

Fairfax County

Themes from Online Public Comment on CSB Budget Management Plan

Human Services Council

6/25/2012

***Online comment from community on Fairfax-Falls
Church Community Services Board Budget Management
Plan - survey results from period of May-June 22, 2012)
– note: a final report will be submitted after online
comment is closed (June 29, 2012)***

Themes from Online Public Comment on CSB Budget Management Plan

Question 1. Which services do you wish to comment on and express support for?

Respondents: 362 (*note: respondents may have expressed support for more than one service*)

| CSB Services | Number of comments expressing support |
|--|---|
| For people with intellectual disability (ID) | 92 – including 75 for employment & day support |
| For people with mental illness | 80 – including 15 for emergency/mobile crisis, 19 for children and teens programs, 17 for outpatient. |
| Infant & Toddler Connection (ITC) | 65 |
| For people with substance use disorders | 48 – including 11 for long-term residential programs, 5 for detox. |
| For CSB – all services are critical | 32 |
| CrisisLink – suicide hotline | 32 |
| Specific staff or regions | 16 – including psychiatrists & psychologists (5), hypothermia staff in Reston (4), substance abuse counselors in schools (2), South County services (2), direct services, FAST, peer support. (1 each) |
| Sojourn House | 14 |
| Other supports | 10 – including prescription assistance, language interpretation, transportation, housing, food. |
| New Horizons | 7 |
| Homeless services, outreach, jail diversion | 7 |
| Wellness and Health Promotion | 5 – including 2 for Girl Power |
| Contract rate adjustment | 2 |
| N/A | 2 |

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Question 2. If these services are not available in the community, how will it affect you or your family/organization?

Respondents: 349

| <i>Area of Concern</i> | <i>Number of comments/remarks related to service themes</i> |
|--|--|
| <i>Prevention Services/Early Intervention for infants/toddlers</i> | <i>17</i> |
| <i>Day supports for persons and vocational services for adults with intellectual disabilities</i> | <i>17</i> |
| <i>Options for mental health residential and community treatments – concerns about risk to self/family members</i> | <i>69</i> |
| <i>Substance abuse treatment and community supports</i> | <i>18</i> |
| <i>Emergency mental health /access concerns</i> | <i>4 related directly to CSB provided services 18 related specifically to CrisisLink</i> |

Specific comments on the following programs: Steps to Recovery, Job Discovery, Day Mobile Crisis services, Detox Services, Family to Family/NAMI program, CrisisLink

THEMES

Themes from online public comment are noted below. For each theme, an illustrative example statement is provided. Note: possible identifying features of comments have been removed to protect anonymity of respondent.

Preventive Services are good investment and cost the community less in the long run

“Without ITC, my son would not have gained the language he needs to communicate basic wants and needs. His (siblings) were being affected by his frustration and behavior- the whole family was sucked into and revolving around his issues.” (reference comment 143)

“My daughter will not receive services that she needs to learn how to eat. She has not been gaining weight because of an eating issue. The services of ITC will help her with this vital skill.” (reference comment 116)

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Community-based services for persons with disabilities are underfunded by the state. Existing programs are inadequate for the demand for ongoing day programming and community-based services for persons with intellectual disabilities. Reductions in these services will exacerbate the current conditions.

Resources to support persons with disabilities when they reach adulthood (and no longer eligible for public education funding) are inadequate. Further reductions pose serious difficulties for individuals and family members.

- “Adults who go through Fairfax's excellent special ed programs find themselves moving to find group homes or supervised living situations and families must decide whether to give up all their community roots to find a place for a loved one. After parents become too old or physically unable to care for a mentally disabled child is NOT the time to scurry for a placement. It's a travesty. Failure to provide many of the current CSB services only shifts the burden or increases the burden on our community if the needs go unmet....resulting in increased crime, hospitalizations, residents unable to work and relying on other social services, and on and on. The closing of the N. Va. Training Center by the State was a travesty.” (reference comment 113).
- State closure of the training center particularly noted as a major negative impact

Treatment and clinical concerns

“One of the biggest weaknesses of county funding is a belief that short term residential services will fix complex underlying trauma and/or mental health issues.” (reference comment 2)

Community based mental health treatment offers best options and reductions in this increase cost/complexity of problems if interventions are not timely

- Adult outpatient services provide better alternatives to hospitalizations and Adult Detention. “The reduction of Intensive Community Treatment Team Services and increase in wait time for Outpatient/Clinical Service are short sighted and will overtime cost the county far more. Mental illness does not go away as services are cut. Instead, the lack of adequate, timely services result in untreated mentally ill consumers falling through the cracks and becoming homeless or jailed, and/or their family members struggle with the impossible burden of managing their care.” (reference comment 79)
- There are people depending on others for help and guidance that cannot afford to see a doctor outside of the CSB. (reference comment 119).
- Concerns regarding consolidation/shift of daytime mobile unit - -triggers at school, home, work that are unaddressed can cause wait times that result in serious injury to persons/others

Themes from Online Public Comment on CSB Budget Management Plan

- Concerns expressed about negative impact specifically for young women if alternatives to treatment are out of community.

Current wait times are not acceptable and further reductions exacerbate family and child situations

- “Through the public schools, we service thousands of students and families and they are often referred for services through CSB. We are already at a deficit regarding the availability of services for children and families. By cutting what little is there, we are basically giving up on families and throwing them under the bus.” (reference comment 144)

Alternatives to mental health sites are overloaded, not timely and lack specialists training mental health interventions. Hospitalizations and critical care service demands are noted by the community to be increasing.

- “The (hospital emergency rooms) should not be a major alternative unless there is a serious injury involved. The wait times alone without a serious injury only serves to aggravate the condition. ..having these centers removes the stigma and increases the chances that those needing help, those that have been identified, to seek and continue treatment by those specialized to give this treatment. (reference comment 115)
- Respondents indicate that CSB direct emergency services are a stop gap because insurance coverage is inadequate/approvals not timely for access to ongoing mental health treatment.

Crisislink is referenced by respondents as a vital referral source – more visible in community than the CSB and often first line of assistance to persons in acute crisis/seeking help

- “I volunteer as a crisis counselor at CrisisLink and have done so for just over 2 1/2 years. I talk with callers who live in Fairfax County who are in need of Woodburn Emergency Services or the Mobile Crisis Unit, and are not aware of these services.” (reference comment 98)
- For many people, they cannot afford to go to a counselor or a therapist, and the only “lifeline” they have is the CrisisLink hotline. (reference comment 99)

Respondents repeatedly report that they are in crisis before they learn about services available from the CSB. Ongoing in-home emergency mental health and emergency mental health services support adolescents and adults with known serious emotional disturbances/diagnoses.

- “I am a parent of a child with a mental health disorder. My (child) is 10 years old and has been diagnosed with pediatric bipolar disorder. It wasn’t until we reached crisis with our (child)... that we had any idea what services were available for mental health services by Fairfax County. Until that time, I struggled to research on my own how to find psychiatrists, therapists, and assistance ... in the public school.” (reference comment 100)

Themes from Online Public Comment on CSB Budget Management Plan

Question 3. If funds are not available to cover the projected budget shortfall, what suggestions or ideas do you have for the Community Services Board to consider?

Respondents: 316

THEMES

Diversify revenue sources by seeking corporate and volunteer donations (35 specific comments)

- Permit corporate or individual sponsorship of programs
- Suggested partnerships to raise awareness and funds:
 - National Alliance on Mental Illness
 - Regional providers
 - Corporate giving requests
 - Partner with universities re: grant funds
 - Involve faith community

“There (are) all kinds of sympathy to provide for services for those who have diseases and those who can't work or make little of no money. But what becomes of those who need a little guidance and coordination of services for their special needs child. Most of the time we as parents are not looking for others to do our job, we are just looking for education on how to teach our children the best therapy methods.” *(reference comment 169)*

Develop a community- wide strategy to work with businesses to place every graduate with ID into a job (12 specific comments)

- Establish incentive fund for employers to hire persons with disabilities
- Develop an employment program for adults with Intellectual disabilities to work in the Fairfax County Public School system
- Develop a communications program with employers

Increase user fees/cost sharing (20 specific comments)

- For families that can afford to pay
- ITC families willing to increase fees/increase cap
- Bill for missed appointments
- Develop improved assets/means test

Use carryover funds from current fiscal year as a stop gap funding measure (22 specific comments)

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Reprioritize existing county/schools budgets (31 specific comments, 9 directed at FCPS budget)

- Areas mentioned for reductions: Fairfax County Public Schools (10 responses) (several specifically mention to finance all early intervention services), Parks, Tysons metro, information technology funds, libraries, road repaving, redirection of capital funds for mid-county human services building, County maintenance budget, Celebrate Fairfax, Police Department, County hospital, reduce school bus budget.
- Limit/eliminate teacher salary increases
- Reduce county funding for county and school employee pensions and health coverage
- Eliminate any funding for expansion of county services and redirect to CSB
- Redirect funds from Fairfax County Public Schools budget for substance abuse services on site in schools
- Redirect funds from FCPS for early intervention services (ITC)
- Integrate school social workers supporting mental health and special needs students with CSB and provide more school-based family supported counseling
- Charge for leaf mulch and other “free” services to community
- Reduce electricity usage in county facilities
- Reduce county publications
- Eliminate subsidy for high school football
- County and school employee furloughs

Use county “rainy day” fund

Raise taxes (25 specific comments)- suggested areas:

- cut corporate tax breaks
- establish soft drinks surcharge
- increase restaurant/meals tax
- increase sales tax
- increase real estate tax

Advocate for increased State funds (12 specific comments)

- Lobby state for increased funds in the following areas:
 - Medicaid waiver
 - Mobile crisis – especially for children
 - Vocational and supportive services for persons with intellectual disabilities
 - Seek money for internships/behavioral health providers to serve in CSB
- Sue the state to obtain adequate funding of needed services
- Request the Governor to provide less support for guns and the Attorney General to redirect fight against health reform to support families and children with disabilities

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Cost Saving Ideas – CSB specific: (60 specific comments)

- Repurpose Mount Vernon MH Center to diversify services/offerings and spread infrastructure costs across other county programs
- Freeze non clinical position hires – prioritize direct clinical services in CSB (supervisor/administrative in behavioral health)
- Switch ITC services to group based, vs. home based if it saves money
- Reduce level of services across the board to save other programs from closure
- Reduce time of clinical hours per patient to spread clinical time to more patients
- Change intake procedures for families that are barriers to participation in Medicaid (*reference comment 65*)
- Review billing activities and service policies
- Reduce CSB overhead positions
- Institute across the board percentage reduction to preserve all programs
- Renegotiate contracts with vendors to share the burden of the budget shortfall
- Consolidate emergency services
- Increase use of peer support specialist/programs which are lower cost (work readiness/trauma)
- Increase efficiencies - computerized check-ins at the front desk and documents.
- Eliminate therapist and counselor personnel that do not support recovery model/new therapeutic best practices.
- Review transportation supports to achieve additional efficiencies
- Establish wait lists vs. closure of programs
- Open up dual diagnosis program to other jurisdictions and charge full day rate
- Review fee “write off” policies
- Tax dollars should not fund the one hundred dollars per person retreat for the peer-led weekly bipolar support group.
- Shift all clinically certified supervisory personnel to direct services.

Reduce duplication/overhead (17 specific comments)

- Reduce CSB direct positions/cut personnel
- Eliminate FAST Team
- Cut management personnel responsible for budget shortfall
- Cut non- essential services
- Reduce management positions and redirect savings to direct services
- Cut waste and abuse (ex: government buildings)
- Reduce use of retired employees as consultants
- Encourage use of Skype and videoconferencing/tele-medicine strategies

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Prioritization of Services (40 specific comments)

- Protect/fully fund those services which protect/prevent greater public and societal costs in the long run
- Focus on care for vulnerable populations first, those unable to care for themselves or cannot otherwise access services
- Prioritize based on those born with conditions
- Serve high risk populations first
- Redirect services coordination to direct client services
- Prioritize services which support life – vs. death situations
- Review current policies that allow patients to repeat the treatment after the third failure
- Fund programs which support self-care/responsibility
- Reduce support for FASTRAN services (transportation supports) if given choice between that and continued day support programming
- Limit hours of clinical care
- Prioritize services that support provision of food, shelter, health care
- Establish a prioritization policy and administer all waiting lists according to that prioritization policy
- Prioritize children under age 14
- Stop services to adults that have previously used same services
- Cut back on long-term residential drug treatment programs for adults without dependents
- Assure all on wait list for Medicaid waiver are funded through state
- Cut (employee) benefits and administrative costs before critical services for low-resource families
- Prioritize American citizens for services
- Most important role of County government is to provide services to support the safety and health of individuals and groups in the community

Outsource services

- If it reduces costs but not compromise quality

Use of volunteers

- Recruit behavioral providers to contribute pro bono services
- Recruit retired CSB employees to provide volunteer clinical services

Improve quality of services

- Redesign short-term residential with recovery house or sober living support
 - Recovery coaches
 - Triage treatment approaches and placement in motivational groups
 - Utilize e-recovery services
 - Utilize existing networks such as Vanguard Services, Pathways, Inc. and other known providers of substance disorder treatments

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- Organize a metropolitan/regional approach to substance abuse treatment and recovery to achieve overhead savings
- Integrate behavioral health with other health services in region and with Health Department

“Mental health delivery should be integrated with primary care services...to save county millions of dollars in health care spending, improve health care outcomes, and patient’ health.” (*reference comment 297, q. 3*)

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Question 4. Tell us about yourself so that we can identify common or differing opinions. Check ALL that *apply*.

| Respondents self-identified | Number of responses | % of total reported |
|---|----------------------------|----------------------------|
| Individual or family member receives/received services | 168 | 47% |
| Receives services from other Fairfax County programs or contract providers | 92 | 26% |
| Appointed member of a county, city or schools advisory council, board, commission or authority. | 3 | .8% |
| County taxpayer | 275 | 78% |
| Member of advocacy organization | 93 | 26% |
| Volunteers with an organization that serves constituents of human services programs. | 84 | 24% |
| Works for a contract services provider, or I serve on the contract provider's board | 18 | 5% |
| Works for Fairfax County, City of Falls Church or Fairfax City government or schools | 92 | 26% |
| Other | 48 | -- |

Total Responses

348

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Q. 5 Additional Comments

Themes

Management Efficiencies/Concerns - Areas that Need Improvement/Research

- ***Respondents expressed frustration with access to supportive services, particularly victims of domestic violence; systems and processes skewed to advantage perpetrators of crimes and do not support the victim.***
- ***Respondents indicate that the Infant and Toddler Program is not fully charging families allowable fees.***
- ***Staff respondents express concern on management of fees/revenues for Infant Toddler Services:***
Review:
 - Allocations of overhead, service coordinators, ITC therapist staff and therapy services paid out to contractors;
 - Number of open cases per caseload vs. Part time or full time position for therapist staff and service coordinators
 - Analysis of Medicaid, private insurance and family fees and payment received per session/payor source, current accounts receivable
 - Average monthly collections for private insurance and Medicaid accompanied by the number of services delivered (in network/out of network designation an issue)
 - Write off policy for uncollected insurance claim denials
- ***Staff respondents express concern that the CSB does not bill for mental health supportive therapy which private insurance companies and Medicare reimburse for.***
- ***Medicare and private insurance do not reimburse for services provided by unlicensed staff and/or licensed staff lacking particular credentials. Assign clients only to providers that can bill.***
- ***Respondents indicate more information needs to be provided to families with insurance that can cover services for children with developmental delays. example:***
“My (child) was 5 months old when the Infant Toddler Program found (delay). However, I had to be evaluated first by our coordinator (several weeks later) and then by the specialists with the county (several weeks later) and then realize that we can't use county services because of the short fall, and then needing to find our own PT (several weeks later). (My child) was 8 months old before receiving physical therapy with a private provider. “(reference comment 150, q.3)

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Staff concerns

- MH staff caseloads are reported to be 50-100% greater than recommended by professional licensure associations. Staff report routinely working 50 hours a week with minimal psychiatric supervision.

“I am the Single Accountable Individual responsible for these cases; I get a very minimum of psychiatric assistance or supervision. It is impossible for me to complete the required paperwork for these cases; to do this I would have to work 70 hours a week. (I now work more than 50) or I would not be able to see client/patients! The system cannot stretch us even further without seriously jeopardizing the safety individuals or groups in the community.”

Funding Constraints and Access to Mental health treatment

- Respondents indicate that CSB direct emergency services are a stop gap because insurance coverage is inadequate/approvals not timely for access to ongoing mental health treatment.

Inadequacy of state funding for services

- “An inadequate rate structure for the NOVA CSBs, and F-FC in particular, is at the root of the problem and F-FC should not tolerate it. If the CSB didn't need to pay the Program Enhancement, for example, it would have \$4.5M less of a problem. If an adequate rate system was in place the CSB would be able to serve all of its consumers, its waiting list and the DOJ class. Unless the problem with the rates is solved, anything else will only be a partial and temporary solution.” (*reference comment 31, q 3.*)

Improve communications with the community and decision makers

- “Collect data that illustrates the increased numbers of homelessness -- and its costs, of numbers in jail and its costs, increased numbers of individuals using private hospitals' emergency rooms and these costs to demonstrate value.” (*reference comment 63, q. 3*)

Clear Leadership and Vision

- Service prioritization, budget and resource management are required
- The transition to a new structure in response to the Beeman Commission recommendations could have been more focused and better managed.

Access to Services

Service recipients indicate concerns about equity in access to care for specific populations that are discriminated against and advocate for clearer statements of rules and equal treatment.

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“Why is it that programs that provide services for the elderly, disadvantaged, physically and mentally challenged are first to be on the chopping block. Please consider other areas and if necessary more revenues so all in this county can have some form of equality and rights as equal citizens in this county, state, and country.” (*reference comment 24*)

“Key word is maintaining dignity for these adults who have traveled the wrong road but are trying to make and live a better life with their stay at New Horizons receiving counseling, working on GED's or other educational programs, receiving help to re-enter the work force and in the end getting their dignity back. This can happen to any one of us and here is a place they can call HOME.” (*reference comment 26*).

Selection processes for wait lists and movement into services are unclear and seem arbitrary to some families and service recipients.

Advocacy for other human services programs

“The funding for human services in the County (has) been scaled back significantly over the last few years and at a time when those services are most needed. While CSB serves important interests and is under similar strains, its budget shortfalls should no longer be addressed by reallocation of budgets of other human service programs in the county.” (*reference comment 23*)

“We need community services to help mitigate the problem, especially better housing solutions and crisis care for this significant portion of the population. It seems we bail out everyone BUT the mentally ill, who lack services and still suffer enormous stigma.”

“Please consider carefully how NOT providing these services may end up costing more in the long run.” (*reference comment 53*)

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HUMAN SERVICES COUNCIL RESPONSE

NOTE TO REVIEWERS:

The Council will prepare a paragraph to close out the report with their recommendations on next steps related to the survey comments.