



# Fairfax VOTER

October 2018

Volume 71, Issue 2

## Updated Position on Behavioral Health Adopted

In this issue you will find the Behavioral Health Study that led to a new Virginia League Position on Behavioral Health that was adopted by the Virginia Council in June of this year. You will also see the Action/Advocacy priorities set by the Behavioral Health Committee for 2019. At the briefing on October 6 and then at unit meetings in October, information on what is happening in Fairfax County relating to the priorities will be provided. Please plan to attend a meeting for what promises to be a lively discussion.

### Calendar

#### October 2018

- 1-31 U.S. Voter Education Month**
- 1-31 Domestic Violence Awareness Month**
- 1 *Fairfax VOTER* deadline
- 5 LWVNCA Board meeting & presidents' luncheon
- 6 LWVFA briefing and at-large meeting, Packard Center, 10 a.m.**
- 6 LWVFA new member orientation, Packard Center, 1-3 p.m.**
- 8-17 LWVFA unit meetings**
- 10 Woodlake Towers community election, 6:30-9:30 p.m.
- 10 LWVFA legacy committee meeting
- 15 Voter registration deadline for the November 6 election
- 17 LWVFA Board Meeting, Packard Center, 10 a.m.**
- 17 Eighth District candidate forum, Grace Presbyterian Church, 7434 Bath Street Springfield, 7 to 9 p.m.
- 24 Tenth District candidate forum, Sully District Gov't Center, 4900 Stonecroft Blvd, Chantilly, 7:30 to 9 p.m.
- 30 Last day to apply for absentee ballot by mail for the November 6 election

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## Presidents' Message



This month we would like to share with our members plans for the League to enter into its second century as a strong, visible and relevant organization. The external environment is changing in every possible way. There are many more organizations in the democracy space than there were before, and the nature of volunteerism is changing, too. The League of Women Voters – U.S. recognizes this and has created a road map with the help of local and state Leagues around the country. The League refers to this as its “transformation journey.”

This Transformation Roadmap, which was shared with members at the U.S. League convention in June, has many specific action steps to be implemented. These steps will help us achieve the vision of a network of vibrant Leagues that are communicating our story consistently at all levels; engaging and welcoming new members, supporters and volunteers and embracing diversity, equity and inclusion.

As the League moves toward the next 100 years, we realize that the changes we need to embrace will perhaps seem challenging. However, we are confident that we are all partners in the League, with the same goals and determined to succeed, and therefore will do all we can to transform ourselves.

So what are the changes that we will be making? Let us first talk about what will NOT be changing.

- The League will continue to focus on our mission impact work. All of this transformation work stems from the desire to be a more effective and impactful organization.
- The League will remain nonpartisan. This is *the* non-negotiable statement and a crucial part of our brand. We will look at ways we can use our nonpartisan positions with new and different organizations to be stronger advocates at the local, state and national levels.
- The League will remain a membership organization. We will explore different ways that individuals join and engage with us.

What will be changing is as follows:

### 1. ADVANCING A CLEAR STRATEGIC FOCUS

We need to have a more compelling story about who we are and what we are about. As part of this process, the national board adopted the following mission, vision and value statements:

- Mission Statement: Empowering Voters, Defending Democracy.
- Vision Statement: We envision a democracy where every person has the desire, the right, the knowledge, and the confidence to participate.
- Value Statement: We believe in the power of women to create a more perfect democracy.

The national organization and our local League will continue to focus on the goals set in the strategic plan and the Campaign for Making Democracy Work:

Voter protection and mobilizing  
 Election reform  
 Money in politics, constitutional amendment, and redistricting  
 Ratification of ERA  
 Popular vote at Presidential elections

### 2. BUILDING A MORE INCLUSIVE CULTURE

The League needs to create a culture that is welcoming, inclusive, trusting and attuned to the needs of today's

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volunteers in order to grow our organization and have a greater impact.

➤ Commit to Diversity, Equity, and Inclusion

The League's lack of racial, economic, age, and social diversity is an impediment in achieving our mission and is a barrier to growth and impact. Our Fairfax League, we are proud to say, is taking steps to build a more diverse organization.

The national organization has committed resources and expertise to apply throughout the League network. A bottom-to-top and top-to-bottom action agenda is called for. A Diversity, Equity and Inclusion plan will be developed for the entire organization. Training for that was provided to League leaders at the 2018 convention and will, we hope, percolate down to all members.

State and local Leagues should welcome new volunteers, even those who do not want to become traditional members.

➤ Adapt to Modern Nonprofit Best Practices

League membership has been declining by almost a third over the past few decades. There has however, been some increase in the last few years.

Our Fairfax league, on the other hand, has seen a massive upsurge in the last couple of years and we are now 450

members strong. However, the nature of volunteerism has changed, and people can participate in the League in different ways. These are "engagers," and they include donors, those who opt in to emails from the League, social media followers, and advocacy action takers.

- State and local leagues should structure opportunities and communications with individuals to engage them and facilitate their entry into leadership roles and embrace new ideas about the way the league operates.
- State and local leagues should take advantage of the Student PMP pilot program by reducing or eliminating student dues. We at Fairfax now offer free membership to students.

To sum up, there are exciting times ahead as the League celebrates its centennial and preps for the years ahead. We are thrilled to be a part of this journey and know that we and our 450 members are more than ready to embrace the changes needed. As a matter of fact, the Fairfax league is already one of the more diverse leagues and going forward aims to be even more so as we partner with other organizations that represent the various multicultural groups that constitute Fairfax!

*Judy & Anu*

## Absentee Voting Methods

### By Mail

Applications for mailed absentee ballots may be obtained from your office of elections, governmental centers and libraries, or may be downloaded from [vote.virginia.gov](http://vote.virginia.gov). If requesting an absentee ballot application by mail, the request must be received by the office of elections no later than 5 p.m. on October 30, 2018. Absentee ballot applications may also be requested online at [vote.virginia.gov](http://vote.virginia.gov). (Election officials highly recommend submitting applications and voted ballots well prior to the deadline due to timeliness issues with USPS mail delivery.)

All mailed absentee ballots must be received by the local Office of Elections no later than 7 p.m.

on Election Day in order to be counted.

### In Person

Registered voters in Virginia who meet the eligibility criteria may vote absentee in person at their respective office of elections beginning on September 21 and ending at 5 p.m. on Nov. 3.

## September LWVFA Donors and Supporters

The LWVFA Board extends an overwhelming thank you to the following individuals for their generous support.

Kelly & Stephen Stratman  
Tomi Fujimura  
and the  
Silicon Valley Community Foundation



**The League of Women Voters of the Fairfax Area**  
Presents

# **ACTION FORUM**

Sunday, November 18, 2018: 1-4 p.m.  
Sherwood Community Center  
3740 Old Lee Highway, Fairfax, VA 22030

Our collaborating organizations will  
discuss their legislative priorities.

American Association of University Women of Virginia (AAUW)

American Civil Liberties Union of Virginia (ACLU)

Fairfax County Council of PTAs (FCCPTA)

League of Women Voters of the Fairfax Area (LWV-Fairfax)

League of Women Voters of Virginia (LWV-Virginia)

Moms Demand Action

NAACP

National Korean American Service and Education Consortium

OneVirginia2021

All are welcome to this FREE event! Donations always appreciated.

**Register Here:** <https://lwvfairfaxactionforum.eventbrite.com>

# Updated Position on Behavioral Health

By Sherri Gillam and Judy Helein

*With assistance from the Behavioral Health Committee: Williamsburg Area League – Bobbie Falquet, Ruby Jean Gould, Madeline Larkin, Mary Ann Moxon, Linda Rice (Chair), Nicole Trifone, and Madeline Vann; Fairfax – Judy Helein; Fredericksburg – Karen Kallay and Jodi Longwell.*

## VIRGINIA LEAGUE HISTORY

At its 1985 convention, the LWV-VA adopted a two-year study of mental health services in Virginia. As a first step, in March 1986, the League prepared a document describing the public mental health care system in Virginia – its history, organization, financing, and clients. A second resource document was distributed in December 1986 dealing with goals for the mental health system, who the system should serve, factors for use in allocating state funds to communities, and a statewide comprehensive management information system.

Additional areas warranting study, identified during the first two years, resulted a two-year extension by the 1987 convention delegates. In March 1988 a resource document on involuntary civil commitment and patients' rights was prepared. Issues of the 1988 and 1989 Virginia Voter provided resource material on housing for the mentally ill and on organization, management, personnel and hospitalization.

At its 2017 convention, the LWV-VA adopted a study to update its existing mental health position, adopted in 1987 and 1989, that would also integrate the current language of the LWVUS Behavioral Health Position adopted at the 2016 LWVUS Convention. Behavioral Health is today's nationally recognized terminology. It includes both mental illness and substance use disorder.

## BACKGROUND

### Access, Diagnosis and Integration of Care

- Nearly 305,000 Virginia adults have a serious behavioral health problem. (NAMI Virginia 2017).
- 130,000 to 150,000 children and adolescents in Virginia live with a serious mental illness; 65,000 to 90,000 exhibit extreme impairment. (Voices for Virginia's Children Website -2017, <https://vakids.org/our-work/mental-health>).
- Half of all mental illnesses begin before age 14; one in five children receive the help they need. (Voices for Virginia's Children Website -2017, <https://vakids.org/our-work/mental-health>).
- Virginia dropped from 38<sup>th</sup> to 40<sup>th</sup> overall of all states for mental health services. (Mental Health America Website, November 16, 2017).

- State-run mental hospitals will overflow by 2024 if Virginia does not change how it funds and administers public mental health treatment, the state's behavioral health czar (Dr. Jack Barber) told lawmakers. (Richmond Times Dispatch, September 28, 2017).
- Virginia's Department of Behavioral Health & Developmental Services (DBHDS) is the lead agency for initiatives, although several state agencies have responsibilities for overseeing, supporting and/or regulating community mental health services. DBHDS operates nine acute care state psychiatric facilities (including one for children) and four training centers in Virginia. (2017).
- DBHDS contracts with 40 CSBs throughout Virginia to provide and administer the community-based services in the local jurisdictions that established them. While the 40 Community Service Boards (CSBs) in Virginia serve as the "point of entry" into public-funded mental health and substance abuse services in Virginia, only 18 CSBs received funding in 2017 for same-day access. (2017).

## DIVERSION FROM THE CRIMINAL JUSTICE SYSTEM

- Many Virginians who need mental health services are arrested and incarcerated without any behavioral health screening. In Virginia, a State Compensation Board survey conducted in July 2015 indicates that approximately 16.8 percent of inmates in the 58 reporting local and regional jails had a mental illness; 50 percent of those individuals were reported to have a serious mental illness.
- Judges can create dockets in their courts but only

the General Assembly can create a separate mental health court. Currently, Virginia has only one mental health court (Norfolk Circuit Court), but there are other mental health dockets in courts in Richmond, Petersburg, Roanoke, Staunton and elsewhere. The City of Hampton has a drug court and veteran's court but does not have a mental health court.

- In 2008 Old Dominion University conducted a study on the outcomes of the Norfolk Mental Health Court, the only established and recognized full mental health court in the Commonwealth. Reduced recidivism rates for mental health docket defendants were greater than decreases in recidivism for drug court defendants. Drug Courts report recidivism rates of 25 percent; Mental health dockets report recidivism rates of 10-15 percent.

### HOUSING

- Affordable housing is considered to be housing that costs no more than 30 percent of a household's income.
- The Department of Behavioral Health and Development Services (DBHDS) submitted a \$9.5M budget request in 2017; \$4.6M of this was for Permanent Supportive Housing over two years.
- More than 5,000 clients need permanent supportive housing throughout the Commonwealth. While 170 individuals are ready to be released from Virginia's nine state hospitals, only 14 are currently accommodated with state funding.
- Medicaid covers services, but does not include housing.
- NAMI Virginia is working with a coalition of healthcare and housing groups to support the expansion of housing including the [Disability Law Center](#) and the [Virginia Housing Alliance](#).
- The average daily inpatient hospital cost is approximately \$650/daily or \$240K annually while it costs approximately \$40-50K annually per client in permanent supportive housing.
- The term "transinstitutionalization" is used to describe those who end up in settings such as jails, prisons, etc., rather than in independent living or permanent supportive housing. It is estimated that over 2,700 clients are in this status.

- The behavioral health implications of the lack of safe affordable housing include an increased risk of all mental illness, especially depression and anxiety for such housed adults. Foreclosure and eviction are directly linked with increased risk for suicide, depression, and overall poor health.
- Children who live in precarious housing situations or move frequently also are more likely to have behavioral problems, mood disorders, and to be delayed in school by at least a grade level. Adolescents are at greater risk for behavioral issues, academic failure, and early sexual initiation. Families in these situations are also at increased risk for child abuse and neglect, which in turn puts children at a higher risk for behavioral health concerns over their lifetime.

### BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT

- Direct care staff turnover in state hospitals is at its highest rate in 10 years according to a DBHDS Update to the Joint Subcommittee on Mental Health in the 21<sup>st</sup> Century, September 28, 2017.
- Community Service Boards are losing case managers to jobs with higher salaries and better incentives.
- Seventy-four percent of the workforce professionals in Virginia state hospitals are white women over 40 years old.
- Virginia's very low pay scale is a major contributor to high patient/professional caregiver ratios.
- While Virginia ranks very high nationally as a wealthy state, its pay scale is near the bottom for healthcare staff such as nurses. This makes it very difficult to recruit replacement staff. According to the September 2017 DBHDS Update to Joint Subcommittee on Mental Health in the 21<sup>st</sup> Century, increased salaries are needed to make Virginia more competitive and better able to recruit and retain qualified staff.

### OPIOID ABUSE

- The opioid epidemic is now a full-blown national crisis. The issue is incorporated in the updated behavioral health study.
- Since 2000, the opioid and heroin epidemic has claimed more than 200,000 lives — more than

three times the number of Americans killed in the Vietnam War.

- The Centers for Disease Control and Prevention (CDC) reports that in 2016, opioids killed more than 42,000 men, women and children across the U.S. — more than any year on record. Forty percent of those deaths involved a prescription opioid.
- For the second year in a row, life expectancy in the U.S. dropped, largely as a result of the opioid epidemic.
- Virginia is not exempt from this crisis. The opioid epidemic has resulted in 1,138 overdose fatalities in the commonwealth in 2016, a 40.3 percent increase over 2015. The total number of deaths has nearly doubled since 2007.
- It is important to emphasize this issue is multi-faceted and wide-ranging, affecting not only the individual users but families and communities. It is a solvable problem if we work toward better treatment for those addicted, support for families affected, education efforts to prevent opioid abuse, and improved resources and training for law enforcement to both address the problem and stem the importation of illicit drugs into our communities.
- Federal, state and local governments, as well as private and public community organizations, are marshaling resources to address this behavioral healthcare crisis.
- The Council of Economic Advisors estimates the opioid crisis cost the economy more than \$500 billion dollars in 2016.

## FINANCING

- Virginia's behavioral health system has been chronically underfunded; it spends \$50 per capita annually versus the \$89 per capita national average.
- Fifty-four percent of state funding is directed to inpatient hospitals while 46 percent goes to CSBs. The national state average is 23 percent for inpatient hospitals.
- The annual cost associated with increased demand and the maintenance costs of ever larger state hospitals are unsustainable.

- Providing consistent access to the full array of comprehensive, high-quality behavioral health services to individuals of all ages regardless of their geographic location or their ability to pay would cost Virginia around \$184 million annually.

## BEHAVIORAL HEALTH POSITION

### Definitions and Terms

**Behavioral Health** – An umbrella term that includes mental and emotional health, psychiatric care, marriage and family counseling, and treatment of substance abuse (i.e. addictions). Does NOT address developmental disabilities.

**Medical/physical** – In this field, may be used interchangeably and to differentiate from behavioral/emotional issues

**Peer** (in behavioral health field) - A person who has personally experienced a behavioral health issue in themselves or in a parent, spouse, or child AND who is working on recovery with another peer “on a level playing field” of expertise from experience.

**Recovery** - A long-term process, contrasted with being “recovered.”

**Substance Use Disorder (SUD)** – In current public discourse, refers primarily to drug abuse and especially opioid addiction; in more clinical settings can refer to abuse involving any substance, including tobacco, food, inhaling bath salts, etc.

**Wellness** - Refers to a condition of enjoying and supporting whole health.

## MAJOR PROVIDERS, PROGRAMS, AND TOOLS

**ACE, Adverse Childhood Experiences Tool** – A brief, tested, easy-to-administer screening tool for youth and adults to indicate likelihood of behavioral illness.

**DBHDS** – (Commonwealth of Virginia) Department of Behavioral Health and Developmental Services. In the executive branch, under the cabinet Secretary of Health and Human Services. Formerly Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).

**DMAS** -- (Commonwealth of Virginia) Department of Medical Assistance Services. This department manages the Medicaid program.

**CSBs**-- Community Service Boards. The major local provider of services for issues of behavioral health, addictions, and/or developmental disabilities. Funded by federal, state and local government funds and private healthcare insurance reimbursements. Governing boards are locally appointed.

**NAMI** -- National Alliance on Mental Illness; national, state, and local branches. Provides non-professional education and support services, individual advocacy, and lobbying.

**Medicaid** – Medicaid is a federal and state program that covers medical care for certain people. Each state runs several different Medicaid-funded programs for different groups of people. All state programs have some things in common. Each state must cover certain groups of people, including:

- older people, people with disabilities and people who are blind; and
- children and pregnant women.
- However, the financial eligibility levels for these different groups do not have to be the same.
- **STEP-VA (System Transformation, Excellence and Performance in Virginia)** – A program to establish necessary capacity in every community to provide integrated behavioral health and health services to persons who lack health insurance and those who are underinsured.

### NEW POSITION IN BRIEF

Support for comprehensive behavioral healthcare that includes both mental illness and substance use disorder.

- Access for all people to affordable, quality in- and out-patient behavioral healthcare, including needed medications and supportive services.
- Coordination of comprehensive and integrated care among Health and Human Services (specifically Behavioral Health) and other state departments such as Medical Assistance Services (Medicaid), Public Safety (re-entry planning, identification of behavioral health needs in jails/prisons, patient's rights, substance abuse, and drug/mental health courts), Housing (transitional and permanent supportive housing), and Education (health education from early childhood through adult). These agencies must provide this care along with a focus on community-based services such as Community Service Boards (CSBs).
- Realignment of the funding equation so that a higher

proportion of funds goes to CSBs rather than state institutions. This will result in more cost-effective care that is more responsive to clients' needs.

- Adequate funding and other incentives to ensure sufficient trained staff at all levels of service.
- Continued efforts to decrease the stigmatization of behavioral health problems and care.

### THE LEAGUE'S NEW POSITION IN FULL

The League of Women Voters of Virginia believes that the goals of the state's behavioral healthcare system should be to provide:

#### A. ACCESS, DIAGNOSIS, AND INTEGRATION OF CARE

All Virginians with behavioral health issues (including opioid abuse) should have access to early, affordable and timely community-based in-patient and out-patient care and diagnosis including:

- Case management, counseling, care-coordination services and medication management;
- Behavioral healthcare that is integrated with, and achieves parity with, physical healthcare;
- Community-based and family-focused behavioral health screening, diagnosis and treatment for children and adolescents;
- Community Service Boards (CSBs) that reduce service time for services by adopting "same day access/assessment" statewide, sharing best practices and hiring more licensed behavioral health providers;
- An alternative transportation model to reduce demands on law enforcement for transporting patients to hospitals;
- Expansion of tele-mental-health infrastructure, especially for rural counties.

#### B. DIVERSION FROM THE CRIMINAL JUSTICE SYSTEM

The League acknowledges that there is an intersection between of behavioral health and the criminal justice systems. Accordingly, we urge:

- Behavioral-health screening of jail inmates;



- Specialty behavioral-health and drug courts and dockets in all judicial districts in an effort to decriminalize addiction related arrests;
- Therapeutic drop-off centers;
- Expansion of Crisis Intervention Team (CIT) programs;
- Decriminalizing the reporting of overdoses or drug abuse so friends and family do not fear retribution;
- Civil commitment procedures that provide the client with legal counsel and treatment;
- Training about the nature and treatment of mental illness and related issues for justice system personnel involved in civil commitment in Virginia;
- Excluding those who suffer from serious mental illness at the time of their crime from the death penalty.

### C. HOUSING

The League recognizes the need for affordable and permanent supportive community-based housing and residential services. These services would enable Virginians with a wide range of behavioral health needs to live as independently as possible in their home communities. Some required initiatives are:

- Provide enhanced funds for the Virginia Housing Trust Fund;
- Allow private/public partnerships to obtain housing for the mentally ill;
- Consider a waiver for Medicaid to pay for counseling for housing options;
- Establish tax credits or financial incentives for landlords and developers who build affordable housing, and local government policies that increase affordable housing stock.

### D. BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT

The League urges the Commonwealth to adopt the following practices to correct high workforce turnover, insufficient staffing and inadequate training:

- Recruitment of sufficient qualified and well-trained staff in public and private settings, at all levels, from certified peer specialists to psychiatrists;
- Promotion of full use of internet technology for com-

munications and secure information sharing;

- Enhancement of pay scales for providers in state institutions to compensate for dealing with challenging patients.

### E. OPIOID ABUSE

The League recognizes that the resolution of the opioid crisis requires cooperation among community stakeholders such as CSBs, law enforcement (see Section B -Diversion from Criminal Justice), and non-profit organizations. We urge educational programs that de-stigmatize addiction. The league supports:

- Treatment and Recovery
  - Reducing overdose deaths by increasing access for first-responders and laypersons to medications that counteract opioids;
  - Expanding use of research-based, medication-assisted treatments (MAT) as part of a recovery program to counteract addiction;
  - Limiting the supply of both prescription and illicit opioids.
- Prevention and Education
  - Encouraging non-pharmacological research and improved training for medical professionals in pain management;
  - Promoting proper storage and disposal of prescription drugs;
  - Monitoring the prescription and distribution of opioids;
  - Establishing effective health education programs in schools and community organizations to educate students, parents and community leaders on the dangers of opioid abuse and recognizing the signs of addiction;
  - Supporting health education from early childhood throughout life that integrates all aspects of social, emotional and physical health and wellness.

### F. FINANCING

LWV-VA supports the continuing partnership between

federal, state and local governments in financing behavioral health as follows:

- Use Medicaid as an important component of funding along with money from the state's general funds and from local communities;
- Undertake a gradual fiscal realignment of the current behavioral health system so that all state hospital funds aside from construction, maintenance, and operations will be allocated to CSBs. (STEP-VA);
- Provide full funding to enable all 40 CSBs to provide "same day access" and primary care screening;
- Provide additional resources for first-responders to better respond to an emergency situation that involves opioid'.
- Align DMAS and DBHDS so that services will be managed using standardized managed care practices and data reporting tools.

### ACTION AND ADVOCACY

The Virginia League and the League of Women Voters of the Fairfax Area have chosen Behavioral Health as one of their Advocacy/Action Priorities. The Virginia League Behavioral Health Committee suggests that Virginia local Leagues focus on the following areas:

- 1) Urge state legislators, local governments and school boards to provide adequate financial resources for:
  - Projects at Community Services Boards;
  - Recruitment of capable staff for the Community Services Boards, state institutions, and public schools;
  - Infrastructure improvements at state institutions;
  - Development of permanent supportive housing.
- 2) Support early identification and intervention in behavioral health problems in schools by recruiting more school counselors;
- 3) Promote greater access to behavioral health treatment during imprisonment and minimize solitary confinement;
- 4) Support the establishment of local Drug and/or Mental Illness Specialty Courts/Dockets for diversions from the Criminal Justice System.

## Sources of Information

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 Healthcare for all Virginians (HAV) <http://havcoalition.org/>  
 Mental Health America of Virginia - mental health advocacy <https://mhav.org/>

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Virginia Housing Alliance <http://vahousingalliance.org/>  
 Virginia Housing Development Authority <https://www.vhda.com/Pages/Home.aspx>

Virginia’s Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century [http://dls.virginia.gov/interim\\_studies\\_MHS.html](http://dls.virginia.gov/interim_studies_MHS.html)

Virginia Network of Private Providers <https://vnppinc.org/>  
 VOICES for Virginia’s Children <https://vakids.org/>

## Discussion Questions

1. The VA League and LWVFA have chosen Behavioral Health as one of the Advocacy/Action Priorities. Why do you think the decision to focus on Behavioral Health was made?
2. If funding for Behavioral Health is increased by state and local governments to the 40 CSBs throughout the State, what should the priorities be for these funds?
3. The 40 CSBs in VA vary widely regarding the Behavioral Health services provided. What Behavioral Health services do you feel should be available to all residents of Virginia?
4. The VA League and LWVFA support the establishment of local Drug and/or Mental Illness Courts with the goal of diverting from the Criminal Justice System. What other ways might these courts impact the lives of those with mental illness and substance abuse and their families?
5. How can you as a member of the LWVFA advocate for improving the services received by persons with mental illness and substance abuse issues?
6. How can the LWVFA help to decrease the stigma surrounding mental illness and substance abuse?
7. More than 5,000 persons need permanent supported housing in Virginia. (“Permanent supported housing” is long-term, subsidized housing with assistance by trained staff for living successfully in the community.) What creative ideas are possible to expand housing options?
8. Relapse prevention is an important part of treatment of both mental illness and substance abuse treatment. What factors do you think lead to relapse? What interventions or services support the individual and help prevent relapse?

9. Is Behavioral Health interconnected with the other priority action/advocacy issues of the LWVFA? If so, in what ways?

## League Finds New Ways to Inform Diverse Voters

By Sidney Johnson, Voter Service Coordinator

Our League had a table on both days of the Eastern Mediterranean Food Festival at the Melkite Greek Church of the Holy Transfiguration, which was held on Labor Day weekend. The church has been holding the festival for 25 years, but this is the first time we have been invited. We were warmly welcomed by the clergy and staff, who said they would be glad to have us back next year. While we did not register new voters, but we found the Vote 411 card most useful, since many of the people attending were not from Fairfax County.

Many thanks to those who volunteered: Betsy Carswell, Sylvia Sanchez, Jennifer Wright, Don Gurney, Pam Berg, Hayley Leidel, and Anna Stuart-Swann. Special thanks to the generous donation of a new canopy by Celeste Land, we were sheltered from the weather.



Anna Stuart-Swann, Sidney Johnson, and Hayley Leidel staffing the League booth

Fairfax County 24-hr.  
Domestic & Sexual Violence Hotline:  
703-360-7273; 711 TTY

## National Women's Equality Day at the Accotink Unitarian Universalist Church

Nancy Melito, a member of the Accotink Unitarian Universalist Church in Burke, invited LWVFA to address the congregation on the topic of making a difference in society by voting. Coincidentally, the Sunday service fell on National Women's Equality Day, August 26. On this date, Secretary of State Bainbridge Colby certified that the 19th Amendment had been ratified by the states as part of the Constitution. Sidney Johnson, Voter Service Director, was delighted to accept this invitation and talk about the League and its activities..

She also told the following story as a reminder of how it all started with the suffragist movement --a story worth re-telling. On June 4, 1919, Congress finally passed the law that became 19th Amendment. *The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of sex. Congress shall have the power to enforce this article by appropriate legislation.* Thirty-five of the necessary thirty-six states had ratified it by March, 1920. Most of the other states had rejected the amendment, but Tennessee was still considering it.

The amendment was to come before the Tennessee legislature on August 18. The evening before, the legislators had come to an agreement that, by one vote, they would table the amendment, effectively putting it off indefinitely. The deadline was coming up shortly after which the ratification process had to stop.

The next morning, the Tennessee legislature voted on the motion to table the ratification vote. It seemed as if the anti-suffragists had enough votes to prevent the 19th Amendment from being certified. The youngest legislator, 24-year-old Harry T. Burn, arrived wearing a red rose, the symbol of anti-suffrage, in his lapel. (Yellow roses were the symbol of pro-suffrage.) Burn voted to table.

But another anti-suffragist representative, Banks Turner, switched sides during the roll call to table, leaving the vote deadlocked. The ratification vote moved forward.

Early in the voting, Burn stunned the legislature by saying in a clear voice, "Aye," when asked if he would ratify the amendment. Burn had a letter in his pocket from his

(Continued on following page)

## New Members Increase LWVFA Membership to 452

As of August 24, 2018, we have 452 members, more than double our number from just two years ago. Welcome to the following individuals who joined between July 26 and August 24.

Sunny Greene  
Diane Hill  
Reed Isbell  
Elizabeth Lehman  
Marilyn Melnicove  
Mary Moulton  
Ingrid Oxaal  
Paul Phelps  
Alice Reilly  
Ann Richardson  
Janet Rife  
Sarah Stewart  
Dorothy Tobin  
Jennifer Wright

Student memberships are now FREE! At the August board meeting we voted to eliminate membership fees for students. This was done to align our policy with LWVUS and LWV-VA and to encourage students to participate in the League of Women Voters. We have already received several application forms.

Four LWVFA members have joined the ranks of Life members, having participated in the League for 50 years. They are Nancy Miller, Barbara Nunes, Lois Page and Gloria Suslow. Congratulations to all and thank you for the talent and commitment you bring to our organization.

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### (Equality Day from previous page)

mother, in which she asked him to “be a good boy” and vote for the amendment. His one vote carried the day.

The package containing the ratification was taken by train to Washington D.C. It arrived at the Secretary of State’s home at 4 a.m. on August 26. In a private ceremony in his home, the Secretary certified the ratification at 8 a.m. The ceremony was private for a reason, but that is another story.

## DV Data Reveals Victims Are Usually Killed by Firearms

By Barbara Nunes, Domestic Violence Director

The Fairfax County Domestic Violence Fatality Review Team reviewed intimate partner-related deaths that occurred between 2009 and 2013. The deaths included 25 homicides and an additional 12 offender suicides following the homicides. Here are the prominent findings from the Team’s review.

**Intimate partner-related homicide remains a leading cause of homicide in Fairfax County** (25 of 66 homicides were intimate partner related.)

- **22 offenders killed a total of 25 victims** with two murders involving more than one victim.
- **76 percent** of the homicide victims were **female**, and **86 percent** of the homicide offenders were **male**.
- The average age of the homicide **victims** was **39 years old**, with a range in age of 13 to 66 years old. The average age of **offenders** was **42 years old**, with a range in age of 17 to 64 years old.
- **17** of the homicides (68 percent) involved a **firearm** as the fatal agent; **20 percent** of the homicides (5) involved **strangulation**.
- The most common events that preceded the homicides were: separation or termination (break-up) of the intimate partner relationship (52 percent), a **belief/perception that the victim had a new intimate partner** (28 percent), or **financial issues** (28 percent).
- A majority of the homicide offenders (54) exhibited controlling behaviors, had previously **threatened to kill the victim**, and **owned weapons** prior to the homicides, 45 percent of the cases involved prior stalking of the victim or the victim’s family by the offender.
- **65 percent of the cases involved bystanders** – people who either directly heard threats to kill or knew about ongoing violence in the relationship but felt they could not intervene.

The team identifies recommendations in three categories: professional training, community outreach and education, and systems coordination and improvement,

Environmental Update . . .

## Making Strides in Clean Energy

By Elizabeth Lonoff

Walmart is the nation's second-largest commercial generator of solar power. Science.com noted in June that Michigan State University is developing a clear solar window that could enable a skyscraper to power itself. And the U.S. now can store a billion watts of power for one hour, with this storage capacity a boon particularly to solar generators likely doubling this year.

According to the Department of Energy, "the clean energy future has arrived." After decades of investment by the federal government and industry, the cost of land-based wind power, photovoltaic solar power, LED bulbs, and electric vehicles fell substantially over the last decade, resulting in their widespread adoption. How to continue that momentum?

Federal actions can create incentives. January's tariff on imported solar panels influenced the \$1B in new spending plans announced for U.S. solar panel factories. However, \$2.5B in large-scale solar projects and thousands of associated jobs were shelved.

In 2015, Hawaii committed to 100 percent renewable energy (wind and solar) by 2045. On some days, Hawaii now approaches 60 percent, lessening its dependence on high-priced imported oil. This progress is largely due to collaboration by energy stakeholders and the policy framework guiding the transformation.

In September, California, the world's fifth-largest economy, became the second state to decide to decarbonize its electricity system. Its new renewable-energy targets are 50 percent by 2026 and 60 percent by 2030, ahead of 100 percent zero-carbon by 2045. This builds upon earlier targets.

Cities already using 100 percent renewable energy include Aspen, CO, Burlington, VT, Greensburg, KS, Kodiak Island, AK, and Rock Port, MO.

The International Solar Alliance, formed following the UN's 2015 Paris Declaration and led by India, seeks to raise and invest \$1 trillion to massively deploy solar power in sunny tropical nations by 2030. This coordinated effort aims to

reduce the cost of finance and technology and bring energy security and sustainable development.

Micro-hydro is hydropower that generates less than one megawatt of energy. It usually has no reservoir and often powers small, remote communities beyond the central grid. Community involvement can make it a better way to electrify villages than solar power. Countries like Nepal, Sri Lanka, and Indonesia began to develop micro-grids starting in the 1990s. Now, some local experts sell their micro-grid technology in Africa and Eastern Europe. These decentralized systems can create an entire economy.

In contrast, on George Mason University's Fairfax campus, STEAM Undergraduates for Renewable Energy is working with Dr. Jennifer Sklarew of the Department of Environmental Science and Policy to place two hydropower micro-turbines into storm drains. Combined with battery storage, this project will test use of the stormwater's energy to power cell phone charging stations and emergency lighting on campus, contributing to GMU's sustainability goals. The students are designing the first turbine; they expect to complete the installation this fall. Findings will be analyzed for wider application, focusing on barriers to urban use, and applied to an international pilot project.

Arlington's Residential Energy Efficiency Programs sponsored by the Arlington Initiative to Rethink Energy (AIRE) were recognized with a 2018 Governor's Environmental Excellence Award. Arlington seeks to reduce per capita greenhouse gas emissions by 75 percent by 2050. AIRE's programs reduce residential energy consumption, which uses 70 percent of Arlington's energy. Arlington's greenhouse gas (GHG) emissions fell 18 percent between 2007 and 2016 due in part to less energy use in buildings. Following AIRE's Energy Lending Library model, you can reserve a thermal imaging camera in the Fairfax County Public Library catalogue. Together with Alexandria, Arlington also won an award for the Four Mile Run Tidal Wetland and Living Shoreline Restoration Projects, integrating flood protection, environmental restoration, pollutant reduction, community aesthetics, access, and connectivity, recreation, and education.

Note: A copy of the complete report can be found at <[https://www.energy.gov/eere/downloads/revolutionnow-2016-update\\_2pdf](https://www.energy.gov/eere/downloads/revolutionnow-2016-update_2pdf)>



# Unit Discussion Meeting Locations

## Topic: Behavioral Health

Members and visitors are encouraged to attend any meeting convenient for them, including the “At Large Meeting” and briefing on Saturdays when a briefing is listed. As of September 4, 2018, the locations were correct; please use phone numbers to verify sites and advise of your intent to attend. Some meetings at restaurants may need reservations.

### Saturday, October 6

#### **10 a.m. At-Large Unit and Briefing**

League Conference Room  
Packard Center  
4026-B Hummer Road  
Annandale, 22003  
Contact: Julie, 703-861-9616

#### **7:15 p.m. Fairfax City Evening (FCE)**

The Green Acres Center  
4401 Sideburn Road  
Fairfax, 22030  
Contact: Elizabeth and Amy,  
Fairfaxcityunit@lwv-fairfax.org

#### **10 a.m. Centreville-Chantilly (CCD)**

Sully Government Center  
4900 Stonecroft Blvd.  
Chantilly, 20151  
Contact: Susan, 703-391-0666

### Monday, October 8

#### **1:30 p.m. Greenspring (GSP)**

Hunters Crossing Classroom  
Spring Village Drive  
Springfield, 22150  
Contact: Edith, 703-644-3970 or  
Gloria, 703-852-5113

#### **7:30 p.m. Reston Evening (RE)**

Hunter Mill District Community Room  
North County Government Center  
1801 Cameron Glen Drive  
Reston, 20190  
Contact: [rachel.roberts.rmr@gmail.com](mailto:rachel.roberts.rmr@gmail.com)

#### **1:30 p.m. Fairfax/Vienna (FX-V)**

Oakton Regional Library, Room 1  
10304 Lynnhaven Pl.  
Oakton, 22124  
Contact: Bob, 563-299-5316 or  
[VoterRegistration@lwv-fairfax.org](mailto:VoterRegistration@lwv-fairfax.org)

### Wednesday, October 10

#### **9:30 a.m. McLean Day (McL)**

StarNut Café  
1445 Laughlin Ave.  
McLean, 22101  
Contact: Anjali, 703-509-5518 or  
Sheena, 703-481-0933

### Thursday, October 11

#### **9 a.m. Reston Day (RD)**

11908 Paradise Lane  
Oak Hill, 20171  
Contact: Barbara (703) 437-0795  
or [bseandlte@earthlink.net](mailto:bseandlte@earthlink.net)

#### **7:45 p.m. Mount Vernon Evening (MVE)**

Paul Spring Retirement Community  
Mt. Vernon Room  
7116 Fort Hunt Road  
Alexandria, 22307  
Contact: Jane, 703-960-6820

#### **10 a.m. Mount Vernon Day (MVD)**

Mt. Vernon Government Center  
2511 Parkers Lane,  
Alexandria, 22306  
Contact: Gail, 703-360-6561 or  
Diana, 703-704-5325

#### **9:30 a.m. Springfield (SPF)**

Packard Center  
4026-B Hummer Road  
Annandale, 22003  
Contact: Marge, 703-451-0589

### Wednesday, October 17

#### **10 a.m. Fairfax Station (FXS)**

8739 Cuttermill Place  
Springfield, 22153  
Contact: Kathleen, 703-644-1555 or  
Sherry, 703-730-8118

# November 18 General Meeting Action Forum (Unit Meetings Optional)



The League of Women Voters of the Fairfax Area (LWVFA)  
 4026-B Hummer Road, Annandale, VA 22003-2403  
 703-658-9150. Web address: www.lwv-fairfax.org

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Anu Sahai, Co-President  
 Judy Helein, Co-President  
 Ron Page, Editor  
 Liz Brooke, Content Editor

The League of Women Voters is a nonpartisan political organization that encourages the public to play an informed and active role in government. At the local, state, regional and national levels the League works to influence public policy through education and advocacy. Any person at least 16 years old, male or female, may become a member.

The League of Women Voters never supports or opposes candidates for office or political parties, and any use of the League of Women Voters name in campaign advertising or literature has not been authorized by the League.

**LWVFA MEMBERSHIP / RENEWAL FORM**

Dues year is July 1 – June 30

Membership Dues: Individual \$65 \_\_\_ Household \$90 (2 persons, 1 Voter) \_\_\_ Student \_\_\_ Free \_\_\_  
 (A subsidy fund is available; check here \_\_\_ and include whatever amount you can afford.)

Membership Status: New \_\_\_ Renewal \_\_\_ Reinstatement \_\_\_ Donation \_\_\_  
 (Dues are not tax deductible.)

Tax-deductible donations must be written on a separate check or PayPal to “LWVFA Ed Fund.”  
 (Please print clearly)

Name \_\_\_ Unit (if renewing) \_\_\_  
 Address \_\_\_  
 City \_\_\_ State \_\_\_ Zip + 4 \_\_\_  
 Phone (H) \_\_\_ (M) \_\_\_ E-Mail \_\_\_

Please make checks payable to “LWVFA” mail to:  
LWVFA, 4026-B Hummer Road Annandale VA 22003-2403

OR

Join Online at: [www.LWV-Fairfax.org/join.ht](http://www.LWV-Fairfax.org/join.ht)

I am interested in becoming involved in (please indicate by circling the appropriate bullet(s)):

- **Providing organizational support** (graphic design, website development/maintenance, fundraising/grant writing)
- **Voter Service** (e.g., voter registration drives, candidate forums, developing Voters’ Guides)
- **Researching/writing about issues in which LWVFA has an interest** (e.g., environment, firearms safety, mental health, schools, domestic violence, criminal justice; or, chairing an LWVFA study committee on voter turnout or human trafficking).
- **Representing the League in governmental fora** (e.g., serving as LWVFA representative on Fairfax County citizens’ committees and agencies, such as affordable housing, Fairfax County Public Schools).
- **Other** \_\_\_\_\_