

Fairfax-Falls Church Community Services Board
New CSB Board Member Orientation Meeting
August 14, 2020

CSB Board members and CSB Executive Director met via Zoom. An AT&T audio bridge conference line was provided for public access at 1-877-336-1829, access code 7703575.

The following CSB members attended: Bettina Lawton Chair; Robert Bartolotta, Andrew Scalise, and Dan Sherrange

The following CSB staff attended: Daryl Washington

Daryl Washington provided a brief overview of the CSB, noting that it is the public entity that provides mental health, substance use, and developmental disability services to Fairfax County and the cities of Fairfax and Falls Church. Mr. Washington further reported that the CSB serves an average of 22,000 – 24,000 individuals each year in directly operated and contracted services with an annual budget of approximately \$200M. Mr. Washington further confirmed that the impact of COVID is reflected daily in the efforts of staff to accommodate new needs. Efforts include hosting this orientation via Zoom and an AT&T Bridge Line to adhere to state of emergency requirements, including audio posting of the meetings.

Bettina Lawton offered an opportunity for members to provide some background including their interest in serving on the CSB Board. Ms. Lawton, noting her tenure of roughly five years, shared that her interest was prompted by prior work at the Northern Virginia Mental Health Foundation (NVMHF) and family involvement in mental health treatment and brain-related disorders.

Robert Bartolotta, representing the Providence District, reported a background in education including teaching special education, primarily in juvenile correction, further reporting that he had earned his Ph.D. in special education. Mr. Bartolotta also worked in DC public schools and as a contractor on disability issues related to workforce educational access primarily with Adult Protective Services. Mr. Bartolotta confirmed his interest in volunteering for the CSB Board was prompted by a long-standing interest in disability issues.

Daniel ‘Dan’ Sherrange, representing the Sully District, noted several careers, including serving in the US Navy (Ret.) for 30 years, as a VP in a large business, and founding a consulting firm. Retirement has prompted an interest in local volunteer opportunities, noting that based on his work and family history, he has an interest in developmental disability service delivery as well as an interest in financial oversight in support of CSB Board statutory responsibilities.

Andrew Scalise, an At-Large member, is a CPA. Mr. Scalise worked with federal and state local contractors and is currently employed as Assistant Controller at Georgetown University and as an adjunct professor at American University. Mr. Scalise confirmed his interest in volunteering for the CSB Board is based in family history with substance use disorder and developmental disability services as well as assistance with financial oversight.

Confirming that all members had received a copy of the CSB Board Member Handbook, Ms. Lawton recommended some areas for initial review. These areas include 1) CSB Board Bylaws,

2) executive organizational charts, 3a) responsibilities of CSB Board members, and 3b) statutory responsibilities.

Ms. Lawton confirmed that the statutory responsibilities of CSB Board are listed in Virginia Code. It was clarified that this CSB Board is categorized as Extra Large, the only CSB in Virginia in this category, and is the largest health and human services agency in Fairfax County. Due to the size and scope of this CSB responsibilities include review and feedback of contracts, but do not include negotiation. Additionally, training both initial and recurring, is mandatory. Of primary importance is that any communication of more than two members (1:1 ratio), including phone, email, and face-to-face is considered a public meeting and is subject to VA-FOIA (Virginia Freedom of information Act) requirements. Therefore, it is recommended that most communication be managed through the CSB Board Clerk.

Recognizing the requirement for Board members to retain electronic communication for three years, it was recommended that members retain emails, noting that the CSB Board clerk also retains copies of all electronic communication.

Daryl Washington resumed his presentation of current priorities and focus areas the highlights of which include:

- Noting some improvement, the ongoing opioid epidemic remains a primary focus. Opioid services provided include outpatient therapy and residential treatment as well as detoxification services. Medication Assisted Treatment (MAT) is also offered with some directly operated services and some contracted. Mr. Washington highlighted that current addiction numbers indicate the heaviest use continues to be alcohol, followed by marijuana with opioids a solid third in the numbers of individuals affected. It was clarified that opioids remain a primary concern due to the higher number of related deaths.
- Diversion First is a county-wide multi-agency effort that identifies and provides intervention to individuals with mental health, substance use, or developmental disability disorders prior to involvement with the criminal justice system. Further, appropriate care and services are provided to individuals who do become involved with the criminal justice system both during and after incarceration through partnerships with Fairfax County Police, Fairfax County Sheriff's Office, and the court system. To assist with alternative treatments a Drug Court, a Veteran's Treatment Docket, and a Mental Health Court have been established. Additionally, a Crisis Intervention Drop Off Center was launched at the Merrifield Center. The Drop Off Center provides law enforcement an alternative to the Adult Detention Center (ADC) as the individual can instead be taken to the Drop-Off Center for assessment of eligibility for diversion. Approximately 1,000 individuals have been diverted from arrest since the establishment of the Drop Off Center.
- The U.S. Department of Justice Settlement Agreement (USDOJSA) was enacted roughly five years ago to relocate individuals with developmental disabilities from treatment centers to community care centers. The court recently added a very large number of mandates, requiring that they be in place and operational one year prior to the expiration of the agreement on July 1, 2021. This has resulted in an overwhelming number of new requirements, with a limited time for implementation.

- The State Hospital Bed Crisis is an ongoing concern as all six state hospitals have been at or near capacity since the July 4th weekend. The lack of available beds is further complicated by COVID as two of the state hospitals have closed to new admissions due to COVID outbreaks. The lack of state hospital beds results in CSB Emergency Services staff holding individuals who would typically be transferred following assessment to a state hospital for stabilization as needed. Mr. Washington acknowledged that community care is the goal in Fairfax County, noting that the primary goal of hospitalization is stabilization. It was clarified that due to local resources and investment in community care Fairfax County hospitalizes an average of 6 persons out of 100,000 while statewide hospitalizations average is 15 per 100,000.
- The CSB Electronic Health Record (EHR), implemented in 2011, remains a primary concern. Resolution options include implementation of a new electronic health record or reimplementing of the current platform. Either solution will accomplish the goal of streamlining clinical processes and improving business practices.
- Reporting on Virginia Medicaid Expansion, Mr. Washington reported ongoing efforts to increase Medicaid enrollment. Additional efforts include improvement in navigation with the seven contracted Managed Care Organizations (MCOs) facilitated by Deputy Director of Administrative Operations, Michael Neff who has substantial experience with MCOs. Mr. Neff has implemented significant improvements that have resulted in increased MCO revenue with an eventual goal of decreasing CSB reliance on county funding.

Bettina Lawton acknowledged the significant business improvements with the establishment of the Deputy Director of Administrative Operation approximately five years ago. Ms. Lawton further noted the development of agency operational reports, some of which are particularly useful for keeping each appointing District Supervisor apprised up to date on CSB activities.

Reporting that there are several CSB Board subcommittees, Ms. Lawton encouraged participation in any of the committees that support the member's interest in serving on the CSB Board. The committees typically meet monthly or bimonthly but are not currently being conducted due to the State of Emergency Order that allows for the CSB Board meetings to be held electronically. The Committees that include the Behavioral Health Oversight Committee (BHOC), the Developmental Disabilities Committee (DD), and the Fiscal Oversight Committee. It was confirmed that essential committee activities are now presented at the full Board meetings. This includes presentation of financial documents during the Directors Report that are typically presented at the Fiscal Oversight Committee. Executive and Senior staff provide additional key reports. Recognizing the vast amount of information to be learned about the CSB, abundant opportunities for questions are provided following each agenda item. Members were further encouraged to review the CSB Board Member Handbook for more information, noting that the list of acronyms located in the front of the manual is extremely helpful as so many are regularly used in Board discussions.

Robust discussion followed; topics included:

- Dan Sherrange, referring to the Organization Charts included in the handbook did requested clarification to the relationship between the CSB, the County, and the State particularly related to funding.
 - Funding was confirmed to be primarily local (County) followed by some state funding and revenue from the MCOs. Mr. Washington explained that the CSB is

categorized as a Special Fund in the County budget and operates as a health care entity, responsible to the same regulations as other health care entities.

- Organizationally, Mr. Washington clarified that the CSB is a Health, Housing, and Human Services (HHHS) agency reporting directly to the HHHS Deputy County Executive who reports directly to the County Executive.

Mr. Sherrange requested additional information on the number of vacancies reported in the Human Resources Update.

- Mr. Washington clarified that the update reflected vacancies in critical service areas, noting there is a nationwide shortage in clinical professionals. Highlighting that the total number of vacancies is closer to 100, Mr. Washington highlighted that the Vacancy Breakeven Point (VBP) is approximately 70. Estimating an average turnover of 12 staff monthly, efforts at resolving the continuous need for clinical staff include hiring of a recruiter, and implementation of outreach, engagement, and retention activities.

Rob Bartolotta requested clarification the legislative roles and responsibilities of CSB Board members.

- Bettina Lawton recommended review of the lobbying memo included in the handbook. Additionally, an overview was provided noting that CSB Legislative Liaison Elizabeth McCartney works closely with the Board to assign CSB Board members to General Assembly legislators and to identify primary advocacy concerns that are in line with county advocacy concerns. Members schedule visits with the assigned legislators in the Fall to educate and advocate CSB and County interests. Additionally, Board member volunteers are solicited to provide testimony before the Northern Virginia Delegation of our Virginia General Assembly in January. The Virginia Association of Community Services Boards (VACSB) lobbies, tracks bills, and makes reports available to the CSBs.
- Daryl Washington emphasized that some legislators are more involved with CSB concerns, including Mark Sickles who serves on the Deeds Commission that monitors the mental health system in the Commonwealth, confirming that members are encouraged to refer questions or requests for additional information to executive staff. Mr. Washington highlighted that the size of the Fairfax-Falls Church CSB and the community, as well as substantial local funding, often results in less formal guidance from the state regarding problem solving and management of state requirements.
- Mr. Washington clarified that emergency services are provided regardless of residency. However, if an individual with Medicaid from another locality requests services from Fairfax, they must come to Fairfax to receive the services.

Andrew Scalise asked for further information on CSB responses to COVID including a reengagement plan and any positive outcomes that may have been identified.

- Bettina Lawton noted that one positive outcome is the increased reliance and confidence in the use of technology, i.e. teleworking, telehealth services, and likely benefits to hiring as these ‘distanced’ services can be offered as a recruiting tool.
- Ms. Lawton clarified the requirements for in person meetings including a requirement for a quorum at face to face meetings. Once face to face meetings resume, and a quorum is present, motions can be made to allow non-present members to attend electronically. It was also reported that a previous CSB Board member survey indicated a lack of willingness at that time to resume face to face meetings. Plans for eventual resumption

include exploration of available space that can accommodate physical distancing requirements for a 16-member Board, including at the Government Center. A second survey of the CSB Board is planned for early September. It was clarified that any essential business typically conducted at committee meetings, is now provided at the Board meeting.

- Mr. Washington confirmed that some facility tours could be arranged, cautioning that with so many services being provided electronically, a tour is likely to be less helpful than if it was provided following a return to more 'normal' operations. It is not possible at this time to tour any of the residential facilities. This topic will be discussed further following some additional consideration.

There being no further business offered for discussion, the meeting was adjourned at 4:02 p.m.

August 27, 2020

Date Approved



Staff to the CSB Board