FAIRFAX - FALLS CHURCH
Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD EXECUTIVE COMMITTEE MEETING

Garrett McGuire, Chair

Wednesday, March 16, 2022, 4:30 p.m.

Will be held electronically due to the COVID-19 pandemic

Dial by your location to access live audio of the meeting:

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Meeting ID: 858 9622 3529 • Passcode: 354944

MEETING AGENDA

1.	**Meeting Called to Order**	Garrett McGuire
2.	**Roll Call, Audibility and Preliminary Motions**	Garrett McGuire
3.	**Matters of the Public**	Garrett McGuire
4.	**Amendments to the Meeting Agenda**	Garrett McGuire
5.	**Approval of the February 16, 2022, Meeting Minutes**	Garrett McGuire
6.	**Director's Report**	Daryl Washington
7.	**Review of the March 23, 2022, CSB Board Meeting Agenda**	Garrett McGuire
8.	**CSB Board Annual Planning Calendar**	Garrett McGuire
9.	**Matters of the Executive Committee**	
	A. Service Delivery Oversight Committee	Anne Whipple
	B. Compliance Committee	Garrett McGuire
	C. Fiscal Oversight Committee	Jennifer Adeli
	D. Other Matters	

Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).

10.	**Adjournment**	Garrett McGuire

Meeting materials are posted online at www.fairfaxcounty/community-services-board/board/archives or may be requested by contacting Joseline Cadima at 703-324-7827 or at joseline.cadima@fairfaxcounty.gov

FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
EXECUTIVE COMMITTEE VIRTUAL MEETING MINUTES
FEBRUARY 16, 2022

The Executive Committee of the Fairfax-Falls Church Community Services Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

1. **Meeting Called to Order**

   Board Chair Garrett McGuire called the meeting to order at 4:31 p.m.

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

   PRESENT: **BOARD MEMBERS:** GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

   ABSENT: **BOARD MEMBERS:** NONE

   Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Lyn Tomlinson, Deputy Director of Administrative Operations Daniel Herr, County Attorney Cynthia Tianti, Assistant Deputy Director Barbara Wadley-Young, Healthcare Systems Director Jennifer Aloi and Board Clerk Joseline Cadima.

   Board Chair Garrett McGuire conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Board Chair McGuire passed the virtual gavel to Committee Member Dan Sherrange to make several motions required to begin the meeting. A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present; this motion was seconded by Committee Member Captain Derek DeGeare and passed unanimously.

   Preliminary Motions

   Board Chair Garrett McGuire made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically. A further motion was made that this Board may conduct this meeting electronically through a dedicated online video and web conferencing platform, and that

the public may access this meeting via Meeting ID: 861 6392 9860 and Passcode: 442114. Motions were seconded by Board Member Captain Derek DeGeare and unanimously approved.

Board Chair McGuire made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded by Board Member Captain Derek DeGeare and unanimously passed.

3. Matters of the Public.

None were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review and no amendments were made.

COMMITTEE CONSENSUS TO APPROVE AGENDA ITEM NO. 4

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), COMMITTEE CHAIR; JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE LOUDOUN COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)
NOES: BOARD MEMBERS: NONE
ABSTAIN: **BOARD MEMBERS:** NONE
ABSENT: BOARD MEMBERS: NONE

5. **Approval of Minutes**

Committee minutes for the December 8, 2021, and January 19, 2022, Executive Committee Meetings were provided for review and revision.

MOVED BY COMMITTEE MEMBER CAPTAIN DEREK DEGEARE, SECONDED BY BOARD MEMBER BETTINA LAWTON TO APPROVE THE DECEMBER 8, 2021, MEETING MINUTES.

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA)**,** COMMITTEE CHAIR; JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)
NOES: BOARD MEMBERS: NONE
ABSTAIN: BOARD MEMBERS: NONE
ABSENT: BOARD MEMBERS: NONE

MOVED BY COMMITTEE MEMBER CAPTAIN DEREK DEGEARE, SECONDED BY BOARD MEMBER BETTINA LAWTON TO APPROVE THE JANUARY 19, 2022, MEETING MINUTES.

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA)**,** COMMITTEE CHAIR; JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)
NOES: BOARD MEMBERS: NONE
ABSTAIN: BOARD MEMBERS: NONE
ABSENT: BOARD MEMBERS: NONE

6. Director's Report

Deputy Director of Clinical Operations Lyn Tomlinson provided an update on the pause of two temporary programs, Partial Hospitalization (staff has been assigned to Outpatient Adult Case Management and Front Door Programs) and New Generations (staff has been assigned to Residential Substance Abuse Co-Occurring Programs). Mentioned that individuals who need to obtain partial hospitalization level of care can receive those services through INOVA or Dominion Hospital. And if the individual does not have insurance, the CSB can use their existing service purchase agreements. Women, or Mothers with babies who would receive services through New Generations can continue to access that care through New Beginning or Crossroads and the Meter House in Arlington. Confirmed the front-door is still operating from 9:00 a.m. to 3:00 p.m. due to the large number of vacancies in that program. A CSB Building (formerly a Skilled Nursing Facility, Cameron Glen) in Reston was purchased through INOVA, and over the past few months has had homeless individuals living in the building. With the collaboration of County and CSB staff, all individuals were removed, and the building is now completely closed off.

Assistant Deputy Director Barbara Wadley-Young reported on the recent tracking of staffing vacancies and time to treatment trends, the data capacity was broken down by CSB Programs/Service Areas. The Data Capacity Report will continue to be provided to relay the ongoing trends.

Healthcare Systems Director Jennifer Aloi provided an update on the status of the Electronic Health Record (EHR) Implementation, the main update being the cancellation of the contract with Welligent. The Healthcare Systems Team is currently holding greet and meets with different EHR vendors that are providing demos to CSB Clinicians/Staff to ensure the CSB EHR needs are met.

Executive Director Daryl Washington stated the Marcus Alert Bill would allow certain localities to take part in it if its population were to reach a certain threshold. However, this would cause a problem for the CSB, as Fairfax County would easily meet that number, however that would not be the same for the Cities of Fairfax and Falls Church. Another bill that is tackling the transfer of custody would allow some sort of transfer to a trained person, whether that person be law enforcement or sworn officer is yet to be determined, more information will be provided as it becomes available. Mentioned the upcoming VACSB Training Conference held in Reston, Virginia on May 4-6, 2022. The Fairfax County Budget will be presented to the Board of Supervisors this

upcoming Tuesday, February 22, 2022, additional information on how it affects the CSB will be provided during the Board Meeting.

Deputy Director of Administrative Operations Daniel Herr provided an update on COVID-19, noted that after the large increase in positive infections following the holiday season, the numbers have dramatically decreased and have been back to normal.

7. Review of the CSB Board February 23, 2022, Agenda

The February 23, 2022, CSB Board Meeting agenda was presented for review and Board Chair Garrett McGuire requested to amend the Director's Report to include the following bulletin points A). Services Update, B). Staffing Update, and C). Electronic Health Record Update. Committee Members discussed the possibility of returning to in-person meetings, requested more information on guidelines and recommendations from the County Executive's Office.

8. CSB Board Annual Planning Calendar

Committee Members requested to remove the "Off-Site Retreat" from the February 2022 Calendar, as it is pending a new date, and to add the "VACSB Development & Training Conference" event for the month of May 2022.

9. Matters of the Executive Committee

A. Service Delivery Oversight Committee:

SDOC Committee Chair Anne Whipple noted the meeting had two breakout sessions (Developmental Disability and Behavioral Health) and each group discussed legislation that is pertinent to their field. **The next meeting of the Service Delivery Oversight Committee is Wednesday, April 13, 2022, at 5:00 p.m., via Zoom Conference.**

B. Compliance Committee:

Compliance Committee Chair Garrett McGuire noted that Director of Quality Improvement Joan Rodgers provided information on the status of tracking staff compliance with required trainings and noted that the Department of Behavioral Health and Developmental Services will resume their in-person auditing which will begin at the end of February. **The next meeting of the Compliance Committee is Wednesday, March 16, 2022, at 4:00 p.m., via Zoom Conference.**

C. Fiscal Oversight Committee:

Fiscal Oversight Committee Member Jennifer Adeli they have not met yet. **The next meeting for the Fiscal Oversight Committee is Thursday, March 17, 2022, at 4:00 p.m. via Zoom Conference.**

D. Other Matters:

Committee Member Dan Sherrange requested additional information on the Opioid Abatement Authority Board and opioid federal funds that can come to the CSB via grants.

Executive Director Daryl Washington responded by noting that he will provide an update with that information once he receives it.

Closed Session

Committee Chair Garrett McGuire inquired whether there any matters that required discussion in closed session, none were raised.

10. Adjournment

Committee Member Dan Sherrange made the motion to adjourn the meeting at 5:54 p.m.

AYES: BOARD MEMBERS: GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; JENNIFER ADELI (GREAT FALLS, VA); CAPTAIN DEREK DEGEARE (LOUDOUN COUNTY, VA); BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)
NOES: BOARD MEMBERS: NONE
ABSTAIN: BOARD MEMBERS: NONE
ABSENT: BOARD MEMBERS: NONE

Date Approved

Clerk to the Board

Claude Moore
CHARITABLE FOUNDATION

Strategic Investment Initiatives for Virginia's Public and Private Sector Behavioral Health and Developmental Services Workforce

VA DBHDS Strategic Initiatives Report

Virginia Department of Behavioral Health & Developmental Services

AGENDA ITEM
#6.1

Table of Contents

Background

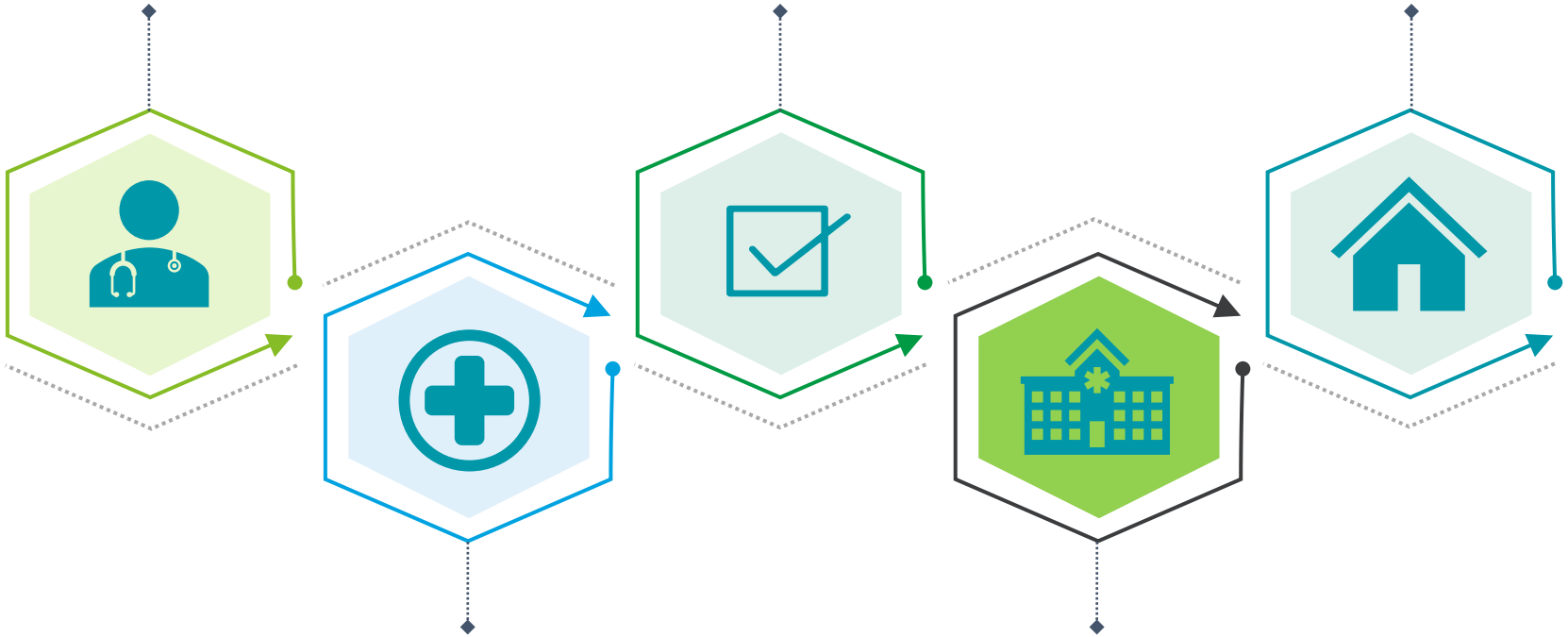
Service Delivery in Virginia

There are multiple avenues for receiving and reimbursing behavioral health and ID/DD services

Private Providers
Fee for service model of care

Managed Care Organizations (MCOs)
Health plan covers Medicaid services including medical, behavioral health, and nursing facility services

Home and Community Based Services (HCBS)
Provides Medicaid beneficiaries with services in their home or community.



Community Service Boards (CSB)
Assures delivery of community-based behavioral health and developmental disability services

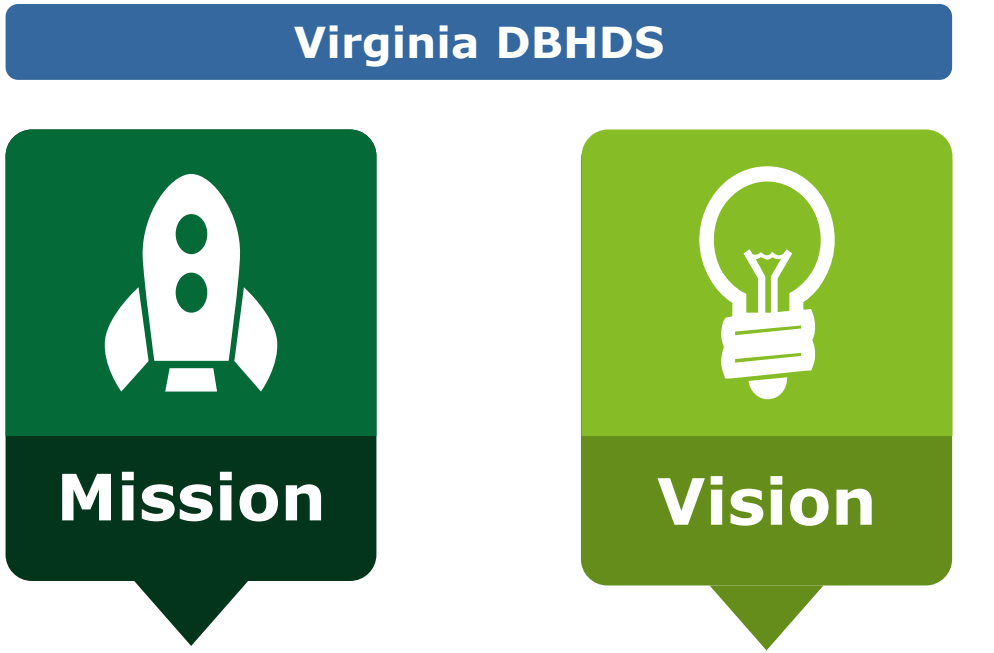
Inpatient Facilities
Treat public and privately insured individuals

Purpose of the Document

This document provides The Claude Moore Charitable Foundation and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) with data and information to support legislative and budget briefings for initiatives to strengthen workforce development across the Commonwealth.

DBHDS seeks to promote dignity, choice, recovery and the highest possible participation in work, relationships, and all aspects of community life for individuals with mental illness, developmental disabilities, or substance-use-disorders. DBHDS operates 13 state facilities and partners with 40 locally run community services boards and hundreds of private providers statewide.

As the need for services and supports continues to rise, it is critical for DBHDS to evaluate Virginia's public and private workforce to ensure that it can continue to serve Virginians now and in the future.



Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

A life of possibilities for all Virginians

There are multiple needs across Virginia

Demand is continuing to increase for services and supports

Behavioral Health

- 1,115,000 adults have a mental illness[1]
- 193 BH providers per 100,000 people across VA
- **1,176 licensed providers** across 8,133 facilities across VA
- Virginia operates 9 mental health hospitals that are **nearing or exceeding** patient capacity

ID/DD

- Approximately 80,104 adults in Virginia have ID/DD[2]
- 6,571 individuals **waiting for ID/DD waiver services** in Virginia

Substance Use Disorder (SUD)

- **470,000 adults** in Virginia have a SUD
- **13,390 ED visits** to the ED were SUD-related in 2018 across the state
- 42.1 per 10,000 ED visits in 2018 were SUD-related

Impact of COVID-19 Nationally on BH & ID/DD Services

41% of adults reported symptoms of anxiety and/or depressive disorder, compared to 11% before the pandemic[3]

ID/DD individuals were 2.5x more likely to contract COVID-19, 2.7x more likely to be hospitalized and had 5.9x more fatalities

The number of overdose deaths increased 18.2% nationwide during the COVID-19 pandemic

[1] With any mental illness including mental, behavioral, and emotional disorders, https://mhanational.org/issues/2021/mental-health-america-prevalence-data

[2] Based on the national average of 1.5% of adults diagnosed with ID/DD

[3] 41% reported symptoms in January 2021, compared to 11% between January-June 2019

Despite the increasing need for services, the workforce is waning nationwide

The need for care continues to rise, and as the COVID-19 pandemic pushed an already fragile system into crisis, there continue to be significant challenges to recruit and retain the workforce.

The U.S. Health Resources and Services Administration (HRSA) projects that demand for services will continue to outpace the number of providers by 2030.

Rising Need For Service

The need for services and supports is increasing in the short-term and is projected to continue increasing in the coming decades.

Cost of Quality

Administrative activities that are meant to ensure or improve quality can be burdensome, sometimes disincentivizing the provision of certain services and/or the expansion of services provided.

Compassion Fatigue

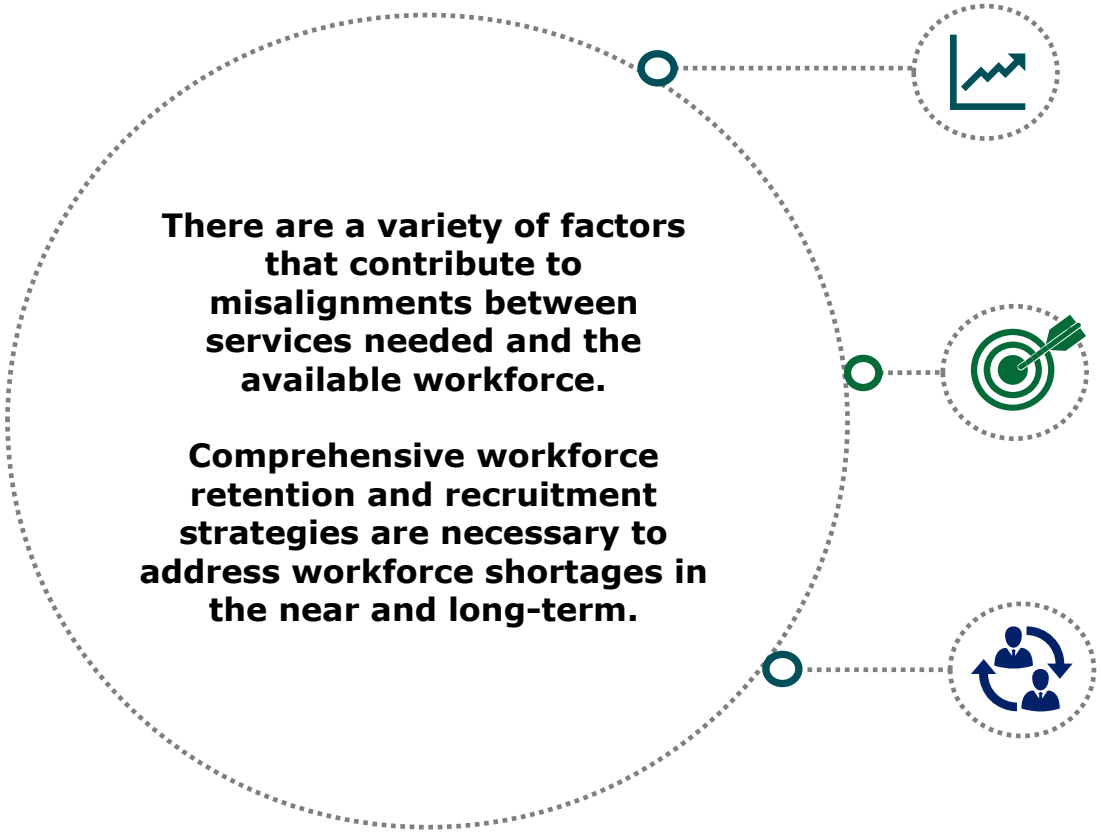
Compassion fatigue is a phenomenon that affects healthcare providers across disciplines and is associated with psychological disruptions, emotional exhaustion, impaired interpersonal functioning, and physiological problems and can contribute to turnover. 55% of frontline healthcare workers report burn out nationally.

High Turnover

574,200 new DSPs need to be hired nationwide every year to account for losses in the workforce.

VA DBHDS Goals

While demand for services increases, significant challenges remain in recruiting and retaining members of the workforce. The following principles can inform DBHDS in the development of potential solutions to address the workforce challenges facing the Commonwealth:



Immediate Intervention

There is a rising short-term need for individuals who can provide services due to high levels of staff vacancies, challenges recruiting community services professionals and low retention. Steps to begin addressing Virginia's workforce challenges can be taken immediately.

Long-Term Transformational Change

The issues facing the Commonwealth are systemic and multifaceted, making long-term transformational change critical. Strategically planning and creating a blueprint for addressing workforce development is key to fostering long-term change.

Diversity, Equity, and Inclusion

Increasing diversity through educational pipeline programs and career opportunities is a priority for DBHDS and key to ensuring that the workforce reflects the communities they serve. Ensuring services are delivered equitably throughout the Commonwealth is also a priority.

Key Themes

The strategic initiatives in this report seek to address the following 5 themes identified across stakeholder interviews with public and private providers, provider associations, national experts, and the DBHDS leadership.

Key Themes

Working Conditions

Improving working conditions to support the workforce and recruit new professionals

- Wages and benefits
- Safety of work environments
- Incorporate evidence-based practices while balancing flexibility for professional judgment
- Administrative burden

Role Alignment

Aligning provider roles with expectations and educational experience

- Misalignment in education provided vs. reality
- Differences between what is required for licensing and what is needed in the community
- Scope of practice limits what services certain practitioners can provide patients

Agency Alignment

Promoting agency alignment in workforce efforts

- Alignment within and across agencies on goals, priorities, and responsibilities for workforce efforts
- Need for a coordinating structure or entity on initiatives
- Leverage initiatives as a proof of concept with federal funds in order to secure long-term funding

Career Incentives

Incentives to address labor shortages and retention

- Better pay to attract licensed and non-licensed healthcare workers
- Educational incentive, such as student loan forgiveness
- Career ladders and advancement

Pipeline

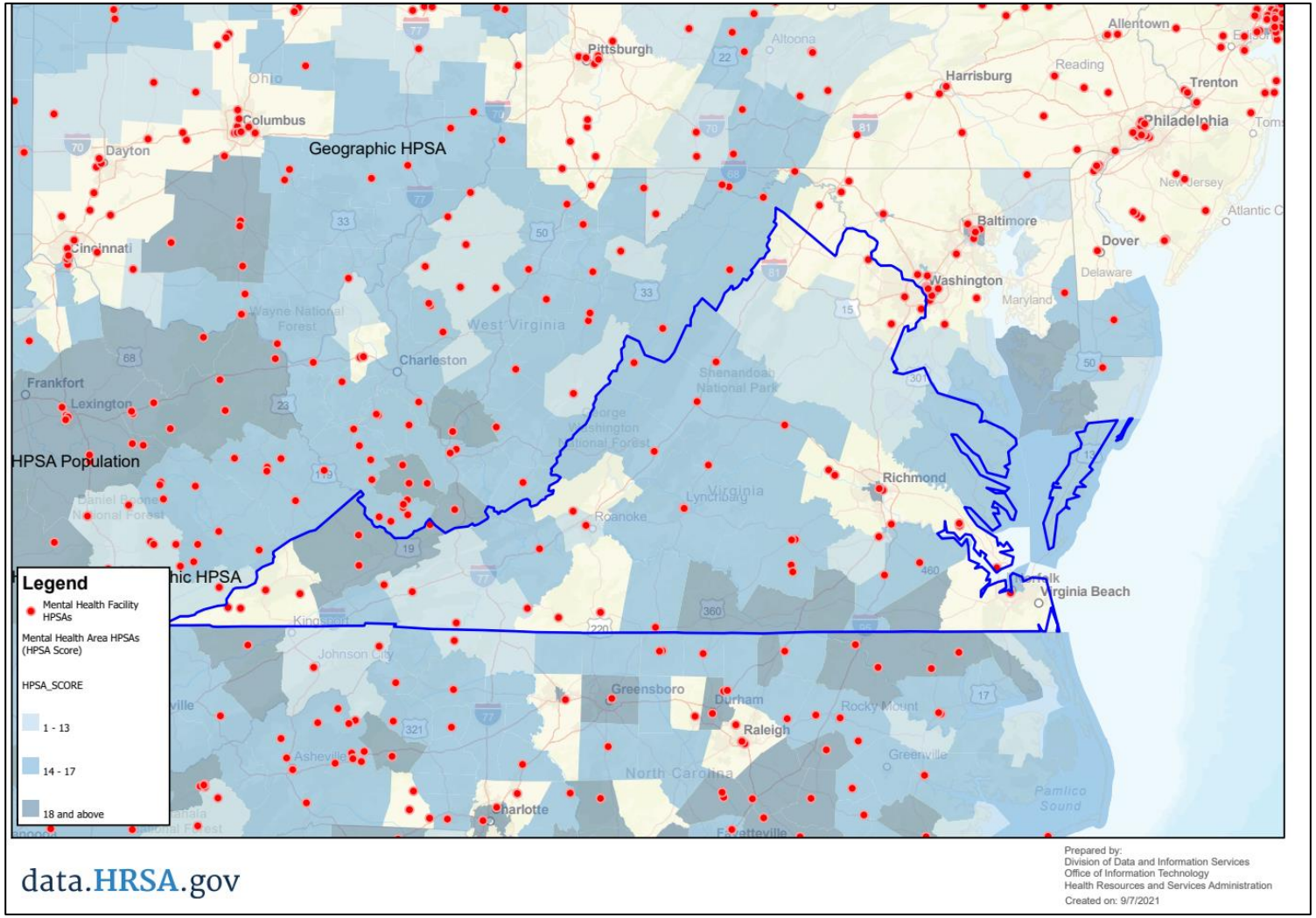
Providing education to build career interest

- The Health Sciences Highway can be a vital resource for improving the workforce pipeline
- Diversity, Equity and Inclusion (DEI)
- Utilize grant and one-time funding opportunities to ensure that there are roles available for the jobs that don’t exist yet

Setting the Landscape for BH & ID/DD Workforce Challenges

Behavioral Health Professional Shortages

Most counties in Virginia are designated as Behavioral Health Professional Shortage Areas



- Mental health facility shortages across Virginia

HPSA Score (Higher Scores Indicate Higher Need)

- 1 – 13
- 14 -17
- 18 and above

Expected Workforce Supply Shortfalls

This chart depicts the number of unique job ads posted by employers across Virginia for behavioral health related occupations. It demonstrates a continued need to fill existing vacancies across provider types.

Table 1 Employer Job Ads for Behavioral Health Occupations

		Job Ads (#)		Qualifications [3]		
SOC	Occupation Title	2019	Last 12 months	QMHP	QIDP	QDDP
21-1093.00	social and human service assistants [1]	19,130	17,669	424	57	137
21-1014.00	mental health counselor [1]	4,232	5,222	672		11
21-1094.00	community health workers [1, 2]	4,027	5,170			
21-1023.00	mental health and substance abuse social worker [1]	2,763	3,281	222	5	11
21-1021.00	child, family, and school social workers [1]	2,128	1,939	97		3
29-2053.00	psychiatric technician/specialist [1]	1,316	1,878			
19-3032.00	school psychologist	1,312	1,620			
29.1233.00	psychiatrist [1]	1,205	802			
19-3033.00	clinical and counseling psychologist	497	700			
21-1022.00	healthcare social worker [1]	736	638			
11-9151.00	Social and Community Service Managers	333	357	16		
21-1011.00	substance abuse and behavioral disorder counselor [1]	337	320	3		
21-1015.00	rehabilitation counselor [1]	122	178			
29-1141.02	advanced practice psychiatric nurse [1]	134	139			
19-3039.00	psychologist, all other	44	61			
21-1013.00	marriage and family therapist [1]	39	58			
31-1133.00	psychiatric assistant/aide [1]	1	14			
	Total	**38,356**	**40,046**	**1,434**	**62**	**162**

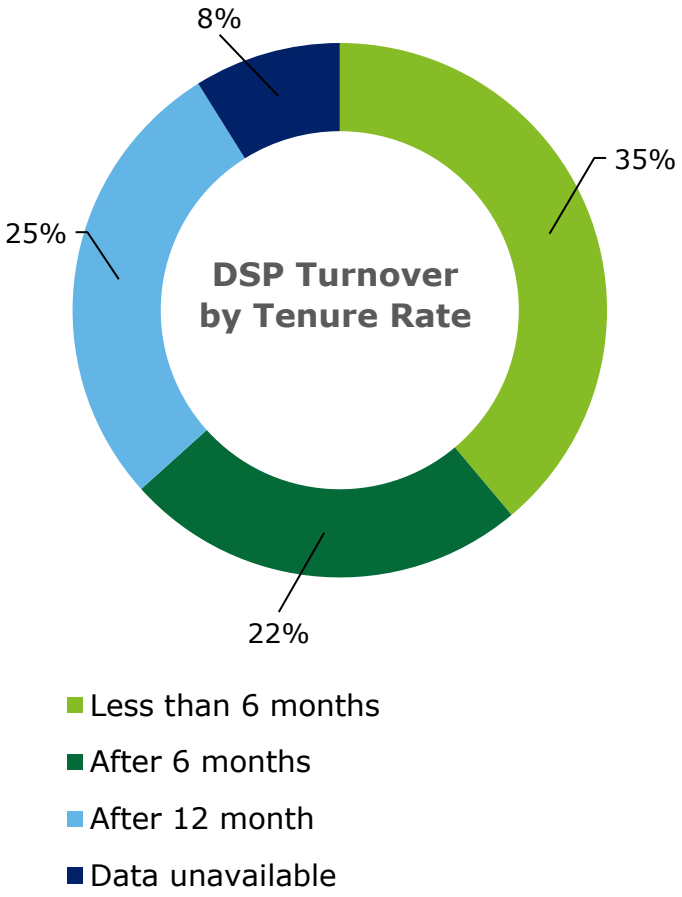
[1] Projected to grow faster than the average growth rate for all occupations (4%) between 2019-2029

[2] The count of community health worker job ads for 2019 and 2020 found by search of SOC 21-1094 and key words. These data are See notes.

[3] Qualifications. This column represents the number of job ads posted online from the last 12 months that include the key words "Qualified Mental Health Professional", "Qualified Intellectual Disability Professional", and "Qualified Developmental Disability Professional"

Direct support professionals (DSPs) are an integral part of the workforce

DSPs operating in public and private provider networks and settings play a critical role in sustaining the independence of individuals with intellectual and developmental disabilities, yet the need for services far outstrips the pool of DSPs



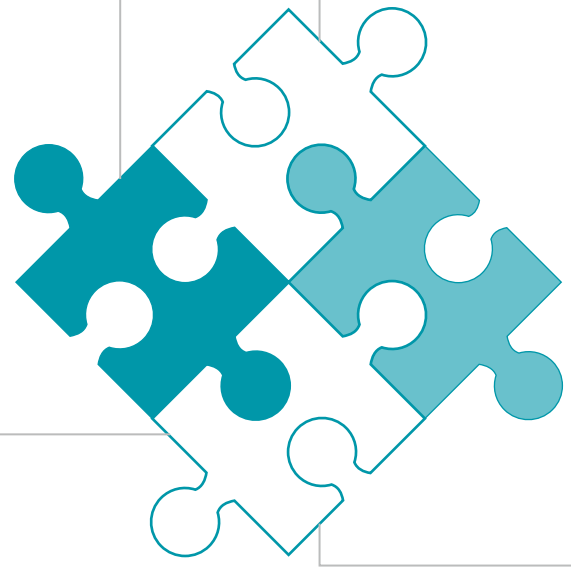
- Average **45% turnover rate**
- **574,200 new DSPs need to be hired every year** to account for this high turnover
- To service the approximately 200,000 people with ID/DD on waiting lists**, an additional 167,001 new DSPs would need to be hired**
- **2.5 part-time workers are needed** to fill one full-time ID/DD needs yet **only 1.3 million DSPs are available to provide support** currently
- There is a significant discrepancy between the job responsibilities and skill expectations as compared to their low wages such that **nearly half of direct support workers in the U.S. rely on public benefits.**

Factors effecting DSP workforce shortage:

- Rising need for services creating competition for workers
- Shifts in the types of services needed
- Low wages
- Lack of benefits
- Lack of training and promotion opportunities

State Examples Addressing Workforce Challenges

Connecticut, Maryland, Massachusetts, and Oregon have taken steps to address their workforce shortages that could be applicable in Virginia. More details on each example can be found in the Appendix.



Oregon

Improved access to behavioral health services and supports by conducting a **needs assessment** of the workforce and creating a **workforce challenges blueprint**

Maryland

Developed a comprehensive plan identifying 5 focus areas, which transformed policies and funding processes to create a **flexible, person-centered, system of supports** to address workforce challenges across all services

Connecticut

Created a pipeline to strengthen future workforce through implementation of the Connecticut Behavioral Health Workforce Collaborative which provides **career pathways** from post-secondary education

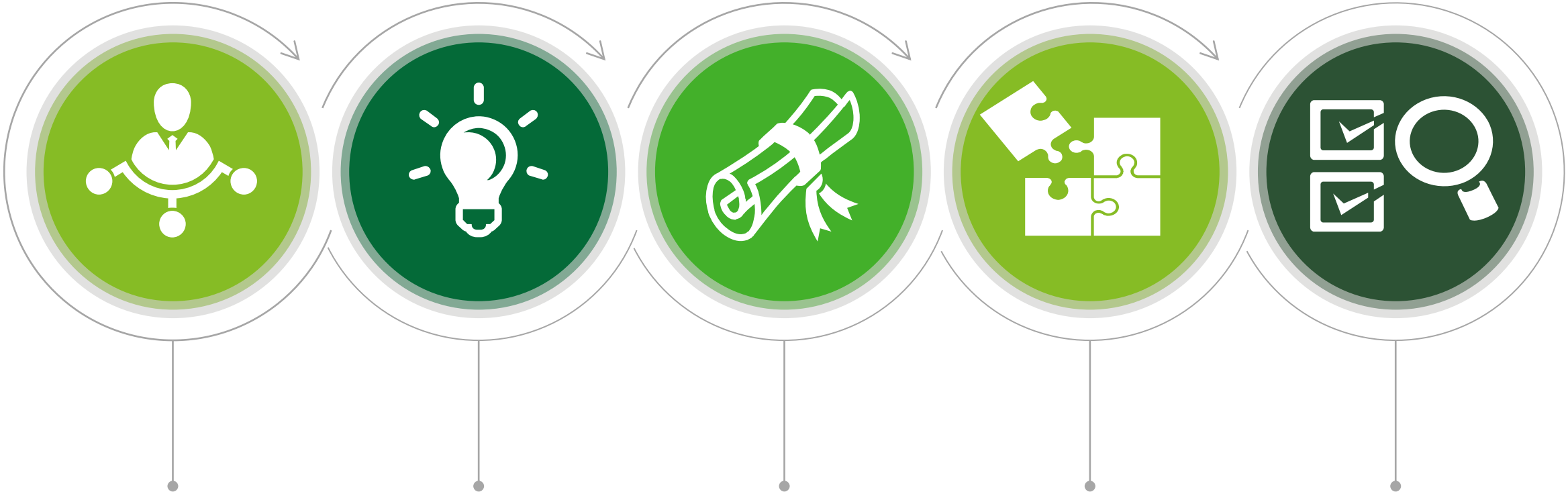
Massachusetts

Addressed the shortage of behavioral health providers practicing in community-based settings by establishing the Behavioral Health Workforce Development Program which offers **partial repayment of student loan obligations** for providers who commit to four years of service at a community health center

Strategic Initiatives for Virginia to Address Workforce Challenges

Areas of Opportunity for Leadership and Investment

We have identified 5 areas of opportunity for Virginia to lead and invest in its behavioral health and developmental services workforce. They include:



Governance, Leadership, Stakeholder Communications & Accountability

Diversity, Equity, & Inclusion (DEI)

Educational Opportunities & Career Pathways

Payment & Working Conditions

Regulatory & Licensing Assessment

DBHDS Can Play Two Key Roles in Addressing Workforce Challenges

We have included initiatives for investment in two categories: one where DBHDS leads and can impact workforce, and the second where DBHDS can play a meaningful role in broader efforts that span across organizations in the Commonwealth for an ecosystem impact beyond that of DBHDS alone. To effect real change, initiatives in both categories need to move forward together.

Charting the Path

These strategic initiatives would require DBHDS to chart the path on planning, implementation and execution. DBHDS may coordinate and collaborate with other state agencies on these efforts, but DBHDS would be the agency responsible for driving the effort and ensuring accountability.

Supporting the Effort

These strategic initiatives may require other (or multiple) state agencies to implement, but long-term success would require support and 'championing' by DBHDS. DBHDS may play a key role in planning, implementation and execution, but may not be the agency responsible for driving the effort.

Different initiatives that fall under each role can occur simultaneously, and DBHDS is not limited to a single role type

Strategic Initiatives Summary

Initiatives	Timing	Impact Of Solution

Develop a Health Workforce Office
• Create a Cross-Agency Entity or Structure that is Accountable for BH & ID/DD Workforce Development
  • Conduct a Cross-Agency Review of Commonwealth Licensing, Administrative Requirements, and Regulations
  • Develop Analytics Capabilities to Monitor Workforce Capacity
  • Undertake a 10-Year Strategic Planning Effort
• Identify and Implement Activities Associated with Strategic Initiatives
	Near Term Impact	Creates stakeholder engagement and provides a holistic workforce perspective
		Alleviate administrative burden and reduce licensing requirements that create barriers to entry for new professionals
		Informs decision making on policy and programmatic efforts
		Enables consistent visions, goals, and priorities for the agency
		Creates a blueprint for how to move forward with next steps

Review Opportunities to Improve Retention of the Workforce • Improve Wages & Benefits of BH & ID/DD Workforce • Modernize Treatment Approaches to Align with Evidence-Based Practices (EBP) • Professionalize the Direct Service Professional (DSP) Workforce	Long Term Impact	Demonstrates the value of the roles Promotes use of learned higher quality service and techniques creating improved retention and recruitment, balanced with flexibility to apply professional judgment Creates career pathways to support growth within the profession

Develop a Health Workforce Office

DBHDS supports the effort

Description: A Health Workforce Office with participants from various stakeholder groups can work to align collaboration efforts across the health workforce ecosystem. It can elevate recommendations to the Governor, and lead coordination activities across government agencies and others who can work together toward a shared vision.

- Body that is specifically focusing on developing the workforce across sectors, provider type, payers, etc.
- Charged with growing pool of workers, defining career pathways, improving work environment
- Directive to the Governor to establish an "Office"
- Provide leadership and advocacy for the provider community in both public and private organizations and facilities

Key Components
- Stakeholder engagement and buy-in
- Adequate staffing and budget
- Prioritization of Council initiatives

Considerations
- Entity responsible for Council creation
- Key participants and desired outcomes
- Measurements of success

Benefits
- ✓ Workforce would have birds eye perspective on workforce initiatives
- ✓ Facilitate alignment across ecosystem
- ✓ Ensure that workforce solutions are prioritized

Primary Stakeholders
- ✓ DBHDS senior leadership
- ✓ DHDS agency leadership
- ✓ Providers (public and private)
- ✓ DHP
- ✓ DMAS

Opportunity Area
- ✓ Governance & Leadership
- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

DBHDS supports the effort

Health Workforce Office: Create a Cross-Agency Entity or Structure that is Accountable for BH & ID/DD Workforce Development

Description: Historically, efforts to address workforce challenges have been hindered by a lack of alignment within and across agencies. Ensuring alignment on goals and priorities is critical to addressing workforce shortages in a sustainable way. Creating a coordinating entity or structure that is appropriately resourced and that cuts across different levels of government is key to ensuring that agencies are held accountable for their respective responsibilities.

Activities of this entity or structure may include:
- Prioritization of workforce initiatives
- Convening stakeholders
- Creating goals and setting KPIs for initiatives to measure progress; regularly reporting progress to the public and state leaders
- Determining agency responsibilities and holding agencies accountable to their commitments
- Developing a pipeline across the Commonwealth to recruit new entrants to the workforce in high schools and colleges
- Opening the provider network to increase the number of potential providers

Key Components
- Clearly defined entity or structure that is responsible for workforce initiatives across DBHDS and will help hold agencies accountable
- Reduce administrative burden
- Prioritization of workforce initiatives

Considerations
- Determining the entity or structure is best suited to carry out this work (e.g. task force, Secretariat level entity)
- Methods of accountability
- Staffing and resourcing of the entity
- Appropriate champion for the effort

Benefits
- ✓ Promote agency alignment across and within agencies that play a role in the BH and ID/DD workforce
- ✓ Ensures that each agency fulfills their commitments

Primary Stakeholders
- ✓ DBHDS senior leadership
- ✓ DBHDS agency leadership
- ✓ DHP leadership
- ✓ DBHDS Human Resources
- ✓ DMAS

Opportunity Area
- ✓ Governance & Leadership
- ✓ Educational Opportunities
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

DBHDS supports the effort

Health Workforce Office: Conduct a Cross-Agency Review of Commonwealth Licensing, Administrative Requirements, and Regulations

Description: A significant factor that contributes to administrative burden and staff retention is the variety of paperwork requirements that must be met in order to provide services. The administrative tasks and paperwork can be immensely burdensome, and many of the licensing requirements may create unnecessary barriers to entry into the workforce – it is key to strike a balance between quality and costs of quality.

Potential activities in this review may include:
- Examine and review mandatory and discretionary requirements to determine which regulations provide limited value and can be removed
- Conduct a review of paperwork and documentation requirements and make recommendations to reduce administrative burden
- Conduct a review of licensing requirements to ensure that the requirements are not unnecessarily onerous or otherwise limiting the potential workforce. This includes reciprocity with licensing requirements in bordering states such as NC, TN, WV, KY
- Conduct a review of degree requirements, including evaluation of Sociology and Criminal Justice as eligible degrees
- Evaluation of WaMS and other systems DBHDS requires CSBs to use to eliminate manual data entry and double data entry
- Standardization of authorization, billing and reimbursement practices between MCOs

Key Components
- Stakeholder engagement and buy-in across agencies
- Input and feedback from all providers types

Considerations
- Determine the regulations and requirements that add value to services provided and which ones do not
- Examine how DEI is impacted by licensing requirements
- Evaluate the systems in place that increase administrative burden and ways they can be streamlined

Benefits
- ✓ Reduce administrative burden
- ✓ Remove or reduce current barriers to entry
- ✓ Increase retention and increase the pool of eligible workers

Primary Stakeholders
- ✓ DBHDS senior leadership
- ✓ DBHDS agency leadership
- ✓ DHP leadership
- ✓ DBHDS Human Resources
- ✓ DMAS
- ✓ Providers (public and private)

Opportunity Area
- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

Health Workforce Office: Undertake a 10-Year Strategic Planning Effort

Description: Although there is an immediate need to address workforce shortages, it is also important for DBHDS to develop a 10-Year Strategic Plan to think critically and intentionally about how the agency will set a vision to meet the needs of patients and the workforce in the long-term, and what milestones can be created to promote strategic progress toward achieving that vision.

Core activities would include:
- Submit a strategic plan to the General Assembly
- Annual presentation of the plan to the General Assembly to report on progress and milestones
- Distribution of the strategic plan to all DBHDS stakeholders that may be impacted by the strategic priorities, such as CSBs, private providers, DHP, and DMAS
- Publicly available annual progress report that is distributed to all DBHDS stakeholders

Key Components
- Structured so that it spans administrations
- Collaboration and input from all stakeholders and provider types
- KPIs and performance metrics to track progress
- Formalized plan that is presented to the General Assembly

Considerations
- Prioritization of strategic efforts
- Blueprint to implement strategic priorities
- Appropriate and achievable milestones
- Who will spearhead the strategic planning effort

Benefits
- ✓ Create a consistent vision, goals, and priorities for the agency around the BH & ID/DD workforce that can span multiple administrations
- ✓ Enables providers and agencies to plan for the future

Primary Stakeholders
- ✓ DBHDS senior leadership
- ✓ DBHDS agency leadership
- ✓ Providers (public and private)
- ✓ General Assembly
- ✓ DHP

Opportunity Area
- ✓ Governance & Leadership
- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

Health Workforce Office: Develop Analytics Capabilities to Monitor Workforce Capacity

Description: The behavioral health and ID/DD workforce encompasses a wide range of provider types and provider settings. In order to understand where the need for providers is most acute and monitor the capacity of the workforce, DBHDS needs to be able to produce reliable data that can drive decision making around how to intervene and focus workforce development efforts.

Having a source of data that the Department owns and can access as needed can increase the efficiency and targeting of efforts geared toward workforce development. This analytics capability purpose would be collecting operational data to help drive decision making on resource allocation and priorities. Examples of operational data may include vacancy rates and turnover, geographic distribution of providers, geographic distribution of provider types, DEI metrics, quality, outcomes, etc.

Key Components
- Stakeholder engagement around which data elements to collect and monitor
- Information technology capabilities to host analytics and data warehouse securely

Considerations
- Data collection methods
- Selecting a platform and process that will not increase administrative burden for providers
- Implementation plan & platform maintenance plan

Benefits
- ✓ Allows access to reliable data to inform decision making and drive policy and programmatic changes

Primary Stakeholders
- ✓ DBHDS senior leadership
- ✓ DBHDS agency leadership
- ✓ DHP
- ✓ Providers (public and private)

Opportunity Area
- ✓ Governance & Leadership
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)

Health Workforce Office: Identify and Implement Activities Associated with Strategic Initiatives

Description: The Commonwealth's current state of crisis in BH and ID/DD workforce requires DBHDS and other state agencies to act without hesitation in implementing these initiatives to provide immediate relief as well as fix systemic issues that were present before COVID-19 created even more fragility.

There are many considerations for the implementation of the strategic initiatives to develop and support the workforce. Engaging in this work will require significant time and resources to plan, coordinate stakeholders, collect feedback and execute strategies to begin to address Virginia's workforce challenges. Specifically, DBHDS could begin a strategic roadmap development process to define discrete initiatives to support initiatives they can lead, prioritize initiatives, develop a strategic roadmap and implementation plan, and begin implementing.

Key Components
- Stakeholder engagement and buy-in
- Adequate resources and budget
- KPIs

Considerations
- Timeline and key milestones
- Prioritization of initiatives
- Strategic Roadmap
- Initiative owners and progress reporting

Benefits
- ✓ Creates a blueprint for next steps
- ✓ Develop a strategic roadmap
- ✓ Facilitates alignment responsibilities and next steps

Primary Stakeholders
- ✓ DBHDS senior leadership
- ✓ DHDS agency leadership
- ✓ Providers (public and private)
- ✓ DHP
- ✓ DMAS

Opportunity Area
- ✓ Governance & Leadership
- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

Review Opportunities to Improve Retention of the Workforce:
Improve Wages & Benefits of BH & ID/DD Workforce

DBHDS supports the effort

Description: Low wages are a key contributing factor to recruitment challenges and retention. The wages and benefits in these roles are at a level that requires many BH and ID/DD professionals to work overtime or hold multiple jobs and do not reflect the difficulty of the work. DBHDS can lead an analysis of wages and other benefits to determine how they align with market rates and what non-salary benefits could be offered.

Opportunities to improve benefits may involve:
- Increased wages to promote workplace priority and reduce the need for overtime
- Benefits that align with roles and career aspirations
- Salaries that demonstrate the value of the roles and level of experience
- Living wages that allow staff to complete certifications or other training opportunities outside of their working hours
- Scholarships, loan forgiveness and tuition reduction
- Benefits that recognize and support a primarily female workforce
- Tax incentives to offset increased labor costs

Key Components
- Analysis of potential benefit options and funding mechanism
- Collaboration with colleges on loan forgiveness or tuition reduction
- Extension of 12.5% rate increase beyond 2022
- Decouple funding streams for facilities and CSBs

Considerations
- Determine the most appropriate type(s) of financial incentive
- How DBHDS will administer financial incentive(s)
- Long-term strategic plan so that benefits keep pace with market increases

Benefits
- ✓ Increase job satisfaction
- ✓ Reduce turnover
- ✓ Increase recruitment
- ✓ Allow for individuals to participate in trainings and certification opportunities

Primary Stakeholders
- ✓ DBHDS leadership
- ✓ DMAS leadership
- ✓ Providers (public and private)
- ✓ Workforce
- ✓ DHP

Opportunity Area
- ✓ Educational Opportunities
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

Review Opportunities to Improve Retention of the Workforce: Modernize Treatment Approaches to Align with Evidence-Based Practices (EBP)

Description: Some of the treatment approaches in DBHDS facilities do not align with evidence-based practices, possibly due to inadequate existing staffing levels, facilities, or supporting technology, further exacerbating recruitment challenges and retention of clinical staff. To effectively modernize clinical practices there must be adequate staffing and resources to support facilities and workforce initiatives.

Related activities could include:
- Creating a model for EBP that maintains quality and is flexible to allow for professional judgement
- Pilot of EBP practices and data collection on quality and employee satisfaction
- Develop strategic communication and training for staff who have not practiced EBP
- Identify staffing implications for EBP implementation planning, implementation and maintenance

Key Components
- Identify the EBP practices and processes to be implemented
- Maintaining flexibility in EBP to allow for professional judgement
- Adequate resources and financing

Considerations
- Implementation of EBP without increasing administrative burden
- Prioritization and timeline for which EBPs to implement
- Implementation and maintenance of EBP

Benefits
- ✓ Increase retention of staff
- ✓ Improve recruitment pipeline, especially new entrants to workforce who are seeking facilities that practice EBP
- ✓ Improve quality of care

Primary Stakeholders
- ✓ DBHDS
- ✓ DMAS
- ✓ DHP
- ✓ Providers (public and private)

Opportunity Area
- ✓ Educational Opportunities
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

Review Opportunities to Improve Retention of the Workforce:
Professionalize the Direct Service Professional (DSP) Workforce

Description: There are extremely high turnover rates among DSPs, resulting in staff vacancies, increased organizational costs, and adverse impacts to the quality of care delivered. There is not a path for advancement within direct patient care and it is a career that can be undervalued and is severely underpaid despite the integral role they have in caring for some of the most vulnerable populations.

Professionalizing the DSP workforce via credentialing would create career ladders and pathways that would enable individuals to advance their career within the profession without leaving direct patient care. Standardized DSP credentials could be portable across facilities, reducing training costs for organizations. Moreover, creating salary structures that align with credential levels would not only incentivize professional growth, but also create a sense of feeling valued for the important work that DSPs do.

Key Components
- Career ladders in direct patient care
- Portable credentialing
- Standardized DSP education and credentials across the Commonwealth

Considerations
- Most appropriate type of education and process for credentialing
- Credentialing body, multiple initiatives already exist
- Process and requirements for maintaining DSP credentials
- Salary structures for DSP levels
- Deemed status for licensure

Benefits
- ✓ DSP workforce feeling valued, respected
- ✓ Increase job satisfaction & retention
- ✓ Create and incentivize career growth opportunities in direct patient care

Primary Stakeholders
- ✓ DBHDS leadership
- ✓ DMAS – potential federal matching
- ✓ Dept. of Health Professions (DHP)
- ✓ Providers (public and private)

Opportunity Area
- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

Supporting Strategic Priorities and Effecting Change in the Commonwealth

Leverage Medicaid Administrative Match as a Strategic Funding Stream

Federal dollars are available to support qualifying DBHDS activities and thereby enhance the state funds allocated to support the initiative

State Medicaid programs can claim federal matching dollars for activities that support the effective administration of the State Medicaid Plan

In most instances, the **matching rate is 50%**

If a state contributes $100 for an eligible cost, the federal government will "match" 50% of that amount, resulting in $150 available to the state

There are strict rules governing the availability of federal administrative dollars:

- *The costs must be "proper and efficient" for administering a state Medicaid plan*
- *Costs must be assigned to activities by a methodology that takes into account the relative benefit to the Medicaid program and its members*
- *The costs must be targeted only to **Medicaid eligible individuals***
- *Costs cannot cover facility overhead*

Potential match fund initiatives:

- Programs that support workforce initiatives, such as DSP training and credentialing
- Compensation for staff that lead trainings related to workforce development
- Compensation for training outside of a formal certification process, such as the supervision of interns or trainees doing clinicals
- Technology improvements that can reduce administrative burden, such as EHR upgrades

DBHDS can collaborate with DMAS leadership in identifying potential initiatives that are eligible for federal administrative dollars and deliver necessary details to the federal Centers for Medicare and Medicaid Services (CMS) for approval of the expenditure

Medicaid Administrative Claiming | Medicaid

This is a Historical Moment…

Virginia's Workforce Crisis

Virginia's long-standing workforce shortages have reached crisis levels and must be addressed as soon as possible.

COVID-19 has stressed the provider network in ways that reveal the lack of capacity to meet current staffing and service delivery needs, and to meet the needs of the future.

Federal COVID-19 Funding

As part of the federal response to COVID-19, there are unprecedented funding opportunities available to states, including via the American Rescue Plan Act (ARPA), new HCBS funding, and other provider support dollars through the CARES Act.

Virginia can leverage this opportunity to act and address both immediate and long-term impacts on its BH and ID/DD workforce

Estimated Costs of Strategic Initiatives

Initiatives	Assumptions	Estimated Cost

Develop a Health Workforce Office
• Create a Cross-Agency Entity or Structure that is Accountable for BH & ID/DD Workforce Development
  • Conduct a Cross-Agency Review of Commonwealth Licensing, Administrative Requirements, and Regulations
  • Develop Analytics Capabilities to Monitor Workforce Capacity
  • Undertake a 10-Year Strategic Planning Effort
• Identify and Implement Activities Associated with Strategic Initiatives
	• Assume overlap in individual(s) involved with cross-agency efforts (other entities could include Governor's office, DOE, DMAS, DHP; cost per agency could range from $250,000 -- $400,00, depending on staffing numbers and which agency is leading the effort)
	• 2 FTEs per agency on Commonwealth licensing review
		$400,000* for DBHDS
		$350,000* for DBHDS
		$200,000
		**($1M-$1.6M across agencies*

	Costs for analytics capabilities includes technology and staff to run reports and do analysis	$750,000
	10-year strategic plan includes one time funding for ~4-6 month effort among DBHDS leaders and industry stakeholders (e.g. CSBs, private providers)	$500,000
	Estimated cost for 1 year of consulting services and support for implementation activities, which includes program and project management, along with reporting and communications	$1,500,000
Review Opportunities to Improve Retention of the Workforce • Improve Wages & Benefits of BH & ID/DD Workforce • Modernize Treatment Approaches to Align with Evidence-Based Practices (EBP) • Professionalize the Direct Service Professional (DSP) Workforce	For efforts on improving wages, all agencies involved will contribute equally; 2 FTEs per agency on effort	$200,000
	Medicaid match funds will be leveraged for the modernization of treatment approaches; two trainers & repurposed curriculum from another state	$200,000 (+$100,000 federal)
	For professionalization of DSP workforce, there will be 2 FTEs per agency on the effort	$200,000
Grand Total		***$4,300,000 – $5,500,000***

Appendix:
Stakeholder Interview Insights

Stakeholder Interview Groups

In September 2021, our team spoke with 5 different stakeholder groups across 15 organizations to learn about challenges facing the behavioral health and ID/DD workforce in the Commonwealth from various perspectives and inform our strategic initiatives

Stakeholder Interviewees

In addition to the DBHDS Visioning Session on September 15, 2021, we also spoke with the following individuals and organizations about workforce issues to incorporate their feedback into the Strategic Initiatives Report:

Community Service Board Leaders (CSB)

- Kathleen Wine – HR Manager; Loudoun County CSB
- Cheryl Watson – Assistant Director; Loudoun County CSB
- John Lindstrom – CEO; Richmond Behavioral Health Authority
- Jim LaGraffe – Executive Director; Rappahannock Rapidan CSB
- Sheryl Reinstrom – Associate Executive Director; Rappahannock Rapidan CSB
- Ryan Banks – Division Director; Rappahannock Rapidan CSB
- Henry Eggleston, Sr Director of HR; Rappahannock Rapidan CSB
- Sandy Bryant – CEO; Mount Rogers CSB
- Bob Gordon – Chief HR Officer; Mount Rogers CSB
- Demetrio Peratsakis – Director; Western Tidewater CSB
- Darlene Rawls – Director; Western Tidewater CSB
- Laura Matthews – HR Director; Western Tidewater CSB

Private Providers

- Paul Scardino – Regional Director; National Counseling Group
- Lynda Hyatt – Executive Director; Gateway Homes
- John Weatherspoon – Executive Director; Wall Residences
- Kyle McMahon – Director; Family and Preservation Services
- Sara Viers – Statewide Director; Wall Residences
- Amanda Craig – Regional Director; Wall Residences
- Larry Pope – Executive Director; WHOA Behavioral Health
- Dennis Parker – Vice President; Caliber Virginia

Association Leaders

- Jennifer Faison – Executive Director; Virginia Association of CSBs
- Jennifer Fidura – Executive Director; Virginia Network of Private Providers, Inc.

Department of Medical Assistance Services (DMAS)

- Karen Kimsey – Director; Department of Medical Assistance Services

National Leaders

- Joseph Macbeth – Chief Executive Officer and President; National Alliance of Direct Support Professionals
- Steven Eidelman – Professor of Human Services Policy and Leadership; University of Delaware

Key Themes

Our interviews validated the following key themes as core aspects of the recommended strategic initiatives:

Virginia Stakeholder Insights

Compensation & Benefits

Compensation	- Compensation is a top issue faced across all geographies, provider types, and provider settings - Employers are **competing with industries such as retail and fast food** because working at in fast food or retail is typically much less stressful and physically demanding work - **Loss of employees to other local providers** is a huge issue; some hospitals and private providers can offer signing bonuses or higher salaries that safety net providers can't match
Funding	- Lack of clarity about the **duration of the 12.5% rate increase** magnifies the uncertainty in the market and has significant implications for operational budget planning - **Separation of funding streams** between hospitals and CSBs is another important issue because CSB employees don't receive the same wage increases as hospital employees, even though the budget come from the same bucket
Educational Incentives	- **Loan forgiveness/reduction, tuition reduction, or scholarships** are potential incentives that don't currently exist in a systemic way - One organization negotiated directly with a local college for tuition reductions to help recruitment because no other educational incentives existed - Importance of **compensation for time spent doing continuing education or professional training**

Professionalization of Direct Support Professionals (DSPs)

Career Pathways & Ladders	– **Credentialing DSPs** would create career ladders and incentives to advance professionally – Absence of **career ladders within the profession** results in DSPs leaving direct patient care to grow professionally, further exacerbating workforce needs – Very little **knowledge of different career paths** when individuals enter DSP workforce – Importance of **standardized education** and **portable credentials** which would also reduce organizational onboarding costs – **DSP training should be informed by the skills and interests of DSPs**; for example, most DSPs are women with children who are unlikely to go back to school mid-career to receive a new certification
DSP Credentialing in Practice	– New York: DSP credentialing program pilot – Tennessee: QuILTSS Institute: DSP apprenticeship program – Ohio DSPATHS: DSP certificate program with sub-specialty certificates available – National Alliance of DSPs (NADSP) E-Badge Academy: competency-based skills training and certification

The teaching profession has created entry pathways into the profession by allowing new teachers to teach at the same time they're in training; this could be a model for behavioral health and ID/DD workforce.

Licensing Requirements

Licensing Requirements	- Licensing requirements have continued to increase in a way that has **created barriers to entry** and severely restricts the potential workforce - **Reciprocity for licensing requirements** in neighboring states would help increase the pool of potential workers and help with recruitment efforts – Some **organizations are forced to layoff employees or discontinue services** because of increasing licensing requirements and new regulations, even though they desperately need to fill vacancies and hire more employees – ID/DD professionals have some of the lowest licensing requirements, despite caring for an extremely vulnerable population
Scope of Practice	– **Increasing the scope of practice of certain provider types** would enable facilities to more efficiently use available staff – Many licensed providers spend their time doing screenings instead of providing services such as counseling or therapy
Financing	– **Licensing requirements and the cost of providing care have continued to increase while rates have remained stable**, further shrinking margins and increasing pressure on providers – Increasing provider requirements also increases the costs of providing care, and there is a **lack of financial support to account for the higher costs of service provision**

Recruitment & Educational Preparation

Pipeline Development	– Workforce pipeline needs to be at an **early stage** (e.g. high school and college students) – Learning about the workforce opportunities and career paths could entice individuals who don't plan on **obtaining higher education or going back to school** – Curriculum can be implemented into high school tech programs and focus on developmental disabilities, a similar model to CNA programs – **Expansion of eligible degrees** would create career pathways for a variety of backgrounds

Degree Requirements	– Certain **degree restrictions hinder the ability to hire individuals with a variety of skill sets** (e.g. Sociology and Criminal Justice) and severely restrict potential workforce
	  – Concepts learned in Sociology and Criminal Justice programs are closely related to the work of DSPs and other BH and ID/DD professionals
	– Degree restrictions can also have **negative implications for DEI**
	  – For example, in Virginia criminal justice is a degree that is popular with Black students

Rural CSBs	– Rural CSBs face unique and significant challenges recruiting employees because of their location, and these challenges are exacerbated by the fact that other incentives to attract workers do not currently exist – For rural CSBs located close to bordering states, Virginia's residency requirement for licensing further restricts the pool of people that they can recruit

Administrative Burdens

Administrative Requirements	– **Duplicity and inconsistency in documentation requirements** across facilities and different MCOs – One organization provided a *paperwork bonus* because providers spend so much time on documentation, but don't get reimbursed for it– this incentive came from the organization's bottom line – **CSBs are required to use 8 different systems, in addition to their own EHRs**, to provide the state with documentation; many of the systems are not interoperable, requiring manual and double data entry – Misalignments between mandatory education and actual job responsibilities
Accreditation Requirements	- Requiring accreditation for services is **incredibly costly and time-intensive**, which can disincentivize the expansion of certain services due to the compressed margins organizations already have - No financial support to subsidize or cover the cost of accreditation - Some **organizations are forced to discontinue services or eliminate the expansion of services** when new accreditation requirements are implemented - Instances of **last-minute accreditation requirements** do not account for the time required in the accreditation process

National Leader Insights

National Leader Insights

Joseph Macbeth Chief Executive Officer and President, National Alliance of Direct Support Professionals	Steven Eidelman Professor of Human Services Policy and Leadership, University of Delaware
<u>Perspective</u> - This is a long-standing and critical issue nationwide, with DSPs having +50% turnover rates for decades - Certifying DSPs is a way to increase retention, as certified DSPs stay longer than non-certified DSPs <u>Opportunities</u> - Career ladder vs. Career lattice - COVID tenure bonus - 3 step certification program: NADSP E-badge academy & other state examples	<u>Medicaid</u> - Medicaid waivers serve a wide range of individuals - Costs have increased more than the money allocated to states - Approximately 15 states have implemented a technology-first strategy <u>Strategy</u> - Conduct an analysis on prioritizing retention (maintenance vs. expansion) - Reconsider requirements for credentialing and licensing to reduce barriers to entry - Leverage Medicaid administrative match funds to optimize workforce investments

Appendix:
State Example Highlights

Maryland

Maryland selected five priorities to expand the capacity of its collective service workforce and developed performance measures to monitor the success of each priority.

Priorities				
Improve core competencies of current workforce through training	**Facilitate entry of new professionals** into the field through collaboration with and support to higher education partners	Enhance structures and processes to recruit, promote, and **support a diverse workforce**	Promote the delivery of ongoing **cross-training** of the workforce	Implement **cultural and linguistic competency training** programs that incentivize staff at all levels of the workforce
Performance Measures				
Number of training provided; number of attendees awarded continuing education credit hours	Number of students pursuing service-related degrees that were awarded stipends, scholarships or loan assistance	Number of grants to historically black colleges and universities (HBCUs) to provide financial assistance to students pursuing service-related degrees; Grants to include scholarships, stipends, curriculum infusion activities	Number of trainings provided, number of trainees awarded continuing education credit hours, and survey results on the effectiveness of the training programs	Surveys to measure effectiveness of training programs that track staff performance and the development of cultural competence

Maryland Department of Health, *State of Maryland Behavioral Health Administration,* FY2020-FY2021

Massachusetts

Massachusetts is building Community Behavioral Health worker capacity through its Delivery System Reform Incentive Program (DSRIP) waiver.

Delivery System Reform Incentive Program

Massachusetts DSRIP provides $1.8 billion over five years to support MassHealth (Massachusetts Medicaid) providers as they transition to value-based payment.

Entities that have signed contracts as MassHealth accountable care organizations (ACOs) or Community Partners (behavioral health or long-term support and services) are eligible to participate in DSRIP.

DSRIP supports the **development of infrastructure and the implementation of care coordination activities for ACOs and Community Partners** throughout the state, helps providers transition to new care delivery models, improves enrollees' care and experience, and strengthens provider capacity.

Solution

Broaden access to and build capacity of, the behavioral health workforce through cultural and linguistic competency.

This was driven by evidence that suggests individuals benefit from relationships with people who have similar lived experiences and are members of their community, such as community health workers (CHWs) and peer supports. These professionals include, but are not limited to, promotors, and peer support specialists.

Oregon

The Oregon Health Authority developed the Recruitment and Retention Recommendations for Oregon's Behavioral Health Workforce which identified three priorities; one priority is comprised of two parts:

Priorities			
Part I: Improve equitable geographic distribution of the behavioral health workforce across the state	**Part II:** Improve equitable geographic distribution of the behavioral health workforce across the state	Allocate workforce across different practice settings to meet population needs	Increase number of licensed and unlicensed behavioral health workforce providing direct services
Steps			
Increase the proportion of licensed and unlicensed behavioral health workforce that work in rural and underserved geographic areas: • Develop high-quality education and training programs for advanced practice providers and traditional health workers • Incentivize the redistribution among all provider types to Multnomah County	**Improve access to housing:** • Utilize deed restrictions (restrictive covenants) to ensure that housing remains affordable over time for use and occupancy by local employees. • Develop a state program to incentivize employers to offer commuter or housing benefits such as tax breaks	**Allocate workforce across different practice settings to meet population needs:** • Appropriately allocate workforce to practice setting, i.e., distribute clinicians to match patient need (severity and acuity), including efforts to integrate behavioral health clinicians into school-based and medical settings	**Increase Traditional Health Worker (THW) workforce:** • Create plans for integrating and utilizing THWs as part of integrated healthcare teams, assertive community treatment teams, non-clinical care settings, etc. • Establish alternative payment models with sustainable rates for THW services • Maximize use of peer workers

Connecticut

A review and analysis of the information gathered from Connecticut's Workforce Collaborative on Behavioral Health yielded three key areas of focus:

Using Information From The Connecticut Career Pathways In Behavioral Health Report

Use data from this report to **support the development of workforce strategic planning, policy development, and grant writing** and distribute the data to stakeholders invested in the future of the behavioral health. This report was available on the Connecticut Workforce Collaborative website and disseminated to Collaborative members as stand-alone documents.

Developing Additional Needed Information

Develop workplan to **obtain information on the capacity of the behavioral health workforce**, such as: number of employees; retention and turnover information for Connecticut behavioral health providers and positions; projected position vacancies; comparisons of numbers of graduates completing behavioral health-related programs and anticipated position vacancies; and identification of new programs and curricula needed in addition to with strategies to develop them.

Collaboration With Other Stakeholders

The Connecticut Workforce Collaborative on Behavioral Health should **continue to strengthen its relationships with the Office for Workforce Competitiveness and the Allied Health Workforce Policy Board** in order to incorporate the mental health and addictions field into mainstream health workforce planning in this state.

Appendix:
DSP Credentialing in Practice

NADSP's E-Badge Academy is just one example of how DSP career paths can be professionalized

NADSP created an online "E-Badge Academy" credentialing platform to standardize DSP training and create career ladders in the profession.

Impacts of Credentialing

- Wage stabilization
- Increased tenure
- Improve quality of support
- Potential for credentials to be 'portable' across institutions

How it Works

- DSPs must submit specific examples, experiences and education, which are uploaded for objective review by NADSP
- E-badges are awarded to acknowledge and celebrate progress. DSPs earn badges for:
  - Knowledge
  - Skills
  - Values

Milestones to Stabilization

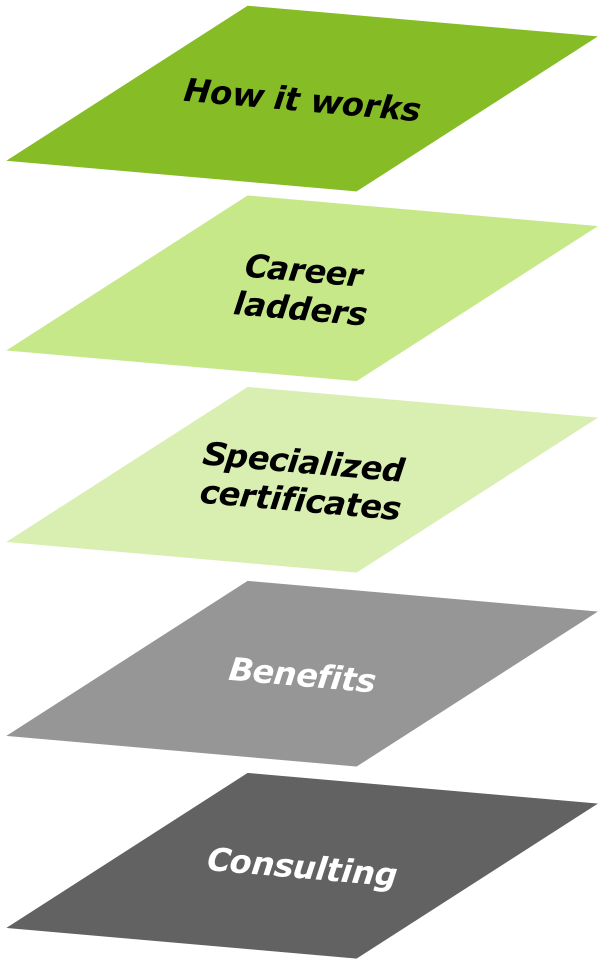
- Competency-based credentials ensure knowledge and enhance quality support
- Pay incentive based on DSP level
- Creates a career ladder

DSP Level Requirements & Competencies

- DSP I
  - Non-Negotiables in Service: Health, Safety and Person-centered support
- DSP II
  - Supporting Community Based Care and Relationships: Community Navigation, Community Networking, Support Choice
- DSP III
  - Supporting Individualized, Values-Based Care: Promoting Rights, Advocating with and Advocating for Individuals Served

Ohio Credentialing Program: DSPaths

DSPaths credentialing program meets the needs of employers and the public, while creating a career ladder and providing incentives to grow professionally



- Credentialing courses are voluntary and available online or at onsite training agencies that are licensed to teach the DSPaths curriculum
- Online courses are **organized into modules** and when DSPs sign up for the online courses they must complete all modules; DSPs are **assigned to an Ohio Alliance of Direct Support Professionals (OADSP) representative** to provide support throughout the process

- Basic certification – 30 hours
- Certificates of Initial Proficiency (CIP) and Certificates of Advanced Proficiency (CAP) – 60 hours
  - Meets the major requirements for a **national credential awarded by NADSP**
  - Credentials are **portable** in the State of Ohio
  - Increased wages incentive (certificates + 2 years of experience)

- Health & Safety management, Assessment tools & Approaches, Incident Report Writing, Communication
- **Specialized Skills in Supporting Individuals with Mental Illness, ID/DD, Autism & Older Adults with ID/DD**
- Crisis Intervention, Effective Support Models, Guidelines Effective Documentation

- Confirms competency, capability and provides recognition
- **Proves dedication and distinguishes a DSPs specialty**
- Certified DSPs have input, influence and has increased organizational participation

Consulting and franchise initiatives to assist statewide entities with building sustainable training and support infrastructure

- Consultations, training and professional development is available to **states and organizations**
- Training, credentialing, and consultations cover both broad based and specific areas
- Evidenced and research-based methods of training for adult learners
- Advanced training ladders and customized curriculum trainings

Appendix:
Additional Resources

Additional Resources

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    a) Virginia Career and Technical Education, 2017 – 2020

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r) Kate Masters," Amid A Push To End Mental Health Hospitalizations, Virginia Is Still Funding More Beds," July 2021 Amid a push to end mental health hospitalizations, Virginia is still funding more beds | News | fauquier.com

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jj) U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, "State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030, Rockville, Maryland," September 2018, State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030 (hrsa.gov)

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Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce

A tool to serve as a baseline to measure progress and to help guide investments intended to increase access to basic mental health services in Virginia.

January 2022

www.vhcf.org

AGENDA ITEM
#6.56

Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce

Executive Summary

The COVID-19 pandemic has brought a tsunami of stressors, resulting in a mental health crisis. Most behavioral health (*BH*) professionals indicate the various related traumas and their after-effects will continue far into the future. BH professionals throughout the Commonwealth are overwhelmed by the demand for services and Virginians are unable to get the help they need. Unfortunately, this demand is expected to continue to outpace the capacity of Virginia's licensed BH workforce.

This assessment provides statewide and locality-specific data on the capacity of each of Virginia's five types of licensed BH professionals; data regarding Virginia's pipeline to produce more licensed BH professionals; the current demand for them; and the consequences of an inadequate supply. It is a tool to help those who want to increase access to basic mental health services prioritize investments of time and resources. It can also serve as a baseline to measure progress.

Key Findings

While Virginia regularly ranks at the top of national scorecards as the best state for business and a top state for public education, when it comes to availability of BH services, that is not the case. The shortage of BH professionals is not a new problem, the severity of the shortage is, however.

- A large and disproportionate number of Virginia's licensed BH professionals are at or nearing retirement age (*61% of Psychiatrists are age 55 or older*).
- Virginia's BH workforce does not reflect the racial and ethnic diversity of the Commonwealth's population.
- 93 of Virginia's 133 localities are federally-designated Mental Health Professional Shortage Areas; 37% of Virginians (*3.2 million*) live in them. Two localities have no licensed BH professionals; 35 have no trained BH prescriber (*Psychiatrist, Psych NP*).
- In many communities with no or a few BH professionals, a large number of households do not have broadband internet access and are unable to access tele-health services. One-in-five Virginians (*20%*) live in these communities.
- Virginia localities with no or a few BH professionals have poorer outcomes on key BH indicators than those with more BH professionals.
- Although Virginia's 40 graduate-level BH programs, combined, graduate nearly 800 individuals annually, the number who ultimately become licensed in Virginia is insufficient to maintain even the current inadequate supply of BH professionals.

The Commonwealth of Virginia is a "can do" state and succeeds when its leaders focus on elevating the state's performance or rankings. It will take a variety of short and long-term strategies over a number of years to address Virginia's significant shortage of licensed BH professionals. As such, time is of the essence. The multi-dimensionality of solutions requires cross-sector engagement, focus, and investments of time, money and attention targeted to strategies which will produce measurable results.

Introduction

The COVID-19 pandemic has brought a tsunami of stressors and challenged the equilibrium of us all. The resulting need for behavioral health (*BH*) services has skyrocketed in Virginia and the nation. Most BH professionals indicate the various traumas and their after-effects will continue far into the future.

This has created a mental health crisis in both the public and private sectors. The workforce shortages that existed in the Commonwealth and in each of the five licensed BH professions before the pandemic have been exacerbated exponentially. The need and demand for behavioral health services far exceeds the available capacity to meet them. BH professionals throughout the Commonwealth are overwhelmed and Virginians are waiting months for help. Demand for services is expected to continue to outpace the workforce in the coming decade.

This assessment of the capacity of Virginia's BH workforce provides statewide demographic data and locality-specific data for each of the five types of licensed BH professionals. It also includes data on Virginia's pipeline for producing more BH professionals; the current demand for them; and the consequences of an inadequate supply. It is hoped this assessment can serve as a tool to help those addressing the shortage of BH providers prioritize and target investments of time and resources. This assessment can also serve as a baseline for measuring progress over the years.

Virginia Ranks Poorly in Availability of Behavioral Health Services

While Virginia regularly ranks at the top of national scorecards as the best state for business and a top state for public education, when it comes to availability of BH services, that is not the case:

- 38 states have more licensed BH professionals/100,000 people than Virginia (*America's Health Rankings, 2021*).
- Virginia ranks 39th in the U.S. for access to mental health care and 41st for availability of its BH workforce (*Mental Health America, 2021*).
- 37% of Virginians live in the 93 localities that are federally-designated Mental Health Professional Shortage Areas (*MHPSAs*), compared to about 30% of all Americans.
- Access to BH services is a top concern in Community Health Needs Assessments conducted by Virginia's nonprofit hospitals every three years.

Demographic Profile of Virginia's Licensed BH Workforce Is Concerning

There are 5 types of licensed BH professionals:

- Psychiatrist (*all types*)
- Psychiatric-Mental Health Nurse Practitioner
- Clinical Psychologist
- Licensed Clinical Social Worker
- Licensed Professional Counselor

Many of them are at or nearing retirement age, with a significant portion *age 55 or older*. Data from the Virginia Department of Health Professions (*DHP*) show this is true for each of the five BH professions.

Most alarming is the age of such a large percentage of Psychiatrists and Psychiatric-Mental Health Nurse Practitioners (*Psych NPs*). Virginia is fast approaching a provider cliff with 61% of Psychiatrists *age 55 or older* and 39% of Psych NPs *age 60 or older*. This is particularly distressing, because they are the only types of BH professionals specially trained and licensed to prescribe and manage psychotropic medicines, which are a primary method of treating many mental health conditions.

BH Professional Type	% of Workforce Age 55+
Psychiatrist	61%*
Psychiatric-Mental Health Nurse Practitioner	39%**
Licensed Clinical Psychologist	36%
Licensed Clinical Social Worker	37%
Licensed Professional Counselor	32%

*Psychiatrist Data Source: Association of American Medical Colleges (*AAMC*) (*2019*).
LCP, LCSW and LPC Data Source: Department of Health Professions' Profession reports (*2020*).
**In 2019, 39% of Psych NPs were age 61 or older; 60% were age 51 or older. Data Source: Health Care Workforce Data Center, Virginia Department of Health Professions (*October 2020*).

While the percentage of those nearing retirement in the other three types of BH professional categories is not as startling, it is concerning as well, because it represents one-third or more of those practicing. If these providers' ages were more evenly distributed over the typical four decades of practice, only 25% would be at or nearing retirement age.

More racial and ethnic diversity is needed in Virginia's licensed BH workforce. Currently, it does not reflect the diversity of Virginia's population (*see table below*). Therapy is most effective when the BH professional can personally relate to a client's circumstances. This is especially true when a person's stressors are related to racial and ethnicity-related issues.

Race/ Ethnicity	Virginia	Licensed Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor
	2020 Census	*2020 Virginia Department of Health Professions Reports*		
White	**60.3%**	82%	79%	76%
Black	**18.6%**	7%	14%	16%
Hispanic	**10.5%**	4%	3%	4%
Asian	**7.1%**	4%	2%	1%
2+ Races	**8.2%**	2%	2%	2%
Other	**5.8%**	1%	1%	1%

Many Localities Lack the Licensed BH Professionals Needed

Awareness of the number and distribution of Virginia's BH professionals is fundamental to understanding the availability of BH services in the Commonwealth. A vast majority of Virginia's 133 localities are federally-designated Mental Health Professional Shortage Areas; 3.2 million Virginians live in these localities.

A review of the number of each type of BH professional by locality provides an eye-opening perspective. Two localities (*Craig and Surry counties*) have no licensed BH professionals of any kind. Two others (*Mathews and King & Queen counties*) each have ≤ 1 FTE of a BH professional.

The table below shows the number of Virginia localities with **no** BH professionals of a particular type and the number of localities with just 1 FTE or less of a type of BH professional.

Number of BH Professionals/ Locality	# Psychiatrists	# Psych NPs	FTE Clinical Psychologists	FTE LCSWs	FTE LPCs
0	54	51	33	6	3
≤1	25	28	15	5	13
TOTAL	***79***	***79***	***48***	***11***	***16***

Data for Psychiatrists and Psych NPs and LPCs, LCSWs LPCs practicing in Virginia (*in 2021 and 2020, respectively*): Healthcare Workforce Data Center, Virginia Department of Health Professions.

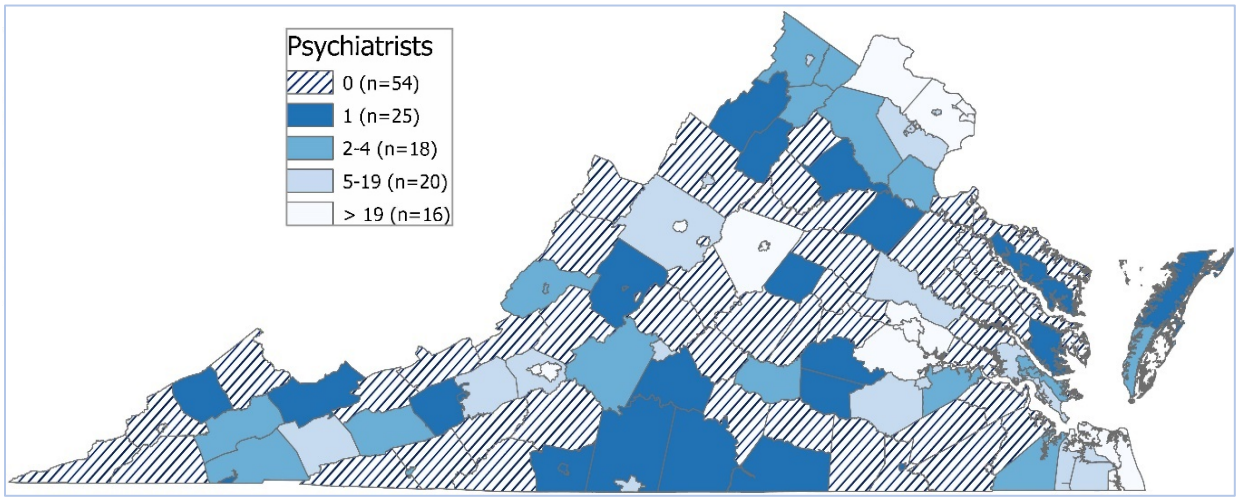
Shockingly, 54 localities have **no** Psychiatrist and 51 have **no** Psych NP. In addition*, 88 localities have no Child/Adolescent Psychiatrist*. Perhaps most significantly, **35 localities are without a prescriber** (*Psychiatrist, Psych NP*) specifically trained in psychotropic medicines and an additional 25 have only 1 prescriber. *Note that these are the same two professions with the highest percentage of those at or near retirement age.*

While primary care providers (*PCPs*) can prescribe behavioral health medicines, most PCPs have little training in psychopharmacology and many feel uncomfortable doing so, as a result. Still, PCPs write many psychiatric prescriptions (*59% of all psychotropic prescriptions in 2006 – 2007, including 62% of antidepressant prescriptions, Reuters Health News, September 2009*). Their lack of training prescribing psychiatric medicines is borne out in the data. More than 50% of PCP-treated patients with depression receive less than the recommended dose of anti-depressants (*Yale Journal of Biology and Medicine, 2013*).

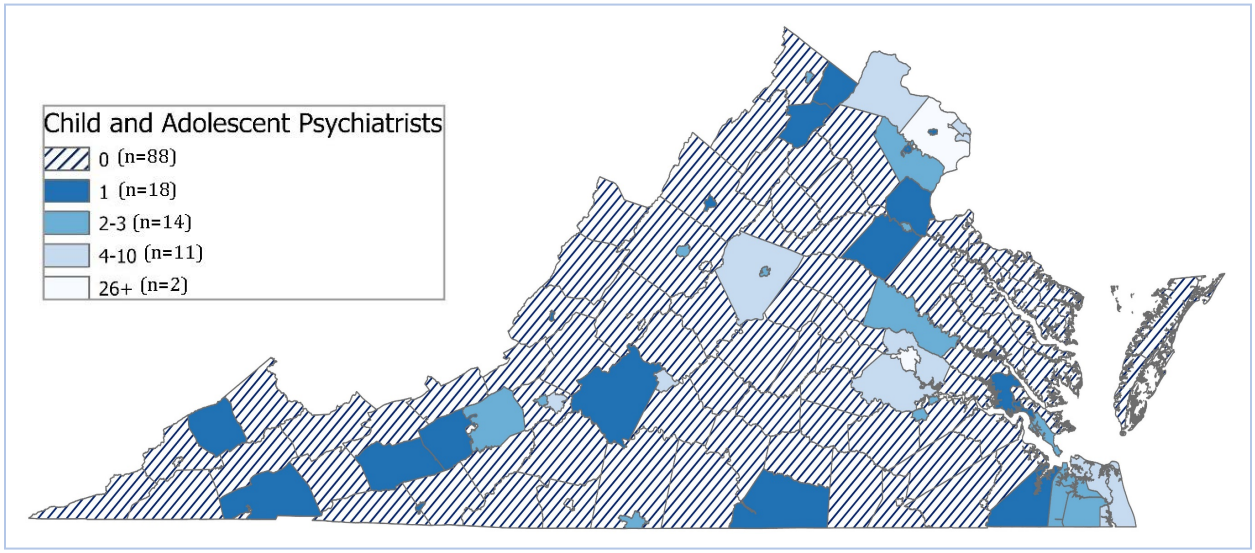
The following maps show the distribution of each of the 5 licensed BH professionals practicing in Virginia by locality.

- Stripes indicate there is none of the type of BH professional in the locality.
- Dark colors are localities with very few of the BH professional type.

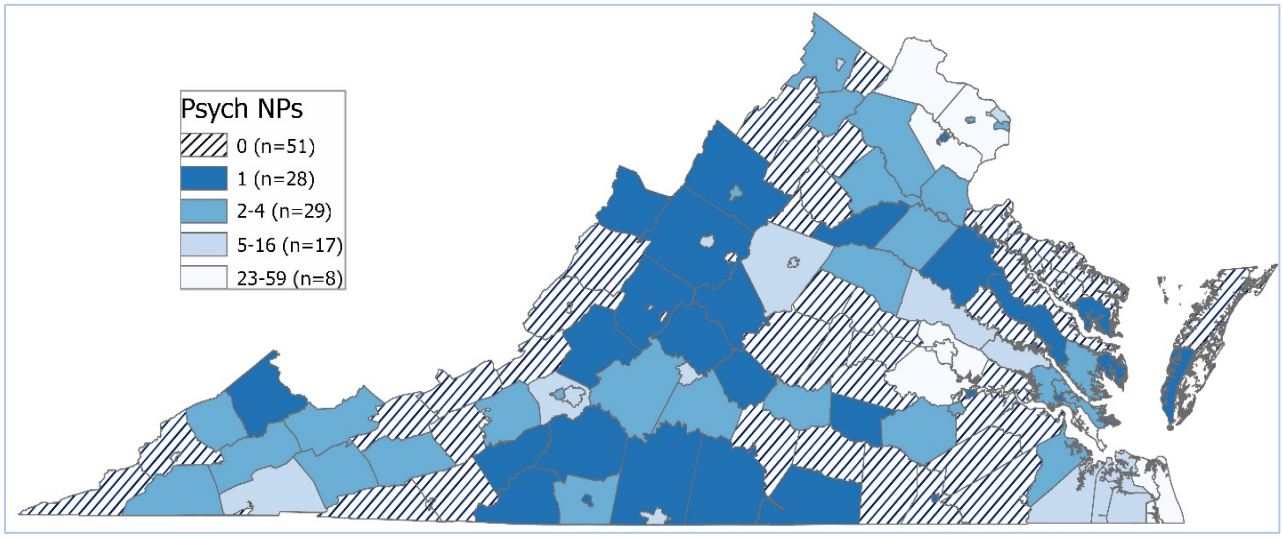
Distribution of Psychiatrists in Virginia



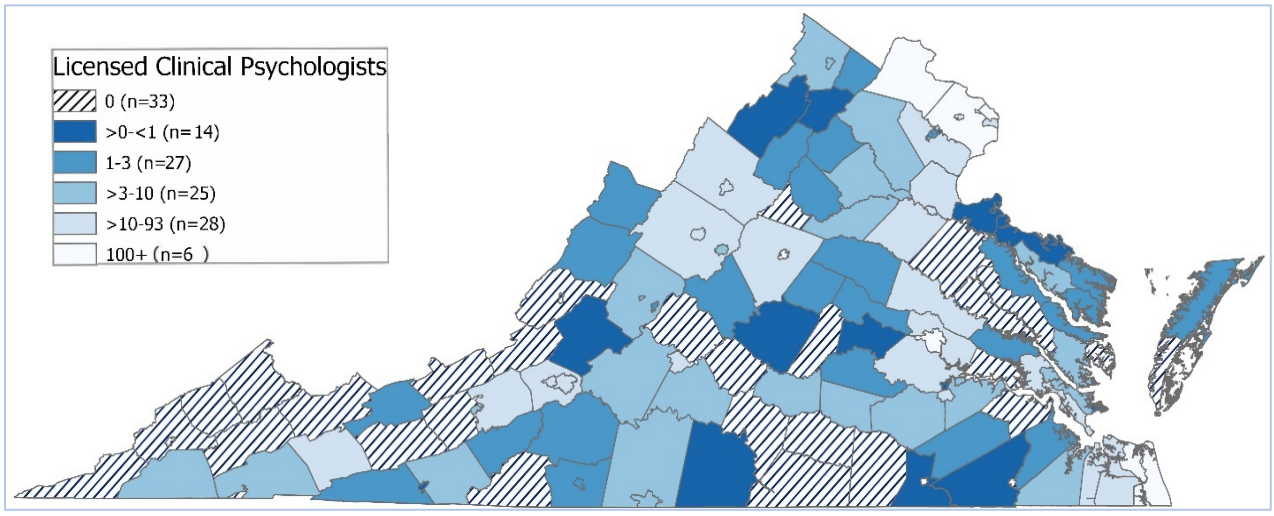
Distribution of Child and Adolescent Psychiatrists



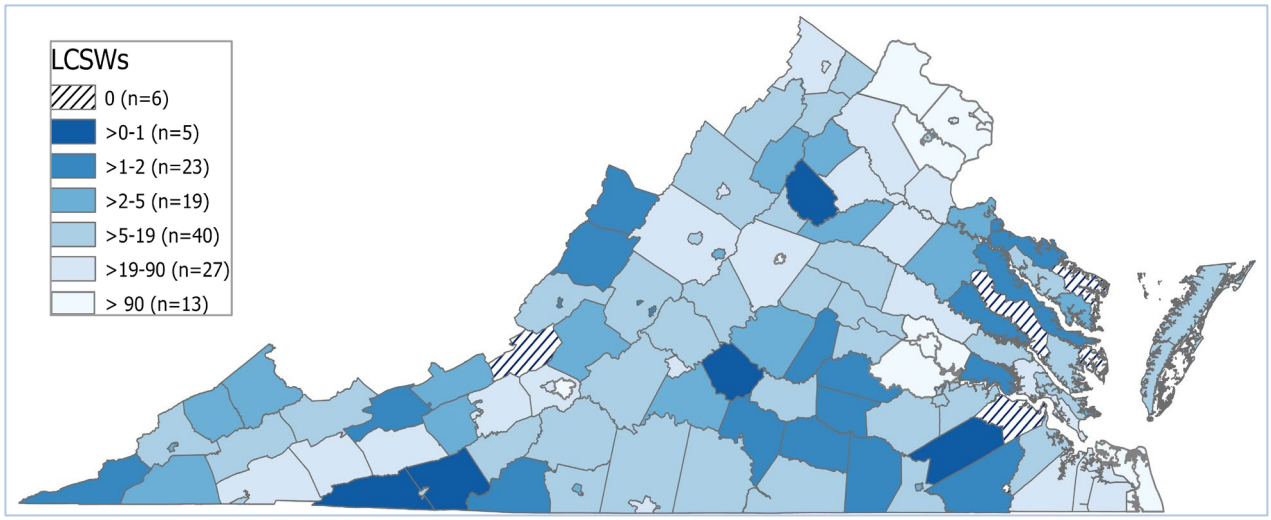
Distribution of Psychiatric-Mental Health Nurse Practitioners



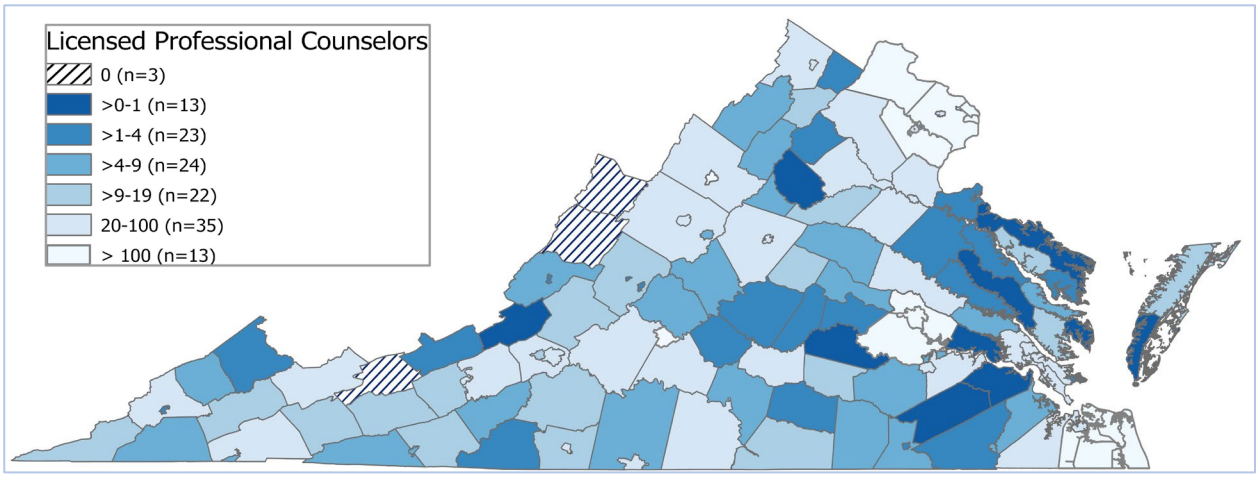
Distribution of Licensed Clinical Psychologists (*LCPs*) in Virginia



Distribution of Licensed Clinical Social Workers (*LCSWs*) in Virginia



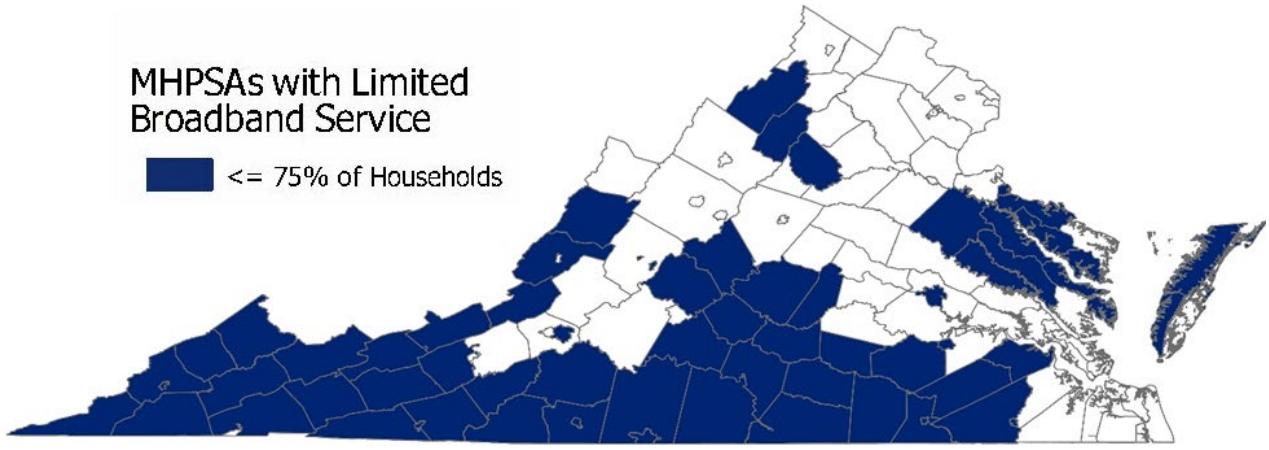
Distribution of Licensed Professional Counselors (*LPCs*) in Virginia



Access to Telehealth Services Can Be Problematic

Often when there are discussions about the shortages of health professionals, many automatically assume that telehealth can address the problem. Telehealth has been a significant help during the pandemic and has enabled many to receive needed care, including BH services. McKinsey and Company reports that telehealth has been used more for behavioral health services than for any other type of outpatient visits during the pandemic (*presented at the Virginia Hospital and Healthcare Association's October 2021 Behavioral Health Summit*). While helpful, telehealth is not a panacea. Many Virginians do not yet have broadband services. This limits their ability to receive BH care via telehealth.

The map below shows the extent to which Virginia's Mental Health Professional Shortage Areas (*MHPSAs*) overlap with localities where 75% or fewer households have broadband internet service. In many communities with no or few BH professionals, a large number of households do not have broadband internet access. One-in-five Virginians (*20%*) live in these communities.



Data Source: Mental Health Professional Shortage Areas, Office of Health Equity, Virginia Department of Health (*August 2021*). Localities where ≤75% of households have broadband internet services needed to assure ready access to BH services via telehealth (*U.S. Census, 2015 - 2019*).

While Virginia is using federal COVID-19 funding and other sources to increase broadband availability to many of these localities, it will take a number of years before the type of last-mile coverage needed to assure ready access to BH services via telehealth is available.

Lack of Local BH Professionals Has Consequences

While some Virginians living in localities with too few licensed BH professionals may be able to travel to other localities for BH services, it is clear there are consequences for individuals and communities without BH professionals. Overall, these localities have much poorer outcomes on key BH indicators than the state as a whole:

- In all of these localities, the percent of adults reporting frequent mental distress (*14+ poor mental health days/month*) exceeds the Virginia rate of 12.5%.
- In all of these localities, the average number of adults reporting mentally unhealthy days in the past 30 days exceeds the number of days reported by Virginia adults, overall (*4 days/month*).
- In 81% of localities with ≤ 1 prescriber **and** ≤ 1 therapist, the suicide rate exceeds the state rate (*13.6/100,000 people*).

Data Sources: The Suicide Death Rate is from the *Office of the Chief Medical Examiner Annual Report, 2019*, Virginia Department of Health (*June 2021*). Data regarding poor mental health days are from the 2018 Behavioral Health Risk Factor Surveillance System (*BRFSS*) conducted by the Centers for Disease Control and Prevention.

High Demand for BH Professionals in Virginia

While the demographic and outcomes data paint a compelling picture of the need for many more licensed BH professionals throughout the Commonwealth, the availability of jobs for these valuable providers reinforces the tremendous demand for them.

BH Professional Type	# Job Postings
Psychiatrist	172
Psychiatric-Mental Health Nurse Practitioner	97
Licensed Clinical Psychologist	148
Licensed Clinical Social Worker	549
Licensed Professional Counselor	412
TOTAL	***1,378***

Data Source: Indeed.com, November 2021

Virginia's Current Pipeline of Virginia BH Professionals Is Inadequate

Given the current and growing demand for BH services and the paucity of licensed BH professionals in the Commonwealth, an examination of Virginia's current capacity to educate and produce these needed providers is important.

Virginia colleges and universities have 40 graduate-level programs to prepare licensed BH professionals. Combined, they graduate nearly 800 BH professionals annually.

Type of BH Professional Program	# Virginia BH Programs	# Graduates from Virginia BH Programs (*2019*)
Psychiatry (*residency*)	5	32
Psychiatric-Mental Health Nurse Practitioner	7	33
Clinical Psychology	10	58
Masters of Social Work	4	351
Masters of Professional Counseling	14	295
TOTAL	***40***	***777***

Unfortunately, Virginia's BH programs **do not produce enough new graduates in the BH professions to maintain even the current inadequate supply**, let alone address the tremendous growth in demand.

BH Professional Type	Current Virginia Workforce	Current Virginia Workforce Age 55+	ESTIMATED # Graduates Becoming Licensed/Yr. in Virginia*
Psychiatrist	1109	677 (*61%)*	26
Psychiatric-Mental Health Nurse Practitioner	544	212 (*39%)*	47
Licensed Clinical Psychologist	2860	1030 (*36%)*	82
Licensed Clinical Social Worker	6304	2333 (*37%*)	194
Licensed Professional Counselor	5812	1860 (*32%*)	224

*Estimates for LCPs, LCSWs, LPCs and Psych NPs use 5-year averages for the number of graduates from Virginia universities *plus* licensure exam pass rates for those schools. There is no data from Old Dominion University, since its first cohort started in 2021 and there are no graduates yet. Estimates for Psychiatrists are based on the average pass rate of 80% for the national psychiatry licensure exam.

One cause of the shortage of LCSWs and LPCs is that graduating with a Masters degree does not immediately result in the ability to take a licensure exam. Master's graduates in counseling and social work must complete a significant number of supervised clinical hours before they are eligible to take their licensure exam (*3400 and 3000 hours, respectively, over a limited time period*).

Many of these pre-licensees must pay for this supervision themselves at an average rate of $100/hour (*$20,000 for counselors and $10,000 for social workers*). As a result, not all who graduate with a Masters degree in these professions become licensed. Given the low salaries available to these pre-licensees (*$42,000 - $47,000/year*) and the high student debt

load they carry, many cannot run the financial gauntlet of paying for the required supervisory hours.

BH Professional Type	% of All Carrying Educational Debt	% ≤ Age 40 Carrying Educational Debt	Median Educational Debt Range for All	Median Salary Range for All
LCSW	39%	65%	$50K - $60K	$60K - $70K
LPC	49%	67%	$80K - $90K	$60K - $70K

Multiple Strategies are Needed to Make Virginia Whole

There are multiple strategies to address Virginia's significant shortage of BH professionals. It will likely require all or most of them to be successful. It will also take a number of years to see the results. As such, time is of the essence.

Several immediate strategies include:

- **Virginia's participation in Interstate Compacts for each licensed BH professional**. This would enable licensed BH professionals from other Compact states to practice in the Commonwealth. The *most productive Compacts provide full reciprocity of licensure*.
  - Legislation authorizing Virginia's participation in a Compact for Licensed Professional Counselors is likely to be considered during the 2022 General Assembly session. It will provide for reciprocity.
  - Legislation approving Virginia's participation in a Compact for Licensed Clinical Psychologists passed in 2020. While it is helpful, it only allows LCPs from other states to provide services in Virginia via telehealth. Given broadband access issues in most of Virginia's mental health professional shortage areas, this approach provides limited relief.
  - A Compact for Licensed Clinical Social Workers, which would include reciprocity, is currently under development at the national level and will likely be ready for the General Assembly's consideration in the next few years.
- **State funding for more psychiatric residencies and Fellowships** for Child and Adolescent Psychiatrists. The data cannot be ignored. Virginia currently has a dearth of Psychiatrists and 677 of them (*61%*) are at or near retirement age (*55 years or older*). Virginia's psychiatric residency programs graduate only about 32 residents a year, combined. The small number of Child and Adolescent Psychiatrists in Virginia is particularly concerning, especially with recent reports of the traumas high numbers of children are experiencing as a result of the pandemic.
- **State payment for the clinical supervision required for licensure of Masters-prepared social workers and counselors.** A pilot program would determine the efficacy of paying these fees for pre-licensees who practice in MHPSAs or of whom there is a disproportionately low number (*e.g., bilingual, people of color*). It would also

have the immediate benefit of immediately adding more therapists in the field to help address the tremendous current demand for services.

Longer term strategies are needed, as well. These include working with the State Council on Higher Education of Virginia and Virginia's BH graduate programs to produce more of each type of licensed BH professional and prioritizing the state's MHPSAs for last-mile broadband development.

The maxim, "That which gets measured gets done" is true, as long as there are leaders paying attention to the data generated, using it to inform or tweak strategies and keeping all key partners focused on the ultimate goal. To that end, a regular assessment of the capacity of the Commonwealth's BH workforce shared with state legislative and executive branch leaders (*possibly every 3 years*) would add value.

Conclusion

The Commonwealth of Virginia is a "can do" state. It has succeeded each time its leaders have focused on elevating the state's performance or rankings. Evidence of this includes, but is not limited to**,** the state's best for business and education rankings, STEM initiatives and development of the Port of Virginia. There has also been progress in addressing some of the challenges in the state's public mental health system via STEP Virginia and Project BRAVO.

While the shortage of BH professionals is not a new problem, the severity of the shortage is. The onslaught of mental health conditions and angst caused by the pandemic and subsequent events have affected a significant percentage of Virginians. They come from all demographics, political affiliations and parts of the Commonwealth.

Many of the conditions for which demand has risen so dramatically are depression, anxiety, panic disorder, and PTSD. There are multiple types of venues where Virginians can seek the mental health services they need. Unfortunately, the shortage of licensed BH professionals exists in all types of practice venues – public and private – and, throughout the state.

No single initiative can address this shortage. The multi-dimensionality of solutions and strategies requires cross-sector engagement, focus, and investments of time, money and attention targeted to solutions which will produce measurable results.

Assessment Sources and Methodology

Data were gathered and analyzed from a variety of state and national sources to provide a comprehensive picture of the capacity of Virginia's licensed BH workforce and related factors. Additional information and insights came from interviews with leaders of the associations of the BH professionals licensed by the state and leaders of Virginia's BH graduate programs.

Key sources and methods used for the data found in the Assessment follow:

- Demographic data (*age, race and ethnicity, educational debt*) about LCPs, LCSWs and LPCs were found in the 2020 Profession reports prepared by the Health Care Workforce Data Center (*HWDC*) at the Virginia Department of Health Professions (*DHP*). These data are gathered from licensees via a survey completed at annual license renewal. Most licensees complete at least part of the survey, with the majority (*70% - 85%*) responding to personal demographic and employment-related questions (*organization type, number of patients per week, FTE*).

- The number of Psychiatrists and Psych NPs by locality were developed by matching license data from Virginia Interactive with individual clinician records from the National Provider Identifier registry, which provides individual practice sites. Data regarding the FTEs of LCPs, LCSWs and LPCs by locality were determined by the HWDC. VHCF hired an expert in geo-spatial analysis and technology to map those data.

- The number of individuals completing BH graduate programs (*psychology, social work, counseling*) from 2015--2019 was provided by the data centers at the Virginia universities that house those programs. Data for Psych NP and Psychiatric residency graduates were obtained from Virginia's schools of nursing and medicine, respectively. Graduation data for 2020 is not yet available from all schools.

- The estimates of the number of new licensed professionals joining Virginia's workforce annually per each BH profession were determined by applying the licensure exam pass rate from each Virginia school to its graduation data, except for Psychiatry, for which the average national pass rate was used.

- Locality-level outcomes data were obtained from the Behavioral Risk Factor Surveillance System, which is sponsored by the Centers for Disease Control, and from the Office of Virginia's Chief Medical Examiner. VHCF compared the outcomes data for localities with ≤ 1 prescriber and/or therapist to data for Virginia, overall, to determine whether BH outcomes were poorer in those communities.

- U.S. Census data (*2015 – 2019*) were consulted to determine the Virginia localities with significant portions of households lacking broadband services. These localities were compared to the MHPSAs to determine how many localities with few or no BH professionals are the same localities where high numbers of households do not have broadband services and likely little, if any, access to tele-mental health services.

About the Virginia Health Care Foundation

VHCF is a public/private partnership initiated in 1992 by Virginia's General Assembly and its Joint Commission on Health Care. Its mission is to increase access to primary health care for uninsured and medically underserved Virginians.

VHCF aligns its work with state priorities, complementing state efforts where appropriate, and identifying and addressing gaps in health access where they exist. The Foundation practices venture philanthropy. It is always looking for opportunities to partner with organizations, companies, individuals, and key funding partners to leverage its limited resources and maximize the availability of services for uninsured and medically underserved Virginians.

VHCF has focused on increasing access to basic mental health services, particularly for uninsured and underserved Virginians, since 2009. It has invested nearly $10 million to make licensed BH professionals, tele-mental health services and BH best practices, such as integrated and trauma-informed care, available to organizations throughout the Commonwealth.

The tremendous need for mental health services caused by the COVID-19 pandemic and its many ripple effects has led the Foundation to make the increased availability of basic mental health services for all Virginians an even greater priority. This assessment is a critical component of the Foundation's enhanced focus on BH and will help guide future VHCF initiatives and investments.

For more information, please contact
Debbie Oswalt, VHCF Executive Director: doswalt@vhcf.org or
Denise Daly Konrad, Director of Strategic Initiatives:
dkonrad@vhcf.org.

Many thanks to the Richmond Memorial Health Foundation for its financial support to help underwrite preparation of the maps included in this Assessment.

CSB Critical Focus Area
3-1-22 Update

1. Improve CSB Staff Recruitment and Retention
    - Improve Salaries
        - Change S-levels
            - Initial round has been completed.
            - Working with HR to determine future classes under review.
        - Address Salary Compression
            - Plan to address during the summer
        - Continue to assess hiring bonus
            - Will be done after salary compression
    - Improve Hiring
        - Blending CM and Licensed Clinician job class
            - Will be on fall workforce planning
        - Implement Generic Job ads
            - Has begun and will expand
        - Examine Continuous Job Openings
            - Recommended not to do after consulting with HR and other agencies
        - Assess benefits of reviewing all job applicants
            - Process underway to expand review of candidates
        - Complete hiring business process mapping and prioritize potential improvements.
            - Mapping of first phase complete: Doing timeline for each step
            - Reviewing for low hanging fruit improvements.
            - Mapping of second phase (job offer to first day of employment) to begin when timeline for each step in first phase is complete
        - Explore retention bonus for hard to fill job classes
            - Will be looked at after salary compression adjustments
        - Reclass PT positions and explore hiring back annuitants for work and interviewing
            - Underway: Need to keep updated on process and success
        - Explore ways to expand Vid cruiter interview efforts.

    - Improve Retention
        - Continue to seek ways to reduce administrative burden
            - Use CSB Staff Suggestion box as one tool to determine changes.
                - ongoing process: Box reviewed by members of ELT and action taken.
            - Continue to advocate for change at regional and state level.
                - ongoing process: Member of DBHDS/VACSB Quality and Outcomes Committee.
                - Requesting advanced copy of regulations.
        - Continue to seek staff feedback through town halls.
            - Spring town halls set up

        - ELT continue to communicate updates to all staff on a consistent basis.
            - Ongoing via regular email updates from Executive Director

    - Examine Ways to expand job pool
        - Review job specifications to determine if minimums can be changed.
            - Underway: Need update on any next steps required; BHS II and DDS I-IV class specs have been revised to allow candidates to be screened in by DHR who may not have a degree in a related field but relevant QMHP or DDP certifications
        - Review and make changes with job classes where we can expand underfills
            - Status update needed: Should we proceed with this? (Underfills permitted for BHSC and BHS IIs when listed in the ad)
        - Use information from Virginia Healthcare Foundation to Develop medium and long-term employment strategies
            - Strengthen relationships with local universities
            - Strengthen internship program
            - Explore ways to increase hiring with undergraduate degree programs.
2. Continue to Implement STEP-VA
    - Next phase involves Case management, care coordination, and psychosocial rehabilitation.
        - Working to establish expectations and outcomes at state level.
        - Requested draft state regs and copies of framework from DBHDS.
    - Implementation of regional crisis hub.
        - Underway but experiencing ongoing difficulties.
        - Appropriate CSB staff on workgroups.
3. Write/Create Marcus Alert Plan
    - Kickoff meeting has occurred
    - Having workgroup meetings to discuss triage protocols.
    - Plan is to have community input sessions in late March or early April.
4. Take Next Steps on Health Record
    - Finalize decision and process with Welligent
        - Contract has been cancelled and Welligent notified.
    - Assess current and future status with Credible.
        - underway
    - Update Health Records requirements and release new RFP.
        - Plan is to perform environmental scan of current health records Scan completed and RFP draft in process.

Other Items

- BOS Audit Corrections
    - Plan is to begin process when new CSB CFO is in place.

FAIRFAX - FALLS CHURCH
Community Services Board

FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Garrett McGuire, Chair
Merrifield Center
8221 Willow Oaks Corporate Drive, Fairfax, VA 22031
Level 1, Room 3-314, West
Wednesday, March 23, 2022, 5:00 p.m.

MEETING AGENDA

1. **Meeting Called to Order** — Garrett McGuire
2. **Matters of the Public** — Garrett McGuire
3. **Amendments to the Meeting Agenda** — Garrett McGuire
4. **Approval of the February 23, 2022, Meeting Minutes** — Garrett McGuire
5. **Staff Presentation**
   A. Department of Management & Budget - County Budget — Dana Thompson
6. **Director's Report** — Daryl Washington
   A. Services Update
   B. Staffing Update
   C. Electronic Health Record Update
7. **Matters of the Board** — Garrett McGuire
8. **Committee Reports**
   A. Service Delivery Oversight Committee — Anne Whipple
   B. Compliance Committee — Garrett McGuire
   C. Fiscal Oversight Committee — Jennifer Adeli
   D. Other Reports
9. **Action Item:**
   A. Proposed Changes to FY 2023 CSB Fee Schedule — Sebastian Tezna

Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).

10. **Adjournment**

Meeting materials are posted online at www.fairfaxcounty/community-services-board/board/archives or may be requested by contacting Joseline Cadima at 703-324-7827 or at Joseline Cadima

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

March 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16 Compliance Committee Meeting – 4:00 p.m. Access: 852 3980 5304 Passcode: 655026 Executive Committee Meeting – 4:30 p.m. Access: 858 9622 3529 Passcode: 354944	17 Fiscal Oversight Committee Meeting – 4:00p.m. Access: 890 7155 4397 Passcode: 882366	18	19	20
21	22	23 CSB Board Meeting – 5:00 p.m.	24	25	26	27
28	29	30	31			

Board Review, Action, or Information:

- Identify CSB Board Members for Budget Testimony (R)
- Prepare for Budget Testimony & Board of Supervisors Budget Public Hearings in April 2022 (R)
- Development of CSB Input for Human Services Council 2023 Budget Testimony before the Board of Supervisors (R)
- CSB Board Approval of FY 2023 CSB Fee Schedule Submission to Board of Supervisors

Events of Interest:

- Board of Supervisors (BOS) Markup of County FY 2023 Budget
- VACSB Development & Training Conference May 4-6, 2022 (Hyatt Regency – Reston, VA)
- Updated FY 2023 CSB Fee Schedule included in the May 2022 BOS Meeting Agenda
- Board of Supervisors (BOS) FY 2023 Advertised Budget Public Hearings – CSB Testimony

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

April 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				1	2	3
4	5	6	7	8	9	10
11	12	13 *Service Delivery Oversight Committee Meeting – 5:00 p.m.	14	15	16	17
18	19	20 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	21 Fiscal Oversight Committee Meeting – 4:00 p.m.	22	23	24
25	26	27 CSB Board Meeting – 5:00 p.m.	28	29	30	

Board Review, Action, or Information:

- Appointment of CSB Officer Nominating Committee (A)
- Board of Supervisors FY 2023 Advertised Budget Public Hearings – CSB Testimony (R)

***SDOC meets on the 2nd Wednesday of every even month**

Events of Interest:

- Board of Supervisors (BOS) Markup of County FY 2023 Budget
- VACSB Development & Training Conference May 4-6, 2022 (Hyatt Regency – Reston, VA)
- May 2022 CSB Spirit of Excellence and Honors Awards
- Updated FY 2022 CSB Fee Schedule included in the Board of Supervisors May Meeting Agenda

AGENDA ITEM
#8.2

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

May 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						1
2	3	4 **VACSB Development & Training Conference ***	5 **VACSB Development & Training Conference ***	6 **VACSB Development & Training Conference ***	7	8
9	10	11	12	13	14	15
16	17	18 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	19 Fiscal Oversight Committee Meeting – 4:00 p.m.	20	21	22
23	24	25 CSB Board Meeting – 5:00 p.m.	26	27	28	29
30	31 Memorial Day					

Board Review, Action, or Information:

- Review of County Legislative Proposals in Preparation for the Human Services Issue Paper (R)
- Revised Fee Policy and Related Materials Presented to the Board of Supervisors for Approval (A) (Effective July 1, 2022)

Events of Interest:

- ***VACSB Development & Training Conference May 4-6, 2022 (Hyatt Regency – Reston, VA)**
- CSB Executive Director Evaluation due in June 2022
- Board of Supervisors Adoption of County FY 2023 Budget

AGENDA ITEM
#8.3

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

June 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1	2	3	4	5
6	7 BOS Meeting	8 *Service Delivery Oversight Committee Meeting – 5:00 p.m.	9	10	11	12
13	14	15 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	16 Fiscal Oversight Committee Meeting – 4:00p.m.	17	18	19
20 Juneteenth Holiday	21 BOS Meeting	22 CSB Board Meeting – 5:00p.m.	23	24	25	26
27	28	29	30			

Board Review, Action, or Information:

- Election of CSB Board Officers (A)
- SDOC Associate Member Nominations and Appointment (A)
- Community Services Performance Contract Renewal (A)
- CSB Board Review of Human Services Issues Paper (R)

Events of Interest:

- Budget Carryover Due in July 2022
- Board of Supervisors Meetings

***SDOC meets on the 2nd Wednesday of every even month**

AGENDA ITEM
#8.4

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

July 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				1 FY 2023 BEGINS	2	3
4 Independence Day	5	6	7	8	9	10
11	12 BOS Meeting	13	14	15	16	17
18	19	20 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	21 Fiscal Oversight Committee Meeting – 4:00p.m.	22	23	24
25	26 BOS Meeting *BAC Appts	27 CSB Board Meeting – 5:00 p.m.	28	29	30	31

Board Review, Action, or Information:

- Approval of FY 2023 Budget in Concept (A)
- Match Members with General Assembly Representatives for Outreach (A)
- Schedule Fall Outreach with General Assembly Legislators (A)
- Review of Legislative Talking Points (R)
- Board Carryover Actions (R)
- Approval to Submit Annual FYE 2021 Report (A)

Events of Interest:

- Upcoming: Board of Supervisors (BOS) Carryover Approvals
- Upcoming: VACSB Public Policy Conference 2022

***BAC Appointments: Boards, Authorities, and Commissions**

AGENDA ITEM
#8.5

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

August 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	2	3	4	5	6	7
8	9	10 *Service Delivery Oversight Committee Meeting – 5:00 p.m.	11	12	13	14
15	16	17 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	18 Fiscal Oversight Committee Meeting – 4:00 p.m.	19	20	21
22	23	24 CSB Board Meeting – 5:00 p.m.	25	26	27	28
29	30	31				

Board Review, Action, or Information:

- Draft of Annual FYE Report to CSB Board Chair 08/31/2022 (R)

Events of Interest:

- Upcoming: VACSB Public Policy Conference
- Upcoming: Review of FY 2023 Budget

***SDOC meets on the 2nd Wednesday of every even month**

AGENDA ITEM
#8.6

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

September 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3	4
5 Labor Day	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 BOS Meeting *BAC Appts	21 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	22 Fiscal Oversight Committee Meeting – 4:00 p.m.	23	24	25
26	27	28 CSB Board Meeting – 5:00 p.m.	29	30		

Board Review, Action, or Information:

- Approval to submit annual FYE 2022 Report (A)
- General Assembly Legislative Session (A)

Events of Interest:

- Board of Supervisors Carryover Approvals
- Upcoming: VACSB Public Policy Conference

*BAC Appointments: Boards, Authorities, and Commissions

AGENDA ITEM
#8.7

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

October 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					1	2
3	4 BOS Meeting	5	6	7	8	9
10	11	12 **Service Delivery Oversight Committee Meeting – 5:00 p.m.	13	14	15	16
17	18 BOS Meeting *BAC Appts	19 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	20 Fiscal Oversight Committee Meeting – 4:00 p.m.	21	22	23
24	25	26 CSB Board Meeting – 5:00 p.m.	27	28	29	30

Board Review, Action, or Information:

- Begin Preparation for January 2023 CSB Testimony – Local General Assembly Hearings (R)
- Submission of Annual FYE Report to Board of Supervisors, Fairfax City, and Falls Church City

Events of Interest:

- VACSB Public Policy Conference
- Review and Prepare Board of Supervisors Legislative Priority Issues, VACBS, & Region II CSB Priorities

***BAC Appointments: Boards, Authorities, and Commissions**

****SDOC meets on the 2nd Wednesday of every even month**

AGENDA ITEM
#8.8

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

November 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1	2	3	4	5	6
7	8 Election Day	9 *Compliance Committee Meeting – 4:00 p.m. *Executive Committee Meeting – 4:30 p.m.	10 *Fiscal Oversight Committee Meeting – 4:00 p.m.	11 Veteran's Day	12	13
14	15	16 *CSB Board Meeting – 5:00 p.m.	17	18	19	20
21	22	23	24 Thanksgiving Holiday	25 Thanksgiving Holiday	26	27
28	29	30				

Board Review, Action, or Information:

- CSB Board Meeting Schedule Approval (A)
- Identify CSB speakers, priorities & prepare testimony for January 2023 Hearings (R)
- FY 2023 CIP Budget (I)

Events of Interest:

- Review and Prepare Board of Supervisors (BOS) Legislative Priority Issues, VACSB & Region II CSB Priorities
- Upcoming: VACSB Legislative Conference

***Meeting schedule date change to accommodate holiday schedule**

AGENDA ITEM
#8.9

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

December 2022

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3	4
5	6 BOS Meeting *BAC Appts	7 **Service Delivery Oversight Committee ***Meeting– 5:00 p.m.	8	9	10	11
12	13	14 **Compliance Committee Meeting – 4:00 p.m. **Executive Committee Meeting – 4:30 p.m.	15 **Fiscal Oversight Committee Meeting – 4:00 p.m.	16	17	18
19	20	21 **CSB Board Meeting – 5:00 p.m.	22	23 Christmas Eve (½ Day)	24	25
26	27	28	29	30 New Year's Day Observed	31	

Board Review, Action, or Information:

- Finalize Testimony: January 2023 State Budget Hearings (R)
- FY 2023 CIP Budget (I)

Events of Interest:

- Upcoming: House Appropriations-Senate Finance Committee's Public Hearings on Budget (January 2023)
- Upcoming: Fairfax County Delegation's Pre-General Assembly Public Hearing (January 2023)
- Review Governor's Proposed Budget
- Upcoming: VACSB Legislative Conference January 2023

***BAC Appointments: Boards, Authorities, and Commissions**

****Meeting schedule date change to accommodate holiday schedule**

*****SDOC meets on the 2nd Wednesday of every even month**

AGENDA ITEM
#8.10

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

January 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16 Martin Luther King, Jr Holiday	17	18 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	19 Fiscal Oversight Committee Meeting – 4:00 p.m.	20	21	22
23	24	25 CSB Board Meeting – 5:00 p.m.	26	27	28	29

Board Review, Action, or Information:

- CSB Board Testimony before House Appropriations – Senate Finance Committee - State Budget Hearings (R)
- CSB Board Testimony before Virginia Legislative Delegation (R)

Events of Interest:

- CSB Board Testimony before House Appropriations – Senate Finance Committee's Budget Public Hearings and Fairfax County Delegation's Pre-General Assembly Public Hearing
- VACSB Legislative Conference in January 2023 (Richmond, VA)
- Board of Supervisors (BOS) Budget Committee Meetings

AGENDA ITEM
#8.11

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

February 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15 Compliance Committee Virtual Meeting – 4:00 p.m. Executive Committee Virtual Meeting – 4:30 p.m.	16 Fiscal Oversight Committee Virtual Meeting – 4:00 p.m.	17	18	19
20 President's Day	21	22 CSB Board Meeting – 5:00 p.m.	23	24	25	26
27	28					

Board Review, Action, or Information:

- CSB Board Testimony before House Appropriations – Senate Finance Committee - State Budget Hearings (R)
- CSB Board Testimony before Virginia Legislative Delegation (R)

Events of Interest:

- CSB Board Testimony before House Appropriations – Senate Finance Committee's Budget Public Hearings and Fairfax County Delegation's Pre-General Assembly Public Hearing
- VACSB Legislative Conference
- Board of Supervisors (BOS) Budget Committee Meetings

AGENDA ITEM
#8.12

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

March 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	16 Fiscal Oversight Committee Meeting – 4:00p.m.	17	18	19
20	21	22 CSB Board Meeting – 5:00 p.m.	23	24	25	26
27	28	29	30	31		

Board Review, Action, or Information:

- Identify CSB Board Members for Budget Testimony (R)
- Prepare for Budget Testimony & Board of Supervisors Budget Public Hearings in April 2023 (R)
- Development of CSB Input for Human Services Council 2023 Budget Testimony before the Board of Supervisors (R)
- CSB Board Approval of FY 2024 CSB Fee Schedule Submission to Board of Supervisors

Events of Interest:

- Board of Supervisors (BOS) Markup of County FY 2024 Budget
- VACSB Development & Training Conference May 2023 (Hyatt Regency – Reston, VA)
- Updated FY 2023 CSB Fee Schedule included in the May 2022 BOS Meeting Agenda
- Board of Supervisors (BOS) FY 2023 Advertised Budget Public Hearings – CSB Testimony

AGENDA ITEM
#8.13

FAIRFAX- FALLS CHURCH COMMUNITY SERVICES BOARD

April 2023

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					1	2
3	4	5	6	7	8	9
10	11	12 *Service Delivery Oversight Committee Meeting – 5:00 p.m.	13	14	15	16
17	18	19 Compliance Committee Meeting – 4:00 p.m. Executive Committee Meeting – 4:30 p.m.	20 Fiscal Oversight Committee Meeting – 4:00 p.m.	21	22	23
24	25	26 CSB Board Meeting – 5:00 p.m.	27	28	29	30

Board Review, Action, or Information:

- Appointment of CSB Officer Nominating Committee (A)
- Board of Supervisors FY 2024 Advertised Budget Public Hearings – CSB Testimony (R)

Events of Interest:

- Board of Supervisors (BOS) Markup of County FY 2024 Budget
- VACSB Development & Training Conference
- May 2023 CSB Spirit of Excellence and Honors Awards
- Updated FY 2023 CSB Fee Schedule included in the Board of Supervisors May Meeting Agenda

***SDOC meets on the 2nd Wednesday of every even month**

AGENDA ITEM
#8.14