

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

Garrett McGuire, Chair

**Wednesday, October 20, 2021, 4:00 p.m.**

Will be held electronically due to the COVID-19 pandemic

**Dial by your location to access live audio of the meeting:**

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Meeting ID: [821 3919 9339](#) • Passcode: 054872

### MEETING AGENDA

- |  |                 |
|--|-----------------|
| 1. Meeting Called to Order                             | Garrett McGuire |
| 2. Roll Call, Audibility and Preliminary Motions       | Garrett McGuire |
| 3. Matters of the Public                               | Garrett McGuire |
| 4. Amendments to the Meeting Agenda                    | Garrett McGuire |
| 5. Approval of the September 15, 2021, Meeting Minutes | Garrett McGuire |
| 6. Follow up items from the September meeting          | Daniel Herr     |
| 7. Updates   | Daniel Herr     |
| A. ComplyTrack Reports                                 |                 |
| B. Electronic Health Record Update                     |                 |
| C. CSB Serious Incident (Level III) Report             |                 |

### 8. Open Discussion

*Closed Session: Discussion of a personnel matter as permitted by Virginia Code Section 2.2-3711(A)(1) and consultation with legal counsel employed by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).*

### 9. Adjournment

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Meeting materials are posted online at [www.fairfaxcounty.com/municipal/community-services-board/board/archives](http://www.fairfaxcounty.com/municipal/community-services-board/board/archives) or may be requested by contacting Joseline Cadima at 703-324-7827 or at [joseline.cadimasalvatierrade@fairfaxcounty.gov](mailto:joseline.cadimasalvatierrade@fairfaxcounty.gov)

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD  
COMPLIANCE COMMITTEE VIRTUAL MEETING MINUTES  
SEPTEMBER 15, 2021**

The Compliance Committee of the Fairfax-Falls Church Community Services Board met electronically due to the COVID-19 pandemic that has made it unsafe to physically assemble a quorum in one location or to have the public present. Access was made available via video and web conferencing platform to CSB Board members, CSB staff, and members of the public. The meeting notice, including participation instructions, was posted electronically and on the building in which the meeting is typically held. Additionally, attendees were offered an opportunity to register for public comment during the 30 minutes prior to the meeting being called to order.

**1. Meeting Called to Order**

Board Chair Garrett McGuire called the meeting to order at 4:01 p.m.

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

**PRESENT:**       **BOARD MEMBERS:** GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR;  
BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE  
WHIPPLE (GREAT FALLS, VA)

**ABSENT:**       **BOARD MEMBERS:** JENNIFER ADELI; CAPTAIN DEREK DEGEARE

**Also present:** Deputy Director of Clinical Operations Lyn Tomlinson, Deputy Director of Administrative Operations Daniel Herr, and Board Clerk Joseline Cadima.

Board Chair Garrett McGuire conducted roll call, as identified above, to confirm that a quorum of Board members was present and audible. Board Chair McGuire passed the virtual gavel to Board Vice Chair Dan Sherrange to make several motions required to begin the meeting. A motion was offered confirming that each member's voice was audible to each other member of the CSB Board present; this motion was seconded by Board Member Anne Whipple and passed unanimously.

**Preliminary Motions**

Board Chair McGuire made a motion that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the CSB Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CSB Board and the physical presence of the public, cannot be implemented safely or practically. A further motion was made that this Board may conduct this meeting electronically through a video and web conferencing platform, that may be accessed via Meeting ID: 870 4735 3445 and Passcode: 923207. Motions were seconded by Board Member Dan Sherrange and unanimously approved. Board Chair McGuire made a final motion that all the matters addressed on today's agenda are statutorily required or necessary to continue operations and the discharge of the CSB Board's lawful purposes, duties, and responsibilities. The motion was seconded by Board Member Dan Sherrange and unanimously passed.

3. **Matters of the Public.**

None were presented.

4. **Amendments to the Meeting Agenda**

The meeting agenda was provided for review, no amendments were made.

**CONSENSUS TO ADOPT AGENDA ITEM NO. 4**

**AYES: BOARD MEMBERS:** GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

**NOES: BOARD MEMBERS:** NONE

**ABSTAIN: BOARD MEMBERS:** NONE

**ABSENT: BOARD MEMBERS:** JENNIFER ADELI, CAPTAIN DEREK DEGEARE

5. **Approval of Minutes**

Meeting minutes of the August 18, 2021, Compliance Committee were provided for review.

**MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY VICE CHAIR DAN SHERRANGE TO APPROVE AGENDA ITEM NO. 5**

**AYES: BOARD MEMBERS:** GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA)

**NOES: BOARD MEMBERS:** NONE

**ABSTAIN: BOARD MEMBERS:** ANNE WHIPPLE (GREAT FALLS, VA)\*

**ABSENT: BOARD MEMBERS:** JENNIFER ADELI; CAPTAIN DEREK DEGEARE

\*Board Member Anne Whipple abstained from the approval of Minutes, she noted she was absent for the August 18, 2021, meeting.

6. **Follow up items**

**Deputy Director of Administrative Operations Daniel Herr** reported on the progress of the recruitment for the Quality Improvement Director position and noted that five candidates will be interviewed in the next week and half, and mentioned that the second round of interviews, as suggested by the chair, should include two Compliance Committee members.

7. **Updates**

**A. ComplyTrack Reports**

- Deputy Director of Administrative Operations Daniel Herr provided the Audit Action Plan Report, Corrective Action Plan Report, and the Education Report. Stated that the next Compliance Committee meeting will receive detailed information in regard to the tri-annual review of licenses completed by the Department of Behavioral Health and Development Services in which ten programs were reviewed and three general areas of focus that were noted for improvement were the annual training requirements, individualized service plans, and supported living programs.

**B. Electronic Health Record Update**

- Deputy Director of Administrative Operations Daniel Herr reported a continued and on-time implementation process with Welligent.

**C. CSB Serious Incident (Level III) Report**

- Deputy Director of Administrative Operations Daniel Herr provided the Serious Incident Report (SIR) Report for August 2021.

**8. Open Discussion**

Executive Director Daryl Washington noted that the Fairfax County Board of Supervisors has their independent auditors who conducted an audit of the CSB billing services, which will be presented to the Board of Supervisors next week at their monthly meeting, this report will be released to the public on Monday, September 20, 2021, and will be forwarded to the Board.

Board Chair McGuire inquired whether there any matters that required discussion in closed session, none were raised.

**9. Adjournment**

Board Member Bettina Lawton made the motion to adjourn the meeting at 4:44 p.m.

**AYES: BOARD MEMBERS:** GARRETT MCGUIRE (ALEXANDRIA, VA), BOARD CHAIR; BETTINA LAWTON (VIENNA, VA); DAN SHERRANGE (CHANTILLY, VA); ANNE WHIPPLE (GREAT FALLS, VA)

**NOES: BOARD MEMBERS:** NONE

**ABSENT: BOARD MEMBERS:** JENNIFER ADELI, CAPTAIN DEREK DEGEARE

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Date Approved

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Clerk to the Board

## Audit Report CSB Board For September 2021

Item Custom Id	Audit Start Date	Entity	Audit Scope	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
000784	Dec 1, 2020	Merrifield	Targeted Review	Record	87	Standard business risk	Monitoring - 12 months	The Turning Point Program moved from a grant funded status to Medicaid billable and is under review to ensure regulatory compliance
002186	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Potential risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002187	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002188	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002189	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002191	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002192	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002194	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002196	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information

002198	Jun 15, 2021	Gartlan	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002199	Jun 15, 2021	Merrifield	DBHDS Triennial Review	Record	2	Standard business risk	Corrective Action Plan Received	Please see attached summary of licensing citations for additional information
002242	Jul 1, 2021	Merrifield	Targeted Review	Record	6	Standard business risk	Monitoring - 12 months	The OBOT Program is being reviewed to ensure that it meets billable standards according to regulatory requirements
002255	Jul 1, 2021	Merrifield	Targeted Review	Record		Standard business risk	Monitoring - 12 months	The Turning Point Program is being reviewed to ensure they meet regulatory requirements
002256	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Crossroads Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002257	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Detox Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002258	Jul 1, 2021	Pennino	Targeted Review	Record		Standard business risk	Monitoring - 12 months	Continued reviews of the ACRS Supervised Living Program for FY 2022
002259	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The New Generations Program converted to a new license by DBHDS and is reviewed as a new program due to changes in as part of the ASAM criteria being instated
002260	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The A New Beginning Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated

002261	Jul 1, 2021	Chantilly	New Program	Record		Standard business risk	Monitoring - 12 months	The Intensive Outpatient Program converted to a new license and is being reviewed as a new program due to changes in as part of the ASAM criteria being instated
002376	Jul 1, 2021	South County Center	Monitoring	Record			Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002378	Jul 1, 2021	Northwest Center Reston	Monitoring	Record	1		Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002381	Jul 1, 2021	Chantilly	Monitoring	Record	1		Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002384	Jul 1, 2021	Merrifield	Monitoring	Record	2		Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002379	Sep 20, 2021	Northwest Center Reston	Monitoring	Record	1	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002380	Sep 20, 2021	South County Center	Monitoring	Record	1	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002383	Sep 20, 2021	Chantilly	Monitoring	Record	1	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.

002386	Sep 20, 2021	Merrifield	Monitoring	Record	2	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002392	Sep 20, 2021	Chantilly	Monitoring	Record	3		Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.
002394	Sep 20, 2021	Chantilly	Monitoring	Record	3	Standard business risk	Monitoring - 3 months	Quality Improvement Team conducted this audit to obtain baseline for this program as part of an agency wide initiative.

AUDIT LEGEND	
Item CustomID	Identification number automatically assigned by ComplyTracker
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
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
Action Plan	Description of actions taken in response to the audit



## CAP Report for CSB Board For September 2021

Item Custom Id	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	Date CAP Closed	Additional Information
001992	5/26/21	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. This was a direct result of a review from the Incident Management Unit (IMU).	7/14/21	Late submission of a Serious Incident Report
002101	6/21/21	Pennino	DBHDS	The Corrective Action Plan has been submitted to DBHDS for review and approval. This was a direct result of a review from the Office of Licensing (OL).	8/10/21	The ISP did not include change in medical and mental health treatment needs
002120	7/14/21	Pennino	DBHDS	A Corrective Action Plan was submitted for review and approval. This was a direct result of a Quality Service Review by the Office of Licensing (OL). Please reference Audit ID #001850.	9/15/21	
002158	7/23/21	Pennino	DBHDS	The Corrective Action Plan has been submitted to DBHDS for review and approval. The CAP was due to ACRS' late entry of a Serious Incident Report.	9/15/21	
002200	8/4/21	Merrifield	DBHDS	The Corrective Action Plan was submitted to DBHDS and was partially approved. The CAP was re-submitted to the Program Director for review and completion.. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL).	Resubmitted CAP and awaiting review	Please see attached summary of licensing citations for additional information
002201	8/10/21	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002187	9/15/21	Please see attached summary of licensing citations for additional information
002202	8/10/21	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002188	9/7/21	Please see attached summary of licensing citations for additional information

002203	8/10/21	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/10/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002189	9/10/21	Please see attached summary of licensing citations for additional information
002204	8/12/21	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021.. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002191	9/7/21	Please see attached summary of licensing citations for additional information
002207	8/12/21	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002192	9/7/21	Please see attached summary of licensing citations for additional information
002208	8/10/21	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002194	9/7/21	Please see attached summary of licensing citations for additional information
002209	8/12/21	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021.. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002196	9/15/21	Please see attached summary of licensing citations for additional information
002210	8/12/21	Gartlan	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002198	9/14/21	Please see attached summary of licensing citations for additional information
002211	8/10/21	Merrifield	DBHDS	The Corrective Action Plan was approved by DBHDS on 9/7/2021. This was a direct result of the 2021 Triennial Review by the Office of Licensing (OL). Please reference Audit #002199	9/7/21	Please see attached summary of licensing citations for additional information
002297	8/24/21	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval.. This was a direct result of an investigation by the Office of Licensing (OL) and Office of Human Rights (OHR).	9/15/21	Services did not reflect current needs and risks
002309	9/8/21	Pennino	DBHDS	The Corrective Action Plan was approved by DBHDS. This was a direct result of a review by the Office of Licensing (OL).	9/15/21	Services did not reflect current needs and risks

002328	8/9/21	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. This was a direct result of a review from the Office of Licensing (OL).	Care coordination was not provided for all services
002329	9/21/21	Pennino	DBHDS	The Corrective Action Plan was submitted to DBHDS for review and approval. This was a direct result of a review from the Office of Human Rights (OHR).	Staff supervision not matched to risk level

CAP LEGEND	
Item	
CustomId	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	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

## Summary Of Triennial Licensing Review

### 1. Ten Licensed Services audited by DBHDS

- a. Mental Health Supported Living
- b. Crisis Care
- c. Emergency Services
- d. Mental Health Support Services
- e. Youth Mental Health Case Management
- f. Adult Mental Health Case Management
- g. Outpatient Services
- h. Substance Abuse Case Management
- i. Partial Hospitalization
- j. Outpatient Crisis Stabilization

### 2. Summary Of Findings

- a. New employee training completed within 15 days
  - i. Serious incident and Confidentiality
- b. Annual employee retraining completed within one year
  - i. Serious Incident training, Behavioral management training, Emergency preparedness, Human rights, and Infection control
- c. Physical Plant & Emergency Preparedness (one location)
  - i. Emergency water supplies, Water temperatures, and Smoke detectors
- d. Quality of Documentation
  - i. Individual service plans were not updated within required time periods
  - ii. Individual was not cooperative with the service plan
  - iii. Discharge summary did not include all required information

### Education Report CSB Board For September 2021

Item CustomId	Start Date	Training Name	Duration	Entity	Number of Attendees	Method of Delivery	Training Type
000322	Jul 16, 2020	DMAS Training	3	Merrifield	2	Webinar	Regulatory
000323	Jul 16, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000377	Aug 20, 2020	DMAS Training	3	Northwest Center Reston	2	Webinar	Regulatory
000378	Aug 20, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000410	Sep 24, 2020	DMAS Training	3	Merrifield	8	Webinar	Regulatory
000411	Sep 24, 2020	DMAS Update and Refresher Training	3	Merrifield	1	Webinar	Regulatory
000428	Sep 11, 2020	QA Tool Education	2.4	Merrifield	10	Webinar	Educational
000596	Oct 22, 2020	DMAS Training	3	Gartlan	5	Webinar	Regulatory
000597	Oct 22, 2020	DMAS Update and Refresher Training	3	Pennino	0	Webinar	Regulatory
000667	Nov 19, 2020	DMAS Training	3	Merrifield	2	Webinar	Regulatory
000668	Nov 19, 2020	DMAS Update and Refresher Training	3	Northwest Center Reston	1	Webinar	Regulatory
000736	Dec 10, 2020	DMAS Training	3	Chantilly	7	Webinar	Regulatory
000737	Dec 10, 2020	DMAS Update and Refresher Training	3	Merrifield	1	Webinar	Regulatory
001696	Jan 14, 2021	SIR Training	3	Gartlan	22	Webinar	Educational
001699	Jan 27, 2021	QA Tool Education	1.5	Northwest Center Reston	6	Webinar	Educational
001700	Jan 28, 2021	DBHDS Licensure Education	1.5	Pennino	18	Webinar	Regulatory
001776	Mar 8, 2021	DBHDS Licensure Education	0.5	Pennino	38	Webinar	Regulatory
001845	Apr 7, 2021	SIR Training	2	Northwest Center Reston	15	Webinar	Regulatory
001918	May 5, 2021	SIR Education	1	Pennino	5	Webinar	Educational
002028	Jun 9, 2021	Human Rights Training Refresher	2	Chantilly	22	Live On-site	Educational
002029	Jun 9, 2021	Human Rights Training Refresher	2	Chantilly	20	Live On-site	Educational
002167	Aug 5, 2021	Root Cause Analysis	0.5	Merrifield	3	Webinar	Educational
002374	Oct 6, 2021	SIR Training	1.5	Chantilly	27	Webinar	Educational

EDUCATION REPORT LEGEND	
Item Custom ID	Number automatically assigned by ComplyTracker
Start Date	Date the education was provided
Training Name	Type of Training Provided
Duration	Length of time for the educational activity
Entity	Site receiving the education
Number of Attendees	Number of staff who participated in the educational activity
Method of Delivery	How the training was provided
Training Type	Whether the training was to address a regulatory matter or for professional development