

## FAIRFAX-FALLS CHURCH CBS BOARD MEETING

Dan Sherrange, Chair Wednesday, May 22, 2024, 5:00 PM

**Sharon Bulova Center for Community Health** 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West Fairfax, VA 22031

## **MEETING AGENDA**

**Meeting Called to Order Dan Sherrange Roll Call, Audibility and Preliminary Motions Dan Sherrange Matters of the Public Dan Sherrange** Amendments to the Meeting Agenda **Dan Sherrange** Approval of the March 27, 2024, Meeting Minutes **Dan Sherrange** 6. Staff Presentation **Sarah Gary** 

A. Jail-based & Diversion Services (JDS)

7. Director's Report

**Daryl Washington** A. County, Regional, State and Cross Agency Initiatives

- B. Additional Housing Collaboration with Fairfax Housing Authority
- C. Youth Services and Crisis Response Centers
- D. Change Healthcare Update
- E. DD Waivers

8. Action Item Elif Ekingen

A. FY 2025 Budget and Concept Approval

9. Matters of the Board **Dan Sherrange** 

A. VACSB Convention Debrief: May 1-3, 2024

B. Representative for the Affordable Housing Advisory Council (AHAC) and Consolidated Community Funding Advisory Committee (CCFAC) on Other Boards

10. Committee Reports

A. Service Delivery Oversight Committee **Evan Jones Dan Sherrange** B. Compliance & Executive Committee **Andrew Scalise** C. Fiscal Oversight Committee

D. Other Matters: Nominating Committee's Report on the Election of CSB Board Officers

### 11. Adjournment

Meeting materials are posted online at www.fairfaxcounty/community-services-board/board/archives or may be requested by contacting Sameera Awan at 703-324-7827 or at Sameera. Awan@fairfaxcounty.gov

# FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD MEETING MINUTES MARCH 27, 2024

The Fairfax-Falls Church Community Services Board met in regular session at the Sharon Bulova Center for Community Health, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031.

### 1. Meeting Called to Order

Board Chair Dan Sherrange called the meeting to order at 5:01 PM.

### 2. Roll Call, Audibility, and Preliminary Motions

PRESENT: BOARD MEMBERS: BOARD CHAIR, DAN SHERRANGE; SHEILA COPLAN JONAS;

ANDREW SCALISE; BETTINA LAWTON; CAPTAIN DANIEL WILSON; JIM GILLESPIE; EVAN JONES; DARIA AKERS; KAREN ABRAHAM; ANNE WHIPPLE;

ROBERT BARTOLOTTA; SRILEKHA PALLE; PATRICIA ZISSIOS

ABSENT: BOARD MEMBERS: SARAH COUGHTER

<u>Also present</u>: Executive Director Daryl Washington, Deputy Director of Clinical Operations Barbara Wadley-Young, Deputy Director of Administrative Operations Jean Post, Division Director of Developmental Disabilities and Support Coordination Sierra Simmons, Healthcare Systems Director Jennifer Aloi, Director of Medical Services Dr. Debra O'Beirne, Chief Financial Officer Elif Ekingen, Division Director of Engagement Assessment and Referral Brian Anderson, and Board Clerk Sameera Awan.

### 3. Matters of the Public

None were presented.

### 4. Amendments to the Meeting Agenda

Board Chair Dan Sherrange requested the inclusion of a closed session as Agenda Item #11. The purpose of the closed session would be to discuss long-term strategies potentially affected by personnel and budget issues.

MOTION TO ADOPT THE MARCH 27, 2024, MEETING AGENDA WAS APPROVED BY EVAN JONES, BETTINA LAWTON, ANDREW SCALISE, KAREN ABRAHAM, SHEILA COPLAN JONAS, CAPTAIN DANIEL WILSON, JIM GILLESPIE, DARIA AKERS, ANNE WHIPPLE, ROBERT BARTOLOTTA, SRILEKHA PALLE AND PATRICIA ZISSIOS.

### 5. Approval of the Minutes

The February 28, 2024, CSB Board Meeting Minutes were distributed for review. Board Member Bettina Lawton proposed minor changes under Agenda Item #6, pertaining to the Staff Presentation. Specifically, she suggested removing the word "State" from the top of page 3, second line. Additionally, under Agenda Item #7C, relating to the FY 2025 Budget, she recommended changing the first line in the second paragraph to "real property tax" instead of "personal property

tax." Moreover, she suggested removing the word "Traditionally" from the second line of the first paragraph of Agenda Item #5.5.

MOTION TO ADOPT FEBRUARY 28, 2024, MEETING MINUTES WAS MOVED BY BOARD MEMBER EVAN JONES, SECONDED BY BOARD MEMBER DARIA AKERS.

MOTION TO ADOPT WAS APPROVED BY DAN SHERRANGE, ANDREW SCALISE, SHEILA COPLAN JONAS, JIM GILLESPIE, EVAN JONES, BETTINA LAWTON, ROBERT BARTOLOTTA, AND KAREN ABRAHAM AND CAPTAIN DANIEL WILSON.

### 6. Staff Presentation

Division Director of Engagement Assessment Referral Brian Anderson presented an overview of his division, outlining the services provided by the Engagement Assessment Referral and Wellness Health Promotion Prevention teams. The division offers Youth and Family Services, developmental disability support, and mental health services for Youth and Adults. Emergency Services are available for Crisis Intervention, and the CSB provides various Substance Youth Services, including residential and outpatient options. The Prevention & Wellness team also focuses on strengthening emotional health through engagement with civic leaders, faith-based organizations, and private entities. The responsibilities of the Entry Call Center include triaging and directing incoming calls from the public to the appropriate services. Walk-in assessments are offered for same-day access, with extended hours available on specific days to accommodate diverse schedules. The division works closely with community partners, such as Fairfax County Public Schools (FCPS), the Health Department, and the Department of Family Services, to implement outreach and engagement initiatives. Training programs such as Mental Health First Aid, QPR (Question, Persuade, and Refer), and SPAN (Suicide Prevention Alliance of Northern Virginia) are designed to address mental health challenges and promote suicide prevention within our community.

### 7. <u>Director's Report</u>

### A. County, Regional, State and Cross Agency Initiatives

Deputy Director of Administrative Operations Jean Post shared that the CSB is participating in a comprehensive drug reduction effort with the Virginia Department of Health to monitor drug hotspots along Virginia's Prime 95 corridor. Similar initiatives are taking place along the I-81 and I-95 corridors, where a drug overdose alert network is being established to notify stakeholders when a certain threshold of overdoses is reached within a 24-hour period. The first meeting for the I-95 initiative is scheduled for April 5, 2024. Additionally, the CSB is being recognized at the Valor Awards, which honor public safety heroes from Fairfax County, including healthcare professionals, for their actions above and beyond the call of duty. Finally, the Department of Behavioral Health and Developmental Services (DBHDS) is requiring STEP-VA cost reporting for salaries in FY23. This report is expected to be due in late August 2024. DBHDS recently met with all CSBs on March 5<sup>th</sup> to discuss a needs assessment for non-service components of STEP-VA, aiming to determine unmet needs and estimate associated costs. The information gathered will be shared with the House Appropriations and Senate Finance and Appropriations Committees by December 1st, 2024. Jean emphasized the significant time commitment involved in this process, particularly given the

upcoming deadline in August 2024, and acknowledged the challenging task ahead as the CSB concludes the current fiscal year and prepares for the next.

### **B.** Youth Services and Crisis Response Centers

Deputy Director of Administrative Operations Jean Post shared that the organization is continuing its efforts in recruiting and onboarding training for new staff, particularly for the Youth Medicated Assisted Treatment (MAT) and outreach and engagement teams. Additionally, they are collaborating with facilities to prepare shared spaces for these programs. The Hybla Valley Recreation Center, James Lee Recreation Center, and other resource centers are designated as collocated spaces for the outreach and engagement teams, and efforts are underway to address logistical considerations associated with this arrangement.

### C. Developmental Disabilities Waivers

Deputy Director of Clinical Operations Barbara Wadley-Young shared that the CSB has established 7 new positions through the third-quarter budget, and processes are underway to recruit for those positions. Anticipating Commonwealth approval of the Waitlist reduction initiative by July 8, 2024, coordination with the Department of Behavioral Development Services will intensify. At that point, projections for workforce needs in FY25 and FY26 will become clearer. It is anticipated that 70 Support Coordinators and additional Administrative Operations staff will be needed to support the workforce. A comprehensive communications plan has been initiated to keep service recipients, community members, and stakeholders informed and engaged throughout the rollout process.

The first communication, Agenda Item #7C, the newsletter, will be distributed via email and mail tomorrow to inform those in priority one status. This communication emphasizes that the initiative is an exciting opportunity and clarifies the process for determining waiver allocation. A virtual community meeting is scheduled for April 24th from 5:00 to 7:00 PM to provide updates and maintain ongoing communication. An email has been established for individuals and family members to directly communicate with the Support Coordination team regarding questions about the process. The Arc of Northern Virginia, a long-term Community Partner, will provide information about what to expect while waiting for a waiver and the coverage it entails. Additionally, in-person and virtual sessions will be held for community members to receive routine updates and provide feedback on preferred communication frequency and format. Agenda Item 7C.3 includes communication from Executive Director Daryl Washington and CSB Board Chairman Dan Sherrange to the Board of Supervisors (BOS), informing them of the CSB's communication plan for constituents regarding the complex labor process. The Board is urged to direct constituents to access points identified by the Support Coordination team for accurate information and assistance with accessing unity settings for in-person meetings as needed.

**Board Chair Dan Sherrange** acknowledged Dr. Wadley-Young's and her staff's efforts, recognizing the significant work they have undertaken. He emphasized the ongoing nature of the task and expressed gratitude to Board members for their collaboration with the team.

Mr. Sherrange is committed to providing regular updates to the Board on progress and developments, acknowledging the dynamic nature of the situation. While details may be complex, the focus will remain on maintaining awareness of the status to address any issues that may arise promptly.

### D. FY 2025 Budget

Deputy Director of Administrative Operations Jean Post provided an update on the budget status, mentioning that business processes for the third quarter were ongoing as of March 19th. The quarter package was presented to the BOS, with public hearings scheduled for April 16th, 17th, and 18th. Action on the third quarter is expected to be taken on April 30th. The FY25 adopted budget is anticipated for May 7th, with implementation slated for July 1st. Additionally, the allocation of 7 new Support Coordinator positions in Q3 outlined the requested changes in the advertised budget, including a general fund increase of \$5.5 million, a reduction of \$6.2 million, and a revenue target increase of 1.8 million.

### E. Cyber Security Breach

Healthcare Systems Director Jennifer Aloi shared information regarding a cybersecurity attack and breach at Change Healthcare. As a subsidiary of United Health Group, Change Healthcare operates as an IT platform facilitating various data exchanges, including revenue payment processing, lab orders, lab results, and E-Prescribing. The CSB utilizes their services for claims processing and lab orders and by some pharmacies for E-Prescribing. When the breach occurred, the connections were disrupted, prompting the CSB to implement downtime processes and engage clinical informatics support. The team ensured the reconciliation of lab and prescription orders to prevent any clinical care issues or delays. They are operating in a hybrid of uptime and downtime processes until Change Healthcare resumes normal operations. Despite the disruption, there were no clinical implications for client care. Further communication from Change Healthcare regarding the breach and its impact on EHR vendors is awaited. HIPAA compliance officers at the county and organizational levels are actively involved and prepared to facilitate communication. While there have been delays in payment collections from United Healthcare, the teams have adapted by implementing manual reconciliation processes and exploring new channels for payment collection.

### 8. Action Item

### A. FY 2025 Proposed Fee Schedule

Chief Financial Officer Elif Ekingen presented the proposed revisions to the FY 2025 CSB Fee Schedule, noting corrections and enhancements. Specifically, she highlighted the correction of the unit column for H2018, which was initially listed as 15 minutes but should have been per diem. Elif clarified and expanded the service column descriptions, revising abbreviations to ensure clarity. She requested the Board's approval for the FY 2025 Proposed Fee Schedule as presented.

MOTION TO APPROVE AGENDA ITEM NO. 8A WAS MOVED BY BOARD MEMBER ANDREW SCALISE, SECONDED BY BOARD MEMBER DARIA AKERS.

THE MOTION WAS APPROVED UNANIMOUSLY.

#### 9. Matters of the Board

**Board Chair Dan Sherrange** provided an update on various advisory councils in the county that are currently active and expressed a need for greater involvement from the Community Services Board. Specifically, the Affordable Housing Advisory Council (AHAC) and the Consolidated Community Funding Advisory Committee (CCFAC) are two councils requesting regular representation from the Community Services Board. Although he did not have specific information on the frequency of AHAC meetings, he mentioned that CCFAC convenes every other month for approximately an hour and a half per session. More details to come. Lastly, the public hearing on the County Executive's Proposed FY 2024 Advertised Budget is scheduled for Thursday, April 18, 2024, at 3:00 p.m. CSB has reserved speaking slots #12, #13, and #14. The hearing will be held in the Board Auditorium at the Fairfax County Government Center. The board is seeking three volunteers. The first CSB board member volunteer will be allotted 5 minutes to testify, while the second and third volunteers will have 3 minutes each.

### **10. Committee Reports**

### A. Service Delivery Oversight Committee

Service Delivery Oversight Committee Chair Evan Jones expressed anticipation for the forthcoming meeting, highlighting notable presentations. Heather Norton, Assistant Commissioner of Developmental Services at the Virginia Department of Behavioral Health and Developmental Services, is expected to attend. Additionally, internal staff members LaVurne Williams, Director of Youth and Family, and Peter Steinberg, Program Manager at Healthy Minds Fairfax, will deliver presentations. The agenda also allocates more time for community partners to provide feedback. Evan noted the increasing attendance at previous meetings, indicating a growing synergy within the group. He expressed enthusiasm for the progress and presentations anticipated at the upcoming meeting. The next Service Delivery Oversight Committee meeting is Wednesday, April 10, 2024, at 5:00 PM.

### **B.** Compliance and Executive Committee

Compliance and Executive Committee Chair Dan Sherrange highlighted positive outcomes from recent audits, both internal and external, demonstrating strong performance by the CSB staff in record-keeping and adherence to procedures. Specifically, a major audit by Kaiser resulted in nearly 100% compliance with their requirements, indicating the committee's effectiveness. Despite these successes, it is important to conduct root cause analysis for any discrepancies that may arise. While cases are collected and forwarded for adjudication, the committee remains vigilant in addressing concerns and maintaining high performance standards. The next Compliance and Executive meeting are Wednesday, April 17, 2024, at 4:00 PM.

### C. Fiscal Oversight Committee

Acting Chair of the Fiscal Oversight Committee, Andrew Scalise, provided an update on the committee's discussion regarding the budget. He mentioned the ongoing status of the Virginia budget and the county-level initiatives relevant to the CSB. While the committee is cautiously optimistic about potential reductions in the CSB's budget at the county level, they remain vigilant until the final decisions are made. Andrew also highlighted the reports in the packets distributed to committee members, emphasizing the significance of tracking vacancy trends within the organization. The next Fiscal Oversight Committee meeting is Thursday, April 18, 2024, at 4:00 PM.

### 11. Closed Session

At 6:30 PM, a motion was offered, seconded, and passed to meet in closed session with legal counsel employed or retained by a public body to discuss consideration of employment assignments, as permitted by Virginia Code Section 2.2-3711(A)(29).

**Board Chair Bettina Lawton** requested a closed session with only Board Members and CSB Staff at 6:08 PM.

MOTION TO ENTER INTO CLOSED SESSION WAS MADE BY BOARD BETTINA LAWTON, SECONDED BY BOARD MEMBER ANDREW SCALISE.

MOTION TO ADOPT WAS APPROVED BY SHEILA COPLAN JONAS, JIM GILLESPIE, EVAN JONES, DARIA AKERS, ANNE WHIPPLE, ROBERT BARTOLOTTA, KAREN ABRAHAM, PATRICIA ZISSIOS, SRILEKHA PALLE, CAPTAIN DANIEL WILSON AND DAN SHERRANGE.

At 6:57 PM, the Board reconvened the open session. At that time, a motion was offered, seconded, and passed with each member, certifying to the best of their knowledge that only public business matters were lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such general business matters identified in the motion to convene a closed meeting, were heard, discussed, or considered by the Community Services Board in closed session.

AT 6:57 PM MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY BOARD MEMBER DARIA AKERS TO RETURN TO PUBLIC MEETING

### 12. Adjournment

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Daria Akers. The motion was approved unanimously, and the meeting was adjourned at 6:57 PM.

Date Approved	CSB Board Clerk

<sup>\*</sup>Board Members participated in person



# **Jail and Court Based Services**

May 22, 2024

Sarah Gary, LPC, NCC Division Director

# Division of Jail and Court Based Service

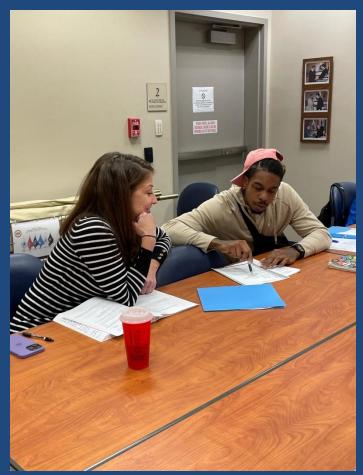


# Formerly Known As: Diversion First

# **Overview**



- About us
  - Who we are
  - What we do
- Budget, Metrics,Positions
- Looking Ahead



# **Division Leadership**



Division Director

Sarah Gary

Courts Based Behavioral Health Manager

Martha Dunn-McCue

Jail Based Services Behavioral Health Manager

Lea Moses

Jail Diversion Behavioral Health Manager

**Chris Barrows** 

# What We Do



- Provide Behavioral Health Services for those incarcerated at the Fairfax County Adult Detention Center (ADC)
- Provide clinical support to individuals in Medication Assisted Treatment (MAT) at ADC
- Specialty Dockets
- Jail Diversion Community team
- Diversion Engagement Care coordination services
- Front Door CSB Assessments

# **Jail Based Services**



- Provides behavioral health services to individuals while they are incarcerated at the Fairfax County ADC
- Support for individuals on Medication for Opioid Use Disorder (MOUD)
  - Two new contract positions through OAA funding
- New Position Forensic Discharge Planner
  - Grant through DBHDS
  - Release Planners for Individuals with Serious Mental Illness
  - Follows individuals receiving services for at least 30 days in the community

# **Jail Diversion**



Provides intensive, community-based case management for adults with serious mental illness.

 Severe functional impairments and recurrent arrests stemming from their psychiatric signs and symptoms

## Criteria for services

- Charges stem from symptoms
- Need for intensive case management
- Need for case management to be in-person, in-community

# Maximum capacity is 103 individuals

- County-wide Catchment Area
- Ideally treated in the short-term and transitioned to lower level of care
- Rolling Census to keep serving the most in-need
- "Front Door" Program (most referrals involve clients unknown to CSB)

# **Jail Diversion**



# **Mandatory Outpatient Treatment**

- An outcome at the Commitment/Post Commitment Hearing for individuals who have received TDO
- Up to 180 days with or without a stepdown from involuntary hospitalization
- MOT Coordinator assists with linking the individual to treatment providers/programs
  - CSB, Community Providers, or Insurance
- Reports compliance and non-compliance to the Court and Special Justice
  - MOT can be continued, extended, or rescinded

# **Specialty Dockets**



## **Veterans Treatment Docket**

- High Risk-High Need Docket Started February 2015
  - Minimum Program Length: 14 months
- Low Risk-High Need Docket Started July 2022
  - Minimum Program Length: 11 months

## **Drug Court (Established December 2018)**

- Minimum Program Length: 14 months
- New Track starting in Summer 2024
  - Target age: 18-24 years old
  - Position funded through OAA

## **Mental Health Docket (Established July 2019)**

Minimum Program Length: 12 months



# **Specialty Dockets**



- Fairfax County Diversion First Programs overseen by the Supreme Court of Virginia
- Multi agency teams composed of court staff, probation, Office of the Public Defender,
   Commonwealth Attorney Office, Fairfax Sheriff's Department, and CSB
- The dockets follow guidelines established and regulated by the National Association of Drug Court Professionals (ALL RISE). They are monitored for fidelity to the model.

## CSB's Role in Specialty Courts:

- Staff on the Docket Teams: Provide administrative oversight of the dockets, determine criminogenic and clinical eligibility using evidence-based tools, act as liaisons between all involved providers & and the agencies on the docket team.
- As a Treatment Provider: Dockets have participants in various CSB programs including directly operated and contracted residential, BHOP/IOP, ICM, ACT, Jail Diversion, Turning Point.

# Division Engagement Team



**Mission**: To assist individuals identified as High Utilizers of Emergency Services and the Fairfax County Criminal Justice System follow through on connecting to ongoing treatment.

What we do: Partner with clients and their support systems to navigate the CSB intake process or to reconnect to CSB services. Temporary engagement and case coordination services to assist with getting intake assessments and following through on connecting to the identified ongoing treatment program.

The Diversion Engagement Team is community based and works with people in jail, emergency services, courthouse, shelters, etc. We can assist with phones, transportation, and other barriers that make it challenging to connect to the CSB. We can provide referrals to benefits and community resources while people are waiting to be picked up by a team.

# Outpatient Competency Restoration



- Forensic DBHDS service the state reimburses the CSB for providing
- Court ordered when an individual has been found to:
  - Lack factual or rational capacity to understand the proceedings against them.
  - Lack the ability to assist their attorney in their defense.
- Involves an education component to teach individuals about court proceedings and the law as well as any case management services that are needed to aid an individual in stabilizing their mental health symptoms to meet criteria for being Competent to Stand Trial (CST).
- Goal: For individuals to become CST so they can participate and understand what is going on when they prepare for and participate in their court hearings.

# Courts Based Assessment Team



The CSB Assessment Team is a front door team based in the Fairfax County Courthouse. Assessment clinicians complete CSB intakes and referrals to services for individuals that are court ordered.

- Adult Detention Center Assessments are done by direct court order from a judge. Usually these are ordered when a bed-to-bed treatment is desired or to help a judge determine sentencing.
- Office Based Assessments are done when they are ordered as part of an individual's conditions of supervised release by the General District Court. Referrals for in office appointments are made by court services officers.

# **Contracted Services**



GMU Empowered Community Opioid
 Project

Alternative Paths Training School & Programs



# BUDGET, POSITIONS AND METRICS

**Jail and Court Based Division** 

# **Division Budget**



# **Funding Source**

Local	Grants	Total
\$6.1M	\$3.5M	\$9.6M

# **Division Positions**



# **60 Positions**

Status	Vacancy Rate
Full-Time (Merit)	18.3%

- Peer Support Specialist 2
- Behavioral Health Specialist I 6
- Behavioral Health Specialist II 21
- Behavioral Health Senior Clinician 12
- Contract Position through OAA for MOUD 2
- Behavioral Health Nurse 3 and
   30-hour Non-Merit position 1
- Behavioral Health Supervisor 10
- Behavioral Health Managers 3

# **Metrics**



Program	Individuals Served			
Jail Based Services	FY 2023 2,675 Unique Individuals			
Jail Diversion	FY 2023 96 Individuals			
Diversion Engagement Team	December 2022 – March 2024 282 High Utilizers Served 37 Outpatient Restoration Cases			

# **Metrics**



Program	Individuals Served
Veterans Treatment Docket: High Risk/High Need	47 Graduates FY23 served 19 individuals
Veterans Treatment Docket: Low Risk/High Need	8 Graduates FY23 served 11 individuals
Drug Court	20 Graduates FY23 served 25 individuals
Mental Health Docket	35 Graduates FY23 served 28 individuals

# **Looking Ahead**



# **Expected FY24 - FY25**

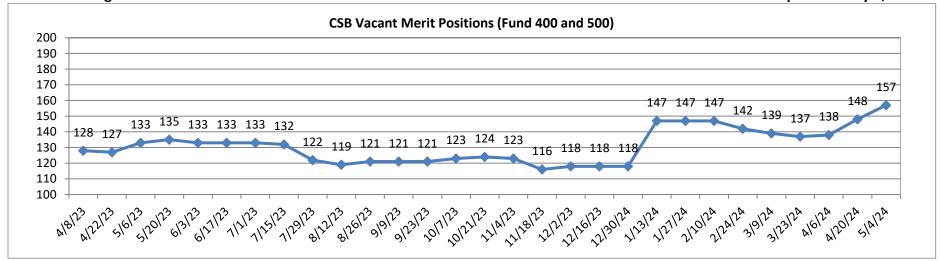
- New Drug Court Track for 18 - 24-year-olds
- 2 OAA Funded Positions to Support MOUD at the ADC
- 2 STEP-VA Care Coordination Positions

# **Needs**

- Recruitment/Retention
- Re-entry Services
- Expand MOUD services
- Merit Position for MOUD



# Questions?



<sup>\*</sup>Note: Increases in vacancies partially attributed to the establishment of 18 positions in January 2024, plus 10 established in April, and another 8 established in May

Vacancies in critical areas\* \*includes all merit positions (all funds – regular 400 and grant 500)

Division	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		March		April
													8 CIS		8 CIS
Emergency Svcs/MCU	14	15	13	10	10	9	10	11	11	12	13	12	2 Peer Support Spec	13	2 Peer Support Spec
Emergency Svcs/ivico												12	2 BHS II	13	2 BHS II
															1 Emer/Mobile Crisis Unit Supv
													4 BHS II		4 BHS II
													1 BHS I		1 BHS I
ВНОР	9	11	10	11	11	10	8	7	8	10	9	10	2 BH Sr Clin	9	3 BH Sr Clin
													2 BH Supv		
													1 Peer Support Spec		1 Peer Support Spec
Vouth & Family													11 BH Sr Clin		12 BH Sr Clin
Youth & Family – Outpatient Svcs	5	7	7	5	7	5	4	4	4	17	18	18	5 BHS II	20	5 BHS II
- Outputient Sves													2 Peer Support Spec		3 Peer Support Spec
Support Coordination	10	9	9	10	7	7	6	5	7	10	8	6	6 DDS II	13	12 DDS II
Support Coordination	10	9	9	10	/	/	О	5	,	10	8	О	וו צטט ס	13	1 DDS III
													4 BHS II		9 BHS II
Jail & Court-Based		4.0	4.0			_		•	•	4.0	40		1 BHS I	14	
Svcs	11	13	13	8	8	5	6	8	9	13	12	9	3 BH Sr Clin		4 BH Sr Clin
													1 BH Supv		1 BH Supv
EAR	3	4	3	3	1	2	1	1	1	1	1	1	1 LPN	0	

# **Community Services Board News**

# Fairfax-Falls Church Community Services Board Joins Collaborative Initiative to Expand Permanent Supportive Housing for Individuals with Serious Mental Illness

April 12, 2024

In response to the pressing need for affordable housing for individuals with serious mental illness, the Fairfax-Falls Church Community Services Board (CSB) has assumed a leading role in an initiative to expand permanent supportive housing in the region. This latest endeavor, undertaken in collaboration with the <u>Virginia Department of Behavioral Health and Developmental Services (DBHDS)</u> and the <u>Fairfax County Redevelopment and Housing Authority (FCRHA)</u>, seeks to provide stable housing and comprehensive support services to vulnerable community members. The initiative comes at a critical juncture as the demand for affordable housing, especially for individuals facing mental health challenges, continues to rise in Fairfax County. Under a recently announced \$20 million agreement with DBHDS, funding will be made available for 300 new housing vouchers over three years for Fairfax County residents. The CSB's involvement in the expansion project includes planning assistance, the allocation of in-kind resources, systems setup, the provision of clinical services, and administrative support.

One component of CSB's efforts is to screen and refer individuals most in need for housing assistance. The focus is to ensure that priority access to permanent supportive housing units is granted to those transitioning from state hospitals and temporary residential settings, or to those experiencing chronic homelessness. The CSB will facilitate connections to essential resources such as housing subsidies, clinical support services, and, for some, the Pathway Homes Assertive Community Treatment team situated in the northern area of Fairfax County.

To address financial barriers to housing, the CSB will administer client assistance funds provided by the state. These funds will help cover essential expenses for individuals moving into permanent supportive housing units, affording individuals increased opportunities for smooth transitions, greater stability, and enhanced positive long-term outcomes.

Further, the CSB is undertaking recruitment and training of three Critical Time Intervention (CTI) workers to expand and enhance its existing supportive housing team. Recognized as an evidence-based practice, CTI workers provide intensive support during transitional periods, crucial for individuals navigating the complexities of securing and maintaining stable housing. Access to nursing supports will also be available.

This comprehensive approach reflects Fairfax County's commitment to addressing the challenges of housing insecurity and mental health with care and consideration. Through strategic partnerships, innovative interventions, and a client-centered and evidence-based approach, the CSB aims to make meaningful progress in expanding permanent supportive housing opportunities and enhancing the well-being of vulnerable residents across the region. As the initiative progresses, stakeholders anticipate a positive impact on the lives of individuals grappling with mental illness, fostering a more inclusive and resilient community in Fairfax County.

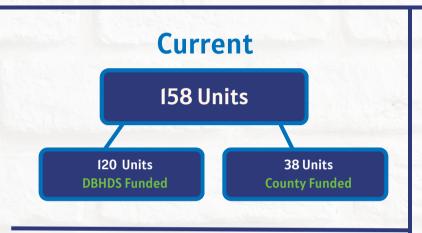
The Fairfax-Falls Church Community Services Board aims to make meaningful progress in expanding permanent supportive housing opportunities and enhancing the well-being of vulnerable residents across the region.





# PERMANENT SUPPORTIVE HOUSING EXPANSION

for individuals with Serious Mental Illness



# **Expansion**

\$20M Agreement Between DBHDS, FCRHA and CSB

## 250 Units

**Supportive Housing Teams** 



50 Units

Pathway Homes/ACT Services

## Roles of the CSB:

- Screen and Refer
   Utilizing priority access from state hospitals, temporary residential settings, and chronic homeslessness
- Administer Client Assistance Funds
   Includes security deposits, first month's rent, furnishings, etc.
- Expansion of Permanent Supportive Housing Staff
   Three Critical Time Intervention Specialists, three Behavioral Health Specialists, and access to nursing
- Provide Engagement, Support and Facilitate Connections to Resources
   Clinical support services, housing coordination, and additional community resources

## **Rollout Schedule:**

## 2-3 Year Process to Allocate 300 Certificates

Beginning May 2024, certificates will be awarded on a monthly basis through August 2026. The process will start with 8 certificates per month increasing to 10 until all 300 units are filled.

AGENDA ITEM

# **Community Services Board Update**

## Fairfax-Falls Church Community Services Board (CSB) Substance Use Residential Treatment Services Updates and Changes

May 21, 2024

The Fairfax-Falls Church Community Services Board (CSB) plans to make changes to the services provided in our residential substance use treatment programs to better meet community needs. The CSB will also adjust services to stay competitive and relevant as a treatment provider.

We plan to consolidate our 16 bed Cornerstones residential facility and our 35 bed A New Beginning residential facility both located in Chantilly. The CSB will develop a new evidence based residential treatment program in the A New Beginning facility that is able to provide services to individuals with co-occurring substance use disorders with a variable length of stay based on the individual's recovery. This consolidation will allow the CSB to maximize staffing resources at our existing residential facilities and build additional teams to provide the innovative services needed and a continuum of care.

After the consolidation, additional staffing resources will be used to establish a mobile rapid admissions team that can expedite admissions into treatment programs to better serve individuals in their time of need and readiness. The CSB will also develop a step-down level of care for individuals that have completed the residential treatment program to transition to outpatient substance use counseling as a part of the CSB's Recovery Housing program. This will further support individuals in recovery re-integrating into the community and assist with relapse prevention.

Through our consolidation plan, we aim to increase service utilization and maintain, if not increase, overall capacity in the CSB's residential substance use treatment services. Moreover, consolidation enables us to elevate the access and quality of services offered in these programs. Concentrating our efforts allows us to allocate more resources to program enhancements, staff training, curriculum development and facility improvements, thereby elevating the standard of care provided.

These changes will begin late in the summer for the program consolidation and development, and in the fall for the development of the rapid admissions unit and outpatient substance use counseling for the CSB's Recovery Housing program. These program updates will not require a reduction in positions and will be cost neutral with regard to funding.

If you have further questions, feel free to contact Abbey May at 703-324-8038.



On February 21, Change Healthcare, a subsidiary of United Health Group that provides healthcare billing and data systems, reported a widespread cybersecurity attack on its systems. The Department of Health and Human Services has <u>launched an investigation</u> into the attack and his issued FAQs related to the incident.

Fairfax County's Fire and Rescue Department contracts with Change Healthcare for patient transport billing, and the county's Health Department and Community Services Board contract with entities that utilize Change Healthcare services. Change Healthcare has not indicated whether Personally Identifiable Information (PII) from Fairfax County was accessed. If the county is notified that resident PII was accessed, the county will ensure that any affected residents are notified in accordance with federal and Virginia law.

Residents are encouraged to stay vigilant regarding scams, including potential scams related to this cyberattack. Consumers who receive unsolicited phone calls claiming to be related to the Change Healthcare cyberattack should not engage with callers and should never provide any banking, credit card or personal information. You can find additional tips for avoiding scams <a href="here">here</a>.

We continue to closely monitor this situation and will provide more information as it becomes available. Please email <a href="mailto:hipaacomplianceofficer@fairfaxcounty.gov">hipaacomplianceofficer@fairfaxcounty.gov</a> with question.

## SUMMARY of FY 2025 Adopted Budget Plan decisions, CSB

CSB's FY 2025 Adopted Budget is \$220,431,300 which reflects an increase of \$7,279,407 from the FY 2024 Adopted Budget of \$213,152,093 to include the impact of a budget reduction in the amount of \$6,166,500.

FY 2025 - SUMMARY \$13,445,957 total increase -\$6,166,550 reduction \$7,279,407 net impact

Funding sources - Where does it come from?						
1,000,000	increase in fee revenue target					
838,728	waiver revenue for sup. coord.					
5,440,679	increase in GF transfer					
6,166,550	budget reduction					
13,445,957						

FY 2025 Budget Changes - Where does it go?						
7,073,962	MRA Increase 2%					
2,011,868	fringe support					
2,096,829	support coordination					
2,263,298	contract rate increase+others					
13,445,957						

## **Changes in Funding Sources:**

✓ The fee revenue target increased by \$1,838,728; impacted Fund Statement line is shown below.

YTD - April 30, 2024 (83.33%)	FY 2024 Revised Budget	FY 2024 YTD Actuals	FY 2024 Projection	FY 2025 Adopted Budget	Increase
Medicaid Waiver	7,000,000	8,333,668	9,800,394	8,838,728	\$ 1,838,728

✓ General Fund transfer has been increased by \$5,440,679; FY 2023-FY2025 figures are below.

	FY 2023 Actual	FY 2024 Adopted Budget Plan	FY 2024 Revised Budget Plan <sup>1</sup>	FY 2025 Advertised Budget Plan	FY 2025 Adopted Budget Plan	Inc/(Dec) Over Revised	% Inc/(Dec) Over Revised
Fund 40040 Fairfax-Falls Church Community Services Board	165,445,478	175,995,187	175,995,187	181,447,151	181,435,866	5,440,679	3.09%

✓ A budget reduction of \$6,166,550; breakdown is shown below.

(5,500,000)	Employment and Day
(500,000)	Executive Director
(166,550)	Lease efficiencies
(6,166,550)	

# 2024 CSB Board and Committee Meetings Fairfax-Falls Church Community Services Board

	Service Delivery Oversight Committee	Compliance Committee	Executive Committee	Fiscal Oversight Committee	CSB Board
2024 Meetings	2 <sup>nd</sup> Wednesday	3 <sup>rd</sup> Wednesday	3 <sup>rd</sup> Wednesday	3 <sup>rd</sup> Thursday	4 <sup>th</sup> Wednesday
	5:00 PM	4:00 PM	4:30 PM	4:00 PM	5:00 PM
January	*	*	17	18	24
February	14	*	21	22	28
March	*	*	20	21	27
April	10	17	17	18	*
May	*	*	15	16	22
June	12	*	20	20	26
July	*	*	17	*	24
August	14	21	21	22	*
September	*	*	18	19	25
October	9	*	16	17	23
November	*	*	6**	14**	13**
December	4**	] ]**	11*	12**	*

Note: All in person Committee and Board meetings are held at the Sharon Bulova Center, Room 3-314, West

<sup>\*</sup>No Meeting

<sup>\*\*</sup> Meeting date changed to accommodate holiday schedule

Accommodate: Thanksgiving, Christmas Day, and New Year's Day Holidays

# CHARTER AFFORDABLE HOUSING ADVISORY COUNCIL

TITLE: Affordable Housing Advisory Council (AHAC)

This Charter is intended to promote a common understanding as to the Affordable Housing Advisory Council's purpose, duties and

method of operation.

DATE INITIATED: July 1, 2021

**PURPOSE:** Recognizing that housing is foundational for all, the purpose of the

Council is to provide recommendations to the Board of Supervisors, consistent with the One Fairfax initiative, regarding the implementation and achievement of the Communitywide Housing Strategic Plan, County resource requirements identified in the annual Budget Guidance, any additional adopted affordable housing development or preservation guidance, as well as recommendations on overarching policies and programs that synthesize County efforts related to both housing affordability and

homelessness.

STRUCTURE: The Affordable Housing Advisory Council (AHAC) will include the

Continuum of Care Committee (CoC). The Council and its Committee will each have separate governing documents to enable the successful implementation of duties. To ensure continuity between the Council and its Committee, the Chair of the CoC

Committee will serve on AHAC.

**RESTRICTIONS**: None

**STAFF:** Director, Department of Housing and Community Development

**TERM:** Each Council member will serve a two-year term on alternating

annual fiscal year cycles. The Co-Chairs will each serve four-year

terms on alternating biennial fiscal year cycles.

**DUTIES:** The Council will:

 Use an equity lens in all its work and recommendations to determine who benefits and who is burdened by past and current actions, how to mitigate burdens, and how housing benefits might be more broadly shared and, by cultivating an inclusive culture that intentionally includes diverse perspectives and interests represented by individuals who reflect the County's diversity and are committed to housing affordability for all

throughout the County;

Monitor and provide advice regarding the progress toward

- achieving the Communitywide Housing Strategic Plan recommendations, with a particular focus on the housing unit production and preservation goals specified by the Affordable Housing Resource Panel, included in the annual Budget Guidance, and any additional adopted affordable housing development or preservation guidance;
- Enhance community outreach by communicating with and educating the public about the benefits to the whole community of having housing that is affordable to all residents; the importance of preserving the affordable housing opportunities to prevent displacement and maintain affordable housing opportunities throughout the County; the importance and goals of the Communitywide Housing Strategic Plan, the Countywide Strategic Plan and any additional adopted or successor affordable housing development or preservation guidance, and resource requirements to achieve the goals;
- Recommend affordable housing development and preservation fund goals and priorities;
- Review and provide guidance for the use of funds allocated for the equitable development and preservation of affordable housing;
- Monitor effectiveness of affordable housing fund(s) on a biennial basis and suggest course corrections as needed;
- Recommend innovative affordable housing strategies;
- Review CoC Committee recommendations going to the Board of Supervisors to ensure alignment with the Communitywide Housing Strategic Plan;
- Synthesize and develop overarching policy and program recommendations for affordable housing and homelessness; and
- Understand housing affordability and homelessness challenges in the broader context of poverty, education, health, ability, economic mobility, and systemic racism.

# METHOD OF OPERATIONS:

The Council will meet on a quarterly basis, and as needed. The Council may establish an Executive Committee, committees or working groups as needed to accomplish its goals. The Council will provide regular reports to the Board of Supervisors and County Executive, the Fairfax County Redevelopment and Housing Authority and other related boards, authorities and commissions, as needed to ensure progress in achieving the Communitywide Housing Strategic Plan, the Countywide Strategic Plan and any additional adopted or successor affordable housing development or preservation guidance.

The Consolidated Community Funding Advisory Committee (CCFAC) is a citizen group that advises the Board of Supervisors on the development and implementation of the federally required Consolidated Plan and One-Year Action Plan, and recommends Consolidated Community Funding Pool priorities based on community and staff assessments of the human services and community development needs within the county. Members of the CCFAC are appointed by the County Executive and represent various public and private citizen advisory or administrative boards, councils, and committees within the county.

- CCFAC meets at least six times per year at the Fairfax County Government Center, usually from 7:30-9:30 pm on the second Tuesday of the month.
- The next CCFAC Meeting is in-person on June 11, 2024, which is the final CCFAC
  meeting in FY 24. That meeting will also include a discussion on the proposed
  amendment to Bylaws to enact a virtual meeting policy, which is now permissible
  due to recent government action.
  - FY 25 meetings will resume on September 10, 2024

We would like the CSB to nominate a CCFAC CSB representative for a three-year term (through August 2026).

Information about the CCFAC, including member lists, background and responsibilities, bylaws, meeting minutes, etc., can be found here: <u>Consolidated Community Funding</u>

<u>Advisory Committee (CCFAC) | Housing and Community Development (fairfaxcounty.gov)</u>

# **CCFAC Background and Responsibilities**

On December 8, 1997, the Board of Supervisors adopted the revised Fairfax County Citizen Participation Plan for the Consolidated Plan. This included combining the funding processes for Community Funding Pool (CFP) which includes Community Services Block Grant (CSBG) funds with the funding process for Community Development Block Grant (CDBG) funds under the County's Consolidated Plan. The Board of Supervisors' adoption of the revised Citizen Participation Plan for the Consolidated Plan also included establishment of a new citizen committee (the Consolidated Community Funding Advisory Committee) to replace the existing Consolidated Plan Review Committee and the former Community Funding Implementation Team.

The establishment of CCFAC is consistent with recommendations made by the Community Funding Implementation Team (CFIT) in its October 1997 report to the Fairfax County Board of Supervisors to combine Community Services Block Grant (CSBG) and Community Development Block Grant (CDBG) funds with other local funding into a consolidated selection and administration process for the Year 2000. This consolidated planning and funding process was also supported by the Comprehensive Plan Review Committee and the Community Action Advisory Board, the two advisory groups charged with oversight of the federal CDBG and CSBG funding processes respectively.

As part of federal requirements for receipt of CDBG funds, a five year Consolidated Plan and Annual Action Plans are required by the U.S. Department of Housing and Urban Development (HUD). The Consolidated Plan includes several federal funding programs (CDBG, HOME, Emergency Solutions Grants, as well as a description for the Continuum of Care for homeless services and programs. In addition, an annual Community Action Plan is submitted each spring as required to the U.S. Department of Health and Human Services, and identifies criteria for use of CSBG funding.

### **Role and Responsibilities**

The role and responsibilities of the CCFAC will be to:

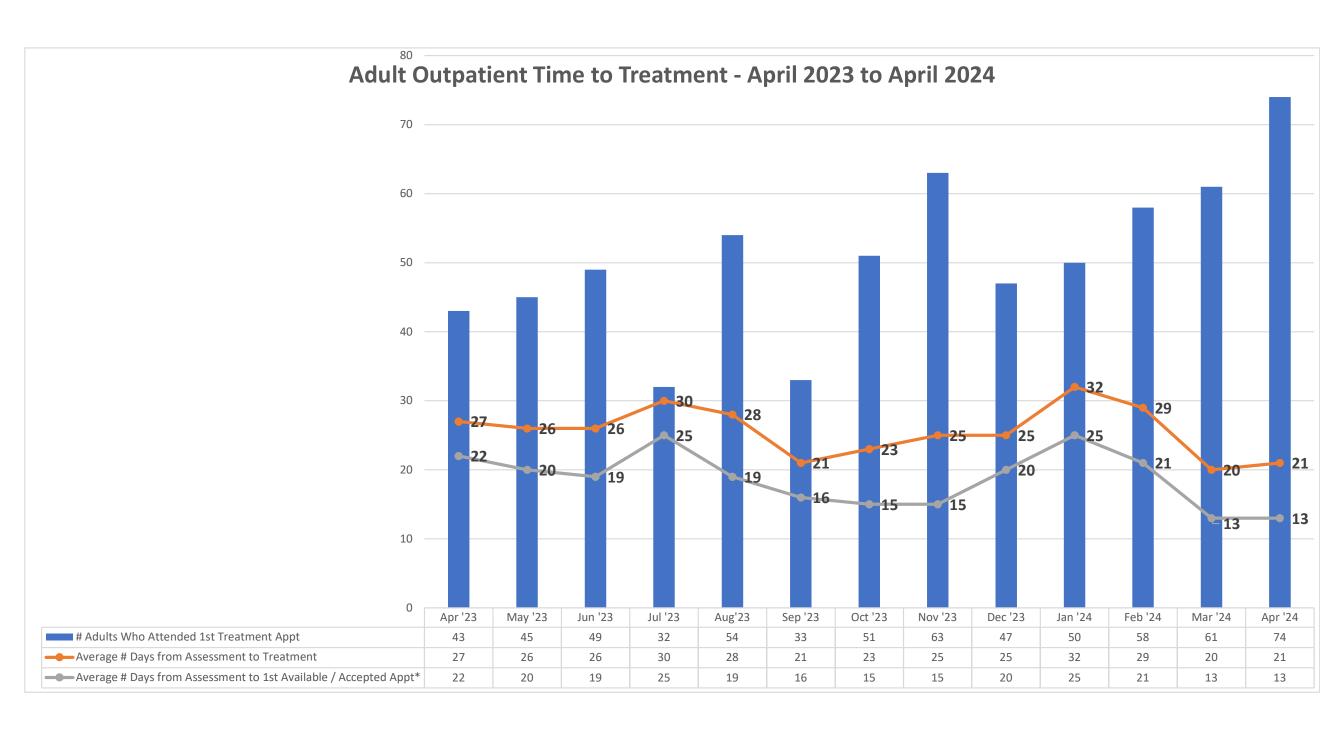
- Solicit community input on all facets of the Consolidated Plan and funding priorities
- Advise the Board of Supervisors on the development and implementation of the federally required Consolidated Plan
- Advise the Board of Supervisors on issues relating to the coordinated funding process:
  - Policy considerations
  - Funding priorities
  - Selection criteria
  - Performance measures
- Coordinate with the Community Action Advisory Board in implementation of the CSBG process
- Implement the combined solicitation process and, if deemed appropriate, make comments on Selection Advisory Committee recommendations forwarded by the County Executive to the Board of Supervisors
- Monitor the Consolidated Plan process and report to the Board of Supervisors on its effectiveness relative to defined goals
- Consider and evaluate the potential for including other County and community processes in the Consolidated Plan process.

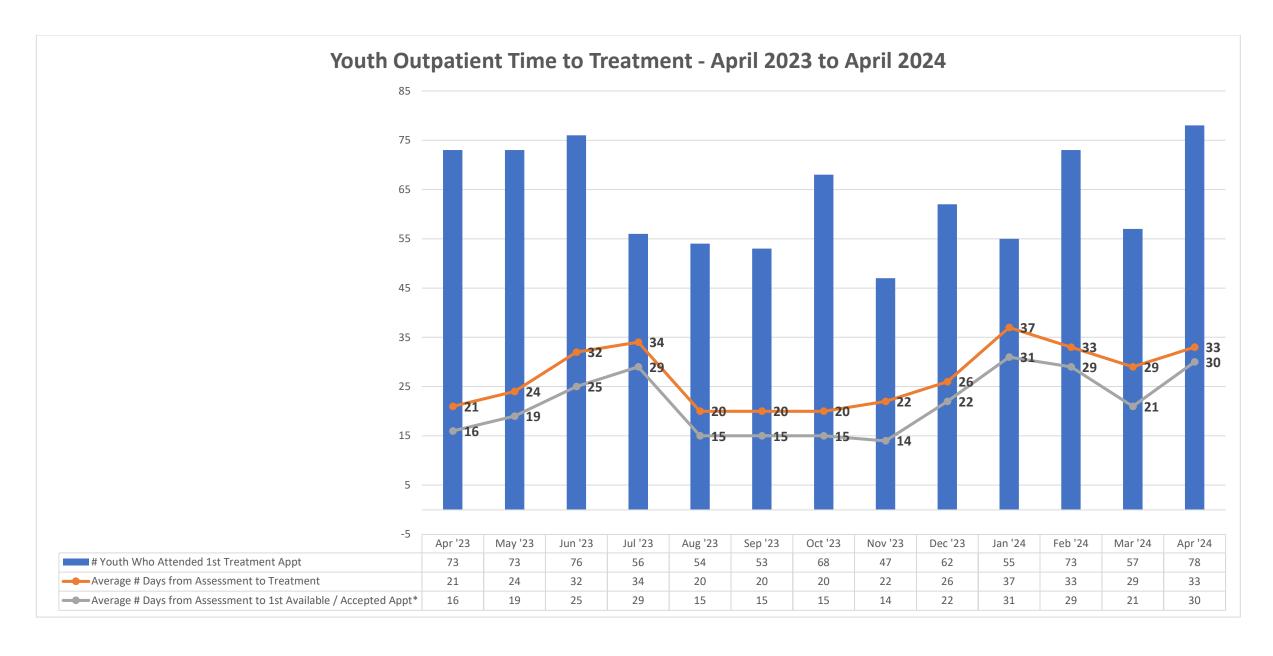
Based on the comments received from citizens through needs hearing(s) and other community input strategies from interested nonprofit, ecumenical, business and other civic organizations, citizens and County agencies, the CCFAC will recommend funding priorities and policies for this local coordinated grants award process. The CCFAC and the combined solicitation process for CCFP and CDBG will be supported by an interagency team of assigned staff of the Department of Housing and Community Development, the Department of Procurement and Material Management, the Department of Neighborhood and Community Services and the Department of Family Services.

### **Terms of Membership**

The CCFAC is a "board of boards", whose members are nominated by County Boards, Authorities, and Commissions and by community organizations, and appointed by the County Executive. CCFAC members serve for a term of three years, and can be reappointed to successive terms indefinitely.

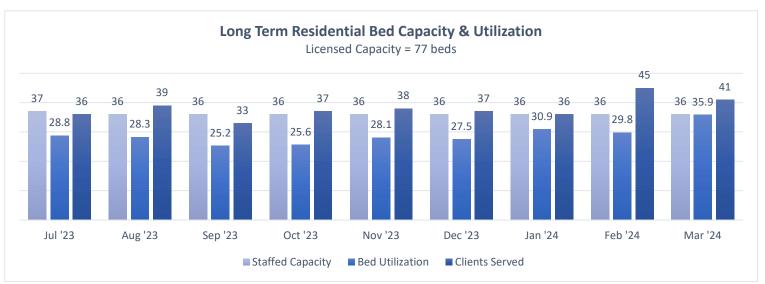
To avoid conflicts of interest members of the CCFAC must not have a formal relationship (i.e. board member, staff or contract or provide services for fee) with any non-profit entity applying for funding through any source of funds included in the Consolidated Plan.

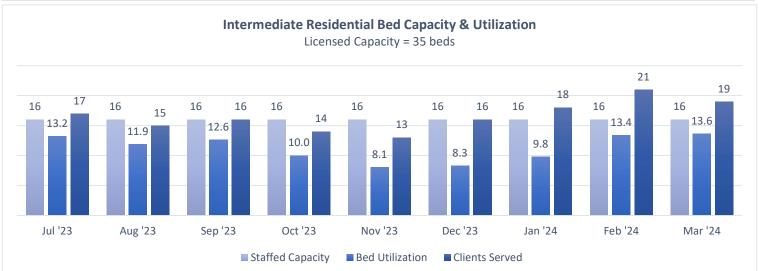


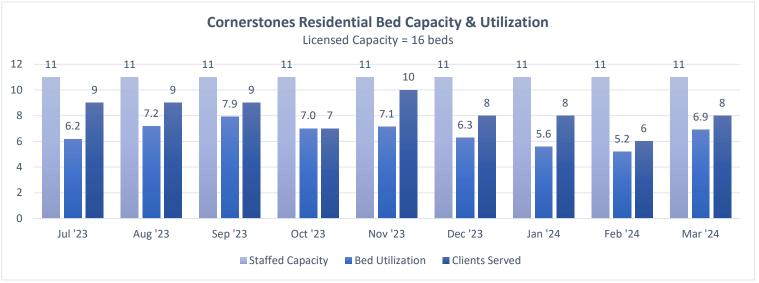


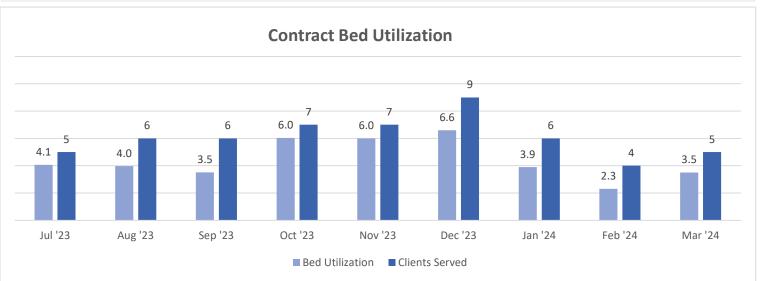
<sup>\*</sup>Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

# FY 2024 SUD Residential Capacity & Utilization by Month



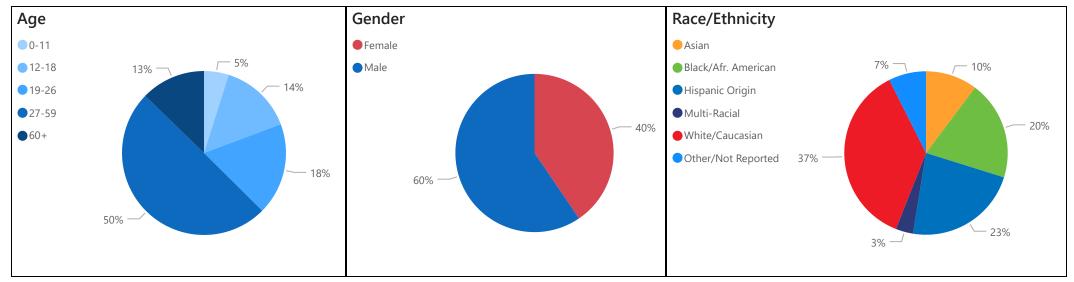






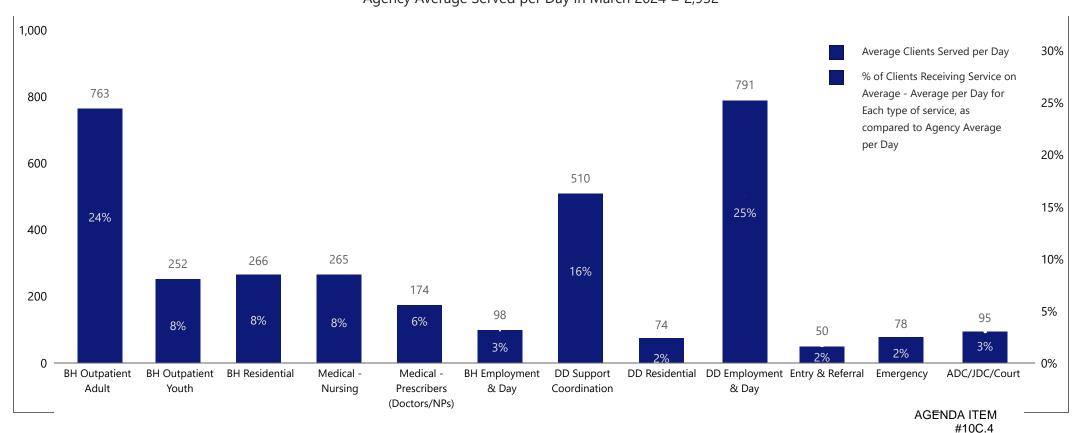


# **CSB Status Report**



Average Clients Served per Day by Type of Service - March 2024

Agency Average Served per Day in March 2024 = 2,932



Comr	nunity ces Boar	_ Inc	lividua	ıls Ser	ved b	y Mor	ith by	Туре	of Sei	vice N	/lar'23	- Ma	r'24			
Service Area	Mar'23	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23	Oct'23	Nov'23	Dec'23	Jan'24	Feb'24	Mar'24	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	10,032	9,646	9,905	9,677	9,245	9,746	9,682	9,748	9,432	9,392	9,735	9,730	9,717	-0.1%	-3.1%	22,657
BH Outpatient Adult	3,412	3,259	3,334	3,258	3,227	3,294	3,149	3,220	3,217	3,209	3,343	3,354	3,374	0.6%	<b>▼</b> -1.1%	5,580
BH Outpatient Youth	1,146	1,142	1,178	1,166	1,070	1,064	1,046	1,070	1,078	1,074	1,113	1,142	1,136	<b>▼</b> -0.5%	<b>▼</b> -0.9%	2,210
BH Residential	470	455	460	445	438	437	423	446	419	409	415	421	412	<b>▼</b> -2.1%	<b>▼</b> -12.3%	1,459
Medical - Nursing	1,522	1,400	1,333	1,316	1,405	1,416	1,385	1,453	1,378	1,314	1,381	1,366	1,449	6.1%	-4.8%	3,602
Medical - Prescribers	2,932	2,489	2,728	2,569	2,490	2,684	2,425	2,684	2,446	2,339	2,589	2,573	2,523	<b>▼</b> -1.9%	<b>▼</b> -13.9%	6,469
BH Employment & Day	327	304	323	322	317	324	269	294	315	306	317	308	328	6.5%	0.3%	648
DD Support Coordination	2,858	2,729	2,801	2,734	2,544	2,862	2,800	2,693	2,603	2,616	2,741	2,730	2,724	<b>▼</b> -0.2%	<b>▼</b> -4.7%	5,444
DD Residential	79	79	78	78	78	78	78	77	77	77	77	75	74	<b>▼</b> -1.3%	<b>▼</b> -6.3%	79
DD Employment & Day	1,163	1,143	1,149	1,075	1,068	1,177	1,198	1,213	1,215	1,211	1,192	1,203	1,204	0.1%	3.5%	1,370
Entry & Referral (EAR)	801	731	789	738	657	746	734	649	652	571	608	668	656	<b>▼</b> -1.8%	<b>▼</b> -18.1%	5,768
EAR Screenings	556	452	530	489	450	486	483	430	452	381	437	463	480	3.7%	<b>▼</b> -13.7%	4,675
EAR Assessments	279	203	218	146	132	173	167	163	196	147	200	196	188	<b>▼</b> -4.1%	-32.6%	2,131
Emergency	1,001	836	995	891	839	947	997	1,051	937	1,005	1,067	1,031	1,001	<b>▼</b> -2.9%	= 0.0%	7,215
ADC/JDC/ Court	678	599	577	602	546	622	685	696	621	614	652	638	699	9.6%	3.1%	2,844

<sup>\*</sup> Monthly variance compares current month to previous month; Yearly variance compares current month to the same month in previous calendar year (Ex: May 2021 compared to May 2020). Number Served Past 12 Months is an unduplicated count of clients served in each area in the 12 months prior to end of the reporting period (ex: June 2021 - May 2021).

Service Definitions					
٨١١	Includes all individuals receiving services from the Community Services Board. Includes services for people of all ages who have mental illness, substance use disorders and/or developmental disabilities.				
BH Outpatient Adult	Individuals receiving services from adult outpatient behavioral health programs. Includes the following service areas/programs: Behavioral Health Outpatient (BHOP) - MH Outpatient, MH Case Management, SUD Intensive Outpatient, Turning Point, Partial Hospitalization; Intensive Community Treatment - Intensive Case Management, PACT, Discharge Planning, PATH; Jail Diversion; Medication Assisted Treatment. Includes individuals receiving engagement, monitoring and treatment services.				
BH Outpatient Youth	Individuals receiving services from youth behavioral health outpatient programs. Includes the following service areas/programs: Youth & Family Outpatient - MH Outpatient, MH Case Management, SUD Outpatient; Youth & Family Intensive - Wraparound Fairfax, Resource Program, Youth Discharge Planning. Includes individuals receiving assessment, monitoring, and treatment services.				
BH Residential	Individuals receiving services from behavioral health residential programs. Includes the following service areas/programs: Supportive Community Residential - directly operated and contracted residential services; SUD Residential Treatment - Crossroads, Cornerstones, A New Beginning, New Generations; Youth Residential - Leland House; Wellness Circle Residential Crisis Stabilization, Fairfax Detoxification.				
Medical - Nursing	Individuals receiving Nursing services in an outpatient setting.				
Medical - Prescribers	Individuals receiving services from a prescriber (psychiatrist or nurse practitioner). Services are provided in a variety of treatment settings, including outpatient, residential, assessment, and emergency services.				
BH Employment & Day	Individuals receiving behavioral health individual or group supported employment services.				
DD Support Coordination	Individuals receiving developmental support coordination services. Includes individuals receiving targeted case management, monitoring, and assessment services.				
DD Residential	Individuals receiving developmental disability residential services. Includes directly operated group homes and apartments, and locally funded contracted residential placements.				
DD Employment & Day	Individuals receiving developmental day support services; individual, group, or sheltered employment services; and self-directed services. Includes both waiver and locally-funded services.				
Entry & Referral (EAR)	Individuals receiving behavioral health entry and referral services. Includes Adult & Youth walk-in screening and assessment clinical services, case coordination, and call center referrals.				
EAR Screenings	Individuals receiving behavioral health screening services at Entry & Referral.				
EAR Assessments	Individuals receiving behavioral health assessment services at Entry & Referral.				
	Individuals receiving CSB jail-based or court services. Includes CSB services provided at the Adult Detention Center, Juvenile Detention Center and adult participants in specialty court dockets (Veterans' Docket, Mental Health Docket, Drug Court).				

### Notes:

#### Page 1:

- Demographics Typically little change in demographics over time. Reflects demographic characteristics of all individuals served in the reporting month.
- Average Clients Served per Day by Type of Service Compares average served per day in each service area to the agency-wide average number served. Individuals may receive more than one type of service per day and totals may be greater than 100%. Page 2:
- Numbers reported show the unduplicated number of clients served in each service area. Individuals may receive multiple services each month within a service area and may receive more than one type of service each month.
- The Monthly Variance compares the reporting month to the prior month. The Yearly Variance compares the reporting month to the same month in the previous calendar year.
- All Individuals Served The number of individuals served overall is relatively unchanged compared to the prior month. There have been recent increases in youth behavioral health outpatient, developmental support coordination, employment & day, medication assisted treatment, and emergency services programs, along with some decreases in residential programs that are reducing program census through attrition.
- BH Outpatient Adult The number of individuals served has been trending higher over the past several months, partly due to increases in adult case management & outpatient therapy, medication assisted treatment, and ACT services.
- BH Outpatient Youth This service area typically sees an increase in referrals and individuals served in the late fall that continues throughout the school year and drops off over the summer months. The number of individuals served has been trending higher over the past few months.
- BH Residential The number of individuals served has decreased compared to March 2023 partly due to reductions through attrition in the Residential Intensive Care (RIC) program.
- Medical Nursing & Prescribers (Psychiatrists & Nurse Practitioners) serve individuals in a variety of treatment settings. There is regular fluctuation in the number of clients served based on the needs of the clients.
- BH Employment & Day The number of individuals served has been trending higher over the past several months, partly due to increases in the Supported Employment program as they've been able to fill vacant positions.
- DD Support Coordination There is typically monthly variation based on quarterly and annual review cycles. The number of individuals served has leveled off over the past few months and is expected to increase in the future due to the allocation of additional waivers in the upcoming year.
- DD Residential Includes all individuals served in directly operated residential programs and locally-funded contract placements. The number of individuals served each month is trending lower overall due to reductions in the directly operated group home census and locally funded contract placements through natural attrition. New residential placements through community partners are waiver funded.
- DD Employment & Day There has been an upward trend in this service area with a 4% increase over the prior year due to new graduate placements and people returning to service who had deferred during the pandemic. This service area experiences reductions over the summer months due to the summer break for some self-directed services.
- Entry & Referral— The number of individuals receiving screening services is trending higher over the past few months. Entry &
  Referral is in the process of refining their business processes and piloting a new model with the goal of improving efficiency,
  reducing client wait times, and placing focus on screenings to more quickly identify clients who need to move forward to an
  assessment, or link them to community resources when appropriate.
- Emergency There is monthly fluctuation in the demand for Emergency services. All individuals who present for services are evaluated by Emergency services staff. There have been increases in the individuals served in recent months due to the expansion of the Co-Responder program and an increase in the number of individuals served by the Community Response and Mobile Crisis teams.
- ADC/JDC/Court The number of individuals served has increased by 10% compared to the prior month, partly due to increases in the adult detention center as that program has filled a number of positions.