



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, September 26, 2018, 5:00 p.m.

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|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|
| 1. | <i>Meeting Called to Order</i> | Suzette Kern | 5:00 p.m. |
| 2. | <i>Recognition</i> | Suzette Kern | |
| 3. | <i>Legislative Presentation</i> | Claudia Arko | |
| 4. | <i>Matters of the Public</i> | Suzette Kern | |
| 5. | <i>Amendments to the Meeting Agenda</i> | Suzette Kern | |
| 6. | <i>Approval of the minutes for the August 22, 2018 CSB Board Meeting</i> | Suzette Kern | |
| 7. | <i>Matters of the Board</i> | | |
| 8. | <i>Committee Reports</i> | | |
| | A. Behavioral Health Oversight Committee | Gary Ambrose | |
| | B. Compliance Committee | Suzette Kern | |
| | C. Developmental Disabilities Committee | Sheila Jonas/Jane Woods | |
| | D. Fiscal Oversight Committee | Basilio 'Sonny' Cachuela, Jr. | |
| | E. Other Reports | | |
| | • Ad Hoc CSB Board Member Retreat Planning Cmte Meeting | Suzette Kern | |
| | • Ad Hoc CSB Board Legislative Committee Meeting | Suzette Kern | |
| 9. | <i>Information Item</i> | | |
| | A. CSB Board Review and Approval of Human Services Issues Paper | Elizabeth McCartney | |
| 10. | <i>Action Items</i> | | |
| | A. Ad Hoc CSB Board Fee Policy Committee Meeting | Gary Ambrose | |
| | B. Approval of FY 2019 Budget in Concept | Mike Goodrich | |
| 11. | <i>Director's Report</i> | | |
| | • <i>Springfield Site Closure Update</i> | Daryl Washington | |
| 12. | <i>Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel on a reimbursement matter, as permitted by Virginia Code Section 2.2-3711(A)(8).</i> | | |
| 13. | <i>Adjournment</i> | | |

Fairfax-Falls Church Community Services Board

August 22, 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; Gary Ambrose; Thomas Burger; Ken Garnes; Bettina Lawton; Edward Rose; Nancy Scott; Diane Tuininga; Adrienne Walters, and Jane Woods

The following CSB members were absent: Daria Akers; Basilio ‘Sonny’ Cachuela Jr.; Rachna Sizemore Heizer; and Sheila Coplan Jonas

The following CSB staff was present: Daryl Washington; Mark Blackwell; Jim Gillespie; Evan Jones; Elizabeth McCartney; Victor Mealy; Lisa Potter; Lyn Tomlinson; Barbara Wadley Young; and Laura Yager

1. Meeting Called to Order

Suzette Kern called the meeting to order at 5:01 p.m.

2. Recognition

Suzette Kern presented a certificate to CSB staff member Laura Yager, retiring from the CSB in September. Ms. Kern read aloud from the certificate that highlighted Ms. Yager’s many contributions and accomplishments during her tenure with Fairfax County and the CSB. Others, including Ms. Kern, Gary Ambrose, Ken Garnes, and Dennis Brown, a previous CSB employee, provided memories, stories, and remarks of gratitude to Ms. Yager.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

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

5. Approval of the Minutes

Draft minutes of the July 25, 2018 meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no suggestions for revision were offered, Gary Ambrose made a motion for approval, which was seconded and passed.

6. Matters of the Board.

Bettina Lawton encouraged attendance at a screening of a film “Into the Light” at the Angelika Film Center in the Mosaic District of Fairfax on Thursday, Sep. 20, 2018.

Gary Ambrose shared the recent announcement that Lisa Potter had been hired as the new Diversion First Manager, effective September 1.

Bettina Lawton offering a reminder that she hosted a local television program, announced that Daryl Washington, Lyn Tomlinson and other staff members would participate in a one-hour interview on her program, Monday, August 27th at 8:00 p.m. The show will be available live-stream and is recorded for viewing via YouTube.

Jane Woods, referring to a flyer emailed to the Board earlier in the month, greatly encouraged participation at the LogistiCare Northern VA/Winchester Region Advisory Board Meeting. Ms. Woods noted the primary topics would be Non-Emergency Medical Transportation and Medicaid Expansion.

Suzette Kern directed attention to another handout in the Board materials that provided background and meeting information for the Consolidated Community Funding Advisory Committee (CCFAC), announcing that CCFAC is seeking a Board member to represent the CSB. Interested members were asked to inform Ms. Kern and Erin Bloom.

7. Committee Reports

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

Gary Ambrose, offered a reminder that there was no meeting in August,

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 noting no meeting was held in August,

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:*

Jane Woods provided an update to the August meeting noting this was the first meeting at which Associate Members were present, indicating that they are enthusiastic participants in the meetings. Ms. Woods further announced that the Committee has initiated Associate Member presentations at each meeting.

The next meeting is Wednesday, October 3 at 5:30 p.m. at the Merrifield Center, Level 1-Room 308A/B, West.

B. *Fiscal Oversight Committee:*

Noting the absence of Captain Basilio ‘Sonny’ Cachuela, Jr., Committee member Ken Garnes provided an overview of the August meeting, highlights included:

- A staff hiring update included Mike Goodrich as Deputy Director of Administrative Operations, Lyn Tomlinson as Deputy Director of Clinical Operations, and Robyn Fontaine as Fiscal Manager
- A financial status report that indicated a healthy fiscal status, noting that projections will be provided in October to allow time to collect, analyze, and present first quarter data.

- A reminder was offered that the Infant & Toddler Connection successfully transitioned to the Department of Family Services (DFS) effective July 1, 2018. It was confirmed that the ITC reserve balance was retained and returned to the CSB fund balance.
- The Human Resource Report noted 133 Vacant General Merit positions. Clarification was offered that the higher than usual increase was partially attributed to positions acquired in FY 2019. Additionally, it was confirmed that the Vacancy Breakeven Point (VBP) of 100 was discontinued, noting that the chart would be revised to reflect this change. Efforts by CSB and DMB (Department of Management and Budget) staff to identify a new VBP are underway. Erin: I thought the statement was that the use was discontinued as the work of the Fiscal Committee in reviewing the fund balances etc. made a single measure (the VBP) unnecessary. Please check with Sonny or Ken.
- A reminder was offered of the Budget 101 CSB Board Training session, scheduled for Wednesday, October 24, 2018, directly prior to the CSB Board meeting. It was confirmed that Joe Mondoro, Fairfax County Chief Financial Officer, will conduct the training.
- Lisa Potter and Laura Haggerty-Lacalle provided new Time to Treatment reports that reflected data extracted from Credible, the CSB Electronic Health Record. Noting that the Credible reports replaced the previous data-collection method of hand-counting, it was clarified that refinement of the Credible data elements is ongoing. Updated reports and data will be provided at the September Fiscal Oversight meeting.

The next meeting is Friday, September 21 at 9:00 a.m. at the Pennino Building, Room 836A

D. Other Matters

Gary Ambrose provided an update to the Ad Hoc Fee Policy Committee meeting noting that the Committee met just prior to the Board meeting. A basic overview of the Fee Policy revision process was provided noting that an internal staff committee and this Ad Hoc Committee both participate in the process. Key topics of the meeting included Medicaid Expansion, the Opioid Crisis, Billing, the Turning Point program, and youth services. The next Ad Hoc CSB Fee Policy meeting is Wednesday, September 12th. It is anticipated that a draft CSB Board Policy will be ready for review and approval to post for public comment at the October CSB Board meeting.

Ken Garnes provided an update to the Ad Hoc Legislative Committee meeting, that occurred directly prior to this meeting. Participants included CSB Board members Jennifer Adeli, Suzette Kern, Edward Rose, and Mr. Garnes. Also in attendance were CSB staff Daryl Washington and Elizabeth McCartney. Ms. McCartney provided the committee with a legislative calendar/timeline noting the next activity is identification of priorities and preparation of talking points for CSB Board Member presentations before the General Assembly in January 2019.

Suzette Kern, offering a reminder that the date of the CSB Board Retreat is September 29, 2018, confirmed that a second Ad Hoc Committee meeting was being scheduled with efforts ongoing to identify a date. The meeting agenda will be to

finalize the retreat agenda and review the handbook to finalize literature and handouts for the retreat. Once decided, the Ad Hoc meeting date will be sent to all members encouraging attendance. Daryl Washington and Kimberly Gladis, facilitator for the Retreat, will also attend.

8. Action Item

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

Suzette Kern provided an overview of the process and activities in development of the Year-End report. Noting some highlights on the cover letter and report, it was explained that some data points will not be available until September, the placeholders were highlighted to simplify identification of the areas that require revision. Daryl Washington is reviewing some of the monetary data included in the Medicaid Expansion section to confirm accuracy. Additionally, Ms. Kern requested consistency in the data included in the Year-End Report, the Fee Policy documents, and the FY 2019 Human Services Issues Paper; staff is reviewing and revising where needed. Following this review, Bettina Lawton made a motion to approve sending the report to the Board of Supervisors (BoS) and the Mayors of the Cities of Fairfax and Falls Church once the data is revised as noted, which was seconded and approved.

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

Daryl Washington, noting some atypical challenges in completing the Human Services Issues Paper provided a timeline of events that contributed to the delay in completion. Ms. Kern, guiding a review of the submitted Paper requested Board comment. Following this review and acknowledging the substantive recommended edits not previously seen by the Board and other yet to be made, it was decided to table this action item until the September CSB Board Meeting. Staff was asked to provide a revised draft, incorporating comments and edits discussed at the meeting, for review at the September Executive Committee. The full board will also be provided a copy of the revised draft for review at the September Board meeting.

C. *FY 2019 – FY 2020 Community Services Performance Contract*

Lisa Potter offered a reminder of previous briefings related to the FY 2019 – FY 2020 Community Services Performance Contract offering a further reminder that the Contract is scheduled to be presented for approval to the BoS at the September 25, 2018 meeting. A further reminder was offered that the Contract will be available online while posted for public comment through September 2, 2018, noting that no comments have been received to date. Bettina Lawton made a motion to approve the FY 2019 – FY 2020 Community Services Performance Contract pending approval by the BoS, which was seconded and approved.

11. Director's Report

Daryl Washington and Lyn Tomlinson provided updates to agency activities, some highlights of which include:

- Literature included in the board materials include:
 - A flyer announcing the launch of a partnership between Healthy Minds Fairfax and the Give an Hour volunteer program that encourages mental health

care volunteer involvement in partnered agencies. The flyer includes information on the screening of the film *Into the Light* that was announced by Bettina Lawton earlier in the meeting.

- Also included was a just-released card/placard that provides directions, contact information, and information on emergency services offered at the Merrifield Crisis Response Center (MCRC). A wide distribution is planned.
 - A new graphic representing the CSB Mission, Vision, and Values, that is being posted at all CSB locations.
 - A timeline of activities and expectations for the WIN (Welcoming Inclusion Network) meetings and workgroups leading up to the CSB presentation before the Health, Housing, & Human Services Committee, a committee of the whole (BoS) in December 2018. Daryl Washington noted that the developed tiers/options for Employment & Day Services future funding is due in October to allow adequate time for refinement prior to the December presentation, confirming that the Board will receive monthly updates. Board members strongly asserted that the recommendations coming forward from the WIN stakeholders group must be presented to the Board of Supervisors as the stakeholders group recommendations and not that of the CSB staff, noting Supervisor Cook's insistence on this point. The staff's role in the presentation would be as subject matter experts. Board members also strongly asserted that the presentation to the BoS should not be led by the CSB Executive Director as the recommendations are not those of the CSB or approved by the CSB Board.
- Updates to personnel activities include:
 - Barbara Wadley-Young, Assistant Deputy Director Community Living Treatment & Supports;
 - Lisa Potter, Diversion First Manager;
 - Lyn Tomlinson, Deputy Director Clinical Operations;
 - Mike Goodrich, Deputy Director Administrative Operations;
 - Elizabeth McCartney, Public Policy/Legislative Analyst; and
 - May Emerick, Revenue Cycle Manger.
 - Vacant positions in the recruitment or interview period are
 - Chief Finance Officer with interviews scheduled for the second week in September;
 - Assistant Deputy Director Acute & Therapeutic Treatment Services, recently vacated by Lyn Tomlinson; and
 - Director Assisted Community Residential Services, recently vacated by Barbara Wadley-Young.
 - It was announced that the September meetings for Diversion First meeting and WIN are in conflict. Efforts are ongoing to revise locations to accommodate some attendance at both meetings if needed. Updates will be provided as they become available.
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- Providing an update to the FY 2020 Budget priorities, Mr. Washington noted the following key topics:
 - WIN,
 - The projected increase in Medicaid Waivers that will require increased numbers of Support Coordinators,
 - Refinement of the Opioid Crisis treatment budget request,
 - Strengthen the Compliance program,
 - The impact of Medicaid Expansion,
 - The Diversion First plan, already released, is likely to need further refinement as the FY 2020 budget is projected to reflect a decrease in funding across the board.
- Lyn Tomlinson reported on recent and ongoing MTM activities offering a reminder that MTM is the business and clinical efficiencies process designed to ease and simplify activities for individuals and staff. Highlights include:
 - A new Credible assessment form has been developed that simplifies and improves the assessment process. Training on the new form is scheduled to begin in September.
 - Collaborative Documentation is the process of clinician and client finishing a session with collaboration on the notes.
 - Centralized Scheduling is the process of assigning trained staff to schedule clinical appointments to relieve the clinicians of this time-consuming activity.
 - Improving management of ‘No-Show’ individuals includes Engagement Specialists reaching out and encouraging individuals to attend their scheduled sessions. It was noted that cases will be closed after an extended lack of response from the individual. It was confirmed that the individual may seek to re-open their case, noting that this will reinitiate the assessment process.

Ms. Tomlinson reported that a wider release of these activities is planned for Fall 2018.

- Ms. Tomlinson, providing an update to the Springfield Mental Health Center closure, confirmed ongoing monthly meetings with CSB staff, individuals receiving services and their families. The last meeting included a farewell celebration during which memories and stories were shared by staff and clients. Youth services staff successfully moved out on the morning Friday, August 17th and settled into their new space that afternoon. Additional move details included:
 - BHOP (Behavioral Health Outpatient Program) staff and services are scheduled for relocation in September.
 - CRSP (Community Readiness Support Program) staff and services will be relocated to Merrifield in late September/early October.
- Attendance was encouraged at the Recovery Resource Open House scheduled for Wednesday, September 26th, from 3:00 pm. – 6:00 p.m. directly prior to the Board meeting.

There being no further business to come before the Board, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 7:18 p.m.

Actions Taken--

- ◆ The July 25, CSB Board Meeting minutes were approved
- ◆ The Board approved to submit the FY 2018 CSB Fiscal Oversight Committee End of Year Report following revision as discussed.
- ◆ Action on the CSB Board Review 2019 Human Services Issues Paper was tabled until the September CSB Board meeting.
- ◆ The Board approved to submit the FY 2019 – FY 2020 Community Services Performance Contract to the Board of Supervisors at the September 25, Board meeting.

Date

Staff to Board

Behavioral Health Oversight Committee Meeting Notes

Date: May 9, 2018

Location: Merrifield Center, First Floor, Room 1-308 A/B, West

Board and Associate Members: Chair, Gary Ambrose; CSB Board Member Captain Basilio ‘Sonny’ Cachuela Jr.; CSB Board Member Suzette Kern; CSB Board Member Diane Tuininga; Terry Atkinson, Gartlan Advisory Board; Peter Clark, Northern Virginia Mental Health Foundation; Lauren Goldschmidt, ServiceSource, Inc.; Wendy Gradison, PRS, Inc.; Heather Peck, Executive Director, and Gauri Malaviya, Laurie Mitchell Empowerment and Career Center; and, Bill Taylor, Concerned Fairfax.

Staff: Lyn Tomlinson, Assistant Deputy Dir., Acute & Therapeutic Treatment Services; Daryl Washington, Acting Executive Director; Lucy Caldwell, CSB Communications Director; Mark Blackwell, Director Office of Consumer and Family Affairs; Evan Jones, Director, Employment and Day Services; Marissa Farina-Morse, Director Diversion and Jail-Based Services; Jean Post, Northern Virginia Regional Projects Office; Laura Yager, Director, Systems Transformation Office of the County Executive. Also present were other private sector staff as well as members of the public

Guest Presenters: Lt. Col. Mark Sites, Fairfax County Sheriff’s Office

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	Meeting was called to order at 5:00 p.m.	Gary Ambrose	
Opening Remarks Announcements	Gary Ambrose welcomed Committee and Associate Members as well as staff and members of the public, who then introduced themselves including staff position or agency affiliation.		
Meeting Notes	The March 14, 2018 meeting notes were presented for review, as there were no recommendations for revision, Suzette Kern made a motion for acceptance, which was seconded and unanimously passed. The April 11, 2018 meeting notes were presented for review, as there were no recommendations for revision, Suzette Kern made a motion for acceptance, which was seconded and unanimously passed.	Committee Members	
Associate Member Presentations and Concerns	<ul style="list-style-type: none"> • Peter Clark announced a recent celebration for the 25th anniversary of the foundation, noting that the Foundation has received a record number of grant requests to date. • Bill Taylor offered a reminder of the NAMI Northern Virginia Mental Health Awareness Week Event at the Pohick Regional Library on May 10 and 6:30 p.m. Attendance was encouraged. • Wendy Gradison shared that as of May 7th, the final PRS move was completed, locating CrisisLink in the same building as the administrative offices, noting the transition was seamless, with no loss of calls. Additionally, Ms. Gradison reported that on May 4th, PRS CrisisLink’s CareRing program, an 	Associate Members	

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<p>outbound calling program for isolated, vulnerable adults, was awarded the Adult Volunteer Group award by volunteer Fairfax.</p> <ul style="list-style-type: none"> • Lauren Goldschmidt offered a reminder that April was Autism Awareness month, noting ServiceSource had a celebration that included an auction of art created by individuals with autism. Ms. Goldman also noted that the CCFP (Community Consolidated Funding Pool) funding had been renewed and increased to allow for the hiring of two Employment Development Specialists and adding Education Support for individuals moving on to secondary schooling. • Gauri Malaviya and Heather Peck, noting recent efforts to expand employment supports statewide, encouraged attendance at an event scheduled for June 1st. Directing attention to the flyer provided, titled <i>Expanding Employment Support: A Healing Power Tool</i>, attendees were encouraged to further distribute the information. • Bill Taylor asked about implementation of the recent legislation offered by two high school students, and signed by Governor Northam, requiring mental health education be included in physical education classes at the high school level. Daryl Washington responded that the CSB and Fairfax County Public Schools (FCPS) are analyzing new legislation to identify implementation processes. 		
Matters of the Public	None were presented		
Chesterfield County Opioid Program	<p>Lyn Tomlinson, Daryl Washington, Mark Blackwell, Laura Yager, Marissa Farina-Morse and Lt. Col Mark Sites attended a recent tour of the Chesterfield County jail to learn more about an innovative, primarily peer-run program titled HARP (Heroin Addiction Recovery Program). Chesterfield County Sheriff Karl S. Leonard established HARP in response to the increasing number of heroin and opioid related deaths in Chesterfield County. Highlights of the multiple contributions included:</p> <ul style="list-style-type: none"> • Key factors credited to the success of the program include the commitment and dedication of Sheriff Leonard and his deputies, the substantial involvement of peers, the careful and thorough development of post discharge resources and contacts including employment, and if available, sober housing. • It was further emphasized that innovative structure and creative strategies are a key factor in the success of the program. Some highlights included the continued engagement of program alumni whose participation may include returning to the jail to check up on inmates, assistance with discharged inmates including providing transportation to meetings, and assistance with housing, community resources, etc. It was also noted that inmates who have successfully completed the 	Lt. Col Mark Sites, Lyn Tomlinson, Marissa Farina-Morse, Laura Yager, Mark Blackwell, and Daryl Washington	

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<p>program and discharged into the community, may have need of a bed. In this situation, the individual may be allowed to return to the jail for an overnight stay.</p> <ul style="list-style-type: none"> • Insight into the significant contributions of peer involvement included assistance with designing the program, helping new inmates going through the detoxification process, involvement in the interview process, and in the program, peers hold inmates accountable, this may include banishment for inmates not participating or having a negative impact on the program. It was noted that the DBHDS (Department of Behavioral Health and Developmental Services) approved Peer Support Specialist training is being offered in the jail to peer inmates. Noting that the DBHDS approve training requires an internship, peer inmates are fitted with an ankle monitoring device and paired with community facilities to meet this requirement. • Additionally, there is considerable involvement with community providers, family members, past graduates, and local CSB staff providing specialized services including trauma counseling. • Noting a commitment to develop a peer-based recovery program in the jail, some considerations include broadening the program to include other Substance Abuse disorders and adding MAT (Medication Assisted Treatment) to the treatment protocol. <p>A robust and engaged discussion ensued.</p>		
Staff Reports	<p>Lyn Tomlinson highlighted recent activities including the following:</p> <ul style="list-style-type: none"> • The FY 2019 budget was approved including funding to hire additional staff to fully staff a third Mobile Crisis Unit (MCU), strengthen release planning at the ADC (Adult Detention Center), increased staff for Support Coordination, expand Medication Assisted Treatment (MAT) services, implement rapid response to school-based substance abuse counselors referring to the CSB, and provide a care response to Emergency Department as individuals overdose. • The recruitment ad for Jean Hartman closed May 11, 2018. • The new Commissioner at DBHDS is Dr. Milton Hughes, former Chief Deputy of the VA Department of Health. • It is anticipated the CSB will receive approximately \$270K for use in STEP-VA and Same Day Access, also noting that Collaborative Documentation and Centralized Scheduling will be implemented this month. • An update to the NatCon Conference included the announcement that Mental Health First Aid (MHFA) will include a segment on administration of Naloxone. Two pharmaceutical companies have 		

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<p>pledged to donate Naloxone to NatCon members, of which the CSB is one, for distribution to the individuals served.</p> <ul style="list-style-type: none"> • Launching May 17, 2018 at the Merrifield Center is a Peer Support Drop In Program for youth, • CSB and other staff recently attended a training on drug courts. Offering a reminder of the recent approval of the CSB Drug Court application, anticipated to launch in the Fall. • Congratulations were offered to Nurses, noting May is Nurses Appreciation Month. CSB nurses were celebrated with an awards luncheon that also included an opioids training. • A new “We Are CSB” video was recently released; a link is available through CSB News. • Announced at the Diversion First Stakeholders meeting on Monday, May 14th, the county-wide Diversion First initiative was nominated for the Northern Virginia Chamber of Commerce Public Sector Award. Award winners will be announced June 13th. • Other updates to Diversion First include a focus on frequent utilizers of Emergency Services, and consideration of a co-responder model that would embed a behavioral health professional with first responders. Mr. Ambrose offered copies of the slide presentation provided at the recent meeting. • Offering a reminder that nominations for Associate Members are submitted in June, it was suggested that including youth services agencies would broaden the scope of agencies and services represented, asking for recommendations from the attendees. • Mr. Ambrose offered a reminder of the request for Associate members to provide information • Referencing the May 2018 VACSB (Virginia Association of Community Services Boards) Conference, Mr. Washington provided some highlights including: <ul style="list-style-type: none"> ○ A main topic of discussion was the impact of CCC+ (Commonwealth Coordinated Care Plus) on VA CSB’s and partner vendors. Offering a reminder that there are six Managed Care Organizations (MCO’s) providing services, it was noted that there are no rules providing for uniform documentation leading to a statewide issue that DBHDS and DMAS (Department of Medical Assistance Services) need to address as soon as possible. ○ The new DBHDS Commissioner was in attendance and reiterated his support for STEP-VA, the financial realignment, discussed some months earlier, the DOJ (Department of Justice) Settlement, and opioid treatment. ○ Following a recent statement that VA was awarded \$9.5M in Federal funding was a request from DBHDS for a proposal. The proposal will include an emphasis on peer services in the jail and with opioid treatment in Emergency Departments. 		

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<ul style="list-style-type: none"> • Jean Post provided an update to recent regional successes to include notification of an additional \$12K for LIPOS (Local Inpatient Purchase of Services) and additional Federal funding for diversion of admissions from State Hospitals. Additionally, a reminder was offered that two therapeutic homes, located in Culpeper, are anticipated to be operational in third quarter FY 2019. The homes provide six treatment beds each and are designated as a therapeutic home for youth and a transitional home for adults. • Gary Ambrose distributed copies of the slide presentation offered at the Diversion First Stakeholders meeting the previous Monday. <p>The next BHOC meeting is Wednesday, June 13, 2018.</p>		
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 6:14 p.m.	Gary Ambrose, Chair	

September 12, 2018

Date Approved

Prepared by Erin Bloom

Behavioral Health Oversight Committee Meeting Notes

Date: June 13, 2018

Location: Merrifield Center, First Floor, Room 1-308 A/B, West

Board and Associate Members: Chair, Gary Ambrose; CSB Board Member Suzette Kern; CSB Board Member Diane Tuininga; Ginny Atwood Lovett, The Chris Atwood Foundation; Deanne Mullins, Community Residences, Inc.; Bill Taylor Co-chair, Concerned Fairfax; Lee Higginbotham, Dominion Hospital; Terry Atkinson, Gartlan Advisory Board; Tammala Watkins and Lori Crail, Inova; Rachel King, Intensive Community Outreach Services, LLC; Dr. Mala Tandon and Gladys Santiago, Multicultural Clinical Center; Jeanne Brown, National Counseling Group; Wendy Gradison, PRS, Inc.; Lauren Goldschmidt and Emily Watson, ServiceSource, Inc.

Staff: Lyn Tomlinson, Assistant Deputy Dir., Acute & Therapeutic Treatment Services; Daryl Washington, Executive Director; Lucy Caldwell, CSB Communications Director; Mark Blackwell, Director Office of Consumer and Family Affairs; Evan Jones, Director, Employment and Day Services; Also present were other private sector staff as well as members of the public.

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	Meeting was called to order at 5:00 p.m.	Gary Ambrose	
Opening Remarks Announcements	<p>Gary Ambrose welcomed Committee and Associate Members as well as staff and members of the public, who then introduced themselves including staff position or agency affiliation.</p> <p>Mr. Ambrose offered a brief overview of the BHOC meetings, highlighting that the primary purpose is to inform, engage, and advocate, further noting the increased role of Associate Members.</p> <p>An update to a recent Diversion First Stakeholders meeting was provided. Highlights included a report that 908 individuals arrested for low-level offenses had been diverted to treatment through March 2018. Additionally, Mr. Ambrose reported that the Diversion First Stakeholder Group had been nominated for a 2018 Outstanding Corporate Citizenship Award for Public Sector of the Year by the Northern Virginia Chamber of Commerce (Northern Virginia Chamber), coming in third.</p>		
Meeting Notes	As there was no quorum, endorsement of the May Behavioral Health Oversight Committee meeting notes was tabled until the July meeting.	Committee Members	
Associate Member Presentations and Concerns	<ul style="list-style-type: none"> Ginny Atwood, requested information related to Diversion First and inclusion of individuals with Substance Use Disorders (SUD). Noting that specific numbers of individuals with SUD will be obtained and provided, it was further noted that individuals with co-occurring disorders are already included in the Detox Diversion program that has been operating for some time. Some referral sources include Emergency Services, law enforcement, and self- referrals. 	Associate Members	

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<ul style="list-style-type: none"> • Tammala Watkins reported the opening of a new unit at Fairfax Hospital, anticipated to open as planned on July 9, 2018. Tours of the new unit are being planned, more information will be provided as it becomes available. Additionally, it was reported that Inova and the CSB are seeking ways to partner to address the opioid crisis. • Wendy Gradison provided an update to a recent CARF (Commission on Accreditation of Rehabilitation Facilities) re-accreditation survey for several PRS programs including the Recovery Academy Day, Community Support Skill Building, Employment, and Housing programs, noting it went very well. It was further reported that Marla Zometsky, Turning Point Manager and Tom Schuplin, PRS partner to Turning Point were invited by SAMHSA (Substance Abuse and Mental Health Services Administration, NASMHPD (National Association of State Mental Health Program Directors) and NAMI (National Alliance on Mental Illness) to participate in a Webinar on June 26th addressing early engagement with youth. A link will be forwarded once it is available. • Rachel King announced that Intensive Community Outreach Services, LLC is new to Northern Virginia, noting the services provided include Intensive In-Home Services for children and Mental Health Skill Building Services for adults. • Deanne Mullins shared that Community Residences, Inc. offers mental health crisis stabilization services and is licensed to provide detoxification services as well. • Lee Higginbotham offered updates to recent activities at Dominion Hospital, noting some current renovations include a new roof, replacement of the emergency power supply system, and expansion renovations to the eating disorder unit are underway. Additionally, they had a recent visit by the Joint Commission in which they received certification as a disease facility. It was further noted that an additional location was opened in Chantilly in January 2018. • Lauren Goldschmidt reported that DARS (Department of Aging and Rehabilitative Services) has initiated pre-employment transition service for youth with disabilities. Some services offered include self-advocacy, work-based learning activities, work-based skills, and higher education. • Emily Watson provided information on a pilot partnership program between the CSB and Fairfax County Public School (FCPS) to provide services providing supported employment and benefits counseling resources post-graduation. • Bill Taylor reported that Concerned Fairfax has developed four key areas for advocacy including housing, criminal justice, outreach, and children & family. Noting that the least successful efforts had been in the area of children and family, Mr. Taylor noted that housing has recently become a very challenging area. 		

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<ul style="list-style-type: none"> • Terry Atkinson provided highlights of a recent presentation on children and youth concerns. Participating in the presentation was Jim Gillespie, law enforcement, and a psychologist who is also a member of the Gartlan Advisory Board. Noting the information provided was very helpful, Mr. Atkinson suggested that the committee may want to broaden community outreach for associate members in diverse areas. <p>Gary Ambrose encouraged members to contact him directly or Clerk Erin Bloom to suggest further topics of discussion.</p>		
Matters of the Public	None were presented		
Election of Committee Chair	Gary Ambrose agreed to retain this position of Committee Chair for a second year, which was unanimously endorsed by the members present.		
Associate Member Nominations	Gary Ambrose, noting a list of proposed Associate Members was included in the meeting materials, provided a brief overview of the nomination and approval process. An updated list of nominees will be provided to the committee, prior to the approval at the July CSB Board meeting, as some names were added at this meeting. Members were encouraged to contact the clerk or a committee member for further recommendations.		
The Chris Atwood Foundation	<p>Ginny Atwood provided a brief history noting the Foundation was created following the death of her brother from a heroin overdose in 2013. A primary focus of the Foundation is to broaden the access to and use of Naloxone (Narcan), a drug that reverses the effects of an opiate overdose. Efforts include legislative advocacy that resulted in the passage of a law in 2017 allowing the distribution of Naloxone by overdose reversal instructors. Additional legislative efforts resulted in permission to distribute a less expensive version of Naloxone. More recently, the Foundation was awarded a grant from the Fairfax County Consolidated Community Funding Pool (CCFP) providing funds to increase community training opportunities.</p> <p>Another focus of the Foundation is actively supporting recovery. This includes a partnership with the CSB to provide Recovery Housing scholarships that places individuals directly from treatment into recovery housing. Additional efforts include addiction disease and general stigma reduction education, sponsoring several collegiate recovery efforts, and an annual Mid-Atlantic Conference, as well as vendor booths and social media advocacy. Brochures and wallet help cards will be made available upon request.</p> <p>Following up on the previously mentioned stigma reduction, Ms. Atwood provided an overview on the use of language related to Substance Use Disorders noting that some words, terms, and phrases are subtly punitive. Observing that person-first language is preferred, some of the negative terms highlighted include</p>	Ginny Atwood	

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<p>substance ‘abuse’, referring to a drug test as ‘clean’ or ‘dirty’, addict, drug ‘habit’, relapse, and Medication Assisted ‘Treatment’. Some suggested replacement terms were Medication Assisted ‘Recovery’, Pharmacotherapy, the phrase ‘an individual with...’, substance-free, abstinent, recurrence of use, etc. Ms. Atwood further observed that the DSM-V, the Office of National Drug Control Policy, major advocacy and non-profit organizations surrounding substance use disorder, as well as individuals in long-term recovery support the use of positive words, terms, and phrases.</p>		
Staff Reports	<p>Lyn Tomlinson highlighted recent activities including the following:</p> <ul style="list-style-type: none"> • Interviews are underway to fill the position of Assistant Deputy Director for Community Living Treatment & Supports with the pending retirement of Jean Hartman in August. • Recruitment for both Deputy Director positions is underway. The advertisements close Friday, June 15, 2018. • A reminder was offered that this is the last BHOC meeting that will include information related to the Infant and Toddler Connection as it transitions to the to Department of Family Services, effective July 1, 2018. Grateful acknowledgement was offered to the staff who have all worked so hard to affect a seamless transition. • Offering a reminder of the closure of the Springfield site, regular monthly meetings are continuing to be held with staff and clients to plan for a smooth transition to alternative CSB sites. • Acknowledging that Medicaid Expansion was recently passed in Virginia, research into the impact on the CSB is in progress. • Flyers were made available for an Open House for Managed Care and CCC+ is planned for June 27th from 10:00 a.m. – 4:00 p.m. at the Merrifield Center on the third floor. • Two CSB Board policies have been revised and are posted for public comment, attendees were encouraged to review the policies and offer recommendations if desired. • The Fairfax County Opioid Task Force was recently allocated funds by the BOS to hire an Opioid Task Force Coordinator to organize, implement, and monitor the five identified goals of the Task Force. • Evan Jones, referring to a grant submission related to the Turning Point program, noted the grant request had been submitted. A reminder was offered that this grant opportunity will support the Turning Point Program by providing pre-intervention services to youth determined to be at risk for their first psychotic episode. • Lucy Caldwell announced that in collaboration with The Chris Atwood Foundation, a REVIVE! training is scheduled in Reston on Friday, June 29th, noting that community members are attending in greater numbers 		

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<ul style="list-style-type: none"> • Acknowledging that recent celebrity suicides have highlighted the issue, PRS CrisisLink reported an increase in calls, tripled to approximately 200 calls. In response, the County Office of Public Affairs is publishing a major feature on suicide resources in the county, scheduled for publication on Friday, June 15th. <p>The next BHOC meeting is Wednesday, July 11, 2018.</p>		
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 5:58 p.m.	Gary Ambrose, Chair	

September 12, 2018

Date Approved



Prepared by Erin Bloom

Behavioral Health Oversight Committee Meeting Notes

Date: July 11, 2018

Location: Merrifield Center, First Floor, Room 1-308 A/B, West

Board and Associate Members: Chair, Gary Ambrose; CSB Board member Daria Akers; CSB Board Member Basilio ‘Sonny’ Cachuela, Jr; Jeanne Brown, National Counseling Group; Judith Dittman, Second Story; Wendy Gradison, PRS, Inc.; Lauren Goldschmidt, ServiceSource, Inc.; Joe Pettit, Concerned Fairfax; Elaine Sommer, NW Center Advisory Board

Staff: Lyn Tomlinson, Assistant Deputy Dir., Acute & Therapeutic Treatment Services; Lucy Caldwell, CSB Communications Director; Evan Jones, Director, Employment and Day Services; and Jean Post, Northern Virginia Regional Projects Office, also present were other private sector staff as well as members of the public.

Topic	Action	Responsible Party	Due Date
Meeting Call to Order	Meeting was called to order at 5:04 p.m.	Gary Ambrose	
Opening Remarks Announcements	<p>Gary Ambrose welcomed Committee and Associate Members as well as staff and members of the public, who then introduced themselves including staff position or agency affiliation.</p> <p>Mr. Ambrose, addressed the current efforts of the committee, which included a focus on improved transparency, enhanced communication, and increased community exposure of available CSB services. Mr. Ambrose requested feedback from the Associate Members and staff related to any CSB related experiences in the community to help illustrate how the CSB is perceived, with a goal of possibly helping to inform future meeting topics.</p> <p>Mr. Ambrose asked the present Committee and Associate Members for feedback regarding possible cancellation of the August BHOC meeting as has been the practice in previous years, resulting in the decision to cancel the August meeting.</p>		
Meeting Notes	As there was no quorum, the May 9, 2018 and the June 13, 2018 Behavioral Health Oversight Committee meeting draft notes were tabled for acceptance until the September meeting.	Committee Members	
Associate Member Reports, Updates, and Concerns	<ul style="list-style-type: none"> • Elaine Sommer reported a need for volunteers on the Advisory Board. CSB Board member Daria Akers offered to highlight the Advisory Board and their current needs in local (Reston) publications. • Joe Pettit provided an update on a recent meeting noting that current efforts center on housing and assistive care for the adult population. • Lauren Goldschmidt reported a collaborative effort between ServiceSource, DARS (Department of Aging and Rehabilitation), and the Behavioral Health Support Co-Employment Teams to discuss transparency and review the process of employment services. It was reported that referrals are 	Associate Members	

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<p>received by job coaches and DARS staff, with a goal of DARS independently receiving referrals and providing services. Additionally, Ms. Goldschmidt reported a new hire for the CSB Behavioral Health team, increasing the staff from three to four. Associate Members engaged in a discussion regarding the challenges of staff turnover and efforts towards recruitment and retention.</p> <ul style="list-style-type: none"> • Wendy Gradison announced a successful CARF survey resulting in a renewal of their triennial accreditation. Additionally, Ms. Gradison reported PRS Crisislink Program Director, Lauren Mayer was recently interviewed on radio station MIX 107.3 discussing the topic of suicide, further reporting that the interview can be heard on the PRS Facebook page. • Judith Dittman provided an update to recent agency activities noting that the agency was recently awarded the Charity Navigator 4-star rating for the 8th year in a row, remarking that only 3% of non-profit agencies nationally achieve this rating. • Jeanne Brown reported recruitment efforts to hire a supervisor and staff to provide children’s crisis management services. Lauren Goldschmidt offered to assist with some recruiting efforts. • Associate Members and staff engaged in a robust discussion regarding the implementation of Medicaid Expansion and any projected impact on the CSB illustrating that due to the current number of unknowns, it remains difficult to confidently develop accurate projections. 		
Matters of the Public	None were presented		
Second Story	<p>Gary Ambrose, noting a need for more Associate Members that provide youth services, reported that Judith Dittman with Second Story would provide this month’s Associate Member presentation. Some highlights of the presentation include:</p> <ul style="list-style-type: none"> • Ms. Dittman confirmed that going forward, Cathy Benn will represent Second Story. • Ms. Dittman confirmed that Second Story, a crisis center previously known as Alternative House, is an emergency shelter for youth, ages 8-17. The services provided have expanded to include a broad array of community based services including long term programs for homeless teens and pregnant and parenting teen mothers, rapid re-housing, and to families from shelters in which all family members are under 25 years of age. Community-based services include operating a mobile unit (van) in the community. Additionally, more than 20 years ago, a Drop-In-Center for Junior High and High School teens was established with partial funding by the CCFP (Consolidated Community 	Judith Dittman	

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<p>Funding Pool) in the Culmore area. Additional programs include Safe Youth for 4th, 5th, and 6th graders, noting an emphasis on educational encouragement.</p> <ul style="list-style-type: none"> • Licensed as a provider of mental health services, referral sources include Fairfax County Public Schools (FCPS), juvenile intake, and the Merrifield Center, with approximately 10% of the referrals attributed to CPS (Child Protective Services). • Ms. Dittman reported that the funding for Second Story is approximately \$600K annually with one-quarter from Fairfax County, one-quarter through Federal funding by Health & Human Services Runaway & Homeless Youth Act, with the balance obtained through community fundraising. • Ms. Dittman further informed the committee that for the last two years, Second Story has achieved 100% ‘safe exits’, with the youth returning to home/family, entering foster care, kinship care, or with a family friend, noting that, although they are licensed for stays up to 90-days, stays are typically limited to three-weeks to accommodate the requirements of the Federal HHS funding. • Noting the challenges related to the cessation of services upon reaching age 18, the Second Story for Young Mothers program was established. This is also a licensed mental health program, partly funded by the Federal Health & Human Services Runaway & Homeless Youth Act serving young mothers (18+) and their children for approximately 18 months. Additional efforts include the provision of services to ‘gap’ youth, those ages 18-20 who don’t qualify for permanent supportive housing because they don’t meet the federal definition of homeless (homeless for two years). • Additionally, Second Story for Homeless Youth was established with federal funding in 2008. Services are provided to keep individuals under age 21 out of adult shelters. Two years ago, HUD (US Department of Housing and Urban Development) funds were awarded that provided for the establishment of the Rapid Rehousing program, providing housing for homeless youth. • Ms. Dittman reported that Second Story is the only remaining teen crisis center in Northern Virginia, as the five other ‘teen shelters’ have closed over the years. The need for additional teen crisis centers in Northern Virginia is critical, particularly in the South County (Fairfax) area. • Lucy Caldwell, adding that she had recently attended a regularly scheduled community tour of Second Story, reported it was valuable and informative, encouraging Board members to attend. Regular tours are scheduled the second Tuesday monthly from 10:00 a.m. – 4:00 p.m. 		
Staff Reports	<p>Lyn Tomlinson provided an overview of recent activities, including:</p> <ul style="list-style-type: none"> • A reminder was offered that four CSB priority areas had been identified, including: <ul style="list-style-type: none"> ○ Compliance; the triennial licensing review is currently being conducted 		

Behavioral Health Oversight Committee Meeting Notes

Topic	Action	Responsible Party	Due Date
	<ul style="list-style-type: none"> ○ Clinical and Business Process; better customer experience, improving access and staff efficiencies efforts include collaborative documentation and centralized scheduling. ○ Communication; current efforts include the CSB blog, Brown Bag lunches for staff and Executive Director Daryl Washington. Also planned, is an initiative called <i>A Day in the Life</i>, defined as executive staff spending time in different areas, i.e. business staff, emergency services, jail diversion, etc. to gain familiarity ○ The Opioid Epidemic; capacity expansion efforts continue noting a recent interview with Peggy Cook on Medication Assisted Treatment (MAT), developing community initiatives, and continued work with the Sheriff's Office to establish a unit for individuals with Substance Use Disorder. ● The Infant and Toddler Connection successfully transitioned to the Department of Family Services. ● The Second Annual Recovery Open House is scheduled for September 26, 2018 from 3:00 p.m. – 6:00 p.m. at the Merrifield Center. The focus will be on MAT, Recovery & Wellness Centers, families in recovery and Recovery Unhooked, a sober rave. ● The Springfield site closure efforts continue including the ongoing monthly meetings with staff, individuals, and families. Staff re-assignments have been identified and the Community Readiness and Support Program (CRSP) will move to Merrifield. ● Attention was drawn to the flyers made available for Jean Hartman's impending retirement, scheduled for Thursday, July 26, 2018 from 2:00 p.m., - 4:00 p.m. at the Pennino building. ● The Radical Change for Affordable Housing (RAD) waitlist opened Tuesday, July 10th and will remain open for two weeks, closing on Monday, July 23rd. <p>The next BHOC meeting is Wednesday, September 12, 2018.</p> <p style="background-color: yellow;">Reminder, the August 2018 Behavioral Health Oversight Committee Meeting has been canceled.</p>		
Adjournment	There being no further business to come before the Committee, the meeting was adjourned at 6:14 p.m.	Gary Ambrose, Chair	

September 12, 2018

Date Approved

Prepared by Erin Bloom

Fairfax-Falls Church Community Services Board
Compliance Committee
July 18, 2018

The Compliance 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 members were present: Suzette Kern, Chair; Gary Ambrose; Captain Basilio ‘Sonny’ Cachuela Jr.; Ken Garnes; Sheila Jonas; Bettina Lawton; and Edward Rose

The following staff was present: Daryl Washington, Luann Healy, Jerome Newsome, and Cindy Tianti

1. Meeting Called to Order

The meeting was called to order at 4:00 p.m.

2. Review of Meeting Notes

Meeting notes of the June 20, 2018 Compliance Committee were provided for review and revision. As no recommendations were offered, Bettina Lawton made a motion to accept the notes as presented, which was seconded and passed.

3. ComplyTrack WebEx Demonstration

Nile Kinnick and Lynne Rinehimer with ComplyTrack hosted a WebEx demonstration of one of the software programs being considered, providing an overview of how the program works and the benefits to the CSB and the Board. The software captures compliance actions and tracks trends throughout the CSB. The two primary components of ComplyTrack are:

- Issue and Action Management (IAM) generates an E-file for tracking the actions and activities of a reported compliance issue and investigation, creating a ‘Book of Evidence’.
- Incident Management (IM) is an E-form for reporting incidents and the follow up steps taken. It was noted that there is an available Web Portal Link that may provide a supplemental reporting mechanism.
- It was noted that this is a very secure reporting tool as each issue is isolated to the involved parties, providing limited access to information, it was further noted that there is ongoing discussion to determine a timeline of when and how the program will be deployed, including who will be allowed access. Additionally, a soft implementation is being considered, that will be limited to Compliance staff only.
- Of benefit to the Board are the varied reports, charts, and graphs that are available from the program.

Following the presentation, Ms. Healy provided some additional information, offering a reminder that the Internal Compliance Committee will utilize ComplyTrack to identify hi-risk areas, noting the identification fluctuates based on the reported events.

4. Types of Reporting

Referring to a handout included in the meeting materials, Ms. Healy provided an overview of the varied types of reporting as well as the areas and supervisors responsible for working

with and/or reporting to the Compliance Office as appropriate. In reviewing the types of reports listed, it was clarified that some events are processed entirely by the appropriate department, with a report to the Compliance Committee by the responsible department once the event is investigated and resolved.

5. Staffing Update

An overview of recent recruitment and hiring activities was provided, including updates to the following positions:

- Identified QA Manager candidates are scheduled for second round interviews.
- Risk Manager candidates have been identified for first round interviews.
- The Certified Compliance Coordinator position was recently posted
- Interviews are being scheduled to fill the seven new Quality Assurance positions. It was further clarified that these positions will be generally located at CSB sites to provide on-site compliance assistance. Additionally, the class specifications for these positions have been designed to allow for moves to other departments/areas if needed.

6. Next Steps

Suzette Kern offered a suggestion to cancel the August meeting, that was accepted by all members.

ComplyTrack will be placed on the September Compliance Committee agenda for further update.

There being no further business to come before the Executive Committee, the meeting was adjourned at 4:57 p.m.

Actions Taken –

- Notes of the June 20, 2018 Compliance Committee meeting were reviewed and accepted.

September 19, 2018

Date Approved



Staff to the Board

CSB Fiscal Committee Meeting Notes

Date: August 17, 2018

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

Staff: Daryl Washington, Lyn Tomlinson, Robyn Fontaine, Marta Cruz, Lisa Potter, and Laura Haggerty-Lacalle

Guest: Mike Goodrich

Summary of Information Shared/Decisions:

Welcome and Announcements

Captain Cachuela made several staff announcements including:

- Mike Goodrich, starting as Deputy Director of Administrative Operations on September 4th, was welcomed as a guest to the meeting,
- Lyn Tomlinson was welcomed as the new Deputy Director of Clinical Operations, noting that Ms. Tomlinson would be attending future Fiscal Committee meetings.
- Robyn Fontaine was congratulated on her recent and well-deserved promotion to Fiscal Manager

Review of meeting notes

Committee members reviewed and accepted the notes of the July 20, 2018 meeting as presented.

Financial Status

Robyn Fontaine, directing attention to the financial documents included in the meeting materials, clarified that the reports reflect (only) FY 2019 data. Ms. Fontaine provided an overview, some highlights of which included:

- Pay Period Metrics included data for the first two pay periods of FY 2019, reflecting accumulated Compensation and Fringe Benefits savings of approximately \$4.1M, noting no substantive changes.
- The data provided includes FY 2019 actuals for July 2018. Clarification was offered that the FY 2019 projections were populated with FY 2018 End of Year data. It is anticipated that refined projections using first quarter actual data will be available in October.
- The August 2018 Fiscal Notes include the proposed carryover actions. It is anticipated that the September 2018 Fiscal Notes will include the adopted carryover actions.
- Noting that the total (FY 2019 Revised Budget) for Capital was approximately \$5M, it was clarified that this total includes the Carryover request for renovations at Merrifield and Woodburn.
- Ms. Fontaine also reported that as the Infant & Toddler Connection (ITC) program has formally transitioned to Department of Family Services, ITC was removed from the report and the ITC reserve funds returned to the CSB fund balance.

Financial Position Update

CSB Fiscal Committee Meeting Notes

Daryl Washington provided a brief overview of the status of recent and pending financial staff recruitment and hiring, to include:

- Recruitment efforts for several Financial Specialist I and II (FSI and FSII) positions is underway
- Advertisement for the Chief Financial Officer just concluded. Mr. Washington and Mr. Goodrich will be moving forward with application review and interviews in September. Captain Cachuela will participate in the interviews for this position.

Human Resources (HR) Update

Marta Cruz, provided an overview of the report provided in the meeting materials, highlighting the following:

- Noting the total Vacant General Merit positions was 133 as of August 4th, Ms. Cruz reported there is an additional six positions still to be created that will be reflected in the total in the September HR update report.
- Reviewing the vacancies in the critical areas report, some additional information was offered, to include:
 - HR is developing some strategies to improve Clinical Psychologist/Independent Evaluator recruitment and retention.
 - Support Coordination and ADC/Jail Diversion numbers reflect positions created and added in FY 2019.

Noting that efforts to identify a revised Vacancy Breakeven Point (VBP) are underway, it was recommended that the graph line indicating the outdated VBP of 100 be removed until the revised VBP is identified.

FY 2018 Year-End Report

Captain Cachuela reported that the FY 2018 Year-End Report and cover letter was approved at the Executive Committee for presentation to the full Board at the August 22, CSB Board meeting. A reminder was offered that the letter and report contained some placeholders for information that would not be available until early September. Once available, the data will be added to the documents and forwarded to the Board of Supervisors and the Mayors of the Cities of Fairfax and Falls Church. Captain Cachuela offered thanks to the many staff members who contributed to the development of the report.

FY 2020 Budget Development Guidance from BoS

Daryl Washington offered a reminder that in response to the specific reference to Employment & Day (E&D) Services in the Budget Guidance, the WIN (Welcoming Inclusion Network) meetings and workgroups were established. The current goal of the workgroups is to identify several tiers of equitable and sustainable funding options. The options will be further refined by CSB staff, including adding related costs, for a presentation by Mr. Washington to the BoS (Board of Supervisors) in December 2018. A further reminder was offered that the current reserve of \$6.5M for E&D services remains untouched. Additionally, it was reported that guidance offered by the BoS will likely require adequate time for implementation of changes to the service delivery system, noting that some changes may be lengthy. Other highlights of the Budget Guidance included:

CSB Fiscal Committee Meeting Notes

- The release of new DD Waivers will require a corresponding number of Support Coordinators to support new DD Waiver recipients. Related to the increase in staff is a plan to redesign existing office space at multiple CSB sites. Additionally, there will be a need for supervisory staff as more Support Coordinators are hired. It was clarified that these positions are anticipated to be largely offset with revenue.
- The impact of Medicaid Expansion remains unknown to some extent until more information is released by the state. This will remain a FY 2020 Budget request as a negative impact is projected.
- The Diversion First multi-year plan has been released. However, in anticipation of a projected lean budget cycle in FY 2020, a redesign of this plan is likely.
- The ongoing impact of the opioid crisis is anticipated to require continued expansion of services.

It was clarified that the FY 2019 Human Services Issues Paper, while addressing funding, is a separate item from the budget guidance, more closely related to legislative- and state-advocacy issues including the hospital bed shortage.

Budget 101

Captain Cachuela offered a reminder of the Budget 101 CSB Board training scheduled to begin at 4:00 p.m. directly before the October 24, 2018 CSB Board meeting, and will be conducted by Joe Mondoro, Fairfax County Chief Financial Officer.

Ad Hoc Fee Policy Update

Gary Ambrose provided an update to July 25th meeting of the CSB Board Ad Hoc Fee Policy Committee noting that the Committee works collaboratively with the internal staff fee policy workgroup. The Ad Hoc Fee Policy Committee meets again on August 22nd at 3:30 to discuss the activities of the internal fee policy committee that met on August 2nd. CSB Board approval of the revised fee documentation is anticipated to occur at the October or November CSB Board meeting.

MTM Update

Lyn Tomlinson provided an overview of MTM, which is a clinical and business efficiencies process for streamlining procedures for clients and staff. Recent efforts include:

- A new draft assessment form has been developed to decrease the assessment time. Training on the form will begin in September.
- Collaboration Documentation, in which clients and clinicians collaborate on session notes was introduced at the Reston site utilizing staff champions and peers. There are plans to introduce the program at further sites in the Fall.
- Centralized Scheduling, in which clinical appointments are scheduled by assigned staff.
- A new 'No-Show' procedure includes an engagement specialist reaching out to clients who are not attending regular sessions. If efforts to engage the client are unsuccessful, the case will be closed until the client reengages for services. It was noted that this policy will be widely implemented in the Fall.

Springfield Update

Lyn Tomlinson and Daryl Washington attended the most recent 'farewell' meeting at the Springfield site. Youth services staff was advised of final details confirming Friday August 10th as

CSB Fiscal Committee Meeting Notes

the move date. Considered a 'box move' staff will have items boxed and be ready for the move out in the morning, followed by unpacking at their new location in the afternoon. Larger items, including furniture, will be warehoused or discarded based on evaluation of usefulness. Adult services and staff is scheduled to move in September. CRSP (Community Readiness and Support Program) is scheduled to move in late September or early October as efforts to prepare space at the Merrifield center are ongoing.

Diversion First

Daryl Washington provided a Diversion First update noting the following:

- Abbey May, Service Director Emergency Services, is working with Inova to fully implement medical clearance in emergency Services at Merrifield. Additional efforts include working to finalize contract details involving Nurse Practitioners, psychiatric tests, and lab work.
- Marissa Farina-Morse is preparing offers to fill multiple positions on the Diversion First team. It was noted that some additional positions were created and effective on July 1, 2018, which explains the increase in staff vacancies on this team. A reminder was offered that finding nurses continues to be a state-wide challenge.
- There have been some unexpected staff resignations in Emergency Services, dynamic efforts are underway to fill these positions as soon as possible.

Time to Treatment

Lisa Potter and Laura Haggerty-Lacalle with the Office of Strategy Performance Management distributed new Time to Treatment reports that were developed in Credible. An overview of the process including methodology was provided. Highlights included:

- Youth and Adult data have some differences in data collection due to slightly different internal business processes.
- A method to track language preference has been developed and is anticipated to begin gathering data soon, noting that the data collection is anticipated to be valuable following one quarter of results.
- Referring to the bar chart provided, it was clarified that the blue bar reflects the number of individuals who were assessed in a particular month. The gray bar reflects the number of individuals who entered treatment in that same month. However, the individuals entering treatment may have been assessed in the same month, or even a month or two, or more, previous to entering treatment.
 - This youth number may be further impacted by youth with a court-ordered assessment, DFS recommendation, FCPS youth seminar, etc. where only the assessment is required, not treatment, as well as 'no-shows'.
- Directing attention to the Time to Treatment by Site reports, it was noted that there are notes for both adult and youth charts to offer supportive information to the fluctuations in data. Some revision of data collection is ongoing.
- Committee members requested the data continue to reflect 'rolling' 12-month comparative data.
- It was clarified that, in contrast to the prior data collection method (hand counting), Credible does not have the capacity to track the number of individuals affected by a

CSB Fiscal Committee Meeting Notes

wait time each month. However, it was confirmed that further scrutiny will be applied by staff if an increase in a wait time indicates that it is recommended.

Staff and committee members engaged in robust discussion.

There being no further business to come before the Committee, the meeting was adjourned at 10:30 a.m.

Action Items/Responsible Party Required Prior to Next Meeting:

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Fiscal Oversight Committee meeting
Friday, September 21, 2018, 9:00 am
Pennino Building, 12011 Government Center Parkway, Suite 836A, Fairfax, VA

CSB Legislative Planning Calendar April 2018 – April 2019

MONTH	ISSUES FOR REVIEW, ACTION OR APPROVAL	EVENTS OF INTEREST
2018		
APRIL	<ul style="list-style-type: none"> CSB Board members present budget testimony. Staff begins thinking about upcoming review/update of Human Services Issue Paper Staff works with Ad Hoc Legislative Committee review successes and lessons learned from recent legislative session. Staff and CSB Board determine new priorities and then staff prepares forms for County Legislative Team. 	<ul style="list-style-type: none"> County Budget Hearings– CSB Testimony (Apr 10-12) BOS Budget Pre-markup (Apr 20), Markup (Apr 24)
MAY	<ul style="list-style-type: none"> Staff edits Human Services Issue Paper. Staff edited version of Human Services Issue Paper and Forms for New Position Statements sent to CSB Executive Committee for review/edits/comments. 	<ul style="list-style-type: none"> BOS adopts FY 2019 Approved Budget VACSB Development and Training Conference
JUNE	<ul style="list-style-type: none"> Full CSB Board reviews edited Human Services Issue Paper and new position statements. Staff prepares final version of Human Services Issue Paper for CSB board. 	<ul style="list-style-type: none"> Virginia primary elections: <i>June 12</i>
JULY	<ul style="list-style-type: none"> CSB Board reviews final revised Human Services Issue Paper that will be sent to County Executive’s office for Legislative Team review. 	<ul style="list-style-type: none"> FY 2019 Budget Year Begins: <i>July 1</i> Prefiling for 2019 Regular Session begins: <i>July 16</i>
AUGUST	<ul style="list-style-type: none"> Legislative liaison begins preparation of legislative advocacy talking points for upcoming General Assembly Session. 	
SEPTEMBER	<ul style="list-style-type: none"> Legislative liaison coordinates with CSB Board on final preparation of legislative advocacy talking points for upcoming General Assembly Session. Legislative liaison sends out draft of CSB Board assignments for fall meetings with legislators. 	<ul style="list-style-type: none"> Fairfax BOS Legislative Committee Meeting: <i>Sept. 18</i>
OCTOBER	<ul style="list-style-type: none"> Staff and CSB Board Review BOS legislative priority issues. Staff and CSB Board Review VACSB and Region II CSB priorities. Staff, with input from CSB Board, finishes legislative advocacy talking points. Legislative liaison coordinates with CSB Board to finalize assignments for meetings with legislators. Legislative liaison sends template email for board members to use in schedule visits with legislators. 	<ul style="list-style-type: none"> VACSB Public Policy Conference: <i>Oct. 3-5; Roanoke</i> Fairfax BOS Legislative Committee Meetings: <i>Oct. 2</i> <i>Oct. 23</i>

NOVEMBER	<ul style="list-style-type: none"> • CSB Board completes majority of visits with legislators. • Legislative liaison works with Ad Hoc Legislative Committee to determine CSB Speakers (typically three speakers) and issues to highlight for January hearing testimony for state legislators. • Legislative liaison coordinates with CSB staff and CSB Board to prepare testimony. 	<ul style="list-style-type: none"> • Fairfax BOS Public Hearing on County Legislative Priorities: <i>Nov. 20</i> • Fairfax BOS Legislative Committee Meeting: <i>Nov. 27</i> • Last day for committees to act on continued legislation: <i>Nov. 29</i> • Elections: <i>U.S. Congress</i> <i>VA House of Delegates:</i> <i>District 8 Special Election</i>
DECEMBER	<ul style="list-style-type: none"> • CSB Board completes remaining visits with legislators. • Legislative liaison works with CSB Board to finish testimony for early January 2019 hearings. • Legislative liaison confirms specific hearing dates and shares with CSB Board. 	<ul style="list-style-type: none"> • All requests for drafts of legislation to be prefiled to Legislative Services: <i>Dec. 3</i> • Fairfax BOS Meeting to adopt Legislative Priorities: <i>Dec. 4</i> • All drafts of legislation to be prefiled available for review by midnight: <i>Dec. 28</i>
2019		
JANUARY	<ul style="list-style-type: none"> • Legislative liaison begins legislative monitoring and coordinating efforts as 2019 GA session gets underway. • Early January: CSB Board testifies at Senate Finance and House Appropriations budget hearings (2 days) held locally. • Early January: CSB Board testifies before Northern Virginia Legislative Delegation at Fairfax County Government Center. • Staff and CSB Board debrief on hearings and status of key legislative issues. • Staff gets update on local budget issues. • Staff and CSB Board discuss key county budget issues to be raised with local leaders. • Staff begins to develop talking points for CSB board members. • Staff begins to prepare template of budget testimony for upcoming Human Services Council Hearing (March) 	<ul style="list-style-type: none"> • Public Hearings on Budget for Senate Finance and House Appropriations: • <i>Date and Location TBD</i> • Fairfax County delegation's pre-general assembly public hearing: • <i>Date and Location TBD</i> • VACSB Legislative Conference: <i>Jan. 22-23; Richmond</i> • Prefiling ends: <i>10:00 a.m. on Jan. 9</i> • 2019 General Assembly Session begins: <i>Jan. 9</i>
FEBRUARY	<ul style="list-style-type: none"> • Staff continues working on talking points for county's FY 2020 advertised budget hearings. • Staff coordinate development of talking points with CSB Board Fiscal Committee. • Legislative liaison continues legislative monitoring and coordinating efforts as 2019 GA session continues. 	<ul style="list-style-type: none"> • Fairfax County Executive releases FY 2020 Advertised Budget: <i>February 20</i>

<p>MARCH</p>	<ul style="list-style-type: none"> • Staff prepares testimony and identifies CSB board members to speak for the upcoming BOS Budget Hearings (April). 	<ul style="list-style-type: none"> • Human Services Council Budget Hearing – CSB Testimony • BOS Budget Committee Work Sessions • BOS Town Hall Meeting on Advertised Budget
<p>APRIL</p>	<ul style="list-style-type: none"> • CSB board members present budget testimony to Fairfax County BOS. • Staff begins thinking about upcoming review/update of Human Services Issue Paper. Determine new priorities and prepare forms for County Legislative Team. 	<ul style="list-style-type: none"> • BOS Budget Hearing – CSB Testimony: <i>April 10-12</i> • BOS Pre-markup, Markup, and adoption of County FY 2020 Budget • VACSB Development and Training Conference: <i>April</i>

**Virginia General Assembly Assignments
2018-2019**
(Draft September 2018)

SENATE						
Name	District	CSB Board Member	Email	Pocahontas Building Phone	District Phone	Notes on Legislator
Adam P. Ebbin	30	Ken Garnes	district30@senate.virginia.gov	804-698-7530	571-384-8957	
Barbara A. Favola	31	<i>Jennifer Adeli</i>	district31@senate.virginia.gov	804-698-7531	703-835-4845	Attended Merrifield opening; Sits on the Senate Disabilities Commission and sponsored a bill to improve Medicaid reimbursement rates.
Janet D. Howell	32	<i>Betinna Lawton</i>	district32@senate.virginia.gov	804-698-7532	703-709-8283	Interested in MCRC.
Jennifer T. Wexton	33	<i>Sonny Cachula</i>	district33@senate.virginia.gov	804-698-7533	703-672-3696	Previously served with Loudoun County CSB. Currently running for Congress for VA-10.
J. Chapman Petersen	34	<i>Diane Tuininga</i>	district34@senate.virginia.gov	804-698-7534	703-349-3361	Previously toured Merrifield Center. Feels main priority is opioid epidemic.
Richard L. Saslaw	35	<i>Sheila Coplan Jonas; Ed Rose</i>	district35@senate.virginia.gov	804-698-7535	703-978-0200	
Scott A. Surovell	36	Jane Woods	district36@senate.virginia.gov	804-698-7536	571-249-4484	Very supportive of CSB.
David W. Marsden	37	<i>Sonny Cachula; Daria Akers</i>	district37@senate.virginia.gov	804-698-7537	571-249-3037	Toured Merrifield Center 10/2016. Worked in juvenile corrections at local and state levels.
George L. Barker	39	Ken Garnes	district39@senate.virginia.gov	804-698-7539	703-303-1426	Opioid crisis: interested in submitting legislation seeking to match a peer support specialist with a mental health worker for individuals seeking recovery from opioid addiction. Suicide prevention: also interested in CSB request for funding to help Kognito go state-wide and asked for additional information/statistics on Kognito which CSB staff provided.

Italics notes the CSB board member is a constituent of the district.
Member profiles located at: <https://viriniageneralassembly.gov/>

**Virginia General Assembly Assignments
2018-2019**
(Draft September 2018)

HOUSE OF DELEGATES						
Name	District	CSB Board Member	Email	Pocahontas Building Phone	District Phone	Notes
Kathleen J. Murphy	34	<i>Jennifer Adeli</i>	delkmurphy@house.virginia.gov	804-698-1034	804-698-1034	
Mark L. Keam	35	<i>Gary Ambrose</i>	DelMKeam@house.virginia.gov	804-698-1035	703-350-3911	Toured Merrifield Center 10/2016; Is inclined to engage with NoVA delegation to meet and discuss mental health and opioid epidemic issues
Kenneth R. Plum	36	<i>Bettina Lawton</i>	DelKPlum@house.virginia.gov	804-698-1036	703-758-9733	Interested in MCRC
David L. Bulova	37	<i>Jane Woods</i>	DelDBulova@house.virginia.gov	804-698-1037	703-310-6752	Very supportive of CSB.
Kaye Kory	38	<i>Sheila Coplan Jonas</i>	DelKKory@house.virginia.gov	804-698-1038	703-354-6024	Toured Merrifield Center 9/2017
Vivian E. Watts	39	<i>Suzette Kern</i>	DelVWatts@house.virginia.gov	804-698-1039	703-978-2989	Visited Merrifield with Deeds Commission; Diverstion First stakeholder
Timothy D. Hugo	40	Tom Burger	DelTHugo@house.virginia.gov	804-698-1040	703-815-1201	
Eileen Filler-Corn	41	<i>Daria Akers</i>	DelEFiller-Corn@house.virginia.gov	804-698-1041	571-249-3453	Attended Merrifield opening
Kathy Tran	42	Tom Burger	DelKTran@house.virginia.gov	804-698-1042	703-828-7173	
Mark D. Sickles	43	Suzette Kern	DelMSickles@house.virginia.gov	804-698-1043	703-922-6440	assistance.
Paul E. Krizek	44	Molly Long	DelPKrizek@house.virginia.gov	804-698-1044	703-688-2983	
Mark H. Levine	45	Paul Luisada	DelMLevine@house.virginia.gov	804-698-1045	571-234-8481	Focuses on Alexandria CSB. Continue to email our priorities.
Rip Sullivan Jr.	48	Diane Tuininga	DelRSullivan@house.virginia.gov	804-698-1048	571-210-5876	Sits on House Finance Committee
Alfonso H. Lopez	49	Sonny Cachuela	DelALopez@house.virginia.gov	804-698-1049	571-336-2147	
Marcus B. Simon	53	Gary Ambrose; <i>Ed Rose</i>	DelMSimon@house.virginia.gov	804-698-1053	571-327-0053	Updated on CSB and very supportive; Diversion First stakeholder.
Karrie K. Delaney	67	Molly Long; Adrienne Walters	DelKDelaney@house.virginia.gov	804-698-1067	703-996-9415	
Jennifer B. Boysko	86	Molly Long	DelJBoysko@house.virginia.gov	804-698-1086	703-437-0086	

Italics notes the CSB board member is a constituent of the district.

Member profiles located at: <https://viriniageneralassembly.gov/>

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

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:

Immediate

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 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 health care 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. Fairfax-Falls Church CSB analysis indicates that approximately 600 individuals presently served by the agency will be eligible for Medicaid under the new rules. 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).

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. There is significant concern about the harmful impact this shift will have on the Fairfax-Falls Church CSB.

The Fairfax-Falls Church CSB estimate indicates the maximum additional case management billings that can be produced is approximately \$915,000 additional dollars during FY 2019. This number assumes a 100 percent recapture rate of insurance billings, which is almost never achievable in the healthcare industry. State officials used a flawed methodology for their revenue projections, which did not account for the income level of people receiving services. This flawed projection assigned a \$1.6 million reduction in DBHDS state funds to the Fairfax-Falls Church CSB for FY 2019, which will begin in October 2018. Based on the Fairfax-Falls Church CSB's current projections, this reduction will result in at least a \$685,000 shortfall in FY 2019. Of greater concern is the state's intention to take back \$4.5 million in FY 2020 based on the flawed methodology. This \$4.5 million dollar take back is projected to result in at least a \$2.7-million-dollar shortfall.

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 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.*)

ITEMS TO BE REVIEWED BY CSB

Children and Families

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 the degree that impaired their daily activities; and 15.7 percent seriously considered suicide. Alarming, suicide is the third leading cause of death among 10- to 24-year-olds in Virginia.

Another disturbing local trend (and statewide) is that fewer youth are getting the recommended amount of physical activity. This inactivity 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.*)

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 adults in need of similar services. As a result, once they turn 18, youth may no longer receive all of the assistance previously provided. It is critical that the Commonwealth focus additional resources on transitional age youth (ages 16 to 26) 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.)*

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.

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), 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 CSBs 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.)*

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 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 individual benefits of returning to the community more quickly.

A proven solution is the Program for Assertive Community Treatment (PACT), which targets individuals who are chronic users of the hospital system. In FY 2018 the PACT team served 98 individuals and was able to keep 94 percent of those individuals out of the hospital. Despite the high utilization and success of the PACT team, DBHDS has failed to provide additional funding. The Fairfax-Falls Church CSB, along with 23 other CSBs in the Commonwealth each are provided funds for a single PACT team. This disparity in the Commonwealth’s funding levels to support the population served is impacting critical service delivery. Only eight of these CSBs serve a population of more than 200,000, with our CSB serving the largest population. More than half of the CSBs funded for PACT teams serve a population of less than 150,000.

- **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 eight 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 the 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 based on 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 five fiscal years. 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.

ITEMS TO BE REVIEWED BY CSB

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 (NVMC) property be used to develop new community-based services and housing opportunities for persons with developmental disabilities in Northern Virginia.

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. The shift from an institution-based to a community-based system remains a challenging process that must be carefully and cooperatively planned and routinely revisited to ensure affected individuals receive the services they need.

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

- 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.
- Approve appropriate level waiver slots at a pace consistent with priority service needs. With rapid growth continuing to 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 FY 2020. 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.
- Include within its scope of funding the larger population of individuals covered by DOJSA. DOJSA requirements cover individuals who used to reside at NVMC 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.
- 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 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 DOJSA 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.*)

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.

Each state also has the discretion to design its own Medicaid service program. Virginia offers fewer optional Medicaid services than many 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.

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:

- **Automatic rate increases, including an increase in the Northern Virginia rate, to reflect actual costs.** Nursing facilities receive annual cost of living adjustments that providers of Medicaid waiver services do not. A rebalancing of reimbursements is

to access and related supports sufficient for recommended therapies are not adequately funded. (*Updates and reaffirms previous position.*)

- **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.*)

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.

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. 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.)*

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 is 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.)*

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 extremely inadequate for meeting the immediate needs of individuals requiring intensive and specialized support. While there is a measure of flexibility for negotiated rates above the proposed top tier afforded through this Customized Rate process, it is cumbersome and there continues to be prolonged authorization. In addition to these delays in needed support, 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. It also implements a new managed care model that unfortunately eliminates the option for consumer direction. However, this is currently 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). The Commonwealth should also retain the Long Term Care Medicaid eligibility threshold at 300 percent of SSI; preserve consumer direction; restore reductions to home 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 developmental disabilities. At present, therapeutic consults are a challenge

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 10 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 resources 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, with over 1,000 people 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;
- 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 for mental health services and substance abuse treatment for individuals who are incarcerated for offenses that make them unsuitable candidates for a diversion program; and,
- 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 (*Updates and reaffirms previous position. See also the Public Safety/Courts Funding position in the 2018 Legislative Program.*)

ITEMS TO BE REVIEWED BY CSB

Health, Well Being, and Safety

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 and 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 are startling:

- In 2017, more than 1,200 Virginians (including over 100 Fairfax County residents) died from an opioid overdose;
- In 2017, 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 of all ages and at all 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 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.)*

Public Review and Comment of Proposed Changes to FY 2019 CSB Fee Related Documents

Issue:

Public review and comment of proposed changes to the CSB fee related documents which include the Reimbursement for Services Policy 2120, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation 2120.1.

Recommended Motion:

I move the Board approve for public review and comment the CSB fee related documents which include the Reimbursement for Services Policy, Ability to Pay Scale, Fee Schedule, and Fee and Subsidy Related Procedures Regulation.

Background:

The CSB Board's Ad Hoc Fee Policy Committee met on July 25, August 22, and September 12, 2018. At the final meeting, the committee members endorsed the proposed revisions and the request to forward the fee related documents to the CSB Board for approval to post for public review and comment.

The recommended changes include:

- Updates and clarifying edits to the Reimbursement for Services Policy
- Synchronization of the Ability to Pay Scale income levels with Federal Poverty income guidelines released each January.
- Cost-based rate changes for Social Detoxification, Physical Exam, and Psychiatric Evaluation services and a new add-on fee for Interactive Complexity of services provided.
- Updates and clarifying edits to the Fee and Subsidy Related Procedures Regulation 2120.1.

After the public comment period and subsequent to approval by the CSB Board on October 24, 2018, the Fee Schedule will be submitted to the Board of Supervisors for review on October 30th. Following Board of Supervisors review, staff will inform clients, conduct staff training, and make adjustments in the Electronic Health Record, resulting in an effective date not sooner than February 1, 2018 for both the Fee Schedule and the Ability to Pay Scale. Changes to the Board Policy and Fee Regulation however will become effective in November 2018.

Timing:

Immediate

Fiscal Impact:

The fee related documents provide the CSB with uniform mechanisms to maximize revenues from clients, Medicaid and other health insurance plans. The FY 2018 current budget plan for the CSB includes \$18.6 million in estimated fee revenues.

Board Members and Staff:

Gary Ambrose, CSB Board Member

Suzette Kern, CSB Board Chair

Jane Woods, CSB Board Member

Staff: LaKeisha Flores, Business Operations Director

Enclosed Document:

Summary of Proposed Changes to FY 2019 CSB Fee Related Documents

CSB FY 2020 Budget in Concept

Issue

Submission of the CSB FY 2020 budget request.

Recommended Motion

I move that the Board approve the proposed CSB FY 2020 budget in concept as presented.

Timing

Immediate, due to the mid-October timeframe for submitting the CSB proposed budget and the continuing dialogue with DMB in determining funding levels, the conceptual budget is being presented at this time for CSB board approval. It should be noted that following the mid-October submission, which will be submitted contingent upon final CSB board review, funding level discussions will continue with DMB as it considers county-wide requests and prepares a proposed FY 2020 budget for release in February 2019.

Background

In preparation for submission of the CSB FY 2020 budget request, a proposal is being developed that includes a FY 2019 budget baseline along with some additional funding requests. As discussions are ongoing with the Department of Management and Budget (DMB) to determine the level of additional funding to be requested, and as in past years, a conceptual budget is being presented which provides an overview of the baseline and the strategic priorities identified for additional funding.

Enclosed Document

Attachment A: CSB FY 2020 Conceptual Budget Proposal

Staff

Daryl Washington, CSB Executive Director
Mike Goodrich, CSB Deputy Director, Administrative Operations
Robyn Fontaine, Senior Fiscal Officer

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
FY 2020 BUDGET IN CONCEPT
COMMUNITY SERVICES BOARD
September 26, 2018

Opioid Use Epidemic (~\$1.5M)

A funding increase (positions and operating expenses) is requested in order to address the growing opioid epidemic. In response to the opioid crisis facing our nation and local communities in Northern Virginia, the Board of Supervisors established an Opioid Task Force to help address the opioid epidemic locally. The Task Force outlined a multiyear plan to reduce deaths from opioids through prevention, treatment, and harm reduction strategies. The multiyear plan focuses on enhanced data strategies to identify trends, target interventions and evaluate effectiveness.

Diversion First (~1.1M)

A funding increase (positions and operating expenses) is requested to support the fourth year of the County's successful Diversion First initiative. Diversion First is a multiagency collaboration between the Police Department, Office of the Sheriff, Fire and Rescue Department, Fairfax County Court system, and the CSB to reduce the number of people with mental illness in the County jail by diverting low-risk offenders experiencing a mental health crisis to treatment rather than bring them to jail. Consistent with the FY 2020 Budget Guidance from the Board of Supervisors, this funding is the first year of a five-year, fiscally-constrained implementation plan for Diversion First, representing the most critical needs for FY 2020 as will be discussed in detail at the **Oct 1, 2018**, Board Public Safety Committee meeting. This plan is designed to strengthen operations at the Merrifield Crisis Response Center, establish a third Mobile Crisis Unit with a co-responder model, provide resources to the Court systems, provide needed housing and other resources, and strengthen behavioral health services at needed intercepts.

Support Coordination (~\$1M)

A funding increase (positions and operating expenses) is requested in order to provide support coordination services to individuals with developmental disabilities (DD) in the community and comply with current state and federal requirements, primarily those pursuant to the DOJ Settlement Agreement and implementation of Virginia's Medicaid Waiver redesign, effective July 1, 2016. A corresponding \$**619,093** increase to Medicaid Option revenue is included for no net cost to the County.

☒ Contract Rate Adjustment (~\$1M)

A funding increase is requested to support negotiated contract rate adjustments for eligible providers of developmental delay, developmental disabilities, serious emotional disturbance, mental illness and/or substance use disorders, as well as CSB-wide administrative services.

Lease Rate Adjustment (~\$200K)

A funding increase is requested in order to support negotiated annual rent-based adjustments for the agency's lease contracts.

Other Services with Potential Budget Impacts: (CSB Leadership will have strategic discussions with DMB on implications for FY 20 budget).

Jail Based Peer Run Program

BeWell Program Grant Ending

STEP-VA:

Medicaid Expansion Impact:

DD Employment and Day: