



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Dan Sherrange, Chair

Wednesday, January 24, 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 November 15, 2023, Meeting Minutes | Dan Sherrange |
| 6. Staff Presentation | Bob MacMurdo |
| A. Intensive Community Treatment Services | |
| 7. Director's Report | Daryl Washington |
| A. County, Regional, State and Cross Agency Initiatives | |
| B. Youth Services | |
| C. DD Waivers | |
| 8. Matters of the Board | Dan Sherrange |
| 9. Committee Reports | Evan Jones |
| A. Service Delivery Oversight Committee | Dan Sherrange |
| B. Compliance & Executive Committee | Claudia Volk |
| C. Fiscal Oversight Committee | |
| D. Other Reports | |
| 10. Adjournment | |

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

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
MEETING MINUTES
NOVEMBER 15, 2023**

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

Acting Board Chair Captain Daniel Wilson called the meeting to order at 5:01 PM.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** ACTING BOARD CHAIR, CAPTAIN DANIEL WILSON; SHEILA COPLAN JONAS; ANDREW SCALISE; BETTINA LAWTON; CLAUDIA VOLK; JIM GILLESPIE; EVAN JONES; DARIA AKERS; KAREN ABRAHAM; ANNE WHIPPLE; SRILEKHA PALLE; ROBERT BARTOLOTTA (FALLS CHURCH, VA)

ABSENT: **BOARD MEMBERS:** GARRETT MCGUIRE; DAN SHERRANGE

Also present: Executive Director Daryl Washington, Deputy Director of Administrative Operations Jean Post, Chief Financial Officer Elif Ekingen, Healthcare Systems Director Jennifer Aloï, Deputy Director of Clinical Operations Abbey May, Service Director Sierra Simmons, Director of Analytics & Evaluation Linda Mount, Division Director of BHOP Eileen Bryceland and Board Clerk Sameera Awan.

Motions

Acting Board Chair Captain Daniel Wilson motioned to approve Board Member Robert Bartlotta's request to participate from a remote location for personal reasons. The motion was approved unanimously. Acting Board Chair Wilson offered a further motion to approve that all persons at the primary central meeting location can adequately hear the voice of Board Member Robert Bartlotta from his remote location; this motion was approved unanimously.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Captain Daniel Wilson, Acting Board Chair, mentioned that a closed session would follow the meeting.

BOARD MOTION TO ADOPT THE NOVEMBER 15, 2023, MEETING AGENDA WAS MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY BOARD MEMBER DARIA AKERS.

MOTION TO ADOPT WAS APPROVED BY KAREN ABRAHAM, SHEILA COPLAN JONAS, JIM GILLESPIE, EVAN JONES, CLAUDIA VOLK, ROBERT BARTOLOTTA AND ANNE WHIPPLE.

5. Approval of the Minutes

The October 25, 2023, CSB Board Meeting Minutes were provided for review, no amendments were made.

MOTION TO ADOPT OCTOBER 25, 2023, MEETING MINUTES WAS MOVED BY BOARD MEMBER JIM GILLESPIE, SECONDED BY BOARD MEMBER EVAN JONES.

MOTION TO ADOPT WAS APPROVED BY SHEILA COPLAN JONAS, BETTINA LAWTON, DARIA AKERS, CLAUDIA VOLK, ROBERT BARTOLOTTA, KAREN ABRAHAM, AND ANNE WHIPPLE.

6. Staff Presentation

Division Director of NVRPO Sebastian Tezna delivered an overview of the Northern Virginia Regional Projects Office (NVRPO). The NVRPO serves as the physical management office for all Department of Behavioral Health and Developmental Services (DBHDS) projects within Region 2. Region 2 encompasses the Alexandria CSB, Arlington CSB, Fairfax/Falls Church CSB, Loudoun CSB, and Prince William CSB. Sebastian described a reporting structure where he reports to all five executives of the CSBs. The Regional management group, mandated by DBHDS, is chaired by the executive with the longest tenure, currently the Loudoun executive. It consists of the remaining four executives as voting members, with the Northern Virginia Mental Health Institute director as a non-voting member. The Northern Virginia Regional Projects Office serves as the fiscal agent. He further explained that there are projects following the Regional projects office's fiscal agent, but each CSB also manages funds for its Regional projects and serves as the fiscal agent for its workforce. The office's organizational structure includes a division director and three managers overseeing finance and administration, crisis diversion, and community services. Specialties and support staff, such as finance management, Marcus Alert LIPOS (Local Inpatient Purchase of Service) coordination, service member and veteran's programs, discharge assistance, peer programs, and training, fall under this structure. Sebastian detailed the portfolio of the Regional office, encompassing various funding sources supporting specific programs like LIPOS, the discharge assistance program, crisis stabilization units, and projects associated with the System Transformation Excellence and Performance (STEP-VA) expansion. The office's role involves facilitating and collaborating on Regional decision-making, supporting data collection and reporting, advocating for Regional interests with DBHDS, and organizing various meetings, including the Regional management group, utilization group, crisis hub, and consortium for evidence-based practices.

Decision-making processes include:

- Issuing monthly utilization reports.
- Analyzing data trends to identify program utilization.
- Compliance with state reporting requirements.

Sebastian emphasized that the Regional office is fully grant-funded from state and federal sources, and localities do not directly contribute to Regional funding.

7. Director's Report

A. County, Regional, State and Cross Agency Initiatives

Executive Director Daryl Washington elaborated on comments made by Division Director Sebastian Tezna in the discussion on crisis services. Notably, he highlighted the recent move by DBHDS towards centralized dispatch for crisis services across the Commonwealth. Currently, individual crisis service providers can self-dispatch to the field to deliver crisis services. Mr. Washington specifically addressed concerns related to the Metro Richmond area, expressing that the current approach has led to many private providers self-dispatching, creating challenges, and potentially impacting the robustness of crisis services. In contrast, the Northern Virginia Region has a much smaller number of private providers—between six and eight—compared to the hundreds in the Metro Richmond area. While acknowledging the benefits of centralized dispatch, Daryl emphasized that it serves as a significant economic driver, prompting the state to advocate for this transition. He noted that similar patterns of service restructuring have occurred in other areas, such as mental health skill building and mental health support services. This trend of service division among private providers in the Commonwealth of Virginia has been observed in various instances, with the outcomes sometimes differing from the initial expectations of those initiating the service.

Board Member Daria Akers inquired about the practice of self-dispatching among service providers, questioning how they become aware of the option to self-dispatch and subsequently request payment for their services.

Division Director of NVRPO Sebastian Tezna stated that the process depends on the individual service providers. He pointed out the concern the Virginia Department of Medical Assistance (DMAS) raised regarding potential issues. There is a worry that providers might self-dispatch without clear criteria, for example, in situations where they encounter someone in a public place who appears fatigued, and they might incorrectly assume the person is in crisis. This can lead to billing for services when the individual may not have required crisis intervention. Sebastian referred to Daryl's mention of Region 4, encompassing Richmond, where 1,500 private providers are registered, in contrast to Region 2, which only has 4 registered private providers. In the previous year, Region 2 invoiced approximately \$5M for the specified service, while Richmond, specifically not Region 4, accounted for \$30M in billing.

Executive Director Daryl Washington conveyed that he is in the process of finalizing the numbers for the STEP-VA increases set to take effect on January 1st, along with the associated pay raises. Recognizing the limitations as a governmental entity in directly announcing pay increases for CSB staff, he mentioned the need to collaborate with the Budget Office to determine the optimal utilization of the allocated funds. Mr. Washington assured the CSB Board that detailed information would be shared once a consensus is reached with the Budget Office. He provided updates on successfully securing federal earmark funding, totaling \$2M, for workforce development, specifically earmarked for tuition reimbursement services. The intention is to establish criteria and processes to allow

staff access to these funds in the first quarter of the upcoming calendar year, supporting workforce enhancement initiatives. Furthermore, Daryl discussed plans to address the healthcare workforce shortage by initiating the application process for relevant programs. While the typical application period occurs in spring, efforts are underway to prepare the necessary paperwork in advance. This initiative is designed to offer additional opportunities for staff to apply for tuition reimbursement, contingent upon working for an agency in a designated healthcare workforce shortage area. In emphasizing the importance of recruitment and retention, Daryl disclosed that both programs would likely require staff to commit to a specified duration with the agency to access the benefits associated with the federal earmark funding and healthcare workforce shortage area initiative. This strategic approach aims to incentivize and address ongoing workforce challenges within the CSB.

Deputy Director of Clinical Operations Abbey May shared that two teams are actively expanding services in the ongoing efforts to enhance Youth Services. The first team, utilizing MAT (Medicated Assisted Treatment), is funded through opioid abatement dollars. The second team, funded through carryover funding, is currently in the process of establishing positions. Abbey mentioned that position descriptions are being submitted, and efforts are underway to create these positions through Electronic Health Records (EHR). Additionally, a request has been made to dual encumber current positions to kickstart the recruitment process while new positions are being established. Advertisements for these positions have begun circulating, marking an exciting development. Regarding physical space, considerations are being made for the South County building and the Sharon Bulova Center. The focus is on allocating space for the Youth Medicated Assisted Treatment program, with potential locations being identified and plans to furnish and set up office spaces in progress. For the Youth Outpatient Expansion teams, collaboration with neighborhood and community services is ongoing to pinpoint suitable locations. The division director for Youth and Family Services has actively engaged with community services staff to evaluate Hybla Valley, Gum Springs, Herndon, and the Culmore area spaces. The goal is to secure spaces in these locations and co-locate services, signifying significant progress. Abbey expressed excitement about getting management positions on board and facilitating the recruitment of additional clinicians for the teams.

Executive Director Daryl Washington shared that the governor has initiated the "One Pill Can Kill" campaign, which is set to have a significant and extensive rollout across various platforms, such as social media and public service announcements. The campaign primarily addresses fentanyl overdoses and is specifically targeted toward a younger population, including middle schoolers. Daryl mentioned that the campaign is scheduled to launch in a couple of weeks, and there is anticipation of a substantial promotional effort through advertising and various social media outlets emanating from the governor's office. Regarding DD (Developmental Disabilities) services, Daryl reported that they are currently examining 85 waivers, with a high likelihood of receiving additional DD waivers. This expectation arises from several localities that, upon receiving their waivers, will likely exhaust their priority one waitlist and still have waivers available. While Daryl couldn't guarantee a number beyond the initial 85, the likelihood of obtaining more waivers is considerable.

B. Electronic Healthcare Record Update

Healthcare Systems Director Jennifer Aloï provided an update, stating there are no developments on DHR, and the CSB is currently in the procurement process. Concerning the data warehouse project, slated for official closure in mid-December 2023, Jennifer mentioned securing a grant for it and emphasized the effort to utilize every allocated fund diligently. To ensure optimal spending, the team plans to employ a tool from an external organization on a prepaid basis for a few months to finalize the remaining funds. The ongoing construction of the data warehouse remains a work in progress, with continuous enhancements. Jennifer highlighted a significant achievement—automating a weekly manual report on the county's operations. This report, which was previously a manual process, is now generated nightly from the data warehouse, reducing the workload on the team. Jennifer mentioned plans for transitioning staff to utilize the data warehouse more seamlessly. The goal is to shift from current practices in Power BI to leveraging the data warehouse directly, connecting to operational tables for more efficient and integrated reporting. This transition is expected to unfold gradually over the next few months, aiming to streamline processes and improve data accessibility for the team.

8. Matters of the Board

Board Member Jim Gillespie conveyed that the issues surrounding the zoning amendment under consideration in Fairfax City, aimed at supporting the Atwood Foundation's Peer Support Center, have become increasingly complex. Recently, an anonymous website was launched, presenting a broad critique of individuals experiencing homelessness and substance use, further complicating matters. While Jim is uncertain about the short-term impact on the Atwood Foundation Center, he noted that the zoning amendment, scheduled for consideration, has been postponed until January 2024. The atmosphere in Fairfax City regarding Substance Use Treatment, homelessness, and the perceived increase in crime rates is currently tumultuous. Tomorrow evening, the police chief is set to deliver a public presentation on crime data. Jim plans to attend, seeking insights into the extent of the perception of escalating crime rates in the area.

Acting Board Chair Captain Daniel Wilson reminded the CSB Board members about the upcoming January General Assembly budget hearings. He informed the members that this presents an opportunity for the CSB Board to contribute input on the governor's proposed budget, which is expected to be disclosed on December 20, 2023. Although the specific times are yet to be confirmed, it is tentatively scheduled for January 3rd or 4th for the joint public hearing of the House Appropriations and Senate Finance Committee. The message included a request for three speakers, seeking volunteers from the CSB board to speak at each hearing. Interested individuals were encouraged to express their willingness to testify.

9. Committee Reports

A. Service Delivery Oversight Committee

Service Delivery Oversight Committee Chair Anne Whipple had no updates to provide as the committee did not convene in November. **The next Service Delivery Oversight Committee meeting is Wednesday, December 6, 2023, at 5:00 PM.**

B. Fiscal Oversight Committee

Fiscal Oversight Committee Chair Claudia Volk had no updates to provide as the committee has yet to meet in November. **The next Fiscal Oversight Committee meeting is Thursday, November 16, 2023, at 4:00 PM.**

10. Closed Session:

At 6:08 PM, a motion was offered, seconded, and passed to meet in closed session with legal counsel employed or retained by a public body to discuss specific legal matters requiring the provision of legal advice by such counsel on a reimbursement matter, as permitted by Virginia Code Section 2.2-3711(A)(8).

Acting Board Chair Captain Daniel Wilson requested a closed session with only Board Members and CSB Staff at 6:08 PM.

MOTION TO ENTER INTO CLOSED SESSION WAS MADE BY ACTING BOARD CHAIR CAPTAIN DANIEL WILSON, SECONDED BY BOARD MEMBER BETTINA LAWTON.

MOTION TO ADOPT WAS APPROVED BY ANDREW SCALISE, SHEILA COPLAN JONAS, CLAUDIA VOLK, JIM GILLESPIE, EVAN JONES, DARIA AKERS, ANNE WHIPPLE, KAREN ABRAHAM AND SRILEKHA PALLE

**Board Members participated in person.*

At 6:42 PM, the Board reconvened the open session. At that time, a motion was offered, seconded, and passed with each member, certifying to the best of their knowledge that only public business matters were lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such general business matters identified in the motion to convene a closed meeting, were heard, discussed, or considered by the Community Services Board in closed session.

AT 6:42 PM MOVED BY ACTING BOARD CHAIR CAPTAIN DANIEL WILSON, SECONDED BY BOARD MEMBER ANDREW SCALISE TO RETURN TO PUBLIC MEETING.

11. Adjournment

A motion to adjourn the meeting was made by Board Member Anne Whipple and seconded by Board Member Daria Akers. The motion was approved unanimously, and the meeting was adjourned at 6:42 PM.

Date Approved

CSB Board Clerk



FAIRFAX - FALLS CHURCH

**Community
Services Board**

Intensive Community Treatment and Discharge Planning

Bob MacMurdo, LCSW, CSB Service Director

January 24, 2024

AGENDA ITEM
#6A.1

INTENSIVE COMMUNITY TREATMENT INCLUDES

- (Program) for Assertive Community Treatment (ACT)
*25 years!
- Intensive Case Management
- Program for Assistance in Transition from Homelessness (PATH)
- Discharge Planning

ICT BUDGET & PERSONNEL

FY 2024 Service Area Budget:

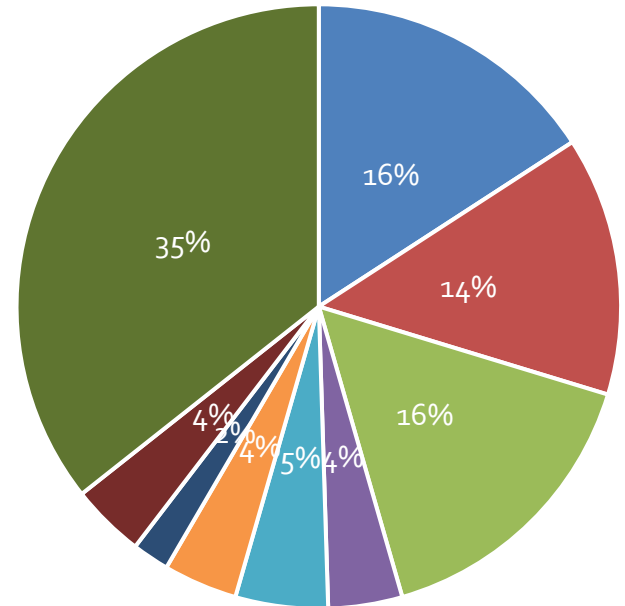
	Year Budget
Intensive Community Treatment	
Assertive Community Treatment (ACT)	2,021,403
Intensive Case Management (ICM)	3,099,266
Discharge Planning	982,310
Homeless Outreach (PATH)	653,157
Division Total	\$6,940,195

See Chart -51.5

Vacancies - 6full time
2 Part time

Plus Prescribers

Personnel by Position



- Behavioral Health Senior Clinician (8)
- Behavioral Health Supervisor (8)
- Peer Recovery Specialist (2.5)
- Service Director (1)
- Behavioral Health Specialist II (19)
- Nursing (7)
- Manager (2)
- Administrative Assistant (2)
- Behavioral Health Specialist I (2)

HUMAN RESOURCES

- Total full time vs part time: All positions are full time except two BH I's in PATH and one peer position
- Total Grant funded positions: 4 partial funded positions (one in discharge planning) – funds from DBHDS and three in PATH with funding from SAMHSA
- Teams with capacity: ACT, ICM south and north, PATH, Discharge planning
- Teams without capacity: ICM mid, ACT mid building / staff vacancy currently
- Hiring challenges / strategies: staff are expected to come in to the office for the same salary as positions that only come in twice a week. Staff work evenings and weekends
- Strategies: flexible work schedules

PROGRAM FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

- Street Outreach Team
- Primary goal: Engagement to meet basic human needs
- Meet people in encampments, public spaces
- Run Drop In and is key partner in Hypothermia shelters
- *One team serves the entire county*
- 212 individuals served FY2023
- Service capacity: take all referrals



INTENSIVE CASE MANAGEMENT (ICM)

- Serving seriously mentally ill individuals with intense case management needs
- Home, site, and community-based support with appointments; assist to access/maintain benefits
- Crisis counseling, monitoring healthcare/medications, skill teaching
- Three teams serving individuals across the county
- 132 individuals served FY 23
- Service capacity: caseload of 15 individuals to one case manager (200).
Currently wait list of 12 at mid county



DISCHARGE PLANNING

- Based primarily at state hospitals
- Goal: Link individuals to community resources
- Placements: Group homes, assisted living, nursing homes and treatment facilities
- Placements may be supplemented by state funding (Auxiliary Grants are primary)
- Discharge Assistance Plans for 19 individual: Contracts with nursing homes and assisted living facilities (2,400,000 dollars)
- Often extraordinary barriers to placement
- Team serves as entry point for Not Guilty by Reason of Insanity (NGRI) population (42 individuals)
- Numbers Served: FY 2023 – 482 individuals served



*All referrals served

ASSERTIVE COMMUNITY TREATMENT (ACT) CURRENTLY IN ITS 24TH YEAR!

BRAND NEW ADDITIONAL ACT TEAM!

- Evidence-based approach to case management for individuals with SMI (i.e. Schizophrenia, Bipolar Disorder, etc.)
- Individuals are amenable to team approach to case management provision
- Need is more than a clinic-based approach, but not a group home
- ACT services are 24/7, 365 days a year
- We now offer ACT services in mid county (small ACT team serves 9 individuals to 1 case manager 31 total) and South County (medium ACT team serves 9 to one case manager) can serve 70
- 132 individuals served FY 2023



ADDITIONAL INFORMATION

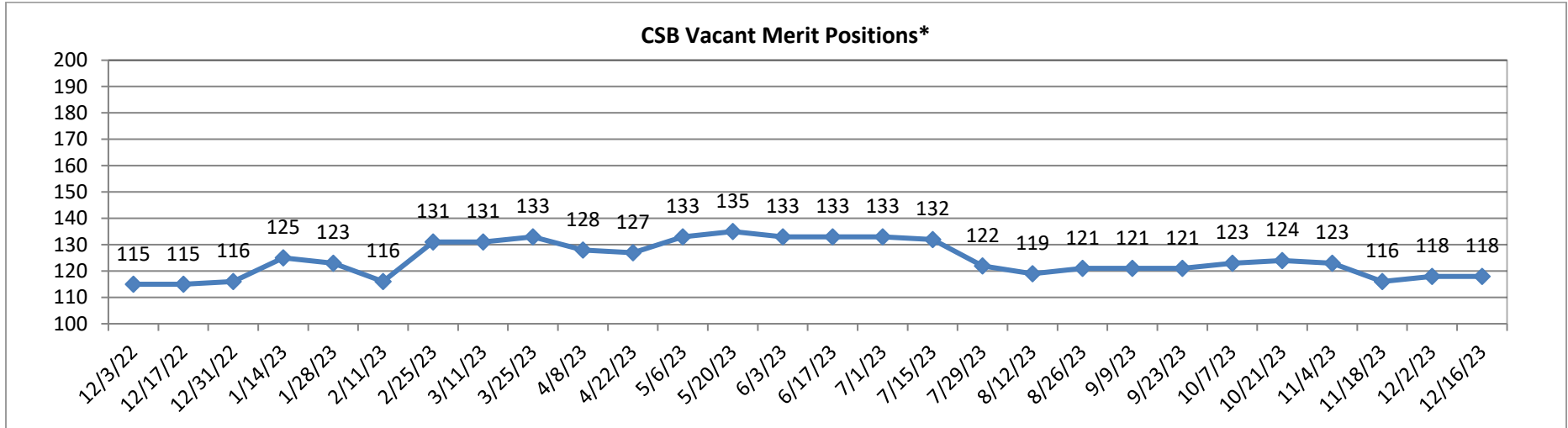
- Changes: NEW ACT TEAM, state hospitals being full, new beds at community hospitals, nursing services stretched thin with STEP VA
- Increase in Not Guilty by Reason of Insanity individuals (27 in 2021 now 41)
- Initiatives- ACT needed in Reston



FAIRFAX - FALLS CHURCH

**Community
Services Board**

Questions?



*Note: 1/14/2023 reflects a change in reporting to include vacancies in Funds 400 & 500. All data reported prior to 1/14/2023 represents only Fund 400

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

Service area	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	November		December	
Emergency Svcs/MCU	19	21	20	16	14	15	13	10	10	9	10	11	6 CIS	11	6 CIS
													2 Peer Support Spec		2 Peer Support Spec
															3 BHS II
Behavioral Health – Outpatient Svcs	5	8	8	10	9	11	10	11	11	10	8	7	6 BHS II	8	4 BHS II
													1 BH Sr Clin		2 BH Sr Clin
															1 BH Supv
															1 BH Mgr
Youth & Family – Outpatient Svcs	3	2	3	5	5	7	7	5	7	5	4	4	3 BH Sr. Clin	4	3 BH Sr Clin
													1 BHS II		1 BHS II
Support Coordination	11	6	7	7	10	9	9	10	7	7	6	5	5 DDS II	7	5 DDS II
ADC/ Jail Diversion	15	11	16	15	11	13	13	8	8	5	6	8	5 BHS II	9	5 BHS II
													3 BH Sr Clin		4 BH Sr Clin
EAR	1	2	2	1	3	4	3	3	1	2	1	1		1	
													1 LPN		1 LPN

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**	*

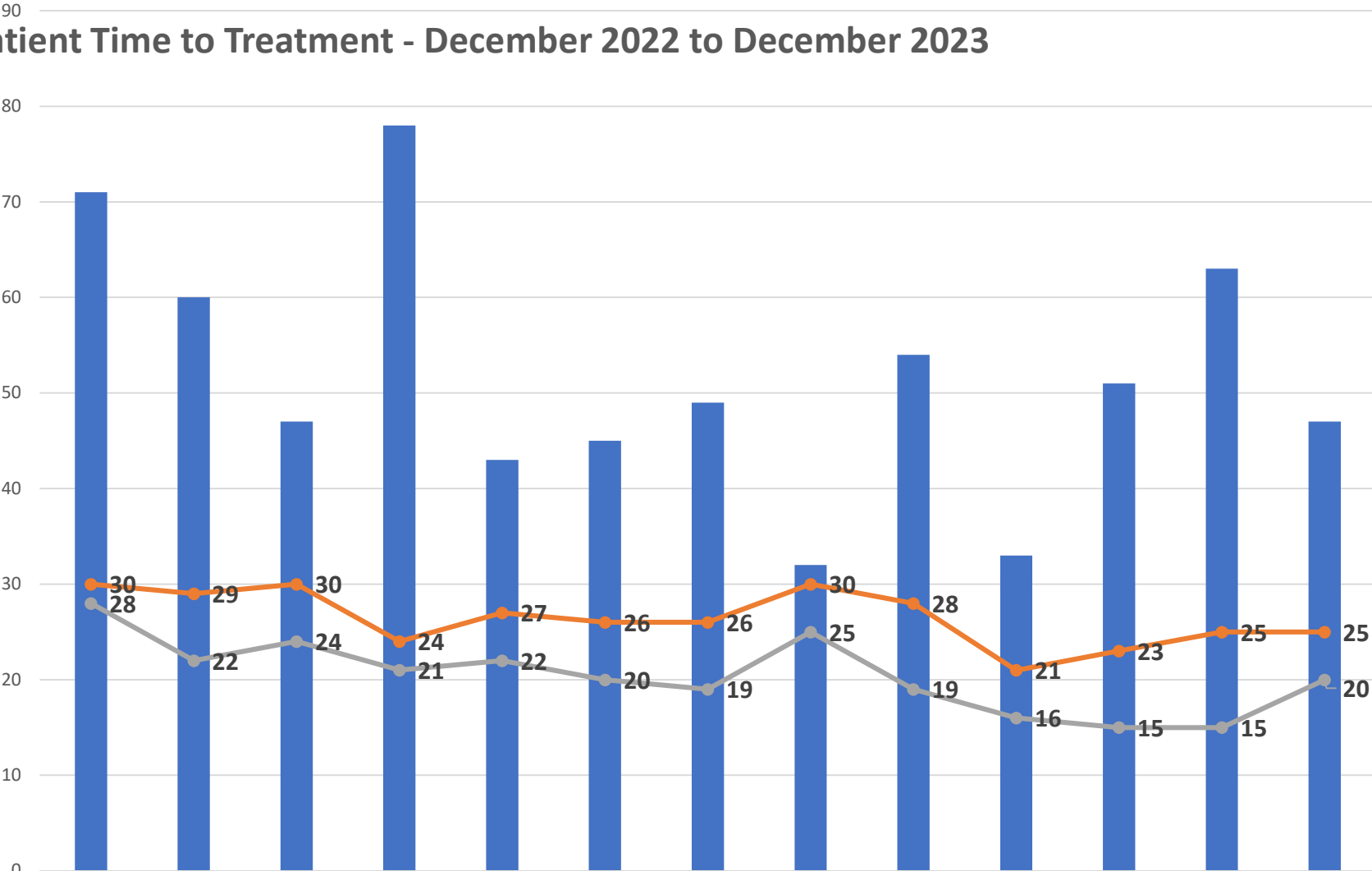
*No Meeting

** 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

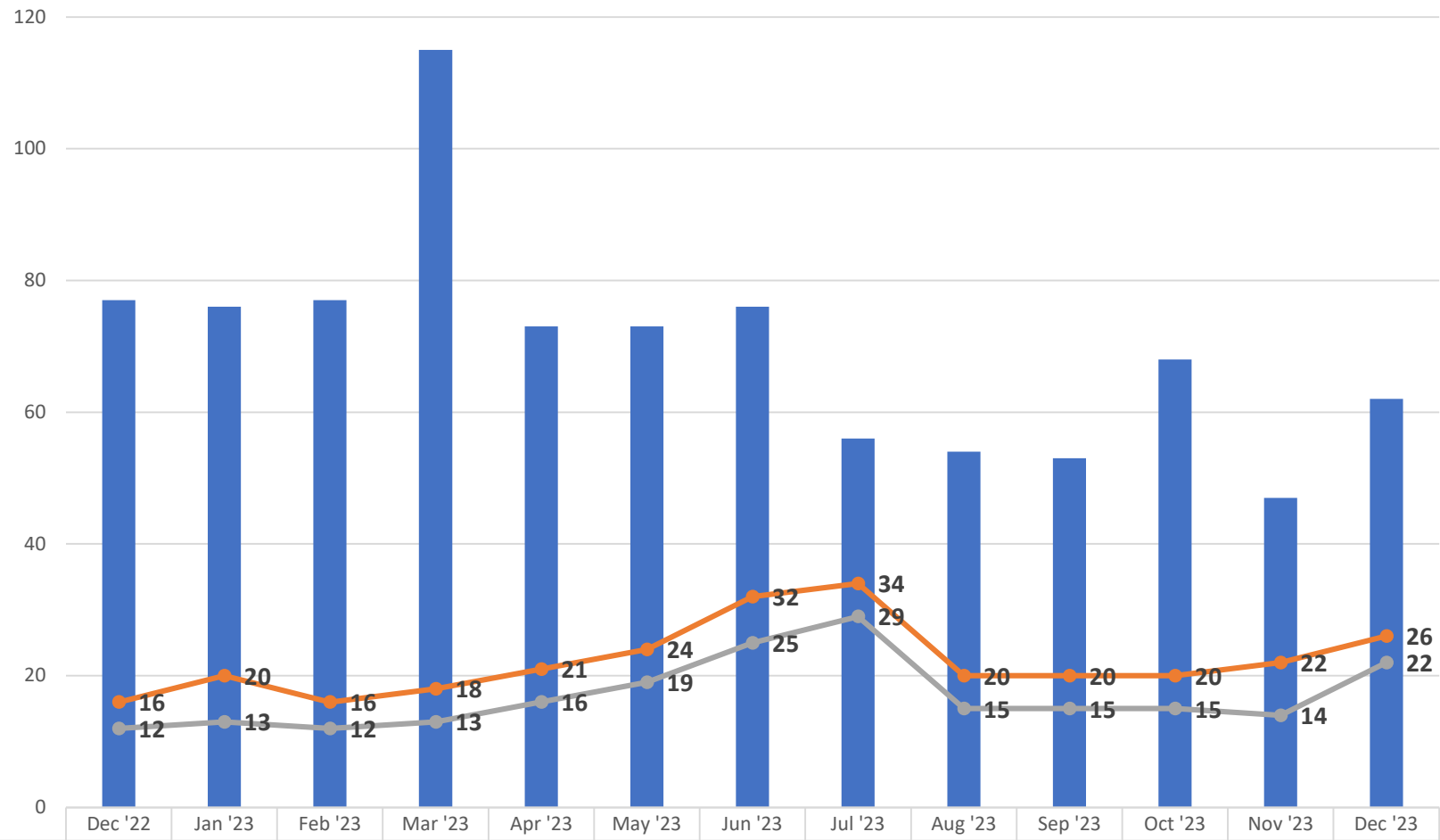
Adult Outpatient Time to Treatment - December 2022 to December 2023



# Adults Who Attended 1st Treatment Appt	71	60	47	78	43	45	49	32	54	33	51	63	47
Average # Days from Assessment to Treatment	30	29	30	24	27	26	26	30	28	21	23	25	25
Average # Days from Assessment to 1st Available / Accepted Appt*	28	22	24	21	22	20	19	25	19	16	15	15	20

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

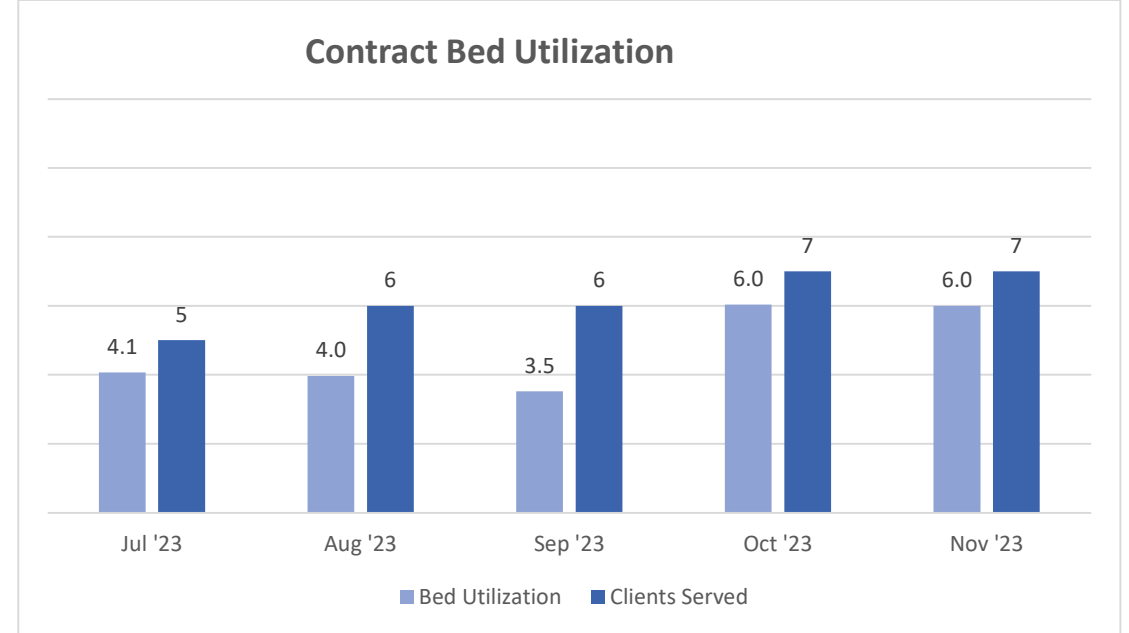
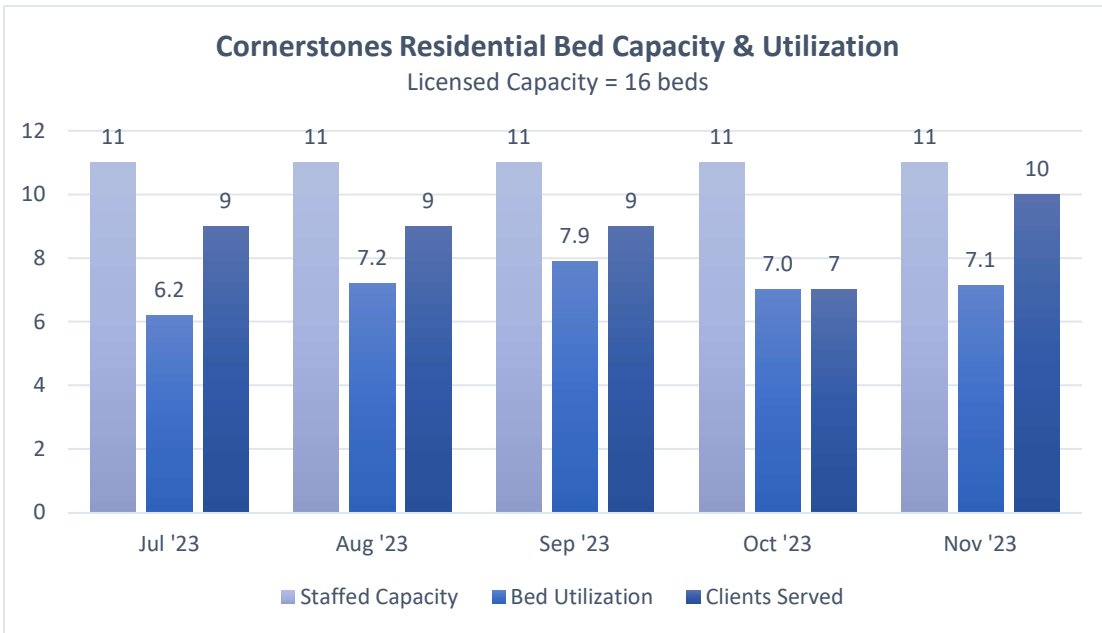
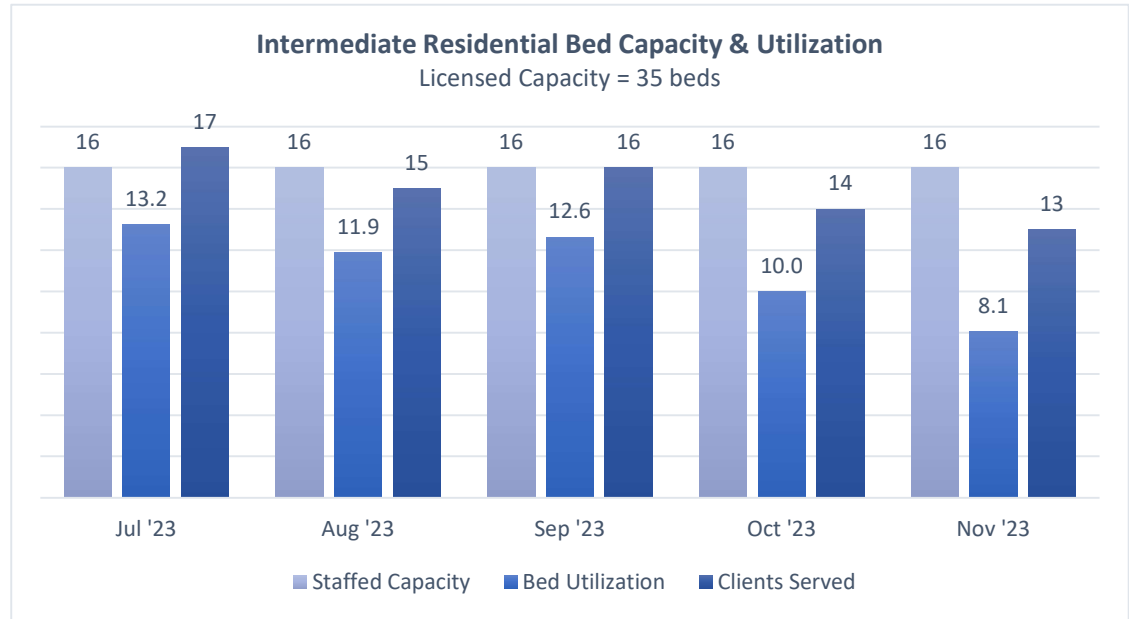
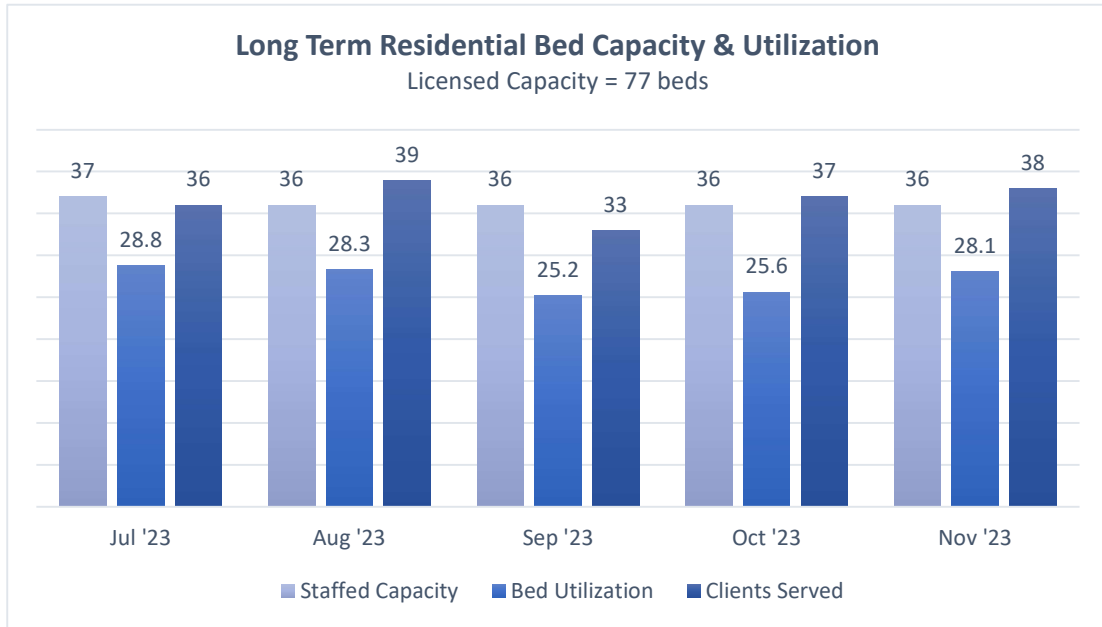
Youth Outpatient Time to Treatment - December 2022 to December 2023



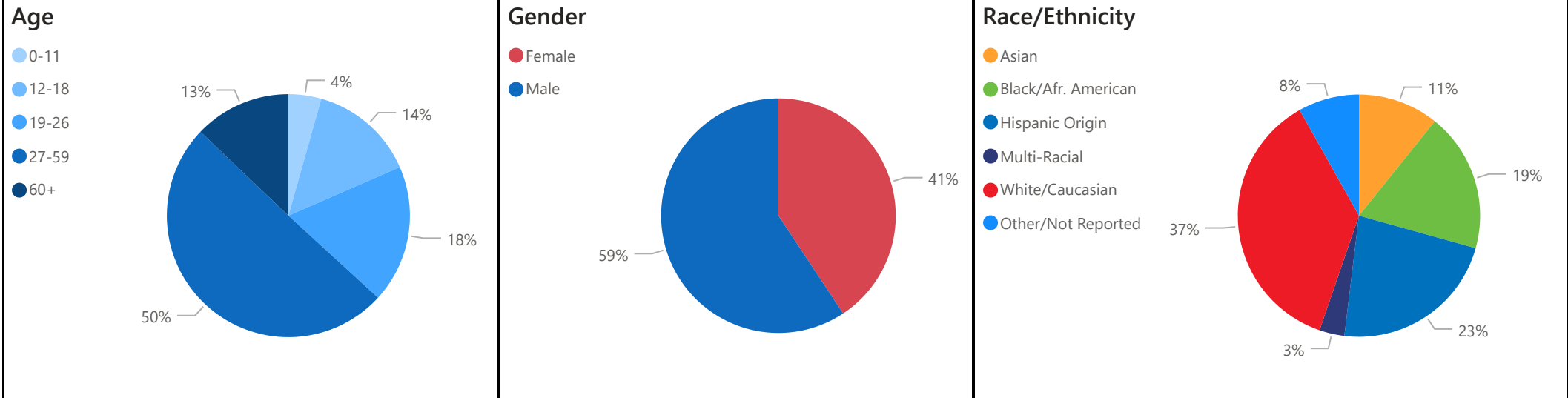
	Dec '22	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Aug '23	Sep '23	Oct '23	Nov '23	Dec '23
# Youth Who Attended 1st Treatment Appt	77	76	77	115	73	73	76	56	54	53	68	47	62
Average # Days from Assessment to Treatment	16	20	16	18	21	24	32	34	20	20	20	22	26
Average # Days from Assessment to 1st Available / Accepted Appt*	12	13	12	13	16	19	25	29	15	15	15	14	22

*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

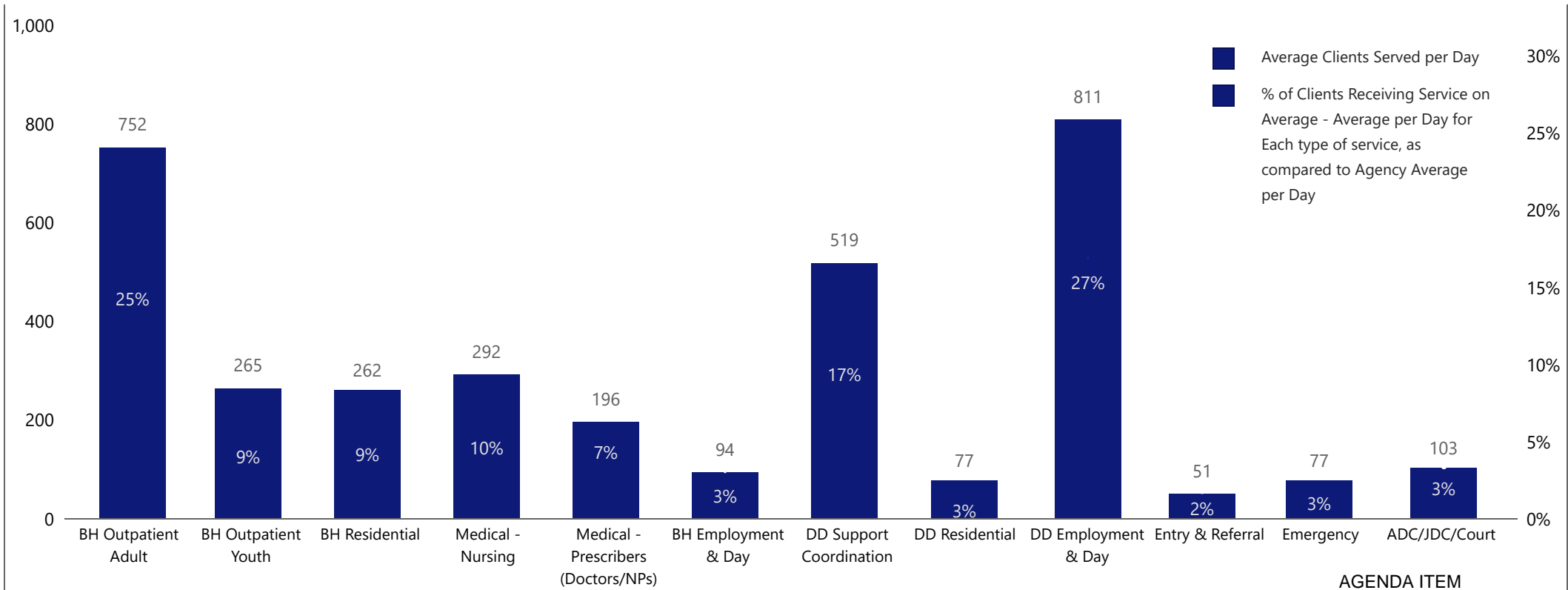


CSB Status Report



Average Clients Served per Day by Type of Service - November 2023

Agency Average Served per Day in November 2023 = 2,986





Individuals Served by Month by Type of Service Nov'22 - Nov'23

Service Area	Nov'22	Dec'22	Jan'23	Feb'23	Mar'23	Apr'23	May'23	Jun'23	Jul'23	Aug'23	Sep'23	Oct'23	Nov'23	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	9,235	9,091	9,541	9,638	10,032	9,646	9,905	9,677	9,245	9,746	9,682	9,738	9,404	-3.4%	1.8%	22,507
BH Outpatient Adult	3,238	3,278	3,309	3,323	3,412	3,259	3,334	3,258	3,227	3,294	3,149	3,220	3,215	-0.2%	-0.7%	5,429
BH Outpatient Youth	946	964	993	1,038	1,146	1,142	1,178	1,166	1,070	1,064	1,046	1,069	1,077	0.7%	13.8%	2,148
BH Residential	441	435	436	453	470	455	460	445	438	437	423	446	418	-6.3%	-5.2%	1,435
Medical - Nursing	1,307	1,324	1,392	1,406	1,522	1,400	1,333	1,316	1,405	1,416	1,385	1,453	1,378	-5.2%	5.4%	3,663
Medical - Prescribers	2,668	2,544	2,713	2,583	2,932	2,489	2,728	2,569	2,490	2,684	2,425	2,675	2,437	-8.9%	-8.7%	6,493
BH Employment & Day	310	307	322	314	327	304	323	322	317	324	269	294	315	7.1%	1.6%	642
DD Support Coordination	2,520	2,301	2,613	2,691	2,858	2,729	2,801	2,734	2,544	2,862	2,800	2,693	2,603	-3.3%	3.3%	5,368
DD Residential	84	83	81	79	79	79	78	78	78	78	78	77	77	=	-8.3%	83
DD Employment & Day	1,148	1,174	1,163	1,154	1,163	1,143	1,149	1,075	1,068	1,177	1,198	1,208	1,208	=	5.2%	1,382
Entry & Referral (EAR)	523	544	607	620	801	731	788	738	657	746	733	649	651	0.3%	24.5%	5,818
EAR Screenings	393	400	449	421	556	452	530	489	450	486	483	430	452	5.1%	15.0%	4,755
EAR Assessments	218	240	234	256	279	203	217	146	132	173	166	163	195	19.6%	-10.6%	2,295
Emergency	874	902	976	947	1,001	836	995	891	839	947	997	1,051	937	-10.8%	7.2%	7,171
ADC/JDC/ Court	630	648	656	664	678	599	577	602	546	622	685	696	615	-11.6%	-2.4%	2,888

* 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.
- BH Outpatient Adult – The number of individuals served in November is similar to the previous year. Over the past year there have been increases in the number served in the adult mental health outpatient & case management services in the BHOP program and in medication assisted treatment 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. There is a 14% increase as compared to November 2022, including an increase in individuals receiving substance use and medication assisted treatment services.
- BH Residential – The number of individuals served has decreased compared to October 2023 and November 2022, partly due to a decrease in demand for detoxification and residential crisis stabilization services.
- 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, and the number of individuals served is now trending up with a 7% increase in November and is 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 5% increase over the prior year as programs have reopened and individuals have returned to programming, along with 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– The number of clients receiving screenings, assessments, and served overall has been trending higher compared to the prior year. In more recent months, there was a decrease in the number of individuals receiving assessment services due to a combination of staff turnover and decreased client demand for services. In November 2023 there was a 5% increase in screenings and 19% increase in assessments compared to the prior month.
- Emergency – There is monthly fluctuation in the demand for Emergency services. All individuals who present for services are evaluated by Emergency services staff.
- ADC/JDC/Court – The number of individuals served decreased by 11% compared to November 2022, primarily related to a decrease in the individuals served in the adult detention center due to staff vacancies.