

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD  
COMPLIANCE COMMITTEE MEETING MINUTES  
APRIL 17, 2024**

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**

Committee Chair Dan Sherrange called the meeting to order at 4:05 PM.

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

**PRESENT:**           **BOARD MEMBERS:** COMMITTEE CHAIR DAN SHERRANGE; ANDREW SCALISE;  
JIM GILLESPIE

**ABSENT:**           **BOARD MEMBERS:** CAPTAIN DANIEL WILSON; BETTINA LAWTON; EVAN JONES

**Also present:** Deputy Director of Clinical Operations Barbara Wadley-Young, Deputy Director of Administrative Operations Jean Post, Division Director of BHOP Eileen Bryceland, Director of Quality Improvement and Compliance Joan Rodgers and Board Clerk Sameera Awan.

**3. Matters of the Public**

Doctor Susan Coronis, a public member, introduced herself and recounted an incident that occurred on February 1, 2024, at a Fairfax facility. Three clients, one of whom is a family member of Dr. Coronis, were accused of wrongdoing without proper verification or input. The program manager later apologized, acknowledging a mistake in following protocol. Dr. Coronis expressed concern over the lack of due process and the absence of protective measures for the accused. The incident is under investigation, and Dr. Coronis sought to make a formal comment on the record.

**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**

December 13, 2023, Compliance Committee minutes were distributed for review.

**MOTION TO ADOPT DECEMBER 13, 2023, MEETING MINUTES WAS MOVED BY COMMITTEE MEMBER ANDREW SCALISE, JIM GILLESPIE AND DAN SHERRANGE.**

**6. Follow up Items**

**Director of Quality Improvement and Compliance Joan Rodgers** presented the Audit Action Plan Report and Correct Action Plan Reports, beginning with an overview of the audit report. Two internal audits were conducted for quality review and preventive measures, focusing on preventative general auditing for monitoring purposes and continuous program support. In March 2024, 46 clinical records across six program areas were audited, supporting 85 audited activities. The areas audited included support

coordination, community residential services, family case management services, Adult Outpatient Case Management services, the Wellness Circle program, the Intensive Outpatient Program, and Cornerstones. Despite variations in programs and records audited, common issues regarding compliance were identified. Compliance with chart accuracy was found to be high, meeting requirements set by external auditors and entities such as the Department of Medical Assistance Services (DMAS). However, areas needing improvement were identified, primarily low-risk items such as case coordination notes. Efforts focus on addressing trends observed, ensuring person-centered individual service plans with meaningful goals and objectives, prompt progress note submissions, and accurate document uploads in electronic health records. Record staff provides support to programs in understanding and navigating document uploads within the electronic health records system.

The licensing review of the Assertive Community Treatment (ACT) programs occurred unexpectedly on April 8, 2024. She highlighted the successful transition of one ACT program from large to small and medium-sized within a year, receiving a one-year license from the audit. Five remaining programs are scheduled for review, with the possibility of unscheduled changes. The Department of Behavioral Health and Developmental Services (DBHDS) Block grant review is set for June 5, 2024, encompassing various programs such as Mental Health Outpatient and Youth Services, Mental Health Adult and Substance Use Adult services, ACT assessment and referral services, intensive outpatient services, child diversion, and substance use disorder residential program. Annual licenses for substance use programs are expected to end on June 30<sup>th</sup>, with a review anticipated in early June 2024. Additionally, mental health triennial licenses expire on August 12<sup>th</sup>, along with all developmental disabilities (DD) triennial licenses, which are likely to undergo review.

## 7. Updates

### A. **Comply Track Reports**

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

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

- **Director of Quality Improvement Joan Rodgers** provided the Serious Incident Report (SIR) Report for March 2024, noting one late serious incident report from emergency services. The incident involved the crisis response team, which was unaware of the reporting requirement until it was informed by INOVA, resulting in a delayed submission of the report. To address this, additional training will be provided to ensure a clear understanding of reporting protocols. In March 2024, eleven Level III serious incident reports were submitted, with no systemic issues identified among them or in previously reported incidents.

## 8. Open Discussion

None were raised.

## 9. Adjournment

A motion to adjourn the meeting was made by Committee Member Andrew Scalise and seconded by Committee Chair Dan Sherrange. The motion was approved unanimously, and the meeting was adjourned at 4:32 PM.

11/07/2024 | 15:10:32 EST

Date Approved

DocuSigned by:

*Samara Awon*

Clerk to the Board