



FAIRFAX - FALLS CHURCH

**Community  
Services Board**

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## **FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD COMPLIANCE COMMITTEE MEETING**

**Dan Sherrange, Chair**

**Wednesday, April 17, 2024, 4:00 PM**

**Sharon Bulova Center for Community Health**

**8221 Willow Oaks Corporate Drive, Level 3, Room 3-314, West  
Fairfax, VA 22031**

### **MEETING AGENDA**

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| <b>1. Meeting Called to Order</b>                            | <b>Dan Sherrange</b> |
| <b>2. Roll Call, Audibility and Preliminary Motions</b>      | <b>Dan Sherrange</b> |
| <b>3. Matters of the Public</b>                              | <b>Dan Sherrange</b> |
| <b>4. Amendments to the Meeting Agenda</b>                   | <b>Dan Sherrange</b> |
| <b>5. Approval of the December 13, 2023, Meeting Minutes</b> | <b>Dan Sherrange</b> |
| <b>6. Follow up items from the August Meeting</b>            | <b>Joan Rodgers</b>  |
| <b>7. Updates</b>  | <b>Joan Rodgers</b>  |
| A. ComplyTrack Reports                                       |                      |
| B. CSB Serious Incident (Level III) Report                   |                      |
| C. CSB Board Annual Training Data                            |                      |
| <b>8. Open Discussion</b>                                    | <b>Dan Sherrange</b> |
| <b>9. 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 703-324-7827 or at [Sameera.Awan@fairfaxcounty.gov](mailto:Sameera.Awan@fairfaxcounty.gov)

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD  
COMPLIANCE COMMITTEE MEETING MINUTES  
DECEMBER 13, 2023**

The CSB Compliance Committee met in regular session at the Sharon Bulova Center at the 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031

**1. Meeting Called to Order**

Acting Committee Chair Captain Daniel Wilson called the meeting to order at 4:04 PM.

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

**PRESENT:**        **BOARD MEMBERS:** ACTING COMMITTEE CHAIR CAPTAIN DANIEL WILSON;  
CLAUDIA VOLK; ANDREW SCALISE; EVAN JONES

**ABSENT:**        **BOARD MEMBERS:** DAN SHERRANGE; GARRETT MCGUIRE; BETTINA  
LAWTON

**Also present:** Deputy Director of Community Living Barbara Wadley-Young, Deputy Director of Administrative Operations Jean Post, Director of Clinical Operations Abbey May, Director of Quality Improvement Joan Rodgers and Board Clerk Sameera Awan.

**3. Matters of the Public**

None were presented.

**4. Amendments to the Meeting Agenda**

The meeting agenda was presented for review, and no amendments were made by the consensus of the Committee. The meeting agenda was adopted unanimously.

**5. Approval of Minutes**

August 16, 2023, Compliance Committee minutes were distributed for review.

**MOTION TO ADOPT AUGUST 16, 2023, MEETING MINUTES AS AMENDED WAS MOVED BY COMMITTEE MEMBER CLAUDIA VOLK, SECONDED BY COMMITTEE MEMBER ANDREW SCALISE.**

**MOTION TO ADOPT WAS APPROVED BY CAPTAIN DANIEL WILSON, EVAN JONES ANDREW SCALISE AND CLAUDIA VOLK.**

**6. Follow up Items**

**Director of Quality Improvement Joan Rodgers** presented the Audit Action Plan Report, the Correct Action Plan Report, and the Education Reports. The discussion then transitioned to the CSB's internal quality assurance team's vital role in risk management. Their primary focus is guiding staff to adhere to the complex requirements, manuals, and licensing regulations, providing valuable assistance. The team utilizes specialized audit tools for each central service area, requiring meticulous examination of records

to ensure compliance with all necessary elements. Within their audit tools, they specifically target human rights forms, detailed requirements, responsible parties, deadlines, and other relevant information. Their activities extend to individual service plans, ensuring tailored approaches rather than a one-size-fits-all process. Collaborating with clinical teams, they actively engage in a partnership, dispelling the notion of being an external entity scrutinizing records. Internal audit and quality assurance team members are assigned to specific teams, attending team meetings to discuss audit results. Given the complexity of regulations and the constant influx of new staff, the environment fosters collaboration, emphasizing seeking clarity and providing solutions. The team positions itself as a cooperative partner rather than an authoritative entity, offering suggestions for improvement. External audits by entities like Kaiser require extensive preparation involving gathering substantial materials. This includes random selections of individual charts and staff records, focusing on specific services, as exemplified by an upcoming Kaiser review at the Heritage Building. The efforts of external audit staff, personnel staff, training staff, and record staff converge to meet the demands of these intensive audits. The report provided an overview of activities from November, including ongoing support for DD (Developmental Disabilities) support coordination and community residential services. Special attention is given to preparing for the sixth round of audits by the Department of Behavioral Health and Developmental Services (DBHDS). Additionally, a review was conducted on residential treatment detox services and behavioral health programs. The audit results encompass five clinical records for DD support, five for association, seven for detox services, seven for outpatient services, and seven for intensive treatment services at Heritage. Seven records were also reviewed for the Family Support Center, South County Center. Despite a recent licensing review, ongoing preparations are essential; the CSB anticipates a return within six months for a follow-up review. This proactive approach ensures continuous compliance and readiness for upcoming assessments.

**7. Updates**

**A. Comply Track Reports**

- **Director of Quality Improvement Joan Rodgers** provided the CSB Board Audit Report, the CSB Board CAP Report, and the CSB Annual Training Data

**B. CSB Serious Incident (Level III) Report**

- **Director of Quality Improvement Joan Rodgers** provided the Serious Incident Report (SIR) Report for December 2023.

**8. Open Discussion**

None were raised.

**9. Adjournment**

A motion to adjourn the meeting was made by Committee Member Evan Jones and seconded by Committee Member Andrew Scalise. The motion was approved unanimously, and the meeting was adjourned at 4:28 PM.

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Date Approved

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Clerk to the Board

**Audit Report CSB Board For March 2024**

Item Custom Id	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
5472	3/1/2024	Support Coordination (South County Center)	CSB Internal Review	DD Case Management	Records	6 clinical records	Standard business risk	Quality Review	Completed: 4/1/2024
5473	3/1/2024	Assisted Community Residential Services (Pennino)	CSB Internal Review	ID Group Homes (ACRS)	Records	5 clinical records	Standard business risk	Quality Review	Completed: 4/1/2024
5481	3/1/2024	Youth & Family Services (Northwest Center/Reston)	CSB Internal Review	MH Case Management - Youth	Records	7 clinical records	Standard business risk	Monitoring Review	Completed: 4/1/2024
5482	3/1/2024	Behavioral Health Outpatient Services (Northwest Center/Reston)	CSB Internal Review	MH Case Management - Adult	Records	7 clinical records	Standard business risk	Monitoring Review	Completed: 4/1/2024
5483	3/1/2024	Emergency & Crisis Services (Merrifield)	CSB Internal Review	Crisis Care Program (Wellness Circle)	Records	7 clinical records	Standard business risk	Monitoring Review	Completed: 4/1/2024
5484	3/1/2024	Behavioral Health Outpatient Services (Gartlan)	CSB Internal Review	Intensive Outpatient Program (IOP)	Records	7 clinical records	Standard business risk	Monitoring Review	Completed: 4/1/2024
5485	3/1/2024	Residential Treatment & Detox Services (Chantilly)	CSB Internal Review	ASAM 3.3 - Cornerstones	Records	7 clinical records	Standard business risk	Monitoring Review	Completed: 4/1/2024

**FY2024: 85 audit activities**                      **6 program areas reviewed in February**                      **546 records reviewed in FY 2024**

AUDIT LEGEND	
Item Custom ID	Item Custom ID Numbers will be entered on 12/8/2023, a day after the CSB Board Compliance Committee data is required for submission for the Board package
Audit Start Date	Date the audit was initiated
Entity	Location where the audited service was provided
Audit Scope	The agency conducting the audit and the scope of the audit
Department	Service Area
Audit Type	Description of audit, e.g., record review only, onsite audit
Sample Size	Number of charts reviewed
CSB Board Reporting	Level of business risk associated with audit findings
Audit Action Plan	Description of actions taken in response to the audit

## CSB Board CAP Report For March 2024

Item Custom Id	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	CAP Status	Additional Information
5466	3/25/24	Emergency & Crisis Services (Emergency Services/Mobile Crisis Unit)	DBHDS	Corrective Action Plan submitted to the DBHDS Office of Licensing (OL).	Under Review	Late Reporting

CAP LEGEND	
Item CustomId	Identification number automatically assigned by Comply Tracker
Audit No.	References the audit number in the Audit Report
Start Date	Date the CSB was notified of the need for a CAP
Entity	Location where the audited service was provided
Agency	Agency requesting and reviewing the CAP
Narrative	Description of the reason for the CAP
Closed	Date the reviewing agency approved the CAP