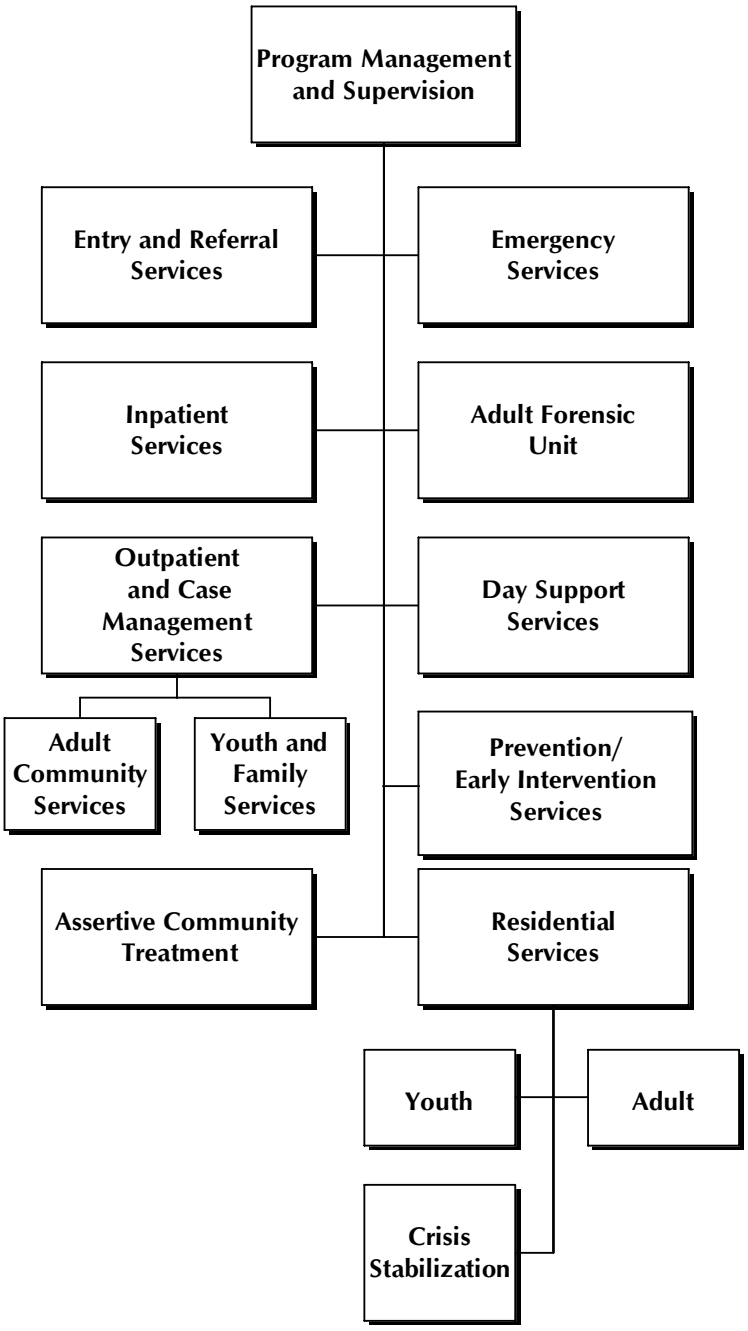
Fund 106
Community Services Board (CSB) - Mental Health Services



Fund 106
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Mission

To partner with residents and service providers of Fairfax County and the cities of Fairfax and Falls Church to establish a network of integrated and accessible mental health services that will ensure safety and promote wellness, compassion, respect and dignity for individuals and families. The goals of these services are to assist consumers to:

- Stabilize mental health crises and symptoms;
- Maintain functioning in the community with the least restrictive setting;
- Prevent relapse of symptoms; and
- Acquire adaptive living skills.

To educate the community and human services network so that they may assist in the prevention and treatment of mental illness.

Focus

Mental Health Services provides leadership in the management, supervision, planning, evaluation and resource allocation of local, state, federal and grant funds to ensure that consumers and families of persons with serious mental illness and serious emotional disturbance receive quality clinical and community support services. Mental Health Services manages service delivery at seven directly-operated community mental health sites, more than fifteen 24-hour residential treatment facilities, and a 24-hour emergency services program. In addition, contracted mental health services provided by private vendors are overseen by Mental Health Services. Services are provided through eight cost centers: Program Management and Supervision, Inpatient, Emergency, Day Support, Residential, Outpatient and Case Management, Prevention/Early Intervention and Assertive Community Treatment.

While Program Management and Supervision Services provides management, programming, financial monitoring, training and general support services, the remaining seven cost centers provide directly-operated and contracted mental health services to clients.

Emergency Services serves adults, adolescents and children who are actively suicidal, acutely homicidal due to mental illness and severely mentally ill to the point where their safety and lives are in jeopardy. Through emergency walk-in sites and the Mobile Crisis Unit, Emergency Services takes crisis intervention into the community. Working closely with public safety agencies, the Mobile Crisis Unit includes a 24-hour-per-day rapid deployment team that responds to hostage/barricade incidents with the SWAT team and police negotiators. The Adult Forensic Unit addresses the needs of Adult Detention Center inmates who have serious mental illnesses by providing forensic evaluations, risk screenings, crisis intervention, placement recommendations, and medication and release planning. The Court Independent Evaluators program provides clinical psychologists to independently evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing and to assist the court in making such determinations, as required by the Code of Virginia. The Entry and Referral Unit serves as the primary point of contact for individuals seeking services. Staff members gather information from callers, assess for immediate risk issues, connect anyone with emergency needs to immediate care, and set up intake appointments for those requiring longer term services.

For those not in crisis situations, Day Support Services provides an intensive, highly-structured stabilization, evaluation and treatment setting for adults with serious mental illness and adolescents with serious emotional disturbance, including those who are dually diagnosed. In addition to a directly-operated Comprehensive Day Treatment program, Day Support includes contracted all-day rehabilitative programs which place special emphasis on vocational preparation and placement.

For those requiring more support, Residential Services provides residential treatment and support services to adults with serious mental illness and youth with serious emotional disturbance. In addition to traditional residential services, Residential Services includes two acute care programs seeking to divert individuals from more restrictive and costly psychiatric hospitalization. These programs, Adult Crisis Care and Youth Crisis Care, provide short-term intensive crisis intervention and stabilization services in a residential setting. Likewise, the Women's Shelter is a short-term confidential crisis program providing crisis intervention, counseling and case management services for victims of domestic abuse and their children.

Outpatient and Case Management provides an array of treatment services including individual and group therapy and medication management to adults, children and their families who are able to access customary outpatient mental health services. Prevention/Early Intervention provides consultation to community agencies, the public and other providers through Grief Counseling Services, the Victim Assistance Network program and the Anger and Domestic Abuse Prevention and Treatment (ADAPT) anger management program. For those individuals with symptoms and impairments who, for reasons related to their mental illness, resist or avoid involvement with traditional office-based outpatient services, the Program for Assertive Community Treatment (PACT) team offers intensive outreach and mental health treatment services for individuals in their homes, work places or other environment of need. Additionally, active hospital discharge planning and discharge planning for jailed individuals who suffer from mental illnesses are important activities. Historically, many people with severe mental illness get arrested eventually for status offenses such as disorderly conduct or trespassing. The new Jail Diversion Program will break this cycle of criminalizing these individuals and connect or re-connect them with intensive mental health services.

Trends

There are great opportunities for improved and more effective mental health service delivery over the next decade, shaped through a blend of a respectable body of clinical research, an evolving recovery philosophy of mental health and an open, collaborative partnership between consumers and providers. The result promises to be better outcomes and healthier, more fulfilled and effective lives for consumers. This evolution, however, is contingent upon resources: human, facilities and dollars.

The recovery philosophy which asserts that individuals with mental illness can recover and are responsible for the solution, not the problem, is becoming increasingly prominent at the local, state and federal levels. As a result, attempts to design or redesign services to improve treatment outcomes increasingly include input from consumers and their families and focus on the "whole person," not just the symptoms of mental illness. In addition, services seek to reduce the stigma associated with mental illness, protect consumer rights and respect diversity.

The trend in community mental health toward evidence-based, best practices and outcome-driven programmatic decisions will affect the type and manner in which mental health services are delivered. Historically, competing theories of psychotherapy were taught in different universities. As a result, personal preference and belief in a given theory formed the basis for clinical practice. Due to accumulated research and a growing body of national literature, however, proven outcomes – evidence – now serves as the basis for clinical practice and drives decisions about the kinds of treatment provided. For improved service delivery, these evidence-based and best practices must be translated into training and provided to staff on an ongoing basis.

There is also a growing emphasis on integrated treatment for dually-diagnosed individuals. While some consumers have discreet needs for mental health or substance use treatment, there are an increasing number of consumers who often require both types of services. Estimates vary, but between one-third and one-half of all persons with mental illnesses also have an alcohol or drug problem. Unless both problems are treated simultaneously, and in some coordinated fashion, clinical progress is slow to non-existent.

Likewise, there is an increasing understanding of the complex ways that services and programs are interconnected and impact upon one another. There is a trend away from organizational "stovepipes" toward a more "seamless" system which clients can navigate more easily. Consequently, program redesign efforts focus on greater communication between program areas and specific efforts to coordinate services.

At a more macro level, case management is a service designed to manage the fragmentation of health, mental health and social services. As service systems become increasingly complex and demand for services outpaces supply, case management becomes even more important to connect individuals with needed services. While there are many models of case management and the needs of consumers in large community mental health settings are varied in intensity and complexity, case management services must have a recovery focus and reflect best practices for optimal use of limited resources. As state-funded and private psychiatric hospitals further shift to providing primarily an acute, short term level of inpatient care, the community becomes responsible for providing the longer term, intensive services that previously were offered in inpatient settings. Therefore, the treatment needs of individuals with severe and persistent mental illness, outreach services for at-risk consumers and the specific activity of intensive case management all become increasingly important. If these individuals are unable, either due to logistical reasons or to the symptoms of their illness, to come into the mental health center, it becomes imperative to do assertive outreach to engage them in the process of recovery.

Factors that may impact how business is conducted:

- There has been a loss of private sector psychiatric beds and there is a likelihood of more closures. There is an alarming national and state trend of private sector psychiatric inpatient units either downsizing or closing altogether. Hospitals say that psychiatric units are not profitable and rarely break even. In the Northern Virginia region, three hospitals have closed their psychiatric units, with a loss of 51 private inpatient psychiatric beds. It is anticipated that another 44 beds will close soon. While bed availability has diminished, need has shot up. In FY 2005, the region experienced a 93 percent increase in the number of state-funded private psychiatric admissions.

- The people treated by Mental Health Services are coming with increasingly severe illnesses. If anything, the demand for inpatient beds will increase in coming years. The overwhelming majority of people who present themselves for treatment by the CSB's Mental Health Services are increasingly more acute. Approximately 85 percent of consumers of services suffer from the most serious of mental illnesses. This level of acuity magnifies the dwindling inpatient bed crisis. When people are in need of hospitalization they may either find themselves in beds at great distances from their homes or, at times when beds are simply unavailable anywhere, they will simply get sicker in the community.

- Newer medications can make a difference in treatment, but they are very costly**.** Advances made in the last decade in the quality and effectiveness of psychotropic medications have been remarkable. Hospital stays, periods between hospitalizations, and long-term health care costs have all been reduced while the quality of life has increased for many consumers. In the short run, however, the newest medications are very expensive and approximately 90 percent of adult consumers treated by mental health services are now being prescribed psychotropic medications.

- More people find themselves looking to the public sector for care as their private health coverage diminishes or disappears. While Fairfax County is one of the most affluent localities in the nation, 35 percent of its population has an annual income less than $25,000. In March 2000, 8 percent of households – 82,000 residents – lacked health insurance coverage. By 2010, that number is projected to reach 132,000 persons. This means that there is likely to be an increase in the number of persons who seek publicly-funded care and, at the same time, a decrease in those new consumers who will be able to use insurance to pay for mental health services.

- Medicaid has become a larger portion of state support of mental health service delivery. This has been accomplished by the State maximizing Medicaid reimbursement rates to localities while reducing state general fund contributions. This increased reliance on Medicaid could have significant negative consequences if Congress reduces the amount of Medicaid money sent to the states. In order to maximize Medicaid reimbursement and provide much needed services, new grant positions, fully funded by Medicaid, are added in FY 2006.

- In addition to more severe psychiatric disorders, people are presenting with more coexisting primary medical problems. In recent years, there has been a clear rise in the number of people seeking mental health treatment who also have concurrent medical problems that impact general well-being and complicate psychiatric care.

- Housing issues are at critical levels. The decreasing availability of affordable housing is a major problem for low-income consumers who have a serious mental illness. Without some kind of subsidy, they are likely to find themselves homeless. One kind of subsidy is called a Housing Choice Voucher. In Fairfax County, more and more complexes and management companies are refusing to accept Housing Choice Vouchers from CSB consumers. In addition, the vouchers are harder to get through the Department of Housing and Community Development due to increased community need and demand. This has resulted in more consumers not having a housing placement after completion of mental health Residential Treatment Programs. To avoid discharging consumers to the street, many have had their stay in residential treatment programs extended, which, in turn, keeps a bed occupied and prevents new consumers from receiving services and extends the waitlist.

- Special housing needs are especially acute. There is a well-documented need for special housing for consumers who have special needs co-existing with their mental illnesses such as physical disabilities, serious medical problems, deafness or hearing impairments, blindness or visual impairment, brain injuries, mild mental retardation, paraphilias, and judicial system involvement. Some of these consumers require barrier free residences and many require specially designed programs and services. Many are not able to reside in large residential settings or are not able to live alone. As a result, some are in hospitals waiting appropriate community placements, thereby compounding the bed shortage problem.

New Initiatives and Recent Accomplishments in Support of the Fairfax County Vision

Maintaining Safe and Caring Communities	Recent Success	FY 2007 Initiative
In FY 2006 the Jail Diversion Program began to divert persons with serious mental illness from jail and to treatment when their alleged offenses are minor and a product of their mental illness. A special cadre of police officers has been trained with the active participation of mental health services, and more will receive training in the future. A receiving facility has been designated as a diversion site and a team has been assembled to provide intensive mental health services to individuals who have been diverted. In addition to the human benefit of decriminalizing people who suffer from serious mental illnesses, there will be a cost savings associated with the avoidance of lengthy incarcerations.	☑	☑
Working with the entire Community Services Board and the Department of Family Services' Adult and Aging Services Division to help prepare staff and consumers for Medicare Part D. Medicare Part D is the new, complicated prescription drug coverage plan for consumers who are eligible for Medicare. This new coverage will affect how and whether consumers obtain needed medications. It also has major implications for consumers that are covered by both Medicare and Medicaid.	☑	☑

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Maintaining Safe and Caring Communities	Recent Success	FY 2007 Initiative
In collaboration with Infant and Toddler Connection, the Department of Family Services, the County's public school system and Juvenile Court, Mental Health Services has taken a leadership role in mobilizing activities under the new federal Child Abuse Prevention and Treatment Act (CAPTA) which requires mental health and risk screening for all children from 0-3 years who have become parties to court proceedings. Mental Health Services' role has included seminars and education of collaborating agencies both on the issues of assessing this unique and special population, as well as training in expert testimony at court. Mental Health Services is also a major partner in completing the range of assessments. Future training is also being developed and will be implemented.	☑	☑
Contracted with Fairfax County Public Schools to provide pre-school interventions at seven schools to engage children who may not have otherwise accessed mental health services. This early intervention activity is critical given the severity of disorders seen, including autism spectrum disorders, mild mental retardation and post traumatic stress disorder (PTSD). These children also often contend with serious co-occurring medical disorders.	☑	☑
Expanded the bed capacity of Woodburn Place, a fully handicap-accessible Crisis Care facility from 11 to 16 beds. This community-based intensive hospital diversion or step-down stabilization program is a critical resource, especially in light of the significant loss of private psychiatric inpatient beds in the region.	☑	
Examine wait-lists for mental health treatment and develop strategies to improve timely access to clinically appropriate services for all consumers. Ensure that consumers with the most critical needs are given a priority to prevent deterioration and risk.	☑	☑
Creating a Culture of Engagement	**Recent Success**	**FY 2007 Initiative**
Working with consumers to help them develop consumer-operated drop-in centers in south, central and north county by providing technical, facilitative and ongoing financial assistance. Drop-in centers allow consumer autonomy, promote recovery and, since they are not government operated, often engage people who otherwise would not make connection with system-based services. The initiative included a major and well attended countywide planning conference, which imported expert speakers from around the country. It is expected that these centers will move toward opening in the not too distant future and will provide an important resource.	☑	☑

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Exercising Corporate Stewardship	Recent Success	FY 2007 Initiative
During the past year, two Mental Health youth residential facilities were accredited by a rigorous national credentialing organization, the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF identifies treatment centers that provide best practices in offering clinical services to patients, consumers and stakeholders to insure the most positive outcome. It is person centered and depends on input from all stakeholders. This accreditation is not only recognized as a mark of distinction in the field, but it also has beneficial implications for reimbursement from third party payers.	☑	☑
In collaboration with the Department of Family Services, began screening all consumers for Medicaid eligibility. As more consumers are given healthcare coverage through Medicaid, they will be able to more readily access a variety of human services. In addition, increased Medicaid enrollment will provide another funding resource for service provision. Portions of this initiative are being examined by the State as part of a statewide initiative to help consumers access Medicaid.	☑	☑
Created a Healthcare Access Specialist position which will assist management and staff in identifying additional funding resources to help pay for the services consumers need. This new Healthcare Access Specialist has already helped to increase Medicaid revenues and assisted staff to better understand Medicare Part D and its implications for consumers.	☑	☑
Developed an original treatment outcome measure with the assistance and collaboration of George Mason University's Department of Psychology. An outcome study using this measure is in process, including a component to validate the measure. Initial data has been collected for 74 percent of the clients who will participate in the pilot study. Data will continue to be collected over the next year and a half. The expectation is that this instrument will more accurately measure treatment outcomes, identify successful kinds of interventions and provide guidance for the elimination or redesign of programs that do not provide optimum results.	☑	☑

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Budget and Staff Resources

Agency Summary					
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	419/ 409.85	422/ 412.85	442/ 434.35	442/ 434.35	442/ 434.35
Grant	34/ 31.5	34/ 31.5	17/ 15	17/ 15	17/ 15
Expenditures: [1]					
Personnel Services	$34,800,141	$36,306,013	$37,301,933	$39,326,833	$39,326,833
Operating Expenses	17,406,176	18,508,792	20,598,091	20,531,115	20,971,765
Capital Equipment	0	0	0	0	0
Subtotal	**$52,206,317**	**$54,814,805**	**$57,900,024**	**$59,857,948**	**$60,298,598**
Less:					
Recovered Costs	($219,586)	($139,853)	($470,586)	($145,310)	($145,310)
Total Expenditures	**$51,986,731**	**$54,674,952**	**$57,429,438**	**$59,712,638**	**$60,153,288**
Revenue:					
Fairfax County	$30,152,009	$34,272,407	$34,272,407	$37,186,322	$37,626,972
Fairfax City	476,917	476,917	476,917	511,519	511,519
Falls Church City	239,561	239,561	239,561	255,244	255,244
State DMHMRSAS	11,341,189	11,380,358	12,757,501	12,162,350	12,162,350
State Other	11,597	19,752	10,101	10,101	10,101
Federal Block Grant	1,497,813	1,496,480	1,502,559	1,486,883	1,486,883
Federal Other	261,541	384,663	637,122	484,300	484,300
Medicaid Option	3,857,237	3,613,879	4,274,163	4,665,971	4,665,971
Program/Client Fees	2,159,863	1,726,776	1,736,373	2,067,106	2,067,106
CSA Pooled Funds	948,980	1,043,035	701,718	861,718	861,718
Miscellaneous	46,950	21,124	21,124	21,124	21,124
Fund Balance	993,074	0	799,892	0	0
Total Revenue	**$51,986,731**	**$54,674,952**	**$57,429,438**	**$59,712,638**	**$60,153,288**

[1] Please note that in order to account for expenditures in the proper fiscal year, an audit adjustment in the amount of $1,600 has been reflected as an increase to FY 2005 expenditures in Mental Health Services to accurately record expenditure accrual. The audit adjustment has been included in the FY 2005 Comprehensive Annual Financial Report (CAFR). Details of the FY 2005 audit adjustment were included in the FY 2006 Third Quarter Package.

FY 2007 Funding Adjustments

The following funding adjustments from the FY 2006 Revised Budget Plan are necessary to support the FY 2007 program:

- **Employee Compensation** **$1,929,543**

  A net increase of $1,929,543 is due to an additional $1,915,413 in Personnel Services associated with salary adjustments necessary to support the County's compensation program; funding of $19,587 in Personnel Services for an increase in the shift differential rate to $0.90 for the evening shift and $1.30 for the midnight shift as well as an increase in holiday pay to compensate employees according to their actual holiday shift hours worked; partially offset by an increase of $5,457 in Recovered Costs for reimbursed salaries.

- **Medicaid Grant Positions** **$527,261**
  An increase of $527,261 in Personnel Services is associated with the establishment of 7/7.0 SYE new grant positions for intensive case management, residential intensive care and supported living. These expenses are completely offset by additional Medicaid revenue and maximize the recovery of state Medicaid dollars for mental health services. These new grant positions are added in FY 2006 and an FY 2006 funding adjustment will be made during the *FY 2006 Third Quarter Review*.

- **Contract Rate Adjustments** **$257,082**
  An increase of $257,082 in Operating Expenses is due to a 2.59 percent contract rate increase for providers of contracted mental health services.

- **Carryover Adjustments** **$87,947**
  A net increase of $87,947 is attributable to unencumbered carryover of $148,765, encumbered carryover of $67,064, and the deferral of $26,957 within DMHMRSAS guidelines, partially offset by a decrease of $330,733 in Recovered Costs. In particular, Personnel Services adjustments totaled a decrease of $135,778 and Operating Expenses reflect a $107,008 reduction.

- **Intergovernmental Charges and Other Operating Requirements** **$12,195**
  A net increase of $12,195 in Operating Expenses is comprised of a decrease of $181,317 due to state funding adjustments, partially offset by an increases of $153,483 for FASTRAN based on the agency's historical usage; $33,256 for Department of Vehicle Services charges based on anticipated charges for fuel, vehicle replacement and maintenance costs; and $6,773 for a higher automobile mileage reimbursement rate of $0.445 per mile.

- **Grant Adjustments** **($890,317)**
  A net decrease of $890,317 is associated with ongoing grant adjustments primarily in Regional Discharge Assistance and Diversion, Regional Discharge Assistance and VASAVOR programs, offset by decreases due to the carryover of unexpended grant balances during the *FY 2005 Carryover Review*. In particular, a decrease of $179,323 is made in Personnel Services and a decline of $710,994 is reflected in Operating Expenses.

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2007 Advertised Budget Plan, as approved by the Board of Supervisors on May 1, 2006:

- **Comprehensive Services Act** **$440,650**
  An increase of $440,650 in Operating Expenses is required to provide home-based and residential service treatment to at-risk youth who are involved in the juvenile justice system and have significant behavioral and mental health issues. These youth are eligible for, but do not currently receive, services under the Comprehensive Services Act.

Changes to FY 2006 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2006 Revised Budget Plan since passage of the FY 2006 Adopted Budget Plan. Included are all adjustments made as part of the FY 2005 Carryover Review and all other approved changes through December 31, 2005:

- **Carryover Adjustments** **$3,113,975**
  As part of the *FY 2005 Carryover Review*, a total increase of $3,113,975 was attributable to encumbered carryover of $67,064, unencumbered carryover of $148,765 for the new Jail Diversion Program, grant adjustments totaling $2,306,049 and various other adjustments of $592,097. Grant adjustments of

$2,306,049 are comprised of $1,553,443 in adjustments to current grant awards, $88,175 for the carryover of unexpended FY 2005 grant funds necessary to provide funding for the remainder of Program Year 2005, and $664,431 in new awards. Other funding adjustments totaling $592,097 are primarily attributable to a net increase of $256,380 for Adult Crisis Care, additional funding of $250,000 for Fringe Benefits and $116,863 for the Supported Housing Options Program (SHOP).

- **Out of Cycle Position Adjustments** **$0**
  Subsequent to the *FY 2005 Carryover Review*, several position adjustments resulted in the net reduction of 1/1.0 SYE position in Mental Health Services. More specifically, 2/2.0 SYE Psychiatrist positions were abolished to establish 1/1.0 SYE Psychiatrist position and 1/1.0 SYE Public Health Doctor position in Alcohol and Drug Services, and 1/1.0 SYE Administrative Associate position was transferred from the Department of Administration for Human Services to more properly align positions with service responsibility.

- **Out of Cycle Medicaid Grant Positions Adjustments** **$0**
  In order to maximize the recovery of state Medicaid dollars and provide much needed mental health services, 7/7.0 SYE new grant positions, fully funded by Medicaid, were established in intensive case management, residential intensive care and supported living. An FY 2006 funding adjustment was made during the *FY 2006 Third Quarter Review*. In addition, 21/21.0 SYE existing merit regular positions were reallocated from Mental Retardation Services to address services needs in Mental Health Services.

The following funding adjustments reflect all approved changes to the FY 2006 Revised Budget Plan from January 1, 2006 through April 24, 2006. Included are all adjustments made as part of the FY 2006 Third Quarter Review:

- **State COLA Funding Adjustments** **$223,378**
  An increase of $223,378 in Operating Expenses is necessary to appropriate increased revenue from the State General Fund for State COLA that will support the Jail Diversion and Adult Crisis Care programs.

- **Medicaid Grant Funding Adjustments** **$135,453**
  An increase of $135,453 in Personnel Services is associated with the out of cycle establishment of 7/7.0 SYE new grant positions for intensive case management, residential intensive care and supported living. These expenses are completely offset by additional Medicaid revenue and maximize the recovery of state Medicaid dollars for mental health services.

- **Group Home Utilization** **($341,317)**
  A decrease of $341,317 in Operating Expenses with a commensurate revenue adjustment is attributable to funding availability within the group home allocation based on utilization.

- **Grant Adjustments** **($377,003)**
  A net decrease of $377,003 with commensurate revenue adjustments is attributable to new federal grant award funding and adjustments to current year grant awards. This is comprised of increases of $27,632 in Personnel Services to appropriate additional federal funding for the VASAVOR grant and $6,000 in Operating Expenses to appropriate an additional federal Block Grant allocation to support additional emergency preparedness and response expenses; offset by decreases of $41,186, comprised of $40,825 in Personnel Services and $361 in Operating Expenses, due to the termination of the Rape Prevention grant, $130,000 in Operating Expenses for reconciliation of the Regional Crisis Stabilization program, and $239,449 in Operating Expenses for reconciliation of the Regional DAD program.

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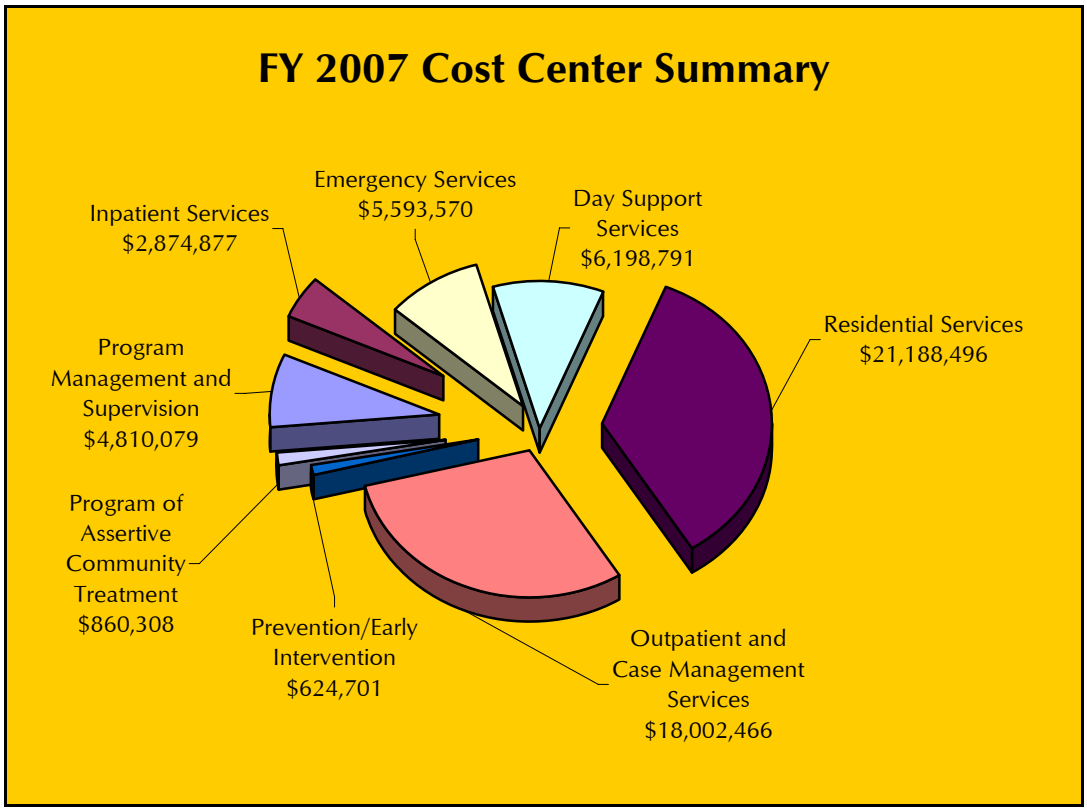
Cost Centers



Program Management and Supervision

Funding Summary					
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	67/ 66	67/ 66	70/ 70	70/ 70	70/ 70
Grant	2/ 2	2/ 2	1/ 1	1/ 1	1/ 1
Total Expenditures	**$5,032,998**	**$4,904,955**	**$5,110,487**	**$4,810,079**	**$4,810,079**

Position Summary					
1	Director - Mental Health Programs	2	Mental Health Managers	1	Medical Records Administrator
1	Director - CSB Planning and Development	2	Mental Health Supervisors/ Specialists	1	Volunteer Services Coordinator II
1	Senior Supervisory Psychiatrist	2	Management Analysts II	1	Administrative Assistant V
7	Mental Health Division Directors	2	Business Analysts II	8	Administrative Assistants IV
1	Director of Clinical Operations			8	Administrative Assistants III
				31	Administrative Assistants II
				1	Administrative Associate
		Grant Position			
		1	Administrative Assistant IV		

TOTAL POSITIONS
70 Positions / 70.0 Staff Years
1 Grant Position / 1.0 Staff Years

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Key Performance Measures

Goal
To provide management, programming, financial monitoring, training, and general support services to ensure that treatment interventions are delivered in an efficient and effective manner throughout Mental Health Services.

Objectives
- To provide direction and management support to Mental Health programs so that 70 percent of service quality and outcome goals are achieved.

Indicator	Prior Year Actuals FY 2003 Actual	Prior Year Actuals FY 2004 Actual	Prior Year Actuals FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Outcome:					
Percent of mental health performance indicators (service quality and outcome) achieved	82%	86%	70% / 70%	70%	70%

Performance Measurement Results
In FY 2005, 7 out of 10, or 70 percent of service quality and outcome goals were met by Mental Health programs. Most of the unmet targets can be attributed to Mental Heath Services dealing with changes outside their control. An example is the closing of hospital beds in the region that makes it more difficult for the independent evaluators to see consumers within 24 hours. These changes create new challenges in delivering services to consumers. As Mental Health Services addresses these challenges, more performance goals should be met in FY 2006.

Inpatient Services

Funding Summary					
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	1/ 1	1/ 1	0/ 0	0/ 0	0/ 0
Total Expenditures	**$2,603,754**	**$1,924,488**	**$2,854,535**	**$2,874,877**	**$2,874,877**

Please note that the performance indicators for this cost center are being revised due to the renegotiation and reconfiguring of services provided in Inpatient Services. The funding reported beginning with the *FY 2006 Revised Budget Plan* reflects the contract with Inova Mt. Vernon Hospital and the Regional Discharge Assistance and Diversion Program for the purchase of private psychiatric hospital beds in Northern Virginia.

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Emergency Services

Funding Summary					
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	41/ 41	41/ 41	41/ 41	41/ 41	41/ 41
Total Expenditures	**$5,087,879**	**$5,072,380**	**$5,226,485**	**$5,593,570**	**$5,593,570**

Position Summary

	General Emergency		Forensic Services		Mobile Crisis Unit
1	Mental Health Manager	1	Mental Health Manager	1	Mental Health Manager
2	Emergency/Mobile Crisis Supervisors	4	Senior Clinicians	2	Emergency/Mobile Crisis Supervisors
10	Mental Health Supervisors/Specialists	1	Mental Health Supervisor/Specialist	4	Mental Health Supervisors/Specialists
6	Psychiatrists	3	Clinical Psychologists		
		1	Psychiatrist		**Entry Services**
		1	Public Health Nurse III	1	Mental Health Manager
				3	Mental Health Therapists

TOTAL POSITIONS
41 Positions / 41.0 Staff Years

Key Performance Measures

Goal

To provide 24-hour per day comprehensive psychiatric emergency services which includes: providing all preadmission evaluations for voluntary and involuntary hospitalization and crisis residential services, providing evaluations for persons who have been temporarily detained at a hospital because they are a danger to themselves or others, and providing Mobile Crisis Unit services to assist individuals in crisis in the community.

Objectives

- To provide stabilization services outside of the hospital to 90 percent of clients seen in General Emergency Services.
- To conduct 80 percent of evaluations within 24 hours after initial contact.

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Indicator	Prior Year Actuals FY 2003 Actual	Prior Year Actuals FY 2004 Actual	Prior Year Actuals FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Output:					
General Emergency - Service hours provided	34,764	33,386	35,000 / 22,190	22,000	22,000
General Emergency - Persons seen	4,801	5,053	5,300 / 4,730	5,300	5,300
Independent Evaluators - Persons seen	491	483	464 / 542	464	464
Independent Evaluators - Service hours provided	1,354	1,322	1,294 / 1,552	1,294	1,294
Efficiency:					
General Emergency - Annual cost per client	$569	$460	$497 / $568	$521	$554
Independent Evaluators - Annual cost per client	$238	$288	$279 / $278	$284	$435
Outcome:					
General Emergency - Percent of consumers who receive stabilization services without admission to a psychiatric hospital	97%	97%	95% / 96%	90%	90%
Independent Evaluators - Percent of evaluations conducted within 24 hours of contact	97%	98%	98% / 84%	80%	80%

Performance Measurement Results

General Emergency Services provided 22,190 hours of service, 63 percent of the target. More accurate time reporting, coupled with fewer consumers seen, accounts for the reduction in service hours. Of the clients seen through General Emergency Services in FY 2005, 96 percent received stabilization services outside of a hospital setting. This is slightly above the target of 95 percent due in part to the reduction of psychiatric beds in the region.

Independent evaluators are licensed Clinical Psychologists who evaluate persons temporarily detained at a hospital because they have been judged by staff to be a danger to themselves or others due to their mental illness. Independent evaluators make recommendations to a Special Justice at Commitment Hearings as to whether or not individuals should be committed to a hospital (against their will) for treatment of their mental illness. Prior to FY 2005, 97 percent to 100 percent of all individuals civilly detained in Fairfax County were admitted to INOVA/Mount Vernon. During FY 2005, however, the region lost 51 psychiatric inpatient beds with the closing of the Psychiatric Units at Alexandria Hospital (16 beds), Northern Virginia Community Hospital (15 beds), and Potomac Hospital (20 beds). As a direct result of these closures, INOVA/Mount Vernon became the primary psychiatric hospital for the City of Alexandria and also became the primary hospital for voluntary admissions and civil commitment admissions for Fairfax County residents. As a result, INOVA/Mount Vernon was no longer able to fully accommodate Fairfax County Temporary Detention admissions. Rather than all detained clients being at a single hospital, civil detainees are now admitted to either one of the six regional hospitals, including Prince William and Loudoun Memorial Hospitals, or they are admitted to Snowden in Fredericksburg, Virginia, Commonwealth Care Center in Staunton, Virginia and several hospitals in Richmond. Given the overwhelming increase in travel demands needed to complete these evaluations, it is no longer possible for 98 percent of the evaluations to be conducted within 24 hours. If the trend of admitting civil detainees outside of the region continues, it is unlikely that a goal of anything higher than 80 percent will be attainable, thus the targets have been lowered.

Fund 106
Community Services Board (CSB) - Mental Health Services

Day Support Services

Funding Summary					
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	20/ 19.5	20/ 19.5	19/ 19	19/ 19	19/ 19
Total Expenditures	**$5,149,452**	**$5,730,769**	**$5,802,161**	**$6,198,791**	**$6,198,791**

Position Summary			
	Adult Day Treatment		**Adolescent Day Treatment**
2	Mental Health Managers	1	Mental Health Manager
1	Mental Health Supervisor/Specialist	2	Senior Clinicians
8	Senior Clinicians	1	Mental Health Supervisor/Specialist
1	Mobile Clinic Driver	2	Mental Health Therapists
		1	MR/MH/ADS Aide
TOTAL POSITIONS			
19 Positions / 19.0 Staff Years			

Key Performance Measures

Goal

To provide a continuum of services that will improve the community stabilization and functional capacity of adults who have serious mentally illness (SMI) and children who have serious emotional disturbance (SED). Services include Adult Day Treatment, Adolescent Day Treatment, Adult Psychosocial Rehabilitation programs, Sheltered Employment, Supported Employment and Transitional Employment. Services will be coordinated seamlessly in partnership by CSB and contract providers.

Objectives

- To enable 75 percent of consumers in adult day treatment services for more than 30 days to avoid hospitalization for at least 6 months.

- To improve functioning of 70 percent of consumers served by the Adolescent Day Treatment Program.

Fund 106
Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals FY 2003 Actual	Prior Year Actuals FY 2004 Actual	Prior Year Actuals FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Output:					
Adult Day Treatment - Consumers served	221	210	172 / 190	172	172
Adult Day Treatment - Service hours provided	33,004	37,856	33,000 / 36,741	33,000	33,000
Adolescent Day Treatment - Consumers served	38	40	38 / 38	38	38
Adolescent Day Treatment - Service hours provided	18,602	19,642	13,600 / 15,277	15,000	15,000
Efficiency:					
Adult Day Treatment - Annual cost per consumer	$4,730	$4,953	$6,638 / $5,096	$6,965	$7,420
Adolescent Day Treatment - Annual cost per consumer	$12,094	$13,972	$16,873 / $13,766	$17,789	$18,895
Service Quality:					
Adolescent Day Treatment - Percent of clients and family members satisfied with services	84%	92%	90% / 86%	90%	90%
Outcome:					
Adult Day Treatment - Percent of consumers not hospitalized within 6 months of receiving more than 30 days of treatment.	NA	NA	NA / NA	75%	75%
Adolescent Day Treatment - Percent of consumers that demonstrate improvements in school, family and community behaviors.	NA	NA	NA / NA	70%	70%

Performance Measurement Results

In FY 2005, Adult Day Treatment exceeded their estimate of consumers served by 18 individuals and Adolescent Day Treatment met its goal of 38 consumers served. Both programs exceeded their estimates of services hours provided due primarily to the complexity of the consumers served.

In FY 2006 Mental Health Services will change the outcome for Adult Day Treatment from the current outcome of improvement in GAF of 10 points or more. Consumers that are referred for stabilization to avoid psychiatric hospitalization may not improve enough to raise the GAF 10 points, but will improve enough to remain out of the hospital, an important outcome. Information gathered from consumers that attended the Mount Vernon Day Treatment program demonstrated that the longer a consumer remained in that program the more likely it would be that the consumer would remain stable and be able to remain in the community. Mental Health Services will change the outcome to the percent of consumers not hospitalized within 6 months of receiving more than 30 days of treatment. In FY 2006 the target will be 75 percent of consumers not hospitalized within 6 months of receiving more than 30 days of treatment.

Fund 106
Community Services Board (CSB) - Mental Health Services

Residential Services

Funding Summary

Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	124/ 123.5	124/ 123.5	140/ 139.5	140/ 139.5	140/ 139.5
Grant	13/ 13	13/ 13	7/ 7	7/ 7	7/ 7
Total Expenditures	**$16,185,337**	**$19,128,291**	**$19,068,547**	**$20,747,846**	**$21,188,496**

Position Summary

Supervised Apartments
1 Mental Health Manager
4 Mental Health Supervisors/Specialists
11 Mental Health Therapists
1 Mental Health Counselor

Res. Treatment Center - Leland House Crisis Care
1 Mental Health Manager
2 Mental Health Supervisors/Specialists
16 Mental Health Therapists
6 Mental Health Counselors
1 Cook
1 Nurse Practitioner

Group Home - Franconia Road
1 Mental Health Supervisor/Specialist
3 Mental Health Therapists
4 Mental Health Counselors

Group Home - My Friend's Place
1 Mental Health Supervisor/Specialist
4 Mental Health Therapists
1 Senior Clinician
3 Mental Health Counselors

Group Home - Sojourn House
1 Mental Health Supervisor/Specialist
5 Mental Health Therapists
1 Senior Clinician
2 Mental Health Counselors

Homeless Services - Shelter
1 Mental Health Manager
4 Mental Health Supervisors/Specialists
9 Mental Health Therapists
1 Psychiatrist

Transitional Group Home - Patrick Street
1 Mental Health Manager
1 Mental Health Supervisor/Specialist
3 Mental Health Therapists
3 Mental Health Counselors

Transitional Group Home - Beacon Hill
4 Mental Health Therapists
3 Mental Health Counselors
1 Mental Health Supervisor/Specialist

Emergency Shelter - Women's Shelter
1 Mental Health Supervisor/Specialist
5 Mental Health Therapists
2 Senior Clinicians

Cornerstones Dual Diagnosis Facility
1 Mental Health Supervisor/Specialist
2 Mental Health Therapists
3 Mental Health Counselors

Residential Intensive Care
1 Mental Health Manager
5 Mental Health Supervisors/Specialists
3 Asst. Residential Counselors, 1PT
1 Public Health Nurse II
3 Mental Health Therapists

Residential Extensive Dual Diagnosis
1 Mental Health Supervisor/Specialist
1 Mental Health Therapist
2 Mental Health Counselors

PACT Residential Assistance
1 Mental Health Counselor

Supportive Services
1 Mental Health Supervisor/Specialist
3 Mental Health Therapists

Extension Apartments
3 Mental Health Therapists

Grant Positions

Supportive Services
1 Mental Health Therapist

Residential Intensive Care
3 Mental Health Counselors

PATH/Homeless Services - Outreach
3 Mental Health Therapists

TOTAL POSITIONS
140 Positions / 139.5 Staff Years
7 Grant Positions / 7.0 Staff Years

PT Denotes Part-Time Positions

Fund 106
Community Services Board (CSB) - Mental Health Services

Key Performance Measures

Goal
To provide treatment and support to adults with serious mental illness residing in group homes, apartments, domiciliary care and homeless shelters and to assist them with community living.

Objectives
- To enable 55 percent of consumers served in the Supervised Apartment program to move to a more independent residential setting within one year.

- To enable 90 percent of consumers served by Supportive Services to maintain stable housing for at least one year.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Supervised Apartments - Consumers served	NA	239	240 / 485	475	475
Supervised Apartments - Service days provided	59,586	66,055	60,000 / 85,791	75,000	75,000
Supportive Living - Consumers served	1,086	256	265 / 881	850	850
Supportive Living - Service hours provided	11,292	16,798	16,000 / 26,198	23,000	23,000
Efficiency:					
Supervised Apartments - Annual cost per consumer	$2,318	$5,336	$6,070 / $2,862	$3,148	$3,371
Supportive Living - Annual cost per consumer	$220	$1,021	$1,025 / $1,774	$1,199	$1,443
Service Quality:					
Supervised Apartments - Number of new consumers receiving services	NA	NA	NA / NA	50	50
Supportive Living - Number of new consumers receiving services	NA	NA	NA / NA	45	45
Outcome:					
Supervised Apartments - Percent of consumers able to move to a more independent residential setting within one year	55%	55%	55% / 77%	55%	55%
Supportive Living - Percent of consumers that maintain stable housing for one year or more	98%	98%	95% / 91%	90%	90%

Fund 106
Community Services Board (CSB) - Mental Health Services

Performance Measurement Results

A major goal for individuals with serious mental illness is to have their own home and live in the community with the appropriate clinical and residential supports. Supervised Services provides residential treatment in a stable, supportive, therapeutic setting in which consumers with a serious mental illness learn and practice the life skills needed for successful community living. The ultimate goal is for these consumers to transition into the most manageable independent living environment. Supportive Services provides services that support consumers to acquire their own long-term permanent housing and maintain their independent long-term permanent residential arrangement. Please note that Supportive Living Arrangements (SLA) are contracted services. As of FY 2005, data on SLA was merged with Supervised Apartments and Supportive Living.

In FY 2005 Supportive Services reflects services directly run by the CSB and contract services provided by Pathway Homes. Both Supervised Services and Supportive Services exceeded their persons served and service hours goals in FY 2005. In FY 2005, 77 percent of clients served by the CSB's Supervised Apartment program were able to move to a more independent residential setting upon discharge, exceeding the estimate of 55 percent. In addition, 91 percent of consumers served by the Supportive Living program were able to stay in their own housing arrangement for one year or more.

To better address service quality, Mental Health Services will change the measure from the length of wait time for service to the number of new consumers receiving services. Due to the extreme variability in the length of wait, wait times lost their applicability as good Service Quality measures.

Outpatient and Case Management Services

Funding Summary

Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	159/ 152.85	162/ 155.85	154/ 147.85	154/ 147.85	154/ 147.85
Grant	3/ 3	3/ 3	5/ 5	5/ 5	5/ 5
Total Expenditures	**$16,536,101**	**$16,448,757**	**$17,924,146**	**$18,002,466**	**$18,002,466**

Position Summary

	Adult Community Services		Youth and Family Services
7	Mental Health Managers	6	Mental Health Managers
20	Mental Health Supervisors/Specialists	8	Mental Health Supervisors/Specialists
44	Senior Clinicians, 2 PT	24	Senior Clinicians, 4 PT
20	Mental Health Therapists, 2 PT	6	Mental Health Therapists
1	Nurse Practitioner	2	Psychiatrists, 2 PT
8	Psychiatrists, 2 PT	6	Clinical Psychologists
1	Clinical Psychologist		
1	Mental Health Counselor		

Grant Positions

	Ryan White CARE Act		Services to Violent Offenders		Intensive Case Management
1	Senior Clinician	1	Mental Health Therapist	3	Mental Health Therapists

TOTAL POSITIONS
154 Positions / 147.85 Staff Years
5 Grant Positions / 5.0 Staff Years

PT Denotes Part-Time Positions

Fund 106
Community Services Board (CSB) - Mental Health Services

Key Performance Measures

Goals

Adults: To stabilize mental health crises and symptoms, facilitate optimal community integration, assist in managing reoccurrence of symptoms and building resilience, and promote self-management, self-advocacy and wellness.

Youth and Family: To provide assessment, evaluation, multi-modal treatment, case management, psycho-educational and pharmacological services to the children, youth and families (ages 3 to 18) of Fairfax County. These services will be provided though interagency collaboration and practice as mandated by the Comprehensive Services Act.

Objectives

- To schedule 100 percent of consumers referred for an assessment within 7 days of discharge from the hospital.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Consumers served	3,246	3,346	2,100 / 3,020	3,000	3,000
Service hours provided	51,536	38,460	36,000 / 40,180	36,000	36,000
Efficiency:					
Annual cost per consumer	$2,734	$2,824	$4,405 / $3,934	$3,827	$4,115
Service Quality:					
Percent of consumers satisfied with services	88%	85%	85% / 90%	85%	85%
Outcome:					
Percent of consumers scheduled for an assessment within 7 days of discharge	NA	NA	NA / NA	100%	100%

Performance Measurement Results

In FY 2005, 3,020 clients were served which exceeded the target of 2,100 by 44 percent. As a result, the cost per client was lower than anticipated.

In terms of service quality, provision of quality services is dependent on feedback from the consumers who receive the services. Outpatient Services has utilized a state-mandated consumer satisfaction instrument, in addition to focus groups, to solicit information from consumers about their experiences. Based on the responses received, 90 percent of consumers expressed overall satisfaction with the services they received in FY 2005, thus exceeding the performance target level of 85 percent. Staff will continue using a variety of consumer feedback approaches as part of the CSB's continuous quality improvement effort.

Fund 106
Community Services Board (CSB) - Mental Health Services

Prevention/Early Intervention Services

Funding Summary					
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	7/ 6	7/ 6	7/ 6	7/ 6	7/ 6
Grant	5/ 2.5	5/ 2.5	4/ 2	4/ 2	4/ 2
Total Expenditures	**$477,695**	**$661,465**	**$625,905**	**$624,701**	**$624,701**

Position Summary

Early Intervention
1 Mental Health Supervisor/Specialist
1 Senior Clinician, PT
3 Mental Health Therapists, 1 PT
1 Substance Abuse Counselor II, PT

Prevention
1 Mental Health Supervisor/Specialist

Grant Positions
Sexual Assault Prevention
3 Mental Health Therapists, 3 PT
1 Volunteer Service Coordinator I, PT

TOTAL POSITIONS
7 Positions / 6.0 Staff Years
4 Grant Positions / 2.0 Staff Years

PT Denotes Part-Time Positions

Key Performance Measures

Goal
To offer prevention and early intervention services for at-risk populations, as well as educate families, community agencies, the public and other providers about the needs of individuals with mental illness.

Objectives
- To enable 70 percent of participants in the Men's Program (ADAPT) to successfully complete the program.
- To enable 98 percent of individuals completing the Men's Program (ADAPT) to avoid being returned to the program by the Courts.

Fund 106
Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals FY 2003 Actual	Prior Year Actuals FY 2004 Actual	Prior Year Actuals FY 2005 Estimate/Actual	Current Estimate FY 2006	Future Estimate FY 2007
Output:					
Persons served	304	266	300 / 269	250	250
Service hours provided	2,689	1,790	3,115 / 2,738	2,596	2,596
Efficiency:					
Annual cost per client	$453	$560	$467 / $387	$842	$911
Outcome:					
Percent of participants who complete program	70%	75%	70% / 70%	70%	70%
Percent of clients not returned to program by the Courts	100%	100%	98% / 99%	98%	98%

Performance Measurement Results

In FY 2005, 269 persons were served rather than the targeted 300 due to staff vacancies. The average cost per client was $387, significantly lower than the target of $467 and the actual FY 2004 cost of $560 per client. This is largely due to significant staff vacancies. Additionally, 70 percent of participants completed the program in FY 2005, thereby meeting the estimate, and 99 percent of the consumers were not returned to the program by the courts.

Program of Assertive Community Treatment (PACT)

Funding Summary					
Category	FY 2005 Actual	FY 2006 Adopted Budget Plan	FY 2006 Revised Budget Plan	FY 2007 Advertised Budget Plan	FY 2007 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	0/ 0	0/ 0	11/ 11	11/ 11	11/ 11
Grant	11/ 11	11/ 11	0/ 0	0/ 0	0/ 0
Total Expenditures	**$913,515**	**$803,847**	**$817,172**	**$860,308**	**$860,308**

Position Summary		
1 Mental Health Manager	3 Mental Health Therapists	1 Administrative Assistant III
3 Mental Health Supervisors/Specialists	3 Public Health Nurses III	

TOTAL POSITIONS
11 Positions / 11.0 Staff Years

Fund 106
Community Services Board (CSB) - Mental Health Services

Key Performance Measures

Goal
To provide assertive, out of the office treatment, rehabilitation, crisis intervention and support services 365 days per year to adults with severe and persistent mental illness resulting in lowered hospitalization, incarceration and homelessness rates.

Objectives
- To improve community tenure for PACT consumers so that 90 percent reside outside of the jail or hospital for at least 330 days in a year.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2003 Actual	FY 2004 Actual	FY 2005 Estimate/Actual	FY 2006	FY 2007
Output:					
Consumers served	98	119	89 / 107	100	100
Service hours provided	15,779	16,257	15,779 / 15,160	15,779	15,779
Efficiency:					
Annual cost per consumer	$9,736	$7,269	$8,592 / $8,537	$8,177	$8,603
Service Quality:					
Percent of consumers satisfied with services	95%	91%	90% / 92%	90%	90%
Outcome:					
Percent of consumers who remain out of jail or the hospital for at least 330 days in a year	93%	92%	90% / 92%	90%	90%

Performance Measurement Results
During FY 2005, PACT maintained an emphasis on serving persons with prior psychiatric hospitalizations (99 percent), prior periods of homelessness (58 percent) and past judicial system involvement (39 percent). In addition, an increasing number of clients who participate in PACT for one year have maintained community residence for the majority of 12 months. More specifically, 92 percent of PACT consumers in FY 2005 resided in the community more than 300 days, without incidents of hospitalization, incarceration or homelessness. Similarly, satisfaction with services remains high, at 92 percent in FY 2005. These data illustrate the effectiveness of PACT's model in helping citizens with serious mental illness achieve their goal of living successfully in the community.