



FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD MEETING

Dan Sherrange, Chair

Wednesday, October 23, 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

- | | |
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| 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 September 25, 2024, Meeting Minutes | Dan Sherrange |
| 6. Director's Report | Daryl Washington |
| A. County, Regional, State and Cross Agency Initiatives | |
| B. Youth Services and Crisis Response Centers | |
| C. DD Waivers | |
| D. Legislative Update | |
| E. CSB Strategic Plan | |
| 7. Matters of the Board | Dan Sherrange |
| 8. Committee Reports | |
| A. Service Delivery Oversight Committee | Evan Jones |
| B. Compliance & Executive Committee | Dan Sherrange |
| C. Fiscal Oversight Committee | Andrew Scalise |
| D. Other Reports | |
| 9. Closed Session: <i>Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).</i> | |
| 10. Adjournment | |

Meeting materials are posted online at www.fairfaxcounty.com/municipal-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
SEPTEMBER 25, 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, Room 3-314 West, Fairfax, VA 22031.

1. Meeting Called to Order

Board Chair Dan Sherrange called the meeting to order at 5:00 PM.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** BOARD CHAIR, DAN SHERRANGE; ANDREW SCALISE; BETTINA LAWTON; DARIA AKERS; EVAN JONES; KAREN ABRAHAM; SARAH COUGHTER; SHEILA COPLAN JONAS; ROBERT BARTOLOTTA; PATRICIA ZISSIOS; JIM GILLESPIE; ANNE WHIPPLE

ABSENT: **BOARD MEMBERS:** SRILEKHA PALLE; CAPTAIN DANIEL WILSON

Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Abbey May; 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 Quality Improvement and Compliance Joan Rodgers; Talent Development Leader Trecia Stark Bourne; Director of Acute Services Laura Maddock; Healthcare Systems Director Jennifer Aloï and Board Clerk Sameera Awan.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review; no amendments were made.

BOARD MEMBER CONSENSUS TO AMEND AGENDA ITEM NO. 4

5. Approval of the Minutes

The July 24, 2024, CSB Board Meeting Minutes were provided for review, and no amendments were made.

MOTION TO ADOPT JULY 24, 2024, MEETING MINUTES WAS MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY BOARD MEMBER EVAN JONES.

MOTION TO ADOPT WAS APPROVED BY ANDREW SCALISE, JIM GILLESPIE, EVAN JONES, BETTINA LAWTON, SHEILA COPLAN JONAS, DARIA AKERS, ANNE WHIPPLE AND PATRICIA ZISSIOS. DAN SHERRANGE AND KAREN ABRAHAM ABSTAINED.

6. CBS Leadership Programs

Talent Development Leader Treca Stark Bourne provided information on the CSB leadership programs. Given that the county cannot always accommodate every agency's needs, and since the CSB talent development team was not originally resourced to support leadership development programs, creative solutions were explored. A partnership was formed with an existing vendor and a contracted staff member to design and deliver the programs. Data from the DEI&B (Diversity, Equity, Inclusion, and Belonging) culture assessment, the CSB Wellness campaign, and HR data drove the topics for the program.

A brief update on the efforts indicates that this is a collaborative program with both online and live components. Participants complete content, reflections, and assignments online and in group settings. The focus is not only on knowledge and skills but also on personal identity and self-perception, aiming to establish both an aspirational and normative standard.

For the 2024 pilot, 97 staff members are participating in the leadership programs, as detailed in Agenda Item #6.1, which includes a breakdown by cohort type and the program dates for each cohort. Some core components of the program include an extended duration of several months, as changing leadership mindsets, behaviors, and performance takes time and should be a coached, personalized, and supported experience throughout this period.

The program features online content, monthly two-hour instructor-led community sessions, and 360 assessments at the start, which are repeated six to twelve months after the program's completion. Additional elements include leadership coaching and mentoring, accountability partners, and development support plans, recognizing that participants are at different stages in their journeys.

Moving to some early results, it is noted that one of the most impactful outcomes will take time, as immediate improvements cannot be expected without practice and feedback. Early results related to the learning experience show high participant engagement, reflecting commitment to personal development, as well as appreciation for the flexible design that allows for catching up on missed sessions. High ratings of the content have been recorded, and while this is a pilot program, enhancements are anticipated.

Progress has been observed in the emerging leader's cohort, where nearly all participants actively progress through the content despite competing work priorities. Both managers and participants shared positive feedback. An after-action review is planned to examine the feedback collected throughout the pilot, to enhance future offerings if executive leadership decides to expand and continue these efforts.

Regarding participant performance, sustainability, and support beyond the program, Dr. Marine Quinde, the leadership coaching instructor, will generate customized recommendations for participants. Managers are expected to review their staff's personal development checklists no less than monthly and engage with the peer learning community, ensuring participants have ongoing support. Participant managers will observe and recognize their staff's progress and performance. Progress on individual development plan goals will also be tracked, including the repetition of 360

assessments, with the long-term goal of positively impacting employee retention, which is influenced by various factors.

7. Staff Presentation

Director of Acute Services Laura Maddock presented an overview of acute services, focusing on the operations and structure of the Emergency Services and Wellness Circle programs. These programs operate 24/7, 365 days a year, and are supported by a multidisciplinary team that includes doctors, clinicians, nurse practitioners, nurses, bed finders, behavioral health specialists, and law enforcement officers. This team plays a critical role in managing the complex needs of individuals in crisis, and their efforts are essential to the services provided.

In Emergency Services, any individual in crisis can seek support, regardless of their age or background. The team conducts thorough risk assessments to determine appropriate care levels, including referrals to Wellness Circle, hospitalization, or temporary detention orders for involuntary treatment. On the other hand, Wellness Circle is geared toward adults aged 18 and older with a primary mental health diagnosis. However, individuals with intellectual disabilities, developmental disabilities, and substance use disorders can also receive care. This program serves Fairfax County and other localities in the region, making it an important regional resource.

Both programs operate from key locations: Emergency Services and the mobile units are based at the Sharon Bulova Center (SBC), while Wellness Circle is located on Shirley Gate Road. The Emergency Services unit also offers additional resources such as medication refills, medical clearances in partnership with Neighborhood Health, and independent evaluations, which help to streamline patient care and mitigate further hospital visits. A recent addition to the services includes a Care Coordinator, who works with repeat visitors to help them connect to ongoing support services, reducing their reliance on emergency interventions.

A significant component of the Emergency Services is the Merrifield Crisis Response Center (MCRC), a part of the Diversion First initiative. This center features an embedded police and sheriff presence on-site, facilitating the custody transfer of individuals in crisis to Crisis Intervention Team (CIT)-trained officers. The center also provides alternative transportation options and closely coordinates with public safety partners, including the Crisis Negotiation Team and Threat Assessment Management. The MCRC supports compliance with Marcus Alert State Code requirements, ensuring behavioral health responses are integral to crisis interventions.

The Behavioral Health Crisis Response team has implemented Marcus Alert legislation in FY24, necessitating crisis response coordination across multiple public safety agencies. The goal is to ensure a behavioral health response to 911 calls whenever possible. During FY24, about 2% of all 911 calls were related to behavioral health, and nearly half of these calls involved a behavioral health response, which may include transfers to the 988 Regional Crisis Call Center, Regional Mobile Teams, or intervention from CIT Officers, Co-Responders, or the CSB Mobile Crisis Team. Importantly, 67% of these calls did not present imminent risk, underscoring the need for a nuanced approach to crisis response.

The Mobile Crisis Unit (MCU) operates 24/7, providing evaluations for individuals in crisis who may not be able or willing to visit the center. The MCU also supports evaluations at hospitals and other community locations and assists with debriefings for large-scale events and hostage barricade situations. It serves Fairfax City, Falls Church, and Fairfax County.

The Co-Responder Team (Co-R) operates daily from 10 a.m. to midnight, with CIT-trained officers and CSB Crisis Intervention Specialists responding to 911 calls involving behavioral health concerns. The Community Response Team (CRT), available five days a week, consists of a paramedic and Behavioral Health Specialist who provide follow-up support for frequent 911 users, connecting them to needed resources.

The Post Response Team (PRT), staffed with a Behavioral Health Specialist and Peer Recovery Specialist, follows up with individuals seen by the Co-Responder or MCU. The Behavioral Health Liaison (BHL) at Fairfax County 911 offers real-time behavioral health consultation to 911 call-takers six days a week.

8. Director's Report

A. County, Regional, State and Cross Agency Initiatives

Deputy Director of Clinical Operations Barbara Wadley-Young provided updates on three key areas:

- The first update concerned the issuance of DD waivers toward the priority one waitlist reduction. The CSB has been allocated 292 waivers for FY 2025, with 263 designated as family and individual support and 29 as community living waivers. While other jurisdictions receive waivers quarterly, the CSB's support coordination team receives them monthly to better manage capacity and meet startup expectations. An additional 292 waivers are expected for FY 2026, totaling 584 waivers over the two fiscal years. Despite this, there is still a shortage of 625 waivers for the 1,209 individuals currently on the priority one waitlist in Fairfax. The CSB anticipates receiving the remaining required waivers through FY 2025 to FY 2027, based on the DMAS (Department of Medical Assistance Services) approved process. In this process, waivers offered across the state but declined by those without priority one needs are reallocated to jurisdictions with higher priority one waitlist numbers. Currently, the support coordination team has 20 vacancies, and 14 new positions authorized by the Department of Management and Budget (DMB). Of these vacancies, seven positions have been filled, with start dates between now and November 4, 2024.
- The second update was on the DBHDS's (Department of Behavioral Health and Developmental Services) recent 29-page document, detailing the status of the DOJ settlement agreement. This agreement, the result of a 2010 investigation with findings released in 2011, addresses the Commonwealth's compliance in providing

independent and quality-focused services for individuals with developmental disabilities. The settlement was approved in 2012, with a projected implementation and enforcement period of over 10 years. The latest document outlines progress following the independent reviewer's 24th report on June 13, 2024, which noted steady improvements but identified 27 outstanding indicators. Previous consent decree extensions and postponed contempt hearings have led to a recent joint proposal for a permanent injunction to replace the settlement agreement, focusing solely on the 27 unresolved indicators. The proposal also outlines benchmarks over a seven-year period, two required rate studies by 2030, and a requirement for Virginia to provide trend graphs on the settlement agreement's public library. Judge Gibney, who has presided over the agreement, has yet to approve the proposal. Updates will be provided as further actions occur.

- The final update related to the permanent supportive housing (PSH) expansion. By mid to late October, the Housing and Community Development (HCD) department is expected to begin issuing housing certificates, with CSB and other entities coordinating support services at a rate of eight monthly certificates for targeted populations. DBHDS is finalizing contracts with two agencies selected to provide housing support services following the completion of an RFP. DBHDS has also agreed to fund a new peer support position to enhance engagement for program recipients in hospital step-down programs and community PSH settings. Two of the three critical time intervention specialist positions funded by DBHDS have been filled and are in training, with the third position currently in the hiring process.

Executive Director Daryl Washington shared some highlights regarding the Youth Survey information that was recently distributed via email to the Board members. This survey has been featured in various Board of Supervisors members' newsletters. The survey results present a positive trend, as there has been a reduction across all major indicators related to youth mental health concerns. Additionally, the data indicates a ten-year low in substance use percentages among the youth surveyed. The survey results are considered highly representative, with a response rate exceeding 76%.

This progress reflects the combined efforts of the CSB, health and human services and the school system in addressing mental health and substance use issues among youth. Recently, WTOP took an interest in these findings and met with Mr. Washington earlier today to discuss them. As a result, there will likely be a related news piece from WTOP in the coming week.

B. Electronic Healthcare Record Update

Healthcare Systems Director Jennifer Aloï provided an update regarding the awarding of an electronic health record (EHR) contract. To summarize the timeline, a request for proposal (RFP) was released in August 2022, and by October 2022, a total of nine proposals were

received. The advisory committee, along with the Technical Advisory Committees (TAC), devoted considerable time to evaluating these solutions. The recommendation for the award was submitted to the Department of Procurement and Material Management (DPMM) on September 19, 2024, and was officially signed on September 25, 2024. The vendor selected for this contract is NextGen Health.

NextGen, founded in 1974, has a staff of 2,500, supports over 100,000 providers, and serves over 65 million individuals. They are recognized as a best-in-class organization, earning accolades like Forbes Best Midsize Employers. The implementation timeline is estimated to be 12 to 18 months, focusing on a secure, stable infrastructure with built-in redundancy. The solution includes 15 custom interfaces, an AI module, a patient portal with messaging and paperwork submission features, automated reminders, telehealth, and population health benchmarking tools.

The system also supports electronic prescribing and lab orders, leveraging NextGen's robust health information exchange capabilities. The contract, signed today, sets the stage for a high-level project plan, formal kickoff, and demonstrations in the coming weeks as the project progresses.

9. Matters of the Board

Board Chair Dan Sherrange reported that he, along with Executive Director Daryl Washington and Legislative and Grants Analyst Elizabeth McCartney, decided on a new strategy for this year. Instead of the usual large-group meetings with the General Assembly, they will focus on presenting two critical issues individually to legislators. A schedule will be arranged for briefings, where two board members will join Mr. Washington or one of his associates to form a group of three.

Board members interested in participating were asked to provide their availability by the end of the week. This will enable the coordination of schedules, which Sameera, the Board Clerk, and Elizabeth will compile and finalize.

The first issue concerns waiver slots and their costs. For 18 years, Fairfax County has covered the gap between state funding and actual costs, particularly as waiver numbers grow. To address this, they will create a chart to illustrate the gap in funding, focusing on Medicaid reimbursement rates. The second issue pertains to the compensation structure for case managers, which varies across the state and impacts Fairfax County's general fund due to its reliance on Medicaid reimbursements.

Legislative and Grants Analyst Elizabeth McCartney requested that everyone review the talking points and provide any feedback on the initial draft language. She noted that this draft is a preliminary version, pending additional data from Dr. Wadley-Young regarding the county's funding contributions for DD support coordinators. Elizabeth emphasized the importance of receiving feedback, as the communication staff will use it to effectively refine and present the information.

10. Committee Reports

A. Service Delivery Oversight Committee

Committee Chair Evan Jones reported on recent presentations. The meeting, which was the second part of the Integrated Healthcare presentation, was well received and provided substantial information. The programs discussed were described as impressive, with a notable impact on the community and effective collaboration with Neighborhood Health. Approximately 30 people attended the meeting. There are plans to focus on engaging associate members and ensuring that interested individuals are included. **The next Service Delivery Oversight Committee meeting is Wednesday, October 9, 2024, at 5:00 PM.**

B. Compliance and Executive Committee

Chair of the Compliance Committee, Dan Sherrange noted that Director of Quality Improvement Joan Rodgers presented the CSB Board Audit Report, the CSB Board CAP Report, and the CSB Board Annual Training Data. **The next meeting of the Compliance Committee will be held on Wednesday, October 16, 2024, in conjunction with the Executive Committee meeting starting at 4:00 PM.**

C. Fiscal Oversight Committee

Committee Chair Andrew Scalise provided a brief update on the August meeting. The organization has achieved the lowest vacancy rates since December 2023, a significant accomplishment for everyone involved. The Time to Treatment numbers were impressively positive, showing better results than the previous year. Staffing levels appear strong, with ongoing hiring efforts yielding favorable outcomes. The turnover rate is improving, and exit surveys reflect positive feedback. However, the main concern that emerged was regarding budget reductions, which will be discussed further. There are also issues related to case managers and waiver concerns that need attention. **The next Fiscal Oversight Committee meeting is Thursday, October 17, 2024, at 4:00 PM.**

D. Other Reports:

Executive Director Daryl Washington discussed a letter from a representative of the New Generations alumni and the recovering community, expressing concerns to the CSB Board regarding the proposal to close New Generations. The individual highlighted issues related to the capacity and safety of Crossroads, particularly in accommodating severely mentally ill clients. They urged the Board to consider the unique services that New Generations provides and to explore options for maintaining these vital services while addressing the needs of youth.

Mr. Washington explained that the agency has been involved in several residential projects to improve efficiency in moving individuals from assessment to treatment. He noted that the RFP for Youth Crisis Services had been submitted twice without any providers expressing interest, which the Board of Supervisors directed him to address. He acknowledged the significant financial challenge of identifying \$18.3 million in budget reductions and emphasized the importance of finding alternative revenue sources to meet community needs.

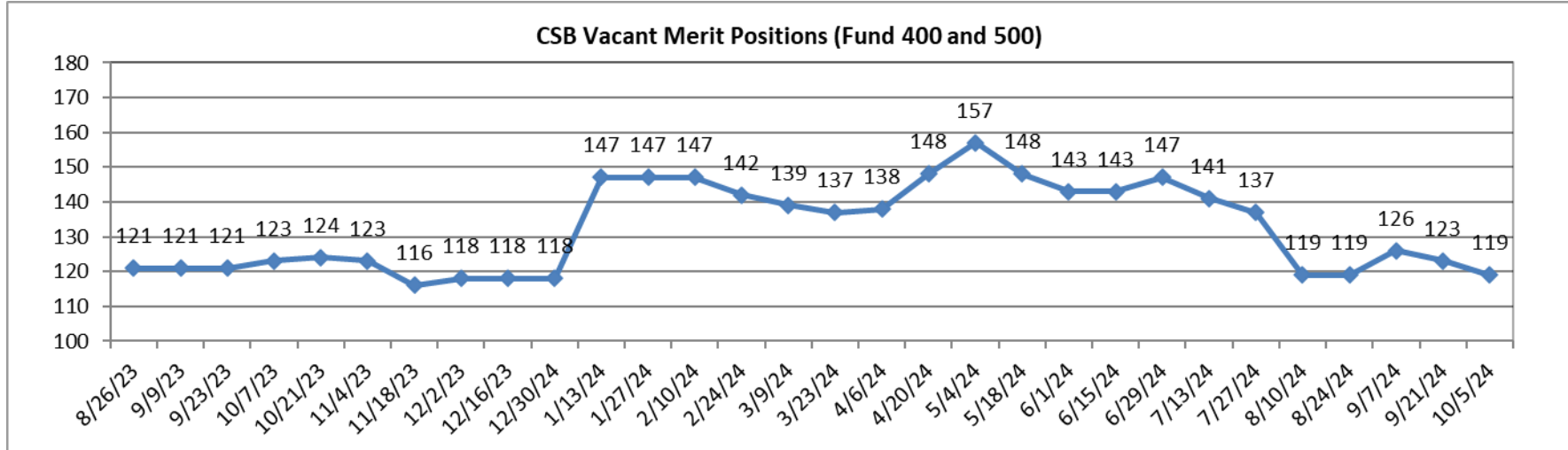
To that end, the agency is reconsidering its approach to residential services. The ongoing projects have been temporarily paused while they explore the possibility of directly operating residential treatment services rather than contracting them out. A provider is now interested in responding to an RFP, which the purchasing office will put out as soon as possible before the next board meeting. He mentioned that the process may take about five weeks, and if the provider follows through, it would change the discussion around residential services.

11. Adjournment

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Andrew Scalise. The motion was approved unanimously, and the meeting was adjourned at 7:31 PM.

Date Approved

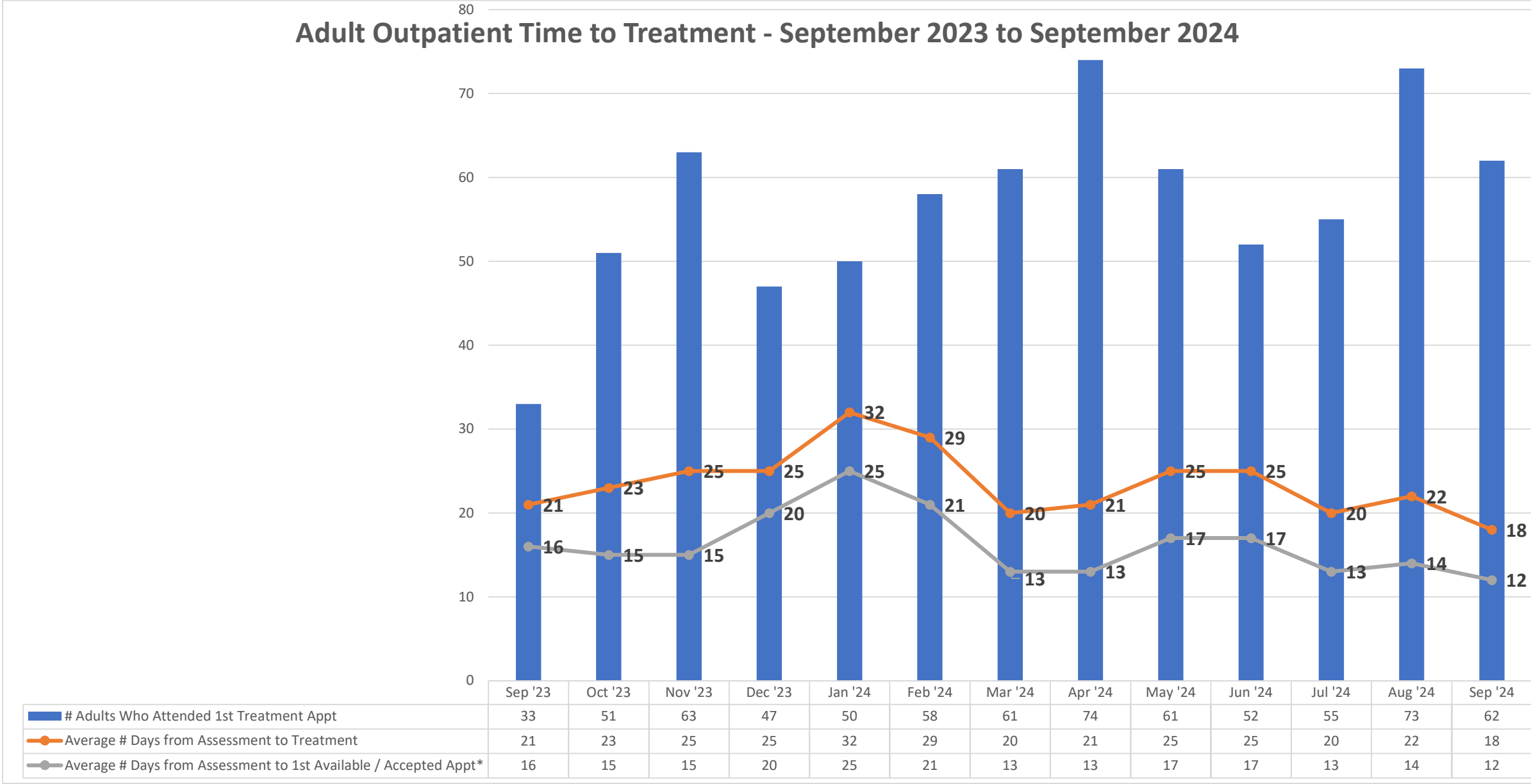
CSB Board Clerk



*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.

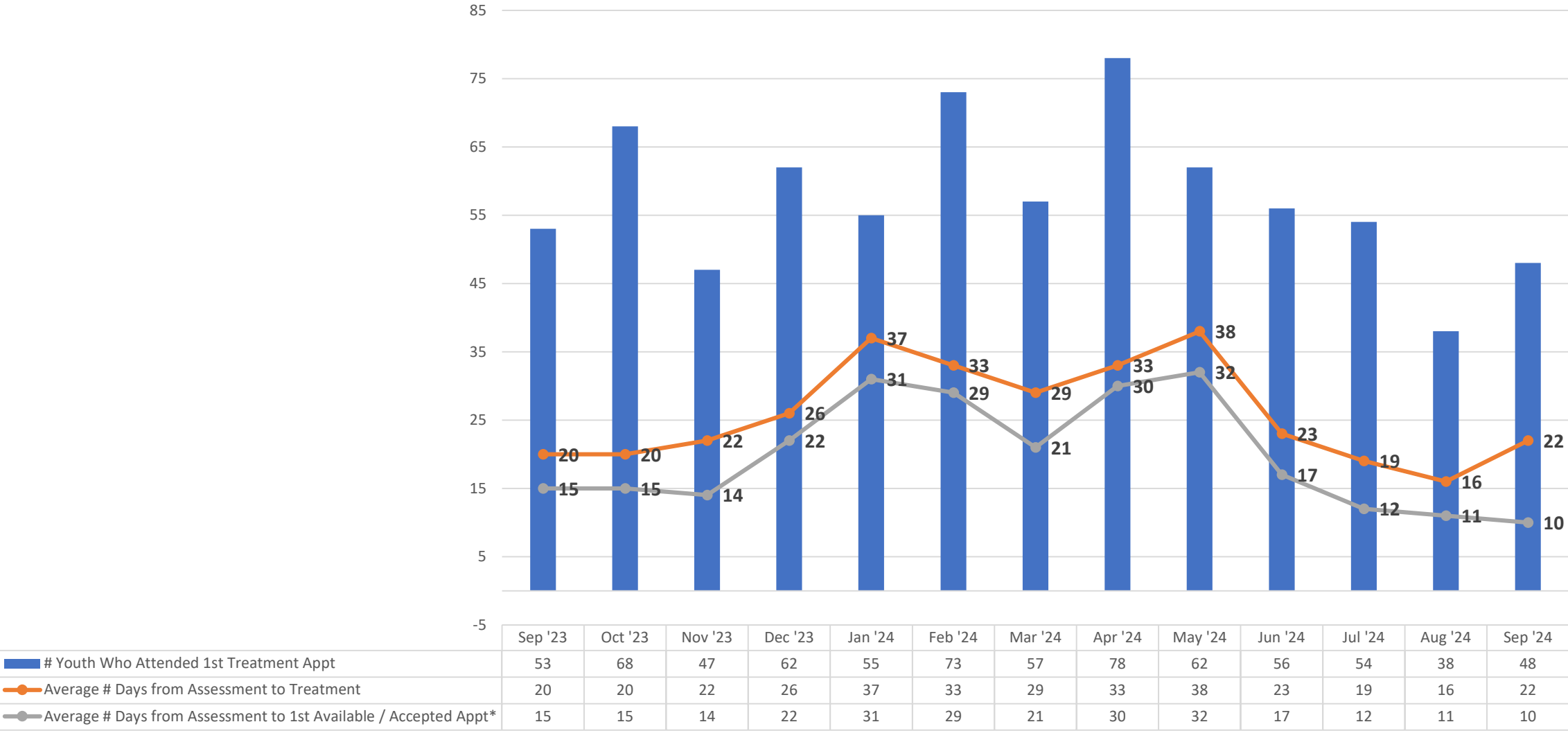
Vacancies in critical areas* *includes all merit positions (all funds – regular 400 and grant 500)

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



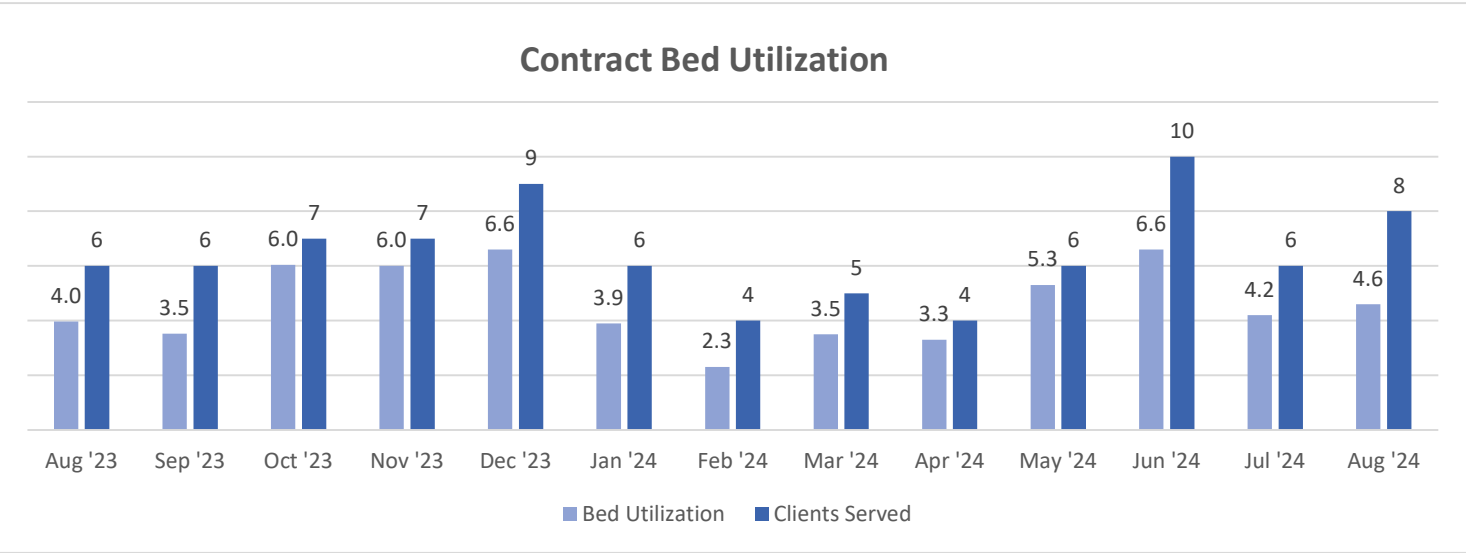
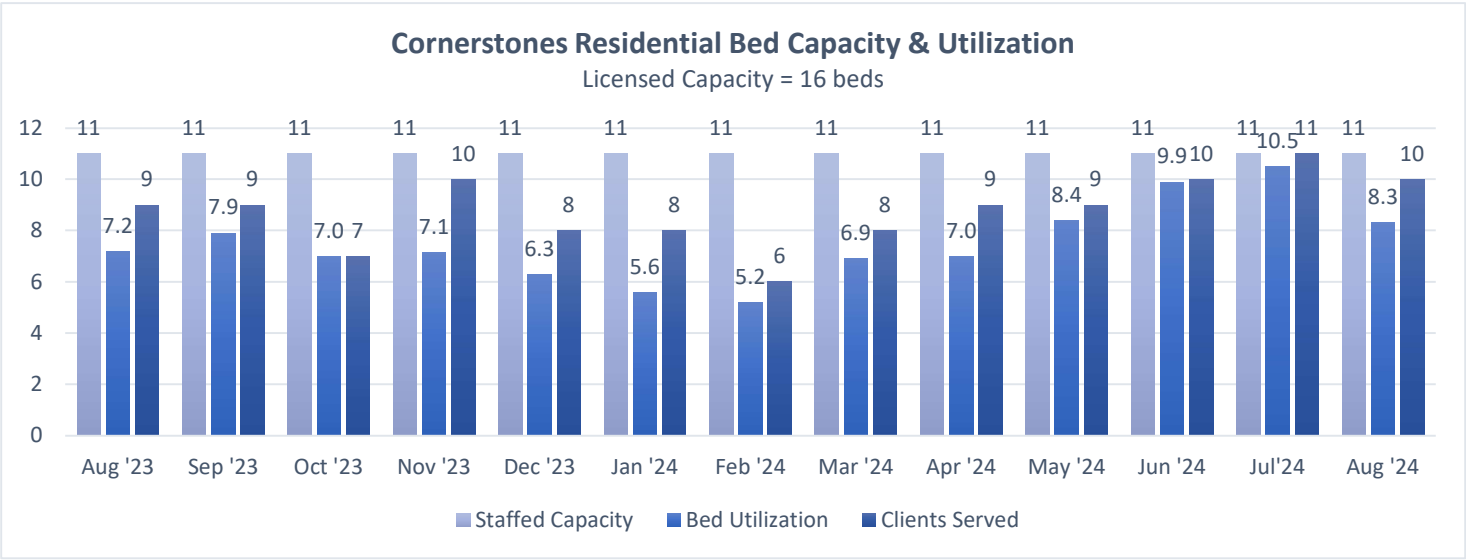
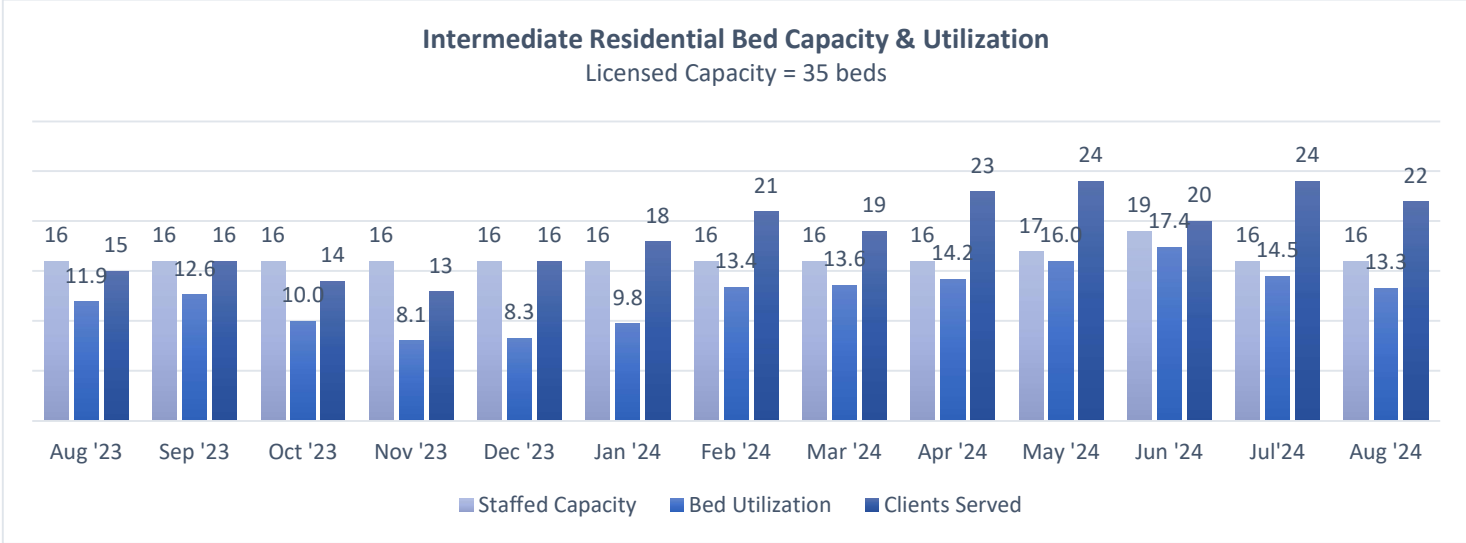
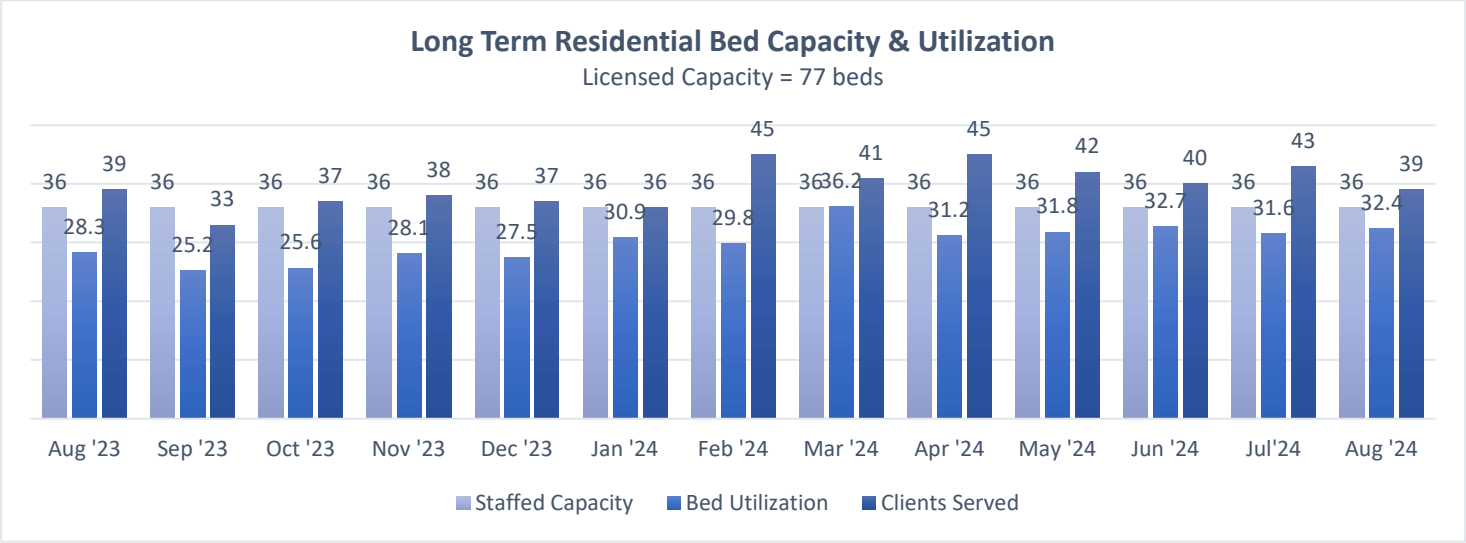
*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

Youth Outpatient Time to Treatment - September 2023 to September 2024

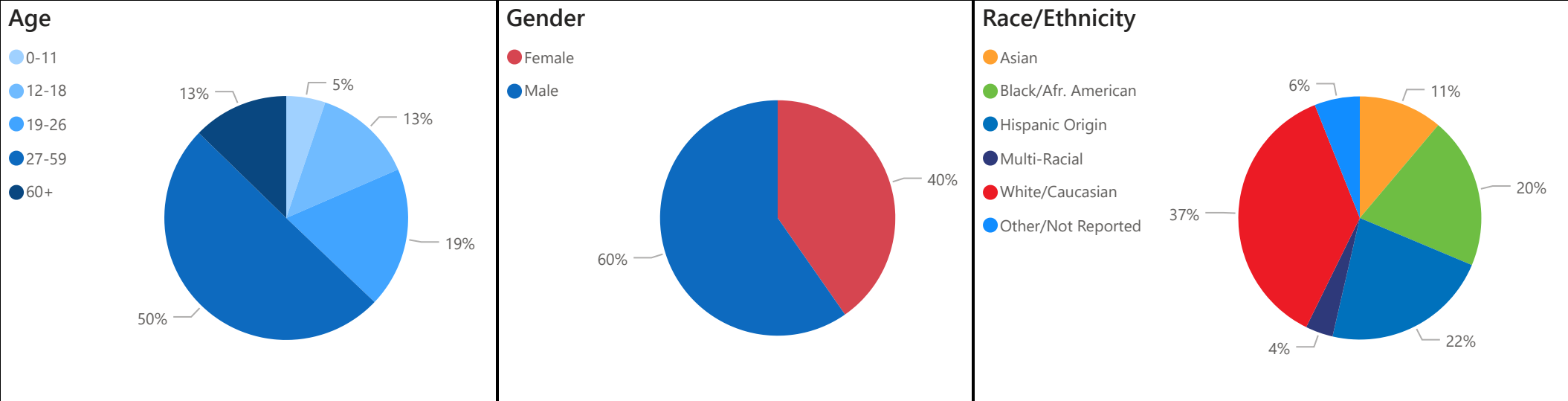


*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

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

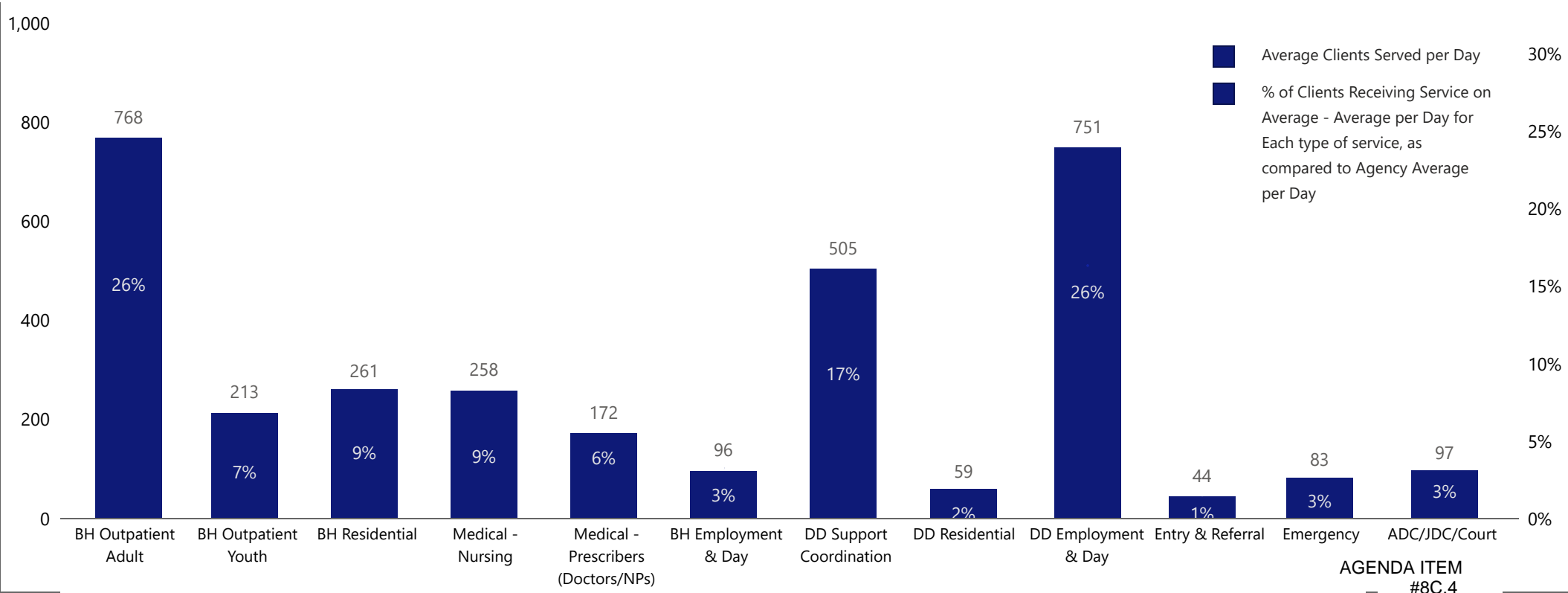


CSB Status Report



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

Agency Average Served per Day in August 2024 = 2,858



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

Service Area	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	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	9,746	9,682	9,748	9,432	9,392	9,735	9,730	9,730	9,974	9,808	9,468	9,680	9,767	▲ 0.9%	▲ 0.2%	22,639
BH Outpatient Adult	3,294	3,149	3,220	3,217	3,209	3,343	3,354	3,375	3,428	3,397	3,376	3,492	3,468	▼ -0.7%	▲ 5.3%	5,870
BH Outpatient Youth	1,064	1,046	1,070	1,078	1,074	1,113	1,142	1,136	1,147	1,116	1,073	1,010	946	▼ -6.3%	▼ -11.1%	2,024
BH Residential	437	423	446	419	409	415	421	414	412	422	427	408	411	▲ 0.7%	▼ -5.9%	1,415
Medical - Nursing	1,416	1,385	1,453	1,378	1,314	1,381	1,366	1,449	1,444	1,359	1,374	1,483	1,497	▲ 0.9%	▲ 5.7%	3,649
Medical - Prescribers	2,680	2,416	2,680	2,446	2,339	2,593	2,579	2,534	2,573	2,546	2,314	2,452	2,549	▲ 4.0%	▼ -4.9%	6,327
BH Employment & Day	324	269	294	315	306	317	308	329	354	356	362	356	355	▼ -0.3%	▲ 9.6%	664
DD Support Coordination	2,862	2,800	2,693	2,603	2,616	2,741	2,730	2,725	2,760	2,717	2,651	2,803	2,821	▲ 0.6%	▼ -1.4%	5,380
DD Residential	79	79	78	78	78	78	76	75	72	72	65	62	59	▼ -4.8%	▼ -25.3%	79
DD Employment & Day	1,177	1,198	1,213	1,215	1,211	1,192	1,203	1,209	1,213	1,190	1,114	1,138	1,216	▲ 6.9%	▲ 3.3%	1,376
Entry & Referral (EAR)	748	738	649	653	571	608	668	656	718	642	594	594	614	▲ 3.4%	▼ -17.9%	5,586
EAR Screenings	486	495	433	460	386	444	470	483	513	456	421	385	426	▲ 10.6%	▼ -12.3%	4,509
EAR Assessments	174	171	164	202	147	200	196	188	199	181	174	166	191	▲ 15.1%	▲ 9.8%	2,088
Emergency	947	997	1,051	937	1,005	1,067	1,031	1,001	1,068	1,059	984	988	1,035	▲ 4.8%	▲ 9.3%	7,366
ADC/JDC/ Court	622	685	696	621	614	652	638	699	701	730	624	672	675	▲ 0.4%	▲ 8.5%	3,001

* 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:	
<p>Page 1:</p> <ul style="list-style-type: none"> 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%. <p>Page 2:</p> <ul style="list-style-type: none"> 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 similar 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 a 5% 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. Compared to the prior year, there have been increases in the youth receiving medication assisted treatment services and peer services, along with recent decreased demand for mental health outpatient and case management services. BH Residential – The number of individuals served has decreased compared to the prior year partly due to decreases in contracted residential supportive services, reductions through attrition in the Residential Intensive Care (RIC) program and slowed admissions at Wellness Circle 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 10% increase as compared to the prior year, 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 3% 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 services had decreased in recent months due to lower demand for services for youth and adults. Compared to July 2024, screenings have increased by 10% and assessments by 15% with increased demand for these services. 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 is a 9% increase compared to last year due to increased demand for Emergency Services, the expansion of the Co-Responder program, and an increase in the number of individuals served by the Community Response Team. ADC/JDC/Court – The number of individuals served has increased by over 8% compared to the prior year primarily due to increases in individuals served at the Adult Detention Center. 	
<div>AGENDA ITEM</div> <div>#8C.6</div>	