



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, December 20, 2022 5:00 PM  
Rappahannock Area CSB – Board Room 208  
600 Jackson Street, Fredericksburg, VA 22401

**DATE:** December 20, 2022

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**A Board of Directors Meeting has been scheduled for Tuesday, December 20 at 5:00 PM, Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.**

**Looking forward to seeing everyone on December 20, 2022.**

**Best.**

**GS/JW**

**Enclosure (Agenda Packet)**

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
**BOARD OF DIRECTORS MEETING**  
*December 20, 2022*  
*In-Person*

600 Jackson Street, Board Room 208  
Fredericksburg, VA 22401

# a g e n d a

- |      |                                                |         |
|------|------------------------------------------------|---------|
| I.   | MINUTES, BOARD OF DIRECTORS, November 15, 2022 | Lapin   |
| II.  | PUBLIC COMMENT- Public Comment                 | Lapin   |
| III. | EMPLOYEE SERVICE AWARDS                        | Wickens |

5 Years

Lauren Dickinson – ICC Case Manager, Spotsylvania  
Daniel Clark – MH Residential Specialist, Crisis Stabilization  
Olguyne Wilcox – Direct Support Professional ICF, Wolfe St.

10 Years

George Hiter Davis IV – MH Residential Counselor I, Lafayette Boarding House

- |     |                |       |
|-----|----------------|-------|
| IV. | CONSENT AGENDA | Lapin |
|-----|----------------|-------|

|                                                                             |       |
|-----------------------------------------------------------------------------|-------|
| RECOMMENDED: PROGRAM PLANNING AND EVALUATION<br>COMMITTEE December 13, 2022 | Beebe |
|-----------------------------------------------------------------------------|-------|

- A.1 Information Only – Extraordinary Barriers List
- A.2 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- A.3 Information Only – Information Technology/Electronic Health Record Update
- A.4 Information Only – Crisis Intervention Team Assessment Center Report
- A.5 Information Only – Emergency Custody Order/Temporary Detention Order
- A.6 Information Only – Waitlist
- A.7 Information Only – QA Chart Review
- A.8 Information Only – CARF Overview
- A.9 Information Only – Data Highlights

|                                                  |         |
|--------------------------------------------------|---------|
| RECOMMENDED: FINANCE COMMITTEE December 13, 2022 | Zurasky |
|--------------------------------------------------|---------|

- B.1 Information Only – Board Deck, Financial Reports

C.1 Information Only – September Retention Report

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

V. ITEMS FOR FULL BOARD REVIEW

A. Corrective Action Plans from PPE Committee Meeting

B. Financial Summary from Finance Committee Meeting

C. Cost of Living Adjustment from Finance Committee Meeting

VII. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VIII. 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

IX. BOARD TIME

Lapin

X. ADJOURNMENT

Lapin

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# December 2022 Program Planning and Evaluation Committee Meeting Minutes

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## 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 December 13, 2022. Attendees included Nancy Beebe, Glenna Boerner, Sarah Ritchie, Melissa White, Matt Zurasky, Jacque Kobuchi, Tina Cleveland, Joe Wickens, Brandie Williams, Amy Umble, Michelle Runyon, Stephanie Terrell, Patricia Newman, and Nadine Mayo. Kheia Hilton, Susan Muerdler, Claire Curcio, and Jacob Parcell were not present.

## Extraordinary Barriers List

Patricia Newman reviewed the case of one individual on the Extraordinary Barriers List. This individual's barriers to placement include the need for a public guardian, the combination of physical and psychiatric care needs, and the individual being a registered sex offender.

## Independent Assessment Certification and Coordination Team Update

Jacque Kobuchi told the Committee that RACSB received and completed 12 IACCT referrals in November. Three were from Spotsylvania, six from Stafford, one from Caroline, two from King George, and none from the City of Fredericksburg.

## Information Technology/Electronic Health Record Update

Brandie Williams said that the information technology department closed 939 help tickets in November. Community Consumer information was submitted to the state Nov. 28.

## Crisis Intervention Team (CIT) Assessment Center Report – November 2022

Jacque Kobuchi reported that the CIT Assessment Center Assessed 26 individuals in the month of November 2022: Fredericksburg 11; Caroline 0; King George 0; Spotsylvania 6; Stafford 9.

## Emergency Custody Order and Temporary Detention Order Report – November 2022

Jacque Kobuchi told the Committee that emergency services staff completed 359 emergency evaluations in November 2022. Sixty-nine Emergency Custody Orders (ECO) were issued, 73 Temporary Detention Orders were issued and 73 Temporary Detention Orders (TDO) were executed. Five individuals were sent to state hospitals as a bed of last resort.

## November 2022 Wait List

Stephanie Terrell reported that 264 individuals were waiting more than 30 days for outpatient therapy appointments as of Nov. 30, 2022. As of Dec. 6, 2022, there were six older adolescents and adults and no 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, 96 (needs, 91; referral, 4; acceptance, 1); Assertive Community Treatment, 11 (needs, 4; referral, 7, acceptance, 0); and DD Waiver Services, 791.

## Quality Assurance Report

Stephanie Terrell reported that quality assurance staff had reviewed randomly selected charts, files, and documents in the following program:

- Mental Health Outpatient, Spotsylvania. The score decreased from an 80 to 78 on a 100-point scale.

## CARF Review

Stephanie Terrell reported that RACSB received a three-year accreditation from CARF after the survey on Oct. 17 through 19. She thanked Board Members and staff for their help during the intense process that involved interviews, tours and document reviews.

## Corrective Action Plan

Stephanie Terrell reviewed licensing violations the agency received for Emergency Services, Kenmore Club and Lucas Street Intermediate Care Facility. She discussed the corrective action plans RACSB submitted to DBHDS.

## Data Highlights

Brandie Williams reviewed reports on behavioral health and developmental disability performance measures. She told the Committee that RACSB is committed to using data-driven decision-making to improve performance and quality.

## Adjournment

The meeting adjourned at 11:25 a.m.



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  
December 13, 2022, 10:30 AM  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** December 9, 2022

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, December 13, 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 December 13 at 10:30 a.m.

Cc: Nancy Beebe, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**Program Planning and Evaluation Committee Meeting**

December 13, 2022—10:30 a.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

**Agenda**

|       |                                                                                |    |
|-------|--------------------------------------------------------------------------------|----|
| I.    | Extraordinary Barriers List, Newman.....                                       | 3  |
| II.   | Independent Assessment Certification and Coordination Team Update, Andrus..... | 4  |
| III.  | Information Technology/Electronic Health Record Update, Poe.....               | 7  |
| IV.   | Crisis Intervention Team Assessment Center Report, Kobuchi.....                | 10 |
| V.    | Emergency Custody Order/Temporary Detention Order, Kobuchi.....                | 12 |
| VI.   | October Waitlist, Terrell.....                                                 | 16 |
| VII.  | QA Chart Review, Terrell.....                                                  | 20 |
| VIII. | CARF Overview, Terrell.....                                                    | 22 |
| IX.   | Licensing Reports, Terrell.....                                                | 51 |
| X.    | Data Highlights, Williams.....                                                 | 60 |
| XI.   | Other Business, Beebe ..                                                       |    |

## 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: December 13, 2022

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RACSB currently has one individual on the Extraordinary Barriers List (EBL), to include one individual at Southern Virginia Mental Health Institute (SVMHI). 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.

### **Southern Virginia Mental Health Institute**

Individual #1: Was placed on the EBL 12/4/22. Barriers to discharge include identifying and being accepted to a nursing facility that can meet both their physical and psychiatric needs. This individual was residing independently in the community prior to admission. Due to their inability to care for themselves, Adult Protective Services (APS) became involved and it has been determined that they require a nursing home. This individual is not always cooperative with staff with regard to completing their activities of daily living, causing it to be challenging to provide them with care. It has also been determined that they will require a legal guardian, therefore the application process for a public guardian is in the process of being submitted. An additional challenge to identifying an accepting placement will be that this individual is a Tier III Registered Sex Offender. This individual will discharge once accepted to a nursing home.



**MEMORANDUM**

**To:** Joe Wickens, Executive Director

**From:** Donna Andrus, Child and Adolescent Support Services Supervisor

**Date:** December 6, 2022

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

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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 twelve IACCT referrals and completed twelve assessments in the month of November. Eight referrals were initial IACCT assessments and four were re-authorizations. Three were from Spotsylvania, six from Stafford, one from Caroline, two from King George and none from the City of Fredericksburg. One initial IACCT is still in process so a recommendation has not been made yet. Of the eleven completed assessments in November, seven recommended Level C Residential, two recommended Level Group Home, two recommended community-based services. Three families had difficulty accessing recommended services this month with one recommending residential placement but no bed availability, one recommending residential placement but no education funding, and one recommending community-based services but denial by the provider to accept that referral.

Attached is the monthly IACCT tracking data for November 2022.

| Report Month/Year                                                                             | Nov-22 |
|-----------------------------------------------------------------------------------------------|--------|
| 1. Total number of Referrals from Magellan for IACCT:                                         | 12     |
| 1.a. total number of auth referrals:                                                          | 8      |
| 1.b. total num. of re-auth referrals:                                                         | 4      |
| 2. Total number of Referrals per county:                                                      |        |
| Fredericksburg:                                                                               | 0      |
| Spotsylvania:                                                                                 | 3      |
| Stafford:                                                                                     | 6      |
| Caroline:                                                                                     | 1      |
| King George:                                                                                  | 2      |
| Other:                                                                                        |        |
| 3. Total number of extensions granted:                                                        | 4      |
| 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:                                                     | 12     |
| 8a. Total number of ICA's recommending: <b>residential:</b>                                   | 7      |
| 8b. Total number of ICA's recommending: <b>therapeutic group home:</b>                        | 2      |
| 8c. Total number of ICA's recommending: <b>community based services:</b>                      | 2      |
| 8g.Total number of ICA's recommending: <b>Other:</b>                                          | 0      |
| 8h.Total number of ICA's recommending: <b>no MH Service:</b>                                  | 0      |
| 9. Total number of reauthorization ICA's recommending: <b>requested service not continue:</b> | 1      |

10. Total number of notifications that a family had difficulty accessing **any** IACCT-recommended service/s:

3

To: Joe Wickens, Executive Director

From: Suzanne Poe, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: December 6, 2022

This report provides an update on projects related to Information Technology and the Electronic Health Record. The IT department completed 939 tickets in the month of November. 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 November, 939 tickets were closed by IT Staff.

Ticket completion numbers by month for calendar year: October 2022-873; September 2022-1095; 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 added the functionality for staff to get a notification on their email from outside of RACSB to help with reminding staff not to click on link in Phishing emails.

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

### **Community Consumer Submission 3**

The October 2022 CCS was submitted on November 28, 2022.

### **Waiver Management System (WaMS)**

After working with Netsmart, the WaMS Helpdesk, and Box.com over the last few months the previous timeout issues seem to be corrected. Avatar is now able to send and receive Service Plan information, and the report that tracks the information is working correctly.

### **Trac-IT Early Intervention Data System**

In November, RACSB program and IT staff attended a demo on the upload functionality for Trac-It. This functionality will be key for our ability to meet expanded data requirements when the new date for that implementation is announced. After the demo, there are system-wide concerns around the functionality. We met as part of the DMC Trac-IT workgroup with DBHDS Part C Staff to express our concerns.

IT is coordinating with PEID staff to push out the two-factor authentication to all PIED staff for use with Trac-IT software before the end of the calendar year.

### **Zoom**

We continue to utilize Zoom for telehealth throughout the agency.

- November 2022 – 2,538 video meetings with a total of 7,044 participants
- October 2022 – 2,546 video meeting with a total of 7,289 participants
- September 2022 – 2,589 video meeting 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**

On November 29, 2022 RACSB staff did a five-hour demo of the AvatarNX software and its functionality for Chesterfield CSB who is evaluating new Electronic Healthcare software for purchase.

Bells – The rollout of Bells continues, we continue to meet with teams monthly to work through their implementation. The structure of the Bells notes for PIED is now set up. The PIED team is still adding their customizations. After those customizations are created and put into Bells, a few members of the PIED team will test drive creating notes inside of Bells.

### **Camera System and Maintenance Request for Proposals-**

A Request for Proposal (RFP) is on eVA (Virginia's Statewide procurement system) for security camera replacement and maintenance was posted. Eleven proposals were received on October 13, 2022 and we have narrowed down to five that have the needed requirements listed in the RFP.

### **Staffing**

One of our two IT Technicians resigned his position on July 14, 2022. We have hired Zackery Roe to fill the open position and he will begin on December 12, 2023.

## MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Tabitha Taylor, Emergency Services Law enforcement liaison  
**Date:** December 6, 2022  
**Re:** Crisis Assessment Center and CIT report November

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

Please see attached CIT data sheet

## November 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 |
|--------------|---------------------------------------------|--------------------------------------------|-----------------------------------|-----------------------------------------|
| 11/1/2022    | 2                                           | 1                                          | Fredericksburg                    | Spotsylvania                            |
| 11/2/2022    | 1                                           | 1                                          | Stafford                          | Spotsylvania                            |
| 11/3/2022    | 5                                           | 3                                          | Spotsylvania(2) Fredericksburg(1) | Spotsylvania                            |
| 11/4/2022    | 5                                           | 2                                          | Fredericksburg/Stafford           | Spotsylvania                            |
| 11/5/2022    | 2                                           | 0                                          | Stafford                          | Spotsylvania/King George                |
| 11/6/2022    | 1                                           | 0                                          | n.a                               | Spotsylvania/King George                |
| 11/7/2022    | 3                                           | 2                                          | Spotsylvania (2)                  | Spotsylvania/Stafford                   |
| 11/8/2022    | 2                                           | 2                                          | Fredericksburg/Stafford           | Spotsylvania                            |
| 11/9/2022    | 2                                           | 1                                          | Spotsylvania                      | Spotsylvania                            |
| 11/10/2022   | 2                                           | 2                                          | Fredericksburg(2)                 | n.a                                     |
| 11/11/2022   | 1                                           | 1                                          | Stafford                          | Spotsylvania                            |
| 11/12/2022   | 5                                           | 2                                          | Stafford                          | Spotsylvania                            |
| 11/13/2022   | 1                                           | 0                                          | n.a                               | Spotsylvania                            |
| 11/14/2022   | 1                                           | 0                                          | n.a                               | Spotsylvania/Stafford                   |
| 11/15/2022   | 0                                           | 0                                          | n.a                               | Spotsylvania                            |
| 11/16/2022   | 2                                           | 1                                          | Fredericksburg                    | Spotsylvania                            |
| 11/17/2022   | 4                                           | 1                                          | Fredericksburg                    | Spotsylvania/Stafford                   |
| 11/18/2022   | 5                                           | 2                                          | Stafford (2)                      | n.a                                     |
| 11/19/2022   | 1                                           | 0                                          | n.a                               | Spotsylvania                            |
| 11/20/2022   | 1                                           | 0                                          | n.a                               | Stafford/King George                    |
| 11/21/2022   | 1                                           | 0                                          | n.a                               | n.a                                     |
| 11/22/2022   | 0                                           | 0                                          | n.a                               | Spotsylvania                            |
| 11/23/2022   | 2                                           | 1                                          | Fredericksburg                    | Spotsylvania/King George                |
| 11/24/2022   | 0                                           | 0                                          | n.a                               | Spotsylvania                            |
| 11/25/2022   | 5                                           | 1                                          | Spotsylvania                      | Spotsylvania                            |
| 11/26/2022   | 3                                           | 0                                          | n.a                               | Spotsylvania                            |
| 11/27/2022   | 5                                           | 1                                          | Stafford                          | Spotsylvania                            |
| 11/28/2022   | 3                                           | 1                                          | Fredericksburg                    | Spotsylvania                            |
| 11/29/2022   | 3                                           | 1                                          | Fredericksburg                    | n.a                                     |
| 11/30/2022   | 3                                           | 0                                          | n.a                               | Spotsylvanua                            |
| <b>Total</b> | <b>71</b>                                   | <b>26</b>                                  |                                   |                                         |

Total Assessments at Center in November: 26

|              |                          |     |                                       |      |
|--------------|--------------------------|-----|---------------------------------------|------|
| Brought by:  | <b>Cumulative Total:</b> |     |                                       |      |
| Caroline     | 0                        | 137 | Cumulative number of Assessment since |      |
| Fred City    | 11                       | 994 | September 2016:                       | 3174 |
| Spotsylvania | 6                        | 943 |                                       |      |
| Stafford     | 9                        | 975 |                                       |      |
| King George  | 0                        | 122 |                                       |      |
| Other        | 0                        | 3   |                                       |      |



## MEMORANDUM

**To:** Joe Wickens, Executive Director

**From:** Kari Norris, Emergency Services Coordinator

**Date:** December 6, 2022

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

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In November, Emergency Services staff facilitated five admissions to state hospitals. Four were admitted to Commonwealth Center for Children and Adolescents and one to Catawba Hospital. The adult was committed at his 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 November. Due to acuity and elopement risks along with aggressive behaviors, no individuals were appropriate for AT.

Please see attached data reports.

DATE: 12.6.22

| <b>Emergency Services Activity Reports</b> |          |             |      |             |               |
|--------------------------------------------|----------|-------------|------|-------------|---------------|
| Month                                      | Contacts | Evaluations | ECOs | TDOs Issued | TDOs Executed |
| July 2020                                  |          | 429         | 112  | 111         | 111           |
| August 2020                                |          | 401         | 90   | 82          | 81            |
| September 2020                             |          | 422         | 94   | 91          | 91            |
| October 2020                               |          | 492         | 113  | 85          | 85            |
| November 2020                              |          | 413         | 88   | 88          | 88            |
| December 2020                              |          | 373         | 75   | 79          | 79            |
| January 2021                               |          | 374         | 88   | 89          | 89            |
| February 2021                              |          | 358         | 84   | 83          | 83            |
| March 2021                                 |          | 465         | 82   | 100         | 100           |
| April 2021                                 |          | 449         | 92   | 100         | 100           |
| May 2021                                   |          | 507         | 93   | 93          | 93            |
| June 2021                                  |          | 453         | 95   | 95          | 92            |
| July 2021                                  |          | 379         | 76   | 74          | 74            |
| August 2021                                |          | 394         | 86   | 77          | 77            |
| September 2021                             |          | 517         | 98   | 86          | 86            |
| October 2021                               |          | 422         | 60   | 72          | 72            |
| November 2021                              |          | 425         | 59   | 60          | 60            |
| December 2021                              |          | 401         | 67   | 66          | 66            |
| January 2022                               |          | 355         | 74   | 63          | 63            |
| February 2022                              |          | 442         | 87   | 64          | 64            |
| March 2022                                 |          | 375         | 74   | 81          | 81            |
| April 2022                                 |          | 390         | 85   | 87          | 87            |
| May 2022                                   |          | 417         | 92   | 73          | 73            |
| June 2022                                  |          | 342         | 75   | 66          | 66            |
| July 2022                                  |          | 343         | 77   | 83          | 83            |
| August 2022                                |          | 367         | 79   | 76          | 76            |
| September 2022                             |          | 341         | 66   | 76          | 76            |
| October 2022                               |          | 351         | 70   | 75          | 75            |
| November 2022                              |          | 359         | 69   | 73          | 73            |

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

|                                          |                                            |                                 |       |                                      |                                  |             |       |       |                                           |
|------------------------------------------|--------------------------------------------|---------------------------------|-------|--------------------------------------|----------------------------------|-------------|-------|-------|-------------------------------------------|
| CSB/BHA                                  | Rappahannock Area Community Services Board |                                 |       | Month                                | November 2022                    |             |       |       |                                           |
|                                          |                                            |                                 |       |                                      |                                  |             |       |       |                                           |
| 1) Number of<br>Emergency<br>Evaluations | 2) Number of ECOs                          |                                 |       | 3) Number of<br>Civil TDOs<br>Issued | 4) Number of Civil TDOs Executed |             |       |       | 5) Number of<br>Criminal TDOs<br>Executed |
|                                          | Magistrate<br>Issued                       | Law<br>Enforcement<br>Initiated | Total |                                      | Minor                            | Older Adult | Adult | Total |                                           |
| 359                                      | 29                                         | 40                              | 69    | 72                                   | 8                                | 2           | 62    | 72    | 1                                         |
|                                          |                                            |                                 | 0     |                                      |                                  |             |       | 0     |                                           |
|                                          |                                            |                                 | 0     |                                      |                                  |             |       | 0     |                                           |
|                                          |                                            |                                 | 0     |                                      |                                  |             |       | 0     |                                           |
|                                          |                                            |                                 | 0     |                                      |                                  |             |       | 0     |                                           |
|                                          |                                            |                                 | 0     |                                      |                                  |             |       | 0     |                                           |

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

|          |                                            |                                                                      |                                                                        |                                                            |                                                                                    |         |
|----------|--------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------|---------|
| CSB/BHA  | Rappahannock Area Community Services Board | Reporting month                                                      | November 2022                                                          | No Exceptions this month →                                 |                                                                                    |         |
| Date     | Consumer Identifier                        | 1) Special Population Designation<br><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> |         |
| 11/2/22  | 101042                                     | Adolescent                                                           |                                                                        | Yes                                                        | No                                                                                 | CCCA    |
| 11/3/22  | 97143                                      | Adolescent                                                           |                                                                        | Yes                                                        | No                                                                                 | CCCA    |
| 11/3/22  | 106338                                     | Adolescent                                                           |                                                                        | Yes                                                        | No                                                                                 | CCCA    |
| 11/16/22 | 100212                                     | Adolescent                                                           |                                                                        | Yes                                                        | No                                                                                 | CCCA    |
| 11/18/22 | 80955                                      | Older adult                                                          |                                                                        | Yes                                                        | No                                                                                 | Catawba |

## ALTERNATIVE TRANSPORT DATA November 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>                                           |
|-------------|-----------|----------------|-------------------------------|---------------------------|-----------------------------------------|-------------------|---------------|------------|-------------------------------------|---------------------------------|---------------------------------------------------------------------|
| 11/2/22     | 101042    | Spotsylvania   | MWH-ED                        | CCCA                      | 228                                     | Yes               | F             | 17         | Danger to self and Others           | N                               | Client required four point restraints and would not be appropriate. |
| 11/3/22     | 97143     | Spotsylvania   | MWH-ED                        | CCCA                      | 228                                     | Yes               | F             | 16         | Danger to others/ Inability to care | N                               | Highly aggressive                                                   |
| 11/3/22     | 106338    | Stafford       | MWH-ED                        | CCCA                      | 228                                     | Yes               | M             | 17         | Danger to others/ Inability to care | N                               |                                                                     |
| 11/4/22     | 106957    | Stafford       | MWH-ED                        | Poplar Springs            | 160                                     | Yes               | M             | 15         | Danger to self/ Inability to care   | N                               | Not appropriate per hospital staff report of client behavior in ED  |
| 11/15/22    | 108288    | Fredericksburg | MWH-ED                        | Poplar Springs            | 160                                     | No                | M             | 44         | Inability to care                   | N                               | Client is too unpredictable                                         |
| 11/16/22    | 100212    | Culpeper       | MWH-ED                        | CCCA                      | 228                                     | Yes               | F             | 17         | Danger to self                      | N                               | Client eloped from ED initially                                     |
| 11/18/22    | 80955     | Fredericksburg | MWH-ED                        | Catawba                   | 402                                     | Yes               | M             | 67         | Danger to others/ Inability to care |                                 |                                                                     |
| 11/21/22    | 108355    | Stafford       | Stafford Hospital             | Northsprings              | 154                                     | Yes               | M             | 17         | Danger to others/ Inability to care | N                               | Assaultive and aggressive                                           |
| 11/25/22    | 78696     | Caroline       | MWH-ED                        | North Spring              | 176                                     | Yes               | F             | 13         | Danger to others                    | N                               | Aggressive                                                          |
| 11/27/22    | 108149    |                | MWH-ED                        | Lewis Gale                | 226                                     | Yes               | M             | 18         | Inability to care                   | N                               | Client is an elopement risk                                         |

# MEMORANDUM

**To: Joe Wickens, Executive Director**  
**From: Stephanie Terrell, Director of Compliance and Human Rights**  
**Date: December 6, 2022**  
**Re: November 2022 Waiting Lists**

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

## **OUTPATIENT SERVICES**

- Clinical services: As of November 30, 2022, there are 264 individuals on the wait list for outpatient therapy services.
  - 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.
    - 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, the Spotsylvania Clinic implemented a waitlist beginning May 2022, and the Caroline Clinic implemented a waitlist beginning November 2022.
      - The waitlist in Fredericksburg is currently at 203 clients.
      - The waitlist in Spotsylvania is currently at 50 clients.
      - The waitlist in Caroline is currently at 14 clients.
      - This is a increase of 28 from the September 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 December 6, 2022, there are six older adolescents and adults waiting longer than 30 days for their intake appointment. This is a decrease of five from the October 2022 waitlist. The furthest out appointment is 1/26/2023. There are zero children age 13 and below waiting longer than 30 days for their intake appointment.

**PSYCHIATRY INTAKE** – As of December 6, 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 – 3 (9) | 0                          | (0)        |
| ○            | Caroline – 1 (1)       | 0                          | (0)        |
| ○            | King George – 0 (0)    | 0                          | (0)        |
| ○            | Spotsylvania – 1 (0)   | 0                          | (0)        |
| ○            | Stafford – 1 (1)       | 0                          | (0)        |
| <b>Total</b> |                        | <b>0</b>                   | <b>(0)</b> |

| Appointment Dates                   |                                    |
|-------------------------------------|------------------------------------|
| <b><i>Fredericksburg Clinic</i></b> |                                    |
|                                     | 1/5/2023<br>1/25/2023<br>1/25/2023 |
| <b><i>Caroline Clinic</i></b>       |                                    |
|                                     | 2/1/2023                           |
| <b><i>King George</i></b>           |                                    |
|                                     | N/A                                |
| <b><i>Spotsylvania Clinic</i></b>   |                                    |
|                                     | 1/26/2023                          |
| <b><i>Stafford Clinic</i></b>       |                                    |
|                                     | 1/9/2023<br>1/10/2023<br>1/24/2023 |

#### **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. Passes were completed in November; however, his court date is not scheduled until December. He will continue passes until his court date.
- One individual is completing passes at Home Road for the next available community bed vacancy.
- One individual is currently hospitalized at SAF and will complete an assessment and pass at LBH upon discharge.

### **Intellectual Disability Residential Services – 96**

Needs List: 91  
Referral List: 4  
Acceptance List: 1

#### **Count by County:**

|                |    |
|----------------|----|
| Caroline       | 10 |
| King George    | 8  |
| Fredericksburg | 7  |
| Spotsylvania   | 33 |
| Stafford       | 37 |
| Richmond       | 1  |

### **Assertive Community Treatment (ACT)– 11**

Caroline: 1  
Fredericksburg: 4  
King George: 0  
Spotsylvania: 3  
Stafford: 3

Total Needs: 4  
Total Referrals: 7  
Total Acceptances: 0

Total program enrollments = 52

Admissions: 1

Discharges: 1

- During the month of November, ACT SOUTH enrolled one client who was referred by an RACSB therapist. A client who has been incarcerated for over a year in DC corrections was discharged from ACT SOUTH. We have met with a potential client while they were hospitalized at Snowden. According to her case manager at Snowden, she was not at baseline and declined our services. This potential client was recently admitted to Snowden. Program staff plan to meet with her again to discuss ACT services. We also received a referral from a previous client who, according to her RACSB case manager, wants to resume ACT services after multiple psychiatric hospitalizations. We plan to make contact this week to schedule an appointment with this previous client.
- Another individual referred is currently hospitalized at Snowden. We plan to meet with this potential client while they are hospitalized. In addition, ACT NORTH continues to have one client at RRJ. We continue to collaborate with Jail Services coordinator, Portia Bennett.

### **ID/DD Support Coordination**

There are 791 individuals on the waiting list for a DD waiver.

P-1 316

P-2 182

P-3 293



## MEMORANDUM

**To:** Joseph Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance & Human Rights  
**Date:** December 2022  
**Re:** Quality Assurance Report

---

The Quality Assurance (QA) staff completed chart reviews for the following Rappahannock Area Community Services Board (RACSB) program:

- Mental Health Outpatient- Spotsylvania

### Mental Health Outpatient- Spotsylvania

There was seven staff members responsible for the randomly selected charts.

Findings for the eighteen open and two closed charts reviewed for Mental Health Outpatient- Spotsylvania were as follows:

- Eighteen charts were reviewed for Assessment compliance:
  - **Discrepancies noted with Assessments:**
    - Three charts were missing the Daily Living Activities 20 (DLA 20).
    - Two charts were missing current Comprehensive Needs Assessments (CNA).
- Eighteen charts were reviewed for Individual Service Plan (ISP) compliance:
  - **Discrepancies noted with Service Plan:**
    - Three charts were missing current ISPs.
    - One chart was missing frequency of objectives within the plan.
- Eighteen charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes:**
    - Four charts contained notes which were completed more than 24hrs late.
- Eighteen charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews:**
    - Seven charts were missing current quarterly reviews.
- Eighteen charts were reviewed for Documentation compliance:
  - **Discrepancies noted with Documentation:**
    - Five charts were missing Consumer Orientation forms.

- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Documentation:**

**Comparative Information:**

- In comparing the audit reviews of the Mental Health Outpatient Services- Spotsylvania charts from the previous audits to the current audits, the average score decreased from 80 to 78 on a 100-point scale.

- **Corrective Action Plan:**

Clinic Coordinator will review themes of the audit to include chart expectations. Clinic Coordinator will complete a random chart audit (one chart per therapist) monthly for the next three months to observe the following:

- a. Notes completed within 24 hours of service
- b. Quarterly assessments on time
- c. Treatment plan including frequency
- d. Updated bundles/CNAs, if open longer than a year

# MEMORANDUM

**To: Joe Wickens, Executive Director**  
**From: Stephanie Terrell, Director of Compliance and Human Rights**  
**Date: December 6, 2022**  
**Re: CARF Survey**

---

Surveyors Wayde Washburn, Sam Bauman, Karen Lau, and Melinda Washington conducted Rappahannock Area Community Services Board's (RACSB) 10<sup>th</sup> CARF Survey on October 17th through October 19th, 2022. Thank you to Board Members, Ken Lapin and Nancy Beebe, and RACSB staff who assisted in the preparation and success of the survey.

As part of the survey process, the surveyors interviewed Board Members, staff, and clients, and toured the Spotsylvania Clinic, Fredericksburg Clinic, Caroline Clinic, Stafford Clinic, King George Clinic, Children's Services Clinic, Liberty Street Apartments, Home Road Apartments, River Place Apartments, Kenmore Club and Sunshine Lady House. In addition, surveyors reviewed multiple policies and procedures, reports, staff meeting minutes, client charts and a host of other documents. The exit conference took place on Wednesday October 19<sup>th</sup>. As part of the exit conference, the surveyors described numerous strengths, complimented our facilities, and praised RACSB's staff. The administrative surveyor noted that RACSB was surveyed based on 1,750 CARF standards.

RACSB achieved the highest award possible, a three-year accreditation for the following programs:

- Case Management/Service Coordination: Integrated: AOD/MH (Adult)
- Case Management/Service Coordination: Integrated: AOD/MH (Children/Adolescent)
- Community Housing: Mental Health (Adult)
- Community Integration: Psychosocial Rehabilitation (Adult)
- Court Treatment: Integrated: AOD/MH (Adult)
- Court Treatment: Integrated: AOD/MH (Children and Adolescent)
- Crisis Stabilization: Integrated (Adult)
- Outpatient Treatment: Integrated (Adult)
- Outpatient Treatment: Integrated (Children and Adolescent)

This accreditation will extend through November 30, 2025. As part of the accreditation process, RACSB is required to submit a Quality Improvement plan to address recommendations noted from the survey.

Attached please find the survey report.

**CARF Accreditation Report**  
**for**  
**Rappahannock Area Community**  
**Service Board**  
  
**Three-Year Accreditation**



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## About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

**Organization**

Rappahannock Area Community Service Board  
600 Jackson Street  
Fredericksburg, VA 22401

**Organizational Leadership**

Amy Jindra, Director of Community Support Services  
Amy Umble, Public Information Officer  
Brandie D. Williams, Deputy Executive Director  
Jacqueline Kobuchi, LCSW, Clinical Services Director  
Joe Wickens, Executive Director  
Michelle Runyon, Director of Human Resources  
Michelle Wagaman, Director, Prevention & Public Information  
Stephanie Terrell, Director of Compliance and Human Rights  
Tina Cleveland, Director of Finance & Administration

**Survey Number**

162864

**Survey Date(s)**

October 17, 2022–October 19, 2022

**Surveyor(s)**

Wayde J. Washburn, MDiv, CAC II, NCAC I, Administrative  
Sam Bauman, PhD, Program  
Karen Lau, PA-C, Program  
Melinda D. Washington, MSW, Program

**Program(s)/Service(s) Surveyed**

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)  
Community Housing: Mental Health (Adults)  
Community Integration: Psychosocial Rehabilitation (Adults)  
Court Treatment: Integrated: SUD/Mental Health (Adults)  
Court Treatment: Integrated: SUD/Mental Health (Children and Adolescents)  
Crisis Stabilization: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

**Previous Survey**

October 28, 2019–October 30, 2019  
Three-Year Accreditation

## **Accreditation Decision**

**Three-Year Accreditation**

**Expiration: November 30, 2025**

# Executive Summary

This report contains the findings of CARF's site survey of Rappahannock Area Community Service Board conducted October 17, 2022–October 19, 2022. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

## Accreditation Decision

On balance, Rappahannock Area Community Service Board demonstrated substantial conformance to the standards. Rappahannock Area Community Service Board (RACSB) provides a multitude of behavioral health services in Caroline, King George, Spotsylvania, and Stafford counties in northwestern Virginia. In its more than 50 years of providing services, RACSB has adapted well to meeting the needs of the communities and has developed a strong reputation throughout the state as providing excellent services. The organization demonstrates its commitment to person- and family-centered services through a dedicated, competent, and compassionate staff. The organization has areas for improvement identified in the recommendations in this report that include assessing the performance of contracted services; ensuring that evacuation plans are complete and that health and safety self-inspections are completed semiannually on each shift; identifying and assessing competencies of staff, including measurable goals and sources of input in the written procedures regarding performance appraisals; and implementing policies ensuring individuals' rights regarding composition of the service delivery team. In clinical practices, areas for improvement include strengthening clinical supervision documentation, including the efficacy of current and/or previously used medication; information about the person's use of complementary health approaches in the assessment process; ensuring that goals on person-centered plans are expressed in the words of the persons served and that treatment objectives are measurable; and ensuring that written procedures addressing past medication use include efficacy, side effects, and adverse reactions. RACSB demonstrates the desire and possesses the tools to progress toward achieving its goals of demonstrating excellence in business, clinical, and employment practices.

Rappahannock Area Community Service Board appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Rappahannock Area Community Service Board is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.



**Rappahannock Area Community Service Board has earned a Three-Year Accreditation.** The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

## Survey Details

### Survey Participants

The survey of Rappahannock Area Community Service Board was conducted by the following CARF surveyor(s):

- Wayde J. Washburn, MDiv, CAC II, NCAC I, Administrative
- Sam Bauman, PhD, Program
- Karen Lau, PA-C, Program
- Melinda D. Washington, MSW, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

### Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Rappahannock Area Community Service Board and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.

- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

## **Program(s)/Service(s) Surveyed**

The survey addressed by this report is specific to the following program(s)/service(s):

- Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
- Community Housing: Mental Health (Adults)
- Community Integration: Psychosocial Rehabilitation (Adults)
- Court Treatment: Integrated: SUD/Mental Health (Adults)
- Court Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
- Crisis Stabilization: Integrated: SUD/Mental Health (Adults)
- Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
- Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

## **Representations and Constraints**

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

## **Survey Findings**

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

## Areas of Strength

CARF found that Rappahannock Area Community Service Board demonstrated the following strengths:

- RACSB is led by a strong and active board of directors that is quite involved in the organization. Committees meet regularly and the board recently made the selection of the new executive director.
- RACSB is managed by an executive director and senior leadership team that demonstrate a high level of competence and are driven by compassion for the individual served. The organization is data driven and is intent on implementing changes to improve services.
- RACSB has developed a strong reputation in the community and statewide. Organization staff members take leadership roles in the Virginia Community Service Board Association and have proven helpful to other community service boards.
- The organization's leadership team has a keen eye for recognizing up-and-coming leaders and recruiting from within for mid-level managers and talented interns to become full-time staff members. Line supervisory staff members consistently report feeling heard and valued. The Hopestarter Employee of the Quarter Recognition is an excellent example of how RACSB continues this legacy.
- Staff members at all levels are proud of the organization's past, present, and future. They make significant efforts to maintain the positive reputation the organization has earned in providing quality services and to promote an organizational culture of continuous quality improvement. Strong, experienced leadership in top and middle management positions demonstrate commitment to the community, staff members, and the organization through longevity, dedication to retention, and staff recruitment.
- Staff members are passionate and dedicated to serving their respective program populations and to helping people. They are deeply committed to the organization's mission. Cohesiveness, teamwork, cooperation, and support for each other are evident. Several staff members have 30 and more years of employment with RACSB.
- Despite the geographic challenges in managing behavioral health programs across five jurisdictions, RACSB admirably engages staff members across programs and offices. Multiple staff members noted that the leadership inspires action, engagement, and the desire to go the extra mile. Specifically, they noted that the organization's person-centered mindset is taken seriously.
- In an effort to assist the community in identifying the organization and its work, RACSB has made use of the tagline "hopestarter." This exemplifies the effect of the organization on many individuals and families. A staff member began the "Lock and Talk" program as a reminder for people to use locks to secure items that may be dangerous (e.g., guns and prescription medications). This program is currently being used statewide and is beginning to be used across the country. For continuous training, the organization's Quality Assurance Department uses "Q-Tips" to share important information monthly with staff.
- RACSB reports critical incidents electronically to ensure rapid reporting and efficiency in sharing information and that key staff are informed. This also allows for trending of incidents to assist in analysis.
- RACSB provides services in attractive and welcoming facilities that encourage growth and healing. The facilities are well maintained, secure, functional, and well designed. Vehicles used for transporting individuals are safe and well maintained. The maintenance staff has obvious pride in its excellent work.

- RACSB operates with an elevated level of transparency and communication for clarifying clinical and case issues. Teamwork and cooperation are evident throughout the organization. There is a strong sense of collaboration and integration between clinical and administrative staff members that results in more consistent experiences for the individual served.
- The organization has continued to provide services without interruption throughout the COVID-19 pandemic. The organization has been able to modify policies and procedures to ensure that individuals receive medication and counseling services through telehealth and telephonic means. The organization has demonstrated diligence in developing and maintaining safety measures for individuals, staff members, and visitors.
- Community partnerships with local organizations and agencies include the YMCA (which provides memberships for individuals), food banks, social service providers, churches, the Disability Resource Center, Moss Free Clinic, medical/dental providers, the Department of Behavioral Health and Developmental Services, hospitals, and local businesses.
- The organization's Crisis Stabilization Program at the Sunshine Lady House is in a beautiful house designed to provide a homelike environment and hospitality. Services are offered in a comfortable therapeutic place that helps individuals cope. Qualified behavioral health practitioners provide daily therapeutic interventions to ensure educational awareness and supporting life skills in addition to providing acute detoxification, therapy dogs, sleep hygiene, aromatherapy, yoga, and music. The individuals served are continuously evaluated to ensure that appropriate services are provided prior to discharge from crisis stabilization, with extensive follow-up in 24 hours, 72 hours, and 30 days.
- The organization's Kenmore Club Psychosocial Rehabilitation Program is a place where individuals feel accepted and welcomed. The facility appears clean, warm, and cozy, providing an ambience for a positive treatment experience. The building is decorated with art done by its members and donated oil paintings from a local art gallery that feature pictures of the rich history of Fredericksburg.
- The grounds and interior of all the community housing programs are very well kept and clean, providing a well-manicured and organized space for the individuals served where each apartment is tailored to the individual's style. The apartments are located in an area of the community that provides easy access to a riverfront park, walking trails, and downtown shopping.
- The organization has strong medical services. The nurses and medical team of psychiatrists and practitioners are an asset for the individuals served by promoting overall healthcare and mental health recovery, with an understanding that good treatment involves management of individuals' other health issues. Holistic treatment is provided.
- A full-service pharmacy, Genoa, is located in the organization's Fredericksburg location and provides on-site medication services. The pharmacy provides medication education, individual pill blister packaging of medication, home delivery, and delivery to the organization's other locations. This convenience helps with medication compliance.
- Individuals served by RACSB consistently noted feeling respected, valued, and part of the team. Statements from individuals served include: "[Staff] opened doors that I never knew existed"; "She was the first person who ever believed me and believed in me"; "Without staff, I would have been completely lost"; "I was able to accomplish my goal of getting a driver's license"; "I trusted staff, and that was the first time I ever trusted anyone"; "We know she has other clients, but when we are with her, we are the only ones in the room"; "I don't know if I would be alive without these people"; "They were there for me. I'm grateful to them every single day"; "I'm doing things I didn't think I could ever do"; "It was the greatest experience"; and "They treat me like a queen." Parents also expressed appreciation for the services and the staff members, including reporting that "My son is a success now."

- Individuals served reported that Kenmore Club gives them the opportunity to connect with others and be included in their community. One individual stated, "Coming weekly helps me with life functions, lets me make friends, and gives me a place to go every day and have a great meal." Another stated, "They help me work on being healthy with socialization, and they really care about my well-being." Another said, "I enjoy the field trips and participating in the NAMI walk as a group."

## **Opportunities for Quality Improvement**

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

## **Section 1. ASPIRE to Excellence®**

### **1.A. Leadership**

#### **Description**

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization’s stated mission. The leadership demonstrates corporate social responsibility.

#### **Key Areas Addressed**

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility

- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

### **Recommendations**

There are no recommendations in this area.

## **1.C. Strategic Planning**

### **Description**

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

### **Key Areas Addressed**

- Environmental considerations
- Strategic plan development, implementation, and periodic review

### **Recommendations**

There are no recommendations in this area.

## **1.D. Input from Persons Served and Other Stakeholders**

### **Description**

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

### **Key Areas Addressed**

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

### **Recommendations**

There are no recommendations in this area.

## **1.E. Legal Requirements**

### **Description**

CARF-accredited organizations comply with all legal and regulatory requirements.

### **Key Areas Addressed**

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

### **Recommendations**

There are no recommendations in this area.

## 1.F. Financial Planning and Management

### Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

### Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

### Recommendations

There are no recommendations in this area.

## 1.G. Risk Management

### Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

### Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

### Recommendations

1.G.4.a.

1.G.4.b.

1.G.4.c.

1.G.4.d.

Because physician services delivered by the program seeking accreditation are provided under contract with another individual, documented reviews of the contract services should be performed at least annually and assess performance in relation to the scope and requirements of the contracts, ensure that they follow all applicable policies and procedures of the organization, and ensure that they conform to CARF standards applicable to the services they provide.

### Consultation

- RACSB is encouraged to create opportunities for staff members to brainstorm risk exposures in their areas of work that could assist in developing the risk management plan. This might afford greater risk prevention for the organization and encourage the staff members to be more aware of risks in their own environment.

## 1.H. Health and Safety

### Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

### Recommendations

1.H.5.c.(4)

1.H.5.c.(5)

1.H.5.c.(7)

1.H.5.c.(8)

The organization's written evacuation procedures should address the safety of all persons involved, accounting for all persons involved, and the identification and continuation of essential services.

1.H.14.a.

1.H.14.b.(1)

1.H.14.b.(2)

1.H.14.b.(3)

Comprehensive health and safety self-inspections should consistently be conducted at least semiannually on each shift and result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

## 1.I. Workforce Development and Management

### Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

### Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning



## **Recommendations**

### **1.I.7.a.(1)**

### **1.I.7.a.(2)**

### **1.I.7.b.**

### **1.I.7.c.**

Although RACSB develops and evaluates competencies for clinical staff, they are not developed and evaluated for other staff members. Workforce development activities should include documentation of competencies to support the organization in the accomplishment of its mission and goals and to meet the needs of the individuals served, documented assessment of competencies, and documentation of timeframes/frequencies related to the competency assessment process.

### **1.I.8.f.**

### **1.I.8.g.**

The organization should implement written procedures for performance appraisal that also address measurable goals and sources of input.

## **1.J. Technology**

### **Description**

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

### **Key Areas Addressed**

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

### **Recommendations**

There are no recommendations in this area.

## **1.K. Rights of Persons Served**

### **Description**

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

### **Key Areas Addressed**

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

## **Recommendations**

### **1.K.1.e.(4)**

The organization should implement policies promoting the rights of the individuals that also include informed consent or refusal or expression of choice regarding composition of the service delivery team.

## **1.L. Accessibility**

### **Description**

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

### **Key Areas Addressed**

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- The organization has developed a thorough and complete accessibility plan. It is suggested that the organization retain a professional who works with people who have disabilities to conduct a walk-through of the facilities to identify architectural barriers. It is also suggested that the organization consider barriers to employment for individuals receiving services.

## **1.M. Performance Measurement and Management**

### **Description**

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

### **Key Areas Addressed**

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan

- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

### **Recommendations**

There are no recommendations in this area.

## **1.N. Performance Improvement**

### **Description**

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

### **Key Areas Addressed**

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

### **Recommendations**

There are no recommendations in this area.

## **Section 2. General Program Standards**

### **Description**

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

## **2.A. Program/Service Structure**

### **Description**

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

## **Key Areas Addressed**

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

## **Recommendations**

**2.A.26.b.(4)**

**2.A.26.b.(5)**

**2.A.26.b.(7)**

**2.A.26.b.(8)**

Ongoing supervision of clinical and direct service personnel should consistently address risk factors for suicide and other dangerous behaviors; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; cultural competency issues; and model fidelity, when implementing evidence-based practices. These could be added as domains on the supervision form.

## **Consultation**

- It is suggested that RACSB consider including a standing category for "action items" for any team meeting discussions that necessitate follow-up actions.

## **2.B. Screening and Access to Services**

### **Description**

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, family or significant others, or from external resources.

### **Key Areas Addressed**

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

## **Recommendations**

### **2.B.13.h.(2)**

### **2.B.13.j.**

It is recommended that RACSB ensure that the assessment process consistently gathers and records information about the efficacy of current and/or previously used medication and the use of complementary health approaches.

## **Consultation**

- It is suggested that RACSB consider consistently training staff to describe abilities clearly. One way to achieve this could be by linking an existing strength such as “Jon is intelligent” to an ability such as “Jon uses his intelligence to achieve good grades in school.”

## **2.C. Person-Centered Plan**

### **Description**

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

### **Key Areas Addressed**

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

## **Recommendations**

### **2.C.2.a.(1)(a)**

### **2.C.2.a.(2)(e)**

It is recommended that goals on person-centered plans be expressed in the words of the individuals served and that specific service or treatment objectives be measurable.

## **2.D. Transition/Discharge**

### **Description**

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

### **Key Areas Addressed**

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

### **Recommendations**

There are no recommendations in this area.

## **2.E. Medication Use**

### **Description**

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

### **Key Areas Addressed**

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

### **Recommendations**

#### **2.E.5.d.(1)**

#### **2.E.5.d.(2)**

#### **2.E.5.d.(3)**

RACSB provides administering or prescribing of medications. It is recommended that the organization consistently follow its written procedures that address review of past medication use, including efficacy, side effects, and adverse reactions.

### **Consultation**

- RACSB does medication peer review; however, the elements of the review are scattered through different forms and done by different staff members at team meetings. The organization could consider gathering all relevant items regarding peer medication prescribing review in one document.

## **2.G. Records of the Persons Served**

### **Description**

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

### **Key Areas Addressed**

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

### **Recommendations**

There are no recommendations in this area.

## 2.H. Quality Records Management

### Description

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

### Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

### Recommendations

There are no recommendations in this area.

## 2.I. Service Delivery Using Information and Communication Technologies

### Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in remote settings.

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of professionals such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, rehabilitation engineers, assistive technologists, and teachers.
- Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organization-based settings.
  - Schools, work sites, libraries, community centers, and other community settings.
  - Congregate living, individual homes, and other residential settings.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available, is not considered providing services via the use of information and communication technologies.

### Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others.
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT



## **Recommendations**

There are no recommendations in this area.

# **Section 3. Core Treatment Program Standards**

## **Description**

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

## **3.B. Case Management/Services Coordination (CM)**

### **Description**

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

### **Key Areas Addressed**

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL

## **Recommendations**

There are no recommendations in this area.

### **3.C. Community Integration (COI)**

#### **Description**

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

#### **Key Areas Addressed**

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

#### **Recommendations**

There are no recommendations in this area.

### **3.D. Court Treatment (CT)**

#### **Description**

Court Treatment programs provide comprehensive, integrated behavioral health services that work in conjunction with the judicial system. The purpose of court treatment programs is to appropriately respond to the abuse of alcohol and/or other drugs, mental illness, post traumatic stress disorder, family problems, or other concerns and their related criminal and/or civil judicial actions, in order to reduce recidivism and further involvement in the criminal justice system. Court treatment includes services provided to persons referred through various types of problem-solving courts including drug, mental health, veterans, family dependency, tribal, re-entry, and others.

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, treatment programs, evaluators, and an array of local service providers. Treatment is usually multi-phased and is typically divided into a stabilization phase, an intensive phase, and a transition phase.

During each phase, the treatment team is responsible for assessing the behavioral health needs of the person served within the parameters of the legal sanctions imposed by the court. The treatment team either directly provides or arranges for the provision of screening and assessment, case management, detoxification/withdrawal support, intensive outpatient treatment, outpatient, residential treatment, medication use, self-help and advocacy, recovery, health and wellness, relapse prevention, and education regarding factors contributing to the person's court involvement.

A court treatment program may be a judicial or law enforcement organization that provides or contracts for the identified services or may be a direct treatment provider working as part of the court treatment team.

### **Key Areas Addressed**

- Comprehensive behavioral health services in conjunction with judicial system
- Collaboration between judicial system and behavioral health providers
- Address concerns related to recidivism
- Multi-phased process
- Linkages to community resources based on the needs of the person served
- Person-centered planning

### **Recommendations**

There are no recommendations in this area.

## **3.F. Crisis Stabilization (CS)**

### **Description**

Crisis stabilization programs are short-term programs organized to respond to the needs of persons experiencing acute emotional, mental health, and/or substance use crises that cannot be effectively managed in other less intensive programs. These programs operate 24 hours a day, 7 days a week and can quickly triage the needs of persons served to engage them safely into care. Utilizing a person-centered approach and a collaborative decision-making process, a crisis stabilization plan is developed for each person served with the goal of stabilizing the acute crisis and managing effective transition to appropriate programs/services following discharge. A variety of treatment services and structured therapeutic activities is available to meet the individual needs of persons served. Through various observation and monitoring activities the program ensures the safety of the environment for the persons served and personnel. Crisis stabilization programs offer a calm, welcoming environment that maintains the dignity of the persons served.

### **Key Areas Addressed**

- Short-term services that operate 24 hours a day, 7 days a week, to meet the needs of persons experiencing acute emotional, mental health, and/or substance use crises
- Provision of a calm and safe environment
- Crisis-focused assessment conducted and initial crisis stabilization plan developed upon admission
- Provision of and/or linkage to services that meet the needs of persons served
- Availability of on-site, supervisory, and medical personnel
- Transition planning to ensure successful transition of persons served into ongoing services

### **Recommendations**

There are no recommendations in this area.

### **3.O. Outpatient Treatment (OT)**

#### **Description**

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

#### **Key Areas Addressed**

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

#### **Recommendations**

There are no recommendations in this area.

## **Section 4. Core Support Program Standards**

#### **Description**

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

### **4.C. Community Housing (CH)**

#### **Description**

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented,

leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living can be offered in apartments or homes, or in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

### **Key Areas Addressed**

- Safe, secure, private location
- Support to persons as they explore alternatives
- In-home safety needs
- Access as desired to community activities
- Options to make changes in living arrangements
- System for on-call availability of personnel

### **Recommendations**

There are no recommendations in this area.

## **Section 5. Specific Population Designation Standards**

### **5.C. Children and Adolescents (CA)**

#### **Description**

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

#### **Key Areas Addressed**

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

#### **Recommendations**

There are no recommendations in this area.

# Program(s)/Service(s) by Location

## **Rappahannock Area Community Service Board**

600 Jackson Street  
Fredericksburg, VA 22401

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)  
Court Treatment: Integrated: SUD/Mental Health (Adults)  
Court Treatment: Integrated: SUD/Mental Health (Children and Adolescents)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

## **Children's Clinical Services**

7815 Carr Drive  
Fredericksburg, VA 22408

Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

## **Crisis Stabilization**

615 Wolfe Street  
Fredericksburg, VA 22401

Crisis Stabilization: Integrated: SUD/Mental Health (Adults)

## **Home Road Apartments**

104, 106, 200, 202, 204, and 206 Home Road  
Fredericksburg, VA 22405

Community Housing: Mental Health (Adults)

## **Kenmore Club Psychosocial Rehabilitation Program**

632 Kenmore Avenue  
Fredericksburg, VA 22401

Community Integration: Psychosocial Rehabilitation (Adults)

## **Liberty Street Apartments**

915 Liberty Street  
Fredericksburg, VA 22401

Community Housing: Mental Health (Adults)

## **RACSB - Caroline County Clinic**

19254 Rogers Clark Boulevard  
Ruther Glen, VA 22546

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

**RACSB - King George County Clinic**

8479 Saint Anthony's Road  
King George, VA 22485

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

**RACSB - Spotsylvania County Clinic**

7424 Brock Road  
Spotsylvania, VA 22553

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

**RACSB - Stafford County Clinic**

15 Hope Road  
Stafford, VA 22554

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)  
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)  
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

**River Place Apartments**

708 Sophia Street  
Fredericksburg, VA 22401

Community Housing: Mental Health (Adults)



## MEMORANDUM

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**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance and Human Rights  
**Date:** December 6, 2022  
**Re:** Licensing Reports

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The Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing issues licensing reports for areas in which the Department finds agencies in non-compliance with applicable regulations. The licensing report includes the regulatory code which applies to the non-compliance and a description of the non-compliance. 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) obtained approval for three Corrective Action Plans (CAP) during the month of November 2022. One report was the result of late reporting of a level 3 incident and the other two reports were the result of founded cases of human rights concerns.

Emergency Services received the licensing report for late reporting.

Kenmore Club received a licensing report due to an incident which occurred between a contracted worker and a club member.

Lucas Street Intermediate Care Facility received a report due to an incident which occurred involving a resident of Lucas.

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



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

Page: 1 of 2

License #: 101-03-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-20-2022

Program Type/Facility Name: 03-001 MH Support Services

| <u>Standard(s) Cited</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                        | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Planned Comp. Date</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or | N           | <p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS Number: 20220605<br/> Date/Time of Discover: 10/02/2022 5:00PM<br/> Enter Date/Time: 10/04/2022 10:53AM<br/> Reporting Delay: 17:53:00<br/> Location Name: MH Support Services</p> | <p>PR) 11/15/2022</p> <p>The identified staff member indicated that due to the client previously being admitted for several days following the overdose to the psychiatric hospital and that her initial contact with the client was not related to the overdose incident she was unclear on completing the report.</p> <p>Action taken includes reviewing that if ever unclear on when or what to report to always consult with supervisor. Additionally, IR reporting timelines were reviewed with this staff member to ensure completion is always done within a timely manner. ES Coordinator will monitor reports to ensure timeliness.</p> <p>OLR) Partially Accepted 11/18/2022</p> <p>In addition to the above, the provider response needs to include the following:</p> <ol style="list-style-type: none"> <li>1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).</li> </ol> <p>PR) 11/21/2022</p> <p>Incident reports will be monitored daily by the ES Coordinator and the QA Team.</p> <p>OLR) Accepted 11/22/2022</p> | 11/4/2022                 |

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

Page: 2 of 2

License #: **101-03-001**

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

Date of Inspection: **10-20-2022**

Program Type/Facility Name: **03-001 MH Support Services**

| <u>Standard(s) Cited</u>                                                                                                                                                                                                                                                                                                                                         | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
| circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported. |             |                                     |                            |                           |

**General Comments / Recommendations:**

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

\_\_\_\_\_  
Lakesha Steele, Incident Management  
Unit

\_\_\_\_\_  
(Signature of Organization Representative)

\_\_\_\_\_  
Date

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

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

Page: 1 of 3

License #: 101-02-011

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-27-2022

Program Type/Facility Name: 02-011 Kenmore Club

| <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)<br>- 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           | Kenmore Club<br><br>This regulation was NOT MET as evidenced by: See OHR citation below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.                                                                           | N           | Kenmore Club<br><br>This regulation was NOT MET as evidenced by:<br><br>"Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse.<br><br>CHRIS A#20220032/Incident date 10.11.22<br><br>Provider has substantiated for verbal abuse based on the following:<br><br><ul style="list-style-type: none"> <li>Employee #2 found Employee #1 "angrily yelling" at Individual #1.</li> <li>Yelling angrily at an individual is demeaning, threatening, intimidating, and humiliating and might</li> </ul> | PR) 11/21/2022<br><br>PR: Accused was placed on leave pending the Human Rights Investigation. To mitigate future occurrences, beginning October 31, 2022 all 1099 temporary contractors will receive orientation training to include a minimum of Human Rights training, incident reporting, overview of services delivered by RACSB, mandated reporting and receive criminal background checks. Trainings will be conducted by the QA team and criminal background checks will be conducted by Human Resources. The Supervisor overseeing the 1099 employees' duties will ensure that necessary trainings are provided.<br><br>OHR/OLR) Accepted 11/21/2022 | 10/31/2022                |

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

Page: 2 of 3

License #: **101-02-011**

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

Date of Inspection: **10-27-2022**

Program Type/Facility Name: **02-011 Kenmore Club**

| <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>cause psychological harm to an individual, which is a violation of 12VAC35-115-50(B)(2).</p> <p>Provider has substantiated for physical abuse based on the following:</p> <ul style="list-style-type: none"><li>• Per report from Employee #2, Employee #1 charged towards Individual #1. Employee #2 physically placed themselves between Employee #1 and Individual #1 to protect Individual #1.</li><li>• Review of video footage of the incident revealed the following:<ul style="list-style-type: none"><li>◦ Employee #1 moving towards Individual #1 pulling a backpack off of Individual #1's back.</li><li>◦ Employee #1 approaching Individual #1 with a closed fist while Individual #1 shuffles backwards in an effort to get away from Employee #1.</li><li>◦ Employee #2 is seen physically intervening by getting in between Employee #1 and Individual #1 in an effort to protect Individual #1.</li></ul></li></ul> |                            |                           |

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

Page: 3 of 3

License #: **101-02-011**

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

Date of Inspection: **10-27-2022**

Program Type/Facility Name: **02-011 Kenmore Club**

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|

**General Comments / Recommendations:**

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

\_\_\_\_\_  
Cassie Purtlebaugh, Human Rights

\_\_\_\_\_  
(Signature of Organization Representative)

\_\_\_\_\_  
Date

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

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

Page: 1 of 3

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-26-2022

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

| <u>Standard(s) Cited</u>                                                                                                                                                                                                              | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Planned Comp. Date</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-105-150. (4)<br>- The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; | N           | Lucas Street (ICF/IID)<br><br>This regulation was NOT MET as evidenced by: See OHR citation below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.                                                                           | N           | <p>Lucas Street (ICF/IID)</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS #20220033/Incident date: 10.14.2022</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § <a href="#">37.2-100</a> of the Code of Virginia.</p> <ul style="list-style-type: none"> <li>• Provider substantiated neglect due the following: <ul style="list-style-type: none"> <li>◦ On October 12, 2022, Individual #1 presented with dark urine.</li> <li>◦ On October 13, 2022, Individual #1 presented with blood in the urine.</li> <li>◦ On October 14, 2022, Individual #1 presented with dark urine and an increase in frequency of urination, at which time Employee #1 and</li> </ul> </li> </ul> | <p>PR) 11/15/2022</p> <p>The individual's plan will be reviewed and updated (if needed) with respect to this particular medical incident to ensure specific signs and symptoms are documented so that there is no confusion moving forward as to her baseline and when to seek immediate medical intervention.</p> <p>The individual's plan will be reviewed by all staff who will sign an attestation of understanding of the content and expectations for support.</p> <p>Likewise, all staff will sign an attestation of understanding regarding the policy on seeking medical care.</p> <p>Human rights regulations regarding abuse, neglect, and exploitation will be reviewed in the November staff meeting, including a</p> | 11/15/2022                |

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

Page: 2 of 3

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-26-2022

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

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                             | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>Planned Comp. Date</u> |
|--------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                          |             | <p>Employee #2 took Individual #1 to Entity #1.</p> <ul style="list-style-type: none"> <li>Employee #1 and Employee #2 failed to obtain medical assessment and treatment necessary to the health and welfare of Individual #1 in a timely manner.</li> <li>Upon evaluation at Entity #1, Individual was diagnosed with Diagnosis #1.</li> </ul> | <p>discussion on delay of care for medical concerns. All staff will sign an attestation stating that they understand these requirements and attesting to their commitment to abide by these practices.</p> <p>Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee as a proactive measure for preventing abuse.</p> <p>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 Program Supervisor, Assistant Manager, and QIDP will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. Staff interventions and supports will be monitored through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals, providing monthly supervision and coaching).</p> |                           |

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

Page: 3 of 3

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-26-2022

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

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                       | <u>Planned Comp. Date</u> |
|--------------------------|-------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                          |             |                                     | <p>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 11/15/2022</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: December 6, 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%.

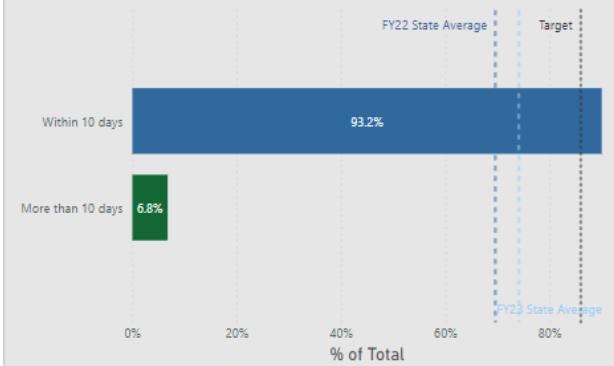
#### Current Month's Performance- July 2022

State Average

71.8%!

Goal: 86 %  
Within 10 days

Appointments Offered: Target - 86% within 10 Business Days



Number of CSBs that met 86% target in most current month: 18 of 40

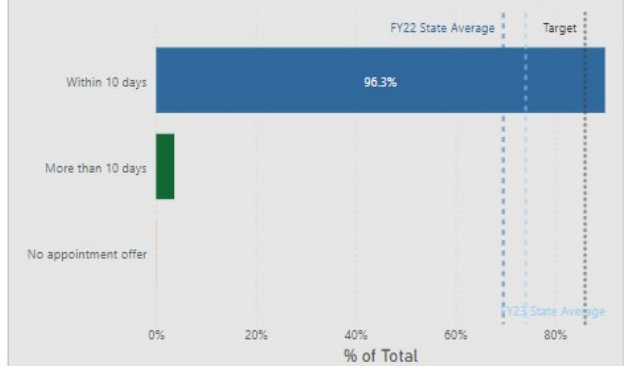
#### Year-to-date performance: FY2022

State Average

69.6%!

Goal: 86 %  
Within 10 days

Appointments Offered: Target - 86% within 10 Business Days



Number of CSBs that met 86% target in most current month: 18 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%.

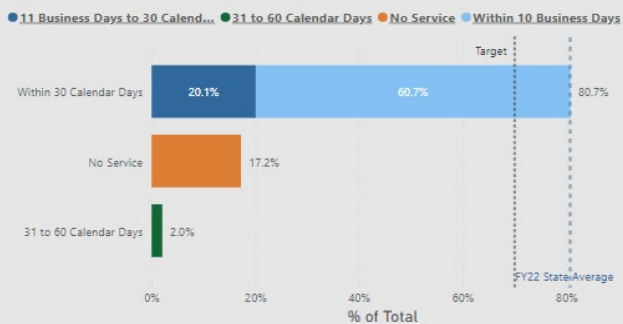
#### Current Month's Performance- June 2022

State Average

80.2%~

Goal: 70 %  
Within 30 Days

Appointments Kept: Target - 70% within 30 Calendar Days



Number of CSBs that met 70% target in most current month: 29 of 40

Measure Definitions

Data Detail

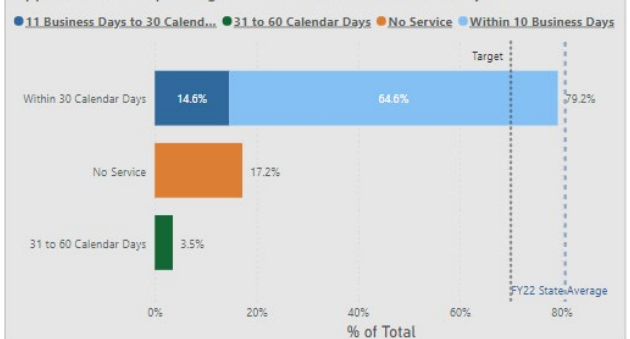
#### Year-to-date performance: FY2022

State Average

80.6%~

Goal: 70 %  
Within 30 Days

Appointments Kept: Target - 70% within 30 Calendar Days



Number of CSBs that met 70% target in most current month: 29 of 40

Measure Definitions

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.

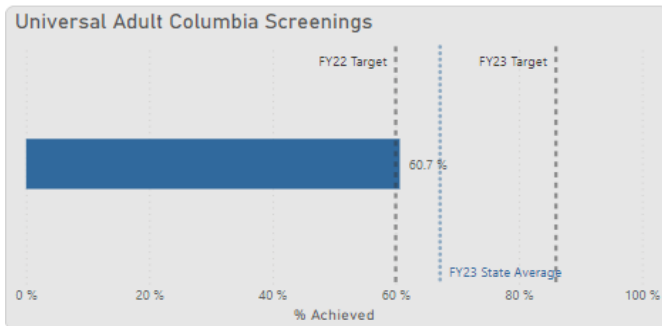
**Measure #1: Universal Adult Columbia Screenings:** Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for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

Current Month's Performance- June 2022

Year-to-date performance: FY2022

State Average

**67.5 %**  
Goal: 86 %

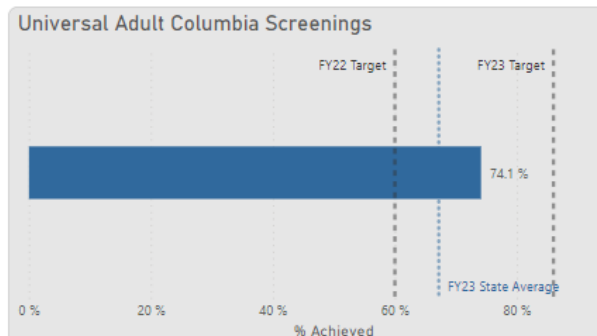


Number of CSBs that met 86% target in most current month: [13 of 40](#)  
Number of CSBs that met old 60% target in most current month: [26 of 40](#)



State Average

**61.3 %**  
Goal: 86 %



Number of CSBs that met 86% target in most current month: [13 of 40](#)  
Number of CSBs that met old 60% target in most current month: [26 of 40](#)

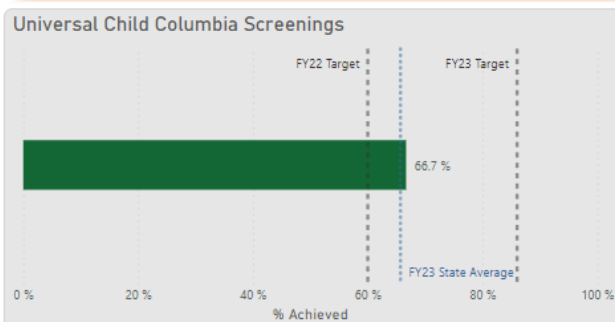
**Measure #2: Child Suicide Assessment:** Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for FY22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

Current Month's Performance- March 2022

Year-to-date performance: FY2022

State Average

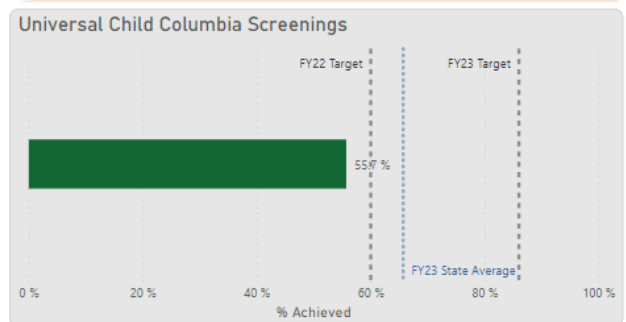
**65.3 %**  
Goal: 86 %



Number of CSBs that met 86% target in most current month: [10 of 40](#)  
Number of CSBs that met old 60% target in most current month: [24 of 40](#)

State Average

**65.3 %**  
Goal: 86 %



Number of CSBs that met 86% target in most current month: [10 of 40](#)  
Number of CSBs that met old 60% target in most current month: [24 of 40](#)

## Substance Use Disorder Engagement Measures

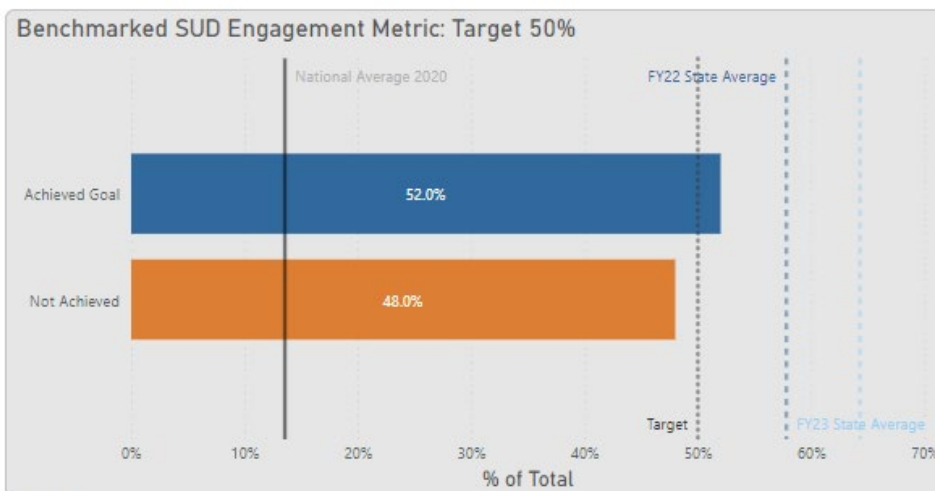
*Engagement of SUD Services:* Percentage of adults and children who are 13 years old or older with a new episode of SUD services as a result of a new substance use disorder (SUD) diagnosis (denominator, who initiated any SUD service within 14 days of diagnosis and who received two or more additional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

### Current Month's Performance- July 2022

State Average

65.3%✓

Goal: 50 %



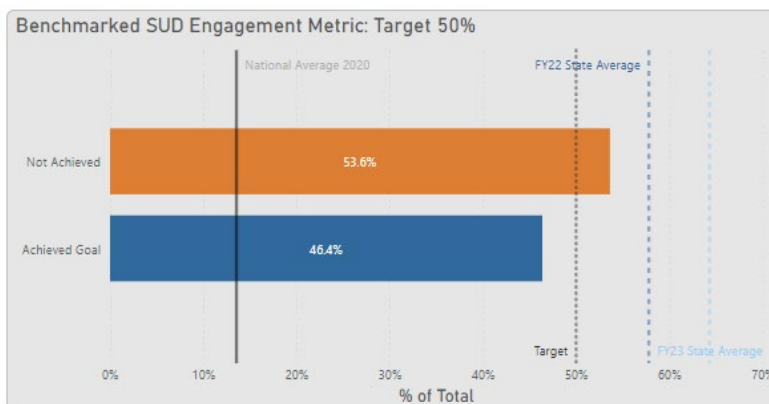
Number of CSBs that met 50% target in most current month: [31 of 40](#)

### Year-to-date performance: FY2022

State Average

57.8%✓

Goal: 50 %



Number of CSBs that met 50% target in most current month: [31 of 40](#)

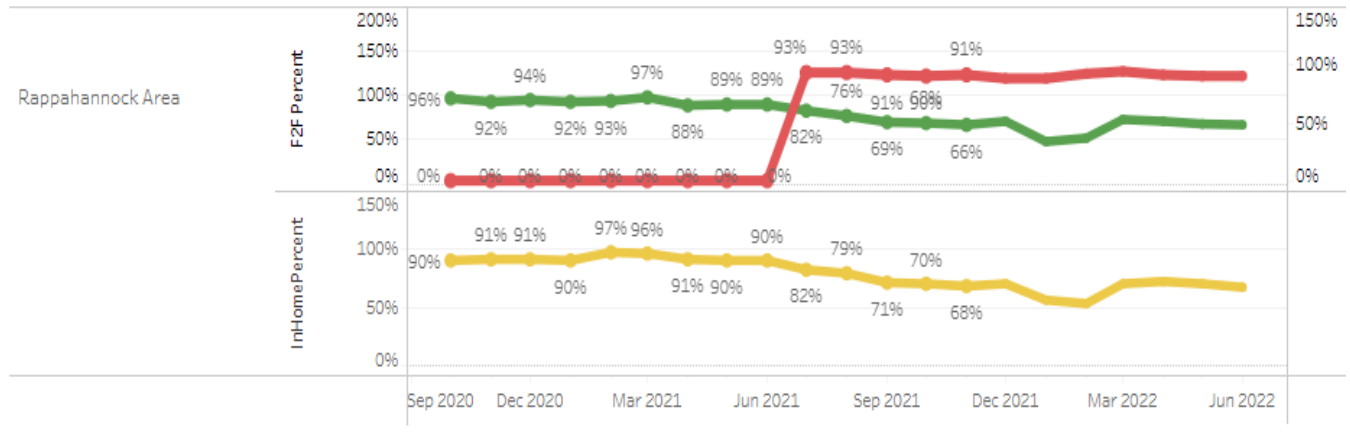
## Developmental Disability Measures

### 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%.*

#### 13 Months Trend



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# December 2022 Finance Committee Meeting Minutes

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## Call to order

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **December 13 2022**. Attendees included Nancy Beebe, Matt Zurasky, Glenna Boerner, Melissa White, Sarah Ritchie, Jacque Kobuchi, Michelle Runyon, Stephanie Terrell, Tina Cleveland, Joe Wickens, Amy Umble, Amy Jindra, Nadine Mayo, and Megan Toler. Susan Gayle, Kheia Hilton, Susan Muerdler and Jacob Parcell were not in attendance.

## October 2022 Board Deck

Tina Cleveland introduced a new way of showing the financial updates to the Committee by providing a Board Deck summary of most of the reports. She told the Committee that the Financial Summary would not be included in the Board Deck as it requires a vote. The Board Deck updates included:

- Cash Investments, which totaled \$22,458,398 in October 2022.
- Fee Revenue Reimbursement, with current year-to-date collections of \$10,914,845, which was a 20% increase from the previous year.
- Write-Off Report, which totaled \$301,920 for October 2022.
- Health Insurance Account, with year-to-date monthly premiums totaling \$1,301,577 and claims and fees totaling \$928,849.
- Other Post-Employment Benefits, which had a balance of \$2,096,031 as of Oct. 31, 2022.
- Payroll Statistics, which showed that employees were paid an average of 427 overtime hours per pay period in FY23 and an average of 3,867 leave hours per pay period.

## October 2022 Financial Summary Report

Tina Cleveland reviewed the October financial summary report with the Committee. Overall, FY23 balances currently show a net gain of \$3.8 million, with \$2 million of that being in restricted funds.

## Cost of Living Increase

Tina Cleveland reviewed a request to approve a 3% across-the-board Cost of Living increase for RACSB employees to help with retention and recruitment. She reminded the Board Members that the agency is in the middle of a compensation study which will likely recommend pay increases for some positions. She said that a 3% increase going into effect Jan. 8 would increase annual agency costs by \$918,345. Matt Zurasky requested that information be brought to the Board Meeting that included costs of a 4% increase.

## Adjournment

The meeting adjourned at 12:43 p.m.





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  
December 13, 2022, Noon  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** December 9, 2022

A Finance Committee meeting has been scheduled for Tuesday, December 13, 2022 at noon. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on December 13 at noon.

Cc: Matt Zurasky, Chairperson



RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**Finance Committee Meeting**

December 13, 2022—Noon

600 Jackson Street, Room 208 Fredericksburg, VA 22401

**Agenda**

- I. Finance Committee Board Deck.....3
  - a. Summary of Cash Investments
  - b. Fee Revenue Reimbursement
  - c. Fee Collection YTD and Quarterly
  - d. Write-Off Report
  - e. Health Insurance Account
  - f. OPEB
  - g. Payroll Statistics
- II. Financial Summary, Cleveland .....11
- III. Other Business, Zurasky

# Finance Committee

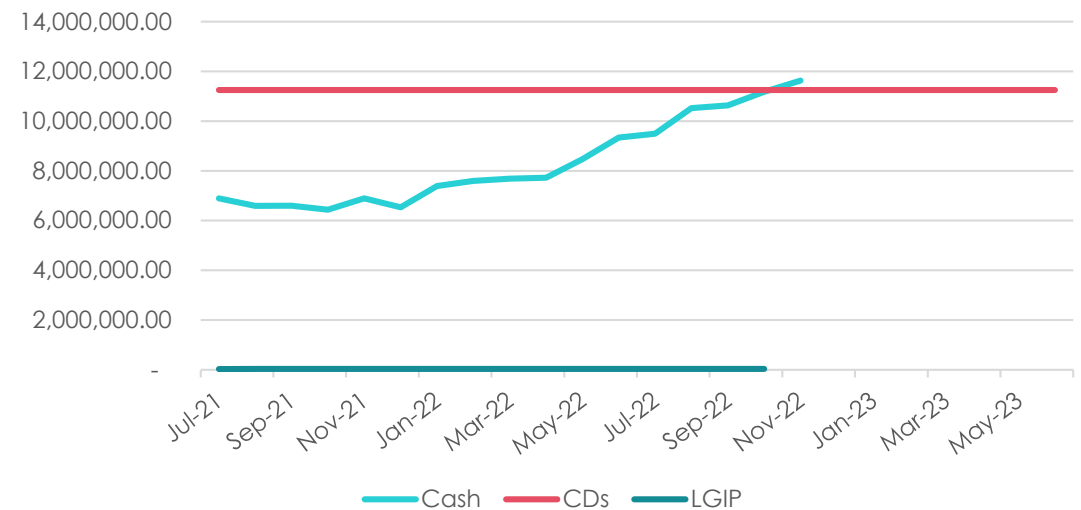
DECEMBER 13, 2022

# Summary of Cash Investments

| Depository                       | October 2022         | Rate  | Maturity Date |
|----------------------------------|----------------------|-------|---------------|
| <b>Atlantic Union Bank</b>       |                      |       |               |
| Checking                         | \$ 11,176,225        | 1.50% | N/A           |
|                                  |                      |       |               |
| Certificates of Deposit          | \$ 11,250,000        | 0.01% | 6/21/2024     |
| <b>Total Atlantic Union Bank</b> | <b>\$ 22,426,225</b> |       |               |
|                                  |                      |       |               |
| <b>Other</b>                     |                      |       |               |
| Local Gov. Investment Pool       | \$ 32,173            | 0.09% | N/A           |
| <b>Total Investments</b>         | <b>\$ 22,458,398</b> |       |               |

|                                                | \$ Change    | % Change |
|------------------------------------------------|--------------|----------|
| Change from Prior Month                        | \$ 545,851   | 2.5%     |
| Change from Prior Year                         | \$ 4,739,223 | 27%      |
|                                                |              |          |
|                                                |              |          |
| <b>Average # Months Reserves on Hand: 5.43</b> |              |          |

Cash and Cash Equivalents



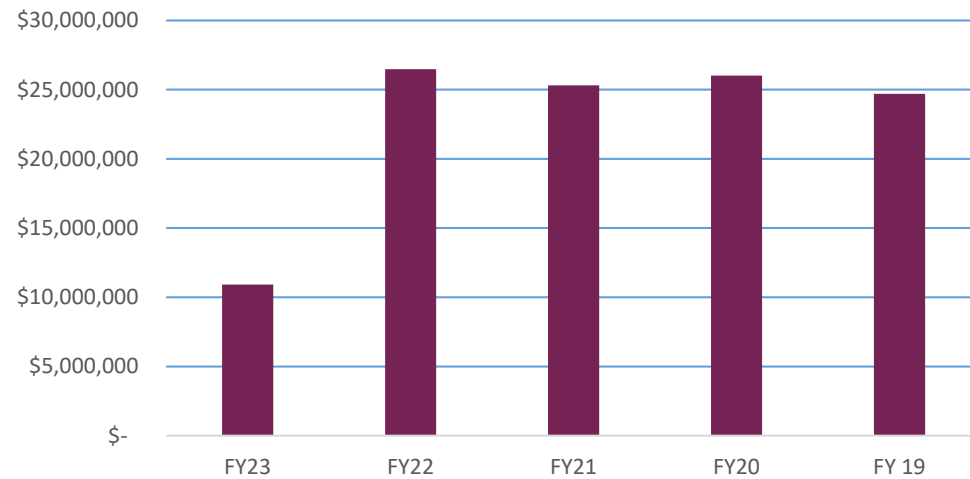
# Fee Revenue Reimbursement

| AGED CLAIMS                     |           | Current Month |             | Prior Month |             | Prior Year |             |
|---------------------------------|-----------|---------------|-------------|-------------|-------------|------------|-------------|
|                                 |           | %             | \$          | %           | \$          | %          | \$          |
| <b>Total Claims Outstanding</b> | Total     | 100%          | \$6,137,300 | 100%        | \$6,326,837 | 100%       | \$6,069,863 |
|                                 | Consumers | 41%           | \$2,488,685 | 40%         | \$2,502,523 | 32%        | \$1,944,683 |
|                                 | 3rd Party | 59%           | \$3,648,615 | 60%         | \$3,824,314 | 68%        | \$4,125,181 |
| <b>Claims Aged 0-29 Days</b>    | Consumers | 4%            | \$263,212   | 3%          | \$161,359   | 6%         | \$368,916   |
|                                 | 3rd Party | 53%           | \$3,257,622 | 52%         | \$3,291,104 | 51%        | \$3,119,916 |
| <b>Claims Aged 30-59 Days</b>   | Consumers | 2%            | \$139,176   | 0%          | \$7,249     | 1%         | \$43,113    |
|                                 | 3rd Party | 1%            | \$73,596    | 1%          | \$93,616    | 2%         | \$133,914   |
| <b>Claims Aged 60-89 Days</b>   | Consumers | 0%            | \$6,792     | 2%          | \$104,926   | 1%         | \$61,968    |
|                                 | 3rd Party | 1%            | \$58,829    | 2%          | \$111,314   | 1%         | \$57,341    |
| <b>Claims Aged 90-119 Days</b>  | Consumers | 2%            | \$104,105   | 0%          | \$5,460     | 1%         | \$48,237    |
|                                 | 3rd Party | 1%            | \$81,370    | 1%          | \$54,461    | 1%         | \$45,766    |
| <b>Claims Aged 120+ Days</b>    | Consumers | 32%           | \$1,975,400 | 35%         | \$2,223,529 | 23%        | \$1,422,449 |
|                                 | 3rd Party | 3%            | \$177,198   | 4%          | \$273,819   | 13%        | \$768,244   |

| CLAIM COLLECTIONS                |              |
|----------------------------------|--------------|
| Current Year To Date Collections | \$10,914,845 |
| Prior Year To Date Collections   | \$9,119,462  |
| \$ Change from Prior Year        | \$1,795,383  |
| % Change from Prior Year         | 20%          |

# Fee Collection YTD and Quarterly

## Year to Date Fee Collections



## Quarterly Fee Collections





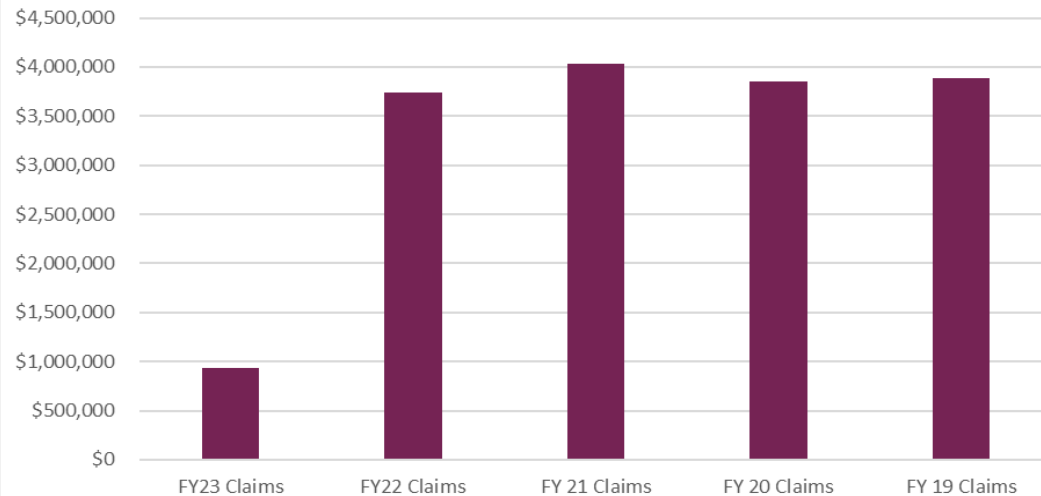
# Write Off's – Current Month & YTD

| Month: October 2022        |                      |                     |
|----------------------------|----------------------|---------------------|
| Write Off Code             | Current Year         | Prior Year          |
| BANKRUPTCY                 | \$ 1,084.48          | \$ -                |
| DECEASED                   | \$ 81.17             | \$ 200.00           |
| NO FINANCIAL AGREEMENT     | \$ 5,005.90          | \$ 1,980.56         |
| SMALL BALANCE              | \$ 105.36            | \$ 30.00            |
| UNCOLLECTABLE              | \$ 881.26            | \$ 425.00           |
| FINANCIAL ASSISTANCE       | \$ 170,334.88        | \$ 23,591.59        |
| NO SHOW                    | \$ 570.00            | \$ 280.00           |
| MAX UNITS/BENEFITS         | \$ 11,463.07         | \$ 1,934.44         |
| PROVIDER NOT CREDENTIALLED | \$ 7,445.00          | \$ 3,946.32         |
| DIAGNOSIS NOT COVERED      | \$ 1,520.00          | \$ -                |
| NON-COVERED SERVICE        | \$ 3,340.46          | \$ 704.21           |
| SERVICES NOT AUTHORIZED    | \$ 47,162.75         | \$ 8,802.54         |
| PAST BILLING DEADLINE      | \$ 15,466.96         | \$ 12,315.54        |
| INSUFFICIENT DOCUMENTATION | \$ 17,577.37         | \$ 1,175.00         |
| MCO DENIED AUTH            | \$ -                 | \$ 96.92            |
| INCORRECT PAYER            | \$ 19,231.81         | \$ -                |
| INVALID MEMBER ID          | \$ 650.00            | \$ -                |
| <b>TOTAL</b>               | <b>\$ 301,920.47</b> | <b>\$ 55,482.12</b> |

| Year to Date July 2022 - Oct 2022 |                        |                        |
|-----------------------------------|------------------------|------------------------|
| Write Off Code                    | Current Year           | Prior Year             |
| BAD ADDRESS                       | \$ -                   | \$ 478.25              |
| BANKRUPTCY                        | \$ 3,007.98            | \$ 270.00              |
| DECEASED                          | \$ 3,586.18            | \$ 390.00              |
| NO FINANCIAL AGREEMENT            | \$ 40,796.77           | \$ 16,030.99           |
| SMALL BALANCE                     | \$ 395.85              | \$ 519.26              |
| UNCOLLECTABLE                     | \$ 3,806.45            | \$ 2,953.64            |
| FINANCIAL ASSISTANCE              | \$ 943,294.51          | \$ 794,437.86          |
| NO SHOW                           | \$ 1,670.00            | \$ 1,982.66            |
| MAX UNITS/BENEFITS                | \$ 28,293.47           | \$ 18,879.06           |
| PROVIDER NOT CREDENTIALLED        | \$ 17,903.06           | \$ 32,537.03           |
| DIAGNOSIS NOT COVERED             | \$ 1,820.00            | \$ -                   |
| NON-COVERED SERVICE               | \$ 16,484.95           | \$ 4,895.69            |
| SERVICES NOT AUTHORIZED           | \$ 106,361.24          | \$ 110,810.01          |
| PAST BILLING DEADLINE             | \$ 26,099.66           | \$ 38,152.24           |
| INSUFFICIENT DOCUMENTATION        | \$ 24,087.37           | \$ 1,335.00            |
| MCO DENIED AUTH                   | \$ -                   | \$ 2,733.18            |
| INCORRECT PAYER                   | \$ 27,527.68           | \$ 6,368.00            |
| INVALID MEMBER ID                 | \$ 810.00              | \$ -                   |
| <b>TOTAL</b>                      | <b>\$ 1,245,945.17</b> | <b>\$ 1,032,772.87</b> |

# Health Insurance

Year-to-Date Health Insurance Claims Cost

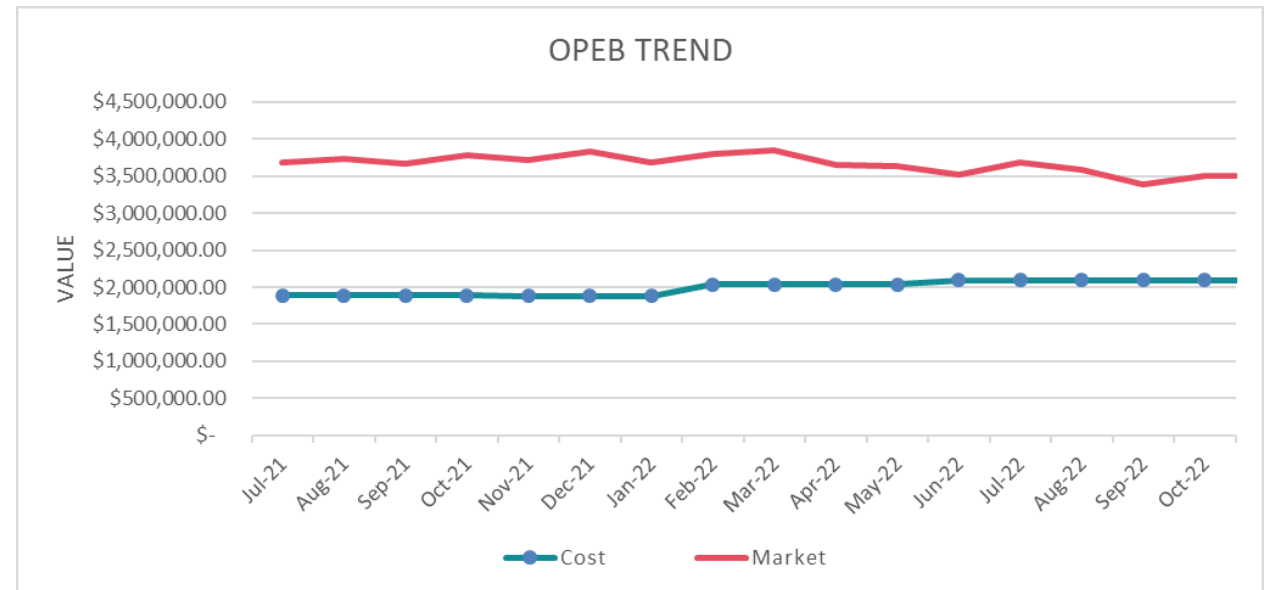


| FY 2023           | Monthly Premiums      | Additional Premium Contributions | Monthly Claims & Fees | Interest        | Balance             |
|-------------------|-----------------------|----------------------------------|-----------------------|-----------------|---------------------|
| Beginning 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         | \$323,477.09          |                                  | \$223,419.72          | \$65.66         | \$653,612.17        |
| October           | \$309,999.97          |                                  | \$208,892.49          | \$86.00         | \$754,805.65        |
| November          |                       |                                  |                       |                 | \$754,805.65        |
| December          |                       |                                  |                       |                 | \$754,805.65        |
| January           |                       |                                  |                       |                 | \$754,805.65        |
| February          |                       |                                  |                       |                 | \$754,805.65        |
| March             |                       |                                  |                       |                 | \$754,805.65        |
| Apr               |                       |                                  |                       |                 | \$754,805.65        |
| May               |                       |                                  |                       |                 | \$754,805.65        |
| June              |                       |                                  |                       |                 | \$754,805.65        |
| <b>YTD Total</b>  | <b>\$1,301,576.86</b> | <b>\$0.00</b>                    | <b>\$928,849.31</b>   | <b>\$204.49</b> | <b>\$754,805.65</b> |

| Historical Data | Average Monthly Claims | Monthly Average Difference from PY | Highest Month |
|-----------------|------------------------|------------------------------------|---------------|
| FY 2023         | \$232,212              | (\$79,301)                         | \$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     |

# Other Post Employment Benefit (OPEB)

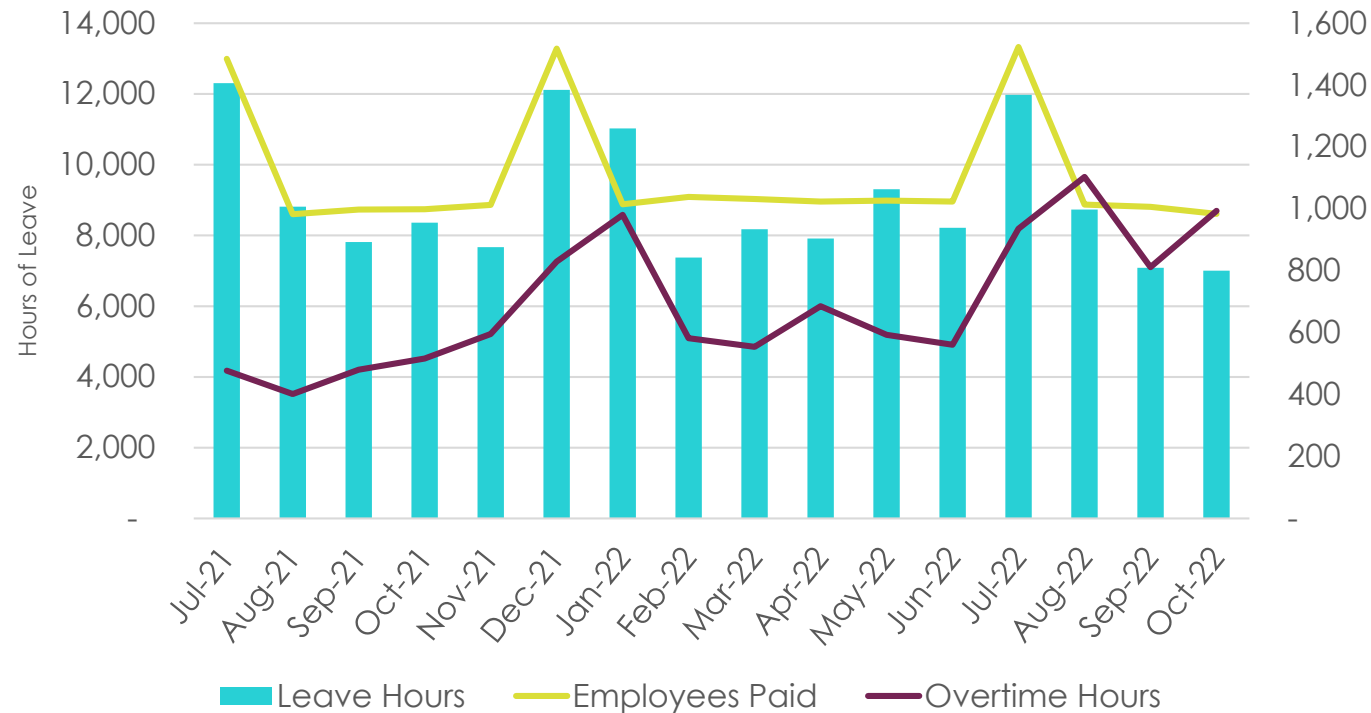
|                                 | Cost Basis      | Cost Variance From Inception | Market Basis    | Market Variance From Inception |
|---------------------------------|-----------------|------------------------------|-----------------|--------------------------------|
| <b>Initial Contribution</b>     | \$ 954,620      |                              | \$ 954,620      |                                |
| <b>FY 2022 Year-End Balance</b> | \$ 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)     |                                |
| <b>Balance at 7/31/2022</b>     | \$ 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         |                 |                              |                 |                                |
| <b>Balance at 8/31/2022</b>     | \$ 2,096,641.74 | \$ 1,142,021.74              | \$ 3,590,000.78 | \$ 2,635,380.78                |
| Realized Gain/(Loss)            |                 |                              |                 |                                |
| Unrealized Gain/(Loss)          |                 |                              | \$ (207,470.34) |                                |
| Fees & Expenses                 |                 |                              |                 |                                |
| Transfers/Contributions         |                 |                              |                 |                                |
| <b>Balance at 9/30/2022</b>     | \$ 2,096,641.74 | \$ 1,142,021.74              | \$ 3,382,530.44 | \$ 2,427,910.44                |
| Realized Gain/(Loss)            | \$ 409.36       |                              | \$ 409.36       |                                |
| Unrealized Gain/(Loss)          |                 |                              | \$ 118,634.02   |                                |
| Fees & Expenses                 | \$ (125.00)     |                              | \$ (125.00)     |                                |
| Transfers/Contributions         | \$ (895.26)     |                              | \$ (895.26)     |                                |
| <b>Balance at 10/31/2022</b>    | \$ 2,096,030.84 | \$ 1,141,410.84              | \$ 3,500,553.56 | \$ 2,545,933.56                |





# Payroll Statistics

Employees / Leave\* / Overtime



| Indicators       | FY 2021<br>Average Per<br>Pay Period | FY 2022<br>Average Per<br>Pay Period | FY 2023<br>Average Per<br>Pay Period |
|------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| # Employees Paid | 514                                  | 506                                  | 503                                  |
| Leave Hours      | 3,850                                | 4,196                                | 3,867                                |
| Overtime Hours   | 102                                  | 279                                  | 427                                  |

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

**MENTAL HEALTH**

| PROGRAM                             | REVENUE             |                  |            | EXPENDITURES      |                  |            | ACTUAL<br>VARIANCE | VARIANCE /<br>REVENUE |
|-------------------------------------|---------------------|------------------|------------|-------------------|------------------|------------|--------------------|-----------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %          | BUDGET<br>FY 2023 | ACTUAL<br>YTD    | %          |                    |                       |
| INPATIENT                           | 20,000              | 0                | 0.00%      | 20,000            | 0                | 0.00%      | -                  | 0%                    |
| OUTPATIENT                          | 2,078,691           | 1,014,891        | 48.82%     | 2,078,691         | 715,453          | 34.42%     | 299,438            | 30%                   |
| MEDICAL OUTPATIENT                  | 3,849,822           | 1,425,945        | 37.04%     | 3,849,822         | 1,489,642        | 38.69%     | (63,697)           | -4%                   |
| ACT NORTH                           | 880,238             | 333,898          | 37.93%     | 880,238           | 272,455          | 30.95%     | 61,443             | 18%                   |
| ACT SOUTH                           | 843,563             | 255,275          | 30.26%     | 843,563           | 204,047          | 24.19%     | 51,229             | 20%                   |
| CASE MANAGEMENT ADULT               | 937,373             | 346,342          | 36.95%     | 937,373           | 323,706          | 34.53%     | 22,636             | 7%                    |
| CASE MANAGEMENT CHILD & ADOLESCENT  | 800,057             | 319,648          | 39.95%     | 800,057           | 223,713          | 27.96%     | 95,935             | 30%                   |
| PSY REHAB & KENMORE EMP SER         | 681,878             | 264,623          | 38.81%     | 681,878           | 193,948          | 28.44%     | 70,676             | 27%                   |
| PERMANENT SUPPORTIVE HOUSING        | 1,275,349           | 962,156          | 75.44%     | 1,275,349         | 354,980          | 27.83%     | 607,176            | 63%                   |
| CRISIS STABILIZATION                | 1,928,225           | 658,173          | 34.13%     | 1,928,225         | 504,619          | 26.17%     | 153,554            | 23%                   |
| SUPERVISED RESIDENTIAL              | 440,930             | 148,407          | 33.66%     | 440,930           | 168,281          | 38.17%     | (19,874)           | -13%                  |
| SUPPORTED RESIDENTIAL               | 893,956             | 265,411          | 29.69%     | 893,956           | 268,944          | 30.08%     | (3,533)            | -1%                   |
| JAIL DIVERSION GRANT                | 156,523             | 102,850          | 65.71%     | 156,523           | 26,155           | 16.71%     | 76,695             | 75%                   |
| <b>SUB-TOTAL</b>                    | <b>14,786,607</b>   | <b>6,097,619</b> | <b>41%</b> | <b>14,786,607</b> | <b>4,745,942</b> | <b>32%</b> | <b>1,351,677</b>   | <b>22%</b>            |
| * Budget excludes program subsidies |                     |                  |            |                   |                  |            |                    |                       |

**DEVELOPMENTAL SERVICES**

| PROGRAM                             | REVENUE             |                  |               | EXPENDITURES      |                  |               | ACTUAL<br>VARIANCE | VARIANCE /<br>REVENUE |
|-------------------------------------|---------------------|------------------|---------------|-------------------|------------------|---------------|--------------------|-----------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %             | BUDGET<br>FY 2023 | ACTUAL<br>YTD    | %             |                    |                       |
| CASE MANAGEMENT                     | 3,105,473           | 1,085,388        | 34.95%        | 3,105,473         | 1,043,925        | 33.62%        | 41,463             | 4%                    |
| DAY HEALTH & REHAB *                | 4,136,396           | 1,416,459        | 34.24%        | 4,136,396         | 1,444,825        | 34.93%        | (28,366)           | -2%                   |
| GROUP HOMES                         | 5,580,946           | 2,199,211        | 39.41%        | 5,580,946         | 1,644,911        | 29.47%        | 554,300            | 25%                   |
| RESPIRE GROUP HOME                  | 229,325             | 53,466           | 23.31%        | 229,325           | 166,377          | 72.55%        | (112,911)          | -211%                 |
| INTERMEDIATE CARE FACILITIES        | 4,091,920           | 1,446,407        | 35.35%        | 4,091,920         | 1,292,442        | 31.59%        | 153,965            | 11%                   |
| SUPERVISED APARTMENTS               | 1,525,310           | 809,833          | 53.09%        | 1,525,310         | 539,196          | 35.35%        | 270,638            | 33%                   |
| SPONSORED PLACEMENTS                | 2,047,818           | 962,019          | 46.98%        | 2,047,818         | 638,638          | 31.19%        | 323,380            | 34%                   |
| <b>SUB-TOTAL</b>                    | <b>20,717,187</b>   | <b>7,972,783</b> | <b>38.48%</b> | <b>20,717,187</b> | <b>6,770,313</b> | <b>32.68%</b> | <b>1,202,470</b>   | <b>15%</b>            |
| * Budget excludes program subsidies |                     |                  |               |                   |                  |               |                    |                       |

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

**SUBSTANCE ABUSE**

| PROGRAM                             | REVENUE             |                  |            | EXPENDITURES      |                  |            |                    | VARIANCE /<br>REVENUE |
|-------------------------------------|---------------------|------------------|------------|-------------------|------------------|------------|--------------------|-----------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %          | BUDGET<br>FY 2023 | ACTUAL<br>YTD    | %          | ACTUAL<br>VARIANCE |                       |
| OUTPATIENT                          | 1,818,448           | 531,107          | 29.21%     | 1,818,448         | 553,028          | 30.41%     | (21,920)           | -4%                   |
| MAT PROGRAM                         | 987,709             | 104,911          | 10.62%     | 987,709           | 212,781          | 21.54%     | (107,870)          | -103%                 |
| CASE MANAGEMENT                     | 154,511             | 56,216           | 36.38%     | 154,511           | 40,352           | 26.12%     | 15,864             | 28%                   |
| RESIDENTIAL                         | 161,757             | 92,065           | 56.92%     | 161,757           | 5,616            | 3.47%      | 86,449             | 94%                   |
| PREVENTION                          | 808,950             | 536,269          | 66.29%     | 808,950           | 206,118          | 25.48%     | 330,151            | 62%                   |
| LINK                                | 400,397             | 339,044          | 84.68%     | 400,397           | 56,039           | 14.00%     | 283,005            | 83%                   |
| <b>SUB-TOTAL</b>                    | <b>4,331,772</b>    | <b>1,659,613</b> | <b>38%</b> | <b>4,331,772</b>  | <b>1,073,934</b> | <b>25%</b> | <b>585,680</b>     | <b>35%</b>            |
| * Budget excludes program subsidies |                     |                  |            |                   |                  |            |                    |                       |

**SERVICES OUTSIDE PROGRAM AREA**

| PROGRAM                             | REVENUE             |                  |               | EXPENDITURES      |                |               |                    | VARIANCE /<br>REVENUE |
|-------------------------------------|---------------------|------------------|---------------|-------------------|----------------|---------------|--------------------|-----------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %             | BUDGET<br>FY 2023 | ACTUAL<br>YTD  | %             | ACTUAL<br>Variance |                       |
| EMERGENCY SERVICES                  | 1,371,467           | 590,762          | 43.08%        | 1,327,096         | 358,231        | 26.99%        | 232,530            | 39%                   |
| CHILD MOBILE CRISIS                 | 311,007             | 155,254          | 49.92%        | 320,728           | 97,166         | 30.30%        | 58,088             | 37%                   |
| CIT ASSESSMENT SITE                 | 294,556             | 108,671          | 36.89%        | 289,481           | 89,426         | 30.89%        | 19,245             | 18%                   |
| CONSUMER MONITORING                 | 130,859             | 57,835           | 44.20%        | 139,646           | 77,420         | 55.44%        | (19,585)           | -34%                  |
| HOSPITAL CONSUMER MONITORING        | 193,975             | 0                | 0.00%         | 193,975           | 61,623         | 31.77%        | (61,623)           | 0%                    |
| ASSESSMENT AND EVALUATION           | 592,509             | 178,559          | 30.14%        | 739,048           | 139,269        | 18.84%        | 39,290             | 22%                   |
| <b>SUB-TOTAL</b>                    | <b>2,894,374</b>    | <b>1,091,081</b> | <b>37.70%</b> | <b>3,009,974</b>  | <b>823,136</b> | <b>27.35%</b> | <b>267,945</b>     | <b>25%</b>            |
| * Budget excludes program subsidies |                     |                  |               |                   |                |               |                    |                       |

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

**ADMINISTRATION**

| PROGRAM               | REVENUE             |               |               | EXPENDITURES      |               |               | ACTUAL VARIANCE |
|-----------------------|---------------------|---------------|---------------|-------------------|---------------|---------------|-----------------|
|                       | BUDGET *<br>FY 2023 | ACTUAL<br>YTD | %             | BUDGET<br>FY 2023 | ACTUAL<br>YTD | %             |                 |
| ADMINISTRATION        | 130,574             | 62,544        | 47.90%        | 130,574           | 62,544        | 47.90%        | 0               |
| PROGRAM SUPPORT       | 66,768              | (583)         | -0.87%        | 66,768            | (583)         | -0.87%        | 0               |
| <b>SUB-TOTAL</b>      | <b>197,342</b>      | <b>61,960</b> | <b>31.40%</b> | <b>197,342</b>    | <b>61,960</b> | <b>31.40%</b> | <b>0</b>        |
| ALLOCATED TO PROGRAMS |                     |               |               | 4,268,473         | 1,577,557     | 36.96%        |                 |

\* Budget excludes program subsidies

| PROGRAM        | REVENUE             |               |              | EXPENDITURES      |               |              | ACTUAL VARIANCE | VARIANCE / REVENUE |
|----------------|---------------------|---------------|--------------|-------------------|---------------|--------------|-----------------|--------------------|
|                | BUDGET *<br>FY 2023 | ACTUAL<br>YTD | %            | BUDGET<br>FY 2023 | ACTUAL<br>YTD | %            |                 |                    |
| TRANSPORTATION | 0                   | 0             | 0.00%        | 0                 | 111           | 0.00%        | (111)           | 0%                 |
| <b>TOTAL</b>   | <b>0</b>            | <b>0</b>      | <b>0.00%</b> | <b>0</b>          | <b>111</b>    | <b>0.00%</b> | <b>(111)</b>    | <b>0%</b>          |

\* Budget excludes program subsidies

**FISCAL AGENT PROGRAMS**  
**PART C AND HEALTHY FAMILY PROGRAMS**

| PROGRAM                             | REVENUE             |                  |               | EXPENDITURES      |                  |               | ACTUAL VARIANCE  | VARIANCE / REVENUE |
|-------------------------------------|---------------------|------------------|---------------|-------------------|------------------|---------------|------------------|--------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %             | BUDGET<br>FY 2023 | ACTUAL<br>YTD    | %             |                  |                    |
| INTERAGENCY COORDINATING COUNCIL    | 1,710,296           | 925,842          | 54.13%        | 1,710,296         | 417,442          | 24.41%        | 508,401          | 55%                |
| INFANT CASE MANAGEMENT              | 725,520             | 339,223          | 46.76%        | 725,520           | 242,398          | 33.41%        | 96,825           | 29%                |
| EARLY INTERVENTION                  | 2,041,058           | 583,722          | 28.60%        | 2,041,058         | 642,206          | 31.46%        | (58,484)         | -10%               |
| <b>TOTAL PART C</b>                 | <b>4,476,874</b>    | <b>1,848,787</b> | <b>41.30%</b> | <b>4,476,874</b>  | <b>1,302,045</b> | <b>29.08%</b> | <b>546,742</b>   | <b>30%</b>         |
| HEALTHY FAMILIES                    | 178,886             | 63,056           | 35.25%        | 178,886           | 22,226           | 12.42%        | 40,830           | 65%                |
| HEALTHY FAMILIES - MIECHV Grant     | 403,497             | 92,076           | 22.82%        | 403,497           | 128,347          | 31.81%        | (36,270)         | -39%               |
| HEALTHY FAMILIES-TANF & CBCAP GRANT | 531,457             | 10,393           | 1.96%         | 531,457           | 183,114          | 34.45%        | (172,720)        | -1662%             |
| <b>TOTAL HEALTHY FAMILY</b>         | <b>1,113,840</b>    | <b>165,526</b>   | <b>14.86%</b> | <b>1,113,840</b>  | <b>333,687</b>   | <b>29.96%</b> | <b>(168,161)</b> | <b>-102%</b>       |

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

## RECAP FY 2023 BALANCES

|                               | <u>REVENUE</u>    | <u>EXPENDITURES</u> | <u>NET</u>       | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH                 | 6,097,619         | 4,745,942           | 1,351,677        | 22%                  |
| DEVELOPMENTAL SERVICES        | 7,972,783         | 6,770,313           | 1,202,470        | 15%                  |
| SUBSTANCE ABUSE               | 1,659,613         | 1,073,934           | 585,680          | 35%                  |
| SERVICES OUTSIDE PROGRAM AREA | 1,091,081         | 823,136             | 267,945          | 25%                  |
| ADMINISTRATION                | 61,960            | 61,960              | 0                | 0%                   |
| OTHER                         | 0                 | 111                 | (111)            | 0%                   |
| FISCAL AGENT PROGRAMS         | 2,014,313         | 1,635,732           | 378,582          | 19%                  |
| <b>TOTAL</b>                  | <b>18,897,370</b> | <b>15,111,128</b>   | <b>3,786,243</b> | <b>20%</b>           |

Restricted Funds \$ 1,991,587  
Unrestricted Funds 1,795,907  
Total \$ 3,786,243

## RECAP FY 2022 BALANCES

|                               | <u>REVENUE</u>    | <u>EXPENDITURES</u> | <u>NET</u>       | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH                 | 4,626,349         | 3,495,658           | 1,130,691        | 24%                  |
| DEVELOPMENTAL SERVICES        | 5,073,687         | 4,776,594           | 297,093          | 6%                   |
| SUBSTANCE ABUSE               | 2,007,967         | 1,031,817           | 976,150          | 49%                  |
| SERVICES OUTSIDE PROGRAM AREA | 803,430           | 696,248             | 107,182          | 13%                  |
| ADMINISTRATION                | 34,201            | 34,200              | 2                | 0%                   |
| OTHER                         | 2,000             | 20,016              | (18,016)         | -901%                |
| FISCAL AGENT PROGRAMS         | 1,566,679         | 1,298,910           | 267,769          | 17%                  |
| <b>TOTAL</b>                  | <b>14,114,314</b> | <b>11,353,443</b>   | <b>2,760,871</b> | <b>20%</b>           |

|                                      | <u>\$ Change</u> | <u>% Change</u> |
|--------------------------------------|------------------|-----------------|
| Change in Revenue from Prior Year    | \$ 4,783,057     | 33.89%          |
| Change in Expense from Prior Year    | \$ 3,757,686     | 33.10%          |
| Change in Net Income from Prior Year | \$ 1,025,372     | 37.14%          |

\*Unaudited Report

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# December 2022 Personnel Committee Meeting Minutes

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## Call to order

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on December 14, 2022. Attendees included Nancy Beebe, Glenna Boerner, Matt Zurasky, Melissa White, Sarah Ritchie, Jacque Kobuchi, Michelle Runyon, Amy Jindra, Nadine Mayo, Tina Cleveland, Joe Wickens, Amy Umble. Members not in attendance included Linda Carter, Claire Curcio, Jacob Parcell, Susan Gayle and Greg Sokolowski.

## November 2022 EEO Report and Recruitment Update

Michelle Runyon told the Committee that RACSB received 56 applications through November 30, 2022. This is a decrease of 17.6% compared to the month of October 2022, and a decrease of 52.94% when compared to the month of November 2021.

## November 2022 Retention Report

Michelle Runyon reported that Human Resources processed a total of five employee separations for the month of November 2022. The retention rate was 99.17%.

## Adjournment

The meeting adjourned at 12:50 p.m.



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  
December 13, 2022, 12:30 PM  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** December 9, 2022

A Personnel Committee meeting has been scheduled for Tuesday, December 13, 2022 at 12:30 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on December 13 at 1:00 PM.

Cc: Susan Gayle, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**Personnel Committee Meeting**

November 13, 2022—12:30 p.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

**Agenda**

- I. November EEO Report, Runyon.....3
- II. November Retention Report, Runyon.....9
- III. Other Business, Gayle





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: December 2, 2022

Re: Summary – November 2022 EEO Report and Recruitment Update

RACSB received **56** applications through November 30, 2022. This is a **decrease** of **17.6%** compared to the month of October 2022, and a **decrease** of **52.94%** when compared to the month of November 2021.

RACSB received **739** resumes and advertised **17** positions through Indeed for **November 2022**.

Of the applications received, 25 applicants listed the RACSB applicant website as their recruitment source, 19 stated employee referrals as their recruitment source, and 9 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **130** open positions. New positions account for **7** 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 **November 2022**.

## Analytics summary: jobs and campaigns

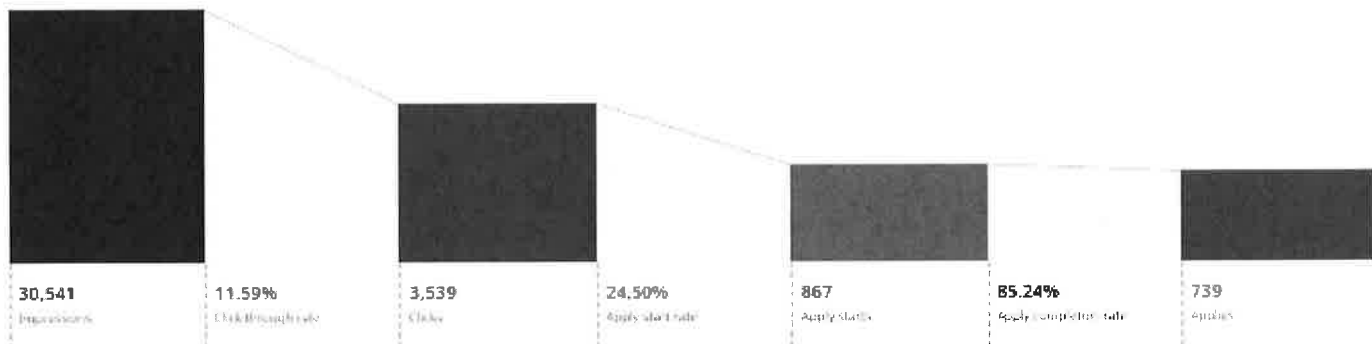
Summary Derived report

Is this page helpful?

Traffic: sponsored (17 jobs)

Filter data

### Performance funnel



### Cost summary

**\$12,719.92**  
Total cost for period

**\$3.59** / click  
Cost per click

Your job with the **highest cost per click** is Mental Health Nurse, LP/BSN - Crisis Stabilization in Frederick, MD, VA (\$3.88). Your job with the **lowest cost per click** is Executive Administrative Assistant in Frederick, MD, VA (\$2.62).

**\$14.67** / apply start  
Cost per apply start

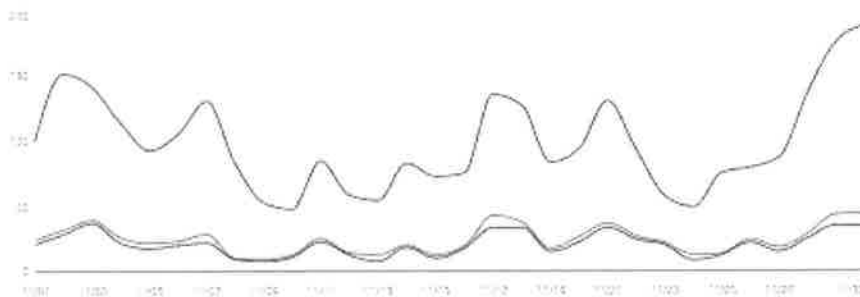
Your job with the **highest cost per apply start** is Mental Health Nurse, LP/BSN - Crisis Stabilization in Frederick, MD, VA (\$19.96). Your job with the **lowest cost per apply start** is Executive Administrative Assistant in Frederick, MD, VA (\$4.23).

**\$17.21** / application  
Cost per application

Your job with the **highest cost per application** is Mental Health Nurse, LP/BSN - Crisis Stabilization in Frederick, MD, VA (\$21.94). Your job with the **lowest cost per application** is Executive Administrative Assistant in Frederick, MD, VA (\$4.19).

### Engagement summary

Clicks Apply starts Applications



### Desktop vs. mobile clicks

For the selected time period, your jobs received 102% more clicks on desktop than mobile.



## EEO Report 2022

| <b>APPLICANT DATA</b>        | <b>Nov-21</b> | <b>Dec-21</b> | <b>Jan-22</b> | <b>Feb-22</b> | <b>Mar-22</b> | <b>Apr-22</b> | <b>May-22</b> | <b>Jun-22</b> | <b>Jul-22</b> | <b>Aug-22</b> | <b>Sep-22</b> | <b>Oct-22</b> | <b>Nov-22</b> |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Female                       | 43            | 45            | 41            | 46            | 35            | 24            | 31            | 45            | 30            | 41            | 35            | 29            | 25            |
| Male                         | 15            | 7             | 8             | 7             | 11            | 3             | 13            | 11            | 9             | 11            | 12            | 4             | 2             |
| Not Supplied                 | 61            | 43            | 27            | 33            | 26            | 30            | 25            | 33            | 44            | 38            | 36            | 35            | 29            |
| <b>Total</b>                 | <b>119</b>    | <b>95</b>     | <b>76</b>     | <b>86</b>     | <b>72</b>     | <b>57</b>     | <b>69</b>     | <b>89</b>     | <b>83</b>     | <b>90</b>     | <b>83</b>     | <b>68</b>     | <b>56</b>     |
| <b>ETHNICITY</b>             |               |               |               |               |               |               |               |               |               |               |               |               |               |
| Caucasian                    | 29            | 28            | 31            | 25            | 13            | 13            | 22            | 30            | 19            | 30            | 28            | 14            | 17            |
| African American             | 28            | 20            | 15            | 20            | 27            | 16            | 17            | 24            | 17            | 18            | 19            | 16            | 7             |
| Hispanic                     | 5             | 9             | 7             | 6             | 5             | 5             | 5             | 3             | 4             | 5             | 2             | 5             | 1             |
| Asian                        | 2             |               | 2             | 3             |               | 1             | 1             |               |               | 1             |               | 1             | 2             |
| American Indian              | 1             | 1             |               | 2             | 1             |               | 1             | 1             | 1             |               | 1             | 1             |               |
| Native Hawaiian              |               |               |               |               |               |               |               |               |               |               |               |               |               |
| Two or More Races            |               |               |               |               |               |               |               |               |               |               |               |               |               |
| <b>RECRUITMENT SOURCE</b>    |               |               |               |               |               |               |               |               |               |               |               |               |               |
| Newspaper Ads                |               |               | 1             |               |               |               |               |               |               |               |               | 1             |               |
| RACSB Website                | 52            | 39            | 36            | 32            | 33            | 27            | 28            | 39            | 28            | 31            | 28            | 26            | 25            |
| RACSB Intranet               | 3             | 1             | 2             | 7             | 5             | 2             | 5             | 7             | 3             | 6             | 6             | 2             | 1             |
| Employee Referrals           | 31            | 34            | 18            | 32            | 15            | 23            | 18            | 30            | 29            | 30            | 27            | 23            | 19            |
| Radio Ads                    |               |               |               |               | 1             |               | 1             |               |               | 4             |               |               | 1             |
| Indeed.com                   | 25            | 20            | 20            | 7             | 17            | 9             | 11            | 15            | 11            | 13            | 24            | 13            | 9             |
| VA Employment Commission     |               | 1             | 3             | 2             | 3             | 2             | 7             | 2             | 2             | 1             |               |               | 2             |
| Monster.com                  |               |               |               |               |               |               |               |               |               |               |               |               |               |
| Other -                      |               |               | 1             | 8             | 3             |               | 3             | 4             | 5             | 2             | 2             | 2             | 2             |
| Colleges/Handshake           |               |               |               |               |               |               |               | 1             |               |               |               |               |               |
| Facebook                     |               |               |               |               |               |               |               |               |               |               |               |               |               |
| Multi Site Search            |               |               |               |               |               |               |               | 1             | 1             | 2             | 2             |               |               |
| NHSC                         |               |               |               |               |               |               |               |               |               |               |               |               |               |
| Linked In                    |               |               |               |               |               |               |               |               |               | 1             |               |               |               |
| Goodwill referral            |               |               |               |               |               |               |               |               |               |               |               |               |               |
| Zip Recruiter                | 1             |               |               |               |               |               |               |               |               |               | 1             | 3             | 1             |
| Job Fair                     | 6             |               |               | 2             | 1             |               |               | 1             |               |               | 2             |               | 2             |
| <b>Total # of Applicants</b> | <b>80</b>     | <b>68</b>     | <b>62</b>     | <b>65</b>     | <b>59</b>     | <b>47</b>     | <b>52</b>     | <b>77</b>     | <b>59</b>     | <b>72</b>     | <b>64</b>     | <b>57</b>     | <b>42</b>     |

**RECRUITMENT REPORT 2022**

| <b>MONTHLY RECRUITMENT</b>                 | <b>JANUARY</b> | <b>FEBRUARY</b> | <b>MARCH</b> | <b>APRIL</b> | <b>MAY</b> | <b>JUNE</b> | <b>JULY</b> | <b>AUGUST</b> | <b>SEPTEMBER</b> | <b>OCTOBER</b> | <b>NOVEMBER</b> | <b>DECEMBER</b> | <b>TOTAL YTD</b> |
|--------------------------------------------|----------------|-----------------|--------------|--------------|------------|-------------|-------------|---------------|------------------|----------------|-----------------|-----------------|------------------|
| <b>External Applicants Hired:</b>          |                |                 |              |              |            |             |             |               |                  |                |                 |                 |                  |
| Part-time                                  | 8              | 8               | 2            | 1            | 6          | 6           | 2           | 8             | 1                | 2              | 4               |                 |                  |
| Full-time                                  | 15             | 11              | 15           | 10           | 11         | 8           | 15          | 12            | 12               | 15             | 11              |                 |                  |
| <b>Sub Total External Applicants Hired</b> | <b>23</b>      | <b>19</b>       | <b>17</b>    | <b>11</b>    | <b>17</b>  | <b>14</b>   | <b>17</b>   | <b>20</b>     | <b>13</b>        | <b>17</b>      | <b>15</b>       |                 |                  |
|                                            |                |                 |              |              |            |             |             |               |                  |                |                 |                 |                  |
| <b>Internal Applicants Moved:</b>          |                |                 |              |              |            |             |             |               |                  |                |                 |                 |                  |
| Full-time to PRN As Needed                 | 1              | 1               | 1            |              | 1          | 1           | 1           | 6             | 1                | 3              | 1               |                 |                  |
| Full-time to Part-time                     |                |                 |              |              |            |             |             |               | 1                |                | 1               |                 |                  |
| Part-time to PRN As Needed                 | 1              |                 |              | 1            |            | 1           |             |               |                  |                | 2               |                 |                  |
| Part-time to Full-time                     |                | 1               | 2            | 1            |            |             | 1           | 1             | 1                | 1              |                 |                 |                  |
| PRN As Needed to Part-time                 |                |                 |              |              |            |             |             |               |                  |                |                 |                 |                  |
| Lateral Transfer                           | 1              |                 | 6            | 3            |            | 1           |             | 2             | 1                |                | 1               |                 |                  |
| Non-Lateral Change in Position             |                |                 | 1            |              | 1          |             | 1           |               |                  | 1              | 1               |                 |                  |
| Promotion                                  | 4              | 6               | 2            | 5            | 6          | 3           | 6           | 6             | 2                | 6              | 3               |                 |                  |
| Temporary to Regular                       |                |                 |              |              |            |             |             |               |                  |                |                 |                 |                  |
| PRN As Needed to Full-Time                 |                |                 |              |              |            |             | 1           | 1             |                  | 3              |                 |                 |                  |
| Temporary Promotion                        |                |                 |              |              |            |             |             | 1             |                  |                |                 |                 |                  |
| <b>Sub Total Internal Applicant Moves</b>  | <b>7</b>       | <b>8</b>        | <b>12</b>    | <b>10</b>    | <b>8</b>   | <b>6</b>    | <b>10</b>   | <b>17</b>     | <b>6</b>         | <b>14</b>      | <b>9</b>        |                 |                  |
|                                            |                |                 |              |              |            |             |             |               |                  |                |                 |                 |                  |
| <b>Total Positions Filled:</b>             | <b>30</b>      | <b>27</b>       | <b>29</b>    | <b>21</b>    | <b>25</b>  | <b>20</b>   | <b>27</b>   | <b>37</b>     | <b>19</b>        | <b>31</b>      | <b>24</b>       |                 |                  |
|                                            |                |                 |              |              |            |             |             |               |                  |                |                 |                 |                  |
| <b>Total Applications Received:</b>        |                |                 |              |              |            |             |             |               |                  |                |                 |                 |                  |
| <b>Actual Total of Applicants:</b>         | <b>62</b>      | <b>65</b>       | <b>59</b>    | <b>47</b>    | <b>52</b>  | <b>77</b>   | <b>59</b>   | <b>72</b>     | <b>83</b>        | <b>57</b>      | <b>42</b>       |                 |                  |
| <b>Total External Offers Made:</b>         | <b>20</b>      | <b>16</b>       | <b>19</b>    | <b>6</b>     | <b>15</b>  | <b>14</b>   | <b>19</b>   | <b>16</b>     | <b>8</b>         | <b>21</b>      | <b>14</b>       |                 |                  |
| <b>Total Internal Offers Made:</b>         | <b>8</b>       | <b>11</b>       | <b>13</b>    | <b>11</b>    | <b>3</b>   | <b>11</b>   | <b>12</b>   | <b>20</b>     | <b>6</b>         | <b>13</b>      | <b>8</b>        |                 |                  |

**Open Positions Report - November 23, 2022**

| Date Posted | Position No. | Position Title                                     | Location             | RU             | Full-time/<br>Part-time |
|-------------|--------------|----------------------------------------------------|----------------------|----------------|-------------------------|
| 8/20/2021   | 236-2021     | ADMIN Utilization Review Specialist                | Fredericksburg       |                | 1000 FT                 |
| 5/27/2022   | 127-2022     | ADMIN Property Maintenance Technician              | 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                 |
|             |              |                                                    |                      | 4              |                         |
| 1/10/2022   | 003-2022     | CLINICAL Psychiatrist                              | Fredericksburg       |                | FT                      |
| 11/18/2022  | 302-2022     | CLINICAL Office Manager II                         | Spotsylvania         |                | 1100 FT                 |
| 10/17/2022  | 276-2022     | CLINICAL Office Associate II                       | Spotsylvania         |                | 1100 FT                 |
| 5/12/2022   | 115-2022     | CLINICAL Office Associate II                       | Fredericksburg       |                | 1000 FT                 |
| 7/20/2022   | 183-2022     | CLINICAL Emergency Services Therapist - Overnight  | Fredericksburg       |                | 2000/4000 FT            |
| 7/22/2022   | 197-2022     | CLINICAL Emergency Services Therapist              | Fredericksburg       |                | 2000/4000 FT            |
| 6/9/2021    | 123-2021     | CLINICAL Child/Adolescent ES Therapist             | Fredericksburg       |                | 2070 FT                 |
| 9/20/2021   | 265-2021     | CLINICAL Peer Recovery Specialist MH               | Fredericksburg       |                | 2200 FT                 |
| 1/11/2022   | 005-2022     | CLINICAL Clinical Outreach Therapist               | Fredericksburg       |                | 2220 FT                 |
| 1/28/2022   | 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                 |
| 11/18/2022  | 298-2022     | CLINICAL MH/SA Outpatient 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                 |
| 8/30/2022   | 236-2022     | CLINICAL Adult MH Case Manager                     | Fredericksburg       |                | 2400 FT                 |
| 11/2/2022   | 294-2022     | CLINICAL Adult MH Care Coordinator                 | 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                 |
| 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                 |
| 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                 |
|             |              |                                                    |                      | 5              |                         |
| 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                 |
| 10/13/2022  | 277-2022     | CSS MH Residential Counselor                       | 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                 |
| 6/2/2022    | 143-2022     | CSS MH Nurse - RN/LPN - ACT South                  | 401 Bridgewater      |                | 2372 FT                 |
| 9/29/2022   | 273-2022     | CSS 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                 |
| 8/1/2022    | 309-2021     | CSS Speech/Language Pathologist                    | PEID                 |                | 3910 FT                 |
|             |              |                                                    |                      | 16             |                         |
| 7/11/2022   | 177-2022     | CSS Office Associate II                            | RAAI KH              |                | RAAI Split PT           |
| 1/22/2022   | 020-2022     | CSS Direct Support Professional - Day Support      | RAAI Caroline        |                | 3651 PT                 |
| 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                 |
| 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                 |
| 9/15/2022   | 259-2022     | CSS Direct Support Professional - Day Support      | RAAI Spotsylvania    |                | 3654 FT                 |
| 9/27/2022   | 266-2022     | CSS Direct Support Professional - Day Support      | RAAI Spotsylvania    |                | 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                 |
|             |              |                                                    |                      | 16             |                         |
| 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                 |
| 10/31/2022  | 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                 |
| 10/13/2022  | 278-2022     | CSS Direct Support Professional - ICF              | ICF Ross             |                | 3792 FT                 |
| 11/18/2022  | 295-2022     | 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   | 138-2022     | CSS Direct Support Professional - ICF              | ICF Lucas            |                | 3793 FT                 |

| Date Posted              | Position No. | Position Title | Location                                  | RU                   | Full-time/Part-time |
|--------------------------|--------------|----------------|-------------------------------------------|----------------------|---------------------|
| 10/13/2022               | 279-2022     | CSS            | Direct Support Professional - ICF         | ICF Lucas            | 3793 FT             |
| 5/25/2022                | 126-2022     | CSS            | Direct Support Professional - ICF         | ICF Lucas            | 3793 PT             |
| 11/1/2022                | 292-2022     | CSS            | Direct Support Professional - ICF         | ICF Lucas            | 3793 PT             |
| 11/9/2020                | 196-2020     | CSS            | ICF Nurse - LPN                           | ICF Lucas            | 3793 FT             |
|                          |              |                |                                           | 19                   |                     |
| 11/18/2022               | 297-2022     | CSS            | Group Home Manager                        | Leeland Road         | 3772 FT             |
| 11/18/2022               | 296-2022     | CSS            | Direct Support Professional - Residential | Leeland Road         | 3772 FT             |
| 11/21/2022               | 301-2022     | CSS            | Direct Support Professional - Residential | Leeland Road         | 3772 FT             |
| 8/30/2022                | 244-2022     | CSS            | Direct Support Professional - Residential | Leeland Road         | 3772 PT             |
| 10/13/2022               | 275-2022     | CSS            | Direct Support Professional - Residential | Leeland Road         | 3772 PT             |
| 7/29/2022                | 205-2022     | CSS            | Direct Support Professional - Residential | Stonewall Estates    | 3773 FT             |
| 10/14/2022               | 285-2022     | CSS            | Direct Support Professional - Residential | Stonewall Estates    | 3773 FT             |
| 11/18/2022               | 300-2022     | 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             |
| 10/30/2022               | 289-2022     | CSS            | Direct Support Professional - Residential | Piedmont             | 3776 FT             |
| 5/19/2022                | 303-2021     | CSS            | Direct Support Professional - Residential | Piedmont             | 3776 PT             |
| 5/27/2022                | 133-2022     | CSS            | Direct Support Professional - Residential | Igo Rd               | 3777 PT             |
| 6/15/2022                | 153-2022     | CSS            | Direct Support Professional - Residential | Igo Rd               | 3777 PT             |
| 6/3/2022                 | 078-2022     | CSS            | Direct Support Professional - Residential | Igo Rd               | 3777 FT             |
| 11/14/2022               | 293-2022     | CSS            | Direct Support Professional - Residential | Igo Rd               | 3777 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             |
| 10/30/2022               | 290-2022     | CSS            | Direct Support Professional - Residential | Belmont SAP          | 3781 FT             |
| 4/29/2022                | 111-2022     | CSS            | Direct Support Professional - Residential | Belmont SAP          | 3781 PT             |
| 10/14/2022               | 284-2022     | CSS            | Direct Support Professional - Residential | Brittany Commons SAP | 3784 FT             |
| 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                | 274-2022     | CSS            | Direct Support Professional - Residential | Myers Drive Respite  | 3794 PT             |
|                          |              |                |                                           | 34                   |                     |
| <b>Positions on Hold</b> |              |                |                                           |                      |                     |
| 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        |
| 9/25/2019                | 189-2019     | CLINICAL       | Psychologist II                           | Stafford             | 2250 FT             |
| 8/18/2020                | 127-2020     | CLINICAL       | Drug Court Surveillance Officer           | Fredericksburg       | 4200 PT             |
| 9/15/2022                | 260-2022     | CSS            | Nurse Manager II                          | ID/DD                | Split FT            |



## MEMORANDUM

To: Joe Wickens, Executive Director

From: Michelle Runyon, Human Resources Director

Date: December 6, 2022

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

Human Resources processed a total of **5** employee separations for the month of **November**, 2022. Three of the separations were voluntary, two were terminations. All of the employees were full-time.

Resignations were submitted due to other employment (2), resigned without notice (1), and termination (2).

According to the attached report, the Retention Rate for **November** was 99.17% and the turnover rate was .83%. Annualized turnover comparison is included.

**RACSB Turnover 2019**

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

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

**RACSB Turnover 2020**

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

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

**RACSB Turnover 2021**

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

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

**RACSB Turnover 2022**

| Employees                        | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | 2022 Year End |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|
| Average Total Positions          | 600    | 600    | 600    | 600    | 600    | 600    | 600    | 600    | 600    | 600    | 600    | 600    | 600           |
| Average Number of PRN's          | 43     | 43     | 42     | 41     | 39     | 38     | 38     | 43     | 42     | 42     | 45     |        |               |
| Monthly Terminations*            | 11     | 13     | 11     | 7      | 8      | 16     | 17     | 13     | 13     | 9      | 5      |        | 123           |
| Turnover by Month YTD            | 1.83%  | 2.17%  | 1.83%  | 1.17%  | 1.33%  | 2.67%  | 2.83%  | 2.17%  | 2.17%  | 1.50%  | 0.83%  |        | 20.50%        |
| Cumulative Turnover YTD          | 0.17%  | 4.00%  | 5.83%  | 7.00%  | 8.33%  | 11.00% | 13.83% | 16.00% | 18.17% | 19.67% | 20.50% |        | 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%  | 2.19%  | 2.05%  |        | 0.00%         |

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



RACSB RETENTION & TURNOVER REPORT  
Nov-22

| <u>ORGANIZATIONAL UNIT</u>        | <u>NUMBER OF TERMS</u> | <u>VOLUNTARY</u> | <u>INVOLUNTARY</u> | <u>EXPLANATION</u>                                      |
|-----------------------------------|------------------------|------------------|--------------------|---------------------------------------------------------|
| Administrative                    | 0                      | 0                | 0                  |                                                         |
| <b>Unit Totals</b>                | <b>0</b>               | <b>0</b>         | <b>0</b>           |                                                         |
| Clinical Services                 | 0                      | 0                | 0                  |                                                         |
|                                   | 0                      | 0                | 0                  |                                                         |
| <b>Unit Totals</b>                | <b>0</b>               | <b>0</b>         | <b>0</b>           |                                                         |
| Community Support Services        |                        |                  |                    |                                                         |
|                                   | 2                      | 0                | 2                  | Terminations                                            |
|                                   | 1                      | 1                | 0                  | Job Abandonment                                         |
|                                   | 2                      | 2                | 0                  | Other Employment                                        |
|                                   |                        |                  |                    |                                                         |
| <b>Unit Totals</b>                | <b>5</b>               | <b>3</b>         | <b>2</b>           |                                                         |
|                                   |                        |                  |                    | 1 Retirement and 3 PRN's - don't count in turnover rate |
| <b>Grand Totals for the Month</b> | <b>5</b>               | <b>3</b>         | <b>2</b>           |                                                         |

|                               |        |
|-------------------------------|--------|
| Total Employees for the Month | 600    |
| Retention Rate                | 99.17% |
| Turnover Rate                 | 8.30%  |

|                       |         |
|-----------------------|---------|
| Total Separations     | 5       |
| Part-time Separations | 0.00%   |
| Full-time Separations | 100.00% |

## MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance and Human Rights  
**Date:** December 6, 2022  
**Re:** Licensing Reports

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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) approval for three Corrective Action Plans (CAP) during the month of November 2022. Once report was the result of late reporting of a level 3 incident and the other two reports were the result of founded cases of human rights concerns.

Emergency Services received the licensing report for late reporting.

Kenmore Club received a licensing report due to an incident which occurred between a contracted worker and a club member.

Lucas Street Intermediate Care Facility received a report due to an incident which occurred involving a resident of Lucas.

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

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

Page: 1 of 2

License #: **101-03-001**

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

Date of Inspection: **10-20-2022**

Program Type/Facility Name: **03-001 MH Support Services**

| <u>Standard(s) Cited</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                        | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Planned Comp. Date</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or | N           | <p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS Number: 20220605<br/> Date/Time of Discover: 10/02/2022 5:00PM<br/> Enter Date/Time: 10/04/2022 10:53AM<br/> Reporting Delay: 17:53:00<br/> Location Name: MH Support Services</p> | <p>PR) 11/15/2022</p> <p>The identified staff member indicated that due to the client previously being admitted for several days following the overdose to the psychiatric hospital and that her initial contact with the client was not related to the overdose incident she was unclear on completing the report.</p> <p>Action taken includes reviewing that if ever unclear on when or what to report to always consult with supervisor. Additionally, IR reporting timelines were reviewed with this staff member to ensure completion is always done within a timely manner. ES Coordinator will monitor reports to ensure timeliness.</p> <p>OLR) Partially Accepted 11/18/2022</p> <p>In addition to the above, the provider response needs to include the following:</p> <ol style="list-style-type: none"> <li>1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).</li> </ol> <p>PR) 11/21/2022</p> <p>Incident reports will be monitored daily by the ES Coordinator and the QA Team.</p> <p>OLR) Accepted 11/22/2022</p> | 11/4/2022                 |

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

Page: 2 of 2

License #: **101-03-001**

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

Date of Inspection: **10-20-2022**

Program Type/Facility Name: **03-001 MH Support Services**

| <u>Standard(s) Cited</u>                                                                                                                                                                                                                                                                                                                                         | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
| circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported. |             |                                     |                            |                           |

**General Comments / Recommendations:**

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

\_\_\_\_\_  
Lakesha Steele, Incident Management  
Unit

\_\_\_\_\_  
(Signature of Organization Representative)

\_\_\_\_\_  
Date

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

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

Page: 1 of 3

License #: 101-02-011

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-27-2022

Program Type/Facility Name: 02-011 Kenmore Club

| <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)<br>- 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           | Kenmore Club<br><br>This regulation was NOT MET as evidenced by: See OHR citation below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.                                                                           | N           | Kenmore Club<br><br>This regulation was NOT MET as evidenced by:<br><br>"Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse.<br><br>CHRIS A#20220032/Incident date 10.11.22<br><br>Provider has substantiated for verbal abuse based on the following:<br><br><ul style="list-style-type: none"> <li>Employee #2 found Employee #1 "angrily yelling" at Individual #1.</li> <li>Yelling angrily at an individual is demeaning, threatening, intimidating, and humiliating and might</li> </ul> | PR) 11/21/2022<br><br>PR: Accused was placed on leave pending the Human Rights Investigation. To mitigate future occurrences, beginning October 31, 2022 all 1099 temporary contractors will receive orientation training to include a minimum of Human Rights training, incident reporting, overview of services delivered by RACSB, mandated reporting and receive criminal background checks. Trainings will be conducted by the QA team and criminal background checks will be conducted by Human Resources. The Supervisor overseeing the 1099 employees' duties will ensure that necessary trainings are provided.<br><br>OHR/OLR) Accepted 11/21/2022 | 10/31/2022                |

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

Page: 2 of 3

License #: **101-02-011**

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

Date of Inspection: **10-27-2022**

Program Type/Facility Name: **02-011 Kenmore Club**

| <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>cause psychological harm to an individual, which is a violation of 12VAC35-115-50(B)(2).</p> <p>Provider has substantiated for physical abuse based on the following:</p> <ul style="list-style-type: none"><li>• Per report from Employee #2, Employee #1 charged towards Individual #1. Employee #2 physically placed themselves between Employee #1 and Individual #1 to protect Individual #1.</li><li>• Review of video footage of the incident revealed the following:<ul style="list-style-type: none"><li>◦ Employee #1 moving towards Individual #1 pulling a backpack off of Individual #1's back.</li><li>◦ Employee #1 approaching Individual #1 with a closed fist while Individual #1 shuffles backwards in an effort to get away from Employee #1.</li><li>◦ Employee #2 is seen physically intervening by getting in between Employee #1 and Individual #1 in an effort to protect Individual #1.</li></ul></li></ul> |                            |                           |

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

Page: 3 of 3

License #: **101-02-011**

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

Date of Inspection: **10-27-2022**

Program Type/Facility Name: **02-011 Kenmore Club**

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|

**General Comments / Recommendations:**

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

\_\_\_\_\_  
Cassie Purtlebaugh, Human Rights

\_\_\_\_\_  
(Signature of Organization Representative)

\_\_\_\_\_  
Date

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

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

Page: 1 of 3

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-26-2022

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

| <u>Standard(s) Cited</u>                                                                                                                                                                                                              | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Planned Comp. Date</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-105-150. (4)<br>- The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; | N           | Lucas Street (ICF/IID)<br><br>This regulation was NOT MET as evidenced by: See OHR citation below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.                                                                           | N           | <p>Lucas Street (ICF/IID)</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS #20220033/Incident date: 10.14.2022</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § <a href="#">37.2-100</a> of the Code of Virginia.</p> <ul style="list-style-type: none"> <li>• Provider substantiated neglect due the following: <ul style="list-style-type: none"> <li>◦ On October 12, 2022, Individual #1 presented with dark urine.</li> <li>◦ On October 13, 2022, Individual #1 presented with blood in the urine.</li> <li>◦ On October 14, 2022, Individual #1 presented with dark urine and an increase in frequency of urination, at which time Employee #1 and</li> </ul> </li> </ul> | <p>PR) 11/15/2022</p> <p>The individual's plan will be reviewed and updated (if needed) with respect to this particular medical incident to ensure specific signs and symptoms are documented so that there is no confusion moving forward as to her baseline and when to seek immediate medical intervention.</p> <p>The individual's plan will be reviewed by all staff who will sign an attestation of understanding of the content and expectations for support.</p> <p>Likewise, all staff will sign an attestation of understanding regarding the policy on seeking medical care.</p> <p>Human rights regulations regarding abuse, neglect, and exploitation will be reviewed in the November staff meeting, including a</p> | 11/15/2022                |



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

Page: 2 of 3

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-26-2022

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

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                          | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>Planned Comp. Date</u> |
|--------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                          |             | <p>Employee #2 took Individual #1 to Entity #1.</p> <ul style="list-style-type: none"><li>Employee #1 and Employee #2 failed to obtain medical assessment and treatment necessary to the health and welfare of Individual #1 in a timely manner.</li><li>Upon evaluation at Entity #1, Individual was diagnosed with Diagnosis #1.</li></ul> | <p>discussion on delay of care for medical concerns. All staff will sign an attestation stating that they understand these requirements and attesting to their commitment to abide by these practices.</p> <p>Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee as a proactive measure for preventing abuse.</p> <p>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 Program Supervisor, Assistant Manager, and QIDP will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. Staff interventions and supports will be monitored through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals, providing monthly supervision and coaching).</p> |                           |

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

Page: 3 of 3

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-26-2022

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

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                | <u>Planned Comp. Date</u> |
|--------------------------|-------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                          |             |                                     | 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.<br><br>OHR/OLR) Accepted 11/15/2022 |                           |

**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

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

**MENTAL HEALTH**

| PROGRAM                             | REVENUE             |                  |            | EXPENDITURES      |                  |            | ACTUAL<br>VARIANCE | VARIANCE /<br>REVENUE |
|-------------------------------------|---------------------|------------------|------------|-------------------|------------------|------------|--------------------|-----------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %          | BUDGET<br>FY 2023 | ACTUAL<br>YTD    | %          |                    |                       |
| INPATIENT                           | 20,000              | 0                | 0.00%      | 20,000            | 0                | 0.00%      | -                  | 0%                    |
| OUTPATIENT                          | 2,078,691           | 1,014,891        | 48.82%     | 2,078,691         | 715,453          | 34.42%     | 299,438            | 30%                   |
| MEDICAL OUTPATIENT                  | 3,849,822           | 1,425,945        | 37.04%     | 3,849,822         | 1,489,642        | 38.69%     | (63,697)           | -4%                   |
| ACT NORTH                           | 880,238             | 333,898          | 37.93%     | 880,238           | 272,455          | 30.95%     | 61,443             | 18%                   |
| ACT SOUTH                           | 843,563             | 255,275          | 30.26%     | 843,563           | 204,047          | 24.19%     | 51,229             | 20%                   |
| CASE MANAGEMENT ADULT               | 937,373             | 346,342          | 36.95%     | 937,373           | 323,706          | 34.53%     | 22,636             | 7%                    |
| CASE MANAGEMENT CHILD & ADOLESCENT  | 800,057             | 319,648          | 39.95%     | 800,057           | 223,713          | 27.96%     | 95,935             | 30%                   |
| PSY REHAB & KENMORE EMP SER         | 681,878             | 264,623          | 38.81%     | 681,878           | 193,948          | 28.44%     | 70,676             | 27%                   |
| PERMANENT SUPPORTIVE HOUSING        | 1,275,349           | 962,156          | 75.44%     | 1,275,349         | 354,980          | 27.83%     | 607,176            | 63%                   |
| CRISIS STABILIZATION                | 1,928,225           | 658,173          | 34.13%     | 1,928,225         | 504,619          | 26.17%     | 153,554            | 23%                   |
| SUPERVISED RESIDENTIAL              | 440,930             | 148,407          | 33.66%     | 440,930           | 168,281          | 38.17%     | (19,874)           | -13%                  |
| SUPPORTED RESIDENTIAL               | 893,956             | 265,411          | 29.69%     | 893,956           | 268,944          | 30.08%     | (3,533)            | -1%                   |
| JAIL DIVERSION GRANT                | 156,523             | 102,850          | 65.71%     | 156,523           | 26,155           | 16.71%     | 76,695             | 75%                   |
| <b>SUB-TOTAL</b>                    | <b>14,786,607</b>   | <b>6,097,619</b> | <b>41%</b> | <b>14,786,607</b> | <b>4,745,942</b> | <b>32%</b> | <b>1,351,677</b>   | <b>22%</b>            |
| * Budget excludes program subsidies |                     |                  |            |                   |                  |            |                    |                       |

**DEVELOPMENTAL SERVICES**

| PROGRAM                             | REVENUE             |                  |               | EXPENDITURES      |                  |               | ACTUAL<br>VARIANCE | VARIANCE /<br>REVENUE |
|-------------------------------------|---------------------|------------------|---------------|-------------------|------------------|---------------|--------------------|-----------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %             | BUDGET<br>FY 2023 | ACTUAL<br>YTD    | %             |                    |                       |
| CASE MANAGEMENT                     | 3,105,473           | 1,085,388        | 34.95%        | 3,105,473         | 1,043,925        | 33.62%        | 41,463             | 4%                    |
| DAY HEALTH & REHAB *                | 4,136,396           | 1,416,459        | 34.24%        | 4,136,396         | 1,444,825        | 34.93%        | (28,366)           | -2%                   |
| GROUP HOMES                         | 5,580,946           | 2,199,211        | 39.41%        | 5,580,946         | 1,644,911        | 29.47%        | 554,300            | 25%                   |
| RESPIRE GROUP HOME                  | 229,325             | 53,466           | 23.31%        | 229,325           | 166,377          | 72.55%        | (112,911)          | -211%                 |
| INTERMEDIATE CARE FACILITIES        | 4,091,920           | 1,446,407        | 35.35%        | 4,091,920         | 1,292,442        | 31.59%        | 153,965            | 11%                   |
| SUPERVISED APARTMENTS               | 1,525,310           | 809,833          | 53.09%        | 1,525,310         | 539,196          | 35.35%        | 270,638            | 33%                   |
| SPONSORED PLACEMENTS                | 2,047,818           | 962,019          | 46.98%        | 2,047,818         | 638,638          | 31.19%        | 323,380            | 34%                   |
| <b>SUB-TOTAL</b>                    | <b>20,717,187</b>   | <b>7,972,783</b> | <b>38.48%</b> | <b>20,717,187</b> | <b>6,770,313</b> | <b>32.68%</b> | <b>1,202,470</b>   | <b>15%</b>            |
| * Budget excludes program subsidies |                     |                  |               |                   |                  |               |                    |                       |

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

**SUBSTANCE ABUSE**

| PROGRAM                             | REVENUE             |                  |            | EXPENDITURES      |                  |            |                    | VARIANCE /<br>REVENUE |
|-------------------------------------|---------------------|------------------|------------|-------------------|------------------|------------|--------------------|-----------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %          | BUDGET<br>FY 2023 | ACTUAL<br>YTD    | %          | ACTUAL<br>VARIANCE |                       |
| OUTPATIENT                          | 1,818,448           | 531,107          | 29.21%     | 1,818,448         | 553,028          | 30.41%     | (21,920)           | -4%                   |
| MAT PROGRAM                         | 987,709             | 104,911          | 10.62%     | 987,709           | 212,781          | 21.54%     | (107,870)          | -103%                 |
| CASE MANAGEMENT                     | 154,511             | 56,216           | 36.38%     | 154,511           | 40,352           | 26.12%     | 15,864             | 28%                   |
| RESIDENTIAL                         | 161,757             | 92,065           | 56.92%     | 161,757           | 5,616            | 3.47%      | 86,449             | 94%                   |
| PREVENTION                          | 808,950             | 536,269          | 66.29%     | 808,950           | 206,118          | 25.48%     | 330,151            | 62%                   |
| LINK                                | 400,397             | 339,044          | 84.68%     | 400,397           | 56,039           | 14.00%     | 283,005            | 83%                   |
| <b>SUB-TOTAL</b>                    | <b>4,331,772</b>    | <b>1,659,613</b> | <b>38%</b> | <b>4,331,772</b>  | <b>1,073,934</b> | <b>25%</b> | <b>585,680</b>     | <b>35%</b>            |
| * Budget excludes program subsidies |                     |                  |            |                   |                  |            |                    |                       |

**SERVICES OUTSIDE PROGRAM AREA**

| PROGRAM                             | REVENUE             |                  |               | EXPENDITURES      |                |               |                    | VARIANCE /<br>REVENUE |
|-------------------------------------|---------------------|------------------|---------------|-------------------|----------------|---------------|--------------------|-----------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %             | BUDGET<br>FY 2023 | ACTUAL<br>YTD  | %             | ACTUAL<br>Variance |                       |
| EMERGENCY SERVICES                  | 1,371,467           | 590,762          | 43.08%        | 1,327,096         | 358,231        | 26.99%        | 232,530            | 39%                   |
| CHILD MOBILE CRISIS                 | 311,007             | 155,254          | 49.92%        | 320,728           | 97,166         | 30.30%        | 58,088             | 37%                   |
| CIT ASSESSMENT SITE                 | 294,556             | 108,671          | 36.89%        | 289,481           | 89,426         | 30.89%        | 19,245             | 18%                   |
| CONSUMER MONITORING                 | 130,859             | 57,835           | 44.20%        | 139,646           | 77,420         | 55.44%        | (19,585)           | -34%                  |
| HOSPITAL CONSUMER MONITORING        | 193,975             | 0                | 0.00%         | 193,975           | 61,623         | 31.77%        | (61,623)           | 0%                    |
| ASSESSMENT AND EVALUATION           | 592,509             | 178,559          | 30.14%        | 739,048           | 139,269        | 18.84%        | 39,290             | 22%                   |
| <b>SUB-TOTAL</b>                    | <b>2,894,374</b>    | <b>1,091,081</b> | <b>37.70%</b> | <b>3,009,974</b>  | <b>823,136</b> | <b>27.35%</b> | <b>267,945</b>     | <b>25%</b>            |
| * Budget excludes program subsidies |                     |                  |               |                   |                |               |                    |                       |

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

**ADMINISTRATION**

| PROGRAM               | REVENUE             |               |               | EXPENDITURES      |               |               | ACTUAL VARIANCE |
|-----------------------|---------------------|---------------|---------------|-------------------|---------------|---------------|-----------------|
|                       | BUDGET *<br>FY 2023 | ACTUAL<br>YTD | %             | BUDGET<br>FY 2023 | ACTUAL<br>YTD | %             |                 |
| ADMINISTRATION        | 130,574             | 62,544        | 47.90%        | 130,574           | 62,544        | 47.90%        | 0               |
| PROGRAM SUPPORT       | 66,768              | (583)         | -0.87%        | 66,768            | (583)         | -0.87%        | 0               |
| <b>SUB-TOTAL</b>      | <b>197,342</b>      | <b>61,960</b> | <b>31.40%</b> | <b>197,342</b>    | <b>61,960</b> | <b>31.40%</b> | <b>0</b>        |
| ALLOCATED TO PROGRAMS |                     |               |               | 4,268,473         | 1,577,557     | 36.96%        |                 |

\* Budget excludes program subsidies

| PROGRAM        | REVENUE             |               |              | EXPENDITURES      |               |              | ACTUAL VARIANCE | VARIANCE / REVENUE |
|----------------|---------------------|---------------|--------------|-------------------|---------------|--------------|-----------------|--------------------|
|                | BUDGET *<br>FY 2023 | ACTUAL<br>YTD | %            | BUDGET<br>FY 2023 | ACTUAL<br>YTD | %            |                 |                    |
| TRANSPORTATION | 0                   | 0             | 0.00%        | 0                 | 111           | 0.00%        | (111)           | 0%                 |
| <b>TOTAL</b>   | <b>0</b>            | <b>0</b>      | <b>0.00%</b> | <b>0</b>          | <b>111</b>    | <b>0.00%</b> | <b>(111)</b>    | <b>0%</b>          |

\* Budget excludes program subsidies

**FISCAL AGENT PROGRAMS**  
**PART C AND HEALTHY FAMILY PROGRAMS**

| PROGRAM                             | REVENUE             |                  |               | EXPENDITURES      |                  |               | ACTUAL VARIANCE  | VARIANCE / REVENUE |
|-------------------------------------|---------------------|------------------|---------------|-------------------|------------------|---------------|------------------|--------------------|
|                                     | BUDGET *<br>FY 2023 | ACTUAL<br>YTD    | %             | BUDGET<br>FY 2023 | ACTUAL<br>YTD    | %             |                  |                    |
| INTERAGENCY COORDINATING COUNCIL    | 1,710,296           | 925,842          | 54.13%        | 1,710,296         | 417,442          | 24.41%        | 508,401          | 55%                |
| INFANT CASE MANAGEMENT              | 725,520             | 339,223          | 46.76%        | 725,520           | 242,398          | 33.41%        | 96,825           | 29%                |
| EARLY INTERVENTION                  | 2,041,058           | 583,722          | 28.60%        | 2,041,058         | 642,206          | 31.46%        | (58,484)         | -10%               |
| <b>TOTAL PART C</b>                 | <b>4,476,874</b>    | <b>1,848,787</b> | <b>41.30%</b> | <b>4,476,874</b>  | <b>1,302,045</b> | <b>29.08%</b> | <b>546,742</b>   | <b>30%</b>         |
| HEALTHY FAMILIES                    | 178,886             | 63,056           | 35.25%        | 178,886           | 22,226           | 12.42%        | 40,830           | 65%                |
| HEALTHY FAMILIES - MIECHV Grant     | 403,497             | 92,076           | 22.82%        | 403,497           | 128,347          | 31.81%        | (36,270)         | -39%               |
| HEALTHY FAMILIES-TANF & CBCAP GRANT | 531,457             | 10,393           | 1.96%         | 531,457           | 183,114          | 34.45%        | (172,720)        | -1662%             |
| <b>TOTAL HEALTHY FAMILY</b>         | <b>1,113,840</b>    | <b>165,526</b>   | <b>14.86%</b> | <b>1,113,840</b>  | <b>333,687</b>   | <b>29.96%</b> | <b>(168,161)</b> | <b>-102%</b>       |

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

## RECAP FY 2023 BALANCES

|                               | <u>REVENUE</u>    | <u>EXPENDITURES</u> | <u>NET</u>       | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH                 | 6,097,619         | 4,745,942           | 1,351,677        | 22%                  |
| DEVELOPMENTAL SERVICES        | 7,972,783         | 6,770,313           | 1,202,470        | 15%                  |
| SUBSTANCE ABUSE               | 1,659,613         | 1,073,934           | 585,680          | 35%                  |
| SERVICES OUTSIDE PROGRAM AREA | 1,091,081         | 823,136             | 267,945          | 25%                  |
| ADMINISTRATION                | 61,960            | 61,960              | 0                | 0%                   |
| OTHER                         | 0                 | 111                 | (111)            | 0%                   |
| FISCAL AGENT PROGRAMS         | 2,014,313         | 1,635,732           | 378,582          | 19%                  |
| <b>TOTAL</b>                  | <b>18,897,370</b> | <b>15,111,128</b>   | <b>3,786,243</b> | <b>20%</b>           |

|                    |           |                  |
|--------------------|-----------|------------------|
| Restricted Funds   | \$        | 1,991,587        |
| Unrestricted Funds |           | 1,795,907        |
| <b>Total</b>       | <b>\$</b> | <b>3,786,243</b> |

## RECAP FY 2022 BALANCES

|                               | <u>REVENUE</u>    | <u>EXPENDITURES</u> | <u>NET</u>       | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH                 | 4,626,349         | 3,495,658           | 1,130,691        | 24%                  |
| DEVELOPMENTAL SERVICES        | 5,073,687         | 4,776,594           | 297,093          | 6%                   |
| SUBSTANCE ABUSE               | 2,007,967         | 1,031,817           | 976,150          | 49%                  |
| SERVICES OUTSIDE PROGRAM AREA | 803,430           | 696,248             | 107,182          | 13%                  |
| ADMINISTRATION                | 34,201            | 34,200              | 2                | 0%                   |
| OTHER                         | 2,000             | 20,016              | (18,016)         | -901%                |
| FISCAL AGENT PROGRAMS         | 1,566,679         | 1,298,910           | 267,769          | 17%                  |
| <b>TOTAL</b>                  | <b>14,114,314</b> | <b>11,353,443</b>   | <b>2,760,871</b> | <b>20%</b>           |

|                                      | <u>\$ Change</u> | <u>% Change</u> |
|--------------------------------------|------------------|-----------------|
| Change in Revenue from Prior Year    | \$ 4,783,057     | 33.89%          |
| Change in Expense from Prior Year    | \$ 3,757,686     | 33.10%          |
| Change in Net Income from Prior Year | \$ 1,025,372     | 37.14%          |

\*Unaudited Report

# Memorandum

**To:** Finance Committee, Matt Zurasky, Chair  
**From:** Tina Cleveland, Director of Finance and Administration  
**Date:** December 13, 2022  
**Re:** Cost of Living Increase for All Employees

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In the last year, Rappahannock Area Community Services Board has continued to have on-going workforce recruitment and retention challenges. Throughout these challenging years, our employees have persevered to provide the best services possible to the citizens of Planning District 16.

Current competitors for employees are continuing to provide pay increases to assist in retention and recruitment of staff. In order for RACSB to be competitive, we are recommending the board approve a **3% salary increase** to be effective January 8, 2022. The percentage increase recommendation will be based on our financial forecast as of December 2, 2022.

The on-going additional annual cost of this increase will be \$918,345.

|                                | Current Payroll | 3% Increase   |
|--------------------------------|-----------------|---------------|
| Salary                         | 27,961,534.24   | 28,800,380.27 |
| Hourly                         | 2,649,966.38    | 2,729,465.38  |
| Total                          | 30,611,500.62   | 31,529,845.64 |
| Increase above current payroll |                 | 918,345.02    |

RAPPAHANNOCK AREA  
COMMUNITY SERVICES BOARD

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 12/14/22

Re: Report to RACSB Board of Directors for December Board Meeting

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Outpatient Services

During the month of November, the Fredericksburg Clinic and Children's Services Clinic completed over 100 intakes for outpatient therapy and medication management. The waitlist has been active for the last year at the Fredericksburg Clinic and we have been able to schedule or refer out approximately 600 adults since initiating the waitlist, in addition to completing intakes and providing services to our priority populations. We continue to provide services over ZOOM and in person at both locations. We are continuing to hire for an Intake Therapist and Clinical Outreach Therapist, as well as an Office Associate at the front desk. Olivia Oliver started on 11/14 as a Child/Adolescent Therapist and has been a wonderful addition to our team!

The King George Clinic continues to offer the weekly in person women's and men's substance abuse groups. This month we had one male successfully graduate from the program. King George Clinic staff completed 31 new client intakes during the month of November. Staff attended trainings on Psychopharmacology and DBT.

Staff would like to highlight one individual served who after daily drinking for an extended period of time, has successfully maintained sobriety for a month and a half. Staff also wanted to share a success story of an individual who has history of severe panic attacks and nearly daily anxiety who has recently seen improvement through therapy services and has had a period of approximately 2.5 months without any panic attacks and very minimal anxiety, even through several recent life changes and stressors.

The Caroline Clinic established a waiting list on 11/17/2022. We completed 6 intakes for our priority populations since initiating a waiting list. The clinic will have two clinician vacancies by 12/23/22. Clinic Coordinator calls individuals on the waiting list weekly to check-in. The clinic is committed to providing quality services for our current clients despite staffing shortage.

The Spotsylvania Clinic currently has four therapists and one Masters level intern. The therapists completed 42 assessments this month. The clinic continues to be on a waitlist that averages an additional 50 individuals waiting for services. As of January, the clinic will have four therapist vacancies. Therapists continue to balance high caseloads and administrative tasks in stride! The Office Manager is retiring at the end of December leaving two administrative vacancies at the front desk.



Melis Akin, School Based Therapist, continues to provide therapeutic services to students in an elementary, middle, high, and public day placement in Fredericksburg. She has completed nine additional intakes this month. 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 four 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. Heather continues to participate in Training for Adoption Competency (TAC) to provide additional support to individuals in the adoption triad or foster care.

### Emergency Services

Emergency Services continued to see steady numbers of individuals in November 2022 while managing the overwhelming number of safety net TDO clients boarding in the emergency departments awaiting state hospital placement. The emergency services council had its bi-monthly meeting statewide and has begun to draft an outline of all the major concerns facing emergency service departments across the state to present to DBHDS. The Emergency services coordinator continued the CSBs collaborative effort with RCASA and presented to their volunteer training in November about RACSB services and what to do in a crisis. The VACIT state executive board also met in November to discuss the process for how a statewide curriculum will be developed for DCJS in the upcoming months. RACSB is a highlighted CIT program and has been asked to submit their curriculum samples to the state board, which the Emergency Services Coordinator, Kari Norris, serves on, to have for the individual hired by VACIT to create this curriculum. The co-response program completed some promotional photography downtown in Fredericksburg for a press release and the Crisis Intervention Response Team (CIRT) is actively responding to calls within Fredericksburg as staffing permits in emergency services at this time.

### Case Management

The Adult Mental Health Case Management Team would like to take time to recognize Liz Wells, RACSB's Lead State Hospital Liaison and NGRI Coordinator and her hard work as she recently supported a patient in discharging from Piedmont Geriatric Hospital (PGH). This individual had been hospitalized at PGH since 2017 and was hospitalized at Western State Hospital (WSH) since 2014, prior to transferring to PGH. Historically, many "long term" patients at our state hospitals, in particular PGH, rarely transitioned back to the community due to age, complex medical/mental health concerns as well as less than willing providers in the community. Seeing an individual have the opportunity to transition out of the hospital and into the community, after a lengthy hospitalization, is inspiring.

The Child and Adolescent Case Management program has filled a full-time position based out of the Spotsylvania Clinic, she started this week. A full-time case manager position and a full-time senior case manager position are still posted for Stafford County. We have seen a significant increase in calls from parents requesting out of home placements for their

children and are trying to support them in identifying community-based services. Accessing community-based services and out of home placements when needed have been difficult due to significant waiting lists for all children and adolescent services. There are three Stafford foster children at the Commonwealth Center on the Extraordinary Barrier List. RACSB is working with Stafford DSS and CCCA to identify discharge plans for these challenging cases.

#### Specialty Dockets

During the month of November, the Specialty Dockets programs continued to welcome new participants and celebrated some graduations. Two participants graduated from Drug Court Program and were able to have their legal charges dismissed. The Behavioral Health Docket received approval from the Supreme Court to function as an official docket. We have six current participants in the Behavioral Health Docket and three more have been assessed for participation. We have seven current participants in the Veteran's Docket with the next graduation scheduled for February 2023. We received one referral for the Juvenile Drug Court Program and the client was deemed appropriate and expected to begin in December.

#### Jail and Detention Services

The Detention Center has a census of 34 residents. Currently there is one group of CPP residents (7 males and 1 female), 4 residents in the Post D program (4 males). Our detention program has one current vacancy for a part time therapist position. The Mental Health Therapist position remains vacant at the jail. There is also a vacancy in the OBOT/MAT Peer Specialist position.

#### Substance Use

During the month of November, our substance use programs continued to operate with two therapist vacancies and one Project LINK specialist vacancy. Project LINK resumed their Nurturing Parents program. The SUD Coordinator and OBOT peers continued attendance at the Opioid Workgroup's harm reduction subcommittee, along with other community stakeholders. The SUD coordinator facilitated a training for the EMS Council on substance use disorders, including risk and resiliency factors and various strategies to decrease stigma and improve treatment access. The OBOT case manager, Arianna Colley, continues to offer Rapid REVIVE and Narcan to interested/at-risk individuals.

## HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS, **November 2022**:

### Training

Human Resources held two New Employee Orientation's during **November**. A total of fifteen new employees were brought on, eleven are full-time, four are part-time.

### Recruitment

In the month of **November**, we made fourteen offers to external applicants and eight offers to internal candidates.

Indeed continues to be our best source for applicants. We ran a total of 17 positions this month and received 739 resumes for the various positions.

The Women's Expo was held the first Saturday in November. Michelle Runyon and Pam Lavallee worked the event, we had a table with agency information and the positions we have open. We also had radio recruitment ads running on Thunder 104.5 in November.

### Human Resources & Employee Relations

Congratulations to the following employees who have recently received promotions:

|                  |                                               |
|------------------|-----------------------------------------------|
| Cynthia Phillips | Promotion to HR Benefits Specialist           |
| Amenah Price     | Promotion to MH Residential Asst. Coordinator |
| Alexis Klimowicz | Promotion to MH Case Manager – ACT S          |

### **November** Employee Events

Flu-shot clinics were held the end of October with 52 employee's taking advantage of this event. A craft night was held, we made Santa Gnome bottles hosted by Nancy Price. The engagement committee is hard at work planning the Holiday Party to be held the first week in December

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

Michelle Runyon, HR Director

## RACSB Board Report Compliance

### Incident Report

- There were 196 Incident Reports entered into the Electronic Incident Report Tracker during the month of November. This is an increase of 36 from October 2022 and a decrease of 2 from September 2022. All incident reports submitted were triaged by QA staff. The top two categories of reports submitted were and Health Concerns (77 reports) and Individual Served Injury (31 reports).
- Quality Assurance Staff entered 31 incident reports into the Department of Behavioral Health and Developmental Services Electronic Incident reporting system. (7 Level 1, 24 Level 2, 14 Level 3) There were 5 positive COVID cases reported, and 7 COVID testing reports. Positive cases were reported regarding individuals receiving DD or MH Residential Services.
- There were two reports elevated to care concerns by DBHDS. These are reports that based the Office of Licensing's review of current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analyses completed on behalf of this individual. In addition, take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the conduction of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff's discovery of the incident. QA staff requested specific programs, based on submitted incident report, to complete the required root cause analysis. Twenty-four root cause analysis were requested and six were completed. No expanded root cause analysis was required nor received in November.

### Human Rights Investigations

QA staff initiated seven and closed six investigations during the month of November. Two investigations were regarding an allegation of use of restraint (founded) which occurred in an ICF Residential program. One investigation was regarding an allegation of neglect (non-peer-to-peer) which was substantiated in one of the ICF programs. One investigation was an allegation on neglect (non-peer-to-peer) at RAAI after a client eloped from the building (unfounded). One investigation for an allegation of verbal abuse and neglect (non-peer-to-peer) was closed in a MH Residential program (both unfounded); however, during this investigation there was an allegation of treatment without dignity (unfounded) which was opened and closed in November. An investigation for an allegation of verbal abuse was initiated in an ICF Residential program; however, the staff that made the allegation is on leave, and an extension has been granted to extend the timeframe of this investigation. Finally, an investigation was initiated due to an allegation of abuse (physical) in an ID/DD Residential program.

### External Reviewers

- CARF survey completed October 17 through October 19, 2022. Preparation for the audit consisted of review of 130 charts, manual reviews and revisions, collaboration to complete on schedule for the onsite review, training staff on standards, assisting programs/departments prepare for interviews, and collaboration with IT to ensure the survey team had ID and passwords for AVATAR. In November we received our CARF results. Based on results a Quality Improvement Plan is due in February.
- DMAS audit began on November 14. They plan on being present to audit charts through December.
- QA staff provided requested follow-up information to Brian Dempsey, Senior Licensing Specialist with the Department of Behavioral Health and Developmental Services (DBHDS), on two incident reports submitted into CHRIS.
- QA staff responded to 4 external chart reviews by submitting requested documentation for 35 individuals.
- QA staff received and responded to 7 emails from various Human Rights Advocates regarding investigative reports, CHRIS reports and external providers. In addition, QA staff responded to various documentation request from the Advocates.
- QA staff received 5 phone calls and multiple emails from various programs with questions about incident reports, human rights, complaints, and root cause analysis (RCA) process.

### **Complaint call synopsis:**

The QA team received two complaint calls and one complaint email in the month of November. The two calls concerned dissatisfaction with services at PSH; after collaborating with Nancy Price and her team the clients concerns were able to be resolved to the satisfaction of the client. The emailed complaint was received by a family member of a MH client during an active investigation. This complaint initiated an investigation for humiliation, which was unfounded. The complaint call from October continued to be worked on into the beginning of November.

### **Trainings/Meetings**

11/2 – Engagement committee (Kat)

11/3 – Investigation Interviews (3)

11/4 – Investigation Interview (3)

11/7 – Investigation Interview (2)

11/8 – Investigation Interviews (7)

11/9 – Investigation Interviews (3)

11/10 – Investigation Interview (1)

11/16 – Lequetta Hayes, Office of Human Rights, was on site to follow up on an investigation.

11/17 – Investigation interviews (4)

11/18 – Heather Hillary, Office of Human Rights, was on site at Kenmore Club to follow up on an investigation. She later shared an email with how impressed she was with the visit

11/21 – Engagement committee (Kat)

11/21 – Investigation interview (1)

11/29 – HSAG exit meeting

11/30 – Investigation interview (1)

# Prevention Services

**Michelle Wagaman, Director**  
mwagaman@rappahannockareacsb.org  
540-374-3337, ext. 7520

**December 2022**

## Initiatives

**Youth Marijuana Prevention** – The analysis of the state wide survey and research by OMNI Institute was released and will be presented at the next Prevention/Public Information Committee meeting.

**Responsible Gaming and Gambling** – In December, we are utilizing the Gift Responsibly Campaign to raise awareness about the risks of underage lottery use. Lottery products are never appropriate gifts for children.

<https://www.ncpgambling.org/programs-resources/gift-responsibly-campaign/>

**ASIST (Applied Suicide Intervention Skills Training)** – Prevention Specialist Sherry Norton-Williams became an ASIST trainer in March 2022. She has now met the requirements of a new provisional trainer. We plan to host this training on a quarterly basis in 2023.

**safeTALK** – We began offering this 3-hour suicide alertness training in FY 2023. A total of 31 community members have been trained.

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

In November, we held one (1) Adult training on November 29, 2022. A total of 311 community members have completed Mental Health First Aid thus far in FY 2023.

**Lock and Talk Virginia** – The November campaign to recognize National Family Caregiver Awareness Month was very well received. The campaign featured social media content, videos, iHeart radio ads, and special website page made available to all CSB and community partners. The social media posts received 645,620 impressions with 27,062 post engagement. There were 206,199 video plays. The iHeart radio spots had 235,519 impressions. The website had 2,445 visits. Visit [www.lockandtalk.org/connect](http://www.lockandtalk.org/connect) to join us in recognizing our Hidden Heroes. Thank you to the Regional SMVF Navigators for your support in bringing awareness during National Family Caregivers Month.

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

We have trained 645 community members in REVIVE! and another 32 as trainers since July 1, 2022. Additionally, we have dispensed 632 boxes of Narcan (each box contains two (2) doses).

To register for a REVIVE! training: [https://bit.ly/VIRTUAL\\_REVIVE](https://bit.ly/VIRTUAL_REVIVE)

To register for Narcan dispensing: [https://bit.ly/RACSB\\_NARCAN](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:

- December 13, 2022 9:00 a.m. to noon

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

We hosted our first a local Train-the-Presenter cohort three-day training in November. A total of 15 community members completed. Participants agree to a minimum number of annual trainings and participating in a local trauma informed community network.

Additionally, we hosted Rick Griffin from Community Resilience Initiative (CRI) on December 8, 2022 for Trauma Informed Leadership I. 40 community leaders attended. We are working to host part II in February 2023.

Rick Griffin will return to Fredericksburg as the Keynote Speaker for Youth First on Friday, February 10, 2023. To learn more or register for this free event:  
<https://www.youthfirstconference.org/>



## Community Support Services Board Report: December 2022

### **Developmental Disabilities Residential Services - Stephen Curtis**

Annual Medication Management Re-fresher courses were assigned to all residential staff in November. The classes went very well, the content was excellent, and the class benefits all staff in helping deter medication errors in programs.

New Hope Group Home recently accepted an individual new to our services. She moved in on 11/1 and is doing well in her transition from living with her family.

Kyle Branham joined the residential team on 11/14 as an Assistant Manager at Igo Road Group Home. We welcome him to the team!

### **Psychosocial Rehabilitation: Kenmore Club - Anna Loftis**

Kenmore Club has a lot of activities planned for the month of December. We are going to Kings Dominion for Winter Fest later this month, as well as planning an outing to the lightshow at Meadow Event Park. We will have our Holiday Party on Dec 22. This month we are also planning on expanding our community engagement. We will be taking a tour of the local radio station, B101.5 as well as visiting Wilson Workforce Center, and another clubhouse. We just completed our first outreach visit to Western State Hospital at the end of November. Our current enrollment is 77.

### **Developmental Disabilities Support Coordination – Jennifer Acors**

Support Coordinators continue to cover for staff who are on extended leave and for the vacant positions. They express appreciation for the stipend they are receiving. Multiple support coordinators have also filled in in our 24 hour programs to help fill in for staffing shortages in those programs. A Waiver Selection Committee is to be scheduled in the near future by DBHDS to assign vacant DD Waiver slots, vacant due to attrition.

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

RAAI is selling poinsettias and other holiday plants this holiday season. Check our website for new online ordering this year!

RAAI continues to support 111 individuals; with nearly 60 individuals on the waitlist for services. With six new hires in November and three more starting in December, we are hoping to increase part time attendance back to 5 days at some locations once they are all trained in January.

DBHDS Customized Rate Specialist Gina Koke did a training for the RAAI supervisor team on customized rate, the process, renewals, etc. In going through this training, we have identified several more individuals who could qualify and benefit for 1:1 customized rate services. All our CR applications have been for behavioral support but we may look at some who need specialized medical support (needing 1:1 for feeding, toileting, repositioning, falls risk, etc. for several hours a day). Customized rate is one of the ways we can increase our revenue for existing individuals already in our program who are unable to be supported in the traditional 1:7 ratio DBHDS pays us for.

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

There are currently 523 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 16 providers on staff. We currently have open positions for a speech-language pathologist.

### **MH Crisis Stabilization: Sunshine Lady House - Heather Honaker**

Staffing challenges persist in the SLH program, particularly on the nursing team. Recruitment efforts continue. A big thank you to SLH staff who are working overtime and all agency staff who have offered their time to cover shifts at the program.

Welcome back Johanna Pena, MH Residential Specialist!

SLH Intern, Naomi Othman, has been hired to fill a MH Residential Specialist position. Welcome, Naomi!

From the November Survey Comments- "I valued my time in this program. I believe that it was very helpful, and that i have the necessary tools to be the best that I can be. I appreciate every single person in the facility and each individual session. Ms. Kelli is awesome, loved the way she spoke to me, almost as if her lessons were directed to me. Then again Thomas, Nicole, Naomi explained things from their personal experiences and we had certain things in common Thank you SLH for helping me achieve what I thought was the impossible. Please continue what you all do for others in this program. "IT WORKS":

### **Assertive Community Treatment (ACT) – Tamra McCoy**

ACT staff change, Alexis Klimowicz, ACT South Office Associate, accepted the position for ACT South Mental Health Specialist. Alexis has experience working with individuals with a mental health diagnosis. She voiced her elation regarding her new position and we know she will continue to excel in our program!

We discharged one client on the ACT South Team. He has been incarcerated in DC for over a year and program staff would check weekly regarding his incarceration status. According to ACT program guidelines, an individual who has been incarcerated for a year or more meets criteria for discharge.

ACT South enrolled one person this month who has had multiple psychiatric hospitalizations and needed more intensive community support. We also received a referral from a previous client. According to her agency case manager, she wants to resume ACT services after multiple psychiatric hospitalizations. The ACT Coordinator has attempted to contact this former client for readmission.

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

### **Mental Health (MH) Residential Services - Nancy Price**

There were three individuals in PSH that were approved for housing in November, with move in dates scheduled for December. There are currently 37 individuals housed in PSH, not including those that will be housed in December.

Amenah Price joined the MH Residential and PSH team on November 27. Amenah is our new MH Residential Assistant Coordinator, which is a new position.

Home Road hosted trial passes for two individuals in November.

A resident of Home Road that was admitted in 2021 in one of our transitional beds, completed a successful trial pass at Liberty Street SAP in November. He was discharged from Home Road on November 30 and admitted to Liberty Street SAP.

## **RACSB DEPUTY EXECUTIVE DIRECTOR REPORT**

### **November 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. RACSB staff, Suzanne Poe and Brandie Williams serve on the joint CCS User Acceptance Testing group which is currently meeting frequently to consider requests for changes in CCS for the upcoming fiscal year. The group will develop draft specifications for consideration of DBHDS and CSBs by January 2023.

#### 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. The new date for full implementation of additional 280+ data requirements has not been announced.

#### Opportunities for Partnership/Input:

- Brandie served as part of a workgroup with the Virginia Health Workforce Development Authority facilitated by Deloitte to present the draft results of their assessment of Virginia's health workforce in the areas of primary care, nursing, and behavioral health.
- Held the second Rappahannock Area Behavioral Health Workforce Initiative Summit.
- Participated as a member of the new ID/DD Provider Issues Resolution Group to develop strategy and 5 key issues to focus the work of the group.
- Participated in meetings around Opioid Abatement funding and opportunities.
- Participated in a joint meeting with DBHDS leadership, crisis services hub leads, and council leadership to address concerns around the crisis system and the associated data platform.
- Conducted a virtual site visit with Chesterfield CSB to review and provide a references for Netsmart's myAvatarNX product.

#### 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:

- 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.
- Led the operational and advocacy workgroup of the Rappahannock Area Behavioral Health Workforce initiative.
- Continued participation on the performance contract collaboration between DBHDS and

CSB representatives focused on re-vamping the performance contract.

- Supported the development of a data quality tool to assist as an interim solution which will allow CSBs to report data around CIT to DBHDS in a more flexible manner.
- Met with each director to review and update program goals for the first quarter.
- Met with Netsmart to develop the automated transfer of information required for the new Bed Registry which will be developed at no additional cost to RACSB.
- Participated with stakeholders across the system to develop a call to action for advocacy for the inclusion of Licensed Professional Counselors as providers able to bill for Medicare.