



FAIRFAX - FALLS CHURCH

**Community  
Services Board**

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

**Dan Sherrange, Chair**

**Wednesday, August 21, 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 August 17, 2024, Meeting Minutes</b> | <b>Dan Sherrange</b> |
| <b>6. Follow up items from the April 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  
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 American College Testing (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.

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Date Approved

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Clerk to the Board

**Audit Report CSB Board for July 2024**

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
5854	7/8/2024	Support Coordination (South County Center)	CSB Internal Review	DD Case Management	Clinical Records	6	Standard Business Risk	Quality Review	Completed: 8/5/2024
5855	7/8/2024	Assisted Community Residential Services (Pennino)	CSB Internal Review	ID Group Homes (ACRS)	Clinical Records	6	Standard Business Risk	Quality Review	Completed: 8/5/2024
5860	7/8/2024	Behavioral Health Outpatient Programs (Chantilly)	CSB Internal Review	MH Case Management - Adult	Clinical Records	7	Standard Business Risk	Quality Review	Completed: 8/5/2024
5861	7/8/2024	Intensive Community Treatment Services (Gartlan)	CSB Internal Review	Intensive Case Management (ICM)	Clinical Records	7	Standard Business Risk	Quality Review	Completed: 8/5/2024
5862	7/8/2024	Behavioral Health Outpatient Programs (Merrifield)	CSB Internal Review	Intensive Outpatient (IOP)	Clinical Records	7	Standard Business Risk	Quality Review	Completed: 8/5/2024
5863	7/4/2024	Intensive Community Treatment Services (Gartlan)	CSB Internal Review	Assertive Community Treatment (ACT)-Medium	Clinical Records	7	Standard Business Risk	Quality Review	Completed: 8/5/2024
5864	7/4/2024	Residential Treatment & Detox Services	CSB Internal Review	ASAM 3.5 Crossroads	Clinical Records	7	Standard Business Risk	Quality Review	Completed: 8/5/2024

FY2024	Total Audit Activities	Total Program Areas reviewed in current month	Total Records Reviewed in FY24
	115	7	734

Note: the review by DBHDS was system-wide and not counted in the tally for Program Areas

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 July 2024**

Item Custom Id	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	CAP Status	Additional Information
5772	6/24/24	Behavioral Health Adult Case Management Services	DBHDS	Corrective Action Plan was reviewed and accepted by DBHDS Office of Licensing (OL).	Closed	Late Reporting
5773	6/30/24	Assisted Community Residential Services - ID Group Homes (ACRS)	DBHDS	Corrective Action Plan pending review by DBHDS Office of Licensing (OL).	Pending	Late Reporting
5774	7/1/24	Assisted Community Residential Services - ID Group Homes (ACRS)	DBHDS	Corrective Action Plan was reviewed and accepted by DBHDS Office of Licensing (OL).	Closed	Peer-to-Peer contact - no harm
5832	7/30/24	Intensive Community Treatment Services (Intensive Case Management)	DBHDS	Corrective Action Plan was reviewed and accepted by DBHDS Office of Licensing (OL).	Closed	Medication Error

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
Reviewing	Agency requesting and reviewing the CAP
CAP	Description of the reason for the CAP
Date CAP	Date the reviewing agency approved the CAP

## CSB Quality Improvement Plan Development

Program Area	Due Date	Date Completed
Assisted Community Residential Services	March 1, 2024	March 1, 2024
Support Coordination	March 5, 2024	March 4, 2024
<b>Mental Health Case Management - Adult</b>		
Jail Diversion (Case Management)	8/12/2024	6/5/2024
Behavioral Health Outpatient Case Management - Adult	8/12/2024	6/20/2024
Mental Health Outpatient - Adult (BHOP)	8/12/2024	6/20/2024
<b>Substance Use Disorder Case Management – Adults- 8/12/2024</b>		
OBAT	6/30/2024	6/13/2024
Substance Use Disorder Intensive Outpatient (IOP)(ASAM 2.1)	6/30/2024	6/14/2024
<b>Youth &amp; Family Services</b>		
Substance Use Disorder Outpatient - Youth (1.0)	6/30/2024	6/11/2024
Mental Health Case Management - Youth	8/12/2024	6/11/2024
Outpatient - Youth	8/12/2024	6/11/2024
<b>Community Residential Services</b>		
Residential Intensive Care (RIC)	8/12/2024	6/20/2024
Supportive Housing Program (SHP)	8/12/2024	6/20/2024
<b>Intensive Community Treatment</b>		
Assertive Community Treatment (ACT - Small/Medium)	8/12/2024	7/11/2024
Intensive Case Management	8/12/2024	7/11/2024
<b>Residential Services</b>		
Detoxification Center	6/30/2024	6/19/2024
Cornerstones	6/30/2024	6/19/2024
Crossroads	6/30/2024	6/19/2024
A New Generation	6/30/2024	6/19/2024
A New Beginning	6/30/2024	6/19/2024
Crisis Stabilization	8/12/2024	6/25/2024