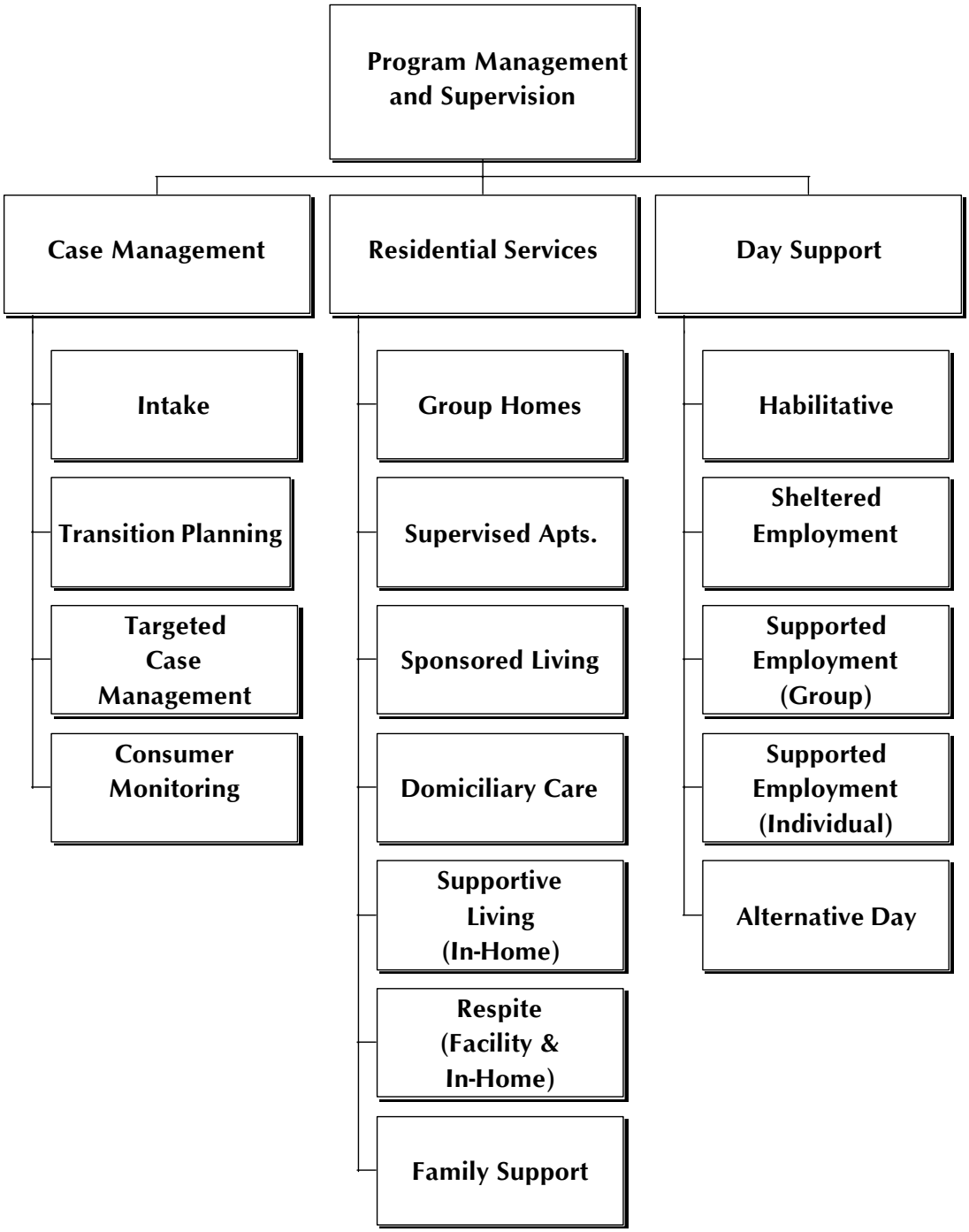
Fund 106
CSB – Intellectual Disability Services



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CSB – Intellectual Disability Services

Mission

It is the mission of Intellectual Disability Services (IDS), formerly called Mental Retardation Services (MRS), to promote services and support which enable people with intellectual disabilities and their families to attain a personally desired and valued quality of life. IDS will achieve its mission by directly providing individualized services and by building community capacity to provide services that are effective and efficient.

It is the vision of IDS that all people with intellectual disabilities and their families in Fairfax County and the Cities of Fairfax and Falls Church, have access to quality, individualized services, offered locally, and are empowered to participate in developing and evolving those services.

IDS values services and supports that:

- Empower individuals/families to maximize their independence and quality of life (with a minimum, but necessary degree of structure to achieve their desired independence and quality of life);
- Are flexible and diverse to meet existing and changing individual/family needs and preferences;
- Protect individual/family health, safety, and confidentiality;
- Are provided in an integrated, community-based setting; and,
- Are of quality in nature valuing excellence and professionalism in services, supports and workforce.

Focus

Intellectual Disability Services provides direct services to individuals with intellectual disabilities and oversees services provided by private vendors. Effective July 1, 2009, Mental Retardation Services will be known as Intellectual Disability Services. The term "intellectual disability" covers the same population of individuals previously diagnosed with "mental retardation," and it is expected that the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association will also change their terminology in the next edition of the DSM to replace the terms "mental retardation" with "intellectual disability."

This change is the result of local, State and national efforts to eliminate the words "retardation, retarded, or retard", which many individuals and families feel are derogatory and devaluing, from general and governmental use. During the 2008 legislative session of the Virginia General Assembly, a bill was passed to change the terminology throughout the entire Code of Virginia, with a reenactment clause approved again during the 2009 legislative session. In addition, the General Assembly also voted to change the name of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to the Department of Behavioral Health and Developmental Services (DBHDS), effective July 1, 2009.

Intellectual Disability Services are provided through four cost centers: Program Management and Supervision, Case Management, Residential Services and Day Support.

Program Management and Supervision

Program Management and Supervision is provided to all intellectual disability programs, both directly-operated and under contract, to ensure service quality, customer satisfaction, sound fiscal management and the appropriate allocation of resources. Agency senior managers continue to serve as leaders and participate in numerous collaborative efforts throughout the region and State. Primary areas of focus for these efforts currently include: public policy formulation; program planning and development; interagency collaboration (including efforts to expand the number of Medicaid MR and Day Support Waiver slots); statewide systems transformation and services expansion; transportation services planning for persons with disabilities; long-term care coordination; regional emergency preparedness planning for individuals with special needs; human rights and ethics; and mental health services access, coordination, and quality for individuals who are dually-diagnosed with intellectual disabilities and mental illness. Leadership in these activities demonstrate and ensure that Intellectual Disability Services continues to have significant influence and impact on the provision of services to individuals with disabilities throughout the Northern Virginia region and the entire Commonwealth of Virginia.

In addition, the IDS Management Team adopted a three-year strategic plan in May 2008 for implementation beginning July 1, 2008 (FY 2009). The plan includes a Balanced Scorecard, strategy map, strategic objectives and initiatives, and performance measures which guide IDS' activities to "enable people with intellectual disabilities and their families to attain a personally desired and valued quality of life." The plan is currently underway, will be reviewed following the completion of FY 2009, and amended accordingly for FY 2010.

Case Management

Case management is the intervention which assures that service systems and community supports are responsive to the specific, multiple, and changing needs of individuals and families. Case Management Services ensure that individuals are properly connected to, and involved in, the appropriate services and supports in order to maximize opportunities for successful community living. Case managers assist in gaining access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources, and other supports essential to meeting basic needs. Through face to face contacts, phone contacts, and review of various reports, the case manager helps assess the needs of the individual and develops a service plan, links the individual to services and supports, coordinates and monitors services and provides technical assistance, and advocates for the individual.

The Department of Behavioral Health and Developmental Services (DBHDS) regulations require that case management services must be provided to all individuals who are enrolled in Medicaid and who request case management. These individuals who are recipients of Medicaid benefits receive a full cadre of case management support such as interdisciplinary team planning, coordination of services, intake and assessments, advocacy, and resource planning. Those individuals who do not have Medicaid may also receive the same or similar service coordination based on need. In addition, the State mandates Case Management Services to those who are in need of emergency assistance pursuant to §37.1-194 of the Code of Virginia. Pre-admission screening and pre-discharge planning from state training centers or hospitals is also required under the Community Services Performance Contract 5.3.1 and 5.3.3 pursuant to the Code of Virginia.

Adults or children age six or older must have a confirmed diagnosis of intellectual disability to be determined eligible for case management services. For a child age three to six years old, there must be confirmation of a cognitive developmental delay. Individuals served may be as young as three years of age and range through consumers over age 70. People with intellectual disabilities are now living longer and as a result, many IDS consumers experience the same health and aging related issues as the general population. In addition, individuals served are more medically fragile. People may be brittle diabetics, on oxygen, or require gastrointestinal tubes for feeding. Case managers are required to monitor the medications the individual takes and the possible side effects. In addition, the community has become increasingly multi-cultural and multi-linguistic, requiring specialized training for IDS case managers.

Case management services were provided to 1,792 persons with mental retardation in FY 2008. Of that total, 1,273 individuals received targeted case management, and 519 people received consumer monitoring. Case management staff continues to coordinate not only County-funded services, but also approximately $35.4 million in Medicaid-funded services paid directly to private providers providing covered services to residents of Fairfax County, Fairfax City, and the City of Falls Church. For all case management services, Medicaid reimbursed the CSB over $3.2 million in FY 2008 — a 17.1 percent increase over the FY 2007 total of $2.7 million, and a 23.2 percent increase over the FY 2006 total of $2.6 million. In order to further maximize Medicaid reimbursement and coordinate the perpetually increasing need for intellectual disability services, 1/1.0 SYE new Medicaid case management grant position was approved in FY 2009.

Transition of youth from schools continues to be a priority activity for case management. A continuing trend is the increasing number of students who are medically fragile or require extensive physical or personal care. In addition to the anticipated transition of these youth, there is an extensive case management intake demand from people moving into the County requiring case management services. Since case management is the "gate-keeper" for all other Intellectual Disability Services, this intake process is a very significant activity.

Finally, there is a trend toward increasing external documentation requirements necessitating increased quality assurance, training, and specialized administrative and managerial supports. Additionally, some of these requirements involve additional assessment activities that must be performed in person by the case manager. In order to meet the external requirements imposed by licensure, DBHDS State Performance Contract, DBHDS Performance and Outcome Measurement System, and Medicaid, there is an increased emphasis on monitoring documentation and utilization review. For example, the State began its roll-out of the Person-Centered Planning (PCP)/Supports Intensity Scale (SIS) training in FY 2009. The SIS is a new assessment and evaluation tool developed specifically to measure the supports necessary for an individual to achieve desired life outcomes. Beginning July 1, 2009, all persons with intellectual disabilities who receive Medicaid services will be required to be supported using person-centered planning and the SIS to ensure their services focus on their individual gifts, talents, hopes, and dreams, and to assist in identifying the supports each individual needs to achieve his or her desired outcomes. The SIS will be utilized and phased-in for all individuals served by IDS and funded by Medicaid over the next three years.

Residential Services

Residential Services provide housing and residential support services in the community for individuals with intellectual disabilities. These services provide an array of residential supports designed around individual needs and desires, with an emphasis on providing opportunities for full inclusion in community life. The majority of residential services are provided through CSB partnerships with approved private providers. Contract management oversight is provided by the CSB for all of the residential programs, public or private, through onsite observations, clinical consultations with case managers and other professionals in the community, review of outcome measures and coordination with quality assurance activities.

- Group Homes provide small-group living arrangements for individuals located in homes that are integrated in surrounding neighborhoods. These programs may be directly operated by the CSB, operated by private providers under contract with the CSB, or by private providers not under contract with the CSB but funded through Medicaid. Approximately 75 percent of group home services are privatized. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community.

- Intermediate Care Facilities (ICF-MR's) provide group living arrangements for four through 12 individuals located in homes that are integrated in surrounding neighborhoods. These programs are operated by private providers under contract with the CSB and are funded by Medicaid. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community. Due to the active treatment required in these programs, support services such as doctors, nurses, pharmacists and social workers are required.

- Residential Supported Living provides services to individuals living in their own homes or in shared living arrangements (e.g., apartments and town homes). These services may be provided by the CSB or by private providers. The extent of support provided ranges from daily to drop-in, is based on individual needs, and takes into account individual preference, choice, and independence. Staff support includes individual and group counseling, training and assistance in community living and personal skills, and linkage with other more natural support networks in the community. Support services to individuals living in their own homes are all privatized, and over 90 percent of the drop-in support services for people living in program-leased apartments and town homes are privatized.

- Sponsored Living Arrangements provide residential opportunities for individuals in the homes of single individuals or families through the CSB. Individuals are matched with individual providers under contract who provide assistance, training, and community inclusion.

- Respite Services provide trained respite care providers (short-term relief), available by telephone referral, who are scheduled for hourly or overnight assistance to families needing time away from caring for their family members with intellectual disabilities. Services are also available at a licensed 24-hour home for longer-term respite and emergency services. Respite services are provided through private providers.

- Domiciliary Care provides individualized residential placements for individuals with highly specialized needs that may not be available otherwise in the local community. CSB contracts with private providers and individuals for these services.

- Family Support Services ease care-giving demands and assist in providing needed community supports or services for infants with developmental disabilities, and children and adults with mental retardation. Eligible individuals and families may apply for limited financial assistance for needed services or supplies. Support groups are offered for parents and siblings of children with intellectual disabilities. Information, referral to community resources, or speakers to address community groups are also available. This service is managed by the CSB.

In FY 2008, Residential Services provided housing and residential support to 616 individuals, with 314 of those individuals being served through directly-operated and contracted group homes. A serious challenge confronting Residential Services is the number of individuals who are aging in place and require more physically-accessible, barrier-free living environments. During FY 2008, one directly-operated group home relocated to a new site to accommodate mobility needs and to provide essential health and safety. Two additional directly-operated group homes will be relocating to new sites in FY 2009. This same need exists for many individuals residing in other group homes, but there is a notable shortage of available, affordable, and accessible housing in Fairfax County. Residential Services continues to explore opportunities for the creation of barrier-free group homes and/or more accessible apartments, which provide better residential options for individuals requiring such living arrangements.

Day Support

Day Support provides assistance and training to improve individual independence and self-sufficiency, and/or to obtain vocational training and support to enter and remain in the workforce. Vocational and day support services for individuals with intellectual disabilities are provided primarily through contracts with private, non-profit agencies.

- Developmental Services provide self-maintenance training and nursing care for individuals who are the most severely disabled in areas such as: intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily living and community living skills, and possibly limited remunerative employment.

- Sheltered Employment provides individuals full-time, remunerative employment in a supervised setting with support services for habilitative development.

- Group Supported Employment provides individuals intensive job placement assistance for off-site, supervised contract work and competitive employment in the community. Job retention services are also provided.

- Individualized Supported Employment provides remunerative employment with necessary support services. This service primarily serves persons with less severe disabilities and stresses social integration with non-disabled workers.

- The Cooperative Employment Program (CEP) provides supported competitive employment services to eligible individuals with developmental disabilities. The CEP is jointly funded and operated by the Department of Rehabilitative Services (DRS) and the CSB. Using an individualized approach, program staff assesses skills, analyze job requirements, and provide on-the-job training for disabled

individuals, and disability awareness training for employers. Extensive follow-up services are provided to ensure the success of the job placement. In addition to the job-training component, the CEP offers mobility training to enhance individuals' abilities in the use of public transportation.

Transportation for day support services is contracted by the CSB through FASTRAN, providing morning and evening transportation for persons to-and-from employment and vocational training sites throughout the Fairfax-Falls Church service area. Alternative transportation services may be available from other qualified providers, including providers who have been approved by the Virginia Department of Medical Assistance Services as eligible for Medicaid reimbursement. The CSB has a fee policy in effect requiring a monthly flat fee collection for non-Medicaid-funded transportation services.

In FY 2008, day support and employment services were provided to 1,218 individuals with intellectual disabilities. The average annual earnings for the people surveyed in FY 2008 that received community-based group supported employment services were $6,012, a 16.5 percent increase above their prior year average annual earnings of $5,160. The average annual earnings for the people surveyed in FY 2008 that received individual supported employment services were $16,519, a 3.6 percent increase above their prior year average annual earnings of $15,952. In the directly-operated Cooperative Employment Program (CEP), a total of 129 persons were served and 33 new job placements or replacements occurred during FY 2008. Average hourly wages for 111 of these individuals increased 1.0 percent above the FY 2007 average hourly wage level to $11.02/hour, and total wages earned increased to over $1.89 million. The average number of hours worked by these individuals was 31 hours per week. In addition, over 61 percent of the employed individuals served by CEP received full or partial benefits as part of the compensation package offered by their employers.

As directed by the Board of Supervisors in FY 2006, CSB staff (along with representatives from the Office of the County Executive, Office of the County Attorney, Department of Management and Budget, and Department of Administration for Human Services) recommended implementation of Self-Directed (SD) Services as an alternative model to traditional day support and employment services. SD services provide adults with intellectual disabilities and their families (including recent graduates from local public and private school special education programs) the opportunity to self-direct day support or employment services to maximize self-determination, enhance personalized service delivery, promote greater community involvement, and reduce service costs. Initiation of SD Services began in FY 2008 via use of Individualized Purchase of Service contracts for two consumers. For FY 2009, SD services expanded to a census of six individuals. The first SD services program evaluation was conducted in January and February 2009. At that time, all families responded to questions about program information, contract development and renewal, contract management, financial management, service management, quality of life, and overall satisfaction with the SD services program. Responses were very positive and suggestions for program and service improvement were provided, so continued participation beyond FY 2009 is anticipated.

Working with Fairfax County Public Schools, IDS has determined that there are 85 special education students with intellectual disabilities leaving the school system in June 2009 who require day support or employment services. Through a combination of new Medicaid MR Waiver slot allocations, restored local funding, program attrition, efficient use of existing funding and continuation of recently implemented management initiatives, IDS projects fully funding day support or employment services for all 85 of these individuals in FY 2010.

Challenge of FY 2010 Budget Reductions

As a result of the FY 2010 Lines of Business reductions affecting IDS, day support services for individuals with intellectual disabilities will be adversely affected primarily in the areas of transportation services and individual supported employment services. Based on their specific needs, the effects of these reductions will vary in intensity and in the level of hardship for each individual and family affected. For over 300 individuals and families, the reductions mean (at minimum) a change from a trusted, high-quality transportation provider with whom they have had a long relationship, to a new transportation provider they do not know. For others, the reductions mean a loss of job supports and coaching services that could potentially jeopardize their earnings

and/or employment status. Overall, coupled with already extensive waiting lists for services, these reductions further limit IDS's ability to ensure that persons with intellectual disabilities have access to appropriate, quality services that empower and support them in living, working, and participating fully within their communities.

Other key IDS services that will be preserved in these challenging times are case management, residential, and the more needs-intensive levels of day support services for individuals with intellectual disabilities. In order to minimize the impact of FY 2010 reductions, case management resources related to gaining access, gate-keeping, and service coordination were maintained to the fullest extent possible. Since a reduction in residential services could essentially render an individual homeless or jeopardize the health and safety of residents living in a group home, resources in residential services were also maintained to the fullest extent possible. Both of these service areas also derive a significant amount of their total funding from non-County revenue sources, which enables leveraging and maximum use of all funds available.

Challenges ahead for IDS now that the FY 2010 reductions are incorporated into the budget continue to be a growing wait list for IDS services on both the State and County levels, increased financial and service capacity pressures on the contractors comprising the CSB's private provider network, potential increased costs in residential and/or other supportive services costs, and increased economic and emotional stressors on families.

Budget and Staff Resources

Agency Summary					
Category	FY 2008 Actual	FY 2009 Adopted Budget Plan	FY 2009 Revised Budget Plan	FY 2010 Advertised Budget Plan	FY 2010 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	100/99.5	100/99.5	102/101.5	102/101.5	102/101.5
Grant	43/43	43/43	44/44	44/44	44/44
Expenditures:					
Personnel Services	$11,528,858	$12,105,127	$12,492,417	$13,015,012	$13,015,012
Operating Expenses	28,421,807	28,843,537	28,836,015	23,005,551	24,151,775
Capital Equipment	0	0	0	0	0
Subtotal	**$39,950,665**	**$40,948,664**	**$41,328,432**	**$36,020,563**	**$37,166,787**
Less:					
Recovered Costs	($742,879)	$0	$0	$0	$0
Total Expenditures	**$39,207,786**	**$40,948,664**	**$41,328,432**	**$36,020,563**	**$37,166,787**
Revenue:					
Fairfax County	$33,110,577	$34,047,893	$33,274,355	$29,528,452	$30,674,676
Fairfax City	509,234	509,234	509,234	509,234	509,234
Falls Church City	194,817	194,817	194,817	194,817	194,817
State DBHDS	140	0	9,610	0	0
Federal Block Grant	11,843	0	0	0	0
Medicaid Waiver	1,837,967	1,732,246	2,493,525	1,741,273	1,741,273
Medicaid Option	2,909,768	3,206,302	3,279,376	3,447,551	3,447,551
Program/Client Fees	1,229,888	1,258,172	1,258,172	599,236	599,236
Fund Balance	(596,448)	0	309,343	0	0
Total Revenue	**$39,207,786**	**$40,948,664**	**$41,328,432**	**$36,020,563**	**$37,166,787**

FY 2010 Funding Adjustments

The following funding adjustments from the FY 2009 Adopted Budget Plan are necessary to support the FY 2010 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the budget on April 27, 2009.

- **Employee Compensation** **$330,183**
  An increase of $330,183 is due to $320,183 in Personnel Services associated with the full-year impact of salary increases awarded during FY 2009, and $10,000 for Living Wage adjustments implemented during FY 2009. It should be noted that no funding is included for pay for performance or merit awards in FY 2010.

- **FASTRAN** **$281,716**
  An increase of $281,716 in Operating Expenses is based on an annual adjustment of FASTRAN operating expenses.

- **Miscellaneous Adjustments** **$201,732**
  A net increase of $201,732 is associated with increases of $250,276 in grant adjustments and $26,200 for an increase in the County's mileage reimbursement rate and other adjustments; offset by decreases of $49,744 due to funding adjustments and realignment between CSB agencies to reflect projected FY 2010 expenditures and $25,000 due to anticipated costs for fuel.

- **Reductions** **($4,595,508)**
  A decrease of $4,595,508 reflects agency reductions utilized to balance the FY 2010 budget. The following chart provides details on the specific reductions approved, including funding and associated positions.

LOB Reduction	Impact	Posn	SYE	Reduction
Eliminate Purchase of FASTRAN Services for Persons with Intellectual Disabilities who have Medicaid Coverage	As a result of this reduction, 303 current riders (57 percent of the current total) will not be able to ride FASTRAN and will need to find other Medicaid transportation to and from day service programs. As a result, the transition to other Medicaid transportation service providers may increase risk to consumer health and safety for affected individuals, and increase monitoring requirements for families and multiple service providers. This reduction also includes a revenue loss of $600,000, resulting in a net reduction of $2,467,959 in General Fund Transfer support.	0	0.0	$3,067,959
Eliminate Purchase of Attendant Services as Part of Intellectual Disability Services FASTRAN Reductions	This reduction will eliminate the FASTRAN attendants, assigned to current Medicaid/Logisticare-covered individuals with intellectual disabilities, who provide driver assistance and health and safety monitoring during transport for individuals with medical fragility, diminished capacity, and/or behavioral challenges. In conjunction with the reduction to reduce FASTRAN bus services for 303 Medicaid consumers, an estimated 42 of 89 (47 percent) of FASTRAN attendants will no longer be necessary. This reduction in attendant services may result in increased risk to consumer health and safety for affected individuals, and increased monitoring requirements for families and multiple service providers.	0	0.0	$523,875

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LOB Reduction	Impact	Posn	SYE	Reduction
Eliminate Purchase of Out-of-Zone Non-Medicaid FASTRAN Services	As a result of this reduction, FASTRAN services for 39 individuals with intellectual disabilities, transported outside of previously set zones will be eliminated. If alternative transportation services are not available, affected individuals will need to transfer to an "in-zone" day support or vocational services provider (i.e., sustain a disruption to their services), or forego services altogether. This reduction also includes a revenue loss of $58,936, resulting in a net reduction of $335,950 in General Fund Transfer support.	0	0.0	$394,886
Reduce Contracted Individual Supported Employment Services for Individuals with Intellectual Disabilities	As a result of this reduction, all 85 individuals currently receiving individual supported employment services from contractor agencies will have their support service hours (i.e., job coaching) reduced by approximately 28 percent. As a result, there may be an increased risk for fragmented service delivery, skills recidivism or relapse, decreased work performance, reduced earnings, and/or disrupted employment for the affected individuals.	0	0.0	$125,000
Eliminate FASTRAN Services for 41 Non-Medicaid Funded Individuals with Intellectual Disabilities in Sheltered and Group Supported Employment Services	As a result of this reduction, the cost equivalent of 41 individuals currently receiving non-Medicaid transportation services will have their FASTRAN bus and/or attendant services eliminated. These individuals and their families will need to find their own alternative transportation and/or attendant services to and from day support programs, resulting in: increased risk to consumer health and safety for affected individuals, potentially higher residential services costs, and increased monitoring requirements for families and multiple service providers.	0	0.0	$306,137
Eliminate Purchase of FASTRAN Services for 16 Non-Medicaid Funded Individuals with Intellectual Disabilities Receiving Developmental Day Services	As a result of this reduction, the cost equivalent of 16 individuals currently receiving non-Medicaid transportation services will have their FASTRAN bus and/or attendant services eliminated. These individuals and their families will need to find their own alternative transportation and attendant services to and from day support programs, resulting in: increased risk to consumer health and safety for affected individuals, potentially higher residential services costs, and increased monitoring requirements for families and multiple service providers.	0	0.0	$177,651

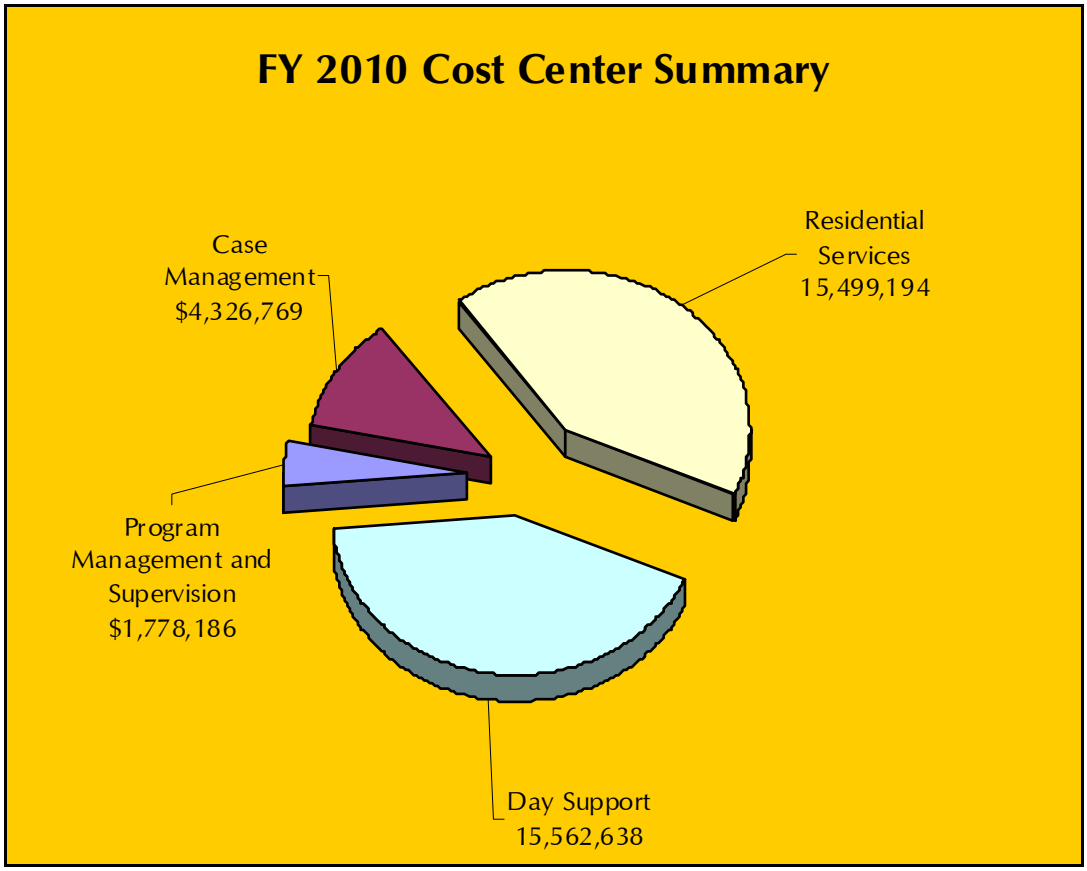
Changes to FY 2009 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2009 Revised Budget Plan since passage of the FY 2009 Adopted Budget Plan. Included are all adjustments made as part of the FY 2008 Carryover Review, FY 2009 Third Quarter Review, and all other approved changes through April 20, 2009.

- **Carryover Adjustments** **$364,697**
  As part of the *FY 2008 Carryover Review*, the Board of Supervisors approved a net increase of $364,697, comprised of an increase of $402,500 in Personnel Services and a decrease of $37,803 in Operating Expenses. This includes increases of $359,087 for encumbered items; $73,074 for 1/1.0 SYE new Medicaid grant position associated with case management of the June 2008 special education graduates; $10,000 to extend the $13.13/hr living wage to limited term employees; $9,610 in baseline adjustments for a Court Guardianship project with a commensurate increase in state revenue; and $8,100 for an increase in the County's mileage reimbursement rate; offset by a decrease of $95,174 in funding adjustments and realignment between CSB agencies to reflect projected FY 2009 expenditures.

- **Third Quarter Adjustments** **$15,071**
  As part of the *FY 2009 Third Quarter Review*, the Board of Supervisors approved a net increase of $15,071. This is comprised of an increase of $45,430 in Operating Expenses for Residential Group Homes, offset by decreases of $15,210 in Personnel Services for the actual furlough savings achieved as a result of the mandatory furlough day of January 2, 2009, and $15,149 in Operating Expenses for lower than anticipated fuel prices and use of these savings to establish a Fuel Price Stabilization Reserve.

Cost Centers



Fund 106
CSB – Intellectual Disability Services

Program Management and Supervision

Funding Summary					
Category	FY 2008 Actual	FY 2009 Adopted Budget Plan	FY 2009 Revised Budget Plan	FY 2010 Advertised Budget Plan	FY 2010 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	15/ 15	15/ 15	15/ 15	15/ 15	15/ 15
Total Expenditures	**$1,518,583**	**$1,731,958**	**$1,759,264**	**$1,778,186**	**$1,778,186**

Position Summary					
1	Director of MR Programs	2	MR Specialists III	1	Behavioral Nurse Clinician/Case Manager
3	MR Specialists V	2	MR Specialists II	1	Administrative Assistant IV
		1	Management Analyst III	4	Administrative Assistants II
TOTAL POSITIONS					
15 Positions / 15.0 Staff Years					

Key Performance Measures

Objectives

- To provide direction and management support to Intellectual Disability programs so that 88 percent of service quality and outcome goals are achieved.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate/Actual	FY 2009	FY 2010
Outcome:					
Percent of intellectual disability program performance indicators (service quality and outcome) achieved	88%	100%	80% / 100%	88%	88%

Performance Measurement Results

In FY 2008, 100 percent of Intellectual Disability Services' (IDS)/Mental Retardation Services' (MRS) service quality and outcome goals were met or exceeded. Overall, these results indicate that ID/MR services are operating effectively and meeting the needs of people receiving services. All service quality indicators in each service area exceeded FY 2008 targets by between 2 and 4 percentage points. Outcome indicators exceeded their FY 2008 targets by between 3 and 19 percentage points, with the largest increases seen in the indicators for average wages reported by individuals in IDS/MRS supported employment programs.

Fund 106
CSB – Intellectual Disability Services

Case Management

Funding Summary					
Category	FY 2008 Actual	FY 2009 Adopted Budget Plan	FY 2009 Revised Budget Plan	FY 2010 Advertised Budget Plan	FY 2010 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	8/ 7.5	8/ 7.5	9/ 8.5	9/ 8.5	9/ 8.5
Grant	40/ 40	40/ 40	40/ 40	41/ 41	40/ 40
Total Expenditures	**$3,717,535**	**$3,948,058**	**$4,055,904**	**$4,326,769**	**$4,326,769**

Position Summary			
1	MR Specialist V	1	MR Specialist II, PT
5	MR Specialists III	2	Management Analysts I
		Grant Positions	
2	MR Specialists III	4	MR Specialists I
34	MR Specialists II		
TOTAL POSITIONS			
9 Positions / 8.5 Staff Years			
40 Grant Positions / 40.0 Staff Years		**PT Denotes Part Time Position**	

Key Performance Measures

Goal

To provide service coordination and behavior management consultations to individuals with intellectual disabilities to maximize their independence in the community.

Objectives

- To support individuals' self-sufficiency in the community by ensuring that clients receiving Targeted Case Management services meet at least 95 percent of their individual service plan objectives.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate/Actual	FY 2009	FY 2010
Output:					
Targeted Case Management - Individuals served	1,156	1,202	1,200 / 1,273	1,300	1,300
Efficiency:					
Targeted Case Management - Cost per individual served	$2,611	$2,698	$2,716 / $2,920	$2,981	$3,043
Service Quality:					
Targeted Case Management - Percent of individuals satisfied with services	95%	97%	90% / 92%	90%	90%

Indicator	Prior Year Actuals FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate/Actual	Current Estimate FY 2009	Future Estimate FY 2010
Outcome:					
Targeted Case Management - Percent of individual case management service plan objectives met	98%	98%	95% / 98%	95%	95%

Performance Measurement Results

In FY 2008, 92 percent of individuals surveyed were satisfied with Case Management services, as compared to a goal of 90 percent. While slightly lower than in previous years, this performance indicates that case management staff consistently exceed targeted satisfaction levels despite more complicated and increased caseloads. Ninety-eight percent of individual service plan objectives were achieved versus a goal of 95 percent. In addition, the FY 2008 number of individuals receiving targeted case management services increased by almost 6 percent above FY 2007 levels.

Annual cost per individual served was $2,920, 8 percent higher than the originally projected amount of $2,716. This increase also represents an 8 percent change above the $2,698 annual cost per individual receiving targeted case management amount incurred in FY 2007, and is reflective of increased spending for assistive technology and environmental modification purchases for Medicaid recipients. These purchases are coordinated by Case Management services, and the associated costs are offset by increased Medicaid Waiver revenue collections.

Residential Services

Funding Summary					
Category	FY 2008 Actual	FY 2009 Adopted Budget Plan	FY 2009 Revised Budget Plan	FY 2010 Advertised Budget Plan	FY 2010 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	71/ 71	71/ 71	71/ 71	71/ 71	71/ 71
Grant	3/ 3	3/ 3	4/ 4	3/ 3	4/ 4
Total Expenditures	**$14,496,136**	**$15,186,673**	**$15,645,773**	**$15,524,194**	**$15,499,194**

Position Summary

	Group Homes		Supervised Apartments
1	MR Specialist IV	3	MR Specialists I
3	MR Specialists III	1	MR Specialist II
11	MR Specialists II		
52	MR Specialists I		
	Grant Positions		
4	MR Specialists I		

TOTAL POSITIONS
71 Positions / 71.0 Staff Years
4 Grant Positions / 4.0 Staff Years

Key Performance Measures

Goal

To provide residential services to individuals with intellectual disabilities to maximize their independence in the community.

Objectives

- To achieve a level of at least 92 percent of individuals who are able to remain living in group homes rather than more restrictive settings.

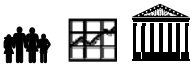
Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate/Actual	FY 2009	FY 2010
Output:					
Group Homes - Individuals served	311	314	305 / 314	305	305
Efficiency:					
Group Homes - Cost per client served	$33,230	$35,281	$35,798 / $35,749	$38,150	$40,712
Service Quality:					
Group Homes - Percent of individuals who are satisfied with support services	90%	90%	88% / 92%	88%	90%
Outcome:					
Group Homes - Percent of individuals living in group homes who maintain their current level of service	97%	99%	90% / 99%	90%	92%

Performance Measurement Results

In a survey of individuals receiving residential services, 92 percent reported satisfaction with support services, exceeding the FY 2008 goal of 88 percent. In FY 2008, 99 percent of individuals living in group homes were able to maintain their current level of service despite the fact that those served were more medically or behaviorally challenging. Efforts continue to occur to support individuals living in their own homes.

Overall, 314 individuals were served in group homes in FY 2008. This amount was the same as in FY 2007 and slightly higher than the projected total of 305 individuals. The average FY 2008 cost to the County per client served in group homes increased slightly to $35,749 due to a variety of cost increases including staff salaries, rents, utilities, transportation/fuel, food, and others. This amount was only 1 percent above the FY 2007 level and slightly below the FY 2008 projected amount, reflecting increased efficiencies implemented in both directly-operated and contracted residential settings.

Fund 106
CSB – Intellectual Disability Services

Day Support 

Funding Summary					
Category	FY 2008 Actual	FY 2009 Adopted Budget Plan	FY 2009 Revised Budget Plan	FY 2010 Advertised Budget Plan	FY 2010 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	6/ 6	6/ 6	7/ 7	7/ 7	7/ 7
Total Expenditures	**$19,475,533**	**$20,081,975**	**$19,867,491**	**$14,391,414**	**$15,562,638**

Position Summary
1 Manpower Specialist IV
6 Manpower Specialists II
TOTAL POSITIONS
7 Positions / 7.0 Staff Years

Key Performance Measures

Goal

To maximize self-sufficiency and independence for individuals with intellectual disabilities.

Objectives

- To achieve an annual increase of at least 2.00 percent in average wage earnings reported for individuals in Supported Employment services (both individual and group-based programs).

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate/Actual	FY 2009	FY 2010
Output:					
Day Support - Total individuals served	1,174	1,188	1,293 / 1,218	1,293	1,273
Day Support - Non-Medicaid eligible individuals served	711	677	735 / 687	735	707
Supported Employment - Non-Medicaid eligible individuals served	NA	NA	570 /479	570	480
Efficiency:					
Day Support - Cost per individual served with local funds	$17,302	$16,816	$18,481 / $18,703	$19,210	$19,730
Supported Employment - Cost per individual served with local funds	$10,871	$11,661	$11,113 / $11,394	$11,691	$12,002
Service Quality:					
Day Support - Percent of individuals satisfied with services	92%	95%	90% / 94%	90%	90%

Indicator	Prior Year Actuals FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate/Actual	Current Estimate FY 2009	Future Estimate FY 2010
Outcome:					
Supported Employment - Average wages reported by individuals in group-based programs	$4,957	$5,160	$5,057 / $6,012	$5,263	$6,000
Supported Employment - Average wages reported by individuals in individual-based programs	$15,113	$15,952	$15,417 / $16,519	$16,273	$16,519
Supported Employment - Percent change in average wages reported by individuals in all programs	4.00%	0.00%	1.00% / 8.40%	1.00%	2.00%

Performance Measurement Results

According to an annual survey, in FY 2008, 94 percent of individuals receiving day support services reported satisfaction, thereby exceeding the goal of 90 percent. Total wages earned by the 384 people surveyed who received group supported employment services in FY 2008 was $2,308,742, for average annual earnings of $6,012. This FY 2008 average wage total was $852 higher than this group's FY 2007 average wage total of $5,160; an increase of approximately 17 percent and 19 percent above target. Total wages earned by the 188 people surveyed who received individual employment services in FY 2008 were $3,105,504, for average annual wage earnings of $16,519. This group's average annual wage earnings were $567 higher than their FY 2007 average earnings of $15,952, as well as 7 percent above the FY 2008 target. Overall, in FY 2008, the percentage change in average wages reported by individuals in all contracted supported employment programs was an increase of 8.40 percent versus a target of 1.00 percent. These results greatly exceed performance increases of 4.00 percent seen in FY 2006 and 0.00 percent in FY 2007, but are extremely susceptible to the availability of employment opportunities for individuals with disabilities and the overall general economy. Consequently, wage growth for this population is extremely difficult to project and slower growth is anticipated in the near future.

The FY 2008 total of 687 non-Medicaid individuals receiving day support is a slight increase from the FY 2007 total of 677; but it is also lower than the originally projected number of 735 due to higher than anticipated attrition rates in FY 2008. The cost per individual served with local funds for Day Support was $18,703 in FY 2008, an 11 percent increase from the FY 2007 amount but only 1 percent above the FY 2008 estimate. These increases in the annual cost per individual served are attributable to higher expenses for private providers in the following areas: direct-care personnel; increased medical, behavioral and accessibility needs for aging consumers; energy and fuel costs for facilities and vehicles; higher insurance premiums; and, necessary provisions for emergency management. The cost per individual served with local funds for Supported Employment was $11,394 in FY 2008, a 2 percent decrease from the FY 2007 cost but 3 percent above the FY 2008 estimate. These estimates are determined up to two years ahead of time based on estimated state and local funding, number of projected consumers, expected program attrition, and foreseeable contract rate adjustments. Since these variables are continuously changing, the cost per individual for IDS/MRS Day Support services is difficult to accurately project.