

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
EXECUTIVE COMMITTEE MEETING MINUTES
JULY 17, 2024**

The CSB Executive Committee met in regular session at the Sharon Bulova Center, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031

1. Meeting Called to Order

Acting Committee Chair Andrew Scalise called the meeting to order at 4:01 PM.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** ACTING COMMITTEE CHAIR ANDREW SCALISE; EVAN JONES; BETTINA LAWTON

ABSENT: **BOARD MEMBERS:** DAN SHERRANGE

Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Abbey May, Deputy Director of Administrative Operations Jean Post, Director of Medical Services Dr. Debra O’Beirne, Director of Quality Improvement and Compliance Joan Rodgers and Board Clerk Sameera Awan.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was presented for review, and no amendments were made by the Consensus of the Committee. The meeting agenda was approved.

5. Approval of the Minutes

June 20, 2024, Executive Committee Meeting Minutes were provided for review; no amendments were made.

ACTING COMMITTEE CHAIR ANDREW SCALISE MOTIONED TO ADOPT THE MEETING MINUTES OF JUNE 20, 2024, SECONDED BY EVAN JONES AND BETTINA LAWTON.

6. Compliance Committee Update

Director of Quality Improvement and Compliance Joan Rodgers provided updates on the CSB Board Audit and CAP Reports. Referring to Agenda Item #6.1, she noted that six internal audits were conducted for a quality review, a preventative general auditing activity aimed at supporting programs. In June, one audit was completed for monitoring purposes to provide continued program support. These audits encompassed 45 clinical records across seven program areas. As

the fiscal year 2024 concludes, 107 audit activities were conducted, involving a review of 687 internal records.

This month's specific areas audited internally included Residential Treatment Services, New Beginnings, Intensive Outpatient services, Intensive Case Management at Northwest Reston, and Assertive Community Treatment. Additional audits included Mental Health Case Management for Adult Services at Gartland, Support Coordination Services, and Assisted Community Residential Services, including group homes. The compliance rate for internal audits remained very high in accuracy, and these audits are conducted using tools developed to align with DBHDS (Department of Behavioral Health Services) and other regulatory requirements.

The team has been busy supporting and preparing for ongoing external audits, including announced and unannounced visits. The System Transformation Excellence and Performance (STEP-VA) audit, conducted on July 16th, yielded positive results. The HSAG (Health Services Advisory Group) audit began on May 15th and is still in progress. The HSAG team, consisting of 11 reviewers, has been reviewing records from the period of July 1, 2023, to January 31, 2024. They are currently conducting interviews with staff responsible for reviewing the records. The results of the HSAG audit are expected, in early fall, but the timeline for completion is still uncertain.

7. Director's Report

A) County, Regional, State and Cross Agency Initiatives

Executive Director Daryl Washington provided updates on various developments across the county, region, and state. He noted that the American Society of Addiction Medicine (ASAM) updated its national standards related to substance use late last year. The state is conducting training on these updated standards across all Community Services Boards (CSBs). While these changes could lead to potential streamlining and adjustments, they will likely need to go through the state's regulatory process, which could take 18 to 24 months.

The state budget has finally passed, allowing for the approval of parts of the state performance contract. The state performance contract includes various "Exhibit D" documents for each primary service provided. These exhibits detail outcome measures, state funding, and core expectations. The internal approval process involves forwarding these documents to clinical content experts and the fiscal team to ensure the funding aligns with expectations and to identify any potential challenges in tracking, delivering, and meeting outcomes.

As the county budget has also been approved, the focus is now on establishing services and conducting negotiations around budget carryovers. Mr. Washington does not foresee any significant changes affecting the reserves or carryovers. He assured the committee he would provide further updates once these discussions concluded. The detailed process of approving the state performance contract highlights the extensive planning and coordination required to meet DBHDS's expectations and secure the necessary funding for the agency's operations.

B) Additional House Collaboration with Fairfax Housing Authority

Executive Director Daryl Washington provided updates on the Permanent Supportive Housing Initiative. The team is working on establishing a collaborative housing agreement with the Department of Housing. A significant announcement was made regarding funding from DBHDS, and one-time funds were released specifically for permanent supportive housing, emphasizing property acquisition through the regional office. The region is actively seeking partners to acquire properties to support permanent supportive housing and to create additional affordable housing beyond the funds allocated directly to the CSB.

Initially, the region was allocated \$5.5 million, but due to another area in the state's inability to utilize its funds, the allocation increased to \$6.5 million. The other localities in the region did not have readily available projects, whereas the local Housing Authority was prepared. This readiness has facilitated the formation of an agreement between the State, the CSB, and the local Housing Authority for an affordable housing expansion involving \$6.5 million.

The regional office will hire a consultant specializing in affordable housing and permits to support the process. This collaboration is a positive development, likely benefiting Fairfax residents, given the county's preparedness to proceed with the agreement. While the details are not yet finalized, Mr. Washington expressed confidence that the agreement would be completed within the next few months, allowing the initiative to move forward and expand affordable housing in the area.

C) Youth Services and Crisis Response Centers

Deputy Director of Clinical Operations Abbey May provided updates on Youth Services and Crisis Response Services. The Youth Medicated Assisted Treatment (MAT) program is operational, and most of the hiring for other youth positions has been completed. One out of three kickoff events have occurred, with one at the Herndon site and the James Lee kickoff scheduled for July 26th. The Hybla Valley kickoff is set for August 2nd, and invites will be sent to the CSB Board members who wish to attend. With the exception of one psychiatrist position, all staff positions have been filled. However, with a nurse practitioner on board, the program's operations are not expected to be affected. Abbey expressed appreciation for the Youth and Family team's hard work, noting the significant progress made and the expansion of the Youth MAT program.

D) Developmental Disability Waivers

Executive Director Daryl Washington provided updates on the Developmental Disabilities (DD) waiver waitlist. He explained that the waivers projected for the upcoming year will be distributed quarterly, totaling just under 300 waivers. The distribution will follow the old formula, meaning even smaller CSBs with almost no individuals on their priority one waitlist will receive waivers. If these smaller CSBs cannot utilize their waivers due to an eliminated priority one waitlist, the waivers will be redistributed first within the region and then statewide if regional needs are met.

Mr. Washington expressed confidence that the actual number of waivers received will exceed 292, though the exact number remains uncertain. He noted that even within the Northern Virginia region, areas like Alexandria, with fewer than five individuals on their priority one waitlist, will receive more than five waivers. Other CSBs within the region will also receive additional waivers.

The primary concern is finding and hiring enough support coordinators and collaborating with community partners to provide the necessary developmental disability services. While the budget and funds are intended to eliminate the priority one waitlist, Mr. Washington anticipates that fully implementing this initiative and building a robust community system will take three to five years.

8. Review of the July 24, 2024, CSB Board Meeting Agenda

Acting Committee Chair Andrew Scalise requested that Action Item #7D be removed from the Directors Report, as third-quarter updates are not currently being discussed.

9. CSB Board Annual Planning Calendar

Acting Committee Chair Andrew Scalise provided an update on the legislative talking points. He noted that the CSB staff is currently working on them, and the CSB Board will have the opportunity to review and discuss the legislative priorities at the full board meeting next week.

10. Matters of the Executive Committee

A. Service Delivery Oversight Committee:

SDOC Committee Chair Evan Jones reported on presentations during the meeting. She noted that Sara Brinkmoeller, Health Safety Net Integration Director at the Fairfax County Health Department, delivered an excellent presentation. Additionally, Amanda Davis-Scott, Program Manager for Behavioral Health Outpatient & Case Management Services, provided an informative presentation on collaborative efforts with community partners to enhance healthcare outcomes for community members. The meeting also featured participation from health workers, representing one of their closely collaborative community partners. **The next Service Delivery Oversight Committee meeting is Wednesday, August 14, 2024, at 5:00 PM.**

B. Compliance Committee:

Acting Compliance Committee Chair Andrew Scalise noted that Director of Quality Improvement Joan Rodgers presented the CSB Board Audit Report, the CSB Board CAP Report, and the CSB Board Annual Training Data. **The next meeting of the Compliance Committee will be held on Wednesday, August 21, 2024, in conjunction with the Executive Committee meeting starting at 4:00 PM.**

C. Fiscal Oversight Committee:

Acting Chair of the Fiscal Oversight Committee, Andrew Scalise, indicated that he had no recent updates to provide, as the Fiscal Committee did not meet in July. **The next meeting of the Fiscal Oversight Committee is Thursday, August 22, 2024, at 4:00 p.m.**

11. Action Item

A. FY 24-25 State Performance Contract

Executive Director Daryl Washington provided updates on the state performance contract information. He explained the process and details included in the published state performance contract, which requires the organization to report its FY25 budget projections, the number of services to be provided, and the target populations. The information is organized according to the Substance Abuse and Mental Health Services Administration (SAMHSA) requirements, categorizing services into mental health, developmental disability, and substance use services. Although services are integrated clinically, they must be reported separately to the state per the reporting guidelines.

The first page of the contract outlines the overall budget, detailing the funding received for each of the three major disability areas. This includes state funding, local funding, fees (other generated revenue), and federal funds, such as mental health and substance abuse block grants, noting there are no block grant dollars for developmental disabilities. Some funds are flexible and can be used across various mental health programs, while others come with specific stipulations from the General Assembly or the department. For example, programs like STEP-VA (System Transformation Excellence and Performance) or crisis services are funded with the requirement that the money be used to serve specific populations with designated types of services.

MOTION TO APPROVE AGENDA ITEM NO. 11A WAS MOVED BY COMMITTEE MEMBER BETTINA LAWTON, SECONDED BY COMMITTEE MEMBER EVAN JONES.

THE MOTION WAS APPROVED UNANIMOUSLY.

12. Closed Session

Acting Committee Chair Andrew Scalise requested a closed session with only Board Members and CSB staff at 5:23 PM.

MOTION TO ENTER INTO CLOSED SESSION WAS MADE BY ACTING COMMITTEE CHAIR ANDREW SCALISE, SECONDED BY BOARD MEMBER BETTINA LAWTON.

MOTION TO ADOPT WAS APPROVED BY ANDREW SCALISE, EVAN JONES, ANNE WHIPPLE AND BETTINA LAWTON.

**Board Members participated in person.*

At 5:59 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.

AT 5:59 PM MOVED BY ACTING COMMITTEE CHAIR ANDREW SCALISE, SECONDED BY BOARD MEMBER BETTINA LAWTON TO RETURN TO PUBLIC MEETING

13. Adjournment

A motion to adjourn the meeting was made by Committee Member Bettina Lawton and seconded by Committee Member Evan Jones. The motion was approved unanimously, and the meeting was adjourned at 5:59 PM.

Date Approved

Clerk to the Board