

FUND 106 - Fairfax-Falls Church Community Services Board
FY 2010 LINES OF BUSINESS (LOBs) REDUCTION OPTIONS

OVERALL AGENCY LOB REDUCTION TARGET = \$16,207,197

LOB INFORMATION									IMPACT
Reduction Priority	LOB #	LOB Title	LOB Reduction Description	LOB Position Reduction	LOB SYE Reduction	TOTAL Reduction (EXPENSES)	TOTAL Reduction (REVENUE)	NET Reduction	
1	106-13	Mental Retardation Day Support and Vocational Services	Eliminate Purchase of FASTRAN Services for ID/MR Medicaid Recipients	0	0.0	\$3,067,959	\$600,000	\$2,467,959	303 riders (57% of current MRS total) could no longer ride FASTRAN and would need to find other Medicaid transportation to and from MR day services programs. Transition to decentralized Medicaid transportation service providers will result in increased risk to consumer health and safety for affected individuals, and increased monitoring requirements for families and multiple service providers. Cross-organizational impacts on other County and State agencies, including contract renegotiations. Significant time required to accommodate the transition of 303 people to new transportation service providers.
2	106-03	Mental Health Adult and Family Services	Eliminate Purchase of FASTRAN Services for MH Medicaid Recipients	0	0.0	\$289,000	\$0	\$289,000	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 cost for MetroAccess). 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 decentralization 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. Cross-organizational impacts on other County FASTRAN users.
3	106-13	Mental Retardation Day Support and Vocational Services	Reduce Purchase of Attendant Services as Part of ID/MR FASTRAN Reductions	0	0.0	\$523,875	\$0	\$523,875	Attendants provide driver assistance and health and safety monitoring during transport for individuals with medical fragility, diminished capacity, and/or behavioral challenges. Reduced attendant services would be required if the proposed FASTRAN bus services reduction for 303 Medicaid consumers is implemented. An estimated 42 of 89 (47%) FASTRAN attendants would no longer be necessary. Transition to decentralized transportation service providers or service elimination will result in increased risk to consumer health and safety for affected individuals, and increased monitoring requirements for families and multiple service providers. Cross-organizational impacts on other County agencies that utilize FASTRAN attendants, including contract renegotiations.
4	106-13	Mental Retardation Day Support and Vocational Services	Eliminate Purchase of Out-of-Zone Non-Medicaid FASTRAN Services	0	0.0	\$394,886	\$58,936	\$335,950	39 individuals would continue to have MR day programs to attend, but will need to access alternative transportation methods to get to them. In FY 2003, transportation 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 services sites. Given their unique service needs, these 39 individuals were exempted from this realignment at that time. 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 services) or forego services altogether. FASTRAN will also need to restructure and reschedule routes for remaining consumers. In addition, if consumers use MetroAccess, potential savings to the County overall could be eliminated because of higher transfer payments to MetroAccess.

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5	106-03	Mental Health Adult and Family Services	Eliminate the Post Doctoral Psychology Program	0	0.0	\$40,666	\$0	\$40,666	Reduce capacity to provide outpatient treatment for 100 adults, youth 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. 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.
	106-05	Mental Health Youth and Family Services	Eliminate the Post Doctoral Psychology Program	0	0.0	\$81,331	\$0	\$81,331	See above impact.
6	106-03	Mental Health Adult and Family Services	Reduction in MH Outpatient and Case Management Services	2	1.5	\$163,195	\$0	\$163,195	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.
7	106-13	Mental Retardation Day Support and Vocational Services	Partial Reduction in Purchase of Contracted Individual Supported Employment Services	0	0.0	\$125,000	\$0	\$125,000	85 of 85 (100%) individuals currently receiving individual supported employment services from contractor agencies would have their support services (i.e., job coaching) reduced by approximately 28%. Increased risk for fragmented service delivery, skills recidivism or relapse, decreased work performance, reduced earnings, and/or disrupted employment for the affected individuals. Cross-organizational impacts with private provider network and other governmental agencies, including jeopardized partnerships among County, FCPS, nonprofit provider network, Virginia Dept. of Rehabilitative Services, and employers that have hired individuals with intellectual disabilities. Potential increased need for other County-funded benefits and/or assistance.
8	106-13	Mental Retardation Day Support and Vocational Services	Reduction in Purchase of Sheltered and Group Supported Employment Services (and associated FASTRAN Services) for 41 Non-Medicaid Funded Individuals	0	0.0	\$1,011,219	\$0	\$1,011,219	41 of 354 (11%) individuals currently receiving non-Medicaid funded sheltered and group supported employment services would have their day (and associated FASTRAN) services reduced. Expansion of the wait list could yield approximately 98 total individuals waiting for sheltered or group supported employment services in FY 2010. Reduction in provision of a safe and engaging environment for affected individuals during the day. Increased 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. Possible increase in residential or other supportive services costs. Fragmented service delivery, increased risk of skill recidivism or relapse, possible loss of employment, and/or reduced earnings for affected individuals. Cross-organizational impacts with private provider network and other governmental agencies, including jeopardized partnerships among County, FCPS, nonprofit provider network, State agencies, and employers that have hired individuals with intellectual disabilities.
9	106-06	ADS Adult Outpatient Treatment Services	Reduce ADS Adult Outpatient Services at the North County Human Services Center	3	3.0	\$324,074	\$15,971	\$308,103	Reduced capacity across the ADS outpatient sites from 200 individuals served to 40 individuals served. Increased wait time for services by 2-3 months. Impact on timely response to referrals from the Alcohol Safety Action Program, courts, and Probation.

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10	106-17	CSB Emergency, Crisis and Detoxification Services	Eliminate Hospital-Based Medical Detoxification Services	0	0.0	\$182,000	\$0	\$182,000	80 individuals annually will go unserved and remain in the community with active substance abuse. The already extensive 2-week wait time in the non-hospital based medical detox program will increase substantially. This will reduce access to individuals at a time of most acute risk in addition to potential increases in public safety responses rather than substance abuse treatment alternatives.
11	106-03	Mental Health Adult and Family Services	Close Western Fairfax (Chantilly) Outpatient Clinic Site	6	5.5	\$757,885	\$2,612	\$755,273	It will redirect 270 consumers annually being served by the Access clinician to other MH locations. This will result in longer waits for initial mental health assessments. Increased travel time and cost for individuals to alternate outpatient clinic sites. Increased risk of individuals not seeking mental health services. Increased use of crisis intervention services and psychiatric hospitalization due to psychiatric decompensation. Increased clinical caseloads and administrative duties in the other MH sites. Increased wait time for services and medication appointments. Exercise appropriations clause to terminate the Parkeast Circle lease (current lease terminates 12/31/2012). Reassigns direct service staff to other MH locations.
	106-05	Mental Health Youth and Family Services	Close Western Fairfax (Chantilly) Outpatient Clinic Site	1	1.0	\$80,317	\$1,306	\$79,011	See above impact.
12	106-17	CSB Emergency, Crisis and Detoxification Services	Eliminate Diversion to Detox Program	4	4.0	\$215,000	\$0	\$215,000	The 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 rather than having the Police Department divert them to a detoxification program.
13	106-03	Mental Health Adult and Family Services	Reduction in Psychotropic Medications and Psychiatric Staffing Levels	0	0.0	\$405,867	\$0	\$405,867	Increased barriers (cost, transportation, etc.) for consumers which would result in worse treatment outcomes. Reduced treatment options for consumer and psychiatrist. Reduced/delayed access to certain newer medications that may be more effective. Increased demands on psychiatrist time due to more complex, administratively demanding procedures that will reduce time for direct consumer care.
	106-05	Mental Health Youth and Family Services	Reduction in Psychotropic Medications and Psychiatric Staffing Levels	0	0.0	\$36,329	\$0	\$36,329	Increased caseloads for Psychiatrists. Current caseload average is about 170 consumers per psychiatrist. Increased use of Emergency Services due to wait times and caseloads. Decreased capacity for more intensive psychiatric treatment for consumers with the most serious mental illness.
14	106-02	CSB Prevention Services	Reduce Leadership and Resiliency Program in 4 High Schools	2	2.0	\$165,651	\$0	\$165,651	The elimination of services at four high school sites for as many as 100 at-risk high school youth, widening the gap of service to those in need of intensive prevention programming. The program capacity to FCPS high school youth will be reduced by 27% (from 15 schools to 11).
15	106-18	CSB Forensic, Diagnostic, Crisis and Treatment Services	Reduce Forensic MH and ADS Services at Adult Detention Center	3	3.0	\$241,491	\$0	\$241,491	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. 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%. 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 staff. 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 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 reincarcerations would increase substantially for individuals with mental illness, substance use disorders, or co-occurring disorders.
	106-18	CSB Forensic, Diagnostic, Crisis and Treatment Services	Reduce Forensic MH and ADS Services at Adult Detention Center	2	2.0	\$146,150	\$0	\$146,150	The ability to serve incarcerated individuals with substance use disorders will be reduced from 580 to 377 per year. 203 consumers per year will be unable to receive assessment, stabilization and treatment services prior to being released from jail.

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16	106-17	CSB Emergency, Crisis and Detoxification Services	Reduce Capacity at Assessment and Referral Center	3	3.0	\$204,785	\$0	\$204,785	358 individuals annually will be unable to access treatment services through ADS. This will reduce capacity to offer treatment in lieu of incarceration as an option for judges and probation officers. The increased wait time for services could potentially endanger individuals in crisis and require a public safety response. Children will remain in foster care longer because parents would be unable to get treatment as stipulated in foster care plans. The elimination of the Quality Assurance clinician will result in potential compliance issues with licensure audits, state performance contract, peer reviews, resource development, and training.
17	106-06	ADS Adult Outpatient Treatment	Reduce ADS Adult Outpatient Services in Falls Church	4	4.0	\$426,818	\$18,715	\$408,103	Reduced capacity across the ADS outpatient sites from 307 individuals served to 60 individuals served. In combination with Reduction #9, a total of 407 individuals with substance abuse problems will not receive the treatment necessary to begin recovery. Increased wait time for services by 2-3 months. Impact on the Alcohol Safety Action Program, courts, and Probation.
18	106-01	CSB Central Services Unit	Eliminate Consumer Housing Development, Service Site Planning, Centralized Leasing Operations, Resource Development and Funds for Residential Repairs	4	4.0	\$602,179	\$0	\$602,179	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
19	106-13	Mental Retardation Day Support and Vocational Services	Reduction in Purchase of Developmental Day (and associated FASTRAN) Services for 16 Non-Medicaid Funded Individuals	0	0.0	\$643,793	\$0	\$643,793	16 of 70 (23%) individuals currently receiving non-Medicaid funded developmental day services would have their day (and associated FASTRAN) services reduced. Expansion of the wait list could yield approximately 29 individuals waiting for developmental day services in FY 2010. 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 familial and residential group home burden to secure additional daytime support and services; potential loss of family members' ability to participate in gainful employment outside of the home. Increased economic and emotional stressors/hardships on families; increased risk of abuse and neglect. Possible increase in residential or other supportive services costs. Cross-organizational impacts with private provider network and other governmental agencies, including jeopardized partnerships among County, FCPS, nonprofit provider network, and State agencies.
20	106-16	CSB Homeless Services	Reduce CSB Homeless Services	8	7.5	\$599,439	\$0	\$599,439	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. 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.
	106-16	CSB Homeless Services	Reduce CSB Homeless Services	1	1.0	\$74,380		\$74,380	See above impact.

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21	106-05	Mental Health Youth and Family Services	Eliminate MH Youth Outpatient Treatment Contract and Reduce CSB Youth Staff	3	3.0	\$817,088	\$0	\$817,088	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. Reduced academic performance and increased involvement with the juvenile justice system. Increase wait list 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.
22	106-03	Mental Health Adult and Family Services	Eliminate Psychosocial Day Support Contract at Reston/Faraday Site	0	0.0	\$330,000	\$0	\$330,000	Closing the Reston PRS, Inc. site would eliminate structured day support to 71 individuals annually. The consumers would be at substantial risk of psychiatric deterioration/relapse and/or substance abuse relapse. Closing the Reston site would eliminate access to employment supports to 18 individuals annually. 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.
23	106-03	Mental Health Adult and Family Services	Eliminate Partial Hospitalization Programs from MH Continuum of Services	12	12.0	\$1,399,620	\$44,340	\$1,355,280	Substantial risk of deterioration/relapse. 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 increased 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.
24	106-04	Mental Health Adult Residential Services	Close 8 Residential Substance Abuse and Co-Occurring Treatment Beds	1	1.0	\$84,325		\$84,325	Cornerstones will reduce their capacity by closing 3 available treatment beds for persons with co-occurring disorders. The already extensive waiting list will grow and an additional 11 individuals annually will not be served in the Cornerstones program. 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.
	106-08	Alcohol and Drug Adult Residential Services	Close 8 Residential Substance Abuse and Co-Occurring Treatment Beds	2	2.0	\$125,878		\$125,878	A New Beginning will reduce their capacity by closing 5 available treatment beds for persons in need of residential substance abuse services, some of whom have co-occurring disorders. The already extensive waiting list will grow and an additional 20 individuals annually will not be served in the A New Beginning program. 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.
25	106-04	Mental Health Adult Residential Services	Eliminate Transitional Therapeutic Apartment Program Supervised Services	3	3.0	\$211,386	\$3,918	\$207,468	Eliminate capacity for treatment to 32 individuals at a time, and approximately 64 individuals per year. 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.

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26	106-17	MH Emergency, Crisis and Detoxification Services	Reduce Mental Health Mobile and Emergency Response	4	3.7	\$296,822	\$0	\$296,822	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/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) further exacerbating the current inpatient psychiatric bed crisis. An increase of 1,357 crisis/clinical phone calls being diverted to Woodburn Emergency (during the hours that MCU is not operation) would have a significant impact on the already protracted waiting time to be seen in Emergency Services at that site. 250 individuals would not receive 366 crisis services at this site. Increase of 2% (from 768 to 780) in Temporary Detention Orders. By redirecting the 1,244 crisis/clinical phone calls per year to the Emergency Services site in Central County (Woodburn), there would be a significant impact on the already protracted waiting time to be seen at that Emergency Services site.
27	106-04	Mental Health Adult Residential Services	Eliminate Residential Treatment Program for Women	5	5.0	\$592,249	\$20,939	\$571,310	On a yearly basis, cease serving a total of 21 high-risk women with co-occurring mental health and substance use disorders. Increase risk of crisis for individuals, 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.
28	106-03	Mental Health Adult and Family Services	Elimination of Intensive Day Treatment Program	2	2.0	\$153,571	\$0	\$153,571	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. Increased utilization of crisis intervention resources and potential for increased public safety responses. Increased risk for homelessness. Increased risk for substance use relapse.
29	106-08	Alcohol and Drug Adult Residential Services	Close Crossroads Adult Substance Abuse Residential Treatment Program (62 beds)	23	23.0	\$1,778,226	\$11,500	\$1,766,726	The closing of Crossroads Adult residential program would result in a wait for services of 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 stipulation of probation. Individuals that would typically enter services will remain at the Adult Detention Center; children will remain in foster care because parents will be unable to complete treatment mandated foster care plans; homeless individuals will remain on the streets, unable to address the root causes of homelessness; and costs will increase for those that remain in the criminal justice systems through hospitals, jails, crisis care and psychiatric beds. Some individuals may die.
30	106-15	Early Intervention for Infants and Toddlers	Reduction in Purchase of Therapeutic Intervention Services	0	0.0	\$392,980	\$0	\$392,980	Approximately 93 children enrolled in ITC services per month will be placed on a wait list for physical therapy, occupational therapy, speech therapy, or infant education. These services are provided for infants and toddlers birth through three years who have a developmental delay or disability. Total contracted services purchased would be reduced by 29%. This proposed reduction would intensify existing service delays already present due to service needs growth and provider unavailability, and exacerbate current non-compliance with federal and state mandated timeframes that ITC is required to comply with upon signature and acceptance of a local contract for participation in Part C of IDEA (i.e., the Individuals with Disabilities Education Act). In addition, the reduction would necessitate an increased need for more intense lifelong intervention in the future.
TOTAL REDUCTION ACHIEVED = 15 PERCENT				98	96.2	\$16,985,434	\$778,237	\$16,207,197	