Fairfax-Falls Church Community Services Board

106-75-399 Eliminate Purchase of FASTRAN Services for Mental Retardation (MR) Medicaid Recipients

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-13	Mental Retardation Day Support and Vocational Services	0 / 0.0 SYE	\$3,067,959	\$600,000	\$2,467,959

DESCRIPTION OF REDUCTION

An efficiency/cost saving will be achieved by transferring all 303 current MR Medicaid/Logisticare-covered individuals to other non-FASTRAN transportation providers.

- 528 MR consumers currently rely on FASTRAN transportation services to and from their day support or vocational services site. Of this total, 303 (57 percent) have a Medicaid Waiver slot and are eligible for Medicaid-funded transportation.
- If requested by an eligible individual, Medicaid transportation must be provided by a state-licensed transportation provider. Medicaid transportation in Virginia is brokered by Logisticare, a company under contract with the Department of Medical Assistance Services (DMAS) to coordinate transportation services for individuals with Medicaid.
- As a result of this reduction, the provision of transportation services for MR Medicaid Recipients will be transferred from FASTRAN to an alternative Logisticare provider. As a result, the transition to other transportation service providers may result in increased risk to consumer health and safety for affected individuals because the County will have limited control over the quality, coordination and provision of services. There will be an increase in the monitoring requirements by CSB case managers, private providers, and families.
 - o Many individuals with ID/MR are particularly vulnerable to abuse and neglect (e.g., incorrect pick-ups/drop-offs, excessively long rides, etc.) due to medical fragility, physical disability, diminished cognitive capacity, and/or behavioral challenges.
 - Transition from FASTRAN which consistently provides high-quality, reliable, and punctual service
 to other transportation providers may result in increased monitoring requirements by families
 and multiple service providers.
- Since Medicaid recipients share vehicles and routes with non-Medicaid consumers, an unknown number
 of non-Medicaid consumers will be affected by the elimination of certain FASTRAN routes/vehicles.
 Accordingly, FASTRAN may need to restructure and reschedule routes for remaining consumers to
 respond effectively to the decreased volume of ridership.
- There may be cross-organizational impacts on other County agencies (Department of Community and Recreation Services, Department of Family Services and the Health Department) that use FASTRAN.
- Eliminating CSB Medicaid Transportation will require FASTRAN re-negotiations with Logisticare and contractors (MV and First Transit) due to a 15 percent contract adjustment threshold.
- Logisticare will require some time to accommodate the transition of 303 people to new service providers.

Fairfax-Falls Church Community Services Board

106-75-400 Eliminate Purchase of FASTRAN Services for Mental Health (MH) Medicaid Recipients

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-03	Mental Health Adult and Family Services	0 / 0.0 SYE	\$289,000	\$0	\$289,000

DESCRIPTION OF REDUCTION

An efficiency/cost savings will be achieved by transferring all 31 current Medicaid/Logisticare-covered individuals to other non-FASTRAN transportation providers.

- If requested by an eligible individual, Medicaid transportation must be provided by a state-licensed transportation provider. Medicaid transportation in Virginia is brokered by Logisticare, a company under contract with the Department of Medical Assistance Services (DMAS) to coordinate transportation services for individuals with Medicaid.
- 55 MH consumers currently rely on FASTRAN transportation services. By eliminating the CSB Medicaid Transportation funding, 31 individuals with serious mental illness will no longer be able to ride FASTRAN and would need to find alternative transportation.
- These consumers will not lose their transportation service since they remain eligible for Medicaid/Logisticare transportation from other licensed providers at no charge. They may, however, experience scheduling challenges which could make getting to appointments more difficult, cause stress from the adjustment, and possibly fragment services they receive.
- Financial incentives are in place for individuals to access other Medicaid/Logisticare transportation providers other than MetroAccess (i.e., should not increase the County's costs for MetroAccess).
- There will be an increase in the monitoring requirements by CSB case managers, private providers, and families due to de-centralization of transportation services.
- Since Medicaid recipients share vehicles and routes with non-Medicaid consumers, an unknown number
 of non-Medicaid consumers may be affected by the elimination of certain FASTRAN routes/vehicles.
 FASTRAN may need to restructure and reschedule routes for remaining consumers to respond effectively
 to the decreased volume of ridership.
- There may be cross-organizational impacts on other County agencies (Department of Community and Recreation Services, Department of Family Services and the Health Department) that use FASTRAN.
- Eliminating CSB Medicaid Transportation will require FASTRAN re-negotiations with Logisticare and contractors (MV and First Transit) due to a 15 percent contract adjustment threshold.
- Logisticare will require some time to accommodate the transition of 31 people to new service providers.

Fairfax-Falls Church Community Services Board

106-75-401 Eliminate Purchase of Attendant Services as Part of Mental Retardation (MR) FASTRAN Reductions

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-13	Mental Retardation Day Support and Vocational Services	0 / 0.0 SYE	\$523,875	\$0	\$523,875

DESCRIPTION OF REDUCTION

An efficiency/cost savings will be achieved by eliminating the FASTRAN attendants assigned to 42 current MR Medicaid/Logisticare-covered individuals.

- Attendant services provide driver assistance and health and safety monitoring during FASTRAN transport for individuals with medical fragility, physical disability, diminished capacity, and/or behavioral challenges.
- Attendant services are funded by Medicaid for individuals with a Medicaid Waiver slot based upon documented need.
- Individuals receiving Medicaid funding are eligible for attendant services at no charge when using any Department of Medical Assistance Services-licensed transportation service provider.
- 42 of 89 (47 percent) of FASTRAN attendants for MR consumers are assigned to Medicaid/Logisticare-covered individuals. This reduction will eliminate direct County-funded attendant services for the 42 Medicaid/Logisticare covered individuals. As a result, the provision of attendant services for Medicaid covered individuals will be transferred to an alternative certified Medicaid licensed provider of Logisticare that has the capacity to absorb the additional riders.
- Medicaid reimbursement for attendants during transport is significantly below the cost for providing attendant services. Previously, the County had absorbed the balance of the cost for attendant services provided to Medicaid Waiver recipients through FASTRAN.
- Transition to decentralized transportation service providers and the subsequent uncertainty regarding attendant services may result in increased risk to consumer health and safety for affected individuals.
- Many individuals with mental retardation are particularly vulnerable to abuse and neglect (e.g., incorrect pick-up/drop-off, excessively long rides, etc.) due to medical fragility, physical disability, diminished capacity, and/or behavioral challenges.
- The transition from FASTRAN which consistently provides high-quality, reliable, and punctual service to
 other transportation providers will result in the need for increased monitoring and vigilance by family
 members, caregivers and all service providers.
- There will be cross-organizational impacts on other County agencies that use FASTRAN attendants.
- Eliminating the majority of attendants will require FASTRAN to renegotiate contracts with Logisticare and other contractors (MV and First Transit).

Fairfax-Falls Church Community Services Board

106-75-402 Eliminate Purchase of Out-of-Zone Non-Medicaid FASTRAN Services

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-13	Mental Retardation Day Support and Vocational Services	0 / 0.0 SYE	\$394,886	\$58,936	\$335,950

DESCRIPTION OF REDUCTION

FASTRAN services for 39 individuals with mental retardation, transported outside of previously set zones, will be eliminated.

- In FY 2003, services were realigned to ensure that individuals riding FASTRAN were traveling more efficiently (i.e., within a geographic zone) to get to and from their day support and vocational service sites. Thirty-nine individuals, given their unique service needs, were exempted from this transportation realignment at that time.
- As a result of this budget reduction, 39 out-of-zone consumers will continue to have day programs to attend, but will need to access alternative transportation methods (e.g., MetroAccess, day vendor transportation, or family provided transport) to get to their programs.
- If alternative transportation services are not available, affected individuals will need to transfer to an inzone day support or vocational services provider, disrupting their current day support or employment service placement or forego services altogether.
- The Department of Community and Recreation Services estimates that the impact of this reduction will be
 on nine to 10 passengers per van at an annual cost of \$70,000-\$100,000 per van. This reduction will
 decommission four vans.
- MetroAccess, as an alternative transportation provider, is more costly than FASTRAN. If consumers use MetroAccess, potential savings to the County overall could be reduced due to higher transfer payments to MetroAccess.
- FASTRAN may need to restructure and reschedule routes for remaining consumers/riders.

Fairfax-Falls Church Community Services Board

106-75-403 Eliminate the Post Doctoral Psychology Program

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-03 106-05	Mental Health Adult and Family Services Mental Health Youth and Family Services	0 / 0.0 SYE	\$121,997	\$0	\$121,997

DESCRIPTION OF REDUCTION

This reduction will eliminate limited term funding for the Post Doctoral Psychology program in which the County hires three psychology interns to support Mental Health services for adults and youths offered at the Springfield Mental Health site. As a result of this reduction, the mental health system will lose the capacity to provide services to 100 adult, youth and family members by eliminating all post doctoral psychology staff currently providing treatment services at the Springfield Mental Health site and decreasing the number of psychological/testing evaluations to the consumers, served across the CSB by 50 percent.

- The Post Doctoral Psychology Program provides outpatient mental health treatment services to 100 individuals annually. These Psychology Residents also administer and interpret psychological test evaluations for 30 individuals annually. These evaluations provide critical diagnostic data to guide the development of treatment plans for adults and youth who experience serious mental illness or serious emotional disturbance.
- The elimination of this program will reduce the capacity to provide outpatient treatment for 100 adults, youths and family members per year, and reduce the number of psychological evaluations and test batteries to the entire CSB by 50 percent (from 60 to 30).
- The loss of three Psychology Residents will result in caseload increases at the Springfield mental health service site of an estimated 10 individuals for each of the remaining five Youth and Family clinicians/case managers and five individuals for the six remaining Adult Services clinician/case managers.
- Wait time for an initial appointment for Youth and Family services at this site will increase.

	Fairfax-Falls Church Community Services Board							
106-75-40	106-75-404 Reduce Mental Health (MH) Outpatient and Case Management Services							
LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction			
106-03	Mental Health Adult and Family Services	2/1.5 SYE	\$163,195	\$0	\$163,195			

DESCRIPTION OF REDUCTION

Intensive mental health case management and oversight of community treatment plans will be reduced, impacting all MH adult services, with the elimination of the Intensive Community Service Manager. In addition, dedicated grief counseling services provided by the half-time Senior Clinician based at the Springfield office, but available to persons across the community, will be eliminated. Both positions are associated with outpatient treatment and case management needs of vulnerable persons.

- Intensive Community Services Program provides discharge planning, intensive case management, Not Guilty by Reason of Insanity (NGRI) monitoring, and Mandatory Outpatient Treatment (MOT) oversight to persons who experience serious mental illness and/or co-occurring mental health and substance use disorders. Discharge planning services are provided to consumers in state and local private bed purchase hospital facilities as a state mandated service. Intensive case management services are community-based wrap-around services with a recovery focus that support community stability and improved quality of life. The NGRI and MOT treatment monitoring require a very advanced and well trained clinical supervisor with excellent knowledge of the law and a strong commitment to success in the community for persons who experience serious mental illness.
- As a result of this budget reduction, the workload of the Intensive Community Service Manager will be transferred to another mental health manager who will also oversee other critical areas of work, including jail diversion and forensic discharge planning to persons in jail.
- The Grief Program provides individual and group grief counseling services for 75 children and adolescents, and 142 adults annually. In addition to specialized counseling, the elimination of the Grief program terminates consultation, education, staff training, and debriefing sessions to neighborhoods, schools, communities, and businesses.

Fairfax-Falls Church Community Services Board

106-75-405 Reduce Contracted Individual Supported Employment Services

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-13	Mental Retardation Day Support and Vocational Services	0 / 0.0 SYE	\$125,000	\$0	\$125,000

DESCRIPTION OF REDUCTION

Funding will be reduced by \$125,000 through a 28 percent reduction in service hours for 85 individuals currently receiving individual supported employment services from contractors.

- Individualized supported employment services provide remunerative employment opportunities with necessary support services (i.e., job coaching) to individuals with ID/MR, and stresses social integration with non-disabled workers/peers.
- This reduction will increase the likelihood for fragmented service delivery with the potential for relapse, and may decrease work performance, reduced earnings, and/or disrupt employment for the affected consumer.
- There will be cross-organizational impacts with the private provider network and other governmental
 agencies. Partnerships among County, Fairfax County Public Schools (FCPS), non-profit provider network,
 Virginia Department of Rehabilitative Services, and employers that have hired individuals with intellectual
 disabilities may be jeopardized. This may increase the need for other County-funded benefits and/or
 assistance.

Fairfax-Falls Church Community Services Board

106-75-406 Reduce Sheltered and Group Supported Employment Services and Associated FASTRAN Services

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-13	Mental Retardation Day Support and Vocational Services	0 / 0.0 SYE	\$1,011,219	\$0	\$1,011,219

DESCRIPTION OF REDUCTION

A savings of \$1,011,219 will be achieved by reducing sheltered and group supported employment services purchased from contractor agencies (and associated FASTRAN bus services) for 41 of 354 (12 percent) non-Medicaid funded individuals (15 in sheltered and 26 in group supported employment placements). The day support savings is \$705,082 and the associated FASTRAN savings is \$306,137.

- Sheltered employment services provide remunerative employment in a supervised setting with support services for habilitative development.
- Group supported employment provides intensive job placement assistance and supports for off-site, supervised contract work and competitive employment in the community, including job retention services.
- Reduction will be attempted through consumer attrition and placing individuals requesting services (i.e., special education graduates and other applicants from the community) on wait lists. If insufficient levels of attrition occur to achieve reduction, services to some existing consumers will be eliminated.
- As part of FY 2009 budget reductions, a wait list for MR day services was implemented. Currently eleven individuals are waiting for sheltered and group supported employment services.
- In June 2009, there are expected to be 92 new special education graduates turning 22 years of age who are eligible for day support and employment services. Of the 92 graduates, 34 have a funding source at the present time, leaving 58 potentially unfunded. The CSB currently projects that the total FY 2010 cost to serve all of these individuals will be approximately \$1.23 million.
- This budget cut may result in a reduction in provision of a safe and engaging environment for affected individuals during the day; increase the familial and residential group home burden to secure additional day time support and services; affect family members' ability to participate in gainful employment outside of the home and/or other activities of daily family living; increase residential or other supportive service costs; fragment service delivery and recidivism or relapse; increase wait lists; and the loss of employment and/or reduce earnings for affected individuals.
- There will be cross-organizational impacts with the private provider network and other governmental agencies. Partnerships among County, FCPS, non-profit provider network, State agencies, and employers that have hired individuals with intellectual disabilities may be jeopardized.

Fairfax-Falls Church Community Services Board

106-75-407 Reduce Alcohol and Drug Services (ADS) Adult Outpatient Services at the North County Human Services Center

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-06	Alcohol and Drug Adult Outpatient Treatment Services	3 / 3.0 SYE	\$324,074	\$15,971	\$308,103

DESCRIPTION OF REDUCTION

A net savings of \$308,103 will be achieved by eliminating two Substance Abuse Counselors II and one Substance Abuse Counselor I at the North County/Reston site. This will result in reduced treatment capacity across the ADS outpatient sites and a decreased capacity to serve 160 individuals annually.

- At the North County Human Services Center in Reston, ADS services include: community-based case
 management and individual, group, and family counseling for adults, for the dually diagnosed, and for
 those whose primary language is Spanish. Consumers participating in this program also receive psychiatric
 treatment and medication management services.
- As a result of this budget reduction, ADS's service capacity will decrease from 200 to 40 individual
 consumers, resulting in 160 individuals who will not receive services and instead be placed on a waiting
 list.
- The current wait time of two to three weeks for services will likely increase to three to four months.
- There may be a negative impact on timely response to referrals from the Alcohol Safety Action Program, courts, and Probation and Parole.
- Consumers losing services present the following demographic data:
 - o 56 percent are Latino.
 - o 81 percent have reported improvement in employment/school status.
 - o 95 percent were satisfied with the services they received.
 - o 82 percent were referred by community partners (e.g., Probation & Parole, Alcohol Safety Action Program, the Department of Family Services, Juvenile and Domestic Relations Court).

Fairfax-Falls Church Community Services Board

106-75-40	106-75-408 Eliminate Hospital-Based Medical Detoxification Services							
LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction			
106-17	CSB Emergency, Crisis and Detoxification Services	0 / 0.0 SYE	\$182,000	\$0	\$182,000			

DESCRIPTION OF REDUCTION

A savings of \$182,000 will be achieved by eliminating the funding for medical detoxification contracts, resulting in 80 individuals annually going unserved and possibly remaining in the community with active substance abuse.

- Hospital-based medical detoxification is an emergency service provided in an inpatient setting for individuals at risk for seizures or death, who require medication and medical monitoring during the detoxification process. Of those served in medical detox beds, 88 percent continue with ADS services following their release from detox.
- This funding reduction will substantially increase the current two-week wait time in the CSB operated non-hospital based medical detox program. The number of people on the waiting list for this service is 40.
- Access/availability to individuals at a time of most acute risk will be reduced.
- This decrease in substance abuse treatment capacity may result in an increase in public safety responses. At risk individuals will be encouraged to call 911 or go to the closest emergency room if they are in imminent danger.

Fairfax-Falls Church Community Services Board

106-75-409 Close Western Fairfax (Chantilly) Mental Health (MH) Outpatient Clinic Site

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-03 106-05	Mental Health Adult and Family Services Mental Health Youth and Family Services	7 / 6.5 SYE	\$838,202	\$3,918	\$834,284

DESCRIPTION OF REDUCTION

A net savings of \$834,284 will be achieved by closing the Chantilly Clinic Site, in operation since 1992, and stretching the Mental Health System's capacity to serve 201 adults and 300 youth and their families. This reduction will include the elimination of one Mental Health Manager, two Mental Health Supervisor/Specialists, one Behavioral Health Nursing Supervisor, one Mental Health Counselor, one Administrative Assistant IV, and one Administrative Assistant I.

- The Chantilly outpatient clinic site provides core mental health services, that includes assessment, case management, medication and treatment services to adults with serious mental illness, youth with serious emotional disturbance and their families, and adults in acute psychiatric distress.
- An additional 270 consumers served annually by the affected Access clinician position will be redirected
 to other MH center locations. This will result in longer waits for initial mental health assessments. It should
 be noted that public transportation from Chantilly to clinics at Woodburn/Central County and
 Reston/North County is infrequent and requires a minimum of two buses.
- There will be increased travel time and related costs for individuals to travel to alternate outpatient clinic sites.
- There may be an increased risk of individuals not continuing their mental health services, with potential for increased use of crisis intervention services and psychiatric hospitalization due to psychiatric decompensation.
- Clinical caseloads and administrative duties in the other MH sites will increase.
- Wait time for services and medication appointments will increase at other clinic sites.
- The ParkEast Circle office space lease (which expires December 13, 2012) will require a negotiated lease termination.
- This reduction will reassign direct service staff to other MH clinic locations where current service delivery requirements exceed usable office space.

Fairfax-Falls Church Community Services Board

106-75-410 Eliminate Diversion to Detoxification Program

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-17	CSB Emergency, Crisis and Detoxification Services	4 / 4.0 SYE	\$215,000	\$0	\$215,000

DESCRIPTION OF REDUCTION

A savings of \$215,000 will be achieved by eliminating the diversion-to-detox team which is comprised of one Substance Abuse Counselor III, one Substance Abuse Counselor II, and two Substance Abuse Counselors I. This will result in 750 individuals not being served annually, who may potentially be arrested or remain in the community, at risk to themselves or others.

- The service was reestablished in 2005 as a result of the Jail Diversion Initiative, a community coalition of the CSB, Human Services leadership, Police, Sheriff, Magistrate, Courts, National Alliance on Mental Illness (NAMI), shelters, consumers, families, Family Services, Commonwealth Attorney and Shelters.
- Detox Diversion Program offers a win-win solution whereby non-violent individuals who are Drunk In Public (DIP) are transported to detoxification services in lieu of arrest, conserving costly Police, Sheriff, and Magistrate resources and offering substance abuse services to the individual.
- The diversion team travels to an intoxicated individual to provide on-site assessment and transportation to detox in lieu of arrest. The program operates seven days/week with service hours, matched to demand, between 4 p.m. to 12 midnight.
- An estimated 2,250 hours of additional Police time is required to arrest these individuals, at an approximate cost to the Police Department of \$103,500. Additional expenses may also be incurred by the Office of the Sheriff; the Adult Detention Center's average cost per prisoner day is \$142.91.
- The service is highly valued by Police, Sheriff, shelters and the consumer and family community, all of whom are committed to treatment, in lieu of incarceration. Approximately 5,000 persons were arrested in 2008, which is a 20 percent increase over 2007.

Fairfax-Falls Church Community Services Board

106-75-411 Reduce Psychotropic Medications and Psychiatric Staffing Levels

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-03 106-05	Mental Health Adult and Family Services Mental Health Youth and Family Services	0 / 0.0 SYE	\$442,196	\$0	\$442,196

DESCRIPTION OF REDUCTION

A savings of \$442,196 will be achieved by restricting the medication formulary, requiring the use of generic medications, requiring higher co-payments for certain medications, and eliminating 2,760 hours per year of psychiatric staffing. This will result in increased caseloads for psychiatrists, increased wait time for psychiatric evaluations and decreased capacity for more intensive psychiatric treatment for consumers with the most serious mental illnesses.

- Psychiatric Services include psychiatric evaluations/assessments of adult consumers with serious mental
 illness and children/adolescents with serious emotional disturbance. Medical and psychiatric diagnoses
 are established, treatment plans are instituted and psychotropic medications are prescribed and monitored
 for effectiveness and side effects. Consultation and supervision of non-medical staff and collaboration with
 Nurse Practitioners, crises intervention/hospital triage and admission, suicide/violence risk assessments,
 and coordination of care with primary and specialty medical care is provided.
- The budget cut of \$200,000 in psychotropic medication costs will equate to a 17 percent cut in the FY 2009 \$1,191,073 County-subsidized medication budget.
 - o To meet projected expenditures of \$1.6 million for psychotropic medications for uninsured, indigent consumers of MHS and ADS, the CSB instituted many significant medication cost containment strategies. The most significant was to build capacity within the CSB to help clients access Medicare Part D and Patient Assistance Programs. In FY 2008 the CSB was able to avoid \$894,000 of the projected \$1.6 million in medication costs.
 - o For inmates at the Adult Detention Center, psychotropic medication is prescribed by a Psychiatrist employed by the CSB. The CSB funds these expenses which assists the Sheriff in carrying out his responsibility for the provision of medical care to inmates. In FY 2008, the CSB incurred \$442,135 for these medications.
- The medication budget cut will impact consumers in a variety of different ways, including:
 - increased barriers (cost, transportation, etc.) for consumers which will negatively impact treatment outcomes
 - o reduced treatment options for consumer and psychiatrist
 - o reduced/delayed access to newer medications which can be more effective
 - increased demands on psychiatrist time due to more complex, administratively demanding procedures that will reduce time for direct consumer care
- The psychiatric staffing budget cut of \$242,196 eliminates 2,760 hours per year of psychiatric staffing

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resulting in:

- o increased caseloads for psychiatrists. Current caseloads average about 170 consumers per full time or 40 hour psychiatrist
- o increased wait time for psychiatric evaluations in all programs where psychiatry hours are reduced, including Emergency Services
- decreased capacity for more intensive psychiatric treatment for consumers with the most serious mental illnesses

106-75-412 Eliminate Leadership and Resiliency Program in Four High Schools						
LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction	
106-02	CSB Prevention Services	2 / 2.0 SYE	\$165,651	\$0	\$165,651	

DESCRIPTION OF REDUCTION

A savings of \$165,651 will be achieved by eliminating two Substance Abuse Counselor II positions and will result in the elimination of services at four high school sites for as many as 100 at-risk high school-aged youth. As a result, this will widen the gap of services available to those in need of intensive prevention programming and will reduce recently established program capacity to FCPS high school youth by 27 percent (from 15 schools to 11).

- The Leadership and Resiliency Program (LRP) is an intensive substance abuse prevention and mental health promotion program for high school students presently serving youth in collaboration with and at 15 FCPS high schools. The LRP has been recognized as an evidence-based model program by the Substance Abuse and Mental Health Services Administration and by many other national, state, and regional organizations. The LRP is quite intensive, providing year-round services and offers a minimum of 6 interventions per child per month and 60 per year. Services are provided at the schools and in the community. Linkages to more intensive or other services are provided as needed.
- CSB Prevention Services provides training across the nation for organizations seeking to replicate LRP which provides some revenue that offsets local programming costs.
- The budget cut will eliminate funding for two counselors that provide intensive prevention programming at 4 high schools.
- Selected student-specific outcomes for the FY 2008 LRP program include:
 - Significant participant improvement in decision-making, appropriate response to peer pressure, empathy, healthy relationships, and many other positive resiliency skills.
 - o Continued low levels of substance use and low levels of intention to use.

Fairfax-Falls Church Community Services Board

106-75-413 Reduce Forensic Mental Health (MH) and Alcohol and Drug Services (ADS) at Adult Detention Center

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-18	CSB Forensic, Diagnostic, Crisis and Treatment Services	5 / 5.0 SYE	\$387,641	\$0	\$387,641

DESCRIPTION OF REDUCTION

A savings of \$387,641 will be achieved by eliminating two Senior Clinicians, two Substance Abuse Counselors II positions, and one Clinical Psychologist at the Adult Detention Center. This will result in a loss of service to 1,247 Mental Health consumers and 203 Alcohol and Drug Service consumers. These positions represent 45-50 percent of treatment capacity to serve incarcerated individuals with mental illness and 35-40 percent of capacity to serve incarcerated individuals with primary substance use disorders.

- ADS provides services for persons with substance use disorders who are incarcerated in the Adult Detention Center (ADC). The services include education, individual, and group counseling, and referral for continuing care and court-ordered assessments. The MH Forensic Unit provides initial risk assessments, suicide prevention, crisis intervention services, medication, stabilization, and referral for continuing care and court-ordered forensic evaluations.
- The number of MH consumers served annually is reduced from 2,597 to 1,350. The number of MH contacts is reduced from 7,573 to 3,938 per year. The number of ADS consumers served annually is reduced from 580 to 377.
- Wait time for MH risk assessment, suicide prevention, and crisis intervention will increase significantly.
 Follow-up MH services will be delayed or reduced by 40 to 50 percent. The current waiting period for ADS court-ordered assessments will double from six to eight weeks to an estimated 12 to 16 weeks.
 Substance abuse groups for females and Spanish-speaking persons will be eliminated.
- For a large number of persons with presenting symptoms or histories of mental illness or substance use disorders, all access to assessment, stabilization, and treatment services will be eliminated because they will be released from jail before a linkage has been made to MH or ADS staff.
- Responsiveness to inquiries from family members, attorneys, and community agencies about inmates, as well as referrals for continuing community care upon release will be severely reduced.
- Rate of Emergency Treatment Orders (which facilitate transfers of inmates with acute mental illness to state hospitals) will increase due to the inability to stabilize persons psychiatrically in the ADC. State psychiatric hospital bed utilization will increase and persons will be treated hours away from families and attorneys. Rates of recidivism and re-incarceration will increase substantially for individuals with mental illness, substance use disorders, or co-occurring disorders.
- The length of time spent in jail may increase due to delays in completing court-ordered assessments and evaluations, as well as lack of access to court-mandated services.

Fairfax-Falls Church Community Services Board

106-75-414 Reduce Capacity at Assessment and Referral Center

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-17	CSB Emergency, Crisis and Detoxification Services	3/3.0 SYE	\$204,785	\$0	\$204,785

DESCRIPTION OF REDUCTION

A savings of \$204,785 will be achieved by eliminating one Substance Abuse Counselor III and two Substance Abuse Counselors II positions at the ADS Assessment and Referral Center (ARC). This will reduce service capacity for 358 individuals annually and will also eliminate key staff positions that assist with quality assurance and compliance, affecting licensure audits, state performance contract, peer reviews, resource development, and training.

- The Assessment and Referral Center is the front door for ADS services for adults. Eighty percent of individuals served at ARC are referred by the Court system, Probation and Parole, Department of Family Services, and the Alcohol Safety Action Program.
- This budget reduction may result in: a possible increase in children remaining in foster care because parents would be unable to get treatment in timeframes stipulated in foster care plans; the reduced capacity to offer treatment in lieu of incarceration as option for judges and probation officers; and an increased wait time, potentially endangering individuals in crisis and require a public safety response.
- This budget reduction also will eliminate the ADS Quality Assurance clinician, a key staff position to ensuring ADS compliance with licensure audits, state performance contract, peer reviews, resource development, and training.

Fairfax-Falls Church Community Services Board

106-75-415 Reduce Alcohol and Drug Services (ADS) Adult Outpatient Services in Falls Church

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-06	Alcohol and Drug Adult Outpatient Treatment Services	4 / 4.0 SYE	\$426,818	\$18,715	\$408,103

DESCRIPTION OF REDUCTION

A net savings of \$408,103 will be achieved by eliminating one Substance Abuse Counselor IV, one Substance Abuse Counselor III, and two Substance Abuse Counselors II positions. This will result in a reduced capacity to serve 247 individuals annually.

- The Falls Church site provides accessible and community-based case management and individual, group, and family counseling for adults to persons who are dually diagnosed and those whose primary language is Spanish. Consumers participating in this program also receive psychiatric treatment and medication management services.
- This reduction will eliminate four of the seven positions at the Falls Church outpatient site, resulting in 247 individuals unable to be served.
- Wait time of two to three weeks for services will likely increase to three to four months.
- There may be a negative impact on timely response to referrals from Alcohol Safety Action Program, courts, and Probation.
- Consumers losing services present the following demographics:
 - o 56 percent of the population is Latino
 - o 81 percent of consumers reported improvement in employment/school status
 - o 95 percent of consumers were satisfied with the services they received
 - 82 percent were referred by community partners (e.g., Probation & Parole, Alcohol Safety Action Program, Department of Family Services, Juvenile & Domestic Relations Court)

Fairfax-Falls Church Community Services Board

106-75-416 Eliminate Consumer Housing Development, Service Site Planning, Centralized Leasing Operations, Resource Development and Funds for Residential Repairs

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-01	CSB Central Services Unit	4 / 4.0 SYE	\$602,179	\$0	\$602,179

DESCRIPTION OF REDUCTION

A savings of \$602,179 will be achieved by eliminating one Housing Community Developer III, one Residential and Facility Development Manager, one Substance Abuse Counselor III, and one Administrative Assistant III. Additionally, this reduction will eliminate funding for residential repairs, which will eliminate the central coordination of all consumer housing development, service site planning, centralized leasing operations, and resource development by technically trained staff. This will adversely impact business efficiencies and may ultimately result in the loss of housing for consumers, loss of funding for affordable and accessible service site options, and loss of support by private residential service partners/vendors. Over 3,000 persons are housed in CSB supported residences.

- The Central Services Unit's Site Planning, Resource Development and Community Relations Team is responsible for all system-wide residential and facility service site development, including consumer housing, leasing, space planning, handicapped accessible renovations, related land use and zoning, community relations, and identification of revenue.
- The impacts of this reduction are as follows:
 - o Reduces managerial and administrative oversight and central coordination of 160 CSB properties with a rental budget of \$6,000,000, including the abolishment of annual residential lease reviews increasing costs; and reducing partnerships for site development and relocation of group homes.
 - o Reduces revenue generating resource development, grant applications and public-private partnerships for residential development.
 - Delays conversions and development of handicapped accessible group homes required to keep currently served consumers in community-based housing, immediately affecting up to 150+ adults with physical and mental disabilities. Reduces efforts to support approximately 1,000 consumers on agency residential waiting lists.
 - Limits support for the Ten Year Plan to End Homelessness and implementation of Housing First at a critical implementation phase.
 - Eliminates support to CSB Housing Advocacy Committee and designated staff liaison with Department of Housing and the faith-based and nonprofit housing providers, resulting in loss of housing options for consumers.
 - o Reduces agency support to mandates from ADA and Virginia Olmstead Plan, Fair Housing and Housing and Community Development, accessibility, licensure, zoning and building code compliance related to site development and community care.
 - o Eliminates Residential Repair funds of \$144,600 which will result in delays in CSB renovations and repairs at residential homes and service sites. In combination with the FY 2009 budget cut, this eliminates all residential repair funds.
- · Some work may be assigned to senior clinicians without the proper training in facility and residential

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development and who should be providing treatment and case management services. This significantly reduces the effectiveness of the programs and available time for clinical services, and may eliminate development opportunities for the entire CSB service system and its consumers.

106-75-417 Reduce Purchase of Developmental Day Services (and Associated FASTRAN) for 16 Non-Medicaid Funded Individuals

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-13	Mental Retardation Day Support and Vocational Services	0 / 0.0 SYE	\$643,793	\$0	\$643,793

DESCRIPTION OF REDUCTION

A savings of \$643,793 will be achieved by reducing developmental day services purchased from contractor agencies (and associated FASTRAN bus services) for 16 of 70 (23 percent) current non-Medicaid funded individuals. The day support savings will be \$466,142 and the associated FASTRAN savings will be \$177,651.

- Developmental services provide habilitation, therapy, training and nursing care for individuals with MR
 who are the most severely disabled and have needs in areas such as intensive medical care, behavioral
 interventions, socialization, communication, fine and gross motor skills, and daily living and community
 living skills.
- This budget cut will result in a reduction in provision of a safe and engaging environment for affected
 individuals during the day; increase the familial and residential group home burden to secure additional
 day time support and services; affect family members' ability to participate in gainful employment outside
 of the home and/or other activities of daily family living; increase residential or other supportive service
 costs; fragment service delivery and recidivism or relapse; and increase wait lists.
- There will be cross-organizational impacts with the private provider network and other governmental agencies. Partnerships among County, FCPS, non-profit provider network, and state agencies may be jeopardized.
- The impacts of the budget cut to the 16 non-Medicaid funded individuals will be:
 - o Increased risk to health and safety, especially for individuals with severe medical and/or behavioral needs.
 - o Inability to access specialized therapeutic supports that cannot be replicated in other settings.
 - o Increased economic and emotional stressors/hardships on families; increased risk of abuse and neglect.
 - o In total, the budget cuts in MR day support and employment services will reduce the number of service hours available for individual supported employment services for 85 individuals, eliminate

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sheltered and group supported employment services for up to 41 additional individuals, and eliminate developmental day services for up to 16 additional individuals. Taking into account the (a) the nine individuals currently waiting for services, (b) the 58 potentially unfunded June 2009 special education graduates, (c) the 57 individuals who have their services eliminated in FY 2010, and (d) an estimated additional 24 individuals (estimated at a consistent average rate of two per month for several years) requiring services throughout the year (e.g., emergencies, newly moved into the area) — will result in 148 individuals waiting for MR day services at some point during FY 2010.

106-75-418 Reduce CSB Homeless Services						
LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction	
106-16	CSB Homeless Services	9 / 8.5 SYE	\$673,819	\$0	\$673,819	

DESCRIPTION OF REDUCTION

A savings of \$673,819 will be achieved by eliminating one Mental Health Supervisor, seven Mental Health Therapists, and one Substance Abuse Counselor II. This will result in a 25 percent decrease in outreach hours per month to the community's most vulnerable people and increased utilization of other high cost emergency services to include hospitals, psychiatric institutions, jails, detoxification centers, and crisis care programs.

- CSB Homeless Services operates an integrated team providing outreach, crisis intervention, mental health, substance abuse, and co-occurring services to homeless individuals and families. The team provides counseling, crisis intervention, case management, outreach, medication services, support services, daily living skills training, and linkages to permanent or supported housing.
- Homeless individuals are among the County's most vulnerable people. A point in time survey conducted on January 24, 2008 indicates that 72 percent of homeless individuals have substance abuse problems, mental illness or both.
- This reduction will eliminate nine positions from this program and cause the following impact:
 - o Fewer on-site services being provided at County shelters and fewer outreach services to unsheltered homeless individuals. Each year 468 fewer homeless people at shelters will be served.
 - o The Implementation Plan to Prevent and End Homelessness identified the need for interdisciplinary (HOST) teams, which include CSB staff. As a result of this reduction, CSB staff will shift to a primary case management model of services within four HOST teams. The staff previously deployed to one particular shelter will now be responsible for a geographical area where that HOST team provides services.
 - o This will cause a reduction in on-site contact at each shelter, but will allow the CSB to provide case management and clinical services within four HOST teams.
- Although three CSB homeless outreach staff will continue to provide outreach to unsheltered homeless individuals, the reduction of one outreach worker will result in 101 (25 percent) fewer outreach hours per month provided to the community's most vulnerable people.
- Without specialized homeless case management services, individuals may experience crises that could result in utilization of other high cost emergency services to include hospitals, psychiatric institutions, jails, detox centers, and crisis care programs.

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- Each year, the CSB provides services to previously homeless individuals now residing in housing programs as well as to the winter hypothermia programs. Support to these programs will continue with fewer staff contacts available on a daily basis. This will impact the service delivery capacity of the programs.
- With the remaining seven CSB positions, CSB Homeless Services will continue to provide: shelter and community based services to include support of HOST teams; outreach and hypothermia services and services to previously homeless individuals now residing in housing.

106-75-419 Eliminate Psychosocial Day Support Contract at Reston/Faraday Site						
LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction	
106-03	Mental Health Adult and Family Services	0 / 0.0 SYE	\$330,000	\$0	\$330,000	

DESCRIPTION OF REDUCTION

A savings of \$330,000 will be achieved by closing the Reston PRS, Inc. (formerly Psychosocial Rehabilitation Services) site and will result in the elimination of structured day supports to 71 individuals annually.

- The CSB contracts with PRS, Inc. to provide community day support and vocational services to adults who
 experience serious mental illness or co-occurring disorders. These services will continue to be offered only
 at the Falls Church and Mount Vernon sites.
- The termination of this contracted service at the Reston site:
 - o may put consumers at risk of psychiatric deterioration/relapse;
 - o will eliminate pre-vocational services to 25 individuals annually;
 - o will eliminate access to employment supports to 18 individuals annually;
 - will eliminate work adjustment training services to 10 individuals annually; and
 - o will result in the elimination of five contract staff. Three of these employees are individuals who are in recovery from serious mental illness.

Fairfax-Falls Church Community Services Board 106-75-420 Close Eight Residential Substance Abuse and Co-Occurring Treatment Beds LOB Net Number **LOB Title Positions** Expenditures Reduction Revenue **Mental Health Adult** 106-04 **Residential Services** 3 / 3.0 SYE \$210,203 **\$0** \$210,203 **Alcohol and Drug Adult** 106-08 **Residential Services**

DESCRIPTION OF REDUCTION

A savings of \$210,203 will be achieved by eliminating one Mental Health Supervisor/Specialist, one SAS Aide and one Substance Abuse Counselors II. This will result in the closure of 8 substance abuse and co-occurring residential treatment beds which will cause wait time for all persons to increase and 31 individuals to go unserved annually.

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- A New Beginning is a 90 day residential substance abuse rehabilitation treatment program, serving 35 adults with severe substance abuse problems. Some individuals also experience mild to moderate mental health conditions. The program provides group and individual therapy, comprehensive case management, family therapy, psychiatric services and 24 hour monitoring and support. Following treatment, individuals return to employment, community integration, and positive functioning.
 - O As a result of the elimination of two ADS positions, five treatment beds for persons in need of residential substance abuse services, some of whom have co-occurring disorders, will be closed.
- Cornerstones is a residential treatment program for 16 adults with severe mental illness and severe substance abuse problems. The program is specifically designed to treat individuals with the co-occurring disorders of mental illness and substance abuse. Comprehensive mental health, substance abuse and psychiatric services are provided on-site. The program is located in Chantilly, in a campus setting with two other critical substance abuse treatment programs, i.e. A New Beginning and the Fairfax Detoxification Center. Persons served are crisis prone and require a high level of support to remain engaged and safe in the community. Following residential treatment, individuals typically require ongoing supportive services and case management.
 - o As a result of the elimination of one MH position, three treatment beds for persons with cooccurring disorders - will be closed.
- The combined closing of 8 beds in Cornerstones and A New Beginning will represent a 16 percent reduction in residential treatment services. The already extensive waiting list will grow and an additional 31 individuals annually will not be served.
- Individuals awaiting placement in residential programs are at high risk for medical and psychiatric complications and utilize high cost emergency services to include hospital emergency rooms, psychiatric facilities, jails, and homeless shelters.
- Persons who wait for intensive substance abuse treatment are very much at risk for serious medical complications.
- Consumer outcomes achieved at the completion of treatment with the A New Beginning program:
 - o 80 percent displayed a reduction in drug and alcohol use following treatment.
 - o 95 percent displayed a reduction in criminal recidivism/no new charges.
 - o 90 percent were employed.
- Consumer outcomes achieved in Cornerstones over the past three years:
 - o While at Cornerstones, 91 percent displayed psychiatric stability and reduction in drug/alcohol use.
 - o 65 percent completed treatment and transitioned into stable housing.
 - o 74 percent became employed (paid or volunteer) or involved in a therapeutic a day program, upon completing the program.

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106-75-421 Eliminate Transitional Therapeutic Apartment Program Supervised Services

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-04	Mental Health Adult Residential Services	3 / 3.0 SYE	\$211,386	\$3,918	\$207,468

DESCRIPTION OF REDUCTION

A net savings of \$207,468 will result from eliminating three Mental Health Therapists. As a result, this will limit the capacity for residential supervised treatment services to 32 individuals at a time, and approximately 64 individuals per year.

- The Transitional Therapeutic Apartment Program (TTAP) provides residential treatment in a stable, supportive, therapeutic setting in which individuals who experience serious mental illness learn and practice the life skills needed for successful community living.
- The impacts of the budget reduction will be:
 - o Increased risk of evictions and homelessness;
 - Increased hospitalizations, police involvement and utilization of Mental Health Emergency Services;
 - o Elimination of all case management and support services that may cause significant health and safety issues in the apartments; and
 - o Consumers who have a history of not being able to live independently without mental health supports being placed in apartments without the needed supports to maintain independence.
- Rental assistance for 14 apartments in this countywide program will remain intact.

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106-75-422 Eliminate Residential Treatment Program for Women

LOB Number	LOB Title	Positions	Expenditures	Revenue	Net Reduction
106-04	Mental Health (MH) Adult Residential Services	5 / 5.0 SYE	\$592,249	\$20,939	\$571,310

DESCRIPTION OF REDUCTION

A net savings of \$571,310 will be achieved by eliminating two Mental Health Therapists, two Mental Health Counselors, and one Mental Health Supervisor/ Specialist. This will result in the termination of residential treatment services to 21 high-risk women who experience co-occurring mental health and substance use disorders.

- This MH Adult Residential Services program provides 24 hours per day highly intensive treatment and support services in a residential facility to highly vulnerable adult females, 18 years of age and older, who experience co-occurring serious mental illness and substance abuse disorders. The facility is located in South County.
- The budget reduction will eliminate the entire residential program, which, on an annual basis, serves a total of 21 high-risk women, dealing with the challenge of managing concomitant serious mental illness and substance use disorders.
- The impacts of this reduction will be:
 - o Increased risk of crisis for women, requiring necessary public safety responses to mental health/substance use problems;
 - o Increased risk of psychiatric hospitalization and homelessness;
 - Increased wait for residential treatment level of care (only 8 other beds exist in the County at this service level for this population);
 - o Increased need for Mental Health Emergency Services and Substance Abuse Detoxification Services due to lack of treatment.