Fairfax County, Virginia

LINES OF BUSINESS

February 2016

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

County Lines of Business (LOBs)
Presentation to the Board of Supervisors

www.fairfaxcounty.gov/budget/2016-lines-of-business.htm

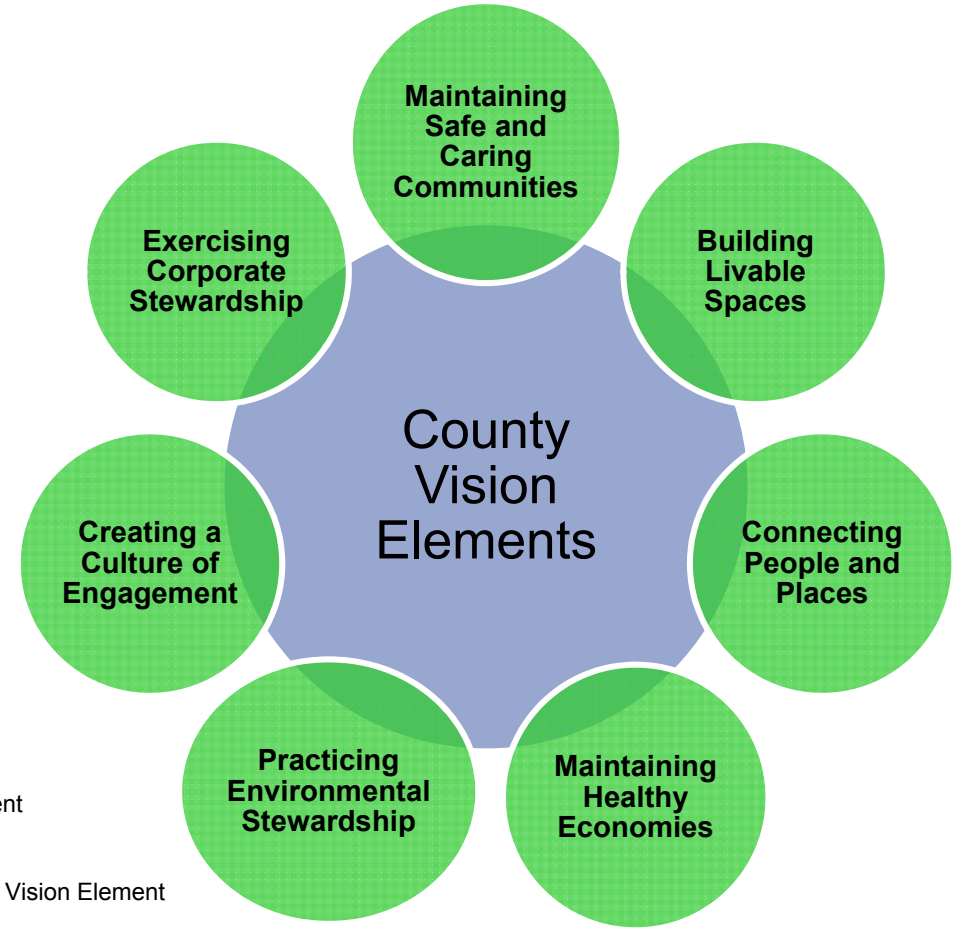
OUTLINE OF TODAY'S PRESENTATION

1. Vision Elements & LOBs background documents *Slides 3-6*
2. LOBs summary *Slide 7*
3. Department overview *Slides 8-9*
4. Drivers *Slides 10-15*
5. Focus areas:
    - Community *Slide 16*
    - Integrated Health *Slides 17-26*
    - Intellectual and Developmental Disabilities (IDD) *Slides 27-34*
    - Youth *Slides 35-40*
    - Adults *Slide 41*
        - Behavioral Health Trends & Challenges *Slide 42*
        - Opioid Epidemic *Slides 43-48*
6. Agency Challenges and Opportunities *Slides 49-55*
7. Discussion *Slide 56*

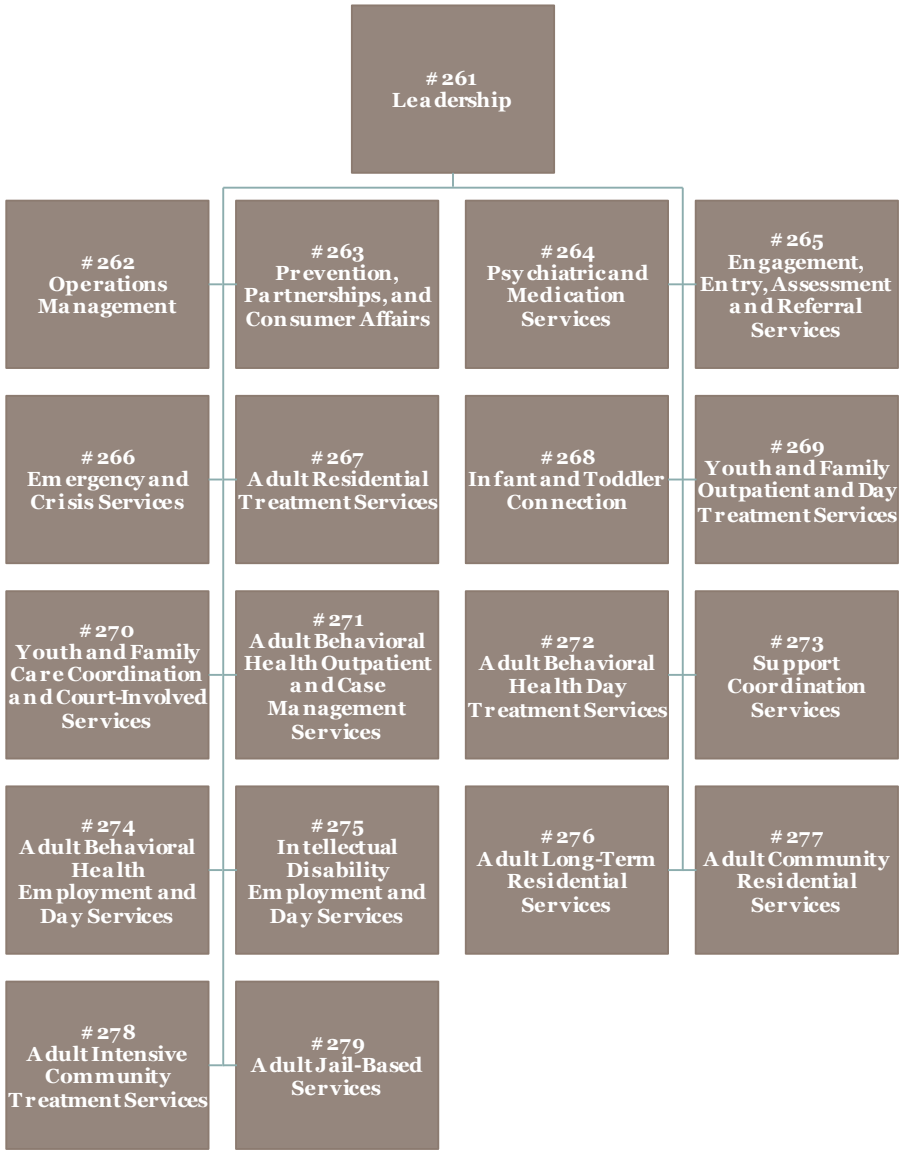
*Note: See **www.fairfaxcounty.gov/budget/2016-lines-of-business.htm** to access all LOBs documents and presentations.*

COUNTY VISION ELEMENTS

- The purpose of the LOBs process and the validation process performed by staff and management is to array the relevance of all LOBs according to the County's Vision Elements. Our LOBs support:



LOBS AT A GLANCE



DEPARTMENT RESOURCES

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
FUNDING			
Expenditures:			
Compensation	$66,750,189	$67,433,034	$68,954,300
Benefits	23,678,092	24,904,914	28,339,698
Operating Expenses	52,422,504	53,898,140	57,387,221
Work Performed for Others	(1,552,393)	(1,636,591)	(1,173,974)
Capital Equipment	102,260	391,535	0
Total Expenditures	**$141,400,652**	**$144,991,032**	**$153,507,245**
Transfers Out:			
Transfer Out to General Fund	$0	$4,000,000	$0
Total Transfers Out	**$0**	**$4,000,000**	**$0**
Revenues:			
Fairfax City	$1,336,100	$1,389,544	$1,510,434
Falls Church City	605,595	629,819	684,613
State DBHDS	13,259,822	11,741,114	13,179,720
Federal Block Grant	4,079,500	4,105,862	4,079,477
Federal Other	121,409	139,158	154,982
Medicaid Waiver	2,144,782	2,310,812	2,756,068
Medicaid Option	9,185,343	9,044,595	9,569,853
Program/Client Fees	5,209,827	5,711,896	5,414,527
CSA Pooled Funds	1,083,303	917,004	654,973
Miscellaneous	48,351	42,742	14,100
Total Revenue	**$37,074,032**	**$36,032,546**	**$38,018,747**
Transfers In:			
Transfer In from General Fund	$110,081,034	$112,186,215	$115,488,498
Total Transfers In	**$110,081,034**	**$112,186,215**	**$115,488,498**
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	978 / 973.75	977 / 972.75	952 / 947.75
Total Positions	**978 / 973.75**	**977 / 972.75**	**952 / 947.75**

LOBS SUMMARY TABLE

LOB #	LOB Title	FY 2016 Adopted Disbursements	FY 2016 Adopted Positions
261	Leadership	$2,626,294	20
262	Operations Management	13,124,432	88
263	Prevention, Partnerships, and Consumer Affairs	2,940,836	24
264	Psychiatric and Medication Services	12,201,926	36
265	Engagement, Entry, Assessment and Referral Services	2,882,333	31
266	Emergency and Crisis Services	10,995,390	99
267	Adult Residential Treatment Services	9,069,064	91
268	Infant and Toddler Connection	7,486,104	41
269	Youth and Family Outpatient and Day Treatment Services	8,165,841	68
270	Youth and Family Care Coordination and Court-Involved Services	3,842,267	31
271	Adult Behavioral Health Outpatient and Case Management Services	9,411,040	100
272	Adult Behavioral Health Day Treatment Services	1,738,537	15
273	Support Coordination Services	6,208,989	66
274	Adult Behavioral Health Employment and Day Services	3,295,363	6
275	Intellectual Disability Employment and Day Services	23,196,021	12
276	Adult Long-Term Residential Services	18,175,358	90
277	Adult Community Residential Services	11,088,587	77
278	Adult Intensive Community Treatment Services	5,224,934	41
279	Adult Jail-Based Services	1,833,929	16
Total		**$153,507,245**	**952**

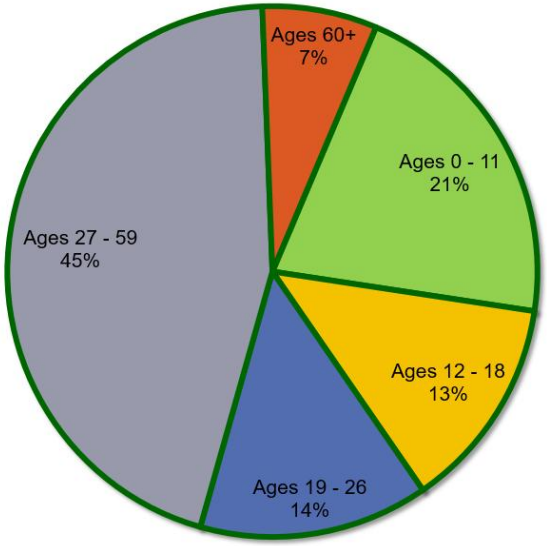
KEY TO LOB PRIMARY FOCUS

Entire Community/Cross Cutting	Adult	Youth	Intellectual and Developmental Disabilities
• CSB Leadership (#261) • Operations Management (#262) • Prevention, Partnerships & Consumer Affairs (#263) • Engagement, Entry, Assessment & Referral (#265) • Emergency and Crisis Services (#266) • All efforts toward Integrated Behavioral and Primary Care	• Psychiatric and Medication Services *~89%~* (#264) • Adult Residential Treatment Services (#267) • Adult Behavioral Health Outpatient and Case Management Services (#271) • Adult Behavioral Health Day Treatment Services (#272) • Adult Behavioral Health Employment and Day Services (#274) • Adult Community Residential Services (#277) • Adult Intensive Community Treatment Services (#278) • Adult Jail-Based Services (#279)	• Psychiatric and Medication Services *~11%~* (#264) • Infant and Toddler Connection-ITC (#268) • Youth & Family Outpatient and Day Treatment Services (#269) • Youth & Family Care Coordination and Court Involvement Services (#270)	• Support Coordination Services (#273) • Intellectual Disability Employment and Day Services (#275) • Adult Long-Term Residential Services (#276)

DEPARTMENT OVERVIEW

- Single point of entry to publicly-funded system, and sole public provider of behavioral health services and supports, for people experiencing developmental delay, intellectual/developmental disability, serious emotional disturbance, serious mental illness and/or substance use disorders
- Directly provide or contract essential services to residents with most serious disabilities and with greatest inability to otherwise access medically necessary services
- One of 40 CSBs state-wide, by far the largest:
  - 21,874 individuals served in FY2015
  - FY 2016 adopted $153.51 million; 952 regular merit positions
  - ~ 50 unique buckets of state & federal funding
- People served in 147 locations, with 159 provider partners

Ages served on average since 2014



- Serving our most vulnerable residents contributes to quality of life for the entire county and cities of Fairfax and Falls Church, and significantly ensures all County Vision Elements and Priorities - especially Maintaining Safe and Caring Communities

DEPARTMENT OVERVIEW CONT.

CSB is the only provider of mandated behavioral healthcare in county government and is held to strict state and federal regulations

- Legally Mandated Services
- Mandated Standards for Discretionary Services
- Department of Behavioral Health and Developmental Services *State Performance Contract* governs all we do
- ~ $35 million in state and federal funding
- Rapidly shifting requirements:
  - Department of Justice Settlement Agreement (DOJSA) driving IDD system of care changes and policy priorities
  - Emergency & Crisis response – all populations

THERE IS NO HEALTH WITHOUT MENTAL HEALTH

- Behavioral health issues negatively affect virtually all of the needs that county services are designed to address.
- If residents cannot access affordable, timely and appropriate behavioral health supports and services, Public Safety and other Human Service system partners will be negatively impacted.
- Many of the impediments to an individual's ability to achieve economic self-sufficiency, a healthy lifestyle, positive living, and sustainable housing stem from issues addressed by CSB.
- Access to service improves an individual's ability to achieve success in all aspects of a healthy self-determined life. The individual and family benefit; the community benefits.

Prevention works. Treatment is effective. People recover. *(SAMHSA)*

LOOKING FORWARD: COMMUNITY INCLUSION

Loud and clear direction from federal and state government, regulatory agencies, and funders:

- Move people out of institutions and hospitals into community-based settings and services
- Move people from more segregated and restrictive settings and services to individualized and least restrictive settings and services
- Keep people out of institutions and hospitals in the first place
- Keep low-risk people out of jail and detention

FEDERAL DRIVERS

The Federal Department of Health and Human Services' Substance Abuse and Mental Health Services Administration "leads the public health efforts to advance the behavioral health of the nation."

SAMHSA's 2015-2020 strategic priorities (SAMHSA, 2014):

- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

The Patient and Affordable Care Act of 2010 (ACA) provides for a large expansion of services for mental health and substance use disorders. States that have expanded Medicaid reap the greatest benefits. A section of ACA promotes the establishment of Behavioral Health Homes *(Virginia is piloting with 8 CSBs, more later).*

STATE DRIVERS

Virginia's Department of Behavioral Health and Developmental Services (DBHDS) is the state agency responsible for providing behavioral health care to the citizens of Virginia (MH, SA, IDD).

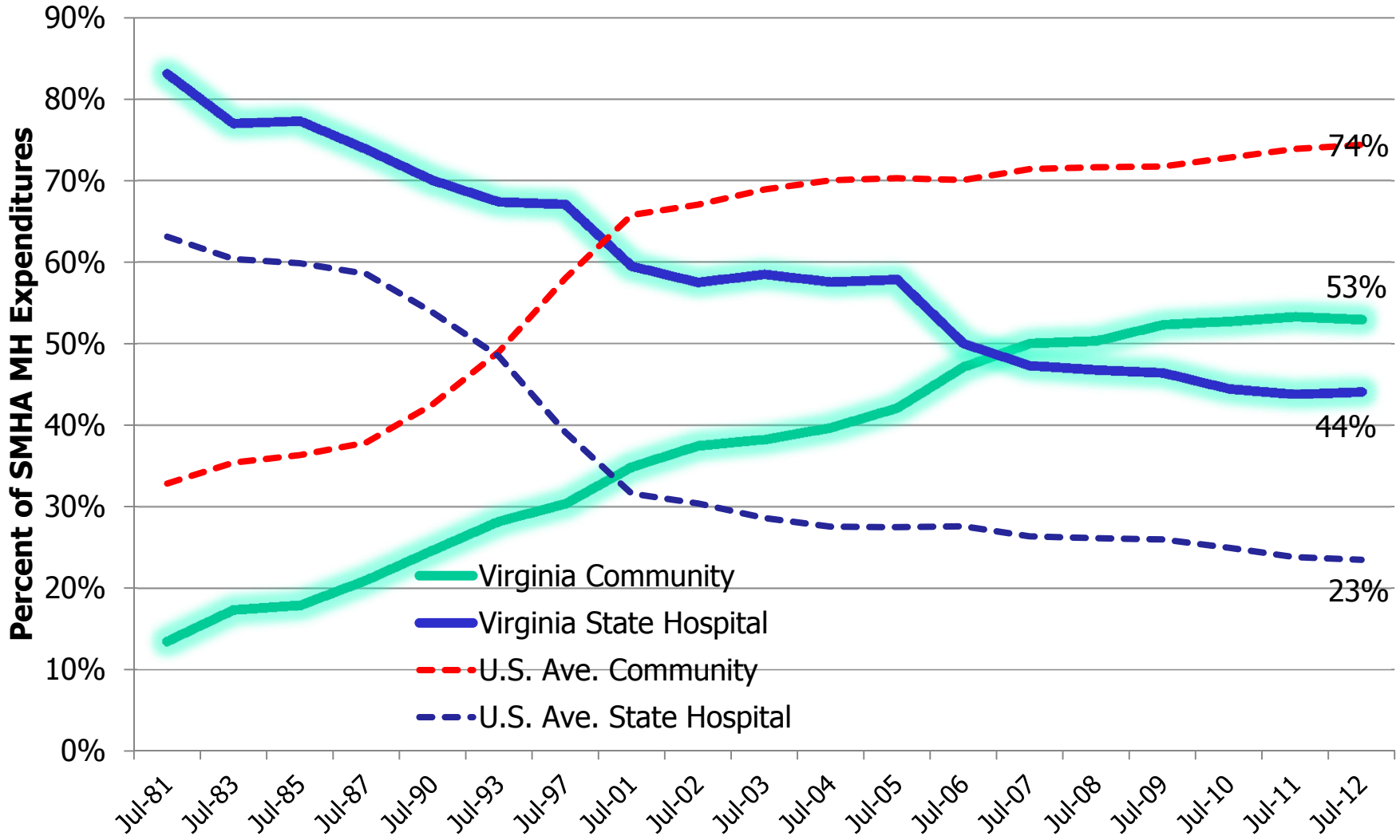
Per DBHDS FY2014 Annual Report:

- Total Agency Budget: $999.2 million (2% of total state budget)
  - Facilities (Training Centers/State Hospitals) = 59%
  - CSBs = 35%
  - Central Office = 6%
- Expenditures by Area
  - 57% (MH)
  - 9% (SA)
  - 28% (ID)
  - 6% (Central Office)

For persons with IDD, the DOJSA requires that Virginia accelerate from this out-of-date model heavy on institutional care to greater community inclusion.

Virginia has also been slow to move towards a community-based model for behavioral healthcare as compared to other states. Example of MH expenditures, exclusive of ID and SA (see figure next slide):

STATE DRIVERS CONT.



Virginia and U.S. SMHA-Controlled Expenditures for Mental Health – State Hospital & Community Mental Health 1981 to 2012 (NRI, 2014)

TRANSITION FROM INSTITUTION TO INCLUSION

- Virginia is **9th** in the country for spending on hospital-based care but **39th** in spending on community-based care for services such as outpatient therapy counseling, psychosocial treatment, case management, and programs that contribute to stability, self-sufficiency, and recovery* even though community-based care is cheaper and produces better outcomes than institutional care.

- The CSB will continue to face increasing demands in coming years as the Commonwealth closes large state-run facilities. *Unless Virginia adjusts its priorities for spending by moving commensurate savings into the localities*, meeting the demand for community-based care will continue to be a challenge for Fairfax-Falls Church CSB, and…

- The CSB will remain largely dependent upon GF transfer to meet the BOS' historical 'social contract' with the community.

*The National Association of State Mental Health Program Directors Research Institute

LOBS: COMMUNITY

LOBs in service of **entire community** and all Vision Elements: **261, 262, 263, 265, 266**

Total FY2016: $32.57 million; GF transfer: 71.5%

VIVA
Valued Interns, Volunteers and Advocates

USA

at-risk in the ED
Online training for youth

PRACTICE EXPOSURE THERAPY

at-risk
For elementary, middle and high school

Friend 2 Friend

REVIVE!
OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA

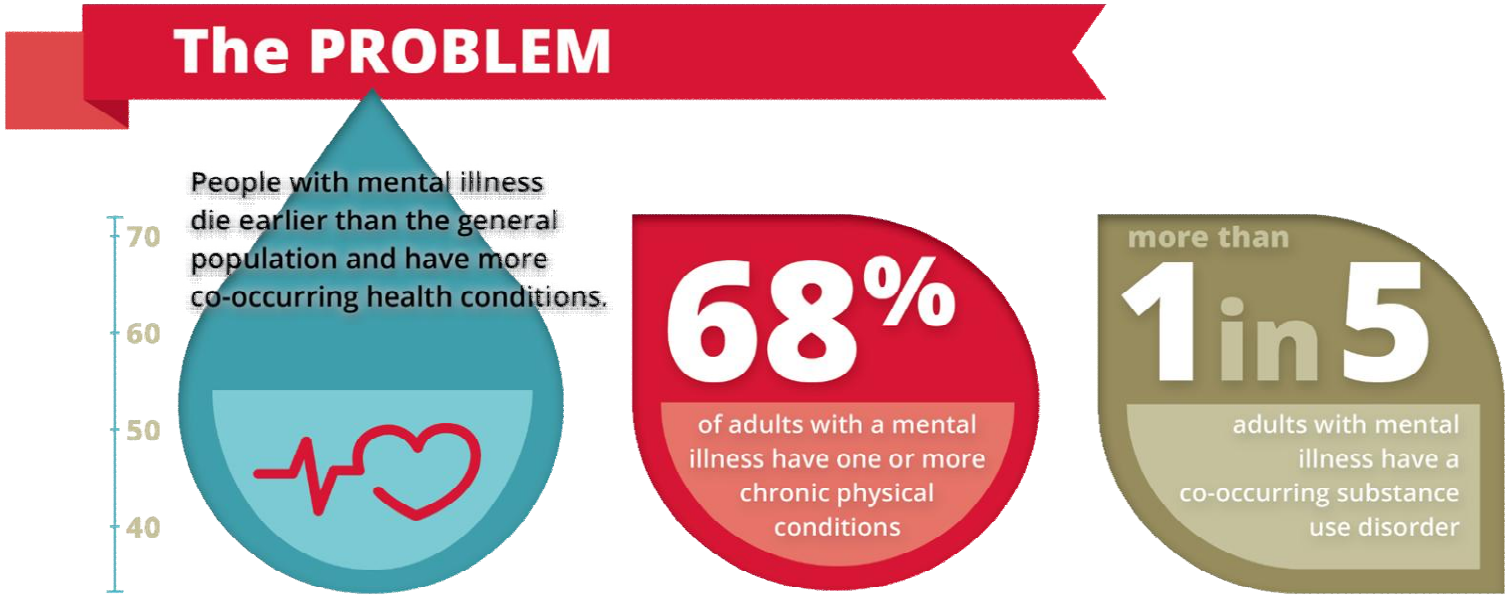
MENTAL HEALTH FIRST AID

ADULT ESPAÑOL YOUTH PUBLIC SAFETY

Step In Speak Up!

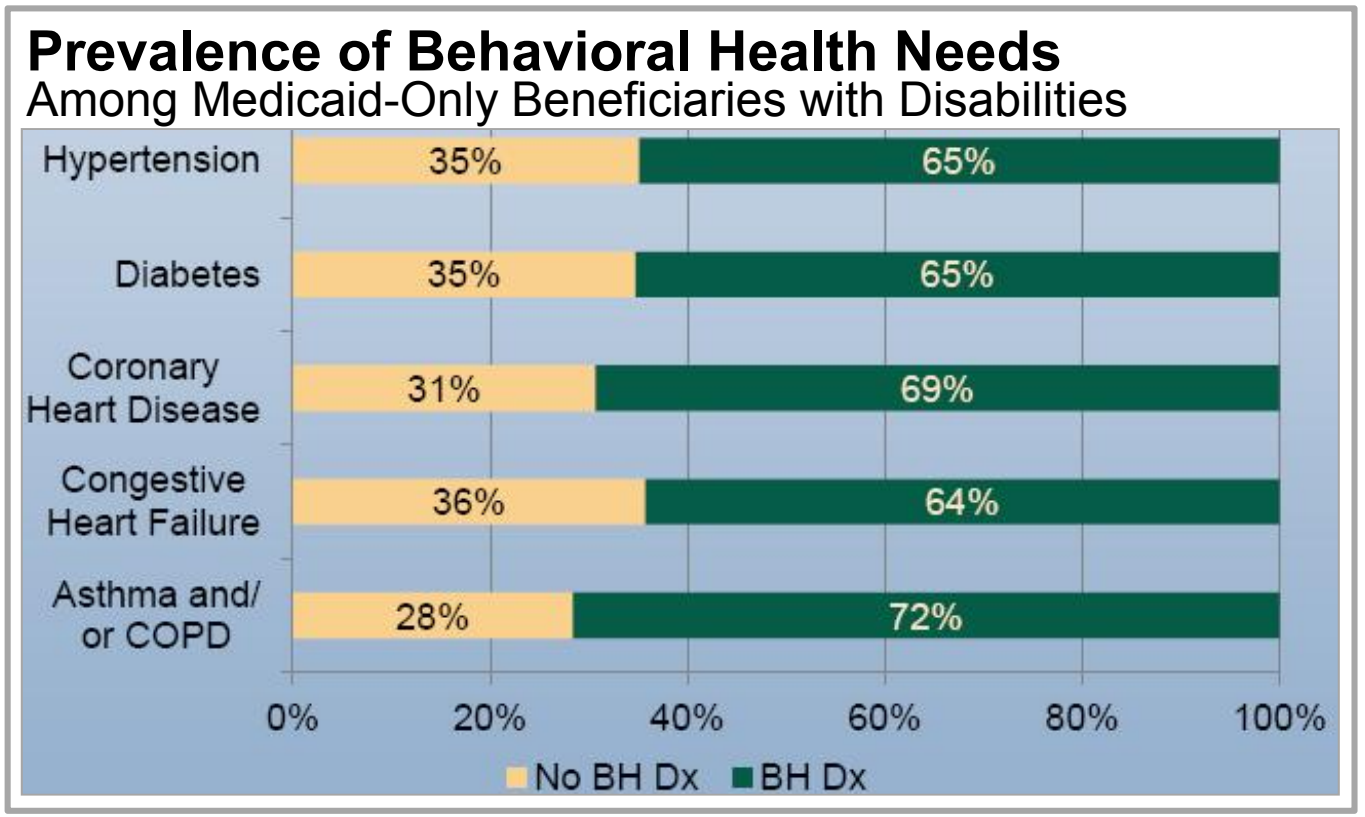
AT-RISK in PRIMARY CARE

WHAT IS "HEALTH INTEGRATION" AND WHY ARE WE WORKING ON IT AS A HUMAN SERVICES SYSTEM?



http://www.samhsa.gov/

BEHAVIORAL AND PRIMARY HEALTHCARE LINK



For those with common chronic conditions, health care costs are as much as **75% higher** for those with mental illness compared to those without a mental illness and the addition of a co-occurring substance use disorder results in **2- to 3-fold higher** health care costs. – CMS

Source: Center for Health Care Strategies, Inc.

Virginia Department of Behavioral Health & Developmental Services

CROSS-CUTTING GOAL: INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE

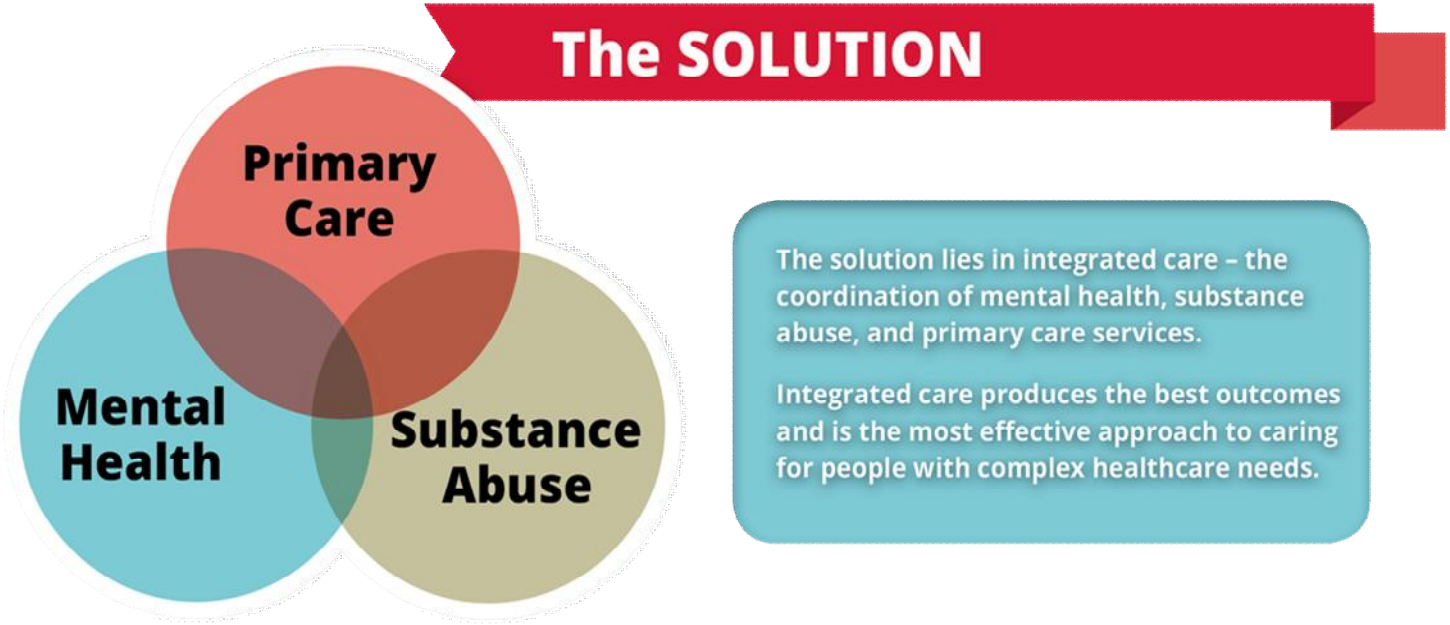
- **Why?** To reduce **preventable** deaths, improve quality of life, and extend life expectancy by addressing co-occurring, complex, chronic health conditions like diabetes, high blood pressure, and heart disease

- **What? National model** beyond a "trend": The state (DBHDS) intends for all CSBs to adopt and adhere to national standards for U.S. Health & Human Services' *Certified Community Behavioral Health Clinics (CCBHC).*

  - ***Process Improvement at Merrifield****: Implementation of "same-day access". In February 2015, 216 adults were waiting for assessments. Today:* ***0*** *with walk-in best practice*

- Commissioner Dr. Jack Barber & Deputy Commissioner Daniel Herr 1/19/16: "This is the way forward for CSBs."

THE CASE FOR BEHAVIORAL – PRIMARY CARE INTEGRATION



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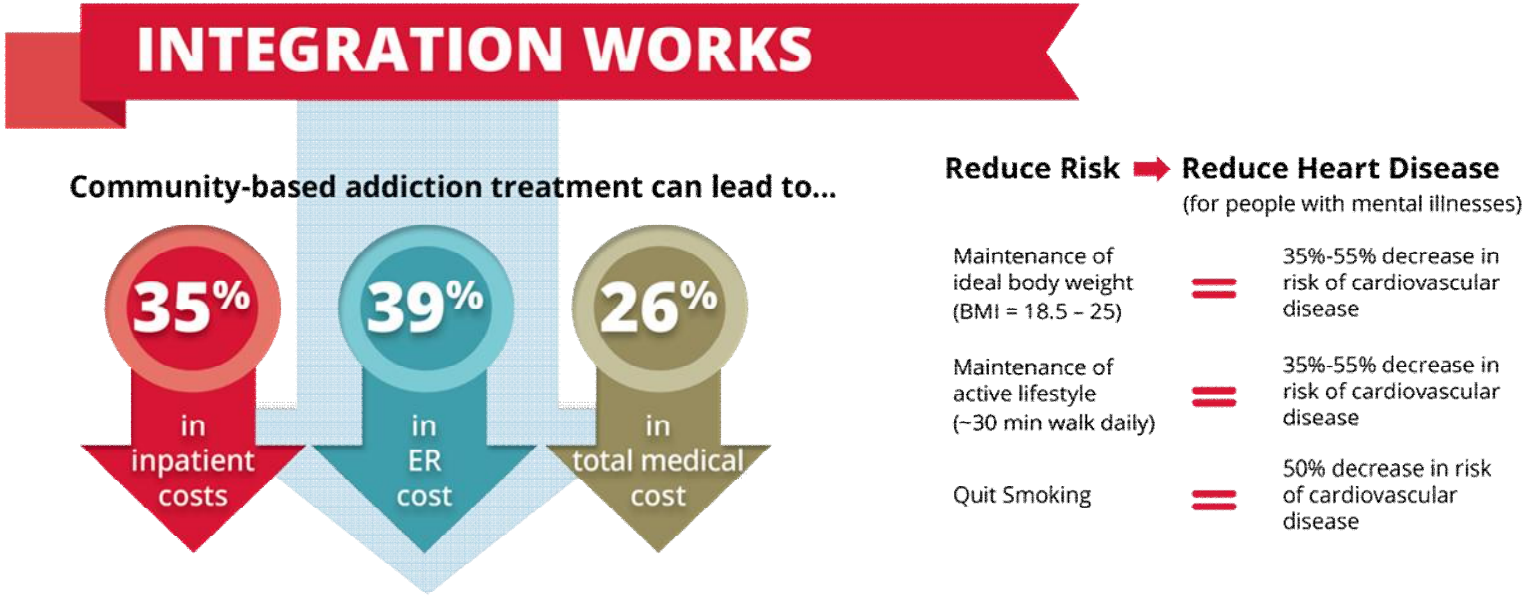
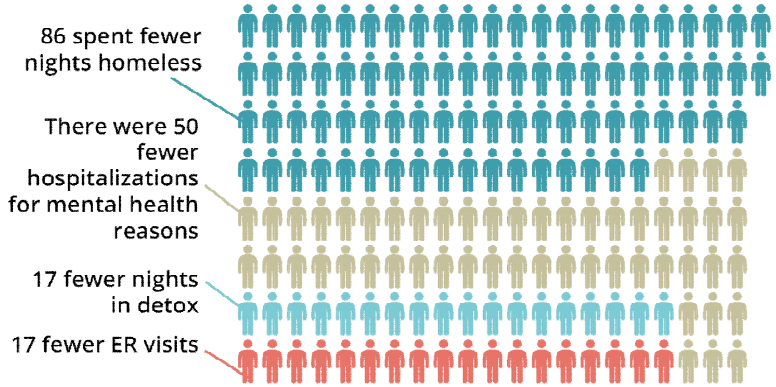


http://www.samhsa.gov/

THE CASE FOR BEHAVIORAL - PRIMARY CARE INTEGRATION

One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:



This is $213,000 of savings per month.

That's $2,500,000 in savings over the year.

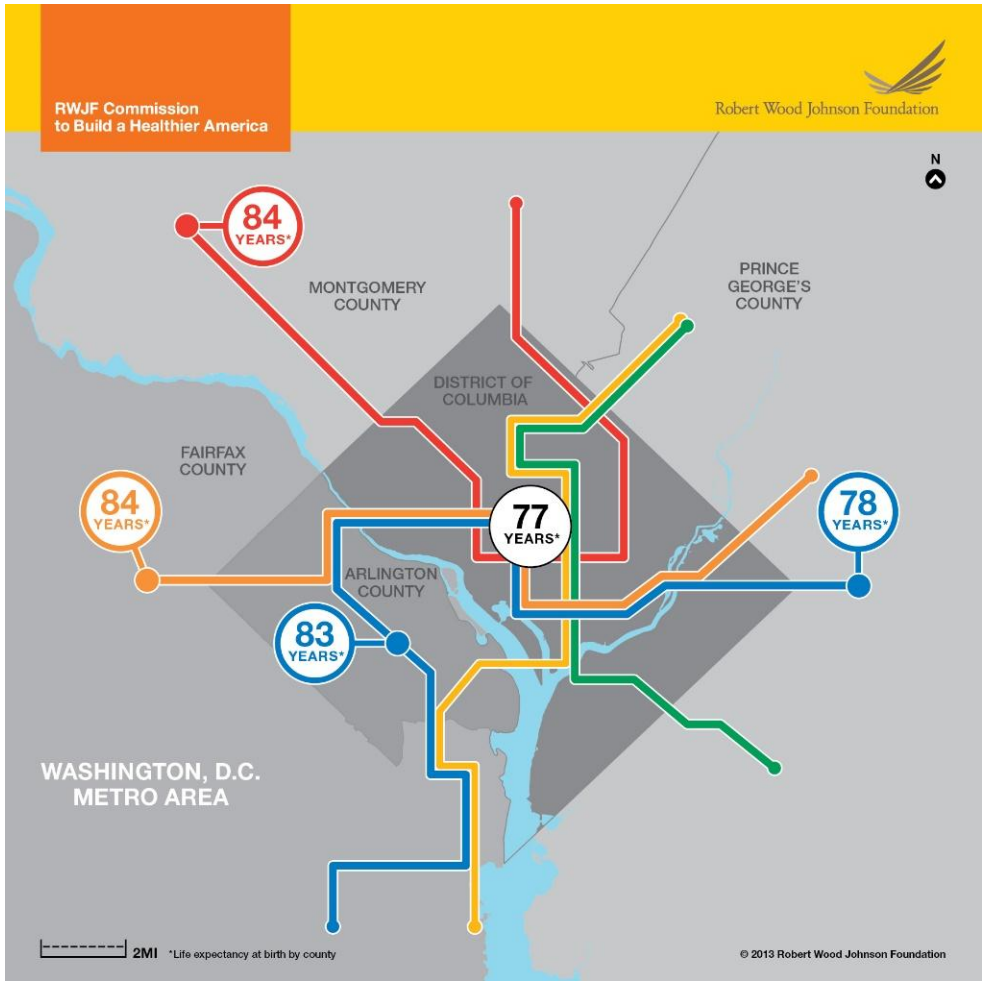
Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.

***a fellow grantee of the SAMHSA Primary & Behavioral Healthcare Integration program**

http://www.samhsa.gov/

LIFE EXPECTANCY – PLACE MATTERS

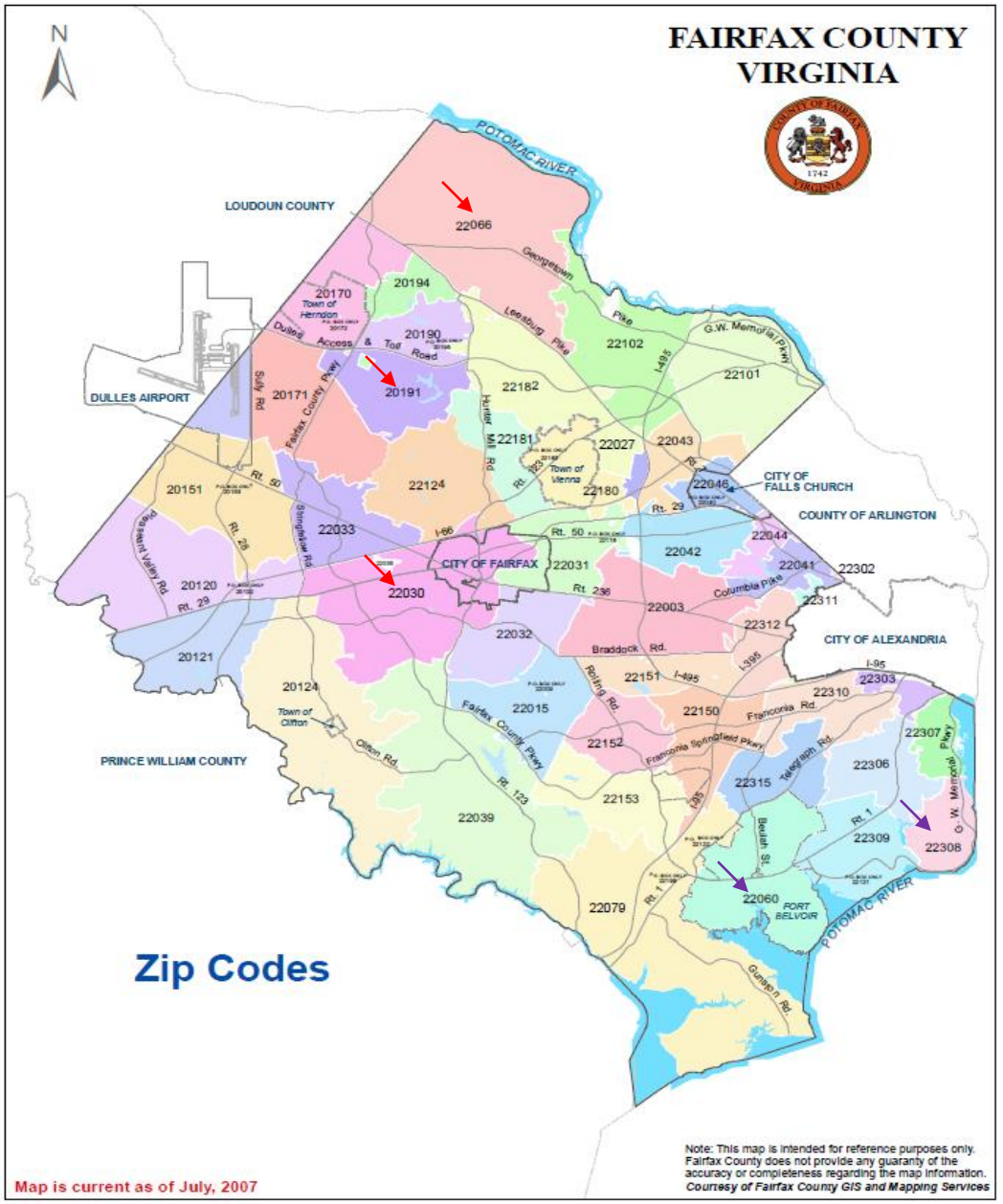
- While Fairfax County looks good as a whole when compared to neighbors like DC and most southern states and counties, there is disparity within the county.
- **Disparities in health status and life expectancy are more pronounced for people with disabilities and people living in poverty.**



ZIP CODES

There is about a 20-year spread in life expectancy by zip code, ranging from the lowest (**22060** and **22308** at 78.0 and 78.2) to the highest (**20191**, **22066**, and **22030** at 88.3, 88.7 and 97.2).

CDC Abridged Life Tables, Vital Records & Statistics from VDoH, US Census/American Community Survey Data



ZIP CODES

Zip Code	Life Expectancy	Zip Code	Life Expectancy
22060	78.0	20190	82.3
22308	78.2	22042	82.5
22079	79.2	22039	82.8
22151	80.0	22307	83.3
22306	80.0	22032	83.5
22303	80.1	22041	83.5
20194	80.3	20170	83.6
22033	80.4	22003	83.8
22153	80.4	22102	83.8
22315	80.4	22310	84.0
20151	80.7	22043	84.1
20121	81.2	22124	84.1
20171	81.2	22101	84.3
22309	81.2	22015	84.4
22152	81.9	22031	84.4
22182	81.9	22044	85.3
22180	82.1	22312	86.3
22150	82.2	22181	86.4
20120	82.3	20191	88.3
20124	82.3	22066	88.7
		22030	97.2

CDC Abridged Life Tables, Vital Records & Statistics from VDoH, US Census/American Community Survey Data

HOW INTEGRATED CARE IS HELPING…

To "move the needle" on health status for people with behavioral health issues, we have to recognize that the "primary medical diagnosis" is the individual's ***social situation*** – his isolation, his hopelessness, his depression. To ***connect*** with "what gets him up in the morning" is to set the stage for successfully addressing his chronic conditions – his COPD, his CHF, his diabetes.*

The CSB is proactively working this goal with our partners:

- Merrifield Center
- Gartlan Center
- North County Human Services collaboration

*** Paraphrasing Dr. Doug Eby, VP Medical Services, Southcentral Foundation, Anchorage Alaska**

LOBS: IDD

- LOBs in service of primarily people with **Intellectual and Developmental Disabilities: 273, 275, 276**
- Three LOBs – Employment and Day Services (EDS), Support Coordination (SC), and Long-Term Residential Service (LTRS) - total $47.58 million.
- The GF Transfer funds 86.0% of that ($40.92 million), including 99.2% of EDS ($23.02 mil out of $23.20 million).
- Number of people served in FY 2015: (duplicated)
  - EDS: **1,318**
  - SC: **875** received targeted case management (includes 266 youth, or 30%); additional 2,137 received either just assessment or Wait List Monitoring – 1,900 people share 3 support coordinators for as-needed case management (not reimbursable)
  - LTRS: **378**

LOBS: IDD CONT.

Department of Justice Settlement Agreement and Medicaid Waiver Redesign Restructures and Redefines the IDD Service System

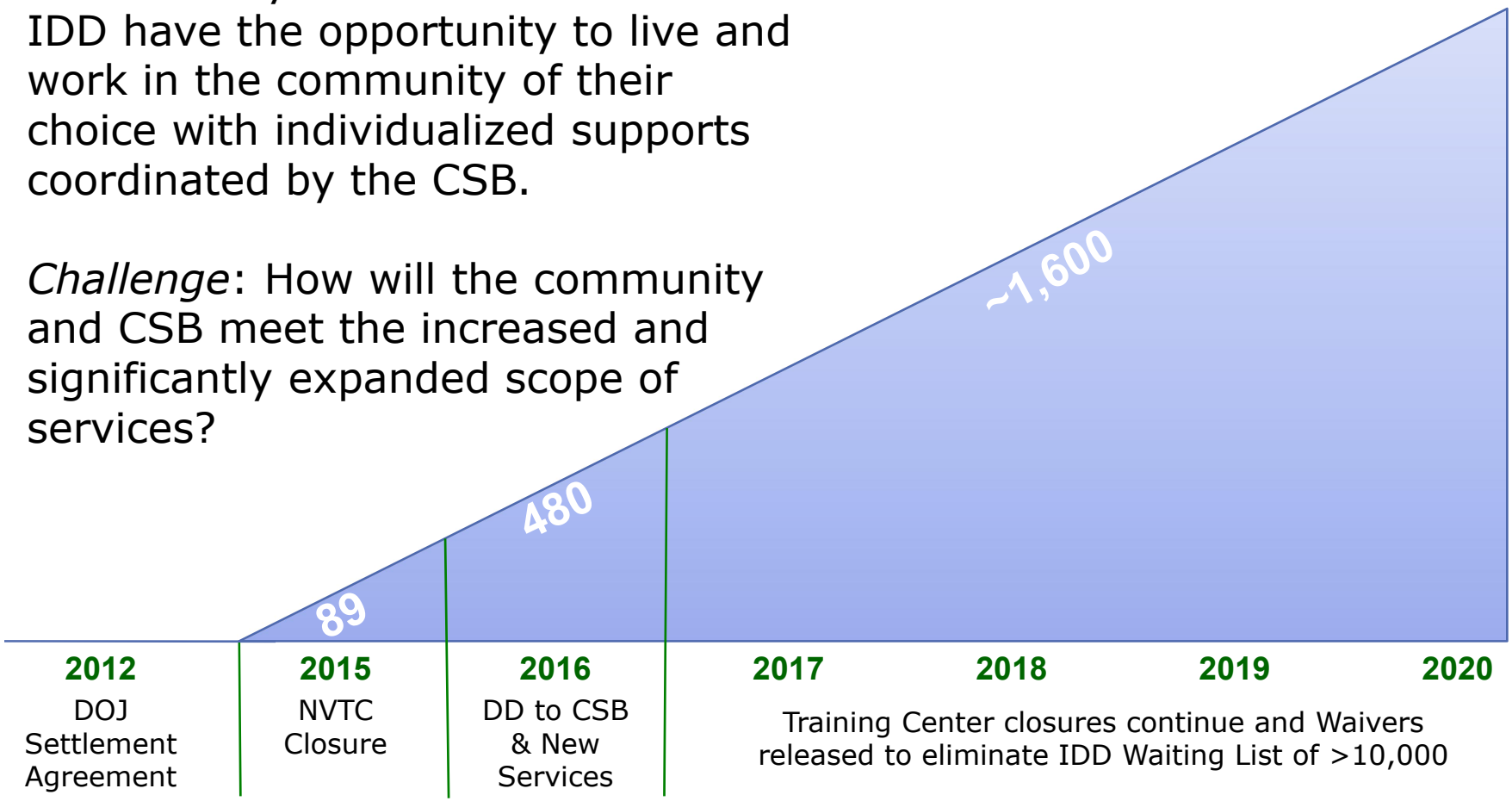
- Pivots from institutional care to community living
- Moves individuals from Training Centers, nursing homes, and out-of-state placements into the local community
- Establishes one Developmental Disability system (IDD) in which the CSB becomes the Single Point of Entry for Case Management (with lower reimbursement for DD than ID)
- Expands the CSB's role, oversight responsibility, and number of individuals served
- "Conflict Free Case Management" for all and "choice" for DD
- Launches Employment First and the move away from Sheltered Employment
- Prescribes the release of enough Waivers to eliminate the combined IDD Waiver waiting list by 2020

LOBS: IDD CONT.

Challenge of Community Care to a Caring Community

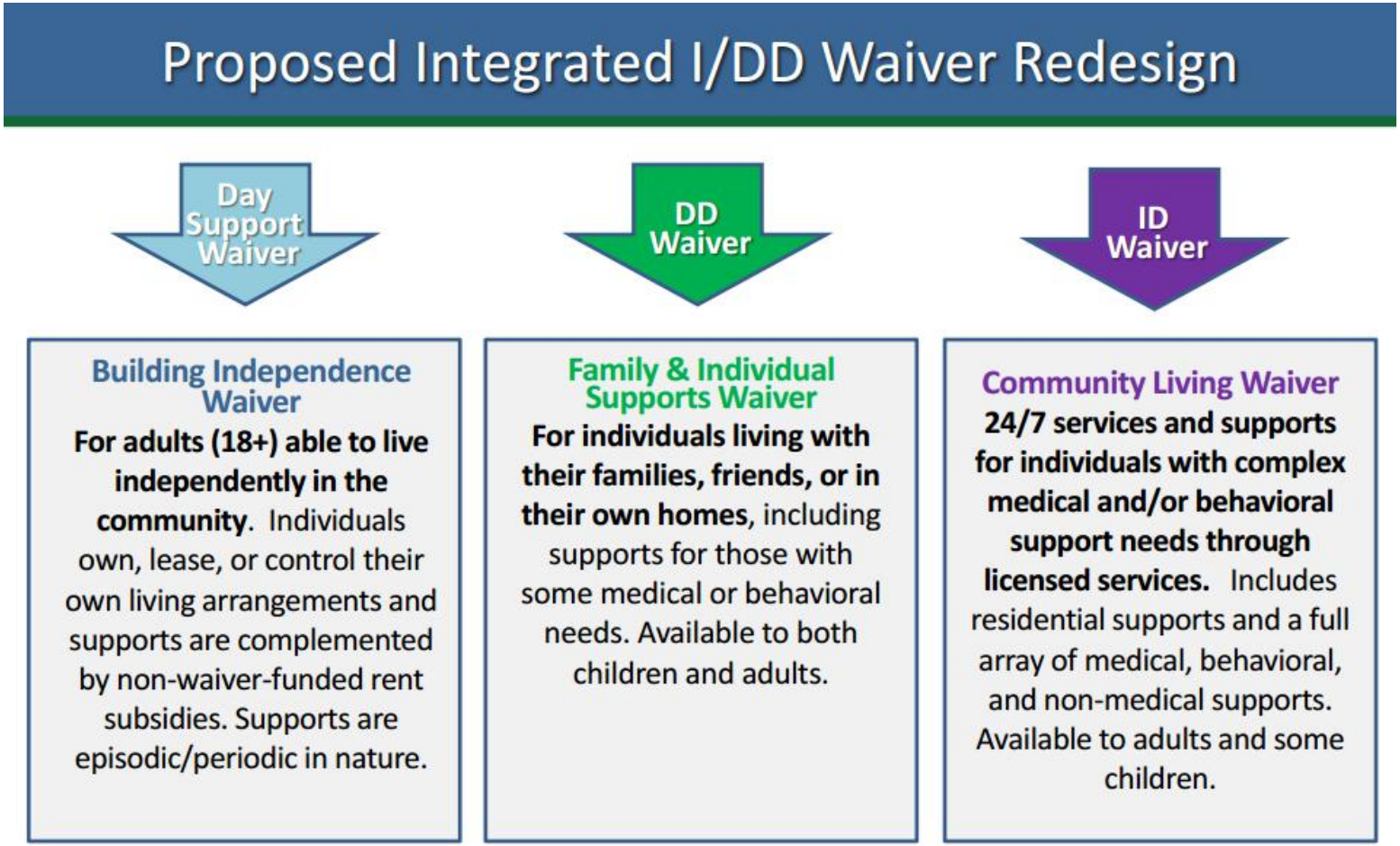
Trend: Many more individuals with IDD have the opportunity to live and work in the community of their choice with individualized supports coordinated by the CSB.

Challenge: How will the community and CSB meet the increased and significantly expanded scope of services?

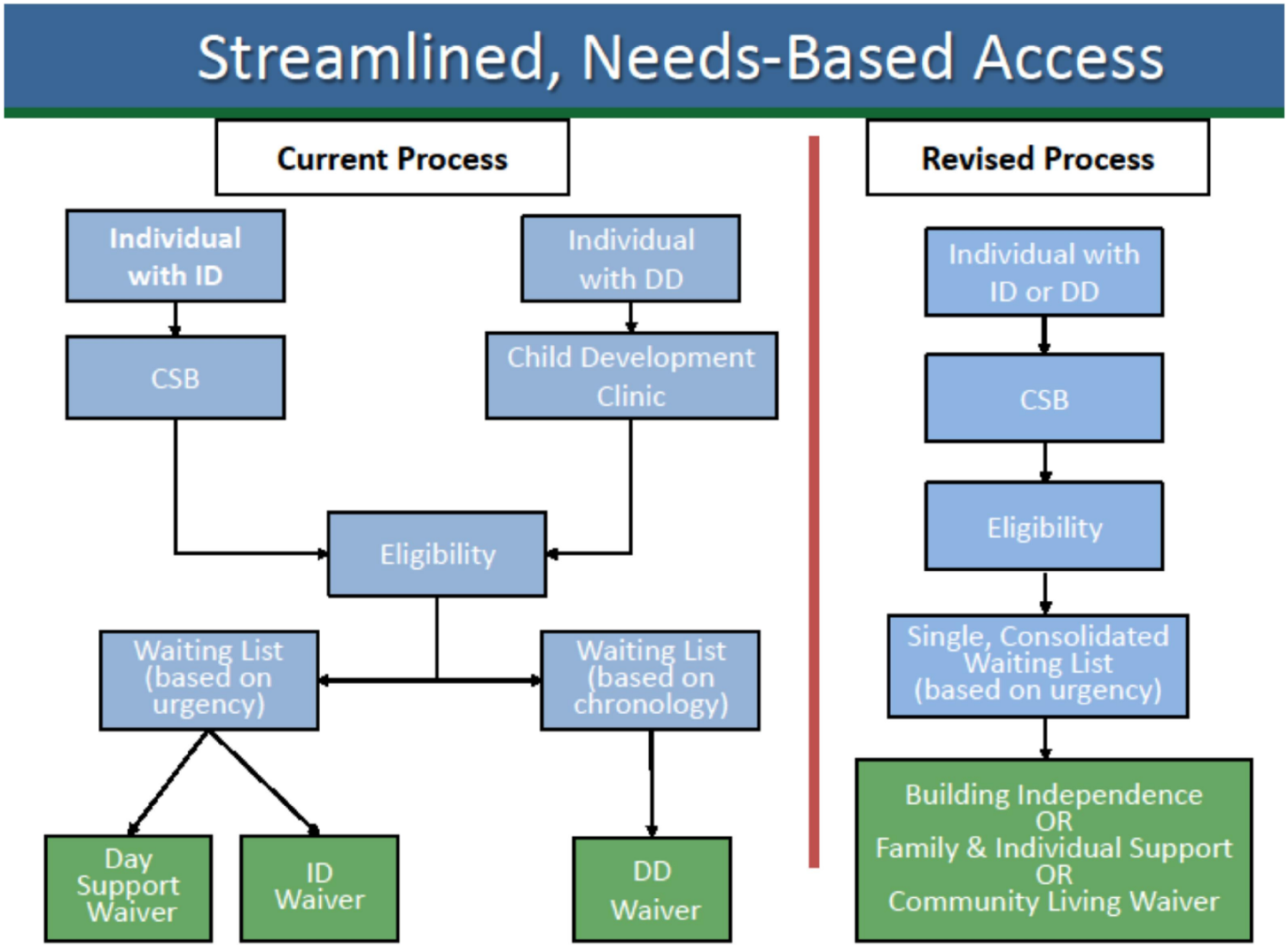


LOBS: IDD CONT.

The success of DOJSA is dependent upon the approval (CMS) and adequate funding (GA) of Waiver Redesign



LOBS: IDD CONT.



LOBS: IDD CONT.

New ID Grads 100+ annually, projecting 131 in 2020

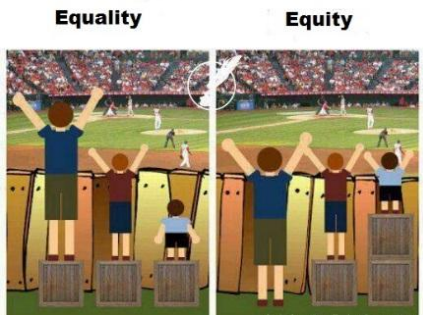
But, currently in Fairfax there are additionally 480 individuals:

- 151 with a **DD** waiver
- 329 on **DD** waiver wait list (WWL)
  - 177 of these **480** persons are adults who will be eligible for Employment and Day Services
- 5 year projection of **new DD grads** with waiver or WWL: **109+**
- Potential additional cost to serve this DD population in EDS:
  $2.9 million <u>if same array is offered in the same way as ID grads</u>

- Proposed redesigned waiver rates are not consistent with service cost in Northern Virginia
- Provider capacity would need expansion to serve the potential number of people with DD who may seek care
- All new waiver services currently are not offered by most providers

OPPORTUNITIES

IDD: My Life, My Community



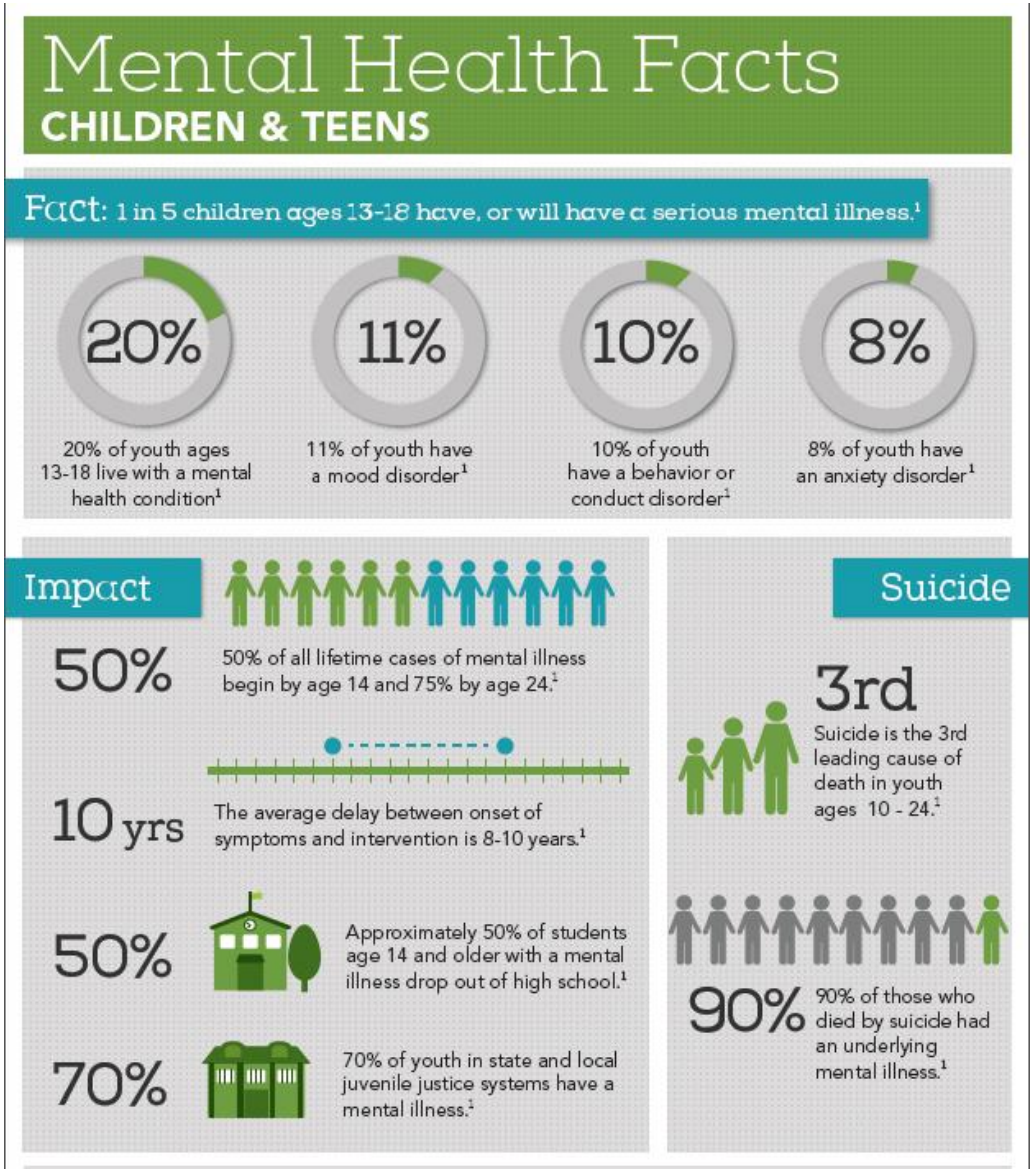
- This is the most significant change in how supports are provided since waivers were first offered in Virginia. It holds the opportunity to shift the focus, energies, and resources from institutions to community and to create **equity.**
- The proposed changes, fully funded, expand the array of more integrated supports affording the **opportunity** for a more individualized person-centered community life.
- Redesign is simultaneously changing the way services are provided at every level (state, CSB, local providers) and offers framework for more **comprehensive** collaborative community planning.
- Key is **more trained support coordinators** and careful attention to **amount, scope, and duration of service** per person in consideration of medical necessity and person-centered planning.
- The use of "Service Budgets" in proposed waiver redesign post-2018 may be an opportunity to better **manage costs** down the road.

TRENDS AND CHALLENGES: IDD

Implementation of IDD Waiver Redesign

- *New rates, new services, new populations (DD), waiver wait lists growing*
- Preparing to "go live" 7/1/16 while details still being developed at the state-level, GA and CMS funding/approvals are pending, and support coordinators not yet trained
- As training centers close and waiver redesign happens, more focus will be on the CSBs and their support coordinators
- Managing the multitude of technical changes embedded in redesign (e.g., electronic health record, billing, coding, documentation)
- Current CSB and provider capacity is insufficient to support future Medicaid waiver services required in the DOJSA which seeks to eliminate the combined ID and DD waiver waiting lists by 2020
- The state will not be able to financially support the demand generated by waiver redesign

LOBS: YOUTH



NAMI
National Alliance on Mental Illness
www.nami.org

LOBS: YOUTH

- LOBs in service of **Youth**: **268, 269, 270**
  - Total FY 2016: $19.49 million; GF Transfer: 69.2%
  - Infant and Toddler Connection (268) $7.49 million
  - Youth and Family Outpatient and Day Treatment Services (269) $8.17 million
  - Youth and Family Care Coordination and Court-Involved Services (270) $3.84 million

METRICS – BH YOUTH (EXCLUDING ITC)

- Number served in **LOB 269** Youth and Family Outpatient and Day Treatment Services (FY 2015)
  - Outpatient Treatment and Related Services – 1,538
  - Day Treatment – 55
  - State Required Assessments and Other Services - 699
- Number served in **LOB 270** Youth and Family Care Coordination and Court Involved Services (FY 2015)
  - Court Involved Youth – 314
  - Wraparound Fairfax – 123
  - Youth Resource Team – 111
  - Alternative House – 67
  - Leland House - 50

DIVERSION FIRST

Total – 2,957

CSB BH YOUTH: CONTINUUM OF CARE (EXCLUDING ITC)

Additional LOBs in service of Youth:

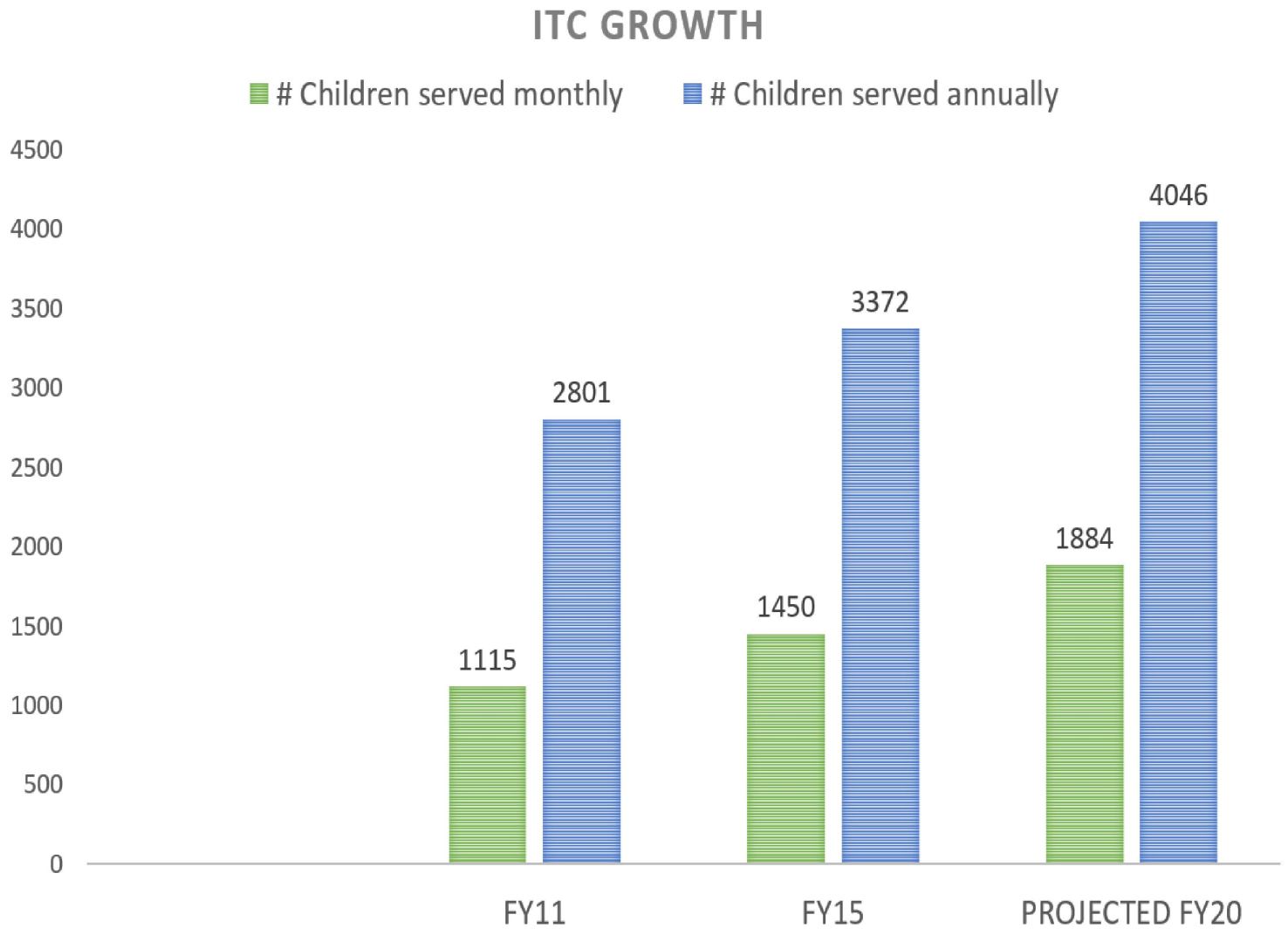
- Psychiatric and Medication Services (LOB 264):
  748 youth at $1.34 million or ~11%
- Support Coordination (LOB 273):
  1,317 youth at $2.71 million or ~44%
- Wellness Health Promotion & Prevention (included in LOB 263) 1,447 at $1.31 million
- Emergency (included in LOB 266)
  1,231 youth at $0.92 million

METRICS – ITC

Early Intervention Works

There is a small window of opportunity to intervene early for maximum success with a child who has developmental delays, and the effectiveness of ITC services is clearly documented. A recent article in the American Academy of Pediatrics, states that "for every dollar we spend on high quality early childhood development programs, there's a 7-10 percent annual return rate in cost savings to society – and the younger the child served, the wiser the investment."

METRICS – ITC PROJECTED GROWTH



LOBS: BEHAVIORAL HEALTH COMMUNITY INCLUSION FOR ADULTS

- LOBs in service of least-restrictive **community inclusion for adults**: **267, 271, 272, 274, 277, 278, 279**
- Number of people served: 8,684 (intensive services)
- Total FY 2016: $41.66 million; GF Transfer: 67.5%
- $20.16 million or 48%, in residential, serving 934 individuals
  - *~$1.4 million in pure housing (lease & utilities - NOT treatment)*
- Plus $10.74 million or 88% of **LOB 264**, Psychiatric & Medical Services; 80% from GF transfer
- Diversion First and Stepping Up

TRENDS AND CHALLENGES: BEHAVIORAL HEALTH

- There is **insufficient financial support from the state** for what's needed – especially for people not eligible for Medicaid

- Difficulty recruiting credentialed staff as per state requirements for Emergency Services and some outpatient services (e.g. Youth); **26% of CSB merit staff are eligible for retirement within 5 years**; 5% in DROP; on 2/8/16 a 12% general merit vacancy rate

- **CCBHC on the horizon** – new performance indicators, quality management systems, measures, outcomes, reimbursement models, standardized same-day access and defined array of services

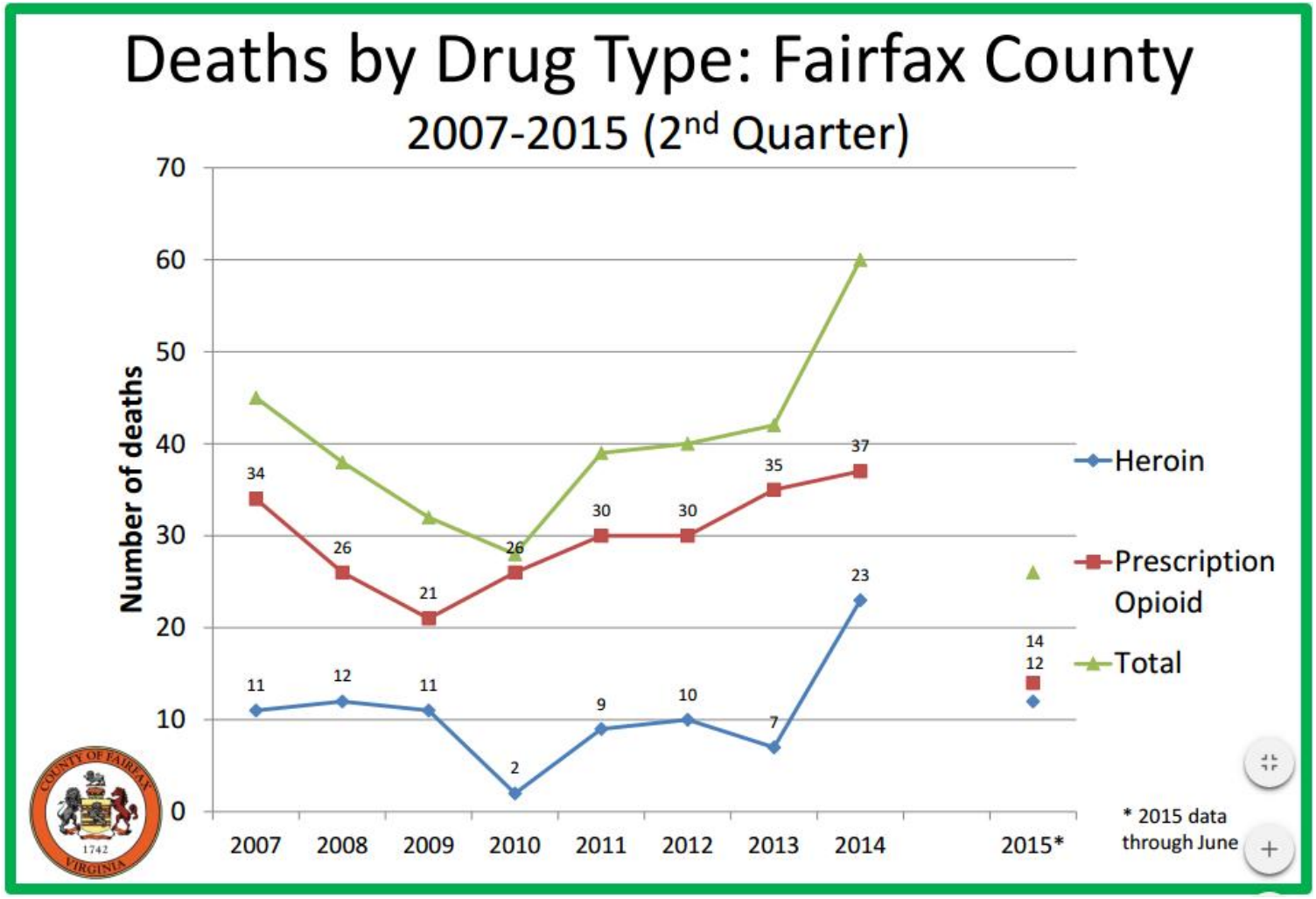
- Most of the governor's new budget goes to DOJ and services for ID; little support for BH

- **Opioid Epidemic** – a legislative priority and funding emergency

TRENDS AND CHALLENGES: BEHAVIORAL HEALTH - OPIOIDS

- According to the CDC, there is one opioid death every 19 minutes across the US.
- In Fairfax County, there was a 22% increase between 2011 and 2014 in the number of people who needed services for use of heroin, non-prescription methadone, and/or other opiates.
- Fairfax Fire & Rescue reported responding to 291 suspected heroin overdoses between 2011 and 2014.
- Use of prescription opioids (such as morphine and oxycodone) and heroin have resulted in 268 fatal heroin and/or prescription opioid overdoses in Fairfax County from 2007 to mid-September 2014, most of them since 2012.

TRENDS AND CHALLENGES: OPIOIDS



TRENDS AND CHALLENGES: OPIOIDS

Heroin use **more than doubled** among young adults ages 18–25 in the past decade.

More than **9 in 10** people who used heroin also used at least one other drug.

45% of people who used heroin were also addicted to prescription opioid painkillers.

TRENDS AND CHALLENGES: OPIOIDS

2012 40 deaths
2013 41 deaths
2014 60 deaths

More deaths from this…

than this.

2012 30 deaths
2013 26 deaths
2014 23 deaths

Fairfax County Police Department
Annual Report, 2014

TRENDS AND CHALLENGES: OPIOIDS

- The 2013-2014 Fairfax County **Youth Behavior Survey** of 8th, 10th, and 12th graders reveals that almost **3,000** respondents used painkillers without a doctor's note, and approximately **300** respondents used heroin.
- With our Public Safety partners, the CSB is battling the increase in heroin and opioid dependence along with the rest of the state and nation. **Detoxification** is often the necessary first step towards recovery for a person who is physically dependent on alcohol or other drugs.
- Ongoing data indicate that often the most successful way to treat opioid dependency and sustain recovery is to combine the use of **medication-assisted treatment** (MAT) with **behavioral therapies**, but...

TRENDS AND CHALLENGES: OPIOIDS

- Without Medicaid and without sufficient funding, **people wait**:
  - The average monthly wait time in FY 2015 was 13 days for medical detoxification, 17 days for social detox, and 20 days for Suboxone (MAT). Some people go to jail instead. On average, more than 50 people wait every month.
- Due to wait times for other services like residential, continuing recovery services may not be available at the time of discharge from detox, setting up potential for relapse. Or worse.
- Untreated, such individuals place an extraordinary demand on our public safety and human services system, emergency responders, local emergency departments, psych hospitals, and jails and detention centers.
- Without appropriate and timely treatment, people will continue to require expensive public interventions throughout their lives. Or worse.
- Individuals receiving services have increasingly complex, expensive medical issues.
- Staffing/funding is insufficient to meet the demand for services.

WHO'S WAITING FOR BH SERVICES?

Adult

Program	Average Wait Time FY2015	Notes	Population	LOB
Screening/Assessment	no current wait	Walk-in screening/assessment	COD	#265
Detoxification- Medical	13 days	average of 13 people waiting	SA	#266
Detoxification- Suboxone	20 days	average of 14 people	SA	#266
Behavioral Health Outpatient	no current wait	*for Merrifield	COD	#271
Behavioral Health Day Treatment	no current wait	*for Merrifield	SA	#272
Residential- Treatment	1 to 6 months	102 current waiting; use an acuity scale to determine prioritization; wait time is variable	SA	#267
Residential- Supportive	several months to 12+ months	152 current waiting; use an acuity scale to determine prioritization	SMI	#277
PACT	no current wait		SMI	#278
Intensive Case Management	30-60 days (mid-county only)	Mid-county- 5 waiting; South and North County ICMs- no wait list, but decreased capacity due to vacancies	SMI	#278

Youth

Program	Average Wait Time FY2015	Notes	Population	LOB
Assessment- Youth (English)	7 days	Average for SED/SA	COD	#269
Assessment- Youth (Spanish)	12 days	Average for SED/SA	COD	#269
Youth and Family Outpatient	no current wait		COD	#269
Youth and Family Day Treatment	no current wait		COD	#269

CHALLENGING RESOURCE DECISIONS

- People with serious mental illness are dying prematurely absent integrated care for co-occurring complex conditions – we need nurses, and staff trained in integrated model
- Federal/state mandates for "a life like yours" for people with ID *and* DD – potential for wait lists for service and reduced service for some, most, or all who seek service especially without a waiver
- Increasing need for publicly-funded youth services – the private sector cannot/will not meet the need for affordable treatment
- Opioid epidemic – and its evidence-based solutions – are grossly underfunded – wait lists will grow – people will overdose
- Imperative to decriminalize mental illness

OPPORTUNITIES FOR BETTER OUTCOMES + FISCAL RESPONSIBILITY

- **Diversion First** using the Sequential Intercept Model: saves the county money, saves lives; **41% diverted in first month**

A year in FC jail:

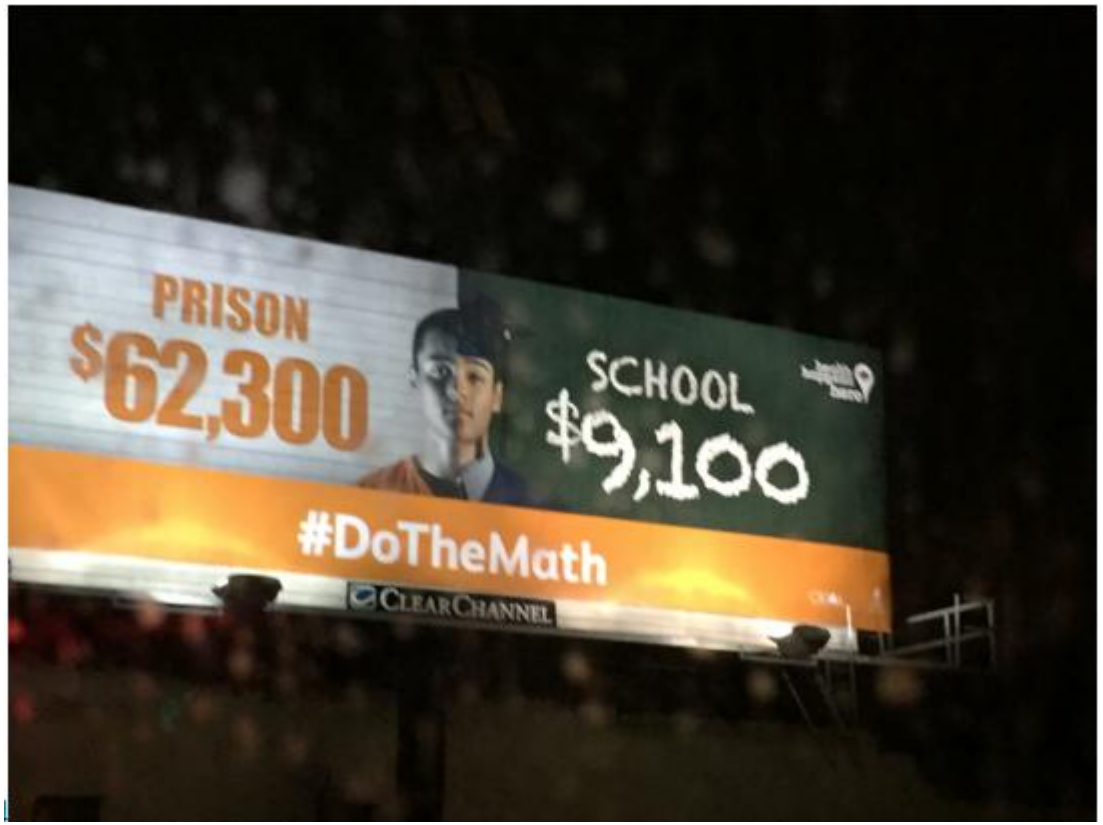
~$70,000

A year in supported housing:

~$22,000

A year in intensive community services:

~$8,000



OPPORTUNITIES FOR BETTER OUTCOMES + FISCAL RESPONSIBILITY

Medication Assisted Treatment to stem addiction and opioid overdoses, reduce unnecessary ED visits and hospitalizations, and reduce need for expensive residential & inpatient will save the county money, will save lives.

	MAT	JAIL	ED visit	Hosp Detox	Psych Hosp
Daily cost	$41.86	$174	$2,168	$750-800	$845-925
Source	SAMHSA	Sheriff's LOB	SAMHSA	CSB contracts	CSB contracts

The Fairfax-Falls Church CSB is the only CSB with a licensed **outpatient detoxification** facility. This small program provides medication assisted treatment (MAT) to individuals who are not otherwise engaged in any other treatment programs. This is an effort to reduce the frequent visits to the emergency room and detoxification centers.

The National Institute on Drug Abuse (NIDA) reports that, according to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between four to seven dollars in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

OPPORTUNITIES FOR BETTER OUTCOMES + FISCAL RESPONSIBILITY

ACTIONS TAKEN IN THE OPIOID FIGHT: REVIVE!

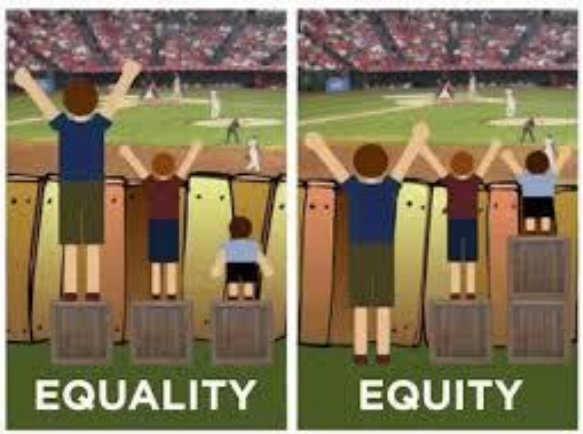
- Since July 1, 2015: Over **350 people in the community have been trained** to administer life-saving opioid-reversal medication (Narcan or naloxone). Each attendee receives a free REVIVE! kit, which includes all the supplies needed to administer naloxone. The medication itself can be acquired at a pharmacy after completing the training (county pays for this).
- Participants have let staff know they used Narcan and individuals survived the overdose.
- CSB substance abuse and co-occurring treatment programs provide REVIVE! training to individuals in the programs and their families and loved ones.
- A substance abuse **engagement, outreach and monitoring unit** implemented to provide services to individuals who enter a detoxification program but decline further services; team has presence in the Alternative Incarceration Branch working with individuals who are ready to leave the ADC.
- Converting vacant positions to medical positions to increase capacity for medical detox and Detox Diversion.
- Crossroads **increased bed capacity** from 45 to 49; will be 54 this spring.

OPPORTUNITIES FOR BETTER OUTCOMES + FISCAL RESPONSIBILITY

- CSB: Hire sufficient licensed/reimbursable staff to serve youth in need of community-based intervention to prevent poor outcomes
- CSB: Improvements on the medical business operations side including an integrated health record and cross-county sharing (IT Road Map)
- CSB: Staff re-training to build revenue-generating and operations/ infrastructure
- CSB: As people continue movement from institutions, staff re-training for IDD Specialist skills and Cooperative Employment Program: mission-critical work
- CSB: Numerous strategies to decrease wait times between request for services and admission to substance abuse and co-occurring programs (e.g., close tracking and aggressive outreach of WL with a population difficult to find/engage)
- County-wide: Need a robust stock of housing for people at intersection of poverty & disability

THE FUTURE

In a community that emphasizes equity and social justice…



"We all do better when we all do better."

DISCUSSION