



FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Bettina Lawton, Chair

Wednesday, July 22, 2020, 5:00 p.m.

Will be held electronically due to the COVID-19 pandemic

Live audio of the meeting may be accessed by dialing:

1-877-336-1829 and entering the Participant Access Code #8628844

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|--|---------------------------|-----------|
| 1. Meeting Called to Order | Bettina Lawton | 5:00 p.m. |
| 2. Roll Call and Audibility | Bettina Lawton | |
| 3. Preliminary Motions | Bettina Lawton | |
| 4. Matters of the Public | Bettina Lawton | |
| 5. Amendments to the Meeting Agenda | Bettina Lawton | |
| 6. Approval of the June 24, 2020 CSB Board Virtual Meeting Draft Minutes | Bettina Lawton | |
| 7. Director's Report | Daryl Washington | |
| A. Services Update | | |
| B. Fiscal Update | | |
| C. Personnel Update | | |
| D. COVID-19 Update | | |
| 8. Matters of the Board | Board Members | |
| A. Associate Member Nominations to the BHOC and DD Committees | | |
| 9. Information Item | | |
| A. Review of CSB Board Policies: #1500 and #4000 | Sheila Jonas | |
| 10. Action Item | | |
| A. Approval of CSB Board Policies #1305 and #3040 | Sheila Jonas | |
| B. CSB Board Office Elections | Ken Garnes | |
| C. DBHDS Forensic Discharge Planning Grant | Daryl Washington | |
| D. 2021 Human Services Issue Paper | CSB Board Chair and Staff | |
| 11. Closed Session: Consultation with legal counsel employed or retained 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). | | |
| 12. Adjournment | | |

Meeting materials will be posted online at www.fairfaxcounty.community-services-board/board/archives or may be requested by contacting Erin Bloom at erin.bloom@fairfaxcounty.gov or at 703-324-7827

Fairfax-Falls Church Community Services Board
Virtual Meeting Minutes
June 24, 2020

The Board met electronically via audio conference call due to the COVID-19 pandemic that made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available to CSB Board members, CSB staff, and members of the public. The meeting notice, with participation instructions, were posted electronically and on the building in which the meeting is typically held. Additionally, participants were provided an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following CSB members were present: Jennifer Adeli, Vice Chair; Karen Abraham; Robert Bartolotta; Captain Derek DeGeare.; Ken Garnes; Sheila Coplan Jonas; Larysa Kautz; Garrett McGuire; Srilekha Palle; Edward Rose; Andrew Scalise; Daniel Sherrange; Diane Tuininga; and Anne Whipple

The following CSB Board members were absent: Bettina Lawton Chair; Daria Akers

The following CSB staff was present: Daryl Washington; Jessica Burris; Elizabeth McCartney; Michael Neff; Lyn Tomlinson; and Barbara Wadley-Young

Guests: Robert Bartolotta

1. Meeting Called to Order

In the absence of Bettina Lawton, CSB Board Vice Chair Jennifer Adeli called the meeting to order at 5:00 p.m.

2. Roll Call and Audibility

Ms. Adeli, conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of current members was present and audible; passing the virtual gavel to CSB Board Secretary Sheila Jonas to make several motions required at the start of the meeting.

Ms. Adeli made a motion that each member's voice was audible to each other member of the CSB Board present which was seconded and passed.

3. Preliminary Motions

CSB Board Vice Chair Jennifer Adeli 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 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 audio-conferencing line, and that the public may access this meeting by calling 1-877-336-1829. All motions were seconded and approved

4. Matters of the Public

None were presented.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging no recommendations were forthcoming, Edward Rose made a motion to accept the agenda as presented that was seconded by Diane Tuininga and passed unanimously.

6. Approval of the Minutes

Draft minutes of the May 13, 2020 virtual meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no revisions were suggested, Edward Rose made a motion for approval, which was seconded by Diane Tuininga and passed unanimously.

Following approval of the May 2020 meeting minutes, one newly appointed member (June 2020) and one newly nominated member (appointment scheduled for July 2020) were provided an opportunity to introduce themselves.

7. Director's Report

Daryl Washington provided several agency updates, noting that an opportunity for questions will follow each topic discussion as listed on the meeting agenda. Highlights included:

- The impact of COVID-19 is reflected in a revenue reduction as well as increased expenses for supplies to include PPE and tents. Mr. Washington confirmed no reduction in state funding, further noting a special General Assembly session scheduled to address the statewide impact of COVID-19 is scheduled for August 2020.
- Jessica Burris provided an overview of the fiscal documents typically presented at the Fiscal Oversight Committee. It was noted that Compensation and Fringe expenses remain consistent at approximately \$4.7 million. Additionally, an overview of the Modified Fund Statement reflecting the fiscal year totals through May 2020 was provided. Ms. Burris further confirmed that due to the impact of COVID, fiscal staff has increased monitoring of YTD projections. A reminder was offered of the reduction in state funding applied in FY2020 and FY2021 related to Medicaid expansion. This shortfall coupled with COLA (Cost of Living Adjustments) and impacted by some one-time payments, have resulted in a forecast of a state funding shortfall of approximately \$1.4 million. Noting the reduction in billable services due to the impact of COVID, a further reminder was offered that there is a delay in payment of approximately two-months post-billing for claims processing. It was noted that back-billing efforts are ongoing as reflected in the revenue reports provided in the meeting materials.
- Mr. Washington provided an overview of the regular county budget process and procedures including the carryover process. Among the carryover requests for FY2021 is funding for the purchase of a new Electronic Health Record (EHR) system and to off-set decreased Medicaid revenue related to COVID and ARTS (Addiction Recovery Treatment Services) billing.

- Addressing changes to CSB services,
 - Mr. Washington confirmed that all CSB main service sites are open, clarifying that outpatient and support coordination services are primarily televideo with intensive and residential services provided in the community as needed.
 - Offering a reminder that the Regional Office (Northern Virginia Regional Projects Office (NVRPO) serves five CSBs: The City of Alexandria, and Arlington, Fairfax, Loudoun, and Prince William Counties.
 - Mr. Washington reported that due to a kitchen fire at the Brandon House residential location, a new home is being sought for the residents displaced by the fire.
 - Noting a reengagement plan is being developed for staff when beginning to return to sites, implementations include screening and physical distancing. Acknowledging that Fairfax County intends to enter Phase III with the rest of the state, teleworking where possible, will continue to be encouraged and supported.
 - Offering a reminder of the recent concerns and contract cancelation with a previous vendor partner, Mr. Washington reported ongoing communication with the affected families to locate service provision with an alternative vendor partner, ServiceSource, clarifying that no services, including self-directed services, will be funded through Etron.
 - A new service is being activated in the EHR that requires any staff member providing billable services to have the appropriate credentials verified and entered in the system before the service can be entered and a billing record created.
 - Mr. Washington offered a reminder that the DOJSA (Department of Justice Settlement Agreement) is due to expire June 30, 2021. Expiration of the Agreement requires that all mandated services be operational for one year prior to the expiration of the Agreement. Barbara Wadley-Young provided an update to the substantial changes required by the Agreement, emphasizing the significant requirements on staff that create a strong risk of non-compliance despite staff's best efforts. Members were encouraged to reach out with any questions.
 - Referring to the earlier report on NVRPO Mr. Washington reported a change to the Regional Office funding of approximately \$21 million. Mr. Washington clarified that an administrative fee of approximately 8.5% is paid by the state to fund staff operations. The state recently implemented a cap of 5% on the fee, a change that will significantly alter the financial structure of the Regional Office. It is anticipated that this change will result in a staff reduction of 1/3 of the current 7.5 FT staff. An appeal submitted by the five Executive Directors of the Northern Virginia CSBs was denied. Reporting that a follow up appeal letter was submitted by Fairfax, discussions of future funding are underway in anticipation of a second denial. Board members engaged in robust discussion.
- An overview of the Count of Clients Served charts was provided. Significant changes impacting the number of individuals served included the cancelation or

virtual hosting of group sessions and a decrease in walk -in assessments. Additionally, two residential programs serving the substance use disorder community, A New Beginning and Crossroads, were merged and one location/site repurposed. This impacted the number of placements in the residential treatment but also allowed for physical distancing to be employed in the Crisis Stabilization unit.

- Addressing the Human Service Issue Paper, Elizabeth McCartney directed attention to the overview provided in the meeting materials, also briefly highlighting the process for review and recommendation involving CSB staff and Board members.
- Mr. Washington offered an overview of the Behavioral Health Equity Index tool that will be used by the state to identify CSB funding calculations. Anticipating that use of this tool will cause an imbalance in state funding based on the criteria utilized by the tool, the CSB is sponsoring new legislation that will require application of a base threshold for funding as well as a commitment to apply the tool for future funding only, not current finding. A copy of the proposal will be provided to members once completed, noting that Board member involvement will be solicited when the legislation is submitted, anticipated to be in the winter session.

8. Matters of the Board

Noting that this was the last meeting for CSB Board member Diane Tuininga, it was proposed that acknowledgement of this event be conducted at the July 2020 CSB board meeting.

9. Information Item

A. *CSB Board Policy Review*

Sheila Jonas directed members to review the CSB Board policies #1305 and #3040 for edits that may be needed. Copies of the policies were provided in the meeting materials with a request to submit recommendations to CSB Board Clerk, Erin Bloom. The policies will be submitted for further action at the July 22, 2020 CSB Board meeting.

10. Action Item

A. *Community Services Performance Contract*

An overview of the Community Services Performance Contract (CSPC) was provided highlighting that the minimal changes in the contract mostly involved the DOJSA. Diane Tuininga made a motion to allow for a 30-day public posting once the finalized version is published. The motion was seconded and approved.

B. *Virginia's SAMHSA COVID-19 Emergency Grant*

Daryl Washington provided an overview of a grant request for \$140,000 to provide substance use services through the Chris Atwood Foundation to individuals post-discharge from the Fairfax County Adult Detention Center (ADC). Diane Tuininga made a motion to apply for and accept, if awarded, funds up to \$140,000 in FY 2021 for the SAMHSA COVID-19 Emergency Grant. The motion was seconded and approved.

C. CSB Board Policy Approval

Sheila Jonas directed attention to CSB Board policies #0030, #1102, and #1103. Copies of the policies including recommended revisions were provided in the meeting materials for final review and approval. As no recommendations were forthcoming, Ms. Jonas made a motion to approve the policies as presented which was seconded and approved.

D. CSB Board Officer Nominating Committee

Jennifer Adeli provided an overview of the CSB Board Officer Election process noting that Ken Garnes as Chair, Edward Rose, and Anne Whipple have volunteered to serve on the FY2021 Nominating Committee. Ms. Adeli made a motion to approve establishment of the FY2021 Nominating Committee with the volunteer members as listed which was seconded and approved.

There being no further business to come before the Executive Committee, the meeting was adjourned at 6:35 p.m.

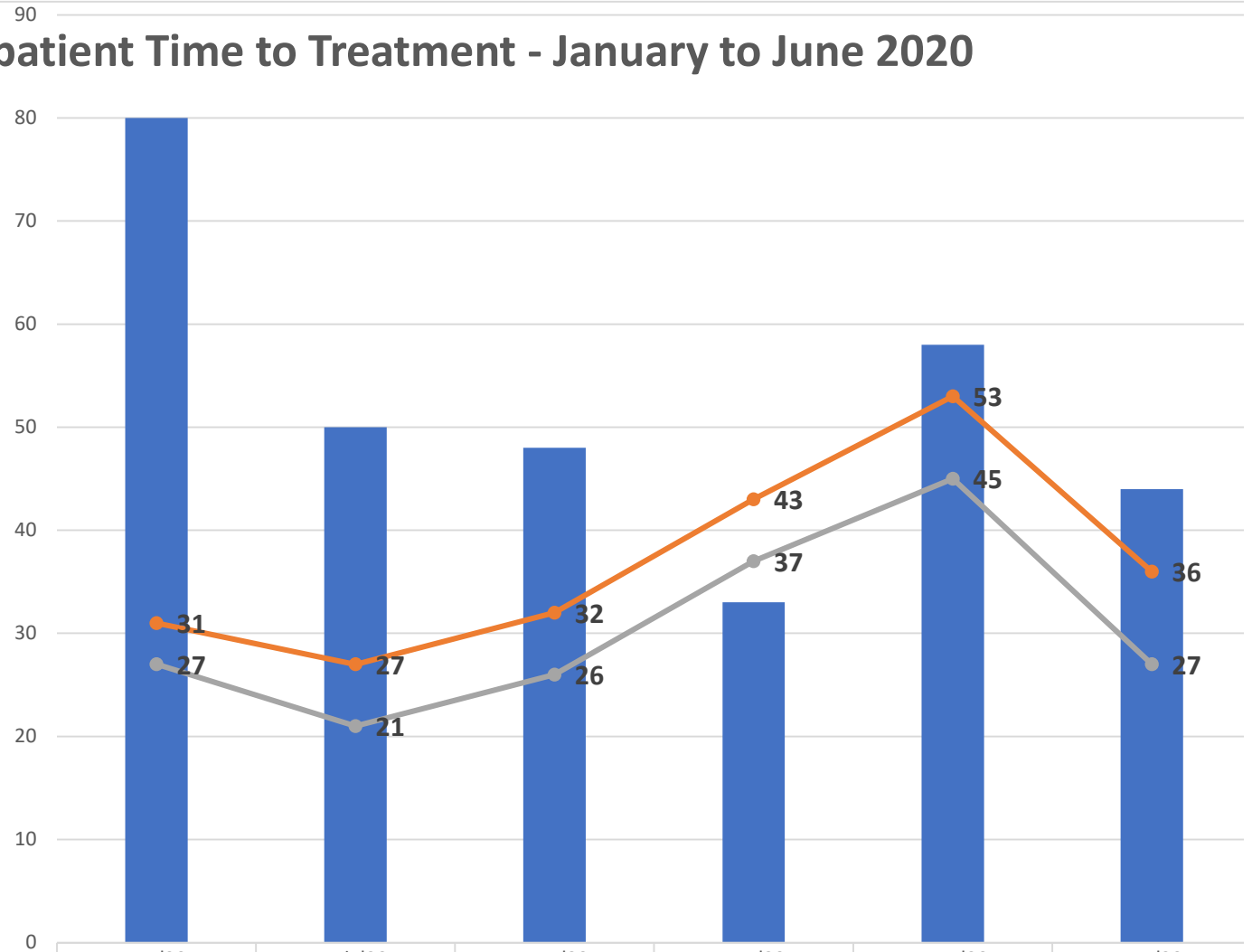
Actions Taken - -

- ◆ The May 13, 2020 CSB Board Meeting minutes were approved as presented.
- ◆ Posting the Community Services Performance Contract for a 30-day public comment period, once published, was approved.
- ◆ Approval was granted to apply for and accept, if awarded, funds up to \$140,000 in FY 2021 for the SAMHSA COVID-19 Emergency Grant.
- ◆ CSB Board policies #0030, #1102, and #1103 were approved.
- ◆ The FY2021 CSB Board Officer Nominating Committee was established.

Date Approved

Staff to the CSB Board

Adult Outpatient Time to Treatment - January to June 2020

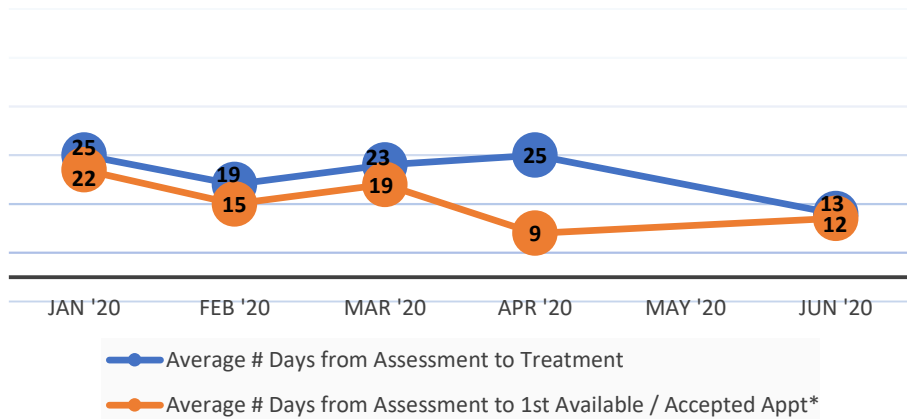


# Adults Who Attended 1st Treatment Appt	80	50	48	33	58	44
Average # Days from Assessment to Treatment	31	27	32	43	53	36
Average # Days from Assessment to 1st Available / Accepted Appt*	27	21	26	37	45	27

*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

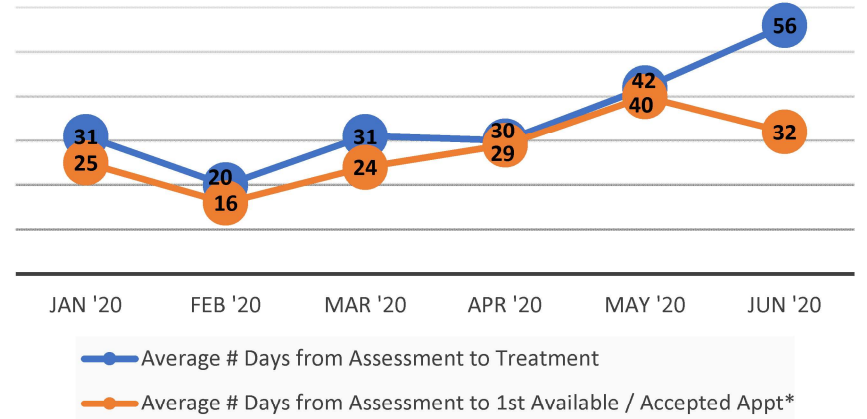
Adult Outpatient Time to Treatment - January to June 2020 by Site

Chantilly Average Time to Treatment - January to June 2020

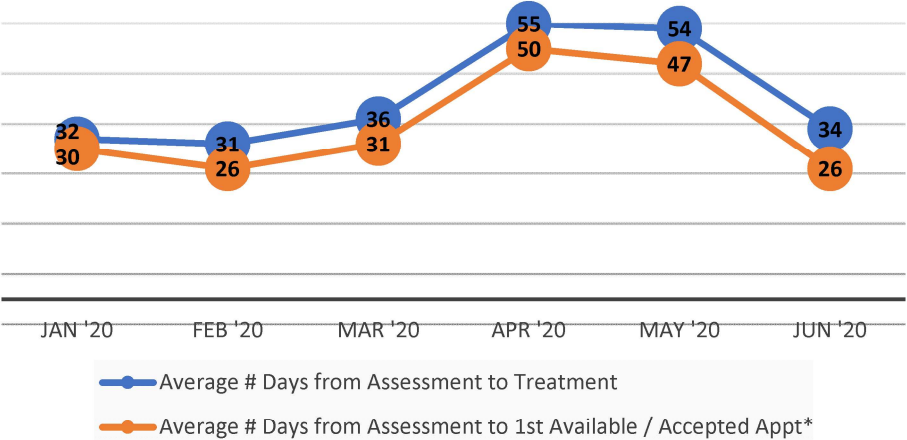


**there were no referrals from Entry & Referral that began services in May at Chantilly

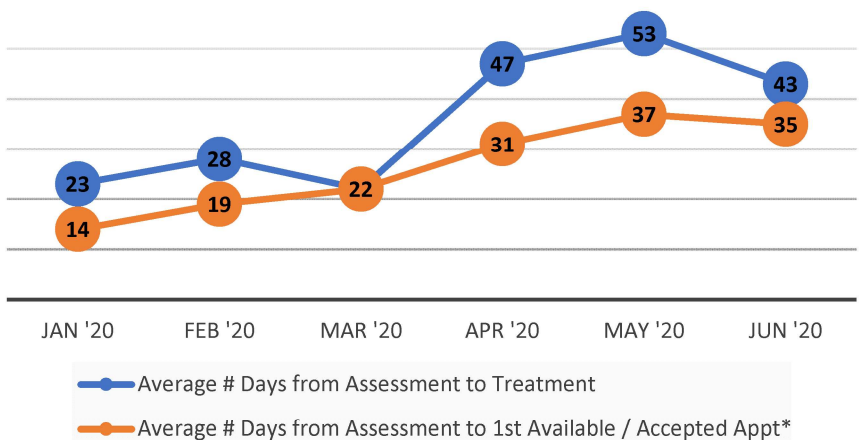
Gartlan Average Time to Treatment - January to June 2020



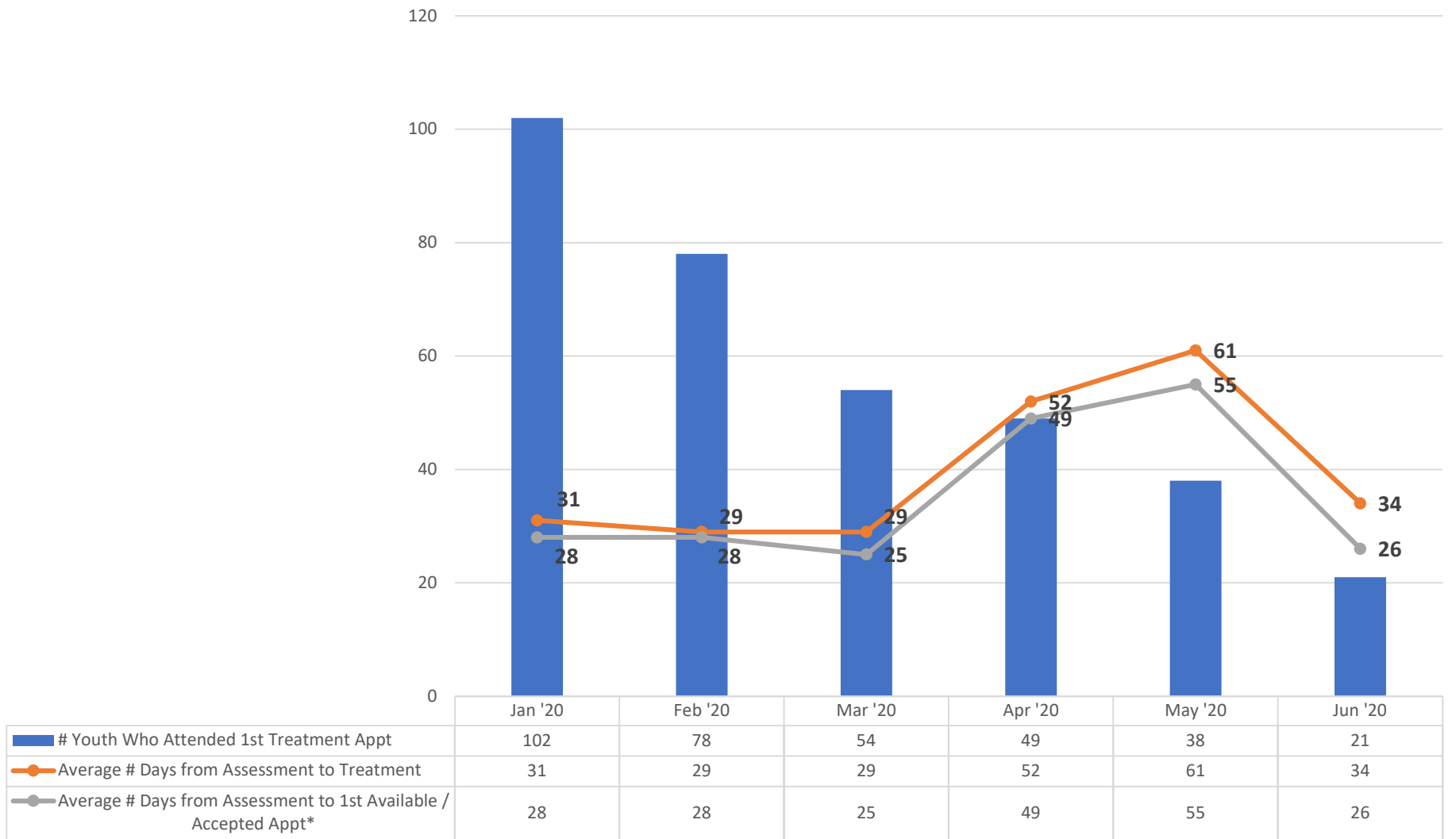
Merrifield Average Time to Treatment - January to June 2020



Reston Average Time to Treatment - January to June 2020

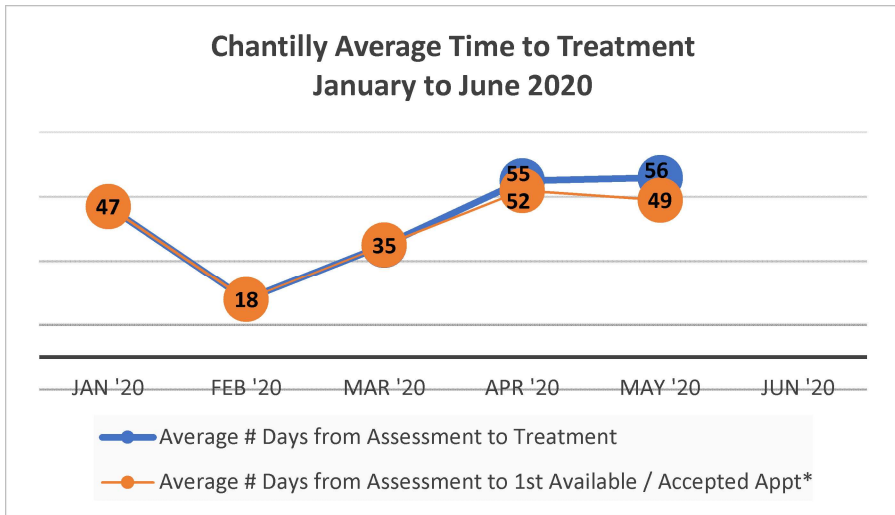


Youth Outpatient Time to Treatment - January to June 2020

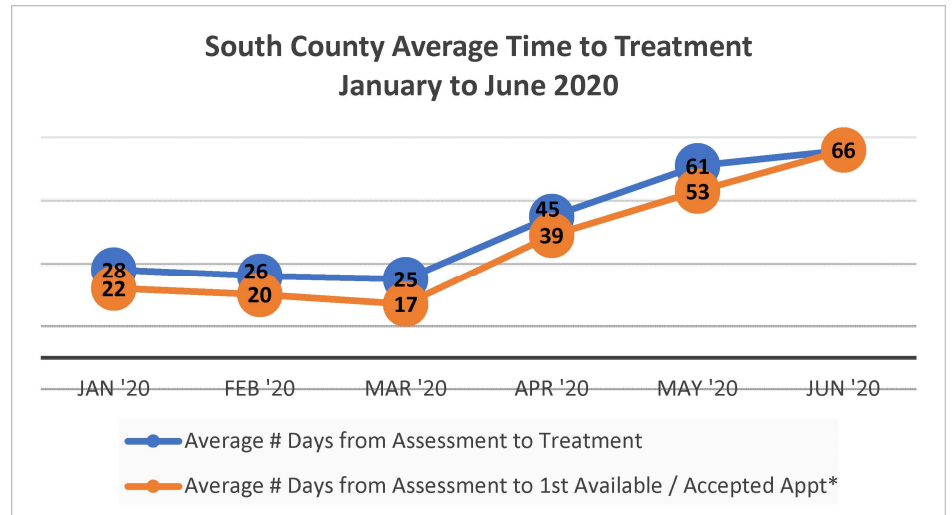


*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

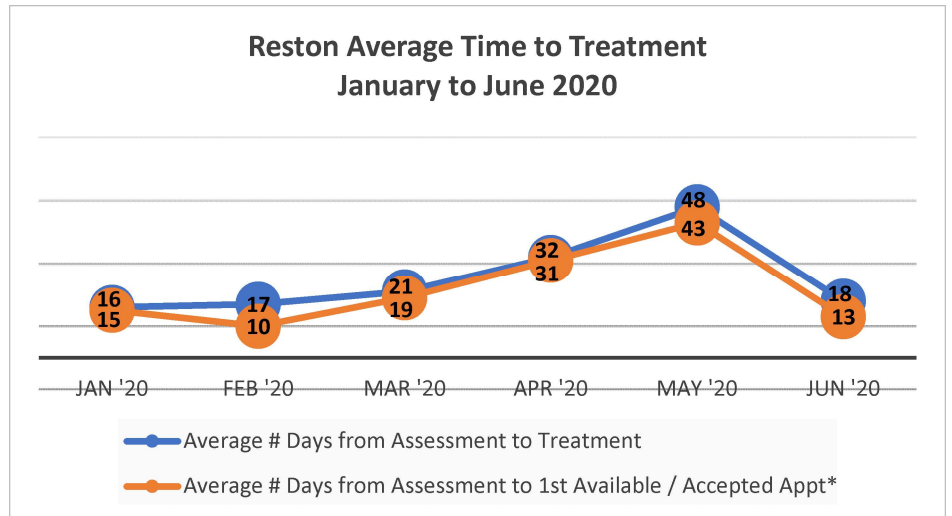
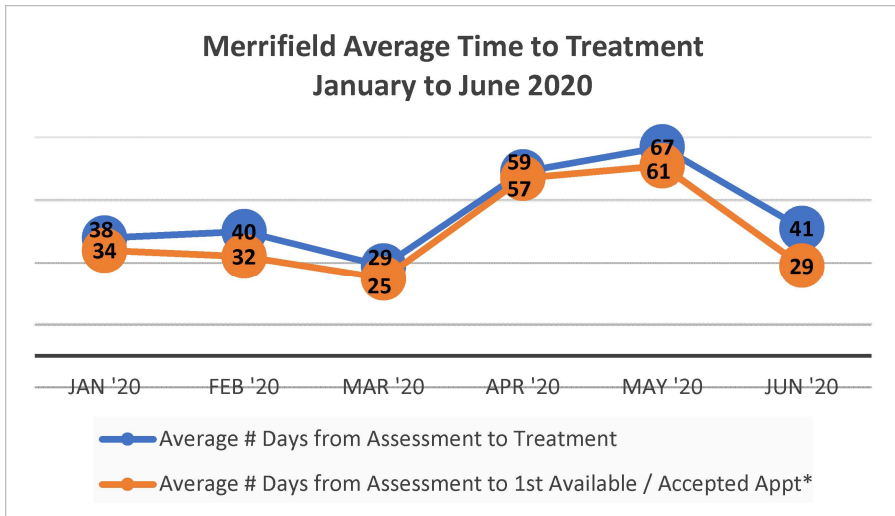
Youth Outpatient Time to Treatment - January to June 2020 by Site



For Chantilly, average days from assessment to treatment AND average days from assessment to 1st available/accepted are the same for Jan - Mar 2020; For June '20, no new clients received orientation @ Chantilly

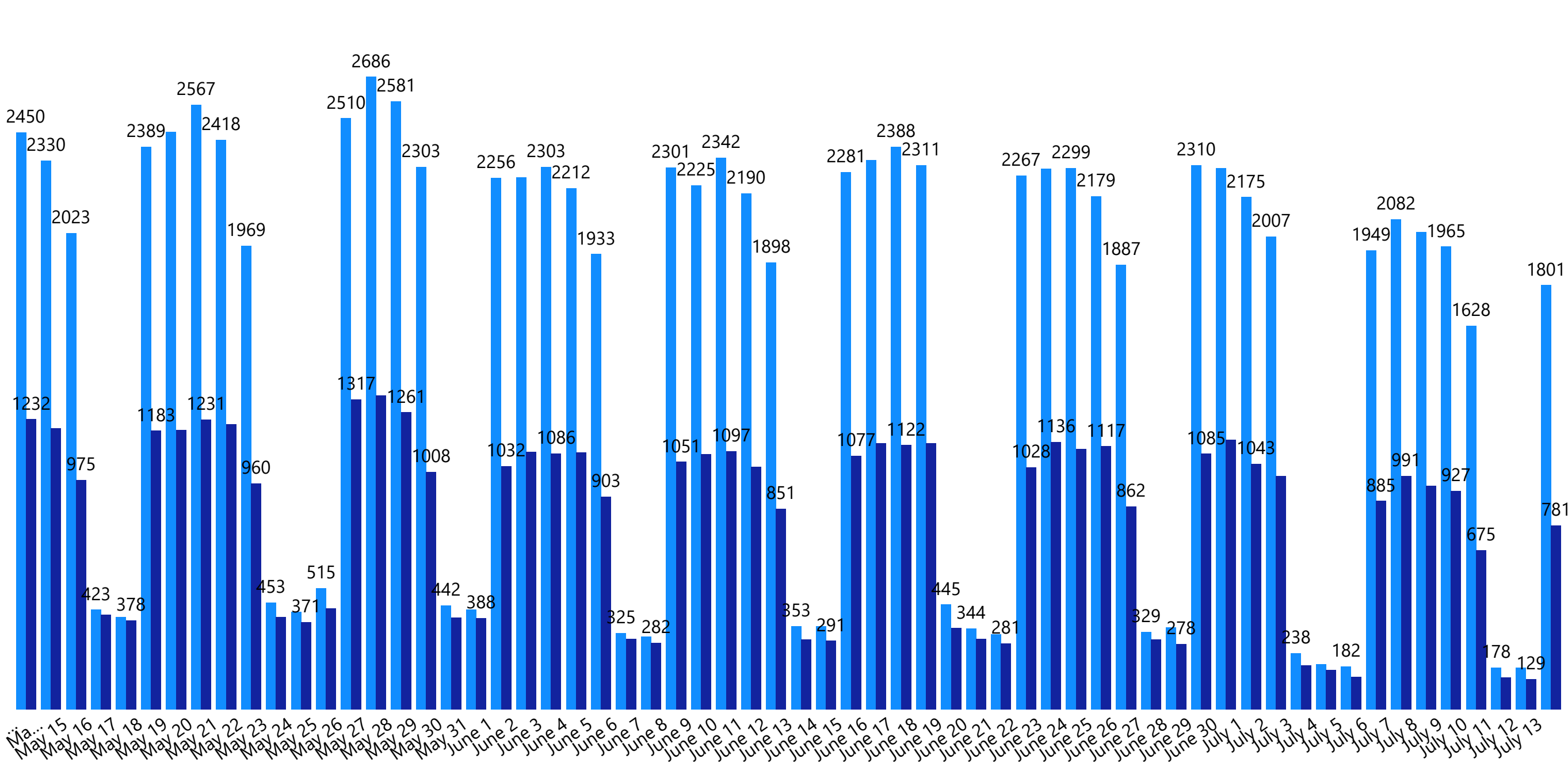


For South County, average days from assessment to treatment AND average days from assessment to 1st available/accepted is the same for Jun '20.



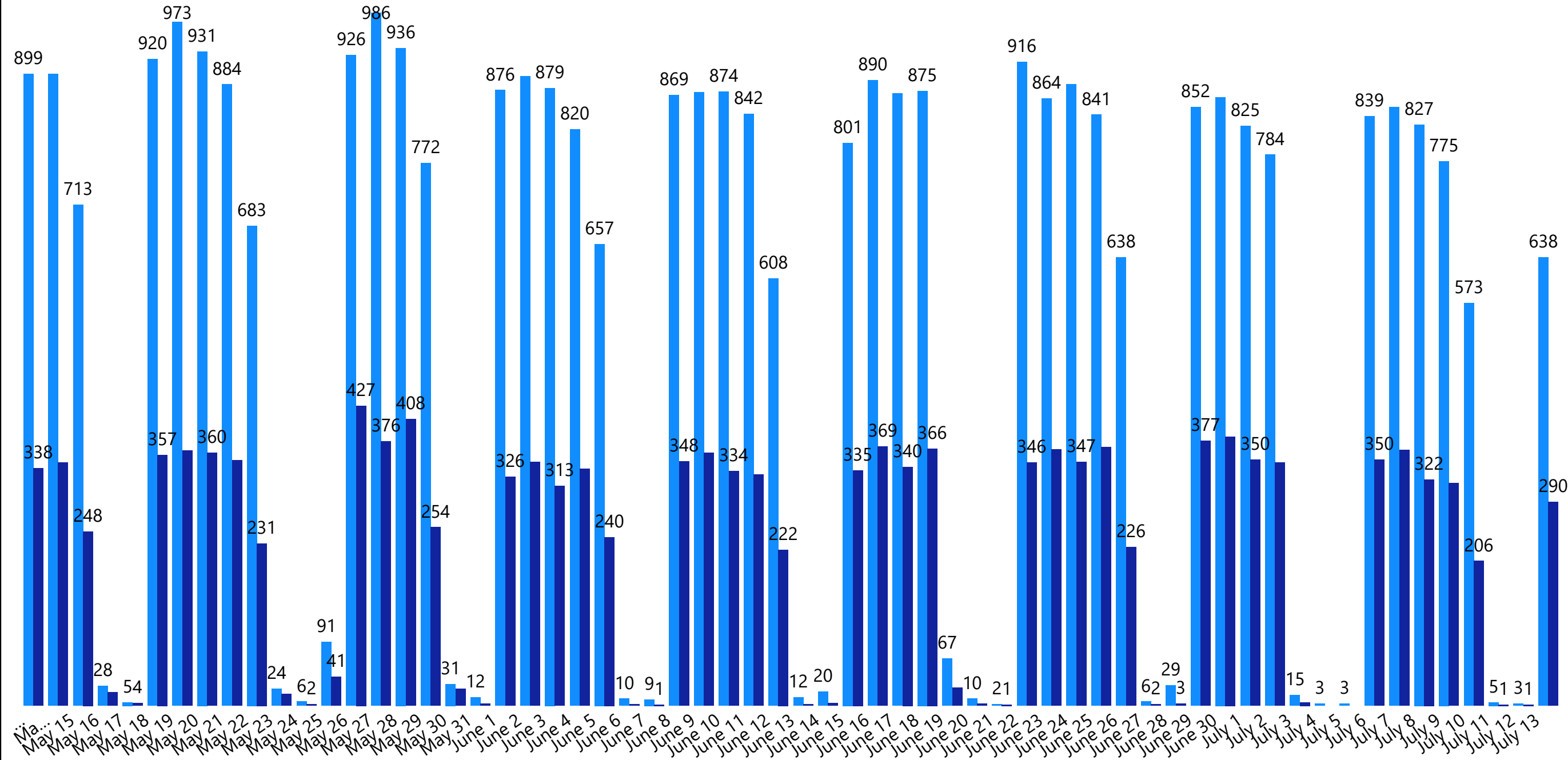
Agency Overall Count Of Clients Served

● Client Count ● F2F Count



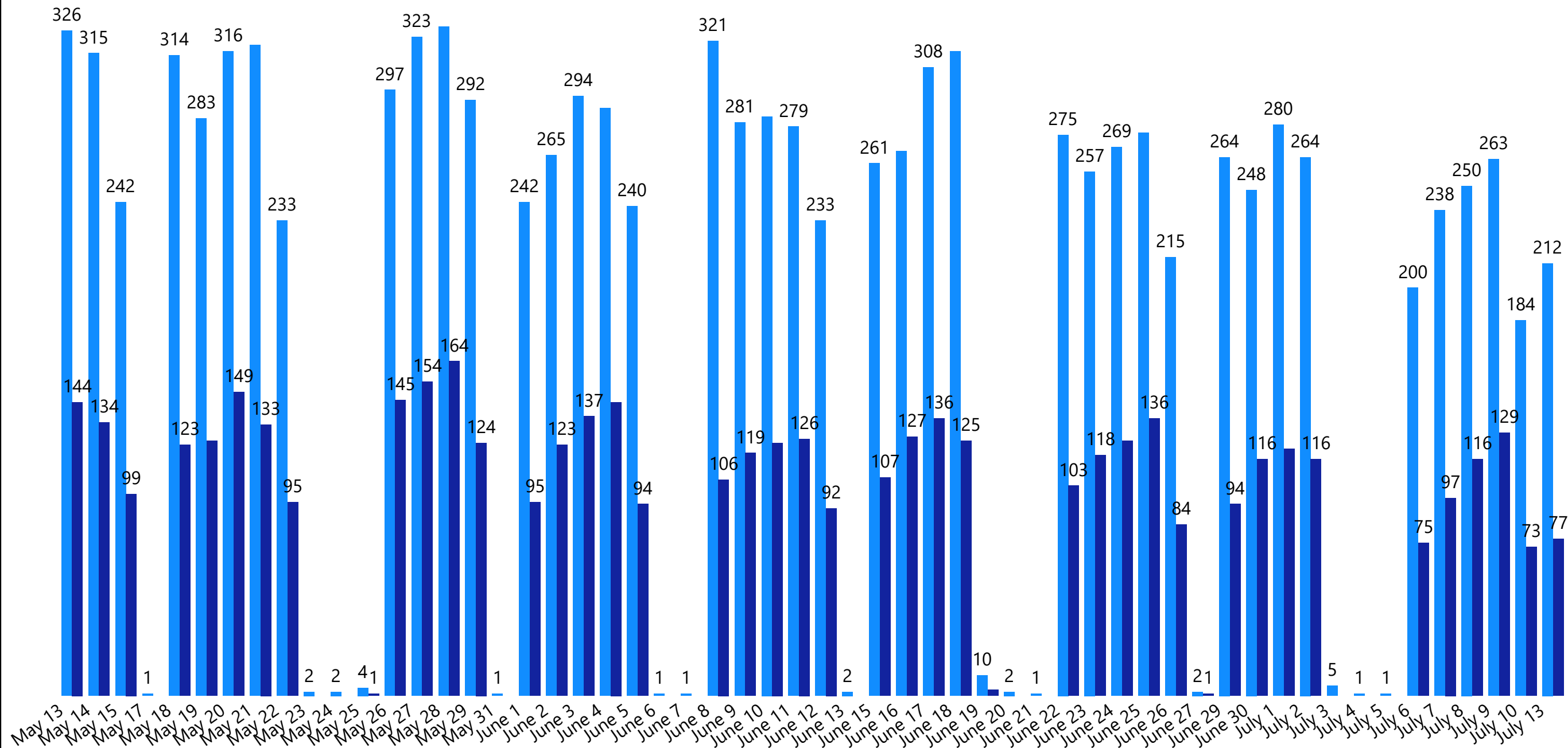
BH Adult Outpatient Count Of Clients Served

ClientCt F2F Count



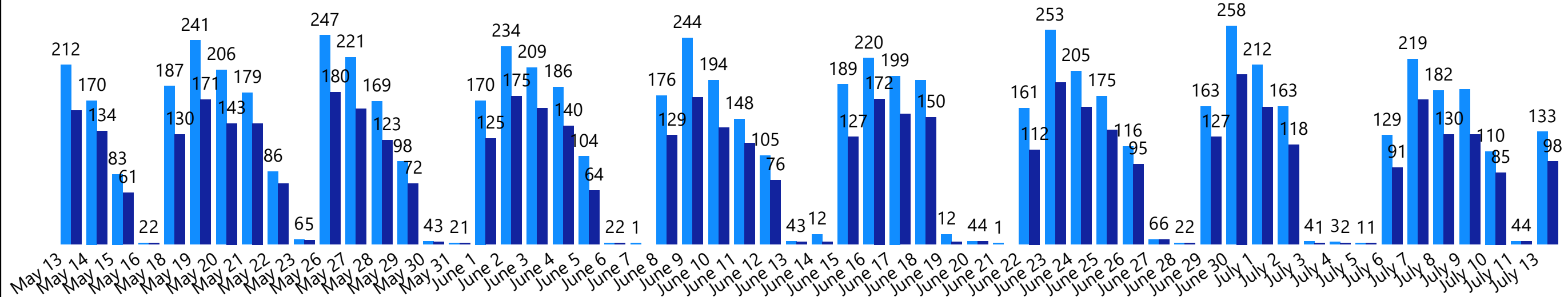
BH Youth Outpatient Count Of Clients Served

ClientCt F2F Count



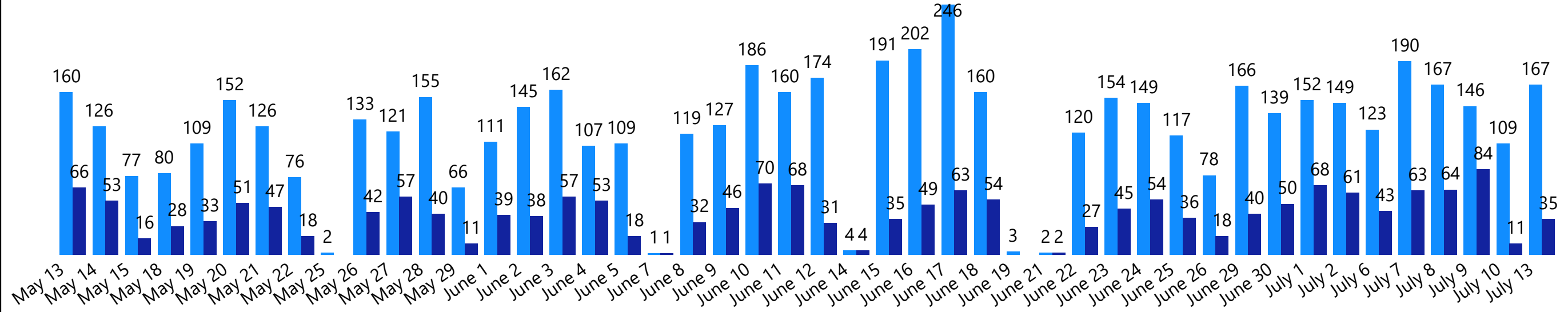
Doctors & NP Count Of Clients Served

ClientCt F2F Count



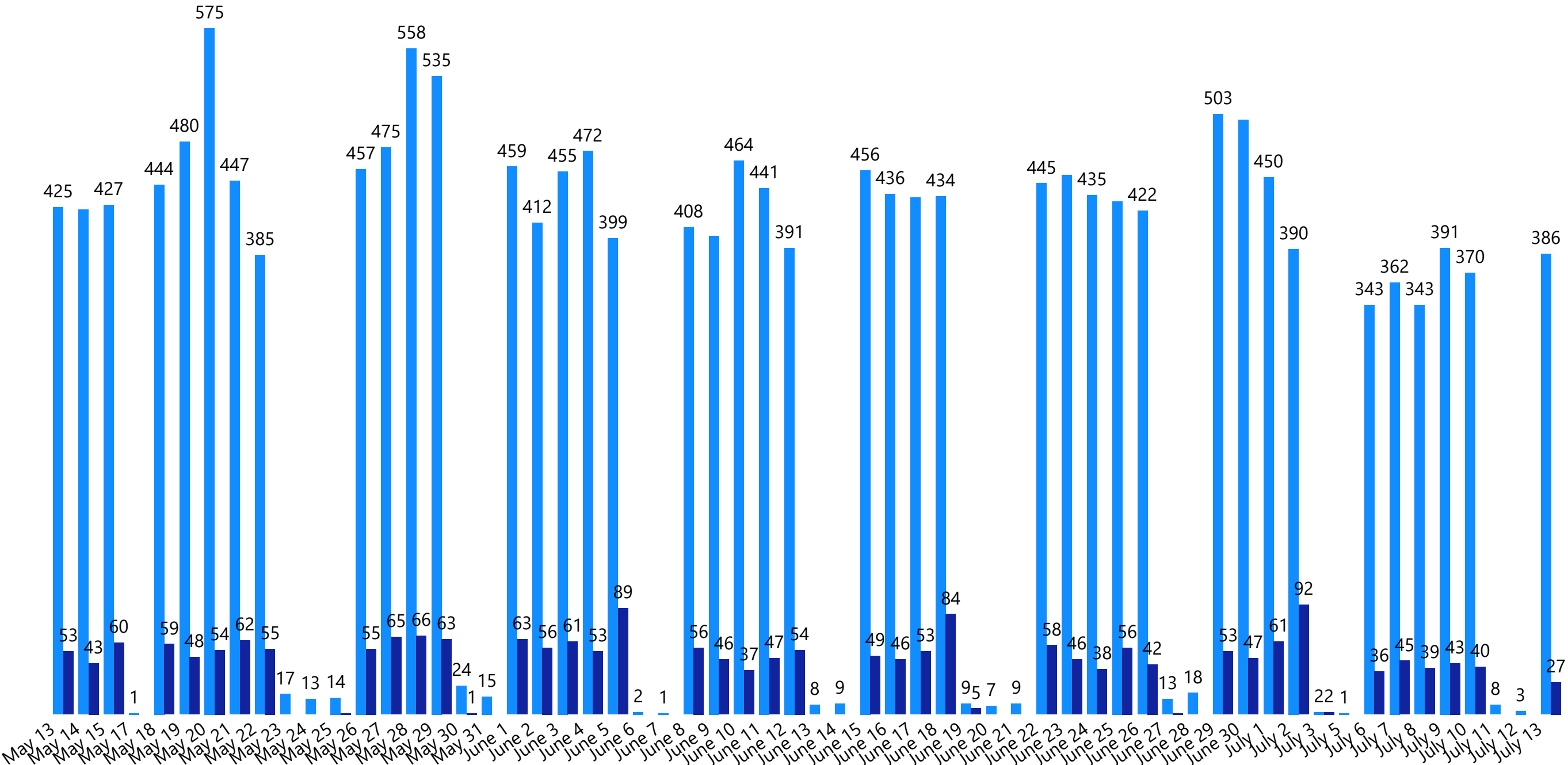
Outpatient Nursing Count Of Clients Served

ClientCt F2F Count



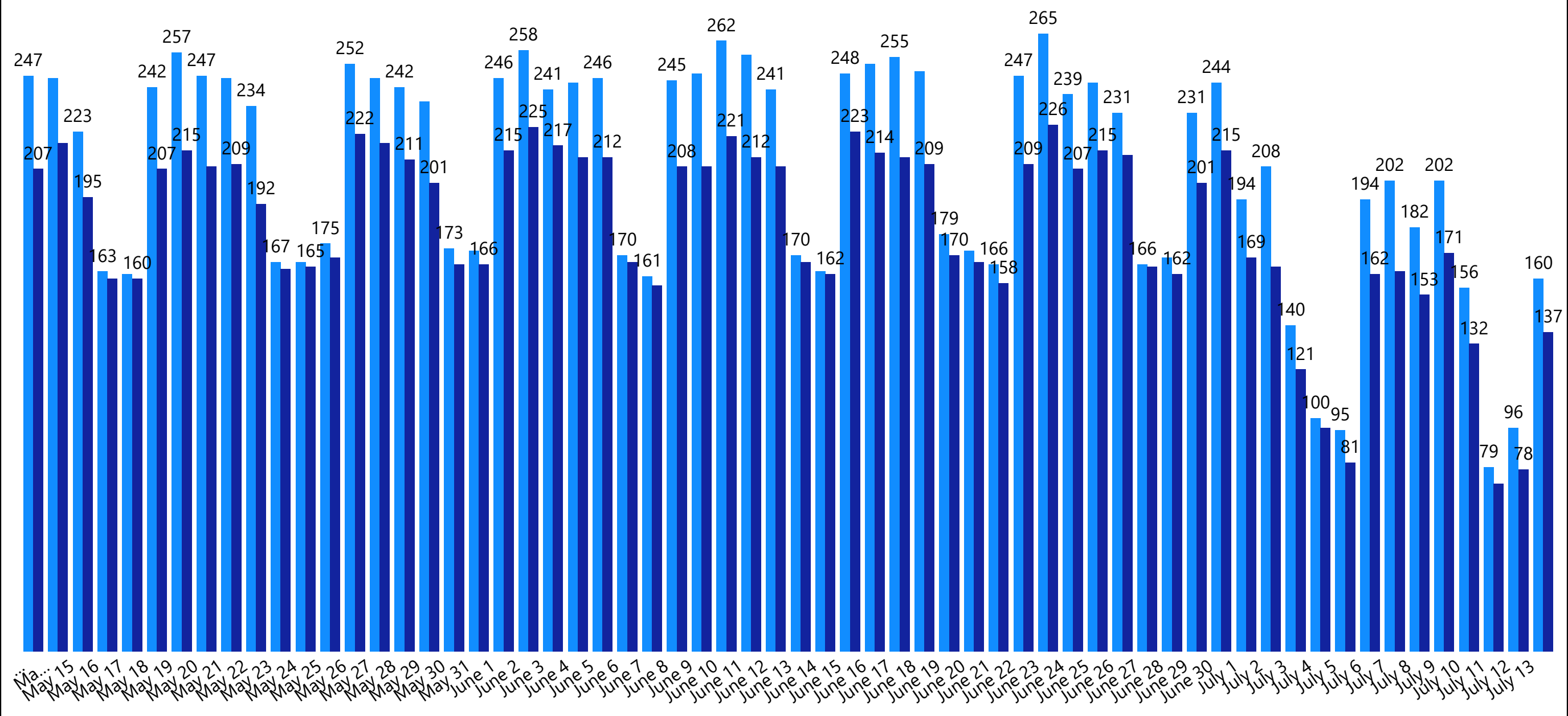
Support Coordination Count Of Clients Served

ClientCt F2F Count



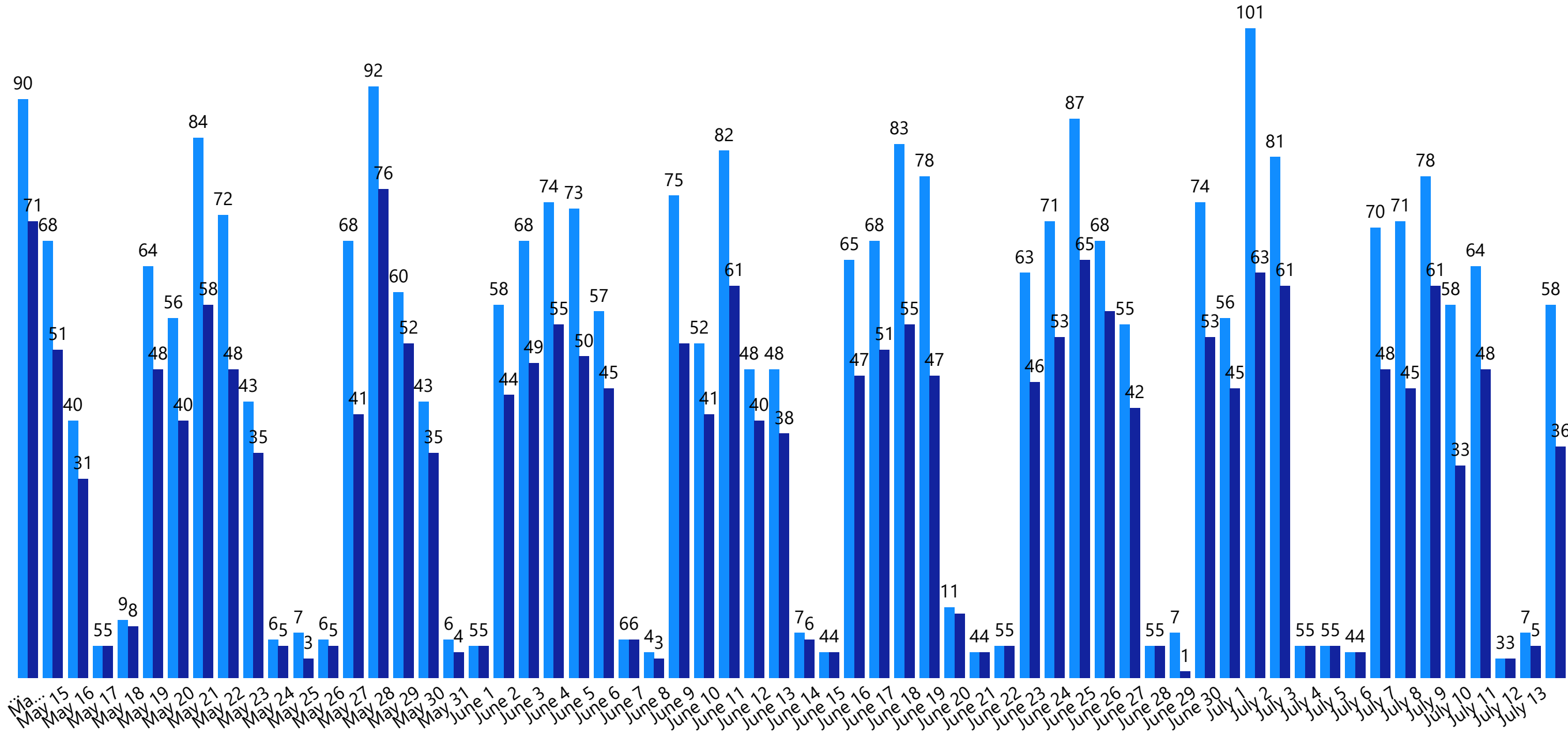
BH Residential (Directly Operated) Count Of Clients Served

ClientCt F2F Count



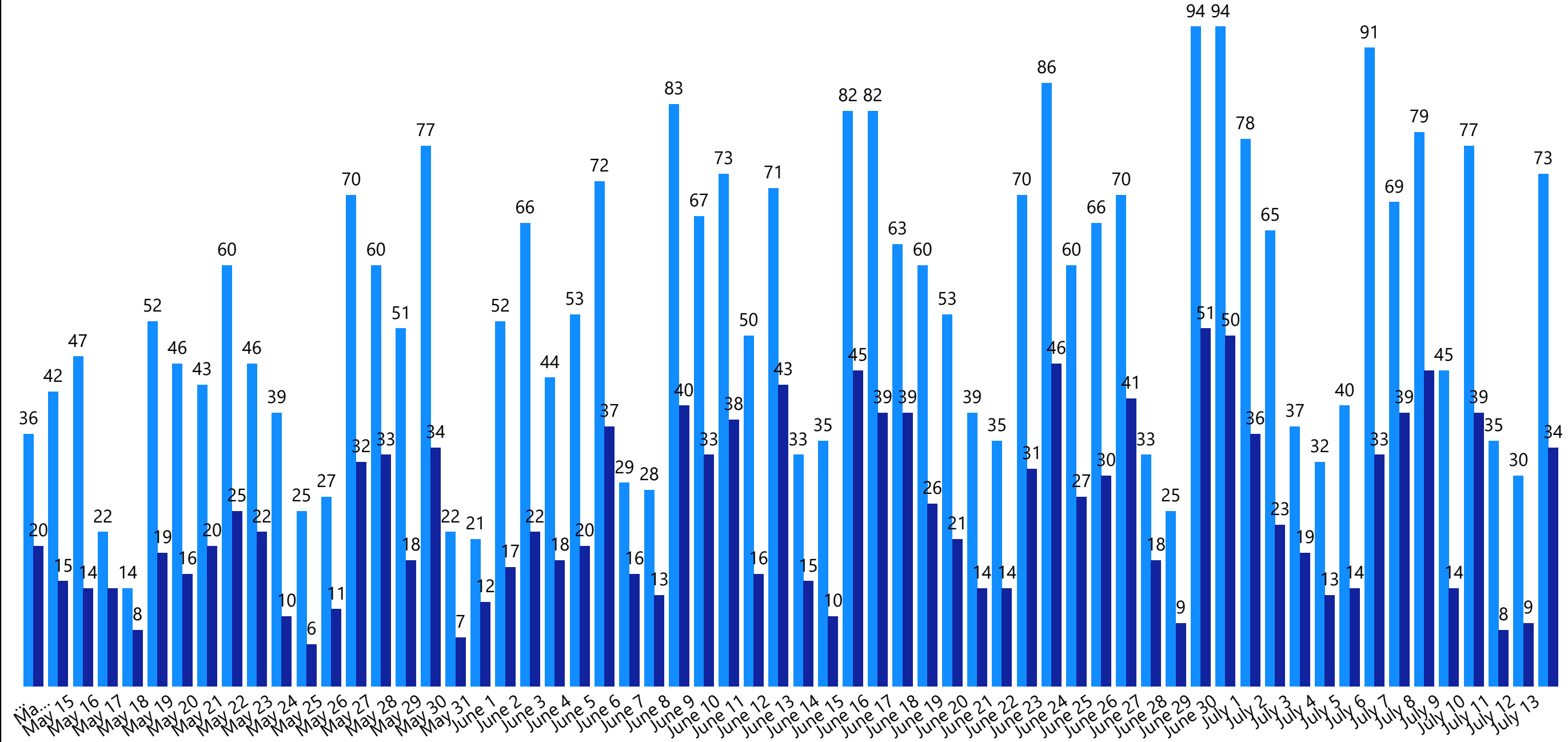
ADC/JDC/Court Count Of Clients Served

ClientCt F2F Count



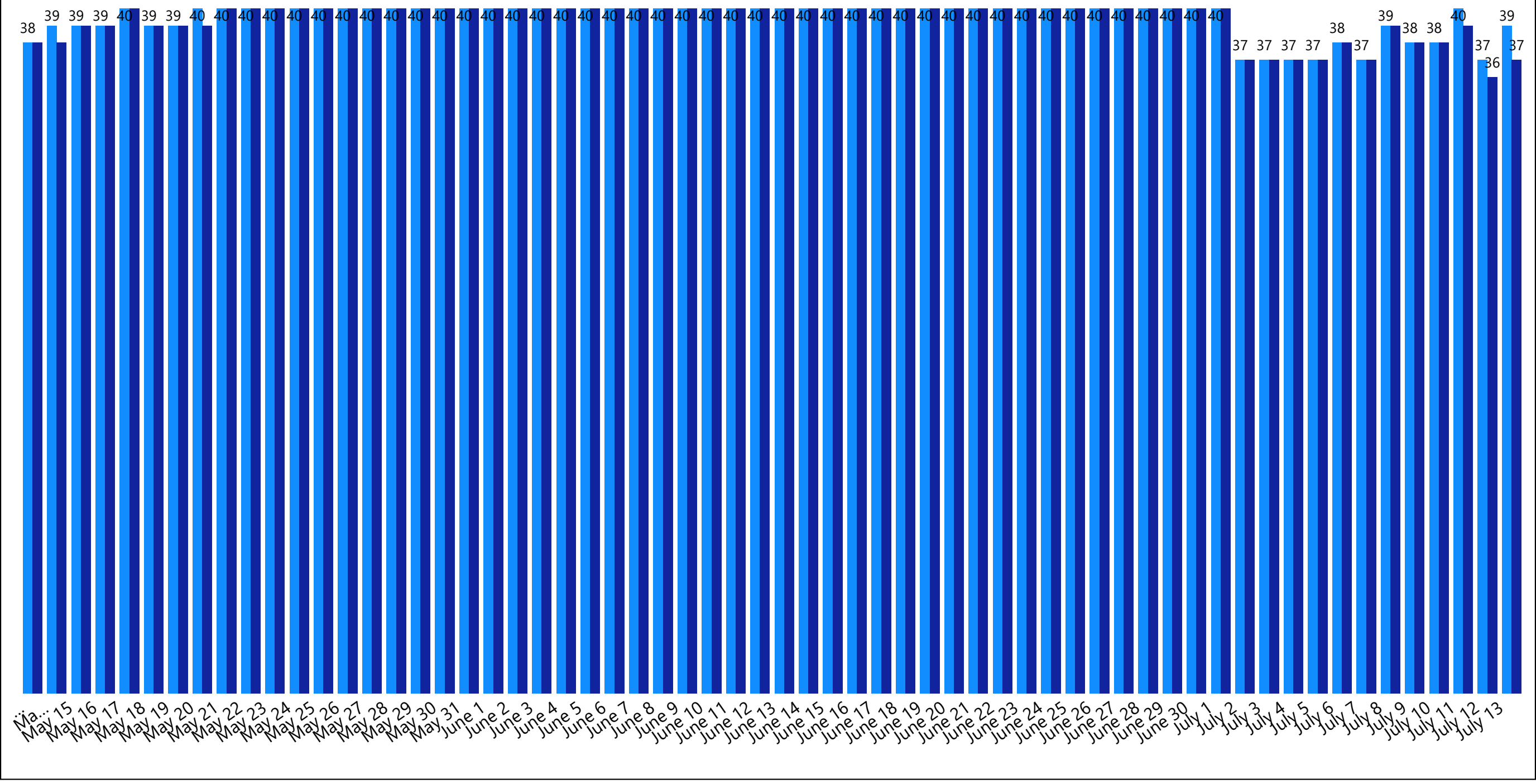
Emergency Count Of Clients Served

ClientCt F2F Count

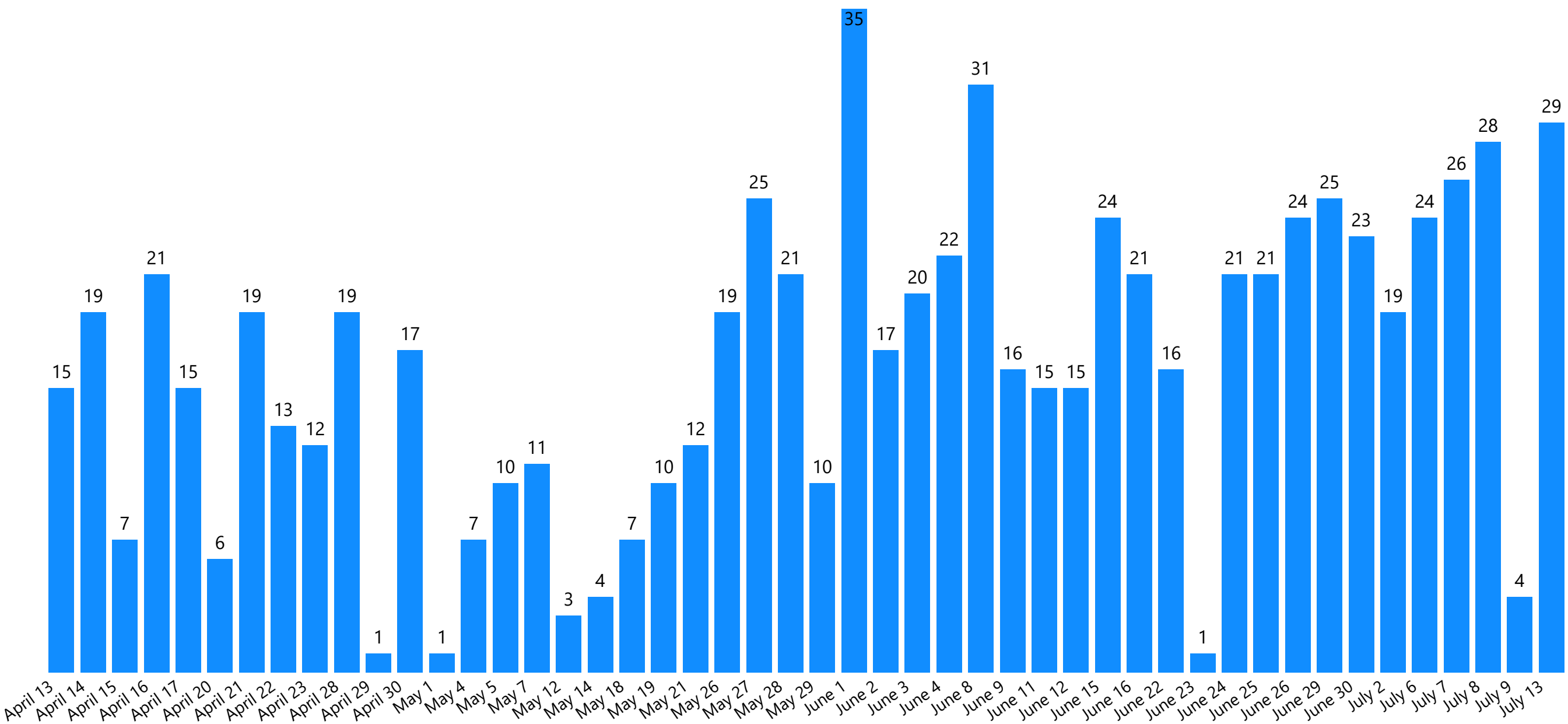


DD Residential (Directly Operated) Count Of Clients Served

ClientCt F2F Count

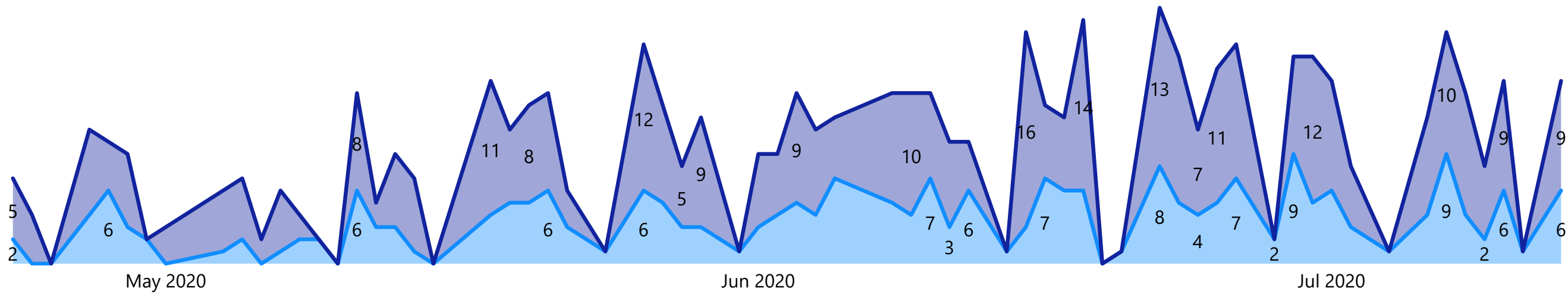


Count of Daily Calls At The Call Center

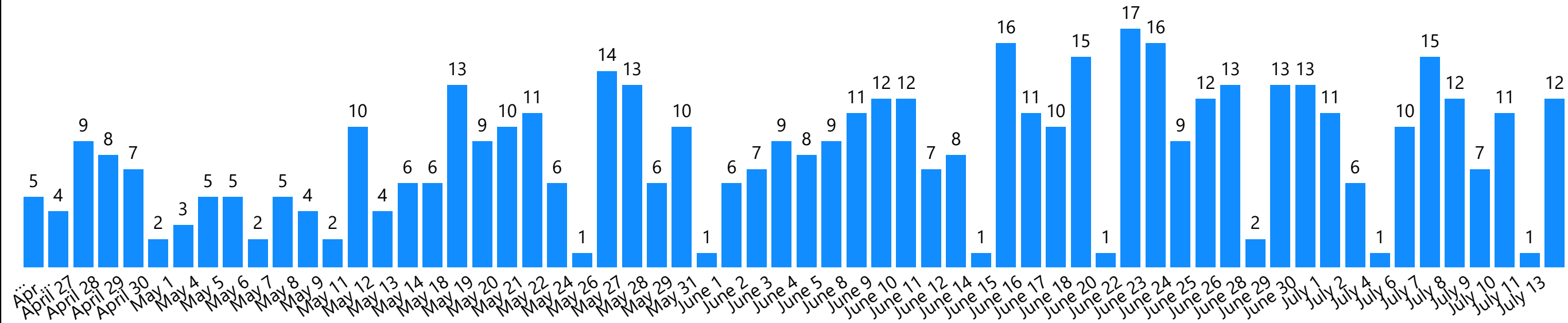


Count of Screening & Assessments By Day (EAR)

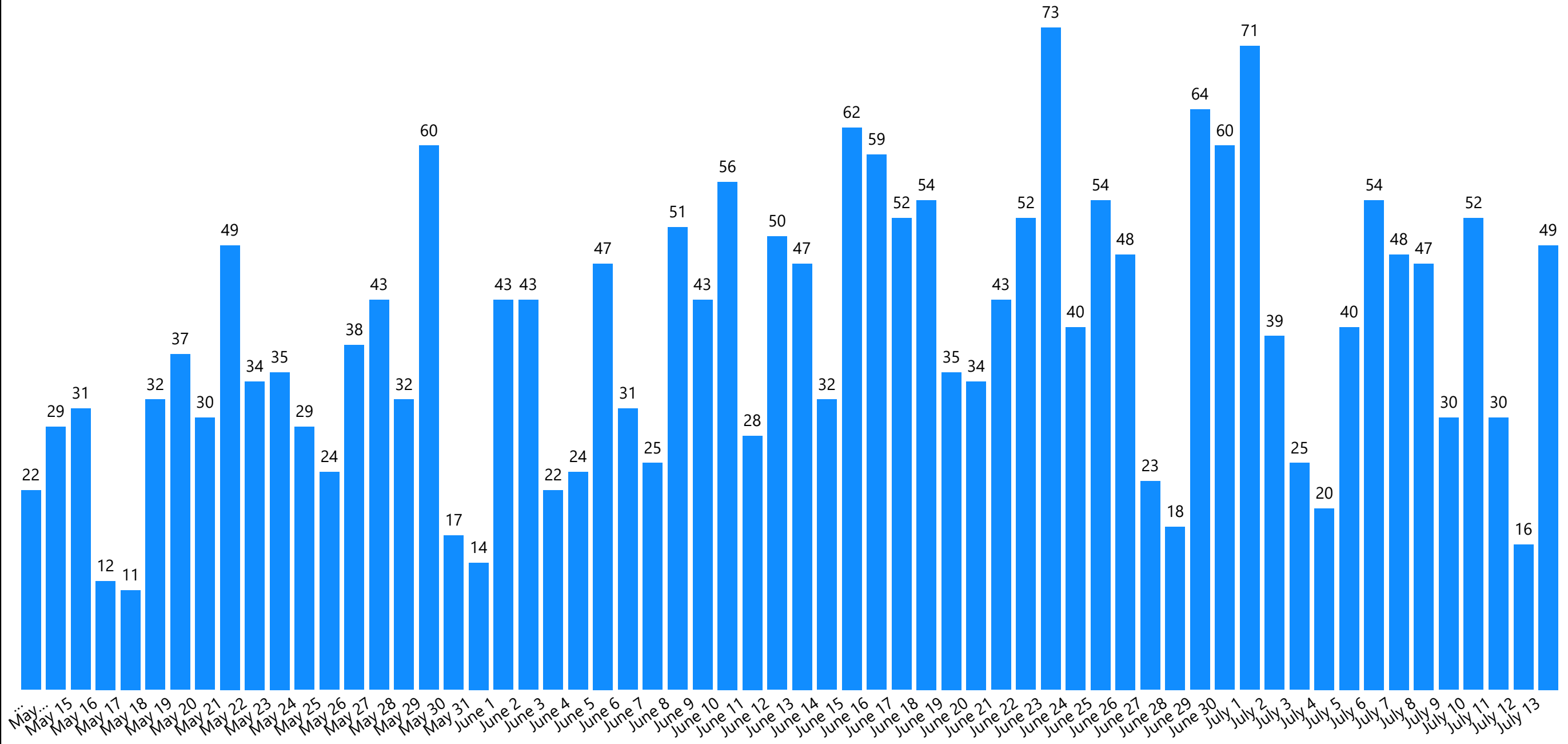
● Assessment ● Screening



Count Of Clients By Day (EAR)



Emergency Count Of Daily Telephone Calls



FY 2020 Pay Period Metrics

Category/GL	FY 2020 Revised Budget	PP Target July-Dec PP 14-26	PP Target Jan-June PP 1-13	Check
Merit Salary	\$75,956,496	\$2,921,404	\$2,921,404	\$75,956,496
Non-Merit Salary	\$7,796,615	\$299,870	\$299,870	\$7,796,615
Shift	\$216,400	\$8,323	\$8,323	\$216,400
OT	\$1,147,998	\$44,154	\$44,154	\$1,147,998
Stipends	\$307,650	\$11,833	\$11,833	\$307,650
Leave Pay-Out	\$600,000	\$23,077	\$23,077	\$600,000
Fringe	\$38,444,815	\$1,442,582	\$1,514,711	\$38,444,815
TOTAL	\$124,469,974	\$4,751,242	\$4,823,371	\$124,469,974

Actual Data	PP 26 (Repeat)	PP 1 Actual	PP 2 Actual	PP 3 Actual	PP 4 Actual	PP 5 Actual	PP 6 Actual	PP 7 Actual	PP 8 Actual	PP 9 Actual	PP 10 Actual	PP 11 Actual	PP 12 Actual	PP 13 Actual	PP 14 Accrual	YTD
Merit Salary	\$2,893,858	\$2,923,166	\$2,890,864	\$2,886,335	\$2,984,375	\$2,879,123	\$2,874,013	\$3,010,182	\$2,858,568	\$2,894,490	\$2,889,731	\$2,871,041	\$2,996,222	2,911,831.18	2,339,101.25	\$76,079,402
Non-Merit Salary	\$309,808	\$231,099	\$293,283	\$291,865	\$309,990	\$287,479	\$300,336	\$295,242	\$309,861	\$305,758	\$300,250	\$292,312	\$273,768	269,717.18	232,792.19	\$7,707,026
Shift	\$9,164	\$7,586	\$8,767	\$8,423	\$8,538	\$8,409	\$8,331	\$7,954	\$6,791	\$6,290	\$6,131	\$7,150	\$7,380	7,607.44	5,218.07	\$205,739
OT	\$56,520	\$122,262	\$52,939	\$83,461	\$48,636	\$87,233	\$57,754	\$65,368	\$65,738	\$71,153	\$75,466	\$55,906	\$82,058	89,736.27	52,826.33	\$2,032,002
Stipends	\$12,530	\$12,480	\$18,424	\$14,386	\$12,563	\$13,786	\$12,666	\$12,315	\$12,382	\$12,262	\$12,205	\$12,147	\$12,089	12,266.84	9,566.18	\$350,999
Leave Pay-Out	\$42,178	\$12,196	\$44,364	\$10,243	\$33,356	\$4,187	\$25,181	\$6,849	\$54,896	\$35,696	\$9,743	\$5,799	\$11,352	86,858.50	6,820.14	\$680,215
Fringe	\$1,533,624	\$1,445,574	\$1,414,750	\$1,415,986	\$1,485,356	\$1,413,026	\$1,402,590	\$1,458,511	\$1,408,669	\$1,406,873	\$1,445,790	\$1,390,784	\$1,454,343	\$1,170,349	\$1,011,962	\$36,929,533
TOTAL	\$4,857,682	\$4,754,363	\$4,723,390	\$4,710,700	\$4,882,815	\$4,693,244	\$4,680,871	\$4,856,422	\$4,716,905	\$4,732,522	\$4,739,315	\$4,635,138	\$4,837,212	\$4,548,366	\$3,658,286	\$123,984,916

Fairfax-Falls Church Community Services Board

Fund 40040

FY 2020 June Statement

	FY 2020 Approved Budget	FY 2020 Revised Budget	FY 2020 Actuals Thru June 2020	Variance from Revised YTD Budget
Beginning Balance	26,444,473	26,444,473	26,444,473	
F Fairfax City	1,957,610	1,957,610	1,957,610	-
F Falls Church City	887,299	887,299	887,299	-
F State DBHDS ¹	11,886,443	11,886,443	9,649,602	(2,236,841)
F Federal Pass Thru SAPT Block Grant	4,053,659	4,053,659	4,157,315	103,656
V Direct Federal Food Stamps	154,982	154,982	108,990	(45,992)
V Program/Client Fees	4,011,751	4,011,751	4,218,552	206,801
V CSA	858,673	858,673	1,136,318	277,645
V Medicaid Option	2,651,345	2,651,345	5,915,763	3,264,418
V Medicaid Waiver	8,537,500	8,537,500	6,961,355	(1,576,145)
V Miscellaneous	14,100	14,100	151,204	137,104
Non-County Revenue	35,013,362	35,013,362	35,144,008	130,646
General Fund Transfer	146,575,985	146,575,985	146,575,985	-
Total Revenue	208,033,820	208,033,820	208,164,466	130,646
Compensation	82,973,087	86,025,159	87,055,383	(1,030,224)
Fringe Benefits	37,075,699	38,444,815	36,929,534	1,515,281
Operating ²	63,279,541	67,076,113	54,808,889	12,267,224
Recovered Cost (WPFO)	(1,738,980)	(1,738,980)	(1,639,571)	(99,409)
Capital ³	-	771,855	667,594	104,261
Transfer Out ⁴	-	6,100,000	6,100,000	-
Total Expenditures	181,589,347	196,678,962	183,921,829	12,757,133
Ending Balance	26,444,473	11,354,858	24,242,637	
DD MW Redesign Reserve ⁵	2,500,000	2,500,000	2,500,000	
Medicaid Replacement Reserve ⁶	2,800,000	2,800,000	2,800,000	
Opioid Epidemic MAT Reserve ⁷	300,000	300,000	300,000	
Diversion First Reserve ⁸	1,244,245	1,244,245	1,244,245	
Unreserved Balance	19,600,228	4,510,613	17,398,392	

Key

- F Fixed Annual Allocations
- V Variable Revenue based on number of services provided and total billing collections

Reserve

- 1 FY20 Budget for State Funds of \$11.9M is overstated and based on prior year fund allocations. Due to Medicaid Expansion, DBHDS reduced our revenue by ~\$4M (\$4.4M due to Medicaid Expansion, offset by ~\$400K for COLA).
- 2, 3 Operating & Capital Revised Budget includes approved carryover request of \$8.9M for ongoing contractual obligations, medical detox and associated nursing services, housing assistance, building maintenance and repairs (\$8M), prevention incentive funding (\$525K), WIN implementation (\$250K), opioid (\$150K)
- 4 Transfer Out Revised Budget was Approved during FY19 Carryover. It includes several projects for space reconfiguration to relocate staff and accommodate programs at the Merrifield Center (\$1.6M), replacement of security system system at the Juvenile Detention Center (\$2.5M)
- 5 The DD Medicaid Waiver Redesign Reserve ensures the County has sufficient funding to provide services to individuals with developmental disabilities in the event of greater than anticipated costs due to the Medicaid Waiver Redesign effective July 1, 2016.
- 6 The Medicaid Replacement Reserve, for the implementation of Medicaid Expansion to a potential 600 consumers and will provide support with the transition of funding from the State support to Medicaid fees.
- 7 The Opioid Use Epidemic Reserve provides flexibility, consistent with the Board of Supervisors' FY 2018-FY 2019 Budget Guidance, as the County continues to work with national, state, and regional partners on strategies to combat the opioid epidemic.
- 8 The Diversion First Reserve represents one-time savings that were realized in FY 2017 as a result of longer than anticipated recruitment times to fill new positions and savings in operating expenses to pay for medical clearances. This funding will be reallocated as part of a future

FY 2020 Fiscal Notes

FY20 Year End Results - June 2020

Revenue – Total FY20 non-county revenue is \$35,144,008 or \$131K better than budget due to:

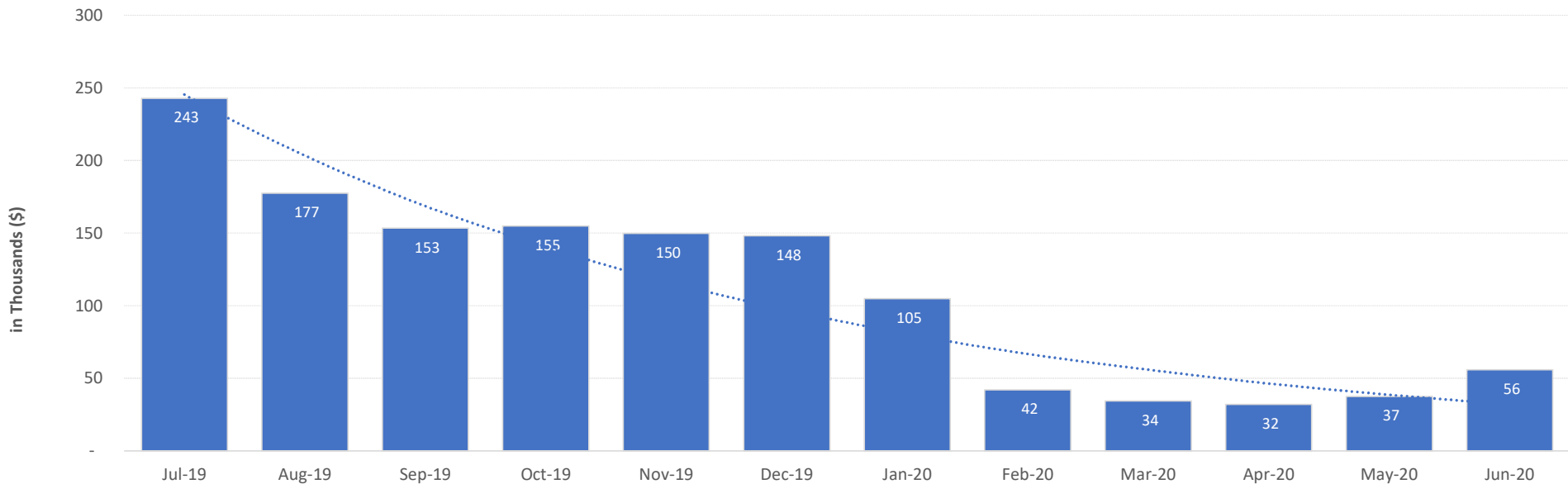
- Fixed revenue shortfall of \$2.2M due to state revenue reduction related to Medicaid Expansion (\$4.4M) offset by approximately \$400K for COLA, \$1.1M received due to Medicaid Expansion shortage, and end-of year one-time payments from DHBDS. Additionally, Federal Block Grants ended the year with higher than anticipated revenue of approximately \$140K.
- Variable revenue surplus of approximately \$2.3M. The surplus can be attributed to several factors including back-billed services (prior 365 days), turning on services for billing, and improved processes for obtaining service authorizations for services.

Expense – Total FY20 expenditures are \$183,921,829, or \$12.8M better than revised budget due to:

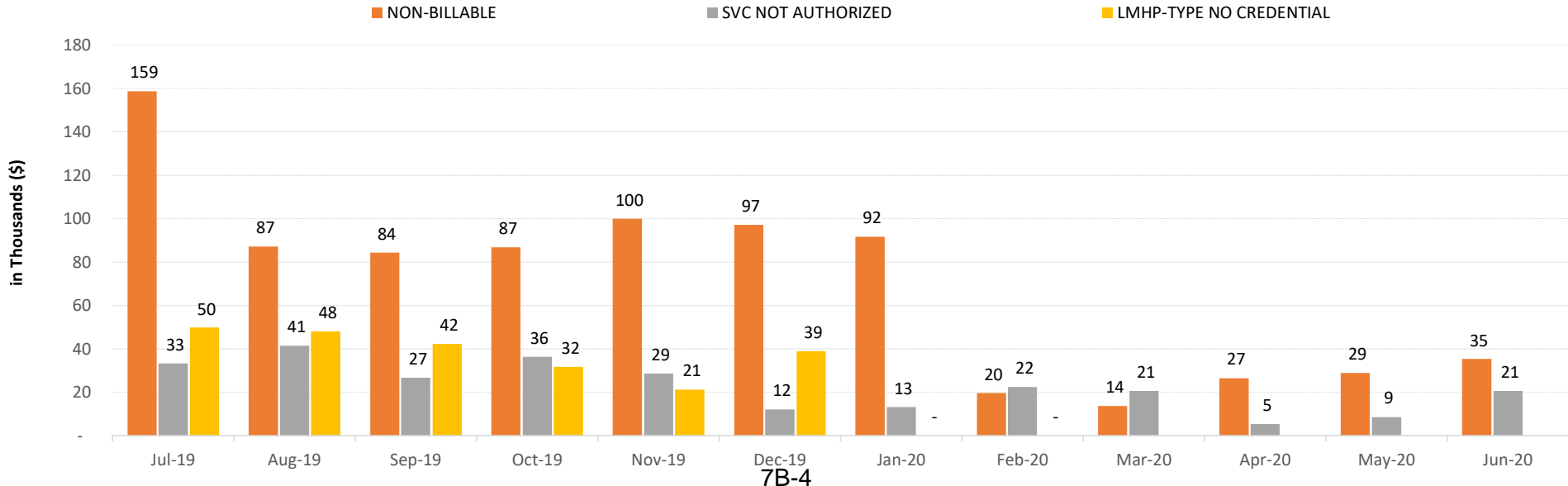
- Compensation and Fringe surplus of \$485K. This is predominantly due to higher than budgeted vacancy rate.
- Operating surplus of \$12.3M. This is predominately due to the encumbered carryover from FY19, and less than anticipated operational expenditures for the year.

Revenue Maximation - Non-Billable Summary FY 2020

Total Non-Billable Amount



Billing Error Types



Submission Error	Jun 2020 Adj Amt (\$)
NON-BILLABLE	35,301
SVC NOT AUTHORIZED	20,556
Total:	55,857
Annualized:	670,279

Service Type	Service ProgramCode	Amt (\$)	Non-Billable Reason	Note
Medication Mgmt		16,526		
	MAT OBOT	16,064	Program-ARTS	Decision by leadership to make nonbill
	OP DETOX	378	Program-ARTS	Decision by leadership to make nonbill
	MEDSVCS	84	Program-ARTS	Decision by leadership to make nonbill
PhysExamResi NP18-39		4,342		
	DETOX SOC	2,171	Program-ARTS	Decision by leadership to make nonbill
	SUBOXONE	1,837	Program-ARTS	Decision by leadership to make nonbill
	DETOX MED	334	Program-ARTS	Decision by leadership to make nonbill
PhysExamResi NP40-64		2,004		
	DETOX SOC	1,002	Program-ARTS	Decision by leadership to make nonbill
	DETOX MED	668	Program-ARTS	Decision by leadership to make nonbill
	SUBOXONE	334	Program-ARTS	Decision by leadership to make nonbill

* Source: Credible Service & Adjustment Report

* Adjustment amount reflects current month of services and excludes prior month adjustments.

* Beginning Feb 2020, adjustment amount excludes bundled services such as MH Skill-Building Resi and Case Management Resi.

**Fiscal Oversight Committee
CSB HR Update – July 14, 2020**

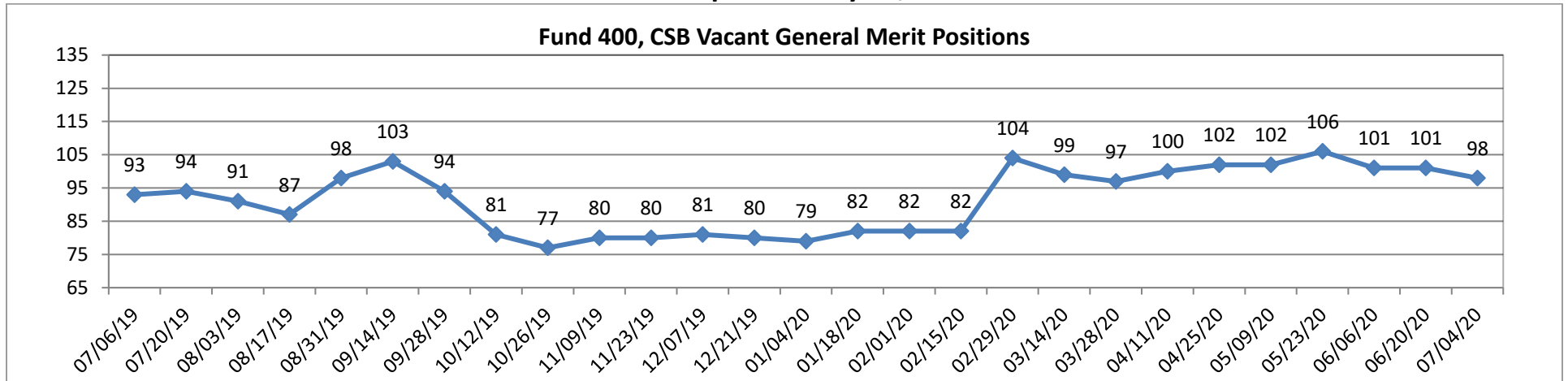
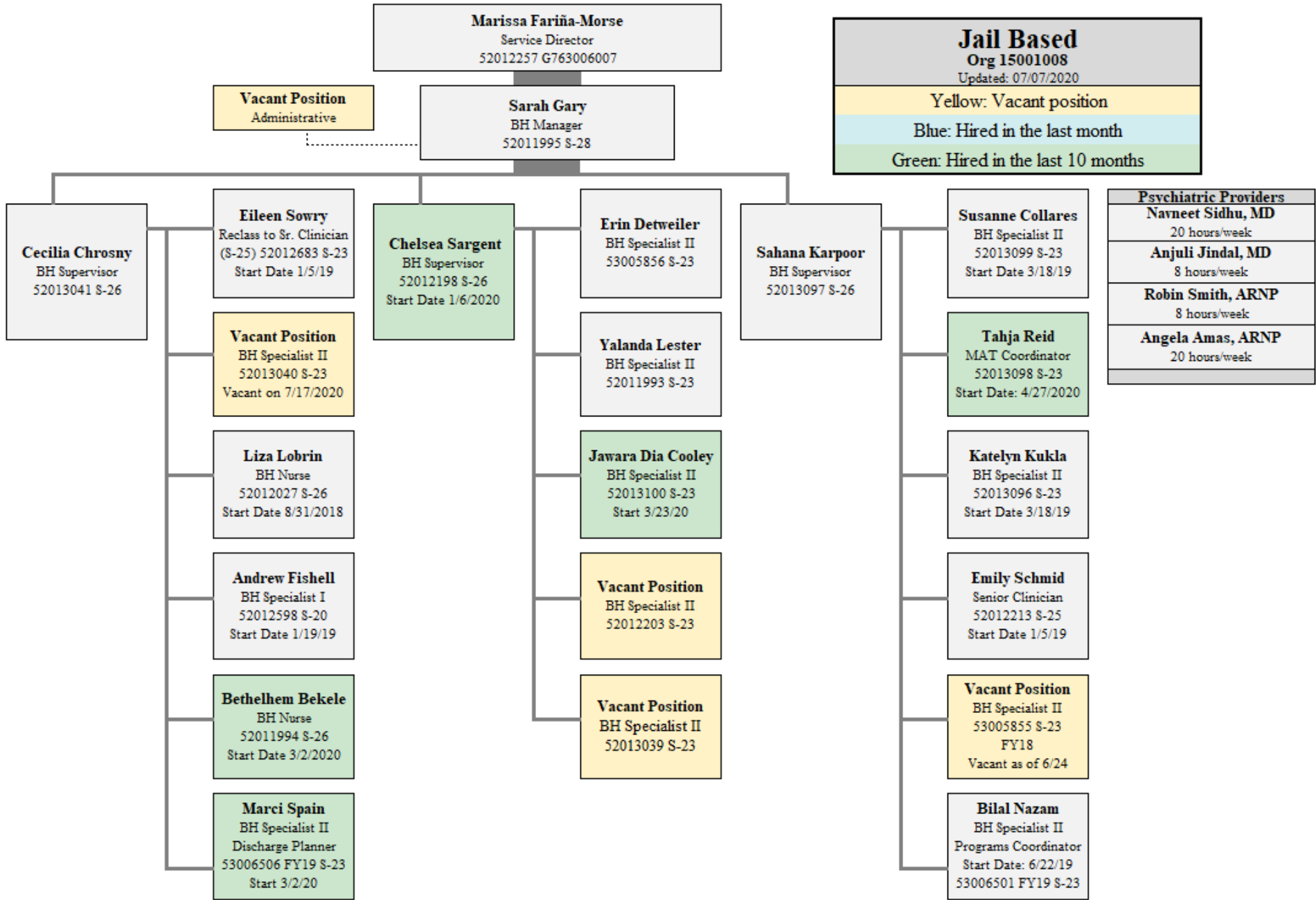
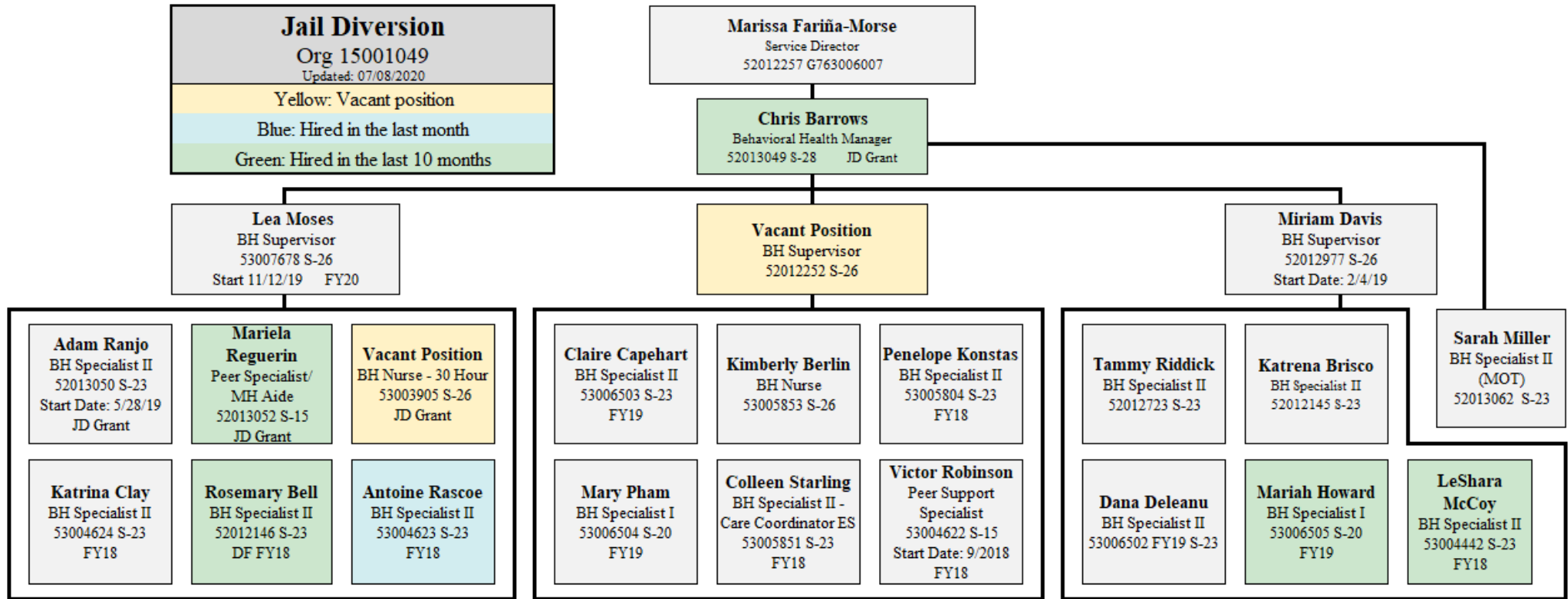


Figure 1: Increase in February 2020 reflects 24 non-merit conversions

Vacancies in critical areas* *includes all merit positions (all funds - regular and grant)

Service area / program	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June		July	
Emergency Svcs/MCU	5	3	4	4	2	2	3	5	6	5	6	5	4 CIS	3	2 CIS
													1 Peer Support Spec		1 Peer Support Spec
Behavioral Health OP Svcs	4	2	7	6	10	5	6	6	13	13	13	15	7 BHS II	16	10 BHS II
													3 BH Sr. Clin		2 BH Sr. Clin
													2 BHN Clin/Case Mgr.		2 BHN Clin/Case Mgr.
													2 LPN		2 LPN
													1 SAC		
Youth & Family – OP Svcs	6	7	8	2	2	2	2	3	5	6	6	6	3 BH Sr. Clin	6	3 BH Sr. Clin
													3 BHS II		3 BHS II
Support Coordination	13	15	22	21	21	23	24	25	19	16	18	15	15 DDS II	11	11 DDS II
ADC/ Jail Diversion	3	4	7	9	11	11	12	10	8	8	5	4	3 BHS II	6	5 BHS II
													1 BH Supervisor		1 BH Supervisor
Compliance & Risk Mgmt.	5	5	2	2	2	2	2	3	3	3	3	2	1 MA III	1	1 CSB Coordinator
													1 CSB Coordinator		



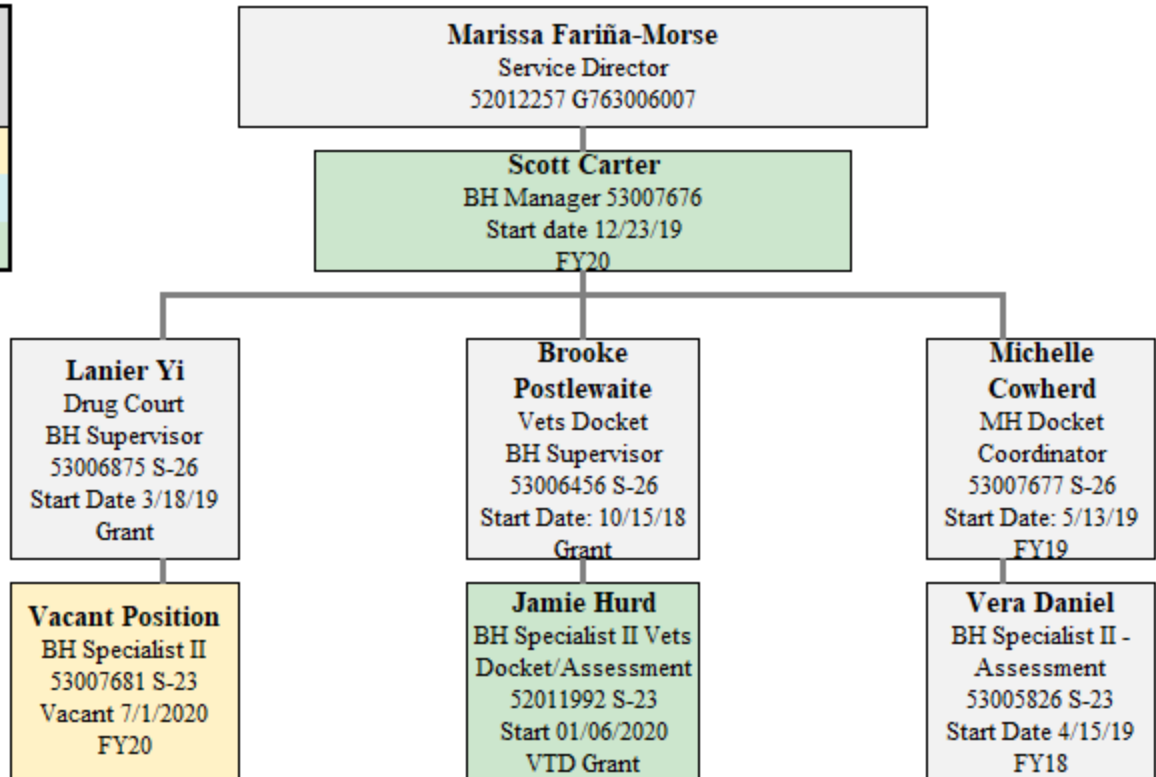


Court Based
Org 15001008
 Updated: 07/10/2020

Yellow: Vacant position

Blue: Hired in the last month

Green: Hired in the last 10 months



CSB Board Review of CSB Board Policy

Issue:

Regular review and update to identified CSB Board Policies

Background:

As part of the regular CSB Board policy review process, policies are submitted to the CSB Board Executive Committee for review and recommendation. Following Committee review, recommendations are compiled and submitted to the full CSB Board as an Information Item for further review. Following CSB Board review and at the next CSB Board meeting, the policies, with all recommendations visible, are submitted as an Action Item for final review and approval. The policies submitted for this review include those listed below:

- 1500 – Use of E-Mail Among Board Members
- 4000 – CSB Board Member Communication

Timing:

Due to the impact of COVID-19, and the subsequent cancelation of CSB Board and Committee meetings, review and approval of these policies was delayed. Following this opportunity for review and comment by the CSB Board, the policies will be submitted for approval at the August 28, 2020 CSB Board meeting.

Board Member

Sheila Jonas, CSB Board Secretary

Related Documents:

- A. 1500 – Use of E-Mail Among Board Members
- B. 4000 – CSB Board Member Communication

Policy Number: 1500
Policy Title: Use of E-Mail Among
CSB Board Members
Date Adopted: TBD

Purpose

The purpose of this policy is to provide guidance for the members of the Board who use email so that they can comply with the open meeting requirements of the Virginia Freedom of Information Act, Virginia Code §§ 2.2-3700 through 2.2-3714 (hereinafter "VFOIA").

Policy

It is the policy of the CSB to comply with the VFOIA requirements. In order to carry out this policy, Board members shall comply with the following procedures:

1. Because Virginia law provides that a meeting occurs when three or more Board members assemble in person or by electronic means for the purpose of transacting the business of the CSB, and because Virginia law prohibits members of the Board from conducting a meeting by electronic means, no Board member shall conduct any contemporaneous exchange or transmission of e-mail messages between more than one other member of the Board at any one time.
2. Should any member of the Board think that information should be distributed by e-mail to more than one other member of the Board, then that Board member should send that information to the CSB staff and ask the staff to distribute the information via e-mail to other members of the Board. Members of the Board shall be cautious to avoid the contemporaneous exchange of such e-mails which could be interpreted as a possible violation of the VFOIA open meeting requirements or the VFOIA prohibition against conducting electronic meetings. For example, if the CSB staff sends an e-mail to more than two members of the CSB, then a Board member recipient should not send a "reply to all" response that will transmit an electronic transmission to more than one other member of the Board.
3. E-mail communications involving the business of the CSB are public records and those records shall be retained in accordance with Virginia law. Regulations presently applicable to e-mail require that such messages be retained for a period of three years. Records Retention Schedule, General Schedule 19 (Library of Virginia, July 3, 2003).

For that reason, each member of the Board shall retain for a period of three years all e-mail messages with attachments that are sent to or received from other members of the Board, the CSB staff, or members of the public regarding the public business of the CSB. Should a member of the Board not wish to retain such messages in his or her electronic library, then those messages should be forwarded to the Clerk to the CSB for retention and eventual disposition.

Approved

CSB Board Secretary

Date

Policy Adopted: February 25, 2004

Policy Readopted: March 25, 2009

Policy Readopted: October 28, 2015

Policy Revised/Readopted: TBD

References:

- ◆ Opinion of the Virginia Attorney General to the Honorable Phillip Hamilton dated January 6, 1999
- ◆ Opinion of Maria Everett, Executive Director of the Virginia Freedom of Information Advisory Council to Ms. Bridgett Blair dated January 3, 2001

Policy Number: 4000
Policy Title: CSB Board Member Communication
Date Adopted: TBD

Deleted: October 25, 2017

Purpose:

Provide clear, timely and accurate information to the public, individuals receiving services, and interested parties regarding the Fairfax-Falls Church Community Services Board (CSB) and its operations, facilities, planning, programs, services and other issues of interest. Commit CSB Board to open and transparent processes, community engagement, informing and educating local constituencies and timely utilization of appropriate means and technologies to facilitate effective two-way communication.

Deleted: s

Policy

The Fairfax-Falls Church Community Services Board (CSB) shall communicate with residents and other stakeholders in order to inform and engage the public regarding the CSB and its operations, facilities, planning, programs, services, and other issues of interest. Public engagement shall be encouraged and facilitated. Input from both the community and public entities shall be encouraged.

Deleted: the

Commented [BE1]: first paragraph, 4th line "input from both the community [and] the public entities shall be encouraged."

CSB Board members may and are encouraged to advocate and inform the public of CSB matters. The role for CSB staff is different. While CSB staff may inform, educate and engage, they may not advocate.

Commented [BE2]: Second paragraph, 1st line; "CSB Board members may and are encouraged" Should we leave out the words "may and"? Not sure about this one: according to the policy the CSB Board advocates. However, we don't lobby; should there be a statement to that effect?

When representing the CSB Board during interactions with the public, information will first be coordinated with the CSB Board Chair and CSB Executive Director or designee to ensure accuracy. Members, when engaging in personal communication with the public about the CSB or its services, are not required to coordinate with the CSB Board Chair or CSB Executive Director or designee but must make clear that their opinion may not reflect the opinion of the CSB Board or the CSB.

Communication on behalf of the CSB Board is the responsibility of the CSB Board Chair, or the Chair's designee.

Communication on behalf of the CSB is the responsibility of the CSB Executive Director, or the Executive Director's designee.

CSB staff are available for consultation to Board members concerning outreach to, or interaction with, news media, social media, blogs, or other online public forums.

Deleted: Additionally,

Approved

 CSB Board Secretary

 Date

References

Fairfax County Social Media Policy: [Fairfax County Social Media Policy & Guidelines for Official Accounts](#)

Policy Adopted: October 25, 2017

[Policy Readopted/Revised: TBD](#)

CSB BOARD REVIEW

Policy Number: 4000
 Policy Title: CSB Board Member
 Communication
 Date Adopted: TBD

Purpose:

Provide clear, timely and accurate information to the public, individuals receiving services, and interested parties regarding the Fairfax-Falls Church Community Services Board (CSB) and its operations, facilities, planning, programs, services and other issues of interest. Commit CSB Board to open and transparent processes, community engagement, informing and educating local constituencies and timely utilization of appropriate means and technologies to facilitate effective two-way communication.

Policy

The Fairfax-Falls Church Community Services Board (CSB) shall communicate with residents and other stakeholders in order to inform and engage the public regarding the CSB and its operations, facilities, planning, programs, services, and other issues of interest. Public engagement shall be encouraged and facilitated. Input from both the community and public entities shall be encouraged.

CSB Board members may and are encouraged to advocate and inform the public of CSB matters. The role for CSB staff is different. While CSB staff may inform, educate, and engage, they may not advocate.

When representing the CSB Board during interactions with the public, information will first be coordinated with the CSB Board Chair and CSB Executive Director or designee to ensure accuracy. Members, when engaging in personal communication with the public about the CSB or its services, are not required to coordinate with the CSB Board Chair or CSB Executive Director or designee but must make clear that their opinion may not reflect the opinion of the CSB Board or the CSB.

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Communication on behalf of the CSB is the responsibility of the CSB Executive Director, or the Executive Director's designee.

CSB staff are available for consultation to Board members concerning outreach to, or interaction with, news media, social media, blogs, or other online public forums.

Approved

CSB Board Secretary

Date

References

Fairfax County Social Media Policy: [Fairfax County Social Media Policy & Guidelines for Official Accounts](#)

Policy Adopted: October 25, 2017

Policy Readopted/Revised: TBD

CSB BOARD REVIEW

Approval of CSB Board Policy

Recommended Motion:

I move that the Board approve the revised CSB policies as presented

Issue:

Approval to adopt as recommended the CSB Board Policies listed below following CSB Board review.

Background:

As part of the regular CSB Board policy review process, the policies listed below were submitted to CSB Board members at the June 2020 CSB Board meeting for review and possible revision. The policies listed below are submitted, with and without edits, to the CSB Board for final review and approval.

- 1305 – Participation by the Public
- 3040 – Privacy, Security, and Confidentiality

Timing:

Immediate

Board Member

Sheila Jonas, Secretary to CSB Board

Enclosed Documents:

- A. 1305 – Participation by the Public
- B. 3040 – Privacy, Security, and Confidentiality

Policy Number: 1305
Policy Title: Participation by the Public
Date Adopted: TBD

Purpose

To ensure involvement and participation of individuals receiving services, their families, and the public. To ensure that the discussion and analysis of the issues before the CSB Board are conducted in an open and orderly manner.

Policy

The Fairfax-Falls Church Community Services Board (CSB) takes all necessary and appropriate actions to actively involve and support the maximum participation of individuals, their families, and the public in policy formulation and services planning, delivery, monitoring, and evaluation.

The public is encouraged to attend meetings of the CSB Board, to observe its deliberations and to inform the Board of relevant issues. The public may address the CSB Board on matters which are relevant to the Board, on agenda items and during public hearings. Persons who wish to address the CSB Board are requested to state their names, their affiliation and the subject about which they wish to speak. If the speakers wish to remain anonymous, they may give only a first name.

1. Matters of the Public. CSB Board meetings shall always include a "Matters of the Public" agenda item providing for public participation. The topic addressed does not need to be one which is on the meeting agenda. Persons who wish to address the CSB Board must first be recognized by the Chair, who may limit the amount of time allotted for the speaker.
2. Agenda Items. All persons seeking the opportunity to speak at a CSB Board meeting shall address the Chair and may direct questions or comments to CSB Board members or other officers of the CSB Board only upon the approval of the Chair. Members of the CSB Board and the Executive Director have the privilege of asking questions of any person who addresses the Board.
3. Public Hearings. Public hearings are topic-specific, announced in advance and may have time limitations for speakers. Every person who wishes to speak at public hearings must first be recognized by the Chair. The Chair shall determine whether it is in the public interest to allow the request. Should requests to speak be granted, the presentation shall be limited in time as determined by the CSB Board in advance. If there are numerous requests to address the CSB Board on the same subject, the Chair may select representatives to speak on each side of the issue. The CSB Board has the right to overrule the Chair by a majority vote of those present.
4. Complaints regarding identified CSB Board members or staff will be heard only in Executive Session.

- 5. All employees have the right to participate in CSB Board meetings in the same manner as all other members of the public.

Approved _____ Date _____
 CSB Board Secretary

References:

- No longer applicable
- Code of Virginia 37.2-504.5
- Virginia Department of Behavioral Health and Developmental Services

Deleted: Commission on Accreditation of Rehabilitation Facilities (CARF) Employment and Community Services Manual
Commented [BE1]: EML, please clarify or delete

Policy Adopted: February 1976
 Policy Readopted: November 1980
 Policy Revised: August 1994
 Policy Readopted: April 23, 1997
 Policy Readopted: March 29, 2000
 Policy Readopted: April 23, 2003
 Policy Readopted: April 26, 2006
 Revision Adopted: January 28, 2015
Revision Adopted/Readopted: TBD

DRAFT

Policy Number: 1305
Policy Title: Participation by the Public
Date Adopted: September 10, 2019

Purpose

To ensure involvement and participation of individuals receiving services, their families, and the public. To ensure that the discussion and analysis of the issues before the CSB Board are conducted in an open and orderly manner.

Policy

The Fairfax-Falls Church Community Services Board (CSB) takes all necessary and appropriate actions to actively involve and support the maximum participation of individuals, their families, and the public in policy formulation and services planning, delivery, monitoring, and evaluation.

The public is encouraged to attend meetings of the CSB Board, to observe its deliberations and to inform the CSB Board of relevant issues. The public may address the CSB Board on matters which are relevant to the CSB Board, on agenda items, and during public hearings. Persons who wish to address the CSB Board are requested to state their names, their affiliation, and the subject about which they wish to speak. If the speakers wish to remain anonymous, they may give only a first name.

1. Matters of the Public. CSB Board meetings shall always include a "Matters of the Public" agenda item providing for public participation. The topic addressed does not need to be one which is on the meeting agenda. Persons who wish to address the CSB Board must first be recognized by the Chair or designee, who may limit the amount of time allotted for the speaker.
2. Agenda Items. All persons seeking the opportunity to speak at a CSB Board meeting shall address the Chair or designee and may direct questions or comments to CSB Board members or other officers of the CSB Board only upon the approval of the Chair or designee. Members of the CSB Board and the Executive Director have the privilege of asking questions of any person who addresses the CSB Board.
3. Public Hearings. Public hearings are topic-specific, announced in advance and may have time limitations for speakers. Every person who wishes to speak at public hearings must first be recognized by the Chair or designee. The Chair or designee shall determine whether it is in the public interest to allow the request. Should requests to speak be granted, the presentation shall be limited in time as determined by the CSB Board in advance. If there are numerous requests to address the CSB Board on the same subject, the Chair or designee may select representatives to speak on each side of the issue. The CSB Board has the right to overrule the Chair or designee by a majority vote of those present.

4. Complaints regarding identified CSB Board members or staff will be heard only in Executive Session.
5. All employees have the right to participate in CSB Board meetings in the same manner as all other members of the public.

Approved _____
 CSB Board Secretary _____ Date _____

References:

- Code of Virginia 37.2-504.5
- Virginia Department of Behavioral Health and Developmental Services

Policy Adopted: February 1976
 Policy Readopted: November 1980
 Policy Revised: August 1994
 Policy Readopted: April 23, 1997
 Policy Readopted: March 29, 2000
 Policy Readopted: April 23, 2003
 Policy Readopted: April 26, 2006
 Revision Adopted: January 28, 2015
 Revision Adopted: September 10, 2019

Policy Number: 3040
Policy Title: Privacy, Security, and Confidentiality
Date Adopted: TBD

Purpose

The purpose of this policy is to provide guidance for the establishment and distribution of the Fairfax-Falls Church Community Services Board (CSB) Notice of Privacy Practices (Notice) as required by law and regulations, cited below. The Notice is intended to provide consumers with a clear understanding of how the information consumers provide to the CSB and its directly operated programs and contractors will be protected, used and disclosed.

Commented [BE1]: May want to include reference of 'adherence to HIPAA compliance'.

Deleted: Federal Regulations (see references)

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Policy

It is the policy of the CSB Board that:

1. CSB staff shall provide every CSB, consumer, with a copy of the CSB's Notice of Privacy Practices in accordance with law and regulatiojs federal regulations.
2. The CSB shall publicly post the its Notice of Privacy Practices at each CSB service site and on the CSB web site. The CSB will post updates to the Notice of Privacy Practice at its service sites, on the web site and will make copies available to CSB consumers upon request at service sites.
3. The CSB shall maintain consumer records containing individually identifiable health information in accordance with law and regulations.
4. Unless the law indicates otherwise, CSB consumers shall have the right to access their own records and to receive a copy of their CSB record upon request. CSB Consumers also have the right to request an amendment to their record.
5. The CSB and the County's Department of Procurement and Materials Management will ensure that the County enter into binding agreements with vendors/contractors providing services to CSB consumers on behalf of the CSB that, comply with all applicable laws and regulations regarding privacy, security, and confidentiality of CSB consumer records.

Deleted: Consumers receiving services from the CSB shall have the right to receive confidential communications concerning their treatment and handling of their protected health information.

Deleted: and to request special protections

Deleted: to health information in their record.

Deleted: <#>Individuals acting on behalf of the CSB

Deleted: <#> shall treat all individually identifiable health information of persons receiving services as private, secure, and confidential and shall not further disclose this information except as permitted by law. ¶

Deleted: <#>Individuals acting on behalf of the CSB shall

Deleted: <#>Federal and State laws, State Human Rights Regulations, State licensure regulations and standards established by accreditation organizations

Deleted: <#> including protected health information

Deleted: <#>¶

Approved _____
 Secretary to the CSB Board _____
 Date _____

Deleted: <#>Contract agencies shall be in compliance with Federal and State laws, regulations and applicable licensing, human rights regulation and standards established by accreditation organizations related to privacy, security and confidentiality of consumer records
Deleted: <#>. ¶

References:

- Federal Health Insurance Portability Accountability Act (HIPAA), 45 CFR Parts 160 and 164
- [Confidentiality of Records, 42 U.S.C. § 290dd-2, Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, §§ 2.1 through 2.67, revised, Virginia Government Data Collection and Dissemination Practices Act, Va. Code §§ 2.2-3800 through 3809](#), Virginia Code § 32.1-127.1:03; Health Records Privacy
- Virginia Code, Section 54.1-2400.1, [Mental health services providers; duty to protect third parties; immunity](#),
- Deemed Consent for release of testing & results re: HIV or Hep B or C viruses, Va. Code § 32.1-45.1
- Confidentiality of test results HIV, Va. Code § 32.1-36.1
- Confidentiality, Virginia Human Rights Regulation, 12VAC35-115-80
-
-
- [Fairfax County PROCEDURAL MEMORANDUM, No. 02-09, HIPAA Compliance](#)
- [Various CSB Regulations and/or Procedures](#)

Commented [BE10]: References under review by County Attorney

- Deleted:** Federal
- Deleted:** Regulation
- Deleted:** ¶¶
Virginia Privacy Protection Act of 1976
- Deleted:** ¶
- Deleted:** Patient
- Deleted:** (A & B) Duty to Protect Third Parties
- Deleted:** irginia
- Deleted:** HIV/AIDS Patients
- Deleted:** irginia
- Deleted:** ,
- Deleted:** <#>Virginia Department of Behavioral Health and Developmental Services, Virginia Code 12 VAC 35-105-10
- Deleted:** <#>¶
<#>[Commonwealth of Virginia, Department of Behavioral Health and Developmental Services \(DBHDS\), 12VAC 35-115-130, Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by DBHDS¶](#)
- Deleted:** State Human Rights Regulations 12 VAC 35-115
- Deleted:** Commission on Accreditation of Rehabilitation Facilities (CARF) Employment and Community Services Standards
- Deleted:** Manual Not applicable
- Deleted:** <#>Review and input by Fairfax County HIPAA Compliance Manager, August 12, 2013
- Deleted:** <#>¶

Policy Adopted: March 19, 2003
 Revision Adopted: January 28, 2015

Policy Number: 3040
Policy Title: Privacy, Security, and Confidentiality
Date Adopted: TBD

Purpose

The purpose of this policy is to provide guidance for the establishment and distribution of the Fairfax-Falls Church Community Services Board (CSB) Notice of Privacy Practices (Notice) as required by law and regulations, cited below. The Notice is intended to provide consumers with a clear understanding of how the information consumers provide to the CSB and its directly operated programs and contractors will be protected, used and disclosed.

Policy

It is the policy of the CSB Board that:

1. CSB staff shall provide every CSB consumer with a copy of the CSB’s Notice of Privacy Practices in accordance with law and regulations.
2. The CSB shall publicly post the its Notice of Privacy Practices at each CSB service site and on the CSB website. The CSB will post updates to the Notice of Privacy Practice at its service sites, on the website and will make copies available to CSB consumers upon request at service sites.
3. The CSB shall maintain consumer records containing individually identifiable health information in accordance with law and regulations.
4. Unless the law indicates otherwise, CSB consumers shall have the right to access their own records and to receive a copy of their CSB record upon request. CSB Consumers also have the right to request an amendment to their record.
5. The CSB and the County’s Department of Procurement and Materials Management will ensure that the County enter into binding agreements with vendors/contractors providing services to CSB consumers on behalf of the CSB that comply with all applicable laws and regulations regarding privacy, security, and confidentiality of CSB consumer records.

Approved _____
Secretary to the CSB Board

Date

References:

- Federal Health Insurance Portability Accountability Act (HIPAA), 45 CFR Parts 160 and 164
- Confidentiality of Records, 42 U.S.C. § 290dd-2, Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, §§ 2.1 through 2.67, revised.
- Virginia Government Data Collection and Dissemination Practices Act, Va. Code §§ 2.2-3800 through 3809
- Virginia Code § 32.1-127.1:03; Health Records Privacy
- Virginia Code, Section 54.1-2400.1, Mental health services providers; duty to protect third parties; immunity
- Deemed consent for release of testing & results re: HIV or Hep B or C viruses, Va. Code § 32.1-45.1
- Confidentiality of test results HIV, Va. Code § 32.1-36.1
- Confidentiality, Virginia Human Rights Regulation, 12VAC35-115-80
- Fairfax County PROCEDURAL MEMORANDUM, No. 02-09, HIPAA Compliance
- Various CSB Regulations and/or Procedures

Policy Adopted: March 19, 2003
Revision Adopted: January 28, 2015
Revision Adopted: TBD

DRAFT

Election of CSB Officers

Issue

Nominations for CSB officers to serve for one year beginning July 2020 will be presented by the CSB Nominating Committee as well as a call for any nominations from the floor. The elections will be conducted by voice vote.

Recommended Motion

I move that the CSB approve the slate of FY 2020 CSB officer nominations by acclimation as presented.

Background

According to Article VI of the CSB Bylaws, CSB Board Officers are elected each June. Due to the impact of COVID-19, several CSB Board meetings were canceled, delaying this process. To correct the delay, the nomination and election procedures were condensed to one month. At the June 2020 CSB Board meeting, three Board members, Ken Garnes, Edward Rose, and Anne Whipple were appointed to serve as the Nominating Committee to submit at least one nominee for each office of Chair, Vice Chair, and Secretary at the July 2020 CSB meeting. Board members were apprised that identification of candidates would be pursued until the July 2020 CSB Board meeting. Further, members were informed that nominations may be made from the floor.

The term for the newly elected officers begins on July 22, 2020.

Fiscal Impact

None

CSB Officer Nominations Committee--Board Members

Ken Garnes
Edward Rose
Anne Whipple

Department of Behavioral Health and Developmental Services (DBHDS)
Grant for Forensic Discharge Planning FY 2021

Issue:

CSB Board approval for the Fairfax-Falls Church Community Services Board to apply for and, if awarded, accept funding from the DBHDS Grant for Forensic Discharge Planning FY 2021.

Recommended Motion:

I move that the Board approve applying for and accepting, if awarded, funds up to \$228,000 in FY 2021 for the DBHDS Grant for Forensic Discharge Planning FY 2021.

Background:

Board authorization for the Fairfax-Falls Church Community Services Board (CSB) to apply for and, if awarded, accept up to \$228,000 for FY 2021 from the Department of Behavioral Health and Developmental Services (DBHDS) Grant for Forensic Discharge Planning. It is anticipated that these funds will be ongoing and included in the CSB's State Performance Contract with DBHDS. A local match is not required.

DBHDS is seeking proposals from Virginia CSBs to provide funding for forensic discharge planning services for individuals with SMI (Serious Mental Illness) in Virginia jails. Specifically, proposals are sought for programs to be implemented at jails with the highest percentage of inmates with SMI. Funded programs are expected to adhere to DBHDS protocols for discharge planning at local jails. The eligible localities were determined based on the results of the 2017 and 2018 Mental Illness in Jails report completed by the State Compensation Board. The Fairfax Detention Center was one of 11 jails with the highest percentage of inmates with SMI.

State funding of up \$228,000 for FY 2021 will be used to create two FTE staff positions at the CSB to enhance forensic discharge planning services for individuals with SMI. The new CSB positions will serve as designated positions in the mental health units at the Fairfax Adult Detention Center to begin discharge planning upon entry into jail and continuing until the individual is connected with the appropriate services and supports post-release. This grant funding supports the County's Diversion First initiative aimed at reducing the number of people with mental illness in the County jail.

Timing:

Board action is requested on July 22, 2020. The grant period is for FY 2021, and it is anticipated that these funds will be ongoing and included in the CSB's State Performance Contract with DBHDS.

Fiscal Impact:

State funding of up \$228,000 for FY 2021 will be used to create staff positions at the CSB to begin forensic discharge planning services. A local match is not required. This grant does not allow for the recovery of indirect costs. This action does not increase the expenditure level in the Federal-State Grant Fund, as funds are held in reserve for unanticipated grant awards.

There is 2/2.0 FTE new grant position associated with this award. The County is under no obligation to continue funding this position when the grant funding expires.

Enclosed Documents:

Attachment A: Grant Summary

Staff:

Daryl Washington, CSB Executive Director

Marissa Farina-Morse, CSB Service Director Diversion First

Grant for Forensic Discharge Planning FY 2021**Summary of Grant Proposal**

Please note: the actual grant application is not yet complete; therefore, this summary has been provided detailing the specifics of this application.

Grant Title:	Grant for Forensic Discharge Planning FY 2021
Funding Agency:	Department of Behavioral Health and Developmental Services (DBHDS)
Applicant:	Fairfax-Falls Church Community Services Board (CSB)
Funding Amount:	State funding of up to \$228,000 per year for FY 2021. It is anticipated that these funds will be ongoing and included in the CSB's State Performance Contract with DBHDS.
Proposed Use of Funds:	Funding of up to \$228,000 for FY 2021 will be used to create two staff positions at the CSB to enhance forensic discharge planning services for individuals with serious mental illness. These senior clinicians will serve as designated positions in the mental health units at the Fairfax Detention Center to begin discharge planning beginning upon entry into jail and continuing until the individual is connected with the appropriate services and supports post-release.
Performance Measures:	<p>Provide Forensic Discharge Planning to individuals incarcerated and housed in specialized mental health units at the Fairfax ADC.</p> <p>Improve connection to post release treatment for individuals with serious mental illness and lower their risk for recidivism.</p> <p>Increase self-reported quality of life from admission to conclusion of participation.</p>
Grant Period:	July 1, 2020 - June 30, 2021 (FY21) with annual subsequent baseline funding

2021 Human Services Issue Paper

Issue:

Board approval of proposed edits to the CSB-related sections of Fairfax County's 2021 Human Services Issue Paper.

Motion:

I move that the Board approve submission of the proposed edits to the 2021 Human Services Issue Paper.

Background:

In preparation for updating the 2021 Human Services Issue Paper, the CSB, as well as other human services agencies, review and revise positions related to human services issues, including those of concern to the CSB. Each December, the Fairfax County Board of Supervisors approves the Human Services Issue Paper as a supplement to the county's annual Legislative Program, that informs public officials of the county's positions on legislative policy issues.

Timing:

Immediate

Enclosed Documents:

2021 Human Services Issue Paper

CSB Board Members and Staff:

Bettina Lawton, CSB Chair

Daryl Washington, CSB Executive Director

Elizabeth McCartney, CSB Public Policy/Legislative Analyst

Draft 2021 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

DRAFT 2021 Fairfax County Human Services Issue Paper

DFS, OSM TO PROVIDE UPDATED STATISTICS

This human services issue paper is a supplement to the 2020 Fairfax County Legislative Program as the County's Board of Supervisors has long recognized that investments in critical human services programs save public funds by minimizing the need for more costly public services.

Social services remain a critical need for our citizens. In 2018, there were 67,258 Fairfax County residents (5.9%, including 18,923 children) living below 100% of the Federal Poverty Level (FPL), compared to 47,832 people (including 15,467 children) in 2008. Furthermore, the number of people living in deep poverty (income less than about \$12,500 for a family of four) was 28,700 in 2018. However, the income needed to cover basic living expenses (food, housing, child and health care, transportation, etc.) in Fairfax County is far greater than 100% of the FPL – the Massachusetts Institute of Technology's (MIT) living wage calculator shows that an adult needs over \$36,000 (almost 300% of the FPL) and a family of four needs almost \$80,000 (over 300% of the FPL). In 2018, there were 272,278 residents (24%, including approximately 78,249 children), living in households with incomes less than 300% of the FPL – about the amount considered a living wage.*

The County's economy also suffered from federal sequestration, and accompanying federal funding cuts, which further adversely affected those already struggling. As state revenues continue to improve, it is critically important that Virginia continue to invest in local programs that ensure short- and long-term uncertainties do not threaten the safety net provided by local governments. Even as local government fiscal health has not been fully restored, maintaining a strong safety net for our most vulnerable populations remains an essential public service, valued by most of the electorate.

State and local governments must partner to:

- Protect the vulnerable;
- Help people and communities thrive;
- Link people to health services, prevention and early intervention care, adequate and affordable housing, and employment opportunities;
- Ensure that children thrive and youth successfully transition to adulthood; and,
- Build a high-performing and diverse workforce that does not need this help.

Most people want the same opportunities to survive and thrive. Meeting these personal goals sometimes requires assistance that results from a strong partnership between the Commonwealth and local government. Unfortunately, the state commonly underfunds core human services or neglects newer best practice approaches, leaving localities to fill gaps in the necessary services through local revenues to meet critical needs. Fundamentally reorganizing and restructuring programs and outdated service delivery systems can best achieve positive outcomes when such changes are developed in partnership with the local governments providing services.

*See the US Census Bureau One-Year 2018 American Community Survey for more information and the associated margins of error.

Draft 2021 Human Services Issue Paper – Items to be Reviewed for Updates/Revisions

Priorities

Affordable Housing and Homelessness Prevention TO BE REVIEWED BY CSB, DFS, HCD, AND OPEH

Support state funding and actions to increase the availability of affordable housing options and prevent homelessness, including expanded investments in tools and programs to address affordable housing needs, particularly in high cost of living areas like Northern Virginia.

Affordable housing is critically important for all Virginians, but obtaining it creates particular challenges in Northern Virginia, where housing is increasingly out of reach for low- and moderate-income earners. Fairfax County is already experiencing a deficit of 31,000 affordable rental homes, and the gap between the need and the supply will grow considerably without new approaches for expanding housing availability and affordability. It is anticipated that there will be a need for 15,000 new units affordable to households earning 60 percent of area median income and below over the next 15 years. The areas of greatest need in the development and preservation of affordable housing are small families and seniors. The Commonwealth should:

- Increase funding for the Virginia Housing Trust Fund (as recommended by the Virginia Department of Housing and Community Development for an additional \$13 million in FY 2020, \$30 million in FY 2021, and \$40 million in FY 2022) – this is essential to create and preserve affordable housing and reduce homelessness in Northern Virginia, where housing affordability creates substantial challenges for the economic competitiveness of the region, creating potentially negative impacts to the Commonwealth overall;
- Expand the pool of resources available for down payment assistance, as down payment costs are a major barrier to homeownership;
- Enhance and create more state-funded rental assistance programs for individuals with disabilities and people experiencing homelessness, such as the Livable Homes Tax Credit, State Rental Assistance Program (SRAP), Virginia Homeless Solutions Program (VHSP), and previously provided Housing Choice Vouchers;
- Increase funding for permanent supportive housing units (allocated based on the size of the population served) for individuals with severe mental illness, substance use disorder, and developmental disabilities; and,
- Prohibit housing discrimination based on source of income, which disproportionately impacts older adults and people with disabilities. *(Updates and reaffirms previous position.)*
The 2020 GA passed legislation prohibiting housing discrimination based on source of income.

Mental Health, Public Safety, and the Criminal Justice System TO BE REVIEWED BY CSB AND OSM

Support sustainable funding, allocated based on localities' needs and population size, for public safety and mental health services that connect people who come into contact with the criminal justice system for low-level offenses to treatment.

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Law enforcement officers are often the first responders when an individual is in a mental health crisis; the Fairfax County Police Department received nearly X,XXX calls from January – June 2020 that were mental health related. Such calls can lead to incarceration for low-level offenses (trespassing, disorderly conduct), precluding the individual from receiving appropriate treatment in the community for underlying mental health issues. Additionally, it is significantly more expensive to deliver mental health services in a detention facility than to provide the same service in community-based residential or community-based care.

To address these critical issues, Fairfax County continues to utilize local revenues for “Diversion First,” which offers alternatives to incarceration for people with mental illness, substance use disorders, or developmental disabilities who come in contact with the criminal justice system. . The program has already had a significant impact – since 2016 more than X,XXX people have been diverted from potential arrest. Additionally, since 2015 there has been a 10.8 percent decrease in the number of inmates at the Fairfax County Adult Detention Center with behavioral health issues, and since 2015 a 54.7 percent increase in the number of inmates referred to the Fairfax-Falls Church Community Services Board (CSB). Though the average daily population has decreased since FY 2008, the medical complexities of inmates has increased, with complex substance use and mental health disorders becoming more common.

Successful expansion of Diversion First will depend on adequate state investments in mental health services (and accompanying court and public safety resources) to:

- Increase the availability of community-based crisis services, local psychiatric beds for people with mental health issues, reintegration services for youth and adults at high risk of rapid re-hospitalization or re-offending, and discharge planning (*see also pages 11-12*);
- Increase funding for behavioral health call centers and crisis stabilization units to connect individuals in need with treatment before a behavioral health crisis begins or at the earliest possible stage of system interaction.
- Provide Crisis Intervention Team (CIT) and additional de-escalation training for law enforcement officers and dispatchers, and Mental Health First Aid training for Fire and Rescue, jail personnel, and health and human service organization staff to educate those interacting with individuals with developmental disabilities, substance use disorder, and mental illness;
- Improve the screening, assessment and treatment of incarcerated individuals’ mental health and substance use disorders by gathering uniform system level data;
- Support the development and expansion of specialty courts and dockets;
- Remove barriers in order to facilitate the exchange of health information of individuals among law enforcement, the court system, CSBs, health care providers, and families and guardians;
- Expedite the medical clearance process for individuals in need of psychiatric hospitalization;
- Increase funding of mental health services and substance abuse treatment for individuals who are incarcerated for offenses that make them ineligible for a diversion program; and,
- Remove barriers to reentry by providing adequately funded forensic discharge planning services. (*Updates and reaffirms previous position. See also the Courts position in the 2020 Legislative Program.*)

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Substance Use Disorder TO BE REVIEWED BY CSB, HEALTH, LTCCC, AND OSM

Support increased capacity to address the Commonwealth’s ongoing substance use disorder epidemic through community-based treatment (including detoxification, medication-assisted, residential, and intensive outpatient programs) and innovative efforts to limit the supply of opioids. Also, support coordinated strategies to meet the growing need for substance use disorder services that target specific high-risk age groups. In particular, innovative approaches to prevention (such as an e-cigarette tax) and nicotine addiction treatment are necessary to address the vaping crisis that is affecting teens and young adults at an alarming rate.

Across Virginia, law enforcement and health care professionals continue to report a shocking number of fatal overdoses involving opioids – 1,289 in 2019, a 6 percent increase from 2018 – and the statewide rate of opioid overdose-related deaths continues to exceed the number of deaths due to motor vehicle accidents. In Fairfax County, opioids are the number one cause of unnatural death, with 82 opioid deaths in 2019, including 67 fentanyl and 19 heroin overdose deaths. Alarming, hospitals in the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church) reported a 36 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in January-June 2020 compared to the same period in 2019, providing an early indicator that the opioid epidemic continues to profoundly impact Fairfax County amidst the COVID-19 pandemic and illustrating that adequate resources and innovative strategies are needed now more than ever. Innovative strategies will help ensure timely substance use disorder treatment service and access to needed medications. The temporary regulations in response to the COVID-19 pandemic allowing treatment options via telehealth and the relaxed rules for beginning medication-assisted treatment must continue. If the flexibility provided by DMAS and DBHDS is pulled back too soon, there will be an even greater operational impact on SUD service providers.

One critical prevention strategy is enhancing drug disposal options, as approximately 800 Fairfax County students in the 8th, 10th, and 12th grades reported taking painkillers without a doctor’s order, and more than 1,000 reported taking other prescription drugs without a doctor’s order, within a month of the survey date in November 2019. Recommendations from the Board of Pharmacy’s stakeholder group, directed by the 2020 General Assembly, on increasing the number of drug disposal sites and public awareness of them may be helpful in combatting this epidemic.

Another concerning trend is the widespread use of E-cigarettes, which are the most commonly used tobacco product among youth today. Despite being fairly new, in 2019 5.3 million American middle and high school students reported using e-cigarettes in the previous 30 days. In Fairfax County, among students surveyed in the 8th, 10th and 12th grades, more students reported vaping within a month of the survey date in November 2019 than using any other substances, and lifetime prevalence rates were high across all age groups (13.2 percent of 8th graders, 26.2 percent of 10th graders, and 37.3 percent of 12th graders). Though e-cigarettes became popular because they have been considered less harmful than regular cigarettes, the recent discovery of severe respiratory

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illness in otherwise healthy young people as a deadly complication of vaping has raised alarm throughout the US.

While the Commonwealth of Virginia has taken action to combat these issues, including efforts to control the supply of opioids and increase the age to purchase all tobacco products to 21, significant challenges still exist. Complementary strategies, including well-funded, sustained intervention and education efforts, should be designed to support teens and young adults, many of whom may require specialized care to combat addiction. An e-cigarette tax could be a particularly helpful prevention tool, as research shows taxing tobacco is one of the most effective ways to reduce use. The 2020 General Assembly enacted legislation providing all counties with the authority to tax cigarettes at \$0.40 per pack (previously Fairfax County was one of two counties authorized to levy a tax on traditional cigarettes, though it was capped at the state rate of \$0.30 per pack or less). That authority should be expanded to also include e-cigarettes. (*Updates and reaffirms previous position.*) **The 2020 GA passed equal taxing authority legislation, which allows counties to tax cigarettes at \$0.40 per pack.**

Position Statements

Medicaid Waivers TO BE REVIEWED BY CSB, DFS, DSB, AND LTCCC

Support state funding and expansion for Virginia’s Medicaid waivers that provide critical home and community-based services for qualified individuals. Also, support increased funding for developmental disability (DD) Medicaid waivers and slots, to provide appropriate community services and ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement.

Medicaid funds both physical and mental health services for low-income children and parents, pregnant women, older adults, and people with disabilities. It is funded by the federal and state governments and administered by the states. Federal funding is provided based on a state’s per capita income – the federal government shares 50 percent of the cost of Virginia’s Medicaid program (the exception is that under the recent Medicaid expansion the federal share is higher for newly eligible populations, but that does not affect waiver rates). Because each dollar Virginia puts into the Medicaid program draws down a matching federal dollar, what Medicaid will fund is a significant factor in Virginia’s human services spending. However, states set their own income and asset eligibility criteria within federal guidelines.

Several years ago the Commonwealth entered a settlement agreement with the Department of Justice (DOJ). Over the past several months, DBHDS has mandated a significant number of new requirements to the CSBs with little notice. The number and complexity of these new requirements accompanied with the short implementation timeline is making it extremely challenging for CSBs to appropriately partner with DBHDS to help them meet their DOJ settlement agreement requirements.

Each state also has the discretion to design its own Medicaid service program. Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though a small number of Medicaid recipients in Virginia may also receive coverage

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through home and community-based “waiver” programs. Such programs allow states to “waive” the requirement that an individual must live in an institution, or that a service must be offered to the entire Medicaid population, to receive funding. Waiver services are especially important for low-income families, older adults, people with disabilities, and individuals with chronic diseases in Virginia, where Medicaid eligibility is highly restrictive, and they help ensure community-based options are available, in keeping with best practices. During the COVID-19 emergency, the Medicaid and Medicaid waiver exceptions to allow for telehealth have been a useful tool to accommodate schedules and address other logistical issues. It is vital that Virginia update its Medicaid telehealth regulations to be reflective of current best practices. Its present regulations hinder the ability to provide care in a flexible way. In addition, Medicaid waivers are an integral component of the Commonwealth’s settlement agreement with the US Department of Justice (DOJ) – the state redesigned waivers for individuals with DD as part of its shift from an institution-based system to a community-based system.

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

Fairfax County supports the following adjustments in Medicaid waivers:

- An increased number of DD Medicaid waiver slots (at present the state is not even fully funding the Priority One waiting list). **The 2020 GA passed legislation adding 250 waiver slots in FY 2022.**
- Automatic rate increases, including an increase in the Northern Virginia rate, to reflect actual costs.
- Improvements to the process for negotiating the approval and re-approval of customized rates for individuals with intensive behavioral and health needs who cannot be adequately served through the standard DD waiver rate structure.
- Expansion of home and community-based services by incorporating the Community First Choice (CFC) option into Virginia’s 2021 Medicaid state plan.
- Enhancement and preservation of the CCC Plus Waiver, and elimination of the weekly 56-hour cap on personal attendant care hours.
- Fully funded reimbursements for nursing and behavioral consultation, training, monitoring, and supports.
- Increased state funding to support a sustainable, well-trained workforce in residential, employment and day support settings, including higher reimbursement rates to hire and retain professional nurses.
- Expansion of REACH (Regional Education Assessment Crisis Services and Habilitation) in-home crisis supports, access to appropriate intensive residential support options, and community-based crisis services for individuals with disabilities.
- Enacting a comprehensive Medicaid Dental Benefit for adults. Coverage for dental services in Medicaid will improve chronic disease outcomes, reduce the number of opioid

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prescriptions written for dental pain in emergency rooms, and prevent costly and painful dental disease. *(Updates and reaffirms previous position.)*

Children and Families

Children’s Services Act (CSA) TO BE REVIEWED BY DFS

Support continued state responsibility for funding mandated CSA services on a sum sufficient basis. Oppose changes to CSA that shift costs to local governments, or disrupt the responsibilities and authorities assigned to the County by CSA. Also support the current structure, which requires that service decisions are made at the local level and are provided based on the needs of each child, ensuring that service expenditures are approved through local processes.

The Children’s Services Act provides funding to plan and provide services to children who: have serious emotional or behavioral problems; need residential care; need special education through a private school program; or, receive foster care services. It is a state-local partnership requiring an aggregate local match of approximately 46 percent. Children receiving certain special education and foster care services are the only groups considered mandated for service, and sum sufficient language ensures state and local governments provide funding necessary for such youth. *(Updates and reaffirms previous position.)*

Child Care Services TO BE REVIEWED BY NCS

Support state child care funding for economically disadvantaged families not participating in TANF/VIEW, and support an increase in child care service rates. Also, support maintaining Fairfax County’s local permitting process for family child care providers serving four or fewer non-resident children.

A secure source of General Fund dollars is needed statewide to defray the cost of child care, protecting state and local investments in helping families move off of welfare and into long-term financial stability. Research shows that the financial independence of parents is jeopardized when affordable child care is out of reach, and without subsidies, working families with low incomes may not access the quality child care and early childhood education that helps prepare young children for kindergarten (families in Fairfax County receiving subsidies have an annual median income of \$29,500, while the cost of full-time care for a preschooler at a child care center ranges from \$14,000 to over \$19,500 per year). Many of these families are “the working poor” who require assistance with child care costs to achieve self-sufficiency. *(Updates and reaffirms previous position.)*

Early Intervention Services for Infants and Toddlers with Disabilities/Part C TO BE REVIEWED BY NCS

Support increased and sustainable funding and infrastructure for Part C Early Intervention, which is a state/federal entitlement program that provides services for Virginia’s infants and toddlers with developmental delays.

The Commonwealth contracts with the Fairfax County Department of Neighborhood and Community Services to provide early intervention service coordination and therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning, social

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interactions and movement (as part of the Commonwealth’s compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant). The benefits of early intervention continue to be supported by research and the demand for services to eligible children continues to grow at a rapid pace. The increase in the number of children diagnosed with autism and the growing number of children born substance exposed has directly impacted the number of children eligible to receive this support. *(Updates and reaffirms previous position.)*

School Readiness **TO BE REVIEWED BY NCS**

Support increased state resources and operational flexibility for early childhood education programs, including the Virginia Preschool Initiative (VPI), in order to eliminate barriers and allow localities to expand these critical programs. In Fairfax County, state VPI funding provides about one-fifth (\$3,163) of the actual cost (approximately \$18,000) of serving a child, which is insufficient to expand the program under current requirements.

Increasing funding while providing flexibility, including to serve children in non-public school classroom settings, is essential. Providing VPI services in community early childhood programs, including centers and family child care homes, is a key strategy for addressing capacity challenges in public school settings (for example, if Fairfax County were to use all available slots to serve children in only public school classrooms more than 40 additional classrooms would be needed, creating a substantial capacity challenge). An additional membership verification window to confirm VPI eligibility for families enrolling after the initial fall membership verification date would allow improved access to this important program. Additionally, a state waiver allowing Fairfax County to increase program income eligibility from 250 to 300 percent of the FPL would help address the challenges families experience due to the high cost of living in Northern Virginia.

Research has increasingly shown the importance of high-quality early childhood education programs to children’s cognitive and social-emotional development and their school success. Business and military groups, including the US Chamber of Commerce and Mission: Readiness, have cited potentially positive impacts on national economic security, linking early childhood education and the creation of a qualified workforce. A realigned state school readiness governance structure would facilitate the creation of a unified early childhood system in the Commonwealth that can best promote positive outcomes for children and support the future workforce. *(Updates and reaffirms previous position.)*

Foster Care/Kinship Care **TO BE REVIEWED BY DFS**

Support legislation and resources to encourage the increased use of kinship care, including the development of a legal framework, such as guardianship, to allow kinship caregivers to make decisions for children in their care.

Through kinship care, children live with a suitable relative, allowing them to remain connected to family and loved ones and providing improved outcomes (children can also be placed in kinship care voluntarily by their parents without going through the foster care system). These kinship care arrangements are typically informal, with no legal agreements in place between the parents and the kin caregiver (in many cases, legal custody is not an option due to cost or an interest in avoiding a potentially adversarial legal process). Guardianship is a formal legal process allowing courts to grant legal authority to kinship caregivers to act on behalf of a child, and is an alternative allowed in many states. The legal authority granted through guardianship would provide kinship caregivers

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the ability to make medical or educational decisions for the children in their care, authority they do not have under current kinship care arrangements. Although the 2018 GA made progress by establishing the Kinship Guardianship Assistance Program, which allows for the payment of Title IV-E foster care maintenance payments to kinship providers under certain circumstances, further legislation is needed to grant legal authority, such as guardianship, to kinship caregivers. *(Updates and reaffirms previous position.)* **The 2020 GA passed legislation expanding eligibility for the Kinship Guardianship Assistance Program to include fictive kin, and addressed other barriers to kinship guardianship through required Department of Social Services training and revisions to the approval process.**

***Youth Safety* TO BE REVIEWED BY CSB AND NCS**

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

Research has identified risk factors in a number of domains that increase the likelihood of substance use, delinquency, mental health problems and violent behavior among youth. These factors fall in approximately five domains, including individual, family, school, peer group and community. Risk factors include adverse childhood experiences, developmental disability, weak social ties, and early aggressive behavior and antisocial attitudes. Conversely, research has identified strong parenting and positive involvement from a caring, competent adult, strong individual capabilities, and involvement in community activities as protective factors; funding is needed to implement evidence-based, effective strategies to strengthen such protective factors and resilience, and to prevent and reduce risk factors that lead to youth violence, gang participation, substance use and mental health problems. *(Updates and reaffirms previous position.)*

Older Adults and People with Disabilities***Disability Services Board (DSB) TO BE REVIEWED BY DFS, DSB, AND LTCCC***

Support reinstatement of state funding sufficient to enable every locality, either singly or regionally, to have a DSB, so that the key provisions of § 51.5-48 can be implemented.

DSBs enable localities to assess local service needs and advise state and local agencies of their findings; serve as a catalyst for the development of public and private funding sources; and, exchange information with other local boards regarding services to persons with physical and sensory disabilities and best practices in the delivery of those services. *(Updates and reaffirms previous position.)*

Independence and Self-Sufficiency for Older Adults and People with Disabilities TO BE REVIEWED BY DFS, DSB, AND LTCCC

Support funding for programs (including Money Follows the Person initiatives) that promote the independence, self-sufficiency, and community engagement of older adults and people with disabilities.

Services to keep older adults and adults with disabilities in their own homes (such as personal assistance, nutrition and home-delivered meals, transportation, service coordination, and adult day/respite supports) provided by the twenty-five Area Agencies on Aging (AAAs) save Virginia

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taxpayers money while helping older Virginians function independently, decreasing the risk of inappropriate institutionalization and improving overall life satisfaction and mental health. Additionally, critical Chore and Companion Services assist eligible older adults and people with disabilities with activities of daily living (such as getting dressed, bathing, housekeeping, and laundry). (*Updates and reaffirms previous position.*)

Accessibility TO BE REVIEWED BY CSB, DFS, DSB, AND LTCCC

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

Over 81,500 Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living disabilities. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities since the passage of the Americans with Disabilities Act (ADA) nearly 30 years ago, continued advancement is needed to ensure the protections offered by the ADA are strengthened. Additional affordable, accessible, integrated housing and transportation options, as well as support for Universal Design initiatives, allow people with disabilities to remain active, contributing members of their communities while retaining their independence and proximity to family and friends. (*Updates and reaffirms previous position.*)

Adult Protective Services (APS) TO BE REVIEWED BY DFS AND LTCCC

Support state funding for additional APS social workers.

APS conducts investigations and protects older adults and incapacitated adults from abuse, neglect, or exploitation through the provision of casework services, home-based care assessments and coordination, and Medicaid and Auxiliary Grant pre-admission screenings. As the older adult population has increased in Virginia, along with a corresponding demand for APS services, state funding for APS positions has remained stagnant. (*Updates and reaffirms previous position.*)

Brain Injury TO BE REVIEWED BY CSB, DFS, DSB, AND LTCCC

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

Nearly 400,000 Virginians are estimated to be disabled as a result of brain injury, which can be a life-altering event. However, with appropriate treatment and services individuals can improve their independence and quality of life. Unfortunately, there is a significant, unmet need for specialized community-based assessment/treatment programs, often requiring Virginians with brain injury to go out of state to receive treatment. (*Updates and reaffirms previous position.*)

Health, Well Being, and Safety

Temporary Assistance for Needy Families (TANF) TO BE REVIEWED BY DFS

Support a continued increase in the TANF reimbursement rates in Virginia.

Following more than a decade of flat TANF reimbursement rates, increases were provided in several recent GA sessions (resulting in a \$51 per month cumulative increase for a family of three). Despite this recent progress, Virginia TANF benefit levels remain at or below 27 percent of the FPL for all family household sizes, and when adjusting for inflation, studies show that Virginia

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TANF benefits are nearly 26 percent lower than they were when the program first formed in 1996. Given the existing surplus of TANF block grant funds in Virginia (estimated at nearly \$125 million as of June 2019), the GA should continue to increase TANF payments for this vulnerable population. *(Updates and reaffirms previous position.)*

***Domestic and Sexual Violence* TO BE REVIEWED BY DFS**

Support additional state funding and efforts to increase the capacity for localities to implement prevention and intervention services to eliminate domestic and sexual violence, including support for evidence-based, quality programs that provide education and rehabilitation for offenders to help end the cycle of violence. Also support legislation to strengthen protective orders (POs), such as: requiring family abuse PO respondents to immediately surrender firearms directly to law enforcement; expanding the prohibition on knowingly possessing a firearm to include non-family abuse PO respondents; and, providing judges with greater discretion to extend and/or increase the time period of POs.

Research shows that domestic and sexual violence are major public health problems with serious long-term physical and mental health consequences, as well as significant social and public health costs. Witnessing domestic violence is considered an adverse childhood experience and can be extremely problematic for children, leading to depression, anxiety, nightmares, and academic disruptions; both female and male adults with lifetime victimization experience are significantly more likely to report chronic issues (including headaches, pain, and sleep problems) as well as long-term health problems (including asthma, diabetes, anxiety, depression, and alcohol/drug abuse). *(Updates and reaffirms previous position.)* **The 2020 GA passed legislation creating a new Domestic Violence Prevention Fund, and provided some funding. The funding was unallotted by the Governor’s amendments.**

Behavioral Health***STEP-VA* TO BE REVIEWED BY CSB**

Support funding, commensurate with the size of the population served, for implementation of STEP-VA (System Transformation, Excellence and Performance in Virginia), the Commonwealth’s behavioral health transformation plan. Also support additional state funding to improve the responsiveness and increase the capacity of the mental health system for Virginians of all ages, including programs that work in concert with STEP-VA core services, such as the Children’s Regional Crisis Stabilization Program and the Virginia Mental Health Access Program.

Building on mental health reforms made in recent years, the 2017 GA enacted STEP-VA, which mandates that CSBs provide new core services. As a result, all CSBs initiated same-day mental health screening services and outpatient primary care screening, monitoring, and follow-up by July 1, 2019. Four other core services (including outpatient mental health and substance abuse services, veterans services, peer support services, and mobile crisis teams) are mandated to begin on July 1, 2021. The requirement for targeted case management, care coordination, and psychiatric rehabilitation services is removed and these services may be provided subject to available funding. The GA must appropriate sufficient funds to enable all CSBs to implement the remaining mandates. *(Updates and reaffirms previous position.)*

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***Emergency Responsiveness* TO BE REVIEWED BY CSB**

Support sufficient state funding for intensive community resources (such as the Program for Assertive Community Treatment) and intensive residential services, to alleviate the state hospital bed crisis and allow individuals to transition safely and expediently from psychiatric hospitals to community care.

In 2014, the GA passed legislation requiring state facilities to accept individuals subject to a temporary detention order if a bed in a private psychiatric facility cannot be located within the eight-hour timeframe of an emergency custody order. While this is designed to ensure that individuals in crisis receive emergency mental health treatment, it has also led to a shortage of state hospital beds. The Northern Virginia Mental Health Institute (NVMHI), one of the smaller state hospitals in spite of the large population it serves, has recently experienced periods of 100 percent capacity (other state hospitals face similar challenges). The state hospital bed crisis is exacerbated by the lack of sufficient 24-hour community-based services for individuals requiring intensive supervision and medical services; thirteen individuals hospitalized in NVMHI in September 2019 could have been discharged if 24-hour placements were available, freeing up critically needed beds in the state hospital system.

The Department of Behavioral Health and Developmental Services (DBHDS) has developed a five-year plan that relies heavily on improving and increasing community-based mental health services to reduce the demand for emergency placements, shifting state funding from large mental health institutions to community-based facilities and requiring localities to share the cost of psychiatric hospitalizations. The cost of serving an individual in the community is a fraction of the cost of providing such services in a hospital setting, but ensuring that such community-based services exist requires additional resources, and success cannot be achieved by simply shifting costs to localities. Alarming, though the first years of this plan provided funding for 204 beds statewide, only 16 beds were funded in Northern Virginia, raising serious concerns that implementation of DBHDS' proposal will effectively penalize localities like Fairfax County, that already put substantial local funding into providing mental health services. Additionally, state funding is insufficient for regional mobile response services to prevent the unnecessary hospitalization of children and youth and to provide the intensive community resources that allow individuals hospitalized for mental health emergencies to transition back to community care, exacerbating the state hospital bed crisis. (*Updates and reaffirms previous position.*)

***Services for Transitional Youth* TO BE REVIEWED BY CSB AND DFS**

Support enhanced residential and mental/behavioral health services that are evidence-based for transitional youth who currently “age out” of such services.

In Virginia, significantly more public services are available to children in need of mental and behavioral health treatment than to adults in need of similar services. As a result, once they turn 18, youth may no longer receive all the assistance that was previously provided. It is critical that the Commonwealth focus additional resources on transitional age youth (ages 16 to 24) who have received intensive mental/behavioral health services and/or been in out-of-home placements, to ensure they receive the essential services needed for a successful transition to adulthood. Services from which transitional youth typically age out include children's mental health services; home-based services supports; case management; supervised, supported, or group home settings;

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educational support; specialized vocational support, preparation, and counseling; preparation for independent living; and, social skills training. *(Updates and reaffirms previous position.)*

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FAIRFAX COUNTY
2020 Human Services Fact Sheet

**TO BE REVIEWED BY CSB,
 DFS, NCS, HCD, OPEH,
 HEALTH, AND OSM**

In 2018, there were **67,258** Fairfax County residents that earned less than 100% of the FPL – **77%** of localities in Virginia had fewer total residents than Fairfax County had residents living in poverty (103 of 133 localities).*

Eligibility for public assistance programs that provide support for low-income residents is tied to a percentage (typically 100%) of the Federal Poverty Level (FPL). In 2018, there were 67,258 Fairfax County residents (or 5.9% of the population) that earned less than 100% of the FPL (\$12,140 for an individual or \$25,100 for a family of four).*

However, the income needed to cover basic living expenses (food, housing, child and health care, transportation, etc.) in Fairfax County is far greater – MIT’s living wage calculator shows that an adult needs over \$36,000 (almost 300% of the

In 2018, there were **272,278** residents (**24%**), including approximately 78,249 children, living in households with incomes less than 300% of the FPL – about the amount considered a living wage.*

FPL) and a family of four needs almost \$80,000 (over 300% of the FPL).

Employment

- The unemployment rate in September 2019 was 2%, representing 12,989 unemployed residents looking for work.

Housing

- In 2018 and 2019, Fairfax County opened two affordable housing waitlists with more than 25,000 applications.
- There is an existing gap of 31,000 housing units affordable to current Fairfax County renters earning up to 80 percent of the Area Median Income (AMI); in addition to filling that gap, it is anticipated that there will be a need for 15,000 new units affordable to households earning 60 percent of the AMI and below to meet the housing needs of households anticipated to move into the County over the next 15 years.
- In 2017, the average monthly rent for an apartment was \$1,789, for which a renter would need an income of \$71,576 to afford.

Health

In **2018**, there were **90,953** County residents (8%) without health insurance.*

- Medicaid caseloads increased nearly 124% from 37,130 in FY 2008 to 83,114 in FY 2019.
- In FY 2018, the Community Health Care Network (CHCN) provided 35,388 visits to 16,837 unduplicated patients.

*See the US Census Bureau One-Year 2018 American Community Survey for more information and the associated margins of error.

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FAIRFAX COUNTY
2020 Human Services Fact Sheet

**TO BE REVIEWED BY CSB,
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Mental and Behavioral Health

- In FY 20XX, over 21,000 residents received Fairfax-Falls Church CSB mental health, substance use disorder, and/or DD services, and nearly 6,400 residents received CSB emergency services.
- In FY 2019, CSB conducted 1,844 mental health evaluations related to emergency custody orders (ECOs) – a 360% increase from FY 2015, and an increase of 25% from FY 2017.
- More than 2,420 of the over 12,500 individuals with DD on the statewide Medicaid waiver waiting list (as of October 2019) are served by the Fairfax-Falls Church CSB.
- From FY 2016 to FY 2019, the average monthly number of children seeking and/or receiving early intervention services for developmental delays grew by more than 12%, from 1,554 to 1,748.
- There were 83 opioid deaths in Fairfax County in 2018, and 64 of those deaths involved fentanyl and fentanyl analogs (in Virginia, fentanyl and fentanyl-analog overdose deaths have increased by more than tenfold since 2009).
- Although there was a small decrease in overall opioid overdose deaths in Virginia from 2017 to 2018 (from 1,230 to 1,215), Virginia is on track to have a record of nearly 1,300 deaths from opioid overdoses in 2019.
- In Fairfax County, the annual number of emergency department visits for opioid overdoses is still significantly higher than it was in 2013 (60 in 2013 vs. 211 in 2018).
- The highest rate of emergency department visits for heroin/fentanyl and fentanyl-analog overdoses in Fairfax County was among individuals aged 25-34 (25 per 100,000 people) in 2018.
- The highest rate of prescription opioid overdoses in Fairfax County was among individuals aged 25-34 (25 per 100,000 people).
- The 2018-2019 Fairfax County Youth Survey of 8th, 10th and 12th grade students found that, within a month of the survey date and without a doctor's order, approximately 900 students reported taking painkillers, and over 1,100 reported taking other prescription drugs.

In FY 2019, **62.2%** of people receiving County services for mental illness, substance use disorder, or DD had **incomes below \$12,000**.

Commented [ME1]: Will update to 2020 stats when available in September.

Gangs

- According to the Fairfax County Youth Survey, approximately 570 students in the 8th, 10th, and 12th grades report being a gang member at some point in their life.
- The average age of initial gang participation is 12.3 years old.

Ability to Speak English

- 13.6% of County residents over age 5 do not speak English proficiently.
- 5.7% of households are “linguistically isolated” (they include no one over 14 who speaks English proficiently).
- 39.2% of County residents over age 5 speak a language other than English at home.

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FAIRFAX COUNTY
2020 Human Services Fact Sheet

**TO BE REVIEWED BY CSB,
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Child Care

- The cost of full-time child care for a preschooler at a child care center can range from \$14,000 to over \$19,500 per year (\$17,500 to nearly \$23,000 per year for an infant). In comparison, the average cost of tuition and fees for a public college in Virginia is \$13,400.

Child Welfare

- Healthy Families Fairfax, a key child abuse and neglect prevention program, served 707 families in FY 2019 (an additional 117 families were served by Neighborhood Networks and Families in Need of Services, two other prevention programs).
- In FY 2019, Child Protective Services (CPS) conducted 2,279 family assessments or investigations in response to valid referrals of child abuse and neglect, and 341 families were served in CPS ongoing services to keep children with their families.
- There were an average of 202 children in foster care each month during FY 2019, and 322 families participated in parenting education programs.

Nutrition

- The SNAP (Food Stamp) average monthly caseload increased more than 81%, from 11,610 in FY 2008 to 21,065 in FY 2019.

Domestic and Sexual Violence

- In FY 2019, Fairfax County's Domestic Violence Action Center (DVAC) served over 1,000 victims, but the impacts of domestic violence (DV) on children continue to be profound. At DVAC, there were over 1,300 children living in homes where DV was present (80% were 12 years old or younger).
- Each month in Fairfax County, DV hotlines receive over 100 calls on average, victims request 73 family abuse protective orders, and 25 families escape to an emergency DV shelter (FY 2019).
- In FY 2019, the Fairfax County Police Department responded to nearly 3,000 DV calls, and 115 arrests were made due to strangulation (which is a significant predictor of future lethal violence).
- 48 families needing emergency shelter due to domestic violence were placed in hotels in FY 2019 for reasons such as family size, geographical location, or bed shortage. 227 households were not housed because at the time of the call, they did not meet the criteria for imminent danger (no person in imminent danger is turned away).
- In Fairfax County, on the night of the 2019 Point in Time Count, there were 58 families (including 63 adults and 112 children) who were homeless due to DV (nearly 40% of those identified).
- In FY 2019, there were 100 households (including 205 children) served in the four homeless shelters for families that reported a history of DV.
- 43% of emergency DV shelter residents are children 12 years and younger (FY 2019).
- In FY 2019, Fairfax County police responded to nearly 400 Lethality Assessment Program (LAP) calls; 88% were identified as at high risk for being killed by their intimate partner.

Data is drawn from the US Census Bureau, MIT's Living Wage Calculator, and Fairfax County resources.