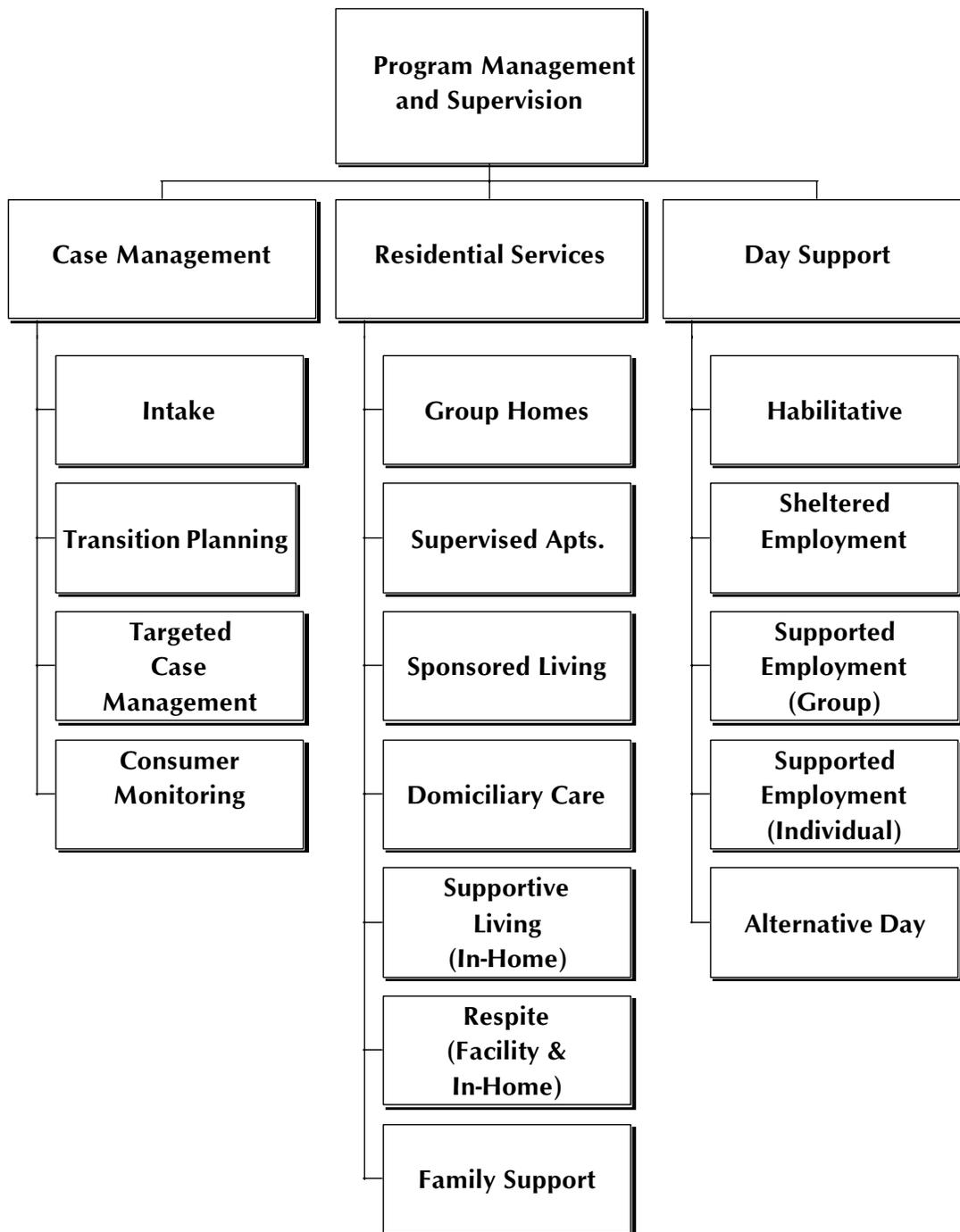


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Community Services Board (CSB) - Mental Retardation Services



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Mission

It is the mission of Mental Retardation Services (MRS) to promote services and supports which enable people with mental retardation and their families to attain a personally desired and valued quality of life. MRS 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 MRS that all people with mental retardation 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.

MRS 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

Mental Retardation Services provides direct services to individuals with mental retardation and oversees services provided by private vendors. 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 mental retardation 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 mental retardation and mental illness (MR/MI). Leadership in these activities demonstrate and ensure that Mental Retardation 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 MRS Management Team, responding to the County Executive's call for formal strategic planning activities within all departments, convened a committee to evaluate the existing MRS strategic plan including its: mission, vision, and values; organizational structure (including departmental responsibilities); organizational strengths, weaknesses, opportunities, and threats; performance measures and evaluation processes; succession planning; and the strategic planning needs/process for the mental retardation service system community-wide. Using the Balanced Scorecard approach, the MRS strategic planning committee developed strategic elements, initiatives, performance measures, and a strategy map to insure that the services and supports which enable people with mental retardation and their families to attain a personally desired and valued quality of life remain available and viable in an environment of projected limited resources. Implementation of the strategic plan commenced in FY 2008.

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

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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 Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) 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 mental retardation to be determined eligible for case management services. For a child three to six years of age, 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 mental retardation are now living longer and as a result, many MRS 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 MRS case managers.

Case management services were provided to 1,834 persons with mental retardation in FY 2007. Of that total, 1,202 individuals received targeted case management, and 632 people received consumer monitoring. Case management staff continues to coordinate not only County-funded services, but also approximately \$31 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 \$2.8 million in FY 2007 — a 7.7 percent increase over the FY 2006 total of \$2.6 million, and a 47.4 percent increase over the FY 2005 total of \$1.9 million. In order to further maximize Medicaid reimbursement and coordinate the perpetually increasing need for mental retardation services, 1/1.0 SYE new Medicaid case management grant position was approved in FY 2008.



The goal of MRS is to ensure that all people with mental retardation and their families in Fairfax County and the Cities of Fairfax and Falls Church, have access to quality, individualized services.

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

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from people moving into the County requiring case management services. Since case management is the “gate-keeper” for all other Mental Retardation 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, DMHRMSAS State Performance Contract, DMHMRSAS Performance and Outcome Measurement System, and Medicaid, there is an increased emphasis on monitoring documentation and utilization review.

Residential Services

Residential Services provide housing and residential support services in the community for individuals with mental retardation. 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 supports include 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 mental retardation. Services are also available at a licensed 24-hour home for longer-term respite and emergency services. Respite services are provided through private providers.

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- Domiciliary Care provides individualized residential placements for individuals with highly specialized needs that may not be available otherwise in the local community. The 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 mental retardation. Information, referral to community resources, or speakers to address community groups are also available. This service is managed by the CSB.

In FY 2007, Residential Services provided housing and residential support to 615 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. In FY 2007, one directly-operated group home relocated to a site with fewer stairs 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 2008. 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 mental retardation 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.

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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 2007, day support and employment services were provided to 1,188 individuals with mental retardation. The average annual earnings for the 565 people surveyed in FY 2007 that received community-based group and individual employment services were \$8,731, a 5.2 percent increase above their prior year average annual earnings of \$8,301. The total gross earnings for these 565 people totaled \$4,933,289. In the directly-operated Cooperative Employment Program (CEP), a total of 130 persons were served and 20 new job placements or replacements occurred during FY 2007. Average hourly wages for 105 of these individuals increased 2.1 percent above the FY 2006 average hourly wage level to \$10.92/hour, and total wages earned increased to over \$1.89 million. The average number of hours worked by these individuals was 32 hours per week, and over 26 percent of them earned over \$25,000 during FY 2007. In addition, over 70 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 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. Initiation of SD Services began in FY 2008 via use of Individualized Purchase of Service contracts for two consumers, and is currently being evaluated. Its continuation beyond FY 2009 is contingent upon completion of an evaluation of the program's strengths and weaknesses.

Working with Fairfax County Public Schools, Mental Retardation Services has determined that there are 70 special education students with mental retardation leaving the school system in June 2008 who require day support or employment services. Through a combination of new Medicaid MR Waiver slot allocations, program attrition, efficient use of existing funding and continuation of recently implemented management initiatives, MR Services projects fully funding day support or employment services for all 70 of these individuals in FY 2009.

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

 Maintaining Safe and Caring Communities	Recent Success	FY 2009 Initiative
Successfully partnered with RPJ Housing to relocate a directly-operated group home into a barrier-free, accessible home in FY 2007. Two additional directly-operated group homes will be relocating to new sites in FY 2008. MRS continuously strives to provide a safe and health environment for all individuals within residential program settings, and to develop viable, cost-effective residential options that support individuals with increasing and continually changing medical needs. These efforts include assessing relocation properties for directly operated residential services sites for their ability to address the needs of persons requiring barrier-free, accessible homes.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 Maintaining Safe and Caring Communities	Recent Success	FY 2009 Initiative
<p>Evolved Self-Directed (SD) services by offering to provide funds directly to two consumers and their families through an Individual Purchase of Service contract. SD services are an alternative to traditional day support and employment services that empowers the individual and his/her family to achieve greater self-determination while reducing costs for services.</p>		<input checked="" type="checkbox"/>
<p>Collaborated with the Northern Virginia Training Center (for persons with mental retardation), George Mason University's Dual Diagnosis/Intellectual Disabilities Clinic, and the Community Services Boards of Alexandria, Arlington, Loudoun and Prince William to implement a community-based, crisis stabilization service for individuals dually diagnosed with mental retardation and mental illness. The Clinical Response Team (CRT) provides psychiatric and behavioral consultation services in home or residential settings to individuals in crisis or at risk of hospitalization, to stabilize individuals and preserve residential placements. Implemented as a pilot program in FY 2007, the CRT provided acute treatment and intervention for 15 individuals in Northern Virginia, five of whom were from Fairfax County, and reduced psychiatric hospital bed utilization by an estimated 360 days.</p>	<input checked="" type="checkbox"/>	
<p>Successfully placed all individuals requesting day support and vocational services into appropriate programs, including all special education graduates from the school system. Evaluate alternative service models to traditional day support services, employment services, and residential services which increase consumer choice, address the changing needs of people with mental retardation, and reflect best practices. Such models may include, but not be limited to: self-directed services, recreation programs, medically and behaviorally supervised services, and services resulting from entrepreneurial endeavors (by private sector service providers).</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Maintaining Healthy Economies	Recent Success	FY 2009 Initiative
<p>Reinforce regional partnerships and support local area providers by emphasizing ongoing enrollment of all private providers by the Virginia Department of Medical Assistance Services (DMAS). Enrollment by DMAS enables contractors to receive reimbursement for the provision of Medicaid Waiver services, thus allowing local funds to be used for other purposes.</p>		<input checked="" type="checkbox"/>

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 Exercising Corporate Stewardship	Recent Success	FY 2009 Initiative
<p>Initiated evaluation of the methodology used to project day support and employment services attrition and utilization. Such evaluation enables MRS staff to understand better the service system's ability to accommodate and fund both (1) students leaving public and private schools in Fairfax-Falls Church, and (2) adults with mental retardation from the community at large who seek day support and employment services.</p>	<input checked="" type="checkbox"/>	
<p>Collaborate with the State to maximize the number of Medicaid Waiver slots awarded to eligible Fairfax-Falls Church citizens. For FY 2008, Fairfax County received 45 new Medicaid MR Waiver slots bringing the County's total to 589. During FY 2007, Mental Retardation Services also participated in the completion of 240 Elderly and Disabled Waiver assessments to determine individuals' eligibility for services provided under that Waiver program.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Maximize Medicaid revenue by converting eligible individuals from County-funded services to Medicaid State Plan Option (SPO) and Medicaid Waiver services. During FY 2007, all program areas in Mental Retardation Services collected \$4.3 million in Medicaid. In FY 2008, \$4.5 million in Medicaid revenue is projected for Mental Retardation Services.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Collaborate with private providers to seek service efficiencies and reduce system-wide costs. In February 2006, a regional Request for Proposals (RFP) was published seeking providers of day support, employment, and self-directed services for adults with mental retardation. The RFP was created in collaboration with four other Northern Virginia Community Services Boards (Alexandria City, Arlington County, Loudoun County, and Prince William County). Its objectives were to provide prospective vendors an opportunity to suggest alternative service models to address changing consumer needs, innovative ways to build community partnerships, and additional ways to contain costs. Review of the RFP concluded in FY 2008 with implementation commencing during the second half of that fiscal year.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Connecting People and Places	Recent Success	FY 2009 Initiative
<p>Collaborate on addressing the transportation needs of seniors and individuals with disabilities on local, regional, and State levels to ensure the highest quality of services and maximum coordination of efforts. Interact daily with regional transportation providers, including FASTRAN, LogistiCare, MetroAccess, and other vendors. Participate on the County-wide Transportation Coordinating Council. Regionally, staff hosts a bimonthly regional forum on transportation provider issues for state officials, providers, regional CSB representatives, human rights advocates, and other interested stakeholders. On the state level, staff participates in the Medicaid Transportation Advisory Committee, which represents all 40 Virginia CSBs. In addition, as needed, staff participates in METRO advisory activities, training events, and local public hearings.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Supported increased integration of individuals into their community through the use of Medicaid-funded assistive technology and environmental modifications. In FY 2007, 72 requests for assistive technology and 34 requests for environmental modifications were made and fulfilled.</p>	<input checked="" type="checkbox"/>	

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 Creating a Culture of Engagement	Recent Success	FY 2009 Initiative
Provided information and education to consumers, families, service providers, and advocacy organizations to enhance their ability to advocate the needs of people with mental retardation and their families. Such advocacy support resulted in the Virginia General Assembly allocating 45 new Medicaid Waiver slot to Fairfax County in FY 2007, and approving a 15 percent Northern Virginia Medicaid Waiver rate differential.	☑	
Continue facilitating collaborative activities among Community Services Boards, and public and private providers of services to people with mental retardation and their families in Northern Virginia. Collaborative activities include, but are not limited to training, advocacy, crisis response and requests for proposals.	☑	☑
Continue providing technical support to consumers, families, advocates, private providers, Fairfax County Public Schools, and the Virginia Department of Rehabilitative Services. Technical support and communication topics include, but are not limited to the identification and incorporation of best practices, financial practices, licensure, human rights and behavior management, training and services transitions.	☑	☑
Began offering access to The College of Direct Support to direct support staff and supervisors, which will continue to be offered in FY 2009. This curriculum is a nationally recognized and validated interactive, web-based training curriculum that will enhance the skills and competencies of MRS staff.	☑	☑
Expanded the membership of the Northern Virginia Training Coalition to better meet the training needs of public/private networks. In FY 2007, the Northern Virginia Training Coalition grew from 20 to 26 member organizations, and additional groups have expressed interest in future membership.	☑	☑

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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
Authorized Positions/Staff Years				
Regular	100/ 99.5	100/ 99.5	100/ 99.5	100/ 99.5
Grant	39/ 39	40/ 40	43/ 43	43/ 43
Expenditures:				
Personnel Services	\$10,556,124	\$11,386,216	\$11,570,782	\$12,049,418
Operating Expenses	26,671,373	28,528,803	29,374,106	28,828,388
Capital Equipment	0	0	0	0
Total Expenditures	\$37,227,497	\$39,915,019	\$40,944,888	\$40,877,806
Revenue:				
Fairfax County	\$32,596,680	\$33,543,364	\$33,543,364	\$33,977,035
Fairfax City	509,234	509,234	509,234	509,234
Falls Church City	194,817	194,817	194,817	194,817
State MHMRSAS	0	0	9,750	0
Federal Block Grant	47,440	45,000	45,000	0
Medicaid Waiver	1,664,031	1,533,586	1,718,152	1,732,246
Medicaid Option	2,632,243	2,830,846	2,830,846	3,206,302
Program/Client Fees	1,288,248	1,258,172	1,258,172	1,258,172
Fund Balance	(1,705,196)	0	835,553	0
Total Revenue	\$37,227,497	\$39,915,019	\$40,944,888	\$40,877,806

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** **\$268,611**
 A total increase of \$268,611 in Personnel Services is associated with salary adjustments necessary to support the County's compensation program. 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.
- ◆ **Medicaid Grant Positions** **\$193,419**
 An increase of \$193,419 in Personnel Services is associated with the establishment of 3/3.0 SYE new Medicaid grant positions to support additional staffing needs at three directly-operated Mental Retardation group homes as part of the FY 2007 Carryover Review. These expenses are completely offset by additional Medicaid revenue and maximize the recovery of state Medicaid dollars for Mental Retardation Services.
- ◆ **Personnel Services Reduction** **(\$179,525)**
 A decrease of \$179,525 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.

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- ◆ Contract Rate Increases****\$533,247**
- An increase of \$533,247 in Operating Expenses is associated with a 2.71 percent contract rate increase for providers of contracted mental retardation services.

- ◆ FASTRAN****\$363,462**
- An increase of \$363,462 in Operating Expenses is based on an annual adjustment of FASTRAN operating expenses.

- ◆ Internal Funding Adjustment and Realignment Between CSB Agencies****(\$302,419)**
- A decrease of \$302,419 in Operating Expenses is due to funding adjustments and realignment between CSB agencies to reflect expenditure requirements for FY 2009.

- ◆ Carryover and Miscellaneous Adjustments****(\$943,877)**
- A net decrease of \$943,877 is associated with decreases of \$835,553 for encumbered carryover, \$249,705 to reflect expenditure requirements for FY 2009, \$45,000 in residential family support services to appropriate a decrease in federal block grant funding, and \$9,750 due to a one-time increase for the court guardianship project, offset by an increase of \$196,131 in grant adjustments. These adjustments are comprised of an increase of \$196,131 in Personnel Services and decrease of \$1,140,008 in Operating Expenses.

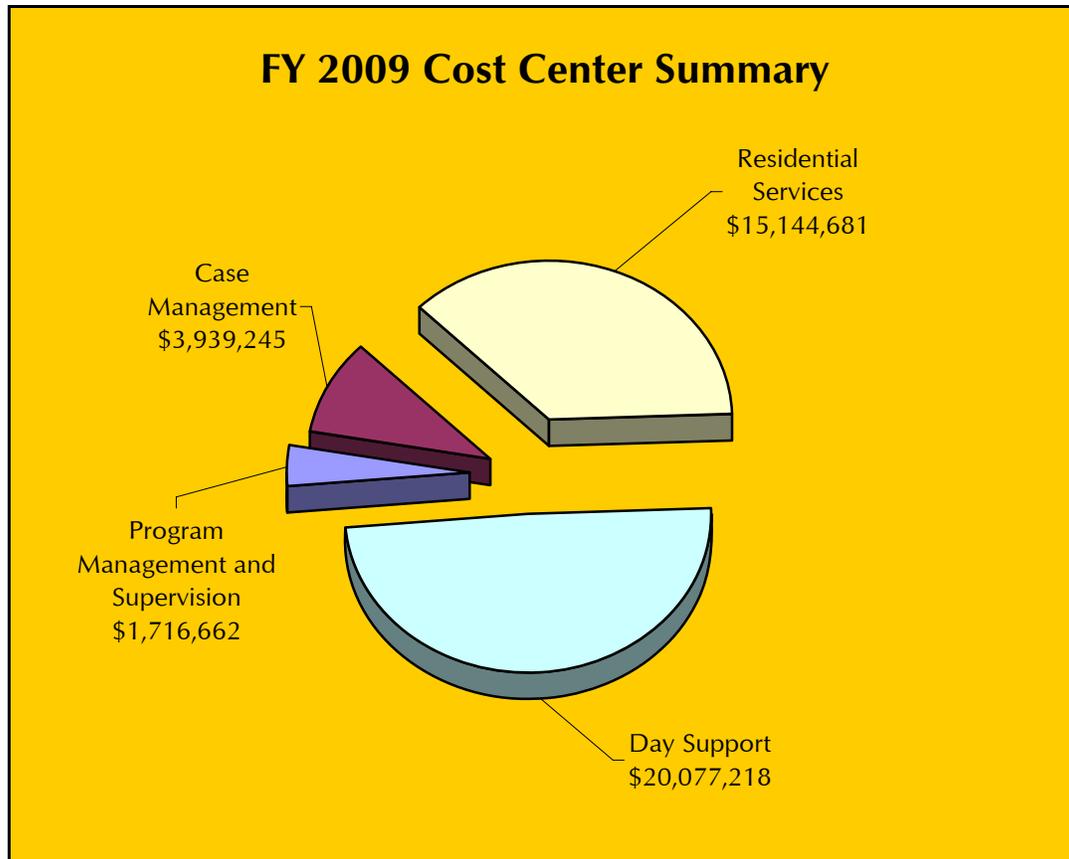
Changes to FY 2008 Adopted Budget Plan

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****\$1,029,869**
- As part of the *FY 2007 Carryover Review*, an increase of \$1,029,869, comprised of increases of \$184,566 in Personnel Services and \$845,303 in Operating Expenses, is attributable to \$835,553 for encumbered items; \$184,566 for 3/3.0 SYE new Medicaid grant positions to support additional staffing needs at three directly-operated Mental Retardation group homes; and \$9,750 due to an increase for the court guardianship project that deferred cash to FY 2008 within DMHMRSAS guidelines.

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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
Authorized Positions/Staff Years				
Regular	15/ 15	15/ 15	15/ 15	15/ 15
Total Expenditures	\$1,388,059	\$1,708,375	\$1,718,125	\$1,716,662

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

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Key Performance Measures

Goal

To provide services to individuals with mental retardation to promote personal health, safety and welfare and to ensure sound fiscal management and distribution of resources.

Objectives

- ◆ To provide direction and management support to Mental Retardation programs so that 80 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 retardation program performance indicators (service quality and outcome) achieved	75%	88%	80% / 100%	80%	80%

Performance Measurement Results

In FY 2007, eight of eight, or 100 percent, of Mental Retardation (MR) Services' service quality and outcome goals were met or exceeded. Overall, these results indicate that MR programs are operating effectively and meeting the needs of people receiving services. All service quality indicators in each service area exceeded FY 2007 targets by between 2 and 7 percentage points. Outcome indicators exceeded their FY 2007 targets by between 3 and 6 percentage points.

Case Management

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	8/ 7.5	8/ 7.5	8/ 7.5	8/ 7.5
Grant	39/ 39	40/ 40	40/ 40	40/ 40
Total Expenditures	\$3,243,372	\$3,454,960	\$3,454,960	\$3,939,245

Position Summary	
1 MR Specialist V	1 MR Specialist II, PT
5 MR Specialists III	1 Management Analyst I
Grant Positions	
2 MR Specialists III	9 MR Specialists I
29 MR Specialists II	
TOTAL POSITIONS	
8 Positions / 7.5 Staff Years	
40 Grant Positions / 40.0 Staff Years	
PT Denotes Part Time Position	

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Key Performance Measures

Goal

To provide service coordination and behavior management consultations to individuals with mental retardation 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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Targeted Case Management - Individuals served	1,049	1,156	1,254 / 1,202	1,200	1,200
Efficiency:					
Targeted Case Management - Cost per individual served	\$2,600	\$2,611	\$2,690 / \$2,698	\$2,716	\$2,756
Service Quality:					
Targeted Case Management - Percent of individuals satisfied with services	98%	95%	90% / 97%	90%	90%
Outcome:					
Targeted Case Management - Percent of individual case management service plan objectives met	99%	98%	95% / 98%	95%	95%

Performance Measurement Results

In FY 2007, 97 percent of individuals surveyed were satisfied with Case Management services, as compared to a goal of 90 percent. Ninety-eight percent of individual service plan objectives were achieved versus a goal of 95 percent. The FY 2007 number of individuals receiving targeted case management services increased by almost 4 percent above FY 2006 levels, but was 4 percent below target. This shortfall was observed and offset by higher than anticipated numbers of people receiving monitoring services instead of targeted case management. Annual cost per individual served was \$2,698, only minimally higher than the originally projected amount of \$2,690. This increase represents a 3 percent change above the \$2,611 annual cost per individual receiving targeted case management amount incurred in FY 2006.

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Residential Services

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	71/ 71	71/ 71	71/ 71	71/ 71
Grant	0/ 0	0/ 0	3/ 3	3/ 3
Total Expenditures	\$14,264,283	\$14,753,612	\$15,604,842	\$15,144,681

Position Summary	
<u>Group Homes</u> 1 MR Specialist IV 3 MR Specialists III 11 MR Specialists II 52 MR Specialists I	<u>Supervised Apartments</u> 1 MR Specialist II 3 MR Specialists I
<u>Grant Positions</u> 3 MR Specialists I (3)	
TOTAL POSITIONS 71 Positions / 71.0 Staff Years 3 Grant Positions / 3.0 Staff Years	

() Denotes New Positions

Key Performance Measures

Goal

To provide residential services to individuals with mental retardation to maximize their independence in the community.

Objectives

- ◆ To achieve a level of at least 90 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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Group Homes - Individuals served	320	311	305 / 314	305	305
Efficiency:					
Group Homes - Cost per client served	\$30,659	\$33,230	\$34,228 / \$35,281	\$35,798	\$40,604
Service Quality:					
Group Homes - Percent of individuals who are satisfied with support services	94%	90%	88% / 90%	88%	88%
Outcome:					
Group Homes - Percent of individuals living in group homes who maintain their current level of service	98%	97%	85% / 99%	90%	90%

Fund 106

Community Services Board (CSB) - Mental Retardation Services

Performance Measurement Results

In a survey of individuals receiving residential services, 90 percent reported satisfaction with services, exceeding the FY 2007 goal of 88 percent. In FY 2007, 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 2007, which was slightly higher than a projected total of 305 individuals. This variance is most likely due to unanticipated turnover in the individuals served. The average FY 2007 cost to the County per client served in group homes increased to \$35,281 due to rent increases, a 6 percent increase above the FY 2006 level; but only 3 percent above the FY 2007 projected amount.

Day Support

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	6/6	6/6	6/6	6/6
Total Expenditures	\$18,331,783	\$19,998,072	\$20,166,961	\$20,077,218

Position Summary	
1	Manpower Specialist IV
5	Manpower Specialists II
TOTAL POSITIONS	
6 Positions / 6.0 Staff Years	

Key Performance Measures

Goal

To maximize self-sufficiency and independence for individuals with mental retardation.

Objectives

- ◆ To achieve an annual increase of at least 1 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 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Day Support - Total individuals served	1,092	1,174	1,231 / 1,188	1,293	1,293
Day Support - Non-Medicaid eligible individuals served	773	711	727 / 677	735	735
Supported Employment - Non-Medicaid eligible individuals served	NA	NA	539 / NA	570	570

Fund 106

Community Services Board (CSB) - Mental Retardation Services

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Efficiency:					
Day Support - Cost per individual served with local funds	\$15,495	\$17,302	\$18,750 / \$16,815	\$18,481	\$18,982
Supported Employment - Cost per individual served with local funds	\$8,803	\$10,871	\$11,709 / \$11,661	\$11,113	\$12,296
Service Quality:					
Day Support - Percent of individuals satisfied with services	95%	92%	90% / 95%	90%	90%
Outcome:					
Supported Employment - Average wages reported by individuals in group-based programs	\$5,177	\$4,957	\$5,007 / \$5,160	\$5,057	\$5,263
Supported Employment - Average wages reported by individuals in individual-based programs	\$14,167	\$15,113	\$15,264 / \$15,952	\$15,417	\$16,273
Supported Employment - Percent change in average wages reported by individuals in all programs	NA	NA	1.00% / 4.00%	1.00%	1.00%

Performance Measurement Results

According to an annual survey, in FY 2007, 95 percent of individuals receiving day support services reported satisfaction, thereby exceeding the goal of 90 percent. Total wages earned by the 378 people surveyed who received group supported employment services in FY 2007 was \$1,950,323, for average annual earnings of \$5,160. This FY 2007 average wage total was \$203 higher than this group's FY 2006 average wage total of \$4,957. Total wages earned by the 187 people surveyed who received individual employment services in FY 2007 were \$2,982,967, for average annual wage earnings of \$15,952. This group's average annual wage earnings were \$839 higher than their FY 2006 average earnings of \$15,113, as well as 4.5 percent above the FY 2007 target. Overall, in FY 2007, the percentage change in average wages reported by individuals in all contracted supported employment programs was an increase of over 4 percent versus a target of one percent.

The FY 2007 total of 677 non-Medicaid individuals receiving day support is actually a decrease from the FY 2006 total of 711; it is also lower than the originally projected number of 727 due to higher than anticipated attrition rates in FY 2007. The cost per individual served with local funds for Day Support was \$16,815 in FY 2007, a 2.8 percent decrease from the FY 2006 amount and 10.3 percent below the FY 2007 estimate. These decreases in the annual cost per individual served are attributable to more individuals leaving day support services and more Waiver slots becoming activated in Fairfax-Falls Church than anticipated. This decrease was achieved despite 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 \$11,661 in FY 2007, a 7.3 percent increase from the FY 2006 cost but 0.4 percent below the FY 2007 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 MR Day Support services is difficult to accurately project.