



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

meeting notice

TO: Board of Directors

FROM: Gregory Sokolowski, Secretary
Joe Wickens Executive Director

SUBJECT: Board of Directors Meeting
Tuesday, August 16, 2022 5:00 PM
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: August 15, 2022

A Board of Directors Meeting has been scheduled for Tuesday, August 16 at 5:00 PM, Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

Looking forward to seeing everyone on August 15, 2022.

Best.

GS/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
BOARD OF DIRECTORS MEETING
August 16, 2022
In-Person

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

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- | | | |
|------|--|---------|
| I. | MINUTES, BOARD OF DIRECTORS, June 21, 2022 | Lapin |
| II. | PUBLIC COMMENT- Public Comment | Lapin |
| III. | EMPLOYEE SERVICE AWARDS | Wickens |

5 Years

Kimberly Ulrich – Speech and Language Pathologist, Infant/Child
Gabriella DeLeon – Therapist, MH/SA
Kathleen Fragosa – Teen Support Worker
Dr. James Spadoni – Psychiatrist
Stephanie Whiting – Office Manager II
William Ferguson – Day Support Counselor
Brittany Durante – Day Support Counselor
Wilber Galindo – Employment Manager
Sol Redd-Martin – Therapist, Emergency Services
Linda Church – RN – Primary Care Screen, MH
Tamara Johnson-Maiden – Manager, Project LINK
Carter Collins – Office Manager I

10 Years

Christina Martinez – MH Residential Specialist, Crisis Stabilization
Rebecca Alger – Purchasing Specialist

15 Years

Dawn Williams – Admin Office Associate

30 Years

Victoria Newton – Office Manager II

Employee of the Quarter

Cecelia Sawyer – Direct Support Professional

IV.	BOARD ORIENTATION – 988 Suicide & Crisis Lifeline	Kobuchi
V.	<u>CONSENT AGENDA</u>	Lapin
	RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE August 9, 2022	Beebe
	A.1 Information Only – Local Early Intervention System Monitoring Report	
	A.2 Information Only – Extraordinary Barriers List Update	
	A.3 Information Only – Independent Assessment Certification and Coordination Team (IACCT) Update	
	A.4 Information Only – Information Technology/Electronic Health Record Update	
	A.5 Information Only – Crisis Intervention Team (CIT) Assessment Center Report	
	A.6 Information Only – Emergency Custody/Temporary Detention Order Report	
	A.8 Information Only – Waitlist, July 2022	
	A.9 Approved – Licensing Reports (CAPs)	
	A.10 Information Only – Data Dashboard Report	
	A.11 Approved – FY23 Community Impact Grant Funding	
	RECOMMENDED: FINANCE COMMITTEE August 9, 2022	Zurasky
	B.1 Information Only – June 2022 Investment Report	
	B.2 Information Only – June 2022 Reimbursement Report	
	B.3 Approved – June 2022 Financial Report	
	B.4 Information Only – June 2022 Health Insurance Account Report	
	B.5 Information Only – June 2022 Other Post-Employment Benefits Review	
	B.6 Information Only – Payroll Statistics	
	B.7 Information Only – Write Off Report	
	B.8 Information Only – Additional Funding Summary	
	RECOMMENDED: PERSONNEL COMMITTEE August 9, 2022	Zurasky
	C.1 Information Only – July 2022 Retention Report	
	C.2 Information Only – July 2022 EEO Report and Recruitment Update	
	C.3 Information Only – July 2022, HR Report	
	C.4 Information Only – Topside Federal Credit Union Membership Information	
VI.	ITEMS FOR FULL BOARD DISCUSSION/VOTE	
VII.	REPORT FROM THE EXECUTIVE DIRECTOR	Wickens
VIII.	REPORT OF DIRECTORS and COORDINATORS	
	A. Clinical Services	Kobuchi
	B. Finance and Administration	Cleveland
	C. Human Resources	Runyon
	D. Compliance	Terrell
	E. Public Information	Umble
	F. Prevention	Wagaman
	G. Community Support Services	Jindra
	H. Deputy Executive Director	Williams

IX. BOARD TIME

Lapin

X. ADJOURNMENT

Lapin

June 2022 Board of Directors Meeting Minutes

Call to order

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held **June 21, 2022 at 600 Jackson Street**. Attendees included Nancy Beebe, Linda Ball, Kheia Hilton, Matt Zurasky, Greg Sokolowski, Lawrence Davies, Susan Gayle, Melissa White, Hosanna Gifford, Brandie Williams, Joe Wickens, Teresa McDonnell, Amy Jindra, Tina Cleveland, Stephanie Terrell, Amy Umble, and Michelle Runyon. Linda Carter and Ken Lapin were not present.

Employee Service Awards

Joe Wickens announced that the following employees have celebrated an anniversary for years of service:

5 Years

Colleen Wainwright – Direct Support Professional – RAAI Kings Highway

10 Years

Sarah Allison Hayden – Office Manager I – King George

Thomas Novak – Direct Support Professional – RAAI Kings Highway

25 Years

Mary Thompson – Direct Support Professional – Belmont SAP

Board Presentation: FY 2023 Budget

Tina Cleveland presented the budget for FY 2023. Matt Zurasky asked how things look going forward. Tina stated that once RAAI is fully operating revenue should increase. Transportation has been suspended for now, but may reopen in the future.

ACTION TAKEN: The board approved the FY 2023 budget.

Moved by: Linda Ball Seconded: Nancy Beebe

April 26, 2022 Minutes Board of Directors

The Board approved the minutes from the April meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Susan Gayle Seconded: Lawrence Davies

Consent Agenda

I. RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, May 19, 2022

- A. 1 Information Only – Extraordinary Barriers List – April 2022
- A. 2 Information Only – Independent Assessment Certification and Coordination Team (IACCT) Update
- A. 3 Approved -Community Foundation Grant – Anne Felder Fund
- A. 4 Information Only – Information Technology/Electronic Health Record Update
- A. 5 Information Only – Crisis Intervention Team (CIT) Assessment Center Report
- A. 6 Information Only – Emergency Custody/ Temporary Detention Order Report
- A. 7 Approved – Project LINK Supplemental Federal Substance Abuse Block Grant
- A. 8 Information Only – April 2022 Wait List
- A. 9 Information Only – Quality Assurance Report Review
- A. 10 Approved – DBHDS Diversity, Equity, and Inclusion ARPA Grant
- A. 11 Approved – Community Project Funding Application
- A. 12 Information Only – Data Dashboard

II. RECOMMENDED: FINANCE COMMITTEE, May 19, 2022

- B. 1 Approved – March 2022 Financial Report
- B. 2 Information Only – March 2022 Investment Report
- B. 3 Information Only – March 2022 Reimbursement Report
- B. 4 Information Only – March 2022 Health Insurance Account Report
- B. 5 Information Only – March 2022 Other Post-Employment Benefits Review
- B. 6 Information Only – COVID-19 Impact – Payroll Statistics

III. RECOMMENDED: PERSONNEL COMMITTEE, May 19, 2022

- C. 1 Information Only – April 2022 EEO Report and Recruitment Update
- C. 2 Information Only – April 2022 Retention Report
- C. 3 Information Only – Health Insurance – Renewal Meeting Update

ACTION TAKEN: The Board approved the consent agenda, including all recommended actions.
Moved by: Lawrence Davies Seconded: Greg Sokolowski

May 17, 2022 Minutes Board of Directors

The Board approved the minutes from the May meeting.

ACTION TAKEN: The Board approved the minutes.
Moved by: Linda Ball Seconded: Lawrence Davies

Consent Agenda

I. RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, June 14, 2022

- A. 1 Information Only – Extraordinary Barriers List – May 2022
- A. 2 Information Only – Independent Assessment Certification and Coordination Team (IACCT) Update
- A. 3 Information Only – CSB Performance Reviews
- A. 4 Information Only – Information Technology/Electronic Health Record Update
- A. 5 Information Only – Crisis Intervention Team (CIT) Assessment Center Report
- A. 6 Information Only – Emergency Custody/ Temporary Detention Order Report
- A. 7 Information Only – May 2022 Wait List
- A. 8 Information Only – Corporate Compliance
- A. 9 Information Only – Data Highlights Report
- A. 10 Approved – RAHD Funding Opportunity

II. RECOMMENDED: FINANCE COMMITTEE, June 14, 2022

- B. 1 Approved – April 2022 Financial Report
- B. 2 Information Only – April 2022 Investment Report
- B. 3 Information Only – April 2022 Reimbursement Report
- B. 4 Information Only – April 2022 Health Insurance Account Report
- B. 5 Information Only – April 2022 Other Post-Employment Benefits Review
- B. 6 Information Only – Payroll Statistics
- B. 7 Information Only – Write Off Report
- B. 8 Approved – OBRA Grant Funds

B. 9 Approved – Behavioral Health Equity Grant

III. RECOMMENDED: PUBLIC INFORMATION/PREVENTION COMMITTEE, June 14, 2022

C. 1 Information Only – Communication Plan

C. 2 Information Only – Board Tours

C. 3 Information Only – Prevention Training Updates

C. 4 Information Only – Young Adult Survey

IV. RECOMMENDED: PERSONNEL COMMITTEE, May 19, 2022

D. 1 Information Only – May 2022 EEO Report and Recruitment Update

D. 2 Information Only – May 2022 Retention Report

ACTION TAKEN: The Board approved the consent agenda, including all recommended actions.
Moved by: Lawrence Davies **Seconded:** Matt Zurasky

Items for Full Board Discussion/Vote

FINANCE COMMITTEE: COLA Increase for All Employees

Matt Zurasky suggested that the motion be approved with the plan in mind to provide a 3% increase this summer and a 1% increase in January.

ACTION TAKEN: The Board moved to approve the COLA Increase for All Employees.
Moved by: Nancy Beebe **Seconded:** Lawrence Davies

Report from the Executive Director

Joe Wickens reminded the Board that there are no meetings in the month of July. He also announced committee chairs for the new fiscal year: Executive Committee, Ken Lapin; Program Planning and Evaluation Committee, Nancy Beebe; Finance Committee, Matt Zurasky; Personnel Committee, Susan Gayle; Public Information and Prevention Committee, Melissa White.

Joe told the Board that three new members have been confirmed.

Lastly, Joe presented Linda Ball and Lawrence Davies with plaques commemorating their time on the Board.

Linda thanked him and the team, and stated that she admires everyone for their handling of difficult situations. She expressed her respect to the Board for their commitment.

Lawrence said that he was grateful to have been part of the team and thanked the staff for their commitment and determination.

Report of Directors and Coordinators

Tina told the Board that a few new faces have joined accounting, which should enable them to start to achieve equilibrium. Joe gave Tina kudos for all of her hard work in the past few months.

Michelle Runyon reported that the employee picnic in May went well and several social events are upcoming. Dominion integration continues and she and Tina anticipate that will be the case for the next six months.

Stephanie shared that QA is currently gearing up for CARF.

Brandie Williams provided a Trac-It update, stating that she and Joe are working to find an acceptable agreement with DBHDS that will adequately mitigate agency risk.

Board Time

Melissa White thanked the directors for their hard work, and thanked the Board.

Matt Zurasky said that it was an honor to serve with Linda Ball and Lawrence Davies, thanking them for their guidance.

Greg Sokolowski thanked the staff and Board.

Lawrence Davies expressed his thanks for the opportunity to serve on the Board.

Kheia Hilton thanked Linda and Lawrence, and said that she hopes to see them again. She said that she is thankful for the opportunity to serve.

Adjournment

The meeting adjourned at 6:02 PM.

August 2022 Program Planning and Evaluation Committee Meeting Minutes

Call to order

A meeting of the **Program Planning and Evaluation Committee of Rappahannock Area Community Services Board** was held at 600 Jackson Street on **August 9, 2022**. Attendees included Melissa White, Susan Gayle, Nancy Beebe, Ken Lapin, Glenna Boerner, Susan Muerdler, Matt Zurasky, Jacob Parcell, Claire Curcio, Kheia Hilton, Joe Wickens, Stephanie Terrell, Tina Cleveland, Jacque Kobuchi, Amy Jinda, Brandie Williams, Michelle Wagaman, Amy Umble, Michelle Runyon, Allie Parrish, Alison Standring, Liz Wells, and Donna Andrus. Linda Carter was not present.

Local Early Intervention System Monitoring Report

Alison Standring reviewed the Local Early Intervention System Monitoring Report. She emphasized the summary of compliance metrics, stating that we are in full compliance.

Extraordinary Barriers List – July 2022

Liz Wells reviewed the cases of four individuals on the Extraordinary Barriers List.

The first individual's barriers to discharge include establishing housing and services in the community in order to have the support necessary to maintain stability as well as working through legal issues. This individual has a diagnosis of mental illness. They have been accepted to Home Road Supervised Apartments. Their anticipated discharge has been delayed in response to difficulty managing their mental health as well as reluctance to accept recommended medications. This has caused the Internal Forensic Privileging Committee to disapprove this individual's Conditional Release. Discharge will take place after the CRP is approved by the Court.

The second individual's barriers to discharge include identifying and being accepted to a nursing home. This individual has recently experienced some increased medical concerns and their prognosis is unclear at this time. Numerous referrals to nursing homes have been made, some resulting in denials for admissions as well as wait lists.

The third individual's barriers to discharge include identifying and being accepted to a group home that has the ability to support this individual in the community. This individual had previously been residing with family but would be best supported in a group home setting. This individual has interviewed with multiple group homes; however they have either not been accepted or their family determined that the placement was not a good fit. They were previously accepted to Amazing Grace group home and a follow up interview will be scheduled. This individual does have an active Developmental Disability (DD) waiver and will discharge once accepted to a group home.

The fourth individual's barriers to discharge include identifying and being accepted to the most appropriate housing or residential program. This individual has a diagnosis of serious mental illness. They have a history of hospitalizations as well as incarcerations and are a registered sex offender and were also charged with a recent misdemeanor offense while hospitalized. A previous placement had been identified; however the cost was very high as a result of the specifications required for the

individual. Discharge was delayed due to cost as well as the individual obtaining new legal charges. The individual continues to lack insight into their illness as well as their need for continued treatment. RACSB has expressed concerns regarding their readiness for discharge due to the amount of supervision needed to maintain safety, however, the hospital staff report that because the individual is at their baseline in their mental health, they are ready for discharge. Multiple options for housing are being considered at this time to include Permanent Supportive Housing and Assisted Living Facilities. RACSB's Hospital Liason and hospital staff continue to attempt to make contact with this individual's monitoring officer through the State Police in order to collaborate with them regarding placement possibilities. This individual will discharge once housing is identified, DAP Funding is approved and the address is approved by their monitoring officer.

Independent Assessment Certification and Coordination Team Update

Jacque Kobuchi told the Committee that RACSB received 11 IACCT referrals in July and completed 11 assessments. Five referrals were initial assessments and 6 were re-authorizations. Three were from Spotsylvania, four from Stafford, two from Caroline, two from King George, and none from the City of Fredericksburg.

Information Technology/Electronic Health Record Update

Brandie Williams said that the information technology department closed 1,031 help tickets in July. Community Consumer Submission data was sent to the state June 28, 2022. The go-live date for the Individual Service Plan changes in WaMS was May 17, 2022. There are over 60 changes this year for WaMS. Due to errors with the new extract, we were not able to initially implement the changes. Netsmart was able to fix submission issues on July 14, 2022. The go-live date for the new Trac-It program was June 27, 2022. The new system has resulted in an untenable increase in data entry time. The amount of data input is set to increase November 15, 2022. Brandie is making people aware of the problem and advocating to decrease the administrative burden. RACSB continues to utilize Zoom with 2,582 video meetings held with a total of 7,377 participants in July. We are working with Netsmart to implement a new piece of networking equipment to allow for more efficient networking speeds when staff access Avatar and run Avatar reports. The implementation of Bells.ai has begun, which will allow users an easier way to capture notes in the community. Carr Drive opened to individuals on June 21, 2022, with phones and computers operational. Brittney Commons moved to Merchants Square in Spotsylvania on August 1, 2022. Phones and computer network are being set up for the new site. One of our IT Technicians resigned his position on July 14, 2022 and we are currently advertising for a replacement.

Crisis Intervention Team (CIT) Assessment Center Report – July 2022

Jacque Kobuchi reported that the CIT Assessment Center Assessed 27 individuals in the month of July 2022: Fredericksburg 6; Caroline 1; King George 0; Spotsylvania 12; Stafford 8.

Emergency Custody Order and Temporary Detention Order Report – July 2022

Jacque Kobuchi told the Committee that emergency services staff completed 343 emergency evaluations in July 2022. Seventy-seven Emergency Custody Orders (ECO) were issued, 82 Temporary Detention Orders (TDO) were issued and 82 Temporary Detention Orders were executed.

July 2022 Wait List

Stephanie Terrell reported that 263 individuals were waiting more than 30 days for outpatient therapy appointments as of July 31, 2022. As of June 8, 2022, there were 18 older adolescents and adults and zero children under the age of 13 waiting longer than 30 days for a psychiatry intake appointment.

The Community Support Services waiting lists included: Mental Health Residential, 4 (needs, 0; referral, 3; acceptance, 1); Developmental Disability Residential, 96 (needs, 90; referral, 5; acceptance, 1); Assertive Community Treatment, 19 (needs, 15; referral, 2, acceptance, 2); and DD Waiver Services, 757.

Licensing Reports

Stephanie Terrell shared that the RACSB submitted CAPs for four programs during the months of June 2022 and July 2022. Developmental Disabilities Support Coordination and New Hope Group Home submitted CAPs for the late reporting of an incident. Leeland Road submitted a CAP for the late submission of verification of implementation of a CAP. Lucas Street ICF submitted a CAP for a violation related to the Human Rights regulations.

ACTION TAKEN: The Committee unanimously approved a motion recommending the Board of Directors accept the report as presented.

Moved by: Ken Lapin Seconded by: Susan Gayle

Data Dashboard

Brandie Williams told the Committee that this month's report shows an overview of the new and ongoing behavioral health performance measures for Behavioral Health and Developmental Disability.

The Committee discussed whether some of the metrics were helpful, as they measure things that don't necessarily affect an individual's outcomes. Brandie agreed with their points, stating that there's a movement to look at data that looks at things holistically. Data quality issues are being reviewed with DBHDS.

FY23 Community Impact Grant Funding

Michelle Wagaman said Healthy Families Rappahannock Area received funding from the Rappahannock United Way (RUW).

ACTION TAKEN: The Committee unanimously approved a motion to accept the grant application for funding as presented.

Moved by: Ken Lapin Seconded by: Susan Gayle

Closed Session

CLOSED MEETING – VA CODE § 2.2 – 3711 A (4), A (7), and A (15)

Nancy Beebe requested a motion for a closed meeting.

It was moved by Ken Lapin and seconded by Matt Zurasky that the Program Planning & Evaluation Committee of the Rappahannock Area Community Services Board convene in a closed meeting pursuant to Virginia Code §2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business. The motion was unanimously approved.

Upon reconvening, Nancy Beebe called for a certification from all Committee members that, to the best of their knowledge, the Committee discussed only matter lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Melissa White – voted aye	Susan Muerdler – voted aye
Susan Gayle – voted aye	Nancy Beebe – voted aye
Ken Lapin – voted aye	Glenna Boerner – voted aye
Matt Zurasky – voted aye	Jacob Parcell – voted aye
Claire Curcio – voted aye	Kheia Hilton – voted aye

The motion was unanimously approved and no action was taken in Closed Meeting.

Adjournment

The meeting adjourned at 12:13 PM.



Voice/TDD (540) 373-3223 | Fax (540) 371-3753

NOTICE

To: Program Planning and Evaluation Committee
Nancy Beebe, Kheia Hilton, Ken Lapin, Matt Zurasky

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
August 9, 2022, 10:30 AM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: August 5, 2022

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, August 9, 2022 at 10:30 AM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on August 9, 2022 at 10:30 AM.

Cc: Nancy Beebe, Chairperson


Program Planning & Evaluation Committee Meeting

August 9, 2022 – 10:30 AM

In-Person | 600 Jackson Street, Room 208 | Fredericksburg, VA 22401


Agenda

I.	Local Early Intervention System Monitoring Report, <i>Standring</i>	3
II.	Extraordinary Barriers List, July 2022, <i>Newman</i>	13
III.	Independent Assessment Certification & Coordination Team (IACCT) Update, <i>Andrus</i>	15
IV.	Information Technology/Electronic Health Record Update, <i>Williams</i>	17
V.	Crisis Intervention Team (CIT) Assessment Center Report, July 2022, <i>Kobuchi</i>	20
VI.	Emergency Custody Order (ECO)/Temporary Detention Order (TDO), July 2022, <i>Kobuchi</i>	22
VII.	Waitlist, July 2022, <i>Terrell</i>	26
VIII.	Licensing Reports, <i>Terrell</i>	30
IX.	Data Dashboard Report, <i>Williams</i>	46
X.	FY23 Community Impact Grant Funding, <i>Wagaman</i>	51
XI.	Other Business, <i>Zurasky</i>	

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator 
Subject: Monitoring Results for FFY21/SFY22, Report 1 of 2
Date: July 25, 2022

Catherine Hancock's memo and the accompanying chart provide the first of two reporting cycles for the results of our annual chart review to determine compliance with Part C federal regulations for FFY21/SFY22.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator 
Subject: Monitoring Results for Indicators 1, 7, and 8a, 8b, and 8c FFY21/SFY22
(July 1, 2021 through June 30, 2022) Report 1 of 2
Date: July 25, 2022

The attached memo from Catherine Hancock provides Part C Compliance Measures and Results Measures for three of 14 federally identified indicators and a chart summarizing each of the indicators for the period of July 1, 2021 through June 30, 2022 (Federal Fiscal Year 2021). The Department of Behavioral Health and Developmental Services monitors each Part C system in the Commonwealth to assure that it is in compliance with federal Part C requirements.

The chart indicates that the Rappahannock Area, through the hard work of the Parent Education - Infant Development Program and Infant/Child Support Coordinators, achieved 100% compliance in all areas. We did not demonstrate 100% compliance at the time of the review in February/March in the area of meeting the 45-day timeline to complete an IFSP, but have since corrected the deficiencies to the satisfaction of DBHDS.

The last three pages of this packet contain a sample chart with explanations of the elements in the chart.

I appreciate the dedication and commitment of staff to assure continued compliance with Part C federal regulations.

pc: Amy Jindra, CSS Director
Suzanne Haskell, PE-ID Coordinator
PE-ID Staff
Infant Case Management Staff



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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Richmond, Virginia 23218-1797

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www.dbhds.virginia.gov

TO: Local Early Intervention System (LEIS) Lead Agency Directors

FROM: Catherine Hancock, M.S., R.N.
Early Intervention Program Manager

DATE: June 30, 2022

RE: Summary of Local Early Intervention System (LEIS) Monitoring Results for FFY21/SFY22
(July 1, 2021 – June 30, 2022) for Indicators 1, 7, and 8

Section 616(b)(2)(C)(ii)(II) of the Individuals with Disabilities Education Act (IDEA) of 2004 requires each state to measure and report results on federally-identified indicators in an Annual Performance Report (APR). The review period for Virginia's next APR—to be submitted in February 2023—will cover FFY21/SFY22 (July 1, 2021 – June 30, 2022). In addition to reporting this APR data to the Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required under the IDEA of 2004 §616 (b)(2)(C)(ii)(I) and §303.700(a)(2).

State Part C staff recently completed a monitoring review of your local system data for the following annual compliance measures—

- Indicator 01: Timely Initiation of Services
- Indicator 07: 45-Day Timeline for Meeting to Develop the IFSP
- Indicator 08A-C: Transition

We appreciate the time your LEIS spent completing the local annual record review (ARR), entering relevant data into ITOTS, and working with both your Technical Assistance Consultant and Monitoring Consultant throughout the year. Your time and assistance in the monitoring process is critical to ensuring that the data reported to OSEP and to the public is accurate and timely.

The results for the indicators reviewed for your LEIS are documented on the enclosed "Local Early Intervention System (LEIS) Monitoring Results & Determination – Copy 1/2 – Results (06/22)" report. Final scores for all items and sections—including your LEIS determination for FFY21/SFY22—will be reflected in copy 2 of 2 of the report to be disseminated later this year.

The IDEA of 2004 set the state target for all compliance indicators at 100% and requires correction of identified noncompliance as soon as possible but no later than one (1) year from the date of official notification—i.e., the date of this memorandum. If your LEIS monitoring results for compliance Indicator 01 (Timely Initiation of Services), compliance Indicator 07 (45-Day Timeline for Meeting to Develop the IFSP) and/or compliance Indicator 08A-C (Transition) are less than 100% and were not corrected prior to receipt of this memo, state Part C staff will contact your LEIS Local System Manager to provide guidance regarding next steps.

Please note:

- For all compliance indicators where noncompliance has been identified (i.e., results of less than 100%), the State Part C Office must verify that noncompliance has been corrected as soon as possible and in no case later than June 30, 2023. In accordance with OSEP memo 09-02 dated October 17, 2008, this requires confirming that the LEIS is now implementing the requirement correctly and that the local system has corrected each individual case of noncompliance (unless the child is no longer in the system.) Additional record reviews or other monitoring activities may be needed in order to verify correction of noncompliance.
- The State Lead Agency is required per the IDEA of 2004 §616(e)-(g) to implement appropriate enforcement action(s) any time a LEIS: 1) fails to correct noncompliance within one (1) year; 2) receives a determination of Needs Assistance two or more years in a row; and/or 3) receives a determination of Needs Intervention or Needs Substantial Intervention. Local determinations and any required enforcement action(s) will be included on copy 2 of 2 of the local determination report (to be disseminated later this year.) Your Technical Assistance Consultant and Monitoring Consultant are available to support your local system in achieving timely correction.

If you have any questions regarding this notification, please contact your Monitoring Consultant.

As always, thank you for your ongoing efforts to ensure quality supports and services for the infants and toddlers and their families served by the Infant & Toddler Connection of Virginia.

Enclosures

cc: Local System Manager

Local System Manager Supervisor

Nelson Smith, Commissioner, DBHDS

Lisa Jobe-Shields, Deputy Director, Community Services, DBHDS

Nina Marino, Director, Office of Child and Family Services, DBHDS

Kyla Patterson, Monitoring Team Leader, Infant & Toddler Connection of Virginia, DBHDS

Monitoring Consultant, Infant & Toddler Connection of Virginia, DBHDS

Technical Assistance Consultant, Infant & Toddler Connection of Virginia, DBHDS

Local Early Intervention System (LEIS) Monitoring Results & Determination

Based on monitoring data from FFY 2021 (July 1, 2021 - June 30, 2022) [as required by OSEP]

☒ Copy 1/2 – Results (06/2022) • ☐ Copy 2/2 – FINAL Results & Determination (10/2022)

Infant & Toddler Connection of

Rappahannock Area

Section A						
Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data						
Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)						
Scoring <ul style="list-style-type: none"> CPN = N/A → 2 CPN = Y → 2 CPN = N and ARR ≥ 95% → 2 CPN = N and ARR ≥ 75% → 1 CPN = N and ARR < 75% → 0 						
Indicator	State Target	State Result	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction FFY20/SFY21 Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%	95.3%	100.0%	NA		
07: 45-Day Timeline	100%	97.1%	97.7%	Y		
08A: Transition Steps and Services	100%	99.2%	100.0%	NA		
08B: Transition Notification to LEA & VDOE	100%	98.8%	100.0%	NA		
08C: Transition Conference	100%	100%	100.0%	NA		
Longstanding Noncompliance						
Scoring <ul style="list-style-type: none"> No longstanding noncompliance → 2 Noncompliance corrected within one (1) year; if repeated, compliance at ARR ≥ 95% → 2 Noncompliance corrected within one (1) year; if repeated, compliance at ARR < 95% → 1 Noncompliance exceeding one (1) year → 0 						
Accurate & Timely Data						
Scoring <ul style="list-style-type: none"> True → 1 False → 0 	Accuracy	ARR Data and Verification				
		December 1 st Child Count				
	Timeliness	Children Over Three Report				
		Contract Deliverables ¹				
Section A Points and % Score						
Scoring <ul style="list-style-type: none"> Total points = SUM of points awarded Section A % score = SUM ÷ TOTAL POSSIBLE POINTS² 		SECTION A POINTS				
		SECTION A % SCORE				

¹ All FFY21/SFY22 contract deliverables submitted and 9 of 11 deliverables submitted on time in order to receive full credit.

² FFY21/SFY22 total possible points for Section A = 16.

Section B					
Results Indicators; Data Anomalies; Data Completeness					
Primary Service Setting (Indicator 02)					
Scoring <ul style="list-style-type: none">PSS >= State target → 1PSS < State target → 0	State Target	State Result	Local Result	Points Awarded	
	98.0%				
Child Outcomes (Indicator 03)					
Scoring <ul style="list-style-type: none">Local results reported but not scored					
	State Target	State Result	Local Result		
03A-S1: Positive social-emotional skills					
03A-S2: Positive social-emotional skills					
03B-S1: Acquisition and use of knowledge and skills					
03B-S2: Acquisition and use of knowledge and skills					
03C-S1: Use of appropriate behaviors to meet needs					
03C-S2: Use of appropriate behaviors to meet needs					
Data Anomalies					
Scoring <ul style="list-style-type: none">3 child outcomes x 5 progress categories (a-e) = 15 results15 results – total anomalies = Score<ul style="list-style-type: none">Score = 13, 14 or 15 → 2 pointsScore = 10, 11 or 12 → 1 pointScore < 10 → 0 points	Anomalies	Score	Points Awarded		
Children w/ Exit Scores					
Scoring <ul style="list-style-type: none"># score captured ÷ total # eligible for scores = LEIS %<ul style="list-style-type: none">LEIS % >= 90% → 2 pointsLEIS % between 80% and 90% → 1LEIS % < 80% → 0 points	Eligible	Captured	LEIS %	Points Awarded	
Family Outcomes (Indicator 04)					
Scoring <ul style="list-style-type: none">Meaningful difference = NA³ → 1Meaningful difference = N → 1Meaningful difference = Y → 0	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
	04A: Family Outcomes (Know their rights)				
04B: Family Outcomes (Communicate needs)					
04C: Family Outcomes (Help child learn)					
Family Survey Response Rate					
Scoring <ul style="list-style-type: none">[Surveys connected⁴ minus (-) surveys returned] ÷ surveys connected = LEIS %<ul style="list-style-type: none">LEIS % >= 26% OR at or above 75th percentile → 2LEIS % >= 22% OR between 25th and 75th percentile → 1LEIS % at or below 25th PERCENTILE → 0	Surveys Connected	Surveys Returned	LEIS %	Points Awarded	

³ Local result >= state target = NA

⁴ Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable "connected" with the intended recipient household.

Section B: Results (continued)						
Child Find (Indicator 05; Indicator 06)						
Scoring	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded	
<ul style="list-style-type: none"> Meaningful difference = NA⁵ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 						
05: Child Find 0-1						
06: Child Find 0-3						
Section B Points and % Score						
Scoring <ul style="list-style-type: none"> Total points = SUM of points awarded Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶ 	SECTION B POINTS					
	SECTION B % SCORE					
Cumulative Score and Determination						
Scoring <ul style="list-style-type: none"> Cumulative % Score = 50% Section A % Score + 50% Section B % Score Determination <ul style="list-style-type: none"> 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year 60%-79% → Needs Assistance (NA) 50%-59% → Needs Intervention (NI) 0%-49% → Needs Substantial Intervention (NSI) 	FFY21/SFY22 CUMULATIVE % SCORE					
	FFY21/SFY22 DETERMINATION					
Enforcement Actions (if applicable)						
Local EIS Determination History						
FFY06/SFY07 (July 1, 2006 – June 30, 2007)	FFY07/SFY08 (July 1, 2007 – June 30, 2008)	FFY08/SFY09 (July 1, 2008 – June 30, 2009)	FFY09/SFY10 (July 1, 2009 – June 30, 2010)	FFY10/SFY11 (July 1, 2010 – June 30, 2011)	FFY11/SFY12 (July 1, 2011 – June 30, 2012)	FFY12/SFY13 (July 1, 2012 – June 30, 2013)
FFY13/SFY14 (July 1, 2013 – June 30, 2014)	FFY14/SFY15 (July 1, 2014 – June 30, 2015)	FFY15/SFY16 (July 1, 2015 – June 30, 2016)	FFY16/SFY17 (July 1, 2016 – June 30, 2017)	FFY17/SFY18 (July 1, 2017 – June 30, 2018)	FFY18/SFY19 (July 1, 2018 – June 30, 2019)	FFY19/SFY20 (July 1, 2019 – June 30, 2020)
FFY20/SFY21 (July 1, 2020 – June 30, 2021)	FFY21/SFY22 (July 1, 2021 – June 30, 2022)					

⁵ Local result >= state target = NA

⁶ FFY21/SFY22 total possible points for Section B = 12

Local Early Intervention System (LEIS) Monitoring Results & Determination

Based on monitoring data from FFY 20## (July 1, 20## - June 30, 20##) [as required by OSEP]

☐ Copy 1/2 – Results (6/##) • ☐ Copy 2/2 – FINAL Results & Determination (10/##)

Infant & Toddler Connection of

LEIS

GENERAL INFO

- Scoring is done on Copy 2/2 (October)
- Points are positive (awarded if criteria is met)
- Meaningful difference calculators are used to determine whether differences from targets are statistically significant for Child Outcome Progress Categories, Family Outcomes and Child Count.

Section A

Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data

Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)

Scoring

- CPN = N/A → 2
- CPN = Y → 2
- CPN = N and ARR ≥ 95% → 2
- CPN = N and ARR ≥ 75% → 1
- CPN = N and ARR < 75% → 0

Indicator	State Target	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction of FFY##/SFY## Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%				
07: 45-Day Timeline	100%				
08A: Transition Steps and Services	100%				
08B: Transition Notification to LEA & SEA	100%				
08C: Transition Conference	100%				

Target for all Compliance Indicators is 100%

Longstanding Noncompliance

Scoring

- No longstanding noncompliance → 2
- Noncompliance corrected within one (1) year; if repeated, compliance
- Noncompliance corrected within one (1) year; if repeated, compliance
- Noncompliance exceeding one (1) year → 0

Noncompliance not corrected within one year OR noncompliance that is corrected and then repeated in a subsequent ARR

Accurate & Timely Data

Scoring

- True → 1
- False → 0

ARR Data and Verification

Review of data submitted with ARR confirmed accuracy

December 1st Child Count

No changes in 12/1 child count due to late data entry

Children Over Three Report

Contract Deliverables¹

Section A Points and % Score

Scoring

- Total points = SUM of points awarded
- Section A % score = SUM ÷ TOTAL POSSIBLE POINTS²

SECTION A POINTS

SECTION A % SCORE

No children on report more than 2 of 3 months reviewed

X of Y required deliverables submitted on time

¹ All FFY##/SFY## contract deliverables submitted and X of Y deliverables submitted on time in order to receive full credit.

² FFY##/SFY## total possible points for Section A = X.

Section B

Results Indicators; Data Anomalies; Data Completeness

Primary Service Setting (Indicator 02)

Scoring	State Target	Local Result		Points Awarded
<ul style="list-style-type: none"> PSS >= State target → 1 PSS < State target → 0 	98.0%			

Child Outcomes (Indicator 03)

Scoring				
<ul style="list-style-type: none"> Local results reported but not scored 				
03A-S1: Positive social-emotional skills	69.5%			
03A-S2: Positive social-emotional skills	66.4%			
03B-S1: Acquisition and use of knowledge and skills	74.7%			
03B-S2: Acquisition and use of knowledge and skills	55.3%			
03C-S1: Use of appropriate behaviors to meet needs	78.7%			
03C-S2: Use of appropriate behaviors to meet needs	56.4%			

Scoring is determined by using a meaningful difference calculator; points received if local results are not meaningfully different from expected patterns. "Anomalies" is the terminology OSEP uses to describe results that vary from the expected patterns.

Data Anomalies

Scoring	Anomalies	Score	Points Awarded
<ul style="list-style-type: none"> 3 child outcomes x 5 progress categories (a-e) = 15 results 15 results – total anomalies = Score <ul style="list-style-type: none"> Score = 13, 14 or 15 → 2 points Score = 10, 11 or 12 → 1 point Score < 10 → 0 points 			

Children w/ Exit Scores

Scoring	Eligible	Captured	LEIS %	Points Awarded
<ul style="list-style-type: none"> # score captured ÷ total # eligible for scores = LEIS % <ul style="list-style-type: none"> LEIS % >= 90% → 2 points LEIS % between 80% and 90% → 1 LEIS % < 80% → 0 points 				

Comparison of the number of children eligible for scores (6+ months between initial IFSP date and date of closure) to the number of children with scores.

Family Outcomes (Indicator 04)

Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> Meaningful difference = NA³ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 				
04A: Family Outcomes (Know their rights)	76.4%			
04B: Family Outcomes (Communicate needs)	74.4%			
04C: Family Outcomes (Help child learn)	84.9%			

Family Survey Response Rate

Scoring	Surveys Connected	Surveys Returned	LEIS %	Points Awarded
<ul style="list-style-type: none"> [Surveys connected⁴ minus (-) surveys returned] ÷ surveys connected = LEIS % <ul style="list-style-type: none"> LEIS % >= 26% → 2 LEIS % between 22% and 26% → 1 LEIS % < 22% → 0 				

³ Local result >= state target = NA

⁴ Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable "connected" with the intended recipient household.

Section B: Results (continued)

Child Find (Indicator 05; Indicator 06)

Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> Meaningful difference = NA⁵ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 				
05: Child Find 0-1	1.20%			
06: Child Find 0-3	2.76%			

Section B Points and % Score

Scoring <ul style="list-style-type: none"> Total points = SUM of points awarded Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶ 	SECTION B POINTS	
	SECTION B % SCORE	

Cumulative Score and Determination

Scoring <ul style="list-style-type: none"> Cumulative % Score = 50% Section A % Score + 50% Section B % Score Determination <ul style="list-style-type: none"> 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year 60%-79% → Needs Assistance (NA) 50%-59% → Needs Intervention (NI) 0%-49% → Needs Substantial Intervention (NSI) 	FFY##/SFY## CUMMULATIVE % SCORE	
	FFY##/SFY## DETERMINATION	

Enforcement Actions (if applicable)

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⁵ Local result >= state target = NA

⁶ FFY##/SFY## total possible points for Section B = X.

MEMORANDUM

TO: Joe Wickens, Executive Director

FROM: Patricia Newman – Mental Health Case Management Supervisor
Elizabeth Wells – Lead State Hospital Liaison & NGRI Coordinator
Chanda Bernal – Adult Mental Health Case Manager

PC: Brandie Williams – Deputy Executive Director
Jacqueline Kobuchi, LCSW – Clinical Services Director
Amy Jindra – Community Support Services Director
Nancy Price – MH Residential Coordinator
Tamra McCoy – ACT Coordinator
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: Extraordinary Barriers List (EBL)

DATE: August 9, 2022

RACSB currently has four individuals on the Extraordinary Barriers List (EBL), to include one individual at Central State Hospital (CSH), one individual at Piedmont Geriatric Hospital (PGH) and two individuals at Western State Hospital (WSH). Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within seven days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

Central State Hospital

Individual #1: Was placed on the EBL 2/2/2022. Barriers to discharge include establishing housing and services in the community in order to have the supports necessary to maintain stability as well as working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a diagnosis of Bipolar Disorder and was acquitted NGRI on a felony charge of Assault on Law Enforcement. Initially this individual had been recommended for Conditional Release by both evaluators during the Temporary Custody Evaluation process, however this individual's anticipated discharge had been delayed in response to difficulty managing their mental health as well as reluctance to accept recommended medications. These concerns caused the Internal Forensic Privileging Committee (IFPC) to disapprove this individual's Conditional Release. A hearing was held on 7/8/2022, however due to the individual's attorney not being present, the hearing date was rescheduled to 8/12/2022. Should they be released on Conditional Release at his 8/12/2022 hearing, a bed at Home Road will be available. Discharge will take place after the CRP is approved by the Court.

Piedmont Geriatric Hospital

Individual #2: Was placed on the EBL 7/12/22. Barriers to discharge include identifying and being accepted to a nursing home. This individual has recently experienced some increased medical concerns and is currently medically admitted to the hospital for RSV and respiratory distress. The prognosis of their health concerns is unclear at this time and they may require a feeding tube as they are not eating adequately. Numerous referrals to nursing homes have been made, some resulting in denials for admissions as well as wait lists.

Western State Hospital

Individual #3: Was placed on the EBL 5/24/22. Barriers to discharge include identifying and being accepted to a group home that has the ability to support this individual in the community. This individual had previously been residing with family but would be best supported in a group home setting. This individual has interviewed with numerous group homes in hopes of finding a home that is a good fit and one that is able to support their needs. They have met with numerous group homes; however, they have either not been accepted or their family determined that the placement was not a good fit. They were previously accepted to with Amazing Grace group home and a follow up interview will be scheduled. This individual does have an active Developmental Disability (DD) waiver and will discharge once accepted to a group home.

Individual #4: Was placed on the EBL 7/26/22. Barriers to discharge include identifying and being accepted to the most appropriate housing or residential program. This individual has a diagnosis of a serious mental illness and their personality traits of impulsivity and reactivity place them at greater risk to others. This individual has a history of hospitalizations as well as incarcerations and is a registered sex offender whose convictions include indecent liberties with a child (2014). They were also recently charged with a misdemeanor offense while hospitalized at Western State Hospital (WSH) in response to groping a female staff member and not immediately releasing her. A previous placement had been identified; however, the cost was \$15,000 per month as they required an all-male assisted living facility and a higher level of supervision. Discharge was delayed due to cost as well as the individual obtaining new legal charges. This individual continues to lack insight into their illness as well as their need for continued treatment, is often inappropriate with staff and has made statements regarding wanting to reside close to their victim of the original offense. RACSB has expressed concerns regarding their readiness for discharge as they have not had any interactions with female peers while at the hospital or participated in increased social integration activities due to the amount of supervision needed to maintain safety, however, WSH staff report that because they are at their baseline in their mental health, they are ready for discharge. Multiple options for housing are being considered at this time to include Permanent Supportive Housing and Assisted Living Facilities. RACSB's Hospital Liaison and WSH staff continue to attempt to make contact with this individual's monitoring officer through the State Police in order to collaborate with them regarding placement possibilities. This individual will discharge once housing is identified, DAP Funding is approved and the address is approved by their monitoring officer.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Donna Andrus, Child and Adolescent Support Services Supervisor

Date: August 2, 2022

Re: Independent Assessment Certification and Coordination Team (IACCT) Update

I am writing to provide an update to the Independent Assessment Certification and Coordination Team (IACCT) program. The Department of Medical Assistance Services (DMAS) with Magellan launched the IACCT program July 1, 2017. The Rappahannock Area Community Services Board is the IACCT provider for Planning District 16.

RACSB received eleven IACCT referrals and completed eleven assessments in the month of July. Five referrals were initial IACCT assessments and six were re-authorizations. Three were from Spotsylvania, four from Stafford, two from Caroline, two from King George and none from the City of Fredericksburg. Of the eleven completed assessments in July, eight recommended Level C Residential and two recommended Level B group home. Three reauthorizations for continued placement recommended step-down by the next review period. One initial IACCT assessment is still in process so there has not been a recommendation yet.

Attached is the monthly IACCT tracking data for July 2022.

Report Month/Year	Jul-22
1. Total number of Referrals from Magellan for IACCT:	11
1.a. total number of auth referrals:	5
1.b. total num. of re-auth referrals:	6
2. Total number of Referrals per county:	
Fredericksburg:	0
Spotsylvania:	3
Stafford:	4
Caroline:	2
King George:	2
Other:	
3. Total number of extensions granted:	0
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	11
8a. Total number of ICA's recommending: residential:	8
8b. Total number of ICA's recommending: therapeutic group home:	2
8c. Total number of ICA's recommending: community based services:	0
8g. Total number of ICA's recommending: Other:	0
8h. Total number of ICA's recommending: no MH Service:	0
9. Total number of reauthorization ICA's recommending: requested service not continue:	0
10. Total number of notifications that a family had difficulty accessing any IACCT-recommended service/s:	0

To: Joe Wickens, Executive Director

From: Suzanne Poe, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: August 2, 2022

This report provides an update on projects related to Information Technology and the Electronic Health Record. The IT department completed 1,301 tickets in the month of July. Information is provided on state reporting initiatives, facility technology needs, and on-going projects.

Information Technology and Electronic Health Record Update

IT Systems Engineering Projects

During July, 1,031 tickets were closed by IT Staff.

Ticket completion numbers by month for previous fiscal year: June 2022-1,159; May 2022-945; April 2022-943; March 2022-1,480; February 2022-891; January 2022-894.

We have begun distributing Chromebooks as a less expensive alternative for laptops at programs that need only Avatar/Electronic Health Record access and do not require JAVA and Internet Explorer.

Community Consumer Submission 3

CCS submission for data from July 1, 2021 to May 31, 2021 was submitted to DBHDS on June 28, 2022. CCS Submission for data from July 1, 2022 to June 30, 2022 was submitted to DBHDS on July 27, 2022. There is another submission due to the state on August 19, 2022 for the final FY2022 end-of-year submission.

The first FY23 submission using the CCS 8.1 specifications is due to the state on September 16, 2022 for July 2022 Data followed by a submission due by September 30, 2022.

Waiver Management System (WaMS)

The go-live for the Individual Service Plan changes in WaMS was May 17, 2022. The new specifications included over 60 changes this year. Due to errors with the new extract, we were not able to initially implement the changes. Netsmart was able to fix the submission issues on July 14, 2022, allowing for Service Plans to automatically transmit to WaMS. IT staff directly entered all plans into WaMS during the transition to avoid any impact on ID/DD case management staff or individuals served.

Trac-IT Early Intervention Data System

The go-live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, was June 27, 2022. Brandie participated in the User Acceptance Testing at the state level. Part C has limited the data fields required at go-live as a result of coordinated advocacy to reduce the additional administrative burden/duplicate entry that initial requirements would have created. However, even this limited data set has resulted in an untenable increase in data entry time. For example, tasks that took 2-3 minutes in the old system are taking between 20 minutes to an hour in the new system. Currently, data entry is being addressed by Alison Standing until the system is functioning consistently enough to train and push out to staff. EHR upload capability testing was delayed until after July 4. We have built the extract for service level data and will be prepared to begin testing once the process is open. We are one of only two systems who will be able to have an extract ready for testing.

Zoom

We continue to utilize Zoom for telehealth throughout the agency.

- July 2022 – 2582 Video Meetings with a total of 7,377 Participants
- June 2022 – 2881 Video Meetings with a total of 8,458 Participants
- May 2022 – 2921 Video Meetings with a total of 8,512 participants
- April 2022 – 2878 video meetings with a total of 8,728 participants
- March 2022 – 3281 video meetings with a total of 10,071 participants
- February 2022 - 3,248 video meetings with a total of 9,752 participants
- January 2022– 2,942 video meetings with a total of 8,870 participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants
- Average from April to December 2020 was 3,836 video meetings and 11,435 participants

Avatar

We are still working with Netsmart to implement a new piece of networking equipment (a Meraki VPN) to allow for more efficient networking speeds when staff access Avatar and run Avatar reports.

Bells.ai implementation continues. We are now expanding the group of end users piloting the program to ACT and PEID. Program staff, IT, and Bells.ai are in the process of going through the setup phase of implementation.

Moves/New Facilities

4815 Carr Drive opened to individuals on June 21, 2022. Their phones and computers were operational prior to their first day of operations.

Brittney Commons (ID Supervised Residential Services) moved to Merchants Square in Spotsylvania on August 1, 2022. Phones and computer network are currently being set up for the new site.

Staffing

One of our two IT Technicians resigned his position on July 14, 2022 and we are currently advertising for a replacement.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Kari Norris, Emergency Services Coordinator

Date: August 3, 2022

Re: Crisis Intervention Team (CIT) Assessment Center Report – July, 2022

The CIT Assessment Center served 27 individuals in the month of July 2022. The number of persons served by locality were the following: Fredericksburg 6; Caroline 1; King George 0; Spotsylvania 12; Stafford 8.

Forty percent of individuals assessed under emergency custody orders (ECO) were able to utilize the assessment center.

Please see the CIT data sheet for July attached.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Kari Norris, Emergency Services Coordinator

Date: August 3, 2022

Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – May, 2022

In July, Emergency Services staff facilitated four admissions to state hospitals. Two individuals were admitted to Northern Virginia Mental Health Institute and two were admitted to Southern Virginia Mental Health Institute. Three of these four were individuals committed at their bedside hearings in the emergency department and transported after being involuntarily committed.

A total of eleven individuals were involuntarily hospitalized outside of our catchment area in July. All 11 were unable to utilize alternative transportation (AT). Eight were not appropriate. Three were appropriate, however the AT company did not have drivers available and one individual was already committed, making them ineligible for AT.

Please see attached data reports.

DATE: 8.3.22

January 2021	374	88	89	89
February 2021	358	84	83	83
March 2021	465	82	100	100
April 2021	449	92	100	100
May 2021	507	93	93	93
June 2021	453	95	95	92
July 2021	379	76	74	74
August 2021	394	86	77	77
September 2021	517	98	86	86
October 2021	422	60	72	72
November 2021	425	59	60	60
December 2021	401	67	66	66
January 2022	355	74	63	63
February 2022	442	87	64	64
March 2022	375	74	81	81
April 2022	390	85	87	87
May 2022	417	92	73	73
June 2022	342	75	66	66
July 2022	343	77	83	83

CSB/BHA	Rappahannock Area Community Services Board	Month	July 2022
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1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
343	38	39	77	82	8	7	67	82	1
			0					0	
			0					0	

CSB/BHA	Reporting month		July 2022	No Exceptions this month		
	Rappahannock Area Community Services Board					
Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	4) Additional Relevant Information or Discussion (see definition)
7/19/22	9022			Yes	No	NV/MHI
7/22/22	106913	Adult (18-64) with ID or DD		Yes	No	NV/MHI
7/22/22	4146			Yes	No	SWV/MHI
7/24/22	71582	Adult (18-64) with Medical Acuity		No	Yes	SWV/MHI

ALTERNATIVE TRANSPORT DATA JULY 2022

Date	ID	LE DEPT	Location of Individual	Receiving Hospital	Travel time Round Trip (minutes)	ECO Y or N	Age	Gender	Age	Reason for Decline	Presented for AT: Y or N	Total Out of Area
7/5/22	84597	Stafford	MWH ED	North Springs	176	yes	M	10	Danger to self	AT appropriate however too delayed of a response time	No	11
7/6/22	55338	Spotsylvania	MWH ED	Pavilion	180	yes	F	33	Danger to self	Elopement risk; self injuring in ED and restraints required	No	0
7/10/22	106998		MWH ED	Clearview	660	no	M	45	Danger to self, others and inability to		No	0
7/13/22	4146	Fredericksburg	MWH ED	Poplar Springs	160	yes	M	36	others;	Aggressive towards others and acutely psychotic	No	0
7/19/22	106839	Spotsylvania	MWH ED	Kempsville	280	yes	F	13	Danger to self;	Homicidal ideations and	No	0
7/19/22	9022	Fredericksburg	MWH ED	NVMHI	100	yes	M	38	Danger to self	Post committed	No	0
7/22/22	106913	Spotsylvania	MWH ED	NVMHI	100	yes	F	18	Danger to self	Post committed	No	0
7/22/22	4146	Fredericksburg	MWH ED	SWVMHI	556	yes	M	36	others;	Post committed	No	0
7/24/22	71582	Caroline	MWH ED	SWVMHI	556	no	F	63	Danger to self	Unable/unwilling to ambulate	No	0
7/25/22	64331	Caroline	MWH ED	St Albans, Carilion	432	yes	F	34	Danger to self; Inability to care	Prior refusals of AT additionally AT was on a delay and Caroline elected to transport	No	0
7/31/22	104075	Stafford	MWH ED	Poplar Springs	160	yes	M	15	Danger to self	Elopement risk	No	0
Total Utilizing AT											11	0
% Utilized											0%	27%
Total Appropriate for AT											3	27%

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: August 3, 2022
Re: July 2022 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of July 31, 2022.

OUTPATIENT SERVICES

- Clinical services: As of July 31, 2022, there are 263 individuals on the wait list for outpatient therapy services.
 - Waiting list is defined as having to wait 30 calendar days or more to be offered an appointment.
 - Due to an increase in request for outpatient services the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services beginning October 5, 2021 and the Spotsylvania Clinic implemented a waitlist beginning May 2022. Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
 - The waitlist in Fredericksburg is currently at 208 clients.
 - The waitlist in Spotsylvania is currently at 55 clients.
 - This is a decrease of 7 from the May 2022 waitlist.
 - If an individual is not in a priority category the following may occur: 1) he or she may be placed on a waiting list and called weekly by a therapist to review presenting situation, individuals are then offered an appointment as one becomes available; 2) if an individual has private insurance staff will assist in locating a private provider if the individual does not wish to wait for an appointment. Staff are working to avoid scheduling an individual too far into the future as this increases the likelihood of no-shows.
 - Clinical services are initiated through Same Day Access. Due to COVID-19 concerns, Same Day Access appointments are scheduled versus having multiple individuals come to the clinic and having to wait for their appointment time. Same Day Access schedules are as follows:
 - Fredericksburg Clinic: Monday, Wednesday, and Thursday 8:30 AM to 2:30 PM
Tuesday 9:30 AM – 2:30 PM
 - King George Clinic: Tuesday-1:00 PM-5:00 PM and Wednesday- 8:00 AM- 12:00 PM
 - Stafford Clinic: Tuesday and Thursday 9:00 AM – 12:00 PM
 - Spotsylvania Clinic: Tuesday, Wednesday, and Thursday 9:00 AM – 2:00 PM
 - Caroline Clinic: Tuesday and Thursday 8:30AM – 11:30 AM
 - Psychiatry intake: As of August 3, 2022, there are seven older adolescents and adults waiting longer than 30 days for their intake appointment. This is a decrease of 11 from the May 2022 waitlist. The furthest out appointment is 10/4/2022. There are zero children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of June 8, 2022 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

Adults		Children: Age 13 and below	
○	Fredericksburg – 0 (3)		0 (0)
○	Caroline – 4 (3)		0 (0)
○	King George – 0 (1)		0 (0)
○	Spotsylvania – 0 (2)		0 (0)
○	Stafford – 3 (9)		0 (0)
	Total	7	(18)
		0	(0)

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	N/A
<i>Caroline Clinic</i>	
	9/6/2022 9/20/22 9/21/22 10/4/22
<i>King George</i>	
	N/A
<i>Spotsylvania Clinic</i>	
	N/A
<i>Stafford Clinic</i>	
	9/7/22 9/27/22 9/19/22

Community Support services:

Waitlist Definitions

Needs List - A person is placed on the Needs List when an individual, family member, RACSB staff, or external agency notifies that particular program service that the individual needs services provided by that program.

Referral - Persons are placed on this Referral List when services have been requested and all necessary documentation for the referral process is submitted to the program Coordinator. At this time, the person is placed on the Referral List and removed from the Needs List.

All referrals are sent to the Coordinator for initial review. The Coordinator determines that all information is in the packet and makes a disposition for acceptance, rejection, or assessment. The Coordinator will forward the referral packet to the appropriate staff for assessment. Time frame for completion of assessment is also be indicated.

If the assessment leads to acceptance the client will be placed on the acceptance list. If the assessment leads to a decision which does not involve acceptance, the program Coordinator will reach a decision about disposition of the referral.

Acceptance List - This list includes the names of all persons who have been assessed for services and accepted to the program. These individuals are waiting for appropriate supports.

MH RESIDENTIAL SERVICES - 4

Needs List: 0
Referral List: 3
Acceptance List: 1

Count by County:

Caroline	1
King George	0
Fredericksburg	0
Spotsylvania	1
Stafford	2

The individual on the acceptance list was approved for a transitional bed at Home Road. He is currently at Central State Hospital and is awaiting a court hearing, which has been moved to August, to approve his CRP and release from the hospital.

One individual on the referral list is at WSH and is NGRI. His evaluation was completed on 6/28, but he come on passes for approximately 2 months, due to his NGRI status. He is being considered for a transitional bed.

We just received another referral for a transitional bed at Home Road. He is NGRI, so passes will be completed once he is approved to do so.

There is one “community bed” at Home Road. There is currently someone completing a second pass for that bed at this time. If the pass goes well, the bed should be filled in early August.

Intellectual Disability Residential Services – 96

Needs List: 90
Referral List: 5
Acceptance List: 1

Count by County:

Caroline	11
King George	8
Fredericksburg	6
Spotsylvania	33
Stafford	38

- One individual has been accepted into residential contingent upon finding a placement that can meet his current needs and having the required documentation in place prior to move-in.

Assertive Community Treatment (ACT)– 19

Caroline: 1

Fredericksburg: 6
King George: 0
Spotsylvania: 2
Stafford: 5
Homeless/Unknown/Incarcerated/Hospitalized: 5

Total Needs: 15
Total Referrals: 2
Total Acceptances: 2

Total program enrollments = 57

Admissions: 1

Discharges: 1

- During the month of July, ACT North enrolled a client yesterday who was discharged from Central State Hospital last week. The client is on an NGRI with a conditional release plan. ACT staff conferred with Liz Wells and Patricia Newman as collaborative supports prior to the client's discharge.
- ACT South attempted to enroll a client from NVMII. However, when he was discharged, he changed his mind. Client only wanted assistance with reinstatement of his driver's license. He did not want the intensity of our program services.
- A previous ACT client who was discharged, agreed to resume services after monthly psychiatric hospitalizations. He is also currently homeless after his placement at Home Road disrupted. ACT staff submitted a referral for PSH. Client can no longer reside with family members because of his behavior.
- ACT South also met with a potential client who was a referral from Western State. He became combative and agitated during our meeting and refused services. It was the consensus of the treatment team at Western State, this person needed residential services.
- Each team had one client who was arrested and they are currently incarcerated at Rappahannock Regional Jail. ACT staff have been in contact with Portia Bennett for collaborative supports.

ID/DD Support Coordination

As of 7/28/22 there are 757 individuals on the waiting list for a DD waiver.

This is an increase of two individuals since last month.

P-1 281
P-2 177
P-3 299

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: August 3, 2022
Re: Licensing Reports

The Department of Behavioral Health and Developmental Services' (DBHDS), Office of Licensing issues licensing reports for areas in which the Department finds agencies in noncompliance with applicable regulations. The licensing report includes the regulatory code which applies to the noncompliance and a description of the agency's noncompliance. The agency must respond to the licensing report by providing a corrective action plan (CAP) to address the areas of noncompliance.

Rappahannock Area Community Services Board (RACSB) submitted and received approval for four Corrective Action Plans (CAP) during the months of June 2022 and July 2022.

Developmental Disabilities Support Coordination received a licensing report for the late reporting of an incident. New Hope Group home received a licensing report for the late reporting of an incident. Leeland Road received a licensing report for late submission of verification of implementation of a CAP. Lastly, Lucas Street ICF received a licensing report for a violation related to the Human Rights regulations.

The attached CAPs provide addition details regarding the citations and RACSB's response to those citations.

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 1 of 2

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-25-2022

Program Type/Facility Name: 01-001 Leeland Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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<p>12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;</p>	<p>N</p>	<p>Leeland Road Group Home</p> <p>This regulation was NOT MET as evidenced by: See OHR citation below.</p>	<p>PR) 05/12/2022</p> <p>Please see response below.</p> <p>OLR) Accepted 05/12/2022</p>	<p>5/12/2022</p>
<p>12VAC35-115-260. A. (1) - Providers, through their directors, shall: 11. Cooperate with the human rights advocate and the LHRC to investigate and correct conditions or practices interfering with the free exercise of individuals' human rights and make sure that all employees cooperate with the human rights advocate, the LHRC, and the SHRC in carrying out their duties under this chapter;</p>	<p>N</p>	<p>Leeland Road Group Home</p> <p>This regulation was NOT MET as evidenced by: CHRIS C#20210005/Incident Date: 10.27.21</p> <ul style="list-style-type: none"> • Provider failed to return CAP within expected timeframes: <ul style="list-style-type: none"> ◦ On 12.22.21, CAP was partially accepted due to the need for additional evidence of corrective action; ◦ Additional evidence of corrective action was received and reviewed on 2.4.22; ◦ The CAP remained in the provider's queue and was not returned; ◦ On 4.7.22 and 4.19.22, the provider received an email requesting the CAP in their queue be returned for full acceptance. <p>It is significant to note that the provider did return the CAP promptly after the request on 4.19.2022; therefore, this matter has now been resolved.</p>	<p>PR) 05/12/2022</p> <p>PR: The failure to submit the CAP after the evidence of the corrective action plan was submitted was a administrative error as the provider thought all areas of the CAP were met at that time. When notified that there was a CAP in que the provider had multiple CAPs in que: thus the incorrect CAP was complete.</p> <p>OHR/OLR) Accepted 05/12/2022</p>	<p>5/12/2022</p>

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 2 of 2

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-25-2022

Program Type/Facility Name: 01-001 Leeland Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
General Comments / Recommendations:				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Tonya Carr, Review Specialist			(Signature of Organization Representative)	Date
			Due Date: 06/03/2022	
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

CORRECTIVE ACTION PLAN

Page: 1 of 3

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-05-2022

Program Type/Facility Name: 16-002 Stafford DD Casemanagement

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or	N	Stafford DD Casemanagement This regulation was NOT MET as evidenced by: CHRIS Number: 20220452 Date/Time of Discover: 05/02/2022 12:30PM Enter Date/Time: 05/03/2022 3:48PM Reporting Delay: 3:18:00 Location Name: Stafford DD Casemanagement	PR) 05/26/2022 PR: The Support Coordinator responsible for entering the late incident report was waiting for additional information to ensure she had all details regarding the incident before completing the report. She has received remedial training from her supervisor to ensure incident reports are completed within agency required time frames. In addition all Support Coordinators will receive remedial training, which will be documented in their personnel file to ensure everyone has a clear understanding about agency incident reporting requirements. Support Coordinator Supervisors and Coordinator for Support Coordinators will receive emails from the Quality Assurance team when incident reports are not received timely. The Quality Assurance Team will recommend documented personnel action for trends identified for specific Support Coordinators. OLR) Partially Accepted 05/27/2022 In addition to the above, the provider response needs to include the following: 1. Provider needs to demonstrate an understanding that incident reports must be entered within 24 hours with required fields completed to avoid a late citation. However, if providers select that they will update the report within the initial CHRIS Report, they will have an additional 2 business days from entry date to update with any findings. 2. Provider is encouraged to review Office of Licensing CHRIS Training and Guidance	6/30/2022

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

CORRECTIVE ACTION PLAN

License #: **101-16-002**
 Organization Name: **Rappahannock Area Community Services Board**
 Date of Inspection: **05-05-2022**
 Program Type/Facility Name: **16-002 Stafford DD Casemanagement**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
<p>circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.</p>			<p>documents located on the DBHDS website as a basis for staff training for new CHRIS users. Attached to the email you will find a document that contains links to the training and guidance documents for your convenience.</p> <p>3. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible.</p> <p>4. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).</p> <p>PR) 06/01/2022</p> <p>There will be times when human errors occur or staff make misjudgments regarding the submission of incident reports. All staff are educated on the requirement of submitting incident reports timely. The agency has implemented a policy that requires staff to submit incidents reports: "Timely reporting of incidents is necessary in order to gain an accurate account of details as well as to implement needed corrective measures. The appropriate information should be entered into the electronic incident report tracking system by the employee directly involved (or to whom it has been reported by a consumer) as soon as possible following an incident. Incidents which occur or are reported prior to 4:00PM must be submitted prior to 5PM</p>	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

CORRECTIVE ACTION PLAN

Page: 3 of 3

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-05-2022

Program Type/Facility Name: 16-002 Stafford DD Casemanagement

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			<p>on the date of discovery. Incident reports for incidents occurring or reported after 4:00PM must be received by 12:00 PM the next day. "</p> <p>All staff are required to take an annual incident report training. Staff responsible for entering information into CHRIS review the CHRIS training at a minimum of annually.</p> <p>Staff titles are included in the initial response, as the responses references that the Supervisors and the Coordinator are monitoring based on emails received from the QA team.</p> <p>Incident Reports are monitored daily.</p> <p>OLR) Accepted 06/01/2022</p>	

General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Lakesha Steele, Incident Management Unit

(Signature of Organization Representative)

Due Date: 06/23/2022

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

Page: 1 of 7

License #: 101-01-005

Date of Inspection: 05-12-2022

Organization Name: Rappahannock Area Community Services Board

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

Standard(s) Cited Comp Description of Noncompliance Actions to be Taken Planned Comp. Date

12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: See OHR citations below.	PR) 05/20/2022 Please see response below OLR) Accepted 05/20/2022	7/30/2022
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: CHRIS Abuse #20220009/Incident Date: 4.23.33 "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider has substantiated for abuse due to the following: <ul style="list-style-type: none"> Review of video footage revealed: Individual #1 walked into the office behind Employee #1 who was leaning on the desk. Individual #1 placed their right hand on Employee #1's back with left arm around the left side of Employee #1's body. Individual #1 then leaned into Employee #1, Employee #1 then 	PR) 05/20/2022 please see response below OHR/OLR) Accepted 05/20/2022	7/30/2022

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

License #: **101-01-005** Date of Inspection: **05-12-2022**
 Organization Name: **Rappahannock Area Community Services Board** Program Type/Facility Name: **01-005 Lucas Street (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>swung their arm up and back making contact with Individual #1, which caused Individual #1 to fall backwards and hit their head on the desk, resulting in a laceration that required 7 staples.</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § 37.2-100 of the Code of Virginia.</p> <p>Provider failed to call 911 in a timely manner as evidenced by:</p> <ul style="list-style-type: none"> • As a result of Employee #1's actions, Individual #1 sustained head injury with laceration at 3:04 pm. • Employee #1 did not call 911 at this time. • Employee #2 became aware of Individual #1's injury and at approximately 3:08 pm and called Employee #3 to report the injury, but did not call 911. Pictures of the injury were also sent to Employee #3. • While on the phone with Employee #2, Employee #3 did not instruct Employee #2 to call 911. • At approximately 3:10 pm, Employee #4 and Employee #5 assisted Employee #1 and Employee #2 in the hallway to view laceration, but did not call 911. • Employee #3 arrived to the group home at 3:29 pm. Per the investigation report, Employee #3 contacted 911 at 3:40 pm, which was 36 minutes after Individual #1 hit their head <p>Failing to call 911 in a timely manner for the purposes of obtaining medical assessment and treatment meets the</p>		

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

License #: 101-01-005
 Organization Name: Rappahannock Area Community Services Board
 Date of Inspection: 05-12-2022
 Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		<p>regulatory definition of neglect, and, therefore, is a violation of 12VAC35-115-50(B)(2).</p> <p>Provider failed to provide adequate monitoring and support to Individual #1 after sustaining an injury to his head as evidenced by the following video footage:</p> <ul style="list-style-type: none"> At 3:06 pm, Individual #1 walked down the hallway holding onto handrails, and at 3:06:15 pm, entered the bedroom alone while Employee #1 was in the hall bathroom getting gloves. At 3:06:36 pm, Individual #1 left their bedroom and walked down the hallway alone, holding onto the handrails. Individual #1 then walked through the kitchen (3:07 pm) into dining area and then into the living room where Employee #2, Employee #4 and Employee #5 were sitting with other individuals watching TV. At 3:16:58 pm, Employee #1 and Employee #2 left Individual #1 in their bedroom alone, unmonitored. At 3:17:03 pm, Individual #1 walked down the hallway from bedroom to the kitchen to Employee #2. At 3:26:00 pm, Employee #1 redirected Individual #1 to their bedroom, and at 3:26:23 pm Employee #1 left Individual #1 alone, unmonitored in their bedroom. Individual #1 was left unmonitored in their bedroom from 3:26:23 pm until 3:29:26 pm when Employee #3 arrived to the group home, and walked back to Individual #1's bedroom with Employee #2. <p>Failing to provide adequate monitoring and support to Individual #1 after a head injury (necessary to health, safety, and welfare of the individual) is neglect and therefore a violation of 12VAC35-115-50(B)(2).</p>		

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

CORRECTIVE ACTION PLAN

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-12-2022

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-60. B. (4b) - The provider's duties. 4. Providers shall assign a specific person or group of persons to carry out each of the following activities: 4b. Preparation, implementation, and modifications to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual;	N	<p>Lucas Street (ICF/IID)</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS Abuse#20220009/Incident Date: 4.23.22</p> <p>Goal #14 of Individual #1's treatment plan which states: "[Individual #1] is supported to remain upright and steady while ambulating. " Support Instructions for staff for this goal include:</p> <ul style="list-style-type: none"> "While ambulating, [Individual #1] should have support staff within arm's length, ready to help if [Individual #1] should lose [Individual #1's] balance. [Individual #1] can at times walk faster than is safe for him to do so...so staff supervision is essential to ensuring that [Individual #1] receives prompting to help keep [Individual #1] safe...[Individual #1] requires constant visual oversight as [Individual #1] is not capable of recognizing potential dangers. [Individual #1] has documented issues with sleep and...This contributes to [Individual #1's] lack of balance and overall awareness of [Individual #1's] potential surroundings, increasing [Individual #1's] potential as a falls risk...[Individual #1's] home is equipped with handrails that [Individual #1] should be encouraged to use while walking, with staff remaining close by [Individual #1's] side...Should [Individual #1] hit [Individual #1's] head during a fall, or if there is signs of an injury, contact 911 and management." <p>Provider failed to implement services as identified in the ISP as evidenced by the following:</p> <ul style="list-style-type: none"> Video footage revealed: <ul style="list-style-type: none"> Individual #1 ambulating without staff 	<p>PR) 05/20/2022</p> <p>PR: The staff member responsible for the incident was put on administrative leave pending the results of RACSB's internal investigation. Upon substantiation of the abuse allegation, she was separated from employment by the agency effective 5/9/22.</p> <p>Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee as a proactive measure for preventing abuse.</p> <p>The individual's plan will be reviewed and updated where needed with respect to his falls risk plan to include any specific redirection protocols and/or procedural steps to be taken to best support him. To be included in that review will be a consult with the ICF Occupational and/or Physical Therapist to explore intervention options for the individual's unsteady gait. Specific options inquired into will be an alternative (if possible) to the current protocol of discouraging him from holding staff's hand through lifting their hands up when he attempts to grab them. Also to be included in the plan review/update will be the</p>	7/30/2022

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

CORRECTIVE ACTION PLAN

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-12-2022

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<ul style="list-style-type: none"> supervision or support at 3:06 pm pm, 3:07 pm, and 3:17 pm. <ul style="list-style-type: none"> Employee #1, Employee #2, Employee #4, and Employee #5 did not call 911 when Individual #1 hit their head and there was an injury. Employee #2 called Employee #3 and reported that Individual #1 had fallen and hit their head and sustained an injury (laceration). However, during the call, Employee #3 did not instruct Employee #2 to call 911. Employee #3 did not call 911 until Employee #3 arrived to the group home almost 20 minutes later. 	<p>procedure to follow in the event of a fall with injury (911 for head injury, first aid, calling the RN Manager, etc.).</p> <p>The ICF policy for head injuries will be reviewed and update to ensure appropriate response steps are clear. 911 protocols were reviewed in the May 2022 meeting and will be reinforced again in the June 2022 team meeting. Human rights regulations regarding abuse, neglect, and exploitation were reviewed at the May 2022 staff meeting. This will again be reviewed in the June 2022 and July 2022 team meeting and quarterly thereafter, with an annual refresher training continuing every May.</p> <p>A monthly tracking record will be implemented for the individual's falls and the outcome of the falls to monitor how interventions and frequency of incidents are occurring. This data will be shared with the QA team through December so that they remain in the loop.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon</p>	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

CORRECTIVE ACTION PLAN

Page: 6 of 7

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-12-2022

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>hire during the week of their agency orientation.</p> <p>The Program Supervisor, Assistant Manager, and QIDP will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. They will likewise ensure best person-centered practices are being followed by staff through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals).</p> <p>The Quality Assurance team will monitor incident reports and any allegations or reports of human rights violations on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>OHR/OLR) Accepted 05/20/2022</p>	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 7 of 7

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-12-2022

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Tonya Carr, Review Specialist

(Signature of Organization Representative)

Due Date: 06/13/2022

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-01-2022

Program Type/Facility Name: 01-001 New Hope Church Rd. Group Home

Standard(s) Cited Comp Description of Noncompliance Actions to be Taken Planned Comp. Date

12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or	NS	<p>New Hope Church Rd. Group Home</p> <p>This regulation was NOT MET (SYSTEMIC) as evidenced by:</p> <p>CHRIS Number: 20220474</p> <p>Date/Time of Discover: 05/26/2022 8:00AM</p> <p>Enter Date/Time: 05/27/2022 9:20AM</p> <p>Reporting Delay: 1:20:00</p> <p>Location Name: New Hope Church Rd. Group Home</p> <ul style="list-style-type: none"> • This is a systemic (NS) citation. • This is the Third Step in the Progressive Citation Process for violation of 12VAC35-105-160 D.2 within a one-year period. This is measured on a rolling basis for (01-001) since June 2, 2021. • The first citation was issued on 09/09/2021. • The second citation was issued 03/09/2022. • Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submitting an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the licensing report response. Both items are due no later than the due date of 06/23/2022. If the provider does not submit attestation(s) to confirm completion of required trainings and document reviews as indicated on the form, the provider may incur negative actions. The links for the trainings and guidance documents are listed in the attached attestation form. 	<p>PR) 06/22/2022</p> <p>PR: Moving forward, incident reports will be entered into the CHRIS Program within the 24-hour deadline. To help ensure understanding of expected timelines for incident report submission, New Hope Group DSP staff, the Manager, and the Assistant Manager will be assigned the e-learning course on incident reporting as a refresher training on the incident reporting process. This training will be documented in employee files. This training will be completed by 7/31/22.</p> <p>An annual e-learning course on incident reporting will continue to be assigned to all residential program staff annually to ensure continued understanding of expected protocols and deadlines for submitting incident reports.</p> <p>Staff responsible for CHRIS entry will submit attestation to reviewing ALL CHRIS Training and guidance documents located on the DBHDS website as indicated by a check mark on the attestation form to accompany this corrective action plan.</p> <p>Monitoring and oversight of timeliness for incident reporting protocols and timeline expectations will be provided by the group home manager daily. Additionally, Quality Assurance and the DD Residential Coordinator will monitor for incidents and timeliness of reports on a daily basis to ensure Level II and Level III incidents are entered in a timely fashion into the CHRIS system.</p> <p>OLR) Partially Accepted 06/23/2022</p>	7/31/2022
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DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

CORRECTIVE ACTION PLAN

License #: 101-01-001
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-01-2022
 Program Type/Facility Name: 01-001 New Hope Church Rd. Group Home

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
<p>circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.</p>			<p>In addition to the above, provider response needs to include the following:</p> <ol style="list-style-type: none"> 1. Describe the specific issue that led to the late reporting. Describe how the specific issue was addressed. 2. Description of process implemented to forward reportable incidents to designated person who enters into CHRIS within the required timeframe to include nights, weekends, and holidays. Be sure to list staff by title only. 3. Attestation forms for staff responsible for CHRIS entry. 	
			<p>PR) 07/06/2022</p> <ol style="list-style-type: none"> 1. Describe the specific issue that led to the late reporting. Describe how the specific issue was addressed. Original report did not specify that individual was taken to ED. This was not included in the incident report until 5/26/2022. 2. Description of process implemented to forward reportable incidents to designated person who enters into CHRIS within the required timeframe to include nights, weekends, and holidays. Be sure to list staff by title only. Quality Assurance staff is responsible for entering incident reports once received from programs. It would not be effective or efficient to provide all staff with the ability to enter CHRIS reports; thus, designated staff have been assigned to enter reports to mitigate over reporting, double reporting and errors in reporting. 	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

CORRECTIVE ACTION PLAN

Page: 3 of 3

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-01-2022

Program Type/Facility Name: 01-001 New Hope Church Rd. Group Home

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			3. Attestation forms for staff responsible for CHRIS entry. OLR) Accepted 07/06/2022	

General Comments / Recommendations:

Please be sure to return the following items no later than June 23, 2022.

1. Licensing Report Response
2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents.

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Sherry Miles, Incident Management Unit

(Signature of Organization Representative)

Date

Due Date: 07/27/2022

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: August 2, 2022

The Rappahannock Area Community Services Board is committed to using data-driven decision-making to improve performance, quality, and demonstrate the value of services. This report will provide an overview of the new and on-going Behavioral Health and Developmental Disability performance measures.

Department of Behavioral Health and Developmental Services Performance Dashboard

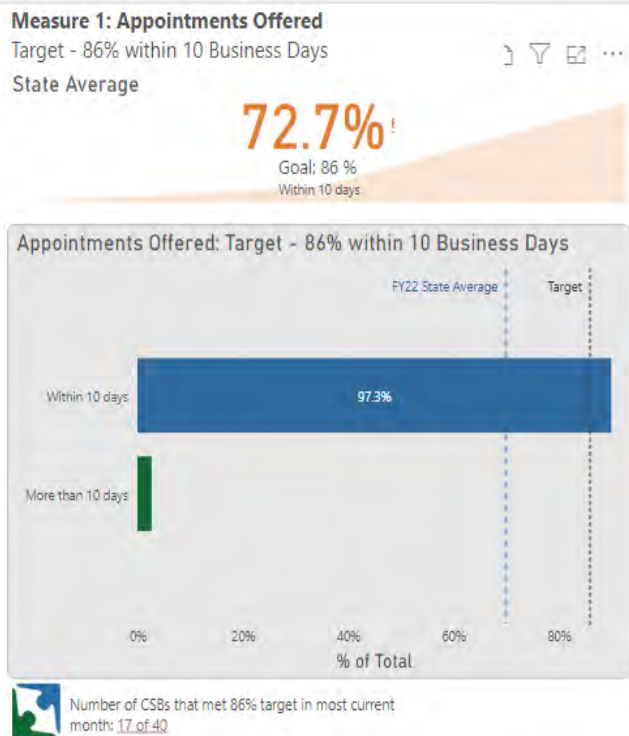
This month's report will detail the new measures and ongoing measures set by DBHDS as performance metrics. The targets indicated have been set by DBHDS and are subject to change at the department's discretion. These targets did not take effect until July 1, 2021.

Behavioral Health Measures

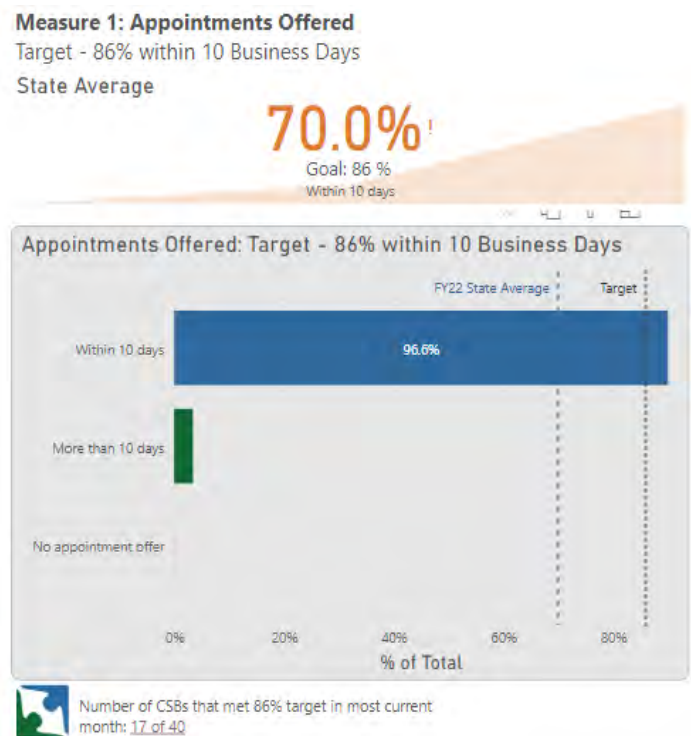
Same Day Access

Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

Current Month's Performance- April 2022

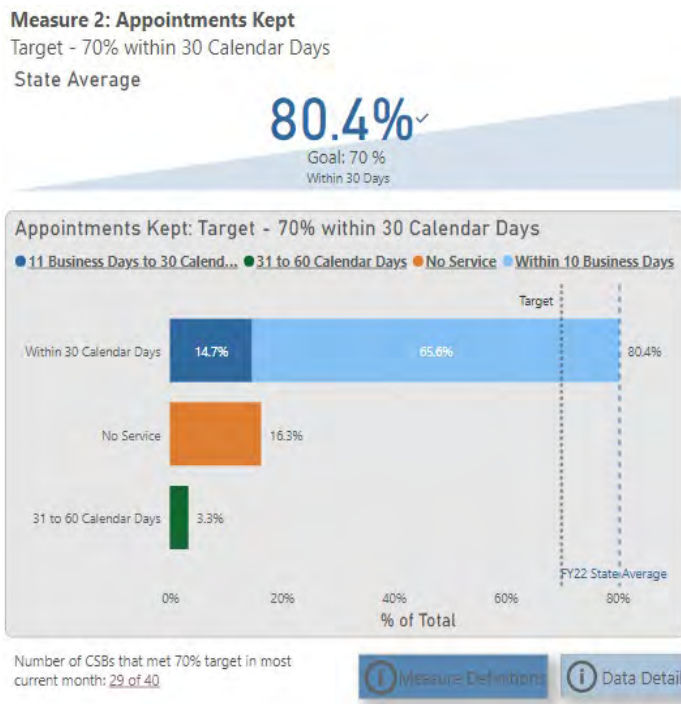


Year-to-date performance: FY2022

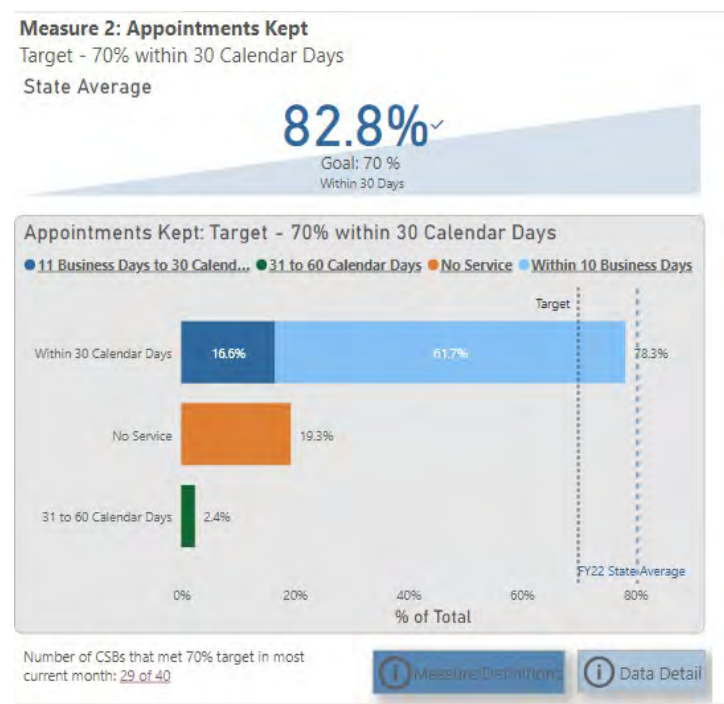


Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

Current Month's Performance- Feb 2022



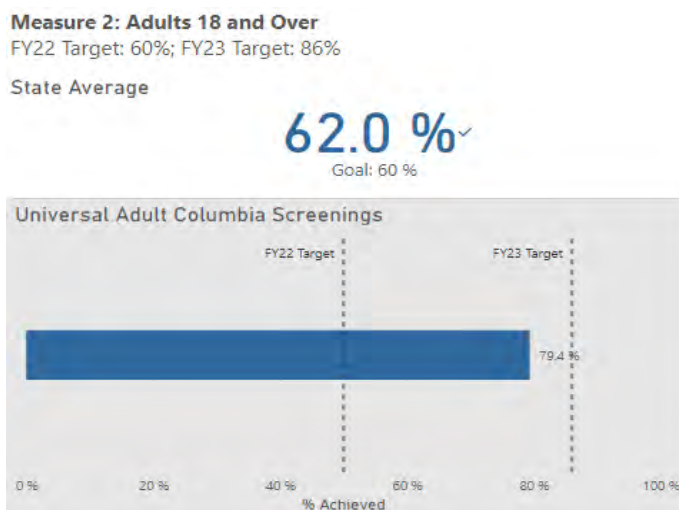
Year-to-date performance: FY2022



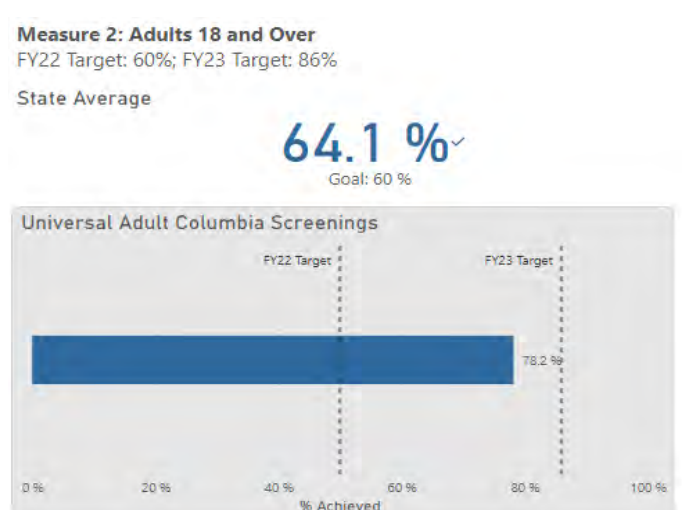
Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

Measure #1: Universal Adult Columbia Screenings: Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening (numerator). The benchmark is set at 60% for FY22 and 86% for FY23. *Not yet benchmarked in performance contract.

Current Month's Performance- March 2022



Year-to-date performance: FY2022



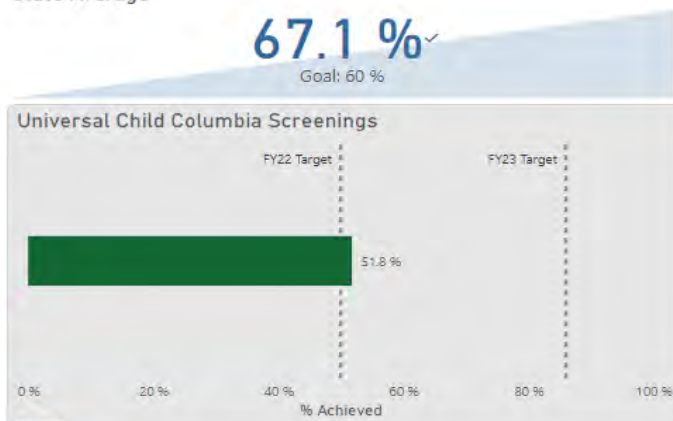
Measure #2: Child Suicide Assessment: Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening (numerator). The benchmark is set at 60% for FY22 and 86% for FY23. *Not yet benchmarked in performance contract.

Current Month's Performance- March 2022

Year-to-date performance: FY2022

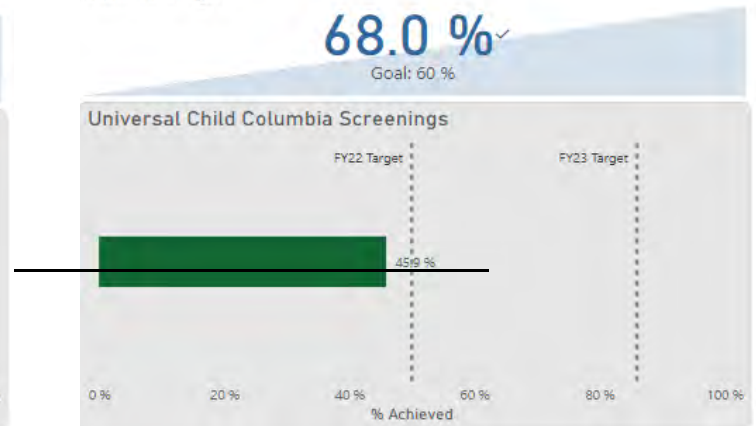
Measure 1: Children 6 to 17
FY22 Target: 60%; FY23 Target: 86%

State Average



Measure 1: Children 6 to 17
FY22 Target: 60%; FY23 Target: 86%

State Average



Substance Use Disorder Engagement Measures

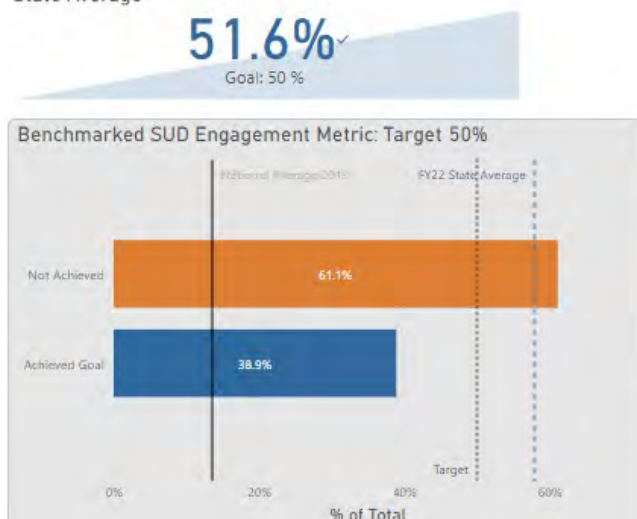
Engagement of SUD Services: Percentage of adults and children who are 13 years old or older with a new episode of SUD services as a result of a new substance use disorder (SUD) diagnosis (denominator), who initiated any SUD service within 14 days of diagnosis and who received two or more additional SUD services within 30 days of the first service (numerator). Benchmark is 50%.

Current Month's Performance- April 2022

Benchmarked Measure

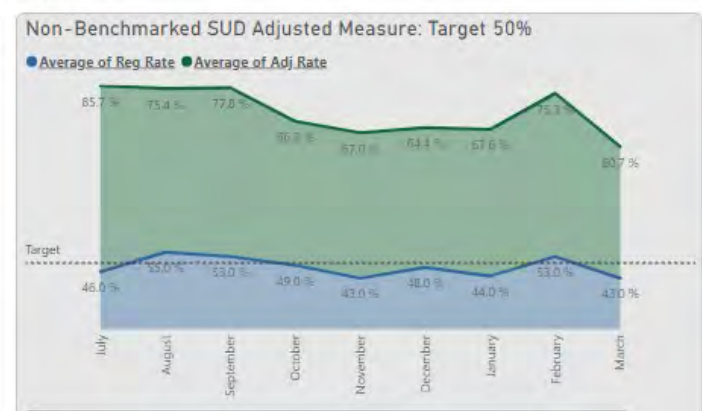
Target - 50%

State Average



Non-Benchmarked Adjusted Measure

Target - 50%



Year-to-date performance: FY2022

Benchmarked Measure

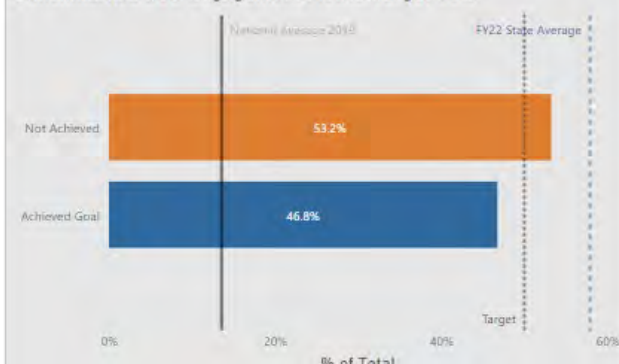
Target - 50%

State Average

57.9%

Goal: 50 %

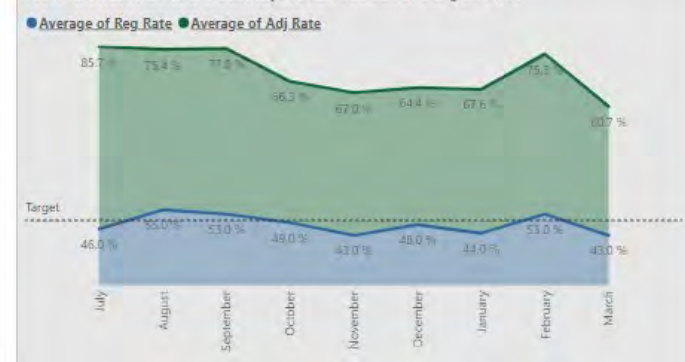
Benchmarked SUD Engagement Metric: Target 50%



Non-Benchmarked Adjusted Measure

Target - 50%

Non-Benchmarked SUD Adjusted Measure: Target 50%

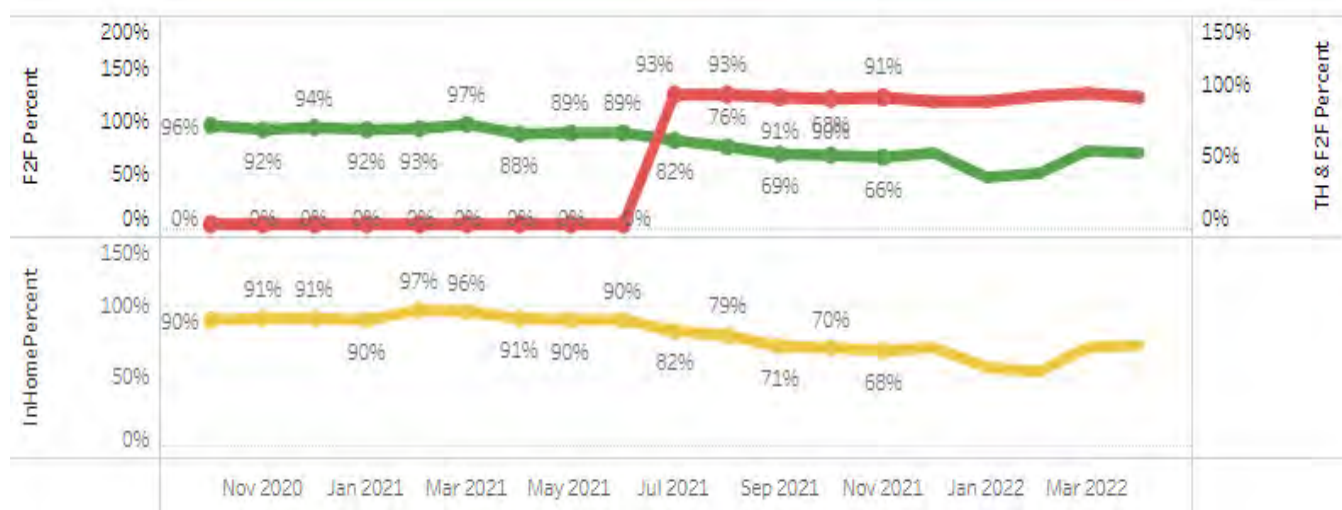


Developmental Disability Measures

Percent receiving face-to-face and In-Home Developmental Case Management Services

Definition: Percent of total individuals with an ID/DD Waiver who meet criteria for Enhanced Case Management who received a face-to-face case management service within the reporting month and previous case management visit was 40 days or less. **Target: 90%.**

Definition: Percent of total individuals with an ID/DD Waiver who meet criteria for Enhanced Case Management who received **In-Home** face-to-face case management services every two months. **Target: 90%.**



MEMORANDUM

TO: Melodie Jennings
Healthy Families Rappahannock Area

FROM: Shawn Sloan, Community Impact Cabinet, Chair

DATE: June 30, 2022

SUBJECT: FY23 Community Impact Grant Funding

Congratulations!

On behalf of the Rappahannock United Way Board of Directors, I am writing to inform you that Healthy Families Rappahannock Area was granted the following Rappahannock United Way Community Impact Grant Funding for FY23:

Home Visiting \$25,000

Village Fathers \$ 3,500

The above funding is from Rappahannock United Way Community Impact Funds only. Funds will be distributed in 12 equal monthly installments starting in July, 2022 through June, 2023. Donor-designated funds will be distributed separately.

This is a one-year grant, with the option to renew for a second year of funding. Continued funding is dependent upon Rappahannock United Way funds being available and Agency's program performance. Nothing in this letter is to be construed as a guarantee of funding.

Funding Agreement:

Please carefully review, sign and return (by email) the attached Funding Agreement no later than August 1, 2022. Please note that the Agreement includes new data collection and reporting – please plan to attend the RUW Data Workshop at 9am on July 27, 2022. Failure to fulfill these expectations can affect current and future grant funding.

We look forward to working in partnership with you – together we can create a community where people are hopeful, resilient, and self-sufficient.

Thank you for all you do to support the success of individuals in our community!

Healthy Families Rappahannock Area Funding Notification – Rappahannock United Way

Healthy Families Rappahannock Area is a long time member agency of the Rappahannock United Way (RUW). They received the following funding notification for FY 2023:

- Home Visiting - \$25,000
- Village Fathers - \$3,000

August 2022 Finance Committee Meeting Minutes

Call to order

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **August 14, 2022**. Attendees included Melissa White, Susan Gayle, Nancy Beebe, Ken Lapin, Glenna Boerner, Susan Muerdler, Matt Zurasky, Jacob Parcell, Claire Curcio, Joe Wickens, Stephanie Terrell, Tina Cleveland, Jacque Kobuchi, Amy Jindra, Brandie Williams, Amy Umble, Michelle Runyon, Hosanna Gifford, Allie Parrish, and Megan Toler. Kheia Hilton and Linda Carter were not in attendance.

June 2022 Investment Report

Tina Cleveland said that as of June 30, 2022, cash and cash equivalent investments totaled \$20,621,782 which is 16% higher than the prior year. Of the investments, 99% is with Atlantic Union Bank and the remainder is invested in the Local Government Investment Pool.

June 2022 Reimbursement Report

Megan Toler told the Committee that claims aging figures are provided as of June 30, 2022. Aging is calculated from the date the service was billed. Total outstanding claims are \$6,327,036 as of the period end date. Year-to-date fee revenue of \$26,475,897 is 5% higher than the prior year.

June 2022 Financial Report

Tina Cleveland reviewed the Finance Report with the Committee.

ACTION TAKEN: The Committee unanimously approved a motion recommending the Board of Directors accept the report as presented.

Moved by: Ken Lapin Seconded by: Susan Gayle

June 2022 Health Insurance Account Report

Tina Cleveland reported the health insurance account balance is \$381,873.61 as of June 30, 2022. Year-to-date premiums deposited in the account, \$3,602,850 are less than year-to-date claims and fees by 135,309.

June 2022 Other Post-Employment Benefits Review

Tina Cleveland said that the June 2022 OPEB cash basis value is \$2,097,261 which is 120% more than the initial investment of \$954,620. The market value is \$3,520,344.

Payroll Statistics

Tina Cleveland said that there were 506 paid employees. Overtime hours are increasing.

Write Off Report

Megan Toler reviewed the Write Off Report with the Committee.

Additional Funding Summary

Brandie Williams reviewed the summary.

Adjournment

The meeting adjourned at 1:30 PM.



Voice/TDD (540) 373-3223 | Fax (540) 371-3753

NOTICE

To: Finance Committee
Matt Zurasky, Susan Gayle, Kheia Hilton, Melissa White

From: Joseph Wickens
Executive Director

Subject: Finance Committee Meeting
August 9, 2022, 12:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: August 5, 2022

A Finance Committee Meeting has been scheduled for Tuesday, August 9, 2022 at 12:00 PM.
The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on August 9, 2022 at 12:00 PM.

Cc: Matt Zurasky, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Finance Committee Meeting

August 9, 2022 – 12:00 PM

In-Person | 600 Jackson Street, Room 208 | Fredericksburg, VA 22401

Agenda

I.	June 2022 Investment Report, <i>Cleveland</i>	3
II.	June 2022 Reimbursement Report, <i>Toler</i>	5
III.	June 2022 Health Insurance Account Report, <i>Cleveland</i>	7
IV.	June 2022 Other Post-Employment Benefits, <i>Cleveland</i>	9
V.	Payroll Statistics, <i>Cleveland</i>	11
VI.	Write Off Report, <i>Toler</i>	12
VII.	Additional Funding Summary, <i>Williams</i>	13
VIII.	Other Business, <i>Zurasky</i>	

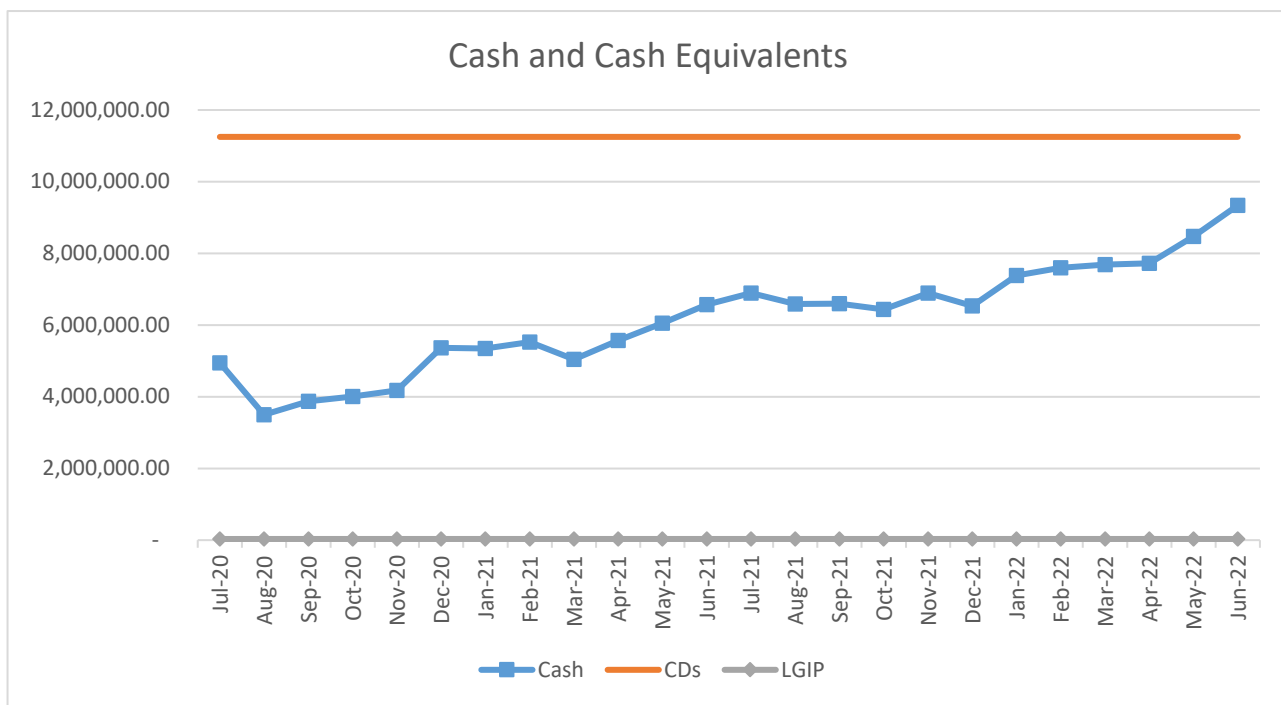
Re: June 2022 Investment Report

At June 30, 2022, cash and cash equivalent investments totaled \$20,621,782 and 16% higher than the prior year. Of the investments, 99% is with Atlantic Union Bank and the remainder is invested in the Local Government Investment Pool.

Currently five months of reserve on hand.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
SUMMARY OF CASH AND INVESTMENTS BY DEPOSITORY

Depository	6/30/2022	Rate	Maturity Date
Atlantic Union Bank			
Checking	\$ 9,339,867	0.15%	N/A
Certificates of Deposit	\$ 11,250,000	0.01%	6/21/2024
Total Atlantic Union Bank	\$ 20,589,867		
Other			
Local Gov. Investment Pool	\$ 31,914	0.09%	N/A
Total Investments	\$ 20,621,782		



	\$ Change	% Change
Change from Prior Month	\$ 868,483	4.4%
Change from Prior Year	\$ 2,769,503	16%

Average # Months Reserves on Hand: 4.98

Re: Reimbursement Report

Claims aging figures are provided as of June 30, 2022. Aging is calculated from the date the service was billed. Total outstanding claims are \$6,327,036 as of the period end date.

Year-to-date fee revenue of \$26,475,897 is 5% higher than the prior year.

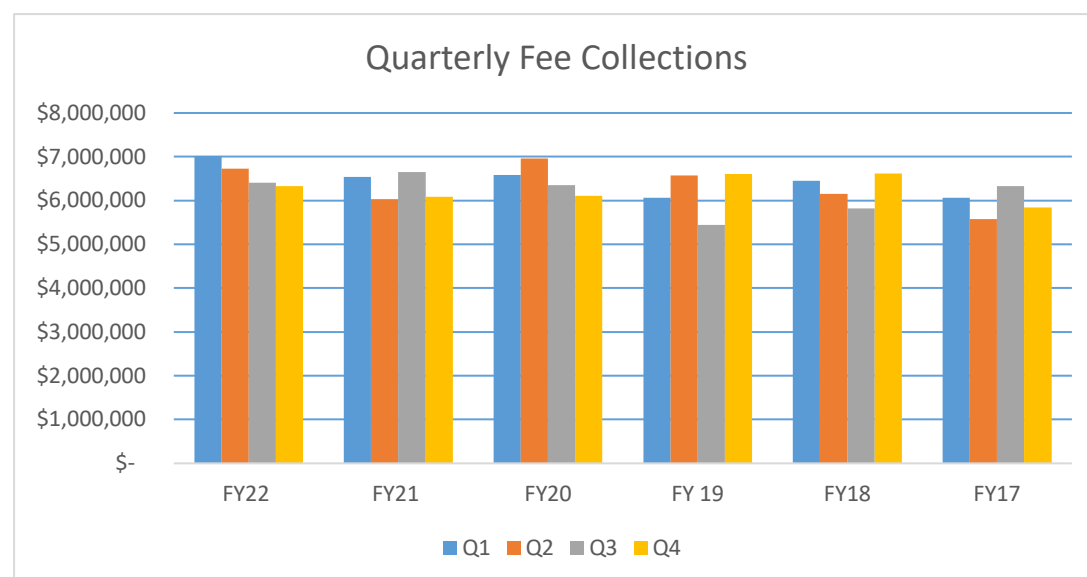
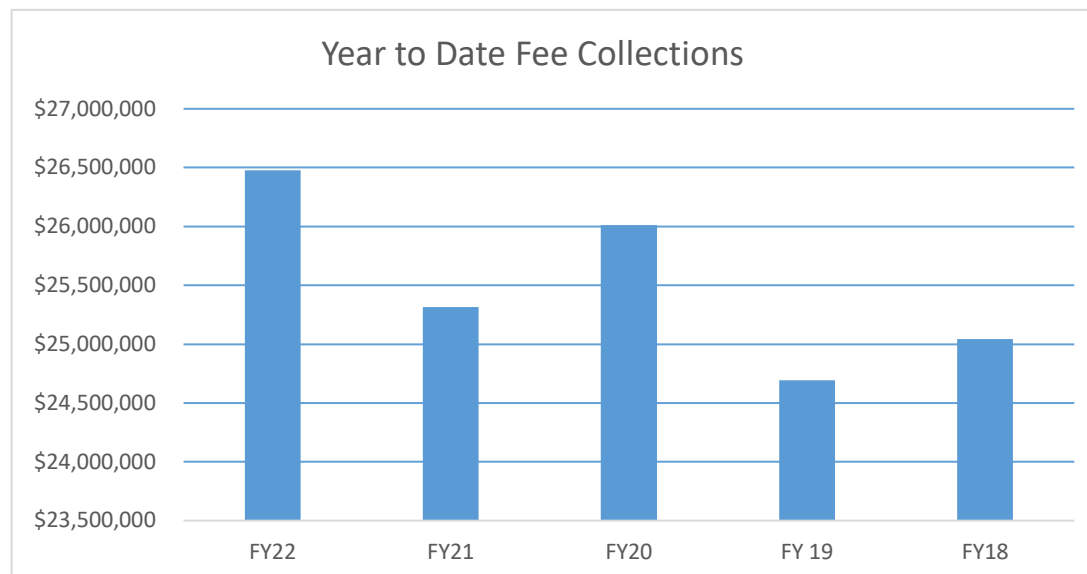
**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
FEE REVENUE REIMBURSEMENT REPORT AS OF JUNE,2022**

AGED CLAIMS

		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,327,036	100%	\$5,954,737	100%	\$5,838,839
	Consumers	38%	\$2,422,430	45%	\$2,695,845	28%	\$1,654,209
	3rd Party	62%	\$3,904,606	55%	\$3,258,892	72%	\$4,184,630
Claims Aged 0-29 Days	Consumers	4%	\$231,660	6%	\$371,451	3%	\$198,713
	3rd Party	48%	\$3,021,423	39%	\$2,487,600	55%	\$3,207,862
Claims Aged 30-59 Days	Consumers	0%	\$8,093	0%	\$9,993	1%	\$30,743
	3rd Party	5%	\$342,410	1%	\$88,026	2%	\$96,250
Claims Aged 60-89 Days	Consumers	0%	\$9,495	5%	\$343,469	1%	\$78,312
	3rd Party	1%	\$66,660	5%	\$293,517	1%	\$74,791
Claims Aged 90-119 Days	Consumers	4%	\$255,448	0%	\$6,860	1%	\$33,498
	3rd Party	5%	\$289,363	2%	\$99,203	1%	\$39,829
Claims Aged 120+ Days	Consumers	30%	\$1,917,734	31%	\$1,946,066	22%	\$1,312,943
	3rd Party	3%	\$184,750	5%	\$308,552	13%	\$765,898

CLAIM COLLECTIONS

Current Year To Date Collections	\$26,475,897
Prior Year To Date Collections	\$25,313,563
\$ Change from Prior Year	\$1,162,334
% Change from Prior Year	5%



Re: June 2022 Financial Report

Fiscal Year 2022 revenues of \$48,376,974 are \$4,370,395 or 9.93% more than Fiscal Year 2021 as of June 30, 2022. Expenses of \$43,574,668 are \$3,149,251 or 7.79% greater than Fiscal Year 2021. The Net Revenue of \$4,802,306 is \$1,221,144 or 34.10% greater than Fiscal Year 2021.

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2021 through June 30, 2022
Report Period: July 1, 2021 through June 30, 2022

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 06/30/22	%	BUDGET FY 2022	ACTUAL 06/30/22	%		
INPATIENT	106,500	26,975	25.33%	106,500	26,975	25.33%	-	0%
OUTPATIENT	2,079,801	2,523,360	121.33%	2,079,801	1,946,739	93.60%	576,621	23%
MEDICAL OUTPATIENT	3,673,594	3,777,765	102.84%	3,673,594	3,876,026	105.51%	(98,261)	-3%
NORTH / SOUTH ACT	1,795,548	1,762,770	98.17%	1,795,548	1,313,924	73.18%	448,846	25%
CASE MANAGEMENT ADULT	953,110	994,191	104.31%	953,110	923,776	96.92%	70,415	7%
CASE MANAGEMENT CHILD & ADOLESCENT	802,910	765,565	95.35%	802,910	739,678	92.12%	25,887	3%
PSY REHAB & KENMORE EMP SER	956,854	758,764	79.30%	956,854	601,790	62.89%	156,974	21%
PERMANENT SUPPORTIVE HOUSING	2,035,818	2,001,337	98.31%	2,035,818	781,965	38.41%	1,219,372	61%
CRISIS STABILIZATION	2,067,073	1,713,578	82.90%	2,067,073	1,690,768	81.80%	22,810	1%
SUPERVISED RESIDENTIAL	558,092	591,892	106.06%	558,092	487,178	87.29%	104,714	18%
SUPPORTED RESIDENTIAL	867,856	947,390	109.16%	867,856	781,996	90.11%	165,394	17%
JAIL DIVERSION GRANT	146,429	146,429	100.00%	146,429	74,923	51.17%	71,506	49%
SUB-TOTAL	16,043,585	16,010,018	99.79%	16,043,585	13,245,739	82.56%	2,764,279	17%
* Budget excludes program subsidies								

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 06/30/22	%	BUDGET FY 2022	ACTUAL 06/30/22	%		
CASE MANAGEMENT	2,774,419	3,137,877	113.10%	2,774,419	2,930,993	105.64%	206,884	7%
DAY HEALTH & REHAB *	4,617,930	3,555,564	76.99%	4,617,930	4,122,921	89.28%	(567,356)	-16%
GROUP HOMES	5,546,096	5,729,876	103.31%	5,546,096	5,036,650	90.81%	693,226	12%
RESPIRE GROUP HOME	148,378	60,738	40.93%	148,378	393,724	265.35%	(332,986)	-548%
INTERMEDIATE CARE FACILITIES	4,045,972	2,774,946	68.59%	4,045,972	3,583,205	88.56%	(808,259)	-29%
SUPERVISED APARTMENTS	1,490,022	1,613,261	108.27%	1,490,022	1,321,237	88.67%	292,025	18%
SPONSORED PLACEMENTS	2,263,579	2,269,154	100.25%	2,263,579	1,913,668	84.54%	355,486	16%
SUB-TOTAL	20,886,396	19,141,418	91.65%	20,886,396	19,302,399	92.42%	(160,981)	-1%
* Budget excludes program subsidies								

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2021 through June 30, 2022
Report Period: July 1, 2021 through June 30, 2022

SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 06/30/22	%	BUDGET FY 2022	ACTUAL 06/30/22	%		
OUTPATIENT	2,204,542	2,013,436	91.33%	2,204,542	1,579,400	71.64%	434,035	22%
MAT PROGRAM	885,458	1,049,616	118.54%	885,458	986,638	111.43%	62,978	6%
CASE MANAGEMENT	143,474	214,339	149.39%	143,474	118,698	82.73%	95,641	45%
RESIDENTIAL	412,936	230,806	55.89%	412,936	43,351	10.50%	187,455	81%
PREVENTION	838,809	993,321	118.42%	838,809	648,598	77.32%	344,723	35%
LINK	184,996	535,801	289.63%	184,996	181,167	97.93%	354,634	66%
SUB-TOTAL	4,670,215	5,037,319	107.86%	4,670,215	3,557,852	76.18%	1,479,467	29%
* Budget excludes program subsidies								

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 06/30/22	%	BUDGET FY 2022	ACTUAL 06/30/22	%		
EMERGENCY SERVICES	1,327,096	1,358,072	102.33%	1,327,096	1,196,191	90.14%	161,881	12%
CHILD MOBILE CRISIS	320,728	343,524	107.11%	320,728	226,312	70.56%	117,212	34%
CIT ASSESSMENT SITE	289,481	321,810	111.17%	289,481	352,303	121.70%	(30,493)	-9%
CONSUMER MONITORING	139,646	124,555	89.19%	139,646	90,658	64.92%	33,898	27%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	167,440	86.32%	(167,440)	0%
ASSESSMENT AND EVALUATION	739,048	492,637	66.66%	739,048	467,457	63.25%	25,179	5%
SUB-TOTAL	3,009,974	2,640,598	87.73%	3,009,974	2,500,361	83.07%	140,237	5%
* Budget excludes program subsidies								

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2021 through June 30, 2022
Report Period: July 1, 2021 through June 30, 2022

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2022	ACTUAL 06/30/22	%	BUDGET FY 2022	ACTUAL 06/30/22	%	
ADMINISTRATION	177,738	110,384	62.10%	177,738	111,504	62.73%	(1,120)
PROGRAM SUPPORT	62,547	13,932	22.27%	62,547	14,015	22.41%	(83)
PROPERTY MANAGEMENT	-	19,100	0.00%	-	19,100	0.00%	(0)
SUB-TOTAL	240,285	143,416	59.69%	240,285	144,619	60.19%	(1,203)
ALLOCATED TO PROGRAMS				4,821,155	4,550,727	94.39%	

* Budget excludes program subsidies

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2022	ACTUAL 06/30/22	%	BUDGET FY 2022	ACTUAL 06/30/22	%		
TRANSPORTATION	445,758	0	0.00%	445,758	50,214	11.26%	(50,214)	0%
KIDS ON THE BLOCK	1,050	2,657	253.05%	1,050	2,909	277.08%	(252)	-9%
TOTAL	446,808	2,657	0.59%	446,808	53,124	11.89%	(50,467)	-1899%

* Budget excludes program subsidies

FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2022	ACTUAL 06/30/22	%	BUDGET FY 2022	ACTUAL 06/30/22	%		
INTERAGENCY COORDINATING COUNCIL	1,489,950	1,686,678	113.20%	1,489,950	1,329,503	89.23%	357,175	21%
INFANT CASE MANAGEMENT	705,062	750,656	106.47%	705,062	670,206	95.06%	80,450	11%
EARLY INTERVENTION	1,957,235	1,848,589	94.45%	1,957,235	1,816,358	92.80%	32,231	2%
TOTAL PART C	4,152,247	4,285,924	103.22%	4,152,247	3,816,067	91.90%	469,856	11%
HEALTHY FAMILIES	287,198	345,924	120.45%	287,198	84,558	29.44%	261,366	76%
HEALTHY FAMILIES - MIECHV Grant	432,579	381,588	88.21%	432,579	412,604	95.38%	(31,015)	-8%
HEALTHY FAMILIES-TANF & CBCAP GRANT	440,799	388,113	88.05%	440,799	457,345	103.75%	(69,232)	-18%
TOTAL HEALTHY FAMILY	1,160,576	1,115,625	96.13%	1,160,576	954,506	82.24%	161,118	14%

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2021 through June 30, 2022
Report Period: July 1, 2021 through June 30, 2022

RECAP FY 2022 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	16,010,018	13,245,739	2,764,279	17%
DEVELOPMENTAL SERVICES	19,141,418	19,302,399	(160,981)	-1%
SUBSTANCE ABUSE	5,037,319	3,557,852	1,479,467	29%
SERVICES OUTSIDE PROGRAM AREA	2,640,598	2,500,361	140,237	5%
ADMINISTRATION	143,416	144,619	(1,204)	-1%
OTHER	2,657	53,124	(50,467)	-1899%
FISCAL AGENT PROGRAMS	5,401,549	4,770,574	630,975	12%
TOTAL	48,376,974	43,574,668	4,802,306	10%

Restricted Funds \$ 3,047,997
Unrestricted Funds 831,540
Total \$ 4,802,306

RECAP FY 2021 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	14,195,655	12,408,648	1,787,007	13%
DEVELOPMENTAL SERVICES	18,006,803	17,742,707	264,096	1%
SUBSTANCE ABUSE	4,037,130	3,080,309	956,821	24%
SERVICES OUTSIDE PROGRAM AREA	2,566,509	2,248,017	318,492	12%
ADMINISTRATION	264,896	264,894	2	0%
OTHER	2,216	40,979	(38,763)	-1749%
FISCAL AGENT PROGRAMS	4,933,370	4,639,863	293,507	6%
TOTAL	44,006,579	40,425,417	3,581,162	8%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 4,370,395	9.93%
Change in Expense from Prior Year	\$ 3,149,251	7.79%
Change in Net Income from Prior Year	\$ 1,221,144	34.10%

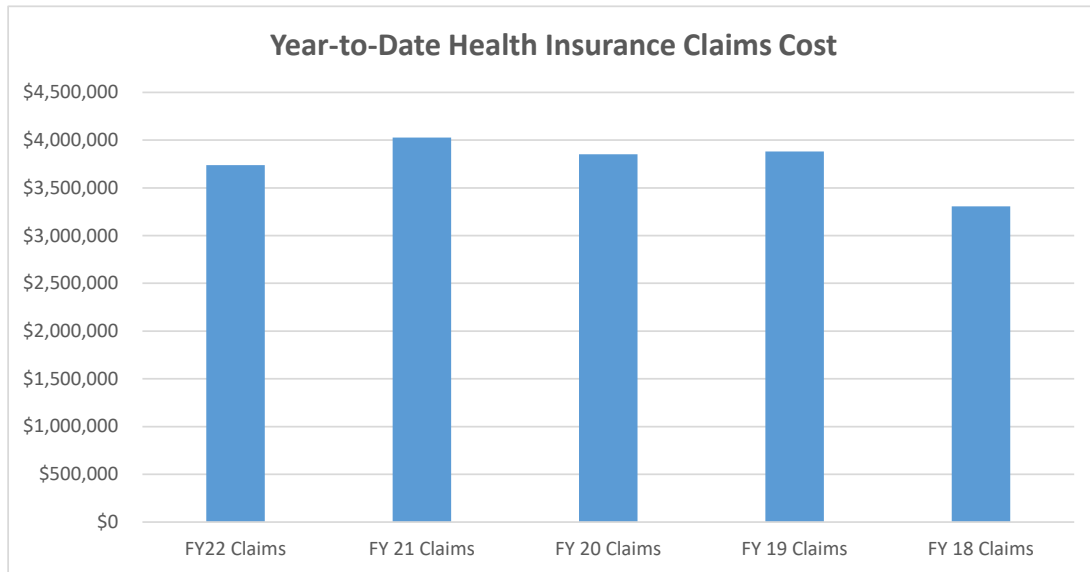
*Unaudited Report

Re: June 2022 Health Insurance Account Report

The health insurance account balance is \$381,873.61 as of June 30, 2022.

Year-to-date premiums deposited in the account, \$3,602,850 are less than year-to-date claims and fees by \$135,309.

RAPPAHANNOCK AREA CSB
FY 2021 HEALTH INSURANCE ACCOUNT REPORT
As of May 2022



FY 2021	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$48,255.77
July	\$333,947.48	\$166,837.69	\$431,612.79	\$2.63	\$117,430.78
August	\$323,550.03	\$114,398.75	\$391,138.38	\$0.95	\$164,242.13
September	\$161,080.39	\$102,074.56	\$298,220.78	\$1.06	\$129,177.36
October	\$163,038.70	\$85,580.94	\$377,797.00	\$0.95	\$0.95
November	\$504,695.24		\$309,156.69	\$4.48	\$195,543.98
December	\$316,352.67		\$233,065.37	\$4.86	\$278,836.14
January	\$334,105.97		\$303,786.71	\$3.32	\$309,158.72
February	\$326,581.46		\$270,447.67	\$4.67	\$365,297.18
March	\$167,604.52		\$348,239.87	\$3.47	\$184,665.30
Apr	\$330,927.88		\$306,043.27	\$3.11	\$209,553.02
May	\$299,863.10		\$259,465.91	\$3.94	\$249,954.15
June	\$341,103.34		\$209,186.02	\$2.14	\$381,873.61
YTD Total	\$3,602,850.78	\$468,891.94	\$3,738,160.46	\$35.58	\$381,873.61

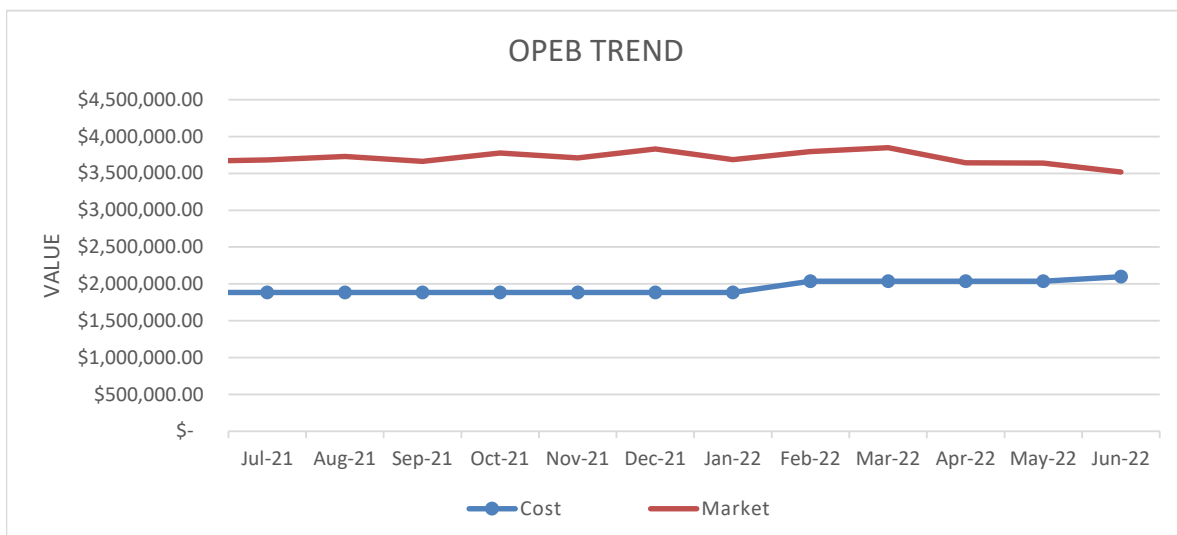
Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906
FY 2020	\$321,002	(\$1,163)	\$378,562
FY 2019	\$322,165	\$46,681	\$396,619
FY 2018	\$275,483	\$38,450	\$320,214
FY 2017	\$237,033	\$15,995	\$293,706
FY 2016	\$221,038	(\$5,388)	\$291,378
FY 2015	\$226,426		\$253,164

Re: Other Post-Employment Benefits (OPEB) Review

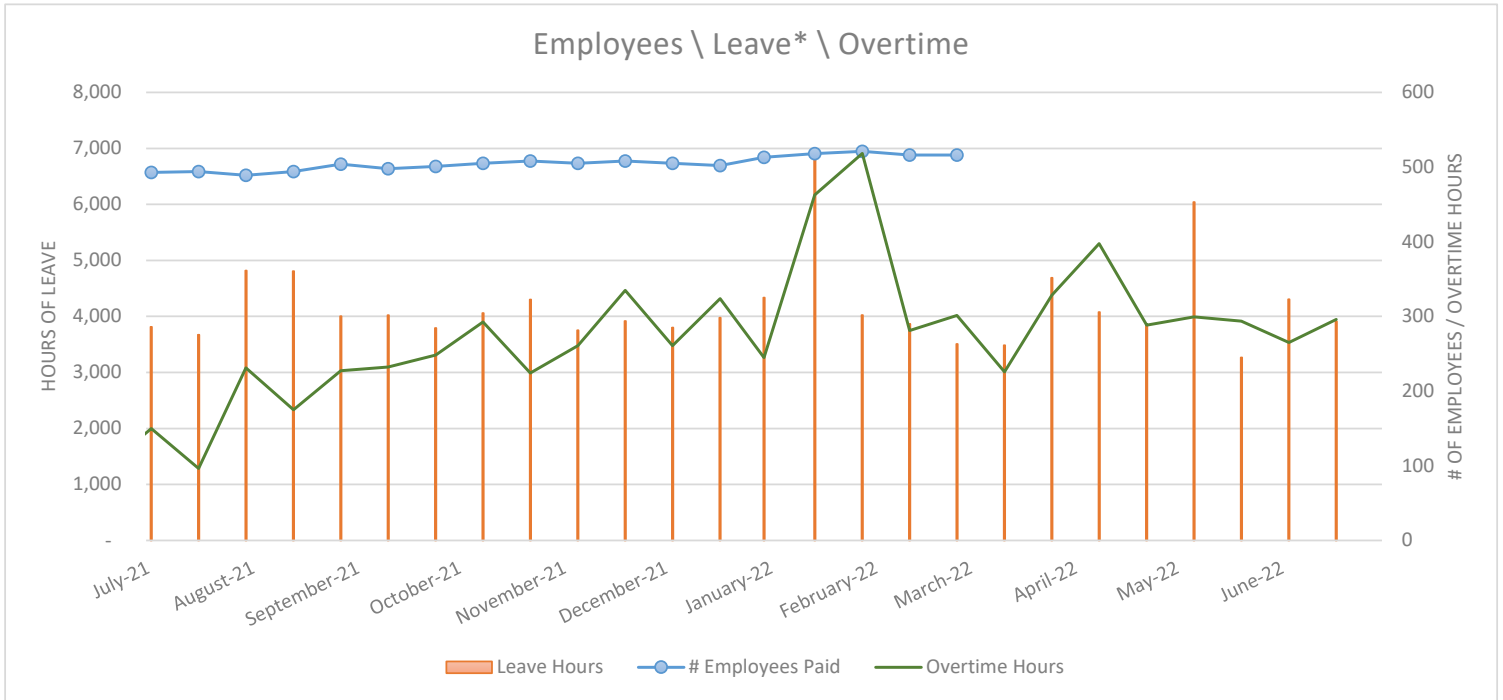
The June 2022 OPEB cash basis value is \$2,097,261 which is 120% more than the initial investment of \$954,620. The market value of \$3,520,344 is 269% higher than the initial investment. The market value decreased 3% from the prior month.

**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
OTHER POST EMPLOYMENT BENEFIT ACCOUNT
AS OF April 2022**

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2021 Year-End Balance	\$ 1,884,943	\$ 930,323	\$ 3,661,365	\$ 2,706,745
Balance at 7/31/2021	\$ 1,884,878.98	\$ 930,258.98	\$ 3,682,039.43	\$ 2,727,419.43
Balance at 8/31/2021	\$ 1,884,411.77	\$ 929,791.77	\$ 3,730,481.87	\$ 2,775,861.87
Balance at 9/30/2021	\$ 1,884,411.77	\$ 929,791.77	\$ 3,664,968.97	\$ 2,710,348.97
Balance at 10/31/2021	\$ 1,884,349.41	\$ 929,729.41	\$ 3,777,368.54	\$ 2,822,748.54
Balance at 11/30/2021	\$ 1,883,838.26	\$ 929,218.26	\$ 3,710,875.16	\$ 2,756,255.16
Balance at 12/31/2021	\$ 1,883,838.26	\$ 929,218.26	\$ 3,832,609.82	\$ 2,877,989.82
Balance at 1/31/2022	\$ 1,883,259.64	\$ 928,639.64	\$ 3,687,226.12	\$ 2,732,606.12
Balance at 2/28/2022	\$ 2,037,169.58	\$ 1,082,549.58	\$ 3,794,148.61	\$ 2,839,528.61
Balance at 3/31/2022	\$ 2,037,169.58	\$ 1,082,549.58	\$ 3,848,758.10	\$ 2,894,138.10
Balance at 4/30/2020	\$ 2,036,553.02	\$ 1,081,933.02	\$ 3,645,181.32	\$ 2,690,561.32
Balance at 5/31/2022	\$ 2,036,553.02	\$ 1,081,933.02	\$ 3,641,058.59	\$ 2,686,438.59
Current Accrued Income				
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ (181,421.83)	
Fees & Expenses				
Transfers/Contributions	\$ 60,708.00		\$ 60,708.00	
Disbursements				
Balance at 6/30/2022	\$ 2,097,261.02	\$ 1,142,641.02	\$ 3,520,344.76	\$ 2,565,724.76



**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
PAYROLL STATISTICS**



*Leave includes Annual Leave, Administrative Leave With Pay, Bereavement Leave, Disability Leave, Family Personal Leave, Leave Without Pay, and Sick Leave.

Indicators	FY 2020 Average Per Pay Period	FY 2021 Average Per Pay Period	FY 2022 Average Per Pay Period
# Employees Paid	537	514	506
Leave Hours	3,534	3,850	4,196
Overtime Hours	55	102	279

Re: Write Off Report

Write off totals below include total write offs for the month of June 2022 and Year to Date from July 2021 through June 2022.

The detail of the write offs show the breakdown of write offs by reason and by program.

Month: June 2022		
Write Off Code	Current Year	Prior Year
602-WRITE OFF - BANKRUPTCY	\$ -	\$ 709.70
603-WRITE OFF - DECEASED	\$ 40.00	\$ 581.60
604-WRITE OFF - NO FINANCIAL AGREEMENT	\$ 1,222.44	\$ 4,477.28
605-WRITE OFF - SMALL BALANCE	\$ 76.76	\$ 82.84
606-WRITE OFF - UNCOLLECTABLE	\$ 575.99	\$ 2,964.03
607-WRITE OFF - FINANCIAL ASSISTANCE	\$ 1,076,154.00	\$ 1,049,057.71
608-WRITE OFF - NO SHOW	\$ 345.00	\$ 520.00
609-WRITE OFF- MAX UNITS/BENEFITS	\$ 12,415.56	\$ 601.36
610-WRITE OFF-PROVIDER NOT CREDENTIALLED	\$ 101,486.12	\$ 6,827.14
613-WRITE OFF-NON-COVERED SERVICE	\$ 11,374.24	\$ 3,710.52
614-WRITE OFF-SERVICES NOT AUTHORIZED	\$ 36,851.12	\$ 45,933.11
615-WRITE OFF-PAST BILLING DEADLINE	\$ 882.18	\$ 11,904.54
616 - INSUFFICIENT DOCUMENTATION	\$ 221.23	\$ -
618-WRITE OFF-INCORRECT PAYER	\$ 615.00	\$ 43.96
619 WRITE OFF-INVALID MEMBER ID	\$ 260.00	\$ -
TOTAL	\$1,242,519.64	\$1,127,413.79

Year to Date: 7/1/21 - 06/30/22		
Write Off Code	Current Year	Prior Year
601-WRITE OFF - BAD ADDRESS	\$ 1,257.47	\$ 40.00
602-WRITE OFF - BANKRUPTCY	\$ 730.63	\$ 799.70
603-WRITE OFF - DECEASED	\$ 8,450.22	\$ 3,238.11
604-WRITE OFF - NO FINANCIAL AGREEMENT	\$ 438,700.72	\$ 83,000.71
605-WRITE OFF - SMALL BALANCE	\$ 1,184.07	\$ 1,348.39
606-WRITE OFF - UNCOLLECTABLE	\$ 26,384.81	\$ 262,999.91
607-WRITE OFF - FINANCIAL ASSISTANCE	\$ 2,733,762.29	\$ 3,370,240.93
608-WRITE OFF - NO SHOW	\$ 4,977.66	\$ 16,890.85
609-WRITE OFF- MAX UNITS/BENEFITS	\$ 57,098.79	\$ 47,523.01
610-WRITE OFF-PROVIDER NOT CREDENTIALLED	\$ 170,985.28	\$ 92,155.59
612-WRITE OFF-DIAGNOSIS NOT COVERED	\$ 3,918.00	\$ -
613-WRITE OFF-NON-COVERED SERVICE	\$ 143,843.76	\$ 65,308.82
614-WRITE OFF-SERVICES NOT AUTHORIZED	\$ 431,181.12	\$ 321,257.93
615-WRITE OFF-PAST BILLING DEADLINE	\$ 124,641.66	\$ 228,255.38
616 - INSUFFICIENT DOCUMENTATION	\$ 39,689.93	\$ 517.00
617-WRITE OFF - MCO DENIED AUTH	\$ 6,560.18	\$ -
618-WRITE OFF-INCORRECT PAYER	\$ 24,792.55	\$ 20,246.17
619 WRITE OFF-INVALID MEMBER ID	\$ 780.00	\$ -
TOTAL	\$4,218,939.14	\$4,513,822.50

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Additional Funding Summary

Date: August 2, 2022

The Rappahannock Area Community Services Board is committed to accessing funding opportunities to support and expand our operations. This report provides a summary of additional funding received outside those which occur in the normal course of business operations. This report reviews additional funding received during the month of July 2022.

Summary of Additional Funding Received During July

SUD State and Local Recovery Workforce Initiatives:

Amount: \$37,500 to be spent by December 31, 2024.

Description: This is one-time funding to increase staff retention in Substance Use Program areas to include hiring incentives, bonuses and professional development Efforts.

State Opioid Response (SOR) II Prevention Program Amendment:

Amount: \$2,000 to be spent by September 29, 2022.

Description: This is a one-time increase to be used to support additional opioid response prevention initiatives.

August 2022 Personnel Committee Meeting Minutes

Call to order

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on August 14, 2022. Attendees included Ken Lapin, Glenna Boerner, Susan Muerdler, Matt Zurasky, Claire Curcio, Joe Wickens, Stephanie Terrell, Tina Cleveland, Jacque Kobuchi, Amy Jindra, Brandie Williams, Amy Umble, Michelle Runyon. Members not in attendance included Melissa White, Susan Gayle, Linda Carter, Jacob Parcell, and Kheia Hilton.

July 2022 Retention Report

Michelle Runyon reported that Human Resources processed a total of 17 employee separations for the month of July, 2022. Some of the reasons given were other employment (12), continuing education (1), moving (2), and personal/health reasons (2). The retention rate was 97.17%.

July 2022 EEO Report and Recruitment Update

Michelle Runyon told the Committee that RACSB received 83 applications through July 30, 2022. This is a decrease of 6.7% compared to the month of June 2022, and a decrease of 7.8% when compared to the month of July 2021. RACSB received 512 resumes through Indeed for July 2022. There are currently 126 open positions.

Human Resources Report

Michelle Runyon reviewed Employee Events for the month of July, emphasizing that on July 26 the YMCA hosted a lunch to hold an enrollment for employees wishing to join the YMCA. Fifty-two employees were in attendance.

Topside Federal Credit Union Agreement

Michelle said that Topside Federal Credit Union has offered to form a membership agreement with RACSB. Matt Zurasky asked why a special agreement needs to be formed, as he understands that their membership is open. Michelle said that she would ask and the agreement could be evaluated again later.

Adjournment

The meeting adjourned at 1:49 PM.



Voice/TDD (540) 373-3223 | Fax (540) 371-3753

NOTICE

To: Personnel Committee
Susan Gayle, Linda Carter, Ken Lapin, Greg Sokolowski

From: Joseph Wickens
Executive Director

Subject: Personnel Committee Meeting
August 9, 2022, 1:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: August 5, 2022

A Personnel Committee Meeting has been scheduled for Tuesday, August 9, 2022 at 1:00 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on August 9, 2022 at 1:00 PM.

Cc: Susan Gayle, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Personnel Committee Meeting

August 9, 2022 – 1:00 PM

In-Person | 600 Jackson Street, Room 208 | Fredericksburg, VA 22401

Agenda

- I. Retention Report, July 2022, *Runyon*3
- II. EEO Report and Recruitment Update, July 2022, *Runyon*.....6
- III. HR Report, July 2022, *Runyon*12
- IV. Other Business, *Gayle*



MEMORANDUM

To: Joe Wickens, Executive Director

From: Michelle Runyon, Human Resources Director

Date: August 8, 2022

Re: Summary – Retention Report – July 2022

Human Resources processed a total of 17 employee separations for the month of **July**, 2022. All of the separations were voluntary. Of the 17 employees, 3 were part-time and 14 were full-time.

Resignations were submitted due to other employment (12), continuing education (1), moving (2) and personal/health reasons (2).

According to the attached report, the Retention Rate for **July** was 97.17% and the turnover rate was 2.83%. Annualized turnover comparison is included.

RACSB Turnover 2019

Employees	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019 Year End
Average Total Positions	616	616	616	616	616	616	616	616	616	616	616	616	616
Monthly Terminations*	8	6	8	18	9	5	10	17	14	7	6	4	112
Turnover by Month YTD	1.30%	0.97%	1.30%	2.92%	1.46%	0.81%	1.62%	2.76%	2.27%	1.14%	0.97%	0.65%	18.18%
Cumulative Turnover YTD	0.16%	2.27%	3.57%	6.49%	7.95%	8.77%	10.39%	13.15%	15.42%	16.56%	17.53%	18.18%	18.18%
Average % Turnover per Month YTD	0.16%	1.14%	1.19%	1.62%	1.59%	1.46%	1.48%	1.64%	1.71%	1.66%	1.59%	1.52%	1.52%

*Monthly Terminations Do Not Include: Employee Retirements, Employees Not Able to Return from Disability Leave, Employees Not Completing NEO, Interns/Volunteers

RACSB Turnover 2020

Employees	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020 Year End
Average Total Positions	624	624	624	624	624	624	624	624	624	624	624	624	624
Monthly Terminations*	8	3	10	7	4	7	11	16	11	17	12	6	112
Turnover by Month YTD	1.28%	0.48%	1.60%	1.12%	0.64%	1.12%	1.76%	2.56%	1.76%	2.72%	1.92%	0.96%	17.95%
Cumulative Turnover YTD	0.16%	1.76%	3.37%	4.49%	5.13%	6.25%	8.01%	10.58%	12.34%	15.06%	16.99%	17.95%	17.95%
Average % Turnover per Month YTD	0.16%	0.88%	1.12%	1.12%	1.03%	1.04%	1.14%	1.32%	1.37%	1.51%	1.54%	1.50%	1.50%

*Monthly Terminations Do Not Include: Employee Retirements, Employees Not Able to Return from Disability Leave, Employees Not Completing NEO, Interns/Volunteers

RACSB Turnover 2021

Employees	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	2021 Year End
Average Total Positions	601	601	601	601	601	601	601	601	601	601	601	601	601
Monthly Terminations*	10	4	6	13	13	13	13	6	13	11	11	15	128
Turnover by Month YTD	1.66%	0.67%	1.00%	2.16%	2.16%	2.16%	2.16%	1.00%	2.16%	1.83%	1.83%	2.50%	21.30%
Cumulative Turnover YTD	0.17%	2.33%	3.33%	5.49%	7.65%	9.81%	11.97%	12.97%	15.13%	16.96%	18.79%	21.29%	21.29%
Average % Turnover per Month YTD	0.17%	1.16%	1.11%	1.37%	1.53%	1.64%	1.71%	1.62%	1.68%	1.70%	1.71%	1.94%	1.94%

*Monthly Terminations Do Not Include: Employee Retirements, Employees Not Able to Return from Disability Leave, Employees Not Completing NEO, Interns/Volunteers

RACSB Turnover 2022

Employees	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	2022 Year End
Average Total Positions	600	600	600	600	600	600	600	600	600	600	600	600	600
Average Number of PRN's	43	43	42	41	39	38	38	38	38	38	38	38	38
Monthly Terminations*	11	13	11	7	8	16	17	17	17	17	17	17	83
Turnover by Month YTD	1.83%	2.17%	1.83%	1.17%	1.33%	2.67%	2.83%	2.83%	2.83%	2.83%	2.83%	2.83%	13.83%
Cumulative Turnover YTD	0.17%	4.00%	5.83%	7.00%	8.33%	11.00%	13.83%	13.83%	13.83%	13.83%	13.83%	13.83%	0.00%
Average % Turnover per Month YTD	0.17%	2.00%	1.94%	1.75%	1.67%	1.83%	1.98%	1.98%	1.98%	1.98%	1.98%	1.98%	0.00%

*Monthly Terminations Do Not Include: Employee Retirements, Employees Not Able to Return from Disability Leave, Employees Not Completing NEO, Interns/Volunteers

RACSB RETENTION & TURNOVER REPORT
Jul-22

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative	1	1	0	Other employment - commute was too long
<i>Unit Totals</i>	<i>1</i>	<i>1</i>	<i>0</i>	
Clinical Services	5	5	0	Other employment
<i>Unit Totals</i>	<i>5</i>	<i>5</i>	<i>0</i>	
Community Support Services	1	1	0	Continuing Education
	2	2	0	Moving
	6	6	0	Other Employment
	2	2	0	Health/Personal Reasons
<i>Unit Totals</i>	<i>11</i>	<i>11</i>	<i>0</i>	
Grand Totals for the Month	17	17	0	
Numbers Aren't Included in Turnover	5	5	0	1 retirement, 4 didn't fulfill PRN shifts & 1 didn't complete NEO

Total Employees for the Month	600
Retention Rate	97.17%
Turnover Rate	2.83%

Total Separations	16
Part-time Separations	12.50%
Full-time Separations	87.50%



Office of Human Resources
600 Jackson Street • Fredericksburg, VA 22401 • 540-373-3223
RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Human Resources Specialist

Date: August 2, 2022

Re: Summary – July 2022 EEO Report and Recruitment Update

RACSB received **83** applications through July 30, 2022. This is a **decrease** of **6.7%** compared to the month of June 2022, and a **decrease** of **7.8%** when compared to the month of July 2021.

RACSB received **512** resumes and advertised **19** positions through Indeed for **July 2022**.

Of the applications received, 28 applicants listed the RACSB applicant website as their recruitment source, 29 stated employee referrals as their recruitment source, and 11 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **126** open positions. New positions account for **9** of the open positions.

A summary is attached indicating external applicants hired, internal applicants moved, and actual number of applicants applying for positions in the month of **July 2022**.

EEO Report 2022

APPLICANT DATA		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Female		55	66	60	83	43	45	41	46	35	24	31	45	30
Male		8	22	12	26	15	7	8	7	11	3	13	11	9
Not Supplied		27	47	26	73	61	43	27	33	26	30	25	33	44
Total		90	135	98	182	119	95	76	86	72	57	69	89	83
ETHNICITY														
Caucasian		31	35	30	69	29	28	31	25	13	13	22	30	19
African American		26	48	26	34	28	20	15	20	27	16	17	24	17
Hispanic			6	2	14	5	9	7	6	5	5	5	3	4
Asian			2	3	5	2		2	3		1	1		
American Indian		6	2		3	1	1		2	1		1	1	1
Native Hawaiian				1	1									
Two or More Races														
RECRUITMENT SOURCE														
Newspaper Ads		1						1						
RACSB Website		59	78	40	84	52	39	36	32	33	27	28	39	28
RACSB Intranet		3	10	1	7	3	1	2	7	5	2	5	7	3
Employee Referrals		11	48	31	47	31	34	18	32	15	23	18	30	29
Radio Ads										1		1		
Indeed.com		15	20	16	49	25	20	20	7	17	9	11	15	11
VA Employment Commission		4	6	4	4		1	3	2	3	2	7	2	2
Monster.com														
Other -		3			4			1	8	3		3	4	5
Colleges/Handshake													1	
Facebook		1		1										
Multi Site Search			1	2									1	1
NHSC														
Liked In		1		1										
Goodwill referral														
Zipp Recruiter				2		1								
Job Fair		1	2	3	2	6			2	1			1	
Total # of Applicants		58	93	74	121	80	68	62	65	59	47	52	77	59

RECRUITMENT REPORT 2022

MONTHLY RECRUITMENT	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL YTD
External Applicants Hired:													
Part-time	8	8	2	1	6	6	2						
Full-time	15	11	15	10	11	8	15						
Sub Total External Applicants Hired	23	19	17	11	17	14	17						
Internal Applicants Moved:													
Full-time to PRN As Needed	1	1	1		1	1	1						
Full-time to Part-time													
Part-time to PRN As Needed	1			1		1							
Part-time to Full-time		1	2	1			1						
PRN As Needed to Part-time													
Lateral Transfer	1		6	3		1							
Non-Lateral Change in Position			1		1		1						
Promotion	4	6	2	5	6	3	6						
Temporary to Regular													
PRN As Needed to Full-Time							1						
Sub Total Internal Applicant Moves	7	8	12	10	8	6	10						
Total Positions Filled:	30	27	29	21	25	20	27						
Total Applications Received:													
Actual Total of Applicants:	62	65	59	47	52	77	59						
Total External Offers Made:	20	16	19	6	15	14	19						
Total Internal Offers Made:	8	11	13	11	3	11	12						

Rappahannock Area Community Services Board Overview

2022-07-01 – 2022-07-31

Job performance summary

Performance of your jobs across Indeed

The data shown is all organic data and sponsored data for all cost-per-click campaigns

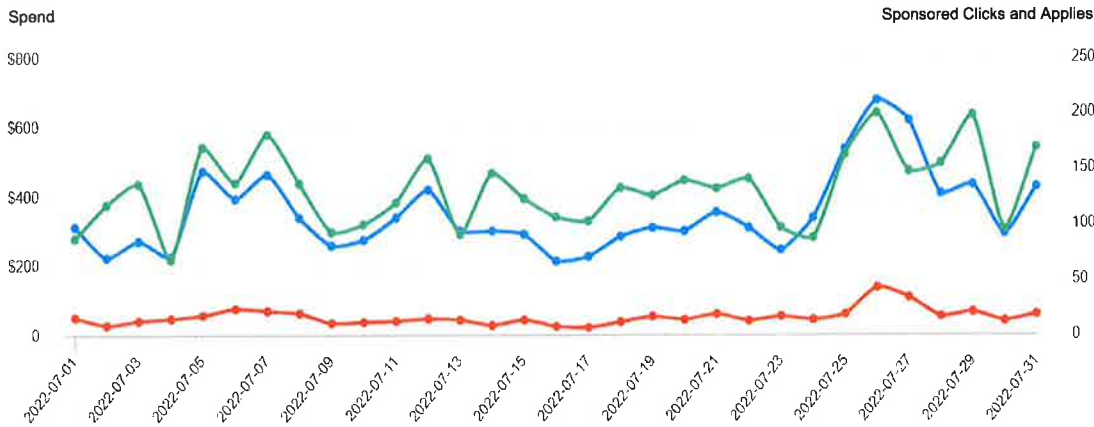
Candidate behavior funnel

Sponsored

Impressions	→	Click-through rate	→	Clicks	→	Apply start rate	→	Apply starts	→	Apply completion rate	→	Applies
32,764		10.38%		3,402		21.37%		727		70.43%		512

Cost-per-click campaign performance

Spend Sponsored Clicks Sponsored Applies



Total spend
\$13,008.41

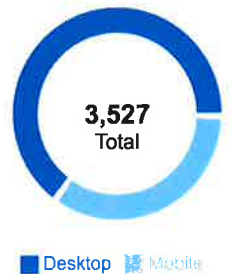
Cost per click (CPC)
\$3.82

Cost per apply start
\$17.89

Cost per apply (CPA)
\$25.41

Desktop vs mobile clicks

Total



Desktop clicks
2,313

Mobile clicks
1,214

[View jobs dashboard](#)

[View jobs campaigns](#)

[View billing summary](#)

Cost-per-application campaigns

Jobs
0

Total spend
-

Applies
0

[Manage job postings](#)

Open Positions Report - July 29, 2022						
Date Posted	Position No.	Position Title	Location	RU	Full-time/Part-time	
8/20/2021	236-2021	ADMIN Utilization Review Specialist	Fredericksburg		1000 FT	
5/12/2022	115-2022	ADMIN Office Associate II	Fredericksburg		1000 FT	
5/27/2022	127-2022	ADMIN Property Maintenance Technician	Fredericksburg		1000 FT	
6/1/2022	140-2022	ADMIN Payroll Technician	Fredericksburg		1000 FT	
6/15/2022	151-2022	ADMIN Financial Analyst	Fredericksburg		1000 PT	
6/28/2022	169-2022	ADMIN Financial Analyst	Fredericksburg		1000 FT	
7/20/2022	185-2022	ADMIN IT Specialist (PC & Network Support)	Fredericksburg		1000 FT	
				7		
4/13/2022	103-2022	ADMIN Office Manager I - Children Services Clinic	Carr Dr		1100 FT	
1/10/2022	003-2022	CLINICAL Psychiatrist	Fredericksburg			FT
6/10/2022	146-2022	CLINICAL Emergency Services Therapist	Fredericksburg		2000/4000	FT
7/20/2022	183-2022	CLINICAL Emergency Services Therapist - Overnight	Fredericksburg		2000/4000	FT
7/22/2022	197-2022	CLINICAL Emergency Services Therapist	Fredericksburg		2000/4000	FT
6/9/2021	123-2021	CLINICAL Child/Adolescent ES Therapist	Fredericksburg		2070	FT
9/20/2021	265-2021	CLINICAL Peer Recovery Specialist MH	Fredericksburg		2200	FT
1/11/2022	005-2022	CLINICAL Clinical Outreach Therapist	Fredericksburg		2220	FT
1/26/2022	027-2022	CLINICAL Health Educator	Fredericksburg		2200/4400	FT
1/28/2022	030-2022	CLINICAL MH Therapist (Jail Based)	RRJ Stafford		2200-4200/6430	FT
6/1/2022	125-2022	CLINICAL MH Therapist	Caroline		2210	FT
3/30/2022	093-2022	CLINICAL School Based Therapist	Spotsylvania		2240	FT
4/15/2022	107-2022	CLINICAL MH Outpatient Therapist	Spotsylvania		2240	FT
1/28/2022	029-2022	CLINICAL MH Therapist	Stafford		2250/6430	FT
6/29/2020	092-2020	CLINICAL Peer Specialist (Adult MH C. Mgmt)	Fredericksburg		2400	FT
8/25/2021	237-2021	CLINICAL Child/Adolescent Therapist	Spotsylvania		2400	FT
4/15/2022	106-2022	CLINICAL Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400	FT
6/23/2022	164-2022	CLINICAL Lead Peer Specialist	Fredericksburg		2400	FT
9/21/2021	199-2021	CLINICAL Family Support Peer	Spotsylvania		2500	FT
12/21/2021	344-2021	CLINICAL Child/Adolescent MH Case Manager	Stafford		2500	FT
7/8/2022	172-2022	CLINICAL Child/Adolescent MH Case Manager	Stafford		2500	FT
7/23/2021	200-2021	CLINICAL Therapist/Office On Youth	Fredericksburg		4200	PT/FT
6/22/2022	152-2022	CLINICAL Substance Abuse Therapist (Jail Based)	RRJ Stafford		4200	FT
7/13/2021	174-2021	CLINICAL S. A. Therapist	Fredericksburg		4220	FT
3/30/2022	092-2022	CLINICAL S.A. Therapist, Women's Services	Spotsylvania		4220	FT
9/1/2020	146-2020	CLINICAL S. A. Therapist	Spotsylvania		4240	FT
1/26/2021	350-2021	CLINICAL SA Therapist, Women's Services	Fredericksburg		4260	FT
4/28/2021	083-2021	CLINICAL MH/SA Therapist - Detention Based	RRJ		4290	FT
7/29/2022	206-2022	CLINICAL MH/SA Therapist - Detention Based	RRJ		4290	FT
3/24/2021	056-2021	CLINICAL SA Therapist/Case Manager	Fredericksburg		4296	FT
8/6/2021	221-2021	CLINICAL MH Therapist (Intakes)	Fredericksburg		6430	FT
				31		
6/10/2022	148-2022	CSS Nurse Manager - RN	Crisis Stabilization		2770	FT
11/18/2021	319-2021	CSS Intake Therapist	Crisis Stabilization		2770	FT
7/15/2022	182-2022	CSS MH Nurse - RN/LPN	Crisis Stabilization		2770	FT
7/20/2022	184-2022	CSS MH Nurse - RN/LPN	Crisis Stabilization		2770	PT/PRN
				4		
7/20/2022	190-2022	CSS Psychoosocial Advocate	Kenmore Club		2680	FT
6/10/2022	150-2022	CSS MH Supv Apartment Asst. Mgr	Lafayette		2786	FT
12/21/2021	345-2021	CSS MH Residential Counselor	Lafayette		2786	PT
11/17/2021	313-2021	CSS MH Residential Counselor II	Home Rd		2778	FT
2/17/2022	057-2022	CSS MH Residential Counselor I	Home Rd		2778	FT
7/11/2022	170-2022	CSS MH Residential Counselor I	Home Rd		2778	FT
6/2/2022	143-2022	CSS MH Nurse - RN/LPN - ACT South	401 Bridgewater		2372	FT
6/2/2022	142-2022	CSS Office Associate II - ACT	401 Bridgewater		2372	FT
2/18/2022	054-2022	CSS PSH Peer Specialist	401 Bridgewater		2760	FT
4/26/2022	109-2022	CSS PSH Case Manager	401 Bridgewater		2760	FT
5/19/2022	121-2022	CSS PSH Housing Specialist	401 Bridgewater		2760	FT
3/21/2022	077-2022	CSS Developmental Svcs Support Coordinator	Stafford		3400	FT
5/24/2022	129-2022	CSS Developmental Svcs Support Coordinator	Stafford		3400	FT
5/24/2022	128-2022	CSS Developmental Svcs Support Coordinator	Spotsylvania		3400	FT
6/22/2022	157-2022	CSS Infant/Child Support Coordinator	PEID		3500	FT
6/10/2022	144-2022	CSS Early Childhood Special Educator	PEID		3910	FT
8/1/2022	309-2021	CSS Speech/Language Pathologist	PEID		3910	FT
				17		

Date Posted	Position No.		Position Title	Location	RU	Full-time/Part-time
7/11/2022	177-2022	CSS	Office Associate II	RAAI KH	RAAI Split	PT
1/22/2022	020-2022	CSS	Direct Support Professional - Day Support	RAAI Caroline	3651	PT
7/20/2022	191-2022	CSS	Direct Support Professional - Day Support	RAAI KH	3652	FT
6/24/2021	156-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
6/24/2021	158-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
6/24/2021	159-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
7/26/2021	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
2/9/2022	046-2022	CSS	Direct Support Professional - Day Support	RAAI KH	3652	PT
7/19/2022	195-2022	CSS	Day Support Site Leader I	RAAI KG	3653	FT
3/28/2022	080-2022	CSS	Direct Support Professional - Day Support	RAAI KG	3653	FT
10/26/2021	292-2021	CSS	Direct Support Professional - Day Support	RAAI KG	3653	PT
7/29/2022	198-2022	CSS	Direct Support Professional - Day Support	RAAI Spotyslvania	3654	FT
7/29/2022	199-2022	CSS	Direct Support Professional - Day Support	RAAI Spotyslvania	3654	FT
5/27/2022	136-2022	CSS	Direct Support Professional - Day Support	RAAI Spotyslvania	3654	PT
6/23/2022	163-2022	CSS	Direct Support Professional - Day Support	RAAI Spotyslvania	3654	PT
7/11/2022	176-2022	CSS	Direct Support Professional - Day Support	RAAI Stafford	3655	FT
7/20/2022	193-2022	CSS	Direct Support Professional - Day Support	RAAI Stafford	3655	FT
7/26/2021	194-2021	CSS	Direct Support Professional - Day Support	RAAI Stafford	3655	PT
8/10/2021	227-2021	CSS	Direct Support Professional - Day Support	RAAI Stafford	3655	PT
5/12/2022	116-2022	CSS	Direct Support Professional - Day Support	RAAI ICF	3656	FT
7/11/2022	174-2022	CSS	Direct Support Professional - Day Support	RAAI ICF	3656	PT
					21	
3/21/2022	079-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF	3771	FT
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF	3771	FT
5/4/2021	089-2021	CSS	ICF Nurse - LPN	Wolfe Street ICF	3771	FT
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF	3771	FT or PT
6/22/2022	161-2022	CSS	Direct Support Professional - Residential	Wolfe Street ICF	3771	FT
7/12/2022	181-2022	CSS	Direct Support Professional - Residential	Wolfe Street ICF	3771	FT
7/29/2022	200-2022	CSS	Group Home Manager	Leeland Rd	3772	FT
6/22/2022	158-2022	CSS	Assistant Group Home Manager	Stonewall Estates	3773	FT
7/20/2022	186-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	FT
7/29/2022	205-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	FT
7/18/2022	187-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	PT
7/18/2022	188-2022	CSS	Direct Support Professional - Residential	Stonewall Estates	3773	PT
2/18/2022	055-2022	CSS	Direct Support Professional - Residential	Ruffins Pond	3775	PT
2/18/2022	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond	3775	PT
6/22/2022	155-2022	CSS	Direct Support Professional - Residential	Piedmont	3776	FT
7/29/2021	203-2022	CSS	Direct Support Professional - Residential	Piedmont	3776	FT
5/19/2022	303-2021	CSS	Direct Support Professional - Residential	Piedmont	3776	PT
7/19/2022	194-2022	CSS	Group Home Manager	Igo Rd	3777	FT
5/27/2022	133-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	PT
6/15/2022	153-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	PT
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd	3777	FT
2/19/2021	033-2021	CSS	Direct Support Professional - Residential	New Hope Estates	3778	PT
9/15/2021	256-2021	CSS	Direct Support Professional - Residential	New Hope Estates	3778	PT
10/12/2021	284-2021	CSS	Direct Support Professional - Residential	New Hope Estates	3778	PT
7/29/2022	201-2022	CSS	Direct Support Professional - Residential	New Hope Estates	3778	PT
7/29/2022	207-2022	CSS	Direct Support Professional - Residential	New Hope Estates	3778	PT
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates	3779	PT
9/10/2021	102-2021	CSS	Direct Support Professional - Residential	Scottsdale Estates	3779	PT
4/29/2022	111-2022	CSS	Direct Support Professional - Residential	Belmont SAP	3781	PT
4/20/2022	105-2022	CSS	Direct Support Professional - Residential	Brittany Commons SAP	3784	PT
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd	3790	PT
12/29/2021	348-2021	CSS	Direct Support Professional - Residential	Churchill	3791	PT
3/17/2022	072-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	PT
7/12/2022	179-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	PT
7/11/2022	171-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
7/12/2022	180-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
7/29/2022	204-2022	CSS	Direct Support Professional - ICF	ICF Ross	3792	FT
8/27/2020	141-2020	CSS	ICF Nurse - LPN	ICF Ross	3792	PT
3/28/2022	082-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	FT
5/13/2022	118-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	FT
5/27/2022	137-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	FT
5/27/2022	138-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	FT
5/25/2022	126-2022	CSS	Direct Support Professional - ICF	ICF Lucas	3793	PT
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas	3793	FT
5/3/2022	112-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	FT
7/20/2022	189-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite	3794	FT
					46	
				Open Positions: 126		

HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS, July 2022:

Training

Human Resources held two New Employee Orientation's during July. A total of seventeen new employees were brought on.

Recruitment

In the month of July, we made nineteen offers to external applicants and twelve offers to internal candidates.

Indeed continues to be our best source for applicants. We ran a total of 19 positions this month and received 512 resumes for the various positions.

Radio advertisements are continuing to be ran on Thunder 104.5 featuring our own employees: Chandler Pridgen, Kathleen Keller, Jamie Early and Darcy Vinciguerra.

Human Resources & Employee Relations

Congratulations to the following employees who have recently received promotions:

Natasha Randall	Promotion to Lead ES Therapist
Stephanie Whiting	Promotion to Office Manager II - RAAI
Michael Peregory	Promotion to Asst. Group Home Manager
Nancy Baker	Promotion to Asst. Manager, Supv Apts
Tammy Grymes	Promotion to Lead Nurse/LPN
Madison Fanning	Promotion to Group Home Manager

July Employee Events

We celebrated July 4th on the 1st with encouraging all employees to wear red, white and blue. On July 12th we had a craft night at River Club with 8 employees in attendance, \$60 was raised for our United Way campaign. The first year of our Secret Pal program ended and everyone agreed to have the program run again, the next one will run for 6 months (July – December).

The YMCA hosted a lunch on July 26th to hold an enrollment for employees wishing to join the YMCA. It was a great turn-out with 52 employees enrolling while they were here.

RACSB is proud to have such a dedicated, professional staff!

Michelle Runyon, HR Director





Michelle Runyon

From: Michelle Runyon
Sent: Thursday, June 30, 2022 8:51 AM
To: Michelle Runyon
Subject: July HR Newsletter - Fun Starts on July 1! - Please Read
Importance: High



Employee Events

FUN FRIDAY!!!

July 1st - Wear Red, White & Blue to work to celebrate July 4th!



Thursday, July 7th - World Chocolate Day

Share a sweet treat with a co-worker to celebrate this day!



Tuesday, July 12th - 5pm Craft Night at River Club - \$15

Join us in making a gnome bottle - there will be fabric & paint options to choose from! Please RSVP to mrnyon@rappahannockareacsb.org to ensure we have enough supplies on hand. Thank you to Nancy Price for leading this craft night!



Secret Pal Fun Continues.....

Last week was the great reveal. Thank you to those that participated, you made a difference!! We will continue with the Secret Pal Program, with a few changes. This time it will be for only 6 months instead of a year. Please let me know if you would like to participate and additional information will be sent to you (please email mrnyon@rappahannockareacsb.org no later than July 15th... You will have your Secret Pal from July – December.



Tarah Stanley and Tamra McCoy on reveal day!

Wellness Tip for the Month

Summer is here, drink plenty of water and stay hydrated in the heat!



Michelle Runyon
Director of Human Resources
Rappahannock Area Community Services Board
600 Jackson Street
Fredericksburg, VA 22401
Phone: 540-899-4400
mrnyon@rappahannockareacsb.org





Rappahannock Area Community Services Board (RCASB)

600 Jackson Street

Fredericksburg, VA 22401

540-373-3223

Mrs. Stephanie Lyles, Director of Community Relations
Topside Federal Credit Union
9622 Patriot Hwy.
Fredericksburg, VA 22407

Dear Mrs. Lyles:

I am writing this letter to express the desire of Rappahannock Area Community Services Board/RCASB to be included within the field of membership of Topside Federal Credit Union. The Rappahannock Area Community Services Board/RCASB was established 1970. Today we employ 525 individuals in our office which is located at 600 Jackson Street in Fredericksburg, Virginia and is approximately 2 miles from your branch.

Rappahannock Area Community Services Board (RCASB) requests that you approve our group membership so that our employees will have access to Credit Union services and benefits.

Sincerely,



Signature:

Printed Name:

Joe Wickham

Title:

Executive Director

Once your letter is received, our Executive Director of Marketing will submit your request for membership to the NCUA (National Credit Union Administration) and to our Board of Directors. A decision is usually granted within the same month your letter is received.

If you have any questions, feel free to contact me at: (540) 413-3916, or via email at: Stephanie.Lyles@topsidefcu.org

Sincerely,

Stephanie Lyles, Director of Community Relations

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 8/10/22

Re: Report to RACSB Board of Directors for the August Board Meeting

.....

Outpatient Services

The Caroline clinic staff completed 27 diagnostic assessments during Same Day Access in July. We are actively recruiting for one outpatient therapist position. The clinic continues to provide men's and women's weekly substance abuse treatment and bimonthly adult wellness group, and staff serve as many clients as possible despite vacant position. The clinic offers both telehealth and face to face services, but more people lately are requesting in-person services. Clinicians attended various trainings last month, including Ethics, DBT and Grief work.

During the months of June and July, the Fredericksburg Clinic completed approximately 190 intakes for outpatient therapy and medication management. The waitlist remains active at the Fredericksburg Clinic; however, we have been able to triage, refer, or schedule intakes for approximately 420 individuals since October 2021. Our clinicians, peer recovery specialists, and case managers have been calling individuals on the waitlist weekly to check in. We continue to provide services via ZOOM and in person. On 6/17/22, our child/adolescent therapists relocated to our new Children's Services Clinic in order to provide a more trauma-informed and therapeutic experience for our children and families we serve. We are continuing to interview for an Office Associate, Office Manager for Children's Services Clinic, MH Peer Recovery Specialist, Clinical Outreach Therapist, and Intake Therapist. Several clinicians have been able to attend virtual trainings over the last year, but Leslie Bottoms, Resident in Counseling, had the opportunity to recently attend the VSIAS (Virginia Summer Institute for Addiction Studies) Conference in Williamsburg.

The King George Clinic continues offering the Men's and Women's Substance Abuse Program which includes weekly substance abuse group treatment. The women's group had two successful graduates during the month of July. The men's group had one graduate during the month of July. Staff completed 31 new client intakes during the month of July. One staff member attended the 3 day in person Virginia Summer Institute for Addiction Studies in Williamsburg with other RACSB staff. This staff member attended sessions including "Virginia Advocacy Updates 2022," "When Words Are Not Enough: Advanced Group Therapist Skills" (4 sessions-all day Monday and Tuesday) and "Plenary: Harm Reduction Techniques for Substance Use Disorders." Other staff attended virtual trainings including training focused in the area of Ethics in Pediatric Mental Health and the monthly clinical training on Smoking Cessation.

The Spotsylvania Clinic continues to be on a waitlist averaging approximately 50 individuals. Clinicians are working hard to continue providing services and offering slots when they are available. The Spotsylvania Team continues to have six openings: Mental Health Therapist, Women's Substance Use Therapist, Men's Substance Use Therapist, Child and Adolescent Therapist, Safe Harbor Therapist, and School Based Therapist. One clinician was able to participate in EMDR training this month. Another clinician participated in a Substance Use conference. Both are excited to implement their new skills!

The Stafford Clinic front desk continues to receive a steady flow phone calls for services. We had 124 calls for same day access services. Our therapists were able to complete 23 same day. Our child and adolescent therapist welcomed a baby girl in July 2022. The clinic is now down two positions. We will begin in-person substance use groups the second week of August 2022. We continue to run an anger management group. The increase in court ordered anger management has resulted in a growing waitlist. We are most proud that our clinic was mentioned in the agency newsletter by a staff member for having a friendly environment!

Emergency Services

Emergency services said goodbye in early July to two amazing team members, Dvon Maurer who moved to Seattle to continue her internship for her doctoral program and Jane Bumgarner, lead ES therapist. Despite being short staffed, the show continues to go on and ES continues to work to support the individuals in crisis in our community. The ES Coordinator provided a training to Healthy Generations to support their staff on how to address an individual in crisis who expresses suicidal thoughts. The DBHDS state team members for Marcus Alert joined the Marcus Alert Stakeholder meeting to provide an overview of the new roadmap to implement and begin to entertain questions for implementation and plan development for our area as the next implementing area. State hospital admissions remained low due to census issues and several post hearing commitment individuals were managed in the emergency departments through the support of the hospital staff, our peer specialist, Joe Stafford and the ES team.

Case Management

One of the responsibilities of the Adult Mental Health Case Management Team with RACSB is to provide discharge planning services to individuals hospitalized at the state hospitals, from our catchment area. Typically, individuals from our catchment area are hospitalized at Western State Hospital, Central State Hospital or Piedmont Geriatric Hospital, however due to the bed and staffing shortages at the state hospitals, many admissions have been diverted to hospitals across the Commonwealth. At this time, RACSB is providing services to individuals hospitalized at seven different hospitals. The diversions require our staff members to coordinate with numerous different treatment teams, coordinate recommitment prescreens, attend hearings and coordinate placements and discharge transportation as well as travel to numerous different locations, creating increased challenges for coordination of care. We would like to thank our amazing staff members, Liz Wells, LCSW, Lead State Hospital Liaison and NGRI Coordinator as well as Chanda Bernal, Adult Mental

Health Case Manager for their continued dedication to the individuals served. We recognize that the diversions pose new challenges and appreciate their continued efforts.

Child and Adolescent Case Management has filled one full-time case manager position for Stafford County with a staff member from one of our ID/DD group homes and are in the process of training. We still have two full-time positions open, existing staff are covering caseloads. We had our first applicant for a Family Support Peer and interviewed the candidate this week. This applicant comes with experience working with organizations as a parent of an adult child with substance use and brings a great deal of experience and training in the field of peer support. Referrals have been steady over the summer and we anticipate an increase once school starts. We continue to struggle to find providers taking new cases or without a lengthy wait list which has made it difficult to refer children and families to services even during crisis. Case management staff continue to provide services in person in the home and at facilities.

Jail & Detention

The Juvenile Detention Center has a census of 25 residents. Detention has two current vacancies for therapist positions. Substance use groups have resumed in-person within the jail. One Mental Health Therapist and one Substance Abuse Therapist position remain vacant at the jail. We are actively reviewing resumes and scheduling interviews.

Specialty Dockets

During the month of July, the Specialty Dockets program continued to welcome new participants and celebrated some graduations. Three participants graduated this month and one was terminated for non-compliance. One participant graduated from the Veteran's Treatment Docket in July and an article was written about him in the Freelance Star, highlighting the success of the program. One of our juvenile drug court participants was terminated for lack of compliance, but staff continue to provide treatment to one other juvenile who is doing great in his treatment.

The Behavioral Health Docket is still pending approval from the Supreme Court, however the team has begun admitting clients for treatment. We have one client officially in the program and have completed evaluations to assess for appropriateness of six more participants. The team continues to work hard to meet the client's needs and adjust to this new program.

Our Veteran and Family Specialist has been very helpful in taking the growing military population in the area and providing treatment specific to their needs. We underwent some changes at our District 21 office, as they lost funding for the case manager position there. Our therapist at the office continues to work hard to meet the needs of the population he serves there. Staff was able to attend training conferences in July; Problem

Gambling and the National Drug Court Conference. This has allowed for training on best practices in these areas and will help staff continue to provide appropriate and effective treatment to this population.

Substance Use

The SUD programs filled four vacancies over the last two months. The peer recovery specialist vacancies in the OBOT program and Project LINK were filled, as well as the Project LINK program manager position. Appropriate agency staff were made aware of and encouraged to apply for the STAR-LRP, in order to receive assistance in repayment of student loans. STAR-LRP is a loan repayment program for individuals working with substance use in underserved areas.

The SUD Coordinator attended a community stakeholder meeting with the Jail Services Coordinator to present to local judges, attorneys and jail officials on the current substance use programming offered at RACSB and how individuals can access our services. The SUD coordinator continues to facilitate the monthly consultation group for the agency's clinical staff, with a focus on substance use treatment and programming. The SUD coordinator also continues attendance at the Recovery Behind Walls meeting, in order to continue improving the collaboration between RRJ and the agency's OBOT program.

The Project LINK specialist was trained in and began implementing the Nurturing Parents curriculum. Trainings attended by various staff throughout the month included DBT, Ethics, Trauma-Informed Relapse Prevention, and the VSIAS conference.

Prevention Services

Michelle Wagaman, Director

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July and August 2022

Initiatives

Youth Marijuana Prevention – Collection of the Young Adult Survey (YAS) was extended through July 31, 2022. A total of 118 valid surveys were collected from Planning District 16. In total, 5,328 surveys were collected across Virginia. OMNI Institute is now reviewing the data. Following their analysis, state wide and CSB specific reports will be provided.

Responsible Gaming and Gambling – On July 28, 2022, DBHDS recently released the statewide Gambling and Gaming Environmental Scans Report. (Full report will be taken to the Prevention and Public Information Committee Meeting scheduled for September 13, 2022.) This is part of our efforts related to the community needs assessment to address problem gaming and gambling. The environmental scan for our region consisted of brick and mortar sites (20), charitable gaming scans (5 – BINGO halls), and community walk scan (5 intersections). Additionally, community members completed the passive media scan and key informant/stakeholder interviews were held.

PhotoVoice Project – As part of research efforts to inform a state-wide media campaign. RACSB hosted members of the community ages 18-34 in a PhotoVoice project. Researchers provided photographs of what mental health and wellness means to them. The photos and narratives helped inform a new statewide campaign that launched in July 2022. To learn more about the “Activate Your Wellness” campaign, visit <https://www.virginiapreventionworks.org/activate/>. We will utilize the campaign materials for weekly “Wellness Wednesday” posts as well as other initiatives.

Save the date! PhotoVoice exhibit will be on display at the Howell Branch of the Central Rappahannock Regional Library (formerly known as England Run Library). The address is 806 Lyons Blvd., Fredericksburg, VA 22406. A reception is scheduled for 5:00 p.m. to 7:00 p.m. on Tuesday, September 13, 2022.

ASIST (Applied Suicide Intervention Skills Training) – RACSB resumed hosting this training on July 21 – 22, 2022. We had nine participants. The next training is scheduled for November 9 – 10, 2022 and we’re nearing registration capacity.

To register: <http://bit.ly/ASISTregistration>

Mental Health First Aid – We have scheduled and promoted the following training dates and will be adding additional training opportunities through December:

Youth Mental Health First Aid

- August 4, 2022 – Resumed in person training; 11 of 18 registered completed
- October 6, 2022 (9:00 a.m. to 4:00 p.m.) – register by September 22

Adult Mental Health First Aid

- September 22, 2022 (9:00 a.m. to 4:00 p.m.) - register by September 9
- November 29, 2022 (9:00 a.m. to 4:00 p.m.) - register by November 17

To register: <https://bit.ly/MHFAregistration>

In July, we held a training for Jail Basic Recruits at the Rappahannock Regional Criminal Justice Academy as well as continued our partnership with the Air Force Air Traffic Controllers based out of Langley. In August, we have trainings scheduled for Law Enforcement Basic Recruits at RRCJA, two trainings for Resident Advisors at the University of Mary Washington, and all of the school nurses with Spotsylvania County Public Schools.

Lock and Talk Virginia – Region 1 Prevention Directors (aka “Founding Mothers”) held our annual planning retreat on August 5, 2022. We continued to move forward with OMNI Institute for the creation of a formal evaluation plan. They are currently creating data tracking elements to aid in data collection, evaluation, and reporting. This is the next step following the strategic plan developed last year. We are gearing up for September as National Suicide Prevention Month. A campaign featuring social media content, videos, AudioGo radio ads, and special website page are being finalized.

We distributed 65 gun locks, 16 med lock boxes, and a few hundred medication disposal kits at the Art of Aging Expo on June 8, 2022. This was organized by the Partners in Aging coalition.

We distributed 85 gun locks and 150 medication disposal kits at National Night Out at the Spotsylvania Towne Centre on August 2, 2022.

REVIVE! – We continue to host virtual REVIVE! trainings via Zoom 1-2 times per month. We are seeing an increase in community partners requesting REVIVE trainings for their staff, volunteers and clients served.

We returned to Stafford Schools on July 28, 2022 to train additional nurses as REVIVE Trainers. We trained 80 people and dispensed 71 doses of Narcan at Fredericksburg PRIDE on June 25, 2022. We also offered Rapid REVIVE with Narcan dispensing at National Night Out on August 2, 2022. This event was organized by the Spotsylvania County Sheriff’s Office and was well

attended. We dispensed 11 doses of Narcan. At the invitation of King George High School, 96 staff were trained on August 5, 2022 and each received a dose of Narcan.

REVIVE trainings currently scheduled:

- August 4, 2022 at 6:30 p.m.
- August 13, 2022 at 10:30 a.m.
- September 1, 2022 at 6:30 p.m.
- September 13, 2022 at 10:30 a.m.

Narcan dispensing continues to be scheduled following the training.

- July 11, 2022 from 1:00 p.m. to 4:00 p.m.
- July 28, 2022 from 11:00 a.m. to 4:00 p.m.
- August 8, 2022 from 1:00 p.m. to 4:00 p.m.
- August 25, 2022 from 2:00 p.m. to 5:00 p.m.
- September 12, 2022 from 1:00 p.m. to 4:00 p.m.

To register for a REVIVE! training: https://bit.ly/VIRTUAL_REVIVE

To register for Narcan dispensing: https://bit.ly/RACSB_NARCAN

Training and dispensing dates are also posted a Facebook events.

There is increased interest from community partners to expand Harm Reduction Initiatives in our community. Members of the Opioid Workgroup are researching options and in dialog with community leaders.

ACEs and Resilience – RACSB Prevention Services is hosting the virtual Understanding ACEs training in collaboration with fellow CSBs:

- September 8, 2022 9:00 a.m. to noon
- September 20, 2022 12:00 p.m. to 3:00 p.m.
- October 11, 2022 12:00 p.m. to 3:00 p.m.
- October 20, 2022 9:00 a.m. to noon
- November 1, 2022 9:00 a.m. to noon
- November 10, 2022 9:00 a.m. to noon
- December 13, 2022 9:00 a.m. to noon

To register: <https://bit.ly/3rdtJYX>

Additionally, we scheduled trainings at the invitation of local community partners. We are pleased to be returning to The Community Foundation of the Rappahannock River Region on August 22, 2022 for their Youth in Philanthropy group.

The Virginia Department of Health (VDH) recently released a Special Emphasis Report on Adverse Childhood Experiences (ACEs) in Virginia for 2019-2020. This will be brought to the Prevention and Public Information Committee meeting in September.

Upcoming Events – RACSB Prevention and other staff members will be participating in the following upcoming community events:

- Every other Tuesday – The Table at St. George’s produce distribution
- August 31, 2022 – International Overdose Awareness Day – *Wear your purple!*
 - Drive thru Rapid REVIVE! with Narcan Dispensing at Germanna Community College from 11:00 a.m. to 2:00 p.m.

- Virtual REVIVE! scheduled for 6:30 p.m.
- Proclamations are going before the Fredericksburg City Council on August 23 and Stafford County Board of Supervisors on August 16. The Spotsylvania County Board of Supervisors were to consider the proclamation on August 9.
- September 13, 2022, 6:00 p.m. to 8:00 p.m. – Barbershop Talks at The Gentleman’s Club on Courthouse Road featuring presentation on men’s mental health by Gary “Trey” Taylor.
- September 13, 2022, 5:00 p.m. – PhotoVoice Reception, Howell Library
- September 17, 2022 – 18th annual Baron “Deuce” P. Braswell Run Against Teen Violence (<https://www.braswellrun.com/>)
- September 24, 2022 – Another Day Walk, Mental Health America of Fredericksburg
- October 15, 2022 – Out of Darkness Walk, American Foundation for Suicide Prevention

Healthy Families Rappahannock Area

Healthy Families Rappahannock Area helps parents **IDENTIFY** the best version of themselves, **PARTNERS** with parents with success in parenting, and **EMPOWERS** parents to raise healthy children. We provide free support to families residing in the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford.

Healthy Families Rappahannock Area received two grants from the Rappahannock United Way to support the Home Visiting and Village Fathers programs.

The program is now offering two (2) playgroups with an option of morning or afternoon. They are held at either a local park or Hillcrest United Methodist Church. The groups are held the second Wednesday of the month. In July, former state Delegate Joshua Cole attended and served as the Positive Male Role Model.

HFRA participated in the Back-to-School event supported by IMPACT King George on July 30, 2022.

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	3	1	8	1
CITY OF FREDERICKSBURG	2	4	33	0
KING GEORGE COUNTY	1	2	5	1
SPOTSYLVANIA COUNTY	18	13	69	5
STAFFORD COUNTY	7	5	31	1
OUT OF AREA	0	0	0	0
TOTAL	31	25	146	8

Community Support Services Board Report: August 2022

Developmental Disabilities (DD) Residential Services - Stephen Curtis

Madison Fanning was promoted at Stonewall Group Home to the role of Manager effective July 24. We are excited for this opportunity for her and congratulate her on her accomplishment.

Laura Monroe, longtime manager at Igo Road Group Home, who has also worked at Ruffins Pond and Piedmont Drive over the years, is leaving RACSB effective August 12 to pursue other interests. Laura's attention to detail and her love of the individuals receiving services over the years have made a lasting impression. While we will miss her and wish her well in her endeavors.

Brittany Commons SAP will transition to new apartments at Merchant Square effective August 1. Preparations have been made for this transition and last-minute items are being worked out to ensure this transition goes smoothly. Merchant Square is located in the quickly developing area at Spotsylvania Courthouse. The area offers access to local amenities and shops that will benefit each of the individuals in their desire to be out and about. The apartments themselves offer opportunity to continue supporting several aging residents who will benefit from greater accessibility (elevators, more accessible living spaces). All individuals are excited about this upcoming opportunity.

DD Residential would like to thank the RACSB's Board for the recent cost of living increases provided to staff. We appreciate your continued support and ongoing recognition of the efforts that staff contribute to our mission.

Assertive Community Treatment (ACT) – Tamra McCoy

Regarding ACT staff changes, Regina White was hired for the Mental Health Specialist position for ACT North. This team is now fully staffed. Christina Leonard was hired for the Co-occurring Specialist position for ACT South. We are pleased to have two dynamic individuals as a part of our program.

ACT North had one client graduate from our program. She no longer needed the intensity of ACT and was referred to agency adult case and medication management. This client received a certificate for completion of ACT which she appreciated.

ACT North enrolled a new client who was hospitalized at Central State for several months on a NGRI (not guilty by reason of insanity). This client is on a conditional release.

ACT South met with a former client who has agreed to resume services after multiple psychiatric hospitalizations. He's currently homeless, hospitalized again and a referral has been made to agency permanent supportive housing. An assessment has been completed and he's currently on a waiting list for housing.

Our program continues to provide ongoing supports to our clients in a wide array of circumstances.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club members have been working on the 2022 Team Challenge, where the members earn points based on how much they participate in various activities as a way to build peer support and stay motivated during this time of low staff. A Cricut machine was purchased for Kenmore Club. Each member made a t-shirt to show off their clubhouse pride. We have two new staff starting mid-August and will be getting an intern as well, so we can look forward to increasing our activities in the next few weeks. We have two more trips to Lake of Woods for swimming coming up and we recently visited the Torpedo Factory Museum in Northern VA. We currently have 75 active members.



DD Day Support: Rappahannock Adult Activities, Inc. (RAAI) - Lacey Fisher

RAAI is currently supporting a total of 109 individuals; with one individual returning to programming during July. RAAI is still limited by the number of vacant staffing positions to address the needs of the 70+ individuals now on our wait list. We are needing to temporarily cut individuals at certain sites back from 5 days a week to 2-3 as we have had another wave of staff resign. We remain at 20 Direct Support Professional staffing vacancies while our waitlist continues to grow. We are seeing many new referrals and individuals coming from other day support agencies, wanting services here.

Fundraiser for RAAI scheduled for August 4 from 1-9pm at Tilly's Ice Cream, come out and support us! Fall mums and veggies are growing, stay tuned for details on our Fall Sale.

Developmental Disabilities Support Services - Jen Acors

We continue to have high caseloads but have two people accepted positions as support coordinator that will start in August.

Mental Health (MH) Residential Services - Nancy Price

PSH housed one individual in July.

Nancy Baker of Home Road was promoted from Residential Counselor II to Assistant Manager, effective July 10.

Home Road hosted one overnight pass for an individual that was accepted and is expected to move in during August.

All MH Residential programs have begun facility updates and repairs in order to prepare for CARF.

LBH hosted two individuals for trial passes, one of which was accepted and transitioned to LBH from Home Road. He is doing exceptionally well at LBH!

All programs have been participating in more social activities, which includes going to the movies, attending Fourth of July fireworks and BBQ's.

A candidate interviewed for the LBH Assistant Manager position and is expected to attend orientation beginning August 8.

A candidate interviewed for the PSH Peer Specialist Position. She accepted the position and is expected to begin orientation on August 8.

Early Intervention: Parent Education and Infant Development (PEID) - Suzanne Haskell

There are currently 529 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. We are scheduling an average of 13 assessments for new clients weekly. In July we had 62 referrals. There are currently 15 providers on staff. We currently have open positions for an educator and a speech-language pathologist.

MH Crisis Stabilization: Sunshine Lady House - Heather Honaker

SLH welcomed DBHDS Commissioner Smith to the program for lunch and a tour of the facility. SLH staff enjoyed meeting the commissioner and sharing about our wonderful program with him.

Congratulations to Tammy Grymes, LPN, for being selected for the Lead MH Nurse position at SLH.

A second therapy dog, Prince the Poodle, has joined the weekly group schedule.

Nurse and Nurse Manager recruitment efforts continue. The program has one full-time MH nurse, one part-time nurse, and one full-time Nurse manager positions open.

SLH Therapist, Carla Anderson, attended the *Virginia Summer Institute for Addiction Studies* conference.

From the July survey comments - "I am beyond words. If I didn't find this place when I did, my livelihood probably would not have survived. I wouldn't have been able to attend school. I wouldn't have been able to graduate. I wouldn't have been able to work. I wouldn't have been able to understand myself like I do now. My mental health would have kept dropping. I would have given up on getting help. I would have gotten weaker and I would've died. This place and the people gave me my future back. You guys gave me my hope and enjoyment back. You guys gave me the strength and tools to live. I will never forget any of you, and there is a special place in my heart for every single one of you. Thank you for saving my life. I could never payback the debt I owe."

Specialized Transportation - Clark Thomas

RACSB received four new Ford Transit vans equipped with wheelchair lifts in July. These vans are from the FY 2022 FTA 5310 Grand award. Each van cost is \$69,408. RACSB usually pays the local matching funds of 20% per van based on the base rate of \$65,000. DRPT waived the local 20% match for FY22 saving RACSB \$52,000.

The vans are assigned to RAAI Kings Hwy, Devon Drive Group Home, Ross and Lucas Intermediate Care Facilities. Ross/Lucas vans pictured below.



RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

June and July 2022 Review

Community Consumer Submission 3 version 7.5 (CCS3 7.5)

The Community Consumer Submission 3 version 7.5 is the technical specifications for our state reporting data collection and extract. We continue to work to prepare for the July 1, 2022 changes. The state-led user acceptance testing process is wrapping up. We were the first vendor to have this year's extract ready for testing. No major issues have been identified in the UAT process.

Waiver Management System (WaMS)

DBHDS provided the specifications for changes to WaMS for the upcoming year in late December. These changes went live on May 17, 2022. After some vendor delivery delays, we are successfully integrated with this year's changes.

Trac-IT Early Intervention Data System

The go live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, was launched on June 27, 2022. Although Part C limited the data fields required at go-live as a result of coordinated advocacy, the current required data entry has exponentially increased administrative effort to maintain. For example, data elements that took 2-5 minutes previously are now taking 20 minutes to 2 hours to complete. EHR upload capability testing was delayed and a new date has not been announced. We continue to advocate for a delay in the implementation of 300 new required data elements past the current required date of November 15, 2022.

Opportunities for Partnership/Input:

- Asked to lead a joint partnership between RAHD, Mary Washington, Germanna, GMU, Claude Moore Foundation, and DBHDS to develop and implement a private, public, higher educational partnership model to address building a career ladder/workforce pipeline for behavioral health. RACSB will host the Rappahannock Area Behavioral Health Workforce Summit on August 19th to develop the strategic plan for this effort.
- Brandie has been identified to serve as one of two CSB representatives on the IT internal review board with DBHDS. This board has been designated to approve or deny any new data or technology systems request as well as provide oversight and input into those projects already in place. The board is comprised of senior leadership at DBHDS.
- Started service as Emergency Department Care Coordination Collaborative Chair. The EDCC Collaborative consists of representation from private hospitals, private providers, DMAS, DBHDS, Managed Care Organizations, and VHI.
- Worked as part of the VACSB Administrative Policy Committee with DBHDS' Office of Performance Management on the redesign of the Performance Contract for next year.

Special Projects and Data Requests:

Operations programs participate in a variety of special projects/requests for data. Please find examples of a few of these efforts:

- Continued regular reporting (weekly/bi-monthly) for MAT, missing diagnosis, Columbia completion, TDO by age, Child Crisis Duration, Type of Care consistency, clinical utilization, Same Day Access Data Entry, Psychiatric Assessments in Draft, Substance Use Diagnosis status, and monitoring physicals for individuals over 18 receiving case

management services.

- Represented the agency virtually at the VACSB Quality and Outcomes, Data Management Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, Region 1 IT Council, UAT Team, new DBHDS Data Dashboard Committee, and DMC Technical Sub-committee.
- Participates as representative of both RACSB and DMC on the implementation and oversight group for the new Early Intervention data platform. Established a workgroup comprised of both program and data staff of multiple CSBs to work through barriers and advocacy regarding the transition to the new platform. This group meets every other week and has grown to over 50 members.
- Continued efforts with Dev Nair, Assistant Commissioner, Quality Assurance & Governmental Relations, and Eric Williams, Director, Provider Development Division of Developmental Services to facilitate efforts to streamline documentation and administrative burden for ID/DD providers and support coordinators. Brandie presented out update on these initiatives at Quality and Outcomes meeting. Jointly created draft versions of each document and proposal for leadership. Led presentation to the Quality and Outcomes committee.
- Helped design the Administrative Quality and Unification Approach (AQUA) with Dev Nair, Assistant Commissioner, Quality Assurance & Governmental Relations and Dr. Lisa Jobe-Shields, Deputy Director of Community Services with DBHDS. This approach will streamline and reduce administrative requirements between DBHDS and CSBs.
- Worked with Craig Camidge, Director of the Office of Enterprise Management Services, DBHDS to enact a moratorium on any changes to data platforms or reporting expectations from DBHDS to CSBs which have not followed the appropriate process as outlined in the Performance Contract.
- Worked with Tina Cleveland, Director of Finance on CARS financial state reporting submission and development of new federal grant *reimbursement* process.
- Wrote successful grant through DBHDS to secure funding for 330 hours of clinical supervision towards licensure across at least 15 staff members at RACSB.
- Worked with VACSB Council Leadership and DMC to advocate for more clarity around change in TDO exceptions reporting.
- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions regarding appropriate reporting of new initiatives.
- Participated in RACSB strategic planning committee.
- Partnered with Germanna Community College to write a successful grant for funding from Claude Moore Foundation to support behavioral health workforce development efforts.
- Met with Dr. Jim May of Richmond Behavioral Health Authority to discuss their integration of primary care services into their organization.