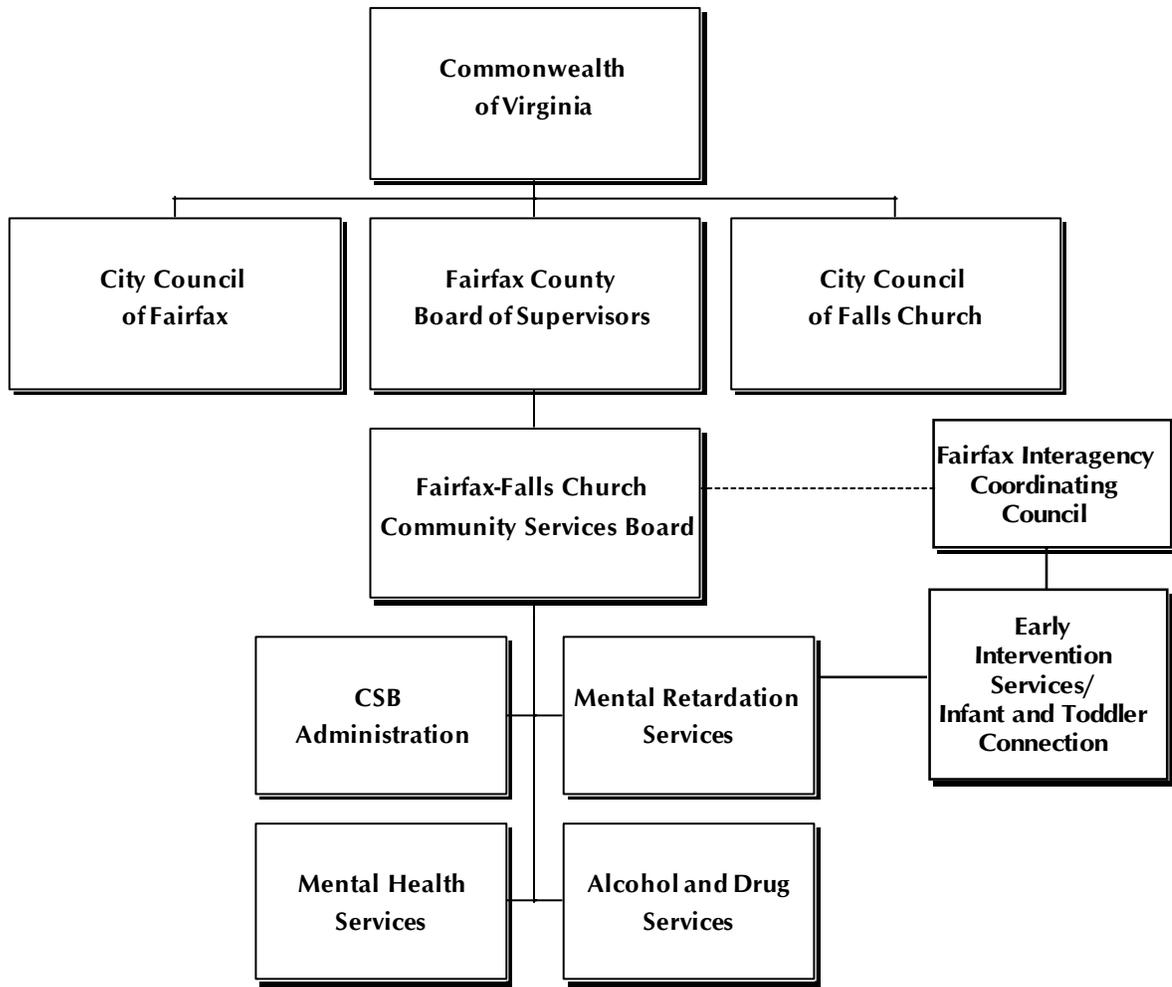


Fund 106

Community Services Board (CSB) - Overview



Mission

(pending final approval by the CSB Board on 2/27/08)

The Fairfax-Falls Church Community Services Board (CSB) partners with individuals, families and the community to empower and support Fairfax-Falls Church residents with or at risk of developmental delay, mental retardation, mental illness, and alcohol or drug abuse or dependency.

The CSB provides leadership to ensure the integration of the principles of resilience, recovery and self-determination in the development and provision of services. The CSB maintains accountability by ensuring that continuous system improvement is anchored in best practice, outcome and effectiveness measurement, and the efficient use of resources.

As the public support network, the CSB provides services which assist, improve and maximize the potential of individuals affected by these conditions and strengthen their capacity for living self-determined, productive and valued lives within the Fairfax-Falls Church community.

Fund 106

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 an Administrative Policy Board 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 services.

In the aftermath of the Virginia Tech tragedy, the CSB responded to the media and local community by offering information, counseling and support. The reforms recommended as a result of this tragic incident are expected to have a long standing impact on the structure and priorities within the state mental health system. Prior to the Virginia Tech tragedy, the Commission on Mental Health Law Reform was in the process of conducting a comprehensive review, which included examinations of the state's civil commitment process, access to services, and diversion of individuals with serious mental illness away from the criminal justice system and into the mental health system. The CSB staff has been actively involved in evaluating necessary changes to the laws and services to more effectively meet the needs of people with mental illness. Further complicating existing service delivery challenges is the downsizing of some state facilities and previous decreases in local psychiatric hospital beds. While the scrutiny following the Virginia Tech shootings is likely to bring new attention to some of the current issues in community and institutional treatment, an adequate funding source to comply with pending legislation related to commitment of consumers to inpatient or outpatient care has not been identified.

Another significant influence on the work of the CSB this past year has been the transformation initiative established by the Department of Mental Health, Mental Retardation and Substance Abuse Services that is described in the following vision statement: "We envision a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health and the highest possible level of consumer participation in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership." The implementation of these principles is visible in the CSB's visionary goals, in its strategic planning effort with its Board and staff, and in a significant number of change initiatives directed toward a more person-centered, recovery-oriented service system. An example is evident in the CSB's selection as a site for the Virginia Services Integration Project (VASIP). As part of this project, the CSB is training all mental health and alcohol and drug services staff to become more effective in the provision of services to persons with the dual disorders of mental illness and substance abuse. The CSB is also better integrating mental health and alcohol and drug services and promoting a much closer partnership with consumers and families in the design and evaluation of services. A joint assessment tool, researched and developed by the CSB staff, was successfully piloted in FY 2007 and is currently being implemented by staff in Mental Health and Alcohol and Drug Services. This tool will streamline the assessment process for consumers with mental health or substance use disorders seeking services from the CSB, and is an example of a best practice model.

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.

Another major piece of transformation work currently being undertaken is the CSB Recovery Initiative. Mental health consumers, advocates and staff are working closely to improve the "feel" of the CSB's service system for those who use it. Efforts include new educational materials, wellness seminars, consumer leadership development, the hiring of consumers in CSB peer support positions and a general focus on a welcoming, informed and compassionate service experience, which is inclusive of the expertise of consumers and families.

Fund 106

Community Services Board (CSB) - Overview

An additional area of significant change in Mental Health services is the reduction of the waiting list for services, achieved through the implementation of a rapid access assessment model for adult consumers. Waiting periods for services, which were over 120 days in early 2006, have been reduced to two to ten days for persons not requiring immediate emergency services. This rapid access approach will continue to require additional resources to meet the best practice standards of an assessment appointment within 2-10 days of the consumer's call for services.

Major staff resources are currently committed to support the work of the Josiah H. Beeman Commission. The Commission, named for the former CSB Board Chairman, who passed away in 2006, was established by the Board of Supervisors in FY 2007 to review Mental Health Services and to recommend the design of a highly transformed system of care. 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. There is hope that the Commissioners' future recommendations for Mental Health Services, anticipated to be released in spring of calendar year 2008, will strongly align with current change initiatives now underway in the CSB as a whole.

A realignment of resources is also apparent in the organizational transfer of the CSB's Domestic Abuse and Sexual Assault Services Program to the Department of Family Services, which will be completed at the conclusion of FY 2008. This transfer is aligned with the vision of the County Executive's Domestic Violence Planning and Policy Council for a community-based partnership approach to critical domestic violence services.

Changes in the area of Mental Retardation Day Services are occurring with the ongoing development of Self-Directed (SD) Services. The 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 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.

Transformation efforts within the CSB are also evident in the arena of technology. In FY 2007, the CSB began implementing the last major component of its Electronic Health Record (EHR) system, the service planning and progress notes feature. Although implementation was temporarily postponed due to connectivity and functionality issues, the implementation process is expected to resume in the spring of calendar year 2008. At the state level, an EHR vision and a data dictionary are currently being developed and the Community Consumer Submission, Version Three (CCS3), a data collection mechanism that allows data exchange between the CSB and the Commonwealth, is being implemented. The implementation of the CCS3 is a significant step toward improved data reporting, facilitated by the consolidation of information in a central data warehouse.

Regional projects also demonstrate the CSB's current transformation efforts. Through state-initiated funding mechanisms, several recovery projects are underway that empower consumers with mental illness to provide direct services to their peers and to become leaders and trainers in the field. The CSB staff has also been involved in the Northern Virginia Regional Health Information Organization effort, the goal of which is facilitating health information exchanges among the medical community in order to improve consumer care and coordination. On a smaller scale, the Northern Virginia CSBs have established a regional database of information related to consumer hospitalizations. This database is expected to be operational by the end of fiscal year 2008.

Fund 106

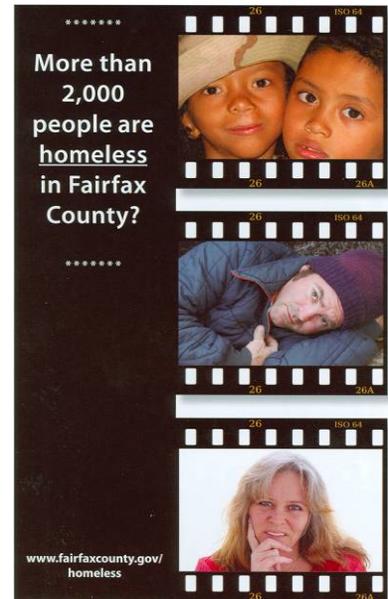
Community Services Board (CSB) - Overview

System transformation necessitates a significant level of support and training for staff. Over the past year, there have been many system-wide training events related to transformation principles. The transition of service approaches, funding alternatives and full use of the EHR all require a significant amount of time to fully integrate with the changing demographic face of the community.

Major strategic planning efforts are underway. The CSB began work on the Balanced Scorecard, a countywide strategic planning initiative for FY 2008. Additionally, the CSB Board developed a new mission statement and is developing initiatives that focus on short-term and measurable goals for the CSB. The first step in this process involved the completion of the CSB Board "dashboard," a collection of critical data elements for regular review by the Board and CSB staff.

The changing demographics in the Fairfax-Falls Church community offer many opportunities to improve current services and address future needs. For example, the CSB is an active contributor to the County's planning for citizens' long term care needs. Persons served in the CSB's residential programs or supported housing wish to age-in-place and require additional resources to meet their needs for barrier-free living as their needs for medical services increase. In addition, the CSB is actively contributing to other countywide initiatives, including Gang Prevention and the Ten Year Plan to End Homelessness.

Revenue maximization efforts in FY 2009 continue to focus on Medicare Part D. The CSB has been successful in assisting consumers with choosing and maintaining benefits through Medicare Part D. Another example of the CSB's expanded opportunities through revenue maximization is evident in the state's enactment of Medicaid coverage for select Alcohol and Drug Services. With staff positions funded from this new revenue source, Alcohol and Drug Services joins Mental Health and Mental Retardation Services in offering much needed case management and support services funded through Medicaid dollars.



The Board of Supervisors has endorsed the goal of ending homelessness in Fairfax County within 10 years.

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	895/ 890	895/ 890	895/ 890	880/ 876
Grant	91/ 88.75	114/ 111.25	121/ 117.75	119/ 117.75
Expenditures:				
Personnel Services	\$78,969,408	\$84,891,873	\$85,377,172	\$85,595,335
Operating Expenses	60,727,172	63,169,348	67,057,993	64,302,759
Capital Equipment	81,710	0	19,729	0
Subtotal	\$139,778,290	\$148,061,221	\$152,454,894	\$149,898,094
Less:				
Recovered Costs	(\$1,113,997)	(\$890,744)	(\$1,058,835)	(\$1,266,256)
Total Expenditures	\$138,664,293	\$147,170,477	\$151,396,059	\$148,631,838

Fund 106

Community Services Board (CSB) - Overview

Summary by Program Area				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
CSB Program Area Expenditures				
CSB Administration	\$4,260,511	\$3,973,681	\$4,303,954	\$4,316,025
Mental Health Services	63,560,420	67,414,820	68,918,072	66,901,421
Mental Retardation Services	37,227,497	39,915,019	40,944,888	40,877,806
Alcohol and Drug Services	28,452,824	30,506,169	31,728,939	31,009,532
Early Intervention Services	5,163,041	5,360,788	5,500,206	5,527,054
Total Expenditures	\$138,664,293	\$147,170,477	\$151,396,059	\$148,631,838
Non-County Revenue by Source				
Fairfax City	\$1,370,565	\$1,411,682	\$1,411,682	\$1,422,261
Falls Church City	621,216	639,852	639,852	644,647
State DMHMRSAS	18,131,386	19,470,250	20,890,407	19,643,905
State Other	164,025	218,875	218,875	201,132
Federal Block Grant	4,863,591	4,744,947	4,953,142	4,779,947
Federal Other	1,914,525	1,500,722	2,276,245	1,411,403
Medicaid Waiver	1,664,031	1,533,586	1,718,152	1,732,246
Medicaid Option	8,482,125	10,043,284	10,043,284	10,672,365
Program/Client Fees	4,737,902	4,378,856	4,378,856	4,301,810
CSA Pooled Funds	726,961	1,035,625	785,625	785,625
Miscellaneous	94,650	210,443	160,443	155,624
Fund Balance	(2,042,523)	891,126	2,828,267	323,855
Total Revenue	\$40,728,454	\$46,079,248	\$50,304,830	\$46,074,820
County Transfer to CSB	\$97,935,840	\$101,091,229	\$101,091,229	\$102,557,018
County Transfer as a Percentage of Total CSB Expenditures:	70.6%	68.7%	66.8%	69.0%

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** **\$2,417,920**
 A net increase of \$2,417,920 is attributable to an additional \$2,625,341 in Personnel Services for salary adjustments necessary to support the County's compensation program, partially offset by an increase of \$207,421 in Recovered Costs for reimbursed mental health salaries. As a result of budget constraints, compensation adjustments for County employees have been reduced. For FY 2009, employee increases as part of the pay for performance system have been discounted by 50 percent and the impact of the lower pay for performance funding is reflected above.
- ◆ **Mental Health Adult Outpatient Services** **\$571,038**
 An increase of \$571,038 in Personnel Services is associated with ongoing efforts to maintain the elimination of the waiting list for Mental Health Services. Funding will ensure that access and caseload standards can be met by maintaining current clinical capacity, continuing retiree and Exempt Limited Term employee options and utilization of the County's workforce planning strategies.
- ◆ **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.

Fund 106

Community Services Board (CSB) - Overview

- ◆ **Personnel Services Reduction** **(\$1,612,598)**
A decrease of \$1,612,598 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.

- ◆ **Contract Rate Adjustments** **\$924,305**
An increase of \$924,305 in Operating Expenses supports a 2.71 percent contract rate increase for providers of contracted mental health, mental retardation, alcohol and drug abuse treatment, early intervention services and CSB-wide services.

- ◆ **FASTRAN** **\$517,537**
An increase of \$517,537 in Operating Expenses is based on an annual adjustment of FASTRAN operating expenses.

- ◆ **Domestic Abuse and Sexual Assault (DASA) Program Transfer** **(\$1,713,272)**
A decrease \$1,713,272, which includes a decrease of \$1,232,816 in Personnel Services, as well as 15/14.0 SYE merit positions and 4/2.0 SYE grant positions, and a decrease of \$480,456 in Operating Expenses, is associated with the transfer of the DASA Program to the Department of Family Services as part of a multi-agency effort to streamline the County's domestic violence services.

- ◆ **Carryover and Miscellaneous Adjustments** **(\$4,062,570)**
A net decrease of \$4,062,570 associated with decreases of \$150,000 for unencumbered carryover, \$1,737,140 for encumbered carryover and \$2,175,430 in grant and other miscellaneous adjustments. This adjustment is comprised of decreases of \$326,221 in Personnel Services, \$3,716,620 in Operating Expenses and \$19,729 in Capital Equipment.

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** **\$4,225,582**
As part of the FY 2007 Carryover Review, a net increase of \$4,225,582 is attributable to the carryover of \$1,737,141 in encumbered funding, \$150,000 in unencumbered funding, \$338,608 in unexpended grant balances, and \$1,999,833 associated with administrative adjustments. This adjustment is comprised of increases of \$485,299 in Personnel Services, \$3,888,645 in Operating Expenses, \$19,729 in Capital Expenses, and \$168,091 in Recovered Costs.

Fund 106

Community Services Board (CSB) - Overview

FUND STATEMENT

Fund Type G10, Special Revenue Funds

Fund 106, Fairfax-Falls Church
Community Services Board

	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Beginning Balance	\$2,487,575	\$1,198,638	\$4,530,099	\$601,832
Revenue:				
Local Jurisdictions:				
Fairfax City	\$1,370,565	\$1,411,682	\$1,411,682	\$1,422,261
Falls Church City	621,216	639,852	639,852	644,647
Subtotal - Local	\$1,991,781	\$2,051,534	\$2,051,534	\$2,066,908
State:				
State DMHMRSAS ¹	\$18,131,386	\$19,470,250	\$20,890,407	\$19,643,905
State Other	164,025	218,875	218,875	201,132
Subtotal - State	\$18,295,411	\$19,689,125	\$21,109,282	\$19,845,037
Federal:				
Block Grant	\$4,863,591	\$4,744,947	\$4,953,142	\$4,779,947
Direct/Other Federal	1,914,525	1,500,722	2,276,245	1,411,403
Subtotal - Federal	\$6,778,116	\$6,245,669	\$7,229,387	\$6,191,350
Fees:				
Medicaid Waiver	\$1,664,031	\$1,533,586	\$1,718,152	\$1,732,246
Medicaid Option	8,482,125	10,043,284	10,043,284	10,672,365
Program/Client Fees	4,737,902	4,378,856	4,378,856	4,301,810
CSA Pooled Funds	726,961	1,035,625	785,625	785,625
Subtotal - Fees	\$15,611,019	\$16,991,351	\$16,925,917	\$17,492,046
Other:				
Miscellaneous	\$94,650	\$210,443	\$160,443	\$155,624
Subtotal - Other	\$94,650	\$210,443	\$160,443	\$155,624
Total Revenue	\$42,770,977	\$45,188,122	\$47,476,563	\$45,750,965
Transfers In:				
General Fund (001)	\$97,935,840	\$101,091,229	\$101,091,229	\$102,557,018
Total Transfers In	\$97,935,840	\$101,091,229	\$101,091,229	\$102,557,018
Total Available	\$143,194,392	\$147,477,989	\$153,097,891	\$148,909,815
Expenditures:				
CSB Administration	\$4,260,511	\$3,973,681	\$4,303,954	\$4,316,025
Mental Health Services	63,560,420	67,414,820	68,918,072	66,901,421
Mental Retardation Services	37,227,497	39,915,019	40,944,888	40,877,806
Alcohol and Drug Services	28,452,824	30,506,169	31,728,939	31,009,532
Early Intervention Services	5,163,041	5,360,788	5,500,206	5,527,054
Total Expenditures	\$138,664,293	\$147,170,477	\$151,396,059	\$148,631,838
Transfers Out:				
County Bond Construction (311)	\$0	\$0	\$1,100,000	\$0
Total Transfers Out	\$0	\$0	\$1,100,000	\$0
Total Disbursements	\$138,664,293	\$147,170,477	\$152,496,059	\$148,631,838
Ending Balance²	\$4,530,099	\$307,512	\$601,832	\$277,977
Josiah H. Beeman Commission Reserve	\$0	\$0	\$277,977	\$277,977
Available Balance	\$4,530,099	\$307,512	\$323,855	\$0

Fund 106

Community Services Board (CSB) - Overview

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 2009, an estimated \$32.8 million in community Medicaid services will be paid directly by the State to private providers.

² The *FY 2008 Revised Budget Plan* Ending Balance of \$601,832 is a decrease of 87 percent and reflects utilization to offset FY 2008 program requirements and the General Fund Transfer. The FY 2009 Advertised Budget Plan Ending Balance of \$277,977 is a reduction of 54 percent and reflects utilization to offset FY 2009 program requirements and the General Fund Transfer.