

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD FISCAL OVERSIGHT COMMITTEE MEETING

Andrew Scalise, Chair

Thursday, November 14, 2024, 4:00 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 | Andrew Scalise |
| 2. Roll Call, Audibility and Preliminary Motions | Andrew Scalise |
| 3. Matters of the Public | Andrew Scalise |
| 4. Amendments to the Meeting Agenda | Andrew Scalise |
| 5. Approval of the October 17, 2024, Meeting Minutes | Andrew Scalise |
| 6. Administrative Operations Report Status | Jean Post |
| 7. Clinical Operations Report | Barbara Wadley-Young &
Abbey May |
| 8. Financial Status | Elif Ekingen |
| A. Modified Fund Statement | |
| B. FX-FC CSB Expenditures-Budget vs. Actuals | |
| 9. Open Discussion | Andrew Scalise |
| 10. Adjournment | |

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

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD FISCAL OVERSIGHT
COMMITTEE MEETING MINUTES
OCTOBER 17, 2024**

The CSB Fiscal Oversight Committee met in regular session at the Sharon Bulova Center, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031

1. Meeting Called to Order

Committee Chair Andrew Scalise called the meeting to order at 4:02 PM

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** COMMITTEE CHAIR ANDREW SCALISE; DAN SHERRANGE; EVAN JONES; KAREN ABRAHAM; PATRICIA ZISSIOS; BETTINA LAWTON

ABSENT: **BOARD MEMBERS:** CAPTAIN DANIEL WILSON

Also present: Executive Director Daryl Washington; Deputy Director of Administrative Operations Jean Post; Deputy Director of Clinical Operations Abbey May; Director of Clinical Operations Barbara Wadley-Young; Chief Financial Officer Elif Ekingen; Director of Analytics & Evaluation Linda Mount; Director of Human Resources Jennifer Wright 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.

5. Approval of Minutes

The minutes from the September 19, 2024, Fiscal Oversight Committee Meeting were presented for review and revision.

MOTION TO ADOPT SEPTEMBER 19, 2024, MEETING MINUTES AS AMENDED WAS MOVED BY COMMITTEE MEMBER DAN SHERRANGE, SECONDED BY COMMITTEE MEMBER KAREN ABRAHAM.

THE MOTION TO ADOPT WAS APPROVED BY DAN SHERRANGE, KAREN ABRAHAM, BETTINA LAWTON, ANDREW SCALISE AND EVAN JONES.

6. Administrative Operations Report

Deputy Director of Administrative Operations Jean Post presented the CSB Human Resources Positions Vacancy Report during Agenda Item #6.1. The first table displayed the CSB's vacant merit positions tracked by pay period, noting that there are 26 pay periods annually. When the report was generated for the meeting, the vacancy count stood at 119, which had decreased to the levels seen in early August. As of Monday, October 14, 2024, the merit vacancy count had further declined to 112, the lowest recorded in the past 12 months, reflecting a successful collaboration between hiring managers and the HR team despite the addition of more than 50 new positions.

The lower table outlined monthly vacancies in key service delivery areas. Vacancies in the BHOP (Adult Behavioral Health Outpatient) program decreased from 9 to 4, in Youth and Family from 11 to 8, and in Jail and Court-Based Services from 11 to 8. However, vacancies remained stable or increased slightly in other areas: Emergency Services remained consistent at 5, Support Coordination at 19, and Entry and Referral increased by 1 to 2.

High-level vacancy updates for administrative operations as of October 7 were provided. There are 18 HR merit positions, with 2 currently vacant. Both vacancies are newly created due to workforce planning and are in the recruitment process. There are 10 data analytic positions with 3 vacancies; 2 are related to workforce planning and 1 is actively being recruited. In Fiscal and Revenue Management, there are 41 positions with 3 vacancies, all in various stages of recruitment. Additionally, there are 29 Compliance and Risk Management positions, with 2 vacancies resulting from internal promotions, and both are in the recruitment process.

It was noted that information on the statewide vacancy rate by CSB, previously shared based on a dashboard, is currently unavailable as the department is reworking the data. There is no update at this time, but the group will be informed once the dashboard is rebuilt.

The FY25 turnover rate year-to-date is 7.89%, with efforts underway to reduce this figure. Regarding exit survey updates, there have been 38 separations in FY25, which include 25 resignations, 7 retirements, 3 transfers, 1 separation, and 2 others. Jean reiterated that the agency experiences a transient workforce, with many individuals transferring out to other areas, particularly during the summer months. The exit survey completion rate is at 51% year-to-date, slightly lower due to an error that prevented five names from being submitted to the vendor, which will be reflected in next month's report.

When asked to identify the most significant reasons for separation, none attributed it to supervision and management, and there were no clear trends. In terms of compensation, 6 out of 9 respondents indicated they left for more pay or significantly higher pay. When asked if they would recommend the CSB as an employer, 74% responded affirmatively, compared to the vendor norm of 68%. Additionally, when asked if they would consider working for the agency again in the future, 74% said yes, while the norm for this question is 60%.

7. Clinical Operations Report

Deputy Director of Clinical Operations Barbara Wadley-Young presented the Adult Behavioral Health Outpatient (BHOP) Time to Treatment report, referencing Agenda Item #7.1. The overall average time to treatment decreased to 12 days, down from 14 days in August and 15 in July. One client waiting for a Spanish-speaking IOP was excluded as a statistical outlier, with a wait time of 55 days.

There were 62 orientations from front door assessments, a decrease from 73 in August, which was near the yearly high of 74 orientations in April. Wait times remained the same at Gartlan but decreased at all other sites. Seventy-nine percent of clients were offered an appointment within 14 days, up from 60% in August. Additionally, 24% of all orientations were for IOP (Intensive Outpatient Program).

In September, 15 clients had an IOP orientation, with the average wait for the first available appointment reduced to 13 days, down from 17 days in August, 14 in July, and 9 days in May. The range was 5 to 35 days, excluding the outlier of 55 days. Forty-seven clients had a Mental Health (MH) orientation, with the overall MH average wait time reduced to 12 days from 14 days, ranging from 2 to 34 days.

Additional details for the sites are as follows:

- **Chantilly:** 4 orientations (all MH), with an average of 16 days to the first available appointment and 18 days to orientation. Two appointments were offered within 14 days.
- **Gartlan:** 15 orientations (2 IOP, 13 MH, 1 ISU), ranging from 2 to 27 days to the first offered appointment. The overall average was 11 days, and 12 appointments were offered within 14 days.
- **Merrifield:** 37 orientations (24 MH, 13 IOP), ranging from 5 to 35 days for IOP and 2 to 19 days for MH. The overall average wait time was 12 days for MH and 19 days for IOP, with 31 clients (9 IOP, 22 MH) offering appointments within 14 days.
- **Reston:** 5 orientations (2 ISU, 3 MH), with an average of 15 days to the first available appointment and 18 days to orientation. One MH appointment was offered within 14 days.

In September, 39 clients were discharged from Monitoring, appearing to have been front-door transfers. However, 10 of these clients (26%) did not have "1st available" information documented.

Deputy Director of Clinical Operations Abbey May presented the Youth Outpatient Time to Treatment report, referencing Agenda Item #7.2. The overall average time to treatment for youth increased by 10 days compared to the first available appointment in August, which had the lowest rate in the past year. Despite this, 81% of clients were offered an appointment within 14 days. The report noted a slight uptick in the average days from assessment to treatment. The team explained that some youth who come in for assessments are not immediately ready to

begin treatment and enter the engagement program. This delay affects the calculation of the average time to an accepted appointment, contributing to the higher numbers.

For Substance Use Disorder (SUD) residential services, there were no significant changes in utilization, though long-term care saw a slight increase and intermediate care utilization decreased. In the Cornerstones program, a few unplanned discharges occurred due to individuals bringing drugs into the program, which affected utilization slightly. However, this was not seen as a major shift. The team remains in a holding pattern regarding potential program changes until decisions are made about directly operating the youth program.

In the meantime, adjustments are being made to the length of stay, allowing it to be more variable based on individual needs rather than the fixed durations used in the past. Additionally, efforts are underway to implement a scaled-back version of the rapid admissions unit, which was discussed as part of the consolidation, to expedite admissions. This work continues, even though the full consolidation has not yet been executed.

Director of Analytics & Evaluation Linda Mount presented the CSB Status Report and Quarterly Performance Measures, focusing on data from July, as referenced in Agenda Item #7.4. Overall, the findings indicated stability compared to the previous month, with some programs showing increases offset by decreases in others. In behavioral health outpatient services for adults, the number of individuals served has been trending higher over the past several months, reflecting a 5% increase compared to the prior year, partly driven by the Behavioral Health Outpatient (BHOP), Medication Assisted Treatment, and peer services programs.

There is typically a drop-off over the summer for outpatient youth services, and current numbers are lower compared to last year. Although there have been increases in youth medication-assisted treatment services, there has also been a recent decrease in demand for mental health outpatient and case management services, indicating fewer individuals are coming through the assessment center and accessing outpatient programs.

In behavioral health residential services, there has been an increase of nearly 6% compared to last year, as previously discussed. This growth comes alongside a decrease in contracted residential support services, reductions in the Regional Intensive Care (RIC) program due to attrition, and a slight ongoing impact from slowed admissions at Wellness Circle due to COVID-19 cases.

Behavioral health employment and day programs have also been trending upward, with a 10% increase compared to last year, attributed to achieving full staffing. In Developmental Disability (DD) Support Coordination, there is typically some month-to-month variation; however, the numbers served remained consistent with the previous month, showing a 6% increase compared to June. As waivers come online, further increases in these numbers are expected.

There has been an upward trend in DD employment and day services, now reflecting a 3% increase over last year, primarily due to new graduate placements. There has also been a slight summer dip for some programs, but these are beginning to return to pre-summer levels.

In the entry and referral area, the number of individuals served had decreased in recent months, but a return to previous levels is observed as of July 2024. Screenings have increased by 10% and assessments by 15%, primarily driven by rising demand for services. In emergency services, typical monthly fluctuations continue, but there has been a 9% increase compared to last year, primarily due to expanded co-responder program services and additional individuals served by the Community Response Team.

8. Financial Status

Chief Financial Officer Elif Ekingen presented the staff report, providing updates on the Modified Fund Statement and the Expenditures-Budget vs. Actuals Financial Reports, as outlined in Agenda Item #8.1. The report's first column reflects decisions made after carryover; these figures were shown to the board last month and are now fully loaded in the system. The third column displays actuals, and the final column provides year-end projections.

On the revenue side, Elif anticipates a \$5.6 million surplus from state income, with \$5 million attributed to a compensation increase based on a state and county agreement, highlighting that these funds should not simply sit as surplus revenue. Other revenue sources collectively bring the surplus to \$9.3 million. Overall, Ekingen projects a \$4.5 million surplus from fees and charges, noting a \$3 million increase in the revenue target from last year's \$9 million overage.

The projections remain conservative, given that only three months have passed in the fiscal year. A reduction is anticipated for year-end projections across compensation, operating, and capital spending. Additionally, the compensation budget includes plans to hire 16 more employees after September 30th, impacting the budget margin, which remains close to the target.

An opportunity exists for a third-quarter budget adjustment should additional revenue still need to be allocated. A \$2 million budget transfer from personnel to operating expenses has been made, with last year's actual operating profit reaching approximately \$52.5 million and FY25 budget cuts affecting operating expenses. This transfer supports operations while reflecting ongoing compensation planning, with a potential adjustment opportunity in the third quarter.

9. Open Discussion

Deputy Director of Administrative Operations Jean Post requested a moment of the board's time, noting that they had asked her to include Jennifer Wright, the new Director of HR, in the next meeting. Jean asked her to introduce herself to the group.

Director of Human Resources Jennifer Wright introduced herself, expressing her happiness to be part of CSB. She shared a bit about her background, noting that she studied sociology as an undergrad. Recognizing the need for further education with a sociology degree, she attended law

school. Her first job after law school was with the Public Defender’s Office in New Jersey, where she worked in the juvenile division, which she found challenging as she observed children being locked up.

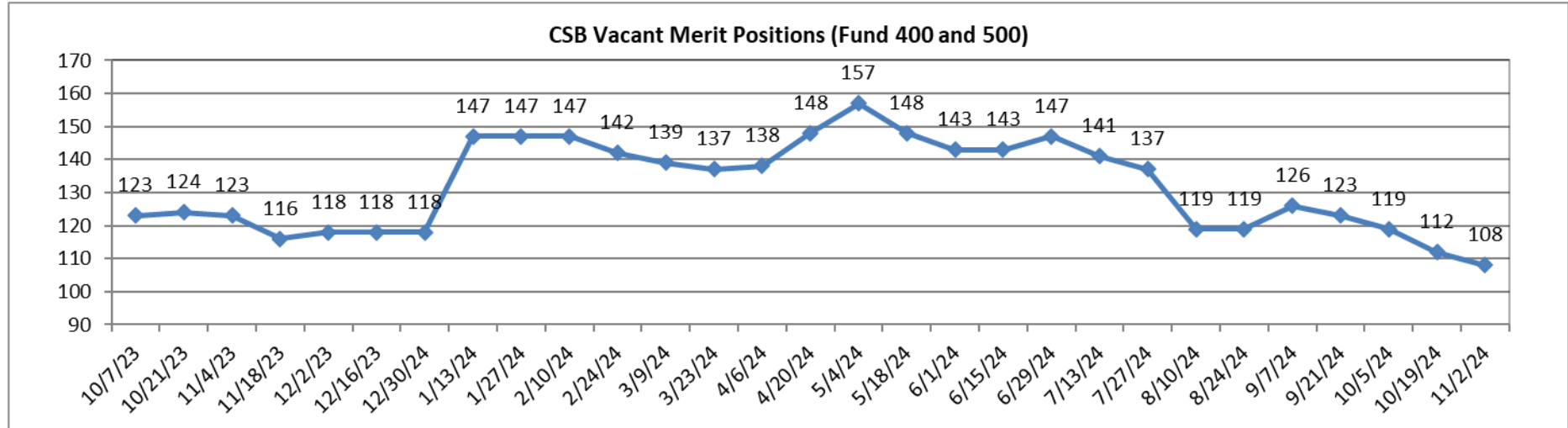
Seeking a change, she took a civil service exam for the state of Pennsylvania and became a senior labor relations analyst, which she described as a fitting role for her. With a strong focus on human resources, she has worked in HR ever since, gaining experience with the Commonwealth of Pennsylvania and the city of Norfolk, and she is now coming from the Commonwealth of Virginia. She expressed her joy in learning about CSB and noted the staff's strong commitment to their work.

10. Adjournment

A motion to adjourn the meeting was made by Committee Member Bettina Lawton and seconded by Committee Member Dan Sherrange. The motion was approved unanimously, and the meeting was adjourned at 5:31 PM.

Date Approved

Clerk to the Board

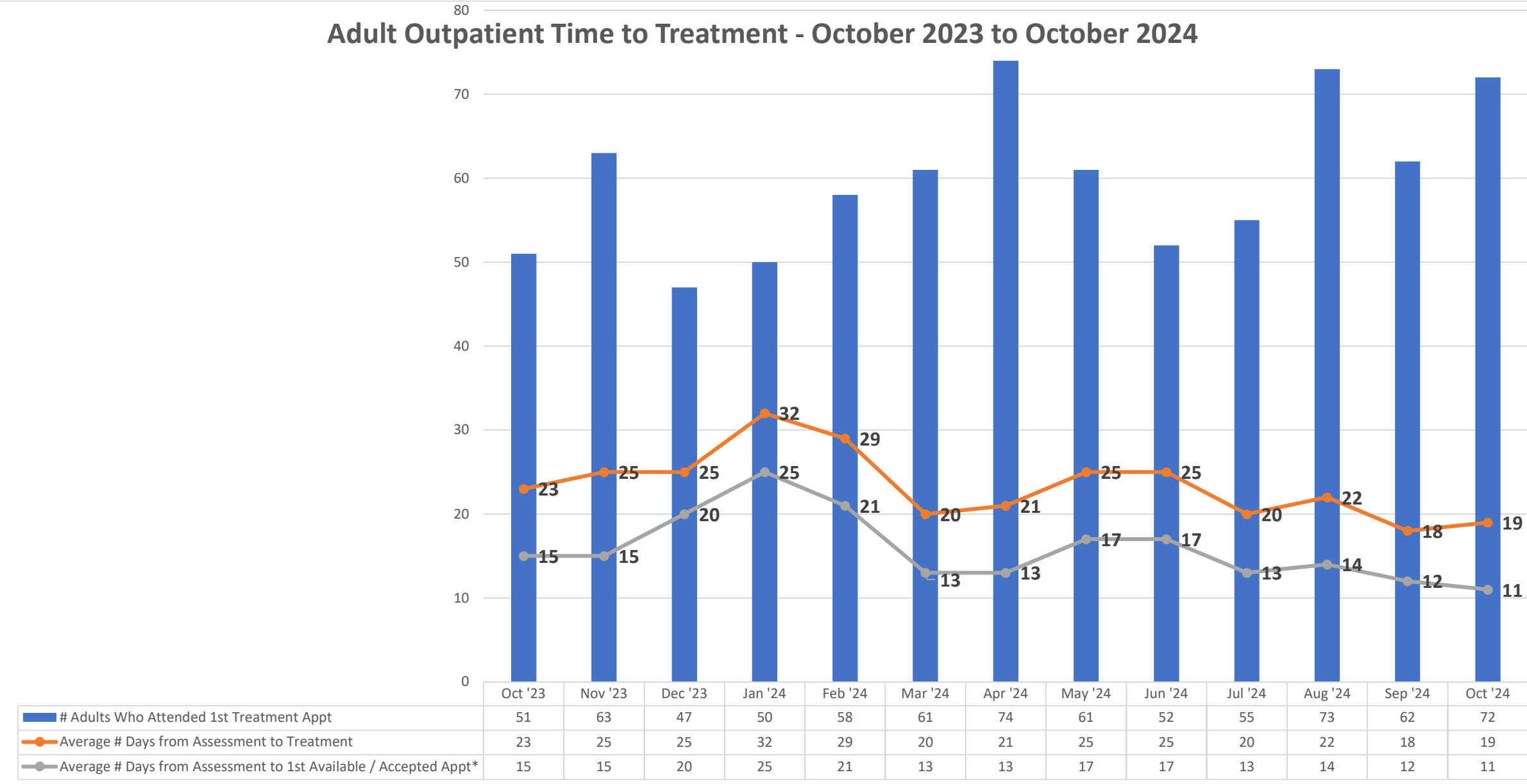


*Note: Increases in vacancies partially attributed to the establishment of 18 positions in January 2024, plus 10 established in April, another 8 in May, and 9 in June.

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

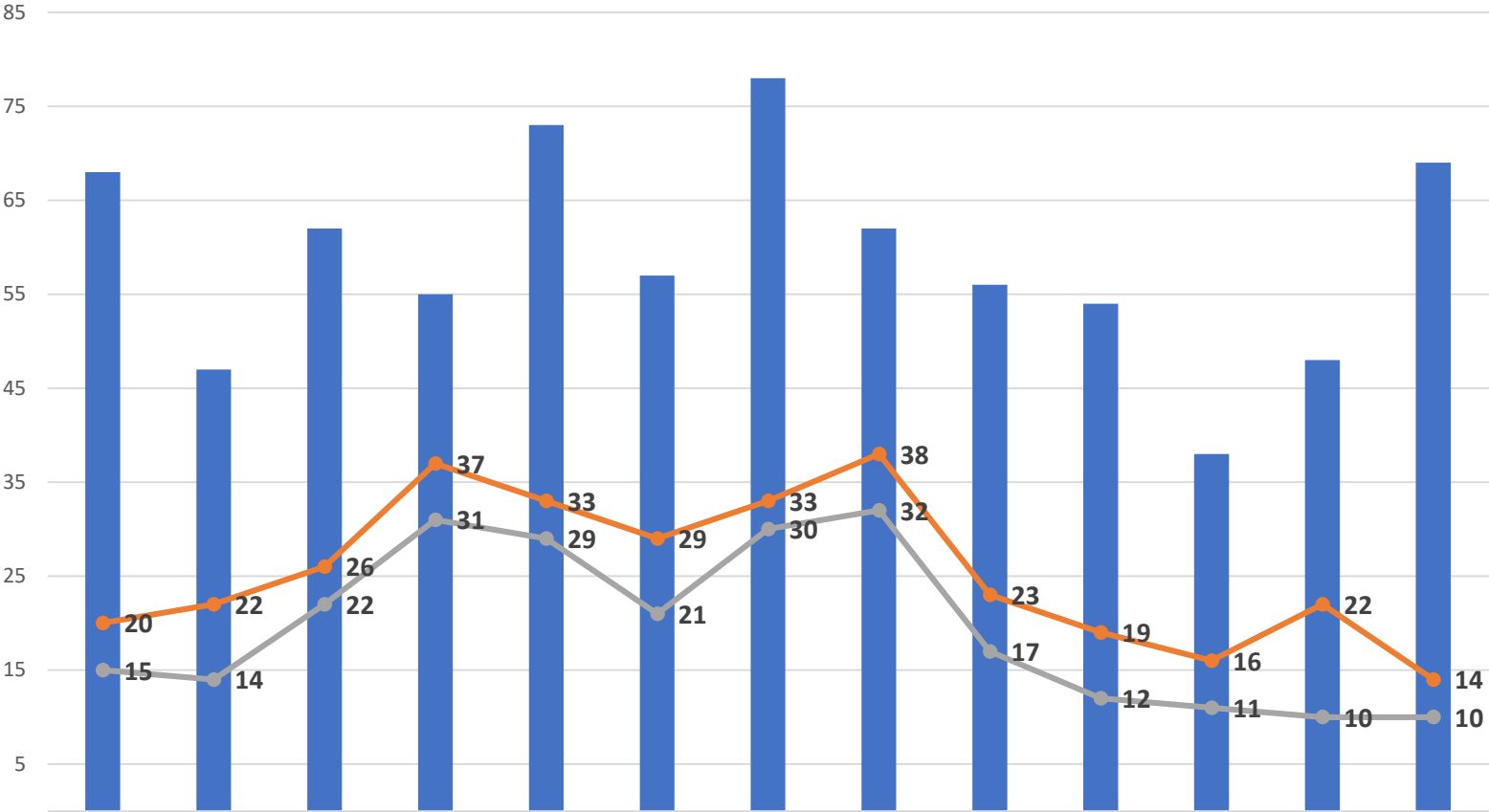
Division	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May /Jun	Jul	Aug	Sep	October		November	
Emergency Svcs/MCU	10	11	11	12	13	12	13	10	7	5	5	5	2 CIS	5	1 CIS
												5	2 Peer Support Spec		2 Peer Support Spec
												5	1 BHS II		2 BHS II
BHOP	8	7	8	10	9	10	9	9	6	6	9	4	4 BHS II	8	4 BHS II
												4			4 BH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

Adult Outpatient Time to Treatment - October 2023 to October 2024



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

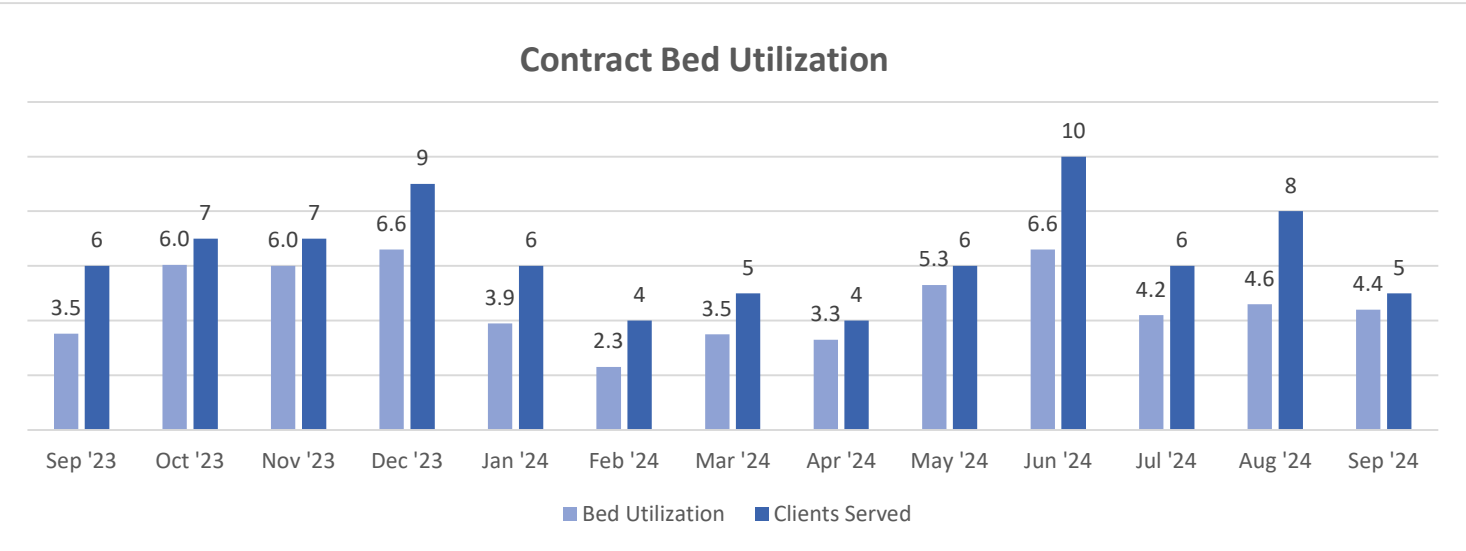
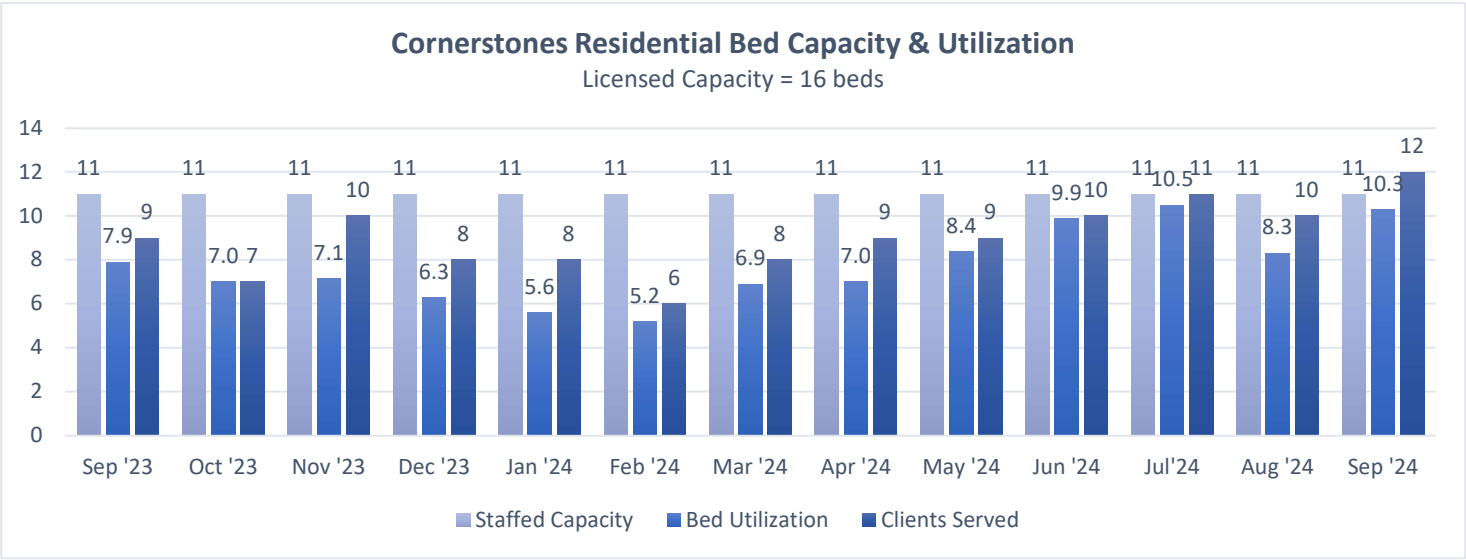
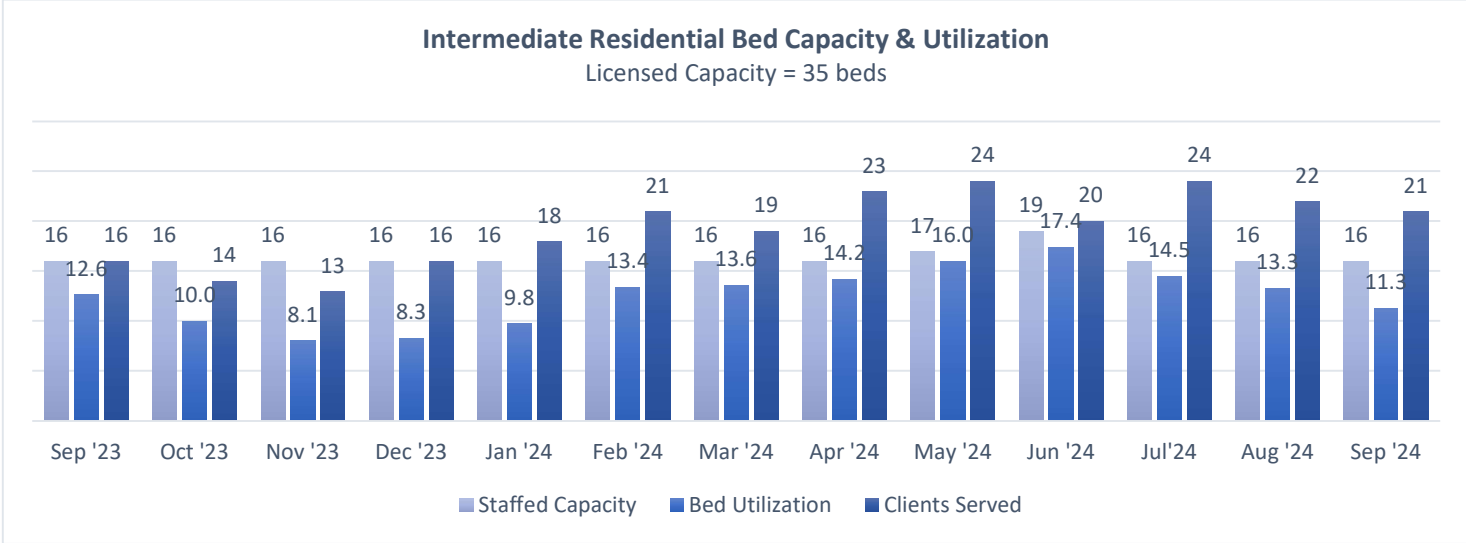
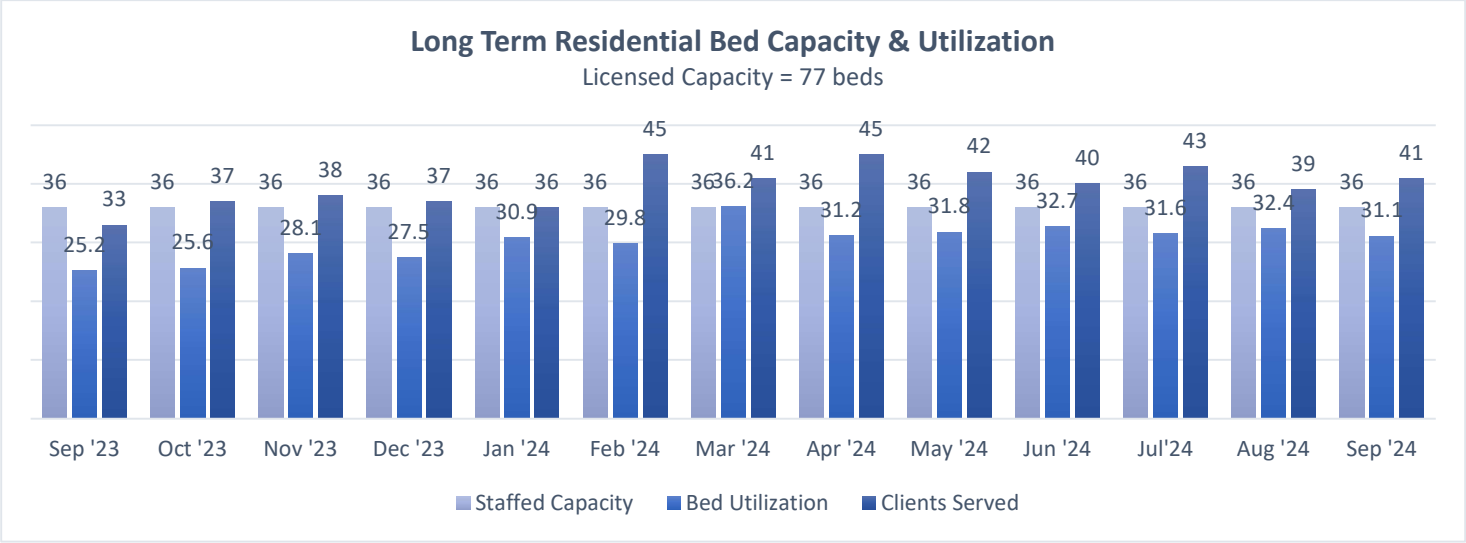
Youth Outpatient Time to Treatment - October 2023 to October 2024



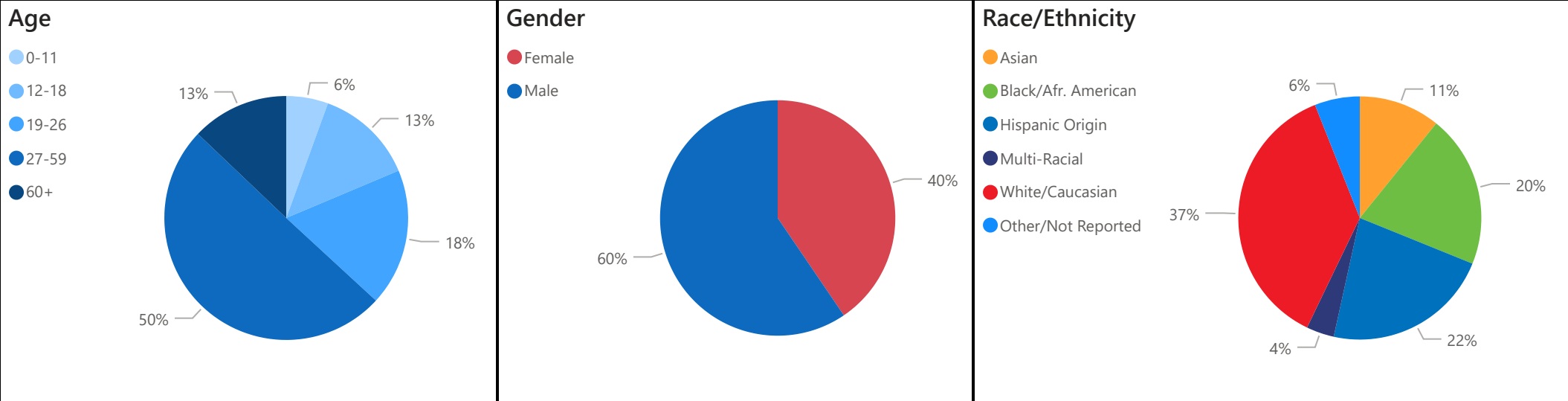
	Oct '23	Nov '23	Dec '23	Jan '24	Feb '24	Mar '24	Apr '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct '24
# Youth Who Attended 1st Treatment Appt	68	47	62	55	73	57	78	62	56	54	38	48	69
Average # Days from Assessment to Treatment	20	22	26	37	33	29	33	38	23	19	16	22	14
Average # Days from Assessment to 1st Available / Accepted Appt*	15	14	22	31	29	21	30	32	17	12	11	10	10

*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 - September 2023 to September 2024

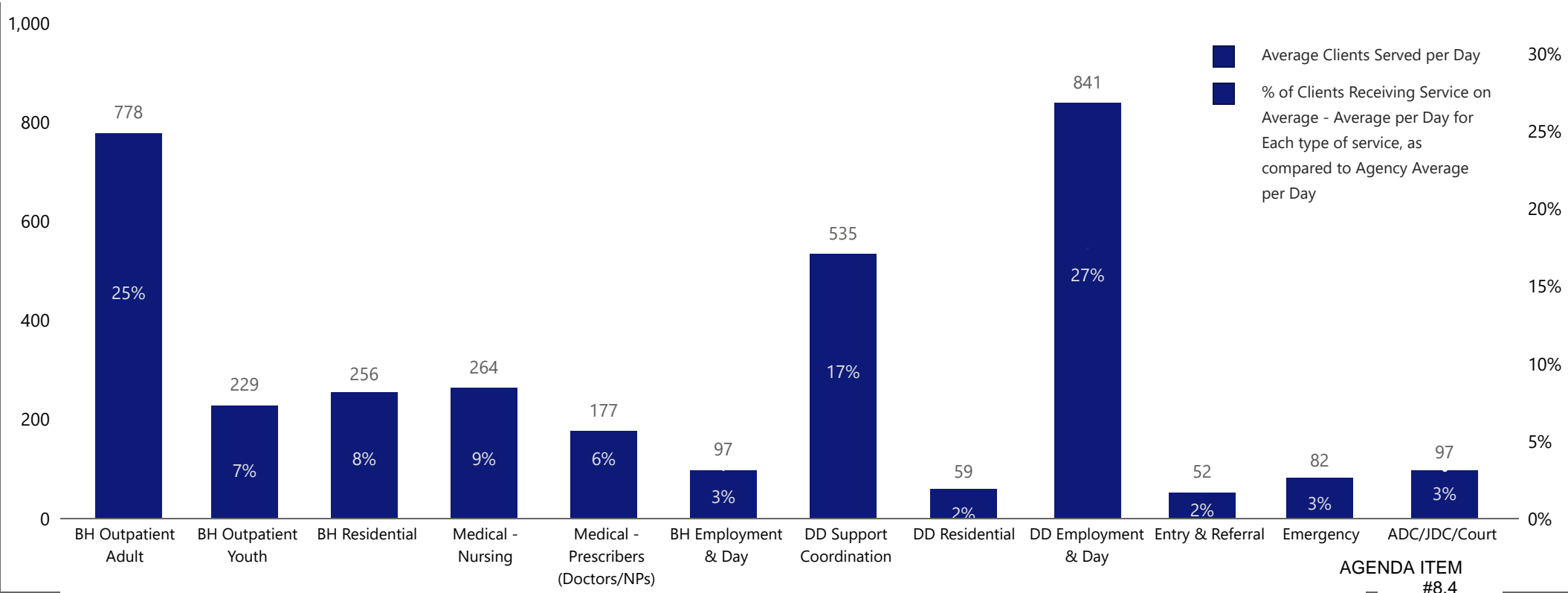


CSB Status Report



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

Agency Average Served per Day in September 2024 = 2,999



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

Service Area	Sep'23	Oct'23	Nov'23	Dec'23	Jan'24	Feb'24	Mar'24	Apr'24	May'24	Jun'24	Jul'24	Aug'24	Sep'24	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	9,682	9,748	9,432	9,392	9,735	9,730	9,730	9,974	9,808	9,468	9,680	9,767	9,696	▼ -0.7%	▲ 0.1%	22,583
BH Outpatient Adult	3,149	3,220	3,217	3,209	3,343	3,354	3,375	3,428	3,397	3,376	3,492	3,469	3,388	▼ -2.3%	▲ 7.6%	5,957
BH Outpatient Youth	1,046	1,070	1,078	1,074	1,113	1,142	1,136	1,147	1,116	1,073	1,010	948	926	▼ -2.3%	▼ -11.5%	1,987
BH Residential	423	446	419	409	415	421	414	412	422	427	408	411	398	▼ -3.2%	▼ -5.9%	1,415
Medical - Nursing	1,385	1,453	1,378	1,314	1,381	1,366	1,449	1,444	1,359	1,374	1,483	1,497	1,421	▼ -5.1%	▲ 2.6%	3,637
Medical - Prescribers	2,416	2,680	2,446	2,339	2,593	2,579	2,534	2,573	2,546	2,314	2,453	2,549	2,411	▼ -5.4%	▼ -0.2%	6,313
BH Employment & Day	269	294	315	306	317	308	329	354	356	362	356	355	338	▼ -4.8%	▲ 25.7%	666
DD Support Coordination	2,800	2,693	2,603	2,616	2,741	2,730	2,725	2,760	2,717	2,651	2,803	2,821	2,807	▼ -0.5%	▲ 0.3%	5,272
DD Residential	79	78	78	78	78	76	75	72	72	65	62	59	59	= 0.0%	▼ -25.3%	78
DD Employment & Day	1,198	1,213	1,215	1,211	1,192	1,203	1,209	1,213	1,190	1,114	1,138	1,216	1,217	▲ <0.1%	▲ 1.6%	1,378
Entry & Referral (EAR)	738	649	653	571	608	668	656	718	642	594	594	614	652	▲ 6.2%	▼ -11.7%	5,562
EAR Screenings	495	433	460	386	444	470	483	513	456	421	385	426	468	▲ 9.9%	▼ -5.5%	4,522
EAR Assessments	171	164	202	147	200	196	188	199	181	174	166	191	203	▲ 6.3%	▲ 18.7%	2,107
Emergency	997	1,051	937	1,005	1,067	1,031	1,001	1,068	1,059	984	988	1,035	1,036	▲ <0.1%	▲ 3.9%	7,397
ADC/JDC/ Court	685	696	621	614	652	638	699	701	730	624	672	675	655	▼ -3.0%	▼ -4.4%	2,976

* 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 an 8% increase as compared to the prior year, partly due to increases in adult mental health case management & outpatient therapy, medication assisted treatment, ACT, and peer services. BH Outpatient Youth – This service area typically sees an increase in referrals and individuals served in the late fall that continues throughout the school year and drops off over the summer months. 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 is 6% lower when compared to the prior year. Although there has been an increase in the SUD residential programs' census, there have been decreases in contracted residential supportive services and reductions through attrition in the Residential Intensive Care (RIC) program. Medical – Nursing & Prescribers (Psychiatrists & Nurse Practitioners) serve individuals in a variety of treatment settings. There is regular fluctuation in the number of clients served based on the needs of the clients. BH Employment & Day – The number of individuals served has been trending higher over the past several months, with a 26% 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 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 number of individuals served is similar to the prior month and year. 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 served is trending higher, with increased demand for both adults and youth. Compared to July 2024, screenings and assessments have increased by over 22%. 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 4% 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 decreased slightly compared to the prior year, with fewer individuals served in both the adult & juvenile detention centers 	