

Response to Questions on the FY 2011 Budget

Request By: Supervisor Hudgins

Question: Provide an update on the status of Fairfax-Falls Church Community Services Board (CSB) reductions, including information on those involving revenue redesigns.

Response: Please see attached table.

CSB FY 2011 Advertised Budget Reductions

Title	Impact	Psns	SYE	Reduction	Action
Eliminate County Funding for the Mental Health Adult Day Treatment Site at Northwest/Reston Community Mental Health Center	This reduction eliminates the availability of Adult Partial Hospitalization program services for individuals with serious mental illness and/or co-occurring substance abuse issues who reside in the North County service area and some who live in the central portion of the County. This may create a real hardship that impedes their access to needed local day support services, will decrease availability of day treatment services slots to the County, and will increase wait time for access to alternative Adult Partial Hospitalization Program services in South County. The Northwest/Reston program served 81 individuals in FY 2009 and provided more than 9,000 hours of service. Transportation of consumers residing in Mid and North County to the South County program, which will be the only remaining County site, will also be challenging.	2	2	\$497,244	To be restored by BOS
Eliminate Purchase of Contracted Intellectual Disability Services In-Home Respite Services	This reduction eliminates contracted in-home respite service hours and will impact approximately 111 families (most with young children) who utilize this program for needed respite from the daily challenges of supporting a family member with an intellectual disability. In most instances, this minimal service (average of 183 hrs/yr) is all the support a family receives from the CSB for their family member with an intellectual disability (ID). The IDS in-home respite service is a respite subsidy program that helps families offset the cost of in-home respite care. Qualifying families arrange for and hire their own care providers, and then receive subsidies in the form of cash reimbursement. The respite subsidy program is available only to those families for whom the family member with ID is neither eligible for or on a waiting list for Medicaid ID waiver services; so they cannot access Medicaid respite services. Currently, there is no other County agency or non-profit organization that provides comparable financial assistance for in-home respite care for persons with ID. While these individuals presumably will not lose their respite providers, families will no longer receive any financial assistance and may need to reduce the number of hours of respite services purchased.	0	0	\$275,008	To be restored by BOS
Eliminate Emergency Services at Mount Vernon Center for Community Mental Health	This reduction eliminates Emergency Services at the Mount Vernon Center for Community Mental Health, and two clinical positions. Mount Vernon Emergency Services provides comprehensive psychiatric emergency services to individuals who are experiencing acute distress and in need of emergency/crisis intervention and quick, accessible support related to mental health, substance abuse and intellectual development. In addition to crisis intervention, services include psychiatric evaluations and psychotropic medication; preadmission evaluations for voluntary and involuntary hospitalization and crisis residential services. This reduction impacts 382 individuals who would no longer receive 547 emergency psychiatric services in their community. The only remaining alternative for walk-in Emergency Services is the Woodburn Center Emergency Services site, which is approximately 45 to 60 minutes by car or 2 hours by bus from the southern part of the County.	2	2	\$172,619	To be restored by BOS
Eliminate Emergency Services at Northwest Center for Community Mental Health	This reduction eliminates Emergency Services at the Northwest Center for Community Mental Health, and one Emergency/MCU Supervisor position. Northwest Emergency Services provides comprehensive psychiatric emergency services to individuals who are experiencing acute distress and in need of emergency/crisis intervention and quick, accessible support related to mental health, substance abuse and intellectual development. In addition to crisis intervention, services include psychiatric evaluations and psychotropic medication, preadmission evaluations for voluntary and involuntary hospitalization and crisis residential services. The elimination of Emergency Services at the Northwest Center for Community Mental Health and one Emergency/MCU Supervisor position impacts approximately 177 individuals who would no longer receive 243 emergency psychiatric services in their community. The only remaining alternative for walk-in Emergency Services is the Woodburn Center Emergency Services site, which is approximately 45 to 60 minutes by car or 2 hours by bus from the northern part of the County.	1	1	\$88,385	To be restored by BOS
Reduce One Supervisory Substance Abuse Counselor Position in Prevention Services	This reduction eliminates one of three Substance Abuse Counselor III supervisory positions in the Prevention Division. The position both directly implements services and supervises four SAC II positions in the delivery of evidenced-based substance use prevention and mental health promotion services in school and/or community-based settings in the Region I and II areas (both identified as high need areas). The supervisory duties will be absorbed by other SAC III staff in Region III and IV. In addition, service impacts will be as follows: a) direct services to 250 individuals will be reduced in Regions I and II; b) community collaboration and mobilization of partners for countywide initiatives will be reduced by 30 percent for Region I and II residents; c) reduced quality improvement/program implementation capacity of SAC II staff in Regions I and II due to loss of on site supervision; d) response time to community requests for services will be significantly delayed and some programming and services will be unavailable; e) result in a critical loss to the Prevention strategic realignment plan within the CSB; and f) reduced consumer satisfaction and quality of life.	1	1	\$84,235	To be restored by BOS

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Reduce One Mental Health (MH) Forensic Staff Position at the Adult Detention Center	This reduction eliminates one of 11 forensic staff and will impact incarcerated persons who have serious mental illness as well as persons who are at risk of decompensating psychiatrically while incarcerated. Elimination of this position will result in a reduction of approximately 400 inmate MH intakes per year (approximately 15 percent of current capacity), as well as a reduction of approximately 750 inmate MH follow up appointments per year (approximately 15 percent of current capacity). This may lead to increased risk of suicide or self injury for inmates with mental illness, and increased likelihood of individuals being released to the community in an unstable condition.	1	1	\$80,497	To be restored by BOS
Reduce One Substance Abuse Counselor Position in Alcohol Drug Services Jail Services	This reduction eliminates one Substance Abuse Counselor II position, leaving eight ADS staff at the ADC. This will result in the elimination of Intensive Addictions Program treatment services for 40 clients/inmates annually, as well as an increased wait for 30 court-ordered intakes annually. These intakes will be provided by other staff, but the waiting period will increase by approximately 2-3 weeks.	1	1	\$73,075	To be restored by BOS
Reduce One Substance Abuse Counselor Position in the Cornerstones Program	This reduction eliminates one of six Substance Abuse Counselors and three of 16 beds at Cornerstones, and will impact five to seven individuals annually as the waiting time for services will increase to approximately 4 months. Some individuals will likely experience hospitalizations, incarcerations and homelessness while waiting for services. Individuals served at Cornerstones are disabled with both severe mental illness and severe substance abuse disorders, and are often at high risk for suicide. Most have been hospitalized multiple times, have a history of homelessness and present with chronic medical conditions. Their medical conditions often render them fragile and at risk of serious ongoing medical complications. They are unable to live safely in the community without first receiving appropriate stabilization at Cornerstones. Most individuals are prescribed three to four psychotropic medications to help stabilize their psychiatric symptoms. Individuals receiving services often lack family and social support and are typically unable to work due to their disability. Individuals in need of this service often cycle through other expensive services which do not meet their needs, including hospitals, crisis care programs, detoxification centers and jails.	1	1	\$73,075	To be restored by BOS
BOS Restoration Subtotal		9	9	\$1,344,138	
Eliminate County Funding for the Mental Health Adolescent Day Treatment Program (Teen Alternative Program)	This reduction replaces County funding with alternative revenue sources such as CSA fee revenue, and redeploys 7/7.0 SYE CSB positions that otherwise would have been eliminated. The Mental Health Adolescent Day Treatment Program is the County's only adolescent day treatment program, located in Reston, and serves challenging youth with serious emotional disturbance in the community. The program partners with Fairfax County Public Schools and provides an in-house school and serves youth and their families 5 days a week, 8:00 a.m. to 3:00 p.m. It receives the majority of its referrals as discharges from psychiatric hospitals or is being "stepped down" to the community from intensive residential treatment facilities. It also serves as a primary alternative to residential placement, allowing youth who are symptomatic and struggling to remain in the community and with their families, instead of requiring hospitalization. At present, the CSB does not receive CSA reimbursement for adolescent day treatment services. However, the CSB is exploring a fee-for-service agreement with the CPMT in order to generate sufficient revenues to maintain the services. The CSA local match requirement will range from 23 percent to 58 percent based on the eligibility of the youth and the definition of the service. Currently 50 percent of the youth served are CSA eligible, of which half are eligible for mandated services. If an agreement is finalized, the CSB will monitor CSA referrals and fee revenue to assess the sustainability of the service beyond FY 2011. In the absence of a fee-for-service agreement with the CPMT or sufficient alternative revenue, this reduction will result in a reduction or possible elimination of services to approximately 38 youth and their families. Most of these youth may then enter the system elsewhere either seeking placements through the Schools' contract services unit or by requesting CSA funding for more intensive and expensive services. As a result of the actions above, there is a savings of \$312,941 to the General Fund Transfer.	0	0	\$312,941	As part of the countywide System of Care review which included human services agencies and FCPS, the County, in response to changes to state CSA funding and criteria, has maintained staffing and anticipates serving all current consumers either through allocation of CSA mandated or non-mandated funding or alternative revenue sources.

CSB FY 2011 Advertised Budget Reductions

Title	Impact	Psns	SYE	Reduction	Action
Eliminate County Funding that Supports Three Positions Providing Juvenile Forensics BETA Services	<p>This reduction replaces County funding with alternative revenue sources such as CSA fee revenue, redeploys 1/1.0 SYE CSB position, and eliminates 2/2.0 SYE positions. The BETA program is an intensive day treatment program located within the Juvenile Detention Center (JDC). It serves approximately 50 youth who are on suspended commitments to the state correctional facilities in a secure setting that allows for public safety to be achieved as well as providing intensive treatment and psychiatric services. At present, the CSB does not receive reimbursement for its services provided to youth in the BETA program. However, the CSB and the JDRDC are involved in discussions of service delivery design to ensure remaining staff resources will be directed at JDRDC's priority service areas, as well as fee-for-service options, including agreements with the CPMT in order to generate sufficient revenue to maintain the services. Currently, all the youth served are CSA eligible for non-mandated services. If an agreement is finalized, the CSB will monitor CSA referrals and fee revenue to assess the sustainability of the service beyond FY 2011.</p> <p>In the absence of a fee-for-service agreement with the CPMT or sufficient alternative revenue, the reduction or elimination of BETA program services will impact the ability to treat some of the County's most at-risk youth while maintaining public safety. Juvenile Court judges and probation officers will be unable to place youth in a secure, locked community-based treatment program and will result in probation officers seeking CSA funding for secure residential placements at a much greater cost to the County. This will affect short and long-term outcomes for the youth, significantly increase the likelihood of criminal recidivism, and negatively impact the County's System of Care Initiative of maintaining youth in the community and with their families. As a result of the actions above, there is a savings of \$238,795 to the General Fund Transfer.</p>	2	2	\$238,795	As part of the countywide System of Care review which included human services agencies and FCPS, the County, in response to changes to state CSA funding and criteria, anticipates serving all current consumers either through allocation of CSA mandated or non-mandated funding or alternative revenue sources including client fees.
Eliminate County Funding at the Crossroads Youth Residential Treatment Program	<p>This reduction replaces County funding with alternative revenue sources such as Comprehensive Services Act (CSA) fee revenue, and redeploys 3/3.0 SYE CSB positions that otherwise would have been eliminated. Crossroads Youth is a residential treatment facility for youth with co-occurring disorders. At present, the CSB does not receive CSA reimbursement for substance abuse residential services, but received reimbursement for youth referred to the former Sunrise II program. The CSB is exploring a fee-for-service agreement with the Community Policy and Management Team (CPMT) in order to generate sufficient revenue to maintain the services. The CSA local match requirement will range from 23 percent to 58 percent based on the eligibility of the youth. Currently, all the youth served are CSA eligible for non-mandated services. If an agreement is finalized, the CSB will monitor CSA referrals and fee revenue to assess the sustainability of the service beyond FY 2011.</p> <p>In the absence of a fee-for-service agreement with the CPMT or sufficient alternative revenue, this reduction will eliminate up to three of 14 Substance Abuse Counselor direct service staff and impact up to 17 youth annually who would not be served due to loss of staff required by licensure standards to maintain full bed capacity. The 20-bed capacity would be reduced to 13. In 2007, the 11-bed Sunrise youth residential program for co-occurring disordered youth was eliminated due to low utilization. Along with this reduction, a total of 18 residential beds for youth with co-occurring disorders will have been eliminated, equivalent to a 58 percent loss of capacity. Other impacts may include increased service wait time from 4 to 12 weeks, increased criminal behavior in the community, increased out-of-county placements through CSA at an increased cost, and reduced consumer satisfaction. As a result of the actions above, there is a savings of \$223,876 to the General Fund Transfer.</p>	0	0	\$223,876	As part of the countywide System of Care review which included human services agencies and FCPS, the County, in response to changes to state CSA funding and criteria, has maintained staffing and anticipates serving all current consumers either through allocation of CSA mandated or non-mandated funding or alternative revenue sources.
System of Care Redesign Subtotal		2	2	\$775,612	
Increase Fee Revenues in Targeted Mental Health Services	<p>This revenue enhancement increases fee revenues in Mental Health Services by \$843,912 or 11.5 percent. The additional revenue is attributed to providing monthly case management services to Medicaid consumers who are currently not being seen on a monthly basis, licensing the Community Readiness program as a psycho-social rehabilitation program, increasing Children's Health Insurance and Sojourn Level B Residential Medicaid revenue targets, collecting a fee for all consumers coming into Access, and increasing collection of on-site fees and past due balances. As a result of the actions above, there is a savings of \$843,912 to the General Fund Transfer.</p>	0	0	\$843,912	Staff will be maximizing Medicaid reimbursement and client fee opportunities for all eligible consumers in Mental Health Services to replace general fund dollars. This effort continues longer term work to ensure that all eligible federal dollars are received by the County.

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Title	Impact	Psns	SYE	Reduction	Action
Eliminate County Funding for Mental Health Law Reform Services	This reduction eliminates County funding for Mental Health Law Reform services (Emergency Services and Crisis Stabilization) and replaces it with reallocated Mental Health Law Reform State General Funds. The State has reallocated the remaining FY 2010 Mental Health Law Reform State General Funds by bringing all existing residential crisis stabilization programs up to a minimum of \$100,000 of state funds per staffed bed. Fairfax-Falls Church Community Services Board will receive an ongoing allocation of new funding in the amount of \$601,077 which will result in these programs requiring less County funding. This reduction indefinitely postpones service delivery enhancements or growth in Emergency Services and in the Crisis Stabilization Program that could have been funded by the additional Mental Health Law Reform State General Funds if the County funding had not been eliminated. As a result of the actions above, there is a savings of \$601,077 to the General Fund Transfer.	0	0	\$601,077	The County will benefit from new State MH dollars and therefore accommodate a reduction in general fund support.
Increase Client Fee Collection Revenues in Alcohol and Drug Services	This revenue enhancement increases client fee collection revenue and impacts staff resources as staff will be required to absorb the work associated with processing the additional volume of payment collection and follow-up correspondence with clients. In particular, these increased fees will affect consumers in Crossroads Adult and Vanguard Contract Residential Treatment programs. Staff will be responsible for increased notification of and discussions with clients to ensure that fees are paid. There is also the potential of fees being collected through income tax returns using the debt set-off services. In conjunction with the increase already reflected in the FY 2011 CSB fee revenue base request, this reduction would increase ADS client fees by 19.5 percent. As a result of the actions above, there is a savings of \$125,000 to the General Fund Transfer.	0	0	\$125,000	Staff has identified opportunities to maximize ADS client fees and thereby reduce general fund support.
Increase Revenue for Alcohol and Drug Services Provided to Probation and Parole	This reduction and revenue enhancement eliminates one grant Substance Abuse Counselor II position at South County Outpatient Site and increases revenue in the Probation and Parole program. ADS will continue to provide the treatment required to fulfill the Memorandum of Agreement (MOA) requirements by existing merit staff. In addition, a second MOA designed to provide relapse prevention services for Probation and Parole, which was implemented by staff working overtime, will now be provided within regular budgeted hours. These efficiencies will result in an increase of revenue without a commensurate increase in expenditures. As a result of the actions above, there is a savings of \$74,592 to the General Fund Transfer.	0	0	\$74,592	State Department of Corrections grant replaces general fund support
Reallocate HIDTA Reimbursement Funding for Alcohol and Drug Services (ADS) Crossroads Adult Program	This reduction reduces the flexibility to provide additional residential treatment services at the Crossroads Residential facility. Crossroads Adult is a long-term therapeutic alcohol and drug residential treatment program. Clients complete the residential phase of the program then enter a continuing care phase to allow them to make a smooth transition back into the community. As a result of this reduction, wait times for such services are likely to increase as there currently is a wait list.	0	0	\$50,000	State HIDTA funding replaces general fund support
Medicaid/State/Client Fee Revenue Substitution Subtotal		0	0	\$1,694,581	
Eliminate Purchase of FASTRAN Attendant Services for All Intellectual Disabilities (ID) Day Services Consumers	This reduction eliminates the purchase of FASTRAN attendant services for all remaining individuals with intellectual disabilities (ID) receiving day services. Following the Fairfax-Falls Church Community Services Board (CSB) FASTRAN reductions implemented during FY 2010, significantly higher than anticipated savings were achieved in expenditures for attendant services because a disproportionate number of FASTRAN attendants became no longer necessary when the CSB's Medicaid consumers with ID were transferred over to Logisticare providers.	0	0	\$501,755	Business efficiency that is consistent with FY 2010 reductions in FASTRAN transportation; funding for attendant services is no longer is needed
Eliminate Purchase of Contracted Independent Evaluator Services	This net reduction eliminates contract funds for independent psychiatric evaluations and funds more cost-effective Exempt Limited Psychologist positions. These contracted Independent Evaluators are licensed clinical psychologists who provide comprehensive in-hospital mental health evaluations pursuant to <u>Code of Virginia</u> §37.2-817. The clinical findings of these evaluations are provided at Court-run civil commitment hearings where a Special Justice is rendering a decision about a possible commitment to psychiatric hospitalization. Effective July 1, 2008, §37.2-817 was amended to expressly allow Community Services Boards to provide these evaluations directly, permitting these business practice improvements and efficiencies. Minimal negative impact is anticipated with the elimination of contract funds for evaluations. The CSB intends to request the establishment of Exempt Limited Term Psychologist positions and individuals will be hired into these positions to provide the same service but at a substantially lower hourly rate.	0	0	\$210,428	Business efficiency; service will be continued

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Manage Position Vacancies to Achieve Savings for Alcohol and Drug Services (ADS)	This reduction impacts the ability to fill regular merit positions. ADS has a targeted number of positions to hold vacant throughout the year; currently ADS maintains an average of 10.5 vacancies. This reduction will add 2.5 vacancies to the turnover target, for a total of 13.0. As a result, ADS consumers are likely to experience longer wait times for services; ADS staff will experience increased caseloads; and ADS may not be able to meet State Performance Contract expectations.	0	0	\$194,796	Business efficiency; services may be impacted
Eliminate One Supervisory Position in the Juvenile Forensics Program	This reduction eliminates one supervisory position in the Juvenile Forensics Program and impacts the clinical and administrative oversight of the joint Mental Health Services (MHS) and Alcohol and Drug Services (ADS) team at Juvenile & Domestic Relations District Court (JDRDC). This position supervises seven staff who provide evaluations, crisis intervention and emergency services to JDRDC and youth housed in the Juvenile Detention Center. This position also provides site management coverage for the entire Juvenile Forensics Program that includes the seven MHS staff and four ADS staff. The work of this position will be transferred to another manager in MHS and the CSB will continue to work with JDRDC to ensure their highest priority service needs are met.	1	1	\$92,000	Business efficiency; position is currently vacant
Eliminate One Supervisory Substance Abuse Counselor Position at South County Alcohol and Drug Services Adult Outpatient Services	This reduction eliminates one Substance Abuse Counselor III position that conducts direct service evaluations and supervises three staff that provide outpatient services for the Probation and Parole program and High Intensity Drug Trafficking Area (HIDTA) grant. The reduction eliminates on-site evaluation services at South County for 15-25 consumers, will increase the number of evaluations at the Assessment and Referral Center which could result in extended waits for other consumers, and will increase the workload of existing site directors at South County and Fairfax Outpatient sites since they will absorb supervisory duties.	1	1	\$84,235	Service capacity reduction
Reduce One Position in the Sheltered Homeless Services Program	This reduction eliminates one of 16 Mental Health Services positions in the CSB's Homeless Services Program and will impact on-site treatment and counseling services being provided at County homeless shelters. Case management services, which are identified as the top priority service under the Housing Opportunity Support Team (HOST) geographical area conceptual framework, will not be impacted. County staff are also currently undertaking a redesign of homeless services to conform to HOST principles.	1	1	\$84,235	Business efficiency; service redesign
Reduce Operating Expenses for Alcohol and Drug Services (ADS) Cornerstones Program	This reduction reduces operating expenses for contracted residential treatment services in the Cornerstones Program. As a result, the waiting list for such services will increase to four months and approximately seven high-risk individuals will go unserved. Most clients have previous outpatient treatment failure, are court involved and are receiving services through multiple human services agencies. Individuals present with severe medical complications, psychiatric disorders, histories of abuse and neglect and a myriad of other problems. While waiting for services, individuals often cycle through inappropriate yet expensive services which do not meet their needs, including hospitalizations, detoxification centers, emergency rooms, and crisis care programs.	0	0	\$80,000	Service capacity reduction
Streamline Program Management of the Senior Plus Program	This reduction eliminates a Senior Clinician, or one of three program management positions in the Senior Plus program by streamlining the County Coordinating Team (CCT) management structure. The Senior Plus program is an innovative inclusion program for seniors with minor cognitive and physical disabilities and allows seniors with disabilities to enjoy the wide range of programming found at the County's full-service senior centers. The CCT was created when the Senior Plus program was contracted out after expanding from two sites to seven sites. The team provides guidance, helps develop policies associated with the Senior Plus program, and provides quality assurance and oversight for the contractor. The need for a team of three positions to serve as an oversight and advisory body was vital in the first two years, but as the seven Senior Plus sites became established and the contract manager became more comfortable with the design of the program, there is less of a need for a three-person team.	1	1	\$71,404	Part of Senior Services redesign
Implement Alternative Overnight Emergency Services Coverage for Woodburn	This reduction eliminates clinical services requiring a physician (i.e. psychiatric evaluation, medication evaluation and medication prescription/dispensation) between 12:00 a.m. and 8:00 a.m. at Woodburn Center. Woodburn Center Emergency Services provides comprehensive psychiatric services 24/7 to individuals who are experiencing acute distress and in need of emergency/crisis intervention and quick, accessible support related to their mental health, substance abuse and intellectual development concerns. In addition to crisis intervention, services include psychiatric evaluations and psychotropic medication, preadmission evaluations for voluntary and involuntary hospitalization, and crisis residential services. Emergency services (i.e., crisis intervention) would still be provided 24/7, but this reduction will result in 156 individuals no longer receiving face to face medical/psychiatric services between 12:00 a.m. and 8:00 a.m. from an M.D. psychiatrist. If services are critically needed, a consumer will have to wait until 8:00 a.m. when a psychiatrist comes on duty.	0	0	\$66,904	Service capacity reduction

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Title	Impact	Psns	SYE	Reduction	Action
Reduce Contracted Services for Infant and Toddler Connection (ITC) Therapeutic Services	<p>This reduction reduces the total number of contracted therapeutic services purchased by Infant and Toddler Connection by slightly over 6 percent. During FY 2009, ITC served a total of 2,374 children and continues to see an annual average growth rate of over 10 percent in the number of kids served per year. This reduction may affect approximately 12 children enrolled in ITC services per month. At present, ITC is a sub-recipient of economic stimulus funding available as part of the American Recovery and Reinvestment Act of 2009 (ARRA) that can potentially mitigate the impact of this reduction in local funding in the short-term. As a result of this ARRA funding, ITC was recently able to regain its position of being in compliance with federal mandates for timeliness in service provision, and currently does not have a wait list for services. The ARRA funding is anticipated to end during FY 2011.</p> <p>At that time, unless the funding is replaced, ITC will once again have difficulty serving the rapidly growing number of kids birth to three years requiring early intervention services (i.e., ITC will need to implement wait lists), which would necessitate an increased need for more lifelong intervention in the long-run.</p>	0	0	\$49,256	Service capacity reduction
Business Efficiency/Service Capacity Reduction Subtotal		4	4	\$1,435,013	
Total		15	15	\$5,249,344	