



Community Services Board

FAIRFAX-FALLS CHURCH CSB BOARD MEETING

Bettina Lawton, Chair

Merrifield Center, 8221 Willow Oaks Corporate Drive, Room 3-314, West, Fairfax, VA 22031

Wednesday, June 23, 2021, 5:00 p.m.

Live audio of the meeting may be accessed by dialing:

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Meeting ID: [927 9285 2431](https://www.zoom.us/j/92792852431) • Passcode 626360

MEETING AGENDA

- | | | |
|--|--------------------------------|-----------|
| 1. Meeting Called to Order | Bettina Lawton | 5:00 p.m. |
| 2. Matters of the Public | Bettina Lawton | |
| 3. Amendments to the Meeting Agenda | Bettina Lawton | |
| 4. Approval of the May 26, 2021, CSB Bd Virtual Meeting Draft Minutes | Bettina Lawton | |
| 5. Director's Report | Daryl Washington | |
| A. Services Update | | |
| B. COVID-19 Update | | |
| C. Other Updates | | |
| 6. Matters of the Board | | |
| 7. Committee Reports | | |
| A. Service Delivery Oversight Committee | Sheila Jonas & Garrett McGuire | |
| B. Compliance Committee | Bettina Lawton | |
| C. Fiscal Oversight Committee | Jennifer Adeli | |
| D. Other Reports | | |
| 8. Information Item | | |
| A. Review of Human Services Issues Paper | Elizabeth McCartney | |
| 9. Action Items | | |
| A. Election of FY22 CSB Board Officers | Bettina Lawton | |
| B. Appointment of SDOC Associate Member Nominations | Sheila Jonas | |
| C. Approval of CSB Board Policy #1600 | Sheila Jonas | |
| D. FY 2022 and FY 2023 Community Services Performance Contract | Linda Mount | |
| E. BJA Justice and MH Collaboration Program Grant | Georgia Bachman | |

Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).

10. Adjournment

Meeting materials are posted online at www.fairfaxcounty.community-services-board/board/archives or may be requested by contacting Erin Bloom at 703-324-7827 or at erin.bloom@fairfaxcounty.gov

Fairfax-Falls Church Community Services Board
Virtual Meeting Minutes
May 26, 2021

The CSB Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following CSB members were present: Bettina Lawton Chair (Vienna); Daria Akers (Fairfax); Karen Abraham (Fairfax); Jennifer Adeli (Great Falls); Robert Bartolotta (Falls Church); Captain Derek DeGeare (Loudoun County); Sheila Jonas (Alexandria); Larysa Kautz (Alexandria); Garrett McGuire (Locust Grove, VA); Edward Rose (Falls Church); Daniel Sherrange (Chantilly); Sandra Slappey (Fairfax City); and Anne Whipple (Great Falls).

The following CSB Board members were absent: Srilekha Palle and Andrew Scalise

The following CSB staff was present: Lyn Tomlinson, Dep. Dir. Clinical Operations; Jennifer Aloï, Healthcare Systems Director; Georgia Bachman, Asst. Dep. Dir. Acute & Therapeutic Treatment Services; Eileen Bryceland, Director Behavioral Health Outpatient & Case Management Services; Jessica Burris, Chief Financial Officer; Lisa Flowers, Communications Director; Daniel Herr, Dep. Dir. Administrative Operations; Evan Jones, Dir. Employment & Day Services; Michael T. Lane, Director, Office of Individual and Family Affairs; Linda Mount, Dir. Analytics & Evaluation; Sierra Simmons, Director, Support Coordination Services; Cynthia Tianti, Deputy County Attorney;

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair, called the meeting to order at 5:00 p.m.

2. Matters of the Public

None were presented.

3. Roll Call and Audibility

CSB Board Chair Bettina Lawton conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Ms. Lawton passed the virtual gavel to CSB Board Vice Chair Garrett McGuire to make several motions required at the start of the meeting.

A motion was offered confirming that each member's voice was audible to each other member of the CSB Board in attendance; this motion was seconded by Daria Akers and passed unanimously.

4. Preliminary Motions

CSB Board Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's

usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a dedicated online video and web conferencing platform, and that the public may access this meeting via Meeting ID: 946 0431 5526 and Passcode 987575. Motions were seconded by Garrett McGuire and unanimously approved.

Ms. Lawton made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded Robert Bartolotta and unanimously passed.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging that CSB staff Georgia Bachman would present both Action Items Daria Akers made a motion to approve the agenda as revised that was seconded and unanimously passed.

6. Approval of the Minutes

Draft minutes of the April 28, 2021, meeting of the Fairfax-Falls Church Community Services Board were presented for review. As no revisions were suggested, Edward Rose made a motion for approval, which was seconded by Derek DeGeare and unanimously passed.

7. Director's Report

Lyn Tomlinson and Daniel Herr provided the agency updates. Some highlights include: The services updates were provided by Lyn Tomlinson to include:

- Face -to-face Support Coordination services resumed May 1, 2021, as required by the DOJSA (Department of Justice Settlement Agreement). Employment & Day Services staff are phasing in face-to-face service delivery.
- Crisis stabilization services, Wellness Circle, were relocated to the newly renovated site earlier in May. Following this relocation, services at A New Beginning (ANB) were relocated back into the space previously occupied by Wellness Circle and following *this* relocation, services at Crossroads could expand into space previously occupied by ANB. Due to physical distancing requirements, census' remain lower than pre-COVID allowances. To address the census, CSB staff are working with the Health Department to identify procedures for increasing the census in residential programs. Time to treatment wait times continue at 2-3 weeks indicating no significant impact from the reduced census.
- The CSB Spirit of Excellence Awards ceremony was held May 20th. Highlights included that a partnership award went to ADC staff working with CSB staff for management of incarcerated individuals with substance use disorders.
- The Mental Health Docket graduation was the previous Friday, reporting positive discussion on the Virginia Association of Criminal Defense Attorneys listserv.
- The Peer Outreach Response Team (PORT) has begun receiving overdose referrals directly from police in addition to fire & rescue.

- Noting that recruitment and retention are a national challenge, it was reported that the Department of Behavioral Health and Developmental Services (DBHDS) has released an RFP to launch a statewide salary review.
- STEP-VA plans for Peer Services have been approved. Plans for Veteran's services have been submitted; the response for which is pending. The proposal for Outpatient services will be submitted on Friday, May 28, 2021.
- CSB staff are working with clients and Housing, Health, and Human Services staff to develop a post-pandemic posture to prepare for anticipated openings and relaxation of safety protocols.
- Offering a reminder of discussion at prior May 2021 CSB Board Committee meetings, Ms. Tomlinson reported that the CSB will not be pursuing a possible grant opportunity partnering with George Mason University due to sustainability concerns. It was reported that there will be a second opportunity for the partnership/grant in September 2021.

Daniel Herr provided updates to activities in administrative operations that included:

- Staff Surveys: in partnership with HSD (Health Services Development) Metrics exit surveys were sent to staff who left the CSB from January through April; data is anticipated to be available between 45-60 days after the survey was sent. Next steps include surveying new staff followed by surveying all current staff.
- Bonuses: Sign on and referral bonuses have been approved for hard to fill positions
- Internships: Have been expanded to include licensed counselors further reporting that a stipend will be provided to clinicians who supervise interns.
- Annuitants: Allow the return of annuitants to return to address time to treatment concerns.
- Job Sharing: Convert some full-time merit positions to job sharing positions for clinicians who are looking to retain County benefits
- Interviewing Flexibility: Exploring options for virtual interviewing processes and developing generic job ads to broaden candidate pools.
- Salary Compression: Reviewing internal salary alignment for hard to fill positions including 466 clinicians. It was noted that 100 supervisors may also be included.
- The contract process for a new EHR (Electronic Health Record) is anticipated to be finalized in June.

8. Matters of the Board

Daria Akers reported attending the biannual Diversion First Stakeholders meeting on May 24th. A primary topic was the Marcus Alert Bill and the micro-pilot program. Reporting that the meeting was likely recorded, interested members were encouraged to seek out the recording

Bettina Lawton offered a reminder that the closed session to address the annual evaluation of the CSB Executive Director was canceled. In order to adhere to the schedule for submitting the evaluation, Ms. Lawton asked for a motion authorizing the

CSB Board Executive Committee to approve and submit the final evaluation. Garrett McGuire made the motion that was seconded by Dan Sherrange and unanimously passed.

9. Committee Reports

A. *Service Delivery Oversight Committee (BHOC)*

Sheila Jonas and Garrett McGuire offered a reminder that the meeting occurs bi-monthly with the next meeting scheduled for Wednesday, June 9, 5:00 p.m. noting it will be conducted wholly electronically via Zoom

B. *Compliance Committee*

Bettina Lawton reported that following review of the ComplyTrack reports, members proposed a refinement of the data to make them more informative.

The next meeting is Wednesday, June 16, at 4:00 p.m. wholly electronically via Zoom

C. *Fiscal Oversight Committee*

Jennifer Adeli. provided an overview of the April meeting. The primary topic of discussion was the financial status in preparation for the fiscal year-end. Offering a reminder that the CSB is a special fund, it was reported that there is a carryover balance at year end the preparations for which include implementation of the FY 2021 initiatives, encumbering funds for identified expenses, and review of current reserves to determine any revisions that may be needed for FY 2022. An HR update was also provided.

The next meeting is Thursday, June 17, at 4:00 p.m. at the Merrifield Center, Room 3-314, West.

D. *Other Reports*

Bettina Lawton offered a reminder that the CSB Board Officer Nomination Committee would present a slate of officer nominations at the June 2021 CSB Board meeting for approval, confirming that an opportunity for nominations from the floor would be offered at the meeting. Members interested in serving as an officer, if not already approached by members of the nominating committee, were encouraged to notify the CSB Board Clerk.

Ms. Lawton offered a further reminder and some background of two Ad Hoc Committees recently proposed.

- *Metrics & Reports Committee* – chaired by Sandi Slaphey with members Karen Abraham, Sheila Jonas, Garrett McGuire, Ed Rose, Andrew Scalise, Dan Sherrange and Anne Whipple. CSB supporting staff: Daniel Herr, Jennifer Aloï, and Linda Mount.

Rob Bartolotta made a motion to establish the CSB Board Ad Hoc Metrics & Reports Committee that was seconded by Ed Rose and unanimously approved.

- *Strategic Plan Committee* – chaired by Dan Sherrange, Rob Bartolotta, Bettina Lawton, Srilekha Palle, and Sandi Slaphey. CSB Supporting staff: TBD

Sheila Jonas made a motion to establish the CSB Board Ad Hoc Strategic Plan Committees that was seconded by Rob Bartolotta and unanimously approved.

Ms. Lawton recommended that as there is some overlap in membership that the committees not run concurrently. It was recommended that the Metrics & Report Committee be scheduled first to allow staff to integrate recommended changes in July. The Strategic Planning Committee could be scheduled to start after the Metrics & Report Committee, in July or August as needed.

10. Information Item

A. *FY 2022 and 2023 Community Services Performance Contract (CSPC)*

Daniel Herr provided some background information to familiarize the Board with the content, purpose, and requirements of the CSPC. It was noted that the proposed timeline is reliant upon the release date of the CSPC to the CSBs. It was clarified that staff anticipated used of the timeline provided on Page 8A-1 in the meeting materials.

11. Action Item

A. *Department of Behavioral Health and Developmental Services (DBHDS) Grant for Forensic Discharge Planning FY 2022*

Georgia Bachman provided an overview of the request for Board authorization for the Fairfax-Falls Church Community Services Board (CSB) to apply for and, if awarded, accept up to \$300,000 for FY 2022 from a DBHDS Grant for Forensic Discharge Planning. The funds will establish 2 FTE Sr. Clinician positions to manage discharge planning for individuals with SMI (serious mental illness). Discharge planning begins when the individual enters the ADC (Adult Detention Center) and continues until the individual is connected with appropriate services post discharge. It was confirmed that the grant period is September 1, 2021, to June 30, 2022. It is anticipated that these funds will be ongoing.

Dan Sherrange made a motion to submit for, and if awarded, accept funding from DBHDS for Forensic Discharge Planning for FY 2022, following which the motion was seconded by Captain Derek DeGeare and approved.

B. *Department of Behavioral Health and Developmental Services (DBHDS) to Support Expansion of CIT (Crisis Intervention Team) Assessment Site Program FY 2022*

Georgia Bachman provided background on the request to approve submission of a grant application for the CSB to apply for, and if awarded, accept funding from DBHDS for funds of up to \$624,000 to establish a 23-hour 4-bed crisis stabilization unit staffed with five full-time grant staff that will include three Behavioral Health Nurse Case Managers (BHN CM) and two Peer Support Specialists. It is anticipated that these funds will be ongoing.

Dan Sherrange made a motion to submit for and if awarded accept funding from DBHDS to Support Expansion of CIT Assessment Site Program for FY 2022 that was seconded by Rob Bartolotta and unanimously approved.

There being no further business to come before the Board, the meeting was adjourned at 6:08 p.m.

Actions Taken - -

- ◆ Motions to confirm audibility, purpose, and accessible electronic access to the meeting as required were proposed and unanimously passed.
- ◆ The May 26, 2021 CSB Board meeting agenda was approved
- ◆ The April 28, 2021 CSB Board meeting draft minutes were approved.
- ◆ The CSB Board Ad Hoc Metrics & Reports Committee was established
- ◆ The CSB Board Ad Hoc Strategic Plan Committee was established
- ◆ Approval to submit for and, if awarded, accept funding from the DBHDS Grant for Forensic Discharge Planning FY 2022.
- ◆ Approval to submit for and, if awarded, accept funding from the DBHDS to Support Expansion of CIT (Crisis Intervention Team) Assessment Site Program FY 2022

Date Approved

Staff to the CSB Board

DRAFT




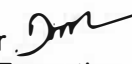
County of Fairfax, Virginia

MEMORANDUM

DATE: June 2, 2021

TO: Board of Supervisors

FROM: Christopher A. Leonard 
Deputy County Executive

David M. Rohrer 
Deputy County Executive

SUBJECT: Update on the Opioid Epidemic

With the opioid epidemic profoundly impacting the Fairfax community amidst the pandemic, the County's Opioid and Substance Use Task Force continues to pursue a collaborative, cross-systems approach to reduce the number of opioid-related deaths and overdoses in the Fairfax community. The Board of Supervisors' initial investment in 2017 and subsequent allocations in FY 2019 and FY 2020 have enhanced program capacity and treatment options, strengthened public safety initiatives, and expanded prevention activities. The FY 2022 Adopted Budget includes additional resources to expand services for incarcerated individuals and pregnant women and ensure sufficient residential treatment and detoxification capacity.

In recent years, there has been a substantial decline in the number of fatal opioid overdoses in the Fairfax Health District (inclusive of Fairfax County and the cities of Fairfax and Falls Church), with a 27 percent decrease from 114 in 2017 to 83 in 2018 and 83 again in 2019. A November 2020 memorandum to the Board indicated that the downward trend likely would not continue in 2020 based on the first six-months of data for the year from the Virginia Office of the Chief Medical Examiner (OCME). As mentioned during the May 11 joint Board of Supervisors – Community Services Board meeting, now that all data for 2020 is available, it is clear that the local 2020 opioid death total is higher than it was in 2018 and 2019. This memorandum provides more detail on local opioid overdose trends and highlights select Opioid and Substance Use Task Force activities underway.

In the Fairfax Health District in 2020, there were 93 fatal overdoses involving opioids. The number of fatalities involving heroin and/or prescription opioids is trending down, but the number of fentanyl-related fatalities set a new record high in 2020, with nearly all fatal opioid overdoses (87) involving fentanyl (the previous high was 82 in 2017). Statewide, there were over six hundred more fatal opioid overdoses in 2020 (1,909) than 2019 (1,298) – a 47 percent increase and the highest ever recorded in Virginia. About 87 percent of statewide fatal opioid overdoses involved fentanyl. OCME estimates that over 98 percent of fatal fentanyl overdoses in 2020 were due to illicitly produced versions of the drug (rather than prescription).

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The number of emergency department (ED) visits for heroin and non-heroin opioid overdoses (another key public health metric for tracking the opioid epidemic), both statewide and in the Fairfax Health District, was much higher in 2020 than in previous years. Such visits across the state have increased more than 30 percent in 2020 relative to 2019. In the Fairfax Health District, the number of such visits in 2020 is the highest on record (271) since data collection began in 2010, and a 38 percent increase relative to the 2019 total (197) (note that this public health metric captures number of visits, not unduplicated number of patients). This percent increase of ED visits for opioid overdoses is higher than the percent increase (14 %) of ED visits for all types of drugs in the Fairfax Health District. Unfortunately, the number of ED visits for opioid overdoses (93) in the Fairfax Health District in the first quarter of 2021 is trending higher than the same period in 2020, raising concerns that the upward trend seen in 2020 may continue in 2021.

The Fairfax County Fire and Rescue Department (FRD) and Police Department (FCPD) in 2020 had higher numbers of suspected opioid overdose patient encounters and overdose investigations, respectively, than in previous years, and so far, data for January-April 2021 are trending higher than that of the same period last year. Similarly, the Fairfax-Falls Church Community Services Board (CSB) is seeing an increase in the proportion of clients with an opioid use disorder in some critical service areas from July 2020-February 2021, even as the number of clients requesting/receiving treatment services has declined due to impacts of the pandemic.

The Opioid and Substance Use Task Force employs a multi-pronged strategy, guided by the FY 2021 and FY 2022 work plan, to combat the opioid epidemic through activities in the following five areas: education, prevention, and collaboration; early intervention and treatment; enforcement and criminal justice; data and monitoring; and harm reduction. Twenty-nine Task Force initiatives are currently underway or in development; select examples are highlighted below.

- The winter 2020-2021 phase of the public communications campaign addressed the dangers of opioid use and available treatment. Paid ads on social media were viewed 1.5 million times by 300,000 people in Fairfax County. The next phase of the campaign is scheduled to launch summer 2021.
- Launched in winter 2018, the Substance Abuse Prevention Specialist (SAPS) Program, a partnership between Fairfax County Public Schools (FCPS), CSB, and Fairfax County Juvenile and Domestic Relations Court, provides substance use prevention, education, and intervention services to students who violate the Alcohol, Tobacco, and Other Drug regulation of FCPS' Student Rights and Responsibilities; FCPS staff or parents can also refer students. During the pandemic, FCPS SAPS staff expanded prevention and education activities, and continued work with referred students. The number of referrals was lower than would be expected during a normal school year and strategies are being developed to best meet the anticipated range of prevention and intervention needs in the coming months. FCPS SAPS, psychologists and social workers also are trained in the Cannabis Youth Treatment Series, an activity in the Task Force's FY 2021 and FY 2022 work plan. In addition, health education in grades K-10 includes alcohol, tobacco, and other drug use prevention.

- Detoxification and residential treatment is available through CSB-managed programs, as well as third-party vendors. Low wait times for service are critical, as individuals seeking detoxification and residential treatment are among those with the highest level of need and most at risk for overdoses and criminal recidivism. The additional funding included in the FY 2022 Adopted Budget will enable the CSB to sustain the progress made in reducing wait times for residential treatment since the Board's initial investment in 2017.
- The CSB's Addiction Medicine Clinic provides medication-assisted treatment (MAT) and other substance use treatment to adults in an outpatient setting. Unlike other CSB services that have seen a decrease in those seeking and receiving substance use treatment during the pandemic, the number of individuals served per month by the Addiction Medicine Clinic has been steadily increasing, with a 23 percent increase on average when comparing the first two quarters of FY 2020 and FY 2021.
- The Sheriff's Office's jail-based MAT program in the Adult Detention Center launched in July 2020 and is seeing early success with former inmates staying engaged and successfully connecting in unprecedented numbers to CSB's Addiction Medicine Clinic. The additional resources for jail-based MAT included in the FY 2022 Adopted Budget will increase program capacity for this vulnerable population; research shows heightened risk for fatal overdose following incarceration.
- Peer support services to assist individuals with opioid and other substance use disorders with resource navigation, including the transition from incarceration to the community and accessing recovery resources. The FY 2022 Adopted Budget includes funding to enhance peer supports during this critical transition period.
- Enhanced services for pregnant women and opioid-exposed infants through a new position in the Health Department (included in the FY 2022 Adopted Budget) to support coordination of services, conduct home visits, and serve as an expert resource on opioid use disorder for Maternal and Child Health program staff. This will expand outreach to County agency partners and community providers to improve screening and early detection of opioid use disorder during pregnancy and connect expecting mothers with substance use treatment services and Maternal and Child Health support services.
- FRD and FCPD are partnering with the CSB's Peer Outreach Response Team (PORT) to refer individuals encountered for non-fatal overdoses to PORT for recovery action planning, discussion of treatment and support group options, REVIVE! training, and more. PORT was initially funded as part of the first opioid work plan. Launched in fall 2020 with FRD referrals to PORT, in late April 2021 FCPD began referring eligible individuals to PORT.

As the Opioid and Substance Use Task Force continues to pursue these and other activities enumerated in the FY 2021 and FY 2022 work plan, key areas of focus will include: addressing fentanyl-involved fatal overdoses; prevention activities, especially those geared toward students and parents; opportunities to enhance the County's overdose response; improving transitions from one program/treatment provider to another; and, utilizing different cultural perspectives and social media to reach more community members. If you have any questions, please contact

Ellen Volo, Opioid and Substance Use Task Force Coordinator at 703-324-7073 or Lisa Potter, Director of the Diversion Initiatives in the Office of Strategy Management, 703-324-7088.

cc: Bryan J. Hill, County Executive
Joe Mondoro, Chief Financial Officer
Rachel M. Flynn, Deputy County Executive
Gloria Addo-Ayensu, Director, Health Department
Claudia Arko, Legislative Director, Office of the Fairfax County Executive
Michael Becketts, Director, Department of Family Services
Michelle Boyd, Assistant Superintendent, Fairfax County Public Schools
John S. Butler, Chief, Fire and Rescue Department
Tony Castrilli, Director, Office of Public Affairs
Kevin Davis, Chief, Police Department
Christina Jackson, Director, Department of Management and Budget
Stacey Kincaid, Sheriff, Sheriff's Office
Michael Lane, Director, Office of Strategy Management
Elizabeth Teare, County Attorney
Daryl Washington, Executive Director, Fairfax-Falls Church Community Services Board



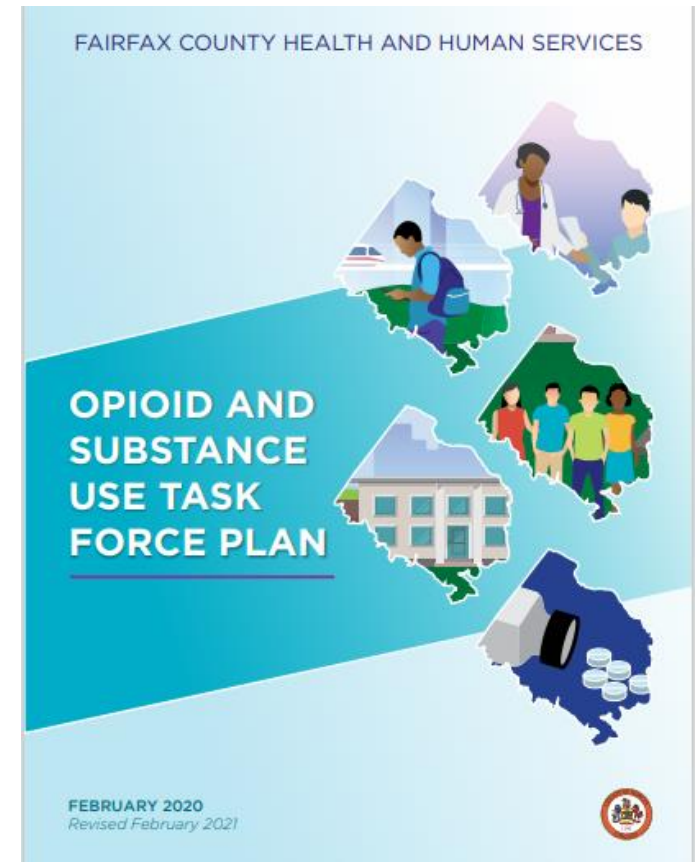
Fairfax County's
Opioid and Substance Use Task Force
June 2021

History

- **September 2017:** The Fairfax County Board of Supervisors appropriated \$3.6 million in one-time funds and subsequently approved the Opioid Task Force's first work plan in January 2018.
- Additional funding appropriated in the FY 2019 and FY 2020 County budgets.
- **March 2020:** FY 2021 and FY 2022 work plan finalized.
- **May 2021:** FY 2022 Adopted Budget includes additional resources to expand services for incarcerated individuals and pregnant women and ensure sufficient residential treatment and detoxification capacity.

Current Work Plan

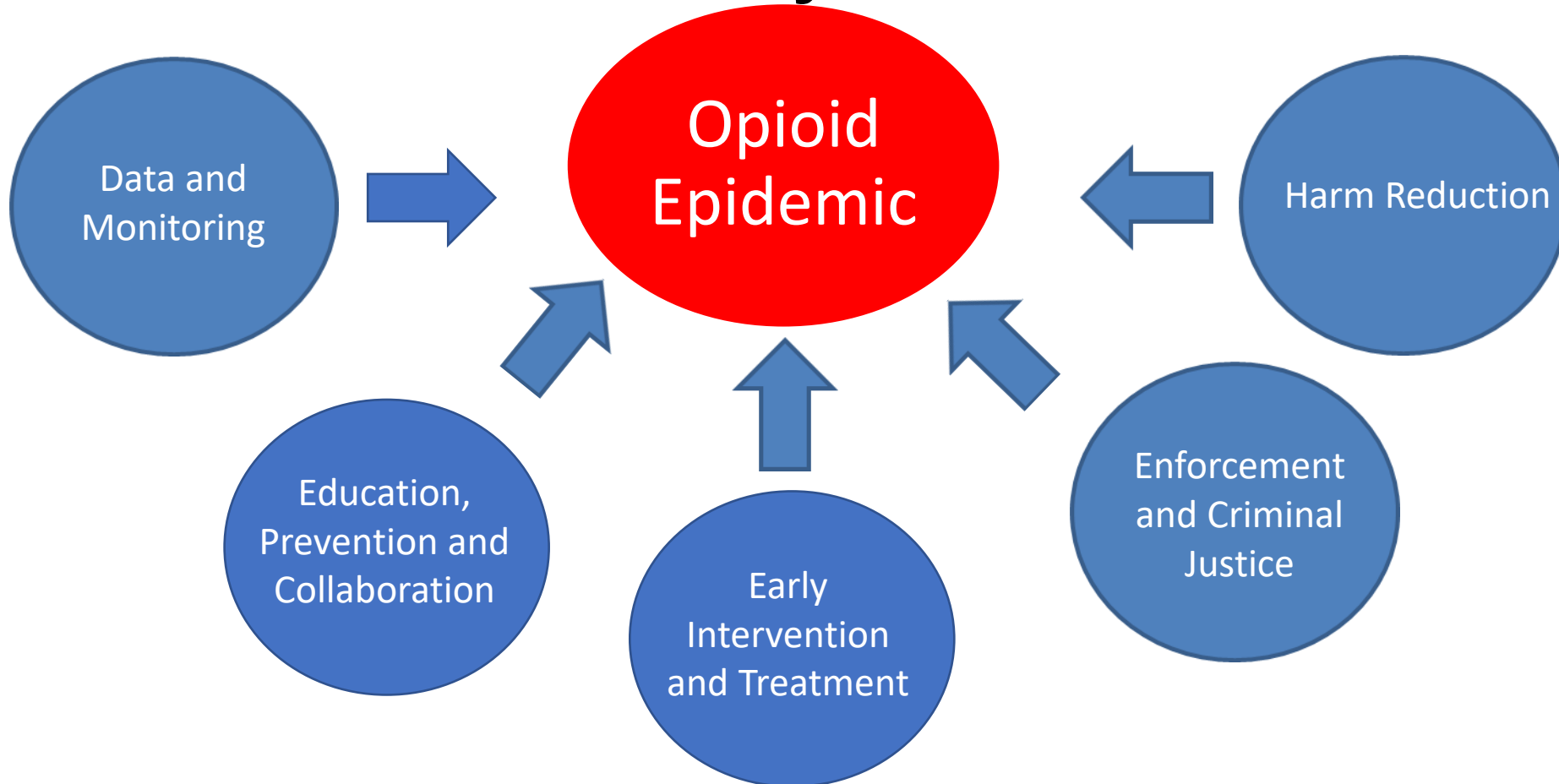
- 29 initiatives from the [FY 21 and FY 22 Task Force work plan](#) are underway or in development
- Starting to think about FY 23 and beyond



Primary Goals

1. Reduce deaths from opioids through prevention, treatment, and harm reduction
2. Use data to describe the problem, target interventions, and evaluate effectiveness

Priority Areas



Data and Monitoring

- Internal and external opioid dashboard
- Opioid Data Governance Initiative
- Interventions from surveillance data



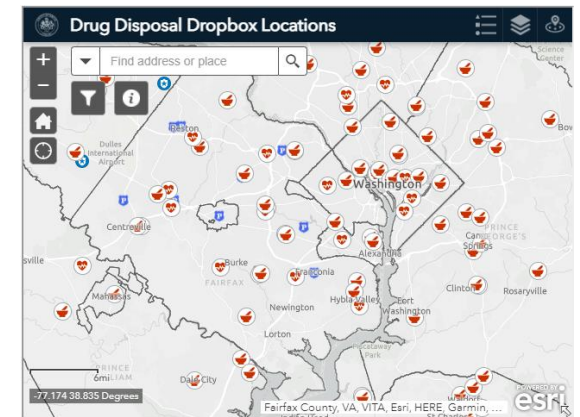
Education, Prevention, and Collaboration

- Substance use trainings for DFS
- Cannabis Youth Treatment Series Training - FCPS
- Communications campaign
- Partnerships with community organizations
- Community substance use prevention education
<https://www.fairfaxcounty.gov/neighborhood-community-services/prevention/take-charge>
- Community coalition - Fairfax Prevention Coalition
www.fairfaxpreventioncoalition.com



Education, Prevention, and Collaboration (contd.)

- Drug Take Back Boxes at pharmacies
- Safe Drug Disposal
 - Year-round options available:
 - Free drug deactivation kits available
 - Drug disposal boxes at FCPD stations and medical facilities
 - Map: [Safe Disposal of Medicines | Health \(fairfaxcounty.gov\)](https://www.fairfaxcounty.gov/health/safe-disposal-of-medicines)
 - Drug Take Back Days (2X/Year)
 - October 2021 (exact date TBD)
- Also available – free medication storage boxes
www.fairfaxcounty.gov/community-services-board/prevention/lock-and-talk



Early Intervention and Treatment

- Substance abuse prevention counselors (FCPS + CSB)
- JDRDC substance use services
- Maternal & Child Health Program
- Addiction Medicine Clinic
- Short term residential detoxification services and contracts
- Residential treatment services and contracts
- Jail-based MAT
- Vivitrol at the Adult Detention Center
- Reentry peer support services (HOPE)



Early Intervention and Treatment (contd.)

- DFS parent support services

Podcast and information on SMART Recovery meetings:

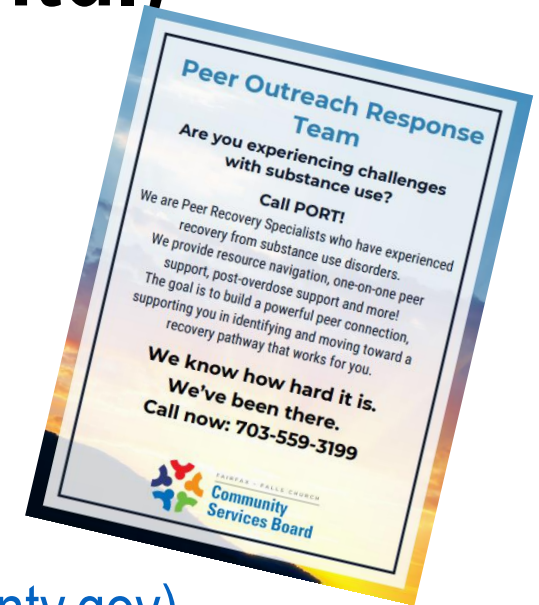
[SMART Recovery® | Family Services \(fairfaxcounty.gov\)](https://www.fairfaxcounty.gov/family-services/smart-recovery)

- Peer Outreach Response Team

[Peer Outreach Response Team | Community Services Board \(fairfaxcounty.gov\)](https://www.fairfaxcounty.gov/community-services-board/peer-outreach-response-team)

- Also available: JDR Parent Support Group

[Parent Support Group | Juvenile and Domestic Relations District Court \(fairfaxcounty.gov\)](https://www.fairfaxcounty.gov/judicial-branch/jdr-parent-support-group)



Enforcement and Criminal Justice

- Opioid Overdose Investigation Unit
- Drug Treatment Docket

Drug Court Celebrates First Graduates at Sept. 24 Ceremony

< Share

September 1, 2020

The first three graduates of the comprehensive Fairfax County Drug Court program will be honored at a ceremony on Thursday, Sept. 24, at 2 p.m. at the [Fairfax County Government Center](#), 12000 Government Center



Harm Reduction

- Transportation assistance for individuals in recovery
- Early alert system
- Connecting individuals encountered on EMS overdose runs with treatment and naloxone
- Explore options for a substance use disorder support center
- Coordinated Services Planning and PORT Collaboration
- Comprehensive Harm Reduction Program
- Anti-Stigma Program
- REVIVE! trainings

<https://www.fairfaxcounty.gov/community-services-board/heroin-opioids/revive>

- Naloxone provided to individuals released from the ADC



Ellen Volo

Opioid and Substance Use Task Force Coordinator

Office of Strategy Management

703-324-7073

Ellen.Volo@fairfaxcounty.gov

<https://www.fairfaxcounty.gov/strategymanagementhhs/opioid-and-substance-use-task-force>

Fairfax-Falls Church Community Services Board
Service Delivery Oversight Committee
June 9, 2021

The Service Delivery Oversight Committee of the Fairfax-Falls Church Community Services Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

Committee Members in Attendance: Committee Chair Sheila Jonas (Alexandria); CSB Board member Daria Akers (Fairfax); CSB Board member Robert Bartolotta (Falls Church); CSB Board member Captain Derek DeGeare (MCRC, Fairfax); CSB Board member Larysa Kautz; CSB Board member Srilekha Palle (Fairfax); and CSB Board member Anne Whipple

CSB Board members in Attendance: CSB Board Chair Bettina Lawton

Committee Members absent: Garrett McGuire; Edward Rose; and Daniel Sherrange.

Associate Members in Attendance: Kathy Baker, ServiceSource; Cathy Benn, Second Story; Lori Crail, Inova; Lauren Goldschmidt, ServiceSource; Joe Getch, Psychiatric Rehabilitation Services, Inc. (PRS); Michele Hurrell, Recovery Program Solutions of VA (RPSV); Dan Kakitas, enCircle (previously Lutheran Family Services of VA); Susan Keenan, Community Living Alternatives; Cindy Koshatka, No. VA. Mental Health Foundation (NVMHF); Sean McGinnis, Hartwood Foundation; Diane Monnig, The Arc of Northern Virginia; Heather Peck, Laurie Mitchell Empowerment Career Center (LMECC); Laurie Peterson, CRI; April Pinch-Keeler, MVLE; Elaine Sommer, Northwest Center for Mental Health Advisory Board; and Joe Pettit, Concerned Fairfax

Staff in Attendance: Georgia Bachman, Asst. Deputy Acute & Therapeutic Treatment Services; Lisa Flowers, Communications Director; Daniel Herr, Deputy Director Administrative Operations; Kevin Lafin, Acting Director Employment & Day Services; Michael T. Lane, Director Office of Individual and Family Affairs; Joe Rajnic, Director Assisted Community Residential Services (ARCS); Sierra Simmons, Support Coordination Services; Lyn Tomlinson, Deputy Director Clinical Services; Barbara Wadley-Young, Asst. Deputy Community Living Treatment & Supports; LaVurne Williams, Director Residential Treatment & Detox Services

1. Meeting Called to Order.
Sheila Jonas convened the meeting at 5:00 p.m.

2. Roll Call and Audibility.

Ms. Jonas conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Ms. Jonas passed the virtual gavel to Committee member Daria Akers to make several motions required to start the meeting.

A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present this motion was seconded by Captain Derek DeGeare and passed unanimously.

3. Preliminary Motions.

CSB SDOC Co-Chair Sheila Jonas made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Committee may conduct this meeting electronically through a video and web conferencing platform, that may be accessed via Meeting ID: 914 8683 1737 and Passcode 233960. Motions were seconded by Robert Bartolotta and unanimously approved.

Mr. McGuire made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board Committee's lawful purposes, duties, and responsibilities. The motion was seconded by Daria Akers and unanimously approved.

4. Approval of the Minutes.

Draft minutes of the April 14, 2020 meeting were submitted for approval. Daria Akers made a motion to approve the minutes as presented, which was seconded and unanimously approved.

5. Matters of the Public.

None were presented.

6. Presentation and Group Discussion: Trends Related to the Increase in Opioid Overdoses and How This is Being Addressed

Lyn Tomlinson introduced Ellen Volo, Fairfax County Opioid and Substance Use Task Force Coordinator noting that following the presentation, attendees would participate in small group discussion. Discussion topics will include the respective impact of the opioid crisis to the individual agencies and the greater impact of working in a group to identify and implement mitigation and improvement efforts.

Ms. Volo directed attention to the slide presentation and provided an overview of the information. Some highlights included:

- In addition to the Opioid Task Force, there is a leadership group that includes CSB Executive Director, Police and Fire & Rescue Chiefs, Deputy County Executive Health and Human Services, and Public Safety.

- Highlighting the identified priority areas, it was clarified that the CSB is involved in all the priority activities.
- Fatal overdoses increased nationwide from 2019 to 2020. In Virginia, there was an increase of 600+ fatal opioid overdoses in 2020, a 47% increase. Based on current data for first quarter 2021, this increase is expected to continue.
- It was clarified that the Fairfax Prevention Coalition led by the CSB Prevention Team, is the primary community engagement resource. Consistent efforts are being made to increase community participation.
- A partnership with Department of Family Services (DFS) includes a group for families impacted by substance use, establishment of a Smart Recovery Group, and a group for families impacted by sex abuse of a loved one.
- Outreach efforts include contacting survivors of overdose to offer supports and services.
- Members were encouraged to provide input and feedback. Copies of the slides will be forwarded to the members and included in the June 2021 CSB Board meeting materials.

7. Breakout Session Summaries

The moderators for each breakout room provided a brief summary of their group discussions that focused on the talking points noted earlier including:

- a. Daniel Herr reported three primary impact areas were identified to include 1) opioid addiction reaches any socioeconomic status or stature in community, 2) education is vital, 3) impact of the pandemic and the dramatic increase in opioid addiction. Discussion topics included i) collaboration of mental health and substance use staff to identify components of successful and unsuccessful treatment, ii) CSB and medical providers partnering to monitor therapeutic use of prescribed opioids, and iii) identify areas of improvement in the community.
- b. Sierra Simmons, noting no personal impact of the opioid crisis was reported by members of this subgroup, reported several discussion topics that included i) acknowledgement of the importance of preparation and resources including carrying Naloxone and training, ii) recognition that some individuals are not ready for recovery, that their current and individual needs must be addressed, and iii) drug use remains highly secret until a crisis occurs.
- c. Barbara Wadley-Young reported the group discussion focused on the need for education. This included the importance of networking and increasing familiarity with resources.
- d. Kevin Lafin/Lisa Flowers
Kevin reported several topics that included i) the lack of appropriate reimbursement rates in Virginia for peer support specialists and family support partners, ii) the effects on family members and communities and if it may be possible to track this, and iii) simplification in tracking,

researching and reaching resources, and iv) the negative impact of COVID on work release programs.

Lisa Flowers added some discussion points that included i) the CSB Board developing a memo, ii) expansion of jail-based programs addressing drug addiction, iii) advocacy of increased training and familiarity with emergency treatment (Naloxone injections/nasal spray) efforts, iv) inclusion of harm reduction efforts in programs.

Ms. Tomlinson thanked all participants for their contributions to the discussion. Additionally, a reminder was offered that REVIVE! Training in the use of Naloxone and responses to a drug overdose can be scheduled upon request. Attendees were encouraged to reach out for literature or visit the CSB website for a large array of addiction services and resources that are available.

Ms. Volo acknowledged some difficulty with resource identification, encouraging attendees to reach out for assistance. Members were also encouraged to reach out with suggestions, recommendations, and collaborative ideas to leverage community strength.

8. Committee and Associate Member Reports, Updates, and Concerns

Sheila Jonas asked that attendees review the list of proposed Associate Members. A reminder was offered that the proposed list is submitted to the CSB Board each June for approval of appointment as Associate Members to the Service Delivery Oversight Committee.

Attendees were offered an opportunity provide a brief update to recent activities. Highlights included:

Daria Akers, Committee member reported a very successful Diversion First Stakeholders meeting had been held since the last SDOC meeting noting the extraordinary accomplishments since Diversion First was implemented.

Joe Getch, PRS announced that onsite face-to-face day services had resumed/were resuming, noting the Community Readiness Support Program (CRSP) resumed May 10th, the Mt. Vernon Recovery Academy resumed to reduced capacity on June 7th and the Fairfax Recovery Academy is tentatively scheduled to resume on June 21st. It was confirmed that all programming will resume fact-to-face operations on a phased schedule.

Cathy Benn, Second Story announced their community-based programs are scheduled to re-open the week of June 14, 2021, including the Parent Resource Centers in Springfield and Culmore.

Lauren Goldschmidt, ServiceSource shared that employment services resumed in-person delivery in October 2020 noting a recent increase in referrals. Ms. Goldschmidt further announced that she was seeking summer internships/work experience for approximately 20 high school students, requesting interested parties to reach out for further information.

Kathy Baker, ServiceSource announced that the Day Support Programs began reopening under the 1st phase on May 17, 2021, and the second phase launched on June 7, 2021. Phase three is scheduled to begin by the end of June with a full reopening anticipated for September 2021 to allow more hesitant individuals some additional time before receiving in-person services.

Lori Crail, Inova provided an update to recent activities.

Sean McGinnis, Hartwood shared that I/DD residential and day support providers are seeing a rapidly worsening DSP (direct support professional) and DSP supervisor workforce crisis. Through increased FMAP (Federal Medical Assistance Percentage) from ARPA (American Rescue Plan Act), the state is set to receive \$220-\$300M in funds specifically for HCBS (Home & Community Based Services). VNPP (Virginia Network of Private Providers) believes those funds need to go directly to providers of Medicaid Waiver services to bridge the gap between now and when rates are ultimately increased. I/DD day support programs have started reopening and will continue opening in phases. Residential providers have been providing around-the-clock supports for the last fifteen months, offering kudos to the day support providers for doing it right.

9. Staff Reports

Lyn Tomlinson provided an update to recent CSB activities. Some highlights of which included:

- A reminder that some CSB programs remained open during COVID. There is an increase in client and staff returns to on-site work and service delivery.
- The update to plans submitted to STEP-VA (System Transformation Excellence Program) for approval included Peer Support (approved) and Veteran's Services (pending approval).
- Referring to ongoing challenges with recruitment and retention, it was clarified that this is also a national and a statewide concern. DBHDS (Department of Behavioral Health and Developmental Services) has published an RFP (Request for Proposal) to conduct a salary survey for comparison of pay scales and recruitment challenges.
- A reminder was offered that the Pact (Program of Assertive Community Treatment) was rapidly transitioning to the ACT (Assertive Community Treatment) program noting this includes efforts to establish the program in other Fairfax County communities.
- Developmental Disability Support Coordinators resumed face-to-face services May 1, 2021, as required by the DOJSA (Department of Justice Settlement Agreement) with some success.
- Members will be sent information on the Housing Option Waitlist (for individuals with moderate income) that is accepting applications until Sunday, June 13th at midnight.

Kevin Lafin reported that most CSB Day Support & Employment programs are successfully reopening, adding that transportation is a concern that is

being addressed. Several additional phases of reopening will be launched in the coming months.

Barbara Wadley-Young offered a reminder of the recent retirement of Evan Jones reporting that Kevin Lafin will be interim Service Director of Employment and Day services until October.

The next meeting of the Service Delivery oversight Committee (SDOC) is scheduled for August 11, 2021, at 5:00 p.m. It is anticipated that this meeting will be virtual. Updates will be provided as events occur.

There being no further business to come before the Committee, the meeting was adjourned at 6:24 p.m.

Actions Taken –

- Approval of the draft minutes of the April 14, 2021, Service Delivery Oversight Committee.

Date Approved

Clerk to the Board

DRAFT

Fairfax-Falls Church Community Services Board
Compliance Committee Virtual Meeting Minutes
May 19, 2021

The Compliance Committee of the Fairfax-Falls Church Community Services Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

The following Committee members were present: Bettina Lawton (Vienna), Board Chair; Jennifer Adeli (Great Falls); Sheila Coplan Jonas (Dewey Beach, DE); and Garrett McGuire (Alexandria)

The following Committee members were absent:

The following staff were present: Daryl Washington, Luann Healy, Cindy Tianti, and Lyn Tomlinson

1. Meeting Called to Order

Bettina Lawton, CSB Board Chair, called the meeting to order at 4:01 p.m.

2. Roll Call and Audibility

Ms. Lawton conducted a roll call with each CSB Board Member present, as identified above, to confirm that a quorum of CSB Board members was present and audible. Ms. Lawton passed the virtual gavel to CSB Board Vice Chair Garrett McGuire to make several motions required to begin the meeting.

A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present; this motion was seconded by Sheila Jonas and passed unanimously.

3. Preliminary Motions

CSB Board Chair Bettina Lawton made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically.

A further motion was made that this Board may conduct this meeting electronically through a video and web conferencing platform, that may be accessed via Meeting ID: 92583884440 and Passcode 537678. Motions were seconded by Sheila Jonas and unanimously approved.

Ms. Lawton made a final motion that that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the

discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded by Garrett McGuire and unanimously passed.

4. Matters of the Public.

None were offered.

5. Amendments to the Meeting Agenda

The meeting agenda was provided for review. Acknowledging no recommendations were forthcoming, the meeting agenda was accepted as presented.

6. Review of Meeting Minutes

Meeting minutes of the April 21, 2021 Compliance Committee were provided for review and revision. As no recommendations were forthcoming, Garrett McGuire made a motion to approve the minutes as presented, which was seconded and approved.

7. Follow up items from the prior Compliance Committee Meeting and Updates

- *CSB Serious Incident Report – April 2021*

- Luann Healy provided the Serious Incident Report for the month of April 2021.

ComplyTrack Reports Update

- *Audit Report –*
 - #1881, financial review results, recommendations only, no citations or paybacks.
 - Developmental Disability services desk review audit was just completed with only a couple of recommendations received.
- Following review of the three reports, it was decided that some refinement is needed. Members requested additional narrative details including clarification to what prompted the review and any relationship between reviews/reports.
- It was clarified that ComplyTrack is fully implemented and is the source for the Audit, CAP (Corrective Action Plan) and Education Reports provided to the Committee.
- *Electronic Healthcare Record Update*
 - Daniel Herr confirmed that discussions continue, reporting anticipation that more details will be provided at the June 2021 CSB Board meeting.

Bettina Lawton inquired whether there any matters that required discussion in closed session. As no one raised any matters or need for a closed session and there being no further business to come before the Committee, the meeting was adjourned at 4:28 p.m.

Actions Taken –

- Minutes of the April 21, 2021, Compliance Committee meeting were reviewed and approved.

June 16, 2021

Date Approved



Clerk to the Board

CSB Fiscal Oversight Committee Meeting Minutes

May 20, 2021

The Fiscal Oversight Committee of the Fairfax-Falls Church Community Services Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

Members in Attendance:

In-Person: Chair, Jennifer Adeli; Karen Abraham; Captain Derek DeGeare; Bettina Lawton; Andrew Scalise; Daniel Sherrange and Sandra Slappey

Remote:

Members Absent:

Staff: Daryl Washington, Lyn Tomlinson, Daniel Herr, Linda Mount, and Jessica Burris

1. Meeting called to order.

The meeting was called to order at 4:02 p.m.

2. Matters of the Public.

None were presented.

3. Amendments to the meeting agenda

Dan Sherrange offered a motion to add an agenda item for discussion of a partnership with GMU who has applied for a grant to study co-responder models that was seconded and approved. Bettina Lawton offered a motion to accept the meeting agenda as revised that was seconded and approved.

4. Review of meeting minutes

The April 15, 2021, meeting minutes were offered for review. Andrew Scalise made a motion to approve the minutes as presented, which was seconded and approved.

5. Administrative Operations Report

Executive staff provided updates to recent activities including:

- The CSB will be presenting a grant proposal at the May 26, 2021, CSB Board meeting. The grant, if awarded, will provide approximately \$2.5M in a one-year grant to work with George Mason University in a study of co-responder models, clarified to be a law enforcement responder accompanied by a clinician to determine and assist with individuals who may need behavioral health assistance. The meeting at which this proposal was discussed included CSB staff Daryl Washington, Lyn Tomlinson, and Abbey May, Lisa Potter, Director Diversion First, and CSB Board member Captain Derek DeGeare as well as members of Fairfax County Sheriff's Office and Police Department. It was clarified that the award is for the federal fiscal year that runs from October 1 through September 30. Members engaged in robust discussion.
- Daryl Washington offered a reminder of the bond funding for renovations at Crossroads, reporting that the kick-off meeting had just been held. Planning for improvements to the facility include ensuring no break in service delivery during the renovations.

CSB Fiscal Oversight Committee Meeting Minutes

May 20, 2021

- The CSB is working with the Health Department to develop accommodations for the recent changes to COVID restrictions. Plans include recognition of the number of clients seen, the size of the facility, and the type of facility, e.g., congregate care (residential) facilities, etc.
- Dan Sherrange requested that staff provide information on implementation of a plan for management of opioid addiction treatment services using existing resources that will also include planning for sustained service delivery.

6. Clinical Operations Report

Lyn Tomlinson directed attention to the Clinical Operations Reports, providing an overview of each report, noting that Linda Mount was in attendance to address any questions regarding data collection. Highlights of the review included:

- The successful relocation of the Substance Use Disorder (SUD) programs to pre-COVID or renovated sites was confirmed, noting that the relocations will allow for increased census that will impact the SUD Residential Waiting List (report) for May.
- Noting that the April *Adult Outpatient Time to Treatment* wait times had significantly increased, a reminder was offered that the decreased wait times for March reflected a higher than usual number of IOP (Intensive Outpatient) clients who began receiving services in March and typically receive services more quickly as capacity is equal to demand.

7. Financial Status

Jessica Burris provided an overview of the financial reports, including the following:

- *Modified Fund Statement*
 - The Operating Budget has a shortfall of approximately \$1.4M due to the one-time bonuses for Merit staff paid out in May.
 - Efforts are underway to implement all the FY 2021 initiatives prior to the end of the fiscal year.
 - The 'miscellaneous' revenue projections were determined to be overstated and have been adjusted.
 - Non-county revenue has a shortfall of approximately \$5M partially attributed to outstanding residential revenue that is expected to be received by end of the fiscal year.
 - Noting the end of the fiscal year is six weeks away, planning efforts include:
 - Contacting CSB Service Directors to request one-time expenditure proposals.
 - Planning for FY 2021 carryover requests that are due in early July.
 - Requests for the unspent year-end balance may include grant budget updates, encumbered carryover items from prior years, and open purchase orders, etc.
 - Reporting a planning meeting with DMB (Department of Management and Budget) on June 10th, Ms. Burris provided an overview of carryover noting that requests may include initiatives, programs, projects, reserve funding, etc.

CSB Fiscal Oversight Committee Meeting Minutes

May 20, 2021

- It was further reported that a review of existing reserves is underway to determine if current reserves may need modification, reassignment, or replacement for FY 2022. The CSB Board will receive regular reports.

Members engaged in robust discussion of the existing reserves review.

- *Variable Revenue Report*
 - April revenue totals are just above the variable revenue target attributed to increased communication with payers, and timely resubmission of corrected claims.

8. Human Resources (HR) Update

Daniel Herr provided an update to recent human resources activities, including:

- HSD (Human Systems Development) Metrics recently sent exit surveys to staff who left the agency from January through April. The next survey will be sent to staff who have recently been hired.
- Related to filling vacancies in critical, direct service areas, several strategies have been implemented or are pending to include:
 - Staff Surveys: Exit surveys for all staff leaving the agency began in April and processes are in place to begin surveying new staff as well as all current staff.
 - Bonuses: Sign on and referral bonuses have been approved for hard to fill positions
 - Internships: Have been expanded and a stipend will be provided to clinicians who supervise interns.
 - Annuitants: Allow the return of annuitants to address time to treatment concerns.
 - Job Sharing: Convert some full-time merit positions to job sharing positions for clinicians who are looking to retain County benefits.
 - Interviewing Flexibility: Exploring options for virtual interviewing processes.
 - Salary Compression: Reviewing internal salary alignment for hard to fill positions.

There being no further business to come before the Board, the meeting was adjourned at 5:28 p.m.

Action Items/Responsible Party Required Prior to Next Meeting:

Staff was asked to provide information on implementation of a plan for management of opioid addiction treatment services using existing resources that will also include planning for sustained service delivery.

Adult Behavioral Outpatient Report - members requested details on the decrease in the number of clients served from March 2021 to April 2021.

Issues to Communicate to CSB Board:

CSB Fiscal Oversight Committee Meeting Minutes

May 20, 2021

Agenda Items for Next Meeting:

Next Scheduled Fiscal Oversight Committee meeting

Thursday, June 17, 4:00 p.m.

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA

Room 3-314, West

June 20, 2021

Date Approved



Clerk to the Board

2022 Human Services Issues Paper

Issue:

Board approval of proposed edits to the CSB-related sections of Fairfax County's 2022 Human Services Issue Paper.

Background:

In preparation for updating the 2022 Human Services Issues Paper, the CSB, as well as other human services agencies, review and revise positions related to human services issues, including those of concern to the CSB. Each December, the Fairfax County Board of Supervisors approves the Human Services Issue Paper as a supplement to the county's annual Legislative Program, which informs public officials of the county's positions on legislative policy issues.

Timing:

Immediate

CSB Board Members and Staff:

Bettina Lawton, CSB Chair
Daryl Washington, CSB Executive Director
Elizabeth McCartney, Legislative Liaison

Enclosed Document:

Attachment A – Overview of Fairfax County's 2022 Human Services Issue Paper
Attachment B – Draft issues for the 2022 Human Services Issues Paper

Overview of Fairfax County's 2022 Human Services Issue Paper

Each year, the Fairfax County Board of Supervisors adopts an annual Legislative Program for the Virginia General Assembly. The Human Services Issue Paper serves as an addendum to the state legislative program. Fairfax County takes positions in the Legislative Program and Issue Paper. County staff then advocate for legislation in Richmond with the Virginia General Assembly.

CSB and other Fairfax County Human Services departments are currently working with the County Government Relations team to update the Human Services Issue Paper. CSB staff will be recommending updates and revisions to the document. CSB board members will review staff recommendations and provide their own edits. A timeline for this process is below.

Some years, CSB submits request for new positions. A new position is warranted if the existing Issue Paper does not address a topic of concern. This new position process must also be completed for edits to existing position statements that are so extensive as to reflect a change in policy.

The version of the entire Issue Paper we will be editing, with CSB sections highlighted, begins on the next page. The adopted 2021 documents can be accessed online under board reports here: <https://www.fairfaxcounty.gov/boardofsupervisors/>.

Timeline:

May 11: County's Legislative Director officially launches the process by sending CSB a word version of document for review.

May 24: CSB staff receive sections for review and editing.

May 24 - June 7: CSB staff review and incorporate their recommendations in document through track changes mode. Staff determine if any new positions should be added to document.

June 7: CSB staff submit feedback to Elizabeth McCartney.

June 23: CSB Board made aware of this year's issue paper process and receive draft for review.

July 9: Deadline for board members to submit edits to issue paper.

July 14: Draft with board member feedback sent out to Executive Committee and Board.

July 19: Final feedback from Board on edits to issue paper.

July 21: Board Meeting - Action Item on approval of 2022 Human Services Issue Paper

August 3: CSB's deadline for submitting edits to County Legislative Team

Draft 2022 Human Services Issue Paper – Items to Be Reviewed for Updates/Revisions

DRAFT 2022 Fairfax County Human Services Issue Paper

Note: Please ensure that all track changes are by a single author (i.e. one name/color), reflecting an agency-level response.

OSM TO REVIEW, INCLUDING UPDATING STATISTICS

The Human Services Issue Paper is a supplement to the 2021 Fairfax County Legislative Program as the Fairfax County Board of Supervisors has long recognized that investments in critical human services programs are essential to maintaining a healthy and vibrant community that provides all residents an equitable opportunity to thrive.

The COVID-19 pandemic has demonstrated that, now more than ever, robust and equitable health and human services are essential in addressing the significant challenges facing Fairfax County. The demand for housing, utility, and food assistance has grown exponentially, with a 114 percent increase in residents contacting the County for emergency basic needs assistance between March and September 2020 compared to the same period the previous year. The pandemic has impacted every resident and all facets of the economy, but it has disproportionately impacted Black, Latinx, and low-income residents. In turn, this has exacerbated racial and social inequities among residents with the greatest need. In addition, older adults are at increased risk for severe illness – in fact, 88 percent of the County’s deaths from the virus are residents ages 60 and older. Avoiding close contact with people outside of one’s household, which is a precaution all Americans are being encouraged to take, can be particularly challenging for older adults, leading to social isolation and even economic hardship for those in the workforce. Though there are increased pressures on the Commonwealth’s budget as revenues are declining and the demand for critical services is increasing dramatically, allocations for safety net programs and services for residents facing vulnerability must be prioritized.

Although Fairfax County has one of the highest median household incomes in the nation, significant and complex needs are prevalent in this community. Over 68,000 residents live in poverty and over 266,000 residents (23.5 percent) earn less than the living wage needed to afford basic expenses in this high cost of living area. Unfortunately, these challenges are anticipated to increase, as between April and September 2020, the County’s unemployment rate has averaged 5.5 percent higher than the same period the previous year. In addition, disparities in income, employment, and health outcomes continue to be pervasive, and can often be attributed to race and specific neighborhoods. Ensuring the availability of effective and equitable health and human services for all residents is a vital foundation for a strong economy.

Historically, the state has underfunded health and human services, or neglected to incorporate best practices in service delivery. This has required localities to fund critical services with local revenues, which will be enormously challenging due to COVID-19’s fiscal strain. As the General Assembly (GA) makes difficult budget decisions in the 2021 session, it is important to recognize that the decisions made now will have a long-term impact on the entire Commonwealth. Therefore, it is essential that investments are made in programs that provide residents with the resources and opportunities needed to be resilient and thrive. In addition, the flexibility for service delivery

Draft 2022 Human Services Issue Paper – Items to Be Reviewed for Updates/Revisions

granted during the pandemic should be continued beyond the public health emergency to provide residents with easier and more equitable access to assistance.

Strong partnerships between the Commonwealth and local governments are essential in addressing the pandemic’s impact, and can be accomplished by making policy and budgetary decisions to:

- Support residents experiencing vulnerability;
- Address racial and social inequities that have created systemic and institutional barriers;
- Create evidence-based, outcome-driven programs that are innovative, incorporate best practices, and adapt to localities’ unique needs; and,
- Invest in workforce development initiatives and employment opportunities that provide residents with economic success.

Priorities

***Affordable Housing and Homelessness Prevention* TO BE REVIEWED BY CSB, DFS, DSB, AND HCD**

Support state funding and actions to increase the availability of affordable housing options and prevent homelessness, including expanded investments in tools and programs to address affordable housing needs, particularly in high cost-of-living areas like Northern Virginia, and to mitigate evictions resulting from the economic impacts of the COVID-19 pandemic.

Affordable housing is critically important for all Virginians, but obtaining it is particularly challenging in Northern Virginia, where housing is increasingly out of reach for low- and moderate-income earners. Fairfax County is already experiencing a deficit of 31,000 affordable rental homes, and the gap between the need and the supply will grow considerably without new approaches for expanding housing availability and affordability. It is anticipated that 15,000 net new units affordable to households earning 60 percent of area median income and below will be needed over the next 15 years. Development and preservation of affordable housing is most critical for small families and seniors.

The devastating economic effect of COVID-19 has exacerbated this looming crisis, placing many individuals and families at risk of eviction in Fairfax County, including communities of color who are disproportionately impacted by the pandemic. Prior to the pandemic, 45 percent of Fairfax County renters were already cost-burdened and spent at least 30 percent of their household income on rent. Cost-burdened renters who have lost jobs or had their incomes reduced as a result of the ongoing economic upheaval will face greater barriers in paying for housing, making them more vulnerable to evictions. While there has been some short-term rental assistance funding and moratoriums to prevent evictions, the pandemic’s financial impact will have long-term and pervasive consequences. Therefore, new substantial and sustained federal and state investments in programs and resources that enable renters to keep their housing is essential in preventing an eviction crisis and a resulting surge in homelessness in the community. Funding to mitigate the impacts of the pandemic on affordable housing must be in addition to the sizable resources already needed to address the existing affordable housing crisis in Northern Virginia.

Draft 2022 Human Services Issue Paper – Items to Be Reviewed for Updates/Revisions

The Commonwealth should:

- Allocate sufficient funding to the Virginia Rent and Mortgage Relief Program so that all Virginia residents who cannot pay their rent due to COVID-19 can access the program. Not only does this program provide tenants with housing stability, but it also helps small landlords who are struggling to pay their mortgage due to uncollected rents. By continuing to support landlords, it will ensure that they are able to continue to offer affordable housing in our community.
- Expand resources available to ensure legal assistance and aid to tenants facing eviction.
- Increase funding to \$40 million in FY 2022 and retain the integrity of the Virginia Housing Trust Fund. This is essential to create and preserve affordable housing and reduce homelessness in Northern Virginia, where housing affordability creates substantial challenges for the economic competitiveness of the region, creating potentially negative impacts to the Commonwealth overall.
- Expand the pool of resources available for down payment assistance, as down payment costs are a major barrier to homeownership for low- and moderate-income earners.
- Enhance and create more state-funded rental assistance programs for individuals with disabilities and people experiencing homelessness, such as the Livable Homes Tax Credit, State Rental Assistance Program (SRAP), Virginia Homeless Solutions Program (VHSP), and previously provided Housing Choice Vouchers.
- Increase funding for permanent supportive housing units (allocated based on the size of the population served) for individuals with severe mental illness, substance use disorder, and developmental disabilities.
- Consider changes to state law to protect residents of mobile home parks, including more assistance with relocations. (*Updates and reaffirms previous position.*)

***Mental Health, Public Safety, and the Criminal Justice System* TO BE REVIEWED BY CSB AND OSM**

Support sustainable funding, allocated based on localities’ needs and population size, for public safety and mental health services that connect people who come into contact with the criminal justice system for low-level offenses to treatment.

Law enforcement officers are often the first responders when an individual is in a mental health crisis; the Fairfax County Police Department received nearly 4,900 mental health-related calls from January – June 2020. Such calls can lead to incarceration for low-level offenses (trespassing, disorderly conduct), precluding the individual from receiving appropriate treatment in the community for underlying mental health issues. Additionally, it is significantly more expensive to deliver mental health services in a detention facility than to provide the same service in community-based residential or community-based care.

To address these critical issues, Fairfax County continues to utilize local revenues for “Diversion First,” which offers alternatives to incarceration for people with mental illness, substance use disorders, or developmental disabilities who come into contact with the criminal justice system. The program has already had a significant impact – since 2016 more than 2,000 people have been diverted from potential arrest. Additionally, since 2015 there has been a 10.8 percent

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decrease in the number of inmates at the Fairfax County Adult Detention Center with behavioral health issues, and a 55 percent increase in the number of inmates referred to the Fairfax-Falls Church Community Services Board (CSB). Though the average daily population has decreased since FY 2008, the medical complexities of inmates has increased, with complex substance use and mental health disorders becoming more common.

Successful expansion of Diversion First will depend on adequate state investments in mental health services (and accompanying court and public safety resources) to:

- Increase the availability of community-based crisis services, local psychiatric beds for people with mental health issues, reintegration services for youth and adults at high risk of rapid re-hospitalization or re-offending, and discharge planning (*see also page 12-13*);
- Provide adequate funding for behavioral health call centers, crisis response teams (including the new Marcus alert system enacted during the 2020 special session), and crisis stabilization units, to connect individuals in need of treatment before a behavioral crisis begins or at the earliest possible stage of system interaction;
- Ensure the appropriate transition of behavioral health crisis calls between public safety, behavioral health call centers, and the future 988 mental health and suicide crisis hotline, a federal effort required to be in effect by July 16, 2022;
- Provide Crisis Intervention Team (CIT) and additional de-escalation training for law enforcement officers and dispatchers, and Mental Health First Aid training for Fire and Rescue, jail personnel, and health and human service organization staff to educate those interacting with individuals with developmental disabilities, substance use disorder, and mental illness;
- Improve the screening, assessment, and treatment of incarcerated individuals' mental health and substance use disorders by gathering uniform system level data;
- Support the expansion of specialty courts and dockets;
- Remove barriers in order to facilitate the exchange of health information of individuals among law enforcement, the court system, CSBs, health care providers, and families and guardians;
- Expedite the medical clearance process for individuals in need of psychiatric hospitalization;
- Increase funding of mental health services and substance abuse treatment for individuals who are incarcerated for offenses that make them ineligible for a diversion program; and,
- Remove barriers to community reentry by providing adequately funded forensic discharge planning and post-incarceration services. (*Updates and reaffirms previous position. See also the Courts position in the 2021 Legislative Program.*)

***Substance Use Disorder* TO BE REVIEWED BY CSB, HEALTH, LTCCC, AND OSM**

Support increased capacity to address the Commonwealth's ongoing substance use disorder epidemic through community-based treatment (including detoxification, medication-assisted, residential, and intensive outpatient programs) and innovative efforts to limit the supply of opioids. Also, support coordinated strategies to meet the growing need for

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substance use disorder services that target specific high-risk age groups. In particular, innovative approaches to prevention (such as an e-cigarette tax) and nicotine addiction treatment are necessary to address the vaping crisis that is affecting teens and young adults at an alarming rate.

Across Virginia, law enforcement and health care professionals continue to report a shocking number of fatal overdoses – 1,626 in 2019, a 9.4 percent increase from 2018. The statewide rate of opioid overdose-related deaths continues to exceed the number of deaths due to motor vehicle accidents. In Fairfax County, opioids are the number one cause of unnatural death, with 83 opioid deaths in 2019, most of which involved fentanyl and/or heroin. Alarmingly, hospitals in the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church) reported a 39 percent increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in January-September 2020 compared to the same period in 2019. This serves as an early indicator that the opioid epidemic continues to profoundly impact Fairfax County amidst the COVID-19 pandemic, illustrating that adequate resources and innovative strategies are needed now more than ever.

Another concerning trend is the widespread use of e-cigarettes, which are the most commonly used tobacco product among youth today. Despite being fairly new, in 2020 more than 3.5 million American middle and high school students reported using e-cigarettes in the previous 30 days. In Fairfax County, among students surveyed in the 8th, 10th and 12th grades, more students reported vaping within a month of the survey date in November 2019 than using any other substances, and lifetime prevalence rates were high across all age groups (13.2 percent of 8th graders, 26.2 percent of 10th graders, and 37.3 percent of 12th graders). Though e-cigarettes became popular because they have been considered less harmful than regular cigarettes, the recent discovery of severe respiratory illness in otherwise healthy young people as a deadly complication of vaping has raised alarm throughout the US.

While the Commonwealth of Virginia has taken action to combat these issues, including efforts to control the supply of opioids and increase the age to purchase all tobacco products to 21, significant challenges still exist. Complementary strategies, including well-funded, sustained intervention and education efforts, should be designed to support teens and young adults, many of whom may require specialized care to combat addiction. An e-cigarette tax could be a particularly helpful prevention tool, as research shows taxing tobacco is one of the most effective ways to reduce use, especially among the youth population. The 2020 GA enacted legislation providing all counties with the authority to tax cigarettes at \$0.40 per pack (previously Fairfax County was one of two counties authorized to levy a tax on traditional cigarettes, though it was capped at the state rate of \$0.30 per pack). That authority should be expanded to also include e-cigarettes. *(Updates and reaffirms previous position.)*

Position Statements

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Medicaid Waivers TO BE REVIEWED BY CSB, DFS, DSB, AND LTCCC

Support state funding and expansion for Virginia’s Medicaid waivers that provide critical home and community-based services for qualified individuals. Also support increased funding for developmental disability (DD) Medicaid waivers and slots, to provide appropriate community services and ensure the Commonwealth fulfills its responsibility to implement the federal settlement agreement.

Medicaid funds both physical and mental health services for low-income children and parents, pregnant women, older adults, and people with disabilities. It is funded by the federal and state governments and administered by the states. Federal funding is provided based on a state’s per capita income – the federal government shares 50 percent of the cost of Virginia’s Medicaid program (the exception is that under the recent Medicaid expansion the federal share is higher for newly eligible populations, but that does not affect waiver rates). Because each dollar Virginia puts into the Medicaid program draws down a matching federal dollar, what Medicaid will fund is a significant factor in Virginia’s human services spending. However, states set their own income and asset eligibility criteria within federal guidelines.

Each state also has the discretion to design its own Medicaid service program. Virginia offers fewer optional Medicaid services than many other states (in addition to federally mandated services), though a small number of Medicaid recipients in Virginia may also receive coverage through home and community-based “waiver” programs. Such programs allow states to “waive” the requirement that an individual must live in an institution, or that a service must be offered to the entire Medicaid population, to receive funding. Waiver services are especially important for low-income families, older adults, people with disabilities, and individuals with chronic diseases in Virginia, where Medicaid eligibility is highly restrictive. These waivers help ensure community-based options are available, in keeping with best practices.

Medicaid waivers are an integral component of the Commonwealth’s settlement agreement with the US Department of Justice (DOJ) – the state redesigned waivers for individuals with DD as part of its shift from an institution-based system to a community-based system. Over the past several months, as the Commonwealth intensifies its efforts to meet the settlement agreement criteria by 2021 (when the settlement agreement was originally expected to end), the Department of Behavioral Health and Developmental Services (DBHDS) has mandated a significant number of new requirements to the CSBs with little notice, including increased reporting obligations and additional directives for resource specialist teams and crisis risk assessments. The number and complexity of these new requirements accompanied with the short implementation timeline is making it extremely challenging for CSBs to appropriately partner with DBHDS to help them meet their DOJ settlement agreement requirements. It is expected that these requirements will continue beyond 2021.

The number and types of waivers are set by the GA. Long, growing waiting lists demonstrate the barriers that exist in the Commonwealth. Current Virginia waivers include: Commonwealth Coordinated Care (CCC) Plus, Community Living (CL), Family and Individual Supports (FIS), and Building Independence (BI). Waivers fund services such as personal assistance to live independently in a home, residential and employment services, environmental modifications,

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assistive technology, nursing services, and other therapeutic services which support individuals with severe disabilities to live as independently as possible in their community.

Fairfax County supports the following adjustments in Medicaid waivers:

- An increased number of DD Medicaid waiver slots (at present the state is not even fully funding the Priority One waiting list). The 2020 GA made some progress by adding 250 additional waiver slots in FY 2022 (funding was unallotted but ultimately restored by the GA in the special session).
- Automatic rate increases, including an increase in the Northern Virginia rate, to reflect actual costs.
- Improvements to the process for negotiating the approval and re-approval of customized rates for individuals with intensive behavioral and health needs who cannot be adequately served through the standard DD waiver rate structure.
- Expansion of home and community-based services by incorporating the Community First Choice (CFC) option into Virginia's 2021 Medicaid state plan.
- Maintenance of Olmstead rights for people with disabilities and seniors to remain in the community following hospitalization for medical crises, including COVID-19 and related conditions.
- Enhancement and preservation of the CCC Plus Waiver, and elimination of the weekly 56-hour cap on personal attendant care hours.
- Fully funded reimbursements for nursing and behavioral consultation, training, monitoring, and supports.
- Increased state funding to support a sustainable, well-trained workforce in residential, employment and day support settings, including higher reimbursement rates to hire and retain professional nurses.
- Expansion of REACH (Regional Education Assessment Crisis Services and Habilitation) in-home crisis supports, access to appropriate intensive residential support options, and community-based crisis services for individuals with disabilities.
- Enactment of a comprehensive Medicaid Dental Benefit for adults. Coverage for dental services in Medicaid will improve chronic disease outcomes, reduce the number of opioid prescriptions written for dental pain in emergency rooms, and prevent costly and painful dental disease. While the 2020 GA provided funding for dental care, that funding was unallotted due to the pandemic, and only partially restored in the 2020 special session.
- Retainer payments at 100% of expected capacity to support Group and Individual Supported Employment and residential service providers who are not currently receiving funds, or able to bill all service hours, due to the pandemic. (*Updates and reaffirms previous position.*)

Children and Families

Children's Services Act (CSA) TO BE REVIEWED BY DFS

Support continued state responsibility for funding mandated CSA services on a sum sufficient basis. Oppose changes to CSA that shift costs to local governments, or disrupt the responsibilities and authorities assigned to the County by CSA. Also support the current

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structure, which requires that service decisions are made at the local level and are provided based on the needs of each child, ensuring that service expenditures are approved through local processes.

CSA provides funding to plan and provide services to children who: have serious emotional or behavioral problems; need residential care services; need special education through a private school program; or, receive foster care services. It is a state-local partnership requiring an aggregate match of approximately 46 percent in Fairfax County. Children receiving certain special education and foster care services are the only groups considered mandated for service, and sum sufficient language ensures state and local governments provide funding necessary for such youth. As a redesign for the provision of behavioral health care services occurs at the state level to include changes to the state’s Medicaid plan, the County should support policy alignment with CSA and continued local decision-making. State rate-setting, and a study of rate-setting for public day special education services, needs to be closely monitored for any potential local impact. *(Updates and reaffirms previous position.)*

***Child Care* TO BE REVIEWED BY NCS**

Support state child care funding for economically disadvantaged families not participating in TANF/VIEW, and support an increase in child care service rates. Also support maintaining Fairfax County’s local permitting process for family child care providers serving four or fewer non-resident children.

A secure source of General Fund dollars is needed statewide to defray the cost of child care, protecting state and local investments in helping families move off of welfare and into long-term financial stability. Research shows that the financial independence of parents is jeopardized when affordable child care is out of reach, and without subsidies, working families with low incomes may not access the quality child care and early childhood education that helps prepare young children for kindergarten (families in Fairfax County receiving subsidies have an annual median income of nearly \$30,000, while the cost of full-time care for a preschooler at a child care center ranges from \$14,000 to over \$19,500 per year). Many of these families are “the working poor” who require assistance with child care costs to achieve self-sufficiency. Additionally, a state waiver from the Virginia Department of Education (VDOE) allowing Fairfax County to increase program income eligibility above the current 250 percent of the federal poverty level (FPL) would help address the challenges families experience due to the high cost of living in Northern Virginia.

Additionally, the COVID-19 pandemic has created an unprecedented challenge for the Commonwealth’s workforce and the overall child care infrastructure. The County’s economic recovery and long-term success, as well as the Commonwealth’s, is contingent upon access to affordable, high quality child care. During and post pandemic, investments to sustain child care centers, family child care homes, and the early childhood workforce are vital. The Governor and GA have recently allocated significant resources to both help stabilize the child care industry and provide school age child care during virtual school/learning, but those efforts are largely being sustained with federal funding – the investment of state General Fund dollars will be important to ensuring long-term sustainability as the Commonwealth transitions out of the current pandemic. *(Updates and reaffirms previous position.)*

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Early Intervention Services for Infants and Toddlers with Disabilities/Part C **TO BE REVIEWED BY NCS**

Support increased and sustainable funding and infrastructure for Part C Early Intervention, which is a state/federal entitlement program that provides services for Virginia’s infants and toddlers with developmental delays.

The Commonwealth contracts with the Fairfax County Department of Neighborhood and Community Services to provide early intervention service coordination and therapeutic services for infants and toddlers with developmental delays in areas such as speech, eating, learning, social interactions, and movement (as part of the Commonwealth’s compliance with the federal Individuals with Disabilities Education Act (IDEA) Part C grant). The benefits of early intervention continue to be supported by research, and the demand for services to eligible children continues to grow at a rapid pace. The increase in the number of children diagnosed with autism and the growing number of children born substance exposed has directly impacted the number of children eligible to receive this support. Consistent annual increases to the targeted case management rate (unchanged since 2012) and the Medicaid reimbursement rates for physical, speech-language, developmental and occupational therapies (unchanged since 2011) are necessary to ensure that the program can continue to meet the demand for early intervention services. *(Updates and reaffirms previous position.)*

School Readiness **TO BE REVIEWED BY NCS**

Support increased state resources and operational flexibility for early childhood education programs, including the Virginia Preschool Initiative (VPI), in order to eliminate barriers and allow localities to expand these critical programs. In Fairfax County, state VPI funding provides about one-sixth (\$3,163) of the actual cost (approximately \$18,000) of serving a child, which is insufficient to expand the program under current requirements.

Increasing funding while providing flexibility, including to serve children in non-public school classroom settings, is essential. Providing VPI services in community early childhood programs, including centers and family child care homes, is a key strategy for addressing capacity challenges in public school settings (for example, if Fairfax County were to use all available slots to serve children in only public school classrooms more than 55 additional classrooms would be needed, creating a substantial capacity challenge). Providing flexibility for teacher credentials and licensure in community early childhood programs allows grant funding to be used equitably across all programs participating in VPI. An additional membership verification window to confirm VPI eligibility for families enrolling after the initial fall membership verification date would allow improved access to this important program.

Research has increasingly shown the importance of high-quality early childhood education programs to children’s cognitive and social-emotional development and their school success. Business and military groups, including the US Chamber of Commerce and Mission: Readiness, a coalition of retired military leaders, have cited potentially positive impacts on national economic security, linking early childhood education to the creation of a qualified workforce. *(Updates and reaffirms previous position.)*

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Youth Safety **TO BE REVIEWED BY CSB, NCS, AND OSM**

Support additional state funding to prevent and reduce risk factors that lead to youth violence, gang participation, alcohol/drug use, and mental health problems, while increasing protective factors.

Research has identified risk factors that increase the likelihood of substance use, delinquency, mental health problems, and violence among youth. These risk factors include adverse childhood experiences, weak social ties, early aggressive behavior, attitudes favorable to substance use and violence, and the availability of alcohol and drugs, among others. Conversely, strong parenting, positive involvement from a caring, competent adult, healthy social-emotional functioning (such as empathy and coping), and involvement in community activities are shown to be protective factors. Funding is needed to implement evidence-based, effective strategies to strengthen protective factors and resilience, and to prevent and reduce risk factors. (*Updates and reaffirms previous position.*)

Older Adults and People with DisabilitiesDisability Services Board (DSB) **TO BE REVIEWED BY DFS, DSB, AND LTCCC**

Support reinstatement of state funding sufficient to enable every locality, either singly or regionally, to have a DSB, so that the key provisions of § 51.5-48 can be implemented.

DSBs enable localities to assess local service needs and advise state and local agencies of their findings; serve as a catalyst for the development of public and private funding sources; and, exchange information with other local boards regarding services to persons with physical and sensory disabilities and best practices in the delivery of those services. (*Reaffirms previous position.*)

Independence and Self-Sufficiency for Older Adults and People with Disabilities **TO BE REVIEWED BY DFS, DSB, AND LTCCC**

Support funding for programs that promote the independence, self-sufficiency, and community engagement of older adults and people with disabilities.

Services to keep older adults and adults with disabilities in their own homes (such as personal assistance, nutrition and home-delivered meals, transportation, service coordination, and adult day/respite supports) provided by the twenty-five Area Agencies on Aging (AAAs) save Virginia taxpayers money while helping older Virginians function independently, decreasing the risk of inappropriate institutionalization, addressing social isolation, and improving overall life satisfaction and mental health. Additionally, critical Chore and Companion Services assist eligible older adults and people with disabilities with activities of daily living (such as getting dressed, bathing, housekeeping, and laundry). (*Updates and reaffirms previous position.*)

Accessibility **TO BE REVIEWED BY CSB, DFS, DSB, HCD, AND LTCCC**

Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility to public places, housing, and transportation services (including transportation network companies).

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Over 87,000 Fairfax County residents have a disability, which includes people with hearing, vision, cognitive, ambulatory, self-care, and/or independent living disabilities. While significant progress has been made toward ensuring the equality and inclusion of people with disabilities since the passage of the Americans with Disabilities Act (ADA) 30 years ago, continued advancement is needed to ensure the protections offered by the ADA are strengthened. Continued access to affordable, accessible transit is more important than ever as people with disabilities and older adults seek to return to work and other daily activities during the COVID-19 pandemic. Additional affordable, accessible, integrated housing and transportation options, as well as support for Universal Design initiatives, allow people with disabilities to remain active, contributing members of their communities while retaining their independence and proximity to family and friends. *(Updates and reaffirms previous position.)*

Adult Protective Services (APS) TO BE REVIEWED BY DFS AND LTCCC
Support state funding for additional APS social workers.

APS conducts investigations and protects older adults and incapacitated adults from abuse, neglect, or exploitation through the provision of casework services, home-based care assessments and coordination, and Medicaid and Auxiliary Grant pre-admission screenings. As the older adult population has increased in Virginia, along with a corresponding demand for APS services, state funding for APS positions has remained stagnant. *(Reaffirms previous position.)*

Health, Well Being, and Safety

Temporary Assistance for Needy Families (TANF) TO BE REVIEWED BY DFS
Support a continued increase in the TANF reimbursement rates in Virginia.

Following more than a decade of flat TANF rates, increases were provided in several recent GA sessions. Most recently, rates increased 15 percent for standard TANF households, while Unemployed Parent cases (TANF-UP, which include two able-bodied parents) remained stagnant. Currently, Virginia TANF benefit levels remain at or below 30 percent of the FPL for all family household sizes, and at or below 26 percent of the FPL for TANF-UP households. To further support this vulnerable population, the GA should continue to increase TANF payments. *(Updates and reaffirms previous position.)*

Domestic and Sexual Violence TO BE REVIEWED BY CSB, DFS, HCD, COMMISSION FOR WOMEN, AND OSM

Support additional state funding and efforts to increase the capacity for localities to implement culturally specific prevention and intervention services to eliminate domestic and sexual violence, including support for evidence-based, quality programs that provide education and rehabilitation for offenders to help end the cycle of violence and provide victims more choice in addressing safety concerns. Also support legislation to strengthen protective orders (POs), such as: requiring family abuse PO respondents to immediately surrender firearms directly to law enforcement; expanding the prohibition on knowingly possessing a firearm to include non-family abuse PO respondents; and, providing judges with greater discretion to extend and/or increase the time period of POs.

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Research shows that domestic and sexual violence are major public health problems with serious long-term physical and mental health consequences, as well as significant social and public health costs. Witnessing domestic violence is considered an adverse childhood experience and can be extremely problematic for children, leading to depression, anxiety, nightmares, and academic disruptions; both female and male adults with lifetime victimization experience are significantly more likely to report chronic issues (including headaches, pain, and sleep problems) as well as long-term health problems (including asthma, diabetes, anxiety, depression, and alcohol/drug abuse). (*Updates and reaffirms previous position.*)

Behavioral Health**STEP-VA TO BE REVIEWED BY CSB AND OSM**

Support funding, commensurate with the size of the population served, for implementation of STEP-VA (System Transformation, Excellence and Performance in Virginia), the Commonwealth’s behavioral health transformation plan. Also support additional state funding to improve the responsiveness and increase the capacity of the mental health system for Virginians of all ages, including programs that work in concert with STEP-VA core services, such as the Children’s Regional Crisis Stabilization Program and the Virginia Mental Health Access Program. Oppose the use of a local ability to pay factor in the distribution of CSB funds, which would penalize localities that make funding with local dollars a priority.

Building on mental health reforms made in recent years, the 2017 GA enacted STEP-VA, which mandates that CSBs provide new core services. As a result, all CSBs initiated the first two services, same day access to mental health screening and primary health care screening, before the July 1, 2019, deadline. The seven remaining services were originally mandated to begin by July 1, 2021, but implementation deadlines are now dependent on funding being allocated for each of the remaining seven core services (some funding was allocated for crisis services and outpatient services in FY 2020). Significantly, though unsurprisingly, at no point during the three years of STEP-VA implementation has the Commonwealth provided adequate funding to implement any of the newly mandated services. As additional mandates are implemented, the chasm between the funding the state provides and the actual costs of providing such services in Fairfax County continues to grow. Sustaining such a high level of local funding while receiving inadequate support from the state, at a time that state mandates continue to grow, is becoming increasingly untenable. Localities that make funding these vital services with local dollars a priority should not be penalized for their efforts, and the County would strongly oppose the use of a local ability to pay factor in the distribution of CSB funds. (*Updates and reaffirms previous position.*)

Emergency Responsiveness TO BE REVIEWED BY CSB AND OSM

Support sufficient state funding for intensive community resources (such as the Program for Assertive Community Treatment and Discharge Assistance Planning) and intensive residential services, to alleviate the state hospital bed crisis and allow individuals to transition safely and expediently from psychiatric hospitals to community care. Oppose any state funding actions which disproportionately rely on local funding for service implementation.

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In 2014, the GA passed legislation requiring state facilities to accept individuals subject to a temporary detention order if a bed in a private psychiatric facility cannot be located within the eight-hour timeframe of an emergency custody order. While this is designed to ensure that individuals in crisis receive emergency mental health treatment, it has also led to a shortage of state hospital beds. The Northern Virginia Mental Health Institute (NVMHI), one of the smaller state hospitals despite the large population it serves, continues to experience periods of 100 percent capacity – though other state hospitals face similar capacity challenges, it is important to note that a major factor at NVMHI is the increasing diversion of individuals from other parts of the state (136 individuals in FY 2020, growing at a rate of nine percent in FY 2021). Fairfax County’s ongoing local investments help ensure a robust continuum of community services, and allow for the Fairfax-Falls Church CSB to have one of the lowest per capita hospitalization rates in the Commonwealth (6 citizens per 100,000 compared to the statewide average of 16 citizens per 100,000). However, the lack of sufficient 24-hour community-based services for individuals requiring intensive supervision and medical services continues to exacerbate the state hospital bed crisis.

DBHDS continues its efforts to improve and increase community-based mental health services to reduce the demand for emergency placements by shifting state funding from large mental health institutions to community-based facilities, where serving an individual is a fraction of the cost of hospitalization. Ensuring that such community-based services exist requires additional resources, and success cannot be achieved by simply shifting costs to localities. State funding is insufficient both for regional mobile response services to prevent the unnecessary hospitalization of children and youth, and for the intensive community resources that allow individuals to transition back to community care. Such investments could alleviate the state hospital bed crisis while improving outcomes for individuals and the community. (*Updates and reaffirms previous position.*)

Services for Transitional Youth **TO BE REVIEWED BY CSB AND DFS**

Support enhanced residential and mental/behavioral health services that are evidence-based for transitional youth who currently “age out” of such services.

In Virginia, significantly more public services are available to children in need of mental and behavioral health treatment than to adults in need of similar services. As a result, once they turn 18, youth may no longer receive all the assistance that was previously provided. It is critical that the Commonwealth focus additional resources on transitional age youth (ages 16 to 24) who have received intensive mental/behavioral health services and/or been in out-of-home placements, to ensure they receive the essential services needed for a successful transition to adulthood. Services from which transitional youth typically age out include children’s mental health services; home-based services supports; case management; supervised, supported, or group home settings; educational support; specialized vocational support, preparation, and counseling; preparation for independent living; and, social skills training. (*Reaffirms previous position.*)

FAIRFAX COUNTY
Draft 2021 Human Services Fact Sheet

**TO BE REVIEWED BY
OSM, CSB, DFS, NCS,
HCD, AND HEALTH**

In 2019, there were **over 68,000** Fairfax County residents that earned less than 100% of the FPL – 78% of Virginia’s 133 localities had **fewer TOTAL residents** than Fairfax County had **residents living in poverty**.

Eligibility for public assistance programs that provide support for low-income residents is tied to a percentage (typically 100%) of the Federal Poverty Level (FPL). In 2019, there were over 68,000 Fairfax County residents (6% of the population) that earned less than 100% of the FPL (about \$12,500 for an individual or \$25,750 for a family of four).

However, the income needed to cover basic living expenses (food, housing, child and health care, transportation, etc.) in Fairfax County is far greater – MIT’s living wage calculator shows that an adult needs over \$35,000, and a family of four needs almost \$80,000.

In 2019, there were **over 266,000** residents (24%) including approximately 80,000 children, living in households with incomes less than 300% of the FPL – about the amount considered a living wage.*

Employment

- The unemployment rate in September 2020 was 5.7%, representing over 35,000 unemployed residents looking for work (a dramatic increase from 2% in September 2019, resulting from the COVID-19 pandemic).

Housing

- There is an existing gap of 31,000 housing units affordable for current Fairfax County renters earning up to 80 percent of the Area Median Income (AMI).
- It is anticipated that 15,000 new affordable units for households earning 60 percent of the AMI and below will be needed for households moving into the County over the next 15 years.
- There were 1,041 people who were homeless in the Fairfax-Falls Church community on January 22, 2020, the night of the 2020 Point-in-Time Count. Over the course of federal FY 2019, nearly 3,000 people relied upon the County’s shelter system.
- In 2019, over 57,000 households (45%) of Fairfax County renters were cost-burdened (spent more than 30% of their income on housing). Over 8,500 cost-burdened renters were over the age of 65.
- In 2019, the average monthly rent for an apartment was \$1,877, meaning a renter would need an income of \$75,000 to afford it.

Health

- Medicaid recipients increased nearly 52% from FY 2015 to FY 2020 (over 69,000 to over 105,000).
- Almost 12,000 Fairfax County older adults (4% of the over 55 population) were uninsured in 2019.

In 2019, **over 307,000** County residents (nearly 27%) were age 55 and older.

FAIRFAX COUNTY
Draft 2021 Human Services Fact Sheet

**TO BE REVIEWED BY
OSM, CSB, DFS, NCS,
HCD, AND HEALTH**

- The Community Health Centers (Federally Qualified Healthcare Centers) provided health care services to over 22,500 Fairfax County residents in 2019. 98% were at or below 200% of the FPL and more than half were uninsured. About 90% of Community Health Center patients were from racial or ethnic minority groups and almost 60% were best served in a language other than English.

In 2019, there were **over 95,500** County residents (8.5%) without health insurance.

Mental and Behavioral Health

- In FY 2020, over 20,000 individuals received Fairfax-Falls Church CSB mental health, substance use disorder, or Developmental Disability (DD) services. Nearly 6,000 residents received CSB emergency services.
- In FY 2020, CSB conducted almost 1,900 mental health evaluations related to emergency custody orders – a 363% increase from FY 2015.
- More than 2,500 of the over 13,000 individuals with DD on the statewide Medicaid waiver waiting list (as of October 2020) are served by the Fairfax-Falls Church CSB.
- From FY 2015 to FY 2020, the average monthly number of children seeking or receiving early intervention services for developmental delays grew by 12%, from 1,450 to over 1,600.
- In the midst of the state psychiatric hospital bed crisis, Fairfax County’s ongoing local investments help ensure one of the lowest per capita hospitalization rates in the Commonwealth (6 citizens per every 100,000 compared to the statewide average of 16 per 100,000) – rates could be even lower with additional state discharge assistance funding.
- There were 83 opioid deaths in Fairfax County in 2019, most of which involved fentanyl and/or heroin.
- Hospitals in the Fairfax Health District (including Fairfax County and the cities of Fairfax and Falls Church) reported a 39% increase in the number of emergency room visits for opioid overdoses (including heroin and non-heroin) in January-September 2020 compared to the same period in 2019.
- The 2019-2020 Fairfax County Youth Survey of 8th, 10th, and 12th grade students found that, within a month of the survey date and without a doctor’s order, approximately 800 students reported taking painkillers, and more than 1,000 reported taking other prescription drugs.

In FY 2020, **61%** of people receiving County services for mental illness, substance use disorder, or Developmental Disabilities had **incomes below \$12,000.**

Gangs

- According to the 2019 Fairfax County Youth Survey, approximately 590 students in the 8th, 10th, and 12th grades report being a gang member at some point in their life.
- The average age of initial gang participation is 12.2 years old.

Ability to Speak English

* The American Community Survey reports poverty data in standard ranges and the Living Wage data is closest to 300% FPL, which in turn provides an approximate number of Fairfax County residents who earn less than the Living Wage.

FAIRFAX COUNTY
Draft 2021 Human Services Fact Sheet

**TO BE REVIEWED BY
OSM, CSB, DFS, NCS,
HCD, AND HEALTH**

- 15% of County residents over age 5 do not speak English proficiently.
- 7% of households are “linguistically isolated,” meaning the household includes no one over 14 who speaks English proficiently.
- 40% of County residents over age 5 speak a language other than English at home.

Child Care

- The cost of full-time child care for a preschooler at a child care center can range from \$14,000 to over \$19,500 per year (\$17,000 to nearly \$22,500 per year for an infant). In comparison, the average cost of tuition and fees for a public college in Virginia is \$13,600.

Child Welfare

- In FY 2020, almost 1,000 families were served by county child abuse and neglect prevention programming.
- In FY 2020, Child Protective Services (CPS) conducted over 2,000 family assessments and investigations in response to valid referrals of child abuse and neglect, and almost 400 families were served in CPS ongoing services to keep children with their families.
- An average of 215 children were in foster care each month during FY 2020.

Nutrition

- The SNAP (Food Stamp) average monthly caseload increased 76% from FY 2008 to FY 2020 (over 11,500 to almost 20,400).

Domestic and Sexual Violence

- In FY 2020, the Fairfax County Domestic Violence Action Center served over 900 victims. There were 1,000 children (82% of whom were 12 years old or younger) living with victims served by the Center.
- Each month in Fairfax County, domestic violence (DV) hotlines receive over 132 calls on average, victims request 65 family abuse protective orders, and 15 families escape to an emergency DV shelter (FY 2020).
- In FY 2020, the Fairfax County Police Department responded to over 3,100 DV calls, including 364 Lethality Assessment Program (LAP) calls. Almost 150 arrests were made due to strangulation (which is a significant predictor of future lethal violence).
- 79 families needing emergency shelter due to DV were placed in hotels in FY 2020 for reasons such as family size, geographical location, or bed shortage. Almost 200 households were not housed because at the time of the call, they did not meet the criteria for imminent danger (no person in imminent danger is turned away).
- On the night of the 2020 Point in Time Count, there were 52 families in Fairfax County who were homeless due to DV.

* The American Community Survey reports poverty data in standard ranges and the Living Wage data is closest to 300% FPL, which in turn provides an approximate number of Fairfax County residents who earn less than the Living Wage.

ATTACHMENT I

Draft 2022 Human Services Issue Paper – Items to Be Reviewed for Updates/Revisions

FAIRFAX COUNTY
Draft 2021 Human Services Fact Sheet

**TO BE REVIEWED BY
OSM, CSB, DFS, NCS,
HCD, AND HEALTH**

- In FY 2020, there were 105 households (including 218 children) served in the four homeless shelters for families that reported a history of DV.
- In FY 2020, 44% of emergency DV shelter residents were children 12 years and younger.

Data is drawn from the US Census Bureau, US Bureau of Labor Statistics, MIT's living wage calculator, VA Department of Health, VA Department of Behavioral Health and Developmental Services, UVA's Weldon Cooper Center for Public Service Demographics Research Group, and Fairfax County sources.

** The American Community Survey reports poverty data in standard ranges and the Living Wage data is closest to 300% FPL, which in turn provides an approximate number of Fairfax County residents who earn less than the Living Wage.*

Election of CSB Officers

Issue

Nominations for CSB officers to serve for one year beginning July 2021 will be presented by the CSB Nominating Committee as well as a call for any nominations from the floor. The elections will be conducted by voice vote.

Recommended Motion

I move that the CSB approve the slate of FY 2022 CSB officer nominations by acclimation as presented.

Background

CSB Board Officers are elected each June. As required by Article VI of the CSB Bylaws, in April 2021 three Board members, Sheila Coplan Jonas, Daria Akers, and Bettina Lawton were appointed to serve as the Nominating Committee and to submit at least one nominee for each office of Chair, Vice Chair, and Secretary. At the May 2021 CSB Board meeting, members were apprised that identification of candidates for recommendation was ongoing. Further, members were informed that nominations may be made from the floor.

The term for the newly elected officers begins on July 1, 2021.

Fiscal Impact

None

CSB Officer Nominations Committee--Board Members

Sheila Coplan Jonas,
Daria Akers, and
Bettina Lawton

FY 2022 CSB Service Delivery Oversight Committee Associate Members

Recommended Motion

I move that the Board accept the following partner agencies as FY2022 Associate Members of the standing Service Delivery Oversight Committee:

Background

In observation of the procedure outlined in the CSB Bylaws for the appointment of Associate Committee Members of the Service Delivery Oversight Committee, the following are being presented for final approval.

1. Arc of Northern Virginia, The
2. Brain Foundation, The
3. Career Support Systems, Inc.
4. Community Living Alternatives
5. Community Systems, Inc.
6. Concerned Fairfax
7. CRi
8. ECHO
9. Employment Advocates Group
10. enCircle (originally Lutheran Family Services of VA, Inc.)
11. Gabriel Homes
12. Hartwood Foundation
13. Kahak Health Care Services
14. Langley Residential Support Svcs
15. Laurie Mitchell Empowerment & Career Center
16. MVLE
17. National Counseling Group
18. Neighborhood Health
19. No. VA. Mental Health Foundation
20. NW Center for Community Mental Health Advisory Board
21. Pathway Homes, Inc.
22. PRS, Inc.
23. R.A. Quarshie Healthcare LLC
24. Recovery Program Solutions of Virginia, Inc. – RPSV
 - a. Consumer Wellness Center
 - b. Merrifield Peer Resource Center
 - c. Reston Wellness Center
 - d. So. Co. Recovery & Drop in Center

25. Resources for Independence of Virginia., Inc.
26. SD Carter Enterprises, LLC
27. Second Story
28. ServiceSource, Inc.

CSB Board Member:

Sheila Jonas, Service Delivery Oversight Committee Co-chair

Garrett McGuire, Service Delivery Oversight Committee Co-chair

Approval of CSB Board Policy

Recommended Motion:

I move that the Board approve the revised CSB Board policy as presented.

Issue:

Due to changes made by the Virginia General Assembly to the Virginia Freedom of Information Act, CSB Board policy #1600 requires revision to include the changes that are effective July 1, 2021. As the changes become effective before the July CSB Board meeting, this policy is presented for review and approval at the same meeting, a procedure allowed in the CSB Board Policy #1201, Adoption and Cancellation of Policy

Background:

In response to meeting requirements related to the COVID-19 pandemic, CSB Board policy #1600 was developed in January 2021. The policy addresses electronic participation by CSB Board members when the meeting is not wholly electronic.

Changes to the existing policy include:

- Allowance for a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance, (unlimited) and
- Increasing the number of absences for a personal reason each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

Timing:

Immediate

Board Member

Sheila Jonas, Secretary to CSB Board

Enclosed Documents:

- A. CSB Board Policy #1600 – CSB Board Member Participation in Meetings by Electronic Communication – edits visible.
- B. CSB Board Policy #1600 – CSB Board Member Participation in Meetings by Electronic Communication – edits accepted.
- C. Meeting Requirements Flow Chart

Policy Number: 1600
 Policy Title: CSB Board Member
 Participation in Meetings by
 Electronic Communication
 Date Adopted: TBD

Deleted: January 27, 2021

Purpose

The purpose of this policy is to provide guidance for the members of the CSB Board who request electronic attendance at a meeting of the CSB Board or a Standing or Ad Hoc Committee.

Policy

This policy is adopted pursuant to the authorization of Va. Code § 2.2-3708.2 and is to be strictly construed in conformance with the Virginia Freedom of Information Act (VFOIA), Va. Code §§ 2.2-3700—3715.

This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor. Any meeting conducted by electronic communication means under such circumstances shall be governed by the provisions of Va. Code § 2.2-3708.2(A)(3).

Definitions

1. **“Board”** means the Fairfax – Falls Church Community Services Board and its Standing and Ad Hoc committees.
2. **“Member”** means any member of the CSB Board.
3. **“Remote participation”, “remotely participate”, or “participate remotely”** means participation by a member of the CSB Board via telephonic, video, or other audio or combined audio and video electronic communication method where the member is not physically assembled with the other members of the CSB Board.
4. **“Meeting”** means a meeting as defined by Va. Code § 2.2-3701.
5. **“Notify” or “notifies,”** for purposes of this policy, means actual notice, including, but not limited to, email, text, telephone, or in-person notice.

Mandatory Requirements

Regardless of the reasons why the member is participating in a meeting from a remote location by electronic communication means, the following conditions must be met for the member to participate remotely:

1. A quorum of the CSB Board must be physically assembled at the primary or central meeting location; and
2. Arrangements have been made for the voice of the remotely participating member to be heard by all persons at the primary or central meeting location. If at any point during the meeting the voice of the remotely participating member is no longer able to be

heard by all persons at the meeting location, the remotely participating member shall no longer be permitted to participate remotely.

Process to Request Remote Participation

1. On or before the day of the meeting, and at any point before the meeting begins, the requesting member must notify the CSB Board Chair (or the Vice-Chair if the requesting member is the Chair) that they are unable to physically attend a meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance or (iii) a personal matter and identifies with specificity the nature of the personal matter.
2. The requesting member shall also notify the Director of the Department providing staff service to the BAC of their request, but their failure to do so shall not affect their ability to remotely participate.
3. If the requesting member is unable to physically attend the meeting due to a personal matter, the requesting member must state with specificity the nature of the personal matter. Remote participation due to a personal matter is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater. There is no limit to the number of times that a member may participate remotely due to a temporary or permanent disability or other medical condition or that of a family member that requires the member to provide care.
4. The requesting member is not obligated to provide independent verification regarding the temporary or permanent disability or other medical condition or the family member's medical condition that prevents their physical attendance at the meeting.
5. The Chair (or the Vice-Chair if the requesting member is the Chair) shall promptly notify the requesting member whether their request is in conformance with this policy, and therefore approved or disapproved.

Deleted: disability, medical condition, or personal matter. If the absence is due to a personal matter, then the individual must provide an explanation

Deleted: County staff liaison

Deleted: to two times per calendar year

Deleted: reason that they are not able to physically attend the meeting

Process to Confirm Approval or Disapproval of Participation from a Remote Location

When a quorum of the CSB Board has assembled for the meeting, the Board shall vote to determine whether:

1. The Chair's decision to approve or disapprove the requesting member's request to participate from a remote location was in conformance with this policy; and
2. The voice of the remotely participating member can be heard by all persons at the primary or central meeting location.

Recording in Minutes

1. If the member is approved to participate remotely due to a temporary or permanent disability or other medical condition, or a family member's medical condition that requires the member to provide care to the family member the CSB Board shall record

in its minutes (1) the CSB Board’s approval of the member’s remote participation; and (2) the remote location from which the member participated.

- 2. If the member is approved to participate remotely due to a personal matter, such matter shall be cited in the minutes with specificity, as well as how many times the member has attended remotely due to a personal matter, and the remote location from which the member participated.
- 3. If a member’s request to participate remotely is disapproved, the disapproval, including the grounds upon which the requested participation violates this policy or VFOIA, shall be recorded in the minutes with specificity.

Deleted: whether this is the first or second meeting of the calendar year in which the member has participated remotely due to a personal matter

Closed Session

If the CSB Board goes into closed session, the member participating remotely shall ensure that no third party is able to hear or otherwise observe the closed meeting.

Strict and Uniform Application of This Policy

This Policy shall be applied strictly and uniformly, without exception, to the entire membership, and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

Approved: _____
CSB Board Secretary

TBD _____
Date

Deleted: January 27, 2021

References:

- [Va. Code § 2.2-3708.2](#)
- Virginia Freedom of Information Act (VFOIA), [Va. Code §§ 2.2-3700](#)—3715
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Approved: _____ TBD
CSB Board Secretary Date

References:

[Va. Code § 2.2-3708.2](#)

Virginia Freedom of Information Act (VFOIA), [Va. Code §§ 2.2-3700](#)—3715

[Va. Code § 2.2-3708.2\(A\)\(3\)](#)

Policy Adopted: June 23, 2021

DRAFT



How is the public body going to meet?

NORMAL MEETING
• Quorum required in person!
• Public must physically attend.

EMERGENCY ELECTRONIC MEETING

REMOTE PARTICIPATION

ALL IN PERSON

All members attend electronically.

Some members attend electronically.

All members attend in person.

State or locally declared emergency in place?

Adopted remote participation policy AND remote attendance approved?

As of 7/1/21: Meeting purpose no longer needs to be to address the emergency.

YES NO

YES NO

Impractical or unsafe to assemble in person quorum AND meeting purpose is to address emergency?

Normal Meeting

Member/member's family member disabled or has medical condition, OR personal matter?

All in person meeting required.

YES NO

YES NO

All members may attend electronically if electronic access for the public also available.

Normal Meeting

Voice of remote participants heard by all at meeting location?

All in person meeting required.

As of 7/1/21: Members may only participate remotely in 2 meetings (or 25% of meetings/yr) per year due to a personal matter!

As of 7/1/21: If using video conference, then the public must also be able to attend via video conference.

YES NO

Remote participation is acceptable.

All in person meeting required.

EFFECTIVE JULY 1, 2021

Item Title

FY 2022 – FY 2023 Community Services Performance Contract Public Comment Posting Approval

Recommended Motion

I move that the Board approve posting the FY 2022-FY 2023 Community Services Performance Contract for public comment.

Issue:

The FY 2022 and FY2023 Community Services Performance Contract (“State Performance Contract”) has not yet been released, but it is anticipated that it will be released by June 21, 2021.

Background

The Community Services Performance Contract delineates the responsibilities between DBHDS (Department of Behavioral Health and Developmental Services) and the community services boards and behavioral health authority for the purpose of providing local public mental health, developmental and substance abuse services. It specifies the conditions to be met for a CSB to receive State-controlled funds, identifies the groups of consumers to be served with state-controlled funds and includes requirements to ensure accountability to the state. It includes all services provided or contracted by the CSB.

Community Services Boards are required to make the biennial contract available for public review and comment for a period of 30 days and must obtain approval by the county’s governing body prior to submission.

While an initial timeline for public comment and county approval was developed based on the expected release date of June 1, 2021, delays in receiving the contract from DBHDS required significant adjustments. The CSB has adjusted the proposed timeline, below, due to this delay:

DATE(S)	ACTION
May 21	Receive Letters of Notification with tentative budget allocations of funds and Community Automated Reporting System (CARS) software from DBHDS
May 26 – June 15	Meet with Service Directors to review data and any planned changes for FY 2022
June 16 – 21	Develop projections for FY 2022
June 21	Receive Community Services Performance Contract from DBHDS
June 22	Populate Community Automated Reporting System (CARS) report with fiscal, personnel and service data
June 22-24	Finalize CARS report
June 23	Action Item for CSB Board to approve contract for 30-day public comment posting
June 24	Post Community Services Performance Contract for 30-day public comment
June 25	Send CARS report to DBHDS
July 21	Action item for Executive Committee to approve contract, pending approval of the Board of Supervisors
July 27	Action Item for Board of Supervisors to approve contract
July 28	Obtain Executive Director and CSB Board Chair Signatures
July 28	Submit Contract to DBHDS

Projected dates based on information provided by DBHDS and may be modified if contract distribution or due dates change.

Once the contract has been distributed, the CSB Board will receive contract materials, to include any contract changes.

Staff

Daryl Washington, CSB Executive Director

Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for a FY 2021 Justice and Mental Health Collaboration Program Grant Application

Issue:

CSB Board approval for the Fairfax-Falls Church Community Services Board to apply for and, if awarded, accept funding from, the Department of Justice, Office of Justice Program, Bureau of Justice Assistance (BJA) for a Justice and Mental Health Collaboration Program Grant.

Recommended Motion:

I move that the Board approve applying for and accepting, if awarded, funds totaling \$550,000 for a Justice and Mental Health Collaboration Grant.

Background:

CSB Board authorization for the Fairfax-Falls Church Community Services Board (CSB) to apply for and accept \$550,000 if awarded a grant, from the Department of Justice, Office of Justice Program Bureau of Justice Assistance to fund the Justice and Mental Health Collaboration Program Grant. The total requested budget is \$550,000 with a match requirement of 20 percent in years 1 and 2 and 40 percent in year 3.

The Justice and Mental Health Collaboration Program supports innovative cross-system collaboration to serve individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the criminal justice system. BJA seeks to fund projects to facilitate collaboration among the criminal justice and mental health and substance abuse treatment systems to increase access to mental health and other treatment services for this population. This BJA funding supports and aligns with the *Stepping Up* Initiative, a national movement that includes Fairfax County, to reduce the number of people with mental illnesses and co-occurring mental health and substance abuse disorders in jails.

Funding will support 1/1.0 FTE new Senior Clinician grant position to serve individuals with mental illness or co-occurring substance use disorders who are part of the Supervised Release Non-Compliance Docket (SRP Docket), a post-arrest diversion program. SRP is for defendants who are on active pre-trial supervision, have mental health and/or substance use disorder, and are alleged to have violated their terms of probation, which includes treatment requirements. This position will work to connect individuals to community supports to help them with medication compliance, adherence to treatment and appointments and other approaches to build success in the community to reduce recidivism. Additional funds will go toward providing contracted mental health skill-building service in the community. The goal of mental health skill building is to enable individuals to achieve and maintain community stability and independence in the

most appropriate, least restrictive environment. The remaining funds will be used for evaluation and implementation manual development, required by the funder. This proposal seeks to expand and diversify funding for Fairfax County's Diversion First efforts. The grant announcement is available here: <https://bj.a.ojp.gov/funding/opportunities/o-bja-2021-95004>.

Timing:

Board action is requested on June 23, 2021. The proposal is due July 6, 2021. This grant project, if awarded, will begin on October 1, 2021, through September 30, 2024.

FISCAL IMPACT:

Grant funding in the amount of \$550,000 is being requested from the Bureau of Justice Assistance to fund the Justice and Mental Health Collaboration Program. A required local match of 20 percent in years 1 and 2 and 40 percent in year 3 will be met with in-kind resources. This grant does allow for the recovery of indirect costs; however, because of the highly competitive nature of the award, the CSB will not include indirect costs as part of the application. This action does not increase the expenditure level in the Federal-State Grant Fund, as funds are held in reserve for unanticipated grant awards.

CREATION OF NEW POSITIONS:

There is 1/1.0 FTE new grant position associated with this award. The County is under no obligation to continue funding this position when the grant funding expires.

Enclosed Documents:

Attachment A: Grant Summary

Staff:

Daryl Washington, CSB Executive Director
Marissa Farina-Morse, CSB Service Director Diversion First

Justice and Mental Health Collaboration Program Summary of Grant Proposal

- Grant Title:** Justice and Mental Health Collaboration Program
- Funding Agency:** U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance
- Applicant:** Fairfax-Falls Church Community Services Board (CSB)
- Funding Amount:** Federal funding of \$550,000; a required local match of 20 percent in years 1 and 2 and 40 percent in year 3 will be met with in-kind resources.
- Proposed Use of Funds:** This grant project 1/1.0 FTE new Senior Clinician grant position will be established to serve individuals with mental illness or co-occurring substance use disorders who are part of the Supervised Release Non-Compliance Docket (SRP), a post-arrest diversion program. SRP is for defendants who are on active pre-trial supervision, have mental health and/or substance use disorder, and are alleged to have violated their terms of probation, which includes treatment requirements. This position will work to connect individuals to community supports to help them with medication compliance, adherence to treatment and appointments and other approaches to build success in the community to reduce recidivism. Additional funds will go toward providing contracted mental health skill-building service in the community. The goal of mental health skill building is to enable individuals to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. The remaining funds will be used for evaluation and implementation manual development, required by the funder.
- Performance Measures:** Develop a required Planning and Implementation Guide. To be completed within 6 months of project approval.
- Establish 1 S-25 position to expand the Supervised Release Non-compliance Docket and enhance operations to better triage individual by their level and need and monitor docket compliance.
- Monitor treatment compliance for approximately 285 individuals served annually and provide more intensive support for approximately 28 individuals identified as needing a high-level of support to stay in compliance.
- Enhance connections to needed services and supports to support competency and compliance with the SRP docket.

Assure tracking systems obtain relevant data related to individuals served by staff and demonstrate effectiveness of interventions that help support people considered high risk for recidivism. Use a third-party evaluator to reduce bias in data collection.

Develop policies and practices to support this effort and help sustain change after the funding period ends.

Reduce non-compliance with SRP requirements for docket participants, lowering recidivism.

Grant Period:

October 1, 2021 – September 30, 2024