

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
EXECUTIVE COMMITTEE MEETING
March 19, 2025**

The Executive Committee met in regular session at the Sharon Bulova Center located at 8221 Willow Oaks Corporate Drive, Fairfax, Virginia 22031 in room 3-314 West.

1. Meeting Called to Order

Committee Chair Dan Sherrange called the meeting to order at 4:07 P.M.

2. Roll Call, Audibility and Preliminary Motions

PRESENT: BOARD MEMBERS: COMMITTEE CHAIR DAN SHERRANGE; EVAN JONES;
BETTINA LAWTON; ANDREW SCALISE.

Staff in Attendance: Executive Director Daryl Washington; Deputy Director of Clinical Operations Abbey May; Deputy Director of Clinical Operations Barbara Wadley-Young; Deputy Director of Administrative Operations Jean Post; Chief Financial Officer Elif Ekingen; Director of Medical Services, Dr. Debra O’Beirne; Director of Administration & Policy Shweta Adyanthaya; Director of Quality Improvement and Compliance, Joan Rodgers; Division Director of Behavioral Health Outpatient (Adult), Eileen Bryceland; and Acting-Board Clerk Shayla Coleman.

3. Matters of the Public

No matters were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review, no amendments were made.

5. Approval of the Minutes

Minutes from the Executive Committee Meeting held on January 15, 2025, were provided for review, and no amendments were made.

BOARD MEMBER ANDREW SCALISE MOTIONED TO ADOPT THE MINUTES OF EXECUTIVE COMMITTEE MEETING HELD ON JANUARY 15, 2025. COMMITTEE MEMBER EVAN JONES SECONDED THIS MOTION. THE MOTION TO ADOPT WAS APPROVED BY THE BOARD MEMBERS DAN SHERRANGE, ANDREW SCALISE, AND EVAN JONES.

* BOARD MEMBER BETTINNA LAWTON was not present at the time of the vote, thus by circumstance she abstained from this vote.

6. Compliance Committee Update

Director of Quality Improvement and Compliance Joan Rodgers directed the Board to consider agenda item 6A-1, as she reviewed audit activities. Eight internal audits were conducted for a quality review across eight program areas in February 2025, and no problem areas were discovered. These areas included Intensive Community Treatment (ICT) services, Assertive

Community Treatment (ACT), Diversion Jail-Based Services, Behavioral Health Outpatient services, Residential Treatment and Detox services, Support Coordination Services, and Assisted Community Residential Services (ACRS). There was one additional unannounced external audit by the Virginia Board of Pharmacy of the CSB Medication Clinic in Reston, Virginia. One item, regarding the supervisor contact of the clinic, needed to be remedied, which was handled immediately. In March 2025, there was an annual program review of Support Coordination, where 3 records from each area were reviewed for group homes. The findings have not yet been released. Lastly, the results for the Department of Behavioral Health and Developmental Services' (DBHDS) review have been received and no major concerns have been identified. DBHDS will report back in one year. In total, there were 67 audits completed in February 2025, and 578 audits have been completed this year. Additionally, a Substance Abuse (SA) review will take place this summer, relating to the triennial license.

BOARD MEMBER ANDREW SCALISE commented that the time invested into providing files in response to audits may be an area where funds can be saved, as it may lessen staffing needs. The efforts may be redundant based on the volume and frequency of audits.

Executive Director Daryl Washington added that the challenge herein involves the settlement agreement, which requires both the direct audit and an independent audit. It is unlikely that a change will take place unless there is a window to exit the settlement agreement. He acknowledged the impact of this administrative burden on business and clinical staff.

BOARD MEMBER BETTINA LAWTON asked for a dollar amount representing the effort devoted to the redundant audits.

Division Director Joan Rodgers responded that strategically, all may benefit from setting a goal of 95% compliance rather than 100% compliance in order to mitigate the extensive burden of audit response.

The CAP report was reviewed. Ms. Rodgers highlighted a serious incident, and its resolution as indicated in the report. A contractor for skilled nursing who was not employed by CSB carried out a procedure on CSB property out of harmony with CSB procedure, which was rectified.

COMMITTEE CHAIRMAN DAN SHERRANGE requested that a report on the results of the DBHDS audit be shared with the full board at the next meeting. Additionally, if there were any 'red flags', that a member of the Executive Leadership team please call the chairman with an update on the details.

7. Director's Report

Executive Director Daryl Washington reported that, although much information has been circulated, there have been no concrete changes to the Federal and State levels that require any changes or responses from the CSB from a budgetary standpoint. At the County level, the FY26 budget process continues. The tax rate that is recommended is \$1.18, and the County is

considering a meals tax, however the final decision has yet to be made. Regarding the Electronic Healthcare Record, the project remains on task and on time.

Deputy Director of Clinical Operations Barbara Wadley-Young reported two updates. The Permanent Supportive Housing (PSH) program has experienced significant delays due to the lack of a memorandum of understanding (MOU). Progress has been made, referrals have begun, and staff have been hired, so the CSB is prepared for this adjustment.

BOARD MEMBER DAN SHERRANGE asked how many vouchers have been implemented compared with the number of vouchers received.

Deputy Director of Clinical Operations Barbara Wadley-Young reported that lease ups should begin in June 2025.

BOARD MEMBER DAN SHERRANGE asked if any of the funding would be lost with budget changes.

Executive Director Daryl Washington reported that the 2025 vouchers would not be lost, nor would the funding, rather it would roll over into the next fiscal year to serve the same purpose.

Deputy Director of Clinical Operations Barbara Wadley-Young next began her final update on Priority-One Waivers. The CSB has received 225 waivers to date; 73 waivers are anticipated in April 2025. So, of the 1200 waivers anticipated throughout the next three years, the CSB is down to 1155, because so many more individuals have needed to be added to this list.

BOARD MEMBER ANDREW SCALISE commented that even if the goal of eliminating the waitlist is accomplished, it is growing at a pace where the CSB may not have the funding to eliminate it again. He emphasized his concern that the \$15 million funding gap would grow over the years.

BOARD MEMBER DAN SHERRANGE commented on the internal processes within the county affecting the CSB's ability to carry out this work.

BOARD MEMBER BETTINA LAWTON asked if it was the hiring process or the onboarding process presenting the challenge.

Deputy Director of Clinical Operations Barbara Wadley-Young responded that the process from the time that the waiver slot allocation committee determines who gets a waiver, CSB notifies the families. The family must apply for Medicaid and meet all the financial requirements. Some families do not have the time to commit to this process, or technological awareness to do so. Maintaining engagement is an additional load to assist families in completing this process within 60 days.

BOARD MEMBER ANDREW SCALISE added that the caseload also needs to be adjusted due to the workload, including further adjustments for newer employees.

Deputy Director of Clinical Operations Barbara Wadley-Young informed the Board that the CSB also rehires annuitants to support this effort. And she informed the board that the Department of Family Services (DFS) which assists families in applying for Medicaid is also overwhelmed.

BOARD MEMBER BETTINA LAWTON asked if the proposed changes to funding regarding the Medicaid Expansion would affect this effort.

Deputy Director of Clinical Operations Barbara Wadley-Young informed the Board that the Medicaid Expansion dollars do not impact Medicaid Waiver dollars, it has more of a Behavioral Health impact rather than Developmental Disabilities. However, there may be implications regarding the number of individuals who may qualify for Medicaid.

Executive Director Daryl Washington reported that if the Medicaid Expansion funding is pulled, then this may affect CSB revenue, as CSB would seek ways to serve clients that do not qualify for Medicaid but would not draw down revenue from the services.

BOARD MEMBER ANDREW SCALISE asked if there are any vacancies on the team.

Deputy Director of Clinical Operations Barbara Wadley-Young responded no. She proceeded to update the Board on budget reductions affecting her programs. There will be a reduction of School Transition Services, affecting approximately 160 students serviced in that program annually. Instead, Fairfax County Public Schools (FCPS) will provide this service to students. Staff who were assigned to this team are meeting with FCPS to discuss training and resources to aid FCPS staff in this transition. Transition staff may be shifted to Monitoring teams, or other teams doing similar work.

BOARD MEMBER BETTINA LAWTON asked if the school system has already agreed to hire staff to support this effort.

Deputy Director of Clinical Operations Barbara Wadley-Young responded that FCPS is likely juggling adjustments to budget cuts affecting its operation. But the transition process does not happen until the end of the year, so there is time to adjust.

Executive Director Daryl Washington added that federal law may prevent the elimination of this service as some of the individuals may be on an Individualized Education Program (IEP).

Deputy Director of Clinical Operations Barbara Wadley-Young continued to report on budget reduction impact on her areas. A Respite Facility with low utilization was affected. The facility will remain open, however, instead of paying for the facility, CSB will now access the services as needed with a purchase of services agreement. Medicaid phase four in-home support services where 27 individuals served by various vendors will be affected. The team is reviewing client needs to see if other programs may support their needs and find other potential resources. Lastly, Self-Directed Services Post Secondary Education Services are affected by the budget

reduction; 42 individuals participate in these services. This is a costly program that is considered to be an enhancement that does not fall under the scope of Employment and Day Services. The CSB has asked some of the schools to become a waiver provider, however these are reluctant to do so. Each of these programs will stop as of July 1, 2025.

Deputy Director of Clinical Services Abbey May reported that Crossroads will be vacated for about 2 years to be renovated in accordance with the Capital Improvement Plan. The CSB is seeking a location where these clients can be served, including potentially an extended stay hotel, and will apply for a licensing variance to accommodate the alternative location. The Cornerstones program is also affected by the budget reduction, and the staff within this program are being shifted to vacancies within the CSB. Clients will be notified in April 2025, and these may be transferred to other services within the CSB or to a third-party service that meets their needs.

8. Review of the March 26, 2025, Full Board Meeting Agenda

COMMITTEE CHAIR DAN SHERRANGE committed to requesting volunteers to testify in a budget discussion during the Board of Supervisors' meeting in April 2025.

BOARD MEMBER BETTINA LAWTON directed that agenda item 11-B be renamed. Both the policy title and the agenda should state, "Emergency Cancellation of Board Meetings and Events" rather than Emergency Meeting Cancellation.

Deputy Director of Administrative Operations, Jean Post recommended that the Board add a Freedom of Information Act YouTube Training to the New Board Member Orientation and Training Policy.

9. CSB Board Annual Planning Calendar

COMMITTEE CHAIR DAN SHERRANGE decided to add an action item to form a nominating committee among the Board in the month of March 2025.

10. Matters of the Executive Committee

A. Service Delivery Oversight Committee (SDOC)

BOARD MEMBER EVAN JONES reported SDOC did not meet in the month of February, however the next meeting will feature a presentation from the Department of Aging and Rehabilitative Services (DARS) and an update on the new CSB Newsletter. **The next meeting of the SDOC will take place on Wednesday, April 9, 2025, at 5:00 P.M.**

B. Compliance Committee

No updates were provided. **The next meeting of the Compliance Committee will take place on Wednesday, April 16, 2025, at 4:00 P.M.**

C. Fiscal Oversight Committee

No updates were provided. **The next meeting of the Fiscal Oversight Committee will take place on Thursday, March 20, 2025, at 4:00 P.M.**

11. Action Items

A. Policy Updates: 1105 – Board Member Orientation

Deputy Director of Administrative Operations, Jean Post recommended that the Board add a Freedom of Information Act YouTube Training to the New Board Member Orientation and Training Policy.

B. New Policy: Emergency Meeting Cancellation

BOARD MEMBER BETTINA LAWTON directed that agenda item 11-B be renamed. Both the policy title and the agenda should state, “Emergency Cancellation of Board Meetings and Events” rather than Emergency Meeting Cancellation.

C. Fee Schedule

No updates were provided.

12. Adjournment

COMMITTEE MEMBER BETTINA LAWTON MADE A MOTION TO ADJOURN THE MEETING, WHICH WAS SECONDED BY BOARD MEMBER ANDREW SCALISE. THE MOTION WAS UNANIMOUSLY APPROVED AND THE MEETING WAS ADJOURNED AT 5:26 P.M.

April 16, 2025

Shayla Coleman

Date Approved

Clerk to the Board