

Fairfax-Falls Church Community Services Board (CSB)



FY 2010 LOB Presentation

November 14, 2008

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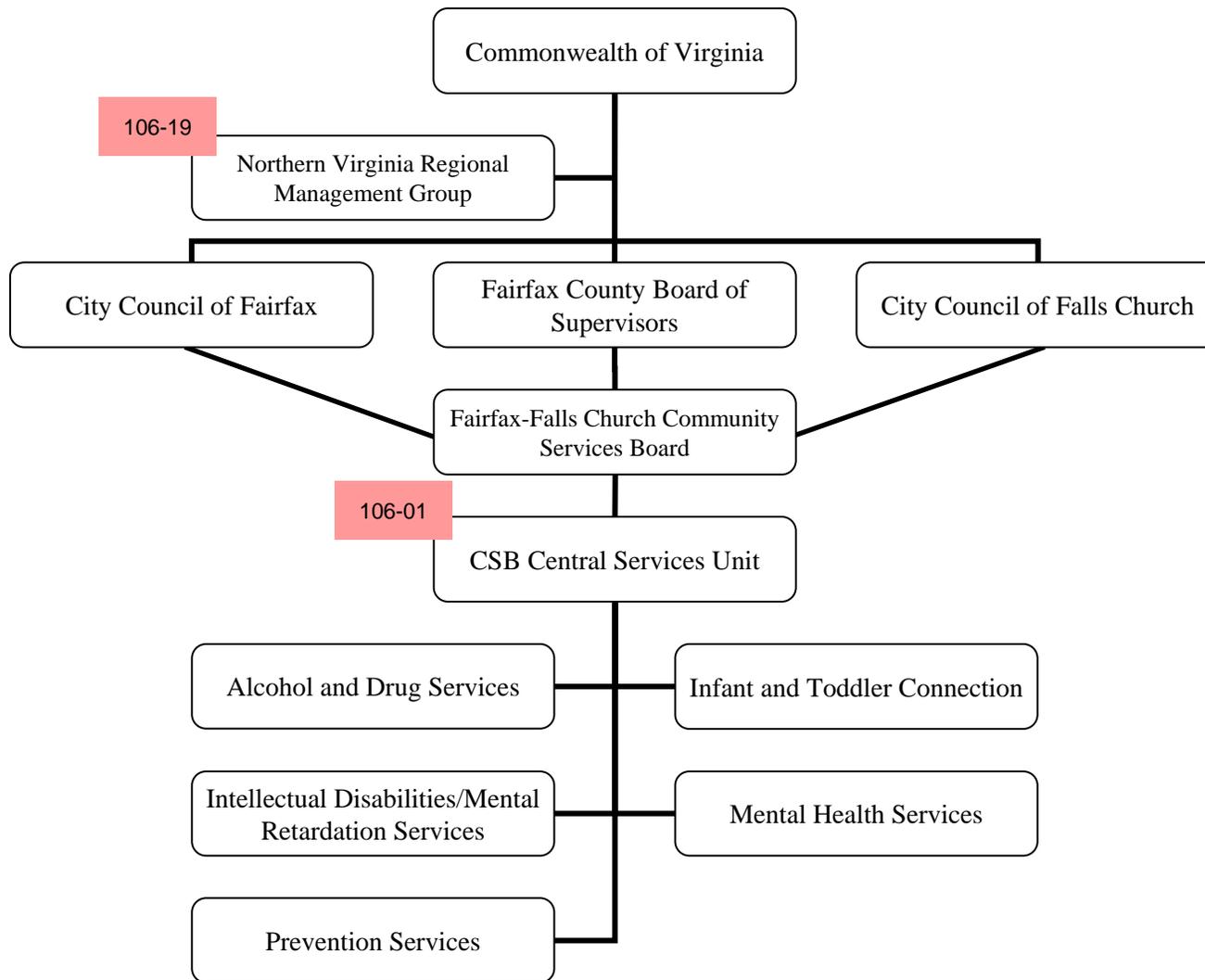
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Agency Mission



- ◆ The Fairfax-Falls Church Community Services Board partners with individuals, families, and the community to empower and support Fairfax-Falls Church residents with or at risk of developmental delay, intellectual disabilities, mental illness, and alcohol or drug abuse or dependency.
- ◆ We provide leadership to ensure the integration of the principles of resilience, recovery and self-determination in the development and provision of services. We maintain accountability by ensuring that continuous system improvement is anchored in best practice, outcome and effectiveness measurement, and the efficient use of resources.
- ◆ As the public support network, we provide services which assist, improve and maximize the potential of individuals affected by these conditions and strengthen their capacity for living self-determined, productive and valued lives within our community.

CSB Organization



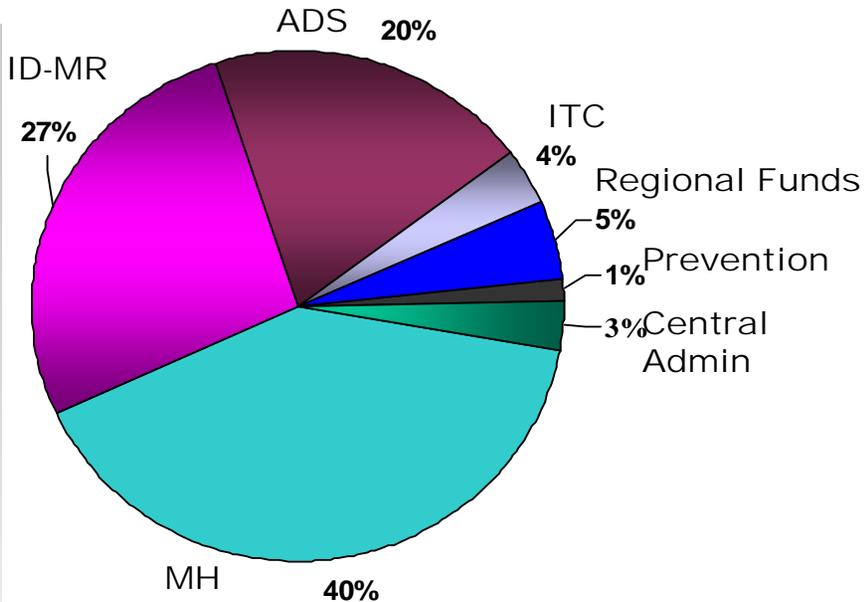
Infant & Toddler Connection	106-15
Prevention & Early Intervention	106-02 106-09
Assessment, Clinical & Therapeutic Services	106-03 106-05 106-06 106-09
Case Management & Service Coordination	106-03 106-05 106-06 106-09 106-12
Day Programs, Employment & Transportation	106-03 106-07 106-10 106-13
Residential Treatment & In-Home Supports	106-04 106-08 106-11 106-14 106-16
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Crisis Intervention & Stabilization	106-17

Persons Served

	Youth	Adults	Total
Alcohol and Drug Services	793	4,604	5,397
Infant and Toddler Connection	2,044		2,044
Intellectual Disability/Mental Retardation Services	1,218	1,590	2,808
Mental Health Services	2,126	9,880	12,006
Prevention	15,292	5,098	20,390

Agency at a Glance: FY 2009

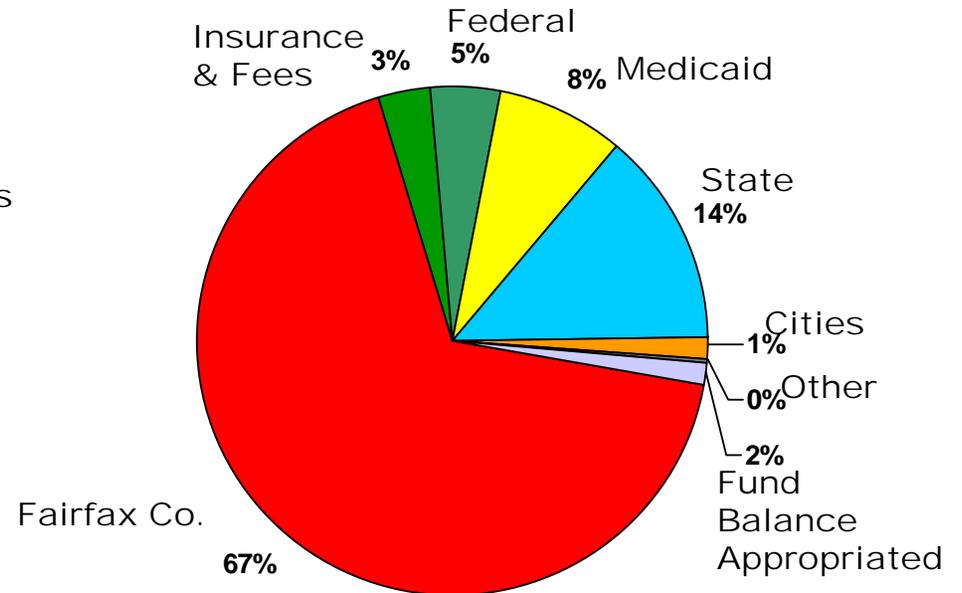
CSB Spending Plan



Mental Health	\$61,940,210
Intellectual Disability	\$41,313,361
Alcohol & Drug	\$30,304,042
Infant & Toddler Connection	\$5,657,563
MH Regional Funding	\$7,858,161
Prevention Services	\$1,961,058
Central & Systemwide	\$4,735,762
Total	\$153,770,163

Positions: 881/879.5
Grant: 118/116.8
Exempt PT: 91.2/68.2
Exempt LT: 66.3/37.2

CSB Revenue Plan



Fx Co.	\$103,775,252
Ins./Fees	\$5,087,435
Federal	\$7,032,831
Medicaid	\$12,360,468
State	\$20,974,620
Cities	\$2,066,908
Other	\$155,624
Fund Bal/Encumbered	\$2,317,023
Total	\$153,770,163

Agency Growth

Since FY 2001 *(slide 1 of 2)*



- ◆ **Growth in GF Expenditures:**
 - FY 2009: \$103.74 million - FY 2001: \$65.77 million
 - An increase of \$37.97 million or 57.73%
 - An average annual increase of 5.86%
- ◆ **Growth in GF Positions/Staff Year Equivalency (SYE):**
 - FY 2009: 881/877.0 - FY 2001: 885/867.7
 - a decrease of 4 positions
- ◆ **Which areas have seen the most growth? [Net +\$34.2 mil]**
 - Compensation Adjustments \$27.8 mil; includes fringe benefits (average annual increase of \$3.47 mil)
 - Contract Rate Adjustments (CRA) \$6.4 mil (average annual increase of \$800K)

Agency Growth Since FY 2001

(slide 2 of 2)



- ◆ **What factors are driving the growth in County funding?**
 - County policy on Pay for Performance
 - County policy on Contract Rate Adjustments
- ◆ **Major Interagency Program Transfers: [Net -\$0.4 mil]**
 - Transfer in: CSB Forensic Services budget from the Office of the Sheriff (FY 2004: \$1.2 mil)
 - Transfer out: Domestic Abuse and Sexual Assault budget to the Department of Family Services (FY 2009: \$1.6 mil)
- ◆ **Significant Interagency Budget Adjustments: [Net +\$3.35 mil]**
 - FASTRAN (Total: \$2.6 mil; FY 2002: \$580K, FY 2004 \$1.4 mil, FY 2006 \$72K, FY 2009 \$517K)
 - Other (Total: \$749K; FY 2005 \$158K, FY 2006 \$214K, FY 2007 \$127K, FY 2008 \$200K, FY 2009 \$50K)

New County-Funded Programs Since FY 2001 *(slide 1 of 2)*



- ◆ Special Education Graduates (no additional funds since FY 2003): \$2.6 mil
- ◆ ADS Prevention Initiative (Phases I and II): \$1.6 mil; 13/13.0 SYE
- ◆ CPMT Youth Crisis Care contract: \$834K net cost
- ◆ Property maintenance, rehab, replacement equipment/ furnishings/ appliances for 150+ sites: \$761K
- ◆ MH Youth Outpatient contract funds to address wait list: \$600K
- ◆ Contract award funding for Infant and Toddler Connection and Mental Health: \$596K
- ◆ MH Access: \$571K
- ◆ MH non-mandated CSA purchase of service: \$440K

New County-Funded Programs Since FY 2001 *(slide 2 of 2)*



- ◆ ID/MR West County Developmental Center: \$400K
- ◆ Domestic Violence 12-bed expansion: \$336K
- ◆ MH/ADS Hypothermia: \$160K; 2/2.0 SYE
- ◆ ID/MR Self-Directed Services: \$100K; 1/1.0 SYE
- ◆ MH/ADS Jail Diversion: \$100K; 7.7.0 SYE (County program funded with State dollars as well as \$100K transferred from Sheriff and in-kind contribution of Police Department)

[Net +\$9.1 mil]

County Budget Reductions Since FY 2001 *(slide 1 of 6)*

- ◆ What County supported programs have been affected by budget reductions since FY 2001?
 - Reduced professional development funds (FY 2002 \$47K)
 - Reduce funds and delay property maintenance and equipment replacements (FY 2002 \$84K)
 - Cut funding for residential leases and hold residential development position vacant (FY 2002 Total \$511K; MH \$291.8K, ADS \$150K, Central Services \$29K)
 - Cut FASTRAN funds (FY 2002 \$200K)
 - Cut contract funds (FY 2002 Total \$682.1K; MH \$50K, ID/MR \$382.5K, ADS \$249.6K)
 - Closed Fairfax House, the MH residential treatment program serving 12 adolescent boys annually (FY 2003 \$827.5K). The facility was converted into a 16-bed adult crisis care program (Woodburn Place).

County Budget Reductions Since FY 2001 *(slide 2 of 6)*

- Cut FASTRAN transportation services for MR and MH vocational and day support consumers and imposed zone routing to improve operational efficiency (Total \$607K; FY 2003 \$552K, FY 2004 \$55K)
- Significantly reduced dollars to purchase ADS residential treatment for 90 adults and 10 youth (Total \$500K; FY 2003 \$400K, FY 2004 \$100K)
- Imposed a relocation and consolidation of MH adult crisis care facilities, in Central County (FY 2003 \$375K)
- Significantly reduced dollars to purchase residential drop-in support services for MR consumers and their families (Total \$232K; FY 2003 \$60K, FY 2004 \$172K)
- Reduced capacity of Entry Services by 50% and curtailed responsiveness to callers (FY 2004 \$160K)

County Budget Reductions Since FY 2001 *(slide 3 of 6)*

- Maximized use of pharmaceutical companies' indigent medication programs (FY 2005 \$144K)
- Eliminated on-site ADS assessments and case management for 150-175 homeless persons (FY 2004 \$118K)
- Reduced level of service in various therapeutic interventions with 25 families in the Infant and Toddler Connection program (FY 2004 \$112K)
- Relocated 1-2 consumers with mental retardation from contracted residential programs to directly operated group homes (FY 2005 \$81.6K)
- Reduced MH prevention services for multicultural, suicide and depression, community crisis response, and parenting programs (FY 2004 \$72K)
- Reduced MH dollars to purchase shelter for runaway youth (FY 2004 \$46K)

County Budget Reductions Since FY 2001 *(slide 4 of 6)*

- Reduced MH payroll budget based on turnover of long-tenured employees (FY 2005 \$30K)
- Reduced Woodburn after-hours security budget (FY 2005 \$25K)
- Held vacant selected management positions (FY 2009 \$440.6K)
- Reduced property rehabilitation budget (FY 2009 \$133K)
- Reduced overtime pay (FY 2009 \$90K)
- Modified hiring practices and staffing patterns (FY 2009 \$71.1K)
- Limited out-of-area travel (FY 2009 \$10K)
- Shifted some persons receiving Medicaid funded transportation from FASTRAN to an alternate Medicaid provider (FY 2009 \$300K)

County Budget Reductions Since FY 2001 *(slide 5 of 6)*

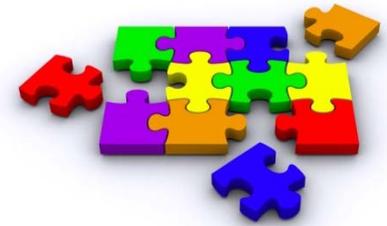
- Requested contract amendment to gain additional revenue pass-through of Medicaid Transportation payment from DCRS (FY 2009 \$200K)
- Reallocated savings in County funds from new Medicaid Waiver slots (FY 2009 \$110.6K)
- Deferred Day Support/ Employment Services for 2008 Special Education Graduates by Two Months (FY 2009 \$120K)
- Reduced MR Supportive Living Arrangements Program (FY 2009 \$83K)
- Suspended MR Family Support Program (FY 2009 \$101K)
- Eliminated Mental Health Child Abuse and Neglect (CAN) Team Services (FY 2009 \$419.8K)
- Increased Salary Vacancy Factor and Reduction in Purchase of Service Contracts (FY 2009 \$444.2K MH and \$197.3K ADS)

County Budget Reductions Since FY 2001 *(slide 6 of 6)*

- Consolidated Residential Treatment Programs for Youth by closing Sunrise House I, an alcohol and drug residential treatment program for 11 adolescent boys and girls (FY 2009 \$600K)
- Eliminated one ADS Beta Program position in the 15-bed co-occurring post-dispositional treatment program (FY 2009 \$71K)
- Prepared contract modifications and increased position vacancies in Infant and Toddler Connection (FY 2009 \$260K)

[Net -\$8.31 mil]

Agency Strategic Focus



The CSB's strategic goals are:

- ◆ To fully embrace self-determination, empowerment and recovery for the persons we serve
- ◆ To more fully integrate services to better meet the needs of our consumers and clients
- ◆ To achieve comprehensive electronic connectivity to health information no later than 2014
- ◆ To maximize non-County revenue, especially Medicaid
- ◆ To replace, relocate or upgrade facilities by 2012 to meet the needs of the CSB system at least through 2020
- ◆ To fully support staff development through training, recognition, and an improved work environment

CSB Strategic Goals Integrated with Strategy Map and Balanced Scorecard (BSC)

- ◆ To ensure the identification of and timely response to key strategic issues
- ◆ To develop, implement, and monitor measures that focus on meeting the needs of individuals who receive our services in the most person-centered, effective, and efficient manner
- ◆ To integrate, to the extent possible, BSC with Josiah Beeman Commission recommendations, County Performance Measures, State Performance Contract requirements, and CSB Quality Management Plan to evaluate programs, benchmark successful outcome measures, and ensure continuous system improvements so consumers receive services based on sound therapeutic practice.

Challenges to Meeting Goals *(slide 1 of 2)*

- ◆ Increasing demand caused by:
 - Population growth, especially the growth in multicultural residents
 - Increasing reliance on the public sector by those who are uninsured or underinsured
 - Difficulty in finding private providers who will accept insurance including Medicaid
- ◆ Inadequate payment rates from Medicaid and insurance
- ◆ Fiscal constraints, both State and County, which diminishes our ability to:
 - Balance increasing community need and still meet mandates, such as MH Law Reform.
 - Focus on person-centered planning through recovery and transformation principles.

Challenges to Meeting Goals (slide 2 of 2)

- ◆ Availability of resources to implement the Josiah Beeman Commission recommendations to facilitate system improvements
- ◆ Capacity to continue capital improvement progress
- ◆ High vacancy factor
- ◆ Maintaining best practice standards for caseloads and timely access while keeping waiting lists low
- ◆ Exploring possibilities for improved electronic health record
- ◆ Addressing demand for permanent housing and residential support services
- ◆ Achieving full compliance with the Americans with Disabilities Act

LOB Summary Table:

FY 2008 Adopted Budget Plan Data

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<i>Number</i>	<i>LOB Title</i>	<i>Net LOB Cost</i>	<i>LOB Number of Positions</i>	<i>LOB SYE</i>
106-01	CSB Central Services Unit	\$1,330,292	13	13.0
106-02	CSB Prevention Services	\$643,683	20	20.0
106-03	Mental Health Adult and Family Services	\$16,400,043	166	165.0
106-04	Mental Health Adult Residential Services	\$9,013,746	84	83.5
106-05	Mental Health Youth and Family Services	\$8,488,553	83	82.5
106-06	Alcohol and Drug Adult Outpatient Treatment Services	\$3,451,361	35	35.0
106-07	Alcohol and Drug Adult Day Treatment Services	\$1,053,833	15	14.5
106-08	Alcohol and Drug Adult Residential Services	\$6,141,299	85	84.0
106-09	Alcohol and Drug Youth Outpatient Treatment Services	\$4,105,765	44	44.0
106-10	Alcohol and Drug Youth Day Treatment Services	\$915,815	16	16.0
106-11	Alcohol and Drug Youth Residential Services	\$2,583,199	35	35.0
106-12	Mental Retardation Case Management Services	\$1,188,681	12	12.0
106-13	Mental Retardation Day Support and Vocational Services	\$19,475,035	12	11.5
106-14	Mental Retardation Residential Services	\$13,578,156	76	76.0
106-15	Early Intervention for Infants and Toddlers (Part C)	\$2,713,581	20	20.0
106-16	CSB Homeless Services	\$1,825,391	32	32.0
106-17	CSB Emergency, Crisis and Detoxification Services	\$7,411,443	125	124.0
106-18	CSB Forensic, Diagnostic, Crisis and Treatment Services	\$1,662,990	22	22.0
106-19	Northern Virginia Regional Projects	(\$511)	0	0.0
TOTAL		\$101,982,355	895	890.0

LOB 106-01 Highlights: CSB Central Services Unit *(slide 1 of 3)*

- ◆ **What We Do**: The Central Services Unit provides overall leadership, policy direction, evaluation and oversight to the Community Services Board (CSB) system, which includes the program areas of Mental Health, Mental Retardation, and Alcohol and Drug Services, as well as the specialized programs in Prevention and the Infant and Toddler Connection.
- ◆ **Whom We Serve**: Staff in this LOB work closely with the following groups: elected and appointed officials, consumers, families, staff, contractors, public and private sector partners, Human Services Leadership Team, Virginia DMHMRSAS, and other state agencies.
- ◆ **Why We Do It**: This LOB supports over 20,000 consumers and their families, 1,200 staff and more than 70 non-profit partners with strategic leadership, fiscal analysis, and compliance activities that assure health and safety. This LOB monitors the current and future requirements of the persons we serve and informs the CSB Board and county and state leadership.

LOB 106-01 Highlights: CSB Central Services Unit *(slide 2 of 3)*

The Central Services Unit guides the provision of person-centered services based on sound therapeutic practice. We assure revenue maximization from services delivered.

- ◆ **Benefits and Value of LOB:** The rate of Central Administration staff to CSB merit and exempt status employees is presently 1:73. The CSB Central Administration budget, which includes pooled funds for repairs, replacement of equipment, as well as the Central Services Unit's operating funds, is 3 percent of the overall fund. The Director's Office provides overall leadership, policy direction and oversight of all programs and services while supporting advocacy efforts at the state level to promote policy changes and increased funding. Planning and Information Management staff promotes and supports the implementation of the CSB Electronic Health Record, and data reporting requirements. The Site Planning and Resource Development staff provides vital residential and facility development work. The Quality Improvement staff focuses on implementing a detailed

LOB 106-01 Highlights: CSB Central Services Unit *(slide 3 of 3)*

system-wide quality improvement plan with an emphasis on risk management, training, human rights, and emergency preparedness.

Note: The FY 2008 Lines of Business Review reflected only the Central Services Unit budget for personnel. The pooled funds for repairs, maintenance, and equipment replacement were allocated to the other 17 CSB Lines of Business (not Regional Projects).

LOB 106-02 Highlights: CSB Prevention Services *(slide 1 of 3)*

- ◆ **What We Do:** Prevention Services provides evidence-based programs and other services designed to stop or delay alcohol, tobacco and other drug use in children and youth, prevent substance abuse in adults and families, and promote mental health and wellness. Prevention Services provides education, information and alternative programming to individuals, families, schools, businesses, civic groups and service providers. Services are consistently recognized by local, state, and national groups as effective, with strong outcomes. Program examples include the Leadership and Resiliency Program, Girl Power, Road DAWG, and ACT Violence Prevention. Services are based throughout the community and focus on building the capacity to prevent many problem behaviors through collaboration, partnerships and technical assistance.

LOB 106-02 Highlights: CSB Prevention Services *(slide 2 of 3)*

- ◆ **Whom We Serve**: Programming includes services to children, adolescents, adults, families and older adults. There is capacity to provide services in varied formats and in multiple languages. In FY 2008, 20,390 persons were involved in prevention activities.
- ◆ **Why We Do It**: Prevention is implied in all county vision elements. Evidence-based prevention practices build community capacity with outcomes that speak to individual and community indicators of strength and resilience. Prevention is responsible stewardship and government because it is proactive and seeks to spot trends and needs before a crisis and the need for treatment services.
- ◆ **Benefits and Value of LOB**: Outcomes consistently show positive change such as improved problem-solving skills, coping skills, increased knowledge, reduced behavioral incidents, and positive attitudinal shifts. School outcomes include improved attendance and GPA. Services consistently meet or exceed

LOB 106-02 Highlights: CSB Prevention Services *(slide 3 of 3)*

County Performance measures. These services were previously identified by the Board of Supervisors for expansion to all high schools in two year intervals until 2016.

LOB 106-03 Highlights: Mental Health Adult and Family Services *(slide 1 of 3)*

- ◆ **What We Do**: Mental Health Adult and Family Services provides a broad array of mental health services to adults with acute and/or serious, persistent mental illness and adults with co-occurring mental illness and substance use disorders. Services are recovery focused, individualized and include initial assessment, case management, psychopharmacology, individual, group, and family therapy, as well as psycho-educational and vocational services. Services vary by duration and level of intensity according to risk issues and individual needs. Service intensity ranges from periodic case management and medication services to the intensive partial hospitalization programs.
- ◆ **Whom We Serve**: Adults served in this LOB experience serious mental illness and mental illness with co-occurring substance use disorders. Serious mental health conditions include schizophrenia, schizoaffective, bipolar, and affective disorders. Many of these individuals require a broad range of psychiatric, case

LOB 106-03 Highlights: Mental Health Adult and Family Services *(slide 2 of 3)*

management, rehabilitative and support services periodically throughout their life in order to achieve stability and maximize recovery. Persons served may have a history of psychiatric hospitalization, residential substance abuse treatment, prior extended residential placements, criminal justice involvement, and/or homelessness. Approximately 5,000 adults were served last year.

- ◆ **Why We Do It:** The community looks to the CSB to provide the right service at the right time to those with the greatest need. The focus is on ongoing case management and recovery-oriented services that assist individuals in achieving the highest level of independence.
- ◆ **Benefits and Value of LOB:** In collaboration with consumers, family members, state and local hospitals and other community agencies adult mental health services provide case management, intensive day support, vocational services and crisis intervention.

LOB 106-03 Highlights: Mental Health Adult and Family Services *(slide 3 of 3)*

These services have allowed for hospital diversion and step down to the community through utilization of the intensive community day support programs and intensive case management which decreases the length of inpatient stay. A cross-system referral process allows for comprehensive review of day support and vocational services to support rapid response and access to services. The Jail Diversion program provides pre- and post-booking intensive case management services focused on decreasing the number of mental health consumers that interface with the criminal justice system. Discharge planning services are provided to the State and Private Bed Purchase local hospitals to safely transition consumers to the community. These services decrease psychiatric hospitalization, length of stay, support consumers in maintaining housing, support consumers effort to pursue vocational goals, assist in decreasing the cycle of criminal justice involvement, helps maintain consumer and community safety.

LOB 106-04 Highlights: Mental Health Adult Residential Services *(slide 1 of 2)*

- ◆ **What We Do:** Mental Health Adult Residential Services (ARS) provides mental health services to adults with serious mental illness and with co-occurring mental illness and substance abuse disorders. Consumers receive services in a continuum of residential programs designed to address their needs. The mission of ARS is to help consumers maintain and/or improve levels of functioning by tailoring community based treatment and support services to match consumers' existing strengths and functioning.
- ◆ **Whom We Serve:** Individuals served in these programs experience significant ongoing Mental Health symptoms and substance use issues, and could not maintain independent living in the community without our support. The typical consumer has experienced multiple hospitalizations, homelessness, acute psychosis, trauma, abuse/neglect and/or violence, suicidal ideation and/or attempts, severe family problems, educational and/or vocational limitations and economic deprivation with limited or no independent living skills. ARS provides residential

LOB 106-04 Highlights: Mental Health

Adult Residential Services *(slide 2 of 2)*

treatment to 451 consumers at one time. During FY 2008, this LOB provided services to 528 individuals. Over 50% of persons in ARS housing were formerly homeless.

- ◆ **Why We Do It:** Providing residential treatment and support services in the community is integral to the recovery of persons we serve. The average cost of supportive housing is \$104 per day as contrasted with the \$970 per day cost of a local psychiatric hospital stay. ARS is the leading provider of housing first services, which is a primary strategy cited in the Fairfax-Falls Church Community Plan to End Homelessness adopted by the Board of Supervisors.
- ◆ **Benefits and Value of LOB:** ARS supports individuals to remain in the community who might otherwise be in hospitals, jails, or homeless, related to the symptoms of their illness. ARS provides housing support and case management for individuals being discharged from state hospitals. The services provided by this LOB allow formerly homeless individuals to remain in housing.

LOB 106-05 Highlights: Mental Health Youth and Family Services *(slide 1 of 3)*

- ◆ **What We Do**: Mental Health Youth and Family Services provides a broad array of mental health services to children, youth with serious emotional disturbances and at-risk children and their families. Some families present with such complex problems that they can only be served through extensive collaboration among the various child-serving agencies.
- ◆ **Whom We Serve**: Many of these children and youth have a history of: psychotic episodes, psychiatric hospitalization, involvement with the juvenile justice system, exposure to violence, abuse and neglect, out of control and aggressive behaviors, suicidal ideation and/or suicide attempts, and exposure to serious disturbances in their caretakers. Youth and Family also serves all youth with behavioral health issues involved with the state Comprehensive Services Act (CSA). Approximately 2,200 consumers and their family members are served per year.

LOB 106-05 Highlights: Mental Health Youth and Family Services *(slide 2 of 3)*

- ◆ **Why We Do It:** Treatment and case management services for youth and their families can have lasting positive effects and limit the need for services in the future. Successful treatment returns youth to their normal development, to include academic success and positive peer and family relationships. Parenting skills are also enhanced.
- ◆ **Benefits and Value of LOB:** In collaboration with Juvenile Court, the Department of Family Services, FCPS, and the Department of Community and Recreation Services, Youth and Family has committed its resources to provide integrated and coordinated behavioral health services to youth and families who are most at risk of being placed in congregate or residential care. These resources are focused on reducing out of home placements allowing youth to remain in our community. We do this by providing a continuum of directly operated or contracted community-based services. The county's CSA program currently

LOB 106-05 Highlights: Mental Health Youth and Family Services *(slide 3 of 3)*

has 225-250 youth in residential placements at an average cost of \$150,000 per year. With concerted and focused efforts it is hoped to reduce that number by 15-20 percent within two years.

LOB 106-06 Highlights: Alcohol and Drug Adult Outpatient Treatment Services *(slide 1 of 2)*

- ◆ **What We Do**: Outpatient and Case Management Services provides case management and individual, group and family counseling for adult and adolescent clients, with specialized care for the dually diagnosed, pregnant and post-partum women and those whose primary language is Spanish. Psychiatric treatment and medication management is available at all sites (Fairfax, Falls Church, Reston, and South County).
- ◆ **Whom We Serve**: Individuals accessing services are at high-risk of relapse and/or return to criminal behavior. Most of the individuals served in Adult Outpatient Services are court referred, in crisis (i.e., at risk to themselves, their family members and/or the public). In FY 2008, 1,605 individuals received services.
- ◆ **Why We Do It**: Treating individuals with a brief history of substance abuse which is both effective and cost effective in reducing not only alcohol and other drug consumption but also the associated health and social consequences, and criminality, while enhancing health and productivity.

LOB 106-06 Highlights: Alcohol and Drug Adult Outpatient Treatment Services *(slide 2 of 2)*

- ◆ **Benefits and Value of LOB:** This LOB provides cost effective and accessible SA and co-occurring (SA/MH) treatment services in the community. It allows individuals to maintain employment, housing and family stability while receiving treatment. Culturally sensitive Spanish language services are available at all sites. This treatment opportunity often prevents the need for more expensive residential treatment and decreases the 'utilization' of jail and hospital beds. Approximately 65% of consumers complete outpatient treatment. In FY 2008, 93% of consumers were satisfied with services and 83% achieved improvement in employment/school status after 30 days of treatment.

LOB 106-07 Highlights: Alcohol and Drug Adult Day Treatment Services *(slide 1 of 2)*

- ◆ **What We Do**: Adult Day Treatment Services provide daily intensive case management, individual, group and family counseling to substance abusing adults who need more intensive services than the standard outpatient care. Psychiatric treatment and case management services are provided on-site (two locations in Fairfax).
- ◆ **Whom We Serve**: Adult Day Treatment Services provides an intensive level of treatment services for addicted adults and those individuals with co-occurring (substance abuse and mental health) disorders and their families. In FY 2008, 325 consumers received these services.
- ◆ **Why We Do It**: Treating individuals with more severe alcohol and/or other drug problems, individuals with co-occurring disorders, and individuals involved in the criminal justice system. Day Treatment programs assist the person with a return to employment and self-sufficiency, while reducing alcohol/drug use and criminal activity.

LOB 106-07 Highlights: Alcohol and Drug Adult Day Treatment Services *(slide 2 of 2)*

- ◆ **Benefits and Value of LOB:** This LOB provides cost effective and accessible substance abuse and co-occurring (SA/MH) treatment services in the community. It allows individuals to maintain employment, housing, and family stability while receiving treatment. This treatment opportunity often prevents the need for more expensive residential treatment and decreases the 'utilization' of jail and hospital beds in addition to providing services for individuals who are not able to participate in residential treatment. Since a majority of these consumers are involved in the criminal justice system or with the Department of Family Services, this service significantly impacts public safety and family preservation. In FY 2008, 90% of consumers were satisfied with services and 83% achieved improvement in employment/school status.

LOB 106-08 Highlights: Alcohol and Drug Adult Residential Services *(slide 1 of 2)*

- ◆ **What We Do:** Adult Residential Services provides services to the most impaired substance abusing adults and their families throughout the service area. Most clients have previous outpatient treatment failures, are court involved and are receiving services through multiple human service agencies. Comprehensive services include individual, group and family therapy, medication management and case management. Services are provided at A New Beginning, the Fairfax Detoxification Center, Cornerstones, New Generations, Crossroads, Steps to Recovery, and the Residential Admissions Unit.
- ◆ **Whom We Serve:** Many clients are homeless and have co-occurring mental health disorders. Clients receiving these services have the highest degree of addiction and generally have lost most social support systems including family, employers, and churches. Clients who are parents often have children in foster

LOB 106-08 Highlights: Alcohol and Drug Adult Residential Services *(slide 2 of 2)*

care, or have children for whom their parental rights will be terminated without treatment. In FY 2008, this LOB served 591 citizens.

- ◆ **Why We Do It:** Treating individuals in a longer term, 24/7 residential program promotes behavioral change and personal responsibility in all areas of the individual's life. The individual works to develop a post-treatment relapse prevention plan that supports ongoing sobriety and a return to school, employment, and self-directed independent living.
- ◆ **Benefits and Value of LOB:** This LOB provides services that intervene in the destructive cycle of addiction and/or mental illness thus restoring individuals to positive community functioning. This LOB provides interventions which change an individual's life, promote health, and decrease community expenses such as hospital, jail, and emergency room visits as well as Child Protective Services and Police involvement.

LOB 106-09 Highlights: Alcohol and Drug Youth Outpatient Treatment Services *(slide 1 of 2)*

- ◆ **What We Do**: Youth Outpatient Treatment Services provides assistance to youth and their families through outpatient, court, and schools. Services are provided in the community and the Juvenile Detention Center. The purpose of Youth Outpatient Treatment Services is to intervene and treat those youth that are in the early stages of alcohol and drug use, or addiction and/or have co-occurring disorders. Services are provided in Chantilly, Falls Church, Reston, South County, and the Forensics program.
- ◆ **Whom We Serve**: These youth have just begun using alcohol, marijuana, or other drugs. Most have substance abuse problems but are not addicted. 37% are court-involved and 45% have mental health disorders. School and home performance has deteriorated. In FY 2008, 944 youth were served.

LOB 106-09 Highlights: Alcohol and Drug Youth Outpatient Treatment Services *(slide 2 of 2)*

- ◆ **Why We Do It:** Treating youth and families earlier reduces the potential of escalating drug and alcohol dependency, and more severe problems. Treatment returns youth to their maturation experiences, including school, social connections and positive family relationships. Early treatment reduces costs overall and limits the need for more expensive treatment later.
- ◆ **Benefits and Value of LOB:** Youth are treated at an early point which is less expensive in time, money, and in deterioration of quality of life. Criminal involvement and poor school/home performance is significantly improved.

LOB 106-10 Highlights: Alcohol and Drug Youth Day Treatment *(slide 1 of 2)*

- ◆ **What We Do**: Youth Day Treatment Services Alcohol and Drug Youth Day Treatment Services provides day treatment services for youth and their families with serious alcohol, drug and mental health problems. School is provided in the programs.
- ◆ **Whom We Serve**: These youth have used marijuana, alcohol and other drugs. Their mental health issues include Attention Deficit Disorder, depression, conduct disorders, and Post-Traumatic Stress Disorder and many are victims of physical, emotional and sexual abuse. These youth cannot function in a regular school setting and need the structure of an integrated treatment and school environment during the day. Of these youth, 72% are court-involved and 68% suffer from mental health problems as well. In FY 2008, 78 youth and families were served.

LOB 106-10 Highlights: Alcohol and Drug Youth Day Treatment *(slide 2 of 2)*

- ◆ **Why We Do It**: Treating youth in Day Treatment programs provides intensive services and reduces the possibility of more expensive residential treatment services while permitting youths to remain home with their families. Families also receive education and support. Successful treatment returns the youth to their normal maturation experiences, including school and positive family and peer relationships.
- ◆ **Benefits and Value of LOB**: Day Treatment keeps youth in their homes while attending treatment and school during the day and evening. This results in less need for more costly residential services. Of the program participants, 82% are able to stop using alcohol and drugs, 92% improve their academic functioning and 81% have improved family functioning.

LOB 106-11 Highlights: Alcohol and Drug Youth Residential Services *(slide 1 of 2)*

- ◆ **What We Do**: Youth Residential Services at Crossroads provides comprehensive co-occurring disorder services to adolescents in residential treatment settings, including individual, group and family therapy; medication management and case management. Treatment services include intermediate and long term treatment with aftercare services.
- ◆ **Whom We Serve**: Youth Residential Services provides intensive residential treatment services for youth with alcohol and/or drug addictions. The youth are severely impaired and often present with serious family, educational and court problems as a result of their substance addiction and/or mental health issues. They frequently have been the victims of physical, sexual and/or emotional abuse. 96% are court-involved and 78% have mental health disorders. In FY 2008, 50 youth and families were served.

LOB 106-11 Highlights: Alcohol and Drug Youth Residential Services *(slide 2 of 2)*

- ◆ **Why We Do It:** Treating youth in residential settings assertively interrupts severe levels of substance abuse. The 24/7 program addresses addiction by providing an intensive experience with sobriety. The service also includes education and treatment for families. Successful treatment returns the youth to their normal maturation experiences, including school and positive family and peer relationships.
- ◆ **Benefits and Value of LOB:** For these youth at Crossroads, 88% stop using alcohol and/or drugs 96% improve their school performance, and 67% have improved family functioning.

LOB 106-12 Highlights: Mental Retardation Case Management Services *(slide 1 of 2)*

- ◆ **What We Do**: MR Case Management Services assists individuals with mental retardation in gaining access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources and other supports essential to meeting basic needs.
- ◆ **Whom We Serve**: Individuals age six or older must have a confirmed diagnosis of mental retardation to be determined eligible for case management services. For a child three to six years of age, there must be confirmation of a cognitive developmental delay. Individuals served may be as young as three years of age and range through consumers over age 70. During FY 2008, there were up to 2,084 cases opened to MR Case Management at any given time. Approximately 1,400 of these individuals received targeted case management and 700 received less intensive monitoring services.

LOB 106-12 Highlights: Mental Retardation Case Management Services *(slide 2 of 2)*

- ◆ **Why We Do It:** This LOB insures that service systems and community supports are effective, efficient, and responsive to the specific, multiple, and changing needs of individuals with mental retardation/intellectual disabilities and their families.
- ◆ **Benefits and Value of LOB:** Case Management Services ensure that individuals are properly connected to, and involved in, the appropriate services and supports in order to maximize opportunities for successful community living. This LOB also recovers approximately 88 percent of the County's total annual expenditures for MR Case Management services via Medicaid State Plan Option revenues, enables the leveraging of approximately \$35 million in additional Medicaid revenues paid directly to private providers of MR residential and day services throughout the Northern Virginia region, and performs pre-screening and discharge planning for state training centers that provide over \$22 million in Intermediate Care Facility (ICF/MR) services to Fairfax-Falls Church individuals.

LOB 106-13 Highlights: Mental Retardation Day Support & Vocational Services *(slide 1 of 3)*

- ◆ **What We Do**: Day Support services provide assistance and training to improve individual independence and self-sufficiency, and/or to obtain vocational training and support to enter and remain in the workforce. Vocational and day support services for individuals with mental retardation are provided primarily through contracts with private, non-profit agencies; however, the CSB, in close collaboration with the VA Department of Rehabilitative Services (DRS), also directly operates the Cooperative Employment Program (CEP). CEP provides supported employment services to approximately 130 individuals annually.
- ◆ **Whom We Serve**: Recipients of local funding for Day Support services must: be age 22 or older; have a confirmed diagnosis of mental retardation; be determined eligible for services by case management services; and no longer have eligibility for services in a public or private school system in Fairfax County. In FY 2008, 1,140 individuals were served in MR Day Support and Vocational Services.

LOB 106-13 Highlights: Mental Retardation Day Support & Vocational Services *(slide 2 of 3)*

- ◆ **Why We Do It:** This LOB provides support and training for individuals with mental retardation/intellectual disabilities to work and participate in community activities and experience the same opportunities for full inclusion as people without disabilities.
- ◆ **Benefits and Value of LOB:** MR Day Support and Vocational Services enable individuals with MR to: continue and enhance the vocational and social skills they acquired while in school; earn wages and benefits for the work they perform; pay taxes on their earnings; and contribute and participate more fully in their communities. For FY 2008, the average annual earnings for 572 surveyed individuals receiving contracted supported employment services were \$9,465, and their total gross earnings totaled \$5.4 million. For 111 of the individuals in CEP, average annual earnings were \$17,080, total gross earnings totaled \$1.9 million. This LOB also assists families of individuals with intellectual disabilities (especially families with individuals who have severe medical or

LOB 106-13 Highlights: Mental Retardation Day Support & Vocational Services *(slide 3 of 3)*

behavioral needs) by providing a safe and engaging environment for their family member during the day. This assistance enables them to participate in their own gainful employment outside of the home and other activities of daily family living. In addition, County participation in this LOB leverages approximately \$8.7 million in Medicaid funds paid directly to private providers of MR day support and vocational services throughout the Northern Virginia region.

LOB 106-14 Highlights: Mental Retardation Residential Services *(slide 1 of 3)*

- ◆ **What We Do**: Residential Services provide housing and residential support services in the community for individuals with mental retardation. These services provide an array of residential supports designed around individual needs and desires, with an emphasis on providing opportunities for full inclusion in community life. The majority of residential services are provided through CSB partnerships with approved private providers, with contract management oversight provided by the CSB.
- ◆ **Whom We Serve**: Recipients of local funding for Residential Services must: be age 22 or older; have a confirmed diagnosis of mental retardation; and be determined eligible for services by case management services. In FY 2008, Mental Retardation Services (MRS) served 770 individuals throughout its entire continuum of directly-operated and contracted residential services, with the majority (377) residing in 24/7 congregate residential settings (i.e., group homes or supervised apartments).

LOB 106-14 Highlights: Mental Retardation Residential Services *(slide 2 of 3)*

- ◆ **Why We Do It:** This LOB provides support and training for individuals with mental retardation/intellectual disabilities to live in the community and experience the same opportunities for full inclusion as people without disabilities.
- ◆ **Benefits and Value of LOB:** MR group home and supervised apartment services are provided in safe and supportive congregate housing in the community for almost 400 individuals who would otherwise be placed in more expensive institutional settings, or be homeless. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community. Other residential supports range from daily to drop-in, are based on individuals needs, and take into account individual preference, choice, and independence. Together, these services allow individuals with MR and their families to maintain their family in the local area, in the least

LOB 106-14 Highlights: Mental Retardation Residential Services *(slide 3 of 3)*

restrictive environment possible, and with the level of support necessary for their particular situation (i.e., as effectively and efficiently as possible). In addition, CSB participation in this LOB leverages over \$1.7 million in Medicaid revenues for directly-operated residential programs, and approximately \$22.2 million in Medicaid revenues paid directly to private providers of MR residential services in the Northern Virginia region.

LOB 106-15 Highlights: Early Intervention for Infants & Toddlers (Part C) *(slide 1 of 3)*

- ◆ **What We Do:** Infant and Toddler Connection of Fairfax-Falls Church (ITC) provides early intervention services for infants and toddlers with developmental delays and their families to facilitate child development and enhance families' abilities to meet their children's developmental needs.
- ◆ **Whom We Serve:** Infants and toddlers ages 0-3 years are eligible for Part C services due to the following: a diagnosed disabling condition that will result in developmental delays, a delay of 25 percent or more in at least one area of development, or atypical development. During FY 2008, ITC served 2,044 children and their families. Since FY 2003, the number of children and families served annually by ITC has increased a total of 63% (from 1,254 to 2,044) – or an average annual growth rate of 12.6%.

LOB 106-15 Highlights: Early Intervention for Infants & Toddlers (Part C) *(slide 2 of 3)*

- ◆ **Why We Do It:** This LOB improves developmental and educational outcomes and reduces the need for more intrusive, expensive and intensive interventions in the future. The period from birth through three is the primary time that changes can occur in brain development that will have the most impact for the future of the child. Research indicates that for every dollar spent on intervention during this age saves seven dollars down the road. Additionally, the strategy of providing support to parents increases their ability to meet the needs of their child.
- ◆ **Benefits and Value of LOB:** Research has shown that early intervention reduces the need for more intense intervention later in the elementary and high school years. In fact, many children exit the early intervention system and do not access special education services in the public schools. The state of Virginia has begun collecting data around child and family outcomes for those

LOB 106-15 Highlights: Early Intervention for Infants & Toddlers (Part C) *(slide 3 of 3)*

who have participated in early intervention. This data will, in turn, be reported to the Office of Special Education Programs as justification for continued funding. Early data from Virginia has been promising as to the benefits of involvement in the ITC program for children and families. This LOB also enables leveraging of over \$1.7 million in federal and state Part C funds, approximately \$341,000 in Medicaid funds, and over \$225,000 in third-party insurance payments for early intervention services. In FY 2008, just over 50 percent of the total costs for ITC services were covered by non-County funds.

LOB 106-16 Highlights: CSB Homeless Services *(slide 1 of 3)*

- ◆ **What We Do**: CSB Homeless Services operates as an integrated team providing Mental Health, Substance Abuse, and Co-occurring disorder services to homeless individuals. The Homeless Services teams provide homeless persons with outreach, engagement, assessment, counseling/therapy, case management, crisis intervention, medication services, support services, daily living skills training, co-occurring disorder treatment, group counseling, recreation and social activities, and links to needed resources. Services are provided at the Eleanor Kennedy, Embry Rucker, Bailey's Crossroads, and Mondloch I and II shelters, Shelter House, and countywide through outreach, hypothermia shelters, and supportive housing programs.
- ◆ **Whom We Serve**: This LOB serves homeless individuals who are on the streets, in campsites, at hypothermia locations, at the shelters, and formerly homeless individuals in supportive housing. The annual point-in-time survey counts of the number of

LOB 106-16 Highlights: CSB Homeless Services *(slide 3 of 3)*

homeless individuals and homeless people in families in the community. That count consistently indicates that more than 80 percent of single homeless individuals have a mental health, substance use or co-occurring disorder. These individuals are among the County's most vulnerable residents. In 2008, 850 homeless individuals with mental health and substance abuse issues were served by this LOB.

- ◆ **Why We Do It:** We serve homeless persons who experience mental illness and substance use disorders. We focus on the development of independent living skills and planning towards permanent housing.
- ◆ **Benefits and Value of LOB:** This LOB serves some of the most vulnerable residents in our community. It is comprised of a team that provides street outreach to homeless individuals. This LOB provides clinical services to homeless individuals at the shelters, helping them enter Mental Health Services, Substance Abuse

LOB 106-16 Highlights: CSB Homeless Services *(slide 3 of 3)*

Treatment, and linking them with supportive housing options in the community. This LOB also provides vital clinical services, crisis intervention, and supports to the community providers and churches who provide the homeless emergency hypothermia program during the winter.

LOB 106-17 Highlights: CSB Emergency, Crisis and Detoxification Services *(slide 1 of 2)*

- ◆ **What We Do**: Provide a continuum of emergency mental health and substance abuse services to ensure short-term safety for both the individual and the community, assess and stabilize crisis situations, and link individuals to services that address ongoing needs. Services are provided at three mental health centers, 24/7 at Woodburn Center and through the Mobile Crisis Unit. Countywide detoxification services are provided at the Fairfax Detoxification Center in Chantilly. The Diversion to Detox program assures in-community assessments of persons who are intoxicated in public. Hospital-based detoxification is provided for medically compromised persons, and methadone and Buprenorphine treatment is provided for those with opiate addictions.
- ◆ **Whom We Serve**: Individuals served present in acute mental health or substance abuse crisis, including psychosis, intoxication, suicidality, aggression, and illness impacting the individual's ability to care for himself. In FY 2008, this LOB served 8,955 persons.

LOB 106-17 Highlights: CSB Emergency, Crisis and Detoxification Services *(slide 2 of 2)*

- ◆ **Why We Do It:** There is a very significant need in our community for mental health emergency and crisis intervention services. There is also an acute and growing demand for detoxification services. The goal is to provide immediate response to crises, thereby limiting outcomes such as hospitalization, community disruption, and serious medical and psychiatric complications.
- ◆ **Benefits and Value of LOB:** Individuals in acute crisis require immediate intervention to protect life, health, and the community. These services intervene to stabilize an acute situation thus promoting individual and community safety. Crisis and Detoxification services routinely work in partnership with other emergency response agencies including Police, Sheriff, Courts, and Magistrates to intervene and stabilize high risk emergency situations.

LOB 106-18 Highlights: CSB Forensic, Diagnostic, Crisis and Treatment Services

(slide 1 of 2)

- ◆ **What We Do**: The CSB provides both mental health and alcohol and drug related services to inmates at the Fairfax Adult Detention Center.
- ◆ **Whom We Serve**: Demographic data indicates that of this offender population, almost 90 percent are substance abusers, 16 percent have serious mental illnesses, approximately 36 percent have co-occurring mental health and substance abuse disorders. Around 25 percent are primarily Spanish-speaking. The incarcerated population is at high risk for relapse and return to criminal activity without jail-based treatment and case management services. A total of 484 individual inmates (unduplicated) are served by this LOB.
- ◆ **Why We Do It**: Jail-based treatment supports stabilization and skill-building while individuals are incarcerated, contributing to their successful reintegration into the community.

LOB 106-18 Highlights: CSB Forensic, Diagnostic, Crisis and Treatment Services

(slide 2 of 2)

- ◆ **Benefits and Value of LOB:** This LOB provides primary mental health & substance abuse interventions, emergency psychiatric hospitalization, medication, stabilization and referral. Providing these services in the ADC contributes to public safety, reduces recidivism, reduces MH & SA related violence, homelessness and legal involvement in the community.

LOB 106-19 Highlights: Northern Virginia Regional Projects *(slide 1 of 2)*

- ◆ **What We Do:** The Northern Virginia Regional Projects Office manages and has oversight of state-funded regional initiatives that serve consumers of the five CSBs and two state facilities.
- ◆ **Whom We Serve:**
 - Consumers with risk issues who need inpatient treatment but cannot be admitted to the state psychiatric hospital due to capacity issues
 - Consumers with serious mental illness who have not been able to leave a state hospital without funding for a specialized treatment program;
 - Consumers in crisis who need a crisis stabilization program;
 - Consumers with mental retardation and mental illness who are at risk of hospitalization;
 - Incarcerated consumers with serious mental illness who need case management services to increase their opportunities for successful community re-integration;

LOB 106-19 Highlights: Northern Virginia Regional Projects *(slide 2 of 2)*

- Older consumers with serious mental illness who need intensive services in order to be accepted by a nursing home or Assisted Living Facility;
- Consumers who are empowered in their recovery through participation in consumer-run services
- ◆ **Why We Do It:** To partner with the regional Community Services Boards and state facilities to maximize the state funded resources in Northern Virginia and best serve priority populations.
- ◆ **Benefits and Value of LOB:** Regional programs can be a highly effective way to allocate and manage resources, coordinate the delivery and manage the utilization of high cost or low incidence services, and promote the development of services where economies of scale and effort could assist in the diversion of consumers from admission to state facilities.

Agency Reduction Philosophy *(slide 1 of 3)*

The CSB adopted a multi-phased and multi-faceted approach to developing its Reduction Philosophy.

- ◆ CSB Board and staff consulted with Dr. Michael Gillette, an ethicist, who provided a theoretical framework for making budget and service reductions in an ethical manner.
- ◆ CSB Board adopted the following Reduction Principles:
 1. All decisions must reflect the adopted CSB Mission and Value Statements
 2. Use the following criteria to address conflicting priorities:
 - A. Prior commitment to individuals currently receiving service
 - B. Most serious needs
 - C. Efficiency
 - D. Effectiveness
 - E. Comparative Need

Agency Reduction Philosophy *(slide 2 of 3)*

3. Continue Transformation Initiatives to the maximum extent possible
 4. Maintain ability to maximize non-County/City resources and to fulfill all oversight and reporting requirements
 5. Maintain capacity to meet all mandates
 6. Preserve essential interagency agreements and services as specified in State Code or County agreements and expectations.
- ◆ The CSB conducted feedback sessions for consumers and family members at Committee meetings of the CSB Board and at three meetings of the full Board. Separate sessions were also held for the vendor community and CSB staff. A briefing for the Human Services Leadership Team was facilitated by the Deputy County Executive. The Fairfax County Public School system was briefed separately.

Agency Reduction Philosophy *(slide 3 of 3)*

- ◆ In adopting the final set of Reduction Options, the Board and staff of the CSB relied on the Reduction Principles as well as the following types of information:
 - Number of consumers (current or anticipated) impacted
 - Severity of the impact (health and safety, temporary or long term)
 - Availability of alternatives (other sources of funding, consumer's own support network)
 - Loss of additional revenues resulting in more service reductions
 - Feasibility of providing the same service from a consolidated location
- ◆ Avoided any significant impact to crisis care or long term residential services.
- ◆ In order to provide an equitable starting point for each of the six functional areas (ADS, CSU, ITC, MHS, ID/MR, Prevention), each were provided reduction option targets equal to 15% of county funding.

Agency Reduction Priorities (Page 1 of 3)

Reduction Summary

Agency Priority Order	Reduction Description	Consumer Impact	Total Reduction Amount	Reductions by Provider Category			County Positions 1/
				County Operated	Contracts	FASTRAN	
1	Eliminate Purchase of FASTRAN Services for ID/MR Medicaid Recipients	303	\$2,467,959			\$2,467,959	0
2	Eliminate Purchase of FASTRAN Services for MH Medicaid Recipients	31	\$289,000			\$289,000	0
3	Reduce Purchase of Attendant Services as Part of FASTRAN Reduction	42	\$523,875			\$523,875	0
4	Eliminate Purchase of Out-of-Zone Non-Medicaid FASTRAN Services	39	\$335,950			\$335,950	0
5	Eliminate the Post Doctoral Psychology Program	100	\$121,997	\$121,997			0
6	Reduction in MH Outpatient and Case Management	217	\$163,195	\$163,195			2
7	Partial Reduction in Purchase of Contracted Individual Supported Employment Services for 85 individuals	85	\$125,000		\$125,000		0
8	Reduction in Purchase of Sheltered and Group Supported Employment Services (and associated FASTRAN services) for 41 individuals	41	\$1,011,219		\$705,082	\$306,137	0
9	Reduce ADS Adult Outpatient Services at the North County Human Services Center	160	\$308,103	\$308,103			3
10	Eliminate Hospital-Based Medical Detoxification Services	80	\$182,000		\$182,000		0

1/ Excludes the potential reductions in the workforce of the contract agencies.

Agency Reduction Priorities (Page 2 of 3)

Reduction Summary

Agency Priority Order	Reduction Description	Consumer Impact	Total Reduction Amount	Reductions by Provider Category			County Positions 1/
				County Operated	Contracts	FASTRAN	
11	Close Western Fairfax (Chantilly) Outpatient Clinic Site		\$834,284	\$834,284			7
12	Eliminate Diversion to Detox Program	750	\$215,000	\$215,000			4
13	Reductions in Psychotropic Medications and Psychiatric Staffing Levels		\$442,196	\$442,196			0
14	Reduce Leadership and Resiliency Program in 4 High	100	\$165,651	\$165,651			2
15	Reduce Forensic MH and ADS Services at Adult Detention Center	1,450	\$387,641	\$387,641			5
16	Reduce Capacity at Assessment and Referral Center	358	\$204,785	\$204,785			3
17	Reduce ADS Adult Outpatient Services in Falls Church	247	\$408,103	\$408,103			4
18	Eliminate Consumer Housing Development, Service Site Planning, Centralized Leasing Operations, Resource Development, and Funds for Residential Repairs	1,000	\$602,179	\$602,179			4
19	Reduction in Purchase of Developmental Day Services (and associated FASTRAN services) for 16 individuals	16	\$643,793		\$466,142	\$177,651	0
20	Reduce CSB Homeless Services	468	\$673,819	\$673,819			9

1/ Excludes the potential reductions in the workforce of the contract agencies.

Agency Reduction Priorities (Page 3 of 3)

Reduction Summary

Agency Priority Order	Reduction Description	Consumer Impact	Total Reduction Amount	Reductions by Provider Category			County Positions 1/
				County Operated	Contracts	FASTRAN	
21	Eliminate MH Youth Outpatient Treatment Contract and Reduce CSB Youth Staff	700	\$817,088	\$149,473	\$667,615		3
22	Eliminate Psychosocial Day Support Contract at Reston/Faraday Site	71	\$330,000		\$330,000		0
23	Eliminate Partial Hospitalization Programs from MH Continuum of Services	205	\$1,355,280	\$1,355,280			12
24	Close 8 Residential Substance Abuse and Co-Occurring Treatment Beds	31	\$210,203	\$210,203			3
25	Eliminate Transitional Therapeutic Apartment Program Supervised Services	64	\$207,468	\$207,468			3
26	Reduce Mental Health Mobile and Emergency Response	328	\$296,822	\$296,822			4
27	Eliminate Residential Treatment Program for Women	21	\$571,310	\$571,310			5
28	Elimination of Intensive Day Treatment Program	20	\$153,571	\$153,571			2
29	Close Crossroads Adult Substance Abuse Residential Treatment Program (62 beds)	154	\$1,766,726	\$1,766,726			23
30	Reduction in Purchase of Therapeutic Intervention Services	93	\$392,980		\$392,980		0
		7,174	\$16,207,197	\$9,237,806	\$2,868,819	\$4,100,572	98
			Percent of Total Reduction Amount	57%	18%	25%	

1/ Excludes the potential reductions in the workforce of the contract agencies.

LOBs Reduction Impact

Reduction 1: Eliminate Purchase of FASTRAN Services for ID/MR Medicaid Recipients *(slide 1 of 5)*

LOB #106-13: Mental Retardation Day Support and Vocational Services

- ◆ **Reduction: \$2,467,959, Reduction 0/0.0 SYEs**
- ◆ **Service:** 528 ID/MR consumers currently rely on FASTRAN transportation services to and from their day support or vocational services site. Of this total, 303 (57%) 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.

LOBs Reduction Impact

Reduction 1: Eliminate Purchase of FASTRAN Services for ID/MR Medicaid Recipients *(slide 2 of 5)*

- Subsequently, Logisticare contracts with FASTRAN to provide transportation services to Medicaid recipients with intellectual disabilities in Fairfax-Falls Church.
- Medicaid reimbursement for transportation is significantly below the cost for FASTRAN to provide these services. The County absorbs the balance of the cost for FASTRAN transportation services provided to Medicaid recipients.
- ◆ **Efficiency or Cost Savings:** Achieved by transferring all Medicaid/Logisticare-covered individuals (55% of the CSB's total FASTRAN utilization) to other non-FASTRAN transportation providers.

LOBs Reduction Impact

Reduction 1: Eliminate Purchase of FASTRAN Services for ID/MR Medicaid Recipients *(slide 3 of 5)*

- For ID/MR, Medicaid/Logisticare-covered individuals currently comprise 303 of 528 (57%) CSB FASTRAN riders. If these individuals are transferred to another provider, expenditure savings are estimated to be approximately \$3,067,959 coupled with an offsetting revenue loss of \$600,000 for a net reduction of County funding totaling \$2,467,959.
- Estimated impact of this LOB reduction is a 57% reduction (i.e., loss of 303) in the annual number of ID/MR FASTRAN riders (from 528 to 225).
- Transition to decentralized transportation service providers would likely result in increased risk to consumer health and safety for affected individuals.

LOBs Reduction Impact

Reduction 1: Eliminate Purchase of FASTRAN Services for ID/MR Medicaid Recipients

(slide 4 of 5)

- 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 capacity, and/or behavioral challenges.
- Transition from FASTRAN – which consistently provides high-quality, reliable, and punctual service – to other transportation providers will 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; FASTRAN will need to restructure and reschedule routes for remaining consumers.

LOBs Reduction Impact

Reduction 1: Eliminate Purchase of FASTRAN Services for ID/MR Medicaid Recipients

(slide 5 of 5)

- Cross-organizational impacts on other County agencies (Dept. of Community & Recreation Services and the Dept. of Family Services, Health Department) that utilize FASTRAN.
- Eliminating CSB Medicaid Transportation would require FASTRAN re-negotiations with Logisticare and contractors (MV and First Transit) due to a 15% contract adjustment threshold.
- Logisticare will require some time to accommodate the transition of 303 people to new service providers.

LOBs Reduction Impact

Reduction 2: Eliminate Purchase of FASTRAN Services for MH Medicaid Recipients *(slide 1 of 4)*

LOB #106-03: Mental Health Adult and Family Services

- ◆ **Reduction:** \$289,000 Reduction, 0/0.0 SYEs
- ◆ **Service:** 55 consumers of Mental Health Services currently rely on FASTRAN transportation services to get to and from their day support or vocational service site.
- ◆ **Efficiency or Cost Savings:** Transfer all Medicaid/Logisticare-covered individuals (57% of the CSB's FASTRAN utilization) to other non-FASTRAN transportation providers. If these individuals are transferred to another provider, expenditure savings are estimated to be approximately \$289,000.

LOBs Reduction Impact

Reduction 2: Eliminate Purchase of FASTRAN Services for MH Medicaid Recipients *(slide 2 of 4)*

- ◆ This would mean that 31 riders could no longer ride FASTRAN and would need to find other transportation (31 of 55 riders).
 - Consumers will not lose their transportation service; individuals are still eligible for Medicaid/Logisticare transportation from other licensed providers at no charge.
 - 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).

LOBs Reduction Impact

Reduction 2: Eliminate Purchase of FASTRAN Services for MH Medicaid Recipients *(slide 3 of 4)*

◆ Impacts:

- While consumers leaving FASTRAN will have access to Medicaid/Logisticare transportation, they may experience scheduling challenges which could make getting to appointments more difficult, cause stress from the adjustment, and possibly fragment services they receive.
- Increased monitoring workload on CSB case managers, private providers, and families due to de-centralization of transportation services.
- FASTRAN will need to restructure and reschedule routes for remaining consumers; an unknown number of non-Medicaid consumers may be affected by the elimination of routes/vans.

LOBs Reduction Impact

Reduction 2: Eliminate Purchase of FASTRAN Services for MH Medicaid Recipients *(slide 4 of 4)*

- Cross-organizational impacts on other County agencies who utilize FASTRAN.
- Eliminating CSB Medicaid Transportation would require FASTRAN re-negotiations with Logisticare and contractors (MV and First Transit) due to a 15% contract adjustment threshold.
- Logisticare will require some time to accommodate the transition of 31 people to new service providers.

LOBs Reduction Impact

Reduction 3: Reduce Purchase of Attendant Services as Part of FASTRAN Reduction

(slide 1 of 3)

LOB #106-13 Mental Retardation Day Support and Vocational Services

- ◆ **Reduction:** \$523,875, Reduction 0/0.0 SYEs
- ◆ **Service:** 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 DMAS-licensed transportation service provider.

LOBs Reduction Impact

Reduction 3: Reduce Purchase of Attendant Services as Part of FASTRAN Reduction

(slide 2 of 3)

- 42 of 89 (47%) of FASTRAN attendants for ID/MR consumers are assigned to Medicaid/Logisticare-covered individuals. If these attendants are no longer required, a reduction of approximately \$523,875 in annual attendant costs is projected.
- Medicaid reimbursement for attendants during transport is significantly below the cost for providing attendant services. The County absorbs the balance of the cost for attendant services provided through FASTRAN to Medicaid Waiver recipients.
- ◆ **Reduced Level of Service:** Transition to decentralized transportation service providers and the subsequent uncertainty regarding attendant services would likely result in increased risk to consumer health and safety for affected individuals.

LOBs Reduction Impact

Reduction 3: Reduce Purchase of Attendant Services as Part of FASTRAN Reduction

(slide 3 of 3)

- Many individuals with ID/MR 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.
- Transition from FASTRAN – which consistently provides high-quality, reliable, and punctual service – to other transportation providers will result in increased monitoring requirements by families and multiple service providers.
- Cross-organizational impacts on other County agencies that utilize FASTRAN attendants.
- Eliminating the majority of attendants would require FASTRAN to renegotiate contracts with LogistiCare and other contractors (MV and First Transit).

LOBs Reduction Impact

Reduction 4: Eliminate Purchase of Out-of-Zone Non-Medicaid FASTRAN Services *(slide 1 of 3)*

LOB #106-13: Mental Retardation Day Support and Vocational Services

- ◆ **Reduction: \$335,950, Reduction, 0/0.0 SYEs**
- ◆ **Service:** In FY 2003, services were realigned to ensure that individuals with ID/MR riding FASTRAN were traveling more efficiently (i.e., within a 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.

LOBs Reduction Impact

Reduction 4: Eliminate Purchase of Out-of-Zone Non-Medicaid FASTRAN Services *(slide 2 of 3)*

- ◆ **Reduced Level of Service:** Eliminate FASTRAN services for 39 of 528 (7%) unduplicated CSB ID/MR consumers who are transported out-of-zone. Estimated impact of this reduction is a \$394,886 reduction in the costs associated with transporting these 39 individuals out-of-zone coupled with an offsetting revenue loss of approximately \$58,936, for a net reduction of County funding totaling about \$335,950.
 - 39 out-of-zone consumers would continue to have Day Programs to attend, but will need to access alternative transportation methods (e.g., MetroAccess, day vendor transportation, or family members) to get to them.

LOBs Reduction Impact

Reduction 4: Eliminate Purchase of Out-of-Zone Non-Medicaid FASTRAN Services *(slide 3 of 3)*

- If alternative transportation services are not available, affected individuals would need to transfer to an "in-zone" day support or vocational services provider (i.e., sustain a disruption to their day support or employment services) or forego services altogether.
- The Dept. of Community and Recreation Services (CRS) estimates 9-10 passengers per van and annual costs of \$70,000-\$100,000 per van. Eliminating 39 out-of-zone riders could 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 eliminated because of higher transfer payments to MetroAccess.
- FASTRAN will need to restructure and reschedule routes for remaining consumers.

LOBs Reduction Impact

Reduction 5: Eliminate the Post Doctoral Psychology Program *(slide 1 of 3)*

LOB #106-03: Mental Health Adult and Family Services

LOB #106-05: Youth & Family Mental Health Services

- ◆ **Reduction:** \$121,997, Reduction, 0/0.0 SYEs *(3 exempt status positions)*
- ◆ **Service:** The Post Doctoral Psychology Program provides outpatient mental health treatment services to 100 individuals annually. These Psychology Residents also administer and interpret psychological test batteries for 30 individuals annually. These evaluations provide critical information which guide the development of treatment plans for adults and youth who experience serious mental illness or serious emotional disturbance.
- ◆ **Elimination of Program:** Eliminate all post doctoral staff currently providing services at the Springfield Mental Health site.

LOBs Reduction Impact

Reduction 5: Eliminate the Post Doctoral Psychology Program *(slide 2 of 3)*

- ◆ Impact:
 - Reduce capacity to provide outpatient treatment for 100 adults, youths and family members per year.
 - Reduce by 50% (from 60 to 30) the number of psychological evaluations and test batteries to the entire CSB; these evaluations guide the treatment plans for high risk adults and children.
 - Loss of three Psychology Residents will result in caseload increases at Springfield of an estimated 10 individuals for each Youth and Family clinician and 5 individuals for each adult services clinician.
 - It is estimated that wait time for an initial appointment in Youth and Family at this site could increase by 4-6 weeks.

LOBs Reduction Impact

Reduction 5: Eliminate the Post Doctoral Psychology Program *(slide 3 of 3)*

- Increased caseloads and delays in access to services can increase risk to consumers and may ultimately result in the need for more intensive and costlier services downstream.

LOBs Reduction Impact

Reduction 6: Reduction in MH Outpatient and Case Management Services *(slide 1 of 2)*

LOB #106-03: Mental Health Adult and Family Services

- ◆ **Reduction: \$163,195 Reduction, 2/1.5 SYE**
- ◆ **Service:** Intensive Community Services Program provides discharge planning, intensive case management, Not Guilty by Reason of Insanity (NGRI) and Mandatory Outpatient Treatment (MOT) monitoring to persons who experience serious mental illness or co-occurring problems. Discharge planning services are provided to consumers in State and Local Private Bed purchase hospital facilities; this is a State mandated service. Intensive case management services are community-based wraparound services with a recovery focus that support community stability and improved quality of life. The NGRI and MOT treatment monitoring are not only State mandated services, but require clinical oversight and advanced skills.

LOBs Reduction Impact

Reduction 6: Reduction in MH Outpatient and Case Management Services *(slide 2 of 2)*

- ◆ **Elimination of Program and Reduced Level of Services:**
Includes reduction of 1 SYE Intensive Community Service Manager, 0.5 SYE Grief program therapist, and contracted clerical support.
 - The very high demand workload of the Intensive Community Service manager will be transferred to another manager who will also continue overseeing other critical areas of work, including jail diversion and forensic discharge planning.
 - The Grief Program provides individual and group grief counseling services for 75 children and adolescents, and 142 adults. In addition to eliminating counseling, this reduction would terminate consultation, education, staff training, and debriefing sessions to neighborhoods, schools, communities, and businesses.

LOBs Reduction Impact

Reduction 7: Partial Reduction in Purchase of Contracted Individual Supported Employment Services for 85 Individuals *(slide 1 of 2)*

LOB #106-13: Mental Retardation Day Support and Vocational Services

- ◆ **Reduction:** \$125,000, Reduction 0/0.0 SYEs
- ◆ **Service:** Individualized supported employment services provides 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.
- ◆ **Reduced Level of Service:** Reduce the number of service hours available to 85 of 85 (100%) individuals currently receiving individual supported employment services from contractor agencies by approximately 28% for estimated savings of \$125,000.

LOBs Reduction Impact

Reduction 7: Partial Reduction in Purchase of Contracted Individual Supported Employment Services for 85 Individuals *(slide 2 of 2)*

- Potential for fragmented service delivery and increased skills recidivism or relapse.
- Potential for decreased work performance, reduced earnings, and/or disrupted employment.
- Cross-organizational impacts with private provider network and other governmental agencies; jeopardized partnerships among County, FCPS, nonprofit provider network, Virginia Department of Rehabilitative Services, and employers that have hired individuals with intellectual disabilities.
- Potential increased need for other County-funded benefits and/or assistance.

LOBs Reduction Impact

Reduction 8: Reduction in Purchase of Sheltered and Group Supported Employment Services (and associated FASTRAN services) for 41 Non-Medicaid Funded Individuals

(slide 1 of 6)

LOB #106-13: Mental Retardation Day Support and Vocational Services

- ◆ **Reduction: \$1,011,219, Reduction 0/0.0 SYEs** (\$705,082 for Supported Employment Services, \$241,162 for FASTRAN bus services, and \$64,975 for FASTRAN attendants.)
- ◆ **Service:**
 - Sheltered employment services provide remunerative employment in a supervised setting with support services for habilitative development.

LOBs Reduction Impact

Reduction 8: Reduction in Purchase of Sheltered and Group Supported Employment Services (and associated FASTRAN services) for 41 Non-Medicaid Funded Individuals

(slide 2 of 6)

- 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.
- ◆ **Reduced Level of Service:** Reduce sheltered and group supported employment services purchased from contractor agencies (and associated FASTRAN bus services) for 41 of 354 (11%) non-Medicaid funded individuals (15 in sheltered and 26 in group supported employment placements) for estimated savings of \$1,011,219.

LOBs Reduction Impact

Reduction 8: Reduction in Purchase of Sheltered and Group Supported Employment Services (and associated FASTRAN services) for 41 Non-Medicaid Funded Individuals

(slide 3 of 6)

- 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. NOTE: If insufficient attrition occurs to achieve reduction target, services to some existing consumers may have to be eliminated.
- As part of FY 2009 budget reductions, a wait list for ID/MR day services has already been implemented. There are currently seven individuals waiting for sheltered and group supported employment services.

LOBs Reduction Impact

Reduction 8: Reduction in Purchase of Sheltered and Group Supported Employment Services (and associated FASTRAN services) for 41 Non-Medicaid Funded Individuals

(slide 4 of 6)

- Funding is also uncertain for an estimated 50 June 2009 special education graduates who will require sheltered and group supported employment services beginning in FY 2010.
- Expansion of the wait list to include +41 additional individuals would yield approximately 98 total individuals (7+50+41) waiting for sheltered and group supported employment services in FY 2010.
- ◆ Reduction Impact
 - Potential increased risk to health and safety
 - Reduction in provision of a safe and engaging environment for affected individuals during the day.

LOBs Reduction Impact

Reduction 8: Reduction in Purchase of Sheltered and Group Supported Employment Services (and associated FASTRAN services) for 41 Non-Medicaid Funded Individuals

(slide 5 of 6)

- Familial and residential group home burden to secure additional day time support and services; potential loss of family members' ability to participate in gainful employment outside of the home and/or other activities of daily family living.
- Possible increase in residential or other supportive service costs.
- Fragmented service delivery and recidivism or relapse; increased wait lists; possible loss of employment and/or reduced earnings for affected individuals.

LOBs Reduction Impact

Reduction 8: Reduction in Purchase of Sheltered and Group Supported Employment Services (and associated FASTRAN services) for 41 Non-Medicaid Funded Individuals

(slide 6 of 6)

- Cross-organizational impacts with private provider network and other governmental agencies; jeopardized partnerships among County, Fairfax County Public Schools, nonprofit provider network, State agencies, and employers that have hired individuals with intellectual disabilities.

LOBs Reduction Impact

Reduction 9: Reduce ADS Adult Outpatient Services at the North County Human Services Center *(slide 1 of 2)*

LOB #106-06: ADS Adult Outpatient Treatment Services

- ◆ **Reduction: \$308,103, Reduction 3/3.0 SYE**
- ◆ **Service:** 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.
- ◆ **Reduced Level of Service:** This reduction eliminates three Substance Abuse Counselor positions, resulting in:
 - Reduced capacity across the ADS outpatient sites from 200 individuals served to 40 individuals served. 160 individuals will not be served.

LOBs Reduction Impact

Reduction 9: Reduce ADS Adult Outpatient Services at the North County Human Services Center *(slide 2 of 2)*

- Current wait time of 2-3 weeks for services will increase to 3-4 months.
- Negative impact on timely response to referrals from the Alcohol Safety Action Program, courts, and Probation.
- ◆ The Performance Measures and pertinent demographic data are:
 - 81% of consumers reported improvement in employment/school status
 - 95% of consumers were satisfied with the services they received
 - 62% completed treatment
 - 82% were referred by community partners (Probation & Parole, Alcohol Safety Action Program, the Dept. of Family Services, Juvenile and Domestic Relations Court, etc.)
 - 56% of the population is Latino.

LOBs Reduction Impact

Reduction 10: Eliminate Hospital-Based Medical Detoxification Services *(slide 1 of 2)*

LOB #106-17: CSB Emergency, Crisis and Detoxification Services

- ◆ **Reduction:** \$182,000, Reduction 0/0.0 SYEs
- ◆ **Service:** Hospital-based medical detoxification is an emergency service provided in an inpatient setting for individuals at risk for seizures or death who are provided medication and medical monitoring during the detoxification process. One hundred percent of those served have safely detoxed in these medical beds. Of those served in medical detox beds, 88% continue with ADS services following their release from detox.
- ◆ **Reduced Level of Service:** This reduction would result in 80 individuals annually going unserved and remaining in the community with active substance abuse.

LOBs Reduction Impact

Reduction 10: Eliminate Hospital-Based Medical Detoxification Services *(slide 2 of 2)*

- Substantially increase the already extensive 2-week wait time in the non-hospital based medical detox program; current number of people on the waiting list for this service is 40.
- Reduce access/availability to individuals at a time of most acute risk.
- Potential for increases in public safety responses rather than substance abuse treatment alternatives. Individuals will be encouraged to call 911 or go to the closest emergency room if they are in imminent danger.

LOBs Reduction Impact

Reduction 11: Close Western Fairfax (Chantilly) Outpatient Clinic Site *(slide 1 of 3)*

LOB #106-03: Adult & Family Mental Health Services

LOB #106-05: Youth & Family Mental Health Services

- ◆ **Reduction: \$834,284 Reduction 7/6.5 SYEs**
- ◆ **Service:** The Chantilly outpatient clinic site provides clinical programming that includes case management and treatment services to adults with serious mental illness, youth with serious emotional disturbance and their families, and adults in acute psychiatric distress who will benefit from services such as individual and group therapy, medication, and case management.
- ◆ **Reduced Level of Service:** The closure of the Chantilly clinic site will stretch the MH system's capacity to serve 201 adults and 300 youth and their families with the elimination of "caseload-carrying" supervisory positions, key administrative staff, and a MH manager.

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Note: A commensurate reduction in fringe benefits is included in this Reduction Option.

LOBs Reduction Impact

Reduction 11: Close Western Fairfax (Chantilly) Outpatient Clinic Site *(slide 2 of 3)*

It will also redirect an additional 270 consumers annually served by the Access clinician 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 sites at Woodburn and North County is infrequent and requires a minimum of two buses.

- Increased travel time and related costs for individuals to travel to alternate outpatient clinic sites.
- 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.

LOBs Reduction Impact

Reduction 11: Close Western Fairfax (Chantilly) Outpatient Clinic Site *(slide 3 of 3)*

- Increased clinical caseloads and administrative duties in the other MH sites.
- Increased wait time for services and medication appointments.
- Terminate the Parkeast Circle lease (expires 12/31/2012) which would require a negotiated lease termination.
- Reassigns direct service staff to other MH locations where service delivery space is very limited.

LOBs Reduction Impact

Reduction 12: Eliminate Diversion to Detox Program *(slide 1 of 2)*

LOB #106-17: CSB Emergency, Crisis and Detoxification Services

- ◆ **Reduction: \$215,000, Reduction 4/4.0 SYE**
- ◆ **Service:**
 - 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.
 - Diversion team travels to an intoxicated individual, provides on-site assessment and transportation to detox in lieu of arrest. Program operates 7 days/week with normal service hours between 4 p.m. to 12 midnight.

LOBs Reduction Impact

Reduction 12: Eliminate Diversion to Detox Program *(slide 2 of 2)*

◆ **Elimination of Program:**

- Closure of this program will result in 750 individuals not served annually, who will potentially be arrested or remain in the community at risk to themselves or others.
- An estimated 2,250 hours of additional Police time would be 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.

- ◆ The service was reestablished in 2005 as a result of the Jail Diversion Initiative (CSB, Police, Sheriff, NAMI, shelters, consumers, families).

LOBs Reduction Impact

Reduction 13: Reductions in Psychotropic Medications and Psychiatric Staffing Levels (slide 1 of 5)

LOB #106-03: Mental Health Adult and Family Services

LOB #106-05: Mental Health Youth and Family Services

- ◆ **Reduction \$442,196, reduction 0/0.0 SYEs (exempt status positions affected)**
- ◆ **Service:** 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, psychotropic medications are prescribed and monitored for effectiveness and side effects, consultation with 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 providers.

LOBs Reduction Impact

Reduction 13: Reductions in Psychotropic Medications and Psychiatric Staffing Levels *(slide 2 of 5)*

◆ **Efficiency or Cost Savings and Reduced Level of Service:**

(A) Cut psychotropic medication costs by \$200,000 which would equate to a 17% cut in the current \$1,191,073 county subsidized medication budget.

- To meet a projected requirement 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 total \$1.6 million in medication costs.

LOBs Reduction Impact

Reduction 13: Reductions in Psychotropic Medications and Psychiatric Staffing Levels

(slide 3 of 5)

- 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 proposed budget reduction of \$200,000 will be accomplished through the following:
 - restricting medication formulary by requiring prior authorizations before moving to certain brand medications
 - requiring the use of generic medications before moving to certain brand medications
 - requiring higher copayments for certain medications

LOBs Reduction Impact

Reduction 13: Reductions in Psychotropic Medications and Psychiatric Staffing Levels

(slide 4 of 5)

- These reductions will impact consumers in a variety of different ways, including:
 - increased barriers (cost, transportation, etc.) for consumers which will negatively impact treatment outcomes
 - reduced treatment options for consumer and psychiatrist
 - 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

LOBs Reduction Impact

Reduction 13: Reductions in Psychotropic Medications and Psychiatric Staffing Levels *(slide 5 of 5)*

(B) Reduce Psychiatric Staffing Costs by \$242,196 which equates to a 4% cut in the Psychiatric staffing budget of \$6,152,922. This would eliminate 2,760 hours per year of psychiatric staffing (equivalent to 1.33 SYE).

- This would result in:
 - increased caseloads for psychiatrists. Current caseloads average about 170 consumers per psychiatrist.
 - 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.

LOBs Reduction Impact

Reduction 14: Reduce Leadership and Resiliency Program in 4 High Schools

(slide 1 of 3)

LOB #106-02: CSB Prevention Services

- ◆ **Reduction:** \$165,651, Reduction, 2/2.0 SYE
- ◆ **Service:** 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 along with many other national, state, and regional organizations. The LRP is quite intensive, providing year-round services and offers a minimum of 6 interventions 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.

LOBs Reduction Impact

Reduction 14: Reduce Leadership and Resiliency Program in 4 High Schools

(slide 2 of 3)

- ◆ CSB Prevention Services provides training across the nation for organizations seeking to replicate LRP which provides some revenue that offsets local programming costs.
- ◆ **Reduced Level of Service:** Reduction of 2 counselor positions would result in:
 - Elimination of services at four high school sites for as many as 100 at-risk high school-aged youth, widening the gap of service to those in need of intensive prevention programming.
 - Reduction in program capacity to FCPS high school youth by 27% (from 15 schools to 11).
 - The “four year plan” to expand LRP and Student Assistance Programs to all FCPS high schools, which was supported by the Board of Supervisors, would be further delayed.

LOBs Reduction Impact

Reduction 14: Reduce Leadership and Resiliency Program in 4 High Schools

(slide 3 of 3)

- ◆ 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.
 - Continued low levels of substance use and low levels of intention to use.

LOBs Reduction Impact

Reduction 15: Reduce Forensic MH and ADS Services at Adult Detention Center *(slide 1 of 4)*

LOB #106-18: CSB Forensic, Diagnostic, Crisis and Treatment Services

- ◆ **Reduction \$387,641, Reduction of 5/5.0 SYE**
- ◆ **Service:** 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.

LOBs Reduction Impact

Reduction 15: Reduce Forensic MH and ADS Services at Adult Detention Center *(slide 2 of 4)*

- ◆ **Reduced Level of Service:** Eliminate 3 MH Senior Clinician positions and 2 Substance Abuse Counselor II positions from the ADC. These positions represent 45-50% of capacity to serve incarcerated individuals with mental illness and 35-40% of capacity to serve incarcerated individuals with primary substance use disorders.
 - The number of MH consumers served would be reduced from 2,597 to 1,350 per year. The number of MH contacts would be reduced from 7,573 to 3,938 per year. The number of ADS consumers served would be reduced from 580 to 377.

LOBs Reduction Impact

Reduction 15: Reduce Forensic MH and ADS Services at Adult Detention Center *(slide 3 of 4)*

- Wait time for MH risk assessment, suicide prevention, and crisis intervention would increase significantly. Follow-up MH services would be delayed or reduced by 40-50%. The current waiting period for ADS court-ordered assessments would double from 6-8 weeks to an estimated 12-16 weeks. Substance abuse groups for females and Spanish-speaking persons would 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 would be eliminated because they would be released from jail before being seen by MH or ADS staff.

LOBs Reduction Impact

Reduction 15: Reduce Forensic MH and ADS Services at Adult Detention Center *(slide 4 of 4)*

- Responsiveness to inquiries from family members, attorneys, and community agencies about inmates, as well as referrals for continuing community care upon release would be severely reduced.
- Rate of Emergency Treatment Orders (which facilitate transfers of inmates with acute mental illness to state hospitals) would increase due to the inability to stabilize persons in the ADC. State psychiatric hospital utilization for forensic cases would increase. Rates of recidivism and reincarceration would increase substantially for individuals with mental illness, substance use disorders, or co-occurring disorders.
- The length of time spent in jail would increase due to delays in completing court-ordered assessments and evaluations, as well as lack of access to court-mandated services.

LOBs Reduction Impact

Reduction 16: Reduce Capacity at Assessment & Referral Center *(slide 1 of 2)*

LOB #106-17: CSB Emergency, Crisis and Detoxification Services

- ◆ **Reduction: \$204,785, Reduction, 3/3.0 SYE**
- ◆ **Service:** 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.
- ◆ **Reduced Level of Service:** Eliminates 2 clinical staff, reducing capacity for 358 individuals annually to access treatment services through ADS.
 - Increase in children remaining in foster care because parents would be unable to get treatment in timeframes stipulated in foster care plans.

LOBs Reduction Impact

Reduction 16: Reduce Capacity at Assessment & Referral Center *(slide 2 of 2)*

- Reduce capacity to offer treatment in lieu of incarceration as option for judges and probation officers.
- Increase wait time could potentially endanger individuals in crisis and require a public safety response
- ◆ Eliminates Quality Assurance clinician, key to ADS compliance with licensure audits, state performance contract, peer reviews, resource development, and training.

LOBs Reduction Impact

Reduction 17: Reduce ADS Adult Outpatient Services in Falls Church *(slide 1 of 3)*

LOB #106-06: ADS Adult Outpatient Treatment

- ◆ **Reduction: \$408,103, Reduction 4/4.0 SYE**
- ◆ **Service:** 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.
- ◆ **Reduced Level of Service:** This reduction eliminates 4 of the 7 positions at the Falls Church outpatient site, resulting in:
 - Reduced capacity across the ADS outpatient sites from 307 individuals served to 60 individuals served. 247 individuals will not be served.

LOBs Reduction Impact

Reduction 17: Reduce ADS Adult Outpatient Services in Falls Church *(slide 2 of 3)*

- In combination with Reduction #9, a total of 407 individuals with substance abuse problems will not receive the treatment necessary to begin recovery.
- Current wait time of 2-3 weeks for services will increase to 304 months.
- Impact on the Alcohol Safety Action Program, courts, and Probation.
- ◆ The Performance Measures and pertinent demographic data are:
 - 81% of consumers reported improvement in employment/school status
 - 95% of consumers were satisfied with the services they received
 - 62% completed treatment

LOBs Reduction Impact

Reduction 17: Reduce ADS Adult Outpatient Services in Falls Church *(slide 3 of 3)*

- 82% were referred by community partners (Probation & Parole, Alcohol Safety Action Program, Dept. of Family Services, Juvenile & Domestic Relations Court etc.)
- 56% of the population is Latino

LOBs Reduction Impact

Reduction 18: Eliminate Consumer Housing Development, Service Site Planning, Centralized Leasing Operations, Resource Development and Funds for Residential Repairs *(slide 1 of 5)*

LOB #106-01: CSB Central Services Unit

- ◆ **Reduction: \$602,179 Reduction: 4/4.0 SYE**
- ◆ **Service:** 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.
- ◆ **Reduced Level of Service:** Eliminate central coordination of all above by technically trained staff, impacting business efficiencies, resulting in loss of housing for consumers, loss of funding and affordable and accessible service site options, and support to private residential service partners/vendors.

LOBs Reduction Impact

Reduction 18: Eliminate Consumer Housing Development, Service Site Planning, Centralized Leasing Operations, Resource Development, and Funds for Residential Repairs *(slide 2 of 5)*

- Reduce 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.
- Cancel CSB involvement in the FY 2010 Capital Improvement Program preparation, reducing potential funding for developing new service sites and programs, including alcohol and drug treatment, mental health services, assisted living programs, and group homes.

LOBs Reduction Impact

Reduction 18: Eliminate Consumer Housing Development, Service Site Planning, Centralized Leasing Operations, Resource Development, and Funds for Residential Repairs *(slide 3 of 5)*

- Reduce revenue generating resource development and grant applications and public-private partnerships for residential development.
- Delay 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. Reduce efforts to support approximately 1,000 consumers on agency residential waiting lists.

LOBs Reduction Impact

Reduction 18: Eliminate Consumer Housing Development, Service Site Planning, Centralized Leasing Operations, Resource Development, and Funds for Residential Repairs *(slide 4 of 5)*

- Reduce staff support for the Ten Year Plan to End Homelessness and implementation of Housing First at a critical implementation phase.
- Eliminate 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.
- Reduce 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.

LOBs Reduction Impact

Reduction 18: Eliminate Consumer Housing Development, Service Site Planning, Centralized Leasing Operations, Resource Development, and Funds for Residential Repairs *(slide 5 of 5)*

- If the trained and experienced staff positions were eliminated, most of these tasks could not be done, although some work would have to be assigned to senior clinicians without the proper training in facility and residential development. This would significantly reduce the effectiveness of the programs and available time for clinical services, and eliminate development opportunities for the entire CSB service system and its consumers.
- Eliminate Residential Repair funds of \$144,600 which will result in delays in CSB renovations and repairs at residential homes and service sites.

LOBs Reduction Impact

Reduction 19: Reduction in Purchase of Developmental Day Services (and associated FASTRAN services) for 16 Non-Medicaid Funded Individuals *(slide 1 of 4)*

LOB #106-13: Mental Retardation Day Support and Vocational Services

- ◆ **Reduction: \$643,793, Reduction 0/0.0 SYEs** (\$466,142 for Developmental Day Services, \$94,112 for FASTRAN bus services, and \$83,539 for FASTRAN attendants)
- ◆ **Service:** Developmental services provide habilitation, therapy, training and nursing care for individuals with ID/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.

LOBs Reduction Impact

Reduction 19: Reduction in Purchase of Developmental Day Services (and associated FASTRAN services) for 16 Non-Medicaid Funded Individuals *(slide 2 of 4)*

◆ **Reduced Level of Service:**

- Reduce developmental day services purchased from contractor agencies (and associated FASTRAN bus services) for 16 of 70 (23%) non-Medicaid funded individuals for estimated savings of \$643,793.
- As part of FY 2009 budget reductions, a wait list for ID/MR day services has already been implemented.
- Funding is also uncertain for an estimated 13 June 2009 special education graduates who will require developmental day services beginning in FY 2010.

LOBs Reduction Impact

Reduction 19: Reduction in Purchase of Developmental Day Services (and associated FASTRAN services) for 16 Non-Medicaid Funded Individuals *(slide 3 of 4)*

- Expansion of the wait list to include +16 additional individuals would yield approximately 29 (13+16) total individuals waiting for developmental day services in FY 2010.
- ◆ Reduction Impact
 - Increased risk to health and safety, especially for individuals with severe medical and/or behavioral needs.
 - Inability to access specialized therapeutic supports that cannot be replicated in other settings.
 - Increased economic and emotional stressors/hardships on families; increased risk of abuse and neglect.

LOBs Reduction Impact

Reduction 19: Reduction in Purchase of Developmental Day Services (and associated FASTRAN services) for 16 Non-Medicaid Funded Individuals *(slide 4 of 4)*

- Familial and residential group home burden to secure day time support and services; potential loss of family members' ability to participate in gainful employment outside of the home and/or other activities of daily family living.
- Possible increase in residential or other supportive service costs.
- Fragmented service delivery; increased wait times for needed services and recidivism or relapse.
- Cross-organizational impacts with private provider network and other governmental agencies.
- Jeopardized partnerships among County, School System, nonprofit provider network, and State agencies.

LOBs Reduction Impact

Reduction 20: Reduce CSB Homeless Services

(slide 1 of 4)

LOB #106-16: CSB Homeless Services

- ◆ **Reduction: \$673,819 Reduction, 9/8.5 SYEs**
- ◆ **Service:** 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/therapy, crisis intervention, case management, outreach, medication services, support services, daily living skills training, and group counseling.
 - Homeless individuals are among the county's most vulnerable people. A point in time survey conducted on January 24, 2008 indicates that 72% of homeless individuals have substance abuse problems, mental illness or both.

LOBs Reduction Impact

Reduction 20: Reduce CSB Homeless Services

(slide 2 of 4)

- ◆ **Reduced Level of Service:** Eliminating 9/8.5 SYE from this program will cause the following impact:
 - 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.
 - 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 that were deployed to one particular shelter will now be responsible for a geographical area where that HOST team provides services.
 - 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.

LOBs Reduction Impact

Reduction 20: Reduce CSB Homeless Services

(slide 3 of 4)

- 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%) fewer outreach hours per month provided to the community's most vulnerable people.
- Without specialized homeless services, individuals will experience crises that will result in utilization of other high cost emergency services to include hospitals, psychiatric institutions, jails, detox centers, and crisis care programs.
- 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.

LOBs Reduction Impact

Reduction 20: Reduce CSB Homeless Services

(slide 4 of 4)

- With the remaining 7 SYE positions, CSB Homeless Services would 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.

LOBs Reduction Impact

Reduction 21: Eliminate MH Youth Outpatient Treatment Contract and Reduce CSB Youth Staff *(slide 1 of 3)*

LOB #106-05: Youth and Family Mental Health Services

- ◆ **Reduction: \$817,088: 10 full-time Contract clinicians , 1/1.0 SYE merit Clinician and 2/2.0 SYE merit MH Supervisors.**
- ◆ **Service:** The Youth and Family Assessment, Care Coordination and Treatment program provides a range of outpatient services including assessment, crisis stabilization, case management, individual, group and family treatment, CSA care coordination, medication services, psycho-education groups and consultations to a variety of other child-serving agencies. Case managers/clinicians are also responsible for assisting families with accessing CSA funded services to prevent the out-of-home placement of youth. Services are delivered to youth (and their families) ages 0 to 18 who have serious behavioral health issues and are at risk of being placed outside of the community.

LOBs Reduction Impact

Reduction 21: Eliminate MH Youth Outpatient Treatment Contract and Reduce CSB Youth Staff *(slide 2 of 3)*

- ◆ **Reduced Level of Service:** Terminate Family Preservation Services contract for outpatient services to about 700 youth and their family members provided by 10 clinicians and eliminate 2 MH Youth and Family merit supervisory positions and 1 merit MH Therapist position providing services to children and their family members, as well as oversight of the Head Start services contract. These reductions will:
 - Reduce capacity to access CSA-funded services to allow youth to remain with their families and in the community.
 - Increased risk of suicide and self-injurious behaviors.
 - Greatly increased utilization of more costly and restrictive services such as crisis care, hospitals, intensive in-home and out of home residential placements.

LOBs Reduction Impact

Reduction 21: Eliminate MH Youth Outpatient Treatment Contract and Reduce CSB Youth Staff *(slide 3 of 3)*

- Reduced academic performance and increased involvement with the juvenile justice system.
- Increase wait lists by 38% with potential wait for services five months or longer. Thus many of our families will not be served unless they are in crisis or in a psychiatric emergency.
- Eliminate all consultative services by outpatient staff to other child-serving agencies.

LOBs Reduction Impact

Reduction 22: Eliminate Psychosocial Day Support Contract at Reston/Faraday Site

(slide 1 of 2)

LOB #106-03: Mental Health Adult and Family

- ◆ **Reduction: \$330,000, Reduction, 0/0.0 SYE**
- ◆ **Service:** CSB contracts with the Psychosocial Rehabilitation Program (PRS) to provide community day support and vocational services to adults who experience serious mental illness or co-occurring disorders. These services are offered at three sites: Reston, Falls Church, and Mount Vernon.
- ◆ **Elimination of Program:** Closing the Reston PRS site would eliminate structured day supports to 71 individuals annually.
 - The consumers would be at substantial risk of psychiatric deterioration/relapse.
 - Closing the Reston site would eliminate access to employment supports to 18 individuals annually.

LOBs Reduction Impact

Reduction 22: Eliminate Psychosocial Day Support Contract at Reston/Faraday Site

(slide 2 of 2)

- Elimination of pre-vocational services to 25 individuals annually.
- Elimination of work adjustment training services to 10 individuals annually.
- This will result in the elimination of five contract staff/four contract SYEs. Three of these employees are individuals who are in recovery from serious mental illness.

LOBs Reduction Impact

Reduction 23: Eliminate Partial Hospitalization Programs from MH Continuum of Services

(slide 1 of 3)

LOB #106-03: Mental Health Adult and Family

- ◆ **Reduction:** \$1,355,280 Reduction, 12/12.0 SYEs
- ◆ **Service:** The Mount Vernon and Reston Adult Partial Hospitalization programs provide an array of intensive services to adults who experience serious mental illness or co-occurring substance abuse problems. The program operates four days per week, 7 hours per day offering services in a highly structured environment. Evaluation and treatment are provided to individuals at risk of being psychiatrically hospitalized or recently discharged from the hospital.

LOBs Reduction Impact

Reduction 23: Eliminate Partial Hospitalization Programs from MH Continuum of Services

(slide 2 of 3)

◆ **Elimination of Program:**

- Approximately 50% of referrals to this program are of an urgent nature; these individuals are considered at high risk for relapse of their symptoms with negative impact on their overall functioning in the community. The program includes medication services, crisis intervention, supports, social and community skills training, job preparation, placement and case management.
- Eliminate intensive and comprehensive care to 205 adults and their families.
- Current referrals come from psychiatric hospitals, crisis care facilities, Fairfax County Adult Detention Center, the CSB Jail Diversion program, DFS, ADS, private providers, and the homeless shelters.

LOBs Reduction Impact

Reduction 23: Eliminate Partial Hospitalization Programs from MH Continuum of Services

(slide 3 of 3)

- ◆ Impact:
 - Substantial risk of persons losing progress toward recovery with resulting increase in symptoms and potential for relapse and crisis.
 - Jeopardize recovery goals of individuals. Currently 55-67% of those who complete this program engage in meaningful employment, volunteer work, or attend school.
 - Reduce ability to offer this level of community treatment to those who are under court-ordered Mandatory Outpatient Treatment and increase likelihood of non-compliance with the Virginia Mental Health Law reform Code changes related to Mandatory Outpatient Treatment (MOT).
 - No private providers offer this level of programming in the community to uninsured or underinsured individuals.

LOBs Reduction Impact

Reduction 24: Close 8 Residential Substance Abuse and Co-Occurring Treatment Beds

(slide 1 of 4)

LOB #106-08: Alcohol and Drug Adult Residential Services

LOB #106-04 Mental Health Adult Residential Services

- ◆ **Reduction: \$210,203, Reduction 3/3.0 SYE**
- ◆ **Service:** A New Beginning is a 90 day residential substance abuse rehabilitation treatment program serving 35 adults with severe substance abuse problems. Some individuals also have 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.

LOBs Reduction Impact

Reduction 24: Close 8 Residential Substance Abuse and Co-Occurring Treatment Beds

(slide 2 of 4)

- ◆ 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 co-occurring disorders. Comprehensive mental health, substance abuse and psychiatric services are provided on-site. The program is located in Chantilly, along with A New Beginning and the Fairfax Detoxification Center. These individuals are crisis prone and require a high level of support to remain safe in the community. Following residential treatment, individuals typically require ongoing supportive services and case management in the community.
- ◆ **Reduced Level of Service:**
 - A New Beginning: Closure of 5 treatment beds and 2/2.0 SYE.
 - Cornerstones: Closure of 3 treatment beds and 1/1.0 SYE.

LOBs Reduction Impact

Reduction 24: Close 8 Residential Substance Abuse and Co-Occurring Treatment Beds

(slide 3 of 4)

- The combined closing of 8 beds represents a 16% reduction in 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 problems 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 at risk for medical complications and death.
- Consumer outcomes achieved in A New Beginning:
 - 80% displayed a reduction in drug and alcohol use following treatment

LOBs Reduction Impact

Reduction 24: Close 8 Residential Substance Abuse and Co-Occurring Treatment Beds

(slide 4 of 4)

- 95% displayed a reduction in criminal recidivism/no new charges
- 90% were employed
- Consumer outcomes achieved in Cornerstones over the past three years:
 - While at Cornerstones, 91% displayed psychiatric stability and reduction in drug/alcohol use
 - 65% completed treatment and transitioned into stable housing.
 - After leaving the program, 74% became employed (paid or volunteer) or involved in a therapeutic a day program.

LOBs Reduction Impact

Reduction 25: Eliminate Transitional Therapeutic Apartment Program Supervised Services *(slide 1 of 2)*

LOB #106-04: Mental Health Adult Residential Services

- ◆ **Reduction:** \$207,468 Reduction, 3/3.0 SYEs
- ◆ **Service:** The Transitional Therapeutic Apartment Program (TTAP), which 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.
- ◆ **Elimination of Program:** Eliminate 3.0 Mental Health residential therapists in TTAP.
 - Eliminate capacity for treatment to 32 individuals at a time, and approximately 64 individuals per year.

LOBs Reduction Impact

Reduction 25: Eliminate Transitional Therapeutic Apartment Program Supervised Services *(slide 2 of 2)*

- Increased risk of evictions and homelessness
- Increase in hospitalizations, police involvement and utilization of Mental Health Emergency Services
- Elimination of all case management and support services would cause significant health and safety issues in the apartments.
- Consumers who have a history of not being able to live independently without mental health supports would be placed in apartments without the needed supports to maintain independence.
- Rental assistance for 14 apartments in this countywide program would remain intact.

LOBs Reduction Impact

Reduction 26: Reduce Mental Health Mobile and Emergency Response *(slide 1 of 5)*

LOB #106-17: MH Emergency, Crisis and Detoxification Services

- ◆ **Reduction: \$296,822, Reduction: 4/3.7 SYEs**
- ◆ **Service:** Mobile Crisis Unit (MCU) provides on-scene/in the community emergency services including crisis intervention, risk assessment, and evaluation for voluntary hospitalization (15-20% of all those provided across the CSB or approximately 85 per year) and evaluation for involuntary hospitalization (50-60% of all those provided across the CSB or approximately 625 per year).
 - These services are provided to the most at risk individuals, i.e. those
 - Suffering from a serious mental illness, including co-occurring disorders (i.e., mental illness/substance use disorder and mental illness/intellectual disabilities)

LOBs Reduction Impact

Reduction 26: Reduce Mental Health Mobile and Emergency Response *(slide 2 of 5)*

- Where there is a substantial likelihood that they will cause serious harm to themselves (e.g., suicide) or others
 - And who are so seriously impaired that a mobile response is the safest and most beneficial response.
- ◆ **Service:** Emergency Services program at the outpatient clinic site provides crisis intervention, psychiatric assessments, risk assessment and evaluations for admission to Crisis Care or a psychiatric facility.
 - ◆ **Reduced Level of Service: Mobile Crisis Unit:** 50% reduction in the hours of operation of the MCU by eliminating the 8 a.m.-4 p.m. shift. With a 50% reduction in hours of operation of the MCU:

LOBs Reduction Impact

Reduction 26: Reduce Mental Health Mobile and Emergency Response *(slide 3 of 5)*

- 328 individuals with serious mental illness, including those at imminent risk of suicide or danger to others, would not receive 581 crisis services on scene/in the community.
- Emergency Custody Orders (and police transports) would increase by more than 500 per year.
- The capacity to respond in person to hospital Emergency Departments to evaluate individuals for voluntary or involuntary hospitalization would be reduced by a minimum of 50%.
- Because the MCU would not be available to intervene earlier in the psychiatric crisis, an increase of 19% (from 1,038 to 1,235) in Temporary Detention Orders (TDOs) is projected, further exacerbating the current inpatient psychiatric bed crisis.

LOBs Reduction Impact

Reduction 26: Reduce Mental Health Mobile and Emergency Response *(slide 4 of 5)*

- An increase of 1,357 crisis/clinical phone calls being diverted to Woodburn Emergency (during the hours that MCU is not operating) would have a significant impact on the workload of clinicians and would result in greater waiting times for evaluation in Emergency Services.
- ◆ **Reduced Level of Service: Emergency Services:** Eliminate clinician-provided Emergency Services at the Northwest/Reston Mental Health outpatient clinic site. This program provides crisis intervention, risk assessment and evaluations for admission to Crisis Care or a psychiatric facility (voluntary and involuntary). If this elimination were implemented:
 - 250 individuals would not receive 366 crisis services at this site.

LOBs Reduction Impact

Reduction 26: Reduce Mental Health Mobile and Emergency Response *(slide 5 of 5)*

- Increase of 2% (from 768 to 780) in Temporary Detention Orders.

LOBs Reduction Impact

Reduction 27: Eliminate Residential Treatment Program for Women *(slide 1 of 2)*

LOB #106-04: Mental Health Adult Residential Services

- ◆ **Reduction:** \$571,310 Reduction, 5/5.0 SYEs
- ◆ **Service:** The Mental Health Adult Residential Services program provides 24 hours a day on-site highly intensive treatment and support services in a residential treatment 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.
- ◆ **Elimination of Program:** Eliminate the entire program; staff positions to be eliminated include 1 supervisory position and 4 clinical staff.
 - On a yearly basis, cease serving a total of 21 high-risk women with co-occurring mental health and substance use disorders.

LOBs Reduction Impact

Reduction 27: Eliminate Residential Treatment Program for Women *(slide 2 of 2)*

- Increased risk of crisis for women, requiring more public safety responses to mental health/substance use problems.
- Increased risk of psychiatric hospitalization and homelessness.
- Increase wait for residential services (only 8 other beds in the county at this service level for this population)
- Increased wait list for Mental Health Services.
- Increased need for Mental Health Emergency Services and ADS Detoxification Services due to lack of treatment.
- Note: Construction of a replacement facility for this program is scheduled to begin this fall.

LOBs Reduction Impact

Reduction 28: Elimination of Intensive Day Treatment Program *(slide 1 of 3)*

LOB #106-03: Mental Health Adult and Family

- ◆ **Reduction:** \$153,571 Reduction, 2/2.0 SYEs
- ◆ **Service:** The Intensive Day Treatment Program, known as the Community Readiness and Support Program, which provides a therapeutic environment that promotes recovery and consumer participation in setting and achieving recovery goals. The program operates in Springfield and consists of psychoeducational, pre-vocational, and group modalities designed for adults who experience serious mental illness and co-occurring substance abuse disorders.
- ◆ **Elimination of Program:** Eliminate the Community Readiness and Support Program.

LOBs Reduction Impact

Reduction 28: Elimination of Intensive Day Treatment Program *(slide 2 of 3)*

- ◆ The service provides two structured modules per day. The first component focuses on assisting the consumer to improve living skills needed for successful community living. The second component focuses on drug and alcohol education, relapse prevention and recovery. Length of stay in the program is determined based on consumer need; average length of stay 1-2 years. Vocational support services have been added to enhance services and support transition to employment.
- ◆ Reduction impacts:
 - Reduce capacity to serve 20 consumers annually, referred primarily from intensive residential housing programs
 - Increased risk for hospitalization or, in some cases, involvement with the criminal justice system.

LOBs Reduction Impact

Reduction 28: Elimination of Intensive Day Treatment Program *(slide 3 of 3)*

- Increased utilization of crisis intervention resources and potential for increased public safety responses.
- Increased risk for homelessness.
- Increased risk for substance use relapse.

LOBs Reduction Impact

Reduction 29: Close Crossroads Adult Substance Abuse Residential Treatment Program (62 Beds) *(slide 1 of 4)*

LOB #106-08: Alcohol and Drug Adult Residential Services

- ◆ **Reduction: \$1,766,726, Reduction 23/23.0 SYEs**
- ◆ **Service:** Crossroads, founded in 1971, was the first drug treatment program in Fairfax County. The program serves individuals with the highest level of impairment related to substance abuse or co-occurring substance and mental illness in the county. Consumers have the highest degree of addiction or co-occurring disorders and have generally lost most support systems, including family, employment, and housing. Individuals experience problems in multiple life areas and have a history of criminal involvement, homelessness, Child Protective Services and foster care involvement, health and mental health problems, employment problems and/or family issues.

LOBs Reduction Impact

Reduction 29: Close Crossroads Adult Substance Abuse Residential Treatment Program (62 Beds) *(slide 2 of 4)*

- ◆ **Elimination of Program:** Without the Crossroads program, waiting lists for services would be 3+ years long. An additional 154 people annually would not be served. Individuals on probation would likely be ineligible to attend contracted programs due to stipulations of probation.
 - Individuals will remain at the Adult Detention Center with a high per day cost;
 - Children will remain in foster care because parents will be unable complete treatment mandated foster care plans;
 - Homeless individuals will remain on the streets, unable to address the root causes of homelessness; Individuals will utilize high cost crisis and criminal justice services (hospitals, jails, crisis care, psychiatric beds).

LOBs Reduction Impact

Reduction 29: Close Crossroads Adult Substance Abuse Residential Treatment Program (62 Beds) *(slide 3 of 4)*

- ◆ Funding for ADS alternative adult residential treatment services is very limited, with the capacity to place only 2 persons annually and therefore not an adequate resource to handle the residential treatment services if the Crossroads Program was closed.
- ◆ Treatment at Crossroads restores individuals to positive life functioning thus enhancing their lives and the community. Crossroads is CARF-accredited program, earning a three year accreditation. The Crossroads Program has had a 92% occupancy rate and consumer outcomes achieved include:
 - 91% had reduced criminal recidivism/no new charges
 - 91% were not using drugs; 70% were not using alcohol
 - 95% were employed or in school

LOBs Reduction Impact

Reduction 29: Close Crossroads Adult Substance Abuse Residential Treatment Program (62 Beds) *(slide 4 of 4)*

- ◆ Crossroads treatment facility has 50 beds and its transitional apartment program has 12 beds.
- ◆ Current wait list includes 65 individuals. Wait time for services is 6 months. Individuals requiring this level of treatment are unable to wait safely in the community. They are crisis prone and at risk of increased impairment or death.
- ◆ Research shows that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes. Untreated substance abuse adds significant costs to communities, including violent and property crimes, prison expenses, court and criminal costs, emergency room visits, child abuse and neglect, unemployment, and victimization.

LOBs Reduction Impact

Reduction 30: Reduction in Purchase of Therapeutic Intervention Services *(slide 1 of 4)*

LOB #106-15: Early Intervention for Infants and Toddlers

- ◆ **Reduction: \$392,980 Reduction, 0/0.0 SYEs**
- ◆ **Service:** Infant and Toddler Connection of Fairfax-Falls Church (ITC) provides physical therapy, occupational therapy, speech therapy and infant education required by the Individuals With Disabilities Education Act (IDEA), through a contract. These services are provided for infants and toddlers birth through 3 who have a developmental delay or disability.
- ◆ **Reduced Level of Service:** ITC will reduce by \$392,980 the amount allocated for these contracted services. The FY 2009 budget for ITC's contracted services is \$1,348,497, of which \$895,052 is from County general funds and \$453,445 is from grants.

LOBs Reduction Impact

Reduction 30: Reduction in Purchase of Therapeutic Intervention Services *(slide 2 of 4)*

By cutting the local funding by \$392,980, ITC will reduce the total amount of contracted services purchased by 29 percent.

- ◆ During FY 2008, ITC served 2,044 children. This reduction will affect approximately 93 children enrolled in ITC who will not receive therapeutic services each month.
 - In June 2008, there were 43 infants/toddlers waiting more than 21 days for therapeutic services due to service needs growth coupled with provider unavailability.
 - Since FY 2003, the number of infants/toddlers and families served annually by ITC has increased by 63 percent, or an average annual growth rate of 12.6 percent.

LOBs Reduction Impact

Reduction 30: Reduction in Purchase of Therapeutic Intervention Services *(slide 3 of 4)*

- As a result of budget reductions, FCPS has delayed the age when they accept infants/toddlers out of ITC Part C services and transition them into Part B special education services in the school system. This policy change will further increase ITC service demands, caseloads, and waiting lists.
- ◆ This proposed reduction would exacerbate our current non-compliance with federal and state mandates.
 - During FY 2008, ITC received audit findings from the Commissioner of the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) which found Fairfax ITC as “needing intervention” in meeting its Part C Federal and State requirements for compliance.

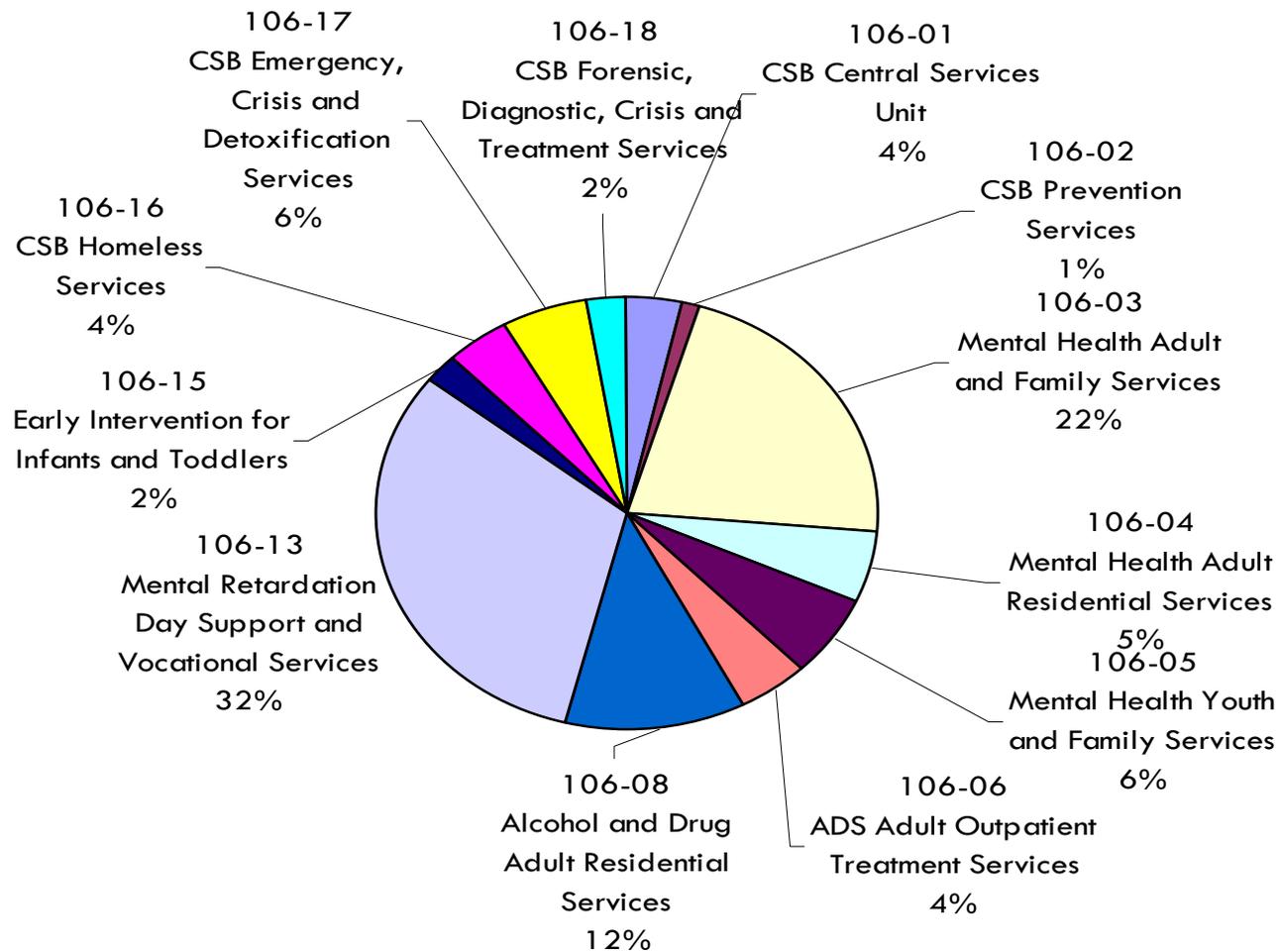
LOBs Reduction Impact

Reduction 30: Reduction in Purchase of Therapeutic Intervention Services *(slide 4 of 4)*

- These negative findings pertain to services implementation and documentation timelines that are directly affected by available resources.
- Given the size of statewide population ITC serves and the need to implement wait lists, audit ranked ITC of Fairfax-Falls Church 40th out of 40 local Part C systems on those indicators.
- ◆ This proposed reduction would necessitate an increased need for more intense lifelong intervention.
 - For FY 2008, 33% of the infants and toddlers who left Infant and Toddler Connection were functioning at expected age level and did not need special education from FCPS.
 - Delays in receiving services increases the likelihood of not intervening early enough to at least reduce the level of these children's lifelong disabilities and delays.

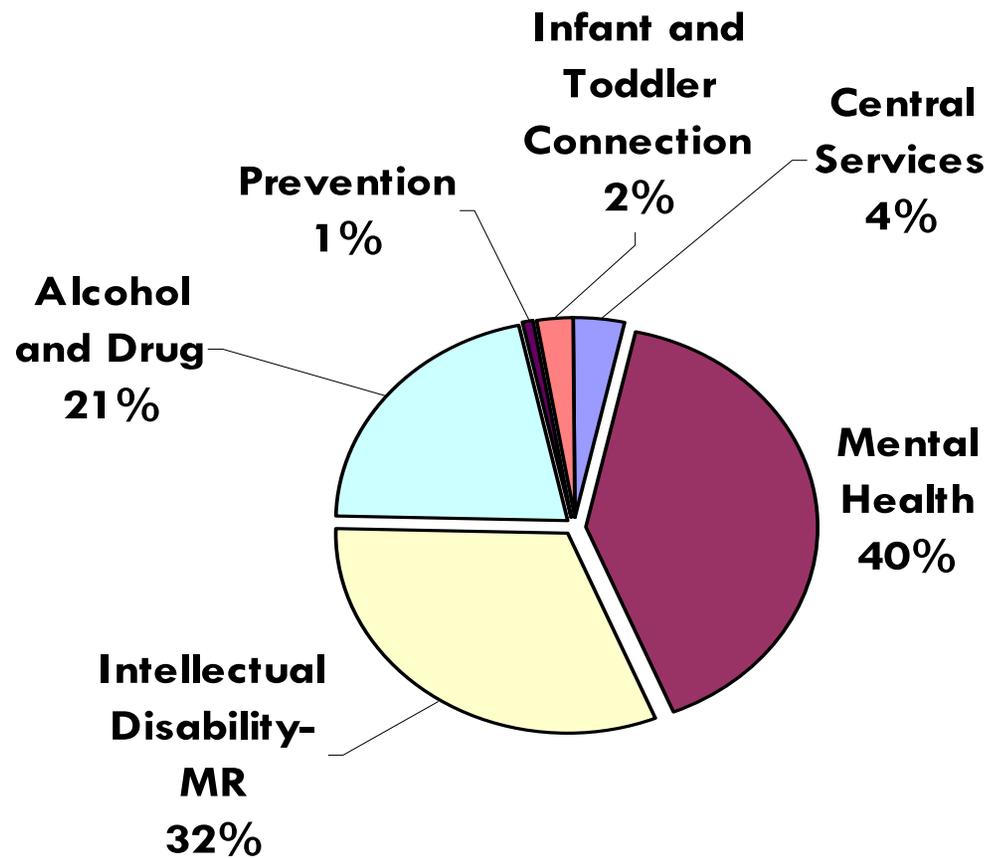
Agency Reduction Priorities

Reductions by LOB



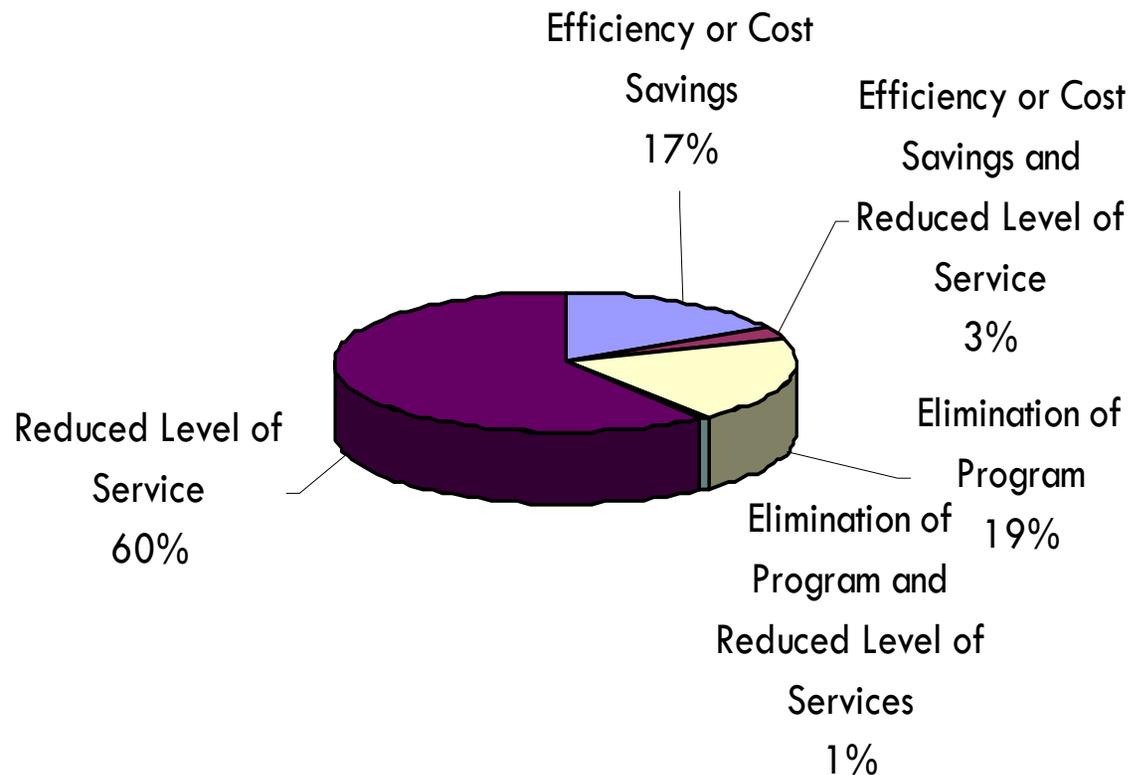
Agency Reduction Priorities

Reductions by Program Area



Agency Reduction Priorities

Reductions by Classification



Questions and Answers

