

**FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
EXECUTIVE COMMITTEE MEETING**

Andrew Scalise, Chair

Wednesday, June 17, 2026, 5:00 PM

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

MEETING AGENDA

1. Meeting Called to Order	Andrew Scalise
2. Roll Call, Audibility and Preliminary Motions	Andrew Scalise
3. Matters of the Public	Andrew Scalise
4. Amendments to the Meeting Agenda	Andrew Scalise
5. Approval of Meeting Minutes (May 20, 2026)	Andrew Scalise
6. Action Item	Andrew Scalise
A. Approval of adopting remote participation & virtual meetings	
7. Compliance Committee Update	Joan Rodgers
A. Compliance Audit Report	
B. Board Cap Report	
8. Executive Director's Report	Barbara Wadley-Young
9. Review of the Full Board Meeting Agenda (June 24, 2026)	Andrew Scalise
10. CSB Board Annual Planning Calendar	Andrew Scalise
11. Matters of the Executive Committee	Andrew Scalise
A. Service Delivery Oversight Committee	Evan Jones
B. Fiscal Oversight Committee	Dr. Patricia Zissios
C. Compliance Committee	Andrew Scalise
D. Other	
12. Information Items	Andrew Scalise
A. Nominating Committee – Election of 2026-2027 Board Officers	Bettina Lawton
B. Policy 2300 – CSB Compliance Program	
C. Policy 2600 – CSB Risk Management	
13. Closed Session	
14. Adjournment	

Meeting materials are posted online at www.fairfaxcounty.community-services-board/board/archives or may be requested by contacting the CSB Board Clerk at 703-324-7000 or at CSBBoardClerk@fairfaxcounty.gov.

Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodation upon request. To request special accommodation, call 703-324-7000 or TTY 711. Please allow seven working days in advance of the event to make the necessary arrangements. These services are available at no charge to the individual.

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
EXECUTIVE COMMITTEE MEETING
May 20, 2026, 5:10 P.M.

The Executive Committee met in regular session at the Sharon Bulova Center located at 8221 Willow Oaks Corporate Drive, Fairfax, Virginia 22031, in room 3-314 West.

1. Meeting Called to Order

Committee Chair, Andrew Scalise, called the meeting to order at 5:30 P.M.

2. Roll Call, Audibility and Preliminary Motions

PRESENT: EXECUTIVE COMMITTEE MEMBERS: BOARD CHAIR ANDREW SCALISE; VICE CHAIR EVAN JONES; DANIEL SHERRANGE; KAREN ABRAHAM; BETTINA LAWTON; DR. PATRICIA ZISSIOS; SARAH COUGHTER.

Staff in Attendance: Deputy Director of Clinical Operations Abbey May, Deputy Director of Administrative Operations, Jean Post; Senior Strategy Director, Shweta Adyanthaya; Division Director of Adult Behavioral Health Outpatient & Case Management, Eileen Bryceland; Chief Financial Officer, Elif Ekingen; Division Director, Behavioral Health Nursing, Yussuf Enum; Director of Quality Improvement, Joan Rodgers; Healthcare Systems Director, Jennifer Aloj and Board Clerk, Pura Valdez.

3. Matters of the Public

No public comments were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was distributed for review and motion to adopt April 15, 2026, Meeting Agenda was approved unanimously.

5. Approval of Minutes

The minutes of the Executive Committee Meeting held on April 15, 2026, were presented for review. Committee Member Bettina Lawton submitted her revision. Daniel Sherrange moved to adopt the minutes as amended. The minutes of the April 15, 2026, meeting were approved as amended.

6. Compliance Audit Report

Director of Quality Improvement Joan Rodgers presented the April 2026 compliance update. Five internal quality reviews were completed across Jail Diversion, Office-Based Addiction Treatment (OBAT), Intensive Outpatient Services (IOP), DD Case Management, and Assisted Community Residential Services (ACRS), covering 42 records. External audit activity remained high, with the Health Services Advisory Group (HSAG) Quality Service Review underway and an Individual Placement and Support (IPS) fidelity review completed on April 20, 2026, with preliminary findings expected soon. Insurance record requests increased significantly, with 64 charts submitted by six carriers.

In total, April activity included 42 internal audits, 100 external audits, and 64 insurance requests, for 206 audit actions. Year-to-date totals reached 1,762 audits and 1,233 insurance requests. No new Corrective Action Plans (CAP) were issued; one prior CAP related to ACRS training documentation was accepted and closed.

Several major reviews are upcoming, including the federal Single Audit, a Department of Behavioral Health and Developmental Services (DBHDS) Block Grant visit, June DBHDS licensing reviews, the Support Coordination Quality Review, and an August Substance Abuse and Mental Health Services Administration (SAMHSA) Quality Assurance Review focused on federal block grant requirements.

7. Executive Director's Report

Director of Medical Services Dr. Debra O'Beirne reported that the SAMHSA funded BeWell health integration contract, supporting HopeLink Behavioral Health and peer services, expires in December 2026. The Board approved a reduced allocation of just over \$600,000, which leadership interprets as funding for a full year of scaled-down services. HopeLink Behavioral Health has historically utilized the contract due to staffing challenges. Carryover funds will sustain services through yearend, with internal adjustments covering the balance. Next year, the contract line will be folded into the general budget.

Medical and nursing teams are preparing to absorb several functions internally, though some community-based peer activities cannot be duplicated. Leadership is considering a Request for Proposal, RFP, for one to two peer roles (about \$100,000 each) to maintain these unique supports while exploring sustainable funding options.

Healthcare Systems Director, Jennifer Aloï reported strong progress on the NextGen end user training rollout. Since training began on May 4, more than 1,100 staff have completed the Foundation course and several hundred have completed Order Entry. A full training schedule runs through July, with room capacity and flexibility to add additional sessions as needed. A regionally funded dedicated trainer has significantly accelerated progress, producing four manuals and leading multiple classes within two weeks. Training costs remain on budget.

The team continues coordinating with the state and NextGen regarding required data elements for system templates. Because NextGen is behind on its custom build schedule while internal staff are ahead, the agency will build the needed data elements in house, with NextGen integrating them later. NextGen leadership has approved this approach. Concerns about new state mandated elements were addressed with clarification that while new requirements typically appear each July 1, implementation timelines provide flexibility, and the internal team is now well equipped to adapt.

While substantial work remains, confidence has grown following recent progress. The next two and a half weeks will be an intensive push to meet key early June milestones, enabling the remaining six weeks to focus on training rather than last-minute system fixes.

Deputy Director of Clinical Operations, Abbey May reported on the state's multi grant site visit conducted earlier in the week. In a significant shift from prior practice, the state combined several separate grant audits into one comprehensive review intended to reduce repeat visits and streamline oversight.

The consolidated review covered multiple program areas, including mental health grants, SUD block grants, child and adolescent services, peer recovery programs, and all nine components of STEP VA, making it a broad and intensive assessment. The visit lasted approximately four hours and required substantial staff preparation and documentation.

Initial verbal feedback from the state was positive, and the team indicated the visit went smoothly. A formal written report is expected within 30 days. Leadership also noted that this consolidated model appears to reflect a broader statewide shift toward fewer, more comprehensive reviews, a change that may reduce the burden of frequent monitoring. The approach was consistent with a similar review conducted that same day in another jurisdiction.

Deputy Director of Administrative Operations, Jean Post reported on an unexpected high-level visit from the Health and Human Services Secretary, Marvin Figueroa, for which the team had only 24 hours' notice. A comprehensive presentation and tour were quickly assembled, showcasing key behavioral health and crisis-response programs. The Secretary was guided through the Assessment & Navigation Center (ANC), Same Day Access, Emergency Services, Community Telepsychiatry Evaluation and Consultation Hub (C-TECH), and Co-Responder operations, followed by a visit to Inova's impact unit and behavioral health emergency services.

During the hospital visit, staff highlighted the operational strain on law enforcement by pointing out the six to seven police vehicles waiting for available psychiatric beds. Afterward, the Secretary attended a bill-signing event at the Inova Cancer Center.

Despite the short preparation window, the visit was positive. The Secretary, accompanied by a small entourage and no security detail, expressed particular interest in crisis services for youth, partnerships with the public school system, and forthcoming federal Medicaid changes.

Senior Strategy Director, Shweta Adyanthaya reminded everyone about the upcoming Diversion First 10-year celebration scheduled for the following day. The event will take place at the Capital One Center in the Maplewood conference room on the 7th floor.

The celebration will include a breakfast and networking session, followed by a panel discussion featuring program partners and leaders. Members exchanged light comments about attendance logistics and navigating the venue's multiple buildings. Several participants confirmed they would attend.

Board Chair Andrew Scalise informed the committee that a preliminary mockup of a redesigned annual report will be shared at next week's full Board meeting. Staff have been developing a new

digital, web-based format in response to concerns about limited Board involvement and low use of the lengthy printed version. The updated concept presents information in smaller, easily navigable sections with interactive elements. A streamlined one-page printed handout will still be produced for stakeholders who prefer physical materials and will direct readers to the full online report. The mockup is intended to spark early feedback before work begins on the FY26 report.

8. Review of the Full Board Meeting Agenda

- Agenda Item #8 (media report) will now include the presentation of the annual report mockup and related communications updates.
- A new agenda item will be added immediately after approval of the minutes to address upcoming personnel related announcements expected to be made public on Tuesday.
- This new item will be removed if the timing of the external announcement changes.

9. Board Calendar

- The annual June evaluation will not take place this year due to leadership transition activities.
- Once the new Executive Director is appointed, the Board will meet to establish goals and objectives early in the director's tenure to support future evaluations.
- This discussion is tentatively planned for August or September, potentially aligning with a scheduled closed session for FOIA training.
- Timing remains flexible and will be revisited at upcoming committee meetings.

10. Matters of the Executive Committee

Service Delivery Oversight Committee

- Next meeting: June 10, 2026, at 5:00 P.M.

Fiscal Oversight Committee

- Next Meeting: June 20, 2026, at 4:00 P.M.

Executive Committee

- Next meeting: June 20, 2026, at 5:00 P.M.

Board Meeting

- Next meeting: June 24, 2026, at 5:00 P.M.

Compliance Committee Meeting

- Next meeting: August 19, 2026, at 5:00 P.M.

Other Matters

The Nominating Committee briefly discussed nominations for upcoming board officer positions. The slate includes nominations for:

- Chair – Andrew Scalise
- Vice Chair – Evan Jones
- Secretary – Michele Menapace

The committee reviewed upcoming board appointments, noting that a new representative who has been attending recent meetings is expected to be formally confirmed later in June, along with the reappointment of two at-large members whose documentation is now complete. Board Chair also provided updates on several representatives with expiring terms and will follow up to confirm their interest in continuing and to complete necessary reappointment steps. Members acknowledged that appointment timelines vary across appointing bodies and agreed that only one remaining follow-up is needed to finalize the current cycle.

The committee also shared reflections from the recent VACSB conference, praising the strong educational content and staff contributions. A major theme centered on workforce wellness, with attendees emphasizing the importance of supporting behavioral health staff. Another key topic was the growing impact of expanded gambling in the region, including potential increases in gambling related harm and corresponding service system demands. Members discussed concerns about how new gambling related revenue streams may be allocated at the state level and stressed the importance of ensuring adequate funding for treatment and prevention. While avoiding extended policy debate during formal meetings, the group agreed to flag these issues during the next full Board meeting under member updates and to continue monitoring developments. They also requested ongoing updates on staff wellness initiatives.

11. Information Item

The committee reviewed the final policy revisions for Policies 1200, 1201, and 2205, noting that the changes had been examined several times. One final clarification was approved: paragraph 4 on the last page was updated to merge content previously split between paragraphs 4 and 5, resulting in a clearer description of roles and responsibilities. Members agreed the consolidated language improves clarity and better reflects legal requirements. Board members also confirmed a biennial review cycle and removed the now redundant paragraph 5. With consensus reached, the amended policies will be presented to the full Board for a vote.

12. Adjournment

COMMITTEE MEMBER BETTINA LAWTON MADE A MOTION TO ADJOURN THE MEETING AND WAS SECONDED BY DANIEL SHERRANGE. THE MOTION WAS UNANIMOUSLY APPROVED, AND THE MEETING WAS ADJOURNED AT 6:25 P.M

Date Approved

Clerk to the Board

COMMUNITY SERVICES BOARD

Item 6A

Type Action Item Date 06/17/2026

CSB All Virtual Meeting and Remote Participation

Issue:

Adoption of all CSB Remote and Virtual Meetings

Timing:

Immediate

Recommended Motion:

The motion to approve and adopt remote participation and virtual meetings for all Fairfax-Falls Church Community Services Board meetings and Committee meetings in accordance with Virginia code § 2.2-3707 and § 2.2-3708.2 or 2.2-3708.3

Background:

- BAC Annual Adoption of All-Virtual Meeting and Remote Participation Policies. Public bodies must adopt remote participation and virtual meetings policies once per year, approved by recorded vote at a public meeting before using all-virtual meetings or allowing remote participation

Staff:

Pura Valdez, CSB Board Clerk

Audit Report CSB Board for May 2026

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
007574	5/1/2026	CSB Internal Review	Support Coordination (Merrifield)	DD Case Management	Clinical Records	6	Standard Business Risk	Quality Review	Completion:5/29/2026
007575	5/1/2026	CSB Internal Review	Assisted Community Residential Services (Pennino)	ID Group Homes (ACRS)	Clinical Records	6	Standard Business Risk	Quality Review	Completion:5/29/2026
007594	5/6/2026	CSB Internal Review	Behavioral Health Outpatient Programs (Merrifield)	Intensive Outpatient (IOP)	Clinical Records	10	Standard Business Risk	Quality Review	Completion:6/5/2026
007595	5/6/2026	CSB Internal Review	Behavioral Health Outpatient Programs (Merrifield)	MH Case Management - Adult	Clinical Records	5	Standard Business Risk	Quality Review	Completion:6/5/2026
007596	5/6/2026	CSB Internal Review	Behavioral Health Outpatient Programs (Gartlan)	MH Case Management - Adult	Clinical Records	5	Standard Business Risk	Quality Review	Completion:6/5/2026

Audit Report CSB Board for May 2026 cont.

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
7597	5/1/2026	CSB Internal Review	Intensive Case Management (Northwest Center/Reston)	Intensive Case Management (ICM)	Clinical Records	10	Standard Business Risk	Quality Review	Completion: 6/5/2026
	4/14/2026	HSAG	ID/DD Services	ACRS Support Coordination	Clinical Charts: ACRS - 3 Support Coordination - 67 Staff/Client Interviews - TBD	70 Staff/Client Interviews - TBD	Standard Business Risk	Quality Service Review Round 8	Completion: Ongoing
	5/11/2026	Department of Finance External Auditor	CSB Block Grants for Prevention and Treatment of Substance Abuse	MH/SUD Block Grants Step-VA Recovery (Peer) Services Child and Family Services	Fiscal	Grant Awards, Budget, and Expenditure documents	Standard Business Risk	Compliance	Completion: Ongoing

Audit Report CSB Board for May 2026 cont.

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
	5/19/2026	DBHDS	MH/SUD Block Grants Step-VA Recovery (Peer) Services Child and Family Services	Fiscal Data Analytics Quality Improvement Peer Services Youth & Family Services Behavioral Health Outpatient - Adult Wellness & Health Promotion Jail & Court- Based Services Region II Services SUD Residential Services	CSB Regulations, Procedures, and Fiscal documents	130	Standard Business Risk	Compliance	Completion: Ongoing
	5/1/2026	Aetna - 48 Optum - 9 United Healthcare - 47	Insurance Coverage Review	Medical Records	Clinical Records	104	Standard Business Risk	Service/Billi ng Review	Rolling Completions: 5/2026

Audit Report CSB Board for May 2026 cont.

FY2026	Total service areas audited in the current month	Total individual audits in the current month	Total individual audits completed in FY26	Total Insurance Record Requests in FY26
	6 internal (5 program areas) 4 external audits	42 Internal, 4 external: 3 Audits - 200 Insurance - 104 Total Reviews = 346	2,108	1,337

AUDIT LEGEND	
Item Custom ID	<i>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</i>
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 May 2026

Item Custom Id	Start Date	Entity	Reviewing Agency	Corrective Action Response	CAP Status	Additional Information
7550	May 12, 2026	Residential Treatment & Detox Services: SA Residential Treatment (A New Beginning)	DBHDS	The Corrective Action Plan was submitted to DBHDS for review.	Pending	Date of Occurrence: August 25th, 2025
7551	May 13, 2026	Community Residential Services (Residential Intensive Care)	DBHDS	The Corrective Action Plan was submitted to DBHDS for review.	Pending	Date of Occurrence: April 21, 2025

CAP LEGEND	
Item	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 Narrative	Description of the reason for the CAP
Date CAP Closed	Date the reviewing agency approved the CAP

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Board Meeting

Andrew Scalise, Chair

Wednesday, June 24, 2026, 5:00 PM

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

MEETING AGENDA

1. Meeting Called to Order	Andrew Scalise
2. Roll Call, Audibility and Preliminary Motions	Andrew Scalise
3. Matters of the Public	Andrew Scalise
4. Amendments to the Meeting Agenda	Andrew Scalise
5. Approval of Meeting Minutes (May 27, 2026)	Andrew Scalise
6. Presentation: Court Services-Specialty Dockets in Jail-based & Division Services Division	Sarah Gary
7. Executive Director's Reports	Barbara Wadley-Young
A. Federal, State, Local & Legislative Updates	
B. Media Report	Shweta Adyanthaya
8. Action Item	Bettina Lawton
A. Election of 2026-2027 Board Officers	
9. Matters of the Board	Andrew Scalise
A. Annual Meeting Calendar	
B. Site Visits	
C. Other	
10. Committee Reports	
A. Service Delivery Oversight Committee	Evan Jones
B. Fiscal Oversight Committee	Dr. Patricia Zissios
C. Compliance Committee	Andrew Scalise
D. Executive Committee	Andrew Scalise
E. Other	
11. Information Item	Andrew Scalise
A. Policy 2300 – CSB Compliance Program	
B. Policy 2600 – CSB Risk Management	
12. Closed Session	
13. Adjournment	

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FAIRFAX - FALLS CHURCH

Community Services Board

CSB Board Officers 2026-2027 Election

CHAIR:	ANDREW SCALISE
VICE CHAIR	EVAN JONES
SECRETARY:	MICHELE MENAPACE

COMMUNITY SERVICES BOARD

Item 11B and 11C

Type Information Item

Date 06/17/2026

CSB Policy Review

Issue:

Review of CSB Board Policies.

Timing:

Immediate

Recommended Motion:

I move that the Board member review Policy 2300 – Compliance Program; Policy 2600 – Risk Management

Background:

- Policy 2300: To define the CSB's Compliance Program and the role of the CSB Board's Compliance Committee
- Policy 2600: To establish guidance on how the CSB will mitigate and manage risk across the organization and define the role of the CSB Board

Attached Policies: 2300 and 2600

Staff:

Pura Valdez, CSB Board Clerk

Policy Number: 2300

Policy Title: Compliance Program

Date Adopted: ~~November 20, 2019~~

Purpose

To define the CSB's Compliance Program and the role of the CSB Board's Compliance Committee.

Policy

1. The CSB is committed to conducting its operations consistent with the best interests of its clients, employees, contractors, vendors, community partners, and others.
2. CSB directly operated and contracted program services will adhere to strict conformance with the highest standards of accountability for administration, clinical, business, information technology, and financial management.
3. The CSB Compliance Program will ensure ongoing self-assessment, monitoring and conformance with all legal and regulatory requirements. The Compliance Program will emphasize:
 - a) prevention of wrongdoing – whether intentional or unintentional,
 - b) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party, and
 - c) timely correction of any situation which puts the County, CSB Board, CSB staff, funding sources or consumers at risk.
4. The CSB Board's Compliance Committee provides oversight and direction to the CSB Compliance Program to assist the CSB Board in meeting its statutory responsibilities as outlined in the Code of Virginia, Section 37.2-504. The CSB Board's Compliance Committee works closely with the CSB Executive Director, other CSB Executive Leadership, the CSB Compliance Officer and legal counsel.
5. The CSB Board authorizes the CSB Executive Director to designate a CSB Compliance Officer to monitor the CSB's Compliance Program and ensure that the Board's Compliance Committee is sufficiently informed in order carry out its responsibilities outline in the CSB Board's Compliance Committee Charter.

6. Approved _____
Secretary Date

Policy Adopted: February 25, 2004
Readopted: December 16, 2009
Policy Readopted: November 20, 2013
Policy Readopted: November 20, 2019

Policy Number: 2600
Policy Title: Risk Management
Date Adopted: ~~November 20, 2019~~

Purpose

To establish guidance on how the CSB will mitigate and manage risk across the organization and define the role of the CSB Board.

Definition

Risk Management is the identification of the evaluation of risks as well as the identification of, selections and implementation of control measures that might alter risks.

Responsibility:

1. Fairfax County has an established Risk Management Program which sets expectations for an absolute and demonstrated commitment by all levels of staff to the Risk Management Program. CSB leadership, including supervisors, will promptly resolve risk producing exposures within reason and ensure compliance by employees with applicable policies and procedures.
2. The CSB established its own risk management program under supervision of the Deputy Director of Administrative Operations which expands on the County's Risk Management Program.
3. The CSB Board established a CSB Board Compliance Committee to provide oversight and direction to the CSB's compliance program

Process:

1. e CSB's Internal Compliance Committee, which is comprised of the CSB Executive leadership team, county attorney, and CSB Compliance Director, will at the beginning of each fiscal year identify the agency's high-risk areas covering at least the following areas:
 - a. Personnel
 - b. Facilities and equipment
 - c. Emergency Preparedness
 - d. Contracting
 - e. Healthcare compliance
 - f. Finances

The CSB Executive Director will advise the CSB Board Compliance Committee and CSB Board of the specific items of high-risk identified and the plans to mitigate the risk and possible consequences to the CSB.

2. least quarterly, the CSB’s Internal Compliance Committee will:
 - a. view the status of previously or newly identified high risk related areas to ensure that necessary actions are being taken to mitigate risk based on any trends or gaps identified in any of the above categories during the three-month period, and
 - b. monitor any actions ~~previous~~ **previously** undertaken to ensure that they have been effective in mitigating the identified risk(s).

The CSB Executive Director will advise the CSB Board Committee and the CSB Board of the effectiveness of the actions taken and what, if any, action is needed to further mitigate the risk.

3. The CSB Executive Director will promptly notify the Chair of the CSB Board of any unanticipated risk situation that may substantially affect a CSB program, its clients or the CSB’s reputation in the community. The Executive Director will notify the CSB Board as soon as reasonably possible.

Approved _____
Secretary _____ Date _____

References

- Code of Virginia: 37.2-504-A.1 Community Services Boards; local government department; powers and duties
- Code of Virginia: 37.2-508-Performance Contract for mental health, mental retardation and substance abuse services. Section of Board responsibilities 6.b.2-Quality Improvement and Risk Management
- Code of Virginia: 8.01-581.16 (civil immunity for members of certain boards or committees) and 8.01-581.17 (privileged communications of certain committees and entities)

Policy Adopted: June 24, 2009
Replaces Policy 2200 Dated September 19, 2001
Policy Readopted: November 20, 2013
Revision Adopted: November 20, 2019