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Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
SERVICE DELIVERY OVERSIGHT COMMITTEE MEETING

Evan Jones, Chair

Wednesday, August 13, at 5:00 P.M.

Sharon Bulova Center for Community Health
8221 Willow Oaks Corporate Drive, Level 3, Room 3-314, West
Fairfax, VA 22031

MEETING AGENDA

1.	**Meeting Called to Order**	**Evan Jones**
2.	**Roll Call, Audibility and Preliminary Motions**	**Evan Jones**
3.	**Matters of the Public**	**Evan Jones**
4.	**Amendments to the Meeting Agenda**	**Evan Jones**
5.	**Approval of the Minutes (June 11, 2025)**	**Evan Jones**
6.	**Presentation – Northern Virginia Mental Health Institute**	**Kate Beach** **Chief Clinical Officer**
7.	**Legislative Update**	**Elizabeth McCartney**
8.	**Northern Virginia Regional Office Update**	**Sebastian Tezna**
9.	**CSB Staff Presentation - CSB NGRI Services Overview**	**CSB Hospital Discharge Planning Team**
10.	**Community Partner Reports, Updates, and Concerns**	**Evan Jones**
11.	**Staff Reports—CSB Services updates**	**Barbara Wadley-Young** **Abbey May**
12.	**Adjournment**	**Evan Jones**

Meeting materials are posted online at Community Services Board | Community Services Board (fairfaxcounty.gov) or may be requested by contacting the CSB Board Clerk at 703-324-7000 or CSBBoardClerk@fairfaxcounty.gov.

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SERVICE DELIVERY OVERSIGHT COMMITTEE MEETING MINUTES
June 11, 2025

The Service Delivery Oversight Committee met in regular session at the Sharon Bulova Center located at 8221 Willow Oaks Corporate Drive, Fairfax, Virginia 22031 in room 3-314 West.

1. **Meeting Called to Order**

   Committee Chair Evan Jones called the meeting to order at 5:08 P.M.

2. **Roll Call, Audibility and Preliminary Motions**

   PRESENT: **BOARD MEMBERS:** COMMITTEE CHAIR EVAN JONES; DARIA AKERS; SHEILA COPLAN JONAS; ANNE WHIPPLE; BETTINA LAWTON; KASEY MCNAMARA; BOARD CHAIR DAN SHERRANGE

   Staff in Attendance: Executive Director, Daryl Washington; Division Director of Contracts and Supportive Services, Kevin Lafin; Medical Director, Dr. Debra O'Beirne; Deputy Director of Clinical Operations, Abbey May; Deputy Director of Clinical Operations, Dr. Barbara Wadley-Young; Division Director of Northern Virginia Regional Projects Office, Sebastian Tezna; Senior Strategy Director, Shweta Adyanthaya; Division Director of Adult Behavioral Health Outpatient & Case Management Services, Eileen Bryceland; Chief Financial Officer, Elif Ekingen; Legislative Liaison, Elizabeth McCartney; Division Director, Behavioral Health Nursing, Yussuf Enum; Program Manager, Family Services, Peter Steinberg; Division Director, Recovery Services, Michael Lane; Division Director, Residential Services, Liv O'Neal; Division Director, DD Support Coordination, Sierra Simmons and Board Clerk, Pura Valdez;

3. **Matters of the Public**

   Ms. Trudy Harsh voiced concern about the 5:00 o'clock meeting, requesting consideration to schedule a meeting to make it easier for the general public to participate, including those who get off at 4:30 P.M. She also expressed a desire to have more services like the Stevenson Place Assisted Living Facility to better meet community needs. Ms. Harsh suggests "mental health" is an inadequate term and advocates for reframing it as "brain disease" to align with other medical conditions like kidney or heart disease. Trudy also recalls a time when there was enough funding and land available to build more housing for individuals with serious mental illness. She raises concerns about the lack of progress in expanding these facilities despite prior resources and emphasizes the need for at least two additional homes.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review, and Daria Akers made a motion to move Peter Steinberg's presentation to Agenda #6. Bettina Lawton seconded the motion, and the agenda was amended unanimously.

5. Approval of Minutes

Draft minutes from April 9, 2025, Service Delivery Oversight Committee meeting were presented for review. With no revisions proposed, a motion to approve the minutes was made by Daria Akers and seconded by the Board Chair Daniel Sherrange. The committee approved the minutes, with abstentions noted from Bettina Lawton and Daniel Sherrange.

6. Overview of the New Care Navigation Program

Program Manager Family Services Peter Steinberg talked about the Healthy Minds Fairfax Care Navigation Program. Care Navigation is a centralized access point for youth up to age 24 and their families in Fairfax County who are not yet connected to behavioral health services. It is not case management or crisis navigation (like 988), and it's not peer led. Instead, it's a structured, assessment-based approach to connect individuals to appropriate services. The Care Navigation Program are contracted services through partnerships with HopeLink Behavioral Health and Northern Virgina Family Services. There is a tailored version of the program for Spanish-speaking immigrant families. The program offers in-home or community-based support during flexible hours and includes culturally sensitive psychoeducation and assistance. It can be accessed via email referrals or using online referral forms and walk-ins at White Granite in Oakton. This model emphasizes equity, empowerment, and support of the whole family, especially for those who are disconnected from traditional systems. In addition, there is a new centralized website https://fxcobxhealth.findhelp.com available for youth and their families to access information on available services in the community.

7. Fiscal & Agency Outlook for FY26 and Beyond

Executive Director Daryl Washington shared important updates about the future of behavioral health and developmental services in Fairfax. The State Performance Contract, which outlines service goals and funding plans, is now open for public comment. Community voices are encouraged as the CSB Board and County Supervisors prepare for final approval.
Several priorities and challenges were also highlighted:

- **Opioid and Youth Treatment:** While overdoses are decreasing, fentanyl remains a serious risk. A new treatment center for youth will soon open in Chantilly, serving Fairfax and surrounding areas.
- **Developmental Disability (DD) Services:** Many individuals with disabilities are still waiting for support, even with new waiver allocations. Over 1,000 people in our area remain on a waitlist, raising concerns about long-term access and funding across Virginia.

- **Mental Health Services and Housing:** Shorter hospital stays mean it's more important than ever to provide timely support after discharge. Safe, stable housing, especially for those experiencing homelessness, remains a critical need.
- **Budget and Service Challenges:** Funding reductions have impacted services for both new and returning clients, even as demand for mental health and substance use programs continues to grow.
- **Innovation and Staff Resilience:** Despite challenges, staff are stepping up with creative solutions. Leadership expressed confidence in their ability to adapt and continue delivering quality care.
- **Technology Upgrade:** A new electronic health record system is being implemented and expected to launch next summer. This will improve coordination and service delivery across programs.

8. Legislative Update

Legislative Liaison Elizabeth McCartney mentioned that at a recent meeting, staff shared heartfelt reflections on the passing of **Claudia Hantman Arko**, Fairfax County's longtime Legislative Director. Claudia served for over 20 years, championing behavioral health and human services with deep expertise and passion. **Jennifer Van Ee**, previously Assistant Legislative Director, is now serving in an acting role as preparations begin for the 2026 General Assembly session.

Medical Director Dr. O'Beirne further explained Access to Buprenorphine for Youth. The Virginia Society of Addiction Medicine (VASAM) has filed a petition with the Virginia Board of Medicine to remove regulatory barriers restricting access to buprenorphine—a vital opioid treatment—for youth under 16. The CSB has formally supported this effort. Key proposed changes:

- Remove the under-16 age restriction for prescribing
- Eliminate requirements for dose justification above 24 mg/day
- End mandatory counseling referrals as a condition for receiving medication

Public comment is open through July 2, 2025, available via the Virginia Regulatory Town Hall under the Board of Medicine.

Legislative Liaison Elizabeth McCartney added that as the gubernatorial election nears, Virginia prepares for a new administration that will shape the upcoming biennial budget. With funding priorities shifting, the CSB plans to re-engage legislators in the fall to advocate for community-based services.

Key focus areas include:

- Trends in crisis and hospitalization
- Ongoing support coordination challenges linked to waiver allocations
- Strategic framing of funding needs amid federal and state budget uncertainties

CSB Executive Director Daryl Washington is expected to guide on how best to position these priorities, while the evolving role of the new CSB Board Chair may shape outreach strategies.

9. Northern Virginia Regional Projects Office Update

Division Director of Northern Virginia Regional Projects Office Sebastian Tezna shared several key updates on regional behavioral health progress.

- The Chantilly Crisis Stabilization Unit celebrated its one-year anniversary, while preparations continue for the Woodbridge Crisis Receiving Center, anticipated to open by late 2025 or early 2026 as Virginia's first of its kind for both youth and adults.
- Easter Seals now operates the CR2 REACH mobile crisis program, a 24-hour rapid mobile crisis response and community stabilization services for individuals experiencing behavioral health crises.
- Geo-routing has been activated at the regional crisis call center, with over 80% of calls now answered locally, supported by Department of Behavioral Health and Developmental Services (DBHDS) efforts to curb misuse by private providers.
- A new youth REACH home is planned for Fairfax, while Alexandria will see a $3.8 million investment in permanent supportive housing.
- The Northern Virginia Adolescent Treatment Center is targeting a spring 2026 launch in Chantilly.
- Region-wide workforce development efforts are also accelerating, including a well-received CSB training conference and the upcoming rollout of intensive Dialectical Behavior Therapy (DBT) training led by international experts.
- Finally, the Discharge Assistance Program (DAP) platform will launch July 1, with region 2 ready to ensure smooth financial transitions regardless of technical glitches.

10. Staff Reports – CSB Services Updates

Division Director of Recovery Services Michael Lane shared an exciting update about a new Peer-Led Wellness Day program, also known nationally as a *peer crisis respite* model. This initiative, funded with $2.7 million over three fiscal years, will provide a home-like, non-clinical setting in Vienna for individuals experiencing early signs of mental health crisis—those not yet in acute distress but at risk of escalation. The program will accommodate up to eight individuals at a time, offering short-term stays with access to peer support, group activities, and a calming environment designed to prevent hospitalization or emergency department use. Unlike traditional clinical programs, this model emphasizes peer support—staffed by individuals with lived experience who are trained and certified. Guests must be well enough to manage daily tasks independently, such as cooking and self-care. No clinical diagnosis is required, only basic screening to ensure safety. The program aims to fill a critical service gap by offering early intervention and reducing system strain. If successful, it could demonstrate cost avoidance by preventing more intensive service utilization. The target launch date is January 2026, with hopes for long-term sustainability beyond the initial funding window**.**

11. Community Partner Reports, Updates, and Concerns

Pathways are launching an innovative mobile outreach initiative this fall, aiming to meet individuals experiencing homelessness or instability exactly where they are. The new mobile

broadcast center—a trailer-based unit—will offer essential services such as showers, laundry access, hygiene supplies, and in-person case management. This effort is designed to serve as a gateway to longer-term support like housing and care coordination. While the unit doesn't yet have an official name, it will travel throughout the community, providing a dignified, accessible space for individuals who often have no other options. More details are expected in the coming months as the program gears up for deployment.

The Brain Foundation, a partner organization mentioned during the update, owns nine supportive housing properties in Fairfax County and Fairfax City—six for men and three for women—each with four bedrooms. These homes serve individuals with mental health challenges, who contribute 35% of their income toward rent. While the homes do not offer in-house counseling, residents are expected to be capable of independent living. A key challenge highlighted was the disparity in local tax treatment: the Foundation paid $34,000 in property taxes for its six Fairfax County homes, while its three homes in Fairfax City were exempt from taxation. This financial burden underscores ongoing advocacy needs around equitable support for nonprofit housing providers serving vulnerable populations.

NAMI Northern Virginia was officially named the **2025 NAMI Outstanding Affiliate of the Year** at the virtual NAMI Conference 2025. This award honors affiliates that demonstrate exceptional commitment to mental health advocacy, education, and community support. Under the leadership of Executive Director **Rebecca Kiessling**, the organization has expanded access, strengthened cultural competency, and deepened its impact across one of the most diverse regions in the country. A well-earned celebration for the team—and for volunteers who help make it all possible.

12. Information Item

Next meeting will be held on August 13, 2025, at 5:00 PM.

13. Adjournment

COMMITTEE MEMBER DARIA AKERS MADE A MOTION TO ADJOURN THE MEETING, WHICH WAS SECONDED BY BETTINA LAWTON. THE MOTION WAS UNANIMOUSLY APPROVED AND THE MEETING WAS ADJOURNED AT 7:03 P.M.

Date Approved

Clerk to the Board

NVMHI: An overview and current challenges

Kate Beach, LCSW

Chief Clinical Officer

Northern Virginia Mental Health Institute

The State of Psychiatric Hospitals

Facility	Bed Type	Census
Catawba	Adults and Geriatrics	110
CCCA	Children and Adolescents	24
Central State Hospital	Adults and Maximum Security	277
Eastern State Hospital	Adults and Geriatrics	280
Northern Virginia Mental Health Institute	Adults	134
Piedmont Geriatric Hospital	Geriatrics	123
Southern Virginia Mental Health Institute	Adults	71
Southwestern Virginia Mental Health Institute	Adults and Geriatrics	134
Western State Hospital	Adults	302

Northern Virginia Mental Health Institute operates **134 beds** with **five units** and **nine multidisciplinary treatment teams** dedicated to providing compassionate, recovery-oriented care for adults to support successful transitions back into the community.

- Population Served at NVMHI

Adults 18 – 64 years

Legal Status:
50% Civil and 50% Forensic
(pre-trial + NGRI)

ID/DD: 20
(45% Region II)
179 admitted in FY25

86% of those admitted July 25 had insurance

Region II vs. Outside of Region II
(35% of census)

Not Guilty by Reason of Insanity (NGRI)

"A person accused of a crime can acknowledge that they committed the crime but argue that they are not responsible for it because of a mental illness or a "mental defect."

Infrequently used, raised in about 1% of criminal cases and successful in only 25% of that 1%. Virginia is close to the national average.

- Upon an NGRI finding, acquittees are not subject to penal sanctions
- Placed in the temporary custody of the Commissioner
- Court controls management of an acquittee
- **The average length of stay of NGRI acquittees in DBHDS hospitals is 6.5 years**
- Graduated Release approach

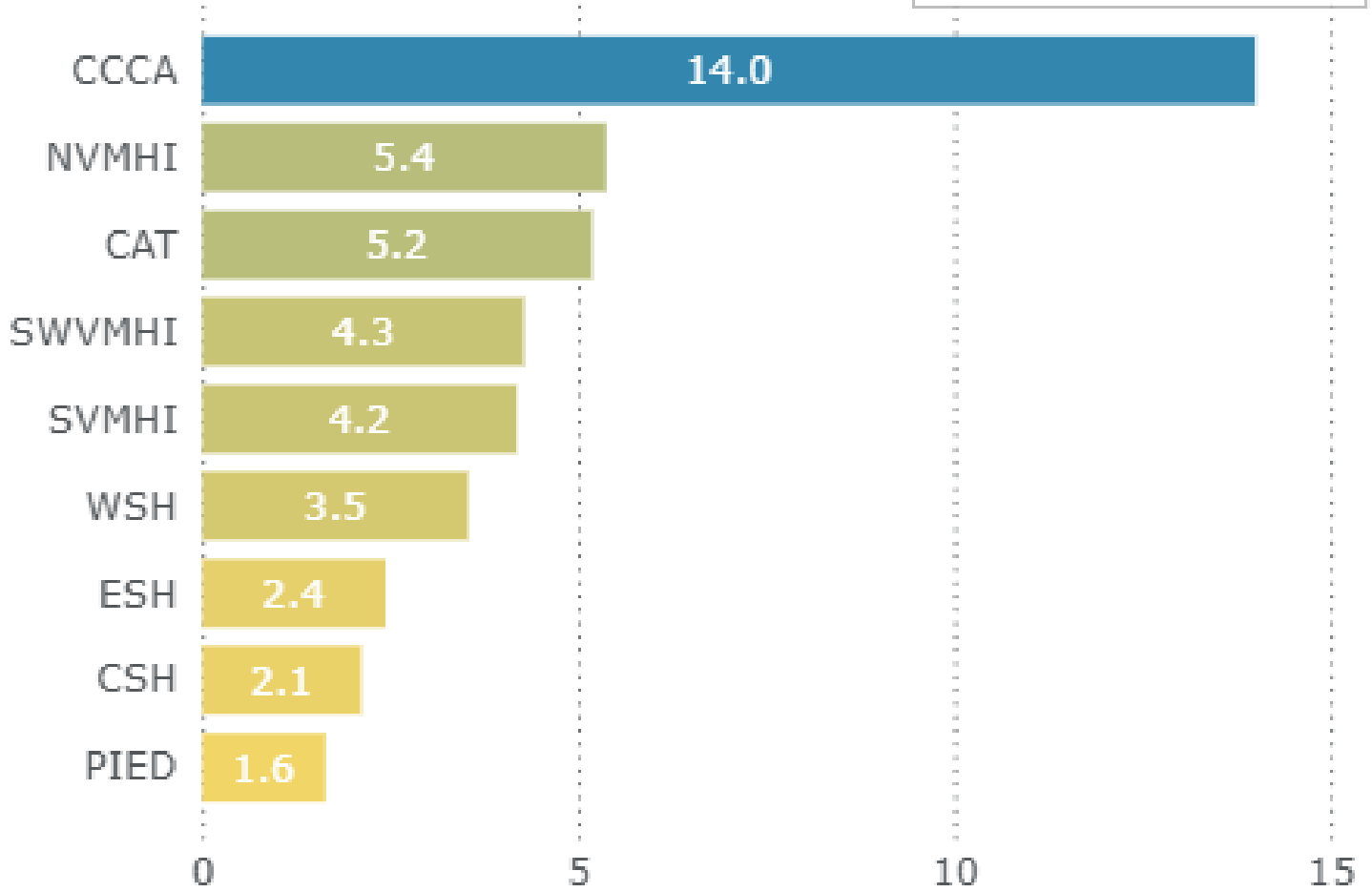
Treatment at NVMHI includes:

- Comprehensive assessments, treatment planning, and medication management
- Integrated support systems and discharge planning
- Creative therapies and evidence-based interventions
- Group psychoeducation and individual sessions
- Legal system evaluations and risk assessments for court guidance

Bed Turnover Rate (BTR)

12 Month Lookback from End of Filter Period

Admit Age: All



Extraordinary Barrier List (EBL)

- **Civil Legal Status** identified as Clinically Ready for Discharge for **31+ days** with a primary need of **Willing Provider**, **Guardianship**, or Individual/Guardian **unwilling to work toward discharge**.

- **Civil Legal Status** identified as Clinically Ready for Discharge for **16+ days** with a primary need of **DD Waiver Process** or another barrier to discharge.

Most Common Barriers

- Willing Provider (70% across the state, 82% for NVMHI)
- Guardianship (17% across the state)

NVMHI:

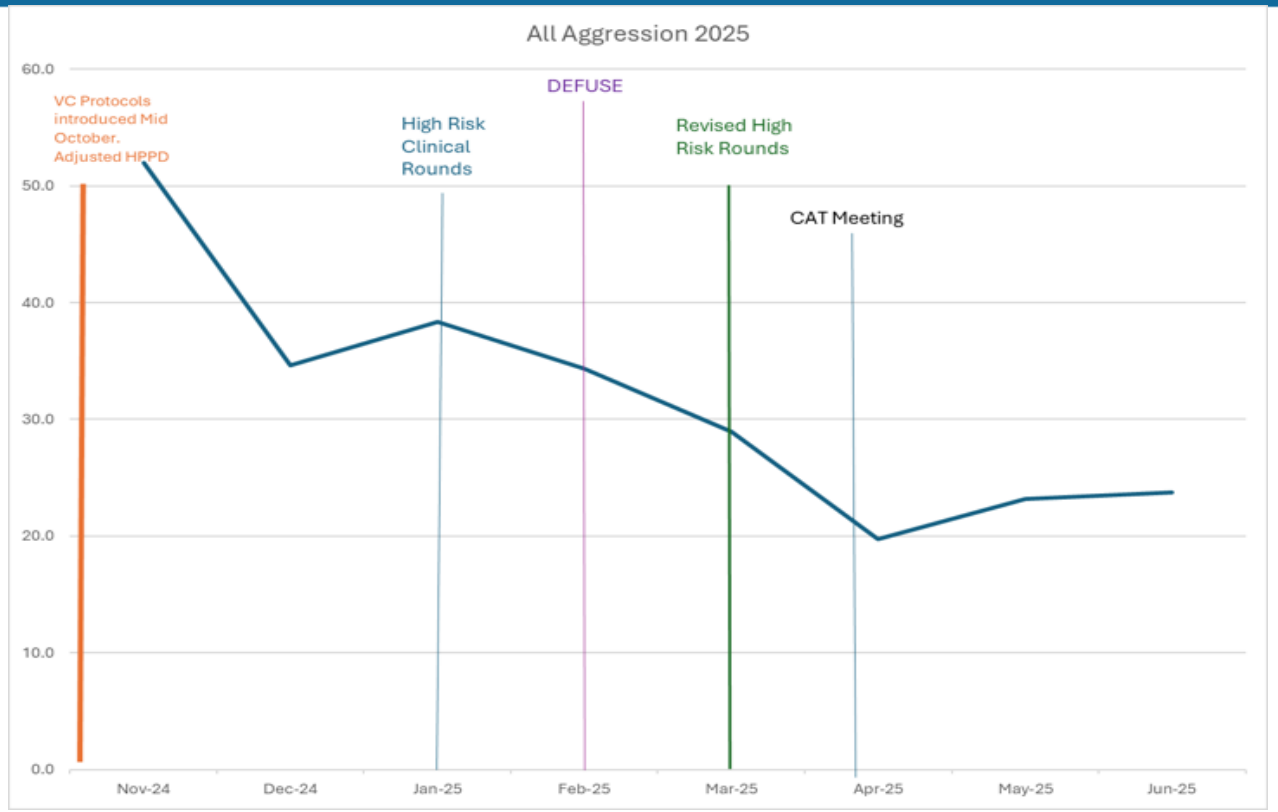
Progress, Priorities, and Positives

Staff and Patient Safety

Comparing FY24 to FY25:

35.54% reduction in physical restraint episodes

20.19% reduction in seclusion episodes



- NVMHI is a **well-respected teaching hospital** with a decades-long history of educating trainees across clinical disciplines. Our Chief Medical Officer has partnered with Inova Fairfax Hospital to begin our own Psychiatry Residency program in 2026.
- NVMHI takes pride in maintaining **continuous hospital accreditation** status by The Joint Commission (TJC) in addition to maintaining deemed status certification through the Centers for Medicare and Medicaid Services (CMS).

NVMHI and the Commonwealth Capacity

- All state hospitals (except SWVMHI and ESH) are at or above full capacity; some exceed 100%
- NVMHI operates 134 beds + 3 overflow beds, all consistently full
- System-wide occupancy is 102%, despite staffing for 85% *(JLARC recommended Code amendments to decline admission past this point – GA did not address)*
- Overcrowding limits access to therapeutic spaces (e.g., calming/seclusion rooms), undermining recovery-oriented, trauma-informed care and compromise patient and staff safety

The **centralized waitlist** has two major impacts across the state:

1. Double-digits of psychiatric patients *waiting in EDs for days or weeks* at any given time. Priority is reviewed in order by the longest waiting TDO.

2. Admissions are diverted to state beds outside of their region, *sometimes up to 6 hours away from their homes, supports, and communities*.

Centralized Waitlist

Calendar Year 2024:

- 2,124 Referrals were added from Region II (827 FFX)
  - 216 Referrals were accepted (59 hours to acceptance, 26 hours removed)
  - 102 accepted within the first 12 hours
  - 1178 removed in the first 24 hours

Referrals Added to the Centralized Waitlist FY25

Region 1 (9 CSBs)	1366
Region 2 (5 CSBs)	1756
Region 3a (1 CSB)	566
Region 3b (3 CSBs)	688
Region 3c (6 CSBs)	777
Region 4 (7 CSBs)	954
Region 5 (9 CSBs)	887

The State of Psychiatric Hospitals

Demand for state hospital beds remains high: ~30 civil and ~35 forensics waiting for a bed daily (usually in EDs or jail)

State hospitals increasingly serve as **default placements for vulnerable individuals inappropriate for state hospitals** (e.g. IDD, dementia, medically complex, total care)

Since the centralized waitlist (July 2021), inappropriate TDO/commitment referrals have increased.

These **inappropriate referrals displace more appropriate patients** with chronic/severe mental illness, disrupting their care, discharge, and bed availability.

Recommendations:

Amend “Bed of Last Resort” 2014 Law

The Bed of Last Resort law is the primary contributor to the state bed crisis and its related impacts. **Efforts to amend this law have failed upon multiple attempts, despite persistent negative impacts supported by over a decade of data and observations**, and no successful precedent in VA or elsewhere.

- No evidence of improved outcomes, nor safety
- State Hospital Beds no longer adequately available for appropriate Severe Mental Illness (SMI) patients
- Bed of “Least Resistance”
- Private Hospitals can accept or refuse admissions at their discretion

Bodies such as JLARC and DLCV, as well as multiple newspapers and media outlets, have commented on the alarming negative consequences of the Bed of Last Resort law, that have persisted or worsened for over a decade, with many recommending significant amendments at minimum.

(just a few examples below, with quotes on next slide):

- https://virginiamercury.com/2023/12/12/jlarc-recommends-changes-to-bed-of-last-resort-law-more-private-psychiatric-admissions/
- https://lawreview.richmond.edu/2024/06/18/hitting-snooze-amidst-virginias-mental-health-crisis-the-shortcomings-of-the-bed-of-last-resort-and-the-need-for-a-continuum-of-crisis-care/
- https://www.whro.org/2023-06-26/more-patients-in-crisis-are-falling-through-cracks-of-virginia-s-psychiatric-commitment-system
- https://www.vpm.org/news/2019-06-18/deaths-in-virginia-state-psychiatric-hospitals-on-the-rise
- https://northernvirginiamag.com/wellness/2022/02/16/the-dangerous-conditions-that-shut-down-state-mental-hospitals-this-summer-still-havent-gone-away/

The State of Psychiatric Hospitals

State psychiatric facilities were not designed for acute, short-term care, yet they have been forced to shift to this level of care due to the influx of Bed of Last Resort law admissions. Subsequently, wait times for beds at these facilities have increased, resulting in more patients being boarded in emergency rooms without the care they need as they wait for a bed to become available. Once a Virginia patient gets a bed placement, they have far shorter lengths of stay than patients at similar out-of-state psychiatric facilities, which further demonstrates that the hospitals are not being utilized as intended.

Many of the cases where people in need of crisis-related behavioral health treatment are slipping out of the safety net can be traced back to the state's 2014 "bed of last resort" law.

The figures reveal that even as the state is struggling to stabilize its beleaguered behavioral health system, long wait times for beds are allowing hundreds of Virginians in need of crisis-related mental health services to fall through the cracks.

according to a report by the Disability Law Center of Virginia in 2019. Deaths within the first 90 days of admission never went above 23 percent prior to the law being passed. That number more than doubled in the year after the law went into effect (from 15.6 percent to 36.2 percent), and it hasn't dipped below 30 percent since, which led the Center to call for an immediate investigation into the cause.

Bed of last resort

Monday's JLARC report indicates much of the overuse of state hospitals is due to the state's 2014 bed of last resort law, which requires state psychiatric hospitals to accept any patient under a temporary detention order if a bed cannot be found at a privately operated facility.

In the context of a legislation refusing to address this law, what else can be done?

- Engage **VACSB** to:
  - Support **more consistent application of *appropriate* TDOs** across all CSBs
  - Collaborate on clarifying expectations and **addressing variations in magistrate decision-making regarding hospital admissions.**
  - **Refer patients to beds *within their home regions*** whenever possible
- Engage **VHHA** to **accept acute/short-term and medically complex patients to appropriate private hospitals**
  - Should have increased transparency re: bed availability etc.
- Better **partnerships and incentives with placement providers** (e.g. group homes) to improve throughput and reduce EBL

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CSB Discharge Planning Team

August 13, 2025

Overview of Discharge Planning Services

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- Civil and Forensic Discharge Planning
- Discharge Assistance Program (DAP)
- Not Guilty by Reason of Insanity (NGRI)
- Discharge Planning Staff
- Community Trends

Hospital Discharge Planning

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- Civil Discharge Planners –
  - Partner with the individual and hospital treatment team to help the individual return to the community with a plan that helps them decrease the chances they will be re-hospitalized.

- Forensic Discharge Planners –
  - For individuals who are incarcerated and transferred to the forensic unit in a state psychiatric hospital or at further risk for criminal justice involvement, the discharge planners partner with individual, hospital treatment team, and jail staff to help the individual return to the community with a plan that helps decrease the changes they will be re-hospitalized.

Discharge Planning Services

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- Services Provided
  - Participation in treatment meetings with hospitals
  - Meeting with individuals
  - Assessing needs and level of care
  - Linking to mental health services inside and outside of the CSB
  - Linking to housing programs, long-term residential services
  - Coordinating with providers, family, guardians, attorney
  - Applying for Discharge Assistance Planning (DAP) funding, if needed
  - Community monitoring after discharge
  - Forensic – Not Guilty by Reason of Insanity (NGRI)

Discharge Assistance Program (DAP)

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- DAP initiated by DBHDS in 1998
- DAP provides funds for individuals at the state hospital whose needs cannot be addressed through the typical array of CSB services and community supports, or if they do not have the funding required to access those services.
- DAP recipients often have long hospital stays and complex conditions or specialized needs that create barriers to discharge.

Source: Discharge Assistance Program Administrative Manual (Effective July 1, 2020)

Not Guilty by Reason of Insanity (NGRI)

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- The NGRI Coordinator oversees the compliance of the CSB and NGRI acquittee with court orders for conditional release and coordinating the provision of reports to the court.
- Services include meeting regularly with acquittees and hospital staff to develop conditional release plans, advising treatment programs working the NGRI acquittees, monitoring those undergoing the graduated release and conditional release process, and providing reports to the court.
- The graduated release process is a structured process that gradually increases freedom for acquittees based on successful completion of more restrictive privileges.

Discharge Planning Staffing

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- Division Director
- Manager
- Discharge Planning Supervisor
  - 4 Senior Clinicians - Civil Discharge Planners and Assessment Clinician
  - 1 BHS II – LIPOS and Civil Discharge Planner
    - Local Inpatient Purchase of Service (LIPOS) – state funding for CSB's to purchase private psychiatric hospital beds for individuals without health insurance and there are not state hospital beds available.
- NGRI Coordinator/Forensic Supervisor
  - 1 Senior Clinician – Forensic Discharge Planner

Community Trends

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- Step down programs to prevent discharging to homelessness
- Partnership with CSB Permanent Supportive Housing (PSH) program
- Pathways ACT Program

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Questions?

www.fairfaxcounty.gov/csb