

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

**Captain Daniel Wilson, Chair (acting)** 

#### Wednesday, December 13, 2023, 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**

1. Meeting Called to Order Captain Daniel Wilson

2. Roll Call, Audibility and Preliminary Motions Captain Daniel Wilson

3. Matters of the Public Captain Daniel Wilson

4. Amendments to the Meeting Agenda Captain Daniel Wilson

5. Approval of the August 16, 2023, Meeting Minutes Captain Daniel Wilson

6. Follow up items from the August Meeting Joan Rodgers

7. Updates Joan Rodgers

A. ComplyTrack Reports

B. CSB Serious Incident (Level III) Report

C. CSB Board Annual Training Data

8. Open Discussion Captain Daniel Wilson

9. Adjournment

Meeting materials are posted online at <u>Community Services Board | Community Services Board (fairfaxcounty.gov)</u> or may be requested by contacting Sameera Awan at 703-324-7827 or at <u>Sameera.Awan@fairfaxcounty.gov</u>

# FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD COMPLIANCE COMMITTEE MEETING MINUTES AUGUST 16, 2023

The CSB Compliance Committee met in regular session at the Sharon Bulova Center, 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 4:00 PM.

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

PRESENT: BOARD MEMBERS: COMMITTEE CHAIR DAN SHERRANGE; GARRETT

MCGUIRE, BETTINA LAWTON; CLAUDIA VOLK; ANDREW SCALISE

ABSENT: BOARD MEMBERS: ANNE WHIPPLE; CAPTAIN DANIEL WILSON

<u>Also present</u>: Executive Director Daryl Washington, Deputy Director of Community Living Barbara Wadley-Young, Deputy Director of Administrative Operations Jean Post, Director of Clinical Operations Abbey May, Healthcare Systems Director Jennifer Aloi, Legislative and Grants Analyst Elizabeth McCartney, 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

April 19, 2023, Compliance Committee minutes were distributed for review.

MOTION TO ADOPT APRIL 19, 2023, MEETING MINUTES AS AMENDED WAS MOVED BY COMMITTEE MEMBER BETTINA LAWTON, SECONDED BY COMMITTEE MEMBER GARRETT MCGUIRE.

MOTION TO ADOPT WAS APPROVED BY DAN SHERRANGE, 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. No follow-up occurred after the July meeting, but a debrief happened on August 10th regarding the Health Services Advisory Group (HSAG) fifth-round review. These audits evaluate the quality of home and community-based services within the DD waiver program through quality service reviews. In the review, HSAG staff examined 45 support coordination records. It's important to note that a quality improvement plan was submitted in response to their

findings, addressing issues mainly related to individual service plans. However, it's worth mentioning that correcting inaccuracies in the HSAG audit review doesn't reconcile with the data submitted to the Department of Behavioral Health and Developmental Services (DBHDS). I expressed concern about the submission of inaccurate data to the state. Another noteworthy point is that, in the quality service review results and recommendations for improvement, the report states that the results in the appendices are not statistically significant. This means a deficiency in an individual record should not be generalized as a program-wide deficiency.

#### 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 August 2023.

#### 8. Open Discussion

None were raised.

#### 9. Adjournment

A motion to adjourn the meeting was made by Committee Member Garrett McGuire and seconded by Committee Member Bettina Lawton. The motion was approved unanimously, and the meeting was adjourned at 4:30 PM.

Date Approved	Clerk to the Board

### **Audit Report CSB Board For November 2023**

Item Custom Id	Audit Start Date	Entity	Audit Scope	Department	Audit Type Sample Size		CSB Board Reporting	Audit Action Plan	Additional Information
5097	11/1/23	DD Support Coordination	CSB Internal Review	DD Case Management	Records	5 clinical records	Standard business risk	Monitoring Review	Completed:11/30/2023
5098	I 11/1/23	Assisted Community Residential Services	CSB Internal Review	ID Group Homes	Records	5 clinical records	Standard business risk	Monitoring Review	Completed:11/30/2023
	11/9/23	Treatment & Detox	CSB Internal Review	ASAM 3.7 - Detox	Records	7 clinical records	Standard business risk	Monitoring Review	Completed:12/8/2023
	11/10/23	Behavioral Health Outpatient Programs (Gartlan)	CSB Internal Review	MH Case Management - Adult	Records	7 clinical records	Standard business risk	Monitoring Review	Completed:12/1/2023
	11/11/23	Treatment Services	CSB Internal Review	Intensive Case Management (ICM)	Records	7 clinical records	Standard business risk	Monitoring Review	Completed:12/1/2023
	11/12/23	(South County	CSB Internal Review	MH Case Management - Youth	Records	7 clinical records	Standard business risk	Monitoring Review	Completed:12/1/2023
	11/13/23	Assertive Community Treatment (ACT)- Medium (Gartlan)	CSB Internal Review	Intensive Community Treatment Services	Records	7 clinical records	Standard business risk	Monitoring Review	Completed:12/1/2023

7 program areas reviewed in 52 audit 315 Records for FY2024: activities October FY 2024

	activities October	FY 2024			
	AUDIT LEGEND				
Item Custom ID	Identification number automatically assigned by ComplyTracker  Item Custom ID Numbers will be entered on 12/8/2023, a day after the CSB Board Comp  package	pliance Committee data is required for submission for the Board			
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				
Depart-ment	Service Area				
Audit Type	Description of audit, e.g., record review only, onsite audit				
Sample Size	Number of charts reviewed				
CSB Board Reporting					
Audit Action Plan	n Description of actions taken in response to the audit				

## **CSB Board CAP Report For November 2023**

Item Custom Id	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	CAP Status	Additional Information
4884		MH Supervised Living Program (Residential Intensive Care)	DBHDS	Corrective Action Plan submitted to DBHDS Office of Human Rights (OHR) and approved.	Closed	Med Error - no harm
4885	9/26/23	Intensive Community Treatment Services - Assertive Community Treatment (ACT)	DRHDS	Corrective Action Plan submitted to DBHDS Office of Human Rights (OHR) and approved.	Closed	Med Error - no harm
5005	10/11/23	Assisted Community Residential Services (ID Group Homes)	DRHDS	Corrective Action Plan submitted to DBHDS Office of Human Rights (OHR) and approved.	Closed	Late Reporting
5096	11/6/23	Residential Treatment & Detox Services (Crisis Care/Wellness Center)	DRHDS	Corrective Action Plan submitted to DBHDS Office of Human Rights (OHR) and approved.	Closed	Med Error - no harm

	CAP LEGEND				
Item					
CustomId	Identification number automatically assigned by Comply Tracker				
Audit No.	p. 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				
	Description of the reason for the CAP				
Date CAP	Date the reviewing agency approved the CAP				

CSB Board 2023 Annual Training is open to staff for completion by January 31, 2024