



FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Martha Lloyd, Chair

Fairfax County Government Center

12000 Government Center Parkway, Conference Rooms 9 & 10

Fairfax, Virginia 22035

Wednesday, March 23, 2010

7:30 p.m.

- | | | |
|---|-------------------|-----------|
| 1. Meeting Called to Order | Martha Lloyd | 7:30 p.m. |
| 2. Matters of the Public | | 7:35 p.m. |
| 3. Amendments to the Meeting Agenda | Martha Lloyd | 7:50 p.m. |
| 4. Consent Agenda | | 7:55 p.m. |
| 5. Matters of the Board
A. Budget Advocacy | Mark Sites | 8:00 p.m. |
| 6. Action Items
A. Ad Hoc Committee Guidelines | Mark Gross | 8:20 p.m. |
| 7. Executive Director's Report
A. System Transformation Update
B. Legislative Update
C. Regional Acute Care Update
D. County Budget Update | George Braunstein | 8:30 p.m. |
| 8. Adjournment | | 9:15 p.m. |
| 9. Tonier Cain DVD | | 9:15 p.m. |

Consent Agenda

Motion:

I move that the Board include the items listed on the Consent Agenda:

- A. Approval of minutes of the February 23, 2011, Board meeting.
- B. Acceptance of minutes of the February 16, 2011 Executive Committee meeting.
- C. Acceptance of minutes of the March 2, 2011 Intellectual Disability Committee meeting.
- D. Acceptance of minutes of the March 9, 2011 Substance Abuse/Mental Health Committee meeting.

Fairfax-Falls Church Community Services Board
February 23, 2011

The Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 9 and 10, in Fairfax.

The following CSB members were present: Martha Lloyd, Chair; Renée Alberts, Mary Ann Beall, Susan Beeman, Jessica Burmester, Lynne Crammer, Mark Gross, Glenn Kamber, Jean McNeal, Mattie Palmore, Mark Sites, Lori Stillman, Woody Witt

The following CSB members were absent: Pam Barrett, Diane Hofstadter, Jane Woods

The following CSB staff were present: Gary Axelson, Bill Belcher, Belinda Buescher, George Braunstein, Carolyn Castro-Donlan, Ginny Cooper, Jeannie Cummins-Eisenhour, Evan Jones, Cathy Pumphrey, Jenna Rosenberger, Jim Stratoudakis, Will Williams, Alan Wooten, Laura Yager

Also present were other county staff, private sector staff and members of the public.

1. Meeting Called to Order

Ms. Lloyd called the meeting to order at 7:41 p.m.

2. Amendments to the Meeting Agenda

There were no amendments to the Meeting Agenda.

3. Matters of the Public

There were no matters of the public.

4. Consent Agenda

➤ Ms. Mary Ann Beall moved the Board approve the Consent Agenda with the following items included:

- A. Approval of minutes from the December 15, 2010 Board meeting
- B. Acceptance of minutes of the December 9, 2010 Alcohol & Drug Committee meeting
- C. Acceptance of minutes of the January 5, 2011 Intellectual Disability Committee meeting
- D. Acceptance of minutes of the January 10, 2011 External Committee meeting
- E. Acceptance of minutes of the January 12, 2011 Mental Health Committee meeting
- F. Acceptance of minutes of the January 19, 2011 Executive Committee meeting
- G. Acceptance of minutes of the February 9, 2011 Mental Health Committee meeting

The motion was seconded by Mr. Mark Gross and approved.

5. Matters of the Board

- A. Major Mark Sites presented the FY 2012 Service Priorities for Budget Consideration to be presented at the Human Services Council Hearing on March 7th. The Board members discussed advocacy strategy and ways in which to be most effective. Mr. Braunstein discussed from where the CSB derived these four points and their importance in maintaining the public safety net. If any Board members have feedback regarding the document, they can send it to Jenna by Monday and the Board will have a revised version by the middle of the week.
- B. Mr. George Braunstein introduced Ms. Carolyn Castro-Donlan, the new Deputy Director; Ms. Belinda Buescher, Public Information Officer; and, Bill Belcher, Fiscal Administrator.

6. Action Items

- A. Third Quarter Review – Ms. Ginny Cooper provided the Third Quarter Budget Review for the Board’s consideration. Mr. Glenn Kamber raised issues related to the budget and its tie-in with the upcoming budget advocacy.

Ms. Jean McNeal moved that the CSB approve the FY 2011 Third Quarter Budget Review. Mr. Mark Gross seconded the motion and it was approved.

7. Information Items

- A. Balanced Score Card – Ms. Cathy Pumphrey presented the Second Quarter Balanced Score Card. Mr. Williams, Mr. Axelson and Mr. Wooten presented to the Board their insights for the numbers displayed in the data details. Ms. Pumphrey walked through the rest of the Balanced Score Card with the Board and answered questions pertaining to the data.
- B. Performance Contract – Ms. Pumphrey noted that the Performance Contract is available online and available for reading.
- C. Fairfax County Pre-Disaster Recovery Plan – Dr. Jim Stratoudakis updated the Board on the Continuity of Operations Plan that would be followed by the CSB in the event of any type of emergency or disaster.

8. Executive Director’s Report

- A. Mr. George Braunstein shared with the Board a Star Supporter Award received from the Laurie Mitchell Employment Center for, “fifteen years of unwavering support.”
- B. System Transformation Update – Mr. Braunstein noted that the Board has received updates prior to the meeting, including the new configuration of the service system outlined in a memo sent out previously to Board members. Mr. Braunstein noted that there is a planned meeting in May between the CSB and the Board of Supervisors.
- C. Legislative Update – Mr. Braunstein noted that it appears that most of what was in the Governor’s budget will move forward in the way in which it was intended. The one issue concerning the CSB that has not been finalized is deciding the language around managing

Medicaid, specifically managing children's mental health. Mr. Braunstein then discussed the Department of Justice findings concerning care for persons with intellectual disabilities in Virginia and its ramifications for the community.

- D. Regional Acute Care Update – The 19 beds total, 13 from this year, from the Northern Virginia Mental Health Institute will be closed by July 1st which means their capacity for admissions will be cut in half. The regional leadership has planned for a crisis center that would be a drop off point for police that would be an emergency room like center and would feature 23 hour beds. Mr. Braunstein discussed other features of the center.
- E. County Budget Update – Mr. Braunstein noted that the Board has received a complete update on this topic and that advocacy will continue to move forward.

9. Closed Session

Discussion of matters pursuant to Virginia Code 2.2-3705.5

Actions Taken –

- (a) The Consent Agenda was approved as presented.
- (b) The Third Quarter Review was approved as presented.

There being no further business to come before the Board, the meeting was adjourned at 9:45 p.m.

Date Approved

Jenna Rosenberger, Clerk to the Board

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Fairfax-Falls Church Community Services Board
Executive Committee
February 16, 2011

The Executive Committee of the Fairfax-Falls Church Community Services Board met in regular session on February 16, 2011 at 7:30 p.m. at the Pennino Building, 12000 Government Center Parkway, Conference Rooms 9 and 10, Fairfax, Virginia.

The following Committee members were present: Martha Lloyd, Chair; Susan Beeman; George Braunstein; Mark Gross; Mark Sites; Woody Witt;

The following Committee members were absent: Lynne Crammer; Jane Woods

The following CSB staff was present: Carolyn Castro-Donlan; Jenna Rosenberger

1. Meeting Called to Order

The meeting was called to order at 7:30 p.m.

2. Approval of the January 19, 2011 Minutes

- Mr. Mark Gross moved that the Executive Committee minutes of January 19, 2011 be approved as presented. The motion was seconded by Major Mark Sites and unanimously carried.

3. Adoption of the Agenda

- Mr. Mark Gross moved that the Executive Committee Agenda be adopted as presented. The motion was seconded by Ms. Susan Beeman and unanimously carried.

4. Matters of the Executive Committee

- A. Substance Abuse & Mental Health Committee Report – Ms. Susan Beeman informed the Committee that the Mental Health and Alcohol and Drug Committees are on schedule to merge in March and that only a few details remain to be finalized.
- B. Intellectual Disability Committee Report – Mr. Woody Witt noted that there was no ID Committee meeting in February but they will meet in March. The Committee is establishing a stakeholder committee that will work alongside a staff workgroup to facilitate the process for identifying service needs, evaluating existing system capacity and other gap analyses. The first stakeholders' meeting will be in March and will be the first of three.
- C. Internal Committee Report – Mr. Mark Gross noted that the next meeting will be February 23rd. The Committee will look at the goals and objectives of all the Committees and create a common format for all that will be submitted to the Executive Committee. Mr. Gross noted that the Committee will also be looking at revising the CSB Bylaws. Mr. Braunstein noted that it would be worthwhile to look at the internal service system and its transformation.

D. External Committee Report – The External Committee meeting has moved its meetings and will now meet prior to the regular Board meeting next Wednesday, February 23rd. The Committee will begin locking in the logistics of the health care reform forums. Mr. Glenn Kamber worked on developing the charter and has sent that to the Committee for review but the healthcare reform forum remains the priority. Mr. Braunstein noted the key role the External Committee will play in the upcoming local budget advocacy. A draft of talking points will be presented to the Committee at their February meeting.

E. Other Matters from Committee Members – The Committee welcomed Mr. Cauvin from the Washington Post. Ms. Lloyd discussed the work plan progress report and the desire expressed by the Board to have it reported to them monthly. This will be owned by the Internal Committee. The Committee also discussed changes and revisions to be made to the CSB Flow of Information Chart.

5. Amendments to the Board Agenda

➤ Ms. Lloyd moved to adopt the draft Board Agenda as adopted. The motion was seconded by Ms. Susan Beeman and unanimously carried.

6. Board Planning Calendar

The Board Planning Calendar was provided for information and review.

7. Executive Director's Report

A. System Transformation Update – Mr. Braunstein noted that the Board received the updated chart that demonstrated the move to a service system based on the level of intensity of need. The goal is to have the budget realigned to the new structure by FY 2013. This will allow for flexibility and responsiveness. All managers and supervisors will need “high performance” training. Mr. Braunstein illuminated several instances where the transformation has already taken hold, to include the FAST team, the integrated front door, and beginning a major Autism work group. Mr. Gross raised a question regarding whether the CSB ought to meet with its advocacy partners and share its transformation process with them. Mr. Braunstein agreed and discussion centered around making that a topic for a summer forum. Mr. Braunstein noted that some of the division directors' job assignments will change; these discussions are centering around spans of control and reasonable workloads for these positions.

B. Legislative Update – The State budget is going into the House and Senate conferees. One of the major items to affect the CSB is that the Senate removed some of the ID waiver slots and assigned them to DD whereas the House assigned more. However, Mr. Braunstein noted, it is essential to look at the entirety of the picture about which conferee is funding what programs. Mr. Braunstein noted he will get something out to the Board by Thursday for last minute advocacy efforts. There was also a difference between the two houses on the management of child services. The Senate adopted the language put forth negotiated by the VACSB and DBHDS and the Governor's office in regards to children's mental health. The House, on the other hand, decided to fund it entirely through the Comprehensive Services Act. Mr. Braunstein explained the nature of the CSA to the Committee and discussed the ramifications of what this could mean for the service system.

- C. Regional Acute Care Update – The plan to create a crisis center run by the region that will either be in partnership with INOVA or at NVMHI is ready to go based on INOVA’s response. The crisis center would have 24/7 around the clock coverage by clinicians, interventions could be done there as well, 23-hour beds would be available and there is consideration of maybe providing some additional crisis stabilization. This is a way of serving as many people in need of acute care as possible without hospitalizing them.
- D. County Budget Update – The County budget will be presented by the County Executive on Tuesday. He will be attending the Human Services Council on Tuesday evening. Based on preliminary understanding, there are no other expected budget cuts other than the \$1.2 million already projected. In regards to advocacy for the local budget, four areas are being identified. The first is medical detox. Up to 400 people that the system encounters could not receive an emergency medical detox beds. The CSB is requesting ten additional beds – the space and beds are available but there is no funding for professional staff. The second item is the acute care needs of people who will get stabilized in the hospital but will remain symptomatic in the community or needs an intermediate level of care. One example of this would be increased partial-hospitalization services. The third item is the special education graduates. The CSB doesn’t know how many grads it will be available to serve but the best estimate is that a million dollars or more will be needed to get everyone into programs in a reasonable time after graduation. Mr. Braunstein discussed some of the opportunities and changes being made to the employment sections of the system. The fourth item is the diversion to detox program. In past years, this program has been funded by a variety of streams and currently there is no way of funding it. Mr. Braunstein noted that although these four items are what will be advocated for, there are other programs out there. One of these is the Infant & Toddler Connection. Although they are struggling both financially and with capacity, they are starting to see more private insurance payments which should lead to the program budget becoming more stable. Mr. Braunstein also discussed the school link program being developed in response to Mr. Gross’ question about what services the CSB provides in the schools. The program will be geared towards performing comprehensive assessments and identifying programs needed to intervene earlier and in a less intensive way.

Mr. Woody Witt noted that autism insurance liability bill got out of committee in Richmond.

There being no further business to come before the Executive Committee, the meeting was adjourned at 8:54 p.m.

Actions Taken –

- (a) The January 19, 2011 Executive Committee minutes were approved as presented.
- (b) The Executive Committee Agenda was adopted as presented.
- (c) The February 23, 2011 Board Agenda was approved as amended.

March 16, 2011
Date Approved

Jenna Rosenberger
Jenna Rosenberger, Clerk to the Board

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Fairfax-Falls Church Community Services Board
Intellectual Disability Committee
March 2, 2011

The Intellectual Disability Committee of the Board met in a regular session at 12000 Government Center Parkway, Fairfax, VA 22035.

The following Committee members were present: Woody Witt (Chair), Jessica Burmester, Mark Gross, and Jean McNeal.

The following CSB members were present: None

The following Committee members were absent: Lori Stillman

The following CSB staff members were present: Dennis Brown, Evan Jones, and newly appointed Deputy Director of CSB, Carolyn Castro-Donlan.

Also present were private provider representatives as well as members of the public.

1. Meeting Called to Order

The meeting was called to order at 7:30pm with a minor change in the agenda, the meeting to begin with a powerpoint presentation.

2. Housing Presentation

Jeannie Cummins-Eisenhour, Investment Development Manager, CSB, gave a presentation on residential and site development. Jeannie's presentation discussed strategic initiatives for the CSB in partnership with the Fairfax County Redevelopment & Housing Authority (FCRHA) and non-profit organizations to create a housing waiting list. (*Reference Handout*)

3. Approval of the Minutes

The minutes were approved with no changes.

4. Matters of the Public

Nancy Mercer, Executive Director, The Arc of Northern Virginia, made a couple of announcements:

1. Toastmasters Event, featuring Marissa Laios as an evaluator
2. Nancy attended the Proclamation Ceremony in Arlington, VA, and expressed hope that the IDD Proclamation event could be more community based.
3. Lunch Bunch-an informal info-sharing support group for parents, professionals
4. VA Ability Alliance

Scott Campbell, parent advocate, shared two announcements:

1. The 6th Annual Special Education Conference, to be held at Lee High School, March 19
2. 2011 Adapted Sports, Recreation and Travel Fair for Individuals with Disabilities.

Fairfax-Falls Church Community Services Board
Intellectual Disability Committee
March 2, 2011

5. Matters of the Committee

The ID Committee and the ID staff members acknowledged Dennis Brown's last committee meeting pending his retirement on April 30, 2011.

Woody Witt, Committee Chair, announced the Developmental Disabilities Inclusion month Proclamation event, on March 8.

Woody Witt, shared current waitlist information: 1,028 individuals awaiting residential and/or waiver services. Of this number, 715 individuals are waiver eligible and 370 individuals are in urgent need.

6. CSB DD/ASD Workgroup

Joel Friedman, CSB, presented on initiatives regarding creating/implementing services for the community of families impacted by Autism Spectrum Disorder (ASD) and other developmental disabilities (DD). Joel discussed three fundamental purposes to approaching this initiative: First, identify the service needs of individuals with ASD in Fairfax County and cities of Fairfax and Falls Church. Second, evaluate the current service capacity to serve individuals with ASD and DD. Third, recommend any modifications to the existing system in order to provide services to individuals with ASD and DD.

Joel discussed the methodology behind this initiative, is to convene two workgroups: one comprised of about 15 CSB staff represented by all disability service areas, and the other workgroup comprised of a smaller group (stakeholders) represented by members of the CSB Board as well as members of the autism and developmental disability community.

Joel discussed the goals of these two workgroups. The CSB workgroup will facilitate the activities of the Autism and Developmental Disability Service project, including oversight of the stakeholder workgroup, and as act as liaison to CSB staff by coordinating forums and other mechanisms to exchange information and feedback. The stakeholder's workgroup will be to act as liaison to the autism developmental disability community, (which includes individuals and families of individuals diagnosed as having an intellectual disability) by coordinating forums and other mechanisms to exchange information and feedback.

Another methodology behind this project initiative is to contact other CSBs in Virginia, to determine how they are addressing this issue. Information forums conducted by mid March between CSB and stakeholder workgroups. A final report is expected to be submitted to CSB Administration by the end of April, 2011. (*Reference Handout*)

Fairfax-Falls Church Community Services Board
Intellectual Disability Committee
March 2, 2011

7. Budget and Legislative Updates

Dennis Brown reported on the State budget highlights relating to ID services (*Reference Handout*):

- 275 new community ID Waiver slots and 150 new DD Waiver slots
- \$5M for ID regional crisis stabilization capacity
- \$2M for MH/IDS adult crisis stabilization-this is a \$2M reduction from the Introduced Budget
- 4% restoration of all Medicaid waiver rates effective July 1, 2011, so there will be a 1% reduction.
- Respite hours capped at 480 hours per year
- Personal care hours capped at 56 per week
- Environmental modifications and assistive technology caps restored to \$5000 per year
- Care coordination language adopted consensus language with effective date for behavioral health coordinated care of July 1, 2012
- Audit language for provider input and fair methodology
- DBHD Trust Fund established with \$30 Million providing Waivers and a wide array of community services-HB2533/SB 1486
- DRS funding for long term employment and extended employment restored

Evan Jones reported on County budget highlights relating to ID services:

- Due to a combination of a County budget reduction, increased needs of consumers currently receiving day and employment services coupled with a recently announced DRS budget action (referred to as Order of Selection), the CSB is estimating a \$1.0 million shortfall in order to continue serving existing consumers as well as the June graduates. The estimate provided at this meeting was \$1.2 million to serve 95 graduates and an estimated offset of approximately \$200,000 projected to be available based on new slot assignments.

8. Director's Report

Dennis Brown reported on the unanimous decision approved by the Board of Supervisors to eliminate the "R" word from all county documentation. The Fairfax County Board of Supervisors unanimously decided to get rid of the term "Mental Retardation" from county documents and materials. The Board Matter was introduced by Braddock Supervisor John C. Cook. The terminology will be replaced with the preferred "Intellectual Disability." The Board Matter requires the terminology to be changed with in a year.

Dennis Brown reported that Supervisor Catherine Hudgins, Hunter Mill District, is currently serving as Chair of the Metro Board.

Fairfax-Falls Church Community Services Board
Intellectual Disability Committee
March 2, 2011

Dennis reported that ICON is going out of business, and CSB transferred all of the consumer services. SOC Enterprises, Inc. hired all of the vocational staff; while the residential services have been divided among CSB directly operated, Hartwood Foundation, Inc., and Resources for Independence VA, Inc.

Dennis reported on an ongoing initiative of Deputy County Executive, Pat Harrison, "Listening Project of Nonprofit Capacity Building," which involves working with George Mason University (GMU) on community wealth ventures.

9. Meeting adjourned at 9:50pm.

***Attachments A, B, C**

Date Approved

[Name of person preparing minutes]

Action Taken –None

Follow-up Items –None.

Fairfax-Falls Church Community Services Board
Substance Abuse and Mental Health Committee
March 9, 2011

The Substance Abuse and Mental Health Committee of the Board met in regular session at the Fairfax County Government Center, 12000 Government Center Parkway, Conference Rooms 9/10, Fairfax, Virginia.

The following Committee members were present: Pamela Barrett, Mary Ann Beall, Susan Beeman Co-Chair, Lynne Crammer, Diane Hofstadter, Glenn Kamber, Mark Sites, Co-Chair, Jane Woods

The following Committee members were absent: Renée Alberts, Mattie Palmore

The following Committee associate members were present: Wendy Gradison, PRS, Inc., Peter Clark, No. Va. Mental Health Foundation, Trudy Harsh, The Brain Foundation, Joel McNair, Pathway Homes, Inc., Shirley Repta, INOVA, William Yolton, Advisory Board for the Joe and Fredona Gartlan Center and On Our Own of Fairfax County

The following CSB staff were present: Shelley Ashby, Gary Axelson, Allen Berenson, Carolyn Castro-Donlan, Peggy Cook, Loretta Davidson, Kaye Fair, Gary Lupton, Jamie MacDonald, David Mangano, Patrick McConnell, Davene Nelson, Lyn Tomlinson, Daryl Washington, William Williams

Also present were other private sector staff as well as members of the public.

1. Meeting Called to Order

The meeting was called to order at 7:35 p.m.

2. Opening Remarks/Introductions

- Ms. Beeman and Mr. Sites thanked everyone for coming and asked members to introduce themselves. The committee meetings for June 2011 will be held at the South County Government Center and September will be located at Chantilly Mental Health. Ms. Beeman added that she looks forward to feedback to tonight's planned discussion.
- It was announced that Substance Abuse has been changed to Substance Use Disorder.
- It was noted that minutes from the previous Alcohol & Drug Committee and Mental Health Committee meetings will be reviewed for approval at the next meeting with the March Substance Abuse and Mental Health Committee minutes.

3. Matters of the Public

- There were no matters of the public.

4. The Substance Abuse and Mental Health Committee

- *Joint Discussion of How We Intend to Proceed and Operate*

Ms. Beeman referenced the program information sent out prior to the meeting. She noted that Pathway Homes information was not included in the document and noted this will be corrected.

Mr. Sites distributed copies of the Draft Substance Abuse and Mental Health Committee Updated Vision Statement, Mission Statement, Goals and Objectives. Mr. Sites briefly reviewed this information, began the discussion and requested feedback.

There was a great deal of discussion and comments, suggestions and input was provided on developing the Substance Abuse and Mental Health Committee Vision Statement, Mission Statement, Goals and Objectives. Some suggestions and comments included: advocate not just sustaining those in the system, but also needs of people in community; identify how we are going to measure; invite Cathy Pumphrey to a meeting to discuss how the CSB is looking at measurements and outcomes; invite consumers to attend committee meeting to provide input; query consumers on how they would like to participate and to what level; possibly look at scheduling meetings at different venues; determine a way to leave meeting tonight, and come up with concrete ideas to vote on at next meeting.

Recommendations regarding Mission Statement, Goals and Objectives included:

On the mission statement

- We need to add “Promote Prevention”

Objective 1.2

- Review Entry data monthly, referred to combined front door services and various Access Services.

Goal # 2

- Clarify that efficiency is defined as cost per unit and effectiveness as outcome of service provided.
- Expand Goal # 2 to track and measure outcome
- Identify and make recommendation on ways to measure micro/macro in CSB
- Several people have agreed that needs are increasing in the community and with the cuts we are unable to meet needs for those in the system, let alone the ones in the community needing services.

Goal # 4

It was suggested to move 5.2 to 4.1 with other possibilities being:

- Address stigma to foster a better understanding and education.
- Look at it one year as a goal and objective added with Transformation
- Pay special attention to consumers in recovery and the services they need

- The impact of Goal # 4 could lead to the need of Goal # 7 with the focus on support services to include housing, health, employment and transportation and receiving them in a timely manner.
- Be on the lookout for children and their families who are in stress with the need of a possible intervention and effectively work the other agencies to help them. Medicaid wrap around services will now include Mental Health.

Goal # 6

There is no Objective at this time so ideas are:

- Move Goal # 6 to Goal # 1 since we are consumer driven.
- Committee to hold specified number of meetings at different locations. There needs to be a certain number of meetings scheduled for consumers and meetings will need to have a specific topic. Schedule meetings where the consumers go regularly (libraries, Fairfax Detox, A New Beginning, MH sites, Government Center etc.). Each area of the county will capture different results. Suggestion for homeless population to participate and provide input. Staff could work with the shelters so those who wish to attend didn't lose their shelter bed.

Recommendation for new Goal # 7

CSB Transformation efforts and how they affect co-occurring services.

Mr. Sites stated that he will incorporate all suggestions received tonight into the document and will send out to everyone. Mr. Sites and Ms. Beeman thanked everyone for their input into this important discussion.

5. Substance Abuse and Mental Health Program Discussion and Report-Outs

Service and Division Director's Report

- *Lyn Tomlinson, Community Services:* The first week of Engagement Services Program started off great; consumers have the same nurses and doctors they were seen by at Detox. Ken Myers does a therapeutic check in with the consumers and offers case management if they want it.

The one number call center opened in January, they are able to serve IDS, ADS and MH. In the month of February staff took over 1,800 calls.

We are working to reduce the Assessment Tool from 22 pages to 11; a pilot of the smaller Assessment Tool should be in place soon.

- *Peggy Cook, Residential Services:* Crossroads Youth and Adult will be having a combined graduation on May 10, 2011 at 7:00 p.m., there will be light refreshments at 6:30 p.m., and everyone is welcome to attend.

The Vivitrol Clinic has begun and seems to be going well. The consumers are not required to have on-going treatment.

We are working on starting a Substance Abuse Peer Support Group, currently looking for a space to hold the meeting. If anyone knows of a space that would be free of charge let someone in the work group know.

- *Jamie MacDonald, Prevention Services:* Prevention is building capacity with Community partners since we started a new initiative in November. We are encouraging non-profit agencies and churches to be trained in evidence based programs, if they successfully complete the implantation of the program they are eligible for awards. Some of the programs are: Too Good for Drugs, Get Real About Violence, Suicide Prevention, and Parents Raising Safe Kids. There have been some groups that have applied to take a second training.

The 12th Annual Tim Harmon 5K run will be held on June 25, 2011 at the Fairfax Government Center. We are looking for sponsors for the \$250 they will have their name placed on the back of the shirts. If you have any items you would like to donate or volunteer please let us know.

- *Patrick McConnell, Youth Services:* Juvenile Court has decreased the number of referrals, so not as many children are placed in the system; we are working with them to at least get access to those who need help.

The staff at Reston Youth has been assisting Mental Health by working with families on the waitlist

- *Daryl Washington, Director, Mental Health Adult Residential Services,* briefly talked about the many levels of care in Adult Residential Services. The co-occurring programs include New Horizons, two 24-hour group homes in Vienna and Route One and also several leased apartments which are considered step-down programs. He stated the newest level is the Residential Intensive Care Program which includes townhomes and single family homes in Reston, Annandale, Springfield and Route One. He added that staff offices are physically located in the home. He commented on the collaboration with Pathway Homes, Inc., and the multiple collaborative relationships with the Department of Housing. He announced the new transformation of CSB Homeless Services. They have teams in Central County working with individuals at the shelters and also work with the individual after they leave the shelter. He stated they hope to have ICT teams in other parts of the county.
- *Allen Berenson, Director, Mental Health Youth and Family Services,* announced their biggest initiative of Intensive Care Coordination (ICC) which currently has eight staff. The program is currently serving forty families (referred from DFS, Schools, etc.). Mr. Berenson stated that they bill CSA \$1,100 per youth per month. He commented that there are a lot of systems issues including how we do business and challenges with the schools. The program has 24-hour community response capability.
- *Kaye Fair, Director, Crisis and PACT Services,* provided the following updates: she briefly talked about the impending closure of acute care beds at the Northern Virginia Mental Health Institute. She briefly talked about amount of time it takes to find a TDO bed. She noted that they are in the process of Acute Care planning and stated that ADS is chaired by Peggy Cook, MH is chaired by Gary Axelson and IDS is chaired by Alan Wooten. She shared good news regarding the Civil Commitment Process: In May, 2011 the County Attorney will be deploying a staff attorney to all hearings to represent community interest, petitioner and the CSB with the goal to have a fair hearing. Crisis Intervention Team Training was held this week for law enforcement and included Mental Health, Substance Abuse, Intellectual

Disability and Autism family members. She commented on the importance of the presentations by peers and family members.

- *Davene Nelson, Director, Mental Health Adult Community Services*, provided an overview of Adult Community Services. She provided the following updates: two years ago they hired an intensive case manager to work with Mandatory Outpatient Treatment, to attend the hearings and work with the individuals. She commented that in the last two years they had eight cases they were able to divert from hospitalization. She stated that the State Discharge Planners are working closely with Northern Virginia Mental Health Institute, Western State Hospital and Piedmont Hospital on consultation to return consumers to the community as soon as possible. They are continuing the process of Acute Care Services and also targeting the Adult Partial Program. Ms. Nelson announced that they are partnering with Primary Healthcare and noted that Mental Health Services held two health fairs last year. She announced that a health fair is scheduled for March 24th at the Gartlan Center and is open to consumers and families. She stated that they are looking closely at vocational services and working with community partners to insure that vocational services are a part of treatment planning.

There was some discussion and Division Directors answered questions from Committee Members and others.

Associate Members

- Rev. Yolton, Advisory Board for the Joe and Fredona Gartlan Center and On Our Own-Fairfax County, made the following announcements: (1) he recently read an article in the Development in MH Law on Mandatory Outpatient Treatment and noted it identified that fewer than 30% of consumers are participating in treatment planning statewide. (2) The Recovery Workgroup would like to invite Kaye Fair to come to a meeting. (3) Regional Community Support Center Annual Conference will be held June 14th, at the No. Va. Community College, and is focused on effective trauma, not just for consumers but also for providers.
- Dr. Repta, INOVA, distributed copies of information announcing Spring/Fall seminars and workshops being held, to include a presentation by Dr. Claudia Black. She also shared information about the Outpatient Behavioral Treatment Study on Relapse Prevention and noted they are requesting fifty volunteers.

6. Director's Report

Will Williams, ADS Director: Attended a VACSB meeting and discussed how to reshape the Substance Abuse Counsel to be more effective. The meeting was very productive; there will be a retreat prior to the May meeting.

Governor Bob McDonnell is a positive part of what we need to have done within the agency, he has nearly \$15 million on the table for substance abuse and behavioral health services improvements and it seems very promising.

Jane Brown is working on the Re-entry program initiative; she has been going around working with offenders before they are released. Offender re-entry is part of recovery and there needs to be a system approach on how to deal with people when they released back in the community.

Gary Axelson, MH Director of Clinical Operations: Dr. Axelson provided a report on Acute Care and briefly talked about diversion.

He announced that Dr. Mark McGovern, Dartmouth Psychiatric Research Center, will visit the CSB next week and train three CSB teams, which will then assess all thirty-nine of the adult and adolescent programs in Mental Health and Alcohol and Drug Services. He added that Dr. McGovern will make additional consultation visits to the CSB to assist in service integration.

Dr. Axelson announced that Dr. David Jobes of Catholic University will be providing training in April for staff on suicide assessment and suicide risk management.

He announced that INOVA has offered twenty parking spaces for the Woodburn Center. He commented on the collaboration as we move toward the new Woodburn/Mid-County Center.

7. Adjournment

There being no further business to come before the Committee, the meeting was adjourned at 9:35 p.m.

Actions Taken –

None

Follow-up Items – None

Date Approved

Minutes Prepared by
Shelley Ashby and Loretta Davidson

H:\Substance Abuse & Mental Health Committee\Minutes\3-9-2011-Final Draft.doc

Fairfax-Falls Church Community Services Board Key Issues for FY2012

The difficult economic climate and continuing high demand for services challenge us to find innovative ways to help those in our community who live with mental illness, substance abuse issues, and intellectual disabilities.

In FY2010:

- CSB served 19,572 people. Of these, 7,849 needed emergency service.
- CSB spent \$139 million; two-thirds (67 percent) of expenditures were funded by local government. The rest came from federal and state sources, Medicaid reimbursement, and third party and consumer pay receipts.

The CSB is implementing the recommendations of the Josiah H. Beeman Commission
<http://www.fairfaxcounty.gov/opa/beemancommission/finalreport.htm>

Here are just a few examples:

- The Financial Assessment and Screening Team (FAST) is now in place, connecting consumers with potential sources of funding for CSB services and primary medical care.
- An intensive community treatment (ICT) service was piloted this year to help individuals with serious mental health and alcohol/drug problems to obtain housing, training, public assistance, employment and primary medical care.
- People needing CSB services can now call one number to find the service they need. Access systems for mental health, alcohol and drug, and (eventually) intellectual disabilities services are being integrated to attain a single “front door” for all CSB services.
- The Gartlan Center for Community Mental Health (formerly the Mount Vernon Mental Health Center) has re-opened, with all three major disability providers (mental health, alcohol and drug services, and intellectual disabilities services) occupying the building. Similar projects on a smaller scale at other service delivery sites are eliminating unnecessary paperwork and barriers to services.
- The CSB is working with the schools, Family Services and other county agencies to create a Systems of Care, to help reduce avoidable placements of children in residential care. A key part of the plan is the CSB’s Intensive Care Coordination team that will provide 24/7 service for up to 60 youth and their families.
- The CSB is implementing an electronic health record system that will make consumer information available across the more than 100 CSB sites throughout the county, facilitating clinical decision-making, prescription and real-time verification of eligibility status.

Even in challenging times, the CSB continues to demonstrate resilience and a commitment to improved, quality services. Nevertheless, the cumulative loss of \$22 million in County General Funds between FY 2001-FY 2012 has put the CSB in a precarious position to be responsive to increasingly challenging needs of the community.

Between FY 2009 and FY 2011 alone, county funding of \$16.6 million was cut.

- Of that amount, the CSB must generate 45% of the funds (\$7.4 million) with new sources of revenues and business efficiencies.
- The remainder of the reductions (\$9.2 million) directly impacted the service safety net and created serious access problems for Fairfax County's most vulnerable citizens far beyond the impact of the program being eliminated.

The County Executive's FY2012 budget proposal again includes a reduction in funding for the CSB of \$1.2 million. While this cut is relatively smaller than in previous years, it will impact the agency's ability to purchase some medical detox services and obtain some needed day support placements for June special education graduates.

With limited flexibility in local funds, financing for innovative best-practice service delivery strategies must come from non-County sources. An excellent example is the establishment of clinical and case management/service coordination positions supported entirely with Medicaid reimbursement.

Increasingly, the CSB provides services to people with multiple and complex needs. When access is delayed or not available, it often impacts the health and well-being of the individual, his or her family, and the community. Roughly 25-30% of people contacting the CSB "Front Door Services" require an intensive level of care.

Support is needed not only for existing safety net services but also to continue to transform the delivery system to better support recovery and resilience.

The four items presented here align with the Josiah H. Beeman Commission recommendations and our vision to build and sustain a service delivery system that supports recovery and resilience.

More information and examples are provided in the CSB Biennial Report (FY 2009-FY 2010), available online at <http://www.fairfaxcounty.gov/csb/reports>

Fairfax-Falls Church Community Services Board

FY 2012 Service Priorities for Budget Consideration

People receiving CSB services tend to be some of our community's most vulnerable, having significant needs. When access is delayed or not available, it often impacts the health and well-being of that individual and his or her family. The following priority needs are not part of the FY 2012 Advertised Budget Plan, but require attention.

- **Medical Detoxification** is a brief, intensive service whereby physicians and nurse practitioners utilize prescribed medications to provide for the safe withdrawal from alcohol or other drugs. Without the use of prescribed medications, individuals served are in medical danger of seizures and other severe complications. The Fairfax Detoxification Center currently operates eight beds for medical detox services and serves approximately 375 individuals annually. Our community is currently experiencing a severe shortage of medical detoxification services. In FY 2010 *more than 400 people* needing this service could not be served, leading to otherwise unnecessary incarceration and emergency room visits. To date in FY 2011, 285 individuals who were referred to the Fairfax Detoxification Center by the Diversion-to-Detox staff were unable to receive the medical detox services they required. With the primary goal to add internal capacity to address the service need, the CSB wants to *convert* a minimum of 5 social detox beds into medical detox beds but requires funding of \$600,000 and additional medical staff. Five additional medical detox beds would serve 235 more individuals each year. While the CSB completes its full analysis of this conversion – looking at staffing ratios, bed utilization, payer options and regulatory standards – the funding would provide flexibility to purchase the medical detox service.

Estimated Cost: \$600,000
- **Individuals with Intellectual Disabilities who are graduating from high school** often need services that assist them to fully participate in and contribute to the community, avoiding unnecessary isolation at their family home and probable loss of the skills developed through their school years. While funding mandates end with the completion of high school, these graduates and their families have come to rely on the responsiveness of the CSB in helping fund community placements for vocational training, employment supports, or day services. This year the CSB anticipates a shortfall of approximately \$1.0 million needed to ensure services are funded for 72 of the 88 anticipated June 2011 graduates; the other 16 graduates could be served within an existing funded program.

Estimated Cost: \$1.0 million
- The combination of decreased availability of **acute care services** such as inpatient beds and the growing number of individuals with acute mental health symptoms layered by other complex problems including substance use and health concerns has created a major concern within the CSB and the public safety system. While the Northern Virginia CSBs are working with the state to address regional crisis care issues, our CSB also must address the service needs of people, who even after receiving inpatient services, need some level of intensive community treatment. The currently proposed Intensive Community Treatment Team expansion in the County Executive's budget will partially address that need, but the CSB continues to look at other gaps in services that need to be addressed so that individuals do not unnecessarily need to be hospitalized or even end up in the Adult Detention Center.

Estimated Cost: TBD
- The Fairfax County Police Department (FCPD) and the CSB work together in many ways to ensure an effective response in the community from a public safety and recovery-oriented system perspective. It is through partnerships like **Diversion to Detox** that we are best able to intervene and support our community needs in cost-effective ways. A mobile team of CSB staff responds to police requests to provide an intervention at the scene of a potential arrest and refer instead to detoxification services. The goal of the program is to move people through the substance use treatment system instead of the criminal justice system when appropriate. To date in FY 2011, the program has served on average 71 individuals each month, for a total of 442 individuals since July. Of those diverted to detox, 94% entered our service system and completed the program. The funding for this service has been covered through a variety of sources (including Recovery Act funds) which are no longer available. Funding of approximately \$275,000 per year and the existing 4/4.0 SYE are required to maintain programming at the current level.

Estimated Cost: \$275,000

Fairfax-Falls Church Community Services Board

Medical Detoxification

Medical Detoxification is a brief, intensive service whereby physicians and nurse practitioners utilize prescribed medications to provide for the safe withdrawal from alcohol or other drugs. Without the use of prescribed medications, individuals served are in medical danger of seizures and other severe complications. The Fairfax Detoxification Center currently operates eight beds for medical detox services and serves approximately 375 individuals annually. Our community is currently experiencing a severe shortage of medical detoxification services. In FY 2010 *more than 400 people* needing this service could not be served, leading to otherwise unnecessary incarceration and emergency room visits. To date in FY 2011, 285 individuals who were referred to the Fairfax Detoxification Center by the Diversion-to-Detox staff were unable to receive the medical detox services they required. With the primary goal to add internal capacity to address the service need, the CSB wants to *convert* a minimum of 5 social detox beds into medical detox beds but requires funding of \$600,000 and additional medical staff. Five additional medical detox beds would serve 235 more individuals each year. While the CSB completes its full analysis of this conversion – looking at staffing ratios, bed utilization, payer options and regulatory standards – the funding would provide flexibility to purchase the medical detox service.

Estimated Cost: \$600,000

Key Points

- Detoxification services are designed to help people safely withdraw from alcohol or other drugs in a comfortable, monitored site, under the supervision of trained medical staff.
- The goal of the program is to connect people in need of longer term services with services that promote recovery and positive, healthy lifestyles.
- The current Detoxification Services site has 32 beds: 8 beds are for medical detoxification services (described above), 5 for detoxification using suboxone, and 19 for social (non-medicated) detoxification. Of these beds, 5 (in any combination) support people diverted (see Diversion to Detox for more information).
- Due to lack of capacity, the CSB was *unable to provide medical detox* services to 52% of the people seeking this service from Fairfax Detox Center.
- With extremely limited purchase of service funds, medical detox services were purchased for 61 individuals through local hospitals under contract.
- Comparison of related per diem:

Fairfax Detox Center medical detox service	Fairfax Adult Detention Center (excluding treatment services)	NVMHI psychiatric hospitalization rate	Inova Comprehensive Addiction Treatment (ICAT) contracted medical detox rate	Inova regionally contracted psychiatric hospitalization rate
\$410	\$146.91	\$628.09	\$750	\$925

- Cost savings study data:
 - A review of over 1,000 patients in a Sacramento chemical dependency program noted a substantial decline in hospital (35%), emergency room (39%), and total medical costs (26%) when compared to a control group.
- (Source: http://www.samhsa.gov/grants/CSAT-GPRA/general/SAIS_GPRA_CostOffsetSubstanceAbuse.pdf)

Fairfax-Falls Church Community Services Board

Individuals with Intellectual Disabilities Graduating from High School

Individuals with Intellectual Disabilities who are graduating from high school often need services that assist them to fully participate in and contribute to the community, avoiding unnecessary isolation at their family home and probable loss of the skills developed through their school years. While funding mandates end with the completion of high school, these graduates and their families have come to rely on the responsiveness of the CSB in helping fund community placements for vocational training, employment supports, or day services. This year the CSB anticipates a shortfall of approximately \$1.0 million needed to ensure services are funded for 72 of the 88 anticipated June 2011 graduates; the other 16 graduates could be served within an existing funded program.

Estimated Cost: \$1.0 million

Key Points

- The estimated gross cost of services for new graduates is \$1.2 million. Applying potential local dollar savings as a result of getting new Medicaid Waiver slots from the State, the cost to serve the new graduates is reduced to \$1.0 million. (Note: Of the 275 new statewide community ID Waiver slots, the CSB anticipates an allocation of 29, or 10.6%. It is estimated that 10 of the 29 slots could be awarded to individuals who currently receive locally-funded day support services, thereby freeing up money to be used to purchase day services for new graduates.)
- Historically, savings that arise from staggered start dates of service plans or from attrition have accounted for \$0.5 million annually, and then reinvested in serving those with the greatest need. Unlike prior years, the FY 2012 ID day support budget virtually has no flexibility. This is based on:
 - The loss of benefit from the Virginia Department of Rehabilitative Services (DRS) will increase local spending for eligible new graduates. In correspondence dated 3/1/2011, DRS stated that they *“have determined that effective March 1, 2011, (we) will need to close all client categories under our Order of Section policy.”* In effect, DRS can open and close Priority Categories based on its available resources. By closing all categories, it disproportionately affects our new graduates who would be eligible for intensive developmental services primarily under Priority Category 1 (persons who have a significant disability that result in serious functional limitations in three or more functional capacities) and Priority Category 2 (persons with a significant disability that results in serious functional limitations in two or more functional capacities.)
 - Over the past 12 months, ID Services has experienced a 20% increase in consumers in the most intensive developmental locally-funded day support services, and a 5% increase in sheltered and group supported locally-funded employment plans – totaling \$800,000.
 - The budget gap has widened between the annual local adjustments in the day support contracts budget to accommodate vendor rate increases and the cost of services not covered with Medicaid Waiver funding. For the upcoming year, the General Assembly has adopted a conference budget which partially restores all Medicaid waiver rates effective July 1, 2011 – resulting in a 1% reduction to our day support private providers.
 - There has not been a new appropriation of County funds for the special education graduates since FY 2003.

Fairfax-Falls Church Community Services Board

Acute Care Services

The combination of decreased availability of **acute care services** such as inpatient beds and the growing number of individuals with acute mental health symptoms layered by other complex problems including substance use and health concerns has created a major concern within the CSB and the public safety system. While the Northern Virginia CSBs are working with the state to address regional crisis care issues, our CSB also must address the service needs of people, who even after receiving inpatient services, need some level of intensive community treatment. The currently proposed Intensive Community Treatment Team expansion in the County Executive's budget will partially address that need, but the CSB continues to look at other gaps in services that need to be addressed so that individuals do not unnecessarily need to be hospitalized or even end up in the Adult Detention Center.

Estimated Cost: TBD

In FY 2010, the cost of Fairfax County Police Department services for TDOs was \$279,000. With anticipated increases in out of county hospitalizations, this number will increase and will impact police time spent directly in Fairfax County.

Northern Virginia Community Services Boards (CSBs) propose creating a regional 24/7 psychiatric emergency center to appropriately divert people who are experiencing a mental health crisis from inpatient psychiatric care or incarceration whenever possible.

Due to state reductions, the state adult psychiatric facility, the Northern Virginia Mental Health Institute (NVMHI), has reduced its bed capacity from 129 to 123 in FY 2011. On July 1, 2011, the number of beds will be further reduced to 110.

To address this loss, a planning committee was formed in the fall of 2010 to analyze the situation and to make recommendations for hospital/jail diversion alternatives for people experiencing a psychiatric crisis. The committee included representation from NVMHI and the five CSBs in Northern Virginia: Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William.

The committee has determined that in order to reduce:

- The use of inpatient psychiatric beds
- The number of people in psychiatric crisis in hospital emergency rooms
- Police wait time and transportation time (In January 2011 alone, there were 30 Temporary Detention Order (TDO) admissions to out of area hospitals. Each of these out-of area admissions takes hours to arrange and additional hours of law enforcement time to transport.)
- The number of people in psychiatric crisis being incarcerated, and

- Create a smoother and more human process for the individual in crisis

The following services need to be developed or expanded:

- Timely psychiatric assessments
- 23 hour crisis stabilization beds
- Medical screening
- Temporary Detention Order (TDO) beds
- Police drop off capability

Two locations are being considered, and in both cases, a partnership between public and private providers would bring together the necessary elements, which include:

- Screening in the home CSB to keep known consumers in the locality
- 24/7 coverage by certified preadmission screeners at the centralized site
- Medical screening resources
- Psychiatrist coverage
- 23 hour beds on-site (6 beds)
- TDO beds on-site (up to 12 beds)
- Court hearings on site or via teleconferencing
- Centralized bed finding post-hearing

Work underway:

1. Research costs for the two locations and evaluate flexibility within existing regional funding to accommodate the cost of the additional services
2. Determination of required staff to include emergency services pre-admission screeners
3. Explore legal issues, including transportation across jurisdictions
4. Develop a timeline, including phasing in different aspects of the center

Fairfax-Falls Church Community Services Board

Diversion to Detoxification

The Fairfax County Police Department (FCPD) and the CSB work together in many ways to ensure an effective response in the community from a public safety and recovery-oriented system perspective. It is through partnerships like **Diversion to Detox** that we are best able to intervene and support our community needs in cost-effective ways. A mobile team of CSB staff responds to police requests to provide an intervention at the scene of a potential arrest and refer instead to detoxification services. The goal of the program is to move people through the substance use treatment system instead of the criminal justice system when appropriate. To date in FY 2011, the program has served on average 71 individuals each month, for a total of 442 individuals since July. Of those diverted to detox, 94% entered our service system and completed the program. The funding for this service has been covered through a variety of sources (including Recovery Act funds) which are no longer available. Funding of approximately \$275,000 per year and the existing 4/4.0 SYE are required to maintain programming at the current level.

Estimated Cost: \$275,000

- The Detox Diversion program offers an alternative to arrest that preserves law enforcement resources and increases community safety by transporting intoxicated individuals to a safe place (detoxification program) and offering services that intervene in an individual's addiction.
- The Detox Diversion program funds staff that travel to the site of individuals who are drunk in public and transports them to detoxification services in lieu of arrest. Police do not have to transport individuals to jail or wait at a hospital for them to be medically cleared. This results in time savings for law enforcement officials and enables them to attend to more serious crimes.
- People diverted can stay 24 hours and, if they choose, can stay 6 more days for an entire social detox experience (7 days total, no meds) or medical detox (if space is available) for 7 days with meds.
- The program was cut from county funding as of June 30, 2009. The program is currently funded by the Edward Byrne Justice Assistance Grant, under the American Recovery & Reinvestment Act of 2009. Grant funds are expected to be depleted by June 30, 2011. The program is currently seeking continuing funding in order to maintain program after that time.
- The Diversion Services continue to be available 7 days per week. Hours of operation are 3:00 p.m. to 1:00 a.m. from October – March and 4:00 p.m. to 2:00 a.m. April – September. Since inception, 96% of individuals diverted successfully completed the diversion process.
- There were 675 diversions in FY 2010. This represents a criminal justice savings of 2,025 hours, approximately 3 hours per diversion. From July 1, 2010 through February 28, 2011, there were 503 diversion admissions representing a time savings of 1,509 hours of criminal justice time.
- At inception, the Diversion Program added outreach staff to bring individuals into services, but did not add staffing to the Detoxification Program. The Detoxification Program is at capacity to absorb Diversion admissions within existing resources.
- The Fairfax Detoxification Program has increased the number of medical detoxification beds available from 5 to 8. However, with the loss of contract medical detoxification funding in FY 2010, there still remains a large unmet need for medical detoxification. In FY 2010, there were 392 instances of individuals being turned away due to lack of medical detoxification capacity. Within the seven months of FY 2011 there have already been 285 individuals turned away due to lack of medical detoxification capacity.
- The Diversion program maintains a cooperative and collaborative relationship with the Police. Police Roll Call trainings and/or Police Supervisor meetings for all District Stations and Police Departments were offered multiple times in FY 2010.
- The program continues to reach out to areas of the county with a high percentage of Spanish speaking individuals. The number of Spanish speaking individuals diverted remains high but has not increased substantially. Relationships have been developed and individuals are seeking services.
- Diversion staff currently assists and works with programs throughout Fairfax County, such as the hypothermia prevention program, shelters, FACETS, community referrals, and other Fairfax County agencies. So far this year, there have already been 313 diversions from homeless shelters and other community agencies.

COMMUNITY SERVICES BOARD

Item: 6A

Type: Action

Date: 3/23/11

Ad-Hoc Committee Guidelines

Issue:

Board approval is needed to establish guidelines to create Ad Hoc committees.

Recommended Motion:

I move that the Fairfax-Falls Church Community Services Board approve the Ad Hoc Committee Guidelines.

TIMING:

Immediate.

ENCLOSED DOCUMENTS:

Ad-Hoc Committee Guidelines

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
Ad Hoc Committee Guidelines

An Ad Hoc Committee is a mechanism that will enable to the board to address very specific issues over a fixed period of time with specific outcomes. Unlike standing committees, an Ad Hoc committee will enable the board to become more involved in specific resource or policy issues that enables them to use their level of access and authority to advocate and educate decision-makers concerning vital issues that impact service delivery.

- 1) Must be approved and dissolved by the full board
- 2) Proposals for the formation of an Ad Hoc Committee must be proposed by a current board member
- 3) Criteria for the formation of an Ad Hoc Committee
 - a. Recognized service or resource gap
 - b. Problems exist in articulating a particular need due to political or other factors
 - c. Apparent lack of community recognition of the availability of external public resources that would satisfy the need and consequently lack of allocation of these resources
 - d. A short term objective
- 4) The proposal to the board must contain the following information
 - a. Identifying a mission of the committee that is outside the mission of the Standing Committees and cannot be accomplished within the existing board structure
 - b. The committee's formation will communicate a need for political and community recognition of an issues that needs exploration and possible advocacy
 - c. Overall outcomes of the Ad Hoc Committee need to be defined
 - d. An idea of the membership, either specific individuals or types of individuals. Membership in the committee is not limited to board members. A minimum of three members of the Ad Hoc Committee must be board members
- 5) The CSB will provide appropriate staff support for the committee
- 6) The Ad Hoc Committee Chair will provide regular reports to the board as well as a summary of the work and accomplishments when the committee has completed its work