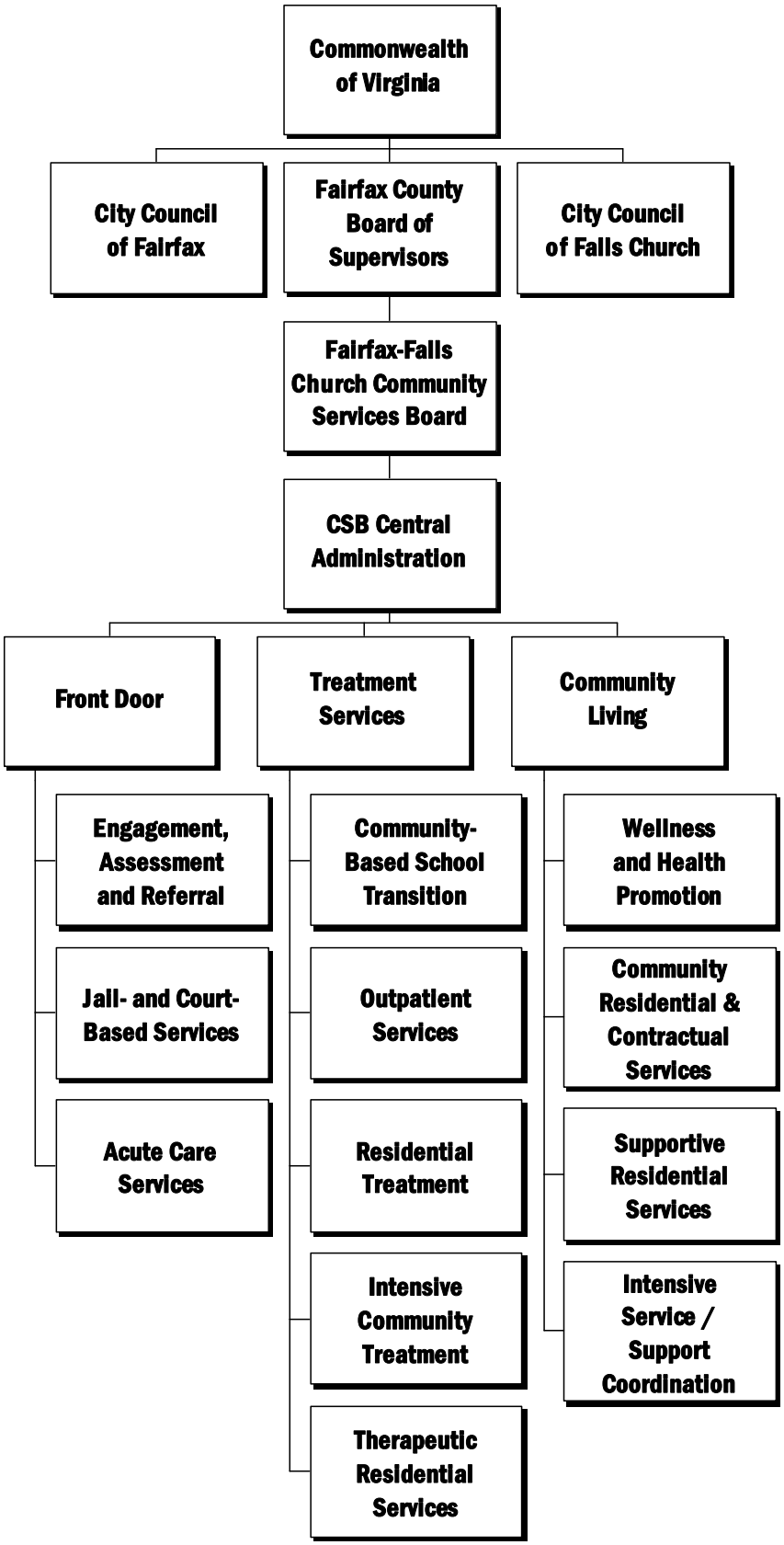
Fund 106
Community Services Board (CSB)



Fund 106
Community Services Board (CSB)

Mission

The Fairfax-Falls Church Community Services Board (CSB) partners with individuals, families and the community to empower and support Fairfax-Falls Church residents with, or at risk of developing developmental delays, intellectual disabilities, mental illness, and substance use disorders or dependency. The department provides leadership to ensure the integration of the principles of resilience, recovery and self-determination in the development and provision of services. The department maintains accountability by ensuring that continuous system improvement is anchored in best practice, outcome and effectiveness measurement, and the efficient use of resources. As the public support network, the CSB provides services which assist, improve and maximize the potential of individuals affected by these conditions and strengthens their capacity for living self-determined, productive and valued lives within the community.

Focus

System Transformation

In FY 2012, the CSB reorganized and realigned resources to better serve those who need services the most. The transformation process was guided by four goals: 1) Establishment of a service structure based on the priority needs of those served; 2) Establishment of an organizational structure that is primarily driven by the data that measures effectiveness in achieving the priority needs; 3) Establishment of an administrative structure that supports the service structure, with all of the tools needed so that the primary concentration is on service delivery and providers' ongoing interactions with those served; and 4) Accountability for a restructuring process based on building upon strengths within the department, the County and the larger community.

Services are now organized according to how they are provided, rather than by disability areas. Each service area is accountable for consistently assessing its capacity to respond to the needs of the people it serves, within available resources. As the CSB completes the department's transition from the previous organizational structure by disability area, staff will finalize a new comprehensive performance measurement system for these new service areas. This new framework will enable staff to measure the success of CSB's lines of service in achieving intended program outcomes. This new performance measurement system will be included in the FY 2013 Adopted Budget Plan, and will also provide updated goals, objectives, baseline targets, and a complete "family of measures" associated with program performance for the new model of service delivery.

Key Areas of Accomplishment

Effective leadership and governance

- Reorganized CSB Board structure focused on cohesive advocacy, community outreach and oversight.
- Launched department-wide restructure to improve service delivery, to be more flexible and responsive in a changing environment, and to better serve people with complex needs.

Improvements and efficiencies in funding and business processes

- Created a Financial Assessment and Screening Team (FAST) to help people discover and access benefits for which they might be eligible.
- Focused on developing new revenue sources each year.
- Created a 501(c)(3) organization to help focus and encourage innovation and diverse community support.
- Used performance and outcome measures to ensure and improve cross-system accountability.
- Continued building partnerships with other service providers and community organizations, including Inova Health Systems and George Mason University.

- Will launch new CSB Electronic Health Record in March 2012.

Building a service delivery system that supports recovery, resilience and independence

- Integrated all clinical intake and referral processes into one point of entry for all services (call center).
- Implemented Intensive Community Treatment teams to bring the right services to people where they need them in the community.
- Provided services for people with co-occurring disorders (substance use disorders and mental illness) at all CSB sites.
- Established inclusive roles for consumers as peer counselors and included consumers as active participants and partners in service delivery.
- Helped people receiving CSB services find safe, affordable and stable housing.

Increased community education, prevention and early intervention efforts

- Partnered with QoL Pharmacies to create in-house pharmaceutical services so that individuals can access their medications at CSB clinics and have a pharmacist available for consultation.
- Launched public outreach on Mental Health First Aid.
- Established a Wellness and Health Promotion service area to focus prevention and early intervention efforts around strategic priorities.
- Increased use of media and community networks for key messages and improved communication.

Helping people who receive CSB services connect with primary health care

- Built and expanded collaborative relationships with the County's Community Health Care Network (CHCN), other key primary care providers and Medicaid managed care organizations.
- With grant funding and a partnership with George Mason University, trained CSB nurses to assess for key, primary health care indicators.
- Established a Behavioral Health Care Network of providers to build and enhance the community behavioral health safety net.

Continuing Challenges

The CSB is a dynamic department responding to factors that are often beyond the department's control, including new populations that need services and a shifting economic scene.

- External factors impact department efforts to help consumers achieve and sustain positive outcomes.
- Housing, employment opportunities, transportation, and access to health care are essential for sustained recovery and independence.

Standard housing options generally do not meet the needs of people receiving CSB services.

- A "housing plus" approach that offers affordable, safe housing plus individualized case management and supportive services increases the likelihood that consumers will successfully maintain their housing, work toward recovery and independence, and have fewer episodes of crisis.
- Increasing affordable rental stock is a fundamental step for bringing housing within reach for CSB consumers. Deep rental subsidies are needed for 70 percent of those on the CSB waitlist for housing.
- Both private and public options are needed.
- New policies and programs are critical to address major barriers CSB consumers face, including accessibility, poor credit and criminal records.

Various types of employment opportunities are needed to support recovery and build independence.

- Independent and supported employment opportunities should be encouraged and developed.
- Many CSB consumers need some type of supported employment, at least initially, for long-term success.

Transportation is key to improving recovery and resilience.

- Many CSB consumers lack a private means of transportation in a community that is difficult to navigate without it.
- All transportation is a challenge when it is not affordable. Sixty-six percent of people receiving County services in 2010 for mental illness, substance use disorder or intellectual disability had incomes below $10,000.
- Many CSB consumers cannot drive due to disability or use of certain medications.
- Transportation is critical, not only to access services but also to experience all facets of community life.

Many CSB consumers lack adequate access to primary health care.

- The people CSB serves often do not or cannot get their needs addressed in the traditional health care system.
- There is a dramatic disparity nationwide in life expectancy for people with serious mental illness compared with that of the general population.

Health care reform at national, state and local levels impacts who can access CSB services and what services are offered.

- The CSB will need to focus on serving those who are disabled by their mental illness and/or substance use disorder and cannot be served by other providers. As a result, the CSB may have less service availability for others. More alternative community and private resources must be developed to meet the community's overall needs for behavioral health services.

Current Issues and Trends

1) All Medicaid eligible services, including behavioral health, primary health care and ID/DD waivers (for people with intellectual/developmental disabilities) will likely need to be restructured as a result of recent events such as federal health care reform, the Department of Justice settlement with the Commonwealth regarding the closure of all but one of its large institutions for the developmentally disabled, and a new Department of Medical Assistance Services (DMAS) contract for behavioral managed care.

2) Given the County's fiscal climate, some services currently provided by the CSB may need to be restructured to contain costs. This may include decreasing the intensity of services, establishing waiting lists and/or enlisting assistance from private providers. This has occurred in other states where the local public system has needed to focus primarily on serving the most disabled as resources become more limited.

3) The impact of potential additional federal cuts on CSB services is still unknown. However, these reductions will inevitably lead to decreased access to funding sources for some existing programs and activities.

4) The CSB will continue to increase the use of new technologies, including teleconferencing and web based services, to more efficiently and effectively provide services.

5) CSB consumers and customers will be expected to take on increasing responsibility for their needs unless they are significantly disabled.

6) New available medications will allow the CSB to stabilize the symptoms of more people but will be cost prohibitive to use widely. In addition, those who respond only to these newer medications will have extensive rehabilitative costs.

7) Medicare will be an increasing source of funding for some of the CSB's health care services and may rival Medicaid as a leading funding source for some services.

8) The CSB's new electronic health record system will give the department a much better look at the return on investment and other business intelligence, which will help make decision making more informed.

Budget and Staff Resources

Agency Summary				
Category	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	897 / 894.25	921 / 918.25	1018 / 1014.75	1020 / 1016.75
Grant	151 / 149.5	147 / 145.5	0 / 0	0 / 0
Expenditures:				
Personnel Services	$91,445,518	$90,474,968	$86,803,873	$91,336,244
Operating Expenses	61,821,322	56,837,912	51,982,743	51,147,349
Capital Equipment	109,115	0	0	0
Subtotal	**$153,375,955**	**$147,312,880**	**$138,786,616**	**$142,483,593**
Less:				
Recovered Costs	($3,456,734)	($1,056,899)	($898,974)	($1,123,974)
Total Expenditures	**$149,919,221**	**$146,255,981**	**$137,887,642**	**$141,359,619**

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Summary by Service Area				
Category	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan
CSB Service Area Expenditures				
CSB Cross-Cutting/Administration	$17,147,179	$13,858,300	$14,000,906	$14,182,463
Front Door	14,925,179	14,920,618	14,955,195	18,347,383
Treatment Services	59,033,057	59,259,408	60,024,221	57,215,597
Community Living	48,192,857	48,640,689	48,907,320	51,614,176
Grants*	10,620,949	9,576,966	0	0
Total Expenditures	**$149,919,221**	**$146,255,981**	**$137,887,642**	**$141,359,619**
Non-County Revenue by Source				
Fairfax City	$1,309,903	$1,309,902	$1,309,902	$1,336,100
Falls Church City	593,720	593,720	593,720	605,595
State DBHDS	21,326,035	20,430,277	13,017,516	12,871,445
State Other	187,251	272,397	74,592	0
Federal Block Grant	4,607,216	4,609,327	4,299,364	4,245,895
Federal Other	2,355,013	1,810,093	180,087	0
Federal ARRA	821,407	0	17,777	0
Medicaid Waiver	3,366,329	2,260,214	2,260,214	2,671,003
Medicaid Option	10,850,166	12,791,939	12,791,939	12,711,947
Program/Client Fees	5,544,875	4,652,738	4,647,177	6,084,272
CSA Pooled Funds	1,822,028	1,616,020	1,616,020	1,616,020
Miscellaneous	81,719	56,124	56,124	56,124
Total Revenue	**$52,865,662**	**$50,402,751**	**$40,864,432**	**$42,198,401**
Fund Balance	$3,926,452	$127,904	$127,904	$0
County Transfer to CSB	**$93,127,107**	**$95,725,326**	**$96,895,306**	**$99,161,218**
County Transfer as a Percentage of Total CSB Expenditures	**62.1%**	**65.5%**	**70.3%**	**70.1%**

* Fund 106 Grants were transferred to Fund 102, Federal/State Grant Fund as a result of a change in definition of grant funding in the new financial reporting system.

FY 2013 Funding Adjustments

The following funding adjustments from the FY 2012 Adopted Budget Plan are necessary to support the FY 2013 program:

- **Employee Compensation** **$1,888,425**
  An increase of $1,888,425 in Personnel Services reflects a 2.18 percent market rate adjustment (MRA) in FY 2013.

- **Full Year Impact of FY 2012 Market Rate Adjustment** **$1,670,653**
  As part of the *FY 2011 Carryover Review*, the Board of Supervisors approved an increase of $1,670,653 in Personnel Services for a 2.0 percent market rate adjustment (MRA), effective September 24, 2011.

- **Contract Rate Adjustment** **$1,075,814**
  An increase of $1,075,814 in Operating Expenses is associated with a 3 percent contract rate adjustment for providers of contracted administration, mental health, intellectual disability, alcohol and drug, early intervention and CSB-wide services.

- **Infant and Toddler Connection** **$823,456**
  An increase of $823,456 in Operating Expenses, offset by a commensurate increase in fee revenue, will support additional contractor services to provide clinical and therapeutic services to the increasing population of eligible children.

- **Support Coordination for Consumers with Intellectual Disabilities** **$175,683**
  An increase of $175,683 in Personnel Services, offset by a commensurate increase in Medicaid revenue, is associated with the establishment of 2/2.0 SYE Intellectual Disability Specialists II for Intensive Service/Support Coordination case management services for consumers with intellectual disabilities.

- **Fairfax Detoxification Center** **$0**
  The establishment of 3/3.0 SYE positions is associated with the CSB's plan to convert social detoxification beds at the Fairfax Detoxification Center to become medical detoxification beds. No additional funding is needed to support the new positions.

- **Alignment of Costs** **($105,000)**
  A decrease of $105,000 is required to reallocate to Agency 68, Department of Administration for Human Services (DAHS) to properly align costs within the human services system. DAHS supports critical activities within the human services system and has not had sufficient resources in the last several fiscal years to meet ongoing and emergency requirements, including revenue collection and contract administration. This reallocation was included as part of the *FY 2011 Carryover Review*, and is made by the agencies partnering with DAHS in recognition of their reliance on the services the agency performs on their behalf to meet the mission of the human services system.

- **Miscellaneous Adjustments** **($9,775,893)**
  A net decrease of $9,775,893 is associated with necessary grant and non-grant adjustments including a decrease of $9,576,966 to transfer existing Fund 106 grants to Fund 102, Federal /State Grant Fund as a result of a change in definition of grant funding in the new financial reporting system, a decrease of $150,000 for administrative adjustments, a decrease of $87,000 in Personnel Services associated with the transfer of limited term funding to Agency 11, Department of Human Resources to properly align positions within the correct organizational unit, offset by an increase of $38,073 for the services contract for the Cities of Fairfax and Falls Church.

- **Reductions** **($649,500)**

A decrease of $649,500 and 3/3.0 SYE positions reflects reductions utilized to balance the FY 2013 budget. In addition, there are revenue enhancements totaling $357,500. As a result of these adjustments, there is a savings of $1,007,000 to the General Fund Transfer. The following chart provides details on the specific reductions approved.

Title	Impact	Posn	SYE	Reduction
Decrease Contracted Interpreter Services Costs	This reduction is a business efficiency that maintains access to interpreter services but replaces more costly face-to-face services with telephonic services. The CSB would establish a new business protocol identifying telephonic interpreter services as the approved method of delivery.	0	0.0	$250,000
Find Alternative Funding for the CSA Youth Resource Team	This reduction replaces County funding with non-mandated CSA State funding from the Virginia Department of Behavioral Health and Developmental Services to cover the personnel costs of two clinicians on the CSB's CSA Resource Team. This would transfer 2/2.0 SYE merit positions and $150,000 in expenditures from Fund 106 to an existing Mental Health Initiative (MHI) Grant in Fund 102, Federal/State Grant Fund. By allocating a greater percentage of the State MHI allocation of $515,529 to cover existing personnel costs, this would cause a net reduction in funds for individual purchase of service for the non-mandated at-risk youth. As a result of this repurposing, $192,937 of State MHI funds would be available for purchase of service or other non-mandated CSA covered activities. In combination with local MHI funds budgeted in Fund 106, there would then be a total of $688,355 available for purchase of service or other non-mandated CSA covered activities.	2	2.0	$150,000
Increase Medicaid Revenue Target in Therapeutic Residential Services	This reduction replaces County funding with alternative revenue sources such as Medicaid funding for the Residential Intensive Care-Comprehensive Program for persons with mental illness. The County currently funds a small percentage of the cost of the community-based highly intensive residential program. This reduction sets a goal of having 50 percent of the individuals served have Medicaid coverage. Such a prioritization may result in fewer individuals getting the service they need because they do not have Medicaid benefits for which the CSB can bill for covered Medicaid State Plan Option services. It may also increase the wait time for non-Medicaid eligible consumers who need mental health residential services. As a result of the actions above, there is a savings of $100,000 to the General Fund Transfer.	0	0.0	N/A

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Title	Impact	Posn	SYE	Reduction
Prioritize HIDTA Admissions to Crossroads Adult Program	This reduction prioritizes High Intensity Drug-Trafficking Activity (HIDTA)-funded admissions to the Crossroads Adult program, which may result in fewer non-HIDTA funded consumers receiving services. Crossroads is a long-term, 9-to-18 month, residential substance abuse treatment facility that provides substance abuse education; individual, group and family counseling; vocational rehabilitation services; drug testing; and comprehensive case management. HIDTA-funded consumers are hard core substance dependent offenders who are under criminal justice supervision, have been referred to a substance abuse treatment program, and meet other criteria.	0	0.0	$100,000
Increase Revenue for the Fairfax Detoxification Center	This reduction replaces County funding with alternative revenue sources such as Medicaid. However, if additional revenue cannot be generated, the CSB will have to find cost-savings of $100,000, which may result in a reduction in the number of individuals receiving services or longer wait times. In addition, this reduction may create admission criteria that would require consumers to have Medicaid or third party-coverage. Currently, the majority of individuals served with a substance abuse-only diagnosis are not eligible to receive Medicaid, and individuals with co-occurring disorders are also not typically eligible for Medicaid unless diagnosed with schizophrenia. As a result of the actions above, there is a savings of $100,000 to the General Fund Transfer.	0	0.0	N/A
Decrease Funding for Prevention and Student Assistance Services	This reduction eliminates 1/1.0 SYE position and will impact 81 youth who will not receive Student Assistance Program (SAP) services at three of 15 high schools that currently offer the program. The SAP program is a year-round, school-based alcohol and drug screening, assessment and early intervention program serving County high school youth. This reduction represents a 10 percent cut in the Wellness and Health Promotion service area and will impact the ability to intervene early with youth, helping divert them from more costly and intensive services in the future.	1	1.0	$99,500
Increase Medicaid Revenue Target in Supportive Residential Services	This reduction replaces County funding with alternative revenue sources such as Medicaid. The County currently funds 76 percent of the combined cost of the supportive and intensive supervised service programs for individuals with a serious mental illness. The reduction would set two goals: a) supportive level of care would have 50 percent of the individuals served have Medicaid coverage; and b) intensive supervised level of care would have 60 percent of the individuals served have Medicaid coverage. Such a prioritization may result in fewer individuals getting the service they need because they do not have Medicaid benefits for which the CSB can bill for covered Medicaid State Plan Option services. In addition, it may increase the wait time of non-Medicaid eligible consumers for supportive residential services. As a result of the actions above, there is a savings of $75,000 to the General Fund Transfer.	0	0.0	N/A

Title	Impact	Posn	SYE	Reduction
Increase Medicaid Funding for Directly-Operated Group Homes for Individuals with Intellectual Disabilities	This reduction replaces County funding with Medicaid Waiver funding for directly-operated group homes for individuals with intellectual disabilities. Should there not be availability in the group homes for individuals with Medicaid Waivers, the CSB must find cost-savings of $75,000. This may result in a reduction in total bed capacity, leading to fewer individuals getting the service they need as the wait time for residential services would increase. In addition, giving priority to Medicaid-eligible consumers would weaken the safety net for non-Medicaid eligible consumers. As a result of the actions above, there is a savings of $75,000 to the General Fund Transfer.	0	0.0	N/A
Find Alternative Funding for the Consumer and Family Affairs Training Specialist	This reduction replaces County funding with Regional Recovery grant funding awarded by the Northern Virginia Regional Projects Office for a Consumer and Family Affairs Wellness Recovery Action Plan (WRAP) training specialist. Currently, the CSB receives $478,585 in Regional Recovery funds and this reduction decreases the amount available to support consumer-run centers and peer support education and training. In addition, this reduction would result in delaying the development of new recovery support systems within the community and developing additional peer specialists to address systemwide needs.	0	0.0	$50,000
Increase Revenue for Substance Abuse Residential Admissions Unit	This reduction replaces County funding with alternative revenue sources such as Medicaid. The Substance Abuse Residential Admissions Unit (RAU) provides intensive outpatient service for consumers waiting for residential treatment. Individuals served by RAU are typically in the pre-contemplative stage of treatment and/or are unable to remain in a period of abstinence without being in a controlled therapeutic environment. If individuals are assessed to need a residential level of care, this likely means they are not able to maintain sobriety in the community and are not able to maintain stability required to benefit from an intensive outpatient group. An inability to generate fee-for-service business may result in a reduction in expenditures and the total number of consumers served or an increase in wait time. As a result of the actions above, there is a savings of $7,500 to the General Fund Transfer.	0	0.0	N/A

Changes to FY 2012 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2012 Revised Budget Plan since passage of the FY 2012 Adopted Budget Plan. Included are all adjustments made as part of the FY 2011 Carryover Review, and all other approved changes through December 31, 2011:

- **Carryover Adjustments** **($8,368,339)**

  As part of the *FY 2011 Carryover Review*, the Board of Supervisors approved a net decrease of $8,368,339, comprised of decreases of $2,126,095 in Personnel Services and $6,400,169 in Operating Expenses, offset by a decrease of $157,925 in Recovered Costs. This includes decreases of $9,576,966 to transfer existing Fund 106 grants to Fund 102, Federal/State Grant Fund in preparation for the implementation of the new financial reporting system, and $105,000 to reallocate to the Department

of Administration for Human Services to properly align costs within the human services system, offset by increases of $17,777 for the carryover of unexpended federal stimulus grant balances, $20,870 to appropriate additional revenue from ADS' Dual Diagnosis program for professional contractual services, and $1,274,980 for a 2.0 percent market rate adjustment, effective September 24, 2011.

- **Management of Grant Positions Due to Replacement of the Legacy Computer System $0**
  As part of the *FY 2011 Carryover Review*, the Board of Supervisors approved the conversion of 97/96.0 SYE Merit Grant positions to Merit Regular positions due to a change in the treatment of some grants as a result of the replacement of the County's legacy computer system. In addition, 50/49.5 SYE Merit Grant positions were transferred from Fund 106 to Fund 102, Federal/State Grant Fund, as a result of how grants are managed in the new financial reporting system.

Service Areas

CSB Services are now organized according to how they are provided and whether they are of lower or higher intensity, rather than by disability areas (mental illness, substance abuse, intellectual and developmental disabilities). There are now 12 CSB Lines of Service, grouped into three categories:

- Front Door services include entry and screening for all CSB services, as well as more intensive front door services such as crisis stabilization and detoxification.

- Treatment Services include outpatient and day treatment, as well as more intensive residential treatment.

- Community Living services include daytime supported employment, as well as group homes with 24/7 staff support.

The new service structure builds on strengths of the CSB staff and community partners, and it will support evidence-based clinical practices and new technologies to improve outcomes for the people served. Staff from previously distinct program areas will be working more closely together and learning from each other, enhancing the department's capacity to ensure that services and supports are connected and cohesive.

Front Door

Engagement, Assessment and Referral

The Engagement and Assessment service area serves as one of the initial points of contact with the CSB. It includes the CSB call center, assessment unit, engagement center and services to people who are homeless and unsheltered. The CSB serves people of all ages with mental illness, substance use disorders, intellectual disabilities and young children with developmental delays. CSB services are primarily for people who are disabled by their conditions. The goal of the engagement, assessment and referral service area is to triage people for safety and to help people get appropriate treatment that meets their needs. People may be referred to CSB services, if appropriate, or to community resources outside the CSB. Engagement services are offered to people who are reluctant to enter CSB services but could benefit from medication-assisted treatment (for substance use disorders) and time-limited supportive counseling.

Bilingual staff is available for Spanish speaking callers and for assessments. A CSB assessment unit has been created in order to be more person centered as well as fiscally efficient, as revenue is generated at

the time an assessment is conducted by a licensed person for those for whom Medicaid is the payment source.

The individuals served throughout these programs include pregnant women, those diagnosed with HIV/AIDS and persons who are debilitated by their illness. The services provided help individuals recover from substance abuse and addiction, increase positive outcomes in pregnancy, reduce homelessness, increase work/school/social productivity, reduce criminal justice involvement and reunite families.

Jail- and Court-Based Services (JCBS)

Jail- and Court-Based Services (JCBS) provides an array of services to adults and juveniles who are involved with the criminal justice system. Services include the following: 1) assessment, stabilization and referral of individuals with mental illness and dual disorders who are incarcerated at the Adult Detention Center; 2) facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others while incarcerated at the ADC; 3) court assessments, substance abuse education and limited treatment for adults with substance use disorders at the ADC; 4) mental health, substance abuse, and development disability assessment, intervention and referral for juveniles involved with the Juvenile and Domestic Relations District Court (JDRC); 5) evaluation, treatment and referral for juveniles who are in the Juvenile Detention Center, Boys & Girls Probation Houses, BETA and other JDRC programs; 6) support for and participation in JDRC Diversion for offenders; and 7) effective linking of juveniles and adults to appropriate and effective services in the community.

Jail- and Court-Based Services address the need of adults and juveniles who are among the most high risk and most vulnerable consumers. All of the individuals served by JCBS have been involved with the criminal justice system. This involvement usually is a direct result of mental illness, substance abuse or dual disorders. Incarceration or other involvement with the criminal justice system can present a unique opportunity for CSB staff to intervene and forge a therapeutic alliance with individuals who are struggling with psychiatric and substance use disorders.

Acute Care Services

Acute Care Services are for individuals with a mental illness, substance use disorder, and/or intellectual disability who are in acute distress and in need of immediate assistance. Services are provided 24 hours per day, seven days per week and include walk-in Psychiatric Emergency Services, a Mobile Crisis Unit which responds to crises in the community, and short-term (7 to 10 days) residential detoxification and crisis stabilization services.

Emergency Services serves high-risk adults, adolescents and children from all disability areas that are in a psychiatric crisis. Through emergency walk-in sites and the Mobile Crisis Unit (MCU), Emergency Services takes crisis intervention into the community, working closely with individuals, families and public safety agencies. Recovery-oriented crisis intervention, assessment, evaluation, psychiatric evaluations, medications and case management are provided along with hospital pre-admission screenings, pre-detention evaluations and admissions to a regional Crisis Stabilization Unit. Services are accessible, affordable and ensure community safety, and they promote wellness, compassion and respect. Individuals and families in crisis are helped through education, empowerment and support in the least restrictive setting. The MCU 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. MCU also provides Crisis Intervention Training (CIT - classes) to Fairfax County police. The training

increases the effectiveness of law enforcement officers in managing mental health crises in a sensitive and safe manner.

Woodburn Place Crisis Care is an alternative to hospitalization for individuals experiencing acute psychiatric crisis. It is an intensive, community-based program for adults with severe and persistent mental illness (including those with co-occurring substance abuse issues). Services include comprehensive risk assessment, crisis intervention and crisis stabilization. Individuals can also receive individual counseling, as well as group-based wellness and recovery activities (e.g., classes in Wellness Recovery Action (WRAP) planning and Wellness Management and Recovery). Staff also consult and coordinate with service providers, families, or other social service agencies, and they provide psychiatric evaluation, medication evaluations and medication management, substance abuse counseling, psychosocial education and assistance with skills of daily living and short-term case management.

The Civil Commitment Program provides clinical psychologists who evaluate individuals who have been involuntarily hospitalized. Prior to the final commitment hearing, as required by the Code of Virginia, these professionals thoroughly assess the individuals. They assist the court in reaching decisions about the need and legal justification for long-term involuntary hospitalization. Certified CSB prescreeners also attend hearings to ensure the preadmission screening is admitted into evidence and make recommendations for the individual's placement, care and treatment.

The continued increase in demand for acute care, detoxification and stabilization services revealed a serious gap in the continuum of services for adults – especially for people who are in a state of acute withdrawal due to alcohol and other drug use, and for people who may have co-occurring mental health disorders. Individuals experiencing this acute state of crisis or destabilization are often unable to access needed services. The CSB seeks to develop a system that ensures access to crisis stabilization and treatment for use of alcohol or other drugs as well as access to mental health and primary care services, and to that end is implementing effective and responsive crisis stabilization with the capacity for medically monitored detoxification at the Fairfax Detoxification Center. The goal is to provide a safe, temporary, protective environment for individuals in crisis, where they can receive the assessment, care, supervision, and medical monitoring necessary to stabilize both physically and emotionally. Once they are stabilized, individuals will receive a comprehensive bio-psychosocial assessment to gain information about substance use as well as their social, emotional, behavioral and mental health status and needs. With that information, the CSB can then refer the individual to appropriate follow-up treatment settings and other support services, within the CSB and/or from other service providers in the community. The more information the CSB has to inform the referral, the better chance for a successful outcome for the individual.

This service will be provided to adults who are experiencing harmful effects of alcohol and other drug use and associated emotional and behavioral problems, and/or co-occurring or undetermined mental health symptoms that can be better assessed once the individual's condition related to alcohol or other drug use is stabilized.

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Service Area Summary				
Category	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan
Front Door				
Personnel Services	$10,315,855	$9,532,926	$9,672,503	$13,336,450
Operating Expenses	5,662,849	6,072,738	5,967,738	5,695,979
Capital Equipment	0	0	0	0
Subtotal	**$15,978,704**	**$15,605,664**	**$15,640,241**	**$19,032,429**
Less:				
Recovered Costs	($1,053,525)	($685,046)	($685,046)	($685,046)
Total Expenditures	**$14,925,179**	**$14,920,618**	**$14,955,195**	**$18,347,383**

Position Summary

Engagement, Assessment and Referral

1 Mental Health Manager
1 Mental Health Counselor
2 Mental Health Supv./Specialists
5 Mental Health Therapists
1 ID Specialist III
7 MH/ID/ADS Sr. Clinicians
1 Substance Abuse Counselor IV
3 Substance Abuse Counselors III
12 Substance Abuse Counselors II, 1 PT

Acute Care Services

1 BHN Supervisor
1 Nurse Supervisor
2 Licensed Practical Nurses
1 Public Health Doctor, PT
4 Emer./Mobile Crisis Unit Supervisors
9 BHN Clinicians/Case Managers (3)
3 Mental Health Managers
5 Mental Health Counselors
22 Mental Health Therapists
22 Mental Health Supv./Specialists, 1PT
1 MH/ID/ADS Aide
1 Substance Abuse Counselor IV
3 Substance Abuse Counselors III
8 Substance Abuse Counselors II
8 Substance Abuse Counselors I
3 Cooks

Jail- and Court-Based Services

Adult

1 Mental Health Supv./Specialist
2 Mental Health Managers
2 Clinical Psychologists
5 MH/ID/ADS Sr. Clinicians
1 Public Health Nurse III
1 Substance Abuse Counselor V
1 Substance Abuse Counselor III
3 Substance Abuse Counselors II

Youth

5 Clinical Psychologists
1 Mental Health Therapist
1 Substance Abuse Counselor III
2 Substance Abuse Counselors II

TOTAL POSITIONS
152 Positions (3) /150.5 Staff Years (3.0)
15/14.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund

( ) Denotes New Positions
PT Denotes Part-Time Positions

Treatment

Community-Based School Transition

Early Intervention Services supports Infant and Toddler Connection (ITC), a statewide program that provides federally-mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). ITC provides family-centered intervention to children ages birth to 3 years who need strategies to assist them in acquiring basic developmental skills such as sitting, crawling, walking and/or talking. Families may receive a screening to determine eligibility, service coordination, and development of an Individual Family Service Plan (IFSP) at no cost to them. Through public/private partnerships, ITC provides services including, but not limited to: physical, occupational and speech therapy; developmental services; medical, health and nursing services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys and mobility aids); family training and counseling; service coordination; and transportation. A local coordinating council, known as the Fairfax Interagency Coordinating Council, serves to advise and assist the local lead agency, while the Fairfax-Falls Church Community Services Board (CSB) serves as the fiscal agent and local lead agency.

There has been significant growth in the demand for early intervention services over the last several years, and this growth is expected to continue and even accelerate in the near future. During FY 2011, ITC observed and sustained an acceleration of previously unprecedented growth beginning in the

summer of 2009. The monthly average number of children served in FY 2011 was 1002, representing a 27 percent increase over FY 2010's average of 789 children per month.

ITC staff also continues to strengthen outreach and support efforts by expanding collaborations with the Fairfax County Health Department, INOVA Fairfax Hospital, and Fairfax County Public Schools (FCPS) to ensure that infants and toddlers get appropriate services as soon as delays are detected. Given the rising prevalence of autism in Fairfax County, ITC maintains ongoing relationships with the Virginia Autism Research Center and FCPS to address the early identification of children who might need specialized preschool services for this particular disability. ITC continues to be a leader in the Autism Communities of Practice. In addition, the growing cultural diversity needs of families requiring ITC services across the County is addressed through contract providers for translation services. These interpreters are fluent in 10 languages, including Spanish, Urdu, Mandarin Chinese, Korean and Amharic.

Infancy, Early Childhood and Pre-Adolescent (IECP) mental health services serves at-risk infants, toddlers, preschoolers and pre-adolescents (children from ages birth to 12 years) and their parents. Services support and guide parents and treat children who are developmentally compromised, seriously emotionally disturbed or at risk of serious emotional disturbance and are involved with multiple youth-serving agencies.

Outpatient Services

CSB Outpatient Services is a co-occurring, integrated array of services designed to serve persons whose clinical and case management needs fall within two major domains: Partial Hospitalization and Community Readiness; and Support Programs to serve persons with mental illness and/or substance use disorders. Two intensive outpatient services, Outpatient and Day Treatment, are designed to help individuals whose primary needs involve substance use but who may also suffer from mild to moderate mental illness. Other specialized service modules, including Trauma work, Cognitive Behavior Therapy and Dialectical Behavior Therapy are being further developed for individuals within the Outpatient Service Area and for time-limited specialized interventions with consumers already receiving their primary care in other service areas.

- Day Treatment provides a structured environment for clients in need of intensive treatment, who are able to stabilize without the structure of residential treatment. Day Treatment provides essential psychosocial education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments.

- An Intensive Outpatient Treatment service provides structured programming through psychosocial education, individual, group, and family counseling. Services assist consumers in behavioral changes that promote recovery, encouraging problem solving skills and coping strategies, and assisting in development of a positive support network. Service frequency and duration are linked to the consumer's motivation and individual needs.

- Continuing Care Services are available for an average of up to six weeks for individuals who have successfully completed more intensive services within the outpatient spectrum but would benefit from periodic participation in groups, monitoring and modest service coordination to effectively connect to community supports.

- Partial Hospitalization provides intensive, recovery-oriented comprehensive day services to at risk serious mentally ill and co-occurring consumers with complex needs four days per week. Services provided include service coordination, medication management, psycho-educational groups, group and family therapy, supportive counseling, co-occurring services and relapse prevention and community integration.

- The Community Readiness and Support Program is a comprehensive, recovery-oriented psychosocial day program designed for persons with serious mental illness and co-occurring disorders who have limited social skills, difficulty establishing and maintaining relationships, and need help with activities of daily living. Services are provided four days per week and include psycho-educational groups, social skills training, co-occurring services, relapse prevention, problem solving and independent living skills training, medical education, pre-vocational services, and community integration.

Residential Treatment

Comprehensive services for youth and adults include individual, group and family therapy; psychiatric services; medication management; case management; and continuing care services to assist with the transition back to the community. Services are provided in residential treatment settings that are matched to the level and duration of care needed. Services include intermediate and long-term treatment with 24-hour staffing and supervised treatment services with staffing 12-18 hours per day. Specialized treatment services are provided for clients with co-occurring disorders (substance use and mental illness), for pregnant and post-partum women, and for people whose primary language is Spanish. This service area includes the following programs: Crossroads - Adult, Crossroads - Youth, A New Beginning, New Generations, Steps to Recovery, Sojourn House, Leland House (contracted service), Phoenix House of the Mid Atlantic (contracted services), and the Residential Admissions Unit (managed jointly with CSB "front door" services).

Intensive Community Treatment

The CSB was approved to establish six Intensive Community Treatment Teams (ICTT) in FY 2012. These teams will provide intensive community based case management and outreach services to persons with serious mental illness and or/serious substance use disorders. The treatment model aligns with the Principles of Recovery and Recommendations of the Josiah H. Beeman Commission as well as the County's 10-Year Plan to Prevent and End Homelessness. ICTT will ensure that individuals served by the CSB with the most acute and complex needs will receive appropriate levels of support. Intensive Community Treatment services will include case management, mental health supports, crisis intervention and medication management in the natural environment of the persons served.

The existing Jail Diversion Program has moved to providing an ICTT level of care to enhance existing resources available to seriously mentally ill and/or severe substance use disorder persons interfacing with, or being diverted from, the criminal justice system. There is a recognition of an increasing need to provide intensive services to help break the cycle of criminalizing persons with serious mental illness and/or substance use disorders.

The Program of Assertive Community Treatment (PACT) is providing enhanced mental health support services with the expansion of an additional mental health therapist to the team. PACT is co-located with the South County Homeless ICTT with a plan to increase the level of intensive services to serious mental illness and/or substance use disorder persons in the South County area.

The Intensive Care Coordination (ICC) program was established in collaboration with all County agencies serving youth and private service providers in response to a change in the Code of Virginia which require CSBs to provide Intensive Care Coordination services. The program actively started working with youth and families in October 2010.

ICC services are provided using a wraparound model of intervention to provide family-driven, youth-guided team based planning for the purpose of safely maintaining youth in the community with their families. In addition, ICC services are utilized to aide in facilitating a smooth and timely transition for youth returning to the community from a residential treatment program. Care Coordinator staff provide 24 /7 crisis response to families receiving ICC services. Eligible families include youth at risk of an out-of-home placement who also have elevated risk factors as defined by the Child and Adolescent Needs and Strengths (CANS) instrument.

Therapeutic Residential Services

The Therapeutic Residential Program provides services to individuals who are 18 years of age and older that reside in Fairfax County, Fairfax City, or the City of Falls Church with severe and persistent mental illness, a substance use disorder, intellectual disability and have a co-occurring disorder with any combination of mental health, substance use, or an intellectual disability. This program has multiple sites throughout the community that provide moderate to highly intensive treatment with staff onsite 18 to 24 hours per day providing onsite treatment, support services, and case management geared to support and help individuals reside in the least restrictive community housing. This program assists with reducing or eliminating symptoms through intensive treatment and skills training.

The Highly Intensive Program serves adults with severe co-occurring mental health and substance use disorders. Onsite staff provides 24 hours per day intensive services at the New Horizons Treatment Center and Cornerstones. These services include assessment, case management, individual and group therapy, 12 step recovery group, life skills development, medication evaluation and monitoring, urinalysis and breath testing, crisis intervention, and recreational and social activities. Referrals are made to medical, vocational and aftercare support services. These programs assist with reducing or eliminating symptoms through intensive treatment and training.

The Intensive Service Program at Patrick Street and Beacon Hill serves individuals in transitional group homes with 24 hours per day programs providing consumers treatment, support and training in basic daily living functions. The services provided are: health education, case management, medication management, recreation and social activities, meal preparation, personal hygiene, transportation training, budgeting and daily living skills training.

Supervised Services are provided through extension apartments beds (aftercare beds) and are designed to assist consumers in transitioning from 24 hour supervised programs to a more independent living environment. They have been designed to allow consumers the opportunity to live in the community while maintaining a supportive connection to the 24 hour program and staff at Cornerstone, New Horizon, Patrick Street and Beacon Hill. Staff is available to provide daily contact to consumers in these units. The services provided are: health education, case management, targeted support services, psycho-education, training in independent living, social and interpersonal skills, crisis management, roommate mediation, and some transportation and recreation activities.

The Residential Intensive Care-Comprehensive (RIC-Comp) Services is a community-based, highly intensive residential program that provides daily onsite monitoring for medication and psychiatric

stability. Counseling, supportive and treatment services are provided daily in a therapeutic setting. Services provided are: health education, case management, targeted support services, psycho-education, training in independent living, social and interpersonal skills, crisis management, roommate mediation, and some transportation and recreation activities.

Service Area Summary

Category	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan
Treatment Services				
Personnel Services	$48,776,798	$49,378,323	$49,462,266	$46,965,691
Operating Expenses	12,189,362	10,095,013	10,775,883	10,638,834
Capital Equipment	0	0	0	0
Subtotal	**$60,966,160**	**$59,473,336**	**$60,238,149**	**$57,604,525**
Less:				
Recovered Costs	($1,933,103)	($213,928)	($213,928)	($388,928)
Total Expenditures	**$59,033,057**	**$59,259,408**	**$60,024,221**	**$57,215,597**

Position Summary

Community-Based School Transition

1 Mental Health Manager
2 Mental Health Supv./Specialists
7 MH/ID/ADS Sr. Clinicians, 1 PT
1 ID Specialist V
2 ID Specialists IV
5 ID Specialists III
19 ID Specialists II
2 Occupational Therapists II
3 Physical Therapists II
5 Speech Pathologists II
1 Administrative Assistant IV
2 Administrative Assistants II

Residential Treatment

1 BHN Supervisor
2 BHN Clinician/Case Managers
2 Licensed Practical Nurses
1 Asst. Residential Counselor
4 Mental Health Counselors
1 Mental Health Supv./Specialist
3 Mental Health Therapists
1 MH/ID/ADS Sr. Clinician
4 MH/ID/ADS Aides
5 Substance Abuse Counselors IV
12 Substance Abuse Counselors III
32 Substance Abuse Counselors II
21 Substance Abuse Counselors I
2 Day Care Center Teachers I, 1 PT
2 Administrative Assistants V
2 Food Service Supervisors
3 Cooks

Outpatient Services

Adult

1 Mental Health Manager
3 Mental Health Supv./Specialists
2 Mental Health Therapists
7 MH/ID/ADS Senior Clinicians
3 Substance Abuse Counselors IV
7 Substance Abuse Counselors III
25 Substance Abuse Counselors II
1 Day Care Center Teacher, PT
1 Mobile Clinic Driver

Youth

9 MH/ID/ADS Senior Clinicians
17 Substance Abuse Counselors IV
4 Substance Abuse Counselors III
4 Substance Abuse Counselors II

Outpatient Services

1 BHN Clinician/Case Manager
1 BHN Clinical Nurse Specialist
1 Clinical Psychologist
3 Mental Health Managers
5 Mental Health Supv./Specialists
4 Mental Health Therapists (-1)
14 MH/ID/ADS Sr. Clinicians (-1)
1 MH/ID/ADS Aide

Intensive Community Treatment

3 Mental Health Managers
13 Mental Health Supv./Specialists
1 Mental Health Counselor
14 Mental Health Therapists
9 MH/ID/ADS Sr. Clinicians
5 MH/ID/ADS Aides
7 BHN Clinician/Case Managers
1 Emer./Mobile Crisis Unit Supv.
2 Public Health Nurses III
1 Substance Abuse Counselor III
4 Substance Abuse Counselors II
2 Administrative Assistants III
1 Administrative Assistant II

Therapeutic Residential Services

2 Mental Health Managers
6 Mental Health Supv./Specialists
16 Mental Health Counselors
12 Mental Health Therapists
1 MH/ID/ADS Sr. Clinician
1 MH/ID/ADS Aide
3 BHN Clinician/Case Managers
1 Licensed Practical Nurse
1 Substance Abuse Counselor IV
1 Substance Abuse Counselor III
3 Substance Abuse Counselors II
1 Substance Abuse Counselor I
3 Asst. Residential Counselors
2 Food Service Supervisors
2 Cooks

TOTAL POSITIONS
380 Positions (-2) /378.75 Staff Years (-2.0)
32/31.5 SYE Grant Positions in Fund 102, Federal/State Grant Fund

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

Community Living

The Community Living service area is a matrix of numerous partnerships between the CSB and other agencies that provide housing. What these programs have in common are the provision of support services, case management, and tailored services geared to support and help individuals reside in the least restrictive community housing.

Wellness and Health Promotion

Wellness and Health Promotion focuses on the health of the entire Fairfax-Falls Church community by engagement, involvement, awareness, and skill-building. The overall goal is to strengthen and build capacity for emotional health and complications related to substance abuse or mental illness. Strategies and services include coordinated, community-focused workshops, brief screening and intervention, health and awareness-raising campaigns, evidence-based programming, and specific population or neighborhood-focused interventions. Current activities focus on CSB and community priorities such as suicide prevention, underage drinking, peer supported approaches, tobacco cessation/prevention, Mental Health First Aid, health care integration, and health care integration. Wellness is essential to overall health.

Community Residential and Contractual Services

Community Residential and Contractual Services provides an array of long term residential supports designed around individual needs and desires and emphasizes full inclusion in community life. The majority of residential services are provided through CSB partnerships with approved private providers and contract management oversight provided by the CSB.

- Assisted Living Facilities (ALF) – assisted living to individuals with serious mental illness and medical needs in partnership with a private provider.

- Group Homes - Small-group, living arrangements of generally four to six individuals with intellectual disabilities are located in homes in various residential neighborhoods.

- Intermediate Care Facilities (ICF-MR's) – Community-based group living arrangement with homes that are integrated in residential neighborhoods, as well as, the Northern and Central Virginia Training Center. The community-based programs are operated by private providers under contract with the CSB and are funded with facility-based Medicaid funding.

- Residential Supported Living – Individuals living in their own homes or in shared living arrangements (e.g., apartments and town homes) receive support services which range from daily to drop-in, based on individual needs and preferences.

- Respite Services – Respite care is available for individuals with intellectual disabilities at a licensed 24-hour home for longer-term respite and emergency shelter services via a private provider. Respite services can also be provided in-home, scheduled for hourly or overnight assistance to families needing time away from caring for family members.

- Individualized Purchase of Service (IPOS) – A small number of individuals receive other specialized long term community residential services via contracts.

Supportive Residential Services

These supports are provided through a variety of housing partnerships that have been formed over the past 15 years and include: 1) Residential Intensive Care Program (RIC) is a community-based intensive residential program that provides daily onsite monitoring or monitoring five days a week of medication and psychiatric stability. Counseling, supportive and treatment services are provided daily in a therapeutic setting. 2) Transitional Therapeutic Apartment Program (TTAP) provides residential treatment in a stable, supportive, therapeutic setting in which consumers with a serious mental illness learn and practice the life skills needed for successful community living. The ultimate goal is for these consumers to transition into the most manageable independent living environment. 3) Supportive Shared Housing Program (SSHP) provides residential support and case management in the community setting. Fairfax County Housing and Community Development (HCD) and the CSB operate these designated long-term permanent subsidized beds. Some of the units in this program are leased by individuals and some are CSB leased. 4) The moderate income rental program and Fairfax County Rental Program (FCRP) provides residential support and case management in the community setting. HCD and the CSB operate these designated long-term permanent subsidized beds. Individuals must sign a program agreement with the CSB for this program. 5) Pathway Homes and Mental Health Adult Residential Services jointly operate the Supported Housing Option Program (SHOP). The program is designed to provide long term or permanent housing with support services to consumers with serious mental illness and co-occurring disorders, including those who are homeless or residing in their own housing. The program focus is geared toward accepting consumers with the greatest needs who are willing to accept needed services. 6) Pathway Homes and Mental Health Adult Residential Services also jointly operate the Shelter Plus Care program. The program is designed to provide long term or permanent housing with support services to consumers with serious mental illness and co-occurring disorders, for those who are homeless and need housing with supports. The program focus is geared toward accepting consumers with the greatest needs who are willing to accept needed services.

Intensive Service/Support Coordination

Targeted Case Management services are provided to individuals with serious mental illness, serious emotional disturbance, intellectual disability, and/or substance use disorders. Intensive Service/Support Coordination services assist individuals and their families to access preferred services and supports that are essential to meeting their basic needs. These necessary services and resources are identified through an initial and ongoing assessment and planning process with the individual/family and are coordinated by the service/support coordinator with other involved service providers. In addition to accessing various mental health, intellectual disability, and substance abuse services that may be identified, service/support coordinators help access needed medical, educational, employment, housing, financial, transportation, recreational, legal, life skill, and advocacy services so that the individual is supported to live well in a community setting. Service/support coordinators assess progress on an on-going basis to ensure services are delivered and in accordance with regulatory standards for best practice and quality. They provide education and counseling about the array of service options and recommendations within the context of a supportive professional relationship that promotes the individual's health and community living.

Department of Behavioral Health and Developmental Services (DBHDS) regulations require that targeted case management services must be provided to all individuals who are enrolled in Medicaid, who qualify for and who request this service. Individuals who do not have Medicaid may also receive the same or similar service based on need. In addition, the State mandates Targeted Case Management Services to those who are in need of emergency assistance pursuant to §37.1-194 of the Code of Virginia. Pre-admission screening and pre-discharge planning from state training centers or hospitals is also required under the Community Services Performance Contract 5.3.1 and 5.3.3 pursuant to the Code of Virginia.

Intensive Service/Support Coordination Services are licensed by DBHDS and regulated by DBHDS and Department of Medical Assistance Services (DMAS).

Service Area Summary				
Category	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan
Community Living				
Personnel Services	$17,916,293	$18,169,306	$17,930,937	$20,292,671
Operating Expenses	30,422,814	30,471,383	30,976,383	31,321,505
Capital Equipment	0	0	0	0
Subtotal	**$48,339,107**	**$48,640,689**	**$48,907,320**	**$51,614,176**
Less:				
Recovered Costs	($146,250)	$0	$0	$0
Total Expenditures	**$48,192,857**	**$48,640,689**	**$48,907,320**	**$51,614,176**

Position Summary

	Community Residential & Contractual Services		Intensive Service/Support Coordination		Supportive Residential Services
1	ID Specialist IV	5	BHN Supervisors	1	BHN Supervisor
3	ID Specialists III	2	Licensed Practical Nurses	1	Licensed Practical Nurse
12	ID Specialists II	4	BHN Clinician/Case Managers	2	Mental Health Managers
78	ID Specialists I	4	BHN Clinical Nurse Specialists	9	Mental Health Supv./Specialists
		1	Business Analyst II	15	Mental Health Counselors, 1 PT
	Wellness & Health Promotion	1	Management Analyst I	21	Mental Health Therapists
1	Substance Abuse Counselor IV	4	Mental Health Managers	2	MH/ID/ADS Senior Clinicians
4	Substance Abuse Counselors III	21	Mental Health Therapists		
20	Substance Abuse Counslrs. II (-1)	10	Mental Health Supv./Specialists		
		32	MH/ID/ADS Senior Clinicians		
		1	ID Specialist V		
		3	ID Specialists IV		
		7	ID Specialists III		
		43	ID Specialists II (2)		
		2	ID Specialists I		

TOTAL POSITIONS
310 Positions (1) /309.5 Staff Years (1.0)

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

Cross-Cutting Services

Cross-cutting services are integrated across all service areas and include Employment and Day Support, and Transportation.

Employment and Day Support

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

1) 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 and community living skills, and possibly limited remunerative employment.

2) Psycho-social Rehabilitation provides an adjustment period and skills for persons transitioning to employment and socialization in a work setting. Specific services may include training in areas of self-esteem, self-confidence, and self-awareness.

3) Sheltered Employment provides individuals full-time, remunerative employment in a supervised setting with support services for habilitative development.

4) 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.

5) 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.

6) 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. Generally the above services use evidenced based practices and implementation of the Recovery Model of service provision.

Transportation

Transportation for employment and 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. Increasingly public transportation for persons with disabilities is also being used. The Washington Area Metro Transportation Authority (WMATA) provides "Metro Access" at reduced rates for eligible persons.

CSB Administration

CSB Administration includes the leadership and business supports for the entire CSB.
The CSB Administration business support offices include:

1) Executive Director Office – Responsible for the overall functioning of the agency with specific emphasis on developing the CSB Administration into an enterprise driven unit that will support the service mission through maximizing resources and partnerships;

2) Deputy Director Office – Responsible for implementing a person-centered service delivery system. The service models are developed based on the requirements of those receiving services. The goal is to ensure a qualitative, effective and seamless system comprised of directly operated and private sector services.

3) Consumer and Family Affairs Office – In addition to restructuring the complaint and human rights system to maximize the department's ability to problem solve consumer issues in a timely, customer-friendly manner, this office is developing the ability of the consumer community to increasingly assume a role in the provision of services and support in the community. This includes developing independent, viable service organizations that can provide services such as peer support, crisis support, and recovery coaching for some consumers as an alternative, or complement, to the CSB funded professional services.

4) Corporate Compliance and Risk Management Office – Oversees the overall functioning of regulatory compliance, risk management, and service management activities. This office works closely with the County's Risk Management Office on issues of liability, contributing to the health and safety of consumers and employees while also protecting the CSB's assets. The office is organized to specifically handle issues including Medicaid, credentialing of staff, clinical standards and other health care related issues. It updates and manages policies, regulations, incident trends that identify high risk areas for the agency and mitigates exposure. The office is the liaison with licensing and accreditation organizations, including managed care companies. It ensures compliance with payer requirements, credentialing, provider relations and managed care contracts. It is the chief liaison with Office of Emergency Management to ensure preparedness of CSB programs and readiness to respond to requests from County staff.

5) Enterprise Services Office – Incorporating budget and other financial information with strategies developed in the service system, this office ensures all strategies implemented have the integrated approach. Additionally, this office provides oversight and direction for the budget, revenue management and the Financial Assessment and Screening Team (FAST) service of the CSB.

6) Healthcare Informatics Office – In coordination with the Department of Information and Technology, this office oversees all of the CSB's technology resources, devices, software and hardware functions that optimize obtaining, securely storing, and strategically organizing, analyzing and presenting service information. This office has guided the purchase and rapid implementation of a new, more effective, more efficient Electronic Health Record system. In the first full year after its Spring 2012 implementation, the office will further develop data interfaces with key business partners and connect business processes with key hardware that ensures maximum mobility and access for the service system.

7) Organizational Development and Training – Provides strategic organizational development and training activities to enhance services provided to consumers and families served. Includes:

- Onboarding and orientation of new employees – designed to provide immersion activities through the first year of employment to increase relevance and readiness in service provision.

- e-Learning – online courses in behavioral healthcare, compliance and human resource content areas.

- Best practice instructor-led training initiatives – ongoing strategic evidence and performance based instruction in targeted areas (e.g., suicide assessment and prevention, motivational interviewing, trauma-informed care, diagnostic skill-based training, co-occurring mental health and substance use programming enhancement, human rights, system of care, and managerial supports).

8) Quality Improvement/Performance Office - Coordinates efforts to develop performance tools that will assist with measuring all aspects of agency performance, with a special emphasis on service outcomes. This office assures effective use of existing sources of data as well as selectively develops new sources when necessary. The office also ensures that information generated by these tools leads to performance improvement as indicated.

9) Resource and Partnership Development Office - Focuses on enhancing existing partnerships and developing new relationships to maximize the potential opportunities for new resources and service development. This office provides five fundamental functions necessary to accomplish the overall goals of the system:

- Housing and residential development-develop opportunities to enhance existing resources and develop new sites to address the needs of hundreds of people who cannot access adequate housing.

- Developing and implementing a system-wide communication and market positioning plan that ensures a coherent and cohesive strategy for the CSB.

- Developing and implementing community capacity building strategies to ensure that partnerships are well focused on mutual goals.

- Developing and implementing strategies to work with the private sector to ensure that those functions and services that can be provided in that sector are well coordinated with the CSB's overall strategies.

- New fund development which analyzes and determines the viability of new funding opportunities in conjunction with the Enterprise Office, including grants, new contract opportunities and expanding services.

Facility and Administrative Operations

Facility and Administrative Operations provides oversight, direction and coordination to the many administrative functions that support the CSB service system. These functions are currently managed by various County agencies (DAHS, FMD, Fleet Management) and CSB service areas without effective overall coordination. This office will emphasize economies-of-scale, assigning duties based on necessary qualifications, and consistency of responsiveness throughout the system. While this office will manage areas including food services, administrative support, maintenance, lease contracts, and security, the primarily emphasis upon entry is coordination among various decision-making systems, and creating a system of CSB site management. The administrative support services have initiated geographic-area oversight in order to address accountability, consistency of best practices, and staffing coverage at times of multiple vacancies or high demand at particular service locations.

Fund 106
Community Services Board (CSB)

Service Area Summary				
Category	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan
CSB Cross-Cutting and Administration				
Personnel Services	$11,257,408	$9,975,561	$9,738,167	$10,741,432
Operating Expenses	5,808,894	3,882,739	4,262,739	3,491,031
Capital Equipment	109,115	0	0	0
Subtotal	**$17,175,417**	**$13,858,300**	**$14,000,906**	**$14,232,463**
Less:				
Recovered Costs	($28,238)	$0	$0	($50,000)
Total Expenditures	**$17,147,179**	**$13,858,300**	**$14,000,906**	**$14,182,463**

Position Summary

	Service Area Mgmt and Support				**Medical**
1	Director of ID Services	2	ID Specialists V	8	Nurse Practitioner/Physn. Assts
1	Director of ADS	1	ID Specialist IV	24	Psychiatrists
1	Director of Clinical Operations	1	ID Specialist III		
1	Medical Director of CSB	2	ID Specialists II		**Vocational and Employment**
6	Mental Health Division Directors	1	Management Analyst III	1	Mental Health Manager
2	Mental Health Managers	1	Management Analyst I	1	ID Specialist V
1	BHN Clinician/Case Manager	3	Business Analysts II	1	ID Specialist IV
4	Substance Abuse Counselors V	1	Administrative Assistant V	6	ID Specialists II
1	Substance Abuse Counselor IV	13	Administrative Assistants IV		
1	Substance Abuse Counselor III	20	Administrative Assistants III		
2	MH/ID/ADS Aides	33	Administrative Assistants II		
1	Volunteer Services Coordinator II	2	Administrative Associates		

TOTAL POSITIONS

143 Positions/143.0 Staff Years
21/21.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund

Position Summary

	CSB Administration				
1	Executive Director	1	Management Analyst IV	1	Business Analyst IV
1	Deputy Director	1	Management Analyst III	2	Business Analysts III
2	Planning/Development Directors	1	Management Analyst II	1	Business Analyst II
1	Neighborhood/Comm Svcs Div Dir	1	Substance Abuse Counselor V	1	Administrative Assistant V
1	Resid. and Facilities Dev. Mgr.	1	Training Specialist II	2	Administrative Assistants IV
1	Mental Health Manager	2	Mental Health Therapists	1	Administrative Assistant III
1	Medical Records Administrator	1	MH/ID/ADS Aide	1	Information Officer III
1	Program Manager	1	Human Service Worker IV	1	Communications Specialist I
		7	Human Service Workers II		

TOTAL POSITIONS

35 Positions/35.0 Staff Years

Key Performance Measures

In conjunction with the department-wide reorganization and realignment of resources in FY 2012 to better serve the community, the CSB is revising the department's performance measurement system to align with the new service areas and lines of service. The CSB will have a complete set of goals, objectives, and performance measures for each new line of service in the FY 2013 Adopted Budget Plan.

FY 2011 Actual performance data and results for the previous organizational structure by disability areas can be found at: http://www.fairfaxcounty.gov/dmb/fy2012/adopted/CSB-PMs.pdf

Fund 106
Community Services Board (CSB)

FUND STATEMENT

Fund Type G10, Special Revenue Funds

Fund 106, Fairfax-Falls Church Community Services Board

	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan
Beginning Balance	**$5,783,119**	**$500,000**	**$526,828**	**$398,924**
Revenue:				
Local Jurisdictions:				
Farifax City	$1,309,903	$1,309,902	$1,309,902	$1,336,100
Falls Church City	593,720	593,720	593,720	605,595
Subtotal - Local	$1,903,623	$1,903,622	$1,903,622	$1,941,695
State:				
State DBHDS	$21,326,035	$20,430,277	$13,017,516	$12,871,445
State Other	187,251	272,397	74,592	0
Subtotal - State	$21,513,286	$20,702,674	$13,092,108	$12,871,445
Federal:				
Block Grant	$4,607,216	$4,609,327	$4,299,364	$4,245,895
Direct/Other Federal	2,355,013	1,810,093	180,087	0
Federal ARRA	821,407	0	17,777	0
Subtotal - Federal	$7,783,636	$6,419,420	$4,497,228	$4,245,895
Fees:				
Medicaid Waiver	$3,366,329	$2,260,214	$2,260,214	$2,671,003
Medicaid Option	10,850,166	12,791,939	12,791,939	12,711,947
Program/Client Fees	5,544,875	4,652,738	4,647,177	6,084,272
CSA Pooled Funds	1,822,028	1,616,020	1,616,020	1,616,020
Subtotal - Fees	$21,583,398	$21,320,911	$21,315,350	$23,083,242
Other:				
Miscellaneous	$81,719	$56,124	$56,124	$56,124
Subtotal - Other	$81,719	$56,124	$56,124	$56,124
Total Revenue[1]	$52,865,662	$50,402,751	$40,864,432	$42,198,401
Transfers In:				
General Fund (001)	$93,127,107	$95,725,326	$96,895,306	$99,161,218
Total Transfers In	$93,127,107	$95,725,326	$96,895,306	$99,161,218
Total Available	**$151,775,888**	**$146,628,077**	**$138,286,566**	**$141,758,543**

Fund 106
Community Services Board (CSB)

FUND STATEMENT

Fund Type G10, Special Revenue Funds

Fund 106, Fairfax-Falls Church Community Services Board

	FY 2011 Actual	FY 2012 Adopted Budget Plan	FY 2012 Revised Budget Plan	FY 2013 Advertised Budget Plan
Expenditures[2]:				
CSB Cross-Cutting/Administration	$0	$0	$0	$14,182,463
Front Door	0	0	0	18,347,383
Treatment Services	0	0	0	57,215,597
Community Living	0	0	0	51,614,176
CSB Administration	6,294,167	5,214,427	5,255,499	0
Mental Health Services	66,420,956	66,507,068	59,881,586	0
Intellectual Disability Services	38,530,635	38,536,058	38,734,635	0
Alcohol and Drug Services	29,489,129	29,826,907	29,242,679	0
Early Intervention Services	9,184,334	6,171,521	4,773,243	0
Total Expenditures	$149,919,221	$146,255,981	$137,887,642	$141,359,619
Transfers Out:				
General Fund (001)	$1,329,839	$0	$0	$0
Total Transfers Out	$1,329,839	$0	$0	$0
Total Disbursements	**$151,249,060**	**$146,255,981**	**$137,887,642**	**$141,359,619**
Ending Balance[3]	**$526,828**	**$372,096**	**$398,924**	**$398,924**
Josiah H. Beeman Commision Reserve	$500,000	$372,096	$372,096	$372,096
Available Balance	**$26,828**	**$0**	**$26,828**	**$26,828**

[1] The FY 2013 Advertised Budget Plan includes an increase of $207,500 in revenue enhancements utilized to balance the FY 2013 budget.

[2] The CSB reorganized and realigned resources during FY 2012 to better serve the community, and services are now organized according to how they are provided, rather than by disability area.

[3] The *FY 2012 Revised Budget Plan* Ending Balance of $398,924 is a decrease of 24 percent and reflects utilization to offset FY 2012 program requirements.