

**CHESTERFIELD COMMUNITY SERVICES BOARD
MINUTES
April 21, 2022**

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

Members Present

Nicholas Pappas, Chair
Vince Burgess, Vice Chair
Gib Sloan, Secretary
Christian Finkbeiner
Ray Gabehart
Michael Giancaspro
Jennifer Krajewski
Talisha McAuley-Davis *
Daveida Murphy-Hasan
Harvey Powers *

Kelly Fried, Executive Director

Members Absent

Patrick Knightly
Tiffany Marks
Ricky Russell
Mark Sacra

* Board Meeting Only

** Work Session Only

Staff Present

Doug Bilski, SMT
Angela Catolico, SMT
David Meadows, SMT
Jarek Muchowski, SMT
Mandy Pilk, SMT
Danielle Sayre, SMT
Karen Bowker, ACT **
Adam Seehaver, ACT **

Brook Cook, Administrative Assistant

Others Present

Dr. James Worsley, Deputy County Administrator *
Robert de Triquet, VARR **
Dr. John Lindstrom, RBHA *
Amy Erb, RBHA *

I. Call to Order

Chair Pappas called the Work Session to order at 2:01 p.m.

II. Work Session:

Welcome and Opening Remarks

Chair Pappas welcomed everyone to the afternoon work session stating it is a packed agenda with a variety of topics and speakers. He added that there are breaks included in the day as well as refreshments available and invited everyone to help themselves. Chair Pappas also stated to feel free to ask questions throughout the presentations.

Substance Use

Recovery Housing

Chair Pappas welcomed and thanked Mr. Bob de Triquet of the Virginia Association of Recovery Residences (VARR) for taking the time to present today. Mr. de Triquet thanked the Board for this opportunity to share what VARR is about. He is currently the Director of the RCO (Recovery Community Organization) Division of VARR adding he has also held the role of Assistant Director. Prior to this, Mr. de Triquet was an operator of a recovery home noting he is also a peer having also been a resident of recovery housing in the past.

VARR was created in 2012, secured funding in 2019 to hire an executive director and has evolved into the organization that it is today providing oversight and standards of quality for recovery residences throughout Virginia. This includes support from the Department of Behavioral Health and Developmental Services as well as other community stakeholders. The certification process is a voluntary process for any recovery home or organization. Once an application is submitted, VARR requests documentation including proof of being a legal business entity, insurance, policies, and procedures. After review, VARR offers suggestions of changes for the operator to mold their policies and procedures to align with VARR's mission.

Mr. de Triquet has learned that there is no perfect organization, and all have areas that can benefit from VARR review. For example, one home may be high functioning with minimal paperwork in place or one may have great policies, but staff do not know how to implement them. VARR offers assistance in revising and/or creating policies that keep in mind what is best for the resident as well as implementing procedures such as the required internal staff overdose procedure. When all policies and procedures meet their standards, VARR conducts a final review. A detailed on-site inspection occurs, with requirements such as a 50 square foot sleeping area for each resident and a full bathroom for every six residents. Amenities including a washer and dryer on site are also required as well as dining and social areas that allow for interaction. There is mandatory signage to be clearly posted including house rules, community resources, emergency services and staff phone numbers as well as the grievance policy and forms. Mr. de Triquet stated interviews are also held with all residents and staff.

Key components of a recovery home include being alcohol and illicit drug free, abstinence based, peer recovery supported and operating as a family-like community. Social dynamics are required as they are crucial in recovery. As mentioned before, a dining room is required so residents can have a meal together as well as a social area where they can watch movies, play games, etc. Household chores are also handled as a group. These activities foster a sense of belonging and accountability.

Certification is good for one year and renewed annually. Vice Chair Burgess asked how many houses are currently certified by VARR and Mr. de Triquet stated that statewide over 90 houses are certified and 70% of those are in Richmond metropolitan area with four being in Chesterfield.

There are member benefits once certified by VARR. These include various training opportunities, being listed on the VARR website as well as recognized by DBHDS as a certified recovery residence. Homes also receive funding distributed by VARR that is received through grants and other resources. There is also access to an advanced recovery management system funded by REC-CAP.

Recovery homes have proven to be a very effective step in the recovery process, but unfortunately there is often negative assumptions or opposition when a home comes to a community. The easiest way to dispel stereotypes and promote positive outcomes is to have a recovery stakeholder committed to providing services. Rural areas in particular need a dedicated community member to start and LLC, have policies and procedures in place, etc. to ensure acceptance and success. A tool that can be a very important step is being certified and VARR is dedicated to making recovery residences commonplace.

Recovery High School

Ms. Fried shared with the Board an update on the Recovery High School initiative. Delegate Coyner had made the creation of a recovery school for high school aged children one of her topics during the last election campaign. She was also very active in getting funding approved through the General Assembly. However, when the pandemic hit, this funding was pulled back and there was no further discussion until last August when Ms. Fried received an email from DBHDS regarding funding for the substance use services portion of the school which will have to flow through MHSS. Dr. Daugherty, the Superintendent of schools, is originally from a state that also has recovery high schools and is a vocal proponent for having a certified recovery high school in the region. Ms. Fried stated that currently, there are only seven accredited recovery schools nationally with many more that are not accredited.

Since that initial email, Ms. Fried stated there has been a planning and implementation team formed which includes school and MHSS staff. She discussed the DBHDS funding for the recovery side of the project totaling approximately \$300,000. This grant funding will cover three full-time and two part-time temporary positions. This staff will provide group and individual counseling onsite throughout the day. This means the school does not need to be located near MHSS offices therefore, a location has not been determined but the schools have advocated for placement at CTC Hull. The anticipated opening of the school is August 2022 and will serve twenty-five students. The first year will be modeled after the Association of Recovery High School curriculum with the goal of seeking full accreditation in the future. It will not be a court ordered program and is a voluntary admittance. Also, being a regional school means it will cover a broad area.

Ms. Fried stated that the acceptance of the DBHDS funds for the clinical side will first go to the CSB Board and then to the County Board of Supervisors. There is also funding on the school side which the County wants aligned with our funding so while the CSB Board will be asked to approve acceptance tonight, it will not go before the

County Board until May. She also noted that this timeline will not delay receipt of funding which is being transferred May 1st but only where the money will sit until distributed.

Break

The Work Session recessed at 3:50 p.m. and resumed at 4:00 p.m.

Permanent Supportive Housing Funding

Mr. Doug Bilski introduced Mr. Adam Seehaver as the first housing case manager and now the supervisor of the Permanent Supportive Housing (PSH) program and Ms. Karen Bowker, PRS program manager who has been instrumental in getting PSH up and running.

Mr. Seehaver stated that PSH is an evidence-based program and has received strong support in peer reviewed scientific literature noting that 89% of individuals in the program remain stably housed after one year. PSH also has support from SAMHSA which is a federal program as well as the Virginia Department of Behavioral Health and Disability Services which has found PSH can help save money and alleviate the bed crisis in state psychiatric hospitals.

Mr. Seehaver shared a brief video detailing the five Housing First principles: immediate access to housing with no housing readiness conditions; consumer choice and self-determination; recovery orientation; individualized and person-driven supports; and social and community integration. Mr. Seehaver reviewed and discussed these principals noting that there are more detailed videos on each individual principal and encouraged everyone to watch for a more encompassing understanding.

DBHDS has four groups that they have determined as priorities in Virginia that the MHSS PSH program will be focused on providing. These are residents in state psychiatric hospitals, individuals living in assisted living facilities and capable of independent living, chronically homeless individuals per HUD definitions or literally homeless and at risk of chronic homelessness and unstably housed individuals during crisis hospitalizations and/or law enforcement interventions. Mr. Seehaver stated a team is being hired and reviewed the positions and their functions including peer recovery specialists, housing specialist, housing case manager, rental assistance coordinator and PSH Services supervisor. Hundreds of applications were received and reviewed and with interviews, reference checks, etc. currently underway.

Ms. Fried discussed a current rise in local rents and funding issues that may occur in the future as a result. Mr. Pappas, Ms. Fried and Mr. Bilski discussed the advantages of the PSH model that is all encompassing as opposed to subsidizing one piece of the puzzle. Secretary Sloan added that he views the role of the Housing Committee starting in a very high macro level but as it moves into newer areas, needs to be able to provide assistance in a very deliberate manner. Even with the best of intentions, realistically the agency must move within the confines of funding. Ms. Murphy-Hasan

discussed the rapid rehousing model which follows many principals of PSH but sets a subsidy timeline in which individuals are given time to find employment, transportation, etc. Vice Chair Burgess agreed noting housing is very complicated and fluid and MHSS can't overcommit. We must ensure those we are helping continue to be successful.

Other Housing Initiatives

Ms. Fried stated Chesterfield MHSS is very fortunate to have partners who are working with us to provide available housing for individuals in need. In conversations with counterparts in other counties, they do not have these types of collaborations. It is complex given the population we serve, taking into account federal and state laws, but these organizations are working to ensure these housing options come to fruition. Ms. Fried stated that while regular updates are presented during Housing Committee meetings, she wanted to take this opportunity to share three projects in detail with the rest of the Board.

The Village at Chester Station

This project is in development with Schell Brothers. Unlike the other projects, this is not a LIHTC (Low-Income Housing Tax Credit) property which means set up is handled a little differently. The rent amounts are not yet known but they could be as much as \$1,500 per month. It has been established that benefits and subsidies will be used to allow individuals to live there. Currently, there are eight to twelve units being earmarked specifically for the CSB. Details such as background checks are being ironed out. Construction is occurring now with the goal of first units being available by June and remaining units opening on a monthly schedule.

Horner Property

This project is a LIHTC property and in partnership with the Better Housing Coalition (formerly Richmond Affordable Housing) with the land donation originally received by CAI. Plans are for a forty-nine-unit community with eight units being reserved for CSB individuals. Development subsidies would be \$100 per unit, with the anticipated rent being \$400 for a 1-bedroom unit and \$600 for a 2-bedroom unit. It is located at Hull and Genito and construction is to begin the first quarter of 2023.

Colbrook Property

This project is also a LIHTC property and again with the Better Housing Coalition. Located on Route 1 just south of John Tyler Community College, this property has historical significance. There will be three sections which will include two buildings of units and a third, stand-alone building that will serve as a community center. There are fourteen units being tentatively held for the CSB with the exact number of bedrooms per unit not known. Ms. Fried stated that construction will begin the summer of 2023.

Ms. Fried added that these three projects give the CSB a potential of 30+ units which takes us back to the conversation of subsidies and what it will take to sustain housing assistance for individuals in need of housing.

Break

The Work Session recessed at 5:00 p.m. and resumed at 5:15 p.m.

DD Residential Services

Mr. David Meadows presented an update on Residential Services. He began by discussing a consultant being brought in to review the program, collect data and offer recommendations. The process began with interviews being conducted with all levels of leadership including senior staff, the program manager, and supervisors. The consultant also completed several onsite visits speaking directly with staff on duty at the time. In addition, a survey was conducted with family members and guardians of residential residents. Mr. Meadows stated that human resources stats including turnover, vacancy data and longevity of current staff were reviewed. The residential organizational chart was studied, and Mr. Meadows noted that just because something has been done a certain way in the past does not mean it is how it should be done moving forward. This information was reviewed, and several meetings were held between Ms. Fried, Mr. Meadows and the consultant to answer these main questions: what's going well, what are some of the biggest challenges, what's changing in the world of residential services, and what are specific ideas for improvement?

Mr. Meadows noted that clearly, good care is being provided. The challenges however center around staffing vacancies, salaries which are being addressed through the County pay study, changes in the system include the merging of ID and DD in service delivery system and Waiver Redesign which has affected referrals and the residential needs of certain populations. Mr. Meadows reviewed the different levels of residential services provided through MHSS including apartments and supported living as well as congregate living in group homes and ICFs. Meetings with staff who were instrumental in the new branding of residential and working together towards a restructuring of the program. Ms. Fried noted that what she found powerful about this process is how staff embraced these changes, came up with the "under construction" theme and are taking the initiative to improve their department rather than expecting management to dictate what needs to be done. Staff know the day-to-day ins and outs of the program and are the ones best qualified to rebuild the foundation on which these services stand. Several action items were created which will be instrumental in the success of this initiative and the excitement and creativity of the team has renewed the residential program, especially coming out of such a taxing time as the pandemic.

A training position will be added which will not only focus on new hires but continuing training of existing staff as well. Having a dedicated position to focus on this will not only improve the training aspect for staff but take away that function from supervisors who can focus more on their leadership duties. Mr. Meadows also reviewed current changes and developments with career ladders allowing more

opportunity for career advancement as well as the ability to promote three long-tenured staff into supervisory positions. Mr. Meadows said a lot of attention has been given to the issue of schedules and shift differentials. These changes will improve the satisfaction of current staff but be an important incentive in future recruitments. Continuing conversations with the addition of recurrent meetings is ensuring that the momentum of these changes continues.

Ms. Fried thanked everyone coming for the work session. While the various committees share updates in the Board meetings, it is nice to have the opportunity and time to conduct a deep dive of the data to the Board and answer questions.

Recess for Dinner

III. Reconvene

Chair Pappas called the meeting to order at 7:02 p.m. and welcomed additional members who were unable to attend the work session stating there was a lot of valuable information presented.

Chair Pappas also announced that Mr. Patrick Knightly's mother passed away earlier this week. Arrangements have not yet been announced but when they are, Ms. Cook will forward to everyone.

A. Approval of Minutes

On the motion of Mr. Christian Finkbeiner and seconded by Secretary Gib Sloan, the Minutes of February 17, 2022, were unanimously approved as presented.

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: Regional Programs

Ms. Fried introduced Dr. John Lindstrom, CEO and Ms. Amy Erb, Director of Regional Programs from the Richmond Behavioral Health Authority. Kelly stated they are the backbone of the regional programs for Region IV and it's their leadership that manages the financial aspects, hiring staff, and data collection. Dr. Lindstrom stated Ms. Erb produced the slides for tonight's presentation noting they are interchangeable with all the of the CSBs in this region and will be presented at the RBHA Board retreat in June.

RBHA has had the honor of being the fiscal agent and operating entity for Region IV programs and services since around 1999. This region is very interconnected and individuals with disabilities often cross lines into other CSB catchment areas.

It is to the benefit of all CSBs to provide services together to ensure quality and continuity of care. Additionally, when an area is under resourced and needs to make the most impact, it makes sense to have regional collaboration. The Region IV Consortium includes Chesterfield, Crossroads, District 19, Goochland, Powhatan, Hanover, Henrico, RBHA, Central State Hospital and Piedmont Geriatric Hospital. The foundation begins with an annual MOU derived from the performance contract requirements. This year will be bringing in the STEP VA components.

Ms. Erb reviewed the role of RBHA as the fiscal agent of regional programs. Some funds are distributed directly to each CSB based on long standing agreements and some funds are distributed on behalf of CSBs such as discharge assistance programs. She discussed regional oversight and reporting, the performance contract, the regional utilization review, and census management. Ms. Erb stated the Region IV Consortium meets regularly adding there are also specialized groups that also meet. For instance, the Regional Authorization Committee reviews and approves inpatient funding requests and Regional Utilization Management monitors hospitalizations and supports regional authorization processes.

The total budget for RBHA is \$75 million and \$24 million of that is for regional programs and services. This includes LIPOS funds, the discharge assistance program, crisis stabilization, MH recovery, SA Block Grant, SA Community Detox, several Step VA steps and REACH homes. Ms. Erb went on to review in detail the regional funds allocation for FY22 as well as these programs and services supported by this funding. STEP VA clinician dispatch is being used to contract services with PRS Crisis link for 24/7 crisis line operations. Funds also support two regional office staff to manage contracts and provide post-call navigator/linkage support. Step VA mobile crisis response (youth and adults) includes the Crisis Response and Stabilization Team (CReST) that serves youth and adults in behavioral health crisis. Funding is also used to operate a 24/7 triage line that responds within 1 hour. There is also the Adult Mental Health Crisis Stabilization Unit which is a 16-bed facility located onsite at the main RBHA building with 24/7 admissions and the ability to accept TDOs of individuals needing withdrawal management. The region also has the Children's Stabilization Crisis Stabilization unit (CSU) which is an 8-bed facility operated in contract with St. Josephs Villa for youth ages 5 -17. Ms. Erb also discussed LIPOS which is a funding stream that comes from the Department that supports indigent care payment at local hospitals for psychiatric inpatient. As part of this project, funds are used for staff who review it to ensure it is an appropriate admission and follows through discharge planning.

Dr. Lindstrom and Ms. Erb also reviewed post crisis and supportive services. These include co-occurring residential treatment (HOPE) which is a 15-bed unit providing residential treatment for individuals with MH and co-occurring

substance use disorders. The SUD Diversion Liaison Services support rapid discharge of individuals with primary substance use disorders from state facility. There is also the regional jail team which is one of the foundational services that includes three full-time staff who provide case monitoring and liaison services and at three partner jails in the region. The Discharge Assistance program (DAP) is state funding allocated to regions to support timely discharge of individuals from state facilities who face barriers that can be met with special one-time or ongoing funding. Individualized client services is a regionally managed funding source for consumer support for extraordinary needs for which there is no other funding source. Other services and supports include housing specialist services which assist individuals with high needs coming out of state and local facilities housing placement. Regional recovery services have two full-time certified peer staff who provide consultation and training to build the regional peer workforce. New STEP VA funding supports peer academy and development of family support services. The latest STEP VA step to be rolled out is for service members, veterans, and their families. Funding will also be allocated for Marcus Alert which will include one full-time regional staff to support local development of protocols, data gathering and reporting.

Lastly, Dr. Lindstrom and Ms. Erb reviewed FY2021 data and utilization numbers. They stated the advisory and leadership groups that make this progress possible as well as regional standing meetings including MH directors, emergency services and developmental services directors, SUD services directors to name a few. Mr. Harvey Powers asked if there is an advisory group comprised of CSB board members. Dr. Lindstrom said there is not noting the dollars come prescribed so there isn't a lot of options to make independent decisions. However, he stated that CSB Boards are able to pass along input to their respective Executive Directors who are all very active on the Region IV Consortium.

Chair Pappas thanked both Dr. Lindstrom and Ms. Erb for taking the time to attend tonight's meeting and give this very comprehensive presentation.

VI. Consideration/Action Items

A. Board Members' Remarks

Mr. Christian Finkbeiner extended thanks to Ms. Fried and her team, staff and presenters for today's informative work session.

B. Chair's Remarks

Chair Pappas thanked those who were able to attend the Work Session stating it has been a very long day but well worth the time. He also extended thanks to Ms. Fried, Mr. Muchowski, and staff for pulling together the day's activities.

Chair Pappas also discussed the success of last month's annual partnership dinner stating there was great attendance from the CSB Board as well as the Board of Supervisors. Thanks to Ms. Fried and Ms. Cook for coordinating the event.

C. Executive Director's Report

Ms. Fried reported that this past Friday, she received the results of the County's pay study for the MHSS. She stated she is very pleased noting there was a considerable amount of time and effort in this process including review of every position as well as several consultations with leadership including Ms. Mary Martin Selby and Kristi Brittle of County HR. MHSS has over 525 employees and each of their salaries were examined and she has written a letter to each of those employees with their new salary information. Ms. Fried stated she is in the process of attending staff meetings with all departments and is personally handing each of those letters to staff. As part of these meetings, she is taking the opportunity to discuss how much she appreciates everything staff have done, particularly throughout the pandemic. There were sixteen meetings scheduled this week and another ten next week. Ms. Fried stated it has been her sincere pleasure to meet with the employees noting she has been particularly touched by the residential staff who never had a break during COVID, no opportunity for teleworking and often cared for residents while being away from their own families. Ms. Fried stated that staff are incredibly appreciative being literally brought to tears when handed their letter and sharing how this increase is life changing. Ms. Fried stated that the pay study is being implemented in two phases. All staff are getting a minimum of 5% increase effective May 14th. Additional increases are being distributed in this phase while others are being done in the second phase next year. A 2% merit increase was given at the beginning of this year and another 2% merit increase is scheduled for next January. Ms. Fried expressed appreciation that the County and the consultant recognized MHSS staff were being paid below average market salaries. Vice Chair Burgess agreed that this needed to happen extending his thanks to Ms. Fried for her work on the pay study noting he is particularly impressed that she is taking the time to meet with every employee and personally deliver their individual letters.

VII. Committee Reports

A. Standing Committee Reports

Finance Committee

Mr. Michael Giancaspro reported on behalf of the Finance Committee turning everyone's attention to the summary included in the Board packet. He noted that the surplus is in keeping with where that amount was this time last year and then turned the floor over to Ms. Sayre. Ms. Sayre stated that at the end of March, the surplus amount is estimated to be around \$3.3 million. On the report, she added in debt service expenses and some IST transfers that typically happen in the fourth quarter for a more accurate picture. Revenue is approximately \$1 million higher than last year and with expenses coming in at \$1.2 million higher. Medicaid and other insurance payments came in about \$2.5 million shy of what was budgeted due to Day Support being closed for a portion of FY22. Ms. Sayre stated this program is open now on a limited basis at around a third of capacity. CES is also not at full capacity due to restrictions on transportation because of COVID. As of the end of March, there is a timing difference with the new Medicaid portal which

will correct itself. Other fees and charges are lower than expected related to sales of contracts. Ms. Sayre said State and Federal funding is higher than budgeted as there has been additional funding that was not anticipated. Personnel costs are around \$4.9 million lower than projected which is directly related to the staffing shortage. This, however, was offset by unbudgeted Workers Comp claims including some that were incurred in the past but settled this year. Ms. Sayre then reviewed the pyramid chart of the special revenue fund and the breakdown of planned uses for the electronic health record and building renovation.

The next Finance Committee Meeting is Wednesday, May 11th

Public Policy Committee

Ms. Fried reported on behalf of the Public Policy Committee stating that the group did not meet this week as there was no new information to report from the General Assembly. A meeting will be scheduled when new information is received. Ms. Jennifer Faison of VACSB was originally scheduled to present tonight but with no movement by the General Assembly, that has now been moved to May.

The next regular Public Policy Committee meets on the call of the Chair.

B. Advocacy Committee Reports

Housing Committee

Secretary Gib Sloan stated there is no additional information to add that was not covered in the work session.

The next Housing Committee Meeting is Tuesday May 3rd at 8:30 a.m.

Public Relations Committee

Mr. Christian Finkbeiner stated the group did not meet due to tonight's work session but will meet next month prior to the regular Board meeting.

The next PR Committee meeting is Thursday, May 19th at 6:00 p.m.

VIII. Consideration/Action Items

A. Review of CSB Policies for Renewal

There were none.

B. Authorize Receipt of Recovery High School Pilot funding

This funding in the amount of \$299,762 is for the Recovery High School initiative and will go before the County Board of Supervisors next month.

C. Authorize Receipt of ARPA Second Round Funding

This funding in the amount of \$122,300 is the second round of the ARPA Infant Part-C funding.

On the motion of Vice Chair Vince Burgess to vote as a block and seconded by Secretary Gib Sloan, the authorizations for the receipt of the Recovery High School Pilot Funding and the ARPA Second Round funding were unanimously approved.

IX. Adjournment

There being no further business before the Board, the meeting was adjourned at 8:55 p.m. until May 19, 2022 at 7:00 p.m.

Kelly Fried, Executive Director
Community Services Board

Nicholas Pappas, Chair
Community Services Board