Fund Overview

Mission Statement
To provide and coordinate a system of community-based supports for individuals and families in Fairfax County and the cities of Fairfax and Falls Church who are affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders.

The Fairfax-Falls Church Community Services Board (CSB) provides a safety net of vital services for individuals with developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders. As the single point-of-entry into publicly-funded behavioral health care services, CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers. While all residents can access CSB's acute care, emergency, entry and referral and wellness, health promotion and prevention services, most other, non-emergency CSB services are targeted primarily to people whose conditions seriously impact their daily functioning. CSB

clients typically have no third party insurance, 51 percent of clients (excluding Infant and Toddler Connection) have incomes of less than $10,000 a year, and only about one-third of clients are eligible for Medicaid or Medicare. The General Assembly only provides approximately 9 percent of the CSB's funding through a State Performance Contract and strictly regulates all services provided. An additional 11 percent comes from federal program grants or Medicaid reimbursement, and approximately 3.5 percent comes from direct client fees and private insurance. Most (approximately 76.4 percent) of CSB services are funded entirely by local taxpayers of Fairfax County (75 percent) and the cities of Fairfax and Falls Church (1.4 percent).

CSB is one of Fairfax County's Boards, Authorities, and Commissions and one of 40 such entities in the Commonwealth of Virginia, which has 39 Community Services Boards and one Behavioral Health Authority (BHA). State law requires every jurisdiction to have a CSB or BHA. In Fairfax County, CSB operates as part of Fairfax County government's human services system, governed by a policy-administrative board with sixteen members; thirteen are appointed by the Fairfax County Board of Supervisors, one by the Sheriff's Department, and one each by the councils of the cities of Fairfax and Falls Church.

CSB's community-based services and supports are designed to improve mental, emotional and physical health and quality of life for many of the community's most vulnerable residents. This continuum of services is provided primarily by over 1,000 CSB employees, including psychiatrists, psychologists, nurses, counselors, therapists, case managers and support coordinators, peer specialists, and administrative and support staff. Their efforts are combined with those of contracted service providers, dedicated volunteers and interns, community organizations, concerned families, faith communities, businesses, schools, and other Fairfax County agencies, all working together to provide a system of community-based supports for individuals and families who are affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness and/or substance use disorders.

In the context of the Lines of Business (LOBs) Review, a few salient observations are necessary to fully understand the CSB role in the community and County government:

- CSB is the only healthcare provider for behavioral health in County government that acts as an agent of state mandated services. Such services are governed by very strict sets of regulations at both the state and federal levels.
- Some CSB services are legally mandated, notably emergency, acute care, state hospital discharge planning, and monitoring of mandatory outpatient treatment.
- CSB's other services, while not legally mandated, are regulated such that minimum requirements for staffing or standards of care must be met to achieve license or reimbursement standards. This limits the flexibility the agency and the County may have in achieving efficiencies.
- The level of discretionary (non-mandated) services CSB provides represents a balance between community expectations and resources available. CSB is currently undertaking a process of continuous improvement that seeks to redirect current resources toward more effective, evidence-based models of care. However, resources redirected or reduced from less critical services will result in a reduced number of people served, an increased number of people on waiting lists, or elimination of programs that may be the only means of care available to those who have no access to or cannot afford the cost of private care.

CSB has continued to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral health care services. In 2013, CSB launched a process -- with input from community members, CSB service recipients, and other key stakeholders – to develop an agency-wide strategic plan to provide a shared roadmap for fulfilling the agency's mission. The plan, which was approved by the CSB Board in 2014, is organized around three primary goals: 1) that services will support individuals and families to live self-determined and healthy lives; 2) that the workforce will be capable of achieving CSB's mission; and 3) that the agency will be fiscally and operationally sound.

The strategic plan addresses the impact of many important issues and trends, including: the Department of Justice Settlement Agreement and its impact on employment and day services for individuals with intellectual and developmental disabilities; the County's Diversion First effort and reform of national and

state mental health laws; Medicaid expansion and managed care; the growing demand for early intervention services for infants and toddlers; youth behavioral health and suicide prevention; recognizing and addressing the unique service needs of young adults experiencing their first episode of psychosis as well as the special behavioral health service needs of the County's growing older adult population; and the epidemic of heroin and opiate use that afflicts the County and the nation.

CSB is in a unique position as the only public health care provider for behavioral health disorders and the pressing issues and trends listed above. As a result, every CSB LOB provides services that help ensure that the County's vision elements, in particular Maintaining Safe and Caring Communities, are applicable to all County residents, including its most vulnerable members. It is this inclusion which distinguishes a truly great community.

Fund 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

Lines of Business Summary

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

Lines of Business

LOB #261:

LEADERSHIP

Purpose

To provide leadership to the entire CSB system, supporting over 21,000 individuals and their families, over 1,000 employees and more than 70 nonprofit partners. The CSB executive staff oversees the overall functioning and management of the agency to ensure effective operations and a seamless system of community services and key supports.

Description

As described herein, Leadership has responsibility for the following functions: regulatory compliance, risk management and emergency preparedness; management of the electronic health record, computers and other technology; facilities management; and administrative operations;

Office of the Executive Director: The Executive Director provides 24/7 leadership, oversight and monitoring of the County's behavioral health treatment and community living programs and services. In addition, the Executive Director administers the Board-approved annual plan and operating budget in accordance with established policy, vision, and applicable governmental regulations and policies, including provisions of the Department of Behavioral Health and Disability Services (DBHDS) State Performance Contract.

The position reports to the Deputy County Executive and works directly with the CSB's Board of Directors in the leadership and operations of the agency. In general, the Executive Director is responsible for the strategic, managerial and fiscal leadership of the organization, including:

- Creating a vision, plan and implementation strategy, aligned with the County and Community Services Board's vision and mission;
- Serving as liaison with state and local agencies to ensure that CSB has the required funding, infrastructure, processes and people to deliver services that consistently meet regulatory and accreditation standards;
- Providing strategic and tactical leadership and planning to ensure quality programming, regulatory compliance and fiscal responsibility;
- Providing legislative and policy development guidance to ensure that short-term and long-term goals are met;
- Maximizing revenue and optimizing cost containment and efficiency strategies by implementing expert knowledge of current and future industry cost drivers and best practices;
- Championing continuous program improvement, program development and leadership strategies to address changing markets;
- Creating a positive work environment and using innovative staff development strategies to attract and retain a stable, progressive, caring and diverse workforce;
- Building community partnerships; and
- Serving on statewide, regional and local boards, committees and task forces including: Fairfax County Human Services Leadership Team, Fairfax-Falls Church Community Policy Team, Virginia Association of Community Services Boards, and Northern Virginia CSB Regional Coalition.

Office of the Deputy Directors: The Deputy Director for Clinical Operations provides leadership, oversight and monitoring of CSB's behavioral health treatment and community living programs and services. This position is responsible for partnering with CSB clinical leadership and community organizations to develop the provision of services for the CSB. The Deputy Director of Clinical Operations ensures that CSB services follow sound, evidence-based clinical practice and are provided to the right person, at the right place, and at the right time. The Deputy Director for Administrative Operations provides leadership, oversight and monitoring of CSB's non-clinical business support services including: regulatory compliance; management of the electronic health record and other technology; facilities management; administrative operations; and linkages with other Fairfax County agencies for organizational development and training, human resources, financial management, contract and procurement management, and site planning. The Deputy Director of Administrative Operations also oversees strategy and performance management functions including the agency's state performance contract with the Virginia DBHDS. Other functional areas under the Office of Deputy Director for Administrative Operations are discussed in the next LOB.

Benefits

The goal of the Leadership LOB is to provide leadership to the entire CSB system, overseeing the overall functioning and management of the agency to ensure effective operations that provide a seamless system of community services and key supports. Leadership provides the following benefits:

- Serves as the only public access point to behavioral healthcare and intellectual disability services for the County of Fairfax and the Cities of Fairfax and Falls Church.
- Ensures that CSB is an integral part of a networked human services system which maintains accountability by ensuring that continuous system improvement is anchored in best practice, outcome and effectiveness measures, and the efficient use of resources.
- Promotes and improves quality of life for residents of Fairfax County and the cities of Fairfax and Falls Church by maintaining a healthy, safe service system environment that supports provision of quality services.
- Ensures the integration of the principles of resilience, recovery and self-determination in the development and provision of services.
- Champions continuous program improvement, program development and leadership strategies to address changing markets.
- Creates a positive work environment and using innovative staff development strategies to attract and retain a stable, progressive, caring and diverse workforce.

The goal of Leadership is to partner with individuals, families, and the community to empower and support Fairfax-Falls Church residents with or at risk for developmental delay, intellectual disability, mental illness, and alcohol or drug abuse or dependency. The CSB operates as part of Fairfax County's human services system that is designed to protect and promote the health and welfare of residents.

Mandates

Compliance with Virginia State Code and Regulations establishing and overseeing Community Services Boards

- *System Restructuring of Mental Health Services*: Code of Virginia §37.2-316, establishing community consensus and planning teams
- *Human Rights:* Code of Virginia § 37.2-400 Rights of Consumers, 12 VAC 35-115, DBHDS Human Rights Regulations
- *Purposes of CSB*: Code of Virginia § 37.2-500 through § 37.2-512 requires cities and counties to establish community services boards for the purpose of providing local public mental health, developmental, and substance abuse services. Boards are to review and evaluate public and private community mental health, developmental, and substance abuse services and facilities that receive funds to advise the local governing body of each city or county of its findings
- *Service Requirements*: Code of Virginia § 37.2-500 requires the CSB to function as the single point-of-entry into publicly funded mental health, developmental, and substance abuse services. The CSB fulfills this function for any person who is located in the CSB's service area and needs mental health, developmental, or substance abuse services
- *Fees & Reimbursement*: Code of Virginia § 37.2-504 (A)(7-11) requires every CSB prescribe a reasonable schedule of fees, and establish procedures for the collection of same...shall institute a reimbursement system to maximize the collection of fees...manage funds, grants, gifts and donations
- *Service Coordination*: Code of Virginia § 37.2-504 (A)(12) requires CSBs to develop joint written agreements with local school divisions, health departments, departments of family services, housing agencies, courts, sheriffs, area agencies on aging, and departments of rehabilitative services
- Code of Virginia § 37.2-504 and § 37.2-505
- *Performance Contract between Virginia and CSBs*: Code of Virginia § 37.2-508 and State Board Policy 4018 establish the State Performance Contract as the primary accountability and funding mechanism between the Department of Behavioral Health and Disability Services (DBHDS) and the CSB. *FY 2015 and FY 2016 Community Services Performance Contract Revision No. 1* and attachments define the mandates and requirements associated with the CSB relationship with DBHDS, which include protocols for dispute resolution, risk management, protection of consumers, human rights, financial management, reporting, priority populations, consumer and family involvement, subcontracting and Board requirements, and outlines special terms and conditions
- *Program Licensing*: Code of Virginia §3 7.2-703, DBHDS Commissioner to prescribe system of records, accounts, and reports and 12 VAC 35-105, Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services
- *Involuntary Commitment Requirements*: Code of Virginia § 37.2-809-816
- *Mandated Outpatient Treatment increases CSB responsibility and requires additional staff resources*: Code of Virginia § 37.2-817

Trends and Challenges

The following discussion includes key public policy issues as well as critical stages in various system initiatives.

The Guidelines for Assigning Priority Access to CSB Services, adopted in late FY 2014, has provided a framework for defining who should have priority access to services.

Trend: This is considered a necessary and critically important process to ensure compliance with state and federal codes and regulations and to make wise decisions about how best to use funding when need exceeds available resources. With these guidelines driving access, capacity and service delivery, CSB will continue to focus planning and resource allocation efforts to meet the needs of those most impacted by their mental illness and/or, substance use or intellectual disability.

Challenge: As funding decisions are made, consideration will be given to whether or not a service is designed for those in the greatest need. For the coming year, the CSB will likely serve fewer people, but will focus on those with the greatest needs who require more intensive services.

A key public policy issue is to monitor expanded health care access for the uninsured in the Commonwealth. Nearly 50 percent of all individuals served by the CSB report no health plan coverage. With the addition of Magellan as the Behavioral Health Services Administrator for the Virginia Department of Medical Assistance Services (DMAS) in late 2013, new billing and preauthorization requirements are changing CSB's involvement with managed care systems. The CSB currently has provider agreements with eight health plans and is identifying others for potential negotiation.

Upon receiving approval from the Centers for Medicare and Medicaid (CMS) in January 2015, Virginia launched the Governor's Access Plan (GAP), a program to integrate primary and behavioral health services and care coordination for Virginia's uninsured with serious mental illness. Other key benefits included diagnostic, and laboratory services, as well as coverage for prescriptions. CSBs were designated as screening agencies. As of August 2015, the CSB had screened 295 individuals, while also assisting them with the separately required proof of income applications. Of the individuals CSB screened in the first seven months of the program, 47 percent were approved for GAP. During this time, Virginia successfully petitioned CMS to lower the income eligibility ceiling from 100 percent of Federal Poverty to 65 percent, citing budget constraints.

Trend: Health care reform continues to place mandates on primary health and behavioral health care providers. Providers must promote prevention efforts, and are expected to detect and resolve instances of conduct that does not conform with federal and state law, or with federal, state and private payer health care program requirements.

Challenge: The size of the CSB provider system requires an overall compliance infrastructure to work in conjunction with other CSB processes. The challenge is to minimize the need for paybacks to funders and the risk of losses to the CSB and the County, as well as to prevent fraud, theft, litigation, and fines.

Trend: GAP is a Section 1115 Demonstration, approved for five years but subject to CMS renewal after two years. Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid program and the Children's Health Insurance Program (CHIP). The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as expanding eligibility to individuals who are not otherwise eligible for Medicaid or CHIP, providing services not typically covered by Medicaid, or using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

Challenge: While the process appears to be improving, Virginia's approval process for GAP applications had its share of issues which delayed notification of results beyond the stated 45-day timeframe. The CSB initially estimated new revenue resulting from GAP covered behavioral health benefits to range from approximately $4,000 to $9,500 per individual annually based on seven services, with the largest potential payment for GAP Case Management Service. With no pro forma turnaround time to anticipate approvals,

followed by the Magellan service authorization process for GAP Case Management, the CSB will not benefit from the new revenues at the level expected in year one. In year two, some of the individuals approved for GAP will not be recertified because of the lower income eligibility ceiling. Without insurance coverage, however limited, these individuals will be referred to the Community Health Care Network and other primary care safety net providers.

Trend: The 2013 *Virginia Acts of Assembly* directed DMAS to implement three phases of Medicaid reform. The third phase is "to include all remaining Medicaid populations and services, including long-term care and home- and community-based waiver services into cost-effective, managed and coordinated delivery systems. In May 2015, CMS issued an extensive proposed rule on Medicaid and Children's Health Insurance Program managed care which would align managed care regulations across Medicaid, Medicare and the private market. Concurrently, DMAS released an opportunity for public comment on a proposed design and implementation of its program initiative to transition remaining fee-for-service populations into a mandatory managed care program.

Challenge: In its white paper, *Considerations and Cautions about Managed Care Approaches*, the Virginia Association of Community Services Board (VACSB) noted that without "careful consideration" of the impact of a Medicaid managed care approach on individuals, services and funding mechanisms, there is a risk that "Capitated, at-risk mechanisms to manage care may reduce funds in the CSB system and, as a result, service capacity will diminish."

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #261: Leadership			
FUNDING			
Expenditures:			
Compensation	$1,684,199	$1,161,901	$1,348,933
Benefits	535,306	400,962	582,861
Operating Expenses	269,202	222,789	694,500
Work Performed for Others	(22,855)	0	0
Capital Equipment	0	391,535	0
Total Expenditures	$2,465,852	$2,177,187	$2,626,294
Transfers Out:			
Transfer Out to General Fund	$0	$4,000,000	$0
Total Transfers Out	$0	$4,000,000	$0
Total Revenue	$2,057,823	$2,092,747	$2,199,221
Transfers In:			
Transfer In from General Fund	$6,162,443	$3,312,169	$427,073
Total Transfers In	$6,162,443	$3,312,169	$427,073
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	24 / 24	22 / 22	20 / 20
Total Positions	24 / 24	22 / 22	20 / 20

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Administrative overhead rate	NA	14%	10%	11%	11%
Number of people served by the Community Services Board	20,988	21,249	21,874	22,311	22,757
Average cost to serve each individual	$6,912	$6,941	$7,173	$7,033	$6,895

Leadership provides overall leadership, policy direction and oversight for all programs and services provided by the Fairfax-Falls Church Community Services Board. The administrative overhead rate for the CSB was 10 percent in FY 2015, which is lower than FY 2014 and in line with future estimates. In FY 2015, the CBS provided services to 21,874 individuals in the community who have mental illness, substance use and co-occurring disorders and/or intellectual disability at an average cost of $7,173 per individual. The number of people and cost to serve them increased 3 percent over FY 2014 and 4 percent over FY 2013. This is primarily due to steady increases seen in emergency services and Infant and Toddler Connection over the past three years.

The CSB also anticipates growth over the next few years. An estimated increase in demand for services provided by Infant and Toddler Connection, the launch of the Diversion First initiative to divert people with behavioral health issues from incarceration, and the fairly recent changes in mental health legislation will all impact the number of people who receive CSB services. In addition, overall growth in the County population will likely increase the demand for services provided by the CSB. Anticipating some of these shifts, planning efforts have emphasized resource efficiencies such as integrated care. The CSB initially focused on integrating behavioral health services, and is now directing efforts to primary health care and behavioral health integration.

LOB #262:

OPERATIONS MANAGEMENT

Purpose

To provide vital core operational and business services necessary for the CSB to function as a health care provider to over 21,000 individuals and their families.

Description

As described herein, Operations Management has responsibility for the following core business functions: regulatory compliance; risk management and emergency preparedness; strategic planning; management of the electronic health record, computers and other technology; facilities management; and administrative operations.

Office of Compliance and Risk Management: This office is responsible for managing and mitigating clinical and financial risk and ensuring regulatory compliance with all federal, state, local and managed care programs, third party payer integrity requirements, and laws and regulations that govern reimbursement and the provision of health, behavioral health and development services. The work of this office is to ensure that services are provided, and revenue is generated by licensed programs, credentialed staff and contractors, with proper documentation. The office is tasked with preventing wrongdoing, illegal, and unethical conduct and thus preventing paybacks and possible civil monetary penalties. The office collaborates with the County Attorney, Internal Audit, Risk Management, Security, Fairfax County Police Department, and others as needed on compliance and risk management initiatives.

Primary responsibilities of the office include:

- Developing and executing the CSB Compliance Program for all staff and contractors.
- Coordinating the credentialing of CSB staff to maximize third party reimbursement.
- Leading reviews of adverse incident reports and corrective action plans.
- Performing audits of records as well as of agency policies, procedures and practices.

Strategy and Performance Management: The Office of Strategic Planning and Performance Management manages strategic activities that span the agency. The office oversees performance data at individual, program and system-wide levels; monitors and analyzes metrics to evaluate efficiency and effectiveness; measures agency performance against County, state, and federal outcome targets; and links strategy to operations.

Primary responsibilities of this office include:

- Manage or coordinate all aspects of the Community Services Performance Contract, established by the Code of Virginia §§ 37.2-508 and 37.2-608 and State Board Policy 4018 as the primary accountability and funding mechanism between the Virginia DBHDS and CSBs for the purpose of funding services in a manner that ensures accountability to DBHDS and quality of care for individuals receiving services.
- Oversee data and performance management activities: conduct analysis of qualitative and quantitative data to evaluate the impact of services; work with programs to establish goals, objectives and performance indicators; promote evaluation to assess progress toward achieving program and/or project objectives; ensure that data is collected and analyzed accurately and identifies issues in data integrity; and provide training and technical assistance to support performance measurement activities.

- Manage all aspects of the agency strategic plan: monitor policy and assess needs and trends to ensure that the strategic plan evolves with the needs of community; work with internal and external stakeholders to set priorities and achieve strategic goals; provide ongoing evaluation of progress toward strategic goals; and coordinate the strategic planning implementation team.
- Coordinate quality improvement strategies: support the use of quality improvement tools such as the results-based accountability framework to improve program effectiveness and efficiency; collect, analyze and interpret data and information to inform quality improvement; and oversee evaluation activities to ensure program quality.
- Promote standards of best practice: research current treatment trends and work with agency leadership and staff to implement guidelines and standards of practice; monitor effectiveness of care and supports adoption and adaption of evidence-based practices.

Informatics: Informatics functions as the technical interface for clinical and administrative operations within the agency. This office is the only County support resource for maintaining Credible, the CSB's certified Electronic Health Record (EHR), for Meaningful Use. As defined by the Centers for Medicare and Medicaid Services, Meaningful Use designation provides incentive payments for an adopted, upgraded and certified EHR. The office's primary tasks performed include the following:

- EHR Configuration, Maintenance and Support: Operates an EHR Help Desk for 10 hours daily, Monday through Friday, and for four hours per weekend, to respond to issues and inquiries from Credible users who can access the web-based application on a 24/7 basis. Staff monitors application updates and outages to inform clinical and administrative staff of potential impacts. Provides Credible training as an ongoing requirement for new CSB employees and additional training as needed with application updates.
- State Community Services Performance Contract Support: A team of business and management analysts works closely with clinical staff to maintain and report on services provided to clients in compliance with the State Community Services Performance Contract. Data exported from the EHR combine with data from other Virginia CSBs to inform regulatory, policy and budget decisions by legislators relative to behavioral health services in the Commonwealth.
- Information System Security Support: Configures and monitors access to client medical records to prevent information system security violations over the County network and to avoid costly penalties from HIPAA violations. Maintains a security matrix in Credible that guards against inappropriate access to programs by unauthorized clinical staff. The Informatics staff supports this daily function for more than 800 Credible user accounts.
- Management of Mobile Communications Equipment: As mobility becomes an increasingly important requirement for providing services in the field, Informatics staff issues and manages iPads, iPhones and other mobile communications devices for approximately 400 clinical and administrative staff.
- Personal Computer Replacement Program: Informatics coordinates the inventory and management of all personal computers assigned to CSB employees and orchestrates the yearly refresh of computers in accordance with County information technology standards.
- Technical Planning and Advisor: Informatics provides technical planning support for human services initiatives and advises the Deputy County Executive and CSB Executive Director on the use and implementation of technologies to support health care for clients served in Fairfax County.

Facilities Management: This office manages the master facility plan for the CSB's more than 130 sites. The office collaborates with CSB program staff as well as with the Facilities Management Department (FMD) of the County's Department of Public Works and Environmental Service (DPWES); Emergency Preparedness and Recovery Operations within the Department of Administration for Human Services (DAHS); and various contractors including architects, construction companies, power/utility agencies, equipment installers, HVAC and elevator repair and maintenance companies, landscapers, lawn crews, snow removal companies, pest control companies, and many others.

Primary responsibilities of the office include:

- Manage daily operations of CSB facilities to include assessing facility conditions and coordinating responses to identified site issues to enable the delivery of clinical services.
- Coordinate management of all property-related contractual services with DAHS, and order and track installation and inventory maintenance of capital and non-capitalized equipment.
- Manage security at CSB sites and coordinate emergency planning and response for CSB and its contractors.
- Develop plans for current and future residential and commercial needs. Serve as CSB subject matter expert with architects, planners, and project managers on any construction and rehabilitation projects impacting CSB services.
- Oversee emergency 0perations, master scheduling systems and medical records/archiving storage.
- Develop space utilization plans that promote service integration and manage both short and long-term renovations that support changing uses.

Enterprise Services and Administrative Operations: Enterprise Services and Administrative Operations includes administrative and business services that support individuals and families who are seeking and/or engaged in CSB services and CSB employees and contractors working in CSB centers. For optimal revenue cycle management, CSB has redesigned administrative and business staff functions such that most staff members in these positions record information, manage accounts and collect service revenue. CSB collaborates closely with DAHS, which has primary functional responsibility for financial management. While the majority of administrative staff initiates, monitors, adjusts and closes the revenue cycle for the service delivery system, some administrative staff members work outside the revenue cycle in functions that help avoid incurring costs. For example, administrative staff with the CSB's medication access program work closely with the medical staff to identify individuals who are eligible for free or low-cost brand name medications through the Patient Assistance Programs of various pharmaceutical companies. Finding a no-cost option for medications saves the CSB millions of dollars annually.

Administrative Operations includes the following functional responsibilities, in alphabetical order:

- Appointment scheduling/reconciliation.
- Benefits application assistance and enrollment in federal, state and local programs for eligible clients.
- Building management, to include interface with CSB's Facilities Management, the County's Facilities Management Department, and vendors.
- Assisting visitors in navigating the building and services offered.
- Cashiering.
- Communication with internal and external audiences.
- Crisis situation prevention or de-escalation.
- Data and database management.
- Equipment management.
- Event support, including planning and execution of events for internal and external audiences.
- Executive, senior management and management support functions.
- Fee policy, regulation and related documents – staff review, comparative analyses, business integration.
- Financial and demographic updates.
- Financial assessment and screening for uninsured clients.
- Health insurance special projects – planning, coordinating outreach and events, monitoring, and developing webpage content.

- Information and referral.
- Interpreter services – order contractor services, track utilization, monitor, project and report on spending.
- Medication assistance and enrollment in low cost or free pharmaceutical programs for eligible individuals.
- Medications subsidized by CSB – manage preauthorized voucher process, monitor, project and report on spending.
- New client registration (including how to pay for CSB services).
- Ongoing client and staff tasks related to the Electronic Health Record.
- Pre-registration (includes insurance verification and explanation).
- Production of reports, briefings, charts, graphs and analyses.
- Records maintenance (incoming, outgoing and storage).
- Revenue/account management.
- Scheduling and meeting management.
- Security assistance.
- Supplies and deliveries, to include meals for program participants where applicable.
- Walk-in and telephone reception.

Benefits

The goal of Operations Management is to carry out the core business functions that support the overall mission of the CSB: to partner with individuals, families, and the community to empower and support Fairfax-Falls Church residents who have or are at risk for developmental delay, intellectual disability, mental illness, and alcohol or drug abuse or dependency. The CSB operates as part of Fairfax County's human services system that is designed to protect and promote the health and welfare of residents. This LOB provides the following benefits:

- Serves as the only public access point to behavioral health and intellectual disability services for the County of Fairfax and the Cities of Fairfax and Falls Church.
- Provides insurance verification and explanation of coverage for insured clients in order for them to make informed choices about paying for health care.
- Performs financial assessment and screening for individuals and families who have little or no income and/or no health insurance, to advise them of their potential eligibility for federal, state and local programs and to assist, if needed, with applications and documentation.
- Utilizes a structured approach to effecting changes in the electronic health record that result from new or different requirements of a program, service and/or payer. Develops business process maps to reinforce processes and procedures that work, modify those that do not, and support every staff member to be able to perform their work efficiently and effectively.
- Ensures that services are provided by licensed programs, credentialed staff and contractors with proper documentation.
- Utilizes an industry standard approach to new client registration in order to obtain needed information at the first appointment and maximize revenues.

Mandates

Accessibility, Non-Discrimination

- Title VI of the Civil Rights Act of 1954
- Code of Virginia § 51.5-39.7, Ombudsman services for persons with disabilities
- PL 101-336, American with Disabilities Act of 1990
- Section 504 of the Rehabilitation Act of 1973
- Virginians with Disabilities Act
- Code of Federal Regulations 28 CFR Parts 35, 36, and 37, Nondiscrimination on the basis of disability in state & local government services; Public accommodations and commercial facilities; Accessibility Standards
- Code of Virginia § 51.5-40 through -46, Rights of Persons with Disabilities
- Code of Virginia § 51.5-39.2, Virginia Office for Protection and Advocacy (VOPA)

Language Access

- Title VI of the Civil Rights Act of 1954
- Executive Order (EO) 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP), requiring federal fund recipients and all federal agencies to ensure that programs provide equal access to individuals with LEP
- Fairfax County Executive Procedural Memorandum 02-08 (April 30, 2004) requires "No person will be denied equal access to County services based on his/her inability, or limited ability, to communicate in the English language."

Compliance with DMAS Accountability Standards, Policies and Regulations

- 12VAC30-60-140. Community mental health services
- DMAS provider manuals and participation agreements require provider compliance for providers enrolled in the Virginia Medicaid Program
- 2VAC30-60-143. Mental health services utilization criteria
- 2VAC30-60-145. Intellectual disability utilization criteria
- 12VAC30-60-147. Substance abuse treatment services utilization review criteria

Compliance with Federal Fraud Waste and Abuse Requirements

- Section 6032 of the Deficit Reduction Act of 2005, Public Law Number 109-171, codified as USC Section 1396a (a)(68). Covers policies and procedures for preventing fraud, waste, abuse, identity theft and the OIG exclusion list

Compliance with Affordable Care Act Requirements

- Administrative Simplification provisions of the Affordable Care Act of 2010 (ACA) requirements related to:
  - Participation in CMS quality reporting initiatives (PQRS, Value Options) that tie reporting outcomes to reimbursement rates;
  - Implementation of an effective compliance program overseeing CSB compliance with federal regulations
  - Oversight of documentation and record retention to ensure document availability for audits
  - Systematic auditing and monitoring to prepare for tougher federal monitoring entities for fraud and abuse

Comprehensive State Plan Development

- Code of Virginia § 37.2-315, Comprehensive State Plan for mental health, intellectual disability and substance abuse services
- Comprehensive State Plan 2014-2020 incorporate the Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia

Medical Records

- Family Educational Rights and Privacy Act: 20 U.S.C. Section 1232g
- 12 VAC 35-105: Rules and Regulations for the Licensing of Providers of Mental Health, Intellectual Disability and Substance Abuse Services
- Library of Virginia, General Schedule 18 (GS 18) Community Services Boards Records
- Medicaid (DMAS) Manuals: Chapters II, IV, VI: Mental Health Clinic Manual, Community Mental Health Rehabilitative Manual; Psychiatric Services Manual, Intellectual Disability Community Services Manual, Rehabilitation Manual

Confidentiality, Privacy and Security of Medical Records

- PL 104-191; 42 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act of 1966; Security, Breach and Privacy Regulations
- Updating and managing compliance with changes to HIPAA operating rules, including new standards for electronic funds transfer and electronic health care claims attachments
- Privacy Policies and Procedures updated to ensure CSB designates privacy and security officials; distributes privacy practice notices; manages complaints, including cooperation with HHS and oversight authorities and ensuring non-retaliation for staff cooperation with investigations; coordinates mitigation related to breaches and inappropriate disclosures; provides and monitors workforce training; oversees business associate HIPAA compliance
- 42 CFR Part 2m Confidentiality of Alcohol and Drug Abuse Patient Records
- United States Code 5 U.S.C. § 552, Freedom of Information Act (FOIA)
- United States Code 5 USC § 552A, Privacy Act of 1974
- Code of Virginia § 32.1.127.1:03: Patient Health Records Privacy Act
- Code of Virginia § 32.1-127.1:04, Privacy of Medical Record Information/Disclosures
- Code of Virginia § 2.2-3704 through -3712, Freedom of Information Act
- Fairfax County Executive Procedural Memorandum 70-05, 01 v6

Staff Credentialing

- Code of Virginia § 54.1-2400.1 through -.4 and § 54.1-2906 through -2907, Professional Licensure: Professions and occupations regulated by Boards within the Department of Health Professions: Standards of Practice
- 12 VAC 35-105: Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services sections on staff qualifications
- Code of Virginia § 37.2-404: State Board of Behavioral Health and Developmental Services

Coordination of Services to Children

- Code of Virginia § 2.2-5200 through -5214, Comprehensive Services Act for At-Risk Youth and Families

Emergency Operations, Disaster Response

- Code of Virginia § 44-146.13 to § 44-146.28:1: CSBs must comply with State issued procedures on disaster response and emergency service preparedness
- CSB Continuity of Operations Plan (COOP) for Emergency Preparedness, Response, Recovery, and Emergency Support Functions
- Fairfax County Code, § 14-1-5, Chapter 14, Emergency Management
- Fairfax County Procedural Memorandum 25-10: Policy for Developing and Implementing Emergency Response Plans (ERPs) for Fairfax County Work Sites
- Housing and 13 VAC § 5-51-10, Statewide Fire Prevention Code and 13 VAC § 5-61-10, Uniform Statewide Building Code
- 42 U.S.C. 3601, Fair Housing Act, and PL 100-430, Fair Housing Act Amendments of 1988
- PL 93-112, Rehabilitation Act of 1973
- PL 97-35, Housing and Community Development Act of 1974
- PL 101-336, Americans with Disabilities Act; PL 110-325, Americans with Disabilities Act Amendments Act of 2008
- 28 CFR Parts 35, 36, and 37 (1991, revised 2010), Americans with Disabilities Act Regulations for Title II: nondiscrimination on the basis of disability in state and local government services, and Title III: public accommodations and commercial facilities.
- 2010 ADA Standards for Accessible Design for State and Local Government Facilities Title II and for Public Accommodations and Commercial Facilities Title III.
- Code of Virginia §§ 51.5-40 through -46, Rights of Persons with Disabilities
- Code of Virginia Title 36, Chapter 5.1 §§ 36-96.1 through 36-96.23, Virginia Fair Housing Law
- 18 VAC 135-50-10 through 135-50-550, Virginia Fair Housing Regulations
- Code of Virginia §§ 55-248.2 through 55.248.4, Virginia Residential Landlord and Tenant Act
- Fairfax County Zoning Ordinance Community Development

Workplace Safety

- PL 91-596: Occupational Safety and Health Act of 1970

CARF Accreditation

- CARF 2015 Behavioral Health Standards Manual

Information Technology & Automated Information Systems

- Code of Virginia § 2.2-3800-3809 Government Data Collection & Dissemination Practices Act
- Code of Virginia § 37.2-308: Data Reporting: Data reporting on children and adolescents
- Code of Virginia § 37.2-507: Data collection on Children and Adolescents
- Code of Virginia § 37.2-508: Performance contract requirements that board develop & implement. Automated record-keeping systems that allow for output of fiscal, service and consumer data in a format prescribed by the Department of Behavioral Health and Developmental Services.
- State Performance Contract Partnership Agreement to develop statewide Health Information Exchange system
- US Presidential Executive Order initiating a strategic plan to guide nationwide adoption of health information technology in both the public and private sectors
- Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 (2010)
- Health Insurance Portability and Accountability Act of 1996, 45 CFR Part 160 and Part 164, Subparts A and C
- PL 111-5: American Recovery and Reinvestment Act of 2009 (ARRA)
- Health Information Technology for Economic and Clinical Health (HITECH) Act, Section 13410(d)

Trends and Challenges

The following discussion includes key public policy issues as well as critical stages in various system initiatives.

The CSB has continued, strategically and systematically, to evaluate and improve business and clinical operations to enhance delivery of behavioral health care services. As part of this effort, in FY 2014 the agency completed a multi-year project to align the County's financial management and human resources system – FOCUS – as well as the agency's electronic health record – Credible – with the CSB's redesigned organizational structure. Completion of this project represents a critical step in improving budgeting, financial management and performance evaluation and facilitating financial and programmatic analysis of resource allocation and the cost/benefit of outcomes achieved.

Trend: Integrating primary health care and behavioral health services is the trending future of health care in the United States.

Challenge: This poses a significant challenge for the CSB as the Credible electronic health record – a good product for the needs of a behavioral health system – has no plan in place for supporting primary care. In question is how, when, and at what cost the CSB will connect its repository of medical records to a Health Information Exchange (HIE) collective where the CSB could then exchange client medical information with the Virginia healthcare community and externally with other state and federal HIEs.

In FY 2015, the CSB took steps to strengthen its administrative infrastructure. The agency created a Deputy Director for Administrative Operations to oversee the daily fiscal, business, human resource, information technology, facilities and equipment management operations of the agency, including strategic planning for resource acquisition (staff and funding) for ongoing and future agency operations. Under the general direction of the CSB Executive Director, the Deputy Director for Administrative Operations is responsible for business operations, administration, and strategy, providing leadership of day-to-day, non-clinical operations including objectives such as those required for all human services agencies, policy and planning for key administrative functions such as information technology, budget, finance and billing, procurement,

contracts and grants management, human resources, business process improvement and administrative support services, facilities, safety and disaster planning, and administrative coordination and support across all agencies and LOBs of the CSB.

Additionally, the CSB initiated a redesign of its administrative organizational structure to build a cohesive career ladder and reduce the number of administrative staff vacancies. The administrative infrastructure had lost significant ground over the last five years with the loss of positions, high vacancy rates, and deployments to other County agencies. As a result, CSB began a strategy of employing contract temporary staff to fill in the gaps; this caused unevenness in the execution of administrative tasks across the agency.

Trend: As previously stated, for optimal revenue cycle management, CSB has redesigned administrative and business staff functions such that most staff members in these positions record information, manage accounts and collect service revenue.

Challenge: The CSB's new Merrifield Center, which opened in January 2015, requires an additional level of administrative resources to supplement those provided by the various services that moved to the new, co-located site. Administrative support personnel across the CSB service system are pulled frequently to support Merrifield's multiple floors and wings, and its longer hours of operation. CSB is updating its administrative staffing priorities to move from contract temporary staff to County positions. This will better address core functions such as records management, scheduling, check-in/check-out, and proper coverage during extended hours at outpatient centers.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #262: Operations Management			
FUNDING			
Expenditures:			
Compensation	$6,931,083	$4,781,645	$4,835,795
Benefits	2,545,358	1,906,563	2,134,867
Operating Expenses	8,102,081	6,889,616	6,153,770
Work Performed for Others	0	(2,350)	0
Capital Equipment	102,260	0	0
Total Expenditures	$17,680,782	$13,575,474	$13,124,432
Total Revenue	$216,330	$220,000	$215,786
Transfers In:			
Transfer In from General Fund	$17,464,452	$13,355,474	$12,908,646
Total Transfers In	$17,464,452	$13,355,474	$12,908,646
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	88 / 88	89 / 89	88 / 88
Total Positions	88 / 88	89 / 89	88 / 88

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Prescription drug plan savings experienced by Medicare beneficiaries who are assisted by administrative team	$924,662	$556,726	$411,217	$444,000	$479,644
Annual value of free medications obtained for eligible individuals assisted by administrative team	$5,445,578	$5,475,464	$6,254,370	$6,504,545	$6,764,727

Since 2006, the CSB has dedicated administrative staff hours to assist Medicare beneficiaries with plan comparisons and enrollment in the Medicare Part D Prescription Drug Plan program. This assistance results in out-of-pocket savings to the beneficiaries. The range in drug plan savings is influenced by the number of assistance appointments made available during the Open Enrollment period, the drug formularies of the Part D Plans, and preferred pharmacies. During the FY 2015 Open Enrollment period, the administrative staff assisted 437 individuals with savings of at least $411,217. In order to maximize the available time for appointments, the administrative staff eliminated duplicate data entries performed only to calculate precise drug plan savings. Instead the CSB used the national average savings of $941 per beneficiary for its value computation. In prior years, staff compared current to the selected prescription drug plan in order to compute the savings to the beneficiary; the CSB client-specific drug plan savings were routinely higher than the national average. Based on the Medicare Part D plan changes for 2016, 672 individuals engaged in CSB services were determined to have the highest need for a Part D drug plan reevaluation. In total, 629 individuals, or 94 percent, scheduled appointments. Of the total appointments scheduled, 471, or 75 percent, were conducted and decisions made about Part D coverage. An 8 percent increase in drug savings is projected for individuals assisted by the CSB administrative team in both FY 2016 and FY 2017.

For nearly a decade, the CSB has provided application assistance for individuals who are eligible for free or low-cost brand name medications through the Patient Assistance Programs (PAPs) of various pharmaceutical companies. Through a contractual relationship with Northern Virginia Family Service, the CSB currently purchases the services of Medication Assistance Caseworkers who annually assist over 800 individuals with a serious mental illness. There are more than 40 different PAP medications from 17 different pharmaceutical companies prescribed by the CSB psychiatrists. PAP eligibility varies by pharmaceutical company, ranging from no stated income level to 400 percent of the Federal Poverty Level. The CSB is estimating 4 percent growth in the valuation of the free medications in both FY 2016 and FY 2017. The rate takes into consideration an anticipated increase in the Average Wholesale Price for most of the PAP medications.

LOB #263:

PREVENTION, PARTNERSHIPS, AND CONSUMER AFFAIRS

Purpose

The Prevention, Partnerships and Consumer Affairs LOB includes a unique array of services and supports that span the CSB system and help further the overall agency mission. The purpose of each of these areas is as follows:

- The Office of Partnership and Resource Development includes Wellness, Health Promotion, and Prevention (WHPP); communications; the volunteer and intern program; residential and facility development; and grant development and management;
- The Office of Consumer and Family Affairs provides peer support to facilitate recovery and assist individuals served by the CSB. This office also assures that state regulations related to human rights are implemented and managed.

This LOB also provides coordination with the Northern Virginia Regional Projects Office and by agreement with DBHDS and the five CSB's within the Northern Virginia Region (Alexandria, Arlington, Fairfax-Falls Church, Loudoun and Prince William) provides human resources and fiscal management duties for the regional office.

All of these services have system-wide impact and are vital to the successful operation of the organization. They relate directly to the CSB strategic plan and the organizational mission.

Description

All of the services in this LOB are provided not only during regular business hours (Monday-Friday, 8 a.m. - 4:30 p.m.), but also on evenings and weekends as needed.

Office of Partnership and Resource Development
This office includes WHPP, communications, the volunteer and intern program, residential and facility development, and grant development and management.

Wellness, Health Promotion, and Prevention (WHPP) Services provides programming and capacity-building to help community members build skills that prevent the need for more intensive services. Examples of this type of service include Mental Health First Aid, the Chronic Disease Self-Management Program, tobacco cessation programming, Al's Pals, Kognito Online Suicide Prevention Training, and other evidence-based programs. In addition, this service area addresses prevention-related policy issues such as safe disposal of prescription medications, the "Counter Tools" project to track youth access to tobacco products, and local and regional efforts to prevent misuse of opioids and overdose deaths. The WHPP staff also manages a regional suicide prevention initiative. The prevention services function has been in existence since the CSB was established and has been at the forefront of multiple community-level change efforts, many of which have become models for subsequent state and national efforts.

Communications manages the development and dissemination of all CSB public information, including information shared via news media, social media, public and internal websites, publications (including translations), the employee newsletter, and the CSB News e-newsletter which is sent at least twice monthly to an extensive public readership. Communications staff also develops legislative position statements and other public testimony for CSB Board members and officials, provides staff support to the CSB Board's Government and Community Relations committee, and supports other internal and external communications efforts of the CSB Board and agency senior leadership. These services are vital to informing local residents about CSB services and how to access them. CSB's communications team is heavily involved in countywide and community-wide efforts and various task forces, and coordinates communications for multiple initiatives. Since its formation, the CSB has had a communications staff.

The **Office of Consumer and Family Affairs** provides peer support specialists in 10 CSB programs and manages five contracted peer-run recovery centers in the County. Sixty percent of the people served in these peer recovery centers receive no other CSB services. This office also coordinates various types of peer training, including Wellness Recovery Action Plan training, peer specialist certification, and other related activities. This office was established in 2006.

The **volunteer and intern program** recruits, trains and supports volunteers and interns who provide support throughout the CSB. This program provides screening, selection, placement, and supervision of volunteers, interns, and advocates who support all of CSB's other lines of business. The volunteer and intern program is an important training ground for the future workforce, helps people who have previously received services gain valuable experience and skills, and engages community members in positive interactions with the CSB's service system. Since its formation, the CSB has used interns.

The residential and facility development efforts within the **Office of Partnership and Resource Development** are pursuing collaborative ventures with both public and private partners to develop cost-effective, community-based residential facilities and expand access to affordable housing for individuals receiving CSB services. The office has been involved in leasing sites and forging partnerships for over 25 years. Since 2010, the residential and facility development staff has transformed the agency's approach to residential site development and securing housing, from a purchase-of-service model to a public-private partnership model, reflecting the mission-focused goal of service delivery rather than owning and operating housing properties. The office seeks opportunities to leverage partnerships with County and private-nonprofit partners. CSB has one staff member supporting these housing initiatives. There is a strong focus on real estate development, financing opportunities, Fair Housing law compliance, local zoning requirements, and U.S. Department of Housing and Urban Development (HUD) programs for rental assistance and homeless assistance. This office works with staff throughout the CSB as well as in partnerships with other County agencies and private entities.

Benefits

The Prevention, Partnerships and Consumer Affairs LOB has multiple benefits on many levels, impacting most sectors of the community. The volunteer and intern program is a key example. In FY 2015, there were 66 volunteers, 55 interns, and 50 advocates placed and serving throughout the system. The volunteers and interns provide quality, caring service at minimal cost and build a future pool of trained professionals. In FY 2015, CSB partnered with 29 universities and had interns at all academic levels including associate, bachelor's, master's and doctoral degree candidates. CSB's volunteers and interns accrued a total of 21,397 hours of service in FY 2015, the value of which, when calculated at the approved state rate of $24.87, totals $532,143 of free service to the CSB system.

WHPP services also represent an impressive return on investment by building skills and coping strategies that can buffer the risks people experience and divert them from having to access more intensive services. CSB's use of evidence-based programs, known to be effective when implemented correctly, increases the success rate of such programming. The cost of providing Mental Health First Aid training has dropped to $79 per person (staff and materials costs) with an over 95 percent successful completion rate. Prevention programming, when implemented correctly, builds skills efficiently, improves community conditions and saves money. Nearly 10,000 people – including all Fairfax County Public Schools middle and high school staff members -- have taken the CSB's evidence-based online Kognito suicide prevention training, which is provided at a cost of about $12 per person. Programs such as Mental Health First Aid and online suicide prevention training increase opportunities for people to intervene effectively when others are experiencing a crisis and reduce the overall stigma about mental health conditions that can prevent people from getting help.

The CSB's Communications Team is one of the smallest such teams across the County, yet has effectively and efficiently boosted agency visibility, handled challenging media situations, created the internal capacity to develop high quality publications and communications tools, and provided leadership across the County.

The Office of Partnership and Resource Development submitted multiple successful grant proposals in 2014, resulting in over $3 million in funding for programming.

The Office of Consumer and Family Affairs provides peer support to people living in the community. Without these services, people living with serious and persistent mental illness and/or serious addiction are repeatedly hospitalized. In 2014, 89 percent of the individuals receiving peer support services were not hospitalized.

Mandates

- Wellness, Health Promotion and Prevention Services: The Substance Abuse Prevention and Treatment Block grant mandates that for every dollar allocated, 20 percent is dedicated to prevention services. Expectations for service delivery are defined by the DBHDS State Performance Contract.
- Office of Consumer and Family Affairs must meet the conditions of 12 VAC 35-225: Rules and Regulations to Assure the Rights of Individuals Receiving Services for programs funded through DBHDS. Consumer services are considered Ancillary Services by the *FY 2015 and FY 2016 Community Services Performance Contract Revision No. 1.*
- Developing housing and residential options must meet mandates related to Virginia Fair Housing Relations and law (Code of Virginia § 51.5-40-4, Chapter 5.1 § 36-96 through § 36-96.23, § 55-248.2 through § 55.248.4. Federal regulations include: Fair Housing Act and Amendments PL 100-430; Rehabilitation Act of 1973, PL 93-112, Housing and Community Development Act of 1974, PL 97-35; Americans with Disabilities Act and Amendments of 2008, PL 101-336, PL 110-325).
- Regional Projects Office must meet the terms and expectations of the *FY 2016 Community Services Performance Contract*.

Trends and Challenges

- The Northern Virginia Regional Projects Office continues to assist in the creation of new programs. However, new grant staff positions to manage and implement regional services has not kept pace. Future alignment is needed to continue to deliver programming and meet requirements.
- CSB's communications is one of the smallest staffed communications teams across human services agencies. There are high communication demands, and it is a challenge to meet needs with the current staffing design. Many emerging trends related to the variety of populations served by the CSB continue to challenge this office. For example, increasing mental health awareness and needs, as well as the Department of Justice (DOJ) settlement and the pending closure of the Northern Virginia Training Center require ongoing communication of factual, stigma-reducing information. Changing technology, social media trends, and increasing communication needs also stretch staff to stay responsive and relevant.
- The Office of Consumer and Family Affairs anticipates continued growth and demand for consumer services. This matches national trends and increasing requirements for peer engagement and support. Most recently, the number of unique individuals seen between FY 2014 and FY 2015 increased 13 percent, from 4,406 to 4,977. Projected growth is 5 percent annually, straining available resources.
- Regarding residential development and housing options, there are increasing pressures at the federal and state levels to obtain integrated independent housing, to delink housing and services and ensure that people receiving long-term residential supports have leases in their own names. Housing requirements related to the DOJ Settlement Agreement have resulted in a significant increase in housing-related development and coordination work for staff at the local level. There is an increasing demand for housing location services for people with poor housing history and modest incomes, which creates increasing challenges since such housing resources are scarce. The CSB's ability to engage in collaborative housing ventures is compromised because of the lack of incentives it can offer potential partners.

- CSB's Wellness, Health Promotion, and Prevention Services have been nationally recognized for service excellence and commitment to evidence-based programming. This team is often the front line of interaction with the broader, non-CSB-involved community. With a community focus on jail diversion and health care integration, this staff group is a leader in supporting these initiatives through Mental Health First Aid training for law enforcement and other first responders and through wellness programming supporting the integration of primary and behavioral health care.
- The volunteer and intern program has set more stringent policies around screening and placement for people who wish to become involved with the CSB. A new data tracking system is now in place and represents a major practice shift for staff that will ultimately help create a stronger data collection system and recruitment efforts. Another trend is that an increasing number of institutions of higher learning are reaching out to place students for CSB internship opportunities, which requires staff to develop individualized memoranda of understanding, conduct research about each school, and build relationships with the new partner institutions. While these trends have stretched resources, the system is likely to be strengthened by these current challenges.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #263: Prevention, Partnerships, and Consumer Affairs			
FUNDING			
Expenditures:			
Compensation	$626,118	$1,406,052	$1,606,298
Benefits	233,096	522,332	723,598
Operating Expenses	170,527	761,901	641,278
Work Performed for Others	(28,931)	(49,831)	(30,338)
Total Expenditures	$1,000,810	$2,640,454	$2,940,836
Total Revenue	$591,307	$556,645	$531,233
Transfers In:			
Transfer In from General Fund	$409,503	$2,083,809	$2,409,603
Total Transfers In	$409,503	$2,083,809	$2,409,603
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	23 / 23	23 / 23	24 / 24
Total Positions	23 / 23	23 / 23	24 / 24

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served in Peer Support Centers in the community	4,208	4,406	4,977	5,226	5,487
Number of individuals trained in Mental Health First Aid	275	743	718	795	850
Percentage of individuals certified in Mental Health First Aid	94%	95%	95%	90%	90%
Accrued value of Volunteer and Intern hours	$654,832	$477,918	$532,143	$575,000	$575,000
Adult diversion from hospitalization through regional crisis care admissions	682	734	808	825	850

Peer Support Centers

In FY 2015, 4,977 individuals were served in Peer Support Centers in the community, an increase of 13 percent over FY 2014. The Office of Consumer and Family Affairs anticipates continued demand for consumer services, with projected growth of 5 percent annually over the next three years. This matches national trends and increasing requirements for peer engagement and support. In FY 2015, individuals receiving this service were provided with 34,691 support services, including mentoring, peer-led support groups, skills training (e.g., parenting, stress management, conflict resolution), job skills training, citizenship restoration, educational assistance, health and wellness information (e.g., smoking cessation, nutrition, relaxation training) and assistance with tasks such as filling out applications or helping people obtain entitlements. Peer support services are an evidence-based practice designed to and reduce social isolation, facilitate community integration and foster a recovery orientation. Peer services are extremely cost effective and are provided at a fairly stable cost.

Wellness, Health Promotion, and Prevention Services

In FY 2015, WHPP provided Mental Health First Aid (MHFA) training to 718 County staff, community members, and community partners at an average cost of $79 per individual. The cost per individual trained was 15 percent less than projected due to a reduction in the number of preparation and delivery hours needed for the training. The MHFA trainers have remained stable over time and require little preparation to provide the training. MHFA is an evidence-based public education program that helps participants identify, understand and respond to signs of mental health and substance use disorders. In FY 2015, 94 percent of individuals were satisfied with training and 95 percent of individuals were certified in MHFA. In the past two years, specific training for youth and Spanish-speaking participants has been added. Interest in MHFA training has continued to grow and plans are underway to train Fairfax County first responders. WHPP is monitoring another outcome; measuring the percent of certified MHFA participants who make use of the skills they learned and assisted someone either in crisis or showing signs of a mental health or substance use problem. It is anticipated that this outcome will be reported in the future.

Volunteers and Interns

In FY 2015, the Valued Interns, Volunteers and Advocates (VIVA) program had 171 participants who provided 21,397 hours of services. The total value of accrued hours in FY 2015 was $532,143. This calculation is based on Virginia Employment Commission, Economic Information Services Division, using the Current Employment Statistics annualized average hourly earnings for all production and non-supervisory workers on private non-farm payrolls in Virginia. During the past year, the program hosted interns, volunteers and advocates from 35 different sites and partnered with 29 institutions of higher learning. Data over the past three years has varied slightly due to a shift in volunteer and intern policies around screening and placement for people who wish to become involved with the CSB which has resulted in fluctuations in actual values. An increasing number of institutions of higher learning are reaching out to place students for CSB internship opportunities, which requires staff to develop individualized memoranda of understanding, conduct research about each school, and build relationships with the new partner institutions. Services provided by VIVA participants provide a valuable resource and contribute to the overall mission of the CSB.

Housing

Entering into leases with non-profit organizations allows for predictable and more stable rent increase structures that helps mitigate market fluctuations and establishes a friendlier tenant-landlord relationship, as well as more stable housing. The CSB Housing Blueprint has served as a planning and prioritization tool for finding affordable housing resources. The number of individuals who have transitioned from CSB residential programs to individual leases through negotiated housing resources increased from two in FY 2013 to five in FY 2015. This is significant as it represents a shift to a more state-of-the-art service design, and because it saves money. The overall goal is to move the CSB out of the role of landlord and to focus more on mission-driven clinical supports to help people be more successful in the community. Cost savings are realized when individuals no longer require residential programs and are able to access housing in the community. While FY 2016 and FY 2017 estimates are difficult to predict due to shifting resource priorities, nonprofit capacity, and funding capacity, it is anticipated that the upward trend will continue over the next two years.

Regional Office

Growing demand for diversion from hospitals and efforts to stabilize people in their community when possible is reflected with 808 diversions in FY 2015, continuing an upward trend over the past three years. People in need of a safe, therapeutic environment that is less restrictive than a hospital setting but more structured than home are typical of those served through regional crisis care service admissions. These services prevent more costly hospitalization and demonstrate the value of keeping people safe in their own communities. Regional staff work collaboratively to place people who do not have other available funding or have Medicaid funding, preventing people from falling through the cracks and later requiring much more intensive, costly services. In addition to the provided metric, the Regional Office launched a Hospital Diversion program for youth in late FY 2014. In FY 2015, 287 crisis calls resulted in 91 percent of youth being diverted from hospitals.

Grant Support

FY 2016 Anticipated Grant Total Funding: Funding of $12,161,751 and 5/5.0 FTE grant positions supports the Prevention, Partnerships, and Consumer Affairs LOB. There is no Local Cash Match associated with these grants.

Northern Virginia Regional Projects - $11,558,859 and 5/5.0 FTE grant positions
The Northern Virginia Regional Projects Office manages and has oversight over regional initiatives for local residents served by the five CSBs (Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William) and two state facilities (Northern Virginia Mental Health Institute (NVMHI) and Northern Virginia Training Center (NVTC)).

The Northern Virginia Regional Projects Office manages Local Inpatient Purchase of Services (LIPOS) for people served by all five CSBs who need inpatient psychiatric care but have no financial resources. When no public beds are available, LIPOS funds are used to access provider beds in 10 different private hospitals. CSB discharge planners monitor their hospital stays and provide discharge planning or transfers to public hospitals as needed. The Regional Discharge Assistance Plans (DAPs) help manage the discharge of people from NVMHI into the community and help cover the cost of services in treatment settings, as well as help with living expenses during the transition. Regional Education Assessment Crisis Services Habilitation (REACH) helps create a more comprehensive Developmental Disability Crisis Response System, designed to meet the crisis support needs of adults who have intellectual or developmental disabilities and are experiencing a crisis that puts them at risk for homelessness or hospitalization. The Child Community Crisis Response (CR2) program provides 24/7 crisis stabilization services for youth and their families. Two CS2 mobile crisis teams provide response throughout the Northern Virginia region, and two facilities in the region provide crisis stabilization. FY 2016 funds have been awarded for a third crisis response team. The Regional Older Adult Facilities Mental Health Support Team (RAFT) provides expertise and assistance to help nursing homes and assisted living facilities build capacity to support people with geriatric psychiatric concerns. All of these services are coordinated by the Regional Projects Office. The foundation for this regional work was established in the late 1990s.

The Regional Projects Office must meet the terms and expectations of the FY 2016 Community Services Performance Contract.

The Northern Virginia Regional Projects office has experienced the creation of new programs. However, the creation of new staff positions to manage and implement regional services has not kept pace. Future alignment is needed to continue to deliver programming and meet requirements.

Regional Recovery Services - $543,192
The Department of Behavioral Health and Developmental Services provides funding for project-based, peer-operated recovery services for consumers recovering from mental illness, substance use and/or co-occurring disorders.

Al's Pals - $59,700
The Commonwealth of Virginia, Virginia Foundation for Healthy Youths (VFHY) provides funding for the Al's Pals: Kids Making Healthy Choices program. VFHY was created in 1999 by the General Assembly to distribute monies from the Virginia Tobacco Settlement Fund to localities for youth-focused tobacco use prevention programs. The Al's Pals program is an early childhood prevention program for children ages three to eight years old which includes interactive lessons to develop social skills, self-control and problem solving abilities to prevent the use of tobacco, alcohol, and other drugs.

LOB #264:

PSYCHIATRIC AND MEDICATION SERVICES

Purpose

The purpose of CSB Psychiatric and Medication Services is to provide medical, nursing and pharmacy services for individuals being served in CSB programs. These individuals typically have complex psychiatric and medical illnesses that require active treatment, medications, monitoring and service coordination. Due to functional impairments, level of support required, and low-income and/or indigence, these individuals depend on the CSB for life-saving services. While some have insurance, reimbursement rates are typically quite low, and the private sector is unable and/or unwilling to take on their care.

Description

Psychiatric and Medication Services are integrated into most CSB programs, provided at over 40 different sites across the County, both internal and external to the CSB. These include outpatient clinics, detention centers, residential programs, detoxification programs, group homes, apartments, community health care clinics, 24/7 emergency and crisis stabilization programs, assisted living facilities, nursing homes, schools, shelters, and churches. To make more efficient use of this service, the CSB provides this service face-to-face, and via tele-psychiatry in multiple locations.

Psychiatric and Medication Services include:

- **Psychiatric Services**: Most serious mental illnesses, substance use disorders, and/or intellectual disabilities have neurobiological etiologies. There have been significant medical advances in the understanding of these illnesses that have led to an explosion of new and effective treatment options which include very effective medications for mental illnesses and substance use disorders. Most of the individuals served by the CSB are prescribed medications either by a psychiatric provider (psychiatrist, nurse practitioner, or physician assistant) or a primary care provider.
- **Pharmacy**: The prescribing and dispensing of medications is a complex process with numerous barriers and challenges. In addition, medications can be very expensive. There are three primary ways that an individual served by the CSB can access a prescribed medication through insurance that has a pharmacy benefit, a state or County subsidy, or a pharmaceutical assistance program. Psychiatric and Medication Services staff and contractors are actively involved in all three of these pathways to assure that every individual can access the medication that is required and prescribed. CSB medical service providers issue more than 100,000 new prescriptions each year.
- **Primary Care**: Most individuals with a serious mental illness, substance use disorder, or intellectual disability have co-occurring medical illnesses. A focus on whole health is a priority for Psychiatric and Medication Services and key to the overall wellness of people served by the CSB by:
  - Playing a critical role in coordinating with outside medical providers.
  - Providing direct primary care assessment and services in certain programs by primary care Physicians, nurse practitioners and physician assistants.
  - Providing wellness training and education, including health fairs.
  - Providing nicotine cessation services and nutritional/weight reduction programs.

- **Management and Oversight**: Psychiatric and Medication Services is involved with and responsible for many different and important functions, in addition to providing direct clinical services, including:
  - Public health and infectious disease monitoring and response.
  - Medical practice standards and guidelines.
  - Quality assurance and risk management.
  - Integration of electronic medical record and electronic prescribing.
  - Primary care integration efforts and collaboration with community partners.
  - Training of medical students, residents and nurses.

Benefits

This LOB provides multiple benefits on many levels, impacting many sectors of the community.

There is a critical need in the community for the psychiatric and medical treatment of individuals with severe mental health/emotional disturbances, substance use disorders and intellectual disabilities. Psychiatric and Medication Services are a critical part of and are directly integrated into the entire continuum of care that supports this population. CSB Psychiatric and Medication Services provides care to a vulnerable and indigent population that the private sector is unable and/or unwilling to serve.

Psychiatric and Medication Services provides immediate and services to any individual who is in need. In collaboration with other agencies and programs, Psychiatric and Medication Services provides the foundation for improving psychiatric and primary health outcomes, increasing quality of life and ability to remain in the community. In addition, access to quality community-based psychiatric and primary care reduces the frequency and associated costs of incarceration, hospitalization, and homelessness.

Mandates

Psychiatric and Medication Services are integral parts of many mandated programs and services, including emergency services, discharge planning and psychiatric care after hospitalization, as well as methadone for pregnant women addicted to opiates. In addition, Medicaid reimbursement for clinical and case management requires physician direction and authorization. Legal requirements to provide psychiatric and medication services are referenced in each LOB where appropriate.

Trends and Challenges

For the past several years, there has been a significant reduction in the number of psychiatric beds across the state. Per capita, Northern Virginia has by far the fewest psychiatric beds, both public and private, in the state. This puts increased pressure on the capacity for outpatient psychiatric services.

Another trend that will impact service provision is the growing older adult population, with Fairfax County projecting a dramatic increase in this age group. Between 2005 and 2030, the County expects the 50 and over population to increase by 40 percent, and the 70 and over population to increase by 88 percent. The older adult population is growing and their needs are increasing. Emergent mental health disorders, risk for suicide, and substance abuse are tremendous concerns for this population. Increased aging of the population will result in significant increases in the diagnosis of Alzheimer's Dementia, a complex condition with significant medical and psychiatric costs.

The use and abuse of opiates, ranging from prescription medication to heroin, continues to be a significant health issue in the community. According to the Virginia Office of the Chief Medical Examiner, in Northern Virginia, heroin-related deaths increased 164 percent between 2011 and 2013. The CSB continues active participation in the multi-disciplinary task force to combat opiate use and is the lead for the treatment and education component of this effort. Increased opiate addiction and trafficking represent a serious law enforcement and treatment challenge that affects the whole community. Access to medication assisted treatment is essential in combatting the epidemic of opiate use and is an evidence-based practice in the treatment of addiction.

Shifts in insurance coverage over the past decade have changed the provision of treatment for substance use disorders. Insurance coverage is typically limited in scope and often has a lifetime maximum for any services that are covered. This significantly limits the ability to seek treatment when needed, often eliminating the potential for early intervention.

Cost inflation continues to be a serious issue that impacts access to medication. In addition, commercial insurances with pharmacy benefits are reducing access to life saving medications through increased and burdensome administrative requirements such as the prior authorization process. This prior authorization process takes a significant amount of time for medical services providers to complete.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #264: Psychiatric and Medication Services			
FUNDING			
Expenditures:			
Compensation	$7,100,687	$7,920,072	$7,986,549
Benefits	1,554,160	1,883,346	2,795,689
Operating Expenses	1,982,055	1,888,971	1,553,750
Work Performed for Others	(143,515)	(134,062)	(134,062)
Total Expenditures	$10,493,387	$11,558,327	$12,201,926
Total Revenue	$2,588,814	$2,377,858	$2,499,151
Transfers In:			
Transfer In from General Fund	$7,904,573	$9,180,469	$9,702,775
Total Transfers In	$7,904,573	$9,180,469	$9,702,775
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	37 / 36.5	37 / 36.5	36 / 35.5
Total Positions	37 / 36.5	37 / 36.5	36 / 35.5

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	6,265	6,215	6,676	6,600	6,600
Number of service hours provided	24,736	23,318	26,086	26,000	26,000
Cost per individual receiving Psychiatric and Medication Services	$1,290	$1,378	$1,459	$1,621	$1,621
Number of individuals getting state subsidized medications	3,172	3,363	3,413	3,400	3,400
Average cost per person who received at least one subsidized medication	$319	$487	$416	$416	$416

Psychiatrists, nurse practitioners, primary care providers and physician assistants provided services to 6,676 adults and children in FY 2015, the highest number of individuals served over the past three years. During the past year, 26,086 service hours were provided to these individuals, an 11.9 percent increase over FY 2014. The increase in number served and service hours provided is largely attributable to an expansion in scope of Psychiatric and Medication Services, including services for people with Intellectual Disability and co-occurring mental illness, outpatient opiate detoxification, young adults and adolescents with first break psychoses, older adults, adults for whom English is not their primary language, and adolescents who have co-occurring substance use disorders and mental illness.

In FY 2010, DBHDS closed its State Aftercare Pharmacy and allocated funds to each CSB to cover the cost of medications previously dispensed and paid for by the state. In the past few years, the CSB has managed to increase the number of people served through medication subsidies using state allocations while decreasing the amount of County funds used for these medications. Over the past three fiscal years, the CSB was successful in solely using state funding in FY 2013 and FY 2015, only utilizing County funds for medications in FY 2014, when costs were higher than expected. In the past fiscal year, the annual medication cost per person who received subsidized medications was $416 per year, or $35 per month. Prescribers utilize numerous cost containment strategies including using lower-cost generics when available, sample medications, patient assistance programs and Medicare Part D enrollment. The cost of medications is anticipated to increase due to drug cost inflation and the introduction of new and improved (and more expensive) medications. These life-saving medications provide medical treatment and psychiatric stabilization and are a critical component of ongoing health and recovery.

LOB #265:

ENGAGEMENT, ENTRY, ASSESSMENT AND REFERRAL SERVICES

Purpose

The goal of the Engagement, Entry, Assessment and Referral service area is to serve as the single point-of-entry, or "front door", for the CSB to triage people for safety, and to help them get appropriate treatment that meets their needs.

Description

Engagement, Entry, Assessment and Referral Services include the following programs:

PATH (Program to Assist in Transition from Homelessness) is a federally-funded grant program specifically targeted to serve the most vulnerable homeless persons who experience mental illness and substance use disorders, who would otherwise not engage in appropriate services. According to the Point in Time survey conducted by the Office to Prevent and End Homelessness in 2014, 55 percent of single individuals who were homeless (294 out of 530) suffered from serious mental illness and/or substance use disorders. PATH targets these most vulnerable people and helps connect them to services they need.

Working with individuals on the streets, in the woods, at hypothermia locations, and at the shelters, PATH focuses on the development of independent living skills and connecting individuals to assistance and treatment that can help keep the individuals and the community safe. Specific services include outreach, engagement, assessment, counseling/therapy, case management, crisis intervention, medication services, support services, daily living skills training, treatment for co-occurring disorders, recreation and social activities, and links to needed resources.

The **Assessment Unit** is the single point-of-entry (i.e., "front door") for individuals requesting CSB services. In a welcoming and engaging environment, the program provides comprehensive behavioral health assessments of individuals seeking service from the CSB to insure that the individual receives the appropriate level of care.

The **Call Center** assessment begins at the time of initial phone contact. If an individual calls requesting services, call center staff obtains information regarding the individual's resources and support and evaluates the urgency of their needs. When clinically indicated, call center staff immediately transfers the call to Emergency Services.

- If the person is an adult seeking services, they are invited to come to the Merrifield Center for a screening and assessment to determine if they meet CSB admission criteria. If the individual cannot readily go to the Merrifield Center, they are offered an appointment with the Assessment Unit at another CSB site (Northwest, Chantilly, Springfield or Gartlan).
- Youth are offered a scheduled appointment with a clinician specializing in services for children (7 and under) or youth (8 to 17).
- In FY 2015, the Call Center received 18,390 calls.

Walk-In Assessment. Clinical staff engages the individual (and family members as indicated) focusing on immediate concerns, needs and preferences. A clinical screening is completed to assess the individual's need and eligibility to receive CSB ongoing services. In FY 2015, the Assessment Unit served 1,594 individuals.

- If the individual is eligible and interested in receiving service, staff conducts a comprehensive evaluation to determine the appropriate level of care. The evaluation includes assessment of risk and mental health status, treatment history, physical and psychiatric conditions, life area functioning, support for recovery and willingness to participate in treatment. The individual is given information regarding potential courses of treatment and is then referred to the appropriate level of care within three business days.
- If the individual is not eligible for ongoing services within the CSB or would like to pursue treatment in the private sector, the clinician discusses community treatment and referral options and business support staff work with the individual regarding insurance coverage.

Benefits

PATH (Program to Assist in Transition from Homelessness)
PATH serves some of the most vulnerable residents in the community, providing street outreach and clinical services to homeless individuals, helping them enter services to address mental health and substance use disorders, and linking them with supportive housing options and resources in the community.

PATH is part of Fairfax County's Continuum of Care which coordinates homeless services in the County and is a key partner in the countywide effort to prevent and end homelessness. PATH staff participates in various joint efforts, including: planning meetings for a coordinated homeless intake; meeting with homeless services providers in the County to ensure efficient services; and participating in the annual Point in Time survey to help count homeless persons in the County. PATH staff are the primary providers of mental health and co-occurring treatment services to homeless individuals in the community.

PATH is involved in the County's Homeless Healthcare Program, which provides emergency medication services to the street homeless population. This is a partnership with the Fairfax County Health Department; funds are exchanged under a memorandum of understanding between the agencies.

PATH staff works collaboratively with the seasonal hypothermia program run by the Office to Prevent and End Homelessness and the other community partners in this life-saving effort, including faith communities and private nonprofit agencies.

Assessment Unit
The CSB's Assessment Unit provides a single "front door"/point-of-entry for CSB services and convenient walk-in services Monday through Friday at the Merrifield Center. These features make it easier for individuals to find information and appropriate assistance quickly. Additionally, the unit staff provides comprehensive assessments and facilitates rapid referral to ongoing CSB services.

The goal of Engagement, Entry Assessment and Referral services is to ensure safety – both for individuals with serious mental illness, substance use disorders, and co-occurring disorders as well as for the community at large.

Mandates

PATH: Receives grant funding through the federal Substance Abuse and Mental Health Services Agency. PATH participation in the Continuum of Care is mandated by HUD, and in many localities in Virginia, including Fairfax, the CSB provides this service.

Assessment Unit: Code of Virginia § 37.2.505 mandates that the CSB function as a single point-of-entry for publicly funded mental health, developmental and substance abuse services.

Trends and Challenges

Trend: The homeless population has decreased slightly in the past few years, but the most vulnerable and hard to reach people are still out on the streets and in shelters. Many of these people need mental health and substance use disorder services but are particularly hard to engage. These persons also need specialized housing to meet these needs.

Challenge: Vulnerable homeless persons often need specialized housing to support them. There is a severe lack of this type of resource in Fairfax County.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #265: Engagement, Entry, Assessment and Referral Services			
FUNDING			
Expenditures:			
Compensation	$2,413,303	$2,462,447	$1,965,480
Benefits	921,909	949,071	876,953
Operating Expenses	66,172	156,587	39,900
Total Expenditures	$3,401,384	$3,568,105	$2,882,333
Total Revenue	$858,018	$845,859	$841,028
Transfers In:			
Transfer In from General Fund	$2,543,366	$2,722,246	$2,041,305
Total Transfers In	$2,543,366	$2,722,246	$2,041,305
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	36 / 35.5	35 / 34.5	31 / 30.5
Total Positions	36 / 35.5	35 / 34.5	31 / 30.5

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	1,816	1,745	1,594	1,443	1,443
Average cost per individual served	$939	$971	$1,537	$1,050	$1,050
Percent of individuals able to access an appointment within 10 days of their initial call	83%	76%	93%	95%	95%
Percent of individuals who attend their first scheduled service appointment	81%	76%	65%	80%	85%
Number of calls received at the Call Center	NA	17,958	18,390	18,390	18,390

During the past fiscal year, 1,594 adults received services provided by the Assessment Unit, a decrease of 8.7 percent from FY 2014, primarily due to service redesign and the agency's priority access guidelines, adopted in May 2014. The priority access guidelines identify the priority service populations based upon definitions from the Virginia DBHDS, the Federal Substance Abuse Prevention and Treatment Block Grant, and Part C of Individuals with Disabilities Education Act (IDEA). Individuals must meet the priority service population criteria to have consistent access to non-emergency/non-acute CSB services. Initial phone screening, wellness, health promotion and prevention services, and acute care and emergency CSB services remain available to all residents of Fairfax County and the cities of Fairfax and Falls Church. As a result of the priority access guidelines, the number of people who are referred to services in the community has increased and the number of people receiving assessments has decreased. The cost to serve each individual was $1,537 in FY 2015. This is higher than in previous years due to the integration of mental health, substance use, and co-occurring disorder services and fewer clients served.

During the past year, the Assessment Unit service model has changed to align with the priority access guidelines, decrease wait times for assessment, provide consistent services regardless of disability, and create efficiencies by integrating two previously distinct teams. Historically, each team had a specific model for assessment and referral to CSB programs and people were assessed based on behavioral health disability. These teams have now been integrated, and outcomes for FY 2015 forward will reflect the newly configured Assessment Unit.

In FY 2015, 93 percent of those who requested an assessment through the CSB Call Center were able to get an appointment within 10 days. This is an increase over 76 percent in FY 2014 primarily due to the combined assessment team at the new Merrifield Center instituting a same-day assessment model. This percentage will likely increase further in FY 2016, when the same-day assessment model is implemented at all CSB assessment sites. Once same-day assessments are phased in at all sites, it is anticipated 100 percent of individuals will be able to get an appointment within 10 days. At that time, this service quality indicator will be replaced by a new indicator.

Data indicates that 65 percent of individuals who received an assessment attended their first scheduled service appointment in FY 2015. While this is lower than the 76 percent reported in FY 2014, service model changes over the past year have impacted data collection methods for this measure. The new priority access guidelines increased the number of people linked to services in the community, and data collection has not historically captured external referrals. Data from the first quarter, prior to the change in service design, indicates that the percentage remained at 76 percent. The percentage steadily declined as the model was implemented over the second and third quarters. Program staff report that people referred for services within the CSB are attending their first scheduled appointment at the same or higher rate as in the past. Data quality plans will address the tracking of program referrals, both internally and externally, to ensure more accurate data in future years. This is a data point that will be closely monitored, along with data points that indicate time between assessment and referral to a CSB program.

The number of calls received at the Call Center increased over the past year, from 17,958 in FY 2014 to 18,390 in FY 2015. The Call Center is the central point of contact for CSB programs and the number that is published for all CSB inquiries and services. Call Center staff make assessment appointments and connect callers with specific CSB programs, provide information about services, consult with providers and link callers to other County agencies and services in the community. Call Center staff use translation services as needed and have the capacity to provide services in Spanish. Approximately 1,600 calls received in FY 2015 were from Spanish-speaking callers.

Grant Support

FY 2016 Grant Total Funding: Federal Pass Through funding of $164,542 and 3/3.0 FTE grant positions supports the Engagement, Entry, Assessment and Referral Services LOB. There is no Local Cash Match associated with this grant. The Department of Behavioral Health and Developmental Services provides funding for services for individuals with serious mental illness or co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.

LOB #266:

EMERGENCY AND CRISIS SERVICES

Purpose

To provide a continuum of emergency services for individuals with mental illness, substance use disorder and/or intellectual disability to assess and stabilize crisis situations, ensure the short-term safety of the individual and the community, and link individuals to services to address ongoing needs. Services are provided 24/7, 365 days of the year, at the CSB Merrifield Center. In addition, a Mobile Crisis Unit staffed by emergency services personnel operates 7 days a week, 365 days a year, from 8 a.m. to midnight, and detoxification services are provided 24/7, 365 days a year at the Fairfax Detoxification Center in Chantilly, with a second Mobile Crisis Unit approved by the Board of Supervisors as part of the *FY 2015 Carryover Review* set to begin operations in January, 2016.

Description

Mandated by the Code of Virginia, **CSB Emergency Services** provides a comprehensive walk-in service for individuals at-risk who are experiencing an acute crisis related to mental health, substance abuse, and/or behavioral issues. Presenting problems include psychosis, intoxication, suicidality, aggression and illness impacting the individual's ability to care for themselves. Emergency Services provide recovery-oriented crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders and temporary detention orders, voluntary and involuntary admission to public and private psychiatric hospitals, and three regional crisis stabilization units. Psychiatric and medication evaluations are also provided, including prescribing and dispensing medications.

Mandated by the Code of Virginia, the **Mobile Crisis Unit (MCU)** is the mobile component to Emergency Services that responds in the community to evaluate and intervene with individuals who are at risk of serious physical harm to themselves or to others, or who lack capacity to protect themselves from harm or to provide for their basic needs. The MCU prioritizes cases by level of risk, such that the highest risk cases at any given time are responded to first. Services include crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders and temporary detention orders, voluntary and involuntary admission to public and private psychiatric hospitals, and assistance to the three regional crisis stabilization units. One of the primary objectives of the MCU is to provide assistance to public safety personnel (e.g., police, fire/rescue), which enables them to respond to other, non-psychiatric emergencies. In FY 2015, this program served 1,708 individuals. (This is an unduplicated number; individuals who may have been served multiple times during the year are only counted once.)

Emergency/MCU also includes three 24/7 rapid response teams:

- **Hostage/Barricade**. Responds to hostage/barricade incidents involving the County's Special Weapons and Tactics (SWAT) team and police negotiators. On scene services include: developing a psychological profile of the hostage-taker; gathering critical clinical information; monitoring negotiations and recommending negotiating strategies and tactics; acting as a resource to the incident commander on decisions that a situation is no longer negotiable and tactical assault is warranted; facilitating involuntary psychiatric hospitalization when needed; treating released hostages; working with families of victims; recommending crowd control strategies when needed; and working with families of the 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.
- **Critical Incident**. Provides support and intervention to public safety staff, other County employees and local residents who have been exposed to a psychologically traumatic event such as line of duty deaths, death of a child, mass or multiple casualty events, workplace violence or the traumatic death of a co-worker. Services range from on-scene work for long duration public safety

events to quick debriefings immediately after an event, to full-scale, formal Critical Incident Stress Debriefings. Examples of critical incident services include working with Fairfax County public safety personnel after they had been deployed to help in major emergency efforts, such as the Oklahoma City bombing, the embassy bombing in Nairobi and earthquakes in Armenia, the Philippines, Turkey and elsewhere. Examples of local critical incidents include debriefings after a fatal elevator accident, after an employee suicide and after a violent death in a County park.

- **Disaster Response.** The CSB Critical Incident Response Team also works on-scene with victims, survivors and families in disaster situations such as plane crashes, weather emergencies or other mass casualty incidents, and provides emergency psychological services at emergency evacuation shelters set up by the American Red Cross and the Department of Family Services.

Finally, the Mobile Crisis Unit serves as the "lead" for the CSB in the provision of Crisis Intervention Training for local law enforcement officers from the Police and Sheriff's Department of Fairfax County, the Cities of Fairfax and Falls Church, and the Towns of Herndon and Vienna.

Mandated by the Code of Virginia, the **Civil Commitment Program** provides "independent evaluators" (clinical psychologists) to evaluate individuals who have been involuntarily hospitalized prior to the civil commitment hearing. The evaluators also provide expert testimony to assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization. During FY 2015, this program served 978 individuals (unduplicated).

Woodburn Place Crisis Care offers individuals experiencing an acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term (7-10 days), community-based residential program for adults with severe and persistent mental illness, including those who have co-occurring substance use disorders. In FY 2015, 45 percent of those who received Crisis Care services had both mental health and substance use disorders, and 2 percent had an intellectual disability. Services include comprehensive risk assessment; crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; counseling; psychosocial education; and assistance with daily living skills. During FY 2015, this program served 463 individuals (unduplicated).

The **Fairfax Detoxification Center** provides a variety of services to individuals who are in need of assistance with their intoxication/withdrawal states. Length of stay depends upon the individual's condition and ability to stabilize. The center provides clinically managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture; health, wellness, and engagement services; assessment for treatment services; HIV/HCV/TB education; universal precautions education; case management services; referral services for follow-up and appropriate care; and an introduction to the 12-Step recovery process. The residential setting is monitored continuously for safety by trained staff. The detox milieu is designed to promote rest, reassurance and recovery. During FY 2015, this program provided a total of 6,259 bed days.

Benefits

There is a critical need in the community for emergency and crisis intervention services for individuals experiencing crises related to mental illness and substance use disorders. The goal is to provide immediate response to crises, thereby limiting outcomes such as incarceration, hospitalization, community disruption, and serious medical and psychiatric complications.

Benefits and Value: Individuals in acute crisis require immediate intervention to protect their own and others' lives and health. These services intervene to stabilize an acute situation, thus promoting individual and community safety. CSB emergency and detoxification services routinely work in partnership with other emergency response agencies including police, sheriff, courts, and magistrates to intervene and stabilize high-risk emergency situations.

The goal of Emergency and Crisis Services is to ensure safety – for individuals with serious mental illness, substance use disorders, and co-occurring disorders and for the community at large.

Mandates

Emergency/Mobile Crisis Unit

- Code of Virginia § 37.2-500 mandates provision of emergency services as core service within the Community Services Board.
- Code of Virginia § 37.2-505 mandates CSB complete preadmission screenings as required by the court under §37.2-805 or §37.2-814 et seq.
- Code of Virginia § 16.1-338 for minors under the age of 14 or a non-objecting minor fourteen years of age or older, mandates the CSB to complete an evaluation and preadmission screening for any person requesting admission to a state hospital, including private psychiatric beds purchased with state funds.
- Code of Virginia § 16.1-339. Objecting Minors: For minors fourteen years of age or older who are objecting to psychiatric hospitalization, mandates the CSB to complete an evaluation and provide a written report to including findings as to whether the minor (1) has a mental illness that (2) is serious enough to warrant inpatient treatment and (3) is reasonably likely to benefit from the treatment.
- Code of Virginia § 16.1-340 mandates the evaluation of a minor who is the subject of an Emergency Custody Order.
- Code of Virginia § 16.1-340.1 mandates the emergency psychiatric admission of minors under a Temporary Detention Order pursuant to Code of Virginia § 37.2-808 et seq. Those code sections mandate the CSB to (1) complete an "in person" evaluation of minors prior to the issuance of a Temporary Detention Order, (2) provide a clinical recommendation to the Magistrate regarding the issuance of such an order, (3) complete a preadmission screening report and (4) locate a bed for the detainee; and mandates that all CSB emergency clinicians who initiate involuntary hospitalization on a minor must be certified after having successfully completed a specialized training program as approved by the Virginia Department of Behavior Health and Developmental Services.
- Code of Virginia § 16.1-340.4 mandates CSB to provide a preadmission screening report to the Juvenile and Domestic Relations District Court (JDRDC) prior to a hearing under §16.1-342.
- Code of Virginia § 16.1-344 mandates CSB to attend the civil commitment hearing.
- Code of Virginia § 16.1-345 mandates the CSB to designate the inpatient treatment facility for minors committed under this section.
- Code of Virginia § 16.1-347 mandates the fees and expenses for many of the services provided under § 16.1-388 through § 16.1-342.
- Code of Virginia § 37.2-804 provides for fees and expenses for many of the services provided under § 37.2-809 through § 37.2-817.
- Code of Virginia § 37.2-805 mandates the CSB to complete an evaluation and a preadmission screening for any person requesting admission to a state hospital, including private psychiatric beds purchased with state funds.
- Code of Virginia § 37.2-808 mandates CSB evaluation of individuals under an Emergency Custody Order.
- Code of Virginia § 37.2-809 mandates that all CSB emergency clinicians who initiate involuntary hospitalization must be certified, after having successfully completed a specialized training program as approved by the DBHDS and mandates the CSB to (1) complete an in-person evaluation of patients prior to the issuance of a Temporary Detention Order, (2) provide a clinical recommendation to the Magistrate regarding the issuance of such an order, and (3) locate a bed for the detainee.
- Code of Virginia § 37.2-816 and § 37.2-817 mandates the CSB to provide a preadmission screening report for the civil commitment hearing and mandates the CSB to find a commitment bed at a willing facility.

- Code of Virginia § 19.2-169.6 mandates the CSB to (1) complete an "in person" evaluation of an inmate prior to the issuance of a Temporary Detention Order, (2) provide a clinical recommendation to the Magistrate regarding the issuance of such an order, (3) complete a preadmission screening report and (4) locate an appropriate bed for the detainee. Mandates that all CSB emergency clinicians completing these evaluations be certified by DBHDS.

Civil Commitment Program

- Code of Virginia § 16.1-342 mandates an evaluation of a detained minor by a "qualified evaluator" who is required to attend the commitment hearing as a witness and submit a written report to the court 24-hours prior to the hearing. The report must include the evaluator's opinion regarding whether the minor meets the criteria for involuntary commitment.
- Code of Virginia § 37.2-815 and §37.2-816 mandate an independent evaluation of individuals under a Temporary Detention Order to determine if the individual (1) is or is not so seriously mentally ill as to be substantially unable to care for himself, or (2) does or does not present an imminent danger to himself or others, and (3) does or does not require involuntary hospitalization.
- Code of Virginia § 19.2-169.6 mandates an independent evaluation of an inmate at a local correctional facility who is under a Temporary Detention Order to determine if the individual (1) is or is not so seriously mentally ill as to be substantially unable to care for himself, or (2) does or does not present an imminent danger to himself or other and (iii) does or does not require involuntary hospitalization.

Rapid Respond Teams

- Code of Virginia § 44-146.19E mandates the Critical Incident Stress Management/Disaster Response Team as part of the Fairfax County Disaster Operations Plan.

Trends and Challenges

Trend: Fairfax County is projecting a dramatic increase in the County's older adult population. Between 2005 and 2030, the County expects the 50 and older population to increase by 40 percent, and the 70 and older population to increase by 88 percent. The needs of the older adult population are increasing as well. Emergency/MCU is serving an increasing number of individuals who have a primary diagnosis of dementia or Alzheimer's disease and who are exhibiting violent behavior towards others.

Challenge: The County has virtually no residential/inpatient facilities with the necessary programming and adequately trained staff to provide the interventions needed.

Trend: Emergency/MCU is seeing an increasing number of individuals who are at risk of serious harm to themselves/others. The need for Emergency Custody Orders (ECOs) and Temporary Detention Orders (TDO) is on the rise.

- Emergency Custody Order (ECO)
  - Can be initiated either by a law enforcement officer or magistrate.
  - Criteria include that the "person will, in the near future, (a) cause serious physical harm to himself or others....or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs."
  - CSB has processed 41 percent more ECOs since FY 2012 and 16 percent more since FY 2014.

- Temporary Detention Order (TDO)
  - Can only be issued by a magistrate and, even then, only after an in-person evaluation by a DBHDS certified ES/MCU clinician.
  - CSB has handled 45 percent more TDOs since FY 2012 and 24 percent more since FY 2014.

Challenge: Shortage of psychiatric beds

- While there is a severe shortage of psychiatric beds across the Commonwealth, Northern Virginia has by far the fewest psychiatric beds, both public and private, per capita.
- According to the Virginia Office of the Inspector General, Northern Virginia has only 13.67 beds per 100,000 as compared with Southwest Virginia which has 44.40 beds per 100,000.
- In addition, Northern Virginia also has the fewest crisis stabilization beds per 100,000.

During FY 2015, 56 individuals had to be detained at hospitals outside of Northern Virginia, including hospitals in Petersburg, Williamsburg, and even further away. The long distance that friends and family must travel to support their loved one is a hardship. It is also takes up valuable time and resources of the County's law enforcement personnel required to transport the individual to and from the hospital.

Challenges for the Fairfax Detoxification Center:

- Service capacity does not meet the continuing need for services; the resulting wait time delays the provision of critical services. The average monthly wait time for FY 2015 was 13 days for medical detoxification, 17 days for social detoxification, and 20 days for suboxone treatment.
- Some individuals with alcohol and/or drug-related offenses are sent to jail rather than receiving the treatment they need.
- Lack of insurance coverage for detox services in the community, or lack of insurance coverage for those seeking services creates a high demand for community-based detox services.
- Due to wait times for other services, continuing services are not available at the time of discharge for those who complete detoxification services. Having to wait for these crucial continuing services can contribute to the individual's discouragement and return to substance use.
- Staffing is insufficient to meet the demand for services.
- Individuals receiving services have increasingly complex medical issues.
- The County is experiencing an epidemic in misuse of opiates and heroin and overdose related deaths.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #266: Emergency and Crisis Services			
FUNDING			
Expenditures:			
Compensation	$6,841,693	$6,828,207	$7,939,750
Benefits	2,357,017	2,420,446	2,978,513
Operating Expenses	388,142	706,468	756,850
Work Performed for Others	(1,176,223)	(678,673)	(679,723)
Total Expenditures	$8,410,629	$9,276,448	$10,995,390
Total Revenue	$5,190,301	$5,321,537	$5,505,672
Transfers In:			
Transfer In from General Fund	$3,220,328	$3,954,911	$5,489,718
Total Transfers In	$3,220,328	$3,954,911	$5,489,718
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	87 / 86.5	87 / 86.5	99 / 98.5
Total Positions	87 / 86.5	87 / 86.5	99 / 98.5

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served in Emergency Services	4,791	4,931	5,170	5,170	5,170
Average cost per individual served in Emergency Services	$441	$454	$632	$746	$746
Number of bed days filled at the Fairfax Detoxification Center	3,636	5,585	6,259	7,756	7,756
Cost per bed day at Fairfax Detoxification Center	$829	$575	$526	$519	$519
Percent of crisis intervention/stabilization services provided which are less restrictive than psychiatric hospitalization	89%	89%	73%	75%	75%

During the past fiscal year, Emergency Services served 5,170 individuals through general emergency services and the mobile crisis unit. Prior to FY 2015, the data for number of people served included general emergency services only. During the past year, the mobile crisis unit was added to the number served to more accurately reflect the services provided in this area. It should be noted that since the majority of people served by the mobile crisis unit are also served through general emergency services, most of those served through the mobile crisis unit have been reported as receiving those services. In addition, general emergency services saw an increase in the number of people who arrived in person for services, and will monitor to determine whether this is a one-year increase or a trend. The cost to serve each individual was $632 in FY 2015. This is an increase over the $454 in FY 2014 due to the addition of the mobile crisis unit to this cost center.

In FY 2015, 73 percent of crisis intervention and stabilization services provided by emergency services and the mobile crisis unit were less restrictive than psychiatric hospitalization. This is a significant change from previous years; in FY 2014, 89 percent of emergency services interactions result in an intervention less restrictive than hospitalization. The addition of the mobile crisis unit in this data point also had a tremendous impact on the number of psychiatric hospitalization. Approximately half of the mobile crisis unit responses result in a temporary detention order. In addition, recent changes in mental health legislation have led to a considerable increase in the overall number of temporary detention orders (926 in FY 2014 and 1,150 in FY 2015). Several barriers that previously existed have been addressed through legislative changes such as real-time hospital bed registry and extended time periods for psychiatric placement. Providing the least restrictive intervention remains a critical component of the services provided by emergency services, yet there are many people who truly require the level of care provide through hospitalization. Emergency services will continue to closely monitor the impact of mental health legislation, as well as any service resource needs and service gaps.

The Fairfax Detoxification Center utilized 6,259 bed days in medical and social detox beds during the past fiscal year, which is a 12 percent increase over the 5,585 in FY 2014. The increase can be attributed to a number of factors. Over the past several years, the center has seen a steady increase in those in need of medical detoxification (detox) services rather than social detox services. Medical detox is most often needed and clinically indicated for individuals experiencing withdrawal from alcohol, barbiturates and opiates. There are consistent waiting lists for services for medical beds, and/or for those who need medication for opiate withdrawal. To address the need for medical detox, the center has started to increase the number of medical staff positions by converting clinical, non-medical positions. In addition, significant improvements have been made to documentation processes and the number of bed days utilized is now more accurately reflected.

The cost for a bed day at the detox center was $526 in FY 2015, which continues a trend of decreasing costs over the past three years primarily due to increased utilization. The cost of a bed day in the Fairfax Detox Center is significantly less than alternatives, particularly for those in need of a medical detox. The cost to admit an individual to another hospital-based detox program in Fairfax County is $750 a day, and the daily cost for a hospital-based detox in a neighboring jurisdiction is $800. Individuals who need a medical detox are facing potentially life-threatening withdrawal. This service provides a safe and cost effective environment for people to detox from alcohol and other drugs, and provides an opportunity to further engage them in ongoing treatment services to maintain sobriety.

Grant Support

FY 2016 Grant Total Funding: State funding of $530,387 and 6/6.0 FTE grant positions supports the Emergency and Crisis Services LOB. There is no Local Cash Match associated with this grant. The Department of Behavioral Health and Developmental Services provides funding for outpatient treatment services for individuals under temporary detention orders, emergency custody orders or involved in involuntary commitment proceedings.

LOB #267:

ADULT RESIDENTIAL TREATMENT SERVICES

Purpose

Adult Residential Treatment Services provides residential treatment programs for adults with severe substance use disorders and/or co-occurring mental illness who have been unable to maintain safety and stability on an outpatient basis, even with extensive supports. The programming provides a safety net for individuals who are impaired by substance use, mental health and/or co-occurring disorders, low-income and/or indigence, lack of resources and/or insurance and who would otherwise be unable to access necessary treatment services to stabilize symptoms, develop recovery skills and regain functioning. The programs work in cooperation with Child Protective Services, the criminal justice system and other community agencies/service providers to mitigate barriers and provide supports needed to transition back to the community and live healthy, productive and responsible lives. At admission, individuals have significant impairments which may include homelessness, criminal justice involvement, mental illness, unemployment, poor or nonexistent family and social relationships, and significant health issues. Professional therapeutic interventions are provided to address these problem areas and improve functioning.

Description

The Adult Residential Treatment Services LOB includes multiple programs and services. Each program area serves individuals with differing needs and therapeutic requirements. There is currently an extensive waiting list for all programs. Services include individual, group and family therapy; psychiatric services; medication management; behavioral monitoring and support; access to health care; and case management. Continuing care and outpatient services are provided to help people transition back to the community.

A New Beginning Rehabilitation Treatment Services. A New Beginning is a directly-operated residential rehabilitation program serving 235 individuals annually, including 155 individuals in the 24-hour, 35-bed residential component; 40 individuals in the supervised apartment component (named "A New Direction"); and 40 individuals in the continuing care outpatient component. The "step down" services of A New Direction and the continuing care outpatient component enhance therapeutic outcomes of the 24-hour programming and help individuals with the transition back into the community. Because the program is large, it offers an economy of scale that is very efficient when compared to other programs with similar intensity. The residential program is 8 - 12 weeks in length followed by the other components as clinically indicated. Individuals who are referred to A New Beginning have extensive problems with substance use and mental illness and cannot maintain stability in less intensive outpatient/day treatment services. Although individuals typically present with daily substance use, risky/criminal behaviors, unemployment and other problems, they differ from individuals who are referred to Habilitation Treatment Services in that they may have some strengths, including family support, history of employment, and history of stable housing. Some individuals are referred to Phoenix House, a similar contracted program funded primarily through a grant.

Crossroads Habilitation Treatment Services. Crossroads is a directly-operated 45-bed residential habilitation program followed by a 9-bed supervised apartment program and outpatient continuing care services. The gradual step down from 24-hour residential programming into community living is necessary due to the extensive severity of problems encountered by individuals served. The program typically serves 139 individuals annually in the 24-hour residential component, 42 individuals in the supervised apartment component and 37 individuals annually in the outpatient component. The program offers an economy of scale that is very efficient when compared to programs with similar intensity or in comparison to the cost of incarceration. In addition to the problems experienced by individuals referred to Residential Rehabilitation Treatment, individuals referred to Crossroads or similar contracted programs in this level of care also typically experience serious/chronic health problems, extensive mental illness, chronic homelessness, lack of family and/or social support, extensive criminal records, lack of employment history, behavior problems, history of hospitalizations, emergency room visits, crisis care admissions, suicide

attempts and/or near fatal overdoses. Habitation treatment is often offered as an alternative to incarceration and serves to reduce the population at the Adult Detention Center while offering treatment and monitoring.

New Generations Women's and Children's Residential Program. New Generations is a directly-operated specialized treatment program for women and their children up to age five. The program works closely with Child Protective Services and Foster Care Services to provide treatment necessary to promote family reunification, when possible. In addition to substance abuse treatment and therapy, the program provides pregnancy wellness education, parenting observation and skill development, child care, and trauma services. The program focuses on breaking the family cycle of addiction and abuse by treating the family unit and providing early intervention to change the trajectory of a child's life. The program also focuses on connecting children of women in the program (including children not residing in the program) to appropriate health services to ensure required immunizations and checkups. By providing the option for a woman to bring her baby into services with her, a barrier to treatment and family reunification is removed. The 24-hour program component has 8 beds and is followed by a supervised apartment component and an outpatient component. Annually the 24-hour component serves 24 individuals, the supervised apartment program serves 15, and the outpatient component serves 8.

Cornerstones Co-Occurring Residential Treatment Program. Cornerstones a 16-bed directly-operated 24-hour residential program designed for individuals with both severe and persistent mental illness and severe substance abuse. Supervised apartments and continuing outpatient support are also offered as appropriate to assist with stable housing. This program offers the highest level of treatment intensity in the continuum for this population. Individuals served are severely disabled, most often homeless, and present with behaviors often including violence and self-harm. Extensive monitoring, support and supervision are necessary to ensure safety. Goals of the program include reduced hospitalizations and increased housing stability. Annually, the 24-hour component serves 35 individuals, and the supervised apartment component serves 9. Outpatient aftercare services are provided as necessary with most individuals transitioning to other lower intensity services within the CSB.

Residential Treatment Support Services. Residential Treatment Support Services is a small, directly-operated outpatient case management/case coordination unit that provides services to people on the waiting list for residential treatment programs. Approximately 110 people are on the waiting lists at any given time. Hospitalizations, crisis care admissions, incarceration, fatal accidents and/or overdose deaths can result while waiting. The goal of the Residential Treatment Support Unit is to provide services to avert crises and to facilitate admission into residential programs as treatment beds become available. The Federal Substance Abuse Prevention and Treatment block grant mandates that pregnant women receive treatment services within 48 hours of agency contact, and that opiate users/IV drug users receive services within two weeks. The Residential Treatment Support Unit ensures that these mandates are met and provides required interim services when the recommended level of care is not available during the mandated timeframes.

Benefits

Residential Treatment Programs provide extensive benefits to individuals, their families and communities and to all County residents. Most individuals served are low-income and/or indigent, have no medical insurance and are not eligible for Medicaid. These services are often the only option for individuals and families to receive the critical help they need and provide a life-saving safety net. By addressing the treatment needs of these individuals, there is less strain on other community resources, including hospitals, crisis care units, law enforcement, and social services such as child protective services and foster care. Individuals and their families receive the treatment needed to restore health and become functioning members of the community. In *The Principles of Drug Addiction Treatment: A Research- Based Guide* (December 2012), the National Institute on Drug Abuse (NIDA) reported that, according to several 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.

Program outcome measures are a key component, and programs conduct outcome surveys annually. In addition to the metrics included below, follow-up surveys at one-year post-discharge indicate that program outcomes/benefits include:

- Decreased drug/alcohol use: 92 percent (FY 2014)
- No new hospitalizations/crisis care admissions: 86 percent (FY 2014) 91 percent (preliminary for FY 2015)
- Have a primary health care provider: 100 percent (FY 2014/FY 2015)
- Parents in specialized New Generations programming with improved parenting skills: 83 percent (FY 2014)
- Percent of children served by New Generations with all required immunizations: 100 percent (FY 2014)
- Percent of parents in New Generations who regained or retained custody of child: 67 percent (FY 2014)
- Percent of individuals in Residential Treatment Support who were successfully transferred to treatment programs: 86 percent (FY 2014)

Mandates

- Federal Substance Abuse Prevention and Treatment Block Grant, 45 CFR 96.131 mandates that pregnant women receive services within 48 hours of agency contact to intervene and interrupt the associated health risks for the women and their unborn children and that opiate/IV users receive services within 2 weeks. This LOB is partially funded by the Federal Substance Abuse Treatment and Prevention Block Grant. The programs in this LOB support this obligation.
- Code of Virginia § 37.2-500 mandates provision of case management services as a core service within the Community Services Board (CSB). Programs in this LOB provide case management services.
- Code of Virginia § 18.2-254 allows individuals to be sentenced to treatment programs in lieu of incarceration. Programs have extensive monitoring and reporting responsibility and must immediately inform the Court of the release of any such client. The programs in this LOB receive clients associated with this code.
- Code of Virginia § 18.2-251, persons charged with first offense may be placed on probation; conditions; screening assessment and education programs; drug tests; costs and fees; violations; discharge: Allows the court to order a substance abuse assessment and, if appropriate from the assessment findings, order substance abuse treatment and/or education for individuals who are first-time drug offenders. The programs in this LOB receive clients associated with this code.
- Code of Virginia § 18.2-252, suspended sentence conditioned upon substance abuse screening, assessment, testing and treatment or education: Allows the court to order a substance abuse assessment and, if appropriate from the assessment findings, substance abuse treatment and/or education. The programs in this LOB receive clients associated with this code.

Trends and Challenges

Opiate Epidemic – Increased Use of Heroin and other Opiates
Use of heroin and other opiates is rising in all socioeconomic and ethnic groups and is especially prevalent among young adults ages 18- 30. The Centers for Disease Control (CDC) have declared prescription drug overdoses to be at epidemic proportions. Nationwide, the increase in deaths due to opiate overdose is staggering. According to the CDC, there is one death every 19 minutes. Between 2006 and 2010, deaths from heroin overdose increased 45 percent. According to the Virginia Office of the Chief Medical Examiner, in Northern Virginia, heroin related deaths increased 164 percent between 2011 and 2013. The Fairfax County Board of Supervisors has taken note of this problem and has created an opiate task force. This task force identifies the need for both law enforcement and treatment strategies to combat this problem.

Opiate addiction and trafficking represent a serious law enforcement challenge that affects the whole community. Treatment services to address addiction are essential to combat this crisis, yet long waiting lists for services exist. In the report, *National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment*, the Justice Policy Institute states that community-based substance abuse treatment generates $3.30 of benefit for every dollar spent.

Waiting Lists for Services
Long waiting lists for residential services exist. As of December 2015, there were 98 local residents on waiting lists for residential treatment programs. Waiting lists for services vary, and can range from one to six months. Without the level of service needed to address their substance abuse and mental health disorders, individuals remain in the community, experience crisis and continue risky and dangerous behaviors. This creates a drain on other community resources including hospitals, crisis care units, law enforcement, Child Protective Services and homeless shelters, yet does not address the core issue or help alleviate it. The total lifetime costs associated with caring for babies who were prematurely exposed to drugs or alcohol range from $750,000 to $1.4 million. These figures take into account the hospital and medical costs for drug exposed babies, housing costs, and outside care costs. According to the Substance Abuse and Mental Health Services Administration, the average cost per admission to a non-hospital residential treatment program is $3,132.

As of December 2015:

- 51 individuals were waiting for bed space in A New Beginning/Rehabilitative Treatment services.
- 39 people were awaiting admission to Crossroads/Residential Habilitation Services.
- 8 people were awaiting admission to Cornerstones

Since most individuals served are low-income and/or indigent and have no medical insurance, there are few other treatment options. Without the CSB services, individuals would continue to go without treatment. While the CSB does bill insurance companies or Medicaid when possible, most insurance providers do not cover the cost of residential treatment.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #267: Adult Residential Treatment Services			
FUNDING			
Expenditures:			
Compensation	$5,180,196	$5,581,548	$5,550,404
Benefits	2,016,829	2,354,507	2,372,110
Operating Expenses	1,207,014	1,251,193	1,346,550
Work Performed for Others	(152,119)	(217,416)	(200,000)
Total Expenditures	$8,251,920	$8,969,832	$9,069,064
Total Revenue	$2,690,890	$2,777,314	$3,079,965
Transfers In:			
Transfer In from General Fund	$5,561,030	$6,192,518	$5,989,099
Total Transfers In	$5,561,030	$6,192,518	$5,989,099
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	92 / 91.5	92 / 91.5	91 / 90.5
Total Positions	92 / 91.5	92 / 91.5	91 / 90.5

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	459	462	447	450	450
Average cost per individual served	$16,526	$17,282	$19,121	$19,166	$19,166
Percent of individuals with no new criminal charges at one-year post-discharge	89%	90%	88%	85%	85%
Percent of individuals employed at one-year post-discharge	80%	80%	76%	80%	80%
Percent of individuals in stable housing at one-year post-discharge	92%	92%	90%	90%	90%

In FY 2015, 447 individuals received Adult Residential Treatment Services. This represents people who received services through primary treatment, community re-entry and aftercare services, and does not include those who received Residential Support Services while waiting for residential treatment. The number served is slightly lower than in previous fiscal years (3.2 percent from FY 2014); though some variation in number served can be expected in residential programs. Modest fluctuations are typically due to the length of stay (as clinically indicated) and admissions and discharges that span across fiscal years. In addition, admissions at several programs were slowed for a period of time due to staff vacancies. The cost to serve each individual in FY 2015 was $19,121, an increase of 10.6 percent over FY 2014 primarily due to increased staffing and personnel costs. Although many of the residential treatment programs in this service area are large in size, this allows the programs to produce an economy of scale that, combined with positive outcome measures, provides a positive return on investment.

Follow-up surveys are routinely conducted at three-month and one-year intervals after an individual leaves an intensive 24-hour residential treatment program, and program outcomes reflect one-year follow up results. All outcome measures are consistent with SAMHSA's strategic initiatives and are part of their national outcome measures.

Of those served in residential programs, 88 percent had no new criminal involvement at one-year post-discharge. The population in need of residential services typically has a significant history of involvement with the criminal justice system, which is often a direct result of their alcohol and drug use. Eighty-eight percent with no new criminal charges is a significant outcome for those receiving residential services.

During the past fiscal year, 76 percent of those served were employed at one-year follow up, a slight decrease from 80 percent in FY 2014 primarily due to typical variance in local economic conditions for this population. Programs place a great deal of emphasis on the importance of employment and have solid linkages with employment supports. Through these supports, as well as case management activities, substantial efforts are made to bolster job skills and provide employment opportunities. Programs recognize the importance of employment to ensure economic stability, as well as the tremendous benefits of daily structure, responsibility and accountability. Employment tends to support overall recovery. Research indicates that people who are unemployed have higher rates of substance dependence and relapse to substance use. In addition, employment helps to integrate individuals in the community and the income employment produces enables people to improve their living situation.

In FY 2015, 90 percent of those served in residential programs were in stable housing at one-year follow-up. Linkages to stable housing are a program priority, and efforts are made to connect individuals to housing options that support their recovery. As a result of comprehensive, professional therapeutic interventions, individuals gain the recovery and life skills needed to transition back to the community and live healthy responsible lives. Individuals served enter the programs with a myriad of issues affecting their lives, their families and the community. Issues include inability to secure and maintain housing and/or unemployment, a history of/current criminal justice involvement and ongoing alcohol/drug use impacting daily functioning. Given the severity of impairment upon program admission, outcomes reflect substantial improvements in key life areas. Positive impacts are experienced by the individual, his/her family and the community at large.

Grant Support

FY 2016 Anticipated Grant Total Funding: Federal Pass Through funding of $410,000 and 1/1.0 FTE grant position supports the Adult Residential Treatment Services LOB. There is no Local Cash Match associated with this grant. The U.S. Office of National Drug Control Policy provides funding through a Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) grant via a sub-award with Mercyhurst University for residential, day treatment and medical detoxification services.

LOB #268:

INFANT AND TODDLER CONNECTION

Purpose

The Infant and Toddler Connection (ITC) of Fairfax-Falls Church provides family-centered early intervention services to children from birth to age three who need intervention to assist them in acquiring basic developmental skills such as sitting, crawling, walking and talking. ITC is part of a statewide program (www.infantva.org) that provides federally mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). The CSB serves as the fiscal agent and local lead agency for the program, with advice and assistance from a local interagency coordinating council.

Description

Families who have a child under the age of three, live in Fairfax County or the Cities of Fairfax or Falls Church, and who have a concern about their child's development may self-refer or be referred by their pediatrician or by other Fairfax County agencies to ITC. Referred children are assigned to a service coordinator who administers a screening tool to determine eligibility according to the state's eligibility criteria: a 25 percent delay in any development area, or a diagnosed condition likely to lead to delays or atypical development. Eligible children have an assessment for service planning which leads to the development of an Individual Family Service Plan (IFSP) designed to meet the needs of the child and family. The family is assigned a "primary provider" interventionist who, with support of a multidisciplinary team, works with the family in their natural environment (home or community) to meet the outcomes listed on the IFSP. The primary provider method of service delivery is considered more beneficial for families than the previous practice of providing multiple single-discipline service providers. The strong relationship that families develop with the primary provider fosters growth, and the model minimizes duplication of effort.

Through public and private partnerships, ITC provides a range of services including physical therapy, occupational therapy and speech therapy; developmental services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys, and mobility aids); family counseling and support; and service coordination. County staff provides central intake, service coordination, initial assessments, and approximately 20 percent of the ongoing therapeutic services. Contractors provide the remaining 80 percent of the ongoing therapeutic services. Combined, more than 64,000 visits with families were provided in FY 2015. ITC staff collaborates with the Health Department, Department of Family Services, Neighborhood and Community Services, Inova Fairfax Hospital, and Fairfax County Public Schools to ensure that infants and toddlers receive appropriate services as soon as eligibility for the program has been determined. ITC contracts with individuals who provide interpretation services to meet the needs of families in Fairfax County's linguistically diverse community.

Early intervention services have been provided in Fairfax County for over 40 years. The Fairfax County Health Department began providing services for very young children with disabilities well before doing so was federally mandated. In 1986, the Individuals with Disabilities Education Act mandated the provision of services and authorized the Department of Education to administer a five-year grant program to develop and implement interagency service delivery for infants and toddlers with disabilities and their families.

Early intervention services in Virginia are provided with costs for services shared between state, local, and family contributions, including reimbursements from private health insurance, Tricare, and Medicaid. ITC is an in-network provider for all of the major insurance companies operating in this area. ITC contracts with a medical billing company in order to streamline and enhance revenue collection.

Benefits

According to the U.S. Department of Education, there are three primary purposes for early intervention:

- To enhance the child's development;
- To provide support and assistance to the family; and
- To maximize the child's future contributions to society.

Child development research has established that the rate of human learning and development is most rapid in the preschool years. The timing of intervention is critical when a child runs the risk of missing opportunities to learn during this period of maximum readiness. Early intervention has been shown to result in the child needing fewer special education and other rehabilitative services later in life, being retained in grade less often, and in some cases being indistinguishable from non-disabled peers years after intervention.

Early intervention services also have a significant impact on the parents and siblings of an exceptional child. The family of a young exceptional child often feels disappointment, social isolation, stress, frustration, and helplessness. The stress experienced by the family may affect the family's well-being and cause further interference with the child's development. Families of disabled children experience increased frequency of divorce, and disabled children are more likely to be abused than are non-disabled children. On the other hand, early intervention services result in parents having improved attitudes about themselves and their child, more of the information and skills necessary for facilitating their child's progress, and more time to devote to employment and leisure activities.

From a societal perspective, the child's increased developmental and educational gains lead to decreased dependence upon social institutions, the family's increased ability to cope with the presence of an exceptional child, and the child's increased ability to become employed as an adult – all of which provide economic as well as social benefits.

The needs of the diverse and growing community of families with infants and toddlers with developmental delays and disabilities are met through ITC's network of innovative public and private services and community partnerships.

Mandates

Code of Virginia § 2.2-5304; 34 CFR Part 303. DBHDS Performance Contract.

Trends and Challenges

The demand for early intervention services for children ages birth to three with developmental delays and disabilities has been on a steady rise. In FY 2011, the total number served was 2,801 children. In FY 2015, the total served was 3,372 children, an increase of 20 percent over five years. It is expected that this trend will continue during the next five years, leading to a projection of 4,046 children served by ITC in FY 2020.

The growth in the demand for services is even more significant. The average number of children served per month has increased from 1,115 in FY 2011 to 1,450 in FY 2015, an increase of 30 percent per month over the last five years. It is estimated that the FY 2020 average will be 1,884 children served each month.

According to the Centers for Disease Control the prevalence of Autism Spectrum Disorders was 1:150 in the year 2000. Data from the year 2010 showed an increase in prevalence to 1:68. Some studies have estimated the current prevalence at 1:50. The trend among pediatricians is to identify early signs in order to get children into early intervention services as soon as possible. The increase in incidence coupled with an increased awareness by pediatricians has resulted in an increase of referrals to ITC. When an infant or toddler in Virginia has a diagnosis of an autism spectrum disorder, he or she is automatically eligible for intervention. In addition, if a child is not yet diagnosed but is showing atypical social or communication development or atypical sensory processing, they are also found eligible for ITC. Approximately 10 percent of the families served by ITC are non-English speaking. Nearly 1,800 visits are provided annually with the assistance of an interpreter, and more than 4,000 services are provided annually to families by bilingual therapists. These figures have held steady over the last five years.

A critical need is to ensure that there are enough professionals in the required disciplines who are licensed and trained to operate in Virginia's Early Intervention program.

There has been a significant amount of research on brain development that takes place from birth to age three, along with abundant research about the negative impacts of poverty, poor health care, and living conditions on young children. Consequently, ITC is beginning to target outreach and assessment services to areas in Fairfax County where Opportunity Neighborhoods have been established. In addition, ITC serves as a resource to other Fairfax County child service agencies, such the School Readiness Council, Early Head Start, and the Office for Children childcare programs. Since the inception of the Successful Children and Youth Policy Team (SCYPT), ITC has been partnering with other County agencies to provide and present information regarding the birth to age five population. It is expected that all of these partnerships will become more robust in the future.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #268: Infant and Toddler Connection			
FUNDING			
Expenditures:			
Compensation	$2,848,710	$3,180,213	$3,488,954
Benefits	1,079,382	1,181,344	1,349,150
Operating Expenses	1,755,692	2,534,628	2,648,000
Total Expenditures	$5,683,784	$6,896,185	$7,486,104
Total Revenue	$2,352,657	$3,045,523	$2,926,401
Transfers In:			
Transfer In from General Fund	$3,331,127	$3,850,662	$4,559,703
Total Transfers In	$3,331,127	$3,850,662	$4,559,703
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	40 / 40	40 / 40	41 / 41
Total Positions	40 / 40	40 / 40	41 / 41

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of children served	2,975	3,164	3,372	3,450	3,625
Average cost per child served	$2,903	$3,002	$3,291	$3,390	$3,227
Percent of families who received completed Individual Family Support Plans within 45 days of intake call	89%	80%	99%	100%	100%
Percent of infants and toddlers who substantially increased their rate of behavioral growth, based on use of appropriate behaviors to meet their needs, by the time they turned three years of age or exited the program	NA	85%	83%	73%	76%
Percent of infants and toddlers who were functioning within age expectations by the time they turned three years of age or exited the program	NA	52%	54%	55%	58%

In FY 2015, ITC served 3,372 infants and toddlers and their families, a 6.6 percent increase over FY 2014, at a cost to serve each child of $3,291, a 9.6 percent increase over FY 2014. In FY 2013, ITC embarked upon introducing Natural Learning Environment Practices, including the Primary Provider model. The new model increases the multidisciplinary competence of each ITC staff member, so multiple staff providers are not required. This practice change has created efficiencies in service delivery to each child. While this practice has reduced the rate of growth in average cost per child, average costs are expected to rise in future years due to increased personnel and other operating costs.

Due to continuing position staff vacancies in FY 2014, which impacted the federal compliance indicator to complete Individual Family Service Plans (IFSP) within 45 days, ITC focused resources to address the 45 day compliance requirement and improve the experience for families. As a result, ITC substantially improved compliance in FY 2015 to 99 percent and completed IFSPs in an average of 36 days. In response to consistent family feedback that 45 days was too long for families with concerns about their infants' and toddlers' development, ITC also focused on reducing the days to from referral to completion of the IFSP, and set a new target of 36 days.

In alignment with the state focus on child outcomes, ITC has adopted the state's outcome indicators. Over the past two fiscal years, emphasis has been primarily on two outcome domains: 1) percent of infants and toddlers who substantially increase their rate of behavioral growth; and 2) percent of infants and toddlers who are functioning within age expectations. Each domain contains three data points (social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behavior to meet their needs) for a total of six indicators. Two of the indicators, one from each domain, are represented on the metric table. The program exceeded the state target for percent of children who substantially increased their rate of growth by the time they turned three years of age or exited the program. In addition, the percent of infants and toddlers functioning within age expectations by the time they turned three years of age or exited the program was 54 percent, or 87 percent of the state target of 62 percent. As a comparison to all six indicators, the CSB has surpassed targets for three out of six outcomes, and has reached at least 85 percent of the state target for the remaining outcomes. These outcomes will continue to be an area of focus for ITC over the next several years.

Grant Support

FY 2016 Grant Total Funding: Federal Pass Through and State funding of $4,210,541 and 27/27.0 FTE grant positions supports the Infant and Toddler Connection LOB. There is no Local Cash Match associated with this grant.

The Commonwealth of Virginia, Department of Behavioral Health and Developmental Services provides funding for the Infant and Toddler Connection program. Funding is consistent with the statewide program providing federally-mandated assessment and early intervention services as outlined in Part C of the Individuals with Disabilities Education Act. Funding supports assessment and early intervention services for infants and toddlers, from birth through age 3, who have a developmental delay or a diagnosis that may lead to a developmental delay. Services include physical, occupational and speech therapy; developmental services; medical, health and nursing services; hearing and vision services; service coordination; assistive technology (e.g., hearing aids, adapted toys and mobility aids); family training and counseling; and transportation.

LOB #269:

YOUTH AND FAMILY OUTPATIENT AND DAY TREATMENT SERVICES

Purpose

The Youth and Family Outpatient and Day Treatment Services provide assessment, therapy, case management, and crisis intervention services to youth, ages 4 to 18 (and their families), who have mental health and substance use disorders. This is done to address needs of these youth as soon as possible to improve their functioning, quality of life, and productivity now and in the future. Services are provided in coordination with other agencies, using a "Systems of Care" approach. Evidence-based practices are utilized such as cognitive behavioral therapy (CBT); trauma-focused CBT; solution-focused therapy; motivational interviewing, play therapy, case management, and medication management. Services are managed using a utilization management efficiency model.

Description

Youth and Family Outpatient Services provide mental health and substance use disorder treatment and case management for children and adolescents, and their families. Services are provided using evidenced-based practices, for youth who are, or are at risk of being, seriously emotionally disturbed, and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, or alcohol or drug use. Family socioeconomic and other issues are frequently present. In FY 2015, 70 percent of the families serviced had incomes below $50,000. Of the youth served, 28 percent are ages 4 through 12; 51 percent are ages 13 through 17; and 21 percent are ages 18 through 21. For youth ages 4-12, family or schools are the main referral sources. For those ages 13-17, court referrals are more frequent, and school referrals are reduced. Programs are funded through state block grants, as well as County, state and federal funding. Revenue is also received from Medicaid, private insurance, and payments from parents.

Outpatient sessions for mental health are usually once every one or two weeks for four to six months, or longer when needed. Medication appointments may be a part of outpatient treatment services. The services are for youth ages 8 to 21 requiring a developmental approach. Services cease or decrease when improvement occurs and services are no longer needed, when the youth and/or family are no longer motivated, are no longer working on the treatment goals, or when service is no longer desired by the youth and/or family. Medication and case management services may continue to occur after therapy ends. Therapy can be reconvened at any time at a later date. Services are offered in Chantilly, Merrifield, Reston, South County, and Springfield. Offices are open from 8:30 a.m. to 5 p.m. with evening services offered twice per week.

Substance use services are available for middle and high school-aged youth and families. The goal is to reduce and then stop using alcohol and/or drugs after entry into the program. For Substance Use Outpatient Services, group therapy is held twice weekly for 10 weeks, with additional individual appointments available as needed. Family therapy is an important part of treatment and is required in the treatment plan.

Youth who have co-occurring mental health and substance use issues receive services to address both. Home-based or wraparound services are sometimes recommended and are provided through the Comprehensive Services Act (CSA) system. Case management services are provided for youth who need assistance with medication management, CSA service provision, or other needs.

Adolescent Day Treatment
Day Treatment Services are offered at the Merrifield Center for youth ages 13-18 with mental health and/or substance use issues, whose treatment needs cannot be met with office visits at an outpatient site. Youth attend day treatment all day, five days a week, for three to six months. Fairfax County Public Schools provides an alternative school at the day treatment site, with youth attending school in the morning and therapeutic treatment in the afternoon. In therapy, youth work on their emotional and behavioral issues. For youth who use alcohol or other drugs, the goal is for them to reduce and then stop using alcohol or other drugs after entry into the program. Most youth are prescribed psychiatric medication. Psychiatric services can be continued with a current psychiatrist; at times, a CSB psychiatrist will be involved. Day treatment services cease when improvement occurs and services are no longer needed, when the youth and/or family are no longer working on the treatment goals, or when service is no longer desired by the youth and/or family. At times, youth may need to go to a residential program when day treatment is not able to meet their needs. When day treatment is no longer needed, many youth continue outpatient counseling

Virginia Independent Clinical Assessment Program (VICAP)
The Department of Medical Assistance (DMAS) requires an independent clinical assessment as part of the service authorization process for Medicaid and FAMIS children's community mental health rehabilitative services (CMHRS). This includes children and youth up to the age of 21 enrolled in Medicaid and FAMIS fee-for-service or managed care programs. Magellan, the Behavioral Health Services Administrator, contracts with the local Community Services Boards to conduct the independent clinical assessment. Since the inception of this requirement on July 18, 2011, the Fairfax-Falls Church CSB has completed approximately 1,600 independent assessments. The affected children's community-based mental health rehabilitative services are Intensive In-Home services, Therapeutic Day Treatment and Mental Health Skill-Building Services. Each child must have an independent assessment prior to receiving service authorization from Magellan. Each independent clinical assessment requires approximately 2.5 to 3 hours to complete, including face-to-face time with the individual and family, documentation requirements and case coordination.

Assessments must be filed with Magellan within one business day. VICAP is staffed with resources largely borrowed from the Youth and Family Outpatient Program, including a part-time manager and 13 licensed/license eligible clinicians who provide a total of 18 assessments per week. In addition, the VICAP program is supported by a part-time clinical supervisor (who is assigned to the adult program), a business specialist who is responsible for scheduling, and an assigned staff member at the reimbursement unit who manages the submissions to Magellan.

Benefits

Youth and Family Outpatient and Day Treatment Services help improve personal, school, family, and community functioning. These services have a beneficial impact on the following areas:

- Personal: Individual well-being, improved mental health, decreased use of drugs, alcohol and other substances.
- Family: Personal behavior and involvement at home.
- School: Attendance, participation, behavior, career development, and academic progress.
- Community: Positive involvement in community activities; fewer negative events in the community involving violence or criminal activities.

Youth and Family Services provide high quality mental health and substance abuse services in a broad service continuum. These services provide youth the opportunity to reach their individual potential and live successfully in the community. They provide families, including parents and siblings, the opportunity and support to foster healthy development.

CSB partners with multiple child serving agencies and adult services programs to provide a continuum of services to meet the unique needs of each youth and his or her family.

Mandates

Services are required at times through Juvenile and Domestic Relations District Court order. Mandatory Outpatient Treatment orders are monitored by Youth and Family Services staff. The VICAP process, a DMAS managed care function, addresses the utilization of intensive home-based services, adolescent day treatment, and mental health support service.

Trends and Challenges

Over the last seven years, referrals for substance abuse treatment for youth have decreased dramatically, even though alcohol and marijuana use among youth remain an issue. Results from the Fairfax County Youth Survey indicate that more students reported using alcohol than any other substance in the survey. Forty percent of Fairfax County students reported drinking alcohol at least once in their lifetime and 19 percent reported drinking alcohol in the past month. Approximately 9 percent reported binge drinking in the past two weeks. Marijuana was the second most commonly used substance by Fairfax County students overall, with 20 percent reporting using it in their lifetime.

On the other hand, there has been an increase in requests for services for children and adolescents with autism.

The diagnostic profile includes youth with major depression (trauma-sex abuse); bipolar disorder; psychosis; adjustment disorder; and autism. Families frequently experience numerous personal challenges with mental health, substance use, and socioeconomic factors such as low-income, long work hours, lack of adequate child care, parental mental health issues, and problems with other children in the family.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #269: Youth and Family Outpatient and Day Treatment Services			
FUNDING			
Expenditures:			
Compensation	$3,981,100	$4,114,760	$5,018,229
Benefits	1,436,847	1,503,868	2,036,362
Operating Expenses	647,737	650,185	1,141,250
Work Performed for Others	(28,750)	(21,700)	(30,000)
Total Expenditures	$6,036,934	$6,247,113	$8,165,841
Total Revenue	$1,304,978	$2,053,954	$2,232,911
Transfers In:			
Transfer In from General Fund	$4,731,956	$4,193,159	$5,932,930
Total Transfers In	$4,731,956	$4,193,159	$5,932,930
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	68 / 67.5	68 / 67.5	68 / 67.5
Total Positions	68 / 67.5	68 / 67.5	68 / 67.5

Metrics

LOB Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of youth served in outpatient and day treatment	1,657	1,570	1,593	1,600	1,600
Cost to serve each youth in outpatient and day treatment	$3,956	$3,845	$3,714	$4,362	$4,362
Percent of youth who maintain or improve school functioning after participating in services	91%	93%	90%	90%	90%
Percent of youth who maintain or improve behavioral functioning at home after participating in services	89%	93%	92%	92%	92%
Percent satisfied with services	95%	97%	93%	90%	90%

During the past fiscal year, a total of 1,593 youth were served in Youth and Family Outpatient and Day Treatment Services, a slight increase over FY 2014. It should be noted that the number served reflects the number of children, but does not include their family members. Family members receive case management, education and supports to assist with recovery efforts and family functioning, but cases are not opened for family members. The cost to serve each child/adolescent was $3,714, which is a slight decrease from the past three years. The cost is expected to increase in FY 2016 due to increased staffing and personnel costs.

In FY 2015, 90 percent of children, adolescents and their families reported an improvement in school functioning, which is defined as improvement in school attendance, behavior, and academic achievement. In FY 2015, 92 percent of children, adolescents and their families reported an improvement in functioning at home, which is defined by behavior and interpersonal relationships. These outcomes are consistent with results over the past three years, with some fluctuation. Factors that contribute to variation in outcomes over fiscal years include acuity of each child's emotional and behavioral issues, attendance at treatment sessions and overall family functioning at the start of treatment. Programs monitor variation in outcomes to assess patterns and make changes as needed.

It should be noted that as national and community trends have shifted away from residential placements, community-based outpatient and day treatment evidence-based programs are often serving the population that would have previous received residential treatment. This population usually has more significant levels of impairment and instability. With this instability, there are more psychiatric crises such as suicidal behavior, and the length of stay is longer due to increased impairment. Additionally, case management and other supports such as Wraparound or home-based services through Comprehensive Services Act (CSA) funding are needed with this population.

During the last five years, Outpatient and Day Treatment services were augmented to provide integrated treatment for children with co-occurring mental health and substance use issues. This integration provides a more holistic and comprehensive approach to care, and also creates efficiencies in the service model. Significant efforts have been made to improve utilization management functions, resulting in efficiencies with service episode time and reduced waits when programs are resourced appropriately.

LOB #270:

YOUTH AND FAMILY CARE COORDINATION AND COURT-INVOLVED SERVICES

Purpose

Youth and Family Care Coordination and Court-Involved Services programs provide evidence-based services to youth who are at risk for hospitalization, residential placements and involvement with the juvenile justice system. Services include case management, expert consultation regarding mental health and substance use concerns to families and other child-serving agencies participating in Comprehensive Services Act family resource and family planning meetings, psychological evaluations and treatment services to youth involved in Juvenile Domestic Relations District Court programs, and wraparound services matched to the particular needs of the youth and family.

Description

Youth and Family Care Coordination and Court-Involved Services include multiple discreet programs. All programs serve school-age youth who are already involved in services, or who are at high risk of needing services for mental health and/or substance use concerns, and/or who are involved or at-risk of involvement with the Juvenile and Domestic Relations District Court. Programs include: Wraparound Fairfax, located in the historic court house; the Youth and Family Resource Team, located in CSB locations throughout the County; and Juvenile Forensics located at the historic court house, the juvenile detention center, shelter care, and in residential group homes.

High Fidelity Wraparound (HFW) Program

- The High Fidelity Wraparound Program is an evidence-based model that holistically addresses the behavioral and social needs of a youth and family to help them develop self-efficacy and maintain the youth in their own community, as an alternative to placement in residential care. The program serves youth from ages 3 through 18 and their families, and receives referrals directly from the Comprehensive Services Act utilization staff via all youth-serving agency case managers.
- HFW gives the family a voice and ownership of their plan of care and service delivery. With the help and support of the facilitator, the youth and family develop their own support team, which includes system partners and people who are important to the family (natural supports). The youth and family are integral to the process, sharing their voice and choice as it relates to their plan of care. Eventually the youth and family lead the team meetings themselves.
- The facilitator can have multiple contacts with the family on a weekly basis. The whole team meets at least monthly, working together to identify the family's vision, goals and needs. The team then develops specific measureable plans to accomplish those outcomes, making certain to honor the family culture. These plans of care help the family manage their multiple crises with and without agency assistance, thereby fostering self-sufficiency and resiliency.
- Services that the wraparound team may put in place can include: home based services; respite care services; specialized programs to provide reassessment of medication efficacy; and other ancillary services such as social and recreational services, transportation services and assistance with basic needs to support the family's plan of care.
- The program hours of operation are Monday-Friday, day time hours with evening hours as needed.
- The program is staffed by County employees and operates within a contract with the Comprehensive Services Act. The CSB is reimbursed per monthly case rate ($1,230) and is revenue neutral. This program has been operating according to state direction for approximately six years.

Youth and Family Resource Team

The Youth and Family resource team partners with various CSB teams and other youth-serving agencies to provide case management services and behavioral health expertise and consultation, including:

- State-mandated discharge planning for all youth placed at the Commonwealth Center for Children and Adolescents (CCCA) as well as youth who are in private hospitals using state funds (Local Inpatient Purchase of Service – LIPOS.)
- Expert behavioral health consultation and guidance to team based planning meetings, including those pursuant to the Comprehensive Services Act (family resource and partnership meetings).
- Lead case management for severely emotionally disturbed youth and youth who have co-occurring conditions related to mental health and substance use, including youth who are receiving services funded though the Comprehensive Services Act, youth in residential treatment, and youth admitted to Leland Youth Crisis Care House for whom there are no other agency connections.
- The program operates Monday-Friday day time hours with evening hours as needed. The program is staffed with County employees through a combination of general County and state funds. Some aspects of the resource team's services are mandated by the state, while others are local mandates. Parts of this program have been operational for approximately 10 years.

Juvenile Forensics

The Juvenile Forensics program provides mental health diagnostic services to youth who come before the Juvenile and Domestic Relations District Court by reason of run-away, out of control or truant behavior and criminal activity. Services include:

- Full battery psychological evaluations, mental health screening and assessments for treatment planning purposes to the court.
- Court-ordered 10-day evaluations at Commonwealth Center for Children and Adolescents.
- Co-occurring education services for the court's diversion programs, Juvenile Detention Center, Shelter Care, Boy's Probation House and Foundations program for adolescent females.
- Individual and family therapy integrated into all services provided at the Juvenile Detention Center, Shelter Care, Boy's Probation House and the Foundations Program.
- Crisis intervention services.
- Case management services to all youth and families, including access to medication services while in the court's program and follow-up services after court involvement is completed.

Hours of operation are Monday through Saturday and 4 evenings, depending on the individual program needs. The program is staffed by County employees and receives funding through the general County fund, as well as state grant monies and funds for "work performed for others" via a Memorandum of Agreement with the Juvenile and Domestic Relations Court.

The CSB staff also provides services to youth in the post-dispositional program, BETA. These youth are sentenced to the BETA program and housed in the Juvenile Detention Center. This sentence is in lieu of going to the state juvenile justice detention center. Youth are able to remain in their community, receive behavioral health services and receive family therapy to address issues with their families. Youth completing the BETA program are linked to ongoing behavioral health services as needed.

Benefits

Youth and Family Care Coordination and Court-Involved Services improve individual and family functioning and safety, academic functioning and overall community safety and involvement. The goals are to enable youth and their families to achieve their highest possible level of functioning. Benefits include:

- Improved behavioral health and individual functioning.
- Positive and productive communication and activity with family members.
- Improved attendance, behavior, and functioning in the educational setting.
- Engagement in pro-social community activities, reduction or cessation of anti-social behavior in the community.
- Prevention of costly family separation due to out-of-home and congregate care placements.
- Effective and efficient treatment and placement recommendations to other child-serving agencies.

In FY 2014 Juvenile Forensics provided:

- 347 mental health, substance use, diversion and other court requested evaluations to youth involved with the JDRDC.
- Treatment services to 432 youth and their family members who were either in the court's detention center, Shelter Care or their two residential programs for court-involved youth.

In FY 2015 Juvenile Forensics provided:

- 230 mental health, substance use, diversion and other court requested evaluations to youth involved with the JDRDC.
- Treatment services to 480 youth and their family members who are either in the court's detention center, Shelter Care or their two residential programs for court-involved youth.

In FY 2014 the Wraparound Fairfax Program provided:

- Services to 318 youth and their family members. (106 youth served)
- Percent of youth residing in the community at the time of service who remained in the home (95 percent).
- Percent of youth in a residential facility who return home within three months of initiating services (68 percent).

In FY 2015 the Wraparound Fairfax Program provided:

- Services to 369 youth and their family members. (115 families)
- Percent of youth residing in the community at the time of service who remained in the home (95 percent).
- Percent of youth in a residential facility who return home within three months of initiating services (77 percent).

Mandates

- Code of Virginia § 16.1-248 Mental health screening and assessment for certain juveniles
- Code of Virginia § 16.1-345.1 through - §16.1-345.5: These are the MOT codes for minors.
- Code of Virginia § 16.1-346.1 Discharge Planning
- Code of Virginia § 16.1-356 Raising Question of Competency to Stand Trial; Evaluation and determination of Competency
- Code of Virginia § 16.1-357 Disposition when juvenile found incompetent
- Code of Virginia § 16.1-275 Physical and mental examinations and treatment; nursing and medical
- Code of Virginia § 16.1-278.5 Establishment of an interagency team (IDT) to review and make recommendation on youth adjudicated to be children in need of supervision (CHINS)
- Code of Virginia § 16.1-227 Diversion to include Substance Abuse Focused Education Program (SAFE)

While not mandates, there are contractual obligations from the local CPMT to provide Wraparound services and County liaison oversight to the youth crisis care facility-Leland House.

Trends and Challenges

Trends: In October 2014, three highly publicized suicides occurred among high school students in three separate high schools. The County had already experienced 16 suicides among youth that year. Many efforts have been undertaken to prevent suicides among youth. According to the 2013 Fairfax County Youth Survey, between 15.9 and 20.1 percent of youth surveyed reported they had seriously considered attempting suicide.

Challenges: A potential unfunded mandate may come from the General Assembly in terms of the CSB providing lead case management services to youth placed in residential programs who did not go through the Comprehensive Services Act process. This would require CSB staff to work with children and families who may not need or want CSB services. It would also have the effect of creating a waiting list for youth and families who do want and need CSB services and who have no other resources.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #270: Youth and Family Care Coordination and Court-Involved Services			
FUNDING			
Expenditures:			
Compensation	$2,906,544	$2,890,145	$1,967,280
Benefits	1,101,679	1,068,159	874,545
Operating Expenses	931,315	1,165,097	1,100,293
Work Performed for Others	0	(114,000)	(99,851)
Total Expenditures	$4,939,538	$5,009,401	$3,842,267
Total Revenue	$1,620,796	$1,486,980	$854,001
Transfers In:			
Transfer In from General Fund	$3,318,742	$3,522,421	$2,988,266
Total Transfers In	$3,318,742	$3,522,421	$2,988,266
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	52 / 52	52 / 52	31 / 31
Total Positions	52 / 52	52 / 52	31 / 31

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of youth who received Wraparound Fairfax services	73	106	123	123	123
Cost to serve youth in Wraparound Fairfax services	$6,885	$5,954	$5,119	$4,963	$4,963
Percent of youth residing in the community at the time of service who remained in the home	NA	95%	95%	95%	95%
Percent of youth in a residential facility who return home within three months of initiating services	NA	68%	77%	77%	77%

During the past three years, Wraparound Services has increased the number of youth served, from 106 in FY 2014 to 123 served in FY 2015. It should be noted that each individual served has family members who also receive education and supports to assist with recovery efforts and family functioning, but cases are not opened for family members. On average, each individual has three family members who are involved in services. In FY 2015, the cost to serve each child was $5,119, a significant decrease from $6,885 in FY 2013. The variance in cost per child served over the past three fiscal years is primarily due to increasing service capacity and generating program efficiencies.

Given the trend toward community-based services and supports, in FY 2014 the program began tracking outcomes for home placements. In FY 2015, 95 percent of youth residing in the community with their family/guardians at the time of referral to Wraparound Services remained in the home. The remaining youth were placed in a residential facility. The residential placements were initiated by the Youth and

Family Team and were deemed appropriate and necessary based on the acuity and severity of emotional disturbance of the children placed. The percentage of youth remaining in their homes has been 95 percent in each of the past two fiscal years.

Of the youth who were in a residential facility at the time of referral in FY 2015, 77 percent returned home within three months of initiation of Wraparound Services. This is an increase from the 68 percent in FY 2014, though the difference may be attributed to the overall number of youth in residential facilities each year (25 in FY 2014 and 17 in FY 2015). Of those who did not return home within three months, 18 percent were transferred to a different residential family for continued treatment, and 5 percent remained in the current facility with an anticipated discharge date.

This evidence-based initiative is consistent with the County's Community Policy and Management Team (CPMT) and System of Care efforts to reduce the number of youth placed in residential facilities and improve the ability of families to manage their lives independently. By using their own natural supports instead of County's supports, they are able to self-sustain the progress they have made during their involvement with County programs. The benefits of maintaining youth in the community are numerous:

- When youth are placed in a residential facility, family therapy is typically not feasible due to distance and the family's availability.
- Many youth are traumatized or re-traumatized by being separated from family, friends and relatives in their lives.
- Research indicates that the outcomes for longer term placements are not necessarily more effective, and can be harmful due to institutional effects that make community re-integration difficult.
- Residential placements are very costly, ranging up to $150,000 per year depending on length of stay.

Grant Support

FY 2016 Anticipated Grant Total Funding: State funding of $627,253 and 5/5.0 FTE grant positions supports the Youth and Family Care Coordination and Court-Involved Services LOB. There is no Local Cash Match associated with these grants.

Mental Health Initiative –State - $515,529 and 4/4.0 FTE grant positions
The Department of Behavioral Health and Developmental Services provides funding for mental health and case management services for children with serious emotional disturbance who reside in the community and are not mandated to be served under the Comprehensive Services Act.

Mental Health Juvenile Detention - $111,724 and 1/1.0 FTE grant position
The Department of Behavioral Health and Developmental Services provides funding for assessment, evaluation, consumer monitoring and emergency treatment services for children and adolescents placed in juvenile detention centers.

LOB #271:

ADULT BEHAVIORAL HEALTH OUTPATIENT AND CASE MANAGEMENT SERVICES

Purpose

Adult Behavioral Health Outpatient and Case Management Services (BHOP) provide critical treatment, support, and case management services to individuals who have serious mental illness and/or substance use disorders. These services are essential for the individual's overall well-being, enabling them to live a self-determined, rather than symptom-determined, life. BHOP is the core "hub" service area in the CSB's safety net of behavioral health care services. The multidisciplinary teams of BHOP directly provide most of the CSB's outpatient treatment, as well as case management and service coordination that provide access to the full spectrum of community services. Services are designed to improve individuals' mental, emotional, and physical health and quality of life.

Description

The Adult Behavioral Health Outpatient and Case Management (BHOP) continuum of services includes outpatient counseling, case management, and continuing care services for adults with serious mental illness, substance use disorders and/or co-occurring disorders.

The program provides strength-based, person-centered services for adults who have serious and persistent mental or emotional disorders and/or serious substance use disorders. Services focus on interventions that support recovery and independence. The goal of outpatient and case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms; facilitate a successful life in the community; help manage symptom reoccurrence; build resilience; and promote self-management, self-advocacy, and wellness. Services are individualized and begin with an ongoing, collaborative assessment and planning process. Tailored to the individual, the services include clinical treatment and case management. Linkage and coordination with community resources, such as housing, medical, benefits, employment, transportation, recreational, legal and other needed services is key to helping individuals achieving their desired goals. In addition, the BHOP team prioritizes collaboration and integration efforts with primary health care providers to ensure treatment of the whole person.

BHOP services are provided at five Fairfax County sites: Merrifield, Gartlan, Northwest Center-Reston, Northwest Center-Chantilly and Springfield. BHOP services are provided from 8 a.m. to 9 p.m. Mondays through Thursdays, and from 8 a.m. to 5 p.m. on Fridays. Services are provided in the office and in the community. Specialty teams include a program for older adults and their families and multicultural teams. Services include:

- Assessment
- Case management
- Treatment services for substance use disorders and co-occurring disorders
- Primary health care collaboration (onsite at Gartlan; coming soon to Merrifield)
- Individual, group and family therapy
- Medication management
- Crisis intervention
- Psychiatric evaluations
- Employment services
- Peer supports

BHOP services are performed by a multidisciplinary team of County and contracted staff that includes psychiatrists, psychologists, nurses, senior clinicians, mental health and substance abuse counselors, and peer support specialists (individuals in recovery with lived experience).

Benefits

The community looks to the CSB to provide appropriate behavioral health services in the most efficient and cost-effective manner to individuals in the greatest need. The focus in Behavioral Health Outpatient and Case Management is to provide recovery-oriented case management and treatment services in an outpatient setting. The interdisciplinary team works intensively with individuals by evaluating their needs, devising individualized treatment plans, and facilitating community integration. In collaboration with the individuals served and their family members/natural supports, BHOP provides the needed linkage, coordination, and monitoring of services; intensive day supports; and crisis intervention services to improve the lives of the community's most vulnerable residents.

Benefits and Value
BHOP supports individuals in many aspects of their lives. BHOP teams help individuals maintain housing and pursue vocational and meaningful day activities; break the cycle of criminal justice involvement; improve interpersonal and family relationships, and maintain the safety of individuals and the community. Through utilization of intensive community day support programs and case management, BHOP services can prevent the need for more expensive residential treatment and decrease the utilization of jail and hospital beds. Without this service, the community would see an increase in homelessness, suicides, emergency room visits, and interactions with the criminal justice system. BHOP treatment and case management services make a difference in the lives of individuals served and in the health and safety of the community as a whole.

The goal of BHOP is to ensure that individuals with serious mental illness, substance use disorders, and co-occurring disorders receive the treatment and support they need to achieve their highest level of independence and lead a self-determined life.

Mandates

Case Management Services: Both federal and state mandated.

- The Code of Virginia § 37.2-500 mandates provision of case management as a core service within the Community Services Board (CSB)
- Mental Health federal block grant allocation affords some financial assistance to the CSB

Services for Pregnant Women: Both federal and state mandated.

- The Federal Substance Abuse Prevention and Treatment Block Grant, 45CFR 96.131 mandates that pregnant women receive services within 48 hours of agency contact to intervene and interrupt the associated health risks for the women and their unborn children.
- Code of Virginia § 37.2-407 mandates the adoption of regulations that ensure that providers licensed to offer substance abuse services develop policies and procedures for the timely and appropriate treatment of pregnant women with substance abuse.

Services for Treatment and Prevention of Substance Abuse: Both federal and state mandated.

- Code of Virginia § 37.2-500 and Code of Virginia § 2.2-118 mandate services for treatment and prevention of substance abuse
- Federal block grant funds help offset costs

Services provided as a condition of Suspended Sentence:

- Code of Virginia § 18.2-252, suspended sentence conditioned upon substance abuse screening, assessment, testing and treatment or education: Allows the court to order a substance abuse assessment, and if appropriate from the assessment findings, substance abuse treatment and/or education.
- Federal block grant funds help offset costs

Trends and Challenges

Services for Older Adults
Between 2005 and 2030, the County expects the 50 and over population to increase by 40 percent, and the 70 and over population by 88 percent. The older adult population is growing, and their needs are increasing. Emergent mental health disorders, risk for suicide, increased health problems, and substance abuse are concerns for this population.

Some specialized services for this population are provided by BHOP and are tailored to meet the unique needs of aging adults. Primary health care integration is a particular area of focus for BHOP. Interventions support recovery and independence, are appropriate to the individual's physical and cognitive abilities, and are often community-based, depending on the need. The County's 50+ Action Plan makes several strategic recommendations to address these needs, and alignment with countywide strategic recommendations for the County's growing older adult population will be a continuing area of focus for BHOP.

Services for Young Adults
Nationally and locally, there is a growing need for services for young adults with emergency mental health and substance use needs. National Institute of Mental Health (NIMH) data from 2012 indicate that 5 percent of the general population, within the age range of 16 to 30, has a serious mental illness.

According to recent Fairfax County population data, approximately 250,000 people or 22.5 percent of the population is within the age range of 16 to 30 years old. Extrapolating the NIMH data suggests that over 12,000 of these individuals have a serious mental illness. Early intervention treatment and services for young adults could provide a crucial turning point for many individuals, as intervening early is demonstrated to reduce the need for future, longer-term and ongoing services.

Many of the young adults receiving BHOP services interface with school systems, the County Department of Family Services, and residential and inpatient settings. BHOP assists with the transition of young adults from the youth system of care to the adult behavioral health system of care, for those with serious emotional disturbances and/or substance use disorders who need case management services and continued treatment. These youth present with complex interpersonal, social, emotional, and developmental needs. If their needs are addressed early, it is possible through partnership with the individuals, their families, and other agencies and supports to significantly increase their chances of being able to build successful lives.

Services for Individuals with Heroin and Opiate Abuse
From 2011 to 2014, the CSB saw a 22 percent increase in the number of individuals needing services who reported having used heroin, non-prescription methadone, and/or other opiates. From 2013 to 2014 in Fairfax County, the number of deaths from heroin overdose doubled.

BHOP provides outpatient, intensive outpatient, case management, and continuing care services for adults who present with opiate and heroin abuse. As the hub of the community's behavioral health service delivery system, BHOP sees individuals in all stages of their recovery process. The BHOP Team is trained to assess the individual's current treatment needs and ensure they receive the appropriate level of care. BHOP partners closely with other CSB programs to receive individuals from higher levels of care to support and maintain their recovery; refer individuals to higher levels of care when needed; and offer interim treatment services when appropriate.

Services for Individuals with Co-occurring Developmental Disabilities

The Center for Disease Control (CDC) reports that more people than ever are being diagnosed with Autism Spectrum Disorder (ASD). The CDC's Autism and Development Monitoring Network estimates that 1 in 68 children has been identified with ASD. Research efforts have focused on children, who are most likely to be identified based on developmental issues. While signs of ASD begin during early childhood they typically last throughout a person's life. People with ASD often have problems with social, emotional, and communication skill and need services to deal with the myriad of complex issues associated with this developmental disability.

Although the CSB is not a provider of specialized services for Autism Spectrum Disorders (ASD), BHOP is seeing an increase in adults with mental illness or substance use disorders who also have developmental disabilities. Historically, the treatment of ASD has not been a part of the repertoire of CSB services, but the increasing number of individuals with co-occurring ASD challenges the CSB and the County to adequately prepare the workforce and assess needed programming.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #271: Adult Behavioral Health Outpatient and Case Management Services			
FUNDING			
Expenditures:			
Compensation	$6,986,648	$6,855,909	$6,473,452
Benefits	2,688,538	2,750,372	2,832,488
Operating Expenses	132,884	99,820	105,100
Total Expenditures	$9,808,070	$9,706,101	$9,411,040
Total Revenue	$4,748,893	$4,000,379	$4,218,825
Transfers In:			
Transfer In from General Fund	$5,059,177	$5,705,722	$5,192,215
Total Transfers In	$5,059,177	$5,705,722	$5,192,215
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	103 / 103	102 / 102	100 / 99.75
Total Positions	103 / 103	102 / 102	100 / 99.75

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	5,044	4,842	4,707	4,397	4,397
Cost to serve each individual	$2,245	$2,175	$2,253	$2,280	$2,280
Percent of individuals satisfied with services	95%	95%	91%	90%	90%
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	79%	86%	80%	80%	80%
Percent of individuals who obtained or maintained a health care provider/access to health care	NA	NA	64%	68%	72%

During the past fiscal year, Behavioral Health Outpatient and Case Management provided services to 4,707 people with mental health, substance use and co-occurring disorders. This is a slight decrease from the 4,842 served in the previous year. In FY 2014, BHOP experienced substantial changes. Two formerly distinct service areas were combined to provide integrated care for those with co-occurring behavioral health disorders. This service area continues to enhance services and program structure to meet the needs of the population served. In addition, BHOP continues to refine its service delivery model to align with the agency's priority access guidelines and is providing services to those who are most disabled by their behavioral health disorders. As programs have moved toward treating those with more highly acute, complex and persistent needs, programs are providing more intensive services to fewer individuals in outpatient services. As a result of these changes, BHOP projections for FY 2016 and FY 2017 reflect changes in service design, and programs will continue to monitor the impact of the priority access guidelines. As part of an overall effort to ensure that capacity is maximized and individuals receive the most appropriate level of care, reports are routinely used to monitor utilization and productivity.

The cost to serve each individual in FY 2015 was $2,253, which is consistent with costs over the past three years. Ninety-one percent of those served in BHOP were satisfied with the services they received. Outcome surveys are reviewed by program management and program modifications are made, as appropriate, to meet the needs of those served. For example, specific therapeutic groups have been added or augmented based on feedback and requests of those served.

While BHOP aggregates outcomes for all populations as appropriate, several state and federal requirements still separate performance indicators by disability area. This service area has tracked employment outcomes for those receiving treatment primarily due to substance use for the past several years. In FY 2015, 80 percent of those served maintained or improved employment, which is a decrease from 86 percent in FY 2014 primarily due to serving individuals with more functional impairments. Employment for those with substance use disorders is a national outcome measure and is consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) strategic initiatives. Employment is also strongly correlated with community integration, economic stability and reduced relapse of alcohol and drug use. BHOP programs will begin to track this outcome for all programs in FY 2016, and preliminary data indicates that employment rates for individuals receiving mental health programs who are in the employment market are commensurate with rates of those receiving services for substance use disorders.

While outcome data for people served who had access to primary care is not available prior to FY 2015, this outcome is included because access to health care is a critical outcome for this population. People with mental illness and substance use disorders have higher rates of acute and chronic medical conditions, shorter life expectancies (by an average of 25 years), and worse quality-of-life than the general medical population. Modifiable risk factors for medical conditions (e.g. tobacco use, obesity, lack of exercise), combined with social isolation, poverty and exposure to violence increase overall health risks. This population frequently has limited access to primary health care due to factors such as lack of insurance, inadequate transportation, and lack of medical providers who are willing to treat people with mental illness and substance use disorders. There has been an enormous shift in the CSB to address health care disparities, to include an onsite health care clinic at one of the main behavioral health centers (Gartlan Center), to open additional clinics, and to include primary health care access to treatment planning efforts. Providing linkages to health care has become an essential component of service delivery and it is anticipated that results will reflect improved outcomes in FY 2016 and FY 2017.

LOB #272:

ADULT BEHAVIORAL HEALTH DAY TREATMENT SERVICES

Purpose

Adult Behavioral Health Day Treatment Services are intended to stabilize individuals whose symptoms put them at risk of relapse, further acute psychiatric distress, or hospitalization; and to lay the foundation for recovery from mental illness and substance use. Services are provided in a day programing structure, which is more intensive than standard behavioral health outpatient and case management and less intensive than residential treatment. Adult Behavioral Health Day Treatment Services are an important part of the CSB's continuum of services, helping individuals resume or establish a life in recovery and improve their overall quality of life.

Description

Adult Behavioral Health Day Treatment Services include two programs: Adult Partial Hospitalization (APH) and Substance Use Disorder (SUD) Adult Day Treatment services. Both programs help individuals make changes that promote recovery, develop problem-solving skills and coping strategies, and help them develop a positive support network in the community. These services are offered for individuals who need a greater level of structure and intensity than outpatient and case management services provide, but who require less structure than residential treatment or supportive residential services provide. Day treatment services in this LOB are performed by a multidisciplinary team of County and contracted staff, including psychiatrists, senior clinicians, mental health and substance abuse counselors and peer support specialists (individuals who are in recovery and who have lived experience).

Adult Partial Hospitalization provides intensive, recovery-oriented services to adults who have serious mental illness or who are experiencing acute crisis, some of whom may also have co-occurring substance use disorders. Services are provided 16-20 hours per week with programming scheduled four times per week for four hours each day. Services are designed to help prevent the need for psychiatric hospitalization or to help people transition from recent hospitalization to less intensive services. APH focuses on helping individuals develop coping and life skills and on supporting vocational, educational, and/or other goals that are part of the process of ongoing recovery. Services include: crisis intervention; psychiatric evaluation; case management and service coordination; medication management; psycho-educational groups; individual, group, and family therapy; supportive counseling; relapse prevention; and community integration. APH is offered at the Gartlan Center and the Northwest Center - Reston.

Substance Use Disorder (SUD) Adult Day Treatment Services provide daily intensive treatment for individuals who have a serious substance use disorder, some of whom also have other co-occurring mental health diagnoses. Services are offered 20 hours per week with programming scheduled for four hours every weekday. Individuals frequently come to Day Treatment as an interim intervention while awaiting residential treatment, or are referred by a court through probation and parole or the Alcohol Safety Action Program.

For many individuals, the debilitating impact of their substance use has resulted in significant impairment to their adult functioning, and an array of rehabilitative services is needed. Services include psychosocial education and counseling (individual, group and family); case management; psychiatric evaluations; medication management; and continuing care. SUD day treatment services are offered in Spanish as well as English. Specialized care is offered to pregnant and post-partum women. Continuing care services are available for individuals who have successfully completed Day Treatment services but who would benefit from periodic participation in group therapy, monitoring and service coordination to connect effectively to community supports. This program is only offered at the Merrifield Center.

Benefits

Adult Behavioral Health Day Treatment Services offer individuals an opportunity to meet their treatment needs while remaining in the community. This LOB provides services to individuals who have acute psychiatric conditions, severe alcohol and/or drug problems, and co-occurring disorders; some of the individuals served through this program have been involved in the criminal justice system. By helping reduce acute symptom distress and alcohol/drug use, Day Treatment services can help people with these serious conditions return to employment and self-sufficiency and resume productive lives in the community.

Benefits and Value
This LOB provides cost effective and accessible treatment services in the community for individuals with acute psychiatric conditions, substance use disorders, and co-occurring disorders. Adult Behavioral Health Day Treatment Services help individuals to maintain employment, housing, and family stability while receiving treatment. This treatment opportunity often prevents the need for more expensive residential treatment and decreases the utilization of jail and hospital beds; in addition, it provides services for individuals who are not able to participate in residential treatment. Through successful intensive treatment, these individuals are able to resume functioning lives and return to work, family responsibilities, and improved health and social relationships.

Without this intensive level of intervention, the community would see an increase in medical and psychiatric hospitalizations, homelessness, legal/criminal justice interventions, and/or harm to self/others. The programs make a difference in the lives of individuals served and in the health and safety of the community as a whole.

The goal of Adult Behavioral Health Day Treatment Services is to ensure that individuals with serious mental illness or acute psychiatric symptoms, serious substance use disorders and co-occurring disorders receive the treatment and support they need to achieve their highest level of recovery and lead a self-determined life.

Mandates

Services for Pregnant Women: Both federal and state mandated.

- The Federal Substance Abuse Prevention and Treatment Block Grant, 45CFR 96.131 mandates that pregnant women receive services within 48 hours of agency contact to intervene and interrupt the associate health risks for the women and their unborn children.
- Code of Virginia § 37.2-407 mandates the adoption of regulations that ensure that providers licensed to offer substance abuse services develop policies and procedures for the timely and appropriate treatment of pregnant women with substance abuse.

Services for Treatment and Prevention of Substance Abuse: Both federal and state mandated.

- Code of Virginia § 37.2-500 and Code of Virginia § 2.2-118 mandates services for treatment and prevention of substance abuse. Federal block grant funds help offset costs.

Services provided as a condition of Suspended Sentence: Both federal and state mandated.

- Code of Virginia § 18.2-252, suspended sentence conditioned upon substance abuse screening, assessment, testing and treatment or education: Allows the court to order a substance abuse assessment, and if appropriate from the assessment findings, substance abuse treatment and/or education. Federal block grant funds help offset costs.

Trends and Challenges

Services for Individuals with Heroin and Opiate Abuse

- From 2011 to 2014, the CSB saw a 22 percent increase in the number of individuals needing services who reported having used heroin, non-prescription methadone, and/or other opiates. From 2013 to 2014 in Fairfax County, the number of deaths from heroin overdose doubled.
- Adult Behavioral Health Day Treatment Services provide daily intensive case management, individual, group, and family counseling, and continuing care services for adults who present with opiate and heroin abuse. These services treat individuals in all stages of their recovery process. Day Treatment services partner closely with other CSB treatment programs to find creative ways to serve individuals who are waiting for longer-term treatment. This will be a continuing challenge as the numbers of individuals needing treatment for substance use disorders grows in the community.

Individuals with Acute Psychiatric Symptoms

- Individuals coming for services at CSB Day Treatment programs are experiencing acute distress and need immediate community stabilization. These individuals experiencing an acute crisis often present at CSB's Emergency Services or Crisis Care programs, or have been released from a psychiatric hospitalization without adequate follow-up treatment. According to the National Institutes of Health, (NIH) studies show that "individuals transitioning from inpatient settings are often at high risk for rapid decompensation. The day treatment level of programming helps to alleviate the risk...thereby reducing risk of negative outcomes and/or cycling back into a more restrictive and costly inpatient setting."

Suicide Prevention

- Behavioral Health Outpatient and Day Treatment Services are also critical tools for suicide prevention. According to reports cited by NIH: "Suicide risk peaks in periods immediately after admission and discharge. The risk is particularly high in persons with affective disorders and in persons with short hospital treatment. These findings should lead to systematic evaluation of suicide risk among inpatients before discharge and corresponding outpatient treatment, and family support should be initiated immediately after the discharge". (http://www.ncbi.nlm.nih.gov/pubmed/15809410)

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #272: Adult Behavioral Health Day Treatment Services			
FUNDING			
Expenditures:			
Compensation	$1,243,417	$1,344,097	$1,137,679
Benefits	446,753	523,196	493,793
Operating Expenses	99,369	99,988	107,065
Total Expenditures	$1,789,539	$1,967,281	$1,738,537
Total Revenue	$361,680	$355,999	$60,000
Transfers In:			
Transfer In from General Fund	$1,427,859	$1,611,282	$1,678,537
Total Transfers In	$1,427,859	$1,611,282	$1,678,537
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	20 / 19.75	21 / 20.75	15 / 15
Total Positions	20 / 19.75	21 / 20.75	15 / 15

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served in Adult Partial Hospitalization (APH) and Adult Day Treatment	233	279	277	277	277
Average cost per individual served in APH and Adult Day Treatment	$4,818	$3,817	$3,855	$4,052	$4,052
Percent of individuals receiving APH and Adult Day Treatment who are satisfied with services	91%	92%	88%	90%	90%
Percent of individuals receiving APH services who demonstrate improvement in psychiatric symptoms from admission to discharge	70%	65%	74%	75%	75%
Percent of individuals who maintain or improve their employment status after participating in at least 90 days of day treatment	75%	68%	64%	70%	70%

During the past fiscal year, Adult Behavioral Health Day Treatment Services served 277 individuals, which is consistent with 279 served in FY 2014, and an 18.9 percent increase over 233 served in FY 2013. The cost to serve each individual in FY 2015 was $3,855, which is consistent with costs over the past three years, based on the number of people served. In FY 2015, 88 percent of those served in Day Treatment and Adult Partial Hospitalization (APH) programs were satisfied with services, which is slightly lower than in previous years. Program staff and management review all satisfaction surveys and use feedback received to enhance services, and will continue to monitor overall satisfaction and perception of the care received.

In FY 2015, 74 percent of those served in the APH program demonstrated an improvement in psychiatric symptoms from admission to discharge, an increase over 65 percent in FY 2014. This is a significant outcome for the population receiving this service. During the past three years, the program has served adults with increasingly complex needs who are in danger of requiring immediate hospitalization or who have recently been discharged from psychiatric hospitals. In addition, those receiving APH services typically have a multitude of psychiatric issues, and the standardized tool that is used to measure symptoms from admission to discharge provides aggregate results, rather than quantifying improvement in discrete symptoms. To assess improvement in a variety of psychiatric symptoms, the program will be evaluating various aspects of functioning over the course of treatment to better determine program efficacy, as well as evaluating additions methods to assess improvement in functioning.

In FY 2015, 64 percent of adults served in Day Treatment programs maintained or improved their employment status, continuing a decline since FY 2013. This is primarily due to the population receiving Day Treatment services having a higher level of acuity and a greater degree of life impairments than those served in outpatient programs. As a comparison, 80 percent of those served in outpatient programs maintained or improved their employment status. Day Treatment programs continue to partner with employment services to provide assistance in enhancing job skills and employment opportunities.

LOB #273:

SUPPORT COORDINATION SERVICES

Purpose

Support Coordination Services assist people who have an intellectual disability (ID) and their families to access and coordinate services and supports that are essential to the individual's well-being and enable them to attain maximum independence, productivity and integration into the community. The mission of Support Coordination Services is to empower and support people with ID to achieve a self-determined and valued lifestyle and to identify and develop personalized and flexible supports. Depending on the individual's needs, supports may include a home, employment or a vocational/day activity, primary health care, and a network of relationships in the community.

Description

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

Key values and approaches of CSB Support Coordination Services include the following:

- The belief that people with intellectual and developmental disabilities are entitled to the same rights as people who do not have these disabilities.
- Person-centered planning, which involves getting to know the hopes, dreams, wants and needs of the individual.
- Principles of community inclusion and participation.

Other critical core functions performed by Support Coordination Services include the following:

- Confirm diagnostic and functional eligibility for ID services by reviewing records, obtaining a psychological evaluation and completing a Level of Functioning survey.
- Submit information to DBHDS regarding individuals to be added to the statewide waitlist and determine the urgency of need of each individual on the waitlist. Evaluate each individual's information annually or more frequently if critical needs change.
- Manage a Waiver Slot Assignment Committee process to determine, when a Waiver slot becomes available, who has the most critical need for services among all those on the waitlist who meet the "urgent need" criteria.
- Assess need so families can access funds for specialized medical equipment, supplies, devices, controls, appliances, and environmental modifications, which are not available under regular Medicaid. Such equipment and modifications can help individuals improve their ability to perform activities of daily living, as well as their ability to perceive, control and communicate within the environment in which they live.

- Notify individuals and families of their appeal rights under Medicaid Waiver and provide case information to DBHDS as part of the appeal process.

Benefits

A collaborative approach has proven to be the most successful service delivery approach in the care of individuals with intellectual and developmental disabilities. Support coordinators ensure that service systems and community supports are responsive to the specific, multiple, and changing needs of individuals with intellectual disability and their families, and that individuals are properly connected to, and involved in, the appropriate services and supports in order to maximize opportunities for successful and long-term stable community living. Support coordinators help individuals gain access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources, and other essential supports.

Benefits and Value
Support Coordination Services benefit a diverse group of local residents who have ID and who present with a wide range of needs. Many individuals served have low incomes, many are insured through Medicaid, and many have comorbid physical disabilities, which is a common occurrence in the ID population. An increasing number of individuals and families receiving services speak languages other than English; CSB provides telephonic and face-to-face interpretation services so that these families can access services. Individuals served range in age from 3 years old to over 70. Individuals age 6 or older must have a confirmed diagnosis of intellectual disability to qualify for case management services. For a child three to six years of age, there must be confirmation of a developmental delay. Support Coordination Services are often called upon to assist other service providers such as emergency departments, human service agencies, schools, homeless shelters, and community-based nonprofit organizations when individuals with ID present at their entry portals for services. In these situations, CSB support coordinators collaborate by searching CSB records for historical data, starting the eligibility determination process, and looking at potential service options. In FY 2015, CSB shifted resources to add a part-time position to provide support coordination intake services out in the community, at schools and other settings, to provide service access for those who have difficulty traveling to CSB sites.

During FY 2015, there were up to 2,689 cases opened to ID Support Coordination Services at any given time. Approximately 875 of these individuals received targeted case management and approximately 1,800 received less intensive monitoring services.

In FY 2015 this LOB recovered 58 percent of the County's total annual expenditures for ID Support Coordination Services via Medicaid State Plan Option revenues. This enables the CSB to leverage additional Medicaid revenues that are paid directly to private providers of ID residential and day services throughout the Northern Virginia region.

Support Coordination Services staff also performs pre-screening and discharge planning for Fairfax County residents at the Northern Virginia Training Center and the other state training centers. The foundational goal of Support Coordination Services is to ensure that services are in place to support community integration for local residents with ID.

Mandates

Support Coordination Services are mandated pursuant to the following regulations:

- Code of Virginia § 37.2-500 and 37.2.505, which outline the purpose of Community Services Boards and the services to be provided. The provision of case management is defined as a core service and the CSB is further mandated to function as a single point-of-entry into publicly funded mental health, mental retardation and substance abuse services.
- Code of Virginia § 37.2- 505, 606 and 837 which requires pre-admission screening and pre-discharge planning from state training centers or hospitals.

- Code of Virginia § 22.1-209.1 requires school boards to develop linkages with public agencies to assist special education students to acquire work skills & employment. Basis for interagency agreement between Fairfax County Public Schools, Virginia Department of Rehabilitation Services and Community Services Board.
- Medicaid State 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.
- DBHDS regulations which 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 Targeted Case Management support such as interdisciplinary team planning, coordination of services, intake and assessments, advocacy, and resource planning. Those who do not have Medicaid may also receive the same or similar service coordination based on need.
- The State Performance Contract addresses the provision of case management services.
- DOJ Settlement Agreement with the Commonwealth of Virginia. Provisions of the agreement have direct implications for service delivery for this LOB. The target population covered by the agreement includes individuals with ID who are receiving Home and Community Based Services; who reside at any of the state training centers; who meet the criteria for the waitlist for the ID waiver; or who currently reside in a nursing home or ICF. This LOB provides services to individuals in all of these categories. The Enhanced Case Management (ECM) regulation instituted by DBHDS is a direct result of the DOJ Settlement Agreement and mandates increased service delivery for individuals who meet certain risk criteria.

Trends and Challenges

Service Population Trends

Public policies increasingly have supported the rights of people with disabilities to live in the most integrated settings in their communities of choice and to prevent the unnecessary institutionalization of people with disabilities, which requires a corresponding increase in environmental supports to allow their full community participation. The task of securing supports and identifying integrated settings that are appropriate to their needs is a complex process involving person-centered planning, assessment, and monitoring, which is further complicated by working in a service system that is often hobbled by scarce resources. Many healthcare providers are unfamiliar with the healthcare needs of people with ID, making it extremely difficult to find community specialty care to address dental, medical and psychiatric needs. Support coordinators routinely spend a considerable amount time searching for qualified providers who understand the ID population's unique service needs and challenges and are willing to provide services.

The task of service provision becomes more challenging over the individual's life span as aging-related changes impact both the person with Intellectual/Developmental Delay and his or her supporting family members. Adults with intellectual and developmental disabilities are living longer, healthier, and more meaningful lives. Key challenges that must be addressed by communities, families, and adults aging with Intellectual/Developmental Delay (ID/DD) include improving the health and function of these adults and their families, enhancing consumer-directed and family-based care, and reducing barriers to health and community participation. The aging ID population presents unique service challenges; Support Coordination Services will be vital to coordinating care needs arising from aging and end of life issues.

Increased Demand for Services

CSBs are mandated to assess individuals for placement on the state waiting lists. As of June 2015, the number of individuals on the Fairfax County Urgent Waitlist accounts for 18.2 percent of the individuals on the Statewide Urgent Waitlist. The DBHDS formula for distribution of Waiver slots is based on the percentage of individuals each CSB has on the Statewide Urgent Waitlist. The County will continue to receive a significant percentage of any new ID Waiver slots given its high numbers on the urgent waitlist, which creates ongoing capacity issues and increased demand for additional support coordination staff resources.

	6/9/14	6/25/15
Individuals on **Statewide** Urgent Waitlist	4,210	4,952
Individuals on **Fairfax County** Urgent Waitlist	709	905

Data from the first six months of 2015 compared to the same period in 2014 show an increase in critical service indicators, including the number of individuals receiving case management services, the amount of billable case management hours, and the total hours of direct service under the Waiver.

	Jan 2015	Feb 2015	March 2015	April 2015	May 2015	June 2015
Individuals who received case management billable services	791	803	816	802	805	810
Case management billable hours delivered by Support Coordination Services	1,481	1,540	1,763	1,796	1,628	1,837
Direct service hours (case management billable and non-billable services under Waiver)	3,060	3,219	3,619	3,563	3,371	3,869
	Jan 2014	**Feb 2014**	**March 2014**	**April 2014**	**May 2014**	**June 2014**
Individuals who received case management billable services	771	762	771	783	787	791
Case management billable hours delivered by Support Coordination Services	1,267	1,067	1,274	1,391	1,507	1,546
Direct service hours (case management billable and non-billable services under Waiver)	2,807	2,470	2,804	3,036	3,255	3,357

June 2015 service data support the anecdotal reports from staff that they are spending more time completing the newly instituted Individual Service Plan (ISP) required by DBHDS. In June 2015, support coordinators recorded 418 hours on activities related to the ISP for 67 individuals. By comparison, the total hours recorded for the PCP in March 2015 was 148 for 65 individuals. CSB will continue to monitor the data to see if the increase in hours proves to be a long-term factor.

The fastest growing segment of the service population is being served in Youth and Adult Monitoring, where individuals receive non-targeted case management services provided on a short-term, as needed basis. On average, the number of individuals entering Youth and Adult Monitoring increases every year. Youth Monitoring, the number of individuals served has increased by 300 individuals in the past two years. Currently, six staff members are serving approximately 1,800 individuals in Youth and Adult Monitoring.

Waiver Reform
Medicaid Waiver redesign in Virginia will result in redefined services, rates, and eligibility criteria. CSB continues to wait for final action from DBHDS and the General Assembly regarding the reforms. With a major focus on inclusion, community integration, choice, and least restrictive settings, this effort will tax the system to provide community-based services and supports. The role of Support Coordination Services is crucial in coordinating care in alignment with the core principles of Waiver reform. The target date for implementation of the first phase of new waivers is July 2016. Significant training and modification of policies and practices will have to occur for community-based service providers and CSBs to be ready to serve individuals under the new guidelines. Through Waiver Reform, DBHDS is planning for a combined ID/DD service delivery system with CSBs acting as the single point-of-entry to the service delivery system. While localities await a more detailed outline of expectations, it is already clear that CSBs will have a new role in serving the DD population. Currently, such services for individuals with DD are managed by other County agencies and private case management in the community.

In Virginia, the demand for Home and Community-Based Services for individuals with intellectual disability (commonly referred to as ID Waiver) far exceeds the current allocation of resources to satisfy the need for these services. For example, over the last four years the Fairfax area has received 168 new waiver slots, but in the last year alone the number of Fairfax individuals on the urgent waitlist increased by 112. As of June 25, 2015, there were 905 individuals on the Fairfax Urgent Waitlist for ID Waivers.

Impact of Department of Justice Settlement Agreement:
Successfully implementing the DOJ Settlement Agreement is the Commonwealth's responsibility and obligation, not that of the local government. However, CSBs have the responsibility for transitioning all persons at training centers into community-based residential and day support services. Unfortunately, these services are already operating at capacity, and expansion has been impeded by high real estate and service delivery costs paired with insufficient waiver rates.

A condition of the DOJ Settlement Agreement is the elimination of the waiver waitlist by 2020. If this is to be achieved, then an influx of additional waivers will be distributed to the County. This will require increased CSB staff resources for support coordination and impact an already taxed community-based service system.

Of the 45 Fairfax residents who have already left Northern Virginia Training Center (NVTC) as a result of the settlement agreement, only 20 found residence within Health Planning Region II (which includes Fairfax), and 25 are being served outside of Region II. As of December 3, 2015, there are 28 Fairfax residents at NVTC in need of a community placement before its closure scheduled for March 2016. The individuals leaving NVTC are competing with the individuals on the community waitlist for Medicaid Waiver Services for the same limited community placements and support resources. As a result of the DOJ Settlement Agreement, DBHDS instituted Enhanced Case Management (ECM) for individuals meeting certain risk criteria to be monitored through a face-to-face visit once every 30 days instead of the previous requirement of once every 90 days. As of December 17, 2015, there were 358 individuals on ECM status out of total of 818 who were receiving targeted case management services. Meeting the ECM service mandate is a significant workforce issue that impacts case load complexity and requires increased monitoring, planning and documentation on the part of the support coordinators.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #273: Support Coordination Services			
FUNDING			
Expenditures:			
Compensation	$3,552,513	$3,676,317	$4,112,785
Benefits	1,392,094	1,584,156	1,828,204
Operating Expenses	230,375	213,721	268,000
Total Expenditures	$5,174,982	$5,474,194	$6,208,989
Total Revenue	$3,044,119	$3,344,116	$3,419,327
Transfers In:			
Transfer In from General Fund	$2,130,863	$2,130,078	$2,789,662
Total Transfers In	$2,130,863	$2,130,078	$2,789,662
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	66 / 66	66 / 66	66 / 66
Total Positions	66 / 66	66 / 66	66 / 66

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals receiving assessment, case coordination or Targeted Support Coordination services	1,455	1,294	3,012	3,012	3,012
Number of individuals receiving Targeted Support Coordination services	902	853	875	875	875
Average cost per individual receiving Targeted Support Coordination services	$4,580	$5,068	$5,068	$5,748	$5,748
Number of face-to-face contacts per year	5,773	7,976	7,146	7,146	7,146
Percent of Person Centered Plan objectives met for individuals served in Targeted Support Coordination	94%	94%	91%	95%	95%

During the past fiscal year, 3,012 individuals received case coordination or Target Support Coordination Services, more than double that in FY 2014. This is primarily due to a change in data collection that has allowed for more accurate reporting, reflecting the total number of individuals receiving assessment and case coordination. Prior to FY 2015, the number served did not capture individuals who received at least one contact per year. Of those 3,012 individuals, 875 received Targeted Support Coordination Services, which consists of at least monthly contacts. In addition, 560 individuals received assessment services; 323 received assessment only and 237 received additional Support Coordination services. The cost to serve each individual receiving Targeted Support Coordination services was $5,068, reflecting the majority of the work in this service area.

In FY 2013, the recently signed DOJ Settlement Agreement with the Commonwealth began to greatly impact CSBs across the state. CSBs must provide Medicaid reimbursable targeted case management (support coordination) for individuals with Intellectual Disability Waivers, as well as many on the waiver waitlists. To comply with the DOJ Settlement Agreement, DBHDS issued mandates related to the agreement, as well as extensive changes related to case management service delivery and reporting requirements. DBHDS also instituted discharge teams at the training centers, resulting in an extensive increase in discharge-related duties for CSB case managers. To effectively support individuals in the community, the DOJ Settlement Agreement also required CSBs to provide Enhanced Case Management (ECM) to individuals with Medicaid Waivers. ECM includes extensive documentation, increased monitoring and face-to-face observation visits in the community once every 30 days, rather than once every 90 days as required for those do not receive ECM.

To comply with the additional requirements of the DOJ Settlement Agreement, meet service priorities and maximize staff resources to serve individuals with the highest level of need, emphasis has been placed on closely monitoring caseload size and frequently evaluating each individual's need for ECM to create capacity as appropriate. Since the addition of ECM, both the number of face-to-face visits and the amount of time spent on these visits has increased. While 27 fewer individuals received Targeted Case Management services from FY 2013 to FY 2015, the number of face-to-face visits increased by 38 percent. In FY 2015, there was a slight drop-off as a result of an easing of the ECM requirements at the beginning of the fiscal year, however there was still a 24 percent increase in face-to-face visits despite a 3 percent decrease in individuals served. Several other important factors impacting Support Coordination including ongoing staff vacancies, increased demands for transitioning the remaining individuals out of Northern Virginia Training Center, and preparation for waiver reform changes scheduled for July 2016.

Despite these changes, 97 percent of individuals receiving targeted support coordination reported satisfaction with services, consistent with prior years. Ninety-one percent of Person Centered Plan objectives were met for individuals served in targeted support. This outcome represents the Person-Centered Plan objectives developed by CSB Support Coordinators, with active participation from the person, as well as family members and those closest to the people who know him/her best. By asking questions and gathering input from the group, an effective plan can be developed, incorporating how the person's needs can be met and goals for the future obtained. The result is an individualized plan that supports personal life choices.

Grant Support

FY 2016 Grant Total Funding: State funding of $253,000 supports the Support Coordination Services LOB. There are no positions or Local Cash Match associated with this grant. The Department of Behavioral Health and Developmental Services provides funding for safe, affordable rental housing for individuals with intellectual or developmental disabilities who currently live in group homes, intermediate care or nursing facilities, or with their parents and receive Medicaid Intellectual Disability or Developmental Disability Waiver services.

LOB #274:

ADULT BEHAVIORAL HEALTH EMPLOYMENT AND DAY SERVICES

Purpose

The purpose of Adult Behavioral Health Employment and Day Services is to provide employment assistance and training to improve independence and self-sufficiency and help individuals with behavioral health challenges enter and remain in the workforce. Employment has been proven to be an important element in individuals' recovery from mental illness and substance use disorders. Services are provided primarily through contracts and partnerships with private, nonprofit and/or public agencies. This service area includes group and individualized supported employment; psychosocial rehabilitation; and a specialized program for late-adolescent and young adults experiencing their first episode of psychosis. Limited transportation services are also available for persons who attend employment and day programs, if there are no other transportation options available to them.

Description

Individuals with behavioral health concerns of mental illness and/or substance use disorders need and wish for the same life opportunities that the rest of the population needs and desires, including meaningful social activities and employment, caring friends and family, and a safe home. With the appropriate level and type of support, people with behavioral health disorders can achieve these goals. This LOB provides an array of services to provide that support, from supported employment to vocational training and psychosocial rehabilitation, as well as a specialty program for young adults. Demand for these support services is high, and often a waiting list exists.

Employment Services
Behavioral health employment services utilize the evidenced-based model of Supported Employment. The major principles of this model are:

- Consumer choice. No one is excluded from participating.
- Integrated services. Employment specialists closely coordinate with other rehabilitation and clinical treatment practitioners, creating a comprehensive treatment program.
- Competitive jobs. Employment specialists help people find jobs in the open labor market that pay at least minimum wage and that anyone could have, regardless of their disability status.
- Benefits counseling. Employment specialists help people understand how benefits such as Social Security or Medicaid are affected by working. Most people are able to work and continue to receive some benefits.
- Timely support. Employment specialists help people look for jobs soon after they enter the program.
- Continuous supports. Once a job is found, employment specialists provide ongoing support, as needed.
- Consumer preferences. Choices about work are based on a person's preferences, strengths, and experiences.

Behavioral health employment services are primarily contracted from private providers with a small direct service component. Contracted staff works together with County employees on combined teams embedded in various behavioral health case management and treatment services. Evidence-based practices have demonstrated that embedding employment staff results in much more effective employment outcomes. Behavioral health employment staff work with individuals one-on-one and in employment groups.

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

Turning Point is a grant-funded coordinated specialty service program for adolescents and young adults aged 16-25 who are experiencing serious behavioral health conditions, including a first episode of psychosis. Psychotic disorders can derail a young adult's social, academic and vocational development; but rapid, comprehensive intervention soon after the first episode can set the course toward recovery.

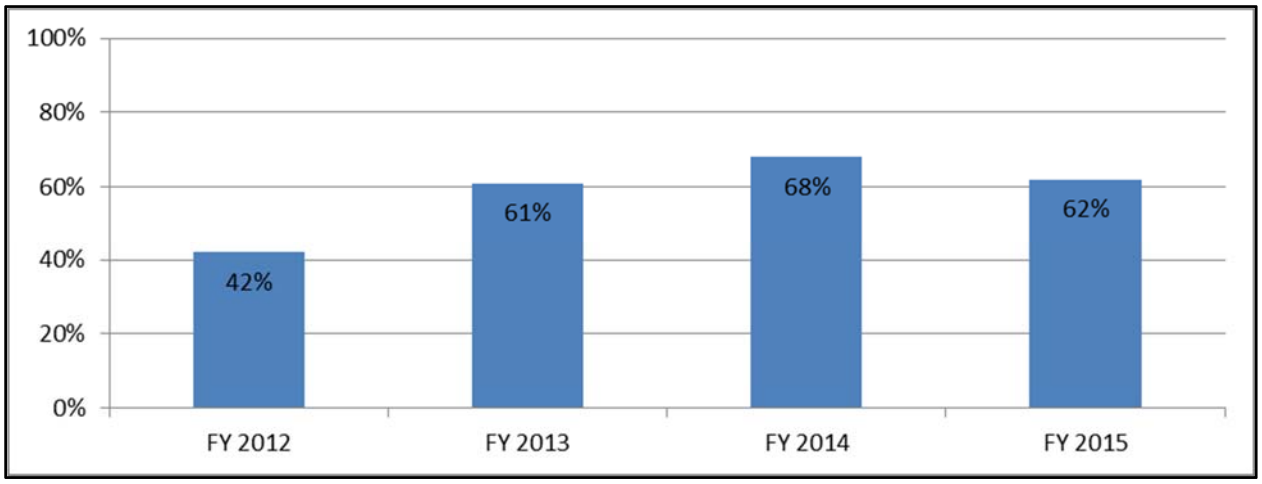
Turning Point is based on the evidence-based model known as Recovery After an Initial Schizophrenia Episode (RAISE). The early intervention program helps the young people and their families understand and manage symptoms of mental illness and or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and in life in general. The program can serve up to 120 people per year, and participation in the program may continue for up to three years as needed.

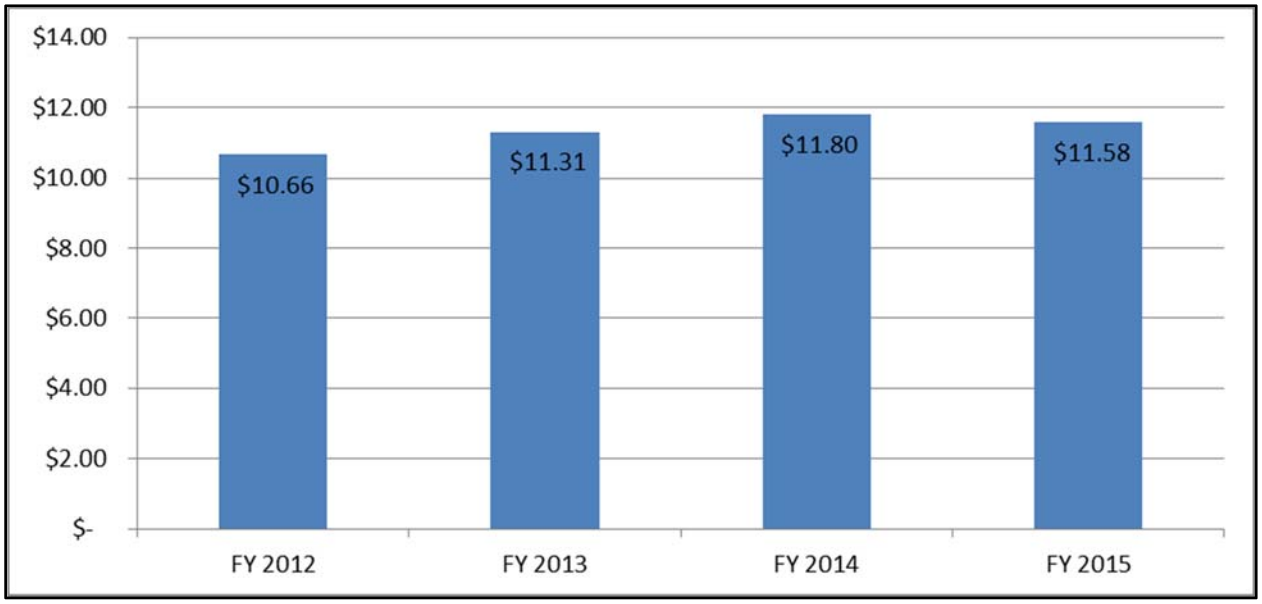
Benefits

Employment is a normal part of most people's life and involvement in the community. Employment supports a person's recovery and reintegration to a normal community life. Indeed, research has shown that integrated employment services reduce the cost and need for other more intensive services. Specifically, research has shown that employment resulted in:

- Reduced substance use
- Improved psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests, and
- Improved quality of life.

The following chart shows the percentage of persons served who obtain employment. The placement rate for CSB BH Employment services is well above the national average (17-35 percent). Research indicates that with evidence-based practices, placement rates as high as 85 percent can be achieved.





Above is the average hourly wage of persons who obtained employment with supports from CSB behavioral health employment services. Below is a data "snapshot" for behavioral health employment services for FY 2015:

- 1,209 people were served in groups (some of these numbers are duplicates)
- 491 received services other than group services
- 332 people were served individually in 1:1 supported employment
- 206 people achieved employment
- Wages ranged from $7.25/hour to $62.50/hour
- The average wage was $11.58
- 64 jobs were full time
- 41 jobs came with benefits
- Average hours worked per week were 25

- An additional 300+ individuals received psychosocial rehabilitation services

Mandates

Employment and Day Services for persons with behavioral health issues are not mandated services; however, the outcome of employment and/or a meaningful day activity is a value of the community, County, and government.

Trends and Challenges

Nationally, there is an increased emphasis on employment for persons with disabilities. There is considerable evidence for its related benefits, including reduction in the utilization of other direct, support services, and safety net services when employment is achieved. Increasingly, offering employment as a first choice in service options is becoming a civil rights expectation. As such, the demand for behavioral health employment services is expanding, and while CSB has attempted to meet increased needs, related resources are at best stable with only very limited expansion possible. This results in waiting lists which are contrary to evidence-based practices and reduce provision of services when a person not only needs employment but may also be in their most opportune window to acquire it.

Changing Medicaid rules and regulations, particularly in the area of mental health supports, and changing documentation requirements put additional demands on program resources but do not result in an increased census of people being served.

The trend towards employment and/or education for even those with the most severe disabilities and obstacles is desirable. However, for individuals with the most significant challenges, more support is required for a successful outcome. This puts even more pressure on limited resources to meet the outstanding need.

The Turning Point grant program reflects a trend toward earlier intervention and support for persons experiencing a first episode psychosis. This initial involvement with wraparound supports is having a significant, positive impact on outcomes and future service needs for individuals experiencing behavioral health issues.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #274: Adult Behavioral Health Employment and Day Services			
FUNDING			
Expenditures:			
Compensation	$299,644	$527,157	$516,903
Benefits	117,945	189,209	221,292
Operating Expenses	3,148,103	2,637,151	2,557,168
Total Expenditures	$3,565,692	$3,353,517	$3,295,363
Total Revenue	$100,654	$108,467	$107,869
Transfers In:			
Transfer In from General Fund	$3,465,038	$3,245,050	$3,187,494
Total Transfers In	$3,465,038	$3,245,050	$3,187,494
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	6 / 6	6 / 6	6 / 6
Total Positions	6 / 6	6 / 6	6 / 6

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	297	386	491	550	550
Average cost per individual served	NA	NA	$1,671	$1,380	$1,380
Percentage of individuals who obtained employment after receiving assistance through individual supported employment services	61%	68%	62%	65%	65%
Average hourly rate of individuals receiving individual supported employment services	$11.31	$11.80	$11.58	$11.80	$11.80

During the past fiscal year, Employment Services were provided to 491 adults with mental health, substance use and co-occurring disorders. This represents a 65 percent increase over FY 2013. These increases were made possible by the addition of another staff position. It should be noted that the number served represents people who are documented in the CSB's electronic health record, and does not capture a number of people who received employment services in group settings. The CSB will develop an automated solution to accurately reflect the number of people served in group settings, and it is anticipated that the number served will increase in FY 2016. In addition, more adults are expected to receive services as outreach is provided to the Fairfax County Public Schools, with the goal of engaging graduating students who have behavioral health issues. The cost to serve each individual was $1,671 in FY 2015.

During the past year, Employment Services staff focused on more individual job development. Approximately 70 percent of those served received individual supported employment services. Sixty-two percent of those who received individual supported employment obtained paid employment, continuing a positive trend that is expected to continue in FY 2016; the percentage increases to 67 percent when volunteer placements are included. Individuals who obtained paid employment worked an average of 25 hours a week and received an average wage of $11.58. The average wage earned has remained relatively stable for the past three years.

These outcomes are significant for a number of reasons. Supporting individuals with mental health, substance use and co-occurring disorders in obtaining employment and meaningful day activity is an evidence-based practice, and supports development of social skills, self-image and economic stability. Historically, a significant number of people who would benefit from employment services were reluctant to participate in programs or to actively seek employment. This reluctance was due in part to feeling ill-prepared to enter the workforce, but also due to concerns about financial stability. In addition, the decision about how much to work is often influenced by a desire to transition to a working life while minimizing the risk of being both out of work and without disability benefits. Employment services helps to bridge that gap, assisting those who receive services to determine the most realistic plan for employment. The success and scope of this service has grown over the past few years, and participants report a high level of satisfaction with the program. Ninety-two percent of those who received services in FY 2015 indicated that they were satisfied with programming.

Grant Support

FY 2016 Grant Total Funding: Federal Pass Through and State funding of $700,000 and 1/1.0 FTE grant position supports the Adult Behavioral Health Employment and Day Services LOB. There is no Local Cash Match associated with this grant. The Department of Behavioral Health and Developmental Services provides funding for medical and psychosocial support services as well as supported employment, education and family engagement services for young adults, ages 16 to 25, experiencing first episode psychosis.

LOB #275:

INTELLECTUAL DISABILITY EMPLOYMENT AND DAY SERVICES

Purpose

Intellectual Disability Employment and Day Services provide employment assistance and training to improve individual independence and self-sufficiency to help individuals enter and remain in the workforce. Employment and day services for people with intellectual disability are provided primarily through contracts and partnerships with private, nonprofit and/or public agencies. This service area includes developmental services; sheltered, group and individualized supported employment; the Cooperative Employment Program (CEP); and self-directed employment services.

Day or developmental services provides a meaningful day activity utilizing self-maintenance skills training and nursing care for people with intellectual disability who have a severe disability. Needs include various types of services in areas such as intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily and community living skills, and possibly some level of employment. Transportation services are also available for persons to attend Employment and Day Programs if there are no other transportation options available to them.

Description

Many individuals with intellectual disability (ID) desire the same life opportunities as the population at large. They desire meaningful social activities and employment, caring friends and family, and a safe and accessible home in which to live. The nature of their disability necessitates reliance on a continuum of long-term services and supports to help them lead successful, independent lives. The services are in demand, and periodically a waiting list for day support and employment services exists resulting from limited funding and a weak economy in which employment sites and positions are reduced or eliminated.

ID Employment Services provide assistance and training to improve individual independence and self-sufficiency to obtain vocational training and support to enter and remain in the workforce. Services are tailored to meet individual needs, but also are defined with progressive independence so persons can move to the most independent service level possible. Often persons with ID progress through the system as they mature and gain experience, in the same way anyone would do in their career.

ID Employment Services are divided into two categories: Developmental Services and Employment Services.

Developmental (Day Support) Services are activities that may include learning independent living skills, enhancing personal activities of daily living, developing pre-vocational skills, and peer-run recovery "drop in" centers. Developmental (Day Support) Services provide self-maintenance training and nursing care for individuals with intellectual disability who are severely disabled in areas such as intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily and community living skills, and possibly limited remunerative employment. Developmental Services are provided primarily through contracts and partnerships with private and public agencies and organizations.

- **Sheltered Employment** provides individuals with intellectual disability remunerative employment in a supervised setting with support services for habilitative development. Sheltered Employment Services are provided primarily through contracts and partnerships with private and public agencies and organizations.
- **Self-Directed Services** are an alternative to traditional developmental and employment services for people with intellectual disability. The individual/family is ultimately responsible to determine service needs (with input from the individual's CSB support coordinator and interdisciplinary team); identify a service schedule; and recruit, hire, train, supervise, compensate, and evaluate

direct service providers. Services are provided within an established budget under contract with the CSB.

Employment Services may include job placement (which for some individuals may be in a group or facility-based setting) and employment service coordination. Depending on an individual's needs, various levels of ongoing support can be provided.

- **Group Supported Employment** provides individuals with intellectual disability intensive job placement assistance for off-site, supervised contract work and competitive employment in the community. Job retention services are also provided. Group Supported Employment Services are provided primarily through contracts and partnerships with private and public agencies and organizations.
- **Individualized Supported Employment** provides individuals with intellectual disability remunerative employment with necessary support services. This service primarily serves persons with less severe disabilities and stresses social integration with non-disabled workers. Individualized Employment Services are provided primarily through contracts and partnerships with private and public agencies and organizations.
- **Cooperative Employment Program (CEP)** is operated directly by the CSB and provides supported competitive employment services to eligible individuals with developmental disabilities. The CEP is a partnership jointly funded and operated by the state Department of Rehabilitative Services and the CSB. Using an individualized approach, program staff assesses skills, analyzes job requirements, and provides on-the-job training for disabled individuals and 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' ability to use public transportation.

Transportation Services are provided or coordinated for persons attending the above programs, if there are no other viable transportation options available to the individual. Transportation services are provided by FASTRAN or purchased from other employment and day service providers who offer a transportation service. Coordinated transportation includes Metro Access.

Benefits

Employment or a meaningful day activity is an important part of everyone's life. Employment provides many benefits including meaning, inclusion, economic self-determination, and identity. It also reduces reliance on the safety net and other support services that become necessary for handling the myriad of issues that can emerge when someone is unemployed or is without purposeful activity. Employment or a meaningful day activity is particularly important for someone with intellectual disability. Advocates and others often refer to the importance for persons with ID in the community of leading "a life like yours," meaning a normal life. Employment or a day activity is crucial to achieving a life like yours.

In FY 2015, 1,318 individuals with intellectual disability received directly-operated or contracted day support and employment services. Directly-operated services were provided by the CSB's Cooperative Employment Program and the Self-Directed Services program. Contracted services were provided by 16 community-based organizations. Of the 1,318 individuals with ID who received these services, 521 were funded through the Medicaid Waiver and 797 were funded by local tax dollars.

The local economy continues to impact group and individual supported employment with the elimination of community-based jobs and the reduction of work hours available. CSB staff and community-based service providers are working to build community capacity to result in additional job placement opportunities. Even with a reduction in employment opportunities, 95 percent of adults receiving these services maintained or improved their level of employment due to the creativity of service providers to find alternative activity. This service area provided group support employment services to 319 adults who earned a total of $1,676,848, or an average hourly wage of $6.58 an hour. The 205 adults who received individual supported employment earned a total of $3,437,092, or an average hourly wage of $11.90.

Mandates

Employment and Day Services for persons with an intellectual disability is not a mandated service however the outcome of employment and/or a meaningful day activity is a value of the community, County, and government. Many students with ID graduate from mandated services through Fairfax County Public Schools into the non-mandated Employment and Day Services for adults with ID.

Trends and Challenges

The need for CSB Employment and Day Services for persons with intellectual disability continues to increase on an annual basis. As an example, the number of special education graduates with intellectual disability needing employment and day support services after graduation will continue to place demands on the CSB. Services provided to these individuals are largely funded through local dollars. Approximately 100 special education graduates with intellectual disability leave the school system every year. In June 2014, 120 special education students graduated, the largest number to date. In June 2015, 85 students graduated. Below is a projection from Fairfax County Public Schools for the next 5 years of students with ID who will be aging out of school services and will be eligible for and need CSB services:

Year of School Completion				
2016	2017	2018	2019	2020
91	110	117	136	131

Sheltered Employment and Employment First
CSB provides several types of ID employment and day support services, including habilitation (day), sheltered employment, group-supported employment, and individual supported employment. In sheltered employment, people with disabilities are paid based on their productivity compared to the productivity of a minimum wage worker (referred to as "commensurate wages"). Usually, but not always, the productivity and amount paid is less than minimum wage and providers must have a minimum wage waiver from the Department of Labor to pay employees on this piece rate basis. Recently, the nationwide "Employment First" movement is expected to be adopted by local providers that will eventually eliminate sheltered employment programs. This change, along with the state's imminent Medicaid Waiver Rate Reform, will significantly impact ID Employment and Day Services. CSB staff is currently working on short-term and long-term solutions and will forward a plan to the Board of Supervisors for consideration during the FY 2017 budget cycle.

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

Department of Justice Settlement Agreement
As the state and County move to implement the requirements and services required as part of DOJ Settlement Agreement, there is a significant challenge for CSB ID Employment and Day Services. Each person impacted by DOJ Settlement Agreement must be offered "Employment First." If that is not chosen, then an integrated (as much as possible) day activity program must be offered. Currently there are not resources in the community to meet these demands. Providers are reluctant to commit to expansion with related uncertain funding for those individuals needing services. A condition of DOJ Settlement Agreement is elimination of the Medicaid Waiver waitlist by 2020, but again neither state nor County resources appear

to be adequate to meet these increased needs. However, elimination of 100 percent local funding for those currently on the waiver waitlist could reduce costs to the County for persons with ID receiving Employment and Day Services. Additionally, as the State moves to expand the category of those eligible for Waivers to include individuals with Developmental Disabilities, there could be significantly more persons needing services, mainly persons with Autism.

Waiver Reform

Medicaid Waiver reform in Virginia will result in redefined services, rates, and eligibility criteria. CSB continues to wait for final actions from DBHDS and the General Assembly regarding reforms. With a major focus on inclusion, community integration, choice, and least restrictive settings, this effort will tax the system to provide community-based employment and day programs. Services are planned so that they will be able to meet individual needs to a much greater extent than they do currently. This means making significantly expanded service options available on an hourly basis, rather than a unit basis. Related Medicaid Waiver reimbursement rates have yet to be established for many of the services. In addition, the level of service will be based on a needs analysis called the Supports Intensity Scale (SIS). Current SIS assessment is ongoing. Given these changes, it is not at all clear what the financial impact will be to ID Employment and Day Services and the County.

Waiver Rates

Medicaid Waiver rates are currently inadequate to meet the cost of service in Northern Virginia (or in many other parts of the state). Fairfax County has generously attempted to find ways to reimburse providers so that needed services can be provided. It is unclear at this point how Waiver reform will impact Medicaid Waiver rates or what sort of gap between cost and reimbursement will remain.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #275: Intellectual Disability Employment and Day Services			
FUNDING			
Expenditures:			
Compensation	$367,353	$659,839	$756,724
Benefits	137,465	264,270	341,915
Operating Expenses	17,858,261	19,731,883	22,097,382
Total Expenditures	$18,363,079	$20,655,992	$23,196,021
Total Revenue	$332,187	$178,751	$180,000
Transfers In:			
Transfer In from General Fund	$18,030,892	$20,477,241	$23,016,021
Total Transfers In	$18,030,892	$20,477,241	$23,016,021
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	10 / 10	10 / 10	12 / 12
Total Positions	10 / 10	10 / 10	12 / 12

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	1,286	1,284	1,318	1,350	1,350
Number of individuals for whom 100% of services are locally funded	689	712	797	840	840
Average cost per individual for whom 100% of services are locally funded	$16,704	$16,224	$17,575	$18,821	$18,821
Average annual wages of individuals with an intellectual disability receiving group supported employment services	$5,858	$6,006	$5,891	$5,900	$5,900
Average annual wages of individuals with an intellectual disability receiving individual supported employment services	$16,553	$16,831	$16,777	$16,725	$16,725

During the past fiscal year, 1,318 individuals with intellectual disability received directly-operated and contracted day support and employment services. Directly-operated services were provided by the CSB's Cooperative Employment Program and the Self-Directed Services program. Contracted services were provided by 16 community-based organizations. Of these individuals, 797 were funded by non-Medicaid Waiver resources (Fairfax County) and 521 were funded through the Medicaid Waiver.

The number of people receiving services increased over the 1,284 served in FY 2014 due to several factors. Through a multi-year review process, services eligibility, current residency and current level of service needs have been reviewed and evaluated. As a result of appropriate and intentional service discharges, opportunities for new service recipients have been increased. This is a trend that is likely to continue in upcoming fiscal years. In addition, the number of people with intellectual disability receiving this and other CSB services will continue to increase as individuals are transitioned out of state training centers and into community services. The average cost per adult served was $17,575, an 8 percent increase over $16,831 in FY 2014 primarily due to changes in the levels of service required for program participants.

The local economy continues to impact group and individual supported employment with the elimination of community-based jobs and the reduction of hours available. CSB staff and community-based service providers are working to build community capacity to result in additional job placement opportunities. Even with a reduction in employment opportunities, 95 percent of adults maintained or improved their level of employment, largely due to the resourcefulness of service providers in finding alternative placements. People who received group support employment services earned an average annual wage of $5,891, and those who received individual supported employment earned an average annual wage of $16,777. Average annual wages for both group and individual supported employment were slightly lower than the previous year. It is not uncommon to see some fluctuation in this outcome, which varies based on the number of hours worked each year.

Reduction or elimination of Sheltered Employment is a trend nationally and state-wide. In addition to the call for discontinuing Sheltered Employment in the DOJ Settlement Agreement with the Commonwealth of Virginia, the Center for Medicaid and Medicare Services will no longer allow Medicaid Waiver reimbursement for Sheltered Employment. Many local providers are discontinuing or eliminating this service. People who will be impacted by a discontinuation of Sheltered Employment will be assessed through the person-centered planning process to identify their needs and preferences for alternative options for programs. At this time, it is not clear how variables such as individual needs, medical necessity and provider service options will impact potential cost increases. The CSB will continue to explore community options for employment programs, and will attempt to keep costs steady for alternative options through current providers.

LOB #276:

ADULT LONG-TERM RESIDENTIAL SERVICES

Purpose

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

Description

Adult Long-Term Residential Services supports a residential services continuum with a range of service models for a diverse population of individuals. Individual needs and lifestyles vary according to many factors including the individual's age, interests, energy level, medical/health issues, family/social involvement, income, health care, daily living skills, physical capacity, and their interest in receiving support. The diversity within the service population calls for varied levels of service delivery. Therefore, Adult Long-Term Residential Services include a number of programs within the spectrum of long-term residential services.

A 24-hour assisted living facility (ALF) supports 37 individuals who have serious mental illness or co-occurring mental health and substance use disorders, as well as significant health issues. The ALF is a collaborative effort of the CSB and a contracted, private, nonprofit service provider, and has been in operation since 1999.

Adult Long-Term Residential Services provides residential services individuals with intellectual disability (ID). Services include: Intermediate Care Facilities offering highly intensive 24-hour services to individuals with significant medical and support needs in a community-based group setting; 24-hour community-based group homes providing intensive services to individuals; less than 24-hour supported apartments leased by service providers; sponsored residential placements of individuals in community-based "host" homes; facility-based respite and emergency shelter services; respite subsidies to families for individual care; drop-in services provided daily or weekly in family or individual-leased homes; and individual purchases of service (IPOS) contracts for a small number of individuals.

All programs, including the ALF, have a general staffing pattern with some flexibility to adjust based on the specific needs and interests of individuals served in the program at any given time. In general, staff interaction with individuals in residential programs is high, given the general needs of individuals receiving services. However, individualized services lend themselves to variability from program to program and from person to person. Hired staff have the primary responsibility of delivering services to individuals based on individuals' person-centered service plans. Volunteers and interns are also utilized, as appropriate, to support services and social/personal interest activities.

ALF services to individuals with serious mental illness or co-occurring disorders, and the majority of services to individuals with intellectual disability, are provided by private, nonprofit residential service providers, with contract oversight by Adult Long-Term Residential Services. Nine group homes and five apartment programs are directly-operated by Adult Long-Term Residential Services.

Long-term community residential programs, in general, are decades into their existence, with a few new programs opening in the private sector each year. Many service recipients have lived in the same homes, with some of the same housemates, and have also received services from some of the same staff for 20-plus

years. There is some transition of individuals among programs as their levels of independence increase or decrease, usually due to personal growth and skill development in areas of daily living and/or healthcare challenges due to aging.

Benefits

Adult Long-Term Residential Services supports needs-based community integration for individuals with intellectual disability and serious mental illness by offering community residential program and service alternatives to institutional, hospital and nursing home care. Many of the individuals currently receiving services in the community originally resided in somewhat isolated state facilities (hospitals or training centers). In fact, some of the largest periods of service expansion in Adult Long-Term Residential Services history are linked to Department of Justice initiated efforts to reduce the census in training centers throughout the Commonwealth, affording better integrated, community-based services to former hospital and training center residents. Individuals residing in state facilities have long been a priority for Adult Long-Term Residential Services.

Individuals currently residing in the community who are at-risk of institutional or nursing home placement, or homelessness, whose living situations change to the extent that their families/guardians/caregivers or they, themselves, can no longer meet their needs, are also a priority for Adult Long-Term Residential Services residential services. Additionally, Adult Long-Term Residential Services program placements provide opportunities for the natural socio-personal progression from living with one's family to moving into one's own home by oneself, with friends, roommates or other housemates while continuing to receive necessary supports.

Adult Long-Term Residential Services seeks to address individuals' needs through contracted and directly-operated residential programs and services, while affording them opportunities to live within communities and participate in the general life of the Fairfax-Falls Church community. Person-centered service planning is a guiding philosophy and practice for all programs and services versus a prescriptive program model. Person-centered services promote self-direction as individuals' lives are shaped by their unique abilities and interests.

Through multi-agency contracts and fiscal oversight, as well as creative service planning and implementation, Adult Long-Term Residential Services facilitates access to and optimization of a broad range of funding streams, while also ensuring operational efficiencies in contracted and directly-operated programs. For example, CSB partnerships with housing agencies have afforded opportunities for new group homes and/or rentals at reduced costs to service providers that are made possible through Adult Long-Term Residential Services contracting. Creative staffing has improved upon much needed access to site-based nursing care management. Further, these practices help to build service capacity where possible for other Fairfax-Falls Church residents in need of and waiting for services.

Mandates

While the CSB's responsibility to ensure local access to behavioral health and development services is mandated by the state, Adult Long-Term Residential Services are not mandated. Yet there are few alternatives, if any, to supporting the targeted needs-based, long-term residential services of Fairfax-Falls Church residents – particularly those reliant upon public funding - without contracted and/or collaborative public-private partnerships. Additionally, Adult Long-Term Residential Services directly-operated programs have functioned as a safety net over the years for a significant number of individuals in urgent need of placement.

Directly-operated services are performed under guidelines of the Virginia Department of Medical Assistance Services, and the Virginia Department of Behavioral Health and Development Services. Private providers under contract with the County through Adult Long-Term Residential Services perform under these same guidelines and oversight. Adult Long-Term Residential Services contracts with private service

providers include assurances of cooperation regarding quality, coordinated care and responsible management of funding, programs and services.

Trends and Challenges

Trends: Current trends in Adult Long-Term Residential Services are specific to service population demographics, as well as service philosophy regarding service models and continuous improvement of customer choice.

Residential Services to Individuals with Intellectual Disability
Consistent with general population trends and responsive adaptation in eldercare services, individuals with intellectual disability are living longer, and service providers are determined to provide them an opportunity to age-in-place. This calls for increased access to community-based and home-based nursing, elder care, and mental health supports and services. The service milieu within programs now includes nursing care management and skilled nursing to address significant healthcare issues associated with aging, such as: skin breakdown, vision and hearing impairment/loss, decreased physical mobility and energy levels, high blood pressure, diabetes, heart disease, and the need for assistive technology and adaptive equipment. Eldercare services are needed to ensure integration of appropriate "next phase of life" service planning and delivery to address issues such as retirement, appropriate recreation, dementia and Alzheimer's, home assessments, and end of life planning. Mental health supports and services are also a focus as interdisciplinary service collaboration becomes critical to address the dynamics of combined behavioral issues associated with intellectual disability, behavioral challenges that may arise associated with aging, and diagnosed mental health issues. An aging ID population drives changes in service delivery, consultation and access to a more targeted range of home-based and community supports. Consequently, the knowledge, skills and abilities needed for administration and direct service delivery are under adaptation to meet the changing and increasingly complex needs of the service population.

Driven by national trends and federal and state initiatives, service models are changing:

- Where most group homes serve 5-6 individuals per home, the trend is to serve 4 or fewer.
- Initiatives to support individuals with their own leases (versus residing in homes leased by providers) are increasing.
- State mandates to improve consumer choice within the residential setting address such issues as access to programs, visitors, privacy within the home, and flexible service schedules.

Assisted Living Services for Individuals with Serious Mental Illness
Trends in assisted living include: community-based skill building services to support transition to a less restrictive setting; increased site-based peer support to expose individuals to the direct and relatable experiences of those who share their challenges and are successfully managing their own lives; and group counseling services to incorporate best practices.

Challenges: The biggest challenges impacting long-term residential services for individuals with intellectual disability and serious mental illness are insufficient funding to support services that address the increasingly complicated needs of the service population and the increasing demand services.

Specific challenges include the following:

- Affordable and accessible housing for individuals with limited income remains a significant issue, as access to Housing Choice Vouchers are seriously limited.
- For individuals with ID, Medicaid Waiver funding through the Department of Medical Assistance Services (DMAS) is the primary source of funding, and its inability to effectively meet the broad and increasing needs of individuals has long been an issue of Northern Virginia area service providers. While state-initiated Medicaid Waiver Reform has been under way, the new structure has yet to be funded by the Virginia General Assembly or authorized to be implemented by DMAS.

The DOJ Settlement Agreement with the Commonwealth of Virginia has resulted in a transfer of 20 individuals from the Northern Virginia Training Center to community-based programs in the Greater Fairfax region. While the census in the community has increased and will continue until the training center has closed, resources are decreasing for a growing number of individuals on the waitlist, who are also in urgent need of services.

Supporting Data – The following data support the continuous need for Adult Long-Term Residential Services long-term residential services. The Stevenson Place ALF for adults with Serious Mental Illness is filled to capacity at 37 individuals with a waitlist of 49, while vacancies occur at an average of only 1-2 per year. Adult Long-Term Residential Services service statistics for adults with intellectual disability are as follows:

Number of Programs	Type of Program(s)	Number Served
7	Intermediate Care Facilities	37
71	Group Homes	309
37	Supported Residences	65
Multiple	IPOS/Drop-In/Sponsored Residential	115

The vast majority of adults with intellectual disability reside in their homes (long-term residential services programs) until their medical needs exceed service capacity or until they pass away. As state training centers and state hospitals close and/or discontinue transfer of individuals into community programs, it is anticipated that demand for services will primarily come from individuals whose family/living circumstances change to the extent that neither they nor their caregivers can continue to meet their needs in the current setting.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #276: Adult Long-Term Residential Services			
FUNDING			
Expenditures:			
Compensation	$5,650,641	$5,479,406	$5,545,313
Benefits	2,133,943	2,161,824	2,134,395
Operating Expenses	10,072,049	10,007,458	10,495,650
Work Performed for Others	0	(160,040)	0
Total Expenditures	$17,856,633	$17,488,648	$18,175,358
Total Revenue	$3,120,667	$2,614,196	$3,062,068
Transfers In:			
Transfer In from General Fund	$14,735,966	$14,874,452	$15,113,290
Total Transfers In	$14,735,966	$14,874,452	$15,113,290
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	92 / 91.5	92 / 91.5	90 / 89.5
Total Positions	92 / 91.5	92 / 91.5	90 / 89.5

Metrics

LOB Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals with intellectual disability served in directly-operated and contracted group homes and supported apartments	350	371	378	378	378
Average cost per individual served in directly-operated and contracted group homes and supported apartments	$38,391	$36,576	$34,945	$36,061	$36,061
Percent of individuals served in directly-operated and contracted group homes and supported apartments satisfied with services	98%	98%	98%	98%	98%
Percent of individuals served in directly-operated and contracted group homes and supported apartments who maintain their current level of residential independence and integration	95%	98%	98%	97%	98%

In FY 2015, Adult Long-Term Residential Services served 378 adults with intellectual disability in CSB directly-operated and contracted group homes and supported apartments, which is a slight increase over FY 2014. This number reflects individuals who do not have a Medicaid Waiver and their services are provided solely using County funds. The average cost per individuals for whom 100 percent of services were locally funded was $34,945. This reflects a continuing decline in costs over the past three years due primarily to the increase in number served that is expected to partially reverse in FY 2016 due to increasing operating expenses. Ninety-eight percent of individuals served in Adult Long-Term Residential programs were satisfied with services, a percentage that has remained consistent over the past several years.

Adult Long-Term Residential Services seeks to address individuals' needs, while affording opportunities to live within communities and participate in the general life of the Fairfax-Falls Church community. Ninety-eight percent of adults served maintained their current level of residential independence and integration. Adult Long-Term Residential Services provides alternatives to institutional, hospital and nursing home care. Many of the individuals currently receiving services in the community originally resided in somewhat isolated state facilities (hospitals or training centers). Program placements provide opportunities for the natural socio-economic progression from living in one's family home to moving into one's own home by oneself, with friends, roommates or other housemates while continuing to receive necessary supports.

When programs do have vacancies, most often due to healthcare challenges, programs typically fill vacant beds in directly-operated and contracted group homes in an average of 21 days. It is in the best interest of service providers to fill vacancies as soon as possible to minimize the revenue impact from a vacant bed. Any vacant days tend to be a direct result of time needed to coordinate site visits, collaborative development of service plans and assurance of proper staff training specific to individualized needs.

Based on the CSB's philosophy to provide training, support, and supervision to adults with an intellectual disability to maximize community independence and integration, group home services and facilities are continuously being modified so that adults with changing physical needs can age in place. As a result, this service area is researching industry standards for outcome measures for similar residential services and will be adding outcome measures as appropriate.

LOB #277:

ADULT COMMUNITY RESIDENTIAL SERVICES

Purpose

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

Description

All of the directly-operated and contracted programs of Adult Community Residential Services (ACRS) have one mission: to help individuals improve their mental health and subsequent ability to maintain housing. Programs are located throughout the County so that individuals can be near the neighborhoods they are used to, remain in contact with supportive family and friends, and access familiar community resources. In FY 2015, 484 individuals were served in ACRS' directly-operated and contracted programs. Demand for all ACRS programs exceeds the CSB's capacity to provide these services, including directly-operated and contracted services, and all of the programs have waitlists.

ACRS serves individuals who have serious and persistent mental illness and who may also have co-occurring substance use disorder or mild developmental disabilities. Most individuals also have primary medical illnesses. Individuals either have a history of homelessness or they would be at risk of homelessness without the appropriate level of support. They have often experienced acute psychosis, multiple hospitalizations, abuse, neglect, violence, and suicide ideation and/or attempts. In addition, many have severe family problems, educational and/or vocational limitations, and economic deprivation. When admitted to services, they often have limited or no decent housing.

Program 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 and group therapy; outreach and linkage; and crisis intervention and management. Services are provided in a broad continuum that enhances treatment integrity by matching appropriate types of service to individual needs and circumstances.

Adult Community Residential Services include the following programs:

New Horizons is a 16 bed co-ed facility in the south part of the County. Staffed 24/7, New Horizons provides a highly structured milieu where clients can stabilize and reintegrate into community living after having experienced long-term hospitalizations, incarcerations or homelessness. Program staff provides onsite psychiatric services, medication management, onsite nursing, clinical assessments, case management, group and individual therapy, daily living skills development and training, and all meals. Individuals typically stay in the program from 9 to 18 months. Those who have more complicated comorbid primary medical illnesses tend to stay longer, because locating appropriate assisted living for them is challenging. The demand for this level of care exceeds program capacity, and the program runs a waitlist.

Residential Intensive Care (RIC) programming provides daily monitoring of medications and psychiatric symptoms, as well as daily counseling, treatment and support, in therapeutic settings that are stable and supportive.

- **RIC Comprehensive** operates in the central part of the County and provides supervision and supports for 13 individuals in clustered homes and townhomes. Staff supervision is provided at all hours of the day. The RIC Comprehensive program also provides awake overnight staff who spend time in each of the scattered site homes throughout the overnight hours to support individuals as needed. The overnight staff member carries an "on call" phone to respond to emergencies at any of the sites.
- **RIC Plus** (Patrick Street and Beacon Hill programs) provides daily staff supervision and support during the daytime wake hours. The staff is not on site during the overnight hours but can respond to emergencies 24/7. RIC Plus programs operate in the central and south areas of the County and combined these programs support 30 individuals at any one time.
- **Regular RIC** programs operate in the north, central, and south parts of the County in clustered, scattered site locations. Staff is present daily and in the evenings, supporting individuals with their daily tasks and self-management. A staff member serves an "on call" function to respond to clinical and program emergencies.

The following Adult Community Residential Services programs are provided to individuals who live either in their own homes or in County or agency leased units and need support that exceeds a traditional outpatient relationship, but requires less intensity than daily assistance. Services are available Monday through Friday, and typically provide face-to-face support one to two times per week. Psychiatric care is coordinated with the closest mental health center.

- The **Transitional Therapeutic Apartment Program** provides an opportunity to develop independent living skills in the community while still being consistently connected to a structured level of care. Typically individuals receive direct support one to two times per week. The CSB holds the lease on the units which are located throughout the community. Mental health supports are offered multiple times per week to assist individuals in developing skills needed to succeed in a more independent setting when such settings become available. Housing is sought through partnerships with other housing programs.
- The **Shared Supported Housing Program (SSHP)** serves individuals in permanent housing where the individual is the lease holder. The housing is obtained through several different partnerships with the County Department of Housing and Community Development (HCD) and is scattered throughout the community. Most individuals participate in a variety of meaningful daytime activities, although this is not a program requirement. Individuals typically receive a weekly face-to-face contact with staff and can reduce this frequency to monthly as they transition out of care.
- The **Supported Housing Options Program (SHOP)** is similar to SSHP described above. The difference is that most SHOP permanent housing units require that individuals have a history of homelessness. Services are designed to address the individual's specific needs to develop and maintain housing while providing them with their own lease which affords them housing security.
- **Project-Based Housing Choice Vouchers**. In a partnership with HCD, CSB is given priority access to place individuals in designated units as they receive services at the outpatient center near these identified units. CSB and HCD maintain a mutual referral/waitlist for these units.

Benefits

Adult Community Residential Services benefit individuals and the general community in several important ways. It is more cost effective to support individuals who have serious mental illness as they live in their communities, where they can link to natural supports while receiving services. Once stabilized, individuals can connect to employment, meaningful day activities, and health care. They maintain these relationships as they move through the continuum of care and frequently maintain their same mental health center placements even as their program or housing placements change. This allows individuals to develop long-term relationships with supportive mental health and primary health care providers. As a result, they are less likely to seek emergency treatment (psychiatric and medical), re-offend, or experience homelessness. Linking individuals with needed mental health supports to help them maintain recovery while linking them with housing allows for a smooth transition out of services.

Individuals experiencing acute or post-acute psychiatric symptoms who receive treatment in a highly structured setting such as New Horizons benefit from the safe, predictable setting. The community also benefits, as it costs less to serve an individual in a non-locked, non-hospital setting. Frequently, acute psychosis is treated in brief psychiatric hospital settings, and clients who are not linked to structured therapeutic settings have more mental health relapses after discharge. A major factor in re-hospitalization is related to the individual's inability to maintain consistency with their prescribed medications and follow-up psychiatric and/or medical appointments. New Horizons and other ACRS programs offer direct supervision and monitoring of medications and in-house psychiatric appointments.

A direct benefit to the individual is the opportunity to develop and maintain an individualized recovery plan that supports them based upon their unique strengths. An equally important benefit is the individual in the program is at less risk of decompensating and requiring multiple re-hospitalizations that are frequently associated with police and medical emergency room interventions. Lastly, individuals with persistent serious mental illness have a higher mortality rate than individuals without this illness. Life expectancy can be lengthened by a structured coordinated plan of care that collaboratively engages individuals to co-manage their illness. Individuals who receive direct support are more likely to receive primary health care and are less likely to engage in the high-risk behaviors and medication mismanagement typically associated with the high mortality rate.

A 1998 study, *Randomized Trial of General Hospital and Residential Alternative Care for Patients with Severe and Persistent Mental Illness*, (Fenton, Mosher, Herrell and Blyler), showed that individuals who voluntarily agreed to non-hospital treatment had outcomes comparable to those who received hospitalization, while the cost associated with their care was significantly lower.

A 2001 study, *A Comparison of Long-Term and Short-Term Residential Treatment Programs for Dual Diagnosis Patients*, (Brunette, Drake, Woods and Hartnett) showed benefits of long-term (more than six months) treatment for stabilization of substance use. Individuals receiving long-term treatment were also less likely to experience homelessness than those who received a treatment experience shorter than six months.

Mandates

This is not a mandated service; however, it supports mandated programming by offering treatment services and housing options for individuals who are also receiving mandated services.

Code of Virginia § 19.2-182.7 stipulates that the CSB can develop conditional release plans for individuals who are acquitted and no longer need inpatient hospitalization or incarceration. The New Horizons and Residential Intensive Care programs frequently accept individuals into services who have been adjudicated as Not Guilty by Reason of Insanity when the individuals no longer present as needing locked inpatient hospitalization and/or incarceration. These individuals receive conditional releases and mandated court monitoring and hospital discharge planning as they integrate into the community. State hospital facilities also release patients into the ACRS programs, which can provide a first step in their reintegration into the community.

Code of Virginia § 37.2.500 mandates provision of case management services as a core service within the CSB. Programs within this LOB provide case management services.

Code of Virginia § 37.2-837 has to do with discharge from state hospitals or training centers, conditional release, and trial or home visits for individuals. ACRS partners with local hospitals and CSB hospital discharge planning services to admit individuals directly from hospitalization. They routinely provide trial visits to the programs to help individuals experience a smooth and stable transition out of a hospital setting.

Trends and Challenges

Trends with comorbid conditions:

- **Primary health care needs**. As the County's general population is aging, so is the population of individuals served by these programs, who often have complex comorbid medical conditions, difficulty obtaining primary medical care, and challenges maintaining their physical health without additional supports and in part due to the symptoms of their mental health. As a result, CSB has needed to add nursing staff positions and expand nursing coverage within its programs. More time is spent helping individuals obtain primary health care coverage and follow through with appointments.
- **Co-occurring developmental disabilities**. CSB is also seeing a significant rise in the number of individuals who present with developmental disabilities in addition to their mental illness, specifically individuals who have an Autism Spectrum Disorder.
- **Co-occurring substance use**. This program has seen an increase in the number of individuals who present with co-occurring substance use conditions.

Challenges of a costly and tightening housing rental market:

- The challenges faced in this LOB are primarily housing related. The rental market is tightening in all areas of the County as demand outstrips supply, and many lower cost rental market areas are gentrifying. This is making it increasingly difficult to find affordable housing for individuals served in this LOB, even when the County or community agency seeks to lease on behalf of the individuals CSB serves. Many of the apartment complexes that were formerly managed at the local level are increasingly part of larger corporations, where decisions are made off site and are less negotiable. Rental companies are beginning to discourage corporate leases that in the past have allowed the CSB or other agencies to hold the lease. In addition, more and more information about individual residents or tenants is being required with extensive background information prior to leasing. As this market changes, some individuals who have no rental histories or poor rental histories, no or poor credit, or past or present legal charges will find it increasingly difficult to obtain market rental properties. CSB continues to explore the possibility of restructuring services and strengthening relationships with private landlords and investors, as well as with nonprofit organizations, to offer affordable housing for individuals with challenging pasts.
- Individuals who are not connected to benefits (Social Security and/or Disability Insurance or Medicaid) due to complicated legal status have also been a challenge for the program, especially when linking them to the next level of care.
- Over-subscription of permanent supportive housing. A challenge this program has been facing with increasing frequency has been identifying an adequate and available discharge placement for individuals when they need less intensive but ongoing supports to maintain housing. Most housing programs, and especially those with therapeutic supports, are oversubscribed, and all have waitlists.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #277: Adult Community Residential Services			
FUNDING			
Expenditures:			
Compensation	$4,579,583	$4,699,042	$4,720,881
Benefits	1,657,157	1,819,262	1,967,741
Operating Expenses	4,208,809	4,444,699	4,399,965
Work Performed for Others	0	(242,959)	0
Total Expenditures	$10,445,549	$10,720,044	$11,088,587
Total Revenue	$4,016,921	$3,033,467	$3,160,086
Transfers In:			
Transfer In from General Fund	$6,428,628	$7,686,577	$7,928,501
Total Transfers In	$6,428,628	$7,686,577	$7,928,501
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	80 / 79	80 / 79	77 / 76
Total Positions	80 / 79	80 / 79	77 / 76

Metrics

LOB Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	511	454	484	484	484
Average cost per individual served	$20,573	$23,476	$22,149	$22,910	$22,910
Percent of individuals who report that they are better able to deal with daily problems	NA	91%	93%	90%	90%
Percent of individuals who report that they are better able to deal with crises	NA	89%	87%	90%	90%
Percent of individuals receiving intensive or supervised residential services who are able to move to a more independent setting within one year	8%	6%	16%	13%	13%

Adult Community Residential Services served 484 individuals in FY 2015, an increase over 454 in FY 2014. While the number served in FY 2013 was 511, there were two factors which contributed to a decrease in number served beginning in FY 2014. First, a number of apartments previously included in this service area were transitioned to another service area; and secondly, one of the residential programs temporarily provided respite services for individuals from other programs. Respite services are brief in nature and a greater number of people were served during the period in which these services were provided. The cost to serve each individual was $22,149 in FY 2015; the slight variance in cost over the past three years is due to fluctuations in number served.

In FY 2015, 93 percent of those served in Community Residential reported that they are dealing more effectively with daily problems as a result of services. “Daily problems” represent a myriad of day-to-day issues that are typically challenging for this population, and include life stressors such as interpersonal relationships, living situations and health conditions. This is slightly higher than the 91 percent who reported an improvement in FY 2014. This outcome was not tracked prior to FY 2014.

In FY 2015, 87 percent of those served in this service area reported that they are better able to deal with a crisis. This is slightly lower than the 89 percent in FY 2014, though a significant outcome given the potential impact of a crisis. Gaining the coping skills necessary to effectively manage a crisis improves stability and decreases the need for a higher level of care such as crisis stabilization or hospitalization. The ability to deal with crises also helps to maintain physical health and safety, as well as involvement with the criminal justice system. While many people with severe and persistent mental illness may continue to experience crises, the ability to safely deal with these crises leads to increased independence, improved quality of life, and better functional outcomes. This outcome was not tracked prior to FY 2014.

The percentage of individuals receiving intensive or supervised services who were able to move to a more independent residential setting within one year was 16 percent in FY 2015, an increase over 6 percent in FY 2014. This is largely due to an increase in Bridging Affordability housing vouchers, allowing several individuals to move to a residence within the community. In addition to those receiving Bridging Affordability vouchers, there were several individuals who gained the skills necessary to move to more independent settings, but housing options were not available. It is anticipated that additional Bridging Affordability vouchers will become available during the upcoming fiscal year, though the number of vouchers will likely be fewer than in the FY 2015. Overall, the population served by Adult Community Residential Services programs experience several challenges in moving to more independent settings. In addition to the considerable barriers related to affordable housing stock, individuals receiving these services have complex medical issues along with severe and persistent mental illness. Also, decreased capacity in state psychiatric hospitals has led to earlier hospital discharges, resulting in people entering programs with increased psychiatric acuity.

Grant Support

FY 2016 Grant Total Funding: Federal funding of $259,504 supports the Adult Community Residential Services LOB. There are no positions and no Local Cash Match is associated with this grant. The U.S. Department of Housing and Urban Development, Homeless Assistance Program provides funding for housing assistance as authorized by the McKinney-Vento Homeless Assistance Act.

LOB #278:

ADULT INTENSIVE COMMUNITY TREATMENT SERVICES

Purpose

The purpose of Adult Intensive Community Treatment Services is to reach out to individuals with serious mental illness and/or co-occurring substance disorder who are chronically or episodically homeless and forensically involved, to engage, support, and link them with services, and to provide the supports needed to live in the community without repeated hospitalization or incarceration. Individuals served have difficulty engaging in treatment for reasons related to their mental health or substance use disorder or past negative experiences with treatment systems; or they are underserved by standard outpatient clinic services. As a result, they tend to resist or avoid treatment with mental health or substance abuse treatment providers, are most often homeless, and are frequently incarcerated.

Description

Intensive Community Services include Jail Diversion, Discharge Planning for individuals in state psychiatric hospitals, the Program of Assertive Community Treatment, and Intensive Case Management provided by multidisciplinary teams to individuals with acute and complex needs. These programs provide intensive, community-based services which include psychiatric treatment, case management, service coordination, mental health skill-building, crisis intervention, medication services, nurse assessment, nurse case management, and linking with benefits, housing and vocational supports. This LOB also includes the following forensic transition services: Mandatory Outpatient Treatment; Outpatient Restoration coordination and monitoring; and Not Guilty by Reason of Insanity coordination and monitoring. These services provide targeted support for individuals with serious mental illness and/or co-occurring substance disorders who interface with the court or criminal justice system as a result of mental health and/or substance disorder behaviors.

Jail Diversion provides intensive wraparound case management services that coordinate planning and interventions with the justice-involved individual, concerned relatives, service providers, and representatives from the courts to divert individuals from arrest or rapidly discharge them from the criminal justice system due to their mental illness and/or co-occurring substance use disorder. Jail Diversion provides limited supportive transitional housing, intensive case management services, medication services and crisis intervention. It is a key element in the Intercept Model and Diversion First efforts in the County.

Mandated Psychiatric State Hospital Discharge Planning Service is provided by a team of five discharge planners. Discharge planners provide collaboration, coordination and limited case management services necessary to support continuity of care, referral and linking to community-based services and timely discharge from hospitals and state facilities. Forensic discharge planning is provided to individuals hospitalized from the Adult Detention Center as well as to individuals hospitalized due to Not Guilty By Reason of Insanity status that require treatment in a restricted environment. Discharge planners refer and connect individuals to CSB services as need indicates.

Program of Assertive Community Treatment (PACT) is an evidence-based model of comprehensive wraparound treatment services in the community for individuals with severe and persistent mental illness whose functional impairments are amenable to rehabilitation from a team-based approach and who need more intense service than traditional clinic-based services, but less than 24-hour residential care. The wraparound process is an intensive and comprehensive, individualized approach to help persons with serious or complex needs live safe, self-directed – rather than symptom-driven – lives in the community. PACT services can be accessed 24/7, 365 days a year. Priority is given to individuals who are currently hospitalized in a state psychiatric facility, including forensic hospitalizations. PACT is based upon state mandates and serves a targeted population according to the evidence-based PACT model.

Intensive Case Management (ICM) Teams are designed to reach out in various community settings to chronically and episodically homeless individuals with serious mental illness and/or co-occurring substance use disorder. Individuals served by ICM teams have severe symptoms and impairments that are not effectively remedied by available treatment. Because of reasons related to their mental health or substance use disorder, they resist or avoid medical treatment as well as treatment for mental health and substance use disorders.

The following **Forensic Transition Services** provide specific targeted support for individuals with serious mental illness and/or co-occurring substance disorders who interface with the court or criminal justice system as a result of behaviors due to their mental health and/or substance use disorders. Monitoring services are also provided. Monitoring involves communication with the treatment provider and the court regarding services the individual receives while in community treatment and providing information such as the frequency of each service, so that the court can determine compliance with the ordered treatment.

Mandatory Outpatient Treatment (MOT) coordination and monitoring services are provided for individuals who are ordered by the court to receive outpatient treatment as an alternative intervention to inpatient hospitalization. MOT is coordinated with the individual at the time of the temporary detention order hearing. Emergency services and MOT case managers triage treatment plan development and coordination with the court to support the MOT process. The MOT case manager provides treatment intervention or determines the most appropriate treatment intervention and links the individual with services. The MOT coordinator monitors systems compliance with MOT court reporting as outlined in MOT legal code.

Outpatient Restoration coordination and monitoring services are provided to individuals who are ordered by the court to outpatient treatment for the purpose of restoring them to competency to stand trial or plead. Outpatient Restoration is triaged with the court and with the Adult Detention Center as needed. Restoration services are provided by a specially trained primary treatment/case management team that determines the treatment regimen necessary for the defendant to be restored to and maintain competency to stand trial or plead. Restoration services usually include a combination of medication and psycho-educational interventions.

Not Guilty by Reason of Insanity (NGRI) coordination and monitoring services are provided to individuals adjudicated NGRI as part of a legal plea bargaining process. The discharge planner coordinates conditional release development and implementation for individuals who are determined by the inpatient treatment team and the forensic review panel to be ready for community transition. The conditional release plan documents which services are required to be in place (e.g., medication services, PACT, residential treatments, etc.) to address treatment and community safety needs. The discharge planner refers and links individuals with CSB services. The NGRI coordinator monitors compliance with the community plan and ensures court reporting as outlined in the NGRI legal code.

Benefits

Adult Intensive Community Treatment Services offer an opportunity for individuals with serious mental illness and/or co-occurring substance disorder the opportunity to access the necessary level of support to live with respect and dignity as productive members of the community.

Individuals receiving PACT services typically have eluded or have not been helped by traditional outpatient service models because they have difficulty attending appointments and have multiple complex treatment and support service needs. By bringing the services to these individuals, rather than waiting for them to cross the threshold of a mental health center, this evidence-based model has demonstrated decreased utilization of crisis services, hospitalization, and jail incarceration, as well as increased residential stability. The Fairfax team serves as a mentor site for other startup PACT teams in the state.

Individuals hospitalized in state psychiatric institutions receive discharge planning services as part of the comprehensive treatment plan. Discharge planning begins at the time of admission, so that individuals who have been hospitalized do not “fall through the cracks” after discharge and require re-hospitalization or

incarceration. Timely access and a smooth transition to community treatment after hospitalization are vital to the individual's stability and to safe community living. This is achieved through the coordination, linking, engagement and outreach work of the discharge planners.

Individuals receiving intensive case management and community partnering support have successfully obtained medical benefits, financial support, housing, money-management services, and transportation, legal and advocacy services. Providing psychopharmacologic treatment, individual supportive therapy, crisis intervention, behaviorally oriented skill-teaching (including structuring time and handling activities of daily living, support, education, and skill-teaching to family members), results in improved quality of life and community sustainment.

Individuals receiving jail diversion services are diverted from incarceration or are rapidly released from jail with intensive case management services focused on community stabilization and reduction in criminal justice involvement. Individuals are linked with treatment and community resources and provided support in connecting with benefits to address basic life management needs. Jail diversion services are less costly for public safety agencies and support decreased recidivism with the criminal justice system, improved quality of life and community sustainment.

Mandates

State Discharge Planning Services

- Source of Mandate: Code of Virginia §§ 37.2-100 and 37.2-601
- Discharge Protocols for CSBs and Mental Health Facilities: Discharge protocols are designed to provide consistent direction and coordination of those activities required of state hospitals and community services boards in the development and implementation of discharge planning. The activities delineated in these protocols are based on or referenced in the Code of Virginia or the community services performance contract. In these protocols, the term CSB includes local government departments with policy-advisory CSBs, established pursuant to § 37.2-100 of the Code of Virginia, and the behavioral health authority, established pursuant to § 37.2-601 et seq. of the Code of Virginia.

Mandatory Outpatient Treatment

- Source of Mandate: Code of Virginia § 37.2-817. F.
- F. Any order for mandatory outpatient treatment entered pursuant to subsection D shall include an initial mandatory outpatient treatment plan developed by the community services board that completed the preadmission screening report. The plan shall, at a minimum, (i) identify the specific services to be provided, (ii) identify the provider who has agreed to provide each service, (iii) describe the arrangements made for the initial in-person appointment or contact with each service provider, and (iv) include any other relevant information that may be available regarding the mandatory outpatient treatment ordered. The order shall require the community services board to monitor the implementation of the mandatory outpatient treatment plan and report any material noncompliance to the court.

Not Guilty by Reason of Insanity Monitoring

- Source of Mandate: Code of Virginia § 19.2-182.2.7
- § 19.2-182.7. Conditional release; criteria; conditions; reports. At any time the court considers the acquittee's need for inpatient hospitalization pursuant to this chapter, it shall place the acquittee on conditional release if it finds that (i) based on consideration of the factors which the court must consider in its commitment decision, he does not need inpatient hospitalization but needs outpatient treatment or monitoring to prevent his condition from deteriorating to a degree that he would need inpatient hospitalization; (ii) appropriate outpatient supervision and treatment are

reasonably available; (iii) there is significant reason to believe that the acquittee, if conditionally released, would comply with the conditions specified; and (iv) conditional release will not present an undue risk to public safety. The court shall subject a conditionally released acquittee to such orders and conditions it deems will best meet the acquittee's need for treatment and supervision and best serve the interests of justice and society.

- The community services board or behavioral health authority as designated by the Commissioner shall implement the court's conditional release orders and shall submit written reports to the court on the acquittee's progress and adjustment in the community no less frequently than every six months. An acquittee's conditional release shall not be revoked solely because of his voluntary admission to a state hospital.

Outpatient Restoration Services

- Source of Mandate: Code of Virginia § 19.2-169.2
- § 19.2-169.2. Disposition when defendant found incompetent. Upon finding pursuant to subsection E of § 19.2-169.1 that the defendant, including a juvenile transferred pursuant to § 16.1-269.1, is incompetent, the court shall order that the defendant receive treatment to restore his competency on an outpatient basis or, if the court specifically finds that the defendant requires inpatient hospital treatment, at a hospital designated by the Commissioner of Behavioral Health and Developmental Services as appropriate for treatment of persons under criminal charge. Any psychiatric records and other information that have been deemed relevant and submitted by the attorney for the defendant pursuant to subsection C of § 19.2-169.1 and any reports submitted pursuant to subsection D of § 19.2-169.1 shall be made available to the director of the community services board or behavioral health authority or his designee or to the director of the treating inpatient facility or his designee within 96 hours of the issuance of the court order requiring treatment to restore the defendant's competency. If the 96-hour period expires on a Saturday, Sunday, or other legal holiday, the 96 hours shall be extended to the next day that is not a Saturday, Sunday, or legal holiday.

  B. If, at any time after the defendant is ordered to undergo treatment under subsection A of this section, the director of the community services board or behavioral health authority or his designee or the director of the treating inpatient facility or his designee believes the defendant's competency is restored, the director or his designee shall immediately send a report to the court as prescribed in subsection D of § 19.2-169.1. The court shall make a ruling on the defendant's competency according to the procedures specified in subsection E of § 19.2-169.1.

Program for Assertive Community Treatment (PACT)

- Source of Mandate: Virginia Administrative Code 12VAC35-105 Rules and Regulations for Licensing Providers by the DBHDS. This compliance mandate prescribes specific PACT admission and discharge criteria; treatment team disciplines and staffing plan; types of assessment, clinical, case management, and support services; hours, structure, and setting of daily operation; and documentation requirements.

Trends and Challenges

Trends

- Individuals engaged and participating in Adult Intensive Community Treatment Services demonstrate an improved quality of life as evidenced by improvement in psychiatric symptoms, better primary health care, improved relationships, and decreased homelessness, and as reported by the individuals themselves.

- Individuals served in the community are displaying increased severity of illness and medical complexity, due to hypertension, diabetes, obesity, chronic obstructive pulmonary disease, dementia, and complications due to use of alcohol, drugs, tobacco and other substances.
- Discharge planners are seeing extended inpatient stays of individuals who are not able to leave hospitals due to the lack of adequate and appropriate community resources, such as group homes, supported residential apartments, or assisted living facilities, that can safely support the individual in a less restrictive setting. Individuals whose mental illness co-occurs with high medical support needs, aggressive behaviors, or unremittent psychiatric symptoms may be well enough for discharge but remain in hospitals for months longer than would be otherwise necessary. As of September 2015, eight individuals at the Northern Virginia Mental Health Institute met this profile.

Challenges

- Lack of Medicaid or private insurance coverage for intensive case management services.
- Difficulty hiring and retaining credentialed staff.
- DMAS regulation changes for managed care have prescribed more stringent standards for eligibility determination and supporting documentation requirements about prior treatment, as well as tighter medical necessity criteria for pre-authorization and reauthorization of PACT services. Gathering sufficient information to meet these criteria from individuals who, as a result of their mental illness, are often disorganized and disconnected from family or other sources of information is particularly challenging.
- The more stringent standards described above have resulted in less reimbursement for eligible services, even though the CSB is mandated to continue providing those services.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #278: Adult Intensive Community Treatment Services			
FUNDING			
Expenditures:			
Compensation	$2,533,722	$2,669,104	$2,792,006
Benefits	972,072	1,004,841	1,257,928
Operating Expenses	1,057,739	322,015	1,175,000
Work Performed for Others	0	(15,560)	0
Total Expenditures	$4,563,533	$3,980,400	$5,224,934
Total Revenue	$1,829,595	$1,571,342	$2,877,811
Transfers In:			
Transfer In from General Fund	$2,733,938	$2,409,058	$2,347,123
Total Transfers In	$2,733,938	$2,409,058	$2,347,123
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	39 / 39	40 / 40	41 / 41
Total Positions	39 / 39	40 / 40	41 / 41

Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served in Intensive Case Management (ICM) and Program of Assertive Community Treatment (PACT)	376	392	394	394	394
Average cost per individual served in ICM and PACT	$9,726	$9,539	$8,375	$9,412	$9,412
Percent of individuals served in PACT who remained out of jail or the hospital for at least 330 consecutive days in a 12 month period	97%	95%	97%	95%	95%
Percent of individuals served in ICM who obtained or maintained primary health care	55%	93%	88%	90%	90%
Percent of individuals served in ICM who obtained or maintained stable housing	51%	77%	82%	85%	85%

The Intensive Case Management (ICM) and Program of Assertive Community Treatment (PACT) teams provide services to individuals with severe functional impairments and services are provided in the community. This population typically has multiple and complex case management needs that have not been helped by traditional outpatient service models and experience difficulty attending appointments in office settings. Similar to previous years, 394 people were served in FY 2015; 118 through the PACT team and 276 though ICM. Of the 118 served by PACT, 98 received the full, evidence-based PACT model of service and an additional 20 people received services to engage them in further treatment.

The cost to provide PACT and ICM services was $8,375 per person in FY 2015, which is 12.2 percent lower than in FY 2014 primarily due to a realignment of resources. As the population served by these teams characteristically has frequent involvement with the criminal justice system, as well as multiple psychiatric and medical hospitalizations, this cost is relatively low when compared to the cost of jails and hospitalization. Ninety-seven percent of adults who received full PACT services remained out of jail or the hospital for at least 330 days in a twelve consecutive month period, remaining fairly consistent with prior years. The time period of 330 days is based on requirements set by the DBHDS.

Case management and recovery oriented services support independence and improved quality of life. Individuals served by the ICM teams frequently are not linked to primary health care due to lack of resources, difficulty in accessing traditional services and behavior symptoms that interfere with understanding and following through with medical appointments. Access to primary care and assistance in following through with medical appointments has been a major area of focus for the ICM team in recent years. With the support of the ICM team, 88 percent of those served obtained or maintained primary health care in FY 2015. In addition, safe and affordable housing is crucial to successful recovery. ICM teams help people to access stable housing and to develop and enhance the skills necessary for independent living. During the past fiscal year, 82 percent of those served obtained or maintained stable housing. This is a percentage that has increased significantly over the past three years, due to an increase in subsidized housing options and intensive coordination efforts with community partners.

Grant Support

FY 2016 Anticipated Grant Total Funding: State funding of $391,050 and 5/5.0 FTE grant positions supports the Adult Intensive Community Treatment Services LOB. There is no Local Cash Match associated with these grants.

Jail Diversion Services - $321,050 and 4/4.0 FTE grant positions
The Department of Behavioral Health and Developmental Services provides funding for forensic services for individuals with serious mental illness who are involved in the Commonwealth's legal system. Services include mental health evaluations and screenings, case management and treatment to restore competency to stand trial.

Mental Health Transformation - $70,000 and 1/1.0 FTE grant position
The Department of Behavioral Health and Developmental Services provides funding for pre-discharge planning services for individuals being discharged from a state mental health facility.

LOB #279:

ADULT JAIL-BASED SERVICES

Purpose

The purpose of basing a CSB Adult Jail-Based Services unit of behavioral health professionals at the Adult Detention Center is to quickly identify incarcerated individuals who have mental illness, substance use disorders, and/or or intellectual disability; assess for risk, safety, and placement needs; provide psychiatric treatment and behavioral interventions during the incarceration; and reduce recidivism by helping individuals with these special needs make a successful re-entry back to the community. The jail based service is the third intercept point in the County's Diversion-Oriented Systems of Care Collaborative known as "Diversion First," the goal of which is to reduce the number of people with mental illness in the local jail by diverting non-violent offenders to treatment instead of incarceration. Although the larger community goal is to keep people living with mental illness out of jails to the maximum extent possible, the reality is that there will continue to be some individuals with mental illness in the jail; at this point in time, that "some" is not an insignificant number. Currently, about 400 of the 1,000 inmates have a mental health and/or substance use disorder.

Description

The $1.8 million dollar Adult Jail-Based Services LOB includes 16 merit staff and three grant positions and pays for medications and other service-related expenses. The team includes a psychiatrist, a nurse practitioner, as well as licensed mental health professionals, substance use disorder specialists, and case managers. The Adult Jail-Based Services team is also supported by CSB administrative support staff reflected in Operations Management.

CSB services are provided to adults who are incarcerated at the Fairfax County Adult Detention Center (ADC) and who are exhibiting behaviors that may be due to mental illness, substance use disorders, and/or or intellectual disability. The services include: crisis assessment, intervention, and stabilization; initiation and facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others; screening, consultation, and referral; psychiatric medication evaluations and management; court-ordered assessments and substance abuse education and treatment; and collateral contact with families, courts, and community treatment providers for service coordination. Adult Jail-Based Services also provide consultation to confinement officers and support rapid release through linkage to community resources and advocacy. They work closely with CSB's other outreach programs including the Jail Diversion team, Assertive Community Treatment, and Intensive or Substance Abuse Case Management.

Benefits

CSB Adult Jail-Based Services at the ADC is part of a matrix of interventions for justice-involved individuals with mental illness, substance use, or developmental disabilities which supports Fairfax County's vision to maintain safe and caring communities.

Nationwide, the prevalence of serious mental illness among individuals who are incarcerated is three to six times higher than the general population; nearly three-quarters of inmates with serious mental illness also have substance use disorders. In Fairfax County, a similar situation exists. Even though most of these individuals are in the ADC on nonviolent low-level charges, they remain incarcerated longer than others arrested for the same offenses which results in higher cost to the County. For the most part, these individuals are involved in the criminal justice system not as a result of serious criminal activity, but rather as a direct result of having a disability that is untreated or undertreated. They need to be in care, rather than incarceration. The presence of Adult Jail-Based Services in the ADC makes it possible for many individuals to be connected or reconnected with treatment, as staff takes advantage of the unique opportunity to intervene and forge a therapeutic alliance that supports their re-engagement with treatment after their release. Improved safety, decreased length of incarceration, reduced recidivism, and Intercept 3 Diversion

are the chief aims and benefits of CSB Adult Jail-Based Services. Active involvement in treatment leads to a more safe, compassionate, and healthy community.

Mandates

Forensic Hospitalization for Psychiatric Treatment

- Source of Mandate: Code of Virginia § 19.2-169.2
- Any inmate of a local correctional facility who is not subject to the provisions of §19.2-169.2 may be hospitalized for psychiatric treatment at a hospital designated by the Commissioner of Behavioral Health and Developmental Services as appropriate for treatment of persons under criminal charge if:

  The court with jurisdiction over the inmate's case, if it is still pending, on the petition of the person having custody over an inmate or on its own motion, holds a hearing at which the inmate is represented by counsel and finds by clear and convincing evidence that (i) the inmate has a mental illness; (ii) there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and any other relevant information or (b) suffer serious harm due to his lack of capacity to protect himself from harm as evidenced by recent behavior and any other relevant information; and (iii) the inmate requires treatment in a hospital rather than the local correctional facility. Prior to making this determination, the court shall consider the examination conducted in accordance with § 37.2-815 and the preadmission screening report prepared in accordance with § 37.2-816 and conducted in-person or by means of a two-way electronic video and audio communication system as authorized in § 37.2-804.1 by an employee or designee of the local community services board or behavioral health authority who is skilled in the assessment and treatment of mental illness, who is not providing treatment to the inmate, and who has completed a certification program approved by DBHDS as provided in § 37.2-809. The examiner appointed pursuant to § 37.2-815, if not physically present at the hearing, shall be available whenever possible for questioning during the hearing through a two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1. Any employee or designee of the local community services board or behavioral health authority, as defined in § 37.2-809, representing the board or authority that prepared the preadmission screening report shall attend the hearing in person or, if physical attendance is not practicable, shall participate in the hearing through a two-way electronic video and audio communication system as authorized in § 37.2-804.1. When the hearing is held outside the service area of the community services board or behavioral health authority that prepared the preadmission screening report, and it is not practicable for a representative of the board or authority to attend or participate in the hearing, arrangements shall be made by the board or authority for an employee or designee of the board or authority serving the area in which the hearing is held to attend or participate on behalf of the board or authority that prepared the preadmission screening report.

Trends and Challenges

Trends

- Increased need for technology to facilitate after-hour psychiatric screening and consultation. A telecommunication equipment protocol is being established between CSB Emergency Services and the Adult Detention Center.
- Increased number of individuals with serious mental illness, substance use disorder, developmental disabilities, and/or co-occurring diagnoses who are incarcerated at ADC in large part due to behaviors impacted by acute exacerbation of their conditions.
- Increased number of these same individuals who are also non-native English speakers.

- Increased behavioral health training for law enforcement and confinement officers.
- Increased collaboration between the Office of the Sheriff and the CSB to better integrate services and to support community reintegration, thereby lessening recidivism.

Challenges

- Need to enhance information sharing among CSB and other stakeholders to track individuals and gather aggregate needs assessment and outcome data.
- Need to develop a robust, comprehensive diversion-oriented system of care.
- Need for timely jail based transfers to state psychiatric hospitals.
- Inadequate cross-cultural resources.
- Lack of payer source for CSB services provided at the ADC.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #279: Adult Jail-Based Services			
FUNDING			
Expenditures:			
Compensation	$1,023,035	$1,195,173	$1,190,885
Benefits	350,542	417,186	537,294
Operating Expenses	94,978	113,970	105,750
Total Expenditures	$1,468,555	$1,726,329	$1,833,929
Total Revenue	$47,402	$47,412	$47,392
Transfers In:			
Transfer In from General Fund	$1,421,153	$1,678,917	$1,786,537
Total Transfers In	$1,421,153	$1,678,917	$1,786,537
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
Positions:			
Regular	15 / 15	15 / 15	16 / 16
Total Positions	15 / 15	15 / 15	16 / 16

Metrics

LOB Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served at the Adult Detention Center	1,937	1,927	1,884	1,884	1,884
Cost to serve each individual	$800	$762	$916	$973	$973
Number of forensic assessments conducted	2,337	2,044	1,699	1,699	1,699
Percent of individuals who have a scheduled assessment appointment within two days of referral	93%	98%	89%	90%	90%
Percent of individuals who attend a follow up appointment after their assessment	72%	69%	55%	70%	70%

During the past fiscal year, Jail-Based Services at the Adult Detention Center (ADC) provided 1,699 forensic assessments to 1,884 individuals with mental health, substance use and co-occurring disorders. These are slight reductions from previous fiscal years, primarily due to staff vacancies. Given the transient nature of the jail population, an individual may have more than one assessment at the ADC in a fiscal year. The cost to serve each individual was $916 in FY 2015, an increase over $762 in FY 2014 primarily due to increased staffing and personnel costs, as well as a decrease in number of individuals served.

In FY 2015, 89 percent of those referred for a forensic assessment received the assessment within two days of referral, less than the 98 percent in FY 2014. This decrease is primarily the result of higher than anticipated staff vacancies and staffing patterns in the past year negatively impacting response times. Following a forensic assessment at the ADC, individuals who need services or supports to address their mental health, substance use and co-occurring disorders receive follow up appointments for further services. In FY 2015, 55 percent of those who received a forensic assessment attended a follow up appointment, after their assessment. While this percentage was lower than the 69 percent in FY 2014, it should be noted that not all individuals who receive an assessment are in need of follow up services. Additionally, individuals are sometimes scheduled for follow up appointments but are transferred out of the jail prior to their appointment.

CSB programming and services provided at the Adult Detention Center are currently being reviewed to determine the most efficient and effective service design for the future. This work is critical and will result in services that meet the needs of the ADC population, provide best practice interventions and ensure community integration post incarceration. As part of the ADC service redesign, staff will also track and monitor performance measures that provide relevant data to further assess outcomes for individuals served and to evaluate program efficacy. During the past three years, significant efforts have been made to improve clinical documentation within CSB Jail-Based Services. As a result, the ADC will be able to benchmark data points to support performance measurement efforts.

This redesign, evaluation and performance measurement work will be done in conjunction with the County's Diversion First initiative, aimed at diverting people with behavioral health issues from incarceration. Diversion First will also provide opportunities to review current processes for communication between agencies working with individuals who are involved with the criminal justice system. It is anticipated that practices and protocols allowing for more comprehensive and meaningful data sharing will be developed.

Grant Support

FY 2016 Grant Total Funding: Federal Pass Through funding of $159,802 and 3/3.0 FTE grant positions supports the Adult Jail-Based Services LOB. There is no Local Cash Match associated with this grant. The Department of Behavioral Health and Developmental Services provides funding for prevention, treatment and rehabilitation services for individuals with substance use disorder incarcerated at the Adult Detention Center.