

Response to Questions on the FY 2018 Budget

Request By: Chairman Bulova and Supervisor Foust

Question: Please provide additional information on the Community Readiness and Support Program (CRSP), including detailing why this program has been proposed for elimination, outlining the proposed alternatives for current and future clients, explaining the cost savings that have been identified and providing any previous studies on this service that have been performed.

Response: Included in the FY 2018 Advertised Budget Plan is a reduction to the Fairfax-Falls Church Community Services Board (CSB) of \$413,303 in expenditures and \$40,000 in non-County revenues, for a net reduction in the General Fund transfer of \$373,303 associated with the elimination of the Community Readiness and Support Program (CRSP). Elimination of this program will include abolishing 4/4.0 FTE positions, including 1/1.0 FTE filled Behavioral Health Supervisor (S-26), 1/1.0 filled Behavioral Health Nurse Clinician/Case Manager (S-26), and 2/2.0 filled Mental Health Therapist (S-23) positions as well as eliminating one vehicle, a 2006 Dodge Sprinter.

CRSP is a directly-operated psychosocial rehabilitation program for adults aged 18 and over with serious mental illness, substance use and/or co-occurring disorders who are transitioning to supported or independent employment – a goal of the psychosocial rehabilitation model – and/or independent integrated functioning in the community. CRSP provides highly-intensive clinical support for individuals requiring assistance with social skills, establishing and/or maintaining relationships, and basic daily living skills necessary for successful community living. Recovery-oriented services are provided through structured modules and psycho-educational groups, focusing on social, problem-solving, independent-living and pre-vocational skills, health literacy, and community integration. Services also include ongoing mental and physical health assessments, nursing services, medication supports, and linkage to community services, benefits, housing and employment. For individuals with co-occurring substance use disorders, CRSP also provides drug and alcohol education and relapse-prevention services.

In FY 2015 and FY 2016, CRSP served 40 and 42 individuals, respectively. As of March 30, 2017, 39 individuals were enrolled in the program. On average, CRSP serves 14-16 clients per day with a point-in-time maximum program capacity of 16. While the program operates five hours a day, four days per week, for a total of 20 hours per week, many clients participate on a part-time basis, or less than 20 hours per week. In addition to CRSP, individuals receive other CSB services, such as case management, nursing, psychiatry, and peer recovery services. More importantly, over half of the individuals served also reside in CSB mental health residential programs, including those with 24/7 on-site staff, while two individuals served reside at Northern Virginia Mental Health Institute, the state psychiatric hospital located in Fairfax. Thus, CRSP clients receive numerous other intensive services and supports, in some cases 24/7, in addition to participating in CRSP one to four days per week. Demographics follow:

CRSP Census as of March 30, 2017	39
Individuals Receiving other CSB Services	39
Individuals with Developmental Disability Waivers who could be transitioned to Employment & Day Contracted Services	3
Individuals Residing in CSB's Mental Health Residential Programs	17
Individuals Residing at CSB's Stevenson Place (Assisted Living)	3
Individuals Residing at Northern Virginia Mental Health Institute	2

While CRSP was established during a time of limited capacity in the psychosocial day support service continuum, CSB presently contracts for similar services with Psychosocial Rehabilitation Services, Inc. (PRS), a well-respected vendor accredited by an international accrediting body, CARF International. PRS operates the “Recovery Academy”, offering multi-week courses that may be tailored to individual needs in the Mt. Vernon and Tysons areas. In FY 2015 and FY 2016, PRS served 308 and 263 individuals, respectively. In FY 2017 through February, PRS has served 217 individuals. CSB currently purchases capacity to serve individuals from PRS and as of March 30, 2017, PRS is undersubscribed with sufficient capacity to absorb CRSP clients at no additional cost. Although some CRSP clients may choose to transition to PRS, other individuals may be ready to transition into other options. In addition, CRSP makes every attempt to transition those who are employment-ready as soon as appropriate, and it is anticipated that 2-3 current clients may be able to successfully transition into supported employment by program closure.

While CSB cannot guarantee a successful transition for all clients, CSB case managers and CRSP staff will engage with each CRSP client to develop an individualized person-centered plan identifying the best services available to support their goals and facilitate referrals. To ease the transition and ensure adequate time is available for CSB case managers and clients to develop alternative service plans, a phased approach to eliminating CRSP over the first half of FY 2018 may be considered, with program closure scheduled no later than January 1, 2018. As soon as practicable, CRSP will cease new admissions and gradually reduce programming as individuals and staff matriculate. Although current staff may be redeployed into other vacant CSB positions as program census requires, CSB recommends an adjustment be made as part of the *FY 2017 Third Quarter Review* to cover partial-year expenses in FY 2018 associated with the phased elimination of the program.

Given multi-year budget reductions, CSB no longer has sufficient flexibility to implement reductions without significant clinical impact. All proposed budget reductions resulted from CSB leadership’s careful examination of financial and programmatic data, mandates, strategic priorities, and other alternatives for services. It was determined that the proposed reductions would have the smallest impact to the smallest number of individuals who would still receive services, although different ones. As noted previously, all CRSP clients currently receive other services from CSB with over half residing in CSB mental health residential programs as well as two residing at the state hospital.

In public forums, reference has repeatedly been made to cost analyses conducted in 2006 and 2011 which concluded that closing CRSP was not cost-effective. CSB did not conduct and has been unable to locate the purported studies and is unaware of any prior cost analyses or studies being conducted. CSB has searched its files as well as those from the Department of Administration for Human Services and queried current staff to no avail. CSB reached out to the individual who first referenced the studies in public testimony. The individual stated that she does not have, and has not personally seen, the quoted studies, nor would she inform CSB as to who provided her with this information.