

## **FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD MEETING MINUTES JANUARY 24, 2024**

The Fairfax-Falls Church Community Services Board met in regular session at the Sharon Bulova Center for Community Health, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031.

### **1. Meeting Called to Order**

Board Chair Dan Sherrange called the meeting to order at 5:01 PM.

### **2. Roll Call, Audibility, and Preliminary Motions**

**PRESENT:**      **BOARD MEMBERS:** BOARD CHAIR, DAN SHERRANGE; SHEILA COPLAN JONAS; ANDREW SCALISE; BETTINA LAWTON; CLAUDIA VOLK; JIM GILLESPIE; EVAN JONES; DARIA AKERS; KAREN ABRAHAM; ANNE WHIPPLE; ROBERT BARTOLOTTA; SRILEKHA PALLE (FAIRFAX, VA)

**ABSENT:**      **BOARD MEMBERS:** CAPTAIN DANIEL WILSON

**Also present:** Executive Director Daryl Washington, Deputy Director of Clinical Operations Barbara Wadley-Young, Deputy Director of Clinical Operations Abbey May, Director of Medical Services Dr. Debra O'Beirne, CSB Service Director of Intensive Community Treatment and Discharge Planning Bob MacMurdo, Legislative and Grants Analyst Elizabeth McCartney, Healthcare Systems Director Jennifer Aloj, and Board Clerk Sameera Awan.

### **Motions**

Board Chair Dan Sherrange motioned to approve Board Member Srilekha Palle's request to participate from a remote location for personal reasons. The motion was approved unanimously. Board Chair Sherrange offered a further motion to approve that all persons at the primary central meeting location can adequately hear the voice of Board Member Srilekha Palle from her remote location; this motion was approved unanimously.

### **3. Matters of the Public**

None were presented.

### **4. Amendments to the Meeting Agenda**

The meeting agenda was provided for your review. Board Chair Dan Sherrange suggested the inclusion of "Crisis Response Centers" as a discussion point under Agenda Item #7, specifically in reference to the Director's Report.

### **BOARD MEMBER CONSENSUS TO AMEND AGENDA ITEM NO. 4**

### **5. Approval of the Minutes**

The minutes of the CSB Board Meeting held on November 15, 2023, were distributed for review. Board Member Bettina Lawton proposed minor changes under Agenda Item #5.6, focusing on the

Closed Session. The adjustments are reflected in the final paragraph, which now reads, "At 6:42 PM, the Board reconvened the open session. At that time, a motion was offered, seconded, and passed **with each member** certifying, to the best of **their** knowledge, that only public business matters were lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such general business matters identified in the motion to convene a closed meeting were heard, discussed, or considered by the Community Services Board in closed session."

**MOTION TO ADOPT NOVEMBER 15, 2023, MEETING MINUTES WAS MOVED BY BOARD MEMBER DARIA AKERS, SECONDED BY BOARD MEMBER EVAN JONES.**

**MOTION TO ADOPT WAS APPROVED BY SHEILA COPLAN JONAS, BETTINA LAWTON, DARIA AKERS, CLAUDIA VOLK, JIM GILLESPIE, ROBERT BARTOLOTTA, SRILEKHA PALLE, EVAN JONES, KAREN ABRAHAM, AND ANNE WHIPPLE. DAN SHERRANGE ABSTAINED**

## **6. Staff Presentation**

**CSB Service Director of Intensive Community Treatment and Discharge Planning Bob MacMurdo** presented an overview of his division. He typically works at the Gartland Center, where he is part of the management team overseeing the following programs: Assertive Community Treatment (ACT), ICT, the Program for Assistance in Transition from Homelessness (PATH), and finally Discharge Planning. One notable change mentioned is the transition from the Program for Assertive Community Treatment (PACT) to Assertive Community Treatment (ACT) due to regulatory adjustments. Despite the name change, the program remains the same, but billing and service provision have significantly differed. ICT covers Intensive Case Management, the Program for Assistance and Transition from Homelessness (PATH), and Discharge Planning.

The budget overview reveals a total budget of around \$7.2 million, with approximately \$6.2 million sourced from local funds and \$1 million from the state. Two grants are associated with the PATH program and Discharge Planning, providing additional funding from SAMHSA (Substance Abuse and Mental Health Services Administration) and the state's Department of Behavioral Health and Developmental Services. Staffing primarily consists of Behavioral Health Specialists II, with integrated peer recovery services and nursing teams. Mr. MacMurdo oversees these positions directly, but there are also psychiatrists from different areas who are matrix-managed by the Director of Medical Services, Director Dr. Debra O'Beirne.

Despite the challenges posed by the COVID-19 pandemic, they made it difficult to retain staff during specific periods when fear and uncertainty prevailed. Currently, the positions are adequately filled, with most employees working full-time. Four positions receive funding from the Department of Behavioral Health and Developmental Services (DBHDS) and SAMHSA. The expectation is that all teams will find ways to maintain capacity.

While the mid-county area receives more referrals due to its proximity, Intensive Case Management is available across the county in Reston, Gartlan, and the Heritage building to serve the mid-county area. An exciting development is the recent expansion of the Assertive Community Treatment (ACT)

team, which now operates in the Heritage building, in addition to that located on the Route 1 corridor, marking a significant improvement after two decades of efforts to enhance ACT teams.

One of the staffing challenges faced is the attraction and retention of staff. Some individuals use the program as a learning ground but may leave for behavioral health outpatient positions with similar pay, more telework options, and no evenings or weekends. To address this, changes have been implemented, allowing two days of teleworking per week, with extended hours for teleworking. Some teams have adopted flexible schedules, such as four 10-hour days, to accommodate and retain staff effectively. These adjustments have been well-received, and flexibility positively impacts retention. However, the division experienced 75% turnover rate one or two years into the pandemic. Currently, it is more fully staffed due to increased investment from staff. The achievement of this improvement is attributed to several factors. These include broadening expectations for degree requirements and establishing partnerships with student programs at George Mason University. Additionally, the division's recruitment efforts are facilitated by maintaining more positions that do not require a license, as it does not typically bill formal therapy. Applicants can alternatively qualify for positions within this division with the Qualified Mental Health Provider (QMHP) designation.

Individuals in the PATH program visit various settings, particularly encampments, where people with serious mental illnesses, often accompanied by substance abuse issues, can be found in the Reston area. The staff, typically working in pairs or with assistance from other agencies, including the health department and community groups, conduct outreach at these encampments. The team's outreach efforts coincide with the day of point-in-time studies, a significant endeavor in metropolitan areas to gauge the homeless population. In 2023, the study reported 1,310 homeless (sheltered or unsheltered) individuals, marking a 10% increase from 2022. The team, equipped with peers with lived experiences, also visits hypothermia shelters to engage needy individuals.

Engagement proves to be the primary focus for the PATH team (approximately 6 full-time staff, 2-3 part-time staff, and 2 vacancies – 2 located in Reston, 2 in mid-county, and 2 in Garton, who shift and flex to cover one another). Community members or police might inform the team about someone in need; the PATH team conducts outreach and engagement efforts. Despite potential resistance, they tirelessly attempt to connect with individuals, providing clothing and resources and connecting them with services, nurses who aid with skin care, gift cards for food, etc., even accepting referrals. Once engaged, individuals are guided through basic case management tasks, with the possibility of transitioning to programs like ACT, intensive case management, or other suitable services. The overarching goal of the PATH team remains steadfast – fostering meaningful engagement with those in need. This service is not billable, so this does not generate revenue for the County.

Moving into Intensive Case Management (ICM), Mr. MacMurdo elaborated on services that generate revenue and are billable under Medicaid and other insurances, where the staff typically deals with community members struggling with Serious Mental Illness (SMI). In such cases, for example, rather than suggesting that a client go to a medical office for an appointment or service, staff will drive them. Services include home, site, and community-based support, assisting with appointments, access and maintenance of benefits, crisis counseling, monitoring healthcare and

medications, skill teaching, and more. Three ICM teams are currently functioning throughout the county, serving 132 individuals (as of FY 23). ACT maintains the highest level of case management, then ICM, and later BHOP, although individuals may remain within either level of case management for years at a time. There is currently a 12-person waitlist. However, once the vacancies are filled, this should level out. There are typically 15 cases managed by every (1) case manager.

Discharge Planning is based primarily at state hospitals such as the Northern Virginia Mental Health Institute (NVMHI). These services become gridlocked due to individuals being sent from outside the region, all over the state, to state hospitals in this region. These clients tend to be extremely ill, have run out of insurance, and may end up 'stuck' in this system. The population of individuals who have committed something forensic that has landed them in the facility has increased to 42 since 2022; these have been considered not guilty because of insanity. Current DAP funds for 19 individuals with contracts with nursing homes and assisted living facilities amount to \$2.4 million. The total number of individuals served by this program in FY 2023 is 482.

Mr. MacMurdo remains optimistic in this challenging field, having observed individuals with SMI achieve stability, secure employment, and reintegrate into the community. He has also witnessed the enduring presence of strong, skilled contributors in this field.

**Board Chair Dan Sherrange** had the distinct pleasure of presenting Bob MacMurdo with a Length of Service award from Fairfax County, acknowledging his 35 years of dedication to the agency. Dan noted that individuals who commit themselves to public service are viewed as exceptional and staying committed for 35 years is a testament to this fact. The award recognizes Mr. MacMurdo's remarkable dedication.

## **7. Director's Report**

### **A. County, Regional, State and Cross Agency Initiatives**

**Executive Director Daryl Washington** provided updates on the county budget process, emphasizing that the CSB is currently navigating it. The county executive is set to review and propose the budget in the second week of February. Despite acknowledging the challenges inherent in the budget process, Mr. Washington expressed confidence in the agency's standing, noting that there are no significant concerns based on the information available.

Regarding the state budget, the CSB has secured additional resources, leading to the ongoing hiring of additional staff for the assessment unit. This initiative aims to expedite the triage and assessment of individuals, thereby fortifying the System Transformation Excellence and Performance (STEP-VA). An allocation of nearly \$2.5 million has been designated to support staff salaries, effective January 1, 2024. Pending approval of the governor's proposed budget, an additional \$2.5 million is anticipated to aid staff salaries.

A substantial portion of the governor's FY25 proposed budget is allocated to crisis services, emphasizing regional funding distribution. Mr. Washington clarified that funds allocated to any individual locality, such as Prince William's program, will be accessible to Fairfax citizens

due to the regional nature of the program. He highlighted Fairfax's success in bidding for regional programs, ensuring equitable resource utilization.

The challenges and timeframe involved in transitioning from a hospital-based care system to a community-based system for crisis services were discussed. Mr. Washington stressed the need to purchase and develop buildings and staff these services. While acknowledging the existence of Wellness Circle, a long-standing program, Washington emphasized the necessity for multiple similar programs to establish a comprehensive community-based crisis delivery system that minimizes hospital admissions. Continued reinvestment is deemed essential for the success of this transition.

There is an ongoing search for suitable buildings within Fairfax County. Once an appropriate location is identified, the CSB Board will receive updates. Mr. Washington expressed readiness to communicate progress and updates as soon as the agency is in a position to do so.

## **B. Youth Services**

**Deputy Director of Clinical Operations Abbey May** shared updates regarding the Chantilly Crisis Receiving Center. The center, previously located in Chantilly and managed by Recovery International, concluded its contract in June 2023. Connections will assume control of the facility, with plans to have it operational by July 1, 2024, marking an exciting development for the team.

Shifting the focus to youth behavioral health, in the previous year, the regional office aimed to establish a youth detox facility with Region 2 funding through the state's agreement authority. Despite challenges in securing a vendor last year, there have been meetings with vendors, increased interest, and a decision to reissue the Request for Proposals (RFP). The revised scope will encompass youth detox, crisis receiving center, and crisis stabilization. Anticipation is high for these developments.

Addressing the expansion of programs, Mrs. May highlighted progress in establishing Youth Medicated Assisted Treatment (MAT) and outpatient teams in non-traditional settings. The recruitment process for these positions has commenced, with the HR department actively offering manager and supervisor positions for the two teams. Efforts have also been made to determine suitable locations for these teams, considering areas such as South County, Mid-County, and Herndon. Partnerships have been established with Neighborhood Community Services (NCS) at the Hybla Valley Recreation Center, James Lee Recreation Center in Falls Church, and the Neighborhood Resource Center in Herndon. She expressed enthusiasm for these collaborations and ongoing efforts regarding space arrangements, furniture, and other logistical aspects. The goal is to have these teams operational by late spring, contingent on the hiring process and team establishment.

### C. Developmental Disabilities Waivers

**Deputy Director of Clinical Operations Barbara Wadley-Young** shared that CSB staff are currently engaged in forecasting, staffing, and assessing resource needs in anticipation of the expected state funding to alleviate the Priority One Medicaid Waitlist across Virginia. In Fairfax, this initiative is expected to benefit approximately 1,200 individuals who will be receiving a waiver, necessitating the addition of around 70 new positions. This represents a substantial 50% increase for the support coordination team over the next two years, significantly impacting both internal and external service and business operations teams at the CSB.

Collaborating with the County Department of Management and Budget (DMB) and Department of Human Resources (DHR), Dr. Wadley-Young, Mr. Washington, and CSB staff plan to meet with the Assistant Commissioner for the state. The objective is to discuss expectations, outline the pace, and devise a plan to manage logistics related to meeting those expectations. It's essential to note that while revenue for support coordination services will increase with the additional staff, covering about 2/3 of the actual expenses, there will be added costs to the county.

In response to the board chair's request, a concise summary of the projected growth and its impact, along with a timeline, is being prepared. This information will be utilized for advocacy efforts by the CSB board and leadership to create more opportunities for engagement with individuals and families affected by the increase in services. The aim is to educate them about the process and what to expect over time with the delivery and implementation of the waivers. It is essential to provide the BOS offices with information to address constituent inquiries regarding activating additional disability waivers, aiming to manage expectations effectively.

### 8. Legislative Update

**Legislative and Grants Analyst Elizabeth McCartney** provided updates on the CSB Board's activities during the 2024 Virginia General Assembly session, which began on January 10, 2024. During the session, McCartney highlighted key budget aspects. She emphasized that details of budget amendments tied to specific bills or consisting of language-only changes would be accessible on February 20th when posted on the budget website.

In the legislative arena, the CSB had scrutinized 200 bills. The county's government relations tracking system and staff swiftly delivered crucial feedback on bills pertinent to CSB services. A primary focus was on bills addressing the civil admission process, an ongoing concern for the past four to five years. Notably, SB 34 and HB 608, mirroring a previously opposed bill, were scheduled for discussion by the legislative committee.

Addressing a significant bill arising from the Joint Legislative Audit and Review Commission (JLARC) report on Virginia psychiatric hospitals, HB 888 and SB 176 were classified as adverse. These bills dealt with neurodevelopmental disabilities and neurocognitive issues, proposing that individuals with such conditions be categorized as having a mental illness, potentially affecting their eligibility

for Temporary Detention Order (TDO) for Involuntary Admissions. The VACSB also opposed these bills.

SB 497 and HB 823 focused on alternative transportation, aiming to codify a six-hour time limit for the availability of alternative transportation providers in TDO cases. HB 822 was marked as adverse due to its potential to grant the CSB authority to take custody of individuals in the eco process, deviating from the standard involvement of law enforcement. This served as a point of opposition.

Lastly, HB 808 and SB 653 were flagged as adverse, suggesting a delay in admissions to state psychiatric hospitals until it is confirmed that individuals don't have urgent medical needs. McCartney argued that this could complicate the system and cause unnecessary delays in admitting individuals in need. These feedback points have been shared with government relations for discussion with the Board of Supervisors (BOS).

## 9. Matters of the Board

**Board Chair Dan Sherrange** shared a crucial update, announcing the successful hiring of the HR director, a significant milestone for the organization. They plan to collaborate with the new HR director to enhance the hiring process and facilitate a reduction in staff shortages in key areas. This positive news was conveyed to ensure everyone is informed about the latest developments.

**Board Member Sheila Jonas** shared a heartwarming note of appreciation she received from the retired Mason District Supervisor, Penny Gross. Reflecting on the years they had known each other, Sheila fondly described Penny as someone who consistently prioritized the well-being of the underrepresented, emphasizing her commitment to looking out for the "little person" before addressing the needs of the more prominent figures. Sheila expressed a sense of loss at Penny's retirement and mentioned that she would miss the handwritten notes highlighting Penny's genuine and caring nature.

**Board Member Jim Gillespie** reported that in Fairfax City, during last night's City Council session, a zoning amendment was approved. In summary, the amendment establishes a new category for social services delivery, permitting such services by right in commercial and industrial zones. Jim clarified that, as he understood it, this amendment would enable the administrative center to offer certain drop-in services that may not have been possible before. Looking ahead, the zoning amendment is anticipated to positively impact Human Services provision within the city, providing greater flexibility for both for-profit and nonprofit Human Services providers to deliver their services without the necessity of obtaining special use permits.

**Board Member Daria Akers** shared that she and CSB Board member Andrew Scalise testified at the January General Assembly budget hearing, accompanied by her 11-year-old son. Her son thoroughly enjoyed observing the notes she took during people's testimonies in front of the Northern Virginia delegation. The following day, he appreciated the experience, noting it was a valuable opportunity to witness democracy.

**10. Committee Reports****A. Service Delivery Oversight Committee**

Service Delivery Oversight Committee Chair Evan Jones provided updates on the committee. He shared that a longstanding goal of the board is the focus for this year – revitalizing community participation in the committee. The aim is to restore it to its previous robust state, particularly before the COVID era. To achieve this, two planning meetings have been held to explore various strategies to enhance interaction with service providers and those receiving services. A structured plan has been developed, with increased communication being a key feature. The committee plans to send out a minimum of two reminders a week before each meeting to individuals on the list, and this list will be expanded throughout the year. Personal invites will also be extended, particularly to kickstart the initiative. A new section will also be introduced where four to five providers will give a 5-minute update. The hope is to boost attendance, encourage more dialogue, and create a more robust and informative experience for everyone involved. The committee is actively working on implementing these changes. **The next Service Delivery Oversight Committee meeting is Wednesday, February 14, 2024, at 5:00 PM.**

**B. Fiscal Oversight Committee**

Fiscal Oversight Committee Chair Claudia Volk brought attention to the committee's close budget monitoring considering previously addressed concerns. The committee has tackled issues related to the Priority One Waitlist and underscored the significance of Housing Units. A pending discussion involves scrutinizing the utilization of Substance Abuse beds, as there seems to be some surplus capacity. This monitoring of utilization has become a central focus for the committee. **The next Fiscal Oversight Committee meeting is Thursday, November 16, 2023, at 4:00 PM.**

**11. Adjournment**

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Daria Akers. The motion was approved unanimously, and the meeting was adjourned at 6:51 PM.

11/07/2024 | 15:33:01 EST

Date Approved

DocuSigned by:

*Samara Awan*

CSB Board Clerk