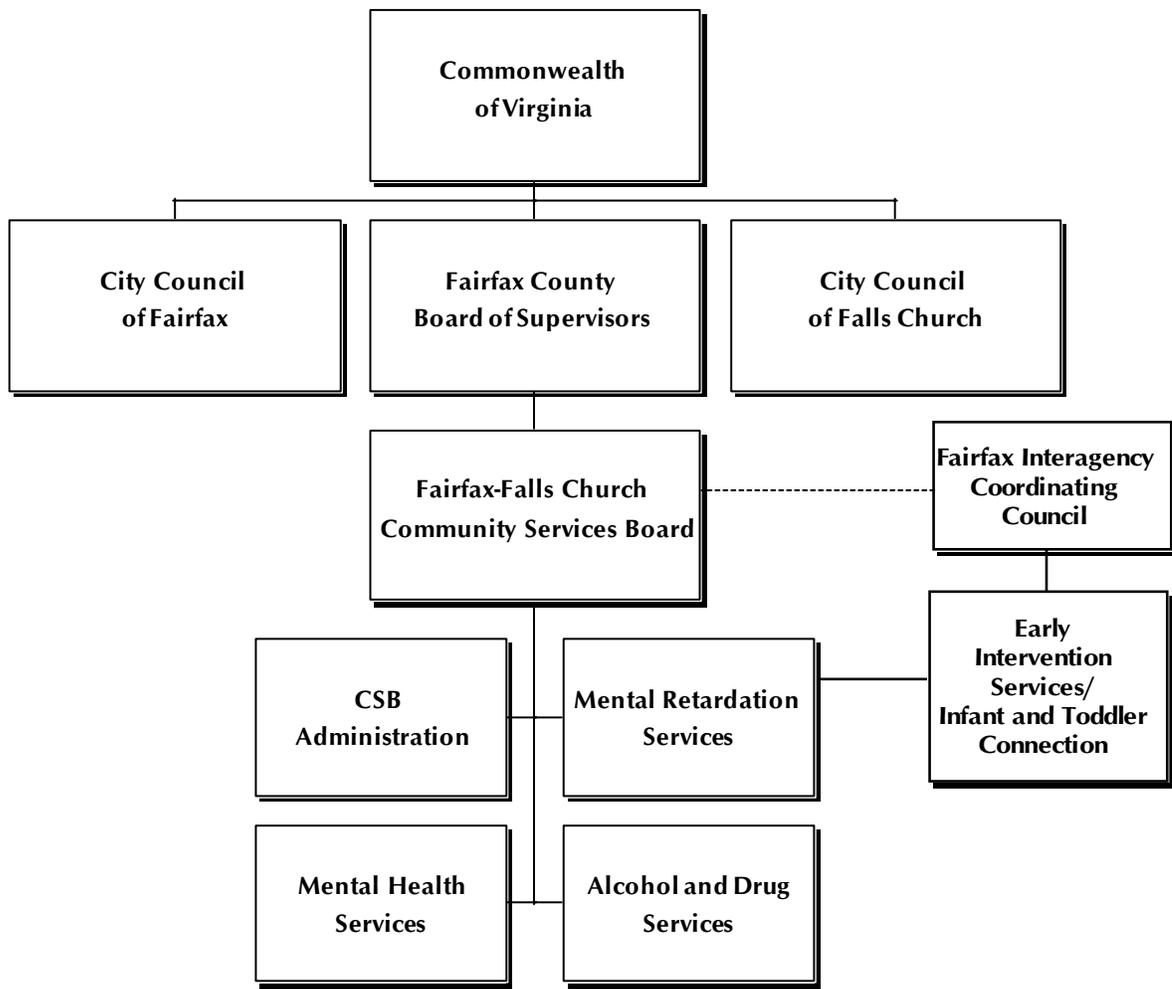


Fund 106

Community Services Board (CSB) - Overview



Mission

The mission of the Fairfax-Falls Church Community Services Board (CSB) is to:

- ◆ Serve Fairfax-Falls Church residents with, or at risk of, severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; alcohol or drug abuse or dependency; or cognitive developmental delays;
- ◆ Empower and support the people we serve to live self-determined, productive and valued lives within the community; and
- ◆ Identify, develop and offer programs on prevention, intervention, treatment, rehabilitation, residential and other support services in a personalized, and flexible manner appropriate to the needs of each individual and family served.

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Community Services Board (CSB) - Overview

Focus

The CSB was created in 1969 and is comprised of 16 members; 14 appointed by the Fairfax County Board of Supervisors and one each appointed by the Councils of the Cities of Fairfax and Falls Church. The CSB is established under the Code of Virginia; however, under a Memorandum of Agreement between the CSB and the local jurisdictions, the CSB carries out its roles and responsibilities under the Administrative Policy Board type of structure and observes County rules and regulations regarding financial management, personnel management and purchasing activities. The CSB directly operates and contracts with outside entities for the provision of many client services.

There are several factors that impact the type, level and cost of services provided by the CSB. These include: population growth, number of uninsured or underinsured residents, business costs, availability of affordable housing, and policy and funding decisions. In terms of demographic changes, population growth has increased demand for CSB services, while greater cultural diversity has generated a need for more culturally competent services. The CSB serves a very diverse service area where more than 100 languages are spoken. The County's population is also aging, and parents who have been caring for their young and middle-aged adult children who experience serious mental illness or who have been identified with mental retardation will find it increasingly difficult to provide sufficient care as they age. As a result, there will be a greater demand for mental health and mental retardation residential facilities and resources. The demand for substance abuse treatment services continues to climb due to similar factors. In addition, there are growing numbers of individuals that have other conditions which exacerbate the substance use disorder and increase client vulnerability, including pregnant women, women with children, persons who are homeless, and persons with HIV. The increasing numbers of individuals with co-occurring mental health and substance use disorders challenge the service delivery system to develop and implement integrated treatment models which have proven more effective. Finally, the number of eligible children served by the Infant and Toddler Connection program has been increasing by almost 11 percent per year since 2000.

The growing number of uninsured or underinsured individuals is also placing pressure on the CSB. According to the March 2006 *Anticipating the Future: A Discussion on Trends in Fairfax County*, 7.6 percent of Fairfax County households lacked health insurance coverage in 2004 and 4.4 percent of County residents had incomes which fell below the poverty level. In the 2005 *Self Sufficiency Standard for the Washington, D.C. Metropolitan Area*, Wider Opportunities for Women (WOW) reported that a single adult living in Fairfax County in 2005 would need an annual income of \$30,517 to meet basic needs for self-sufficiency, and that is more than three times the federal poverty guideline for 2005. This will continue to translate into an increase in the number of persons who seek publicly-funded care and a decrease in new consumers who can use insurance to pay for mental health services or substance abuse treatment, often resulting in a delay in treatment intervention opportunities and an exacerbation of conditions. In recent years, there has been a rise in the number of people seeking mental health or substance abuse treatment who have concurrent medical problems that impact general well-being and complicate psychiatric care or recovery efforts.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Providing an array of services that are comprehensive and effective and meet demands for service;
- Maximizing stakeholder involvement in planning the service delivery system;
- Providing infrastructure to support service delivery; and
- Securing funding to support quality programs.

All vendors in the health care arena – public and private – are faced with increased costs of doing business that frequently exceed the official rate of inflation. This is a result of the pressure to properly compensate qualified health care staff, higher staffing ratios needed to serve persons who have greater levels of need, and increased overhead costs related to mandated accountability standards and the maintenance and renovation of aging facilities. For example, in the mental health service area, there is a national and state trend of private sector psychiatric inpatient units either downsizing or closing. This psychiatric bed crisis impacts all facets of the service delivery system and results in people who need inpatient care getting sicker in the community and

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Community Services Board (CSB) - Overview

becoming more at risk. The CSB has been a leader in the regional effort to address this crisis through the development of programs that are funded through state funds, such as Crisis Care, which provides intervention and stabilization services for individuals in crisis. While the supply of private sector psychiatric beds remains the same, Northern Virginia has experienced more demand for beds to serve persons referred to a hospital through the Civil Commitment process. In FY 2006, Northern Virginia averaged 170 Temporary Detention Orders per month. During the first quarter of FY 2007, the monthly average for Temporary Detention Orders in Northern Virginia rose to 194. The increased demand has been accommodated by shortening the length of stay at the Northern Virginia Mental Health Institute and by expanding Residential Crisis Stabilization Services. It is still possible that another 44 psychiatric beds for adults operated by the private sector will close.

The lack of affordable housing in the County continues to present a major barrier to consumers who have completed treatment and are trying to live independently. Consequently, psychiatric hospitals and intensive mental health and substance abuse treatment programs are unable to discharge clients to more appropriate levels of care. This increases the cost of serving clients and prevents others from entering treatment. In addition, the lack of affordable housing contributes to homelessness and impacts the ability of CSB consumers to experience stable lives in the community. The CSB may be forced to spend funds intended for treatment on housing. At present, for example, more than 650 adults are waiting for mental health residential services and 300 adults are waiting for substance abuse residential care. These lists will grow much longer unless additional Medicaid and/or state general funds are available in sufficient amounts.

Finally, the ability of the CSB system of public and private providers to meet the needs of Fairfax County residents will be significantly impacted by funding and policy decisions made at the federal and state levels. For instance, the increasing dependence on Medicaid funding means that any changes in policy or funding for this program, positive or negative, will have an immediate effect throughout this community. There have been proposals at the federal level to reduce Medicaid payments to states, which could result in reduced Medicaid funding from states to localities. Medicaid is a critical funding stream and any reduction would affect the CSB's capacity to provide services. A related concern is the inadequate reimbursement provided to all providers, including the CSB, by insurance companies and Medicaid for behavioral health care. This factor has a major impact on the ability of private providers to maintain quality services and serve individuals most in need. In particular, the inadequate Medicaid rates are having a damaging impact on non-profit agencies, especially those who provide services under the Mental Retardation Medicaid Waiver program. For example, since the inception of the program in 1991, rates have only increased marginally. In addition, there is no rate differential for Northern Virginia although costs to provide services in this region are significantly higher than in other regions of the State, in some instances as much as 34 percent higher.

Staff is working closely with families, consumers, advocates and private partners to improve services and to seek efficiency and effectiveness in service provision. The CSB staff is implementing evidenced-based and best practices throughout all disability areas. Ongoing program evaluation is essential for continuous quality improvement, and the CSB is committed to maintaining quality services. These efforts will continue to be guided in part by the state System Transformation initiative. One component of this initiative is the growing emphasis on the awareness and treatment of co-occurring disorders (mental illness and substance use disorders) and the provision of integrated treatment as an effective intervention. System Transformation requires that all individuals with co-occurring disorders entering mental health or addiction treatment receive competent assessment and treatment that addresses the full range of services needed. The CSB was awarded funding to participate in the statewide Virginia Service Integration Project (VASIP). The CSB will conduct a full assessment of all of Mental Health Services and Alcohol and Drug Services programming and will develop action plans for achieving dual diagnosis assessment and treatment capacity in all programs. Staff development, training, hiring, and mentoring are included in the process of achieving co-occurring disorders treatment capacity in all programs and co-occurring disorders specialty skills in designated programs. Another area crucial in the System Transformation is related to the recovery model. In FY 2007, Mental Health staff participated in training and is in the process of implementing recovery-based approaches to services. To support the important work of the CSB there have been targeted workforce efforts this year. Progress has been made in psychiatric salaries to assist with recruitment and retention. A nursing study was completed,

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Community Services Board (CSB) - Overview

which focused on recruitment and retention, and a review of the classification of nursing positions is underway with the Department of Human Resources.

In FY 2007 the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) provided additional funding for mental health services through the Regional Partnership composed of the five CSB's and the two state facilities located in Northern Virginia. This partnership also includes a wide array of stakeholders including consumers and private providers of service.

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, which is conducting an objective review and analysis of organizational operations and effectiveness. 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.

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 Mental Retardation Services day support and employment services. SD services will provide adults with mental retardation 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. Three community-based forums provided information to prospective recipients of SD services and their families in the winter of 2006. A pilot SD services program with a single provider serving as service facilitator and fiscal intermediary is scheduled for development and implementation in FY 2007, with the goal of serving 10 individuals and their families. Continuation of the pilot program beyond FY 2007 is contingent upon evaluation of the pilot program's strengths and weaknesses.

In order to further improve internal operations, Infant and Toddler Connection (ITC) staff spent FY 2006 working with the Department of Systems Management for Human Services to analyze workflow processes and current data management systems. The result of their work was a Balanced Scorecard and the identification of four areas of focus including: Customer, Stewardship, Process, and Learning Growth and Innovation. Measurement criteria were developed in each area to help ITC monitor their performance in these areas, and to keep staff focused on ITC's Vision, Mission, and Values.

Revenue maximization efforts have been significant and successful, and the agency hopes to review and improve services, in partnership with all stakeholders through the strategic planning process. The CSB has used good business practices to analyze ways Medicaid dollars can be brought in and maximized for funding service delivery. In order to maximize Medicaid reimbursement and provide much needed services in FY 2008, the CSB has added 18/17.5 SYE new Medicaid grant positions: 16/15.5 SYE in Mental Health Services, 1/1.0 SYE in Mental Retardation Services, and 1/1.0 SYE in Alcohol and Drug Services. The cost for the positions is \$1,387,345 and will be fully offset by an increase in Medicaid revenue. In addition, the CSB continues to play a major role in educating and assisting consumers with Medicare Part D issues and is working toward full electronic connectivity with its implementation of the Electronic Health Record, a national initiative and mandate. This step, in concert with improved management of CSB knowledge through the use of appropriate technology, will improve the efficiency and effectiveness of service delivery. Improved availability of data, outcome measures that focus on both treatment effectiveness and consumer perception of service, and the availability of consumer information are instrumental to achieving positive outcomes for consumers.

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Community Services Board (CSB) - Overview

Budget and Staff Resources

Agency Summary				
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	887/ 876.35	887/ 876.35	890/ 885	890/ 885
Grant	85/ 82.75	86/ 83.75	88/ 85.75	106/ 103.25
Expenditures:				
Personnel Services	\$73,380,161	\$78,761,594	\$79,615,262	\$84,644,472
Operating Expenses	56,670,771	58,430,953	63,458,218	63,169,348
Capital Equipment	185,135	0	88,000	0
Subtotal	\$130,236,067	\$137,192,547	\$143,161,480	\$147,813,820
Less:				
Recovered Costs	(\$844,561)	(\$145,310)	(\$884,880)	(\$890,744)
Total Expenditures	\$129,391,506	\$137,047,237	\$142,276,600	\$146,923,076

Summary by Program Area				
Category	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan
CSB Program Area Expenditures				
CSB Administration	\$4,005,177	\$3,915,392	\$4,186,916	\$3,973,681
Mental Health Services	56,214,310	60,153,288	63,197,557	67,414,820
Mental Retardation Services	36,722,113	38,896,503	39,355,052	39,915,019
Alcohol and Drug Services	27,931,063	29,333,860	30,162,624	30,258,768
Early Intervention Services	4,518,843	4,748,194	5,374,451	5,360,788
Total Expenditures	\$129,391,506	\$137,047,237	\$142,276,600	\$146,923,076
Non-County Revenue by Source				
Fairfax City	\$1,335,963	\$1,370,565	\$1,370,565	\$1,411,682
Falls Church City	605,533	621,216	621,216	639,852
State DMHMRSAS	15,278,710	15,694,221	18,745,606	19,470,250
State Other	150,748	141,138	207,758	218,875
Federal Block Grant	4,842,915	4,737,424	4,844,333	4,744,947
Federal Other	1,623,190	1,480,763	2,359,986	1,500,722
Medicaid Waiver	1,737,147	1,533,586	1,533,586	1,533,586
Medicaid Option	7,440,699	7,487,555	7,689,316	9,795,883
Program/Client Fees	4,115,259	5,072,457	4,692,296	4,378,856
CSA Pooled Funds	768,842	1,302,029	861,718	1,035,625
Miscellaneous	104,715	125,443	125,443	210,443
Fund Balance	410,564	0	1,288,937	891,126
Total Revenue	\$38,414,285	\$39,566,397	\$44,340,760	\$45,831,847
County Transfer to CSB	\$90,977,221	\$97,480,840	\$97,935,840	\$101,091,229
County Transfer as a Percentage of Total CSB Expenditures:	70.3%	71.1%	68.8%	68.8%

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Community Services Board (CSB) - Overview

FY 2008 Funding Adjustments

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

- ◆ **Employee Compensation** **\$4,251,189**
A net increase of \$4,251,189 is attributable to an additional \$4,257,053 in Personnel Services for salary adjustments necessary to support the County's compensation program, partially offset by an increase of \$5,864 in Recovered Costs for reimbursed mental health salaries.

- ◆ **Personnel Services Reduction** **(\$1,546,765)**
A decrease of \$1,546,765 in Personnel Services is part of an across-the-board reduction to meet budget limitations based on available revenues as a result of a flattening residential real estate market.

- ◆ **Medicaid Grant Positions** **\$1,387,345**
An increase of \$1,387,345 in Personnel Services is associated with the establishment of 18/17.5 SYE grant positions to provide services to Medicaid eligible consumers. These expenses are completely offset by additional Medicaid revenue and fully maximize the recovery of state Medicaid dollars for Mental Health, Alcohol and Drug, and Mental Retardation Services. In particular, 16/15.5 SYE grant positions are established in Mental Health Services, 1/1.0 SYE grant position is established in Alcohol and Drug Services and 1/1.0 SYE Case Manager position is established in Mental Retardation Services associated with the June 2007 Special Education graduates.

- ◆ **Contract Rate Adjustments** **\$932,848**
An increase of \$932,848 in Operating Expenses supports a 2.66 percent contract rate increase for providers of contracted mental health, mental retardation, alcohol and drug abuse treatment, early intervention services and CSB-wide services.

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

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

- ◆ **Leadership and Resiliency and Student Assistance Programs** **\$550,000**
An increase of \$550,000 in Alcohol and Drug Services, comprised of \$410,466 in Personnel Services and \$139,534 in Operating Expenses, is associated with the expansion of the Leadership and Resiliency and Student Assistance Programs to a total of 12 Fairfax County public high schools. The Leadership and Resiliency Program is currently offered in six high schools and is a school- and community-based substance abuse and violence prevention program for high school students. The Student Assistance Program is currently implemented in eight high schools and is a school-based alcohol and drug screening, assessment and early intervention program that serves youth. Funding for an expansion through contracted services was included as part of the FY 2007 Adopted Budget Plan, but due to the time frame involved in approving the RFP and subsequent discussion concerning alternatives to contracted services,

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the expansion has not occurred. Based on continued Board of Supervisors support of the expansion, 5/5.0 SYE positions will be included in the *FY 2007 Third Quarter Review* to allow the CSB to begin the expansion.

- ◆ **Intergovernmental Charges** **\$200,277**
A net increase of \$200,277 in Operating Expenses is comprised of \$193,277 due to Department of Vehicle Services charges based on anticipated charges for fuel, vehicle replacement, and maintenance, and \$7,000 for the PC Replacement Program that is based on the number of PCs scheduled to be replaced in FY 2008, according to the four-year replacement cycle.
- ◆ **Hypothermia Response Program** **\$160,481**
An increase of \$160,481 in Personnel Services is included for the 2/2.0 SYE Hypothermia Response Program positions. These positions support the efforts of the hypothermia services contractor and the faith-based volunteers in the expanded Hypothermia Response Program. This funding was previously included in the Department of Family Services. For more information on the Hypothermia Response Program, please refer to the DFS narrative in the Health and Welfare program area section of Volume 1.
- ◆ **Independent Evaluators** **\$35,000**
An increase of \$35,000 in Operating Expenses is included for the current independent evaluator contracts in Mental Health Services, which are now entirely offset with revenue from the state courts. Independent Evaluators are psychologists assigned to interview and examine persons with mental illness who are in a psychiatric hospital with a temporary detention order. After the examination, the Independent Evaluator provides their assessment to the judge presiding at a civil commitment hearing to determine whether the individual should be hospitalized.
- ◆ **Grant Adjustments** **(\$122,666)**
A net decrease of \$122,666 is due primarily to ongoing grant adjustments for the Regional Discharge Assistance and Diversion, Regional Discharge Assistance Project (DAP), Regional Crisis Stabilization, Regional Recovery, VSTOP, Ryan White, HIDTA, Al's Pals, Day Reporting, Infant and Toddler Connection Part C and Sexual Assault grants. More specifically, this is comprised of a decrease of \$330,496 in Personnel Services and an increase of \$207,830 in Operating Expenses.
- ◆ **Carryover and Other Adjustments** **(\$2,672,048)**
A net decrease of \$2,672,048 in Operating Expenses is due to decreases for one-time funding for the Josiah H. Beeman Commission, encumbered carryover, non-recurring grant adjustments, and other miscellaneous adjustments.

Changes to FY 2007 Adopted Budget Plan

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

- ◆ **Carryover Adjustments** **\$5,229,363**
As part of the *FY 2006 Carryover Review*, a net increase of \$5,229,363 is attributable to the carryover of \$1,288,934 in encumbered funding, \$3,462,527 for various grant adjustments, and \$500,000 for the Josiah H. Beeman Commission, partially offset by a decrease of \$22,098 associated with various non-grant adjustments.

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Community Services Board (CSB) - Overview

FUND STATEMENT

Fund Type G10, Special Revenue Funds

Fund 106, Fairfax-Falls Church
Community Services Board

	FY 2006 Actual	FY 2007 Adopted Budget Plan	FY 2007 Revised Budget Plan	FY 2008 Advertised Budget Plan
Beginning Balance	\$2,897,878	\$958,943	\$2,487,314	\$1,198,377
Revenue:				
Local Jurisdictions:				
Fairfax City	\$1,335,963	\$1,370,565	\$1,370,565	\$1,411,682
Falls Church City	605,533	621,216	621,216	639,852
Subtotal - Local	<u>\$1,941,496</u>	<u>\$1,991,781</u>	<u>\$1,991,781</u>	<u>\$2,051,534</u>
State:				
State DMHMRSAS ¹	\$15,278,710	\$15,694,221	\$18,745,606	\$19,470,250
State Other	150,748	141,138	207,758	218,875
Subtotal - State	<u>\$15,429,458</u>	<u>\$15,835,359</u>	<u>\$18,953,364</u>	<u>\$19,689,125</u>
Federal:				
Block Grant	\$4,842,915	\$4,737,424	\$4,844,333	\$4,744,947
Direct/Other Federal	1,623,190	1,480,763	2,359,986	1,500,722
Subtotal - Federal	<u>\$6,466,105</u>	<u>\$6,218,187</u>	<u>\$7,204,319</u>	<u>\$6,245,669</u>
Fees:				
Medicaid Waiver	\$1,737,147	\$1,533,586	\$1,533,586	\$1,533,586
Medicaid Option	7,440,699	7,487,555	7,689,316	9,795,883
Program/Client Fees	4,115,259	5,072,457	4,692,296	4,378,856
CSA Pooled Funds	768,842	1,302,029	861,718	1,035,625
Subtotal - Fees	<u>\$14,061,947</u>	<u>\$15,395,627</u>	<u>\$14,776,916</u>	<u>\$16,743,950</u>
Other:				
Miscellaneous	\$104,715	\$125,443	\$125,443	\$210,443
Subtotal - Other	<u>\$104,715</u>	<u>\$125,443</u>	<u>\$125,443</u>	<u>\$210,443</u>
Total Revenue	<u>\$38,003,721</u>	<u>\$39,566,397</u>	<u>\$43,051,823</u>	<u>\$44,940,721</u>
Transfers In:				
General Fund (001)	\$90,977,221	\$97,480,840	\$97,935,840	\$101,091,229
Total Transfers In	<u>\$90,977,221</u>	<u>\$97,480,840</u>	<u>\$97,935,840</u>	<u>\$101,091,229</u>
Total Available	\$131,878,820	\$138,006,180	\$143,474,977	\$147,230,327
Expenditures:				
CSB Administration	\$4,005,177	\$3,915,392	\$4,186,916	\$3,973,681
Mental Health Services	56,214,310	60,153,288	63,197,557	67,414,820
Mental Retardation Services	36,722,113	38,896,503	39,355,052	39,915,019
Alcohol and Drug Services	27,931,063	29,333,860	30,162,624	30,258,768
Early Intervention Services	4,518,843	4,748,194	5,374,451	5,360,788
Total Expenditures	<u>\$129,391,506</u>	<u>\$137,047,237</u>	<u>\$142,276,600</u>	<u>\$146,923,076</u>
Total Disbursements	\$129,391,506	\$137,047,237	\$142,276,600	\$146,923,076
Available Balance	\$2,487,314	\$958,943	\$1,198,377	\$307,251

¹ This total does not include all of the state funds allocated to the Fairfax-Falls Church Community Services Board (CSB) that are used to provide services to CSB clients. In FY 2008, an estimated \$15 million in state funds will support \$31 million in community Medicaid services paid directly by the State to private providers. In addition, the above total does not include state support for atypical medications required by patients discharged from state mental health facilities to CSB-supported programs. In FY 2008, an estimated \$2.8 million in state funds will provide for these expensive medications for CSB clients.