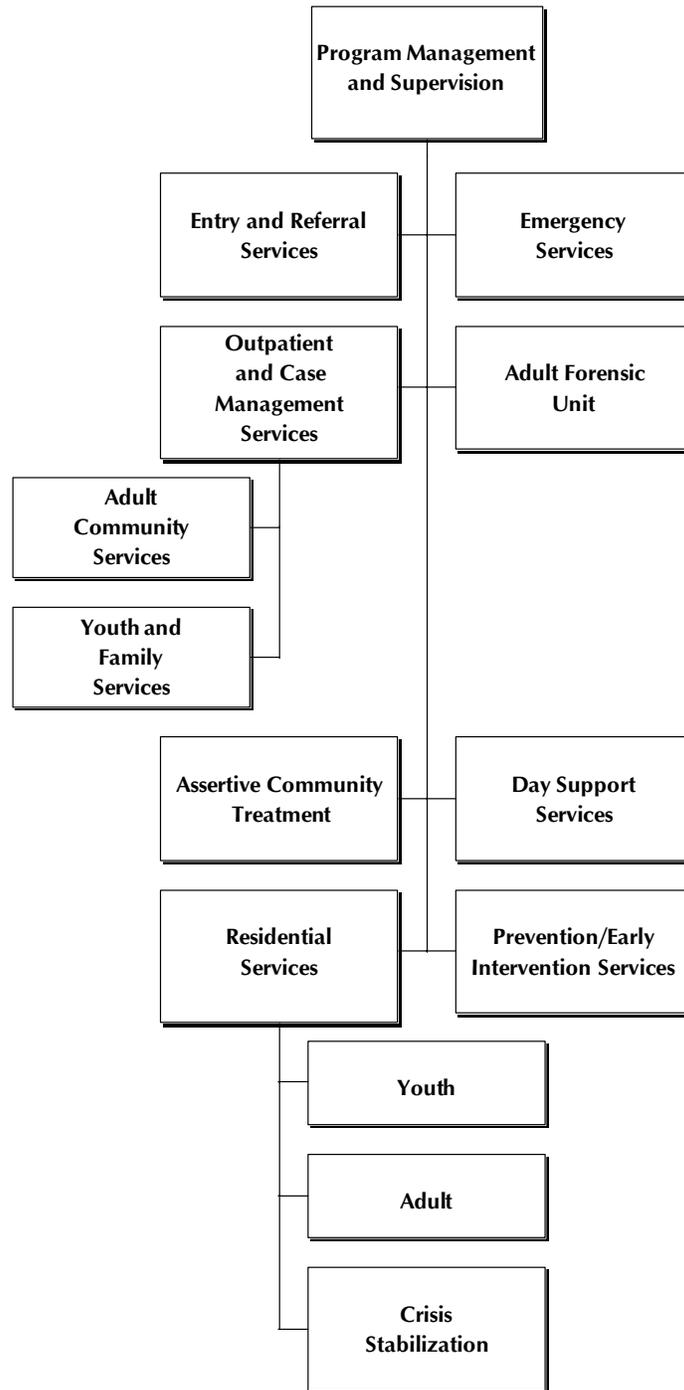


Fund 106

Community Services Board (CSB) - Mental Health Services



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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 eight cost centers: Program Management and Supervision, Regional Inpatient Services, 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.

Regional Inpatient Services utilizes six local hospitals for state funding of Local Inpatient Purchase of Services (LIPOS). Staff from Emergency Services place at-risk consumers with no financial resources into beds at these local hospitals when beds are unavailable at the Northern Virginia Mental Health Institute (NVMHI). Discharge planners then monitor consumers' stays and facilitate transfers to NVMHI as needed.

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

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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 January 2007, serving 25 clients in FY 2007.

Outpatient and Case Management Services provides recovery-oriented individual and group treatment, case management and medication services to adults, children and their families. In FY 2009, the Men's Program (ADAPT), the Victim Assistance Network (VAN) and the Women's Shelter programs, formerly provided by Prevention/Early Intervention, will be moved to the Department of Family Services/Office for Women as part of a multi-agency effort to streamline the County's domestic violence services. 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 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. The Commission began its work in February 2007, and anticipates issuing a final report and recommendations in calendar year 2008.

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- ◆ 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 were undertaken to address client/staff issues like waiting time, caseloads and paperwork, since it was determined from staff feedback, solicited by management, that these vacancies reflected staff attitudes about the difficulty of their workload.
- ◆ Waiting time was reduced through initiatives like the Access units (See New Initiatives and Recent Accomplishments section); size of caseloads was studied and resulted in an objective standard for realistic size, which was set at a maximum of 40 cases per clinician; and, paperwork expectations were reduced through the use of an outside consultant and coordinating staff workgroups. All of these initiatives and more, coupled with a streamlined hiring process implemented through the cooperation of the Fairfax County Department of Human Resources, reduced the vacancy factor to the point that this personnel shortfall has largely been closed.
- ◆ Northern Virginia has experienced more demand for beds to serve persons referred to a hospital through the Commonwealth of Virginia's Civil Commitment process. In FY 2006, Northern Virginia averaged 170 Temporary Detention Orders per month, while in FY 2007, the monthly average rose to 187. 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 (See New Initiatives and Recent Accomplishments section). CSB Emergency Services admitted a total of 473 County consumers to Crisis Care Facilities in FY 2007. It is still possible that another 44 psychiatric beds for adults operated by the private sector will close in the future.
- ◆ 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. CSB Emergency Services have now assumed the local responsibility, previously held by the Northern Virginia Mental Health Institute (NVMHI), for finding post-hearing commitment beds. Emergency Services is responsible for coordinating these hospital placements for over 500 insured and uninsured consumers a year to both the private and state hospital systems.
- ◆ 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.
- ◆ 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 the 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, were added. Mental Health Services has also initiated chart audits, with resulting training, to insure that clinicians are accurately billing for Medicaid case management services, which has resulted in increased billable services.
- ◆ 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 2009 Initiative
In the aftermath of the Virginia Tech tragedy, CSB Emergency Services responded to the media and the local community closely related to the incident by offering counseling, direction and support. Additionally, Emergency Services was called upon to develop mutually agreed upon Outpatient Commitment Procedures with the local court system to clearly articulate management of these cases within the community.	☑	
During FY 2007, Emergency Services screened and admitted a total of 473 County consumers to Crisis Care facilities. Approximately 65 percent of these admissions were diversions from traditional psychiatric inpatient hospitalization, saving approximately 1,995 bed days of care for alternate use or to offset the regional crisis of diminishing psychiatric hospitalization beds. This reduction also reflects the best practice philosophy of treating consumers in the least restrictive environment and the Recovery principle of utilizing more normative, community based programming if possible.	☑	
Adult Comprehensive Services (ACS) achieved major advancements in integrating professional nursing care into the mental health system during FY 2007. By partnering with multiple personnel and nursing stakeholders, a new Behavioral Nurse Series was created in the CSB's personnel system. Based on a projected utilization study, five contract Licensed Practical Nurses were hired to assist with ACS Medical Services thereby freeing up other professional medical staff for more important duties. Additionally, the Partial Hospitalization Program was reshaped to allow a single manager over the two sites, which allowed the implementation of nurse practitioner services at both sites.	☑	
A state-funded Forensic Discharge Planner/Case Manager position continues to provide 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. Utilizing resources from the same state fund, the Jail Diversion Program created a Jail Diversion Program Manager position in FY 2007 to better organize this alternative, increasingly chosen over incarcerating the mentally ill.	☑	
Mental Health Services continues to engage in a comprehensive effort to enroll all eligible consumers in Medicare Part D, the federal program that funds some prescription medications for consumers. Mental Health Adult Residential Services enrolled 97 percent of their eligible consumers and Adult Community Services enrolled 93 percent of their eligible consumers in FY 2007. Another direct medication benefit for consumers came with the implementation of a Level IV Medication Services pilot program in FY 2007 for 30 psychiatrically stable consumers in need of medication services only.	☑	☑

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 Maintaining Safe and Caring Communities	Recent Success	FY 2009 Initiative
<p>The contract for the Youth Crisis Care Center on Leland Road was awarded to United Methodist Family Services of Virginia (UMFS) in FY 2007. Through this public/private partnership, youth, ages 12 to 17, and families in crisis are receiving short-term intensive psychological/psychiatric services and remain in the community. The Youth Crisis Care Center is an eight-bed co-ed facility with stabilizing treatment lasting up to 45 days. During FY 2007, this program was successfully implemented in conjunction with the efforts of multiple County agencies, public/private organizations and UMFS.</p>	<input checked="" type="checkbox"/>	
<p>In FY 2007, Mental Health Services partnered with four other community agencies – Virginia Department of Probation and Parole, Fairfax County Office of the Sheriff; Opportunities, Alternatives and Resources (OAR), and the Northern Virginia Workforce Investment Board – to successfully lobby the Virginia Department of Corrections to fund Virginia Serious and Violent Offenders Re-entry Program (VASAVOR), a demonstration program that this interagency team has operated for the past three fiscal years using federal grant funds. VASAVOR deals exclusively with offenders who have been convicted of serious and violent crimes and are typically returning to the community after long incarceration. National recidivism rates in this specific population are approximately 35 percent. However, this unique combination of wraparound services, which include a CSB psychiatrist and therapist to address mental health/psychotropic medication issues, has reduced the recidivism rate to 3 percent. The Fairfax-Falls Church CSB’s participation has been so valued, that the U. S. Department of Labor requested that the agency apply for grant funding to support a second VASAVOR model program, currently under review.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Creating a Culture of Engagement	Recent Success	FY 2009 Initiative
<p>The Program for Assertive Community Treatment (PACT) Peer Specialist initiated a series of Wellness Recovery Action Plan (WRAP) groups, in which 100 PACT consumers have participated thus far. WRAP is a peer-to-peer program in which a consumer certified as a facilitator instructs other consumers in skills and tools to manage their mental illness. The individualized plans the consumers develop include self-care strategies and safety crisis plans that are incorporated into their overall treatment plan. PACT intends to extend the opportunity to participate in WRAP groups to every PACT consumer.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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 requiring mental health services within 2 to 10 days from the point of original contact. Access provides quick assessment of risk, vulnerability and severity of symptoms, allowing necessary treatment services to be secured through referral to community resources or within the CSB. The Access pilot began in FY 2007, with full implementation completed in October 2007.</p>	<input checked="" type="checkbox"/>	

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 Creating a Culture of Engagement	Recent Success	FY 2009 Initiative
<p>The CSB was awarded funding in FY 2007 to participate in the statewide Virginia Service Integration Project (VASIP). As part of this project, the CSB is conducting a full assessment of Mental Health Services and Alcohol and Drug Services, and is currently implementing action plans for achieving effective 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, as well as co-occurring disorders enhancement and specialty skills in designated programs. Four major training events for CSB staff have been held, facilitated by a nationally recognized consultant on co-occurring disorders. In calendar year 2007, approximately 86 percent of CSB staff participated in this training. Additionally, 71 CSB staff representing all major program areas have agreed to serve as agency change agents to assist in implementing this major service initiative.</p>	✓	✓
<p>The Mental Health Adult Residential Services' Unified Team, at the Woodburn Center, implemented a Wellness Recovery Action Plan (WRAP) group in FY 2007. WRAP is a self-help program, which teaches concepts, skills and strategies to clients coping with various 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 maintain a continuous recovery process. This effort will be reinvigorated in FY 2008 through a redesign that will offer medication clinics to monitor co-morbidity of physical illnesses among consumers, as well as supporting wellness through continuing education of CSB staff and consumers. The program will continue in FY 2009.</p>	✓	✓
<p>In FY 2007, Adult Crisis Care staff, supplemented by four new Peer Support Specialists, successfully implemented a program of Wellness and Recovery principles in a short-term, crisis stabilization program. All staff actively participated in teaching the Recovery model and two classes, totaling 55 consumers, have already graduated from these formal Wellness/Recovery courses. Consumers now take an active role in welcoming and orienting new residents as well as helping to facilitate "community" meetings of the "house." They also provide consumer feedback about the program through the in-house Recovery group and survey forms at discharge.</p>	✓	
<p>In FY 2007, Youth and Family Services partnered with several County and state agencies on collaborative efforts to seek out new funding resources. In conjunction with the Fairfax County Public Schools (FCPS), Child and Family Services applied for a demonstration grant to educate school personnel on early identification of mental health issues in youth, which results in directing families of school age children to appropriate community mental health services in a timelier, more efficient manner. Partnering with the Fairfax County Juvenile Court, the CSB initiated a successful application for a state grant to expand services to youth in the Fairfax County Juvenile Detention Center. Youth and Family Services also partnered with the Fairfax County Department of Family Services (DFS) to design, issue and award a Request for Proposals (RFP) to provide mental health services at the new Katherine K. Hanley Family Shelter.</p>	✓	

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 Creating a Culture of Engagement	Recent Success	FY 2009 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. In August 2006, 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, begun in FY 2006, 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 consumers value and what they identify as a continuing need. Results showed that consumers 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.	☑	
The Program for Assertive Community Treatment (PACT) Team was chosen by the Virginia Department of Mental Health Mental Retardation and Substance Abuse Services (DMHMRSAS) in FY 2007 to be a "Mentor Site" for this state of the art service model and provides consultation for other teams from across the country who wish to implement this model program. PACT also provides "in-house" consultation/partnering with other CSB staff to expand peer partnerships, facilitate peer training and help reshape services to become more recovery oriented. Additionally, PACT was chosen to host an educational field visit by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) so that CMS regulators could appreciate the functional impact and consequences of the current and future regulations that they write.	☑	
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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 Creating a Culture of Engagement	Recent Success	FY 2009 Initiative
In partnership with other County agencies, the Hypothermia Program was retooled throughout FY 2007 to improve overall effectiveness and accessibility for the County's homeless population. CSB Residential Services staff and other volunteers assisted in the County's interagency effort to prevent hypothermia, while outreach to the "street homeless" was expanded. Also, a new Homeless Healthcare Program, which provides psychiatric street outreach to homeless individuals across the County, was launched in partnership with other County agencies. In FY 2007, 64 consumers were served by the Homeless Healthcare Program, and 145 consumers are expected to be served in FY 2008.	<input checked="" type="checkbox"/>	
 Building Livable Spaces	Recent Success	FY 2009 Initiative
In FY 2007, the CSB successfully implemented the Housing First Apartment Program, a collaborative initiative of the CSB and Pathway Homes. In FY 2007, 12 individuals entered the program directly from the street or homeless shelters, with similar numbers of individuals expected to be served in FY 2008 and FY 2009. Once housed, consumer stress is reduced and individuals are able to accept the support and treatment necessary to assist them in their 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 generally have multiple failed attempts at treatment and services. Once the consumer is housed, the CSB staff works to engage individuals with treatment services and provide support to address consumers' individual needs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
In FY 2007, the CSB developed four "Housing First" permanent supportive housing beds and six additional transitional supportive housing beds for homeless consumers. Additionally, the CSB designed a Community Treatment Team North Program to serve an additional 11 homeless consumers in FY 2008 with little to no turnover expected in FY 2009.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Using a best practice, continual redesign model, the overall Residential housing plan for co-occurring (Mental Health / Substance Abuse) consumers was redesigned in FY 2007, resulting in an increased number of available beds for this challenging population. Further redesign enhancements included the creation of a Residential Intensive Care Level II Program for Residential consumers who did not require the more intensive and resource-demanding Level I service delivery.	<input checked="" type="checkbox"/>	

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Budget and Staff Resources

Agency Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/Staff					
Years					
Regular	444/ 442	444/ 442	442/ 440	427/ 426	427/ 426
Grant	23/ 21	39/ 36.5	43/ 40	39/ 38	39/ 38
Expenditures:					
Personnel Services	\$41,041,769	\$42,960,918	\$42,721,003	\$42,449,149	\$42,680,915
Operating Expenses	23,612,991	25,344,646	27,151,622	25,718,528	26,292,359
Capital Equipment	0	0	0	0	0
Subtotal	\$64,654,760	\$68,305,564	\$69,872,625	\$68,167,677	\$68,973,274
Less:					
Recovered Costs	(\$1,094,340)	(\$890,744)	(\$1,325,417)	(\$1,266,256)	(\$1,266,256)
Total Expenditures	\$63,560,420	\$67,414,820	\$68,547,208	\$66,901,421	\$67,707,018
Revenue:					
Fairfax County	\$37,945,176	\$39,211,703	\$39,019,399	\$39,922,183	\$40,727,780
Fairfax City	511,519	511,519	511,519	481,159	481,159
Falls Church City	255,244	255,244	255,244	241,483	241,483
State DMHMRSAS	13,823,866	15,269,923	16,546,772	15,353,540	15,353,540
State Other	20,892	21,074	22,333	0	0
Federal Block Grant	1,497,889	1,488,101	1,615,879	1,488,101	1,488,101
Federal Other	293,159	492,693	677,539	400,557	400,557
Medicaid Option	5,546,991	6,501,493	6,175,711	6,593,191	6,593,191
Program/Client Fees	2,245,493	1,680,195	1,680,195	1,579,458	1,579,458
CSA Pooled Funds	646,119	1,035,625	699,407	785,625	785,625
Miscellaneous	45,150	56,124	56,124	56,124	56,124
Fund Balance	728,922	891,126	1,287,086	0	0
Total Revenue	\$63,560,420	\$67,414,820	\$68,547,208	\$66,901,421	\$67,707,018

FY 2009 Funding Adjustments

The following funding adjustments from the FY 2008 Revised Budget Plan are necessary to support the FY 2009 program:

- ◆ **Employee Compensation** **\$1,118,028**
 A net increase of \$1,118,028 is associated with \$1,325,449 in Personnel Services for salary adjustments necessary to support the County's compensation program, partially offset by an increase of \$207,421 in personnel-related Recovered Costs due to a greater recovery of salary costs for services to other agencies. As a result of budget constraints, compensation adjustments for County employees have been reduced. For FY 2009, employee increases as part of the pay for performance system have been discounted by 50 percent and the impact of the lower pay for performance funding is reflected above.
- ◆ **Mental Health Adult Outpatient Services** **\$571,038**
 A one-time increase of \$571,038 in Personnel Services is associated with ongoing efforts to maintain the elimination of the waiting list for Mental Health Services. Funding will ensure that access and caseload standards can be met by maintaining current clinical capacity, continuing retiree and Exempt Limited Term employee options and utilization of the County's workforce planning strategies.

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- ◆ **Personnel Services Reduction** **(\$848,019)**
A decrease of \$848,019 in Personnel Services is part of an across-the-board reduction to meet budget limitations based on available revenues as a result of a continued softening of the residential real estate market.

- ◆ **FASTRAN** **\$51,938**
An increase of \$51,938 in Operating Expenses is based on an annual adjustment of FASTRAN operating expenses.

- ◆ **Contract Rate Increases** **\$328,537**
An increase of \$328,537 in Operating Expenses is due to a 2.71 percent contract rate increase for providers of contracted mental health services.

- ◆ **Domestic Abuse and Sexual Assault (DASA) Program Transfer** **(\$1,625,095)**
A decrease of \$1,625,095, comprised of \$1,232,816 in Personnel Services and \$392,279 in Operating Expenses, is due to the transfer of the DASA Program to the Department of Family Services as part of a multi-agency effort to streamline the County's domestic violence services.

- ◆ **Carryover and Miscellaneous Adjustments** **(\$1,613,078)**
A net decrease of \$1,613,078 is associated with decreases of \$1,314,465 in grant adjustments, \$167,960 for encumbered carryover and \$150,000 for unencumbered carryover, offset by an increase of \$19,347 in non-grant adjustments. These adjustments are comprised of decreases of \$394,077 in Personnel Services and \$1,219,001 in Operating Expenses.

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2009 Advertised Budget Plan, as approved by the Board of Supervisors on April 28, 2008:

- ◆ **Pay for Performance** **\$399,200**
An increase of \$399,200 in Personnel Services is associated with the decision by the Board of Supervisors to eliminate the 50 percent reduction to employee increases as part of the pay for performance system. A reduction to pay for performance increases had been proposed in the FY 2009 Advertised Budget Plan due to budget constraints. However, as a result of the Board's decision, employees will be eligible for the full compensation increase for which they qualify based on performance.

- ◆ **Restore Funding for Contract with Inova Health Care Services** **\$347,000**
An increase of \$347,000 in Mental Health Inpatient Services to restore funding to Inova Health Care Services at Mt. Vernon Hospital for contracted non-emergency psychiatric services.

- ◆ **Restore Funding to CrisisLink** **\$135,000**
An increase of \$135,000 in Mental Health Emergency Services to restore funding to CrisisLink to support a contract for 24/7 emergency and information and referral call-in services.

- ◆ **Restore Funding to Alternative House** **\$75,000**
An increase of \$75,000 in Mental Health Residential Services to restore funding to Alternative House to fully support an FY 2009 contract for mental health residential respite care and transitional housing services.

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◆ Fuel Costs An increase of \$16,831 for Department of Vehicle Services charges is based on anticipated requirements due to higher costs for unleaded and diesel fuels.	\$16,831
◆ Reduction in Limited-Term Funding A decrease of \$167,434 in Personnel Services is associated with a reduction in funding for limited-term support based on budget limitations.	(\$167,434)

Changes to FY 2008 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2008 Revised Budget Plan since passage of the FY 2008 Adopted Budget Plan. Included are all adjustments made as part of the FY 2007 Carryover Review and all other approved changes through December 31, 2007:

◆ Carryover Adjustments As part of the FY 2007 Carryover Review, a net increase of \$1,503,252 is comprised of increases of \$1,051,975 in adjustments to current grant awards; \$457,751 in new grant program year awards; \$167,960 for encumbered items; \$150,000 in unencumbered carryover for the Josiah H. Beeman Commission; and \$69,638 in unexpended FY 2007 grant balances; offset by a net decrease of \$394,072 due to other adjustments. These other adjustments include an increase of \$27,778 for CSB System Transformation Consultant and CSB Priority Area initiatives to appropriate additional block grant project and federal pass-through revenue, offset by a \$421,850 decrease for My Friend's Place, with a commensurate decrease in state initiative and CSA fee revenue, as a result of suspended services due to program dependency on CSA revenues generated by occupancy, reduced caseloads, and a systemwide review of youth service needs. In particular, this is an increase of \$66,656 in Personnel Services and an increase of \$1,604,687 in Operating Expenses, offset by an increase of \$168,091 in Recovered Costs.	\$1,503,252
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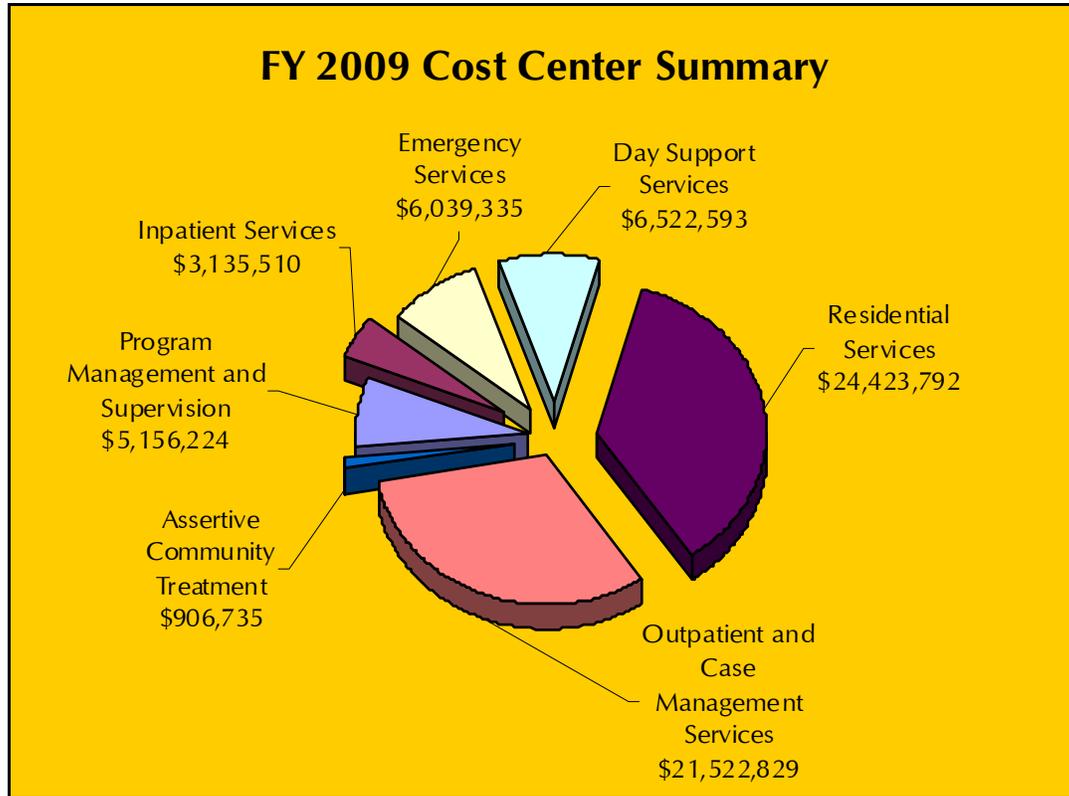
The following funding adjustments reflect all approved changes to the FY 2008 Revised Budget Plan from January 1, 2008 through April 21, 2008. Included are all adjustments made as part of the FY 2008 Third Quarter Review:

◆ Third Quarter Adjustments As part of the FY 2008 Third Quarter Review, the Board of Supervisors approved a net decrease of \$370,864 including an increase of \$78,000 for expenditures associated with support of the Josiah H. Beeman Commission, a net decrease of \$45,013 based on required program adjustments and a decrease of \$403,851 in Personnel Services as part of an across-the-board reduction necessary to address budget limitations resulting from declining revenues. The across the board reduction accelerated the Personnel Services reduction included for FY 2009 in the <u>FY 2009 Adopted Budget Plan</u> .	(\$370,864)
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Fund 106

Community Services Board (CSB) - Mental Health Services

Cost Centers



Program Management and Supervision

Funding Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	70/ 70	70/ 70	69/ 69	69/ 69	69/ 69
Grant	2/ 2	2/ 2	5/ 5	5/ 5	5/ 5
Total Expenditures	\$6,198,829	\$5,058,841	\$5,533,080	\$5,107,673	\$5,156,224

Position Summary					
1	Director - Mental Health Programs	2	Mental Health Managers	1	Medical Records Administrator
1	Director - CSB Planning and Development	1	Mental Health Supervisor/ Specialist	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	Management Analyst II	1	Administrative Assistant III
1	Senior Clinician	1	Administrative Assistant IV		
TOTAL POSITIONS					
69 Positions / 69.0 Staff Years					
5 Grant Positions / 5.0 Staff Years					

Fund 106

Community Services Board (CSB) - Mental Health Services

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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Outcome:					
Percent of mental health performance indicators (service quality and outcome) achieved	70%	80%	70% / 67%	70%	70%

Performance Measurement Results

In FY 2007, 67 percent of service quality and outcome estimates were met by Mental Health programs. Most of these unmet estimates can be attributed to a higher acuity of consumers' mental health needs and a lack of resources outside of Mental Health programs, such as hospital beds and affordable housing, which assist Mental Health services in discharging duties. The strengths of Mental Health Services lie in the ability to prevent the hospitalization of consumers, preventing consumers from being incarcerated, and assisting consumers in maintaining stable housing.

Regional Inpatient Services



Funding Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Total Expenditures	\$2,557,417	\$2,902,213	\$2,775,594	\$2,788,510	\$3,135,510

Regional Inpatient Services utilizes six local hospitals for state funding of Local Inpatient Purchase of Services (LIPOS). Staff from Emergency Services place at-risk consumers with no financial resources into beds at these local hospitals when beds are unavailable at the Northern Virginia Mental Health Institute (NVMHI). Discharge planners then monitor consumers' stays and facilitate transfers to NVMHI as needed.

Fund 106

Community Services Board (CSB) - Mental Health Services

Emergency Services 

Funding Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	43/ 43	43/ 43	42/ 42	42/ 42	42/ 42
Grant	1/ 1	1/ 1	1/ 1	1/ 1	1/ 1
Total Expenditures	\$6,479,861	\$5,829,803	\$5,867,803	\$5,887,265	\$6,039,335

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>3 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>42 Positions / 42.0 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.

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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
General Emergency - Service hours provided	22,190	26,164	22,000 / 28,479	22,000	26,000
General Emergency - Persons seen	4,730	5,096	5,000 / 5,086	5,100	5,300
Independent Evaluators - Persons seen	542	598	464 / 540	464	500
Independent Evaluators - Service hours provided	1,552	1,738	1,294 / 1,594	1,294	1,500

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Efficiency:					
General Emergency - Annual cost per client	\$568	\$619	\$587 / \$708	\$610	\$579
Independent Evaluators - Annual cost per client	\$278	\$335	\$447 / \$673	\$447	\$727
Outcome:					
General Emergency - Percent of consumers who receive stabilization services without admission to a psychiatric hospital	96%	97%	95% / 97%	95%	95%
Independent Evaluators - Percent of evaluations conducted within 24 hours of contact	84%	96%	80% / 82%	80%	80%

Performance Measurement Results

General Emergency Services provided 28,479 hours of service to 5,086 consumers in FY 2007. Emergency Services exceeded the persons served targets as well as the hours of service targets, which is indicative of consumers entering into Emergency Services with greater clinical needs and requiring more hours of service.

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. In FY 2007, independent evaluators provided 1,594 hours of service to 540 consumers exceeding both estimates.

With regard to outcomes, General Emergency Services exceeded its goal of 95 percent of all people receiving stabilization services not requiring admission to a psychiatric hospital. The Independent Evaluators surpassed the goal of 80 percent of all evaluations being completed within 24 hours, which required overcoming several challenges in service delivery. The sheer volume of consumers requiring this service often hampers the ability to provide this service in a timely manner. There was a 2 to 4 week period in FY 2007 in which a legal concern brought forward by the special justices impacted the ability of the independent evaluators to complete their evaluations. Additionally, the lack of an adequate number of hospital beds in the region has caused difficulties in previous years. At times, the lack of hospital beds makes proximal placement difficult and this requires evaluators to travel outside of Fairfax County to complete their evaluations.

Day Support Services

Funding Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	19/ 19	19/ 19	19/ 19	19/ 19	19/ 19
Total Expenditures	\$5,751,801	\$6,355,203	\$6,200,203	\$6,508,233	\$6,522,593

Fund 106

Community Services Board (CSB) - Mental Health Services

Position Summary	
<u>Adult Day Treatment</u> 1 Mental Health Manager 2 Mental Health Supervisors/Specialists 6 Senior Clinicians 1 Mobile Clinic Driver 2 Nurse Practitioners	<u>Adolescent Day Treatment</u> 1 Mental Health Manager 2 Senior Clinicians 1 Mental Health Supervisor/Specialist 1 Mental Health Therapist 1 BHN Clinician/Case Manager 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 the CSB and contract providers.

Objectives

- ◆ To enable 80 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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Adult Day Treatment - Consumers served	190	203	172 / 193	190	190
Adult Day Treatment - Service hours provided	36,741	36,726	33,000 / 31,553	33,000	33,000
Adolescent Day Treatment - Consumers served	38	34	38 / 27	38	38
Adolescent Day Treatment - Service hours provided	15,277	12,380	15,000 / 15,168	15,000	15,000
Efficiency:					
Adult Day Treatment - Annual cost per consumer	\$5,096	\$4,509	\$7,420 / \$4,908	\$7,752	\$7,088
Adolescent Day Treatment - Annual cost per consumer	\$13,766	\$16,160	\$18,895 / \$19,634	\$19,713	\$19,898
Service Quality:					
Adolescent Day Treatment - Percent of clients and family members satisfied with services	86%	76%	90% / 86%	90%	90%

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Outcome:					
Adult Day Treatment - Percent of consumers not hospitalized within 6 months of receiving more than 30 days of treatment.	NA	85%	75% / 92%	80%	80%
Adolescent Day Treatment - Percent of consumers that demonstrate improvements in school, family and community behaviors.	NA	86%	70% / 53%	70%	70%

Performance Measurement Results

In FY 2007, Adult Day Treatment exceeded the estimate of consumers served while not meeting the estimates for hours of service. This is due to some staffing shortages throughout the year, though, since most Adult Day Treatment services are delivered in a group setting, the number of consumers served still exceeded the FY 2007 estimate. Adolescent Day Treatment exceeded the hours of service estimates while not meeting the consumers served estimates. This is due to the complexity of consumers' needs and the subsequent need for consumers to receive services for longer periods of time. Adolescent Day Treatment was required to lower consumer capacity due to a lack of qualified applicants for staff vacancies in FY 2007.

In FY 2007 Adult Day Treatment exceeded the outcome estimate of 75 percent of consumers who receive more than 30 days of treatment and are not hospitalized within the following 6 months. Adolescent Day Treatment was not able to meet either the Service Quality or Outcome estimates. While 87 percent of family and consumers were satisfied with overall services, 94 percent of parents were satisfied with services while 79 percent of the students were satisfied. The students often resist treatment, contributing to lower satisfaction rates, while parents are satisfied with the program's utilization of modeling techniques that can be used in the home. Staff report that consumers are demonstrating higher levels of clinical symptoms, which is contributing to the lower consumer improvement numbers. This may lead to adjusted estimates in FY 2009 and beyond to reflect the changing consumer population.

Residential Services

Funding Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/ Staff Years					
Regular	139/ 138.5	139/ 138.5	137/ 136.5	129/ 128.5	129/ 128.5
Grant	7/ 7	15/ 14.5	15/ 14	15/ 14	15/ 14
Total Expenditures	\$22,708,207	\$25,426,380	\$25,581,521	\$24,260,705	\$24,423,792

Fund 106

Community Services Board (CSB) - Mental Health Services

Position Summary		
<p><u>Supervised Apartments</u> 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> 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> 1 Mental Health Supv./Specialist 2 Mental Health Therapists 4 Mental Health Counselors 1 BHN Clinician/Case Manager</p> <p><u>Group Home - My Friend's Place</u> 2 Mental Health Therapists 2 Mental Health Counselors</p>	<p><u>Group Home - Sojourn House</u> 1 Mental Health Supv./Specialist 3 Mental Health Therapists 1 Senior Clinician 4 Mental Health Counselors</p> <p><u>Homeless Services - Shelter</u> 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> 1 Mental Health Manager 1 Mental Health Supv./Specialist 2 Mental Health Therapists 3 Mental Health Counselors 1 BHN Clinician/Case Manager</p> <p><u>Transitional Group Home - Beacon Hill</u> 2 Mental Health Therapists 2 Mental Health Counselors 1 Mental Health Supv./Specialist 1 BHN Clinician/Case Manager</p> <p><u>Emergency Shelter - Women's Shelter</u> 0 Mental Health Supv./Spec (-1 T) 0 Mental Health Therapist, (-5 T) 0 Senior Clinician, (-2 T)</p>	<p><u>Cornerstones Dual Diagnosis Facility</u> 1 Mental Health Supv./Specialist 1 Mental Health Therapist 3 Mental Health Counselors 1 Nurse Practitioner</p> <p><u>Residential Intensive Care</u> 1 Mental Health Manager 4 Mental Health Supv./Specialists 3 Mental Health Therapists 3 Mental Health Counselors, 1 PT 1 BHN Supervisor</p> <p><u>Residential Extensive Dual Diagnosis</u> 1 Mental Health Supv./Specialist 2 Mental Health Therapists 2 Mental Health Counselors</p> <p><u>PACT Residential Assistance</u> 1 Mental Health Counselor</p> <p><u>Supportive Services</u> 1 Mental Health Supv./Specialist 3 Mental Health Therapists</p> <p><u>Extension Apartments</u> 3 Mental Health Therapists</p>
<u>Grant Positions</u>		
<p><u>Supportive Services</u> 2 Mental Health Therapists 1 MH Counselor, PT</p> <p><u>Adult Crisis Care</u> 3 Mental Health Therapists</p>	<p><u>Residential Intensive Care</u> 3 Mental Health Counselors, 1 PT 3 Mental Health Therapists</p>	<p><u>PATH/Homeless Services - Outreach</u> 3 Mental Health Therapists</p>
<p><u>TOTAL POSITIONS</u> 127 (-8 T) Positions / 126.5 (-8.0 T) Staff Years 15 Grant Positions / 14.0 Staff Years</p>		
		<p>(T) Denotes Transferred 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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Supervised Apartments - Consumers served	485	631	475 / 642	475	600
Supervised Apartments - Service days provided	85,791	97,154	75,000 / 100,317	75,000	95,000
Supportive Living - Consumers served	881	520	525 / 516	525	525
Supportive Living - Service hours provided	26,198	22,276	23,000 / 23,194	23,000	23,000
Efficiency:					
Supervised Apartments - Annual cost per consumer	\$2,862	\$2,271	\$3,371 / \$2,391	\$3,485	NA
Supportive Living - Annual cost per consumer	\$1,774	\$2,098	\$2,272 / \$2,381	\$2,301	NA
Service Quality:					
Supervised Apartments - Number of new consumers receiving services	NA	76	50 / 61	50	50
Supportive Living - Number of new consumers receiving services	NA	57	45 / 33	45	45
Outcome:					
Supervised Apartments - Percent of consumers able to move to a more independent residential setting within one year	77%	17%	55% / 35%	55%	55%
Supportive Living - Percent of consumers that maintain stable housing for one year or more	91%	95%	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 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.

The Supervised Apartments program did not meet the FY 2007 outcome estimate, primarily due to the ongoing lack of affordable housing in Fairfax County which does not allow consumers to move on to independent housing. This causes consumers to remain longer in Mental Health residential services. The affordable housing shortage also prevented the Supportive Living program from meeting its FY 2007 Service Quality estimate.

Fund 106

Community Services Board (CSB) - Mental Health Services

Outpatient and Case Management Services

Funding Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	156/ 155.5	156/ 155.5	158/ 157.5	157/ 156.5	157/ 156.5
Grant	9/ 9	17/ 17	18/ 18	18/ 18	18/ 18
Total Expenditures	\$18,194,922	\$20,353,285	\$21,068,671	\$21,449,651	\$21,522,829

Position Summary		
<u>Adult Community Services</u> 8 Mental Health Managers, (-1 T) 16 Mental Health Supervisors/Specialists 41 Senior Clinicians 18 Mental Health Therapists 2 Nurse Practitioners 8 Psychiatrists 6 BHN Supervisors 5 BHN Clinicians/Case Managers 4 BHN Clinical Nurse Specialists	<u>Youth and Family Services</u> 6 Mental Health Managers 7 Mental Health Supervisors/Specialists 20 Senior Clinicians, 1 PT 6 Mental Health Therapists 2 Psychiatrists 7 Clinical Psychologists 1 BHN Clinical Nurse Specialist	
<u>Ryan White CARE Act</u> 2 Senior Clinicians	<u>Grant Positions</u> <u>Services to Violent Offenders</u> 1 Mental Health Therapists	<u>Intensive Case Management</u> 3 Mental Health Therapists
<u>Adult Outpatient & Case Management Access Team</u> 2 Mental Health Therapists 6 Senior Clinicians	<u>Jail Diversion</u> 1 Mental Health Manager	<u>Juvenile Detention Services</u> 1 Senior Clinicians
<u>MH Initiative Services</u> 2 Mental Health Therapists		
<u>TOTAL POSITIONS</u> 157 (-1 T) Positions / 156.5 (-1.0 T) Staff Years 18 Grant Positions / 18.0 Staff Years		
(T) Denotes Transferred 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 recurrence 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.

Fund 106

Community Services Board (CSB) - Mental Health Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Consumers served	3,020	3,161	3,000 / 3,174	3,000	3,100
Service hours provided	40,180	32,788	36,000 / 34,250	36,000	36,000
Efficiency:					
Annual cost per consumer	\$3,934	\$3,959	\$4,213 / \$4,081	\$4,489	\$4,728
Service Quality:					
Percent of consumers satisfied with services	90%	85%	85% / 85%	85%	85%
Outcome:					
Percent of consumers scheduled for an assessment within 7 days of discharge	NA	64%	100% / 77%	100%	100%

Performance Measurement Results

In FY 2007 Outpatient and Case Management Services met the FY 2007 consumer served estimate, while also achieving 95 percent of the service hours provided estimate. The actual number of service hours provided improved in FY 2007 over FY 2006 actuals, and should continue improving in the future due to the hiring of additional staff.

Outpatient Services utilizes a state-mandated consumer satisfaction instrument, in addition to focus groups, to solicit information from consumers about their experiences. The FY 2007 consumer satisfaction instrument results indicate that 85 percent of consumers expressed overall satisfaction with Mental Health Services, thereby meeting the service quality estimate. Outpatient and Case Management Services did not meet the FY 2007 outcome estimate, assessing only 77 percent of consumers within 7 days of discharge from a hospital. This is an improvement over FY 2006 and is expected to continue improving with the full implementation of the Mental Health Access Unit.

Prevention/Early Intervention Services

In FY 2009, all Prevention/Early Intervention budget and staff resources have been transferred to the Department of Family Services/Office for Women as part of a multi-agency effort to streamline the County's domestic violence services.

Funding Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	6/ 5	6/ 5	6/ 5	0/ 0	0/ 0
Grant	4/ 2	4/ 2	4/ 2	0/ 0	0/ 0
Total Expenditures	\$570,292	\$599,330	\$630,571	\$0	\$0

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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Persons served	269	326	250 / 356	250	NA
Service hours provided	2,738	4,416	2,596 / 4,761	2,596	NA
Efficiency:					
Annual cost per client	\$387	\$320	\$912 / \$640	\$948	NA
Outcome:					
Percent of participants who complete program	70%	78%	70% / 75%	70%	NA
Percent of clients not returned to program by the Courts	99%	100%	98% / 100%	98%	NA

Performance Measurement Results

In FY 2007, Prevention and Early Intervention met or exceeded all of its estimates. This success is attributable to a more stable staffing pattern over the past year, which results in staff delivering services at a high quality level. In FY 2009, the Men's Program (ADAPT), the Victim Assistance Network (VAN) and the Women's Shelter programs will all be moved to the Department of Family Services.

Program of Assertive Community Treatment (PACT)

Funding Summary					
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan	FY 2009 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	11/ 11	11/ 11	11/ 11	11/ 11	11/ 11
Total Expenditures	\$1,099,091	\$889,765	\$889,765	\$899,384	\$906,735

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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Consumers served	107	101	100 / 108	100	100
Service hours provided	15,160	16,029	15,779 / 15,574	15,779	15,779
Efficiency:					
Annual cost per consumer	\$8,537	\$9,812	\$8,910 / \$10,177	\$8,968	\$10,991
Service Quality:					
Percent of consumers satisfied with services	92%	98%	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% / 90%	90%	90%

Performance Measurement Results

In FY 2007, the PACT program exceeded the consumers served estimate, while also meeting 99 percent of the service hours provided estimate. PACT continues to meet outcome estimates which measure consumers' ability to remain out of jails and hospitals for the majority of the year. The FY 2007 actual annual cost per consumer exceeded the estimate due to higher than anticipated program costs. PACT asks consumers to provide feedback through a satisfaction survey, and 98 percent of PACT consumers surveyed in FY 2007 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.