

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

July 7, 2021

### **MEMBERS PARTICIPATING ELECTRONICALLY**

Marlene Blum, Chairman  
Bill Finerfrock, Vice Chairman  
Tim Yarboro, MD, Vice Chairman  
Maia Cecire  
Ellyn Crawford  
Philippe Beauchene  
Rose Chu  
Rosanne Rodilloso  
Leeann Alberts, JD, MBA  
Shikha Dixit, Mount Vernon District  
Michael Trahos, DO, At Large

### **STAFF**

Sherryn Craig

### **MEMBERS ABSENT**

None

### **GUESTS**

Robert "Bobby" Zeiller, Vice Chairman and Chief Development Officer, Silverstone Senior Living  
David Freshwater, Chairman, Watermark Senior Living  
Lynne Strobel, Attorney, Walsh Colucci, Lubeley, & Walsh  
Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department  
Jessica Werder, Deputy Director of Public Health Operations, Health Department  
Robin Wallin, Assistant Director of Health Services/School Health, Health Department  
Shawn Kiernan, Senior Epidemiologist, Division of Population Health & Epidemiology, Health Department  
Dominic Bonaiuto, Director, Central Region Government & Community Relations, Inova Health System

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:31 pm.

*Audibility of Members' Voices*

Chairman Marlene Blum conducted a roll call asking each participating member to state his/her name and the location from which he/she was participating.

Braddock District, Leeann Alberts, JD, MBA, Springfield, VA  
Dranesville District, Rosanne Rodillo, McLean, VA  
Hunter Mill District, Ellyn Crawford, Pasadena, CA  
Lee District, Maia Cecire, Alexandria, VA  
Mason District, Rose Chu, Falls Church, VA  
Mount Vernon District, Shikha Dixit, Lorton, VA  
Providence District, Marlene Blum, Vienna, VA  
Springfield District, Bill Finerfrock, Springfield, VA  
Sully District, Phil Beauchene, Chantilly, VA  
At Large, Tim Yarboro, MD, Reston, VA  
At Large, Dr. Michael Trahos, DO, At Large, Falls Church, VA

Chairman Blum passed the virtual gavel to Vice Chairman Bill Finerfrock. Ms. Blum moved that each member's voice was adequately heard by each other member of the board, and specifically that each voice was clear, audible, and at an appropriate volume for all other members. Maia Cecire seconded the motion. The motion passed unanimously.

#### *Need for an Electronic Meeting*

Having established that each member's voice could be heard by every other member, Ms. Blum established (1) the nature of the emergency compelling the emergency procedures, (2) the electronic format for the meeting, and (3) public access to the meeting. Ms. Blum moved that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the 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 the Board and the physical presence of the public, cannot be implemented safely or practically. Ms. Blum moved that the Board would conduct the meeting electronically through Zoom Conference call, and that the public could access this meeting by telephone 888-398-2342 or through the following link - <https://us02web.zoom.us/j/89206737279>. Dr. Trahos, DO seconded the motion. The motion passed unanimously.

#### *Continuity in Government*

To dispense with FOIA's Usual Procedures to Assure Continuity in Government, Ms. Blum moved that all of the matters addressed on today's agenda must address the State of Emergency itself, are necessary for continuity in Fairfax County government,

and/or are statutorily required or necessary to continue operations and the discharge of the HCAB's lawful purposes, duties, and responsibilities. Maia Cecire seconded the motion. The motion passed unanimously.

### **June 14, 2021 Meeting Summary**

The meeting minutes from June 14, 2021 were approved as submitted.

### **Public Hearing on Silverstone Tysons, LP's Trillium Tysons Continuing Care Facility (CCF)**

Robert "Bobby" Zeiller, Vice Chairman and Chief Development Officer, Silverstone Senior Living; David Freshwater, Chairman, Watermark Senior Living; and Lynne Strobel, Attorney, Walsh Colucci, Lubeley, & Walsh, presented Silverstone Tysons, LP's proposal.

The Trillium Tysons will be developed by Silverstone Senior Living, LLC and operated by Watermark Retirement Communities (Watermark). Watermark currently operates 65 senior housing communities across 21 states. With respect to The Trillium Tysons, Watermark will operate under a five-year rolling agreement post opening.

The Trillium Tysons CCF will include 198-units (203-beds), comprised of 118 independent living and 80 assisted living units divided into traditional and memory care levels of care. There will also be a number of supporting facilities/ancillary services included in the proposal, such as dining venues and areas for recreation and socialization. The application includes a park with walking paths directly to and from the building to enhance both the residential and pedestrian experience. Additional outdoor space will include private terraces.

The Trillium Tysons will include 37 standard assisted living units. Each assisted living unit will contain either one or two bedrooms, one or two baths and a kitchenette, which includes a refrigerator, sink, and microwave. No oven or cooktop is provided.

Approximately 19 assisted living units will be specially designed for residents with mild cognitive impairment in the special neighborhood known as "The Bridge" program. The Bridge will be located on the third floor of the community. Residents of The Bridge will receive care according to a customized program of therapies and personal-care services designed for those residents with mild cognitive impairment but not yet in need of a completely secure environment.

Approximately 23 units will be dedicated to the care of residents affected by dementia (including Alzheimer's disease) in a separate secure environment known as "The Gardens". The Gardens will be located on the second floor of the community. Residents of The Gardens will receive care according to a customized program of therapies and personal-care services designed to enhance an individual's quality of life while preserving as much independence and dignity as possible. In addition, The Gardens will be designed to remove physical barriers that often frustrate those who suffer from dementia while living in conventional residential settings, thereby enhancing the resident's potential to participate in various activities intended to improve physical and mental wellbeing.

The Trillium Tysons will be ADA-accessible but will not include universal design (UD) elements.

The Gardens will be staffed by a team of care managers who receive specialized training reflecting the latest innovations in programming and therapy generated by medical research. Care managers are also trained to utilize relevant technological advances to enhance resident quality of life.

All residents are assessed prior to move-in to determine that the community can meet the needs of the resident. This determination will be made based on: (a) the completed Uniform Assessment Instrument (UAI), (b) the physical examination report performed by an independent physician within 30 days prior to admission; (c) a documented interview between the administrator/designee, the resident and his legal representative, if any, and (d) a screening of psychological, behavioral, and emotional functioning, conducted by a qualified mental health professional (if recommended by the UAI assessor), a health care professional, or the administrator/designee responsible for the admission and retention decision. Residents are reassessed at specified intervals or when there is a change in condition.

All levels of care will be open to the public. While there is no guarantee for securing additional levels of care among current residents, The Trillium will try to prioritize requests on a space-available basis.

The community will have a Director of Nursing and a Director of Memory Care overseeing the care provided to residents. These individuals will be responsible for implementing health and wellness policies, which are appropriate to the needs of community residents and comply with Watermark's corporate health and wellness policies. The community will have a licensed practical nurse on premises twenty-four

hours a day, seven days a week. Three shifts of Care Managers and Direct Care Staff will assist residents with activities of daily living, and on-staff Medication Technicians will aid with Medication administration to residents.

The number of Direct Care Staff will vary according to the size of the resident population and the acuity level of those residents, as specified by the approved staffing plan generated for and maintained by each community. At a minimum, 24-hour care staffing will be provided, and then additional staffing will be determined on an hours-per-resident-day basis dependent on the acuity level of the residents.

All employees will be thoroughly screened before hiring and will receive ongoing training through Watermark's Policy and Learning Center. Once hired, all staff will be required to complete all of Watermark's assigned policies and training through the Policy and Learning Center. In addition, all Direct Care Staff will be required to complete: 1) at least 16 hours of training annually using a computer-based program developed by Watermark; 2) first-aid training; and 3) CPR training.

Staff involved with the administration of medications will complete all training required by the Virginia Board of Nursing. All training shall be relevant to the population in care and shall be provided by a qualified individual through in-service training programs or institutes, workshops, classes, or conferences approved by Watermark.

Watermark will permit private duty nursing care, but all staff are required to follow Watermark policies, including verification of TB and COVID-19 vaccinations prior to entering the building. The facility will include space for visiting health care professionals to provide care in a clinic setting. Many of Watermark's residents continue to use their own physician, but the facility will provide transportation to appointments. Watermark also maintains a wellness program to educate and promote overall health and wellness in the community. Watermark also described its partnership with HealthPro, which will provide outpatient therapy services.

In addition to the training described above, staff assigned to The Gardens will be required to complete specialized training in cognitive impairment and dementia which deals with resident care techniques, behavior management, communication skills, activity planning and safety considerations. The program will be supervised by the Director of Memory Care.

The Trillium Tyson's memory care program – The Gardens – will be self contained on the second floor with no direct access to the ground level perimeter. The program will

be specially designed to prevent elopement and provide a safe, secure environment for dementia residents. It will be accessible only through a self-closing/locking door requiring a credentialed opening device (e.g., access card or programmed fob) for ingress and egress and equipped with a signaling system that alerts Watermark personnel to the comings and goings of staff and visitors. The program will provide common area spaces for group activities, dining, and therapies, along with a separate secure outdoor garden area, including a water feature and shaded sensory gardens, for its residents. For safety reasons, resident units in The Gardens are not equipped with kitchenettes.

Given that the construction of the Trillium Tysons will include high rise buildings, a question was asked about the plan for evacuating residents in the event of a fire or other emergency. According to Silverstone, high rise CCFs are designed so that evacuations are not required. Fire suppression systems (e.g., sprinklers) and fire retardant walls allow residents, many of whom are medically fragile, to shelter in place. As a result, high rise CCFs are more expensive to develop than a standard multi-story building.

To satisfy the County's Comprehensive Plan affordability requirements, Silverstone will contribute \$3.00 per square foot of the CCF Floor Area Ratio (FAR) to the Fairfax County Housing Trust Fund for the provision of affordable accommodations prioritized for older adults and/or persons with disabilities at the discretion of the Department of Housing and Community Development. Based on the applicant's stated square footage, this contribution is estimated at \$750,000.

The inspection summaries for the Providence of Fairfax were included in the HCAB's meeting packet, however given that the facility recently opened and is not to full capacity, the data were limited. The Watermark operates another facility, The Fountains at Washington House, located in Alexandria, VA and inspection reports show no substantive deficiencies.

Public comment was provided in person from Colin A. Horner, General Manager of the Rotonda Condominium Unit Owners Association. On behalf of the Association, Mr. Horner expressed its support for the development of The Trillium Tysons.

Marlene Blum moved that the Health Care Advisory Board recommend approval for Silverstone Tysons, LP to develop The Trillium Tysons CCF. Phil Beauchene seconded the motion. The motion passed 10-Y, 0-N, 1 abstention.

## **Legislative Position on Long Term Care Staffing**

The HCAB reviewed a draft position statement addressing staffing standards in long term care facilities. Elynn Crawford moved that the HCAB submit the position statement to the BOS for the 2022 Fairfax County Legislative Program/Human Services Issue Brief. Phil Beauchene seconded the motion. The motion passed unanimously.

## **Opioid Task Force Update**

Maia Cecire, the HCAB representative to the Opioid Task Force, provided an update on the task force's activities. The Opioid Task Force Plan, approved by the BOS in January 2018 listed 41 different activities and initiatives to be undertaken by the community to help reduce deaths by opioid overdose through prevention, treatment, and harm reduction. Five Priority Areas were identified: (1) Education, Prevention, and Collaboration; (2) Early Intervention and Treatment; (3) Enforcement and Criminal Justice; (4) Data and Monitoring; and (5) Harm Reduction.

Significant progress was made towards achieving the objectives, and in addition to the original 41 areas identified, 11 additional activities and initiatives were added as the scope of work expanded or new needs emerged.

Ms. Cecire summarized key accomplishments of the first plan:

### *Education, Prevention, and Collaboration*

- The Fairfax County Department of Family Services (DFS), Children, Youth and Families (CYF) Division recently launched a virtual SMART Recovery meeting that offers support on how to address substance use or other addictive behaviors
- Substance use trainings
- Community substance use prevention education
- Cannabis Youth Treatment Series Training - FCPS
- Communications campaign
- Community coalition - Fairfax Prevention Coalition Partnerships with community organizations
- Drug disposal events

### *Early Intervention & Treatment*

- Substance abuse prevention counselors (FCPS+CSB)
- DFS parent support services
- JDRDC substance use services
- Jail-based MAT

- Maternal & Child Health Program
- Addictions Medicine Clinic
- Short term residential detoxification services and contracts
- Residential treatment services and contracts
- Vivitrol at the Adult Detention Center
- Peer Outreach Response Team
- Reentry peer support services

#### *Enforcement & Criminal Justice*

- Opioid Overdose Investigation Unit
- Drug Treatment Docket

#### *Data & Monitoring*

- Opioid data governance initiative
- Interventions from surveillance data
- Internal and external opioid dashboard

The task force has developed the next iteration of the Opioid Task Force Plan to build off the successes and lessons learned from the first plan and engaging county agencies and community partners that were not involved in the original plan. The new two-year plan considered input from those with lived experience was also received through focus groups with clients at residential treatment facilities.

As a result, several initiatives were developed to reach additional populations, such as persons in the Adult Detention Center. There is also an increased focus on harm reduction and recovery, not only with an emphasis on treatment resources at the Community Services Board, but also with initiatives to support families affected by substance abuse in the child welfare system, youth in juvenile detention, and those in recovery.

#### **School Health Enhancement Initiative**

Robin Wallin, Assistant Director for Health Services/School Health and Shawn Kiernan, Senior Epidemiologist, Communicable Disease, Division of Population Health and Epidemiology, provided an overview of the Health Department's School Health Enhancement Initiative, including a school index to guide planning and the fiscal impact of increasing public health nursing in FCPS schools.



The purpose of the School Health Program Enhancement Initiative is to improve the school health service model in Fairfax County using a collaborative process with key stakeholders that promotes equity and addresses evolving student health needs and public health priorities.

The Health Department shared its plans with the Board of Supervisor's Health and Human Services Committee. The FCHD has served as school health consultants since 1956 and became more formally involved in schools in the county in 1968 when the "School Health Unit" was created in the agency.

By 1972 there was a growing need for an ongoing health support presence in the schools and School Health Aide positions were created. Since that time, Public Health Nurses have provided support and supervision to the School Health Aides while providing a critical public health presence. This has proven to be a very successful model.

In 2008 George Mason University conducted an evaluation of the School Health Program which resulted in a 10-year strategic plan. At that time, the recommendations included strengthening the partnership between the health department and Fairfax County Public Schools, reaffirming the program's mission, matching the deployment of school health resources to school health needs, and enhancing the management structures of the program. Even by 2008, the gap between inadequate program resources and demands for school health services were projected to increase as school and parent expectations, service utilization, and complex student health needs continued to rise.

In 2019, the Epidemiology and Public Health Division developed a school risk index to help provide information to the program and identify areas of the county with the highest community health needs. The school acuity index informs responses to the social determinants of health as the agency strives to ensure equity in its public health interventions.

In 2020, a 5-year plan was developed to begin to decrease the ratio of school public health nurses to students, from 1:3000 to a goal of 1:2000 by adding an additional seven public health nurse positions annually to the school health program every year for five years. In 2021 the Board of Supervisors allowed the Health Department to accelerate this plan to respond to the pandemic crisis. All the additional nurses were hired to support the COVID-19 response and will join the school health program when they are no longer needed in the response.

This year, the Health Department is looking forward to creating a new School Health Division to manage the School Health program. School Health is the largest program in the Health Department and currently sits within the Division of Health Services. This new division is an administrative reorganization shifting it from being a program to a new division providing its focus solely on the work of school health.

The current FCHD School Health Model is comprised of an unlicensed school health aide in every school who works under the supervision of a school public health nurse. The School Health Aides provide routine support to the sick and injured in the schools. In addition to supervising the School Health Aides, the Public Health Nurses focus on care coordination of students with chronic health conditions and health promotion activities. Enhancements to the current school health model are necessary to broaden its scope to include both individual and population health initiatives designed to address social determinants of health and the root causes of health inequities.

While the current school health model is an effective and supported framework, there is a critical need to look at the model and incorporate a greater presence of school public health nurses in the schools. FCHD currently has nurses supervising anywhere from 2-7 schools. By increasing the number of school PHNs, FCHD can move from a health model to a more holistic response to community and population health concerns. PHNs will be integrated into the schools, participating in care and planning teams as well as community engagement efforts in a more targeted manner. They will have the ability to work collaboratively with other school staff to more effectively address the social determinants of health.

There are numerous drivers that are influencing the need to work on School Health Program enhancement. Indeed, for many years both the county and the school system have shared a goal to increase the number of public health nurses in the schools due to many of these emerging factors.

Externally, the pandemic has highlighted gaps and community needs that are not new. The health challenges in our community are mirrored in the schools. The pandemic has also highlighted the vulnerabilities and opportunities to enhance information sharing and decision-making processes with school and community partners.

Another external driver is the recent passing of Virginia Senate Bill 1257, which mandates increasing school support staffing, including school nursing positions.

Although this is recently passed legislation, the Commonwealth has been moving in the direction of decreasing ratios of school support staff to students for many years.

The legislation states that each school board is required to provide at least three specialized student support positions per 1,000 students. These support positions can include school social workers, school psychologists, school nurses, licensed behavior analysts, licensed assistant behavior analysts, and other licensed health and behavioral positions, which may either be employed by the school board or provided through contracted services. Both the Fairfax County Public Schools and the Fairfax County Health Department desire school nurses to be an important piece of meeting this mandate, moving the county closer to having a nurse in every school. There is also a great deal of community support and advocacy for a greater nursing presence in the schools including the development of the community schools concept.

The Fairfax County Youth Survey has highlighted a variety of health issues. Health inequities are illuminated when disaggregating the data by race, ethnicity, and gender. Finally, the Individuals with Disabilities and Education Act (IDEA), amended in 2015, has increased the requirements of schools to provide needed supports to students with disabilities, including health supports.

There are also some internal drivers guiding FCHD's planning. The One Fairfax Policy embraced by the county aims to reduce county inequities and acknowledges that if they are left unresolved, they will continue to promote social injustices and threaten the health and economic status of the entire county.

The increasing workload created by the complexity of health needs of students is another significant internal driver. To learn, students need to be healthy. School health services are essential for students to ensure that health is not a barrier to academic success. Critical to FCHD's current priority is individualized care, partnership building, community engagement, upstream initiatives to address the social determinants of health, and a population health focus.

There is strong support for increasing the presence of public health nurses by key FCPS stakeholders, including teachers, principals and administrators who have worked with Health Department staff, as well as PHNs and SHAs currently working in the program. Over the past two months, the agency has been working with a consultant who is a former FCPS leader. She has been conducting a robust series of focus groups called "empathy interviews" with FCPS and FCHD staff. Several common themes have

emerged, including a need for more nursing services, to be able to address the social determinants of health that are impacting student academic success.

The School Health Enhancement Initiative has been organized into five phases:

- (1) Groundwork (March 2021 – June 2021)
- (2) Phase 1 – Assessment (May 2021 – August 2021)
- (3) Phase 2 – Plan Development (July 2021 – December 2021)
- (4) Phase 3 – Implementation (January 2022 – ongoing)
- (5) Phase 4 – Evaluation (June 2022 – ongoing)

A School Health Risk Score is a standardized and consistent methodology for evaluating current and expected workload in FCHD staffed schools. The expected workload includes emphasis on future population health/equity roles of school health. Scores will be used to evenly distribute workload and identify and address schools with higher care needs. School Health Risk Scores will be updated and recalculated approximately every three years.

Metrics are split into four difference categories: Epidemiology Score (Communicable Disease), School Health Score, School Characteristics Score, and Demographic Score (Socioeconomic examination). The score for each variable is based on a quartile [1 -4 points] or whether something is present or absent [0 or 2 points]. The total score is then calculated separately for SHA/PHNs based on their roles. In developing the metrics, FCHD School Health leadership considered all variables and indicated if they contribute to PHN vs SHA work as well as elementary vs middle/high/secondary schools work.

To derive the School Health Risk Score, extra emphasis (weighting) was placed on some individual variables as well as entire groups of variables. This allows administrators to better characterize both current workload/needs and consider possible future population health roles for school health staff.

Moving forward, the School Health Risk Score can be used to (a) reallocate staffing to better meet the workforce needs of each school, (b) target outreach/ public health actions to schools with higher needs, (c) modify staffing to better meet shifting emphasis of school health priorities/objections.

With respect to the fiscal impact of meeting SB 1257's nursing mandate, the FY 22 Adopted Budget includes 16 PHN IIIs (two perform a QA function and are not counted in the ratio), 108 PHN IIs, and 122 PHNs.

With the addition of 63 nurses, the School Health Program will ensure the schools meet the mandate and have a nursing ratio of 1:1000 at a student population level at a total cost of \$30,638,550. The addition of 13 more Public Health Nurses to the program would allow the Health Department to resource a Nurse per School model for the entire FCPS system (185 +13 = 198, the number of schools within FCPS) for a total cost of \$32,196,328. With respect to nurse profiles, the Health Department does not hire PHNs directly out of school; nursing experience is required.

Since 2006, Basic Aid from the Commonwealth to fund public schools has included Standards of Quality (SOQ) funding for roughly \$4 million annually in revenue. The new mandate is expected to bring an additional \$4.6 million annually in revenue.

**Other Business.** None.

There being no further business, the meeting adjourned at 10:03 pm.