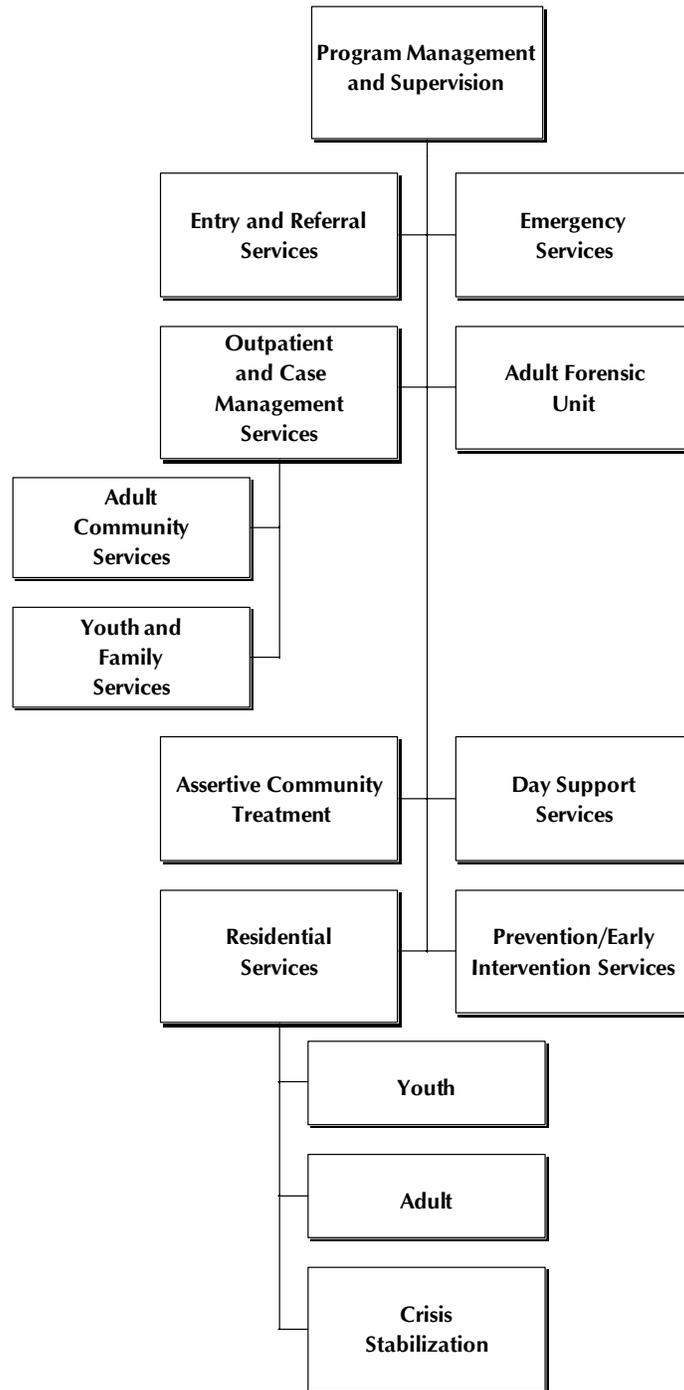


Fund 106

Community Services Board (CSB) - Mental Health Services



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Community Services Board (CSB) - Mental Health Services

Mission

To partner with residents and service providers of Fairfax County and the cities of Fairfax and Falls Church in establishing a network of integrated, accessible, and recovery oriented 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;
- ◆ Promote recovery in the community with the least restrictive setting;
- ◆ Prevent relapse of symptoms; and,
- ◆ Acquire adaptive living skills.

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 10 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 seven cost centers: Program Management and Supervision, Emergency, Day Support, Residential, Outpatient and Case Management, Prevention/Early Intervention and Assertive Community Treatment.

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

Emergency Services serves high-risk adults, adolescents and children who are in a psychiatric crisis. Through emergency walk-in sites and the Mobile Crisis Unit, Emergency Services takes crisis intervention into the community, working closely with consumers, families and public safety. The Mobile Crisis Unit includes a 24-hour-per-day rapid deployment team that responds to hostage/barricade incidents with the Special Weapons and Tactics (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 the services of clinical psychologists to evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing, as required by the Code of Virginia. They assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization. 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, connect persons with emergency needs to immediate care, and assure appointments for those requiring continuing services.

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 experiencing the co-occurring disorders of mental illness and addiction. 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. The Youth Crisis Care program began providing services in FY 2007.

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Outpatient and Case Management Services provides recovery-oriented individual and group treatment, case management and medication services to adults, children and their families. 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) 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 and case-management services. These services are typically provided to individuals in their homes, work places or other environments of need. Additionally, active hospital discharge planning and discharge planning for jailed individuals who suffer from mental illnesses are available. Historically, many people with severe mental illness are arrested for status offenses such as disorderly conduct or trespassing. The new Jail Diversion Program is helping to break the cycle of criminalizing these individuals and to connect or re-connect them with intensive mental health services.

Trends in Mental Health Services

Mental Health Services is currently undergoing significant system transformations. Consumer satisfaction, consumer feedback via focus groups, treatment surveys, and workgroups provide a blueprint for ongoing changes in treatment services that are both effective and responsive to the needs and preferences of those individuals receiving services.

A major factor in mental health system transformation is the concept of recovery and recovery-oriented services. Individuals with mental illness can build or restore a meaningful sense of belonging in the community and build a life that is positive and fulfilling despite or within the limitations imposed by mental illness. Some individuals can fully recover, others can achieve recovery with the assistance of ongoing medication and support, and still others can develop the skills they need to manage symptoms and define themselves beyond having a disability. All of these individuals can engage in meaningful activities, interests, and relationships. Mental health services are designed to support that recovery process with the consumer as a collaborative partner in treatment.

There is a growing emphasis in mental health on the recognition of co-occurring disorders (mental illness and substance use disorders) and the provision of integrated treatment as an effective intervention for both disorders. System transformation requires that no matter where or when an individual with co-occurring disorders enters mental health or addiction treatment, they receive competent assessment and treatment that addresses the full range of services needed.

The continuing reduction of available psychiatric beds, due to lack of profitability for hospitals, requires that hospitalizations focus on acute stabilization, which increases the importance of alternatives to psychiatric hospitalization being available in the community. Within this context, case management becomes an essential service to assist individuals with serious mental illness to manage in the community, receive needed medical and psychiatric services, and begin their recovery process.

Factors that may impact how business is conducted

- ◆ To ensure that Mental Health Services meets current and future community needs, the Board of Supervisors established the Josiah H. Beeman Commission in FY 2007. This Commission consists of locally and nationally recognized mental health service administrators/providers and community stakeholders, and their recommendations will establish a vision and framework for a future mental health delivery system grounded in best practices.

- ◆ From November 2005 to June 2006, there was a large turnover of adult outpatient clinicians. Around mid-year 2006, there were more than 14 full-time vacancies to fill, approximately 25 percent of the adult clinical staff. The large number of vacancies had a direct impact on consumer services and significantly increased the wait time for an intake appointment. Initiatives are underway to successfully address waiting time, caseloads and paperwork.

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- ◆ Northern Virginia has experienced more demand for beds to serve persons referred to a hospital through the Civil Commitment process. In FY 2006, Northern Virginia averaged 170 Temporary Detention Orders per month. During the first three quarters of FY 2007, the monthly average for Temporary Detention Orders in Northern Virginia rose to 196. The increased demand has been accommodated by shortening the length of stay at the Northern Virginia Mental Health Institute and by expanding Residential Crisis Stabilization Services. It is still possible that another 44 psychiatric beds for adults operated by the private sector will close.
- ◆ While bed availability has diminished, needs have increased. People seeking care from Mental Health Services are coming with increasingly severe illnesses and this magnifies the inpatient bed shortage crisis. When individuals need psychiatric hospitalization, they may be placed in beds at great distances from their homes or forced to manage in the community when there are no beds available, which impedes the recovery process for many individuals.
- ◆ Newer medications can make a difference in treatment outcomes, but they are very costly. More effective medications, reduced hospital stays and lower long-term health care costs have helped to improve the quality of life and periods between hospitalizations for many consumers; however, the newest medications are very expensive and are being used in the treatment of approximately 90 percent of adult consumers in Mental Health Services.
- ◆ More people find themselves looking to the public sector for care. The *Anticipating the Future* report, published by Fairfax County's Department of Systems Management for Human Services in March 2006, found that 7.6 percent of Fairfax County residents lacked health insurance coverage in 2004. Asians and Hispanics are more likely to lack health insurance than other races or ethnicities. If purchasing patterns for health insurance do not change among this population, Fairfax County can expect to have a growing proportion of uninsured residents if immigration trends and rates that occurred between 1990 and 2000 continue through 2010. This growth in uninsured residents means there is likely to be an increase in the number of persons who seek publicly-funded care.
- ◆ The viability of Medicaid has never been more critical to mental health service delivery. It has become a larger portion of state support of mental health service delivery as the State has been maximizing Medicaid reimbursement rates to localities while reducing state general fund contributions. The CSB has used good business practices to analyze ways Medicaid dollars can be brought in and maximized for funding clinical service delivery. For example, in order to maximize Medicaid reimbursement and provide much needed services, 7/7.0 SYE new grant positions, fully funded by Medicaid, were added in FY 2006. In FY 2008, 16/15.5 SYE new grant positions, fully funded by Medicaid, will be added.
- ◆ The lack of affordable housing remains one of the most critical issues facing low-income consumers who have a serious mental illness. The lack of housing frequently interferes with discharge planning and can put persons at risk of becoming homeless. In addition, the number of consumers waiting for a permanent place to live is increasing.

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

 Maintaining Safe and Caring Communities	Recent Success	FY 2008 Initiative
Continue the Jail Diversion Program, which had a very successful first year of operation in FY 2006. Fifty-nine adults with serious and persistent mental illness received intensive community-based case management services, and many of them reported an improved quality of life. Consumers also experienced a reduction in the need for hospitalization as well as less involvement with the criminal justice system. The CSB will receive a Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) award of \$75,000 for a Mental Health merit grant position to provide post-booking jail diversion services to inmates with mental illness in the Adult Detention Center.	✓	✓
The Intensive Case Management Team began in July 2006 and is providing intensive community-based case management services to adults with serious and persistent mental illnesses. Consumers served in this program benefit from a flexible outreach model of intensive support and treatment because they have many complex needs.	✓	
A new state-funded Forensic Discharge Planner/Case Manager position is providing face-to-face assessments and discharge planning services to incarcerated adults with serious and persistent mental illnesses. Goals are to support consumers' successful return to the community, link them with appropriate community services and prevent future involvement with the criminal justice system.	✓	
During the past year, Mental Health Services engaged in a comprehensive effort to enroll all eligible consumers in Medicare Part D. Medicare Part D is the new Federal program that funds some prescription medications for consumers. The program is complex and consumers lose significant benefits if they do not understand how to access this program. In addition, program changes each year require consumers to research which insurance plans best fit their individual needs during the annual enrollment period. Mental Health staff provides assistance in research and enrollment. Mental Health Adult Residential Services enrolled 95 percent of their eligible consumers and Adult Community Services enrolled 90 percent of eligible consumers in FY 2006. As Mental Health Services continues the Medicare Part D initiative, it is expected that these percentages will increase.	✓	✓
The contract for Youth Crisis Care Center on Leland Road was awarded to United Methodist Family Services of Virginia (UMFS). Through this public/private partnership, youth, ages 12 to 17, and families in crisis will be able to receive short-term intensive psychological/psychiatric services and remain in the community. It will also allow for better stabilization of psychiatric symptoms and reduce the need for residential placements outside the family home and the community in which the family resides. The Youth Crisis Care Center is an eight-bed co-ed facility with stabilizing treatment lasting up to 45 days.	✓	

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Community Services Board (CSB) - Mental Health Services

 Maintaining Safe and Caring Communities	Recent Success	FY 2008 Initiative
In FY 2006, Mental Health Emergency Services provided on-site crisis services for Fairfax County residents who had lost their homes and/or were displaced by storms in the Huntington area of the County. Emergency Services worked successfully with other departments, such as the Police and Fire and Rescue, to assure necessary psychiatric and supportive services were provided.	<input checked="" type="checkbox"/>	
 Creating a Culture of Engagement	Recent Success	FY 2008 Initiative
In response to a long and growing waiting list for outpatient services for adults, Mental Health Services designed an access/assessment (Access) function accessible to individuals seeking mental health services within 2 to 10 days from the point of the original contact. Access provides quick assessment of risk, vulnerability, and severity of symptoms so that necessary treatment services can be provided. Access was piloted at the Reston office with roll-out across all outpatient sites to follow throughout FY 2007 and FY 2008. The Access design will be subject to modification as the pilot is carried out at all locations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The CSB was awarded funding in FY 2007 to participate in the statewide Virginia Service Integration Project (VASIP). The CSB began to conduct a full assessment of Mental Health Services and Alcohol and Drug Services and will develop action plans for achieving dual diagnosis assessment and treatment capacity in all programs. Staff development, training, hiring, and mentoring are included in the process of achieving co-occurring disorders capacity in all programs and co-occurring disorders enhancement specialty skills in designated programs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Adult Residential Services' Unified Team, at Woodburn Center, launched a Wellness Recovery Action Plan (WRAP) group in FY 2007. WRAP is "self-help" which teaches concepts, skills and strategies to clients coping with their psychiatric symptoms. In keeping with the spirit of recovery, the group members are trained, supported and encouraged to continue to meet as a group, invite others to join and keep the recovery process going.	<input checked="" type="checkbox"/>	
In FY 2007, Adult Crisis Care staff participated in training in the recovery model and has already implemented a recovery group. Adult Crisis Care Program staff has also initiated an outreach effort to local homeless shelters to familiarize non-CSB staff with the program and resources that are available to the shelters and those who use them.	<input checked="" type="checkbox"/>	
Older Adults and their Families Services (OAFP), an outpatient and case management service targeting older adults, became available at the Springfield office in FY 2007; Springfield has one of the largest and fastest growing populations of older adults in the County. OAFP also collaborated with the Department of Community and Recreation Services to expand the Senior Plus Program from two to seven sites.	<input checked="" type="checkbox"/>	

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 Creating a Culture of Engagement	Recent Success	FY 2008 Initiative
The Mental Health Multicultural and Older Adults teams brought consultation and clinical support to the domestic violence program at the Islamic organization, Foundation for Appropriate and Immediate Temporary Help (FAITH) in FY 2006 through its Multicultural Program. FAITH honored the program with an award for outstanding contributions. In addition, the Older Adults team will continue to conduct face-to-face outreach services to elders in the Arabic community through a weekly support group on stress and depression at the All Dulles Area Muslim Society (ADAMS) Islamic Center in Herndon. The Older Adults team has also collaborated with Boat People SOS to implement a 3-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant to provide mental health services to Vietnamese elders and their families.	☑	☑
Spanish and Vietnamese Wellness Groups were implemented at the Woodburn Site in FY 2007. These structured groups help individuals work toward recovery and assist them with work/life balance. The Vietnamese group is a multi-family model which also connects consumers with social entitlement programs and links them to other available benefits.	☑	
Adult Community Services designed and completed an Adult Consumer Treatment Survey to ascertain what services clients value and what they identify as a continuing need. Results showed that clients valued structured groups designed to help them work toward recovery, achieve a work/life balance, and enhance vocational skills. Based upon information received, new Wellness, Transition and Vocational groups were developed in FY 2007.	☑	
In FY 2006, Adult Crisis Care developed supportive relationships with Marriott and Merrifield Nurseries. Marriott sponsored a Service Day in which its employees volunteered to clean Woodburn Place. Merrifield Nurseries donated plants and gardening supplies for the program's horticultural group, giving consumers the opportunity to participate in an activity that is enriching.	☑	
With the award of new State regional funds for Gero-psychiatric Services, the CSB will work with its regional partners and the private sector to provide intensive Mental Health Services in assisted living facilities, nursing homes and community settings to: divert people from Eastern State Hospital to community care with intensive support; create viable community options and placements for Northern Virginians at Eastern State Hospital in their own communities; and, assure sustainable community placements for elderly persons being discharged from local acute psychiatric units.		☑

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 Building Livable Spaces	Recent Success	FY 2008 Initiative
Continue the Housing First Apartment Program, a collaborative effort of the CSB and Pathway Homes. In FY 2007, 12 individuals entered the program directly from “the streets” or shelter. Once housed, stress is reduced and individuals are able to accept the support and treatment necessary to assist them in transition from homelessness. Individuals served by this program have a long-term history of living in the woods, tents, cars, and abandoned buildings or homeless shelters. Additionally, they had multiple failed attempts at treatment and services. Once in an apartment, the team works to engage individuals with services and supports to address other needs.	☑	☑

Budget and Staff Resources

Agency Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Authorized Positions/Staff					
Years					
Regular	442/ 434.35	442/ 434.35	444/ 442	444/ 442	444/ 442
Grant	17/ 15	17/ 15	23/ 21	36/ 33.5	39/ 36.5

Expenditures:					
Personnel Services	\$37,548,991	\$39,326,833	\$39,919,872	\$42,960,919	\$42,960,919
Operating Expenses	19,493,947	20,971,765	25,006,750	25,344,645	25,344,645
Capital Equipment	0	0	0	0	0
Subtotal	\$57,042,938	\$60,298,598	\$64,926,622	\$68,305,564	\$68,305,564
Less:					
Recovered Costs	(\$828,628)	(\$145,310)	(\$884,880)	(\$890,744)	(\$890,744)
Total Expenditures	\$56,214,310	\$60,153,288	\$64,041,742	\$67,414,820	\$67,414,820
Revenue:					
Fairfax County	\$34,272,407	\$37,626,972	\$37,945,176	\$39,211,703	\$39,211,703
Fairfax City	476,917	511,519	511,519	511,519	511,519
Falls Church City	239,561	255,244	255,244	255,244	255,244
State DMHMRSAS	11,520,339	12,162,350	15,337,717	15,269,923	15,269,923
State Other	9,945	10,101	21,074	21,074	21,074
Federal Block Grant	1,509,109	1,486,883	1,492,101	1,488,101	1,488,101
Federal Other	285,647	484,300	662,750	492,693	492,693
Medical Waiver	885	0	0	0	0
Medicaid Option	4,732,729	4,665,971	4,840,790	6,501,493	6,501,493
Program/Client Fees	2,023,913	2,067,106	1,680,195	1,680,195	1,680,195
CSA Pooled Funds	440,366	861,718	861,718	1,035,625	1,035,625
Miscellaneous	55,125	21,124	58,124	56,124	56,124
Fund Balance	647,367	0	375,334	891,126	891,126
Total Revenue	\$56,214,310	\$60,153,288	\$64,041,742	\$67,414,820	\$67,414,820

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FY 2008 Funding Adjustments

The following funding adjustments from the FY 2007 Revised Budget Plan are necessary to support the FY 2008 program:

- ◆ **Employee Compensation** **\$2,156,440**

A net increase of \$2,156,440 in Personnel Services is associated with \$2,162,304 in salary adjustments necessary to support the County's compensation program, partially offset by an increase of \$5,864 in personnel-related Recovered Costs due to a greater recovery of salary costs for services to other agencies.

- ◆ **Personnel Services Reduction** **(\$807,701)**

A decrease of \$807,701 in Personnel Services is part of an across-the-board reduction to meet budget limitations based on available revenues as a result of a flattening residential real estate market.

- ◆ **Medicaid Grant Positions** **\$1,254,921**

An increase of \$1,254,921 in Personnel Services is associated with the establishment of 16/15.5 SYE new Medicaid grant positions to address the mental health waiting list issue, as well as to provide support for 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.

- ◆ **Mental Health Waiting List** **\$891,126**

An increase of \$891,126 is associated with ongoing efforts to reduce the waiting list for Mental Health Services and includes one-time increases of \$691,126 in Personnel Services and \$200,000 in Operating Expenses, supported by fund balance. Funding will ensure that access and caseload standards can be met by adding clinical capacity, continuing retiree and Exempt Limited Term employee options, utilization of the County's workforce planning strategies, and adding service capacity through contracting with private vendors.

- ◆ **Youth Crisis Care** **\$579,689**

An increase of \$579,689 in Operating Expenses is associated with additional expenditures for Youth Crisis Care, an eight-bed facility providing mental health intervention and stabilization services for youth ages 12 to 17 that are in crisis, with a goal to return them to the community within 45 days. The facility opened in FY 2007 for services and the increase is due to the difference between the actual contract award and the amount originally budgeted for program operations in FY 2003. These expenditures are intended to be completely offset by Medicaid revenues and Comprehensive Services Act (CSA) Pooled Funds.

- ◆ **Grant Adjustments** **\$565,331**

A net increase of \$565,331 is associated with an increase of \$735,388 for ongoing grant adjustments for the Regional Discharge Assistance and Diversion (DAD), Regional Discharge Assistance Project (DAP), Regional Recovery, Regional Crisis Stabilization, and Sexual Assault grants; partially offset by decreases of \$39,591 for the VSTOP grant and \$130,466 for the Ryan White grant. In particular, this is comprised of a decrease of \$91,877 in Personnel Services and an increase of \$657,208 in Operating Expenses.

- ◆ **Contract Rate Increases** **\$342,936**

An increase of \$342,936 in Operating Expenses is due to a 2.66 percent contract rate increase for providers of contracted mental health services.

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- ◆ **Hypothermia Response Program** **\$58,953**
An increase of \$58,953 in Personnel Services is included for the 1/1.0 SYE Mental Health Therapist for the Hypothermia Response Program. This position, along with 1/1.0 SYE Substance Abuse Counselor III in Alcohol and Drug Services, supports the efforts of the hypothermia services contractor and the faith-based volunteers in the expanded Hypothermia Response Program. This funding was previously included in the Department of Family Services. For more information on the Hypothermia Response Program, please refer to the DFS narrative in the Health and Welfare program area section of Volume 1.
- ◆ **Independent Evaluators** **\$35,000**
An increase of \$35,000 in Operating Expenses is included for the current independent evaluator contracts, which are now entirely offset with revenue from the state courts. Independent Evaluators are psychologists assigned to interview and examine persons with mental illness who are in a psychiatric hospital with a temporary detention order. After the examination, the Independent Evaluator provides their assessment to the judge presiding at a civil commitment hearing to determine whether the individual should be hospitalized.
- ◆ **Intergovernmental Charges** **\$15,902**
An increase of \$15,902 in Operating Expenses is due to Department of Vehicle Services charges based on anticipated charges for fuel, vehicle replacement, and maintenance.
- ◆ **Carryover Adjustments** **(\$875,334)**
A decrease of \$875,334 in Operating Expenses is attributable to \$375,334 associated with encumbered carryover and \$500,000 in one-time funding for the Josiah H. Beeman Commission.

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2008 Advertised Budget Plan, as approved by the Board of Supervisors on April 30, 2007:

- ◆ The Board of Supervisors made no adjustments to this agency.

Changes to FY 2007 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2007 Revised Budget Plan since passage of the FY 2007 Adopted Budget Plan. Included are all adjustments made as part of the FY 2006 Carryover Review and all other approved changes through December 31, 2006:

- ◆ **Carryover Adjustments** **\$3,044,269**
As part of the FY 2006 Carryover Review, an increase of \$3,044,269 is comprised of encumbered carryover of \$375,334 in Operating Expenses, \$500,000 in Operating Expenses for the Josiah H. Beeman Commission, grant adjustments totaling \$2,207,296, offset by a net decrease of \$38,361 due to various other adjustments. Grant adjustments of \$2,207,296 are comprised of \$1,699,586 in new grant awards, \$438,554 in adjustments to current grant awards, and \$69,156 for the carryover of unexpended FY 2006 grant funds necessary to provide funding for the remainder of Program Year 2006. Other funding adjustments totaling a net decrease of \$38,361 are attributable to increases of \$504,478 for Woodburn Place to meet regional mental health needs; \$148,154 for the Jail Diversion Program; \$23,000 to appropriate additional state revenue for a contracted Homeless Services initiative; \$22,077 to appropriate additional state revenue for an intensive community residential treatment program; and \$3,500 to appropriate additional state revenue for the Comprehensive Treatment and Recovery program; offset by a \$739,570 increase in Recovered Costs for Woodburn Place paid by the Regional Crisis Stabilization program.

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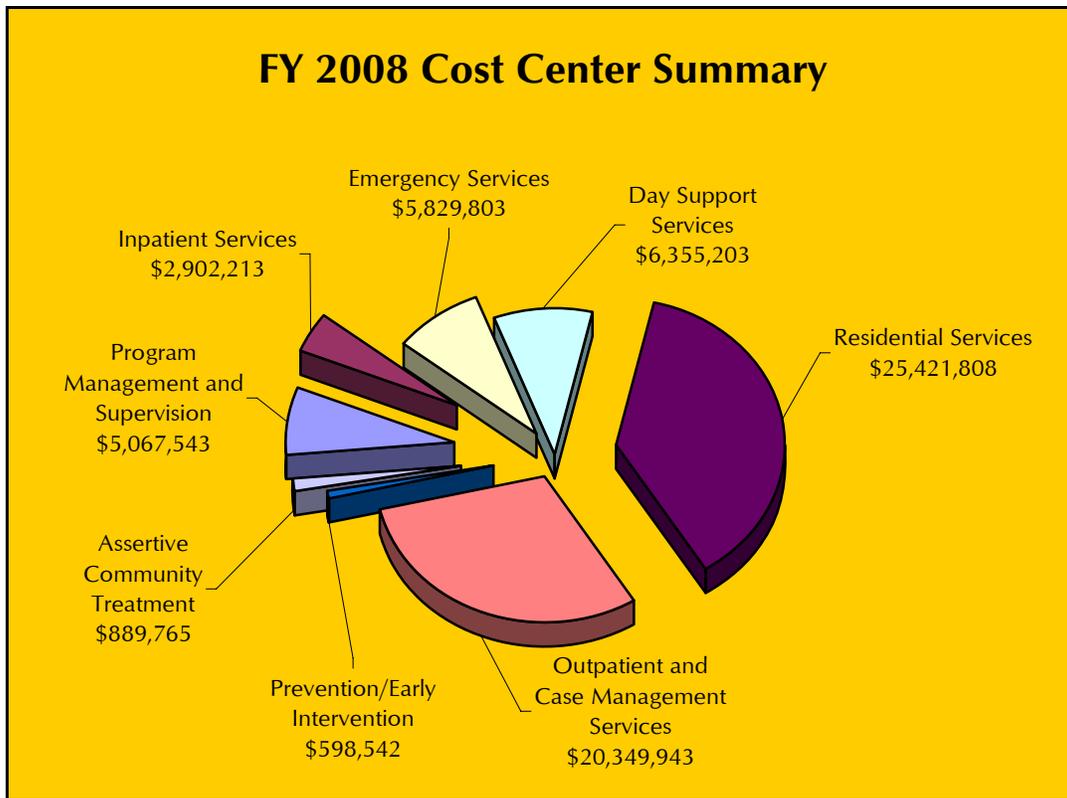
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The following funding adjustments reflect all approved changes to the FY 2007 Revised Budget Plan from January 1, 2007 through April 23, 2007. Included are all adjustments made as part of the FY 2007 Third Quarter Review:

◆ **Grant and Miscellaneous Adjustments** **\$844,185**

A net increase of \$844,185 with commensurate revenue adjustments, comprised of \$226,679 in Personnel Services and \$617,506 in Operating Expenses, is primarily attributable to adjustments to current year grant awards and new federal grant award funding. This is comprised of increases of \$783,674 for reconciliation of the Regional DAP program; \$75,000 for a new State Jail Diversion program; \$38,000 for a new state Mental Health Initiative program; \$37,000 for a new INOVA Crisis Stabilization program; \$34,796 for reconciliation of the Regional DAD program; \$4,400 for reconciliation of the VAN Sexual Assault Treatment program; and, \$4,000 to appropriate additional federal Block Grant funding to support additional emergency preparedness and response training expenses; offset by decreases of \$81,000 for reconciliation of the Regional Crisis Stabilization program; \$38,000 in the contracts budget to transfer to the newly-created state Mental Health Initiative program; and, \$13,685 for reconciliation of the Regional Community Recovery program.

Cost Centers



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Program Management and Supervision

Funding Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	70/ 70	70/ 70	70/ 70	70/ 70	70/ 70
Grant	1/ 1	1/ 1	2/ 2	2/ 2	2/ 2
Total Expenditures	\$5,477,715	\$4,810,079	\$5,381,852	\$5,067,543	\$5,067,543

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	9 Administrative Assistants IV			
1 Director of Clinical Operations		7 Administrative Assistants III			
		31 Administrative Assistants II			
		1 Administrative Associate			
Grant Positions					
1 Mental Health Manager	1 Administrative Assistant IV				
TOTAL POSITIONS					
70 Positions / 70.0 Staff Years					
2 Grant Positions / 2.0 Staff Years					

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			Current Estimate	Future Estimate
	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Outcome:					
Percent of mental health performance indicators (service quality and outcome) achieved	86%	70%	70% / 80%	70%	70%

Performance Measurement Results

In FY 2006, 12 out of 15, or 80 percent of service quality and outcome goals were met by Mental Health programs. The outcome measure for Supervised Apartments (percent of consumers able to move to a more independent residential setting within one year) was not met due to the housing shortage in Northern Virginia, an issue out of the control of Mental Health Services. The service quality measure for Adolescent Day Treatment (percent of clients and family members satisfied with services) and the outcome measure for Outpatient and Case Management Services (percent of consumers scheduled for an assessment within seven days of discharge) were also not met in FY 2006. This was due to the methodology used to collect the data and staff shortages in both programs. With the hiring of new staff and changes in collection methodology, it is

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anticipated that there will be improvement in these indicators in FY 2008. The outcome measures that were met indicate that consumers are satisfied with services, that services are effective, and that these services improve the quality of life for consumers.

Inpatient Services

Funding Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Total Expenditures	\$2,725,929	\$2,874,877	\$3,073,821	\$2,902,213	\$2,902,213

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. All funding reported reflects the contract with Inova Mount Vernon Hospital and the Regional Discharge Assistance and Diversion Program for the purchase of the private psychiatric hospital beds in Northern Virginia.

Emergency Services

Funding Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	41/ 41	41/ 41	41/ 41	41/ 41	43/ 43
Grant	0/ 0	0/ 0	1/ 1	1/ 1	1/ 1
Total Expenditures	\$5,798,463	\$5,593,570	\$5,665,570	\$5,829,803	\$5,829,803

Position Summary		
<p><u>General Emergency</u></p> <p>1 Mental Health Manager</p> <p>2 Emergency/Mobile Crisis Supervisors</p> <p>10 Mental Health Supervisors/Specialists</p> <p>6 Psychiatrists</p>	<p><u>Forensic Services</u></p> <p>1 Mental Health Manager</p> <p>4 Senior Clinicians</p> <p>1 Mental Health Supervisor/Specialist</p> <p>3 Clinical Psychologists</p> <p>1 Psychiatrist</p> <p>1 Public Health Nurse III</p>	<p><u>Mobile Crisis Unit</u></p> <p>1 Mental Health Manager</p> <p>2 Emergency/Mobile Crisis Supervisors</p> <p>4 Mental Health Supervisors/Specialists</p> <p><u>Entry Services</u></p> <p>1 Mental Health Manager</p> <p>4 Mental Health Therapists</p> <p>1 Mental Health Counselor</p>
<p><u>Grant Positions</u></p> <p>1 Mental Health Supervisor/Specialist</p>		
<p><u>TOTAL POSITIONS</u></p> <p>43 Positions / 43.0 Staff Years</p> <p>1 Grant Position / 1.0 Staff Year</p>		

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.

Fund 106

Community Services Board (CSB) - Mental Health Services

Objectives

- ◆ To provide stabilization services outside of the hospital to 95 percent of clients seen in General Emergency Services.
- ◆ To conduct 80 percent of evaluations within 24 hours after initial contact.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Output:					
General Emergency - Service hours provided	33,386	22,190	22,000 / 26,164	22,000	22,000
General Emergency - Persons seen	5,053	4,730	5,300 / 5,096	5,000	5,000
Independent Evaluators - Persons seen	483	542	464 / 598	464	464
Independent Evaluators - Service hours provided	1,322	1,552	1,294 / 1,738	1,294	1,294
Efficiency:					
General Emergency - Annual cost per client	\$460	\$568	\$521 / \$619	\$587	\$610
Independent Evaluators - Annual cost per client	\$288	\$278	\$284 / \$335	\$447	\$447
Outcome:					
General Emergency - Percent of consumers who receive stabilization services without admission to a psychiatric hospital	97%	96%	90% / 97%	95%	95%
Independent Evaluators - Percent of evaluations conducted within 24 hours of contact	98%	84%	80% / 96%	80%	80%

Performance Measurement Results

General Emergency's 26,164 service hours provided exceeded the estimate for FY 2006 by almost 19 percent. The 5,096 persons seen in General Emergency did not meet the goal set in FY 2006 by almost 4 percent. Of the consumers seen through General Emergency Services in FY 2006, 97 percent received stabilization services outside of a hospital setting. This is slightly above the target of 95 percent.

Independent Evaluators are licensed Clinical Psychologists who evaluate persons temporarily detained at a hospital because they have been judged by Mental Health Emergency 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 illnesses. In FY 2006, 598 persons received 1,738 hours of service. This exceeds both the persons seen goal and service hour goal for this service. In FY 2006, 96 percent of consumers seen by the Independent Evaluators were seen within 24 hours of being detained. This exceeds the estimate and is more in line with years prior to FY 2005.

Fund 106

Community Services Board (CSB) - Mental Health Services

Day Support Services

Funding Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	19/ 19	19/ 19	19/ 19	19/ 19	19/ 19
Total Expenditures	\$5,263,389	\$6,198,791	\$6,395,018	\$6,355,203	\$6,355,203

Position Summary	
<p><u>Adult Day Treatment</u></p> <ul style="list-style-type: none"> 1 Mental Health Manager 2 Mental Health Supervisors/Specialists 6 Senior Clinicians 1 Mobile Clinic Driver 2 Nurse Practitioners 	<p><u>Adolescent Day Treatment</u></p> <ul style="list-style-type: none"> 1 Mental Health Manager 2 Senior Clinicians 1 Mental Health Supervisor/Specialist 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 mental 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.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Output:					
Adult Day Treatment - Consumers served	210	190	172 / 203	172	172
Adult Day Treatment - Service hours provided	37,856	36,741	33,000 / 36,726	33,000	33,000
Adolescent Day Treatment - Consumers served	40	38	38 / 34	38	38
Adolescent Day Treatment - Service hours provided	19,642	15,277	15,000 / 12,380	15,000	15,000

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Efficiency:					
Adult Day Treatment - Annual cost per consumer	\$4,953	\$5,096	\$6,965 / \$4,509	\$7,420	\$7,752
Adolescent Day Treatment - Annual cost per consumer	\$13,972	\$13,766	\$17,789 / \$16,160	\$18,895	\$19,713
Service Quality:					
Adolescent Day Treatment - Percent of clients and family members satisfied with services	92%	86%	90% / 76%	90%	90%
Outcome:					
Adult Day Treatment - Percent of consumers not hospitalized within 6 months of receiving more than 30 days of treatment.	NA	NA	75% / 85%	75%	75%
Adolescent Day Treatment - Percent of consumers that demonstrate improvements in school, family and community behaviors.	NA	NA	70% / 86%	70%	70%

Performance Measurement Results

In FY 2006, Adult Day Treatment exceeded their estimate of consumers served by 18 percent while Adolescent Day Treatment was under its goal of 38 consumers by four consumers or 11 percent. Adult Day Treatment exceeded estimates of service hours provided while Adolescent Day Treatment fell short of the target by 2,620 hours. This was due to Adolescent Day Treatment being understaffed due to vacancies for all of FY 2006.

Adolescent Day Treatment was not able to meet the estimate in Service Quality due in part to a change in methodology of how this information is collected from consumers and their families. Strong conclusions about the service quality in FY 2006 cannot be made due to the small census and a very small number of responses from consumers and families. Given the new methodology the estimate may need to be re-evaluated in future years. Both programs exceeded their estimates for outcome measures.

Residential Services

Funding Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	140/ 139.5	140/ 139.5	142/ 141.5	142/ 141.5	139/ 138.5
Grant	7/ 7	7/ 7	7/ 7	15/ 14.5	15/ 14.5
Total Expenditures	\$18,315,167	\$21,188,496	\$23,504,828	\$25,421,808	\$25,421,808

Fund 106

Community Services Board (CSB) - Mental Health Services

Position Summary		
<p><u>Supervised Apartments</u></p> <p>1 Mental Health Manager 4 Mental Health Supv./Specialists 9 Mental Health Therapists 1 Mental Health Counselor</p> <p><u>Res. Treatment Center - Adult Crisis Care</u></p> <p>1 Mental Health Manager 3 Mental Health Supv./Specialists 18 Mental Health Therapists 5 Mental Health Counselors 1 Cook 1 Nurse Practitioner</p> <p><u>Group Home - Franconia Road</u></p> <p>1 Mental Health Supv./Specialist 3 Mental Health Therapists 4 Mental Health Counselors</p> <p><u>Group Home - My Friend's Place</u></p> <p>1 Mental Health Supv./Specialist 2 Mental Health Therapists 2 Mental Health Counselors</p>	<p><u>Group Home - Sojourn House</u></p> <p>1 Mental Health Supv./Specialist 4 Mental Health Therapists 1 Senior Clinician 4 Mental Health Counselors</p> <p><u>Homeless Services - Shelter</u></p> <p>1 Mental Health Manager 4 Mental Health Supv./Specialists 10 Mental Health Therapists 1 Psychiatrist 1 Nurse Practitioner</p> <p><u>Transitional Group Home - Patrick Street</u></p> <p>1 Mental Health Manager 1 Mental Health Supv./Specialist 3 Mental Health Therapists 3 Mental Health Counselors</p> <p><u>Transitional Group Home - Beacon Hill</u></p> <p>3 Mental Health Therapists 2 Mental Health Counselors 1 Mental Health Supv./Specialist</p> <p><u>Emergency Shelter - Women's Shelter</u></p> <p>1 Mental Health Supv./Specialist 5 Mental Health Therapists 2 Senior Clinicians</p>	<p><u>Cornerstones Dual Diagnosis Facility</u></p> <p>1 Mental Health Supv./Specialist 1 Mental Health Therapist 3 Mental Health Counselors 1 Nurse Practitioner</p> <p><u>Residential Intensive Care</u></p> <p>1 Mental Health Manager 4 Mental Health Supv./Specialists 1 Public Health Nurse II 5 Mental Health Therapists 3 Mental Health Counselors, 1 PT</p> <p><u>Residential Extensive Dual Diagnosis</u></p> <p>1 Mental Health Supv./Specialist 2 Mental Health Therapists 2 Mental Health Counselors</p> <p><u>PACT Residential Assistance</u></p> <p>1 Mental Health Counselor</p> <p><u>Supportive Services</u></p> <p>1 Mental Health Supv./Specialist 3 Mental Health Therapists</p> <p><u>Extension Apartments</u></p> <p>3 Mental Health Therapists</p>
<u>Grant Positions</u>		
<p><u>Supportive Services</u></p> <p>3 Mental Health Therapist (2) 1PT</p> <p><u>Adult Crisis Care</u></p> <p>3 Mental Health Therapists (3)</p>	<p><u>Residential Intensive Care</u></p> <p>3 Mental Health Counselors 3 Mental Health Therapists (3)</p>	<p><u>PATH/Homeless Services - Outreach</u></p> <p>3 Mental Health Therapists</p>
<p><u>TOTAL POSITIONS</u> 139 Positions / 138.5 Staff Years 15 Grant Positions (8) / 14.5 Staff Years (7.5)</p>		
		<p>() Denotes New Positions PT Denotes Part-Time Positions</p>

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.

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Output:					
Supervised Apartments - Consumers served	239	485	475 / 631	475	475
Supervised Apartments - Service days provided	66,055	85,791	75,000 / 97,154	75,000	75,000
Supportive Living - Consumers served	256	881	850 / 520	525	525
Supportive Living - Service hours provided	16,798	26,198	23,000 / 22,276	23,000	23,000
Efficiency:					
Supervised Apartments - Annual cost per consumer	\$5,336	\$2,862	\$3,148 / \$2,271	\$3,371	\$3,485
Supportive Living - Annual cost per consumer	\$1,021	\$1,774	\$1,199 / \$2,098	\$2,272	\$2,301
Service Quality:					
Supervised Apartments - Number of new consumers receiving services	NA	NA	50 / 76	50	50
Supportive Living - Number of new consumers receiving services	NA	NA	45 / 57	45	45
Outcome:					
Supervised Apartments - Percent of consumers able to move to a more independent residential setting within one year	55%	77%	55% / 17%	55%	55%
Supportive Living - Percent of consumers that maintain stable housing for one year or more	98%	91%	90% / 95%	90%	90%

Performance Measurement Results

A major goal for individuals with serious mental illness is to have their own home and live in the community with appropriate clinical and residential support. 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 as they acquire their own long-term, permanent housing and maintain their independent long-term permanent residential arrangement. In FY 2006, Supportive Services reflects services directly run by the CSB and contract services provided by Pathway Homes.

Supervised Apartments exceeded persons served and service hour goals in FY 2006 while Supported Living did not. In terms of Service Quality, both programs exceeded their estimates by bringing in more new consumers than estimated. Supervised Apartments was unable to meet its outcome measure. In FY 2006, only 17 percent of clients served by the Supervised Apartment program were able to move to a more independent residential setting upon discharge. This was related to the lack of affordable housing in Fairfax County as well as the increased length of stay in the programs due to consumer need. In the Supportive Living program, 95 percent of consumers were able to stay in their own housing arrangement for one year or more, thereby surpassing the goal of 90 percent.

Fund 106

Community Services Board (CSB) - Mental Health Services

Outpatient and Case Management Services

Funding Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	154/ 147.85	154/ 147.85	155/ 154.5	155/ 154.5	156/ 155.5
Grant	5/ 5	5/ 5	6/ 6	14/ 14	17/ 17
Total Expenditures	\$17,174,303	\$18,002,466	\$18,460,930	\$20,349,943	\$20,349,943

Position Summary		
<u>Adult Community Services</u>	<u>Youth and Family Services</u>	
8 Mental Health Managers	6 Mental Health Managers	
21 Mental Health Supervisors/Specialists	7 Mental Health Supervisors/Specialists	
46 Senior Clinicians	21 Senior Clinicians, 1 PT	
22 Mental Health Therapists	6 Mental Health Therapists	
2 Nurse Practitioners	2 Psychiatrists	
8 Psychiatrists	7 Clinical Psychologists	
	<u>Grant Positions</u>	
<u>Ryan White CARE Act</u>	<u>Services to Violent Offenders</u>	<u>Intensive Case Management</u>
2 Senior Clinicians	3 Mental Health Therapists	3 Mental Health Therapists
<u>Adult Outpatient & Case Management Access Team</u>	<u>Jail Diversion</u>	
8 Mental Health Therapists (8)	1 Mental Health Manager	
TOTAL POSITIONS		
156 Positions / 155.5 Staff Years		
17 Grant Positions (8) / 17.0 Staff Years (8.0)		
() Denotes New Position PT Denotes Part-Time Position		

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 through 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 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Output:					
Consumers served	3,346	3,020	3,000 / 3,161	3,000	3,000
Service hours provided	38,460	40,180	36,000 / 32,788	36,000	36,000

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Efficiency:					
Annual cost per consumer	\$2,824	\$3,934	\$3,827 / \$3,959	\$4,213	\$4,489
Service Quality:					
Percent of consumers satisfied with services	85%	90%	85% / 85%	85%	85%
Outcome:					
Percent of consumers scheduled for an assessment within 7 days of discharge	NA	NA	100% / 64%	100%	100%

Performance Measurement Results

In FY 2006, 3,161 consumers were served, which exceeded the target of 3,000. The service hours estimate was not met, due to staff shortages in Adult Outpatient Services in FY 2006. Working closely with the Department of Human Resources, this was addressed towards the end of FY 2006 and should improve in FY 2007 with the hiring of more staff.

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 to solicit information from consumers about their experiences. The state consumer satisfaction survey indicated that 85 percent of consumers were generally satisfied with the outpatient services they received, meeting the goal. In FY 2006, 64 percent of consumers discharged from state-funded inpatient treatment received an assessment within 7 days, below the estimate of 100 percent. This was primarily due to staff shortages in Adult Outpatient Services resulting in an inadequate number of available timely assessment slots.

Prevention/Early Intervention Services

Funding Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	7/ 6	7/ 6	6/ 5	6/ 5	6/ 5
Grant	4/ 2	4/ 2	4/ 2	4/ 2	4/ 2
Total Expenditures	\$468,309	\$624,701	\$668,692	\$598,542	\$598,542

Position Summary	
Early Intervention	Prevention
1 Mental Health Supervisor/Specialist	1 Mental Health Supervisor/Specialist
3 Mental Health Therapists, 1 PT	
1 Substance Abuse Counselor II, PT	
Grant Positions	
Sexual Assault Prevention	
3 Mental Health Therapists, 3 PT	
1 Volunteer Service Coordinator I, PT	
TOTAL POSITIONS	
6 Positions / 5.0 Staff Years	
4 Grant Positions / 2.0 Staff Years	PT Denotes Part-Time Positions

Fund 106

Community Services Board (CSB) - Mental Health Services

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.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Output:					
Persons served	266	269	250 / 326	250	250
Service hours provided	1,790	2,738	2,596 / 4,416	2,596	2,596
Efficiency:					
Annual cost per client	\$560	\$387	\$842 / \$320	\$912	\$948
Outcome:					
Percent of participants who complete program	75%	70%	70% / 78%	70%	70%
Percent of clients not returned to program by the Courts	100%	99%	98% / 100%	98%	98%

Performance Measurement Results

In FY 2006, 326 persons were served in Early Intervention Services receiving 4,416 hours of services, exceeding both estimates, due to high demand from the courts that refer consumers to Prevention/Early Intervention Services. In addition, 78 percent of participants completed the program in FY 2006, thereby exceeding the estimate, and 100 percent of the consumers were not returned to the program by the courts, exceeding the 98 percent target. When working with consumers that have been sent to treatment by the courts, it is especially important that consumers complete the treatment and internalize what they learn. Over three quarters of the consumers completed this program and none of these consumers were sent back by the courts for a similar infraction, indicating that they internalized what they learned.

Program of Assertive Community Treatment (PACT)

Funding Summary					
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan	FY 2008 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	11/ 11	11/ 11	11/ 11	11/ 11	11/ 11
Total Expenditures	\$991,035	\$860,308	\$891,031	\$889,765	\$889,765

Fund 106

Community Services Board (CSB) - Mental Health Services

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					

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 2004 Actual	FY 2005 Actual	FY 2006 Estimate/Actual	FY 2007	FY 2008
Output:					
Consumers served	119	107	100 / 101	100	100
Service hours provided	16,257	15,160	15,779 / 16,029	15,779	15,779
Efficiency:					
Annual cost per consumer	\$7,269	\$8,537	\$8,177 / \$9,812	\$8,910	\$8,968
Service Quality:					
Percent of consumers satisfied with services	91%	92%	90% / 98%	90%	90%
Outcome:					
Percent of consumers who remain out of jail or the hospital for at least 330 days in a year	92%	92%	90% / 92%	90%	90%

Performance Measurement Results

During FY 2006, PACT maintained an emphasis on serving persons with prior psychiatric hospitalizations, prior periods of homelessness and past judicial system involvement. A high number of clients who participated in PACT for one year maintained a community residence for the majority of 12 months. More specifically, 92 percent of PACT consumers in FY 2006 resided in the community more than 330 days, without incidents of hospitalization, incarceration or homelessness. PACT asks consumers to provide feedback through a satisfaction survey, and 98 percent of PACT consumers surveyed in FY 2006 were satisfied with the services they received. This data illustrates the effectiveness of PACT's model in helping residents with serious mental illness achieve their goal of living successfully in the community.