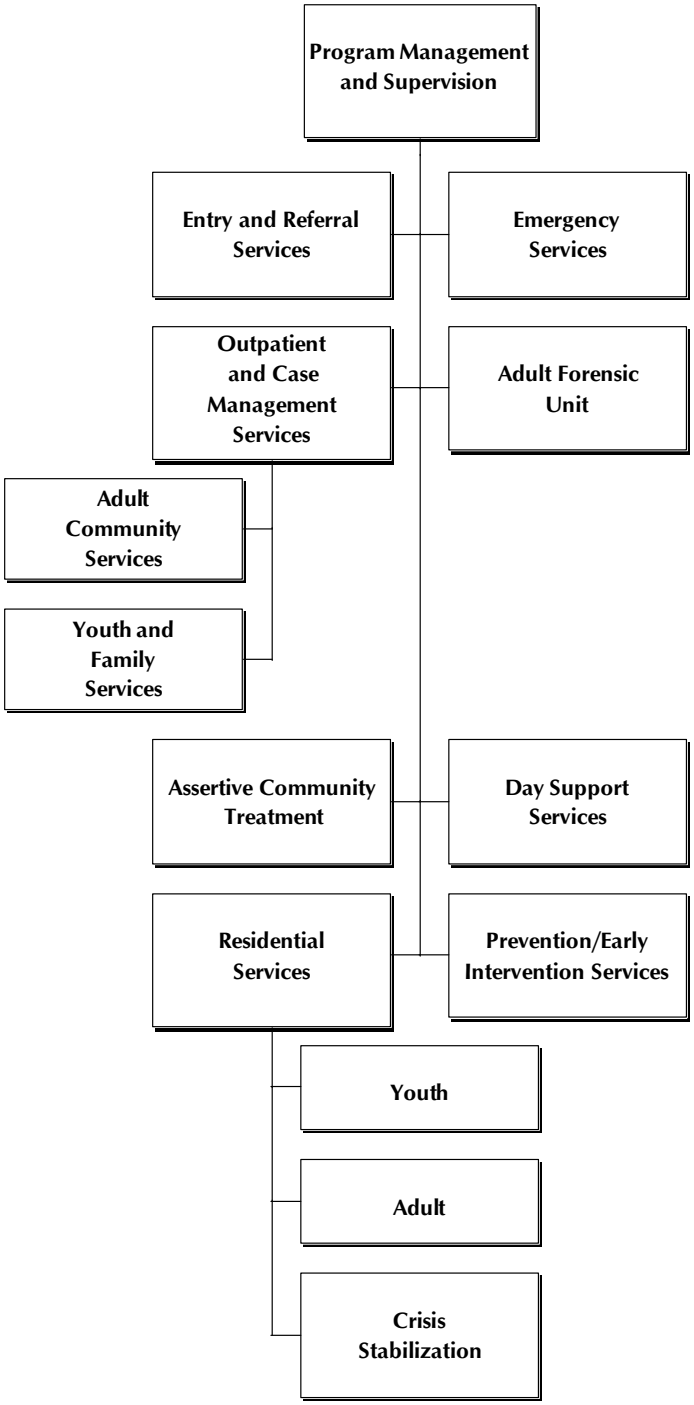
Fund 106
CSB - Mental Health Services



Fund 106
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Mission
To partner with residents and service providers of Fairfax County and the cities of Fairfax and Falls Church in establishing a network of integrated, accessible, and recovery oriented mental health services that ensure safety and promote wellness, compassion, respect and dignity for individuals and families. The goals of these services are to assist individuals to:

- Stabilize mental health crises and symptoms;
- Promote recovery in the community with the least restrictive setting;
- Prevent relapse of symptoms; and,
- Acquire adaptive living skills.

Focus
Mental Health Services (MHS) provides leadership in the management, supervision, planning, evaluation and resource allocation of local, state, federal and grant funds to ensure that individuals and families of persons with serious mental illness and serious emotional disturbance receive quality clinical care and community support services. MHS manages service delivery at six directly-operated community outpatient mental health sites, more than ten 24-hour residential treatment facilities, and a 24-hour emergency services program. Additionally, in partnership with private vendors, MHS contracts for employment services, multicultural outpatient mental health services, residential support services and psychosocial rehabilitation services. Services are provided through seven cost centers: Program Management and Supervision, Regional Inpatient Services, Emergency, Day Support, Residential, Outpatient and Case Management, and Program for Assertive Community Treatment.

Program Management and Supervision Services
Program Management and Supervision Services provides clinical and administrative management, programming, financial monitoring, training and general support services.

Regional Inpatient Services
Regional Inpatient Services utilizes six local hospitals for state funding of Local Inpatient Purchase of Services (LIPOS). Staff from Emergency Services place at-risk individuals with no financial resources into beds at these local hospitals when beds are unavailable at the Northern Virginia Mental Health Institute (NVMHI). Aftercare Coordinators then monitor individuals' stays and facilitate transfers to NVMHI as needed.

Emergency Services
Emergency Services serves high-risk adults, adolescents and children who are in a psychiatric crisis. Through emergency walk-in sites and the Mobile Crisis Unit, Emergency Services takes crisis intervention into the community, working closely with individuals, families and public safety. The Mobile Crisis Unit includes a 24-hour-per-day rapid deployment team that responds to hostage/barricade incidents with the Special Weapons and Tactics (SWAT) team and police negotiators. The Adult Forensic Unit addresses the needs of Adult Detention Center inmates who have serious mental illnesses by providing forensic evaluations, risk screenings, crisis intervention, placement recommendations, medication and release planning. The Court Independent Evaluators program provides clinical psychologists to evaluate individuals who have been involuntarily hospitalized prior to a final commitment hearing, as required by the Code of Virginia. They assist the court in reaching decisions about the need and legal justification for longer-term involuntary hospitalization. The Entry and Referral Unit serves as the primary point of contact for individuals seeking services. Staff members gather information from callers, assess for immediate risk, connect persons with emergency needs to immediate care and make appointments for those requiring continuing services.

Day Support Services
Day Support Services provides an intensive, highly-structured stabilization, evaluation and treatment setting for adults with serious mental illness and adolescents with serious emotional disturbance, including individuals who are experiencing the co-occurring disorders of mental illness and addiction. In addition to a directly-operated Adult Partial Hospitalization Program and Community Readiness and Support Program, Day Support

includes contracted all-day rehabilitative programs and independent vocational vendors which place special emphasis on vocational preparation and placement.

Residential Services
Residential Services provides residential treatment and support services to adults with serious mental illness and youth with serious emotional disturbance. The level of support in these programs is provided along a continuum ranging from 24-hour care to drop-in support once a week. Services are provided in the community where the individual resides. An important part of residential services is that it works with homeless individuals. Adult Residential Services (ARS) has staff that provides services at each of the homeless shelters in Fairfax County. ARS also has a Project to Assist Transition from Homelessness (PATH) team and a Homeless Healthcare team that work with unsheltered homeless persons in Fairfax County. In addition to traditional residential services, Residential Services includes two acute care programs seeking to divert individuals from more restrictive and costly psychiatric hospitalization. These programs, Adult Crisis Care and Youth Crisis Care, provide short-term intensive crisis intervention and stabilization services in a residential setting.

Outpatient and Case Management Services
Outpatient and Case Management Services provides recovery-oriented individual and group treatment, case management and medication services to adults, children and their families. For those individuals with symptoms and impairments who, for reasons related to their mental illness, resist or avoid involvement with traditional office-based outpatient services, the **Program of Assertive Community Treatment (PACT)** team and the Intensive Case Management staff offer intensive outreach, mental health treatment and case-management services. These services are typically provided to individuals in their homes, work places or other environments of need. Additionally, active hospital discharge planning for jailed individuals who suffer from mental illnesses is available. Historically, many people with severe mental illness are arrested for offenses such as disorderly conduct or trespassing. The Jail Diversion program is helping to break the cycle of criminalizing these individuals and attempting to connect or re-connect them with intensive mental health services.

The CSB is serving an increased number of persons with co-occurring mental health and medical needs. One in every four individuals receiving mental health services is over the age of 55; this baby boom cohort brings along with it the kinds of physical health problems that are often part of aging. In 2009, a primary care initiative was successfully piloted at one of the CSB mental health sites in partnership with Community Health Network to begin addressing the primary care needs of adults with mental illness who have no medical home. The effort is designed to provide individuals with medical engagement, wellness education and to link them with community health resources. The CSB Outpatient and Case Management service unit is coordinating with the Community Health Network to provide this service at multiple mental health sites.

In the Youth and Family Services division, Intensive Care Coordination (ICC) services are under development for those youth most at risk for out of home placements and for youth who are transitioning from residential treatment back to the community. This will be an expanded service as adopted by the 2008 General Assembly session. Funding for these services will come from the Comprehensive Services Act (CSA) and has been approved by the Community Policy and Management Team (CPMT). As part of the expansion of services, the Intensive Care Coordinator position has been created. Intensive Care Coordinators provide intensive wraparound services to families approved through the CSA and Family Assessment and Planning Team (FAPT) process and 24/7 mobile crisis care services for families receiving ICC services.

The division has also continued partnering with other agencies and is developing specified youth and family groups to meet the needs identified by the other child serving agencies. These include social skills groups for younger youth and civil obedience groups for teens. All groups have corresponding parent groups.

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Trends in Mental Health Services

MHS has been undergoing significant system transformations. Individual satisfaction surveys, feedback via focus groups, treatment surveys and workgroups will continue to provide input towards a blueprint for ongoing changes in treatment services that are both effective and responsive to the needs and preferences of those individuals receiving services.

A major factor in the mental health systems transformation is the concept of recovery and recovery-oriented services. Individuals with mental illness can build or restore a meaningful sense of belonging in the community and build a life that is positive and fulfilling despite or within the limitations imposed by mental illness. Some individuals can fully recover, others can achieve recovery with the assistance of ongoing medication and support, and still others can develop the skills they need to manage symptoms and define themselves beyond having a disability. All of these individuals can engage in meaningful activities, interests, and relationships. Mental health services are designed to support that recovery process with the individual as a collaborative partner in treatment. There is a strong emphasis on employment goals and the integration of peer supports into the workforce.

There is also a growing emphasis in behavioral health care based on the recognition of co-occurring disorders (mental illness and substance use disorders) and the provision of integrated treatment as an effective intervention for both disorders. System transformation requires that no matter where or when an individual with co-occurring disorders enters mental health or addiction treatment, they receive a competent assessment and treatment that addresses the full range of services needed.

Another trend involves an increased case management presence in the community; this is both the product of national best practice directions, and declining inpatient resources. As inpatient beds dwindle, case management becomes an even more essential service to assist individuals with serious mental illness residing in the community, and to ensure that they receive needed medical and psychiatric services as they begin their recovery process.

Factors That May Impact How Business is Conducted

- Related to the trends listed previously, following the recommendations of the Josiah H. Beeman Commission in 2008 and the implementation plan presented to the Board of Supervisors by the CSB in 2009, a CSB redesign work group was convened in August 2010 and is aiming to develop a wide-ranging reorganizational action plan with an implementation target of July 1, 2011. The goals of the group are to make the system more person-centered, recovery oriented, community based, creatively managed and financed, and to integrate the system across disability areas.

- Medication delivery is a changing landscape that will have an impact on the way the CSB conducts business. In response to the closing of the state pharmacy, the CSB issued a Request for Proposal for pharmaceutical services, and has subsequently contracted with Quality of Life meds (QoL) to create pharmacies at the Gartlan and Woodburn Centers and to install medication pick-up services at three other outpatient sites – Reston, Chantilly and Springfield.

- Caseloads are at or are exceeding the maximum standard in the Comprehensive Treatment and Recovery (CTR Adult Outpatient) service unit due to increased demand and decreased staff resources. Referrals continue to be triaged with an effort to minimize the wait time for high risk individuals needing ongoing mental health services. Adult caseloads average 40 to 45 persons per clinician, depending on worksite. From July 2009 to June 2010, 955 new cases were referred for ongoing adult mental health services. Activities related to documentation in the Electronic Health Record (EHR) have increased administrative time allotment for staff. Increased demand for community based case management services will continue to tax limited and diminishing staff resources.

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- As a result of mental health law reform during the 2008 and 2009 sessions of the General Assembly, Fairfax County has experienced a 28 percent increase in the demand for beds to serve individuals referred to a hospital through the Commonwealth of Virginia's Civil Commitment process. In FY 2008, Fairfax County involuntarily hospitalized 715 persons under Temporary Detention Orders; by FY 2010, the total was 846, an 18 percent increase.

- In June 2010, Northern Virginia Mental Health Institute closed six acute admission beds and, effective no later than July 1, 2011, an additional 13 beds are scheduled to close. To address this decrease in "safety net" services for those at high risk of an acute psychiatric crisis, Woodburn Place (the Fairfax County Adult Crisis Stabilization Program) will be focusing on decreasing the average length of stay so that more individuals can be admitted. Emergency Services is in the process of redesigning service delivery so that non-crisis psychiatric services are provided elsewhere within the CSB, and Adult Partial Hospitalization is also in the redesign process with goals of decreasing the wait time for admission and decreasing the length of stay.

- The lack of affordable housing remains one of the most critical issues facing low-income consumers who have a serious mental illness. Currently there are 551 individuals on mental health residential waitlists. The length of wait ranges from six months to several years depending on the program. The level of support needed varies from 24-hour supported group homes, to intensive and partially supported and supervised apartments. The lack of affordable housing stock as well as the lack of indicated residential supports frequently interfere with discharge planning, disrupt individuals' ability to progress in their recovery and can put persons at risk of becoming homeless, incarcerated and/or hospitalized.

- The viability of Medicaid continues to remain critical to mental health service delivery. The CSB has scrutinized its business practices to ensure that Medicaid dollars can be brought in and maximized for funding clinical service delivery. In FY 2010, MHS finalized its business process for submitting authorizations to Medicaid. In the last half of FY 2010, MHS submitted more than 1,200 authorizations for Medicaid reimbursed services, with 90 percent being approved. MHS, with the rest of the CSB, continues to monitor changes in Medicaid requirements to help ensure that the delivery, billing and documentation of these services are in compliance with regulations. In addition to Medicaid, the CSB continues to maximize the utilization of Medicare Part D, Patient Assistance Programs through pharmaceutical companies, and of reduced price prescription programs through area pharmacies to reduce overall medication cost and provide savings to the County.

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Budget and Staff Resources

Agency Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	421/ 420	418/ 417	428/ 427	446/ 440.5
Grant	45/ 43.5	45/ 43.5	50/ 48.5	50/ 48.5
Expenditures:				
Personnel Services	$43,453,828	$43,505,464	$44,015,233	$44,310,456
Operating Expenses	21,920,521	21,699,874	28,461,383	23,203,511
Capital Equipment	0	0	0	0
Subtotal	**$65,374,349**	**$65,205,338**	**$72,476,616**	**$67,513,967**
Less:				
Recovered Costs	($1,508,085)	($1,016,511)	($1,006,899)	($1,006,899)
Total Expenditures	**$63,866,264**	**$64,188,827**	**$71,469,717**	**$66,507,068**
Revenue:				
Fairfax County	$37,646,672	$36,995,336	$36,995,336	$36,772,826
Fairfax City	481,160	481,159	481,159	481,159
Falls Church City	190,556	190,556	190,556	190,556
State DBHDS	12,567,826	14,508,012	20,626,916	15,964,003
State Other	48,750	65,000	65,000	65,000
Federal Block Grant	1,409,478	1,273,952	1,273,952	1,320,206
Federal Other	174,332	134,417	134,417	134,417
Medicaid Option	6,210,488	6,512,282	6,512,282	7,738,516
Program/Client Fees	2,091,043	2,043,028	2,043,028	2,040,337
CSA Pooled Funds	997,054	1,928,961	1,928,961	1,616,020
Miscellaneous	65,325	56,124	68,084	56,124
Fund Balance	1,983,580	0	1,150,026	127,904
Total Revenue	**$63,866,264**	**$64,188,827**	**$71,469,717**	**$66,507,068**

FY 2012 Funding Adjustments

The following funding adjustments from the FY 2011 Adopted Budget Plan are necessary to support the FY 2012 program:

- **Employee Compensation** **$0**
  It should be noted that no funding is included for pay for performance or market rate adjustments in FY 2012.

- **Intensive Community Treatment Teams** **$966,246**
  An increase of $966,246 is associated with the establishment of 18/13.5 SYE positions used to create six Intensive Community Treatment Teams (ICT). The teams will assist persons with serious mental illness and/or serious substance abuse problems. Additional funding and positions are also included in CSB-Administration.

- **Supplemental Pay Increase for Public Health Psychiatrists and Doctors** **$521,340**
  A net increase of $521,340 is associated with a supplemental pay increase necessary to attract and retain medical personnel essential to the mission of MHS, based on analysis conducted by the Department of Human Resources.

- **Fringe Benefits Requirement** **$452,224**
  A net increase of $452,224 is associated with the conversion of positions to a status that allows employees the option of receiving health benefits. The conversion offers employees the option of receiving benefits, and ensures that the County remains in compliance with recently altered federal health care regulations. Additional information regarding the conversion of positions to Merit Regular status is included in the Changes to FY 2011 Adopted Budget Plan section that follows.

- **Contract Rate Adjustment** **$353,250**
  An increase of $353,250 in Operating Expenses is associated with a 3 percent contract rate adjustment for providers of contracted mental health services.

- **Miscellaneous Adjustments** **$325,181**
  An increase of $325,181 is associated with necessary grant and non-grant adjustments.

- **Reduction** **($300,000)**
  A decrease of $300,000 reflects the following reduction utilized to balance the FY 2012 budget:

Title	Impact	Posn	SYE	Reduction
Reduce Operating Expenses	A decrease of $300,000 is associated with a reduction in local funds for psychotropic medication.	0	0.0	$300,000

Changes to FY 2011 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2011 Revised Budget Plan since passage of the FY 2011 Adopted Budget Plan. Included are all adjustments made as part of the FY 2010 Carryover Review, and all other approved changes through December 31, 2010:

- **Carryover Adjustments** **$7,280,890**
  As part of the *FY 2010 Carryover Review*, the Board of Supervisors approved an increase of $7,280,890, comprised of increases of $509,769 in Personnel Services and $6,761,509 in Operating Expenses, as well as a decrease of $9,612 in Recovered Costs. This includes $3,869,862 in adjustments to current grants; $2,261,001 in non-grant adjustments, including $1,455,990 to appropriate additional revenue from the Department of Behavioral Health and Development Services (DBHDS), $793,051 to appropriate an increase for the state medication allocation, and $11,960 to appropriate deferred unspent revenue for the Mental Health Physician's Institute contract for tobacco cessation; $650,027 in encumbered carryover; and $500,000 in various program adjustments aligned with the Josiah H. Beeman Commission's implementation plan.

- **Redirection of Positions** **$0**
  The County Executive approved the redirection of 4/4.0 SYE positions to this agency to primarily support overnight comprehensive psychiatric emergency services at Woodburn Center and oversight of clinical and administrative operations at the highly intensive mental health residential New Horizons Treatment Program.

- **Position Changes** **$0**
  As part of the FY 2011 review of County position categories, a conversion of 18/18.0 SYE positions has been made. The status of limited term positions was reviewed in light of recent changes to federal regulations related to health care and other federal tax requirements. As a result of this review, a number of existing limited term positions have been converted to Merit Regular status.

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Program Management and Supervision

Funding Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	68/ 68	68/ 68	59/ 59	59/ 59
Grant	5/ 5	5/ 5	5/ 5	5/ 5
Total Expenditures	**$6,722,811**	**$4,676,319**	**$4,772,503**	**$3,948,517**

Position Summary					
1	Director - Mental Health Programs	1	Business Analyst II	6	Administrative Assistants III
6	Mental Health Division Directors	1	Volunteer Services Coordinator II	31	Administrative Assistants II
1	Director of Clinical Operations	2	Administrative Assistants V	1	Administrative Associate
3	Mental Health Managers	6	Administrative Assistants IV		
			Grant Positions		
1	Mental Health Division Director	1	Financial Specialist II	1	Administrative Assistant III
1	Senior Clinician	1	Mental Health Supv./Specialist		
TOTAL POSITIONS					
59 Positions / 59.0 Staff Years					
5 Grant Positions / 5.0 Staff Years					

Key Performance Measures

Goal

To provide management, programming, financial monitoring, training, and general support services to ensure that treatment interventions are delivered in an efficient and effective manner throughout Mental Health Services.

Objectives

- To provide direction and management support to Mental Health programs so that 70 percent of service quality and outcome goals are achieved.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Outcome:					
Percent of mental health performance indicators (service quality and outcome) achieved	67%	55%	70% / 73%	70%	70%

Performance Measurement Results

In FY 2010, 8 out of 11, or 73 percent of service quality and outcome goals were met or exceeded by Mental Health programs. The three measures that were not met were the outcome measures for Residential Services and Outpatient and Case Management Services.

Over this past year MHS has changed the way in which service delivery data is collected. This change in methodology, whereby a more concise list of service codes to collect activity is utilized, has reduced the service hours provided in certain programs. There are recommended changes in estimates for next year in response to these changes.

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Regional Inpatient Services

Funding Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Total Expenditures	**$1,327,003**	**$2,169,025**	**$3,495,356**	**$2,207,685**

Regional Inpatient Services utilizes six local hospitals for state funding of Local Inpatient Purchase of Services (LIPOS). Staff from Emergency Services place at-risk consumers with no financial resources into beds at these local hospitals when beds are unavailable at the Northern Virginia Mental Health Institute (NVMHI). Discharge planners then monitor consumers' stays and facilitate transfers to NVMHI as needed.

Emergency Services

Funding Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	45/ 45	45/ 45	51/ 50.5	51/ 50.5
Grant	3/ 3	3/ 3	5/ 5	5/ 5
Total Expenditures	**$7,104,603**	**$5,936,445**	**$6,688,731**	**$6,172,449**

Position Summary

	General Emergency		Forensic Services		Mobile Crisis Unit
1	Mental Health Manager	2	Mental Health Managers	1	Mental Health Manager
2	Emergency/Mobile Crisis Supervisors	4	Senior Clinicians	2	Emergency/Mobile Crisis Supervisors
15	Mental Health Supervisors/Specialists, 1 PT	1	Mental Health Supervisor/Specialist	4	Mental Health Supervisors/Specialists
8	Psychiatrists	2	Clinical Psychologists		
		3	Psychiatrists		**Entry Services**
		1	Public Health Nurse III	1	Mental Health Manager
				3	Mental Health Therapists
				1	Mental Health Counselor

Grant Positions

3	Mental Health Supervisor/Specialists	1	Food Service Supervisor	1	MH/ID/ADS Aide

TOTAL POSITIONS
51 Positions / 50.5 Staff Years
5 Grant Positions / 5.0 Staff Years

Key Performance Measures

Objectives

- To provide stabilization services outside of the hospital to 85 percent of clients seen in General Emergency Services.
- To conduct 80 percent of evaluations within 24 hours after initial contact.

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Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Output:					
General Emergency - Service hours provided	28,980	22,925	26,000 / 23,114	23,000	23,000
General Emergency - Persons seen	4,828	4,795	4,750 / 5,081	4,750	4,750
Independent Evaluators - Persons seen	688	710	650 / 660	128	NA
Independent Evaluators - Service hours provided	1,850	2,073	1,850 / 1,920	330	NA
Efficiency:					
General Emergency - Annual cost per client	$767	$725	$641 / $696	$599	$599
Independent Evaluators - Annual cost per client	$586	$377	$324 / $400	$238	NA
Outcome:					
General Emergency - Percent of consumers who receive stabilization services without admission to a psychiatric hospital	97%	84%	85% / 87%	85%	85%
Independent Evaluators - Percent of evaluations conducted within 24 hours of contact	87%	82%	80% / 84%	80%	NA

Note: In FY 2011, as result of budget reductions, contracted evaluator services are eliminated. As such, an "NA" is displayed to reflect that this indicator is no longer a needed measure.

Performance Measurement Results

General Emergency Services provided 23,114 hours of service to 5,081 individuals in FY 2010. The hours of service estimate was not met but the persons seen estimate was exceeded. In FY 2010 Mental Health completed a full year of utilizing a concise list of service codes to capture staff service hours more accurately. This impacted the number of service hours across all Mental Health areas, and in response a new target of 23,000 hours is recommended for FY 2011 and FY 2012.

Independent Evaluators are licensed Clinical Psychologists who evaluate persons temporarily detained at a hospital because they have been judged by staff to be a danger to themselves or others due to their mental illness. Independent Evaluators make recommendations to a Special Justice at Commitment Hearings as to whether or not individuals should be committed to a hospital (against their will) for treatment of their mental illness. In FY 2010 independent evaluators provided 1,920 hours of service to 660 individuals, exceeding both estimates. To address the projected FY 2011 budget shortfall, contracted evaluator services was eliminated and this service will not be reported in FY 2012.

With regard to outcomes in FY 2010, General Emergency Services did meet the estimate of 85 percent of all people receiving stabilization services not requiring admission to a psychiatric hospital and the Independent Evaluators surpassed the estimate of 80 percent of all evaluations being completed within 24 hours.

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Day Support Services

Funding Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	19/ 19	19/ 19	19/ 19	19/ 19
Grant	1/ 1	1/ 1	1/ 1	1/ 1
Total Expenditures	**$4,657,020**	**$5,232,936**	**$5,238,864**	**$4,986,047**

Position Summary

	Adult Day Treatment		Adolescent Day Treatment
1	Mental Health Manager	1	Mental Health Manager
2	Mental Health Supervisors/Specialists	2	Senior Clinicians
5	Senior Clinicians	1	Mental Health Supervisor/Specialist
1	Mobile Clinic Driver	1	Mental Health Therapist
2	Nurse Practitioners	1	BHN Clinician/Case Manager
1	Mental Health Therapist	1	MH/ID/ADS Aide

Grant Position

1 Mental Health Therapist

TOTAL POSITIONS
19 Positions / 19.0 Staff Years
1 Grant Position / 1.0 Staff Year

Key Performance Measures

Objectives

- To demonstrate that 90 percent of individuals and families are satisfied with the services provided by Adolescent Day Treatment.
- To enable 90 percent of consumers in adult day treatment services for more than 30 days to avoid hospitalization for at least 6 months.
- To improve functioning of 85 percent of consumers served by the Adolescent Day Treatment Program.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Output:					
Adult Day Treatment - Consumers served	170	197	190 / 170	170	170
Adult Day Treatment - Service hours provided	31,517	28,491	31,500 / 16,503	30,000	30,000
Adolescent Day Treatment - Consumers served	46	31	38 / 24	30	30
Adolescent Day Treatment - Service hours provided	14,883	13,522	14,500 / 14,867	14,500	14,500

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Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Efficiency:					
Adult Day Treatment - Annual cost per consumer	$6,533	$6,008	$7,490 / $6,657	$8,372	$8,372
Adolescent Day Treatment - Annual cost per consumer	$11,811	$16,197	$20,909 / $23,374	$26,485	$26,485
Service Quality:					
Adolescent Day Treatment - Percent of clients and family members satisfied with services	89%	90%	90% / 91%	90%	90%
Outcome:					
Adult Day Treatment - Percent of consumers not hospitalized within 6 months of receiving more than 30 days of treatment.	87%	97%	80% / 100%	90%	90%
Adolescent Day Treatment - Percent of consumers that demonstrate improvements in school, family and community behaviors.	81%	100%	70% / 90%	85%	85%

Performance Measurement Results

In FY 2010, the Adult Day Treatment Program provided 16,503 hours of service to 170 people. Both of these indicators failed to meet their service estimate because of several factors. One of the programs that previously reported in this result no longer qualifies (this change is reflected in the estimates for FY 2011 and FY 2012). Two vacant positions reduced the capacity of staff to serve clients and inclement weather over the winter months created transportation issues for clients.

The Adolescent Day Treatment Program met the service hours estimate but did not meet the individuals served estimates, providing 14,867 hours of service to 24 individuals. This reflects changes made in the program which resulted in decreased turnover and reduced the number of people served. The change in the estimates for persons served in FY 2011 and FY 2012 reflect this change.

In FY 2010 Adult Day Treatment exceeded the outcome estimate of individuals who receive more than 30 days of treatment and are not hospitalized within the following 6 months; 100 percent of clients were not hospitalized in the 6 month period following treatment. Adolescent Day Treatment exceeded the service quality and outcome estimates. Ninety-one percent of clients and their families were satisfied with the services provided and 90 percent of clients demonstrated improvement.

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Residential Services

Funding Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	128/ 127.5	127/ 126.5	138/ 137.5	146/ 142.5
Grant	15/ 14	15/ 14	15/ 14	15/ 14
Total Expenditures	**$23,097,199**	**$23,509,287**	**$25,064,353**	**$24,428,560**

Position Summary

Supervised Apartments
- 1 Mental Health Manager
- 4 Mental Health Supv./Specialists
- 9 Mental Health Therapists
- 1 Mental Health Counselor

Res. Treatment Center - Adult Crisis Care
- 1 Mental Health Manager
- 3 Mental Health Supv./Specialists
- 18 Mental Health Therapists
- 5 Mental Health Counselors
- 1 Cook
- 1 Nurse Practitioner

New Horizons
- 3 Mental Health Supv./Specialists
- 1 Mental Health Manager
- 4 Mental Health Therapists
- 6 Mental Health Counselors
- 1 BHN Clinician/Case Manager
- 1 Cook
- 1 Food Service Supervisor

Community Living
- 1 Mental Health Supv./Specialist
- 1 Mental Health Therapist
- 1 Mental Health Counselor

Group Home - Sojourn House
- 1 Mental Health Supv./Specialist
- 1 Mental Health Therapist
- 3 Senior Clinicians
- 4 Mental Health Counselors

Homeless Services - Shelter
- 1 Mental Health Manager
- 3 Mental Health Supv./Specialists
- 10 Mental Health Therapists
- 1 Psychiatrist
- 1 Nurse Practitioner
- 3 BHN Clinical Nurse Specialists, 3 PT
- 3 Peer Specialists, 3 PT
- 2 Senior Clinicians

Transitional Group Home - Patrick Street
- 1 Mental Health Manager
- 1 Mental Health Supv./Specialist
- 2 Mental Health Therapists
- 3 Mental Health Counselors
- 1 BHN Clinician/Case Manager

Transitional Group Home - Beacon Hill
- 2 Mental Health Therapists
- 2 Mental Health Counselors
- 1 Mental Health Supv./Specialist
- 1 BHN Clinician/Case Manager
- 1 Substitute Relief Counselor

Cornerstones Dual Diagnosis Facility
- 1 Mental Health Supv./Specialist
- 1 Mental Health Therapist
- 3 Mental Health Counselors
- 1 Nurse Practitioner

Residential Intensive Care
- 1 Mental Health Manager
- 4 Mental Health Supv./Specialists
- 3 Mental Health Therapists
- 7 Mental Health Counselors, 1 PT
- 1 BHN Supervisor
- 1 Licensed Practical Nurse
- 3 Substitute Relief Counselors

PACT Residential Assistance
- 1 Mental Health Counselor

Supportive Services
- 1 Mental Health Supv./Specialist
- 3 Mental Health Therapists

Extension Apartments
- 3 Mental Health Therapists

Grant Positions

Supportive Services
- 2 Mental Health Therapists
- 1 MH Counselor, PT

Adult Crisis Care
- 3 Mental Health Therapists

Residential Intensive Care
- 3 Mental Health Counselors, 1 PT
- 3 Mental Health Therapists

PATH/Homeless Services - Outreach
- 3 Mental Health Therapists

TOTAL POSITIONS
146 Positions / 142.5 Staff Years
15 Grant Positions / 14.0 Staff Years

PT Denotes Part-Time Positions

Key Performance Measures

Goal

To provide treatment and support to adults with serious mental illness residing in group homes, apartments, domiciliary care and homeless shelters and to assist them with community living.

Fund 106
CSB - Mental Health Services

Objectives

- To serve 50 new individuals in the Supervised Apartments program during the year.
- To enable 6 percent of consumers served in the Supervised Apartments program to move to a more independent residential setting within one year.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Output:					
Supervised Apartments - Consumers served	633	398	600 / 392	390	390
Supervised Apartments - Service days provided	100,314	93,808	95,000 / 94,055	95,000	95,000
Efficiency:					
Supervised Apartments - Annual cost per consumer	$2,545	$4,361	$2,992 / $4,377	$4,603	$4,603
Service Quality:					
Supervised Apartments - Number of new consumers receiving services	72	163	50 / 56	50	50
Outcome:					
Supervised Apartments - Percent of consumers able to move to a more independent residential setting within one year	41%	9%	35% / 4%	6%	6%

Performance Measurement Results

A major goal for individuals with serious mental illness is to have their own home and live in the community with the appropriate clinical and residential supports. Supervised Services provides residential treatment in a stable, supportive, therapeutic setting in which individuals with a serious mental illness learn and practice the life skills needed for successful community living. The ultimate goal is for these individuals to transition into the most manageable independent living environment. Supportive Services provides services that support and help individuals acquire their own long-term permanent housing and maintain their independent long-term permanent residential arrangement.

The Supervised Apartments program, in FY 2010, provided 94,055 hours of service to 392 individuals, not meeting the individuals served or service hours estimates. Fairfax County has an ongoing challenge with maintaining and creating new affordable housing for persons with disabilities. An estimated 25 percent of individuals in ARS supervised apartment programs are ready to move on to more independent living, but cannot afford to do so. An estimated 20 affordable units are expected to come online during this next fiscal year, but this is a smaller number than previous performance estimates. In response to these challenges the estimate for individuals served has been reduced to an estimate of 390 people.

Fund 106
CSB - Mental Health Services

Outpatient and Case Management Services

Funding Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	150/ 149.5	148/ 147.5	150/ 149.5	160/ 158
Grant	21/ 20.5	21/ 20.5	24/ 23.5	24/ 23.5
Total Expenditures	**$19,827,804**	**$21,703,335**	**$25,248,430**	**$23,800,758**

Position Summary

	Adult Community Services		Youth and Family Services		Intensive Care Coordination
4	Mental Health Managers	4	Mental Health Managers	1	Emergency/Mobile Crisis Unit Supervisor
15	Mental Health Supv./Specialists	6	Mental Health Supv./Specialists	5	Mental Health Supv./Specialists
35	Senior Clinicians	21	Senior Clinicians, 1 PT	2	MH/ID/ADS Aides
22	Mental Health Therapists	11	Mental Health Therapists		
2	Licensed Practical Nurses	2	Psychiatrists		
2	Nurse Practitioners	4	Clinical Psychologists		
8	Psychiatrists	2	BHN Clinical Nurse Specialists, 1 PT		
5	BHN Supervisors	2	Peer Specialists, 2 PT		
3	BHN Clinicians/Case Managers				
4	BHN Clinical Nurse Specialists				

Grant Positions

	Adult Outpatient & Case Management Access Team		Jail Diversion
4	Mental Health Therapists	1	Mental Health Manager
6	Senior Clinicians	4	Senior Clinicians
		8	Mental Health Therapists, 1 PT
		1	MH/ID/ADS Aide

TOTAL POSITIONS
160 Positions / 158.0 Staff Years
24 Grant Positions / 23.5 Staff Years

PT Denotes Part-Time Position

Key Performance Measures

Goals

Adults: To stabilize mental health crises and symptoms, facilitate optimal community integration, assist in managing reoccurrence of symptoms and building resilience, and promote self-management, self-advocacy and wellness.

Youth and Family: To provide assessment, evaluation, multi-modal treatment, case management, psycho-educational and pharmacological services to the children, youth and families (ages 0 to 18) of Fairfax County. These services will be provided though interagency collaboration and practice as mandated by the Comprehensive Services Act.

Objectives

- To enable 85 percent of individuals served to be satisfied with services.
- To schedule 90 percent of consumers referred for an assessment within 7 days of discharge from the hospital.

Fund 106
CSB - Mental Health Services

Indicator	Prior Year Actuals FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	Current Estimate FY 2011	Future Estimate FY 2012
Output:					
Consumers served	2,988	2,677	3,100 / 2,677	3,500	3,500
Service hours provided	30,153	22,018	36,000 / 22,018	52,000	52,000
Efficiency:					
Annual cost per consumer	$4,620	$5,247	$5,629 / $5,216	$4,312	$4,312
Service Quality:					
Percent of consumers satisfied with services	85%	80%	85% / NA	85%	85%
Outcome:					
Percent of consumers scheduled for an assessment within 7 days of discharge	51%	89%	100% / 90%	90%	90%

Performance Measurement Results

In FY 2010 Outpatient and Case Management Services provided 22,018 hours of service to 2,677 individuals, falling short of the consumer served estimate and the service hours provided estimate. This shortfall is caused by the changes made by MHS in how the services provided are recorded and by changes in the services provided based on the needs of the people served. The numbers reported in this document have historically been a subset of the total adults served, but that subset no longer represents the services provided. To rectify this, starting in FY 2011, Mental Health will report the total number or people served and service hours provided in Adult and Youth Outpatient and Case Management Services.

Outpatient Services utilizes a state-mandated consumer satisfaction instrument in addition to focus groups to solicit information from individuals about their experiences. The overall satisfaction results are not applicable in FY 2010 due to a change in methodology made by the State, that resulted in significantly fewer surveys being completed. The CSB is reviewing options to improve response rates and the overall use of this national survey. It has also recommended that Mental Health add an outcome of "percent of adults seen within 10 business days of the initial call for services," with a goal of 95 percent. Ninety percent of the individuals discharged from state hospital beds were seen within 7 days of discharge, not meeting the estimate. The pattern of actuals over the years suggested that a more realistic estimate for this measure is 90 percent and the goal is changed to reflect that.

Program of Assertive Community Treatment (PACT)

Funding Summary				
Category	FY 2010 Actual	FY 2011 Adopted Budget Plan	FY 2011 Revised Budget Plan	FY 2012 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	11/ 11	11/ 11	11/ 11	11/ 11
Total Expenditures	**$1,129,824**	**$961,480**	**$961,480**	**$963,052**

Fund 106
CSB - Mental Health Services

Position Summary					
1	Mental Health Manager	3	Mental Health Therapists	1	Administrative Assistant III
1	MH/ID/ADS Senior Clinician	3	Public Health Nurses III		
2	Mental Health Supervisors/Specialists				
TOTAL POSITIONS					
11 Positions / 11.0 Staff Years					

Key Performance Measures

Objectives

- To demonstrate that 90 percent of individuals are satisfied with services.
- To improve community tenure for PACT consumers so that 90 percent reside outside of the jail or hospital for at least 330 days in a year.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2008 Actual	FY 2009 Actual	FY 2010 Estimate/Actual	FY 2011	FY 2012
Output:					
Consumers served	112	118	100 / 98	100	100
Service hours provided	16,552	12,410	15,779 / 6,435	15,779	15,779
Efficiency:					
Annual cost per consumer	$10,094	$10,626	$9,599 / $11,528	$9,615	$9,615
Service Quality:					
Percent of consumers satisfied with services	98%	95%	90% / 95%	90%	90%
Outcome:					
Percent of consumers who remain out of jail or the hospital for at least 330 days in a year	91%	87%	90% / 97%	90%	90%

Performance Measurement Results

In FY 2010 the PACT program provided 6,435 hours of service to 98 individuals, not meeting the individuals served estimate or the service hours provided estimate. This is due to the combination of two staff vacancies for most of the year and changes made in how services provided are now recorded in Mental Health. It is recommended that the estimates not be adjusted until FY 2012 when there is more data available to make the change. The PACT program exceeded the Service Quality and Outcome estimates. It bears noting that the PACT program kept 97 percent of the people they served out of the hospital or jail for at least 330 days.