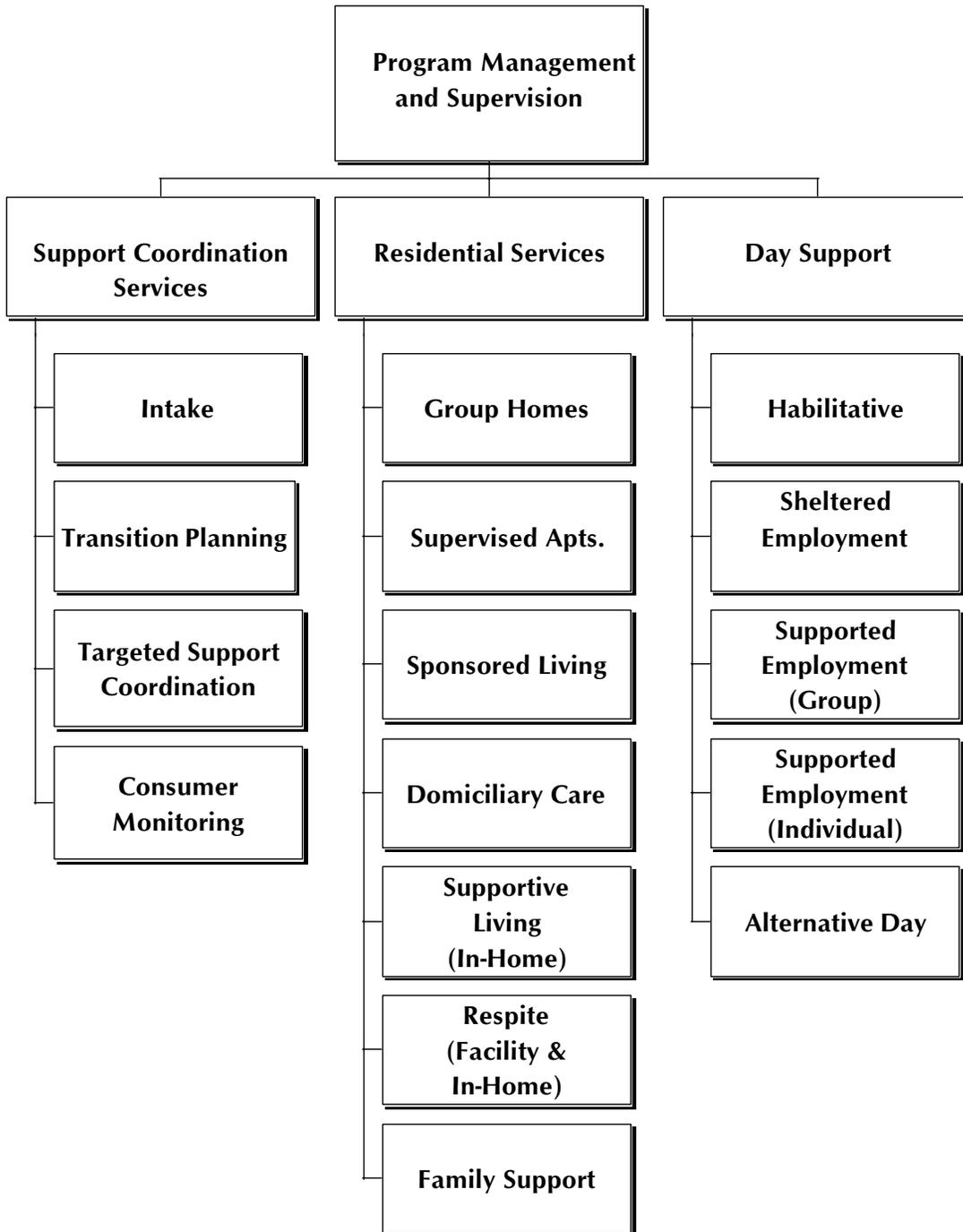


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Mission

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

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

IDS values services and supports that:

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

Focus

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

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

Intellectual Disability Services are provided through four cost centers: Program Management and Supervision, Support Coordination Services (formerly known as Case Management), Residential Services and Day Support.

Program Management and Supervision

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

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Support Coordination Services (formerly called Case Management)

Support Coordination Services is the intervention which ensures that service systems and community supports are responsive to the specific, multiple, and changing needs of individuals and families. Support Coordination 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. Support Coordinators assist in gaining access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources, and other supports essential to meeting basic needs. Through face to face contacts, phone contacts, and review of various reports, the Support Coordinator helps assess the needs of the individual and develops a person-centered plan, links the individual to services and supports, coordinates and monitors services, provides technical assistance, and advocates for the individual.

DBHDS regulations require that Support Coordination Services must be provided to all individuals who are enrolled in Medicaid and who request support coordination. These individuals who are recipients of Medicaid benefits receive a full cadre of support coordination 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 Support Coordination Services to those who are in need of emergency assistance pursuant to §37.1-194 of the Code of Virginia. Pre-admission screening and pre-discharge planning from state training centers or hospitals is also required under the Community Services Performance Contract 5.3.1 and 5.3.3 pursuant to the Code of Virginia.

Adults or children age six or older must have a confirmed diagnosis of intellectual disability to be determined eligible for support coordination services. For a child age three to six years old, there must be confirmation of a cognitive developmental delay. Individuals served may be as young as three years of age and range through individuals over age 70. People with intellectual disabilities are now living longer and as a result, many individuals served by IDS 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. Support Coordinators are required to monitor the medications the individual takes and the possible side effects. In addition, the community has become increasingly multi-cultural and multi-linguistic, requiring specialized training for IDS Support Coordinators.

Support Coordination Services were provided to 1,792 persons with intellectual disabilities in FY 2009. Of that total, 1,298 individuals received targeted support coordination, and 494 people received consumer monitoring. Support Coordinators continue to coordinate not only County-funded services, but also approximately \$42.5 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 Support Coordination Services, Medicaid reimbursed the CSB \$3.2 million in FY 2009, the same as in FY 2008, and a 14.3 percent increase over the FY 2007 total of \$2.8 million.

Transition of youth from schools continues to be a priority activity for Support Coordination Services. 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 support coordination intake demand from people moving into the County requiring support coordination services. Since Support Coordination Services is the “gate-keeper” for all other Intellectual Disability Services, this intake process is a very significant activity.

Finally, there is a trend toward increasing external documentation requirements necessitating increased quality assurance, training, and specialized administrative and managerial supports. Additionally, some of these requirements involve additional assessment activities that must be performed in person by the Support Coordinator. In order to meet the external requirements imposed by licensure, DBHDS State Performance Contract, DBHDS Performance and Outcome Measurement System, and Medicaid, there is an increased emphasis on monitoring documentation and utilization review. For example, the State began its roll-out of the Person-Centered Planning (PCP)/Supports Intensity Scale (SIS) training in FY 2009. The SIS is a new assessment and evaluation tool developed specifically to measure the supports necessary for an individual to achieve desired life outcomes. Beginning July 1, 2009, all persons with intellectual disabilities who

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receive Medicaid services will be required to be supported using person-centered planning and the SIS to ensure their services focus on their individual gifts, talents, hopes, and dreams, and to assist in identifying the supports that are important to each individual and the supports important for each individual to achieve his or her desired outcomes. The SIS will be utilized and phased-in for all individuals served by IDS and funded by Medicaid over the next three years.

Residential Services

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

- Group Homes provide small-group living arrangements for individuals located in homes that are integrated in surrounding neighborhoods. These programs may be directly operated by the CSB, operated by private providers under contract with the CSB, or by private providers not under contract with the CSB but funded through Medicaid. Approximately 75 percent of group home services are privatized. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community.
- Intermediate Care Facilities (ICF-MR's) provide group living arrangements for four through 12 individuals located in homes that are integrated in surrounding neighborhoods. These programs are operated by private providers under contract with the CSB and are funded by Medicaid. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community. Due to the active treatment required in these programs, support services such as doctors, nurses, pharmacists and social workers are required.
- Residential Supported Living provides services to individuals living in their own homes or in shared living arrangements (e.g., apartments and town homes). These services may be provided by the CSB or by private providers. The extent of support provided ranges from daily to drop-in, is based on individual needs, and takes into account individual preference, choice, and independence. Staff support includes individual and group counseling, training and assistance in community living and personal skills, and linkage with other more natural support networks in the community. Support services to individuals living in their own homes are all privatized, and over 90 percent of the drop-in support services for people living in program-leased apartments and town homes are privatized.
- Respite Services provide trained respite care providers (short-term relief), available by telephone referral, who are scheduled for hourly or overnight assistance to families needing time away from caring for their family members with intellectual disabilities. Services are also available at a licensed 24-hour home for longer-term respite and emergency services. Respite services are provided through private providers.

In FY 2009, Residential Services provided housing and residential support to 602 individuals, with 317 of those individuals being served through directly-operated and contracted group homes. A serious challenge confronting Residential Services is the number of individuals who are aging in place and require more physically-accessible, barrier-free living environments. During FY 2009, individuals from three homes were relocated into two completely renovated barrier free homes using Universal Design Concepts. One home was a joint venture with RPJ Housing and the CSB and includes an interior elevator. The other accessible home is owned by Wesley Housing Corporation and has two fully accessible bathrooms, one with a freedom tub. 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

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opportunities for the creation of barrier-free group homes and/or more accessible apartments, which provide better residential options for individuals requiring such living arrangements.

Day Support

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

- Developmental Services provide self-maintenance training and nursing care for individuals who are the most severely disabled in areas such as: intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily living and community living skills, and possibly limited remunerative employment.
- Sheltered Employment provides individuals full-time, remunerative employment in a supervised setting with support services for habilitative development.
- Group Supported Employment provides individuals intensive job placement assistance for off-site, supervised contract work and competitive employment in the community. Job retention services are also provided.
- Individualized Supported Employment provides remunerative employment with necessary support services. This service primarily serves persons with less severe disabilities and stresses social integration with non-disabled workers.
- The Cooperative Employment Program (CEP) provides supported competitive employment services to eligible individuals with developmental disabilities. The CEP is jointly funded and operated by the Department of Rehabilitative Services (DRS) and the CSB. Using an individualized approach, program staff assesses skills, analyze job requirements, and provide on-the-job training for disabled individuals and disability awareness training for employers. Extensive follow-up services are provided to ensure the success of the job placement. In addition to the job-training component, the CEP offers mobility training to enhance individuals' abilities in the use of public transportation.

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

In FY 2009, day support and employment services were provided to 1,251 individuals with intellectual disabilities. The average annual earnings for the people surveyed in FY 2009 that received community-based group supported employment services were \$5,742, a slight decrease from the prior year yet an 11.3 percent increase over the last two years. The average annual earnings for the people surveyed in FY 2009 that received individual supported employment services were \$15,925, a slight decrease back to a FY 2007 level. It is believed these decreases were the result of the recession and are minor given the extent of the overall economic downturn. In the directly-operated Cooperative Employment Program (CEP), a total of 145 persons were served and 26 new job placements occurred during FY 2009. Average hourly wages for 119 of these individuals was \$10.96/hour, and total wages earned increased to over \$1.98 million. The average number of hours worked by these individuals was 28 hours per week. In addition, over 56 percent of the employed individuals served by CEP received full or partial benefits as part of the compensation package offered by their employers.

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As directed by the Board of Supervisors in FY 2006, CSB staff (along with representatives from the Office of the County Executive, Office of the County Attorney, Department of Management and Budget, and Department of Administration for Human Services) recommended implementation of Self-Directed (SD) Services as an alternative model to traditional day support and employment services. SD services provide adults with intellectual disabilities and their families (including recent graduates from local public and private school special education programs) the opportunity to self-direct day support or employment services to maximize self-determination, enhance personalized service delivery, promote greater community involvement, and reduce service costs. Initiation of SD Services began in FY 2008 via use of Individualized Purchase of Service contracts for two consumers.

During FY 2009, SD services expanded to a census of six individuals. The annualized savings for these six contracts is estimated to be \$19,096. The purchase of 3,917 service hours in FY 2009 reflects a 245 percent increase above the number of SD services hours purchased during FY 2008. The first SD services program evaluation was conducted in January and February 2009. At that time, all families responded to questions about program information, contract development and renewal, contract management, financial management, service management, quality of life, and overall satisfaction with the SD services program. Responses were very positive and suggestions for program and service improvement were provided. Consequently, the continued availability and participation of SD services in FY 2010 and beyond is anticipated.

Working with Fairfax County Public Schools, IDS has determined that there will be 90 special education students with intellectual disabilities in June 2010 who will require day support or employment services. IDS will continue to maximize the provision of services through a combination of new Medicaid Waiver slot allocations, program attrition, efficient use of existing funding, maximization of CEP and SD services, and continuation of management initiatives.

FY 2011 Budget Reduction Impact Summary

To address the projected FY 2011 budget shortfall, a reduction of \$501,755 has been included in the FY 2011 Adopted Budget Plan. This reduction has been accomplished through the elimination of all remaining FASTRAN attendant services for all remaining individuals with intellectual disabilities receiving day services.

In FY 2010, budget reductions included a decrease of \$4,595,508 and were associated with the elimination of the purchase of FASTRAN services for persons with intellectual disabilities who have Medicaid coverage; the elimination of the purchase of attendant services; the elimination of the purchase of out-of-zone non-Medicaid FASTRAN Services; the reduction of contracted individual supported employment services; the elimination of FASTRAN services for 41 non-Medicaid funded individuals with Intellectual Disabilities in sheltered and group supported employment services; and the elimination of the purchase of FASTRAN Services for 16 non-Medicaid funded individuals with intellectual disabilities receiving developmental day services.

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Budget and Staff Resources

Agency Summary					
Category	FY 2009 Actual	FY 2010 Adopted Budget Plan	FY 2010 Revised Budget Plan	FY 2011 Advertised Budget Plan	FY 2011 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	102/ 101.5	102/ 101.5	104/ 104	104/ 104	104/ 104
Grant	44/ 44	44/ 44	50/ 50	50/ 50	50/ 50
Expenditures:					
Personnel Services	\$12,231,842	\$13,015,012	\$13,215,106	\$13,372,415	\$13,372,415
Operating Expenses	27,545,982	24,151,775	23,825,457	23,806,787	24,081,795
Capital Equipment	0	0	20,000	0	0
Subtotal	\$39,777,824	\$37,166,787	\$37,060,563	\$37,179,202	\$37,454,210
Less:					
Recovered Costs	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$39,777,824	\$37,166,787	\$37,060,563	\$37,179,202	\$37,454,210
Revenue:					
Fairfax County	\$33,274,355	\$30,674,676	\$29,039,949	\$30,021,622	\$30,296,630
Fairfax City	509,234	509,234	509,234	509,234	509,234
Falls Church City	194,817	194,817	194,817	194,817	194,817
State DBHDS	18,610	0	0	0	0
Medicaid Waiver	2,701,749	1,741,273	2,176,359	2,176,359	2,176,359
Medicaid Option	2,977,194	3,447,551	3,520,625	3,677,934	3,677,934
Program/Client Fees	1,314,163	599,236	599,236	599,236	599,236
Fund Balance	(1,212,298)	0	1,020,343	0	0
Total Revenue	\$39,777,824	\$37,166,787	\$37,060,563	\$37,179,202	\$37,454,210

FY 2011 Funding Adjustments

The following funding adjustments from the FY 2010 Adopted Budget Plan are necessary to support the FY 2011 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the budget on April 27, 2010.

- ◆ **Employee Compensation** **\$0**
It should be noted that no funding is included for pay for performance or market rate adjustments in FY 2011.
- ◆ **Contract Rate Increases** **\$549,117**
An increase of \$549,117 in Operating Expenses is associated with a 2.71 percent contract rate increase for providers of contracted intellectual disability services.
- ◆ **Miscellaneous Adjustments** **\$357,403**
An increase of \$357,403 in Personnel Services is associated with necessary grant adjustments.
- ◆ **FASTRAN Charges** **(\$117,342)**
A decrease of \$117,342 in Operating Expenses is associated with anticipated requirements for FASTRAN charges as a result of reductions in the costs for fuel, vehicle replacement, and maintenance charges.

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◆ **Reductions** **(\$501,755)**

A decrease of \$501,755 reflects reductions utilized to balance the FY 2011 budget. As a result of these adjustments, there is a savings of \$501,755 to the General Fund Transfer. The following chart provides details on the specific reductions approved.

Title	Impact	Posn	SYE	Reduction
Eliminate Purchase of FASTRAN Attendant Services for All Intellectual Disabilities (ID) Day Services Consumers	This reduction eliminates the purchase of FASTRAN attendant services for all remaining individuals with intellectual disabilities (ID) receiving day services. Following the Fairfax-Falls Church Community Services Board (CSB) FASTRAN reductions implemented during FY 2010, significantly higher than anticipated savings were achieved in expenditures for attendant services because a disproportionate number of FASTRAN attendants became no longer necessary when the CSB's Medicaid consumers with ID were transferred over to Logisticare providers.	0	0.0	\$501,755

Changes to FY 2010 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2010 Revised Budget Plan since passage of the FY 2010 Adopted Budget Plan. Included are all adjustments made as part of the FY 2009 Carryover Review, FY 2010 Third Quarter Review, and all other approved changes through April 20, 2010.

◆ **Carryover Adjustments** **\$1,373,189**

As part of the *FY 2009 Carryover Review*, the Board of Supervisors approved a net increase of \$1,373,189, comprised of \$200,094 in Personnel Services and \$1,173,095 in Operating Expenses. This includes increases of \$1,173,095 for encumbered items and \$200,094 in new grant program year adjustments including \$127,020 for Intellectual Disabilities Services Residential program and \$73,074 for Intellectual Disabilities Services Medicaid Case Management.

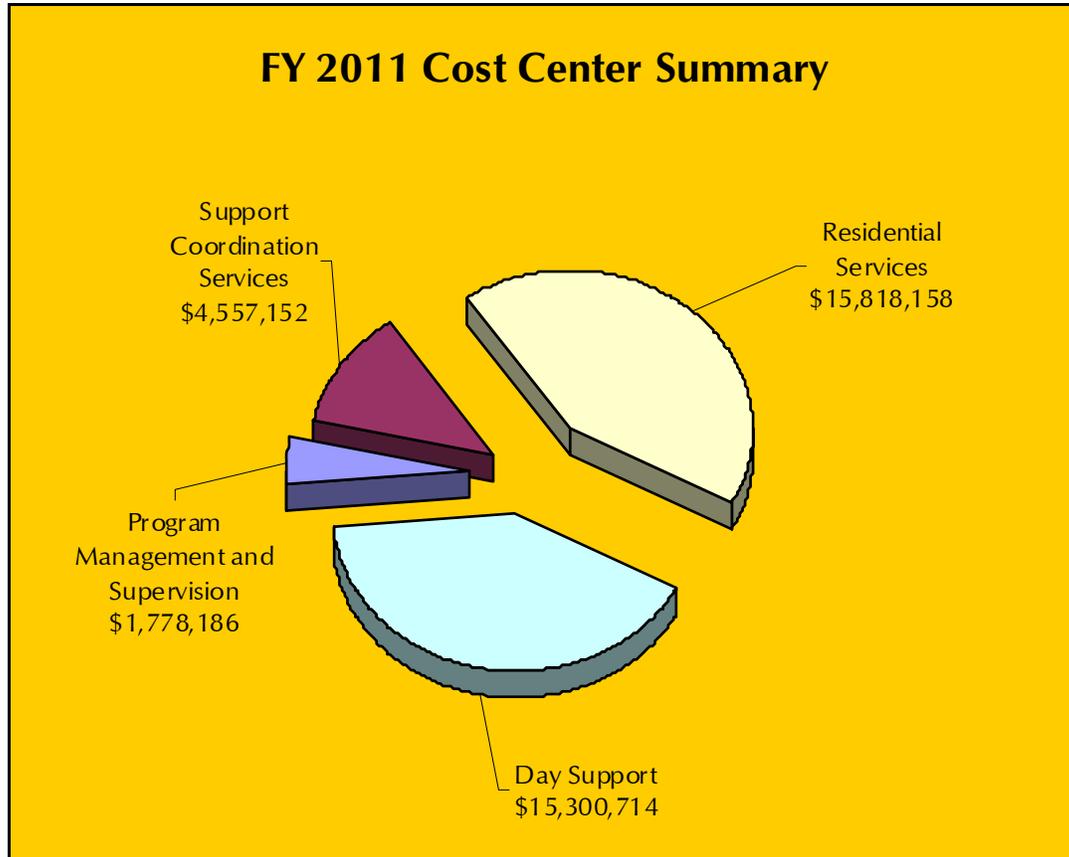
◆ **Third Quarter Adjustments** **(\$1,479,413)**

As part of the *FY 2010 Third Quarter Review*, the Board of Supervisors approved a decrease of \$1,479,413 due to decreases of \$369,686 for funding adjustments and realignment between CSB agencies to reflect projected FY 2010 expenditures and a net reduction of \$1,109,727 to generate savings to meet FY 2010 requirements. This adjustment is comprised of a decrease of \$1,499,413 in Operating Expenses, offset by an increase of \$20,000 in Capital Equipment.

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Cost Centers



Program Management and Supervision

Funding Summary					
Category	FY 2009 Actual	FY 2010 Adopted Budget Plan	FY 2010 Revised Budget Plan	FY 2011 Advertised Budget Plan	FY 2011 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	15/ 15	15/ 15	15/ 15	15/ 15	15/ 15
Total Expenditures	\$1,588,561	\$1,778,186	\$1,675,901	\$1,778,186	\$1,778,186

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

Key Performance Measures

Objectives

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

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Outcome:					
Percent of intellectual disability program performance indicators (service quality and outcome) achieved	100%	100%	88% / 75%	88%	88%

Performance Measurement Results

In FY 2009, 75 percent of Intellectual Disability Services' (IDS) service quality and outcome goals were met or exceeded. Overall, these results indicate that ID services are operating effectively and meeting the needs of people receiving services. All service quality indicators in each service area exceeded FY 2009 targets except two related to consumer wage earnings under Day Support, which was expected due to the challenging economic times the County and nation are currently facing. Because these challenging economic conditions are expected to continue for the next fiscal year, these consumer wage earnings projections are adjusted accordingly.

Support Coordination Services

Funding Summary					
Category	FY 2009 Actual	FY 2010 Adopted Budget Plan	FY 2010 Revised Budget Plan	FY 2011 Advertised Budget Plan	FY 2011 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	9/ 8.5	9/ 8.5	11/ 11	11/ 11	11/ 11
Grant	40/ 40	40/ 40	44/ 44	44/ 44	44/ 44
Total Expenditures	\$3,986,175	\$4,326,769	\$4,502,128	\$4,557,152	\$4,557,152

Position Summary	
1 ID Specialist V	1 Management Analyst I
2 ID Specialists IV	1 Business Analyst II
6 ID Specialists III	
<u>Grant Positions</u>	
2 ID Specialists III	3 ID Specialists I
39 ID Specialists II	
TOTAL POSITIONS	
11 Positions / 11.0 Staff Years	
44 Grant Positions / 44.0 Staff Years	

Key Performance Measures

Goal

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

Objectives

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

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Output:					
Targeted Support Coordination - Individuals served	1,202	1,273	1,300 / 1,298	1,300	1,300
Efficiency:					
Targeted Support Coordination - Cost per individual served	\$2,698	\$2,920	\$2,981 / \$3,071	\$3,203	\$3,340
Service Quality:					
Targeted Support Coordination - Percent of individuals satisfied with services	97%	92%	90% / 93%	90%	90%
Outcome:					
Targeted Support Coordination - Percent of individual service plan objectives met	98%	98%	95% / 97%	95%	95%

Performance Measurement Results

In FY 2009, 93 percent of individuals surveyed were satisfied with Support Coordination services, as compared to a goal of 90 percent, an increase from the previous year and evidence that Support Coordinators consistently exceed targeted satisfaction levels despite more complicated and increased caseloads. Ninety-seven percent of individual service plan objectives were achieved versus a goal of 95 percent. In addition, the FY 2009 number of individuals receiving targeted case management services increased by almost 2 percent above FY 2008 levels. A larger increase in the number of individuals served was anticipated but ultimately constrained by higher-than-anticipated staff vacancies.

Annual cost per individual served was \$3,071, 3 percent higher than the originally projected amount of \$2,981. This increase also represents a 5.2 percent change above the \$2,920 annual cost per individual receiving targeted Support Coordination amount incurred in FY 2008, and is reflective of increased spending for assistive technology and environmental modification purchases for Medicaid recipients. These purchases are coordinated by Support Coordination services, and the associated costs are offset by increased Medicaid Waiver revenue collections.

Residential Services

Funding Summary					
Category	FY 2009 Actual	FY 2010 Adopted Budget Plan	FY 2010 Revised Budget Plan	FY 2011 Advertised Budget Plan	FY 2011 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	71 / 71	71 / 71	71 / 71	71 / 71	71 / 71
Grant	4 / 4	4 / 4	6 / 6	6 / 6	6 / 6
Total Expenditures	\$14,900,253	\$15,499,194	\$15,758,484	\$15,543,150	\$15,818,158

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Position Summary	
<u>Group Homes</u> 1 ID Specialist IV 3 ID Specialists III 11 ID Specialists II 52 ID Specialists I	<u>Supervised Apartments</u> 3 ID Specialists I 1 ID Specialist II
<u>Grant Positions</u> 6 ID Specialists I	
TOTAL POSITIONS 71 Positions / 71.0 Staff Years 6 Grant Positions / 6.0 Staff Years	

Key Performance Measures

Goal

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

Objectives

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

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Output:					
Group Homes - Individuals served	314	314	305 / 317	305	305
Efficiency:					
Group Homes - Cost per client served	\$35,281	\$35,749	\$38,150 / \$37,603	\$39,585	\$41,671
Service Quality:					
Group Homes - Percent of individuals who are satisfied with support services	90%	92%	88% / 98%	90%	90%
Outcome:					
Group Homes - Percent of individuals living in group homes who maintain their current level of service	99%	99%	90% / 100%	92%	92%

Performance Measurement Results

In a survey of individuals receiving residential services, 98 percent reported satisfaction with support services, exceeding the FY 2009 goal of 88 percent and the FY 2008 actual of 92 percent. In FY 2009, 100 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, 317 individuals were served in group homes in FY 2009 which is more than the projected total of 305 individuals. The average FY 2009 cost to the County per client served in group homes increased to \$37,603 due to a variety of cost increases including staff salaries, rents, utilities, transportation/fuel, food, and others. This amount was 5.2 percent above the FY 2008 level, but still slightly below the FY 2009 projected amount of \$38,150, reflecting maintenance of efficiencies implemented in recent years in both directly-operated and contracted residential settings and higher than anticipated numbers of individuals served.

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Day Support   

Funding Summary					
Category	FY 2009 Actual	FY 2010 Adopted Budget Plan	FY 2010 Revised Budget Plan	FY 2011 Advertised Budget Plan	FY 2011 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	7/7	7/7	7/7	7/7	7/7
Total Expenditures	\$19,302,835	\$15,562,638	\$15,124,050	\$15,300,714	\$15,300,714

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

Key Performance Measures

Goal

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

Objectives

- ◆ To achieve an annual increase of at least 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 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Output:					
Day Support - Total individuals served	1,188	1,218	1,293 / 1,251	1,333	1,404
Day Support - Non-Medicaid eligible individuals served	677	687	735 / 703	700	749
Supported Employment - Non-Medicaid eligible individuals served	NA	479	570 / 494	504	552
Efficiency:					
Day Support - Cost per individual served with local funds	\$16,815	\$18,703	\$19,210 / \$17,536	\$18,143	\$18,770
Supported Employment - Cost per individual served with local funds	\$11,661	\$11,394	\$11,694 / \$11,394	\$11,583	\$11,775
Service Quality:					
Day Support - Percent of individuals satisfied with services	95%	94%	90% / 96%	90%	90%

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Outcome:					
Supported Employment - Average wages reported by individuals in group-based programs	\$5,160	\$6,012	\$5,263 / \$5,742	\$5,742	\$5,742
Supported Employment - Average wages reported by individuals in individual-based programs	\$15,952	\$16,519	\$16,273 / \$15,925	\$15,925	\$15,925
Supported Employment - Percent change in average wages reported by individuals in all programs	4.00%	8.40%	1.00% / (1.90%)	1.00%	1.00%

Performance Measurement Results

According to an annual survey, in FY 2009, 96 percent of individuals receiving day support services reported satisfaction, thereby exceeding the goal of 90 percent. Total wages earned by the 371 people surveyed who received group supported employment services in FY 2009 was \$2,130,111, for average annual earnings of \$5,742. This FY 2009 average wage total was \$270 lower than this group's FY 2008 average wage total of \$6,012. Total wages earned by the 198 people surveyed who received individual employment services in FY 2009 were \$3,153,165, for average annual wage earnings of \$15,925. This group's average annual wage earnings were \$594 lower than their FY 2008 average earnings of \$16,519. Overall, in FY 2009, the percentage change in average wages reported by individuals in all contracted supported employment programs was a decrease of 1.9 percent versus a target of a 1.0 percent increase.

While a slight overall decrease is apparent, the average wage reduction appears to relatively small within the context of a national recession that began in December 2007. Further, there was only a slight change in the overall net number of individuals employed in the most recent fiscal year 569 in FY 2009 versus 572 in FY 2008. This relatively consistent level of persons served remaining employed is viewed as a success given a national economy with unemployment exceeding 9 percent. These results are significantly below the average wage increases of 8.4 percent seen in FY 2008. Given the susceptibility of employment opportunities for individuals with disabilities to the overall general economy, slower wage growth is anticipated in the near future.

The FY 2009 total of 703 non-Medicaid individuals receiving day support is a slight increase from the FY 2008 total of 687. However, it is also lower than the originally projected number of 735 due to higher than anticipated attrition rates and prioritization of Medicaid-funded services in FY 2009. The cost per individual served with local funds for Day Support was \$17,536 in FY 2009, a 6.2 percent decrease from the FY 2008 amount and 8.7 percent below the FY 2009 estimate. This decrease in the annual cost per individual served is attributable to the lack of contract rate adjustments in FY 2009, higher than projected attrition, prioritization of Medicaid-funded services, implementation of a 2-month delay in the start of services for June 2008 special education graduates, and implementation of other management efficiencies. The cost per individual served decreased 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 \$11,394 in FY 2009, which represents no change from the FY 2008 cost, but is 2.6 percent below the FY 2009 estimate of \$11,694. These estimates are determined up to two years ahead of time based on estimated state and local funding, number of projected consumers, expected program attrition, and foreseeable contract rate adjustments. Since these variables are continuously changing, the cost per individual for IDS/MRS Day Support services is difficult to accurately project.