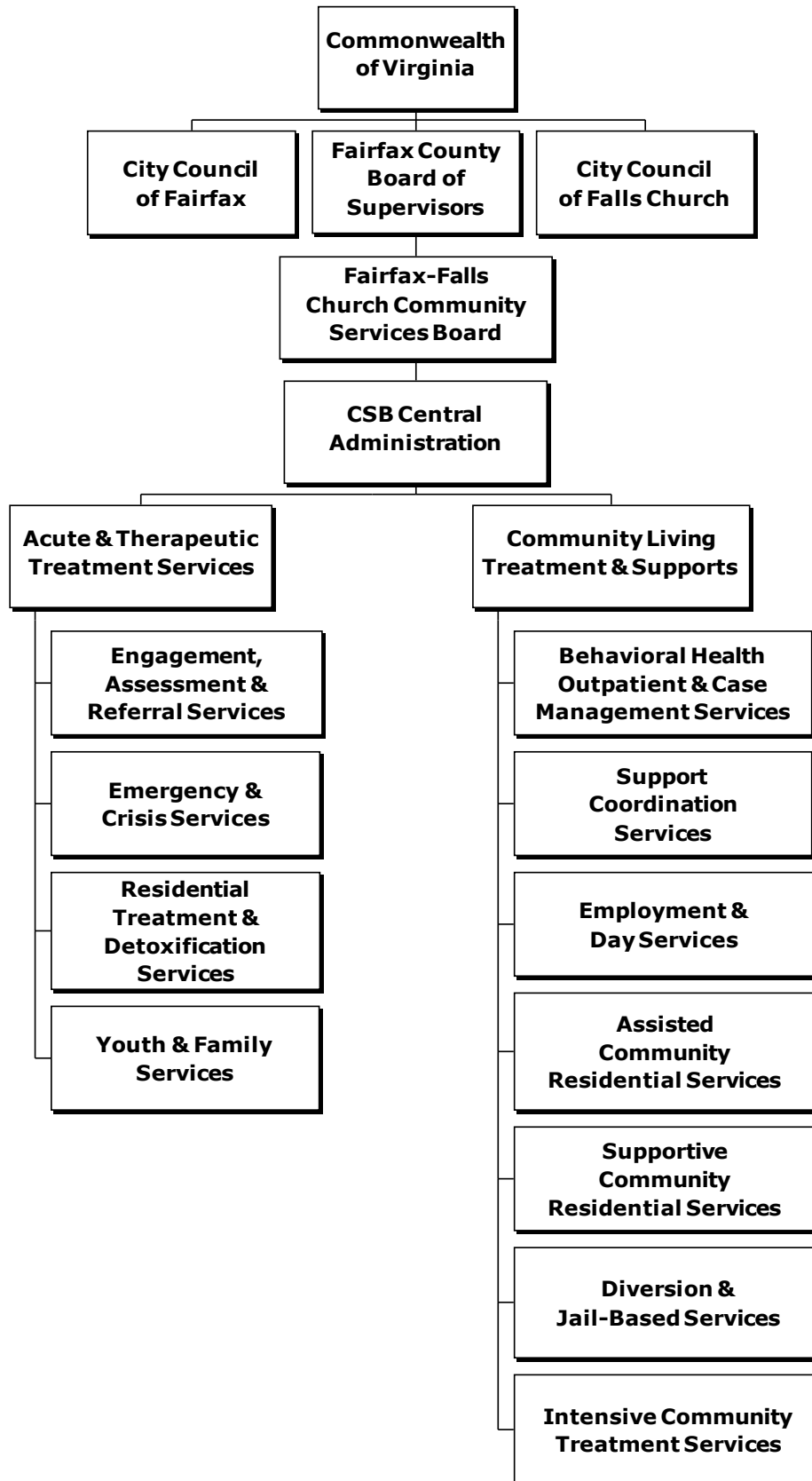


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Community Services Board (CSB)



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Community Services Board (CSB)

Mission

To provide and coordinate a system of community-based supports for individuals and families of Fairfax County and the Cities of Fairfax and Falls Church that are affected by developmental delay, developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders.

AGENCY DASHBOARD			
Key Data	FY 2015	FY 2016	FY 2017
1. Persons served by the CSB	21,874	22,105	23,212
2. Persons served by CSB emergency services	5,170	5,253	5,833
3. Persons with developmental disability on Medicaid Waiver waiting list ¹	1,673	1,847	1,972
4. Employment and Day Services			
▪ Persons with intellectual disability served	1,318	1,383	1,407
▪ Annual Special Education Graduates	85	91	84
5. Percent of individuals receiving behavioral health services who reported having a primary care provider	63%	65%	67
6. Percent of individuals receiving behavioral health services who have Medicaid coverage ²	36%	39%	43%

¹ On July 1, 2016, the Medicaid Waiver wait list changed to cover individuals with developmental disabilities (inclusive of intellectual disability). The criteria for the waiver also changed and no longer includes “urgent need” criteria, but assigns [priority status for Waiver](#). Due to these changes, comparisons between FY 2017 and previous years cannot be made.

² Beginning in FY 2017, includes Medicaid Managed Care Organizations.

Focus

The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental delay, developmental disabilities, serious emotional disturbance, mental illness, and/or substance use disorders in Fairfax County and the Cities of Fairfax and Falls Church. It is one of Fairfax County’s Boards, Authorities, and Commissions (BACs) and operates as part of Fairfax County government’s human services system, governed by a policy-administrative board with 16 members, 13 appointed by the Fairfax County Board of Supervisors, one by the Sheriff’s Department, and one each by the Councils of the Cities of Fairfax and Falls Church. State law requires every jurisdiction to have a CSB or Behavioral Health Authority (BHA); the Fairfax-Falls Church CSB is one of 40 such entities (39 CSBs and one BHA) in the Commonwealth of Virginia.

All residents of Fairfax County and the Cities of Fairfax and Falls Church can access CSB’s Emergency, Assessment, and Referral, as well as Wellness, Health Promotion, and Prevention Services. However, most of CSB’s other non-emergency services are targeted primarily to people whose conditions seriously impact their daily functioning. As the single point of entry into publicly-funded behavioral health care services, CSB prioritizes access to services for those who are most disabled by their condition and have no access to alternative service providers.

CSB’s community-based services and supports are designed to improve mental, emotional, and physical health and quality of life for many of the community’s most vulnerable residents. This continuum of

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services is provided primarily by approximately 1,100 CSB employees, including psychiatrists, psychologists, nurses, counselors, therapists, case managers, support coordinators, peer specialists, and administrative and support staff. Their efforts are combined with those of contracted service providers, dedicated volunteers and interns, community organizations, concerned families, faith communities, businesses, schools, and other Fairfax County agencies, all working together to provide a system of community-based supports for individuals and families that are affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness, and/or substance use disorders.

Strategic Priorities and Integrated Services

CSB has continued to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral health care services. In 2017, the CSB Board adopted a new three-year strategic plan for FY 2018 – FY 2020, which was developed with input and participation from staff, partner organizations, community members, advocacy groups, and individuals and families receiving services. Strategic priorities include providing access to timely, appropriate, quality services and supports; strengthening the health of the entire community, including people receiving CSB services; and ensuring efficient and effective utilization of resources. The 17 strategic goals in the new plan address key issues including expanded treatment for persons caught in the opioid epidemic. A Strategic Plan Implementation Team evaluates progress and ensures that the plan evolves with the needs of the people CSB serves, the community, and the agency.

As the County's Health and Human Services information technology roadmap takes shape, coupled with the continually changing health care landscape, CSB is working closely with its electronic health record vendor, Credible, to ensure that the agency's unique data management needs are met. Additionally, the CSB and Health Department have partnered to compare clinical and technical requirements and explore the possibility of securing an electronic medical record solution that can meet both agencies' needs. This project is called the Health Care Services and Information System (HCSIS).

The Fairfax-Falls Church Community Services Board supports the following County Vision Elements:



Maintaining Safe and Caring Communities



Creating a Culture of Engagement



Connecting People and Places



Maintaining Healthy Economies



Building Livable Spaces



Exercising Corporate Stewardship

CSB is committed to providing high-quality behavioral health care services modeled on evidence-based practices. Historically, the CSB delivered services through separate systems based upon disability, such as mental illness or substance use disorder. As individuals served often have multiple needs, a disability-based system provides services in a fragmented, and often inefficient, manner. By realigning the organization and service delivery model according to individual needs and level of care required, which is a best practice in recovery-oriented services, the CSB is better able to provide the right services at the right time, increasing the likelihood of successful outcomes at reduced cost. In addition, CSB is in the process of clearly defining processes to be used for determining the frequency and level of care individuals received based upon their individual need.

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A major effort in FY 2017 that involved extensive outreach was the revision of CSB guidelines for determining which groups have priority eligibility and access to CSB's non-emergency services. This was necessary in light of recent challenges including the heroin and opioid addiction crisis, the hundreds of people with developmental disabilities newly eligible for CSB services, the Diversion First effort, and the gap in access to community behavioral health care services, especially for youth. CSB leadership met with service recipients and families, community partners, CSB staff members, and other interested stakeholders. The revised guidelines update and clarify language to be more easily understood by someone who is not already familiar with the process and include information about what to expect at one's first visit.

CSB continues to integrate services and incorporate evidence-based practices. For instance, CSB merged mental health and substance use disorder outpatient and case management services to target resources and supports to individuals with co-occurring mental illness and substance use disorders. In addition, CSB assessment staff members are now all trained to assess for substance use disorders as well as for mental health and co-occurring disorders. Adults and children can now walk in to the Merrifield Center, without prior appointment, and receive a free, face-to-face screening to determine if they meet CSB priority access guidelines for services. If they do meet the guidelines, they can be seen that same day, often by the same staff member, for a full assessment. With this improved, more efficient system, people who need CSB services no longer have to wait weeks for assessments. To further improve efficiency and customer experience during intake and assessment, the CSB is working with a national behavioral health care agency to make process improvements to expedite the assessment and entry process.

The integration of primary and behavioral health care continues to be a strategic priority for CSB and the County Health and Human Services System. The CSB is committed to meeting the goals of the "triple aim": to improve each individual's experience of care and overall health, and to perform in a cost-effective manner. Ongoing partnerships with Federally-Qualified Health Centers (FQHC) and the Community Health Care Network (CHCN) have offered opportunities for integrated health care. CHCN now operates a full-time primary health clinic at CSB's Merrifield Center, where a dental clinic and Inova Behavioral Health services are also co-located with CSB. In FY 2017, Neighborhood Health, an FQHC, also began providing services part-time at Merrifield, in addition to the services they have been providing at CSB's Gartlan Center. CSB continues its partnership with HealthWorks for Northern Virginia Herndon, an FQHC site in the north part of the County. CSB's "BeWell" program, funded with a four-year, \$1.6 million grant from the federal Substance Abuse and Mental Health Services Administration, now has 325 participants – all are individuals who already receive CSB services for serious mental illness. Many are experiencing significant improvements in key health indicators, including blood pressure and body mass index. The program's goal is to integrate primary care into behavioral health settings, with a focus on serving people with serious mental illness and co-occurring disorders. In FY 2017, 67 percent of individuals served in CSB behavioral health programs reported having a primary care provider. This is a slight increase from FY 2016, and a significant improvement from FY 2015, when only 47 percent reported having a primary care provider.

The Merrifield Center is an excellent example of how CSB is integrating service delivery. Opened in January 2015, the Merrifield Center includes a wide range of services provided by approximately 400 CSB employees. Inova Behavioral Health, CHCN, and the Northern Virginia Dental Clinic provide services on the building's fourth floor, a pharmacy is available on the second floor, and Neighborhood Health offers part-time primary health care services on the first floor. Having multiple services at one site allows individuals to access and receive comprehensive and coordinated services – for behavioral and primary health care – in an integrated manner.

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Also located at the Merrifield Center is the Merrifield Crisis Response Center (MCRC), for individuals with mental illness, developmental disabilities, and co-occurring substance use disorders who come in contact with the criminal justice system. The MCRC serves as a key intercept point of the County's "Diversion First" initiative, a comprehensive, community-wide effort that offers alternatives to incarceration for people who come into contact with the criminal justice system for low-level offenses. Law enforcement officers can transfer custody of individuals who are in need of mental health services to a specially trained officer at the MCRC 24/7/365, where emergency mental health professionals can provide clinical assessment and stabilization, as well as referral and linkage to appropriate services.

Another priority for CSB and Fairfax County is the need for suicide prevention and intervention strategies. In Virginia, suicide is the third leading cause of death among 10-24 year-olds. In Fairfax County, an annual youth survey found that local youth in 10th and 12th grades are at significantly higher risk for depression and suicide ideation than their peers statewide. CSB continues to offer online, evidence-based Kognito suicide prevention training. These tools are currently being used successfully in Fairfax County Public Schools and is a training requirement for school faculty and staff. All of the online training is interactive and focuses on skill-building for effective communication and intervention with someone who is experiencing psychological distress. It is available, at no cost, to anyone in the community at <https://www.fairfaxcounty.gov/community-services-board/training/suicide-prevention>. As of December 2017, nearly 29,000 people had taken the online training since CSB began offering it in 2014. CSB also continues to support a contract with PRS/CrisisLink to provide a crisis and suicide prevention text line and call-in hotline, which are broadly promoted throughout the County and Fairfax County Public Schools (FCPS). CSB has a lead role with the regional Suicide Prevention Alliance of Northern Virginia (SPAN), launched by the Northern Virginia Health Planning Region II (Planning District 8) with grant funding from the Virginia Department of Behavioral Health and Developmental Services. The group includes regional stakeholders from the community, CSBs, schools, and advocacy groups and is chaired by a CSB board member. SPAN coordinates and implements a regional suicide prevention plan, expanding public information, training, and intervention services throughout the broader Northern Virginia community.

CSB continues to implement a nationally-certified Mental Health First Aid (MHFA) program that introduces key risk factors and warning signs of mental health and substance use problems, builds understanding of their impact, and describes common treatment and local resources for help and information. By the end of FY 2017, over 4,100 people throughout the local community had successfully completed MHFA. As part of the County's Diversion First initiative, CSB is also providing MHFA training to the Office of the Sheriff's jail-based staff, Fire and Rescue personnel, and other first responders.

CSB recognizes and supports the uniquely effective role of individuals who have experienced mental illness or substance use disorders and who are themselves in recovery. People with serious mental illness, substance use disorders, and co-occurring (mental health and substance use) disorders can and do recover and are well-suited to help others achieve long-term recovery. Within the behavioral health care field, this service is known as peer support services. CSB has 10 peer specialists to provide support in 12 CSB programs. CSB also contracts with another peer-run organization to deploy 36 individuals who are in recovery to facilitate wellness workshops in Northern Virginia. CSB is developing a strategy for additional peer and family support services to address the recovery and support needs of individuals and family members in all programs.

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CSB has also integrated cross-system supports. CSB's intern and volunteer program contributes significantly to the agency's overall mission, with volunteers and interns providing support to individuals and families throughout the CSB service continuum. Internships also provide an excellent training ground for future clinicians in CSB's workforce and community. In FY 2017, the intern and volunteer program had 255 participants who provided 24,770 hours of service to the CSB community. Based on the Virginia Average Hourly Value of Volunteer Time, as determined by the Virginia Employment Commission Economic Information Services Division, the value of these services in FY 2017 was \$667,810.

Identified Trends and Future Needs

In the dynamic field of behavioral health care, multiple influences such as changes in public policy and community events shape priorities and future direction. Some of the current trends on the horizon include the following:

Department of Justice Settlement Agreement

The CSB has experienced and will continue to experience significant change as a result of the 2012 settlement agreement between the United States Department of Justice (DOJ) and the Commonwealth of Virginia. The Commonwealth is closing institutions (training centers), shifting services into the community, and restructuring Medicaid waiver funding to comply with the agreement. The redesigned waivers only partially address the chronic underfunding of community services, and waiver rates continue to be well below the cost of providing necessary services in Northern Virginia.

By 2020, Virginia will have closed four of the Commonwealth's five training centers that had provided residential treatment for individuals with intellectual and developmental disabilities. The Northern Virginia Training Center (NVTC) in Fairfax County closed in January 2016. Starting years earlier, in 2012, CSB staff began helping individuals at NVTC and their families select new residences and service providers that would best meet their needs and preferences. Before NVTC closed, CSB support coordination staff had helped transition all 89 Fairfax-Falls Church individuals from NVTC into new homes and services. CSB staff continues to work with Fairfax-Falls Church individuals residing at the remaining training centers and will soon help other Fairfax-Falls Church residents, who in the past had been placed in nursing homes and out-of-state facilities, to move back into the community where possible.

State efforts to comply with court direction increased the number of individuals seeking services from the CSBs, with an accompanying increase in the level of intensity of services needed. The state response to the settlement agreement required increases to discharge planning, oversight of transition to community services, ongoing monitoring, and enhanced support coordination for individuals who were being discharged from the training centers. New requirements for enhanced support coordination include monthly, rather than quarterly, face-to-face visits, increased monitoring, and extensive documentation. The settlement also requires enhanced support coordination services for certain individuals on the Medicaid Waiver waitlist and those with waivers who live in larger group homes, or have other status changes.

Medicaid Waiver Redesign

Pursuant to DOJ settlement implementation, the Commonwealth of Virginia has redesigned the previously separate service delivery systems for people with intellectual disability (ID) and developmental disabilities (DD) into one Developmental Disabilities (DD) services system. The term "developmental disabilities" is now understood to include intellectual disability, as well as disorders on

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the autism spectrum and other developmental disabilities. In FY 2017, CSBs throughout the Commonwealth, including the Fairfax-Falls Church CSB, became the single point of eligibility determination and case management not only for people with intellectual disability, but also for individuals with other developmental disabilities. CSB's role and oversight responsibility have grown larger, and the number of people served is increasing. As of May 2018, there were approximately 2,200 Fairfax residents on the state waiting list for Medicaid waivers. The U.S. Department of Justice ordered the Commonwealth to develop waivers to address those waiting for services at the time of the settlement. This increase in demand and responsibility has led to resource challenges including insufficient public and private provider capacity, insufficient Medicaid waiver rates for the Northern Virginia area, and insufficient state/federal funding to support the system redesign costs. In order for CSB to manage the workload of coordinating support for individuals receiving new Medicaid waivers, it is estimated to require one new support coordinator position for every 20 new Medicaid waivers. Since FY 2017, the CSB received funding for and hired 26 additional support coordinators, with another 14 included as part of the FY 2019 Adopted Budget Plan.

CSB also faces a difficult funding challenge with Employment and Day Services as a result of Medicaid waiver redesign and new access for people with developmental disabilities other than intellectual disability. Providing equitable access to the same services for newly eligible people with DD as have been afforded to people with ID augments the ongoing funding challenge for these services. In the summer of 2017, CSB conducted an extensive community outreach effort to inform the development of an equitable and sustainable service system.

Ensuring the creation of sufficient and appropriate housing and employment/day supports, without shifting costs to localities, remains essential to the achievement of an adequate community-based service system. Unfortunately, the Commonwealth has failed to create such housing and support options in Northern Virginia, and in Fairfax County, in particular, due to high costs of real estate and service delivery, paired with insufficient Medicaid waiver reimbursement rates. This will continue to be a challenge.

Diversion First

Fairfax County's Diversion First initiative, launched in FY 2016, offers alternatives to incarceration for people with mental illness, developmental disabilities, and co-occurring substance use disorders who come into contact with the criminal justice system for low-level offenses. The goal is to intercede whenever possible to provide assessment, treatment or needed supports. Diversion First is designed to prevent repeat encounters with the criminal justice system, improve public safety, promote a healthier community, and is a more cost effective and efficient use of public funding.

In January 2016, the Merrifield Crisis Response Center (MCRC), a key intercept point of Diversion First, became operational. Located with CSB's Emergency Services at the Merrifield Center, the MCRC operates as an assessment site where specially trained police officers and deputy sheriffs are on duty to accept custody when a patrol officer from Fairfax County law enforcement or neighboring jurisdictions brings in someone who is experiencing a mental health crisis and needs to receive a CSB mental health assessment. The ability to transfer custody at the MCRC enables patrol officers to return quickly to their regular duties and facilitates the efficient provision of appropriate services for the individual in crisis.

The investment Fairfax County has made in Diversion First is already providing positive results. In calendar year (CY) 2017, law enforcement officers transported 1,931 people to the MCRC. Of those 1,931 individuals, 403 (approximately 21 percent) had potential criminal charges but were diverted from

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potential arrest to mental health services. This has significantly increased the workload for CSB Emergency Services staff. For example, during CY 2017, CSB Emergency Services staff conducted 1,365 mental health evaluations related to emergency custody orders, an increase of 32 percent over the 1,033 evaluations conducted during CY 2016 and an increase of 195 percent over the 463 evaluations conducted during CY 2015.

Other key components of Diversion First are also progressing. CSB is now operating a second Mobile Crisis Unit (MCU), increasing capacity to provide emergency mental health personnel and services on-site across the County, and a third MCU is included in the FY 2019 Adopted Budget Plan. In FY 2017, CSB hired a service director for Diversion and Jail-Based Services, whose office is headquartered at the Adult Detention Center. Crisis Intervention Team (CIT) training continues to expand the pool of officers and deputies who are trained to interact effectively with persons experiencing a mental health crisis. Through December 2017, a total of 451 law enforcement officers had graduated from the intensive week-long CIT training. In addition, CSB continues to offer its popular Mental Health First Aid (MHFA) training specifically tailored for fire and rescue personnel and other first responders. Through December 2017, more than 468 sheriff deputies had participated in MHFA training.

All of the County's magistrates have also completed MHFA training since January 1, 2016. Discussions continue regarding establishing a Mental Health Docket in the County court system that would apply problem solving approaches and procedures focused on defendants – including veterans – with mental illness and substance use disorders. CSB and the courts are also discussing ways to involve pretrial services in connecting people to needed behavioral health services and supports. The FY 2018 Adopted Budget Plan provided funding for additional CSB and public safety staff to support diversion efforts in the courts.

The goal for the future is a robust, coordinated County-based local diversion system to interrupt the cycle of court and legal system involvement experienced by many nonviolent offenders – youth and adults – who have mental illness, substance use disorders, developmental disabilities, and behavioral issues. Diversion First is designed to improve public safety, including the safety of people with mental illnesses, their families, friends, neighbors, coworkers, law enforcement personnel and others; improve health outcomes for people with mental illnesses by enabling them to access appropriate mental health services; and reduce costs that are shouldered by local taxpayers, including the costs of incarceration and police overtime. Hospital emergency department costs are also likely to be reduced, as the crisis assessment and initial mental health treatment provided at the CSB Merrifield Center will in many instances deescalate the crisis situation such that continued treatment and recovery can be achieved on an outpatient basis. Full implementation of Diversion First will require not only a sustained commitment from County, city, and community leaders, but also additional investments from the Commonwealth for such resources as more CIT training, reintegration services for youth and adults who are at risk for re-hospitalization, and improved screening and assessment tools.

Increased Use of Heroin and Other Opiates

Fairfax County has not been spared from the growing heroin and opioid addiction crisis affecting the nation. In 2016, there were more than 100 drug-related deaths in Fairfax County, more than in any other Virginia jurisdiction; 80 of the deaths were related to opioid overdoses. The County's Fire and Rescue Department reported 850 uses of naloxone to reverse opioid overdose in FY 2017.

CSB has been a leader in implementing Project Revive, a training program piloted by the Commonwealth to teach non-medical personnel to administer the life-saving opioid-reversal medication naloxone

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(Narcan®). CSB staff have been trained as instructors and now offer Revive training to individuals in all CSB residential treatment programs and to their families and loved ones. In FY 2017, CSB trained 356 people to be lay rescuers and continues to offer trainings at its Gartlan and Merrifield sites. Trainings are being widely publicized and are open to anyone who is interested, including individuals receiving CSB services, staff, community partners, and members of the public. CSB has trained over 1,000 people since the launch of the program. This training has already paid dividends, as CSB staff have received reports of attendees who used what they learned in the Revive training to administer naloxone and save a life.

CSB participates in a multi-disciplinary task force to combat opioid use and is the lead County agency for the treatment and education component of this effort. Working with community partners, CSB staff developed overdose prevention cards that are given to and reviewed with people receiving services. CSB provides frequent community and media presentations about opioid use and resources for treatment. Individuals who are using heroin or any other type of opioid have priority for CSB substance use disorder services and can walk in to the Merrifield Center, without prior appointment, to receive a screening and assessment for services.

To be able to serve more people, CSB shortened its intermediate length residential treatment program and increased the number of people served at its longer length residential treatment program. Despite these measures, however, a waiting list consistently averaging around 100 people remains for individuals needing residential treatment for substance use and co-occurring mental health disorders. People who need medical detoxification or Suboxone detoxification for opioids must also wait, with wait times ranging from 10 to 21 days for these services. This is a significant concern, and CSB continues to explore strategies to reduce this wait time.

CSB has expanded the use of Medication Assisted Treatment (MAT), which involves the provision of medications plus nursing services, community case management, and in-home supports to help individuals remain opioid-free. CSB has been providing MAT for several years, but additional resources are necessary to meet the community need for this service. In FY 2017, approximately 215 individuals received MAT from the CSB. With additional funding provided as part of *FY 2017 Carryover Review* and *FY 2018 Third Quarter Review*, CSB is increasing this capacity. CSB has developed and implemented a Substance Abuse Outreach, Monitoring and Engagement (SOME) program that provides follow-up services to individuals in contracted medical detoxification services. The SOME staff also engages and follows up with people who have been in detoxification, but who are unlikely to seek further needed services without this extra engagement. The Detoxification Diversion program offers individuals a treatment opportunity in lieu of incarceration.

Substance use disorders affect people at various ages and stages of life, including older adults. The need for substance use disorder services for older adults is growing, but CSB has limited capacity to meet this need. Strategies are needed to coordinate and combine the best of traditional approaches with emerging best practices to promote recovery and community inclusion.

Virginia Legislative Reforms

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

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substance abuse services, detoxification, and psychiatric rehabilitation, among others) are mandated to begin on July 1, 2021.

The Fairfax-Falls Church CSB already offers much of what is covered in this legislation. However, to fully meet all of the new mandates without having to decrease other critical services, CSB will require additional state funding in the FY 2019 budget and subsequent years. STEP-VA has the potential to enhance community-based behavioral health services, but successful implementation cannot be achieved by shifting an additional funding burden to localities.

Issues related to state psychiatric hospital capacity also impact CSB services. The Virginia General Assembly provided funding in FY 2015 for 11 additional psychiatric hospital beds at the Northern Virginia Mental Health Institute for individuals experiencing mental health crises. However, state funding remains insufficient for the intensive community resources that allow hospitalized individuals to transition to community care.

Managed Care

In FY 2018, Virginia moved from a fee-for-service delivery model into a managed care model for individuals who receive both Medicare and Medicaid. The new statewide managed care system, called Commonwealth Coordinated Care Plus (CCC Plus), allows individuals who receive both Medicare and Medicaid the opportunity to receive integrated coordinated care to improve health outcomes. CCC Plus became effective in Fairfax County on December 1, 2017. CSB staff is helping affected clients navigate this transition to managed care. CSB's ability to respond and adapt to a changing managed care environment will be critical to the agency's efforts in the future. Many CSB clients will be affected by this recent change which impacts not only business operations, as CSB works with new managed care companies, but also clinical operations, as CSB clinicians partner with managed care organizations' care coordinators to ensure that medical necessity criteria are met.

Employment and Day Services

The need for CSB services continues to increase on an annual basis in other areas. For example, the number of special education graduates with developmental disabilities seeking employment and day support services after graduation continues to place demands on the CSB. Services provided to these individuals are largely funded through local dollars. In the 2016-2017 school year, CSB support coordinators provided transition services to 134 Fairfax County Public Schools students, of whom 32 students were individuals with developmental disabilities other than intellectual disability. As of May 2018, 95 of these June 2017 graduates had chosen employment and day services, and 87 students have been placed in CSB services in FY 2018.

CSB is gathering data on how many newly eligible individuals with DD apply for and expect CSB services. CSB is also analyzing the impact on the sustainability of current services once new Medicaid waiver reimbursement rates go into effect. On October 31, 2017, CSB presented an update to the Board of Supervisors' Health, Housing, and Human Services Committee (HHHSC) indicating that CSB expected to be able to accommodate with the established reserves all 2018 graduates with developmental disabilities who request and qualify for these services. As directed by the Board of Supervisors, CSB will work with Human Services agencies, the Department of Management and Budget, and the Welcoming Inclusion Network in order to develop two to four options for funding various levels of services for EDS and present these options to the Board of Supervisors before the end of calendar year 2018.

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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. The number of families participating in SDS has nearly tripled in the past three years, from 30 in FY 2014 to 88 in FY 2017. CSB provides funds directly to families who can purchase customized services for a family member. Services can include community participation and integration; training in safety; work/work environment and social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. SDS staff helps the family identify resources and provides technical assistance. Funding for each SDS contract is calculated at 80 percent of the weighted average cost of traditional day support and employment services. The annualized cost avoidance is approximately \$4,500 per person. This results from families not having to pay for personnel, overhead, and other expenses that a traditional service provider must incur.

Youth Behavioral Health

The Behavioral Health System of Care Program, now known as “Healthy Minds Fairfax”, is an initiative of the County Board of Supervisors to expand the Children’s Services Act (CSA) System of Care (SOC) to improve access to behavioral health services for children and youth in the community who have significant behavioral health issues but are not eligible for other CSA or CSB services. Healthy Minds Fairfax contracts for behavioral health treatment and supports families’ ability to access behavioral health services through improved system navigation tools and processes. It is currently providing short-term therapeutic interventions for at-risk teens and building an online navigation tool that will help parents of youth with serious mental health issues access needed services on a timely basis, reducing the risk of suicide and other negative outcomes. Healthy Minds Fairfax plays a leadership role in promulgating evidence-based treatments such as trauma-informed care, Motivational Interviewing, and trauma-focused cognitive-behavioral therapy across all child-serving systems. The CSB participates in interagency planning, monitoring, and implementation of services to ensure that the needs of youth and families are met. Youth who require longer periods of behavioral health care will receive a seamless handoff to CSB services.

Services for Young Adults

Nationally and locally, there is a growing need for specialized services for young adults (ages 16-25), with mental health and substance abuse needs. Often, traditional services designed for adolescents or for adults do not meet the needs of people in this age group. By targeting specialized intervention services for young adults, early intervention can occur and reduce the need for more intensive future services. National Institute of Mental Health (NIMH) data from 2012 indicates that 5 percent of the general population, within the age range of 16 to 30, has a serious mental illness. According to recent Fairfax County population data, approximately 250,000 people or 22.5 percent of the population fall within the 16 to 30-year-old age range. Extrapolating the NIMH data suggests that over 12,000 of these individuals have a serious mental illness. Specialized evidence-based services for young adults offering early intervention and treatment can be a crucial turning point toward recovery. Intervening early is demonstrated to reduce the need for future, longer-term and ongoing services. In response to this trend, the CSB applied for and received funding to replicate evidence-based interventions to serve this older youth/young adult population. The new program, “Turning Point,” was launched in FY 2015. This program provides a way to intervene rapidly after a first episode of psychosis and to provide wrap-around services for the young person with the goal of getting them re-engaged in the community and less dependent on a service system. The early intervention program helps the young people and their families understand and manage symptoms of mental illness and/or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and life in general. DBHDS

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is highly engaged in this program and is carefully tracking progress to assure solid outcomes and successful implementation of evidence-based supports.

Services for Older Adults

Another trend that will impact service provision is the growing older adult population, with Fairfax County projecting a dramatic increase in this age group. Between 2005 and 2030, the County expects the 50 and over population to increase by 40 percent, and the 70 and over population by 88 percent. The older adult population is growing and their needs are increasing. Emergent mental health disorders, risk for suicide, and substance abuse are tremendous concerns for this population. Some specialized services for this population are provided by the CSB and are tailored to meet the unique needs of aging adults. Interventions support recovery, and independence are appropriate to the individual's physical and cognitive abilities, and are often community-based, depending on the need. In addition, CSB is partnering with the Fairfax Area Agency on Aging (AAA) and other Northern Virginia AAAs to increase public awareness about depression in older adults, risks, and sources of support. The County's 50+ Action Plan makes several strategic recommendations to address these needs, and alignment with countywide strategic recommendations for the County's growing older adult population will be a continuing area of focus for the CSB.

Relationship with Boards, Authorities, and Commissions

As one of the County's official Boards, Authorities, and Commissions (BACs), the CSB works with other BACs and numerous other community groups and organizations. It is through these relationships that broader community concerns and needs are identified, information is shared, priorities are set, partnerships are strengthened, and the mission of the CSB is carried out in the community.

Examples include:

- Alcohol Safety Action Program Local Policy Board
- Community Action Advisory Board (CAAB)
- Community Criminal Justice Board (CCJB)
- Community Policy and Management Team (CPMT), Fairfax-Falls Church
- Community Revitalization and Reinvestment Advisory Group
- Criminal Justice Advisory Board (CJAB)
- Fairfax Area Disability Services Board
- Fairfax Community Long-Term Care Coordinating Council
- Health Care Advisory Board
- Oversight Committee on Drinking and Driving
- Fairfax County Redevelopment and Housing Authority
- Planning Commission
- Northern Virginia Regional Commission

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Community Services Board (CSB)

Budget and Staff Resources

Category	FY 2017 Actual	FY 2018 Adopted	FY 2018 Revised	FY 2019 Advertised	FY 2019 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$99,531,316	\$108,600,658	\$109,580,658	\$113,449,955	\$113,449,955
Operating Expenses	56,313,755	60,016,927	75,340,717	58,236,238	58,236,238
Capital Equipment	117,497	0	23,962	0	0
Subtotal	\$155,962,568	\$168,617,585	\$184,945,337	\$171,686,193	\$171,686,193
Less:					
Recovered Costs	(\$1,976,493)	(\$1,738,980)	(\$1,738,980)	(\$1,738,980)	(\$1,738,980)
Total Expenditures	\$153,986,075	\$166,878,605	\$183,206,357	\$169,947,213	\$169,947,213

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	979 / 975	994 / 990	1006 / 1002	1011 / 1007	1026 / 1022

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

Category	FY 2017 Actual	FY 2018 Adopted	FY 2018 Revised	FY 2019 Advertised	FY 2019 Adopted
CSB Service Area Expenditures					
CSB Central Administration	\$33,842,981	\$33,957,550	\$39,304,763	\$38,340,743	\$38,340,743
Acute & Therapeutic Treatment Services	42,889,929	46,146,881	46,690,513	41,625,887	41,625,887
Community Living Treatment & Supports	77,253,165	86,774,174	97,211,081	89,980,583	89,980,583
Total Expenditures	\$153,986,075	\$166,878,605	\$183,206,357	\$169,947,213	\$169,947,213
Non-County Revenue by Source					
Fairfax City	\$1,614,654	\$1,776,119	\$1,776,119	\$1,798,517	\$1,798,517
Falls Church City	731,851	805,036	805,036	815,189	815,189
State DBHDS	11,966,172	11,886,443	11,886,443	11,886,443	11,886,443
Federal Block Grant	4,055,448	4,053,659	4,053,659	4,053,659	4,053,659
Federal Other	152,895	154,982	154,982	154,982	154,982
Medicaid Waiver	2,366,163	2,371,024	2,371,024	2,371,024	2,371,024
Medicaid Option	9,698,095	8,122,500	8,122,500	8,537,500	8,537,500
Program/Client Fees	7,005,907	6,406,751	6,406,751	4,011,751	4,011,751
CSA Pooled Funds	1,035,433	858,673	858,673	858,673	858,673
Miscellaneous	43,488	14,100	14,100	14,100	14,100
Total Revenue	\$38,670,106	\$36,449,287	\$36,449,287	\$34,501,838	\$34,501,838
County Transfer to CSB	\$126,077,551	\$130,429,318	\$130,429,318	\$135,445,375	\$135,445,375
County Transfer as a Percentage of					
Total CSB Expenditures	81.9%	78.2%	71.2%	79.7%	79.7%

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Community Services Board (CSB)

FY 2019 Funding Adjustments

The following funding adjustments from the FY 2018 Adopted Budget Plan are necessary to support the FY 2019 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the Budget on May 1, 2018.

- ◆ **Employee Compensation** **\$3,061,118**

An increase of \$3,061,118 in Personnel Services includes \$1,709,544 for a 2.25 percent market rate adjustment (MRA) for all employees and \$1,351,574 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2018.

- ◆ **Health and Human Services Realignment** **\$3,418,766**

An increase of \$3,418,766 is associated with the realignment of funding and positions within Health and Human Services (HHS) based on work done as part of Phase 2 of the FY 2016 Lines of Business process. This funding includes \$3,141,294 in Personnel Services to support the net transfer of 39/39.0 FTE positions and \$277,472 in Operating Expenses. As part of the HHS realignment, administrative functions provided by the Department of Administration for Human Services are shifted to individual agencies to ensure regulatory, financial and program compliance and to more effectively support each agency's specialized service needs. Additionally, a new agency, Agency 77, Office of Strategy Management for Health and Human Services, is established to support the management of HHS strategic initiatives and inter-agency work to include: integration of business processes, information management and data analytics, performance measurement, strategic planning, service transformation, and planning for facility needs. There is no net impact on the General Fund in terms of funding or positions associated with these changes.

- ◆ **Opioid Use Epidemic** **\$1,200,000**

An increase of \$1,200,000, including \$1,077,700 in Personnel Services and \$122,300 in Operating Expenses, is required to address the growing opioid epidemic. In response to the opioid crisis facing our nation and local communities in Northern Virginia, the Board of Supervisors established an Opioid Task Force to help address the opioid epidemic locally. The Task Force outlined a multiyear plan to reduce deaths from opioids through prevention, treatment, and harm reduction strategies. The multiyear plan focuses on enhanced data strategies to identify trends, target interventions and evaluate effectiveness. As part of the Task Force recommendations, \$1.2 million is included to increase education and awareness, as well as expand the use of Medication Assisted Treatment.

- ◆ **Diversion First** **\$1,103,890**

An increase of \$1,103,890 and 8/8.0 FTE positions includes an increase of \$867,990 in Personnel Services and an increase of \$235,900 in Operating Expenses to support the third year of the County's successful Diversion First initiative. Diversion First is a multiagency collaboration between the Police Department, Office of the Sheriff, Fire and Rescue Department, Fairfax County Court system, and the CSB to reduce the number of people with mental illness in the County jail by diverting low-risk offenders experiencing a mental health crisis to treatment rather than bring them to jail. Consistent with the FY 2019 Budget Guidance from the Board of Supervisors, this funding is the first year of a five-year, fiscally-constrained implementation plan for Diversion First, representing the most critical needs for FY 2019 as discussed in detail at the November 28, 2017, Board Public Safety Committee meeting. This plan is designed to strengthen operations at the Merrifield Crisis Response Center, establish a third Mobile Crisis Unit with a co-responder model, provide resources to the Court

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Community Services Board (CSB)

systems, provide needed housing and other resources, and strengthen behavioral health services at needed intercepts.

- ◆ **Contract Rate Adjustment** **\$1,088,939**

An increase of \$1,088,939 in Operating Expenses supports negotiated contract rate adjustments for eligible providers of developmental delay, developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders, as well as CSB-wide administrative services.

- ◆ **Support Coordination** **\$1,000,000**

An increase of \$1,000,000 and 14/14.0 FTE positions is required to provide support coordination services to individuals with developmental disabilities (DD) in the community and comply with current state and federal requirements, primarily those pursuant to the DOJ Settlement Agreement and implementation of Virginia's Medicaid Waiver redesign, effective July 1, 2016. A corresponding \$1,000,000 increase to Medicaid Option revenue is included for no net cost to the County.

- ◆ **Fringe Benefit Support** **\$500,000**

An increase of \$500,000 in Personnel Services is required to support increased fringe benefit requirements in FY 2019 based on projected health insurance premium increases and increases in employer contribution rates to the retirement systems.

- ◆ **Program Adjustments** **\$32,551**

An increase of \$32,551 in Personnel Services, with a commensurate increase in local revenues, is included to support Medical Services' personnel.

- ◆ **Infant and Toddler Connection Realignment** **(\$8,336,656)**

A decrease of \$8,336,656 and 41/41.0 FTE positions, including \$4,853,656 in Personnel Services and \$3,483,000 in Operating Expenses, is associated with the realignment of the Infant and Toddler Connection (ITC) program from CSB to Agency 67, Department of Family Services (DFS). As part of the 2016 Lines of Business (LOBs), ITC was selected to be reviewed for coordination opportunities with other early childhood services provided by the County and FCPS as part of LOBs Phase 2. Following that review, ITC will be realigned with the Office for Children within DFS. Staff will now begin to evaluate other opportunities between County agencies and with FCPS.

- ◆ **General Fund Transfer**

The FY 2019 budget for Fund 40040, Fairfax-Falls Church Community Services Board requires a General Fund Transfer of \$135,445,375, an increase of \$5,016,057 over the FY 2018 Adopted Budget Plan primarily due to a market rate adjustment for all employees and performance-based and longevity increases for non-uniformed merit employees, the HHS realignment, additional funding to combat the opioid use epidemic, additional funding and positions to support the third year of the County's successful Diversion First initiative, additional funding and positions to provide support coordination services to individuals with developmental disabilities in the community, and increased fringe benefit requirements in FY 2019. These increases are partially offset by decreases associated with savings and efficiencies as a result of realignments within the Human Services system.

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Community Services Board (CSB)

Changes to FY 2018 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2018 Revised Budget Plan since passage of the FY 2018 Adopted Budget Plan. Included are all adjustments made as part of the FY 2017 Carryover Review, FY 2018 Third Quarter Review, and all other approved changes through April 30, 2018.

- ◆ **Carryover Adjustments** **\$15,716,434**

As part of the *FY 2017 Carryover Review*, the Board of Supervisors approved funding of \$15,716,434, including \$6,315,344 in encumbered funding in Operating Expenses primarily attributable to ongoing contract obligations, pharmaceuticals and pharmacy services, housing assistance to CSB consumers at risk of homelessness, Credible enhancements, and building maintenance and repair projects; \$1,100,000 in Operating Expenses to combat the opioid epidemic by increasing the use of Medication Assisted Treatment and the contractual purchase of residential treatment and medical detoxification beds; \$750,000 for facility-related improvements required primarily due to relocating personnel and programs; \$525,000 for prevention incentive funding for the development of programs to prevent youth violence and gang involvement; \$350,000 for a joint General District Court/CSB Diversion First initiative for facility-related improvements in the Fairfax County Courthouse; and an appropriation of \$6,676,090 to provide employment and day services to individuals with DD as a result of Medicaid Waiver Redesign effective July 1, 2016.

- ◆ **Position Adjustments** **\$0**

During FY 2018, the County Executive approved the redirection of 3/3.0 FTE positions to other departments due to workload requirements.

- ◆ **Third Quarter Adjustments** **\$611,318**

As part of the *FY 2018 Third Quarter Review*, the Board of Supervisors approved an appropriation of \$611,318 from the Opioid Use Epidemic Reserve to support an increase of 15/15.0 FTE positions in CSB and 5/5.0 FTE positions in Agency 90, Police Department, to begin implementing the Fairfax County Opioid Task Force Plan. The Task Force Plan has the dual goals to reduce deaths from opioids through prevention, treatment, and harm reduction, as well as to use data to describe the problem, target interventions, and evaluate effectiveness.

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Community Services Board (CSB)

Cost Centers

CSB Central Administration

Category	FY 2017 Actual	FY 2018 Adopted	FY 2018 Revised	FY 2019 Advertised	FY 2019 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$23,585,142	\$24,314,023	\$25,294,023	\$27,465,341	\$27,465,341
Operating Expenses	10,442,434	9,807,589	14,174,802	11,009,464	11,009,464
Subtotal	\$34,027,576	\$34,121,612	\$39,468,825	\$38,474,805	\$38,474,805
Less:					
Recovered Costs	(\$184,595)	(\$164,062)	(\$164,062)	(\$134,062)	(\$134,062)
Total Expenditures	\$33,842,981	\$33,957,550	\$39,304,763	\$38,340,743	\$38,340,743

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)

Regular	165 / 164.5	165 / 164.5	177 / 176.5	193 / 192.5	216 / 215.5
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CSB Central Administration		CSB Clinical Operations	
1 Executive Director	1 Human Resources Generalist III, (1T)	1 Deputy Director	
1 Deputy Director	1 Human Resources Generalist II, (1T)	2 Assistant Deputy Directors	
0 Assistant Deputy Directors, (-1T)	1 Human Resources Generalist I	1 Psychiatrist	
1 Dir. of Facilities Manag. & Admin. Ops.	1 Information Officer III	1 Program Manager	
1 Comm. Svs. Planning/Devel. Dir.	1 Training Specialist III	1 Res. and Facilities Devel. Mgr.	
1 Finance Manager CSB	2 Training Specialists II	1 BHN Supervisor	
1 CSB Service Area Director	1 DD Specialist III	1 Behavioral Health Supervisor	
3 Management Analysts IV	1 DD Specialist II	1 Behavioral Health Sr. Clinician	
8 Management Analysts III	2 Communications Specialists II	1 BHN Clinician/Case Manager	
13 Management Analysts II	1 Human Service Worker IV	4 Behavioral Health Specialists II	
3 Management Analysts I	1 Human Service Worker III	1 Mental Health Therapist	
2 Financial Specialists IV, (1T)	4 Human Service Workers II	1 DD Specialist I	
3 Financial Specialists III, (3T)	1 Volunteer Services Prog. Manager	2 Behavioral Health Specialists I	
2 Financial Specialists II, (2T)	3 Administrative Associates, (1T)	3 Peer Support Specialists	
2 Business Analysts IV	6 Administrative Assistants V, (3T)		
5 Business Analysts III	21 Administrative Assistants IV, (12T)		
4 Business Analysts II, (1T)	51 Administrative Assistants III, (15T)		
	9 Administrative Assistants II		
	1 CSB Aide/Driver		

TOTAL POSITIONS

216 Positions (39T) / 215.5 FTE (39.0T)

T Denotes Transferred Position

PT Denotes Part-Time Position

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Community Services Board (CSB)

CSB Central Administration Unit (CAU) provides leadership to the entire CSB system, supporting over 23,000 individuals and their families, approximately 1,100 employees, and more than 70 nonprofit partners. The CSB executive staff oversees the overall functioning and management of the agency to ensure effective operations and a seamless system of community services and key supports. CAU staff also provides support to the 16 citizen members of the CSB Board and serves as the liaison between the CSB; Fairfax County, the Cities of Fairfax and Falls Church; DBHDS; Northern Virginia Regional Planning; and the federal government.

The CAU is responsible for the following functions: health care regulatory compliance and risk management; communications and public affairs; consumer and family affairs; facilities management and emergency preparedness; business and administrative support operations, inclusive of the benefits/eligibility team and patient assistance program; management of the technology functions including the Electronic Health Record; oversight of Health Planning Region initiatives; organizational development and training; and data analytics and evaluation.

As part of a realignment of resources within the Human Services system based on work done as part of Phase 2 of the FY 2016 Lines of Business process, effective July 1, 2018, positions have been transferred from the Department of Administration for Human Services (DAHS) to CSB to address the financial, budget, procurement, and human resources needs of the agency and to more effectively support the agency's specialized service requirements. For more information on the Human Services system realignment, please see the Agency 77, Office of Strategy Management for Health and Human Services, narrative in Volume 1.

Medical Services

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

A focus on whole health is a priority for Medical Services and key to the overall wellness of people served by the CSB. A current strategic priority is the development and implementation of integrated primary and behavioral health care. Another priority is responding to the opioid crisis by significantly expanding our capacity to provide MAT. Also of continuing importance is the CSB's Patient Assistance Program (PAP) which arranges for the provision of ongoing, free prescription medications to eligible consumers with chronic conditions.

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Community Services Board (CSB)

Engagement, Assessment, and Referral Services

Engagement, Assessment, and Referral Services (EAR) serves as the primary point of entry for the CSB to help individuals get appropriate treatment that meets their needs. CSB's Priority Access Guidelines determine which individuals are referred to services in the community versus those who qualify for CSB services. EAR provides information about accessing services both in the CSB and the community, as well as assessment services for entry into the CSB service system. These services include an Entry and Referral Call Center that responds to inquiries from people seeking information and services and an Assessment Unit that provides comprehensive screening, assessment, and referral. Individuals can now come in person to the CSB's Merrifield Center, without prior appointment to be screened for services. CSB also offers a free, online screening tool from the County website to help people who are wondering whether they or someone they care about need to seek help from a mental health or substance use issue. The goal of all these services is to engage people who need services and/or support, triage people for safety, and help connect people to appropriate treatment and support. Not everyone with a concern related to mental illness, substance use, or developmental disability is eligible for CSB services. People seeking information about available community resources or who are determined to be ineligible are linked with other community services whenever possible. Call center staff can take calls in English and in Spanish, and language translation services for other languages are available by telephone when needed.

Wellness, Health Promotion and Prevention Services

Wellness, Health Promotion, and Prevention Services (WHPP) focuses on strengthening the health of the entire community. WHPP uses proven approaches to address known risk factors and build resiliency skills. By engaging the community, increasing awareness, and building and strengthening skills, people gain the capacity to handle life stressors. Initiatives such as Mental Health First Aid (MHFA), regional suicide prevention planning, and the Chronic Disease Self-Management Program are examples of current efforts. Over 4,100 community members and staff have been trained in MHFA since launching local programming in late 2011. In May 2014, the CSB launched Kognito, an evidence-based suicide prevention training. Kognito provides a suite of online courses and is available to anyone in the community who is interested in learning suicide prevention skills. As of December 2017, nearly 29,000 people had received this suicide prevention training.

Emergency & Crisis Services

Emergency and Crisis Services are available for anyone in the community who has an immediate need for short-term crisis intervention related to substance use or mental illness. CSB Emergency Services staff provides recovery-oriented crisis intervention, crisis stabilization, risk assessments, evaluations for emergency custody orders, voluntary and involuntary admission to public and private psychiatric hospitals, and assessment for admission for services in three regional crisis stabilization units. The CSB's emergency services site at the Merrifield Center is open 24/7. In addition to the services listed above, staff there can also provide psychiatric and medication evaluations and prescribe and dispense medications. Located within CSB emergency services is the Merrifield Crisis Response Center (MCRC), part of the County's Diversion First initiative. Law enforcement officers who encounter individuals who are in need of mental health services can bring them to the MCRC, rather than to jail, and transfer custody to a specially trained officer at MCRC. There, the individual can receive a clinical assessment from emergency mental health professionals and links to appropriate services and supports.

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Community Services Board (CSB)

Two Mobile Crisis Units (MCUs), rapid deployment teams drawn from CSB emergency services staff, respond to high-risk situations in the community, in which a person needing emergency assistance, who may be at risk to self or others, is unable or unwilling to come to the emergency services office. A key component of Diversion First has been to recruit and train additional CSB emergency clinicians to staff the second MCU, which became operational in FY 2017. MCU1 operates from 8 a.m. to midnight, and MCU2 operates from 10 a.m. to 10:30 p.m. MCU staff is also on call 24/7 to respond to hostage/barricade incidents involving the County's Special Weapons and Tactics (SWAT) team and police negotiators and provides critical incident stress management and crisis debriefing during and after traumatic events.

The Court Civil Commitment Program provides "Independent Evaluators" (clinical psychologists) to evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing, as required by the [Code of Virginia](#). They assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization.

Emergency services, MCU and Independent Evaluators provide approximately 10,000 evaluations annually, including evaluations for emergency custody and temporary detention orders, civil commitment, psychiatric and medication evaluations, risk assessments, mental status exams and substance abuse evaluations.

The Woodburn Place Crisis Care program offers individuals experiencing an acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term (7-10 days), community-based residential program for adults with severe and persistent mental illness, including those who have co-occurring substance use disorders. In FY 2017, 47 percent of those who received Crisis Care services had both mental health and substance use disorders, and 2 percent had intellectual disability. Services include comprehensive risk assessment; crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; counseling; psychosocial education; and assistance with daily living skills. During FY 2017, this program served 413 unduplicated individuals. Of the total 413 persons served, 99 came to Woodburn Place Crisis Care more than once.

Residential Treatment & Detoxification Services

Residential Treatment Services (Fairfax Detoxification Center, Crossroads, New Generations, A New Beginning, A New Direction, Residential Support Services, and Cornerstones) offers comprehensive services to adults with substance use disorders and/or co-occurring mental illness who have been unable to maintain stability on an outpatient basis, even with extensive supports, and who require a stay in residential treatment to stabilize symptoms, regain functioning and develop recovery skills. At admission, individuals have significant impairments affecting various life domains, which may include criminal justice involvement, homelessness, employment, impaired family and social relationships, and health issues.

The Fairfax Detoxification Center provides a variety of services to individuals who are in need of assistance with their intoxication/withdrawal states. Length of stay depends upon the individual's condition and ability to stabilize. The center provides clinically-managed (social) and medical detoxification; buprenorphine detoxification; daily acupuncture (acudetox); health, wellness, and engagement services; assessment for treatment services; HIV/HCV/TB education; universal precautions education; case management services; referral services for follow-up and appropriate care; and an introduction to the 12-Step recovery process. The residential setting is monitored continuously for safety by trained staff. The detox milieu is designed to promote rest, reassurance, and recovery. During FY 2017, this program provided a total of 7,849 bed days.

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Services are provided in residential treatment settings and align with the level and duration of care needed, which may be intermediate or long-term. Services include individual, group, and family therapy; psychiatric services; medication management; access to health care; and case management. Continuing care services are provided to help people transition back to the community. Specialized services are provided for individuals with co-occurring disorders (substance use and mental illness), for pregnant and post-partum women, and for people whose primary language is Spanish.

Youth & Family Services

Youth and Family Services provides assessment, education, therapy and case management services for children and adolescents ages 3 through 18 who have mental health, substance use and/or co-occurring disorders. All services support and guide parents and treat youth who have, or who are at risk for, serious emotional disturbance, and who are involved with multiple youth-serving agencies.

Child, Youth, and Family Outpatient Services provides mental health and substance use disorder treatment and case management for children, adolescents, and their families. Services are provided using evidenced-based practices for youth who have, or who are at-risk of developing, a serious emotional disturbance and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, alcohol use, or drug use. Family socioeconomic and other issues are frequently present. For youth ages 4 through 17, family or schools are the main referral sources, and the second most frequent referral source is the County's Department of Family Services. The CSB maintains a close partnership with the Children's Services Act (CSA) office and Healthy Minds Fairfax. Together, CSB and these partners work to maximize local and state funds to provide comprehensive services to youth who have, or who are at-risk of developing, a serious emotional disturbance. Programs are funded through state block grants, as well as County, state, and federal funding. Revenue is also received from Medicaid, private insurance, and fees for service.

Youth and Family Intensive Treatment Services offers a variety of services to support youth and their families. Wraparound Fairfax provides an intensive level of support for youth who are at high-risk for residential or out-of-home placement, or who are currently served away from home and are transitioning back to their home community. Services are provided for up to 15 months and are designed to enable youth to remain safely in the community with their families. Resource team services include state-mandated discharge planning, behavioral health consultation, monitoring of Mental Health State Initiative funds, and providing case management. Services are also provided for youth involved with the Juvenile and Domestic Relations District Court (JDRDC). These services include psychological evaluations, behavioral health care assessments, competency evaluations, urgent and crisis interventions, psycho-educational groups, and short-term individual and family treatment.

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Community Services Board (CSB)

Community Living Treatment and Supports

Category	FY 2017 Actual	FY 2018 Adopted	FY 2018 Revised	FY 2019 Advertised	FY 2019 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$39,363,850	\$45,032,169	\$45,032,169	\$47,992,142	\$47,992,142
Operating Expenses	38,459,975	42,296,976	52,733,883	42,543,412	42,543,412
Capital Equipment	111,862	0	0	0	0
Subtotal	\$77,935,687	\$87,329,145	\$97,766,052	\$90,535,554	\$90,535,554
Less:					
Recovered Costs	(\$682,522)	(\$554,971)	(\$554,971)	(\$554,971)	(\$554,971)
Total Expenditures	\$77,253,165	\$86,774,174	\$97,211,081	\$89,980,583	\$89,980,583

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)

Regular	442 / 440.5	461 / 459.5	449 / 447.5	475 / 473.5	469 / 467.5
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<u>Behavioral Health Outpatient & Case Management Services</u>	<u>Assisted Community Residential Services</u>	<u>Diversion and Jail-Based Services</u>
1 CSB Service Area Director	1 CSB Service Area Director	1 CSB Service Area Director
2 Mental Health Managers	2 DD Specialists IV	1 Mental Health Manager
1 Behavioral Health Manger	3 DD Specialists III	4 Behavioral Health Supervisors
5 BHN Supervisors	8 DD Specialists II	1 Behavioral Health Senior Clinician
14 Behavioral Health Supervisors	62 DD Specialists I	2 BHN Clinician/Case Manager
36 Behavioral Health Sr. Clinicians, 1 PT	1 BHN Supervisor	1 Public Health Nurse III
9 BHN Clinician/Case Managers	2 BHN Clinician/Case Managers	24 Behavioral Health Specialists II (3)
37 Behavioral Health Specialists II	1 Licensed Practical Nurses	3 Behavioral Health Specialists I (2)
1 Mental Health Therapist		1 Peer Support Specialist
2 Substance Abuse Counselors IV		
3 Substance Abuse Counselors II		
4 Licensed Practical Nurses		
	<u>Supportive Community Residential Services</u>	<u>Intensive Community Treatment Services</u>
	1 CSB Service Area Director	1 CSB Service Area Director
	4 Mental Health Managers	2 Mental Health Managers
	10 Behavioral Health Supervisors	1 MH Supervisor/Specialist
	3 Behavioral Health Senior Clinicians	5 Behavioral Health Supervisors
	21 Behavioral Health Specialists II	8 Behavioral Health Senior Clinicians
	19 Behavioral Health Specialists I, 2 PT	5 BHN Clinician/Case Managers
	5 Mental Health Counselors, 1 PT	1 Public Health Nurse III
	3 Licensed Practical Nurses	14 Behavioral Health Specialists II (1)
	1 Food Service Supervisor	1 Mental Health Therapist
	1 Cook	1 Peer Support Specialist
		1 Administrative Assistant III
<u>Support Coordination Services</u>		
1 CSB Service Area Director		
5 DD Specialists IV		
13 DD Specialists III (1)		
88 DD Specialists II (13)		
7 DD Specialists I		
<u>Employment & Day Services</u>		
1 CSB Service Area Director		
1 Behavioral Health Manager		
2 DD Specialists IV		
3 DD Specialists II		
1 Behavioral Health Supervisor		
1 BHN Clinician/Case Manager		
1 Management Analyst III		
2 Mental Health Therapists		
1 Behavioral Health Specialist I		
1 Administrative Assistant III		

TOTAL POSITIONS

469 Positions (20) / 467.5 FTE (20.0)

() Denotes New Positions
PT Denotes Part-Time Positions

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Community Services Board (CSB)

Behavioral Health Outpatient & Case Management Services

Behavioral Health Outpatient and Case Management Services includes outpatient programming, case management, adult partial hospitalization, and continuing care services for people with mental illness, substance use disorders and/or co-occurring disorders. Individuals served may also have co-occurring developmental disabilities.

Outpatient programs include psychosocial education and counseling (individual, group and family) for adults whose primary needs involve substance use, but who may also have a mental illness. Services help people make behavioral changes that promote recovery, develop problem-solving skills and coping strategies, and help participants develop a positive support network in the community. Intensive outpatient services are provided for individuals who would benefit from increased frequency of services. Frequency of service varies depending on the individuals' need. Continuing care services are available for individuals who have successfully completed more intensive outpatient services but who would benefit from periodic participation in group therapy, monitoring, and service coordination to connect effectively to community supports.

Case management services are strength-based, person-centered services for adults who have serious and persistent mental or emotional disorders and who may also have co-occurring substance use disorders. Services focus on interventions that support recovery and independence and include supportive counseling to improve quality of life, crisis prevention and management, psychiatric and medication management and group and peer supports. The goal of case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms, facilitate a successful life in the community, help manage symptom reoccurrence, build resilience, and promote self-management, self-advocacy, and wellness.

Adult Partial Hospitalization (APH) programs provide intensive recovery-oriented services to adults with mental illness or co-occurring disorders coupled with other complex needs. Services are provided within a day programming framework and are designed to help prevent the need for hospitalization or to help people transition from recent hospitalization to less intensive services. APH focuses on helping individuals develop coping and life skills, and on supporting vocational, educational, or other goals that are part of the process of ongoing recovery. Services provided include service coordination, medication management, psycho-educational groups, group and family therapy, supportive counseling, relapse prevention, and community integration.

Support Coordination Services

Support Coordination Services provide a continuum of case management services for people with developmental disabilities and their families, engaging with them to provide a long-term, intensive level of service and support. CSB support coordinators 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.

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Employment & Day Services

Employment and Day Services provides assistance and employment training to improve individual independence and self-sufficiency to help individuals enter and remain in the workforce. Employment and day services for people with serious behavioral health conditions and/or developmental disabilities are provided primarily through contracts and partnerships with private, nonprofit, and/or public agencies. This service area includes developmental services; sheltered, group, and individualized supported employment; self-directed employment services; and psychosocial rehabilitation, including the Turning Point program.

Developmental services provides self-maintenance training and nursing care for people with developmental disabilities who have severe disabilities and conditions and need various types of services in areas such as intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily and community living skills, and employment. Sheltered employment provides employment in a supervised setting with additional support services for habilitative development. Group supported employment provides intensive job placement assistance for community-based, supervised contract work and competitive employment in the community, as well as support to help people maintain successful employment. Individualized supported employment helps people work in community settings, integrated with workers who do not have disabilities.

The Self-Directed Services (SDS) program provides a programmatic and cost-saving alternative to traditional day support and employment services. CSB provides funds directly to families who can purchase customized services for a family member. Services can include community participation and integration; training in safety, work/work environment, and social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. SDS staff helps the family identify resources and provides technical assistance. Funding for each SDS contract is calculated at 80 percent of the weighted average cost of traditional day support and employment services. The annualized cost avoidance is approximately \$4,500 per person. This results from families not having to pay for personnel, overhead, and other expenses that a traditional service provider must incur.

Psychosocial rehabilitation services provide a period for adjustment and skills development for persons with serious mental illness, substance use, and/or co-occurring disorders who are transitioning to employment. Services include psycho-educational groups, social skills training, services for individuals with co-occurring disorders, relapse prevention, training in problem solving and independent living skills, health literacy, pre-vocational services, and community integration. Services are available in a small, directly-operated program or through contract with private providers. CSB contracts with community partners to provide psychosocial rehabilitation services to individuals who have limited social skills, have challenges establishing and maintaining relationships, and need help with basic daily living activities. The model is called "Recovery Academy," and the above focus areas are addressed in multi-week "courses," such that the experience can be tailored for each person. 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 an evidence-based, grant-funded, Coordinated Specialty Care (CSC) program for young adults between the ages of 16 and 25 who have experienced the onset of psychosis within the past twenty-four months. Psychotic disorders can derail a young adult's social, academic, and vocational development; but rapid, comprehensive intervention soon after the onset of psychosis can set the course toward recovery and has been demonstrated to lead to better outcomes. A descendant of the Recovery After an Initial Schizophrenia Episode (RAISE) initiative, Turning Point helps participants and their families better understand and manage symptoms of psychosis, while building skills and supports that

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allow them to be successful in work, school, and life. Turning Point is a transitional treatment program, and participants typically receive specialized services for approximately two years. Services include supported employment and education, peer support, psychiatric services, individual and group therapy, and family psychoeducation and support.

Assisted Community Residential Services

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

Services include an Assisted Living Facility (ALF) with 24/7 care for people with serious mental illness and medical needs. For individuals with developmental disabilities, services include Intermediate Care Facilities (ICFs) that provide 24/7 supports for individuals with highly intensive service, medical and/or behavioral support needs; group homes that provide 24/7 supports (small group living arrangements, usually four to six residents per home); supervised apartments that provide community-based group living arrangements with less than 24-hour care; daily or drop-in supports based on individual needs and preferences to maintain individuals in family homes, their own homes or in shared living arrangements (such as apartments or town homes); short-term, in-home respite services; long-term respite services provided by a licensed 24-hour home; and emergency shelter services. Individualized Purchase of Service (IPOS) is provided for a small number of people who receive other specialized long-term community residential services via contracts.

Supportive Community Residential Services

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

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Residential Intensive Care (RIC) is a community-based, intensive residential program that provides up to daily 24/7 monitoring of medication and psychiatric stability. Counseling, supportive, and treatment services are provided daily in a therapeutic setting. The Supportive Shared Housing Program (SSHP) provides residential support and case management in a community setting. Fairfax County's Department of Housing and Community Development (HCD) and the CSB operate these designated long-term permanent subsidized units that are leased either by individuals or the CSB.

The CSB's moderate income rental program and HCD's Fairfax County Rental Program provide long-term permanent residential support and case management in a community setting, and individuals must sign a program agreement with the CSB to participate in the programs. CSB also contracts with a local service provider to offer long-term or permanent housing with support services to individuals with serious mental illness and co-occurring disorders, including those who are homeless and need housing with supports.

Diversion and Jail-Based Services

Diversion and Jail-Based Services provides treatment, engagement, and services to justice-involved individuals with behavioral health concerns, including mental health and substance use disorders, and developmental disabilities. This treatment area includes community-based multi-disciplinary teams focused on diverting individuals away from the criminal justice system and into treatment. It also includes an interdisciplinary team at the Fairfax County Adult Detention Center (ADC) to provide crisis intervention, stabilization, and continuation of psychiatric medications, facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others, facilitation of substance use disorder treatment groups, release planning, and re-entry case management connecting individuals with community treatment and supports. In 2017, CSB launched a pilot program to provide medication assisted treatment in the jail and started teaching inmates how to administer the life-saving drug Naloxone to someone experiencing an opioid overdose. In addition, the jail team implemented the provision of naltrexone (Vivitrol), a medication that blocks the activity of opioids. One injection provides 30 days of assistance for individuals addicted to opioids. People leaving institutions are at high risk of overdose due to reduced tolerance. The Diversion teams engage individuals prior to arrest, from the magistrates, with probation and pre-trial services, or from the courts. They provide an intensive level of treatment and support to enhance the individual's existing resources, link to ongoing supports, and help them attain their goals of community living without further justice involvement. Diversion and Jail-Based Services works closely with law enforcement, probation and pre-trial services, magistrates, courts, and with other CSB services such as Emergency, Detox, and Intensive Community Treatment Services.

Intensive Community Treatment Services

Intensive Community Treatment Services include discharge planning services for individuals in state psychiatric hospitals, Program of Assertive Community Treatment (PACT), services for individuals who are judged Not Guilty by Reasons of Insanity (NGRI), Projects for Assistance in Transition from Homelessness (PATH), and intensive, community-based case management and outreach provided by multidisciplinary teams to individuals with acute and complex needs. Discharge planning services are provided to individuals in state psychiatric hospitals to link individuals to community-based services that enhance successful community-based recovery. PACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. Intensive Case Management (ICM) Teams provide intensive, community-based case management and outreach services to persons who have serious mental illness and or/co-occurring serious substance use disorders. Both PACT and ICM teams work with individuals who have acute and complex needs and provide appropriate levels of support and services where individuals live, work, and relax in the

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community. Many of the individuals served in these programs are homeless and have previously been hospitalized or involved with the criminal justice system. Services include case management, mental health supports, crisis intervention and medication management.

Key Performance Measures

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate/Actual	FY 2018	FY 2019
Central Administration					
Percent of CSB service quality objectives achieved	76%	63%	80%/79%	80%	80%
Percent of CSB outcome objectives achieved	56%	38%	80%/59%	80%	80%
Engagement, Assessment, and Referral Services					
Percent of individuals receiving an assessment who attend their first scheduled service appointment	65%	73%	80%/70%	80%	80%
Percent of individuals trained who obtain Mental Health First Aid certification	95%	96%	90%/96%	92%	92%
Emergency and Crisis Services					
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	73%	74%	75%/70%	70%	65%
Residential Treatment and Detoxification Services					
Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge	NA	90%	80%/84%	80%	80%
Percent of individuals served who are employed at one year after discharge	76%	77%	80%/73%	80%	80%
Youth and Family Services					
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	NA	88%	90%/93%	90%	93%
Behavioral Health Outpatient and Case Management Services					
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	80%	76%	80%/63%	80%	80%
Support Coordination Services					
Percent of Person Centered Plan objectives met for individuals served in Targeted Support Coordination	91%	88%	85%/94%	88%	88%
Employment and Day Services					
Average annual wages of individuals with a developmental disability receiving group supported employment services	\$5,891	\$5,992	\$5,900/\$6,438	\$5,900	\$6,500
Average annual wages of individuals with a developmental disability receiving individual supported employment services	\$16,777	\$17,107	\$16,725/\$16,872	\$16,725	\$16,950
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services	\$11.58	\$11.42	\$11.80/\$11.62	\$11.50	\$11.50

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate/Actual	FY 2018	FY 2019
Assisted Community Residential Services					
Percent of individuals served in directly-operated and contracted group homes and supported apartments who maintain their current level of residential independence and integration in the community	98%	98%	98%/99%	98%	98%
Supportive Community Residential Services					
Percent of individuals receiving intensive or supervised residential services who are able to move to a more independent residential setting within one year	16%	13%	13%/15%	13%	13%
Diversion and Jail-Based Services					
Percent of individuals who had a forensic assessment that attend a follow-up appointment after their assessment	55%	55%	60%/75%	60%	60%
Intensive Community Treatment Services					
Percent of adults referred to the CSB for discharge planning services that remain in CSB services for at least 90 days	63%	61%	70%/76%	70%	70%

A complete list of performance measures can be viewed at
<https://www.fairfaxcounty.gov/budget/fy-2019-adopted-performance-measures-pm>

Performance Measurement Results

CSB Central Administration

In FY 2017, the CSB achieved 79 percent of its service quality objectives (15 out of 19) and 59 percent of its outcome objectives (10 out of 17), as compared to the estimates of 80 percent for these objectives. Similarly, an additional three outcome indicators fall within 3 percentage points of meeting the targets, which would bring the total percentage to 71 percent. While the outcomes did not meet the goal, significant progress has been made within the past year, both in service quality and outcomes measures. Service quality measures met increased by 16 percentage points in FY 2017, and outcome measures met increased by 15 percentage points. Several factors impact CSB performance indicators, to include legislative and policy changes at the state-level, changes in program models, and shifts in program populations. CSB will continue to review data and monitor outcomes as changes occur and business processes evolve and will continue to engage in quality improvement activities.

Engagement, Assessment and Referral Services

In FY 2017, EAR served 2,512 individuals at an average cost of \$707 per individual. The increase in the number served and corresponding decrease in average cost is primarily attributable to a new service model implemented in late FY 2015 to provide walk-in screening and assessment services at the CSB's Merrifield Center.

One goal of the same-day screening service model is to shorten the amount of time that it takes for an individual to begin to receive appropriate behavioral health treatment, mirroring state and national trends in care. The first objective is to ensure that individuals are assessed in a timely manner. In FY 2017, 100 percent of individuals requesting an assessment through the CSB Call Center were able to

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access an assessment appointment within 10 days. This practice is now built in to the business process, so this measure will be replaced by a different measure around access to treatment services in the future. The second component of improving the time to treatment is linking the individual to the first treatment appointment. Of those who received an assessment and were referred to CSB services, seventy percent attended their first scheduled CSB service appointment. There is a wide level of variation between programs and level of care that drives this outcome rate.

Wellness, Health Promotion and Prevention Services

In FY 2017, Wellness, Health Promotion and Prevention Services (WHPP) provided Mental Health First Aid (MHFA) training to 1,111 County and Fairfax County Public School staff, community members, and community partners at an average cost of \$73 per individual. MHFA is an evidence-based international health education program that helps participants identify, understand and respond to individuals experiencing a crisis as a result of mental health and/or substance use disorders. In FY 2017, 94 percent of individuals were satisfied with the training and 96 percent of individuals obtained MHFA certification after completing the training, both exceeding the target of 90 percent. In the past two years, WHPP added specific training for individuals who work with youth, Spanish-speaking participants, public safety/first-responders and older adults, which has driven the 40 percent increase in participants from last year. As interest in MHFA training has continued to grow, WHPP is monitoring another outcome - the percent of certified MHFA participants who, after taking the training, use the skills to assist someone either in crisis or exhibiting signs of a mental health or substance use problem. Results from approximately three years of surveys consistently show that between 65 and 69 percent of respondents applied the skills from MHFA training either at work or in their personal life after obtaining MHFA certification.

Emergency and Crisis Services

In FY 2017, Emergency and Crisis Services served 5,833 individuals through general emergency services and two mobile crisis units at an average cost of \$795 per person. These services, which operate 24 hours per day, 7 days per week, provide assistance to every individual who presents for services. In FY 2017, 85 percent of individuals received face-to-face services within one hour of check in, compared to 68 percent in FY 2016. This improvement in wait times is due to hiring of clinical and medical staff, streamlining the initial administrative intake process, and utilizing a new automated triage system. In the fall of 2016, in conjunction with the county's Diversion First initiative, a second Mobile Crisis unit was staffed which allowed for increased coverage throughout the county during identified peak hours to better serve the needs of the community.

A goal for this service area is to identify the best options and least restrictive services for individuals who are experiencing severe behavioral health issues. In FY 2017, 70 percent of crisis intervention and stabilization services provided by general emergency services and the mobile crisis units were less restrictive than psychiatric hospitalization. While this is lower than the target of 75 percent, there are a number of factors contributing to the increase in hospitalizations. Law enforcement officers continue to receive training to identify individuals who are experiencing a mental health crisis and to bring them to the attention of emergency services. In addition, changes in mental health legislation have led to a considerable increase in the overall number served. Several barriers that previously existed for those who do need hospitalization have been addressed through legislative changes, such as real-time hospital bed registry and extended time periods for psychiatric placement. While providing the least restrictive intervention remains a critical goal of service provision, CSB ensures that those who truly require the level of care provided through hospitalization are able to access it.

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Residential Treatment and Detoxification Services

In FY 2017, 450 individuals received Adult Residential Treatment and Detoxification Services. This represents people who received services through primary treatment, community re-entry, and aftercare services. The number served is slightly lower than FY 2016 though some variation in number served can be expected in residential programs. Modest fluctuations are typically due to the length of stay and admissions and discharges that span across fiscal years. The cost to serve each individual in FY 2017 was \$21,097, a slight decrease from the \$21,140 average cost in FY 2016. Many of the residential treatment programs in this service area are large, allowing the programs to produce an economy of scale that, combined with successful outcome measures, provide a positive return on investment.

Outcomes surveys are conducted one-year post discharge. Individuals are surveyed about their current substance use status, employment and overall satisfaction with the services received. Of the respondents, 84 percent indicated that they had reduced their substance use at one year after discharge as compared to substance use prior to entering the program, exceeding the target of 80 percent. Additionally, 94 percent of individuals indicated that they were satisfied with the services received.

Residential treatment programs recognize the importance of employment to ensure economic stability and the benefits of daily structure, responsibility, and accountability in an individual's recovery. Research indicates that individuals who receive substance abuse treatment and are able to obtain employment are more likely to have better long-term outcomes, including lower chance of relapse. During the past fiscal year, 73 percent of those surveyed were employed one-year post discharge, a slight decrease from 77 percent in FY 2016. While there are several factors that impact this indicator, a recent notable trend within this service area is an increase in younger individuals served. People who are younger often have less work experience which may impact employment options in a competitive market. Also, the length of stay in the residential programs has decreased over time, leaving less time for individuals to get connected to job supports during treatment.

Youth and Family Services

In FY 2017, Youth and Family Outpatient Services served 1,771 youth. While these services are provided to youth and their family members, the numbers served only reflect direct services provided to youth. The cost to serve each child was \$2,986, which is slightly higher than the previous year. Youth and Family Outpatient Services is inclusive of children and adolescents and encompasses all behavioral health services. Ninety-one percent reported their satisfaction with services, slightly higher than the target of 90 percent. Ninety-three percent of adolescents and their families reported an improvement in school functioning, defined as improvement in school attendance, behavior, and academic achievement. There are a number of factors that contribute to this outcome including acuity of the child's emotional and behavioral issues, attendance at treatment sessions and overall family functioning throughout the duration of treatment.

Behavioral Health Outpatient and Case Management Services

In FY 2017, Behavioral Health Outpatient and Case Management Services (BHOP) provided services to 3,826 people with mental health, substance use and/or co-occurring disorders at an average cost of \$2,708 per individual. The number served reflects a decrease from the 4,076 individuals served in FY 2016 and is in part due to numerous vacancies throughout the service area. In addition, the individuals who meet the criteria for the CSB priority population receive intensive services targeted to those who have more acute and complex needs.

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Customer satisfaction surveys are administered to gather input from those receiving services. These surveys are an important component of service quality and program changes may be implemented based on customer input. Ninety-six percent of those surveyed in BHOP were satisfied with the services they received, up from 91 percent in FY 2016. Based in part on customer feedback, BHOP re-allocated existing resources to the North County office to provide an Intensive Outpatient Program that serves individuals impacted by substance use.

For the past several years, this service area has tracked employment outcomes for those receiving treatment primarily for substance use. In FY 2017, 63 percent of those served obtained or maintained employment, representing a reduction from 76 percent in FY 2016. This is reflective of an overall population that has multiple needs and challenges to be addressed in order to successfully obtain and maintain employment. This service area will continue to partner with the behavioral health employment staff to best target the needs of this population in gaining and maintaining employment.

Support Coordination Services

In FY 2017, 3,989 individuals with a developmental disability received an assessment, case coordination, and/or Targeted Support Coordination services, an increase from 3,388 in FY 2016. While most individuals received case coordination services, 957 individuals received Targeted Support Coordination services, which consist of at least monthly contacts. The cost to serve each individual receiving Targeted Support Coordination services, the largest portion of the work in this service area, increased from \$5,319 in FY 2016 to \$5,535 in FY 2017. This increased cost is in large part due to Medicaid Waiver re-design, which has resulted in additional requirements for support coordination.

Ninety-nine percent of individuals receiving Targeted Support Coordination reported satisfaction with services, exceeding the target of 95 percent. Ninety-four percent of Person Centered Plan outcomes were met for individuals served in Targeted Support Coordination. This outcome represents the Person-Centered Plan outcomes developed by CSB Support Coordinators, with active participation from the individual, as well as family members and those closest to the people who know him/her best. By asking questions and gathering input from the group, an effective plan can be developed, incorporating how the person's needs can be met and goals for the future realized. The result is an individualized plan that supports personal life choices. This measure is aligned with the state-level methodology that looks at a more holistic approach on progress towards outcomes.

The Department of Justice Settlement Agreement continued to impact the work in this service area. CSB has implemented business process changes associated with Medicaid Waiver redesign effective July 2016 which designates the CSB as the single point of entry for individuals with any developmental disability to access Medicaid Waiver services, mandates new services, and includes more extensive regulations. In FY 2017, 1,174 individuals received assessment services, a 48 percent increase from the 794 individuals assessed in FY 2016. There was an initial surge in the number of assessments followed by a more stable pattern. The CSB continues to monitor the impact of state level changes and the impact on the local level.

Employment and Day Services

In FY 2017, 1,407 individuals with developmental disability received directly-operated and contracted day support and employment services, of which 850 received services that were fully funded by Fairfax County while 557 received services funded partially through Medicaid Waiver and partially by Fairfax County. The average cost to serve these individuals was \$18,459 per adult in FY 2017, an increase from the \$17,427 in FY 2016.

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The CSB contracts with community-based organizations to provide individual, group supported, and day programs throughout the community. Of note, during this fiscal year, job-coaching services were transitioned from being directly-operated by the CSB to being provided by the CSB's vendors. Ninety-seven percent of individuals served expressed satisfaction with services, surpassing the estimate.

Individuals who undertake community-based employment show improved economic, physical, and mental health outcomes. Of those individuals who received group supported employment services, the average annual wage was \$6,438, and those who received individual supported employment earned an average annual wage of \$16,872. These increases are primarily attributable to increased number of hours worked, as employers were able to offer more hours of work to existing employees. CSB staff continue to explore ways to provide access to services to more individuals and to increase system-wide capacity.

This service area also provides employment services to individuals with serious mental illness, substance use and/or co-occurring disorders. In FY 2017, 461 adults received supported employment services. In addition, employment services are provided to groups located within CSB drop-in sites throughout the county. CSB is working with Fairfax County Public Schools to engage graduating students with behavioral health issues who may benefit from CSB employment services.

In FY 2017, Employment Services staff and contractors continued to focus on individual job development. Approximately 70 percent of those served received individual supported employment services. Of those who received individual supported employment, 67 percent obtained paid or volunteer employment, which is higher than the 62 percent last year. Ninety-three percent of individuals were satisfied with services. The individuals who obtained paid employment worked an average of 25 hours per week and received an average hourly wage of \$11.62, an increase of 20 cents from the previous years. Wages have not increased in recent years, but individuals do work more hours per week, resulting in overall higher income and moving towards a higher level of self-sufficiency.

Assisted Community Residential Services

In FY 2017, 279 individuals were served in directly-operated and contracted group homes and supported apartments throughout the community. This number is lower than the 360 served in FY 2016 due to a reduction of census at program sites serving five or more individuals. This is commonly achieved through attrition, where vacancies that occur due to transfers or discharges are relicensed at the lower census. This practice occurred in seven directly operated group homes and supervised apartments in the past two fiscal years alone. This practice of census reduction for improved, more normalized, and better integrated community-based services is further supported by the Virginia Department of Medical Assistance Services (DMAS) incentives that provide higher Medicaid Waiver reimbursement rates for individuals served in smaller settings. This trend is in keeping with national best-practice trends and requirements of the Department of Justice Settlement Agreement. Also, during FY 2017, CSB has collaborated with providers to accurately capture and report services in the electronic health record based on state taxonomy, resulting in realignment of some reporting categories for group homes.

The cost per individual served was \$48,308 and is reflective of the decrease in the number served. CSB staff are reviewing service delivery in light of the declining census. Ninety-seven percent of individuals served indicated that they were satisfied with the services they received and 99 percent of individuals were able to maintain their current level of independence. This is important as it is reflective, in significant measure, of providers' adaptability to ensure that a growing number of aging individuals are properly supported to maintain their independence or otherwise afforded an opportunity to age-in-place.

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Supportive Community Residential Services

Supportive Community Residential Services (SCRS) served 436 individuals in FY 2017, 7 percent less than in FY 2016. The decrease is due to several factors, including higher than anticipated staff vacancies and a directly operated program closing in FY 2016 gradually through attrition. The cost per individual served was \$24,419 in FY 2017, an increase from \$22,798 in FY 2016, mainly attributable to serving fewer individuals as a result of the program closure. A newly awarded contract with community-based providers is anticipated to have a positive impact on system-wide capacity throughout the region.

In FY 2017, 71 percent of adults reported satisfaction with services. This was less than the 90 percent target, which is likely due to the significant staff turnover within clinical programs. When programs are fully staffed, clients are able to receive more supports. One of the goals in this service area is for clients to reach a stage where they are at a self-sufficiency level in which they are able to move to a more independent housing arrangement. Clients must be able to consistently manage their own medication administration and appointments and work schedules with minimal staff intervention in order to move out of a level of care that provides daily interaction with clinical staff. The percentage of individuals who were ready to move to a more independent residential setting within one year increased from 13 percent to 15 percent. Consistent with FY 2016, a number of new clients were discharged from institutional or highly intensive settings. This transition to a community-based setting requires a significant amount of skill training and rehabilitation for the clients to be ready for a level of functioning that allows for a successful movement to a more independent living arrangement. While this improvement represents significant work on the part of the providers and individuals served, it is important to note that there continues to be a lack of affordable, sustainable housing for individuals in this level of care. Typically, clients served in this service area have very low incomes which limits access to housing.

Diversion and Jail-Based Services

In FY 2017, CSB clinicians housed in the Adult Detention Center served a total of 2,263 individuals at a cost of \$625 per individual. During FY 2017, 1,243 Forensic Assessments were conducted with 1,046 people (unduplicated). In addition, CSB staff have instituted a screening process to determine whether an individual has any presenting issues that would require more in depth clinical attention or referral to other providers. A total of 2,189 people received this screening and/or a forensic assessment. The addition of more consistent screening has resulted in a larger number of individuals who are referred to CSB clinicians within the ADC for further evaluation, while focusing resources on those who truly need behavioral health services.

Of those who received a full forensic assessment, 75 percent received follow up treatment services while in jail, surpassing the target of 60 percent. This higher rate may in part be related to the decrease in the number of assessments as well as system-wide diversion efforts that divert individuals with mental illness from incarceration. In FY 2017, 98 percent of those referred for a forensic assessment received the assessment within two days of referral, exceeding the target of 90 percent. The assessments that did not occur within 2 days were generally the result of holiday or weekend scheduling, or because the individual was not available for the assessment due to release from jail or transfer to another facility.

CSB programming and services provided at the Adult Detention Center continue to change significantly as part of the county's overall Diversion First effort. Staff are actively working to track and monitor relevant data to evaluate program efficacy and further assess behavioral health outcomes for individuals served. CSB staff collaborate with other agencies to review current business processes and practices that meet the needs of the ADC population. While the jail and the CSB use different data systems, staff are closely working together to identify and implement solutions to effectively align data elements. It is

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anticipated that this effort will lead to best practice interventions during incarceration, discharge planning and post-incarceration community integration, as well as more comprehensive and meaningful program evaluation and performance measurement. As Diversion First measures evolve, performance measures for this service area will be re-evaluated to strengthen alignment.

Intensive Community Treatment Services

In FY 2017, CSB discharge planners served 461 adults, a slight decrease from the 478 served in FY 2016 but up from 428 served in FY 2015. This is largely attributable to changes in mental health legislation leading to an increase in hospital admissions. Increased demand generally results in decreased length of hospital stay and greater need for responsive discharge planning services. The cost to serve each individual was \$1,176 in FY 2017. Ninety-five percent of all adults were scheduled for an assessment within seven days of hospital discharge, exceeding the target of 90 percent. The target has been increased to 95 percent for future fiscal years. Timely access to assessment and treatment is a vital component of discharge planning, and efforts have been successful due in large part to outreach and engagement efforts. Ninety-three percent of those surveyed reported satisfaction with services, exceeding the target of 90 percent.

It is critical to ensure continuity of care as individuals reintegrate from the hospital into the community. Of the individuals referred for assessment and ongoing CSB services, 76 percent remained in CSB services after 90 days of services, an increase from 61 percent in FY 2016. This increase may be due to direct access to the level of care required to maximize stability in the community. Discharge planners are able to refer directly to CSB programs, decreasing the length of time to begin treatment services. CSB staff from the Program for Assertive Community Treatment and Intensive Case Management programs begin client engagement prior to an individual's discharge from the hospital. In addition, once an individual leaves the hospital, a discharge planner is able to meet with a client to ensure a smooth transition to community-based care.

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FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2017 Actual	FY 2018 Adopted Budget Plan	FY 2018 Revised Budget Plan	FY 2019 Advertised Budget Plan	FY 2019 Adopted Budget Plan
Beginning Balance	\$14,598,531	\$5,734,935	\$25,360,113	\$9,643,679	\$9,032,361
Revenue:					
Local Jurisdictions:					
Fairfax City	\$1,614,654	\$1,776,119	\$1,776,119	\$1,798,517	\$1,798,517
Falls Church City	731,851	805,036	805,036	815,189	815,189
Subtotal - Local	\$2,346,505	\$2,581,155	\$2,581,155	\$2,613,706	\$2,613,706
State:					
State DBHDS	\$11,966,172	\$11,886,443	\$11,886,443	\$11,886,443	\$11,886,443
Subtotal - State	\$11,966,172	\$11,886,443	\$11,886,443	\$11,886,443	\$11,886,443
Federal:					
Block Grant	\$4,055,448	\$4,053,659	\$4,053,659	\$4,053,659	\$4,053,659
Direct/Other Federal	152,895	154,982	154,982	154,982	154,982
Subtotal - Federal	\$4,208,343	\$4,208,641	\$4,208,641	\$4,208,641	\$4,208,641
Fees:					
Medicaid Waiver	\$2,366,163	\$2,371,024	\$2,371,024	\$2,371,024	\$2,371,024
Medicaid Option	9,698,095	8,122,500	8,122,500	8,537,500	8,537,500
Program/Client Fees	7,005,907	6,406,751	6,406,751	4,011,751	4,011,751
CSA Pooled Funds	1,035,433	858,673	858,673	858,673	858,673
Subtotal - Fees	\$20,105,598	\$17,758,948	\$17,758,948	\$15,778,948	\$15,778,948
Other:					
Miscellaneous	\$43,488	\$14,100	\$14,100	\$14,100	\$14,100
Subtotal - Other	\$43,488	\$14,100	\$14,100	\$14,100	\$14,100
Total Revenue	\$38,670,106	\$36,449,287	\$36,449,287	\$34,501,838	\$34,501,838
Transfers In:					
General Fund (10001)	\$126,077,551	\$130,429,318	\$130,429,318	\$135,445,375	\$135,445,375
Total Transfers In	\$126,077,551	\$130,429,318	\$130,429,318	\$135,445,375	\$135,445,375
Total Available	\$179,346,188	\$172,613,540	\$192,238,718	\$179,590,892	\$178,979,574
Expenditures:					
Personnel Services	\$99,531,316	\$108,600,658	\$109,580,658	\$113,449,955	\$113,449,955
Operating Expenses	56,313,755	60,016,927	75,340,717	58,236,238	58,236,238
Recovered Costs	(1,976,493)	(1,738,980)	(1,738,980)	(1,738,980)	(1,738,980)
Capital Equipment	117,497	0	23,962	0	0
Total Expenditures	\$153,986,075	\$166,878,605	\$183,206,357	\$169,947,213	\$169,947,213
Total Disbursements	\$153,986,075	\$166,878,605	\$183,206,357	\$169,947,213	\$169,947,213

Fund 40040

Community Services Board (CSB)

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2017 Actual	FY 2018 Adopted Budget Plan	FY 2018 Revised Budget Plan	FY 2019 Advertised Budget Plan	FY 2019 Adopted Budget Plan
Ending Balance	\$25,360,113	\$5,734,935	\$9,032,361	\$9,643,679	\$9,032,361
Infant and Toddler Connection Reserve ¹	\$1,500,000	\$1,500,000	\$1,500,000	\$0	\$0
DD Medicaid Waiver Redesign Reserve ²	4,100,000	2,500,000	2,500,000	2,500,000	2,500,000
Opioid Use Epidemic Reserve ³	3,600,000	0	1,888,682	2,500,000	1,888,682
Diversion First Reserve ⁴	1,124,490	0	774,490	774,490	774,490
Encumbered Carryover Reserve	6,315,344	0	0	0	0
Unreserved Balance⁵	\$8,720,279	\$1,734,935	\$2,369,189	\$3,869,189	\$3,869,189

¹ The Infant and Toddler Connection Reserve ensured that the County had funds to provide federal and state-mandated services to children from birth to age 3 in the event of unanticipated decreases in federal and state funding. This program has been moved to the Department of Family Services as part of the FY 2019 Adopted Budget Plan.

² The DD Medicaid Waiver Redesign Reserve ensures the County has sufficient funding to provide services to individuals with developmental disabilities in the event of greater than anticipated costs due to the Medicaid Waiver Redesign effective July 1, 2016.

³ The Opioid Use Epidemic Reserve provides flexibility, consistent with the Board of Supervisors' FY 2018-FY 2019 Budget Guidance, as the County continues to work with national, state, and regional partners on strategies to combat the opioid epidemic.

⁴ The Diversion First Reserve represents one-time savings that were realized in FY 2017 as a result of longer than anticipated recruitment times to fill new positions and savings in operating expenses. This funding will be reallocated as part of a future budget process based on priorities identified by the Board of Supervisors.

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