

**CHESTERFIELD COMMUNITY SERVICES BOARD
MINUTES
April 18, 2019**

**Work Session – 2:00 p.m.
Board Meeting – 7:00 p.m.**

Members Present

Harvey Powers, Chair
Patrick Knightly, Vice Chair
Paige Cecil
Tyler Craddock *
Karen Bell
Michael Giancaspro
Michelle Jones
Peter Mazure
Talisha McAuley-Davis *
Nicholas Pappas
Ricky Russell *
Mark Sacra

Debbie Burcham

Members Absent:

Jennifer Davis, Secretary
Elizabeth Hedgepeth
Dean Lynch

* Board Meeting Only

Staff Present

Kelly Fried, SMT
David Meadows, SMT
Susan Medeiros, SMT
Angela Catolico, SMT
Danielle Sayre, SMT

Brook Cook, Administrative Assistant

Others Present

I. Call to Order

Chair Powers called the Work Session to order at 2:05 p.m.

II. Work Session:

Welcome and Opening Remarks

Ms. Burcham stated that she and the Senior Management Team will be presenting on the hot topics facing the Chesterfield CSB as well as the CSB system and how they relate to the FY20-21 Strategic Plan. She turned the floor to Ms. Kelly Fried who will be facilitating today's Work Session. Ms. Fried noted that much of the information shared today was gained from multiple focus groups as well as surveys given to individuals receiving services, their family members and County citizens. Ms. Fried added that at the end of tonight's presentation, the Board members will be asked to prioritize the topics as part of the strategic planning process for FY20/21.

Trends and Issues Identified in Focus Groups / Surveys

There were six staff focus groups, one each for the following subjects: Recruitment and Retention, Defining a Value Driven System of Care, Integration of Care, Customer Service, Special Populations and Safety and Security. These occurred over the span of three weeks with more than 100 staff participating. Ms. Fried added that not all information gathered was strategic in nature but also operational.

Ms. Fried reviewed in detail the nine general themes that were identified and discussed in the focus groups:

Communication and Transparency – with an agency this large, staff may not know what other departments do or make assumptions. There's also a feeling of decisions being handed down from management with no input. Program liaisons could be chosen and included in crucial meetings.

Departmental Collaboration and Team Support – the Electronic Health Record should make data collection seamless and avoid duplicate answering from consumers. Some programs have team meetings with other internal departments which could be implemented agency wide.

Staff Education and Resource Material for Referrals - educate staff on available providers and give them resources they need to help individuals and their families including creating a comprehensive resource guide.

Benefits – look into the possibility of offering benefits not sanctioned by the County such as bereavement leave for residential staff upon the death of a close client. Could the success of telecommuting be extended to positions not usually considered such as administrative support?

Staff and Consumer Wellness – expand current physical and mental well-being activities for employees as well as consumers. Possibly provide information in the lobby or have wellness tips streamed on monitors.

Staff Training – staff are being lost to MCOs soon after completing training, new staff coming into the agency are hired with less experience and there is a growing list of accreditation requirements being mandated.

Enhancing Customer Service – County orientation does not cover specific MHSS challenges. Offer more specialized training and revise client satisfaction surveys to illicit more detailed information.

Facility / Environmental Issues – the hospital-like atmosphere can be stressful to individuals experiencing anxiety. Decorating changes, better sound proofing for more privacy and family-oriented waiting areas with activities for children can be added. Outdated wording on staff badges is being updated.

Safety and Security - confusing procedures such as different alarms for emergencies and staff conducting home visits being exposed to situations not found in an office. Staff dealing with people bringing pets, weapons, etc. The agency is working with County security to address these and other issues.

Ms. Karen Bell entered at 2:47 p.m.

Ms. Fried went on to discuss the citizen survey process and results. The surveys were sent to participants of the County Citizen Academy which is a series of classes provided for residents interested in learning about County government, departments and services. There were 41 surveys completed and returned with 79 incomplete responses within those surveys. Mr. Pappas commented that he wished there had been a larger response to the surveys. Chair Powers agreed adding that while he knows it would require funding, the results of having a professional organization handle this in the future may be worth it.

Ms. Fried presented a bar graph with red representing mental health, green for substance use and blue for ID/DD indicating what respondents felt were the greatest issues impacting those three areas. Access and treatment were more of a concern for MH and SUD with social stigma being cited as a reason, while employment was more of a concern for ID/DD. Transportation was of equal concern across the board with SUD coming in slightly lower than mental health and ID/DD. Overall, key concerns were safe housing, how to provide care as opposed to criminalizing individuals seeking services, how to stabilize and support families, and how to make the public aware of available services.

Ms. Fried reviewed additional questions asked as part of the surveys. In response to “Do you believe the resources for serving our target populations are adequate?”, 65% stated “No”. Areas of concern included having a psychosocial clubhouse for adolescents as there is currently only one for adults, intensive drug rehab programs, prevention and mental health programs in schools and an increase in Spanish speaking clinician. Ms. Fried stated the latter was in the last strategic plan resulting in some steps such as hiring stipends being offered to bilingual staff. When asked if services should be located in other areas of the County, 84% of respondents stated they should. Ms. Fried noted that suggested sites covered the entire County. How can this be accomplished and what would be the best mix of what services in which areas? Could existing locations such as libraries and community centers be accessed and is having mobile mental health services an option? The consensus was that the government complex is not an ideal location for services as it is not on the bus line and not centrally located within the County. When asked if more peer supports should be added, 90% agreed they should but Ms. Fried noted there was no additional information provided as it was a basic yes or no question.

The DD Consumer Family Focus Group was facilitated by Mr. David Meadows with ten individuals and family members attending as well as one CSB Board member, Mr. Pappas. The key themes were Communication, Understanding Finances, Wellness for Individuals, Transportation and Advocacy. Under communication, the resource directory came up again reiterating the importance of not only having a listing of area services but also how to connect to those services. Understanding Finances centered around the need to understand Medicaid and Medicare as well as how income may affect benefits for

individuals with disabilities who are able to work. There was also discussion around medical care and specifically dental care for individuals. Transportation continues to be an issue particularly around medical appointments and not having adequate access to weekend transportation.

The Mental Health Consumer surveys were administered to participants at Chester House as well as to those entering the Rogers Building for services. Ms. Fried noted that Chair Powers' earlier suggestion to hire a consultant to administer surveys would be a benefit in this area as well. There were five questions and while there were areas to expound on answers, it basically became a yes or no survey where individuals did not provide any further feedback. The five questions asked were if Chesterfield CSB hires qualified staff, prioritizes the most important services, treated them as a partner along with providers in treatment, enhanced recovery and if applicable, worked with family and friends on their behalf. Across the board, the number of "yes" responses averaged 46 people while the number of "no" responses came from an average of 3 people.

Mr. Michael Giancaspro and Mr. Mark Sacra entered at 2:50 p.m.

Strategic Initiatives

The Senior Management Team went on to discuss the five Strategic Initiatives:

Staff Training

Ms. Fried began with reviewing the extensive training required of MHSS staff. The list was broken down by State, County and agency. Additionally, there are also certification and licensing requirements based on position. Ms. Fried went on to discuss the manner of training noting if there is no County module in place, staff will attend train-the-trainer courses so that training can be done internally. This is problematic in that this takes away from service delivery to clients. For example, there are currently 8 staff certified as CPI trainers who conduct 36 half and full-day classes per year. The College of Direct Supports is an online training company that has been used for ID and DD training however, have not expanded into other areas of need. Relias is a company that is more comprehensive and provides more classes. Ms. Fried stated the agency is looking at this strategically to determine if this type of training can relieve the issue of tying up staff.

Housing

Ms. Sue Medeiros presented on information on housing in Chesterfield for individuals receiving services. The average income of MHSS consumers is \$766 per month with the average cost of a one-bedroom rental in Chesterfield, not counting utilities, is \$924 per month and a two-bedroom averaging \$1,041. This creates an impossible situation when trying to find a safe affordable location to live. Currently, MHSS has \$150,000 budgeted to augment housing costs which is currently used to assist 30 mental health clients. Ms. Medeiros reviewed a graph breaking down the costs for those individuals including the amount for

which they are responsible as well as the length of time they have received this subsidy. Mr. Pappas, Ms. Jones and Mr. Mazure discussed the importance of housing in creating stability which is crucial for recovery. However, the next steps after finding a home are often overlooked which are equally crucial for lasting success. They also discussed the length of time some individuals receive the assistance with Ms. Medeiros noting that turnover is very low.

Ms. Medeiros then reviewed the housing needs for the PRS/SUD population including a list of those in need beyond the previously mentioned 30 that are already being served. She noted this is very detailed information including income, marital status, if there is a criminal history, etc. and updated often to keep staff aware in case there is an opening for assistance. Mr. Giancaspro asked where these individuals are currently living. Ms. Medeiros stated they are currently in substandard housing, living in space provided by family or friends, or perhaps out of the catchment area and trying to live in Chesterfield. Mr. Giancaspro and Mr. Mazure discussed the financial needs of this list noting if the current amount the agency budgets was doubled, it would cover the entire list. Mr. Giancaspro said the amount allotted for this has been \$150,000 for multiple years and it is within reason to consider raising the amount the amount which is an option he would like to look at for the next budget cycle.

One last slide was reviewed on ID/DD Housing noting there are 13 group homes owned by CAI and occupied by Chesterfield CSB ID/DD consumers. Ms. Burcham discussed the complexities of providing support to individuals living in independent living situations and posed the question of how individuals can be supported so they are successful no matter where they live.

STEP VA

Ms. Burcham presented on the State's comprehensive set of services to level the field and ensure that no matter where someone lives, they can be guaranteed a certain set of services. There are nine "steps" to the model which include Same Day Access, primary care screening and monitoring, outpatient MH and SUD services, emergency/crisis services for MH and SUD, peer and family support, psychiatric rehabilitation services, MH services for military, veterans and families, case management and care coordination. For each step there are three phases: planning and preliminary, program implementation and data monitoring and validation performance outcomes.

The CSBs and DBHDS came together and looked at the STEP VA definitions and modeled them after a national initiative. However, as the initiative has rolled out, the definitions are changing. Included in the Code of Virginia, all nine steps are to be implemented by 2021. Ms. Burcham reviewed the timeline and discussed how tight this schedule is noting that the first two phases are to be completed within the next 15 months. Attention needs to be paid to the significant stress this will place on the system in a variety of ways. Anytime data collection and documentation is changed, it affects medical records, billing and

a number of other processes within an organization. While Chesterfield is in good shape and has implemented steps ahead of other CSBs, she feels that for the overall system, this is too much too fast. Will the General Assembly fund all of the steps in time? Does the Commissioner's plan allow enough time for the logistics and will the workforce currently in place support these changes? Will the expectations of the definition go away when the General Assembly doesn't come through with the funding? There seem to be endless questions, very few definitive answers and dwindling time. All the while, she is concerned the individuals that the system is supposed to be helping will suffer as a consequence.

Adding to the mix, the Department of Medical Assistance Services (DMAS) has created its own set of comprehensive services called the Behavioral Health Redesign. This includes universal prevention / early intervention, recovery and rehabilitation support services, outpatient services, intensive community-based services, intensive clinic / facility-based services, comprehensive crisis and residential /inpatient services. While STEP VA is required, other services are not mandated so the agency could pick and choose what would be more beneficial for individuals served. Additionally, it will bring in Medicaid dollars.

Ms. Burcham discussed Integrated Care and reviewed information of prevalence of behavioral conditions in patients with chronic medical conditions. Individuals with Serious Mental Illness (SMI) die earlier as they are affected by these chronic illnesses more often and are more reluctant to receive treatment. Integrated Care addresses steps 2 and 9 of STEP VA. Primary care screening and monitoring will be provided for any adult with SMI, a child with SED receiving case management or those with metabolic syndrome taking antipsychotic medications and include height, weight, blood pressure and body mass index on an annual basis. Care coordination includes collaborating with MCO care coordinators, participating in Virginia's Emergency Department care coordination and ensuring physical health needs are identified and addressed in concert with behavioral health needs.

The Chesterfield CSB Initiative, a pilot with Anthem was established integrating mental and physical health care. Standards of Care were established in both prevention and intervention. It is important and has been proven effective to have care coordination in place to address not only the behavioral but physical needs to ensure a better quality and length of life. Ms. Burcham shared that with funding for primary care, a new lead nurse will be hired to work with all populations as well as children. This position will work closely with the other nurses within all departments of MHSS to develop whole health care for all populations served. Ms. Burcham reviewed a slide of feedback from staff including suggestions such as co-location of primary care clinics, satellite services in the community, establishing standards of practice and workflow, and acquiring tools to support integration such as kiosks in the lobby, a patient portal and 24-hour help lines.

Break

The Work Session recessed at 4:00 p.m. and resumed at 4:15 p.m.

Special Populations

Mr. Meadows presented on special populations and discussed the details of the citizen survey around underserved or inadequately served populations. These include older adults, veterans, individuals with traumatic brain injury, and the “other” category that encompassed teens and those in their twenties and released former prison inmates.

Mr. Meadows went on to discuss services for older adults stating that one of their biggest challenges is finding groups or activities they feel connected to or comfortable with joining. Staff need training on how to address issues involving older adults in a way they will be more apt to participate. Mr. Meadows also noted that we need to look at how things are designed to meet the needs of special populations rather than having them adapt. Older adults sometimes have a more difficult time with mobility, transportation and engagement which oftentimes needs special attention.

The seventh step of STEP VA involves services for military and veterans. This is another example in which staff training is required. In the focus group, veterans reiterated they do not wish to relive their trauma but instead move forward. Mr. Mark Sacra stated that with his business, veterans often do not self-identify to avoid being singled out. Ms. Burcham agreed adding that oftentimes veterans, especially those with trauma, only feel comfortable with other veterans. She discussed a past contract with Wounded Warrior noting it was particularly successful by placing veterans within several CSBs to not only work with individuals who may be dealing with military related trauma but also train staff on specialized information such as military lingo. While that program is no longer in place, she hopes this STEP VA requirement will bring back some of this model.

Prioritization and Strategic Initiatives

Ms. Fried stated that this ends the presentation portion and asked if anyone had additional comments. Ms. Jones discussed the drastic overhaul of the system noting that while the “train has left the station”, there needs to be a proactive approach to these steps because every CSB is different and their services need to reflect their locales. Ms. Burcham agreed noting that what began as an earnest effort to help vulnerable individuals and decrease the disparity between CSBs, has exploded to an almost unmanageable level. The CSB system needs to be very clear that mandated services and what can be done are linked with the amount of funding received. While she believes these new services such as integrated care is needed, CSBs must be careful that the focus on getting things done does not overshadow the actual needs of individuals.

Ms. Fried turned everyone's attention to a sheet at each seat listing today's topics as well as an "other" category for any additions. STEP VA items are given as they are mandated so the three choices should be for additional topics outside of those. After members made their choices, Ms. Fried listed the top three: staff training, housing and integration of care. Ms. Fried discussed how all of the topics discussed tonight will fit into the strategic plan and the next steps is finalizing it for Board approval. Staff retention was added as an "other" topic and Mr. Pappas discussed its importance noting it is going to be the next topic for the one pager by the Public Relations Committee.

With the top three identified, Ms. Fried asked for input as to whether the agency should limit the remaining topics or try to also address them all through the strategic plan. She noted that all will be dealt with but the decision needs to be made as to what level. What are topics the Board should handle vs. administration and staff? Vice Chair Knightly noted that many are linked. For instance, focusing on training staff but not staff retention means we would essentially be training staff for other CSBs and MCOs. Ms. Paige Cecil asked how the agency strategic plan fits into the County plan and Ms. Fried described the framework including goals and objectives. Mr. Sacra discussed his experience with the fire department stating that an issue rose to the strategic level if it "touches all".

Chair Powers thanked Ms. Burcham and her team for providing this information stating without it, prioritizing the topics would have been impossible.

Recess for Dinner

III. Reconvene

Chair Powers called the meeting to order at 7:01 p.m.

A. Approval of Minutes

On the motion of Vice Chair Knightly and seconded by Mr. Peter Mazure, the Minutes of February 21, 2019, were approved unanimously.

B. Requests to Postpone, Add or Change the Order of Presentation

There were none.

IV. Matters of the Public

There were no comments made during the public comment period.

V. Information Items

A. Presentation

There was none.

VI. Consideration/Action Items

A. Board Members' Remarks

There were none.

B. Chair's Remarks

Chair Powers reminded members that a Closed Session to discuss the recruitment of the Executive Director position will occur at the end of this meeting.

C. Executive Director's Report

Ms. Burcham had no report.

VII. Committee Reports

A. Standing Committee Reports

Finance Committee

Mr. Michael Giancaspro reported on behalf of the Finance Committee which met on April 10th. He reviewed in detail the financial statement included in the Board packet. Ms. Sayre reviewed the revenue and expenditures discussing the transfer of debt service for Chester House which will occur the fourth quarter and the cost settlement for the ICFs. Ms. Sayre also discussed salary related increases and the federal block grant funding. She reviewed vacancies, overtime and workers comp settlements noting that it can take years from the initial injury before they show up in the books. Ms. Sayre went on to review the red, yellow, green charts by program. Continued turnover in Families First has affected billing as staff have to be trained in to bill for the program. While administrative costs look high, the bulk are IST charges from the County for software licenses, etc. which just hit and haven't been distributed among programs yet.

The next Finance Committee Meeting is Wednesday, May 8th at 8:30 a.m.

Public Policy Committee

Mr. Mark Sacra reported on behalf of the Public Policy Committee. He distributed a revised proposed advocacy plan and discussed needing two board members meet with their district County Board of Supervisor member. There will be a training for anyone attending those meetings the first week of June. Ms. Cook will schedule the next regular meeting as well as arrange the training on the hand-outs. Chair Powers stated he appreciates the work behind these meetings as they are crucial in getting out correct information to legislators and in keeping a consistent message which worked well last year.

The next regular Public Policy Committee will be scheduled for the end of May ahead of the June educational session.

B. Advocacy Committee Reports

Housing Committee

Mr. Michael Giancaspro reported on behalf of the Housing Committee which met Tuesday April 2nd. He shared that many issues discussed were also covered in the housing portion of tonight's work session. The May meeting will include having the Director of Community Enhancement speak to the group on the different affordable housing programs that may be accessible to MHSS individuals. He stated Ms. Medeiros is working on defining demand and CAI is looking at long-term suitability of their houses. Ms. Burcham added she spoke with the county attorney and they are working with the planning commission on housing, zoning requirements, etc. She noted "we are not there yet" and it could be a long process. Chair Powers thanked Ms. Burcham for keeping the conversation going on this very important issue.

The next Housing Committee Meeting is Tuesday, May 7th at 9:00 a.m.

Public Relations Committee

Mr. Nick Pappas reported that the Public Relations Committee met earlier this week. The group finished the housing handouts for both Mental Health and Substance Use Disorders. He stated they have both been approved by the Housing and Executive Committees. The committee also reviewed and determined needed updates for the other handouts which will be done before the June training meeting of the Public Policy committee. The topic for the next handout will be workforce crisis and staff retention.

The next PR Committee meeting is Thursday, May 16th at 6:00 p.m.

VIII. Consideration/Action Items

A. Review of CSB Policies for Renewal

There were none.

B. Authorize Receipt of Funding from DBHDS for SOR Grant

Ms. Sayre stated this is an additional \$50,000 in SOR Grant funding awarded in March earmarked for Prevention services. DBHDS was delayed in distributing these funds so it was not included in the earlier total.

On the motion of Mr. Mike Giancaspro and seconded by Mr. Mazure, the authorization of additional SOR Grant funding passed unanimously.

IX. Closed Session: Personnel Matter

On the motion of Vice Chair Patrick Knightly and seconded by Mr. Mark Sacra, the Board adjourned to a Closed Session pursuant to Section 2.2-3711, A-1 Code of Virginia, 1950, as amended, relating to a personnel matter.

Reconvene: Adopt Resolution of Certification of Closed Session Held in Conformance with Law.

The Community Services Board hereby certifies that, to the best of each member's knowledge, only information relating to the personnel matter was heard, discussed, or considered by the Board in the Closed Session as identified in the motion to Close Session.

Vote by Roll Call: Chair Harvey Powers, Vice Chair Patrick Knightly, Ms. Karen Bell, Ms. Paige Cecil, Mr. Tyler Craddock, Mr. Michael Giancaspro, Ms. Michelle Jones, Mr. Peter Mazure, Dr. Talisha McAuley-Davis, Mr. Nicholas Pappas, Mr. Ricky Russell and Mr. Mark Sacra.

X. Adjournment

There being no further business before the Board, the meeting was adjourned at 8:36 p.m. until May 16, 2019 at 7:00 p.m.

Debbie Burcham, Executive Director
Community Services Board

Harvey Powers, Chair
Community Services Board