



FAIRFAX - FALLS CHURCH

Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Suzette Kern, Chair

Merrifield Center,

8221 Willow Oaks Corporate Drive, Fairfax, VA 22031

Level 1 - Room 308 A/B

Wednesday, August 22, 2018, 5:00 p.m.

1. **Meeting Called to Order** Suzette Kern 5:00 p.m.
2. **Recognition** Suzette Kern
3. **Matters of the Public** Suzette Kern
4. **Amendments to the Meeting Agenda** Suzette Kern
5. **Approval of the minutes for the July 25, 2018 CSB Board Meeting** Suzette Kern
6. **Matters of the Board**
7. **Committee Reports**
 - A. Behavioral Health Oversight Committee Gary Ambrose
 - B. Compliance Committee Suzette Kern
 - C. Developmental Disabilities Committee Sheila Jonas/Jane Woods
 - D. Fiscal Oversight Committee Ken Garnes
 - E. Other Reports
 - AD Hoc CSB Board Fee Policy Review Committee Gary Ambrose
 - Ad Hoc CSB Legislative Committee Meeting Ken Garnes
8. **Action Items**
 - A. FY 2018 Year End Report Suzette Kern
 - B. Human Services Issue Paper CSB Staff
 - C. Community Services Performance Contract Lisa Potter
9. **Director's Report**
 - *Springfield Site Closure* Daryl Washington
10. **Adjournment**

Fairfax-Falls Church Community Services Board

July 25, 2018

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

The following CSB members were present: Suzette Kern; Chair; Jennifer Adeli; Daria Akers; Gary Ambrose; Basilio ‘Sonny’ Cachuela Jr.; Ken Garnes; Rachna Sizemore Heizer; Sheila Coplan Jonas; Bettina Lawton; Edward Rose; Diane Tuininga; and Jane Woods

The following CSB members were absent: Thomas Burger; Nancy Scott; and Adrienne Walters

The following CSB staff was present: Daryl Washington; Evan Jones; Victor Mealy; Lisa Potter; and Lyn Tomlinson

Guests: Paul V. Luisada, MD

1. Meeting Called to Order

Suzette Kern called the meeting to order at 5:00 p.m.

2. Recognition

Paul V. Luisada, MD, CSB Board Member representing the Mt. Vernon District, was honored for his years of commitment and service to the Fairfax-Falls Church Community Services Board, following his recent resignation. Dr. Luisada was presented with a plaque detailing his contributions to the Board, with the thanks of the Chair and the full Board. Dr. Luisada thanked the CSB for the valuable services offered to the county, praising the staff and leadership for the dedication, compassion, and support provided to the community during his tenure.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

The agenda was provided for review. Following acknowledgement that no recommendations were forthcoming, Bettina Lawton made a motion to approve the agenda as presented, which was seconded and approved.

5. Approval of the Minutes

Draft minutes of the June 27, 2018 meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no suggestions for revision were offered, Bettina Lawton made a motion for approval, which was seconded and passed.

6. Matters of the Board.

Suzette Kern welcomed new CSB Board Member Rachna Sizemore Heizer, reporting Ms. Heizer was appointed to fill the Braddock District seat, recently vacated by Molly Long.

Ms. Heizer provided a brief background history, sharing that she is an attorney specializing in Employment Law and Disability Rights, further reporting a strong focus and advocacy on disability inclusion in the workforce and education. Ms. Heizer also reported she has volunteered to serve on the CSB Board Developmental Disabilities Committee.

7. Communitywide Housing Strategic Plan, Phase I

Thomas Fleetwood, Director Fairfax County Department of Housing and Community Development (HCD), accompanied by staff member Matt Graham, acknowledged a previous presentation to the Board (December 2017), and provided an update to recent Housing activities in Fairfax County. Some highlights are provided below:

- Mr. Fleetwood acknowledged the successful partnership between the HCD and CSB, noting the combination of affordable housing and effective treatment have resulted in positive outcomes for individual, improving the opportunity for individuals to acquire and retain housing.
- A reminder of the open enrollment for the RAD (Rental Assistance Demonstration Project) Housing Wait-List was offered. Remarking that this is the first enrollment period in 11 years, it was noted that applications were accepted for two weeks during which, approximately 12,500 applications were received. With 2,000 available slots on the Waiting List, a lottery (random selection) will be utilized to fill the slots. Projections indicate it will take approximately 2 years to process all the applications. Some admittance requirements include that the individual is working, has a disability, is rent-burdened, and resides in Fairfax County, or the cities of Fairfax or Falls Church.
- Referring to the handouts provided, Mr. Fleetwood clarified that the *Communitywide Housing Strategic Plan*, was developed on the recommendation of the Board of Supervisors (BoS) and was adopted by the BoS in June 2018. It was clarified that Phase I of the Plan addresses how to best position the County to maximize the use of available resources for concerns including land-use, zoning, and housing needs of the special needs community. Additional highlights included:
 - A definition of ‘housing cost burdened’ was offered as citizens paying more than 30% of their income for housing. It was further clarified that AMI is defined as (Area Median Income).
 - Modernization efforts include designing funding assistance that works cooperatively with other existing sources of housing funding. This includes partnership with the Office to Prevent and End Homelessness on the Bridging Affordability rental subsidy program, further noting a new procurement is anticipated to be developed for next year.
 - Land use and zoning efforts include the creative re-use of vacant commercial space, a particularly difficult process due to the specific needs of a housing assistance program. Another key focus is ensuring that affordable housing is included in areas undergoing redevelopment.
 - Funding sources and uses efforts include increasing the commercial contributions to affordable housing efforts.

- Efforts to increase access to affordable housing for individuals in vulnerable populations include increased opportunities for non- and for-profit partners to contribute. Noting the anticipated increase in seniors in the community, there is a keen focus on development of plans for aging in place programs.
- As implementation of Phase I proceeds, development of Phase II planning has begun, noting that this phase has a primary focus on resources.

Matt Graham reported that CSB staff provided valuable assistance to individuals completing applications for the RAD housing wait list, further supporting a successful enrollment period.

8. Committee Reports

A. *Behavioral Health Oversight Committee (BHOC):*

Gary Ambrose provided an update to the July meeting, noting the addition of some youth organizations to the Associate Member roster to broaden community representation. The presentation this month was provided by Judith Dittman with Second Story, previously known as Alternative House. Services provided include a Teen Crisis Center, homeless youth housing, rental assistance, and a Rapid Rehousing program. Housing, counseling, and training supports are provided to pregnant and parenting teens. Second Story in the community includes family centers in the areas of Culmore, Annandale and Springfield.

Mr. Ambrose further noted the successful implementation of Associate Member presentations as they provide opportunities for networking, support, and education

The August meeting was canceled. The next meeting is Wednesday, September 12, 5:00 p.m. at the Merrifield Center, Level 1-Room 308A/B, West.

B. *Compliance Committee*

Suzette Kern provided details of the July meeting noting a demonstration of *ComplyTrack*, compliance tracking software to be utilized by the CSB. It was reported that the main components of the program are IAM (Issue & Action Management) for tracking actions taken to address compliance issues and IM (Incident Management) for reporting, tracking, and managing incidents. This program will provide compliance reports to the Board.

The September meeting agenda includes plans for deployment of the program and discussion of staff-identified high-risk areas.

The August meeting was canceled. The next meeting is Friday, September 19, at 4:00 p.m. at the Merrifield Center, Level 1 - Room 308 A/B, West.

C. *Developmental Disabilities (DD) Committee:*

Sheila Coplan Jonas offered a reminder that there was no July meeting, further reporting that the focus of the August meeting will be the Welcoming Inclusion Network (WI) Workgroup.

The next meeting is Wednesday, August 1 at 5:30 p.m. at the Merrifield Center, Level 1-Room 308A/B, West.

B. *Fiscal Oversight Committee:*

Captain Basilio ‘Sonny’ Cachuela, Jr provided an overview of the July meeting, to include:

- The FY 2018 Modified Fund Statement was provided with a reminder that some of the year end transactions remain to be posted as they are being finalized.
- The FY 2018 Carry Over requests have been submitted, noting approval of the requests is anticipated in September.
- Discussion of Medicaid Expansion included a reminder that the state has announced a reduction in state funding for all CSB’s in anticipation of an increase in Medicaid revenue related to the Expansion. The projected revenue totals are expected from the Department of Behavioral Services and Developmental Services (DBHDS) in late August/early September.
- It was reported that there are 127 Vacant General Merit positions that include 25 of 37 new positions created in third quarter. It was further noted that there will be an additional increase to reflect the 12 remaining new positions as they are added in the first quarter of FY 2019.
- The financial positions update included 1) re-advertisement of the Financial Manager position; 2) an internal posting for a financial lead position, designed to support the Financial Manager; and 3) identification of a candidate for the Revenue Cycle Manager position, noting the hiring procedures are anticipated to be finalized soon.
- The Diversion First update included:
 - Reporting that the provision of 24/7 law enforcement coverage at the MCRC (Merrifield Crisis Response Center) has been in place for one year.
 - Medical clearance services will be provided downstairs in the Merrifield Center at the MCRC, in partnership with Inova, in a pilot program beginning in the Fall.
- Development of Time to Treatment reports in Credible has been completed. The new Reports will be provided at the August meeting.
- *Save the Date:* The Department of Management and Budget (DMB) will provide a Budget 101 presentation at 4:00 p.m. directly prior to the October 24, 2018 CSB Board meeting. This presentation will provide information on the County budget process.
- Captain Cachuela announced his nomination and acceptance as Fiscal Chair for his second and final term.

The next meeting is Friday, August 17 at 9:00 a.m. at the Pennino Building, Room 836A

D. *Other Matters*

Daria Akers provided an update to her participation in a NAMI (National Alliance on Mental Illness) presentation for the Pre-Release Center and Court staff (Sheriff’s Office) in June. Ms. Akers reported a staff concern related to transportation for

individuals who are released to Diversion, as they face challenges in finding a means of transportation to the MCRC for assessment. Ms. Akers further acknowledged that staff efforts to address this concern include proposed establishment of an assessment process in the courthouse.

Jane Woods announced that registration for the first statewide Virginia Behavioral Health Summit is open. Erin Bloom will email a link to the summit and registration site.

Diane Tuininga offered a reminder of the 17th Annual Wellness and Recovery Conference *Embrace Our Best Selves*. Scheduled for October 12 from 9:00 a.m. to 2:30 p.m. at the Government Center, noting the event includes a continental breakfast and lunch. Registration begins at 8:30 a.m.

Ms. Kern announced a change had been made to the November CSB Board meeting, moving the meeting from Wednesday, November 21, 2018, just before the Thanksgiving holiday to Wednesday, November 28, 2018, the week following the holiday.

Providing an update to the CSB Board Member Retreat, Ms. Kern confirmed the date as September 29, 2018. Directing attention to the Draft Retreat agenda, Ms. Kern requested that members email her directly with any recommended revisions, further noting that one more Ad Hoc meeting is anticipated to finalize the agenda and plans for the retreat. It was also reported that a facilitator has been identified.

Gary Ambrose provided an update to the CSB Board Ad Hoc Fee Policy meeting reporting matters discussed included the impact of Medicaid Expansion and ECO (Emergency Custody Order) billing, both the fee and subsidy related Regulation and Policy, The Fee Schedule, and the 2018 Ability to Pay Scale. Further meetings are scheduled for August 20, 2018 and September 10, 2018. Submission of the revisions for Board approval is scheduled for the October 2018 board meeting.

8. Action Item

A. *Behavioral Health Oversight Committee Associate Member Approval*

Gary Ambrose, noting the annual appointment of Associate Members is provided in the CSB Bylaws, and further noting the list of proposed Associate Members was submitted to the Board at the June meeting, offered a motion to approve the list of FY 2019 Behavioral Health Oversight Committee Associate Members, which was seconded and approved.

B. *Development Disabilities Committee Associate Member Approval*

Jane Woods, noting the inaugural appointment of Associate Members to the Developmental Disabilities Committee, also provided to the full board at the June CDB Board meeting, made a motion to approve the list of FY 2019 Developmental Disabilities Associate Members, which was seconded and approved.

C. *Establish Ad Hoc Legislative Committee*

Suzette Kern offered a reminder of the pending employment, August 6, of a Public Policy/Legislative Liaison to assist the Board with legislative efforts. Ken Garnes

having agreed to chair the committee, provided some background on the establishment of an Ad Hoc Legislative Committee, soliciting volunteers from the members. Suzette Kern, Rachna Sizemore Heizer, and Jennifer Adeli volunteered to serve, following which Bettina Lawton made a motion to establish an Ad Hoc Legislative Committee, which was seconded and approved.

9. Information Item

A. *CSB Board Review 2019 Human Service Issues Paper*

Suzette Kern distributed copies of the revised Human Services Issue paper, noting an electronic copy had been emailed and requesting that recommendations be submitted to Erin Bloom no later than August 8, 2018. Daryl Washington clarified that the Human Services Issue Paper review and update is an annual process engaged in by the CSB and other county human services programs that informs development of the Human Services section of the Fairfax County Legislative Program. The resulting publication supports legislative advocacy by the BoS and the CSB Board. The final draft, edits showing, are submitted to the County Legislative Office for further review and revision

B. *FY 2018 CSB Fiscal Oversight Committee End of Year Report*

Captain Cachuela provided background to the Report noting it is developed annually by the Fiscal Oversight Committee members in collaboration with CSB staff. The report, which is submitted to the BoS and the Mayors of the Cities of Fairfax and Falls Church, highlights accomplishments of the previous fiscal year and plans for the following fiscal year. Review and revisions continue through June and July. The final proposed draft is submitted to the full Board in August, with the caveat that some data will not be available until early September. Therefore, request for submission will include a reminder that the Report will receive some final data before submission in early September.

11. Director's Report

Daryl Washington provided several updates to recent CSB activities including the following:

- Updates to personnel activities include:
 - April Reed was recently hired to fill the position as Executive Assistant to the Executive Director.
 - The Revenue Cycle Manager is scheduled to begin employment August 6, 2018.
 - Effective July 1, 2018 is the completed transition of DAHS (Department of Administration for Human Services) staff to become CSB staff, and transition of the Infant & Toddler Connection (ITC) program to the Department of Family Services (DFS).
- Referring to the hospital bed crisis discussed at previous meetings, Mr. Washington confirmed that some alleviation has been reported, attributed to staff efforts that include:

- Discharge planners and the ‘bed-finding’ staff have worked diligently to locate available bed space, reporting that the CSB has discharged more individuals in the past half year than any other Virginia CSB.
- Woodburn Place Crisis Care has the highest utilization of bed space in the region, illustrating the tremendous efforts of the Crisis Care staff.
- Mr. Washington confirmed he is developing drafting talking points for board members to use when discussing this crisis with their District Supervisors.
- On July 27th, there will be a meeting attended by the Northern Virginia Region Executive Directors, private hospital Executive Staff, and some staff representing DBHDS to discuss possible collaborative solutions to alleviate the hospital bed crisis.
- Providing an update to the July 23, 2018 WIN (Welcoming Inclusion Network) meeting, Mr. Washington reported Supervisor John Cook, the Sponsoring Chair, provided some guidance for next steps requesting that the workgroups focus on developing a tier of options for sustainable future funding of Employment and Day Services. Mr. Washington offered a reminder that the tiers must be developed, revised, and finalized as needed in preparation for a scheduled presentation to the BoS in December. Ms. Kern recommended to Mr. Washington that when the presentation is made to the BoS, that it be made by a team consisting of Mr. Washington, Lori Stillman (the WIN chairperson) and an active community member from the WIN group.
- Directing attention to the Board folder, Mr. Washington highlighted the updated Community Services Performance Contract Timeline noting the final financial data has been received and added to the Contract in preparation for the final steps, some of which include posting the proposed Contract for the required 30-day public comment period, followed by submission for approval by the BoS, and submission to DBHDS.
- Also included in the Board materials, was a flyer for individuals seeking additional information on Medicaid Expansion. The flyer, that can also be provided in poster size, provides information on eligibility as well as other information. A robust discussion regarding implementation and possible financial impact ensued.
- Confirming ongoing monthly meetings with CSB staff, individuals receiving services and their families, an update to recent efforts related to the Springfield site closure was provided. Highlights included:
 - All transitioning staff have been advised of relocation details acknowledging that staff is being transitioned to Merrifield, Gartlan, or South County. The information conveyed to staff included specific room, cubicle, or office assignment.
 - Clients and families are also being advised of transition plans including acknowledgement of ongoing transportation arrangements. Relocation efforts for CRSP (Community Readiness Support Program) are also provided, reporting that as space at the Merrifield Center is being modified to accommodate the specific needs of the individuals served. Transition plans include interim arrangements to ensure no interruption in service during the move.

- Mr. Washington confirmed that the youth program staff and clients will transition first, followed by the adult program staff and clients.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 6:20 p.m.

Actions Taken--

- ◆ The July 25, CSB Board Meeting Agenda was approved
- ◆ The June 27, 2018 CSB Board meeting minutes were approved.
- ◆ Associate Members of the Behavioral Health Oversight and Developmental Disabilities Committees were approved.
- ◆ An Ad Hoc CSB Fee Policy Review Committee was established.

Date

Staff to Board

Fairfax-Falls Church Community Services Board
Developmental Disabilities Committee

August 1, 2018

The Developmental Disabilities Committee of the Fairfax-Falls Church Community Services Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

The following Committee and Associate Members were present: Sheila Coplan Jonas, Co-Chair; Jane Woods, Co-Chair; and Nancy Scott, CSB Board Member; Bethany Barr, Melwood (previously Linden Resources); Dennis Brown, ServiceSource; Rikki Epstein, the Arc of No. VA; Stephen Toth, ServiceSource, Family and Friends; Zanelle Nichols, ECHO; and April Pinch-Keeler, MVLE

The following staff was present: Lyn Tomlinson, Evan Jones, Kevin Lafin, Victor Mealy, Jean Post, Barbara Wadley-Young, and Daryl Washington

Guests in Attendance: Lori Stillman, Operational Chair, Welcoming Inclusion Network (WIN)

1. Meeting Called to Order

Jane Woods called the meeting to order at 5:32 p.m.

2. Welcome and Introductions

Attendees were welcomed with an announcement that this was the first DD Committee meeting at which Associate Members were present. Following this announcement, all attendees including staff and Committee and Associate Members announced name, position, and agency affiliation.

3. Approval of the Agenda and Minutes

As no changes to the August 1, 2018 agenda were recommended the agenda was accepted as presented.

Due to the lack of a quorum, the notes for the June 6, 2018 Developmental Disabilities Committee meetings were tabled until the October 2018 meeting.

4. Matters of the Public

None were presented.

5. Matters of the Committee

Dennis Brown provided an update to the Department of Behavioral Health and Developmental Services (DBHDS) Provider Issue Resolution Workgroup discussed at previous meetings, reporting that there are two subgroups with a primary focus on 1) Rates and 2) Regulatory Reform. Noting his participation on the Rates subgroup, Mr. Brown highlighted recent recommendations including:

- ‘Refresh’ all rates immediately and implement an annual refresh schedule. This process would retain the protocol established by the consultant, while ‘refreshing’ the data provided by external sources, i.e. Bureau of Labor Statistics, IRS Mileage Reimbursement Rate, etc.
- ‘Rebase’, meaning to review the protocol and algorithm used to determine rates and modify as determined, implemented on a five-year recurring cycle.
- There is a request to the consultants Burns & Associates to review of all rates to identify specific rates that may need further attention, noting Sponsored Residential as an example.

Evan Jones, who also attends, announced the next workgroup is scheduled for August 13, 2018. An engaged discussion ensued.

6. Provider Roundtable

No topics were offered.

7. Staff and Agency Updates

Daryl Washington announced that Lyn Tomlinson had been hired to fill the Deputy director of Clinical Operations position. Ms. Tomlinson noted that she will be in regular attendance at the DD meetings.

Evan Jones provided an update to recent Employment & Day activities, noting that recent efforts focus on placement of the June 2018 Special Education Graduates.

Jean Post provided copies of the *FY 2018 Regional Utilization Group ID/DD Summary Pages form Q4 report for the Regional Management Group*. Ms. Post reviewed each page, highlighting Fairfax County data, following which Ms. Post agreed to provide information of the persons and groups categorized as ‘other’ in the training report.

Barbara Wadley-Young updated recent activities in Residential Services distributing a flyer for the upcoming DD Housing Fair scheduled for Wednesday, February 8. Coordinated regionally, 25 providers and approximately 145 persons have registered to attend. Registration is still open, walk-ins are welcome and Daryl Washington will be the welcoming speaker.

Victor Mealy provided an update to Support Coordination activities, noting a major focus on efforts to bridge communication challenges between WaMS (Waiver Management System) and Electronic Healthcare Record systems includes weekly meetings and collaboration with Credible. Further information will be provided as it becomes available.

Directing attention to the handout provided in the committee materials, Mr. Mealy noted the release of the FY 2019 proposed DD Waiver Slot Allocations, highlighting the proposed allocation for Fairfax includes 18 Community Living (CI) slots and 59 Family & Individual Supports (FIS) slots, further noting that final numbers are anticipated to be released in late September. Mr. Mealy clarified that the Waiver Selection Advisory Committee (WSAC) determines which individuals on the wait list are awarded slots. It was explained that there is an economic disparity between the costs associated between the different types of slots, resulting in a larger number of the less costly FIS waivers being issued. As additional

information becomes available, it will be shared with the Committee. A robust discussion ensued.

8. Welcoming Inclusion Network (WIN) Presentation

Jane Woods, encouraging attendees to visit the new WIN website, introduced Lori Stillman, Daryl Washington, Evan Jones, and Kevin Lafin for an update to recent WIN activities, some highlights included

- Braddock District Supervisor, John C Cook, is the Sponsoring Chair for WIN. Sup. Cook attended the July meeting at which he clarified the current focus of the workgroups is to develop several tiers of DD Service Delivery including associated costs. Further direction required that some results must include a 'no wait list' option.
- Daryl Washington offered a reminder that he is scheduled to present a variety of Employment and Day Service delivery options to the Board of Supervisors (BoS) in December 2018, necessitating that the WIN recommendations are finalized by October for refinement and insertion into the presentation.
- Handouts were distributed, providing a framework of recommendations related to Sup. Cook's guidance. It was clarified that substantial community involvement is needed to develop comprehensive recommendations. Attendees were encouraged to reach out to encourage others to attend the workgroups where a significant amount of work is done developing the recommendations needed for the December report to the BoS.
- It was noted the next Employment & Day/Program Design workgroup meeting is scheduled for Monday, August 13 from 6:30p.m. – 8:30 p.m. at ServiceSource in Oakton.
- The Inclusion/Communications (Networking) workgroup will have an August meeting date posted on the WIN website, and a notice sent, once the details are finalized. An update to recent efforts of this committee was provided noting that recent efforts include networking, collaboration, and education with schools (FCPS), libraries, providers, and individuals and businesses in the private sector.

There being no further business to come before the Committee, the meeting was adjourned at 6:31 p.m.

Actions Taken –

- Acceptance of the June 6, 2018 DD Committee meeting notes

Date Approved

Clerk to the Board

CSB Fiscal Committee Meeting Notes

Date: July 20, 2018

Attending: Chair, Basilio 'Sonny' Cachuela, Jr.; Members; Jenifer Adeli; Gary Ambrose; Ken Garnes; Suzette Kern; Bettina Lawton; and Ed Rose.

Staff: Daryl Washington, Marta Cruz, and Lucy Caldwell

Summary of Information Shared/Decisions:

Election of Committee Chair

Acknowledging the need to approve a FY 2019 Committee Chair and further acknowledging the sole nomination of Captain Basilio 'Sonny' Cachuela, Jr. Captain Cachuela was unanimously re-appointed to his second and final year as /chair of the Fiscal Oversight Committee

Review of meeting notes

Committee members reviewed and accepted the notes of the June 15, 2018 meeting as presented.

Financial Status

Daryl Washington, directing attention to the financial documents in the materials, provided an overview of the information provided:

- Pay Period Metrics included data for all 26 pay periods of FY 2018.
- The FY 2018 Modified Fund Statement was provided, highlighting that some of the end of year transactions have not yet been entered as year-end activities are still being finalized.
 - It was further highlighted that the FY 2018/FY 2019 budget variances are included, noting that the data provides insight into the differences of the differing budget amounts between the two fiscal years.
 - The CSB carryover packet has been submitted. It is anticipated that the Board of Supervisors (BOS) will make decisions on carryover requests at the July 31, 2018 meeting.
 - Noting that the fiscal impact of Medicaid Expansion is not included, it was explained that \$11.1M in state funding for the Virginia CSB's is being withdrawn in anticipation of Medicaid Expansion revenue. It was further noted that the projected revenue totals are expected to be available in August/early September.
 - It was requested that future Modified Fund Statements only include Actual amounts previously approved.
- It was acknowledged that the CSB FY 2018 Year End balance is projected to be approximately \$28M, further noting that approved one-time expense requests will impact the projected YE balance.

FY 2018 End of Year Report Update

Noting that two different copies were provided in the materials, Captain Cachuela offered a reminder of the submission timeline as follows:

- July –
 - Fiscal Committee Review, 7/20/18.

CSB Fiscal Committee Meeting Notes

- Forwarded to Fiscal Committee Chair and CSB Board Chair to review; 7/27/18.
- Forwarded for further review and revision by the Fiscal Committee; 7/27/18.
- CSB Board Chair begins development of the cover letter.
- August –
 - Final revision recommendations from committee members to Lucy Caldwell for final review and revision with Committee Chair and CSB Board Chair; 8/1/18.
 - Final draft copy to Fiscal Committee (no edits showing) 8/3/18.
 - Final draft report and cover letter (no edits showing) are submitted to the Executive Committee, 8/15/18 for review and recommendation. It was noted that as some statistics will not be available until early September, some of the data provided will be 'placeholders' until the actual data is available.
 - The final draft of the report and cover letter will be submitted to the full Board at the August CSB Board meeting, requesting approval to send the report and cover letter, once the final data is entered, to the BOS and the City Councils for Falls Church and Fairfax.
- Suzette Kern led the review, some highlights of which include:
 - A request to note how the edits impact the length of the document, as brevity is requested. Please avoid direct 'copy and paste' of previous text, rewrite, re-order, etc.
 - Each topic was briefly reviewed by the committee including the information provided, available statistics, revised verbiage, etc.
 - Requests for a more concentrated review and recommendation included Gary Ambrose for Diversion First and Jane Woods for Suicide Prevention. Ms. Caldwell will forward the relevant sections with a request to revise, keeping in mind the established timeline.
 - Efforts will be made to limit the use of 'placeholders', instead using data available 'as of' the date the information is available and the use of updated info-graphs where available.

Edit recommendations are to be forwarded Lucy Caldwell for coordination of revision recommendations.

Human Resources (HR) Update

Marta Cruz, provided further detail to the HR Update provided in the meeting materials, Including:

- Noting that the graph reflected no comparative data, only the single pay period for the beginning of a new Fiscal Year, it was confirmed that the 127 Vacant General Merit positions included 25 of 37 new positions awarded in the 3rd Quarter. Further confirming that the total number is anticipated to reflect another higher than usual increase in vacancies for the next month as the remaining 12 positions are created.
- An overview of the Critical Area Vacancies was provided providing an explanation for some vacancies that had a higher than typical increase. These were in the areas of Emergency Services with two new Crisis Intervention Specialists and Support Coordination, where there were an added 14 DD Spec II positions as well as one Supervisor.

CSB Fiscal Committee Meeting Notes

Mr. Washington provided a financial position update noting that the Financial Manager position has been re-posted. An internal posting for a financial lead position supporting the Financial Manager is in recruitment. Additionally, a candidate for the Revenue Cycle Manager position has been identified and is anticipated to be hired soon.

MTM Update

Mr. Washington provided an update to recent activities highlighting the following pilot programs:

- Collaborative Documentation (Reston) is anticipated to be implemented at other CSB sites soon.
- Streamlined Assessment documentation is being developed in Credible with a projected implementation date of late August/Mid-September to launch the pilot at the Assessment Unit at Merrifield.
- Development of Policies and Procedures related to closing cases appropriately and efficiently is ongoing. A reminder was offered that this pilot program requires that all related services, i.e. Case Management, Therapy, and Medical Services must be coordinated for a successful launch.
- Centralized Scheduling (Gartlan) is anticipated to be implemented at Reston in late August/early September.

Springfield Update

Providing an update to a recent meeting with Springfield, it was confirmed that affected staff have been informed of relocation details. Efforts are ongoing to inform individuals and family members, noting that all individuals are being transitioned to requested locations and have been informed of Case Manager assignments. Space has been identified at Merrifield for the CRSP (Community Readiness and Support) program. It was also confirmed that efforts are ongoing to resolve some transportation issues that remain for a small number of clients.

Diversion First

Daryl Washington provided a Diversion First update noting the following:

- Law Enforcement partners providing 24/7 coverage have been employed for a full year at the MCRC (Merrifield Crisis Response Center).
- Following lengthy negotiations, Medical Clearance services will be provided in the MCRC in partnership with Inova, beginning as a pilot program in early Fall for 10 hours daily from 11:00 a.m. – 9:00 p.m.
- CSB Leadership in Emergency Services is working with Law Enforcement and First Responders to develop a co-responder model, current efforts include defining the logistics of the program.
- Recent recruitment efforts include immediate hiring (not waiting for new positions to be activated), for positions including Youth Outpatient, Adult Outpatient, Support Coordinators, and Emergency Services. Noting some space concerns, efforts are ongoing to identify areas that can be configured to accommodate new staff.
- It was reported that the consistent vacancies on the Jail Based and Jail Diversion teams average a vacancy rate of approximately 28%. These positions, including

CSB Fiscal Committee Meeting Notes

Behavioral Health Specialist and Outreach, are expected to continue to remain very difficult to fill.

- Positively, it was reported that Dr. Hand has increased Nurse Practitioner coverage at the ADC to provide increased prescription coverage from four to five days each week.

Time to Treatment

Daryl Washington directed attention to the charts provided in the materials highlighting some of the more substantial increases and decreases. It was further noted that efforts to develop Time to Treatment reports in Credible have been completed. The reports will be presented to the Committee at the August meeting.

Open Discussion

Captain Cachuela, offered a reminder of a Budget 101 training scheduled to precede the October 2018 CSB Board meeting at 4:00 p.m. asking that members make a note in their calendars.

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Fiscal Oversight Committee meeting

Friday, August 17, 2018, 9:00 am

Pennino Building, 12011 Government Center Parkway, Suite 836A, Fairfax, VA

FY 2018 Year-End Report of the Fairfax-Falls Church Community Services Board

Issue:

The attached FY 2018 Year-End Report, prepared by the Fiscal Oversight Committee for the year ending June 30, 2018, is presented for approval by the CSB Board. Information provided in the report includes financial status information, highlights of key program areas that are being closely monitored by our Board, and a discussion of critical issues for the agency and, most importantly, for the people in our community who need our services. To meet the proposed submission date range of early September, the report and cover letter are submitted for CSB Board and approval with some data placeholders, as the information needed will not be available until early September. Once the information is available and has been inserted, the FY 2018 Year-End Report packet will be forwarded to the Board of Supervisors and the Mayors of the cities of Falls Church and Fairfax.

Recommended Motion:

I move that the Board approve the FY 2018 Year-End Report for submission to the Fairfax County Board of Supervisors and the Mayors of the cities of Falls Church and Fairfax.

Background:

At the Board's direction, for the past several years, the Fiscal Oversight Committee has been preparing and submitting the Year-End Report to the Board of Supervisors and the Mayors of the cities of Falls Church and Fairfax. The reports are prepared on an annual basis and are presented to the CSB Board as an action item requesting approval. Once approved, the report is transmitted under the signature of the Chair of the Board.

Fiscal Impact:

None

Board Member:

Suzette Kern, CSB Board Chair

Enclosed Document:

Attachment A - Fairfax-Falls Church Community Services Board FY 2018 Year-End Report and Cover Letter



FAIRFAX - FALLS CHURCH

Community Services Board

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City of Fairfax

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Sully District

**The Honorable Jane H.
Woods**
At-Large

Vacant
Mount Vernon District

Daryl Washington, LCSW
Executive Director

TO: Fairfax County Board of Supervisors
Mayors, Cities of Fairfax and Falls Church

FROM: Board of the Fairfax-Falls Church Community Services Board

DATE: September XX, 2018

SUBJECT: Fairfax-Falls Church Community Services Board FY 2018 Year-End Report

Our Board thanks you for the generous funding and strong support you provide to the Fairfax-Fall Church Community Services Board (CSB). We are pleased to transmit our FY 2018 End of Year Report highlighting major accomplishments, opportunities and challenges. Your strong partnership and commitment are evidenced by the numbers below reflecting the scope and breadth of services provided to our most vulnerable residents.

In FY 2018, the CSB provided services to XXXXX people. *The numbers below are unduplicated within each service type, but individuals may have received more than one type of service.*

- XXXX individuals received mental health, substance use and developmental disability services; of these individuals, XXXX received CSB Emergency Services and XXXX received same day walk-in screening and assessments. XX% of persons receiving emergency services do so within one hour.
- XXXX children received Infant & Toddler Connection (ITC) Services. (Note: This program was transferred to the Department of Family Services' Office for Children on July 1, 2018.)
- XXXX people with developmental disabilities received support coordination services.
- XXXX individuals received peer support services in the community.

In FY 2018, the agency faced both opportunities and challenges in ongoing key issue areas. These are described in more detail in the attached report and included:

- ensuring a smooth transition to the newly redesigned development disabilities system,
- addressing the heroin and opioid epidemic,
- decriminalizing mental illness through the Diversion First initiative,

12011 Government Center Parkway, Suite 836
Fairfax, Virginia 22035-1100
703-324-7000, TTY 711, Fax 703-653-6626
www.fairfaxcounty.gov/csb

September ##, 2018
Page 2

- continuing suicide prevention efforts,
- integrating primary and behavioral health care, and
- seeking permanent supportable housing for our clients.

In the very near future, Medicaid Expansion and the roll-out of Commonwealth’s new STEP-VA additional core services will present not only tremendous opportunities but funding challenges as well.

In the attached we address how the funding formulas being contemplated by the Commonwealth have the potential for harming Northern Virginia and challenging our delivery of other critical services. The CSB continues its efforts to seek and implement operational efficiencies to offset these anticipated funding gaps. Our report describes these in more detail to include a number of clinical and business redesign efforts and the transfer of services in our Springfield office out of leased space into County-owned facilities.

Our board is nearly fully staffed with only one vacancy at this time. We appreciate the care and concern shown by the Board of Supervisors in selecting appointees to the board. It has resulted in a well-functioning board with committed members being actively engaged in governance and advocacy efforts. This month, we will hold our annual, full-day board retreat designed to further educate and prepare us for the work we are tasked to do. In the coming year, there are two areas of special focus for our board: compliance and legislative advocacy. We recently established our Compliance Committee to ensure oversight of the CSB’s compliance program. We also established an Ad Hoc Legislative Committee to refine the processes and activities for board member advocacy efforts on behalf of the CSB. In this role, we will continue to advocate with our local state legislators for equitable funding — especially in implementing STEP-VA and Medicaid expansion.

The CSB’s leadership team recently completely turned over with a new Executive Director, two new Deputy Directors and several other key senior level positions. We welcome our new CSB Executive Director Daryl Washington and look forward to working closely and collaboratively with Mr. Washington and his leadership team in the coming year.

Again, we thank you for the generous funding you provide. We understand the fiscal challenges you face in making difficult budget decisions and we are deeply appreciative of your leadership. As always, we welcome your review, comments and questions of our report.

Suzette Kern
Chair, CSB Board

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Fairfax-Falls Church Community Services Board
FY 2018 Year-End Report
Covering period July 1, 2017 to June 30, 2018

This FY 2018 year-end report highlights key program areas and discusses critical issues for the agency. The CSB Board appreciates the Board of Supervisors' continued strong support, which allows us to serve the residents of Fairfax County and the cities of Fairfax and Falls Church who need our services.

CRITICAL ISSUE AREAS

STEP-VA (System Transformation, Excellence and Performance in Virginia) Mandates

A new law mandates that all Community Services Boards (CSBs) in Virginia provide additional core services. Two of the newly mandated core services go into effect on July 1, 2019; the others on July 1, 2021. These newly mandated core services, described below, will require additional state funding.

- Effective July 1, 2019, CSBs will be mandated to provide: 1) same-day access to mental health screening services, and 2) outpatient primary health care screening, monitoring and follow-up for individuals who need help to access primary health services. We already provide some services in these two areas and our accomplishments are described later in this report.
- Effective July 1, 2021, CSBs will be mandated to provide:
 - Crisis services for mental health or substance abuse
 - Outpatient mental health and substance abuse services
 - Psychiatric rehabilitation
 - Peer support and family support services
 - Mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a veteran's health administration medical facility
 - Care coordination
 - Case management services

Funding concern: We support the STEP-VA goals. Due to generous local funding, we are currently providing *some* of what is covered in the legislation. However, to *fully* meet these mandates without decreasing our other critical services, additional state funding - commensurate with the size of the population we serve - is required. Thus far, the state has taken a flat rate funding approach with the all CSBs. Our CSB received \$270,000 in FY 2019 to implement same-day access services. We project our cost for implementing same day access alone to be \$2.1 million and no funding has been provided to this date for primary care screening. For FY 2019 the governor allocated \$9.6 million statewide to implement same day access and primary care screening. Based on population size we should have received \$1.31 million. There is \$30.3 million in the proposed FY 2020 DBHDS statewide services budget for STEP-VA. We estimate that this dollar amount will fall far short of what will be needed to implement these services in Fairfax-Falls Church and statewide.

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The need for increased and equitable STEP-VA state funding is one of the key points our CSB Board members will continue to make in their visits with our local Virginia legislators.

Medicaid Expansion

The Commonwealth’s recently passed Medicaid expansion bill enables eligible individuals and families to have more health care choices. Beginning in January 2019, newly eligible individuals will include people in the following categories:

- 1) Low income adults, defined as individuals earning less than \$16,104 per year or families earning less than \$32,913 per year
- 2) Low-income children who lose Medicaid when they turn nineteen
- 3) Adults with disabilities not eligible for Supplemental Security Income or Social Security Disability Insurance

Effective January 1, 2019, we anticipate that an additional 27,000 individuals in Fairfax County will qualify for Medicaid. Our analysis further indicates that approximately 600 individuals presently served by the CSB will be eligible for Medicaid under the new rules. Although Medicaid expansion introduces a vital resource to underserved individuals, we are concerned that the state’s actions to shift costs to localities will reduce the availability of services while simultaneously increasing demand.

Funding Concern: Medicaid expansion in Virginia includes a reduction in state general fund dollars to CSBs totaling approximately \$11 million in FY 2019 and \$25 million in FY 2020. CSBs will be expected to “bill back” those state general funds through Medicaid reimbursed service delivery to individuals who are newly eligible for Medicaid under expansion.

The Fairfax-Falls Church CSB and the Virginia Association of CSBs have been working with state officials to develop a formula for distributing state general fund reductions fairly across the system for FY 2019. We remain concerned that the draft methodology favored by the state does not accomplish this goal. A final reduction total for each CSB will be available shortly. Based on current draft methodology, we estimate our CSB will be able to produce approximately \$750,000 additional dollars during FY 2019 from the Medicaid bill back. State officials are projecting we should be able to produce \$1.6 million by the end of FY 2019. Although the state has not set the final reduction number yet, the number will be higher than what the CSB projects it can bill back. The reduction in state funding will be determined by the end of the fiscal year.

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Other challenges we face with Medicaid expansion are a shortage of private providers and poor reimbursement rates. We will continue exploring cost containment strategies, efficiencies, and technology initiatives to make the program work for those in need across our communities.

New Developmental Disabilities Service System

Virginia is shifting from an institution-based system to a community-based service system for people with developmental disabilities. The Northern Virginia Training Center closed in January 2016, and by 2020, the state plans to close all but one of the other state training centers. Ensuring the creation of sufficient and appropriate housing and employment/day supports, without shifting costs to localities, remains essential for a community-based system. Our CSB’s role and oversight responsibility has grown larger, and the number of people served is anticipated to increase.

Although there has been some limited expansion of residential supports across the Commonwealth, the state has so far failed to create robust housing and support options for people with developmental disabilities in Northern Virginia. The challenge is especially great in Fairfax County due to high costs of real estate and service delivery, inflexible residency limits, and insufficient Medicaid waiver reimbursement rates. This will require an ongoing dialogue with the Commonwealth's Executive Branch and General Assembly. This was also a key point for our board members in their discussions with local Virginia legislators.

CSB Support Coordination services is feeling the pressure of deadlines. Its work is being closely monitored by the Independent Reviewer who is monitoring the Commonwealth's overall progress under the Department of Justice Settlement Agreement (DOJSA). Reviews are expected to take place in January 2019. CSBs are expected to demonstrate progress in several key areas of concern related to the delivery of case management services to individuals with developmental disabilities by that time.

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Support Coordination services added 14 positions in FY 2019 to lower caseload numbers. The addition of these staff members was necessary to help meet the increase in the numbers of people who need eligibility determination assessments for developmental disability services. The new staff are also helping meet the case management needs for the 2,258 individuals who are currently on the CSB's waitlist. The scope and complexity of the demands placed on support coordinators continues to expand due to multiple factors including the ongoing impact of the DOJSA and significant changes to the requirements governing documentation of services in the state electronic system and the CSB electronic health record.

Impact on Resources: Our resource challenges for employment and day services include:

- 1) Insufficient provider capacity (private and public).
- 2) Medicaid waiver reimbursement rates far below the cost of services in Northern Virginia.
- 3) Inadequate state/federal funding to support the Commonwealth's program redesign.

Our employment and day services long term funding and service sustainability is a challenge because of the Medicaid waiver redesign and new access by people with developmental disabilities. The demand for these services is steady with roughly 1,400 individuals receiving services in FY 2018, and an additional 138 individuals who opt for self-directed service options.

In February, the CSB established a new community stakeholder group, the Welcoming Inclusion Network (WIN), championed by Braddock Supervisor John Cook. The group's primary goal is to gather community input to propose new service delivery models, which are equitable and sustainable, to the Board of Supervisors. WIN has already produced a positive impact for the community; with increased networking, resource identification, inclusion "Buddy program" proposals, and opportunities for new employment options in development. We deeply appreciate the Board of Supervisors' support and partnership as we work to address these challenges.

Heroin and Opioid Epidemic

Across Virginia, law enforcement and health care professionals continue to report a skyrocketing number of deaths due to heroin and opioid overdoses. Opioid overdose remains the leading cause of death for individuals under the age of 50. CSB serves as a key partner on the County's Opioid Task Force and is at the forefront of the battle in our community to combat the opioid epidemic. Thanks to generous funding in the past year, we added medication detoxification and treatment services, expanded our Medication Assisted Treatment (MAT), and added more Revive training

for non-medical personnel to administer the life-saving opioid-reversal medication naloxone (Narcan®). Lives are being saved. This funding also helped cut the wait time for opioid use disorder treatment in half, enabling quicker service to more people.

We are grateful the Board recognized the urgency of this crisis and established a new Opioid Coordinator position to strategically lead efforts for this challenge.

The CSB will continue its efforts in these areas:

- Medication Assisted Treatment (MAT). We are refining expansion of our MAT services which involve providing medication, nursing services, community case management, and in-home supports to help individuals remain opioid free. We have been providing MAT for several years, but additional resources are necessary to meet the growing community need. There are approximately 100 people currently receiving the CSB's MAT services. We are making service-delivery changes to adapt to the crisis and will continue to explore strategies to do this.
- Medical Detox Beds. Our efforts continue for contracting additional medical detoxification beds which has cut the wait list for treatment services in half.
- Peer Support. We are expanding the use of peer support specialists across the continuum of services for substance use/co-occurring disorders. We are also working with INOVA on a pilot peer program in their Emergency Departments.
- Community Partners. We deeply value our key community partners such as the Sheriff's Office and will seek to collaborate on efforts addressing behavioral health challenges for incarcerated individuals.
- Education and Outreach. Our staff continue outreach and education efforts on this issue and in FY 2018 presented at civic groups, and faith and school gatherings, as well as conferences and educational events.

Psychiatric Hospital Bed Crisis

Northern Virginia, along with the entire state, is in a crisis mode regarding Temporary Detention Order (TDO) admissions at state facilities. Occupancy in these facilities exceeds what is considered "safe." Due to Last Resort Legislation, sponsored by Senator Creigh Deeds, the state psychiatric facilities are required to accept TDOs when at least 8 other hospitals have denied services and at the 8-hour mark of an Emergency Custody Order. The local state facility, Northern Virginia Mental Health Institute (NVMHI), ran at an average occupancy rate of approximately 88% during FY 2018. Occupancy rates are fluid and change daily.

According to 2016 Virginia Health Information, our local private hospital partners, are running at an occupancy rate of 77.8% yet are declining many TDO admissions. (This is the most current data available). A significant issue driving the hospital bed shortage is availability of a *willing* hospital bed. A willing hospital bed is defined as a bed at a psychiatric hospital that has availability, and is willing to accept an individual after receiving a report on the person's clinical profile provided by CSB Emergency Services clinicians who are certified to provide pre-admission screenings. Almost every day, our CSB sends someone to NVHMI or another state hospital because there is no *willing* local private psychiatric hospital bed despite vacancies. This bed crisis has escalated to the point ~~that in July~~ there were only two vacant beds in the statewide psychiatric hospital system, and no vacant beds at NVMHI.

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We have implemented several strategies designed to mitigate this risk, including hiring “bed finders” whose sole job is to secure hospital beds for individuals experiencing psychiatric crisis. This enables our clinical staff to continue their support and therapeutic duties. We are tracking data and CSB staff continue to meet quarterly with private psychiatric hospital partners to work on this challenge and collaborate on problem-solving together. We will keep the Board informed of this growing crisis.

Diversion First and Decriminalization of Mental Illness

The County’s strong commitment to Diversion First is making a difference in the lives of those we serve. In its third year of operation, this program continues to offer alternatives to incarceration for people with mental illness, developmental disabilities, and co-occurring substance use disorders who encounter the criminal justice system for low level offenses. In FY 2018, the CSB conducted XXX mental health evaluations related to emergency custody orders. This was a ##% increase over the previous year. This program has now diverted over 1,000 people from potential arrest and provided help in finding better options for treatment and assistance than jail incarceration.

Law enforcement officers trained in crisis intervention are on duty 24/7 at the Merrifield Crisis Response Center (MCRC) located within CSB’s Emergency Services at the Merrifield Center. A second Mobile Crisis Unit (MCU) is now operational and we are currently hiring to field a third. The third MCU will be organized on a co-responder model where law enforcement, fire and rescue, and CSB emergency services will be dispatched as a team to enhance safety and improve outcomes.

Over the past year, the CSB has focused on the intersection between the behavioral health and criminal justice systems. In the future, we aim to increase our work with the court system, offering opportunities for treatment and recovery. The court system now has multiple diversion-oriented initiatives underway that have expanded our diversion activities. New screening efforts are identifying individuals who might benefit from a mental health assessment and treatment early on in their involvement in the court system. Increasing numbers of people with mental health and related concerns are engaged in the Supervised Release Program, allowing them to engage in treatment services.

The CSB is actively partnering with the Veterans Treatment Docket, and the Virginia Supreme Court has approved a Drug Court that will launch in late 2018 in the Circuit Court. The General District Court is developing approaches to identify and engage people with mental health needs in treatment earlier and is developing strategies to intervene more effectively with people who have mental illness or co-occurring disorders. Efforts are also underway to bolster re-entry resources.

Full implementation of Diversion First as originally envisioned by Fairfax County leadership will continue to require a sustained commitment from our county, city, and community leaders. Additional investments from the state are also needed for such resources as more Crisis Intervention Team training, reintegration services for youth and adults who are at high risk for re-hospitalization, and improved screening and assessment tools. The CSB has more work to do to increase and enhance services and opportunities for individuals who are involved in the criminal justice system. We remain grateful for your support and strong leadership as well as the

funding provided in the FY 2018 budget for additional CSB and public safety staff to support diversion programs in the courts.

Preventing Suicide

Suicide is preventable. CSB continues to serve in a leading role in suicide prevention efforts across our communities, through our emergency and outpatient behavioral health services and extensive outreach efforts. We continue to highlight our support services, such as PRS CrisisLink, in our outreach efforts. We also offer online, evidence-based suicide prevention training, through our website using a program called Kognito. This program uses online “avatars” to help users recognize signs of psychological distress in young people. Kognito modules are available, and required by Fairfax County Public Schools educators and counselors, for elementary, middle, and high school aged students, as well as a module that engages and supports LGBT students. Since the inception of Kognito, 18,877 teachers have completed the program. In the 2017-18 school year, an additional 2,394 teachers completed the training. Responses to the Kognito survey, before and after training, indicate significant increases in sense of confidence and competence in having conversations about mental health. Over 90% of Kognito-trained educators indicate that they would recommend the training to other teachers and many indicate that they have used some of the Kognito skills with students and referred them to counselors for help.

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The CSB works closely with community partners such as the National Alliance on Mental Illness, the American Foundation for Suicide Prevention, the Health Department and other human service agencies hosting suicide prevention events and outreach. In spring 2018, CSB’s communications unit collaborated with other county agencies and schools to create a suicide prevention and information web page, hosting valuable suicide prevention tools, data, and resources geared towards multiple and diverse audiences.

We appreciate the support you have provided for the Suicide Prevention Alliance of Northern Virginia (SPAN), whose partners include the five CSBs of Northern Virginia and other Northern Virginia groups and individuals, all working together to raise awareness and to share suicide prevention resources and strategies. SPAN coordinates and implements a regional suicide prevention plan expanding public information, training, and intervention services throughout the broader Northern Virginia community. As part of their efforts in 2018, SPAN’s Older Adults Committee sponsored a widely-attended caregiver prevention forum in conjunction with our critical community partner Inova Health System, as well as hosting a multicultural health forum in South County.

Integrating Primary and Behavioral Health Care

The integration of primary and behavioral health care continues to be one of our strategic priorities. Research indicates that people with serious mental illness die 25 years younger than the general population - not from their mental illness - but from chronic, often preventable, health conditions because they lack access to primary health care.

The CSB co-locates primary and behavioral health services and makes it easier for individuals we serve to access care and improve their overall health and wellness. Neighborhood Health, a federally qualified health center, operates part-time at our Merrifield and Gartlan Centers. The Community Health Care Network (CHCN) operates a full-time primary health clinic at Merrifield, where a dental clinic and Inova Behavioral Health Services are also co-located.

In August 2015, the CSB was awarded a \$1.6 million grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to support four years of funding to integrate primary care into behavioral health settings at the CSB's Gartlan and Merrifield sites. With its health care partners CHCN and Neighborhood Health, CSB launched its "BeWell" initiative, now in its third year of operation. Participation in BeWell is voluntary and open to individuals already receiving CSB services. BeWell participants are matched with health coaches who themselves have lived experience with mental illness or substance use and are now in recovery. Currently, 474 people receiving CSB services are enrolled in BeWell and we are on our way to meeting and exceeding the program goal of serving over 700 individuals by the end of the four-year grant period. This program has produced impressive results in measurable health outcomes in the areas of BMI (Body Mass Index), Blood Pressure, and smoking cessation.

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Quicker Access to Screening and Assessment

Walk-in, same-day access to screening and assessment has been available to adults since 2015. In FY 2018, the CSB began offering this service for youth. This is crucial because there is only a small window of time when someone recognizes that they need help and is willing to receive it. If they wait too long for an assessment, the chance to intervene may be lost.

With same-day access to screening and assessments, adults and youth can come to the Merrifield Center, Monday through Friday, without prior appointment, to receive a free screening to determine if they may meet CSB priority access guidelines. CSB assessment staff are trained to assess for substance use disorders as well as mental health and co-occurring disorders. If the individual meets the guidelines for priority access to CSB services, they can be seen that same day, and often by the same staff member, for a full assessment. In addition, a member of the CSB's business staff meets with the individual (or their parent/guardian), prior to the assessment, to inform them of any potential copayments or sliding scale fees. This year, a new customer-friendly kiosk was added to the Merrifield Center in an additional effort to save time to treatment; two additional kiosks are planned for other sections of the Merrifield Center.

Housing Needs

For many people with serious mental illness, a successful life in the community requires stable, safe housing plus clinical support. For someone with a mental health condition, the necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, people cycle in and out of homelessness, jails, shelters and hospitals. Permanent Supportive Housing (PSH) is a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH typically targets people who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services.

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CSB and nonprofit partner New Hope Housing Inc. launched a PSH program in FY 2017 with funding through a multi-year, \$1.4 million state grant to develop permanent supportive housing options for adults with serious mental illness who are currently receiving CSB services. These housing opportunities also are for those who are homeless, at risk of homelessness, or at risk of involvement with the criminal justice system. Priority consideration is given to those leaving hospitals or state institutions, such as the Northern Virginia Mental Health Institute, who have no

housing plan. New Hope Housing locates and manages the housing and CSB provides clinical and supportive services.

In the first two years of the program, CSB and New Hope Housing placed 63 individuals in newly developed supportive housing units. Thanks to continued partnerships such as this, people with mental health conditions are a major step closer to achieving their wellness goals.

GOVERNANCE AND OPERATIONS

Strategic Planning

The CSB is fully committed to the strategic planning process and in 2014 produced its first comprehensive, long-term strategic plan. The plan serves as the agency's roadmap for meeting its critical mission. In July 2017, an updated plan covering FY 2018 and FY 2020 was approved by our Board. Plan goals are also carefully aligned with countywide initiatives. Evaluation and performance measurement are key to the success of the strategic plan. Data is tracked and reported to demonstrate progress toward strategic goals. Our Board is regularly updated on the implementation of the CSB's strategic priorities.

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We look forward to participating in the County's comprehensive strategic planning process which has just begun and will ensure that the CSB's plan and its strategic priorities are aligned with those set forth by the County Plan.

Clinical and Business Process Redesign

Operational Efficiencies: The CSB continues to explore ways to create efficiencies within processes and procedures to help get people the services they need. In conjunction with the Commonwealth's MTM consultant, pilot processes are now underway. These include:

- Centralized office scheduling. Currently being piloted in the Gartlan Center, this process is designed to help streamline the appointment process, reduce missed appointments, and ensure prompt follow up and documentation by key business staff. Typically, centralized scheduling is designed to reduce the amount of time clinical staff spends managing their own schedules (MTM estimates this to be about 100 hours per year, per clinician). It will also streamline the appointment process from the consumer's perspective as well as the Business Operations staff.
- Collaborative documentation. This documentation process, currently being piloted in the Northwest Center, involves increased two-way communication between staff and client. The collaborative note-taking empowers clients and helps them to engage in all aspects of treatment. Staff conclude the session with the individual and the service is documented. This is a change to the previous process in which the staff member needed to spend additional time completing documentation.
- Client intake and assessment business processes. An analysis showed that assessments were taking too long. The assessment is an important part of improving the client experience. With same-day access, there are more people seeking services and a reduction in the time-to-treatment is essential. The CSB set a goal to find ways to cut this lengthy period. Staff identified assessment questions that appeared duplicative or that were not mandated and eliminated them.

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- Consistent no-show, missed appointment, and discharge process. Maintaining a consistent schedule is key for therapeutic progress for clients. Working in tandem with CSB business staff, clinicians have developed an appointment policy to clarify how individuals make, cancel, or reschedule appointments. The new no-show policy assesses individuals a \$25.00 fee for missed appointments. In the event of continued missed appointments, the policy states that CSB services will be discontinued. Specialized engagement staff will provide outreach to individuals who are not showing up for appointments. This will allow other staff to maintain services to individuals who are attending their appointments and require services of a licensed or credentialed staff member. Additionally, staff are engaged in efforts to develop and identify clinically appropriate resources for individuals to transition after completing acute care/stabilization services with the CSB.

Compliance Program:

- The CSB’s compliance program is required by the United States Office of Inspector General, Federal Sentencing Guidelines, and the Centers for Medicare and Medicaid Services and is defined by seven key elements that focus on preventing, detecting, and correcting ethical and regulatory problems/issues. The CSB continues to enhance these seven elements and the culture of compliance and ethics through training, internal controls, reporting, and developing proactive processes and procedures. The compliance program is undergoing reorganization and is hiring multiple staff to provide support in the CSB offices county-wide. The agency is developing a quality assurance program as it’s incident management procedures, regulatory processes, and reviews in high risk areas. Recently, a new software program, ComplyTrack, was purchased and will be deployed to help manage compliance activities and produce useful dashboard reports.
- The compliance program is a key focus areas for our Board. The CSB Board’s newly created Compliance Committee will work closely with staff to provide oversight of the compliance program.

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Administrative Changes Underway:

- Infant & Toddler Connection Program. This program, which provides early intervention services for infants and toddlers who have developmental delays, was transferred to the Department of Family Services’ Office for Children in July 1, 2018. No services were impacted and the transition was seamless.
- Turning Point. This program, which provides coordinated services for young people who are experiencing their first psychotic episode, has been a joint program co-administered between the CSB and PRS, Inc. In FY 2019, the program will transition solely to CSB administration. Turning Point offers a recovery-oriented approach that involves shared decision-making to address the unique needs and recovery goals of young people who have had an initial mental health episode. The administrative transition is not expected to impede the implementation of services; hiring is currently underway and current programming is continuing. Since 2015, Turning Point staff members have served 64 individuals, the majority have received services for the full two years. Turning Point currently has 32 individuals enrolled.

- Springfield Office Closure. The CSB has aligned with the County’s goal of shrinking its commercial leased space footprint by ending its lease at the Springfield Mental Health Center on Traford Lane at the end of FY 2018. Key members of CSB leadership have held monthly planning and discussion meetings with service recipients and staff to ensure smooth relocation of programs, services, and staff to other CSB sites. Individuals receiving services were given a choice of their preferred new service location. The move plan is on schedule and will be completed prior to December 31, 2018.
- DAHS Personnel Transfer. As part of a countywide effort to closely review lines of business and pinpoint areas for improved efficiencies, the Board of Supervisors and County Executive approved realignment of the Department of Administration for Human Services. This added 39 positions to the CSB’s key administrative functions in human resources, personnel, finance, and training. There was no change in personnel as these staff members had been “deployed” to the agency and were already familiar with CSB staff and business practices and procedures.

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CSB Leadership and Workforce

In May 2018, after serving as the Acting Executive Director for five months, Daryl Washington was appointed as the Executive Director. Prior to this appointment, Mr. Washington served as the CSB’s Deputy Director of Clinical Operations. Also in May 2018, the CSB Deputy Director for Administrative Operations was appointed the County’s new Director for the Office of Strategy Management. The two Deputy vacancies, as well as other key position vacancies, left a critical gap in the CSB’s leadership team. The Board is aware of the burden this placed on Mr. Washington as he transitioned into the Executive Director role. We appreciate the speed with which he recruited for and filled the two top Deputy positions. It is essential that the newly appointed Deputies are quickly transitioned into their new roles with appropriate leadership training. We have confidence that Mr. Washington will facilitate a smooth transition.

For several years, we have reported on the CSB’s challenges in hiring and retaining qualified personnel. Though our overall vacancy count has been slowly reduced as the CSB implemented recruitment and retention strategies, this challenge remains. The initiatives described earlier in this report represent workload increases which have the potential for impacting overall service delivery if vacancies cannot be filled. CSB’s staffing challenges are complicated by projections that 26% of our workforce will be eligible for retirement by the year 2020. The CSB continues to collaborate with the Department of Human Resources to broaden staff recruitment and retention efforts and to strengthen succession planning for the future. During the past year, the CSB Board’s Ad Hoc Workforce Planning Committee worked closely with staff to further explore challenges and solutions. This remains a focus area for our Board and our Fiscal Oversight Committee as we continue to monitor the agency’s recruitment and retention efforts monthly.

FY 2019 Human Services Issues Paper

Issue:

Board approval of three legislative matters including:

- Proposed edits to the CSB related sections of the Fairfax County Human Services Issue Paper for 2019,
- A Position Statement requesting establishment of a pediatric mental health access program consisting of a central phone number for pediatricians and other primary care physicians use that provides access to behavioral health consultations and coordinated referrals.
- A Position Statement requesting increased DBHDS funding to enhance existing child psychiatry and children's response services that will include mobile stabilization and response services and other crisis services for children and youth in Northern Virginia and throughout the Commonwealth

Motion:

I move that the Board approve all three legislative matters as presented to include the submission of the proposed edits to the FY 2019 Human Services Issues Paper, the Position Statement requesting establishment of a pediatric mental health access program and the Position Statement to increase DBHDS funding to enhance existing child psychiatry and children's response services for children and youth in Northern Virginia and throughout the Commonwealth.

Background:

In preparation for updating the FY 2019 Human Services Issues Paper, the CSB, as well as other human services agencies, review and revise those issues to be considered during the budget process in the upcoming Virginia General Assembly.

Timing:

The request for final submission to the County Legislative Office is August 1, 2017

CSB Board Members and Staff:

Suzette Kern, CSB Chair

Daryl Washington, CSB Executive Director

Elizabeth McCartney, Public Policy/Legislative Analyst

Enclosed Document:

Attachment A – Draft issues for the FY 2019 Human Services Issues Paper

ITEMS TO BE REVIEWED BY CSB

Medicaid Eligibility and Access to Care

Supports **the bill** 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. Opposes actions that shift Medicaid costs to localities, such as Medicaid service funding reductions, changes to eligibility that shrink access, **disproportionate reductions in budget allocations to Community Service Boards**, or other rule changes that erode the social safety net.

Virginia’s Medicaid program provides access to health care services for certain categories of people (low-income children and parents, pregnant women, older adults, and persons with disabilities). Costs are shared between the federal government and the states; 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 48th in Medicaid enrollment as a proportion of the state’s population and 47th in per capita Medicaid spending. **The recently passed bill expands healthcare options for Virginians who did not have any choices. It is anticipated that an additional 300,000 Virginians will qualify for Medicaid as of January, 1 2019. This includes approximately 27,000 individuals in Fairfax County.** The Fairfax-Falls Church CSB analysis indicates that approximately 600 individuals presently served by the agency will be eligible for Medicaid under the new rules.

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Newly eligible individuals **will** 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).

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Unfortunately, Medicaid expansion in Virginia includes a reduction in state general fund dollars to CSBs totaling approximately \$11 million in FY 2019 and \$25 million in FY 2020. CSBs will be expected to “bill back” those state general funds through Medicaid reimbursed service delivery to individuals who are newly eligible for Medicaid under expansion. We are very concerned about the impact this shift will have on the Fairfax-Falls Church CSB

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Although Medicaid expansion introduces a vital resource to underserved individuals, it is essential that the Commonwealth avoid taking actions that effectively shift costs to localities **causing a reduction in the availability of services while simultaneously increasing the demand**. 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 **requires** close cooperation between the Commonwealth and local governments, as localities are frequently the service providers for the Medicaid population. 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

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

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. (*Reaffirms previous position.*)

SEEMS TO ME THAT THE FOCUS FOR 2019 SESSION NEEDS TO BE REGIONAL "ASK" THAT DBHDS USE A DATA-DRIVEN FORMULA FOR PD8 CSB'S IN TAKING GENERA FUNDS DUE TO EXPANSION...ANY REGION WITH MUCH LESSER MEDICAID PERCENTAGE OF POPULATION NEEDS DIFFERENT APRIACH FROM >50% MEDICAID ELIGIBILE

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ITEMS TO BE REVIEWED BY CSB

Children and Families

Not applicable for CSB this year

Jim, Lyn, Wellness/health promotion designee Youth Safety

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

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 traumatic experiences and early aggressive behavior; lack of nurturing by caregivers; and, availability of alcohol and drugs. Conversely, research has identified that strong parenting and positive involvement from caring adults, developed social skills, and involvement in community activities are protective factors to help prevent adverse experiences. Funding is needed to implement evidence-based, effective strategies to strengthen such protective factors and resilience, and to prevent and reduce risk factors that lead to youth violence, gang participation, alcohol/drug use, and mental health problems.

The urgency of this funding need is reflected in results from the Virginia 2017 Youth Survey (which shows results similar to those in Fairfax County’s Youth Survey. These results indicate that 15.7 percent of high school students in the Commonwealth reported being bullied on school property; 6.4 percent were threatened or injured with a weapon on school property; 77.1 percent missed one or more of the past 30 days of school because they felt unsafe; 29.5 percent felt sad or hopeless daily for two or more weeks to a degree that impaired their daily activities; and 15.7 percent seriously considered suicide. Alarmingly, suicide is the third leading cause of death among 10 to 24-year-olds in Virginia. Another disturbing trend seen locally (and statewide) is that fewer youth are getting the recommended amount of physical activity they need. This can impact both physical and mental health. Preserving local flexibility to address these issues through school wellness policies, and funding programs that improve the health and safety of young people throughout the state, while seeking to reduce dangerous and risky behaviors, is essential to all Virginians. (Updates and reaffirms previous position. The 2017 GA directed the Department of Behavioral Health and Developmental Services to report on its activities related to suicide prevention for Virginians of all ages by December 1, 2017.)

Establish a Pediatric Access Program

A Pediatric Mental Health Access Program is a model used by over 20 states across the country in which there is a central phone number that a primary care provider can call and get connected to behavioral health consultations and coordinated referrals. Each state’s model varies, but generally a primary care provider can call one number and a care coordinator or behavioral health specialist answers the call. Diagnostic and/or treatment advice is available for the primary care provider as well as psychiatric consultation and care coordination services for the patient. Through Access programs pediatricians and family physicians receive the support and assistance to effectively

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

serve many children and youth with mental health issues, saving valuable child psychiatrist time for those with the most complex issues. BELIEVE THIS WORKS FOR NON-MCO-PATIENTS;; HOWEVER, NEEDS TWEAKING FOR A HIGH-MCO STATE LIKE VIRGINIA. (New position.)

Increase DBHDS funding for Child Psychiatry and Children's Crisis Response Services

DBHDS currently funds regional programs to provide child psychiatry and children's crisis response services for children with mental health and behavioral disorders. These funds are divided among the health planning regions based on the current availability of the services They are used to hire, or contract, child psychiatrists who can provide direct clinical services, including. These services include crisis response and training or consultation with other children's health care providers in the health planning region. Examples of such would include general practitioners, pediatricians, nurse practitioners, and community service boards staff. Funds are needed to increase, broaden and maintain their expertise in the prevention, diagnosis, and treatment of children with mental health disorders. Funds may also be used to create new or enhance existing community-based crisis response services, such as mobile crisis teams and crisis stabilization services. The goal is to divert children from inpatient psychiatric hospitalization to less restrictive services in or near their own communities. Current funding is inadequate to meet the need for these service in all areas of the Commonwealth. (New position.)

COULD USE SOME DATA IN THIS ONE...VIRGINIA IS UNDERFUNDED THROUGHOUT---DATA WILL HEP DRIVE DECISIONS.

Services for Transitional Youth

Support enhanced residential and mental/behavioral health services for transitional youth who currently "age out" of such services.

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 18, youth may no longer receive all the assistance that was previously provided. 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 support; case management; supervised, supported, or group home settings; educational support; specialized vocational support, preparation, and counseling; preparation for independent living; and, social skills training. 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. 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. (Reaffirms previous position.) AGREE

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Mental Health

Mental Health

Support funding for implementation of STEP-VA (System Transformation, Excellence and Performance in Virginia), the Commonwealth’s behavioral health transformation plan.

Also, support additional state funding to improve the responsiveness and increase the capacity of the mental health system for Virginians of all ages.

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Building on mental health reforms made in recent years, the 2017 GA enacted STEP-VA, an innovative initiative for individuals with behavioral health disorders that features a uniform set of required services, consistent quality measures, and improved oversight. As a result, all CSBs must provide new core services, to include same-day mental health screening services, outpatient primary care screening and synergistic linkages to medical providers beginning July 1, 2019. Nine other core services (including outpatient mental health and substance abuse services, detoxification, psychiatric rehabilitation, and medication assisted treatment for substance abuse disorders, (among others) are mandated to begin on July 1, 2021. The GA must appropriate sufficient funds to enable all CSBs to implement these mandates. Although the 2018 GA provided some funding for same-day access to mental health services for all CSBs, the dollar allocation was far short of what is needed to provide same day access to services. In addition, the Fairfax-Falls Church CSB received the same amount of funding as CSB’s in much smaller jurisdictions. Such funding must be commensurate with the size of the population served. STEP-VA has the potential to enhance community-based services, improve access, increase service quality, build consistency and strengthen accountability throughout our behavioral health system and better meet the diverse needs of children, youth, and adults seeking our services. However successful implementation cannot be achieved by shifting an additional funding burden to localities (Fairfax County already provides nearly 80 percent of the CSB’s funding through local dollars). (Updates and reaffirms previous position in support of adequate funding to implement STEP-VA shared by region. THIS MIGHT NEED TO INCLUDE A DEFENSE AGAINST THE STATE PRE-SUPPOSITION THAT CONSOLIDATIONS IN CSB’S MUT OCCUR (AS PER CMSRL HUGHES MEMO RECENTLY)

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Emergency Responsiveness, State Hospital Bed Crisis, and System Transformation

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

Intensive Community Resources

State funding remains insufficient to provide the intensive community resources that allow individuals hospitalized for mental health emergencies to transition back to community care. In 2016, nearly 25 percent of Northern Virginia’s local state hospital beds were continually occupied by individuals unable to successfully make that transition. due to insufficient services. The cost of serving an individual in the community is a fraction 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 benefit to the individual returning to the community more quickly. The Program for Assertive Community Treatment (PACT) targets individuals who are chronic users of the hospital system. In FY18 the PACT team served 98 individuals and was able to keep 94% of those individuals out of the hospital. Despite the high utilization and success of the PACT team, DBHDS has failed to provide additional funding.

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

• Psychiatric Hospital Bed Crisis

Northern Virginia, along with the entire Commonwealth, is in a crisis mode regarding Temporary Detention Order (TDO) admissions at state facilities as occupancy in these facilities exceeds what is considered safe. Due to Last Resort Legislation, sponsored by Senator Creigh Deeds, state facilities are required to accept TDOs when at least 8 other hospitals have denied services and at the 8-hour mark of an Emergency Custody Order.

Recently, there have been times where DBHDS Northern Virginia Mental Health Institute has been at 100 percent capacity. In comparison, local private hospital partners, according to 2016 Virginia Health Information, are running at an occupancy rate of 77.8 percent (this is the most current data available) yet are declining many TDO admissions. A significant issue driving the hospital bed shortage is availability of a willing hospital bed. A willing hospital bed is defined as a psychiatric hospital that is willing to admit someone based upon the clinical and medical profile provided by the CSB clinician. Almost every day, our CSB sends someone to NVHMI or another state hospital because there is no willing local private psychiatric hospital bed despite vacancies.

The Fairfax-Falls Church CSB continues to provide services focused on quickly moving individuals out of hospitals and avoiding re-hospitalizations. However, for there to be a more significant impact on hospital census reduction, an infusion of state dollars supporting higher levels of community care is needed.

• Hospital System Transformation

DBHDS has proposed a system transformation to help shift dollars from large state institutions to community care. This move is supposed to occur over the next 5 fiscal years. Unfortunately, in year one all community placement dollars went to the southern part of the Commonwealth. This move made it difficult for Fairfax to transition individuals out of state institutions and into the community. Receiving community dollars is critical because in future years the proposal has localities sharing risk in the psychiatric hospitalization costs. DBHDS has not announced a plan on how the risk or switch to community care will be funded.

(Updates and reaffirms previous position.) Increased funding to target super utilizers of inpatient psychiatric hospitalization to provide follow up community based care coordination, engagement in treatment, and intensive case management would substantially reduce readmissions for inpatient psychiatric treatment and recidivism for incarceration.

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Older Adults and People with Disabilities ¶
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Accessibility ¶
Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility to public places, housing, and transportation services. ¶
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 Nearly 75,000 Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living difficulties. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities since the passage of the Americans with Disabilities Act (ADA) more than 25 years ago, continued advancement is needed. Fairfax County supports access for people with disabilities and older adults in public and private facilities; in particular, by increasing accessibility through incentives, voluntary standards for accessible housing and educational outreach to businesses, building officials, medical providers, advocacy groups, and state and local governments. ¶
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 The lack of affordable, accessible, integrated housing is a major barrier facing older adults and people with disabilities. Innovative options include increasing the accessible housing stock in newly constructed multi-family housing (encompassing apartment buildings, condos, and assisted living housing among others); encouraging builders to offer "visitable" or Universally Designed options for new single family homes as an alternative to conventional design; raising the maximum annual allotment of the Livable Homes Tax Credit; and, establishing a comparable grant to help pay for much-needed home modifications. Incentives and initiatives for accessible housing and home modifications should benefit both homeowners and renters. Improved accessibility in public buildings, housing, transportation (including transportation network companies), medical facilities and employment benefits all Virginians, by allowing people with disabilities to remain active, contributing members of their communities, while retaining their independence and proximity to family and friends. (Revises and reaffirms previous position.) ¶
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Brain Injury ¶

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ITEMS TO BE REVIEWED BY CSB

Jean H. Restructuring Services for Individuals with Developmental Disabilities

Support additional state funding to increase Medicaid waiver rates and slots, to provide appropriate community services and ensure the Commonwealth fulfills its responsibility to implement the federal DOJ settlement agreement. Also, support budget language that requires a portion of the proceeds of the sale of the Northern Virginia Training Center (NVTC) property to be used to include development of new community-based services and housing opportunities for persons with developmental disabilities in Northern Virginia. OR POTENTIALLY REQUIRE 80% OF PROCEEDS FROM ANY SUCH SALE TO BE SPENT IN THE TARGET GEOGRAPHICAL AREA.

The Commonwealth's plan, consistent with the negotiated settlement agreement with the US Department of Justice (DOJSA), to close four of the state's five training centers for individuals with intellectual and developmental disabilities by 2020 is well underway. This shift, from an institution-based to a community-based system remains a challenging process that must be carefully and cooperatively planned, and routinely revisited as necessary to ensure advancement towards affected individuals receiving the services they need.

Although there has been some limited expansion of residential supports, and advancement towards customized rates for individuals with highly intensive needs, the Commonwealth has so far failed to:

a) Create sufficient and appropriate housing and employment/day supports in Northern Virginia. Affordable housing and flexible housing options are a persistent need. Further, rates for service remain well below the cost of providing services in Northern Virginia and do not adequately support individuals with intensive needs or allow for the necessary expansion of capacity, particularly in employment and day services.

b) Approve APPROPRIATE LEVEL waiver slots at a pace consistent with priority service needs. With rapid growth continuing to significantly outpace slot allocation, the settlement agreement requires the state to reduce its waiver waiting list. The General Assembly approved 1,695 waiver slots for FY 2019 and FY2020. The waitlist already consists of more than 12,892 individuals statewide (as of June 1, 2018), including 2,258 individuals in Fairfax County with 563 identified as Priority One.

c) Include within its scope of funding the larger population of individuals covered by DOJSA. DOJSA requirements cover individuals who used to reside at NVTC and those with a waiver, as well as those eligible for DD Waiver (i.e. both Waiver recipients and those waiting for a waiver); remaining training center residents, and nursing home and intermediate care facility (ICF) residents.

d) Include within its scope of funding the impact that service system growth and significantly increased waiver service administration demands have on support coordination and community based services. Specifically, DOJSA directed assessments, support, and data collection and reporting requirements have increased for those on the

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

[waiting list and those receiving services for whom identified rates are insufficient to meet their specific, intensive needs.](#)

While the Commonwealth has completed its redesign of Medicaid waivers [it is imperative that a clear, coordinated plan with sufficient funding to address these critical issues be developed.](#) Successfully implementing the DOJ settlement is the Commonwealth’s responsibility and obligation. An essential component of this effort is sufficient and timely state funding for individuals receiving or waiting to receive local, community-based services close to home. [Insufficiencies in funding and a lack of ongoing, coordinated planning are straining the local service system challenged to meet system growth, increasing mandates, and individual needs in real time.](#) (Updates and reaffirms previous position. See also the Medicaid Waivers position on pages 6-7.)

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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 [certain categories of](#) people (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 for Virginia is 50 percent. Because each dollar Virginia puts into the Medicaid program draws down [a matching federal dollar](#), what Medicaid will pay for is a significant factor in state human services spending. However, states set their own income and asset eligibility criteria within federal guidelines.

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Each state also has the discretion to design its own Medicaid service program. 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 an individual must live in an institution, or that a service must be offered to the entire Medicaid population, to receive funding. 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.

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The number and types of waivers are set by the GA. Long, growing waiting lists demonstrate the barriers that exist in the Commonwealth. Current Virginia waivers include: Commonwealth Coordinated Care Plus, Community Living, Family and Individual Supports, Building Independence, and Alzheimer’s Assisted Living. Waivers fund services such as personal assistance to live independently in a home, residential and employment services, environmental modifications, assistive technology, nursing services, and other therapeutic services which support individuals with severe disabilities to live as independently as possible in their community.

Fairfax County supports the following adjustments in Medicaid waivers:

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

- Automatic rate increases, including an increase in the Northern Virginia rate, to reflect actual costs.** While nursing facilities receive annual cost of living adjustments, that providers of Medicaid waiver services do not. A rebalancing of reimbursements is necessary to reduce reliance on institutional care, increase less costly community-based services, and ensure the availability and quality of Medicaid providers. In Northern Virginia, waiver rates should be increased to reflect the higher cost of living and services; the rate formulas for the newly redesigned waivers utilize worker salaries at the 50th percentile of Bureau of Labor Statistics (BLS) average wages for the region, which is unrealistically low for hiring and retaining qualified staff, and should instead utilize BLS rates at the 90th percentile. More competitive Medicaid reimbursements will increase the number of participating providers in Northern Virginia. *(Updates and reaffirms previous position.)*
- Efficient and timely negotiation of per-person waiver rates above the proposed top tier for individuals with intensive behavioral and health needs, and for program models that meet critical needs, when standardized Medicaid waiver rates and services prove insufficient.** The process to negotiate customized rates in Northern Virginia is particularly inadequate for meeting the immediate needs of individuals requiring intensive, specialized support. While there is measure of flexibility of negotiated rates above the proposed top tier afforded through this Customized Rate process, it is cumbersome with prolonged authorization. In addition to the cumbersome process, payments are not retroactive to the time of submission. This challenge is likely to delay future acceptance to services for individuals with the highest support needs. All of this puts a further strain on the community-based service system. *(Updates and reaffirms previous position.)*
- Expansion of Home and Community-Based Services.** The Commonwealth should implement innovative new initiatives to serve older adults and people with disabilities in their own homes and communities by incorporating the Community First Choice (CFC) option into its 2019 Medicaid state plan. Virginia’s existing service delivery infrastructure does not have sufficient funding for community-based services for people who acquire physical or sensory disabilities, like brain or spinal cord injuries, or those who become blind or deaf as adults. Participation in CFC will provide Virginia with increased federal reimbursements for eligible services that serve older adults and people with disabilities in the community, rather than in a nursing facility or institution. *(Updates and reaffirms previous position.)*
- Increase Capacity for Respite Services and Therapeutic Consults and Delivery of Related Therapies.** The new CCC Plus waiver combines the Elderly or Disabled with Consumer Direction waiver and the Assisted Technology waiver, and implements a new managed care model that unfortunately eliminates the option for consumer direction, but is the only option for many Virginians to stay in their own homes and avoid unnecessary placement in a nursing facility (serving those who are 65 years or older, or who have disabilities or brain injuries, including approximately 3,400 children under the age of 18). The Commonwealth should also retain the Long Term Care Medicaid eligibility threshold at 300 percent of SSI; preserve consumer direction; restore reductions to home

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

and community-based Medicaid providers; restore respite care service hours to a maximum of 720 hours a year; and increase [the number of Waiver providers with capacity to meet the intensive medical and behavioral needs of individuals with intellectual disability and those on the autism spectrum. At present, therapeutic consults are a challenge to access and related supports sufficient for recommended therapies are not adequately funded.](#) (Updates and reaffirms previous position.)

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• **Other changes to waivers and services that would:**

- Identify and provide affordable, accessible, and integrated housing resources to adults with disabilities, such as the previously provided Housing Choice Vouchers and State Rental Assistance Program funds set aside for the DOJ settlement population that have been successful in creating affordable housing opportunities for people with developmental disabilities;
- Fully fund reimbursements for nursing and behavioral consultation, training, monitoring, and supports;
- Increase reimbursement rates to enable the hiring of [licensed](#) nurses;
- Provide sufficient state funding to support a sustainable, well-trained workforce and a service support model that integrates nursing care, behavioral mental health supports and other clinically therapeutic services, and eldercare across residential and day settings;
- Provide an appropriate system of support for crisis services for individuals with disabilities that includes adequate community level resources; and,
- Expand capacity of REACH (Regional Education Assessment Crisis Services and Habilitation) in-home crisis supports, as well as access to appropriate intensive residential support options. (Updates and reaffirms previous position.)

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Older Adults and People with Disabilities

Accessibility

Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility to public places, housing, and transportation services.

Over 75,000 working-age Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living disabilities. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities since the passage of the Americans with Disabilities Act (ADA) more than 25 years ago, continued advancement is needed. Fairfax County supports access for people with disabilities and older adults in public and private facilities; in particular, by increasing accessibility through incentives, voluntary standards for accessible housing and educational outreach to businesses, building officials, medical providers, advocacy groups, and state and local governments. [NEED TO INCLUDE TENETS FROM WIN.](#)

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The lack of affordable, accessible, integrated housing is a major barrier facing older adults and people with disabilities. Innovative options include increasing the accessible housing stock in newly constructed multi-family housing (encompassing apartment buildings, condos, and assisted

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

living housing among others); encouraging builders to offer “visitable” or Universally Designed options for new single family homes as an alternative to conventional design; raising the maximum annual allotment of the Livable Homes Tax Credit; and, establishing a comparable grant to help pay for much-needed home modifications. Incentives and initiatives for accessible housing and home modifications should benefit both homeowners and renters. Additionally, transportation network companies have the potential to reduce transportation barriers for individuals with disabilities and older adults, and innovative approaches should be considered for the provision of wheelchair-accessible services. Improved accessibility in public buildings, housing, transportation, medical facilities and employment benefits all Virginians, by allowing people with disabilities to remain active, contributing members of their communities, while retaining their independence and proximity to family and friends. *(Updates and reaffirms previous position.)* NEED TO EXPAND TO INCLUDE LIVABLE COMMUNITIES...ZONING, COMP PLAN, DENSITY CREDITS FOR ENSURING THAT THE COMMUNITY IS MORE LIVABLE FOR ALL AGES AND ABILITIES.

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Brain Injury

Support expansion of psychiatric and behavioral services for individuals with brain injuries.

A brain injury can be a life-altering event, but with appropriate treatment and services individuals can improve their independence and quality of life. Approximately 1,000 people with brain injury resided in Virginia nursing facilities in FY 2013, an increase of nearly 400 percent since FY 2011. Unfortunately, there is a significant, unmet need for specialized assessment/treatment programs, often requiring Virginians with brain injury to go out of state to receive treatment. While there are a small percentage of severe, complicated situations, most people can be more effectively treated through community-integrated programs and services. It is important that the Commonwealth expand the continuum of services to enhance community re-integration and community-based supports (including life skills and supported living and employment coaches, positive behavior supports, specialized mental health therapy, and access to assistive technology). *(Reaffirms previous position.)*

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

Marissa F-M, Laura Y, Daryl W. Mental Health, Public Safety, and the Criminal Justice System

Support sustainable funding, allocated based on localities' needs and population size, for public safety and mental health services that connect non-violent offenders experiencing mental health crises to treatment instead of the criminal justice system.

More than three in ten inmates who remain at the Fairfax County Adult Detention Center (ADC) for more than four days have been identified as needing mental health care. Additionally, inmates with mental health and substance abuse issues remain at the ADC on average 20 days longer than inmates without these issues. It is significantly more expensive to deliver mental health services in a detention facility than to provide the same service in community-based residential or community-based care.

To address these critical issues, in 2016 Fairfax County utilized local revenues to launch "Diversion First." Diversion First offers alternatives to incarceration for people with mental illness, substance use disorders, or developmental disabilities who come into contact with the criminal justice system for low-level offenses. The program has had a significant impact, over 1,000 people have been diverted from potential arrest. Successful expansion of this program will depend on adequate state investments in mental health services (and accompanying court and public safety resources) to:

- Increase the availability of secure 24/7 crisis assessment centers, crisis stabilization units, mobile crisis units, local psychiatric beds for forensic patients, affordable housing options, behavioral health counselors and therapists, peer support, reintegration services for youth and adults at high-risk of rapid re-hospitalization or re-offending, psychiatry, and forensic discharge planning (*See also pages 14-15*);
- Strengthen responses to individuals in mental health crises by funding Crisis Intervention Team (CIT) and additional de-escalation training for law enforcement officers, Fire and Rescue and jail personnel, and Mental Health First Aid Training for social service organizations staff;
- Improve the screening, assessment and treatment of incarcerated individuals' mental health by gathering uniform system level data (including prevalence rates and demand for services);
- Support the development AND ADDITIONAL ROBUSTNESS of specialty courts and dockets;
- Facilitate the exchange of health information of individuals believed to meet the criteria for temporary detention orders among law enforcement, the Court system, Community Services Boards, health care providers, and families and guardians;
- Expedite the process of placing individuals in psychiatric hospitals;
- Reduce justice system involvement by providing evidence-based, culturally competent, and trauma-informed behavioral health services for all ages, including integrated mental health and addiction care, case management, and housing and employment assistance for individuals with mental illness and substance use disorders;
- Increase funding of mental health services and substance abuse treatment for individuals who are incarcerated for offenses that make them unsuitable candidates for a diversion program; and,

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

- Remove barriers to reentry [into the community](#) by providing adequately funded forensic discharge planning services to connect former inmates with mental health and substance abuse treatment in the community **BEFORE THEY EXIT JAIL, PARTICULARLY ENSURING SUFFICIENT MEDS ACCESS.** (Updates and reaffirms previous position. See also the Public Safety/Courts Funding position in the 2018 Legislative Program.)

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Mental Health ¶

Support funding for implementation of STEP-VA (System Transformation, Excellence and Performance in Virginia), the Commonwealth’s behavioral health transformation plan. Also support additional state funding to improve the responsiveness and increase the capacity of the mental health system for Virginians of all ages. ¶

Building on mental health reforms made in recent years, the 2017 GA enacted STEP-VA, an innovative initiative for individuals with behavioral health disorders that features featuring a uniform set of required services, consistent quality measures, and improved oversight. which mandates that CSBs provide new core services. As a result, all CSBs must provide new core services, to include same-day mental health screening services, and outpatient primary care screening and tights synergistic linkages to medical providers , monitoring, and follow-up beginning July 1, 2019. Nine other core services (including outpatient mental health and substance abuse services, detoxification, and psychiatric rehabilitation, and medication assisted treatment for substance abuse disorders, (among others) are mandated to begin on July 1, 2021. The GA must appropriate sufficient funds to enable all CSBs to implement these mandates. Although the 2018 GA provided funding for same-day access to mental health services for all CSBs, the dollar allocation was far short of what is needed to provide same day access to services. In addition, the Fairfax-Falls ¶

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ITEMS TO BE REVIEWED BY CSB

Health, Well Being, and Safety

Peggy/Lyn: Substance Use Disorder

Support increased capacity to address the Commonwealth’s growing epidemic of heroin and opioid use disorder through community-based treatment programs (including detoxification, medication assisted treatment, residential and intensive outpatient treatment), and innovative efforts to limit the supply of opioids. Prevention, outreach education, and health promotion strategies continue to be vital to address the opioid epidemic.

Also, support coordinated strategies to meet the growing need for substance use disorder services that target specific high risk age groups including older adults as well as for transition age adults (18-26). Based on emergency room overdose data, intervention and education efforts may be of benefit to young adults, many of whom may require specialized care.

Peer support, case management and employment have proven to be effective interventions for individuals with opioid use disorder.

Across Virginia, law enforcement and health care professionals report a dramatically increased number of deaths due to heroin and opioid overdoses. The latest statistics from 2016 are startling: I checked and these are the latest data on line

- More than 1,100 Virginians (including over 100 Fairfax County residents) died from an opioid overdose;
- Virginia emergency departments reported more than 10,000 visits for opioid and heroin overdose treatment;
- Approximately 4.6 percent of Fairfax County students in the 8th, 10th, and 12th grades reported taking painkillers without a doctor’s order, and 4.0 percent reported taking other prescription drugs without a doctor’s order, within a month of the survey date in November 2016;
- Opioid overdose continues to be the leading cause of death for individuals under the age of 50; and,
- The statewide rate of drug-caused deaths exceeded the number of deaths due to motor vehicle accidents.

Substance use disorder affects people at all ages and stages of life, including older adults, and the need for substance use disorder services is growing. The work of the state’s Task Force on Prescription Drug and Heroin Abuse and the Heroin and Prescription Drug Abuse Strategy are significant steps toward developing a comprehensive statewide approach to tackling substance use disorder. The 2017 GA approved legislation to help reduce the available supply of opioids by increasing awareness among doctors and patients, strengthening prescription monitoring, and limiting prescriptions to what is medically necessary. However, more is required to confront this

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2018 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

public health emergency. It is essential that the Commonwealth provide additional funding for detoxification, residential treatment, medication assisted treatment, sober housing peer services, and other substance use disorder services that are cost-efficient, accessible, and outcome driven. *(Updates and reaffirms previous position.)*

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Item Title

FY 2019 – FY 2020 Community Services Performance Contract Approval

Recommended Motion

I move that the Board approve the FY 2019-FY 2020 Community Services Performance Contract, pending approval by the Board of Supervisors.

Issue:

The FY 2019-FY 2020 Community Services Performance Contract must be approved, signed and sent to the Department of Behavioral Health and Developmental Services (DBHDS) following the September 25th meeting of the Board of Supervisors.

Background

The Community Services Performance Contract (“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 served with state-controlled funds, and includes requirements to ensure accountability to the state. It includes all services provided or contracted by the CSB and includes projections for budget, staff resources, and service provision.

As required by Va State Code § 37.2-508, CSBs must make the biennial performance contract available for public review and comment for a period of 30 days and must obtain approval by the county’s governing body prior to contract submission. The FY 2019–FY 2020 Community Services Performance Contract was released on June 7, 2018. This was later than anticipated due to the delay in adopting the 2018-2020 state budget. In addition, the Letter of Notification (LON) containing initial allocations of state and federal funds to CSBs was received on June 21, and regional funds were received on July 19. While an initial timeline for public comment and county approval was developed, delays in receiving the contract and funding allocations required significant adjustments.

The CSB posted the [contract](#) on August 3 and the public comment period will remain open until September 2. The CSB had intended to present an Action Item for Board of Supervisors’ approval on July 31, though given the timeline adjustment, the CSB will submit an Action Item for Board of Supervisors’ approval on September 25, 2018.

Administrative Requirements

FY 2019 Community Services Performance Contract documents are located on the DBHDS website: <http://www.dbhds.virginia.gov/behavioral-health/office-of-support-services>

The FY 2019 Performance Contract Cover Memo includes a summary of the substantive revisions to the FY 2019 contract. Changes include revised language to move requirements from Exhibit D to the body of the contract, requirement to attempt to engage individuals who have not received services within 100 days, mandate for electronic exchange into the Waiver Management System (WaMS), revisions to the DBHDS/CSB remediation process, inclusion of

data elements for same day access and other performance measurement, and state hospital admission and discharge requirements. The contract also eliminates some outdated requirements, and adds requirements for enhanced collaboration between DBHDS and the Virginia Association of Community Services Boards (VACSB) Data Management Committee.

Links to Individual Documents:

FY 2019 Performance Contract Cover Memo

<http://www.dbhds.virginia.gov/assets/doc/BH/oss/19-pc-cover-memo-june-8-2018-ver-2.pdf>

FY 2019 Community Services Performance Contract

<http://www.dbhds.virginia.gov/assets/doc/BH/oss/19-pc-contract-june-8-2018.pdf>

FY 2019 Performance Contract: Central Office, State Facility and Community Services Partnership Agreement

<http://www.dbhds.virginia.gov/assets/doc/BH/oss/19-pc-partnership-agreement-june-8-2018.pdf>

FY 2019 CSB Administrative Requirements

<http://www.dbhds.virginia.gov/assets/doc/BH/oss/19-pc-csb-administrative-rqmts-june-8-2018.pdf>

Staff

Lisa Potter, Director, CSB Strategy and Performance Management