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[00:00:10] - All right, welcome to the October 17th meeting of the Health and Human Services. Oh, a very full and robust agenda. I'm Dalia Palczyk, Chair of the HHS Committee, and Supervisor Fassi, please, our Vice Chair.

[00:00:31] I'm happy to be here with all of you today, and thank you, staff, for your work. Just as a brief preview today, number one, we will be discussing the Medicaid unwinding. Really appreciate and hear from our staff about the work that's being done to help mitigate the impacts of the unwinding and support our families through these difficult times.

[00:00:54] We also have Darrell Washington here, the executive director of CSB, who will be giving a presentation on youth behavioral health and behavioral mental health to the committee. And we should have time for questions there as well. And then finally, a more brief presentation from tom barnett and joe clark on the extreme heat response plan from the county um before we get started i do want to let people know that we know there's a lot unfortunately happening in this field right now um and as we i think i said on sunday we've gone through one pandemic and now we are

[00:01:32] dealing with mental health housing youth and so many other areas um that we need to continue to to have this local state and federal support happening and so wanted to let you all know that rent relief is still planned as an upcoming Health and Human Services Committee agenda item we know

that there's concern about what the new post pandemic level of funding should be and we've had many conversations and I appreciate County staff and our advocates in the community who've taken time to meet with us, to look at the data, to gather more information. We will continue that

[00:02:11] information. It is important to recognize that the rent relief issue also includes legal services and the needs associated with eviction process in addition to just the traditional rent relief. I believe staff are continuing to gather data on the current rent relief needs within the county and consistent with our discussion at the Budget Committee meeting back in September, I believe recommendations will be coming to the Board of Supervisors concerning the FY2025 funding levels based on what we see and where the need is.

[00:02:47] If current funding levels are not appropriate, there will be updates and an additional FY2024 funding requirements will be provided at the time. And then finally, in order to meet the third quarter timeline, The Board of Supervisors will discuss rent relief at our next Health and Human Services Committee meeting, which is scheduled for January 30th.

[00:03:09] So at this time, they will continue to provide the relief, monitor the needs, and come back to us in January for that committee meeting. So seeing no questions or concerns on that, I appreciate staff's work. And I'll turn it over to Mr. Beckett and his team for their presentation.

[00:03:28] Good afternoon, Supervisor Palczyk. actually going to turn over to alicia blackwell who is the deputy director for programs and services at the department of family services and lisa tatum who is the division director for public assistance and employment services uh thank you michael um as michael mentioned good afternoon supervisor palchek and members of the board i'm alicia blackwell i'm the deputy director for the department of family services and to my right is lisa tatum who's our division director for public Assistance and Employment Services. And so we're going to co-present today on the status of

[00:04:02] Medicaid unwinding, specifically as it relates to Fairfax. So I'd like to start first by providing a refresher to the board as to what Medicaid unwinding is and what it entails. You may recall that during the pandemic, it was critical for people to have continuous access to medical coverage. And therefore, the Centers for Medicaid and Medicare Services implemented a waiver that prevented states from disenrolling people from medicaid except under limited circumstances and this was during the public health emergency the formal end to the federal public health

[00:04:38] emergency came about in august 2023 this means that more than 51 000 cases that stayed open for medicaid during the public health emergency without an annual assessment to determine eligibility must now be reviewed to see if those members meet current eligibility requirements.

[00:04:58] It's important to note that this is in addition to the approximately 125,000 cases that will become due during this time frame as part of the normal cadence of work that our staff have to complete. This issue is not unique to Fairfax.

[00:05:14] It's the responsibility of each state to reinstate pandemic or pre-pandemic eligibility requirements. Virginia is a state-supervised, locally-administered social services system, which means that localities must adhere to state policies and federal guidance to utilize state systems for administering public benefits.

[00:05:34] So in alignment with the county strategic plan, our processes to plan for this work are guided by the perspective of how we can support residents facing vulnerability. We aim to ensure that all people served are done so respectfully and that they are connected to services that are high quality, easy to use, and coordinated so that we can help all people connect to resources to meet their basic needs. I want to talk a little bit about planning and performance and how we've prepared for this large body of work. We've been very intentional and proactive about this process as we begin internally addressing the needs related to this work back in

[00:06:12] 2022. It's taken a dedicated team within our Division of Public Assistance and Employment Services to focus on the planning for unwinding. So we created a planning team to solely focus on this portion of our workload. The Medicaid Unwinding Strategic Implementation Committee, also known as MUSIC, was established and implemented back in 2022. And they created an operational plan which provides regular updates and regular information to department leadership related to performance and resources needs. And so we have that team represented here

[00:06:50] with us in the audience today. It's important to understand that the same employees that determine eligibility for all programs do so for Medicaid as well. So sequencing the work has been helpful to communicate performance expectation to our teams. And this team has taken the lead for organizing the staff needed to respond to the significant increase in workload and also orchestrates ever-changing policies to ensure compliance and timely performance. Also noted on this slide is some important performance metrics. So as we continue to have kind of higher workloads

[00:07:26] than usual, this team has ensured that we are meeting state performance standards. And as you see on the chart for Supplemental Nutrition Assistance Program, which is formerly known as SNAP, as well as our temporary aid for needy families. We are meeting timely application processing at 99.3% and 99.4% respectively. And in reference to Medicaid applications and the timeliness and processing for those, we're at a 97% timeliness rate, which is incredible considering the increase in the amount of work that we have before us. It's truly a testament

[00:08:02] to the dedication of our employees to serving Fairfax's most vulnerable residents with access to food, medical care, and assistance for families in need. Next, I want to talk a little bit about our focal areas for our planning and execution in the unwinding process. DFS has organized this work into three primary focal areas, which include resource management, mitigating administrative closures, and continuity and coverage. Our primary goal is to ensure that individuals and families who remain eligible for Medicaid continue receiving it, as we recognize the importance of access to

[00:08:41] health care for the overall health and well-being of county residents. As far as resource management, we have worked diligently to ensure we have enough staff to process the increase in benefit applications and renewals. We've also leveraged the ability to cross-train staff so that all lines of business within our benefit program areas are able to support the unwinding process. We've also received revenue from the Virginia Department of Social Services to offset the cost of overtime, as well as a commitment from VDSS to provide contract staff to help us temporarily to process

[00:09:20] cases. And Lisa will talk a little bit more about that later. In terms of mitigating administrative closures, there have been automated or batch processing actions implemented to process applications more efficiently. However, there's a risk that these processes may inadvertently close cases too soon, and the state and federal policy makers have been helpful with adjusting those policies to allow additional

time for people to submit their documentation for review to help mitigate or prevent premature case closure. In regards to coverage continuity,

[00:09:59] our priority is to review cases in a timely and efficient manner to ensure individuals and families stay connected to coverage while also providing resource options for those who are determined to be no longer eligible. So now I'm going to turn things over to Lisa to talk more about workloads and how we've collaborated with internal and external partners to help address other important components of unwinding. Thank you, Alicia. Good afternoon, Supervisor Palachuk and members of the Board of Supervisors. I'm Lisa Tatum. I'm the Division Director over Public

[00:10:36] Assistance and Employment Services within DFS. And as mentioned in the slides that Alicia shared, the workload associated with the Medicaid unwinding is significant and unprecedented. These two charts that you're taking a look at capture the two major and primary functions of the public assistance programs that we administer, renewing people's benefits who are continuing to receive and remain eligible, and then processing new applications for benefits.

[00:11:10] So what I wanted to draw your attention to on the left chart is the red segments. These red segments depict the suspended Medicaid renewals. So these are the ones that we could not take action on during the pandemic.

[00:11:28] And so now they have been added to our workload for us to take that action. In addition, if you look at May, where the green chart there, the green indicator talks about the Medicaid renewals that commenced in May.

[00:11:46] It restarted. And so those families and individuals who are receiving Medicaid continue to be renewed on an annual basis. So our normal work continues, as is the bottom charts and the red is what's on top.

[00:12:04] and that has been additional. Although the different buckets of work, they're different buckets of work, it's the same group of people who are working on the this huge volume in order to adhere to the requirements for the unwinding. And at the same time, as Alicia mentioned, our performance in processing new applications has remained really high and that has been a testament to our team and the priorities to make sure people who do not have benefits are provided them timely.

[00:12:41] Let's see. The next slide. So core to our proactive planning was involving our community. And so DFS, along with the health department, we host a standing series of monthly meetings related to the Medicaid unwinding.

[00:13:03] And the purpose of it is to educate our partners, other stakeholders, and medical providers also about what is going on with the Medicaid renewal process. So this was established by design to help us share that message to renew your Medicaid, to prevent breaks in coverage, and service providers are seeing our Medicaid recipients as their patients.

[00:13:31] and so being able to provide that information at the point of service to help and to encourage renewals of the Medicaid coverage. Our FQHCs and our MCOs as well as clinics have all been very important partners in helping to make sure that people recognize the need to renew their Medicaid and follow through. It's been an effective way to hear the voice of the customer too for

[00:14:05] people who are interacting with those individuals who need to renew their Medicaid to understand their challenges and what may be going on so that we could address them. It also has been helpful to support those helping organizations and medical providers with accurate and timely information so that we have a forum for this to happen.

[00:14:27] In addition, in regard to communication, we work with our communications team. We have a dedicated county website with information about the unwinding. We keep it updated so that there is a place that people can go to learn about it.

[00:14:44] We also sent mailers to families. This was a local initiative. Certainly, the state's been doing a lot of outreach, but we have, too, as a locality. And it really is this recognition that we have a role in determining eligibility.

[00:15:00] We're the only ones who can do that, and we need to make sure to engage the community to help us to get the word out. Our sister agencies in the HHS system have been incredibly helpful, and I want to particularly help acknowledge the health department, NCS, CSB, and others just for understanding the breadth of this undertaking.

[00:15:26] Continuing on with this collaboration, as Alicia mentioned, we're coordinating with the Virginia Department of Social Services and the Department of Medicaid Services to leverage their policies and administrative tools to manage the process of redetermining eligibility for the thousands of Fairfax County residents.

[00:15:48] We want to ensure that our business processes are efficient in an ever-changing policy and practice environment. In addition, the VDSS County Support Team has committed to process and identify 12,000 of the suspended cases needing a redetermination of eligibility.

[00:16:11] We have already sent them roughly 3,000 to take action on, and we'll continue to monitor that and appreciate that support, as well as the additional revenue for overtime and for temporary staff that can support some of the administrative aspects of the process.

[00:16:31] The DMAS and DDSS teams have developed some wonderful communication tools, so we have made sure to use those and leverage those so that the message is consistent, the wording is consistent, they've helped to translate it in many languages, and that has been incredibly helpful for us to be able to send consistent messaging to people who may not be paying attention, that they need to renew their Medicaid. So our next chart talks about workload projections.

[00:17:08] The previous chart talked about what we have kind of gone through up to this point, and this is our projections through the end of the fiscal year. So specifically on this chart, the red on top of the, in the stripes or the other kind of pattern there, shows the help from the state.

[00:17:33] And so their assistance is in the red pattern area on the chart, and this state team from VDSS is designed to help local agencies to complete these suspended Medicaid renewals. As the green indicates, these are some of our highest months for Medicaid cases that need a renewal.

[00:17:56] The driver for that number relates to the key months of open enrollment under the Affordable Care Act. When our applications for Medicaid increase sometimes by 50%, the renewal process is annual.

[00:18:13] And so, those same people come up and create this pattern of renewals kind of clustered in that area. The Affordable Care Act timeline is November 1st through January 15th.

[00:18:30] And so, we have historically seen that pattern and prepared for that. Turn it over to Alicia for... All right. So, the good news is that there is an ending for unwinding.

[00:18:47] and we're certainly working towards getting to that ending successfully so in assessing the forecast for the remainder of the unwinding time frame there are some factors that may impact our successful completion but the good news is that there are some factors that will also mitigate these potential challenges the center for medicaid and medicare services has given states the options to take up to 12 months to initiate all redeterminations with an additional two months for cleanup work to make sure we're in compliance with all federal rules. So as of October 1st,

[00:19:21] Fairfax has completed approximately 33.8 percent of our renewals. Our process started April 1st, 2023, and so we're about halfway to that 12-month mark right now. With additional assistance by the Virginia Department of Social Services, as well as technology improvements with automated renewing processes. We are projecting to complete the renewals within the time frame allowed. However, there are some complicating factors that we want to make the board aware of that could impact our progress. These factors include potential disruptions in the availability of state tools,

[00:19:59] systems, or resources, possible changes in policy at the state or federal level, applications due to annual enrollment, which takes place, as Lisa mentioned, from November 1st through January 15th and is concurrent with the existing work and the work of renewals.

[00:20:19] Annual cost of living adjustments, which require administrative actions by staff for SNAP applications. And also there's a new program called the Percentage of Income Payment Program, also known as PIP, which launches in December of this year. PIP is a new state-mandated benefit program designed to reduce the energy burden of low-income Dominion Energy customers by limiting their monthly electric bills. PIP is essentially an expansion of the Low Income Energy Assistance Program, also known as LIHEAP, which offers seasonal help with cooling and fuel costs,

[00:20:55] whereas PIP is available for year-round assistance. We're expecting an increase in applicants for this new form of support for eligible families and households. So the factors above are mitigated by ongoing improvements in state systems and automated processes. We have an ongoing all-hands-on-deck approach to completing cases, and we are continually supporting efforts to retain our qualified workforce given the significant amount of training that is required to review cases.

[00:21:26] So with all the challenges that we are kind of forecasting, we think that we have what we need in place to mitigate those challenges. So this concludes our presentation. We want to thank the board for the opportunity for this update, and at this time we'll welcome any questions or comments that the board may have for us good well thank you both very much and before I ask my question turn it over I don't know Michael if you there's anything you want to add before we open it up thank you supervisor Palachuk I think what I like to add is just sort of how impressed I am with the staff and the

[00:22:00] the music team has definitely been phenomenal in being able to develop and implement an operations plan that actually we can see the end of it we can see the light at the end of the tunnel and I thought it was just so important that they hear sort of the presentation of the work that they have sort of undertaken so much that we invited them here just to sort of see that we're presenting about their work and how impressed I think I know we are with their support thank you and I was gonna say I don't you know I don't love acronyms but you've got the best one so far next one's going to have to top music that's a pretty

[00:22:40] good one um and so i really want to just give a um a thank you to all of your staff and the music team that are here today thank you for your work on all of this through this time um i have a couple of comments and then some questions i'll turn over to the chairman and my colleagues so uh really appreciate i want to make sure um i'm reading and understand this correctly i know there are quite a few programs and acronyms and local and state and federal programs. So from what I'm hearing, you currently feel comfortable that we are going to meet the deadline, meaning that anyone who's

[00:23:17] been suspended but should be eligible or is actually eligible for Medicaid will be enrolled or re-enrolled by the deadline. Is that correct? So their cases are due for renewal during this time frame. And so long as those eligibility requirements are met and we receive the necessary documentation to review those cases, then yes, we anticipate that we will be able to review those cases for eligibility. And if they are determined to be eligible, we can keep them enrolled.

[00:23:48] And so the only caveat, and I think, you know, what probably my colleagues and I are wondering are, you know, what the what ifs and the caveats that you're sharing. And so we've heard anything from state-required policy and practice, which because Mr. Walkinshaw sent some things to my committee, I'm wondering, can we send something back to his?

[00:24:08] So I guess the first question, is there anything on the policy and practice area that we should know about or that we can provide assistance? Probably not at this point. This bullet point was actually made out of respect to a change that was made by the Centers for Medicaid and Medicare Services back in July.

[00:24:28] Every state received a letter for states to review their eligibility systems to make sure that they were actually processing Medicaid applications appropriately. And they identified 35 states that were not in Virginia. It was one of those states where what we call the ex parte process, like hands off, no one has to do it.

[00:24:50] No one has to touch that case. Eligibility was being determined at the family level, not the person level. So if the head of household, for example, was deemed ineligible, then everyone else was deemed ineligible. That caused the Virginia Department of Social Services and DMAS, the Department of Medical Assistant Services, to not only stop us from closing cases, they took away the functionality in the system for five weeks.

[00:25:17] Well, that put us behind, significantly behind in our approach in our operations plan. And so if the Centers for Medicaid and Medicare Services or DMAS or the Department of Social Services says that there's another policy challenge, those things are out of our control.

[00:25:35] But that doesn't mean that there's no work for us to do, that we will continue to manage eligibility for the other programs as well as renewals, sort of as we have already planned. I appreciate that. And I think my one outstanding question that answers a little bit and really appreciate you had on here, the availability of the systems, I think is a bit key.

[00:25:59] But also wondering, I know you mentioned the all-hands approach and the collaboration with other agencies, whether they be internal agencies, state agencies. The one I didn't hear about is I don't know if our nonprofit partners are involved and what their involvement is, because what I'm wondering is, If all goes well, these numbers hopefully cover the majority of people who are eligible and should be re-

enrolled And we need to support them But I have to assume they're gonna be some who are falling out of that bucket and that we need to figure out how to best

[00:26:34] Identify them and support them and bring them in so I guess a what is our collaboration with our nonprofit and our trusted community providers? And then what are we doing to understand people who maybe? aren't being identified in time and and how we're addressing that so thank you for that question it's a good question and certainly our relationships with our community providers are ongoing we are active members with the ncs hosted community planning strategic team which hosts monthly meetings and that we are a regular presenter there in regard to the medicaid

[00:27:09] renewals. In addition, I didn't list everybody who comes to our meeting that we host with the health department, but there certainly are non-profits who anybody is welcome to attend, certainly, but they are there. And what another piece of our education is helping people understand when they are no longer eligible, what are the resources that are available to them in the community to receive health care because we know how important that is for our outcomes for families and individuals. So we have close partnerships with the FQHCs, the Federally Qualified Health

[00:27:47] Centers, as well as our free clinics and other ways that people can connect, including using healthcare.gov during this open enrollment process. And they have, in fact, considered somebody who's no longer eligible for Medicaid as a special circumstance, and they can, well, it's open enrollment almost now, but if it were to happen right now, they would still be eligible to be able to apply for that marketplace insurance at the federal level. And just to add to what

[00:28:22] Lisa said, notification is being sent by the state to every household who is deemed ineligible, categorically ineligible for Medicaid so that they are directed to the exchange where they can get health insurance benefits Potentially from zero to ten dollars is on the lowest and for out-of-pocket cost Okay, I have more questions, but I will pause there. Thank you. There's so much and let my colleagues go out Chris Leonard and I just wanted to highlight the CPST the community provider strategic team that Lisa mentioned that's for the board's reference you'll probably see that a lot. That was an outgrowth of what we stood up as part of the

[00:29:00] pandemic. And it was so successful and so valuable to making sure that we keep the entire network of providers connected on a regular basis. We're going to continue to do that. That is now a permanent part of our health and human services substructure to make sure that we ensure. So this meeting may have been about Medicaid unwinding. The next time it might be about rent assistance and so on and so forth but it's a way in which we can make sure that we're intentionally keeping our uh our community-based organizations directly engaged in all that we do not as good an acronym but an excellent organization um and thank you and i know we are such a large

[00:29:40] community right and so being able to bring all of those providers who are on the ground every day and maybe aren't willing or afraid to come to us or any county or state government appreciate that communication with them um to that i will turn it over to the chairman and then to my colleagues yeah very briefly and actually um chris stole my thunder because this so much of this sounds like what we were going through during the pandemic in terms of getting the right information to people helping them process things um networking with our non-profits and our other governments and so it sounds very eerily similar but the infrastructure being in place now will be one of the things that

[00:30:18] came out of the pandemic that will continually help us. So I really appreciate that. And certainly the work of the folks who are bearing all of this new caseload. I guess the only two questions that I had. First, I'm going to ask a little bit different and a little bit harder question than Supervisor Palczyk asked about the state. Is there anything in our relationship with the state in implementing this and helping our residents in Fairfax County that needs to be improved that we need to know about?

[00:30:50] Or are we at a point where we think the relationship with our state agencies that we're working with on this is outstanding and there's no falling through the cracks or misinformation or anything else that is a challenge to us in helping folks?

[00:31:06] I'll take that. Thank you, Chairman McKay. A few weeks ago, I probably would have said yes, but the department has approached Commissioner Avula and the sort of the department or the division heads within the Virginia Department of Social Services seeking support and in some ways getting us sort of first in line for the strategic sort of what I call like their sort of strike team that are helping local jurisdictions with applications processing.

[00:31:37] We knew that October through December, January was going to be a rather tough time for us. So we got ourselves sort of in line. We were the second jurisdiction that was being helped by the state to actually process applications. They came to us, asked, we invited them to a meeting with three asks so far that they have given two of those asks to us.

[00:32:00] Ask number one was for application processing support, someone to come in and support making sure that our business process is as efficient as it can be, that it's on its way, and the third was for additional dollars for bringing on additional contract staff to support this work.

[00:32:17] Okay. And my ask would be as we continue to go through this and coming up towards some peak times that, you know, we'd be regularly apprised if there's something that you think this board can help with. Because as I mentioned, this is, you know, eerily similar to what we went through during the pandemic. And I can remember the off-camera wars that sometimes took place between the county and state.

[00:32:38] And there were times where we feel like the state was punishing us for being organized, involved, having the infrastructure, asking the hard questions. And I just want to make sure that that doesn't happen to us with this. And then my second easy question is the PIP program.

[00:32:54] You mentioned how that will be, you know, one of the issues taking time. And I'm just curious about that. Is that different than most utility programs where the person who's getting the utility works directly with utility company for qualification? What is our role in that?

[00:33:10] I thought this was a relationship between Dominion Power and the customer. I'll start. That's a great point, and it's something that the directors of social services across the state are questioning. Why is the state and localities having to get between the customer and the utility company?

[00:33:27] I mean, it was a big issue for discussion at the last Virginia League of Social Services executives meeting. But it is what it is, and at this point, it is an expansion of our low-income energy assistance program, which has now moved from seasonal to sort of annualized.

[00:33:44] And it's specifically for Dominion Energy customers and Appalachian Power company, sort of companies, customers. So it's not even statewide. But it just happens to be that these power sort of

companies are sort of creating opportunities for low-income individuals in partnership with the state to sort of lower their bills.

[00:34:05] And this is something that we are sort of all for. I think the challenge is the timing is a bit off. And it was supposed to start in November, then December. Last I heard was it's likely to begin in January. Well, that's cost of living adjustment for our SNAP program.

[00:34:21] We're still in the middle of the unwinding. So the timeliness of this is just unfortunate. Yeah, and I think we need to pay attention to this because we were talking about digital equity at a committee meeting here not that long ago and the confusion among people who may be applying for it.

[00:34:38] And as a result of that, we have a ton of people in Fairfax County that qualify for reduced cost Internet access and aren't getting it because it's just too hard to understand, too circuitous a process. And so, you know, my question on this really, sure, from a staff standpoint for the county, why do we need to be spending time on this?

[00:35:00] But does that not overcomplicate it and take it longer for a resident to get qualified and accepted into a program that they're entitled to be in? And so just looking at it from the end user standpoint, I certainly hope that's not just adding time complication of our staff, but also of the people applying for the help.

[00:35:19] And so it's a curious setup because most of the utility programs are run directly from the private sector to the customer and don't have to require us to intercept those or be involved in those. And so, you know, this may be something that we want to think about following up with.

[00:35:36] I'm not sure if this was something hammered out at the General Assembly between these two energy providers and it's written into state law, or if this is an interpretation that the administration or a cabinet secretary's making about the implementation, I'd like to get more information on that and ways that we might be able to help streamline the process, not only for our staff, but for the end user to make sure if they're entitled to this program that they're getting it in an efficient, effective, quick way, especially as we're approaching the season that we're getting ready to approach here where, you know, Dominion bills are going to be affected and people may need this for health reasons.

[00:36:15] So I would appreciate some follow-up from staff. Don't have to have it today, but ways that we might get involved in helping with that. Thank you. I did have, I just wanted to add one clarifying additional question. The funding for this is from Dominion Energy.

[00:36:33] So the funding to support this is not federal funds or state funds, that it's helping them kind of to administer their funding that they have available through, if you've seen on your bill, sometimes you can donate for, you know, for various things.

[00:36:52] So I just wanted to make sure that that, my understanding is that the funding is not federal state funds, that it is Dominion's money. I mean, that should help. I mean, it may be guided by state statutes as to how the program works, but the fact that it isn't that should make it easier, honestly. And it reinforces, you know, the concern I have. I know they want to do the right thing, but they may not be as incentivized as we are to get people who are qualified enrolled in this. And you know, I'm not here to criticize anyone, but if you go try to get an EV tax credit from Dominion Power, it takes months and months and months to get that. And so we can't afford to have people

[00:37:31] waiting months and months and months to get this benefit. Thank you, Mr. Chairman. I do, I thank supervisor lusk had a question i do thank you very much madam chairman um i'll start by saying for the folks who uh do this work i did this a long long time ago over 30 years ago in fairfax county on the richmond highway corridor so i know how difficult it is and i know how hard it is so thank you for what you've done um and i'll say i appreciate this presentation um because it really

[00:38:05] does show the magnitude of the work and the heavy lift that is being done, and the projections here are pretty immense, so I just want to commend everyone who's involved and just appreciate knowing how we're going about going after this number. The question I want to ask is on page 9, where it talks about these factors are mitigated by, and the first bullet at the bottom of the page, ongoing improvements to the state eligibility system automation processes.

[00:38:39] Can you talk a little bit about what that is and what it entails? And then I'll have another follow-up from there. Thank you, Supervisor Lusk. Sure. So we are close partners with them as being one of the largest locality in the state.

[00:38:56] And so we have an opportunity to provide input and to help them troubleshoot issues. And in that role, we've been able to influence and help the state make improvements to their systems when we recognize issues.

[00:39:12] At the state level, they're called tickets, but they are essentially patterns of consistent users having experiences with the system. We elevate that in coordination with the state to help them to fix it for us so that we're able to use the system as we need to.

[00:39:33] That helps. Yeah, it does. Thank you. And then the follow-up is just thinking about, like, the discrete programs. So you're trying to get what I used to call food stamps, what I used to call aid to families with dependent children, and then Medicare. The hard thing is you have to have an individual application for each one of those programs.

[00:39:54] Not anymore. That's what I was going to ask you. So how do we treat that today? How is it different? So it is different today in that in Fairfax we have an online, we have a high percentage of people who use the online ability called Common Help that the state hosts.

[00:40:13] And so when families fill out one application, it's for multiple programs that they indicate. So they do not have to repeat their information over and over again, which is almost always the same. Now, on the back end, our eligibility workers need to interpret it by the different policies, something for SNAP, Medicaid, or TANF.

[00:40:36] But for the customer experience, it's one application. So do we basically explain to them that this one application can cover all these programs, or how do they learn about that? I'm just trying to make sure I understand the process there. How to do this?

[00:40:52] So, I mean, a lot of this is around our outreach efforts and as well as in the community with our partners, but also with the state and DMAS to a certain extent, too, who cross-promote being able to use this common help system as the primary way for people.

[00:41:14] We'll accept paper applications. We'll accept over-the-phone applications. Even at the state level, there is a call center. And we encourage people, especially with language concerns and translation

issues, to call and to be able to apply over the phone so that they can have that translation helpful right then.

[00:41:33] And then the last question, sorry, just one last one, is on the digital equity point that Chairman McKay just made. So if we're qualifying them for these specific programs, SNAP, others, is there a way for us to also qualify them for other programs that they could be eligible for even outside of SNAP?

[00:41:51] of our processing. So thinking out loud here, but digital access to $9.99 service or free service based on if their children are in free and reduced lunch. There's ways for us to maybe help them learn about other programs that they could be eligible for as well.

[00:42:13] The Common Help website is pretty robust as far as in connecting. In regard to the federal and state programs, they need to choose to apply and for us to use their information appropriately and to determine eligibility for what they've asked for.

[00:42:31] Now, in an outreach effort, if they wanted to add on to those types of things, those efforts could happen. The use of that information in that system, though, is kind of restricted to just you applied for SNAP benefits and we're going to use your information for SNAP.

[00:42:47] And so to take that and to translate it to another but doesn't mean that we don't. And certainly in regard to this, the digital equity work that's going on in the county, so important to us.

[00:43:02] It is. To make sure that we're sharing that information, and we do. And we have that as part of our standard information that we send out, even in response to e-mails and that sort of thing. But, yes, we're definitely promoting the digital equity and the ability.

[00:43:20] No, I appreciate that. Thank you very much, Madam Chair. Thank you. All right. Thank you all so much. I don't see any of my other colleagues. And, again, thank you and your staff for your work. And the only thing I'm thinking as we walk away from this is I've had to re-authenticate, so I'm trying to go to the Common Help website.

[00:43:41] It's taking a little bit. But I think, like was said, there's so much out there. Number one, I'm assuming that it is, at least in Spanish and a few other languages, it is. Would you and your staff maybe be able to share with all of us in our offices so we can help push out the Common Help website, if you have a good blurb that we could help communicate and support those efforts?

[00:44:07] I think that would be very helpful. Absolutely. We'll get that this afternoon. Good. Well, thank you and your team for everything you do. Please keep us posted if we need to support your work going forward. Thank you. To that, we will now move on to youth behavioral health.

[00:44:25] I know this is a big topic that many of us here and at the state and national level have been focused on. I'm just waiting, giving Daryl a little bit of time to walk up front. And Daryl Washington is the executive director of the Fairfax Falls Church Community Services Board.

[00:44:49] Welcome, Daryl. Chris, if you want to say something before he gets started, no, he's got it. all right so good afternoon madam chair so darrell washington executive director of the fairfax fall church community services board i'm here to provide you with a youth behavioral health update so we'll jump right into it um so all of this information on the next uh handful of slides are from the the youth survey that was conducted um last year and this is the information

[00:45:26] as it relates to um 8th 10th and 12th graders and the good news is that there is a lot of a lot of good news on both the mental health and uh the substance use side of things with the most recent data that's out so as you can see the the 2022 measures across the board with stress depressive symptoms considering suicide and attempting suicide they're all down from the 2021 figures which were high. I mean, there's obviously still work to be done there, but having those numbers

[00:45:59] dropping down from the 2021 numbers is definitely a positive sign. One of the things I wanted to highlight is, and this was consistent with information last year, that the outliers with a population of individuals that have a really high risk level compared to the rest of the population are individuals with LGBTQ+ issues going on and really looking at that, especially with suicidal ideation attempts, feeling sad and hopelessness, to have that much of a disparity

[00:46:36] going on across the board is a significant statistic and something that we need to continue to take a look at and working to see if there were some ways that we can do some targeted interventions with that population.

[00:46:52] On the substance use side, our numbers continue to be below the national averages. Looking at this high-level slide here across some of the major use areas with alcohol, vaping, marijuana, and cigarettes, all are falling below the national averages with those individuals.

[00:47:14] On the substance abuse side, there's also positive going on as we looked at the measurements compared to 2021 with alcohol, marijuana, cigarettes, and painkillers. of those stats continue to be down in those areas so more positive news on that knowing that there continues to be work that needs to be done in that area but something good to see that was headed in the right direction and just one highlight i want to make is really the connection between both mental health and substance use and when you look at this slide you really see clearly the stats of if you have a youth that's you know has a mental health issue and is using substances

[00:47:54] they are at a significant higher risk than individuals that are not using substances so i think as you know we know this as behavioral health care professionals but as we look across the school system and looking at individuals that needs to be a risk factor that we definitely need to keep in mind as we're serving and treating individuals just a real quick update on csb services so the uh i attached the full annual report to the packet that went out to you so you to have that. Just a real quick collection on the first bullet. So it's 1,590 individuals that were

[00:48:32] served in youth outpatient services. But this is a high-level snapshot of some of the main service areas where we provide youth behavioral health care services at the CSB, both in outpatient, our opioid overdose reversal, youth mental health first aid, short-term mental health treatment, which is a collaboration with Healthy Minds Fairfax, and then also our peer partners and our resource team, which works closely with CPMT work that they do and CSA.

[00:49:05] And then we also began the youth medication-assisted treatment clinic pilot for youth as well. And just a real quick snapshot, one of the things that we measure on a consistent basis that's a best practice is how long does it take for us to assign a youth to an ongoing case manager or therapist after we do that initial assessment so we've been tracking that so we you know almost I hit our targeted goal back in February but the targeted goal for best practice is really looking at either 14 calendar days or 10 business days what we find and what statistics have shown us is

[00:49:43] that once you get further out from that the folks that end up actually showing up to their ongoing therapist appointment starts to drop off once you get outside of that kind of window of opportunity if you will and then looking down at the bottom we have been tracking how many youth that we are serving in our outpatient clinic and as you can see overall during the year that are the numbers that we're serving on that is increased by 15% with that so that is good news there and then wanted to jump right into the youth carryover initiatives so there were three initiatives that were on the the carry

[00:50:22] over and just a quick update with that so without patient service expansion we're beginning the process of getting the positions finalized and established to try to jump start that process to get it going sooner we've identified a handful of positions that are within the csv right now with similar job descriptions where we plan on dual and dual encumbrance getting them hired because we want to get those positions advertised and similar with youth medication assisted treatment now with getting the approval from our local sort of opioid group that we can go ahead and move

[00:50:57] ahead with that we're identifying the process for creating new positions but then we're going to be looking at tapping existing positions to dual encumber there so we can start the interviewing and hiring process with that so overall our youth vacancies are down significantly right now we have five vacancies in our youth outpatient unit which is a lot better than when it was at the height of the pandemic it was well more than three times that much at its worst again our high watermark for overall vacancies at the csb was 204 individuals and we're hovering right around 120.

[00:51:35] you know i'd like to see it definitely down below 100. we're budgeted to have right around 75 full-time merit vacancies so we still have some work to do but it's a lot better than what it was. And then continuing on with the youth carryover initiatives, the crisis services. So I know in the initial thing it was a discussion really focused on youth substance abuse treatment, youth mental health treatment, and the state is moving towards a crisis receiving center crisis now model. And it's kind of a new model. The state doesn't even have really the licenses to operate this

[00:52:14] service. So what it's going to mean is that this facility will have to have multiple behavioral health care licenses and I have to be licensed as a medically managed detox center and I have to be licensed a youth crisis stabilization center it will have to be licensed as a use substance abuse treatment center and some type of youth group home aftercare center so that we have the ability to serve the youth where they come in and they have a substance use issue whether they come in with a mental health crisis or most oftentimes and not it's a little mix of both they're having a mental health crisis but they also use some substances or they're using drugs but they also have some mental health

[00:52:52] issues going on as well and then allow us to stabilize them and then what we find is we can get the youth stabilized usually 10 days or less getting that family system stabilized is really the thing that's vital and also takes more time so making sure that we have a place that the youth can go to where we can not just work on the kid but also the whole family system with getting them the support and that they help the need to be able to move on so we are looking at facilities across the county we continue to do that we've gone out and visited a couple of them and you know we're really looking for standalone facilities because we want to be able to have a facility where we can do police

[00:53:32] custody transfer so having a shared space with other individuals and doing police custody transfer at 2:00 in the morning probably will not work out all that well so we want to make sure we have a place that's standalone as we do that and definitely keep you updated as that continues to progress and we

look at that direction and just another thing that i did want to highlight is with the budget that was recently passed expanded budget there are going to be quite a few additional resources and dollars coming to the csbs and i just listed the highlights there so they're looking to really add additional

[00:54:08] resources to strengthen the crisis continuum now that first number 78 million most likely that will be a regional initiative so we have five regions in the state so you can divide that 78 million by five and kind of get a roundabout number on how much is going to come to Northern Virginia for that they are looking to invest in school based youth and strengthen community services almost 20 million for that and then 22.5 million to increase individuals see us Billy ability to pay for increases and for step virginia i suspect that we as an individual csb will probably get

[00:54:48] around 2.5 million dollars out of that 22.5 based upon the most recent information i have they are expanding the three the mental health behavior health loan repayment program and then looking at increasing permanent supported housing and then down at the bottom also is looking at the medicaid waiver slots so we're kind of getting geared up for all of these great new resources coming but it's you know it's gonna me and my staff will be quite busy over the next half a year to a year with making sure we get all of these things stood up so i want to leave plenty of time for questions so with that i will turn it over to to see if you have any questions

[00:55:28] well thank you so much there i'll really appreciate your presentation here i know also So Supervisor Lusk and I had the opportunity at the last skipped meeting to hear the presentation from your team on the youth survey. So just first of all, starting there, I know it was the first time.

[00:55:46] It was absolutely the best youth survey presentation I've ever seen, and seeing a little bit of a positive trend. I know we've been so worried, and there's still a lot to be concerned about, but it was definitely important to see increasing that positive trend in the right direction.

[00:56:07] I think, as you pointed out, what stood out to all of us, and what's no surprise, is that looking at our LGBTQ+ community, and for the first time, I believe our transgender community really seeing the very high numbers there-- mental health, depression, and suicide, and why we know it's important to have targeted services there.

[00:56:31] For the public, if you're not aware, 988 is the crisis hotline number. They are answering calls 24 hours a day at this point, I believe, in multiple languages as well. And PRS, the local provider, regional provider, I believe has just created a new LGBTQ program and training.

[00:56:54] I hope I read that correctly. So they are also seeing that and increasing the support there. I think looking at some of the numbers, you answered one of my questions was, oh, 155 million coming here. No, so if I heard you correctly, possibly 2.5 million.

[00:57:12] Those were statewide numbers. That's correct, 155.6. A number of those are going to be regional initiatives, so we will be able to partake of it, like the permanent-supported housing. That's going to be a regional initiative most likely. So, you know, 6 million of that will be coming to Northern Virginia, and we're about half of the region, so right around 3 million in permanent-supported housing.

[00:57:31] Okay, if you're able to, as you're able to, understanding the breakdown of how much of this is statewide or how much of it is going to be regional to Northern Virginia or Fairfax specifically, I think would be very helpful for us to understand. And then two more questions. So one, I heard that there may

have been a pause on the changes that were coming at the state level for licensing requirements that would have hopefully helped with our workforce recruitment challenges.

[00:58:00] if you could speak a little bit more to that and generally where you're having the most hiring and retention challenges still remaining, we'd love for you to get below that 120 number, below 100. And then, sorry, in the last question, let me just throw it at you. As you're looking at the regional locations for these youth services, I assume office buildings are eligible. If you could tell us a little bit more about what you're looking at and really how far along you think we are in being able to locate a site and providers for that work.

[00:58:36] Okay. So you threw three questions at me. I'll read them again if you have. So I'll start with the beginning. So the state pushed pause on a national model that they were looking to implement statewide called a certified community behavioral health care clinic. I don't think that will have any impact on our ability to recruit. What I do think is it's a missed opportunity um step virginia which is the mandate that kicked in and i do believe is a 2017 for for all csbs to have a core set of services is really virginia's version of a certified community

[00:59:11] behavioral health care clinic the problems with step virginia is there's no national standard to compare it to virginia came up with its own outcome measures so when we looked across the board other states we really don't have any way to compare ourselves to the other opportunity that was lost as a result of them pushing pause on that is there's financial benefits to becoming a certified community behavioral health care clinic but the only way that we can take advantage of a locality is that the state is all in with it and then they apply to cms for 1115 waiver so that we can then change our funding and reimbursement models to be able to take advantage of those

[00:59:51] additional things so i think from that standpoint it's a lost opportunity but i do think it's one one of those things where I think we should be intentional with talking with folks down in Richmond around the importance to make sure this does not totally fall off the radar and it's just a pause and not a stop. And then I think overall where you're seeing the biggest hiring and retention challenges still exist. So our hiring challenges right now are with what I would call our non-traditional programs. Our programs that provide non-site-based services that are out in the

[01:00:27] community that go into people's homes that can't have any telework days because of the nature of their job they're always on site and out in the community and when folks have an opportunity to kind of work at one site show up in one location and then have a couple of telework days versus off-site and doing those things they you know sometimes will choose the outpatient clinician position as compared to the other one so that's kind of the largest area where we continue to have um hiring challenges thank you and then finally was just um as you look at locations for the youth

[01:01:03] services um whether you're how we can be helpful if office buildings work or what your needs are where you are in that process so i i think we've looked at a couple locations they have potential i think the the challenge with any of these locations is making sure that um there's a lot of different processes involved with getting the facility ready to be able to kind of in the right shape. So I know we have some public work staff here that are professionals and know a lot more about that than I do, but I know we have been looking, but we've not made a decision on anything. The challenge would be is what's going to be the timeline

[01:01:38] involved if we do locate a facility with being able to have everything in place and set up so that we can have it open and ready to receive individuals for care. Absolutely. Well, thank you. I think you hit it on the nail there, the timeline. I think We all just want to make sure that we're still moving along and that we can be helpful if needed.

[01:01:59] I do think it's important that we look at this as a long-term investment. You know, I got an updated peak at kind of the state hospital bed situation. They've made significant gains on the adult side in that there's, you know, 96.5% of the state beds are back online that they're licensed for.

[01:02:20] The problem is that other localities are hospitalized at such a high rate that we're really not seeing any of that pressure being relieved on our side for that. Unfortunately, there's only one youth state hospital, and they're still at 50% of their license capacity. And over the summer, some of the regulatory bodies came in, and they got multiple citations.

[01:02:42] So speaking just quite frankly, I don't know if the youth state hospital is the best place for folks to receive care at right now anyway. We really try to focus on getting our youth at some of our local private hospitals whenever we can. But that just means that, and I don't think that issue is going to change anytime soon.

[01:03:01] I think that's going to be a multi-year issue that's not going to go away, and that finding some type of either regional or local solution that's going to work for our kids is probably the better long-term solution for us to go with. Absolutely. Well, thank you and your team for your work on that.

[01:03:17] I will turn it over to the chairman. Yeah, so very promising results here for sure, and I know that's due to a lot of people's efforts across our county trying to help with these challenges. I guess first on the location piece, I think it goes without saying, but where the need is and where there's access to public transportation have to be part of that equation.

[01:03:41] I know that I'm sure that they are, but it's not just what type of building, but obviously where it is and how people can get to it. hope is a major consideration. When I look at the chart on youth outpatient time to treatment, the bar graph, I see this pretty steep decline in July through September which is great. I'm just wondering if you attribute a majority of that to filling the positions that you talked about filling, whether it's because school was out and schools are supporters or big referrals and help

[01:04:17] identify some of these challenges with youth I'm really trying to get at there was you know pretty much a huge incline all the way through February through July and then a huge drop down so something happened and I'm trying to figure out what that was no I appreciate you pointing that out that is an annual trend that we've seen for multiple years is that some people call it a summer vacation for kids but it's you know we see a drop off during the summertime and then magically after the first report card comes out we get a a whole bunch of new referrals coming in and our numbers start coming out, you know, month over month after that as it comes.

[01:04:54] Okay. I figured that, but I think that's something we have to be mindful of, you know, when we look at these. And then the other question that I have is you mentioned the best practice timeline to get, you know, youth to their first treatment.

[01:05:10] And, you know, we're obviously at 53 days and the number of days from assessment to treatment, 20, and then you mentioned the 15 to first available appointment time. To get to best practice, what is the ideal, what is the missing ingredient here? Is that caught up in the 120 vacancies or is that

caught up in a lack of funding? Is that caught up in a lack of treatment facilities? How would you help kind of build me a path if you had an ideal world, build me a trail between where we are today to getting to that best practice number?

[01:05:48] So although we're down to five vacancies, those five vacancies represent around 125 youth being served at any one point in time. So I think that, even though it's down to five, that has an impact.

[01:06:05] And I really think if we were fully staffed with those five, that we would be hitting our goal based upon the additional youth that we'd be able to serve. It's not necessarily a financial piece. It's not necessarily an availability of support.

[01:06:21] It's that initial staff intervention with an individual to help them get the support that they need. And so it's mostly made up in those five positions. Yeah, and then if you look at kind of the carryover items, I think that will just sort of make it more robust than us being able to be better at hitting the targeted goal.

[01:06:39] Okay. And there's not a, in terms of that first interface, those five positions, there's not a way for us to help with that either through technology or, I mean, that has to be those five people.

[01:06:55] I can't close that gap without those five people. Is that fair? It's a hard question, but I'm trying to figure out. Yeah, I really hesitate to answer that question without going back to my team. Yeah, I'd just like to know, because, I mean, we're making huge progress in those vacancies, as you acknowledge.

[01:07:12] And a lot of that is your work and the CSB and our staff. And I want to acknowledge and definitely appreciate that. But, you know, we obviously always, as a county, want to be at least in that best practice area that you mentioned. And maybe there's a time to look at, you know, other ways we might be able to achieve that.

[01:07:31] And maybe you come back and say, hey, no, there's no way to do that without these five positions. But I think it would be helpful for us to know that because the time it takes for somebody to get into the system and start getting the help, as you mentioned, can have a huge impact on whether they follow through at all or whether we even have that, you know, amount of time with, especially with young people, sometimes hard to judge.

[01:07:53] And so if we, you know, help me understand what else we can do to get us to this best practice number if there is something other than fill these five positions, which I know there's a ton of work being done to do, and I appreciate that. Thank you, Mr. Chairman.

[01:08:09] I don't see any other colleagues with questions or concerns. So thank you so much, Mr. Washington, and your entire team for their hard work on this. And congratulations on the efforts that I think are showing some positive movement, which is what we're always looking for.

[01:08:26] So really appreciate that. We will now-- Yes. We will now turn it over to Mr. Barnett and Jill Clark for the extreme heat response plan. Thank you both for your work on this.

[01:08:54] - Good afternoon. My name is Tom Barnett, Deputy Director in the Department of Housing and Community Development, responsible for the office to prevent and end homelessness. I'm here with Jill Clark, the Health and Human Services Policy and Planning Manager at the Department of Neighborhood and Community Services.

[01:09:10] We're gonna give you a brief update on lessons learned from our first year making improvements around the response to extreme heat our plans of moving forward. As you'll remember from our presentation back in June, thank you, we brought together a group of government, non-profit, and community members at the end of last summer to identify some ways that we could make improvements that we could protect people who are unsheltered, unhoused, and other vulnerable populations from extreme heat.

[01:09:43] Many of these improvements are listed here that included setting clear thresholds for activating an extreme heat response, enhanced communications and provisions of supplies for unsheltered residents and cooling centers, utilizing the existing Fairfax alerts communication network, new maps of countywide cooling centers, and increased transportation resources such as connector bus passes and TOPS cards to get to cooling centers and of course all the libraries

[01:10:16] community centers rec centers and human services centers are cooling centers and moving on through some of the improvements in more detail we distributed to the cooling centers bottled water sunscreen and insect repellent the emergency shelters would activate overflow shelter capacity so that additional people could come inside on the hottest nights.

[01:10:42] I mentioned not just Fairfax Alerts, but we used the county's website and social media channels to get people informed about the dangers of extreme heat. Our street outreach workers are contracted through local nonprofit organizations, targeted high concentrations of unsheltered individuals, informing them about their options to come into cooling centers and, of course, providing many of these same supplies to help protect them from the heat.

[01:11:10] Fairfax Alert messages went to two groups, not only the unsheltered individuals and their service providers, but also the county cooling centers, making sure they were kept up to date about the most extreme heat days. As you'll see here, we had two stints of extreme heat, three days in July and two days in September.

[01:11:35] These were the days when the extreme heat response was activated. We also, of course, addressed through a non-packaged memo that the smoke, the wildfire smokes, which we saw unexpectedly. So we're already debriefing this year's summer, the summer's improvements with the health department and other county offices.

[01:12:00] The same work group we worked with last year of nonprofits and community advocates. Understanding that individuals' response to the heat can vary widely, and even lower temperatures can pose dangers, we've learned that we really need to adjust our communication in the coming summer to do regular ongoing communications about not only the dangers of heat, but that these cooling centers are available all the time, that people can come and should come to make use of these cooling centers during their operating hours, the libraries, rec centers, community centers.

[01:12:35] And so we're going to make sure we're sending out more reminders that they can do that, making sure outreach workers continue to do that, not just during the extreme heat days, but all the time through the summer so people know where to go. Of course, we're using the National Weather Service's thresholds around heat advisories and excessive heat watches and warnings so that we're consistent with public messaging that's coming out of the National Weather Service and other county channels So that when people are facing the most extreme danger, that we're being consistent about please make use of these resources.

[01:13:11] And there's been questions about whether we should lower the threshold for extreme heat response. We've been fairly consistent in saying that we want to make sure that these extreme heat days are really pulled out as separate and threatening and particularly important in getting increased communications.

[01:13:30] If we were to set a threshold of something like 95 degrees, we would essentially have a heat plan responding essentially all summer long. With the heat index, humidity plus temperature, it creates just these at temperatures even in the lower 80s with the heat and in the humidity.

[01:13:50] So, but we are going to be working again with the health department and other community members to improve communications around our policies and throughout the summer to make sure that people understand the resources that are available to protect them from heat-related illnesses.

[01:14:06] I'm going to hand it over to Jill next. Thank you, Tom. And so one of the significant enhancements we made this summer was about distributing items to prepare people who are unsheltered residents, primarily who are out in the heat.

[01:14:24] And the items that are listed, those all came from, you may recall in the work group, one of our first items that we did back in fall of 22 was we conducted a survey of unsheltered residents because we wanted to make sure that what we were doing was what they wanted and what they needed.

[01:14:45] And so the supplies that we purchased and distributed all came from the survey that was done in the fall of '22. And the items that were specifically purchased were, you know, we wanted to be mindful of hearing feedback about how people who are unsheltered, they have limited storage, they a lot of times are carrying, you know, most of their possessions with them.

[01:15:11] And so giving them large bottles of sunscreen or other items in kind of a size that could in theory last them through most of the summer would not actually be useful. So we actually did a lot of the items like the sunscreen were single-use packets, same with the insect repellent wipes, because that way it was easy for them to, you know, carry A FEW, AND THEN WE PROVIDED THROUGH OUR HOMELESS SERVICES PROVIDERS ADDITIONAL SUPPLIES THAT THEY COULD REPLENISH AS NEEDED.

[01:15:46] AND THEN AT THE COUNTY COOLING CENTER SITES WE HAD BOTTLED WATER, SUNSCREEN, AND INSECT REPELLANT ON HAND. AND THROUGH BOTH OUR COUNTY COOLING CENTER SITES AS WELL AS WITH OUR COMMUNITY PARTNERS, We also, to address any transportation barriers, we had ample bus passes that were distributed, and we also provided our providers with a supply of TOPS cars because in recognition that for people who are not near a connector route that they could have alternate transportation to get somewhere to cool off.

[01:16:24] We didn't want that to be a barrier. And so looking at usage for this summer, so we had 251 recorded visits overall. One thing that we also from the survey really took to heart was people sharing their experiences about wanting to, you know, being uncomfortable sometimes coming in to a community building to cool off.

[01:16:50] And so we didn't want people to feel like they needed to announce themselves when they came inside for that purpose. And so when we directed our county cooling center sites to really, in terms of tracking, I mean, we didn't have a sign and cheat or we didn't have anything like that.

[01:17:08] So we do think that perhaps the number could be under recorded just because we did not want people to feel, you know, we wanted to provide a welcoming, low barrier experience that everyone could, you know, felt that they could just come in and that they didn't have to announce why they were in the building.

[01:17:29] What you'll see is that the significant library use, 88% of our visits overall were at our libraries. Specifically, the City of Fairfax and Centerville Regional Libraries saw the highest number of visits at our County Cooling Center sites.

[01:17:47] In terms of -- I know you all received the NAACP conducted a follow-up survey in July. Mary paid in it and had done a lot of work around with getting out into the community and really helped us with our fall 22 survey as well and her team of volunteers.

[01:18:09] And so they conducted a follow-up survey in July at three of our drop-in sites and looked at what in terms of what the most favored services were from the heat response enhancements we put in place and communications in terms of are people aware of what is available to them and then suggestions ideas for improvements.

[01:18:33] And we also held two debriefs we held in September. We held one with the original extreme heat work group which is a combination of county staff as well as our community providers and advocates. And then we held a debrief with the county agencies that served as cooling center sites to get -- to discuss how implementation went, to review the survey results from this pastoralized survey and discuss future enhancements.

[01:19:04] And this is something that we are continuing to -- will do, certainly not going to get any cooler. that he is going to continue to be a significant health risk to people who are unsheltered. And so we will, you know, continue to work, you know, we're already work is underway planning for summer of 24. And so then what we're looking at right now is we are evaluating the recommendations that came in from the NAACP as well as our debriefs that we held with our county agencies

[01:19:41] as well as our work group to see what can be implemented. And looking at, like, for instance, we received a lot of feedback about the map tool while we have a comprehensive GIS map that it would be -- in terms of the ability to use it, particularly for people who are on mobile phones, we're going to look at -- see if we can make some usability tweaks there as well as integrate better with transportation options for getting to the specific locations.

[01:20:15] So we'll be doing a lot of work there. Also know that this was a starting point. So in terms of ensuring that we are still really pushing out our communications efforts to ensure that everyone is aware of our response plan and that certainly, you know, for looking toward next year to see where, based on the data we received, focus some of the enhancements, perhaps provide additional supplies to certain areas.

[01:20:44] And then we will just be working with our stakeholders, including engaging the new Continuum of Care Board on this initiative and getting their additional feedback as well that we will implement for this summer in '24. So at this point, we welcome your questions or any feedback.

[01:21:00] MS. Well, first of all, Jill and Tom, thank you. I know you put a lot of information into a very short time. And so I appreciate all the work that you and your teams have done. I have to say that for a-- not a pilot, but for the kickoff inaugural, really just want to congratulate you and thank you and your staff for the work.

[01:21:21] I know there's always a work in progress. And I appreciate that you're always looking to make improvements. And I appreciate that you'll be working with the continuum of care as well as the information provided by NAACP and others for ideas for improving it, but I think absolutely it's a great way to kick it off, and I agree that it's only going to get warmer, unfortunately, in today's reality, and so definitely looking at what's worked and where we can do enhancements, and so it sounds like you are working with the health department and public health staff, and so just continuing to evaluate that.

[01:22:00] I know there was one recommendation. I'm just curious, regionally, is this something that HOG or others are doing regionally? Are there working groups that you're involved with there? I can tell you that among homeless service providers, the various government offices that coordinate that within each jurisdiction meet on a monthly basis.

[01:22:21] And we discuss weather-related challenges, cold and hot weather. So we don't have an ongoing agenda item, but certainly in preparation for next summer, we will touch on this again and share notes and lessons learned. Thank you. I mean, you all are the experts, and so I think for a region that would be much appreciated.

[01:22:39] One other question, and one idea I had on outreach. So on the beds, I think that's the one thing outstanding. What did you see as we continue to work for permanent housing? What were the needs, bet or unmet, for beds during the summer months?

[01:22:55] So I'll say when we open up additional overflow capacity in our year-round shelters, we do see some folks coming in and using those. Sometimes some people don't, and so they'll stay outside. Obviously, we need housing for people experiencing homelessness, whether they're sheltered or unsheltered.

[01:23:15] And many of our strategies that we're implementing are designed to increase, whether it be permanent supportive housing or rapid rehousing opportunities or other new ideas. The Continuum of Care Board will be coming back to the Board of Supervisors with some innovative strategies in the near future.

[01:23:32] Excellent. I appreciate that, and your continued work with them. And then my only thought I had sitting here is, since it's a new program, if we could create appropriate visual information that we could put at each one of these sites as we get closer to summer so people know that it's a site, you know, make it user-friendly and know what resources are available and where to reach out if they have feedback or more information.

[01:23:57] I'd like to thank the Office of Public Affairs who really did a tremendous job in terms of providing visual materials and different translations that really helped us get the information out there and make sure people were aware of what's available. Excellent. Well, thank you so much.

[01:24:12] I will turn it over to the chairman and look forward to the continued conversation. Yeah, just as you said, Supervisor Pouchek, just really well done considering how quickly we put together this and got it on the ground. I guess a technical question I had on page 7 you mentioned. I know this is an unscientific number for the reasons that Jill mentioned, but 251 visits recorded at county pooling centers during activation dates.

[01:24:36] There were five activation dates. So is that 251 for all five days, or is that an average daily number? That's a total. That's a total. So that's quite a bit lower than what we see at the hypothermia

shelters. Do we think that is because there's a perception the risk is lower or just because this was the first time we ever did this and people didn't really understand what it meant?

[01:25:00] I think there is obviously a huge threat overnight with extreme cold temperatures. Many folks who are unsheltered and have been for a long time find ways to keep cool during the summertime. I think they're just serving different purposes.

[01:25:18] One is an overnight accommodation. When is the daytime when people may be more busy doing various things, following up on appointments, going to the shelters for drop-in services? So I haven't thought fully through that, but I think those are some of the dynamics that might be contributing towards it.

[01:25:36] Okay, I think that's helpful because I don't know that obviously we didn't capture like age demographics or other things. I think there's a sense out there that, you know, the threat of cold weather is far more dangerous than the threat of hot weather. And we know that, you know, that depends on a lot of different factors.

[01:25:54] And so there will be people who will want to compare those numbers to the hypothermia program. And I think it's really important what you just said, that they're serving two very different purposes. Obviously, one is brand new. One's established and been in use for many years now, thankfully. But I think it's important to understand the differences between the two.

[01:26:13] And I don't know, you know, the number is low for all five days when you think about the size of the county and the size of the homeless population in the county. But we also know, as you said, have acknowledged that this is during the day, so a lot of homeless people in the county are working, too.

[01:26:32] We forget that. And I think that's not necessarily always acknowledged either. And so I think this is something, you know, continued conversation, especially with our network and nonprofits is critical because even within our county agencies, we know a lot of folks in this population are much, much more likely to approach and go in the door of a nonprofit than necessarily they are government.

[01:26:56] And so I think relying heavily on them as part of our messaging and starting that early. We have a chance this year to start it earlier, you know, in advance of next summer than we did when we put this program on the ground. And so I think maintaining that constant flow of information to them is going to be critical in the future.

[01:27:14] But really good place to be in after doing this really for one season and standing it up quickly and, you know, giving us opportunities to improve over time. So well done. Thank you. Thank you, Mr. Chairman. Not seeing any more.

[01:27:31] Okay, one more hand, and then we'll close it up. Thank you. Supervisor, sir. Thank you. I don't know about you all, but I was surprised at the number, not only how low it was, but also the specific 88% were in Fairfax and Centerville.

[01:27:48] So what do you attribute that to? Do you think that's representative of who truly sought a cooling center? Well, in terms of Centerville Regional Library, what we encountered there was that the day labor population that was outside waiting for jobs benefited from the heat enhancement.

[01:28:18] So that was, you know, obviously another population that is vulnerable in the heat, but I think that was why we saw the significant variance with that particular location. And then City of Fairfax, I

know, close proximity to the Lamb Center.

[01:28:36] And I don't know if you have anything to add, Tom, there. Yeah, I mean, generally, where people are experiencing homelessness, they're going to go where resources are to help them. And so the Lamb Center, the emergency shelters throughout the county, that is often where they will go when they have nowhere else to stay.

[01:28:53] I would, on top of all the cautions already mentioned about comparing these numbers, I think we're talking about very different populations here. Certainly so many people who are experiencing homelessness can't be identified just simply by sight, and they don't come in identifying themselves when they're using a library.

[01:29:12] And so that's good. They're using the services like everyone else. It's more how it's reported. Is that the core of it? I think 80% was libraries, correct? Yes. And so we don't have the percentage regionally, so maybe if we could get information so we have a cent.

[01:29:29] geographically what we're seeing, but I think 88% was just all libraries. Or is it, though, how it's – I hear you also saying the recording process, people aren't self-identifying as they come in. I'm coming to a cooling center. Yeah, something we also need to work out logistically is how do you deliver the supplies at the cooling centers?

[01:29:49] You can leave – That was kind of where I was going to go with that, too. You can leave out sun hats, and everyone would love them, right? And so they could quickly disappear, and just for the general public and people who are unhoused. So there's a lot of things we need to consider as we're making improvements for next year. And why not, why are we not, you kind of said it before, but I wanted to drill down a little bit more. Why are we not being consistent with the surrounding districts, surrounding areas?

[01:30:18] You think their numbers are, what I would interpret from the decision is that you think that their approach is too broad and therefore not as not as able to meet the specific needs that are that we can do it by keeping it smaller there there are certainly more qualified people that could speak to sort of the environmental weather and emergency management type of aspects but just briefly summarizing it in our highly urban environment such as washington dc has a different

[01:30:51] threat profile. There's heat islands where people have less access to shade. And so that is a big factor in terms of the impact of heat and humidity on someone's health. So what may work in DC may not work in a 400 square mile suburban environment. So the decision was made with the consultation with our health department and all the other human services folks. They said health-wise, this meets a threshold that it's not too low, not too high, and we are able to consistently meet

[01:31:28] because that's part of the concern I'm hearing is that, well, no, why are we so different? Are people here different somehow? Yeah, before we implemented the plan, we did include health department employees in the work group. We also went to the healthcare advisory board to pass through the initial plan but through the implementation people have raised questions and concerns and so we're continuing to follow up with them and we're scheduling a larger group discussion with health department employees to kind of find out what's the right balance what's new guidance they may have based on the debriefing that we just had so we're trying to just figure

[01:32:07] out what's the right balance having consistent messaging based on national weather service experts while recognizing the real dangers of heat at lower temperatures and making sure

communications is strong and consistent throughout the entire summer and aligns with what the county's doing generally. Our thresholds could change for 2024. Is that what I'm hearing you say too? You're taking a look at that thresholds may be different in 2024 than they were? We don't have plans to make a change, but I think what we've heard from the health department is communication is very much key and making sure people understand the threats even at lower temperatures. But I don't want to make any sort of commitments until we have a more

[01:32:45] robust discussion with the different stakeholders. And last, and I kind of made that point earlier, but the not-for-profits, I agree with the chairman. People are more likely to go there. Why are they going there? The same argument about is this specifically for cooling or something else, and how do you separate those? I don't know how critical that is, but I think traffic and volume are probably ultimately the most important thing to anybody, is that if you have a lot of folks coming in, whether they're coming in for cooling or coming in just for general needs, it's almost irrelevant. We need to make sure we find a way to support and meet those needs.

[01:33:20] The various county departments were very accommodating and welcoming to folks who needed to use them, as they always are, but even making these changes that's there. I felt the same way, and I know our not-for-profits are all in on that, so thank you very much. Thank you. I appreciate it. Thank you. Excellent point. Thank you all. We are now dismissed, and transportation will be next.

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