# 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.

11/07/2024 | 15:10:21 EST
Date Approved

DocuSigned by:
Samsera Awan
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Clerk to the Board