HEALTH CARE ADVISORY BOARD

Meeting Summary
February 12, 2018

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Mary Porter
Ann Zuvekas
Ellyn Crawford
Deborah Leser
Tim Yarboro, MD
Rosanne Rodilosso

STAFF
Sherryn Craig

MEMBERS ABSENT
Dr. Michael Trahos, DO

GUESTS
Dominic Bonaiuto, Director of Advocacy and Community Outreach, Inova Health System
Jerry Liang, Senior Vice President of Investments and Development, Sunrise Senior Living
Juli Navarette, Vice President, Clinical Practice and Education, Sunrise Senior Living
Lori Greenlief, Land Use Planner, McGuireWoods LLP
Dr. Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Rosalyn Foroobar, Deputy Director for Health Services, Health Department
Robin Wilson, Senior Public Health Analyst, Health Department
Lyn Tomlinson, Assistant Deputy Director, Fairfax-Falls Church Community Services Board
Pieter Sheehan, Director, Division of Environmental Health, Health Department

Call to Order

The meeting was called to order by Marlene Blum at 7:30 pm.

January 24, 2018 Meeting Summary

Bill Finerfrock introduced a revision to the minutes on behalf of Dr. Trahos, DO. After additional discussion and consultation with Dr. Gloria, the HCAB felt that the minutes

submitted reflected the new CHCN staffing model. The meeting summary from January 24, 2018 was approved as submitted.

Public Hearing on Sunrise Fairfax Assisted Living, LLC and J127 Education Foundation d/b/a Merritt Academy's Application (RZ 2017-PR-031/SEA 86-P-101-06) to Redevelop the Existing Assisted Living Facility

Jerry Liang, Senior Vice President of Investments and Development, Sunrise Senior Living, Juli Navarette, Vice President, Clinical Practice and Education, Sunrise Senior Living, and Lori Greenlief, Land Use Planner, McGuireWoods LLP provided an overview of Sunrise of Fairfax's proposal. Sunrise owns and operates over 300 communities in the United States, Canada, and the United Kingdom. Sunrise of Fairfax was originally approved and constructed in 1990, and was the Company's third community. As such, the facility lacks the size and amenities of newer Sunrise communities, and its construction type (i.e. all wood) limits the kinds of services, like memory care (MC), that can be provided on site. As a result, Sunrise of Fairfax cannot accommodate residents whose care needs change or require more assistance.

The redevelopment plan for Sunrise of Fairfax includes replacing the existing structure with a new facility located in the same area but extending westward along the site's frontage. The new facility will be four stories including a below grade level for its memory care neighborhood with an interior courtyard that is fully enclosed and secured. An underground parking garage will also improve the availability of parking spaces, which are currently quite limited. Once completed, the redeveloped Sunrise of Fairfax will increase the facility's number and square footage from 47 assisted living (AL) units to a combined 80 AL and MC units.

Sunrise of Fairfax will have approximately 50 AL and 30 MC units, subject to market demand. Sunrise's memory care neighborhoods will be dedicated to residents with a documented serious cognitive impairment and an associated inability to recognize danger and take measures to protect their own safety and welfare. All care services will be provided either by Sunrise staff or coordinated with outside partnerships such as physical, occupational, and speech therapies.

Sunrise representatives described the DC region, and in particular Fairfax, as one of the strongest performing markets and one that is projected to experience continued demand. The applicant stated that the target population for its community includes qualified seniors, defined as aged 75 years and older at a particular income threshold, and qualified caregivers, defined as adult children or loved ones ages 45-64, living within 3-5 miles of the property. The applicant stated that among its properties in

Northern Virginia, occupancy rates are high, averaging in the low-to-mid 90th percentile. Sunrise's market analysis concluded that Fairfax has the highest level of demand to the fewest number of units.

Sunrise representatives agreed to provide 4% of the facility's units to residents who qualify under the Virginia Department for Aging and Rehabilitative Services (DARS) Auxiliary Grant (AG) Program. In the event that an AL resident in the AG program requires memory care services, the resident will be able to transition to a higher level of care.

Sunrise uses a variable staffing model in which staffing hours are directly tied to residents' assessed level of care and peak staffing where staff members' shifts are staggered to provide maximum coverage for busy times of the day. In assisted living, there is one staff member to every 5-6 residents on the day shift, 6-8 on the evening shift, and 8-10 on the overnight shift. The RN Resident Care Director and Executive Director are on call at all times when they are not in the building.

In the memory care neighborhoods, staffing averages one staff member to every 5 residents on the day shift, 6-7 on the evening shift, and 7-8 on the night shift. Within the memory care units, staff members are trained to understand the stories and details of a senior's life so they can tailor their care approach to help these residents experience pleasant days.

All new Sunrise staff members receive comprehensive onboard training through "Sunrise University," which meets all Virginia Department of Social Services (DSS) requirements and regulations. Onboarding is specifically tailored by position and "learning maps" that outline required training. Sunrise uses a blended learning model that incorporates facilitator-led classes, on-line training modules, and hands-on training.

Residents of Sunrise memory care neighborhoods are permitted and encouraged to have full freedom of movement within the secure boundaries of the neighborhood and under the supervision of the memory care staff. Memory care neighborhoods will be fully secured in compliance with all DSS Assisted Living regulations. All doors leading to areas outside of the memory care neighborhood will be equipped with comprehensive security systems including egress alarms and magnetic locks that only open when staff enter a code. All windows will be secured and equipped with protective devices that prevent them from being opened wide enough to allow resident egress. All outdoor areas will be fully secured with perimeter fencing.

Egress alert bracelets will be available and may be used for any resident who displays continued intent to exit the secured neighborhood or building without supervision. The egress alert device will alarm should the resident attempt to exit the building. All doors in the memory care neighborhood will signal when they have been breached through an auditory alarm and to a team member's communication device (e.g., pager, scout phone).

All medications will be stored according to the drug manufacturers' recommendations, either in a locked medication cart or a refrigerator. Routes of administration are separated to prevent inadvertent errors. Controlled drugs will be maintained under double lock as required by Federal DEA laws and will be counted and reconciled on every shift by two authorized staff members.

Marlene Blum moved that the HCAB recommend that the Board of Supervisors and the Planning Commission approve Sunrise's application to redevelop the Sunrise of Fairfax. Deborah Leser seconded the motion. The motion passed unanimously.

Opioid Discussion

Dr. Gloria Addo-Ayensu, Health Director, Health Department, Lyn Tomlinson, Assistant Deputy Director, Fairfax-Falls Church Community Services Board (CSB), and Robin Wilson, Senior Public Health Analyst, Health Department, provided information on the Fairfax County Opioid Task Force Plan. Since presenting in December, CDC has released new data from 2016: opioid overdose deaths increased by more than 20% from 2015 to 2016. Opioid drug overdose deaths from opioids increased dramatically across the nation, with a quadrupling of the number of deaths since 2000, totaling >500,000 deaths. This increase is driven by a surge in deaths from heroin and illegally made fentanyl. There was a doubling of fentanyl deaths from less than 10,000 in 2015 to more than 20,000 in 2016. While prescription opioids have contributed to the epidemic, since 2012, prescription opioid deaths have leveled off and overdoses due to heroin and illegal synthetic opioids, such as fentanyl, have increased sharply.

Multiple county agencies came together in the second half of 2017 to develop a countywide strategy and resource plan to address opioids. The Opioid Task Force Steering Group provided high-level guidance in the development of the Opioid Task Force's plan. The Opioid Task Force Plan builds on the existing plan from 2015 that brought together a variety of County and community stakeholders.

The 2017 plan addresses gaps and scales up efforts in various areas in response to changing circumstances. The plan uses a multi-pronged approach to address the crisis

and looks at strategies for people who are not yet affected; people who already have an addiction; people who may have already entered rehab as well as people who are at most risk of overdose.

The plan includes recommendations for carryover funding allocated by the Board of Supervisors. The Board of Supervisors has approved a total of $3.6 million: $1.1 million for medication-assisted treatment and residential treatments beds and $2.5 million for other strategies to address the opioid crisis. In addition to Carryover, there is a total of $4,161,025 to baseline proposed in the Opioid Plan. Five subcommittees were convened to review evidence-based practices and include Education & Awareness, Drug Storage, Disposal, & Monitoring, Enforcement & Criminal Justice, and Data & Monitoring.

Education and Awareness objectives include increasing awareness of addiction, treatment, and recovery, reducing the stigma of addiction and help-seeking behaviors for substance use disorder, promoting the use of state prescription monitoring programs (PMP), which give health care providers information to improve patient safety and prevent abuse, and increasing adherence to opioid prescribing guidelines to reduce exposure to opioids, prevent abuse, and stop addiction. Education and Awareness activities engage the general public and clinicians/providers using websites, public service announcements, community meetings and presentations.

The Community Services Board (CSB) developed a webpage and recently released a video public service announcement on recognizing the warning signs of addiction and accessing help. The Fairfax County Police Department's Organized Crime and Intelligence Bureau in conjunction with CSB, Fairfax County Public Schools (FCPS), and community members, created an educational video.

There have been numerous presentations and town halls by the CSB, Police Department, and other partners (e.g., Chris Atwood Foundation) to the general public to bring awareness to and reduce stigma associated with the epidemic. FCPS provides a three-day Alcohol, Tobacco, and Other Drug (ATOD) Seminar for high school-aged students and ATOD interventions for elementary and middle school students, as well as educational presentations to parents, school staff, and community organizations upon request.

For providers, there is the Virginia Prescription Monitoring Program (PMP). The Board of Medicine Regulations on Opioid Prescribing took effect in March 2017, and initial PMP data indicates a decline in schedule II (opioid) prescriptions. The regulations provide

evidence-based guidance on the proper prescribing for acute and chronic pain, with the goal of reining in overprescribing by practitioners and decreasing the number of patients who abuse or develop addiction to opioids.

Education and awareness activities that do not require new funding for implementation include developing a speakers' bureau, reviewing the CSB website, making presentations to community members on drugs and alcohol, and regularly distributing information to County leaders on the opioid epidemic. For providers, actions include convening an advisory group comprised of representatives from the Medical Society, Dental Society, Veterinary Association, and Society of Pharmacists, to identify and find solutions to challenges that do not promote the use of the PMP or adherence to opioid prescribing guidelines intended to reduce exposure to opioids, and prevent abuse and addiction.

The task force recommended using Carryover funds to re-establish a community anti-drug coalition. The plan is to release a RFP in FY 2018 and an award in FY 2019 for a community anti-drug coalition to implement awareness campaigns, advocate for policy, and coordinate environmental drug prevention strategies. Many standalone non-profits that focus on advocacy and environmental strategies, as opposed to direct services, are finding it difficult to stay financially viable. The Unified Prevention Coalition (UPC) struggled for several years before ceasing operations altogether after federal funding was not awarded.

The newly released Prescription Drug Abuse Prevention module will be implemented into the Life Skills Training program currently in use by the CSB and NCS. A strong pubic communications campaign with county partners providing common messages to the community is in development. The communications campaign will include PSA and content development, media and social media buys/placement, establishing a media partner, and translation services. The campaign will build upon and develop additional local strategies using social media, infographics, events, and more.

The fourth action focuses on facilitating two community provider educational summits to share best practices and address provider-identified challenges related to the prescription monitoring program, or PMP, and other federal or state opioid prescribing guidelines. One trend that has emerged is an overall decline in providers prescribing. Dr. Gloria underscored the need to find a balance – prescribing responsibility while managing patients' pain. The culmination of provider engagement will be a Continuing Medical Education (CME) event.

Like Education and Awareness, there are a number of ongoing activities in drug storage, disposal, and monitoring. Effective October 28, 2017, a 24/7 drug take back program is being piloted at West Springfield Police Station. Additionally, semi-annual Drug Enforcement Agency (DEA) take back events are coordinated by the Police Department, Community Services Board (CSB), Department of Neighborhood and Community Services, and the Office of Public Private Partnerships in April and October. Permanent drug take back/drop box locations can be found at Walgreens Pharmacy (Annandale), Walgreens Pharmacy (Alexandria), U.S. Army Andrew Rader Health Clinic (Ft. Meyer).

The Health Department produced a video on the proper disposal of prescription medication. The CSB and Health Department have Information on drug storage and disposal on their websites and distribute free disposal bags.

Drug storage and disposal activities in the Opioid Plan with no new funding include engaging private sector pharmacies for year-round drug take back programs with the CSB and OPA disseminating information to raise awareness and promote education on safe drug storage and disposal of prescription medications through education and awareness activities. Additional funding will also be required to expand the West Springfield Police Station pilot program to all eight stations. Expansion costs include drug boxes, security cameras, installation, and HAZMAT disposal in addition to two (2/2.0 FTE) property technician positions who will transport twice a week from each location of the secured/returned drugs, track, log, and securely store the property, arrange for Hazmat Disposal and final transport of these drugs to the incineration location.

Carryover funding is also being allocated to increase surveillance. Data on opioids is available from the national, state, and local levels from public safety and health and human services agencies. However the Health Department needs personnel to analyze the data for patterns and recommend interventions to prevent opioid deaths. This work will be done by an epidemiologist whose expertise is in looking at patterns of health conditions across populations based on geography, age, or other characteristics. Key activities include:

- Use data to highlight high-risk individuals for overdose
- Identify risk in real time to prevent overdose
- Complete a guide to opioid data points in the County and how they can be shared
- Develop a template for a bi-annual opioid data compilation report
- Create a logic model highlighting key outputs and outcomes

The epidemiologist position will expand the Health Department's capacity and expertise in utilizing data to determine who is using opioids and dying from overdose by age, gender, race, or other factors, and to examine the locations where people use opioids and are treated. Analyzing data builds capacity to describe the scope of the problem, target interventions appropriately, and determine whether actions taken to address the problem are effective. Data sharing among regional partners and county agencies will also inform data-driven decision-making.

In addition to securing additional epidemiological expertise, a Management Analyst position will be reallocated to coordinate the ongoing work of the Opioid Task Force. This position will coordinate Task Force meetings, resolve barriers to coordination of work, represent Fairfax County in regional and state efforts, and work with the Epidemiologist to regularly review the data and the effectiveness of interventions. A protocol will be developed for County agencies to provide data to the Health Department and consideration is being given to adding more opioid questions to the Youth Survey as well as the Behavioral Risk Factor Surveillance Survey (BRFSS).

Many agencies and organizations link to, refer to, and promote local treatment providers. The Health Department public health assessment for maternity clients includes Screening, Brief Intervention, and Referral to Treatment (SBIRT). George Mason University is implementing SBIRT and training providers across the region to implement it. FCPS psychologists, social workers, and Alcohol and Other Drugs (AOD) staff have been trained in SBIRT as an early intervention before students rise to the level of CSB referral. Lyn Tomlinson stated that the CSB's peer support programs have achieved great success.

Another harm reduction strategy is to expand access to naloxone – a safe antidote to reverse opioid overdose – at the point of overdose or during re-entry. Naloxone trainings (REVIVE), train-the-trainer, and awareness is conducted by the CSB and the Chris Atwood Foundation (CAF). The CSB currently offers training in the use of naloxone in all treatment programs to individuals served, family and friends, and community members. Project REVIVE training is also offered at all CSB residential programs that treat individuals with opioid use disorder. To date, approximately 1,000 people have been trained. The CSB also provides subsidized Naloxone to individuals who are not able to afford the cost of the drug. This subsidy is budgeted at $10,000. Naloxone is also provided to the Fire and Rescue Department and Police Department's Office of Crime and Intelligence Bureau personnel. Ms. Tomlinson also shared that

REVIVE training is also being conducted in the jail and that naloxone is included in the personal effects for every person released from the Adult Detention Center.

The plan also recommends the development of a coordinated opioid overdose and emergency department (ED) strategy. Specific recommendation include:

- Implementation of the SBIRT model to build capacity of emergency departments and primary care as a framework for substance use crises.
- Develop a recovery specialist intervention for people who have overdosed or have an emergency department substance use crisis, based on the Anchor Recovery, that is responsive and focused on linkage to treatment and recovery supports.
- Develop protocols to intervene after overdoses with Medication Assisted Treatment and supports in ED, residential, and outpatient (OP) settings.

Exploring syringe exchange programs as a potential harm reduction strategy is also under consideration.

The plan also includes PPE and additional Police positions. P-100 Masks are recommended by National Institute for Occupational Safety and Health and the Centers for Disease Control and Prevention as equipment needed to protect against fentanyl. These masks will provide protection for staff who come into contact with fentanyl from Police, Fire and Rescue, and the Sheriff's Office.

Police Department Task Force positions will expand capacity for investigating opioid overdose-related deaths. The positions will be used to identify and arrest drug dealers involved in the distribution of drugs that resulted in overdose deaths. In addition to investigating opioid deaths, the detectives will also share data points, reports, and actionable intelligence with the Health Department to increase the robustness of epidemiological data informing intervention and education efforts.

In calendar year 2017, Fairfax County Police Department responded to 108 overdose death cases. The majority of these deaths are attributed to the use of illicit drugs including fentanyl and carfentanil. The DEA informs that carfentanil is a synthetic opioid that is 10,000 times more potent than morphine and 100 times more potent than fentanyl, which itself is 50 times more potent than heroin. The number of overdose deaths in Fairfax County for CY 2017 is unprecedented and growing.

Currently, staffing constraints limit the investigation of overdose deaths. Only a small percentage of these cases are investigated beyond the death itself (In 2017, criminal

charges were brought against only 3 suspects of the 108 cases for distribution of the narcotic in fatal overdoses). He police department is requesting six detectives, one crime analyst and one supervisor are and have developed a phased in approach to forming this team is proposed.

Increasing access to treatment for opioid addiction, including medication-assisted treatment, is expensive. Given current resources, the CSB is not able to provide treatment on demand. However, the Supervisor's recent appropriation for additional residential beds and assisted medication will decrease wait times for treatment. CSB staff provide interim assistance to clients experiencing cravings, symptoms, etc, and clients respond positively to peer staff. With respect to how many people are not able to get treatment but would like to, Ms. Tomlinson answered that there are approximately 100 people on the waiting list for residential treatment. Crossroads' occupancy is 54 beds, so another two Crossroads would be needed to treat those individuals on the wait list. HCAB members underscored the lost opportunities that result from postponing treatment for clients seeking treatment.

The County and the state cannot be the sole provider of detox and residential treatment services. The individual purchase of service contracts, including those that accept Medicaid, are also needed.

Equally important to medication-assisted treatment is sober housing, which provides a safe place for clients to live after they've completed treatment. Some clients have access to housing that supports their recovery, but others do not.

Another point of intervention is among people who have chronic pain and are not abusers, but could be if alternatives to pain management are not identified.

Another component of the opioid plan is community education and awareness. Over the coming months, staff will work to develop an awareness campaign using PSA-like ads.

There was some concern over how to assess the effectiveness of prevention strategies. The HCAB encouraged staff to build those measures into the strategies now rather than later.

A question was asked about the success rate for medication-assisted treatment. Ms. Tomlinson explained that physical addiction results from a substance abuse disorder in the brain and the body. Some people are born or at risk for the disorder while others

are not. The solution to substance abuse disorder is not only to stop using substances, but to identify and implement lifestyle changes.

The CSB is able to follow up with clients two years after they leave treatment. Whether they're cured of their substance abuse disorder is more complicated. Ms. Tomlinson stated that for most clients, their lives have improved from when they entered treatment.

The HCAB expressed interest in reviewing the budget narratives of all agencies engaged in addressing opioid addiction. It was also suggested that the HCAB and the CSB Advisory Board consider a joint meeting to provide community feedback and make recommendations to ensure collaboration across the human services system.

Environmental Health Presentation

Pieter Sheehan, Director of Environmental Health, provided an overview of the division's programs as well as past and future initiatives. The Consumer Protection Program has 21 Environmental Health Specialists (EHSs), six Senior EHSs with technical expertise in one program area, and three Supervisors. Consumer Protection inspects food service establishments, lodging facilities, child care facilities, massage establishments, tattoo establishments, and plan review. In FY 2015, the program conducted 8,239 facility inspections and approved 334 plans.

In 2017, the Consumer Protection Program implemented the Safety Through Actively Managing Practices Program (STAMP). STAMP encourages active managerial control in food service establishments and has been shown to decrease foodborne illness risk factors. Food handlers voluntarily enroll in the program. A partnership between regulators and industry, the Food and Drug Administration (FDA) and the National Restaurant Association promote STAMP.

The Onsite Sewage and Water Program has two Environmental Technicians, five EHSs, four Senior EHSs, and two Supervisors. The program conducts inspections for well-water systems, onsite sewage disposal systems, water recreational facilities, and plan reviews. In FY 2015, the program conducted 6,111 inspections and approved 81 plans.

In 2017, the program participated in SepticSmart Week September 18-22. The program promotes the Environmental Protection Agency's five key reminders:

- Think at the Sink;
- Don't Overload the Commode;

- Don't Strain your Drain;
- Shield Your Field; and
- Test Your Well

In addition to the Health Department's website and social media posts, SepticSmart Week messaging was distributed using posters, business cards, brochures, and EPA documents.

The Disease Carrying Insects Program has 12 Environmental Technicians, one intern, two EHSs, three Senior EHSs, and one Supervisor. The program provides mosquito surveillance and control, tick surveillance, and education and outreach. In FY 2017, the program conducted 10,278 surveillance, control and outreach activities and tested 121,305 mosquitos.

In 2017, the program conducted mosquito surveillance and control at the Police Training Facility. Based on 307 larval site inspections, 1,300+ mosquito larvae were identified. A total of 150 Trap nights were completed with 23,000 mosquitos identified. Tick surveillance resulted in 230 tick drags, 322 tick flags, and 200+ adult and nymph ticks.

In 2018, the Division plans to update the County's Food and Food Establishment Code (2005) to FDA's 2017 Food Code. Additionally, the process to update the County's Water Recreation Facilities Ordinance to the CDC's Model Aquatic Health Code is in development. Last, the Division will engage, prepare, and collaborate on effective climate change risk communications directly related to local environmental health concerns.

Mr. Sheehan agreed to provide regular updates to the HCAB, including proposed regulatory changes and new initiatives.

Human Services Resource Plan

Rosalyn Foroobar will distribute a link to the newly released Human Services Resource plan. The three-year plan only deals with new funding needs, not one time funding requests. The plan is not prioritized or organized by agency, but rather by needs assessment categories. The plan is fluid and will continued to be updated over the coming year. HCAB members were encouraged to read the introductory materials.

There being no further business, the meeting adjourned at 9:36 pm.