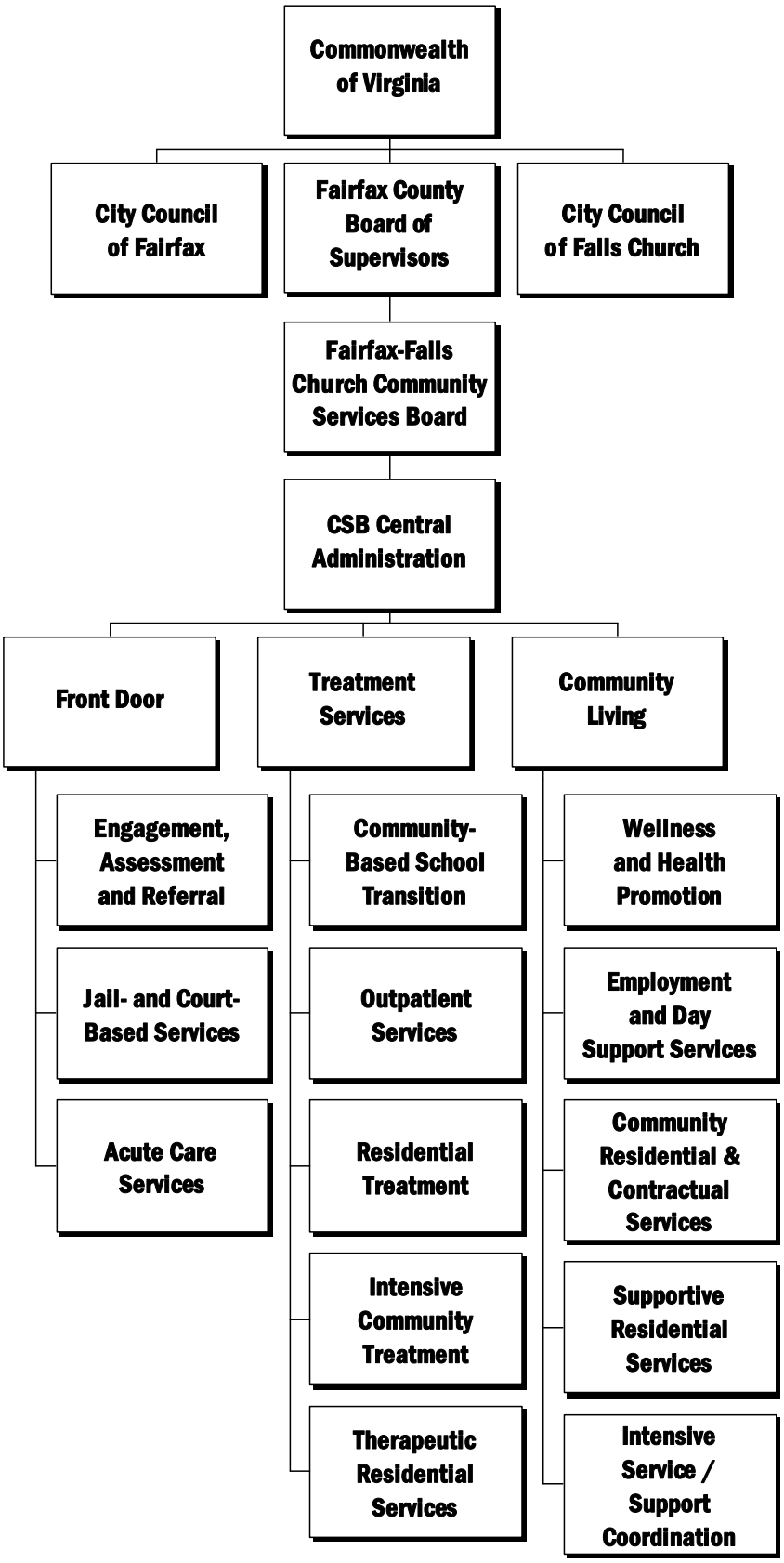
Fund 40040
Community Services Board (CSB)



Fund 40040
Community Services Board (CSB)

Mission

The Fairfax-Falls Church Community Services Board (CSB), Fund 40040 (formerly Fund 106) 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.

The Fairfax-Falls Church Community Center Board supports the following County Vision Elements:

- ***Maintaining Safe and Caring Communities***
- ***Creating a Culture of Engagement***
- ***Connecting People and Places***
- ***Maintaining Healthy Economies***
- ***Building Livable Spaces***
- ***Exercising Corporate Stewardship***

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AGENCY DASHBOARD			
Key Data	**FY 2010**	**FY 2011**	**FY 2012**
1. Persons served by the CSB	19,572	20,058	20,446
2. Infant Toddler Connection – children served	2,697	2,801	3,090
3. Department of Justice and Virginia Settlement Agreement relating to individuals with intellectual disability living in state training centers who are returning to their communities			
• Discharges from training centers	4	4	2
• Eligible individuals on a waiting list for Medicaid Waiver funding who meet the Urgent Need criteria	367	404	494
4. Employment and Day Support Services			
▪ Annual Special Education Graduates	104	110	120
▪ Community waiting list	25	NA	26
5. Health Care Reform			
▪ Percent of individuals who reported that they have a Primary Care Provider*	54%	53%	50%
▪ Percent of individuals receiving Mental Health/Substance Abuse services who have Medicaid coverage	28%	37%	38%
6. Total new housing opportunities/projected new housing opportunities for CSB clients	NA	NA	104/116
7. Actual new housing opportunities/projected new housing opportunities for individuals receiving 24/7, high intensity services (e.g., group homes/Intermediate Care Facilities)	NA	NA	0/4
8. Actual new housing opportunities/projected new housing opportunities for individuals living in supervised and supportive housing	NA	NA	95/93
9. Actual new housing opportunities/projected new housing opportunities for individuals receiving time-limited services	NA	NA	9/7
10. Clients completing their initial lease-up with a Bridging Affordability program rental subsidy/Subset number of clients who were homeless	NA	NA	31/27

*Does not include the Infant Toddler Connection program

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Focus

System Transformation

In FY 2012, the CSB began the process of reorganizing and realigning resources to better serve those who need services the most. The transformation process has been 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.

CSB Administration includes the leadership and business supports for the entire CSB. Cross-cutting services are integrated across all service areas and include housing, peer supports, medical services, consumer affairs and access to entitlements. Services are now organized according to how they are provided, in an integrated system of care with a focus on recovery and self-determination, rather than by disability areas (mental illness, substance abuse, intellectual and developmental disabilities). There are 13 lines of service, grouped into three service areas:

- Front Door services include entry and screening for all CSB services, as well as more intensive entry services such as crisis stabilization and detoxification. The lines of service included are: Engagement, Assessment and Referral; Jail- and Court-Based Services; and Acute Care Services.
- Treatment services include outpatient and day treatment, as well as more intensive residential treatment. The lines of service included are: Community-Based School Transition; Outpatient Services; Residential Treatment; Intensive Community Treatment; and Therapeutic Residential Services.
- Community Living services include daytime supported employment, as well as group homes with 24/7 staff support. The lines of service included are: Wellness and Health Promotion; Employment and Day Support; Community Residential and Contractual Services; Supportive Residential Services; and Intensive Service/Support Coordination.

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, there may be some refinements to the service areas and lines of service groupings. In addition, performance measures will continue to be refined to ensure the goals, objectives, baseline targets, and the complete "family of measures" associated with program performance will enable staff to measure the success of CSB's final lines of service in achieving intended program outcomes. These organizational and performance measurement adjustments are reflected in the FY 2014 Adopted Budget Plan.

Budget Management Plan

The CSB had a significant budget shortfall in FY 2012 caused by both revenue and expenditure issues. A comprehensive budget management plan was put in place by the County Executive for FY 2013 to ensure that another budget shortfall would not occur. The County Executive's Work Plan for Restoring Fiscal Stability for the Fairfax-Falls Church CSB is a key tool in managing the budget of the CSB, and focuses on four key areas: financial leadership, controls, and accountability; service utilization and cost containment; communication; and long-term service trend analysis and strategic planning. While short

term strategies are already in place (e.g., establish a County/CSB fiscal oversight committee, investigate alternative service models for Employment and Day Support Services and Infant and Toddler Connection, analyze co-pay and fee-for-service policies and practices to identify potential enhancements), various long-term strategies are currently being reviewed for implementation at the end of FY 2013 and in FY 2014. The CSB Board structure has also been reorganized with a focus on cohesive advocacy, community outreach and fiscal oversight.

Due to increases and changes in service demands, growing costs to operate services, and the County's fiscal climate, those services provided by the CSB that are currently being reviewed may be restructured to contain costs. This could include decreasing the intensity of services, finding business efficiencies, continuing to maximize revenue collections, enlisting assistance from private providers, and/or eliminating programs. The CSB will continue to work closely with the Office of the County Executive, Department of Management and Budget, Department of Administration for Human Services, as well as consultants, advocates, the community and County agencies to address how to establish a new service model for all services.

Current Issues and Trends

Given the fiscal climate the last several years, the CSB has refocused its target population and is now serving those who are most disabled by their mental illness, substance use disorder and/or intellectual disability and who have no access to an alternative service provider. As a result, the CSB may have less service availability for others and more alternative community and private resources must be developed to meet the community's overall needs for services. Specifically in the area of primary health care, the CSB has already been successful in creating community partnerships with Federally Qualified Health Centers (FQHC) and other community health centers to maximize care coordination for CSB individuals, meet complex primary and behavioral healthcare needs, improve health outcomes and prevent more expensive health interventions. Such partnerships will continue to be critical as many people who receive services from the CSB for mental illness, substance use disorder, and/or intellectual disability have poor or no access to primary healthcare services. Nationally, the average lifespan of people with serious mental illness is 25 years shorter than that of the general population, and improving healthcare access and health outcomes for the people served by the CSB is a key priority area.

A partnership with the George Mason University School of Nursing has also provided training to all CSB nursing staff, specifically with screening individuals at the Fairfax Detoxification Center for key health concerns (e.g., diabetes, hypertension) while receiving medical detoxification services, as well as training in other programs. This effort, along with others, are helping move the CSB toward an integrated approach to primary and behavioral healthcare that will improve the overall health of CSB individuals. As future technologies for integrated service delivery develop, the CSB anticipates realigning staff to further support these efforts.

The CSB has also seen both new and enhanced processes put in place to improve services, specifically in technological advances such as initiating E-Prescribing by physicians/nurse practitioners, beginning E-document sharing for lab work, and launching signature pads for consumer use to support migration toward a solely electronic health record. Further, there has been an increased capacity for telecommunication, teleconferencing, and telepsychiatry to improve access across the system, as well as a reorganized and enhanced Infoweb and public website for improved usability by both the CSB and the public. Perhaps most importantly, the CSB launched the new CSB Electronic Health Record (Credible) on March 1, 2012, and it is providing the department with information about return on investment and other

business intelligence to better inform decisions. Further implementation of Credible's functionality and integration/interface with the County's FOCUS system will be key activities in the coming years.

Recent federal and state decisions are also impacting CSB services. For example, all Medicaid-eligible services, including behavioral health, primary health care and Intellectual Disability (ID)/Developmental Disability (DD) Medicaid waivers (for people with intellectual/developmental disabilities) will likely need to be restructured as a result of federal healthcare reform and a new Department of Medical Assistance Services (DMAS) contract for behavioral managed care. Medicare also appears to 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. While the known reductions in federal funding due to sequestration are anticipated to be approximately $0.3 million in FY 2014, additional reductions may be forthcoming. As a result, some existing programs and activities will experience decreased funding and people receiving CSB services will be expected to take on increasing financial responsibility for their needs unless they are unable to do so due to significant disability.

The United States Department of Justice (DOJ) settlement agreement with the Commonwealth reached on January 26, 2012 following DOJ's investigation into Virginia's training centers (residential institutions) and community services for persons with developmental disabilities, with respect to both the Americans with Disabilities Act (ADA) and the U.S. Supreme Court *Olmstead* ruling, will significantly impact Employment and Day Support services starting in FY 2013, and more so as individuals begin transitioning out of the training centers. The *Olmstead* decision requires that individuals be served in the most integrated settings appropriate to meet their needs consistent with their choice. Among the target populations under this agreement are individuals with an intellectual disability who currently reside at any of the state operated training centers or nursing homes and individuals who are on the waiting list for the ID Medicaid waiver. As of June 2013, there were 112 Fairfax County citizens residing in state training centers and over 950 individuals on a waiting list for the ID Medicaid waiver The Commonwealth has established timelines by which all but one training center will be closed and individuals moved into community based services. The CSB is required to facilitate discharge planning, oversee community transition and provide ongoing monitoring and support coordination for all individuals impacted. In addition, the DOJ settlement also requires the CSB to provide enhanced case management services primarily to individuals discharged from the training centers, current ID waiver recipients, and individuals on the waiting list for ID waivers. With the additional increase in the number of individuals to be served as well as enhanced documentation and oversight requirements per the settlement agreement, this will create a significant demand on CSB staff resources. In addition, Medicaid and local funding will see increased demands to increase community capacity to meet the needs of these individuals.

In addition, as part of the Board of Supervisors' FY 2014 Budget Guidance, the CSB will review the needs and requirements to address youth behavioral human services requirements in schools and the broader community. The CSB is already collaborating with Fairfax County Public Schools to identify the appropriate prevention, early intervention and treatment services that are necessary to deal with behavioral health issues and to best leverage the current services provided within the schools as well as more broadly in the community. A comprehensive recommendation will be provided to the Board of Supervisors' Human Services Committee in Fall 2013.

Continuing Challenges

In FY 2014, CSB faces a number of continuing challenges. The unprecedented growth in demand for Infant and Toddler Connection (ITC) services continues, without state funding to fully support the service requirements. In the last two years, service demand has increased 46 percent, and despite the tough economic situation, there are no wait lists for ITC services. The State, not the locality, is legally responsible for providing these services to eligible families. The County will continue to work with the State to try to obtain adequate state funding that addresses the growing need for critical early intervention services.

The number of special education graduates will also continue to place demands on the CSB. Approximately 100 new graduates leave the school system every year, and the services provided to these individuals are largely funded through local dollars and provided without wait lists. Development and implementation of a new service model is a top priority in FY 2014.

In addition, various types of employment opportunities are needed to support recovery and build independence, and independent and supported employment opportunities need to be encouraged and developed. The availability of such opportunities will continue to be challenging given the economic climate.

Transportation will also continue to be an issue as many CSB individuals lack a private means of transportation in a community that is difficult to navigate without it. Also, many individuals cannot drive due to disability or use of certain medications.

Affordable, safe housing coupled with individualized case management and supportive services will also need to be made available in order to increase the likelihood that CSB individuals will successfully maintain their housing, work toward recovery and independence and have fewer episodes of crisis. The Department of Housing and Community Development's (HCD) Housing Blueprint is helping to increase the affordable rental stock in the County, including helping those on CSB's waiting lists for affordable housing. More work is needed to continue expanding public and private options, particularly to address major barriers CSB individuals face, including accessibility, poor credit and criminal records.

Relationship with Boards, Authorities, and Commissions

In addition to being one of the BOS's recognized Boards, Authorities, and Commissions (BACs), the CSB is involved in many of the official BACs as well as numerous other community groups and organizations.

Examples include:

- COMMUNITY ACTION ADVISORY BOARD (CAAB)
- COMMUNITY CRIMINAL JUSTICE BOARD (CCJB)
- COMMUNITY POLICY AND MANAGEMENT TEAM, FAIRFAX-FALLS CHURCH
- COMMUNITY REVITALIZATION AND REINVESTMENT ADVISORY GROUP
- CRIMINAL JUSTICE ADVISORY BOARD (CJAB)
- FAIRFAX AREA DISABILITY SERVICES BOARD
- FAIRFAX COMMUNITY LONG TERM CARE COORDINATING COUNCIL
- HEALTH CARE ADVISORY BOARD

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- REDEVELOPMENT AND HOUSING AUTHORITY
- PLANNING COMMISSION
- NORTHERN VIRGINIA REGIONAL COMMISSION

The CSB also partners actively with a multitude of community organizations and nonprofit provider boards, safety net organizations, advocacy groups, consumer organizations and faith communities. It is through these relationships that broader community concerns and needs are identified, CSB information can be shared, priorities are set, and partnerships, as well as, the CSB mission are strengthened.

General Fund Transfer

The FY 2014 budget for Fund 40040, Fairfax-Falls Church Community Services Board requires a General Fund Transfer of $109.23 million, an increase of $8.81 million or 8.8 percent over the FY 2013 Adopted Budget Plan. The increase is primarily due to necessary FY 2014 baseline adjustments based on Board of Supervisor decisions made as part of the *FY 2012 Carryover Review*, including funding to address increased demand and rising costs in the Infant and Toddler Connection program; increased fringe benefit requirements; the full year impact of FY 2013 compensation adjustments; and additional support for the June 2013 special education graduates of Fairfax County Public Schools turning 22 years of age who are eligible for day support and employment services who currently do not have a funding source for such services; offset by reductions utilized to balance the FY 2014 budget .

Budget and Staff Resources

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
FUNDING					
Expenditures:					
Personnel Services	$91,456,633	$92,596,653	$92,756,168	$94,667,471	$94,667,471
Operating Expenses	54,476,620	51,147,349	53,872,365	55,475,302	55,475,302
Capital Equipment	0	0	0	0	0
Subtotal	$145,933,253	$143,744,002	$146,628,533	$150,142,773	$150,142,773
Less:					
Recovered Costs	($2,098,251)	($1,123,974)	($1,123,974)	($1,173,974)	($1,173,974)
Total Expenditures	$143,835,002	$142,620,028	$145,504,559	$148,968,799	$148,968,799
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	1018 / 1014.75	1020 / 1016.75	997 / 993.25	982 / 977.25	983 / 978.25

This department has 48/47.5 FTE Grant Positions in Fund 50000, Federal/State Grants.

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Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
CSB Service Area Expenditures					
CSB Administration	$6,534,912	$5,458,893	$5,594,328	$5,002,307	$6,002,307
Cross-Cutting	16,573,954	13,602,576	19,715,846	19,204,764	19,204,764
Front Door	15,307,003	13,974,301	13,524,641	13,863,598	13,863,598
Treatment	42,395,618	41,729,833	41,497,100	45,019,127	44,019,127
Community Living	63,023,515	67,854,425	65,172,644	65,879,003	65,879,003
Total Expenditures*	$143,835,002	$142,620,028	$145,504,559	$148,968,799	$148,968,799
Non-County Revenue by Source					
Fairfax City	$1,309,903	$1,336,100	$1,336,100	$1,336,100	$1,336,100
Falls Church City	593,720	605,595	605,595	605,595	605,595
State DBHDS	13,314,430	12,871,445	12,712,098	12,713,033	12,713,033
Federal Block Grant	4,806,651	4,245,895	4,352,406	4,203,857	4,203,857
Federal Other	145,280	0	154,982	154,982	154,982
Federal ARRA	17,777	0	0	0	0
Medicaid Waiver	2,418,806	2,671,003	2,756,068	2,756,068	2,756,068
Medicaid Option	9,620,258	12,711,947	10,664,606	10,026,774	10,026,774
Program/Client Fees	5,911,297	6,084,272	5,253,587	6,279,123	6,279,123
CSA Pooled Funds	2,069,338	1,616,020	1,660,009	1,660,009	1,660,009
Miscellaneous	2,925	56,124	0	0	0
Total Revenue	$40,210,385	$42,198,401	$39,495,451	$39,735,541	$39,735,541
County Transfer to CSB	$100,496,382	$100,421,627	$109,610,515	$109,233,258	$109,233,258
County Transfer as a Percentage of Total CSB Expenditures	69.9%	70.4%	75.3%	73.3%	73.3%

* Please note that the CSB reorganized and realigned resources during FY 2013 to better align budget with actual expenditures.

FY 2014 Funding Adjustments

The following funding adjustments from the FY 2013 Adopted Budget Plan are necessary to support the FY 2014 program. Included are all adjustments recommended by the County Executive that were approved by the Board of Supervisors, as well as any additional Board of Supervisors' actions, as approved in the adoption of the budget on April 30, 2013.

- **Employee Compensation** **$1,260,409**

  An increase of $1,260,409 in Personnel Services reflects the full year impact of the FY 2013 2.5 percent performance-based scale and salary increase, effective January 2013, for non-uniformed employees. It should be noted that no funding is included for additional employee compensation for this fund in FY 2014.

- **Fringe Benefit Support** **$1,674,575**

  An increase of $1,674,575 in Personnel Services is required to support the increased fringe benefit requirements in FY 2014.

- **Infant and Toddler Connection** **$1,200,000**
  An increase of $1,200,000 is due to increased demand and rising costs in the Infant and Toddler Connection program. This funding will be held in an appropriated reserve to support increased contractor expenses and additional services to provide clinical and therapeutic services to more eligible children. This is partially offset by $200,000 in increased revenue. Staff is working diligently to secure additional state funding for these services which should be considered a state responsibility.

- **Special Education Graduates** **$1,100,000**
  An increase of $1,100,000 in Operating Expenses supports 56 of the 101 June 2013 special education graduates of Fairfax County Public Schools turning 22 years of age who are eligible for day support and employment services who currently do not have a funding source for such services.

- **Carryover Adjustments** **$2,928,919**
  As part of the *FY 2012 Carryover Review*, the Board of Supervisors approved funding of $2,928,919, including an increase of $3,500,000 to support increased fringe benefit requirements for the existing array of CSB positions; an increase of $69,324 in Personnel Services that was reallocated from Agency 89, Employee Benefits, to better align costs related to the Language Skills Proficiency Pay program with the appropriate agencies; offset by a decrease of $623,687 associated with reductions taken to generate savings and a decrease of $16,718 associated with miscellaneous adjustments. This baseline adjustment is also necessary in FY 2014.

- **Reductions** **($1,815,132)**
  A decrease of $1,815,132 and 14/15.0 FTE positions reflects the following reductions utilized to balance the FY 2014 budget:

Title	Impact	Posn	FTE	Reduction
Eliminate One Filled Central Administration Position	This reduction is based on a redesign of the CSB's administrative and operational oversight functions and eliminates a Management Analyst III position supporting the public-private partnership with Fairfax Resilience, Education, Advocacy, Community, Hope (REACH), Inc. through revenue oversight and processing. The administrative work will have to be absorbed by remaining staff.	1	1.00	$103,992
Eliminate the Supported Apartment Program and Three Filled Intellectual Disability Specialist Positions	This reduction eliminates three Intellectual Disability Specialist positions and will result in the closure of the CSB's supported apartment program serving 13 individuals with intellectual disability who live in their own homes or in shared living arrangements (e.g., apartment, townhomes). Individuals in this program receive training in personal skills, support in community living, and in some instances, rental assistance. Support provided ranges from daily to periodic drop-in visits and is based on individual needs and preferences. As a result of the reduction, the CSB will transfer the service provision to a combination of private community partners on existing contracts and other similar CSB residential program staff that have capacity. There will be minimal impact to people who receive CSB services and modest workload increases for CSB staff.	3	3.00	$375,221

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Title	Impact	Posn	FTE	Reduction
Eliminate One Filled Senior Management Position	This reduction eliminates one Senior Management position while eliminating funding for two. The first position has been eliminated as it is no longer needed due to the CSB's transformation and restructuring of the organization based on service intensity and overall consumer population needs. Funding for the second position has been eliminated, though the position will remain. This position provides support for key drivers such as Healthcare Reform, the Department of Justice settlement implementation, and projects associated with the County Executive's Work Plan, and the responsibilities can be absorbed by other staff.	1	1.00	$321,766
Reduce Hours of a Vacant Senior Clinician Position at Stevenson Place	This reduction reduces a full-time Senior Clinician position to part-time status at Stevenson Place, a specialized assisted living facility. This will impact the flexibility and availability of staff to provide clinical mental health services for up to 36 individuals with serious mental illnesses and medical needs living in the assisted living facility. These services include onsite therapy, supportive counseling, crisis intervention, clinical case management and coordination of clinical services. The work has already been absorbed by the Mental Health Therapist/Case Manager so there is minimal impact anticipated.	0	0.50	$50,300
Eliminate the Filled On-Site Manager Position at Annandale Outpatient	This reduction eliminates the on-site manager at the Annandale Outpatient site, who is responsible for oversight of Alcohol and Drug Services and leadership for site operations, and is also charged with participating in a future collaborative public safety initiative with the Mason District Police Station. The Annandale Outpatient site offers clinical counseling services for individuals with substance abuse, mental health, and co-occurring disorders. There are currently three CSB Outpatient sites across the County (i.e., Annandale Outpatient, Fairfax and Gartlan Center), all with on-site managers. This reduction will result in an off-site manager having responsibility for both Annandale Outpatient and Fairfax Outpatient, which are only a few miles apart, and may result in the on-site clinical supervisors absorbing some of the work while the manager is between sites. Annandale Outpatient served 475 individuals in FY 2012.	1	1.00	$109,004
Eliminate Three Vacant Administrative Support Positions	This reduction eliminates three Administrative Assistant II positions responsible for providing various administrative support functions for clinical operations throughout the CSB, and reduces an additional position to part-time status. Currently, there are 78 administrative assistant positions located on-site in facilities offering direct services to people who receive CSB services. The elimination of these three positions and the reduction in hours of one additional position will result in their work needing to be absorbed by remaining administrative and/or clinical staff.	3	3.50	$191,465

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Title	Impact	Posn	FTE	Reduction
Eliminate Two Vacant Management Positions	This reduction eliminates two management positions and is part of the CSB's organizational restructuring that will allow for greater efficiencies. The two positions include a Mental Health Division Director, responsible for management oversight, and a Substance Abuse Counselor IV, responsible for supervising and providing quality assurance. Both positions provide oversight of internal quality control, but can be eliminated as a business efficiency associated with the CSB's transformation initiative.	2	2.00	$256,369
Eliminate Two Vacant Wellness and Health Promotion Services Positions	This reduction eliminates one Substance Abuse Counselor II and one Substance Abuse Counselor III position in the CSB's Wellness and Health Promotion Services, leaving 16 positions remaining in the program, and is part of a larger Human Services system redesign of Prevention Services that will allow for greater countywide system effectiveness and efficiencies.	2	2.00	$190,000
Reclassify a Position at Beacon Hill Group Home for Program Efficiencies	This reduction reclassifies a Mental Health Therapist position to a Mental Health Counselor position at the Beacon Hill Group Home. The Beacon Hill Group Home is a residential treatment program that provides a wide range of services to adults who have a serious mental illness, some of whom are being discharged from hospitals to the community. It has a capacity to serve 8 residents in the house and 6 residents in the aftercare apartments, and the program provides a structured, supportive environment for those in need of assistance to make a transition to a more independent living situation. As a result of the reclassification of the position, there will be an increased amount of individual case management, as the staff will be better aligned to meet consumer needs, resulting in more targeted mental health support services that will lead to increased consumer independent living skills.	0	0.00	$11,253
Eliminate the Vacant Therapeutic Residential Services Director Position	This reduction eliminates the Therapeutic Residential Services Director position and is based on a CSB reorganization of several service areas for greater business effectiveness and efficiency. Therapeutic Residential Services will be consolidated with Residential Treatment and Supportive Residential Services, allowing for a more consolidated and streamlined Residential Services administration.	1	1.00	$128,141

Title	Impact	Posn	FTE	Reduction
Restructure Staff at the New Horizons Treatment Center	This reduction is the result of savings that are based on a redesign of the clinical staff located at the New Horizons Therapeutic Residential Treatment Center. The CSB is replacing a Mental Health Counselor position with a Specialist Aide position; replacing a Behavioral Health Nurse Clinician with a Licensed Practical Nurse; and replacing a Mental Health Therapist with an Assistant Residential Counselor. As a result, there will be resulting efficiencies and an increase in customer satisfaction, as the 12 full time staff will continue to serve the Center's residents (capacity of 16) in a much more direct manner. The redesign will allow more staff to provide services including case management, development of treatment plans, and facilitation of Medicaid pre-authorizations. There would be an increased focus by the restructured staff to facilitate the program goal of individual recovery and community reintegration.	0	0.00	$62,035
Reclassify a Position at the Patrick Street Group Home for Program Efficiencies	This reduction reclassifies a Behavioral Health Clinician position to a Licensed Practical Nurse position at the Patrick Street Group Home. The Patrick Street Group home is a residential treatment program for adults with serious mental illness, some of whom are being discharged from hospitals to the community. It has a capacity to house eight individuals, and the program provides a structured, supportive environment for those in need of assistance to make a transition to a more independent living situation. This reduction aligns staff to better provide case management, formulate treatment plans, and direct the implementation of service plans.	0	0.00	$15,586

Changes to FY 2013 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2013 Revised Budget Plan since passage of the FY 2013 Adopted Budget Plan. Included are all adjustments made as part of the FY 2012 Carryover Review, FY 2013 Third Quarter Review, and all other approved changes through April 23, 2013.

- **Carryover Adjustments** **$2,928,919**

  As part of the *FY 2012 Carryover Review*, the Board of Supervisors approved funding of $2,928,919, including an increase of $3,500,000 in support for increased fringe benefit requirements for the existing array of CSB positions, an increase of $69,324 in Personnel Services that was reallocated from Agency 89, Employee Benefits, to better align costs related to the Language Skills Proficiency Pay program with the appropriate agencies, offset by a decrease of $623,687 and 21/21.0 FTE positions associated with reductions taken to generate savings and a decrease of $16,718 associated with miscellaneous adjustments.

- **Out-of-Cycle Position Adjustments** **$0**

  In order to better align positions with the department in which services are provided, the CSB transferred 1/1.0 FTE position to Agency 67, Department of Family Services and 1/1.0 FTE position to Agency 68, Department of Administration for Human Services.

- **Third Quarter Adjustments** **($44,388)**
  As part of the *FY 2013 Third Quarter Review*, the Board of Supervisors approved a net decrease of $44,388 due to a decrease of $192,937 associated with the close-out of remaining Fund 40040 grants, partially offset by an increase of $148,549 associated with a new award from the Commonwealth of Virginia Department of Behavioral Health and Developmental Services for additional case management and treatment services for Seriously Mentally Ill (SMI) Adults and Seriously Emotionally Disturbed (SED) Children.

Cost Centers

CSB Administration

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
FUNDING					
Expenditures:					
Personnel Services	$3,424,955	$3,321,306	$3,038,589	$2,864,720	$3,204,720
Operating Expenses	3,113,957	2,187,587	2,605,739	2,187,587	2,847,587
Capital Equipment	0	0	0	0	0
Subtotal	$6,538,912	$5,508,893	$5,644,328	$5,052,307	$6,052,307
Less:					
Recovered Costs	($4,000)	($50,000)	($50,000)	($50,000)	($50,000)
Total Expenditures	$6,534,912	$5,458,893	$5,594,328	$5,002,307	$6,002,307
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	35 / 35	35 / 35	33 / 33	31 / 31	31 / 31

CSB Administration

1	Executive Director	2	Management Analysts IV	1	Training Specialist II
1	Deputy Director	0	Management Analysts III (-1)	0	Division Directors (-1)
1	CSB Service Area Director	1	Management Analyst II	1	Business Analyst IV
1	Planning/Development Director	1	Management Analyst I	2	Business Analysts III
1	Resid. and Facilities Dev. Mgr.	1	Human Service Worker IV	3	Business Analysts II
1	Mental Health Manager	6	Human Service Workers II	1	Administrative Assistant V
1	Program Manager	1	Communications Specialist I	1	Administrative Assistant IV
1	Medical Records Administrator	1	Information Officer III	1	Administrative Assistant III

TOTAL POSITIONS
31 Positions (-2) / 31.0 FTE (-2.0) (-) Denotes Abolished Position due to Budget Reductions

CSB Administration includes the leadership and business supports for the entire CSB. The Executive Director's Office is responsible for the overall functioning of the department with specific emphasis on developing the CSB Administration into an enterprise driven unit that will support the service mission through maximizing resources and partnerships. The goal is to ensure a qualitative, effective and seamless system comprised of directly operated and private sector services. 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, the Consumer and Family Affairs 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 individuals as an alternative, or complement, to the CSB funded professional services.

The 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 individuals 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, and incident trends while identifying high risk areas for the department and mitigating 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.

Incorporating information from the electronic health record, other service data and with strategies developed in the service system, the Enterprise Services Office ensures all strategies implemented have the integrated approach. Additionally, this office provides strategic planning and implementation, and oversight of the Financial Assessment and Screening Team (FAST) service of the CSB.

In coordination with the Department of Information and Technology, the Healthcare Informatics 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 (Credible). In the first full year after its Spring 2012 implementation, the office continues to 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.

Organizational Development and Training provides strategic organizational development and training activities to enhance services provided to individuals and families served. Among these activities are: 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; online courses in behavioral healthcare, compliance and human resource content areas; and 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).

The Quality Improvement/Performance Office coordinates efforts to develop performance tools that will assist with measuring all aspects of department 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.

The 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, including housing and residential development 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; and 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, and 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 manages areas including food services, administrative support, maintenance, lease contracts and security, the primary emphasis 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.

Cross-Cutting Services

Cross-cutting services are integrated across all service areas and include housing, employment and vocational services, peer supports, medical services, consumer affairs, and access to entitlements.

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
FUNDING					
Expenditures:					
Personnel Services	$11,526,510	$9,768,231	$16,353,364	$16,277,420	$16,277,420
Operating Expenses	5,092,343	3,834,345	3,362,482	2,927,344	2,927,344
Capital Equipment	0	0	0	0	0
Subtotal	$16,618,853	$13,602,576	$19,715,846	$19,204,764	$19,204,764
Less:					
Recovered Costs	($44,899)	$0	$0	$0	$0
Total Expenditures	$16,573,954	$13,602,576	$19,715,846	$19,204,764	$19,204,764
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	135 / 135	135 / 135	135 / 135	128 / 127.5	136 / 135.5

Fund 40040
Community Services Board (CSB)

	Program Management & Support				Medical Services
1	Medical Director of CSB	2	Business Analysts II	24	Psychiatrists
1	Director of ADS	1	ID Specialist IV	8	Nurse Practitioner/Physician Assts.
1	Director of Clinical Operations	1	ID Specialist III		
1	Director of ID Services	2	ID Specialists II		
13	CSB Service Area Directors (-2)	2	Administrative Associates		
3	Mental Health Managers	3	Administrative Assistants V		
0	Substance Abuse Counselors IV (-1)	13	Administrative Assistants IV		
1	Substance Abuse Counselor III	21	Administrative Assistants III		
2	Mental Health Therapists	30	Administrative Assistants II,1 PT (-3)		
1	Management Analyst III	1	Volunteer Services Coordinator II		
1	Management Analyst II	3	MH/ID/ADS Aides		

TOTAL POSITIONS
136 Positions (-6) / 135.5 FTE (-6.0)

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

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 13 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 supports evidence-based clinical practices and new technologies to improve outcomes for the people served. Staff from previously distinct program areas work 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

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
FUNDING					
Expenditures:					
Personnel Services	$15,371,667	$13,679,094	$13,341,221	$13,510,178	$13,510,178
Operating Expenses	1,138,562	1,144,181	1,003,654	1,223,654	1,223,654
Capital Equipment	0	0	0	0	0
Subtotal	$16,510,229	$14,823,275	$14,344,875	$14,733,832	$14,733,832
Less:					
Recovered Costs	($1,203,226)	($848,974)	($820,234)	($870,234)	($870,234)
Total Expenditures	$15,307,003	$13,974,301	$13,524,641	$13,863,598	$13,863,598
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	154 / 152.5	157 / 155.5	155 / 153.5	155 / 153.5	152 / 150.5

Fund 40040
Community Services Board (CSB)

	Engagement, Assessment and Referral		Jail- and Court-Based Services		Acute Care Services
1	Mental Health Manager	2	Substance Abuse Counselors III	1	Public Health Doctor, PT
4	Mental Health Supv./Specialists	5	Substance Abuse Counselors II	1	Substance Abuse Counselor IV
7	Mental Health Therapists	1	Mental Health Supv./Specialist	3	Substance Abuse Counselors III
2	ID Specialists II	2	Mental Health Managers	8	Substance Abuse Counselors II
7	MH/ID/ADS Senior Clinicians	1	Mental Health Therapist	8	Substance Abuse Counselors I
1	Substance Abuse Counselor IV	7	Clinical Psychologists	3	Mental Health Managers
3	Substance Abuse Counselors III	5	MH/ID/ADS Sr. Clinicians	4	Emer./Mobile Crisis Supervisors
12	Substance Abuse Counsls. II, 1 PT	1	Public Health Nurse III	2	BHN Supervisors
				21	MH Supervisor/Specialists, 1 PT
				9	BHN Clinicians/Case Managers
				21	Mental Health Therapists
				4	Mental Health Counselors
				2	Licensed Practical Nurses
				1	MH/ID/ADS Aide
				3	Cooks

TOTAL POSITIONS
152 Positions /150.5 FTE

PT Denotes Part-Time Position

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/or unsheltered. The goal of the Engagement, Assessment and Referral service area is to engage people who need services and/or support, triage people for safety, and help people get appropriate treatment and support to meet their needs. People may be referred to CSB services, if appropriate, or to community resources outside the CSB.

The CSB call center is the central point for accessing intellectual disability, mental health or substance use disorder services and supports. Staff can take calls in English and Spanish, and can obtain language translation services for other languages when needed. The CSB assessment unit provides comprehensive screening, assessment, referral and stabilization services for adults, and has been enhanced in order to be more person-centered as well as fiscally efficient.

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 for adults who are incarcerated at the Adult Detention Center include assessment, stabilization and referral for individuals with mental illness and/or co-occurring disorders; facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others; and court assessments, substance abuse education and limited treatment for adults with substance use disorders. Services for juveniles include mental health, substance abuse, and developmental disability assessment; intervention and referral for juveniles involved with the Juvenile and Domestic Relations District Court (JDRC); and evaluation, treatment and referral for juveniles who are in the Juvenile Detention Center, Boys & Girls Probation Houses, Post Dispositional Program (BETA) and other JDRC programs. In addition, services include participation in JDRC Diversion for offenders and linkages for adults and juveniles 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. 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 co-occurring 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 includes walk-in Psychiatric Emergency Services, a Mobile Crisis Unit (MCU) which responds to crises in the community, and short-term (7 to 10 days) residential detoxification and crisis stabilization services providing 24 hours per day, seven days per week care.

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 MCU, Emergency Services takes crisis intervention into the community, working closely with individuals, families and public safety agencies. Services provided by both Emergency and MCU include recovery-oriented crisis intervention, crisis stabilization, risk assessments, evaluations for Emergency Custody Orders, as well as voluntary and involuntary admission to both psychiatric hospitals (public and private) and the three Regional Crisis Stabilization Units. In addition, the 24/7 Central County Emergency site also provides psychiatric and medication valuations and medication prescriptions/dispensations. Additional services provided by the MCU include three 24-hour-per-day rapid deployment teams that respond to hostage/barricade incidents with the Special Weapons and Tactics (SWAT) team and police negotiators, a Critical Incident Stress Management Team responding to traumatic events, and a Disaster Response Team.

Woodburn Place Crisis Care is an alternative to hospitalization for individuals experiencing acute psychiatric crisis. It is an intensive and brief, community-based residential 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, physical evaluation, psychiatric and medication evaluation, substance abuse counseling, psychosocial education and assistance with daily living skills.

In response to an increase in demand for acute care, detoxification and stabilization services, the CSB seeks to develop a system that ensures access to 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.

Fund 40040
Community Services Board (CSB)

Treatment

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
FUNDING					
Expenditures:					
Personnel Services	$32,038,333	$33,018,909	$32,571,311	$34,595,531	$34,255,531
Operating Expenses	11,126,244	8,935,924	9,150,789	10,648,596	9,988,596
Capital Equipment	0	0	0	0	0
Subtotal	$43,164,577	$41,954,833	$41,722,100	$45,244,127	$44,244,127
Less:					
Recovered Costs	($768,959)	($225,000)	($225,000)	($225,000)	($225,000)
Total Expenditures	$42,395,618	$41,729,833	$41,497,100	$45,019,127	$44,019,127
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	380 / 378.25	378 / 376.25	366 / 364.25	365 / 363.25	371 / 368.75

Community-Based School Transition

1 CSB Service Area Director
1 Mental Health Manager
2 MH Supervisor/Specialists
8 MH/ID/ADS Sr. Clinicians, 1 PT
2 ID Specialists IV
5 ID Specialists III
20 ID Specialists II
2 Occupational Therapists II
3 Physical Therapists II
5 Speech Pathologists II
2 Administrative Assistants II

Outpatient Services

7 Substance Abuse Counselors IV
11 Substance Abuse Counselors III
40 Substance Abuse Counselors II
2 BHN Clinician/Case Managers
1 BHN Clinical Nurse Specialist
27 MH/ID/ADS Senior Clinicians
8 MH Supervisor/Specialists
6 Mental Health Therapists
3 Mental Health Managers (-1)
1 MH/ID/ADS Aide
1 Day Care Center Teacher, PT
1 Mobile Clinic Driver

Residential Treatment

6 Substance Abuse Counselors IV
13 Substance Abuse Counselors III
33 Substance Abuse Counselors II
22 Substance Abuse Counselors I
2 MH Supervisor/Specialists
4 MH/ID/ADS Senior Clinicians
1 BHN Supervisor
2 BHN Clinician/Case Managers
6 Mental Health Therapists
7 Mental Health Counselors
3 Licensed Practical Nurses
3 Asst. Residential Counselors
5 MH/ID/ADS Aides
1 Peer Support Specialist
2 Day Care Center Teachers I, 1 PT
3 Food Service Supervisors
4 Cooks

Intensive Community Treatment

2 Mental Health Managers
1 Substance Abuse Counselor III
3 Substance Abuse Counselors II
1 Emer./Mobile Crisis Unit Supv.
7 MH Supervisor/Specialists
6 MH/ID/ADS Sr. Clinicians
2 Public Health Nurses III
4 BHN Clinician/Case Managers
18 Mental Health Therapists
2 Mental Health Counselors, 1 PT
4 MH/ID/ADS Aides

Therapeutic Residential Services

2 Mental Health Managers
5 MH Supervisor/Specialists
1 BHN Clinician/Case Manager
12 Mental Health Therapists
21 Mental Health Counselors
2 Licensed Practical Nurses
1 Food Service Supervisor
1 Cook

TOTAL POSITIONS
371 Positions (-1) / 368.75 FTE (-1.0)

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

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. Based on FY 2013 service demand, modest growth is anticipated in FY 2014. 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 1,002, representing a 27.0 percent increase over FY 2010's average of 789 children per month. In FY 2012, the monthly average was 1,155 infants and toddlers per month, a 15.3 percent increase over FY 2011's average.

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

Outpatient Services provides an array of integrated services designed to serve persons with mental illness, substance use, and/or co-occurring disorders whose clinical and case management needs fall within two major domains: Partial Hospitalization, and Community Readiness and Support programs. 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. Specialized services, including trauma work, cognitive behavior therapy and Dialectical Behavior

Therapy are provided for individuals within the Outpatient Services area, as well as individuals receiving care in other service areas.

Partial Hospitalization provides intensive, recovery-oriented services to individuals with serious mental illness and/or co-occurring disorders and complex needs. Services provided include service coordination, medication management, psycho-educational groups, group and family therapy, supportive counseling, relapse prevention and community integration. The Community Readiness and Support program is a recovery-oriented psychosocial day program designed for individuals 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 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.

Intensive Outpatient Treatment services provide structured programming through psychosocial education, individual, group, and family counseling. Services assist individuals in behavioral changes that promote recovery, encourage problem solving skills and coping strategies, and assist in development of a positive support network. In addition, Continuing Care services are available for individuals who have successfully completed more intensive services within the outpatient spectrum but would benefit from periodic participation in group therapy, monitoring and service coordination to effectively connect to community supports.

Residential Treatment

The Residential Treatment line of service provides comprehensive services for youth and adults. Services are provided in residential treatment settings that are matched to the level and duration of care needed, and include intermediate and long-term treatment with 24-hour staffing and supervised treatment services with staffing 12-18 hours per day. Services include individual, group and family therapy; psychiatric services; medication management; and case management. In addition, continuing care services are provided to assist with the transition back to the community. 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. Continuing care services offer ongoing structure and support to assist individuals in their continuing recovery from substance use and co-occurring disorders.

Intensive Community Treatment

The Intensive Community Treatment line of service includes the Intensive Community Treatment Teams (ICTT), the Jail Diversion Program, the Program of Assertive Community Treatment (PACT) and the Intensive Care Coordination (ICC) teams for youth and families. Intensive Community Treatment Teams provide intensive, community-based case management and outreach services to persons with serious mental illness and or/serious substance use disorders. Teams provide individuals with the most acute and complex needs with appropriate levels of support services in the individuals' natural environment, including case management, mental health supports, crisis intervention and medication management.

The Jail Diversion Program has moved to providing an intensive level of care to enhance existing resources available to persons with serious mental illness and/or severe substance use disorder and co-occurring disorders who are involved with, or being diverted from, the criminal justice system. The Program of Assertive Community Treatment (PACT) is a multi-disciplinary team and provides enhanced support services for individuals with mental illness, substance use and co-occurring disorders. Discharge Planning Services are provided to individuals in state psychiatric hospitals to support linkages to community-based services, enhancing successful community-based recovery.

The Intensive Care Coordination (ICC) program was established in collaboration with private service providers and all County agencies serving youth. ICC services are provided using a wraparound model of intervention to provide family-driven, team-based planning for the purpose of safely maintaining youth in the community with their families. In addition, ICC services 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.

Therapeutic Residential Services

Therapeutic Residential Services provide care to adults with severe and persistent mental illness and/or co-occurring substance use disorders. Intensive to highly intensive treatment services are provided at multiple sites throughout the community with staff onsite 18 to 24 hours per day. Services include onsite treatment, support services and case management geared to support and help individuals reside in the least restrictive community housing.

This service area consists of four components. 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, including assessment, case management, individual and group therapy; 12 step recovery group therapy; life skills development; medication evaluation and monitoring; urinalysis and breath testing; crisis intervention; and recreational and social activities. The Intensive Service Program serves individuals in transitional group homes with 24 hours per day programs that provide individuals treatment, support and training in basic daily living functions. Supervised Services are provided through extension apartments beds (aftercare beds) and are designed to assist individuals in transitioning from 24 hour supervised programs to a more independent living environment, allowing individuals the opportunity to live in the community while maintaining a supportive connection to the 24 hour program. 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.

Community Living

Category	FY 2012 Actual	FY 2013 Adopted	FY 2013 Revised	FY 2014 Advertised	FY 2014 Adopted
FUNDING					
Expenditures:					
Personnel Services	$29,095,168	$32,809,113	$27,451,683	$27,419,622	$27,419,622
Operating Expenses	34,005,514	35,045,312	37,749,701	38,488,121	38,488,121
Capital Equipment	0	0	0	0	0
Subtotal	$63,100,682	$67,854,425	$65,201,384	$65,907,743	$65,907,743
Less:					
Recovered Costs	($77,167)	$0	($28,740)	($28,740)	($28,740)
Total Expenditures	$63,023,515	$67,854,425	$65,172,644	$65,879,003	$65,879,003
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)					
Regular	314 / 314	315 / 315	308 / 307.5	303 / 302	293 / 292.5

Wellness & Health Promotion
1 Substance Abuse Counselor IV
2 Substance Abuse Counselors III (-1)
13 Substance Abuse Counselors II (-1)

Employment & Day Support
1 ID Specialist IV
6 ID Specialists II

Supportive Residential Services
1 BHN Supervisor
2 Mental Health Managers
7 MH Supervisor/Specialists
2 MH/ID/ADS Senior Clinicians
16 Mental Health Therapists
7 Mental Health Counselors
1 Licensed Practical Nurse

Community Residential & Contractual Services
2 ID Specialists IV
3 ID Specialists III
10 ID Specialists II
74 ID Specialists I (-3)
1 BHN Clinician/Case Manager
1 MH/ID/ADS Senior Clinician, PT

Intensive Service/Support Coordination
5 Mental Health Managers
9 MH Supervisor/Specialists
24 Mental Health Therapists
34 MH/ID/ADS Senior Clinicians
3 ID Specialists IV
8 ID Specialists III
44 ID Specialists II
1 ID Specialist I
1 Substance Abuse Counselor II
5 BHN Supervisors
4 BHN Clinical Nurse Specialists
3 BHN Clinician/Case Managers
2 Licensed Practical Nurses

TOTAL POSITIONS
293 Positions (-5) /292.5 FTE (-5.0)

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

The Community Living service area is a matrix of numerous partnerships between the CSB and other departments 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 through engagement, involvement, awareness, and skill-building. The overall goal is to strengthen and build capacity to handle 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 and health care integration.

Employment and Day Support

In addition to the 12 CSB Service Areas, Employment and Day Support provides assistance and training to improve individual independence, self-sufficiency and adjustment, as well as in obtaining 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.

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. 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. Sheltered Employment provides individuals remunerative employment in a supervised setting with support services for habilitative development. Group Supported Employment provides individuals intensive job placement assistance for off-site, supervised contract work and competitive employment in the community. Job retention services are also provided. Individualized Supported Employment provides remunerative employment with necessary support services. This service primarily serves persons with less severe disabilities and stresses social integration with non-disabled workers. Cooperative Employment Program (CEP) provides supported competitive employment services to eligible individuals with developmental disabilities. The CEP is jointly funded and operated by the Virginia Department of Aging and Rehabilitative Services (DARS) and the CSB. Using an individualized approach, program staff assesses skills, analyzes job requirements, and provides on-the-job training for disabled individuals and disability awareness training for employers.

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 (ALFs) provide assisted living to individuals with serious mental illness and medical needs in partnership with a private provider. Group Homes are small, group living arrangements of generally four to six individuals with intellectual disabilities and are located in homes in various residential neighborhoods. Intermediate Care Facilities (ICF-MR's) are a 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 includes programs in which individuals live in their own homes or in shared living arrangements (e.g., apartments and town homes) and receive support services ranging from daily to drop-in, based on individual needs and preferences.

Respite Services are 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) is provided for a small number of individuals who receive other specialized long-term community residential services via contracts.

Supportive Residential Services

Supportive Residential Services are comprised of six primary components and are provided through a variety of housing partnerships that have been formed over the past 15 years. Residential Intensive Care (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. The Transitional Therapeutic Apartment Program (TTAP) 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. The Supportive Shared Housing Program (SSHP) provides residential support and case management in a community setting. Fairfax County's Department of 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.

The CSB's moderate income rental program and HCD's Fairfax County Rental Program (FCRP) provide long-term permanent residential support and case management in a community setting. Individuals must sign a program agreement with the CSB for this program. Pathway Homes and Supportive Residential Services jointly operate the Supported Housing Option Program (SHOP), which is designed to provide long term or permanent housing with support services to individuals 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 individuals with the greatest needs who are willing to accept needed services. In addition, Pathway Homes and Supportive 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 individuals with serious mental illness and co-occurring disorders, as well as to those who are homeless and need housing with supports.

Intensive Service/Support Coordination

Intensive Service/Support Coordination services (targeted support coordination for people with intellectual disability) assist individuals with serious mental illness, serious emotional disturbance, intellectual disability, and/or substance use disorders 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 individuals and families, 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.

Key Performance Measures

Indicator	Prior Year Actuals FY 2010 Actual	FY 2011 Actual	FY 2012 Estimate/Actual	Current Estimate FY 2013	Future Estimate FY 2014
Facility and Administrative Operations					
Percent of CSB service quality and outcome goals achieved	80%	78%	80% / 66%	85%	85%
Engagement, Assessment and Referral					
Percent of clients who access the appropriate level of care based on ASAM criteria	85%	85%	85% / 87%	NA	NA
Percent of adults with mental health, substance use or co-occurring disorders who attend their first scheduled service appointment	NA	NA	NA / NA	85%	85%
Jail- and Court-Based Services (JCBS)					
Percent of individuals in adult mental health forensic services who have a follow-up appointment after their assessment	NA	NA	NA / NA	90%	90%
Acute Care Services					
Percent of individuals who receive stabilization services without admission to a psychiatric hospital	87%	96%	85% / 82%	NA	NA
Percent of individuals who receive services provided that result in a less restrictive alternative to psychiatric hospitalization	NA	NA	NA / NA	85%	85%
Community-Based School Transition					
Percent of families receiving ITC services who received completed Individual Family Support Plans within 45 days of intake call	100%	100%	100% / 98%	100%	100%
Average number of days from referral to ITC to completion of IFSP	40	39	32 / 42	45	45
Percent of families who agree that ITC services have helped the family/child's development	NA	NA	NA / NA	90%	90%
Percent of individuals receiving IECP services showing improvement in their school status	NA	NA	NA / NA	85%	85%

Fund 40040
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2010 Actual	FY 2011 Actual	FY 2012 Estimate/Actual	Current Estimate FY 2013	Future Estimate FY 2014
Outpatient Services					
Percent of individuals showing improvement in their employment and/or school status who participate in at least 30 days of adult outpatient treatment	80%	80%	80% / 78%	80%	80%
Percent of individuals showing improvement in their employment and/or school status after participating in at least 90 days of adult day treatment services	80%	80%	80% / 55%	85%	85%
Percent of individuals who demonstrate improvement in psychiatric symptoms from admission to discharge from a partial hospitalization program	NA	NA	NA / NA	90%	90%
Percent of individuals showing improvement in their employment and/or school status who participate in at least 30 days of youth outpatient treatment	85%	94%	90% / 90%	NA	NA
Percent of individuals showing improvement in their employment and/or school status who participate in at least 60 days of youth outpatient treatment	NA	NA	NA / NA	80%	80%
Percent of individuals showing improvement in their employment and/or school status after participating in at least 90 days of youth day treatment services	90%	95%	80% / 90%	85%	85%
Percent of youth who are progressing in school and who demonstrate improvements in family and community behaviors	90%	95%	85% / 90%	NA	NA
Residential Treatment					
Percent of adult individuals showing reduction in drug use when leaving the program	NA	96%	90% / 94%	90%	90%
Percent of individuals showing reduction in criminal behavior when leaving the program	NA	96%	80% / 94%	80%	85%
Intensive Community Treatment					
Percent of individuals who remain out of jail or the hospital for at least 330 days in a year	97%	92%	90% / 88%	90%	90%
Percent of individuals referred to the CSB who remain in services for at least 90 days following discharge planning	NA	NA	NA / NA	75%	75%
Therapeutic Residential Services					
Percent of individuals discharged who are able to live as independently as possible based on level of need	NA	NA	NA / NA	75%	75%
Wellness and Health Promotion					
Percent of participants with higher post test scores after completion of prevention education programs	88%	92%	90% / 91%	NA	NA
Percent of individuals who are certified in Mental Health First Aid	NA	NA	NA / NA	85%	85%

Fund 40040
Community Services Board (CSB)

Indicator	Prior Year Actuals FY 2010 Actual	FY 2011 Actual	FY 2012 Estimate/Actual	Current Estimate FY 2013	Future Estimate FY 2014
Employment and Day Support					
Average annual wages reported by individuals receiving group supported employment services	$6,190	$5,504	$4,900 / $5,510	$4,900	$5,675
Average annual wages reported by individuals receiving individual supported employment services (including CEP)	$16,772	$16,683	$16,000 / $17,479	$16,000	$18,003
Percent of individuals who maintain or improve their level of day support or employment	NA	NA	NA / NA	80%	80%
Community Residential and Contractual Services					
Percent of individuals living in CSB directly operated and contracted group homes who maintain their current level of residential independence and integration	100%	100%	92% / 99%	95%	95%
Supportive Residential Services					
Percent of individuals ready to move to a more independent residential setting within one year	4%	7%	6%/3%	6%	10%
Intensive Service/Support Coordination					
Percent of individuals with intellectual disability receiving targeted support coordination services who meet their Person Centered Plan objectives	98%	94%	95% / 95%	95%	95%
Percent of individuals with mental illness scheduled for an assessment within 7 days of discharge	90%	94%	90% / 91%	NA	NA

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2014/adopted/pm/40040.pdf

Performance Measurement Results

Facility and Administrative Operations

In FY 2012, the CSB met or exceeded 66 percent (23 out of 35) of its Service Quality and Outcome goals. Several factors impacted the CSB's failure to reach its 80 percent target including staff vacancies and hiring freezes, reduced resources, department transformation (reorganization) and the implementation of a new electronic health record. However, the CSB came within 3 percent of achieving seven additional Service Quality and Outcome goals, which, if achieved, would have met the target.

Engagement, Assessment and Referral

In FY 2012, 2,056 individuals were served, meeting 95.6 percent of the performance target of 2,150. The slight reduction in number served can be attributed to both staff vacancies and deployments to other CSB programs to provide critical coverage. In addition to staff vacancies, the staff acclimated to a new electronic health record which required new business practices and processes. Ninety-three percent of individuals served indicated that they were satisfied with services, falling slightly below the target of 95 percent. Satisfaction surveys are administered and analyzed on an ongoing basis and process improvements are frequently established based on consumer feedback and input. The FY 2012 outcome measure indicating percentage of individuals accessing the appropriate level of care based on the American Society of Addiction Medicine (ASAM) criteria exceeded the target by 2 percent. In FY 2013, the CSB introduced a new outcome indicator, measuring the percentage of individuals served who attend

their first scheduled service appointment.

Jail- and Court-Based Services (JCBS)

As this is a new CSB service area, there were no performance measures and targets in FY 2012. Performance measurement has been initiated and results will be reported starting with FY 2013.

Acute Care Services

In FY 2012, General Emergency Services provided 18,673 hours of service to 5,037 individuals. The projected targets for service hours and individuals served both exceeded estimates, though it should be noted that data collection methods were modified in March 2012 with the implementation of a new electronic health record. In regards to the outcome measure, 82 percent of individuals received stabilization services without admission to a psychiatric hospital, slightly below the estimated target of 85 percent. The CSB instituted a new outcome measure in FY 2013, setting a goal that 85 percent of individuals served will be able to be in a less-restrictive, alternative to psychiatric hospitalization.

Community-Based School Transition

Infant and Toddler Connection (ITC)

In FY 2012, ITC exceeded the target of 2,913 individuals served by serving 3,090 infants and toddlers, a 10 percent increase over the FY 2011 level of 2,801. The average number of children served in a month has increased from 1,002 in FY 2011 to 1,156 in FY 2012, representing a 15 percent increase in the number of children served each month. This continued increase in the number of children served both monthly and annually is reflective of the very large and rapid growth in demand for early intervention services consistently seen over the past several years, and this upward trend is expected to continue for the foreseeable future. Consequently, only 98 percent of families receiving ITC services received completed IFSPs within 45 days of the intake call, compared to the federally mandated goal of 100 percent. ITC has not been able fill vacancies required to provide the numbers of service coordinators and therapists to meet the 100 percent target. In addition, ITC did not meet the goal for days to complete IFSPs, as the goal was an average of 32 days from referral compared to actuals of 42 days. However, the FY 2012 actuals were still within the federally-mandated 45 day period. In FY 2013, a new outcome measure will be used to capture the percent of families who agree that ITC services have helped the family/child's development.

Infancy, Early Childhood and Pre-Adolescent (IECP)

As this is a new CSB service area, there were no performance measures and targets in FY 2012. Performance measurement has been initiated and results will be reported starting with FY 2013.

Outpatient Services

Adult Outpatient (Substance Abuse)

In FY 2012, 1,706 individuals received outpatient services for substance use disorders, slightly exceeding the goal of 1,700. Despite several staff vacancies, the service area was able to maximize efficiencies while maintaining service quality. Ninety-four percent of individuals served were satisfied with services compared to the target of 90 percent, an improvement of 10 percent from FY 2011. During FY 2011, satisfaction among individuals served was impacted by several factors, including programmatic changes due to federal requirements. The increase in satisfaction can be attributed to stability in programming in FY 2012. The outcome measure indicating percentage of individuals maintaining or improving employment and/or school status is slightly below the target of 80 percent.

Adult Day Treatment (Substance Abuse)
In FY 2012, 67 individuals received day treatment services for substance use disorders, falling short of the target of 145. It should be noted that the estimate for serving 145 individuals was made prior to the closure of the day treatment program in South County, and the projection was not amended to accurately reflect current capacity for day treatment services. The number of individuals who were served in FY 2012 is more consistent with the projection for FY 2013, with a goal of 70 individuals. Similarly, the cost to serve each individual was significantly higher than projected, as projections were made based on 145 individuals. Ninety percent of service recipients indicated satisfaction with programming, exceeding the service quality goal of 80 percent. The outcome measure for percentage of individuals showing improvement in their employment and/or school status is significantly lower than the projected target of 80 percent; current data indicates that 55 percent of individuals served met this goal. The ability to attain employment has been significantly impacted by the local economy.

Adult Partial Hospitalization
In FY 2012, 199 people were served in Adult Partial Hospitalization programs, exceeding the target of 174. The increase in individuals served from previous years is the result of a program redesign and service efficiencies; the program length has been decreased, allowing a greater number of people to receive services each year. The number of service hours provided and cost to serve each individual also exceeded projections for FY 2012. The percentage of individuals who are not hospitalized within six months of receiving 30 days of treatment was 83 percent, 7 percentage points below the projection of 90 percent. This is still a notable outcome since this program is designed to provide services for adults with serious mental illness and/or co-occurring disorders who are in danger of requiring immediate hospitalization or who have been discharged from psychiatric hospitals and need of intensive community stabilization. New indicators were implemented in FY 2013 to capture individual satisfaction with services as well as individual improvement in psychiatric symptoms.

Youth Outpatient (Substance Abuse)
In FY 2012, Youth Outpatient Service met or exceeded its goals output, quality and outcome goals. Five hundred seventy-two individuals were served, exceeding the target by 73 individuals. It should be noted that youth services routinely provides services to youth and their family members, though numbers for those served reflect programming for youth. This service area exceeded its satisfaction goal by 1 percent, with 91 percent indicating satisfaction with services. The outcome measure indicating percentage of youth who improved employment and/or school status also met the target, with 90 percent of those served improving their status.

Youth Day Treatment (Substance Abuse)
During FY 2012, 106 individuals with substance abuse or co-occurring disorders were served in Youth Day Treatment programs. This represents 82 percent of the goal for individuals served. This was partially the result of the level of need for this population frequently necessitating an extended clinical intervention, as well as the holding open of vacant positions. Ninety percent of those served indicated satisfaction with services and showed improvement in their employment and/or school status, exceeding the targets of 80 percent. In addition, new indicators were implemented in FY 2013 to capture individual improvement in employment and/or school status.

Youth Day Treatment (Mental Health)
In FY 2012, 24 adolescents were served in day treatment for youth with mental health and/or co-occurring disorders, representing 71 percent of the goal. The estimate for service hours provided also fell short of

the goal, with 11,175 hours of service provided, compared to 13,619 service hours projected. The inability to meet these goals can be attributed to staff vacancies. Ninety-two percent of service recipients indicated satisfaction with programming, exceeding the goal by 2 percent. The program also met its target for the outcome goal of youth who are progressing in school and who demonstrate improvements in family and school behaviors. In FY 2013, all youth Day Treatment services were combined in one family of measures with a target of 85 percent showing improvement in their employment and/or school status.

Residential Treatment

In FY 2012, Crossroads Adult Services, for which these performance measures are focused, served 153 people, or 2 percent below the projection of 156. Varying lengths of stay in the program's main facility, reentry services, and continuing care impacts the number of individuals served. Eighty-eight percent of individuals were satisfied with Crossroads Adult Services which was slightly lower than projected. At the time the last surveys were administered, there were more individuals in the beginning stages of treatment. Satisfaction tends to increase as individuals progress through treatment, and motivation for change increases. Both Outcome measures, percent of individuals showing a reduction in drug use and criminal behavior when leaving the program, exceeded projections by 4 percentage points and 14 percentage points, respectively. As this is only the second year this data has been collected, the CSB will continue to refine future targets.

Intensive Community Treatment

In FY 2012, the Program of Assertive Community Treatment (PACT) served 107 individuals, compared to the projection of 130 individuals, primarily due to staff vacancies. The PACT program provided 8,913 service hours, falling short of the targeted 12,063 hours provided. While this is due in part to staff vacancies, it can also be attributed to a change in data recording and individuals served by PACT for nearly a decade requiring less service intervention.

The percentage of individuals who remained out of jail or the hospital was 88 percent, falling slightly short of the 90 percent target. While the target was not met, this is still a noteworthy outcome given that the individuals served through the PACT program have a significant history of psychiatric hospitalization. For FY 2013, additional performance measures for discharge planning have been added to this line of service.

Therapeutic Residential Services

As this is a new CSB service area, there were no performance measures and targets in FY 2012. Performance measurement has been initiated and results will be reported starting with FY 2013.

Wellness and Health Promotion

In FY 2012, Wellness and Health Promotion Services, formerly Prevention Services, provided 3,720 units of prevention education services, 80 units less than the projected 3,800. This reduction was the result of one full-time position vacancy for the majority of the fiscal year. Satisfaction with services provided exceeded the target of 90 percent, and program participants with higher post-test scores after completion of prevention education exceeded the target by 1 percentage point. In FY 2013, the CSB switched to a new Outcome Indicator, measuring the percent of individuals who are certified in Mental Health First Aid. It should be noted that during FY 2012, Wellness and Health Promotion services have been thoroughly reviewed to determine the areas of greatest need and most effective use of limited resources.

Employment and Day Support

In FY 2012, 1,240 unduplicated individuals received day support and employment services, 110 less than projected. In addition to service vacancies not being filled as individuals left service, a waiting list for these services was established.

Total wages earned by the 379 individuals surveyed who received group supported employment services in FY 2012 was $2,088,171, for average annual earnings of $5,510. The FY 2012 average annual earnings total exceeded the estimate by $610 and was $6 more than the FY 2011 average. Total wages earned by the 195 individuals surveyed who received individual employment services (including the Cooperative Employment Program) in FY 2012 was $3,408,490, for average annual wage earnings of $17,479. The FY 2012 average annual earnings total exceeded the estimate by $1,479 and was $796 more than the FY 2011 average. The FY 2012 increases in average wages is due primarily to an overall increase in the number of hours worked. In FY 2013, the CSB introduced a new Outcome Indicator measuring the percent of individuals who maintain or improve their level of day support or employment, with a goal of 80 percent.

Community Residential and Contractual Services

In FY 2012, 376 adults with intellectual disabilities were served in CSB directly operated group homes and group homes operated by CSB contractors, surpassing the target of 305. Future projections will reflect additional capacity created by an expansion of contracted group homes in FY 2011. The annual cost per individual residing in CSB directly operated group homes during FY 2012 was $36,055, 8 percent below the projection of $39,223. This results from day-to-day efficiencies in group home operation and staff vacancies.

Ninety-nine percent of individuals living in CSB directly operated or contracted group homes maintained their current level of residential independence and community integration, surpassing the estimate of 92 percent. As individuals with intellectual disabilities become more medically fragile and their health deteriorates, services provided in specialized settings will likely become more costly and time consuming, affecting this outcome.

Supportive Residential Services

In FY 2012, Supportive Residential supervised apartments served 399 individuals, exceeding the goal of serving 321 individuals. The 21,713 service hours provided however, fell far short of the 78,000 hours goal and can be attributed to a decrease in the level of intensity in services provided, resulting in fewer hours provided to a greater number of people despite the increase in the number of individuals served.

The target to achieve a 6 percent rate of individuals who are able to move to a more independent setting within one year was not met, as only 3 percent were able to move. While promoting independence continues to be an overall goal of Supportive Residential Services, the lack of affordable housing stock available in the community remains a barrier. The program will however, continue to provide services and supports to increase readiness to move to a more independent residential setting.

Intensive Service/Support Coordination

In FY 2012, 1,536 individuals with intellectual disability received at least one support coordination service, exceeding the estimate of 1,430 by 7 percent.

The annual cost per individual receiving targeted case management services in FY 2012 was $3,189, slightly less than the $3,332 projected and $112 less than FY 2011. Ninety-three percent of individuals surveyed indicated satisfaction with support coordination services, 3 percentage points above the FY 2012 estimate of 90 percent and 2 percentage points above the actual FY 2011 satisfaction percentage of 91 percent. Ninety-five percent of individual service plan objectives were achieved meeting the outcome target.

In FY 2012, 5,825 individuals with serious mental illness received outpatient services, exceeding the output target of 5,281, primarily due to individuals that completed services and were discharged.

Ninety-one percent of the individuals discharged from state hospital beds were assessed within seven days in FY 2012, exceeding the target of 90 percent.

Fund 40040
Community Services Board (CSB)

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2012 Actual	FY 2013 Adopted Budget Plan	FY 2013 Revised Budget Plan	FY 2014 Advertised Budget Plan	FY 2014 Adopted Budget Plan
Beginning Balance	$526,828	$0	($2,601,407)	$1,000,000	$1,000,000
Revenue:					
Local Jurisdictions:					
Farifax City	$1,309,903	$1,336,100	$1,336,100	$1,336,100	$1,336,100
Falls Church City	593,720	605,595	605,595	605,595	605,595
Subtotal - Local	$1,903,623	$1,941,695	$1,941,695	$1,941,695	$1,941,695
State:					
State DBHDS	$13,314,430	$12,871,445	$12,712,098	$12,713,033	$12,713,033
Subtotal - State	$13,314,430	$12,871,445	$12,712,098	$12,713,033	$12,713,033
Federal:					
Block Grant	$4,806,651	$4,245,895	$4,352,406	$4,203,857	$4,203,857
Direct/Other Federal	145,280	0	154,982	154,982	154,982
Federal ARRA	17,777	0	0	0	0
Subtotal - Federal	$4,969,708	$4,245,895	$4,507,388	$4,358,839	$4,358,839
Fees:					
Medicaid Waiver	$2,418,806	$2,671,003	$2,756,068	$2,756,068	$2,756,068
Medicaid Option	9,620,258	12,711,947	10,664,606	10,026,774	10,026,774
Program/Client Fees	5,911,297	6,084,272	5,253,587	6,279,123	6,279,123
CSA Pooled Funds	2,069,338	1,616,020	1,660,009	1,660,009	1,660,009
Subtotal - Fees	$20,019,699	$23,083,242	$20,334,270	$20,721,974	$20,721,974
Other:					
Miscellaneous	$2,925	$56,124	$0	$0	$0
Subtotal - Other	$2,925	$56,124	$0	$0	$0
Total Revenue[1]	$40,210,385	$42,198,401	$39,495,451	$39,735,541	$39,735,541
Transfers In:					
General Fund (10001)[1]	$100,496,382	$100,421,627	$109,610,515	$109,233,258	$109,233,258
Total Transfers In	$100,496,382	$100,421,627	$109,610,515	$109,233,258	$109,233,258
Total Available	$141,233,595	$142,620,028	$146,504,559	$149,968,799	$149,968,799

Fund 40040
Community Services Board (CSB)

FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2012 Actual	FY 2013 Adopted Budget Plan	FY 2013 Revised Budget Plan	FY 2014 Advertised Budget Plan	FY 2014 Adopted Budget Plan
CSB Administration	$6,534,912	$5,458,893	$5,594,328	$5,002,307	$6,002,307
Cross-Cutting	16,573,954	13,602,576	19,715,846	19,204,764	19,204,764
Front Door	15,307,003	13,974,301	13,524,641	13,863,598	13,863,598
Treatment Services	42,395,618	41,729,833	41,497,100	45,019,127	44,019,127
Community Living	63,023,515	67,854,425	65,172,644	65,879,003	65,879,003
Total Expenditures[1]	$143,835,002	$142,620,028	$145,504,559	$148,968,799	$148,968,799
Total Disbursements	$143,835,002	$142,620,028	$145,504,559	$148,968,799	$148,968,799
Ending Balance[2]	($2,601,407)	$0	$1,000,000	$1,000,000	$1,000,000
Infant and Toddler Connection Reserve[3]	$0	$0	$1,000,000	$1,000,000	$1,000,000
Unreserved Balance	($2,601,407)	$0	$0	$0	$0

[1] In order to account for revenues and expenditures in the proper fiscal year, an audit adjustment in the amount of $67.51 has been reflected as an increase to the FY 2012 expenditures to account for operating expenditures in the appropriate fund. This audit adjustment has been included in the FY 2012 Comprehensive Annual Financial Report (CAFR). Details of the audit adjustments were included in the FY 2013 Third Quarter package.

[2] The FY 2012 Actual Unreserved Balance of ($2,601,407) is primarily the result of an unanticipated significant increase in service demand and lower than anticipated revenue. The *FY 2013 Revised Budget Plan* Unreserved Balance of $0 reflects utilization to offset FY 2013 program requirements.

[3] The *FY 2013 Revised Budget Plan* reflects adjustments as approved by the Board of Supervisors on September 11, 2012.