



FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD COMPLIANCE COMMITTEE MEETING

Dan Sherrange, Chair

**Sharon Bulova Center for Community Health
8221 Willow Oaks Corporate Drive, Level 3, Room 3-314, West
Fairfax, VA 22031**

Wednesday, August 16, 2023, 4:00 PM

This meeting can also be attended via electronic access through Zoom

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Meeting ID: [823 3475 3213](https://zoom.us/j/82334753213) • Passcode: 389536

MEETING AGENDA

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| 1. Meeting Called to Order | Dan Sherrange |
| 2. Roll Call, Audibility and Preliminary Motions | Dan Sherrange |
| 3. Matters of the Public | Dan Sherrange |
| 4. Amendments to the Meeting Agenda | Dan Sherrange |
| 5. Approval of the April 19, 2023, Meeting Minutes | Dan Sherrange |
| 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 | Dan Sherrange |
| 9. Adjournment | |

Meeting materials are posted online at [Community Services Board | Community Services Board \(fairfaxcounty.gov\)](https://www.fairfaxcounty.gov/csrb) or may be requested by contacting Sameera Awan at 703-324-7827 or at Sameera.Awan@fairfaxcounty.gov

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
COMPLIANCE COMMITTEE MEETING MINUTES
APRIL 19, 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 Garrett McGuire called the meeting to order at 4:00 PM.

2. Roll Call, Audibility, and Preliminary Motions

PRESENT: **BOARD MEMBERS:** COMMITTEE CHAIR GARRETT MCGUIRE; JENNIFER ADELI;
ANDREW SCALISE; BETTINA LAWTON; DAN SHERRANGE; ANNE WHIPPLE
(CAPTIVA ISLAND, FL)

Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Lyn Tomlinson, Deputy Director of Administrative Operations Jean Post, Deputy Director of Administrative Operations Jean Post, Director of Clinical Operations Abbey May, Deputy Director of Community Living Barbara Wadley-Young, Chief Financial Officer Elif Ekingen, Healthcare Systems Director Jennifer Aloï, Director of Quality Improvement Joan Rodgers, and Board Clerk Sameera Awan.

Motions

Committee Chair Garrett McGuire motioned to approve Committee Member Anne Whipple's request to participate from a remote location for personal reasons. The motion was seconded by Committee Member Dan Sherrange and approved unanimously. A further motion was offered by Chair McGuire to approve that all persons at the primary central meeting location can adequately hear the voice of Committee Member Whipple from her remote location; this motion was seconded by Committee Member Jennifer Adeli and approved unanimously.

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

December 14, 2022, Compliance Committee minutes were distributed for review.

MOTION TO ADOPT DECEMBER 14, 2022, MEETING MINUTES AS AMENDED WAS MOVED BY COMMITTEE MEMBER DAN SHERRANGE, SECONDED BY COMMITTEE MEMBER JENNIFER ADELI.

MOTION TO ADOPT WAS APPROVED BY DAN SHERRANGE, JENNIFER ADELI, ANNE WHIPPLE, GARRETT MCGUIRE, AND BETTINA LAWTON.

6. Follow up Items

Director of Quality Improvement Joan Rodgers provided the Audit Action Plan Report, the Correct Action Plan Report, and the Education Reports. The CSB was undergoing its fifth-round review by the Health Services Advisory Group (HSAG), which began in August 2022. The assessment involved examining 45 records from Support Coordination. Regarding the turnover rate, the CSB is actively conducting internal audits through collaboration between the quality assurance auditing team and clinical staff. For this purpose, analysts are assigned to specialized areas within the CSB programs to ensure they become joint experts and anchor specific requirements in each program. In addition, a report is in progress to monitor the training and certification of CSB staff. This initiative involves working closely with the Department of Information Technology and the Department of Human Resources to merge two programs, namely the Personnel System and the Learning Management System. The aim is to provide the requested data and streamline the process.

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 April 2023.

8. Open Discussion

None were raised.

9. Adjournment

A motion to adjourn the meeting was made by Committee Member Bettina Lawton and seconded by Committee Member Dan Sherrange. The motion was approved unanimously, and the meeting was adjourned at 4:31 PM.

Date Approved

Clerk to the Board

Audit Report CSB Board For August 2023

Item Custom Id	Audit Start Date	Entity	Audit Scope	Department	Audit Type
	30-Mar-23	Pennino	HSAG (Review: 5/1-12/1/2022)	Support Coordination	Records and interviews
4695	7/7/2023	Merrifield	CSB Internal Review	Supported Housing Program (In-Home/SHP)	Records
4697	7/7/2023	Gartlan	CSB Internal Review	Intensive Community Treatment Services (ICM)	Records
4699	7/7/2023	Bulova Center	CSB Internal Review	Intensive Community Treatment Services (ICM)	Records
4700	7/7/2023	Heritage	CSB Internal Review	Intensive Community Treatment Services (ICM)	Records
4701	7/7/2023	Reston	CSB Internal Review	Intensive Community Treatment Services (ICM)	Records
4704	7/7/2023	Bulova Center	CSB Internal Review	Youth & Family (Outpatient)	Records
4706	7/7/2023	Reston	CSB Internal Review	Youth & Family (Outpatient)	Records
4707	7/7/2023	South County Center	CSB Internal Review	Youth & Family (Outpatient)	Records
4708	7/7/2023	Gartlan	CSB Internal Review	Intensive Community Treatment Services (ACT-Large/Gartlan)	Records
4709	7/7/2023	Chantilly	CSB Internal Review	Residential Treatment & Detox Services (Crossroads)	Records
4712	7/7/2023	Heritage	CSB Internal Review	Intensive Community Treatment Services (ICM)	Records

Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
45 Records	Standard business risk	DOJ Settlement QIP to be submitted	5th Round Review - debrief of results on August 10, 2023 QSR Results and Recommendations for Quality Improvement, Results section from the report: <i>'The results contained in report appendices are NOT statistically significant, meaning a deficiency found in an individual record should not be interpreted as a program-wide deficiency.'</i>
7 Records	Standard business risk	Monitoring	Completed 7/31/2023
3 Records	Standard business risk	Monitoring	Completed 7/31/2023
1 Records	Standard business risk	Monitoring	Completed 7/31/2023
1 Record	Standard business risk	Monitoring	Completed 7/31/2023
1 Record	Standard business risk	Monitoring	Completed 7/31/2023
1 Record	Standard business risk	Monitoring	Completed 7/31/2023
4 Records	Standard business risk	Monitoring	Completed 7/31/2023
2 Records	Standard business risk	Monitoring	Completed 7/31/2023
4 Records	Standard business risk	Monitoring	Completed 7/31/2023
7 Records	Standard business risk	Monitoring	Completed 7/31/2023
7 Records	Standard business risk	Monitoring	Completed 7/31/2023

AUDIT LEGEND

Item	
Custom	Identification number automatically assigned by ComplyTracker
Audit 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	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 Plan	Description of actions taken in response to the audit

12 Audit Act

6 Prog Areas

83 Records

CSB Board CAP Report For August 2023

There were no Corrective Action Plans required in July 2023.



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