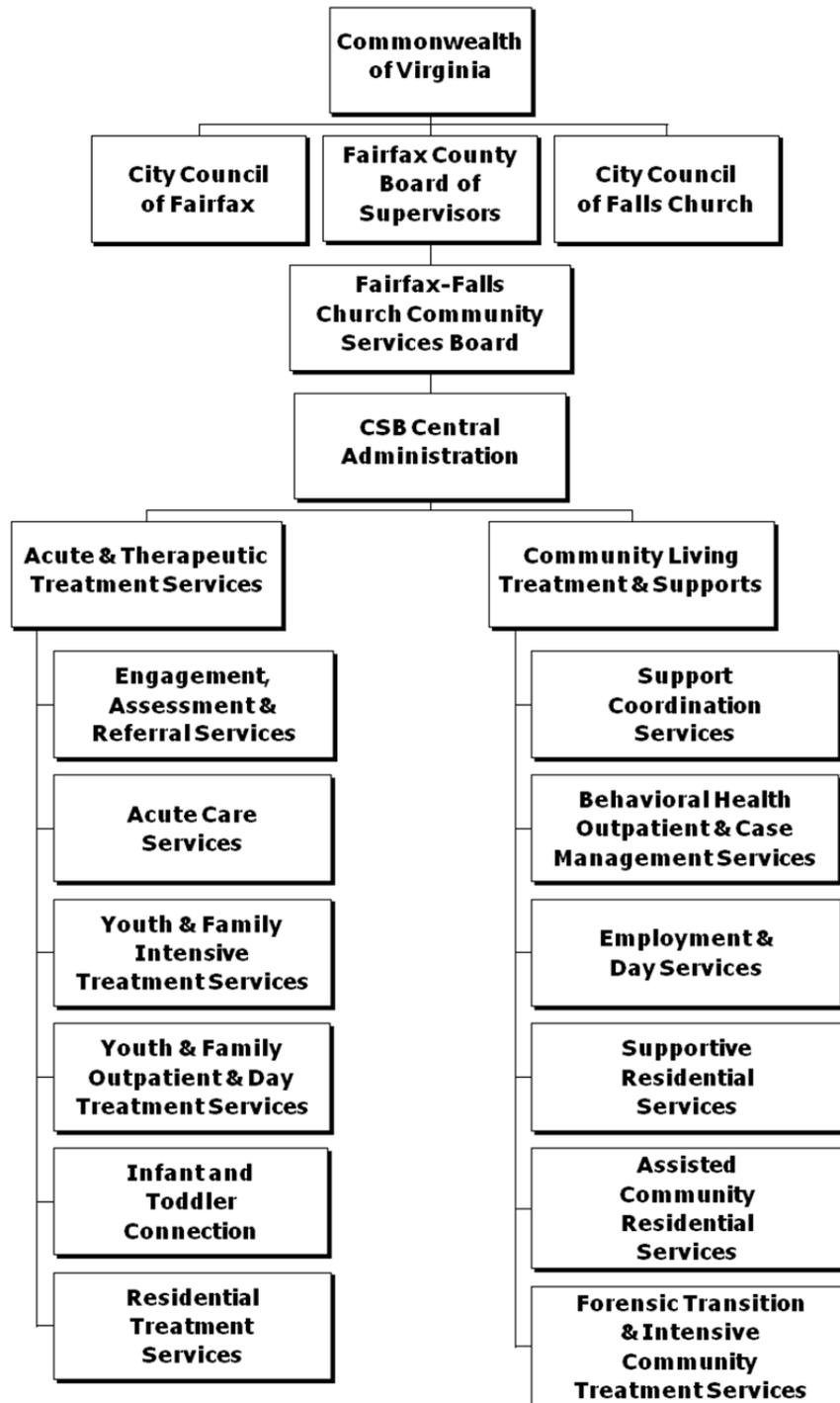


Fund 40040 Community Services Board (CSB)



Fund 40040

Community Services Board (CSB)

Mission

The Fairfax-Falls Church Community Services Board (CSB) plans, organizes and provides a system of services for residents of Fairfax County and the cities of Fairfax and Falls Church who have mental illness, substance use disorders, and/or intellectual disabilities. The CSB also provides early intervention services for infants and toddlers who have, or are at risk of having, developmental delays.

As the public support network, the CSB provides services to improve mental, emotional and physical health and quality of life for individuals affected by these conditions and to strengthen their capacity for living self-determined, productive and valued lives in the community. 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 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

Fund 40040

Community Services Board (CSB)

AGENCY DASHBOARD			
Key Data	FY 2011	FY 2012	FY 2013
1. Persons served by the CSB	20,058	20,446	20,988
2. Children served by Infant and Toddler Connection	2,801	3,090	2,975
3. Department of Justice and Commonwealth of Virginia Settlement Agreement relating to individuals with intellectual disabilities			
• Individuals discharged from state training centers who are returning to their communities	4	2	10
• Individuals on Medicaid Waiver waiting list who meet the Urgent Need criteria	404	494	576
4. Employment and Day Services			
▪ Annual Special Education Graduates*	104	110	120
▪ Individuals on community waiting list	NA	26	7
5. Health Care Reform			
▪ Percent of individuals who reported that they have a Primary Care Provider**	53%	50%	42%
▪ Percent of individuals receiving mental health/substance abuse services who have Medicaid coverage	37%	38%	35%
6. Projected/actual new housing opportunities	NA	116/104	120/91
7. Projected/actual new housing opportunities for individuals receiving 24/7 high intensity services (e.g., group homes, Intermediate Care Facilities)	NA	4/0	14/4
8. Projected/actual new housing opportunities for individuals receiving supervised and supportive housing services	NA	93/95	100/78
9. Projected/actual new housing opportunities for individuals receiving time-limited services	NA	7/9	7/9
10. Individuals completing their initial lease with a Bridging Affordability program rental subsidy/Subset number of individuals who were homeless***	NA	20/14	16/13

* When initially reported, special education graduates were counted in the fiscal year in which they graduated. Data has been adjusted to reflect the fiscal year in which services began.

**Does not include the Infant and Toddler Connection program.

*** When initially reported, numbers reflected some individuals served in FY 2013. Data has been adjusted to reflect the fiscal year in which services began.

Fund 40040

Community Services Board (CSB)

Focus

The Fairfax-Falls Church CSB is one of 40 Community Services Boards in the Commonwealth of Virginia, mandated by state law, and operates as part of Fairfax County government's human services system. The CSB partners with community organizations, alumni groups, concerned families, faith communities, businesses, schools, and other Fairfax County agencies to provide a safety net of vital services for the community's most vulnerable residents. CSB staff and contracted service providers include psychiatrists, psychologists, nurses, counselors, therapists, case managers, peer specialists, and administrative and support staff, as well as over 2,000 dedicated volunteers and interns.

System Transformation

At the beginning of FY 2014, the CSB implemented its transformed organizational structure that reorganized and realigned resources to better serve those who need services the most. 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) since many people requiring CSB services experience more than one of these challenges. To support the CSB's reorganization, the department also initiated a multi-year effort to improve budgeting and financial management, and enhance its performance measurement system.

Since then, the CSB has refined its system-wide organization with the goal of providing the services and supports necessary to help some of the most vulnerable people in the community – people with mental illness, substance use disorders and intellectual disabilities – have successful, healthy and independent lives. The refined organizational structure facilitates the provision of integrated treatment for individuals with complex needs, as well as provides greater opportunities for sharing staff expertise, information and resources throughout the organization.

CSB Administration now includes the leadership and business supports for the entire CSB, as well as cross-cutting services which are integrated across all service areas (e.g., housing, peer supports, medical services, consumer affairs, communication, partnership development and access to entitlements). In addition, there are two main categories of CSB services:

- Acute & Therapeutic Treatment Services – Engagement, Assessment & Referral Services; Acute Care Services; Youth & Family Intensive Treatment Services, Youth & Family Outpatient and Day Treatment Services; Infant and Toddler Connection, and Residential Treatment Services.
- Community Living Treatment & Supports – Support Coordination Services; Behavioral Health Outpatient & Case Management Services; Employment & Day Services; Supportive Residential Services; Assisted Community Residential Services; and Forensic Transition & Intensive Community Treatment Services.

It should be noted that the CSB's transformed organizational structure and services will continue to evolve, with major improvements expected based on the September 2013 Revenue Maximization report and continuation of improvements identified in the July 2012 County Executive's Work Plan. Some examples include: internal management of direct service resource allocation and payment authorization management, development of a managed care readiness strategic plan, as well as continuing efforts to align and improve the CSB's electronic health record system, Credible.

Fund 40040

Community Services Board (CSB)

Current Issues and Trends

Nationally, the average lifespan of people with serious mental illness is 25 years shorter than that of the general population, due to preventable, treatable diseases such as hypertension and diabetes. A key priority for the CSB is to improve overall health outcomes and access to primary health care services for the individuals it serves throughout the system, many of whom have poor or no access to such services. The CSB has community partnerships with Federally Qualified Health Centers (FQHCs) 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. In FY 2014, a new FQHC opened at the CSB's Gartlan Center. In FY 2015, the CSB will open a primary health care center, as well as a pharmacy, in the new Mid-County building along with other collocated CSB services. CSB nurses also now routinely screen people receiving medical detoxification services at the Fairfax Detoxification Center for diabetes, hypertension, and other key health concerns.

The CSB supports the community by teaching an overall awareness and understanding of common symptoms of mental illness and substance use disorders and how to get help before a crisis occurs. The CSB has implemented a Mental Health First Aid program, geared for the general public, that introduces key risk factors and warning signs of mental health and substance use problems, builds understanding of their impact, and overviews common treatments and local resources for help and information. This evidence-based program teaches a five-step action plan for providing initial help to people who demonstrate signs and symptoms of a mental health or substance use disorder and for connecting them with appropriate help. The CSB also continues to offer services such as emergency services, a mobile crisis team, partial hospitalization programs, crisis training for the police, and a crisis stabilization site. The department coordinates with local providers and nearby jurisdictions to ensure that all those in need of psychiatric care can find a provider willing to treat their acute needs. The CSB will continue to provide outreach, engagement, and treatment programs to the Fairfax and Falls Church communities in an effort to provide services to those in need.

In addition, an important change is occurring in the field of behavioral health. There is recognition of the important and uniquely effective leadership role that can be taken by individuals who have experienced mental illness or substance use disorders and who are themselves in recovery. People with serious mental health issues and substance use disorders can and do recover, and people in recovery can provide vital support to each other in achieving long-term recovery. In FY 2013, CSB trained 29 certified peer specialists who have subsequently taken paid and volunteer positions at the CSB and throughout the region, facilitating support groups, teaching workshops, and supporting individuals in their recovery.

To ensure youth behavioral human services requirements in the County's schools and the broader community are met, the Interagency Youth Behavioral Health Work Group comprised of FCPS and County staff submitted an action plan and recommendations to the Board of Supervisors for their approval. On October 1, 2013, the Board approved the seven recommendations included in the plan, with proposed project tasks to be completed by the multi-agency work group during FY 2015. Of those recommendations, the CSB has lead responsibility for the implementation of the CSB Youth Services Division Resource Plan. The CSB is also a co-lead with FCPS staff in design recommendations for the development of intake, assessment, triage, referral, lead case management assignment and treatment protocols, performance measures and contract service scope of services for the identified youth requiring mental health or substance use treatment and supportive services to prevent higher intensity services. Recommendations on the design of the services will be completed by May 2014 in order for implementation in FY 2015.

Fund 40040

Community Services Board (CSB)

Continuing Challenges

Although more than 70 percent of the CSB's budget is supported by the County's General Fund, the department also relies on federal and state revenues, as well as third party payments such as Medicare and Medicaid. Current economic projections indicate limited growth in overall County revenues, and there is uncertainty over the level of future federal and state revenues for CSB services. For example, all Medicaid-eligible services, including behavioral health, primary health care and ID/DD Medicaid waivers (for people with intellectual and/or 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. While the state may provide increased funding for one priority service area in the CSB system, such as emergency services or Medicaid waivers, it is often at the expense of another service area, such as community supports.

In addition, the need for CSB services in many areas continues to increase on an annual basis. For example, the Infant and Toddler Connection (ITC) program is legally mandated to serve all eligible children. From FY 2010 to FY 2013, service demand has increased approximately 29 percent, and growth between 5 to 6 percent continues to be expected in FY 2014 and FY 2015. The State, not Fairfax County, is legally responsible for providing these services to eligible families, but state funding does not fully cover the cost of services. The number of special education graduates with intellectual disability needing employment and day support services after graduation will also continue to place demands on the CSB. Approximately 100 new graduates have been leaving the school system every year, with the largest number ever, 120, expected in June 2014. Services provided to these individuals are largely funded through local dollars and are provided without wait lists.

Another significant challenge on the horizon is the need to provide employment and day services, as well as support coordination services to individuals with intellectual disabilities who are transitioning out of the state training centers, including the Northern Virginia Training Center in Fairfax, as a result of the 2012 settlement agreement between the United States Department of Justice (DOJ) and the Commonwealth of Virginia regarding the rights of Virginians to receive community based services. The implementation of this settlement agreement has increased both the number of individuals seeking intellectual disability services, as well as the level of intensity of services needed. As of January 2014, there were 97 residents of Fairfax County and the cities of Fairfax and Falls Church in state training centers. The settlement requires the CSB to facilitate discharge planning, oversee community transition and provide ongoing monitoring and enhanced case management for all individuals who are being discharged from the training centers, as well as to offer enhanced case management services to current ID waiver recipients, and individuals on the waiting list for ID waivers.

Given the anticipated demand on CSB services, the CSB continues to prioritize access to services for 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. Even with this limited definition of its target population, the CSB has lengthy waiting times for some services such as Mental Health Case Management, with a wait of one month or more. Access to some services such as psychiatry may be sufficient, but needs for certain specialists such as Child Psychiatrists can lead to a longer waiting time. Also, the CSB is serving an increasing number of individuals who have multiple, complex service needs such as CSB life-long consumers who, as they age, experience multiple medical problems.

Fund 40040

Community Services Board (CSB)

In response to anticipated limited growth in future local, federal and state funding for CSB programs, as well as projected increasing demand for services, the CSB has implemented several cost containment strategies to respond to this challenging environment. The ITC program continues to ensure that service referrals meet the needs but are not excessive. The Employment and Day Services program is encouraging the increased use of Self-Directed services which cost less than the equivalent service in traditional contracts. In addition, the CSB has been implementing the July 2012 County Executive's Work Plan to improve service planning and financial management of the CSB, as well as contain costs. For example, the pharmaceutical cost management plan continues to provide approximately \$17 million in prescriptions for uninsured consumers with less than 3 percent of that cost supported by County funding. The CSB has also continued to maintain a system-wide vacancy management plan and operational cost management plan that maintains a positive net balance throughout the year. The CSB will also continue to implement any new recommendations that can improve cost containment, as well as program efficiencies and/or effectiveness.

Additionally, two other areas that continue to warrant the CSB's attention are accessible transportation and affordable housing. Transportation will 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. Reductions in federal funding due to budget sequestration in FY 2014 reduced available housing supports for people receiving CSB services. Affordable, safe housing coupled with individualized case management and supportive services are needed to increase the likelihood that CSB individuals will successfully maintain their housing, work toward recovery and independence and have fewer episodes of crisis. More work is needed to continue expanding public and private options and to address major barriers CSB individuals face, including poor credit, criminal records and physical disabilities requiring building accessibility accommodations.

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
- Redevelopment And Housing Authority
- Planning Commission
- Northern Virginia Regional Commission

Fund 40040

Community Services Board (CSB)

The CSB also partners with community organizations, alumni groups, concerned families, faith communities, businesses, schools, and other Fairfax County agencies to provide a safety net of vital services for the community's most vulnerable residents. It is through these relationships that broader community concerns and needs are identified, CSB information can be shared, priorities are set, partnerships are strengthened, and the mission of the CSB can be carried out in the community.

General Fund Transfer

The FY 2015 budget for Fund 40040, Fairfax-Falls Church Community Services Board requires a General Fund Transfer of \$112.57 million, an increase of \$3.34 million or 3.1 percent over the FY 2014 Adopted Budget Plan. The increase is primarily due to a 1.29 percent market rate adjustment for all employees in FY 2015, a contract rate adjustment to fund individually negotiated contract adjustments, and additional support for the June 2014 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.

Budget and Staff Resources

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$89,452,856	\$94,667,471	\$95,475,435	\$95,676,519
Operating Expenses	50,590,680	55,475,302	60,037,524	56,902,722
Capital Equipment	7,938	0	94,692	0
Subtotal	\$140,051,474	\$150,142,773	\$155,607,651	\$152,579,241
Less:				
Recovered Costs	(\$1,468,097)	(\$1,173,974)	(\$1,173,974)	(\$1,173,974)
Total Expenditures	\$138,583,377	\$148,968,799	\$154,433,677	\$151,405,267
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	997 / 993.25	983 / 978.25	978 / 973.75	978 / 973.75

This department has 51/50.8 FTE Grant Positions in Fund 50000, Federal/State Grants.

Fund 40040 Community Services Board (CSB)

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised
CSB Service Area Expenditures				
CSB Administration	\$29,043,086	\$27,171,795	\$31,978,030	\$31,445,952
Treatment	36,767,351	41,342,700	41,686,541	40,425,467
Community Living	72,772,940	80,454,304	80,769,106	79,533,848
Total Expenditures*	\$138,583,377	\$148,968,799	\$154,433,677	\$151,405,267
Non-County Revenue by Source				
Fairfax City	\$1,336,100	\$1,336,100	\$1,336,100	\$1,389,544
Falls Church City	605,595	605,595	605,595	629,819
State DBHDS	12,712,937	12,713,033	12,713,033	13,153,665
Federal Block Grant	4,418,878	4,203,857	4,203,857	4,079,477
Federal Other	155,081	154,982	154,982	154,982
Medicaid Waiver	2,484,208	2,756,068	2,756,068	2,756,068
Medicaid Option	10,044,268	10,026,774	10,026,774	9,719,853
Program/Client Fees	4,775,352	6,279,123	6,279,123	5,595,211
CSA Pooled Funds	1,457,374	1,660,009	1,660,009	1,342,113
Miscellaneous	14,200	0	0	14,100
Total Revenue	\$38,003,993	\$39,735,541	\$39,735,541	\$38,834,832
County Transfer to CSB	\$109,610,515	\$109,233,258	\$110,041,222	\$112,570,435
County Transfer as a Percentage of Total CSB Expenditures	79.1%	73.3%	71.3%	74.4%

* Please note that the CSB is refining its transformed organizational structure in FY 2014 and comparisons of actuals and budgets across fiscal years should be cautioned.

FY 2015 Funding Adjustments

The following funding adjustments from the FY 2014 Adopted Budget Plan are necessary to support the FY 2015 program.

- ◆ **Employee Compensation** **\$1,238,636**
 An increase of \$1,238,636 in Personnel Services includes \$1,120,087 for a 1.29 percent market rate adjustment for all employees in FY 2015, effective July 2014, and \$118,549 for employee pay increases for specific job classes identified in the County's benchmark class survey of comparator jurisdictions.
- ◆ **Special Education Graduates** **\$1,300,000**
 An increase of \$1,300,000 in Operating Expenses supports 74 of the 121 June 2014 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.
- ◆ **Contract Rate Adjustment** **\$865,629**
 An increase of \$865,629 in Operating Expenses is associated with contracted administration, mental health, intellectual disability, alcohol and drug, early intervention and CSB-wide services.

Fund 40040 Community Services Board (CSB)

- ◆ **PC Replacement** **\$122,500**
An increase of \$122,500 in Operating Expenses is included for PC replacement charges to reflect both updated inventory counts and revised costs, primarily associated with licenses and software requirements, following the review of the PC Replacement Program conducted in FY 2014.
- ◆ **Department of Vehicle Services Charges** **\$40,000**
An increase of \$40,000 in Operating Expenses is associated with Department of Vehicle Services charges based on anticipated billings for maintenance and operating-related charges.
- ◆ **Personnel Adjustments** **(\$229,588)**
A decrease of \$229,588 in Personnel Services is required to reallocate 5/4.5 FTE positions to Agency 68, Department of Administration for Human Services, to provide funding for FY 2014 position adjustments. Details are included in the Changes to FY 2014 Adopted Budget Plan section.
- ◆ **Program Adjustments** **(\$900,709)**
A total decrease of \$900,709 in Operating Expenses is comprised of \$623,678 associated with awarding a new contract for service provision at Leland House through a third party rather than providing services directly, as well as a decrease of \$277,031 associated with a reduction in federal block grant revenues as a result of sequestration. There is a commensurate decrease in revenues.

Changes to FY 2014 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2014 Revised Budget Plan since passage of the FY 2014 Adopted Budget Plan. Included are all adjustments made as part of the FY 2013 Carryover Review, and all other approved changes through December 31, 2013:

- ◆ **Carryover Adjustments** **\$5,464,878**
As part of the *FY 2013 Carryover Review*, the Board of Supervisors approved funding of \$5,464,878, including \$807,964 in Personnel Services for a one-time compensation adjustment of \$850 for merit employees paid in November 2013, \$3,456,914 in encumbered funding in Operating Expenses primarily attributable to ongoing contract obligations, building maintenance and repair projects, and computer equipment, and \$1,200,000 in Operating Expenses for an appropriation from fund balance, including \$400,000 to provide flexibility for the transition of individuals currently receiving residential services and \$800,000 for a multi-year project to improve the Credible Electronic Health Record (EHR) system's implementation.
- ◆ **Position Adjustments** **\$0**
As part of a realignment of financial management roles within the human services system based on the effective model that the Agency 68, Department of Administration for Human Services (DAHS), has implemented in the County's human service agencies, a net decrease of 5/4.5 FTE positions, are the result of the following movements between the CSB and DAHS: transfer of 2/1.5 FTE Administrative Assistant II positions and 4/4.0 FTE Administrative Assistant IV positions to DAHS, partially offset by the transfer of 1/1.0 FTE Financial Specialist I position from DAHS. A funding reallocation between CSB and DAHS for a net impact of \$0 to the General Fund is included in the FY 2015 Funding Adjustments section.

Fund 40040

Community Services Board (CSB)

Cost Centers

CSB Central Administration

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$21,592,283	\$21,249,386	\$21,399,800	\$21,256,375
Operating Expenses	7,628,473	6,001,149	10,562,278	10,353,977
Capital Equipment	7,938	0	94,692	0
Subtotal	\$29,228,694	\$27,250,535	\$32,056,770	\$31,610,352
Less:				
Recovered Costs	(\$185,608)	(\$78,740)	(\$78,740)	(\$164,400)
Total Expenditures*	\$29,043,086	\$27,171,795	\$31,978,030	\$31,445,952

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)

Regular	186 / 186	183 / 182.5	174 / 174	166 / 165.5
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<u>CSB Central Administration</u>		3	Management Analysts IV	<u>Medical Services</u>	
1	Executive Director	1	Management Analyst III	1	Medical Director of CSB
1	Deputy Director	2	Management Analysts II	1	Public Health Doctor, PT
2	Assistant Deputy Directors of CSB	2	Management Analysts I	24	Psychiatrists
1	Director of ADS	1	Business Analyst IV	8	Nurse Practitioner/Physician Assts.
1	Planning/Development Director	2	Business Analysts III	1	BHN Clinician/Case Manager
1	Mgmt. and Budget Coordinator	4	Business Analysts II	1	Mental Health Manager
2	CSB Service Area Directors	1	Substance Abuse Counselor IV	<u>Wellness, Health Promotion & Prevention Services</u>	
1	Program Manager	3	Substance Abuse Counselors III	1	Substance Abuse Counselor IV
1	Resid. and Facilities Dev. Mgr.	1	Substance Abuse Counselor II	2	Substance Abuse Counselors III
2	Mental Health Managers	2	ID Specialists III	12	Substance Abuse Counselors II
1	Information Officer III	1	ID Specialist II		
1	Medical Records Administrator	2	Administrative Associates		
1	Communications Specialist I	4	Administrative Assistants V		
1	Volunteer Services Coordinator II	10	Administrative Assistants IV		
3	MH/ID/ADS Aides	22	Administrative Assistants III		
1	Human Service Worker IV	27	Administrative Assistants II		
6	Human Service Workers II				

TOTAL POSITIONS

166 Positions / 165.5 FTE

PT Denotes Part-Time Position

* Please note that the CSB is refining its transformed organizational structure in FY 2014 and comparisons of actuals and budgets across fiscal years should be cautioned.

Fund 40040

Community Services Board (CSB)

CSB Central Administration includes the leadership and business supports for the entire CSB. The CSB's Executive team oversees the overall functioning of the department to ensure an effective, seamless system of community services, CSB service operations and key support areas. It also provides support to the CSB Board and is responsible for various teams within CSB Central Administration, including:

- Northern Virginia Regional Projects oversees regional initiatives that benefit individuals served by the five Community Services Boards in the Northern Virginia region (Alexandria, Arlington, Fairfax-Falls Church, Loudoun and Prince William) and the two state facilities (Northern Virginia Mental Health Institute and Northern Virginia Training Center).
- Enterprise Services includes the CSB's Financial Assessment and Screening Team (FAST), the Patient Assistance Program (PAP), and activities related to service financing. It incorporates information from the electronic health record and other service data to ensure that all strategies implemented have an integrated approach.
- Consumer and Family Affairs problem-solves issues and concerns from CSB service recipients and their families, helps individuals who receive or have received CSB services to assume a role in the provision of services in the community, as well as supports the development of independent, viable service organizations that can provide services such as peer support, crisis support, and recovery coaching as an alternative, or complement, to the CSB-funded professional services.
- Corporate Compliance and Risk Management oversees regulatory compliance, risk management and service management activities.
- Informatics oversees the CSB's technology resources, devices, software and hardware functions for obtaining, storing, organizing, analyzing and presenting service information. In addition, the team is continuing to improve the integration of Credible with CSB business processes so that CSB staff can document, in an effective and efficient manner, the services they provide.
- Organizational Development and Training provides strategic organizational development and training activities for employees to enhance services the CSB provides to individuals and families.
- Strategy and Performance Management coordinates strategic planning efforts and develops performance tools for measuring and improving all aspects of department performance.
- Partnership and Business Development focuses on enhancing and developing partnerships to maximize opportunities for new resources and service development.
- Communications is the CSB's official liaison with local and national news media, responds to inquiries and coordinates external communications with the County's Office of Public Affairs and other communicators, and provides communications consultation and support to CSB management, staff and CSB Board members.

Fund 40040 Community Services Board (CSB)

- Wellness, Health Promotion and Prevention focuses on the health of the entire Fairfax-Falls Church community through engagement, involvement, awareness and skill-building, with the goal of strengthening and building capacity to handle complications related to substance abuse and mental illness.
- Facilities Management and Administrative Operations provides oversight, direction and coordination for the many administrative functions that support the CSB service system, including food services, administrative support, maintenance, lease contracts and security.
- Medical Services includes psychiatric/diagnostic evaluations, physical exams/primary health care, medication management, crisis stabilization, risk assessments, detoxification, addiction medicine and associated nursing/case management, intensive community outreach and treatment.

Acute & Therapeutic Treatment Services

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$32,347,419	\$34,299,874	\$34,605,639	\$36,040,639
Operating Expenses	5,476,384	8,138,060	8,176,136	5,394,402
Capital Equipment	0	0	0	0
Subtotal	\$37,823,803	\$42,437,934	\$42,781,775	\$41,435,041
Less:				
Recovered Costs	(\$1,056,452)	(\$1,095,234)	(\$1,095,234)	(\$1,009,574)
Total Expenditures*	\$36,767,351	\$41,342,700	\$41,686,541	\$40,425,467
AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)				
Regular	375 / 372.5	372 / 369.5	372 / 369.5	376 / 374

* Please note that the CSB is refining its transformed organizational structure in FY 2014 and comparisons of actuals and budgets across fiscal years should be cautioned.

Fund 40040

Community Services Board (CSB)

<p><u>Engagement, Assessment & Referral Services</u></p> <p>1 CSB Service Area Director</p> <p>1 Substance Abuse Counselor IV</p> <p>3 Substance Abuse Counselors III</p> <p>12 Substance Abuse Counselors II, 1 PT</p> <p>1 Mental Health Manager</p> <p>4 Mental Health Supervisor/Specialists</p> <p>7 MH/ID/ADS Senior Clinicians</p> <p>7 Mental Health Therapists</p> <p><u>Acute Care Services</u></p> <p>2 CSB Service Area Directors</p> <p>1 Substance Abuse Counselor IV</p> <p>3 Substance Abuse Counselors III</p> <p>7 Substance Abuse Counselors II</p> <p>8 Substance Abuse Counselors I</p> <p>3 Mental Health Managers</p> <p>21 MH Supervisor/Specialists, 1 PT</p> <p>21 Mental Health Therapists</p> <p>4 Mental Health Counselors</p> <p>4 Emergency/Mobile Crisis Supervisors</p> <p>2 BHN Supervisors</p> <p>8 BHN Clinicians/Case Managers</p> <p>2 Licensed Practical Nurses</p> <p>1 MH/ID/ADS Aide</p> <p>1 Cook</p>	<p><u>Youth & Family Intensive Treatment Services</u></p> <p>1 CSB Service Area Director</p> <p>5 Clinical Psychologists</p> <p>1 Substance Abuse Counselor IV</p> <p>2 Substance Abuse Counselors III</p> <p>9 Substance Abuse Counselors II</p> <p>7 Substance Abuse Counselors I</p> <p>1 Emer./Mobile Crisis Unit Supv.</p> <p>2 Mental Health Managers</p> <p>2 MH Supervisor/Specialists</p> <p>6 MH/ID/ADS Senior Clinicians</p> <p>11 Mental Health Therapists</p> <p>4 Mental Health Counselors</p> <p>1 MH/ID/ADS Aide</p> <p><u>Youth & Family Outpatient & Day Treatment Services</u></p> <p>1 CSB Service Area Director</p> <p>4 Substance Abuse Counselors IV</p> <p>3 Substance Abuse Counselors III</p> <p>8 Substance Abuse Counselors II</p> <p>2 Mental Health Managers</p> <p>7 MH Supervisor/Specialists</p> <p>36 MH/ID/ADS Senior Clinicians, 1 PT</p> <p>6 Mental Health Therapists</p> <p>1 BHN Clinical Nurse Specialist</p> <p>1 MH/ID/ADS Aide</p>	<p><u>Infant and Toddler Connection</u></p> <p>1 CSB Service Area Director</p> <p>2 ID Specialists IV</p> <p>5 ID Specialists III</p> <p>20 ID Specialists II</p> <p>2 Occupational Therapists II</p> <p>3 Physical Therapists II</p> <p>5 Speech Pathologists II</p> <p>2 Administrative Assistants II</p> <p><u>Residential Treatment Services</u></p> <p>1 CSB Service Area Director</p> <p>5 Substance Abuse Counselors IV</p> <p>10 Substance Abuse Counselors III</p> <p>26 Substance Abuse Counselors II</p> <p>15 Substance Abuse Counselors I</p> <p>1 MH Supervisor/Specialist</p> <p>1 MH/ID/ADS Senior Clinician</p> <p>1 BHN Supervisor</p> <p>2 BHN Clinician/Case Managers</p> <p>3 Mental Health Therapists</p> <p>3 Mental Health Counselors</p> <p>3 Licensed Practical Nurses</p> <p>3 Assistant Residential Counselors</p> <p>5 MH/ID/ADS Aides</p> <p>1 Peer Support Specialist</p> <p>2 Day Care Center Teachers I, 1 PT</p> <p>3 Food Service Supervisors</p> <p>6 Cooks</p>
<p>TOTAL POSITIONS 376 Positions / 374.0 FTE</p>		

PT Denotes Part-Time Position

Engagement, Assessment & Referral Services

Engagement, Assessment & Referral Services includes the CSB Entry and Referral Call Center that responds to inquiries from people seeking information and services; the Assessment Unit that provides comprehensive screening, assessment, referral and stabilization services for adults; and Outreach Services for people who are homeless or unsheltered and may need CSB services. The goal of all these services 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. Not everyone with a concern related to mental illness, substance use or intellectual disability is eligible for CSB services, which are primarily for people who are disabled by conditions of mental illness, substance use disorders and/or intellectual disability. However, anyone may call for information and referral to other potential resources in the community. Call center staff can take calls in English and Spanish, and language translation services for other languages are available telephonically when needed. Last year, the Assessment Unit served 1,816 individuals with a 91 percent satisfaction rate. Additionally, 83 percent of those individuals accessed an assessment appointment within 10 days, and 81 percent attended their first scheduled treatment appointment.

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Acute Care Services

Acute Care Services includes two walk-in psychiatric emergency services sites (located in central and southern parts of the County), one Mobile Crisis Unit (MCU) that responds to crises throughout the community, and short-term (7 to 10 days) residential detoxification at the Fairfax Detoxification Center and crisis stabilization services at Woodburn Place Crisis Care.

Anyone in the community who is experiencing a psychiatric crisis can access CSB Emergency Services, which offers recovery-oriented crisis intervention, crisis stabilization, risk assessments, and evaluations for emergency custody orders and admission (voluntary and involuntary) to public and private psychiatric hospitals and three regional crisis stabilization units. The central County site is open 24/7, and can provide psychiatric and medication evaluations as well as prescribe and dispense medications. The MCU includes rapid deployment teams that can respond 24/7 to hostage/barricade incidents with the County's Special Weapons and Tactics (SWAT) team and police negotiators; a critical incident stress management team that provides assistance during and after traumatic events; and a disaster response team. Last year, 4,791 individuals were seen in Emergency Services, with 75 percent seen within one hour. These services contributed to enabling 89 percent of those individuals seen in Emergency Services to receive needed services in a setting less restrictive than an acute care psychiatric hospital.

The Fairfax Detoxification Center provides a safe, temporary, protective environment for individuals experiencing crisis requiring detoxification from use of alcohol, drugs and/or other substances. Individuals receive assessment, care, supervision and medical monitoring necessary to stabilize both physically and emotionally. In response to an increase in demand for acute care, detoxification and stabilization services, the CSB is working to increase the center's capacity to provide medically-monitored detoxification.

Woodburn Place Crisis Care offers individuals experiencing acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term, community-based residential program for adults with severe and persistent mental illness, including individuals who have co-occurring substance use disorders. Services include comprehensive risk assessment; crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; substance abuse counseling; psychosocial education; and assistance with daily living skills.

Youth & Family Intensive Treatment Services

Youth & Family Intensive Treatment Services supports and guides parents, and treats children and youth who are developmentally compromised (may have challenges in development that impact daily functioning), who have or are at risk of developing Serious Emotional Disability, and/or who are involved with more than one youth-serving agency. This service area includes Wraparound Fairfax, Resource Team services, two residential programs (Crossroads Youth and Sojourn House), and services for youth involved with the Juvenile and Domestic Relations District Court (JDRDC).

Wraparound Fairfax provides an intensive level of support for youth who are at high risk for residential or out-of-home placement, or who are currently served away from home and transitioning back to their home community. Services are provided for up to 15 months and are designed to enable youth to remain safely in the community with their families. County case managers make the referrals, and approval for services is determined by Comprehensive Services Act (CSA) utilization review staff. Resource Team services include state-mandated discharge planning; behavioral health consultations to CSA related requests; CSA lead case management; case management for youth using State Mental Health Initiative

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Funding; monitoring of youth under Mandatory Outpatient Treatment commitment; and tracking of regional state hospital funding.

Two residential programs serve adolescent youth. Crossroads Youth is a 10-bed residential program serving adolescent males who have co-occurring mental health and substance use disorders, anti-social behaviors and primary substance abuse. Sojourn House is an eight-bed group home that serves adolescent females who have mental health and/or co-occurring disorders as well as histories of abuse, trauma and mood instability.

Services for youth involved with the JDRDC are provided via court order by a Juvenile Court judge or requested by a Fairfax County probation officer. These services include a variety of evaluations such as alcohol and drug use assessments, psychological evaluations, and Competency to Stand Trial evaluations. Mental health and substance abuse treatment interventions (individual, group and family therapies) are provided to youth and their families in the Juvenile Detention Center, Shelter Care II, Boys Probation House, Foundations, Transitional Living Program, the Post Dispositional Program, and in a community diversion program. In addition, case management services are available, as well as psychiatric medication monitoring.

Youth & Family Outpatient & Day Treatment Services

Youth & Family Outpatient & Day Treatment Services provides assessment, education, therapy and case management services for children and adolescents ages 2 through 18 who have substance use and/or mental health disorders. Case Management services are provided in all services to include medication management, work with the Comprehensive Services Act, and other service coordination. Last year, 1,368 youth between the ages of 12 to 18 were served in Outpatient Services with a 95 percent satisfaction rate, and 91 percent maintained or improved school functioning.

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. Last year, 189 youth and families were served with a 95 percent satisfaction rate and 91 percent having improved or maintained school functioning.

Day Treatment Services for youth are provided at two separate programs, one located in Falls Church and the other in Reston. Horizons Adolescent Day Treatment Program in Falls Church serves youth who have primary substance use disorders and secondary mental health disorders. FCPS provides an alternative school at the site, and youth stay from three to six months. The Teen Alternative Program (TAP) in Reston serves youth who have primary mental health disorders and co-occurring disorders. An alternative school is also provided by FCPS at TAP. In both the Horizons and TAP programs, youth attend school in the morning, and treatment occurs in the afternoon and evening. In FY 2013, 100 individuals were served in Day Treatment Services with a 95 percent satisfaction rate, and 91 percent who maintained or improved school functioning.

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Infant and Toddler Connection

The Infant and Toddler Connection (ITC) of Fairfax-Falls Church is part of 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). The CSB serves as the fiscal agent and local lead agency for the program, with advice and assistance from a local interagency coordinating council. ITC provides family-centered intervention to children from birth to age three, who need strategies to assist them in acquiring basic developmental skills such as sitting, crawling, walking and/or talking. Families receive a screening to determine eligibility, service coordination, and development of an Individual Family Service Plan at no cost to them. Through public and private partnerships, ITC provides services including 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. In FY 2013, ITC served 2,975 infants and their parents. Ninety-three percent of families were satisfied with services, and 94 percent agreed that services promoted a healthy child and family development.

ITC staff collaborates 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 contracts with translation services providers to meet the needs of families in the linguistically diverse community. These interpreters are fluent in 10 languages, including Spanish, Urdu, Mandarin Chinese, Korean, Amharic, and others.

There has been significant growth in the demand for early intervention services over the last several years. The monthly average number of children served in FY 2013 was 1,108, representing a 29 percent increase over the average of 789 children served per month in FY 2010. Based on FY 2014 data, growth of 5 to 6 percent is anticipated in FY 2015.

Residential Treatment Services

Residential Treatment Services (Crossroads Adult, New Generations, A New Beginning, A New Direction, Residential Support Services, and Cornerstones) provides comprehensive services to adults who have substance use disorders and/or co-occurring substance use disorders and mental illness. Individuals served have been unable to maintain stability on an outpatient basis, even with extensive supports, and require a stay in residential treatment to stabilize symptoms, regain functioning and develop recovery skills. At admission, individuals have significant impairments affecting various life domains, which may include criminal justice involvement, homelessness, unemployment, impaired family and social relationships, and health issues. Most individuals are referred by the criminal justice system, are ineligible for insurance or Medicaid, and have few resources. Without this safety net program, most would have no recourse for treatment. People seeking this level of service often need job training, health care access, and help in developing basic life skills for finding and keeping a job, community support and socialization, communication, learning appropriate community (non-criminal) behavior, and regulating emotions.

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

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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. Outcome surveys document a significant reduction in drug/alcohol use (97 percent) and reduced involvement with the criminal justice system (87 percent) for individuals served by the Crossroads Adult residential treatment programs.

Community Living Treatment & Supports

Category	FY 2013 Actual	FY 2014 Adopted	FY 2014 Revised	FY 2015 Advertised
FUNDING				
Expenditures:				
Personnel Services	\$35,513,154	\$39,118,211	\$39,469,996	\$38,379,505
Operating Expenses	37,485,823	41,336,093	41,299,110	41,154,343
Capital Equipment	0	0	0	0
Subtotal	\$72,998,977	\$80,454,304	\$80,769,106	\$79,533,848
Less:				
Recovered Costs	(\$226,037)	\$0	\$0	\$0
Total Expenditures*	\$72,772,940	\$80,454,304	\$80,769,106	\$79,533,848

AUTHORIZED POSITIONS/FULL-TIME EQUIVALENT (FTE)

Regular	436 / 434.75	428 / 426.25	432 / 430.25	436 / 434.25
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* Please note that the CSB is refining its transformed organizational structure in FY 2014 and comparisons of actuals and budgets across fiscal years should be cautioned.

<u>Support Coordination Services</u>	<u>Employment & Day Services</u>	<u>Assisted Community Residential Services</u>
1 CSB Service Area Director	1 CSB Service Area Director	1 CSB Service Area Director
4 ID Specialists IV	1 Mental Health Manager	2 ID Specialists IV
8 ID Specialists III	2 ID Specialists IV	3 ID Specialists III
53 ID Specialists II	8 ID Specialists II	10 ID Specialists II
	1 MH Supervisor/Specialist	74 ID Specialists I
	1 BHN Clinician/Case Manager	1 MH/ID/ADS Senior Clinician, PT
	2 Mental Health Therapists	1 BHN Clinician/Case Manager
	<u>Supportive Residential Services</u>	<u>Forensic Transition & Intensive Community Treatment Services</u>
	1 CSB Service Area Director	2 CSB Service Area Directors
	4 Mental Health Managers	1 Clinical Psychologist
	12 MH Supervisor/Specialists	4 Mental Health Managers
	2 MH/ID/ADS Senior Clinicians	7 MH Supervisor/Specialists
	28 Mental Health Therapists	12 Mental Health Therapists
	28 Mental Health Counselors, 2 PT	12 MH/ID/ADS Senior Clinicians
	1 BHN Supervisor	1 Mental Health Counselor
	1 BHN Clinician/Case Manager	2 MH/ID/ADS Aides
	3 Licensed Practical Nurses	2 Substance Abuse Counselors III
	1 Food Service Supervisor	6 Substance Abuse Counselors II
	1 Cook	4 BHN Clinician/Case Managers
		3 Public Health Nurses III

TOTAL POSITIONS

436 Positions / 434.25 FTE

PT Denotes Part-Time Position

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Support Coordination Services

Support Coordination Services helps individuals who have intellectual disability, and their families, to access essential services and supports so that the individual's basic needs are met and they can live successfully in a community setting. These include medical, educational, employment, housing, financial, transportation, recreational, legal, life skill, and advocacy services. Service values and approaches include person-centered planning and the principles of community inclusion and participation. Service coordinators help individuals and families identify needed services and resources through an initial and ongoing assessment and planning process, and coordinate with other involved service providers. They also assess progress on an ongoing basis to make sure that services are delivered and are in accordance with regulatory standards for best practice and quality. In FY 2013, 1,455 individuals and their families were served, with a 97 percent satisfaction rate and 94 percent able to meet their person centered plan objectives.

Behavioral Health Outpatient & Case Management Services

Behavioral Health Outpatient & Case Management Services addresses clinical and case management needs of persons who have mental illness, substance use disorders, and/or co-occurring disorders. This service area includes outpatient programming, case management, day treatment, adult partial hospitalization, and continuing care services.

Outpatient Services provide structured programming, including psychosocial education and counseling (individual, group, and family) for adults whose primary needs involve substance use, but who may also experience mild to moderate mental illness. Services help individuals achieve behavioral changes that promote recovery; encourage the use of problem-solving skills and coping strategies; and help individuals develop a positive support network. Intensive outpatient services focus on similar areas but involve more frequent meetings. In FY 2013, 1,497 individuals were served, of which 94 percent were satisfied with services and 79 percent improved or maintained their employment and/or school functioning.

Case Management provides strength-based, person-centered services for adults who have serious and persistent mental or emotional disorders. Individuals who are seriously mentally ill and who have also been diagnosed as having a substance abuse disorder or intellectual disability are also eligible for case management services. Services focus on interventions that support recovery and independence and include supportive counseling to improve quality of life; crisis prevention and management; medication management; psychiatric services; and group supports. The goal of case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms; facilitate optimal community integration; help them learn to manage symptom reoccurrence and build resilience; and promote self-management, self-advocacy, and wellness. In FY 2013, 3,547 individuals were served, of which 96 percent were satisfied with services.

Day Treatment serves adults whose primary needs involve substance use but who may also experience mild to moderate mental illness. In contrast to outpatient programming, day treatment services are for adults who would benefit from a greater level of structure and intensity. Services are provided five days a week and include group and individual counseling as well as case management services. In FY 2013, 44 individuals were served, of which 91 percent were satisfied with services and 75 percent improved or maintained their employment and/or school functioning.

Adult Partial Hospitalization (APH) programs provide intensive recovery-oriented services to adults with mental illness or co-occurring disorders and complex needs. Services are provided within a day

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programming framework and are designed to help prevent the need for hospitalization or to help people transition from recent hospitalization to less intensive services. APH focuses on helping individuals develop coping and life skills, and on supporting vocational, educational, or other goals that are part of the recovery process. Services provided include service coordination, medication management, psycho-educational groups, group and family therapy, supportive counseling, relapse prevention and community integration. The APH program served 189 individuals in FY 2013, of which 90 percent were satisfied with services and 70 percent demonstrated improved symptom management by the time of discharge.

Continuing Care services are available for individuals who have successfully completed more intensive outpatient services but who would benefit from periodic participation in group therapy, monitoring and service coordination to connect effectively to community supports. Specialized services, including trauma work, cognitive behavior therapy and Dialectical Behavior Therapy, are available to individuals served by Behavioral Health Outpatient Services, as well as to individuals receiving care in other CSB service areas.

Employment & Day Services

Employment & Day Services provides assistance and vocational training to improve individual independence and self-sufficiency in order to enter and remain in the workforce. Employment and day services for individuals with serious mental illness and/or intellectual disability are provided primarily through contracts and partnerships with private, nonprofit and/or public agencies. This service area includes developmental services; sheltered, group and individualized supported employment; the Cooperative Employment Program (CEP); psychosocial rehabilitation; and the Community Readiness and Support Program.

Developmental Services provides self-maintenance training and nursing care for individuals with intellectual disability who are severely disabled and need various types of services 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. Sheltered Employment provides remunerative employment in a supervised setting with support services for habilitative development. Group Supported Employment provides intensive job placement assistance for off-site supervised contract work and competitive employment in the community, as well as job retention services. Individualized Supported Employment provides remunerative employment with necessary support services; this service is primarily for persons with less severe disabilities and stresses how to integrate socially in the work setting with non-disabled workers. CEP is jointly funded and operated by the Virginia Department of Aging and Rehabilitative Services and the CSB, and provides supported competitive employment services to eligible individuals who have developmental disabilities. Using an individualized approach, program staff assesses skills, analyzes job requirements, and provides on-the-job training for individuals and disability awareness training for employers. In FY 2013, 1,286 individuals were served and 97 percent were satisfied with services. In addition, 95 percent maintained or improved their level of day support or employment, with average annual wages of \$5,858 for those in group supported employment services and \$16,553 in individual supported employment services.

Psychosocial Rehabilitation provides an adjustment period and skills development for persons with serious mental illness and co-occurring disorders transitioning to employment and socialization in a work setting. Services may include training in areas of self-esteem, self-confidence, and self-awareness. The Community Readiness and Support Program is a recovery-oriented psychosocial day program for individuals with serious mental illness and co-occurring disorders who have limited social skills,

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difficulty establishing and maintaining relationships, and who need help with activities of daily living. Services include psycho-educational groups, social skills training, services for individuals with co-occurring disorders, relapse prevention, training in problem solving and independent living skills, medical education, pre-vocational services, and community integration.

Supportive Residential Services

Supportive Community Residential Services programming is provided through various housing partnerships and is primarily for people with serious mental illness or co-occurring mental illness and substance use disorders.

Residential Intensive Care (RIC) is a community-based, intensive residential program that provides daily (or 5 days/week) onsite monitoring 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. Individuals learn and practice life skills needed for successful community living with the goal of eventually transitioning 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, and units are leased either by individuals or the CSB. In FY 2013, 412 individuals were served in the RIC, TTAP and SSHP programs, of which 95 percent were satisfied with services and 8 percent were able to move to a more independent level of residential. Of the 37 adults discharged from a residential program, 85 percent were able to maximize independence in the community.

The CSB's moderate income rental program and HCD's Fairfax County Rental Program provide long-term permanent residential support and case management in a community setting, and individuals must sign a program agreement with the CSB to participate in the programs. Pathway Homes and the CSB jointly operate the Supported Housing Option Program (SHOP), which provides long-term or permanent housing with support services, and focuses on individuals with the greatest needs who are willing to accept needed services. Pathway Homes and the CSB also jointly operate the Shelter Plus Care program, providing long-term or permanent housing with support services to individuals with serious mental illness and co-occurring disorders, including those who are homeless and need housing with supports.

Assisted Community Residential Services

Assisted Community Residential Services provides an array of residential supports for individuals with intellectual disability and individuals with mental illness. Supports are not time-limited, are designed around individual needs and preferences, and emphasize full inclusion in community life. Most residential services are provided through CSB partnerships with approved private providers, with the CSB providing contract management oversight.

This service area includes the following programs: a directly operated Assisted Living Facility (ALF) with 24/7 care for individuals who have serious mental illness and medical needs; directly operated and contracted group homes (small group living arrangements for individuals with intellectual disability, usually four to six residents per home) and Intermediate Care Facilities (ICFs) that provide 24/7 supports; supervised apartments that provide community-based group living arrangements with less than 24-hour care; daily or drop-in supports to maintain individuals in their own homes or in shared living arrangements; short-term, in-home respite services; longer term respite services provided by a licensed 24-hour home; and emergency shelter services. Of the 350 people served in directly operated and

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contracted group homes in FY 2013, 98 percent were satisfied with services and 95 percent were able to maintain their current level of functioning.

Other residential supports include 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. Individualized Purchase of Service (IPOS) is provided for a small number of individuals who receive other specialized long-term community residential services via contracts.

Forensic Transition & Intensive Community Treatment Services

Forensic Transition & Intensive Community Treatment Services includes an array of services for adults who have serious mental illness and/or serious substance use disorders and who are involved with the criminal justice system, incarcerated, homeless or unsheltered, or are being discharged from state psychiatric hospitals.

Services for adults who are incarcerated at the Adult Detention Center include assessment, stabilization and referral; 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. More than half of the individuals seen by CSB staff working in the Adult Detention Center are current or former CSB service recipients. Their involvement in the criminal justice system is usually a direct result of mental illness, substance use disorders 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. In FY 2013, 2,337 individuals received assessment services of which 72 percent followed up for services upon release.

Intensive Community Treatment Services includes jail diversion, discharge planning services for individuals in state psychiatric hospitals, Program of Assertive Community Treatment (PACT), as well as intensive, community-based case management and outreach provided by multidisciplinary teams to individuals with acute and complex needs.

The Jail Diversion Program provides 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.

Discharge Planning Services are provided to individuals in state psychiatric hospitals to support linkages to community-based services, enhancing successful community-based recovery. In FY 2013, 394 people were discharged from a state hospital and referred to the CSB for discharge planning services. Ninety-four percent of individuals were scheduled for an assessment within 7 days of discharge, 96 percent were satisfied with services, and 63 percent remained in CSB services for at least 90 days.

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. In FY 2013, 105 individuals were served in this program with a 90 percent satisfaction rate and a 97 percent rate of maintaining individuals in the community, out of jail or hospitals for 12 consecutive months

Intensive Case Management Teams provide intensive, community-based case management and outreach services to persons who have serious mental illness and or/serious substance use disorders. Teams work

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with individuals who have acute and complex needs and provide appropriate levels of support and services in the individuals' natural environment. Services include case management, mental health supports, crisis intervention and medication management.

Key Performance Measures

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate/Actual	FY 2014	FY 2015
Central Administration					
Percent of CSB service quality objectives achieved	87%	73%	85% / 80%	80%	80%
Percent of CSB outcome goals achieved	70%	60%	85% / 68%	80%	80%
Wellness, Health Promotion and Prevention Services					
Percent of individuals who become certified in Mental Health First Aid	NA	NA	85% / 94%	85%	85%
Engagement, Assessment and Referral Services					
Percent of adults who attend their first scheduled service appointment	NA	NA	85% / 81%	85%	85%
Acute Care Services					
Percent of crisis intervention/stabilization services provided which are less restrictive than psychiatric hospitalization	NA	NA	85% / 89%	85%	85%
Youth & Family Outpatient & Day Treatment Services					
Percent of children, primarily ages 5 to 12, who maintain or improve school functioning	NA	NA	85% / 91%	85%	85%
Percent of youth, primarily ages 12 to 18, who maintain or improve school functioning after participating in at least 90 days of outpatient services	NA	NA	80% / 91%	90%	90%
Percent of youth, primarily ages 12 to 18, who maintain or improve school functioning after participating in at least 90 days of day treatment services	95%	90%	85% / 91%	90%	90%
Infant and Toddler Connection					
Percent of families who received completed Individual Family Support Plans within 45 days of intake call	100%	98%	100% / 89%	100%	100%
Average number of days from referral to completion of Individual Family Support Plan	39	42	45 / 45	45	45
Percent of families who agree that services promoted healthy child and family development	NA	NA	90% / 94%	90%	90%
Residential Treatment Services					
Percent of adults reducing drug use after participating in at least 90 days of treatment at Crossroads Adult	96%	94%	90% / 97%	90%	90%
Percent of adults who reduce involvement with the criminal justice system after participating in at least 90 days of treatment at Crossroads Adult	96%	94%	80% / 87%	85%	85%

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate/Actual	FY 2014	FY 2015
Support Coordination Services					
Percent of individuals served who meet their Person Centered Plan objectives	94%	95%	95% / 94%	95%	95%
Behavioral Health Outpatient & Case Management Services					
Percent of adults with primarily substance use or co-occurring disorders maintaining or improving employment and/or school functioning after participating in at least 30 days of outpatient services	80%	78%	80% / 79%	80%	80%
Percent of adults who maintain or improve employment and/or school functioning after participating in at least 90 days of day treatment services	80%	55%	85% / 75%	80%	80%
Percent of adults who demonstrate improvement in psychiatric symptoms from admission to discharge from partial hospitalization services	NA	NA	90% / 70%	75%	75%
Employment & Day Services					
Percent of adults who maintain or improve their level of day support or employment	NA	NA	80% / 95%	90%	90%
Average annual wages reported by adults receiving group supported employment services	\$5,504	\$5,510	\$4,900 / \$5,858	\$5,675	\$5,675
Average annual wages reported by adults receiving individual supported employment services (including CEP)	\$16,683	\$17,479	\$16,000 / \$16,553	\$16,000	\$16,000
Supportive Residential Services					
Percent of adults ready to move to a more independent residential setting within one year	7%	3%	6% / 8%	10%	10%
Percent of adults who are able to live as independently as possible based on individual need and housing availability on discharge	NA	NA	75% / 85%	75%	75%
Assisted Community Residential Services					
Percent of adults living in CSB directly operated and contracted group homes who maintain their current level of residential independence and integration	100%	99%	95% / 95%	98%	98%
Forensic Transition & Intensive Community Treatment Services					
Percent of inmates who attend a follow-up appointment after their assessment	NA	NA	90% / 72%	70%	70%
Percent of adults who remain out of jail or the hospital for at least 330 days in a 12 consecutive month period	92%	88%	90% / 97%	90%	90%
Percent of adults referred to the CSB who remain in services for at least 90 days following discharge planning	NA	NA	75% / 63%	75%	75%

A complete list of performance measures can be viewed at www.fairfaxcounty.gov/dmb/fy2015/advertised/pm/40040.pdf

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Community Services Board (CSB)

Performance Measurement Results

As CSB completes its system-wide reorganization to improve provision of services and supports to the Fairfax-Falls Church community, the department has initiated a multi-year effort to improve budgeting and financial management and enhance its performance measurement system. A standard methodology to calculate efficiency based on total expenditures, rather than net County cost, has been implemented for reporting FY 2013 actuals and beyond. Goals, objectives and indicators reflecting a full family of measures is being developed for critical services in each of twelve service areas. Analysis of baseline data will be used to assess capacity, measure success and allocate available resources to maximum benefit. Consequently, although the FY 2015 Advertised Budget Plan reflects CSB's completed organizational structure, it reflects an evolving performance measurement system and comparison of data across fiscal years is cautioned. Additional enhancements are anticipated to be included in the FY 2015 Adopted Budget Plan.

Central Administration

In FY 2013, the CSB achieved 80 percent of its service quality objectives (20 out of 25) and 68 percent of its outcome objectives (15 out of 22), as compared to the estimates of 85 percent. However, it should be noted that the CSB came within 4 percentage points of meeting three additional service quality and three additional outcome objectives, which, if achieved, would have increased the percentages to 92 and 74 percent, respectively. As part of the CSB's system-wide reorganization to improve services, the CSB is evaluating current needs, priorities and resources to achieve positive outcomes for the community.

Wellness, Health Promotion and Prevention Services

In FY 2013, Wellness, Health Promotion and Prevention Services provided Mental Health First Aid training to 275 County staff, community members, and partners at an average cost of \$139 per individual. Mental Health First Aid is an evidence-based public education program that helps participants identify, understand and respond to signs of mental health and substance use disorders. In FY 2013, the percentage of individuals satisfied with training and the percentage of individuals who were certified in Mental Health First Aid exceeded performance targets. However, the program trained 275 of the estimated 495 individuals in FY 2013. The program has improved coordination, scheduling, and support as well as enhanced marketing in FY 2014. As part of the CSB's system-wide reorganization to improve services, the CSB is evaluating current needs, priorities and resources to achieve positive outcomes for the community. As a result, it is anticipated that the program will increase capacity to provide training as well as add training for youth and Spanish-speaking participants over the FY 2014-FY 2015 period.

Engagement, Assessment and Referral Services

In FY 2013, Engagement, Assessment and Referral Services served 1,816 adults at an average cost of \$942 per adult. As a result of wait times increasing in the last few months of the fiscal year, 91 percent as compared to an estimated 95 percent of adults who received assessment services reported satisfaction with services, and 83 percent as compared to an estimated 85 percent of adults served were able to access an assessment appointment within 10 days. In addition, 81 percent as compared to an estimated 85 percent of adults attended their first scheduled service appointment. As part of the CSB's system-wide reorganization to improve services, the CSB is evaluating current needs, priorities and resources to achieve positive outcomes for the community.

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Acute Care Services

In FY 2013, the Emergency Services program exceeded estimates by providing 17,127 hours of service to 4,791 individuals at an average cost of \$441 per individual. While services were provided to every individual who presented for services, wait times increased. As a result, 75 percent of individuals, as compared to an estimated 85 percent, received face-to-face services within one hour of check-in. However, 89 percent of crisis intervention and stabilization services provided were less restrictive than psychiatric hospitalization, as compared to the estimate of 85 percent. As part of the CSB's system-wide reorganization to improve services, the CSB is evaluating current needs, priorities and resources to achieve positive outcomes for the community.

Infant and Toddler Connection

In FY 2013, ITC served 2,975 of an estimated 3,300 infants and toddlers and their families, primarily due to fewer than anticipated referrals. The percent of families receiving completed Individual Family Service Plans within 45 days of intake call in FY 2013 was 89 percent, lower than the estimate and State mandated requirement of 100 percent. However, the percent of families satisfied with services and the percent of families who agreed that services promoted healthy child and family development were 93 and 94 percent respectively, exceeding each estimate of 90 percent. It should be noted that the increase between the FY 2013 estimated cost of \$2,050 and actual cost of \$2,903 per child served is due to a change in methodology, specifically including funding from all sources, such as state and federal grants, rather than County funding only. While future efficiency targets have been adjusted, increased State and County funding required to meet increasing service demands in FY 2014 also contributes to an increasing estimated cost per child served. As part of the CSB's system-wide reorganization to improve services, the CSB is evaluating current needs, priorities and resources to achieve positive outcomes for the community.

Youth & Family Outpatient and Day Treatment Services

In FY 2013, programs providing outpatient and day treatment services to children and youth and their families across the CSB system were merged into a new service area, Youth and Family – Outpatient and Day Treatment Services. Due to the significant realignment of services, comparison of data across fiscal years is cautioned. In FY 2014, baseline data will be analyzed to assess capacity and targets will be refined as appropriate.

In FY 2013, the Infant, Early Childhood, and Pre-Adolescent program served 189 children, primarily ages 5 to 12, at an average cost of \$4,488 per child. Exceeding estimates, 95 percent of families reported satisfaction with services while 91 percent of children maintained or improved school functioning.

In FY 2013, programs for youth, primarily ages 12 to 18, providing outpatient services for substance use and/or co-occurring disorders were aligned with outpatient services for mental health and/or co-occurring disorders under the same management. Consequently, goals, objectives and indicators were updated and performance data is reported collectively. The redesigned youth outpatient service delivery system served 1,368 youth at an average cost \$3,036 per youth. While outpatient services are provided routinely to youth and their family members, it should be noted that numbers served only reflect direct services provided to youth. Service quality and outcome data trended positively with measures exceeding estimates by 5 and 11 percentage points, respectively. As previously indicated, program staff will monitor performance data throughout FY 2014 and beyond to refine service capacity and targets.

Over the past three years, two of the three day treatment programs focusing on youth with substance abuse and co-occurring disorders were closed due to low utilization. The remaining two day treatment programs, one focusing on youth with substance abuse and co-occurring disorders and another focusing

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on youth with mental health and co-occurring disorders, served 100 youth at an average cost of \$10,282 per youth. Despite the reduced number of day treatment programs, both the percent of families satisfied with services (95 percent) and the percent of youth maintaining or improving school functioning after participating in at least 90 days of services (91 percent) exceeded estimates of 85 percent. Lastly, it should be noted that as youth service needs and priorities continue to be evaluated throughout the County and school systems, resources may be redeployed to youth services to meet increasing demand.

Residential Treatment Services

In FY 2013, Crossroads Adult served 168 adults at an average cost of \$12,315 per adult served. Program demand continues to be significant with the program consistently at or above capacity. In terms of service quality, 95 percent of adults were satisfied with services as compared to the estimated 90 percent. Most importantly, 97 percent of adults had reduced alcohol and drug use while 87 percent had reduced involvement with the criminal justice system after participating in at least 90 days of treatment, exceeding the targets of 90 percent and 80 percent, respectively.

Support Coordination Services

In FY 2013, Support Coordination Services provided targeted support coordination services to 1,455 individuals with an intellectual disability at an average cost of \$3,403 per individual. While the number served in FY 2013 decreased by 81 from FY 2012, the latter includes individuals who received only intake services. In terms of service quality, 97 percent of individuals served reported satisfaction with services, exceeding the estimate of 90 percent. In terms of outcomes, 94 percent of individuals served met their Person Centered Plan objectives or goals related to health and safety, participation in meaningful activities, and independence, among others, slightly lower than the 95 target.

Behavioral Health Outpatient & Case Management Services

In FY 2013, programs providing outpatient, day treatment and case management services to adults with mental health, substance use and/or co-occurring disorders across the CSB system were merged into a new service area, Behavioral Health Outpatient and Case Management Services. Due to the significant realignment of services, new State requirements and data collection issues, comparison of data across fiscal years is cautioned. In FY 2014, baseline data will be analyzed to assess capacity and targets will be refined as appropriate.

In FY 2013, Behavioral Health Outpatient and Case Management Services provided outpatient services to 1,497 adults with substance use or co-occurring disorders at an average cost of \$2,383 per adult. In terms of service quality, 94 percent of adults reported satisfaction with services, exceeding the target of 90 percent. In terms of outcomes, 79 percent of adults maintained or improved employment and/or school status after participating in at least 30 days of services, slightly below the target of 80 percent, partly due to limited vocational specialist services.

In addition, this service area provided outpatient and case management services to 3,547 adults primarily with mental health or co-occurring disorders at an average cost of \$2,198 per adult. It should be noted that the number of adults served more realistically represents program capacity. Previous fiscal year data and the FY 2013 estimate included adults receiving case management services across the CSB system, rather than this service area. CSB's electronic health record has been reconfigured to accurately capture services provided in this distinct service area. While performance measurement targets have been adjusted as necessary, an outcome measure for this service will be developed in late FY 2014.

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In FY 2013, this service area also provided day treatment services to 44 of an estimated 70 adults with substance use or co-occurring disorders at an average cost of \$2,377 per adult. However, it should be noted that in response to a change in State requirements for weekly service hours, one of two day treatment programs provided an outpatient level of care rather than the more intensive day treatment level of care. Lastly, while 75 percent of adults served maintained or improved employment and/or school functioning after participating in at least 90 days of services, lower than the 85 percent target, the outcome does represent a significant increase over the prior fiscal year. Although adults may have improved skills, functioning, and readiness for employment, the ability to attain or maintain employment continues to be impacted by the local economy where job opportunities have been limited.

In FY 2013, the Adult Partial Hospitalization program served 189 adults at an average cost of \$5,163 per adult. While 70 percent of adults served demonstrated an improvement in psychiatric symptoms from admission to discharge, less than the 90 percent target, the program served adults with increasingly complex needs who are in danger of requiring immediate hospitalization or who have been discharged from psychiatric hospitals. Consequently, the program began providing more intensive community stabilization services over a shorter period, confounding demonstration of improvement before services ended. The program will continue to monitor trends, refine targets, and realign resources as necessary.

Employment & Day Services

In FY 2013, Employment and Day Services served 1,286 of an estimated 1,350 adults, primarily due to limited local and state funding, capacity constraints of contracted service providers and transferring adults receiving Medicaid Waiver funding who live in other jurisdictions to those jurisdictions. Of the total number served, 673 of an estimated 700 adults were funded by non-Medicaid Waiver resources (local funding). As many June 2012 school system graduates began services after additional funding was provided by the Board of Supervisors at the *FY 2012 Carryover Review*, rather than earlier in the fiscal year, average daily attendance was lower than anticipated, contributing to a cost of \$12,274 per adult served, lower than the estimated \$14,345. Most notably, 95 percent of adults served maintained or improved their level of day support or employment, exceeding the estimate of 80 percent. As FY 2013 reflects the first year of reporting this measure, trends will be monitored and estimates adjusted accordingly.

In terms of specific services, this service area provided group support employment services to 336 adults who earned a total of \$1.96 million, or an average annual wage of \$5,858, as well as individual supported employment services to 206 adults who earned a total of \$3.41 million, or an average annual wage of \$16,553. Since the local economy has minimal impact on group supported employment, average annual wages increased from FY 2012 to FY 2013. However, the local economy and the availability of jobs do have an impact on individual supported employment. As a result of fewer hours worked on average (1,370 hours in FY 2013 versus 1,470 in FY 2012), average annual wages declined from \$17,479 in FY 2012 to \$16,553 in FY 2013.

Supportive Residential Services

In FY 2013, Supportive Residential Services provided 30,593 hours of service to 412 adults at an average cost of \$3,917 per adult. In terms of service quality, 95 percent of adults reported satisfaction with services, exceeding the 90 percent target. As FY 2013 represents the first year of collecting satisfaction data, the program will evaluate the survey tool, monitor data and adjust targets, as appropriate. Despite individuals' complex needs and high level of acuity, due to an increased level of intensity and/or frequency of services provided, 8 percent of adults were able to move to a more independent residential setting within one year, exceeding the target of 6 percent.

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In FY 2013, this service area served 37 adults in two group homes at an average cost of \$37,939, more than double the estimate at half the estimated cost due to program redesign requiring complete resident turnover and transition to alternate community providers at one group home. While resident turnover did not appear to affect service quality as 90 percent of adults reported satisfaction with services, turnover did impact the outcome measure. As compared to the estimated 75 percent, depending on individual need and availability of housing upon discharge, 85 percent of adults were able to maximize their community independence.

Assisted Community Residential Services

In FY 2013, Assisted and Community Residential Services served 350 adults in directly operated and contracted group homes at an average cost of \$36,960. For FY 2014, the estimated number of adults to be served has been increased due to the opening of three new group homes and the number of adults scheduled and/or planning to be discharged from the Northern Virginia Training Center as part of Virginia's settlement agreement with the U.S. Department of Justice. Based on the CSB's philosophy to provide training, support, and supervision to adults with an intellectual disability to maximize community independence and integration, group home services and facilities are continuously being modified so that adults with changing physical needs can age in place. As a result, 95 percent of adults served maintained their current level of residential independence and integration. Due to high demand and greater efficiencies, the program filled vacant beds in directly operated and contracted group homes in an average of 21 days, as compared to the estimate of 60. Future year estimates have been adjusted accordingly.

Forensic Transition & Intensive Community Treatment Services

In FY 2013, Jail-Based Behavioral Health Services provided mental health assessments for 2,337 inmates at the Adult Detention Center at an average cost of \$664. The program was able to schedule an assessment appointment for 93 percent of inmates within two days of referral to CSB services. Given that many inmates who were referred for an assessment did not need additional CSB services, 72 of an estimated 90 percent of inmates attended a follow-up appointment.

In FY 2013, the Program of Assertive Community Treatment served 105 adults at an average cost of \$9,093. While 90 percent of adults reported satisfaction with services, meeting the target, 97 percent of adults remained out of jail or the hospital for at least 330 days in a twelve consecutive month period, exceeding the target of 90 percent. As remaining out of jail or the hospital can be a significant challenge for the population served by PACT, the outcome demonstrates the success of the program.

In FY 2013, CSB discharge planners served 394 of an estimated 430 adults. The number served can be attributed to increased length of stay for adults that require a level of community support not currently available to meet their needs in a less restrictive environment. The percentage of adults who were scheduled for an assessment within seven days of hospital discharge was 94 percent, exceeding the target of 80 percent. Timely access to assessment is a vital component of discharge planning, and efforts have been successful due in large part to outreach and engagement efforts. In terms of ongoing CSB services post-assessment, 63 percent of those referred to the CSB for discharge planning remained in services after 90 days, below the estimated 75 percent. Post-discharge planning services are voluntary, and individuals may choose to discontinue services after an initial appointment.

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FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2013 Actual	FY 2014 Adopted Budget Plan	FY 2014 Revised Budget Plan	FY 2015 Advertised Budget Plan
Beginning Balance	(\$2,601,407)	\$1,000,000	\$6,429,724	\$1,772,810
Revenue:				
Local Jurisdictions:				
Fairfax City	\$1,336,100	\$1,336,100	\$1,336,100	\$1,389,544
Falls Church City	605,595	605,595	605,595	629,819
Subtotal - Local	\$1,941,695	\$1,941,695	\$1,941,695	\$2,019,363
State:				
State DBHDS	\$12,712,937	\$12,713,033	\$12,713,033	\$13,153,665
Subtotal - State	\$12,712,937	\$12,713,033	\$12,713,033	\$13,153,665
Federal:				
Block Grant	\$4,418,878	\$4,203,857	\$4,203,857	\$4,079,477
Direct/Other Federal	155,081	154,982	154,982	154,982
Subtotal - Federal	\$4,573,959	\$4,358,839	\$4,358,839	\$4,234,459
Fees:				
Medicaid Waiver	\$2,484,208	\$2,756,068	\$2,756,068	\$2,756,068
Medicaid Option	10,044,268	10,026,774	10,026,774	9,719,853
Program/Client Fees	4,775,352	6,279,123	6,279,123	5,595,211
CSA Pooled Funds	1,457,374	1,660,009	1,660,009	1,342,113
Subtotal - Fees	\$18,761,202	\$20,721,974	\$20,721,974	\$19,413,245
Other:				
Miscellaneous	\$14,200	\$0	\$0	\$14,100
Subtotal - Other	\$14,200	\$0	\$0	\$14,100
Total Revenue	\$38,003,993	\$39,735,541	\$39,735,541	\$38,834,832
Transfers In:				
General Fund (10001)	\$109,610,515	\$109,233,258	\$110,041,222	\$112,570,435
Total Transfers In	\$109,610,515	\$109,233,258	\$110,041,222	\$112,570,435
Total Available	\$145,013,101	\$149,968,799	\$156,206,487	\$153,178,077

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FUND STATEMENT

Fund 40040, Fairfax-Falls Church Community Services Board

	FY 2013 Actual	FY 2014 Adopted Budget Plan	FY 2014 Revised Budget Plan	FY 2015 Advertised Budget Plan
Expenditures:				
Personnel Services	\$89,452,856	\$94,667,471	\$95,475,435	\$95,676,519
Operating Expenses	50,590,680	55,475,302	60,037,524	56,902,722
Recovered Costs	(1,468,097)	(1,173,974)	(1,173,974)	(1,173,974)
Capital Equipment	7,938	0	94,692	0
Total Expenditures	\$138,583,377	\$148,968,799	\$154,433,677	\$151,405,267
Total Disbursements	\$138,583,377	\$148,968,799	\$154,433,677	\$151,405,267
Ending Balance	\$6,429,724	\$1,000,000	\$1,772,810	\$1,772,810
Infant and Toddler Connection Reserve ¹	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Encumbered Carryover Reserve	3,456,914	0	0	0
Unreserved Balance²	\$1,972,810	\$0	\$772,810	\$772,810

¹ The Infant and Toddler Connection Reserve assures that the County has funds to provide state mandated services to children from birth to age 3 in the event of unanticipated decreases in state reimbursement.

² The *FY 2014 Revised Budget Plan* Unreserved Balance of \$772,810 is a decrease of 60.8 percent and reflects utilization to offset FY 2014 program requirements.