

THEME

Fiscal Management

RECOMMENDATION 2:

Maximize and leverage all potential sources of funding for the system and for individuals with psychiatric disabilities.

Strategy 2.1: Maximize revenue and reimbursements from Medicaid and other entitlements for individuals receiving mental health services, including Medicare, State Children's Health Insurance Plans (S-CHIP), Comprehensive Services Act (CSA), Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI) to complement local, state, and federal grant/tax dollars.

Strategy 2.2: Deploy Benefits Coordinator positions to mental health service sites in order to assist and advocate for individuals seeking benefits.

Strategy 2.3: Seek opportunities for grant funding and assure that the CSB is prepared to sustain initiatives originally financed by grants after the grant money is depleted.

Strategy 2.4: Explore the establishment of a foundation whose purpose would be to assure an accessible, affordable, and integrated mental health system.

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Maximize and leverage all potential sources of funding for the system and for individuals with psychiatric disabilities.

As the county grows in population and complexity, the most advanced policies and procedures for increasing revenues must be utilized. County general funds contribute 67% of funding for the CSB's mental health services. The Commission recommends that the CSB maximize existing federal and state safety-net revenue and track progress in this area. After consideration of the current financing of the CSB, the Commission recommends the following financing strategies:

Strategy 2.1: Maximize revenue and reimbursements from Medicaid and other entitlements for individuals receiving mental health services, including Medicare, State Children's Health Insurance Plans (S-CHIP), Comprehensive Services Act (CSA), Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI) to complement local, state, and federal grant/tax dollars.

In Virginia, 50% of adults receiving mental health services are enrolled in Medicaid; within the Fairfax-Falls Church CSB, however, the Medicaid enrollment rate is 33%. We believe that the CSB can improve this rate to match, and perhaps exceed, the state enrollment rate.

People in need of mental health services are considered disabled, and some income can be provided to them through Social Security Disability Insurance (SSDI) for workers and families and/or Supplemental Security Income

(SSI). The eligibility process for utilizing these programs is daunting. Only one out of three claims for SSDI is initially approved.¹ Sometimes multiple appeals are required. We found through our conversations with people that those receiving services are perplexed and troubled by the plethora of rules, which may result in loss of benefits. In order to maximize the independence of individuals receiving services, and to assure continuity in provision of income, individuals with psychiatric disabilities will need enhanced assistance.

To maximize revenue and reimbursements from SSI and SSDI, the Commission encourages Fairfax

IN VIRGINIA, 50% OF ADULTS RECEIVING MENTAL HEALTH SERVICES ARE ENROLLED IN MEDICAID; WITHIN THE FAIRFAX-FALLS CHURCH CSB, HOWEVER, THE MEDICAID ENROLLMENT RATE IS 33%.

County to work to increase access to benefits for its homeless population. It is important to reach this population because 72% of homeless individuals were identified in a 2008 Point in Time Survey as

having serious mental illnesses and/or substance abuse disorders, which may qualify them for SSI or SSDI.² A federal program, SSI/SSDI Outreach, Access, and Recovery (SOAR), may be helpful in this endeavor. This program for homeless individuals is supported by the Substance Abuse and Mental Health

Services Administration (SAMHSA) and the Health Resources and Services Administration. SOAR helps states and communities “develop strategies and provide training to caseworkers who counsel individuals in preparing accurate and complete SSI or SSDI applications.”³

Currently, Comprehensive Services Act (CSA) funds support residential placements of children and youth with serious emotional disturbances. However, CSA has been underutilized as a financing mechanism for nonresidential services such as day treatment, care coordination (case management), and psychiatric services.

Maximizing revenue and reimbursements will begin the transformation to a more business-focused model of mental health care with greater emphasis on optimizing available sources of funding.

Strategy 2.2: Deploy Benefits Coordinator positions to mental health service sites in order to assist and advocate for individuals seeking benefits.

The need for improved assistance for individuals seeking benefits was a recurring theme among stakeholders during activities we conducted to gather input. Many challenges exist in the Virginia benefits administration environment for persons with behavioral healthcare needs who want to access Medicaid benefits and other entitlements including Medicare, SSI and SSDI. Follow-up with, and advocacy for, the service recipient until such time as the individual is enrolled or disqualified is critical. Given the poverty level of service recipients (nearly 60% of those served have incomes under the federal

poverty level), eligibility for other federally sponsored programs such as food stamps should also be assessed.

We believe that deployment of Benefits Coordinators from the Department of Family Services to mental health service sites will enable more individuals to qualify for needed state and federal benefits.

Strategy 2.3: Seek opportunities for grant funding and assure that the CSB is prepared to sustain initiatives originally financed by grants after the grant money is depleted.

Overall, we believe that grants offer opportunity to enhance mental health services and supports; however, careful analysis is needed before initiating an application to determine if sustainability of an initiative would be an issue after the term of the grant. We recommend a strategic approach in seeking grant funding, to include adequate planning in order to assure the CSB’s readiness to take on and sustain the work. Currently, the CSB has a number of federal and state grants that are subject to renewal or reconsideration. CSB leaders acknowledge that the system has been challenged in knowing whether to bypass grant opportunities when grant expiration would result in service reduction.

Strategy 2.4: Explore the establishment of a foundation whose purpose would be to assure an accessible, affordable, and integrated mental health system.

A robust system of mental health care requires the collaboration of public, private, and nonprofit service

providers and the utilization of all funding streams. Private philanthropic donations are an important aspect of overall funding, and we believe the establishment of a foundation is one way to maximize philanthropy for this population.

Virginia Code would allow Fairfax County to establish and operate a foundation as a regional entity. The purpose of establishing an outside foundation is to receive private contributions for which only 501(c)(3) entities are eligible (monies for which Fairfax County government organizations, including the CSB, are not eligible). The foundation would function as a repository for funds, increase opportunities for working with other foundations such as the

Greater Washington Council on Foundations, and work to develop public and private partnerships and resources that will promote and assure an accessible, affordable, and integrated mental health system for Fairfax-Falls Church area residents.

We understand that there are similar nonprofit charitable organizations such as CareFaxLTC (long-term care) and Fairfax Futures (early childhood education) with strong commitments to targeted county populations. We believe creation of a foundation would help facilitate support from the county's large and diversified business community.