Testimony of Gary Ambrose

Chairman, Fairfax-Falls Church Community Services Board

Before the House Appropriations and Senate Finance Committees
of the Virginia General Assembly
January 7, 2016

Hello, I am Gary Ambrose, Chairman of the Fairfax-Falls Church Community Services Board. Our CSB last year provided nearly 230,000 face-to-face service encounters with close to 22,000 people of all ages who have challenges related to mental illness, substance use disorders, and intellectual and developmental disabilities. I am here today with my board colleague, Katherine Kehoe, to talk about our key concerns for this year's legislative session.

We ask for your strong support this year as we launch our "Diversion First" initiative in Fairfax County, a comprehensive, community-wide effort which aims to reduce the number of people with mental illness in our local jail by diverting nonviolent offenders experiencing mental health crises to treatment instead of incarceration.

We have committed considerable local resources to this effort, including Crisis Intervention Team (CIT) training for law enforcement personnel, Mental Health First Aid training for Fire and Rescue and jail staff, a therapeutic Crisis Response Center, and a second CSB Mobile Crisis Unit. In addition, discussions are underway to establish a Mental Health Docket in our county court system.

The inaugural meeting of the Diversion First stakeholders group included four judges, top officials throughout our county government, mental health leaders, leaders of local law enforcement agencies, mental health advocacy groups, local and state elected officials, and community members whose families have experienced the consequences of incarceration as well as its alternative – diversion to appropriate mental health treatment. The stakeholders group continues to enjoy active participation and involvement.

Diversion First took a major step forward on January 1, 2016, when we gained the ability for patrol officers to transfer custody of offenders suspected to be mentally ill to law enforcement officers stationed in our Merrifield Crisis Response Center.

With your support, we can build this initial effort over the next three to five years into a comprehensive program that can save millions of taxpayer dollars that would otherwise be spent on expensive and counterproductive incarceration. More importantly, by diverting

nonviolent offenders to mental health treatment, we can hasten rather than hinder their recovery and, quite literally, save lives.

This is, in my opinion, the most important human services initiative our county has launched in recent memory and will serve as a model for the Commonwealth and the nation.

An immediate, related issue for your attention during this legislative session is the need for additional resources to develop our crisis response and emergency services workforce. Our region is asking for $6,955,000 for this purpose, which would provide $1,391,000 for each of the five Northern Virginia CSBs.

The Commonwealth has made sweeping reforms in processes for Emergency Custody and Temporary Detention Orders, security protocols, commitment criteria and other areas that affect Emergency Services. These reforms are important, but they come with a cost. CSBs now have enhanced requirements for staff supervision, training, and credentialing. In addition, our emergency services staff is already managing increased demand which will further increase with Diversion First. We need the additional state funding so that we can develop our workforce to meet all these requirements and demands.

A key factor in preventing recidivism and encouraging recovery is the availability of permanent, supportive housing. Our CSB recently partnered with Pathway Homes to apply for permanent supportive housing dollars that, if awarded, will enable us to serve about 25 individuals. But many more people need this help. Additional state funding is urgently needed to close this gap.

Our handouts provide additional information about these and other key issues that my colleague, Katherine Kehoe, will talk about next.

Thank you for your support.

Testimony of Jeffrey Wisoff
Fairfax-Falls Church Community Services Board (Providence District)
Before the House Appropriations and Senate Finance Committees
of the Virginia General Assembly
January 7, 2016

Hello, I am Jeffrey Wisoff, a member of the Fairfax-Falls Church Community Services Board, representing the Providence District.

A key issue for our entire region (Health Planning Region II) is the need for more Medicaid Waivers. As of October, our region had **1,434** people with **urgent** needs on the statewide wait list for Medicaid Waivers. In Fairfax County alone, we have **948** people with urgent needs on the wait list, including individuals with intellectual disability whose elderly parents can no longer safely tend to the physical and behavioral health needs of their adult child. Another example of urgent need for Medicaid Waivers are young people, about to age out of specialized residential services, who are at risk of becoming homeless unless they can access the residential support options funded by Medicaid waivers.

The need for additional Medicaid Waivers for our region is even more pressing with the closure of the Northern and Central Virginia Training Centers.

The Department of Justice Settlement Agreement with the Commonwealth of Virginia has resulted in a transfer of individuals from the Training Centers to more integrated community-based programs in our region. However, individuals who were already on the wait list for residential services at the time of the Settlement Agreement have been in competition with the Training Center residents for scarce placements and services. Resources are not keeping pace with the growing number of individuals in urgent need of services.

Fully funded Waiver redesign and the release of more Waivers is critically needed. Please do all you can to fund additional Medicaid Waivers for our region.

We also need your help as we battle the epidemic of heroin and opiate dependence that afflicts our Commonwealth and our nation. Detoxification is often a critical first step towards recovery. But in Fairfax, a person typically has to wait two to three weeks, sometimes even months, before a detox bed comes open. Waiting reduces the chance for a successful intervention. A life can hang in the balance.

We need additional state funds to increase the number of detox beds in our region and to expand the use of medication assisted detoxification.

As Gary mentioned, our handouts describe these issues in greater detail for your reference. We thank you for this opportunity to share our concerns and for your continued support.

Testimony of Gary Ambrose

Chairman, Fairfax-Falls Church Community Services Board

Before the Northern Virginia Delegation to the Virginia General Assembly
January 9, 2016

Hello, I am Gary Ambrose, Chairman of the Fairfax-Falls Church Community Services Board. Our CSB last year provided nearly 230,000 face-to-face service encounters with close to 22,000 people of all ages who have challenges related to mental illness, substance use disorders, and intellectual and developmental disabilities. I am here today with Molly Long, our Board's Braddock District representative, to talk about our key concerns for this year's legislative session.

We ask for your strong support this year as we launch our "Diversion First" initiative in Fairfax County, a comprehensive, community-wide effort which aims to reduce the number of people with mental illness in our local jail by diverting nonviolent offenders experiencing mental health crises to treatment instead of incarceration. We are very grateful to Delegate Vivian Watts, who has been involved since the start as a member of the Diversion First stakeholders group. We also wish to thank Delegate Marcus Simon, who chaired the subcommittee of the county's Ad Hoc Police Practices Review Commission that endorsed implementing Diversion First.

We have committed considerable local resources to this effort, including Crisis Intervention Team (CIT) training for law enforcement personnel, Mental Health First Aid training for Fire and Rescue and jail staff, a therapeutic Crisis Response Center, and a second CSB Mobile Crisis Unit. In addition, discussions are underway to establish a Mental Health Docket in our county court system.

The inaugural meeting of the Diversion First stakeholders group included four judges, top officials throughout our county government, mental health leaders, leaders of local law enforcement agencies, mental health advocacy groups, local and state elected officials, and community members whose families have

experienced the consequences of incarceration as well as its alternative – diversion to appropriate mental health treatment.

This stakeholders group continues to enjoy active participation and involvement. Work groups have been formed to focus on policy development, data gathering and evaluation, and communications, as well as specific program components.

Diversion First took a major step forward on January 1, 2016, when we gained the ability for patrol officers to transfer custody of offenders suspected to be mentally ill to law enforcement officers stationed in our Merrifield Crisis Response Center.

With your support, we can build this initial effort over the next three to five years into a comprehensive program that can save millions of taxpayer dollars that would otherwise be spent on expensive and counterproductive incarceration. More importantly, by diverting nonviolent offenders to mental health treatment, we can hasten rather than hinder their recovery and, quite literally, save lives.

We are also working to divert people with mental illness (who have no other health issues) from hospital emergency rooms to mental health emergency services, which can save millions of dollars in emergency health care costs. Diversion First makes sense on many levels. It is, in my opinion, the most important human services initiative this county has launched in recent memory and will serve as a model for the Commonwealth and the nation.

An immediate, related issue for your attention during this legislative session is the need for additional resources to develop our crisis response and emergency services workforce. Our region is asking for $6,955,000 for this purpose, which would provide $1,391,000 for each of the five Northern Virginia CSBs.

The Commonwealth has made sweeping reforms in processes for Emergency Custody and Temporary Detention Orders, security protocols, commitment criteria and other areas that affect Emergency Services. Those reforms are important, but they come with a cost. CSBs now have enhanced requirements for staff supervision, training, and credentialing. In addition, our emergency services staff is

already managing increased demand which will further increase with Diversion First. We need the additional state funding so that we can develop our workforce to meet all these requirements and demands.

A key factor in preventing recidivism and encouraging recovery is the availability of permanent, supportive housing. Our CSB recently partnered with Pathway Homes to apply for permanent supportive housing dollars from the state that, if awarded, will enable us to serve about 25 individuals. But many more people need this help. Additional state funding is urgently needed to close this gap.

Our handouts provide additional information about Diversion First and the other key issues that my colleague, Molly Long, will talk about next.

Thank you, as always, for your support.

Testimony of Molly Long

Fairfax-Falls Church Community Services Board
Braddock District Representative

Before the Northern Virginia Delegation to the Virginia General Assembly
January 9, 2016

Hello, I am Molly Long, Braddock District representative to the Fairfax-Falls Church Community Services Board.

A key issue for our region is the need for more Medicaid Waivers. As of October, our region (Health Planning Region II) had 1,434 people with urgent needs on the statewide wait list for Medicaid Waivers. In Fairfax County alone, we have 948 people with urgent needs on the wait list, including individuals with intellectual disability whose elderly parents can no longer safely tend to the physical and behavioral health needs of their adult child.

Another example of an urgent need for a Medicaid Waiver is a youth about to age out of specialized residential services who is at risk of becoming homeless unless he can access residential support options funded by Medicaid waivers.

The need for additional Medicaid Waivers for our region is even more pressing with the closure of the Northern and Central Virginia Training Centers.

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individuals from the Training Centers to more integrated community-based programs in our region. However, individuals who were already on the wait list for residential services at the time of the Settlement Agreement have been in competition with the Training Center residents for scarce placements and services. Resources are not keeping pace with the growing number of individuals in urgent need of services.

Fully funded Waiver redesign and the release of more Waivers is critically needed. Please do all you can to fund additional Medicaid Waivers for our region.

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As Gary mentioned, our handouts describes these issues in greater detail for your reference. We thank you for this opportunity to share our concerns and for your continued support.