FAIRFAX - FALLS CHURCH

Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Gary Ambrose, Chair
Merrifield Center
8221 Willow Oaks Corporate Drive
Level 3 - Room 409A
Fairfax, Virginia 22031
Wednesday, July 27, 2016
5:00 p.m.

1.	***Meeting Called to Order***	Gary Ambrose	5:00 p.m.
2.	***Matters of the Public***	Gary Ambrose	
3.	***Amendments to the Meeting Agenda***	Gary Ambrose	
4.	***Approval of CSB June 22, 2016 Board Meeting Minutes***	Gary Ambrose	
5.	***Matters of the Board***		
6.	***Committee Reports***		
	A. Behavioral Health Oversight Committee	Diane Tuininga	
	B. Fiscal Oversight Committee	Ken Garnes	
	C. Legislative Committee	Molly Long	
	D. Intellectual and Developmental Disability Committee	Lori Stillman	
	E. Other Reports		
7.	***Public Hearing: FY 2017 - 2018 State Performance Contract***	Gary Ambrose	
8.	***Action Items***		
	A. FY 2017 – 2018 State Performance Contract	Lisa Potter	
	B. CSB Associate Committee Members	Diane Tuininga	
	C. Establish Ad Hoc Fee Committee	Gary Ambrose	
	D. Human Services Issue Paper	Molly Long	
9.	***Directors Report***	Tisha Deeghan	
	• ***Compliance Report***		
10.	***Adjournment***		

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Fairfax-Falls Church Community Services Board
June 22, 2016

The Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

The following CSB members were present: Gary Ambrose, Chair; Pamela Barrett, Sheila Coplan Jonas, Ken Garnes, Kat Kehoe, Suzette Kern, Bettina Lawton, Molly Long, Paul Luisada, Diane Tuininga, Jane Woods and Spencer Woods

The following CSB members were absent: Lori Stillman,

The following CSB staff was present: Tisha Deeghan, Daryl Washington, Michael Lane, Belinda Buescher, Lucy Caldwell, Peggy Cook, Laura Haggerty-Lacalle, Jean Hartman, Luann Healy, Evan Jones, Bob MacMurdo, Victor Mealy, Lisa Potter, Lyn Tomlinson, and Laura Yager

1. Meeting Called to Order

   Gary Ambrose called the meeting to order at 5:00 p.m.

2. Matters of the Public

   Tom Bash speaking on behalf of the Fairfax Area Commission on Aging/Springfield District, presented information on the Fairfax Alerts Functional Needs Registry (FNR), a voluntary database for individuals who may require special attention in the event of a natural disaster. The FNR data is proprietary to the contractor, Everbridge, and is not shared with 9-1-1. As a result emergency responders are not able to appropriately prepare for the special needs of the individuals contacting 9-1-1 for assistance. Mr. Bash requested board support for adoption of a pre-notification 9-1-1 program which could also provide this critical information in the event of any emergency.

   A large number of individuals from the peer community attended, requesting the opportunity to speak.

   - Michael Pendrak, identifying himself as an individual receiving services relayed how the services provided through the Office of Consumer & Family Affairs (OCFA) contributed to his well-being, and requested board support for restoration of the position of Director.
   - Mary Beth Ault, WRAP Facilitator and individual receiving services spoke of the benefits of the programs provided through the Office of Consumer and Family Affairs requesting board support for reinstatement of the position of Director.
   - Anisa Mustafa, identifying herself as a client and advocate for the peer and recovery community spoke of the need to restore the position of Director of Consumer and Family Affairs noting the importance of filling the position with a self-identified individual with lived experience
   - Reed Scarce, identifying himself as the parent of a child receiving CSB services through the Community Readiness and Support Program encouraged restoration of the Director position for the Office of Consumer and Family Affairs

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- Candy Miller, identifying herself as an individual receiving services, a volunteer, and a Certified Peer Specialist graduate, read communication from the Virginia Organization of Consumers Asserting Leadership (VOCAL) and Mental Health America (MHA) in support of the need to re-establish the position of the Director of Consumer and Family Affairs with a mental health peer.
- Cammy Gawlak, identifying herself as a consumer and a Certified Peer Specialist spoke in support of reinstituting the position of Director of Consumer and Family Affairs noting the importance of filling the position with a self-identified peer
- Gina Haynes, Certified Peer Specialist and Crisis Intervention Team (CIT) Trainer read communication from Matthew Federici with the Copeland Center. Ms. Haynes also shared her personal and family mental health challenges in advocating for the reinstatement of the position of Director of Consumer and Family Affairs.
- Cindy Orth, identifying herself as an individual receiving services and a WRAP Facilitator provided information on the efficacy of the WRAP program instituted through the Office of Consumer and Family Affairs, and advocated for the position of Director to be reconsidered.
- Heather Peck, Executive Director, Laurie Mitchell Empowerment and Career Center (LMECC) spoke on the importance of the peer programs established and supported by the Office of Consumer and Family Affairs, requesting board support in restoring the position.
- Yvonne Morales, with The Peers of Fairfax Co., speaking from a prepared statement requested board support for reinstating the position of the Director of Consumer and Family Affairs with a member of the mental health community
- Aida Pitot Bolivar, connected with My Path to Recovery and self-identified as a Certified Peer Specialist working at Pathway Homes emphasized the importance of having a mental health peer in the position of the Director of Consumer and Family Affairs, requesting board support for the re-establishment of the position.
- Xavier McKethan, associated with NV Peer Support coalition and identifying himself as a peer, consumer/client, Certified Peer Specialist (CPS), Wellness Recovery Action Plan (WRAP) Facilitator, Whole Health Action Management (WHAM) Facilitator, Employment Specialist, Advocate and Trauma Crisis Peer Support Specialist advocated for the reinstatement of the position of Director and Family Affairs.

3. <u>Recognition</u>

   As Spencer Woods is stepping down as the representative to the Office of the Sheriff, he was recognized for his dedicated service to the CSB and his many contributions to the Behavioral Health Oversight Committee.

4. <u>Amendments to the Meeting Agenda</u>

   There were no amendments offered and the agenda was accepted as presented.

5. <u>Approval of the Minutes</u>

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Suzette Kern offered a motion for approval of the May 25, 2016 Board meeting minutes of the Fairfax-Falls Church Community Services Board which was seconded and passed.

6. Matters of the Board

- Pam Barrett provided background information on the Consolidated Community Funding Advisory Council (CCFAC) highlighting an overlap in priorities of the CSB and CCFAC.
- Jane Woods, reporting on recent activities of the Total Housing Reinvention Initiative for Individual Success, Vital Services and Economic Empowerment (THRIVE) advocacy committee noted the Housing Voucher program is expected to reopen in January 2017, subsequent to an expected reduction in numbers on the waitlist. The next meeting of THRIVE is July 20th
- Additionally, Ms. Woods provided information on the next meeting of the Suicide Prevention Alliance of Northern Virginia (SPAN) workgroup which is Monday, July 11th, 6:00 p.m. at the Merrifield Center noting the workgroup is seeking volunteers.

7. Committee Reports

A. Behavioral Health Oversight Committee (BHOC)

Diane Tuininga, reporting on the June 8th meeting noted the following:

- Wendy Gradison with Psychiatric Rehabilitation Services, PRS, Inc., reported on a pilot program with Credible and CSB staff. It was noted there is a problem with data entry which Credible is working to correct and is anticipated to be fixed before the end of June.
- Javier Jaramillo and Connie Price provided a report on current housing projects and initiatives including information on Supportive Housing and the Housing Grant Flexible Funding Programs. Literature provided during the presentation will be provided as it becomes available.
- Daryl Washington provided an update to current activities including Diversion First and grant funding of approximately $300,000 from the Department of Behavioral Health and Developmental Services (DBHDS), which if awarded, will be used in a demonstration program for aging out and transitional youth in varying stages of court involvement.
- The Wellness and Recovery Workgroup met at 3:30 p.m. continuing efforts to identify afternoon speakers for the October 21st Wellness and Recovery Conference.

The next BHOC meeting is Wednesday, July 13th at 5:00 p.m. at the Merrifield Center.

B. *Fiscal Oversight Committee*

Ken Garnes reported on the June 17th meeting, including:

- Discussion of the FY 2016 carryover package was initiated
- A proposed Budget Planning Calendar was positively received by the committee. Following a minor revision, the calendar will be presented to the full board for review and feedback.
- In response to a committee request for a more focused report, a revised Human Resources Update report was submitted for committee review. Additionally a CSB Recruitment Process chart was provided which details the current recruitment/hiring process.

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- The Organizational Assessment Survey is completed; the data is in review by the Strategic Planning Implementation Team workgroup for further review and recommendations
- Noting it is time to begin drafting the FY 2016 Year End report for submission to the Board of Supervisors and the Mayors of the Cities of Fairfax and Falls Church, Committee members were asked to review the prior Fiscal year's report and submit revisions and/or recommendations to Ken.

C. Legislative Committee

Reporting the cancelation of the June meeting, Molly Long reported on some recent activities:

- Preparations are underway for submission of the Human Services Issue 'White' Paper which include:
    - Legislative Committee members review and submission of recommended revisions.
    - Belinda Buescher is managing the compilation of all revisions as well as drafting a summary report of the proposed changes for CSB board consideration, which note the new sections on Mental Health and Substance Abuse.
- Ms. Long reported a scheduled meeting with Claudia Arko, Fairfax County Legislative Director in which Tisha Deeghan will also be attending
- Committee members are reviewing the Legislative Committee charter for possible update at the next meeting
- The next meeting is scheduled for July 27th, where the focus will be projected committee activities, an overview of the meeting with Claudia Arko, and a review of the Bylaws.

D. Intellectual and Developmental Disability (I/DD) Committee

In Lori Stillman's absence, Suzette Kern reported the following:

- Implementation of the DD Waiver will be delayed until August 1. However, effective July 1, CSBs will continue to assume the responsibility for being the single point of entry for all individuals with DD. Further details will be provided by the Department of Medical Assistance Services (DMAS) in a Medicaid Memo
- The new Waiver Management System (WaMs) is being developed by a Department of Behavioral Health and Developmental Services (DBHDS) contractor to enter ID Day Support and DD Waiver service authorizations. Training will be provided for CSB Staff ID Day Support and DD Case Managers in June.
- DBHDS and DMAS will host two Waiver Redesign informational calls for self-applicants, families, and providers:
    - Tuesday, June 28, 10:00 a.m. – 11:30 a.m.
    - Wednesday, June 29, 11:30 a.m. – 1:00 p.m.
- Tisha Deeghan and staff are meeting with each county Supervisor providing an overview of program and fiscal implications related to DD Waiver Redesign.

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- Ms. Deeghan will address Waiver Redesign at the Board of Supervisors Human Services Committee, June 28th.
- **The next meeting of the IDD Committee is Wednesday, July 6, 5:30 p.m. at Merrifield Center.**

E. Other Matters

Gary Ambrose announced the formation of an Ad Hoc Fee Review Committee, adding a request that board members with an interest in serving on this committee please let him know.

8. Action Items

A. *Election of CSB Board Officers*

Chair Gary Ambrose relinquished the Chair to board member Ken Garnes as Mr. Ambrose and Vice Chair Suzette Kern are on the nominee list.

On behalf of the CSB Nominating Committee, Diane Tuininga reviewed the process which began in April, and the notice provided at the May meeting of the proposed slate of officer nominations for FY 2017. The nominees include: Gary Ambrose for Chair, Suzette Kern for Vice Chair and Bettina Lawton as Secretary. After presenting the nominees, a call was made for any nominations from the floor.

There being none, Molly Long offered a motion to elect the slate of FY 2017 CSB officer nominations by acclamation which was seconded and passed without opposition or abstentions.

Board member Garnes returned the gavel to Chair Ambrose.

B. *Clarification of Amendments to the CSB Bylaws*

Suzette Kern, noting incorrect documentation provided at the previous board meeting, requested board approval of revisions to the CSB Board Bylaws, which include:

- Article II Section 1 to clarify the CSB Board is an administrative policy board
- Article III, Section k has been removed as it concerned the application for and acceptance of loans, as an administrative policy board is not involved in that process.
- Language added to Article IV, Section 3 to indicate board members are to regularly attend all meetings noting the Chair will notify the Clerk to the Board of Supervisors of any board member missing three consecutive board meetings, possibly resulting in removal from the board, and
- Article IV, Section 4 language added to reflect a board member may be removed form a committee if three consecutive committee meetings are missed.
- Article V, Section 5 has new language assigning responsibility to the Secretary to regularly review and revise as needed the CSB Board Member Orientation Handbook.

Jane Woods offered a motion for Board approval of the Bylaws as submitted, which was seconded and passed

C. *Permanent Supportive Housing for Adults with Serious Mental Illness Program*

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Daryl Washington requested board approval to apply for, and spend if approved, $700,000 from the Department of Behavioral Health and Developmental Services (DBHDS) in support of housing initiatives to address the needs of individuals in our community. This application, in collaboration with other county partners including the Department of Administration for Human Services, the Office to Prevent and End Homelessness, and several community non-profit vendors, will assist in meeting these needs. If awarded, these funds will provide permanent supportive housing for an estimated 30 individuals.

Suzette Kern offered a motion for Board approval as submitted, which was seconded and passed.

9. Information Items

A. CSB Associate Committee Members

As outlined in the CSB Bylaws, Ms. Tuininga presented the proposed BHOC Associate Committee members for FY 2017 and indicated the members will be presented for Board approval at the July meeting.

B. *FY 2017 – FY 2018 State Performance Contract*

Lisa Potter presented background on the FY 2017 – FY 2018 State Performance Contract in which highlights of the contract process were provided. The contract, to include projections for FY 2017, will go out for a 30-day public comment period June 27th. Public comments can be submitted in writing and via the CSB website, comments will be received at the July 27th CSB Board meeting.

10. Directors Report

Tisha Deeghan reported on the following:

- Copies of the revised *CSB Orientation Guide to Our Service System*, were provided to the board.
- As noted above, work on the results of the Organizational Assessment Survey is proceeding with a work session planned for summer 2016 to review the survey results and recommendations of the Strategic Planning Implementation Team workgroup.
- In follow up to information provided above in the I/DD Committee Report, copies of the implementation notice on DD Systems Redesign were distributed.
- Tisha Deeghan and staff have completed all but two of the meetings with County Supervisors on Waiver Redesign in preparation for the June 28th meeting of the Board of Supervisors Human Services Committee.
- Daryl Washington provided information on Human Resources activities, noting the CSB is moving forward with replacing disability based class specifications with a new Behavioral Health class series. The new series will reinforce the culture the department is trying to promote as well as update some of the employment requirements for behavioral health positions leading to better efficiencies in the recruitment process. Creation of the Behavioral Health Senior Clinician in Residence was the most recent addition. It will enable the CSB to under-fill Senior Clinician positions and hire candidates still working towards licensure.

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11. Closed Session

At 6:40 p.m. a motion was offered, seconded and passed to meet in closed session for discussion of personnel matters pursuant to the Virginia Freedom of Information Act, Virginia Code §2.2-3711-A-1 .

The Board reconvened the open session at which time a motion was offered, seconded and passed, certifying to the best of the Board's knowledge that only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board in closed session.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 7:05 p.m.

Actions Taken--

- The May 25, 2016 meeting minutes were approved.
- FY 2017 Officers were elected.
- Approval of the CSB Board Bylaws.
- Submission of the Permanent Supportive Housing Grant was approved.

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Date Staff to Board

Behavioral Health Oversight Committee Meeting Minutes

Date: June 8, 2016
Location: Merrifield Center
Attendees: Diane Tuininga, Chair, Terry Atkinson, Gartlan Center Advisory Board, Peter Clark, No. Va. Mental Health Foundation, Laura Goldschmidt, Service Source, Inc., Wendy Gradison, PRS Inc., Trudy Harsh, The Brain Foundation, Jean Hartman, Evan Jones, Suzette Kern, Jean Post, NOVA Regional Projects, Connie Price, Bill Taylor, Concerned Fairfax, Lyn Tomlinson, Captain Spencer Woods and Nick Yacoub. Also present were other private sector staffs as well as members of the public.

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	Meeting was called to order at 5:00 p.m.	Diana Tuininga, Chair	
April 13, 2016 May 11, 2016	Minutes were not approved as there was not a quorum.	Behavioral Health Oversight Committee	
Associate Member Presentations and Concerns	*Nick Yacoub, SAARA*, There will be a Heroin Town Hall meeting at Centreville High School on June 14th. The EDM event will be held on September 17, 2016 more details to come. *Trudy Harsh, The Brain Foundation*, We purchased our 9th and final home. There is a total of 36 consumers residing and receiving services in the homes. *Terry Atkinson, Gartlan Center Advisory Board* , I would like to invite everyone to come to Gartlan on June 10 at 9:30am, to hear Susan Ezra speak on Recovery After Initial Schizophrenia Episode "RAISE". If you are interested in attending, send email to LainseDaily@earthlink@net. Sheriff Stacy Kincaid will be speaking on Diversion First at the July 12, 2016 meeting.	Associate Members	
Discussion on Housing	*Javier Jaramillo*, *Neighborhood and Community Services*, gave an overview of Sustainable Housing in Fairfax County. Sustainable Housing is safe, stable, and accessible living accommodations that all individuals and families including those at risk of homelessness, persons with disabilities, older adults, and individuals in the local workforce can afford along with other basic necessities. Fairfax County addresses that determine the ability of individuals and/or families to be housed include: financial stability; literacy; accessibility modifications; housing options which meet the economic capacity of individuals and families as well as physical, behavioral and cognitive needs; access to safe and stable accommodations with resources that promote housing permanency; and housing which complies with fair housing laws Sustainable Housing involves a range of housing options which not only supports the human services system but also comprises a critical part of the county's economic infrastructure. Availability of housing opportunities for those who seek to live and work in the county promotes the economic success of Fairfax County. The human services system serves the most vulnerable residents who face substantial economic challenges and find themselves either homeless or at-risk of being homeless. Financial stability can be one key component in acquiring and sustaining housing that is affordable, particularly for individuals and families with extremely low-income or individuals with disabilities.	Javier Jaramillo Connie Price	

Topic	Action	Responsible Party	Due Date
	The Fairfax County Redevelopment and Housing Authority (FCRHA) and the Department of Housing and Community Development (via non-profit partners) operate four principal affordable housing programs: the federal Public Housing and Housing Choice Voucher programs, the Fairfax County Rental Program and Bridging Affordability. In 2016, single individuals represented 46% of the total number of persons counted as literally homeless. Of these homeless single individuals, approximately 42% suffered from serious mental illness and/or substance abuse, a 13% decrease from 2015. Many of these individuals had chronic health problems and/or physical disabilities as well. *Connie Price, Community Services Board*, gave an overview of the Housing Projects and Initiatives the Community Services Board are involved in. Current affordable housing initiatives the CSB is involved in are: ➢ Flexible Funding (HPR II) ➢ ICF Development [Capital Improvement Project] ➢ Miller House ICF with City of Falls Church ➢ Diversion First ➢ Permanent Supportive Housing ➢ Braddock Glen Space Re-use ➢ NVTC New Utilization (group homes A and B) ➢ Sojourn House ➢ Bridging Affordability Program (BAP) ➢ THRIVE ➢ Positive Living for Older Adults with Disabilities (PLOAID) workgroup ➢ Fairfax Area Long Term Coordinating Council (LTCC) Housing Committee *See attached presentation for detailed information on each*		
Diversion First Update		Daryl Washington	
Youth Demonstration Grant	There is one time funds to look at transitioning youth ages 16-25 and keeping them out of the juvenile justice systems. We will work with partners to provide continuum services quickly into care without entering the justice system.		
Staff Reports	*Evan Jones, Intellectual Disability Services*, The waiver redesign will go into effect July 1, 2016.	CSB Staff	
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 6:45 p.m.	Diana Tuininga, Chair	

Topic	Action	Responsible Party	Due Date

Date Approved

Minutes Prepared by
Valerie Lessner

CSB Fiscal Committee Meeting Notes

Date: June 17, 2016
Attending: Ken Garnes, Chair; Gary Ambrose, Suzette Kern, Bettina Lawton, and Lori Stillman
Staff: Michael Lane, Tisha Deeghan, Daryl Washington, Lisa Witt, Marta Cruz

Summary of Information Shared/Decisions:

Review of meeting notes

The committee reviewed and approved the notes of the May 18, 2016 committee meeting

Financial Status

Lisa Witt provided an overview highlighting the following:

- Position Status:
  - As of June 13, the number of vacant General Merit Positions was 112
- FY 2016 Pay Period Metrics:
  - From PP10 to PP11; 4 positions became vacant, while 5 positions were filled, resulting in a net of -1
  - As of PP 11, CSB has accrued approximately $1.6 million in compensation and fringe benefits savings.
- FY 2016 Modified Fund Statement:
  - Staff anticipate a non-County revenue shortfall of approximately $200,000, fully offset by expenditure savings of $3.0 million, no significant change from last month's projection.
  - Based on the approximately $2.8 million estimated addition to fund balance, CSB will request unencumbered carryover, primarily for psychiatrist/emergency services compensation adjustments not funded in FY2018, Support Coordination positions and waiting room renovation for Reston.
  - An overview of the Medicaid Waiver and Medicaid Option revenue was provided.

Human Resources Issues

Marta Cruz, in response to a committee request for a more focused report, provided a revised Human Resources Update report; adding a CSB Recruitment Process chart and providing a timeline for the current recruitment/hiring process.

Additionally, current staffing information was provided to include:

- There were 22 staff appointments in the month of May for a total of 137 YTD in calendar year 2016. There were 7 terminations in May, total of 51 YTD in calendar year 2016
- CSB is moving forward to replace disability based class specifications with a new Behavioral Health class series. The new series will reinforce the culture the agency is trying to promote as well as update the employment requirements for Behavioral Health positions leading to better efficiencies in the recruitment process. Creation of Behavioral Health Senior Clinician in Residence was the most recent addition. It will enable CSB to under-fill Senior Clinician positions and hire candidates still working towards licensure.
- CSB Organizational Assessment Survey was conducted in February 2016 and 573 responses were received. Results of the survey and major trends were sent to CSB staff and shared by Tisha Deeghan during the 12 staff dialogue sessions this spring. The sessions were just concluded and Tisha, along with the workforce workgroup committee members, is working to develop action plans, which are expected to be presented to the CSB Board in September.

An overview of Recruitment and Retention Activities was provided, highlights included:

- Most recent recruitment for positions in support coordination, Adult Detention Services as well as Youth and Family were successful and are close to being finalized.
- There were 5 merit appointments in Emergency Services this calendar year, with additional recruitment ongoing
- Suzette Kern requested adding more detail to the HR Update deliverable when it is appropriate. For example: more detailed information on the organizational assessment statistics in conjunction with the staff dialogues.

Diversion First

Daryl Washington provided an overview of Diversion First noting the following:

- Recruitment for a Diversion First Service Director has begun, posting it on multiple outside county sites. Numerous inquiries have been received to date.
- The Board of Supervisors (BOS), through the Diversion First appropriation, provides funding for the hiring of five peers at the Merrifield Crisis Response Center in FY 2017.
- Three Mental Health Therapists are in the process of being hired to work in Forensic Services at the Adult Detention Center (ADC)
- The new Position Description for the Diversion First Peer Support Specialist position is expected to be available soon.
- $500,000 of Diversion First funding was allocated to address housing needs for individuals being discharged from the ADC. Expanding on existing contracts with the Office to Prevent and End Homelessness (OPEH), it is anticipated that $400,000 will be used to house an estimated 18 individuals in long-term permanent supportive housing. The balance of the funding has been allocated for short-term, emergency housing, with an expectation of providing 1500+ nights.

Grant Opportunities

- If awarded, grant funding of approximately $300,000 from DBHDS will be used in a demonstration program for aging out and transitional youth in varying stages of court involvement.
- Partnering with two agencies, the CSB is applying for grant funding from DBHDS in the amount of $700,000. This will provide Permanent Supportive Housing for an estimated 30 individuals. A portion of this funding will be set aside for Diversion First

Other Reports

- Ken Garnes noting it is time to begin drafting the FY 2016 Year End report for submission to the Board of Supervisors and the Mayors of the cities of Fairfax and Falls Church, requested Committee members review the prior year's Fiscal report and submit revisions and/or recommendations to Ken. Ken will work with staff, Michael Lane and Belinda Buescher to assist in the writing of the EOY report.
- A Budget Cycle Planning Calendar was submitted for committee review. Following a minor revision to alter the calendar to begin in April instead of August, the revised 'Budget Calendar' will be placed in the New CSB Board Member Orientation Handbook.
- Ken requested additional feedback on the new HR Update deliverable. There were no further discussion or additions to the new HR Update deliverable.

CSB Fiscal Committee Meeting Notes

Action Items/Responsible Party Required Prior to Next Meeting:
CSB Board members are to receive copies of the FY 2016 Year-End report for review
Issues to Communicate to CSB Board:
Agenda Items for Next Meeting on July 15, 2016:
FY 2016 Year End Report

Fairfax-Falls Church Community Services Board
Intellectual and Developmental Disability Committee
Wednesday, July 6, 2016

The Intellectual and Developmental Disability Committee of the Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Merrifield VA.

The following Committee members were present: Lori Stillman, Molly Long, and Jane Haycock-Woods

The following CSB staff were present: Tisha Deeghan, Daryl Washington, Jean Hartman, Evan Jones, Victor Mealy, Jean Post, and Barbara Wadley-Young

1. **Meeting Called to Order**

The meeting was called to order at 5:32 PM.

2. **Welcome and Introductions**

The chair welcomed the public and introductions were made.

3. **Approval of the Agenda & Minutes**

The minutes from the March 2016 and May 2016 meetings were approved once quorum was reached.

4. **Matters of the Public**

There were no matters of the public.

5. **Matters of the Committee :**

Ms. Stillman announced that the major news is the delay of DD Waiver redesign. Implementation did not start on 7/1/2016 and the Centers for Medicare and Medicaid Services has given a tentative start date of 8/1/2016. Ms. Stillman commended the staff involved in preparing for Waiver redesign. She noted that Tisha Deeghan made an excellent presentation to the Fairfax County Board of Supervisors about DD Waiver redesign, and also provided a presentation to the Human Services Committee which included information about the CSB being the single point of entry for DD Waiver.

Ms. Stillman also announced the following:

- The LogistiCare Regional Advisory Board has created a new flyer which explains and provides information about Medicaid Transportation. Copies of the flyer were made available to the public.

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The Arc of Virginia is presenting information on I/DD Waiver redesign for self-advocates and families. More information is available at https://thearcofnova.org/programs/workshops-conferences/

- Congratulations to the Arc of Northern Virginia. The Northern Virginia Chamber of Commerce announced the winners of the 2016 Greater Washington Innovation Awards. The Arc of Northern Virginia was recognized as the Public Service Innovator of the Year. This recognition is in part for their outstanding contributions to families of individuals with disabilities who have a need to connect loved ones to vital services.

- Upcoming events include the Arc of Virginia's State Convention from August 8th - 10th in Colonial Williamsburg. If you want more information please visit www.thearcofva.org.

- DBHDS and Region 10 will be presenting the 2016 Autism Conference on Saturday, July 30 at the Double Tree Hilton in Charlottesville. The keynote speaker will be Dr. Temple Grandin. If you would like more information, please visit the VACSB website at www.vacsb.org.

6. **Staff Reports and Agency Updates**:

CSB Updates:

- Tisha Deeghan reported that she met individually with members of the Board of Supervisors prior to the Human Services Committee meeting. A copy of the Power Point presentation from the Board meeting was provided, and an amended copy with outcomes and follow ups from that meeting was provided to this group. There were multiple questions and comments after this information was presented.

- Jean Hartman and Ms. Deeghan provided a staff briefing about the implication of waiver redesign changes on community planning and the challenges it presents to a sustainable equitable service model. The briefing explained the BOS' policy decisions and the timeline for returning to the BOS with recommendations. (See briefing Power Point.) There are still many questions which remain unanswered about service demand and the new waivers. Of particular concern is getting good projections of future demand for services based on school data. As a result of FCPS contacts, better data will be available to CSB staff in the near future.

Assisted & Community Residential

Barbara Wadley-Young reported that:

1) CSB Directly Operated programs are heavily prepping for Waiver redesign changes, working on staff training, procedural and documentation changes, and collaboration with Informatics, Finance and Revenue Management teams.

2) Progress is being made with advancement of the "Integration" portion of the Integrated Healthcare process.

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3) Staff is working on strengthening communication and collaboration of the new nursing team and the direct service team and taking advantage of DBHDS statewide trainings/meetings for nurses. They will work with other CSBs to encourage Dr. Dawn Adams, whose work around the state focuses on healthcare integration with the I/DD population, to speak to/orient private provider Administrators who rely more heavily on community-based versus in-house nursing/medical supports.

4) Impact of Waiver redesign on:
   a) Directly Operated Programs – Increased rates combined with cost containment efforts afforded an opportunity to create a Nursing Team (3 positions added). Also, 7 IDS1 positions were identified to transfer to Support Coordination to assist with their need to increase staff to support the DD population.
   b) Contract Services – Changing rates of service for individuals is creating challenges with writing an RFP that takes effect in FY2018, and is to include Waiver revenue forecasting. The lack of information regarding rates makes projections and data accuracy a challenge.
5) Residential – 10 new residential service providers have contacted the CSB in the past 4 months for referrals to new programs. New providers can receive an orientation to the CSB from ACRS contract staff. Most new contacts are smaller providers that are establishing themselves one program at a time. CSB staff will continue to observe and track provider growth.

6) ICF Project Feasibility Study – The study was approved as part of the county's Capital Improvement Plan. It is a coordinated effort of the CSB, the County Building Design & Construction Division, Housing & Community Development and an Architectural Consultant. The team visited area ICFs, scanned County properties, narrowed potential sites from 12 to 4 in different areas of the County, and is currently working with the architect on universal designs and programmatic functionality. The plan is to consider the feasibility of four 4-bed homes suitable for individuals in need of an ICF level of care. If approved, the plan would have private providers utilize the sites to operate ICFs, while contracting with a housing agent of the County for the use of the sites.

Employment Services

Evan Jones reported that:

1) The main focus of staff continues to be Waiver design implementation. The staff is working on categorizing and determining level and tier assignments for I/DD individuals.

2) Additional time is necessary to determine which provider each individual uses.

3) Other challenges include different lists with ongoing updates of correct names, dates of birth, etc.

DRAFT

4) The new system for Waiver redesign will convert from units to hours at the time of the service plan. Hopefully, providers will be able to convert all at once when service plans are completed.

Support Coordination

Victor Mealy reported that:

1) CVTC - The Fairfax County census is currently 12 individuals.

2) Waiver Slot Allocation Committee (WSAC) - Eight volunteers were approved by DBHDS to sit on the WSAC and have received letters from DBHDS confirming their selection. Staff is still waiting to hear about training and the selection of a chair person for the committee.

3) WaMS-(Waiver Management System) - The training book has been received and staff will partner with Arlington and Alexandria CSBs to review the guide and arrange training for staff. We are expecting an increased workload for staff due to the implementation of WaMS.

4) DD Intake Screenings- DBHDS announced the CSBs will be able to invoice for screening completed by the CSB. We are researching whether this will be ongoing after the waivers are approved.

5) CSB intake staff is already feeling the impact of the entry of the DD population into the CSB. Referral numbers are up and more intakes are in process.

6) VIDES and Prioritization project- With the help of DBHDS staff completing VIDES assessments, we are close to closing out the initial phase of the waitlist prioritization and VIDES assessment process for all clients deemed Priority I. All other clients deemed Priority II and III will need a VIDES assessment completed by 6/30/17.

Northern Virginia Regional Projects (NVRPO):

Jean Post reported that:

1) DBHDS expanded the Developmental Services Region beyond the 5 CSBs that made up Region 2. This is now the Northern Region and includes:

    a. Rappahannock Area CSB

    b. Rappahannock-Rapidan CSB

    c. Northwestern CSB

    d. This new area added 14 Counties, 2 Cities and an additional population of just over 750,000.

DRAFT

2) Ms. Hartman and her staff have been in touch with the 3 new CSB's and are setting up meetings with the new CSB executives now.

3) Adult REACH will be expanded to meet the needs of these CSB's so a contract amendment is underway and a staffing plan is being developed. Interviewing for a new team lead is in process.

4) Ms. Hartman is clarifying the needs for Youth REACH with the new CSB's.

5) ID/DD Adult and Children's Clinic is operational for all CSB's.

6) Ms. Hartman is working on the end of year report now and will be able to share highlights at the next meeting.

6. **Other Announcements:**

Thanks to Paul Wexler for his insights and suggestions on working with state legislators across the state and not just No. VA delegates.

As a quorum was present, minutes from the March 2016 and May 2016 meetings were approved.

7. **Meeting Adjourned** 7:00 p.m.

The next meeting is scheduled for *Wednesday, September 7, 2016 at Merrifield Center.*

DRAFT

One Integrated DD Service System, Waiver Redesign, and BOS Direction

A Staff Briefing on Changes and Community Planning

Tisha Deeghan and Jean Hartman
CSB IDD Committee
July 6, 2016

Department of Justice Settlement Agreement and Medicaid Waiver Redesign Restructures and Redefines the I/DD Service System

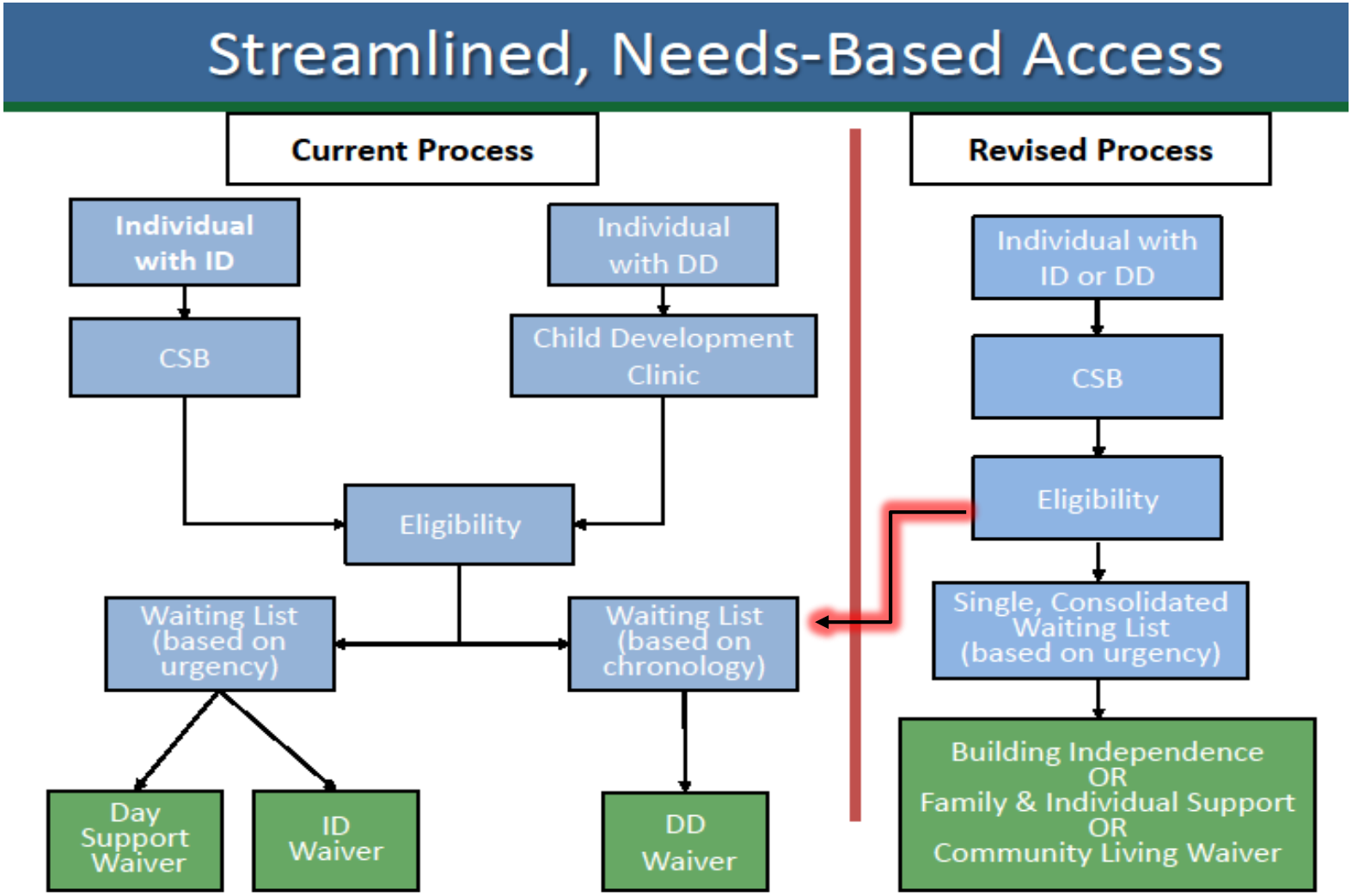
- **Establishes one Developmental Disability (DD) system** with CSB as **Single Point of Entry** for eligibility determination and case management for ID *and* DD, expanding CSB's role, oversight, and number of individuals served.
- **Eliminates newly combined DD Medicaid Waiver Waiting List by 2020**, ~2,000 in Fairfax County alone
- **Uses Redesigned Waivers, Services, and Rates to pivot from institutional care to community living**

Good News… No News… and the Challenges for Fairfax Beyond July 1st

Some changes are driven by the DOJSA and General Assembly actions and have begun, while others are dependent upon CMS approval of Waiver Redesign which is delayed.

- *GOOD NEWS*: On July 1st the Commonwealth moved toward **one integrated DD system** when the CSB:
  - Became the single point of eligibility determination
  - Began to contract with DDCM providers
- *NO NEWS*: **Waiver Redesign is delayed** until at least August adding an additional degree of uncertainty
- *GOOD NEWS CHALLENGE*: The community's ability to absorb the good news of one integrated DD system and the eventual elimination of waiting lists is complicated by the sheer numbers of individuals, providers, and local dollars in Fairfax.
  - **So, the CSB sought and received policy direction and resource decisions from the BOS to support an equitable and sustainable service system**

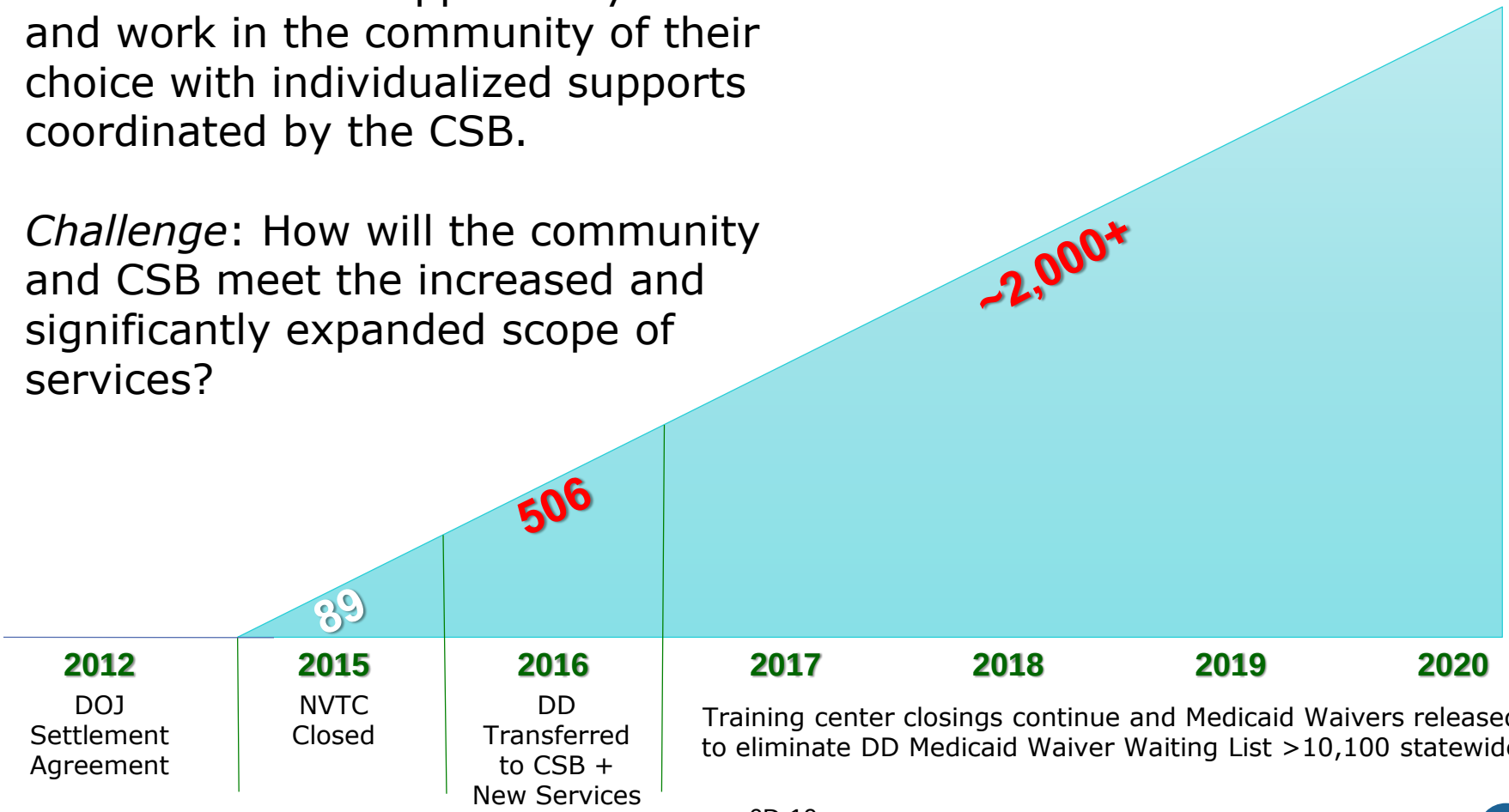
CSB as Single Point of Entry: July 1, 2016



Challenge of Community Care to a Caring Community

Trend: Many more individuals with ID *and* DD have the opportunity to live and work in the community of their choice with individualized supports coordinated by the CSB.

Challenge: How will the community and CSB meet the increased and significantly expanded scope of services?



6D-10

Support Coordination and DDCM Post July 1, 2016

- 506 FFCCSB area individuals with DD Waiver or on the Waiting list
  - 158 are served by 10 DDCM provider agencies
  - 200 DD Waivers are being released now across the State and as high as 60 of these may be coming to individuals in FFCCSB
- DDCM providers must contract with the CSB, operate under the CSB's license, and meet new requirements
- If private providers unwilling or unable to provide DD Case Management under new rules, CSB must
- In addition to the DD Waivers, the CSB anticipates receiving 50 new ID Medicaid Waivers
- Waivers will increase annually until DOJSA satisfied and ~2,000 individuals on Fairfax County DD Medicaid Waiver Waiting List served
- Recall that Waivers come **with mandated** support coordination/DDCM services
- SC is also needed to coordinate locally-funded services

Residential Services Post July 1, 2016

- DD becomes eligible for residential services under the redesigned waivers including drop-in and respite services
- Demand unknown, but expected to grow. Utilization data will be tracked this year
- Cost-containment, including reduction of program enhancement, well underway
- RFP under development
- New Medicaid Waiver rates are likely to be favorable to providers
- Excellent partnerships with provider network at capacity
- Policy decision to the BOS re locally-funded services and costs absorption

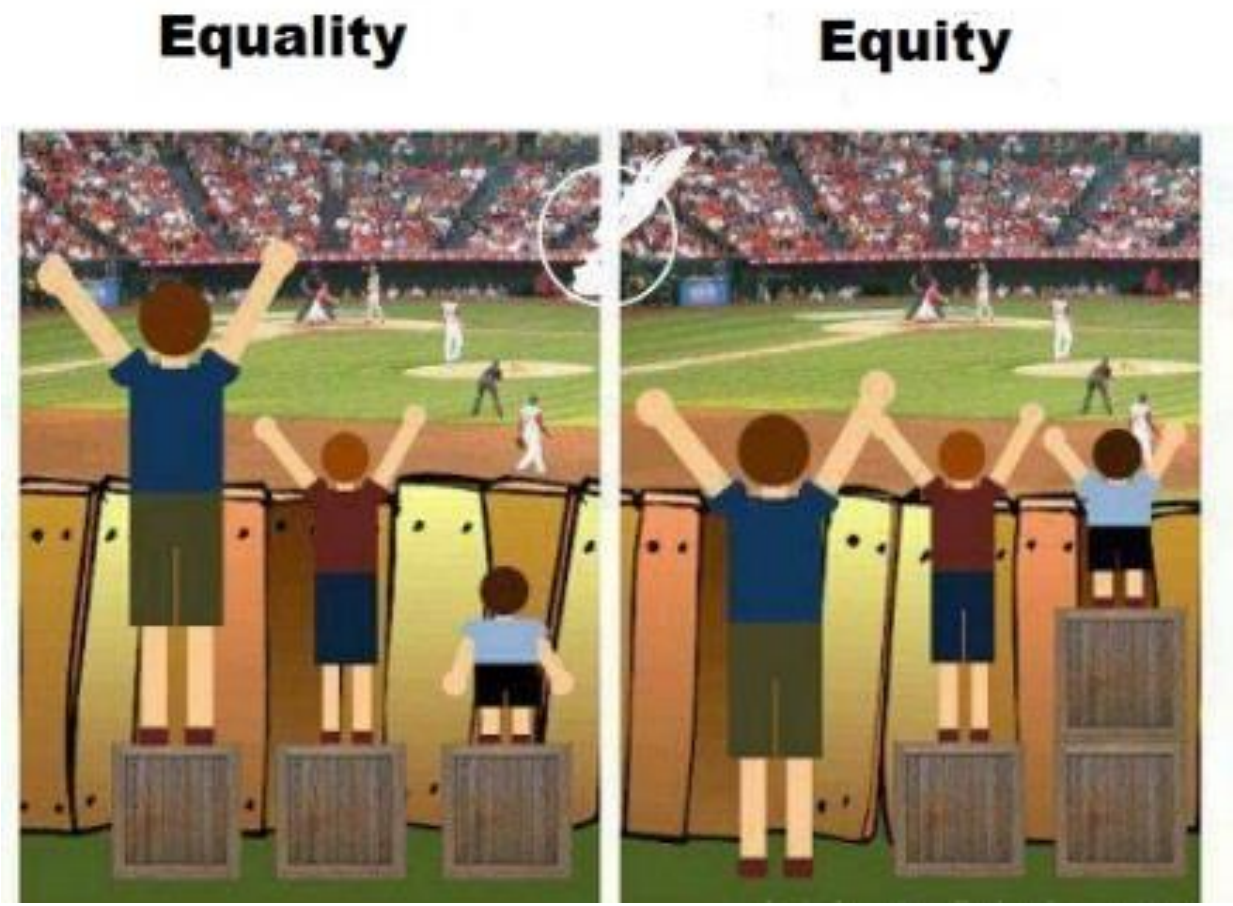
Employment & Day Post July 1

- Sustainability of the >25 year practice of funding non-mandated services to individuals with ID, primarily special education graduates of FCPS who entered services at age 22 is in question
- Funding supports 100% cost of services for those who do not have a Medicaid Waiver and partial cost of services for those who have a Medicaid Waiver ("program enhancement")
- In FY 2016 total E&D value of $23.2 M and is over 99% locally funded
- Under one integrated system, **181** Individuals with DD are newly eligible for Employment & Day Services as of July 1
- Serving ID and DD special education graduates equitably in compliance with DOJSA:
  - FY 2017 – an additional ~$3.1 M over the $1.5 M already included in the FY 2017 budget
  - FY 2018 forward – an additional ~$3.0 M annually, with increases each year based on service needs, contract rate adjustments, etc.
- Good relationships provider network and at capacity
- Concerns about the sufficiency of proposed Medicaid Waiver rates

Summary: Local Investment & the Cost Curve Challenge

- Three LOBs primarily serve individuals with ID & will DD:
  - Support Coordination Services (SC) - $6.20 M (*mandated* for individuals with a Medicaid Waiver)
  - Adult Long-Term Residential Services (LTRS) - $18.18 M (*not* mandated)
  - ID Employment and Day Services (EDS) - $23.20 M (*not* mandated)
- Together these areas serve ~1,800 unduplicated individuals and ~2,200 screenings & assessments out of ~21,000 individuals seen by the CSB overall
- Combined these three areas accounted for $47.58 M in FY 2016, 86% funded by General Fund out of $154 M budget with 75% General Fund transfer overall

DD System Redesign: My Life, My Community



BOS Decisions on CSB DD Services:

Support Coordination Services

- Authorized recruitment for 10 positions required for new Medicaid Waivers and new case load requirements
- Fund in FY 2017 through CSB Fund Balance and additional GF support at Carryover until recurring funding in FY 2018

Adult Long-Term Residential Services

- Provide services including drop-in/respite to individuals with ID *and* DD based on medical necessity within current appropriations, initiate a waiting list when funds are exhausted, and study the demand

Employment and Day Services

- Provide E&D services to individuals with ID *and* DD
- Fund in FY 2017 through $1.6M *Employment First* Reserve and implement waiting list when funding exhausted
- Return with a funding and service model to control costs to be implemented July 1, 2017 which is equitable, sustainable, and developed in consultation with the community and providers

COMMUNITY SERVICES BOARD Item: 8A Type: Action Date: 7/27/16

Issue:
Board approval for the Fairfax-Falls Church Community Services Board to approve the FY 2017 and FY 2018 Community Services Performance Contract with the Department of Behavioral Health and Developmental Services (DBHDS).

Recommended Motion
I move that the Board approve the FY 2017 and FY 2018 Community Services Performance Contract.

Background
The State Performance Contract delineates the responsibilities between DBHDS and the community services boards and behavioral health authority for the purpose of providing local public mental health, developmental and substance abuse services. It specifies the conditions to be met for a CSB to receive State-controlled funds, identifies the groups of consumers to be serviced with State-controlled funds and includes requirements to ensure accountability to the State. It includes all services provided or contracted by the CSB. As specified in the Code of Virginia, the CSB must make its proposed Performance Contract available for public review and comment prior to approving and submitting the biennial contract.

Timing
The contract, to include FY 2017 projections for units of service and cost per unit, was submitted to DBHDS on June 24, 2016.

July 27	Public hearing at July Board meeting to receive any comments and approval of performance contract
July-~~August~~ September	Review of contract at Cities of Fairfax and Falls Church Council meetings
Sept. ~~13~~ 20	Board of Supervisors approval of performance contract

Enclosed Documents
- Performance Contract: http://www.dbhds.virginia.gov/library/community%20contracting/occ-pc-contract-renewal-final-fy2016.pdf
- Partnership Agreement: http://www.dbhds.virginia.gov/library/community%20contracting/occ-pc-partnership-agreement-fy2016.pdf
- CSB Administrative Requirements: http://www.dbhds.virginia.gov/library/community%20contracting/occ-pc-csb-administrative-rqmts-fy2016.pdf

Staff
Lisa Potter, Director, CSB Strategy and Performance Management
Michael Lane, Deputy Director of Clinical Operations

COMMUNITY SERVICES BOARD	Item: 8B	Type: Action	Date: 7/27/16

CSB Associate Committee Members

Recommended Motion

I move that the Board accept the following as FY 2017 Associate Committee Members of the Behavioral Health Oversight Committee:

a. Advisory Board for the Joe and Fredona Gartlan Center
b. The Alternative House, Inc.
c. The Brain Foundation
d. Community Residences, Inc.
e. Concerned Fairfax
f. Inova Health System
g. The Northern Virginia Mental Health Foundation, Inc.
h. Northwest Center Advisory Board: Northwest Center for Community Mental Health
i. Pathway Homes, Inc.
j. PRS, Inc.
k. Northern Virginia Mental Health Consumers Association
l. ServiceSource, Inc.
m. Substance Abuse and Addiction Recovery Alliance (SAARA)
n. Consumer Run Programs Representative *(Representatives will alternate meeting attendance)*
    i. Consumer Wellness Center of Falls Church
    ii. Laurie Mitchell Employment Center
    iii. Reston Drop-In Center, Inc.
    iv. South County Recovery and Drop-In Center

Background

As part of the annual appointment of Associate Members as outlined in the CSB Bylaws, the nominations of FY 2017 Associate Members of the Behavioral Health Oversight Committee were provided at the June 2016 CSB Board meeting for consideration along with notice that a motion for approval would be presented at the July meeting.

CSB Board Member
Diane Tuininga, Chair, Behavioral Health Oversight Committee

Attachment

COMMUNITY SERVICES BOARD	Item: 8C	Type: Action	Date: 7/27/16

Appointment of Ad Hoc Fee Policy Committee

Issue
The CSB Executive Committee is proposing the establishment of an Ad Hoc Fee Policy Committee and the selection of its members for the 2016/2017 fee related review work.

Recommended Motion
I move that the CSB Board establish an Ad Hoc Fee Policy Committee comprised of three members as recommended.

The CSB Board members being recommended to serve on this year's committee are Kat Kehoe, Chair; Sheila Coplan Jones, and Jane Woods.

Background
As outlined in the CSB Bylaws, Ad Hoc Committees may be established by the full Board as needed. Those Committees may be established to address any issue for which the full Board determines that the subject matter or issue cannot be adequately addressed by the Standing Committees. The members of each Ad Hoc Committee shall elect one of their members as Chair for a one-year term.

CSB Board Policy 2120, Reimbursement for Services, requires the annual review of fees and the provision of guidance on the system that provides subsidies and various payment methods based on the ability to pay and addresses delinquent accounts based on County policy. In addition to conducting a review of the Board Policy 2120, the Ad Hoc Fee Policy Committee reviews staff proposals on the Ability to Pay Scale, the Fee and Subsidy Related Regulation 2120.1, and the Fee Schedule, and makes recommendations. The Ad Hoc Fee Policy Committee then brings forward to the full Board a recommendation to post changes for public comment.

Timing
Request approval at the July 27th CSB Board meeting in order to meet the review deadlines and deliverables identified in the preliminary work plan.

Board Member/Staff
Gary Ambrose, Chair
G. Michael Lane, Deputy Director-Administrative Operations

Attachment
FFCCSB Fee Related Review Work – 2016/2017

FFCCSB FEE RELATED REVIEW WORK – 2016/2017

(TOPIC	TASKS/DELIVERABLES	STAFF WORK GROUP	BOARD COMMITTEE
Charter	■ G. Michael Lane (CSB) and Bill Belcher (DAHS) to convene ■ Appoint/designate members ■ Schedule July-August-September meetings with review topics and decisions points ■ Furnish current related materials for context purposes	Designate staff by 7/6/16	Establish Committee & appoint members 6/22/16
Board Policy on Reimbursement 2120	■ Review and discuss Board Reimbursement Policy 2120 in light of County and CSB initiatives and revenue priorities ■ Discuss commercial insurance business and plans to pursue/not pursue	NA	Review by 7/22/16
Ability to Pay (ATP) Scale	■ Consider alternative to ATP Scale, e.g., monthly cap on gross service charges by HH and income, rather than a 'slide' on individual service charges. Can Credible EHR perform this? Does this align with other County HS agency practices? Does this help/harm clients meet their deductibles? ■ Otherwise, update based on federal poverty guidelines (sync with federal update typically 1st of the new calendar year)	Due by 7/20/16	Review on TBD
Fee & Subsidy Related Regulation 2120.1	■ Propose changes to Regulation for congruity with Ad Hoc Committee recommendations to Board Policy 2120 and staff-initiated proposals	Due by 7/20/16	Review on TBD
Service Cost Review	■ Review and discuss service costs & reimbursement by CPT/H codes Review and discuss staff-initiated proposals to add billable service codes	Due by 8/15/16	Review on TBD
Fee Schedule	■ Assemble & review proposed Fee Schedule ■ Assess revenue impact (of Fee Schedule, ATP Scale, Board Policy)	Due by 8/15/16	Review on TBD
Approvals and Effective Date	■ CSB Board Item to issue Fee Related documents for public comment following the 9/28/2016 meeting. ■ CSB Board Public Hearing and request for approval at 10/26/2016 meeting ■ Forward to the Board of Supervisors for their review ■ BOS Information Item on Fee Schedule and ATP Scale 12/6/2016 ■ Make effective at least 60 days from the date of CSB Board approval	In accordance with Board(s) due dates	NA

COMMUNITY SERVICES BOARD Item: 8D Type: Action Date: 7/27/16

Human Services Legislative Issues Paper

Issue:
Board approval of CSB related issues and recommendations for the Human Services section of the Fairfax County Legislative Program for 2017.

Motion:
I move that the Board approve submission of the issues as outlined in the Human Services Legislative Issues Paper.

Background:
In preparation for development of the annual Fairfax County Legislative Program, the CSB, as well as other human services agencies, highlight those issues to be considered during the budget process in the upcoming Virginia General Assembly.

Timing:
The deadline for submitting issues to the Deputy County Executive for Human Services is August 1, 2016.

CSB Board Members and Staff:
Gary Ambrose, CSB Chairman
Molly Long, Chair, Legislative Committee
Belinda Buescher, Communications Specialist

Enclosed Document:
Attachment A – Draft issues for the 2017 Legislative Issues Paper

ITEM 8D: ATTACHMENT

ITEMS TO BE REVIEWED BY CSB

Mental Health, Public Safety, and the Criminal Justice System

Support sustainable funding for public safety and mental health services which connect non-violent offenders experiencing mental health crises to treatment instead of the criminal justice system. Also, support funding for the provision of mental health services in jails, including training for personnel.

For many years, police officers have been the first responders when an individual is in the midst of a mental health crisis – the Fairfax County Police Department responds to more than 5,000 calls each year that are mental health related. As a result, sometimes these calls lead to incarceration for low-level offenses (trespassing, disorderly conduct), precluding the individual from receiving appropriate treatment in the community for the underlying mental health issues with which he or she is grappling, often combined with co-occurring substance use disorders.

Incarceration is significantly more expensive than mental health treatment. The approximate cost of incarcerating someone in the Fairfax County jail for a year is $66,000. In contrast, the average cost to provide one year of supportive community residential services (housing plus treatment and support) through the Community Services Board for an individual with serious mental illness is approximately $22,000 – one-third the cost of a year of incarceration. CSB intensive case management (without residential services) costs even less -- approximately $7,500 per year per individual. .

County officials estimate that about 40 percent of the inmates at the Fairfax County Adult Detention Center need mental health care, which is in line with national data. The criminal justice system is not designed to treat these issues, and substantial changes must be made. Innovative approaches throughout the justice system are available and would help bring rapid improvements. Screening individuals who could be charged with a low level offense to quickly identify whether they have a mental illness could improve appropriate treatment opportunities and enhance diversion efforts, leading to better outcomes for individuals and the community.

To address these critical issues, Fairfax County has embarked upon Diversion First, an initiative that offers alternatives to incarceration for people with mental illness or intellectual/developmental disabilities who come into contact with the criminal justice system for low level offenses. The goal is to intercede whenever possible to provide assessment, treatment or needed supports. From January through June 2016, law enforcement officers brought 771 people to the Merrifield Crisis Response Center, a key component of Diversion First. Of those 771 individuals, 209 had potential criminal charges but were diverted from potential arrest to mental health services.

Diversion First helps to prevent repeat encounters with the criminal justice system, improve public safety and promote a healthy community. Fairfax County has made a major investment in this vital initiative. The first phase of this effort was implemented in Fiscal Year 2016 by reallocating local resources. For Fiscal Year 2017, the County has allocated $3.8 million for Diversion First

Commented [BB1]: 6-15-16: Discussed this statistic in Diversion First communications committee, with staff from Sheriff's office, Public Affairs, Chairman Bulova's and Dep County Executive's staff. The 40 percent is an estimate. Current Diversion First efforts include improving procedures and screening of inmates to more clearly define and measure the scope of the problem among ADC inmates. Group agreed it's ok to use the 40% statistic for now.

Additional information: 6-21-16. From Andi Ceisler, Sheriff's office: "Following up on Belinda's question about the source for the number 40 percent, I learned today that the jail-based CSB and the Sheriff's Office Inmate Records Section jointly completed a survey for the Virginia Sheriffs' Association and the Virginia Association of Regional Jails in 2014. The Virginia Local and Regional Jails Survey focused on the assessment and treatment of inmates with mental illness and covered a point in time, which was June 2014. The results of the survey showed that 43 percent of inmates in the Adult Detention Center had some form of a mental illness."

Commented [BB2]: This information was reported publicly to the DF stakeholders on July 11, 2016.

Commented [BB3]: Replaced "stop" with "prevent," per Gary Ambrose.

activities. Expanding this cost-saving program, however, will require additional state investments, including:

- Increasing the availability of mental health services in the community by expanding secure 24/7 crisis assessment centers, crisis stabilization units, mobile crisis units, local forensic beds, affordable housing options, reintegration services for youth and adults at high-risk of rapid re-hospitalization and/or re-offending due to mental health issues, and the use of telepsychiatry;
- Initiating the use of Mental Health Dockets and/or Mental Health Courts to help individuals with mental health issues during the legal process and improve outcomes;
- Strengthening the community's response to individuals in mental health crises by funding Crisis Intervention Team (CIT) training for law enforcement officers, Fire and Rescue first responders, and jail personnel;
- Building opportunities for additional mental health training for organizations, stakeholders and community members by expanding funding for Mental Health First Aid Trainer certification and supporting mental health training across the state;
- Facilitating the exchange of health information of individuals believed to meet the criteria for temporary detention orders between law enforcement, Community Services Boards, health care entities and providers, and families and guardians;
- Supporting the efforts of the Center for Behavioral Health and Justice, which was created in 2015 upon recommendation of the Governor's Taskforce;
- Increasing funding to augment the provision of appropriate mental health services to individuals who are incarcerated for offenses that make them unsuitable candidates for a diversion program; and
- Utilizing screening and assessment tools that focus on individual level needs and that also gather information on prevalence rates and other system level data.

Commented [BB4]: Gary A edit: Replace "Increasing" with "Initiating"

Many of these items are recommendations in the final report of the Governor's Taskforce on Improving Mental Health Services and Crisis Response. Additionally, the final report of the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century, expected by December 2017, is likely to include recommendations that support and advance the Diversion First initiative. (Updates and reaffirms previous position.)

ITEM 8D: ATTACHMENT

ITEMS TO BE REVIEWED BY CSB

Note to Legislative Director: In light of the major changes that have occurred in this area since the last Human Services Issues Paper was developed, CSB recommends an overall rewriting of this item, including a new title. Margin comments are extensive in some places, and are intended to show the research and multiagency discussion underlying many of these recommended changes. Please consider replacing last year's item with the following:

Training Center Closures and Developmental Disability Services Inclusion

Support additional state funding of increased Medicaid waiver rates and number of waivers to support appropriate community services and ensure the Commonwealth fulfills its responsibility to implement a fully integrated developmental services system in compliance with the Department of Justice Settlement Agreement (DOJSA).

As a result of a state decision following the settlement agreement negotiated with the U. S. Department of Justice, the Commonwealth is to shift from an institution-based service system to a community-based service system. To move toward this goal, by 2020 Virginia will have closed four of the state's five training centers that provided residential treatment for individuals with intellectual and developmental disabilities. The Northern Virginia Training Center (NVTC) closed in January 2016. The Commonwealth is also transforming from bifurcated Intellectual Disability (ID) and Developmental Disabilities (DD) service systems into one integrated service system. As of July 1, 2016, Community Services Boards (CSB) responsibility has expanded to become the single point of eligibility determination and case management of waiver services not only for individuals with ID but also for individuals with DD.

Ensuring the creation of sufficient and appropriate housing and employment/day supports, without shifting costs to localities, remains essential to the ongoing implementation of this agreement and to the achievement of an adequate community-based service system. Unfortunately, in the four years since the agreement was reached, the Commonwealth has failed to create such housing and support options in Northern Virginia, and Fairfax County in particular, due to high real estate and service delivery costs paired with inflexible residency limits and insufficient waiver rates. ~~(Providers have indicated that allowing five residents per group home significantly improves their ability to offer these services. Limiting group homes to four or fewer residents is not economically viable for the majority.)~~ This has resulted in significant numbers of NVTC residents relocating outside the Fairfax County area. The Commonwealth recently expanded the geographical region defined as Northern Virginia for the expenditure of the DOJSA trust fund. It is vital that Fairfax County be included in the portion of the proceeds of the sale of the training center property dedicated to developing residential options for individuals to remain in their home community in Northern Virginia.

The Commonwealth has made only limited progress in redesigning related Medicaid waivers that adequately support intensive service needs, housing and staffing costs in Northern Virginia. Redesign and funding of these waivers are essential to the Commonwealth's implementation of the Department of Justice settlement agreement and a community-based integrated developmental

Commented [BB1]: This part of the change, i.e., the CSB becoming the single point of eligibility determination and case management for DD as well as ID, was not dependent on federal CMS approval, and therefore took effect July 1, 2016.

Commented [BB2]: Jane Woods suggested splitting long sentences into separate sentences when possible, as it is hard to follow the longer sentences. Belinda has done this here and in other places throughout this section.

Commented [HJ3]: I suggest that we delete the sentence in purple. Lucy is right that the proposed Waiver rates incentivize smaller settings. So some vendors are moving down to 4 person GHs from 8 or 6. But the point of this paragraph is that too many NVTC citizens moved out of Fairfax because capacity was not expanded significantly between 2012-16 under the "old rates" and one wonders about investment under the new since the target area just expanded to Culpepper and Winchester.

services system structure. The plan for redesigned waivers has been submitted and is awaiting CMS approval by the Centers for Medicaid and Medicare Services (CMS),) Waiver rates are currently well below the cost of providing necessary services in Northern Virginia. They are not sufficiently flexible to meet the needs of individuals transitioning from training centers to the community nor current ID and DD waiver recipients. The redesigned waivers only partially address the underfunded community services, and their rates continue to be below the cost of providing necessary services in Northern Virginia. In addition, they do not contain sufficient flexibility to meet the needs of individuals with extensive medical and behavioral needs.

Commented [BB4]: Pending as of June 2016. Paper will need to be updated when/if approved by CMS.

~~Support changes to waivers and services that would:~~

Commented [BB5]: CSB suggests moving these bullets to next section on Medicaid waivers.

- ~~Ensure adequate state funding to address the needs of individuals with high, complex, and intense needs for support, including employment and day services;~~
- ~~Identify and provide sufficient affordable housing resources to adults with intellectual and developmental disabilities, allowing providers to instead focus resources on increasing services and enhancing quality;~~
- ~~Fully fund reimbursements for nursing and behavioral consultation, training, monitoring and supports;~~
- ~~Increase reimbursement rates to enable the hiring of professional nurses;~~
- ~~Provide sufficient state funding to support a sustainable, well-trained workforce and a service support model that can effectively integrate nursing care, behavioral supports, mental health supports, and eldercare across residential and day settings and within support coordination services; and,~~

- ~~Provide support for an appropriate system of care for crisis services for individuals with intellectual and developmental disabilities that includes adequate community level resources. Expand capacity of REACH services (Regional Education Assessment Crisis Services and Habilitation) and access to intensive residential care options when appropriate.~~

Successfully implementing the Department of Justice settlement is the Commonwealth's responsibility and obligation. Sufficient and timely state funding for individuals receiving or waiting to receive services locally within the community-based service system is an essential component of that effort. *(Updates and reaffirms previous position.)*

Medicaid Waivers

Support state funding and expansion for Virginia's Medicaid waivers that provide critical home and community-based services for qualified individuals.

Medicaid funds both physical and mental health services for people in particular categories (low-income children and parents, pregnant women, older adults, and persons with disabilities). It is financed by the federal and state governments and administered by the states. Federal funding is provided based on a state's per capita income – the federal match rate for Virginia is 50 percent. Because each dollar Virginia puts into the Medicaid program draws down a federal dollar, what

Medicaid will pay for is a significant factor in guiding the direction of state human services spending. However, states set their own income and asset eligibility criteria within federal guidelines.

For the most part, each state also has the discretion and flexibility to design its own Medicaid service program and can choose from a menu of optional services and waiver services in the state plan. Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though Medicaid recipients in Virginia may also receive coverage through home and community-based "waiver" programs. Such programs allow states to "waive" the requirement that any Medicaid service be offered to the entire population, and instead allow certain populations (e.g. people with developmental disabilities) to receive supplemental support services. Waiver services are especially important for low-income families, older adults, people with disabilities, and individuals with chronic diseases in Virginia, where Medicaid eligibility is highly restrictive.

The number and types of waivers are set by the General Assembly. Extensive, growing waiting lists for some waivers demonstrate the significant barriers that exist in the Commonwealth. (Current Virginia waivers include Elderly or Disabled with Consumer-Direction, and Technology Assisted, as well as the newly redesigned Community Living, Family Supports, and Building Independence waivers.) Waivers fund a variety of services, such as attendants to help with bathing and dressing, on-the-job assistance to allow people to work successfully, and assistive technology devices that provide communication assistance. The Commonwealth has redesigned the Intellectual Disability (ID), Developmental Disability (DD) and Day Support waivers and is awaiting CMS approval. While the proposed new waivers could provide substantial benefits, the impact of the new structure, funding, and implementation is critically important to their success and remains unclear. Adequate funding for the new waivers is essential and must include a Northern Virginia differential that accurately reflects the cost of services in the region.

Fairfax County supports the following adjustments in Medicaid waivers:

- **Support automatic rate increases and an increase in the Northern Virginia rates consistent with actual costs.** While nursing facilities receive annual cost of living adjustments, this rate adjustment is not available to providers of Medicaid waiver services. To reduce reliance on institutions such as nursing facilities, increase the source of less costly community-based services, and ensure the availability and quality of Medicaid providers for personal care and other Medicaid community-based services, a fundamental rebalancing of reimbursements within Virginia's Medicaid program is necessary. Northern Virginia Medicaid waiver rates should be raised to reflect the higher cost of living and services in this area. Proposed rates included in the current Medicaid waiver redesign rate formula considered worker salaries at the 50th percentile of Bureau of Labor Statistics (BLS) average wages for the region. Neither the County nor the State is able to hire comparable staff at these BLS wage rates. Medicaid waiver reimbursement rates should be calculated using BLS average wages at the 90th percentile to reflect actual cost of staff in Northern Virginia. More competitive Medicaid reimbursements will significantly increase the number of participating providers in Northern Virginia, thereby expanding the

Commented [BB6]: Earlier version's statement about Virginia's low ranking in terms of Medicaid spending for individuals with ID/DD could not be verified/updated, so Jean recommended deleting it.

Commented [BB7]:

Commented [BB8]: Edited definition of the term "waiver" provided by LTCCC and the Arc. Jean Hartman concurred.

Commented [BB9]: Deleted the statement "Waivers result in less expensive, more beneficial care than care provided in institutional settings." Jane Woods had commented that the statement seemed to reflect "preference, not evidence-based or data-driven."

Commented [BB10]: Updated list of current waivers from LTCCC/the Arc.

Commented [BB11]: We will need to update this if approval occurs before the final issues paper is submitted to the BOS.

Commented [BB12]: Molly Long recommended removing the statement that said "At a minimum, rates should equal at least 90 percent of costs," since later in the paragraph we say rates should be calculated…to reflect the **actual cost** of staff in Northern Virginia." The 90 percent refers to the BLS average wage percentile for Northern Virginia, on which the actual staff cost is calculated, not to the percent of costs the rate should cover. Jane Woods had also questioned the 90 percent of costs statement. Jean Hartman and the LTCCC agreed with this edit.

local supply of community-based services for older adults and people with disabilities. *(Updates and reaffirms previous position.)*

- **Support negotiation of per-person waiver rates above the proposed top tier for individuals with highly intensive behavioral and healthcare needs, and for program models that meet critical needs, on a case-by-case basis where Medicaid waiver rates and services prove insufficient.** At present there are a number of identified individuals with intensive specialized support needs, as well as specific service models designed to meet these needs, for whom/which Medicaid Waiver rates are inadequate to meet costs of specialized services in the Northern Virginia region. Without the flexibility of negotiated rates above the proposed top tier, safe and adequate community services that align with current national trends and service philosophies will not be possible for these individuals. The Department of Behavioral Health and Developmental Services has proposed per person individualized rates for individuals with medically and/or behaviorally complicated needs that cannot be met using the standard rate matrix. We support this proposal as the best way to ensure that individuals who have the most complex needs are not forced out of the service system due to the high cost of serving them.

- ~~**Support increased funding for the newly redesigned Medicaid Developmental Disability waivers if the proposed redesigned waivers are not implemented as expected.** The state's implementation of the proposed waiver redesign has not proceeded as quickly as previously thought, leading to concerns about how and when that redesign, and appropriate funding, will be completed. If new waivers are not implemented by the 2016 General Assembly, increased funding will be needed for more waivers and an expansion of services, as required by the settlement agreement. In Fairfax County (as of May 2016), over 1,447 people with intellectual disabilities are on the statewide waiting list for services; of those, more than 1,026 are currently considered to have "urgent" needs (potentially one crisis away from requiring emergency services and potential institutionalization). In addition, the services available under the current waivers will need to be expanded, with corresponding reimbursement rates that reflect the actual cost of providing services in Northern Virginia and the option for consumer choice. *(Updates previous position.)*~~

Commented [BB13]: Edit suggested by Lucy Beadnell (Arc)

Commented [HJ14]: good

Commented [BB15]: We checked into the suggestion from LTCCC that there might be evidence that a higher percentage of individuals with difficult and complex medical needs are on the wait list for waivers in Fairfax compared to the rest of the state. Evan Jones computed this using the most recent wait list data from DBHDS and found that we had the 10th highest percentage.
Here is the reference:
http://www.dbhds.virginia.gov/library/developmental%20services/january%202016%20waiting%20list.pdf
More info from Evan:
DBHDS predicted about 55% of those needing day support would fall in tiers 3 and 4 which are persons with the more complex and difficult needs. At least one Provider ServiceSource has observed that 73% of those who so far have had a tier assigned fall into the tier 3 and 4 level which is considerably more than projected. Not sure how the rest of the state stands but if the state is in fact at 55% this would be evidence that Fairfax has more complex and difficult needs individuals.

Commented [BB16]: Highlighted section was suggested by LTCCC.

Commented [BB17]: LTCCC edit – with state's new name for the waiver -- "Developmental Disability" – inclusive of individuals with ID as well as DD.

Commented [BB18]: Edits suggested by Lucy Beadnell.

Commented [HJ19]: Jean Hartman recommends deleting this paragraph, since we expect CMS approval will probably be given by the time the final white paper is presented. The GA funded Waivers as if CMS had approved the redesign. Jean writes: "I'm not sure what extra funding we would be requesting and it is probably better to move away from our discussion of "urgent/non-urgent" classifications anyway as that is being replaced."

- **Support Expansion of Home and Community-Based Services.** Virginia still has not elected to institute the Community First Choice (CFC) option under its Medicaid state plan. The Commonwealth should evaluate this option as it works to implement the Department of Justice agreement and find new opportunities to serve older adults and people with disabilities in their homes and communities. Incorporating Community First Choice into its Medicaid state plan would provide Virginia with more revenue to serve people with adult onset disabilities who are denied access to services they need under the existing Medicaid waivers.
  (*Updates and revises previous position.*)

Commented [BB20]: From Jean H and Victor M: CFC would cover options under waiver- like home and community-based attendant services and supports to assist in accomplishing activities of daily living, instrumental activities of daily living, and health related tasks. Other options under CFC would be useful if funded: Transition costs such as rent and utility deposits, first month's rent and utilities, purchasing bedding, basic kitchen supplies, and other necessities required for transition from an institution; and the provision of services that increase independence or substitute for human assistance to the extent that expenditures would have been made for the human assistance, such as nonmedical transportation services or purchasing a microwave

Commented [BB21]: It was Molly Long's suggestion to edit the second sentence to say that the state should "evaluate" the CFC option, not necessarily "implement" it. Many states are choosing not to implement it, she said, pointing out that "While CFC is an appealing state plan option because of an "enhanced" FMAP, it would not provide Virginia more flexibility to serve the DD population. CFC is subject to statewideness and comparability when implemented in a State's Medicaid plan and can only serve individuals who are eligible for services under state plan eligibility requirements. Because of these requirements, CFC has not been a popular HCBS state plan option." (Note: Molly worked on the CFC rule when she was at CMS.)

Molly provided additional information regarding the "enhanced FMAP" that comes with the CFC option: FMAP refers to the Medicaid Federal Medical Assistance Percentage. Virginia has a 50% FMAP, which means for every dollar the State puts towards Medicaid, the Federal government will also contribute a dollar. These percentages vary by State and are determined by a standard Federal formula/methodology that looks at various state variables like per capita income. For CFC, Federal law provides what is often referred to as an "increased FMAP." I believe CFC comes with 6 % additional FMAP; so if Virginia adopted it then they'd get 6 more cents from the Feds for every CFC dollar spent.

- **Restore and Preserve the Elderly and Disabled with Consumer Direction (EDCD) Waiver, and Eliminate the 56 Hour Cap**. The EDCD Medicaid waiver is the only option for thousands of Virginians to be able to stay in their own homes and avoid unnecessary placement in a nursing facility. People eligible for the EDCD waiver include those who are 65 years or older, or who have developmental disabilities (other than intellectual disability), brain injuries, or other notable disability needs. This group includes approximately 3,400 children under the age of 18 years. After significant state funding reductions in recent years, several areas of the EDCD waiver must be preserved and restored in order to fully benefit Fairfax County's most vulnerable older adults and adults and children with disabilities, including: keeping the Long Term Care Medicaid eligibility threshold at 300 percent of SSI; restoring recent reductions to home and community-based Medicaid providers; allowing for flexibility in Medicaid's administrative requirements to maximize options for consumer-directed care; and, restoring respite care service hours to a maximum of 720 hours a year. The EDCD waiver's maximum of 56 personal attendant hours per week is insufficient to provide the support and services needed to allow recipients to remain in the community. Although there are limited options for some EDCD waiver beneficiaries to exceed this cap, justifying that need places an administrative burden on the consumer and should be eliminated.

Commented [BB22]: Updated in consultation with LTCCC. Jane Woods suggested – and LTCCC concurred – that the description include the fact that children are also served by the EDCD waiver – LTCCC provided the 3,400 figure.

Commented [BB23]: According to Lucy Beadnell (Arc), the 3,400 number was from this year's General Assembly session when there was talk of moving those people over directly into ID or DD Waivers if they were already on the waiting lists. Jane Woods agrees with this suggested edit.

Commented [BB24]: Belinda added, per JW comment.

- **Support other changes to waivers and services that would:**
  - Ensure adequate state funding to address the needs of individuals with high, complex, and intense needs for support, including employment and day services;
  - Identify and provide sufficient affordable housing resources to adults with intellectual and developmental disabilities, allowing providers to instead focus resources on increasing services and enhancing quality ;
  - Fully fund reimbursements for nursing and behavioral consultation, training, monitoring and supports;
  - Increase reimbursement rates to enable the hiring of professional nurses;
  - Provide sufficient state funding to support a sustainable, well-trained workforce and a service support model that can effectively integrate nursing care, behavioral supports, mental health supports, and eldercare across residential and day settings and within support coordination services; and,
  - Provide support for an appropriate system of care for crisis services for individuals with intellectual and developmental disabilities that includes adequate community level resources. Expand capacity of REACH services (Regional Education Assessment Crisis Services and Habilitation) and access to intensive residential care options when appropriate.

Commented [BB25]: These are the bullets that were moved from the previous section about the training center closings and DD waiver redesign.

(Updates and reaffirms previous position.)

ITEMS TO BE REVIEWED BY HEALTH DEPARTMENT

Commented [BB1]:

CSB recommends adding two new paragraphs, see highlighted section below.

Medicaid Eligibility and Access to Care

Support increasing Medicaid eligibility in Virginia to 138 percent of the federal poverty level, as envisioned by the federal health care reform law, ensuring critical health coverage for some of the most vulnerable Virginians.

Virginia's Medicaid program provides access to health care services for people in particular categories (low-income children and parents, pregnant women, older adults, and persons with disabilities). Costs are shared between the federal government and the states, and states are permitted to set their own income and asset eligibility criteria within federal guidelines. Virginia's current eligibility requirements are so strict that although it is the 12th largest state in terms of population and 10th in per capita personal income, Virginia ranked 45th in Medicaid enrollment as a proportion of the state's population and 48th in per capita Medicaid spending (a decline in the state's already very low ranking).

The Commonwealth faces a critical decision, as it considers again whether or not to pursue the Medicaid expansion included in the federal health care reform law, along with the sizable federal funding provided for those newly eligible enrollees. The failure of previous proposals, most recently during the 2014 regular and special sessions, leaves the question of Medicaid expansion in doubt in Virginia; however, it is important to note that expansion would provide coverage to as many as 248,000 Virginians, including 27,000 individuals in Fairfax County. Newly eligible individuals would include low-income adults (individuals earning less than $16,104 per year or families earning less than $32,913 per year), low-income children who lose Medicaid when they turn 19, and adults with disabilities not eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). The state took a modest step towards increasing some coverage in late 2014, by requesting and receiving federal permission to provide certain services to qualifying individuals with Serious Mental Illness; however, this demonstration project expires in January 2017.

Commented [BB2]: See new issue (below) re continuing this demonstration project, known as the Governor's Access Program (GAP), through 2019.

It is clear at this time that the cost of expansion to the Commonwealth will be minimal, while the savings in indigent and uncompensated care could be significant. Under the Patient Protection and Affordable Care Act, the federal government will cover 100 percent of the costs of coverage for newly-eligible individuals through the end of 2016, with the federal share declining gradually to 90 percent by 2020. State dollars freed up by this infusion of federal funds could then be redirected to other critical budget priorities. Additionally, increasing less expensive preventative care and reducing more expensive emergency care could improve the overall health of residents of the Commonwealth, while slowing the growth in insurance premiums and reducing the "hidden tax" currently borne by all Virginians.

[CSB recommends inserting two new paragraphs, titles of which are highlighted below.]

Support continuing Governor's Access Program (GAP) through 2019 and increasing income eligibility ceiling to 85 percent of federal poverty level.

In the absence of Medicaid expansion, we support continuing through 2019 the Governor's Access Program (GAP) demonstration project, as was originally approved by the federal government. GAP provides basic medical and targeted behavioral health care to uninsured Virginians with severe mental illness (SMI). Such state-initiated demonstration projects are authorized by Section 1115 of the Social Security Act. Since the launch of GAP in January 2015, the Fairfax – Falls Church Community Services Board has been a mandatory screener for GAP eligibility and currently provides behavioral health care services to over 200 GAP covered individuals. We also support the state's proposal to increase the GAP financial eligibility ceiling from 65 percent to 85 percent of the federal poverty level, which would mean that individuals with annual incomes up to $10,098 who are clinically eligible for GAP could qualify for GAP health benefits. The state submitted both of these plan amendments to the Centers for Medicare and Medicaid Services (CMS) in April 2016.

Commented [BB3]: Health Department staff responsible for their issues paper edits concurs with this CSB language and is referring it to their policy board to consider including in their recommended edits for the issues paper, as well as the CSB's second edit re SUD treatment and services. DFS has also been informed about both paragraphs. (Deputy County Executive has encouraged county human services agencies to work together whenever possible on edits to sections that impact our various agencies.)

Commented [BB4]: Note: Jane Woods suggested we consider urging the state to request CMS permission to raise the income eligibility ceiling even higher, to 100 percent of the FPL.

Support and sustain expanded Medicaid reimbursement for substance use disorder (SUD) treatment and services

Fairfax County fully supports the Department of Medicare and Medicaid Services (DMAS) plan to expand Medicaid reimbursement for substance use disorder treatment and support services. When the expansion is implemented in Northern Virginia in July 2017, it is critically important that all reimbursement rates for these services be at levels that allow local agencies to provide sustainable treatment services.

Commented [BB5]: New issue suggested by Daryl and Molly.

Oppose actions that shift Medicaid costs to localities, such as through Medicaid service funding reductions, changes to eligibility that shrink access, or other rule changes that erode the social safety net.

Irrespective of Virginia's decision on Medicaid expansion, or of any other federal funding cuts or reductions in federal requirements which may be considered by Congress, it is essential that the Commonwealth avoid taking actions that effectively shift costs to localities. Due to the increasingly critical shortage of private providers, poor reimbursement rates, and other factors that play a role in an overall increase in Medicaid program costs, ensuring success with any cost containment strategies will require close cooperation between the Commonwealth and local governments, as localities are frequently the service providers for the Medicaid population. In particular, information technology initiatives to improve program administration should be coordinated with local program administrators. Fairfax County supports cost containment measures that utilize innovation, increase efficiency and targeted service delivery, and use of technology to reduce Medicaid fraud, in order to ensure the best allocation of resources without reducing services or access to care. Decisions made regarding other aspects of the Affordable Care Act should be carefully considered to avoid unintentionally increasing the number of uninsured Virginians by limiting the types of acceptable private plans, potentially increasing pressure on the social safety net. *(Revises and reaffirms previous position.)*

ITEMS TO BE REVIEWED BY CSB

Children and Families

Early Intervention Services for Infants and Toddlers with Disabilities/Part C

Support sustainable funding and infrastructure for Part C Early Intervention, which is a state/federal entitlement program that provides services for Virginia's infants and toddlers with developmental delays. In order to address immediate concerns, Virginia needs to increase funding in FY 2017 to support growth in identified demand for services to children who do not qualify for Medicaid. Additionally, sufficient funding is needed to increase rates and align them with actual costs (from $132 per month to $175 per month) for the Medicaid Early Intervention Targeted Case Management Program, which provides early intervention services for children eligible for Medicaid.

The Commonwealth of Virginia has long contracted with the Fairfax-Falls Church Community Services Board (CSB) to provide Early Intervention therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning, and movement. The CSB, which is the contracted Local Lead Agency for Fairfax County as part of the state's compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant, provides services through the Infant and Toddler Connection (ITC) program. ITC is funded through a combination of federal, state, local, Medicaid and private insurance sources.

The benefits of early intervention have become widely known, not only in Fairfax County but also throughout the Commonwealth and the nation.. Statewide, the demand for early intervention services has increased by 4,788 children from 2010 to 2015, with 12,234 children served in 2010 to 17,022 in 2015. It is projected that for 2016 there will be an increase of 817 new children served statewide. Locally, in just one year, the average monthly number of children seeking and/or receiving Fairfax-Falls Church ITC services has grown by more than 7.2%, from 1,449 per month in FY 2015 to 1,553 per month in FY 2016. We anticipate that demand for ITC will continue to grow at an average rate of six to eight percent annually. A significant funding shortfall has resulted from the increased demand and costs of services. ~~Although the 2013 General Assembly provided an additional $2.3 million in FY 2013 and $6 million in FY 2014 statewide, this program was level funded at the FY 2014 level for FY 2015 and FY 2016, in spite of rising service needs.~~ The legislature accepted the Governor's proposal to increase state funds for early intervention by $1.7 million in FY 2017 and $2.5 million in FY 2018. The General Assembly also has approved $900,000 additional one time funding for FY 2016. Increased funding will continue to be necessary to keep pace with the demand for this critical program. *(Revises and reaffirms previous position.)*

Commented [BB1]: Edits from Jane Woods emphasize fact that increased funding needs to come from **state**, rather than local.

Commented [BB2]: Pam Barrett edit.

Commented [BB3]: Molly Long requested this clarification re insurance sources (includes private insurance and Medicaid).

Commented [BB4]: State stats from Allan Phillips – added 6-6-16

Commented [BB5]: Jane Woods recommended inserting statewide data to reinforce the point with legislators that this is not just a Fairfax County phenomenon. Allan Phillips provided the data.

Commented [BB6]: Updated statistic provided by Allan Phillips 7/6/16.

2016 Human Services Issue Paper –
Items to be Reviewed for Updates/Revisions

ITEM 8D: ATTACHMENT

Children and Families

Youth Safety

Support additional state funding for programming to prevent and reduce risk factors that lead to youth suicide, violence, alcohol/drug use, mental health problems and other poor outcomes, while increasing protective factors, including mental wellness, healthy coping strategies, and resilience.

Support funding for statewide access to Kognito, an online suicide prevention training tool for educators, family members, and older youth to provide accessible, economical, evidence-based training for statewide suicide prevention and intervention.

In Virginia, suicide is the third leading cause of death among 10-24 year olds. In Fairfax County, an annual youth survey found that local youth in 10th and 12th grades are at significant higher risk for depression and suicide ideation than their peers statewide. The urgency of this funding need is reflected in results from the Virginia 2013 Youth Survey, which provides some troubling information. In a statistically reliable sample of high school students across the Commonwealth, 21.9 percent reported being bullied on school property; 6.1 percent have been threatened or injured with a weapon on school property; 5.4 percent have missed one or more of the past 30 days of school because they felt unsafe at school or traveling to or from school; 25.7 percent reported feeling sad or hopeless daily for two or more weeks to the extent that they could not engage in their typical daily activities; and, 14.7 percent reported seriously considering suicide. Targeting funding towards programs that improve the health, well-being and safety of young people throughout the state, while seeking to reduce dangerous and risky behaviors, is essential to all Virginians.

Research has identified a set of risk factors that predict an increased likelihood of drug use, delinquency, mental health problems, and violent behavior among youth. These factors include: experiencing trauma and early aggressive behavior; lack of nurturing by caregivers; availability of alcohol and other drugs; and, even a lack of problem-solving skills. Conversely, research has also identified protective factors, such as developed social skills, strong parenting and positive involvement from caring adults, and involvement in community activities that can influence and mitigate risk factors. Funding is needed to implement evidence-based, effective strategies to prevent and reduce risk factors that lead to youth violence, alcohol/drug use, mental health problems, and other poor outcomes, and to strengthen protective factors and resilience

A statewide youth suicide prevention training and intervention program for key stakeholders, utilizing Kognito online suicide prevention training tools, would allow access and utilization across the state. It would be an economical strategy to address the problem and create a foundation for learning across the state. The tool is currently being used successfully in Fairfax County Public Schools and is a training requirement for school faculty and staff. It is also available to anyone in the community from the County's public website. It would cost approximately $1.6 million annually to expand the availability of this training statewide.

Commented [BB1]: Edit suggested by Jane Woods.

Commented [BB2]: Comment from Laura Yager: "This could support SB 884, but County's legislative staff should research before inserting it here.

Commented [BB3]: Suggested by Laura Yager.

Commented [BB4]: The data in this paragraph reflect the most recent survey data from the Virginia Department of Health / Centers for Disease Control, and Fairfax County as of May 2016.

Commented [BB5]: Kat Kehoe suggested this reorganization of this section.

Commented [BB6]: Laura Yager verified this figure. 6-14-16

Fairfax County has convened a Youth Suicide Review Team that includes the County's prevention manager, a private service provider, an attorney from the County Attorney's office, and staff from the CSB, Health Department, Fairfax County Public Schools, Police Department, Fire and Rescue, State Medical Examiner's Office, PRS Crisis Link, and the Department of Family Services. The charge of this team is to review suicides committed by youth under the age of 18 and make systemic recommendations to the Fairfax County Board of Supervisors. Expansion across the state and funding or policy for groups like this will allow for statewide recommendations for intervention and change that can impact suicide rates across the Commonwealth.

Commented [BB7]: New paragraphs added by Lyn Tomlinson and Jane Woods.

Suicide prevention has been identified as a priority issue for the region as well. The Northern Virginia Health Planning Region II (Planning District 8) has developed the Suicide Prevention Action Network (SPAN), made of up regional stakeholders from the community, CSBs, schools, and advocacy groups. This group determines priorities for the use of a regional suicide prevention grant from DBHDS and develops strategies for regional approaches to suicide prevention. Expansion of state funding is needed to help support suicide prevention coalitions at the local level to increase public awareness and reduce youth suicides.
(Updates and reaffirms previous position.)

Continue to scroll down for edits to other sections of issues paper…

Health, Well Being, and Safety

Substance Use Disorder

Support increased capacity to address and prevent substance use disorder through robust community-based treatment and prevention programs. Also, support coordinated strategies to meet the growing need for substance use disorder services for older adults, promoting recovery and community inclusion.

Commented [BB8]: LTCCC is researching additional information and statistics regarding SUD and older adults. (lower tolerance, medications interactions, etc.) 6-15-16

According to a 2014 report by the Department of Behavioral Health and Developmental Services (DBHDS), nearly 400,000 Virginians engaged in non-medical use of pain relievers in 2013, primarily young people aged 18-25. The 2013-2014 Fairfax County Youth Behavior Survey of 8th, 10th, and 12th graders reveals that almost 3,000 respondents have used painkillers without a doctor's prescription, and approximately 300 respondents have used heroin. Individuals who have used opiates often shift to heroin, as prescription drugs become less available. Locally, opiate/synthetic use reported by individuals served by the CSB increased by 20 percent from 2009-2015.. This takes into account all reported use of any opiates, including heroin and prescription drugs. In one year alone, from FY 2014 – FY 2015, the number of individuals who reported heroin use specifically increased 9 percent. As of May 2016, Fairfax County's Emergency Medical Services was reporting an average of 10.17 patient contacts per month that were suspected overdoses of heroin or other opioids. This is almost triple the number reported in 2014 (3.42 contacts/month) and a significant increase over 2015 (6.25 contacts/month). Our local experience mirrors national trends indicating increasing use of heroin, in particular among young adults.- Too often such use results in death. Fairfax County police report that in 2015 there were 77 heroin overdoses in the county, 12 of which were fatal. Increased funding and use of medication-assisted treatment, such as with Vivitrol and suboxone, are urgently needed. Tragically, more than 200,000 Virginians each year need services for substance use disorder treatment but are not receiving them. This results in an increased demand on the state's already overburdened public safety and social services systems (particularly local emergency rooms, psychiatric hospitals, jails, and crisis care departments).

The work of the Governor's Task Force on Prescription Drug and Heroin Abuse, along with the Attorney General's Heroin and Prescription Drug Abuse Strategy, are significant steps toward developing a comprehensive statewide approach to tackling substance use disorder. In particular, key recommendations relate to funding and reestablishing public and private partnerships that raise community awareness about safe use and disposal of prescription medications. The CSB has engaged in many community and media presentations. Additionally, the CSB has been very involved in Project Revive, a training program to teach non-medical personnel to administer a life-saving opioid-reversal medication (Narcan® or naloxone). As of May 2016, the CSB has trained over 570 people in the community. Each attendee receives a free REVIVE! kit, which includes all the supplies needed to administer naloxone. The medication itself can be acquired at a pharmacy after completing the training. Project Revive participants have reported that the training has saved lives.

Commented [BB9]: To Legislative Director: Check back with us later for e an updated number of how many people we have trained.

CSB has taken a number of other actions to address the epidemic of opioid use and overdose-related deaths afflicting our county, state, and nation. CSB shortened its intermediate length residential treatment program to be able to serve more individuals and increased the number of people it can serve at its longer length residential treatment program, Crossroads. Yet despite these initiatives, a waiting list remains for individuals with substance use and co-occurring disorders who need residential treatment. In addition, people needing medical detoxification services have to wait approximately three weeks. This is a significant concern. CSB has expanded the use of Medication Assisted Treatment and is currently the only CSB-licensed outpatient detoxification program. CSB has developed and implemented a Substance Abuse Outreach, Monitoring and Engagement program that provides follow-up services to individuals in contracted medical detoxification services, as well as engagement and follow-up for individuals who have been in detoxification but who are otherwise unlikely to seek needed services. The County restored funding for the Detoxification Diversion program, which offers individuals a treatment opportunity in lieu of incarceration. Commensurate funding is needed at the state level for this important program.

Commented [BB10]: Paragraph added by Lyn Tomlinson 5-23

Substance use disorder affects people at various ages and stages of life, including older adults. The need for substance use disorder services for older adults is growing, but the capacity to meet this need is limited. Services must be cost-efficient, accessible, and outcome driven. Strategies are needed to coordinate and combine the best of traditional approaches with emerging best practices to promote recovery and community inclusion. At the local level, effective community-based prevention programs can reduce rates of substance use disorder and delay the age of first use. Continued strong support for these prevention efforts is crucial.

Commented [BB11]:

Commented [BB12]: The Long Term Care Coordinating Council is researching data and information to support and strengthen this statement. 6-14-16

(Updates and reaffirms previous position.)

Mental Health

Mental Health

Support the continuation of efforts for mental health reform at the state level and support additional state funding, as part of the promised down payment of such funding to improve the responsiveness of the mental health system. Also, support state funding to adequately staff and create more Crisis Assessment and Stabilization Centers for assessment of and intervention with individuals of all ages experiencing behavioral health crises.

Significant strides in mental health reform were made by the 2014 General Assembly, after a Virginia tragedy just prior to the session cast a bright light on weaknesses in the state's mental health system. However, it is critical that the state continue to make progress in this important area and provide sufficient resources for Fairfax County to implement recent and future reforms; specifically, adequate resources are needed to ensure that the hundreds of Fairfax County residents (ranging from children to older adults) with serious mental illness, serious mental disturbance, and/or disabling substance dependence receive intensive community treatment following an initial hospitalization or incarceration. Evidence-based community treatment has been shown to be a cost-effective measure to reduce more expensive hospital stays. Similarly, housing assistance and supports that can be tailored to individual needs are critical for ensuring that such individuals can

access the services they need while remaining in their communities. Funding to recruit, retain, and train Community Services Board staff will be key to the success of mental health reform.

Additionally, regional pilot programs to create more Crisis Assessment and Stabilization Centers would provide intervention and treatment services to assess and stabilize individuals of all ages experiencing an emotional or psychiatric emergency (to include those experiencing an emotional or psychiatric emergency who also need medical detoxification). . The benefits of such programs include reducing the number of voluntary and involuntary hospitalizations and substantially reducing or even eliminating the involvement of public safety officers in responding to a psychiatric crisis situation, while linking individuals in crisis to less restrictive, ongoing, community-based treatment options. *(The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century is expected to deliver its final report by December 2017). (Updates and reaffirms previous position.)*

Commented [BB13]: Added by Kaye Fair.

Emergency Responsiveness

Support sufficient state funding for intensive community resources, allowing individuals to transition safely and expediently from psychiatric hospitals to community care.

The 2014 General Assembly made significant strides in responding to mental health emergencies, providing funding in FY 2015 for 11 additional psychiatric hospital beds at the Northern Virginia Mental Health Institute for individuals experiencing mental health crises. However, state funding remains insufficient for the intensive community resources that allow hospitalized individuals to transition to community care. At present, 25-33 percent of Northern Virginia's local state hospital beds are continually occupied by individuals unable to transition to community care due to lack of services. This is in spite of the fact that the cost to serve an individual in the community, even one in need of intensive services to manage serious mental illness, is a fraction (15-25 percent) of the cost of providing such services in a hospital setting. Increased investments in intensive mental health community services could have long-term financial benefits, in addition to the benefits of returning individuals to the community more quickly. *(Reaffirms previous position.)*

Community-Based Services for Children and Youth

Support increased capacity for crisis response and intensive community services for children and youth.

The General Assembly and the Governor are to be commended for supporting funding for more community-based crisis response for youth and their families. In Fairfax County, the Community Services Board (CSB) has added capacity in a community based youth resource team and has worked with the County's System of Care office to develop and implement a new program offering short-term behavioral health services for youth from private service providers at reduced cost. This new program helps individuals and families who may have health insurance but who cannot afford the cost of deductibles or copayments.

Commented [BB14]: Lyn T added this information.

To respond effectively to the need, this service model must be fully funded. Additional capacity in the Child and Family service system is necessary to address the needs of children and their families requiring intensive community services, to help maintain children safely in their own homes and reduce the need for foster care or residential treatment as the first alternative. One of the programs of concern is the Healthy Families program, which is a nationally recognized home

visiting program that has produced tangible positive outcomes in the Commonwealth. Significant funding reductions in recent years have resulted in the elimination of programs in some jurisdictions and threaten the viability of remaining Healthy Families sites. The program provides home-based education and support to first-time parents who have social histories that put them at risk starting during pregnancy until the child reaches age three.

(Updates and reaffirms previous position.)

Services for Transitional Youth

Support enhanced residential and mental/behavioral health services for transitional youth.

In Virginia, significantly more public services are available to children in need of mental and behavioral health treatment than to adults in need of similar services. As a result, once they turn eighteen, youth may no longer receive all of the assistance that was previously provided to address their needs. It is critical that the Commonwealth focus additional resources on transitional age youth (ages 16 to 24) who have received intensive mental/behavioral health services and/or been in out-of-home placements, to ensure they receive the essential services needed for a successful transition to adulthood.

Services from which transitional youth typically age out include: children's mental health services; home-based services supports; case management; supervised, supported, or group home settings; educational support; specialized vocational support, preparation, and counseling; preparation for independent living; and, social skills training. Though some private and public sector transitional support services attempt to bridge this gap, such programs are scarce and primarily geared toward higher-functioning young adults. Although the state has been successful in reducing the number of youth in out-of-home placements, many young people over 18 and their families continue to need transitional supportive housing and case management. CSB is partnering with the Juvenile Domestic Relations Court and the System of Care office to apply for a demonstration grant to serve transitional age youth and to reduce the incidence of involvement of transitional age youth with both the youth and adult justice systems. The state should develop policies and utilize evidence-based practices that, coupled with appropriate funding, create, enhance, and sustain youth-in-transition services, including residential supports, case management, and mental health services. *(Updates and reaffirms previous position.)*

ITEM 8D: ATTACHMENT

DFS TO ASSIST WITH UPDATE

Commented [BB1]: CSB has only edited its own statistics in this section. DFS and other agencies will be editing the other data.

FAIRFAX COUNTY
2016 Human Services Fact Sheet

Poverty in Fairfax County in 2015 is defined by the federal government as an individual earning less than $11,770 per year or a family of four with an annual income of less than $24,250. In 2014, the poverty rate in Fairfax County was 6.6% of the population, or 74,210 people.

Formatted: Highlight

Commented [BB2]: DFS will be updating most of this section.

In Fairfax County in 2014 *(latest data available – reported September 2015):*

- 23,339 (or 8.7%) of all children (under age 18) live in poverty;
- 6,913 (or 5.4%) of all persons over the age of 65 live in poverty;
- 14,639 (or 13.6%) of African Americans live in poverty;
- 20,451 (or 11.0%) of Hispanics (of any race) live in poverty;
- 22,638 (or 3.9%) of Non-Hispanic Whites live in poverty;
- 5,342 (or 25.6%) of families headed by single women with children under 18 live in poverty;
- 181,235 (or 16.1%) of County residents have incomes under 200% of poverty ($48,500 year for a family of four);
- 51% of adults receiving County services for mental illness, substance use disorder and/or intellectual disabilities in FY 2015 had incomes below $10,000.

Commented [BB3]: Will update later when we have FY 2016 statistics. CSB has made some text edits in this bullet.

Employment

- The unemployment rate in August 2015 was 3.4% (up from 3.0% in July 2008, but down from a high of 5.6% in January of 2010). This represents 21,226 unemployed residents looking for work.

Housing

- In 2014, the average monthly rent of a one-bedroom apartment was $1,456, an increase of 23% since 2008.
- ~~In 2011, over 1,150 individuals who receive County services for mental illness, intellectual disability, and/or substance use disorders needed housing but could pay no more than $205/month for rent.~~

Commented [BB4]: CSB Legislative Committee recommended deleting this bullet, since we do not have more recent data for this to demonstrate housing needs of people receiving CSB services.

Health (Including Behavioral Health)

- An estimated 117,074 or 10.4% of County residents were without health insurance in 2014. *(to be updated by HD)*
- In FY 2015, 37% percent of individuals receiving behavioral health services from the Fairfax-Falls Church Community Services Board (CSB) reported they had no primary health care provider.

Commented [BB5]: Long-Term Care Coordinating Council considering adding a statistic illustrating incidence of behavioral health concerns in older adults.

- In FY 2015, over 5,000 individuals experiencing an acute crisis related to mental health and/or substance use received CSB emergency services.
- Over 21,000 local residents received CSB mental health, substance use disorder and/or intellectual disability services in FY 2015
- In the first six months since the launch of the Merrifield Crisis Response Center (January through June 2016), local law enforcement officers transported 771 people to the center. Of those, 209 had potential criminal charges but were diverted from potential arrest to mental health services.
- The cost to incarcerate someone in the Fairfax County jail for a year is approximately $66,000. In contrast, the average cost of one year of supportive community residential services (housing, plus treatment and support) through the Community Services Board (CSB) for an individual with serious mental illness is approximately $22,000 – one-third the cost of a year of incarceration. CSB intensive case management (without residential services) costs even less -- approximately $7,500 per year per individual.

Ability to Speak English

- 15.1% of County residents over age 5 do not speak English proficiently. 37.8% of County residents over age 5 speak a language other than English at home.

Child Care

- The cost of full-time child care for a preschooler at a child care center can range from $12,200 to over $15,000 per year. Full-time care for an infant at a child care center can range from $15,800 to over $18,000 per year. By way of comparison, tuition and fees for an average college in Virginia costs $11,000.

Food

- In 2014-2015 school year, Fairfax County Public Schools reported that 51,968 students (or 28.2 percent of enrollment) were eligible for free or reduced lunch.

Domestic and Sexual Violence

- Each month in Fairfax County, domestic violence hotlines receive almost 210 calls, victims request 56 family abuse protective orders, over 160 domestic violence arrests are made, and 16 families escape to an emergency domestic violence shelter (FY 2015).
- The demand for emergency shelter for victims of domestic violence remains high. Due to the shortage of emergency shelter beds, 228 eligible households were turned away in FY 2015.
- 48% of emergency shelter residents are children 12 years and younger (FY 2015).
- In FY 2015, the County's Domestic Violence Action Center served 873 victims, who reported an additional 1,053 children impacted.
- Nearly one-third of the children entering foster care this past year witnessed domestic violence.
- From FY 2014 to FY 2015 , the number of hotline calls related to sexual violence increased by 34% (from 217 to 290) and the number of clients seeking sexual violence counseling increased by 19% (from 72 to 86).

Caseloads Have Increased Significantly in Fairfax County:

- The County's Medicaid caseload increased from 37,130 in FY 2008 to 66,708 in FY 2015 – a 79% increase.
- The County's SNAP (Food Stamp) average monthly caseload increased from 11,610 in FY 2008 to 24,031 in FY 2015 (a 107% increase).
- In FY 2015, the Community Health Care Network (CHCN) provided 48,100 visits to 13,795 unduplicated patients (an additional 4,325 patients were enrolled but did not seek medical care during the year; nevertheless the CHCN must ensure capacity to serve those patients if needed). Of these patients, the average number of visits, per patient, ranged between 3.2 – 4.0, which is within the 'scope of standard care' for this population.
- Staff estimate that nearly 600 patients currently receiving care through the CHCN will be eligible for health insurance through the Federal Health Insurance Marketplace when it reopens for open enrollment on November 1, 2015.
- The average monthly number of children seeking and/or receiving early intervention services for developmental delays from the County's Infant and Toddler Connection (ITC) program has grown by more than 7.2%, from 1,449 per month in FY 2015 to 1,553 per month in FY 2016.
- During the first six months of 2016 (January through June), CSB Emergency Services staff conducted 472 mental health evaluations related to emergency custody orders (ECOs), compared with 200 such evaluations during the first six months of 2015. This was an increase of 136 percent.

Commented [BB6]: Updated statistic provided by Allan Phillips 7/6/16.

Commented [BB7]: From Diversion First data evaluation team.

HUMAN SERVICES – SAMPLE & FORM FOR NEW POSITION STATEMENTS

(Please complete this form for each new position statement.)

GENERAL SUBJECT AREA Behavioral Health (mental health/substance use services)

PROPOSAL: New federal demonstration program will establish "Certified Community Behavioral Health Clinics" (CCBHCs) in eight states by 2018. Potential emerging issue for legislators' awareness, could significantly impact business operations for Fairfax – Falls Church Community Services Board (CSB) if Virginia decides to adopt this model, which it could decide to do whether or not it is among the eight states selected.

SOURCE: Fairfax-Falls Church Community Services Board (CSB) August 1, 2016

BACKGROUND:

(Briefly summarize why the position(s) is/are necessary to the County; list any pros/cons, note any previous Board of Supervisors action or previous General Assembly study or action on this issue; note any other helpful information. ***This section should provide a synthesis of the proposal and should be no more than one paragraph, two if necessary; the Board wants concise information in the Legislative Program. Please use "Additional Background Information" on the next page to more fully explain the proposal. If you are submitting more than one proposed position, please include background information for each position.****)*

To become a CCBHC will have significant ramifications for the Fairfax-Falls Church CSB and how it conducts business. CSB is currently conducting a "readiness checklist" for achieving CCBHC designation, as the Virginia Department of Behavioral Health Services (DBHDS) has provided unofficial guidance that the CCBHC model will be the path forward for Virginia's CSBs in the future. The ultimate goal of the CCBHC is to develop a standardized approach to care and treatment, while also moving away from the old model of fee-for-service reimbursement to the **prospective payment system model**.

The Fairfax-Falls Church CSB already complies with most of the nine specific clinical certification criteria. The challenge will be in the significant changes in business operations and administrative procedures required in moving to a PPS model and developing specific base rates. **There is no federal or state funding to help cover the costs of moving to a CCBHC model. It is also unclear that it would be financially beneficial** for the Fairfax-Falls Church CSB to move to a PPS model.

ANY RELEVANT STATISTICS/DATA:

The PPS system is based on the actual costs of serving clients, rather than on a fee schedule. Each CCBHC will have its own unique PPS rate based on the direct and indirect costs of providing nine required types of services. One benefit of the PPS model is that CCBHCs are reimbursed for each qualifying unit of service versus intensity of the service. The PPS system will have the greatest financial benefit for behavioral health providers that serve a high proportion of Medicaid clients, as the CCBHC's PPS rate can include costs of serving Medicaid clients, but cannot include the costs of serving clients who self-pay or who have private insurance. Only approximately one-third of the individuals served by the Fairfax-Falls Church CSB are eligible for Medicaid. *(Source of information: Fairfax-Falls Church CSB)*

RECOMMENDATION: (*Do not fill out--This will be indicated by the Legislative Director and County Executive)*

HUMAN SERVICES – SAMPLE & FORM FOR NEW POSITION STATEMENTS

(Supplemental background information to be used by staff)

GENERAL SUBJECT AREA -- TITLE OF PROPOSAL: Behavioral Health Services (Mental Health/ Substance Use). New federal demonstration program will establish "Certified Community Behavioral Health Clinics" (CCBHCs) in eight states by 2018. Potential emerging issue for legislators' awareness, could significantly impact business operations for Fairfax – Falls Church Community Services Board (CSB) if Virginia adopts this model.

ADDITIONAL BACKGROUND INFORMATION:

(Additional information may be necessary to fully develop the idea. Please assume that government relations staff may need additional technical information to fully explain the proposal and the necessity for the proposal.)

The Certified Community Behavioral Health Clinic (CCBHC) demonstration program, authorized by the federal "Excellence in Mental Health" Act, is a collaborative partnership with the Centers for Medicare and Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Assistant Secretary of Health and Human Services for Planning and Evaluation. The goal of the program is to provide high quality, evidence-based behavioral health care using a Prospective Payment System (PPS) rather than a Fee-for-Service model (FFS).

The PPS system is based on the actual costs of serving clients, rather than on a fee schedule. **Each CCBHC will have its own unique PPS rate** based on the direct and indirect costs of providing nine required types of services. One benefit of the PPS model is that CCBHCs are reimbursed for each qualifying unit of service versus intensity of the service.

Virginia is one of 24 states selected to be part of the planning phase for this demonstration program. The Commonwealth has been awarded almost one million dollars to develop and implement some state-specific standards over the next two fiscal years, specifically regarding the type of PPS model that behavioral health providers would have to meet to be designated as a CCBHC. Of the 24 states awarded the planning grant, eight will be chosen for the full demonstration project, which will run from fiscal year 2018 through fiscal year 2019.

It remains to be seen what impact the CCBHC model will have in the Commonwealth. The Virginia Department of Medical Assistance Services (DMAS) is still in negotiations with CMS regarding the PPS model type and associated requirements.

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has provided unofficial guidance that the CCBHC model will be the path forward for Virginia's CSBs in the future. However, it is not clear if the federal government will continue to fund the CCBHC model past fiscal year 2019, or if the Commonwealth will require all behavioral health providers to move towards a PPS model even without

continued federal funding.

To become a CCBHC will have significant ramifications for the Fairfax-Falls Church CSB and how it conducts business. Working with the Virginia Association of Community Services Boards (VACSB) and regional partners, the Fairfax-Falls Church CSB is conducting a "readiness checklist" for achieving CCBHC designation. The ultimate goal of the CCBHC is to develop a standardized approach to care and treatment, while also moving away from the old model of fee-for-service reimbursement to the prospective payment system model. The Fairfax-Falls Church CSB already provides most of the nine required clinical services for CCBHC certification: targeted case management; psychiatric rehabilitation; screening, assessment and diagnosis; person-centered treatment planning; evidence-based outpatient mental health and addiction treatment; outpatient primary care screening and monitoring of key health indicators; crisis mental health services; peer support, counselor services and family supports; and mental health care for veterans and active duty members. The challenge will be in the significant changes in business operations and administrative procedures required in moving to a PPS model and developing specific base rates. There is no funding attached to help cover the costs of moving to a CCBHC model.

It is also unclear that it would be financially beneficial for the Fairfax-Falls Church CSB to move to a PPS model. The PPS system will have the greatest financial benefit for behavioral health providers that serve a high proportion of Medicaid clients, as the CCBHC's PPS rate can include costs of serving Medicaid clients, but cannot include the costs of serving clients who self-pay or who have private insurance. Only approximately one-third of the individuals served by the Fairfax-Falls Church CSB are eligible for Medicaid.

As Virginia releases more information regarding the PPS model and other requirements, CSB will provide updated information to the CSB Board and County Legislative Director.

POSSIBLE SUPPORT OR OPPOSITION BY ORGANIZATIONS:
(List any organizations or groups, if any, which might be in favor of or against the proposed position)
Virginia Association of Community Services Boards, Virginia Department of Behavioral Health and Developmental Services.

STAFF CONTACT PERSON(S): Tisha Deeghan, Executive Director, Fairfax-Falls Church Community Services Board (CSB) 703-324-7011 or G. Michael Lane, CSB Deputy Director, 703-324-4424.
(Provide name and phone number of County staff person(s) best able to provide any additional research or necessary information)