FAIRFAX - FALLS CHURCH
Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD MEETING

Dan Sherrange, Chair

Wednesday, September 25, 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

1. Meeting Called to Order	**Dan Sherrange**
2. Roll Call, Audibility and Preliminary Motions	**Dan Sherrange**
3. Matters of the Public	**Dan Sherrange**
4. Amendments to the Meeting Agenda	**Dan Sherrange**
5. Approval of the July 24, 2024, Meeting Minutes	**Dan Sherrange**
6. CSB Leadership Programs *Empowering Excellence. Inspiring Leaders*	**Treca Stark Bourne**
7. Staff Presentation A. Emergency & Crisis Services (ES)	**Laura Maddock**
8. Director's Report A. County, Regional, State and Cross Agency Initiatives B. Youth Services and Crisis Response Centers C. DD Waivers	**Daryl Washington**
9. Matters of the Board	**Dan Sherrange**
10. Committee Reports	
A. Service Delivery Oversight Committee	**Evan Jones**
B. Compliance & Executive Committee	**Dan Sherrange**
C. Fiscal Oversight Committee	**Andrew Scalise**
D. Other Reports	
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
JULY 24, 2024

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

1. **Meeting Called to Order**

   Acting Board Chair Andrew Scalise called the meeting to order at 5:00 PM.

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

   PRESENT: **BOARD MEMBERS:** ACTING BOARD CHAIR, ANDREW SCALISE; BETTINA LAWTON; DARIA AKERS; EVAN JONES; KAREN ABRAHAM; SARAH COUGHTER; SHEILA COPLAN JONAS; ROBERT BARTOLOTTA; PATRICIA ZISSIOS; JIM GILLESPIE; ANNE WHIPPLE (VIRGINIA BOSTON, MA)

   ABSENT: **BOARD MEMBERS:** SRILEKHA PALLE; DAN SHERRANGE; CAPTAIN DANIEL WILSON; KAREN ABRAHAM

   Also present: 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; Division Director of Contract and Supportive Services Kevin Lafin; Legislative and Grants Analyst Elizabeth McCartney; Director of Medical Services, Dr. Debra O'Beirne; Division Director of Nursing Services, Yusuf Enum and Board Clerk Sameera Awan.

3. **Matters of the Public**

   No matters were presented.

4. **Amendments to the Meeting Agenda**

   The meeting agenda was provided for review.

   A CONSENSUS IS MET AMONG THE BOARD MEMBERS TO AMEND AGENDA ITEM NO. 4.

5. **Approval of the Minutes**

   The minutes on the CSB Board Meeting of June 26, 2024, were provided for review, and no amendments were made.

   BOARD MEMBER EVAN JONES MOTIONED TO ADOPT THE MEETING MINUTES OF JUNE 26, 2024, SECONDED BY BOARD MEMBER BETTINA LAWTON. THE MOTION TO ADOPT WAS APPROVED BY BOARD MEMBERS ANDREW SCALISE, JIM GILLESPIE, EVAN JONES, BETTINA LAWTON, SHEILA COPLAN JONAS, ANNE WHIPPLE, AND PATRICIA ZISSIOS. BOARD MEMBER DARIA AKERS ABSTAINED.

6. Staff Presentation

Director of Medical Services Dr. Debra O'Beirne presented an overview of Medical Services within the CSB purposed with providing high-quality medical and pharmacy care. The team delivers state-of-the-art treatment using evidence-based practices in medication management, monitoring, and case coordination. Services offered include psychiatric services, medical services, nursing services, addiction medicine, pharmacy services, near-primary care, as well as public health and infectious disease services. The team is comprised of psychiatrists, child psychiatrists, addiction medicine specialists, public health doctors, a quality improvement nurse manager, a physician assistant, psychiatric nurse practitioners, licensed LPNs, RNs, a health integration specialist, and Be Well health coaches. These comprise some 140 full-time employees (FTEs) including 30 full-time merit Medical Doctor (MD) positions and 64 non-merit exempt positions, totaling approximately 37 FTEs. The same structure applies to non-merit nurse practitioners (NPs) and the full-time merit physician assistant (PA) role, which was not initially included in the list.

The total budget for these services is $12.9 million; $9.4 million has been spent as of early June. The underspend is largely due to vacancies in both nursing and physician roles, many of which are currently in the process of being filled. Efficiencies in lab work and medications have contributed to the remaining budget. Salaries continue to represent the largest portion of the budget.

Division Director of Nursing Services Yusuf Enum shared that nursing is a relatively new division in its early stages within the CSB, and the leadership staffing is nearly complete. Two behavioral health nurse managers report directly to him; one oversees outpatient services and the other manages residential services. Eleven behavioral health nurse supervisors oversee clinical services across the CSB. The remaining team members consist of approximately 93 nurses, counting 6 contractors and 93 CSB-employed staff – 34 Licensed Practical Nurses (LPNs) and 59 Registered Nurses (RNs). As of June 7, there was only one full-time vacancy, and following two resignations, these positions are currently being filled, leaving just one vacancy.

Nursing services play a significant role in medical services, particularly in health integration. Members of the team serve as Health Integration Specialists, and a contract with HopeLink provides 7 Peer Recovery Specialists who assist with health coaching for clients. Other services offered include nursing assessments and Step VA, which is integral to the integration of primary care with behavioral health. Injections are administered offices, group homes, and the community. Nursing also handles pre-authorizations and provides direct support to physicians. One nurse supports ID/DD psychiatry services based at the main office, while additional nursing support is provided for SUD residential services. Additionally, nurses deliver health education and manage the Clozapine Clinic, a critical part of outpatient services. They are embedded in utilization review and assist with prescription and benefits access by working with pharmaceutical companies to secure free medications for clients.

7. Director's Report

A. County, Regional, State and Cross Agency Initiatives

Executive Director Daryl Washington shared that on Tuesday, July 30, 2024, the Board of Supervisors (BOS) will make the carryover decisions public, with a vote to follow in September 2024. There was a balanced outcome – not everything requested was approved, but many of the important items were, and some were deferred for future consideration. More details will be shared once it is officially announced.

On the statewide front, waivers will be issued quarterly, which aligns with the pace at which they can hire support coordinators, allowing the CSB to meet the timelines required for standing up the waivers. The State has submitted a permanent injunction to the court on June 13, 2024 regarding the Department of Justice (DOJ) settlement agreement. A court date scheduled for August 22, 2024. The State is seeking time to improve outcome measures that have not met the DOJ settlement targets, and is requesting relief on certain measures. Even if approved, the independent reviewer will remain involved for at least two more years, but approval would ease some of the administrative burden.

Regionally, the Crisis Center in Chantilly has reopened under the operation of provider Connections. The center is extremely busy, serving individuals who might otherwise end up in the hospital. While it is not a full crisis receiving center that accepts walk-ins or drive-ups, it does take individuals under emergency custody orders following police involvement. Officers must call ahead for consultation to ensure that the center has space.

Regarding Youth Services Crisis Response Center, the recent RFP (Request for Proposals) closed without any private providers expressing interest. The regional division directors are reaching out to potential applicants to understand why they didn't apply. Internally, this process has progressed beyond plans B and C, and the leaders involved have begun to explore further options to address the lack of response.

B. Legislative Update

Legislative and Grants Analyst Elizabeth McCartney distributed a printed draft of the legislative program recommendations. This is the second year without the Human Services issue paper, which previously involved the CSB's formal approval of language sent to the County Executive's office. The current document, which the Board of Supervisors will vote on in December 2024, undergoes a collaborative update process based on feedback. Introducing a new position statement, however, requires a more intensive process, as it must be presented to the Board of Supervisors. They will incorporate updates within existing sections when possible.

Executive Director Daryl Washington highlighted the need for behavioral health care services to be reimbursed at rates that fully cover the cost of care. As the costs of care escalates, and depsite its recent expansion, there is still a lack of significant improvements in Medicaid reimbursement rates. In comparison to DD (Developmental Disabilities) services, DD waivers include a Northern Virginia differential, while behavioral health services in the region do not receive the same consideration. He stressed the importance of addressing this disparity, especially since the same office now administers both DD waivers and behavioral health services.

Legislative and Grants Analyst Elizabeth McCartney continued, noting that the budget includes funding to eliminate the priority-one waitlist and add more waivers in the coming years. The language in the recommendations has been adjusted to focus on reimbursement rates that reflect the actual cost of care. Details about future waiver slots were maintained. The importance of support coordination and case management is empasized for CSBs, which is reflected in the updated section on DD waiver rates.

8. Matters of the Board

Board Member Daria Akers shared that her daughter Kennedy, who has intellectual disabilities and lives in a group home, faced challenges after aging out of public school in June. Although Kennedy was set to start a day program on June 10, 2024, funding issues delayed her start until July 1st, causing her to experience some instability in the interim. Shortly after beginning the program, Daria received an unexpected email about the program's imminent closure due to a lease issue, which neither she nor Kennedy's case manager had been informed of. However, the program is relocating, and Kennedy will continue to receive services at the new site.

Division Director of Contract and Supportive Services Kevin Lafin expressed interest in hearing more about Daria's experience, stating that he had spoken with her and her daughter in February during his visit to the group home. He mentioned that he would follow up with her directly to discuss the matter further.

9. Committee Reports

A. Service Delivery Oversight Committee

Committee Chair Evan Jones noted there was no meeting for SDOC in July 2024. **The next Service Delivery Oversight Committee meeting is Wednesday, August 14, 2024, at 5:00 PM.**

B. Compliance and Executive Committee

Acting Chair of the Compliance Committee, Andrew Scalise noted that the committee reviewed various audit reports. He explained that the CSB has an internal compliance audit function that audits the records and performance of different clinicians and departments. These internal audit reports are reviewed monthly to identify recurring issues or audit concerns. Generally, the reports are positive, highlighting that newer staff are still learning and developing without causing significant compliance issues. **The next Compliance and Executive meetings are Wednesday, August 21, 2024, at 4:00 PM.**

C. Fiscal Oversight Committee

Acting Committee Chair Andrew Scalise noted there was no meeting for Fiscal in July 2024. **The next Fiscal Oversight Committee meeting is Thursday, August 22, 2024, at 5:00 PM.**

D. Other Reports: State Performance Contract Approval

Acting Board Chair Andrew Scalise shared that due to timing, one of the board's statutory responsibilities is to approve the state performance contract annually. However, the state was late in delivering the contract, and it must be presented to the Board of Supervisors,

which meets on Tuesday, July 30, 2024. Since the contract needed to be printed in advance, the Executive Committee had to take action on behalf of the board to approve it. This was necessary to ensure it would be ready for the Board of Supervisors by the required deadline.

10. <u>Adjournment</u>

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Evan Jones. The motion was approved unanimously, and the meeting was adjourned at 6:28 PM.

_____ _____

Date Approved CSB Board Clerk

CSB Leadership Programs

Empowering Excellence, Inspiring Leaders

About

Collaborative cohort-based blended* learning and development experience with online and live components. Online content completed prior to live sessions for further debrief during live sessions.

2024 Pilot

Manager Cohort

- 15 participants (4/2024-2/2025)

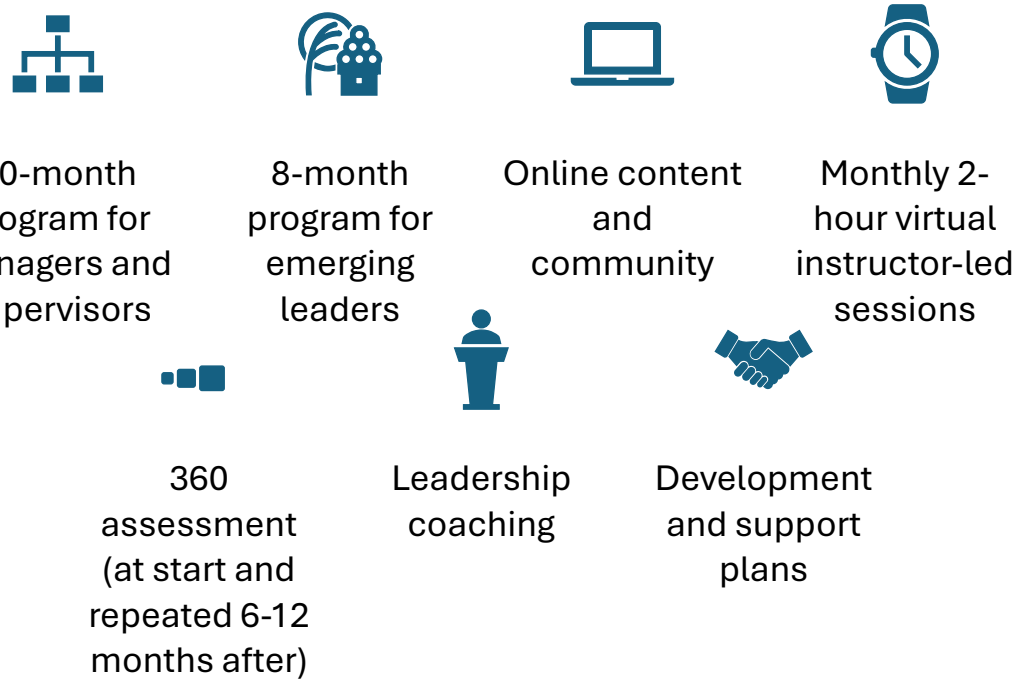
Supervisor Cohort

- 15 participants (4/2024-2/2025)
- 26 participants (8/2024-6/2025)

Emerging Leaders Cohort

- 41 participants (4/2024-11/2024)

Core Components



***Blended learning experiences with online and real-time components increases the likelihood of transfer.**

Early Results

High Participant Engagement
Participants demonstrate a strong commitment to their development, as reflected in their high levels of engagement.

Flexible Learning Design
The program's design allows participants to easily catch up on missed live sessions, with recorded sessions readily accessible.

Outstanding Ratings in Manager and Supervisor Cohorts
The manager cohort achieved a top poll rating of 4.43 out of 5. The supervisor cohort recently received a perfect poll rating of 5 out of 5. Ongoing data collection will guide future program enhancements.

Notable Progress in Emerging Leaders Cohort
Nearly all participants (31 out of 41) in the emerging leaders cohort are actively progressing through the content, showcasing success despite competing work priorities.

Positive Participant Feedback
Participants have expressed high appreciation for the programs, emphasizing the importance of dedicated time and space for their professional growth.

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Acute Services

Laura Maddock, Director
September 25, 2024

AGENDA ITEM
#7A.1

Who We Are

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Multi-disciplinary teams

Serving individuals in acute crisis situations 24/7

Acute Services

Emergency

Wellness Circle

Who We Are

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Acute Services

Laura Maddock
Director

Emergency

Andrea Hess
ES Manager

Lawrence Smith
Mobile Manager

Wellness Circle

Amy Miller
Wellness Circle
Manager

Who We Serve in Emergency Services

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- Adults, youth, children
- Mental health disorders, substance use disorders, intellectual and developmental disabilities and co-occurring
- Anyone in crisis

* Emergency Services is the entry point for Wellness Circle

Who We Serve at Wellness Circle

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- **Adults (18+) in crisis**
- Primary mental health diagnosis to include a co-occurring substance use disorder or an intellectual/developmental disability
- Voluntary (Involuntary [TDO] – case by case)
- Residents of Fairfax County in addition to regional admissions from Arlington County, Loudoun County, Prince William County, or cities of Alexandria, Fairfax, or Falls Church

Where We Serve

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- **Emergency Services**
  - Lower Level of Sharon Bulova Center
  - Mobile services in the community

- **Wellness Circle**
  - Shirley Gate Road in Fairfax

Emergency Services - Walk-in 24/7

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Walk-In Services 24/7

- Evaluations of individuals in crisis in-person and by televideo
  - Crisis intervention and referral to care
  - Medication management
  - Determine need for hospitalization (voluntary/involuntary)
    - Temporary Detention Orders (TDOs)
  - Medical clearance for hospitalization & crisis stabilization
  - Bed finding
  - Peer support
- Independent Evaluation in the hospital
  - TDO Hearing coordination with Special Justices and County Attorney
- Care coordination *new*

Emergency Services - MCRC

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Merrifield Crisis Response Center (MCRC)

- Key component of Diversion First
- 24/7 imbedded police and sheriff presence onsite
- Allows for custody transfer to a Crisis Intervention Team-trained Police Officer or Sheriff's Deputy
- Alternative transport capability
- Coordination with public safety partners
  - Threat Assessment Management
  - Crisis Negotiation Team
  - Crisis Intervention Team training
  - Marcus Alert State Code requirements

Emergency Services – Behavioral Health Crisis Response

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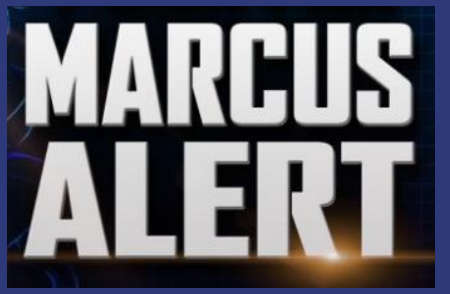
Behavioral Health Crisis Response



- Marcus Alert legislation implemented in FY24, required crisis response coordination across multiple public safety agencies
- Goal is a behavioral health response to 911 calls whenever feasible
- Highlights from FY24 (1st year of implementation):
  - 2% of all 911 calls were behavioral health related (approx. 20,000 calls)
  - 49% of behavioral health related calls had a behavioral health component to the response, including:
    - 911 transfer to the 988 Regional Crisis Call Center/Regional Mobile Teams
    - CIT Officer
    - Co-Responder
    - CSB Mobile Crisis Team
  - 67% of behavioral health related 911 calls had NO imminent risk or safety concerns

Emergency Services - MCU

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Mobile Crisis Unit (MCU)

- 24/7
- Evaluations for individuals in crisis unable or unwilling to come in for services
  - Hospital, criminal TDO evaluations, other community locations
- Community debriefings for large-scale events
- Support hostage barricade events
- Support Fairfax City and City of Falls Church mobile responses

Emergency Services – Co-R

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Co-Responder Team (Co-R)

- 7 days a week, 10 a.m. to 12 a.m.
- CIT Trained Fairfax County Police Officer and a CSB Crisis Intervention Specialist
- 4 teams
- Respond to 911 calls with behavioral health concerns and imminent risk

Emergency Services - CRT

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Community Response Team (CRT)

- 5 days a week (M-F), 9 a.m. to 6 p.m.
- Fairfax County Fire & Rescue Paramedic and Behavioral Health Specialist II
- 2 teams
- Provide post response follow up with super utilizers of the 911 system
- Engagement, outreach and care navigation

Emergency Services - PRT

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Post Response Team (PRT)

- 5 days a week (M-F), 9 a.m. to 6 p.m.
- CSB Behavioral Health Specialist II and a Peer Recovery Specialist
- 1 team
- Provide post response follow up with individuals seen by Co-Responder or the CSB Mobile Crisis Unit
- Engagement, outreach, and care navigation

Emergency Services - BHL

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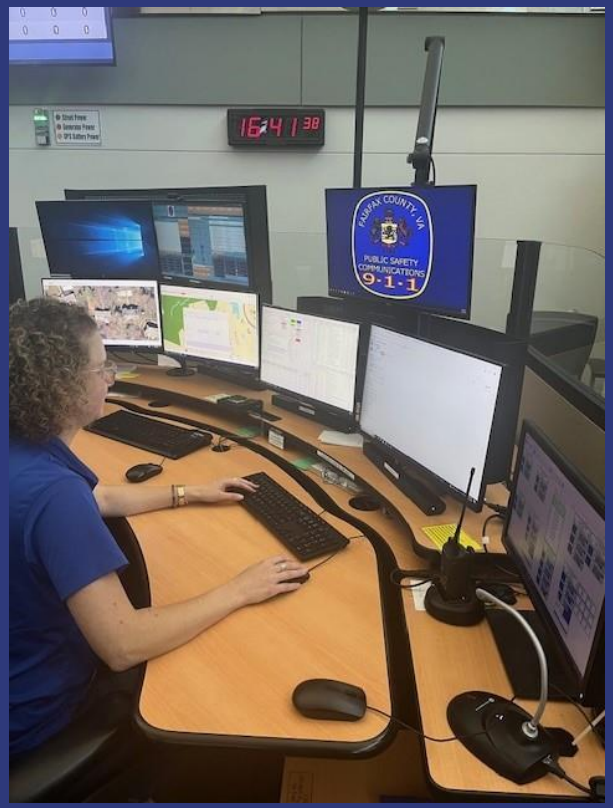
Behavioral Health Liaison (BHL) at Fairfax County 911

- 6 days a week (Mon-Sat), 11 a.m. to 9 p.m.
- Behavioral Health Specialist II
- 1 person/day
- Provide real time behavioral health expertise and consultation to 911 Call Takers



Emergency Services – Civil Commitment Program

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Civil Commitment Program – Independent Evaluations (IE) /Hearings

- 7 days per week/IE
- 5 days per week hearings
- 3 LCP's - Independent Evaluators
- BHII/CIS Hearing Representative
- 6 Hospitals/Facilities
- Conduct hearings for other CSBs

Wellness Circle Services

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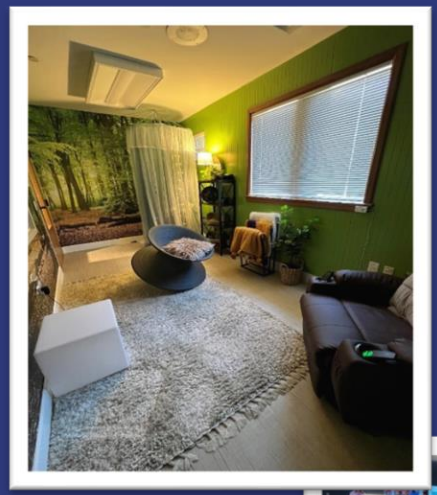
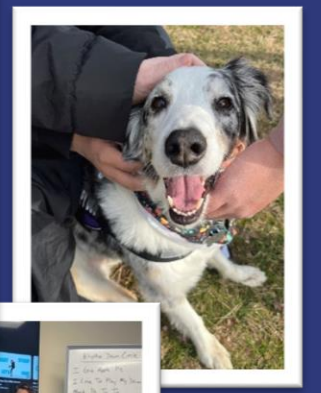
24/7 Crisis Intervention/Stabilization

Holistic residential care; 16 beds

Alternative to inpatient hospitalization

- Medical detoxification from alcohol, opiates and/or benzodiazepines
- Psychiatric & medication evaluation/management
- Medical assessment & care
- Therapeutic sessions daily (individual and group)
  - Sensory Room, Horticulture, Art, DBT
- Targeted trauma treatment
- Peer Support Services
- Short-term discharge planning
- Care Coordination





Budget – Emergency Services

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		FY25 Budget
Expenses	Salaries & Benefits	$10,506,962
	Operating	$365,448
Revenue	Charges for Services	($694,000)
	Intergovernmental	($604,733)
Total		$9,573,677

Budget – Wellness Circle

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		FY25 Budget
Expenses	Salaries & Benefits	$5,120,121
	Operating	$113,905
Revenue	Charges for Services	($1,097,500)
	Intergovernmental	($202,287)
	Work Performed for Others	($635,947)
Total		$3,298,292

Positions – Emergency Services

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88 Positions

Positions	# Merit	# Non-Merit
CIS	39	5
BH II	7	0
BH I	3	4
Peers	5	4
Clinical Psychologists	2	7
Supervisors	9	0
MAIII	1	0
Managers	2	0
Vacancy Rate	5%	50%

Positions – Wellness Circle

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53 Positions

Positions	# Merit	# Non-Merit
BH Sr Clinician	6	0
BH II	16	0
BH I	5	0
Sub Relief Counselor	0	14
Peers	1	3
Supervisors	4	0
Cooks	2	1
BH Manager	1	0
Vacancy Rate	16%	66%

Metrics – Emergency Services

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	FY24
Total service encounters	5,779
- General ES (non-law enforcement involved)	3,217
- Involved law enforcement	2,562
- Voluntary transports to MCRC	313
- ECO transports to MCRC	2,249
Diverted from potential arrest	584
Unduplicated # of people served at ES	3,590
# TDOs (Civil, Recommitment, Criminal)	2,147

Metrics – Mobile Emergency Services

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Co-Responder Program Success through 2024:

- Responded to over 3,100 calls made to 911
  - 46% resolved in the field
  - 28% linked to higher level of care
  - 26% diverted from potential arrest

Co-Responder	FY24
Total # of services (attempts and contacts)	2,114
- Total # of services (contacts)	1,598
Unduplicated # of people served	1,296

Metrics – Mobile Emergency Services

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Mobile Crisis Unit	FY24
Total # of services (attempts and contacts)	965
- Total # of services (contacts)	605
Services with law enforcement or referral	267
Unduplicated # of people served	509

Metrics – Wellness Circle

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	FY24
Total Number Served	530
Individuals w/SUD	245
Average Daily Census	13
Average referrals received per day	3.3
Average Length of stay	8.9 days
Admissions from FFX Falls Church CSB	83%
Admissions from other CSBs in Region 2	17%
Diverted to Wellness Circle instead of hospital	503

Partners in Crisis Services

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Internal (County):

- Fairfax County Police
- 911 - Dept of Public Safety Comm.
- Fairfax County Sheriff
- Magistrate
- County Attorney
- Fairfax County Fire & Rescue
- DFS - Adult Protective Services
- DFS - Child Protective Services
- Dept of Code Compliance

External:

- Inova Hospitals
- Reston Hospital
- Dominion Hospital
- NoVa Mental Health Institute
- Connections
- Neighborhood Health
- Lamb Center
- City of Fairfax HS, PD, FRD
- City of Falls Church HS & PD
- Town of Herndon PD
- Town of Vienna PD
- George Mason University PD
- NoVa Community College PD
- Fort Belvoir
- REACH

Looking Ahead

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FY25 Focus:

- Refining shift schedule
- Retention
- HIPAA training
- Care coordination
- Tactical safety training
- CIST – Critical Incident Support Team
- Using data to inform decisions
- Enhance partnerships – marketing ES services to partners

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Questions?

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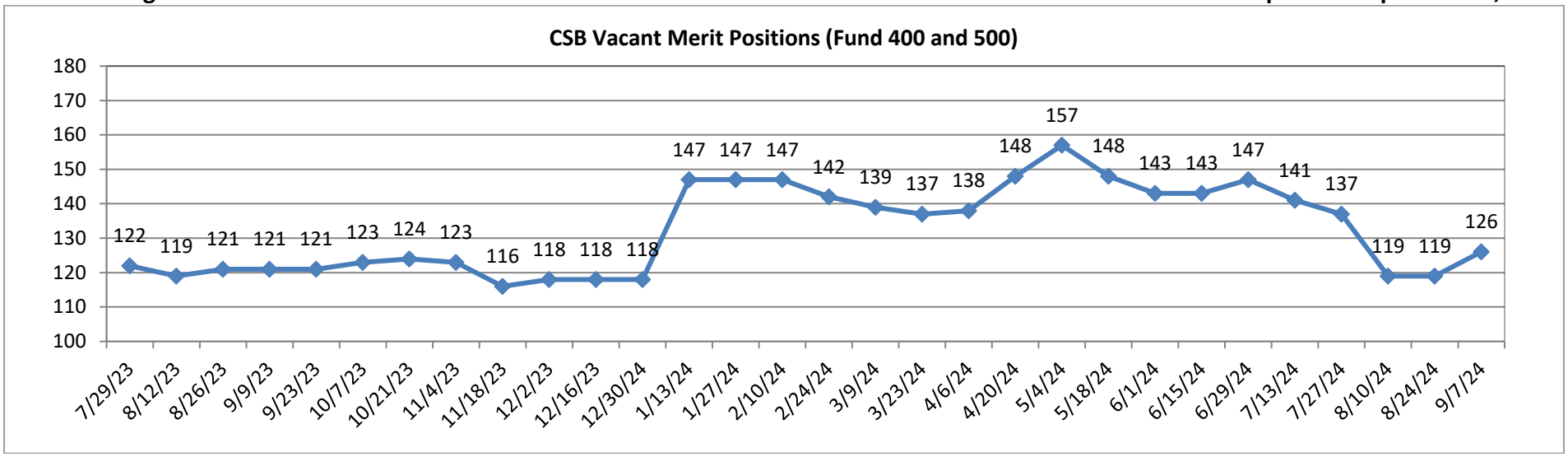
@FairfaxCSB



**Note: Increases in vacancies partially attributed to the establishment of 18 positions in January 2024, plus 10 established in April, another 8 in May, and 9 in June.*

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

Division	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May /Jun	July	August		September	
Emergency Svcs/MCU	10	9	10	11	11	12	13	12	13	10	7	5	1 CIS 2 Peer Support Spec 2 BHS II	5	1 CIS 2 Peer Support Spec 2 BHS II
BHOP	11	10	8	7	8	10	9	10	9	9	6	6	3 BHS II 1 BHS I 2 BH Sr Clin	9	5 BHS II 1 BHS I 3 BH Sr Clin
Youth & Family – Outpatient Svcs	7	5	4	4	4	17	18	18	20	17	16	13	8 BH Sr Clin 4 BHS II 1 Peer Support Spec	11	6 BH Sr Clin 4 BHS II 1 Peer Support Spec
Support Coordination	7	7	6	5	7	10	8	6	13	17	24	20	18 DDS II 2 DDS III	19	17 DDS II 2 DDS III
Jail & Court-Based Svcs	8	5	6	8	9	13	12	9	14	11	9	8	4 BHS II 1 BHS I 2 BH Sr Clin 1 BH Supv	11	5 BHS II 1 BHS I 2 BH Sr Clin 1 Peer Support Spec 1 BH Mgr 1 BH Supv
EAR	1	2	1	1	1	1	1	1	0	2	2	1	1 BH Sr Clin	1	1 BHS II

Court-Directed Admissions Overwhelm Virginia's Mental Health Hospitals

By Dave Ress, Richmond Times-Dispatch, July 26, 2024

-

Virginia's two biggest state hospitals, centerpieces of a network deemed by a 2014 law as last resorts for people in a mental health crisis, have instead become arms of the state court system.

More than 90% of the patients at **Eastern State Hospital** in Williamsburg and **Central State Hospital** just outside Petersburg are there because of court proceedings, data from the **Department of Behavioral Health and Developmental Services** show.

More than half are there under competency restoration orders – that is, because judges believed their mental state meant they would be unable to understand the charges they faced and what could happen to them during a trial and so could not defend themselves.

Nearly a third of those in competency restoration cases are there on misdemeanor charges such as trespassing, disorderly conduct, vandalism or public drunkenness – the kind of charges that most often land people with mental illness in court. Such cases are often disposed of with a suspended sentence or one that says the month or so they spent in jail between arrest and conviction was sufficient time behind bars.

The rest of the court-ordered cases are there because a judge found the individuals not guilty by reason of insanity. This is a finding that their mental illness was so severe that they did not understand what they did or that it was wrong. If people in such cases need inpatient treatment or if the judge thinks they could be violent or at risk of not staying with the medications and therapy that allows them to live more or less independently in the community, there's no other place for them but a state hospital.

Forensic patients – those in a hospital for competency restoration or because of an insanity acquittal – stay a lot longer on average than patients who arrive at a state bed of last resort on a civil commitment, after an incident that did not involve a criminal arrest.

"So, someone, say, has schizophrenia … and goes the civil side, they might remain there for six days because they've been stabilized enough to continue that treatment," said Angela Torres, senior director of forensic services at the Department of Behavioral Health and Developmental Services.

"You might come to Eastern State Hospital and stay for 90 days for the same mental illness … maybe same kind of similar symptoms, but because the focus is on (competency) restoration, it might end up being longer because there's other things for them to learn," she said.

The average length of stay for competency restoration has grown over the past decade from about 65 days to more than 106.

People in a state mental hospital because of a ruling of not guilty by reason of insanity stay on average for four years, but much longer stays - of 12 to 15 years – are not unknown.

Sharp recent increases in court-ordered restoration cases and the longer stays for those patients and individuals acquitted on grounds of insanity are crowding out the people who the bed of last

resort law aimed to treat. At Eastern and Central State hospitals, admissions have plunged for people in a mental health crisis so severe that they are basically at imminent risk of harming themselves or others.

Prioritized Admission

"Forensic patients cannot go to a private hospital, so they must be prioritized for admission to state hospitals," said Nelson Smith, commissioner of Behavioral Health and Developmental Services.

He said "a skyrocketing forensic census" exacerbates the already-pressing challenge of finding safe space for people in mental health crisis "because beds for civil patients aren't available."

"In 2020, we admitted about 530 civil patients ... last fiscal year, fiscal year 2023, we admitted 42," said Daniel Herr, Eastern State Hospital's chief executive officer. "And most of those were geriatric."

Eastern now has about 30 beds out of 302 available for civil patients, to serve a region stretching from James City County north to the Northern Neck, east to the Atlantic and south to the state line, including the cities of Newport News, Hampton, Norfolk, Portsmouth, Chesapeake and Virginia Beach.

Responding to a person in crisis – someone, perhaps, who is threatening suicide or whose delusions are so extreme that they think a parent is the devil – but who is not arrested for his or her actions, sets off a scramble.

"We've got 80 hours; eight for an ECO (emergency custody order), 72 for the TDO (temporary detention order)," said Ryan Dudley director of crisis services at the Hampton-Newport News Community Services Board. He referred to the magistrate orders that are intended to help quickly move people who are at imminent risk of causing serious harm to themselves or others to a safe place for treatment and to be assessed if they need a longer hospitalization.

There may not be a bed at Eastern or Central - 94% of Eastern's beds are occupied. By stretching resources, 101% of Central's official capacity is in use. As more than 90% of beds are taken by forensic patients, a person in crisis somewhere across an enormous swath of Virginia can be in an emergency room for all that time, instead of in a psychiatric unit, getting treatment.

"They try but it's not the same," Dudley said.

At the end of that 80 days, the idea is for a special magistrate to hold a hearing to consider whether a hopefully more stable person needs further time in hospital. But "we've had bedside hearings, where a special judge will decide whether they need involuntary commitment," he said.

An involuntary commitment, or even a patient's voluntary agreement that he or she needs inpatient care, can trigger still more scrambling. The crisis team at a community service board then has to find space in a hospital – any hospital, public or private. That can mean heading across the state – in some instances patients go as far as the state hospitals in Marion, in far Southwest Virginia, or to the one in Fairfax County in Northern Virginia.

"I think we've sent maybe only three or four to Eastern, basically geriatrics," Dudley said. "There are times people just end up back on the street."

Changes at State Hospitals

Things have changed inside the two big state hospitals, too.

One of Eastern State's two main buildings used to be reserved for geriatric patients. The other was designed for what two decades ago was a major shift in state hospitals' mission - to focus on treatment of acute episodes of illness instead of long-term custodial care.

Warehousing patients in state hospitals had been the norm for mental hospitals across the United States pretty much since Virginia became the first place in America to set up Eastern State's forebear in 1773 – the first such public hospital in what would become the United States.

"But this entire building is now called pretrial forensics," said Melissa Bennett, director of psychology at Eastern State. "So that's morphed just even in the decade I've been here from having two units of pretrial to now having seven," she said.

Eastern State's other building has four different housing units. The building was meant for frail, geriatric patients, but three of its pods now house not guilty by reason of insanity forensic patients.

That leaves just a single 40-bed geriatric unit, Bennett said.

Even in that geriatric unit, roughly 60% of patients were admitted for competency restoration or because of an insanity acquittal. Some are there because a court ruled they were unrestorably incompetent, typically because of dementia or intellectual disability, Bennett said.

There are other signs of change.

There's a new fence around Eastern State, said Herr, the CEO.

"This building was really built as much like a residential treatment program as a psychiatric hospital ... and it was really focused on psychosocial rehabilitation," he said. He referred to the term for the combination of counseling and education to develop emotional, cognitive and social skills that that is a primary path to recovering from a crisis

"But if you think of a weight room or a sewing room or an arts and crafts room for civil individuals who are stable ... they're very, very different risks than folks who come from jail, many of them with significant charges," he said.

The hospital just isn't designed for people who act out violently, as recently arrested individuals sent there for competency restoration can do.

"It's not sturdy enough for the population we serve. It has risks built into the environment," Herr said. "Our treatment space was really not designed for individuals whose focus is restoration to competency."

Staggered Schedule

Keeping everyone safe, especially the frailest, elderly patients in that one 40-bed housing pod, isn't easy.

“To kind of address that, what we have done is utilized a staggered timing schedule so that the various populations do not overlap," Bennett said.

"In the morning time in our other building, our geriatric patients receive their time on the psychosocial model within that building, and they are kept separate from the other three units," which house patients sent to Eastern after a judge found them not guilty of a crime by reason of insanity, she said

The geriatric unit patients have programming in their pod. The not guilty by reason of insanity patients in the other units have to travel to the building where the competency restoration patients live for their programs, Bennett said.

"Our restoration patients, by and large, are being programmed on a secure hallway where it has secure doors on either end," she said.

Because they don't all come at once - there are 125 restoration patients at the moment - managing the traffic is a new challenge. Each group of about 22 comes out to that secured hallway at different times during the day.

"It is very limited space to try to address more treatment options there,” Bennet said. Those competency restoration patients have a lot of work to do in the hospital.

They're working on acute psychiatric stabilization "getting the psychiatric treatment they need and then shifting over to really focusing on that restoration component," said Andrew Osborn, who as pretrial forensic coordinator at Eastern State oversees this part of the hospital's work.

For patients and staff that means "really focusing on, one, let's treat the mental health. Two, let's get them ready for court for the evaluation," he said.

Doing the competency restoration work for some defendants is fairly straightforward. It can still take many weeks getting them ready to talk to their attorney and to be in shape for what in many cases is a simple bench trial or a judge's approval of a plea bargain.

"Other defendants may have murder charges," Osborn said. "They may have to navigate an adversarial trial process that could be lengthy, that could take months. They may have to see unpleasant evidence presented in court and they have to be able to sort of maintain their composure."

He added: "Their treatment stuff has to be addressed too ... and then they're doing all that extra work on top of it."

But spending months in a hospital doing that can mean more time incarcerated than a criminal charge entails.

Torres, senior director of forensic services at the Department of Behavioral Health and Developmental Services, said: "People who otherwise would have gotten time served, or bonded out immediately, are staying within the criminal justice system and the behavioral health system for months on end."

"We treat them, we do a great job of treating them, they return back to jail," she said. "They often get time served and they are discharged back to a situation that they were in before and we see this cycle again occurring."

Competency Cases Soar

Admissions for competency restoration have ballooned, even as the bed of last resort law took hold. The statewide total has climbed from 523 the year the law took effect, to 971 in fiscal year 2022 and 1,240 in fiscal year 2023.

"Everyone is kind of in agreement: We don't feel comfortable letting this person with mental illness out on the streets," Torres said. "We're hearing this from judges. We're hearing this from defense attorneys. We're hearing this from the prosecution, all these players and stakeholders that have a concern."

There are alternatives, though.

"Some localities have more money, more funds than others. Some localities have pretrial services, others do not," Torres said. She referred to agencies that advise judges on whether a newly arrested person needs to be jailed or can post a bond or can be released on their own recognizance. The pretrial agencies are responsible for monitoring defendants between arrest and trial if they are not in jail.

"Some localities have commonwealth's attorneys who don't prosecute all misdemeanor crimes," she said. "Some localities don't have the local CSB (community service board) in the jail, watching for persons with severe mental illness coming into the jail and immediately starting to address diversion needs."

Newport News' pretrial service agency works with the Hampton-Newport News Community Services Board, the courts, prosecutors and Sheriff Gabe Morgan to divert people whose mental health crisis led to a charge on a minor offense: trespassing or vandalism, for instance.

The aim is to find safe places to stay and treatment in the community instead of a stay in jail - where community services board regularly posts staff as well to treat inmates - or a trip for a lengthy state hospital stay.

Youngkin's Goal

But while that approach is helping in Newport News, others find it isn't easy. Trying to find a way to increase alternatives and avoid criminalizing mental illness is the next big target of Gov. Glenn Youngkin's "Right Help Right Now" campaign to transform the state's overwhelmed mental health system.

When "there's no place for them to divert to, the courts have said, 'Well, we're not doing that because we're gonna just release someone in the street, they're gonna get a new charge, or they're gonna be homeless,'" said Osborn, Eastern State's restoration program leader.

"Courts have started pulling back and they're saying they're getting a little more nervous about diverting," he said. That's one reason the number of competency restoration admissions is rising.

The challenge is that it takes a lot of work to divert some, even when they are only charged with a misdemeanor, he said.

"And then when it's not successful within 24 to 48 hours, the courts say, 'Well, why are we doing this? We're spinning our wheels' and ... they're back in jail," he said.

Staffing Shortages

Another challenge is plaguing the whole mental health system: not enough staff.

"It's not just restoring someone so they can legally participate. It's then the wait time for an evaluator to come and see them," said Bennett, Eastern State's director of psychology.

"So when the treatment team says 'We think this person is ready' ... it may be some time before a licensed clinical psychologist can get to them."

The same applies for patients in a hospital after a judge found them not guilty by reason of insanity.

Eastern has three licensed psychologists on staff and "I've had a psychologist position open for 19 months at this point, and I'm just not able to recruit for that position," Bennett said.

They need to sign off on the hospital counselors' competency restoration work and are responsible for the 112 patients who are there because of an acquittal on grounds of insanity.

"There's three dedicated psychologists - that's it - for 112 people, where it requires multiple forensic reports, multiple reports to the court," Bennett said. "Lots of oversight. They're having to write the reports and do the treatment. ... That's what takes so long."

An ideal caseload for a psychologist is 12 to 15 patients acquitted on grounds of insanity, but at Eastern State, the three psychologists have 20 to 30 apiece - plus handling the reviews of the counselors handling restoration cases.

A Higher Bar

The aim of a not guilty by reason of insanity case is to get an individual in shape to leave the hospital, but the bar is much higher for them than for civil patients.

People who go to a state hospital bed of last resort under a temporary detention order or involuntary commitment order can leave when they no longer are a threat to themselves or others. In some cases, it is up to the hospital and a community mental health services board to make sure they have a place to go and the support they need to stay that way.

For any not guilty by reason of insanity patient**,** release means a formal finding that they are psychiatrically stable, that there are services in the community for them, that everyone - hospital staff, community services board and judge - are reasonably sure that they're going to comply with specific recommendations for where and how to live in a community. Those are like being on probation, but can be far more sweeping, said Hali Griswold, Eastern State's coordinator for not guilty by reason of insanity patients.

But above all, the biggest challenge is to show a patient poses no undue risk to public safety, she said.

"As an NGRI (not guilty by reason of insanity patient) you have to get through multiple vetting processes to actually go in front of the judge and even have that heard," she said.

The basic process involves moving through a program of gradually expanded privileges, from moving around the hospital with an escort, to making short, escorted day trips out of the hospital, to overnight stays and then longer periods in the community.

A patient's treatment team writes plans for each step that can run for dozens of pages. The team then watches carefully to see how a patient does. "This isn't something where you were at a stage for 10 days, you're ready, let's go to the next one ... you're talking a months-long process," said Bennett, Eastern State's director of psychology.

There's a hospital committee that reviews those plans. A state committee also reviews plans for discharge before those plans get to a judge.

In the end, for the state employees trying to help their struggling fellow Virginians, the issue is clear:

"What we're seeing," said Torres, the state department's forensic services chief, "is that the criminal justice system is being used as a way of connecting people with treatment more than ever before."

CSB News Report
September 18, 2024

September is Suicide Prevention Month – articles highlighting statistics, suicide warning signs, how to respond to someone in crisis, how to act and connect with help, and local resources.

- September is Suicide Prevention Month | News Center (fairfaxcounty.gov)
- September is Suicide Prevention Month | Community Services Board (fairfaxcounty.gov)

CSB School and Community-Based Youth and Family Services – The CSB offers counseling services in select Fairfax County Public Schools among other youth services.

- Featured on Fairfax County's News Center: Back to School with Community Support | Community Services Board (fairfaxcounty.gov)

Note: The CSB is working with Fairfax County Office of Public Affairs on a communications plan to raise awareness about youth behavioral health services at three community centers including James Lee in Falls Church, Hybla Valley in Alexandria, and the Herndon Resource Center, and the new Youth Medication Assisted Treatment (YMAT) Clinic at the South County Gerry Hyland Building. See attached board matter by Supervisor Rodney Lusk.

Diversion First – articles highlighting this cross-system initiative that provides individuals a path out of the criminal justice system and into recovery through behavioral health services.

- Diversion program's annual report touts growing mental health services | Fairfax County | fairfaxtimes.com
- Diversion First annual report touts success of Fairfax County's co-responder program - WTOP News

Recent CSB Blog Posts:

- New Trauma Resilience Program at Wellness Circle in Fairfax | Community Services Board (fairfaxcounty.gov) Sept. 12
- September is Suicide Prevention Month | Community Services Board (fairfaxcounty.gov) Sept. 4
- Safely dispose of unwanted medications at Drug Take Back Day - October 26, 2024 | Community Services Board (fairfaxcounty.gov) Aug. 27
- Back to School with Community Support | Community Services Board (fairfaxcounty.gov) Aug. 23
- Expanded Access to Services for Individuals with Developmental Disabilities | Community Services Board (fairfaxcounty.gov) Aug. 12
- Read the 2023 Diversion First Annual Report | Community Services Board (fairfaxcounty.gov) July 19
- New Crisis Treatment Center Opens in Chantilly | Community Services Board (fairfaxcounty.gov) July 10

Commonwealth of Virginia

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Historic Huntley

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Joint Board Matter

Community Service Board Satellite Locations

Joint Board Matter

Supervisor Rodney L. Lusk, Chairman Jeffrey C. McKay, Supervisor Dalia Palchik and Supervisor James N. Bierman, Jr.

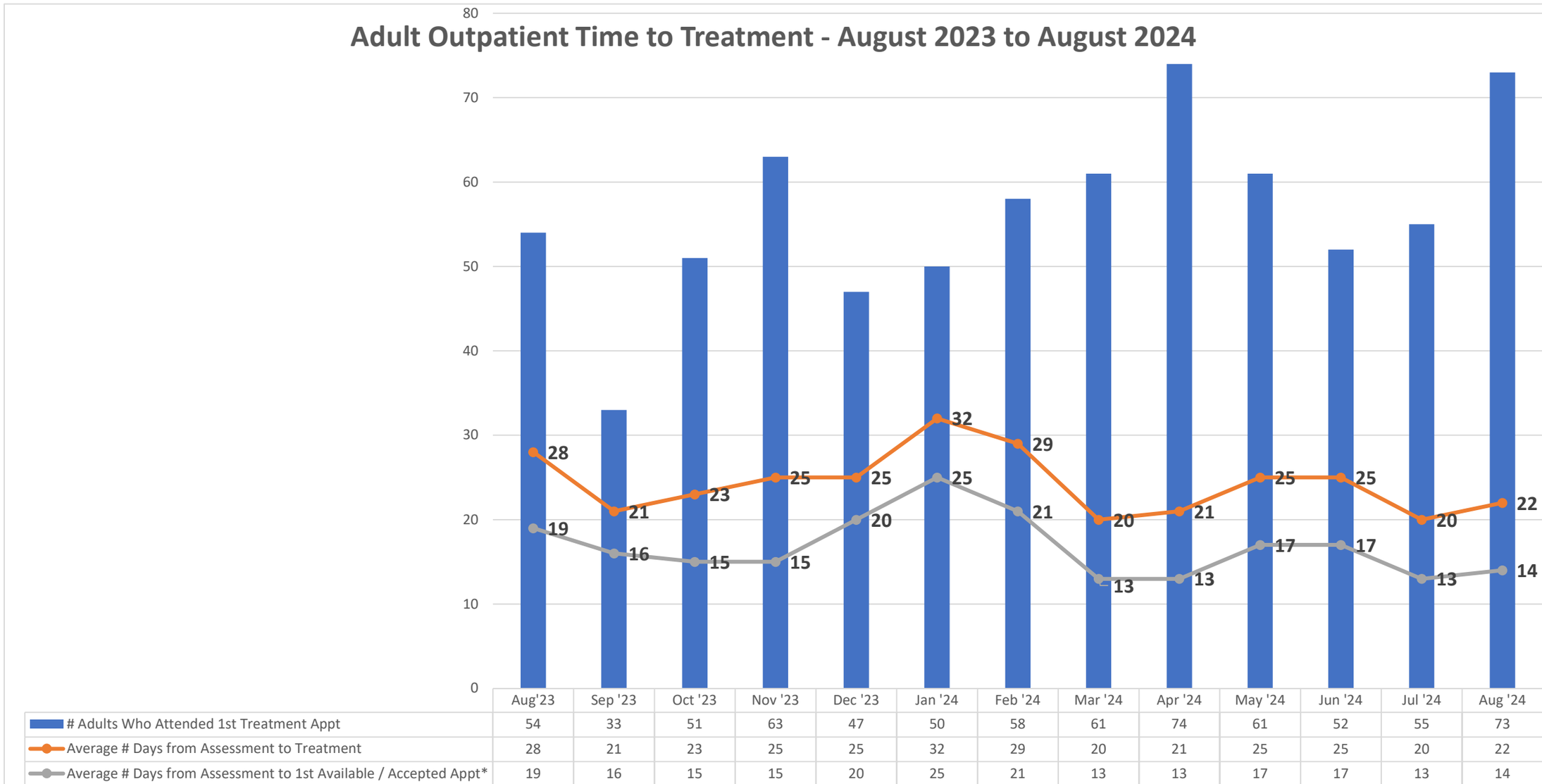
September 10, 2024

Mr. Chairman –

The Fairfax-Falls Church Community Services Board (CSB) provides community-based services for youth, adults, and families who are affected by developmental disability, mental illness, and/or substance use. Our CSB staff led by Daryl Washington, have been working diligently to extend their lifesaving services to all communities within Fairfax County. In fact, since June of this year, satellite services have been extended in multiple locations, including the Franconia District.

On August 2, 2024, I was happy to join CSB staff for the opening of the CSB satellite location at the Hybla Valley Community Center. At the site, evidence-based treatment is now available to individuals ages 5 to 18 in need of behavioral health and psychiatric services. Services include same day assessment; individual, family, and group therapy; peer support; and medication management. These services have also been extended to the James Lee Community Center and the Herndon Neighborhood Resource Center. This is in addition to the expansion of Youth Medication-Assisted Treatment (YMAT) services at the Gerry Hyland Government Center (South County Center) this past June. YMAT is the use of FDA-approved medications in combination with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose. These are significant accomplishments in terms of expanding access to high-quality care to all areas of Fairfax County. Our challenge now is to build community awareness of these important services that are now available closer to where they live.

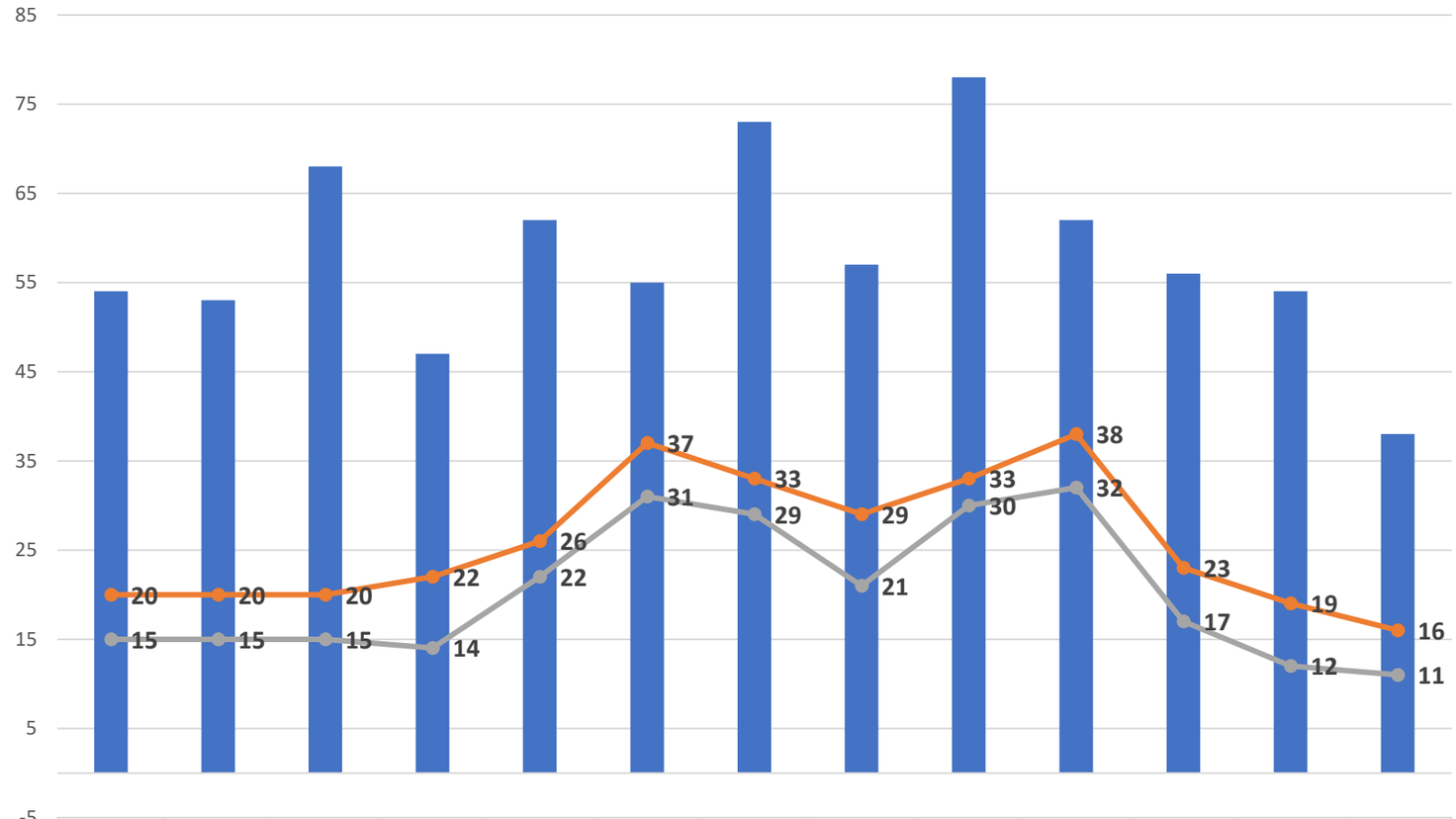
With that said, Mr. Chairman, I would like to move without objection that the Board of Supervisors direct the Office of Public Affairs to assist the Fairfax-Falls Church Community Services Board by promoting community awareness of the services now available at the satellite locations that have opened in Fairfax County since June 2024.



	Aug'23	Sep '23	Oct '23	Nov '23	Dec '23	Jan '24	Feb '24	Mar '24	Apr '24	May '24	Jun '24	Jul '24	Aug '24
# Adults Who Attended 1st Treatment Appt	54	33	51	63	47	50	58	61	74	61	52	55	73
Average # Days from Assessment to Treatment	28	21	23	25	25	32	29	20	21	25	25	20	22
Average # Days from Assessment to 1st Available / Accepted Appt*	19	16	15	15	20	25	21	13	13	17	17	13	14

***Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment**

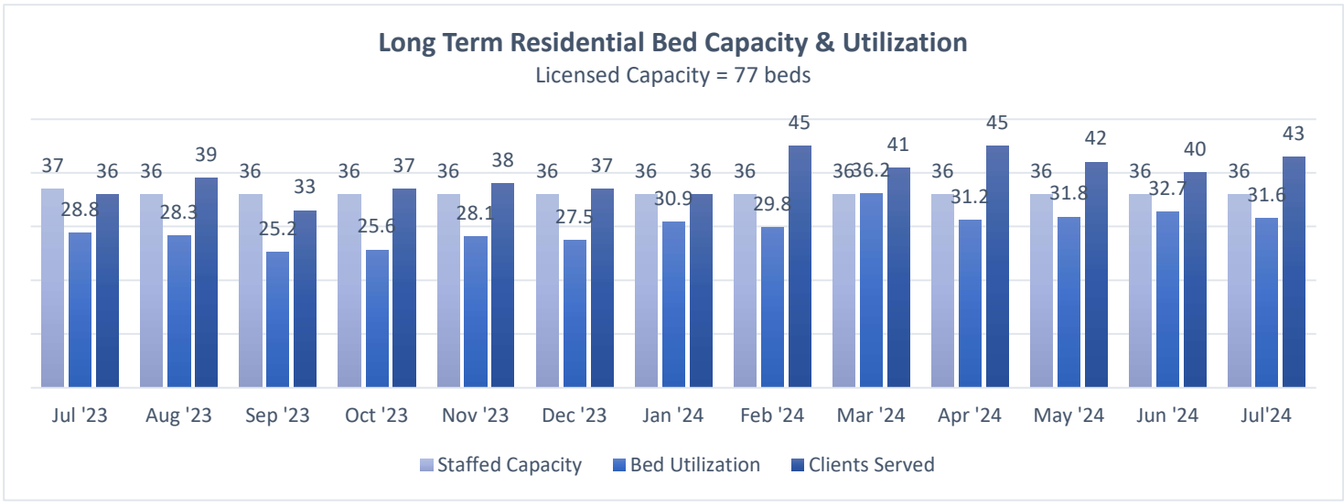
Youth Outpatient Time to Treatment - August 2023 to August 2024

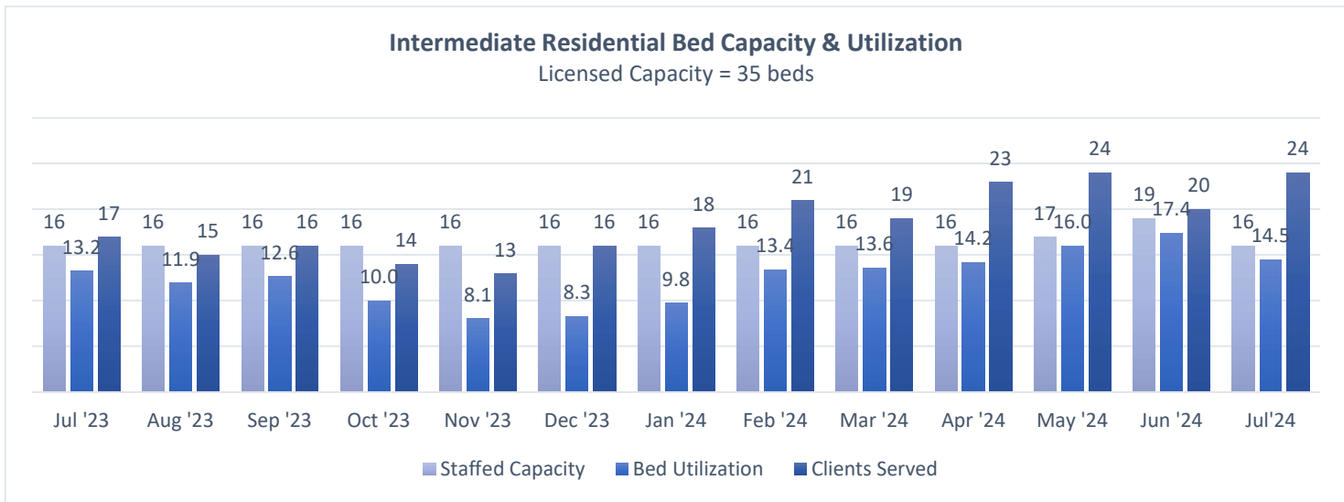


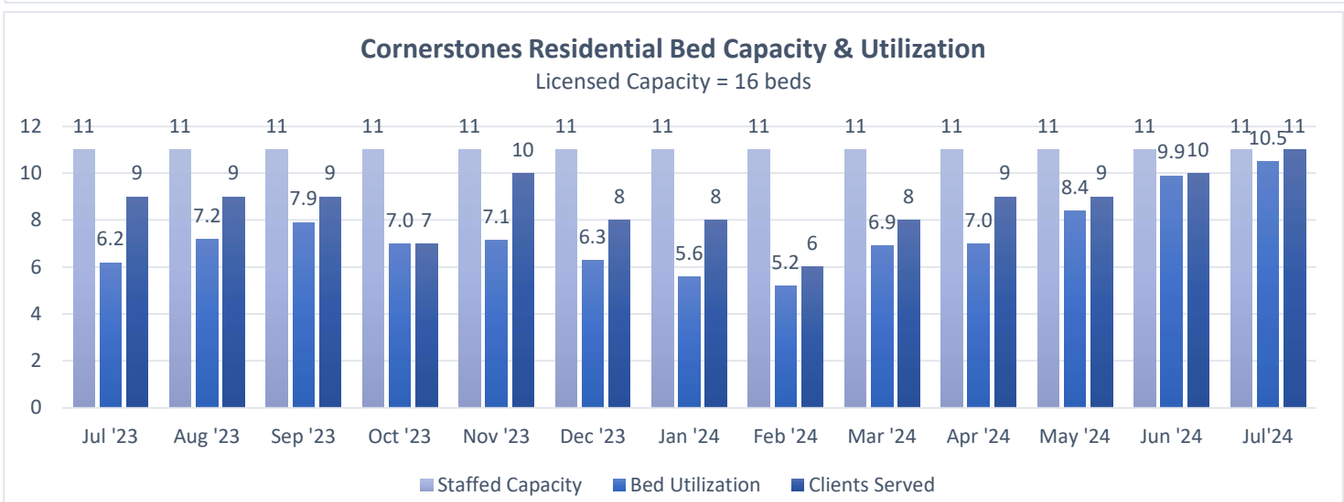
	Aug '23	Sep '23	Oct '23	Nov '23	Dec '23	Jan '24	Feb '24	Mar '24	Apr '24	May '24	Jun '24	Jul '24	Aug '24
# Youth Who Attended 1st Treatment Appt	54	53	68	47	62	55	73	57	78	62	56	54	38
Average # Days from Assessment to Treatment	20	20	20	22	26	37	33	29	33	38	23	19	16
Average # Days from Assessment to 1st Available / Accepted Appt*	15	15	15	14	22	31	29	21	30	32	17	12	11

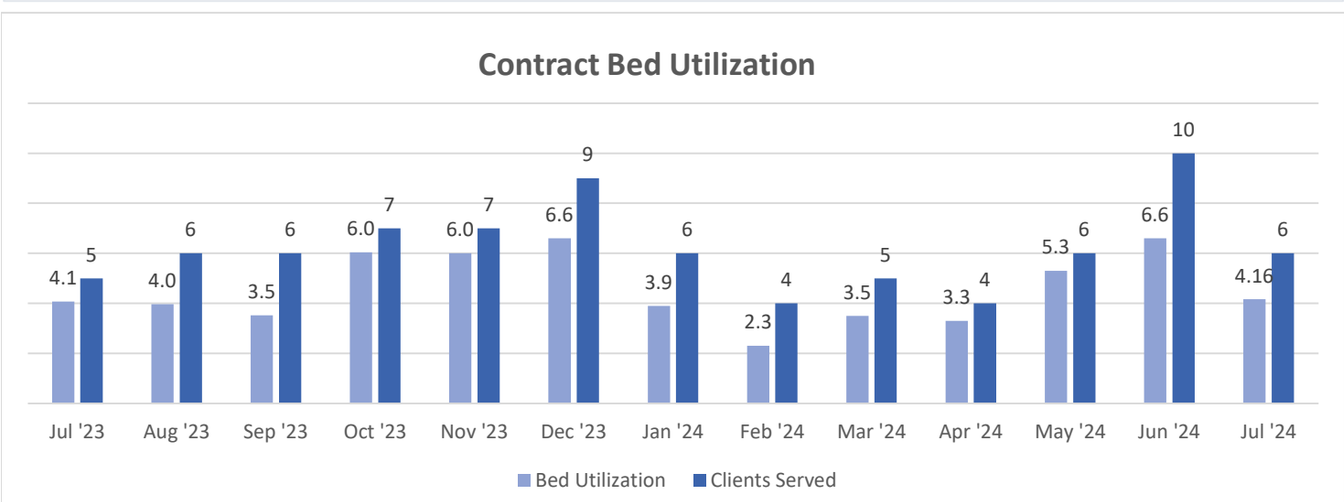
*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

SUD Residential Capacity & Utilization by Month - July 2023 to July 2024





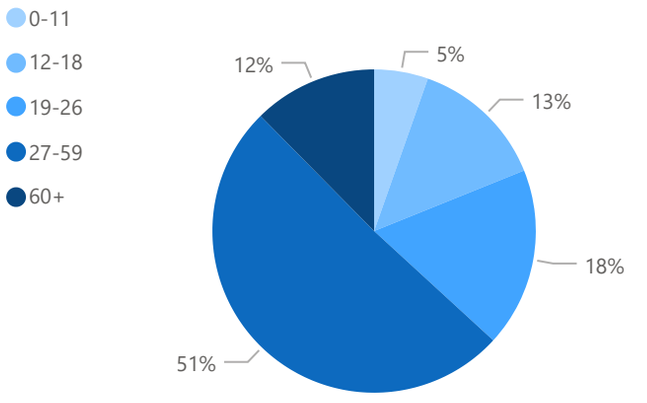




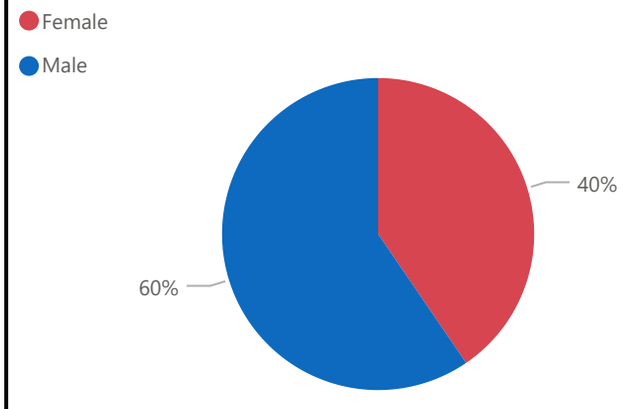
FAIRFAX - FALLS CHURCH
Community Services Board

CSB Status Report

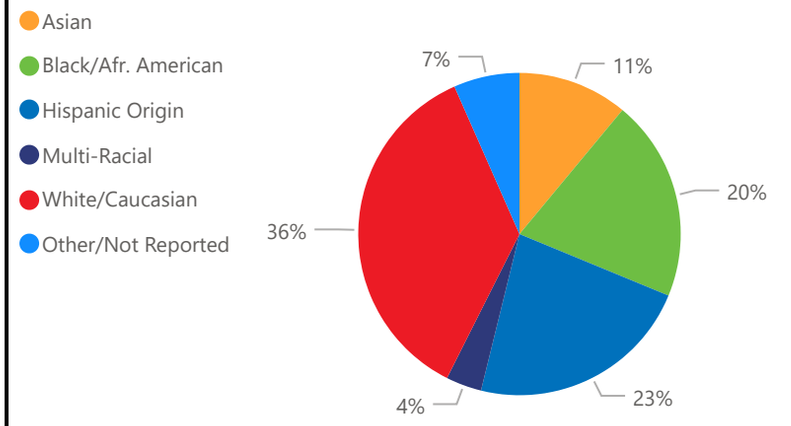
Age



Gender

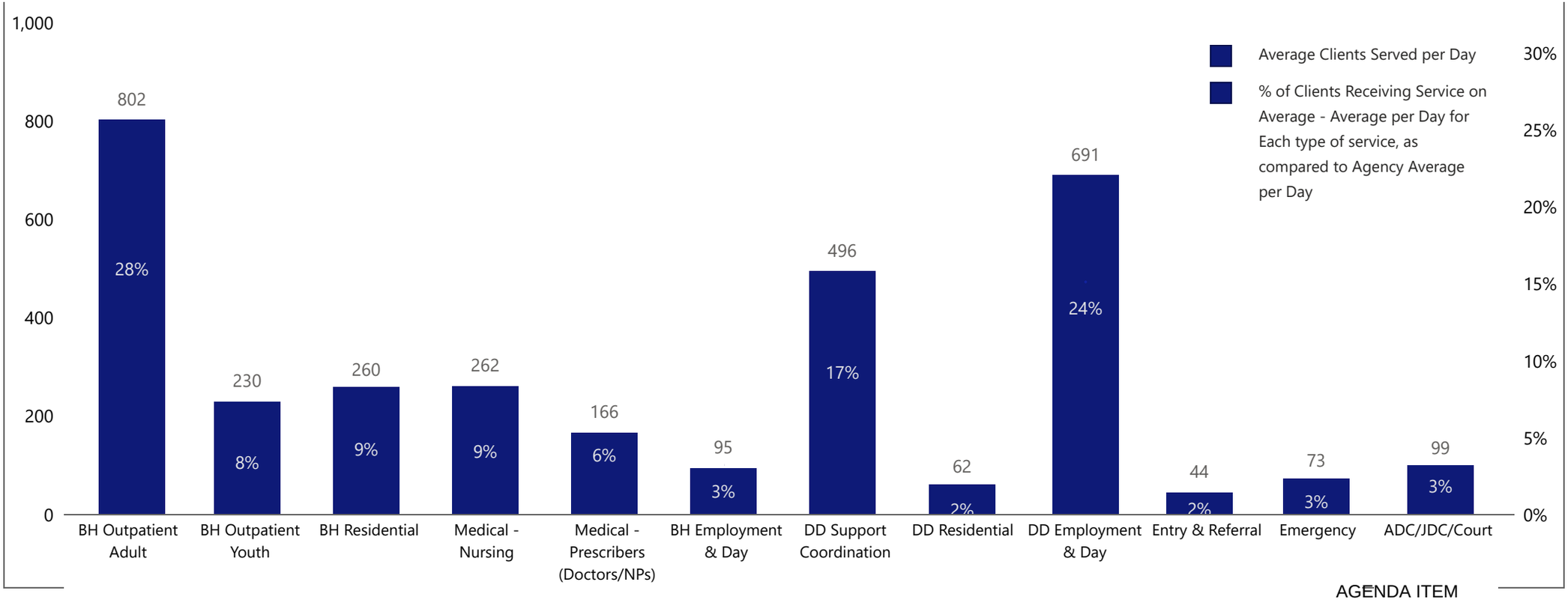


Race/Ethnicity



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

Agency Average Served per Day in July 2024 = 2,844



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Individuals Served by Month by Type of Service Jul'23 - Jul'24

Service Area	Jul'23	Aug'23	Sep'23	Oct'23	Nov'23	Dec'23	Jan'24	Feb'24	Mar'24	Apr'24	May'24	Jun'24	Jul'24	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	9,245	9,746	9,682	9,748	9,432	9,392	9,735	9,730	9,730	9,974	9,808	9,468	9,675	▲ 2.2%	▲ 4.7%	22,723
BH Outpatient Adult	3,227	3,294	3,149	3,220	3,217	3,209	3,343	3,354	3,375	3,428	3,397	3,376	3,489	▲ 3.3%	▲ 8.1%	5,828
BH Outpatient Youth	1,070	1,064	1,046	1,070	1,078	1,074	1,113	1,142	1,136	1,147	1,116	1,073	1,007	▼ -6.2%	▼ -5.9%	2,067
BH Residential	438	437	423	446	419	409	415	421	414	412	422	427	407	▼ -4.7%	▼ -7.1%	1,434
Medical - Nursing	1,405	1,416	1,385	1,453	1,378	1,314	1,381	1,366	1,449	1,444	1,359	1,374	1,483	▲ 7.9%	▲ 5.6%	3,641
Medical - Prescribers	2,490	2,680	2,416	2,680	2,446	2,339	2,593	2,579	2,534	2,573	2,546	2,314	2,452	▲ 6.0%	▼ -1.5%	6,365
BH Employment & Day	317	324	269	294	315	306	317	308	329	354	356	362	356	▼ -1.7%	▲ 12.3%	688
DD Support Coordination	2,544	2,862	2,800	2,693	2,603	2,616	2,741	2,730	2,725	2,760	2,717	2,651	2,802	▲ 5.7%	▲ 10.1%	5,399
DD Residential	79	79	79	78	78	78	78	76	75	72	72	65	62	▼ -4.6%	▼ -21.5%	79
DD Employment & Day	1,068	1,177	1,198	1,213	1,215	1,211	1,192	1,203	1,209	1,213	1,190	1,114	1,137	▲ 2.1%	▲ 6.5%	1,373
Entry & Referral (EAR)	659	748	738	649	653	571	608	668	656	718	642	594	594	= 0.0%	▼ -9.9%	5,641
EAR Screenings	450	486	495	433	460	386	444	470	483	513	456	421	385	▼ -8.6%	▼ -14.4%	4,549
EAR Assessments	134	174	171	164	202	147	200	196	188	199	181	174	166	▼ -4.6%	▲ 23.9%	2,078
Emergency	839	947	997	1,051	937	1,005	1,067	1,031	1,001	1,068	1,059	984	988	▲ 0.4%	▲ 17.8%	7,366
ADC/JDC/ Court	546	622	685	696	621	614	652	638	699	701	730	624	670	▲ 7.4%	▲ 22.7%	2,987

* 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	
All	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.
ADC/JDC/Court	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:

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- 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%.

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- 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 has increased by over 4% compared to the prior year. There have been recent increases in adult 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, with an 8% increase as compared to the prior year, partly due to increases in adult mental health case management & outpatient therapy, medication assisted treatment, ACT, and peer 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.
- BH Residential – The number of individuals served has decreased compared to July 2023 partly due to decreases in contracted residential supportive services and reductions through attrition in the Residential Intensive Care (RIC) program. There is a 5% decrease compared to June 2024, as Wellness Circle had to slow admissions due to COVID.
- 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, with a 12% increase as compared to the prior year, 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 increased by 6% compared to June 2024 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 and new waivers. New residential placements through community partners are waiver funded.
- DD Employment & Day – There has been an upward trend in this service area with a 7% increase over the prior year due to new graduate placements. 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 has been trending higher with the implementation of their new model but has decreased in recent months due to lower demand for services for youth and adults. Entry & Referral is 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 and an 18% increase compared to last year due to the expansion of the Co-Responder program and increased demand for Emergency Services.
- ADC/JDC/Court – The number of individuals served has increased by over 7% compared to the prior month primarily due to increases in individuals served at the Adult Detention Center.