



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Garrett McGuire, Chair

Pennino Building

12011 Government Center Pkwy, Level 2, Room 200/206

Fairfax, VA 22035

Wednesday, October 26, 2022, 5:00 PM

This meeting can also be attended via electronics access through Zoom

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Meeting ID: 833 8144 5852 Passcode: 418733

MEETING AGENDA

- | | |
|---|------------------|
| 1. Meeting Called to Order | Garrett McGuire |
| 2. Roll Call, Audibility and Preliminary Motions | Garrett McGuire |
| 3. Amendments to the Meeting Agenda | |
| 4. Discussion with General Assembly | Garrett McGuire |
| Introductions | |
| General Overview of CSB Services | |
| Overview of County and Regional Legislative Priorities Open | |
| Discussion and Q&A Session | |
| 5. Matters of the Public | Garrett McGuire |
| 6. Approval of the September 28, 2022, Meeting Minutes | Garrett McGuire |
| 7. Director's Report | Daryl Washington |
| A. County, Regional, State and Cross Agency Initiatives | |
| B. Covid Update | |
| C. Electronic Health Record Update | |
| 8. Matters of the Board | Garrett McGuire |
| 9. Committee Reports | |
| A. Service Delivery Oversight Committee | Anne Whipple |
| B. Compliance Committee | Garrett McGuire |
| C. Fiscal Oversight Committee | Dan Sherrange |
| D. Other Reports | |
| 10. Adjournment | Garrett McGuire |

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



FAIRFAX - FALLS CHURCH

**Community
Services Board**

Session with General Assembly Delegation

**Garrett McGuire, CSB Board Chair
Daryl Washington, CSB Executive Director**

October 26, 2022

FY 2022 Services Update



20,482

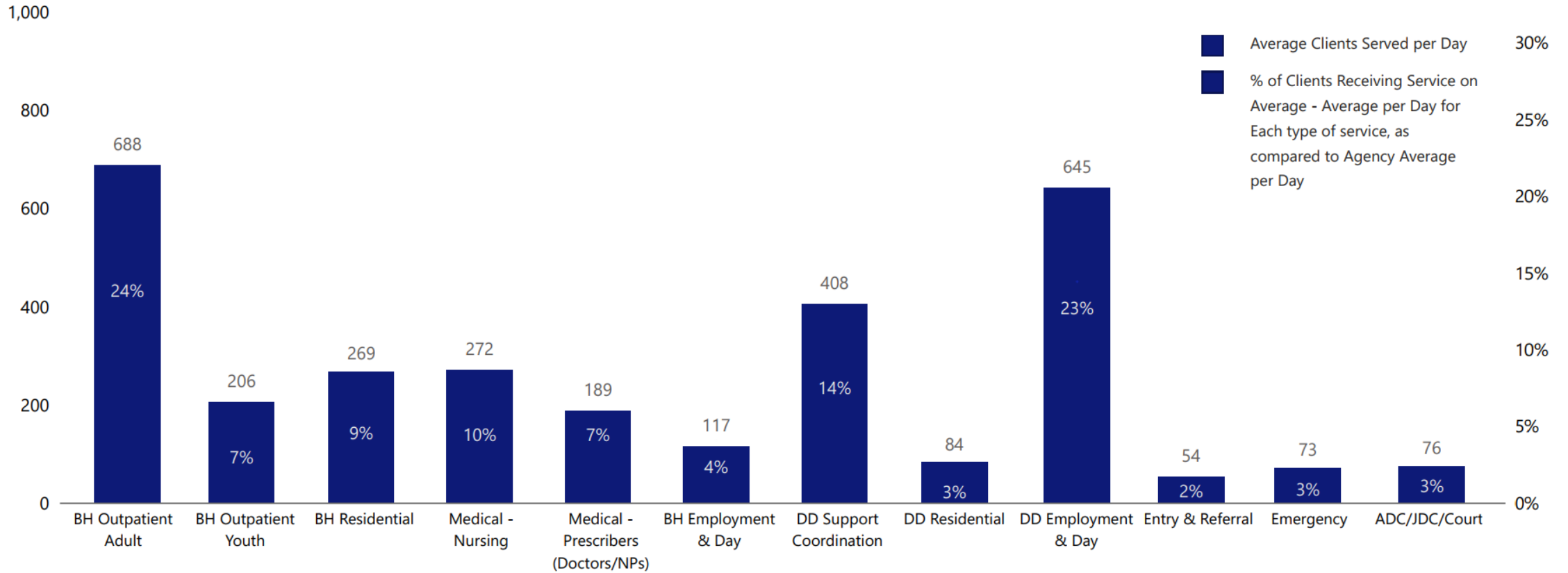
individuals received
services from the CSB*

- 6,527 individuals received CSB Emergency Services.
- 4,040 individuals received same day walk-in screening and assessments.
- 88% received emergency services within one hour.
- CSB Emergency Service clinicians completed 9,649 Emergency Evaluations; of those, only 18% resulted in a TDO.
- 514 individuals were diverted from potential arrest to the Merrifield Crisis Response Center.
- 5,227 individuals with developmental disabilities received support coordination services.
- More than 1,700 individuals received peer support services in the community.
- 1,408 children and youth received behavioral health services.
- 369 individuals served in the AMC/MAT services.

Services Update

Average Clients Served per Day by Type of Service - August 2022

Agency Average Served per Day in August 2022 = 2,598





FAIRFAX - FALLS CHURCH

**Community
Services Board**

2023 Legislative Priorities

CSB Workforce Crisis



Issue: CSB is facing a workforce crisis.

- Across the state, CSBs have been experiencing vacancy rates above 30%.
- At the start of FY 2022, vacancies at our CSB were 170; vacancies made it as high as **206** this year.
- Despite local investments in new hiring incentives, significant staff vacancies in critical services positions remain – currently **152** vacancies.
- Service challenges are only heightened due to the lack of qualified clinical staff to operate needed community programs.

Opportunity #1: Make regional investments in the community behavioral health and disability services workforce.

- Funding to increase salaries to remain comparative with the market rate.
- Funding to repay student loans with a commitment of working in the public sector.

Opportunity #2: Enhance the workforce pipeline in Northern Virginia

- Expedite credentialing and decrease regulatory requirements to reduce regulatory/administrative burdens.
- Fund one new DBHDS FTE position to support the region in collaborating with academic resources.

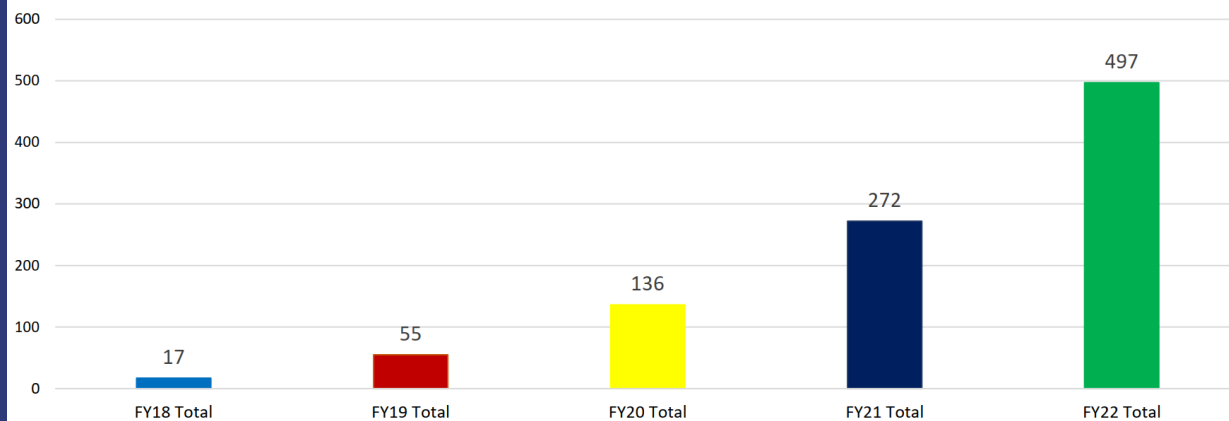
Hospital Bed Crisis



Issue: Ongoing shortage of available state hospital beds.

- Virginia's state hospitals continued to have approximately **200 beds** offline each day throughout FY 2022 due to state hospital staffing shortages and safety concerns.
- 497 admissions to NVMHI were from other areas of the Commonwealth, 57.2% of all admissions.

Region 2 Year-over-Year
Out-of-Area Diversion Admissions to NVMHI



Opportunity #1: Invest in programs and services that increase Region 2 community capacity

- Funding for a 24/7 specialized 8-bed residential programs
- Funding for 2 homes to serve those with behavioral health needs
 - 1 home to serve those with substance use conditions that provides withdrawal management and MAT.
 - 1 home to serve those with developmental needs.
- Funding for 2 secure 8-bed units or one secure 16-bed unit to serve individuals adjudicated NGRI who are on the EBL.
- Update BH and DS program requirements.

Opportunity #2: Expand community-based crisis programs in Region 2

- \$43.5 million in funding for Region 2 programs, including \$2.8 million in ongoing operational funding for Fairfax County to expand its well-established short-term Crisis Center to include 16 Adult 23-hour crisis recliners

DD Waivers

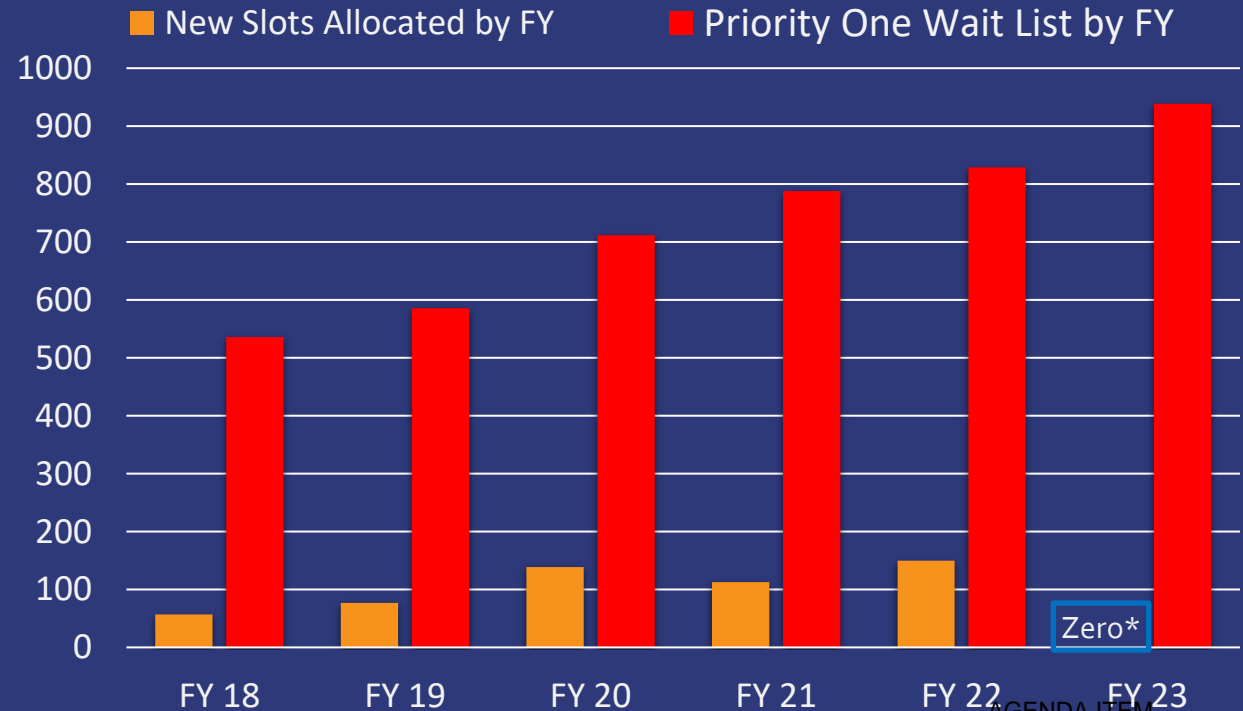


Issue: New waivers are not keeping pace with the growth of the DD waiver wait list.

- In Fairfax, 2,736 people are on the wait list, including 920 on the Priority One wait list.
- Statewide, 14,342 people are on the wait list, including 3,584 on the Priority One wait list.
- The Priority One wait list averages over 3,000 annually in Virginia.
- Ensuring that reimbursement rates support quality community-based DD services is critical when working to eliminate the Priority One wait list.

Opportunity: Eliminate the Priority One DD waiver wait list.

Fairfax County



STEP-VA and Marcus Alert



Issue: Insufficient funding for mandated STEP-VA services and the new Marcus Alert system.

- Since 2017, the GA has gradually increased funding to allow for the phased implementation of STEP-VA across the Commonwealth.
- The final three steps received funding in the FY 23-24 state budget: Case Management Services, Psychiatric Rehabilitation Services, Care Coordination Services
- The \$600k allocated to Fairfax for Marcus Alert is currently the only anticipated state funding.

Opportunity: Sustained investments in STEP-VA and funding for implementation of Marcus Alert community care teams in Region 2.

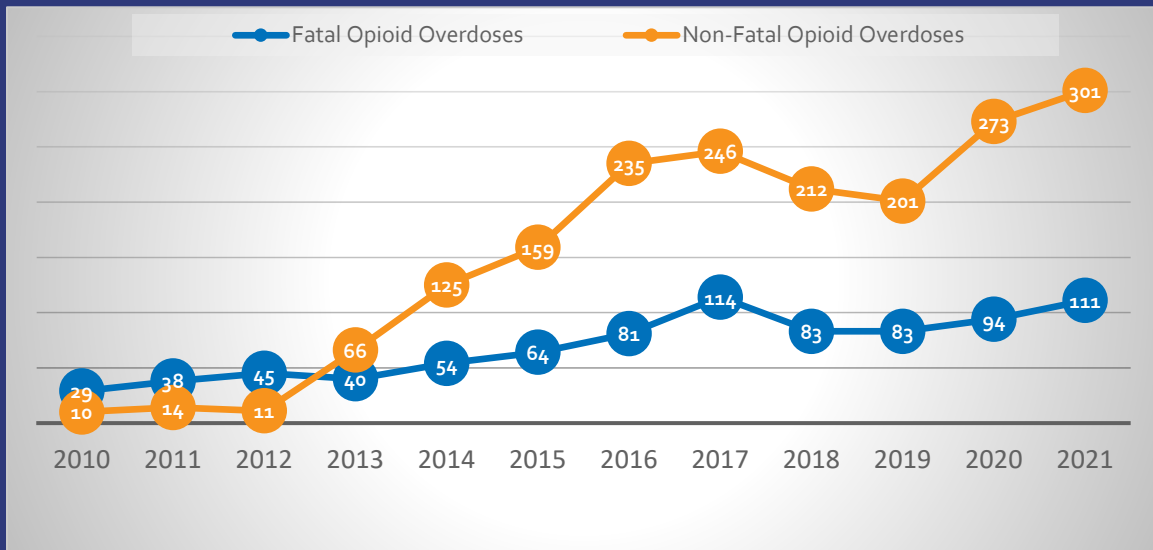
- Funding amounts should be consistently revisited to ensure CSBs can cover the cost of delivering services and supporting additional staff positions needed to meet increased demand.

Opioid Epidemic

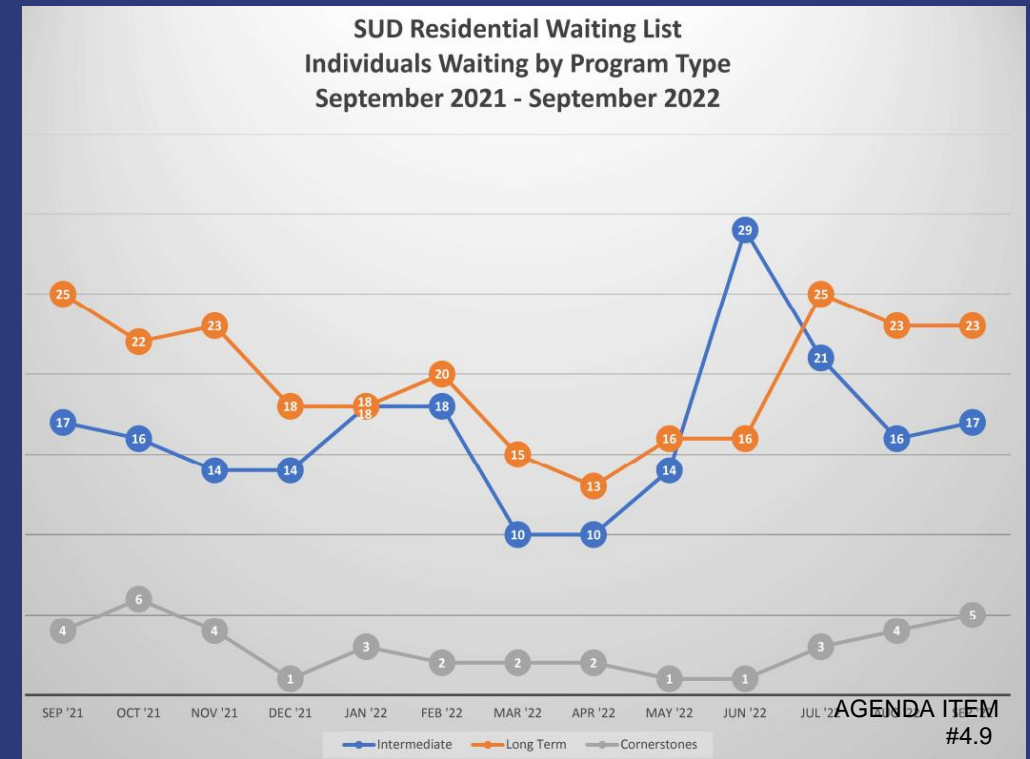


Issue: The opioid epidemic continues to impact the Fairfax County Health District.

- For fatal drug overdoses, opioids have contributed the highest numbers of cases going back to 2007.
- There were 111 opioid deaths in the Fairfax County Health District in 2021 – all but 8 involving fentanyl.



Opportunity: Provide regional funding for 1 home to serve those with substance use conditions that provides withdrawal management and MAT.





FAIRFAX - FALLS CHURCH

**Community
Services Board**

Questions and Discussion



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**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
MEETING MINUTES
SEPTEMBER 28, 2022**

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

1. Meeting Called to Order

Board Chair Garrett McGuire called the meeting to order at 5:00 PM.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** BOARD CHAIR, GARRETT MCGUIRE; JENNIFER ADELI; SHEILA COPLAN JONAS; CAPTAIN DANIEL WILSON; DAN SHERRANGE; SANDRA SLAPPEY-BROWN; KAREN ABRAHAM; ANDREW SCALISE; LARYSA KAUTZ; ROBERT BARTOLOTTA; BETTINA LAWTON; DARIA AKERS; CLAUDIA VOLK; SRILEKHA PALLE (FAIRFAX, VA); ANNE WHIPPLE (GREAT FALLS, VA)

ABSENT: **BOARD MEMBERS:** DIANA ROGRIGUEZ

Also present: Executive Director Daryl Washington, Deputy Director Barbara Wadley- Young, Deputy Director of Support Coordination Sierra Simmons, Finance Manager Paresh Patel, Director of Analytics & Evaluation Linda Mount, Legislative and Grants Analyst Elizabeth McCartney, Healthcare Systems Director Jennifer Aloï, and Board Clerk Sameera Awan.

3. Matters of the Public

Mac Bangura, a public member, introduced himself and his company MLB Care Health Services, to the CSB Board. Mr. Bangura is a mental health provider from MLB Care Health Services and is newly licensed by the Virginia Department of Behavioral Health & Developmental Services.

4. Amendments to the Meeting Agenda

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

BOARD MEMBER CONSENSUS TO APPROVE AGENDA ITEM NO. 4

5. Approval of the Minutes

The July 27, 2022, CSB Board Meeting Minutes were provided for review, no amendments were made.

MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY BOARD MEMBER JENNIFER ADELI TO APPROVE AGENDA ITEM NO. 5.

ABSTAIN: **BOARD MEMBERS:** LARYSA KAUTZ; ROBERT BARTOLOTTA; KAREN ABRAHAM
CAPTAIN DANIEL WILSON; CLAUDIA VOLK

6. Staff Presentation

Deputy Director of Support Coordination Sierra Simmons provided the staff presentation regarding Support Coordination Services and Developmental Disability Services Data Calendar.

7. Director's Report

A. County, Regional, State and Cross Agency Initiatives

Executive Director Daryl Washington shared that the Senior Leadership Team is discussing the Opioid Abatement Authority and has laid out a framework for the next 10-15 years. The Opioid Abatement Authority will have somewhere between \$20-30M before the end of this calendar year from additional lawsuit settlements; once all the payouts have been distributed, the state expects the Opioid Abatement Authority will have around \$450M. The Board of Supervisors has asked the County Leadership Team to look into changing their bonus structure for sign-on bonuses. The vacancy count has dropped down 206 to 157 vacancies. A total of 29 offers were extended with start dates between now and the first week of November. There is an upcoming VACSB Board Conference at the Westfields Marriot, Chantilly, VA, from October 5-7, 2022. Daryl recommends attending on October 6, 2022, from 2:00 PM to 5:00 PM. There will be a presentation on the State Budgeting Office specifically for Board Members. If you are interested, please contact Sameera for registration. The first round of interviews for the Deputy Director of Administration Operations position is in process. Once the top candidate is selected, a Board Member will be part of the second interview panel. The COVID status has slightly dropped; with only about 4-5 staff testing positive weekly.

B. Electronic Healthcare Record Update

Healthcare Systems Director Jennifer Aloï provided an update on the Electronic Health Record Implementation status. The RFP was released and is expected to close by October 18, 2022. Credible is still undergoing several enhancements, such as updates and the creation of new modules to enhance the program's functionality, efficiency, and productivity.

8. Matters of the Board

Board Member Karen Abraham attended the Board of Supervisors meeting last month to participate in the October Suicide Prevention Month. The CSB Staff was recognized and thanked for all their hard work.

Board Chair Garrett McGuire shared we would soon deliver our Fairfax-Falls Church Community Services Board (CSB) Annual Report FY 2022 to the County Board. Anne Whipple is getting someone from PRS (Psychiatric Rehabilitation Services) for our November 2022 CSB Board Meeting to provide a background on the National 988 Crisis and Suicide Hotline.

9. Committee Reports

A. Service Delivery Oversight Committee

Committee Chair Anne Whipple reported that Anika Harris presented an overview of One Fairfax. Joe Getch from PRS (Psychiatric Rehabilitation Services) provided a background on

the National 988 Crisis and Suicide Hotline. There will also be an open house at the Wellness Circle on October 4, 2022, from 3:00 PM. **The next meeting of the Service Delivery Oversight Committee is Wednesday October 12, 2022, at 5:00 PM, via Zoom Conference.**

B. Compliance Committee

Committee Chair Garrett McGuire noted that Director of Quality Improvement Joan Rodgers provided information on the CSB Board Audit Report, the CSB Board CAP Report, and the CSB Board Education Report.

C. Fiscal Oversight Committee

Committee Chair Dan Sherrange shared some highlights from the Fiscal Oversight Committee. The discussion topics were vacancy numbers, staffing issues, and Data Capacity Reports. **The next meeting is Thursday, October 20, 2022, at 4:00 PM.**

D. Other Reports

Committee Chair Garrett McGuire shared updates from Legislative Committee. The General Assembly Delegation Session Board Meeting will occur **on October 26, 2022, at 5:00 PM at the Pennino Building.**

10. Action Item:

A. Modified Fund Statement, Variable Revenue Report and FX-FC CSB Expenditures-Budget vs. Actuals

Board Member Dan Sherrange shared an overview of the Modified Fund Statement, Variable Revenue Report, Expenditures-Budget vs. Actuals Financial Reports, and Federal Grants.

B. FY 2022 Congressionally Directed Spending from HRSA

Board Member Dan Sherrange requested approval for the Fairfax-Falls Church Community Services Board (CSB) to accept funds totaling \$3,175,000 in FY 2022 Congressionally Directed Spending from Health Resources & Services Administration (HRSA) for three CSB projects.

MOVED BY BOARD MEMBER DAN SHERRANGE, SECONDED BY BOARD MEMBER ROBERT BARTOLOTTA TO APPROVE AGENDA ITEM NO. 10B

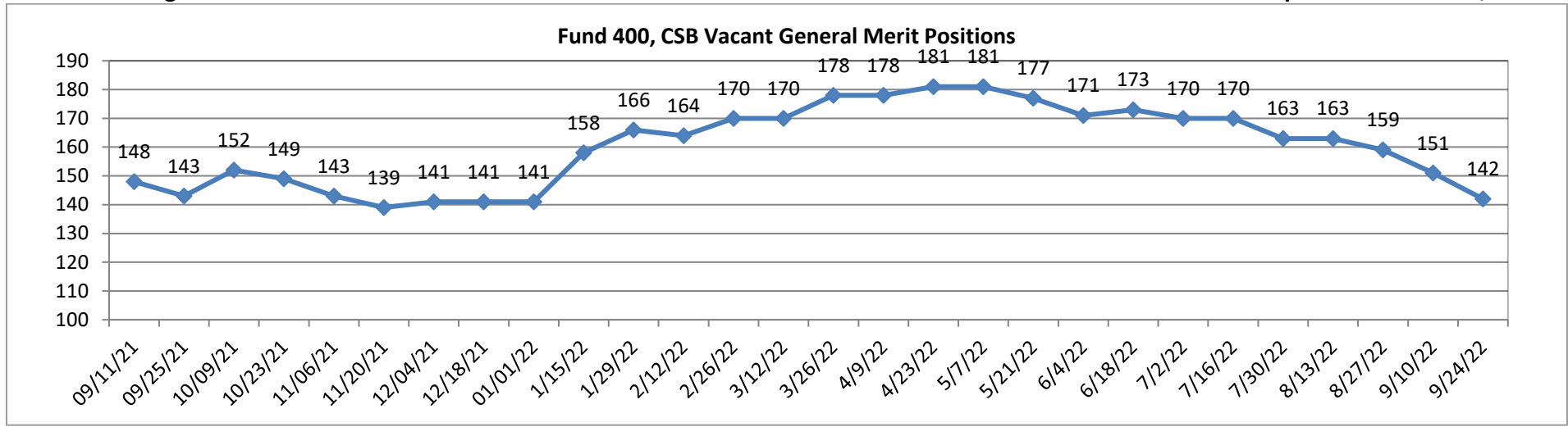
11. Adjournment

Board Member Bettina Lawton made the motion to adjourn the meeting at 6:26 PM.

*Board Members also participated remotely via Zoom.

Date Approved

CSB Board Clerk



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

Service area	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	August		September	
Emergency Svcs/MCU	6	9	4	12	11	12	18	22	23	21	23	29	22 CIS	27	20 CIS
													4 HSW I		4 HSW I
													1 Mobile Crisis Supv		1 Mobile Crisis Supv
													2 Peer Supp Spec		2 Peer Supp Spec
Behavioral Health – Outpatient Svcs	16	14	16	19	21	22	21	27	18	17	16	8.5	1 BHS II	14.5	3 BHS II
													4.5 BH Sr. Clin		4.5 BH Sr. Clin
													1 BHN Clin/Case Mgr		2 BHN Clin/Case Mgr
													1 BH Supv		3 BH Supv
													1 BHN Supv		1 BHN Supv
															1 BH Mgr
Youth & Family – Outpatient Svcs	5	8	6	6	8	11	11	12	13	11	9	7	6 BH Sr. Clin	5	2 BH Sr. Clin
													1 BHS II		2 BHS II
															1 BH Supv
Support Coordination	29	32	27	28	26	27	27	27	28	30	29	23	21 DDS II	22	20 DDS II
													1 DDS III		1 DDS III
													1 Mgmt Analyst		1 Mgmt Analyst
ADC/ Jail Diversion	9	6	13	12	13	12	8	11	8	8	8	9	2 BHS II	8	2 BHS II
													2 BH Supv		2 BH Supv
													4 BH Sr. Clin		3 BH Sr. Clin
													1 Peer Supp Spec		1 Peer Supp Spec
EAR		8	8	8	6	5	3	4	4	3	3	2	2 BH Sr. Clin	1	1 BH Sr. Clin.

DBHDS Objectives and Key Results: 2022 - 2025

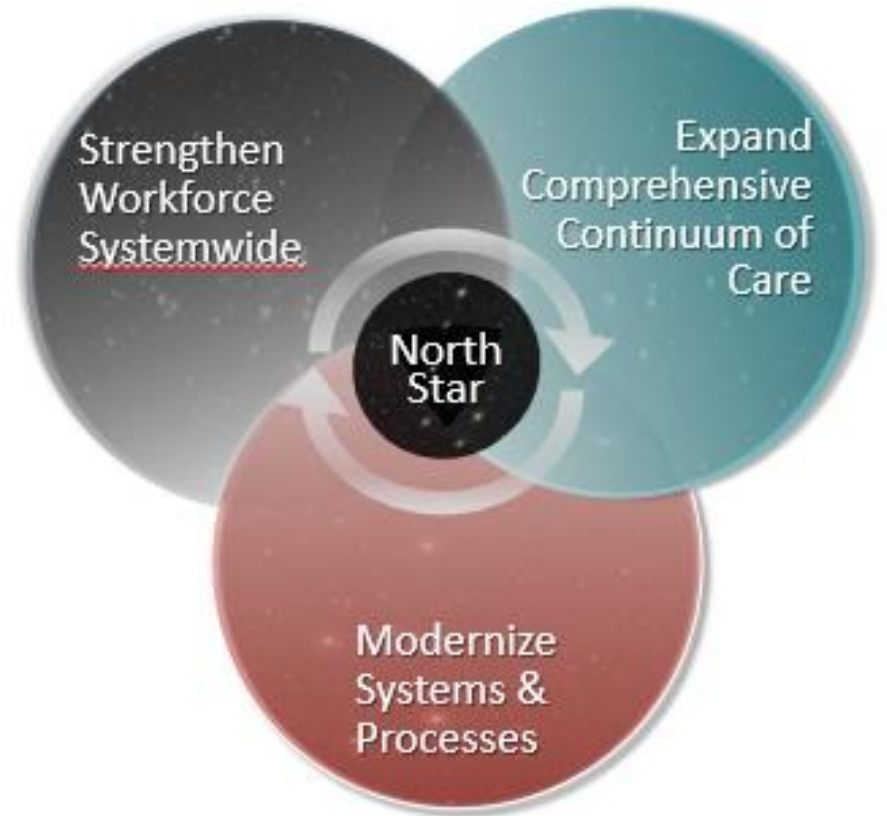
2025 Ambition: Transform Virginia's Behavioral Health and Developmental Disability systems of care to comprehensive continuum of care focused on integrated and accessible community services



North Star Objectives by December 2025

Domains

1. Develop a robust, strong, well-trained, and sustainable workforce.
2. Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.
3. Modernize Systems and processes that leverage best practices to drive and sustain high-quality service outcomes.

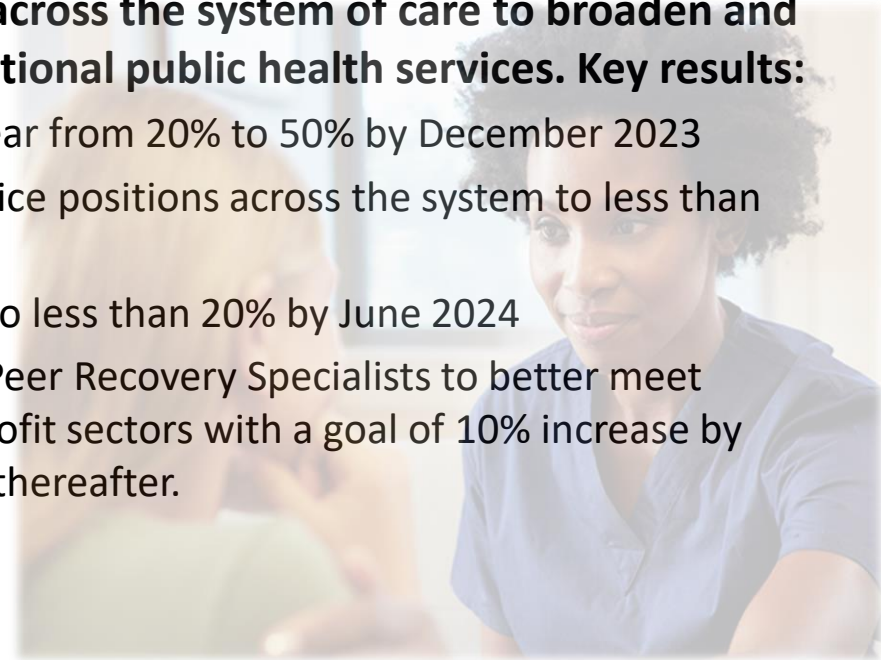


Strengthening Workforce

Domain 1: Develop a robust, strong, well-trained, and sustainable workforce

Objective 1: Increase recruitment and retention across the system of care to broaden and galvanize a BH/DD Workforce that delivers exceptional public health services. Key results:

- ✓ A: Increase retention of new hires after one year from 20% to 50% by December 2023
- ✓ B: Reduce average vacancy rate of clinical service positions across the system to less than 20% by December 2023
- ✓ C: Reduce annual turnover across the system to less than 20% by June 2024
- ✓ D: Increase the number of available qualified Peer Recovery Specialists to better meet demand within the public, private, and non-profit sectors with a goal of 10% increase by December 2023, and additional 5% each year thereafter.



Strengthening Workforce

Domain 1: Develop a robust, strong, well-trained, and sustainable workforce

Objective 2: Achieve sustainability of BH/DD workforce by aligning all stakeholders to optimize regulatory, licensing, and service delivery requirements. Key results:

- ✔ A: Align, de-conflict, and simplify regulatory and licensure process/requirements to reduce reporting requirements on providers by 20% by July 2024
- ✔ B: Streamline process for high priority/High need services and providers to be licensed within 3 months of application by December 2022 and 30 days by 2025
- ✔ C: Decrease the average days from application to issuance of license for behavioral health and primary care physicians by 25%



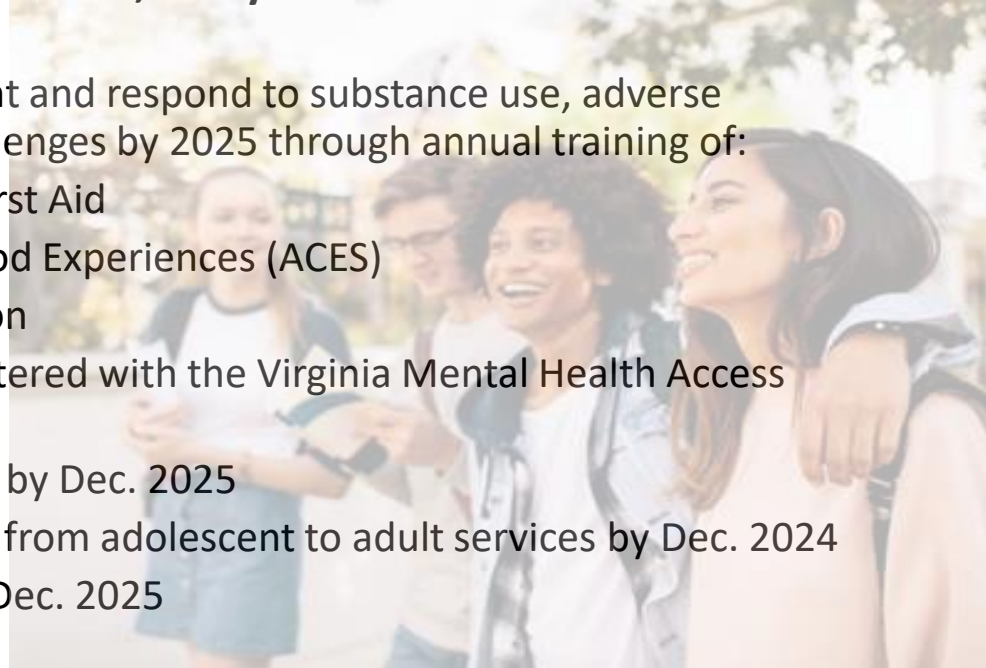
Expanding the Continuum of Care (CoC)

Domain 2: Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.

Objective 3: Increase prevention, early intervention, and youth behavioral health services.

Key results:

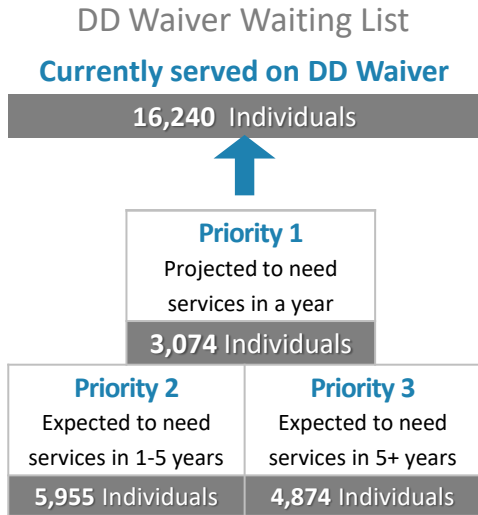
- ✓ A: Increase community capacity to prevent and respond to substance use, adverse childhood events, and mental health challenges by 2025 through annual training of:
 - 3,500 individuals in Mental Health First Aid
 - 3,600 individuals in Adverse Childhood Experiences (ACES)
 - 1,500 individuals in Suicide Prevention
- ✓ B: Increase the number of providers registered with the Virginia Mental Health Access Program by 10% by Dec. 2023
- ✓ C: Decrease opioid related deaths by 20% by Dec. 2025
- ✓ D: Reduce lapses in care during transition from adolescent to adult services by Dec. 2024
- ✓ E: Reduce teen substance use by 10% by Dec. 2025



Expanding the Continuum of Care (CoC)

Domain 2: Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.

Objective 4: Increase number and utilization of integrated settings and supports across populations to improve system accessibility. Key results:



- ✓ A: Implement BH Redesign CoC by Dec. 2025 with universal and equitable access: identify additional gaps in service in the CoC by July 2023, and implement phase 2 of CoC by July 2024
- ✓ B: Expand BH private bed capacity through at least 5 public/private partnerships by Dec. 2024
- ✓ C: Eliminate Priority 1 waiver waitlist by June 2024
- ✓ D: Complete geographic gap analysis of provider availability by July 2023 and improve provider and service access in underserved areas by June 2025
- ✓ E: Within each of the next 3 fiscal years, 10% of adults in the DOJ settlement agreement population live in independent housing
- ✓ F: Meet 60% of the permanent supportive housing need for the seriously mentally ill population

Expanding the Continuum of Care (CoC)

Domain 2: Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.

Objective 5: Measure and Monitor Quality of Service Outcomes across the care continuum and improve quality indicators for all populations. Key results:

- ✓ A: Design and implement Behavioral Health Quality Management System, including necessary committees and councils related to health, safety, and wellbeing; integrated settings; and provider competency and capacity by July 2023
- ✓ B: Optimize the DD Quality Management System and Platform by Dec. 2023 to ensure and sustain quality outcomes
- ✓ C: Increase the number of DOJ settlement agreement indicators having achieved sustained compliance
- ✓ D: Increase employment for adults on the DD waiver and waitlist



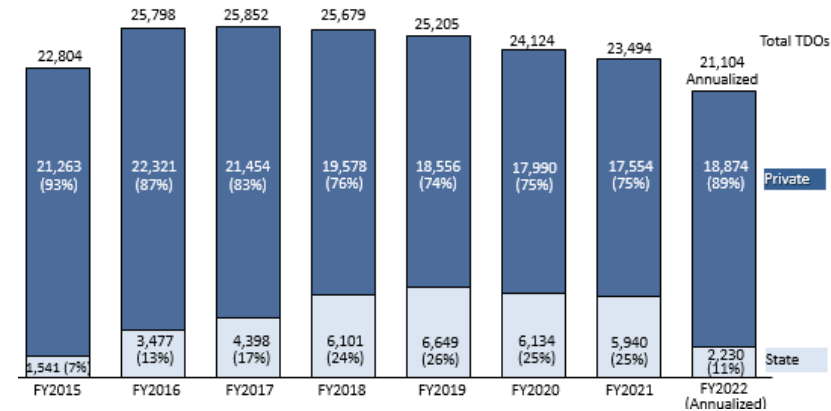
Expanding the Continuum of Care (CoC)

Domain 2: Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.

Objective 6: Decrease the number of restrictive and involuntary settings and interventions. Key results:

- ✓ A: Reduce the volume of temporary detention orders (TDOs) by 20% by July 2024
- ✓ B: Achieve full geographic availability of crisis service array per every 250,000 citizens by July 2024
- ✓ C: Increase portion of public funding spent on community BH prevention and intervention services to at least 60% by Dec. 2025

State and Private Hospital TDO Admissions



Modernizing Systems and Processes

Domain 3: Modernize systems and processes that leverage best practices to drive and sustain high-quality service outcomes.

Objective 8: Modernize mission critical facility operating systems. Key results:

- ✓ A: Optimize use of Millennium EHR to decrease provider administrative burden, increase revenue, eliminate paper dependency, and achieve data driven decisions that improve patient outcomes by June 2023
- ✓ B: All facilities utilize modern enterprise healthcare tools and processes by Dec. 2025

Objective 9: Deliver transactional and secure statewide data exchange for behavioral health and developmental disability data. Key results:

- ✓ A: Leverage technology solutions to ensure data reliability and validity in all source systems by Dec. 2024
- ✓ B: Establish a statewide public/private BH/DD health information exchange for patient records by Dec. 2024
- ✓ C: Create a single BH/DD enterprise data warehouse with comprehensive data analytics and reduces administrative burden on provider reporting by June 2024




County of Fairfax, Virginia

MEMORANDUM

DATE: October 18, 2022

TO: Board of Supervisors

FROM: Christopher A. Leonard 
Deputy County Executive

SUBJECT: Roundtable

On May 24, 2022, a joint Board Matter from Chairman McKay and Supervisor Palchik addressed rising concerns about youth behavioral health. The Board directed “staff to host a stakeholder meeting on current and future initiatives that focus specifically on addressing mental health and combatting substance use among our youth... Work from this effort should culminate in a NIP summarizing initiatives underway and opportunities to enhance and strengthen local efforts. It should also recommend possible action needed to state laws and/or programs to inform both Boards in advance of the adoption of our Legislative Packages.”

This request was timely. Staff have shared with the Board data about rising behavioral health concerns among local youth. Visits to local emergency departments and consistent reports from local providers of increasing acuity of needs highlighted problems young people and their families face. The recently released 2021-2022 Fairfax County Youth Survey data provide additional context. Nearly four in ten (38.1%) eighth, tenth, and twelfth graders reported persistent sadness or hopelessness (depressive symptoms) on the survey. One in six (16.5%) seriously considered suicide in the past year. Disparities are readily apparent, as girls, Hispanic students and students of other or multiple races, and particularly LGBTQ students reported these as much higher levels than their peers. (A separate Youth Survey report on mental health, with deeper analysis and disaggregation of the data, is in development and will be shared with the Board shortly.) These data, along with input discussed below and from other forums, surveys, and focus groups, are helping to inform the County’s strategies to improve behavioral health outcomes for young people.

The Roundtable

The Fairfax County Roundtable on Youth Mental Health and Substance Use (the Roundtable) met on July 25 and August 23, 2022, with the following goals:

- Increase awareness among key stakeholders of current issues related to and efforts to address youth behavioral health in Fairfax County.
- Identify and gain support for ways in which organizations and sectors across Fairfax County can contribute to efforts.

- Identify strategies to amplify and broaden these efforts to address systemwide gaps/weaknesses.
- Identify potential legislative initiatives to recommend that the Board consider to address youth behavioral health issues in Fairfax County.

Roundtable membership was diverse and consisted of young people and families, clinical and non-clinical service providers, advocates, higher educators, Fairfax County Public Schools (FCPS) and County staff, and two elected officials: Supervisor Palchik and School Board member Elaine Tholen. A full Roundtable roster is attached. By all accounts, the meetings were productive, thought-provoking, and candid.

The Roundtable meetings focused on review and discussion about the newly released third iteration of the Opioid Response Plan highlighting the youth-focused initiatives in the plan and updates on the Healthy Minds Fairfax Blueprint, which has a new version currently under development. These plans are comprehensive and contain strategies to address substance use and overdoses and youth behavioral health issues, respectively. Implementation of these plans has been ongoing for the past several years.

At the second meeting, staff gave a short review of the final Opioid Response Plan, highlighting the youth-focused initiatives in the plan. Staff then gave a short update on Blueprint development, with an emphasis on key themes that emerged from community engagement. Roundtable members then engaged in extended discussion that built on the first meeting. The group engaged in an in-depth discussion of what service navigation support should look like, how legislative actions could improve behavioral health care access, and how the Response Plan and Blueprint can be made more actionable and relevant for a wide array of stakeholders.

Themes from the Roundtable Discussions:

Four main themes emerged from the discussions:

1. **Capacity:** There are significant concerns and barriers to access that are related to service availability and workforce capacity. As the Board is aware, hiring, retention, and workforce burnout are major issues right now, affecting not just County workforce, but also community partners and private providers. A number of strategies are in development or being implemented at the County, state, and national levels; regardless, the primacy of the issue led to significant discussion among the Roundtable members. Payment structures and lack of incentives for providers to accept insurance (and how accepting insurance is actually disincentivized) are powerful headwinds against increasing capacity to serve the community. In addition – similar to regional, state, and national trends – there is a scarcity of intensive substance use disorder services, such as residential treatment, for youth. Furthermore, access and capacity need to be improved by increasing culturally and linguistically appropriate services; the lack of providers who speak languages other than English is a significant barrier to receiving services. Developing a stronger pipeline of providers by working with higher educators and promoting the field to young people is key for long-term improvements. A recent report on this topic from the Claude Moore Foundation, “Virginia’s Human Services Workforce: Strategic Investment Initiatives Report,” was published in August.

2. **Early Intervention and Prevention:** A recurring theme throughout the discussion was the importance of healthy relationships for young people. They need adults they can trust to turn to when they need help, and when they don't need help. But telling young people whom they can trust is not sufficient; that trust needs to be earned. We all need to invest in making young people feel welcomed, seen and heard, and like they belong. And we need to ensure the adults and peers who form those support systems are fully aware of the signs and symptoms of behavioral health challenges and how to respond.
3. **Systemic Nature of Issues:** Mental health and substance use challenges do not exist in a vacuum. Fully supporting young people means supporting their families. It means addressing housing, education, legal, self-sufficiency, and other needs. "Wraparound" services to address the needs of the youth and family comprehensively are often included in local service delivery, but generally with more intensive services and not as often with lower levels of intervention.
4. **Service Navigation:** A common point echoed by all Roundtable members was the need for better service navigation. Too often, young people and their families report not knowing where to turn for help or how to access it. There are a remarkable number of services available in Fairfax, and a lot of information about them is available. But sometimes a family needs to be able to talk with someone they trust to help them through the process. (System navigators provide more support than information and referral services but are usually of shorter duration than case management. Their goal is to screen the family and connect them to the appropriate types of services within our system.)

At the second Roundtable meeting, significant time was devoted to discussing service navigation. Relevant examples (e.g., legal services, substance use services) were shared by members. Key principles were discussed, such as having a single point of access to service navigation that is accessible from multiple settings (e.g., school, house of worship, home). Services must be culturally and linguistically appropriate and relevant. And while the primary focus needs to be on behavioral health services, service navigation must also consider and help connect families to other associated needs, such as housing, food, and employment.

Roundtable members discussed legislative changes that would support increased capacity and access; specific recommendations are listed under Next Steps below.

Roundtable members wrapped up their conversation with suggestions on how to make the plans (specifically the Opioid Response Plan and the Healthy Minds Fairfax Blueprint) more actionable, especially for partners and stakeholders outside of county government. They recommended plain language messaging, opportunities to share the plans with the community as a whole, and strategies to build organizational capacity, so that partners are well-positioned to contribute to countywide efforts.

As mentioned earlier, there was widespread consensus that the Roundtable conversations were informative, productive, and meaningful. Staff noted that the input provided complemented, and in many cases aligned with, the input received from other stakeholders and the community during the information gathering phases of plan development.

Next Steps

Three clear directions for next steps emerged from the Roundtable discussions.

First, members supported continuing with the development and implementation of the two major plans:

- On August 1, the Board received the new Opioid Response Plan for Fiscal Years 2023-2025. The plan includes a number of youth-focused strategies, including:
 - Continued support for the school-based Substance Abuse Prevention Specialists program;
 - Expanded naloxone availability (and staff training) in schools;
 - Post-overdose outreach for youth encountered by public safety for a nonfatal overdose and youth at high risk of an overdose;
 - Expanded CSB treatment options for youth with substance use disorder; and
 - Many other activities underway for individuals of all ages (e.g., drug storage/disposal, communication campaign, Revive training).
- The Healthy Minds Fairfax Blueprint is in development; staff expect to present a final plan to the Successful Children and Youth Policy Team (SCYPT) later this fall. Committees are currently developing strategies aligned with four key themes: prevention/education, access to services, service navigation, and system-level change. The Board will receive the Blueprint once it is finalized and endorsed by the SCYPT.

Second, as noted earlier, the Roundtable focused extensively on issues related to service navigation, echoing public input – in a number of forums – that clearly prioritized this issue. Because of this conversation and the urgency of addressing service navigation, Healthy Minds Fairfax is accelerating the development of a proposed program. The proposal will be sent as a budget amendment request (as part of the regular budget cycle) so the County can invest in improved service navigation in Fiscal Year 2024.

Third, Roundtable members identified a number of potential legislative strategies to increase capacity and access. We have directed staff to work with the Office of Legislative Affairs to develop or amend legislative priorities, some of which are already being pursued by the County and/or the Commonwealth. Specifically, we should encourage the General Assembly to:

- Increase its overall investment in young people and youth behavioral health. Mental Health America ranks Virginia 21st among states for youth mental health, well outside of the top 13 that the organization describes as states with “lower prevalence of mental illness and higher rates of access to care for youth.”
- Examine licensure requirements for providers, who regularly describe regulatory paperwork and required credentials as excessive and barriers to providing services and increasing provider capacity.
- Increase enforcement of mental health parity, the federal law that requires insurers to reimburse mental health services at rates similar to those for physical health.

- Identify opportunities to implement reciprocity agreements and other policies that allow providers to serve clients across state lines. Especially with the increased use of telehealth, this provides a significant opportunity to increase access.
- Consider opportunities to incentivize behavioral health care providers to provide pro bono or otherwise affordable services for low-income children and families.
- Explore payment restructuring opportunities. Even with parity requirements, there are significant imbalances in how behavioral and physical health care services are compensated, particularly given the amount of time necessary for a behavioral health therapist to spend with a client.

Oversight and Continued Engagement

While the Roundtable discussions were informative and beneficial to the development and implementation of the Opioid Response Plan and the Blueprint, the existing structures of the SCYPT and Healthy Minds Fairfax are well-positioned to continue to provide multi-sectoral and policy-level guidance and feedback to these efforts.

The SCYPT has a similar, though broader, membership, comprising County and FCPS leadership and representatives from sectors as diverse as business, philanthropy, early childhood, health care, and higher education. It also has three family representatives. The SCYPT guides and champions key efforts related to children and youth, including the development and implementation of the Blueprint.

Healthy Minds Fairfax was intentionally structured to manage these types of efforts. Its limited direct services are implemented via contract, allowing staff to focus on shepherding system-level strategies and capacity-building efforts. Healthy Minds maintains strategic partnerships and engagement with other relevant leadership groups, including the Opioid and Substance Use Task Force and the Community Policy and Management Team. And it emphasizes community voice and engagement through its Youth Advisory County and Family Advisory Board and its partnership with the Fairfax Prevention Coalition.

We will continue to keep the Board apprised of issues and recommendations regarding youth behavioral health. If you have any questions, please contact Jesse Ellis, Prevention Manager, NCS at 703.324.5626 or email at Jesse.Ellis@FairfaxCounty.gov.

Attachment: Report and Plan Links, Roundtable Member Roster,
Opioid and Substance Abuse Task Force / CPMT Members

cc: Bryan J. Hill, County Executive
Christina Jackson, Chief Financial Officer and Director, DMB
Tom Arnold, Deputy County Executive
Rachel M. Flynn, Deputy County Executive
Ellicia Seard-McCormick, Deputy County Executive
Karla Bruce, Chief Equity Officer
Claudia Arko, Legislative Director

ATTACHMENT

Report and Plan Links:

Fairfax County Opioid Response Plan FY 23-25: <https://bit.ly/fairfaxopiodplan>
Healthy Minds Fairfax Blueprint 2016-2021: <https://bit.ly/HMFblueprint>
Healthy Minds Fairfax Blueprint 2016-2021 Final Report: <https://bit.ly/HMFblueprintreport>
Mental Health America's Ranking the States 2022: <https://bit.ly/MHAstates>

Roundtable Members:

Lauren Anderson, Our Minds Matter
Michael Axler, Fairfax County Public Schools
Jada Bromberg, Our Minds Matter
John C. Cook
Judith Dittman, Second Story
Laura Dominguez, Edu-Futuro
Jorge Figueredo, Edu-Futuro
Joann Lee, George Mason University
Rick Leichtweis, Inova Kellar Center
Sulman Mirza, Inova Kellar Center
Dalia Palchik, Fairfax County Board of Supervisors
Naysa Piper-Fisher, Healthy Minds Fairfax Youth Advisory Council
Kate Reen, Northern Virginia Family Service
Mike Repie, Dominion Hospital
Kishawna Scarborough, Healthy Minds Fairfax Family Advisory Board
Elaine Tholen, Fairfax County School Board
Sonia Thomas, Inova Kellar Center
Lyn Tomlinson, Fairfax-Falls Church Community Services Board
Daryl Washington, Fairfax-Falls Church Community Services Board

Opioid and Substance Abuse Task Force / CPMT Members:

Dr. Gloria Addo-Ayensu, Director, Health Department
Michelle C. Reid, Ed.D., Superintendent, FCPS
Michelle Boyd, Ed.D., Assistant Superintendent, Department of Special Services, FCPS
John S. Butler, Chief, Fire and Rescue Department
Kevin Davis, Chief, Police Department
Stacey Kincaid, Sheriff, Sheriff's Office
Elizabeth Teare, County Attorney
Michael Becketts, Director, Department of Family Services
Matt Thompson, Director of the Court Service Unit, JDRDC
Lloyd Tucker, Director, Neighborhood and Community Services
Daryl Washington, Executive Director, Fairfax-Falls Church CSB
Lisa Potter, Countywide Diversion Initiatives Director
Jesse Ellis, Prevention Manager, NCS
Ellen Volo, Opioid and Substance Use Task Force Coordinator
Tony Castrilli, Director, Office of Public Affairs
Janet Bessmer, CSA Program Manager
Peter Steinberg, Healthy Minds Fairfax Program Manager



ASSESSMENTS FOR INDIVIDUALS IN CRISIS

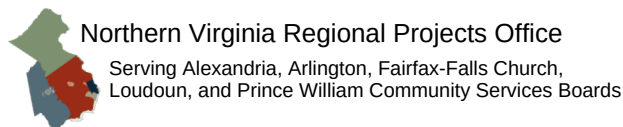
Emergency Services	Contact
ALEXANDRIA 720 N Saint Asaph St. Second Floor Alexandria, VA 22314	703-746-3401
ARLINGTON 2120 Washington Blvd. Arlington, VA 22204	703-228-5160
FAIRFAX-FALLS CHURCH 8221 Willow Oaks Corporate Dr. Fairfax, VA 22031	703-573-5679
LOUDOUN 102 Heritage Way NE, Suite 102 Leesburg, VA 20176	703-777-0320
PRINCE WILLIAM 7969 Ashton Ave. Manassas, VA 20109	703-792-7800 Manassas
15941 Donald Curtis Drive, Suite 200 Woodbridge, VA 22191	703-792-4900 Woodbridge

REACH OUT

Just like physical challenges, behavioral health challenges present in a variety of forms. Northern Virginia's behavioral health providers are working to ensure that mental wellbeing is a reality for all individuals in Northern Virginia.



ACCOMMODATIONS AND FREE PARKING AVAILABLE AT ALL LOCATIONS



Accessing Crisis Services In Northern Virginia

AGENDA ITEM 7A.17



1 IN 5 INDIVIDUALS
WILL HAVE A MENTAL
HEALTH CHALLENGE
THIS YEAR

**IF YOU OR SOMEONE YOU
KNOW IS AT RISK
OF HARM OR IN A MENTAL
HEALTH CRISIS, BUT IS NOT
IN IMMEDIATE DANGER:**

**REGIONAL CRISIS CALL CENTER AND
TEXTLINE, AVAILABLE 24/7
CALL 703-527-4077
TEXT CONNECT TO 85511**

Talk or text with an empathetic person who will provide immediate help over the phone, such as referrals to behavioral health and other community services and ideas about how to help.

**COMMUNITY REGIONAL CRISIS
RESPONSE (CR2), AVAILABLE 24/7
CALL 844-627-4747**

For someone experiencing a mental health and/or substance use crisis and is at risk of hospitalization. CR2 provides 24-hour rapid response for individuals facing behavioral health and/or substance use crisis.

**REGIONAL EDUCATION, ASSESSMENT,
CRISIS SERVICES, HABILITATION
(REACH), AVAILABLE 24/7,
CALL 855-897-8278**

Assistance for people who have an intellectual or developmental disability and are experiencing a crisis due to behavioral or psychiatric needs.

HOW CAN I HELP?

Listen, Listen, Listen

It is important for everyone to feel heard and understood. Listen carefully, repeat what you heard and ask if you understood correctly. Ask additional questions only after listening.

Check for Danger

Ask directly and openly if they are thinking about killing themselves or others. If yes, ask about how and when. Asking will not put those thoughts in their head. Rather, it tells them you care and that you will help keep them safe.

Consider Your Options

If you are concerned, reach out for help right away. There are several options to speak with a mental health professional quickly and get help immediately. Don't worry about making the wrong choice, every number leads to someone who can help.

Call a Professional

If you do not believe there is immediate danger

- Call a counselor, therapist, pediatrician or family physician who is familiar with you or your loved one. This professional can help assess the situation and offer advice.
- Check the insurance card, this may have an advice line where you can speak with a mental health professional.

**IF THERE IS
IMMEDIATE
DANGER...**

**GO TO THE NEAREST HOSPITAL
EMERGENCY DEPARTMENT**

Hospital Emergency rooms are open 24/7/365 and are available when individuals need it most. They will evaluate and make an assessment of the needs.

**GO TO THE LOCAL EMERGENCY
MENTAL HEALTH SERVICES OFFICE**

Emergency Services provides 24-hour intervention for individuals experiencing a behavioral health or substance use related crisis. Clinicians evaluate individuals and make recommendations and referrals, as needed.

CALL 911

Call 911 if the crisis is a life-threatening emergency. Make sure to notify the operator that it is a psychiatric emergency and ask for an officer trained in crisis intervention or trained to assist people experiencing a psychiatric emergency.

Regional Crisis Call Center and Textline
703-527-4077
Text CONNECT to 85511

YouthLine for ages 11 to 21:
Call 877-968-8491

The Trevor Project
for LGBTQIA+ youth under 25
866-488-7386 text START to 678678

SAMHSA National Helpline for
Substance Use Treatment & Recovery
800-662-4357

Available 24/7



About
98%

**of people who contact
the 988 Lifeline**

are helped by the crisis counselor,
resources shared or community connections made
(without involvement of 911) during the call/text/chat.

About
1%

**of people who contact
the 988 Lifeline**

agree to have their
crisis counselor call 911
because of serious risk to life.

9,360

**Average
daily contacts
to the 988 Suicide &
Crisis Lifeline***

In fewer than

1%

**of 988 Lifeline
contacts,**

the crisis counselor must
call 911 without consent
because of serious risk to life.

*Based on data from Jan—July 2022.

Recipient			Projected Amount from First Distributors Payment	Projected Amount from Second Distributors Payment	Projected Amount from First Janssen Payment	Projected Total from Distributors Settlement	Projected Total from Janssen Settlement	Projected Total from Both Settlements
Combined Total to Commonwealth, Localities, OAA, and Deficiency Fund			\$20,484,826.63	\$23,214,898.36	\$72,816,532.40	\$433,606,856.79	\$99,269,665.49	\$532,876,522.28
Commonwealth Opioid Abatement Authority Deficiency Fund Localities			\$5,123,214.15 \$9,939,866.90 \$1,355,436.39 \$4,066,309.18	\$7,070,592.53 \$10,446,315.53 \$1,424,497.57 \$4,273,492.72	\$11,317,176.57 \$39,793,700.83 \$5,426,413.75 \$16,279,241.25	\$74,011,922.97 \$232,679,074.83 \$31,728,964.75 \$95,186,894.25	\$16,617,247.92 \$53,480,976.07 \$7,292,860.37 \$21,878,581.12	\$90,629,170.89 \$286,160,050.90 \$39,021,825.12 \$117,065,475.37
	Allocation Percentage (per MOU Ex. A)	Corrected Allocation Percentage						
Accomack County	0.348%	0.348003480034800%	\$14,150.90	\$14,871.90	\$56,652.33	\$331,253.70	\$76,138.22	\$407,391.93
Albemarle County	0.863%	0.863008630086301%	\$35,092.60	\$36,880.61	\$140,491.26	\$821,471.11	\$188,814.04	\$1,010,285.16
Alexandria City	1.162%	1.162011620116200%	\$47,250.99	\$49,658.48	\$189,166.67	\$1,106,082.77	\$254,231.65	\$1,360,314.43
Alleghany County	0.213%	0.213002130021300%	\$8,661.33	\$9,102.63	\$34,675.13	\$202,750.11	\$46,601.84	\$249,351.96
Amelia County	0.100%	0.100001000010000%	\$4,066.35	\$4,273.54	\$16,279.40	\$95,187.85	\$21,878.80	\$117,066.65
Amherst County	0.299%	0.299002990029900%	\$12,158.39	\$12,777.87	\$48,675.42	\$284,611.66	\$65,417.61	\$350,029.27
Appomattox County	0.133%	0.133001330013300%	\$5,408.25	\$5,683.80	\$21,651.61	\$126,599.84	\$29,098.80	\$155,698.64
Arlington County	1.378%	1.378013780137800%	\$56,034.30	\$58,889.32	\$224,330.19	\$1,311,688.52	\$301,489.86	\$1,613,178.38
Augusta County	0.835%	0.835008350083501%	\$33,954.02	\$35,684.02	\$135,933.02	\$794,818.52	\$182,687.98	\$977,506.49
Bath County	0.037%	0.037000370003700%	\$1,504.55	\$1,581.21	\$6,023.38	\$35,219.50	\$8,095.16	\$43,314.66
Bedford County	0.777%	0.777007770077701%	\$31,595.54	\$33,205.37	\$126,490.97	\$739,609.56	\$169,998.28	\$909,607.84
Bland County	0.147%	0.147001470014700%	\$5,977.53	\$6,282.10	\$23,930.72	\$139,926.13	\$32,161.84	\$172,087.97
Botetourt County	0.362%	0.362003620036200%	\$14,720.19	\$15,470.20	\$58,931.44	\$344,580.00	\$79,201.26	\$423,781.26
Bristol City	0.434%	0.434004340043400%	\$17,647.96	\$18,547.14	\$70,652.61	\$413,115.25	\$94,953.99	\$508,069.24
Brunswick County	0.107%	0.107001070010700%	\$4,350.99	\$4,572.68	\$17,418.96	\$101,851.00	\$23,410.32	\$125,261.31
Buchanan County	0.929%	0.929009290092901%	\$37,776.39	\$39,701.14	\$151,235.66	\$884,295.09	\$203,254.05	\$1,087,549.14
Buckingham County	0.127%	0.127001270012700%	\$5,164.26	\$5,427.39	\$20,674.84	\$120,888.56	\$27,786.08	\$148,674.64
Buena Vista City	0.078%	0.078000780007800%	\$3,171.75	\$3,333.36	\$12,697.94	\$74,246.52	\$17,065.46	\$91,311.98
Campbell County	0.456%	0.456004560045600%	\$18,542.56	\$19,487.32	\$74,234.08	\$434,056.58	\$99,767.33	\$533,823.91
Caroline County	0.318%	0.318003180031800%	\$12,930.99	\$13,589.84	\$51,768.50	\$302,697.35	\$69,574.58	\$372,271.93
Carroll County	0.440%	0.440004400044000%	\$17,891.94	\$18,803.56	\$71,629.38	\$418,826.52	\$96,266.72	\$515,093.24
Charles City County	0.073%	0.073000730007300%	\$2,968.44	\$3,119.68	\$11,883.96	\$69,487.13	\$15,971.52	\$85,458.65
Charlotte County	0.138%	0.138001380013800%	\$5,611.56	\$5,897.48	\$22,465.58	\$131,359.23	\$30,192.74	\$161,551.97
Charlottesville City	0.463%	0.463004630046300%	\$18,827.20	\$19,786.47	\$75,373.64	\$440,719.73	\$101,298.84	\$542,018.57
Chesapeake City	2.912%	2.912029120291200%	\$118,412.11	\$124,445.35	\$474,056.25	\$2,771,870.08	\$637,110.65	\$3,408,980.73
Chesterfield County	4.088%	4.088040880408800%	\$166,232.38	\$174,702.13	\$665,502.04	\$3,891,279.15	\$894,405.34	\$4,785,684.49
Clarke County	0.125%	0.125001250012500%	\$5,082.94	\$5,341.92	\$20,349.26	\$118,984.81	\$27,348.50	\$146,333.31
Colonial Heights City	0.283%	0.283002830028300%	\$11,507.77	\$12,094.11	\$46,070.71	\$269,381.60	\$61,917.00	\$331,298.61
Covington City	0.100%	0.100001000010000%	\$4,066.35	\$4,273.54	\$16,279.40	\$95,187.85	\$21,878.80	\$117,066.65
Craig County	0.070%	0.070000700007000%	\$2,846.44	\$2,991.47	\$11,395.58	\$66,631.49	\$15,315.16	\$81,946.65
Culpeper County	0.790%	0.790007900079001%	\$32,124.16	\$33,760.93	\$128,607.29	\$751,983.98	\$172,842.52	\$924,826.50
Cumberland County	0.100%	0.100001000010000%	\$4,066.35	\$4,273.54	\$16,279.40	\$95,187.85	\$21,878.80	\$117,066.65
Danville City	0.637%	0.637006370063701%	\$25,902.65	\$27,222.42	\$103,699.80	\$606,346.58	\$139,367.96	\$745,714.54
Dickenson County	0.948%	0.948009480094801%	\$38,549.00	\$40,513.12	\$154,328.75	\$902,380.78	\$207,411.02	\$1,109,791.80
Dinwiddie County	0.196%	0.196001960019600%	\$7,970.05	\$8,376.13	\$31,907.63	\$186,568.18	\$42,882.45	\$229,450.63

Emporia City	0.050%	0.050000500005000%	\$2,033.17	\$2,136.77	\$8,139.70	\$47,593.92	\$10,939.40	\$58,533.32
Essex County	0.101%	0.101001010010100%	\$4,107.01	\$4,316.27	\$16,442.20	\$96,139.72	\$22,097.59	\$118,237.31
Fairfax County	8.672%	8.672086720867210%	\$352,633.86	\$370,600.99	\$1,411,749.92	\$8,254,690.02	\$1,897,329.53	\$10,152,019.54
Fairfax City	0.269%	0.269002690026900%	\$10,938.48	\$11,495.81	\$43,791.60	\$256,055.31	\$58,853.97	\$314,909.28
Falls Church City	0.102%	0.102001020010200%	\$4,147.68	\$4,359.01	\$16,604.99	\$97,091.60	\$22,316.38	\$119,407.98
Fauquier County	1.210%	1.210012100121000%	\$49,202.83	\$51,709.78	\$196,980.79	\$1,151,772.94	\$264,733.48	\$1,416,506.42
Floyd County	0.182%	0.182001820018200%	\$7,400.76	\$7,777.83	\$29,628.52	\$173,241.88	\$39,819.42	\$213,061.30
Fluvanna County	0.194%	0.194001940019400%	\$7,888.72	\$8,290.66	\$31,582.04	\$184,664.42	\$42,444.87	\$227,109.29
Franklin County	0.954%	0.954009540095401%	\$38,792.98	\$40,769.53	\$155,305.51	\$908,092.05	\$208,723.75	\$1,116,815.80
Franklin City	0.079%	0.079000790007900%	\$3,212.42	\$3,376.09	\$12,860.73	\$75,198.40	\$17,284.25	\$92,482.65
Frederick County	1.277%	1.277012770127700%	\$51,927.29	\$54,573.05	\$207,887.99	\$1,215,548.80	\$279,392.27	\$1,494,941.07
Fredericksburg City	0.524%	0.524005240052400%	\$21,307.67	\$22,393.33	\$85,304.08	\$498,784.31	\$114,644.91	\$613,429.23
Galax City	0.139%	0.139001390013900%	\$5,652.23	\$5,940.21	\$22,628.37	\$132,311.11	\$30,411.53	\$162,722.64
Giles County	0.409%	0.409004090040900%	\$16,631.37	\$17,478.76	\$66,582.76	\$389,318.29	\$89,484.29	\$478,802.58
Gloucester County	0.424%	0.424004240042400%	\$17,241.32	\$18,119.79	\$69,024.67	\$403,596.47	\$92,766.11	\$496,362.58
Goochland County	0.225%	0.225002250022500%	\$9,149.29	\$9,615.45	\$36,628.66	\$214,172.65	\$49,227.30	\$263,399.95
Grayson County	0.224%	0.224002240022400%	\$9,108.62	\$9,572.72	\$36,465.87	\$213,220.78	\$49,008.51	\$262,229.29
Greene County	0.178%	0.178001780017800%	\$7,238.10	\$7,606.89	\$28,977.34	\$169,434.37	\$38,944.26	\$208,378.63
Greensville County	0.124%	0.124001240012400%	\$5,042.27	\$5,299.18	\$20,186.46	\$118,032.93	\$27,129.71	\$145,162.64
Halifax County	0.353%	0.353003530035300%	\$14,354.21	\$15,085.58	\$57,466.30	\$336,013.10	\$77,232.16	\$413,245.26
Hampton City	1.538%	1.538015380153800%	\$62,540.46	\$65,726.98	\$250,377.23	\$1,463,989.07	\$336,495.94	\$1,800,485.02
Hanover County	1.079%	1.079010790107900%	\$43,875.91	\$46,111.45	\$175,654.77	\$1,027,076.86	\$236,072.25	\$1,263,149.11
Harrisonburg City	0.523%	0.523005230052301%	\$21,267.01	\$22,350.59	\$85,141.28	\$497,832.44	\$114,426.12	\$612,258.56
Henrico County	4.473%	4.473044730447300%	\$181,887.83	\$191,155.24	\$728,177.74	\$4,257,752.36	\$978,638.72	\$5,236,391.08
Henry County	1.220%	1.220012200122000%	\$49,609.47	\$52,137.13	\$198,608.73	\$1,161,291.72	\$266,921.36	\$1,428,213.08
Highland County	0.023%	0.023000230002300%	\$935.26	\$982.91	\$3,744.26	\$21,893.20	\$5,032.12	\$26,925.33
Hopewell City	0.344%	0.344003440034400%	\$13,988.24	\$14,700.96	\$56,001.15	\$327,446.19	\$75,263.07	\$402,709.26
Isle of Wight County	0.356%	0.356003560035600%	\$14,476.21	\$15,213.79	\$57,954.68	\$338,868.73	\$77,888.53	\$416,757.26
James City County	0.612%	0.612006120061201%	\$24,886.06	\$26,154.04	\$99,629.95	\$582,549.62	\$133,898.26	\$716,447.87
King George County	0.306%	0.306003060030600%	\$12,443.03	\$13,077.02	\$49,814.98	\$291,274.81	\$66,949.13	\$358,223.94
King William County	0.178%	0.178001780017800%	\$7,238.10	\$7,606.89	\$28,977.34	\$169,434.37	\$38,944.26	\$208,378.63
King and Queen County	0.072%	0.072000720007200%	\$2,927.77	\$3,076.95	\$11,721.17	\$68,535.25	\$15,752.74	\$84,287.99
Lancaster County	0.135%	0.135001350013500%	\$5,489.57	\$5,769.27	\$21,977.20	\$128,503.59	\$29,536.38	\$158,039.97
Lee County	0.556%	0.556005560055601%	\$22,608.91	\$23,760.86	\$90,513.49	\$529,244.42	\$121,646.13	\$650,890.55
Lexington City	0.093%	0.093000930009300%	\$3,781.71	\$3,974.39	\$15,139.85	\$88,524.70	\$20,347.28	\$108,871.98
Loudoun County	2.567%	2.567025670256700%	\$104,383.20	\$109,701.66	\$417,892.30	\$2,443,472.01	\$561,628.79	\$3,005,100.80
Louisa County	0.449%	0.449004490044900%	\$18,257.91	\$19,188.17	\$73,094.52	\$427,393.43	\$98,235.81	\$525,629.24
Lunenburg County	0.088%	0.088000880008800%	\$3,578.39	\$3,760.71	\$14,325.88	\$83,765.30	\$19,253.34	\$103,018.65
Lynchburg City	0.816%	0.816008160081601%	\$33,181.41	\$34,872.05	\$132,839.94	\$776,732.82	\$178,531.01	\$955,263.83
Madison County	0.163%	0.163001630016300%	\$6,628.15	\$6,965.86	\$26,535.43	\$155,156.19	\$35,662.44	\$190,818.63
Manassas City	0.452%	0.452004520045200%	\$18,379.90	\$19,316.38	\$73,582.91	\$430,249.06	\$98,892.18	\$529,141.24
Manassas Park City	0.095%	0.095000950009500%	\$3,863.03	\$4,059.86	\$15,465.43	\$90,428.45	\$20,784.86	\$111,213.31
Martinsville City	0.494%	0.494004940049400%	\$20,087.77	\$21,111.27	\$80,420.26	\$470,227.96	\$108,081.27	\$578,309.23
Mathews County	0.088%	0.088000880008800%	\$3,578.39	\$3,760.71	\$14,325.88	\$83,765.30	\$19,253.34	\$103,018.65
Mecklenburg County	0.344%	0.344003440034400%	\$13,988.24	\$14,700.96	\$56,001.15	\$327,446.19	\$75,263.07	\$402,709.26
Middlesex County	0.108%	0.108001080010800%	\$4,391.66	\$4,615.42	\$17,581.76	\$102,802.87	\$23,629.10	\$126,431.98
Montgomery County	1.205%	1.205012050120500%	\$48,999.52	\$51,496.10	\$196,166.82	\$1,147,013.55	\$263,639.54	\$1,410,653.08

Nelson County	0.147%	0.147001470014700%	\$5,977.53	\$6,282.10	\$23,930.72	\$139,926.13	\$32,161.84	\$172,087.97
New Kent County	0.156%	0.156001560015600%	\$6,343.51	\$6,666.72	\$25,395.87	\$148,493.04	\$34,130.93	\$182,623.97
Newport News City	2.047%	2.047020470204700%	\$83,238.18	\$87,479.27	\$333,239.40	\$1,948,495.21	\$447,859.03	\$2,396,354.24
Norfolk City	3.388%	3.388033880338800%	\$137,767.93	\$144,787.38	\$551,546.21	\$3,224,964.23	\$741,253.74	\$3,966,217.97
Northampton County	0.122%	0.122001220012200%	\$4,960.95	\$5,213.71	\$19,860.87	\$116,129.17	\$26,692.14	\$142,821.31
Northumberland County	0.129%	0.129001290012900%	\$5,245.59	\$5,512.86	\$21,000.43	\$122,792.32	\$28,223.65	\$151,015.97
Norton City	0.110%	0.110001100011000%	\$4,472.98	\$4,700.89	\$17,907.34	\$104,706.63	\$24,066.68	\$128,773.31
Nottoway County	0.133%	0.133001330013300%	\$5,408.25	\$5,683.80	\$21,651.61	\$126,599.84	\$29,098.80	\$155,698.64
Orange County	0.638%	0.638006380063801%	\$25,943.31	\$27,265.16	\$103,862.60	\$607,298.46	\$139,586.74	\$746,885.20
Page County	0.410%	0.410004100041000%	\$16,672.03	\$17,521.50	\$66,745.56	\$390,270.17	\$89,703.08	\$479,973.25
Patrick County	0.329%	0.329003290032900%	\$13,378.29	\$14,059.93	\$53,559.24	\$313,168.01	\$71,981.25	\$385,149.27
Petersburg City	0.395%	0.395003950039500%	\$16,062.08	\$16,880.47	\$64,303.65	\$375,991.99	\$86,421.26	\$462,413.25
Pittsylvania County	0.750%	0.750007500075001%	\$30,497.62	\$32,051.52	\$122,095.53	\$713,908.85	\$164,091.00	\$877,999.85
Poquoson City	0.186%	0.186001860018600%	\$7,563.41	\$7,948.78	\$30,279.69	\$177,049.39	\$40,694.57	\$217,743.96
Portsmouth City	1.937%	1.937019370193700%	\$78,765.20	\$82,778.38	\$315,332.06	\$1,843,788.58	\$423,792.35	\$2,267,580.93
Powhatan County	0.262%	0.262002620026200%	\$10,653.84	\$11,196.66	\$42,652.04	\$249,392.16	\$57,322.46	\$306,714.61
Prince Edward County	0.190%	0.190001900019000%	\$7,726.06	\$8,119.72	\$30,930.87	\$180,856.91	\$41,569.72	\$222,426.63
Prince George County	0.351%	0.351003510035100%	\$14,272.89	\$15,000.11	\$57,140.71	\$334,109.34	\$76,794.59	\$410,903.93
Prince William County	3.556%	3.556035560355600%	\$144,599.40	\$151,966.92	\$578,895.61	\$3,384,879.81	\$778,010.12	\$4,162,889.93
Pulaski County	1.061%	1.061010610106100%	\$43,143.97	\$45,342.21	\$172,724.48	\$1,009,943.05	\$232,134.07	\$1,242,077.11
Radford City	0.247%	0.247002470024700%	\$10,043.88	\$10,555.63	\$40,210.13	\$235,113.98	\$54,040.64	\$289,154.62
Rappahannock County	0.091%	0.091000910009100%	\$3,700.38	\$3,888.92	\$14,814.26	\$86,620.94	\$19,909.71	\$106,530.65
Richmond County	0.084%	0.084000840008400%	\$3,415.73	\$3,589.77	\$13,674.70	\$79,957.79	\$18,378.19	\$98,335.98
Richmond City	4.225%	4.225042250422500%	\$171,803.28	\$180,556.87	\$687,804.82	\$4,021,686.50	\$924,379.30	\$4,946,065.80
Roanoke County	1.498%	1.498014980149800%	\$60,913.92	\$64,017.56	\$243,865.47	\$1,425,913.94	\$327,744.42	\$1,753,658.36
Roanoke City	1.859%	1.859018590185900%	\$75,593.44	\$79,445.02	\$302,634.12	\$1,769,542.06	\$406,726.89	\$2,176,268.95
Rockbridge County	0.235%	0.235002350023500%	\$9,555.92	\$10,042.81	\$38,256.60	\$223,691.44	\$51,415.18	\$275,106.62
Rockingham County	0.614%	0.614006140061401%	\$24,967.39	\$26,239.51	\$99,955.54	\$584,453.38	\$134,335.83	\$718,789.21
Russell County	1.064%	1.064010640106400%	\$43,265.96	\$45,470.42	\$173,212.86	\$1,012,798.68	\$232,790.43	\$1,245,589.11
Salem City	0.786%	0.786007860078601%	\$31,961.51	\$33,589.99	\$127,956.12	\$748,176.47	\$171,967.37	\$920,143.84
Scott County	0.421%	0.421004210042100%	\$17,119.33	\$17,991.58	\$68,536.29	\$400,740.83	\$92,109.75	\$492,850.58
Shenandoah County	0.660%	0.660006600066001%	\$26,837.91	\$28,205.33	\$107,444.07	\$628,239.78	\$144,400.08	\$772,639.86
Smyth County	0.592%	0.592005920059201%	\$24,072.79	\$25,299.33	\$96,374.07	\$563,512.05	\$129,522.50	\$693,034.54
Southampton County	0.137%	0.137001370013700%	\$5,570.90	\$5,854.74	\$22,302.78	\$130,407.35	\$29,973.96	\$160,381.31
Spotsylvania County	1.417%	1.417014170141700%	\$57,620.18	\$60,556.00	\$230,679.16	\$1,348,811.78	\$310,022.59	\$1,658,834.37
Stafford County	1.443%	1.443014430144300%	\$58,677.43	\$61,667.12	\$234,911.80	\$1,373,560.62	\$315,711.08	\$1,689,271.70
Staunton City	0.440%	0.440004400044000%	\$17,891.94	\$18,803.56	\$71,629.38	\$418,826.52	\$96,266.72	\$515,093.24
Suffolk City	0.710%	0.710007100071001%	\$28,871.08	\$30,342.10	\$115,583.77	\$675,833.71	\$155,339.48	\$831,173.19
Surry County	0.058%	0.058000580005800%	\$2,358.48	\$2,478.65	\$9,442.05	\$55,208.95	\$12,689.70	\$67,898.65
Sussex County	0.081%	0.081000810008100%	\$3,293.74	\$3,461.56	\$13,186.32	\$77,102.16	\$17,721.83	\$94,823.98
Tazewell County	1.606%	1.606016060160600%	\$65,305.58	\$68,632.98	\$261,447.23	\$1,528,716.81	\$351,373.53	\$1,880,090.34
Virginia Beach City	4.859%	4.859048590485900%	\$197,583.94	\$207,651.09	\$791,016.24	\$4,625,177.44	\$1,063,090.89	\$5,688,268.33
Warren County	0.766%	0.766007660076601%	\$31,148.24	\$32,735.28	\$124,700.23	\$729,138.90	\$167,591.61	\$896,730.51
Washington County	0.996%	0.996009960099601%	\$40,500.84	\$42,564.41	\$162,142.86	\$948,070.95	\$217,912.85	\$1,165,983.79
Waynesboro City	0.363%	0.363003630036300%	\$14,760.85	\$15,512.93	\$59,094.24	\$345,531.88	\$79,420.04	\$424,951.93
Westmoreland County	0.223%	0.223002230022300%	\$9,067.96	\$9,529.98	\$36,303.07	\$212,268.90	\$48,789.72	\$261,058.62
Williamsburg City	0.086%	0.086000860008600%	\$3,497.06	\$3,675.24	\$14,000.29	\$81,861.55	\$18,815.77	\$100,677.32

Winchester City	0.649%	0.649006490064901%	\$26,390.61	\$27,735.25	\$105,653.33	\$617,769.12	\$141,993.41	\$759,762.53
Wise County	1.756%	1.756017560175600%	\$71,405.10	\$75,043.28	\$285,866.34	\$1,671,498.58	\$384,191.73	\$2,055,690.30
Wythe County	0.642%	0.642006420064201%	\$26,105.97	\$27,436.10	\$104,513.77	\$611,105.97	\$140,461.90	\$751,567.87
York County	0.561%	0.561005610056101%	\$22,812.22	\$23,974.53	\$91,327.46	\$534,003.82	\$122,740.07	\$656,743.88
Totals	99.999%	100.000000000000000%	\$4,066,309.18	\$4,273,492.72	\$16,279,241.25	\$95,186,894.25	\$21,878,581.12	\$117,065,475.37

2022 CSB Board and Committee Meetings

	Service Delivery Oversight Committee	Legislative Committee	Compliance Committee	Executive Committee	Fiscal Oversight Committee	CSB Board
2022 Meetings	2 nd Wednesday 5:00 p.m.	3 rd Wednesday 11:00 a.m.	3 rd Wednesday 4:00 p.m.	3 rd Wednesday 4:30 p.m.	3 rd Thursday 4:00 p.m.	4 th Wednesday 5:00 p.m.
January	*	*	19	19	20	26
February	9	*	16	16	17	23
March	*	*	16	16	17	23
April	13	*	20	20	21	27
May	*	*	18	18	19	25
June	*	*	15	15	23	22
July	*	*	*	20	21	27
August	*	17	*	17	18	*
September	14	***	21	21	22	28
October	*	***	*	19	20	26
November	*	***	*	9**	17**	16**
December	7**	***	14**	14**	15**	*

Fairfax-Falls Church Community Services Board

***No Meeting**

**** Meeting date changed to accommodate holiday schedule**

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

*****Meet as needed**

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



Community Services Board

TO: Fairfax County Board of Supervisors
Mayors, Cities of Fairfax and Falls Church

FROM: Board of the Fairfax-Falls Church Community Services Board

DATE: October 4, 2022

SUBJECT: Fairfax-Falls Church Community Services Board's FY 2022 Annual Report

Our Board thanks you for the continued support and funding provided to Fairfax-Falls Church Community Services Board (CSB). We are pleased to present our FY 2022 Annual Report highlighting major accomplishments, challenges, and opportunities. Your commitment and strong partnership result in continuous delivery of services critical to our most vulnerable residents.

On behalf of and alongside our more than 1,100 staff and 75 partners, we are leading the charge to increase mental health literacy, deliver more services to more community members, strengthen the substance use safety-net system and support individuals with developmental disabilities and their families to provide essential community services.

Our FY 2022 Annual Report highlights the work of our dedicated staff and partners, and the positive difference our services are making in the lives of people in our community. It also reflects the results of our continued and strong partnerships with the Fairfax County Board of Supervisors and the cities of Fairfax and Falls Church in continuous delivery of services critical to our most vulnerable residents.

In FY 2022, our dedicated staff and partners provided mental health, substance use disorder, and developmental disability services to more than 20,400 people. (The numbers below are unduplicated within each service type. However, individuals may have received more than one type of service.)

- 6,527 individuals received CSB Emergency Services and 4,040 received same day walk-in screening and assessments.
- 88% of persons received emergency services within one hour.
- 5,227 people with developmental disabilities received support coordination services.
- More than 1,700 individuals received peer support services in the community.

We faced challenges and opportunities during FY 2022 some of which are described in more detail in this report including:

- Reducing time to treatment

- Increasing recruitment and retention of CSB staff
- Continued problem solving and partnerships to manage the state psychiatric hospital bed shortage
- Completing a re-design of the walk-in assessment business process
- Supporting individuals who do not meet priority access guidelines and those awaiting CSB services
- Ensuring efficient and effective utilization of resources
 - Expanding the CSB's ability to maximize service provision revenue
 - Completing the electronic healthcare record (EHR) contracting process
 - Continuing to update business practices in revenue cycle and maximizing revenue
- Continued work towards addressing the heroin and opioid epidemic
- Ongoing expansion of Diversion First initiatives to enhance ongoing decriminalization of mental illness
- Implementing new state mandated requirements for individuals with developmental disabilities
- Expanding language access opportunities to improve service delivery, expanding opportunities for service, and helping generations thrive

As we continued to work through the COVID-19 pandemic, the CSB rose to meet the increased demands of the community through its hard-working staff and strong partnerships. We value and appreciate your dedication and continued support of the work we are doing.

Again, we thank you for the funding provided to the CSB. We understand the fiscal challenges you face in making difficult budget decisions and we are deeply appreciative of your leadership. As always, we welcome your review, comments, and questions regarding our report.



Garrett McGuire

Fairfax County Launches Opioid Overdose Data Dashboard

October 3, 2022

In collaboration with the Opioid and Substance Use Task Force, the Fairfax County Health Department (FCHD) has created a [new public-facing dashboard](#) that will inform residents of trends in opioid overdoses and overdose deaths in the Fairfax Health District.

“The goal of the dashboard is to ensure that Fairfax County residents understand the threat that opioid drugs pose in our community and recognize that overdoses and overdose deaths affect a wide range of ages, people of both sexes, and all racial and ethnic groups,” said Dr. Benjamin Schwartz, Director of Epidemiology & Population Health. “We want the public to be aware of overdose trends, which reflect the impacts of social factors, the types and availability of drugs, and the effect of mitigation measures including law enforcement, treatment, and harm reduction measures,” he said.

Information on the dashboard originates from two primary sources. The first is the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). The ESSENCE system, which is managed by the Virginia Department of Health, identifies overdoses seen at emergency rooms and urgent care centers in the Fairfax Health District based on the chief complaints of patients, and the diagnoses given by healthcare providers at the end of the visit.

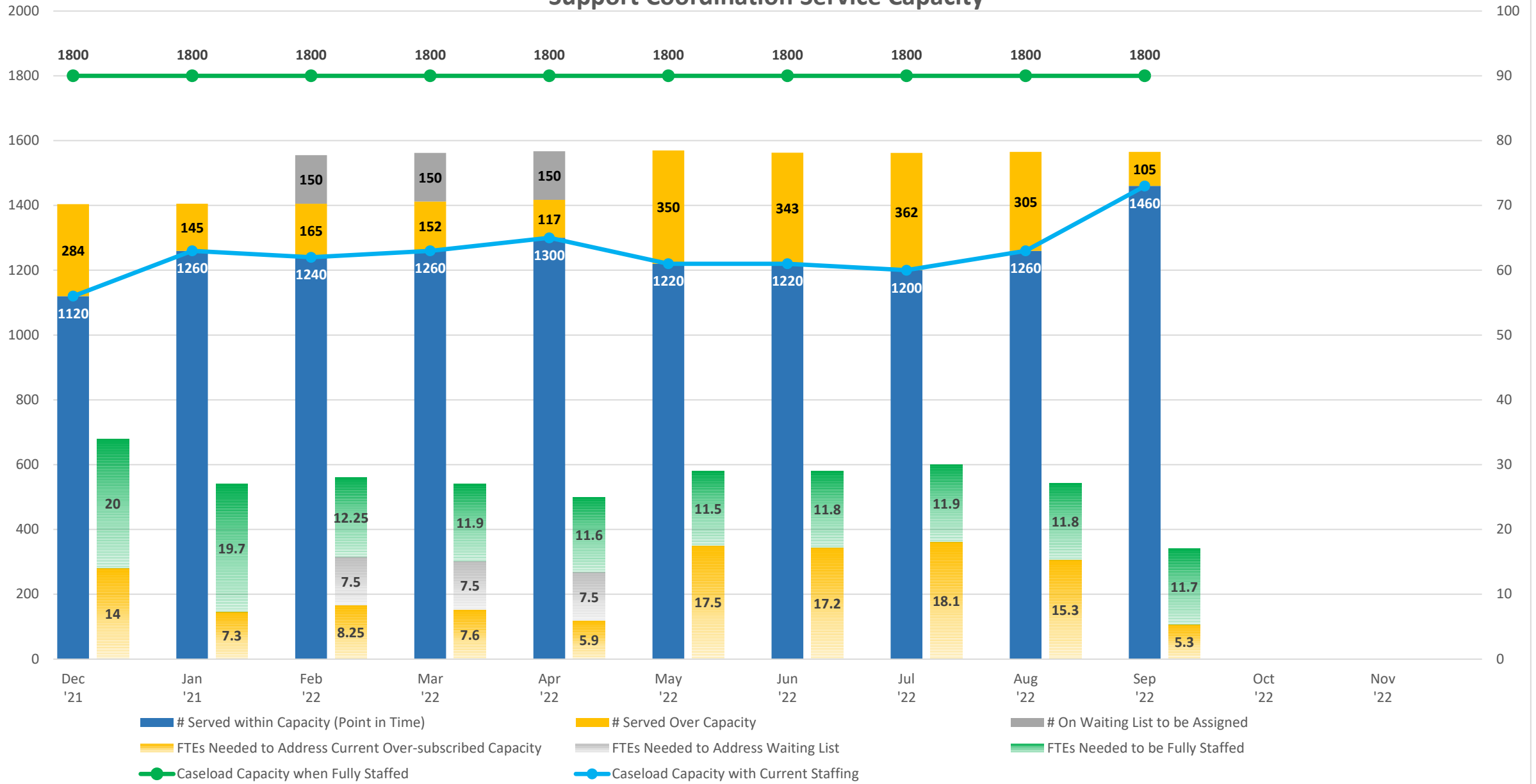
The second source of information is the Virginia Office of the Chief Medical Examiner (OCME). Every death that occurs in the Commonwealth of Virginia that is deemed “suspicious, unexpected and sudden” is investigated by the OCME. The Medical Examiner posts information on [drug overdose-related deaths on their website](#).

The dashboard will be updated every month during the first week of the month. Annotations on the dashboard will indicate when the last update to the dashboard occurred.

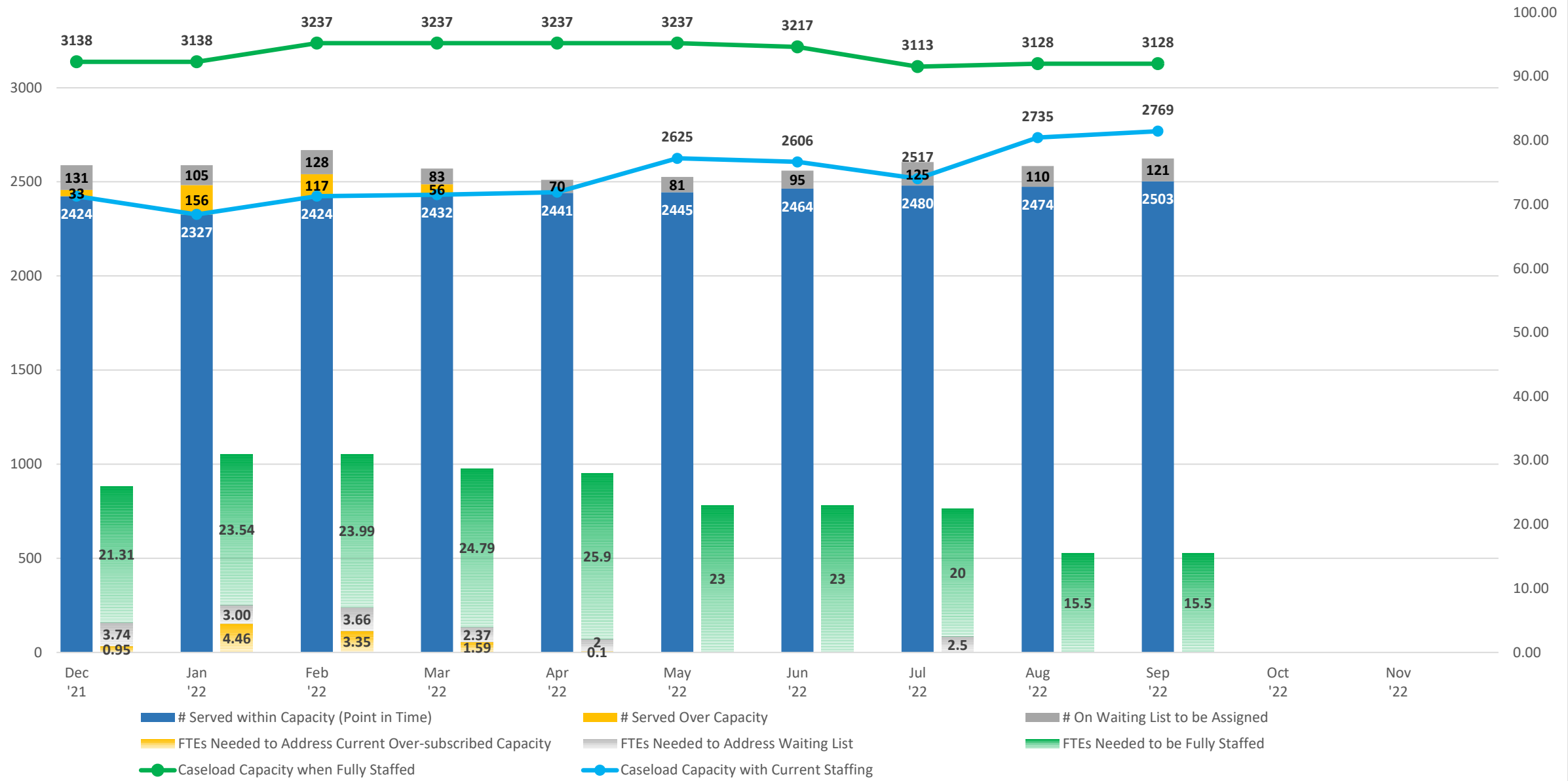
Learn more about the opioid epidemic and how the Fairfax County Government and its community partners are working to end it by visiting the [Opioid and Substance Use Task Force webpage](#).

You can find the Fairfax County Launches Opioid Overdose Data Dashboard | Health [here](#).

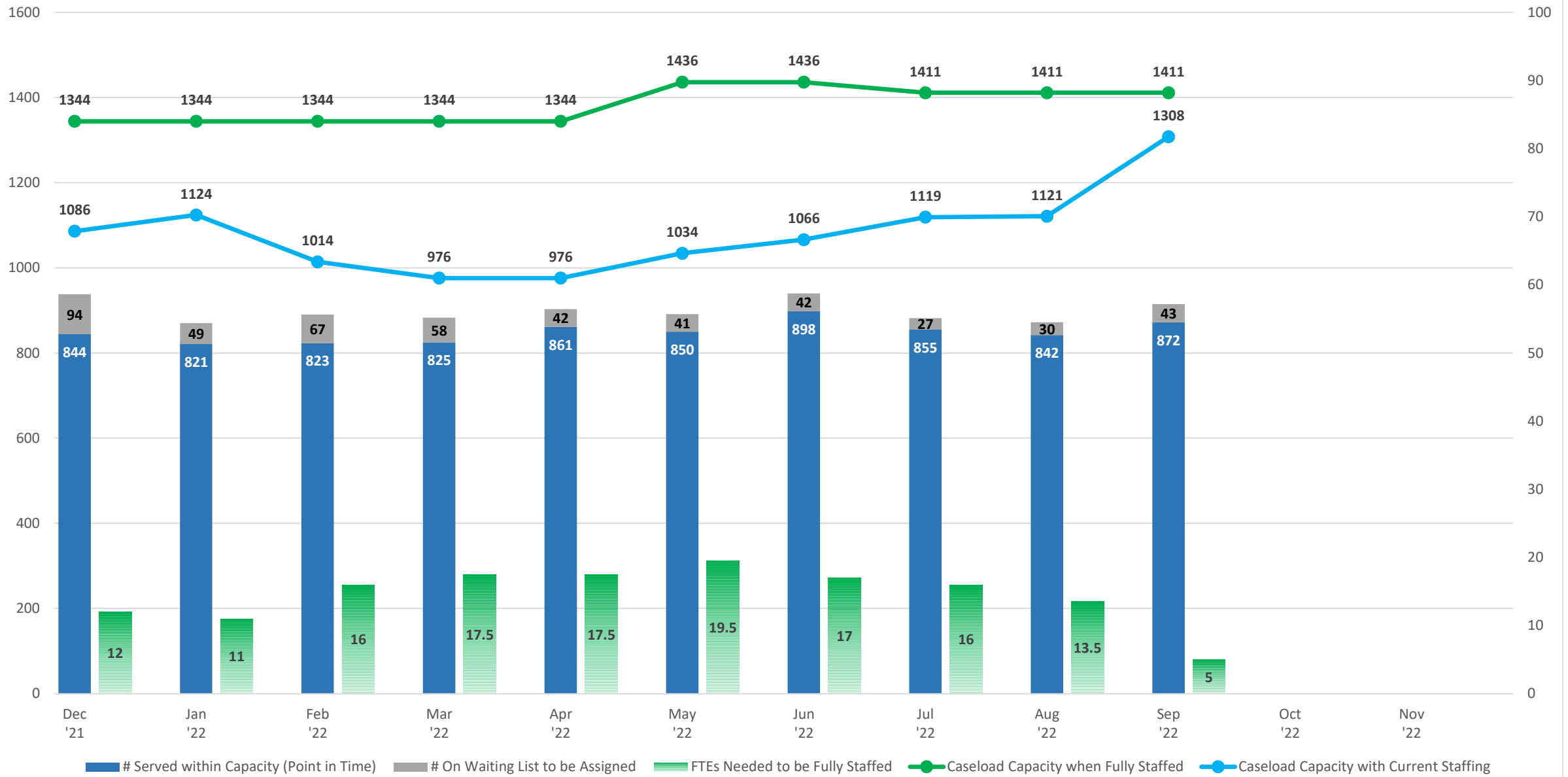
Support Coordination Service Capacity



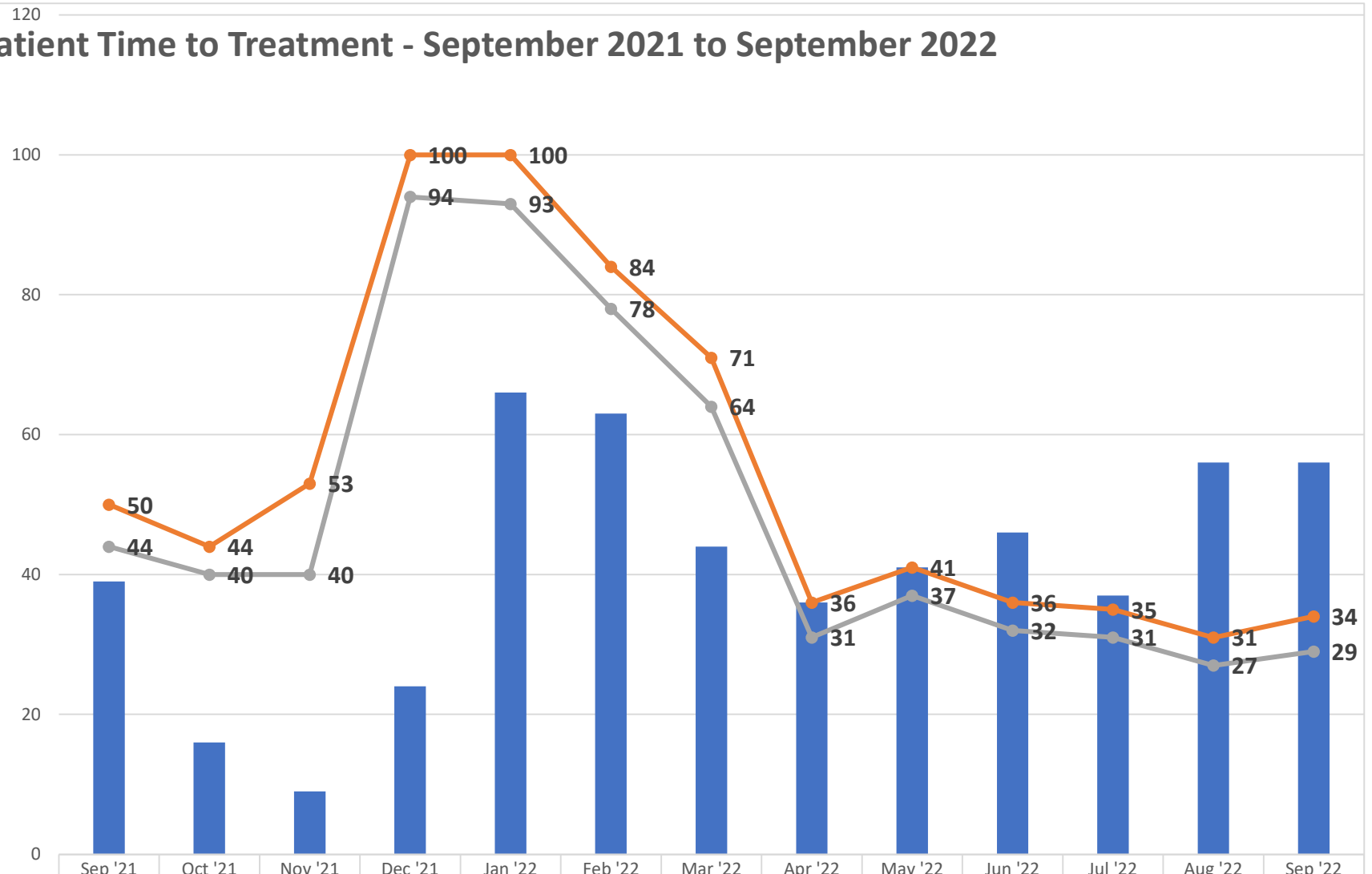
Adult Behavioral Health Outpatient (BHOP) Service Capacity



Youth & Family Service Capacity



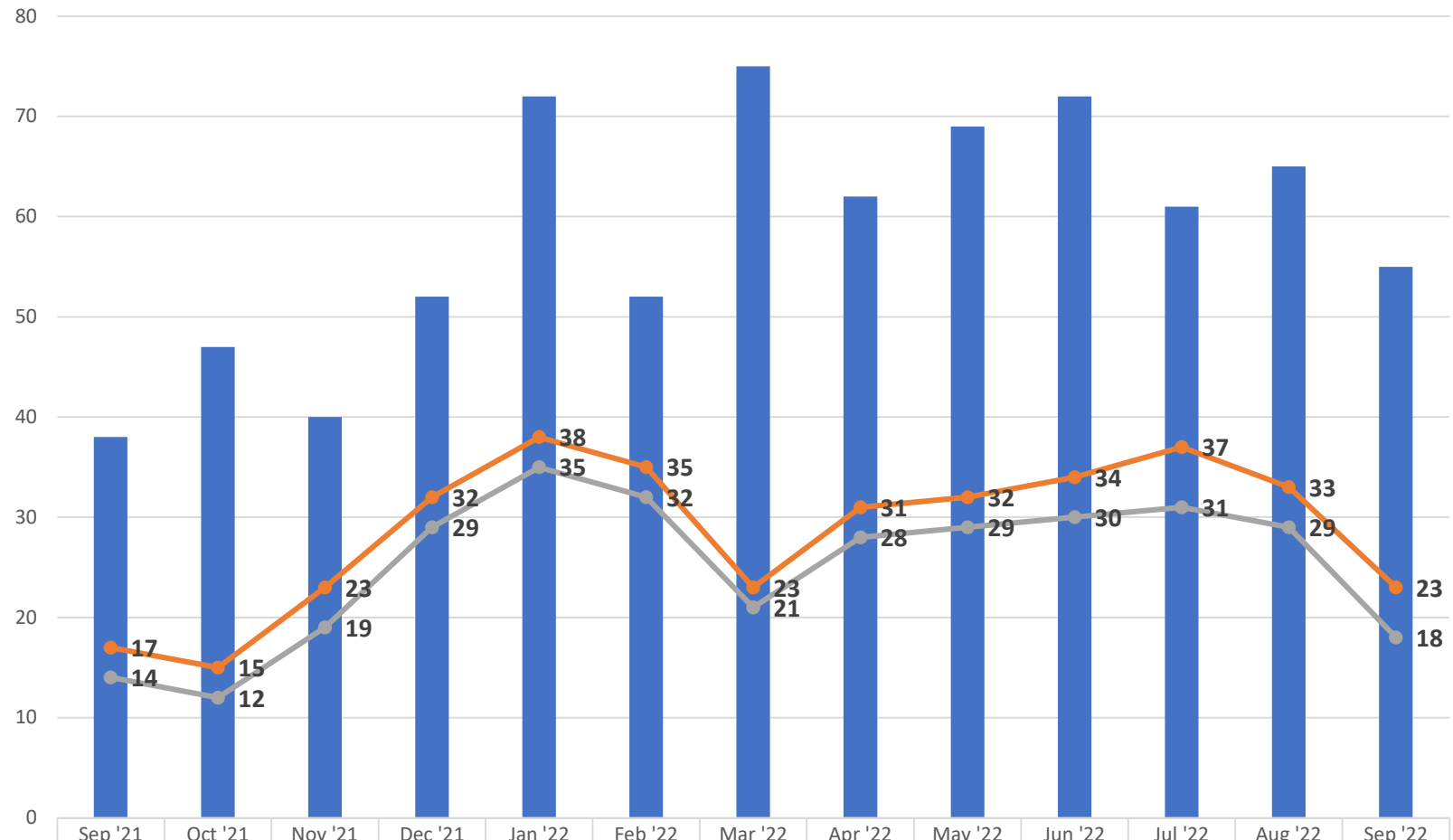
Adult Outpatient Time to Treatment - September 2021 to September 2022



	Sep '21	Oct '21	Nov '21	Dec '21	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22
# Adults Who Attended 1st Treatment Appt	39	16	9	24	66	63	44	36	41	46	37	56	56
Average # Days from Assessment to Treatment	50	44	53	100	100	84	71	36	41	36	35	31	34
Average # Days from Assessment to 1st Available / Accepted Appt*	44	40	40	94	93	78	64	31	37	32	31	27	29

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

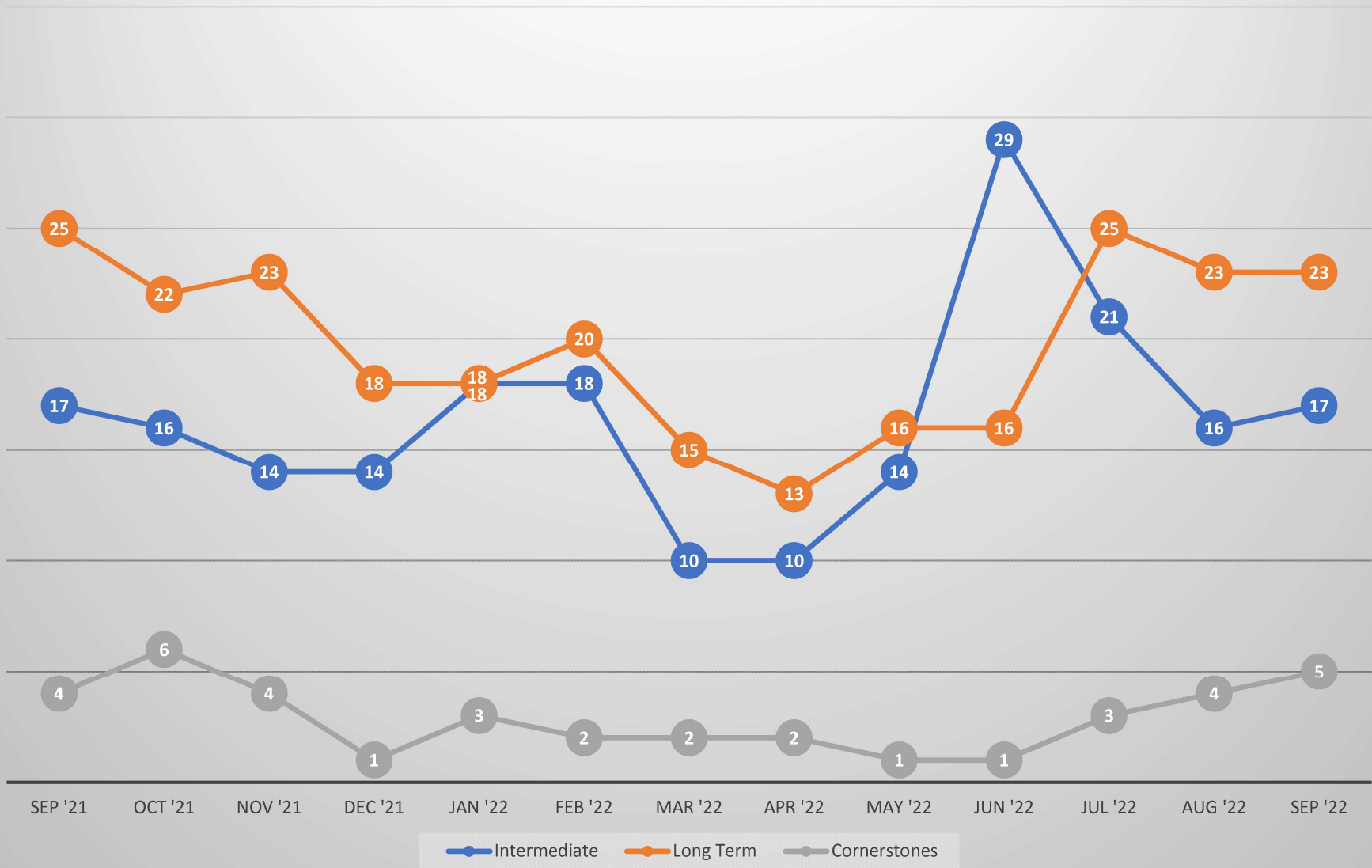
Youth Outpatient Time to Treatment - September 2021 to September 2022



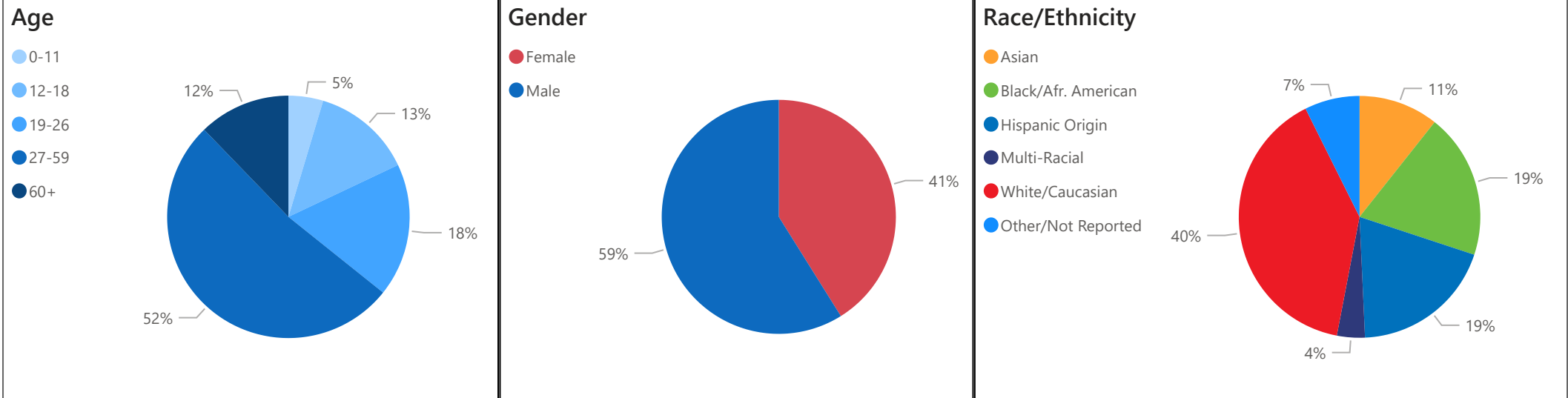
	Sep '21	Oct '21	Nov '21	Dec '21	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22
# Youth Who Attended 1st Treatment Appt	38	47	40	52	72	52	75	62	69	72	61	65	55
Average # Days from Assessment to Treatment	17	15	23	32	38	35	23	31	32	34	37	33	23
Average # Days from Assessment to 1st Available / Accepted Appt*	14	12	19	29	35	32	21	28	29	30	31	29	18

*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 Waiting List Individuals Waiting by Program Type September 2021 - September 2022

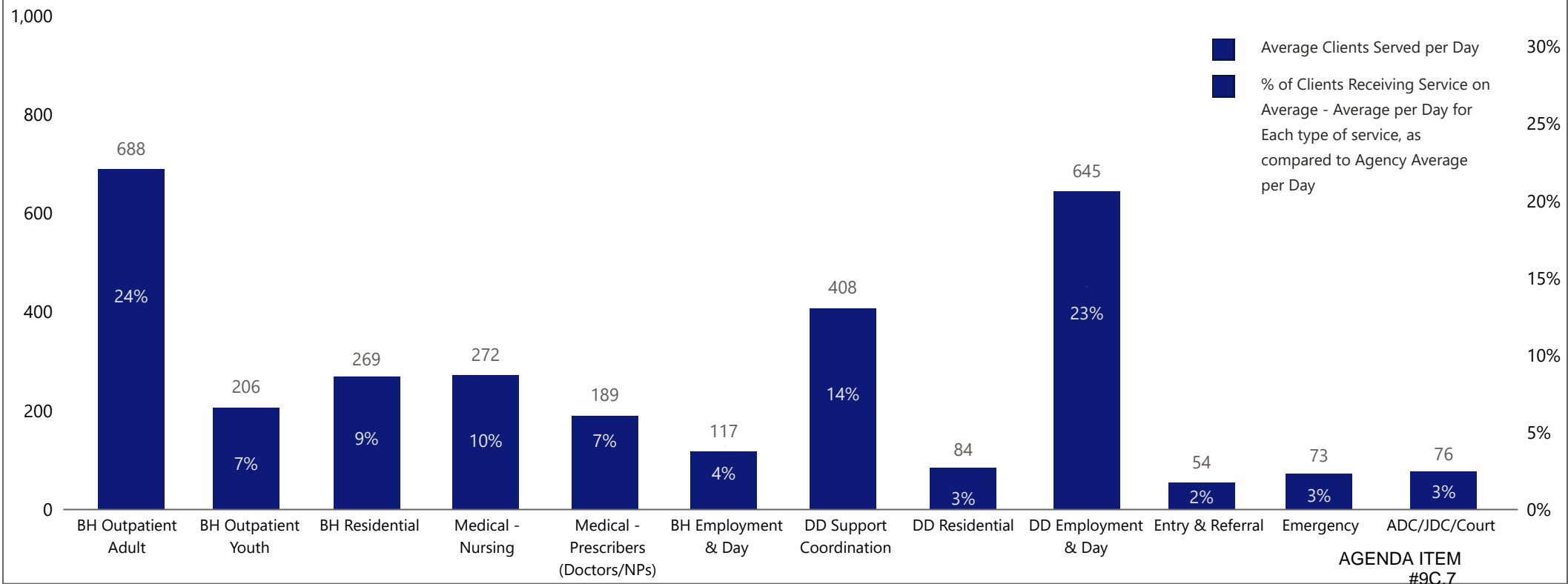


CSB Status Report



Average Clients Served per Day by Type of Service - August 2022

Agency Average Served per Day in August 2022 = 2,598





Individuals Served by Month by Type of Service Aug'21 - Aug'22

Service Area	Aug'21	Sep'21	Oct'21	Nov'21	Dec'21	Jan'22	Feb'22	Mar'22	Apr'22	May'22	Jun'22	Jul'22	Aug'22	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	8,923	8,886	9,144	8,670	8,797	8,933	8,865	9,416	9,056	9,175	9,184	8,817	9,114	▲ 3.4%	▲ 2.1%	20,542
BH Outpatient Adult	3,317	3,319	3,202	3,118	3,084	3,115	3,047	3,091	3,058	3,052	3,091	3,066	3,197	▲ 4.3%	▼ -3.6%	5,005
BH Outpatient Youth	880	848	857	852	913	903	911	951	969	1,001	1,020	955	917	▼ -4.0%	▲ 4.2%	1,870
BH Residential	467	461	463	459	449	436	415	463	458	446	428	423	419	▼ -0.9%	▼ -10.3%	1,307
Medical - Nursing	1,281	1,236	1,387	1,215	1,206	1,275	1,226	1,380	1,324	1,228	1,359	1,354	1,418	▲ 4.7%	▲ 10.7%	3,575
Medical - Prescribers	2,810	2,755	2,792	2,604	2,625	2,634	2,560	2,897	2,584	2,649	2,788	2,644	2,797	▲ 5.8%	▼ -0.5%	6,456
BH Employment & Day	390	374	377	396	371	363	361	379	378	350	351	346	346	= 0.0%	▼ -11.3%	650
DD Support Coordination	2,576	2,503	2,775	2,454	2,559	2,744	2,529	2,751	2,455	2,536	2,629	2,431	2,524	▲ 3.8%	▼ -2.0%	5,217
DD Residential	88	87	87	85	86	85	85	85	85	85	85	84	84	= 0.0%	▼ -4.5%	89
DD Employment & Day	782	837	903	951	926	917	919	1,024	1,040	1,063	982	976	1,105	▲ 13.2%	▲ 41.3%	1,294
Entry & Referral (EAR)	431	442	546	484	496	517	613	703	648	627	629	568	603	▲ 6.2%	▲ 39.9%	4,642
EAR Screenings	213	199	271	375	335	294	379	420	396	354	380	362	379	▲ 4.7%	▲ 77.9%	3,541
EAR Assessments	137	122	146	131	153	174	165	206	178	177	160	171	215	▲ 25.7%	▲ 56.9%	1,928
Emergency	891	926	938	845	864	791	851	993	885	941	868	824	915	▲ 11.0%	▲ 2.7%	6,704
ADC/JDC/ Court	432	455	483	447	455	461	489	559	546	542	576	556	608	▲ 9.4%	▲ 40.7%	2,316

* 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 – There was an increase in the overall numbers served, which is partly due to increases in adult behavioral health outpatient, along with increases in crisis and jail-based services.
- BH Outpatient Adult – There was a 4% increase in the number of individuals served as compared to July, primarily due to increases in adult mental health case management services in the Behavioral Health Outpatient (BHOP) program.
- 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.
- Medical – Nursing & Prescribers (Psychiatrists & Nurse Practitioners) serve individuals in a variety of treatment settings. There is regular fluctuation in the number of clients served for Nursing based on the needs of the clients. Prescribers' numbers continue an overall upward trend since late in 2021.
- BH Employment & Day – The number served is trending lower as compared to the prior year. Staff vacancies in the Supported Employment program have limited the program's ability to build capacity along with reduced referrals due to vacancies in other programs. Additionally, the implementation of the Individual Placement and Support model, an evidence-based practice, requires reduced caseload sizes and it is anticipated that numbers may remain lower as compared to previous years.
- BH Residential – The number of individuals served is trending lower due to slowed admissions in some SUD residential programs due to COVID and staff vacancies, along with COVID positives at the Wellness Circle residential crisis stabilization program,
- DD Support Coordination – There is typically monthly variation based on service plan review cycles. The number of individuals served increased in August due to services provided to individuals with new waiver slots.
- DD Residential – Includes all individuals served in directly operated residential programs and locally-funded contract placements. The number of individuals served each month is trending lower overall due to reductions in the directly operated group home census and locally funded contract placements through natural attrition. New residential placements through community partners are waiver funded.
- DD Employment & Day – There has been an upward trend in this service area as developmental employment & day programs have been able to reopen from closures that were necessary earlier in the pandemic. In August, there was an increase in the number of individuals served due to some self-directed services re-opening from the summer break, people returning to service who had deferred earlier in the pandemic and new graduate placements.
- Entry & Referral – There was a 25% increase in the number of assessments in August partly due to an increase in staff resources. In Mid-October, Entry & Referral launched a new streamlined screening and assessment process with changes to the triage, screening, and assessment workflows. Direct comparisons cannot be made to prior months.
- Emergency – There is some monthly fluctuation in the demand for Emergency services. All clients who present for services are evaluated by Emergency services staff.
- ADC/JDC/Court – The number of individuals served is trending higher compared to the previous year. The jail census was significantly reduced earlier in the pandemic in response to health and safety issues. There was a 9% increase in individuals served compared to July due to an increase in referrals, including substance use clients receiving medication assisted treatment.