

Testimony of Suzette Kern
On Behalf of the Fairfax-Falls Church Community Services Board
House Appropriations and Senate Finance Committees
Virginia General Assembly
January 3, 2019

Thank you for the opportunity to come before you today. My name is Suzette Kern, and I am Chair of the Fairfax-Falls Church Community Services Board. We are the largest CSB in Virginia, serving Fairfax County and the cities of Fairfax and Falls Church. In fiscal year 2018, our CSB provided services to nearly 24,000 individuals who have challenges relating to mental health, substance use disorder and developmental disabilities.

I want to start by thanking you for your support and understanding of the critical services we provide to the most vulnerable in our community.

As you know, Fairfax County's population exceeds 1.1 million. Our local officials continue with their strong support and financial commitment to CSB. We believe there must be a better allocation of state funds so the County does not have to make up for severe shortfalls in mandated state programs. Currently, funds for these CSB services are distributed irrespective of population size and service demands.

We greatly appreciate the letter sent by Senators Howell and Saslaw and Delegate Sickles to DBHDS Commissioner Hughes Melton seeking more equitable treatment in funding the Commonwealth's CSBs. We ask your support in the following areas.

First: We ask that the Medicaid expansion-based reductions in state funding to CSBs be restored. We are thrilled to see Medicaid expansion in Virginia but are concerned that the methodology used by DBHDS to estimate CSB Medicaid revenue is flawed. We cannot make up for the general fund reduction of \$1.69 million in FY 2019 and \$4.36 million in FY 2020 through additional billings to newly-eligible Medicaid participants.

Second: Regarding the STEP-VA newly mandated services, we ask for additional funding that is commensurate with the size of the population we serve. Currently, for same-day assessment, we receive the same funding as jurisdictions that are one-tenth the size of Fairfax County. And, for providing primary care screening, \$400,000 is simply not sufficient to cover the over 20,000 individuals served.

Third: We request equitable funding for psychiatric beds. While DBHDS recently provided funding for 196 beds statewide, only four percent of these beds were provided for Northern Virginia. With 30 percent of the Commonwealth's residents in this region, we need greater support for mental health services. We also ask for your support in securing additional Program for Assertive Treatment (PACT) teams, which will help alleviate the state hospital bed crisis through increased intensive community resources.

Thank you for your time.

Testimony of Bettina Lawton
On Behalf of the Fairfax-Falls Church Community Services Board
Fairfax County Delegation
Virginia General Assembly
January 5, 2019

Good morning. I am Bettina Lawton, and I am the Vice Chair of the Fairfax-Falls Church Community Services Board. Thank you for the opportunity to come before you today to share our main priorities. As you know, we are the largest CSB in Virginia, serving Fairfax County and the cities of Fairfax and Falls Church. During the last fiscal year, our CSB provided services to nearly 24,000 individuals who have mental health, substance use and/or developmental disabilities challenges.

As Fairfax County delegates, your support and understanding of our unique service area are critical to our success. Our key message today is that our CSB must receive equitable treatment by the Commonwealth when local funds are allocated. The state's goal of providing more services at the community level will not be achieved by shifting funding burdens to local governments.

First: I want to commend each of you for your bipartisan efforts to expand Medicaid in the Commonwealth. Insurance coverage can now be a reality for more Virginians, including an estimated 600 individuals presently served by our CSB. While we are thrilled to see expanded health coverage, we remain concerned with the flawed methodology used by DBHDS to estimate CSB Medicaid revenue. As a result of this methodology, we face a general fund reduction that we will not be able to "bill back" for through Medicaid reimbursed services. It is critical that the Commonwealth restore funding to CSBs for FY 2019 and FY 2020.

Second: We ask that the General Assembly provide additional, and equitable, funding for CSBs to meet the code-mandated timeline for implementing all STEP-VA services and supports. We fully support the STEP-VA goals, but sufficient state funding is needed. We ask that this funding be commensurate with the size of the population we serve.

Third: To help alleviate the hospital bed crisis, we request equitable funding for psychiatric beds and an increase in funding for intensive community resources. Over the past two fiscal years, DBHDS provided support to create 196 community service beds statewide, but only four percent of these beds were provided for the Northern Virginia. More support is needed in our region, which is home to 30 percent of the Commonwealth's residents. Additionally, equitable state funding for higher levels of community care through evidence-based programs like the Program for Assertive Treatment (PACT) is needed.

We look forward to partnering with you during the 2019 session. Please reach out to any of us with questions. Thank you for your time.

Testimony of Diane Tuininga
On Behalf of the Fairfax-Falls Church Community Services Board
Fairfax County Delegation
Virginia General Assembly
January 5, 2019

I am Diane Tuininga, Fairfax City's representative to the Fairfax-Falls Church Community Services Board.

In Fiscal Year 2018, our CSB provided community-based services and supports to 3,794 people with developmental disabilities. Our support coordination, residential, and employment and day services help people with developmental disabilities live, work and thrive in the community.

The Commonwealth is continuing efforts to fulfill its responsibility to implement the federal settlement agreement by moving to a community-based system of services. This redesigned developmental disabilities system has led to an increase in the number of people seeking CSB services. We have also seen an increase in the level of intensity of these services. To date, Virginia has not provided sufficient funding to make this transition successful.

As you know, there are more than 13,000 Virginians with developmental disabilities who are on a waiting list for Medicaid waivers to help pay for such services. Over 2,307 of the people on the waiting list are from Fairfax County. The allocation of new waiver slots has not made a significant impact on the wait list. While the Commonwealth has released more waivers in recent years, it has not kept up with demand as the wait list continues to rise on a weekly basis.

The increase in demand and responsibility for CSBs in Virginia has also led to resource challenges. While the redesigned Medicaid waivers do provide better community supports to people with developmental disabilities, Medicaid waiver reimbursement rates are insufficient. Current reimbursement rates make it difficult for providers in Northern Virginia where real estate and service delivery costs are high. The rate formulas should reflect the higher cost of living and services in our region.

Lastly, while customized rates provide needed flexibility, it has been implemented in a way that is extremely challenging for individuals and providers. This process should be streamlined to allow providers to better maximize Medicaid dollars and provide adequate services to those with the most intensive behavioral needs.

Thank you for your efforts and continued partnership as we work to ensure a truly viable community-based service system for Virginians with developmental disabilities.

Testimony of Edward Rose
On Behalf of the Fairfax-Falls Church Community Services Board
Fairfax County Delegation
Virginia General Assembly
January 5, 2019

Good morning. I am Edward Rose, and I am the Falls Church representative on the Fairfax-Falls Church Community Services Board. I currently serve as Secretary of the CSB.

Northern Virginia has not been spared from the heroin and opioid crisis affecting the nation. In 2017, 114 deaths occurred in the CSB service area of Fairfax County, Fairfax City and Falls Church City. This is up from 81 in 2016. Opioid overdoses are the number one cause of unnatural death in the area. We also remain concerned with the increasingly powerful and deadly drugs appearing in our region. Fentanyl overdose deaths have risen 1,337 percent since 2009. These numbers do not take into account the hundreds of individuals who have suffered serious adverse health effects or the detrimental emotional and economic impact to them and their families.

In FY 2018, CSB served over 6,200 individuals dealing with substance use disorder. This includes many with opioid addiction. As the crisis deepens, our CSB will continue to see an increase in demand for services.

The CSB is prioritizing local efforts to prevent opioid abuse, including opioid deaths in our community. Our CSB remains at the forefront of this battle by providing community training, detoxification and other substance use disorder treatment options. For example, the CSB is partnering with Fairfax County's Opioid Task Force and continues to invest significant local resources in addressing the crisis.

CSB has been a leader in implementing Project Revive, a training program piloted by the Commonwealth to teach non-medical personnel to administer the life-saving opioid-reversal medication naloxone. To date, the CSB has provided free training to over 1,800 people.

CSB also expanded the use of Medication Assisted Treatment to help individuals remain opioid-free. MAT involves the provision of medications plus nursing services, community case management and in-home supports. At the close of FY 2018, approximately 100 people were receiving MAT services. CSB also provides services and supports to those with substance use disorder through detoxification and residential treatment programs.

More is required to confront this public health emergency. We are grateful for the significant actions taken by the Commonwealth to combat this epidemic, but it is essential additional funding is provided for community-based treatment and prevention programs. We know that access to treatment for individuals recovering from addiction is critical. However, wait times remain a challenge. Substance use disorder is a life-threatening condition, and waiting can reduce the chance for successful intervention. The current wait time for a medical detox bed is about 7 – 10 days. The wait times for our residential treatment programs vary but range from 2 to 8 weeks. Additional state funds will help increase the number of detox beds in our region and expand the use of MAT.

Thank you for this opportunity to share our concerns. We are grateful for your continued support.