



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Dan Sherrange, Chair

Wednesday, March 27, 2024, 5:00 PM

Sharon Bulova Center for Community Health

8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West Fairfax,
VA 22031

MEETING AGENDA

- | | |
|---|-------------------------|
| 1. Meeting Called to Order | Dan Sherrange |
| 2. Roll Call, Audibility and Preliminary Motions | Dan Sherrange |
| 3. Matters of the Public | Dan Sherrange |
| 4. Amendments to the Meeting Agenda | Dan Sherrange |
| 5. Approval of the February 28, 2024, Meeting Minutes | Dan Sherrange |
| 6. Staff Presentation | Brian Anderson |
| A. Engagement Assessment Referral Services (EARS)
and Wellness Health Promotion and Prevention (WHPP) | |
| 7. Director's Report | Daryl Washington |
| A. County, Regional, State and Cross Agency Initiatives | |
| B. Youth Services and Crisis Response Centers | |
| C. DD Waivers | |
| D. FY 2025 Budget and Third Quarter Updates | |
| E. Cyber Security Breach | |
| 8. Action Item | Elif Ekingen |
| A. FY 2025 Proposed Fee Schedule | |
| 9. Matters of the Board | Dan Sherrange |
| A. Representative for the Affordable Housing Advisory Council (AHAC) and
Consolidated Community Funding Advisory Committee (CCFAC) on Other Boards | |
| B. Testimony to the Board of Supervisors | |
| 10. Committee Reports | |
| A. Service Delivery Oversight Committee | Evan Jones |
| B. Compliance & Executive Committee | Dan Sherrange |
| C. Fiscal Oversight Committee | Andrew Scalise |
| D. Other Reports | |
| 11. Adjournment | |

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

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
MEETING MINUTES
FEBRUARY 28, 2024

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

1. Meeting Called to Order

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

2. Roll Call, Audibility, and Preliminary Motions

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

Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Barbara Wadley-Young, Deputy Director of Administrative Operations Jean Post, Deputy Director of Clinical Operations Abbey May, Chief Financial Officer Elif Ekingen, CSB Service Director of Contract and Supportive Services Kevin Lafin, Legislative and Grants Analyst Elizabeth McCartney, and Board Clerk Sameera Awan.

3. Matters of the Public

Anna Everly, a public member, introduced herself as a Community Builder for Our Stomping Ground. As a new organization, having been around for only about four years, Anna acknowledged her recent involvement since September 2023, admitting her relative newness to the field. The purpose of her address was to discuss their forthcoming endeavors. Our Stomping Ground collaborates with two developers in Fairfax County: Wesley Housing, which owns The Arden property on Huntington Road, and SCG Development, which is responsible for the development at George Mason University. This project involves affordable housing, senior living, and college dormitories. Our Stomping Ground will oversee the programming for the affordable housing component, ensuring inclusivity by offering activities such as yoga, walks, and movie nights. All activities are designed to be accessible, typically free of cost or low-cost. Funding primarily comes from private donations and some grant funding.

4. Amendments to the Meeting Agenda

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

BOARD MEMBER CONSENSUS TO AMEND AGENDA ITEM NO. 4

5. Approval of the Minutes

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

MOTION TO ADOPT JANUARY 24, 2024, MEETING MINUTES WAS MOVED BY BOARD MEMBER DARIA AKERS, SECONDED BY BOARD MEMBER KAREN ABRAHAM.

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

6. Staff Presentation

CSB Service Director of Contract and Supportive Services Kevin Labin presented an overview of his division. The division manages 48 contracts covering Developmental Disability (DD) and Employment and Day Support Services (EDS). It also oversees the Self-Directed Services plan, Behavioral Health (BH) Employment and Day Support, Special Housing and Facilities, and Developmental Disability and Mental Health (MH) Residential Services.

The DD Employment and Day contracts, with a budget of approximately \$16,248,500 for the current fiscal year, recently faced a reduction of about \$6.1 million. Despite this, the division remains within budget and anticipates stability for the next one or two years. A team of members works closely with the fiscal team to ensure responsible management of taxpayer funds. The presentation highlighted the challenges in DD Employment and Day services, particularly the ongoing struggle to find sufficient staffing for developmental disabilities.

Various services include the Self-Directed Services (SDS) program providing cost-effective community-based services, offering a three-tiered approach with budgets ranging from \$10,000 to \$18,084 annually. SDS has proven successful in supporting various services like the College Steps program, the George Mason LIFE program, Inclusive Pathways to Success (IPS), and Specially Adapted Resource Club (SPARC - ARC of Northern Virginia). Psychosocial Rehabilitation Services, Developmental Disabilities, and Mental Health Residential Services have a total budget of \$5 million for FY24. The Permanent Supportive Housing (PSH) initiative provides housing and support for individuals with serious mental illness (SMI).

The presentation concluded with information on Diversion First Housing, detailing the contract with New Hope Housing, where 38 individuals receive housing support following recent diversion and arrest or active involvement.

Board Chair Dan Sherrange inquired about the extensive contracting work, acknowledging its crucial role in supporting various services, seeking information on contracts critical for service continuation or details of any upcoming contracts that require attention to stay within budget and ensure sustainability across each service area.

Additionally, Mr. Sherrange inquired about the involvement in the DD waiver program expansion and if there were preparations to accommodate individuals needing placement with specific waiver levels (XY or Z) as the initiative progresses.

CSB Service Director of Contract and Supportive Services Kevin Labin responded, stating that the contracting aspect is in excellent condition. He highlighted changes made several years ago,

emphasizing a shift away from predominantly utilizing the RFP process, which was lengthy and cumbersome. Kevin explained that, according to the State Code of Virginia, if the CSB purchases services on behalf of an individual, it is exempted from the competitive solicitation process. This exemption has been immensely beneficial; this master service purchase facilitates ease in adding services throughout the year. The contracts are more extended, providing more flexibility than the traditional RFP approach, allowing for adding providers in DD Employment and Day as long as they meet the necessary criteria. Regarding the Medicaid waivers, some reservations exist about capacity and local funding challenges, but the division will coordinate closely with Support Coordination. Concerns also exist about the Priority One Waitlist, which currently includes approximately 285 locally funded individuals in DD Employment and Day services.

7. Director's Report

A. **Developmental Disabilities Waivers**

Deputy Director of Clinical Operations Barbara Wadley-Young updates on Permanent Supportive Housing, acknowledging that it would take some time for significant developments in that area. She highlighted the ongoing coordinated efforts related to support coordinator expansion, particularly in response to Governor Youngkins' proposal to reduce the Priority One Waitlist. Dr. Wadley-Young expressed concerns about the growing number of individuals on the Waitlist, emphasizing the need for approval from the General Assembly and potential legislation for rate increases and provider capacity. Planning involves a dynamic and coordinated effort, including meetings with the State Assistant Commissioner and DMAS (Department of Medical Assistance Services) to address expectations, needs, and concerns. Positive developments have been made, such as ongoing discussions with state officials and their openness to proposals from the Support Coordination team. Anticipating the need for 70 new support coordinators and 16 additional staff for Administrative Operations, she emphasized the logistical challenges involved in accommodating the increased workload.

Dr. Wadley-Young underscored the collaboration with various departments and community providers, highlighting the importance of a comprehensive communication plan. She outlined plans for communications from Executive Director Daryl Washington to individuals on the Waitlist, collaboration with the ARC of Northern Virginia for adapted content, virtual events, FAQs on the public website, and designated staff for handling inquiries. There will also be an upcoming meeting with CSB Board members to discuss projected impacts, needs, and timelines to ensure informed stakeholders during the agency's growth.

Board Chair Dan Sherrange expressed gratitude to Dr. Wadley-Young, acknowledging the thorough consideration given to various aspects of the plan. He looked forward to collaborating in future meetings. Dan requested Barbara to propose a couple of dates and times for a meeting on communication, with Board member Karen Abraham volunteering to assist in addressing community perspectives. Dan emphasized the importance of discussing communication strategies and appreciated the collective effort. He raised a specific question about whether the 30-day rule for executing the DD Waiver still applied or if there were considerations from the state regarding this matter.

Deputy Director of Clinical Operations Barbara Wadley-Young responded, explaining that the flexibility regarding the 30-day rule for DD Waiver approval is restricted as it is subject to approval from DMAS. There are ongoing negotiations with the State and DMAS regarding pacing, quarterly processes, scoring, and allocation. DMAS's has graciously been willing to engage in discussions and consider proposals. She noted the efforts of the Department of Management and Budget (DMB) and Department of Human Resources (DHR) in gathering information to provide more flexibility in staffing timing for support.

B. Youth Services and Crisis Response Centers

Executive Director Daryl Washington provided updates on Youth Services and Crisis Response Centers, indicating ongoing efforts to hire and onboard staff to expand Youth Outpatient Services across three community centers. Additionally, the onboarding process continues for individuals who will staff the Youth Medicated Assisted Treatment (MAT) Clinic, slated for the 1st floor of the South County Human Services Building. Regarding the Crisis Response Center in Chantilly, plans remain on track for a late spring reopening, and efforts are underway to identify suitable buildings for a comprehensive Youth and Adult Crisis Center. Mr. Washington emphasized that progress is being made with daily developments on these projects, although various steps are involved in their advancement.

C. FY 2025 Budget

Executive Director Daryl Washington presented an overview of the proposed FY25 budget, referring to Agenda Item #7E.10. The proposed adjustments included a \$7 million increase in employee compensation. The County Executive's recommendation to the Board of Supervisors (BOS) suggested a 2% market rate increase for all full-time merit staff, with total funding for performance and longevity increases.

Additionally, a 4-cent tax increase on personal property taxes was proposed, equivalent to approximately \$550 for the average homeowner in the county. The budget also allocated \$2 million for a contract rate increase and introduced 14 new positions for Support Coordination. Notably, there is a cost difference between employing seven Support Coordinators (\$2 million) and the expected revenue generated (estimated at \$838 thousand). The county is committed to covering the remaining gap at \$1.2 million.

Additional components include operating savings from cost efficiencies and a county lease, estimated at \$670 thousand. Five vacant positions were eliminated, which compensated for multiple positions elsewhere. There was also an adjustment in Carryover funds of \$6.2 million. Agenda Item #7E.12 highlighted the allocation of 16 full-time employees for Youth Mental Health; the agency will absorb the associated costs due to exceeding revenue targets in previous years.

The overall budget changes include an increase in revenue expectations, resulting in a \$6.1 million net reduction in program funding. The preceding discussion provides a high-level summary of the proposed FY25 budget adjustments for the program.

Mr. Washington provided an overview of the budget process timeline, specifically addressing Agenda Item #7A. He highlighted the recent joint meeting between the county and the school system. Traditionally, the Superintendent is now proposing a request for a \$250 million increase, more than \$100 million greater than what was requested last year. The proposed 4-cent tax increase only partially covers this substantial increase.

Next in the County budget process is the Cabinet vote on the new Tax Rate Ceiling, scheduled for Tuesday, March 5, 2024. The BOS decision on the tax rate sets the upper limit; this can be lowered during the final budget approval, but taxes may not go beyond this rate. This step is crucial in determining the financial framework for the upcoming budget discussions and town hall meetings with county citizens. Board members anticipate many questions during the budget season, necessitating prompt responses. The budget markup is set for April 30, 2024, with the final budget adoption scheduled for May 7, 2024.

D. Legislative Update

Legislative and Grants Analyst Elizabeth McCartney provided an update on the budget process during the meeting. Both chambers have been working on their budgets and brought out their amendments on February 18, 2024. February 28, 2024, is the final date to have all the work done in the budget amendments, and conferees have been appointed to reconcile the House and Senate budgets. There are differences between the numbers in the House and Senate budgets, including some workforce investments in only one of the chambers. The governor's budget included funding for DD Waiver slots, which both the House and Senate budgets retained. The House included a 3% rate increase for some services, while the Senate had a 2.1% rate increase. Workforce development initiatives were also addressed, with the Senate budget allocating \$7.5 million over two years for CSB workforce investments. The Senate budget additionally allocated \$2.5 million to help CSBs hire staff for Crisis Stabilization Units.

Regarding Crisis Services, the Senate proposed a report to track the allocation of funds for the Crisis System. Other budget items discussed include the System Transformation Excellence and Performance (STEP VA), Discharge Assistance Planning, Permanent Supportive Housing, State Rental Assistance Program, and Mental Health Services. The performance contract and reporting were also discussed, with concerns about the potential administrative burden for CSBs.

8. Information Item

Chief Financial Officer Elif Ekingen presented the proposed revisions to the FY 2025 CSB Fee Schedule. These adjustments are intended to standardize methods for maximizing revenue from clients, Medicaid, Medicare, and other health insurance providers. In accordance with regulatory mandates for fair and consistent fee structures, the CSB Board is asked to review and approve the modifications to the FY 2025 Fee Schedule during the upcoming March 27, 2024, CSB Board Meeting to streamline and enhance the overall process. A discrepancy in several categories was found which will need to be corrected prior to the fee schedule approval at the March Board meeting.

9. Matters of the Board

Board Chair Dan Sherrange provided updates regarding the nominating committee, explained that Board member Bettina Lawton is leading. Individuals interested in joining the nominating committee are encouraged to contact Bettina to offer volunteer services. The nominating committee is responsible for selecting candidates for officer positions on the Board. Three positions are available for consideration: Chair, Vice Chair, and Secretary. The voting for these positions is scheduled for June 2024, with the new officers assuming their roles in July 2024. Additionally, volunteers are sought to chair the Fiscal Oversight Committee. Interested parties should contact Dan for further discussion about this opportunity. Lastly, the Fairfax County Health and Human Services Summit will be scheduled for Saturday, March 2, 2024, from 9:00 a.m. to noon at the Twin Lakes Golf Course. Anyone available to attend is encouraged to do so.

Board Member Srilekha Palle shared that she attends the Pathways to Wellness Conference each year as a representative of the CSB Board. Although she is currently playing a pivotal role in organizing this year's conference, she unfortunately has a scheduling conflict that prevents her from attending. She encouraged fellow members to consider representing the CSB Board at the conference, which is set to take place on May 17, 2024, from 9:00 a.m. to 2:00 p.m. at the Northern Virginia Community College. She will share the event flyer with everyone once it becomes available.

Board Member Andrew Scalise indicated that the Fiscal Oversight Committee currently comprises only five active members. He mentioned that the committee faced challenges in achieving a quorum during the last meeting due to the absence of one or two members. Individuals interested in understanding the budget's implications and examining metrics related to workforce and staffing vacancies should consider joining the committee. He explained that the committee primarily focuses on assessing how staffing levels and vacancies impact service delivery. Additionally, they explore opportunities to optimize resources and creatively address any areas of excess capacity. Those interested in learning more about the county's budget and contributing to these discussions would find the Fiscal Oversight Committee a valuable platform. The committee convenes on the third Thursday of each month at 4:00 p.m.

Board Member Captain Daniel Wilson shared that he was recently transferred within the Sheriff's Office to the Inmate Services Division, specifically out of Confinement. This move means he will be significantly involved with STAR Block (Specialized Treatment and Rehabilitation) programs and MAP (Mental Health Assessment Program). He is working closely with the Director of Individual and Family Affairs, Michael T. Lane, to enhance and expand these programs, drawing on his experience in similar roles. Additionally, Captain Wilson expressed a desire to educate others about the Fairfax County Sheriff's Office and its community involvement. He offered to provide information and tours of the jail to anyone interested, emphasizing his openness to sharing knowledge and learning from others.

10. Committee Reports

A. **Service Delivery Oversight Committee**

Service Delivery Oversight Committee Chair Evan Jones presented committee updates, noting the committee's focus on increasing attendance and participation, particularly from

associate members. Recognizing the need for enhanced communication, Evan mentioned sending three or four reminders to the community partners' list. Despite potential outdated contacts due to pre-COVID circumstances, the last meeting saw a promising attendance of 40 participants. He expressed optimism about maintaining this momentum to achieve self-generating and more robust participation. The meeting was deemed relatively robust, featuring discussions, with the legislative aspect being a highlight. Evan suggested exploring the DD waiver issue, emphasizing the importance of involvement in executing the initiative. **The next Service Delivery Oversight Committee meeting is Wednesday, April 10, 2024, at 5:00 PM.**

B. Compliance and Executive Committee

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

C. Fiscal Oversight Committee

Acting Chair of the Fiscal Oversight Committee, Andrew Scalise, highlighted the ongoing budget surplus, albeit with a notable constriction in the personnel budget compared to the operating budget. Kevin Lafin elaborated on this, mentioning a \$5 million reduction in his budget due to the county's shift from contracted services to personnel expenses. This adjustment ensured adequate coverage for personnel expenses for the remainder of the year, with surplus funds remaining in the operating budget. Consequently, the 2025 budget faces some constriction as certain costs may need to be self-funded with the surplus funds. The Fiscal Oversight Committee prioritizes tracking vacancies, particularly noting the addition of eighteen new positions yet to be filled. The overall vacancy rate has remained stable, and the committee acknowledges the challenge of managing attrition and ensuring timely hiring. Moving forward, the committee intends to collaborate with the county to streamline administrative support for the hiring process. Additionally, they plan to analyze exit interviews and reports to understand the reasons behind employee departures. By addressing these issues, the committee aims to mitigate the impact of onboarding 70 new employees over the next three fiscal years and minimize attrition within the organization. **The next Fiscal Oversight Committee meeting is Thursday, March 21, 2024, at 4:00 PM.**

11. Adjournment

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Evan Jones. The motion was approved unanimously, and the meeting was adjourned at 7:06 PM.

Date Approved

CSB Board Clerk



FAIRFAX - FALLS CHURCH

**Community
Services Board**

Engagement Assessment Referral & Wellness Health Promotion and Prevention

Brian Anderson, Division Director
March 27, 2024

Engagement Assessment Referral

Wellness Health Promotion Prevention



FAIRFAX - FALLS CHURCH

**Community
Services Board**



Children, Youth and Families

Counseling, medication, crisis response, recovery supports and other services for children and youth (and their families) with mental health concerns and substance use disorders



Developmental Disabilities

Services to help people with developmental disabilities live, work and take part in our community



Mental Health

Counseling, medication, crisis response, and other services for people of all ages with mental health concerns



Substance Use Disorder

Treatment, detoxification, recovery supports for people with substance use disorders.



Prevention & Wellness

Assists the community in strengthening its emotional health and ability to handle challenges related to substance misuse and mental illness.

Entry Call Center



- The Call Center can be the first point of contact for the public looking for services.
- Asks what services the potential clients are looking for.
- Explains the services we provide related to substance use and mental health Services for Fairfax County residents
- We may direct individuals to other community resources.
- Encourage individuals to “call in before you walk in.”
- Same day access

Adult Assessment Team



Location: Sharon Bulova Community Mental Health Lower Level,
across from elevators

Hours of Operation: Monday – Thursday 9 a.m. to 3 p.m.
Friday 10:30 a.m. to 3:00 p.m.

Note: Mondays & Thursdays, adult intake assessments offered
until 6:00 p.m.

Process for Walk-in for Assessment:

- Triage
- Registration
- Health Assessment with nurses (including UA)
- Assessment
- Connect people to services (with CSB and other community programs)

Youth Assessment Team



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**Community
Services Board**

Location: Sharon Bulova Center for Community Health 3rd floor,
West Wing

Hours of Operation: Monday – Thursday 8:00 a.m. to 3:00 p.m.
Friday 10:30 a.m. to 3:00 p.m.

Process for Walk-in Assessment:

- Triage
- Registration
- Possible urine screening (for Substance use)
- Assessment: Outpatient Therapy or Short term Behavioral Health

WHPP



Location: Heritage Center (Annandale), Gerry Hyland (Alexandria), Northwest Center (Chantilly)

Hours of Operation: Monday – Friday 9:00 a.m. – 5:00 p.m.
(Weekend and Evening hours for community events)

WHPP Services: Mental Health First Aid, Question Persuade Refer, Revive, Talk. They Hear You.

Collaboration with community partners:

- Fairfax County Public Schools
- Health Department
- Neighborhood Community Services
- Department of Family Services
- Juvenile Domestic Relations Court

Mental Health First Aid



REGISTER NOW!

MENTAL HEALTH FIRST AID

COURSES AVAILABLE
VIRTUALLY

Go to bit.ly/CSB-MHFA



Question, Persuade, and Refer (QPR)



QPR

(QUESTION, PERSUADE, AND REFER)

**Help save a life
from suicide by
learning 3 simple
steps.**

**Sign up for a class
today.**



Visit [bit.ly/CSB-QPR](https://www.fairfaxcounty.gov/community-services-board/prevention/qpr) for details.

REVIVE!

Opioid Overdose & Naloxone Education



Free Online REVIVE! Kit Training

Learn what to do and not do in an overdose situation, how to administer naloxone, and what to do afterwards.

Sign up for a free virtual class today!

Go to [fairfaxcounty.gov](https://www.fairfaxcounty.gov) and search 'revive'



Talk. They Hear You.



i **talk**
they hear you®

***Underage Drinking &
Substance Use Prevention***

Suicide Prevention Alliance of Northern Virginia (SPAN)



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**Community
Services Board**

Join us to help
raise awareness
and share
resources to
prevent suicide.



suicidepreventionnva.org

Assessment & Prevention Work Force



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**Community
Services Board**

Assessment Team

- 1 Manager
- 4 Supervisors
- 12 Senior Clinicians
- 6 BH Specialists II's
- 2 LPN's
- 1 Relief Counselor
- 1 Senior Clinician Job Share (Part Time)
- 1 Senior Clinician position 30 hour (Non-exempt)
- 2 Contracted Senior Clinicians (Health Force)
- 1 BH Specialist Non-Merit 30-hour position
- 1 BH Specialist Part time merit 20-hour Merit

Prevention Team

- 1 Manager
- 1 Supervisor
- 10 BH II specialists
- 1 Management Analyst III
- 1 BH Specialist II Part Time

FY23 Data – Triage & Assessment Services



- In FY23, 42% (n=1,386) of adults completed an assessment after a triage screening, 40% (n=1,326) of adults who were scheduled for a PDE on a later date did not return, and 17% (n=573) were screened out.
- In FY23, 60% (n=934) of youth completed an assessment after a triage screening, 32% (n=494) of youth who were scheduled for a PDE on later date did not return, and 8% (n=132) were screened out.

Average # Assessments Scheduled for a future date, by disposition	csb arranged diff. day appt.	indv. requested diff. day appt.	
Adult	22.8	6.9	/week
Youth	7.2	5.8	/week
All	28.8	11.9	/week for CY23

FY23 Data – Prevention Services



January 2023 to December 2023 Number of People Trained

Mental Health First Aid (Mental Health): 976

Revive (Substance Abuse): 5,365

Question, Persuade, Refer (QPR - Suicide Prevention): 265

TOTAL: 6,606

FY24 Fiscal Data At a Glance



- EAR/WHPP Budget totals \$6.6 Million which includes staff salaries, benefits, equipment and supplies.
- Contracted staff for EAR is \$83,000.00 through Health Force.
- Additional contracted staff for EAR is \$162,600.00.

Wellness Health Promotion & Prevention Grants



FY 2024 GRANT AWARDS EAR

Grant	Grant Funded Position/ FTE	Total Funding	Sources of Funding		
			General Fund	Federal/State	Other
Al's Pals: Virginia Foundation for Healthy Youth (1760022)	0/0.0	\$61,407	\$0	\$61,407	\$0
The Commonwealth of Virginia, Virginia Foundation for Healthy Youths (VFHY) provides funding for the Al's Pals: Kids Making Healthy Choices program. VFHY was created in 1999 by the General Assembly to distribute monies from the Virginia Tobacco Settlement Fund to localities for youth-focused tobacco use prevention programs. The Al's Pals program is an early childhood prevention program for children ages three to eight years old which includes interactive lessons to develop social skills, self-control and problem solving abilities to prevent use of tobacco, alcohol, and other drugs.					
STEP-VA (1760055)	15/15.0	\$1,742,333	\$0	\$1,742,333	\$0
DBHDS provides funding to support systems transformation, excellence and performance (STEP-VA) for same day access, primary health care integration and outpatient service enhancements.					
VA State Opioid Response - Prevention (1760057)	0/0.0	\$168,000	\$0	\$168,000	\$0
DBHDS provides State Opioid Response (SOR) Prevention funding to support implementation of evidence-based strategies to address the opioid use epidemic.					
Gambling Prevention (1760080)	0/0.0	\$14,280	\$0	\$14,280	\$0
To effectively prevent and minimize the harmful effects of legalized gambling expansion, implementing the Strategic Prevention Framework (SPF) planning model is crucial. This can be achieved by conducting a thorough needs assessment, disseminating information, providing education, and building community capacity to make data-driven decisions. By identifying priorities and selecting evidence-based strategies, the community can work towards preventing and reducing the negative impact of expanded legalized gambling.					
SABG Prevention ARPA (1CV7605)	1/1:0	\$299,000	\$0	\$299,000	\$0
DBHDS provides funding to prevent Substance Use Disorders by implementing strategies including information dissemination, education, alternatives, problem ID; and using Strategic Prevention Framework planning model that target individuals, communities and the environment.					
Substance Abuse Prevention and Treatment (1CV7608)	0/0.0	\$50,000	\$0	\$50,000	\$0

The funding allocation aims to provide additional support towards the ongoing efforts to reduce substance use and overdose rates across the Community. To provide, implement, create, develop, or enhance evidence-based treatment programs and services for individuals who meet the eligibility criteria for SAMHSA's Substance Abuse Federal Block Grant. Evidence-based practice (EBP) refers to approaches for prevention, treatment, or recovery that have been validated by documented research evidence.

Current Trends with Assessment



- Data/Justification for Engagement Model- *Currently, approx. 50% of walk-ins are being scheduled out (up to 4-6 weeks) for assessment with a clinician which can result with individuals being referred out at this time. The new model will minimize this as all walk-ins will meet with a clinician for at least an initial “partial” PDE to establish if a full PDE for CSB services is needed.
- Listening sessions with DBHDS to look at improvements with Same Day Access and outreach to other CSB’s regarding process improvements.

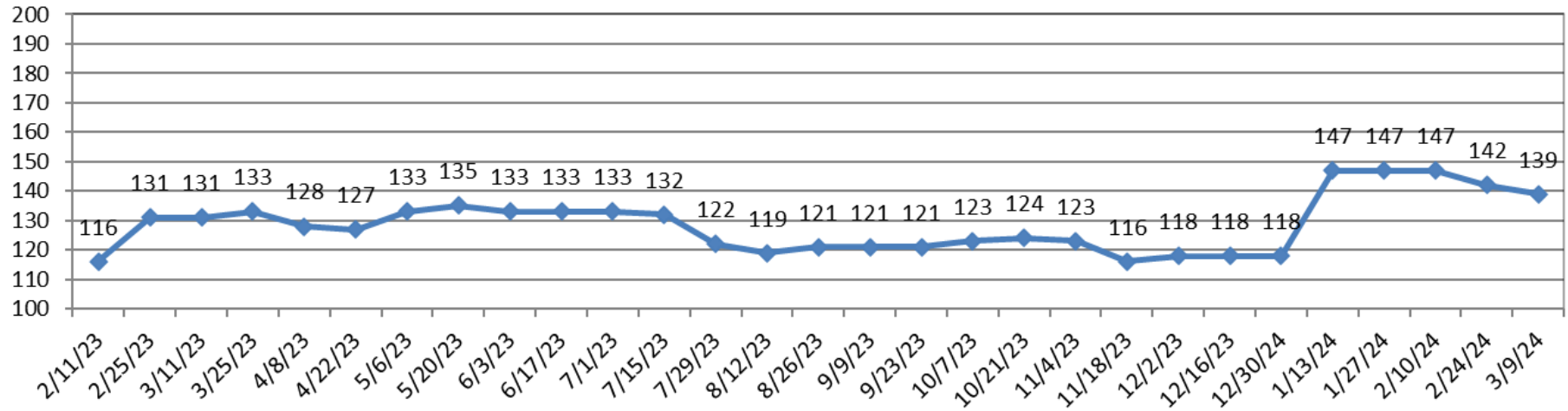
Current Trends with Prevention



- We continue to receive requests for Opioid Overdose Naloxone Education from the community and other HHS partners including DFS, FCPS PTSA's (Parents), NCS, Health Department, and various community organizations.
- We have seen an increase in the need for Mental Health First Aid classes, especially for older adults. Older adults have reported that lack of technology and transportation often prevent them from attending classes offered in the community (Older Adult Mental Health First Aid can only be done in-person).
- Suicide stigma continues to be an issue in the community. Youth and adults both continue to wrestle with normalizing conversations regarding suicide. While we saw a change in having conversations and have seen an increase in participation in our suicide prevention classes, it is still a consistent struggle to have regular participation from community members.
- We also have noticed a trend in the countywide need for an increase in prevention services including mental health, substance misuse, and suicide prevention. The goal in our department is to assist youth risk factors and increase protective factors through positive prevention messaging and partnering with other HHS partners.
- Transitioning from BH specialist classification to Social Services Specialists III's to be more aligned with the public health arena. Currently under review from Department of Human resources.

Questions?

CSB Vacant Merit Positions (Fund 400 and 500)



*Note: 1/13/2024 Increase in vacancies partially attributed to the establishment of 18 new positions

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

Division	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	January		February	
Emergency Svcs/MCU	20	16	14	15	13	10	10	9	10	11	11	12	8 CIS	13	10 CIS
													2 Peer Support Spec		2 Peer Support Spec
													2 BHS II		1 BHS II
BHOP	8	10	9	11	10	11	11	10	8	7	8	10	5 BHS II	9	4 BHS II
													2 BH Sr Clin		2 BH Sr Clin
													2 BH Supv		2 BH Supv
													1 BH Mgr		1 Peer Support Spec
Youth & Family – Outpatient Svcs	3	5	5	7	7	5	7	5	4	4	4	17	9 BH Sr. Clin	18	10 BH Sr Clin
													3 BHS II		3 BHS II
													2 BH Supv		2 BH Supv
													1 BH Mgr		1 BH Mgr
													2 Peer Support Spec		2 Peer Support Spec
Support Coordination	7	7	10	9	9	10	7	7	6	5	7	10	10 DDS II	8	8 DDS II
ADC/ Jail Diversion	16	15	11	13	13	8	8	5	6	8	9	13	6 BHS II	12	5 BHS II
													3 BHS I		3 BHS I
													3 BH Sr Clin		3 BH Sr Clin
													1 BH Supv		1 BH Supv
EAR	2	1	3	4	3	3	1	2	1	1	1	1	1 LPN	1	1 LPN



County of Fairfax, Virginia

MEMORANDUM

DATE: March 15, 2024

TO: Board of Supervisors

THROUGH: Christopher A. Leonard *cas*
Deputy County Executive

FROM: Thomas Fleetwood *T*
Director, Department of Housing and Community Development

SUBJECT: New Permanent Supportive Housing Opportunities

This communication is to inform the Board of Supervisors of an expanded partnership between the Fairfax County Redevelopment and Housing Authority (FCRHA) and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) which will increase supportive rental assistance options for persons with serious mental illness (SMI).

On March 14, 2024, the FCRHA authorized the execution of a Memorandum of Agreement (MOA) with DBHDS which will allow for the funding and administration of rental assistance for three hundred (300) Permanent Supporting Housing (PSH) households in Fairfax County. The funding will also support new staff positions to administer the program. DBHDS will provide the FCRHA with over \$20 million in new and on-going state general funding and administrative funding over a three-year period for the provision of the 300 units of tenant-based rental assistance. The period of performance is from May 1, 2024 through April 30, 2027, and renewable in accordance set forth in the MOA.

The new funding will pair two evidence-based practices – Assertive Community Treatment (ACT) with Permanent Supportive Housing – to form an ACT-PSH program. PSH is an evidence-based approach that offers affordable rental housing along with supportive services to assist persons with achieving their personal goals while living in their own homes. The program is intended to address high priority goals for the Commonwealth including reducing the census at state psychiatric hospitals and preventing homelessness among individuals with SMI. Critical support services for 50 participants, including psychiatry, psychosocial rehabilitation, and case management will be provided under a separate agreement between DBHDS and Pathway Homes. The remaining 250 participants will be coupled with two Supportive Housing Teams under a separate contract with DBHDS.

Department of Housing and Community Development
3700 Pender Drive, Suite 100
Fairfax, Virginia 22030-6039
Office: 703-246-5101, Fax: 703-246-5088, TTY: 771

Board of Supervisors
New Permanent Supportive Housing Opportunities
Page 2 of 2

The program will prioritize individuals experiencing long-term or repeated episodes of homelessness; individuals who are frequently in contact with crisis, hospital, or criminal justice systems due to their housing instability; individuals leaving state psychiatric hospitals; and those residing in congregate care settings, especially those with high concentrations of individuals with SMI.

The program will be generally administered by the FCRHA similar to the federal Housing Choice Voucher program and the FCRHA's Moving to Work authorities.

cc: Commissioners, Fairfax County Redevelopment and Housing Authority
Bryan J. Hill, County Executive
Christina Jackson, Chief Financial Officer
Tom Arnold, Deputy County Executive
Rachel Flynn, Deputy County Executive
Ellicia Seard-McCormick, Deputy County Executive
Karla Bruce, Chief Equity Officer
Daryl Washington, Executive Director, Fairfax-Falls Church Community Services Board
Tom Barnett, Deputy Director, Office to Prevent and End Homelessness, HCD
Amy Ginger, Deputy Director, Operations, HCD
Peggy Gregory, Division Director, Rental Assistance, HCD
Elizabeth D. Teare, County Attorney

CSB Brief: Cyberattack on Change Healthcare

Executive Summary:

- No impact to client care, staff transitioned to downtime processes for electronic Lab Orders/Results and electronic Prescribing. All CSB clients received and continue to receive services.
- United Healthcare payments are delayed which represents 7.8% of the total revenue Year-to-Date (~250k monthly) CSB fully intends to obtain this money once systems are restored.
- The CSB has no information about how the attack occurred or how many people are impacted because there are active investigations occurring at the federal level regarding this attack.
- Some impact on CSB business and clinical staff due to increased administrative processes.
- CSB is working with the County's Information Technology and HIPAA office. Communications will be made to any individuals impacted as soon as we have details.
- Change Healthcare will most likely be the entity that will be legally required to notify all impacted individuals.
- Change Healthcare handles 90+% of the nation's healthcare information. This breach likely has impacted most of the individuals who live in the United States.

Background:

- Change Healthcare (CH) is a subsidiary of UnitedHealth Group which also owns Optum and UnitedHealthcare (UHC)
- CH is an IT platform that acts as a middleman for companies to exchange and process data including:
 - Revenue and Payment
 - Clinical Exchange of Orders and Results
 - Electronic Lab Orders (eLabs)
 - Electronic Prescribing (ePrescribing)
- Credible uses CH to move/process specific data including:
 1. Real-Time Batch Eligibility
 2. Revenue Cycle (Payments)
 3. eLabs
 4. Clinical Decision Support

What we Know:

- On February 21, 2024, a Known Large Hacker group BlackCat/ALPHV attacked CH.
 - The CH Systems were breached.
 - In response, CH took their systems offline, thereby breaking connections for transmission of claims, payment, orders, results, processing of electronic prescriptions.
- CH is working with the FBI, and paid 22M in Ransomware.
- CH is currently being investigated by Health and Human Services (HHS) Office for Civil Rights (OCR) to ensure all proper security measures had been in place prior

Proposed Changes to FY 2025 CSB Fee Schedule

Issue:

CSB Board review of proposed changes to the FY 2025 CSB Fee Schedule.

Background:

In order to ensure a consistent, fair, and reasonable fee structure as required by the Code of Virginia, as well as to develop a structured, streamlined operation, the following fee setting process has been approved by the CSB Board.

Process for annual rate setting for the CSB fee schedule:

1. Align service fees with annual non-facility rates published by Medicare (CMS, Centers for Medicare and Medicaid Services).
2. For services not priced by Medicare, the CSB will use the Department of Medical Assistance Services (DMAS), Virginia's Medicaid authority, fee schedule.
3. If the CSB has a service that is not priced by either CMS or DMAS, the CSB will use the negotiated rate of the payer as the rate on the fee schedule.

Medicare publishes updates to their Physician Fee Schedule every January. DMAS publishes updates to the Medicaid Fee Schedule every July. Therefore, to streamline the annual fee schedule updating process, the CSB proposes the following timeline:

- Jan – CSB staff updates fee schedule that aligns with newly published rates
- Jan/Feb – CSB Board reviews updated fee schedule (informational item)
- Feb/Mar – CSB Board votes to approve fee schedule and submits to BOS (Board of Supervisors) for implementation
- Mar/Apr – CSB staff works with Board of Supervisors (BOS) clerk to add informational item to upcoming BOS meeting
- Apr/May – BOS concurs with the new fees to be effective as of July 1
- July 1 – New fees go into effect

Revisions to the Fee Schedule and update process will be submitted to the CSB Board for approval at the February 28, 2024, CSB Board meeting. Following CSB Board approval, the Fee Schedule will be submitted to the Board of Supervisors (BOS) for their review and implementation at the May 2024 BOS meeting. Following Board of Supervisors review and if no objections are presented, CSB staff will inform clients, notify staff, conduct necessary training, and apply adjustments to the Electronic Health Record, with an effective date not sooner than July 1, 2024.

Timing:

Immediate

Fiscal Impact:

The fee related documents provide the CSB with uniform mechanisms to maximize revenues for the delivery of services from Medicaid, Medicare, and other health insurance plans as well as other program/client fees. The FY 2024 Adopted Budget Plan for the CSB for charges for services includes \$20,769,208 which is consistent with the FY 2023 Budget Plan. The actual revenue collection on this category was \$30,111,420 in FY 2023.

Board Members and Staff:

Staff: Elif Ekingen, Chief Financial Officer

Michelle Gonsalves, Contracts and Credentialing Manager

Enclosed Documents:

FY 2025 Proposed Fee Schedule

Summary of Changes

Self Pay FY25 Final Fee Schedule

Service	Service Code	Revenue Code (Facility Billing Only)	Subject to Ability to Pay Scale	Previous Rate	New Rate	Unit	Change
Psychiatric Diagnostic Evaluation	90791		Yes	\$191.78	\$184.74	per event	(\$7.04)
Psychiatric Diagnostic Evaluation w/Medical Services	90792		Yes	\$216.44	\$208.64	per event	(\$7.80)
Psychotherapy w/patient 30 minutes	90832		Yes	\$82.66	\$83.82	per event	\$1.16
Psychotherapy w/patient 45 minutes	90834		Yes	\$109.40	\$110.56	per event	\$1.16
Psychotherapy w/patient 60 minutes	90837		Yes	\$160.87	\$162.96	per event	\$2.09
Psychotherapy for crisis - initial 60 minutes	90839		Yes	\$154.85	\$157.16	per hour	\$2.31
Psychotherapy for crisis -each additional 30 minutes	90840		Yes	\$77.17	\$78.08	each add't 30 min	\$0.91
Family psychotherapy w/o patient present 50 minutes	90846		Yes	\$103.20	\$103.21	per event	\$0.01
Family psychotherapy w/patient present 50 minutes	90847		Yes	\$107.60	\$108.19	per event	\$0.59
Group Psychotherapy (other than of a multiple-family group)	90853		Yes	\$29.35	\$29.64	per event	\$0.29
Therapeutic Prophylactic/DX injection SUBQ/IM	96372		Yes	\$16.37	\$16.02	per event	(\$0.35)
Handling and/or conveyance of a specimen for trasfer from the physician's office to a lab	99000		Yes	\$3.68	\$3.68	per event	\$0.00
Office/outpatient established patient, may not req Physician/Qmp	99211		Yes	\$27.43	\$26.52	per event	(\$0.91)
Office/outpatient established patient, low medical decision making (MDM) 15-29 minutes	99212		Yes	\$65.40	\$63.21	per event	(\$2.19)
Office/outpatient established patient, low MDM 20-29 minutes	99213		Yes	\$103.35	\$100.73	per event	(\$2.62)
Office/outpatient established patient, mod MDM 30-39 minutes	99214		Yes	\$145.72	\$141.67	per event	(\$4.05)
Office/outpatient established patient, high MDM 40-54 minutes	99215		Yes	\$203.57	\$199.00	per event	(\$4.57)
Alcohol and/or drug services; case management	H0006		Yes	\$243.00	\$243.00	per month	\$0.00
Clinically managed high-intensity residential services (Adult) - ASMA level 3.5	H0010 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$376.46	\$534.47	per day	\$158.01
Intensive Outpatient - ASAM level 2.1	H0015	Revenue Code 905 or 906	Yes	\$250.00	\$250.00	per day	\$0.00
Case Management, Mental Health	H0023		Yes	\$367.31	\$367.31	per month	\$0.00
Assertive Community Treatment (Large Team)	H0040		Yes	\$178.76	\$196.64	per diem	\$17.88
Assertive Community Treatment (Medium Team)	H0040 - U1		Yes	\$190.50	\$209.55	per diem	\$19.05
Assertive Community Treatment (Small Team)	H0040 - U2		Yes	\$219.60	\$241.56	per diem	\$21.96
Assertive Community Treatment (Large Team-High Fidelity)	H0040 - U3		Yes	\$213.84	\$235.22	per diem	\$21.38
Assertive Community Treatment (Medium Team-High Fidelity)	H0040 - U4		Yes	\$232.47	\$255.72	per diem	\$23.25
Assertive Community Treatment (Small Team-High Fidelity)	H0040 - U5		Yes	\$275.95	\$303.55	per diem	\$27.60
Mobile Crisis (1:1 Licensed)/(1:1 Prescreener)/(Non-Emergency 1:1 Prescreener Licensed) - Crisis Intervention Service	H2011 - HO/32/HK		Yes	\$71.08	\$78.19	per 15 min	\$7.11
Mobile Crisis (2:1 MA/PEER) - Crisis Intervention Service	H2011 - HT, HM		Yes	\$113.85	\$125.24	per 15 min	\$11.39
Mobile Crisis (2:1 Licensed/PEER) - Crisis Intervention Service	H2011 - HT, HO		Yes	\$121.51	\$133.66	per 15 min	\$12.15
Mobile Crisis (2:1 MA/MA) - Crisis Intervention Service	H2011 - HT, HN		Yes	\$124.27	\$136.70	per 15 min	\$12.43
Mobile Crisis (2:1 Licenced, MA) - Crisis Intervention Service	H2011 - HT		Yes	\$131.93	\$145.12	per 15 min	\$13.19
Psychosocial rehabilitation services -Residential crisis stabilization unit	H2018	Revenue Code(s) 1001, and DRG(s) 876, 880-887	Yes	\$583.00	\$847.04	per diem	\$264.04
Crisis Stabilization - Therapeutic behavioral services	H2019		Yes	\$100.13	\$100.13	per 15 min	\$0.00
Detoxification, Medical/Social Residential-setting	H2036 - HB	Revenue Code(s) 1002, and DRG(s) 894-897	Yes	\$518.86	\$534.47	per day	\$15.61
Drop-In Support Services, ID	None		Yes	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	Rate set by vendor(s) but no less than \$2 per hour and for those with incomes above 150% of FPL, apply 20% liability (based on ATP Scale) of the CSB contracted negotiated rate. If below 150% of FPL, charge \$2 per hour.	per hour	None
Late Cancellation or No Show (commercial insurance coverage only)	None		Yes	\$25.00	\$25.00	per appointment	\$0.00
Residential Fee ID Community Living Services	None		No	75%	75%	of monthly gross income	0%
Residential Fee MH/SA Community Living Services	None		No	30%	30%	of monthly gross income	0%
Returned Check (due to insufficient funds or closed account)	None		No	\$50.00	\$50.00	per check	\$0.00
Transportation	None		No	\$100.00	\$100.00	per month	\$0.00
23-Hour Crisis Stabilization	S9485 - 32/HK		Yes	\$920.06	\$1,012.07	per diem	\$92.01
Release of Information: Research	S9981		No	\$10.00	\$10.00	per event	\$0.00
Release of Information: Per Page	S9982		No	\$.37 per pg up to 50 pgs; \$.18 per pg > = 51 pgs; \$6.00 per CD	\$.37 per pg up to 50 pgs; \$.18 per pg > = 51 pgs; \$6.00 per CD	per pages/CD	Varies

2024 CSB Board and Committee Meetings

Fairfax-Falls Church Community Services Board

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

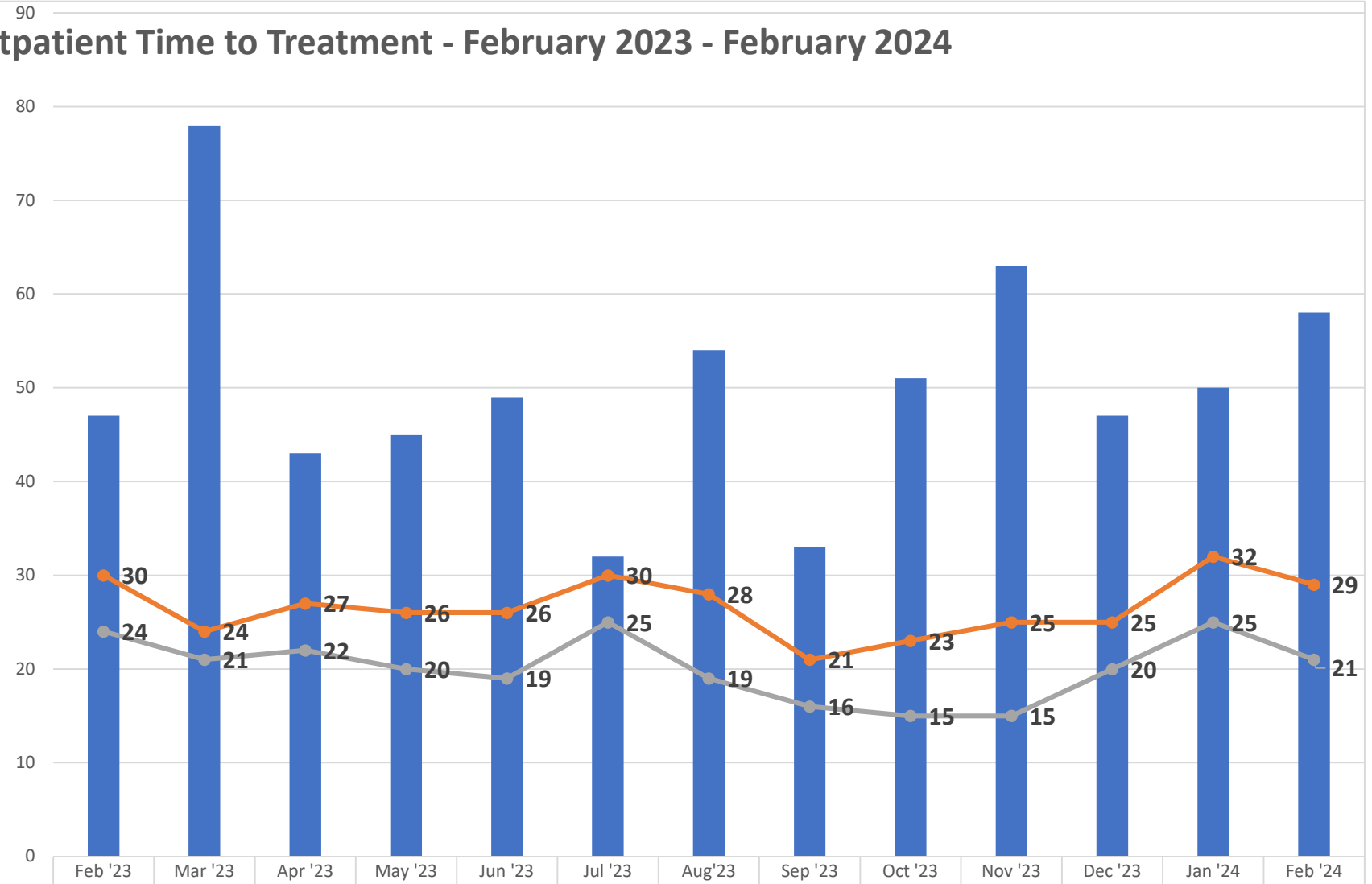
*No Meeting

** Meeting date changed to accommodate holiday schedule

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

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

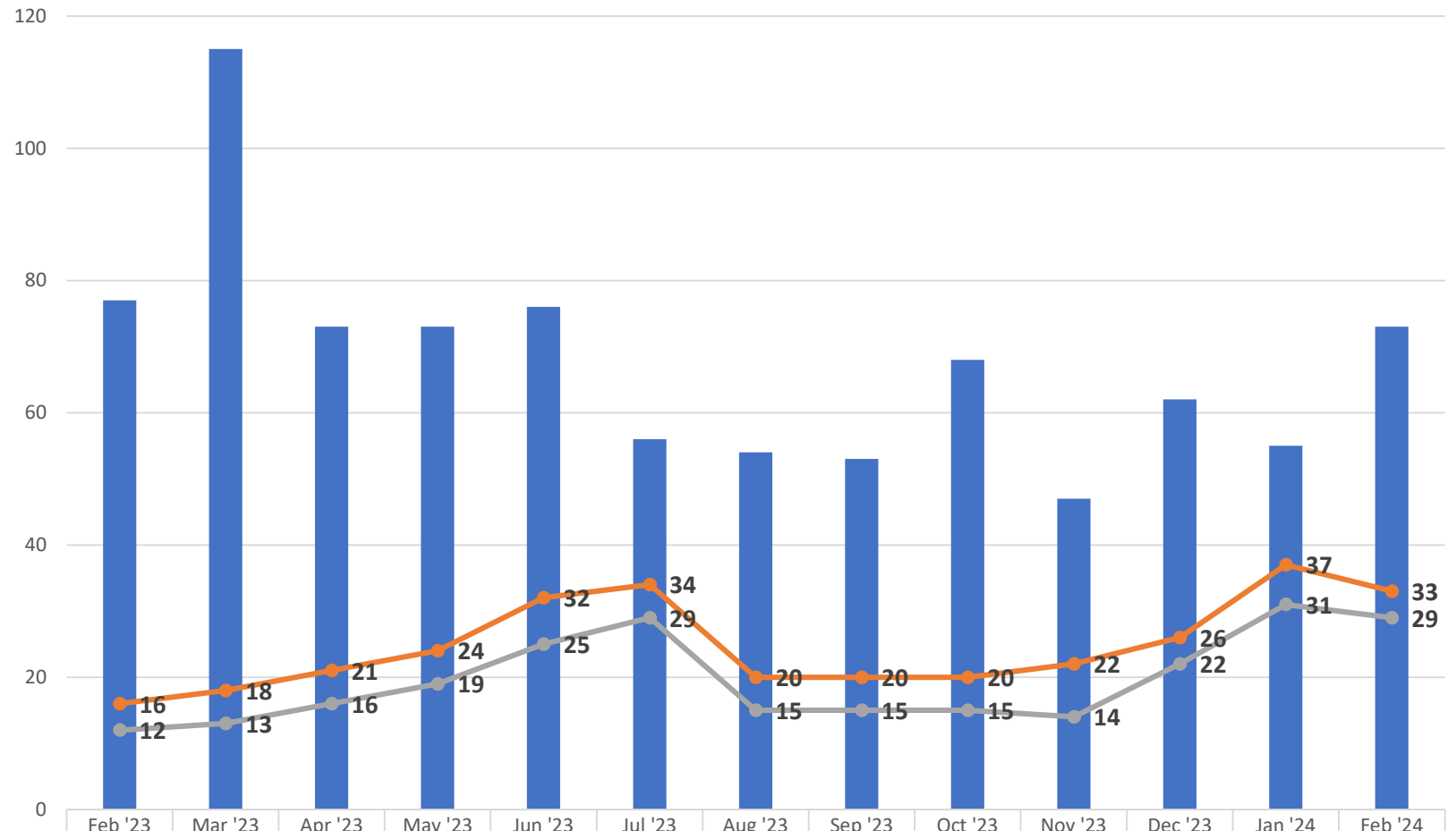
Adult Outpatient Time to Treatment - February 2023 - February 2024



# Adults Who Attended 1st Treatment Appt	47	78	43	45	49	32	54	33	51	63	47	50	58
Average # Days from Assessment to Treatment	30	24	27	26	26	30	28	21	23	25	25	32	29
Average # Days from Assessment to 1st Available / Accepted Appt*	24	21	22	20	19	25	19	16	15	15	20	25	21

*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 - February 2023 to February 2024



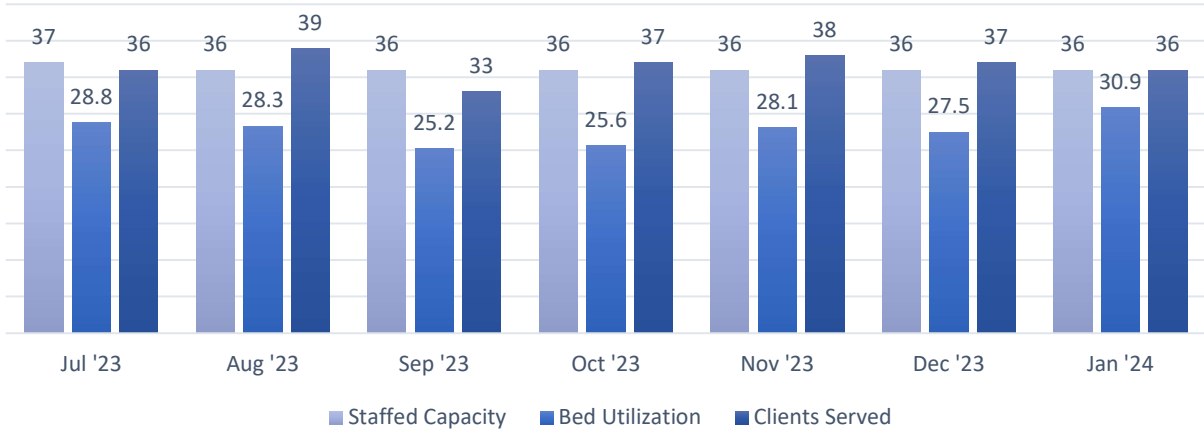
# Youth Who Attended 1st Treatment Appt	77	115	73	73	76	56	54	53	68	47	62	55	73
Average # Days from Assessment to Treatment	16	18	21	24	32	34	20	20	20	22	26	37	33
Average # Days from Assessment to 1st Available / Accepted Appt*	12	13	16	19	25	29	15	15	15	14	22	31	29

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

FY 2024 SUD Residential Capacity & Utilization by Month

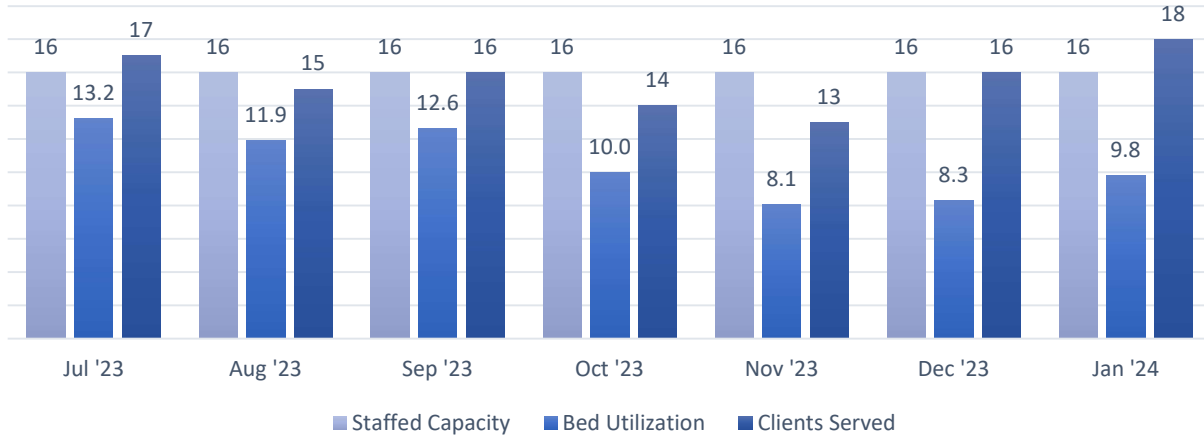
Long Term Residential Bed Capacity & Utilization

Licensed Capacity = 77 beds



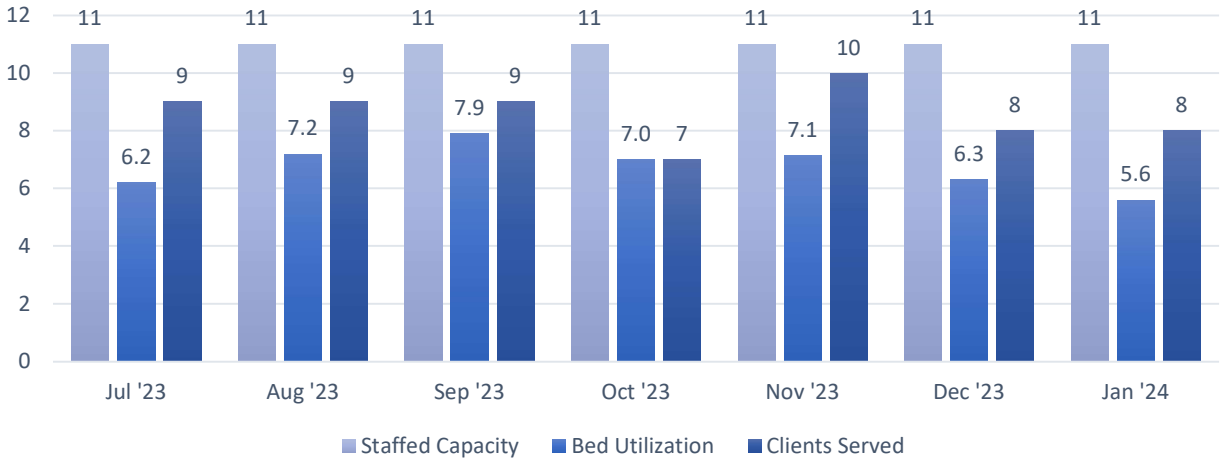
Intermediate Residential Bed Capacity & Utilization

Licensed Capacity = 35 beds

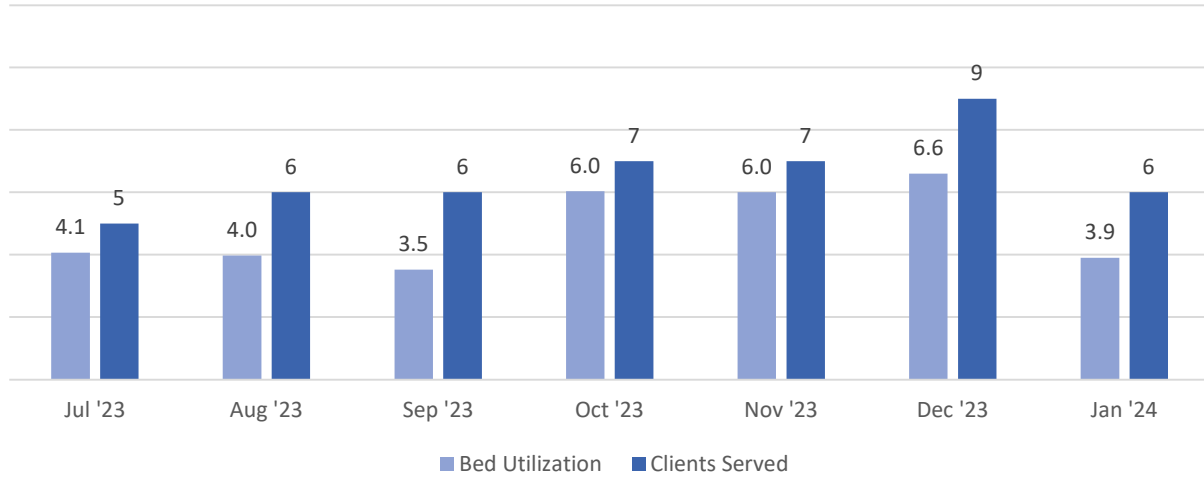


Cornerstones Residential Bed Capacity & Utilization

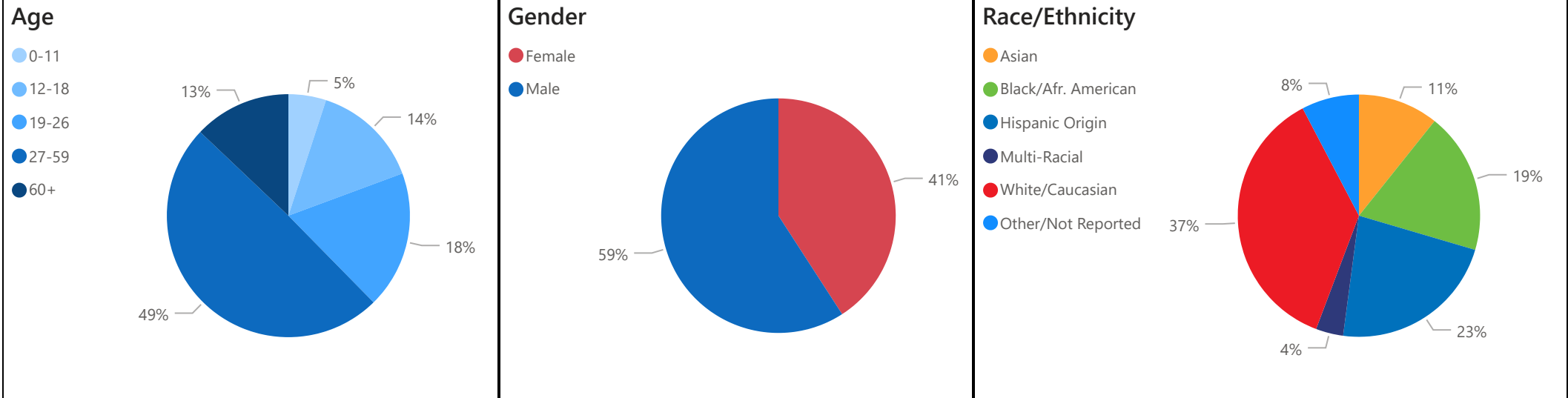
Licensed Capacity = 16 beds



Contract Bed Utilization

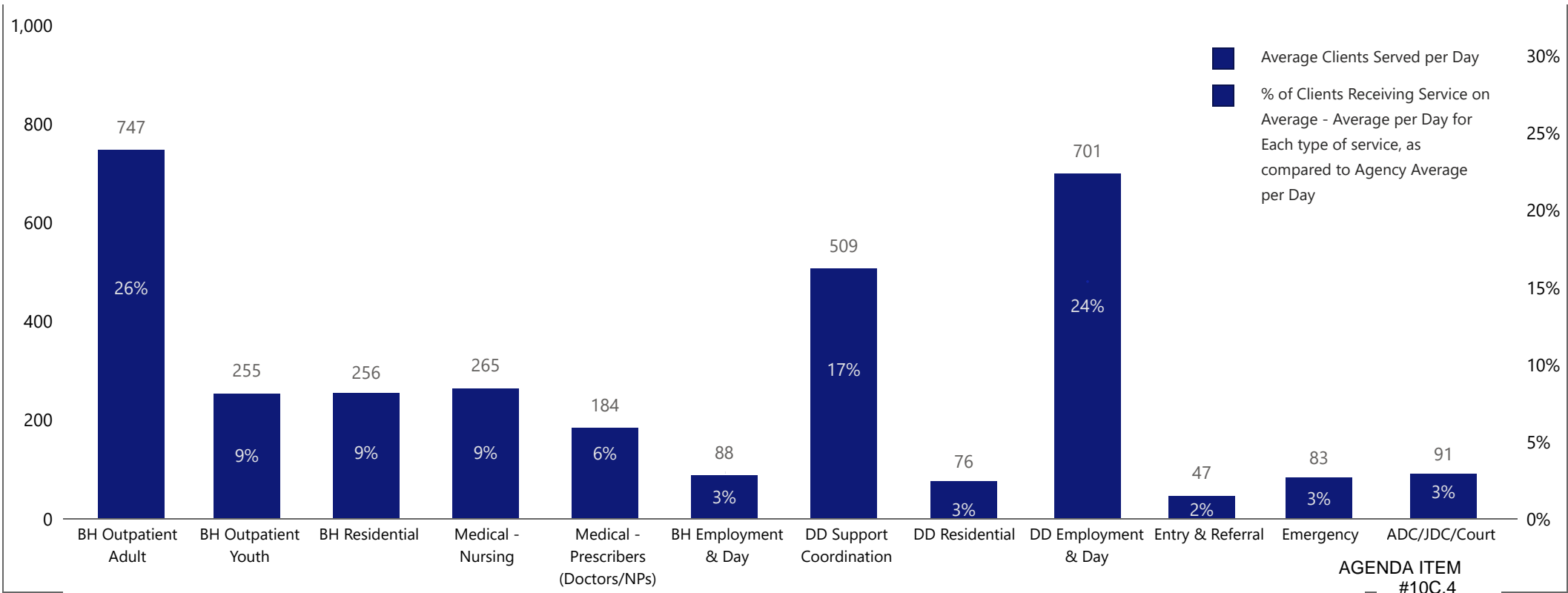


CSB Status Report



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

Agency Average Served per Day in January 2024 = 2,835





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

Service Area	Jan'23	Feb'23	Mar'23	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23	Oct'23	Nov'23	Dec'23	Jan'24	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	9,541	9,638	10,032	9,646	9,905	9,677	9,245	9,746	9,682	9,748	9,432	9,393	9,725	▲ 3.5%	▲ 1.9%	22,671
BH Outpatient Adult	3,309	3,323	3,412	3,259	3,334	3,258	3,227	3,294	3,149	3,220	3,217	3,209	3,334	▲ 3.9%	▲ 0.8%	5,524
BH Outpatient Youth	993	1,038	1,146	1,142	1,178	1,166	1,070	1,064	1,046	1,070	1,078	1,074	1,112	▲ 3.5%	▲ 12.0%	2,182
BH Residential	436	453	470	455	460	445	438	437	423	446	419	409	415	▲ 1.5%	▼ -4.8%	1,447
Medical - Nursing	1,392	1,406	1,522	1,400	1,333	1,316	1,405	1,416	1,385	1,453	1,378	1,314	1,381	▲ 5.1%	▼ -0.8%	3,630
Medical - Prescribers	2,713	2,583	2,932	2,489	2,728	2,569	2,490	2,684	2,425	2,684	2,446	2,339	2,585	▲ 10.5%	▼ -4.7%	6,486
BH Employment & Day	322	314	327	304	323	322	317	324	269	294	315	306	317	▲ 3.6%	▼ -1.6%	639
DD Support Coordination	2,613	2,691	2,858	2,729	2,801	2,734	2,544	2,862	2,800	2,693	2,603	2,616	2,741	▲ 4.8%	▲ 4.9%	5,443
DD Residential	81	79	79	79	78	78	78	78	78	77	77	77	77	= 0.0%	▼ -4.9%	80
DD Employment & Day	1,163	1,154	1,163	1,143	1,149	1,075	1,068	1,177	1,198	1,213	1,215	1,211	1,188	▼ -1.9%	▲ 2.1%	1,364
Entry & Referral (EAR)	607	620	801	731	789	738	657	746	734	649	652	571	608	▲ 6.5%	▲ 0.2%	5,749
EAR Screenings	449	421	556	452	530	489	450	486	483	430	452	381	437	▲ 14.7%	▼ -2.7%	4,666
EAR Assessments	234	256	279	203	218	146	132	173	167	163	196	147	200	▲ 36.1%	▼ -14.5%	2,191
Emergency	976	947	1,001	836	995	891	839	947	997	1,051	937	1,005	1,067	▲ 6.2%	▲ 9.3%	7,260
ADC/JDC/ Court	656	664	678	599	577	602	546	622	685	696	621	614	652	▲ 6.2%	▼ -0.6%	2,861

* 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:

Page 1:

- Demographics – Typically little change in demographics over time. Reflects demographic characteristics of all individuals served in the reporting month.
- Average Clients Served per Day by Type of Service – Compares average served per day in each service area to the agency-wide average number served. Individuals may receive more than one type of service per day and totals may be greater than 100%.

Page 2:

- Numbers reported show the unduplicated number of clients served in each service area. Individuals may receive multiple services each month within a service area and may receive more than one type of service each month.
- The Monthly Variance compares the reporting month to the prior month. The Yearly Variance compares the reporting month to the same month in the previous calendar year.
- All Individuals Served - The number of individuals served has increased by 2% compared to the previous year. This is partly due to increases in youth behavioral health outpatient, developmental support coordination and developmental employment & day programs, and emergency services.
- BH Outpatient Adult – The number of individuals served has increased slightly compared to the prior year due to increases in medication assisted treatment and ACT services. Additionally, we are seeing a 4% increase compared to December 2023 partly due to adult mental health outpatient & case management services returning to levels seen in prior months.
- 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. There is a 12% increase as compared to January 2023, including an increase in individuals receiving substance use and medication assisted treatment services.
- BH Residential – The number of individuals served has decreased compared to January 2023 partly due to reductions through attrition in the Residential Intensive Care (RIC) program.
- Medical – Nursing & Prescribers (Psychiatrists & Nurse Practitioners) serve individuals in a variety of treatment settings. There is regular fluctuation in the number of clients served based on the needs of the clients.
- BH Employment & Day – There was a temporary dip in the number of individuals served in September 2023 due to staff turnover; the number of individuals served is now back on trend with prior months.
- DD Support Coordination – There is typically monthly variation based on quarterly and annual review cycles. The number of individuals served is trending higher compared to last year due to new waivers and an increase in assessment services.
- DD Residential – Includes all individuals served in directly operated residential programs and locally-funded contract placements. The number of individuals served each month is trending lower overall due to reductions in the directly operated group home census and locally funded contract placements through natural attrition. New residential placements through community partners are waiver funded.
- DD Employment & Day – There has been an upward trend in this service area with a 2% increase over the prior year due to new graduate placements and people returning to service who had deferred during the pandemic. This service area experiences reductions over the summer months due to the summer break for some self-directed services.
- Entry & Referral– There was a significant increase in the number of screenings and assessments in January as compared to December 2023, with numbers back on trend with prior months after experiencing some reductions due to staffing shortages and fewer youth seeking services.
- Emergency – There is monthly fluctuation in the demand for Emergency services. All individuals who present for services are evaluated by Emergency services staff. There have been increases in the individuals served in recent months due to the expansion of the Co-Responder program and an increase in the number of individuals served by the Community Response and Mobile Crisis teams.
- ADC/JDC/Court – The number of individuals served increased 6% as compared to December 2023, when the jail services program experienced a reduction in the individuals served in the adult detention center due to staff vacancies.