



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, October 18, 2022 5:00 PM
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: October 13, 2022

A Board of Directors Meeting has been scheduled for Tuesday, October 18 at 5:00 PM, Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

Looking forward to seeing everyone on October 18, 2022.

Best.

GS/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
BOARD OF DIRECTORS MEETING
October 18, 2022
In-Person

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

a g e n d a

- | | | |
|------|---|---------|
| I. | MINUTES, BOARD OF DIRECTORS, September 20, 2022 | Lapin |
| II. | PUBLIC COMMENT- Public Comment | Lapin |
| III. | EMPLOYEE SERVICE AWARDS | Wickens |

5 Years

Esther Ackuayi – Day Support Counselor
Traci George – ID Residential Counselor
Marjorie Duncan – Credentialing Specialist/Reimbursement Technician
Laurie Warren – ID Support Coordinator
Nicholas Harrison – Therapist

10 Years

Valerie St. John – Caroline ID SC Supervisor

15 Years

Grace Arthur – ID Residential Counselor
Jennifer Drew – Case Manager

20 Years

Dennis Dandridge – Day Support Counselor

- | | | |
|-----|-----------------------|-------|
| IV. | <u>CONSENT AGENDA</u> | Lapin |
|-----|-----------------------|-------|

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE October 11, 2022	Beebe
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- A.1 Information Only – Myers Drive Quarterly Report
- A.2 Information Only – Extraordinary Barriers List
- A.3 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- A.4 Information Only – Information Technology/Electronic Health Record Update

- A.5 Information Only – Crisis Intervention Team Assessment Center Report
- A.6 Information Only – Emergency Custody Order/Temporary Detention Order
- A.7 Information Only – Waitlist
- A.8 Approved – Corrective Action Plan
- A.8 Information Only – Data Highlights
- A.9 Information Only – CARF End of Year Performance Analysis
- A.10 Information Only – Strategic Plan

RECOMMENDED: FINANCE COMMITTEE October 11, 2022

Zurasky

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

RECOMMENDED: PERSONNEL COMMITTEE October 11, 2022

Gayle

- C.1 Information Only – September Retention Report
- C.2 Information Only – September EEO Report and Recruitment Update

V. ITEMS FOR FULL BOARD DISCUSSION/VOTE

- A. Strategic Plan

VI. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VII. REPORT OF DIRECTORS and COORDINATORS

- A. Clinical Services
- B. Finance and Administration
- C. Human Resources
- D. Compliance
- E. Public Information
- F. Prevention
- G. Community Support Services
- H. Deputy Executive Director

Kobuchi
Cleveland
Runyon
Terrell
Umble
Wagaman
Jindra
Williams

VIII. BOARD TIME

Lapin

IX. ADJOURNMENT

Lapin

September 2022 Board of Directors Meeting Minutes

Call to order

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held September 20, 2022 at 600 Jackson Street. Attendees included Sarah Ritchie, Melissa White, Susan Gayle, Claire Curcio, Kheia Hilton, Nancy Beebe, Ken Lapin, Matt Zurasky, Susan Muerdler, Glenna Boerner, Jacob Parcell, Greg Sokolowski, Joe Wickens, Brandie Williams, Amy Umble, Tina Cleveland, Amy Jindra, Michelle Wagaman, Jacque Kobuchi, Stephanie Terrell, Hosanna Gifford, Courtney Ross, and Steve Curtis. Linda Carter was not present.

August 16, 2022 Minutes Board of Directors

The Board approved the minutes from the August meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Matt Zurasky **Seconded:** Kheia Hilton

Employee Service Awards

Joe Wickens announced that the following employees celebrated an anniversary for their service:

10 Years

Megan Hartshorn – Clinic Coordinator III

15 Years

Courtney Ross – Assistant Coordinator, ID Resident Services

20 Years

Timothy Alsfeld – Lead Landscape Technician

25 Years

Joe Wickens – Executive Director

Board Presentation: Strategic Plan

Brandie Williams presented the Strategic Plan. Ken Lapin asked if reviewing the Plan was a requirement for CARF. Brandie said it was, though its approval is not required. Nancy Beebe asked for a brief overview of CARF for new Board members. Stephanie Terrell shared that CARF will be October 17-19 and will survey services and programs.

Matt Zurasky expressed concern that Respite Services are absent from the Strategic Plan. Joe Wickens said that it was intentional, as it's something that's under review, and Brandie added that it's not something that has been included in specifics in the past, though it can be added. Matt said

that he was not prepared to approve the Plan without it, expressing concern that without it being included, it can't be strategized for. Ken Lapin suggested that, if it won't cause problems for CARF, the changes be made and then reviewed in the October Committee or Board Meetings.

Jacob Parcell asked how outcomes for the Strategic Plan are usually measured. Brandie said that traditionally the Strategic Plan doesn't have a data dashboard, as the goals are met and measured on smaller scales such as division plans, program goals, and even individual performance. She noted that if the Board wants those updates, that's something she can work to provide in the future. Jacob stated that if the Plan is just checking a box, there's no need for the dashboard, but the operational information could be beneficial to review. Joe Wickens added that we don't answer to anybody for the Strategic Plan but ourselves, and the nitty gritty information is already provided to Committees. He recommended that we proceed without a data presentation for the Strategic Plan, as that would be a large undertaking with a lot of data.

Consent Agenda

I. RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, September 13, 2022

- A. 1 Information Only – Extraordinary Barriers List Update
- A. 2 Information Only – Independent Assessment Certification and Coordination Team (IACCT) Update
- A. 3 Information Only – Information Technology/Electronic Health Record Update
- A. 4 Information Only – Crisis Intervention Team (CIT) Assessment Center Report
- A. 5 Information Only – Emergency Custody/ Temporary Detention Order Report
- A. 6 Information Only – Waitlist, August 2022
- A. 7 Approved – Licensing Reports (CAPs)
- A. 8 Information Only – Assertive Community Treatment Monthly State Report

II. RECOMMENDED: FINANCE COMMITTEE, September 13, 2022

- B. 1 Approved – Investment Options
- B. 2 Information Only – July 2022 Investment Report
- B. 3 Information Only – July 2022 Reimbursement Report
- B. 4 Information Only – July 2022 Health Insurance Account Report
- B. 5 Information Only – July 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

B. 9 Approved – Financial Report

III. RECOMMENDED: PUBLIC INFORMATION/PREVENTION COMMITTEE, September 13, 2022

C. 1 Information Only – Communication Goals FY 2022

C. 2 Information Only – Media Releases FY 2022

C. 3 Information Only – Prevention Programs FY 2022 Year-end Summary

C. 4 Information Only – Understanding Adverse Childhood Experiences Training FY 2022 Year-end Summary

C. 5 Information Only – Suicide Prevention Initiatives FY 2022 Year-end Summary

C. 6 Information Only – Prevention Efforts Related to Opioid Epidemic FY 2022 Year-end Report

C. 7 Information Only – Virginia Problem Gambling and Gaming Prevention

C. 8 Information Only – Healthy Families Rappahannock Area FY 2022 Year-end Report

C. 9 Information Only – Upcoming Events

IV. RECOMMENDED: PERSONNEL COMMITTEE, September 19, 2022

D. 1 Information Only – August 2022 Retention Report

D. 2 Information Only – August 2022 EEO Report and Recruitment Update

D. 3 Information Only – Recruitment and Retention Presentation

D. 4 Information Only – HR September Update

D. 5 Information Only – CSB Turnover and Vacancy Survey

D. 6 Approved – Annual Leave Payout

ACTION TAKEN: The Board approved the consent agenda, with the exception of B.1, which was pulled for further discussion/vote.

Moved by: Kheia Hilton **Seconded:** Greg Sokolowski

Items for Full Board Discussion/Vote

FINANCE COMMITTEE: Investment Options

Matt Zurasky reviewed the investment options as discussed in the September 13 Finance Committee Meeting. Tina Cleveland provided details on the 100% government/agency, 100% corporate, 60/40 and 70/30 government/agency investment options. Her ultimate recommendation was to go with

the 100% government/agency option, as RACSB policies require little to no risk. Nancy Beebe agreed with Tina's recommendation, stating we have a community responsibility to take the safe route. Ken Lapin echoed her opinion, suggesting that we can reevaluate when the market is less volatile. He asked for a recommendation from the Committee. Matt said that the Finance Committee's recommendation was to go 100% government/agency.

ACTION TAKEN: The Board approved a motion to reinvest \$11.25 million certificates of deposit into \$8.25 million investment portfolio (100% government/agency bonds) with \$3 million into reserve. Matthew Zurasky abstained from the vote as he had a relationship with one of the individuals who presented initial investment options, and the rest of the Board voted to approve the motion. Moved by: Matthew Zurasky Seconded: Claire Curcio

Closed Session

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

Ken Lapin requested a motion for a closed meeting.

It was moved by Matt Zurasky and seconded by Susan Gayle that the Board of Directors 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, Ken Lapin 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
Nancy Beebe – voted aye	Sarah Ritchie – voted aye
Glenna Boerner – voted aye	Claire Curcio – voted aye
Matt Zurasky – voted aye	Jacob Parcell – voted aye
Susan Gayle – voted aye	Kheia Hilton – voted aye
Ken Lapin – voted aye	Greg Sokolowsky – voted aye

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

Report from the Executive Director

Joe Wickens highlighted the upcoming VACSB conference at the Westfield Marriott in Chantilly. Matt Zurasky asked if an agenda or start time information was available. Joe said he would send it out.

Joe noted that the next board meeting will be during CARF, so to keep things simple there will be no presentation for the month of October.

Program tours (formerly board tours) will be resuming, with the next available scheduled for October 27, start time 9:00 AM. The tour will be focused on Fredericksburg services. After brief discussion about rescheduling, due to several new board members being unable to attend, Ken Lapin suggested that we proceed with the original date. Joe agreed.

Lastly, Joe reviewed information regarding the ICF audit, noting that in prior years RACSB owed significant paybacks. This year, however, as a result of Tina and her team's hard work, we will be receiving a payback. Joe gave kudos to Tina and her team.

Report of Directors and Coordinators

Michelle Wagaman shared about Barbershop Talk and Photovoice, two events from the month of September. She also mentioned that there are several upcoming walks that RACSB will be attending.

Amy Jindra stated that equity training is upcoming for PSH (Permanent Supportive Housing) staff. Additionally, she noted that RAAI has begun autumn plant sales. Information is included in the packet.

Jacque Kobuchi said that the job fair was small, with only a few attendees. She also briefly mentioned difficulties with adequate staffing, highlighting the need for therapists.

Tina Cleveland issued her own thanks to her team, praising them for their hard work.

Amy Umble provided a handout that highlighted RACSB. She also noted that RACSB had been in the Freelance Star frequently throughout the month.

Board Time

Greg Sokolowsky said that he is always impressed by what the RACSB does. Melissa White and Susan Gayle echoed him, thanking the staff for everything that they do.

Sarah Ritchie and Claire Curcio both expressed that they are learning a lot about what RACSB offers.

Nancy Beebe congratulated Joe Wickens on his 25 years at RACSB.

Matt Zurasky thanked the Board for their investment decision, and thanked Tina Cleveland for all of her work. Jacob Parcell echoed Matt Zurasky's thanks and also thanked Stephanie Terrell for her efforts leading up to CARF.

Adjournment

The meeting adjourned at 7:22 PM.

September 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 October 11, 2022. Attendees included Susan Muerdler, Nancy Beebe, Matt Zurasky, Glenna Boerner, Ken Lapin, Jacob Parcell, Melissa White, Susan Gayle, Joe Wickens, Jacque Kobuchi, Amy Jindra, Brandie Williams, Stephanie Terrell, Amy Umble, Tina Cleveland, Hosanna Gifford, Steve Curtis, Patricia Newman, and Joel Zurasky.

Myers Drive Quarterly Report

Steve Curtis presented the Myers Drive Quarterly report, stating that 22 different individuals were provided respite supports at Myers Drive Respite Home between July 1, 2022 and September 30, 2022. Total revenue for the time period was \$34,235. Nancy Beebe asked if any of the staff are nurses. Steve said generally no, though some individuals may require nursing support through the night. Matt Zurasky noted that when Myers was closed for the pandemic, families hired in-home assistance, and some of those families haven't yet returned to the program. Ken Lapin asked how more people are being drawn to the service. Steve Curtis said that they are notifying families and taking referrals.

Extraordinary Barriers List – September 2022

Patricia Newman gave a brief overview of her program then reviewed the cases of four individuals on the Extraordinary Barriers List.

The first individual's barriers to discharge include approval for funding for placement. This individual requires assistance from staff to complete all activities of daily living. They have been accepted to The Heritage Inn Assisted Living Facility and discharge is projected for the second week of October, provided that funding is approved. Questions have been raised about the facility recommending memory care placement for a trial period, which has held up the DAP approval process.

The second 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 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. They were also recently charged with a misdemeanor offense while hospitalized in response to groping a female staff member and not immediately releasing her. 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 wanted to reside close to their victim of the original offense. RACSB has expressed concerns regarding their readiness for discharge, however, hospital staff report that because they are at their baseline in their mental health, they are ready for discharge. A referral was completed and has taken place with a residential provider that operates an all-male program and accepts Registered Sex Offenders. This program requires a pass to be completed before an individual can be officially accepted. At this time a pass to discharge is being coordinated and this individual will be discharged once the pass is completed and the address of the program is approved by their monitoring officer. Once a bed is available, discharge will be coordinated.

The third individual's barriers to discharge include identifying and being accepted to a housing program that will offer this individual the supports necessary to be successful in the community. This individual has a mental health diagnosis, has experienced numerous hospitalizations as well as has resided in a variety of different settings in the community. Once in the community, this individual often seeks out drugs which have a negative impact on their mental health, resulting in decompensation and typically readmission to the hospital. This individual has been accepted to a transitional housing program and will discharge once a bed is available.

The fourth individual's barriers to discharge include failed discharge attempt to previous placement, and lack of identification of new placement that can support this individual's behavioral needs. This individual has a diagnosis of mental illness, as well as multiple co-morbid medical concerns. Some of the behavioral concerns result in refusal of medical treatment, which is a concern for placements. This individual is also not ambulatory. Assisted Living Facility placement has been recommended at this time. This individual has symptoms at baseline, and ongoing baseline behaviors which make finding a placement that can employ appropriate interventions to redirect these behaviors, important. Once an appropriate placement has been identified, discharge will proceed promptly.

Independent Assessment Certification and Coordination Team Update

Jacque Kobuchi told the Committee that RACSB received 13 IACCT referrals in September and completed 11 assessments. Four referrals were initial assessments and nine were re-authorizations. Three were from Spotsylvania, one from Stafford, four from Caroline, two from King George, and three from the City of Fredericksburg.

Information Technology/Electronic Health Record Update

Brandie Williams said that the information technology department closed 1,095 help tickets in September.

The first FY23 Community Consumer Submission was submitted to the state September 14, 2022. CCS Data for July and August 2022 was submitted to the state on September 28, 2022.

WaMS integration is currently being affected by an intermittent communication issue where files being sent between Avatar and WaMS are timing out before all the data can be exchanged. This is causing staff to directly enter some Service Plans. DBHDS, Netsmart, and WaMS are working to see if a solution can be found.

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. We have prepared to support multifactor authentication requiring an app which will be used to access Trac-It beginning on October 17, 2022. This is a change that is being required by DBHDS IT Security. Matt Zurasky expressed concern that this was a step backwards. Brandie Williams stated that we don't have a choice in the matter, and she continues to be vocal about Trac-It issues. Matt Zurasky asked if a letter from the Board would be helpful. Joe Wickens said that so far our pushback has been successful, but if things reach a point where that is no longer the case, it may be useful. Matt Zurasky suggested we draft a list of all the programs we are mandated to integrate and use to demonstrate the difficulty of the requirements.

RACSB continues to utilize Zoom with 2,589 video meetings held with a total of 7,592 participants in September.

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. A new group of Bells users have volunteered to start implementation, now both PEID and ACT teams are in the process of onboarding to the platform. Both teams have identified test users and started to input test notes into Bells. CareQuality kickoff was August 4, 2022. This project will allow for a more seamless transition when RACSB gets new clients transferred from other facilities within the CareQuality Network (including Mary Washington Hospital). The system can query patients on the CareQuality Network to get some of their records from other participating organizations.

Joe Wickens asked Brandie Williams to update the Committee regarding other Community Services Boards and Avatar. Brandie stated that other CSBs have begun transitioning to Avatar, with which we are assisting. Nancy Beebe complimented Brandie on the fact that we often seem to be on the cutting edge of what CSBs use.

There have been no moves or new facilities during September 2022. A Request for Proposal (RFP) is on eVA (Virginia's Statewide procurement system) for security camera replacement and maintenance has been posted with responses due back on October 13, 2022.

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

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

Jacque Kobuchi reported that the CIT program held an eight-hour training with eight dispatchers.

Jacque also stated that the CIT Assessment Center Assessed 29 individuals in the month of September 2022: Fredericksburg 7; Caroline 3; King George 2; Spotsylvania 7; Stafford 1.

Emergency Custody Order and Temporary Detention Order Report – September 2022

Jacque Kobuchi told the Committee that emergency services staff completed 341 emergency evaluations in September 2022. Sixty-six Emergency Custody Orders (ECO) were issued, 74 Temporary Detention Orders (TDO) were issued and 74 Temporary Detention Orders were executed.

September 2022 Wait List

Stephanie Terrell reported that 282 individuals were waiting more than 30 days for outpatient therapy appointments as of September 30, 2022. As of October 5, 2022, there were 7 older adolescents and adults and 0 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, 3 (needs, 0; referral, 3; acceptance, 0); Developmental Disability Residential, 95 (needs, 90; referral, 3; acceptance, 2); Assertive Community Treatment, 13 (needs, 6; referral, 5, acceptance, 2); and DD Waiver Services, 766.

Jacob Parcell asked if the waitlist is the result of demand or a staffing issue. Jacque Kobuchi stated that both are contributors.

Licensing Reports

Stephanie Terrell shared that the RACSB submitted CAPs for one program during the month of September 2022. Developmental Disabilities Leeland Road Group received a licensing report for an unsubstantiated case of a human rights violation.

ACTION TAKEN: The Committee unanimously approved a motion to accept the licensing reports as presented.

Moved by: Susan Gayle Seconded by: Ken Lapin

Data Dashboard

Brandie Williams told the Committee that this month's report shows an overview of the new and ongoing Behavioral Health and Developmental Disability performance measures for Same Day Access, Suicide Risk Assessment, Physical Health Coordination, Substance Use Disorder Engagement, and Developmental Disability Measures.

CARF Program Evaluation End-of-Year Executive Summary

Brandie Williams stated that each year the RACSB conducts an annual performance analysis of programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). This month's report reviews the end-of-year performance for CARF-accredited programs.

Ken Lapin asked if goals that aren't met will affect accreditation. Brandie Williams clarified that they wouldn't, these goals are for internal use. Matt Zurasky expressed concern that some of the information regarding TDOs wasn't relevant. Brandie Williams noted it and said she would make the change moving forward.

Strategic Plan

Brandie Williams reviewed the Strategic Plan, with updates from the previous Board Meeting included. Jacob Parcell noted that in the section about STEP VA the goal should be reworded, as it is it's not a strategic goal. Brandie agreed and said she would make the change, then bring the document to the Board Meeting for final approval.

Other Business

No other business was addressed.

Adjournment

The meeting adjourned at 12:17 PM.



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

NOTICE

To: Program Planning and Evaluation Committee Nancy Beebe, Glenna Boerner, Claire Curcio, Kheia Hilton, Ken Lapin, Susan Muerdler, Jacob Parcell, Sarah Ritchie, Matt Zurasky

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
October 11, 2022, 10:30 AM
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: October 5, 2022

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, October 11, 2022 at 10:30 a.m. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on October 11 at 10:30 a.m.

Cc: Nancy Beebe, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

October 11, 2022—10:30 a.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

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XII.	Other Business, Beebe	

Memorandum

To: Joe Wickens, Executive Director
From: Steve Curtis, DD Residential Coordinator
Date: October 1, 2022
Re: Myers Drive Respite Quarterly Report

A total of 22 different individuals were provided respite supports at Myers Drive Respite Home during the period of July 1st, 2022 through September 30th, 2022. The total hours billed for those 22 individuals' services during this time frame yielded 2,638 hours. Of these 2,638 hours, 1,491.5 hours were billed to Medicaid and 1,146.5 hours were billed to the individual or their family at the sliding scale rate. The revenue billed to Medicaid was \$32,500 and the revenue generated from families paying the private pay rate was \$1,735. The revenue total for the time period was \$34,235.

Myers Drive Respite Quarterly Report

2019

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	36	36	38	36
<i>Waiver Hours Billed</i>	1975.50	3024.25	3133.75	2302.75
<i>Private Pay Hours Billed</i>	48.75	1267.50	693.25	1058.00
<i>Grant Hours Billed</i>	1114.00	N/A	N/A	N/A
<i>Total Hours Billed</i>	3138.25	4291.75	3827.00	3360.75
<i>Waiver Revenue</i>	\$31,146.00	\$48,009.00	\$50,547.39	\$36,022.32
<i>Private Pay Revenue</i>	\$675.00	\$2,036.00	\$1,435.00	\$1,730.00
<i>Total Grant Used</i>	\$2,109.83	funds expended	funds expended	funds expended
<i>Total Revenue</i>	\$33,930.83	\$50,045.00	\$51,982.39	\$37,752.32

2020

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	31	0	9	11
<i>Waiver Hours Billed</i>	1271.35	0	192.25	684.25
<i>Private Pay Hours Billed</i>	588.75	0	184	146.75
<i>Grant Hours Billed</i>	0	0	0	285.75
<i>Total Hours Billed</i>	1860.1	0	376.25	1,116.75
<i>Waiver Revenue</i>	\$20,506.87	\$0.00	\$3,101.00	\$11,332.87
<i>Private Pay Revenue</i>	\$1,090.00	\$0.00	\$640.00	\$335.00
<i>Total Grant Used</i>	funds expended	\$0.00	\$0.00	\$3,580.42
<i>Total Revenue</i>	\$21,596.87	\$0.00	\$3,741.00	\$15,248.29

*closed 4/1/20-9/7/20

*closed 11/20/20-12/31/20

2021

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>			7	20
<i>Waiver Hours Billed</i>	C	C	222.25	1,225.75
<i>Private Pay Hours Billed</i>	L	L	0	57.25
<i>Grant Hours Billed</i>	O	O	116.25	515.25
<i>Total Hours Billed</i>	S	S	338.5	1,798
<i>Waiver Revenue</i>	E	E	5,059.12	7,960.34
<i>Private Pay Revenue</i>	D	D	0.00	75.00
<i>Total Grant Used</i>			\$2,094.83	\$8,161.56
<i>Total Revenue</i>			\$7,153.95	\$15,196.90

*closed 1/1/21-8/28/21

2022

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	12	20	22	
<i>Waiver Hours Billed</i>	384	1694.25	1491.5	
<i>Private Pay Hours Billed</i>	447.25	738.5	1146.5	
<i>Grant Hours Billed</i>	N/A	N/A	N/A	
<i>Total Hours Billed</i>	831.25	2432.75	2638	
<i>Waiver Revenue</i>	\$12,648.49	\$34,707.31	\$32,499.79	
<i>Private Pay Revenue</i>	\$735.00	\$1,270.00	\$1,735.00	
<i>Total Grant Used</i>	N/A	N/A	N/A	
<i>Total Revenue</i>	\$13,383.49	\$35,977.31	\$34,234.79	

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: October 11, 2022

RACSB currently has four individuals on the Extraordinary Barriers List (EBL), to include one individual at Piedmont Geriatric Hospital (PGH) and three 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 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

Piedmont Geriatric Hospital

Individual #1: Was placed on the EBL 7/12/22. Barriers to discharge include approval for funding for placement. This individual requires assistance from staff to complete all activities of daily living as well as requires the use of a Hoyer lift to change bed linens and transfer out of the bed. This individual has been accepted to The Heritage Inn Assisted Living Facility and discharge is projected for the second week of October, provided that funding is approved. Questions have been raised about the facility recommending memory care placement for a trial period, which has held up the DAP approval process.

Western State Hospital

Individual #2: 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. A referral was completed and an interview has taken place with Hawkins Residential, a residential provider in the Richmond area, who operates an all-male program and who accepts Registered Sex Offenders. This program requires a pass to be completed before one is officially accepted to the program. At this time a pass to discharge is being coordinated and this individual will be discharged once the pass is completed and the address of the program is approved by their monitoring officer. The placement anticipates an open bed as early as 10/10/2022. Once a bed is available, discharge will be coordinated. The Sex Offender liaison for the area will also have to approve the placement before discharge can be finalized.

Individual #3: Was placed on the EBL 8/23/2022. Barriers to discharge include identifying and being accepted to a housing program that will offer this individual the supports necessary to be successful in the community. This individual has a diagnosis of Bipolar Disorder, has experienced numerous hospitalizations as well as has resided in a variety of different settings in the community. Once in the community, this individual often seeks a prescriber that will prescribe Adderall, which has a negative impact on their mental health, resulting in decompensation and typically readmission to the hospital. This individual has been accepted to Gateway Homes, a transitional housing program, and will discharge once a bed is available, which is projected for early October.

Northern Virginia Mental Health Institute

Individual #4: This individual was placed on the EBL 9/28/2022. Barriers to discharge include failed discharge attempt to previous placement, and lack of identification of new placement that can support this individual's behavioral needs. This individual has a diagnosis of Schizoaffective Disorder, as well as multiple co morbid medical concerns. Some of the behavioral concerns result in refusal of medical treatment, which is a concern for placements. This individual is also not ambulatory. Assisted Living Facility placement has been recommended at this time. This individual has symptoms at baseline, and ongoing baseline behaviors which make finding a placement that can employ appropriate interventions to redirect these behaviors, important. Once an appropriate placement has been identified, discharge will proceed promptly.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Donna Andrus, Child and Adolescent Support Services Supervisor

Date: October 4, 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 thirteen IACCT referrals and completed eleven assessments in the month of September. Four referrals were initial IACCT assessments and nine were re-authorizations. Three were from Spotsylvania, one from Stafford, four from Caroline, two from King George and three from the City of Fredericksburg. One reassessment was not completed due to the individual needing an initial IACCT for a higher-level placement and one individual was discharged home prior to the reassessment due date. Of the eleven completed assessments in September, seven recommended Level C Residential, two recommended community-based services and two reassessments recommended discharge step-down to community-based services.

Attached is the monthly IACCT tracking data for September 2022.

Report Month/Year	Sep-22
1. Total number of Referrals from Magellan for IACCT:	13
1.a. total number of auth referrals:	4
1.b. total num. of re-auth referrals:	9
2. Total number of Referrals per county:	
Fredericksburg:	3
Spotsylvania:	3
Stafford:	1
Caroline:	4
King George:	2
Other:	0
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:	7
8b. Total number of ICA's recommending: therapeutic group home:	0
8c. Total number of ICA's recommending: community based services:	4
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:	2

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: October 3, 2022

This report provides an update on projects related to Information Technology and the Electronic Health Record. The IT department completed 1,095 tickets in the month of September. 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 September, 1,095 tickets were closed by IT Staff.

Ticket completion numbers by month for calendar year: August 2022-1,168; July 2022-1,031; June 2022-1,159; May 2022-945; April 2022-943; March 2022-1,480; February 2022-891; January 2022-894.

We are working on setting up a self-service active directory passcode web site. This will allow end user to reset their network passcodes without IT Support when they are off site.

The IT Procedures manual is being reviewed and updated as needed in preparation for the upcoming CARF review.

Community Consumer Submission 3

The first FY23 submission using the CCS 8.1 specifications for July 2022 was submitted to the state on September 14, 2022 (due September 16, 2022). CCS Data for July and August 2022 was submitted to the state on September 28, 2022 (due September 30, 2022).

Waiver Management System (WaMS)

WaMS integration is currently being affected by an intermittent communication issue where files being sent between Avatar and WaMS are timing out before all the data can be exchanged. This is causing staff to directly enter some Service Plans. Other EHR vendors around the state were having a similar issue earlier in the year, but the problem went away and a resolution was never found. Now DBHDS, Netsmart, and WaMS are working to see if a solution can be found.

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. This month, we participated in the User Acceptance Testing process for testing the offline capabilities of Trac-IT. We also have prepared to support multifactor authentication requiring an app (not just a text message) which will be required to access Trac-IT beginning on 10/17/2022. This is a requirement that is being required by DBHDS IT Security.

Zoom

We continue to utilize Zoom for telehealth throughout the agency.

- September 2022 – 2,589 video meetings with a total of 7,592 participants
- August 2022 – 3,023 video meetings with a total of 8,273 participants
- July 2022 – 2,582 video meetings with a total of 7,377 participants
- June 2022 – 2,881 video meetings with a total of 8,458 participants
- May 2022 – 2,921 video meetings with a total of 8,512 participants
- April 2022 – 2,878 video meetings with a total of 8,728 participants
- March 2022 – 3,281 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 continue to work 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.

A new group of Bells users have volunteered to start implementation, now both PIED and ACT teams are in process of onboarding to the platform. Both teams have identified test users and started to input test notes into Bells.

CareQuality kickoff was August 4th this project will allow for a more seamless transition when RACSB gets new clients transferred from other facilities within the CareQuality Network (including Mary Washington Hospital). The system can query patients on the CareQuality Network to get some of their records from other participating organizations.

Spotsylvania Regional Medical Center is not currently part of the CareQuality Network.

Moves/New Facilities

No moves or new facilities during September 2022.

A Request for Proposal (RFP) is on eVA (Virginia's Statewide procurement system) for security camera replacement and maintenance has been posted with responses due back on October 13, 2022.

Staffing

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

MEMORANDUM

To: Joe Wickens, Executive Director
From: Tabitha Taylor, Emergency Services Law enforcement liaison
Date: October 4, 2022
Re: Crisis Assessment Center and CIT report September, 2022

The CIT program held an 8hr CIT training for dispatchers 8 completed the training.

The CIT Assessment Center Assessed 29 individuals in the month of September 2022. The number of persons served by locality were the following: Fredericksburg 7; Caroline 3; King George 2; Spotsylvania 7; Stafford 1.

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

Please see attached CIT data sheet

September 2022 RACSB CIT Assessment Center Data				
Date	Number of ECOs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
9/1/2022	3	1	Fredericksburg	Spotsylvania/Stafford
9/2/2022	2	1	Spotsylvania	Spotsylvania/King George
9/3/2022	1	0	n.a	Spotsylvania
9/4/2022	3	0	n.a	Spotsylvania/King George
9/5/2022	2	0	n.a	Spotsylvania
9/6/2022	3	0	n.a	Spotsylvania/Stafford
9/7/2022	1	2	Fredericksburg(2)	Spotsylvania
9/8/2022	4	1	Spotsylvania	Spotsylvania/Stafford
9/9/2022	1	1	Fredericksburg	Fredericksburg/King George
9/10/2022	1	0	n.a	Spotsylvania
9/11/2022	1	0	n.a	Spotsylvania/King George
9/12/2022	2	2	Fredericksburg/Spotsylvania	Spotsylvania/Stafford
9/13/2022	1	1	Fredericksburg	Spotsylvania
9/14/2022	3	0	n.a	Spotsylvania
9/15/2022	3	1	Fredericksburg	Stafford
9/16/2022	2	2	n.a	Spotsylvania/King George
9/17/2022	3	3	Spotsylvania/King George	Spotsylvania
9/18/2022	2	0	n.a	Spotsylvania
9/19/2022	3	0	n.a	Spotsylvania
9/20/2022	2	0	n.a	Stafford
9/21/2022	1	2	Caroline/Spotsylvania	Spotsylvania
9/22/2022	3	3	Caroline(2) Stafford	Spotsylvania/Stafford
9/23/2022	4	1	n.a	Spotsylvania
9/24/2022	1	0	n.a	Spotsylvania
9/25/2022	1	1	King George	Spotsylvania
9/26/2022	0	0	n.a	Spotsylvania
9/27/2022	2	0	n.a	Spotsylvania
9/28/2022	1	1	Spotsylvania	Spotsylvania/Stafford
9/29/2022	1	1	Stafford	Spotsylvania
9/30/2022	3	1	Spotsylvania	Spotsylvanua
Total	60	29		
Total Assessments at Center in September: 29				
Brought by:		Cumulative Total:		
Caroline	3	136	Cumulative number of Assessment since September 2016:	
Fred City	7	980		3131
Spotsylvania	7	931		
Stafford	1	960		
King George	2	121		
Other	0	3		

MEMORANDUM

To: Joe Wickens, Executive Director

From: Kari Norris, Emergency Services Coordinator

Date: October 4, 2022

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

In September, Emergency Services staff facilitated four admissions to state hospitals. One individual was admitted to Northern Virginia Mental Health Institute, one was admitted to Catawba, and two admitted to Commonwealth Center for Children and Adolescents. Two of the four were committed at their bedside hearings in the emergency department and transported after being involuntarily committed.

A total of ten individuals were involuntarily hospitalized outside of our catchment area in September. One was able to utilize alternative transportation (AT). One was ineligible due to being a committed patient however would have been appropriate.

Please see attached data reports.

DATE: 10.4.22

Emergency Services Activity Reports					
Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
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
August 2022		367	79	76	76
Setpember 2022		341	66	76	76

FY23 CSB/BHA Form (Revised: 06/28/2022)

CSB/BHA	Rappahannock Area Community Services Board			Month	September 2022				
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	
	341	37	66		74	10	3	61	
		0					0		

FY '23 CSB/BHA Form (Revised: 06/28/2022)

CSB/BHA	Rappahannock Area Community Services Board	Reporting month	September 2022	No Exceptions this month →		
Date	Consumer Identifier	1) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>	4) Additional Relevant Information
9/2/22	39077	Adult (18-64) with Medical Acuity		Yes	No	NVMHI
9/7/22	26572			Yes	No	Catawba
9/13/22	100212	Adolescent with ID/DD		Yes	No	CCCA
9/15/22	47969	Adolescent		Yes	No	CCCA

ALTERNATIVE TRANSPORT DATA September 2022

<u>Date</u>	<u>ID</u>	<u>LE DEPT</u>	<u>Location of Individual</u>	<u>Receiving Hospital</u>	<u>Travel time Round Trip (minutes)</u>	<u>ECO Y or N</u>	<u>Gender</u>	<u>Age</u>	<u>TDO criteria</u>	<u>Presented for AT: Y or N</u>	<u>Reason for Decline</u>
9/1/22	107600	Spotsylvania	Stafford ED	North Springs	152	yes	F	11	Danger to others/ Inability to care	No	Client required TDO due to unsafe to transport voluntarily
9/2/22	39077	Spotsylvania	MWH ED	NVMHI	198	Yes	M	31	Danger to self	No	Post committed exclusionary
9/7/22	26572	Orange	MWH ED	Catawba	392	yes	F	59	Inability to care	No	Post committed and incontinence issues
9/13/22	100212	Culpeper County	MWH ED	CCCA	228	yes	F	17	Danger to self	No	Elopement risk
9/15/22	47969	Stafford	MWH ED	CCCA	228	yes	F	17	Danger to self	No	Elopement risk/suicide risk
9/16/22	107755	Fredericksburg	MWH ED	Rappahannock General	218	yes	M	41	Danger to self	No	Agitation and unpredictability
9/23/22	107814	Spotsylvania	SRMC-ED	Poplar Springs	160	yes	F	23	Inability to care	No	Elopement risk
9/24/22	63603	Stafford	MWH ED	Newport News	214	yes	F	13	Inability to care	Yes	AT utilized
9/26/22	107824	Westmoreland	MWH ED	Dominion	120	no	M	16	Danger to self	No	Agitation in ED requiring restraint and medication
9/30/22	68324	Spotsylvania	MWH ED	North Spring	198	yes	F	14	Danger to others	No	

Total Out of Area

10

Total Utilizing AT **% Utilized** **Total Appropriate for AT**

1	10%	2	20%
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MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: October 5, 2022
Re: September 2022 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of September 30, 2022.

OUTPATIENT SERVICES

- Clinical services: As of September 30, 2022, there are 282 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 235 clients.
 - The waitlist in Spotsylvania is currently at 47 clients.
 - This is an increase of 43 from the August 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 8:30a.m. to 2:30 pm
Tuesday 9:30am – 2:30PM
 - 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 October 5, 2022, there are seven older adolescents and adults waiting longer than 30 days for their intake appointment. This is a decrease of five from the August 2022 waitlist. The furthest out appointment is 12/12/2022. There are zero children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of September 7, 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 – 4 (6)	0	(0)
○	Caroline – 0 (2)	0	(0)
○	King George – 0 (0)	0	(0)
○	Spotsylvania – 0 (0)	0	(0)
○	Stafford – 0 (1)	0	(0)
	Total	4	(9)

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	11/14/2022
	11/23/2022
	12/5/2022
	12/12/2022
<i>Caroline Clinic</i>	
	N/A
<i>King George</i>	
	N/A
<i>Spotsylvania Clinic</i>	
	N/A
<i>Stafford Clinic</i>	
	N/A

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 - 3

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

Count by County:

Caroline	0
King George	0
Fredericksburg	0
Spotsylvania	1
Stafford	2

One individual is a transitional referral and is currently completing 48-hour passes at Home Road. He is NGRI and is required to complete 8 successful passes prior to discharge.

The other two referrals have completed CSS evaluations. There are only transitional beds available at this time, but overnight passes will be scheduled in order to assess them for future community bed vacancies.

Intellectual Disability Residential Services – 95

Needs List: 90
Referral List: 3
Acceptance List: 2

Count by County:

Caroline	11
King George	8
Fredericksburg	6
Spotsylvania	32
Stafford	38

Of the 2 individuals on the acceptance list, 1 is tentatively scheduled to move into New Hope on November 1, 2022. A meeting is being set within the next 2 weeks with the family of the second individual, who has been accepted to Scottsdale, to discuss program information and to set a move in date

Assertive Community Treatment (ACT)– 13

Caroline: 0
Fredericksburg: 4
King George: 0
Spotsylvania: 5
Stafford: 3
Homeless/Unknown/Incarcerated/Hospitalized: 3

Total Needs: 6
Total Referrals: 5
Total Acceptances: 2

Total program enrollments = 58

Admissions: 2

Discharges: 1

- During the month of September, ACT SOUTH enrolled two clients. One client was a readmission and he is currently on a 90-day Mandatory Treatment Order. Both clients also in the agency Permanent Supportive Housing Program. We also met with a potential ACT SOUTH client via ZOOM with his agency case manager. He meets criteria and is considering ACT services.
- ACT NORTH has a client who will be graduating from our program. She has been receiving services since 2018 and no longer needs the intensity of our services. She has been referred to agency case management for continued support and medication management.

ID/DD Support Coordination

As of 9/2/2022 there are 766 individuals on the waiting list for a DD waiver.

This is a decrease of three individuals since last month.

P-1 296

P-2 175

P-3 295

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: October 5, 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 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 one Corrective Action Plans (CAP) during the month of September 2022.

Developmental Disabilities Leeland Road Group received a licensing report for a un substantiated case of a human rights violation.

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 3

License #: **101-01-001**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **09-02-2022**

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>
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	Leeland Road Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Leeland Road Group Home This regulation was NOT MET as evidenced by: CHRIS Abuse #20220018/Incident Date: 7.21.22 <ul style="list-style-type: none"> Individual #1 was upset and crying. Employee #1 was witnessed by Employee #2 and Employee #3 attempting to "play fight" with Individual #1 while Individual #1 cried out, "No!" Employee #2 described Employee #1 with closed fists and back and forth movements. Individual #1 was further escalated by the actions of Employee #1. "Play fighting" with an individual when the individual is upset/in crisis and saying, "No," is not within the bounds of sound therapeutic practice. 	PR) 09/23/2022 PR: Employee #1 was put on administrative leave pending the results of an investigation. He will not return to shift until he has undergone the below described refresher trainings. 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 unsound therapeutic practice from occurring in programs. A Human Rights refresher training, along with a review of person-centered practices, will be presented to all staff at Leeland Road Group Home. Evidence of this training will	9/30/2022

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

Page: 2 of 3

License #: **101-01-001**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **09-02-2022**

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>
			<p>be documented.</p> <p>The RACSB Code of Conduct, Harassment Policy, and Code of Ethics, as found in the Employee Handbook, will be reviewed with all Leeland Road Group Home staff, and signed off on by each acknowledging their understanding of these policies.</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 hire during the week of their agency orientation.</p> <p>The Group Home Manager and Assistant Group Home Manager will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. The Group Home Manager and Assistant Group Home Manager will also supervise staff and provide ongoing feedback to the Leeland team to ensure best person-centered practices are being followed by staff through a combination of direct and indirect supervision (viewing</p>	

**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: **09-02-2022**

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>
			<p>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 09/23/2022</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.

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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: October 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- June 2022

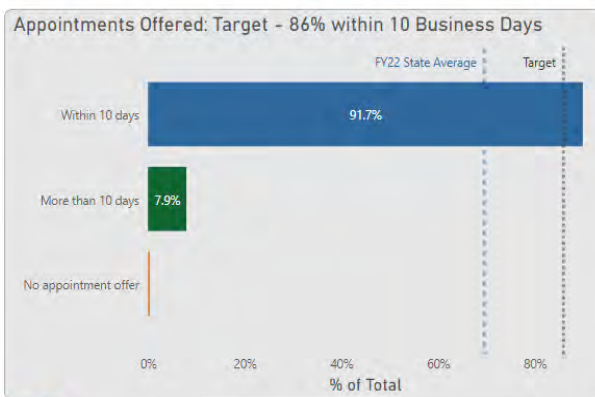
Measure 1: Appointments Offered

Target - 86% within 10 Business Days

State Average

67.8%[!]

Goal: 86 %
Within 10 days



Number of CSBs that met 86% target in most current month: 13 of 40

Year-to-date performance: FY2022

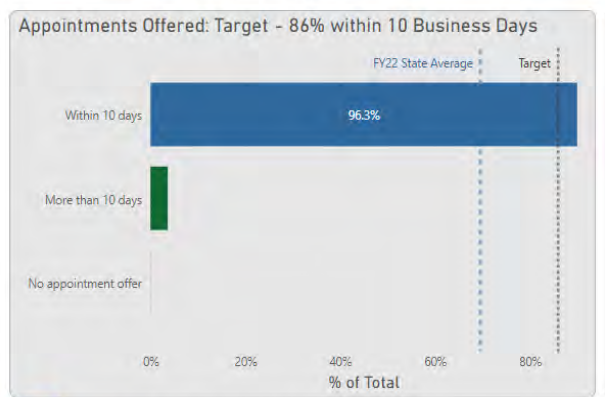
Measure 1: Appointments Offered

Target - 86% within 10 Business Days

State Average

69.6%[!]

Goal: 86 %
Within 10 days



Number of CSBs that met 86% target in most current month: 13 of 40

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- May 2022

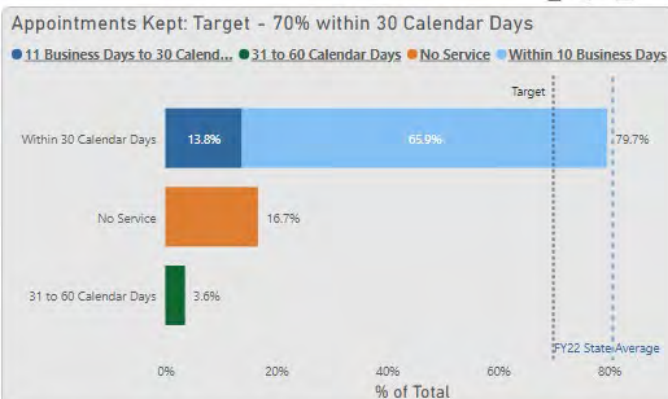
Measure 2: Appointments Kept

Target - 70% within 30 Calendar Days

State Average

80.7%[✓]

Goal: 70 %
Within 30 Days



Number of CSBs that met 70% target in most current month: 31 of 40

Measure Definition

Data Detail

Year-to-date performance: FY2022

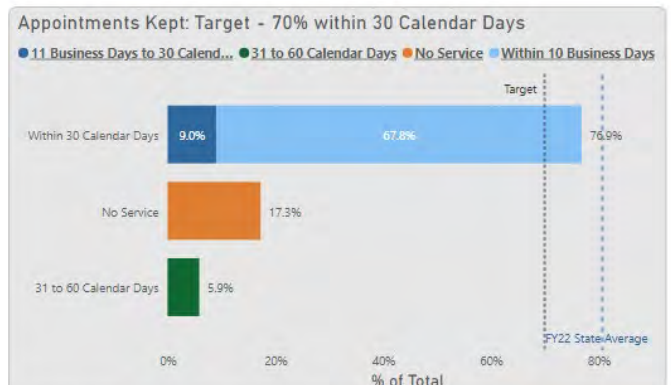
Measure 2: Appointments Kept

Target - 70% within 30 Calendar Days

State Average

82.1%[✓]

Goal: 70 %
Within 30 Days



Number of CSBs that met 70% target in most current month: 31 of 40

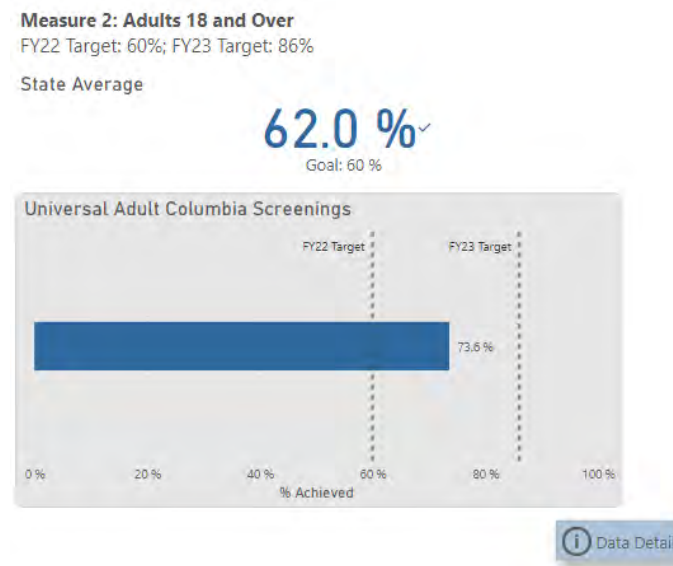
Measure Definition

Data Detail

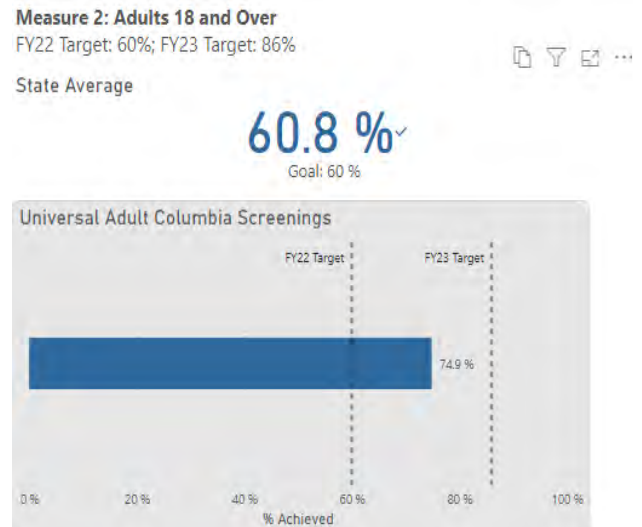
Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

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- May 2022

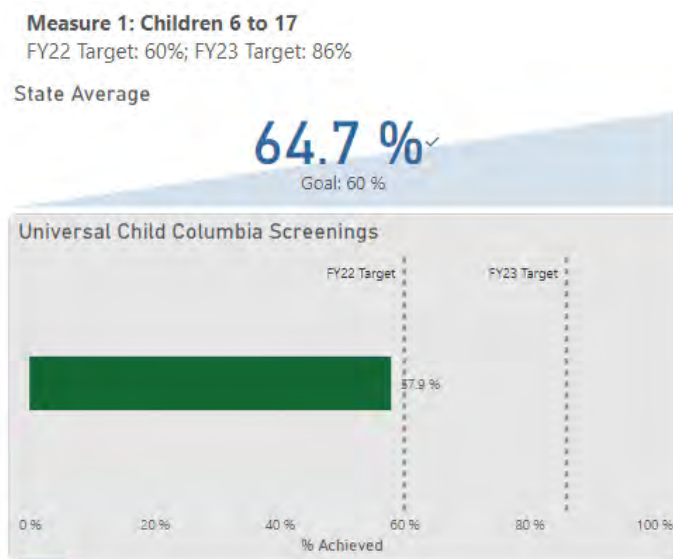


Year-to-date performance: FY2022

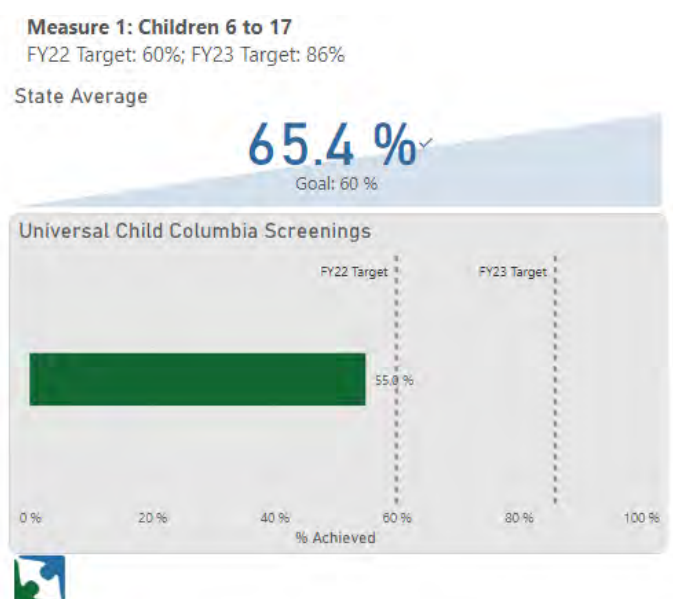


Measure #2: Child Suicide Assessment: Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for FY22 and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

Current Month's Performance- March 2022



Year-to-date performance: FY2022



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- June 2022

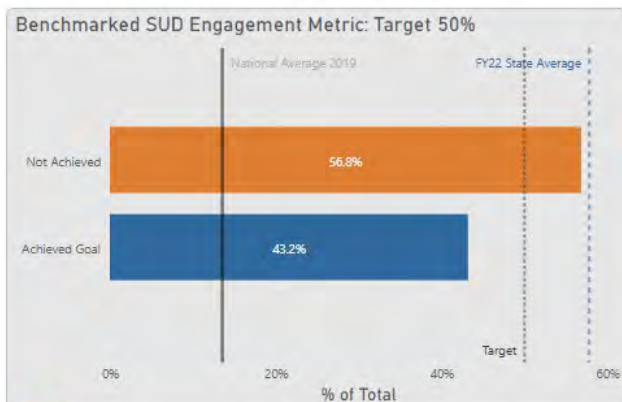
Benchmarked Measure

Target - 50%

State Average

57.5%

Goal: 50 %

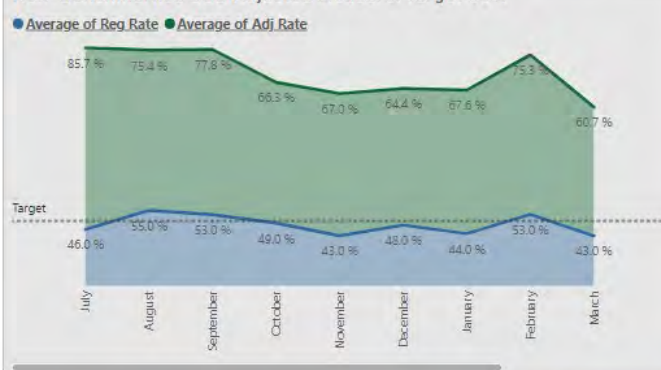


Number of CSBs that met 50% target in most current month: 26 of 40

Non-Benchmarked Adjusted Measure

Target - 50%

Non-Benchmarked SUD Adjusted Measure: Target 50%



[Measure Definitions](#)

[Data Detail](#)

Year-to-date performance: FY2022

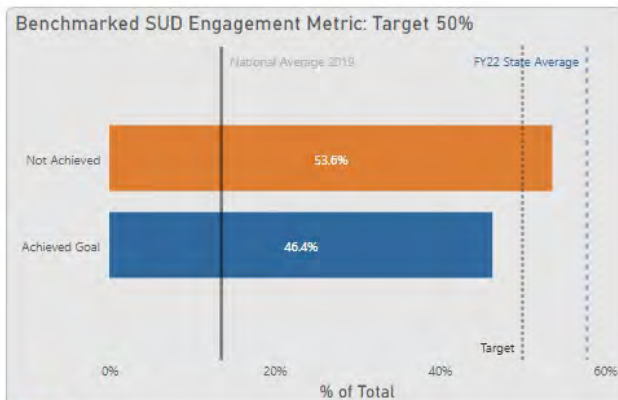
Benchmarked Measure

Target - 50%

State Average

57.8%

Goal: 50 %

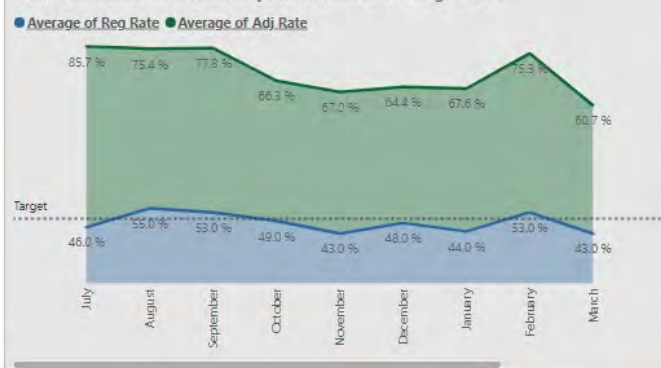


Number of CSBs that met 50% target in most current month: 26 of 40

Non-Benchmarked Adjusted Measure

Target - 50%

Non-Benchmarked SUD Adjusted Measure: Target 50%



[Measure Definitions](#)

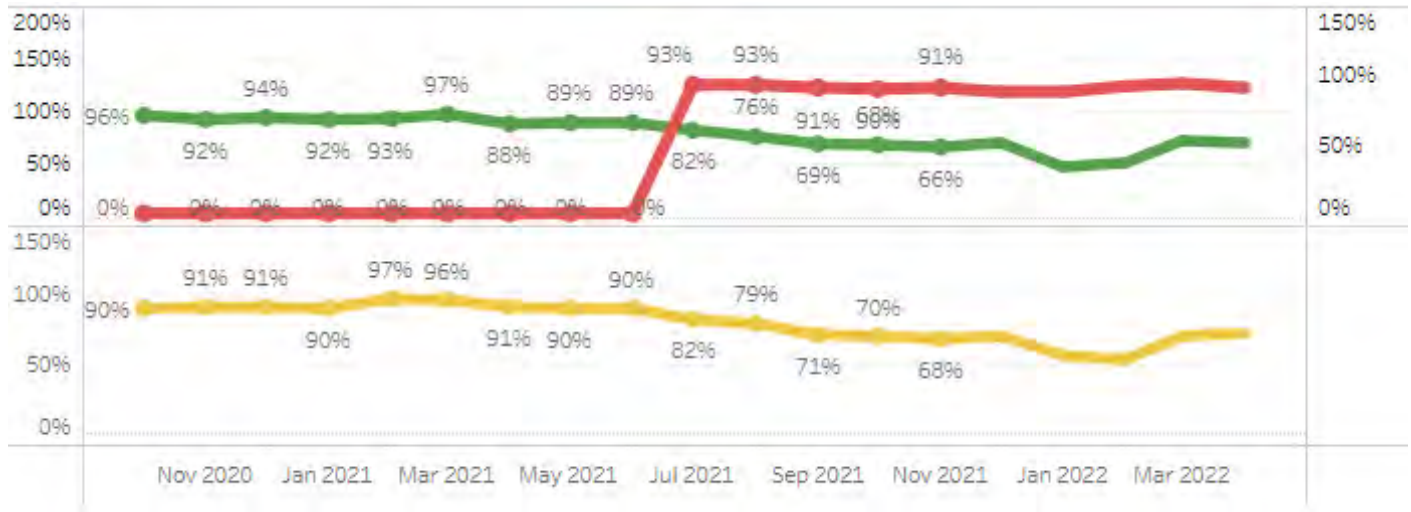
[Data Detail](#)

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%.*



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: CARF Program Evaluation End-Of-Year Executive Summary

Date: October 2, 2022

Each year, the Rappahannock Area Community Services Board (RACSB) conducts an annual performance analysis of programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). This month's report reviews the end of year performance for CARF-Accredited programs.

FY2022 CARF Program Evaluation Goals

Program	Effectiveness: The program is effective when...(Effective – adequate to accomplish a purpose; producing the intended or expected result)	Mid-Year	End of Year	Key Points
Crisis Stabilization	Temporary Detention Order inpatient psychiatric hospitalization decreases significantly for individuals completing Crisis Stabilization services. At least 80% of individuals who had a TDO in the 12 months preceeding admission to SLH will not have a TDO in the 30 days following discharge from SLH.	Of the one hundred and sixty-nine (169) individuals served through December 2021, fourteen (14) had been TDOd in the year prior to receiving CS services. Of those fourteen, two (2) were TDOd within 30 days after receiving CS services. 86%	Of the three hundred and thirty-two (332) individuals served through June 2022, thirty (30) had been TDOd in the year prior to receiving CS services. Of those thirty, nine (9) were TDOd within 30 days after receiving CS services. 70%	Increased TDOs attributed to a higher level of acuity for individuals receiving services; Individuals not accessing/using lower levels of care/preventative services; Hesitant to be back in person; TDOs still on the rise across the state.
Crisis Stabilization	The use of outpatient services increases significantly post-crisis stabilization. At least 90 % of individuals who received no outpatient services prior to admission will have at least one outpatient service post discharge from SLH.	Of the one hundred and sixty-nine (169) individuals served through December 2021, forty-nine (49) individuals received no outpatient services prior to CS services. Of those forty-nine (49) individuals, thirty-eight (38) received outpatient services post discharge, accounting for two hundred and sixty-four (264) outpatient visits. **Does not account for individuals served by other CSBs in the region, or those who choose private providers**. 76%	Of the three hundred and thirty-two (332) individuals served through June 2022, one hundred and four (104) individuals received no outpatient services through RACSB prior to CS services. Of those one hundred and four (104) individuals, seventy-two (72) received outpatient services with RACSB post discharge, accounting for four hundred and ten (410) outpatient visits. **Does not account for individuals served by other CSBs in the region, or those who choose private providers**. 70%.	As more individuals from through out the region access SLH, we do not have access to follow up data regarding use in outpatient services; Individuals are not following up with SDA intake appointments;
Crisis Stabilization	Guest usage of Emergency Services and inpatient facilities decreases in the 30 day transition period post-discharge from SLH. No more than 10% of individuals will use Emergency Services or inpatient facilities in the 30 day transition period post-discharge.	Of the one hundred and sixty-nine (169) guests served through December 2021, ten (10) utilized Emergency services within 30-days post discharge, with two (2) requiring hospitalization. (6% of individuals used ES or inpatient facilities within 30 day transition period).	Of the three hundred and thirty-two (332) individuals served through June 2022, twenty-three (23) utilized Emergency services within 30-days post discharge, with four (4) requiring hospitalization. (7% of individuals used ES or inpatient facilities within 30 day transition period).	This goal was met.
Psychosocial Rehabilitation	At least 75% of members will participate in wellness activies and receive supports/services in these areas (fitness, nutrition, smoking cessation, etc.)	70% of individuals participated in wellness activities and received supports in the identified areas.	75% of individuals participated in wellness activities and received supports in the identified areas.	This goal was met.
MH Residential Services	MH Residential residents receive the appropriate level of support based on individual needs. Transition at least 10 individuals from to higher or lower levels of care as appropriate within MH residential programs in order to keep them out of the hospitals, homelessness, or less integrated settings.	9 individuals have transitioned to lower level of supports (5 graduated, 4 transitioned within MH residential).	13 individuals have transitioned to more appropriate level of supports of supports (7 graduated, 6 transitioned within MH residential).	This goal was met.
Program	Efficiency: The program is efficient when...(Efficiency-able to accomplish something with the least waste of time and effort)	Mid-Year	End of Year	Key Points

Crisis Stabilization	Exceed the state benchmark of 75% for bed usage.	YTD utilization is 79.5% through December 2021.	YTD utilization is 68% through June 2022.	Workforce/staffing impacted through out the year; still reduced bed capacity as we are only putting one individual per room due to COVID. Referrals have been lower.
Psychosocial Rehabilitation	Expenses and revenue will be within program budget with a positive variance by the end of the year.	As of mid-year, Kenmore Club has a positive variance of \$49,461.	Ended the year with a positive variance of \$36,621.	The positive variance is a direct result of the ability to bill one unit for phone calls. This flexibility will end once the Public Health Emergency is over.
MH Residential Services	The occupancy rate at each residential facility is 96% or higher.	90% occupancy rate not including transitional beds. 86% including transitional beds.	96% occupancy rate not including transitional beds. 86% including transitional beds.	Transitional beds are funded through DBHDS and we have to keep them open until DBHDS fills with an appropriate referral. As they are funded regardless of occupancy, vacancies do not impact program efficiency.
Program	Access: Individuals have timely access to our program when...(Success of referral, waiting list, waiting for routine or emergency care	Mid-Year	End of Year	Key Points
Crisis Stabilization	Coordinate admission of twelve individuals from Western State Hospital on pass and/or as step-downs per year.	SLH has received two referrals for step down from WSH through December 2021, with one admitting to the program. WSH is not currently allowing passes due to COVID. Referrals for step-down have decreased due to having transitional beds available at Home Road Supervised Apartment Program, and increased discharge requirements put in place by the hospital.	SLH has received two referrals for step down from WSH through June 2022, with one admitting to the program. WSH is not currently allowing passes due to COVID. Referrals for step-down have decreased due to having transitional beds available at Home Road Supervised Apartment Program, and increased discharge requirements put in place by the hospital.	WSH is still not allowing passes due to COVID; Discharge criteria is more involved process that delays discharge; With PSH and MH Residential Transition beds, individuals are discharging directly to longer term supports.
Psychosocial Rehabilitation	Provide at least 4 hybrid groups each day Monday through Friday.	As of mid-year, 4 hybrid groups have been provided each day Monday through Friday to provide both in-person and virtual engagement opportunities.	Through the year, 4 hybrid groups have been provided each day Monday through Friday to provide both in-person and virtual engagement opportunities. However, this has transitioned now to all in person services with the exception of the 1 unit per person phone call for those choosing not to attend Club in person.	This goal will change in the upcoming year to "Increase community outings by having at least 5 community outing offerings a week.
MH Residential Services	Individuals referred for services will be thoroughly assessed before accepted. Those who meet criteria for services will be assessed during 2 forty-eight overnight passes, within 15 days of receiving a referral. Acceptance will be decided within 24 hours after the last pass.	Met and ongoing.	Met and ongoing.	This goal was met.
Program	Customer Satisfaction: Customers are satisfied with our program when... (Given hope, treated with dignity and respect, overall feelings of satisfaction, satisfied with facilities, fee, service effectiveness and service efficiency	Mid-Year	End of Year	Key Points
Crisis Stabilization	Individual's experiences with Sunshine Lady House were positive. Ninety percent of individuals respond positively on a 5 point scale discharge survey for FY22.	90% of individuals completed a survey; 93% responded positively to their CS experience.	90% of individuals completed a survey; 93% responded positively to their CS experience.	This goal was met.
Psychosocial Rehabilitation	80% of Individuals will indicate satisfaction with overall services on the annual Kenmore Club specific program survey administered in Spring 2022.	Not yet completed. Scheduled for first week of May	Survey was completed in May with 58 individuals completing the survey; 100% indicated overall satisfaction with services per the survey	This goal was met.
MH Residential Services	At least 90 % of individuals surveyed indicate overall satisfaction with MH Residential services by answering strongly agree or agree.	Annual surveys were completed in Nov. 2021	Annual surveys were completed in Nov. 2021 and 100% of individuals surveyed stated that they were satisfied with MH Residential services overall. Next survey will be November 2022.	This goal was met.

FY2022 CARF Clinical Program Goals

Program	Effectiveness: The program is effective when...(Effective – adequate to accomplish a purpose; producing the intended or expected result)	Mid-Year	End of Year	Key Points
MH/SUD Outpatient/MH CM/SUD Case Management	35% of individuals who enter services with an average DLA score under 4 will surpass 4.0 at six months. This is the benchmark the state is considering for outpatient services. The state decided to go with another benchmarked measure mid-year, so we pivoted this goal to match the DBHDS Metric. 35% of individuals who enter services with an average DLA score under 4 will demonstrate 0.5 points growth over 6 months.	35% of Adults and 44.7% of children who have entered service under a 4 surpassed 4.0 at six months.	36.8% of Adults and 58.3% of children who have entered service under a 4 achieved at least 0.5 points growth over 6 months.	This goal was met
Program	Efficiency: The program is efficient when...(Efficiency-able to accomplish something with the least waste of time and effort)	Mid-Year	End of Year	Key Points
MH/SUD Outpatient	Program utilization will average 50% of time in direct service across direct service providers.	Program Utilization averaged 47%	Program Utilization averaged 47%	This was a new measure for this year and the first time utilization has been used as a performance metric in outpatient. Transitions for staff to include onboarding, offboarding, and extended leave impact overall utilization and there have been many transitions within outpatient staff this year.
Adult/Child & Adolescent Case Management	Program utilization will average 40% of time in direct service across direct service providers.	Program utilization averaged 45.9%	Program utilization averaged 41.84%	This goal was met
Program	Access: Individuals have timely access to our program when...(Success of referral, waiting list, waiting for routine or emergency care	Mid-Year	End of Year	Key Points
MH/SUD Outpatient/MH CM/SUD Case Management	90% of individuals opened to ongoing services will be offered 1 st appointment within 10 business days of same day access intake.	An average of 94.7% of individuals were offered a 1st appointment within 10 business days	An average of 96.3% of individuals were offered a 1st appointment within 10 business days	This goal was met
MH/SUD Outpatient/MH CM/SUD Case Management	70% of individuals discharged from state hospitals will be seen within 7 days of discharge. (Tentative benchmark set by DBHDS)	83.7% of individuals discharged from state hospitals were seen within 7 days of discharge.	72% of individuals discharged from state hospitals were seen within 7 days of discharge.	This goal was met
MH/SUD Outpatient/MH CM/SUD Case Management	50% of individuals who receive a SUD diagnosis will receive first face-to-face service within 14 days of intake who also receive two additional services within first 30 days. This is the benchmark established by DBHDS.	49% of individuals met this metric.	47% of individuals met this metric.	Workforce challenges impacted our ability to meet this metric.
Program	Customer Satisfaction: Customers are satisfied with our program when... (Given hope, treated with dignity and respect, overall feelings of satisfaction, satisfied with facilities, fee, service effectiveness and service efficiency	Mid-Year	End of Year	Key Points
Clinical Services	At least 90% of individuals will agree or strongly agree to the statement "I am pleased with the care I receive at RACSB" (Included in detail in the point-in-time survey results).	Results of point in time survey not yet available.	94.4% of individuals who responded to the point in time survey agreed or strongly agreed as indicated.	This goal was met

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Strategic Plan Final for Board Approval

Date: October 2, 2022

The Rappahannock Area Community Services Board has developed a strategic plan for the next three years to complement state initiatives and goals in its efforts to respond to the services and support needs of persons with mental health or substance use disorders or developmental disabilities in Planning District 16. This represents the final version of the strategic plan which incorporates the changes requested by the Board of Directors for approval.

Rappahannock Area Community Services Board



Strategic Plan

November 1, 2022 - June 30, 2025

Introduction

The Rappahannock Area Community Services Board (RACSB) is one of 39 community services boards and one (1) behavioral health authority throughout the Commonwealth of Virginia. Community Services Boards (CSB) are established by local governments and are responsible for delivering community-based mental health, developmental disability, substance use, and prevention services either directly or through contracts with private providers.

CSBs are the single points of entry into publicly funded mental health, developmental disability, and substance use services, with responsibility and authority for assessing individual needs, accessing a strategic array of services and supports, and managing state-controlled funds for community-based services. CSBs focus on providing individualized, effective, flexible treatment, and habilitation and prevention services in the most accessible and integrated yet least restrictive setting possible. CSBs draw upon available community resources along with individuals' natural support systems to decrease the effects of mental health disabilities, substance use disorders, developmental disabilities, encourage growth and development, support recovery and self-determination, and assist individual their fullest potentials.

As a partner with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and other stakeholders, RACSB shares a common desire for the system of care to excel in the delivery and seamless continuity of services for individuals and their families. We believe that a collaborative strategic planning process helps to identify the needs of individuals and guides operational decisions that contribute to the effectiveness of care.

The plan focuses on the core initiatives mandated by the Commonwealth of Virginia and incorporates input obtained from key stakeholder and staff. The strategic plan identifies goals and objectives required to guide the delivery of services for persons with mental illness, developmental disability, or substance use disorders in the City of Fredericksburg, and the surrounding Counties of Caroline, King George, Spotsylvania, and Stafford. The goals are reflective of input received by individuals receiving services, family members, state reports and studies, staff members, and community partners within Planning District 16.

RACSBs' plan for the next three (3) years compliments state initiatives and goals in its efforts to respond to the service and support needs of persons with mental health or substance abuse disorders or developmental disability in Planning District 16. This includes System Transformation Excellence and Performance (STEP-VA), Marcus Davis-Peters Act, and the DOJ Settlement Agreement. The plan also addresses community-based health promotion and prevention initiatives.

Mission

RACSB is dedicated to education, recovery, treatment, and wellness of Planning District 16 residents affected by mental health, substance use disorders and developmental disabilities.

RACSB Services

- Adult and Juvenile Drug Treatment (Court) Services
- Assertive Community Treatment (ACT)
- Case Management (Developmental Disabilities, Mental Health and Substance Use) - adult and children/adolescents
- Child Mobile Crisis
- Crisis Intervention Team (CIT)
- Developmental Disabilities Day Support Services
- Emergency Mental Health and Substance Use Services
- Residential Services for adults with Developmental Disabilities
- Respite services for adults with Developmental Disabilities
- Healthy Families (fiscal agent)
- Intermediate Care Facilities (ICF)
- Jail Services
- Medication Assisted Treatment (MAT)/Office Based Opioid Treatment (OBOT)
- Medication Management
- Mental Health and Substance Use Outpatient Services
- Mental Health Residential Services
- Part C/Early Childhood Intervention
- Peer Support Services
- Permanent Supportive Housing
- Prevention Services
- Project Link
- Psychosocial Rehabilitation
- Residential Crisis Stabilization
- Sponsored Placement

Accreditation and Compliance

RACSB behavioral health programs and services have received international accreditation by CARF (Commission on Accreditation of Rehabilitation Facilities) for the past 23 years. The following programs have received three-year accreditations on recognized standards of quality in the provision of outcomes driven programs and services:

- Case Management/Services Coordination: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Adults);
- Case Management/Services Coordination: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Community Housing Mental Health (Adults);
- Community Integration: Psychosocial Rehabilitation (Adults);
- Drug Court Treatment: Integrated: Alcohol and Other Drug (AOD)/Mental Health

- (MH)(Adults);
- Drug Court Treatment: Integrated: Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Outpatient Treatment: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Adults);
- Outpatient Treatment: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Supported Living: Mental Health (Adults); and
- Crisis Stabilization Program

In addition to achieving compliance with international standards as developed by CARF, the Rappahannock Area Community Services Board has consistently maintained compliance with the Virginia Department of Behavioral Health and Developmental Services licensure standards.

Input to Local Strategic Plan

To respond to the mental health, developmental disability and substance use needs of the community, it is critical to work cooperatively with other provider organizations, community agencies, and statewide organizations. Input to the Strategic Plan was sought through the completion of an online survey, which was sent to multiple community partners via email, posted on the RACSB website, and promoted via social media. There were 131 respondents to the survey. By regularly monitoring, obtaining and analyzing feedback from individuals served, RACSB can continue to improve and enhance the quality of services provided.

In addition to survey responses, input was also received from the Rappahannock Area Health District (RAHD) and Mary Washington Healthcare's Community Health Assessment and Community Health Improvement Plan (CHIP) which identifies Mental Health and Access to Healthcare as two of top three priorities for our region. This assessment was completed in 2021 – 2022 and the plan is for FY 2023 – FY 2025.

Community

Based on the estimated 2021 data from the Weldon Cooper Center (WCC), the population for the areas served by RACSB is 382,551. This is a 1.2% total increase from 2020. Caroline County had the highest percentage of growth with 2.2%, followed by Stafford County with 1.5%. The WCC projects that the population for areas served by RACSB will grow to 431,060 by 2030. During fiscal year 2021, RACSB provided 14,149 individuals with mental health services, 1,787 individuals with substance use service, and 3,387 individuals with developmental disability services. Additionally, we reached more than 263,000 community members through trainings, events, prevention campaigns and environmental strategies.

Strategic Plan Goals

RACSB has identified four (4) critical goals to address during the next three (3) years. These ambitious goals indicate our organizational priorities and directly support our mission. Each respective goal is supported by strategies to support successful implementation.

Goal #1: Provide access to timely, holistic and appropriate services through evaluation, realignment, or implementation of service delivery to correspond with the changing environment and the expectations and needs of individuals served and the community.

Strategy 1: Expand the capability for integrated care of behavioral health and developmental supports and physical health services.

- Expand access to primary care within CSB and other settings in partnership with community stakeholders.
- Employ a Primary Care Physician or Nurse Practitioner, to be located primarily at the Fredericksburg Clinic (600 Jackson Street), to provide general health care screenings, monitoring of health for individuals served and employees.
- Address primary care needs are in plans of care as appropriate, to include referrals for annual physicals for all service recipients.
- Develop and maintain relationships with Managed Care Organization (MCO) Care Coordinators across all CSB service areas.
- Increase the percentage of individuals receiving CSB services who have a primary care provider by partnering with MCOs and local health care agencies.
- Continue to work with Anthem Behavioral Health Home Model to enhance integrated care for those insured by Anthem.
- Explore innovative technologies to support Medication Adherence and less restrictive health care options in order to reduce emergency department encounters and hospitalizations.

Strategy 2: Evaluate opportunities for development of Intellectual Disability/ Developmental Disability (ID/DD) services.

- Research and evaluate ID/DD employment service models for potential incorporation or alignment with currently offered day support services.
- Evaluate and analyze current Support Coordination caseload assignments based and assess ability to reduce caseloads while ensuring compliance standards.
- Determine feasibility of augmenting ID/DD residential services to provide additional services focused on independent living options offered in current ID/DD Waiver system.
- Conduct a stakeholder meeting with community partners, family members, guardians, and individuals served to evaluate service needs and preferences, by June 30, 2023.
- Explore employment opportunities through RAAI to provide workplace assistance for individuals desiring to work.
- Explore and evaluate continued feasibility of current respite service and opportunities for adults with Intellectual/Developmental Disability.

Strategy 3: Strengthen the health of the entire community, including individuals receiving services from RACSB, through increased prevention, wellness, and health promotion activities. Facilitate prevention initiatives/programs to include: Mental Health Promotion and Suicide Prevention; Adverse Childhood Experiences; Resiliency; Opioid Overdose Prevention and Education; Tobacco Retailer Education; Prevention of Problem Gambling and Gaming; and Marijuana Use Prevention.

- Utilize a strategic prevention framework to assess needs, build capacity, plan, implement, and evaluate prevention and health promotion activities.
- Engage with communities and stakeholders to develop and coordinate prevention initiatives and activities.
- Provide community education on prevention, signs and symptoms, and available treatment resources. Solicit Program Supervisors and Directors to assist in promoting trainings within RACSB and community.
- Promote community activities that create awareness and reduce stigma surrounding suicide, mental illness, and overdose.

Goal #2: Recruit, hire, and retain a talented, diverse, and well-trained workforce based on the needs of the organization and the community.

Strategy 1: Increase employee engagement and retention while providing opportunities for professional development.

- Promote a positive work culture and environment that supports RACSB's mission, vision and values.
- Provide ongoing training, education, and professional development opportunities for RACSB staff.
- Enhance and build upon benefits to support wellness and retention of RACSB staff.
- Continue facilitating position-specific networking and collaboration opportunities.
- Consistently present position and program-specific trends in vacancy and turnover rates.
- Implement strategies, trainings, and community events to promote diversity, equity, and inclusion.

Strategy 2: Review grade, classification, and compensation initiatives to address workforce shortages based on the needs of the organization and community.

- Complete a classification and compensation study to further define positions and classifications as well as explore recommendations for merit-based compensation benefits, by December 23, 2022.
- Review examples of performance/merit-based evaluations and develop a merit-based

annual performance evaluation process, by October 1, 2022.

- Implement recommendations of classification and compensation study as financially feasible, by July 2023.
- Evaluate funding opportunities to support workforce development.
- Improve organizational and operational efficiency by the re-evaluation of our administrative support structure.

Strategy 3: Develop a career ladder in partnership with educational institutions to build and develop behavioral health and developmental disability workforce.

- Develop and implement process to increase the utilization of interns across program settings and business operation, through broader recruitment, partnerships with academic program and enhanced retention practices. RACSB currently utilizes interns in the Parent Education – Infant Development Program, Kenmore Club, Outpatient Services, and Crisis Stabilization Program at The Sunshine Lady House for Mental Health Wellness and Recovery.
- Lead the Rappahannock Area Behavioral Health Workforce as part of the RAHD CHIP, in partnership with Germanna Community College and community partners.
- Explore the E-badge certification and incentive programs which provides nationally recognized certification at three (3) levels for Direct Support Professionals.
- Develop career ladder within positions to allow increased opportunities to advance along a career path within RACSB.

Goal #3: **Implement all core System Transformation Excellence and Performance Services (STEP-VA) as mandated by the Code of Virginia and defined through work of the Virginia Association of Community Services Boards (VACSB) and DBHDS.**

Strategy 1: Expand community capacity of behavioral health crisis services.

- Establish services needed to allow an individual experiencing a behavioral health crisis to remain in the least restrictive environment, preferably in their home or community.
- Implement crisis services as defined and mandated by the General Assembly, while maintaining a voice in how those services are defined through participation in various work groups on the Executive Director, Director, and Coordinator level.
- Explore funding opportunities to expand RACSB crisis services across the Crisis Continuum of Services, to include specifically community-based crisis stabilization, 23-hour observation facility, and expansion of detoxification services.
- Develop and implement a plan for Marcus Alert legislatively mandated program with local law enforcement agencies and community partners, by July 2023.
- Implement TDO policy at Sunshine Lady House to accept individuals under Temporary Detention Orders to the program in order to alleviate strain on local behavioral healthcare system while maintaining SLH capacity.

- Provide community education and outreach around the development of the crisis continuum and crisis initiatives to community partners around the Marcus Alert, crisis services re-design, 9-8-8 National Suicide and Crisis Lifeline, and regional crisis call centers.

Strategy 2: Strengthen Peer Support and Family Support.

- Increase access to peer and family support as recommended and/or requested by individuals and family members, with DBHDS validating performance outcomes July 2023.
- Support all peers hired to become certified/registered within 18 months of employment.
- Explore funding and reimbursement options to support peer service provision.
- Provide community education and outreach around peer services and benefits of services provided by those with lived experiences.

Strategy 3: Improve Psychiatric Rehabilitation Services beyond currently defined psychosocial rehabilitation services.

- Support individuals with serious mental illness, substance use disorder and serious emotional disorder in developing or regaining independent living skill in accordance with DBHDS definition, with DBHDS validating performance outcomes July 2023

Strategy 4: Provide Case Management to individuals with serious mental illness, serious emotional disturbances, substance use disorder, and developmental disability.

- Coordinate behavioral health services in an effective and efficient manner to support the needs of the individual across all disabilities.
- Enhance case management services, with DBHDS validating performance outcomes April 2023

Strategy 5: Develop Care Coordination for individuals with multiple needs and service providers.

- Coordinate needed services for individuals, across all disabilities, to include physical health care. While similar to case management functions, care coordination is often considered to involve a broader scope of services and individuals.
- Develop and implement care coordination services, with DBHDS validating performance outcomes July 2023

Goal #4: Maximize organizational efficiencies to create the most effective delivery system.

Strategy 1: Use technology to streamline the agency's business processes.

- Fully implement new Human Resources Payroll system
- Fully automate requisition and payment processes
- Improve property maintenance tracking

Strategy 2: Support the use of sound fiscal responsibility and sustainability practices.

- Expand financial literacy at all levels of leadership by providing trainings to all levels of leadership in budget management.
- Provide Quarterly reviews of program budgets at all levels of leadership
- Evaluate and ensure all revenue sources are being maximized.
- Identify and analyze services unit cost to better understand costs of care and ensure resources are being used efficiently.

Strategy 3: Provide an excellent customer service experience.

- Enhance existing training modules to include a customer service emphasis for all staff
- Develop ongoing supervision and support specifically for both external and internal customers.
- Establish developmental cross-training about services, especially within service model.

The pace of statewide healthcare and system changes, and the pace of needs within the community require a time limited plan to address service needs and system mandates. This strategic plan serves as a guidance document that addresses statewide initiative, mandates and local needs.

October 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 **October 11, 2022**. Attendees included Susan Muerdler, Nancy Beebe, Matt Zurasky, Glenna Boerner, Ken Lapin, Jacob Parcell, Melissa White, Susan Gayle, Jacque Kobuchi, Amy Jindra, Joe Wickens, Brandie Williams, Stephanie Terrell, Amy Umble, Tina Cleveland, Michelle Runyon, Hosanna Gifford, Megan Toler, and Joel Zurasky.

August 2022 Financial Report

Tina Cleveland reviewed the Financial Report with the Committee.

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

Moved by: Melissa White Seconded by: Susan Gayle

August 2022 Investment Report

Tina Cleveland said that as of August 31, 2022, cash and cash equivalent investments totaled \$21,802,592 which is 22% 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.

August 2022 Reimbursement Report

Megan Toler told the Committee that claims aging figures are provided as of August 31, 2022. Aging is calculated from the date the service was billed. Total outstanding claims are \$5,981,652 as of the period end date. Year-to-date fee revenue of \$6,031,008 is 20% higher than the prior year.

Melissa White asked if the Finance Department was still short staffed. Tina Cleveland said that as of October 17 they will be fully staffed.

August 2022 Health Insurance Account Report

Tina Cleveland reported the health insurance account balance is \$553,489.14 as of August 31, 2022. Year-to-date premiums deposited in the account, \$668,099.80 are more than year-to-date claims and fees by \$171,562.70.

August 2022 Other Post-Employment Benefits Review

Tina Cleveland said that the August 2022 OPEB cash basis value is \$2,096,641 which is 120% more than the initial investment of \$954,620. The market value of \$3,590,000 is 276% higher than the initial investment.

Write Off Report

Megan Toler reviewed the Write Off Report with the Committee. Matt Zurasky asked if the 607 Write-Off item usually fluctuates significantly. Megan Toler said that it does, it's highly dependent on timing and is no need for concern. The cumulative view is more important.

Payroll Statistics

Tina Cleveland said that there were 507 paid employees. Overtime hours are increasing. Matt Zurasky expressed concern over the increase in overtime. Tina Cleveland said that she may need to add open positions information, which informs the amount of overtime.

Other Business

No other business was addressed.

Adjournment

The meeting adjourned at 1:01 PM.



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

NOTICE

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

From: Joseph Wickens
Executive Director

Subject: Finance Committee Meeting
October 11, 2022, Noon
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: October 5, 2022

A Finance Committee meeting has been scheduled for Tuesday, October 11, 2022 at noon. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on October 11 at noon.

Cc: Matt Zurasky, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Finance Committee Meeting

October 11, 2022—Noon

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

I.	August Financial Report, Cleveland.....	3
II.	August Investment Report, Cleveland.....	8
III.	August Reimbursement Report, Toler.....	10
IV.	August Health Insurance Account Report, Cleveland.....	12
V.	August Other Post-Employment Benefits Report, Cleveland.....	14
VI.	August Write-Off Report, Toler.....	16
VII.	August Payroll Statistics, Cleveland.....	17
VIII.	Other Business, Zurasky	

Re: August 2022 Financial Report

Fiscal Year 2023 revenues of \$10,367,011 are \$332,941 or 3.32% less than Fiscal Year 2022 as of August 31, 2022. Expenses of \$8,149,937 are \$4,665 or 0.06% less than Fiscal Year 2022. The Net Revenue of \$2,217,074 is \$337,607 or 17.96% more than Fiscal Year 2022.

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2022 through June 30, 2023
Report Period: August 1, 2022 through August 31, 2022

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL CM	%	BUDGET FY 2023	ACTUAL CM	%		
INPATIENT	20,000	0	0.00%	20,000	0	0.00%	-	0%
OUTPATIENT	2,078,691	505,427	24.31%	2,078,691	397,183	19.11%	108,244	21%
MEDICAL OUTPATIENT	3,849,822	688,077	17.87%	3,849,822	806,798	20.96%	(118,721)	-17%
ACT NORTH	880,238	159,375	18.11%	880,238	143,193	16.27%	16,182	10%
ACT SOUTH	843,563	131,410	15.58%	843,563	109,344	12.96%	22,065	17%
CASE MANAGEMENT ADULT	937,373	193,039	20.59%	937,373	178,826	19.08%	14,213	7%
CASE MANAGEMENT CHILD & ADOLESCENT	800,057	182,424	22.80%	800,057	125,812	15.73%	56,612	31%
PSY REHAB & KENMORE EMP SER	681,878	125,451	18.40%	681,878	101,969	14.95%	23,482	19%
PERMANENT SUPPORTIVE HOUSING	1,275,349	751,310	58.91%	1,275,349	173,663	13.62%	577,647	77%
CRISIS STABILIZATION	1,928,225	367,040	19.04%	1,928,225	282,325	14.64%	84,715	23%
SUPERVISED RESIDENTIAL	440,930	80,226	18.19%	440,930	95,028	21.55%	(14,802)	-18%
SUPPORTED RESIDENTIAL	893,956	143,398	16.04%	893,956	139,296	15.58%	4,101	3%
JAIL DIVERSION GRANT	156,523	87,178	55.70%	156,523	13,510	8.63%	73,668	85%
SUB-TOTAL	14,786,607	3,414,354	23%	14,786,607	2,566,947	17%	847,407	25%
* Budget excludes program subsidies								

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL CM	%	BUDGET FY 2023	ACTUAL CM	%		
CASE MANAGEMENT	3,105,473	563,856	18.16%	3,105,473	549,674	17.70%	14,182	3%
DAY HEALTH & REHAB *	4,136,396	684,968	16.56%	4,136,396	810,482	19.59%	(125,514)	-18%
GROUP HOMES	5,580,946	1,313,486	23.54%	5,580,946	926,982	16.61%	386,504	29%
RESPIRE GROUP HOME	229,325	35,363	15.42%	229,325	94,092	41.03%	(58,729)	-166%
INTERMEDIATE CARE FACILITIES	4,091,920	983,261	24.03%	4,091,920	677,175	16.55%	306,086	31%
SUPERVISED APARTMENTS	1,525,310	347,835	22.80%	1,525,310	287,363	18.84%	60,472	17%
SPONSORED PLACEMENTS	2,047,818	492,129	24.03%	2,047,818	315,331	15.40%	176,798	36%
SUB-TOTAL	20,717,187	4,420,898	21.34%	20,717,187	3,661,099	17.67%	759,799	17%
* Budget excludes program subsidies								

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2022 through June 30, 2023
Report Period: August 1, 2022 through August 31, 2022

SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL CM	%	BUDGET FY 2023	ACTUAL CM	%	ACTUAL VARIANCE	
OUTPATIENT	1,818,448	253,997	13.97%	1,818,448	306,240	16.84%	(52,243)	-21%
MAT PROGRAM	987,709	72,977	7.39%	987,709	117,076	11.85%	(44,099)	-60%
CASE MANAGEMENT	154,511	25,033	16.20%	154,511	21,536	13.94%	3,497	14%
RESIDENTIAL	161,757	80,557	49.80%	161,757	5,616	3.47%	74,941	93%
PREVENTION	808,950	471,690	58.31%	808,950	110,623	13.67%	361,068	77%
LINK	400,397	302,785	75.62%	400,397	29,287	7.31%	273,498	90%
SUB-TOTAL	4,331,772	1,207,040	28%	4,331,772	590,378	14%	616,661	51%
* Budget excludes program subsidies								

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL CM	%	BUDGET FY 2023	ACTUAL CM	%	ACTUAL Variance	
EMERGENCY SERVICES	1,371,467	305,194	22.25%	1,327,096	212,261	15.99%	92,933	30%
CHILD MOBILE CRISIS	311,007	79,698	25.63%	320,728	55,876	17.42%	23,822	30%
CIT ASSESSMENT SITE	294,556	54,936	18.65%	289,481	46,847	16.18%	8,089	15%
CONSUMER MONITORING	130,859	37,387	28.57%	139,646	43,572	31.20%	(6,185)	-17%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	33,778	17.41%	(33,778)	0%
ASSESSMENT AND EVALUATION	592,509	89,139	15.04%	739,048	85,154	11.52%	3,986	4%
SUB-TOTAL	2,894,374	566,353	19.57%	3,009,974	477,487	15.86%	88,866	16%
* Budget excludes program subsidies								

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2022 through June 30, 2023
Report Period: August 1, 2022 through August 31, 2022

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2023	ACTUAL CM	%	BUDGET FY 2023	ACTUAL CM	%	
ADMINISTRATION	130,574	15,992	12.25%	130,574	15,992	12.25%	0
PROGRAM SUPPORT	66,768	(583)	-0.87%	66,768	(583)	-0.87%	0
SUB-TOTAL	197,342	15,408	7.81%	197,342	15,408	7.81%	0
ALLOCATED TO PROGRAMS				4,268,473	846,978	19.84%	

|* Budget excludes program subsidies

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL CM	%	BUDGET FY 2023	ACTUAL CM	%		
TRANSPORTATION	0	0	0.00%	0	14,101	0.00%	(14,101)	0%
TOTAL	0	0	0.00%	0	14,101	0.00%	(14,101)	0%

|* Budget excludes program subsidies

FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL CM	%	BUDGET FY 2023	ACTUAL CM	%		
INTERAGENCY COORDINATING COUNCIL	1,710,296	275,052	16.08%	1,710,296	173,270	10.13%	101,782	37%
INFANT CASE MANAGEMENT	725,520	155,123	21.38%	725,520	127,262	17.54%	27,861	18%
EARLY INTERVENTION	2,041,058	239,737	11.75%	2,041,058	348,899	17.09%	(109,162)	-46%
TOTAL PART C	4,476,874	669,912	14.96%	4,476,874	649,431	14.51%	20,482	3%
HEALTHY FAMILIES	178,886	41,392	23.14%	178,886	8,698	4.86%	32,693	79%
HEALTHY FAMILIES - MIECHV Grant	403,497	21,261	5.27%	403,497	68,339	16.94%	(47,078)	-221%
HEALTHY FAMILIES-TANF & CBCAP GRANT	531,457	10,393	1.96%	531,457	98,049	18.45%	(87,655)	-843%
TOTAL HEALTHY FAMILY	1,113,840	73,046	6.56%	1,113,840	175,086	15.72%	(102,040)	-140%

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2022 through June 30, 2023
Report Period: August 1, 2022 through August 31, 2022

RECAP FY 2023 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	3,414,354	2,566,947	847,407	25%
DEVELOPMENTAL SERVICES	4,420,898	3,661,099	759,799	17%
SUBSTANCE ABUSE	1,207,040	590,378	616,661	51%
SERVICES OUTSIDE PROGRAM AREA	566,353	477,487	88,866	16%
ADMINISTRATION	15,408	15,408	0	0%
OTHER	0	14,101	(14,101)	0%
FISCAL AGENT PROGRAMS	742,958	824,516	(81,559)	-11%
TOTAL	10,367,011	8,149,937	2,217,074	21%

Restricted Funds	\$	1,214,345
Unrestricted Funds		1,003,386
Total	\$	2,217,074

RECAP FY 2022 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	3,576,305	2,751,919	824,386	23%
DEVELOPMENTAL SERVICES	3,743,429	3,440,613	302,816	8%
SUBSTANCE ABUSE	1,216,396	743,671	472,726	39%
SERVICES OUTSIDE PROGRAM AREA	289,711	270,728	18,983	7%
ADMINISTRATION	25,863	28,388	(2,525)	-10%
OTHER	347,192	193,386	153,806	44%
FISCAL AGENT PROGRAMS	835,174	725,899	109,275	13%
TOTAL	10,034,070	8,154,603	1,879,467	19%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 332,941	3.32%
Change in Expense from Prior Year	\$ (4,665)	-0.06%
Change in Net Income from Prior Year	\$ 337,607	17.96%

*Unaudited Report

Re: August 2022 Investment Report

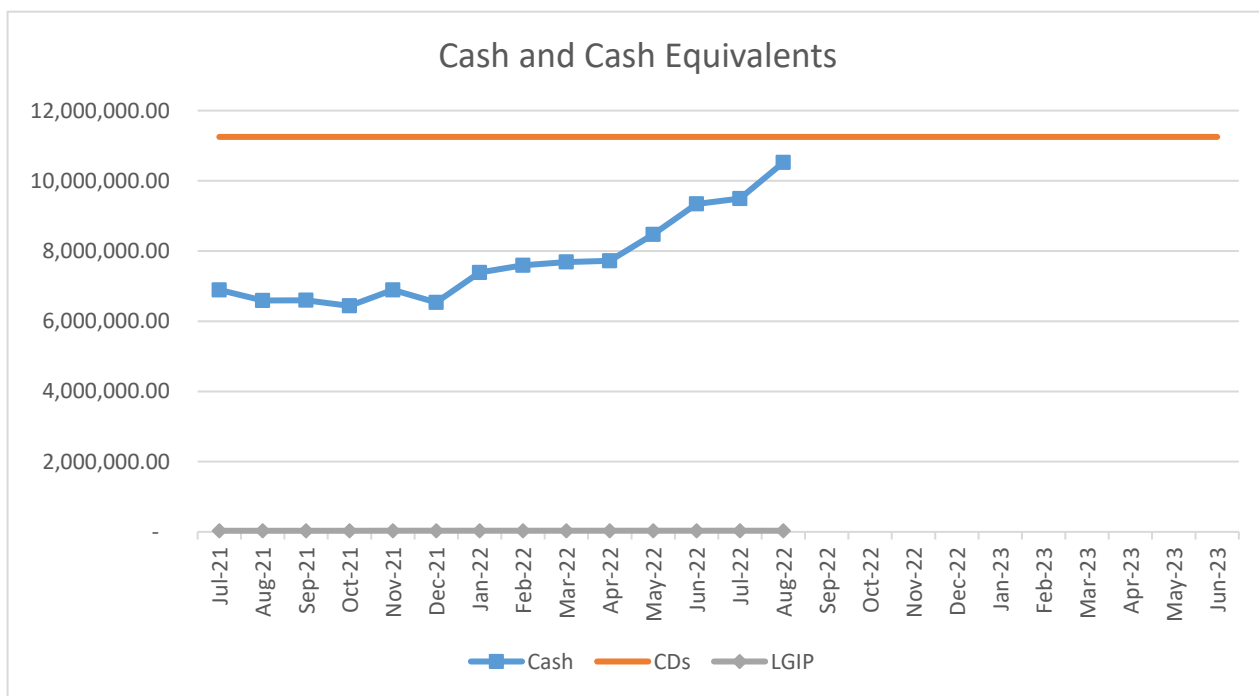
At August 31, 2022, cash and cash equivalent investments totaled \$21,802,592 and 22% higher than the prior year. Of the investments, 99% is with Atlantic Union Bank and the remainder is invested in the Local Government Investment Pool.

Currently five months of reserve on hand.

\$8,250,000 to be invested in Government Bonds.

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

Depository	August 2022	Rate	Maturity Date
Atlantic Union Bank			
Checking	\$ 10,520,573	0.05%	N/A
Certificates of Deposit	\$ 11,250,000	0.01%	6/21/2024
Total Atlantic Union Bank	\$ 21,770,573		
Other			
Local Gov. Investment Pool	\$ 32,019	0.09%	N/A
Total Investments	\$ 21,802,592		



	\$ Change	% Change
Change from Prior Month	\$ 1,026,478	4.9%
Change from Prior Year	\$ 3,930,203	22%

Average # Months Reserves on Hand: 5.39

Re: Reimbursement Report

Claims aging figures are provided as of August 31, 2022. Aging is calculated from the date the service was billed. Total outstanding claims are \$5,981,652 as of the period end date.

Year-to-date fee revenue of \$6,031,008 is 20% higher than the prior year.

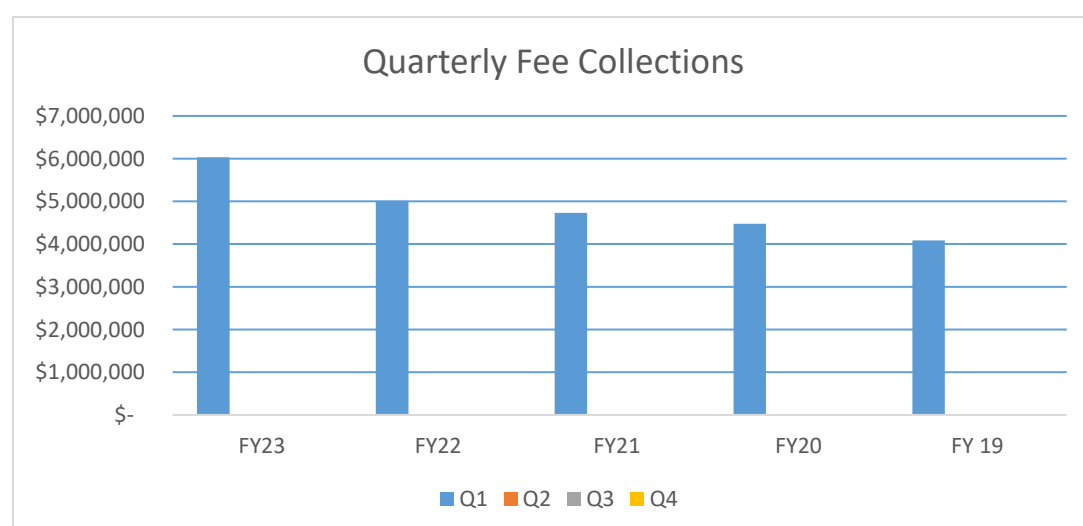
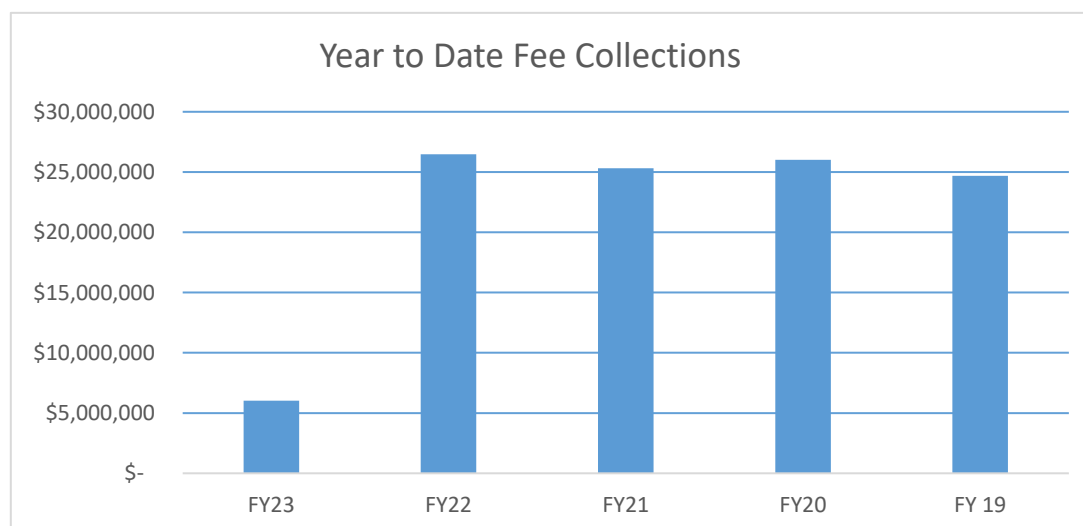
**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
FEE REVENUE REIMBURSEMENT REPORT AS OF AUG,2022**

AGED CLAIMS

		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$5,981,652	100%	\$5,749,793	100%	\$5,444,592
	Consumers	44%	\$2,626,351	43%	\$2,499,149	32%	\$1,716,808
	3rd Party	56%	\$3,355,301	57%	\$3,250,644	68%	\$3,727,784
Claims Aged 0-29 Days	Consumers	4%	\$230,401	3%	\$160,745	4%	\$220,190
	3rd Party	47%	\$2,801,018	48%	\$2,750,998	51%	\$2,785,485
Claims Aged 30-59 Days	Consumers	3%	\$155,552	0%	\$3,571	1%	\$52,182
	3rd Party	2%	\$130,428	2%	\$120,154	1%	\$64,284
Claims Aged 60-89 Days	Consumers	0%	\$5,543	4%	\$203,298	1%	\$30,795
	3rd Party	1%	\$74,113	1%	\$54,097	1%	\$80,654
Claims Aged 90-119 Days	Consumers	3%	\$192,493	0%	\$8,587	0%	\$18,196
	3rd Party	1%	\$65,254	2%	\$89,557	1%	\$59,189
Claims Aged 120+ Days	Consumers	34%	\$2,042,363	37%	\$2,122,948	26%	\$1,395,446
	3rd Party	5%	\$284,489	4%	\$235,837	14%	\$738,172

CLAIM COLLECTIONS

Current Year To Date Collections	\$6,031,008
Prior Year To Date Collections	\$5,013,668
\$ Change from Prior Year	\$1,017,340
% Change from Prior Year	20%

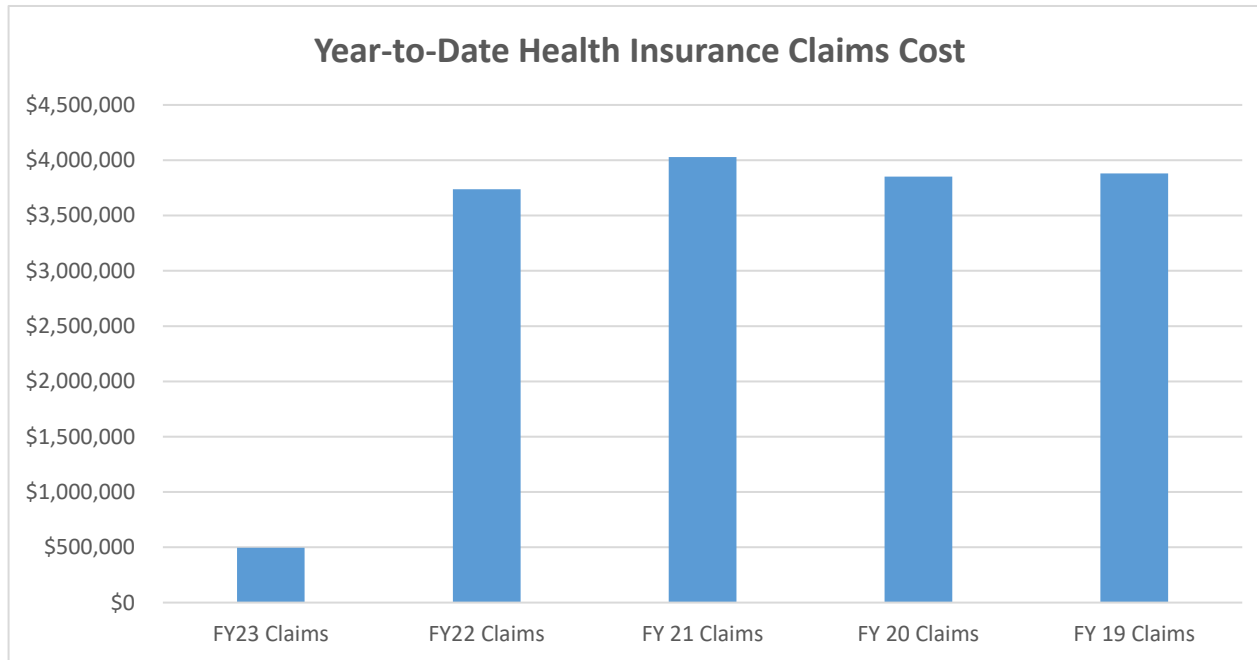


Re: August 2022 Health Insurance Account Report

The health insurance account balance is \$553,489.14 as of August 31, 2022.

Year-to-date premiums deposited in the account, \$668,099.80 are more than year-to-date claims and fees by \$171,562.70.

RAPPAHANNOCK AREA CSB
FY 2023 HEALTH INSURANCE ACCOUNT REPORT
August 2022



FY 2023	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$381,873.61
July	\$338,553.32		\$284,427.57	\$39.03	\$436,038.39
August	\$329,546.48		\$212,109.53	\$13.80	\$553,489.14
September					\$553,489.14
October					\$553,489.14
November					\$553,489.14
December					\$553,489.14
January					\$553,489.14
February					\$553,489.14
March					\$553,489.14
Apr					\$553,489.14
May					\$553,489.14
June					\$553,489.14
YTD Total	\$668,099.80	\$0.00	\$496,537.10	\$52.83	\$553,489.14

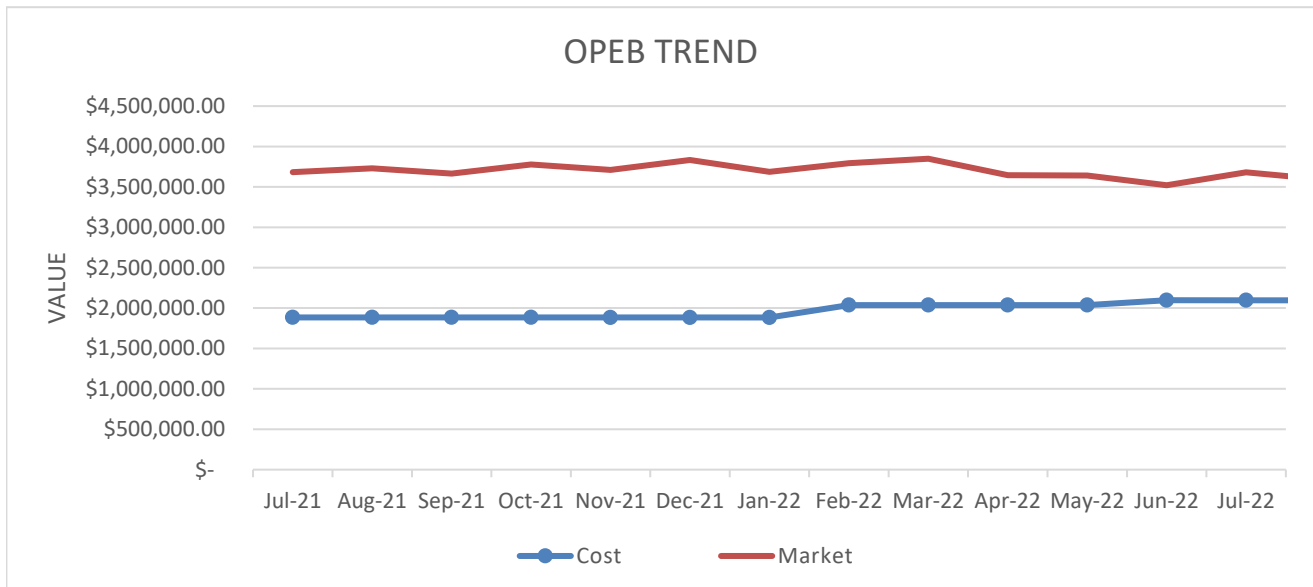
Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2023	\$248,269	(\$63,245)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906
FY 2020	\$321,002	(\$1,163)	\$378,562
FY 2019	\$322,165	\$46,681	\$396,619
FY 2018	\$275,483	\$38,450	\$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 August 2022 OPEB cash basis value is \$2,096,641 which is 120% more than the initial investment of \$954,620. The market value of \$3,590,000 is 276% higher than the initial investment. The market value decreased 2.5% from the prior month.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
OTHER POST EMPLOYMENT BENEFIT ACCOUNT
July 2023

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2022 Year-End Balance	\$ 2,097,261	\$ 1,142,641	\$ 3,520,345	\$ 2,565,725
Realized Gain/(Loss)	\$ 467.91		\$ 467.91	
Unrealized Gain/(Loss)			\$ 161,091.28	
Fees & Expenses	\$ (125.00)		\$ (125.00)	
Transfers/Contributions	\$ (962.19)		\$ (962.19)	
Balance at 7/31/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,680,816.76	\$ 2,726,196.76
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ (90,815.98)	
Fees & Expenses				
Transfers/Contributions				
Balance at 8/31/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,590,000.78	\$ 2,635,380.78



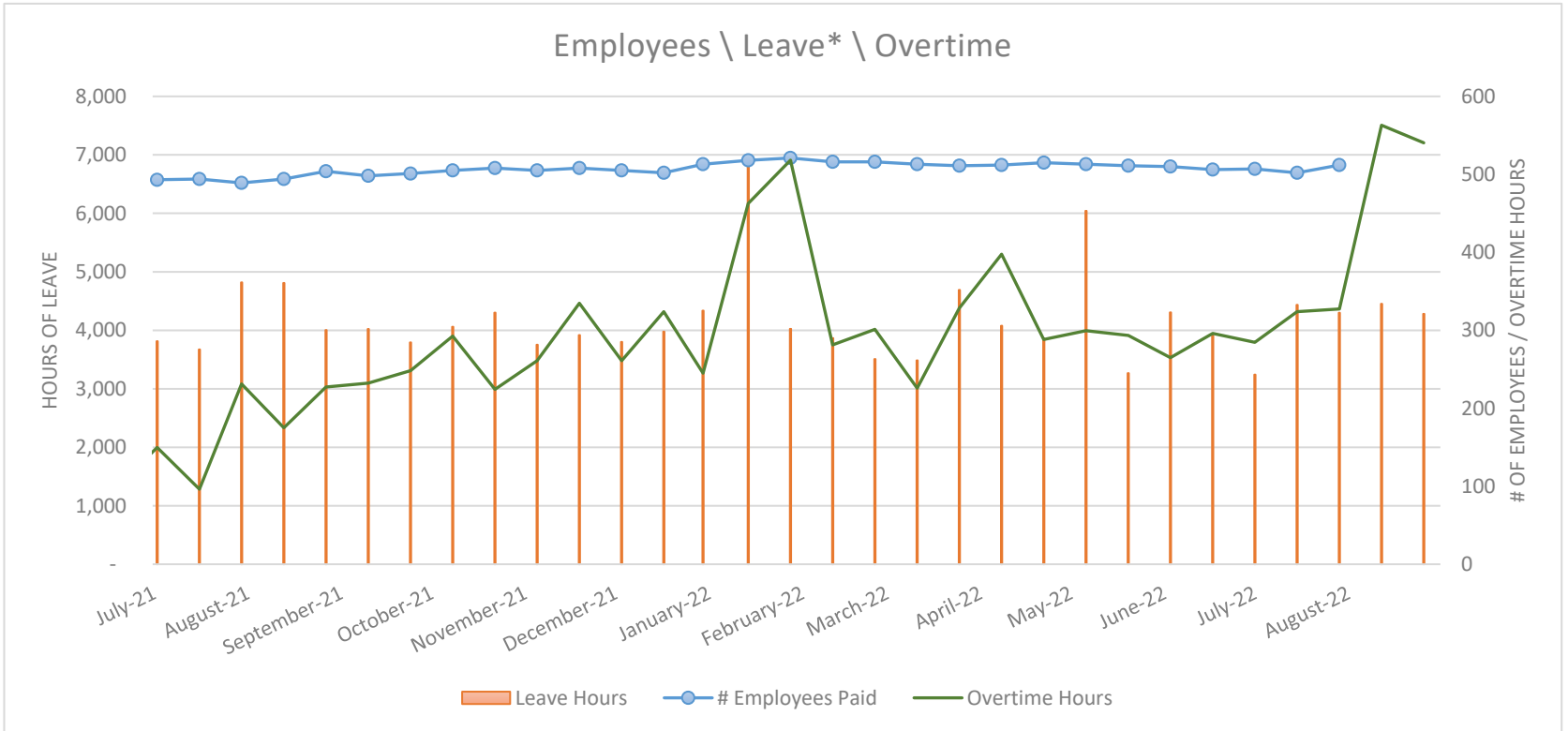
Re: Write Off Report

Write off totals below include total write offs for the month of August 2022.

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

Month: August 2022		
Write Off Code	Current Year	Prior Year
601-WRITE OFF - BAD ADDRESS	\$ -	\$ 293.51
602-WRITE OFF - BANKRUPTCY	\$ 1,488.50	\$ -
603-WRITE OFF - DECEASED	\$ 1,268.14	\$ -
604-WRITE OFF - NO FINANCIAL AGREEMENT	\$ 1,828.66	\$ 4,491.39
605-WRITE OFF - SMALL BALANCE	\$ 117.00	\$ 85.25
606-WRITE OFF - UNCOLLECTABLE	\$ 423.76	\$ 96.50
607-WRITE OFF - FINANCIAL ASSISTANCE	\$176,838.85	\$ 82,344.38
608-WRITE OFF - NO SHOW	\$ 280.00	\$ 480.00
609-WRITE OFF- MAX UNITS/BENEFITS	\$ 3,291.76	\$ 4,638.14
610-WRITE OFF-PROVIDER NOT CREDENTIALLED	\$ 1,143.06	\$ 9,164.22
612-WRITE OFF-DIAGNOSIS NOT COVERED	\$ 65.00	\$ -
613-WRITE OFF-NON-COVERED SERVICE	\$ 9,179.86	\$ 1,253.04
614-WRITE OFF-SERVICES NOT AUTHORIZED	\$ 13,243.25	\$ 37,604.61
615-WRITE OFF-PAST BILLING DEADLINE	\$ 1,689.22	\$ 9,977.81
617-WRITE OFF - MCO DENIED AUTH	\$ -	\$ 1,679.57
618-WRITE OFF-INCORRECT PAYER	\$ 905.00	\$ 5,120.00
TOTAL:	\$211,762.06	\$157,228.42

**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 2021 Average Per Pay Period	FY 2022 Average Per Pay Period	FY 2023 Average Per Pay Period
# Employees Paid	514	506	507
Leave Hours	3,850	4,196	4,142
Overtime Hours	102	279	408

October 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 **October 11, 2022**. Attendees included Susan Muerdler, Nancy Beebe, Matt Zurasky, Glenna Boerner, Ken Lapin, Jacob Parcell, Melissa White, Susan Gayle, Jacque Kobuchi, Amy Jindra, Joe Wickens, Brandie Williams, Stephanie Terrell, Amy Umble, Tina Cleveland, Michelle Runyon, Hosanna Gifford, and Joel Zurasky.

September 2022 Retention Report

Michelle Runyon reported that Human Resources processed a total of 13 employee separations for the month of September, 2022. Some of the reasons given were other employment (6), continuing education (1), moving (1), and personal/health reasons (1). The retention rate was 97.83%.

Matt Zurasky asked if there's a breakdown on how much experience is being lost through employee separations. Michelle Runyon said at the moment there isn't, but she can track it. Matt Zurasky asked about the tenures of the people leaving, wondering if they're one to two years or upwards of five. Michelle Runyon said it is a mix of both.

September 2022 EEO Report and Recruitment Update

Michelle Runyon told the Committee that RACSB received 83 applications through September 30 2022. This is a decrease of 7.78% compared to the month of August 2022, and a decrease of 15.31% when compared to the month of September 2021. RACSB received 823 resumes through Indeed for September 2022. There are currently 138 open positions.

Jacob Parcell asked if referrals are incentivized. Michelle Runyon said yes, there is a bonus for employee referrals. Nancy Beebe asked if there was a report breaking down the benefits that are offered to new hires. Michelle Runyon said she would bring it to the next meeting. Joe Wickens added that this ties in with the work being done for the compensation study. Nancy Beebe asked if an OPEB explanation could be provided as well. Tina Cleveland said she would provide it in the next Finance Committee Meeting.

Indeed RACSB Overview

Michelle Runyon reviewed a report from Indeed regarding application statistics.

In-Service

Michelle Runyon shared that RACSB's In-Service event went well and was well-received. Amy Umble is sending out a survey to capture information to inform the next In-Service event. Jacque Kobuchi added that her staff enjoyed getting to know each other and liked the event.

Events

Michelle Runyon briefly reviewed the job fair, which had five in attendance, and Barbershop Talk, which may have another event. She also noted that flu shot clinics will occur soon, and the compensation study kickoff meeting was shortly upcoming.

Other Business

No other business was discussed.

Adjournment

The meeting adjourned at 1:17 PM.



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

NOTICE

To: Personnel Committee, Linda Carter, Claire Curcio, Glenna Boerner, Susan Gayle, Jacob Parcell, Sarah Ritchie, Greg Sokolowski

From: Joseph Wickens
Executive Director

Subject: Personnel Committee Meeting
October 11, 2022, 1:00 PM
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: October 5, 2022

A Personnel Committee meeting has been scheduled for Tuesday, October 11, 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 October 11 at 1:00 PM.

Cc: Susan Gayle, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Personnel Committee Meeting

October 11, 2022—1 p.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

I.	September Retention Report, Runyon.....	3
II.	September EEO Report, Runyon.....	6
III.	Other Business, Gayle	



MEMORANDUM

To: Joe Wickens, Executive Director

From: Michelle Runyon, Human Resources Director

Date: October 5, 2022

Re: Summary – Retention Report – **September 2022**

Human Resources processed a total of **13** employee separations for the month of **September**, 2022. All of the separations were voluntary. Of the 13 employees, 1 was part-time and 12 were full-time.

Resignations were submitted due to other employment (6), resigned without notice (4), continuing education (1), moving (1) and personal/health reasons (1).

According to the attached report, the Retention Rate for **September** was 97.83% and the turnover rate was 2.17%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT

Sep-22

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative	1	1	0	Other Employment
<i>Unit Totals</i>	<i>1</i>	<i>1</i>	<i>0</i>	
Clinical Services	2	2	0	Other Employment
	1	1	0	Resigned Without Notice
<i>Unit Totals</i>	<i>3</i>	<i>3</i>	<i>0</i>	
Community Support Services				
	1	1	0	Health Reasons
	1	1	0	Return to School
	3	3	0	Other Employment
	3	3	0	Resigned Without Notice
	1	1	0	Moving
<i>Unit Totals</i>	<i>9</i>	<i>9</i>	<i>0</i>	
<i>Doesn't Count Towards Turnover Rate</i>	<i>4</i>	<i>4</i>	<i>0</i>	Didn't return from medical leave (2), Didn't finish NEO (1), PRN (1)
Grand Totals for the Month	13	13	0	

Total Employees for the Month	600
Retention Rate	97.83%
Turnover Rate	2.17%

Total Separations	13
Part-time Separations	7.00%
Full-time Separations	93.00%

RACSB Turnover 2019

<u>Employees</u>	<u>Jan-19</u>	<u>Feb-19</u>	<u>Mar-19</u>	<u>Apr-19</u>	<u>May-19</u>	<u>Jun-19</u>	<u>Jul-19</u>	<u>Aug-19</u>	<u>Sep-19</u>	<u>Oct-19</u>	<u>Nov-19</u>	<u>Dec-19</u>	<u>2019 Year End</u>
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

<u>Employees</u>	<u>Jan-20</u>	<u>Feb-20</u>	<u>Mar-20</u>	<u>Apr-20</u>	<u>May-20</u>	<u>Jun-20</u>	<u>Jul-20</u>	<u>Aug-20</u>	<u>Sep-20</u>	<u>Oct-20</u>	<u>Nov-20</u>	<u>Dec-20</u>	<u>2020 Year End</u>
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

<u>Employees</u>	<u>Jan-21</u>	<u>Feb-21</u>	<u>Mar-21</u>	<u>Apr-21</u>	<u>May-21</u>	<u>Jun-21</u>	<u>Jul-21</u>	<u>Aug-21</u>	<u>Sep-21</u>	<u>Oct-21</u>	<u>Nov-21</u>	<u>Dec-21</u>	<u>2021 Year End</u>
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

<u>Employees</u>	<u>Jan-22</u>	<u>Feb-22</u>	<u>Mar-22</u>	<u>Apr-22</u>	<u>May-22</u>	<u>Jun-22</u>	<u>Jul-22</u>	<u>Aug-22</u>	<u>Sep-22</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>2022 Year End</u>
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	43	42				
Monthly Terminations*	11	13	11	7	8	16	17	13	13				109
Turnover by Month YTD	1.83%	2.17%	1.83%	1.17%	1.33%	2.67%	2.83%	2.17%	2.17%				18.17%
Cumulative Turnover YTD	0.17%	4.00%	5.83%	7.00%	8.33%	11.00%	13.83%	16.00%	18.17%				0.00%
Average % Turnover per Month YTD	0.17%	2.00%	1.94%	1.75%	1.67%	1.83%	1.98%	2.00%	2.02%				0.00%

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



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: October 4, 2022

Re: Summary – September 2022 EEO Report and Recruitment Update

RACSB received **83** applications through September 30, 2022. This is a **decrease** of **7.78%** compared to the month of August 2022, and a **decrease** of **15.31%** when compared to the month of September 2021.

RACSB received **823** resumes and advertised **18** positions through Indeed for **August 2022**.

Of the applications received, 28 applicants listed the RACSB applicant website as their recruitment source, 27 stated employee referrals as their recruitment source, and 24 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **138** 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 **September 2022**.

EEO Report 2022

APPLICANT DATA	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Female	60	83	43	45	41	46	35	24	31	45	30	41	35
Male	12	26	15	7	8	7	11	3	13	11	9	11	12
Not Supplied	26	73	61	43	27	33	26	30	25	33	44	38	36
Total	98	182	119	95	76	86	72	57	69	89	83	90	83
ETHNICITY													
Caucasian	30	69	29	28	31	25	13	13	22	30	19	30	28
African American	26	34	28	20	15	20	27	16	17	24	17	18	19
Hispanic	2	14	5	9	7	6	5	5	5	3	4	5	2
Asian	3	5	2		2	3		1	1			1	
American Indian		3	1	1		2	1		1	1	1		1
Native Hawaiian	1	1											
Two or More Races													
RECRUITMENT SOURCE													
Newspaper Ads					1								
RACSB Website	40	84	52	39	36	32	33	27	28	39	28	31	28
RACSB Intranet	1	7	3	1	2	7	5	2	5	7	3	6	6
Employee Referrals	31	47	31	34	18	32	15	23	18	30	29	30	27
Radio Ads							1		1			4	
Indeed.com	16	49	25	20	20	7	17	9	11	15	11	13	24
VA Employment Commission	4	4		1	3	2	3	2	7	2	2	1	
Monster.com													
Other -		4			1	8	3		3	4	5	2	2
Colleges/Handshake										1			
Facebook	1												
Multi Site Search	2									1	1	2	2
NHSC													
Linked In	1											1	
Goodwill referral													
Zip Recruiter	2		1										1
Job Fair	3	2	6			2	1			1			2
Total # of Applicants	74	121	80	68	62	65	59	47	52	77	59	72	64

Rappahannock Area Community Services Board Overview

2022-09-01 – 2022-09-30

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

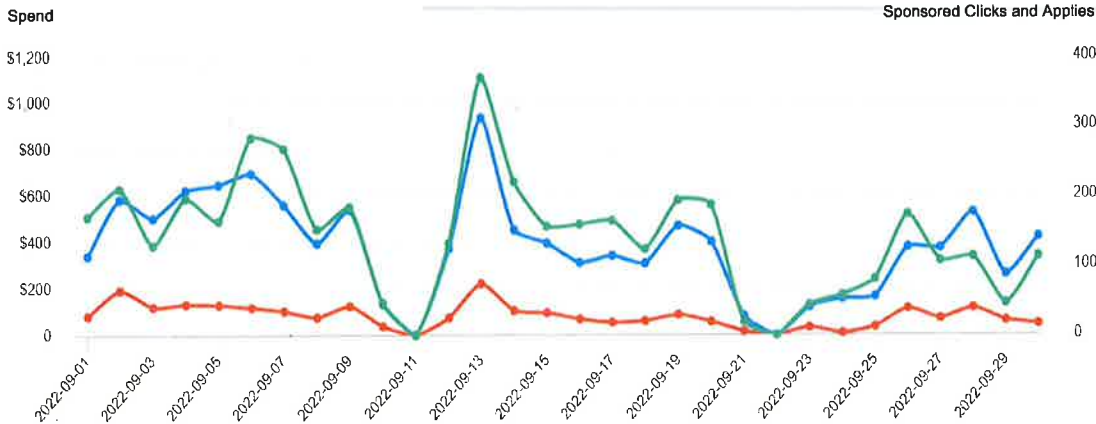
Candidate behavior funnel

Sponsored

Impressions	→	Click-through rate	→	Clicks	→	Apply start rate	→	Apply starts	→	Apply completion rate	→	Applies
7,786		49.31%		3,839		25.21%		968		85.02%		823

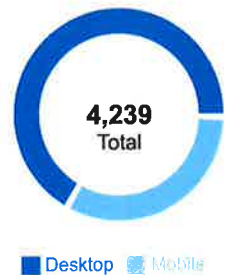
Cost-per-click campaign performance

Spend Sponsored Clicks Sponsored Applies



Desktop vs mobile clicks

Total



Total spend
\$12,767.14

Cost per click (CPC)
\$3.33

Cost per apply start
\$13.19

Cost per apply (CPA)
\$15.51

Desktop clicks
2,857

Mobile clicks
1,382

[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 - September 30, 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
7/20/2022	185-2022	ADMIN	IT Specialist (PC & Network Support)	Fredericksburg	1000	FT
8/8/2022	210-2022	ADMIN	Lead Landscape Technician	Fredericksburg	1000	FT
8/11/2022	216-2022	ADMIN	Landscape Technician I	Fredericksburg	1000	PT
8/16/2022	223-2022	ADMIN	Senior Compliance Specialist	Fredericksburg	1000	FT
9/27/2022	264-2022	ADMIN	Executive Assistant	Fredericksburg	1000	FT
					8	
1/10/2022	003-2022	CLINICAL	Psychiatrist	Fredericksburg		FT
9/27/2022	262-2022	CLINICAL	Office Associate II	Fredericksburg	1100	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
8/8/2022	212-2022	CLINICAL	MH/SA Therapist - Outpatient	Fredericksburg	2200/4200/6430	FT
6/9/2021	123-2021	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg	2070	FT
8/30/2022	245-2022	CLINICAL	Psychiatric Nurse Practitioner	Fredericksburg	2200	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
1/28/2022	030-2022	CLINICAL	MH Therapist (Jail Based)	RRJ Stafford	2200-4200/6430	FT
9/27/2022	246-2022	CLINICAL	MH Nurse - LPN/RN	Outpatient Clinics	2201	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
8/23/2022	230-2022	CLINICAL	Clinic Coordinator II	Stafford	2200/4200	FT
1/28/2022	029-2022	CLINICAL	MH Therapist	Stafford	2250/6430	FT
8/22/2022	227-2022	CLINICAL	Child/Adolescent Therapist	Stafford	2200/6430	FT
6/29/2020	092-2020	CLINICAL	Peer Specialist (Adult MH C. Mgmt)	Fredericksburg	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
8/30/2022	236-2022	CLINICAL	Adult MH Case Manager	Fredericksburg	2400	FT
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania	2500	PT
7/8/2022	172-2022	CLINICAL	Child/Adolescent MH Case Manager	Stafford	2500	FT
8/30/2022	240-2022	CLINICAL	Senior Child & Adolescent Case Manager	Stafford	2500	FT
9/27/2022	265-2022	CLINICAL	Child/Adolescent Case Manager	Spotsylvania	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
8/11/2022	217-2022	CLINICAL	Project LINK Specialist, SUD	RC	4970	FT
8/6/2021	221-2021	CLINICAL	MH Therapist (Intakes)	Fredericksburg	6430	FT
					36	
6/10/2022	148-2022	CSS	Nurse Manager - RN	Crisis Stabilization	2770	FT
7/15/2022	182-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization	2770	FT
8/8/2022	209-2022	CSS	MH Residential Specialist	Crisis Stabilization	2770	FT
9/8/2022	248-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization	2770	FT
9/9/2022	231-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization	2770	FT
9/13/2022	256-2022	CSS	MH Residential Specialist	Crisis Stabilization	2770	FT
9/13/2022	253-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization	2770	FT
					7	
8/26/2022	237-2022	CSS	MH Residential Asst. Coordinator	401 Bridgewater	Split	FT
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
8/12/2022	220-2022	CSS	MH Residential Counselor II	Home Rd	2778	FT
7/11/2022	170-2022	CSS	MH Residential Counselor I	Home Rd	2778	FT
9/19/2022	257-2022	CSS	MH Residential Peer Specialist	Home Rd	2778	FT
6/2/2022	143-2022	CSS	MH Nurse - RN/LPN - ACT South	401 Bridgewater	2372	FT
9/29/2022	273-2022		Peer Specialist III - ACT	401 Bridgewater	2372	FT
4/26/2022	109-2022	CSS	PSH Case Manager	401 Bridgewater	2760	FT
8/30/2022	242-2022	CSS	Developmental Svcs Support Coordinator	Caroline	3400	FT
8/30/2022	241-2022	CSS	Developmental Svcs Support Coordinator	Spotsylvania	3400	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
8/17/2022	225-2022	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
					18	
7/11/2022	177-2022	CSS	Office Associate II	RAAI KH	RAAI Split	PT

Date Posted	Position No.	Position	Position Title	Location	RU	Full-time/Part-time		
8/17/2022	222-2022	CSS	Direct Support Professional - Day Support	RAAI Caroline		3651	FT	
1/22/2022	020-2022	CSS	Direct Support Professional - Day Support	RAAI Caroline		3651	PT	
8/11/2022	208-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652	FT	
8/11/2022	214-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652	FT	
9/9/2022	251-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652	FT	
9/9/2022	252-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652	FT	
9/16/2022	258-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652	FT	
9/27/2022	267-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652	FT	
9/27/2022	268-2022	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	
10/26/2021	292-2021	CSS	Direct Support Professional - Day Support	RAAI KG		3653	PT	
9/9/2022	249-2022	CSS	Direct Support Professional - Day Support	RAAI Spotysylvania		3654	FT	
9/15/2022	259-2022	CSS	Direct Support Professional - Day Support	RAAI Spotysylvania		3654	FT	
9/27/2022	266-2022	CSS	Direct Support Professional - Day Support	RAAI Spotysylvania		3654	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	
8/24/2022	234-2022	CSS	Direct Support Professional - Day Support	RAAI Stafford		3655	PT	
7/11/2022	174-2022	CSS	Direct Support Professional - Day Support	RAAI ICF		3656	PT	
					23			
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	
9/8/2022	247-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF		3771	FT	
8/10/2022	213-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF		3771	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	
7/12/2022	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	
9/15/2022	261-2022	CSS	Direct Support Professional - ICF	ICF Ross		3792	FT	
8/27/2020	141-2020	CSS	ICF Nurse - LPN	ICF Ross		3792	PT	
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	
					16			
9/15/2022	260-2022	CSS	Nurse Manager II	ID/DD		Split	FT	
8/24/2022	229-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772	FT	
8/24/2022	228-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772	FT	
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772	PT	
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	
8/10/2022	211-2022	CSS	Direct Support Professional - Residential	Devon Drive		3774	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	
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	
8/24/2022	232-2022	CSS	Direct Support Professional - Residential	Piedmont		3776	FT	
5/27/2022	133-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777	PT	
6/15/2022	163-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777	PT	
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777	FT	
8/26/2022	236-2022	CSS	Direct Support Professional - Residential	New Hope Estates		3778	FT	
8/30/2022	243-2022	CSS	Direct Support Professional - Residential	New Hope Estates		3778	FT	
7/29/2022	201-2022	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	
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	
9/30/2022	270-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794	FT	
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794	PT	
9/29/2022	272-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794	PT	
					30			
Positions on Hold								
3/29/2021	058-2021	ADMIN	Administration Office Support	Fredericksburg		1000	FT	
3/23/2020	056-2020	CLINICAL	Lead, ES Therapist	Fredericksburg		2000/4000	FT	

Date	Position		Position			Full-time/		
Posted	No.		Title	Location	RU	Part-time		
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford		2250 FT		
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200 PT		
1/21/2022	014-2022	CSS	Peer Coach	Crisis Stabilization		2770 FT		
2/3/2022	037-2022	CSS	Peer Coach	Crisis Stabilization		2770 PT		
New Hires								
	254-2022	ADMIN	Accounts Payable Technician	Fredericksburg		1000 FT		External
	250-2022	CSS	Direct Support Professional - Day Support	RAAI Stafford		3655 FT		External
	215-2022	CSS	Direct Support Professional - Day Support	RAAI Stafford		3655 FT		Internal (PRN)
	169-2022	ADMIN	Financial Analyst	Fredericksburg		1000 FT		External
	224-2022	ADMIN	Medical Billing/Reimbursement Tech II	Fredericksburg		1000 FT		External
	255-2022	CLINICAL	Team Leader, ACT South	Bridgewater		3500 FT		Internal
				Total Open Positions: 138				

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	8	1				
Full-time	15	11	15	10	11	8	15	12	12				
Sub Total External Applicants Hired	23	19	17	11	17	14	17	20	13				
Internal Applicants Moved:													
Full-time to PRN As Needed	1	1	1		1	1	1	6	1				
Full-time to Part-time									1				
Part-time to PRN As Needed	1			1		1							
Part-time to Full-time		1	2	1			1	1	1				
PRN As Needed to Part-time													
Lateral Transfer	1		6	3		1		2	1				
Non-Lateral Change in Position			1		1		1						
Promotion	4	6	2	5	6	3	6	6	2				
Temporary to Regular													
PRN As Needed to Full-Time							1	1					
Temporary Promotion								1					
Sub Total Internal Applicant Moves	7	8	12	10	8	6	10	17	6				
Total Positions Filled:	30	27	29	21	25	20	27	37	19				
Total Applications Received:													
Actual Total of Applicants:	62	65	59	47	52	77	59	72	83				
Total External Offers Made:	20	16	19	6	15	14	19	16	8				
Total Internal Offers Made:	8	11	13	11	3	11	12	20	6				

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Strategic Plan Final for Board Approval

Date: October 12, 2022

The Rappahannock Area Community Services Board has developed a strategic plan for the next three years to complement state initiatives and goals in its efforts to respond to the services and support needs of persons with mental health or substance use disorders or developmental disabilities in Planning District 16. This represents the final version of the strategic plan which incorporates the changes requested by the Board of Directors for approval.

Version Changes:

- Removed goal #3 as suggested during Program Planning and Evaluation.
- Incorporated the strategies for this goal into goal #1 and re-numbered the strategies.
- Changed all references to four goals to indicate 3 goals. (First paragraph under the heading "Strategic Plan Goals".

Rappahannock Area Community Services Board



Strategic Plan

November 1, 2022 - June 30, 2025

Introduction

The Rappahannock Area Community Services Board (RACSB) is one of 39 community services boards and one (1) behavioral health authority throughout the Commonwealth of Virginia. Community Services Boards (CSB) are established by local governments and are responsible for delivering community-based mental health, developmental disability, substance use, and prevention services either directly or through contracts with private providers.

CSBs are the single points of entry into publicly funded mental health, developmental disability, and substance use services, with responsibility and authority for assessing individual needs, accessing a strategic array of services and supports, and managing state-controlled funds for community-based services. CSBs focus on providing individualized, effective, flexible treatment, and habilitation and prevention services in the most accessible and integrated yet least restrictive setting possible. CSBs draw upon available community resources along with individuals' natural support systems to decrease the effects of mental health disabilities, substance use disorders, developmental disabilities, encourage growth and development, support recovery and self-determination, and assist individual their fullest potentials.

As a partner with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and other stakeholders, RACSB shares a common desire for the system of care to excel in the delivery and seamless continuity of services for individuals and their families. We believe that a collaborative strategic planning process helps to identify the needs of individuals and guides operational decisions that contribute to the effectiveness of care.

The plan focuses on the core initiatives mandated by the Commonwealth of Virginia and incorporates input obtained from key stakeholder and staff. The strategic plan identifies goals and objectives required to guide the delivery of services for persons with mental illness, developmental disability, or substance use disorders in the City of Fredericksburg, and the surrounding Counties of Caroline, King George, Spotsylvania, and Stafford. The goals are reflective of input received by individuals receiving services, family members, state reports and studies, staff members, and community partners within Planning District 16.

RACSBs' plan for the next three (3) years compliments state initiatives and goals in its efforts to respond to the service and support needs of persons with mental health or substance abuse disorders or developmental disability in Planning District 16. This includes System Transformation Excellence and Performance (STEP-VA), Marcus Davis-Peters Act, and the DOJ Settlement Agreement. The plan also addresses community-based health promotion and prevention initiatives.

Mission

RACSB is dedicated to education, recovery, treatment, and wellness of Planning District 16 residents affected by mental health, substance use disorders and developmental disabilities.

RACSB Services

- Adult and Juvenile Drug Treatment (Court) Services
- Assertive Community Treatment (ACT)
- Case Management (Developmental Disabilities, Mental Health and Substance Use) - adult and children/adolescents
- Child Mobile Crisis
- Crisis Intervention Team (CIT)
- Developmental Disabilities Day Support Services
- Emergency Mental Health and Substance Use Services
- Residential Services for adults with Developmental Disabilities
- Respite services for adults with Developmental Disabilities
- Healthy Families (fiscal agent)
- Intermediate Care Facilities (ICF)
- Jail Services
- Medication Assisted Treatment (MAT)/Office Based Opioid Treatment (OBOT)
- Medication Management
- Mental Health and Substance Use Outpatient Services
- Mental Health Residential Services
- Part C/Early Childhood Intervention
- Peer Support Services
- Permanent Supportive Housing
- Prevention Services
- Project Link
- Psychosocial Rehabilitation
- Residential Crisis Stabilization
- Sponsored Placement

Accreditation and Compliance

RACSB behavioral health programs and services have received international accreditation by CARF (Commission on Accreditation of Rehabilitation Facilities) for the past 23 years. The following programs have received three-year accreditations on recognized standards of quality in the provision of outcomes driven programs and services:

- Case Management/Services Coordination: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Adults);
- Case Management/Services Coordination: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Community Housing Mental Health (Adults);
- Community Integration: Psychosocial Rehabilitation (Adults);
- Drug Court Treatment: Integrated: Alcohol and Other Drug (AOD)/Mental Health

- (MH)(Adults);
- Drug Court Treatment: Integrated: Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Outpatient Treatment: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Adults);
- Outpatient Treatment: Integrated Alcohol and Other Drug (AOD)/Mental Health (MH) (Children and Adolescents);
- Supported Living: Mental Health (Adults); and
- Crisis Stabilization Program

In addition to achieving compliance with international standards as developed by CARF, the Rappahannock Area Community Services Board has consistently maintained compliance with the Virginia Department of Behavioral Health and Developmental Services licensure standards.

Input to Local Strategic Plan

To respond to the mental health, developmental disability and substance use needs of the community, it is critical to work cooperatively with other provider organizations, community agencies, and statewide organizations. Input to the Strategic Plan was sought through the completion of an online survey, which was sent to multiple community partners via email, posted on the RACSB website, and promoted via social media. There were 131 respondents to the survey. By regularly monitoring, obtaining and analyzing feedback from individuals served, RACSB can continue to improve and enhance the quality of services provided.

In addition to survey responses, input was also received from the Rappahannock Area Health District (RAHD) and Mary Washington Healthcare's Community Health Assessment and Community Health Improvement Plan (CHIP) which identifies Mental Health and Access to Healthcare as two of top three priorities for our region. This assessment was completed in 2021 – 2022 and the plan is for FY 2023 – FY 2025.

Community

Based on the estimated 2021 data from the Weldon Cooper Center (WCC), the population for the areas served by RACSB is 382,551. This is a 1.2% total increase from 2020. Caroline County had the highest percentage of growth with 2.2%, followed by Stafford County with 1.5%. The WCC projects that the population for areas served by RACSB will grow to 431,060 by 2030. During fiscal year 2021, RACSB provided 14,149 individuals with mental health services, 1,787 individuals with substance use service, and 3,387 individuals with developmental disability services. Additionally, we reached more than 263,000 community members through trainings, events, prevention campaigns and environmental strategies.

Strategic Plan Goals

RACSB has identified three (3) critical goals to address during the next three (3) years. These ambitious goals indicate our organizational priorities and directly support our mission. Each respective goal is supported by strategies to support successful implementation.

Goal #1: Provide access to timely, holistic and appropriate services through evaluation, realignment, or implementation of service delivery to correspond with the changing environment and the expectations and needs of individuals served and the community.

Strategy 1: Expand the capability for integrated care of behavioral health and developmental supports and physical health services.

- Expand access to primary care within CSB and other settings in partnership with community stakeholders.
- Employ a Primary Care Physician or Nurse Practitioner, to be located primarily at the Fredericksburg Clinic (600 Jackson Street), to provide general health care screenings, monitoring of health for individuals served and employees.
- Address primary care needs are in plans of care as appropriate, to include referrals for annual physicals for all service recipients.
- Develop and maintain relationships with Managed Care Organization (MCO) Care Coordinators across all CSB service areas.
- Increase the percentage of individuals receiving CSB services who have a primary care provider by partnering with MCOs and local health care agencies.
- Continue to work with Anthem Behavioral Health Home Model to enhance integrated care for those insured by Anthem.
- Explore innovative technologies to support Medication Adherence and less restrictive health care options in order to reduce emergency department encounters and hospitalizations.

Strategy 2: Evaluate opportunities for development of Intellectual Disability/ Developmental Disability (ID/DD) services.

- Research and evaluate ID/DD employment service models for potential incorporation or alignment with currently offered day support services.
- Evaluate and analyze current Support Coordination caseload assignments based and assess ability to reduce caseloads while ensuring compliance standards.
- Determine feasibility of augmenting ID/DD residential services to provide additional services focused on independent living options offered in current ID/DD Waiver system.
- Conduct a stakeholder meeting with community partners, family members, guardians, and individuals served to evaluate service needs and preferences, by June 30, 2023.
- Explore employment opportunities through RAAI to provide workplace assistance for individuals desiring to work.
- Explore and evaluate continued feasibility of current respite service and opportunities for adults with Intellectual/Developmental Disability.

Strategy 3: Strengthen the health of the entire community, including individuals receiving services from RACSB, through increased prevention, wellness, and health promotion activities. Facilitate prevention initiatives/programs to include: Mental Health Promotion and Suicide Prevention; Adverse Childhood Experiences; Resiliency; Opioid Overdose Prevention and Education; Tobacco Retailer Education; Prevention of Problem Gambling and Gaming; and Marijuana Use Prevention.

- Utilize a strategic prevention framework to assess needs, build capacity, plan, implement, and evaluate prevention and health promotion activities.
- Engage with communities and stakeholders to develop and coordinate prevention initiatives and activities.
- Provide community education on prevention, signs and symptoms, and available treatment resources. Solicit Program Supervisors and Directors to assist in promoting trainings within RACSB and community.
- Promote community activities that create awareness and reduce stigma surrounding suicide, mental illness, and overdose.

Strategy 4: Expand community capacity of behavioral health crisis services.

- Establish services needed to allow an individual experiencing a behavioral health crisis to remain in the least restrictive environment, preferably in their home or community.
- Implement crisis services as defined and mandated by the General Assembly, while maintaining a voice in how those services are defined through participation in various work groups on the Executive Director, Director, and Coordinator level.
- Explore funding opportunities to expand RACSB crisis services across the Crisis Continuum of Services, to include specifically community-based crisis stabilization, 23-hour observation facility, and expansion of detoxification services.
- Develop and implement a plan for Marcus Alert legislatively mandated program with local law enforcement agencies and community partners, by July 2023.
- Implement TDO policy at Sunshine Lady House to accept individuals under Temporary Detention Orders to the program in order to alleviate strain on local behavioral healthcare system while maintaining SLH capacity.
- Provide community education and outreach around the development of the crisis continuum and crisis initiatives to community partners around the Marcus Alert, crisis services re-design, 9-8-8 National Suicide and Crisis Lifeline, and regional crisis call centers.

Strategy 5: Strengthen Peer Support and Family Support.

- Increase access to peer and family support as recommended and/or requested by individuals and family members, with DBHDS validating performance outcomes July 2023.

- Support all peers hired to become certified/registered within 18 months of employment.
- Explore funding and reimbursement options to support peer service provision.
- Provide community education and outreach around peer services and benefits of services provided by those with lived experiences.

Strategy 6: Improve Psychiatric Rehabilitation Services beyond currently defined psychosocial rehabilitation services.

- Support individuals with serious mental illness, substance use disorder and serious emotional disorder in developing or regaining independent living skill in accordance with DBHDS definition, with DBHDS validating performance outcomes July 2023

Strategy 7: Provide Case Management to individuals with serious mental illness, serious emotional disturbances, substance use disorder, and developmental disability.

- Coordinate behavioral health services in an effective and efficient manner to support the needs of the individual across all disabilities.
- Enhance case management services, with DBHDS validating performance outcomes April 2023

Strategy 8: Develop Care Coordination for individuals with multiple needs and service providers.

- Coordinate needed services for individuals, across all disabilities, to include physical health care. While similar to case management functions, care coordination is often considered to involve a broader scope of services and individuals.
- Develop and implement care coordination services, with DBHDS validating performance outcomes July 2023

Goal #2: Recruit, hire, and retain a talented, diverse, and well-trained workforce based on the needs of the organization and the community.

Strategy 1: Increase employee engagement and retention while providing opportunities for professional development.

- Promote a positive work culture and environment that supports RACSB's mission, vision and values.
- Provide ongoing training, education, and professional development opportunities for RACSB staff.

- Enhance and build upon benefits to support wellness and retention of RACSB staff.
- Continue facilitating position-specific networking and collaboration opportunities.
- Consistently present position and program-specific trends in vacancy and turnover rates.
- Implement strategies, trainings, and community events to promote diversity, equity, and inclusion.

Strategy 2: Review grade, classification, and compensation initiatives to address workforce shortages based on the needs of the organization and community.

- Complete a classification and compensation study to further define positions and classifications as well as explore recommendations for merit-based compensation benefits, by December 23, 2022.
- Review examples of performance/merit-based evaluations and develop a merit-based annual performance evaluation process, by October 1, 2022.
- Implement recommendations of classification and compensation study as financially feasible, by July 2023.
- Evaluate funding opportunities to support workforce development.
- Improve organizational and operational efficiency by the re-evaluation of our administrative support structure.

Strategy 3: Develop a career ladder in partnership with educational institutions to build and develop behavioral health and developmental disability workforce.

- Develop and implement process to increase the utilization of interns across program settings and business operation, through broader recruitment, partnerships with academic program and enhanced retention practices. RACSB currently utilizes interns in the Parent Education – Infant Development Program, Kenmore Club, Outpatient Services, and Crisis Stabilization Program at The Sunshine Lady House for Mental Health Wellness and Recovery.
- Lead the Rappahannock Area Behavioral Health Workforce as part of the RAHD CHIP, in partnership with Germanna Community College and community partners.
- Explore the E-badge certification and incentive programs which provides nationally recognized certification at three (3) levels for Direct Support Professionals.
- Develop career ladder within positions to allow increased opportunities to advance along a career path within RACSB.

Goal #3: Maximize organizational efficiencies to create the most effective delivery system.

Strategy 1: Use technology to streamline the agency's business processes.

- Fully implement new Human Resources Payroll system
- Fully automate requisition and payment processes

- Improve property maintenance tracking

Strategy 2: Support the use of sound fiscal responsibility and sustainability practices.

- Expand financial literacy at all levels of leadership by providing trainings to all levels of leadership in budget management.
- Provide Quarterly reviews of program budgets at all levels of leadership
- Evaluate and ensure all revenue sources are being maximized.
- Identify and analyze services unit cost to better understand costs of care and ensure resources are being used efficiently.

Strategy 3: Provide an excellent customer service experience.

- Enhance existing training modules to include a customer service emphasis for all staff
- Develop ongoing supervision and support specifically for both external and internal customers.
- Establish developmental cross-training about services, especially within service model.

The pace of statewide healthcare and system changes, and the pace of needs within the community require a time limited plan to address service needs and system mandates. This strategic plan serves as a guidance document that addresses statewide initiative, mandates and local needs.

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 10/12/22

Re: Report to RACSB Board of Directors for Board Meeting

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Outpatient Services

The Caroline Clinic front desk continues to receive a steady flow of phone calls for services. We saw an increase in referrals for child and adolescent services and adult mental health services last month. We have a vacancy for a Mental health/Substance abuse Clinician and are actively recruiting. Clinic staff continues to offer groups, which includes the Men's and Women's Substance Abuse weekly groups and bimonthly Adult Mental Health Wellness group. Clinicians are working hard to serve as many individuals as possible and we continue to provide services in person or via telehealth which especially helps individuals with transportation or financial barriers. Staff participated in DBT training last month.

The Fredericksburg Clinic and Children's Services Clinic completed 65 intakes for outpatient therapy and medication management in September. The waitlist has been active for the past year at the Fredericksburg Clinic; however, we have been able to triage, refer, or schedule intakes for approximately 520 individuals since it began- in addition to completing intakes for our priority populations. Our clinicians, peer recovery specialists, and case managers have been calling individuals on the waitlist weekly to check in and are providing support/triaging effectively. We continue to provide services via telehealth and in person, with more people choosing to utilize telehealth recently due to illness/transportation concerns. We are continuing to interview for two Office Associates, as well as actively interviewing for a MH/SA Therapist, Clinical Outreach Therapist, and Intake Therapist. Our therapists at both locations have been going above and beyond to make sure the individuals we serve feel supported and our office staff have been amazing at covering all their duties despite being down two positions. We were able to enjoy the Staff In-Service day and it was a great opportunity to connect with other departments, especially since there has been limited in person interaction since COVID.

Spotsylvania Clinic therapists completed 32 assessments in September. The clinic continues to be on a waitlist. The clinic welcomed a Child and Adolescent therapist, Grace Hayden. The clinic continues to have three vacancies including two substance use positions and one mental health position. Melis Akin, School Based Therapist, began her transition to Fredericksburg City Schools. She has completed twelve intakes. She will be providing services in a middle, high, and public day placement. We are excited to provide therapeutic services in the schools! There continues to be an additional School Based Therapist position open. Heather Tiffany, Safe Harbor Therapist, completed an additional three assessments this month. She continues to provide Trauma Focused Cognitive Behavioral therapy to children who have disclosed abuse through Forensic Interviews. Safe Harbor is currently operating on a waitlist, as there continues to be a vacant therapy position. Trainings attended include DBT, MI, Ethics, TFCBT, and EMDR consultation.

The King George Clinic continues to offer the weekly Women's Substance Abuse Group and Men's Substance Abuse Group. During the month of September, we had one female successfully graduate and one male. King George Clinic staff completed 27 new patient intakes during the month of September. Staff attended multiple trainings this month. Two staff members attended a virtual training on suicide assessment and prevention. One staff attended DBT training this month. All staff attended a training on Motivational Interviewing on Trust and Trauma, and two staff attended a Military Competency training

Emergency Services

The Marcus alert meetings are in full force now as the jurisdictions prepare to submit their plans in February 2023. Caroline and King George have elected at this time to opt out for Marcus Alert however they are actively still receiving updates and participating peripherally in the formation of the plan. Also, we began meeting with the regional Marcus Alert Coordinator and all of our Public Services Answering Points (911 call center staff) as all five jurisdictions are required to implement the 988 law changes and transfer appropriate level 911 calls to the 988 call center. The ES staff participated in the in-service day while also still fielding crisis calls and assessing individuals as needed. The ES coordinator provided a compassion fatigue, trauma and burnout training session as part of the in-service. ES continues to see the struggles of the statewide system with linking clients to appropriate services from emergency departments and have remained steadfast at always putting our individuals we serve first.

Case Management

The Child and Adolescent Case Management program remains short staffed. We have 4.5 positions posted. We have two interviews scheduled this week, one for an open case management position and one for the senior case management position. Staff are covering additional cases while we work on filling positions. Our new Family Support Partner has started and is working on completing agency trainings. We are developing this new aspect of our program. The C&A supervisor will be attending a monthly Family Support Supervisors Networking Group starting next week to increase knowledge of developing the Family Support Partner program.

The Adult Mental Health Case Management Team would like to welcome Benjamin Henderson to the RACSB as our Health Educator for the Anthem Behavioral Health Home. Ben comes to the RACSB with a host of experience, knowledge but most importantly excitement and enthusiasm. Ben is local to Fredericksburg and been employed in our community as a Community Health Worker and Call Center Specialist with the Rappahannock Area Health District as well as has provided Therapeutic Day Treatment services both in our community as well as our school systems. We are so excited to and lucky to have Ben join our team.

Jail & Detention

The Detention Center currently has a census of 25 residents. We are providing services to one group of CPP residents (7 males and 1 female) and four residents in the Post D program (1 female, 3 male). Detention has two current vacancies for the therapist positions. The Mental Health Therapist position remains vacant at the jail. There is a vacancy in the OBOT/MAT Peer Specialist position.

Specialty Dockets

During the month of September, the Specialty Dockets continued to welcome new participants and celebrated some graduations. We had three terminations in drug court this month due to non-compliance with probation guidelines, but staff conducted follow up sessions with the clients and offered after care services upon their release from jail. We continue to have only one participant in the Juvenile Drug Court Program, who is working toward graduation. The Veterans Docket celebrated two graduates this month and Senator Bryce Reeves attended the graduation to show support to the program. The Behavioral Health Docket is still pending approval from the Supreme Court, however the team has begun admitting clients for treatment. We currently have seven clients enrolled in the program and have begun treatment groups, individual sessions and case management services. Our therapist at D-21 has accepted a new position within the agency and staff is working on a plan to transfer clients from the probation office to our outpatient clinics.

Substance Use

During the month of September, the SUD program connected with the Mary Washington Wellness Clinic to improve continuity of care for those using substances intravenously and those positive for HIV/AIDS. The grant proposal for SOR III was submitted and is awaiting approval for continued funding of the OBOT program. The SUD Coordinator participated in the agency's first clinical job fair and continued participation on Be Well's Opioid Workgroup's Harm Reduction subcommittee. The monthly group for the agency's substance use clinicians continued, with a focus on case staffing utilizing the ASAM Dimensions. The OBOT case manager, Arianna Colley, continues to dispense life-saving Narcan as a REVIVE! trainer. Several staff attended a training on motivational interviewing. The SUD Coordinator participated in several interviews in efforts to reduce staff vacancies and has submitted one hiring packet, with hopes to fill the Women's SUD Therapist vacancy at Fredericksburg.

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

Training

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

Recruitment

In the month of September, we made eight offers to external applicants and six offers to internal candidates.

Indeed continues to be our best source for applicants. We ran a total of 18 positions this month and received 823 resumes for the various positions.

A job fair was held at our 600 Jackson Street location on September 10 for focusing on therapist positions. Radio advertisements are continuing to be ran on Thunder 104.5 (and B101.5 for the job fair as well) featuring our own employees: Jacque Kobuchi, Kathleen Keller, and Michelle Runyon.

Human Resources & Employee Relations

Congratulations to the following employees who have recently received promotions:

Tionna Rich	Promotion to Day Support Site Lead
Anna Gatewood	Promotion to Day Support Lead Specialist

September Employee Events

An employee In-Service was held on September 29. Various speakers and programs were set up at River Club, Kenmore Club and Jackson Street. The event was very well received by the employees!

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

Michelle Runyon, HR Director

Do you know what you did?

Thanks to the hard work and commitment from every one of our HopeStarters, we were able to serve

26,960 individuals in FY22.

14,149 received mental health services

This includes: Emergency Services, Local Inpatient Services, Outpatient Services, Outpatient Services (medical), Case Management, Consumer Monitoring, ACT, Kenmore Club, Supervised Apartments, Supported Living Arrangements, Crisis Stabilization, and Assessment and Evaluation.

3,387 received developmental disability services

This includes: Support Coordination, Day Support, Intermediate Care Facilities, Group Homes, Respite Care, Supervised Apartments, Sponsored Placement, Early Intervention, and Infant and Child Support Coordination.

1,903 received substance use disorder services

This includes: Emergency Services, Outpatient Services, Case Management, Office-Based Opioid Treatment, Project LINK and Residential Services.

7,523 received prevention services

This includes: Mental Health First Aid, Understanding Adverse Childhood Experiences, and REVIVE! trainings plus Naloxone Dispensing; Healthy Alternatives for Little Ones (HALO), Second Step, Alcohol Prevention, Vaping Prevention curriculums; and CounterTools, and Lock and Talk Virginia initiatives. It also includes Healthy Families Rappahannock Area and Rappahannock Area Kids on the Block.

Another 263,000 community members were reached through environmental strategies and messaging campaigns.



**HEY THERE,
HOPESTARTER
In-Service 2022**

September
29
2022



Thank you so much for being part of our 2022 in-service day.

This day is for you. To help you learn, grow, rest and mingle. It's an opportunity to learn more about your work, the agency and your fellow HopeStarters.


Here are some tips to make sure you make the most of the day:

The schedule is found on [pages 3-8](#). Use this to help you plot your day.

Most of the sessions required pre-registration, but there are a number of sessions that did not:

- YMCA Wellness Tips, 9:30 a.m. in the Great Room of Kenmore Club
- MWHC Presentations, 10:30 a.m. in the Great Room of Kenmore Club
- Wellness screenings, Membership Room, Kenmore Club, 9:30 a.m. to noon.
- Vision screenings, Lions Club van (outside Kenmore Club) noon to 4 p.m.
- Therapy Dogs, Kenmore Club 1-4 p.m.
- Make Your Own Wellness Kits, River Club, 9:30 a.m. to 4 p.m.
- HopeStarter coloring mural, Jackson Street and Kenmore Club, 9:30 a.m. to 4 p.m.

Find a HopeStarter BINGO game on [page 10](#). Find someone who meets the description in each square and get them to sign their name. When your card is filled, scan it or take a picture and email to aumble@rappahannockareacsb.org for the chance to win a prize.

Has worked at RACSB for more than 20 years	Is a vegetarian	Has curly hair	Has never seen Game of Thrones	Plays a musical instrument
Has lived abroad	Doesn't have a pet	Has served in the military	Is not on Instagram	Is left-handed
Has never received a speeding ticket	Has met somebody famous		Knows how to knit, crochet and/or sew	Shares your birth month
Can do a handstand	Has 3 or more tattoos	Has run a marathon	Has worked at RACSB for less than 6 months	Was born in Virginia
Has 3 or more children	Owens 5 or more houseplants	Is married to a teacher	Has a black cat	Has been skydiving

Let's get to know each other better! For each square on the BINGO card (on the following page), get a coworker who matches the statement to sign. When you have your sheet filled out, take a picture or scan it and email to aumble@rappahannockareacsb.org. Everyone who completes the card will be entered into a drawing for a fun prize.



Free help for Teens to quit vaping and Free resources for Parents to help them quit
Visit LiveVapeFreeVA.org • Text "VapeFreeVA" to 873-373



Quit Now
Virginia
Tobacco User Quitline

Quit Now Virginia Tobacco users quitline
Free and confidential, 24/7 • Visit QuitNow.net/Virginia • Call 1-800-Quit Now

In-Service Agenda

9:30 a.m.

Jackson St

REVIVE! training, Rooms 201/202

Learn how to recognize the signs of an opioid overdose and to administer Narcan to save lives, Free Narcan will be available to those completing the training.

HopeStarter Ambassador Training Room 115

How can you best represent RACSB when out in the community?

VRS Plans 1 and 2, Jackson St, Room 208

Learn more about Virginia Retirement System plans for employees who joined VRS before 2014.

River Club

Compassion Fatigue, Conference Rooms

Learn how can we better care for ourselves so that we do not burnout.

Kenmore Club

YMCA Wellness, Great Room

Representatives will be onsite to discuss membership and wellness initiatives.

Zumba, Art Room

Enjoy this fitness program combining cardio and Latin-inspired dance.

10:30 a.m.

Jackson St

VRS Hybrid Plans, Room 208

Learn more about Virginia Retirement System for employees who joined VRS in 2014 or later.

Kenmore Club

MWHC Presentations, Great Room

Learn more about healthy living from Mary Washington Healthcare.

Chair Yoga, Art Room

Enjoy gentle stretches to increase flexibility

11 a.m.

River Club

Quit Now and Live Vape Free, Conference Rooms

Learn how to use the free Quit Now cessation program and gain a better understanding of the dangers of vaping and tobacco use.

11:30 a.m.

Jackson St

Understanding ACEs Rooms 201 and 202

Learn how adversity and trauma in childhood affects our physical and mental health through interactive Brain Architecture Game..

Drop-In Sessions



Coloring Mural

Jackson Street Lobby

Take a few moments to relax and work on a mural that represents the work we do in the community. Available all day.

Make Your Own Wellness Kit

River Club, Office Meeting Room

Craft a kit full of self-care items and tools for wellness.

Available all day.

Free Health Screenings

Kenmore Club, Membership Room

Discover some key details about your health.

Available 9:30 a.m. to noon

Coloring Mural

Kenmore Club, Art Room

Take a few moments to relax and work on a mural that represents the work we do in the community.

Available all day.

Free Vision Screenings

Kenmore Club, Parking Lot

Get your eyes checked by the Lions Club.

Available 1-4 p.m.



Therapy Dogs

Kenmore Club

Come and enjoy some cuddles and sloppy kisses from therapy dogs.

Available 1-4 p.m.

2:30 p.m.

Jackson St

- **Dominion Payroll Q and A, Room 208**

Got questions about our new payroll system? Get them answered by Director of Finance and Administration Tina Cleveland.

3 p.m.

Jackson St

- **Make Your Own HopeStarter Gear, Rooms 201 and 202**

Bring a t-shirt, tote bag, or sweatshirt and \$5 and drop by to put the HopeStarter logo on your item.

- **Meditation, Room 208**

Learn more about practicing mindfulness, reducing stress and increasing focus.

4:30 p.m.

River Club

- **Clinical Division Networking, Conference Rooms**

Employees who work in the clinical services division meet and mingle.

11:30 a.m. to 1 p.m.

Lunch



Lunch will be available at Jackson Street and River Club. Please pick up your lunch at the location you listed when you registered.

Did you know?

It's really easy to recognize your coworkers for going above and beyond. Simply email the kudos to aumble@rappahannockareacsb.org or visit <https://rappahannockareacsb.org/racsb-rockstars/>

1 p.m.

Jackson St

Q-Tips, Rooms 201/202

Learn what to do in cases of serious incidents, abuse, neglect and exploitation of the individuals we serve.

Understanding ACEs, Room 208

Learn how adversity and trauma in childhood affects our physical and mental health through Interactive Brain Architecture Game.

River Club

Safe Zone

Become more informed service providers and supportive allies for the LGBTQ community.

Kenmore Club

REVIVE! Training, Great Room

Learn how to recognize the signs of an opioid overdose and to administer Narcan to save lives. Free Narcan will be available to those completing the training.

Meditation, Art Room

Learn more about practicing mindfulness, reducing stress and increasing focus.

2 p.m.

Jackson St

Gambling and Gaming, Family Room

Now that casinos and online sports betting are legal in Virginia, what does that mean for us, our families, and individuals served?

Intro to Excel, Room 208

Learn tips and tricks for using this helpful, yet complicated, program.

VRS Hybrid Plans, Rooms 201/202

Learn more about Virginia Retirement System for employees who joined VRS in 2014 or later.

2:15 p.m.

River Club

Establishing and Maintaining Boundaries

This two-hour continuing education workshop will provide practical guidance regarding establishing and maintaining ethical and effective boundaries when working with clients. Workshop participants will discuss the definitions and how to differentiate between boundary crossings, boundary violations, and dual relationships in psychotherapy.

Prevention Services

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org
540-374-3337, ext. 7520

September and October 2022

Initiatives

Youth Marijuana Prevention – In partnership with VCU, we were able to host a small focus group on the topic of marijuana/cannabis on September 9, 2022. This information was part of our community analysis submission on September 30, 2022. This will be combined with the results of the Young Adult Survey. OMNI Institute will complete their analysis and provide a state-wide report as well as CSB specific reports. We expect to receive that information in December.

Responsible Gaming and Gambling – We have received \$10,000 to support ongoing capacity building and community engagement on the topic of preventing problem gambling and gaming. We are planning an ongoing social media campaign as well as some presentations/education events.

PhotoVoice Project – At long last, we wrapped up the PhotoVoice Project! Community researchers met in the spring and shared their photographs of community wellness. The images were on display for the month of September at the Howell Branch of the Central Rappahannock Regional Library (formerly known as England Run Library). A reception was held September 13, 2022. As a thank you gift to the community researchers, we created a photobook of all the images.

ASIST (Applied Suicide Intervention Skills Training) – RACSB resumed hosting this training in July 2022. This is a two-day suicide intervention skills training. The next training is scheduled for November 9 – 10, 2022 and has reached registration capacity. We plan to host this training on a quarterly basis in 2023.

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

Mental Health First Aid – We continue to host this 8-hour course both virtually and in-person.

Youth Mental Health First Aid

- 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 August, we held a training for community members, a training for Law Enforcement Basic Recruits at RRCJA, two (2) trainings for Resident Advisors at the University of Mary Washington, and a training for all of the school nurses with Spotsylvania County Public Schools. Additionally, we co-facilitated trainings for the U.S. Air Force and Resident Advisors at Washington and Lee University. In September, we are assisting DBHDS with two (2) training requests for Virginia State Park employees in addition to hosting one for community members. In October, we are returning to RRCJA for two (2) additional trainings.

Lock and Talk Virginia – September is National Suicide Prevention Month and our campaign theme is “Lock Tight, Save Lives.” A campaign featuring social media content, videos, AudioGo radio ads, and special website page have been made available to all CSB and community partners. To learn more, please visit www.lockandtalk.org



LOCK MEDS. LOCK GUNS. TALK SAFETY.



LOCK MEDS. LOCK GUNS. TALK SAFETY.



LOCK MEDS. LOCK GUNS. TALK SAFETY.



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.

In August, we dispensed 215 doses of Narcan. That was the largest number since we started this initiative in February 2020. On August 31, 2022, in observance of International Overdose Awareness Day, we partnered with Germanna Community College to host a drive through REVIVE! with Narcan Dispensing at the Fredericksburg Campus. A total of 44 doses were dispensed.

We are planning to offer Rapid REVIVE! at a number of upcoming events: Another Day Walk; Out of Darkness Walk; and Braswell Run Against Teen Violence. We also continue to provide this twice a month at the produce distribution at The Table. We have been requested to provide REVIVE! training with Narcan dispensing to Stafford County Parks and Recreation, the disability Resource Center, and University of Mary Washington (in partnership with Eagles in Recovery).

REVIVE trainings currently scheduled:

- September 1, 2022 at 6:30 p.m.
- September 13, 2022 at 10:30 a.m.
- October 6, 2022 at 6:30 p.m.
- October 17, 2022 at 10:30 a.m.
- November 3, 2022 at 6:30 p.m.
- November 15, 2022 at 10:30 a.m.
- December 1, 2022 at 6:30 p.m.

Narcan dispensing continues to be scheduled following the training.

- September 12, 2022, 12:00 p.m. to 4:00 p.m.
- October 13, 2022, 1:00 p.m. to 4:00 p.m.
- October 20, 2022, 1:00 p.m. to 4:00 p.m.
- November 7, 2022, 1:00 p.m. to 4:00 p.m.
- November 28, 2022, 10:00 a.m. to 2:00 p.m.
- December 8, 2022, 1:00 p.m. to 4:00 p.m.
- December 22, 2022, 10:00 a.m. to 2:00 p.m.

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

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

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>

We are planning to host a local Train-the-Presenter cohort three-day training in November. Applications will be disseminated in September. Participation will be limited to 24 registrations. Those selected will agree to a minimum number of annual trainings and participating in a local trauma informed community network.

Save the Date! Thursday, December 8th 9:00 a.m. to 4:00 p.m. at River Club
Rick Griffin with Community Resilience Initiative will facilitate
Trauma Informed Leadership

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
- September 12, 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
- October 29, 2022 – Operation Medicine Cabinet/DEA Drug Takeback Day
- November 4, 2022 – YMCA and MWHC Community Health Fair

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.

Screening				
	Jul-22	Aug-22	Sep-22	YTD
Total number of Healthy Families screenings completed	30	25	3	58
Assessments				
	Jul-22	Aug-22	Sep-22	YTD
Total number of Parent Survey/Assessment completed	23	23	4	50
How many families were offered HV services	10	18	3	31

How many families enrolled (completed 1st home visit)	10	9	1	20
Home Visits				
	Jul-22	Aug-22	Sep-22	YTD
Total number of home visits completed	228	239	17	484
Total number of Families served with home visiting	150	155	153	169
Families Served				
	Jul-22	Aug-22	Sep-22	YTD
Total number of Families served	167	167	155	198
Total number of Target Children served	146	141	133	162

Highlights:

- Met with Brightview Health to learn more about services available to families served.
- HFRA staff participated in the Tree of Life Midwifery training and attended FailSafe Era's Open House.
- The August playgroup Positive Male Role Models were Chris Wilson and Jay Jennings from Strong Tower Church.
- The Glow Church provided bookbags for HFRA's Graduation and Family Fun Day event on September 17, 2022. The program will recognize 22 families for their participation and completion of Healthy Families in FY 2022.
- CMS Mortgage Solutions has chosen HFRA to receive recognition and donations during their Open House on October 21, 2022.
- HFRA will be participating the United Way Kickoff ALICE Simulation on September 13, 2022.
- HFRA will have a presentation from MWH Lactation Dept. to better serve new families.
- The program is hosting a diaper and wipe drive to help refill their supply to provide families.
- Planning is underway for the annual holiday event. It will be a drive through event again this year on December 10, 2022. Collections are underway to allow the program to provide each family with a \$100 grocery gift card.

Washington Post: "Millions couldn't afford diapers before the pandemic. Now, diaper banks can't keep up."

Healthy Families
Pantry is
Low on
Diapers

We NEED
MORE!
Can You
Help?

 **Healthy Families**
Rappahannock Area
4025 Car Drive, Fredericksburg, VA 22408
Fax: 540-642-4391
healthyfamiliesrappahannock.org

Community Support Services Board Report: October 2022

Developmental Disabilities (DD) Residential Services - Stephen Curtis

Kemp Ferguson, longtime RAAI DSP staff member, will join our residential services in October as an Assistant Manager at Piedmont Group Home following a recent promotion. We congratulate him and welcome him to his new role.

Devon Drive residents recently took some time off and vacationed in Myrtle Beach. Everyone had a fantastic time. Thank you to Devon Drive staff for putting together a well-planned trip and for supporting folks in having a great time!

Newer managers and assistant managers have been participating on Thursdays in September in training sessions with the coordinator. These 3.5 hour sessions are intended to break the comprehensive management duties of residential down into pieces to give them opportunity to learn and explore the details of their workflows. This group of participants has embraced this opportunity through asking great questions and providing exceptional feedback. Sessions will continue in October, and potentially into November.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club members have a very busy fall. We are working on promoting our first ever fall festival as a way to raise more money for Kenmore Club activities. We also have a Halloween party coming up at the end of the month, and are happily making decorations. We are getting the building ready for CARF, and enjoying the cooler weather outside. We have been going to the YMCA twice a week, and assisting with AA meetings whenever we can. Members participated in the NAMI walk, and one individual was able to raise \$100 for the cause. We currently have 74 active members.

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

RAAI will host a Trunk or Treat Fall Festival for all participants, staff, and their families on Oct 23rd from 3-5pm. There will be costume contests, fire pit with smores, hot apple cider, hot cocoa, etc.

RAAI continues to support 111 individuals; with near 60 individuals on the waitlist for services. Recruitment for open DSP positions continue. Though we have hired some new staff, it is not at a rate faster than current turnover.

Direct Support Professional (DSP) week was celebrated at RAAI by spotlighting several DSPs, with things they love about their job posted on our Facebook page, posters with their pictures and kind comments from their coworkers, trivia questions with gift cards, and everyone's favorite, Donuts!

With the temporary rate increases from 2021 now permanent effective July 1; all of our DBHDS Customized rates have also now increased, some by almost \$10 an hour. This should better match the 1:1 staffing that individuals require and the increasing demand on documentation to maintain the customized rate for services. Customized rate participants are still part time as we do not have enough staff to provide support 1:1 5 days a week.

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

There are currently 504 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. Due to increased referrals, we are scheduling an average of 15 assessments for new clients weekly. We traditionally schedule 13. There are currently 15 providers on staff. We currently have open positions for an educator and a speech-language pathologist.

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

September 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 completed this year's changes and have successfully submitted our first submission for July data on September 16, 2022.

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. Part C has indicated that the additional 280+ data requirements will not occur November 15, 2022 as planned. We participated in User Acceptance Testing for off-line functionality and will implement the new multi-factor authentication requirement in mid-October.

Opportunities for Partnership/Input:

- Participated as one of two CSB representatives at a follow-up strategic planning with DBHDS Information Technology Senior Leadership.
- 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. While previously in advisory capacity, there is now a plan in place to serve in a voting capacity.
- Selected to submit grant through Mary Washington Hospital Foundation for the expansion of the School-Based Mental Health Therapy program.
- Launched contracted care coordination program with CBC-Solutions.
- Participated in the VACSB Leadership Team call.
- Met with members of U.S. House of Representative Spanberger's team to discuss behavioral health workforce issues and opportunities for advocacy.
- Participated in multiple one-on-one phone calls with Virginia Delegate Tara Durant to provide input on legislative priorities in the public behavioral health space.
- Met on-site with Anthem to explore paid pilot opportunity with medication adherence technology vendor.
- Attended and was recognized at the Claude Moore Foundation's Grant Summit led by former Health and Human Services Secretary, Bill Hazel.
- Participated in an Executive Brief with new Assistant Commissioner Ellen Harrison on the state reporting data exchange streamline program.

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 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 has grown to over 50 members.
- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions regarding appropriate reporting of new initiatives.
- Participated in RACSB strategic planning committee and presented to the board on this topic.