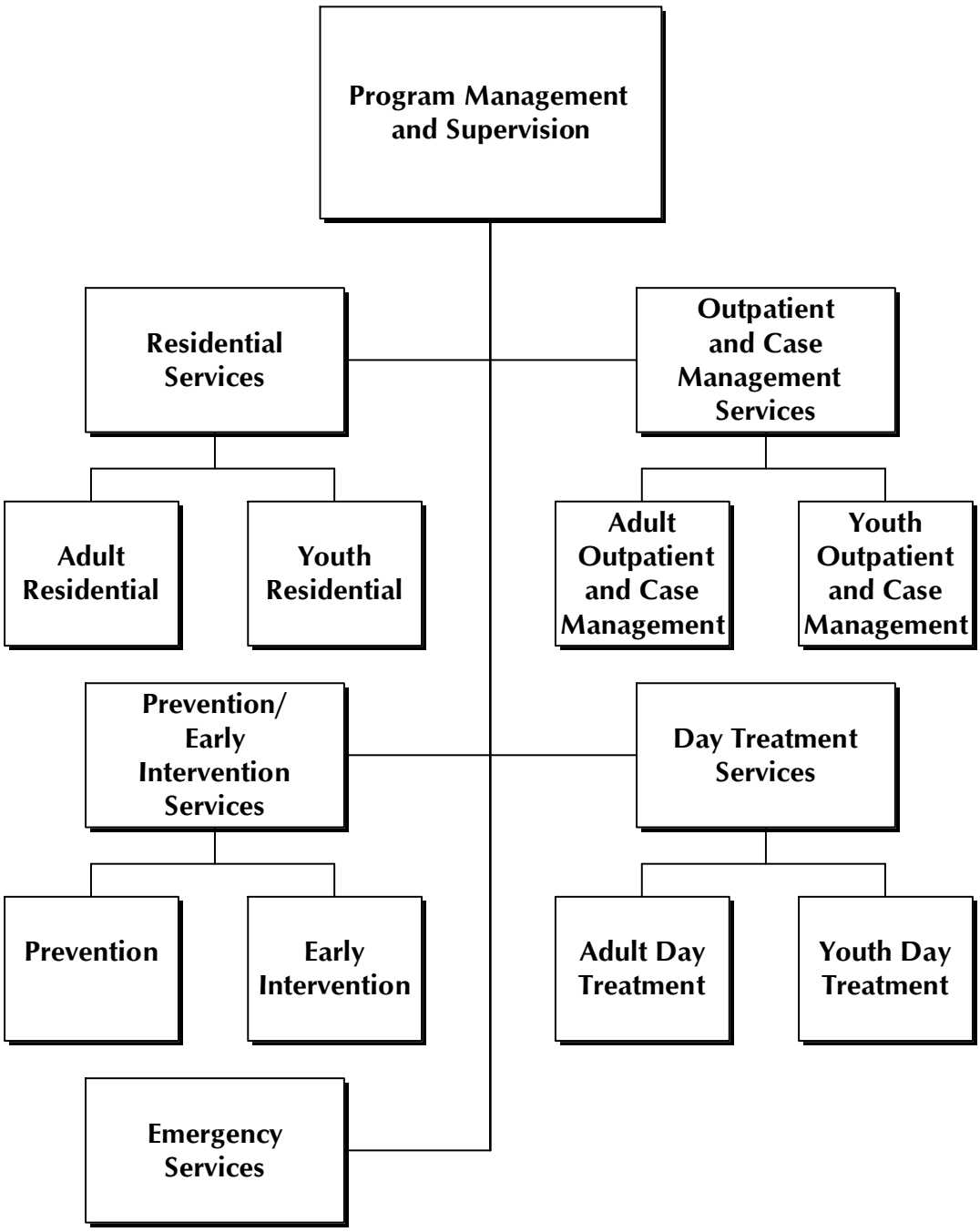
Fund 106
CSB - Alcohol and Drug Services



Fund 106
CSB - Alcohol and Drug Services

Mission
To reduce the incidence and prevalence of alcohol and drug abuse in Fairfax County and in the cities of Fairfax and Falls Church by providing prevention, treatment and rehabilitation services to individuals and their families who abuse and/or are addicted to alcohol and drugs.

Focus
Alcohol and Drug Services (ADS) provides substance abuse prevention, early intervention and treatment services to residents of Fairfax County and the cities of Fairfax and Falls Church. Services are provided through directly-operated programs and contractual providers through six cost centers: Program Management and Supervision, Residential, Outpatient and Case Management, Prevention/Early Intervention, Day Treatment and Emergency Services.

Program Management and Supervision provides leadership in the management of services and staff; planning and development of programs; evaluation; quality assurance; and, resource allocation of local, state, federal and grant funds. This cost center also provides volunteer support services and administrative support.

Residential Services provides comprehensive services including individual, group and family therapy; medication management; and case management. Residential treatment settings are matched to the level of care needed by adolescent and adult clients. Treatment services include detoxification, intermediate and long term treatment, supervised apartment programming, supported living services and aftercare services. Specialized care is provided for clients with co-occurring substance use disorders and mental illness, pregnant and post-partum women, persons whose primary language is Spanish, and persons who are homeless. The CSB has utilized fiscally responsive practices to analyze ways Medicaid dollars can be realized and maximized for funding residential service delivery. For example, in FY 2009, Medicaid billing and reimbursement expanded in the Cornerstones Program by billing for a new service.

Residential Services has established a continuum of service between the Recovery Women's Center (day treatment services) and New Generations (residential treatment services). The redesign at the New Generations program allows an intermediate length of stay for pregnant and post-partum women and their children while their needs are addressed by staff clinicians.

Outpatient and Case Management Services provides case management and individual, group and family counseling for adult and adolescent clients, with specialized care for the dually diagnosed, pregnant and post-partum women, those whose primary language is Spanish, and those with HIV/AIDS. Psychiatric consultation to assist in treatment planning and case management is provided. The Fairfax Adult Detention Center provides services that include court-ordered assessments, evaluations, referral to community treatment, as well as direct services within the jail. Services are provided through the Intensive Addictions Program and the True Freedom Program, which are designed for persons who have a co-occurring disorder. Education groups are also provided in English and Spanish. Psychiatric treatment and medication management are provided as needed through the psychiatrist assigned to the jail.

Prevention/Early Intervention Services seeks to reduce the incidence of substance abuse and other risky behaviors before they become more serious issues. Services include education, consultation, training, screening and referral services, as well as specialized programming to at-risk and high-risk populations. Services are usually offered in community settings and reach those that would not usually seek or access services in traditional manners. Prevention/Early Intervention staff plays a vital role in increasing public knowledge about substance abuse awareness and available resources.

Prevention Services directly implements and trains community partners in the facilitation of the Children's Acknowledge, Care, Tell (ACT) project: Parents Raising Safe Kids (PRSK) program. PRSK is a violence prevention project that focuses on adults who raise, care for, and teach children ages 0 to 8 years. It is designed to prevent violence by providing young children with positive role models and environments that teach nonviolent problem-solving. In FY 2010 Prevention/Early Intervention Services is also continuing to implement the Substance Abuse and Mental Health Administration (SAMHSA) model program, Too Good For Drugs (TGFD). This multi-week program uses interactive teaching methods and is designed to develop five

essential life skills: (1) goal setting; (2) decision making; (3) bonding with pro-social others; (4) identifying and managing emotions; and (5) communicating effectively.

Prevention Services continues to facilitate the Girl Power (GP) program directly. Prevention Services also builds capacity by providing GP training to community partners and ongoing technical assistance for replication and expansion of this service. Prevention/Early Intervention staff plays a vital role in increasing public awareness of evidenced-based practices, substance abuse prevention and mental health promotion.

Prevention/Early Intervention Services provides the Leadership and Resiliency Program (LRP) and the Student Assistance Program (SAP), which are intensive, school-based programs. The plan, approved by the Board of Supervisors, is to implement both programs in all 28 Fairfax County public high schools in the future, as funding permits. In FY 2011, LRP will be in 11 high schools and SAP will remain in 15 high schools. LRP is a CSB-developed SAMHSA model substance abuse and violence prevention program for high school students. Nearly 100 jurisdictions nationally and in Canada have purchased LRP licenses, materials, and training to replicate the program. Revenue is used to help fund local prevention services. SAP is an alcohol and drug screening, assessment, and early intervention program serving adolescents and their families.

Day Treatment Services provides daily intensive case management, individual, group and family counseling to substance abusing adults and adolescents who need more intensive services than the standard outpatient treatment services. Psychiatric consultation to assist in treatment planning and case management is provided. Adolescents served in the Day Treatment Program and Juvenile Detention Center also receive their school services from Fairfax County Public Schools on-site at their treatment program.

In FY 2011, Adult Day Treatment Services will continue a contract with the Virginia Department of Corrections, Department of Parole and Probation to provide relapse prevention services for offenders in need of such specialized service.

Emergency Services provides crisis intervention, assessment, evaluation, case management and emergency substance abuse services for all adult Alcohol and Drug Services programs and provides referrals to private treatment programs when needed. Specialized services are offered to those whose primary language is Spanish and those clients with co-occurring substance use disorders and mental illness.

The individuals served throughout these programs include pregnant women, those diagnosed with HIV/AIDS, individuals needing intensive residential treatment services and high-risk youth. These services help the individuals attain recovery from abuse and addiction, increase positive outcomes in pregnancy, reduce homelessness, increase work/school/social productivity, reduce criminal justice involvement and reunite families.

FY 2011 Budget Reduction Impact Summary

To address the projected FY 2011 budget shortfall, a reduction of $409,031 has been included in the FY 2011 Adopted Budget Plan. This reduction was accomplished through the elimination of 3/3.0 SYE positions; management of position vacancies to achieve savings; and decrease of program expenses. Alcohol and Drug Services has identified potential new revenues of $662,263 in order to maintain core services.

In FY 2010, budget reductions included a decrease of $1,722,399, the elimination of 15/15.0 SYE positions, and the reduction of adult outpatient services at the North County Human Services Center; the elimination of hospital-based medical detoxification services; the elimination of the Diversion to Detoxification program; the elimination of the Leadership and Resiliency Program in four high schools; the reduction of services at the Adult Detention Center; the reduction of quality assurance and compliance services; the reduction of the FASTRAN Budget; the closing of five residential substance abuse and co-occurring treatment beds; the reduction of contract treatment services; the termination of a vacant property lease; and the reduction of Personnel Services expenditures.

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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	316/ 314	301/ 299	294/ 292	288/ 286	291/ 289
Grant	13/ 13	13/ 13	14/ 14	14/ 14	14/ 14
Expenditures:					
Personnel Services	$23,996,211	$25,729,538	$26,188,986	$24,804,369	$25,034,754
Operating Expenses	5,395,396	4,341,521	5,407,134	4,314,142	4,314,142
Capital Equipment	0	0	0	0	0
Subtotal	**$29,391,607**	**$30,071,059**	**$31,596,120**	**$29,118,511**	**$29,348,896**
Less:					
Recovered Costs	($269,386)	$0	($519,060)	($50,000)	($50,000)
Total Expenditures	**$29,122,221**	**$30,071,059**	**$31,077,060**	**$29,068,511**	**$29,298,896**
Revenue:					
Fairfax County	$22,525,211	$21,420,732	$20,655,731	$19,827,065	$20,057,450
Fairfax City	235,620	123,261	123,261	123,261	123,261
Falls Church City	118,355	118,355	118,355	118,355	118,355
State DBHDS	3,573,154	3,275,191	3,566,914	3,566,914	3,566,914
State Other	214,646	118,028	137,808	197,839	197,839
Federal Block Grant	3,253,895	3,260,118	3,326,850	3,279,121	3,279,121
Federal Other	821,055	433,419	1,307,908	434,739	434,739
Federal ARRA	0	0	548,692	0	0
Medicaid Option	42,638	500,409	112,000	112,000	112,000
Program/Client Fees	738,750	722,046	722,046	1,013,933	1,013,933
CSA Pooled Funds	5,715	0	0	295,784	295,784
Miscellaneous	99,500	99,500	99,500	99,500	99,500
Fund Balance	(2,506,318)	0	357,995	0	0
Total Revenue	**$29,122,221**	**$30,071,059**	**$31,077,060**	**$29,068,511**	**$29,298,896**

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** **$19,110**
  An increase of $19,110 in Operating Expenses is associated with a 2.71 percent contract rate increase for providers of contracted alcohol and drug services.

- **Miscellaneous Adjustments** **($382,242)**
  A decrease of $382,242 is associated with necessary grant and non-grant adjustments.

- **Reductions** **($409,031)**

A decrease of $409,031 and 3/3.0 SYE positions reflects reductions utilized to balance the FY 2011 budget. In addition, there are revenue enhancements totaling $662,263. As a result of these adjustments, there is a savings of $1,071,294 to the General Fund Transfer. The following chart provides details on the specific reductions approved, including funding and associated positions.

Title	Impact	Posn	SYE	Reduction
Manage Position Vacancies to Achieve Savings for Alcohol and Drug Services (ADS)	This reduction impacts the ability to fill regular merit positions. ADS has a targeted number of positions to hold vacant throughout the year; currently ADS maintains an average of 10.5 vacancies. This reduction will add 2.5 vacancies to the turnover target, for a total of 13.0. As a result, ADS consumers are likely to experience longer wait times for services; ADS staff will experience increased caseloads; and ADS may not be able to meet State Performance Contract expectations.	0	0.0	$194,796
Eliminate One Supervisory Position in the Juvenile Forensics Program	This reduction eliminates one supervisory position in the Juvenile Forensics Program and impacts the clinical and administrative oversight of the joint Mental Health Services (MHS) and Alcohol and Drug Services (ADS) team at Juvenile & Domestic Relations District Court (JDRDC). This position supervises seven staff who provide evaluations, crisis intervention and emergency services to JDRDC and youth housed in the Juvenile Detention Center. This position also provides site management coverage for the entire Juvenile Forensics Program that includes the seven MHS staff and four ADS staff. The work of this position will be transferred to another manager in MHS and the CSB will continue to work with JDRDC to ensure their highest priority service needs are met. Please note that the position elimination and savings associated with this reduction are captured in the narrative for Mental Health Services.	NA	NA	NA
Eliminate One Supervisory Substance Abuse Counselor Position at South County Alcohol and Drug Services Adult Outpatient Services	This reduction eliminates one Substance Abuse Counselor III position that conducts direct service evaluations and supervises three staff that provide outpatient services for the Probation and Parole program and High Intensity Drug Trafficking Area (HIDTA) grant. The reduction eliminates on-site evaluation services at South County for 15-25 consumers, will increase the number of evaluations at the Assessment and Referral Center which could result in extended waits for other consumers, and will increase the workload of existing site directors at South County and Fairfax Outpatient sites since they will absorb supervisory duties.	1	1.0	$84,235

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Title	Impact	Posn	SYE	Reduction
Reduce Operating Expenses for Alcohol and Drug Services (ADS) Cornerstones Program	This reduction reduces operating expenses for contracted residential treatment services in the Cornerstones Program. As a result, the waiting list for such services will increase to four months and approximately seven high-risk individuals will go unserved. Most clients have previous outpatient treatment failure, are court involved and are receiving services through multiple human services agencies. Individuals present with severe medical complications, psychiatric disorders, histories of abuse and neglect and a myriad of other problems. While waiting for services, individuals often cycle through inappropriate yet expensive services which do not meet their needs, including hospitalizations, detoxification centers, emergency rooms, and crisis care programs.	0	0.0	$80,000
Reallocate HIDTA Reimbursement Funding for Alcohol and Drug Services (ADS) Crossroads Adult Program	This reduction reduces the flexibility to provide additional residential treatment services at the Crossroads Residential facility. Crossroads Adult is a long-term therapeutic alcohol and drug residential treatment program. Clients complete the residential phase of the program then enter a continuing care phase to allow them to make a smooth transition back into the community. As a result of this reduction, wait times for such services are likely to increase as there currently is a wait list.	0	0.0	$50,000

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Title	Impact	Posn	SYE	Reduction
Eliminate County Funding that Supports Three Positions Providing Juvenile Forensics BETA Services	This reduction replaces County funding with alternative revenue sources such as CSA fee revenue, redeploys one CSB position to this program, and eliminates two positions. The BETA program is an intensive day treatment program located within the Juvenile Detention Center (JDC). It serves approximately 50 youth who are on suspended commitments to the state correctional facilities in a secure setting that allows for public safety to be achieved as well as providing intensive treatment and psychiatric services. At present, the CSB does not receive reimbursement for its services provided to youth in the BETA program. However, the CSB and the JDRDC are involved in discussions of service delivery design to ensure remaining staff resources will be directed to JDRDC's priority service areas, as well as fee-for-service options, including agreements with the Community Policy and Management Team (CPMT) in order to generate sufficient revenue to maintain the services. Currently, all the youth served are CSA eligible for non-mandated services. If an agreement is finalized, the CSB will monitor CSA referrals and fee revenue to assess the sustainability of the service beyond FY 2011. In the absence of a fee-for-service agreement with the CPMT or sufficient alternative revenue, the reduction or elimination of BETA program services will impact the ability to treat some of the County's most at-risk youth while maintaining public safety. Juvenile Court judges and probation officers will be unable to place youth in a secure, locked community-based treatment program and will result in probation officers seeking CSA funding for secure residential placements at a much greater cost to the County. This will affect short and long-term outcomes for the youth, significantly increase the likelihood of criminal recidivism, and negatively impact the County's System of Care Initiative of maintaining youth in the community and with their families. As a result of the actions above, there is a savings of $238,795 to the General Fund Transfer. Please note that this reduction is also referenced in the narrative for Mental Health Services.	2	2.0	NA
Increase Revenue for Alcohol and Drug Services Provided to Probation and Parole	This reduction and revenue enhancement eliminates one grant Substance Abuse Counselor II position at South County Outpatient Site and increases revenue in the Probation and Parole program. ADS will continue to provide the treatment required to fulfill the Memorandum of Agreement (MOA) requirements by existing merit staff. In addition, a second MOA designed to provide relapse prevention services for Probation and Parole, which was implemented by staff working overtime, will now be provided within regular budgeted hours. These efficiencies will result in an increase of revenue without a commensurate increase in expenditures. As a result of the actions above, there is a savings of $74,592 to the General Fund Transfer.	0	0.0	NA

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Title	Impact	Posn	SYE	Reduction
Increase Client Fee Collection Revenues in Alcohol and Drug Services	This revenue enhancement increases client fee collection revenue and impacts staff resources as staff will be required to absorb the work associated with processing the additional volume of payment collection and follow-up correspondence with clients. In particular, these increased fees will affect consumers in Crossroads Adult and Vanguard Contract Residential Treatment programs. Staff will be responsible for increased notification of and discussions with clients to ensure that fees are paid. There is also the potential of fees being collected through income tax returns using the debt set-off services. In conjunction with the increase already reflected in the FY 2011 CSB fee revenue base request, this reduction would increase ADS client fees by 19.5 percent. As a result of the actions above, there is a savings of $125,000 to the General Fund Transfer.	0	0.0	NA
Eliminate County Funding at the Crossroads Youth Residential Treatment Program	This reduction replaces County funding with alternative revenue sources such as Comprehensive Services Act (CSA) fee revenue, and redeploys 3/3.0 SYE CSB positions that otherwise would have been eliminated. Crossroads Youth is a residential treatment facility for youth with co-occurring disorders. At present, the CSB does not receive CSA reimbursement for substance abuse residential services, but received reimbursement for youth referred to the former Sunrise II program. The CSB is exploring a fee-for-service agreement with the Community Policy and Management Team (CPMT) in order to generate sufficient revenue to maintain the services. The CSA local match requirement will range from 23 percent to 58 percent based on the eligibility of the youth. Currently, all the youth served are CSA eligible for non-mandated services. If an agreement is finalized, the CSB will monitor CSA referrals and fee revenue to assess the sustainability of the service beyond FY 2011. In the absence of a fee-for-service agreement with the CPMT or sufficient alternative revenue, this reduction will eliminate up to three of 14 Substance Abuse Counselor direct service staff and impact up to 17 youth annually who would not be served due to loss of staff required by licensure standards to maintain full bed capacity. The 20-bed capacity would be reduced to 13. In 2007, the 11-bed Sunrise youth residential program for co-occurring disordered youth was eliminated due to low utilization. Along with this reduction, a total of 18 residential beds for youth with co-occurring disorders will have been eliminated, equivalent to a 58 percent loss of capacity. Other impacts may include increased service wait time from 4 to 12 weeks, increased criminal behavior in the community, increased out-of-county placements through CSA at an increased cost, and reduced consumer satisfaction. As a result of the actions above, there is a savings of $223,876 to the General Fund Transfer.	0	0.0	NA

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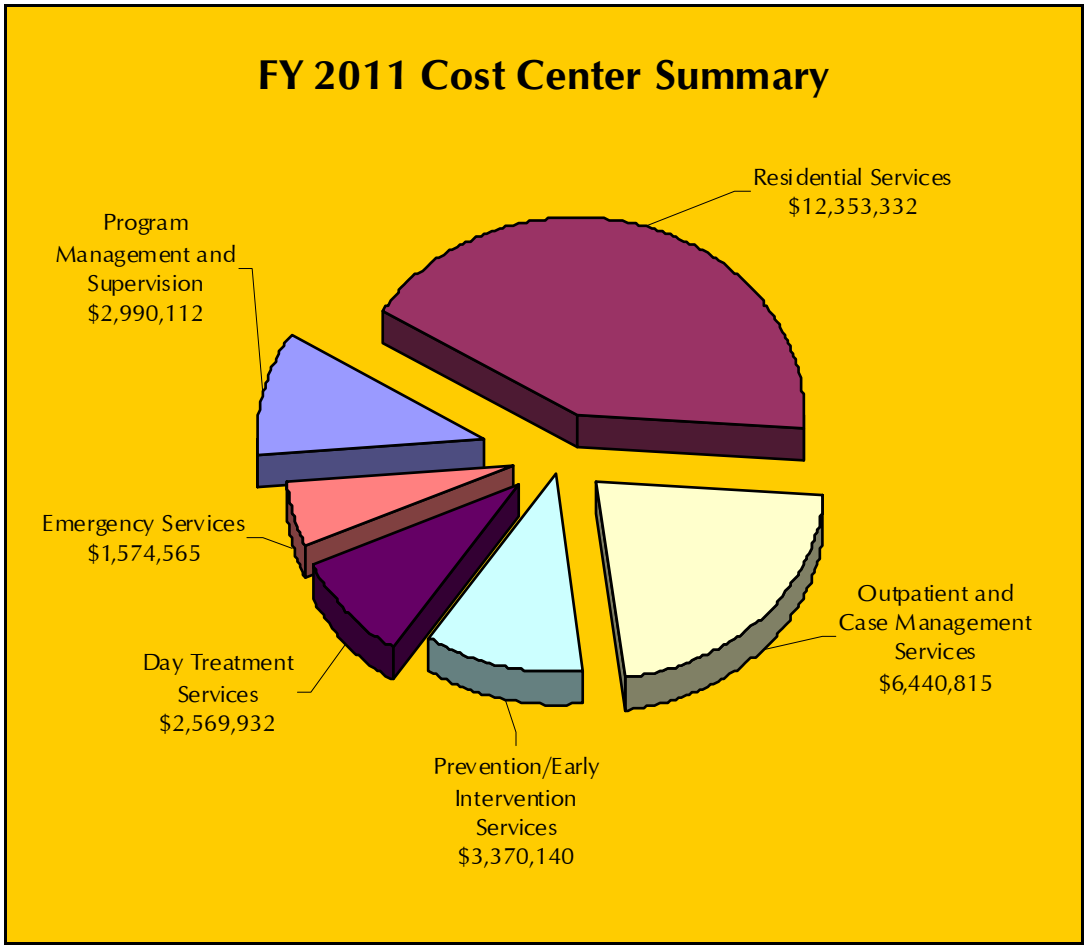
Changes to FY 2010 Adopted Budget Plan

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** **$725,342**
  As part of the *FY 2009 Carryover Review*, the Board of Supervisors approved a net increase of $725,342, comprised of $18,714 in Personnel Services and $706,628 in Operating Expenses. This includes increases of $473,170 in unexpended FY 2009 grant balances; $346,249 in new grant program year adjustments including $278,033 for the new federal stimulus American Recovery and Reinvestment Act of 2009 (ARRA) allocation for the Diversion to Detoxification program in Alcohol and Drug Services and $68,216 for the Alcohol and Drug Services Al's Pals grant; $293,721 for encumbered items; $47,730 in baseline adjustments in deferred revenue for the Regional Co-Occurring Residential federal block grant project offset by a decrease of $435,528 in adjustments to current grant awards.

- **Third Quarter Adjustments** **$280,659**
  As part of the *FY 2010 Third Quarter Review*, the Board of Supervisors approved a net increase of $280,659 due to an increase of $670,660 in Federal/State grant awards; offset by a net reduction of $390,001 to generate savings to meet FY 2010 requirements. This adjustment is comprised of increases of $440,734 in Personnel Services, $358,985 in Operating Expenses, and $519,060 in Recovered Costs.

Cost Centers



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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	32/ 32	30/ 30	31/ 31	31/ 31	31/ 31
Total Expenditures	**$2,901,696**	**$3,184,113**	**$3,141,110**	**$2,990,112**	**$2,990,112**

Position Summary			
	Program Management & Supervision		**Office Support**
1	Director, Alcohol and Drug Programs	1	Administrative Associate
5	Substance Abuse Counselors V	5	Administrative Assistants IV
1	Substance Abuse Counselor IV	14	Administrative Assistants III
1	Business Analyst II	2	SAS Aides
1	Volunteer Services Program Manager		
TOTAL POSITIONS			
31 Positions / 31.0 Staff Years			

Key Performance Measures

Goal

To provide program management, quality assurance, evaluation, administrative support and volunteer support services for the agency's alcohol and substance abuse treatment programs.

Objectives

- To provide direction and management support to Alcohol and Drug Services (ADS) programs so that 80 percent of service quality and outcome goals are achieved.

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 ADS program performance indicators (service quality and outcome) achieved	94.0%	88.0%	80.0% / 93.7%	80.0%	80.0%

Performance Measurement Results

In FY 2009, 15 out of 16 or 94 percent of service quality and outcome measures were met or exceeded by Alcohol and Drug Services (ADS) thereby exceeding the target of 80 percent. One outcome measure was not met in the directly operated residential program. Residential services experienced a decline in the percentage of clients employed after leaving the program. This decline was most likely attributed to the challenging economy and consumers' inability to attain and maintain employment.

The performance measures are designed to measure service satisfaction, access to services, consumer service delivery, consumer productivity in school and/or work, and reduction of illegal substance use. ADS will use the results of the FY 2009 performance measures to engage in continuous quality improvement activities throughout FY 2011.

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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	144/ 143	137/ 136	131/ 130	131/ 130	131/ 130
Grant	3/ 3	3/ 3	7/ 7	7/ 7	7/ 7
Total Expenditures	**$12,772,142**	**$12,470,953**	**$13,592,399**	**$12,280,257**	**$12,353,332**

Position Summary

Social Detoxification
- 1 Public Health Doctor, PT
- 1 Behavioral Nurse Supervisor
- 4 Behavioral Nurse Clinicians/Case Managers
- 1 Nurse Practitioner/Physician Assistant
- 1 Substance Abuse Counselor IV
- 2 Substance Abuse Counselors III
- 7 Substance Abuse Counselors II
- 7 Substance Abuse Counselors I
- 1 SAS Aide
- 1 Psychiatrist

Steps to Recovery
- 1 Substance Abuse Counselor III
- 3 Substance Abuse Counselors II
- 1 Substance Abuse Counselor I

Dual Diagnosis Facility - Cornerstones
- 1 Substance Abuse Counselor IV
- 1 Substance Abuse Counselor III
- 3 Substance Abuse Counselors II
- 1 Substance Abuse Counselor I
- 1 Food Service Supervisor
- 1 Cook
- 1 SAS Aide
- 1 Licensed Practical Nurse
- 1 Assistant Residential Counselor

Long-Term Rehabilitation - Crossroads
- 1 Substance Abuse Counselor IV
- 3 Substance Abuse Counselors III
- 10 Substance Abuse Counselors II
- 3 Substance Abuse Counselors I
- 1 Assistant Residential Counselor
- 1 Behavioral Nurse Clinician/Case Manager
- 2 Licensed Practical Nurses
- 1 Administrative Assistant V
- 1 Food Service Supervisor
- 2 SAS Aides

Supported Living
- 1 Substance Abuse Counselor IV
- 2 Substance Abuse Counselors III
- 6 Substance Abuse Counselors II

Long-Term Rehabilitation - New Generations
- 1 Behavioral Nurse Supervisor
- 1 Substance Abuse Counselor IV
- 1 Substance Abuse Counselor III
- 1 Substance Abuse Counselor II
- 4 Substance Abuse Counselors I
- 2 Day Care Center Teachers I, 1 PT
- 1 SAS Aide

Intermediate Rehabilitation - A New Beginning
- 1 Behavioral Nurse Clinician/Case Manager
- 1 Substance Abuse Counselor IV
- 3 Substance Abuse Counselors III
- 6 Substance Abuse Counselors II
- 6 Substance Abuse Counselors I
- 1 Food Service Supervisor
- 4 Cooks
- 1 Administrative Assistant V
- 1 SAS Aide

Long-Term Rehabilitation - Crossroads Youth
- 1 Substance Abuse Counselor IV
- 3 Substance Abuse Counselors III
- 9 Substance Abuse Counselors II
- 7 Substance Abuse Counselors I

Grant Positions

Crossroads-HIDTA
- 1 Substance Abuse Counselor III
- 2 Substance Abuse Counselors II

Steps to Recovery – HUD
- 1 Substance Abuse Counselor II
- 2 Substance Abuse Counselors I

New Generations – HUD
- 1 Substance Abuse Counselor II

TOTAL POSITIONS
131 Positions/ 130.0 Staff Years
7 Grant Positions / 7.0 Staff Years

PT Denotes Part-Time Position

Key Performance Measures

Goal

To provide detoxification services, intermediate and long-term residential substance abuse treatment services for adults, adolescents, pregnant women and mothers with infant children in order to improve their overall functioning in the community.

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Objectives

- To provide substance abuse treatment to clients in the Crossroads program so that 80 percent of client receiving at least 90 days of treatment have increased functioning in the community as evidenced by reduction in use of illegal drugs.

- To provide substance abuse treatment to clients in the Crossroads program so that 80 percent of client receiving at least 90 days or more of treatment will have no new criminal convictions at follow-up after leaving treatment.

- To provide substance abuse treatment to clients in the Crossroads program so that 80 percent of clients receiving at least 90 days of treatment are either employed or in school upon leaving the program.

- To provide substance abuse treatment to clients in the Intermediate Rehabilitation Services (Phoenix) program so that 80 percent of clients receiving at least 30 days of treatment are either employed or are in school upon leaving the program.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Output:					
Crossroads - Clients served	128	120	125 / 135	125	125
Intermediate Rehabilitation - Clients served	12	20	18 / 20	0	NA
Efficiency:					
Crossroads - Cost per client	$11,834	$8,757	$13,834 / $9,368	$12,425	$12,425
Intermediate Rehabilitation - Cost per client	$3,744	$2,253	$10,056 / $6,618	$0	NA
Service Quality:					
Crossroads - Percent of clients satisfied with services	97%	95%	90% / 98%	90%	90%
Intermediate Rehabilitation - Percent of clients satisfied with services	85%	100%	90% / 90%	0%	NA
Outcome:					
Crossroads - Percent of clients showing reduction in drug use when leaving the program.	NA	NA	NA	NA	80%
Crossroads - Percent of clients showing reduction in criminal behavior	NA	NA	NA	NA	80%
Crossroads - Percent of clients participating in at least 90 days of treatment who are either employed or in school upon leaving the program	92%	76%	80% / 82%	80%	NA
Intermediate Rehabilitation - Percent of clients receiving at least 30 days of treatment who are either employed or in school upon leaving the program	100%	69%	80% / 66%	NA	NA

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Performance Measurement Results

In FY 2009, the Crossroads long-term residential treatment program served 135 consumers, exceeding the goal of 125 consumers.

Consumers continue to express high levels of satisfaction with services for both the long term (Crossroads Adult Program) and intermediate residential (Vanguard Services) contracted program. In FY 2009, 98 percent of consumers at Crossroads indicated they were satisfied with services, exceeding the goal of 90 percent. For intermediate rehabilitation services, 90 percent of the consumers indicated they were satisfied with services, meeting the goal of 90 percent.

Clients of both the long term program and the intermediate rehabilitation program have been experiencing greater difficulty finding employment after leaving services. Eighty-two percent of the individuals at Crossroads and 66 percent of the individuals at Vanguard Services were employed or in school upon leaving the program. Prior to the past year when issues of the economy became more apparent, these indicators were significantly higher. Due to their disability, individuals receiving services often have fewer job skills and less employment experience. Given the state of the economy across the County, it is reasonable to expect a reduction in employment among this population. Although the Crossroads program still exceeded it goal of 80 percent employment, the time it took for individuals to get employed was longer than in previous years. Since the nationwide economy is difficult to predict, employment is no longer a reasonable performance measure. For FY 2011, the performance measure for the Crossroads Adult Program is being revised to measure a reduction in drug use and a reduction in criminal behavior. Specifically, 80 percent of the individuals participating in 90 days or more of treatment will exhibit a reduction in drug use after leaving the program. In addition, 80 percent of the individuals participating in 90 days or more of treatment will have no new criminal convictions at follow up after leaving treatment.

Outpatient and Case Management 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	61/ 61	57/ 57	56/ 56	55/ 55	56/ 56
Grant	4/ 4	4/ 4	4/ 4	4/ 4	4/ 4
Total Expenditures	**$6,755,228**	**$6,493,796**	**$6,440,360**	**$6,367,740**	**$6,440,815**

Position Summary

	Adult Outpatient		Youth Outpatient		Community Corrections
3	Senior Clinicians	6	Senior Clinicians	1	Substance Abuse Counselor V
4	Substance Abuse Counselors IV	2	Substance Abuse Counselors IV	1	Substance Abuse Counselor III
4	Substance Abuse Counselors III	4	Substance Abuse Counselors III	3	Substance Abuse Counselors II
17	Substance Abuse Counselors II	11	Substance Abuse Counselors II		

Grant Positions

	Community Connections
2	Substance Abuse Counselors II
1	Mental Health Therapist
1	Mental Health Supervisor/Specialist

TOTAL POSITIONS
56 Positions / 56.0 Staff Years
4 Grant Positions / 4.0 Staff Years

Fund 106
CSB - Alcohol and Drug Services

Key Performance Measures

Goal
To provide outpatient and case management services that allow people to continue functioning and being productive in their homes, workplace, schools and neighborhoods while receiving treatment.

Objectives
- To improve the employment and/or school status for 80 percent of adults who participate in at least 30 days of outpatient treatment.
- To improve the employment and/or school status for 90 percent of youth who participate in at least 30 days of outpatient treatment.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Output:					
Adult Outpatient - Clients served	1,450	1,605	1,500 / 1,842	1,630	1,630
Youth Outpatient - Clients served	1,004	674	665 / 478	665	665
Efficiency:					
Adult Outpatient - Cost per client	$1,910	$1,660	$1,895 / $1,467	$1,613	$1,613
Youth Outpatient - Cost per client	$1,856	$2,944	$3,038 / $4,236	$3,082	$3,082
Service Quality:					
Adult Outpatient - Percent of clients satisfied with services	95%	93%	90% / 90%	90%	90%
Youth Outpatient - Percent of clients satisfied with services	92%	90%	90% / 93%	90%	90%
Outcome:					
Adult Outpatient - Percent of clients showing improvement in their employment and/or school status after 30 days of treatment	81%	83%	80% / 80%	80%	80%
Youth Outpatient - Percent of clients showing improvement in their employment and/or school status after 30 days of treatment	97%	90%	85% / 91%	85%	90%

Performance Measurement Results
In FY 2009, Adult Outpatient served 1,842 consumers, 342 more than the goal. With the increasing number of clients, sites had to establish waiting list groups in addition to increased caseload size for counselors. Youth Outpatient Services served 478 consumers in FY 2009 which is 72 percent of the targeted 665 consumers. A combination of staff vacancies and youth staying longer in treatment caused a decrease in the number served. The average units of service per youth continue to grow. In FY 2007 there were 10 units of service per youth; in FY 2008 there were 14 units of service per youth; and in FY 2009 there were 19 units of service per youth. This change is the result of more intensive treatment and consumers staying longer periods of time in treatment.

Ninety percent of adult consumers and 93 percent of youth consumers were satisfied with services, meeting or exceeding the targets of 90 percent. This can be attributed to continual quality improvement initiatives within the agency that incorporated feedback from narrative portions of previous consumer satisfaction surveys.

Regarding the outcome measures, 80 percent of adults achieved improvement in their employment and/or school status after 30 days of treatment, meeting the target of 80 percent. Ninety-one percent of youth consumers showed improvement, surpassing the target of 85 percent.

Prevention/Early Intervention 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	36/ 36	34/ 34	33/ 33	31/ 31	33/ 33
Total Expenditures	**$2,859,905**	**$3,305,177**	**$3,331,601**	**$3,285,905**	**$3,370,140**

Position Summary			
	Alcohol & Drug Prevention		**Early Intervention**
1	Substance Abuse Counselor IV	2	Substance Abuse Counselors IV
3	Substance Abuse Counselors III	1	Substance Abuse Counselor III
11	Substance Abuse Counselors II	15	Substance Abuse Counselors II
TOTAL POSITIONS			
33 Positions / 33.0 Staff Years			

Key Performance Measures

Goal

To reduce the incidence of substance abuse, as well as provide community prevention, education, consultation, training and information to business, schools, service providers and residents in order to prevent subsequent alcohol and/or drug abuse.

Objectives

- To increase knowledge of healthy lifestyles, substance abuse warning signs and available alcohol and drug abuse resources among 90 percent of participants in prevention education programs.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Output:					
Units of service for prevention education services	3,598	3,487	3,800 / 4,970	3,700	3,800
Service Quality:					
Percent of clients satisfied with services	89%	91%	90% / 92%	90%	90%

Fund 106
CSB - Alcohol and Drug Services

Indicator	Prior Year Actuals FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	Current Estimate FY 2010	Future Estimate FY 2011
Outcome:					
Percent of participants with higher post-test scores after completion of prevention education programs	89%	85%	85% / 87%	90%	90%

Performance Measurement Results

In FY 2009, 4970 units of service for prevention were provided. This accounts for more than 100 percent of the projected goal. This increase reflects an unexpected change in the size and scope of the Too Good For Drugs program, a one-time project made possible from funding from the Virginia Tobacco Settlement.

Eighty-seven percent of clients demonstrated improved knowledge of healthy lifestyles and the warning signs of substance abuse, exceeding the FY 2009 goal of 85 percent. Ninety-two percent of participants reported they were satisfied with services exceeding the goal of 90 percent.

Day Treatment 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	25/ 24.5	25/ 24.5	25/ 24.5	22/ 21.5	22/ 21.5
Grant	6/ 6	6/ 6	3/ 3	3/ 3	3/ 3
Total Expenditures	**$2,357,884**	**$3,042,576**	**$2,997,146**	**$2,569,932**	**$2,569,932**

Position Summary

Adult Day Treatment		Youth Day Treatment		Women's Day Treatment	
1	Substance Abuse Counselor III (-1)	3	Senior Clinicians	1	Substance Abuse Counselor III
4	Substance Abuse Counselors II	1	Substance Abuse Counselor III	4	Substance Abuse Counselors II
		6	Substance Abuse Counselors II (-1)	1	Day Care Center Teacher I, PT
		0	Mental Health Therapists (-1)		
		1	Clinical Psychologist		

Grant Positions

1	Substance Abuse Counselor III
2	Substance Abuse Counselors II

TOTAL POSITIONS
22 Positions (-3)/ 21.5 Staff Years (-3.0)
3 Grant Positions / 3.0 Staff Years

PT Denotes Part-Time Position
(-) Denotes Abolished Positions Due to Budget Reductions

Key Performance Measures

Goal

To provide intensive alcohol and drug day treatment services five days a week to keep people functional and productive in their homes, workplaces, schools and neighborhoods while receiving treatment.

Objectives

- To improve the employment and/or school status for 80 percent of adults who participate in at least 90 days of day treatment services.

- To improve the employment and/or school status for 80 percent of youth who participate in at least 90 days of day treatment services.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Output:					
Adult Day Treatment - Clients served	147	150	140 / 147	140	140
Youth Day Treatment - Clients served	119	118	130 / 129	130	130
Efficiency:					
Adult Day Treatment - Cost per client	$3,121	$3,395	$3,988 / $3,295	$4,036	$4,036
Youth Day Treatment - Cost per client	$5,890	$6,095	$7,017 / $5,962	$7,258	$7,258
Service Quality:					
Adult Day Treatment - Percent of clients satisfied with services	95%	90%	80% / 80%	80%	80%
Youth Day Treatment - Percent of clients satisfied with services	92%	92%	80% / 93%	80%	80%
Outcome:					
Adult Day Treatment - Percent of adults showing improvement in employment and/or school status after 90 days of treatment	81%	83%	80% / 80%	80%	80%
Youth Day Treatment - Percent of youth showing improvement in employment and/or school status after 90 days of treatment	99%	85%	85% / 89%	85%	80%

Performance Measurement Results

In FY 2009, Adult Day Treatment served 147 consumers, exceeding the estimate of 140 by 7 consumers. Youth Day Treatment served 129 consumers, just missing the target of 130 consumers. The Youth Day Treatment Program once again experienced longer periods of consumer service provision which resulted in fewer consumers served.

Eighty percent of adult consumers and 93 percent of youth consumers were satisfied with services, meeting the targets of 80 percent. This can be attributed to continual quality improvement initiatives within the agency that incorporate feedback from narrative portions of previous consumer satisfaction surveys.

Eighty percent of adult consumers and 89 percent of youth consumers served demonstrated improvement in their employment/school status from admission to discharge, therefore meeting or exceeding the goals.

Fund 106
CSB - Alcohol and Drug Services

Emergency 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	18/ 17.5	18/ 17.5	18/ 17.5	18/ 17.5	18/ 17.5
Total Expenditures	**$1,475,366**	**$1,574,444**	**$1,574,444**	**$1,574,565**	**$1,574,565**

Position Summary			
2	Senior Clinicians	4	Substance Abuse Counselors III
1	Substance Abuse Counselor IV	11	Substance Abuse Counselors II , 1 PT
TOTAL POSITIONS			
18 Positions / 17.5 Staff Years		**PT Denotes Part-Time Position**	

Key Performance Measures

Goal

To provide prompt responses to adult clients seeking crisis intervention, assessment, evaluation and/or emergency substance abuse services and provide centralized entry to all Alcohol and Drug Services programs, as well as referrals to private treatment programs when needed.

Objectives

- To improve emergency crisis intervention and assessment services so that 85 percent of assessed clients receive the appropriate level of care based on American Society of Addiction Medicines (ASAM) criteria.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2007 Actual	FY 2008 Actual	FY 2009 Estimate/Actual	FY 2010	FY 2011
Output:					
Clients served	2,027	2,265	2,100 / 2,020	2,100	2,300
Efficiency:					
Cost per client	$314	$359	$453 / $395	$391	$391
Service Quality:					
Percent of clients satisfied with services	96%	98%	95% / 97%	95%	95%
Outcome:					
Percent of clients who access the appropriate level of care based on ASAM criteria	91%	85%	85% / 85%	85%	85%

Performance Measurement Results

In FY 2009, 2,020 consumers were served; this was 4 percent less than the projected target. Fewer consumers were served than originally estimated due to a requirement to hold positions vacant during FY 2009 to meet required budget reduction targets for savings. The current economic conditions have created increased stressors for at-risk populations and are a catalyst for increased substance abuse use as a coping strategy. Referrals from various sources, such as family services, the criminal justice system, probation and parole, Department of Corrections, detoxification diversion efforts, and self-referrals continue to occur.

In addition, the Assessment and Referral Center has served a greater number of clients with significant medical needs. Consumers with complex medical issues frequently need a higher level of service coordination and may need a period of stabilization prior to accessing services. In general, more consumers are reporting to the Assessment and Referral Center who are poly-drug users (using multiple drugs), substance dependent, and have severe co-occurring disorders. Additionally, many do not have insurance or other healthcare options and are unable to access community care until stabilized in hospitals or crisis care centers.

Ninety-seven percent of consumers reported satisfaction with services, exceeding the goal of 95 percent. The goal for consumers accessing the appropriate level of care based on consumer needs was met at 85 percent.