

Fairfax-Falls Church Community Services Board

Fairfax-Falls Church Community Services Board

► Agency Mission

In March 2001, the CSB Board adopted the following mission statement that supercedes the one included in the FY 2002 Adopted Budget Plan.

The mission of the Fairfax-Falls Church Community Services Board is to:

- Serve Fairfax-Falls Church residents with, or at risk of, severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; or alcohol or drug abuse or dependency;
- Empower and support the people we serve to live self-determined, productive, and valued lives within our community; and
- Identify, develop, and offer programs on prevention, intervention, treatment, rehabilitation, residential, and other support services in a personalized, flexible manner appropriate to the needs of each individual and family whom we serve.

CSB Vision Statement

People receive individualized, quality services when they need them, in addition to active support and acceptance in the community.

► Trends/Issues

The Fairfax-Falls Church Community Services Board (CSB) was created in 1969 by a joint resolution of Fairfax County and the Cities of Fairfax and Falls Church. Its Board is comprised of 16 members; 14 appointed by the Fairfax County Board of Supervisors and one each appointed by the Council of the City of Fairfax and the Council of the City of Falls Church. The CSB is established under mandate of the State; however, under a Memorandum of Agreement between the CSB and the County, the CSB observes County rules and regulations regarding financial management, personnel management, and purchasing activities. The Board carries out its roles and responsibilities under the Administrative Policy Board type of structure in these areas. The CSB includes Central Services, and the program areas of Mental Health, Mental Retardation, and Alcohol and Drug Services, as well as the specialized programs in Prevention and Early Intervention (Part C). The CSB operates direct service agencies that are under its control and supervision, and contracts with outside entities for the provision of client services.

The CSB serves Fairfax-Falls Church residents with, or at-risk of, severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; or alcohol or drug dependency. Over the past decade, the population served has grown substantially and has continued to diversify in terms of culture, language and socioeconomic status. The following statistics provide a snapshot of population, trends, and client data relevant to the CSB's many programs. Sources for the following data include: A Council of Governments (COG) study entitled *Population Growth and Diversity*; a Kaiser Foundation study entitled *National Trends in Health Insurance Coverage*; and a Department of Systems Management for Human Services study entitled *Who is at Highest Risk of Being Uninsured*. Other Sources are highlighted in the text of the bullets.

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Population Growth and Diversity

- The CSB serves an area of nearly 410 square miles.
- The 2000 Census sets the service area population at 1,001,624 persons.
- Since 1990, Fairfax County's population has increased 18.5 percent from 818,584 to 969,749.
- Since 1990, the City of Fairfax's population has increased 9.6 percent from 19,622 to 21,498.
- The City of Falls Church's population has increased 8.3 percent from 9,578 to 10,377.
- The Metropolitan Council of Governments (COG) projects the total population of the CSB's service area to increase by another 146,000 persons or 14.6 percent by 2010.
- Proportion of local population which is African-American:
 - Fairfax County - 8.6 percent
 - City of Fairfax - 5.1percent
 - City of Falls Church - 3.3 percent
- Proportion of local population which is Asian:
 - Fairfax County - 13.0 percent
 - City of Fairfax - 12.2 percent
 - City of Falls Church - 6.5 percent
- Proportion of local population which is Hispanic:
 - Fairfax County - 11.0 percent
 - City of Fairfax - 13.6 percent
 - City of Falls Church - 8.4 percent
- Over 25 percent of persons served by the CSB are from a multicultural background.

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National Trends in Health Insurance Coverage

Health Insurance Coverage of Non-Elderly Population

- 18 percent Uninsured
- 82 percent Insured

Health Insurance Coverage for Children

- 14 percent Uninsured
- 58.6 percent Employment Based Insurance
- 23.2 percent Medicaid

Erosion of Behavioral Health Benefits over the last 10 years

- Physical health benefits dropped 7.4 percent
- Behavioral health benefits dropped 54.1 percent

Local Trends in Health Insurance Coverage

- According to the 1996 Health Access Survey by the Virginia Health Care Foundation, 12 percent of Northern Virginians were uninsured.
- According to 1996 Fairfax County Household Survey, 7.9 percent of Fairfax-Falls Church residents were uninsured.
- According to the 1995 Fairfax-Falls Church Community Needs Assessment, 10.7 percent of Fairfax-Falls Church residents were uninsured.

Who are the Uninsured in the CSB's Service Area?

- Based on the various studies, the County's Department of Systems Management for Human Services estimates eight percent (84,500 residents) of Fairfax-Falls Church area residents are uninsured
- Most of the uninsured have household incomes below \$50,000
- Seven out of ten uninsured adults work full-time
- Eight out of ten uninsured are ages 18-64 and two out of ten are children
- The uninsured are spread throughout the Fairfax-Falls Church area
- All income levels reported lack of insurance for at least one family member in the household
- These data from Fairfax-Falls Church area are consistent with national survey data from the Kaiser Commission on Medicaid and the Uninsured

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Who is at Highest Risk of Being Uninsured?

- People in low-income households
- Part-time employed and unemployed adults
- Young adults ages 18-34
- Men as compared to women, especially at lower income levels
- Hispanic, Asian and African-American residents, especially young adults
- Refugees and immigrants who also have significant language barriers

When Benefits are Limited, Exhausted or Denied?

- People stop treatment
- Pay out of their pockets to the extent possible
- Seek treatment in the public sector
- Eighty percent of persons served by the CSB have an income less than \$25,000

Ability to Pay for Services

The CSB charges clients a fee for services. The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy, and/or an extended payment plan.

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Fees are reviewed and established annually by the CSB Board and submitted to the Board of Supervisors. The following section describes how the CSB goes about establishing its fees.

Fees: The fee policy and procedures are developed in accordance with Section 37.1-197.7 of the Code of Virginia, which states that the CSB shall prescribe a reasonable schedule of fees for services provided by personnel or facilities under the jurisdiction or supervision of the Board and establish procedures for the collection of the same.

The CSB ensures compliance with the Code of Virginia in three ways: (1) conducts a review of fee-related materials by the CSB's Fee Policy Committee comprised of CSB board members; (2) posts a Notice of Public Hearing(s) and acceptance of written comments regarding Proposed Fees for the next fiscal year; and (3) holds a public hearing(s) on proposed fees for the next fiscal year. The Fee Policy Committee's final report is made to the CSB after the final public hearing is conducted.

In accordance with the CSB's Reimbursement Policy, the Memorandum of Agreement with the Board of Supervisors and State regulations, the CSB holds public hearings and approves the next Fiscal Year Fee Schedule. In addition, the CSB's Reimbursement Policy stipulates that changes in fees shall become effective no sooner than 60 days after the date of final approval by the Board.

In developing the Fee Schedule, the CSB takes the following information into account: the CSB's Financial Stability Plan for each fiscal year, review of other CSBs' Fee Policies and Procedures, a review of the most frequently paid median fees by insurance companies for individual therapy sessions, consultation received on income and poverty guidelines from the County's Department of Systems and Management for Human Services, Federal Health and Human Services (HHS) materials, and the CSB's Unit Cost Study.

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Individual and Family FY 2002 Fees

Service	Unit of Service	FY 2002 Fee
Mental Health		
Outpatient:		
Initial Evaluation/Assessment (incl. MH/SA)	Event	\$150.00
Individual/Family	1/4 Hour	\$25.00
Crisis Services: Crisis intervention, crisis stabilization, pre-screening for hospital admission, emergency visit, emergency residential	1/4 Hour ^(a)	\$31.00
Group	Event	\$60.00
Procedure for Injection	Event	\$12.00
Medication Management by Medical Staff	Event	\$62.00
Lab Tests	Event	Actual cost
Urinalysis	Event	\$25.00
Medication	N/A	Actual cost
Targeted Case Management	Month ^(a)	\$208.25
Targeted Residential Support Services	Units ^(a)	\$91.00
Evaluations:		
Psychological Testing	1/4 Hour	\$50.00
Psychiatric Evaluation	1/4 Hour	\$50.00
Other Mental Health Evaluation/Report	1/4 Hour	\$50.00
Day Treatment/Support:		
Adult Day Treatment	Day Units ^(a)	\$36.23
Adolescent Therapeutic Day Treatment	Day Units ^(a)	\$38.05
Psychosocial Rehabilitation	Day Units ^(a)	\$24.23
Early Intervention:		
ADAPT Program Assessment ^(b)	One-Time	\$60.00
8-Week Anger Management Group ^(b)	One-Time	\$160.00
18-Week Domestic Abuse Intervention Group ^(b)	One-Time	\$360.00
Bereavement Counseling	One-Time	\$25.00
Residential Treatment:		
Fairfax House	Bed Day	\$203.66
Fairfax House Activity Fee	Month	\$15.00
Crisis Care (Gregory House, Leland House)	Bed Day	\$441.00
My Friend's Place ^(c)	Bed Day	\$355.60
Oakton Arbor ^(c)	Bed Day	\$214.91
Braddock Crossing ^(c)	Bed Day	\$285.89
Stevenson Place ^(d)	Month	\$903.00
Therapeutic Apartment / Group Home Programs:		Percent of Client Gross Income
Support Services		30%
Drop-In Support Services		10%

(a) Medicaid Rate

(b) Not subject to ability-to-pay unless the client is already enrolled in other CSB services.

(c) Proposed Comprehensive Services Act (CSA) Rate

(d) State Auxiliary Grant Rate

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Individual and Family FY 2002 Fees

Service	Unit of Service	FY 2002 Fee
Alcohol and Drug		
Outpatient:		
Initial Evaluation/Assessment (incl. MH/SA)	Event	\$150.00
Individual/Family/Aftercare	1/4 Hour	\$25.00
Crisis Intervention	1/4 Hour	\$25.00
Legal Testimony	1/4 Hour	\$25.00
Counseling Group/Aftercare	Event	\$30.00
Medications	N/A	Actual cost
Evaluations:		
Psychiatric Evaluation	1/4 Hour	\$50.00
Day Treatment:		
Adult	Day	\$67.00
Adolescent	Day	\$67.00
Women's Center	Day	\$67.00
Hope Center	Day	\$67.00
Residential Treatment:		
Crossroads (Youth)	Bed Day	\$150.00
A New Beginning/Phoenix	Bed Day	\$150.00
Sunrise House I	Bed Day	\$250.00
Sunrise House II ^(a)	Bed Day	\$276.10
New Generations	Bed Day ^(b)	\$130.00
Supervised Apartments/Recovery House	Month	\$260.00- \$410.00
Re-entry Apartments	Month	\$130.00- \$205.00
Early Intervention:		
Family Intervention (4 hours)	Hour	\$25.00

(a) Proposed Comprehensive Services Act (CSA) Rate

(b) Medicaid Rate

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Individual and Family FY 2002 Fees**

Service	Unit of Service	FY 2002 Fee
Mental Retardation		
Targeted Case Management	Month ^(a)	\$175.40
Residential Support Services:		
Residential Waiver Services	Hour ^(a)	\$12.81
Respite Services:		
Provider Home	Hour	\$3.00
Family Home	Hour	\$3.50
Overnight	Overnight	\$40.00
	Percent of Gross Income	
Intensive Residential Support Services ^(b)	Month	65%
Supervised Family Living (Sponsored Placement)	Month	50%
Moderate Residential Support Services	Month	30%
Drop-In Support Services	Hour	\$2/hour ^(c)
All Service Areas		
Prevention:		
Consultation and Education	1/4 Hour	\$25.00
Transportation	Month	\$80.00
Cancelled Appt. – MH/AD (w/o 24 hour notice)	Flat Rate	\$25.00
Returned Check – All Programs	Flat Rate	\$25.00
Legal Testimony	1/4 Hour	\$25.00
Staff Travel Time	1/4 Hour	\$25.00

(a) Medicaid Rate

(b) Residential fee plus transportation fees, plus required Medicaid co-payments will not exceed 65% of a person's income.

(c) Up to 10% percent of a person's monthly income.

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The CSB is a Health Care Provider

- Prescribes medications valued at over \$2.9 million
- Subject to privacy, confidentiality, and security standards of the health care industry, including the national standards and regulations promulgated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Has the option to join the provider networks of HMOs and Managed Care Organizations, depending on whether it is beneficial to the clients of CSB
- Employs a variety of licensed and credentialed health care professionals such as psychologists, psychiatrists, nurses, social workers, counselors, substance abuse treatment practitioners, physical therapists, speech therapists, and occupational therapists
- Virtually all programs require licensure by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and licensure by the State's Interdepartmental Regulations Licensing Office for children's residential programs
- Reimbursed by insurance companies, managed care organizations, HMOs, Medicaid, and Medicare as a health care provider

Access to Quality Services

Ensuring access to quality services presents a challenge given population growth, the changing nature of the population, an inadequate transportation network, and growing mental health, mental retardation, alcohol and drug, and Early Intervention service needs as demonstrated by documented waiting lists compiled for the General Assembly mandated State Comprehensive Needs Planning process.

- Choice: The Fairfax-Falls Church CSB, the largest in the Commonwealth, serves over 20,270 individuals a year. The CSB matches citizens to the appropriate level of care they need and provides quality consumer-centered programs on prevention, intervention, early intervention, treatment, rehabilitation, residential, and other support services in a personalized, flexible manner appropriate to the needs of each individual and family. Whenever possible, our clients are provided a choice of service locations and treatment specialists.
- Natural Environment: The CSB strives to provide comprehensive consumer-centered services in the person's home or work site.
- Accountability: In addition to the CSB's Administrative-Policy Governing Board, the CSB receives guidance and quality support from the Office of the County Executive, Department of Management and Budget, the County Attorney's Office, Human Services Administration, the Department of Information Technology, Human Resources, Purchasing, Facilities Management, and the Office of Finance and DMHMRSAS.
- Licensed Programs and Providers: The CSB has over 46 licensed/certified private sector partners and provides emergency services 24 hours a day, seven days per week to clients. The CSB provides services to consumers in over 117 residential properties, 14 commercially-leased properties and 12 County owned and maintained structures. All CSB direct care staff and/or programs are credentialed and/or licensed according to state and national standards.

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- Interagency Relationships: Per State Code and the State Performance Contract, the CSB must develop and maintain linkages with other community and State agencies and facilities that are needed to ensure that the consumer is able to access the treatment, training, rehabilitative, and habilitative mental health, mental retardation, substance abuse, and early intervention services and supports identified in the consumer's individualized-comprehensive services plan.

The following is a list of agencies with which the CSB must develop written cooperative agreements: local schools, Health Department, Office of the Sheriff, Redevelopment and Housing Authority, local social services, Area Agency on Aging, and regional department of Rehabilitative Services. In addition, the CSB maintains written agreements with the courts, Police Department and the County Office that administers the Comprehensive Services Act. The CSB also works closely with regional, State, and Federal agencies.

Consumer Protection

Human Rights: The CSB has designated staff to assist in the management of a local human rights system in accordance with State regulations.

Privacy and Security of Consumer Information: The County and CSB must begin to respond to the Health Insurance Portability Accountability Act of 1996 (HIPAA). HIPAA sets national standards and regulations for health information management, information security, staff offices, waiting rooms, clinical interview rooms, clinical records rooms, risk management, privacy, and electronic data interchange requirements related to client and staff automated and paper records. HIPAA affects the relationship the CSB has with clients, payors, and providers.

Quality Assurance: The CSB is a Learning Organization. Each year the CSB develops, reviews, and approves a Quality Improvement (QI) Plan and a Risk Management Plan, as mandated by CSB Policy and the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). The Quality Improvement (QI) Plan enables the CSB to meet the challenges of existing and new situations presented by consumers, families, the CSB's provider network, insurance companies, Medicaid, Medicare, reimbursement and clinical business practices, and the accountability demanded by the County, State, and Federal governments. In addition, the State Performance Contract and the County require program objectives and performance indicators that delineate the responsibilities and specify the conditions to be met for the CSB to receive State and locally controlled funds. Quality Improvement/Quality Assurance (QI/QA) teams meet throughout the CSB, including an agency-wide QI/QA Council and program area QI/QA teams to expand the CSB's capacity to maintain and improve performance based on consumer, family, and staff feedback.

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QI/QA activities include:

- Compliance with State licensure
- Review and reports of all adverse incidents
- Pharmaceutical reviews
- Credentialing of all direct care staff and their immediate supervisors
- Completion of client satisfaction surveys
- Participation in County and Human Services Performance Indicators and Outcome Measurement System
- Participation in DMHMRSAS Priority Population Classification System
- Generation of monthly, quarterly, semi-annual, annual, and other local reports
- Completion of State Comprehensive Plan, including consumer feedback on needs
- Utilization review to ensure compliance with Federal and State laws as well as Federal, State, County, insurance and CSB policies, procedures and regulations
- Review of reimbursement and clinical business practices related to fee collection to ensure compliance with Federal, State, County, insurance and CSB policies, procedures and regulations

The QI Plan and related activities enables the CSB to meet the challenges of existing and new situations presented by the findings. The Central Services Unit and each program area initiate corrective action and improvement plans, as needed, with the goal of continuous program improvement.

Staff Development: The following staff development activities are offered to staff throughout the year:

- Certification and specialized training to ensure the staff meet program and licensure requirements
- Systemized and site-based training presented on topics identified in the annual Training Needs Assessment Survey and by management
- Standardized orientations and refreshers regarding ethics, confidentiality, and emergency procedures
- Training related to CSB's management information system called SYNAPS

Medications: The CSB needs to address the evolving and costly pharmaceutical and medical services required by the majority of clients served.

Performance Outcome Management System (POMS): The CSB has implemented and devoted resources to the maintenance of the State-mandated POMS program to measure consumer performance and outcomes.

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Consumer Satisfaction: The results of the 2000 State Consumer Satisfaction Survey indicated that across all CSB programs, 81 percent of clients served indicated they were satisfied with the services they receive.

Drug Courts and Mental Health Courts: Drug Courts and Mental Health Courts have been implemented in many communities across the country and in Virginia. A careful review of their potential benefit to this community as alternatives to incarceration should be undertaken.

Capital Improvements and Space

- The CSB is constantly working on planning for the Woodburn and Mount Vernon Community Mental Health Centers and the need for Mental Retardation (MR) vocational centers. In the near future, renovation and expansion of both the Woodburn and Mount Vernon Mental Health Centers must be considered. In addition, since all facility-based MR Day Programs are filled to capacity, CSB is working to identify additional capacity for these individuals.

Other Levels of Government

- Inadequate State funding for community-based mental health, mental retardation, and substance abuse services
- Increasing reliance on Medicaid
- Lack of any significant Medicaid rate increases for the services that are provided
- Reduction in the number of State facility beds available for consumers without insurance

Summary

The CSB is responding to these challenges and the needs of its clients by working with the County, Cities and State to wisely use the resources available to ensure the best possible directly operated and outsourced service system for its citizens.

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Key Accomplishments

- In 1999, opened Cornerstones, Fairfax County's first residential treatment facility for adults with co-occurring disorders (mental illness and substance abuse).
- In 2000, opened Stevenson Place, Fairfax County's first licensed adult assisted living facility providing permanent housing and support for 36 adults with serious mental illness.
- Expanded school-based, alcohol and drug, prevention, and intervention services to three areas within the Fairfax County Public School system, thus contributing to reducing substance abuse among teenagers. Received National Award for Leadership and Resiliency Program.
- Met the high-risk needs of 307 individuals with mental retardation and their families by providing emergency interventions, stabilization, and referral assistance within one month of requesting help.
- Following a national model to help persons with serious mental illness, the CSB began its State-funded Program of Assertive Community Treatment (PACT) in 1999. Services through PACT are targeted to consumers who move among hospitals, homeless shelters, jail, and the street.
- Received certification by the Virginians Against Domestic Violence for the CSB Domestic Abuse Program, which includes the Women's Shelter, the Victim Assistance Network (VAN), and ADAPT program. This program became one of only ten domestic abuse programs to be certified.
- Added responsibilities for Tobacco Cessation for Youth, a program funded by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant.

FY 2002 Initiatives

- The addition of 2/2.0 SYE new positions (1/1.0 SYE Clinical Psychologist and 1/1.0 SYE Mental Health Therapist) help meet the existing need for mental health services at the Juvenile Detention Center (JDC). Limited mental health services (approximately 5 hours of counseling per week) are currently provided by CSB at the JDC, an amount that is far less than needed. Approximately 1,630 youths are placed in this facility every year, and studies indicate that as many as 77 percent of these youths experience some form of mental illness. The two positions provide full-time direct-care staff at the JDC dedicated to this population.
- The addition of 1/1.0 SYE Mental Retardation Specialist I provides for the coordination of services for all 88 new special education graduates of the Fairfax County Public Schools. This individual also provides needed counseling and other individualized personal guidance and assistance. In FY 2002, additional emphasis was placed on the case management component of services for this population. Without the continuity provided by effective case management services, students would experience regression that could later require more intensive services.
- Expand the space available to serve victims of domestic violence by an additional 12 beds. Currently, the Women's Crisis Shelter is the only CSB facility specializing in services for victims of domestic violence and their children. In FY 2000, more than 200 people were on the waiting list for these services. The new space is expected to serve an additional 144 individuals annually.

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- Began the process of developing a privately operated crisis care facility to serve children and adolescents with serious mental illness who cannot safely return home and would otherwise be hospitalized. It is estimated that 70-80 percent of all children and adolescents who are prescreened for hospitalization in mental health emergency services could be diverted from a hospital by staying in a crisis care facility. Approximately 300 youth will be diverted from less appropriate placements when this facility is fully operational.
- Fully integrate the State's Performance Outcome Measurement System (POMS) requirements with new on-line interactive capacity of the CSB's client management information system known as SYNAPS.
- Actively support the involvement of senior and mid-level managers in such programs as LEAD (sponsored by the University of Virginia) and the MPA program at George Mason University.

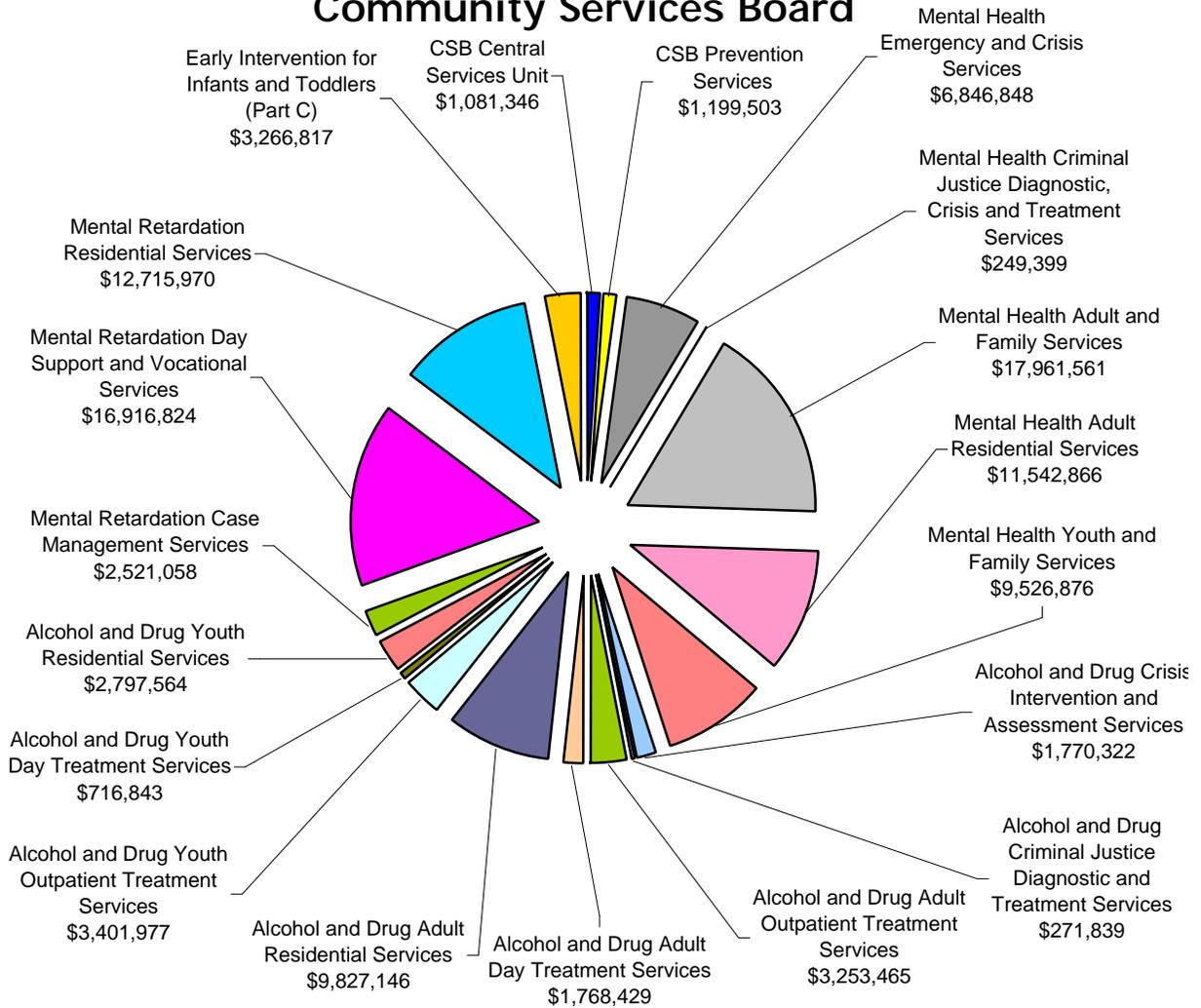
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► **Summary of All Agency CAPS**

CAPS Number	CAPS Title	CAPS Net Cost	CAPS Number of Positions/SYE
106-01	CSB Central Services Unit	\$541,328	11/11
106-02	CSB Prevention Services	\$682,675	20/20
106-03	Mental Health Emergency and Crisis Services	\$3,194,257	73/72
106-04	Mental Health Criminal Justice Diagnostic, Crisis and Treatment Services	\$249,399	13/12.5
106-05	Mental Health Adult and Family Services	\$11,600,498	167/157.9
106-06	Mental Health Adult Residential Services	\$7,623,569	101/99.5
106-07	Mental Health Youth and Family Services	\$5,604,871	102/100.25
106-08	Alcohol and Drug Crisis Intervention and Assessment Services	\$949,911	27/25.63
106-09	Alcohol and Drug Criminal Justice Diagnostic and Treatment Services	\$85,982	9/9.38
106-10	Alcohol and Drug Adult Outpatient Treatment Services	\$2,016,449	47/45.62
106-11	Alcohol and Drug Adult Day Treatment Services	\$700,591	24/23.88
106-12	Alcohol and Drug Adult Residential Services	\$6,066,773	127/125.62
106-13	Alcohol and Drug Youth Outpatient Treatment Services	\$2,578,098	42/42.57
106-14	Alcohol and Drug Youth Day Treatment Services	\$666,843	14/14.23
106-15	Alcohol and Drug Youth Residential Services	\$2,070,797	35/34.57
106-16	Mental Retardation Case Management Services	\$1,491,188	44/44
106-17	Mental Retardation Day Support and Vocational Services	\$15,524,644	11/10.75
106-18	Mental Retardation Residential Services	\$10,357,505	75/75
106-19	Early Intervention for Infants and Toddlers (Part C)	\$2,362,770	26/25.75
TOTAL Agency		\$74,368,148	968/950.15

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Total FY 2002 Adopted Budget Expenditures = \$107,636,653

Total FY 2002 Adopted Budget Net Cost = \$74,368,148