

Fund 40040: Fairfax-Falls Church Community Services Board

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

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

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

CSB's community-based services and supports are designed to improve mental, emotional, and physical health and quality of life for many of the community's most vulnerable residents. This continuum of services is provided primarily by nearly 1,500 CSB employees, including psychiatrists, psychologists, nurses, counselors, therapists, case managers, support coordinators, peer specialists, and administrative and support staff. Their efforts are combined with those of contracted service providers, dedicated volunteers and interns, community organizations, concerned families, faith communities, businesses, schools, and other Fairfax County agencies to provide a system of community-based supports for individuals and families that are affected by developmental delay, intellectual disability, serious emotional disturbance, mental illness, and/or substance use disorders.

Strategic Priorities and Integrated Services

CSB has continued to evaluate and improve business and clinical operations strategically and systematically to enhance delivery of behavioral healthcare 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. The CSB recently participated in the countywide strategic planning process and will be ready to update its plan to reflect countywide priorities.

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As the County's Health and Human Services information technology roadmap takes shape, coupled with the continually changing health care landscape, CSB is working to ensure the efficient and effective use of resources with a new electronic health record. Additionally, the CSB and Health Department have partnered to compare clinical and technical requirements and explore the possibility of securing an electronic medical record solution that can meet both agencies' needs. This project is called the Health Care Services and Information System (HCSIS).

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

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

The integration of primary and behavioral health care continues to be a strategic priority for CSB and the County Health and Human Services System. The CSB is committed to meeting the goals of the "triple aim": to improve each person's experience of care and overall health, and to perform in a cost-effective manner. The Merrifield Center is an excellent example of how CSB is integrating service delivery. Inova Behavioral Health, Neighborhood Health's CHCN, and the Northern Virginia Dental Clinic provide services on the building's fourth floor, and a pharmacy is available on the second floor. Having multiple services at one site allows individuals to access and receive comprehensive and coordinated services – for behavioral and primary health care – in an integrated manner.

Also located at the Merrifield Center is the Merrifield Crisis Response Center (MCRC) for individuals with mental illness, developmental disabilities, and co-occurring substance use disorders who come in contact with the criminal justice system. The MCRC serves as a key intercept point of the County's "Diversion First" initiative. 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. Medical clearance is now on site at the MCRC, which will help to reduce lengthy wait times for individuals at local emergency departments and expedite transfer of custody throughout the medical assessment process.

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 to 24-year-olds. CSB continues to offer online Kognito suicide prevention training. These tools are currently being used successfully in Fairfax County Public Schools and are a training requirement for school faculty and

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staff. 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>. 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 (DBHDS). The group includes regional stakeholders from the community, CSBs, schools, and advocacy groups. 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 provide a nationally certified Mental Health First Aid (MHFA) program that introduces key risk factors and warning signs of mental health and substance use problems, builds understanding of their impact, and describes common treatment and local resources for help and information. As part of the County's Diversion First initiative, CSB provides 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 can and do recover and are well-suited to help others achieve long-term recovery. Within the behavioral health care field, this service is known as peer support services. CSB continues to expand its use of peer support specialists across the continuum of services for substance use/co-occurring disorders.

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 2020, the intern and volunteer program had 70 participants who provided 8,183 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 2020 was \$222,571.

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:

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 in 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.

The Merrifield Crisis Response Center (MCRC) serves as a key intercept point of Diversion First. Located with CSB's Emergency Services at the Merrifield Center, the MCRC operates as an assessment site where specially trained police officers and deputy sheriffs are on duty to accept custody when a patrol officer from Fairfax County law enforcement or neighboring jurisdictions brings in someone who is experiencing a mental health crisis and needs to receive a CSB mental health

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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 court system now has multiple diversion-oriented initiatives underway. CSB has been working in partnership with the courts to provide direct support for the Veterans Treatment Docket, the Drug Court, and the Mental Health Docket. Each of these efforts seeks to enhance an individual's linkage to treatment services and, in doing so, aims to reduce recidivism.

The goal for the future is a robust, coordinated County-based local diversion system to interrupt the cycle of court and legal system involvement experienced by many nonviolent offenders – youth and adults – who have mental illness, substance use disorders, developmental disabilities, and behavioral issues. 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. Diversion First is also focused on connecting individuals to treatment before a behavioral crisis begins or at the earliest possible state of system interaction. Behavioral health call centers, crisis response teams, and crisis stabilizations units are key to these efforts.

Increased Use of Heroin and Other Opiates

Fairfax County has not been spared from the growing heroin and opioid addiction crisis affecting the nation. Opioid overdose is the leading cause of unnatural death in Fairfax County, with 82 opioid deaths in 2019, including 67 fentanyl and 19 heroin overdose deaths. Alarming, hospitals in the Fairfax Health District (including Fairfax County and the Cities of Fairfax and Falls Church) reported a 39 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in January-September 2020 compared to the same period in 2019. This serves as an early indicator that the opioid epidemic continues to profoundly impact Fairfax County amidst the COVID-19 pandemic.

Individuals who are using heroin or any other type of opioid have priority for CSB substance use disorder services and can walk into the Merrifield Center, without prior appointment, to receive a screening and assessment for services. CSB also continues to expand 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. Over 400 individuals receive medication-assisted detoxification services and substance use disorder treatment at the Addiction Medicine Clinic (AMC) at the Merrifield Center. CSB was also able to expand its outpatient substance use disorder services during FY 2020 and provide outpatient treatment services to 488 adults and 157 youth. To promote recovery and community inclusion, CSB is expanding peer support services to help meet the needs of various populations. Additional peer support specialists are being used across the continuum of services for substance use/co-occurring disorders. CSB is also expanding its telehealth services, which was expedited through changes to federal and state rules/regulations during the COVID-19 pandemic. It is anticipated that many of these changes will remain in the future. This is positive for CSB's substance use treatment services as innovative solutions are needed to ensure timely treatment and access to needed medications.

In addition to providing treatment, CSB is the lead County agency for the education component of the County's Opioid and Substance Abuse Task Force. 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

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treatment. CSB's community efforts also include training non-medical personnel to administer the life-saving opioid- reversal medication naloxone.

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 behavioral health services. The Commonwealth is halfway through its four-year implementation timeline and all CSBs have initiated the first two services: same-day access to mental health screening and primary care screening and monitoring. The remaining core services are crisis services, outpatient services, targeted case management, care coordination, peer and family support, psychiatric rehabilitation services, and veterans' behavioral health services. These seven remaining services were originally mandated to be initiated by July 1, 2021. However, implementation deadlines are now dependent on funding being allocated to each of the remaining seven core services (some funding was allocated for crisis services and outpatient services in FY 2020).

The Fairfax-Falls Church CSB already offers much of what is covered in this legislation at some level. However, to fully meet the new mandates without having to decrease other critical services, CSB will require additional state funding in subsequent years. At no point during the three years of STEP-VA implementation has the Commonwealth provided adequate funding to implement any of the newly-mandated services. The amount of funding the General Assembly will put forth for these services, and how the funding will be distributed throughout the state, remains unknown at this time.

Medicaid Expansion and Transition to Managed Care

The Commonwealth's recently passed Medicaid expansion bill enables eligible individuals and families to have more health care choices. In FY 2020, over 2,100 newly eligible CSB consumers signed up for Medicaid. While Medicaid expansion introduces a vital resource to underserved individuals, there is reason to be concerned that the state's shifting costs to localities will reduce the availability of services while simultaneously increasing demand. The CSB has increased revenue but there will be ongoing fiscal and revenue challenges as a result of the reduction in state general funds for Medicaid. CSB continues identifying ways to increase billing revenue from Medicaid, and, during FY 2020, CSB implemented enhanced identification monitoring and improvements to its claims billing process.

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. 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. CSB staff have helped affected clients navigate the transition to managed care and have continued to ensure quality services are provided. However, CSB must navigate the rules of more than six managed care organizations (insurance providers) to provide and bill for services. Staff will continue to focus on ways to meet the goal of maximizing revenue recovery. It will be important for the CSB to partner with the managed care organizations and leadership at the Department of Medical Assistance Services (DMAS) to help implement streamlined and standardized business processes to alleviate any future financial strain.

The Hospital Bed Crisis and Hospital System Transformation

The General Assembly recognizes the need to ensure that private or state psychiatric beds are available for individuals who meet the criteria for temporary detention. With this goal in mind, legislation passed in 2014 requires state facilities to accept Temporary Detention Orders (TDOs) when at least eight other hospitals have denied services and are at the eight-hour mark of an

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Emergency Custody Order (ECO). As a result, Virginia's nine state mental health hospitals are under tremendous strain. For much of FY 2020, state hospitals were at critical levels with utilization at or above maximum capacity statewide,

The Extraordinary Barriers List (EBL) is a measure of community capacity to meet the individual needs in the community in state hospitalization. In FY 2020, 72 Northern Virginia region individuals were discharged from the Northern Virginia Mental Health Institute (NVMHI), and 37 of these were with the CSB. Individuals on the EBL exacerbate the hospital census crisis by retaining individuals who could be discharged if there was appropriate community capacity to meet their needs.

The CSB continues to implement strategies to address the bed crisis. The Fairfax-Falls Church CSB and other CSBs in the region continue efforts to increase Temporary Detention Order (TDO) acceptance rates at private hospital partner facilities in order to decrease TDOs at state hospitals. This goal was met in FY 2020, as TDO acceptance rates increased in five the local private hospitals while decreasing by up to 22 percent in the three state hospitals. CSB has also dedicated two full-time staff to continuously search for vacant psychiatric hospital beds.

Developmental Disabilities Services

The CSB continues to experience significant change as the Commonwealth works to make progress under the 2012 United States Department of Justice Settlement Agreement (DOJSA). 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 due to high costs of real estate and service delivery in Northern Virginia. Without sufficient Medicaid waiver reimbursement rates, providers will continue to struggle with increasing capacity.

The Northern Virginia Training Center (NVTC) in Fairfax County closed in January 2016. Before NVTC closed, CSB support coordination staff had helped transition all 89 Fairfax-Falls Church individuals from NVTC into new homes and services. CSB 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.

The new requirements for enhanced support coordination include monthly, rather than quarterly, face-to-face visits, increased monitoring, and extensive documentation. The DOJSA also requires enhanced support coordination services for certain individuals on the Medicaid Waiver waitlist, those with waivers who live in larger group homes, or have other status changes. With DBHDS determined to exit the settlement agreement at the assigned date of July 1, 2021, the agency has consistently implemented new service requirements to the CSB. The pace and volume of recent mandates increased significantly during FY 2020 after DBHDS was directed to incorporate some 328 indicators as part of their quality review. Implementation of these indicators were largely place on the CSBs as requirements. These requirements focus on crisis, risk, behavior management and ongoing person-centered, community-based service integration.

Pursuant to DOJSA, the Commonwealth also redesigned the previously separate service delivery systems for people with intellectual disability and developmental disabilities into one Developmental Disabilities services system. The term "developmental disabilities" is now understood to include intellectual disability, as well as disorders on the autism spectrum and other developmental disabilities. CSBs throughout the Commonwealth are now the single point of eligibility determination and case management for individuals with developmental disabilities. As a result, CSB's role and oversight responsibility have grown, and the number of people served is increasing. This increase

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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. 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. CSB staff are also working to meet the case management needs of more than 2,535 Fairfax-Falls Church residents on the state waiting list for Medicaid waivers.

Employment and Day Services

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

As directed by the Board of Supervisors, CSB worked with Human Services agencies and the Welcoming Inclusion Network to develop options for funding various levels of services for EDS and presented these options to the Board of Supervisors on December 11, 2018. These efforts continued in FY 2021.

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

Pandemic Response and Impact

In response to the COVID-19 pandemic, the Fairfax Falls Church Community Service Board (CSB) has incurred significant costs in three areas: screening and admission to sites, procurement of personal protective equipment (PPE), and setting up services via telehealth.

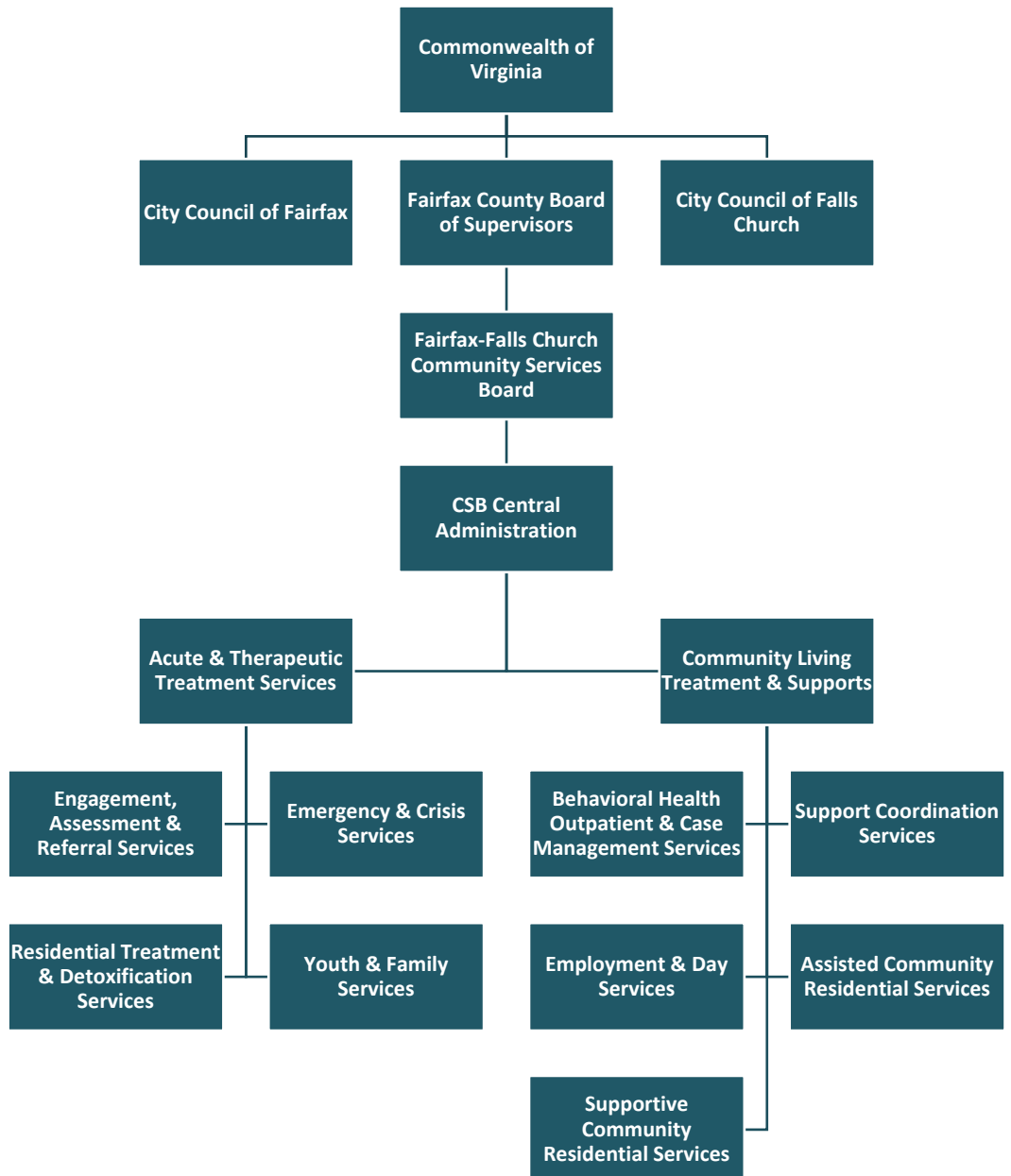
To ensure that staff and clients were safe, the CSB rented tents so that COVID-19 screenings could take place outside of treatment sites before clients were escorted into the building for services. The screenings were coordinated with health services partners that share the buildings.

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As services continued at CSB sites, sufficient PPE needed to be procured to ensure the safety of staff and clients. Services at residential sites for substance use treatment, homes for developmentally disabled individuals, emergency and crisis sites, and medication clinics required PPE, as well additional cleaning and sanitation supplies.

The CSB responded to the need to continue services through different means by setting up over 550 telehealth licenses for clinicians to treat clients. While some clients were not able to participate in telehealth sessions, the CSB was able to continue services for a significant portion of its service population. Consequently, the cost of telephone services for minutes of services and bandwidth, as well as the cost of equipment, increased significantly.

Organizational Chart



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Budget and Staff Resources

Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
FUNDING					
Expenditures:					
Personnel Services	\$122,649,989	\$121,291,509	\$126,748,645	\$123,039,952	\$124,147,434
Operating Expenses	54,338,601	63,309,241	63,100,059	62,448,342	62,448,342
Capital Equipment	667,594	0	156,469	0	0
Subtotal	\$177,656,184	\$184,600,750	\$190,005,173	\$185,488,294	\$186,595,776
Less:					
Recovered Costs	(\$1,755,631)	(\$1,738,980)	(\$1,568,760)	(\$1,738,980)	(\$1,738,980)
Total Expenditures	\$175,900,553	\$182,861,770	\$188,436,413	\$183,749,314	\$184,856,796
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	1060 / 1056	1060 / 1056	1061 / 1057	1075 / 1071	1076 / 1072

This department has 64/60.8 FTE Grant Positions in Fund 50000, Federal-State Grants.

FY 2022 Funding Adjustments

The following funding adjustments from the FY 2021 Adopted Budget Plan are necessary to support the FY 2022 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 4, 2021.

Employee Compensation **\$1,107,482**
 An increase of \$1,107,482 in Personnel Services is included for a 1.00 percent market rate adjustment (MRA) for all employees effective July 2021.

Support Coordination **\$1,060,602**
 An increase of \$1,060,602 and 9/9.0 FTE new positions includes an increase of \$1,036,302 in Personnel Services and \$24,300 in Operating Expenses 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 Department of Justice Settlement Agreement and implementation of Virginia's Medicaid Waiver redesign, effective July 1, 2016. The expenditure increase is partially offset by an increase of \$382,669 in Medicaid Waiver revenue for a net cost to the County of \$677,933.

Healthcare Business Operations **\$475,480**
 An increase of \$475,480 and 4/4.0 FTE new positions, including \$464,679 in Personnel Services and \$10,801 in Operating Expenses, will support a team to navigate the rules of more than six managed care organizations (insurance providers) to provide and bill for services provided by the CSB. The expenditure increase is completely offset by revenue for no net impact to the General Fund.

Opioid Use Epidemic **\$620,000**
 An increase of \$620,000 in Operating Expenses is included to continue addressing the growing opioid epidemic. In response to the opioid crisis facing our nation and local communities in Northern Virginia, the Board of Supervisors established an Opioid and Substance Use Task Force to help address the opioid epidemic locally. The primary goal is to reduce death from opioids through prevention, treatment, and harm reduction strategies. Funding is included to provide peer support services to assist with resource navigation services for individuals in need of services, and contracted detoxification and residential treatment services.

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Diversion First **\$299,462**

An increase of \$299,462 and 2/2.0 FTE new positions includes an increase of \$247,462 in Personnel Services and an increase of \$52,000 in Operating Expenses to support the County's successful Diversion First initiative. Diversion First aims to reduce the number of people with mental illness in the County by diverting low-risk offenders experiencing a mental health crisis to treatment rather than bring them to jail. This funding will support direct clinical services with individuals in crisis and successful identification and intervention with individuals in need of diversion from incarceration.

Transfer of the Second Story for Teens in Crisis **(\$168,000)**

A decrease of \$168,000 is associated with the transfer of the Second Story for Teens in Crisis contract from Fund 40040, Fairfax-Falls Church Community Services Board, to Agency 67, Department of Family Services, in an effort to consolidate the administration of emergency youth shelter services which will better align service delivery within the health and human services system.

Operating Expenses Reduction **(\$1,400,000)**

A reduction of \$1,400,000 in Operating Expenses reflects anticipated savings based on trends in actual expenditures.

Position Adjustment **\$0**

The County Executive approved the redirection of 1/1.0 FTE position to this agency from Agency 38, Department of Housing, in order to meet workload requirements.

General Fund Transfer

The FY 2022 budget for Fund 40040, Fairfax-Falls Church Community Services Board, requires a General Fund Transfer of \$148,691,446, an increase of \$1,136,877 over the FY 2021 Adopted Budget Plan, primarily due to additional funding to support a 1.00 percent market rate adjustment, additional funding and positions to combat the opioid use epidemic, additional funding and positions to support the Diversion First initiative, additional funding and positions to provide support coordination services, and additional funding and positions to support healthcare business operations, partially offset by a reduction of \$1,400,000 in Operating Expenses.

Changes to FY 2021 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2021 Revised Budget Plan since passage of the FY 2021 Adopted Budget Plan. Included are all adjustments made as part of the FY 2020 Carryover Review, FY 2021 Mid-Year Review, FY 2021 Third Quarter Review, and all other approved changes through April 30, 2021.

Carryover Adjustments **\$5,913,193**

As part of the FY 2020 Carryover Review, the Board of Supervisors approved funding of \$5,913,193, including \$5,513,193 in encumbered funding in Operating Expenses primarily attributable to ongoing contractual obligations, residential treatment and health related services, medical and laboratory equipment and supplies, and building maintenance and repair services. In addition, an appropriation of \$150,000 was included to continue implementing a strong public communications campaign with County partners as detailed in the Fairfax County Opioid Task Force Plan, which 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; and an appropriation of \$250,000 from the Diversion First Reserve to establish an onsite medical assessment program at the Merrifield Crisis Response Center originally funded in the FY 2020 Adopted Budget Plan.

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Third Quarter Adjustments (\$338,550)

As part of the *FY 2021 Third Quarter Review*, the Board of Supervisors approved a reduction of \$338,550, including an increase of \$1,061,450 in Personnel Services for a one-time compensation adjustment of \$1,000 for merit employees and \$500 for non-merit employees paid in May 2021. This increase is offset by a reduction of \$1,400,000 in Operating Expenses reflecting anticipated savings based on efficiencies and trends in actual expenditures.

Position Adjustment \$0

The County Executive approved the redirection of 1/1.0 FTE position to this agency from Agency 38, Department of Housing, in order to meet workload requirements.

Cost Centers **CSB Central Administration**

CSB Central Administration Unit (CAU) provides leadership to the entire CSB system, supporting over 20,000 individuals and their families, more than 70 nonprofit partners, and CSB employees. The CSB executive staff oversees the overall functioning and management of the agency to ensure effective operations and a seamless system of community services and key supports. CAU staff also provides support to the 16 citizen members of the CSB Board and serves as the liaison between the CSB; Fairfax County, the Cities of Fairfax and Falls Church; DBHDS; Northern Virginia Regional Planning; and the federal government.

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

Medical Services

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

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

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Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
EXPENDITURES					
Total Expenditures	\$45,839,248	\$42,020,793	\$51,388,747	\$43,116,273	\$43,369,881
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	240 / 239.5	240 / 239.5	242 / 241.5	244 / 243.5	246 / 245.5

Acute and Therapeutic Treatment Services

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 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 assess whether they or someone they care about need to seek help for a mental health or substance use issue. The goal of EAR is to engage people in need of services and/or support, triage people for safety, and connect people to appropriate treatment and support. People seeking information about available community resources or who are determined to be ineligible for CSB services are linked with other community services when possible.

Wellness, Health Promotion and Prevention Services

Wellness, Health Promotion, and Prevention Services (WHPP) focuses on strengthening the health of the entire community. 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.

Emergency & Crisis Services

Emergency and Crisis Services are available to anyone in the community with 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. Staff 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 in need of mental health services can bring them to the MCRC, rather than to jail, and transfer custody to a specially trained Crisis Intervention Team (CIT) law enforcement officer at MCRC. The individual can then receive a clinical assessment from emergency mental health professionals and links to appropriate services and supports.

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

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required by the Code of Virginia. They assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization.

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.

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. 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 in need of assistance with their intoxication/withdrawal states. 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.

Continuing care services are provided to help people transition back to the community. Specialized services are provided for individuals with co-occurring disorders, pregnant and post-partum women, and people whose primary language is Spanish.

Youth & Family Services

Youth and Family Services provides assessment, education, therapy and case management services for children and adolescents ages 3 through 18 who have mental health, substance use and/or co-occurring disorders. All services support and guide parents and treat youth who have, or who are at risk for, serious emotional disturbance. The CSB maintains a close partnership with the Children's Services Act (CSA) program and Healthy Minds Fairfax. Together, CSB and these partners work to maximize local and state funds to provide comprehensive services to at-risk youth. Programs are funded through state block grants, as well as County, state, and federal funding. Revenue is also received from Medicaid, private insurance, and fees for service. Services are provided at four CSB clinics located throughout the County, as well as schools and juvenile court programs.

Child, Youth, and Family Outpatient Services provides mental health and substance use disorder treatment and case management for children, adolescents, and their families. Services are provided using evidenced-based and evidence-informed practices for youth who have, or who are at-risk of developing, a serious emotional disturbance and for those who have issues with substance use or dependency. Youth may be experiencing emotional or behavioral challenges, difficulties in family relationships, alcohol use, or drug use. Youth 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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Youth and Family Intensive Treatment Services offers a variety of services to support youth and their families. The Resource Team provides state-mandated hospital discharge planning, behavioral health consultation, case management, and access to privately provided intensive treatment funded through CSA and the Mental Health Initiative. Wraparound Fairfax provides an intensive level of support for youth with complex behavioral health issues who are at high-risk for out-of-home placement, or who are currently served away from home and are transitioning back to the community.

Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
EXPENDITURES					
Total Expenditures	\$42,743,297	\$43,510,425	\$43,919,530	\$43,342,425	\$43,711,555
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	341 / 339	341 / 339	345 / 343	343 / 341	345 / 343

Community Living Treatment and Supports

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 develop a positive support network in the community. Intensive outpatient services are provided for individuals who would benefit from increased frequency of services. 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 with serious and persistent mental or emotional disorders and who may also have co-occurring substance use disorders. Services focus on interventions that support recovery and independence and include supportive counseling and employment services focused on improving quality of life, crisis prevention and management, psychiatric and medication management and group and peer supports. The goal of case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms, facilitate a successful life in the community, help manage symptom recurrence, 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.

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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 services and supports. CSB support coordinators engage with individuals and families in a collaborative person-centered process to identify needed services and resources through an initial and ongoing assessment and planning process. They then link the individual to services and supports, coordinate and monitor services, provide technical assistance, and advocate for the individual. These individualized services and supports may include medical, educational, employment/vocational, housing, financial, transportation, recreational, legal, and problem-solving skills development services. Support coordinators assess and monitor progress on an ongoing basis to make sure that services are delivered in accordance with the individual's wishes and regulatory standards for best practice and quality.

Employment & Day Services

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

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

The Self-Directed Services (SDS) program provides a programmatic and cost-saving alternative to traditional day support and employment services. CSB provides funds directly to families who can purchase customized services for a family member. Services can include community participation and integration; training in safety, work/work environment, and social/interpersonal skills; and participation in community-based recreational activities, work, or volunteer activities. SDS staff helps the family identify resources and provides technical assistance. Funding for each SDS contract is calculated at 80 percent of the weighted average cost of traditional day support and employment services. The annualized cost avoidance is approximately \$4,000 per person. This results from families not having to pay for personnel, overhead, and other expenses that a traditional service provider must incur.

Psychosocial rehabilitation services provide a period for adjustment and skills development for persons with serious mental illness, substance use, and/or co-occurring disorders who are transitioning to employment. Services include psycho-educational groups, social skills training, services for individuals with co-occurring disorders, relapse prevention, training in problem solving and independent living skills, health literacy, pre-vocational services, and community integration. CSB contracts with community partners to provide psychosocial rehabilitation services to individuals

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who have limited social skills, have challenges establishing and maintaining relationships, and need help with basic daily living activities.

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. Turning Point helps participants and their families better understand and manage symptoms of psychosis, while building skills and supports that allow them to be successful in work, school, and life. Turning Point is a transitional treatment program, and participants typically receive specialized services for approximately two years. Services include supported employment and education, peer support, psychiatric services, individual and group therapy, and family psychoeducation and support.

Assisted Community Residential Services

Assisted Community Residential Services (ACRS) provides an array of needs-based, long-term residential supports for individuals with developmental disabilities and for individuals with serious mental illness and comorbid medical conditions requiring 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. These services are provided through contracts with 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. The services are provided based on individual need, and individuals can move through the continuum of care. Individuals admitted to SCRS typically have had multiple psychiatric hospitalizations, periods of homelessness, justice system involvement, and interruptions in income and Medicaid benefits. The programs offer secure residence, direct supervision, counseling, case management, psychiatric services, medical nursing, employment, and life-skills instruction to help individuals manage, as independently as possible, their primary care, mental health, personal affairs, relationships, employment, and responsibilities as good neighbors. Many of the residential programs are provided through various housing partnerships and contracted service providers.

Residential Intensive Care (RIC) is a community-based, intensive residential program that provides up to daily 24/7 monitoring of medication and psychiatric stability. Counseling, supportive, and

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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 support services.

Diversion and Jail-Based Services

Diversion and Jail-Based Services provides treatment, engagement, and services to justice-involved individuals with behavioral health concerns. 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. 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. CSB partners with specialty courts to provide direct support for the Veterans Treatment Docket, the Drug Court and the Mental Health Docket. Each of these efforts is focused in enhancing an individual's linkages to treatment services with the goal of reducing recidivism.

Intensive Community Treatment Services

Intensive Community Treatment Services includes Discharge Planning, the Program of Assertive Community Treatment (PACT), services for individuals who are judged Not Guilty by Reasons of Insanity (NGRI), Projects for Assistance in Transition from Homelessness (PATH), and Intensive Case Management (ICM). Discharge planning services are provided to individuals in state psychiatric hospitals to link individuals to community-based services that enhance successful community-based recovery. Discharge Planners work collaboratively with the state hospital treatment team to develop comprehensive discharge plans. PACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. NGRI services include monitoring, linking, and supporting individuals facing civil commitment proceedings, subsequent to a court proceeding. PATH is an outreach team meeting individual in the community who are homeless and connecting them to needed services, including healthcare, substance use treatment, shelter, and behavioral health services. Intensive Case Management (ICM) Teams provide intensive, community-based case management and outreach services to persons who have serious mental illness and or/co-occurring serious substance use disorders. Both PACT and ICM teams work with individuals who have acute and complex needs and provide appropriate levels of support and services where individuals live, work, and relax in the community. Many of the individuals served in these programs are homeless and have previously been hospitalized or involved with the criminal justice system. Services include case management, linking to community resources, crisis intervention, and medication management.

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Category	FY 2020 Actual	FY 2021 Adopted	FY 2021 Revised	FY 2022 Advertised	FY 2022 Adopted
EXPENDITURES					
Total Expenditures	\$87,318,008	\$97,330,552	\$93,128,136	\$97,290,616	\$97,775,360
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	479 / 477.5	479 / 477.5	474 / 472.5	488 / 486.5	485 / 483.5

Position Detail

The FY 2022 Adopted Budget Plan includes the following positions:

CSB CENTRAL ADMINISTRATION – 246 Positions					
CSB Central Administration					
1	Executive Director		1	Human Resources Generalist III	
1	Deputy Director		5	Human Resources Generalists II	
1	Comm. Svs. Planning/Devel. Dir.		1	Training Specialist III	
1	Finance Manager CSB		2	Training Specialists II	
1	Policy and Information Manager		1	DD Specialist III	
4	Management Analysts IV		1	DD Specialist II	
12	Management Analysts III [+1]		1	Information Security Analyst I	
13	Management Analysts II [+1]		1	Data Analyst I	
5	Management Analysts I		2	Communications Specialists II	
2	Financial Specialists IV		1	Human Service Worker IV	
4	Financial Specialists III		1	Human Service Worker III	
7	Financial Specialists II		10	Human Service Workers II	
6	Financial Specialists I		1	Volunteer Services Program Manager	
2	Business Analysts IV		1	Administrative Associate	
5	Business Analysts III		5	Administrative Assistants V	
6	Business Analysts II		22	Administrative Assistants IV	
1	Residential & Facility Development Manager		44	Administrative Assistants III	
1	Information Officer III		8	Administrative Assistants II	
2	Licensed Practical Nurses		1	CSB Aide/Driver	
1	Behavioral Health Sr. Clinician				
CSB Clinical Operations					
1	Deputy Director		1	Behavioral Health Specialist I	
2	Assistant Deputy Directors		7	Behavioral Health Specialists II	
1	Psychiatrist		1	Management Analyst I	
1	Program Manager		1	Registered Nurse [+1]	
1	BHN Supervisor		2	Licensed Practical Nurses	
1	Behavioral Health Supervisor		4	Peer Support Specialists	
1	Behavioral Health Sr. Clinician		1	Administrative Assistant III [+1]	
1	BHN Clinician/Case Manager				
Medical Services					
1	Medical Director of CSB		1	BHN Clinician/Case Manager	
1	Public Health Doctor, PT		1	Physician Assistant	
24	Psychiatrists		6	Nurse Practitioners	
1	Behavioral Health Manager				
ACUTE AND THERAPEUTIC TREATMENT SERVICES – 345 Positions					
Engagement, Assessment & Referral Services					
1	CSB Service Area Director		1	Mental Health Therapist	
1	Behavioral Health Manager		7	Behavioral Health Specialists II, 1 PT	
5	Behavioral Health Supervisors		2	Behavioral Health Specialists I	
11	Behavioral Health Senior Clinicians		1	Licensed Practical Nurse	

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Emergency & Crisis Services			
1	CSB Service Area Director	6	Behavioral Health Senior Clinicians
3	Behavioral Health Managers	3	BHN Clinicians/Case Managers
2	Clinical Psychologists	16	Behavioral Health Specialists II
7	Emergency/Mobile Crisis Supervisors	8	Behavioral Health Specialists I
4	Behavioral Health Supervisors	1	Cook
27	Crisis Intervention Specialists, 1 PT	2	Peer Support Specialists
Residential Treatment & Detoxification Services			
1	CSB Service Area Director	5	Behavioral Health Managers
1	Substance Abuse Counselor IV	21	Behavioral Health Specialists I
3	Substance Abuse Counselors III	8	Licensed Practical Nurses
4	Substance Abuse Counselors II	2	Administrative Assistants V
11	Substance Abuse Counselors I	3	Food Service Supervisors
3	BHN Supervisors	2	Peer Support Specialists
13	Behavioral Health Supervisors	8	CSB Aides/Drivers
2	Behavioral Health Senior Clinicians	2	Day Care Center Teachers I, 1 PT
8	BHN Clinicians/Case Managers	6	Cooks
36	Behavioral Health Specialists II		
Wellness, Health Promotion & Prevention Services			
2	Behavioral Health Managers	11	Behavioral Health Specialists II
1	Behavioral Health Supervisor		
Youth & Family Services			
1	Director Healthy Minds Fairfax	12	Behavioral Health Supervisors
2	Clinical Psychologists	39	Behavioral Health Sr. Clinicians, 1 PT
6	Behavioral Health Managers	22	Behavioral Health Specialists II
1	Substance Abuse Counselor II		
COMMUNITY LIVING TREATMENT AND SUPPORTS – 485 Positions			
Behavioral Health Outpatient & Case Management Services			
1	CSB Service Area Director	11	BHN Clinician/Case Managers
5	BHN Supervisors	48	Behavioral Health Specialists II
14	Behavioral Health Supervisors	2	Substance Abuse Counselors II
37	Behavioral Health Sr. Clinicians, 1 PT	6	Licensed Practical Nurses
5	Behavioral Health Managers		
Support Coordination Services			
1	CSB Service Area Director	103	DD Specialists II [+8]
5	DD Specialists IV	3	DD Specialists I
16	DD Specialists III [+1]		
Employment & Day Services			
1	CSB Service Area Director	1	Management Analyst III
1	Behavioral Health Manager	2	Management Analysts I
1	DD Specialist IV	1	Behavioral Health Supervisor
3	DD Specialists II	1	Administrative Assistant III
1	DD Specialist I		
Assisted Community Residential Services			
1	CSB Service Area Director	58	DD Specialists I
2	DD Specialists IV	1	BHN Supervisor
2	DD Specialists III	3	BHN Clinician/Case Managers
7	DD Specialists II	1	Licensed Practical Nurse
Supportive Community Residential Services			
1	CSB Service Area Director	14	Behavioral Health Specialists I, 2 PT
4	Behavioral Health Managers	5	Mental Health Counselors
1	DD Specialist IV	3	Licensed Practical Nurses
9	Behavioral Health Supervisors	1	Food Service Supervisor
3	Behavioral Health Senior Clinicians	1	Cook
12	Behavioral Health Specialists II	1	Residential & Facility Develop Mgr
1	Housing/Community Develop Division Director		

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Diversion and Jail-Based Services			
1	CSB Service Area Director	3	BHN Clinician/Case Managers
2	Behavioral Health Managers	23	Behavioral Health Specialists II
5	Behavioral Health Supervisors	3	Behavioral Health Specialists I
4	Behavioral Health Senior Clinicians [+2]	1	Peer Support Specialist
Intensive Community Treatment Services			
1	CSB Service Area Director	15	Behavioral Health Specialists II
2	Behavioral Health Managers	1	Public Health Nurse III
7	Behavioral Health Supervisors	1	Mental Health Therapist
7	Behavioral Health Senior Clinicians	2	Peer Support Specialists
6	BHN Clinicians/Case Managers	1	Administrative Assistant III
+	Denotes New Position(s)		
PT	Denotes Part-time Position(s)		

Performance Measurement Results

CSB Central Administration

In FY 2020, the CSB met 75 percent of its service quality objectives (9 out of 12) and 60 percent of its outcome objectives (9 out of 15) as compared to the estimates of 80 percent. Due to the COVID-19 pandemic, service quality measures for three service areas could not be collected. Additionally, although the CSB was able to make changes in the service system, such as providing services through telehealth, the pandemic had a tremendous impact on the CSB service system and may have played a role in fewer objectives being met this fiscal year. A variety of other factors also may have influenced the outcomes achieved. These include changes in policy at the federal and state levels, changes in program and service delivery, focus on priority population, and staffing levels. The CSB program staff regularly review service and outcome data to improve data collection, service delivery and individual outcomes. The CSB has begun to use new measurement tools to evaluate changes in client functioning. These tools and measures will be explored to determine applicability and reliability for use as outcome measures in the future.

Engagement, Assessment and Referral (EAR) Services

In FY 2020, EAR served 2,742 adults in the walk-in assessment center at Merrifield Crisis Response Center (MCRC), exceeding the FY 2020 estimate, at an average cost of \$881 per individual served. There was an eighteen percent decrease in individuals served from FY 2019, primarily due to the decrease in the number served at the onset of the COVID-19 pandemic at the end of the fiscal year. From July 2019 – February 2020, the number served was 2,256, which is comparable to FY 2019 number for the same timeframe and it is expected that numbers will return to FY 2019 levels when the impacts of the pandemic are resolved.

In FY 2019, the Virginia Department of Behavioral Health Services (DBHDS) launched a Same Day Access screening model throughout the state. Fairfax has utilized this model for several years, with the goal of shortening the amount of time that it takes for an individual to begin receiving appropriate behavioral health treatment. One hundred percent of individuals requesting an assessment through the CSB Call Center were able to access an assessment appointment within 10 days. Because this practice is now built into the service delivery model, this measure will be phased out in the future. In FY 2020, staff have worked to streamline and improve the assessment process with a focus on enhancing the client experience. However, due to the COVID-19 pandemic and required changes in business practice, individuals receiving EAR services did not complete satisfaction surveys this year, as they are typically administered in the spring.

Once an individual is assessed and recommended for services, best practice is to begin treatment services as soon as possible. Of the individuals who received an assessment and were referred to

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CSB services, 59 percent attended their first scheduled CSB service appointment. The CSB continues to address this issue by maximizing existing staff resources, offering more groups in additional locations and times, providing outreach and engagement services during the transition from assessment to treatment, enhancing utilization management, and linking clients to appropriate services in the community.

In FY 2020, Wellness, Health Promotion and Prevention Services (WHPP) provided Mental Health First Aid (MHFA) training to 866 County and Fairfax County Public School staff, community members, and community partners at an average cost of \$104 per individual. MHFA is an evidence-based international health education program that helps participants identify, understand, and respond to individuals experiencing a crisis because of mental health and/or substance use disorders. Of the participants in MHFA, 96 percent passed the standard exam required to obtain MHFA certification and 95 percent of the participants were satisfied with the training.

In previous years, WHPP staff conducted follow-up surveys for participants who completed the MHFA training to determine 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 had consistently shown that more than half the respondents applied the skills from MHFA training either at work or in their personal life after obtaining MHFA certification. This survey was not conducted this fiscal year as it was being updated prior to trainings being put on hold due to COVID-19. Actual trainings numbers were lower than usual this year due to the impact of the pandemic, which resulted in class cancellations from March – June 2020 and postponed additional classes which were in the process of being scheduled. From March 2020 through November 2020, there were 22 classes that were cancelled.

WHPP continues to partner with the national Mental Health First Aid organization to provide a variety of trainings that meet the needs of the community. Since FY 2016, 642 Fairfax County Sheriff's staff members have been trained in MHFA. It is anticipated that by FY 2020, WHPP will have trained 100 percent of the existing Sheriff's staff, while continuing to provide MHFA training for newly hired staff members. Last year, in partnership with Fairfax County Public Schools, WHPP applied to and was accepted into the National Council of Behavioral Health's Teen Mental Health First Aid pilot program. The Teen MHFA version trains teens how to help other teens who may be experiencing a mental health crisis. This fiscal year WHPP staff conducted the pilot training. WHPP staff delivered five (5) MHFA courses to 150 juniors and seniors at Falls Church High School.

Emergency and Crisis Services

In FY 2020, MCRC served 5,990 individuals through general emergency services and two mobile crisis units, a six percent decrease from FY 2019. Due to the overall decrease in numbers served, the average cost rose to \$1,120 per person. Emergency Services operates 24 hours per day, 7 days per week, and aids every individual who presents for services. In FY 2020, 93 percent of individuals received face-to-face services within one hour of check-in, a two-percentage point increase from FY 2019.

The decrease in the number of served was directly related to the COVID pandemic during the third and fourth quarter of FY 2020. Emergency Services remained open and available to provide services, however during the stay-at-home order, individuals and families were reluctant to seek direct face to face services, which led to a sharp decrease in numbers served from March-June and an overall decrease in the numbers served for the fiscal year. Practices were put in place to safely serve individuals, including remote telehealth services, health screenings prior to in-person interviews, and offering evaluations in temporary outdoor tents as needed. For those that did seek

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services during this timeframe, cases tended to be more acute with higher complexity. So although fewer individuals were requesting emergency services, longer periods of intervention were often required and the overall number of service hours provided in FY 2020 exceeded the 30,000-hour goal. The MCRC Mobile Crisis Unit was also briefly limited both in the types of cases and the locations where individuals could be seen when called for evaluations. However, the unit was able to fairly quickly resume normal outreach operations with increased screening and PPE, but remained limited by the public's willingness to receive the team in their homes.

In 2018, a Community Response Team began providing services. This is a co-responder model partnership with CSB, law enforcement, Fire and Rescue and Dispatch to provide proactive case management, engagement and referral services to individuals that are identified as super-utilizers of public safety services, whose needs may be better met through CSB services. Staff are also part of a multi-agency initiative that is exploring options for creating a new crisis response model to respond to requests for mental health interventions through the 911 call center. Depending on the model that is eventually chosen, this could impact the number of individuals served in future fiscal years.

A goal for the Emergency and Crisis service area is to identify the best options and least restrictive services for individuals who are experiencing severe behavioral health issues. In FY 2020, 72 percent of crisis intervention and stabilization services provided by the general emergency service and the mobile crisis units were less restrictive than psychiatric hospitalization, surpassing the target of 65 percent. There are a variety of factors that drive the number of hospitalizations. Recent data has shown that individuals who come to Emergency Services via law enforcement with an Emergency Custody Order have a higher probability of a Temporary Detention Order that leads to psychiatric hospitalization. As more law enforcement officers receive Crisis Intervention Training (CIT) to identify individuals who are experiencing a mental health crisis and bring them to the attention of Emergency Services, it is anticipated that these hospitalizations may increase. Access and use of crisis stabilization units may have also been higher this fiscal year if admissions at the CSB's directly-operated crisis stabilization program were not limited due to the COVID-19 outbreak and other outside factors hadn't limited utilization of other regional programs. 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 can access it.

Residential Treatment and Detoxification Services

In FY 2020, 366 individuals received Adult Residential Treatment for substance abuse. This represents people who received services through primary treatment, community re-entry, and aftercare services. Throughout the first half of the fiscal year, the facilities were at expected capacity. However, due to COVID-19 and corresponding social distancing requirements, facilities were required to slow admissions and reduce program capacities in the second half of the fiscal year. This had an impact on the overall number of individuals served in FY 2020. The average cost per individual served in FY 2020 was \$32,344, an 18 percent increase from FY 2019. Aside from the limitations on the numbers served due to the pandemic, as the residential facilities age, additional maintenance and repair costs are incurred. However, had the pandemic not reduced the program's ability to admit individuals at the usual pace, it is expected that numbers served would have more closely matched the target and the estimated cost per individual served. 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.

Outcome surveys are conducted one-year post discharge. Individuals are surveyed about overall satisfaction with the services received, their current substance use status, and employment. Ninety-seven percent of the respondents indicated they were satisfied with services. Of the respondents, 82 percent reported that they had reduced their substance use at one-year post discharge as

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compared to substance use prior to entering the program, exceeding the target of 80 percent. Residential treatment programs recognize the importance of employment to ensure economic stability and the benefits of daily structure, responsibility, and accountability in an individual's recovery. During the past fiscal year, 80 percent were employed one-year post discharge, which met the target and showed a three-percentage point increase from FY2019. Although the target was met, challenges remain, and staff remain focused on meeting these challenges to assist individuals with employment. As the age of the population served has trended lower and the service delivery model has changed so that the length of stay in the residential programs has decreased over time, individuals are often less prepared for future employment upon entering the program and there is less time for individuals to get connected to job supports during treatment. In addition, the COVID-19 pandemic has severely impacted the job market nationwide and it is not known at this time how this may impact this outcome in the near future.

Youth and Family Services

In FY 2020, Youth and Family Outpatient Services served 1,824 youth at a cost of \$3,304 per youth. The behavioral health needs of children and youth are met through individualized plans which include outpatient individual, family and group treatment, case management and/or psychiatric services. Youth and Family Outpatient staff coordinate closely with education, child welfare, and juvenile justice to meet the needs of children and youth involved in multiple systems. Through case management, children and youth with especially complex and high-risk behaviors can access intensive services funded through the Children's Services Act or Medicaid.

In late FY 2020, due to the COVID-19 pandemic, Youth and Family Outpatient Services transitioned to telehealth for the provision of services and staff surveys indicate that over 80 percent of children and youth served benefitted from treatment delivered through telehealth. However, families were unable to complete the program's annual satisfaction surveys, which are typically administered in the spring. In previous fiscal years, improvement in home, school and community functioning for children and youth served was also measured through parent questionnaires on satisfaction surveys. In 2019, the CSB implemented a new research-backed outcomes measurement tool, the Daily Living Activities-20 (DLA-20), which is administered every 90 days. The DLA-20 assesses individual functioning on 20 daily living skills and identifies strengths and needs so that clinicians can address functional deficits through individualized service plans. Results from these assessments show that 90 percent of individuals served maintained or improved functioning on school-related measures. The CSB will continue to monitor these measures and explore options for reporting these outcomes in the future.

Behavioral Health Outpatient and Case Management Services

In FY 2020, Behavioral Health Outpatient and Case Management Services (BHOP) provided services to 4,241 adults with mental health, substance use and/or co-occurring disorders at an average cost of \$3,106 per individual. During the onset of the COVID-19 pandemic, BHOP was able to quickly move to primarily telehealth services in March 2020 and safely continue critical treatment services, but they were unable to administer their annual satisfaction surveys, which are typically completed in the spring. However, this service area has implemented several business process improvements to improve efficiencies around service delivery, including client engagement, collaborative documentation, centralized scheduling, no-show policy, and utilization review. Medicaid Expansion has also allowed clinicians to refer more people to community-based providers when stable, which increases program capacity and allows more individuals to begin treatment services.

For the past several years, this service area has tracked employment outcomes for those receiving treatment primarily for substance use. In FY 2020, 63 percent of those served obtained or

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maintained employment, which was a one percentage point increase from FY 2019. Since FY 2016, the percent of individuals receiving substance use treatment who are successfully employed has leveled off in comparison to the target of 80 percent. This decrease followed a change in the population served that focuses resources on those individuals whose lives are most severely impacted by substance use and who may face significant barriers in obtaining and maintaining employment. Additional measures that are reflective of the goals of current programming are being explored for this service area.

Support Coordination Services

In FY 2020, 4,848 individuals with a developmental disability received an assessment, case coordination, and/or Targeted Support Coordination services, a two percent decrease from 4,929 in FY 2019. The average cost per individual receiving Targeted Support Coordination services was \$5,297. The number of new admissions in the second half of the fiscal year was significantly impacted by the COVID-19 pandemic, leading to a reduction in the overall number served this year. While most individuals received assessment and case coordination services, 1,346 individuals received Targeted Support Coordination services, exceeding the projected estimate of 1,197. The number of individuals receiving this service increases as the number of Medicaid Waivers assigned by the state increases. It is anticipated that the number of individuals receiving Targeted Support Coordination services will have a higher than usual increase over the next two fiscal years, due to an anticipated increase in new waiver slots and an increase in individuals served through State Plan Option services.

Each individual receiving targeted support coordination has monthly contacts with a support coordinator and has a team consisting of professionals and family members who meet at least every ninety days with the individual to ensure needs are being addressed and progress towards outcomes is accomplished and reflected in the Individual Support Plan. During these meetings, which include the individual, 93 percent of individuals said that they were satisfied with services. Ninety-nine 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 people who know him or her best. Challenges to meeting service outcomes include finding specialized providers who can meet the complex medical and behavioral needs of the individuals served, transportation throughout the region, and ensuring vendors are able to apply for and obtain customized rates through Medicaid.

Employment and Day Services

In FY 2020, 1,579 individuals with developmental disability received directly operated and contracted day support and employment services. Of these individuals, 921 received services fully funded by Fairfax County while 658 received services partially funded through Medicaid Waiver and partially by Fairfax County. The average cost to serve these individuals was \$21,319 per adult. It is anticipated that the number of individuals served will continue to increase, based on the estimated number of graduates from Fairfax County Public Schools who may be eligible for CSB Employment and Day Support Services.

Individuals who undertake community-based employment show improved economic, physical, and mental health outcomes. Part of the improved outcome is driven by their enjoyment of activity in which they are engaged, and 97 percent of the individuals reported satisfaction with their services. However, the pandemic and the associated limitations on employment opportunities had a large impact on wage outcomes, which failed to meet the expected targets. Of those individuals who received group supported employment services, the average annual wage was \$5,203, and for those who received individual supported employment, \$13,298 was the average annual wage. There has

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been a trend towards more jobs in the retail, hospitality, and food industries. While these jobs may provide a desired level of flexibility for employees, the number of hours worked is lower, which leads to lower overall annual earnings, even while the hourly wage remains constant. It is anticipated that this decreased earnings trend will continue, as this type of employment is replacing previous jobs that had more security for the individual. Staff are exploring additional ways to support members in the community, which includes options to utilize the Adult Day Health programs run by the Fairfax County Health Department and the Senior Centers run by Neighborhood and Community Services.

This service area also provides employment services to individuals with serious mental illness, substance use and/or co-occurring disorders. In FY 2020, 588 adults received supported employment services, which included individual and group employment coaching and support, at a cost of \$1,957 per individual. This number reflects an enhancement to the CSB's electronic health record that more accurately captures individual CSB clients served in a group setting in treatment programs and through drop-in groups that are provided at locations throughout the community.

In FY 2020, Employment Services staff and contractors continued to focus on individual job development and placement. Overall, 564 individuals, or 96 percent of those served, received individual supported employment services. Of these, 92 percent indicated satisfaction with services, and 50 percent obtained paid or volunteer employment. This represents a decline from FY 2019 and is due to the COVID-19 pandemic, which resulted in business closures and a lack of employment opportunities. Additionally, a higher number of individuals served this year received educational supports to prepare them for future employment. This included guidance to enroll and attend college courses, support for skills training classes, and study to obtain professional certifications or licenses. The individuals who obtained paid employment worked an average of 27 hours per week and received an average hourly wage of \$13.27, surpassing the target of \$12.00. This is primarily due to individuals with prior professional experience who worked with job coaches to successfully secure employment in their career fields, which increased the average wage. Additional employment included work in the educational, government, restaurant and retail sectors within the region and is reflective of the majority of job placements in this service area.

Assisted Community Residential Services

In FY 2020, 104 individuals were served in directly operated and contracted group homes and supported apartments throughout the community. The number of individuals in this service area has decreased over the past few fiscal years as a result of contracting changes that have maximized state and federal funding sources, decreasing reliance on local funds, while maintaining housing stability and quality for the individuals served.

The cost per individual served was \$78,719 and is reflective of the decrease in the number served, while maintaining the same number of individuals in directly operated group homes. This service area awarded new contracts with community-based providers to shift from local funding to increased utilization of Medicaid Waiver funding options. This intentional change in service delivery is designed to enhance community capacity, maintain the quality of care for individuals served, and reduce reliance on local funding in the future. It is anticipated that the county will serve fewer individuals directly in the future and that this level of care will shift to community-based providers throughout the county. CSB staff members provide consultation and assistance to community-based providers in navigating new Medicaid funding structures in order to maximize their state funding.

The individuals who receive residential services generally show high levels of satisfaction with their living arrangement and the supports and activities offered. In FY 2020, 100 percent of those surveyed indicated satisfaction. Additionally, 94 percent of those served were able to maintain their existing level of residential independence and integration in the community, which is lower than

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expected and reflects the impacts of COVID-19 which limited opportunities for some individuals who were unable to safely remain integrated in the community. It is expected that when COVID-19 no longer presents a health risk, that these individuals will be able to return to their prior levels of independence and community integration.

Supportive Community Residential Services

Supportive Community Residential Services (SCRS) served 347 individuals in FY 2020 at a cost per individual served of \$29,718, a six percent decrease from FY 2019. A contract with community-based providers has had a positive impact on the cost of services and system-wide capacity throughout the region. The contract is designed to maximize the use of available state and federal funding sources to decrease reliance on local funding over time. It is anticipated that fewer individuals will be served in this service area due to contract and service delivery re-alignment, coupled with Medicaid expansion, as more individuals are able to be served by community-based providers. Due to the COVID-19 pandemic, a lower number of satisfaction surveys were administered in FY 2020. As such, results from FY 2020 are strongly influenced by the small sample size of individuals who completed the survey. Overall, 68 percent of individuals reported being satisfied with services.

One of the goals in this service area is for clients to reach a stage where they are at a self-sufficiency level where they can move to a more independent housing arrangement. Clients must be able to consistently manage their own medication administration, appointments, finances, and work schedules with minimal staff intervention to move out of a level of care that provides daily interaction with clinical staff. The percentage of individuals who were ready to move to a more independent residential setting within one year was 19 percent, exceeding this target. Although the target exceeded the estimate, the increase is partially due to the COVID-19 programming restrictions that were coordinated with the Fairfax and State Health Departments. Specifically, Intensive and Supervised settings were considered congregate group homes and slowed admissions/discharges as the Health Departments were consulting and adapting to the Governor's executive orders related to congregate group homes. Due to COVID-19 protocols, a lower number of clients were accepted into this level of care and therefore the percentage meeting the goal appears higher than it would during a typical year. The CSB has been able to prioritize onsite COVID-19 testing and isolation protocols to allow for admissions to various program settings. It is anticipated that when current protocols are relaxed, there will be a larger number of individuals ready for discharge 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 move to a more independent living arrangement.

In FY 2020, the Virginia Department of Behavioral Health and Developmental Services provided increased funding to support an additional 31 individuals in permanent supportive housing. The Department prioritizes individuals who are ready for discharge from the state hospital system and those who are chronically and/or literally homeless for placement. The increases seen in FY 2019 and 2020 represent a one-time increase and results for this performance measure in FY 2021 are expected to be more consistent with prior fiscal years. This service area continues to manage wait lists, need for services, and available slots based on resources in the community.

Diversion and Jail-Based Services

In FY 2020, CSB clinicians housed in the Adult Detention Center (ADC) served a total of 1,966 individuals at a cost of \$1,069 per individual. During FY 2020, 1,232 Forensic Assessments were conducted with 950 people (unduplicated). As part of the Diversion First initiative, ADC staff members screen all individuals for mental health issues as part of the medical assessment. The results from the evidence-based tool are used to identify individuals for more in-depth clinical

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assessments or referral to other providers and helps to ensure that those who are incarcerated and in need of behavioral health services are properly identified and referred for treatment. As a result of this new initiative, the number of individuals referred for assessment has steadily increased over time.

Timeliness of assessment and services correlates with better behavioral health outcomes. In FY 2020, 84 percent of those referred for a forensic assessment received the assessment within two days of referral, which was below the target of 90 percent. This is partly due to the impacts of the COVID-19 pandemic and restrictions put in place to ensure safety of individuals in the jail. As individuals were routinely quarantined upon entry to the jail, this limited the staff's ability to assess them within the necessary timeframe. Program staff regularly review and prioritize referrals to ensure those with the most critical needs are seen in a timely manner. Of those individuals who received a full forensic assessment, 75 percent received follow up treatment services while in jail, which could include services to address mental health and/or substance use disorder. This service area continues to collaborate with the specialty courts and other Diversion First services to provide needed supports while incarcerated and to link individuals with appropriate services upon release.

Intensive Community Treatment Services

In FY 2020, CSB discharge planners served 710 adults, at a cost of \$998 per individual served. There has been a significant increase in the number of individuals served each year since 2017, due to more clients who are hospitalized as a result of emergency custody order referrals through law enforcement, as well as clients requiring hospitalization upon release from jail. Additionally, recent state legislative changes have required shorter time frames to locate alternative treatment, which results in more admissions to state hospitals as a last-resort placement. State hospitals are at capacity, which increases the need for discharge planning to transition individuals to local services.

Increased demand generally results in shorter hospital stays and greater need for responsive discharge planning services for clients with multiple complex treatment needs. Eighty-two percent of all adults were scheduled for a CSB assessment within seven days of hospital discharge. The additional 18 percent of clients were scheduled within fifteen days for an assessment. For individuals who had been discharged and were waiting for an assessment, discharge planners remained involved to ensure continuity until individuals could begin receiving other CSB services. This measure has been challenging to meet as the number of hospital discharges has increased and there is a system-wide increase in the number of individuals presenting for CSB services, which impacts the length of time to begin treatment services for all clients. Due to the COVID-19 pandemic, a lower number of satisfaction surveys were administered in FY 2020. As such, results from FY 2020 are strongly influenced by the small sample size of individuals who completed the survey. However, of the people surveyed, 100 percent of individuals were satisfied with Discharge Planning services.

As individuals re-integrate into community-based settings, access to ongoing care supports their reintegration and recovery. Of the individuals referred for assessment and CSB treatment services, 59 percent remained in CSB services after 90 days of service. Challenges in treatment engagement are due to many factors, and as more individuals are required to be discharged from hospitals as soon as possible they may not be as well-prepared to adjust to community-based treatment, and also present for services with a higher acuity and complexity. This requires more complex planning between providers to help ensure individuals remain in treatment and impacts the overall outcomes.

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Indicator	FY 2018 Actual	FY 2019 Actual	FY 2020 Estimate	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Central Administration						
Percent of CSB service quality objectives achieved	88%	88%	80%	75%	80%	80%
Percent of CSB outcome objectives achieved	73%	67%	80%	60%	80%	80%
Engagement, Assessment, and Referral Services						
Percent of individuals receiving an assessment who attend their first scheduled service appointment	67%	59%	80%	59%	80%	80%
Percent of individuals trained who obtain Mental Health First Aid certification	95%	95%	92%	96%	92%	92%
Emergency and Crisis Services						
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	72%	74%	65%	72%	65%	65%
Residential Treatment and Detoxification Services						
Percent of individuals served who have reduced alcohol and drug use at one-year post-discharge	85%	87%	80%	82%	80%	80%
Percent of individuals served who are employed at one year after discharge	72%	77%	80%	80%	75%	75%
Youth and Family Services						
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	91%	72%	90%	90%	90%	90%
Behavioral Health Outpatient and Case Management Services						
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	59%	62%	80%	63%	70%	70%
Support Coordination Services						
Percent of Person-Centered Plan objectives met for individuals served in Targeted Support Coordination	96%	98%	88%	99%	88%	88%
Employment and Day Services						
Average annual wages of individuals with a developmental disability receiving group supported employment services	\$6,750	\$6,576	\$6,750	\$5,203	\$6,250	\$6,250
Average annual wages of individuals with a developmental disability receiving individual supported employment services	\$15,985	\$15,157	\$16,200	\$13,298	\$15,500	\$15,500
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services	\$14.61	\$14.61	\$12.00	\$13.27	\$12.00	\$12.00
Assisted Community Residential Services						
Percent of individuals served in directly-operated and contracted group homes and supported apartments who maintain their current level of residential independence and integration in the community	100%	98%	98%	94%	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	13%	18%	13%	19%	18%	18%

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Indicator	FY 2018 Actual	FY 2019 Actual	FY 2020 Estimate	FY 2020 Actual	FY 2021 Estimate	FY 2022 Estimate
Central Administration						
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Emergency and Crisis Services						
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	72%	74%	65%	72%	65%	65%
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Percent of individuals served who are employed at one year after discharge	72%	77%	80%	80%	75%	75%
Youth and Family Services						
Percent of youth who maintain or improve school functioning after participating in at least 90 days of outpatient services	91%	72%	90%	90%	90%	90%
Behavioral Health Outpatient and Case Management Services						
Percent of individuals who maintain or improve employment status after participating in at least 30 days of substance use treatment	59%	62%	80%	63%	70%	70%
Support Coordination Services						
Percent of Person-Centered Plan objectives met for individuals served in Targeted Support Coordination	96%	98%	88%	99%	88%	88%
Employment and Day Services						
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Average annual wages of individuals with a developmental disability receiving individual supported employment services	\$15,985	\$15,157	\$16,200	\$13,298	\$15,500	\$15,500
Average hourly rate of individuals with serious mental illness, substance use, and/or co-occurring disorders receiving individual-supported employment services	\$14.61	\$14.61	\$12.00	\$13.27	\$12.00	\$12.00
Assisted Community Residential Services						
Percent of individuals served in directly-operated and contracted group homes and supported apartments who maintain their current level of residential independence and integration in the community	100%	98%	98%	94%	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	13%	18%	13%	19%	18%	18%

A complete list of performance measures can be viewed at
<https://www.fairfaxcounty.gov/budget/fy-2022-adopted-performance-measures-pm>

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FUND STATEMENT

Category	FY 2020 Actual	FY 2021 Adopted Budget Plan	FY 2021 Revised Budget Plan	FY 2022 Advertised Budget Plan	FY 2022 Adopted Budget Plan
Beginning Balance	\$26,418,684	\$11,329,069	\$26,138,124	\$18,724,931	\$18,724,931
Revenue:					
Local Jurisdictions:					
Fairfax City	\$1,957,610	\$2,218,100	\$2,218,100	\$2,218,100	\$2,218,100
Falls Church City	887,299	1,005,368	1,005,368	1,005,368	1,005,368
Subtotal - Local	\$2,844,909	\$3,223,468	\$3,223,468	\$3,223,468	\$3,223,468
State:					
State DBHDS	\$9,649,602	\$7,527,316	\$7,527,316	\$7,839,233	\$7,839,233
Subtotal - State	\$9,649,602	\$7,527,316	\$7,527,316	\$7,839,233	\$7,839,233
Federal:					
Block Grant	\$4,157,315	\$4,053,659	\$4,053,659	\$4,053,659	\$4,053,659
Direct/Other Federal	108,990	154,982	154,982	154,982	154,982
Subtotal - Federal	\$4,266,305	\$4,208,641	\$4,208,641	\$4,208,641	\$4,208,641
Fees:					
Medicaid Waiver	\$5,915,763	\$2,962,684	\$2,962,684	\$2,962,684	\$2,962,684
Medicaid Option	6,961,355	12,518,068	12,518,068	13,064,300	13,064,300
Program/Client Fees	4,218,552	3,994,251	3,994,251	3,994,251	3,994,251
CSA Pooled Funds	1,136,318	858,673	858,673	858,673	858,673
Subtotal - Fees	\$18,231,988	\$20,333,676	\$20,333,676	\$20,879,908	\$20,879,908
Other:					
Miscellaneous	\$151,204	\$14,100	\$14,100	\$14,100	\$14,100
Subtotal - Other	\$151,204	\$14,100	\$14,100	\$14,100	\$14,100
Total Revenue	\$35,144,008	\$35,307,201	\$35,307,201	\$36,165,350	\$36,165,350
Transfers In:					
General Fund (10001)	\$146,575,985	\$147,554,569	\$147,216,019	\$147,583,964	\$148,691,446
Total Transfers In	\$146,575,985	\$147,554,569	\$147,216,019	\$147,583,964	\$148,691,446
Total Available	\$208,138,677	\$194,190,839	\$208,661,344	\$202,474,245	\$203,581,727
Expenditures:					
Personnel Services	\$122,649,989	\$121,291,509	\$126,748,645	\$123,039,952	\$124,147,434
Operating Expenses	54,338,601	63,309,241	63,100,059	62,448,342	62,448,342
Recovered Costs	(1,755,631)	(1,738,980)	(1,568,760)	(1,738,980)	(1,738,980)
Capital Equipment	667,594	0	156,469	0	0
Total Expenditures	\$175,900,553	\$182,861,770	\$188,436,413	\$183,749,314	\$184,856,796
Transfers Out:					
General Construction and Contributions (30010)	\$6,100,000	\$0	\$1,500,000	\$0	\$0
Total Transfers Out	\$6,100,000	\$0	\$1,500,000	\$0	\$0
Total Disbursements	\$182,000,553	\$182,861,770	\$189,936,413	\$183,749,314	\$184,856,796

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FUND STATEMENT

Category	FY 2020 Actual	FY 2021 Adopted Budget Plan	FY 2021 Revised Budget Plan	FY 2022 Advertised Budget Plan	FY 2022 Adopted Budget Plan
Ending Balance	\$26,138,124	\$11,329,069	\$18,724,931	\$18,724,931	\$18,724,931
DD Medicaid Waiver Redesign Reserve ¹	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Opioid Use Epidemic Reserve ²	300,000	300,000	300,000	300,000	300,000
Diversion First Reserve ³	3,579,234	2,160,161	3,329,234	3,329,234	3,329,234
Medicaid Waiver Expansion Reserve ⁴	2,800,000	2,800,000	2,800,000	2,800,000	2,800,000
Electronic Health Record Reserve ⁵	0	0	3,000,000	0	0
COVID-19 Revenue Reserve ⁶	0	0	2,000,000	2,000,000	2,000,000
Unreserved Balance⁷	\$16,958,890	\$3,568,908	\$4,795,697	\$7,795,697	\$7,795,697

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

² The Opioid Use Epidemic Reserve provides flexibility, consistent with the Board of Supervisors' FY 2018-FY 2019 Budget Guidance, as the County continues to work with national, state, and regional partners on strategies to combat the opioid epidemic.

³ The Diversion First Reserve represents one-time savings realized since FY 2017 that will be appropriated as part of a future budget process based on priorities identified by the Board of Supervisors.

⁴ The Medicaid Waiver Expansion Reserve ensures the County has sufficient funding to provide services to individuals newly eligible under Medicaid Expansion.

⁵ The Electronic Health Record Reserve ensures the County has sufficient funding to procure and implement a new electronic health record system capable of aligning itself with the future needs of the CSB.

⁶ The COVID-19 Revenue Reserve ensures the County has sufficient funding to provide billable services that may be impacted by the on-going Covid-19 pandemic.

⁷ The Unreserved Balance fluctuates based on specific annual program requirements.