

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 disabilities, mental illness and/or substance use disorders.

Connection to the Countywide Strategic Plan

The Fairfax County Board of Supervisors adopted the first-ever Countywide Strategic Plan on October 5, 2021. The Countywide Strategic Plan serves as a road map to help guide future work, focusing on the 10 Community Outcome Areas that represent the issues of greatest importance to the community. The Department of Management and Budget continues to integrate the Countywide Strategic Plan into budget documents. For information on how the agency’s program performance contributes to these goals, please see the Performance Measurement Results by Community Outcome Area. For more information on the Countywide Strategic Plan, please see www.fairfaxcounty.gov/strategicplan/. The Fairfax-Falls Church Community Services Board primarily supports the following Community Outcome Areas:



Community Outcome Area	Vision Statement
Empowerment and Support for Residents Facing Vulnerability	<i>All people facing vulnerability are empowered and supported to live independent lives to their fullest potential.</i>
Healthy Communities	<i>All people can attain their highest level of health and well-being.</i>
Lifelong Education and Learning	<i>All people at every stage of life are taking advantage of inclusive, responsive and accessible learning opportunities that enable them to grow, prosper and thrive.</i>
Safety and Security	<i>All people feel safe at home, school, work and in the community.</i>

Focus

The Fairfax-Falls Church Community Services Board (CSB) is the public provider of services and supports to people with developmental disabilities, mental illness, and/or substance use disorders in Fairfax County and the Cities of Fairfax and Falls Church. As one of Fairfax County’s Boards, Authorities, and Commissions (BACs) it 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 (EAR) services, as well as its Wellness, Health Promotion, and Prevention Services (WHPP). 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

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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. The CSB has extended its strategic plan due to the COVID-19 pandemic. However, the CSB anticipates beginning its strategic planning process before the end of FY 2023 and is also working to ensure the efficient and effective use of resources with a new electronic health record system in FY 2024.

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 walk into the Sharon Bulova Center for Community health (formerly 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 are often 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 must 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. Continued partnerships with Inova Behavioral Health, Neighborhood Health's Community Health Center Network, and the Northern Virginia Dental Clinic at the Sharon Bulova Center allows individuals to access and receive comprehensive and coordinated services – for behavioral and primary health care – in an integrated manner.

Also located at the Sharon Bulova Center is the Merrifield Crisis Response Center (MCRC) for individuals with mental illness, developmental disabilities, and co-occurring substance use disorders who encounter 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 need 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 second leading cause of death among 10 to 34-year-olds. CSB also continues to support a contract partnership 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

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County Public Schools (FCPS). This partnership has been strengthened and expanded with the recent 988 crisis hotline rollout, a national initiative that aligns with the Commonwealth's transformation of crisis services. 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. The Peer Outreach Response Team (PORT) is now receiving overdose referrals directly from law enforcement in addition to fire & rescue.

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 2022, the intern and volunteer program had 71 participants who provided 94,000 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 2022 was \$268,417.

Behavioral Health Workforce Planning

In FY 2021 and throughout FY 2022, the results of the workforce crisis brought about by the COVID-19 pandemic continued to impact the CSB. While most services continued, there were less staff to meet the growing needs of the community. CSB continues to struggle with significant staff vacancies in critical service positions, which typically hover around 100 but reached an all-time high of 206 in May 2022. With these ongoing vacancies only heightening service challenges due to lack of qualified clinical staff needed to operate community programs, CSB is focused on increasing its workforce planning efforts.

Most of the CSB's clinical positions, including in the areas of nursing, behavioral health, developmental disabilities, and substance use disorders, require mandated specialty degrees, certifications, and licensure, as determined by ever-evolving state laws and licensing requirements. Due to these requirements, most health care related employers in our area are competing for the same group of qualified candidates.

CSB's recruitment efforts remained a strategic priority in FY 2022 and will remain critical to attract qualified talent and to ensure the retention of existing talent. Efforts include incentivizing referral, recruitment, and retention and one-time hiring bonuses for vacant positions that are chronically hard

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to fill. Additionally, reviewing and reflecting on the results of employee surveys for newly hired/existing staff and conducting staff exit interviews has been prioritized. The CSB Human Resources and Finance departments also did a salary compression analysis for hard to fill positions, including 466 clinicians. Through all of these efforts, the CSB has been able to reduce the number of full-time vacancies to 146.

Diversion First

Diversion First is a cross-system initiative providing alternatives to incarceration for people with mental illness, co-occurring substance use disorders and/or developmental disabilities who come into contact with the criminal justice system for low-level and/or nonviolent offenses. This program continues to have a positive impact in our community and is possible due to Fairfax County's tremendous commitment and solid partnerships between the Fairfax-Falls Church Community Services Board, Office of the Sheriff, Fairfax County Police Department, Fire and Rescue Department, Courts, Department of Public Safety Communications (DPSC), other county agencies and the community.

Diversion First uses the Sequential Intercept Model, a national framework to inform strategies and community-based responses to the involvement of people with behavioral health issues in the criminal justice system. The Merrifield Crisis Response Center (MCRC) continues to grow to meet community needs to provide a continuum of crisis services. The MCRC provides onsite medical assessment, a partnership with Neighborhood Health, a Federally Qualified Health Center, to divert individuals from local Hospital Emergency Rooms. In the coming year, the CSB will add 23-hour crisis stabilization, a service designed for individuals who may need ongoing assessment and crisis intervention in a safe environment that is less restrictive than a hospital.

In FY 2022, the CSB and Fairfax County Police Department launched a co-responder team, comprised of a Crisis Intervention Team (CIT) trained police officer and a CSB Crisis Intervention Specialist. The team responds to calls for public safety services related to behavioral health issues and provides crisis de-escalation, resources, and linkages to needed services. Plans include expanded teams including Peer Support Specialists and a CSB "Behavioral Health Liaison" based at the Department of Public Safety Communications.

The CSB continues to provide Mobile Crisis Unit (MCU) services for individuals who are experiencing a mental health emergency and who need, but are unwilling or unable to seek, mental health treatment. community-based services. In addition, the Community Response Team (CRT), a CSB collaboration with Fire and Rescue provides outreach and care coordination to frequent utilizers of public safety services, with the goal of better outcomes for individuals served and more efficient utilization of public safety resources. To date, more than 600 individuals have been referred to the CRT program, and the program plans to add a second team to expand services in FY 2023.

The CSB also supports the Sheriff's Striving to Achieve Recovery (STAR) program, a peer led, trauma informed, jail-based addiction recovery program. In addition, the CSB Jail Diversion program, comprised of clinicians, peer support specialists and medical staff, provide intensive, community-based case management to individuals involved in the criminal justice system, assisting critical needs such as treatment, health care and housing.

The CSB has a strong partnership with the specialty dockets, providing program and treatment coordination for participants of the Veterans Treatment Docket, Drug Court and Mental Health Docket. Those who are diverted to one of these dockets participate in a structured program

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integrating treatment with court supervision. The CSB also closely collaborates with Court Services to serve individuals in the Supervised Release Program, which provides intensive supervision in the community in lieu of incarceration.

Diversion First also includes a robust system of community-based behavioral health treatment, peer recovery support and housing to support stability, self-sufficiency skills and long-term independence. Diversion First is grounded in the commitment of multiple agencies to collaboratively, develop innovation solutions, and fill identified gaps to serve this vulnerable population. 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 to support the full continuum of crisis services.

Increased Use of Opioids

While we saw a reduction of overdoses through 2019, the ongoing COVID-19 pandemic brought new challenges requiring us to adjust our opioid response strategies. Our focus remained on reducing deaths from opioids, improving the quality of life of individuals impacted by opioid use disorder, and using data to describe the problem, target and improve interventions, and evaluate effectiveness. In the Fairfax Health District (inclusive of the County of Fairfax and cities of Fairfax and Falls Church), while the number of fatal overdoses trended higher in 2020 and 2021, relative to 2018 and 2019, the increase was not as dramatic as that observed statewide and nationally.

According to the Fairfax County Opioid Response Plan between 2007 and 2021, a total of 1,247 drug overdose deaths (of all types) were reported among residents of the Fairfax Health District. Notably, between 2007 and 2015, the number of all drug overdose deaths ranged from 40 to 89, but since 2016, over 100 fatal overdoses have occurred every year. Throughout this period, opioid overdoses accounted for most of the overdose deaths. Within the opioid deaths, there was a shift from overdose deaths being mostly caused by prescription opioid drugs in 2007 (34 of 45 deaths, or 76 percent) to most deaths in 2021 being caused by fentanyl (103 of 111, or 93 percent). Throughout the same period, heroin deaths declined from constituting 29 percent of deaths in 2007 to 11 percent of deaths in 2021. Statewide, there has been a similar upward trend in deaths from fentanyl overdoses while deaths from heroin and prescription opioid drugs have remained steady in the last few years. National data shows a spike in overdose deaths from synthetic opioids other than methadone (primarily fentanyl) starting in 2016 and continuing into 2020 (the year for which complete data are available).

Since most fatal overdoses in the Fairfax Health District in 2020 and 2021 involved fentanyl, the CSB now provides fentanyl test strips (FTS) to individuals participating in various programs. Expansion of this practice to other county agencies is being explored. Individuals who are using any type of opioid have priority for CSB substance use disorder services and can walk into the Sharon Bulova 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. 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. 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.

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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. The CSB provides frequent community and media presentations about opioid use and resources for treatment. CSB's community efforts also include training non-medical personnel to administer the life-saving opioid- reversal medication naloxone.

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:

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 mandated that CSBs provide new core behavioral health services. STEP-VA has been underfunded by the state since its inception. Despite this repeated underfunding, the Fairfax-Falls Church CSB has been able to begin providing all the mandated services.

The implementation of mandated STEP-VA services continues to be further complicated by the nationwide shortage in the behavioral health work force, compounded by salary compression for CSB staff and attrition rates, and impacted by the administrative burden of evolving regulatory requirements for service delivery. As additional mandates are implemented, the chasm between the funding the state provides and the actual costs of providing such services in Fairfax County continues to grow. This funding gap was further exacerbated as the Commonwealth began approving new behavioral health reform mandates that operate in tandem with STEP-VA, such as the Marcus Alert initiative (enacted during the 2020 General Assembly special session).

Behavioral Health System Transformation and Managed Care

Driven by Medicaid expansion and Virginia's worsening state hospital bed crisis, the Virginia Department of Medical Assistance Services (DMAS) is implementing a new state model in collaboration with DBHDS to bring significant changes to Medicaid-funded behavioral health services. Medicaid is the single largest payment source for many of Virginia's mental health providers. The Behavioral Health Redesign for Access, Value and Outcomes project, Project BRAVO, is transforming services covered by DMAS. Medicaid has transformed reimbursement for intensive community based and crisis services.

In FY 2018, Virginia expanded Medicaid. Since that time the CSB has significantly reduced the number of uninsured individuals. CSB has made significant changes to its healthcare revenue cycle business operations to reflect best practices in the industry.

The Hospital Bed Crisis

The Fairfax-Falls Church CSB continues to implement strategies to address the bed crisis. The ongoing local investments in behavioral health services help ensure one of the lowest per capita hospitalization rates in the Commonwealth (6 citizens per every 100,000 compared to the statewide average of 15 per 100,000). The Fairfax-Falls Church CSB and other CSBs in the Northern Virginia region also continue efforts to increase Temporary Detention Order (TDO) acceptance rates at private hospital partner facilities to decrease TDOs at state hospitals. CSB has also dedicated two full-time staff to continuously search for vacant psychiatric hospital beds. If the remainder of the state hospitalized individuals at the same low per capita rate as Fairfax, DBHDS would be able to close a state hospital and still have capacity in the hospital system.

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The Extraordinary Barriers List (EBL) is a measure of community capacity to meet the individual needs in the community in state hospitalization. Individuals on the EBL exacerbate the bed crisis by retaining individuals who could be discharged if there was appropriate community capacity to meet their needs. This inadequate community capacity remains one of the main contributing factors to the bed crisis. In the last quarter of FY 2021, Fairfax had 14 individuals on the EBL, of which 13 needed a 24-hour residential community placement. Based on the cost of this level of care in the Fairfax-Falls Church CSB directly operated, vendor operated, or regionally contracted programs, between \$745,096 and \$1,210,986 would allow these 13 individuals to move into the community and free up critical state hospital bed space. The NVMHI average cost per patient day in FY 2020 was \$1,043.60 and thus the cost to keep these individuals hospitalized for one year is \$4,951,882, far greater than the cost to provide appropriate community based residential services.

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 closed institutions (training centers), shifted services into the community and restructured 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 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 the Commonwealth unable to exit the settlement agreement at the assigned date of July 1, 2021, DBHDS has continued to implement new service requirements to the CSB. The number and complexity of these new requirements accompanied with the short implementation timeline is making it extremely challenging for CSBs to appropriately partner with DBHDS to help them meet their DOJ settlement agreement requirements. It is expected that these requirements will continue well into 2023, as the DOJ has made clear the agreement will continue until all settlement provisions have been met.

Pursuant to DOJSA, 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 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 2,684 Fairfax-Falls Church residents on the state waiting list for Medicaid waivers.

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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. While these efforts continued in FY 2022, CSB EDS continued to make significant adjustments due to the pandemic.

Relationship with Boards, Authorities, and Commissions

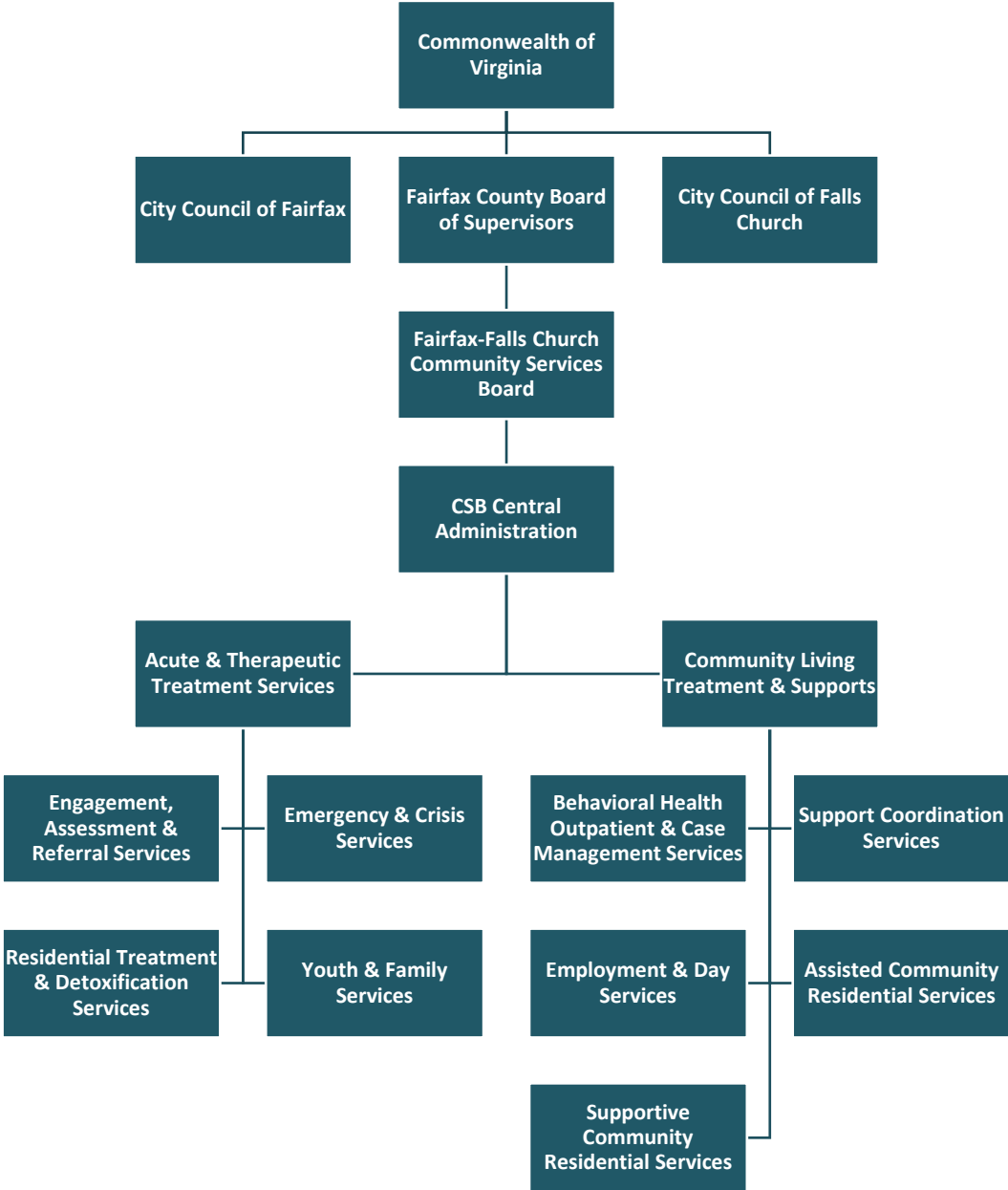
As one of the County's official Boards, Authorities, and Commissions (BACs), the CSB works with other BACs and numerous other community groups and organizations. It is through these relationships that broader community concerns and needs are identified, information is shared, priorities are set, partnerships 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
- Fairfax County Planning Commission
- Northern Virginia Regional Commission

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Organizational Chart



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Budget and Staff Resources

Category	FY 2022 Actual	FY 2023 Adopted	FY 2023 Revised	FY 2024 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$122,114,096	\$144,386,423	\$144,386,423	\$150,339,995
Operating Expenses	47,329,447	59,532,746	68,904,185	60,320,330
Capital Equipment	514,898	0	419,866	0
Subtotal	\$169,958,441	\$203,919,169	\$213,710,474	\$210,660,325
Less:				
Recovered Costs	(\$1,703,159)	(\$1,568,760)	(\$1,568,760)	(\$1,568,760)
Total Expenditures	\$168,255,282	\$202,350,409	\$212,141,714	\$209,091,565
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	1095 / 1091	1105 / 1100.5	1105 / 1100.5	1102 / 1097.5

This department has 85/80.8 FTE Grant Positions in Fund 50000, Federal-State Grants.

FY 2024 Funding Adjustments

The following funding adjustments from the FY 2023 Adopted Budget Plan are necessary to support the FY 2024 program:

Employee Compensation \$5,953,572

An increase of \$5,953,572 in Personnel Services includes \$2,705,732 for a 2.00 percent market rate adjustment (MRA) for all employees and \$2,500,013 for performance-based and longevity increases for non-uniformed merit employees, both effective July 2023. The remaining increase of \$747,827 is included to support employee retention and recruitment efforts that will reduce pay compression and align the County's pay structures with the market based on benchmark data.

Contract Rate Increases \$2,066,260

An increase of \$2,066,260 in Operating Expenses supports negotiated contract rate adjustments for eligible providers of developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders, FASTRAN, as well as CSB-wide administrative services.

Department of Vehicle Services Charges \$10,153

An increase of \$10,153 in Department of Vehicle Services Charges is based on anticipated billings for maintenance and operating-related charges.

Transfer of Custodial Services (\$160,750)

A decrease of \$160,750 is associated with the transfer of custodial services at the Gartlan Center and the Reston Human Services Building from Fund 40040, Fairfax-Falls Church Community Services Board, to Agency 08, Facilities Management Department. Fund 40040 is currently paying for services associated with these two facilities that house multiple agencies. To simplify the process, FMD will be budgeted for and pay the costs associated with all facilities that house multiple agency users starting in FY 2024.

Transfer of Diversion First Housing (\$890,679)

A decrease of \$890,697 is associated with the transfer of Diversion First Housing services from Fund 40040, Fairfax-Falls Church Community Services Board, to Agency 38, Housing and Community Development. With the growth of the Diversion Program and in the interest of efficiency and best practice, it has been determined that HCD should assume housing management responsibilities, eliminating the need for the CSB to act as an intermediary.

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Transfer of Pathway Homes Shelter Plus **(\$237,400)**

A decrease of \$237,400 is associated with the transfer of the Fairfax County annual allocation to Pathway Homes from Fund 40040, Fairfax-Falls Church Community Services Board, to Agency 38, Housing and Community Development. This allocation supports three Continuum of Care grant-funded projects from the U.S. Department of Housing and Urban Development and better aligns with the work of HCD.

Position Reduction **\$0**

A review of positions for potential reduction was conducted and 3/3.0 FTE positions will be eliminated in Fund 40040, Fairfax-Falls Church Community Services Board. Based on current budget constraints, the positions are unfunded and can be eliminated without adversely impacting agency operations.

General Fund Transfer

The FY 2023 budget for Fund 40040, Fairfax-Falls Church Community Services Board, requires a General Fund Transfer of \$171,934,659, an increase of \$6,741,156 over the FY 2023 Adopted Budget Plan, primarily due to additional funding to support employee pay increases and contract rate adjustments for eligible providers, offset by a transfer to Agency 08, Facilities Management Department, for custodial services, and a transfer to Agency 38, Housing and Community Development, for Diversion First Housing and the Pathway Homes Shelter Plus program.

Changes to FY 2023 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2023 Revised Budget Plan since passage of the FY 2023 Adopted Budget Plan. Included are all adjustments made as part of the FY 2022 Carryover Review and all other approved changes through December 31, 2022:

Carryover Adjustments **\$9,791,305**

As part of the FY 2022 Carryover Review, the Board of Supervisors approved funding of \$9,791,305, including \$6,039,330 in encumbered carryover, consisting primarily of ongoing contractual obligations, residential treatment and health related services, medical and laboratory equipment and supplies, and building maintenance and repair services. Also included is an appropriation of \$3,500,000 to implement a new electronic health record solution for the agency and an increase of \$251,975 for FASTRAN related services and operations.

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 patience assistance program; management of the technology functions

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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.

Category	FY 2022 Actual	FY 2023 Adopted	FY 2023 Revised	FY 2024 Advertised
EXPENDITURES				
Total Expenditures	\$46,348,450	\$52,287,609	\$57,470,298	\$55,443,809
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	250 / 249.5	250 / 249.5	254 / 253.5	254 / 253.5

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 (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. Requests for trainings such as Mental Health First Aid (MHFA), QPR (Question, Persuade, Refer) continue to increase in demand from parents, professionals, and the community. Another important and much attended

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training, REVIVE! Rescuer Training helps participants understand opioids and how opioid overdoses happen. Participants learn the signs of an overdose and how to respond to an overdose emergency. All WHPP's trainings and initiatives have seen a considerable increase in enrollment and play a vital role in our community's emotional health and ability to handle challenges related to mental health concerns and substance misuse.

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 Sharon Bulova Center is open 24/7. Staff can also provide psychiatric and medication evaluations and prescribe and dispense medications. Twenty-three-hour crisis stabilization services are scheduled to launch in the coming months to provide outpatient crisis stabilization for up to four individuals at a time as a least restrictive alternative to inpatient psychiatric admission.

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. On site medical clearance for psychiatric hospitalization and/or admission to crisis stabilization units is available by Neighborhood Health, a Federally Qualified Health Center. Based out of the MCRC are mobile teams including a mobile crisis unit and co-responder teams with Fairfax County Fire and Rescue and Fairfax County Police Department that provide response in the community for individual's that are super utilizers of public safety and 911 behavioral health calls for service. Efforts are underway to further expand these teams in the community.

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

The Wellness Circle Crisis Stabilization Unit 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 and provides medical detox services for individuals with a primary mental health diagnosis.

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.

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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 (Y&F) 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.

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.

FY 2022 saw two community trends driving the work of the Youth and Family Service area. The return of students to on-site learning in the spring of 2021 resulted in a surge of referrals from Fairfax County Public Schools (FCPS) to the CSB. Early in calendar year 2022 the opioid epidemic began directly impacting Fairfax youth. Our newest collaboration with the schools resulted in our new direct referral process. While the numbers are not yet large, the CSB has seen a continual increase in referrals of opioid using youth, primarily from public safety agencies. Many of these youth needed more intensive services than outpatient and Y&F collaborated with community partners to put them in place. CSB quickly mobilized additional resources and increased partnerships to address the needs in the community.

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Healthy Minds Fairfax, a program of Y&F, coordinates a full range of mental health and substance abuse services for children and youth across multiple county agencies, the school system and private treatment providers. The program works to help youth and families in the Fairfax-Falls Church community access mental health and substance abuse services and improve the quality of those services. Staff continued to build and strengthen partnerships with stakeholders & community service providers towards meeting the needs of the children’s mental health crisis and filling the gaps in services as well as providing more resources.

During FY 2022, CSB enhanced COVID-19 response for school direct referrals to meet mental health needs of children in the school that the staff were seeing as children returned to classrooms. The Student Assistant Program (SAP) is a collaboration between the CSB and Fairfax County Public Schools (FCPS) to assist students and their families with substance use disorder treatment and/or education. The program received over 100 referrals. In collaboration with Children’s Services Act (CSA) staff, CSB increased case management capacity, expedited access to intensive care coordination services and created policies expanding emergency access to CSA services for youth at risk of hospitalization. The agency also started preparing for the launch of the FY 2023 youth medication assisted treatment program. The program’s inception is one of many CSB and county responses to the opioid crisis plaguing youth. The Y&F program has become one of very few referral sources for youth using opioids. Needs often stretch beyond the levels of care provided to assist with the statewide gap in services and community’s eminent need for higher levels of care for this population.

To serve the older youth/young adult population, CSB launched the Turning Point program with multi-year grant funding from the Virginia Department of Behavioral Health and Developmental Services. CSB was subsequently awarded a grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand services for those who are considered at risk for psychosis, from ages 14 to 25. Turning Point provides a way to intervene rapidly after a first episode of psychosis, and to provide wraparound services for the young person with the goal of getting them re-engaged in the community and less dependent on a service system. The early intervention program helps young people and their families understand and manage symptoms of mental illness and/or substance use disorder, while also building skills and supports that allow them to be successful in work, school, and life in general

Category	FY 2022 Actual	FY 2023 Adopted	FY 2023 Revised	FY 2024 Advertised
EXPENDITURES				
Total Expenditures	\$46,719,766	\$55,358,623	\$55,737,275	\$57,402,866
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	365 / 363	372 / 369.5	370 / 367.5	367 / 364.5

Community Living Treatment and Supports

Behavioral Health Outpatient & Case Management Services (BHOP)

Behavioral Health Outpatient and Case Management Services includes outpatient programming, case management, nurse and medication 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 counseling (individual, group, and family) for adults. 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

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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 reoccurrence, build resilience, and promote self-management, self-advocacy, and wellness. In addition to outpatient case management, staff are deployed to case management at community facilities including Lincolnia and Stevenson Place assisted living facilities, and New Horizons intensive residential services program.

Nursing and Medication Management: BHOP provides medication management at four major sites via medication clinics that are staffed by LPNs, Nursing RN Case Managers, and Prescribers. The medical staff works collaboratively with the rest of the team and an on-site pharmacy to provide routine psychotropic medication management and distribution to include injections, linkage to primary care providers, metabolic profiling, and acute care as it arises on site.

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.

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

Turning Point First Episode Psychosis Program is an evidence-based, grant-funded, Coordinated Specialty Care (CSC) program for young adults between the ages of 16 and 30 who have experienced the onset of psychosis within the past twenty-four months. Turning Point helps participants and their families to 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. Turning Point - Clinically High Risk for Psychosis (CHRP) provides additional services for those (aged 14 to 25) at high risk for a first episode of psychosis.

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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 long-term, intensive level services and supports. Services provided include assessment & eligibility, targeted and monitoring case management, and school transition. 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, behavioral, 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. Support Coordination services are directly and extensively impacted by the Department of Justice Settlement Agreement with the Commonwealth of Virginia, Department of Behavioral Health and Developmental Services. This agreement was reached in January 2012 and the Commonwealth's Commissioner has indicated a goal to exit the agreement by December 2023. A critical priority of the settlement is to reduce the Priority 1 (P1) waitlist for Medicaid Waivers. At present, the CSB has 971 individuals in P1 waitlist status. Strategies to mitigate workforce and private provider capacity challenges are needed to manage significant growth associated with investment in Medicaid Waiver reduction for support coordination and related services (i.e., residential, employment and day, psychiatric, emergency, behavioral health, diversion and jail-based services, etc.).

Employment & Day Services

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

Developmental services 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

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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 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 to 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.

The CSB's Supported Employment program helps people with disabilities and/or people who are in recovery work towards life goals that involve getting and keeping a job in the competitive labor market, learning about career choices and barriers to employment, volunteering in the community, completing a GED, and continuing their education through college or industry certification. An employment specialist, called a workforce specialist or job coach, assists individuals to find and maintain employment. The Supported Employment program works with individuals who are receiving mental health and/or substance use disorder services from the CSB and can also work with people who are receiving services from another provider in the community.

The CSB directly provides and also contracts with community partners to provide Psychosocial and/or Supported Employment. The EDS division continues to evolve to include administrative oversight of contracts for other CSB divisions. While the contract budgets remain with the divisions that provide an identified service and content expertise for identified services remains with identified division leaders, expertise in contract solicitation, administration, and management, including data management and reporting sits with dedicated Contract & Data Managers on the EDS team. Consequently, the overarching division name will change to Contracts and Supportive Services, with EDS maintaining its current cost center and budget detail under the new division. These contracted and collaborative services include a full spectrum of residential services to individuals with behavioral health and developmental disabilities, as well as peer services. As division capacity permits, administrative oversight of all other service-specific contracts is anticipated.

Special Housing Projects are also supported under the EDS Division Director as appropriate for the planned over-arching name change to Contracts and Supportive Services. The CSB's special housing projects area includes DBHDS Permanent Supportive Housing (PSH), Diversion First Housing Program, Shelter Plus Care program, Brain Foundation collaboration, coordination of the CSB portion of mainstream housing vouchers, multiple housing projects coordinated with the Department of Housing and Community Development (HCD) through coordinated entry process, Flexible Funding program, Tenancy Supports program and other special leasing or property management projects. All programs support CSB individuals in need of prioritized housing for special need populations with additional community supports to help them maintain their housing.

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Community Residential Services: Assisted & Supportive

Assisted Community Residential Services (ACRS) provides an array of needs-based, long-term residential supports for individuals with developmental disabilities. 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 group homes and supervised apartment programs are directly operated by ACRS and include nursing care coordination, staff training on integrated healthcare protocols and nursing services to meet increasingly complex medical needs of program participants. Along with medical and healthcare assistance, supports provided include assistance with activities of daily living; educational and civic interests; transportation; and sustaining day and employment 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. SCRS is comprised of Residential Intensive Care (RIC) programs and Supportive Shared Housing Program (SSHP) programs. RIC offers community-based, intensive residential services of up to 24/7 monitoring of medication and psychiatric stability. Counseling, supportive, and treatment services are provided daily in a therapeutic setting. 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. As DBHDS continues to drive adaptation of supervised programs towards a permanent supportive housing model with the use of housing vouchers and grant funded housing services, it is anticipated that SCRS will adapt, and transition staff supports from CSB leased settings to service recipient-leased residences.

Many of the assisted and supportive residential programs are provided through various housing partnerships and contracted service providers. While services are primarily provided directly to adults, some contracted supports are provided to families for family-arranged respite services to individuals with developmental disabilities, regardless of age. Contracted services include: an Assisted Living Facility (ALF) with 24/7 care for people with serious mental illness and medical needs; an intensive residential program for 16 individuals with serious mental illness, many of whom are transitioning from psychiatric hospitals or seeking more intensive services to avoid hospitalization; Intermediate Care Facilities (ICFs) that provide 24/7 supports for individuals with developmental disabilities and highly intensive 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 and long-term respite services provided by a licensed 24-hour home for individuals with developmental disabilities; and emergency shelter services. Individualized

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Purchase of Service (IPOS) is provided for a small number of people who receive other specialized long-term community residential services via contracts.

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, MAT, 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, Assertive Community Treatment (ACT), services for individuals who are adjudicated 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. ACT is a multi-disciplinary team that provides enhanced treatment and support services for individuals with mental illness and co-occurring disorders. NGRI services include collaborating with state hospital staff, preparing and implementing conditional release plans, and submitting reports to the court on the person's progress and adjustment in the community. 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 ACT 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.

Category	FY 2022 Actual	FY 2023 Adopted	FY 2023 Revised	FY 2024 Advertised
EXPENDITURES				
Total Expenditures	\$75,185,518	\$94,704,177	\$98,934,141	\$96,244,890
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	480 / 478.5	483 / 481.5	481 / 479.5	481 / 479.5

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Position Detail

The FY 2024 Advertised Budget Plan includes the following positions:

CSB CENTRAL ADMINISTRATION – 254 Positions			
1	Executive Director	1	Human Resources Generalist I
1	Deputy Director	1	Training Specialist III
1	Comm. Svs. Planning/Devel. Dir.	2	Training Specialists II
1	Finance Manager CSB	1	DD Specialist III
2	Policy and Information Managers	1	Info Tech Program Manager I
4	Management Analysts IV	1	Information Security Analyst I
13	Management Analysts III	3	Statistical and Data Specialists III
12	Management Analysts II	3	Statistical and Data Specialists II
4	Management Analysts I	1	Statistical and Data Specialist I
2	Financial Specialists IV	1	Data Analyst I
4	Financial Specialists III	3	Communications Specialists II
7	Financial Specialists II	1	Human Service Worker IV
6	Financial Specialists I	1	Human Service Worker III
2	Business Analysts IV	9	Human Service Workers II
5	Business Analysts III	33	Human Services Assistants
5	Business Analysts II	1	Volunteer Services Program Manager
1	Residential & Facility Development Manager	1	Administrative Associate
1	Information Officer III	4	Administrative Assistants V
1	Licensed Practical Nurse	21	Administrative Assistants IV
1	Human Resources Generalist III	14	Administrative Assistants III
5	Human Resources Generalists II	6	Administrative Assistants II
CSB Clinical Operations			
2	Deputy Directors	2	BHN Clinician/Case Managers
1	Assistant Deputy Director	7	Behavioral Health Specialists II
1	Psychiatrist	1	Behavioral Health Specialist I
1	Program Manager	1	Human Service Worker V
1	BHN Supervisor	1	Management Analyst I
1	Behavioral Health Supervisor	2	Licensed Practical Nurses
3	Behavioral Health Sr. Clinicians	5	Peer Support Specialists
Medical Services			
1	Medical Director of CSB	1	Behavioral Health Supervisor
1	Public Health Doctor, PT	1	BHN Clinician/Case Manager
23	Psychiatrists	1	Physician Assistant
2	Behavioral Health Managers	7	Nurse Practitioners
ACUTE AND THERAPEUTIC TREATMENT SERVICES – 370 Positions			
Engagement, Assessment & Referral Services			
1	CSB Service Area Director	7	Behavioral Health Specialists II, 1 PT
1	Behavioral Health Manager	1	Behavioral Health Specialist I
4	Behavioral Health Supervisors	2	Licensed Practical Nurses
11	Behavioral Health Senior Clinicians		
Emergency & Crisis Services			
1	CSB Service Area Director	4	BHN Clinicians/Case Managers
3	Behavioral Health Managers	16	Behavioral Health Specialists II
3	Clinical Psychologists	8	Behavioral Health Specialists I
10	Emergency/Mobile Crisis Supervisors	1	Cook
3	Behavioral Health Supervisors	1	Peer Support Specialist
43	Crisis Intervention Specialists, 1 PT [-3]	4	Human Service Workers I
6	Behavioral Health Senior Clinicians		
Residential Treatment & Detoxification Services			
1	CSB Service Area Director	1	Senior Clinician
2	Substance Abuse Counselors III	26	Behavioral Health Specialists I
2	Substance Abuse Counselors II	7	Licensed Practical Nurses
5	Substance Abuse Counselors I	2	Administrative Assistants V
3	BHN Supervisors	3	Food Service Supervisors
14	Behavioral Health Supervisors	2	Peer Support Specialists

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Residential Treatment & Detoxification Services			
2	Behavioral Health Senior Clinicians	8	CSB Aides/Drivers
9	BHN Clinicians/Case Managers	2	Day Care Center Teachers I, 1 PT
40	Behavioral Health Specialists II, 1 PT	6	Cooks
6	Behavioral Health Managers	2	Registered Nurses
Wellness, Health Promotion & Prevention Services			
1	Behavioral Health Manager	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
5	Behavioral Health Managers	25	Behavioral Health Specialists II
COMMUNITY LIVING TREATMENT AND SUPPORTS – 481 Positions			
Behavioral Health Outpatient & Case Management Services			
1	CSB Service Area Director	5	Behavioral Health Managers
5	BHN Supervisors	11	BHN Clinician/Case Managers
16	Behavioral Health Supervisors	48	Behavioral Health Specialists II
38	Behavioral Health Sr. Clinicians, 1 PT	6	Licensed Practical Nurses
Support Coordination Services			
1	Management Analyst I	98	DD Specialists II
5	DD Specialists IV	3	DD Specialists I
16	DD Specialists III		
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	CSB Aide/Driver
2	DD Specialists I		
Assisted Community Residential Services			
2	CSB Service Area Directors	1	BHN Supervisor
2	DD Specialists IV	3	BHN Clinician/Case Managers
2	DD Specialists III	1	Management Analyst I
6	DD Specialists II	2	Licensed Practical Nurses
49	DD Specialists I		
Supportive Community Residential Services			
1	CSB Service Area Director	1	Housing/Community Develop Division Director
3	Behavioral Health Managers	5	Mental Health Counselors
1	DD Specialist IV	3	Licensed Practical Nurses
7	Behavioral Health Supervisors	1	Food Service Supervisor
3	Behavioral Health Senior Clinicians	1	Cook
12	Behavioral Health Specialists II	1	Residential & Facility Develop Mgr
12	Behavioral Health Specialists I, 1 PT		
Diversion and Jail-Based Services			
1	CSB Service Area Director	3	BHN Clinician/Case Managers
2	Behavioral Health Managers	19	Behavioral Health Specialists II
6	Behavioral Health Supervisors	4	Behavioral Health Specialists I
11	Behavioral Health Senior Clinicians	1	Peer Support Specialist
Intensive Community Treatment Services			
1	CSB Service Area Director	1	Behavioral Health Specialist I
2	Behavioral Health Managers	1	Licensed Practical Nurse
8	Behavioral Health Supervisors	1	Mental Health Therapist
7	Behavioral Health Senior Clinicians	3	Peer Support Specialists
7	BHN Clinicians/Case Managers	2	Administrative Assistants III
16	Behavioral Health Specialists II		
-	Denotes Abolished Position(s)		
PT	Denotes Part-time Position(s)		

Performance Measurement Results by Community Outcome Area

Empowerment and Support for Residents Facing Vulnerability

In FY 2022, the CSB met 53 percent of its service quality objectives (8 out of 15) and 53 percent of its outcome objectives (8 out of 15) as compared to the targets of 80 percent, with several objectives only slightly below the target level. Although the CSB was able to make changes in the service system, such as providing services through telehealth, the pandemic has continued to have an 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.

In FY 2022, 5,227 individuals with a developmental disability received an assessment, case coordination, and/or Targeted Support Coordination services, at an average cost of \$5,118 per person. The number served was slightly below the target this year as staff from the Department of Behavioral Health and Developmental Services (DBHDS) assisted with providing outreach to approximately 300 individuals on the Medicaid Waiver waitlist who were updated to priority status, and thereby eliminated the need for CSB staff to provide outreach to these individuals. While most individuals received assessment and case coordination services, 1,532 individuals received Targeted Support Coordination services, missing the target of 1,768. This was due to DBHDS holding the allocation of 150 FY 2022 Waiver slots until June 2022, which delayed the startup of services for these individuals into FY 2023. The number of individuals receiving support coordination increases as the number of Medicaid Waivers assigned by the state increases. DBHDS will not allocate any new slots in FY 2023 due to the funding being reallocated to increase Medicaid rates for Medicaid Waiver Services. It is anticipated that 600 new Waiver Slots will be allocated statewide in FY 2024 with Fairfax typically receiving 12 percent of the allocation, which is estimated as seventy-two (72) new Waiver Slots in FY 2024. It is also anticipated that there will be an increase in individuals served through State Plan Option Case Management. Overall, it is expected that 1,900 individuals will be served in FY 2023 and FY 2024.

Each individual that receives Targeted Support Coordination services has monthly contacts with a support coordinator and has a team consisting of professionals and family members who meet at least every 90 days with the individual to ensure needs are being addressed and progress towards outcomes is accomplished and reflected in the Individual Support Plan (ISP). During these meetings, which include the individual, 96 percent of individuals indicated they were satisfied with services. Ninety-eight 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.

In FY 2022, 90 individuals were served in directly operated group homes, 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 due to natural attrition. The lowered estimate of individuals served in FY 2024 reflects changes in individual needs which impact funding streams and continuity of services with the CSB. As this population ages, more individuals will require services provided through Medicaid waivers or a higher level of care that is not offered by the CSB. The

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average cost per individual served increased to \$90,016, which was partially due to the decrease in individuals served and an increase in staffing levels in group homes as response to the acute needs of this aging and intensely medically and behaviorally involved population.

This service area maintains contracts with community-based providers to support a continuum of residential services and supports to include congregate group homes, respite facility, respite subsidy, and in-home supports. This service area is designed to enhance community capacity and maintain the quality of care for individuals served. The CSB will continue serving individuals directly and through contracts in the future, shifting this level of care to community-based providers throughout the county and focusing on the identified priority populations. In addition, CSB staff members provide consultation and assistance to community-based providers in navigating new Medicaid funding structures to maximize their state funding and capacity to serve this population.

The individuals who receive residential services generally show high levels of satisfaction with their living arrangement and the supports and activities offered. In FY 2022, 96 percent of those surveyed indicated satisfaction. This is slightly below the target of 98 percent and is largely due to limitations that were required to maintain individuals' health and safety during the COVID-19 pandemic. Examples of these limitations include decreased community activities/engagement, limited options for employment and vocational activities, and visitor restrictions in the home. It is anticipated that satisfaction levels will increase as these limitations subside and day programs reopen. Additionally, 95 percent of those served were able to maintain their existing level of residential independence, which affords a higher level of independence for individuals with developmental disability.

Healthy Communities

In FY 2022, 230 individuals received Adult Residential Treatment for substance abuse, including those who received services through primary treatment, community re-entry, and aftercare services, at an average cost of \$51,688 per person. This represented a 37 percent decrease from the number of individuals served in FY 2020, which is partly due to social distancing requirements that reduced program capacity to maintain client and staff safety. The CSB continues to consult with the Health Department, which advises facilities on the best practices regarding COVID-19. In addition, fewer individuals requested residential treatment as some clients are reluctant to enter care in a congregate setting due to the pandemic. Aside from limitations on the number of individuals that can be served, as the residential facilities age, additional maintenance and repair costs are incurred. However, had the pandemic not reduced the programs' 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 them to produce an economy of scale that, when 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-five percent of respondents indicated that they were satisfied with services. Of the respondents, 89 percent reported that they had reduced their substance use at one-year post discharge as compared to their substance use prior to entering the program, exceeding the target of 80 percent. Residential treatment programs recognize the importance of employment in ensuring economic stability and the benefits of daily structure, responsibility, and accountability in an individual's recovery. During the past fiscal year, 80 percent of respondents were employed one-year post discharge, meeting the target. Given the increase in employment opportunities since FY 2019, we expect that the percent of clients employed will reach 85 percent in FY 2023. Although the target was met, there are still challenges which staff remain focused on meeting to assist individuals with employment. As the age of the population served has trended lower and the service delivery model has changed, including a

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decreased length of stay, individuals are often less prepared for future employment upon entering the program and there is less time for them to connect with job supports during treatment.

In FY 2022, Behavioral Health Outpatient and Case Management Services (BHOP) provided services to 4,194 adults with mental health, substance use, and/or co-occurring disorders at an average cost of \$3,159 per individual. Eighty-eight percent of individuals who expressed an opinion indicated that they were satisfied with services. This service area has implemented several business process improvements to enhance efficiencies around service delivery, including client engagement, collaborative documentation, centralized scheduling, no-show policy, and utilization review. In the past year, BHOP has made several improvements including expansion of the provision of evidence-based trauma-informed care and the implementation of The Rapid Engagement and Assessment Transition (TREAT) teams. The goal of the TREAT teams is to increase program capacity, facilitate the initiation of individuals into treatment services, and allow clinicians to refer more people to community-based providers when stable. Staff are enhancing linkages with community partners, including Neighborhood Health, to move stable individuals to community-based care along with providing increased collaboration to allow for rapid re-entry into CSB outpatient services if needed. During the pandemic, BHOP was able to quickly move to primarily telehealth services in March 2020 and has since transitioned to a hybrid model consisting of telehealth and in-person service delivery.

For the past several years, this service area has tracked employment outcomes for those receiving treatment primarily for substance use. In FY 2022, 68 percent of those served obtained or maintained employment, which was seven percent higher than FY 2020. This program has seen a change in population and referrals during the COVID-19 pandemic and is examining options for potential changes to programming to better meet client needs. Additional measures that are reflective of the goals of current programming are being explored for this service area.

In FY 2022, CSB clinicians housed in the Adult Detention Center (ADC) served a total of 2,021 individuals at a cost of \$831 per individual. In addition, 1,985 forensic assessments were conducted with 1,505 individuals (unduplicated) during the fiscal year. 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 assessments or referral to other providers. This helps to ensure that those who are incarcerated and in need of behavioral health services are properly identified and referred for treatment.

Timeliness of assessment and services correlates with better behavioral health outcomes. In FY 2022, 75 percent of those referred for a forensic assessment received that assessment within two days of referral, which did not meet the target of 90 percent. The assessments that did not occur within two days were partly impacted by the COVID-19 pandemic, which limited timely access. Of those individuals who received a full forensic assessment, 83 percent received follow up treatment services while in jail, which could include services to address mental health and/or substance use disorder. The CSB Jail Services team has expanded the scope of its work to include Emergency Custody Orders (ECOs) and Temporary Detention Orders (TDOs) to help stabilize acute mental health needs while individuals are incarcerated or upon release. In FY 2021, the Sheriff's Office expanded services for Medication Assisted Treatment (MAT) for individuals with opioid use disorder. The CSB provides coordination of care and release planning for MAT participants prior to and post release. This service area continues to collaborate with the specialty courts and other Diversion First services to provide needed supports to individuals while incarcerated and to link them with appropriate services upon release.

In FY 2022, CSB discharge planners served 489 adults, at an average cost of \$1,872 per individual. This represents a 31 percent decrease from FY 2020. There have been significant increases in the

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number of adults served each year since 2017 when state legislative changes required shorter time frames to locate alternative treatment, which resulted in more admissions to state hospitals as a last resort placement. However, during the past year, five of the eight state hospitals were closed at various times either because of a COVID-19 outbreak or a staffing shortage due to the challenge of hiring and retaining behavioral health professionals. This resulted in limited capacity and pressure for staff to locate alternatives to state hospitals. An additional reason for the decline of adults served include Medicaid expansion, which resulted in more people who were able to obtain insurance and could be served in community hospitals or a crisis care program. Community hospitals also expanded their bed capacity, allowing for more people to be served in the community rather than the state hospitals.

Increased demand generally results in shorter hospital stays and greater need for responsive discharge planning services for clients with multiple complex treatment needs. Ninety-three percent of all adults were scheduled for a CSB assessment within seven days of hospital discharge. The additional seven 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. One hundred percent of clients who returned satisfaction surveys indicated they were satisfied with services in FY 2022. However, due to occasional hospital restrictions due to outbreaks of COVID-19, fewer satisfaction surveys were able to be administered and the results reflect a limited number of responses. It is expected that the survey response rate will increase in future fiscal years.

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, 68 percent remained in CSB services after 90 days, which just missed the target of 70 percent. More individuals are required to be discharged from hospitals as soon as possible, while also presenting with a higher acuity and complexity. As individuals may not be as well prepared to adjust to community-based treatment, this requires more complex planning between providers to help ensure individuals remain in treatment and impacts the overall outcomes. Additionally, the pandemic has put stress on the behavioral health care system nationwide, which has limited the availability of treatment resources and may have impacted client engagement. The CSB is working to mitigate these issues and anticipates that as more resources become available, this will improve client engagement, staffing consistency, and retention in services.

In FY 2022, EAR served 2,806 adults in walk-in assessment at the Sharon Bulova Center at an average cost of \$1,006 per individual served. This represented a 35 percent increase in the number of individuals served compared to FY 2021, suggesting that the impact of the COVID-19 pandemic is waning, and the number of adults served is gradually returning to pre-pandemic levels. The CSB continues to utilize virtual options that were put in place early in the pandemic along with providing in-person services, and it is expected that this will allow the CSB to serve clients at levels seen prior to the pandemic in the upcoming year.

In FY 2019, the Virginia 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. Additional enhancements to the assessment process for FY 2022 include a new triage process, nursing and peer specialist positions, and contracted telehealth providers, which streamline the process for clinical staff, provide resources to link clients with services in the community, and enhance the client experience. In FY 2022, 68 percent of individuals who provided their opinion in a satisfaction survey were satisfied with their assessment services. Although this result did not meet the 95 percent target,

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it is expected that improvements in staffing and the assessment process will result in increased client satisfaction in FY 2023.

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 CSB services, 64 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. To align with a new DBHDS statewide measure related to treatment engagement with an expectation that 70 percent of individuals will attend their first scheduled service appointment, the CSB has adjusted its target for FY 2023 to reflect the state's benchmark.

Supportive Community Residential Services (SCRS) served 286 individuals in FY 2022 at an average cost of \$33,923 per person. Continued expansion of state and federal housing programs, along with additional Medicaid accessibility, will allow this service area to decrease reliance on local funding for housing and services over time. A recently awarded contract with community-based providers with an existing vendor has created a better flow for a continuum of services. It is anticipated to have 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. As expected, fewer individuals were served in this service area in FY 2022 due to contract and service delivery re-alignment, coupled with Medicaid expansion, which allows more individuals to be served by community-based providers. Overall, 91 percent of individuals reported being satisfied with services in FY 2022.

One of the goals in this service area is for clients to reach a stage where they are at a self-sufficiency level in which they 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 14 percent, which did not meet the target. This was due to new placements in FY 2022 that were made possible by vouchers obtained through a partnership with the Department of Housing and Community Development (DHCD). These housing vouchers are essential for providing a subsidy to low-income individuals so that they may afford housing in Northern Virginia. Research suggests that permanent supportive housing for this vulnerable population leads to more successful outcomes. Although the new placements are a positive outcome, when there is a high percentage of new individuals receiving this service, there is an increase in the clinical acuity of the population being served. Clients in service are making progress towards independent living, however the transition to a community-based setting requires a significant amount of skill training and rehabilitation for clients to reach a level of functioning that allows for a successful move to a more independent living arrangement, a process which typically takes 12 to 18 months. It is anticipated that as these clients have more time in service that this percentage will increase in future fiscal years. This service area continues to manage wait lists, need for services, and available slots based on resources in the community.

Lifelong Education and Learning

In FY 2022, Youth and Family Outpatient Services served 1,408 youth at an average cost of \$4,042 per person. While the number of youth served increased from FY 2021, this represented a 23 percent decrease compared to FY 2020. As a result of impacts from the pandemic and the nationwide staffing shortage, the CSB received fewer direct referrals from the school and court systems throughout the fiscal year. However, there was a slow but steady increase in referrals and by the

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Spring of 2022 the number of youth identified in need of behavioral health services had returned to pre-pandemic levels and this is expected to continue into 2023. Additionally, the opioid epidemic and the recent overdoses amongst this population has forged increased collaboration between the CSB, youth-serving agencies in the community, and public safety. These strong partnerships are expected to result in additional referrals and the expansion of CSB services to this population in the upcoming years. Throughout the pandemic, the CSB has maintained the capacity to serve youth and families in the community, through a combination of telehealth and in-person services. Behavioral health needs of 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 youth involved in multiple systems. Through case management, youth with especially complex and high-risk behaviors can access intensive services funded through the Children's Services Act or Medicaid.

Overall, 91 percent of families indicated satisfaction with services in FY 2022, which was slightly below the target of 95 percent. In the upcoming year, as the programs become fully staffed and can offer more in-person and evening services, along with expanded services delivered in the school system, it is expected that the satisfaction rate will improve. In 2019, the CSB implemented a new research-backed outcomes measurement tool, the Daily Living Activities-20 (DLA-20). The DLA-20 assesses individual functioning on 20 daily living skills and identifies where outcomes are needed so that clinicians can address functional deficits through individualized service plans. Results from these assessments show that 88 percent of youth served maintained or improved functioning on school-related measures, which fell just under the target of 90 percent. The CSB is exploring options to utilize the DLA-20 for tracking client outcomes and improvements in the future.

In FY 2022, 1,233 individuals with developmental disability received directly operated and contracted day support and employment services. This represented a 57 percent increase from FY 2021, indicating that the programs are slowly recovering from the program closures that were necessary earlier in the pandemic and the reluctance of individuals and families to return to service due to safety concerns. Of these individuals, 751 received services fully funded by Fairfax County while 482 received services partially funded through Medicaid Waiver and partially by Fairfax County. The average cost to serve these individuals was \$23,166 per person. Programs are continuing to face capacity challenges due to significant staffing shortages and it is unclear when these issues will be resolved. The CSB has been working with community providers to mitigate the impacts of the pandemic and identify opportunities to increase community capacity. It is anticipated that the number of individuals served will increase, based on the estimated number of graduates from Fairfax County Public Schools (FCPS) who may be eligible for CSB Employment and Day Support Services. Due to the pandemic, FCPS extended an extra year of eligibility for individuals who would have typically aged out of the school system, which also contributed to a reduction in the number of FY 2020 and 2021 graduates that were placed in services. It is expected that these graduates will steadily begin placements in Day Support and Employment services in FY 2023.

For those that receive services, one factor that leads to improved outcomes is driven by enjoyment of the activity in which they are engaged and in FY 2022, 98 percent of individuals reported satisfaction with their services. Of the individuals who received group supported employment services, the average annual wage was \$7,089, and for those who received individual supported employment, \$12,776 was the average annual wage. The pandemic continues to cause difficulties in establishing and maintaining new Group Supported Employment opportunities. It is anticipated that this decreased earnings trend will continue due to the mitigating factors of employment opportunities and decreased availability of weekly hours. Staff are exploring additional ways to support members in the community, including options to utilize the Adult Day Health programs run

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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 2022, 450 adults received supported employment services, which included individual and group employment coaching and support, at a cost of \$3,800 per individual. The number of individuals served was lower than typical due to impacts of the COVID-19 pandemic and is partly due to client reluctance to work in face-to-face, service-oriented employment, due to the pandemic and a reduced number of referrals for this service. This program is also undergoing a baseline fidelity review related to evidence-based best practices and recommendations include reducing caseload sizes and updating business processes which may result in reductions in the number of individuals served in future years.

In FY 2022, Employment Services staff and contractors continued to focus on individual job development and placement. Overall, 446 individuals, or 99 percent of those served, received individual supported employment services while four individuals, or one percent, received group supported employment services. Of the 446 individuals served, 96 percent indicated satisfaction with services, and 61 percent obtained paid or volunteer employment. In this area, the program is beginning to see improvement and is nearing the success rates in job placement seen prior to the pandemic. Although not formally employed, 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. One positive effect of the pandemic has been new opportunities for virtual volunteer work, which increase community involvement and build communication and other work readiness skills. As the new program model is implemented in the upcoming year, it is expected that employment outcomes will increase in FY 2024 and beyond.

The individuals who obtained paid employment worked an average of 27 hours per week and received an average hourly wage of \$15.23, 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 many job placements in this service area. There was a significant number of individuals working in customer service call center and entry level IT positions. Due to the recent increases in the state minimum wage and the hourly wage increases of local employers, it is estimated that this will continue to increase over the next several fiscal years.

In FY 2022, the Wellness, Health Promotion and Prevention (WHPP) team provided Mental Health First Aid (MHFA) training to 473 individuals at an average cost of \$276 per individual. MHFA is an evidence-based international health education program that helps participants identify, understand, and respond to individuals experiencing a crisis due to mental health and/or substance use disorders. Of the participants receiving MHFA training, 100 percent passed the standard exam required to obtain MHFA certification and 96 percent of the participants were satisfied with the training.

In FY 2022, there were 16 virtual Youth MHFA courses (for adults who interact with youth), 26 Adult MHFA courses, and two Public Safety MHFA courses for the Sheriff's Office for a total of 44 courses. Early in FY 2022 there was limited desire from the public to gather for an in-person training due to COVID safety concerns. Additionally, the CSB's ability to provide specialty MHFA courses, such as the Higher Education, Older Adult, or Spanish language versions, was also limited in FY 2022 as these curricula were not yet launched by the National Council for Wellbeing. In January 2022, the National Council issued the updated in-person curriculum for MHFA Youth and Adult. The WHPP

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team continues to deliver monthly open enrollment virtual trainings. In addition, the WHPP team offers customized in-person or virtual trainings for groups and organizations as requested. In FY 2022, some of the customized MHFA courses were delivered to the following groups: Brain Injury Services, Creekside Village Community Center, Boy Scouts (virtual and in-person), Office to Prevent and End Homelessness (OPEH), Volunteer Solutions, Zeta Phi Beta Sorority, Inc., Fairfax Health Department (Maternal Child Health), Office for Children Head Start, FCPS School Nurses, FCCPS Teachers and Parents, Community Emergency Response Team (CERT), and the Town of Vienna Recreation Staff and Public Works Staff.

Safety and Security

In FY 2022, the Merrifield Crisis Response Center (MCRC) served 6,527 individuals through general emergency services and two mobile crisis units at an average cost of \$1,131 per person. Since FY 2021, the number served increased by four percent, exceeding the target and suggesting that Emergency Services usage is returning to pre-pandemic levels. Emergency Services operates 24 hours per day, 7 days per week, and aids every individual who presents for services. In FY 2022, 88 percent of individuals received face-to-face services within one hour of check-in, just missing the target of 90 percent.

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 and whose needs may be better met through CSB or other community services. A second Community Response Team will be formed in October 2022 to provide a broader scope of services. In May 2021, Fire and Rescue began conducting direct transports to MCRC for individuals in behavioral health crisis. Staff are implementing a multi-agency initiative that will create several co-responder teams involving a mental health clinician and CIT trained police officer to respond to requests for mental health interventions through the 911 call center. These co-response teams could increase the number of individuals served in future fiscal years.

In October 2020, the CSB implemented on-site medical clearance services for individuals in need of psychiatric hospitalization and admission to crisis stabilization units. This effort is expected to reduce utilization of emergency departments, increase efficiency for CSB and law enforcement staff and provide a better client experience. In addition, Emergency Services staff continue to explore better ways of serving the community and expanding crisis services to offer alternatives to psychiatric hospitalization such as piloting a 23-hour crisis stabilization program. A 23-hour program allows an individual to receive increased monitoring and support in an outpatient setting up for to 23 hours. It is anticipated that this expanded continuum of crisis services may increase the number of individuals served in the future.

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 2022, 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. For FY 2024, we expect that 70 percent of crisis intervention and stabilization services will be less restrictive than psychiatric hospitalization due to the implementation of our continuum of crisis services, including expanded co-responder teams and a 23-hour crisis stabilization program. There are a variety of factors that drive the number of hospitalizations. The CSB is continuing to see an increase in the acuity of individuals seeking emergency services, partly due to the impacts of the pandemic with lower treatment compliance rates and the ongoing hospital bed shortage which has limited available access to inpatient psychiatric care.

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Community Outcome Area	FY 2020 Actual	FY 2021 Actual	FY 2022 Estimate	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate
Empowerment and Support for Residents Facing Vulnerability						
Services Are High Quality and Coordinated						
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%
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%
Percent of Person-Centered Plan objectives met for individuals served in Targeted Support Coordination	96%	98%	88%	99%	88%	88%
Healthy Communities						
Improving Physical and Behavioral Health Conditions						
Percent of individuals receiving an assessment who attend their first scheduled service appointment	67%	59%	80%	59%	80%	80%
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%
Percent of individuals served who are employed at one year after discharge	72%	77%	80%	80%	75%	75%
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 who had a forensic assessment that attend a follow-up appointment after their assessment	62%	62%	60%	75%	62%	62%
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%
Access to Health Services						
Percent of adults referred to the CSB for discharge planning services that remain in CSB services for at least 90 days	71%	70%	70%	59%	70%	70%
Percent of individuals trained who obtain Mental Health First Aid certification	95%	95%	92%	96%	92%	92%
Lifelong Education and Learning						
Supporting Career-Based Training						
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
Supporting Academic Achievement						
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%
Safety and Security						
Percent of crisis intervention/stabilization services provided that are less restrictive than psychiatric hospitalization	72%	74%	65%	72%	65%	65%

A complete list of performance measures can be viewed at
<https://www.fairfaxcounty.gov/budget/fy-2024-advertised-performance-measures-pm>

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FUND STATEMENT

Category	FY 2022 Actual	FY 2023 Adopted Budget Plan	FY 2023 Revised Budget Plan	FY 2024 Advertised Budget Plan
Beginning Balance	\$38,795,887	\$10,225,028	\$45,581,191	\$26,041,861
Revenue:				
Local Jurisdictions:				
Fairfax City	\$2,343,815	\$2,479,063	\$2,479,063	\$2,479,063
Falls Church City	1,062,348	1,123,651	1,123,651	1,123,651
Subtotal - Local	\$3,406,163	\$3,602,714	\$3,602,714	\$3,602,714
State:				
State DBHDS	\$8,966,895	\$8,451,543	\$8,451,543	\$8,451,543
Subtotal - State	\$8,966,895	\$8,451,543	\$8,451,543	\$8,451,543
Federal:				
Block Grant	\$4,168,224	\$4,053,659	\$4,053,659	\$4,053,659
Direct/Other Federal	91,579	154,982	154,982	154,982
Subtotal - Federal	\$4,259,803	\$4,208,641	\$4,208,641	\$4,208,641
Fees:				
Medicaid Waiver	\$8,268,323	\$7,000,000	\$7,000,000	\$7,000,000
Medicaid Option	9,480,076	8,582,708	8,582,708	8,582,708
Program/Client Fees	4,731,403	4,296,500	4,296,500	4,296,500
CSA Pooled Funds	644,245	890,000	890,000	890,000
Subtotal - Fees	\$23,124,047	\$20,769,208	\$20,769,208	\$20,769,208
Other:				
Miscellaneous	\$124,800	\$124,800	\$124,800	\$124,800
Subtotal - Other	\$124,800	\$124,800	\$124,800	\$124,800
Total Revenue	\$39,881,708	\$37,156,906	\$37,156,906	\$37,156,906
Transfers In:				
General Fund (10001)	\$150,158,878	\$165,193,503	\$165,445,478	\$171,934,659
Total Transfers In	\$150,158,878	\$165,193,503	\$165,445,478	\$171,934,659
Total Available	\$228,836,473	\$212,575,437	\$248,183,575	\$235,133,426
Expenditures:				
Personnel Services	\$122,114,096	\$144,386,423	\$144,386,423	\$150,339,995
Operating Expenses	47,329,447	59,532,746	68,904,185	60,320,330
Recovered Costs	(1,703,159)	(1,568,760)	(1,568,760)	(1,568,760)
Capital Equipment	514,898	0	419,866	0
Total Expenditures	\$168,255,282	\$202,350,409	\$212,141,714	\$209,091,565
Transfers Out:				
General Fund (10001)	\$15,000,000	\$0	\$10,000,000	\$0
Total Transfers Out	\$15,000,000	\$0	\$10,000,000	\$0
Total Disbursements	\$183,255,282	\$202,350,409	\$222,141,714	\$209,091,565

Fund 40040: Fairfax-Falls Church Community Services Board

FUND STATEMENT

Category	FY 2022 Actual	FY 2023 Adopted Budget Plan	FY 2023 Revised Budget Plan	FY 2024 Advertised Budget Plan
Ending Balance	\$45,581,191	\$10,225,028	\$26,041,861	\$26,041,861
DD Medicaid Waiver Redesign Reserve ¹	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Opioid Use Epidemic Reserve ²	50,000	50,000	50,000	50,000
Diversion First Reserve ³	5,853,866	4,408,162	5,853,866	5,853,866
Medicaid Waiver Expansion Reserve ⁴	2,800,000	2,800,000	2,800,000	2,800,000
Unreserved Balance⁵	\$34,377,325	\$466,866	\$14,837,995	\$14,837,995

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 Unreserved Balance fluctuates based on specific annual program requirements.