FAIRFAX-
FALLS CHURCH
COMMUNITY SERVICES BOARD

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Martha Lloyd, Chair
Fairfax County Government Center
12000 Government Center Parkway, Conference Rooms 4 & 5
Fairfax, Virginia 22035
Wednesday, October 26, 2011
7:30 p.m.

1.	***Meeting Called to Order***	Mark Sites	7:30 p.m.
2.	***Matters of the Public***		7:30 p.m.
3.	***Amendments to the Meeting Agenda***	Mark Sites	7:35 p.m.
4.	***Consent Agenda***	Mark Sites	7:35 p.m.
5.	***Matters of the Board***		7:40 p.m.
6.	***Action Items***		7:45 p.m.
	A. Grant Application: Office for Women's Health-Department of Health and Human Services	Kim Lamon-Loperfido	
	B. FY2013 Capital Improvement Program Budget Request	Jeannie Cummins Eisenhour	
	C. FY2013 Budget	Bill Belcher	
	D. Approval of 2012 Board Meeting Calendar	Mark Sites	
7.	***Information Items***	George Braunstein	8:15 p.m.
	A. Budget Process Overview: Planning Model and Principles	Carolyn Castro-Donlan Ginny Cooper	
8.	***Executive Director's Report***	George Braunstein	9:00 p.m.
	A. Temporary Detention Hearings		
	B. Regional Acute Care Update		
	C. State Update Managed Care RFP		
9.	***Adjournment***		9:15 p.m.

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COMMUNITY SERVICES BOARD	Item: 4	Type: Action	Date: 10/26/11

Consent Agenda

Motion:

I move that the Board include the items listed on the Consent Agenda:

A. Approval of minutes of the September 28, 2011 Board meeting.

B. Acceptance of minutes of the September 21, 2011 Executive Committee meeting.

C. Acceptance of minutes of the September 28, 2011 External Committee meeting.

D. Acceptance of minutes of the October 12, 2011 Substance Use Disorders/Mental Health Workgroup meeting.

Fairfax-Falls Church Community Services Board

September 28, 2011

The Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 9 and 10, in Fairfax.

The following CSB members were present: Martha Lloyd, Chair; Mary Ann Beall, Susan Beeman, Jessica Burmester, Lynne Crammer, Mark Gross, Glenn Kamber, Jean McNeal, Mark Sites, Woody Witt, Jane Woods

The following CSB members were absent: Pam Barrett, Mattie Palmore, Lori Stillman

The following CSB staff was present: George Braunstein, Belinda Buescher, Carolyn Castro-Donlan, Ginny Cooper, Jeannie Cummins Eisenhour, Evan Jones, Jamie MacDonald, David Mangano, Cathy Pumphrey, Jim Stratoudakis, Will Williams, Alan Wooten, Laura Yager

Also present were other county staff, private sector staff and members of the public.

1. Meeting Called to Order

   Ms. Martha Lloyd called the meeting to order at 7:30 p.m.

2. Matters of the Public

   Ms. Sherry Rose reported Rev. Bill Yolton has been hospitalized and there is a need for assistance in constructing an entrance ramp at his residence for ease of access.

3. Board Recognition

   Ms. Peggy Kane was presented with a plaque honoring her 20 years of service to the CSB and community at large. Board members and staff joined in extending their deep appreciation to Ms. Kane for her dedication, commitment and exemplary service.

4. Amendments to the Meeting Agenda

   Ms. Lloyd presented a motion to remove Agenda items 7C and D which was seconded and the motion approved.

5. Consent Agenda

   - Mr. Mark Gross moved the Board approve the Consent Agenda with the following items included:

     A. Approval of minutes from the July 27, 2011 Board meeting

     B. Acceptance of minutes of the July 20, 2011 Executive Committee meeting

     C. Acceptance of minutes of the September 6, 2011 Executive Committee meeting

     D. Acceptance of minutes of the September 7, 2011 Intellectual Disabilities/ Developmental Disabilities Workgroup meeting

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E. Acceptance of minutes of the September 14, 2011 Substance Use Disorders/Mental Health Workgroup meeting.

The motion was seconded and approved.

6. Matters of the Board

- Major Mark Sites reported on the following:
  - The next Mental Health First Aid forum will take place November 5th at Emanuel Baptist Church in South County.
  - The Substance Abuse Awareness Week (SAAW) Conference will be held on October 14th at the Fairfax County Government Center.
  - The 2011 Housing Needs Report was distributed to CSB Board members today and noted recommendations will be forthcoming in the future.
  - An overview of the Fairfax REACH (REACH) entity was provided at the CSB External Committee. In an effort to better understand the relationship between the CSB Board and the REACH Board of Directors, it was recommended the CSB Chair request of the REACH Executive Director, Ms. Barbara Wadley-Young, if two CSB Board members could participate in the November 9th REACH Board retreat. Mr. Glenn Kamber offered a motion to this affect which was seconded by Mr. Woody Witt and the motion was approved.
- Ms. Susan Beeman reported at the September 27th Board of Supervisors proclamation of the Mental Health Awareness Week, a conversation ensued with many Supervisors actively engaged in a very positive exchange.
- Ms. Lloyd reported the CSB Executive Committee is proposing the Board holiday dinner in December be a catered, working dinner and take place in the Government Center meeting room. In addition, a suggestion was made to use the services of Wildflour Caterers for the meal. Mr. Gross made a motion for holding a catered working dinner in December 2011 which was seconded by Ms. Jane Woods and the motion approved.

7. Action Items

A. Grant Application: Virginia Foundation for Healthy Youth (Al's Pals)

Mr. Jamie MacDonald provided background on the three-year grant application noting this is third time the CSB has applied for funds which support teacher training in prevention programs for minors in the areas of tobacco, alcohol and other drugs. Mr. MacDonald indicated outcomes have been positive in past years for this program that is focused on children three to eight years old. Ms. Jessica Burmester made a motion for approval of the grant application which was seconded and the motion approved.

B. Grant Application: Community Housing

Ms. Jeannie Cummins Eisenhour provided an overview of a $3.6 million grant from the Department of Behavioral Health and Disability Services (DBHDS) to build two waiver-certified group homes in Fairfax County to house 12 current residents of the Central

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Virginia Training Center (CVTC). Ms. Cummins Eisenhour noted the monies are diverted from capital funding for the five training centers across Virginia in an effort to build small group homes and allow consumers to live in their own communities. In addition, as the funds come from a taxable bond, it was noted by maintaining funding compliance over the course of 20 years, any indebtedness is forgiven. Mr. Woody Witt presented a motion to authorize the application and accept funds in the amount $3,738,964 for Community Housing Funds from the DBHDS which was seconded by Ms. Jean McNeal and the motion approved. Upon receipt of the approval, staff will request approval from the Board of Supervisors and request an expenditure appropriation and commensurate revenue increase of the award amount.

8. Information Items

A. Electronic Health Record (EHR) Update

Ms. Cathy Pumphrey provided an overview of the new EHR which has been awarded to Credible Software located in Maryland. Highlighting the future requirements facing the CSB to maintain a viable system and CSB technology strategic goals, Ms. Pumphrey noted the capabilities of the Credible software system to interface, operate and exchange data as well as the business intelligence to assist in generating outcomes. While noting the targeted completion date for the transition is June 2012, Ms. Pumphrey indicated this rapid timeline will eliminate the need to purchase interim software. There was also discussion as to how the current EHR data through Anasazi will ultimately be stored.

B. Balanced Score Card

Ms. Pumphrey walked through the targets as of June 2011 as well as annual trend summary and indicated the Customers program capacity and productivity standards is marked as "Under Construction" as these outcomes will be better addressed with implementation of the new EHR software. While noting the goals and indicators will look different as a revised system is being developed, it was pointed out convergence of the new CSB agency structure, services, and new EHR will take some time to ensure the most efficient methods of gathering the data are in place.

9. Executive Director's Report

- Mr. George Braunstein shared the following and requested to send letters of appreciation on behalf of the CSB Board. The CSB Board approved sending letters to all staff referenced below.
  - Following the Tim Harmon 5K Race, a letter was received from Becky Harmon expressing her gratitude for the efforts of Peggy and Tom Cook in coordinating this event.
  - During the flooding in the Huntington area, CSB staff was deployed to assist including Jim Kelly, Charlie Mauer, Kristen Werner, Megan O'Connor, Linda Haake and Bibiana Ortiz-Levine.

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- A parent of a consumer with intellectual disabilities (ID) communicated her praise of Kelli Heinz-Jones in a statewide meeting as a model in service coordination and support of ID families.
- The CSB has received two awards from the National Minority Mental Health Awareness Month Media Contest sponsored by the Department of Behavioral Health and Developmental Services (DBHDS). First place was received in the adult category for a prevention services campaign, and third place in youth division.
- John Dobricky, a well-respected CSB senior clinician, worked with ID staff and mental health staff to address the needs of a long-term consumer straddling services. This cohesive effort encourages collaboration and further endorses the CSB consolidation/transformation.

➢ Regional Acute Care Update

Mr. Braunstein reported Inova will not be pursuing the Crisis intervention Center in Fairfax City, but discussion is underway on possibly creating a site on the Inova Fairfax campus. Separately, under the leadership of Ms. Carolyn Castro-Donlan, a crisis stabilization unit in Chantilly is being pursued, funded by the Region and Detox, and to be used by other Community Services Boards. This facility will draw down the full amount of funds the State is providing, and while it will expand the crisis bed capacity, police drop-offs cannot be accommodated. In the meantime, the Region continues to fund 13 beds at the Northern Virginia Mental Health Institute through the end of this fiscal year and is requesting the State develop a funding mechanism to maintain the beds.

➢ State Update Manage Care

Mr. Braunstein reported the state has issued a letter indicating a draft Request for Proposals (RFP) for Medicaid-funded managed care services will be released for comment as soon as next week with a five-day comment period. Noting ID waivers are excluded from the managed care contract, Mr. Braunstein indicated the goal is to identify a vendor before the Virginia General Assembly meets in January. The draft RFP provides for the first two years of the contract as non-risk, setting in place the infrastructure, while the third year accepts risk. Under the Behavioral Healthcare Partnership of Virginia, a 50-50 partnership created between Community Services Boards and Value Options will apply for the RFP and should Fairfax determine there is a better option for providing services, the Partnership Agreement provides for withdrawal with 120-days' notice. When the RFP becomes public, copies will be provided to Board members along with a summary as well as operating guidelines of the Partnership.

➢ FY 2013 Budget Reductions

In response to the county request for budget reductions of 1, 3 and 5%, Mr. George Braunstein presented the CSB proposals. Noting the 1% reduction would not change the current services, when moving towards the 3 and 5% reductions, it was indicated the

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proposals would directly impact services. Among those services are 1) replacing face-to-face interpreter services with telephonic as well as language competent paraprofessional staff; 2) transportation by obtaining more cost-effective vendor services; 3) Wellness and Health Promotion by applying a school funding reduction and eliminating staff positions; and 4) vocational services by creating a cap on non-Medicaid funded services or reducing county-funded administrative support for vendors.

Mr. Braunstein noted for interpreter services, eliminating face-to-face vendor services would prevent payments required for no shows and/or last minute cancellations, and the transportation proposal, would allow for efficient use of funds by contracting services at a cost substantially lower than FASTRAN. In the area of Wellness and Health Promotion, the proposal incorporates a funding withdrawal by the schools which took effect this year and is currently being absorbed, as well as elimination of up to seven staff positions. Noting Vocational and Day Support is the largest proposed reduction, Mr. Braunstein indicated there are two possible methods of identifying these monies: 1) create a voucher or cap for non-Medicaid funded services which would allow for individuals to receive some funding, but not at the current levels, or 2) reduce the county funds providers receive for administrative support. Mr. Braunstein indicated a meeting will be scheduled with providers to discuss the reduction proposals. In addressing a concern expressed by Mr. Gross that the Vocational-Day Support reduction item may be disproportionate as it is 60% of the total reductions, Mr. Braunstein noted when considering an across-the-board 3 and 5% reduction, it was determined capacity would be crippled in some programs. This, in turn, could result in closing an entire program, while the Vocational-Day Support proposal would provide at least a portion of funding for consumers. Mr. Braunstein stated if more suitable proposals are identified to reach the county reduction levels following the October 4th submissions and prior to the announcement by the County Executive, substitutions can be made. In addition, Mr. Braunstein noted with the direction of government in right-sizing expenditures, the CSB will be facing for a sustained period budget challenges and further reductions, and as a result, will be tasked with the strategic responsibility of developing reductions that are not disability centered.

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Actions Taken –

(a) The Board Agenda was modified by removing Items 7C and 7D.

(b) The Consent Agenda was approved as presented.

(c) The December holiday dinner will be a working dinner at the Government Center.

(d) The Grant Application request for the Virginia Foundation for Healthy Youth was approved.

(e) The request to accept the funding housing grant of $3,738,964 from the Department of Behavioral Health and Disability Services was approved.

There being no further business to come before the Board, the meeting was adjourned at 10:00 p.m.

Date Approved	Melissa Osborne, Interim Clerk to the Board

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Fairfax-Falls Church Community Services Board
Executive Committee
September 21, 2011

The Executive Committee of the Fairfax-Falls Church Community Services Board met in regular session on September 21, 2011 at 7:30 p.m. at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 9 and 10, Fairfax, Virginia.

The following Committee members were present: Martha Lloyd, Chair; Susan Beeman; George Braunstein; Lynne Crammer; Mark Gross; Mark Sites; Jane Woods

The following Committee members were absent: Woody Witt

The following CSB staff was present: Melissa Osborne

1. Meeting Called to Order

   The meeting was called to order at 7:45 p.m.

2. Approval of the July 20 and September 6, 2011 Minutes

   - Ms. Lynne Crammer moved that the Executive Committee minutes of July 20, 2011, be approved as presented. The motion was seconded and unanimously carried.

   - Ms. Crammer moved that the Executive Committee minutes of September 6, 2011, be approved as presented. The motion was seconded and unanimously carried.

3. Adoption of the Agenda

   - Ms. Crammer moved that the Executive Committee agenda of September 21, 2011, be adopted as presented. The motion was seconded by Major Mark Sites and unanimously carried.

4. Matters of the Executive Committee

   A. Substance Use Disorders/Mental Health Workgroup (SUDs/MH) Report – Major Sites commended staff for the housing report which was provided to the Intellectual Disability/Developmental Disability Workgroup, and now that it is finalized, will be further distributed. A small group of Board members will meet to determine the next steps and present recommendations to the CSB Board for consideration. It was noted the October and November SUDs/MH Workgroup meetings will be held in Chantilly and South County, respectively. During this discussion it was pointed out some members of the Route One Task Force have expressed appreciation for the Workgroup holding meetings in South County to facilitate their active participation. Ms. Susan Beeman announced the September 30th Mental Health Awareness Week Conference and confirmed that Mr. George Braunstein will attend to assist with the award presentations.

   B. Intellectual Disability/Developmental Disability (ID/DD) Workgroup Report – As Mr. Woody Witt was not in attendance, there was no report provided.

C. Internal Committee Report – Mr. Mark Gross indicated there was no report available at this time.

D. External Committee Report – Major Sites noted at the September 28 meeting a presentation will be provided on the 501C Fairfax REACH entity, and at a later date, will be presented to the full CSB Board. In addition, Major Sites indicated the next Mental Health First Aid training will be offered on November 5th and efforts are underway to schedule a session at the Northern Virginia Community College campus.

E. Other Matters from Committee Members – Ms. Martha Lloyd extended appreciation to the CSB Board members for attending the joint session of the CSB and Fairfax County Board of Supervisors on September 20th, and reported overall, a good tone was set. It was noted the questions presented by the Board of Supervisors were in response to the CSB talking points, focusing on housing, transportation, emergency/mobile crisis, as well as interactions with the county schools. While noting the Board of Supervisors is aiming to improve its working relationship with the School Board, it was pointed out this may be an appropriate time to pursue consideration of employment opportunities for CSB consumers within the school system. With this in mind, it was recommended that Evan Jones, CSB Employment Services Director, be invited to the Internal Committee to determine the preparedness of the CSB system to fulfill any school employment opportunities offered, and in turn, identify steps that may be needed to position the CSB to handle such opportunities. Once established, the CSB could then advocate during the budget process for jobs and encourage the Board of Supervisors to possibly establish a policy statement to this effect.

F. Meeting Calendar 2012 – Noting the SUDs/MH and ID/DD are workgroups, not committees, it was decided in November 2012 both Workgroups will meet on November 7, the Executive Committee on November 14 and CSB Board on November 28. In addition, corrections were noted that the Executive Committee will meet on September 19 and October 17.

5. Amendments to the Board Agenda

The draft Board meeting agenda was provided for information and review.

6. Board Planning Calendar

During discussion of the holiday dinner in December 2011, a proposal was presented to possibly forego dining at a restaurant and instead hold a working dinner at the Government Center meeting room with the meal catered. It was agreed to present this recommendation to the full CSB Board for consideration.

7. Executive Director's Report

A. Child Screening for Medical Services: Mr. Braunstein noted the child assessment program is well established, and pointed out due to a lower demand for this service in our area, resources have been scaled back to be more in line with the actual needs. It was determined to remove this as a regular reporting item and provide updates to the CSB Board in the future as appropriate.

B. Regional Acute Care Update: Mr. Braunstein reported that Inova is no longer pursuing the Fairfax City site for providing this service and is now looking at creating a site on the Inova Fairfax campus, possibly in the older building. Currently, a definitive commitment is not

forthcoming from Inova on a time frame for making this decision or even whether they will continue to pursue this option. Taking into account the State funds allotted for this project, the Region is examining an alternative approach of establishing a crisis care facility in Chantilly, which would be more of a bed vs. emergency room orientation. In raising the question on the possibility of accessing the underutilized beds at the Northern Virginia Mental Health Institute, it was indicated Inova is not open to this option. However, Mr. Braunstein reported some discussions are underway with private providers on the feasibility of operating the underutilized State beds. While the State has indicated a commitment to keep beds open, looking at the overall community needs and limited dollars, this does not appear to be a viable option.

C. Items for Next General Assembly Session-Planning – Request to remove this item from agenda as this issue is being addressed in the External Committee.

D. Budget Items --

a. Mr. Braunstein presented the FY2012 Budget Reallocations to cover cost of the new Electronic Health Record (EHR) and noted the restructuring is comprised of increased revenues and repurposing of dollars. In describing the strategies used in developing the plan, it was pointed out there is one area in which services will be impacted -- Wellness and Health Promotion, formerly called Prevention. While the schools eliminated funding for the prevention and student assistance programs in FY2012, this was not reflected in the CSB budget. The proposed reallocation will take this funding termination into account. Otherwise, no additional reductions are included in the proposed reallocation.

b. Following the county request to provide 1, 3, and 5% reductions in the FY2013 budget by October 4, Mr. Braunstein presented the CSB proposals, noting the 1% reduction would be in line with FY2012. However, when moving towards the 3 and 5% reductions, it was indicated the proposals would directly impact services including 1) replacing adult face-to-face translations with telephonic services, 2) transportation, 3) Wellness and Health Promotion (prevention) services and 4) Vocational-Day Support. It was noted for translation services, language competent paraprofessionals will be considered at the sites to provide translation services along with other duties which are similar to that of the Health Department. In the area of transportation, subsidies would be eliminated and more cost-effective vendor-based transportation engaged to provide services other than FASTRAN, while in Wellness and Health Promotion area, the reductions would eliminate staff positions up to 25%. For Vocation-Day Support, the proposed reduction would include implementation of vouchers to cap purchase dollars per individual. During the discussion it was stressed that the CSB is now in a position of having to cut services to meet the reductions being requested and must determine whether to close an entire program or look at providing at least a portion of the needed funding to individual consumers. In addition as part of this measure, it was noted subsidy payments to providers accepting Medicaid Waivers will be eliminated. A recommendation was presented to meet with providers to seek their suggestions on maintaining therapeutic levels for consumers in light of this budget environment.

E. Long Term Care Coordinating Council Housing Committee (LTCCC) Request – Ms. Jessica Burmester and Mr. Witt have requested to designate a CSB representative to the LTCCC Housing Committee. Noting in the past there have been CSB representatives on this Committee, it was agreed to have CSB representation and that either Ms. Burmester or Mr. Witt would be appropriate.

F. State Update - Mr. Braunstein reported Virginia is moving forward with managed care of Medicaid-funded substance use and mental health services. An RFP should be issued by November 2011. It was noted to add this item to the September 28 CSB Board agenda.

G. Other Items –

a. Mr. Braunstein reported the CSB has received two awards from the National Minority Mental Health Awareness Month Media Contest, first place in the adult category and third place in youth. This contest, sponsored by the Department of Behavioral Health and Developmental Services (DBHDS), is to raise awareness of mental illness, prevention, treatment, and research in diverse communities. The awards recognize our prevention services and include 1) the adult prevention services campaign, and 2) the youth special event- what is good mental health; what does it mean to me and my friends? Mr. Braunstein forwarded a message this evening announcing this honor and will share further at the full CSB Board on September 28.

b. Mr. Braunstein requested if there may be an interest in having the New Horizons Treatment Center, a co-ed intensive residential treatment program, provide a program overview to the CSB Board. It was suggested that this could possibly take place at the October meeting.

c. Mr. Braunstein presented a draft letter from the Chair of the Arlington Community Services Board to DBHDS Commissioner Jim Stewart on ID/DD Waivers in which the Fairfax-Falls Church CSB is being requested to co-sign. To ensure a well-informed review, it was determined the draft letter should be forwarded to the ID/DD Workgroup who could then in turn provide the Board with a recommendation on whether or not to endorse.

There being no further business to come before the Executive Committee, the meeting was adjourned at 9:15 p.m.

October 19, 2011
Date Approved

Melissa Osborne, Interim Clerk to the Board

COMMUNITY SERVICES BOARD Item: 6A Type: Action Date: October 26, 2011

Office on Women's Health Conference Support Grant Application

Issue:
Board approval authorization is requested for the Fairfax-Falls Church Community Services Board (CSB) Wellness and Health Promotion to apply for and, if awarded, accept Office on Women's Health funding totaling $5,000. Funds will be used to implement the annual Girl Power Conference described below, in collaboration with partner organizations from the county.

Recommended Motion:
I move that the Board approve Wellness and Health Promotion's request to apply for and, if awarded, accept Office of Women's Health funds of $5,000.

Timing:
Immediate Board action is requested as the grant submission deadline is October 31, 2011. Grant awards will be announced in December 2011; the grant award period begins December 2, 2011 ending on September 14, 2012.

Background:
The Office on Women's Health, United States Department of Health and Human Services, issued a Request for Proposals (RFP) on September 1, 2011 to fund conferences and webinars addressing issues that impact the health and well-being of women and girls. Conferences must address the health of women and/or girls. This grant award will run from December 2, 2011 through September 14, 2012. RFP information can be found at http://www.womenshealth.gov/about-us/funding-opportunities.

The Girl Power program is a 32-week mental health promotion, substance use prevention program that is implemented across the county. Girl Power seeks to reduce risky behaviors and build resiliency skills among girls between 5-8 grades. The underlying goal is to develop each girl's natural strengths so that she will be better able to deal with challenges she will face in life. The program is designed to reinforce positive beliefs and experiences developed through program activities. The focus is on building resiliency, skills, and strengths rather than on risks and problems.

The Girl Power! Conference is the culminating activity aiming to encourage and empower girls and their parents to build character, enhance self-esteem, become physically active, and make healthy choices by providing positive educational messages, meaningful opportunities to build resiliency, and accurate information about key wellness issues.

Grant funds will be used to partially pay the cost of renting buses to transport 200 youth to the conference, rent the County fitness center in the Government Center, hire a

personal trainer for day of conference (the trainer will show the girls and their parents how to safely use equipment and create at-home fitness routines they can implement), cover cost of shipping for www.bestbonesforever.gov display, cover an honorarium for the keynote, cover the cost of printing up to $1000, cover cost of conference related supplies and educational resource materials.

Fiscal Impact:
The Office on Women's Health will provide funding of $5000 to support a local, on-site conference. Funds will be disbursed at a maximum of $5000. The Fairfax-Falls Church CSB will receive the grant funds and will enter into a Grant Agreement with Office on Women's Health to implement the conference. The CSB has already been budgeted for the conference and the grant funds would help cover some of the costs to host such an event.

Creation of Positions:
No new positions will be required for this grant.

Staff:
Carolyn Castro-Donlan, Deputy Director, Fairfax-Falls Church CSB
Jamie MacDonald, Wellness and Health Promotion, Fairfax-Falls Church CSB
Bill Belcher, Department of Administration for Human Services

COMMUNITY SERVICES BOARD Item: 6B Type: Action Date: October 26, 2011

Fairfax County's FY2013 To FY2017 (to 2022 Out Years) Capital Improvement Program

Issue:
Board approval to submit the Fairfax-Falls Church Community Services Board's (CSB) FY 2013 Capital Budget request and the CSB's recommendations for the County's FY2013 to FY2017 Capital Improvement Program (with future fiscal years to 2022).

Recommended Motion:
I move that the Board approve the FY 2013 Capital Budget request and recommendations for the County's Capital Improvement Program (CIP) as defined herein.

Timing:
The Capital Improvement Program information was due to the Department of Management and Budget on October 3, 2011. Departmental meetings with the CIP Review Team occur from October through November 2011, and the CIP Review Team will discuss the CIP Recommendations with the County Executive in December 2011. Agencies will receive CIP decisions and draft documents for review in January 2012, and the Advertised CIP will be released with the Advertised Budget in February 2012. CSB staff will have opportunities to make formal presentations to the Planning Commission and Board of Supervisors in March 2012, followed by public hearings before the Planning Commission and the Board of Supervisors for Adoption of the CIP in March and April 2012. The CIP will be adopted in April 2012.

Background:
The County's Capital Improvement Program (CIP) and the County's Comprehensive Plan are interrelated. The Comprehensive Plan identifies those geographic areas suitable for development and the CIP identifies needed public facilities and provides a systematic approach to planning the financing and development so that bond issues or other revenue sources can be identified. By identifying the public facilities needed to serve Fairfax County citizens and scheduling them over time, the CIP guides the public construction program for the future.

The Community Services Board has actively participated in the CIP since 1985 and has received funding for the construction of several projects including: 16-resident Braddock Road Group residences opened in 1991 (IDS); 32-resident Detoxification program facility co-located with a new enlarged 35-resident "A New Beginning" building and an 81-resident Crossroads facility which opened in 1994 (ADS). Also the former "A New Beginning" building was reconstructed for use as a 16-resident dual diagnosis program "Cornerstones" which opened in 1999 (MH/ADS). A 1990 bond referendum provided the funding for a 36-resident Assisted Living Facility (ALF), "Stevenson Place."

Funding was approved in a 2004 bond referendum for the renovation and expansion of the Mt. Vernon Community Mental Health Center (renamed the "Gartlan Center"), new construction of the Gregory Drive Residential Treatment Program renamed *New Horizons* for 16 adults with co-occurring disorders (MH/ADS), and substantial renovation or replacement of the Woodburn Community Mental Health Center. The former two projects have been completed and are now in use. The latter project, the Woodburn Center, recently completed the design development phase and construction documents are nearly complete. County approval of the remaining funding required for construction is in process.

The CIP process involves initial approval, participation in a possible bond referendum (unless alternate funding sources are identified), feasibility studies, securing an acceptable site or planning extensive renovations at existing sites, authorization from the Board of Supervisors to proceed, architectural design, and construction. Although a lengthy development time can be expected, the CIP is a valuable avenue for the CSB to pursue for new construction of the County buildings and specialized residential facilities.

Recommendations for the County's FY 2013-2017 Capital Improvement Program

There are two components to the CIP development process: the capital budget requests for new or increased funding in FY 2013 and the CIP submission requests for on-going projects and future planning. DMB has indicated FY 2013 funding will continue to be extremely limited, leaving no flexibility for additional General Fund dollars associated with accelerated or additional projects. However, the CSB finds itself in two unique circumstances: (1) it has an existing residential site that will soon be available for re-use, and (2) it has received state funding for the acquisition and construction of two group homes. As a result, this year the CSB proposes to put forward a modest capital budget request for new funding as well as a CIP submission for current and future planning.

A. FY 13 Capital Budget Request

Facility Redesign of Braddock Road Apartments

The County owns two properties at 10055 A/B and 10075 A/B Braddock Road which are currently leased to a private residential provider who operates them as group homes for adults with intellectual disabilities. The provider is vacating the facility, and while the CSB intends to continue serving individuals with intellectual disabilities at this location, it would like to re-purpose the facility for use as either as a crisis stabilization program, a respite care program, or a group residential facility for individuals with intellectual disabilities.

The need for barrier-free, accessible group homes is outlined below. Approximately 260 individuals with intellectual disabilities who are on CSB waitlists for permanent supported housing need the level of daily assistance and skills training provided in a group home setting.

Moreover, the families these and the families of 695 children and adults with intellectual disabilities waiting for other supportive services have a critical need for access to overnight respite care so they can take a break from continuous caregiving. The Braddock Road Apartments offer small living, home-like living areas with individual bedrooms suited for this purpose.

Finally, over the past several years, the CSB has seen a rapid decline in the number of crisis beds available in private hospitals for individuals with either mental illness or intellectual disabilities. Currently, there are only 64 beds available in private facilities throughout Fairfax County that accept Medicaid. The utilization rate for beds at Inova Fairfax Hospital is nearly 100%. As a result, individuals in crisis are often driven by law enforcement to jurisdictions as far south as Richmond for care. The state Department of Behavioral Health and Developmental Services recently made funding for crisis stabilization services available to the region, however, there is not a facility identified in which the services will be delivered. The Braddock Road Apartments are a viable alternative because they are centrally located in the region and they offer a residential setting for service delivery, which is preferable to a hospital setting.

An adaptive re-use of this facility could significantly lower the capital costs for any of these critically needed programs. For example, the Braddock Road Apartments already have roll-in showers and lowered plumbing that enhances accessibility. However, the facility must have numerous repairs and modifications completed before it can be occupied. The apartments suffer from considerable deferred maintenance and require interior and exterior repairs. In addition, the second floor of the facility is not accessible, so it would have to be retrofitted to accommodate a two-stop elevator that serves both addresses.

The CSB would like to request $35,000 in FY13 capital funding to support an architectural and engineering review of the Braddock Road Apartments. The review would include a physical inspection of the building and units, existing conditions drawings, code analysis, a scope of work for the selected program, and a cost estimate for the required repairs and renovations.

B. Current CIP Requests

B.1. Five Year Plan, Currently Funded

Two Group Homes for Adults with Intellectual Disabilities

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has made $3,738,964 of funding available for the acquisition and rehabilitation or construction of two Medicaid Waiver certified homes for former residents of the Central Virginia Training Center.

Virginia has five state operated Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) that provide long term care to individuals with intellectual and related disabilities in institutional settings. These facilities vary in size from 181 individuals served at Southeastern Training Center in Chesapeake to 484 individuals served at Central Virginia Training Center (CVTC) in Lynchburg. Currently, there are 124 individuals in training centers whose residence of origin is Fairfax County. While the majority was able to secure services at the Northern Virginia Training Center in Fairfax County, nearly 25% relocated as far away as CVTC in order to obtain the level of care they needed. The Medicaid program now offers a similar level of care through its Home and Community-Based Waiver program, which provides a variety of services, including residential and vocational support, environmental modifications, respite care, personal emergency response systems, and personal attendant care, among others. Individuals living in ICF/MR settings have the option to transition back to their communities of origin and receive home and community-based services if they choose. However, those who wish to transition from long-term institutions to the community often face numerous hurdles including: insufficient resources to cover the cost of housing, a dearth of accessible housing in the community, and lack of funding to obtain basic household items and furniture.

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) diverted approximately $10 million in capital funding from training centers to build small community ICF/MRs and Medicaid Waiver Group Homes. The funding comes from a taxable bond issued by the Virginia Public Building Authority. The General Assembly pays the principal and interest on the bond, essentially functioning as a forgivable loan. The Fairfax-Falls Church CSB will receive 100% financing for the capital costs of acquisition and rehabilitation or new construction of two Medicaid Waiver group homes in Fairfax County. The CSB must own these facilities for the period of the bond financing (e.g., 20 years) and must use the facilities for the purpose of providing community housing for individuals with intellectual disabilities from CVTC.

The total development cost to acquire and rehabilitate or newly construct two, fully accessible, energy efficient, six-bedroom group homes is estimated at $1.8 million per home. The CSB will purchase the homes, work with DPWES on the design and renovation/construction of the homes, and solicit a Request for Proposals for the provision of licensed residential support services within the homes. The selected residential services vendor lease each home from the CSB, and bill Medicaid Waiver for the residential supportive services provided to the residents. The monthly rent the CSB charges will cover depreciation on the property asset and a contribution to a replacement reserve for future capital renewal items. The individuals who transition from CVTC to the group homes would apply for Medicaid Waivers through Virginia's Money Follows the Person (MFP) Program, which provides Medicaid Waivers and other transition services to individuals who move from long-term care institutions to community-based services. Each group home can serve up to four residents funded through MFP in the first year, and can then expand if desired by the Fairfax-Falls Church Community Services Board.

B.2. Five Year Plan, Not Currently Funded

Identify Gap Funding for Approved CIP Projects

While County bond funding for the replacement of the Woodburn Community Mental Health Center (new Mid-County building) has been approved, the first closing has occurred, the project has gone through design development, and construction documents are nearly complete, County approval of the remaining funding required is in process. We request the county complete this project as defined without loss of space and the necessary design elements required. The CSB also encourages the county to examine

efficiencies associated with co-locating service sites across human services agencies, as well as the addition of residential studio units to new or revitalized buildings located near transportation corridors.

C. Future Planning Projects – FY 2017-2021

**These projects are not funded at this time but are based on current and projected needs and replicate the success of existing program models. Projects are presented in priority order. The CSB urges the County to design and construct its projects according to the principles of Universal Design, so all County-owned housing and facilities are usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.*

1. (CIP) Assisted Living and Housing. CSB requests $5.55 million for the construction of an assisted living program that will serve 36 adults who are eligible for CSB services. Current waiting list statistics indicate of the 550+ individuals with mental illness waiting for residential treatment or permanent supported housing, 50 individuals need the level of care available through an assisted living program, which is a critical gap in our available services. New assisted living approaches are being developed nationwide that incorporate design elements which encourage maximum independence and promote recovery. The Green House model, for example, features universally designed, home-like residences with individual and shared living areas and plenty of green space for eight to ten people. These residences can be stand-alone houses or clustered housing units on one site. As the population ages and individuals experience multiple physical needs for support, there will continue to be an increasing and urgent demand for this residential option.

2. (CIP) Medical and Social Detox Center. CSB requests $5.55 million for the construction of a new detoxification center for individuals with alcohol or drug abuse or dependency problems. Existing programs cannot adequately serve citizens who need emergency social and medical detoxification. The wait for medical and social detoxification services is extensive: approximately 80 clients are currently awaiting services. In the course of a year, the CSB estimates nearly 400 citizens are turned away due to lack of space. Many clients are unable to safely wait for services. Clients awaiting placement in detoxification services often end up in emergency rooms, jails, hospitals and psychiatric institutions. The services provided in these settings are expensive and often do not meet individuals' needs. Detoxification is the first step individuals take to address their substance abuse problems. The alternative, remaining in the community while using drugs and alcohol, has a deleterious impact on the community. When detoxification services are unavailable, County agencies including the Police Department, Sheriff's Department, Department of Family Services, Mental Health Services, Homeless Shelters and others must devote intensive resources to address crime, child and spousal abuse, drunk driving, drug dependent babies and other problems related to substance abuse. The shortage of detoxification services also takes a toll on families and neighborhoods. Providing detoxification and subsequent treatment services is a community investment because it addresses the root causes of problems and offers cost effective solutions. This project would fund a 35-bed community based medical and social detoxification center. The services are cost effective and represent major savings compared to the cost of hospital based detoxification. The center will house comprehensive detoxification services (including monitoring of the withdrawal process), medication monitoring, psychiatric assessment, stabilization and monitoring, substance abuse education, individualized service planning, referral to treatment and other services, and comprehensive case management. This program could be a regional effort.

3. (CIP) Barrier – Free, Accessible Group Home. CSB requests $1.5 million for the construction of an approximate 4,000 square foot, new, single level residence providing supported housing for six – eight residents with mental disabilities. Currently, of the 1800+ individuals with mental health and intellectual disabilities waiting for residential treatment or permanent supported housing, approximately 315 need the level of daily assistance and skills training provided in a group home setting. As the population of consumers who are aging and experiencing multiple disabilities grows, the need for fully accessible, universally-designed residential group homes to accommodate their specific circumstances becomes more urgent. However, single family homes are not subject to building code requirements for accessible design. Depending upon the original design, the cost to retrofit existing single family homes can be disproportionately high, and often results in a compromised level of accessibility. The most effective

method to increase the stock of fully accessible group homes is to "build new." The CSB proposes that a model prototype barrier free group home be developed using capital construction funds, current CSB operating dollars for services and a model architectural design study completed in 2007 to ensure Universal Design. The residence can also be designed to meet the most stringent Intermediate Care Facility standards which are not feasible in existing homes. There is only one fully handicapped accessible group residence owned by a public entity (the FCRHA): the Minerva Fisher Residence, an intermediate care facility for adults with intellectual disabilities. All other houses are leased with no guarantees for long-term group home use. This request would ensure that the county retains ownership of a fully accessible property for long-term community use which could then be operated by a public agency or private partner for service support.

Attachment:
CSB CIP Submission Chart for FY13 – FY17 (with Future Years to 2022)
CSB Narrative for the County CIP Proposal Package

Staff:
George Braunstein, Executive Director
Will Williams, Program Manager, Alcohol and Drug Services
Alan Wooten, Program Manager, Intellectual Disabilities
Gary Axelson, Director, Mental Health Clinical Operations
Jeannie Cummins, Investment & Development Manager
Ginny Cooper, Director, Enterprise Services
Bill Belcher, Fiscal Administrator

cip.boarditem.2011

COMMUNITY SERVICES BOARD Item 6C Type Information Date October 26, 2011

FY 2013 BUDGET PREPARATION

ISSUE:
FY2013 Budget Submission and Preliminary Financial Summary

BACKGROUND:

The CSB Fiscal Team submitted a proposed budget for FY 2013 to the Department of Management and Budget on October 3, 2011. This budget will be reviewed and refined over the next several months. In February the County Executive will present his Advertised budget for FY2013 to the Board of Supervisors. Following public hearings and pre-markup the BOS will adopt a budget for FY 2013 in April.

Attached is a preliminary financial summary reflecting the change from the Fund 106 FY 2012 Adopted Budget to the FY 2013 base request. There is a significant change in the ending balance due to the realignment of the grants into Fund 102 Federal and State Grants during the FY 2011 Carryover review. These grant funds will be presented to the CSB at a later date as the submission and review process by DMB is separate from Fund 106.

Additionally, though fiscally neutral, the budget has been realigned to more closely match the new service areas put in place as part of the organization's transformation.

Some of the highlights of the submission include:

- A request of $138,349,668, a reduction of $7,879,485 or 5.4% from the FY 2012 Adopted Budget
- An increase of $38,073, or 2%, local funding from the Cities of Fairfax and Falls Church
- An increase in the county transfer of $1,670,653 for a Market Rate Adjustment to employee compensation. An additional $968,982 was included at FY 2011 Carryover to fund an MRA beginning in September of 2011 that increased our base appropriation.
- A decrease of $105,000 to properly align costs in the Human Services System carried out at FY 2011 Carryover.
- A decrease of $10,057,303 due to the transfer of grant programs from Fund 106 to Fund 102.

An addendum was submitted for consideration asking for additional funds and budget authority for the following:

- $1,823,456 to meet increased service demands of the Infant Toddler Connection. Growth in the number of children requiring Part C services continues at an unprecedented rate. This request is funded by $1,000,000 in county funds and an increase of $823,456 in fees revenue.
- 1/1.0 SYE Medicaid merit position to provide case management service needs of the June 2011 special education graduates, new Medicaid MR waiver slot recipients, and increased numbers of persons eligible for and requesting IDS case management services. The cost of $87,701 would be funded thorough increased Targeted Case Management Medicaid Revenues.
- A proposed 2% contract rate adjustment of $717,209.

STAFF:
Bill Belcher, Fiscal Administrator

Fund 106, Fairfax-Falls Church
Community Services Board

	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Submitted Request	Difference from FY2012 Adopted	Addendum Submission	Proposed 2% Contract Rate Adjustment
Beginning Balance	**$500,000**	**$526,828**	**$372,096**	**($127,904)**		
Revenue:						
Local Jurisdictions:						
Farifax City	$1,309,902	$1,309,902	$1,336,100	$26,198		
Falls Church City	593,720	593,720	605,595	$11,875		
Falls Church City	0	0	0	0		
Subtotal - Local	$1,903,622	$1,903,622	$1,941,695	$38,073		
State:						
State DBHDS	$20,430,277	$13,017,516	$13,021,445	($7,408,832)		
State Other	272,397	74,592	0	(272,397)		
Subtotal - State	$20,702,674	$13,092,108	$13,021,445	($7,681,229)		
Federal:						
Block Grant	$4,609,327	$4,299,364	$4,245,895	($363,432)		
Direct/Other Federal	1,810,093	180,087	0	($1,810,093)		
Federal ARRA	0	17,777	0	0		
Subtotal - Federal	$6,419,420	$4,497,228	$4,245,895	($2,173,525)		
Fees:						
Medicaid Waiver	$2,260,214	$2,260,214	$2,596,003	$335,789		
Medicaid Option	12,791,939	12,791,939	12,795,738	$3,799	($446,793)	
Program/Client Fees	4,652,738	4,647,177	3,843,615	($809,123)	$1,357,950	
CSA Pooled Funds	1,616,020	1,616,020	1,616,020	0		
Subtotal - Fees	$21,320,911	$21,315,350	$20,851,376	($469,535)	$911,157	
Other:						
Miscellaneous	$56,124	$56,124	$56,124	$0		
Subtotal - Other	$56,124	$56,124	$56,124	$0		
Total Revenue1	$50,402,751	$40,864,432	$40,116,535	($10,286,216)	$911,157	
Transfers In:						
General Fund (001)	$95,725,326	$96,589,308	$98,259,961	$2,534,635	$1,000,000	$717,209
COLA Reserve (001)	0	0		.		
Total Transfers In	$95,725,326	$96,589,308	$98,259,961	$2,534,635	$1,000,000	$717,209
Total Available	**$146,628,077**	**$137,980,568**	**$138,748,592**	**($7,879,485)**	**$1,911,157**	**$717,209**
Expenditures:						
Community Services Board	$0	$0	$138,349,668	$138,349,668		
CSB Administration	$5,214,427	$5,245,641	$0	($5,214,427)		$2,080
Mental Health Services	66,507,068	59,731,751	0	($66,507,068)		$242,771
Intellectual Disability Services	38,536,058	38,686,977	0	($38,536,058)	$87,701	$423,892
Alcohol and Drug Services	29,826,907	29,157,237	0	($29,826,907)		$15,560
Early Intervention Services	6,171,521	4,760,038	0	($6,171,521)	$1,823,456	$32,907
Total Expenditures	$146,255,981	$137,581,644	$138,349,668	($7,906,313)	$1,911,157	$717,209
Transfers Out:						
General Fund (001)	$0	$0	$0	$0		
Total Transfers Out	$0	$0	$0	$0		
Total Disbursements	**$146,255,981**	**$137,581,644**	**$138,349,668**	**($7,906,313)**	**$1,911,157**	**$717,209**
Ending Balance2	**$372,096**	**$398,924**	**$398,924**	**$26,828**	**$0**	**$0**
Josiah H. Beeman Commision Reserve	$372,096	$372,096	$398,924	$26,828		
Available Balance	**$0**	**$26,828**	**$0**	**$0**	**$0**	**$0**
Expenditures by Character						
Character 20-Personnel	$90,474,968	$88,348,873	$89,141,536	($1,333,432)	$87,701	$0
Character 30-Operating	$56,837,912	$50,437,743	$50,182,106	($6,655,806)	$1,823,456	$717,209
Character 40-WPFO	($1,056,899)	($898,974)	($973,974)	$82,925	$0	$0
Character 60-Fixed Assests	$0	$0	$0	$0	$0	$0
Total Expenditures	**$146,255,981**	**$137,887,642**	**$138,349,668**	**($7,906,313)**	**$1,911,157**	**$717,209**

Meeting Schedule for the Fairfax-Falls Church CSB Board

January – December 2012

Intellectual Disability/Developmental Disability Workgroup *(7:30 p.m.)* 1st Wednesday	**Substance Use Disorders/Mental Health Workgroup** *(7:30 p.m.)* 2nd Wednesday	**Executive Committee** *(7:30 p.m.)* 3rd Wednesday	**Internal Committee** *(6:00 p.m.)* **External Committee** *(6:00 p.m.)* **Full Board Meeting** *(7:30 p.m.)* 4th Wednesday
January 4	January 11	January 18	January 25
No Meeting	February 8	February 15	February 22
March 7	March 14	March 21	March 28
No Meeting	April 11	April 18	April 25
May 2	May 9	May 16	May 23
No Meeting	June 13	June 20	June 27 [No committee meetings prior to regular Board meeting]
July 11	July 11	July 18	July 25
No meetings scheduled			
September 5	September 12	September 19	September 26
No Meeting	October 10	October 17	October 24
November 7	November 7	November 14	November 28
No Meeting	December 5	December 12	December 19 [No committee meetings prior to regular Board meeting]

2012 Community Services Board & Committee Meeting Rooms

CSB Board
Conference Rooms 9-10

Executive Committee
Conference Rooms 9-10
September, October, November: Conference Room 8

Substance Abuse & Mental Health Committee
Conference Rooms 9-10
November: Conference Rooms 4-5

Intellectual Disability Committee
Conference Rooms 2-3
July: Conference Rooms 4-5
November: Conference Rooms 9-10

Internal Committee
Conference Room 232
December: Conference Room 5

External Committee
Conference Room 8

Organizational Transformation – What to Expect

- Elimination of service silos
- Focus on person-centered, consumer- and family-driven service planning
- Increased case management
- Retooling front door for access to all CSB service areas

Our goal is to make it easier for persons of all disabilities to access services, and serve them more effectively.

Organizational Transformational Standards

Customer Driven

- Services designed based on consumer/family needs and preferences with consumer choice the major driver of the service system
- Single front door to system with navigation assistance from qualified staff to facilitate access built in
- Process that regularly shapes service and access design based on customer involvement with design
- Consumer-run services routinely part of the network of services
- Performance standards for access and service effectiveness consistent across internal and contracted system including consumer-run services

Accountable Management and Governance

- Strategic planning, business planning, balanced scorecard measures and finance plan all integrated into at least quarterly reviews and a single annual planning process
- Process improvements regularly owned and implemented at point of impact
- Project management reserved for major programmatic changes and used for all as a regular part of implementing changes
- Resource and partnership development creates a viable private and consumer-run alternative for all current and new needs as well as developing new service options
- CSB Board's leadership role is defined by use of local authority function to plan for unmet and future needs as well as the overall governance of the system

Responsive Services

- Agreed-upon process and outcome measures are part of system-wide measures of effectiveness for both internal and external providers
- Use of professional, well trained judgment is both valued and encouraged, in the context of consumer/family needs and choice
- Key population-based services are coordinated among the provider system in a seamless manner
- Service units, both internal and contracted, take full responsibility to adjusting service design and outcomes to meet overall customer expectations

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Service Management Teams Based on New Structure (09/21/11)

Service Area	Intensity	Line of Service	Staff
		1. Engagement, Assessment & Referral	**Lyn Tomlinson**
Front Door	Low	System Navigation-Service Coordination	
Front Door	Low	Assessment and Referral	
Front Door	Low	Project to Assist Transition from Homelessness (PATH) and Hypothermia	
Front Door	Low	Call Center	
Front Door	Low	Access Services	
		2. Outpatient Services	**(Adult TBD) & Patrick McConnell - Youth**
Treatment	Low	Office-based Counseling, MH Youth, Brief Services	
Treatment	High	Intensive Outpatient	
Treatment	High	Partial Hospitalization	
Treatment	High	Day Treatment	
		3. Community-Based School Transition	**Allan Phillips & Allen Berenson**
Treatment	Low	Assessment and Psychotherapy - ITC, MH Youth	
Treatment	Low	Service Coordination - ITC	
Treatment	Low	Occupational Therapy, Physical, Speech	
		4. Intensive Community Treatment	**Davene Nelson**
Treatment	High	Intensive Care Coordination (ICC)	
Treatment	High	Intensive Community Treatment (ICTT)	
Treatment	High	Jail Diversion	
Treatment	High	Assertive Community Treatment (PACT)	
		5. Residential Treatment	**Peggy Cook**
Treatment	High	A New Beginning	
Treatment	High	Intermediate Rehab/Vanguard	
Treatment	High	New Generations	
Treatment	High	Steps to Recovery	
Treatment	High	Sojourn House	
Treatment	High	Crossroads (adult and youth)	
Treatment	High	Leland (contracted service) Youth Crisis Care	
		6. Therapeutic Residential Services	**Vacant Position**
Treatment	High	Cornerstones	
Treatment	High	MH Transitional Group Homes	
Treatment	High	New Horizons	
Treatment	High	Residential Intensive Care (RIC) Comprehensive	

Service Area	Intensity	Line of Service	Staff
		7. Acute Care Services	**Kaye Fair & Louella Meachem**
Front Door	High	Emergency Services & Mobile Crisis	
Front Door	High	Detox	
Front Door	High	Crisis Stabilization	
		8. Jail- and Court-Based Services	**Steve Weiss**
Front Door	High	Juvenile Forensics	
Front Door	High	Jail-based Services	
		9. Intensive Service/Support Coordination	**Vacant Position**
Community Living	High	Intensive Service/Support Coordination - Persons with Intellectual Disabilities	
Community Living	High	Intensive Service/Support Coordination - Persons with Serious Mental Illness	
Community Living	High	Intensive Service/Support Coordination - Persons with Substance Use Disorders	
Community Living	High	Intensive Service/Support Coordination - Persons with Serious Emotional Disturbance & at-risk populations	
		10. Community Residential and Contractual Services	**Jean Hartman**
Community Living	High	Group Homes and contracted services for persons with ID, includes respite (in-home and facility)	
Community Living	High	Assisted Living Facility - Stevenson Place	
Community Living	High	Regional placement - Skilled Nursing Facilities	
		11. Supportive Residential Services	**Daryl Washington**
Community Living	High	Supported Housing Options Program (SHOP), Supportive Housing Program, McKinney Housing	
Community Living	High	Residential Intensive Care (RIC)	
Community Living	High	Shelter	
Community Living	Low	**12. Wellness & Health Promotion (Currently Prevention and Student Assistance Program)**	**TBD**

Notes for consideration:

- Discharge planning discussion needed regarding to explore additional needs
- Residential Admission Unit w/Residential?
- Clinical case management services?
- VASAVOR is not a CSB program, but we do contract to provide MH services. Should this be included under #8?

All services will have a minimum standard of being Co-occurring Capable.

Medication Management services will be provided across services as needed or indicated by each level of care and individuals served.

CSB Restructured Service System

Lower Intensity

Higher Intensity

Front Door

Engagement, Assessment & Referral
- System Navigation-Service Coordination
- Assessment & Referral
- Assist Transition from Homelessness & Hypothermia
- Call Center
- Access Services

Jail- and Court-Based Services
- Juvenile Forensics
- Jail-based Services

Acute Care Services
- Emergency Services & Mobile Crisis
- Detox
- Crisis Stabilization

Cross Cutting Services
- Housing
- Employment / Vocational Services
- Peer Support
- Nursing Services
- Medical Services
- Consumer Affairs
- Access to Entitlements

Treatment Services

Outpatient Services
- Office-based Counseling, MH Youth, Brief Services

Community-Based School Transition
- Assessment and Psychotherapy—ITC, MH Youth
- Service Coordination—ITC
- Occupational Therapy, Physical, Speech

Outpatient Services
- Intensive Outpatient
- Partial Hospitalization
- Day Treatment

Residential Treatment
- A New Beginning
- Intermediate Rehab/Vanguard
- New Generations
- Steps to Recovery
- Sojourn House
- Crossroads (Adult & Youth)
- Leland Youth Crisis Care (contracted service)

Therapeutic Residential Services
- Cornerstones
- MH Transitional Group Homes
- New Horizons
- Residential Intensive Care (RIC) Comprehensive

Intensive Community Treatment
- Intensive Care Coordination (ICC)
- Intensive Community Treatment (ICTT)
- Jail Diversion
- Assertive Community Treatment (PACT)

Community Living

Wellness & Health Promotion
- Prevention
- Student Assistance Program

Community Residential & Contractual Services
- Group Homes and contracted services for persons with ID, respite (in-home & facility)
- Assisted Living Facility-Stevenson Place
- Regional Placement-Skilled Nursing Facilities

Supportive Residential Services
- Supported Housing Options Program (SHOP)
- Supportive Housing Program, McKinney Housing
- Residential Intensive Care
- Shelter

Intensive Service/ Support Coordination

Persons with
- Intellectual Disabilities
- Serious Mental Illness
- Substance use Disorders
- Serious Emotional Disturbance & At-Risk Populations

October 2011

Fairfax-Falls Church CSB Integrated Service - Budget Planning

Implementing Service Based Budget Planning through Zero-Based Budget Approach

10/19/11

INTEGRATED SERVICE / BUDGET PLANNING

- Introduced a modified zero-based budget approach in the FY 2013 budget submission
- Assumptions under the modified zero-based budget approach:
  - Define services by function and intended outcome
  - No pre-defined inheritance of resources or positions
  - Service area directors have to be more realistic about the ability to fund each line item
  - Prepares CSB to deal with a shortfall of revenue by drawing on resources that were in place, but considered to be available for reassignment based on priorities

2

INTEGRATED SERVICE / BUDGET PLANNING

- Steps in approach:
  - Resource assessment: payer mix
  - Service delivery costs: labor, contracts, operating commitments including leases, services ordered 'within' CSB, services like labs, prescriptions, interpreters delivered external to CSB, supplies, training
  - Assessment & prioritization
  - Benchmark
  - Apply new budget data set into unit cost methodology, fee calculations, and revenue forecasting models
  - Communication, internal and external

3

INTEGRATED SERVICE / BUDGET PLANNING

- Critical analysis and a refined budget data set should be ready for early next calendar year, but:
  - Unable to fully reflect the new data set in the County's HR and GL system until possibly FY 2014 due to legacy system conversions.
    - *Means that the CSB will be relying heavily on internally designed worksheets and other tools to explain its service line costs and resources (positions, revenues, contracts.)*
- Anticipate using the budget data set in combination with the new Credible EHR by Spring 2012

4

INTEGRATED SERVICE / BUDGET PLANNING

Results Based Accountability:

- Creation of a budget process that focuses on results
- Development and use of relevant and pertinent measures to inform decision-making
- Fundamental shift in Fiscal Team's role from giving approval and tracking outputs to aiding service area directors and teams in designing service delivery and evaluating outcomes through available and practical financial data.

5

At 1% County Funds Reduction of $852,253

Proposals were designed to:

- ✓ Capture revenues, credits, and business efficiencies
- ✓ Take no cut in current service levels

- Acute Stabilization Services
- Central Administration
- Community Residential & Contractual Services
- Outpatient –Adult
- Outpatient Youth
- Residential Treatment
- Supportive Residential
- Therapeutic Residential Services
- Wellness and Health Promotion

Revenue gains	$352,753
Credit CSB cost center from Grants	$300,000
Expenditure cuts	$199,500
Totals	**$852,253**

-

Revenue gains	41%
Credit CSB cost center from Grants	35%
Expenditure cuts	23%
Totals	100%

At 3% County Funds Reduction of $2,766,760

Proposals were designed to:

- ✓ Capture revenues, credits, and business efficiencies
- ✓ Take service cuts that created least impact on <u>service access</u>

- Acute Stabilization Services
- Central Administration
- Community Residential & Contractual Services
- ADDED TO Outpatient –Adult
- Outpatient Youth
- Residential Treatment
- Supportive Residential
- Therapeutic Residential Services
- ADDED TO Wellness and Health Promotion
- ADDED Transportation
- ADDED Vocational & Day Support Services

Revenue gains	$355,000
Credit CSB cost center from Grants	$300,000
Expenditure cuts	$2,111,760
Totals	**$2,766,760**

Revenue gains	13%
Credit CSB cost center from Grants	11%
Expenditure cuts	76%
Totals	100%

At 5% County Funds Reduction of $4,681,266

Proposals were designed to:

- ✓ Capture revenues, credits, and business efficiencies
- ✓ Take service cuts that created least impact on service access
- ✓ Consider the potential restoration of the service level.

- Acute Stabilization Services
- Central Administration
- Community Residential & Contractual Services
- ADDED TO Outpatient –Adult
- Outpatient Youth
- Residential Treatment
- Supportive Residential
- Therapeutic Residential Services
- Wellness and Health Promotion
- Transportation
- ADDED TO Vocational & Day Support Services

Revenue gains	$357,500
Credit CSB cost center from Grants	$300,000
Expenditure cuts	$4,023,766
Totals	**$4,681,266**

Revenue gains	8%
Credit CSB cost center from Grants	6%
Expenditure cuts	86%
Totals	100%

Fairfax Falls Church CSB Budget Planning Principles

1) ***Link Service Priorities and Budget Priorities***
   All services have a cost and must have a source of revenue. Choices made must link to priorities not just previous practices.

2) ***All Planning Must Create Value***
   It is our responsibility to create and monitor a unit cost of service that is benchmarked in the overall market and that it is linked to the overall service outcomes expected.

3) ***Link Investment Choices To Strategic Priorities***
   Investment of flexible funds such as local dollars must be linked to strategic priorities.

4) ***Funding Reductions Must Also Be Strategic***
   If funding is reduced in an existing service area, either because of overall funding reductions or a strategic priority service need, it will be based on creating the least impact on service access and the potential for restoration of the service level.