FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
SERVICE DELIVERY OVERSIGHT COMMITTEE MEETING MINUTES
December 4, 2024

The Service Delivery Oversight 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 Evan Jones called the meeting to order at 5:00 P.M.

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

   PRESENT: **BOARD MEMBERS:** COMMITTEE CHAIR EVAN JONES (BURKE, VA); JIM GILLESPIE (FAIRFAX, VA); CAPTAIN DANIEL WILSON (FAIRFAX, VA); DANIEL SHERRANGE (CHANTILLY, VA); ROBERT BARTOLOTTA (FALLS CHURCH, VA); SARAH COUGHTER (FALLS CHURCH, VA); DARIA AKERS (FAIRFAX, VA)

   ABSENT: **BOARD MEMBERS:** SHEILA COPLAN JONAS; AND ANNE WHIPPLE.

   Associate Members in Attendance: Langley Residential Support Services (LRSS); The Chris Atwood Foundation (CAF); Centers for Opportunity; Endependence Center of Northern Virginia (ECNV); INOVA Behavioral Health; HopeLink Behavioral Health; Service Source, Inc.; Fairfax County Public Schools; Pathway Homes, Inc. (PHI); Makom Jewish Foundation for Group Homes (JFGH); Brain Injury Services, Inc. (BIS); Mentor Virginia League for the Blind and Vision Impaired Enterprises (MVLE); Community Living Alternatives (CLA); and Second Story, LLC (SSt).

   Staff in Attendance: Deputy Director of Clinical Operations, Barbara Wadley-Young; Deputy Director of Clinical Operations, Abbey May; Senior Strategy Director Shweta Adyanthaya; Chief Financial Officer Elif Ekingen; Division Director of Northern Virginia Regional Projects Office, Sebastian Tezna; Division Director of Youth & Family Services, LaVurne Williams; Division Director of Recovery Services, Michael Lane; Division Director of Behavioral Health Outpatient Adult Services, Eileen Bryceland; Division Director of Contract and Supportive Services, Kevin Lafin; Division Director of Community Residential, Supportive & Assisted Services, Liv O'Neal; Director of Nursing, Yusuf Enum; Wellness & Recovery Educator and Management Analyst, Cynthia Evans; Program Manager of Recovery Services, Dianna Taylor; and interim 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 Minutes

Minutes from the Service Delivery Oversight Committee Meeting held on October 9, 2024, were provided for review, and no amendments were made.

BOARD MEMBER JIM GILLESPIE MOVED TO ADOPT THE MINUTES OF SERVICE DELIVERY OVERSIGHT COMMITTEE MEETING HELD ON OCTOBER 9, 2024. COMMITTEE MEMBER DARIA AKERS SECONDED THIS MOTION. MOTION TO ADOPT WAS APPROVED BY COMMITTEE CHAIR EVAN JONES, JIM GILLESPIE, CAPTAIN DANIEL WILSON, ROBERT BARTOLOTTA, SARAH COUGHTER, AND DARIA AKERS. DAN SHERRANGE ABSTAINED.

6. Peer Recovery Services Presentation

A. CSB Services

Division Director of Recovery Services, Michael Lane, explained that the CSB partners with providers within the community to provide Peer Recovery Services introduced the team and community partners involved in his presentation. The team consists of individuals of diverse ages, backgrounds and experiences to provide a range of support clients in recovery.

Wellness & Recovery Educator and Management Analyst, Cynthia Evans spoke of her role within the CSB. She coordinates administrative needs, training and education across the Recovery Services Division. She took time to define the Peer Recovery Specialist Role (PRS). Peers consist of individuals who have lived a similar path that are currently in recovery from substance use or co-occurring mental health disorders, who are able to share lived experiences with individuals currently in recovery. These do not serve as clinicians, nor do they replace therapists, but they serve as mentors. To qualify as a PRS, one would need to have been in recovery for at least one year, completed a 72-hour training course hosted by the Department of Behavioral Health and Developmental Services (DBHDS), and possessed other pertinent communication skills that would allow one to speak openly about traumatic experiences, and listen to others effectively. Certifications are available to individuals who desire to become a credentialed PRS, requiring 500 hours of direct, supervised peer support experience, which allows the CSB to bill for PRS services.

Service examples include art activities, crisis support, group facilitation, aiding in employment, life skills building, and navigating other services available to them. These services are available in Emergency Programs, Outpatient Clinics, Jails, Courts, Day Programs, Residential treatment, and even at locations convenient to the client out in the community, including home visits.

Division Director of Recovery Services, Michael Lane then developed details regarding the system-wide impact of Peer Recovery Specialists. Primary service locations exist through Northern Virginia from Chantilly and Reston to Lorton, and up through to Alexandria, Virgina. PRS's serve across 15 or more CSB programs, including emergency services, Permanent Supportive Housing, Turning Point, etcetera. The CSB has over 80 PRSs (50% of the positions are directly operated by the CSB; the remainder of the positions are contracted out via four

major contracts). These services are embedded in clinical programs, recovery centers, and the justice system.

The PRS's job is to hold out hope for others by sharing, at times, the most challenging experience of their lives. Clinicians do not share in this manner. The Recovery Services Division provides tools to aid individuals in serving in professional settings, program development, design and implement quality standards, and ultimately generate better outcomes for the clients served.

The division's budget consists of $3.3 million, however an additional $1.5 million is spent annually, as CSB's infrastructure for Peer Recovery Services is very cost-effective. A total of 6,500 individuals were served in fiscal year 2024.

Program Manager of Recovery Services, Dianna Taylor oversees contracts and manages programs in the Recovery Services Division. She discussed the Peer Journey to Hope (PJ2H) and Peer Outreach Response Team (PORT) programs at length. Both programs have many similarities, such as helping clients navigate the mental health programs, liaising and advocating with treatment staff, modeling recovery skills, and wellness and recovery planning, among more. These services are provided in person, via telehealth, text message, or in the community.

PJ2H aims to remove barriers to mental health recovery, helps the individual stay engaged in the recovery process, and live a better quality of life. Services can be provided at any point in the treatment continuum. This means that clients who are waitlisted, not engaged in treatment, or those who do not meet CSB priority access guidelines may still benefit from Peer Recovery Services. Uniquely, PJ2H is staffed onsite at CSB's Entry Assessment and Referral program.

PORT specifically supports individuals who have experienced non-fatal overdoses, partnering with Fire & Rescue, and Police to follow up with individuals to provide revive kits, provide harm education within two days of the incident. PRSs may even accompany the client to court hearings. PORT's goal is to support any positive recovery choice that the client chooses to make. Individuals with persistent substance use challenges, high risk of overdose, or have recently been released from jail, detox, or residential treatment may be treated, provided that they are 18 years or older, reside in the CSB catchment area, and they engage in treatment voluntarily. PRSs also reach out to individuals in shelters to aid them through recovery.

B. Centers for Opportunity

Tonya Henderson, Executive Director of Centers for Opportunity, has four centers in Fairfax County, one center in Arlington County, and a virtual division for Employment Services. Her Peer Support Specialists support others and help them survive circumstances that they have personally had to overcome. She emphasized the need for compassion for others, and a passion for helping others. Equally important is self-care and personal wellness, in order to

help others be well. Some of the values in Peer Recovery Services were listed as: hope, empathy, wisdom, practical support, and life skills. Her centers are drug, weapons, and alcohol-free, and they offer showers and laundry. Employment services assist participants in finding gainful employment, financial stability and independence by training in resume writing and job skills. Virtual programs are offered as well, to aid clients who are homebound, and to provide services at convenient times, such as nights, weekends, and holidays. Clients access services through shelters, the Fairfax County website, social media, CSB clinicians, and regular measurable outreach services at each center.

From July 1, 2024, until December 4, 2024, the following services have been provided to clients: 31, 957 clients received food security services; 16,206 clients received social health services; 2,407 clients received education and employment services; and 1,295 clients received physical support, such as clothing, clothing vouchers, emergency bus passes, crisis intervention, extreme heat kits, haircuts, and more! The total individuals served amount to 52, 846, with a total budget of $1,746,732, and the Fairfax budget is $1,534,000.

C. Christ Atwood Foundation (CAF)

Britanny Roberts-Martin, Director of Programs at the Chris Atwood Foundation, explained the background of the foundation, which was founded by the Atwood Family after the loss of their son Chris in a fatal overdose. The CAF's mission is to save lives and support recovery from substance use disorder. CAF employs a hybrid model that provides harm reduction and recover support from many pathways. Mrs. Roberts-Martin displayed the Revive to Thrive peer-centered continuum of care, with only two eligibility standards, such as being 18 years of age or older, and living in Virginia. On average, 250 individuals are placed in recovery housing annually, and 2,331 have received recovery services since inception. CAF provides bedding and basic household supplies, naloxone, and, for individuals with housing grants, receive free peer support.

CAF opened a drop-in Recover Community Center on Democracy Lane in Fairfax, Virginia. One-on-one peer support is provided with or without appointments, and group meetings are provided in Spanish and English, social events. CAF has stood up a Peer Recovery Academy to train and certify Peer Recovery Specialists with the aid of three trainers from DBHDS. Family Education and Support programs stood up in response to the community need to aid family members of clients with substance use disorder in coping with challenges. Overdose prevention is the heartbeat of the Chris Atwood Foundation, having distributed 124,750 doses of free Naloxone, provided free training, and statewide mailings, and having successfully saved on record about 2,690 lives.

The Chris Atwood Foundation provides a mobile unit providing comprehensive harm reduction to 759 members. This program is funded by VDH, and it provides syringe access, test strips, CPRSs, and HIV testing. These have reduced community HIV rates by 50%, and participants are 5 times more likely to enter treatment due to this program.

Additionally, the Hope Team is a jail-based peer program partnered with the Fairfax County Sherriff's Department and the Fairfax-Falls Church CSB. This consists of support programs for the client and family, which allow family visits, and peers support in Spanish and English.

D. HopeLink Behavioral Health

Brittney White, Director of Peer Services at HopeLink Behavioral Health expounded on the wide array of services offered at HopeLink, such as Linking Individuals and Navigating Care (LINC), Transition to Independence Process (TIP), Psychosocial Rehabilitation (PSR), BeWell, and Family Peer Support Partners. Peer work is evidence based and has proven to contribute to better outcomes. She shared her personal experience with recovery, specialty and rare genetics medical care, psychology, and victims witness assistance. Despite her past, her current credentials as a Certified and Registered Peer Recovery Specialist (R-CPRS), Qualified Mental Health Professional – Adult (QMHP-A), and a Family Peer Support Partner (FPSP) proving by her experience the success of peer support programs.

Family Peer Support Partners are caregivers of children with developmental, emotional, or substance use challenges. They aid in service and system navigation, engage in community resource sharing, self-advocacy modeling, etcetera. The participant criteria are that the individual shall be a resident of Fairfax County, as well as a caregiver for a youth (under 21 years of age) with serious emotional, behavioral, developmental, or substance challenges. FPSP provides evidence based, High-Fidelity Wrap Around services (HFW). Most referrals come from Fairfax County Public Schools, Fairfax-Falls Church Community Services Board Case Managers, and the Fairfax Juvenile and domestic Relations district Court (JDRDC). This program consists of one supervisor and two full-time Family Peer Support Partners, providing services in English and Spanish. This team served 325 families between July 2023 and June 2024. She shared a success story where the FSPS made sure an autistic, non-verbal teen's voice was figuratively heard by attending medical appointments with the family, and advocating for them, to encourage clinicians to address the unsuccessful diagnosis of seizures in their child. This emphasizes how FSPS's educate parents before, during, and after major events in the child's life. The funding for this program is $130,800 split between Healthy Minds Fairfax, and the Children Services Act.

The BeWell program aids individuals in recovery in healthy eating, physical activity planning, weight management, smoking reduction and elimination, and addressing other health challenges. The criteria for participation are active participation in case management with the CSB, a diagnosis of serious mental illness (SMI), a co-morbidity or chronic health concern, and a desire for better physical health and wellness. Referrals are processed electronically by CSB through Credible. This program began in 2015 and currently has one supervisor and six full-time Health Coach positions. Evidence base practices employed by the BeWell program include Whole Health Action Management (WHAM), Wellness Recovery Action Plan (WRAP), Action Planning for Prevention and Recovery (APPR), Dimensions – Tobacco Cessation Program, Nutrition/Exercise for Wellness and Recovery (NEW-R), and Chronic Disease Self-Management Program (CDSMP). In addition to the six evidence-based programs, 3 community-based programs are offered through BeWell. BeWell has successfully supported

clients with medication reminders, appointment reminders, and other forms of practical support that resulted in the development of independence, healthier self-image, and job stability.

BOARD MEMBER JIM GILLESPIE asked to what extent BeWell has worked with youths, as the needs of youths can be more complex?

Brittney White, Director of Peer Services at HopeLink Behavioral Health explained that yes, BeWell works with youths, and has a position dedicated to providing services to youths and working collaboratively with the child and family. The youngest of the youths serviced is 5 years old, but there are separate groups based on age.

The Division Director of Recovery Services, Michael Lane, comments that at times, individuals may not be as trusting of peers or the peer support process. However, he advocates having someone who personally understands client struggles makes a major difference in outcomes for clients in recovery; it gives hope and saves lives. He encourages all who are interested to please visit the Peer Recovery Center.

7. Legislative Update

Senior Strategy Director Shweta Adyanthaya mentioned that the Board of Supervisors adopted the 2025 Legislative Program on December 3, 2024, board meeting. She highlighted the following CSB priorities that were included in the package: support for increased coordination and case management rate services to coordinate 3,440 waiver slots on the priority one waitlist; increases to the Virginia Medicaid waiver reimbursement rates; continued funding for new waiver slots for individuals with developmental disabilities in Fairfax County; increased capacity to address the ongoing substance use disorder epidemic through community based treatment, medication assisted treatment, intensive outpatient programs, and expansion of treatment programs with a focus on coordinating strategies targeting high-risk groups.

Additionally, a Human Services Facts sheet was posted online with the CSB's legislative package to highlight outcomes as a result of our work. Since 2016, more than 4,100 have been diverted from arrest due to the County's Diversion First Initiative. In fiscal year 2024, CSB coordinated over 2,000 mental health evaluations related to emergency custody orders, amounting to a 400% increase from fiscal year 2015. Additionally, 20 – 25% of students report high levels of stress, and feeling sad or hopeless. This is a significant reduction since 2021 as a result of the work of the CSB. Over 22,500 individuals received mental health, substance use, or developmental disability services from the CSB, which represents a 3.5% increase from 2023, and an 11% increase from 2021. The public hearings of the Board of Supervisors will be held on January 4, 2025. Mrs. Adyanthaya will alert the Board when signups are available.

BOARD MEMBER DAN SHERRANGE comments on letters that were mailed to legislators to support the budget needs of the CSB. The Board was able to highlight the key Fairfax priorities

more than they have been before, and interest from delegates have been cultivated. He requests volunteers to speak at the General Assembly Hearings in January 2025.

8. Northern Virginia Regional Office Update

Division Director of Northern Virginia Regional Projects Office, Sebastian Tezna explained that the Discharge Assistant Program (DAP) is a funding source that comes from the State to help individuals discharged from state hospitals with placement. The CSB will fund a position that aids in completing the UAI required to access this funding.

The Regional Crisis Call Center (988 line) has implemented geo-routing for incoming calls. Starting in December 2024, all callers should be routed to the correct 988 center based on their area code.

A Regional Training and Development Conference is scheduled for 2025 to allow clinical and administrative staff access to various training courses. This was exemplified in region 4 and it has been very successful.

Under REACH in our intellectual/developmental disability program, Dr. Todd Agustus has joined the team as a child-psychiatrist.

A Memorandum of Agreement (MOA) is being finalized for the usage of funds in Permanent Supportive Housing within the Region. A request for proposal (RFP) is being issued for a consultant to expand the regional PSH capacity.

BOARD MEMBER DAN SHERRANGE asks about which RFP was extended and why? He also asked about funding availability, if other CSBs are facing similar challenges, as well as the number of beds occupied by other counties.

Division Director of Northern Virginia Regional Projects Office, Sebastian Tezna reported, regarding the Opioid Abatement Authority grant, that Adolescent Detox and Crisis RFP has been extended through December 31, 2024, by request of a provider. DBHDS currently requires one bathroom and shower per every four individuals in service in the 23-hour programs, which may affect licensing in Prince William. DBHDS has agreed to issue variances in licensure if needed. The construction capital is funding there, and both facilities have identified construction needs. Loudon will have 10 adult beds and 16 adult chairs, and Prince William will have 16 of each for youths.

9. Community Partner Reports, Updates, and Concerns

COMMITTEE CHAIR EVAN JONES informed the group of the death of the Director of Virginia Access. She was instrumental in getting Developmental Disability Waiver rates and other successes in this field.

10. Staff Reports

Deputy Director of Clinical Operations, Barbara Wadley-Young noted that she does not have any pertinent updates. Clinical Operations is currently working on Permanent Supportive Housing initiatives awaiting Fairfax County budget finalizations and prepping its programs to respond to changes. Her divisions are also focused on staffing programs to address incoming waivers, and track capacity.

Deputy Director of Clinical Operations, Abbey May noted that her divisions are focused on the Youth request for proposal which was touched on by Sebastian Tezna.

11. Adjournment

COMMITTEE MEMBER DARIA AKERS MADE A MOTION TO ADJOURN THE MEETING, WHICH WAS SECONDED BY ROBERT BARTOLOTTA. THE MOTION WAS UNANIMOUSLY APPROVED AND THE MEETING WAS ADJOURNED AT 7:02 P.M.

04/25/2025 | 08:58:36 EDT

Pura Valdez

Date Approved

Clerk to the Board