

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD
COMPLIANCE COMMITTEE MEETING
December 11, 2024**

The Compliance Committee of the Community Services Board met in regular session at the Sharon Bulova Center for Community Health located at 8221 Willow Oaks Corporate Drive, Fairfax, Virginia 22031 in room 3-314 West.

1. Meeting Called to Order

Board Chair Dan Sherrange called the meeting to order at 4:03 P.M.

2. Roll Call, Audibility and Preliminary Motions

PRESENT: BOARD MEMBERS: CHAIRMAN DAN SHERRANGE; VICE CHAIR ANDREW SCALISE; SECRETARY EVAN JONES; BETTINA LAWTON; AND KASEY MCNAMARA.

ABSENT:

Staff in Attendance: Executive Director Daryl Washington; Deputy Director of Clinical Operations Barbara Wadley-Young; Deputy Director of Administrative Operations Jean Post; Deputy Director of Clinical Operations Abbey May; Division Director of Compliance Risk Management & Training Joan Rodgers; Division Director of Behavioral Health Outpatient Services Eileen Bryceland; Healthcare Systems Director Jennifer Aloji; Program Manager Jenna Bebee-Aryee; Juvenile Forensic Evaluation Program Manager Steven Shorman; and Acting-Board Clerk Shayla Coleman.

3. Matters of the Public

None were presented.

4. Amendments to the Meeting Agenda

The meeting agenda was provided for review, and Division Director Joan Rodgers informed the Board that there would not be a training update at this meeting.

5. Approval of Minutes

Minutes from the meeting held on August 21, 2024, were provided for review, and no amendments were made.

BOARD MEMBER, BETTINA LAWTON MOVED TO ADOPT THE MINUTES OF THE COMPLIANCE COMMITTEE MEETING HELD ON AUGUST 21, 2024. COMMITTEE MEMBER ANDREW SCALISE SECONDED THIS MOTION. MOTION TO ADOPT WAS APPROVED UNANIMOUSLY.

6. Follow up Items

Director of Quality Improvement Joan Rogers presented the CSB Audit Report for November 2024, and CSB Board CAP Report for November 2024. The audits included 52 clinical records in different program areas, 40 audit activities and 257 records reviewed this fiscal year. The internal areas audited in November include Support Coordination (Gartlan), Assisted Community Residential

Services (Pennino), Behavioral Health Outpatient Services (Northwest Center/Reston), Behavioral Health Outpatient Services (Gartlan), Intensive Community Treatment Services (Gartland), Supportive Community Residential Services (Merrifield), Youth & Family Services (Merrifield), and Behavioral Health Outpatient Services (Merrifield).

She shared the Kaiser Permanente external audit that was conducted in November looked at clinical records, staff records, and physical property. The CSB scored 100% on this audit. This audit also covered new services expanded at the Neighborhood Community Services locations.

Ms. Rodgers reported there will be a DBHDS operational review audit, which is done on a 10-year cycle and the performance is based on the state of performance contract. The DBHDS operational review audit is coming out of the internal audit division. The programs involved will be - Case Management, Wellness Prevention, Child and Family Services, Emergency and Crisis Services, IDD and DD Waiver, Recovery Services, ACT Services, Licensing, Discharge Assistance Program, Finance, Contracts, and Information Technology.

Ms. Rodgers reported the last audit like this was 12 years ago and the CSB is unsure of the total timeframe will be at the CSB and when we will receive the final audit report.

7. Updates

Director of Quality Improvement Joan Rogers summarized that two open CAP reports had been closed and accepted, and that one CAP was pending and under review. She also reported there were 10 level three Adverse Incidents but none of them were systemic in nature.

8. Open Discussion

Questions were posed by Vice Chair Andrew Scalise about the audit cycle, content, revision process and focus areas. Joan Rogers reported that part of the submission for the upcoming audit by DBHDS was a call for a quality improvement plan. The CSB has a risk manager who has quarterly meetings and an annual review. The CSB team adjusts goals and what they are working on to improve the plan.

9. Adjournment

COMMITTEE MEMBER BETTINA LAWTON MADE A MOTION TO ADJOURN THE MEETING, WHICH WAS SECONDED BY THE BOARD MEMBER ANDREW SCALISE. THE MOTION WAS UNANIMOUSLY APPROVED AND THE MEETING WAS ADJOURNED AT 4:29 P.M.

05/02/2025 | 09:26:38 EDT

Date Approved

Pura Valdez

Clerk to the Board