



**FAIRFAX-FALLS CHURCH CSB BOARD MEETING**

**Garrett McGuire, Chair**

**Sharon Bulova Center for Community Health**

**8221 Willow Oaks Corporate Drive, Level 3, Room 3-314, West**

**Fairfax, VA 22031**

**Wednesday, January 25, 2023, 5:00 PM**

**This meeting can also be attended via electronics access through Zoom**

**Dial by your location to access live audio of the meeting:**

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+1 346 248 7799 US (Houston)

**Meeting ID: [819 3319 4991](#) Passcode: 460974**

**MEETING AGENDA**

- |  |                         |
|--|-------------------------|
| <b>1. Meeting Called to Order</b>  | <b>Garrett McGuire</b>  |
| <b>2. Roll Call, Audibility and Preliminary Motions</b>  | <b>Garrett McGuire</b>  |
| <b>3. Matters of the Public</b>  | <b>Garrett McGuire</b>  |
| <b>4. Amendments to the Meeting Agenda</b>   | <b>Garrett McGuire</b>  |
| <b>5. Approval of the November 16, 2022, Meeting Minutes</b>                                   | <b>Garrett McGuire</b>  |
| <b>6. Staff Presentation</b>   | <b>Eileen Bryceland</b> |
| A. Behavioral Health Outpatient Adult Program Services   |                         |
| <b>7. Director's Report</b>  | <b>Daryl Washington</b> |
| A. County, Regional, State and Cross Agency Initiatives  |                         |
| B. Covid Update  |                         |
| C. Electronic Health Record Update   |                         |
| <b>8. Matters of the Board</b>   | <b>Garrett McGuire</b>  |
| <b>9. Committee Reports</b>  |                         |
| A. Service Delivery Oversight Committee  | <b>Anne Whipple</b>     |
| B. Compliance Committee  | <b>Garrett McGuire</b>  |
| C. Fiscal Oversight Committee  | <b>Dan Sherrange</b>    |
| D. Other Reports   |                         |
| <b>10. Information Item</b>  | <b>Garrett McGuire</b>  |
| A. Policy 1600 – Virtual Meetings and Board Member Electronic Participation in Meetings (2023) |                         |
| B. Policy 1600 – Participations in Meetings by Electronic Communication (2021)                 |                         |
| <b>11. Adjournment</b>   |                         |

Meeting materials are posted online at [Community Services Board | Community Services Board \(fairfaxcounty.gov\)](#) or may be requested by contacting Sameera Awan at [Sameera.Awan@fairfaxcounty.gov](mailto:Sameera.Awan@fairfaxcounty.gov)

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD  
MEETING MINUTES  
NOVEMBER 16, 2022**

The Fairfax-Falls Church Community Services Board met in regular session at the Sharon Bulova Center for Community Health, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314, West, Fairfax, VA 22031.

**1. Meeting Called to Order**

Board Chair Garrett McGuire called the meeting to order at 5:00 PM.

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

**PRESENT:**      **BOARD MEMBERS:** BOARD CHAIR, GARRETT MCGUIRE; DARIA AKERS; SHEILA COPLAN JONAS; KAREN ABRAHAM; ROBERT BARTOLOTTA; CAPTAIN DANIEL WILSON; ANNE WHIPPLE; SANDRA SLAPPEY-BROWN; DAN SHERRANGE; ANDREW SCALISE; DIANA ROGRIGUEZ (MCLEAN, VA); LARYSA KAUTZ (UPER MARLBORO, MD)

**ABSENT:**      **BOARD MEMBERS:** JENNIFER ADELI; SRILEKHA PALLE; BETTINA LAWTON

**Also present:** Executive Director Daryl Washington, Deputy Director of Clinical Operations Lyn Tomlinson, Deputy Director of Administrative Operations Daniel Herr, Deputy Director Barbara Wadley- Young, Finance Manager Paresh Patel, Director of Analytics & Evaluation Linda Mount, Service Director Michael T Lane, Service Director Kevin Lafin, Legislative and Grants Analyst Elizabeth McCartney, Healthcare Systems Director Jennifer Aloji, and Board Clerk Sameera Awan.

**3. Matters of the Public**

None were presented

**4. Amendments to the Meeting Agenda**

The meeting agenda was provided for review, no amendments were made.

**BOARD MEMBER CONSENSUS TO APPROVE AGENDA ITEM NO. 4**

**5. Approval of the Minutes**

The October 26, 2022, CSB Board Meeting Minutes were provided for review, no amendments were made.

**MOVED BY BOARD MEMBER DARIA AKERS, SECONDED BY BOARD MEMBER DAN SHERRANGE TO APPROVE AGENDA ITEM NO.4.**

**6. Staff Presentation**

**Executive Director Daryl Washington, Deputy Director of Emergency & Crisis Care Service Abbey May, and from PRS Crisis Link Laura Mayer** provided the staff presentation regarding the Crisis Response Update. They provided a background on the National 988 Crisis and Suicide Hotline.

## **7. Director's Report**

### **A. County, Regional, State and Cross Agency Initiatives**

**Executive Director Daryl Washington** shared that the vacancy count has dropped down 206 to 136 vacancies. We continue to focus on the target areas with recruitment challenges. The General Assembly has provided funding for the last step of the STEP-VA, and we are finalizing our use of the STEP-VA dollars this fiscal year. Services impacted by the final step were Case Management, Care Coordination, and Psych Social Rehabilitation which we have given \$400K of funding. The first round of interviews for the Deputy Director of Administration Operations position will start the first week of December. Once the top candidate is selected, a Board Member will be part of the second interview panel. Fairfax County has requested to include grants expiring in the next fiscal year's budget. There was an additional request to get a contract rate adjustment included in next year's budget for all the county's contracted services. There will also be a list of the Opioid Abatement Authority listening sessions regarding the Impact of the Opioid Epidemic included in the CSB Board packet. The next listening session hosted by the Opioid Abatement Authority will take place on Saturday, December 3, 2022, at 2:00 PM, at the Government Center auditorium. The Opioid Abatement Authority will provide a financial incentive for any locality that agrees to abide by the gold standard.

### **B. Electronic Healthcare Record Update**

**Healthcare Systems Director Jennifer Aloï** reported that things have been progressing well with the Electronic Health Records; the latest major proposal is closing next week. The CSB has hired contracted vendors to support the bill out of our Data Warehouse and handle credible data. The vendors are helping build a complete Data Warehouse for reporting purposes in the upcoming year.

## **8. Matters of the Board**

**Board Member Daria Akers** shared a survey from the Secretary of Health and Human Resources for any board members interested. The HRR Secretary has created five behavioral health surveys, and you may choose one based on your interest area. There will be a Diversion First Stakeholder Group meeting on Thursday, December 15, 2022, at 7:00 PM. The presentation will be on the specialty dockets, such as the Veterans Treatment Docket, Drug Court, and Mental Health Docket.

**Board Member Anne Whipple** shared that the next Service Delivery Oversight Committee meeting will be on Wednesday, November 30, 2022, at 5:00 PM. There will be a discussion on DD Waivers led by Deputy Director Barbara Wadley- Young. We will also begin a series of site visits to associate member organizations. There will be a visit to the ARC of Northern Virginia on November 28, 2022, at 5:00 PM. The ARC leadership, Rikki Epstein and Cheryl Johnson, will be giving a tour.

**Board Chair Garrett McGuire** noted changes on the 2022 CSB Board and Committee Calendar. He addressed the cancellation of the December 2022 CSB Board Meetings.

## 9. Committee Reports

### A. **Service Delivery Oversight Committee**

SDOC Committee Chair Anne Whipple did not have anything to report as they have yet to meet in November. **The next meeting of the Service Delivery Oversight Committee is Wednesday, November 30, 2022, at 5:00 p.m., via Zoom Conference.**

### B. **Compliance Committee**

Committee Chair Garrett McGuire mentioned there was no Compliance Committee meeting for November, but we did get a Compliance update in the Executive Committee meeting. Director of Quality Improvement Joan Rodgers provided information on the CSB Board Audit Report, the CSB Board CAP Report, and the CSB Board Education Report.

### C. **Fiscal Oversight Committee**

Committee Chair Dan Sherrange did not have anything to report as they have yet to meet in November. **The next meeting of the Fiscal Oversight Committee is Thursday, November 17, 2022, at 4:00 p.m., via Zoom Conference.**

#### 1. **CSB Community Project FY 2023 Congressionally Directed Spending**

**Legislative and Grants Analyst Elizabeth McCartney** provided updates on the CSB Community Project in FY 2023 Congressionally Directed Spending. The funding will support one CSB community project. The Behavioral Health Care Provider Incentive Program project would provide eligible students and behavioral health care providers with financial assistance for education.

**MOVED BY BOARD MEMBER DAN SHERRANGE, SECONDED BY BOARD MEMBER KAREN ABRAHAM TO APPROVE AGENDA ITEM NO. 9C1.**

### D. **Other Reports**

## 10. Adjournment

**Board Member Garrett McGuire** adjourned the meeting at 6:20 PM.

\*Board Members also participated remotely via Zoom.

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Date Approved

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CSB Board Clerk



FAIRFAX - FALLS CHURCH

**Community  
Services Board**

# Behavioral Health Outpatient Adult Program Services (BHOP)

**Eileen Bryceland, LCSW, CSB Director  
January 2023**

AGENDA ITEM  
#6A.1

# Direct Adult Services

- Outpatient Case Management
- Outpatient Mental Health Therapy
- Psychiatry and Nursing
- Intensive Outpatient SUD Treatment Programs (ARTS 2.1)
- Turning Point Program for Young Adults
- Intensive Stabilization Unit

# Staffing=162 positions



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## Community Services Board

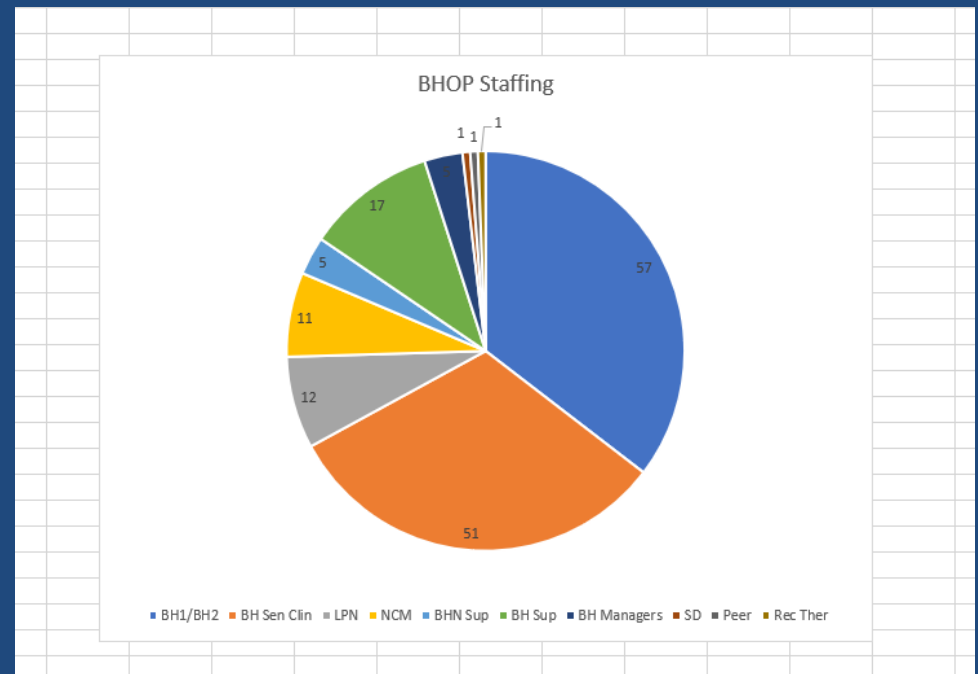
### Leadership Team

- 1 Director
- 5 Behavioral Health Managers
- 5 BHN Supervisors
- 17 BH Supervisors

### Line Staff

- 57 staff are BH1 or BH2
  - (Behavioral Health Clinicians)
- 51 staff are Behavioral Health Senior Clinicians
- 24 staff are LPN, RN CM
- 1 Peer Support Specialist , 1 Rec Leader III
- Additionally:
  - Prescribers: 30 PT and FT

148 Filled Positions  
13 Vacant Positions



# BHOP Adult Team FY22 Budget:



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**Community  
Services Board**

Revenue actual \$6,534,356

Expenditures actual \$14,277,454

FY 22 Turning Point Contract \$969,631

FY 22 Clinically High Risk for Psychosis Program  
(CHR-P) \$400,000

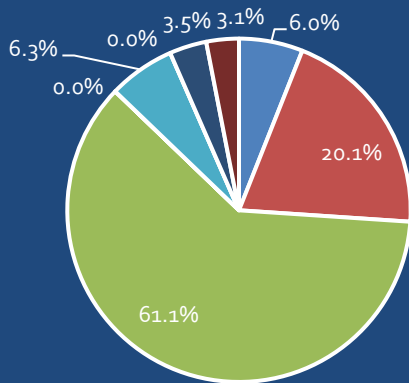


# BEHAVIORAL HEALTH AND OUTPATIENT SERVICES ADULT DIVISION- FY 2022 SERVICES



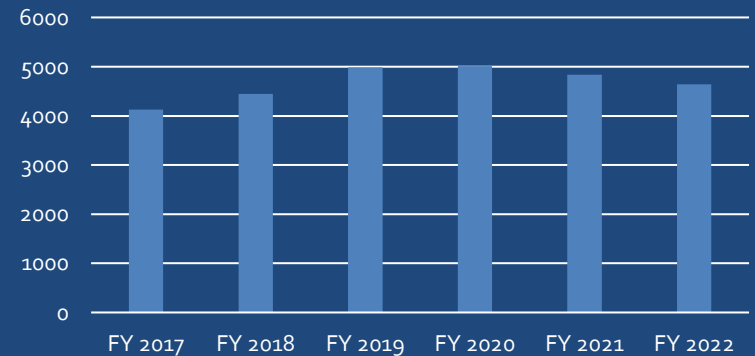
- Our priority population is SMI/ SUD/ DD underinsured individuals. Case Management and medication are our primary function. Outpatient treatment is growing with STEP VA Outpatient and ARTS /IOP.
- In FY 22: BHOP Served 4,640 individuals across 4 outpatient and 3 residential sites
- In FY 22: BHOP Served 178 individuals in the First Episode Psychosis Program

4th Quarter FY 22 BHOP Services



- 100-310 MH Outpatient
- 100-312 MH Medical
- 100-320 MH Case Mgt
- 300-310 SA Outpatient
- 300-313 SA Intensive OP
- 300-320 SA Case Mgt
- 400-390 Monitoring
- 400-720 Assessment

BHOP Served Individuals BHOP Served Individuals (includes PHP and not TP)



# CHANTILLY BHOP Adult Team



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**Community  
Services Board**

- One multidisciplinary team
- DBT, TREM, IOP SUD groups and CPT individual
- 200 slots for individuals
- Behavioral Health Case Management and Outpatient Therapy for Individuals, Groups
- Medication Management and Addiction Medication
- Herndon Healthworks Partnership
- Older Adult Specialist



14150 Parkeast Circle  
Suite 200  
Chantilly, VA 20151  
703-968-4000

# NW RESTON BHOP Adult Team and Intensive Stabilization Unit Adult Team



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**Community  
Services Board**

- Four multidisciplinary outpatient teams
- Intensive Stabilization Unit
- DBT, TREM, IOP SUD groups and CPT individual
- 600 slots for individuals in BHOP and 10 in ISU
- Behavioral Health Case Management and Outpatient Therapy for Individuals, Significant Others, Groups
- Medication Management and Addiction Medications
- Herndon Healthworks Partnership
- Intensive Outpatient SUD Group
- Older Adult Specialist



1850 Cameron Glen Drive

Suite 600

Reston, VA 20190

703-481-4100

# GARTLAN Adult Team and Intensive Stabilization Unit Adult Team



- Five multidisciplinary outpatient teams
- Intensive Stabilization Unit
- DBT, TREM, IOP SUD groups and CPT individual
- Hearing Impaired Services/ American Sign Language Services.
- 825 slots for individuals in BHOP and 10 in ISU
- Behavioral Health Case Management and Outpatient Therapy for Individuals, Groups, Medication Management and Addiction Medication
- Intensive Outpatient SUD Group
- Older Adult Specialist
- Neighborhood Health Partnership
- Community Holiday Party, BBQ, Game Night, Halloween Event
- Homeless Drop In Tue & Fri.



8119 Holland Road

Alexandria, VA 22306

MAIN PHONE NUMBER: 703-360-6910

# MERRIFIELD BULOVA BHOP Adult Team



- Nine multidisciplinary outpatient teams
- DBT, TREM, IOP SUD groups and CPT individual
- 1400 slots for individuals in BHOP and 70 in Turning Point
- Behavioral Health Case Management and Outpatient Therapy for Individuals, Groups
- Medication Management and Addiction Medication
- 5 Intensive Outpatient SUD Groups
- Older Adult Specialists
- Neighborhood Health Partnership



8221 Willow Oaks Drive  
Fairfax, VA 22031  
703-559-3000

# COMMUNITY PARTNERSHIPS



- The Lincolnian Assisted Living
  - Serve 30+ out of 52 residents with 3 deployed part time staff. In partnership with CSM, Fairfax Department of Housing and DFS.
- **Stevenson Place Assisted Living**
  - Operated by Pathway Homes, Inc. an assisted living facility (ALF), serves 37 residents up to 24/7 supports.
- New Horizons
  - Operated by Gateway Homes, Inc is an intensive community-based residential treatment home, serves 16 residents – 24/7 supports.



**4710 N Chambliss St,  
Alexandria, VA**



**4113 Stevenson Street  
Fairfax, VA**



**8247 Gregory Dr #30410  
Alexandria, VA**

AGENDA ITEM

## Turning Point – Functional Outcomes and Staffing



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**Community  
Services Board**

- Since August 2018, 521 individuals have been referred to the program with 237 individuals being served
- Once enrolled, individuals in the program have experienced:
  - 78% reduction in the number of hospital bed days
  - 84% reduction in the number of days spent in jail
  - 60% of individuals have enrolled/re-enrolled in educational programs (68% returning to full-time)
  - 57% of individuals have obtained employment (42% working full-time)

Note: Current staff have been with the program an average of 2 years and 10 months, with five staff having been with the program over 4 years



# BHOP Next Steps

- Retention feedback from staff
  - Upward mobility through seamless grade steps in addition to promotions
  - Training and educational opportunities
  - Team Supervision monthly focused on unity and team dynamics
  - Supervision towards licensure
  - Reduced paperwork burden
- TREATT (The Rapid Engagement and Assessment Transition Team)
  - Monitoring services
  - Improving time to treatment and community transition
    - Neighborhood Health/Healthworks/JSSA etc.
- STEP VA CM
- STEP VA OP –Trauma focused care. Additionally growing evidence-based programming for OP therapy.





## Questions?

Eileen Bryceland, CSB Division Director  
[Eileen.Bryceland@fairfaxcounty.gov](mailto:Eileen.Bryceland@fairfaxcounty.gov)



[www.fairfaxcounty.gov/csb](http://www.fairfaxcounty.gov/csb)

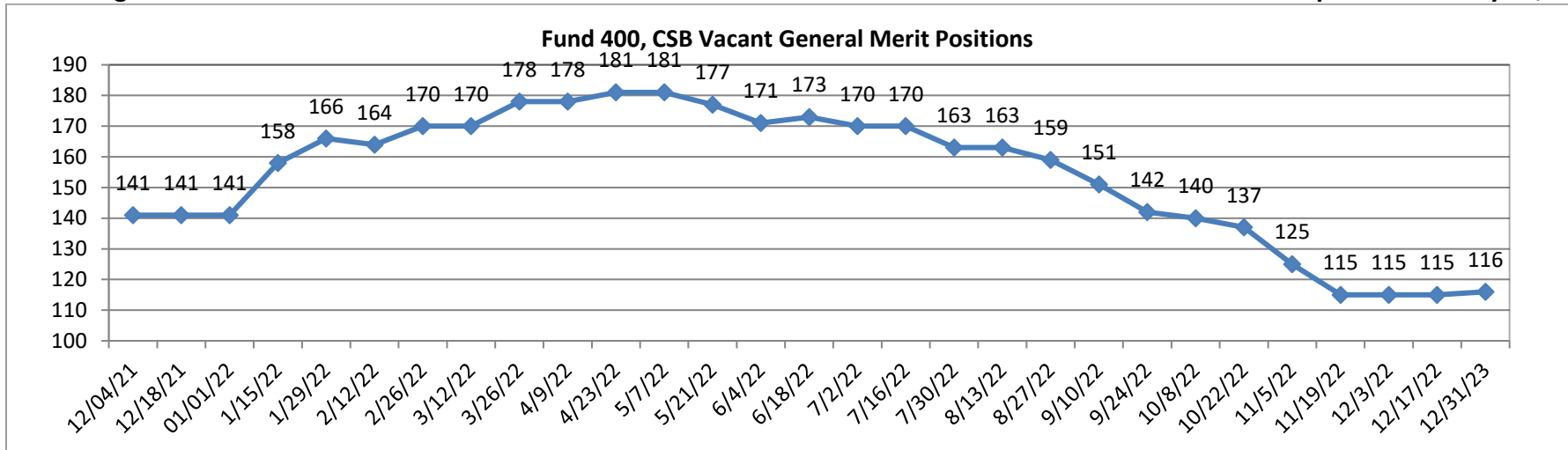


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AGENDA ITEM  
#6A.13



**Vacancies in critical areas\*** \*includes all merit positions (all funds – regular 400 and grant 500)

Service area	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	November		December		
Emergency Svcs/MCU	12	11	12	18	22	23	21	23	29	27	21	20	17 CIS	19	17 CIS	
													2 Peer Supp Spec		2 Peer Supp Spec	
Behavioral Health – Outpatient Svcs	19	21	22	21	27	18	17	16	8.5	14.5	10.5	7	2 BHS II	5	1 BHS II	
													2 BH Sr. Clin		2 BH Sr. Clin	
													1 BH Supv		2 BH Supv	
													1 BH Mgr			
Youth & Family – Outpatient Svcs	6	8	11	11	12	13	11	9	7	5	4	3	2 BH Sr. Clin	3	2 BH Sr. Clin	
													1 BH Supv		1 BH Supv	
Support Coordination	28	26	27	27	27	28	30	29	23	22	18	18	17 DDS II	11	10 DDS II	
													1 Mgmt Analyst		1 Mgmt Analyst	
ADC/ Jail Diversion	12	13	12	8	11	8	8	8	9	8	9	14		15	1 BH Mgr	
													5 BHS II		4 BHS II	
													2 BHS I		2 BHS I	
													3 BH Supv		3 BH Supv	
													4 BH Sr. Clin		5 BH Sr. Clin	
EAR	8	6	5	3	4	4	3	3	2	1	1	1	1	1	1	1 BH Sr. Clin



# County of Fairfax, Virginia

## MEMORANDUM

**DATE:** January 13, 2023

**TO:** Board of Supervisors

**FROM:** Thomas Arnold  
Deputy County Executive *TA*

Christopher A. Leonard  
Deputy County Executive *CL*

**SUBJECT:** Opioid Settlements

As Board members are aware, states and localities across the country, including Fairfax County, have sued numerous organizations in the pharmaceutical supply chain, including manufacturers, distributors, and pharmacy benefit managers, for their role in the opioid epidemic. Many of these legal matters are pending. However, a few have been settled and payments to states and localities (including Fairfax County) have begun. Additional opioid settlements and payments are anticipated in the months and years ahead through at least 2038. Though some details about the full scope of settlements and funding requirements remain unclear, this memorandum provides an update on state and local preparations underway for use of opioid settlement funds.

### Background

In Virginia, the framework for distribution of opioid settlement funds is formed by the settlement agreements, a memorandum of understanding (MOU) between the Commonwealth of Virginia and cities and counties, and Va. Code Title 2.2, Chapter 22, Article 12 which created the state Opioid Abatement Authority (OAA) in 2021.<sup>1</sup> These funds generally must be used for abatement purposes, defined as efforts to treat, prevent, or reduce opioid use disorder or the misuse of opioids, or to otherwise abate or remediate the opioid epidemic.<sup>2</sup> While some funds technically could be used for other purposes, it is strongly discouraged to use funds for non-abatement purposes. Fairfax County will receive funds directly and also will be eligible to receive funds from the OAA. A substantial amount of OAA funds will be available through a competitive award process for regional projects.

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<sup>1</sup> On July 27, 2021, the Fairfax County Board of Supervisors adopted a resolution approving the MOU with the Commonwealth of Virginia.

<sup>2</sup> It is anticipated that all individual settlement agreements will define "abatement purposes" in a similar manner, though it is possible the provisions of specific settlements could vary slightly.

**Office of the County Executive**  
12000 Government Center Parkway, Suite 552  
Fairfax, VA 22035-0066  
703-324-2531, TTY 711, Fax 703-324-3956  
[www.fairfaxcounty.gov](http://www.fairfaxcounty.gov)

### **Opioid Abatement Authority (OAA) Activity**

The recently created state OAA is governed by an 11-member board, which currently includes Daryl Washington, Executive Director of the Fairfax-Falls Church Community Services Board (CSB) as the representative of a CSB serving an urban/suburban area. The purpose of the OAA is “to abate and remediate the opioid epidemic in the Commonwealth...in the form of grants, donations, or other assistance, for efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids in the Commonwealth.” The OAA is developing the application process for awards and plans to open the initial application window at the same time it releases application guidance and instructions, during a workshop in Richmond on January 19 and 20, 2023. Shortly after that, OAA will begin approving applications through late Spring 2023. The OAA has announced that it is offering cities and counties a financial incentive to utilize opioid settlement funds received directly consistent with rules governing use of OAA funds; while this financial incentive is very attractive, more details are needed from the OAA on the associated requirements (i.e., reporting and other terms and conditions).

### **OAA Listening Sessions**

The OAA and the Virginia Association of Community Services Boards (VACSB) are jointly hosting a series of town hall style listening sessions around the state to collect feedback that the OAA plans to use in determining funding priorities and decisions about grant applications. The sessions are open to the general public and scheduled for December 2022 - April 2023. The listening session for the Northern Virginia region was held at the Fairfax County Government Center on December 3. The OAA Executive Director gave a detailed presentation on the opioid settlements and OAA, followed by an opportunity for the public to ask questions and provide suggestions to the three OAA Board members in attendance and OAA staff. Audience members underscored the need for expanded youth substance use treatment options; the importance of partnership between various County agencies and community partners; and the unique contributions various stakeholders can make to opioid response efforts.

### **County Administration and Use of Funds**

As Board members are aware, the County has a robust opioid response strategy which is carried out by the Opioid and Substance Use Task Force with strategic guidance provided by a Steering Committee comprised of key agency leaders. The County’s FY 23-25 opioid response strategy includes 40+ programs/activities managed by multiple County agencies and Fairfax County Public Schools (FCPS), all collaboratively working towards the goals of reducing opioid-related deaths, improving the quality of life of individuals impacted by opioid use disorder, and using data to inform and monitor effectiveness of interventions. While most of the opioid settlement dollars generally cannot be used to supplant existing local funding, the programs/activities included in the County’s opioid response plan could be expanded/enhanced with opioid settlement dollars and staff on the Task Force have been exploring potential uses of opioid settlement funds, including regional projects, in line with the County’s opioid response plan.

**Board of Supervisors  
Opioid Settlements  
Page 3 of 3**

One regional project currently being explored would expand capacity of substance use treatment services for adults and youth. The increase in youth fatal and nonfatal overdoses in the region has highlighted the need for more robust youth services, including detox and residential treatment. The CSB Executive Directors in Northern Virginia routinely collaborate on regional behavioral health services through the Northern Virginia Regional Projects Office and it is envisioned that such a project could be structured and managed similar to other regional behavioral health services (such as the regional crisis stabilization unit).

A Fairfax County process is being developed to ensure staff can utilize opioid settlement funds and pursue OAA funding in a timely manner while also ensuring Board members are updated as appropriate. The OAA grant application guidance that will be released on January 19, 2023 will inform how this process is structured. Potential projects to be funded with opioid settlement dollars will be vetted by an Executive Committee comprised of Deputy County Executives Chris Leonard and Tom Arnold; Chief Financial Officer Christina Jackson; FCPS Assistant Superintendent of Special Services Michelle Boyd; County Director of Diversion Initiatives Lisa Potter; and the Opioid and Substance Use Task Force Coordinator Ellen Volo.

**Next Steps**

OAA activity and forthcoming guidance on applications will be closely monitored by County staff. The Opioid and Substance Use Task Force will continue to assess community needs and explore potential collaborations with regional and community partners. The Board will be briefed in more detail on the opioid settlement funds available and County process for utilizing such funds during the February 28, 2023 Health and Human Services Committee meeting. If you have additional questions in the interim, please contact Ellen Volo, Opioid and Substance Use Task Force Coordinator, at 703-324-7073 or [Ellen.Volo@fairfaxcounty.gov](mailto:Ellen.Volo@fairfaxcounty.gov).

cc: Bryan J. Hill, County Executive  
Michelle Reid, FCPS Superintendent  
Christina Jackson, Chief Financial Officer  
Rachel M. Flynn, Deputy County Executive  
Ellicia Seard-McCormick, Deputy County Executive  
Dr. Gloria Addo-Ayensu, Director, Health Department  
Michael Becketts, Director, Department of Family Services  
Michelle Boyd, Assistant Superintendent, FCPS  
Karla Bruce, Chief Equity Officer  
John S. Butler, Chief, Fire and Rescue Department  
Tony Castrilli, Director, Office of Public Affairs  
Kevin Davis, Chief, Police Department  
Phil Hagen, Director, Department of Management and Budget  
Stacey Kincaid, Sheriff, Sheriff's Office  
Lisa Potter, Countywide Diversion Initiatives Director  
Elizabeth Teare, County Attorney  
Matt Thompson, Director of the Court Service Unit, JDRDC  
Lloyd Tucker, Director, Neighborhood and Community Services  
Daryl Washington, Executive Director, Fairfax-Falls Church CSB  
Ellen Volo, Opioid and Substance Use Task Force Coordinator

# 2023 CSB Board and Committee Meetings

## Fairfax-Falls Church Community Services Board

	Service Delivery Oversight Committee	Compliance Committee	Executive Committee	Fiscal Oversight Committee	CSB Board
2023 Meetings	2 <sup>nd</sup> Wednesday 5:00 PM	3 <sup>rd</sup> Wednesday 4:00 PM	3 <sup>rd</sup> Wednesday 4:30 PM	3 <sup>rd</sup> Thursday 4:00 PM	4 <sup>th</sup> Wednesday 5:00 PM
January	*	*	18	19	25
February	8	*	15	16	22
March	*	*	15	16	22
April	12	19	19	20	*
May	*	*	17	18	24
June	14	*	21	22	28
July	*	*	19	20	26
August	9	16	16	17	*
September	*	*	20	21	27
October	11	*	18	19	25
November	*	*	8**	9**	15**
December	6**	13**	13**	14**	*

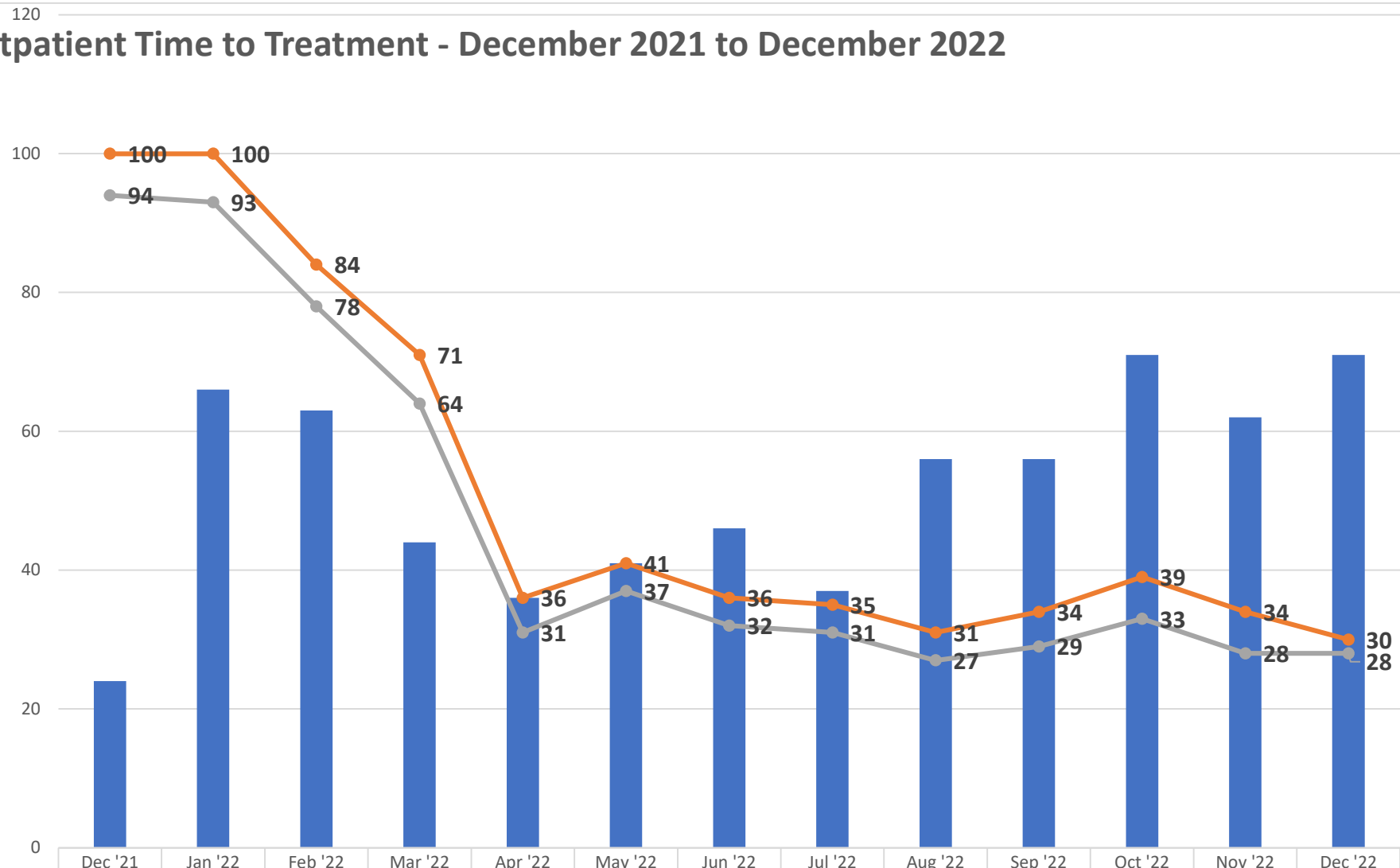
\*No Meeting

\*\* Meeting date changed to accommodate holiday schedule

Accommodate: Thanksgiving, Christmas Day, and New Year's Day Holidays

**Note:** All in person Committee and Board meetings are held at the Merrifield Center, Room 3-314, West

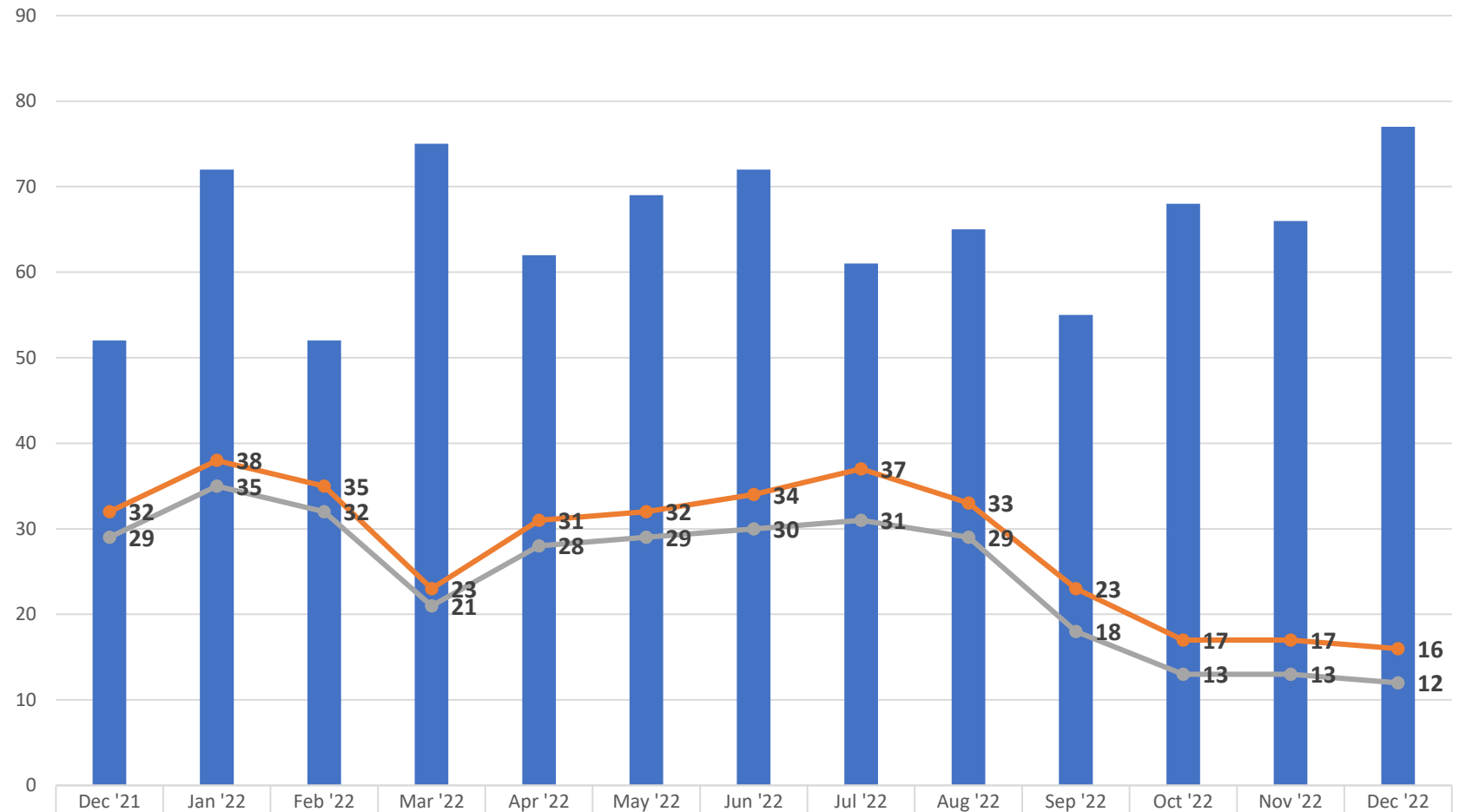
## Adult Outpatient Time to Treatment - December 2021 to December 2022



	Dec '21	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22
# Adults Who Attended 1st Treatment Appt	24	66	63	44	36	41	46	37	56	56	71	62	71
Average # Days from Assessment to Treatment	100	100	84	71	36	41	36	35	31	34	39	34	30
Average # Days from Assessment to 1st Available / Accepted Appt*	94	93	78	64	31	37	32	31	27	29	33	28	28

\*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment

## Youth Outpatient Time to Treatment - December 2021 to December 2022

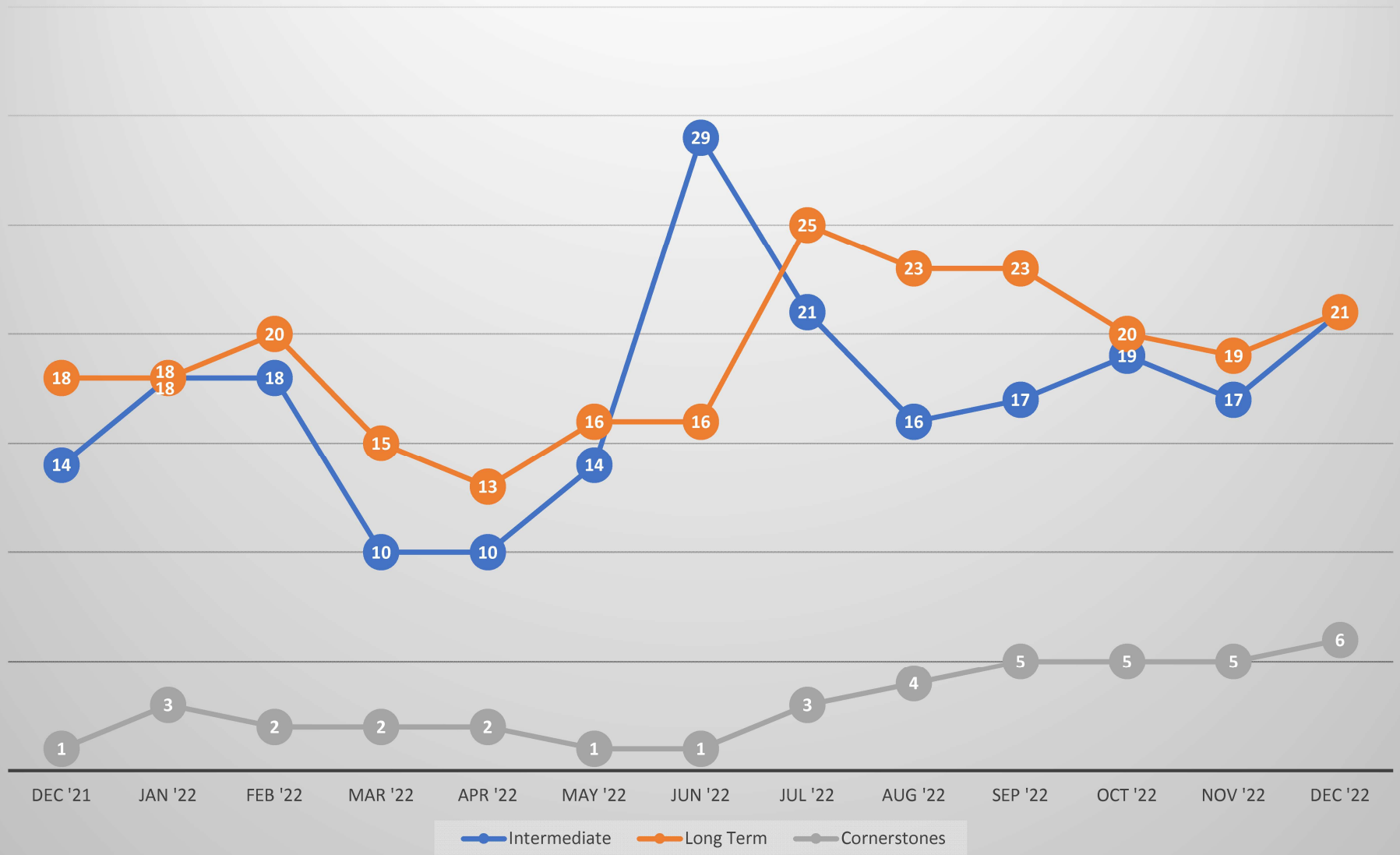


# Youth Who Attended 1st Treatment Appt	52	72	52	75	62	69	72	61	65	55	68	66	77
Average # Days from Assessment to Treatment	32	38	35	23	31	32	34	37	33	23	17	17	16
Average # Days from Assessment to 1st Available / Accepted Appt*	29	35	32	21	28	29	30	31	29	18	13	13	12

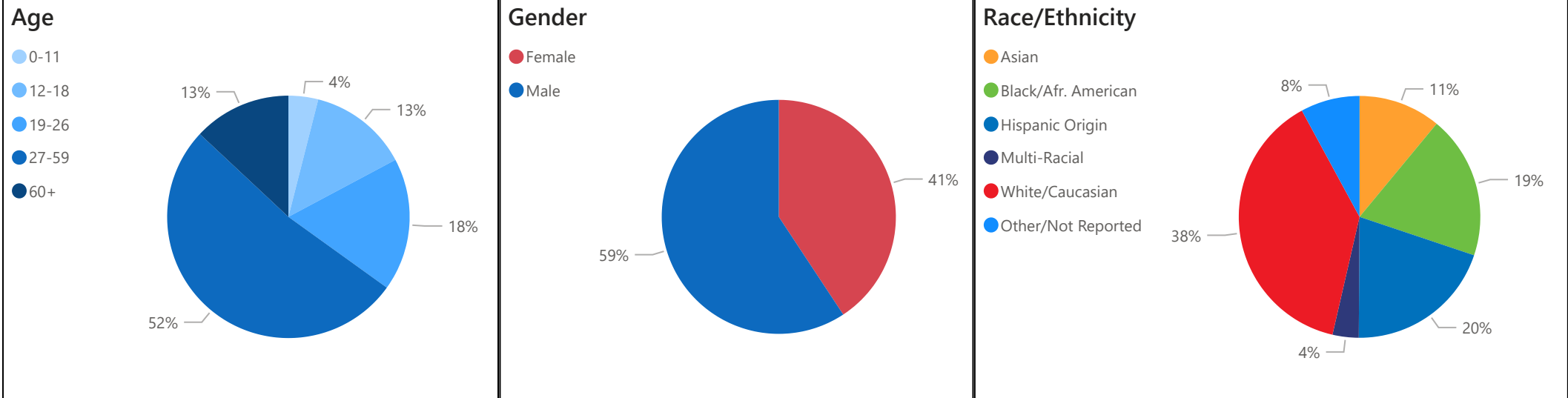
\*Average number of days from Assessment to Date of First Available Appointment (if known) OR from Assessment to Date of First Accepted Appointment



## SUD Residential Waiting List Individuals Waiting by Program Type December 2021 - December 2022

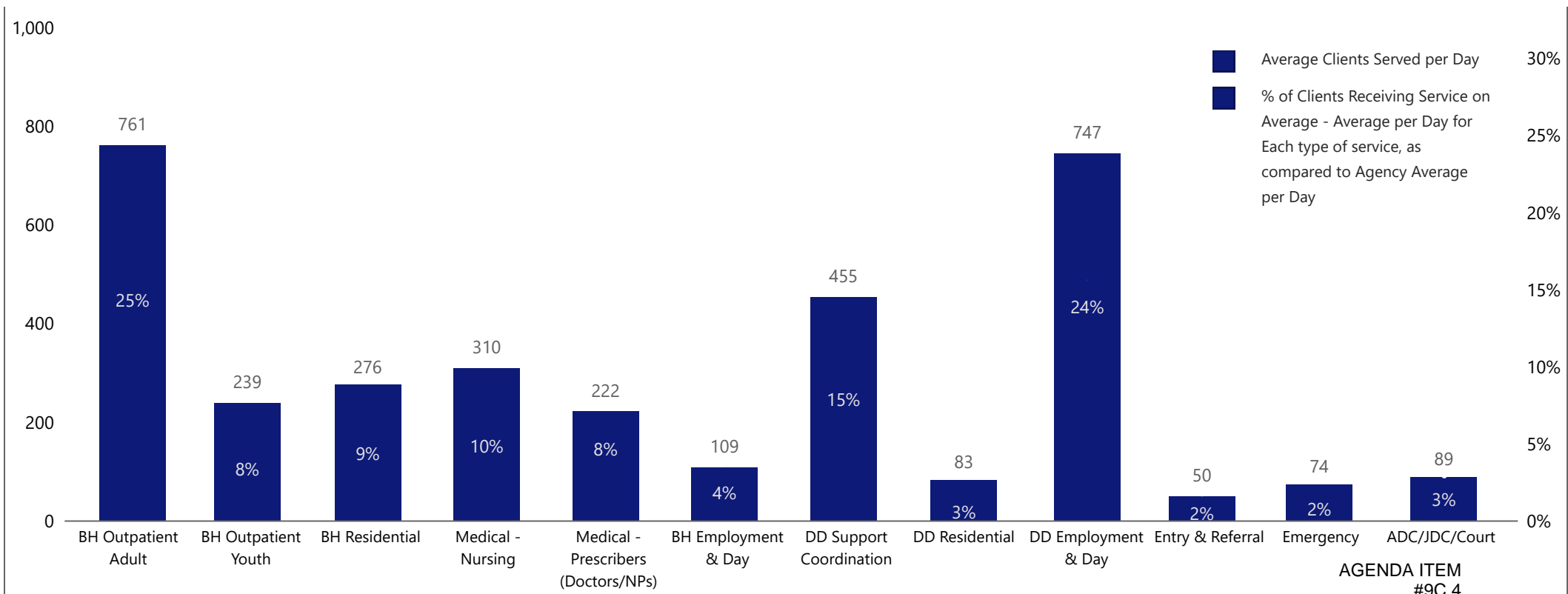


# CSB Status Report



## Average Clients Served per Day by Type of Service - November 2022

Agency Average Served per Day in November 2022 = 2,883





## Individuals Served by Month by Type of Service Nov'21 - Nov'22

Service Area	Nov'21	Dec'21	Jan'22	Feb'22	Mar'22	Apr'22	May'22	Jun'22	Jul'22	Aug'22	Sep'22	Oct'22	Nov'22	Monthly Variance	Yearly Variance	# Served Past 12 Months
All Individuals Served	8,657	8,769	8,930	8,854	9,416	9,052	9,162	9,169	8,806	9,137	9,184	9,075	9,212	▲ 1.5%	▲ 6.4%	20,752
BH Outpatient Adult	3,118	3,084	3,115	3,047	3,091	3,058	3,052	3,091	3,067	3,199	3,175	3,190	3,234	▲ 1.4%	▲ 3.7%	5,080
BH Outpatient Youth	852	913	903	911	951	969	1,001	1,020	955	918	894	928	945	▲ 1.8%	▲ 10.9%	1,948
BH Residential	459	447	436	415	463	458	430	428	422	428	433	442	441	▼ -0.2%	▼ -3.9%	1,335
Medical - Nursing	1,215	1,206	1,275	1,226	1,380	1,323	1,228	1,359	1,354	1,418	1,404	1,424	1,307	▼ -8.2%	▲ 7.6%	3,616
Medical - Prescribers	2,594	2,606	2,634	2,553	2,897	2,580	2,645	2,779	2,636	2,805	2,625	2,760	2,660	▼ -3.6%	▲ 2.5%	6,483
BH Employment & Day	396	371	363	361	379	378	350	351	346	346	355	337	310	▼ -8.0%	▼ -21.7%	630
DD Support Coordination	2,453	2,559	2,744	2,529	2,751	2,455	2,535	2,629	2,431	2,524	2,518	2,385	2,517	▲ 5.5%	▲ 2.6%	5,131
DD Residential	85	86	85	85	85	85	85	85	84	84	84	84	83	▼ -1.2%	▼ -2.4%	87
DD Employment & Day	951	926	917	919	1,024	1,038	1,063	982	976	1,109	1,124	1,144	1,138	▼ -0.5%	▲ 19.7%	1,324
Entry & Referral (EAR)	484	496	516	611	699	645	620	622	566	600	617	542	523	▼ -3.5%	▲ 8.1%	4,814
EAR Screenings	375	335	294	379	420	396	354	380	362	379	396	383	393	▲ 2.6%	▲ 4.8%	3,844
EAR Assessments	131	153	174	165	206	179	177	160	172	215	233	251	218	▼ -13.1%	▲ 66.4%	2,198
Emergency	830	824	785	841	993	880	935	852	808	915	869	876	869	▼ -0.8%	▲ 4.7%	6,554
ADC/JDC/ Court	446	452	460	488	559	546	540	574	557	609	639	662	622	▼ -6.0%	▲ 39.5%	2,519

\* Monthly variance compares current month to previous month; Yearly variance compares current month to the same month in previous calendar year (Ex: May 2021 compared to May 2020). Number Served Past 12 Months is an unduplicated count of clients served in each area in the 12 months prior to end of the reporting period (ex: June 2021 - May 2021).

## Service Definitions

All	Includes all individuals receiving services from the Community Services Board. Includes services for people of all ages who have mental illness, substance use disorders and/or developmental disabilities.
BH Outpatient Adult	Individuals receiving services from adult outpatient behavioral health programs. Includes the following service areas/programs: Behavioral Health Outpatient (BHOP) - MH Outpatient, MH Case Management, SUD Intensive Outpatient, Turning Point, Partial Hospitalization; Intensive Community Treatment - Intensive Case Management, PACT, Discharge Planning, PATH; Jail Diversion; Medication Assisted Treatment. Includes individuals receiving engagement, monitoring and treatment services.
BH Outpatient Youth	Individuals receiving services from youth behavioral health outpatient programs. Includes the following service areas/programs: Youth & Family Outpatient - MH Outpatient, MH Case Management, SUD Outpatient; Youth & Family Intensive - Wraparound Fairfax, Resource Program, Youth Discharge Planning. Includes individuals receiving assessment, monitoring, and treatment services.
BH Residential	Individuals receiving services from behavioral health residential programs. Includes the following service areas/programs: Supportive Community Residential - directly operated and contracted residential services; SUD Residential Treatment - Crossroads, Cornerstones, A New Beginning, New Generations; Youth Residential - Leland House; Wellness Circle Residential Crisis Stabilization, Fairfax Detoxification.
Medical - Nursing	Individuals receiving Nursing services in an outpatient setting.
Medical - Prescribers	Individuals receiving services from a prescriber (psychiatrist or nurse practitioner). Services are provided in a variety of treatment settings, including outpatient, residential, assessment, and emergency services.
BH Employment & Day	Individuals receiving behavioral health individual or group supported employment services.
DD Support Coordination	Individuals receiving developmental support coordination services. Includes individuals receiving targeted case management, monitoring, and assessment services.
DD Residential	Individuals receiving developmental disability residential services. Includes directly operated group homes and apartments, and locally funded contracted residential placements.
DD Employment & Day	Individuals receiving developmental day support services; individual, group, or sheltered employment services; and self-directed services. Includes both waiver and locally-funded services.
Entry & Referral (EAR)	Individuals receiving behavioral health entry and referral services. Includes Adult & Youth walk-in screening and assessment clinical services, case coordination, and call center referrals.
EAR Screenings	Individuals receiving behavioral health screening services at Entry & Referral.
EAR Assessments	Individuals receiving behavioral health assessment services at Entry & Referral.
ADC/JDC/Court	Individuals receiving CSB jail-based or court services. Includes CSB services provided at the Adult Detention Center, Juvenile Detention Center and adult participants in specialty court dockets (Veterans' Docket, Mental Health Docket, Drug Court).

### Notes:

#### Page 1:

- Demographics – Typically little change in demographics over time. Reflects demographic characteristics of all individuals served in the reporting month.
- Average Clients Served per Day by Type of Service – Compares average served per day in each service area to the agency-wide average number served. Individuals may receive more than one type of service per day and totals may be greater than 100%.

#### Page 2:

- Numbers reported show the unduplicated number of clients served in each service area. Individuals may receive multiple services each month within a service area and may receive more than one type of service each month.
- The Monthly Variance compares the reporting month to the prior month. The Yearly Variance compares the reporting month to the same month in the previous calendar year.
- All Individuals Served - There was a 6% increase in the overall numbers served compared to November 2021, which is partly due to increases in adult & youth behavioral health outpatient, jail-based, and developmental employment & day programs.
- BH Outpatient Adult – The number of individuals served is trending higher over the past few months due to increases in adult mental health case management services in the Behavioral Health Outpatient (BHOP) program, medication assisted treatment, and homeless services.
- BH Outpatient Youth – This service area typically sees an increase in referrals and individuals served in the late fall that continues throughout the school year and drops off over the summer months. There is an 11% increase in the number served compared to November 2021.
- BH Residential – The number of individuals served has increased – compared to September partly due to an increase in admissions in SUD residential programs. The number served is trending lower compared to the prior year due to reductions through attrition in the RIC programs and slowed admissions in SUD residential programs due to COVID and staff vacancies,
- Medical – Nursing & Prescribers (Psychiatrists & Nurse Practitioners) serve individuals in a variety of treatment settings. There is regular fluctuation in the number of clients served for Nursing based on the needs of the clients.
- BH Employment & Day – The number served is trending lower as compared to the prior year. The implementation of a new program model in the Supported Employment program requires reduced caseload sizes and it is anticipated that numbers may remain lower as compared to previous years.
- DD Support Coordination – There is typically monthly variation based on service plan review cycles.
- DD Residential – Includes all individuals served in directly operated residential programs and locally-funded contract placements. The number of individuals served each month is trending lower overall due to reductions in the directly operated group home census and locally funded contract placements through natural attrition. New residential placements through community partners are waiver funded.
- DD Employment & Day – There has been an upward trend in this service area as developmental employment & day programs have been able to reopen from closures that were necessary earlier in the pandemic. Since August there has been an increase in the number of individuals served due to some self-directed services re-opening from the summer break, people returning to service who had deferred earlier in the pandemic, and new graduate placements.
- Entry & Referral – The number of individuals served overall decreased starting in October primarily due to the Call Center transition to a phone tree system which allows callers to self-route to the appropriate CSB program staff. The number of clients assessed dipped in November due to the holidays, but has been trending higher since August with the addition of staff resources. As compared to November 2021, there has been a 66% increase in the number of assessments.
- Emergency – There is some monthly fluctuation in the demand for Emergency services. All clients who present for services are evaluated by Emergency services staff.
- ADC/JDC/Court – The number of individuals served is trending higher compared to the previous year. The jail census was significantly reduced earlier in the pandemic due to health and safety issues. The number of individuals is also trending higher since August, primarily due to an increase in referrals, including substance use clients receiving medication assisted treatment.

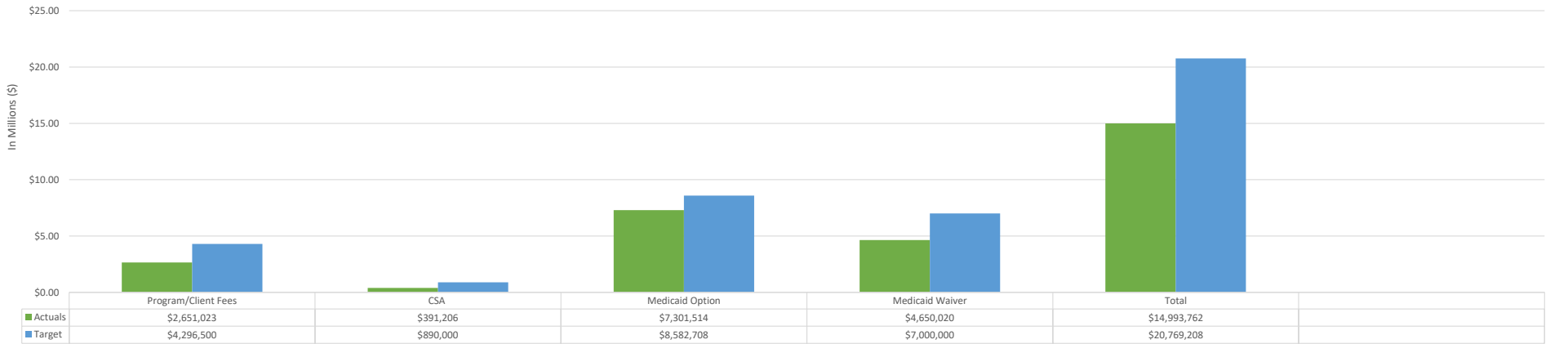
	FY 2023 REVISED Budget	FY 2023 - 6 Months YTD Budget *	FY 2023 Actuals December YTD	Variance from YTD Budget	FY 2023 Projection	FY 2023 Projection vs. FY23 REVISED Budget
<b>Est. Beginning Balance</b>	<b>45,581,191</b>	<b>45,581,191</b>	<b>45,581,191</b>	-	<b>45,581,191</b>	-
F Fairfax City	2,479,063	1,239,532		(1,239,532)	2,479,063	-
F Falls Church City	1,123,651	561,826		(561,826)	1,123,651	-
F State DBHDS	8,451,543	4,225,772	4,610,062	384,291	8,451,543	-
F Federal Pass Thru SAPT Block Grant	4,053,659	2,026,830	2,581,687	554,858	4,053,659	-
V Direct Federal Food Stamps	154,982	77,491	49,861	(27,630)	99,721	(55,261)
V Program/Client Fees	4,296,500	2,148,250	2,550,334	402,084	5,100,669	804,169
V CSA	890,000	445,000	391,206	(53,794)	782,413	(107,587)
V Medicaid Option	8,582,708	4,291,354	7,301,514	3,010,160	14,603,027	6,020,319
V Medicaid Waiver	7,000,000	3,500,000	4,650,020	1,150,020	9,300,039	2,300,039
V Miscellaneous	124,800	62,400	62,400	-	124,800	-
Non-County Revenue	37,156,906	18,578,453	22,197,084	3,618,631	46,118,585	8,961,679
General Fund Transfer	165,445,478	41,361,370	165,445,478	-	165,578,661	-
<b>Total Available</b>	<b>248,183,575</b>	<b>105,521,014</b>	<b>233,223,753</b>	<b>3,618,631</b>	<b>257,278,437</b>	<b>8,961,679</b>
Compensation	101,422,808	46,810,527	44,330,177	2,480,350	95,621,291	5,801,517
Fringe Benefits	42,963,615	19,829,361	18,877,904	951,457	40,720,107	2,243,508
Operating	68,904,186	34,452,093	24,525,926	9,926,167	48,104,828	20,799,357
Recovered Cost (WPFO)	(1,568,760)	(784,380)	(675,054)	(109,326)	(1,568,760)	(1,568,760)
Capital	419,866	209,933	201,542	8,390	403,085	16,781
Transfer Out	10,000,000	10,000,000	-	10,000,000	10,000,000	-
<b>Total Disbursements</b>	<b>222,141,714</b>	<b>110,517,533</b>	<b>87,260,495</b>	<b>23,257,038</b>	<b>193,280,551</b>	<b>27,292,403</b>
<b>Ending Balance</b>	<b>26,041,861</b>	<b>(4,996,520)</b>	<b>145,963,258</b>		<b>63,997,886</b>	
DD MW Redesign Reserve <sup>1</sup>	2,500,000	2,500,000			2,500,000	
Medicaid Replacement Reserve <sup>2</sup>	2,800,000	2,800,000			2,800,000	
Opioid Epidemic MAT Reserve <sup>3</sup>	50,000	50,000			50,000	
Diversion First Reserve <sup>4</sup>	5,853,866	4,408,162			4,408,162	
<b>Unreserved Balance</b>	<b>14,837,995</b>				<b>54,239,724</b>	
<b>*** Opioid Settlement Funds</b>	<b>10,152,020</b>	<b>3,384,007</b>	<b>2,134,988</b>	<b>1,249,019</b>	<b>10,152,020</b>	

December FY23 YTD Revenue Analysis

Variable Revenue by Month  
FY23  
Actuals vs. Target



Variable Revenue by Category  
FY23 Year to Date  
Actuals vs. Target



Policy Number: 1600  
Policy Title: CSB Board  
Virtual Meetings and Board  
Member Electronic  
Participation Meetings  
Date Adopted:

### 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 includes provisions on allowing all-virtual meetings, circumstances under which an all-virtual meeting will be allowed, and requests for remote participation by individual members of the Board. This policy shall also apply uniformly and with equal force to smaller entities or subcommittees created by the CSB Board to perform designated functions or advise the public body. Such entities are not permitted to adopt an additional all-virtual and remote participation meeting policy. (§ [2.2-3708.3\(D\)](#))

### 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.
6. **“State of Emergency Electronic Meeting”** is a meeting where all members attend electronically because it has been declared unsafe to meet in person due to a state of emergency as declared by the Governor or the Board of Supervisors.
7. **“All Virtual Meeting”** is a setting where all members attend electronically.
8. **“Remote Participation Meetings”** allow some members to participate remotely via

telephone or video conferencing services when a quorum is physically assembled.

9. “**Subcommittees**” are committees composed of some board members, and this policy includes any entity created by the public body to perform designated functions or advise the public body.

#### General Virtual Meetings Standards

The following requirements must be met for all virtual meetings, remote access meetings, and state-of-emergency meetings uniformly:

1. Meeting Notice

The Notice for the meeting must indicate whether the meeting is all-virtual or in-person and must be provided at least three (3) business days in advance. (The only exception to three (3) days’ notice is that of a State of Emergency, in which case the notice must be provided as soon as reasonably possible according to [§ 2.2-3708.2](#) and [§ 2.2-3707\(D\)](#))

2. The public must be provided access via electronic communication means. The Meeting Notice must also include details as to how the public will electronically access the meeting. ([§ 2.2-3707\(C\)](#) and [2.2-3708.3\(C\)](#))

3. Once the meeting has been posted to the public, the method shall not be changed, whether in-person or all-virtual. ([§ 2.2-3708.3\(C\)](#))

4. The public will be allowed to comment during electronic meetings, including written comments.

5. No more than two members of the BAC may be together in one location unless that location is open to the public.

6. The CSB Board must resume the transmission of the public meeting to certify a closed session.

7. Duty to Maintain Public Access to Virtual Meetings

To maintain public access, all board members present must be audible, and when video technology is utilized, they must be visible. Additionally, live contact information for the Board Clerk or some other member of the Board in attendance, including the phone number and email, must be provided to alert the Board if the electronic transmission fails for the public in attendance. If the transmission fails, the Board Meeting must recess until public access is restored. ([2.2-3708.3\(C\)\(4\)](#))

8. Virtual Meeting Agenda & Minutes

Agenda and minutes are always required to be made available for public inspection for virtual meetings; Agenda should be made available for public inspection at the time it is



provided to the CSB Board. ([§ 2.2-3707](#)(F)) Within seven days of approval, meeting minutes should be posted to the public body's webpage, in a prominent location, or at the office of the clerk or chief administrator of the public body. Minutes for virtual meetings must include the following:

- A) The fact that the meeting was held electronically.
- B) The type of electronic communication means.
- C) Requested exceptions, if applicable, as defined below under each virtual meeting type, whether permitted or denied, which include:
  - i. The nature of the emergency makes it unsafe to assemble in person.
  - ii. The names and reasons for individual members requesting to participate remotely when a quorum is scheduled to assemble physically, including whether or not their request is permitted or denied.
  - iii. The nature of the emergency making it unsafe for an in-person quorum to assemble

#### State of Emergency Electronic Meetings

As a written policy is not required to mandate this type of virtual meeting, this policy is not intended to govern or limit the circumstances under which a State of Emergency Electronic Meeting is held. There is no limit to the number of times that the CSB Board may meet virtually where the entire quorum is present electronically due to a state of emergency when at least one of the two conditions below is met:

- A) An emergency which makes it impracticable or unsafe to assemble a quorum of the public body in person has transpired.
- B) Or a State of Emergency has been declared by either the Governor or the Board of Supervisors.

#### Remote Participation in State of Emergency Electronic Meetings

Individual members of the board do not need to request to participate remotely under these circumstances. However, during a state of emergency, when a quorum of the public body is physically assembled, individual members will need to request permission to participate electronically in accordance with the Remote Participation Policy below.

#### All Virtual Meetings

A maximum of 2 or 25% (whichever is greater, rounded to the nearest whole number) of the meetings per year may be scheduled to be held virtually, and these may not be consecutive. ([§ 2.2-3708.3](#)(C)(9)) The quorum must assemble virtually, and no more than two members may be together in any remote location unless that location is open to the public. ([§ 2.2-3708.3](#)(C)(7)) Individual members do not need to request to attend an all-virtual meeting electronically.

All-Virtual Meetings for Subcommittees and Ad-HOC Committees: The meeting limit above applies to each subcommittee uniformly. Thus, if a committee meets every other month, six (6) times per year, they are permitted to schedule two (2) All-Virtual Meetings per annum. Whereas, if the Full Board meets ten (10) times annually, they will be allowed three (3) virtual meetings annually.

#### Remote Participation Meetings

When a quorum of the CSB Board is physically assembled, a member of the CSB Board may request to attend and participate in the meeting electronically. The request must be made in writing and fall under one of the following four reasons:

- (I) a temporary or permanent disability or other medical condition that prevents the member's physical attendance.
- (II) a family member's medical condition requires the member to provide care, thereby preventing the member's physical attendance.
- (III) a personal matter and identifies with specificity the nature of the personal matter; or
- (IV) the member's residence is more than 60 miles from the meeting location.

The following conditions must be met for a member of the CSB Board to participate in a CSB Board meeting 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 following procedures are to be followed:
  - a) The meeting should recess until the audibility is restored.
  - b) If audibility cannot be restored, the remotely participating member shall no longer be permitted to participate remotely.

#### Remote Participation Excuse Requirements and Limits

**Personal Matter Excuse:** 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 to be recorded in the board meeting minutes. Remote participation due to a personal matter is limited to two meetings per calendar year.

**Temporary or Permanent Disability Excuse:** The requesting member is not obligated to provide independent verification regarding the temporary or permanent disability or other medical condition that prevents their attendance at the meeting. There is no limit to the number of

times a member may participate remotely due to a temporary or permanent disability or other medical condition.

**Temporary or Permanent Disability of a Family Member:** If a family member has a medical condition, temporary or permanent disability, that requires the board member to provide care, the requesting member is not obligated to provide independent verification regarding the condition that prevents their physical attendance at the meeting. There is no limit to the number of meetings per year that one may request to attend virtually due to the medical condition, or temporary or permanent disability of a family member that requires the member to provide care.

#### 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) and the Committee Chair, as appropriate, 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; (II) a family member's medical condition that requires the member to provide care, thereby preventing the member's physical attendance; (III) a personal matter and identifies with specificity the nature of the personal matter; or (IV) the members residence is more than 60 miles from the meeting location.
1. The requesting member shall also notify the Executive Director or designee of the CSB providing staff service to the BAC of their request, but their failure to do so shall not affect their ability to participate remotely. The Board will maintain a record of such requests.
2. The Chair (or the Vice-Chair if the requesting member is the Chair) shall promptly notify the requesting member whether their request complies with this policy and therefore approved or disapproved.

#### 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:

- A. 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
- B. The voice of the remotely participating member can be heard by all persons at the primary or central meeting location.

#### Recording Remote Participation in Minutes

If the member is approved to participate remotely, the CSB Board shall record the member(s) requesting to participate, the reason for remote participation, and a general description of the

member's location. However, in the case of a personal matter, the member shall record the nature of the matter with specificity.

Any disapproval of remote participation must also be recorded, including the specific grounds upon which the requested participation violates this policy or VFOIA.

Closed Sessions with Remote Participants

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 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:

Policy Number: 1600  
Policy Title: CSB Board Member  
Participation in Meetings by  
Electronic Communication  
Date Adopted: June 23, 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) and the Committee Chair, as appropriate, 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 Executive Director of the CSB 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.

#### 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

