



FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD EXECUTIVE COMMITTEE MEETING

Dan Sherrange, Chair

Wednesday, December 11, 2024, 4:30 PM

Sharon Bulova Center for Community Health
8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West Fairfax,
VA 22031

MEETING AGENDA

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| 1. Meeting Called to Order | Dan Sherrange |
| 2. Roll Call, Audibility and Preliminary Motions | Dan Sherrange |
| 3. Matters of the Public | Dan Sherrange |
| 4. Amendments to the Meeting Agenda | Dan Sherrange |
| 5. Approval of the October 16, 2024, Meeting Minutes | Dan Sherrange |
| 6. Directors Report | Daryl Washington |
| A. County, Regional, State and Cross Agency Initiatives | |
| B. Additional Housing Collaboration with Fairfax Housing Authority | |
| C. Youth Services & Crisis Response Update | |
| 7. Strategic Planning Interview Process | Shweta Adyanthaya |
| 8. EHR Implementation Plan Update | Jen Aloï |
| 9. CSB Board Annual Planning Calendar | Dan Sherrange |
| 10. Matters of the Executive Committee | |
| A. Service Delivery Oversight Committee | Evan Jones |
| B. Compliance Committee | Dan Sherrange |
| C. Fiscal Oversight Committee | Andrew Scalise |
| 11. Adjournment | |

Meeting materials are posted online at www.fairfaxcounty.com/municipal-services-board/board/archives or may be requested by contacting Shayla Coleman at 703-324-7000 or CSBBoardClerk@fairfaxcounty.gov.

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
EXECUTIVE COMMITTEE MEETING MINUTES
OCTOBER 16, 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

Committee Chair Dan Sherrange called the meeting to order at 4:03 PM.

2. Roll Call, Audibility, and Preliminary Motions

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

Also present: 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; Legislative and Grants Analyst Elizabeth McCartney; Healthcare Systems Director Jennifer Aloji; Director of Administration & Policy Shweta Adyanthaya; 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

The minutes of the Executive Committee Meeting held on September 18, 2024, were distributed for review. Committee Member Bettina Lawton proposed minor changes under Agenda Item #7, focusing on the Director's Report. The adjustments are reflected in the first sentence, which now reads, "Executive Director Daryl Washington provided updates regarding the DOJ settlement, specifically discussing the proposed permanent injunction." Under Agenda Item #10, the changes are reflected in the first paragraph, which now states, "The programs discussed were described as impressive, with a notable impact on the community and effective collaboration with Neighborhood Health." Lastly, under Agenda Item #10, Closed Session, the verbiage for entering the closed session will be included at the beginning.

MOTION TO ADOPT SEPTEMBER 18, 2024, MEETING MINUTES WAS MOVED BY COMMITTEE MEMBER ANDREW SCALISE, SECONDED BY COMMITTEE MEMBER BETTINA LAWTON.

MOTION TO ADOPT WAS APPROVED BY EVAN JONES, DAN SHERRANGE, BETTINA LAWTON AND ANDREW SCALISE.

6. Compliance Committee Update

Director of Quality Improvement and Compliance Joan Rodgers shared the CSB Board Audit and CAP Reports in reference to Agenda Item #6.1. She reported that seven internal audits for quality review were conducted in September, along with one external audit. An unexpected external audit occurred on October 11th, which will appear in next month's report. The audits involved the review of 52 clinical records across various program areas, including documentation of risk management and position descriptions, with a total of 22 audit activities, seven programs, and 147 records reviewed for this fiscal year.

The internal audits conducted in September included youth and family services at the Sharon Bulova Center, which covered case management, residential treatment, and detox services in Chantilly. These audits also reviewed detoxification and behavioral health outpatient services at the Northwest Center and other areas. As mentioned in the previous meeting, an external audit took place in September, where the CSB was randomly selected for an independent provider quality review. This review, part of a DOJ (Department of Justice) settlement agreement, involved the independent reviewer examining quality and risk management aspects. It included sampling the implementation of annual quality improvement plans and related Quality Service review findings. This review was initiated by the Office of the Deputy Commissioner for Community Services and DBHDS (Department of Behavioral Health and Developmental Services), focusing on DD Risk management documents, relevant policies, procedures, tools, and protocols necessary to operationalize those plans.

The external auditors reviewed meeting minutes related to the quality improvement plan. They assessed any processes from the HSAG (Health Services Advisory Group) season review and corrective actions resulting from those reviews. An upcoming Kaiser Permanente credentialing site visit will focus on youth and family services, which is standard practice for bringing new services on board with private insurers. This review will cover the period from July 1st, 2024, to the present, credentialing three new locations added to the mental health and substance use outpatient youth licenses for community-based programs.

Joan reported that audits continue to show a high level of accuracy, which internal audits help maintain. There were 11 Level 3 serious incident reports for October, with none indicating systemic issues.

7. Director's Report

A) Lessons Learned from the Medical Record Contract

Healthcare Systems Director Jennifer Aloï reported that having multiple organizations or agencies within the county involved in the same RFP process significantly extended the timeline. The process required additional steps and approvals at each stage, compounded by the need for

meticulous documentation. In case of a protest, the documentation was prepared to support moving forward with the chosen vendor.

She further explained that including other agencies, each with their own priorities, added complexity to the review process. These priorities had to be weighed, discussed, and aligned to determine which vendor met the highest priorities for all agencies involved. Initially, several agencies participated, but by the end, only two remained.

While the RFP was issued by the Community Services Board (CSB) for their new healthcare records electronic system, the Department of Information Technology (DIT) was also involved in cybersecurity and infrastructure review. This added more time to the process, especially given the need for additional meetings and reviews of the program's architecture to meet HIPAA and 42 CFR requirements and ensure proper data exchange. The contract was awarded to NextGen.

Although the steps were familiar, the process was time-consuming due to the need for approvals from governing authorities after each phase. The county's review process required careful coordination, including multiple agencies such as DPMM, the County Attorney's Office, DIT, the Sheriff's Office, and CSB. Fortunately, there were no protests during the 10-day window, and the few requests for documentation were minor, mostly inquiries about where the proposals fell short rather than challenges to the decisions made.

Overall, the diligence in selecting the vendor and managing the involvement of multiple agencies, including ensuring compliance with county processes, made this a lengthy but thorough effort.

B) County, Regional, State and Cross Agency Initiatives

Executive Director Daryl Washington provided updates on county, regional, and state cross-agency initiatives. He noted that the Governor recently announced and released funding to various localities, some of which are one-time funds. In contrast, other funds are ongoing and aim to build out the crisis services system. Specifically, these funds are intended to support the development of crisis-receiving centers across the state. In the region, Loudoun County received funds as they have already purchased a building and are in the design phase for its buildout.

The state Medicaid office received guidance from CMS (Centers for Medicare & Medicaid Services) regarding the IMD (Institutions for Mental Diseases) issue, and within 48 hours of receiving this guidance, the Governor announced the release of the funds. It was clear that the money had been held back until the CMS response was received.

In unofficial discussions with Medicaid staff, Mr. Washington learned they are still on a fast track to completing and submitting the 1,115-waiver application. They have hired a consultant to draft and fast-track the application, which is expected to provide an ongoing solution to the crisis service funding needs.

Lessons learned from departmental feedback strongly encourage localities and regions to shift toward smaller crisis-receiving centers. These standalone facilities would operate 24/7, serving

up to 16 individuals, and feature 23-hour crisis chairs instead of beds. As a result, there is likely to be a move away from larger facilities in favor of these smaller sites.

C) Youth Services & Crisis Response Update

Deputy Director of Clinical Operations Abbey May reported that Leland House, a short-term residential program contracted through United Methodist Family Services, notified them last week of their decision to end the contract, effective November 7, 2024. The contract, which was up for renewal in June 2024, was only extended for six months with a request to transition the program from short-term residential services to a crisis stabilization program for youth, as this is the area where greater need has been identified. Over time, utilization of Leland House had declined, and just prior to the notification, the provider indicated they did not wish to make the transition to crisis stabilization due to the regulatory and staffing differences involved. While this is understandable, the service will officially end on November 7th. Both teams are in the process of notifying their staff, and broader public communications will be released soon.

D) DD Waiver Update

Deputy Director of Clinical Operations Barbara Wadley-Young shared that by October 24, 2024, the Waiver Selection Advisory Committee will complete the first quarter of allocations, and by November 1, 2024, all cases will be assigned to support coordinators or begin working with families to move the process forward. She appreciated the recent communication with the Assistant Commissioner, highlighting the realistic challenges of meeting the two-year timeline. The Assistant Commissioner directly asked for assistance and offered support, including staff training. The workload for support coordinators is unprecedented, not only in terms of volume but also because there will be no relief during this period, placing significant strain on those responsible for completing the necessary tasks.

E) CSB Strategic Planning

Director of Administration & Policy Shweta Adyanthaya provided several updates. She mentioned that the annual report will be available in physical form starting Monday, with hard copies to be distributed at next week's Board meeting. There is a flipbook version available as well. She also noted that everyone had received a note regarding strategic planning and emphasized the importance of addressing any questions.

The steering committee had a successful kickoff meeting the previous Thursday, receiving an overview of the strategic planning process. Currently, they are in the information-gathering phase. The committee was provided with a timeline outlining the activities scheduled for the upcoming months, including how information will be collected from employees, partners, and stakeholders. The Board is the first group being assessed to identify the CSB's strengths, areas for improvement, and potential opportunities. Shweta also expressed her willingness to return to the full Board to provide a more detailed presentation on the activities involved.

8. Review of the CSB Board October 23, 2024, Agenda

Committee Chair Dan Sherrange requested that the staff presentation be removed from the Board meeting agenda and that a presentation on the Strategic Plan be added under Agenda Item #6, Director's Report.

Committee Member Bettina Lawton requested that a Closed Session be added to the meeting agenda.

9. CSB Board Annual Planning Calendar

The CSB Annual Planning Calendar was reviewed, and no recommendations were offered; the calendar was accepted as presented.

10. Matters of the Executive Committee

A. Service Delivery Oversight Committee:

SDOC Committee Chair Evan Jones reported on recent presentations. The presentation on DBHDS Housing Initiatives by Kristin Yavorsky, Director of the DBHDS Office of Community Housing, was well received and provided substantial information. Randy Shusman, Vice President of Supported Housing with Pathway Homes, Inc., presented on Permanent Supportive Housing, and his presentation was also very informative and well received. **The next Service Delivery Oversight Committee meeting is Wednesday, December 4, 2024, at 5:00 PM.**

B. Compliance Committee:

Compliance Committee Chair Dan Sherrange 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, November 6, 2024, in conjunction with the Executive Committee meeting starting at 4:00 PM.**

C. Fiscal Oversight Committee:

Fiscal Oversight Committee Chair Andrew Scalise provided a brief update on the September meeting. He mentioned there wasn't a significant update on the fiscal front, but they continue to monitor the situation. Vacancies are in good shape, and service metrics are stable. However, he noted that as services improve and expand, budget pressures begin to increase due to the need for additional funding. He emphasized the importance of keeping a close eye on this issue and mentioned that they expect to learn more in the near future. **The next meeting of the Fiscal Oversight Committee is Thursday, November 14, 2024, at 4:00 p.m.**

11. Closed Session

AT 6:13 PM, COMMITTEE CHAIR DAN SHERRANGE MOTIONED TO MEET IN CLOSED SESSION WITH ONLY COMMITTEE MEMBERS AND CSB STAFF. THIS MOTION WAS SECONDED BY COMMITTEE MEMBER BETTINA LAWTON AND APPROVED BY ANDREW SCALISE, EVAN JONES, AND BETTINA LAWTON.

During this closed session, the board will discuss specific legal matters related to a reimbursement issue, as permitted by Virginia Code Section 2.2-3711(A)(8).

**Committee Members participated in person.*

AT 6:38 PM COMMITTEE CHAIR DAN SHERRANGE MOVED THAT THE COMMITTEE RETURN TO A PUBLIC, OPEN SESSION MEETING; THIS MOTION WAS SECONDED BY BOARD MEMBER BETTINA LAWTON.

At 6:38 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.

12. 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 6:39 PM.

Date Approved

Clerk to the Board



FAIRFAX - FALLS CHURCH

**Community
Services Board**

EHR Implementation Project Plan

December 11, 2024

Project Plan Phases

Currently Projected Dates



**Project
Initiation**
09/25/24 –
05/13/25



Plan
10/04/24 –
03/26/25



Design
01/17/25 –
10/21/25



Test
10/20/25 –
12/02/25



Train
10/28/25 –
02/19/26



Go-Live
01/13/26 –
03/11/26



Sustain
02/24/26 –
05/19/26

Completed Milestones

- Executive Alignment
- Project Kick-off
- Hosting Kick-off
- Project Plan Sign-off
- SME/Super User Selection
- Sandbox Access
- Super User Look and Feel Sessions
- NextGen Team Assignments

Upcoming Milestones Plan Phase



- Design - Security Parameters
- Initiation of Data Conversion (Migration) Bi-Weekly Meetings
- Initiate PM Discovery Sessions
- Initiate BH Discovery Sessions