in other parts of Virginia routinely seeking advice and assistance in program design and operations.

  - Admitted a 484 County consumers, 65 percent of whom were diversions from psychiatric hospitalization and an additional 29percent were hospital "step downs," consumers who are still to high risk to be discharged back to their group home or residence, but can be managed in a non-hospitable based crisis stabilization program. These admissions to Woodburn Place resulted in a savings of 5,490 hospital bed days reflecting the philosophy of treating consumers in the least restrictive environment.

- **Fairfax Detoxification/Diversion Programs:**
  - In FY 2007, provided social detoxification services to 585 individuals and medical detoxification services to 232 individuals. 91 percent of the clients admitted for service completed the detoxification process with 57 percent accessing other services to further address their needs.

  - Incorporated psychiatric assessment and monitoring into the services provided for clients. The program regularly provides emergency detoxification services to individuals with co-occurring mental health disorders.

  - In FY 2007, in conjunction with the Police and the County community, diverted 341 individuals from arrest for drunk in public and provided detoxification services thus saving Police, Sherriff and Magistrate time. Without adding new resources, the number of individuals diverted was nearly doubled as compared with FY 2006 admissions. This is a result of additional outreach to police as well as altering operational hours to include services seven days per week.

  - Admitted 234 Spanish speaking individuals. Although Spanish speaking individuals were admitted, there were not adequate resources to serve them. Through collaborative efforts and with existing resources, the program created Spanish speaking services to include counseling, engagement and treatment readiness groups.

  - In January 2008, ADS and MHS will institute the use of an integrated assessment tool assessing both substance use and mental health disorders, completing the "No Wrong Door" goal for CSB services.

  - Effective July 1, 2007, the state provides Medicaid coverage of substance abuse treatment services for children and adults including emergency services, evaluation and assessments, outpatient services including intensive outpatient services, case management, opioid treatment and day treatment.

- **Interagency Relationships in Mental Health Services:**
  - The Emergency Services/MCU is utilized by virtually all County agencies as well as local, state and federal agencies. Emergency clinicians assist in offering everything from general information to direct assessment and intervention. If a consumer is unable to come to one of the emergency sites, the MCU will respond to the scene for the unwilling or unable.

  - Regional Emergency Managers meet with both state and private hospitals to review psychiatric bed utilization and plan for future general County psychiatric bed management.

  - Post commitment hearing, Emergency Services clinicians are responsible for coordinating hospital placement of over 500 insured/uninsured consumers a year to the private and state hospital systems.

  - Training of police in Crisis Intervention.

- **Interagency Relationships in Alcohol and Drug Services:**
  - Offered services in Fairfax, Falls Church and the southern region of the County to accommodate citizens.

  - Worked collaboratively with the Courts, Virginia Department of Probation and Parole, the Alcohol Safety Action Program (ASAP), the Department of Family Services, other County agencies and private providers to ensure rapid and effective delivery of quality services.

  - Worked collaboratively with community stakeholders to provide services to the Homeless Hypothermia Project. Homeless individuals in need of detoxification services are at high risk for death due to hypothermia. Staff worked to in conjunction with the Department of Family Services and Community Based Organizations to ensure that individuals could receive services and would not be at risk of death due to hypothermia.

Participant Characteristics:
Individuals who are served by Emergency, Crisis and Detoxification Services carry a range of diagnoses and problems including:

- Schizophrenia;
- Acute Psychoses;
- Severe Depression;
- Intoxication;
- Homelessness;
- Medical issues;
- Co-occurring disorders (Mental Illness/Substance Abuse; Mental Illness/Mental Retardation);
- Mania;
- Criminal behavior;
- Severe Personality Disorders;
- Eating Disorders;

- Substance Abuse/Dependence Disorders;
- Imminent Danger to Self;
- Imminent Danger to Others;
- Self-mutilating Behaviors;
- Domestic Violence;
- Child or Elder Abuse;
- Involvement with the Criminal Justice System;
- Mental Retardation;
- Homelessness; and
- Any other acute psychological and psychiatric disorder that involves extraordinary crisis and distress.

Trends and Future Issues:

- **Increasing Multicultural Population**: The percentage of men, women and children in the service area from other cultures is growing dramatically. To meet the clinical needs of these growing populations, programs must hire front-line clinicians who are culturally competent and multilingual. Such clinicians are in high demand and, as a County agency with salary constraints; it is extremely difficult to successfully compete in the hiring market for these critically needed clinicians.

- **Increasing numbers of individuals with acute and severe medical problems:** The past several years have shown an increase in the percentage of individuals in need of medical detoxification services. In additional, more individuals are presenting with serious medical complications such as diabetes, hypertension, Hepatitis C and cancer which must be addressed when working with the individuals.

- **Increasing Documentation Requirements**: To comply with new requirements imposed by state licensure, DMHMRSAS State Performance Contract and Medicaid, the amount of documentation has increased dramatically. The time required for clinicians and psychiatrists to complete this documentation is time formerly dedicated to serving high-risk clients. The CSB has also made the transition to electronic files. This has further increased the time required to complete documentation by two-thirds.

- **Increasing Severity of Diagnosis**: As a result of the shift from hospitalization in state psychiatric facilities to community-based care and the lack of insurance to pursue treatment within the private sector, the severity of disorders of those being served has increased significantly

- **Increasing Costs of Psychotropic Medications:** The past ten to fifteen years have seen a revolution in new and far more effective psychotropic medications that are available for the treatment of depression and psychosis. In the case of depression, a family of medications called Selective Serotonin Reuptake Inhibitors (SSRIs) has become the "first line" prescription. SSRIs are not only far more effective than the older tricyclic and Monoamine Oxidase Inhibitors (MAOIs) antidepressants, but they have none of their lethal overdose potential. In the case of psychosis, a class of drugs called atypical antipsychotic (ATPs) has had a dramatic impact on the successful treatment of schizophrenia and, as with the SSRIs, have far fewer side effects than the antipsychotic medications used in the past. However, in

addition to their unquestioned effectiveness, SSRIs and ATPs share another characteristic, which is considerable cost.

- **Increasing Volume of Emergency/MCU Patients**: There is an increasing number of people in the service area, as in virtually every other jurisdiction in the United States, who are underinsured or uninsured. These individuals tend to postpone seeking help until a treatable illness becomes a life-threatening emergency.

- **Waiting List for Services:** The waiting list for assessment services is generally 50 individuals per month waiting for up to weeks for services. Appointments are available for pregnant, IV drugs users or other consumers with urgent needs.

- **Co-morbidity of Substance Use and Mental Health Disorders**: This is prominent in the individuals requiring substance abuse care. Assessment Services lack adequate psychiatric services to address the complex needs of those with co-occurring disorders. Individuals with co-occurring disorders have significant case management needs. Assessment Services currently provides case management services as an embedded component and lacks the ability to provide this as a needed stand-alone service.

- **Increased Need for Medical Detoxification Services:** More individuals are presenting for detoxification services with physical health complications requiring medical detoxification services. Currently, there are limited resources and significant waiting times for this level of care. Additionally, more individuals are presenting for Methadone and Buprenorphine services. Currently, there are also limited resources and significant waiting times for this level of care.

Funding Sources:
Funding sources include: Fairfax County; DMHMRSAS; Medicaid; Medicare; Insurance; Direct Client Payments; and the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant

► Method of Service Provision

Services are provided in both directly operated and contracted programs licensed by DMHMRSAS with each program designed to serve a specific population or meet a specific emergency need.

Emergency
- **Woodburn Center** (Central County): 24 hours per day, seven days per week (including holidays)
- **Northwest Center**: Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)
- **Mt. Vernon Center**: Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)

Mobile Crisis Services
- **MCU:** Sunday through Saturday, 8:00 a.m. to 12:00 a.m. (including holidays)
- **Hostage/Barricade Team**: On-call response 24 hours per day, seven days per week
- **CISM/Disaster Response Team**: On-call response 24 hours per day, seven days per week

Crisis Care Woodburn Place: 24 hours per day, seven days a week (including holidays)

Civil Commitment Program Evaluations:
- On-call Sunday through Saturday, 6:30 a.m. to 11:00 p.m. (including holidays)
- Hearings: Monday through Friday, 6:45 a.m. to 12:00 p.m. (excluding holidays)

Entry and Referral: Monday through Friday, 9:00 a.m. to 5:00 p.m. (excluding holidays)

Women's Crisis Shelter: Undisclosed location, 24 hours per day, and seven days per week.

ADS Detoxification Services: 24 hours per day, seven days per week, 365 days per year

ADS Crisis Intervention and Assessment Services: Monday through Thursday, 8:00 a.m. to 8 p.m.; Friday 8:00 a.m. to 5:00 p.m. Emergency Services are provided 24 hours per day.

► Mandate Information

This LOB is state mandated. The percentage of this LOB resources utilized to satisfy these mandates is 76-100 percent. See the January 2007 Mandate Study, pages 49-59 for the specific state code and a brief description.

106-18: CSB Forensic, Diagnostic, Crisis and Treatment Services

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-18	*CSB Forensic, Diagnostic, Crisis and Treatment Services*
Personnel Services	$2,212,465
Operating Expenses	$297,162
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$2,509,627
Federal Revenue	$159,802
State Revenue	$653,216
User Fee Revenue	$1,112
Other Revenue	$32,507
Total Revenue:	$846,637
Net LOB Cost:	$1,662,990
Positions/SYE involved in the delivery of this LOB	22 / 22.0
Grant Positions/SYE involved in the delivery of this LOB	6 / 6.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

Fund 106
Community Services Board (CSB)

► LOB Summary

The CSB provides both mental health and alcohol and drug related services to inmates at the Fairfax Adult Detention Center and to the criminal justice system. While surveys show some jail inmates suffer solely from serious mental illnesses and others solely from substance abuse disorders, 36 percent of all inmates suffer from co-occurring mental health and substance abuse disorders. There is active collaboration and consultation in service delivery across the mental health and alcohol and drug programs at the Adult Detention Center and both programs answer to a single manager, who coordinates all services. A Jail Services Initiative Grant has been obtained to fund implementation of innovative jail-based treatment programs for offenders with co-occurring disorders. The CSB's Mental Health and Alcohol and Drug Services have been working jointly and expeditiously on integrated, best practices approaches to providing coordinated care not only in the jail, but in all diagnostic and treatment venues across the county and in the towns and cities served by the CSB.

Forensic, Diagnostic, Crisis, and Treatment Services was created 25 years ago to address the clinical needs of persons incarcerated at the Fairfax Adult Detention Center who suffer from serious mental illnesses. The service was also created to assist the Circuit, General District and Juvenile and Domestic Relations Courts with clinical assessments, addressing such important issues as competence to stand trial and sanity at the time of the offense. In recent years, the needs of persons with serious mental illness at the jail have become increasingly more complex. Large numbers of inmates are medically fragile, culturally diverse and presenting with increasingly more challenging mental illnesses. Many are less connected or not connected to community services, as demonstrated by increasingly larger numbers of homeless individuals. According to Bureau of Justice Statistics research, "offenders with mental illnesses reported high rates of homelessness, unemployment, alcohol and drug use and physical and sexual abuse prior to their current incarceration." The needs of these individuals have been highlighted by Court decisions and changes in the law, including direction on the custodial obligations of correctional environments, human rights issues and due process for defendants in court.

The CSB's Forensic Diagnostic, Crisis, and Treatment Service was established at a time when jail staffs around the country struggled with the extremely high rate of suicide within jails, estimated to be nine times greater than the general population. Inmates attempted suicide in alarming numbers, often due to depressive symptoms, substance abuse, medical fragility, fear of incarceration, or just plain shame regarding their charges. Courts ruled that correctional environments could not be "deliberately indifferent" to the needs of the persons they housed (*Farmer v. Brennan*, 1994). This fed the mandate to have mental health professionals who could assess risk level and intervene accordingly. Such interventions may even include secure, temporary transfers to psychiatric hospitals under the Code of Virginia for risk and illness stabilization, with the individual being returned to the jail when no longer at risk.

Citing the obligation to protect the rights of defendants, case law and subsequent code law established the lawful requirement of mental health evaluation and testimony in the courts. In *Dusky v. United States* (1963), the Court mandated that a person could not proceed to trial unless he or she had a rational and factual understanding of their charges and was able to assist an attorney in a defense. In *Chatman v. Commonwealth* (1999) and *Ake v. Oklahoma* (1985) respectively, the Court asserted that an insanity defense and expert testimony were essential elements of due process and fair treatment. The Code of Virginia outlines the procedures for mental health evaluations and mandates that indigent defendants must have access to these evaluations. Likewise, Virginia Code

gave defendants access to pre-sentence evaluations, in which positive findings could result in hospitalization (restoration to competency, or hospitalization of insanity acquittees). The Code also addressed the assessment of sex offenders. These developments again emphasized the need for mental health professionals to participate in the criminal justice system.

In more recent years, yet another mandate is emerging from Court decisions. Prior to release from correctional facilities, courts have ruled that persons with serious mental illnesses need to be connected and referred to mental health treatment in the community (*Brad H. v. City of New York*, 1999). This pre-release planning requires a close working relationship with community mental health treatment providers and the availability of liaison staff within the jail to ensure that these offenders make these needed connections.

Although it is apparent that these services must be provided in a correctional environment, it is less obvious that the provision of mental services in a correctional environment requires staff from both agencies to integrate often mutually-exclusive goals. This unique blending of two agencies, Community Services Board (CSB) and Office of the Sheriff, allows the expertise of each agency to serve this complex population. Services that are sensitive to the security needs of the environment as well as the clinical needs of the incarcerated are provided within one of three programs:

The **Crisis Intervention Program** provides the assessment, diagnosis, risk management and mental health care coordination for individuals with serious mental illnesses who are incarcerated at the Adult Detention Center (ADC) or the Work Release Program. Services include:

- Crisis intervention and crisis stabilization;
- Risk assessment, including risk of suicide and danger to others;
- Emergency psychiatric hospitalization;
- Psychiatric medication evaluation, prescription, and monitoring;
- Behavior management consultation;
- Daily consultation to the Sheriff's staff regarding the safe housing and management of persons with mental illnesses; and
- Suicide prevention screenings and staff training for suicide prevention.

The **Forensic Evaluation Program** provides court-ordered forensic evaluations to indigent clients who are either incarcerated or on bond in the community. It is staffed by professionals who have received Forensic Evaluation Training from the Institute of Law, Psychiatry and Public Policy at the University of Virginia. Types of services include:

- Evaluation regarding Competency to Stand Trial or Plead;
- Evaluation of Sanity at the Time of the Offense;
- Emergency Treatment;

- Presentencing Evaluations; and

- Development of Conditional Release Plans for NGRI's (Not Guilty by Reason of Insanity).

The **Forensic Treatment Program** provides specialized housing and treatment programming to a maximum of 48 men and 24 women with significant mental health needs. In addition to the crisis intervention, medication, and ongoing risk assessments that all identified inmates receive, the inmates in the Forensic Treatment Program have an assigned primary therapist. This therapist is responsible for accessing services for the inmate within the jail, as well as developing an appropriate community treatment package. With these additional services, it is expected that the inmate will make a stronger connection with the community upon release, will be less likely to present a risk to public safety, and will be less likely to return to jail.

As noted in the discussion of contextual factors, the following court decisions and laws, among others, mandate forensic services.

- *Estelle v. Gamble* (1976), *Bowring v. Godwin* (1977) - inmates have a constitutional right to psychiatric care based on the Eighth Amendment's prohibition of cruel and unusual punishment.

- *Farmer v. Brennan* (1994) - correctional environments may not be "deliberately indifferent" to the needs of inmates, especially around risk of suicide.

- *Dusky v. United States* (1963) – defendants must be "competent" to stand trial and trial judges are responsible for ensuring this via expert mental health evaluation and, where needed, restoration to competency.

- *Chatman v. Commonwealth* (1999) and *Ake v. Oklahoma* (1985) - an insanity defense and expert testimony are essential elements of due process and fair treatment.

Virginia laws have more clearly articulated requirements surrounding a variety of court-ordered evaluations including issues of competence, pre-sentence mental status, sanity at the time of the offense, sexual offender status, competence to be executed and others.

The Code of Virginia also outlines the procedures for admission and pre-discharge planning of patients to and from state hospitals when such transfers are required for individuals in legal custody of a jail or prison. As forensic staff members are employees of the CSB, and CSB employees have mandated pivotal activities regarding state hospital admissions and discharges, services are provided in a smooth, continuous manner.

Mental Health staff members are required to have additional specialized skills and training over and above general clinical knowledge. Only seasoned, skilled clinicians who are also comfortable operating in a high-risk, locked-down, complex setting such as a jail are assigned to this demanding environment to meet the needs of offenders who have mental illnesses and who may also present the risk of harm to self or others. **Criminal Justice Diagnostic, Evaluation, and Treatment Services** uses a multidisciplinary team of mental health professionals hired by CSB Mental Health Services and funded by the Office of the Sheriff.

Forensic staff must be able to independently conduct rapid risk assessments and interventions with high-risk inmates, and they must have the appropriate education, training, knowledge and skills to perform these tasks so inmates are not placed at risk of harm to themselves or others. If they do not have advanced skills in this area, they are required to first attend specialized training in Risk Assessments at the Institute of Law, Psychiatry and Public Policy.

According to the Code of Virginia, forensic evaluators must have specialized forensic training approved by the Commissioner of Mental Health, Mental Retardation, and Substance Abuse Services. All forensic staff must receive this training within their first three months of employment.

In 1998, Virginia developed certification for Sex Offender Treatment Providers, and mental health professionals working with sex offenders must have this additional certification.

Given the complexity of the inmates' legal status and high rate of medical complications, staff are required to attend mandatory training in confidentiality, human rights, and exposure to blood-borne and airborne pathogens.

Accreditation standards from the National Commission on Correctional Health Care require that all health care providers have a minimum of twelve hours of continuing education training annually and have current CPR certification. All forensic staff must comply with this standard (Standard J-18).

Office of the Sheriff has monthly training requirements that include review of Standard Operating Procedures and training videotapes. All forensic staff must comply with this requirement.

Alcohol and Drug Criminal Justice and Diagnostic Services (hereafter referred to as "Court Services") provide a continuum of services for offenders with substance abuse or dependence incarcerated in the Fairfax Adult Detention and Pre-Release Centers. As mandated by state code, Court Services operates with an inter-agency agreement between the CSB and the Office of the Sheriff.

The mission of **Court Services** is to work collaboratively with the criminal justice system to divert eligible offenders to community-based services in lieu of incarceration and provide intensive treatment to the incarcerated population that focuses concurrently on substance abuse, criminality, mental health disorders, and intensive release planning.

The range of services includes:

- Court-ordered assessments;
- Diversion of eligible inmates to community-based treatment;
- General population education;
- Cell-block based therapeutic communities for men and women;
- Specialized treatment for offenders with co-occurring mental health and substance abuse disorders;
- Day treatment; and
- Intensive release planning.

Court Services promotes abstinence from alcohol and drugs upon release through education, and individual and group counseling. Programs are designed to achieve permanent changes in the related

problem areas of work or school, family relations, domestic violence, child abuse and neglect, criminal behavior and other legal difficulties. Services include: substance abuse education, individual, group, and relapse prevention counseling, case management and discharge planning to ensure linkage to community-based substance abuse treatment and other required services.

Individuals are most often referred to services by the following agencies:

- Virginia Department of Probation and Parole;
- Circuit Court;
- General District Court;
- Alcohol Safety Action Program (ASAP);
- Juvenile and Domestic Relations Court (JDRC); and
- Virginia Department of Corrections.

Individuals requiring community services upon release are often indigent or are of low-income status. These individuals have little to no ability to access private providers in the community because of a lack of insurance and health benefits. The incarcerated population is at high-risk for relapse and return to criminal activity without jail-based treatment and case management services. In fact, Bureau of Justice Statistics Research indicates that 63 percent of all offenders will re-offend and relapse within the first 90 days if untreated while incarcerated.

Demographic data obtained through jail-based surveys and the inmate data-base indicates that of this offender population, 87 percent are substance abusers, 16 percent have serious mental illnesses, approximately 36 percent have co-occurring mental health and substance abuse disorders, and 24.5 percent are primary language Spanish-speaking. The clinical complexity and challenge of the inmate population has continued to intensify, requiring more intensive multi-disciplinary approaches to address the complexity of interacting disorders.

Community Outreach:
Public forums for community members and interested citizens featuring staff presentations on mental health issues are offered at open luncheons and other meetings. Forensic staff are also represented on important interagency work groups such as jail diversion and others.

For Alcohol and Drug Services-related programs, outreach is coordinated by Prevention, Crisis Intervention and Assessment, and Youth, Adult and Residential Services to reach at-risk and high-risk individuals throughout the community. The populations who are at-risk and high-risk include, but are not limited to, the indigent, language minorities, immigrant refugees from war-torn nations, those with HIV/AIDS, pregnant women and women with dependent children under the age of 18 that are engaged in substance abuse/addiction. Outreach strategies tailored to a specific program's mission and target population are employed.

Annually, ADS participates in the production of Public Service Announcements (PSAs). The PSAs have focused on Prevention, Youth Services, specialized programming, information related to the Communities that Care Youth Survey, and general information related to access of services, including signs and symptoms of abuse and addiction.

Initiatives and Accomplishments:
The Forensic staff has provided a comprehensive service to offenders with serious mental illnesses for twenty-five years. During that time, the staff has developed a close working relationship with the staff of the Office of the Sheriff, as well as maintained close working relationships with state hospitals, mental health centers and Alcohol and Drug Court Services.

More recently, forensic staff members have developed and are implementing the more intensive Forensic Treatment Program. For the first time in the history of the Fairfax ADC, forensic inmates are co-located in two cell blocks (one male and one female) where services and security are provided through a Direct Supervision model. Staff and correctional staff are actually inside the cell block with the forensic clients and provide immediate and more comprehensive services to these inmates. Forensic staff members have been developing this new programming for the past five years. The planning has included specialized training for deputies assigned to work in these cell blocks, development of treatment planning, and selection of outcome measures.

A Jail Services Initiative Grant was obtained to fund the implementation of an innovative jail-based treatment program for offenders with co-occurring mental health and substance abuse disorders. Some services to Spanish speaking persons have been initiated in the jail. In the recent past, no services in Spanish were available to the growing number of Spanish-speaking persons.

Funding Sources:
Funding sources include Fairfax County; DMHMRSAS; and fees from clients and insurance companies.

► Method of Service Provision – All Programs

Hours of Operation: Staff are on duty at the ADC Monday through Friday from 7:00 a.m. to 7:00 p.m., Saturdays and holidays from 8:00 a.m. to 4:00 p.m., and Sunday from 8:00 a.m. to 12:00 p.m. When Forensic staff is not on site, Fairfax County's Mobile Crisis Unit provides emergency backup services.

► Mandate Information

This LOB is state mandated. The percentage of this LOB resources utilized to satisfy the mandate is 23 percent. See the January 2007 Mandate Study, pages 46-59 for the specific state code and a brief description.

106-19: Northern Virginia Regional Projects

Fund/Agency: 106	*Fairfax-Falls Church Community Services Board*
LOB #: 106-19	***Northern Virginia Regional Projects***
Personnel Services	$49,489
Operating Expenses	$6,607,448
Recovered Costs	$0
Capital Equipment	$0
Total LOB Cost:	$6,656,937
Federal Revenue	$0
State Revenue	$6,657,448
User Fee Revenue	$0
Other Revenue	$0
Total Revenue:	$6,657,448
Net LOB Cost:	($511)
Positions/SYE involved in the delivery of this LOB	0 / 0.0
Grant Positions/SYE involved in the delivery of this LOB	2 / 2.0

Note: Net cost equates to General Fund support of this LOB including transfers in and fund balance after applying revenues.

► LOB Summary

Historically, regional initiatives have been implemented by the CSBs that serve Northern Virginia. Because this structure limits coordination of service delivery and adds complicated fiscal reconciliation processes, several regional initiatives have been coordinated through a separate, single organizational entity, the Northern Virginia Regional Projects Office.

Virginia has been divided into forty Community Services Boards or Behavioral Health Authorities since 1969. As early as the 1990's, DMHMRSAS started funding projects on a regional level. Since that time, funding has grown from less than $100,000 to over $9 million for our region. DMHMRSAS has gradually expanded the expectation for regional planning, service coordination, and service delivery. As indicated in the 2007 Community Services Performance Contract, Exhibit J, DMHMRSAS endorses a management approach that is regional in nature. "The regional approach is a highly effective tool for allocating and managing resources and for coordinating the delivery and managing the utilization of services." New state funds for mental health services are more likely to come to the regions rather than to individual CSBs.

In Virginia, seven Health Planning Regions (HPRs) serve the citizens. Fairfax County's region, HPR II, consists of five CSBs: Alexandria; Arlington; Fairfax-Falls Church; Loudoun; and Prince William. The region also includes two state facilities: the Northern Virginia Mental Health Institute (127 bed state psychiatric hospital) and the Northern Virginia Training Center (200 bed facility for persons with MR).

Fund 106
Community Services Board (CSB)

The Northern Virginia Regional Projects Office was created to manage and have oversight of regional initiatives that serve consumers of the five CSBs and two state facilities. Since the Regional Projects Office is not a stand-alone entity, these projects, including the Regional Projects Office, are attached to one of the five CSBs or one of the two state facilities.

Initiatives and Accomplishments:

- **Local Inpatient Purchase of Services (LIPOS):** HPR II utilizes six local hospitals for LIPOS funding: Dominion Hospital, INOVA Fairfax Hospital, INOVA Mt. Vernon Hospital, Prince William Hospital, Snowden Hospital and Virginia Hospital Center. Staff from Emergency Services of the five CSBs place at-risk consumers with no financial resources into these beds when no available beds exist at NVMHI. Discharge planners from the five CSBs monitor their stay and provide discharge planning and transfer to NVMHI as needed.

- **Regional Discharge Assistance Plans (RDAP)**: Creative plans using RDAP funding are jointly authorized by Aftercare Managers from the five CSBs, and these plans have been pivotal in transitioning multiple consumers from NVMHI into the community. Funds pay for appropriate treatment settings and living expenses as needed.

- **Crisis Stabilization Units (CSU):** During the FY 2007, a new Crisis Stabilization Unit (CSU) was added to the community so there are currently three CSU's in three different counties with a total capacity of 26 beds. Staff from Emergency Services of the five CSBs place at-risk voluntary consumers with no financial resources into these beds when these consumers do not need the additional structure of a hospital setting. Discharge planners from the five CSBs place consumers into these beds when a consumer no longer needs a hospital bed but does need more structure than home or when an NGRI consumer needs a community setting for their 48 hour community stay. Admissions are broken down as follows:

    - 66 percent are hospital diversion;
    - 25 percent are step-down from a hospital; and
    - 6 percent are a community stay for consumers who are NGRI (Not Guilty by Reason of Insanity).

  One of these CSUs, Woodburn Place Adult Crisis Care, is operated by the Fairfax-Falls Church CSB.

- **Regional Recovery:** A regional recovery workgroup with membership that includes all stakeholders has met for the past five years and has identified several recovery-oriented projects for our region. Funding management has been provided via a contract with Pathways, a nonprofit organization (except for Regional Community Support Center described below). These projects include:

    - Regional Recovery Program Director who supports the recovery workgroup;
    - Consultative services and technical assistance;
    - Consumer funds and stipends;

- Creation of the Regional Community Support Center (RCSC) to reduce coercive treatment and promote trauma-informed services at NVMHI; and
- Recovery-based educational opportunities, such as WRAP (Wellness Recovery Action Plan) and CELT (Consumer Education and Leadership Training).

Projects in the process of implementation include:

- Assistive technology for consumers;
- Interactive consumer website; and
- Staff to serve as 1) community organizer to coordinate training and develop services and programs, 2) web site and assistive technology coordinator, and 3) regional consumer ombudsman for consumer and family advocacy.

- **Clinical Response Team (CRT)**: Beginning in December 2006, a team of multidisciplinary professionals with expertise in dual diagnosis (mental retardation/mental illness) responded in the community within 48 hours to:
  - support individuals who are in crisis and are at risk for hospitalization;
  - work collaboratively with existing health care providers to help stabilize clients and avert hospitalization; and
  - work collaboratively with facility staff to facilitate community reintegration after admission to a crisis stabilization unit or hospital.
- **Forensic discharge planners:** Each CSB received funding for a forensic case manager/discharge planner who would provide assessments and discharge planning services to:
  - incarcerated adults with serious mental illness;
  - consumers transferred from local jails to WSH (Western State Hospital) forensic services; and
  - consumers in the community who had a history of extensive criminal justice involvement and poor engagement with mental health services.
- **Geriatric Mental Health Services Program:** Effective July 2007, the region received funding for a team of multidisciplinary professionals with expertise in geriatric issues who will provide services to a small number of nursing homes and Assisted Living Facilities so these facilities will have increased capacity for persons with psychiatric symptoms. Funding is also available to supplement the Auxiliary Grant. It is expected that this program will divert and discharge older adults from state geriatric psychiatric facilities and will offer options for housing and treatment in our region. This fiscal agent for this program is the Arlington CSB.

- **Training/consultation:** Funding was provided to our region for staff training related to recovery principles, crisis stabilization, and service integration (MH/SA). Regional trainings included: Comprehensive Continuous Systems of Care for Individuals with Co-occurring Disorders; Emergency Department Visits by People with Psychiatric Disabilities: Diversion and Discharge. Staff from the five CSBs, NVMHI and NVTC are meeting and developing a website for regional training.

- **Regional Projects Office**: The Regional Projects Manager was hired in January 2007, and the Management Analyst, Senior Clinician and Administrative Assistant were hired in October 2007. An office location was found and set up in October 2007. Coordination among the five CSBs and data collection and analysis had been occurring for the past five years but infrastructure and organizational issues were further refined as this office has evolved.

- **Recovery:** The Regional Recovery Program Director and the Regional Community Support Center Director were hired. Funding was available to set up several consumer drop-in centers and other consumer-run projects, and funding was available for several recovery-oriented educational opportunities.

- **Geriatric Mental Health Services:** Funding was awarded to our region to set up a program, with the Arlington CSB designated as the fiscal agent.

- For regional planning purposes, the Northern Virginia Strategic Planning Partnership was established in 2002. It is a coalition of stakeholders devoted to serving persons with mental illness, mental retardation, and substance addiction, and this body includes representatives from all major stakeholder groups, including CSBs, private non-profit organizations, advocacy groups, family members, and consumers. Their initial goals included the creation of plans related to the use of state psychiatric facilities and provision of input into the DMHMRSAS Integrated Strategic Plan. This regional planning resulted in the initiatives that have become part of the Regional Projects Office and Regional Recovery Office.

Trends and Future Issues:
As other programs are created, additional staff positions will be needed to oversee, or in some cases, directly run regional programs.

Participant characteristics:
Consumers served by these regional programs include:

- Consumers with risk issues who need inpatient treatment;

- Consumers with serious mental illness who have not been able to leave a state hospital without funding for a specialized treatment program;

- Consumers in crisis who need the structure of a crisis stabilization unit;

- Dually diagnosed consumers with mental retardation and mental illness who are at risk of hospitalization;

- Incarcerated consumers with serious mental illness who need case management services to increase their opportunities for successful community re-integration; and

- Older consumers with serious mental illness who need intensive services in order to be accepted by a nursing home or Assisted Living Facility.

In addition, both staff and consumers have been provided a range of opportunities that promote a recovery-oriented environment.

Funding Sources:
Funding source is DMHMRSAS. In the FY 2008 budget, the Fairfax-Falls Church CSB has established state regional grants the following programs: LIPOS, RDAP, CSU, Regional Recovery, and CRT. The forensic discharge planner funds are budgeted as non-regional state grant to the CSB. The geriatric mental health program budget is the responsibility of the Arlington CSB. A large share of the training and consultation funds are budgeted within Alcohol and Drug Services as a federal pass-through from DMHMRSAS with the remainder budgeted as part of a state regional grant.

► Method of Service Provision

Services are provided by regional staff. Normal business hours are Monday through Friday, from 8:00 a.m. to 4:30 p.m. and may include evening and weekend hours for meetings.

► Mandate Information

There is no federal or state mandate for this LOB.

AGENCY PERFORMANCE MEASURES

Objectives

- To provide direction and management support to CSB programs so that 80 percent of service quality and outcome goals are achieved.

- To provide stabilization services outside of the hospital to 95 percent of clients seen in General Emergency Services.

- To conduct 80 percent of evaluations within 24 hours after initial contact.

- To enable 80 percent of consumers in adult day treatment services for more than 30 days to avoid hospitalization for at least 6 months.

- To improve functioning of 70 percent of consumers served by the Adolescent Day Treatment Program.

- To enable 55 percent of consumers served in the Supervised Apartment program to move to a more independent residential setting within one year.

- To enable 90 percent of consumers served by Supportive Services to maintain stable housing for at least one year.

- To schedule 100 percent of consumers referred for an assessment within 7 days of discharge from the hospital.

- To enable 70 percent of participants in the Men's Program (ADAPT) to successfully complete the program.

- To enable 98 percent of individuals completing the Men's Program (ADAPT) to avoid being returned to the program by the Courts.

- To improve community tenure for PACT consumers so that 90 percent reside outside of the jail or hospital for at least 330 days in a year.

- To support individuals' self-sufficiency in the community by ensuring that clients receiving Targeted Case Management services meet at least 95 percent of their individual service plan objectives.

- To achieve a level of at least 90 percent of individuals who are able to remain living in group homes rather than more restrictive settings.

- To achieve an annual increase of at least 1 percent in average wage earnings reported for individuals in Supported Employment services (both individual and group-based programs).

- To provide substance abuse treatment to clients in the Crossroads program so that 80 percent of clients receiving at least 90 days of treatment are either employed or in school upon leaving the program. *

- To provide substance abuse treatment to clients in the Intermediate Rehabilitation Services (Phoenix) program so that 80 percent of clients receiving at least 30 days of treatment are either employed or are in school upon leaving the program.

- To improve the employment and/or school status for 80 percent of adults who participate in at least 30 days of outpatient treatment.

- To improve the employment and/or school status for 80 percent of youth who participate in at least 30 days of outpatient treatment.

- To increase knowledge of healthy lifestyles, substance abuse warning signs and available alcohol and drug abuse resources among 85 percent of participants in prevention education programs.

- To improve the employment and/or school status for 80 percent of adults who participate in at least 90 days of day treatment services.

- To improve the employment and/or school status for 85 percent of youth who participate in at least 90 days of day treatment services.

Fund 106
Community Services Board (CSB)

- To improve emergency crisis intervention and assessment services so that 85 percent of assessed clients receive the appropriate level of care based on American Society of Addiction Medicines (ASAM) criteria.

- To complete evaluations and develop an Individualized Family Service Plan (IFSP) for 100 percent of families within 45 days from intake call.

Indicator	Prior Year Actuals		Current Estimate	Future Estimate	LOB Reference Number
	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009	
Output:					
General Emergency - Service hours provided	26,164	22,000 / 28,479	22,000	26,000	106-17
General Emergency - Persons seen	5,096	5,000 / 5,086	5,100	5,300	106-17
Independent Evaluators - Persons seen	598	464 / 540	464	500	106-17
Independent Evaluators - Service hours provided	1,738	1,294 / 1,594	1,294	1,500	106-17
Adult Day Treatment - Consumers served	203	172 / 193	172	190	106-03
Adult Day Treatment - Service hours provided	36,726	33,000 / 31,553	33,000	33,000	106-03
Adolescent Day Treatment - Consumers served	34	38 / 27	38	38	106-05
Adolescent Day Treatment - Service hours provided	12,380	15,000 / 15,168	15,000	15,000	106-05
Supervised Apartments - Consumers served	631	475 / 642	475	600	106-04
Supervised Apartments - Service days provided	97,154	75,000 / 100,317	75,000	95,000	106-04
Supportive Living - Consumers served	520	525 / 516	525	525	106-04
Supportive Living - Service hours provided	22,276	23,000 / 23,194	23,000	23,000	106-04
Mental Health Adult and Family Services – Consumers served	3,161	3,000 / 3,174	3,000	3,100	106-03
Mental Health Adult and Family Services – Service hours provided	32,788	36,000 / 34,250	36,000	36,000	106-03
Mental Health Adult and Family Services – Persons served	326	250 / 356	250	250	106-03
Mental Health Adult and Family Services – Service hours provided	4,416	2,596 / 4,761	2,596	2,596	106-03
Mental Health Adult and Family Services – Consumers served	101	100 / 108	100	100	106-03
Mental Health Adult and Family Services – Service hours provided	16,029	15,779 / 15,574	15,779	15,779	106-03
Targeted Case Management - Individuals served	1,156	1,254 / 1,202	1,200	1,200	106-12
Group Homes - Individuals served	311	305 / 314	305	305	106-14

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Output:					
Day Support - Total individuals served	1,174	1,231 / 1,188	1,293	1,293	106-13
Day Support - Non-Medicaid eligible individuals served	711	727 / 677	735	735	106-13
Supported Employment - Non-Medicaid eligible individuals served	NA	539 / NA	570	570	106-13
Crossroads - Clients served	155	155 / 128	130	130	106-08
Intermediate Rehabilitation - Clients served	38	24 / 12	18	18	106-08
Adult Outpatient - Clients served	1,598	2,000 / 1,450	1,500	1,500	106-06
Youth Outpatient - Clients served	1,066	1,000 / 1,004	1,000	1,000	106-09
Units of service for prevention education services	3,541	2,800 / 3,598	3,500	3,500	106-02
Adult Day Treatment - Clients served	132	140 / 147	140	140	106-07
Youth Day Treatment - Clients served	200	180 / 119	130	130	106-10
CSB Emergency – Clients served	2,208	2,000 / 2,027	2,100	2,100	106-17
CSB Emergency – Individuals served	1,739	1,916 / 1,850	2,110	2,223	106-17
Efficiency:					
General Emergency - Annual cost per client	$619	$587 / $708	$610	$579	106-17
Independent Evaluators - Annual cost per client	$335	$447 / $673	$447	$727	106-17
Adult Day Treatment - Annual cost per consumer	$4,509	$7,420 / $4,908	$7,752	$7,088	106-03
Adolescent Day Treatment - Annual cost per consumer	$16,160	$18,895 / $19,634	$19,713	$19,898	106-05
Supervised Apartments - Annual cost per consumer	$2,271	$3,371 / $2,391	$3,485	NA	106-04
Supportive Living - Annual cost per consumer	$2,098	$2,272 / $2,381	$2,301	NA	106-04
Mental Health Adult and Family Services – Annual cost per consumer	$3,959	$4,213 / $4,081	$4,489	$4,728	106-03
Mental Health Adult and Family Services – Annual cost per client	$320	$912 / $640	$948	$640	106-03
Mental Health Adult and Family Services – Annual cost per consumer	$9,812	$8,910 / $10,177	$8,968	$10,991	106-03
Targeted Case Management - Cost per individual served	$2,611	$2,690 / $2,698	$2,716	$2,756	106-12
Group Homes - Cost per client served	$33,230	$34,228 / $35,281	$35,798	$40,604	106-14

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009		LOB Reference Number
Efficiency:						
Day Support - Cost per individual served with local funds	$17,302	$18,750 / $16,815	$18,481	$18,982		106-13
Supported Employment - Cost per individual served with local funds	$10,871	$11,709 / $11,661	$11,113	$12,296		106-13
Crossroads - Cost per client	$8,811	$10,015 / $11,834	$12,482	$12,695	*	106-08
Intermediate Rehabilitation - Cost per client	$3,859	$8,067 / $3,744	$5,342	$9,492		106-08
Adult Outpatient - Cost per client	$1,637	$1,401 / $1,910	$1,957	$1,910		106-06
Youth Outpatient - Cost per client	$1,066	$2,236 / $1,856	$1,888	$1,923		106-09
Adult Day Treatment - Cost per client	$3,401	$4,310 / $3,121	$4,506	$3,816		106-07
Youth Day Treatment - Cost per client	$3,407	$4,309 / $5,890	$4,560	$6,282		106-10
CSB Emergency – Cost per client	$607	$423 / $314	$428	$404		106-17
Early Intervention for Infants and Toddlers – Annual cost per individual served	$1,635	$1,403 / $1,467	$1,466	$1,840		106-15
Service Quality:						
Adolescent Day Treatment - Percent of clients and family members satisfied with services	76%	90% / 86%	90%	90%		106-05
Supervised Apartments - Number of new consumers receiving services	76	50 / 61	50	50		106-04
Supportive Living - Number of new consumers receiving services	57	45 / 33	45	45		106-04
Mental Health Adult and Family Services – Percent of consumers satisfied with services	85%	85% /85%	85%	85%		106-03
Mental Health Adult and Family Services – Percent of consumers satisfied with services	98%	90% / 98%	90%	90%		106-03
Targeted Case Management - Percent of individuals satisfied with services	95%	90% / 97%	90%	90%		106-12
Group Homes - Percent of individuals who are satisfied with support services	90%	88% / 90%	88%	88%		106-14
Day Support - Percent of individuals satisfied with services	92%	90% / 95%	90%	90%		106-13
Crossroads - Percent of clients satisfied with services	97%	90% / 97%	90%	90%	*	106-08
Intermediate Rehabilitation - Percent of clients satisfied with services	84%	85% / 85%	90%	90%		106-08
Adult Outpatient - Percent of clients satisfied with services	95%	90% / 95%	90%	90%		106-06
Youth Outpatient - Percent of clients satisfied with services	91%	90% / 92%	90%	90%		106-09

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Service Quality:					
CSB Prevention Services – Percent of clients satisfied with services	90%	90% / 89%	90%	90%	106-02
Adult Day Treatment - Percent of clients satisfied with services	95%	80% / 95%	80%	80%	106-07
Youth Day Treatment - Percent of clients satisfied with services	91%	80% / 92%	80%	80%	106-10
CSB Emergency – Percent of clients satisfied with services	98%	95% / 96%	95%	95%	106-17
Percent of families who agreed that early intervention services made them feel more confident in meeting their child's needs	96%	95% / 96%	95%	95%	106-15
Outcome:					
Percent of CSB service quality and outcome goals achieved	81%	80% / 77%	80%	80%	106-01
General Emergency - Percent of consumers who receive stabilization services without admission to a psychiatric hospital	97%	95% / 97%	95%	95%	106-17
Independent Evaluators - Percent of evaluations conducted within 24 hours of contact	96%	80% / 82%	80%	80%	106-17
Adult Day Treatment - Percent of consumers not hospitalized within 6 months of receiving more than 30 days of treatment.	85%	75% / 92%	75%	80%	106-03
Adolescent Day Treatment - Percent of consumers that demonstrate improvements in school, family and community behaviors.	86%	70% / 53%	70%	70%	106-05
Supervised Apartments - Percent of consumers able to move to a more independent residential setting within one year	17%	55% / 35%	55%	55%	106-04
Supportive Living - Percent of consumers that maintain stable housing for one year or more	95%	90% / 95%	90%	90%	106-04
Percent of consumers scheduled for an assessment within 7 days of discharge	64%	100% / 77%	100%	100%	106-03
Percent of participants who complete program	78%	70% / 75%	70%	70%	106-03
Percent of clients not returned to program by the Courts	100%	98% / 100%	98%	98%	106-03
Percent of consumers who remain out of jail or the hospital for at least 330 days in a year	92%	90% / 90%	90%	90%	106-03

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009		LOB Reference Number
Outcome:						
Targeted Case Management - Percent of individual case management service plan objectives met	98%	95% / 98%	95%	95%		106-12
Group Homes - Percent of individuals living in group homes who maintain their current level of service	97%	85% / 99%	90%	90%		106-14
Supported Employment - Average wages reported by individuals in group-based programs	$4,957	$5,007 / $5,160	$5,057	$5,263		106-13
Supported Employment - Average wages reported by individuals in individual-based programs	$15,113	$15,264 / $15,952	$15,417	$16,273		106-13
Supported Employment - Percent change in average wages reported by individuals in all programs	NA	1.00% / NA	1.00%	1.00%		106-13
Crossroads - Percent of clients participating in at least 90 days of treatment who are either employed or in school upon leaving the program	93%	80% / 92%	80%	80%	*	106-08
Intermediate Rehabilitation - Percent of clients receiving at least 30 days of treatment who are either employed or in school upon leaving the program	92%	80% / 100%	80%	80%		106-08
Adult Outpatient - Percent of clients showing improvement in their employment and/or school status after 30 days of treatment	84%	80% / 81%	80%	80%		106-06
Youth Outpatient - Percent of clients showing improvement in their employment and/or school status after 30 days of treatment	97%	80% / 97%	85%	85%		106-09
Percent of participants with higher post-test scores after completion of prevention education programs	87%	85% / 89%	85%	85%		106-02
Adult Day Treatment - Percent of adults showing improvement in employment and/or school status after 90 days of treatment	84%	80% / 81%	80%	80%		106-07
Youth Day Treatment - Percent of youth showing improvement in employment and/or school status after 90 days of treatment	97%	85% / 99%	85%	85%		106-10

Fund 106
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2006 Actual	Prior Year Actuals FY 2007 Estimate/Actual	Current Estimate FY 2008	Future Estimate FY 2009	LOB Reference Number
Outcome:					
Percent of clients who access the appropriate level of care based on ASAM criteria	82%	85% / 91%	85%	85%	106-17
Percent of families who received completed IFSP within 45 days of intake call	86%	100% / 94%	100%	100%	106-15
Average number of days from referral to completion of IFSP	35	32 / 38	32	32	106-15

* Indicates that the family of measures was for both 106-08 and 106-11; reflect as 106-08.