



Community Services Board

FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Bettina Lawton, Chair

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA 22031

Level 1 - Room 3-314, West

Wednesday, April 28, 2021, 5:00 p.m.

Live audio of the meeting may be accessed by dialing:

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Meeting ID: 928 6109 8756 • Passcode 896539

MEETING AGENDA

- | | | |
|--|--------------------------------|-----------|
| 1. Meeting Called to Order | Bettina Lawton | 5:00 p.m. |
| 2. Matters of the Public | Bettina Lawton | |
| 3. Amendments to the Meeting Agenda | Bettina Lawton | |
| 4. Recognition | Bettina Lawton | |
| 5. Approval of the March 24, 2021 CSB Board Meeting Draft Minutes | Bettina Lawton | |
| 6. Staff Presentation | | |
| A. Medical Services | Colton Hand | |
| 7. Director's Report | Daryl Washington | |
| A. Services Update | | |
| B. COVID-19 Update | | |
| C. Other Updates | | |
| 8. Legislative Update | Elizabeth McCartney | |
| 9. Matters of the Board | | |
| 10. Committee Reports | | |
| A. Service Delivery Oversight Committee | Sheila Jonas & Garrett McGuire | |
| B. Compliance Committee | Bettina Lawton | |
| C. Fiscal Oversight Committee | Jennifer Adeli | |
| D. Other Reports | | |
| 11. Action Item | | |
| A. CSB Board Officer Nominating Committee | Sheila Jonas | |
| 12. Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8). | | |
| 13. Adjournment | | |

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

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Fairfax-Falls Church Community Services Board
Virtual Meeting Minutes
March 24, 2021

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

The following CSB members were present: Bettina Lawton Chair; Captain Derek DeGeare; Srilekha Palle; Edward Rose; Andrew Scalise; Daniel Sherrange; Sandra Slappey, and Anne Whipple.

The following CSB members attended remotely: Jennifer Adeli (Great Falls, temporary disability); Karen Abraham (Fairfax, temporary disability); Daria Akers (Fairfax, temporary disability); Robert Bartolotta (Falls Church City, medical condition); Sheila Coplan Jonas (Alexandria, temporary disability); and Garrett McGuire (Alexandria, temporary disability).

The following CSB Board members were absent: Larysa Kautz

The following CSB staff was present: Daryl Washington, CSB Executive Director; Georgia Bachman, Asst. Dep. Dir. Acute & Therapeutic Treatment Services; Jessica Burris, Chief Financial Officer; Linda Mount, Dir. Analytics & Evaluation; Sebastian Tezna, Director of Behavioral Health Operations; Cynthia Tianti, Deputy County Attorney; Barbara Wadley-Young, Asst. Dep. Dir. Community Living Treatment & Supports

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair, called the meeting to order at 5:14 p.m.

2. Roll Call and Audibility

Ms. Lawton conducted a roll call with each CSB Board Member present and attending remotely as identified above, to confirm that a quorum of CSB Board members was present and that all members were audible to each other.

3. Staff Presentation

Christina Jackson, Director, Department of Management and Budget (DMB) and Dana Thompson, Budget Analyst, provided an overview of the county budget process and a summary of the impact to the CSB budget.

Ms. Jackson directed attention to the materials for the FY 2022 Advertised Budget plan included in the meeting materials. In addition to the material and data provided in this review, members were encouraged to review the [Advertised Budget Summary](#). Additional information may be found on the [Advertised Budget Plan](#) webpage.

Ms. Jackson, reporting that the [countywide strategic plan](#) was recently published for community feedback and noting that future budget efforts will be impacted by the final plan, urged interested members to review and provide feedback to the plan.

Dana Thompson provided an overview of each category in the meeting materials that detailed the CSB FY2022 funding adjustments. Highlights included the budget increase of approximately \$29,392 and 15 positions.

Members and staff engaged in robust discussion.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging no recommendations were forthcoming, Edward Rose made a motion to approve the agenda as revised that was seconded and unanimously passed.

5. Approval of the Minutes

Draft minutes of the February 17, 2021 virtual workgroup of the Fairfax-Falls Church Community Services Board were presented for review. As no further revisions were recommended, Daniel Sherrange made a motion for approval, which was seconded by Daria Akers and unanimously passed.

Draft minutes of the February 24, 2021 virtual meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no further revisions were suggested, Daniel Sherrange made a motion for approval, which was seconded by Srilekha Palle and unanimously passed.

6. Director's Report

Daryl Washington provided an overview of activities including:

- *STEP-VA*: recurring funding award includes approximately \$440,000 for expansion of outpatient services with an additional unknown amount for providing services to veterans and to strengthen Peer services. It was clarified that regular funding updates are received and will be shared with the CSB Board.
- *Marcus Alert Bill*: Implementation of the pilot model at Merrifield Emergency Services is underway and operating several days each week. A reminder was offered that the program provides for a clinician to accompany law enforcement responding to calls. It was reported that the pilot is focused on Springfield and the Mason District. Outcomes will inform recommendations for expanding implementation. Noting that the clinician/law enforcement team often arrive after closer law enforcement are on scene, there is a consideration to place clinicians at substations to allow for a timelier response, clarifying that cost and staffing is a factor.
- *Workforce Planning*: efforts to incentivize referral, recruitment, and retention include consideration of expanding one-time hiring bonuses for vacant positions that are chronically difficult to fill. Additionally, efforts continue to contract with a vendor to conduct employee surveys for newly hired staff, existing staff, and exit interviews.
- *Hospital Bed Crisis*: it is anticipated that the shortage of available state hospital beds will continue during the COVID-19 pandemic.

- *CSB Workforce and COVID-19*: there is a reduction in positive cases reported at the CSB; it was clarified that screening would continue. At the request of the DBHDS (Department of Behavioral Health and Developmental Services) Commissioner, all the Virginia CSB Executive Directors are collaborating to develop a return-to-work plan for some areas that will include hospital discharge planners, the PACT (Program of Assertive Community Treatment) Team, and supervised residential treatment providers.
- *Federal COVID-19 funding*: Virginia is expected to receive approximately \$60M in Substance Use Disorder and Mental Health block grant funding. Distribution information has not been issued.
- *Electronic Health Record (EHR)*: efforts to contract with a new EHR are anticipated to be final by the end of April 2021.
- *Crisis Care*: The Crisis Care program is scheduled to move into a renovated facility in April 2021. This move will enable the residential substance use disorder treatment programs A New Beginning to move back into space that had been reassigned to Crisis Care services during the pandemic.
- Daniel Herr will start as Deputy Director of Administrative Operations on Monday, March 29, 2021.
- *FQHC (Federally Qualified Health Center)/Neighborhood Health*: a reminder was offered that COVID-19 vaccinations are administered at the FQHC located on the 4th floor of the Merrifield Center. Noting that some vaccination appointments are missed, efforts are underway to administer unused vaccines from missed appointments to individuals receiving services that are eligible and, in the building, but do not have appointments.

7. Matters of the Board

Daniel Sherrange reported an interest in some workforce planning to include addressing the opioid crisis and proposed crisis response teams. It was noted that due to current budgetary uncertainty, further planning will be delayed.

Srilekha Palle reported involvement with the annual October Wellness and Prevention Conference

Garrett McGuire provided an update to recent concerns by vendor Gabriel Homes related to recommencement of Employment & Day services. Reporting that communication appeared to be the primary cause for concern, a plan was implemented to improve ongoing communication between the CSB and vendors.

Bettina Lawton offered a reminder that CSB Board members would be solicited to serve on a CSB Board Officer Nominating Committee that is chaired by Sheila Jonas. Members interested in volunteering were asked to contact CSB Board Clerk, Erin Bloom.

8. Legislative Update

Budget testimony in draft form has been issued to the three volunteers including Bettina Lawton, Daniel Sherrange, and Garrett McGuire. Speakers were encouraged to practice delivery to ensure adherence to the three-minute time limit regardless of delivery method including telephone, email, video.

Mr. Washington reported monitoring some current legislation that is anticipated to impact the CSB, noting none is strongly significant. A further update will be provided once the legislation is signed or sent back.

9. Action Item

A. *Approval to submit proposed FY 2022 Fee Schedule to BOS*

Sebastian Tezna offered a reminder of the current process for the annual review, revision, and submission of the Fee Schedule and related documents. The purpose and process for annual review and revision to the fee schedule and related documents includes alignment with Medicaid, Medicare, and the contracted MCOs (Managed Care Organizations).

Robert Bartolotta made a motion to approve submission of the fee schedule to the Board of Supervisors at the June 2021 BOS meeting that was seconded by Edward Rose and approved

B. *Approval of Service Delivery Oversight Committee Charter*

Services Delivery Oversight Co-Chair Sheila Jonas offered a reminder that the Developmental Disabilities and the Behavioral Health Oversight Committees were merged to form the Service Delivery Oversight Committees (SDOC). The charter for the former committees was rewritten to reflect the mission, Composition, Responsibilities, and Duties of the new committee.

Ms. Jonas made a motion to accept the charter as presented that was seconded by Edward Rose and unanimously approved.

C. *Virginia Foundation for Heath Youth Grant (Al's Pals)*

CSB staff Marla Zometsky provided an overview of the grant and the program, noting this was a renewal of an existing grant that addresses tobacco prevention for youth ages three (3) to eight (8).

Daniel Sherrange made a motion to apply for and, if awarded, accept funding of \$150,000 for a three-year grant from Virginia Foundation for Healthy Youth to implement the Al's Pals: Kids Making Healthy Choices Program. The motion was seconded by Srilekha Palle and unanimously approved.

D. *Bureau of Justice Assistance Adult Drug Court Discretionary Grant Application Request.*

Georgia Bachman presented the grant application for the CSB to apply for and, if awarded, accept funding from the Department of Justice (DOJ), Office of Justice Program Bureau of Justice Assistance request for a \$500,000, four-year grant that will enhance drug court services. The grant is from October 20, 2021 through September 30, 2022 and includes a 25% in-kind match.

Daria Akers made a motion apply for and, if awarded, accept funding in the amount of \$500,000 for a grant from Department of Justice (DOJ), Office of Justice Program Bureau of Justice Assistance enhance current drug court services. The motion was seconded by Captain Derek DeGeare and unanimously approved.

Bettina Lawton inquired whether there any matters that required discussion in closed session. As none were raised and there being no further business to come before the Board, the meeting was adjourned at 7:11 p.m.

Actions Taken - -

- Motions required to start the virtual meeting including roll call & audibility, safety, electronic meeting and public access, and continuity in government were offered by Bettina Lawton, seconded, and passed.
- The draft February 17, 2021 Workgroup Minutes and the draft February 24, 2021 CSB Board Meeting minutes were approved as presented.
- The FY 2022 proposed Fee Schedule was approved for submission to the Board of Supervisors
- The draft Service Delivery Oversight Committee Charter was approved
- Approval to submit for and, if awarded, accept funding from the Virginia Foundation for Heath Youth Grant (AI's Pals)
- Approval to submit for and, if awarded, accept funding from the Bureau of Justice Assistance Adult Drug Court Discretionary Grant Application Request

Date Approved

Staff to the CSB Board

DRAFT



FAIRFAX - FALLS CHURCH

**Community
Services Board**

Medical Services

**Colton Hand, MD
Medical Director
4/28/21**

Our Purpose



- To provide high quality medical, nursing, and pharmacy services
- Complex psychiatric and medical illnesses requiring active treatment, medications, monitoring and service coordination
- Integrated medical services
 - Psychiatric/Medical Services
 - Addiction Medical Services
 - Pharmacy Services/Medication
 - Integration of Primary/Behavioral Health Care and Wellness
 - Public Health/Infectious Disease/Quality Improvement/Education/Training
- FY 2020
 - \$12M (Personnel, medication, pharmacy and lab testing)
 - 34,000 direct client service hours by MD/NP/PAs
 - 7,000+ clients served
 - 3,700 clients are under the care of MD/NP/PA at any given point in time

Our Team – We're Everywhere!



Our Team

- 39 FTE MD/NPs
 - 30.5 FTE Psychiatrists
 - 6.5 FTE Nurse Practitioners
 - 1.0 FTE Physician's Assistant
 - 1.0 FTE Primary Care Physician
- 1 Nurse QI Manager
- Nursing Staff
 - 58 FTE Registered Nurses (RN)
 - 31 FTE Licensed Practical Nurses (LPN)
 - 11 Nursing Supervisors
 - 20 Vacancies
- Goal
 - Recruit, hire, and retain staff who are committed to community/public sector

Where We Work

- 40+ in various settings/programs (Internal and external) to the CSB including
 - 24/7
 - Emergency Services (Merrifield Crisis Response Center)
 - Residential Detox (Chantilly)
 - Adult and Juvenile Detention Centers
 - Co-Occurring Residential Programs (e.g., Cornerstones, Crossroads, A New Beginning, etc.)
 - Assisted Living (Stevenson's Place and Lincolnia)
 - PATH (Program to assist the homeless)
 - Federally Qualified Health Centers (FQHC)

Psychiatric Services



- Largest part of our services
- Utilizing a multidisciplinary treatment team model (Most programs)
- Teams – Clinicians/case managers/counselors, nurses, MD/NP, and ideally peer specialists
- MD/NP - Multiple subspecialists
 - Child and Adolescent
 - Geriatric/Older Adult
 - Addictions
 - Focus on multiple cultures and languages
 - Forensic
 - Assertive and Intensive Case Management (Non-office-based services)
 - Emergency
 - IDD

Addiction Services: Fighting the Opioid and Substance Use Epidemic



- A full array of services
- Medication Assisted Treatment (MAT) is one of the primary addiction medical services
- Staff work at most of our addiction programs
 - Detox
 - Residential
 - Day Treatment/Partial Hospitalization
 - Outpatient
- Common addiction medications
 - Suboxone/buprenorphine
 - Primary medication for treatment of Opioid dependence
 - Prescribed at all addiction residential treatment programs
 - 190 clients are prescribed Suboxone at any given time
 - Vivitrol, Naloxone, Methadone, Antabuse and Campral

- Dramatic increase in use of heroin, fentanyl, and other opioids with subsequent overdoses
- Virginia DMAS
 - Addiction and Recovery Treatment Services (ARTS) FY 2018
- Fairfax County
 - Significant funding to address this epidemic
 - Addiction Medicine Clinic (Office- Based Opioid Treatment - OBOT)
 - Outpatient program with counseling, case management, nursing and MAT
 - Current census
 - 136 clients
 - 300+ (FY 2020)
- Suboxone
 - \$275,000 per year prior to Medicaid expansion. Now reduced by half.
 - 23 MD/NPs have taken training for the DEA X waiver

Pharmacy/Medication Services



- Primary Goal
 - Provide access to the most effective medication regardless of payor source
- 120,000+ prescriptions per year
 - 95% of prescriptions are e-prescribed through the Electronic Health Record (EHR)
- 4 primary ways for client to access medications
 - Through insurance with a pharmacy benefit
 - Self-pay
 - Through a state or county subsidy
 - Through a pharmaceutical assistance program or sample medications
- Contract with Genoa Pharmacy since 2010
 - 2 full-service retail pharmacies (Gartlan and Merrifield)
 - Delivery to 3 other CSB Mental Health Centers (MHC), many group homes and residential programs
 - All State subsidized medications are processed through Genoa Pharmacy
- Adult Detention Center (ADC)
 - Different pharmacy services and budget

Pharmacy/Medication Services



- Client Access to Medications/Cost Containment
 - A critical part of our service that takes significant staff time and effort
 - Steward of limited resources
 - State provides significant annual subsidy \$1.8 million
 - Eligibility for CSB medication subsidy
 - Indigent and no insurance/pharmacy benefit
 - Integrate cost consciousness into prescribing decisions
- Multiple teams facilitate client access to medications
 - Client Access Services Team (CAST)
 - Medicaid
 - Medicare Part D
 - Patient Assistance Programs (PAP)

Integration of Primary and Behavioral Healthcare



- Florence Hagan, CNS
 - Medical Service's liaison with community partners
- Morbidity and mortality in persons with Substance Use Disorders and/or SMI (Serious mental illness) reduces life expectancy by 25 years.
 - Many preventable and/or treatable medical conditions
 - Heart disease
 - High blood pressure
 - Diabetes
 - Obesity
 - Nicotine dependence
- Health Care Integration Specialists assigned to 2 FQHCs to recruit and facilitate registration
 - Herndon Healthworks
 - Neighborhood Health (NH)
 - Multiple full service primary care clinics across the County, including at Merrifield
 - Gartlan has a full-service primary care clinic, NH staffs with a PCP, nurses and eligibility staff
 - 350+ clients have been enrolled
 - CSB deploys a psychiatrist to NH
- Northern Virginia Dental Clinic

Integration of Primary and Behavioral Healthcare



Physical Health Status Determination & Laboratory and Blood Test

- Addressed by medical and non-medical staff at all stages of treatment/services
- Treatment and ongoing services delivery
 - Monitoring vital signs and weights
 - Ordering and reviewing blood tests
 - Making difficult/complex decisions with people about medications and possible side effects
 - Encouragement and motivation to seek health care
 - Increased communication and collaboration with primary care providers
- Comprehensive lab monitoring system
 - LabCorp and INOVA Reference Lab (IRL)
 - Phlebotomists at 14 sites weekly
 - CSB medical staff are often the only medical provider and/or only opportunity for a client to get lab testing
 - Diagnose multiple medical illnesses through this monitoring system

Direct Primary Care Services Two Entry Points

- Detox
 - Primary care provider, physical exams, diagnosis and treatment of acute and chronic medical problems
 - Supervises our Family Practice NPs (FNP)
 - 24/7 in house nursing
 - MD/NPs - 7 days a week
- Crisis Care (Woodburn Place)
 - 1.0 FTE FNP (Family Nurse Practitioner)
 - .5 FTE Psychiatrist
 - Many MD/NPs in our system often provide short term primary care for clients who do not have/or have been unwilling to have a PCP

Public Health, Quality Improvement, & Training



Public Health/Infectious Disease

- Florence Hagan, CNS, liaison with Health Department
- Infectious diseases in workplace or residential programs (COVID-19, H1N1, Flu/Influenza, Scabies, HIV, Hepatitis, TB, MRSA and bed bugs)

Quality Improvement

- Consultations and case reviews
- Human rights complaints
- Psychiatric peer review and practice guidelines
- Electronic Health Record (EHR) including, medical form development, training, and e-prescribing
- Medical policies and procedures

Training

- Training and supervisory relationships with local institutions including University of Virginia, Georgetown University, George Washington University and George Mason University

Final Thoughts



- I am proud of our CSB Medical Staff and how they have navigated the COVID-19 crises.
- A high quality medical staff is a critical part of providing behavioral health services to the citizens of the County and the cities we serve.

Thank you for your time and ongoing support!

Colton Hand, MD (Colton.Hand@fairfaxcounty.gov)



Questions?



www.fairfaxcounty.gov/csb



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Regional Administrative Fees Policy

The current funding structure of the partnership between DBHDS and the Community Service Boards (CSBs) allows for funding to be allocated directly to CSBs through the execution of a direct payment from DBHDS or funding can be allocated by DBHDS to a partner CSB also known as a Regional Fiscal Agent. The Regional Fiscal Agent will then make allocation determinations for CSBs within their respective region on DBHDS' behalf.

In the event that funding is allocated to a Regional Fiscal Agent, DBHDS will allow for the CSB in question to retain a portion of the allocation to pay for Administrative Costs in accordance with the role that the CSB is serving for the region. The amount of funding that may be retained by the Regional Fiscal Agent for Administrative Costs is as follows:

- If the Regional Fiscal Agent is only passing the funding through to another CSB or service entity and is not entering into a contract or managing the program for which the funds are intended, the Regional Fiscal Agent may retain up to 2.5% of the allocation amount for Administrative Costs.
- If the Regional Fiscal Agent is entering into a subcontract with another entity which will allow the third party to administer the service or program, the Regional Fiscal Agent may retain up to 5% of the allocation for Administrative Costs.
- If the Regional Fiscal Agent is directly administering the program or service for which the funds are intended, the Regional Fiscal Agent may retain up to 10% of the allocation for Administrative Costs.

For the purposes of this policy, Administrative Costs shall be defined as:

- Indirect Costs
- Any costs that are directly related to the administration of the regional program in question (Direct Administrative Costs). These costs may include:
 - Salary and fringe benefit costs associated with staff that are directly responsible for managing the regional program (only the percentage of their workload that is attributable to the administration of the regional program may be charged).
 - Materials, supplies, and other operating costs that support the administration of the award.
 - Contractual costs associated with the management of the regional program.
 - Other Direct Administrative Costs that are specific to the management of the regional program as approved by the program director.
- Indirect Costs can be defined as:
 - Costs that benefit more than one program within the CSB that cannot be clearly or easily assigned to the programs that benefit. These costs include:
 - Salary and fringe benefit costs of administrative staff;
 - Other materials, supplies, and operating costs of administrative staff;
 - Rent and office space costs;
 - Utilities;
 - Shipping costs and postage;
 - Security;
 - Other costs that benefit more than one program within the CSB as approved by the respective program manager.

Final cost determinations for Administrative Costs will be made by the respective program director.

Date: April 20, 2021

CSB Board Update on 2021 Virginia General Assembly Session Activities

The 2021 General Assembly session began on Wednesday, January 13, 2021. During the fall of 2020, board members from the Fairfax-Falls Church Community Services Board met with legislators to share the CSB Board's 2021 priorities. In December, the governor shared his recommendations for amending the biennium budget. After reviewing Governor Northam's budget recommendations and Department of Behavioral Health and Developmental Services recommendations, CSB shared two significant concerns with legislators at the House Appropriations and Senate Finance Committees hearing on January 6, 2021, and the Fairfax County Delegation hearing on January 9, 2021. CSB Board testimonies can be viewed online: <https://www.fairfaxcounty.gov/community-services-board/board/news>.

Key budget items relating to CSB priorities:

Governor Northam proposed amendments to the 2020-2022 Biennium Budget were released in December. In January, General Assembly members submitted their amendments to the budget bills ([HB 1800](#); [SB 1100](#)). The House and Senate money committees released their proposed changes to the 2020-2022 budget in February. The budget as passed in the House and Senate was amended by the governor and then approved by the General Assembly during the reconvened session in April. Below is a brief overview of areas of concern to CSB.

State Psychiatric Hospital Bed Crisis

The budget restores funding for pilot programs for census reduction at state psychiatric hospitals - \$3.8 million in FY 2022. These funds were eliminated from the budget in April 2020 due to the fiscal impact of COVID.

Forensic Discharge Planning

The budget restores \$2.1 million in funding unallotted last year to expand forensic discharge planning services at three additional jails with a high percentage of inmates with serious mental illness.

Opioid Epidemic

The budget includes \$881,306 GF and \$1.3 million from federal Medicaid matching funds to allow individuals with a mental health diagnosis to access preferred office-based opioid treatment services. This service is currently limited to only those individuals with a primary diagnosis of substance use disorder.

DD Services

As in past years, members submitted budget amendments to address the Priority One DD Medicaid waiver waitlist and DD waiver rates were. The final budget includes a \$7.1 million increase in GF and a like amount of federal Medicaid matching funds in FY 2022 to increase the number of Family and Individual Support waiver slots by 435. This brings the total number of waiver slots in FY 2022 to 985 to address the Priority One waiting list.

The final budget also provides funding to increase the Medicaid reimbursement rate for agency- and consumer-directed personal care, respite and companion services in the home and community-based services waivers and the Early Periodic Screening, and Diagnosis and Treatment (EPSDT) program by 6.4 percent on May 1, 2021, and 12.5 percent effective November 1, 2021.

There is also \$300,000 for DBHDS to begin implementing supportive decision making for waiver users.

Other Budget Items of Interest

- Language-only amendment requiring DBHDS, in collaboration with DMAS, to convene a workgroup of stakeholders to review issues with existing rates and issues with rates. The group will make recommendations on needed changes. The report is due by November 1, 2021.

- Language-only amendment to permanently continue DD waiver telehealth services. The amendment requires DMAS to submit a waiver modification request to the Center for Medicare and Medicaid Services for approval to continue supporting telehealth and virtual learning options in the Community Living, Family and Individual Services and Building Independence Waivers.
- Language-only amendment establishes the intent of the General Assembly that a portion of any additional federal funding provided to the Commonwealth to offset the economic impacts from COVID-19 would be set aside and allocated to provide support payments to DD waiver providers that have experienced a significant disruption in operations and revenue during the COVID-19 public health emergency.
- The budget provides funding to support the diversion and discharge of individuals with dementia from state hospitals, to include contracts to support serving individuals in private settings and funding for a pilot mobile crisis program targeted toward individuals with a diagnosis of dementia. This is not expected to have any impact to the CSB or County financially. DBHDS will be contracting for this service with outside providers. The Fairfax CSB will be able to access these programs once they are online.

Key bills addressing CSB-related issues and/or activities:

As a result of this year’s short session and limits on the number of bills legislators could introduce, there were fewer bills for CSB staff to review. CSB staff completed 177 bill reviews to identify problematic and beneficial bills for the county government affairs team as they prioritized legislation to discuss with General Assembly members. Below are some of the bills approved by the governor that CSB monitored.

Hospital Census – Discharge Planning

The introduced version of SB 1304 was of major concern to CSB. This bill came at the urging of DBHDS and would require CSBs to implement discharge plans after an individual has already been discharged. The proposed change to Va. Code § 37.2-505 would have allowed the practice of discharging clients with serious mental illness to the community without appropriate services and supports being accessible and available at the time of discharge. This would increase state hospital recidivism and render many of our community’s vulnerable mentally ill population homeless. CSB board members communicated these concerns with legislators and stated that addressing discharge delays in Northern Virginia can be done by investing in community capacity to meet individual needs. Region 2 CSBs and VACSB were strongly opposed to this code change. The Fairfax County Board of Supervisors also took a position of “Oppose” on this bill at the January 22, 2021, Legislative Committee meeting. The bill was amended to address these significant concerns.

The passed version of the bill directs DBHDS to establish a work group with representatives of the VACSB to review the current discharge process and identify barriers to timely discharge. The report is due September 1, 2021.

Bill Number	Bill Sponsor	Bill Title	BOS Position	Bill Status
SB 1304	McPike, J	Community services boards; discharge planning.		Approved by Governor

Mandatory Outpatient Treatment

This bill makes a variety of changes to the state’s mandatory outpatient treatment (MOT) law. The new law extends the duration of an initial order for MOT from a maximum of 90 days to 180 days. The bill has a delayed effective date of July 1, 2022.

Bill Number	Bill Sponsor	Bill Title	BOS Position	Bill Status
HB 2166	Hope, P	Involuntary admission; provisions governing involuntary inpatient & mandatory outpatient treatment.		Approved by Governor

Criminal Justice System

Local and Regional Jails

The introduced version of HB 1874 was of concern to CSB as it mandated behavioral health staff in jails to perform a service in a set period of time. The bill was amended, and the passed version narrows the focus by requiring behavioral health assessments within a 72-hour window for those experiencing acute issues or at risk of suicide only. The original version of the bill required the completion of behavioral health assessments within 72 hours for all individuals committed to local correctional facilities. However, the bill is requiring that the State Board of Local and Regional Jails review the behavioral health screening and assessment process and identify barriers to ensuring that all behavioral health assessments are completed within 72 hours.

Bill Number	Bill Sponsor	Bill Title	BOS Position	Bill Status
HB 1874	Coyner, C	Behavioral health; assessments in local correctional facilities.	Monitor	Approved by Governor

Specialty Dockets

HB 2236 adds flexibility to the docket process to allow for the transfer of supervision where a person on a behavioral health docket does not live where they were in court. It retains the decision-making with the local docket team.

Bill Number	Bill Sponsor	Bill Title	BOS Position	Bill Status
HB 2236	Bell, R	Behavioral health docket; transfer of supervision.		Approved by Governor

Opioid Epidemic and Substance Use Disorder

HB 1821 would add rendering care to the reasons an individual shall not be subject to arrest or prosecution. HB 2322 establishes the Opioid Abatement Authority to administer the moneys received from opioid litigation settlements. The money will be used to provide grants and loans to Virginia agencies and localities for the purpose of treating, preventing, and reducing opioid use.

Bill Number	Bill Sponsor	Bill Title	BOS Position	Bill Status
HB 1821	Bulova, D	Experiencing or reporting overdoses; prohibits arrest and prosecution.		Approved by Governor
HB 2322	Herring, C	Opioid Abatement	Monitor	Approved by Governor
SB 1469	Barker, G			
HB 1894	Kory, K	Certain employees of the Department of Juvenile Justice; naloxone or other opioid antagonist.		Approved by Governor

Treatment

HB 2003 requires each hospital with an emergency department to establish a protocol for treatment of individuals experiencing a substance use-related emergency. HB 2008 makes a positive change by seeking to ensure patients with a DSM-5 diagnosis do not unnecessarily have their treatment disrupted because of prior authorization issues.

Bill Number	Bill Sponsor	Bill Title	BOS Position	Bill Status
HB 2300	Delaney, K	State Board of Health; hospitals; emergency treatment for substance use-related emergencies; services		Approved by Governor
HB 2008	Heretick, S	Health insurance; authorization of drug prescribed for the treatment of a mental disorder.		Approved by Governor

Marijuana Legalization

Efforts to legalize marijuana were a major focus of this year's General Assembly. The legalization of simple possession and home cultivation begins on July 1, 2021, and the legalization of retail sales is January 2024. Twenty-five percent of income to the state will go toward substance use disorder and prevention. DBHDS shall distribute such appropriated funds to community services boards for the purpose of administering substance use disorder prevention and treatment programs. There will also be one CSB representative on the Advisory Council. The bill includes language about the location of retail and product advertising not being near SUD treatment facilities as well.

Bill Number	Bill Sponsor	Bill Title	BOS Position	Bill Status
SB 1406	Ebbin, A	Marijuana; legalization; retail sales; penalties.	Support	Approved by Governor

Developmental Disabilities

SB 1315 aligns with the county's diversion efforts to help stop the cycle of criminal justice involvement by making admissible the presence of a diagnosis of a mental health diagnosis or ID/DD throughout the criminal justice system. It would also ensure training on ID/DD for attorneys and public defenders. This bill provides improvements to the current criminal justice system as people with disabilities are more likely to be arrested and charged with a crime. SB 1315 was a priority of the Arc of Northern Virginia and supported by VACSB.

HB 2197 proposes to study and make recommendations on the permanent use of virtual supports for individuals with intellectual and developmental disabilities. The goal is to eliminate barriers to access. CSB will monitor this study. This bill is a priority of the Arc of Northern Virginia.

Bill Number	Bill Sponsor	Bill Title	BOS Position	Bill Status
SB 1315	McClellan, J	Criminal proceedings; consideration of mental condition.		Approved by Governor
HB 2047	Bourne, Jeffrey			
HB 2197	Runion, Chris	DMAS; work group to study options for the permanent use of virtual supports and increasing access to virtual supports and services; individuals with intellectual and developmental disabilities.		Approved by Governor

Fairfax-Falls Church Community Services Board
Compliance Committee Meeting Minutes
March 17, 2021

The Compliance Committee of the Fairfax-Falls Church Community Services Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following Committee members were present: Bettina Lawton (Vienna), Board Chair; Jennifer Adeli (Great Falls); Sheila Coplan Jonas (Alexandria); and Garrett McGuire (Alexandria)

The following Committee members were absent:

The following staff were present: Daryl Washington, Luann Healy, Cindy Tianti, and Lyn Tomlinson

Guests: Geoff Griffith, Recovery Centers of America

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair, called the meeting to order at 4:04 p.m.

2. Roll Call and Audibility

Ms. Lawton conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible.

Ms. Lawton passed the virtual gavel to CSB Board Vice Chair Garrett McGuire to make several motions required to begin the meeting.

- o A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present; this motion was seconded by Garrett McGuire and passed unanimously.

3. Preliminary Motions

CSB Board Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a video and web conferencing platform, that may be accessed via Meeting ID: 98675439799 and Passcode 929233. Motions were seconded by Sheila Jonas and unanimously approved.

Ms. Lawton made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the

discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded by Garrett McGuire and unanimously passed.

4. Matters of the Public.

None were offered.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging no recommendations were forthcoming, the meeting agenda was accepted as presented.

6. Review of Meeting Minutes

Meeting minutes of the February 19, 2020 Compliance Committee were provided for review and revision. As no recommendations were forthcoming, Sheila Jonas made a motion to approve the minutes as presented, which was seconded and approved with one abstention from Garrett McGuire.

7. Follow up items from the prior Compliance Committee Meeting

Daryl Washington, acknowledging that Luann Healy, Director of Office of Compliance and Risk Management) would provide updates to compliance trends and activities, including:

- In April 2020 DBHDS (Department of Behavioral Health and Developmental Services) requested that the CSB track positive COVID-19 tests. Results included:
 - 361 positive tests with 15 related deaths reported to date.
 - Individuals receiving DD (Developmental Disability) services have been predominantly impacted.
 - The average age is 42.5 years of age.
 - Clarification to Level I, II, and III incident definitions was provided:
 - Level I: *Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. Level I serious incidents do not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs."*
 - Level II: *"Level II serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. "Level II serious incident" includes a significant harm or threat to the health or safety of others caused by an individual.*
 - Level III: *"Level III serious incident" means a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in:*
 - *Any death of an individual;*
 - *A sexual assault of an individual;*
 - *A suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission.*

Note: Level I, II, and III definitions were added to further clarify definitions provided at this meeting.

8. Updates

ComplyTrack

- Board attention was directed to the compliance program update charts provided in the meeting materials. Highlights included:
 - Audit – a reminder was offered that tracked audits can be internal or external. Tracking definitions are *Green*-attention, no issues, *Yellow*-careful attention, potential issues, and *Red*-focused attention, immediate resolution. A further reminder was offered that new programs are monitored for 12 months. The tracking results will start as red and decrease in intensity as the programs develop and require less monitoring.
 - CAP (Corrective Action Plan) – primarily related to ongoing and new requirements related to the Department of Justice Settlement Agreement (DOJSA). DBHDS has established an incident management unit that is involved in reviews including human rights complaints, deaths, etc. that has increased the number of chart reviews and CAPs issued.
 - Education – the mandatory staff training in DMAS (Department of Medical Assistance) rules and regulations has been added to the online training catalog relieving OCRM (Office of Compliance and Risk Management) staff of the need to provide live training.
- *Electronic Healthcare Record Update*
 - Daryl Washington provided a brief update to changes to the Electronic Healthcare Record platform. It was noted that Credible, the current vendor has experienced some minor issues with limited downtime.
- *CSB Serious Incident Report – February 2021*
 - Luann Healy provided the Serious Incident Report for the last month.

Bettina Lawton inquired whether there any matters that required discussion in closed session. As no one raised any matters or need for a closed session and there being no further business to come before the Committee, the meeting was adjourned at 4:40 p.m.

Actions Taken –

- Minutes of the February 19, 2020 Compliance Committee meeting were reviewed and approved.

April 21, 2021

Date of Approval


Clerk to the CSB Board

CSB Fiscal Oversight Committee Virtual Meeting Minutes

March 18, 2021

The Fiscal Oversight Committee of the Fairfax-Falls Church Community Services Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

Members in Attendance:

In-Person: Chair, Jennifer Adeli; Karen Abraham; Andrew Scalise; Daniel Sherrange; and Sandra Slappey

Remote: Captain Derek DeGeare (Loudoun County)

Members Absent: Bettina Lawton

Staff: Daryl Washington, Lyn Tomlinson, and Jessica Burris

1. Meeting called to order.

The meeting was called to order at 4:02 p.m.

2. Matters of the Public

None were presented

3. Amendments to the meeting agenda

Acknowledging no forthcoming amendments, the agenda was accepted as presented.

4. Review of meeting minutes

The November 12, 2020 meeting minutes were offered for review. Daniel Sherrange made a motion to approve the minutes as presented, which was seconded and approved.

5. Administrative Operations Report

Daryl Washington provided an overview of recent administrative activities, the highlights of which included:

- All CSB sites continue to be open and operating
- The number of CSB staff testing positive for COVID-19 is 82 with 81 staff having returned to work.
- The renovation of the crisis stabilization facility is anticipated to be complete in April. Services and staff are anticipated to move back to the 16-bed facility by the end of the month. This move will also resume capacity at two residential substance use treatment centers with staff from A New Beginning (ANB) moving from Crossroads back to ANB.
- A reminder was offered that STEP-VA (System Transformation Excellence and Performance) is a statewide initiative of nine core services to be provided by all Virginia CSB's. Members were encouraged to review the STEP-VA literature provided in the meeting materials. Efforts to establish a regional call center were highlighted.

6. Clinical Operations Report

Lyn Tomlinson provided the clinical operation update, including:

CSB Fiscal Oversight Committee Virtual Meeting Minutes

March 18, 2021

- The recently revised quarterly reports for individuals served daily and time to treatment charts were reviewed. A slight decrease for wait times in residential substance abuse treatment was reported. While an overall increase in wait times for behavioral health outpatient was also reported. This increase was further impacted by an increase in individuals seeking services. It was further noted that most individuals are requesting screening via telehealth. Ms. Tomlinson confirmed that staff vacancies continue to be the primary impact.
- Members were encouraged to consider the data provided and determine if any changes to the data may be wanted.

7. Financial Status

Jessica Burris provided an overview of the financial reports, some highlights included:

A. *Modified Fund Statement*

- Noting no significant changes, Ms. Burris confirmed that this report does not yet include the realignment of approximately \$4.5M from Operating to Compensation & Fringe discussed at previous meetings. The next statement will include revised projections related to the end of the third quarter. Members were asked to consider the current reports and data provided and determine if additional or alternative data may be more useful.

B. *Variable Revenue Report*

- Variable revenue has increased following improved monitoring and processing of claims for the larger insurance payers including Anthem, Aetna, Kaiser, and Magellan.

8. Human Resources (HR) Update

Daryl Washington provided highlights of the HR update report. It was confirmed that various options to address concerns with recruitment and retention are being considered. These include bonuses for referral, retention, and sign on (newly proposed). Additional matters of concern include streamlining the internal hiring and onboarding process. Proposed solutions include contracting with HR firms.

Daniel Herr has accepted the position of CSB Deputy Director for Administrative Operations. His start date is Monday, March 29, 2021

There being no further business to come before the Board, the meeting was adjourned at 5:39 p.m.

Action Items/Responsible Party Required Prior to Next Meeting:

CSB Staff: The Committee requested data on suicides/overdoses be added to the clinical operations reports.

CSB Staff: The Committee requested to add tracking of individuals during time to treatment including the number of individuals who may drop off the wait list.

CSB Staff: The Committee requested reporting for individuals on the DD wait list to include individuals by priority category, length of time, and variance from norms.

CSB Fiscal Oversight Committee Virtual Meeting Minutes

March 18, 2021

CSB Staff: The Committee requested updates to the contracting/directly provided recruitment and retention efforts.

Issues to Communicate to CSB Board:

Agenda Items for Next Meeting:

Next Scheduled Fiscal Oversight Committee meeting

Thursday, April 15, 4:00 p.m.

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA

Room 3-314, West

April 15, 2021

Date Approved



Clerk to the Board

CSB Board Officer Nominating Committee

Issue:

The CSB Executive Committee is proposing the appointment Sheila Coplan Jonas, Daria Akers, and Bettina Lawton to serve on the Nominating Committee for the FY 2022 CSB officer elections.

Recommended Motion:

I move that the Fairfax-Falls Church Community Services Board approve the Nominating Committee as recommended by the Executive Committee for coordinating the FY 2022 CSB Board officer elections process.

Background:

As outlined in the CSB Bylaws, in April of each year a nominating committee comprised of three CSB Board members is tasked with identifying potential candidates to serve as CSB Board officers in the upcoming fiscal year. The officer positions include the Chair, Vice Chair, and Secretary. Following the deliberation process, at the June meeting, nominees for each office are presented along with requests for any floor nominations and the elections held.

Timing:

Appointment of the Nominating Committee at the April 28, 2021 CSB Board meeting, with elections to take place at the June 23, 2021 CSB Board meeting.

CSB Board member:

Sheila Jonas, Committee Chair
Daria Akers
Bettina Lawton