Testimony of Lori Stillman

Fairfax-Falls Church Community Services Board

Before the House Appropriations and Senate Finance Committees

of the Virginia General Assembly

January 7, 2015

Good morning! I am Lori Stillman, a member of the Fairfax-Falls Church Community Services Board, which serves over 20,000 people a year with mental illness, substance use disorders, and intellectual and developmental disabilities. I am also the parent of a 25 year-old young man with multiple intellectual disabilities.

Thank you for past support and for taking the time to listen to our needs today. My handout describes our key legislative issues in greater detail for your reference, so I will summarize my statement by sharing some of our most pressing concerns for your consideration.

The closure of the state training centers requires an extensive increase in community-based day programming and residential services. In Northern Virginia, these services are already operating at capacity.

AT LEAST $7.7 million in state start-up funding is required to expand residential and day programming services for training center residents moving into the community. In addition, **$10.1 million per year** is needed to operate these services. This state funding is critical for this significant transition to be successful.

Additional support is also needed for programs that **help people with mental illness transition from the hospital** to community settings. Specifically, we ask you to support increased funding for **Local Inpatient Purchase of Services** and **Discharge Assistance Plans** and for **sustainable housing options** for people with serious mental illness.

We are deeply concerned about the increased number of overdose-related deaths we are seeing locally and statewide related to **heroin and other opiates.** We need **$1 million dollars** to fill gaps in the existing continuum of care in Northern Virginia. We must also **expand our region's peer support services,** which are a highly successful and very cost-effective support to traditional clinical services.

Early intervention services make a lifetime of difference for children who have - or are at risk for - developmental delays. I speak from experience as my son received these services when he was a baby which resulted in tremendous improvement in his overall daily functioning.

We ask that you increase funding to keep up with the growing demand for these legally mandated services. In Fairfax, the average monthly number of children seeking early intervention services has **grown more than 50 percent** -- from **909** children per month in FY 2010 to **1,380** children per month in FY 2014. We anticipate continued increase in demand. Yet the General Assembly chose not to increase the funding for FY 2015 or FY 2016 which makes no sense. Early intervention services save millions of tax dollars that would otherwise have to be spent on special education, treatment and supports. The Fairfax-Falls Church CSB supports an increase of **$2 million in FY2015 and $2.3 million in FY 2016** for these services.

Thank you for this opportunity to share our concerns and for your continued support.

Testimony of Ken Garnes, Chairman

Fairfax-Falls Church Community Services Board

Before the Northern Virginia Delegation to the Virginia General Assembly
January 10, 2015

Hello, I am Ken Garnes, Chairman of the Fairfax-Falls Church Community Services Board. I am here today, with my fellow Board members Molly Long and Suzette Kern, to highlight for your consideration and action the issues our board considers to be of top priority in the upcoming General Assembly session.

My remarks will focus on issues related to substance use disorders and peer recovery support services.

We are deeply concerned about the increased number of deaths we are seeing locally and statewide related to **heroin and other opiate abuse**. We believe that there needs to be a statewide approach to treatment and prevention supports. The Governor's new task force to study the heroin and opiate addiction issue is an excellent step in the right direction.

The bottom line is that **we need to expand services** to fill gaps in the existing continuum of care. Locally, this means **adding $1 million for the region** to target gaps and better support people who have opiate addiction issues.

One cost-effective best practice is to pair individuals receiving CSB services with **peer support specialists**. These are people who have lived experience with mental illness or substance use disorders, and who have received certification to now be able to help others with their recovery.

In our recent experience, **individuals who worked with Peer Recovery Coaches** have reported significant improvement in all "quality of life" areas, including a **20% improvement in employment outcomes and a 22% increase in ongoing sobriety.**

Peer support services are very **cost-effective** when aligned as support to traditional clinical services. **We ask you to support additional funding of $300,000 a year to expand peer support services in our region.** These funds would be used to hire one full-time Peer Recovery Coach for each of the 5 CSBs in Northern Virginia. This will provide a critical resource at a time when there is increased community awareness and concern about mental illness, substance use disorders and the need for services.

The handout we are providing today describes all of our legislative priorities in greater detail for your reference.

Thank you for this opportunity to share our concerns and for your continued support.

Testimony of Suzette Kern
Fairfax-Falls Church Community Services Board (Lee District)
Before the Northern Virginia Delegation to the Virginia General Assembly
January 10, 2015

Good morning. I am Suzette Kern, a member of the Fairfax-Falls Church Community Services Board representing the Lee District.

On behalf of our entire board – and thousands of families in our community – thank you for your support of the CSB. I am here today urging you to do all you can in the coming legislative session to **increase funding for early intervention services** for infants and toddlers.

These services make a **lifetime of difference** for children who have – or are at risk for – developmental delays. And they **save millions of tax dollars** that would otherwise have to be spent on special education, treatment and supports.

The average monthly number of children seeking and/or receiving services from our CSB's Infant and Toddler Connection **has grown more than 50 percent** -- from **909** children per month in Fiscal Year 2010 to **1,380** children per month in FY 2014.

Based on recent trends, we anticipate **continued growth in demand** at an average rate of six to eight percent annually.

Despite the increasing need for early intervention services, the General Assembly chose **not** to increase the funding for these

vital services for the current fiscal year or for FY2016. Whether viewed from a human services standpoint or in simply economic terms, this makes no sense.

State funding must be increased to keep up with the growing need for early intervention services. As you are well aware, it is the state, not the locality, which is mandated by federal law to provide these services.

In order to adequately meet increasing demands for early intervention services, a statewide increase of $2 million is needed in FY 2015 and $2.3 million in FY 2016.

We are also concerned about **current reimbursement rates for Medicaid-covered services**, **which do not align with actual costs.** We support increasing reimbursement rates from $132/month to $175/month for Medicaid Early Intervention Targeted Case Management.

Medicaid expansion is also an important issue for our community. Expanding eligibility to 138% of the federal poverty level would provide coverage to as many as **27,000** individuals in Fairfax County. Access to health care **saves** tax dollars by preventing the need for more expensive emergency services. And it improves the quality of life for hardworking people throughout our community and our Commonwealth.

Thank you for your support.

Testimony of Molly Long

Fairfax-Falls Church Community Services Board (Braddock District)

Before the Northern Virginia Delegation to the Virginia General Assembly

January 10, 2015

Hello, I am Molly Long, a member of the Fairfax-Falls Church Community Services Board representing the Braddock District.

My testimony today will focus on two key issues for Fairfax.

First, the **closure of the Northern Virginia Training Center, located in my District.** We currently have **65 individuals** from Fairfax County living in state training centers.

We need your support to successfully partner with you to close the Center and ensure our residents receive the services they require in the community.

To support the State's settlement with the Department of Justice, it requires us to extensively increase employment, day support, and residential services to ensure that our residents leaving this and other training centers are able to live successfully in the community.

In Northern Virginia, these services are now operating at capacity, and we need your help to build our capacity further.

In addition to the "bridge" funding the State has made available, we will need **$10.1 million dollars a year** to operate these services. Funding for ongoing operating expenses is critical for this transition to be successful.

In addition, for us to serve our Fairfax residents in Fairfax (something we all would want for our own family members), the current **differential in Medicaid Waiver rates needs to be increased by 15 to 20 percent** to reflect the higher cost of living here.

The second key issue for our board is your support for pilots and programs that enable us to effectively, and efficiently, treat our patients.

In detail, we are looking for your support for the following:

- first, **emergency services and funding for Crisis Response Treatment Pilot Programs**, specifically the proposal by the Virginia Association of Community Services Boards for funding that would add two emergency services staff locally and improve access to both outpatient and inpatient psychiatric services, intensive case management, and an array of other supportive services;

-second, **programs that help people with mental illness transition from the hospital to community settings**. Specifically, we ask that you provide additional funding for Local Inpatient Purchase of Services and Discharge Assistance Plans; and

finally, **sustainable housing options for people with serious mental illness**.

The benefit of your support of these programs will include reducing hospitalizations and reducing or even eliminating the involvement of public safety officers in responding to a psychiatric crises.

My handout provides you with additional detail about issues our board considers to be of high priority for the coming General Assembly session. We stand ready to assist you to make any of these service priorities a reality.

Thank you.

Legislative Priorities for 2015
Fairfax-Falls Church Community Services Board

MEDICAID ELIGIBILITY AND COSTS

Increase Medicaid eligibility in Virginia to 138% of the federal poverty level.

- Expansion would provide coverage to as many as **27,000 individuals in Fairfax County.**
- Would cover adults earning less than $16,104/ year; families earning less than $32,913/year; youth who lose Medicaid when they turn 19; and adults with disabilities not eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

NORTHERN VIRGINIA TRAINING CENTER – DOJ SETTLEMENT

Increase Medicaid waiver rates and funding for housing and community placements for individuals leaving the Northern Virginia Training Center, which closes in March 2016.

- CSB cannot currently serve everyone who wishes to remain in Northern Virginia when NVTC closes**.** As of January 2015, there are 65 individuals from Fairfax County living at state training centers, with 48 at NVTC and 17 at Central Virginia Training Center.
- Residential, employment and day support services in Northern Virginia are already at capacity. Expansion is impeded by high real estate and service delivery costs and insufficient waiver rates.
- Northern Virginia needs **$7.7 million in state start-up funding** to expand community-based residential placements and day support services.
- Additional state funding of **$10.1 million per year is needed to operate these services**.
- **Increase the differential for Northern Virginia Medicaid waiver rates** from 15 percent to 20 percent to reflect higher cost of living in this area.
- Request action to **remove a current administrative impediment to procuring financing for group housing and intermediate care facilities (ICFs)** for individuals with intellectual disability.

INFANTS AND TODDLERS – EARLY INTERVENTION SERVICES

Increase funding and service reimbursement rates for early intervention services for infants and toddlers with, or at risk for, developmental delays.

- In Fairfax, the average monthly number of children seeking and/or receiving ITC services **has grown more than 50% -- from 909 per month in FY 2010 to 1,380 per month in FY 2014**. Continued growth in demand is anticipated, at an average rate of six to eight percent annually.
- General Assembly **kept the funding level for FY 2015-16.** CSB supports a $2 million increase in FY2015 and $2.3 million in FY 2016.
- For Medicaid-covered services, **reimbursement rates must be increased to align with actual costs.** CSB supports increasing rates for Medicaid Early Intervention Targeted Case Management from $132/month to $175/month.

The above issues are also among the Fairfax County Board of Supervisors' legislative priorities.

Additional Issues – From VACSB Legislative Priorities for 2015-2016

EMERGENCY MENTAL HEALTH SERVICES AND SUPPORTS FOR ADULTS

- Create **Crisis Response Treatment Pilot Programs** (CRTPP), functioning 24/7, to transform and expand the crisis continuum by reducing the numbers of involuntary and voluntary hospitalizations and the need for temporary detention orders; substantially reduce time and involvement of public safety officers in psychiatric crises; triage and address treatment needs within a crisis situation; help individuals manage through crises into follow-up community services; and use person-centered, evidence based and best intervention and treatment practices in intervening with individuals prior to crises. Result: **More individuals will be appropriately diverted from local detention centers/jails and local and state inpatient psychiatric facilities.**
    - Projected cost per program: $1,840,400. Ten programs needed throughout state: Total $18,404,000.
    - Cost includes 24/7 mobile crisis response teams, intensive home/community crisis therapy/stabilization services, enhanced psychiatry and telepsychiatry services, family crisis support peer services.
- Assist individuals transitioning into the community with much needed **additional Local Inpatient Purchase of Services (LIPOS) and Discharge Assistance Plan funds**.
- Increase **sustainable housing for people with serious mental illness** by creating a mechanism to fund a package that includes both housing and services using the Discharge Assistance Program (DAP) model.
    - Projected cost: $3.2 million. *(This is also a priority for our Region II CSBs.)*

SUBSTANCE USE DISORDER SERVICES

Increase and expand services focused on individuals and families impacted by the devastating consequences of addiction. Expand medical detox services, expand residential treatment, and expand peer recovery support services in communities. Standardize Virginia's approach to the treatment of opiate addiction and associated deaths.

MORE ABOUT PEER RECOVERY SUPPORT *SERVICES (REGION II CSBS' #2 PRIORITY)*

- Provide ongoing funding for a Recovery Community Support Program in Region II, a Peer Recovery model for adults with substance use disorders. This would expand an existing, successful regional program.
- Expands the overall continuum of care for persons with substance use disorders, reduces recidivism and relapse, increases self-sufficiency and links with community.
- The Peer Recovery Support Coaching model is a set of non-clinical, peer-based activities that engage, educate and support an individual in their efforts to make life changes necessary to recover from disabling substance use disorder conditions.
- Peer Recovery Support Coaches appropriately share their lived experience and recovery story to help others find their path to recovery. Services may include mentoring, resource brokering, recovery community building, and recovery groups.
- Individuals reported their experience before peer services as compared to after peer services in 12 Core Quality of Life Indicators (sobriety, employment, housing, family relationships, physical health, mental health, education, legal issues, money, support network, transportation and child care). In the first year of the pilot program, **results showed significant improvements in all 12 core indicators, including an average improvement of 20% with employment and 22% with sobriety.**
- Cost: $300,000 per year. In prior years this program has been locally funded with unspent regional funds, which are not available on an ongoing basis. This level of funding will allow the program to hire a full-time Peer Recovery Coach for each of our five CSBs in Region II, as well as broaden the range of services provided, to include mentorship and support services such as transportation and assistance with securing jobs and housing.