

**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.

August 16, 2023

Date Approved

DocuSigned by:

*Samara Awan*

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Clerk to the Board