



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, November 15, 2022 5:00 PM  
Rappahannock Area CSB – Board Room 208  
600 Jackson Street, Fredericksburg, VA 22401

**DATE:** November 10, 2022

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A Board of Directors Meeting has been scheduled for Tuesday, November 15 at 5:00 PM, Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

Looking forward to seeing everyone on November 15, 2022.

Best.

GS/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
**BOARD OF DIRECTORS MEETING**  
*November 15, 2022*  
*In-Person*

600 Jackson Street, Board Room 208  
Fredericksburg, VA 22401

# a g e n d a

- |      |  |                    |
|------|--|--------------------|
| I.   | MINUTES, BOARD OF DIRECTORS, October 18, 2022  | Lapin              |
| II.  | PUBLIC COMMENT- Public Comment   | Lapin              |
| III. | EMPLOYEE OF THE QUARTER<br><u>Employee of the Quarter – Fiscal year 2023 First Quarter –</u><br>Tammy Grymes, Lead Nurse, LPN – Crisis Stabilization   |                    |
| IV.  | EMPLOYEE SERVICE AWARDS<br><br><u>5 Years</u><br><br>Colby Robinson, Vocational Specialist – ACT<br>Tessa Kress, Day Support Site Leader – Stafford<br><u>10 Years</u><br><br>John Maresco, Assistant Coordinator, Psychosocial Rehabilitation – Kenmore Club<br><br><u>25 Years</u><br><br>Jennifer Acors, Coordinator - Developmental Services Support Coordination<br><u>30 Years</u><br><br>Katherine Westenberger-Drotar, Mental Health Case Manager – Fredericksburg | Wickens            |
| V.   | BOARD PRESENTATION<br>Local Government Funding Request   | Cleveland          |
| VI.  | CONSENT AGENDA<br><br>RECOMMENDED: PROGRAM PLANNING AND EVALUATION<br>COMMITTEE November 8, 2022<br><br>A.1 Information Only – Part C Monitoring Results<br>A.2 Information Only – Extraordinary Barriers List<br>A.3 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)<br>A.4 Information Only – Information Technology/Electronic Health Record Update  | Lapin<br><br>Beebe |

A.5 Information Only – Crisis Intervention Team Assessment Center Report  
A.6 Information Only – Emergency Custody Order/Temporary Detention Order  
A.7 Information Only – Waitlist  
A.8 Information Only – QA Chart Review  
A.8 Approved – Licensing Review

RECOMMENDED: FINANCE COMMITTEE November 8, 2022

Zurasky

B.1 Approved – End of Year Part C Fiscal Report  
B.2 Approved – KOVAR Grant  
B.3 Information Only – Section 5310 Grant  
B.4 Information Only – Additional Funding Summary  
B.5 Approved – September Financial Report  
B.6 Information Only – September Investment Report  
B.7 Information Only – September Reimbursement Report  
B.8 Information Only – September Health Insurance Account Report  
B.9 Information Only – September Other Post-Employment Benefits Review  
B.10 Information Only – Write Off Report  
B.11 Information Only – Payroll Statistics

RECOMMENDED: PERSONNEL COMMITTEE November 8, 2022

Gayle

C.1 Information Only – Cultural Competencies Review  
C.2 Information Only – Employee Benefits Review  
C.3 Information Only – September Retention Report  
C.4 Information Only – September EEO Report and Recruitment Update

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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# October 2022 Board of Directors Meeting Minutes

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## Call to order

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held **October 18, 2022 at 600 Jackson Street**. Attendees included Matt Zurasky, Ken Lapin, Nancy Beebe, Susan Muerdler, Glenna Boerner, Greg Sokolowski, Susan Gayle, Melissa White, Jacob Parcell, Joe Wickens, Brandie Williams, Tina Cleveland, Amy Jindra, Michelle Wagaman, Jacque Kobuchi, Stephanie Terrell, Michelle Runyon, Teresa McDonnell, Jennifer Drew, Jennifer Acors, Steve Curtis, Esther Ackuayi, Lacey Fisher, Valerie St. John. Linda Carter, Claire Curcio, Sarah Ritchie, Kheia Hilton were not present.

## September 20, 2022 Minutes Board of Directors

Matt Zurasky suggested the Board Presentation: Strategic Plan section of the September 2022 minutes be changed to reflect “Board approval of the Strategic Plan is not a CARF requirement.”

**ACTION TAKEN: The Board approved the minutes as amended.**

**Moved by: Matt Zurasky Seconded: Susan Muerdler**

## Employee Service Awards

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

### 5 Years

Esther Ackuayi – Direct Support Professional, Day Program  
Traci George – Direct Support Professional, Residential  
Marjorie Duncan – Credentialing Specialist/Reimbursement Technician II  
Laurie Warren – Developmental Services Support Coordinator  
Nicholas Harrison – Therapist

### 10 Years

Valerie St. John – Developmental Services Support Coordinator Supervisor

### 15 Years

Grace Arthur – Direct Support Professional, Residential  
Jennifer Drew – Child/Adolescent Case Manager

### 20Years

Dennis Dandridge – Direct Support Professional, Day Program



## Consent Agenda

### **I. RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, October 11, 2022**

- A. 1 Information Only – Myers Drive Quarterly Report
- A. 2 Information Only – Extraordinary Barriers List
- A. 3 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- A. 4 Information Only – Information Technology/Electronic Health Record Update
- A. 5 Information Only – Crisis Intervention Team (CIT) Assessment Center Report
- A. 6 Information Only – Emergency Custody/ Temporary Detention Order Report
- A. 7 Information Only – Waitlist
- A. 8 Approved – Corrective Action Plan
- A. 9 Information Only – Data Highlights
- A. 10 Information Only – CARF End of Year Performance Analysis
- A. 11 Information Only – Strategic Plan

### **II. RECOMMENDED: FINANCE COMMITTEE, October 11, 2022**

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

### **III. RECOMMENDED: PERSONNEL COMMITTEE, October 11, 2022**

- D. 1 Information Only – September 2022 Retention Report
- D. 2 Information Only – September 2022 EEO Report and Recruitment Update

**ACTION TAKEN:** The Board approved the consent agenda.  
**Moved by:** Greg Sokolowski **Seconded:** Susan Gayle

## Items for Full Board Discussion/Vote

### Strategic Plan

Brandie Williams stated the changes were made to the Strategic Plan after the recommended review at the October Program Planning and Evaluation Committee meeting. The changes were as follows: removed goal #3 as suggested during Program Planning and Evaluation, incorporated the strategies for this goal into goal #1 and renumbered the strategies, and changed all references to four goals to indicate 3 goals. Brandie then asked for board approval of the revised Strategic Plan.

**ACTION TAKEN:** The Board approved a motion to approve the Strategic Plan.  
**Moved by:** Melissa White **Seconded:** Susan Gayle

## Report from the Executive Director

Joe Wickens reminded the Board members to RSVP for the Program Tour on October 27 if they had not done so already. At this time Glenna Boerner and Claire Curcio were planning to attend. Joe also stated this would be open to executive staff if they would like to attend.

Joe thanked Stephanie Terrell for all her hard work getting the agency prepared for CARF. He stated that this was a lot of work and appreciated everything she had done.

Joe asked the Board if they would like to have the Holiday Dinner this year. The dinner will be held after the December Board meeting and would be open to past and present Board Members and their significant others. Joe and Brandie suggested it be held at Ristorante Renato. The Board agreed.

## Report of Directors and Coordinators

Jacque Kobuchi stated she has been busy with CARF preparations. She noted the tours with the CARF auditors went well and they were very interactive with staff. She also stated that she has recently submitted several hiring packets.

Tina Cleveland stated she was also busy preparing for CARF. She also noted she had two new hires in this week's New Employee Orientation and this would make her fully staffed.

Michelle Runyon stated Human Resources has hired two new staff members and will be fully staffed. She noted she has been working on preparing for CARF, planning the Staff Holiday Party to be held on December 7 at the Fredericksburg Expo Center, and the Compensation Study.

Stephanie Terrell thanked Joe for the kudos. She stated that CARF was going well and that we had received great feedback so far. She noted that the final meeting will be tomorrow and will get their preliminary results with the final results sent within 6 – 8 weeks. Ken Lapin stated that he enjoyed being able to meet with Wade from CARF. He also stated how appreciative and supportive Wade was regarding RACSB staff.

Michelle Wagaman gave the Board Members "goodie" bags that the staff had the opportunity to make while attending the RACSB Employee Inservice that was held on September 29. She also noted

the Prevention Team would be attending Operation Medicine Cabinet on October 10<sup>th</sup> and would be partnering with Region 10 to host Rick Griffin from Walla Walla Washington on December 8<sup>th</sup>.

Amy Jindra also stated that she has been busy preparing for CARF. She noted that Kenmore Club has been going to the YMCA twice a week using the agency paid memberships. Additionally, she informed the Board that both RAAI and Kenmore Club will be holding Fall Festivals this month.

Brandie Williams stated it was nice to hear all the good things that are coming from CARF, such as how great the Board Members are and how RACSB programs are amazing. She stated she wanted to celebrate everyone and all the hard work they have done to make sure we were ready.

## Board Time

Jacob Parcell thanked everyone for their hard work.

Matt Zurasky congratulated everyone on a job well done.

Nancy Beebe stated she enjoyed the CARF interview and being able to brag about RACSB.

Susan Muerdler stated it is an honor to be associated with RACSB.

Glenna Boerner stated that she is so impressed with everything we do.

Greg Sokolowski thanked everyone for their hard work.

Susan Gayle thanked everyone for everything they do.

Melissa White stated she is so impressed with everything we do.

Ken Lapin thanked everyone for everything they do.

## Adjournment

The meeting adjourned at 5:35 PM.



October 25, 2022

Tammy Grymes  
6106 Taverneer Lane  
Spotsylvania, VA 22551

Dear Tammy,

Congratulations on your selection as Employee of the Quarter for the First Quarter – Fiscal Year 2023. The following nominations were submitted on your behalf:

1. *I would like to nominate a fellow co-worker, Tammy Grymes for Employee of the Quarter. We have been experiencing a nurse shortage in our program for quite a while and she has been stepping up to the plate, even at times coming in on her day off to make sure that our guests are taken care of. She has been diligently working over 40 hours a week and doing the job of 2 people. She is so deserving of this award.*
2. *I would like to nominate Tammy Grymes from Sunshine Lady House. With recent issues with nurses she has gone above and beyond and supporting the program and the guests who come here. I can admit that I am unsure if I would be able to put in the amount of effort that I regularly see Tammy put in!*
3. *I would like to nominate Tammy Grymes, LPN for the Employee of the Quarter Award for RACSB for the fourth quarter. Tammy is an outstanding nurse at the Sunshine Lady House and makes a positive impact on our clients as well as our team. Tammy is a hard worker who always goes above and beyond to make sure our clients are medically taken care of and made to feel comfortable and safe during their stay at SLH. Tammy is an outstanding employee who often works over time to complete paperwork so it is not a burden for her co-workers.*
4. *I would like to nominate Tammy Grymes, LPN for the Employee of the Quarter Award for RACSB for the fourth quarter. Tammy is an outstanding nurse at the Sunshine Lady House and makes a positive impact on our clients as well as our team. Tammy is a hard worker who always goes above and beyond to make sure our clients are medically taken care of and made to feel comfortable and safe during their stay at SLH. Tammy is an outstanding employee who often works over time to complete paperwork so it is not a burden for her co-workers.*
5. *In response to your email about nominating an Employee of the Quarter, I would like to nominate Tammy Grymes. She currently works as a nurse at Crisis Stabilization (Sunshine Lady House) next door from Jackson street. Even though we have been extremely short-staffed on nurses for over a year, Tammy has managed to keep our facility running strong. She is so dedicated that we often worry that she may burn out at some point. I really think honoring her as Employee of the Quarter would give her the much-needed fuel to help her continue keeping our entire facility a float on the nurse's wing. No one is more deserving than her!*
6. *I would like to nominate Tammy Grymes, she is our full-time nurse at Sunshine lady house and she works her tail off.*
7. *Nurse Tammy is always providing top level care and goes above and beyond for guest and her co-workers. Nurse Tammy takes on a lot as she typically is the only day nurse at SLH due to short nursing staff. Being a nurse is a challenging job, but Tammy always gets it done with and grace and patience. The guest and SLH staff are lucky to have her!*



8. *Tammy is a team player and goes above and beyond her job responsibilities. She had a lot on her shoulders as we are short on nurses, but she is always willing to step in and does so with a smile and great attitude.*

9. *Tammy's worth ethic and commitment to the crisis program is unparalleled. Tammy is the first person many of our guests see when they first enter the program. Her calm demeanor and empathy help even the most wary guests feel welcome and comfortable at our program. Tammy consistently goes above and beyond to ensure that the guests are taken care of from the medical/nursing perspective. Tammy is consistent, reliable, and committed to the work she does and is long overdue for special recognition.*

A one-time salary supplement of \$500 will be added to your paycheck.

You will be recognized at the Board of Directors Meeting on **November 15, 2022 at 5:00 pm to be held at 600 Jackson Street, Room 208**. Please let Teresa McDonnel ([tmcdonnel@rappahannockareacsb.org](mailto:tmcdonnel@rappahannockareacsb.org) or 540-940-2302) know if you are able to attend.

The Rappahannock Area Community Services Board thanks you for your outstanding level of service to the agency.

Sincerely,

Joe Wickens, Executive Director  
Rappahannock Area Community Services Board

cc: Amy Jindra/Heather Honaker

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# November 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 November 9, 2022. Attendees included Nancy Beebe, Claire Curcio, Glenna Boerner, Jacob Parcell, Susan Muerdler, Ken Lapin, Matt Zurasky, Jacque Kobuchi, Alison Standring, Tina Cleveland, Joe Wickens, Brandie Williams, Amy Umble, Stephanie Terrell, Patricia Newman, and Nadine Mayo. Susan Gayle, Melissa White, Kheia Hilton and Sarah Ritchie were not present.

## Part C Monitoring Results, FFY21/SFY22

Alison Standring reviewed the final monitoring results of an annual chart review to determine compliance with Part C federal regulations. RACSB's program met requirements for the 16<sup>th</sup> year in a row. Alison said that the program was seeing a rising number of children and an increasing level of acuity, combined with a workforce shortage.

## Extraordinary Barriers List

Patricia Newman reviewed the case of one individual on the Extraordinary Barriers List. This individual's barriers to placement include convictions for sexual offenses and behavioral challenges. She said that hospital liaisons had found a placement for this individual, and discharge plans were moving ahead. Patricia also praised Elizabeth Wells, lead state hospital liaison, for getting hospital discharges and community placements for individuals who have been in state hospitals for many years.

## Independent Assessment Certification and Coordination Team Update

Jacque Kobuchi told the Committee that RACSB received 11 IACCT referrals in October and completed 11 assessments. Six referrals were initial assessments and five were re-authorizations. Four were from Spotsylvania, five from Stafford, one from Caroline, one 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 873 help tickets in October. Community Consumer Submission data was sent to the state Oct. 27. Additionally, the Waiver Management System was having communication issues which impacted the IT team. RACSB continues to utilize Zoom with 2,546 video meetings held with a total of 7,289 participants in October.

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

Jacque Kobuchi reported that the CIT Assessment Center Assessed 17 individuals in the month of October 2022: Fredericksburg 3; Caroline 1; King George 1; Spotsylvania 6; Stafford 6. She said that the 24 percent of individuals assessed under emergency custody orders were able to use the assessment center, because many stayed in the emergency department for days at a time because of a shortage of

beds in psychiatric facilities. This also resulted in more law enforcement officers supervising people under ECOs. Additionally, the CIT program held a 40-hour training for 17 people.

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

Jacque Kobuchi told the Committee that emergency services staff completed 351 emergency evaluations in October 2022. Seventy Emergency Custody Orders (ECO) were issued, 75 Temporary Detention Orders were issued and 75 Temporary Detention Orders (TDO) were executed. Nine individuals were sent to state hospitals as a bed of last resort. Two were committed at bedside hearings in the emergency department and transported after being involuntarily committed.

### October 2022 Wait List

Stephanie Terrell reported that 236 individuals were waiting more than 30 days for outpatient therapy appointments as of Oct. 31, 2022. As of April 12, 2022, there were seven 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, 2 (needs, 0; referral, 2; acceptance, 0); Developmental Disability Residential, 96 (needs, 91; referral, 3; acceptance, 2); Assertive Community Treatment, 12 (needs, 6; referral, 6; acceptance, 0); and DD Waiver Services, 766.

### Quality Assurance Report

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

- Substance Abuse Outpatient – the average score decreased from 70 to 64 on a 100-point scale.
- Devon Drive Group Home – the average scored increased from 50 to 89.
- Ruffins Pond Group Home – the average score increased from 64 to 91.

### Corrective Action Plan

Stephanie Terrell reviewed a licensing violation the agency received for an unsubstantiated human rights violation in the Developmental Disability Supervised Apartment Program. She discussed the corrective action plan RACSB submitted to DBHDS..

**ACTION TAKEN:** The Committee unanimously approved a motion to recommend the Board approve the corrective action plan as presented.

Moved by: Matt Zurasky Seconded by: Ken Lapin

### Other Business

Nancy Beebe suggested that RACSB review the number of automated external defibrillators the agency has and explore options for increasing that number.

### Adjournment

The meeting adjourned at 11:48 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  
November 8, 2022, 10:30 AM  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** November 2, 2022

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, November 8, 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 November 8 at 10:30 a.m.

Cc: Nancy Beebe, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD


**Program Planning and Evaluation Committee Meeting**

November 8, 2022—10:30 a.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

**Agenda**

I.	Part C Monitoring Results, Standring.....	3
II.	Extraordinary Barriers List, Newman.....	15
III.	Independent Assessment Certification and Coordination Team Update, Kobuchi....	17
IV.	Information Technology/Electronic Health Record Update, Poe.....	20
V.	Crisis Intervention Team Assessment Center Report, Kobuchi.....	23
VI.	Emergency Custody Order/Temporary Detention Order, Kobuchi.....	25
VII.	October Waitlist, Terrell.....	29
VIII.	QA Chart Review, Terrell.....	33
IX.	Other Business, Beebe	

To: Joe Wickens, Executive Director  
From: Alison Standring, Part C Coordinator   
Subject: Monitoring Results for FFY21/SFY22, Copy 2 of 2  
Date: October 31, 2022

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

## MEMORANDUM

To: Joe Wickens, Executive Director  
From: Alison Standring, Part C Coordinator  
Subject: Monitoring Results and Determination FFY21/SFY22  
(July 1, 2021 through June 30, 2022)  
Date: October 31, 2022

The Department of Behavioral Health and Developmental Services monitors each of the 40 local Part C systems in the Commonwealth to assure that it is in compliance with federal Part C requirements. Enclosed is a memo from Catherine Hancock that summarizes the monitoring process and what is involved in determinations (pages 4 through 6), a chart that describes the federal indicators reviewed and how we scored on each (pages 7 through 9), and a sample chart with explanation bubbles (pages 10 through 12).

The charts on pages 7 through 9 demonstrate our compliance with 14 indicators plus DBHDS's measurement of Longstanding Non-Compliance, Accurate & Timely Data, Data Anomalies, Children with Exit Scores, and Family Survey Response Rate. Each of these items is awarded points based on our local result compared to the target.

1. Page 7 shows
  - a. We are in compliance with implementing services within 30 days of developing an Individualized Family Service Plan (Indicator 01); developing an Individualized Family Service Plan (IFSP) within 45 days of a referral (Indicator 07); and documenting Transition Steps and Services (Indicator 08A), Transition Notification to Local Education Agency and State Education Agency (Indicator 08B), and the Transition Conference (Indicator 08C) according to regulations;
  - b. We have no longstanding noncompliance;
  - c. Our data are mostly accurate and timely; we had one error with our Children Over 3 report, entering the discharge in the data system later than 10 days from the event.
2. Page 8 shows
  - a. We are in compliance with Primary Service Setting (Indicator 02), providing services in the child's natural environment.
  - b. Our local results for Child Outcomes (Indicator 03) which measure children's positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs in comparison to same aged peers as they exit out of early intervention (this item is not yet awarded points, DBHDS continues to refine this process) are in line with state results;
  - c. There were no Data Anomalies among our Child Outcomes data;
  - d. 98 % of eligible children had Exit Scores;
  - e. The results of Family Outcomes (Indicator 04) as measured through an annual family survey scored above the state targets in all three areas;
  - f. Our Family Survey Response Rate was less than the 25<sup>th</sup> percentile; we received no points for this item. DBHDS reports that 17 (out of 40) localities were able to meet or exceed the 22% target; of those, 9 exceeded 26%. Conversely, 23 out of 40 systems did not achieve the expected response rate.
3. Page 9 shows
  - a. We exceed the state targets for Child Find (Indicator 05, Indicator 06), enrolling more children birth to 1 and birth to 3 than the state expected of us;

- b. Our Cumulative Score is 88.5% resulting in a **Meets Requirements Determination for the 16<sup>th</sup> year in a row!**

During State Fiscal Year 2022, our program processed 870 referrals (up from 779 last year) and served more than 1,031 infants and toddlers (up from 954 last year), above the state target for percent of population, all the while enrolling families and delivering the first service in the child's natural environment within federally required timelines. We developed plans and provided supports and services timely for toddlers who are transitioning from Part C early intervention services to Part B public preschool special education services.

Workforce issues continue to impact our program resulting in extremely high staff caseloads. This, coupled with the large number of referrals coming in means we are currently struggling, and sometimes failing, to meet timelines. Our determination report next year may reflect this.

Our staff are an amazing conglomeration of talent, dedication, creativity, and devotion to our families. In this season of Thanksgiving, I give thanks for each and every one of them!

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



NELSON SMITH  
COMMISSIONER

# COMMONWEALTH of VIRGINIA

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
www.dbhds.virginia.gov

## MEMORANDUM

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

FROM: Catherine Hancock, MS, RN, PMHCNS  
Early Intervention Program Manager *Catherine Hancock*

DATE: September 30, 2022

RE: Local Early Intervention System (LEIS) Monitoring Results & Determination for  
FFY21/SFY22 (July 1, 2021 – June 30, 2022) – Copy 2 of 2

### Overview

In 2013 the Infant & Toddler Connection of Virginia (ITCVA) introduced you to the “Local Early Intervention System (LEIS) Monitoring Results & Determination Report” as a mechanism for informing localities of their Part C of IDEA monitoring results. Because data becomes available at varying points throughout the year—and to expedite communication of results while fostering familiarity with the report and reporting process—two (2) copies of this report are prepared and sent during the year.

Copy 1 of 2 was disseminated in June 2022. Enclosed you will find copy 2 of 2—the final copy for FFY21/SFY22. This final report also includes your LEIS determination and specifies any required enforcements.

The Individuals with Disabilities Education Act (IDEA) of 2004 §616(b)(2)(C)(ii)(II) requires each state to measure and report results on federally identified indicators in an Annual Performance Report (APR). The review period for Virginia’s next APR—to be submitted in February 2023—will cover FFY21/SFY22 (07/01/2021-06/30/22). In addition to reporting this APR data to the Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required under the IDEA of 2004 §616 (d)(e).

### Determinations and Enforcements

In accordance with Subpart H, §303.700 of the Individuals with Disabilities Education Act (IDEA) 2011, states are required to make determinations annually on the performance of each LEIS under Part C and to use appropriate enforcement mechanisms depending on the

determination. States must use the following four (4) determination categories outlined in §303.703 of IDEA: Meets Requirements (MR), Needs Assistance (NA), Needs Intervention (NI) and Needs Substantial Intervention (NSI).

Your local system's determination can be found on page 3 of the report.

- If your LEIS has received a determination of Meets Requirements (MR)—congratulations! Your hard work is recognized and appreciated. If your LEIS has improved its determination status since last year (and/or improved its determination assessment score since last year), thank you for your ongoing improvement efforts.
- If your LEIS has received a determination of Needs Assistance (NA) immediately following a determination of Meets Requirements (MR), ITCVA technical assistance and monitoring team staff members will continue to be available to work with your LEIS as needed to help identify and address any issues that may be preventing a determination of Meets Requirements.
- If your local system has not yet corrected noncompliance for any of the compliance indicators (1, 7, and 8), you must continue your monthly monitoring and improvement strategies until your system is in compliance. Your technical assistance and monitoring consultants are available to assist you.
- If your local system did not meet the targets for any of the results indicators (2, 3, 4, 5, and 6), your technical assistance and monitoring consultants will work with you to determine the best way to improve your results.

With reauthorization of IDEA, OSEP has focused on state and local accountability in implementing this federal legislation. Both the local system's publicly reported data and its determination status provide valuable data and information about how your local system's performance compares to the State's measurable and rigorous targets.

While local performance on federal indicators is important, DBHDS recognizes that your local system's determination status and public reporting data do not capture all of the positive work that occurs locally and all of the support and help you provide to children and families in your community. Your local system's continued commitment to providing early intervention services and supports for Virginia's infants and toddlers with disabilities and their families is greatly appreciated.

If you should have any questions regarding the determination for your LEIS, please do not hesitate to contact your monitoring consultant.

Enclosures

cc: Local System Manager

Local System Manager Supervisor

Nelson Smith, Commissioner, DBHDS

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

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

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

Monitoring Consultant, Infant & Toddler Connection of Virginia, DBHDS

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



# Local Early Intervention System (LEIS) Monitoring Results & Determination

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

- ☐ Copy 1/2 – Results (06/2022)  
☒ Copy 2/2 – Final Results & Determination (10/2022)

Infant & Toddler Connection of

## Rappahannock Area

Section A						
Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data						
Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)						
<b>Scoring</b> <ul style="list-style-type: none"><li>• CPN = N/A → 2</li><li>• CPN = Y → 2</li><li>• CPN = N and ARR &gt;= 95% → 2</li><li>• CPN = N and ARR &gt;= 75% → 1</li><li>• CPN = N and ARR &lt; 75% → 0</li></ul>						
Indicator	State Target	State Result	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction FFY20/SFY21 Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%	95.3%	100.0%	N/A	Y	2
07: 45-Day Timeline	100%	97.1%	97.7%	Y	N/A	2
08A: Transition Steps and Services	100%	99.2%	100.0%	N/A	Y	2
08B: Transition Notification to LEA & VDOE	100%	98.8%	100.0%	N/A	Y	2
08C: Transition Conference	100%	100%	100.0%	N/A	N/A	2
Longstanding Noncompliance						
<b>Scoring</b> <ul style="list-style-type: none"><li>• No longstanding noncompliance → 2</li><li>• Noncompliance corrected within one (1) year; if repeated, compliance at ARR &gt;= 95% → 2</li><li>• Noncompliance corrected within one (1) year; if repeated, compliance at ARR &lt; 95% → 1</li><li>• Noncompliance exceeding one (1) year → 0</li></ul>						2
Accurate & Timely Data						
<b>Scoring</b> <ul style="list-style-type: none"><li>• True → 1</li><li>• False → 0</li></ul>	<b>Accuracy</b>	ARR Data and Verification				1
		December 1 <sup>st</sup> Child Count				1
		Children Over Three Report				0
		<b>Timeliness</b>	Contract Deliverables <sup>1</sup>			
Section A Points and % Score						
<b>Scoring</b> <ul style="list-style-type: none"><li>• Total points = SUM of points awarded</li><li>• Section A % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>2</sup></li></ul>		SECTION A POINTS				15
		SECTION A % SCORE				93.8%

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

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

Section B					
Results Indicators; Data Anomalies; Data Completeness					
Primary Service Setting (Indicator 02)					
<b>Scoring</b> <ul style="list-style-type: none"><li>PSS &gt;= State target → 1</li><li>PSS &lt; State target → 0</li></ul>	State Target	State Result	Local Result	Points Awarded	
	98.0%	99.8%	100.0%	1	
Child Outcomes (Indicator 03)					
<b>Scoring</b> <ul style="list-style-type: none"><li>Local results reported but not scored</li></ul>					
	State Target	State Result	Local Result		
03A-S1: Positive social-emotional skills	64.9%	63.2%	52.2%		
03A-S2: Positive social-emotional skills	57.6%	50.7%	50.5%		
03B-S1: Acquisition and use of knowledge and skills	68.7%	66.3%	61.1%		
03B-S2: Acquisition and use of knowledge and skills	46.9%	40.8%	40.3%		
03C-S1: Use of appropriate behaviors to meet needs	68.6%	63.7%	54.0%		
03C-S2: Use of appropriate behaviors to meet needs	50.7%	45.9%	46.3%		
Data Anomalies					
<b>Scoring</b> <ul style="list-style-type: none"><li>3 child outcomes x 5 progress categories (a-e) = 15 results</li><li>15 results – total anomalies = Score<ul style="list-style-type: none"><li>Score = 13, 14 or 15 → 2 points</li><li>Score = 10, 11 or 12 → 1 point</li><li>Score &lt; 10 → 0 points</li></ul></li></ul>	Anomalies		Score	Points Awarded	
	0		15	2	
Children w/ Exit Scores					
<b>Scoring</b> <ul style="list-style-type: none"><li># score captured ÷ total # eligible for scores = LEIS %<ul style="list-style-type: none"><li>LEIS % &gt;= 90% → 2 points</li><li>LEIS % between 80% and 90% → 1</li><li>LEIS % &lt; 80% → 0 points</li></ul></li></ul>	Eligible	Captured	LEIS %	Points Awarded	
	304	298	98.0%	2	
Family Outcomes (Indicator 04)					
<b>Scoring</b> <ul style="list-style-type: none"><li>Meaningful difference = NA<sup>3</sup> → 1</li><li>Meaningful difference = N → 1</li><li>Meaningful difference = Y → 0</li></ul>	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
	75.0%	77.7%	85.0%	NA	1
04B: Family Outcomes (Communicate needs)	71.9%	74.0%	81.0%	NA	1
04C: Family Outcomes (Help child learn)	85.9%	87.5%	88.0%	NA	1
Family Survey Response Rate					
<b>Scoring</b> <ul style="list-style-type: none"><li>[Surveys connected<sup>4</sup> minus (-) surveys returned] ÷ surveys connected = LEIS %<ul style="list-style-type: none"><li>LEIS % &gt;= 26% OR at or above 75<sup>th</sup> percentile → 2</li><li>LEIS % &gt;= 22% OR between 25<sup>th</sup> and 75<sup>th</sup> percentile → 1</li><li>LEIS % at or below 25<sup>th</sup> PERCENTILE → 0</li></ul></li></ul>	Surveys Connected	Surveys Returned	LEIS %	Points Awarded	
	411	59	14.4%	0	

<sup>3</sup> Local result >= state target = NA

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

Section B: Results (continued)						
Child Find (Indicator 05; Indicator 06)						
<b>Scoring</b> <ul style="list-style-type: none"><li>Meaningful difference = NA<sup>5</sup> → 1</li><li>Meaningful difference = N → 1</li><li>Meaningful difference = Y → 0</li></ul>	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded	
05: Child Find 0-1	1.64%	1.71%	1.75%	NA	1	
06: Child Find 0-3	3.43%	3.74%	3.85%	NA	1	
Section B Points and % Score						
<b>Scoring</b> <ul style="list-style-type: none"><li>Total points = SUM of points awarded</li><li>Section B % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>6</sup></li></ul>	SECTION B POINTS				10	
	SECTION B % SCORE				83.3%	
Cumulative Score and Determination						
<b>Scoring</b> <ul style="list-style-type: none"><li>Cumulative % Score = 50% Section A % Score + 50% Section B % Score</li><li>Determination<ul style="list-style-type: none"><li>80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year</li><li>60%-79% → Needs Assistance (NA)</li><li>50%-59% → Needs Intervention (NI)</li><li>0%-49% → Needs Substantial Intervention (NSI)</li></ul></li></ul>	FFY21/SFY22 CUMULATIVE % SCORE				88.5%	
	FFY21/SFY22 DETERMINATION				MR	
Enforcement Actions (if applicable)						
Local EIS Determination History						
FFY06/SFY07 (July 1, 2006 – June 30, 2007)	FFY07/SFY08 (July 1, 2007 – June 30, 2008)	FFY08/SFY09 (July 1, 2008 – June 30, 2009)	FFY09/SFY10 (July 1, 2009 – June 30, 2010)	FFY10/SFY11 (July 1, 2010 – June 30, 2011)	FFY11/SFY12 (July 1, 2011 – June 30, 2012)	FFY12/SFY13 (July 1, 2012 – June 30, 2013)
NA	MR	MR	MR	MR	MR	MR
FFY13/SFY14 (July 1, 2013 – June 30, 2014)	FFY14/SFY15 (July 1, 2014 – June 30, 2015)	FFY15/SFY16 (July 1, 2015 – June 30, 2016)	FFY16/SFY17 (July 1, 2016 – June 30, 2017)	FFY17/SFY18 (July 1, 2017 – June 30, 2018)	FFY18/SFY19 (July 1, 2018 – June 30, 2019)	FFY19/SFY20 (July 1, 2019 – June 30, 2020)
MR	MR	MR	MR	MR	MR	MR
FFY20/SFY21 (July 1, 2020 – June 30, 2021)	FFY21/SFY22 (July 1, 2021 – June 30, 2022)					
MR	MR					

<sup>5</sup> Local result >= state target = NA

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

# Local Early Intervention System (LEIS) Monitoring Results & Determination

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

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

Infant & Toddler Connection of

## LEIS

### GENERAL INFO

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

## Section A

Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data

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

#### Scoring

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

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

Target for all Compliance Indicators is 100%

### Longstanding Noncompliance

#### Scoring

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

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

### Accurate & Timely Data

#### Scoring

- True → 1
- False → 0

ARR Data and Verification

Review of data submitted with ARR confirmed accuracy

December 1<sup>st</sup> Child Count

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

Children Over Three Report

Contract Deliverables<sup>1</sup>

### Section A Points and % Score

#### Scoring

- Total points = SUM of points awarded
- Section A % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>2</sup>

SECTION A POINTS

SECTION A % SCORE

No children on report more than 2 of 3 months reviewed

X of Y required deliverables submitted on time

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

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

## Section B

### Results Indicators; Data Anomalies; Data Completeness

#### Primary Service Setting (Indicator 02)

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

#### Child Outcomes (Indicator 03)

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

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

#### Data Anomalies

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

#### Children w/ Exit Scores

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

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

#### Family Outcomes (Indicator 04)

Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> <li>Meaningful difference = NA<sup>3</sup> → 1</li> <li>Meaningful difference = N → 1</li> <li>Meaningful difference = Y → 0</li> </ul>				
04A: Family Outcomes (Know their rights)	76.4%			
04B: Family Outcomes (Communicate needs)	74.4%			
04C: Family Outcomes (Help child learn)	84.9%			

#### Family Survey Response Rate

Scoring	Surveys Connected	Surveys Returned	LEIS %	Points Awarded
<ul style="list-style-type: none"> <li>[Surveys connected<sup>4</sup> minus (-) surveys returned] ÷ surveys connected = LEIS %               <ul style="list-style-type: none"> <li>LEIS % &gt;= 26% → 2</li> <li>LEIS % between 22% and 26% → 1</li> <li>LEIS % &lt; 22% → 0</li> </ul> </li> </ul>				

<sup>3</sup> Local result >= state target = NA

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

## Section B: Results (continued)

## Child Find (Indicator 05; Indicator 06)

<b>Scoring</b>	<b>State Target</b>	<b>Local Result</b>	<b>Meaningful Difference (Y/N/NA)</b>	<b>Points Awarded</b>
<ul style="list-style-type: none"> <li>Meaningful difference = NA<sup>5</sup> → 1</li> <li>Meaningful difference = N → 1</li> <li>Meaningful difference = Y → 0</li> </ul>				
05: Child Find 0-1	1.20%			
06: Child Find 0-3	2.76%			

## Section B Points and % Score

<b>Scoring</b> <ul style="list-style-type: none"> <li>Total points = SUM of points awarded</li> <li>Section B % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>6</sup></li> </ul>	<b>SECTION B POINTS</b>	
	<b>SECTION B % SCORE</b>	

## Cumulative Score and Determination

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

## Enforcement Actions (if applicable)

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<sup>5</sup> Local result >= state target = NA

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

## MEMORANDUM

TO: Joe Wickens, Executive Director

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

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

SUBJECT: Extraordinary Barriers List (EBL)

DATE: November 8, 2022

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RACSB currently has one individual on the Extraordinary Barriers List (EBL), to include one individual at Western State Hospital (WSH). Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

### Western State Hospital

Individual #1: Was placed on the EBL 7/26/22. Barriers to discharge include identifying and being accepted to the most appropriate housing or residential program. This individual has a diagnosis of a serious mental illness and their personality traits of impulsivity and reactivity place them at greater risk to others. This individual has a history of hospitalizations as well as incarcerations and is a registered sex offender whose convictions include indecent liberties with a child (2014). They were also recently charged with a misdemeanor offense while hospitalized at Western State Hospital (WSH) in response to groping a female staff member and not immediately releasing her. A previous placement had been identified; however, the cost was \$15,000 per month as they required an all-male assisted living facility and a higher level of supervision. Discharge was delayed due to cost as well as the individual obtaining new legal charges. This individual continues to lack insight into their illness as well as their need for continued treatment, is often inappropriate with staff and has made statements regarding wanting to reside close to their victim of the original offense. RACSB had expressed concerns regarding their readiness for discharge as they have not had any interactions with female peers while at the hospital or participated in increased social integration activities due to the amount of supervision needed to maintain safety, however, WSH staff report that because they are at their baseline in their mental health, they are ready for discharge. This individual was accepted to Hawkins Residential, a residential provider in the Richmond area, who operates an all-male program and

who accepts Registered Sex Offenders, however they do not have any open beds at this time. Other options were explored in order to expedite their discharge and they have been accepted to Truu Life, which is an assisted living facility located in Glen Allen, VA. This placement will require Discharge Assistance Program (DAP) Funding. The plan has been submitted for review and this individual will discharge to the community once the DAP Plan is approved.



# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

## MEMORANDUM

**To:** Joe Wickens, Executive Director

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

**Date:** November 1, 2022

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

\*\*\*\*\*

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

RACSB received eleven IACCT referrals and completed eleven assessments in the month of October. Six referrals were initial IACCT assessments and five were re-authorizations. Four were from Spotsylvania, five from Stafford, one from Caroline, one from King George and none from the City of Fredericksburg. Two initial IACCTs are still in process so a recommendation has not been made yet. Of the nine completed assessments in October, four recommended Level C Residential and five recommended Level Group Home. No reassessment recommended step-down at this time.

Attached is the monthly IACCT tracking data for October 2022.

Report Month/Year	Oct-22
1. Total number of Referrals from Magellan for IACCT:	11
1.a. total number of auth referrals:	6
1.b. total num. of re-auth referrals:	5
2. Total number of Referrals per county:	
Fredericksburg:	0
Spotsylvania:	4
Stafford:	5
Caroline:	1
King George:	1
Other:	
3. Total number of extensions granted:	3
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	11
8a. Total number of ICA's recommending: <b>residential:</b>	4
8b. Total number of ICA's recommending: <b>therapeutic group home:</b>	5
8c. Total number of ICA's recommending: <b>community based services:</b>	0
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>	0

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

0

To: Joe Wickens, Executive Director

From: Suzanne Poe, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: November 1, 2022

This report provides an update on projects related to Information Technology and the Electronic Health Record. The IT department completed 873 tickets in the month of October. 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 October, 873 tickets were closed by IT Staff.

Ticket completion numbers by month for calendar year: 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 emailed reminders of their email passcode expiration. We also added the ability for end users to change their email passwords via a website. This will allow for an easier time for staff who get locked out or are working remotely to change their password.

The IT Procedures manual was reviewed and updated in preparation for the CARF review. At the exit CARF review there were no findings with the IT Procedures manual.

### **Community Consumer Submission 3**

The September 2022 CCS was submitted on October 27, 2022.

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

WaMS is continuing to have communication issues with Avatar.

From September 29<sup>th</sup> to October 18<sup>th</sup> there was a communication failure between Avatar and WaMS, causing all Individualized Service Plans to not transmit. The IT Team directly entered all ISPs during this time period.

Since October 19<sup>th</sup> some Service Plans are transmitting automatically, however Avatar is not pulling down and displaying the reason a Service Plan is rejected by WaMS. Typically, the system tells staff the reason the Service Plan is rejected, we fix the error, and resubmit. IT staff are manually reviewing the Service Plans for errors, and resubmitting. If failure again we are manually entering Service Plans into WaMS.

We are continuing to meet weekly with our Netsmart State Reporting team. Additionally, we have engaged the Netsmart Technical Support team to inspect the technical side of the issues. We are still waiting for a response on the cause of the issue.

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

On October 24<sup>th</sup> the Trac-IT system went live with their two-factor authentication system. IT staff helped PIED staff set up their phones and computers with the two-factor application Authy on the 24<sup>th</sup> to ensure staff had continual/uninterrupted use of Trac-IT.

### **Zoom**

We continue to utilize Zoom for telehealth throughout the agency.

- October 2022 – 2,546 video meetings with a total of 7,289 participants
- September 2022 – 2,589 video meetings with a total of 7,592 participants
- August 2022 – 3,023 video meetings with a total of 8,273 participants
- July 2022 – 2,582 video meetings with a total of 7,377 participants
- June 2022 – 2,881 video meetings with a total of 8,458 participants
- May 2022 – 2,921 video meetings with a total of 8,512 participants
- April 2022 – 2,878 video meetings with a total of 8,728 participants
- March 2022 – 3,281 video meetings with a total of 10,071 participants
- February 2022 - 3,248 video meetings with a total of 9,752 participants

- January 2022– 2,942 video meetings with a total of 8,870 participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants
- Average from April to December 2020 was 3,836 video meetings and 11,435 participants

### **Avatar**

We continue to work with Netsmart to implement a new piece of networking equipment (a Meraki VPN) to allow for more efficient networking speeds when staff access Avatar and run Avatar reports. We are now one step closer to getting communication working on the Meraki device. The Meraki is now working for one RACSB user, however it is rejecting network traffic for all other users.

Bells – ACT has completed small group testing and setup of Bells. They are now set to begin testing and training with a bigger portion of ACT staff.

### **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 are currently under review.

### **Staffing**

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

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Tabitha Taylor, Emergency Services Law enforcement liaison  
**Date:** November 1, 2022  
**Re:** Crisis Assessment Center and CIT report October

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The CIT program held an 40hr CIT training 17 completed the training.

The CIT Assessment Center Assessed 17 individuals in the month of October 2022. The number of persons served by locality were the following: Fredericksburg 3; Caroline 1; King George 1; Spotsylvania 6; Stafford 6.

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

Please see attached CIT data sheet

October 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
10/1/2022	3	0	n.a	Spotsylvania
10/2/2022	4	0	n.a	Spotsylvania
10/3/2022	2	0	n.a	n.a
10/4/2022	4	1	Spotsylvania	Stafford
10/5/2022	1	1	Stafford	Spotsylvania
10/6/2022	6	2	Stafford/Spotsylvania	Spotsylvania
10/7/2022	3	0	n.a	Spotsylvania
10/8/2022	1	0	n.a	Spotsylvania
10/9/2022	1	0	n.a	King George
10/10/2022	1	0	n.a	King George/Stafford
10/11/2022	1	1	Stafford	Spotsylvania
10/12/2022	0	0	Fredericksburg/Spotsylvania	Spotsylvania
10/13/2022	3	1	King George	n.a
10/14/2022	4	2	Fredericksburg	Spotsylvania
10/15/2022	2	0	n.a	Stafford
10/16/2022	5	0	n.a	Spotsylvania/King George
10/17/2022	2	0	n.a	Spotsylvania
10/18/2022	2	0	n.a	Spotsylvania
10/19/2022	6	1	n.a	Spotsylvania/Stafford
10/20/2022	0	0	n.a	Stafford
10/21/2022	3	0	n.a	Spotsylvania
10/22/2022	0	0	n.a	Spotsylvania/Stafford
10/23/2022	0	0	n.a	Spotsylvania
10/24/2022	1	1	Spotsylvania	Spotsylvania
10/25/2022	3	3	Stafford (2) Caroline	Spotsylvania
10/26/2022	2	1	Fredericksburg	Spotsylvania
10/27/2022	0	0	n.a	Spotsylvania
10/28/2022	2	2	Spotsylvania	Spotsylvania/Stafford
10/29/2022	3	0	n.a	Spotsylvania
10/30/2022	3	1	Stafford	Spotsylvania
10/31/2022	3	0	n.a	Spotsylvania
<b>Total</b>	<b>71</b>	<b>17</b>		

Total Assessments at  
Center in October: 17

Brought by:

Caroline	1	137
Fred City	3	983
Spotsylvania	6	937
Stafford	6	966
King George	1	122
Other	0	3

**Cumulative Total:**

Cumulative number of Assessment since  
September 2016: 3148



## MEMORANDUM

**To:** Joe Wickens, Executive Director

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

**Date:** November 1, 2022

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

---

In October, Emergency Services staff facilitated nine admissions to state hospitals. Three individuals were admitted to Northern Virginia Mental Health Institute, one was admitted to Piedmont, one was admitted to Southern Virginia Mental Health Institute, and four were admitted to Commonwealth Center for Children and Adolescents. Two of the nine were committed at their bedside hearings in the emergency department and transported after being involuntarily committed.

A total of twenty individuals were involuntarily hospitalized outside of our catchment area in October. Three were able to utilize alternative transportation (AT).

Please see attached data reports.

DATE: 11.1.22

Emergency Services Activity Reports					
Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
May 2020		335	74	76	75
June 2020		396	91	81	80
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

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

CSB/BHA	Rappahannock Area Community Services Board			Month	October 2022				
1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
351	36	34	70	76	11	5	60	76	0
			0					0	
			0					0	
			0					0	
			0					0	
			0					0	
			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	October 2022	No Exceptions this month →		
Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	
10/3/22	71045	Adult (18-64) with ID or DD		No	Yes	NVMHI
10/4/22	106395	Child		Yes	No	CCCA
10/4/22	3183	Older adult		Yes	No	Piedmont
10/6/22	46742			Yes	No	NVMHI
10/6/22	84403			Yes	No	SVMHI
10/17/22	97295			Yes	No	NVMHI
10/18/22	104687	Adolescent		No	Yes	CCCA
10/19/22	84597	Child		Yes	No	CCCA
10/30/22	78696	Adolescent		Yes	No	CCCA

## ALTERNATIVE TRANSPORT DATA October 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>
10/1/22	73905	Spotsylvania	MWH-ED	Carillion Roanoke	384	Yes	M	16	Danger to self	No	Elopement Risk
10/2/22	102252	Stafford	MWH-ED	Pavillion	194	Yes	F	79	danger to self	Yes	AT Utilized
10/3/22	107897	Fairfax	MWH-ED	Dickenson	746	Yes	F	56	Inability to care	No	Elopement risk
10/3/22	71045	Spotsylvania	MWH-ED	NVMHI	104	no	F	47	Danger to self	No	Impulsive behaviors and continuing to attempt to self harm
10/4/22	106395	Spotsylvania	MWH-ED	CCCA	228	Yes	M	7	Danger to self and others	No	Highly Aggressive
10/4/22	97143	Spotsylvania	MWH-ED	Cumberland	168	Yes	F	15	Danger to others and inability to care	No	Aggressive towards family and staff
10/4/22	3183	Stafford	MWH-ED	Piedmont	224	Yes	F	74	Inability to care	No	
10/6/22	46742	Orange	MWH-ED	NVMHI	104	Yes	M	39	Inability to care	No	Highly assaultive towards LE
10/6/22	84403	Fredericksburg	MWH-ED	SVMHI	424	Yes	M	57	Inability to care	No	Post committed individual not appropriate
10/7/22	107932	Stafford	MWH-ED	St. Albans	430	no	F	73	Danger to self	No	No available driver
10/10/22	99771	Spotsylvania	MWH-ED	Kempsville	284	Yes	F	14	Danger to self	No	Assaultive towards police
10/14/22	107990	Spotsylvania	MWH-ED	Twin County	540	Yes	M	43	Danger to self	No	Had stand off with police; too resistant
10/14/22	108003	King George	Stafford ED	Lewis Gale	368	no	F	86	Inability to care	Yes	AT utilized
10/15/22	82755	Stafford	MWH ED	Riverside	240	no	F	25	Inability to care	No	Erratic and inappropriate behavior
10/16/22	68324	Spotsylvania	MWH-ED	Cumberland	168	Yes	F	14	Danger to others	Yes	AT utilized
10/17/22	108016	Spotsylvania	MWH-ED	Newport News	190	no	F	15	Danger to self	No	
10/17/22	97295	Stafford	MWH-ED	NVMHI	104	Yes	F	31	Inability to care	No	Post committed individual not appropriate
10/18/22	104687	King George	MWH-ED	CCCA	228	no	M	14	Danger to others; Inability to care	No	Aggressive with staff and urinating on self
10/19/22	84597	Stafford	MWH-ED	CCCA	228	Yes	M	11	Danger to self and others	No	Aggressive and sexually inappropriate
10/30/22	78696	Spotsylvania	MWH-ED	CCCA	228	Yes	F	13	Danger to self and others	No	Aggressive and non-cooperative

**Total Out of Area**

20

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

3

15%

2

10%

# MEMORANDUM

**To: Joe Wickens, Executive Director**  
**From: Stephanie Terrell, Director of Compliance and Human Rights**  
**Date: November 1, 2022**  
**Re: October 2022 Waiting Lists**

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

## **OUTPATIENT SERVICES**

- Clinical services: As of October 31, 2022, there are 236 individuals on the wait list for outpatient therapy services.
  - Waiting list is defined as having to wait 30 calendar days or more to be offered an appointment.
    - Due to an increase in request for outpatient services the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services beginning October 5, 2021 and the Spotsylvania Clinic implemented a waitlist beginning May 2022. Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
      - The waitlist in Fredericksburg is currently at 186 clients.
      - The waitlist in Spotsylvania is currently at 50 clients.
      - This is a decrease of 46 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 November 1, 2022, there are 11 older adolescents and adults waiting longer than 30 days for their intake appointment. This is an increase of seven from the September 2022 waitlist. The furthest out appointment is 12/28/2022. There are zero children age 13 and below waiting longer than 30 days for their intake appointment.

**PSYCHIATRY INTAKE** – As of November 1, 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 – 9 (4)	0	(0)
○	Caroline – 1 (0)	0	(0)
○	King George – 0 (0)	0	(0)
○	Spotsylvania – 0 (0)	0	(0)
○	Stafford – 1 (0)	0	(0)
<b>Total</b>		<b>0</b>	<b>(0)</b>

Appointment Dates	
<b><i>Fredericksburg Clinic</i></b>	
	12/1/2022
	12/2/2022
	12/2/2022
	12/5/2022
	12/12/2022
	12/15/22
	12/20/22
	12/27/22
	12/28/22
<b><i>Caroline Clinic</i></b>	
	12/6/2022
<b><i>King George</i></b>	
	N/A
<b><i>Spotsylvania Clinic</i></b>	
	N/A
<b><i>Stafford Clinic</i></b>	
	12/5/22

#### **Community Support services:**

##### **Waitlist Definitions**

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

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

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



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

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

## **MH RESIDENTIAL SERVICES - 2**

Needs List: 0  
Referral List: 2  
Acceptance List: 0

### **Count by County:**

Caroline	0
King George	0
Fredericksburg	0
Spotsylvania	0
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 should be completed by mid-November.

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

Needs List: 91  
Referral List: 3  
Acceptance List: 2

### **Count by County:**

Caroline	11
King George	8
Fredericksburg	7
Spotsylvania	32
Stafford	38

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

## **Assertive Community Treatment (ACT)– 12**

Caroline: 1  
Fredericksburg: 3  
King George: 0  
Spotsylvania: 2  
Stafford: 3  
Homeless/Unknown/Incarcerated/Hospitalized: 3

Total Needs: 6  
Total Referrals: 6  
Total Acceptances: 0

Total program enrollments = 56

Admissions: 0

Discharges: 2

- During the month of October, ACT SOUTH will discharge a client who found a full-time job has reliable transportation and continues to maintain stable housing. He requested to return to agency adult case management, as he no longer needed the intensity of ACT Services. This client was very pleased to receive a certificate of graduation from ACT.
- A second ACT client will be discharged because he has been incarcerated in DC Corrections for over a year. ACT staff has contacted DC corrections weekly regarding the status of his incarceration.
- Both programs plan to enroll potential referrals next month. We have an appointment scheduled at Snowden and a home visit for a state hospital discharge.
- In addition, ACT NORTH continues to have one client at RRJ.

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

There are 766 individuals on the waiting list for a DD waiver.

P-1 296

P-2 175

P-3 295



## MEMORANDUM

**To:** Joseph Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance & Human Rights  
**Date:** October 28, 2022  
**Re:** Quality Assurance Report

---

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

- Substance Abuse Out Patient- Fredericksburg
- Devon Drive Developmental Disability Group Home
- Ruffins Pond Developmental Disability Group Home

### Substance Abuse Out Patient- Fredericksburg

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

Findings for the ten open and two closed charts reviewed for Substance Abuse Out Patient- Fredericksburg was as follows:

- Ten charts were reviewed for Assessment compliance:
  - **Discrepancies noted with Assessments:**
    - Five charts were missing the Daily Living Activities 20 (DLA 20).
- Ten charts were reviewed for Individual Service Plan (ISP) compliance:
  - **Discrepancies noted with Service Plan:**
    - Three charts were missing ISPs.
    - Four charts were missing signatures/Covid Statements.
- Ten charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes:**
    - Ten charts contained notes which were completed more than 24hrs late.
- Ten charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews:**
    - Three charts were missing quarterly reviews.
- Ten charts were reviewed for Documentation compliance:
  - **Discrepancies noted with Documentation:**
    - Three charts were missing Consumer Orientations.
    - One chart was missing Emergency Contact.
- Two charts were reviewed for Discharge compliance:
  - **Discrepancies noted with Documentation:**
    - One chart was missing a discharge summery.

**Comparative Information:**

- In comparing the audit reviews of the Substance Abuse Out Patient Services-Fredericksburg charts from the previous audits to the current audits, the average score decreased from 70 to 64 on a 100-point scale.
- **Corrective Action Plan:**  
Staff will complete the missing discharge summaries. Staff will complete documentation daily. The unposted/draft note reports will be forwarded to clinicians each time sent. Charts will be reviewed in each supervision to identify upcoming documentation/missing documentation and a timeline to ensure completion. Previously discussed documentation needs are followed up on in each supervision. Staff will schedule time to complete upcoming paperwork on Avatar calendar. This will be ongoing.

## **Devon Drive Developmental Disability Group Home**

There was one staff member responsible for the selected charts.

Findings for the four open charts reviewed for Devon Drive Developmental Disability Group Home was as follows:

- Four charts were reviewed for Documentation compliance:
  - There were no noted discrepancies found.
- Four charts were reviewed for Individual Service Plan:
  - There were no noted discrepancies found.
- Four charts were reviewed for Quarterly Review compliance:
  - There were no noted discrepancies found.
- Four charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes:**
    - Four charts contained multiple notes written more than 24hrs late.
- Four charts were reviewed for Medical compliance:
  - **Discrepancies noted with Medical:**
    - Multiple Prescriptions in one chart was missing.

**Comparative Information:**

- In comparing the audit reviews of the Devon Drive Developmental Disability Group Home charts from the previous audits to the current audits, the average score increased from 50 to 89 on a 100-point scale.

**Corrective Action Plan:**

- Corrective supervision and coaching have been completed with the program manager as of 9/26/22 to ensure charting is complete and timely, including current script requirements for all individuals. Case note timeframes/expectations have also been discussed with the manager to impart to the Devon Drive team.
- Each of these standards had been set forth as program expectations through weekly DD Residential Supervisor meetings, supervision, offered training opportunities, and through nurse audits of charting. (See notes in spreadsheet for corrections made and to be made to the charting.)

- Charting and documentation expectations will continue to be reinforced through documented supervision and through the peer auditing and supervision processes to help ensure compliance. Additionally, 1:1 training will be available as needed to help ensure quality.
- Should there be further issue with meeting these expectations, progressive corrective action will be issued.
- Oversight and corrective action will continue to be overseen by the DD Residential Coordinator, the DD Assistant Coordinators, and once the position has been filled, the RN Manager.

## **Ruffins Pond Developmental Disability Group Home**

Findings for the five open charts reviewed for Ruffins Pond Developmental Disability Group Home was as follows:

- Five charts were reviewed for Documentation compliance:
  - **Discrepancies noted with Documentation compliance:**
    - One chart was missing Authorized Representative documentation.
    - Two charts contained expired releases.
    - Two charts contained expired program agreements.
- Five charts were reviewed for Individual Service Plan:
  - There were no noted discrepancies found.
- Five charts were reviewed for Quarterly Review compliance:
  - There were no noted discrepancies found.
- Five charts were reviewed for Progress Note compliance:
  - There were no noted discrepancies found.
- Five charts were reviewed for Medical compliance:
  - There were no noted discrepancies found.

### **Comparative Information:**

- In comparing the audit reviews of the Ruffins Pond Developmental Disability Group Home charts from the previous audits to the current audits, the average score increased from 64 to 91 on a 100-point scale.

### **Corrective Action Plan:**

- Corrective supervision and coaching have been completed with the program manager as of 10/24/2022 to ensure charting is complete and timely. Focusing on the timeliness of releases and program agreements were points of emphasis.
- Each of these standards had been set forth as program expectations through weekly DD Residential Supervisor meetings, supervision, offered training opportunities, and through nurse audits of charting. (See notes in spreadsheet for corrections made and to be made to the charting.)
- Charting and documentation expectations will continue to be reinforced through documented supervision and through the peer auditing and supervision processes to help ensure compliance.
- Should there be further issue with meeting these expectations, progressive corrective action will be issued.
- Oversight and corrective action will continue to be overseen by the DD Residential Coordinator and the DD Assistant Coordinators.



## MEMORANDUM

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**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance and Human Rights  
**Date:** November 8, 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) submitted and received approval for one Corrective Action Plans (CAP) during the month of October 2022.

Developmental Disabilities Merchant Square Supervised Apartment Program received a licensing report for a un substantiated case of a human rights violation.

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

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

Page: 1 of 3

License #: 101-01-011

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 09-23-2022

Program Type/Facility Name: 01-011 9015 Old Battlefield Blvd Apt 301

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	9015 Old Battlefield Blvd Apt 301  This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	9015 Old Battlefield Blvd Apt 301  This regulation was NOT MET as evidenced by:  CHRIS A#20220024/Incident date 8.26.22 <ul style="list-style-type: none"> <li>Employee #1 failed to follow internal protocol by administering an additional dose of Medication #1 and Medication #2.</li> <li>Employee #1's failure to follow internal protocol resulted in Individual #1 receiving an additional dose of Medication #1 and Medication #2 and requiring 3 hour monitoring of high blood pressure and lightheadedness/dizziness.</li> </ul>	PR) 10/17/2022  PR: Employee #1 was immediately directed through a series of correction steps to ensure future safety in supporting individuals with their medications. The specific step of the established medication protocol was reinforced with Employee #1 and she went through a documented re-review of the complete policy with a member of the Merchants Square management team on 9/1. Coupled with this, Employee #1 completed 2 medication passes supervised/documented by a member of the Merchants Square management team on 9/1/22 and 9/2/22. For 30 days, anytime Employee #1 was assigned medication duties, she completed a documented checklist ensuring the 6 rights of medication were adhered to while performing medication duties.	10/31/2022

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

Page: 2 of 3

License #: **101-01-011**

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

Date of Inspection: **09-23-2022**

Program Type/Facility Name: **01-011 9015 Old Battlefield Blvd Apt 301**

<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>Systematically, all DD Residential teams have been assigned the task of reviewing the medication administration protocols in their October 2022 staff meetings.</p> <p>All RACSB staff, volunteers, and contractors assigned to support individuals will undergo 32 hours of the Medication Management class prior to being assigned medication administration duties. As a part of that curriculum and in being oriented to their assigned roles in the residences, the administration policies will be discussed and taught. Any staff deemed in need of further support with learning established protocols will be delayed from administration duties until trained to competence.</p> <p>Residential Program Managers and Assistant Managers will monitor staff and continue to ensure all established medication protocols are adhered to. Residential Program Managers and Assistant Managers will also supervise staff and provide ongoing feedback to ensure established protocols continue to be followed through a combination of direct and indirect supervision (viewing cameras, conducting random direct supervision of staff working with individuals, correcting discrepant practices immediately).</p> <p>The Quality Assurance team will monitor incident reports on a daily basis to help ensure systematically that incidents of this</p>	

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

Page: 3 of 3

License #: **101-01-011**

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

Date of Inspection: **09-23-2022**

Program Type/Facility Name: **01-011 9015 Old Battlefield Blvd Apt 301**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			nature are identified and mitigated quickly.  All items and corective measures included herein will be completed no later than 10/31/2022.  OHR/OLR) Accepted 10/17/2022	

**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

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# November 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 November 8, 2022. Attendees included Nancy Beebe, Ken Lapin, Jacob Parcell, Matt Zurasky, Glenna Boerner, Susan Muerdler, Claire Curcio, Jacque Kobuchi, Michelle Runyon, Stephanie Terrell, Tina Cleveland, Joe Wickens, Brandie Williams, Amy Umble, Steve Curtis, Nadine Mayo, and Megan Toler. Susan Gayle, Kheia Hilton, and Melissa White were not in attendance.

## End of Year F22 Part C Fiscal Report

Alison Standring reviewed the end of year fiscal report for Part C. This report showed that RACSB received \$2,859,395.82 in combined revenue for ICC, Parent Education Infant Development, and Infant Case Management programs. The end of year ARPA report shows the programs received \$242,662 which was spent on direct services. During FY 22, RACSB provided ongoing services to 1,031 infants and toddlers, processed 870 referrals, and provided assessment to determine eligibility to 56 infants and toddlers who did not enroll in services.

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

Moved by: Ken Lapin Seconded by: Glenna Boerner

## KOVAR Grant

Steve Curtis told the Committee that RACSB applied for KOVAR funds. KOVAR is the Virginia Knights of Columbus charity. The maximum grant award is \$15,000 and is intended to support individuals with intellectual disabilities by providing funding for specific goods or services. If approved, this grant would support replacing furniture in four group homes.

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

Moved by: Ken Lapin Seconded by: Susan Muerdler

## Section 5310 Grant Application

Joe Wickens told the Committee that RACSB would apply for a DRPT 5310 grant to cover the purchase of four nine-passenger vans. Each van costs \$80,000 and RACSB would be responsible for a 20% local match. He told the Committee that RACSB applies for this grant annually to replenish vehicles as they age.

## Summary of Additional Funding



Brandie Williams reviewed additional funding sources the agency received in September. This included the Substance Use Disorder Workforce Development Initiative, the Creative Communities Partnership Grant, and ARPA Funding for Home Visiting.

### September 2022 Financial Report

Tina Cleveland reviewed the Finance Report with the Committee. She said that FY 23 revenues of \$14,410,651 are \$296,338 or 2.1% higher than FY 22 as of September 30, 2022. Expenses of \$11,610,674 are \$257,232 or 2.27% higher than FY 22. The net revenue of \$2,799,977 is \$39,106 or 1.42% more than FY 22.

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

Moved by: Nancy Beebe Seconded by: Claire Curcio

### September 2022 Investment Report

Tina Cleveland said that as of September 30, 2022, cash and cash equivalent investments totaled \$21,912,546 which is 23% higher than the prior year. Of the investments, 99% is with Atlantic Union Bank and the remainder is invested in the Local Government Investment Pool and \$8,250,000 will be invested in government bonds. At this time, RACSB has five months' worth of revenue in reserve.

### September 2022 Reimbursement Report

Megan Toler told the Committee that claims aging figures are provided as of September 30, 2022. Total outstanding claims are \$6,326,837 as of the period end date. Year-to-date fee revenue of \$8,202,133 is 17% higher than the prior year.

### September 2022 Health Insurance Account Report

Tina Cleveland reported the health insurance account balance is \$653,612 as of September 30, 2022. Year-to-date premiums deposited in the account, \$997,576 are more than year-to-date claims and fees by \$271,620.

### September 2022 Other Post-Employment Benefits Review

Tina Cleveland said that the September 2022 OPEB cash basis value is \$2,096,641 which is 120% more than the initial investment of \$954,620.

### Write-Off Report

Megan Toler reviewed write-off totals for September 2022 and year-to-date totals.

### Payroll Statistics

Tina Cleveland said there were 506 paid employees. Overtime hours are increasing and leave hours show a slight decrease.

## Adjournment

The meeting adjourned at 1:09 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  
November 8, 2022, Noon  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** November 2, 2022

A Finance Committee meeting has been scheduled for Tuesday, November 8, 2022 at noon. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on November 8 at noon.

Cc: Matt Zurasky, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**Finance Committee Meeting**


October 11, 2022—Noon

600 Jackson Street, Room 208 Fredericksburg, VA 22401

**Agenda**

I.	End of Year F22 Part C Fiscal Report, Standing.....	3
II.	KOVAR Grant, Curtis.....	7
III.	Section 5310 Grant Application, Wickens.....	13
IV.	Additional Funding, Williams.....	14
V.	September Financial Report, Cleveland.....	16
VI.	September Investment Report, Cleveland.....	21
VII.	September Reimbursement Report, Toler.....	23
VIII.	September Health Insurance Report, Cleveland.....	25
IX.	September Other Post-Employment Benefits Report, Cleveland.....	27
X.	September Write-Off Report, Toler.....	30
XI.	September Payroll Statistics, Cleveland.....	31
XII.	Other Business, Zurasky	

## MEMORANDUM

To: Joe Wickens, Executive Director  
From: Alison Standring, Part C Coordinator   
Subject: End of Year State FY22 Part C Fiscal Report July 1, 2021-June 30, 2022  
End of Year State FY22 ARPA Report July 1, 2021-June 30, 2022  
Date: October 31, 2022

The end of year Part C fiscal report shows that we received \$2,859,395.82 in combined revenue for the three program areas of RACSB that make up the Part C system: ICC, Parent Education Infant Development Program, and Infant Case Management. Expenses through June were \$2,386,034.23 leaving a balance of \$463,419.14.

The end of year ARPA report shows we received \$242,662 in ARPA funding. It was all used to support early intervention direct services.

During fiscal year 2022 we provided ongoing services to 1,031 infants and toddlers (up from 954 last year), processed 870 referrals (up from 779 last year) and provided assessment to determine eligibility to 56 infants and toddlers who did not enroll in services (down from 60 last year). Some of those who did not enroll were not eligible for services, some were eligible but declined services, and some moved out of our area.

PC: Amy Jindra, Community Support Services Director  
Tina Cleveland, Finance/Administration Director  
Suzanne Haskell, PE-ID Coordinator

## Part C LEIS Lead Agency Budget

Infant & Toddler Connection of  
Contract Number 720-4515-30  
DUNS Number  
FFY/SFY

the Rappahannock Area  
720-4515-30  
789728649  
FFY21/SFY22

Revision Date → 09/08/22

### Section A: Budget, Service Information & Expenditures

	Budgeted Federal Part C Revenues	Budgeted State Part C Revenues	Budgeted Additional Revenues	Budgeted TOTAL Revenues	Actual Expenditures 07/01 - 12/31	Actual Expenditures 01/01 - 06/30	TOTAL Expenditures	Comments
<b>DIRECT SERVICES</b>								
<i>Billed by 15-minute increments/units</i>								
Assessment for Service Planning	\$0.00	\$256,500.00	\$224,540.00	\$481,040.00	\$242,676.61	\$93,391.05	\$336,067.66	
Counseling	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nursing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Occupational Therapy	\$0.00	\$103,103.00	\$131,904.00	\$235,007.00	\$122,309.01	\$124,700.72	\$247,009.73	
Occupational Therapy - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Physical Therapy	\$0.00	\$70,267.00	\$82,487.00	\$152,754.00	\$81,539.35	\$83,133.81	\$164,673.16	
Physical Therapy - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Psychology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Social Work	\$0.00	\$82,252.00	\$0.00	\$82,252.00	\$0.00	\$0.00	\$0.00	
Developmental Services	\$0.00	\$145,939.00	\$171,320.00	\$317,259.00	\$168,902.92	\$172,205.76	\$341,108.68	
Speech Language Pathology	\$0.00	\$184,198.82	\$203,563.00	\$387,761.82	\$209,672.59	\$213,772.67	\$423,445.26	
Speech-Language Pathology - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$842,259.82</b>	<b>\$813,814.00</b>	<b>\$1,656,073.82</b>	<b>\$825,100.48</b>	<b>\$687,204.01</b>	<b>\$1,512,304.49</b>	
<b>DIRECT SERVICES</b>								
<i>Individual Activities</i>								
Assistive Technology Devices	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Audiology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Eligibility Determination (EI Providers)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nutrition	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Service Coordination	\$200,204.00	\$282,143.00	\$556,632.00	\$1,038,979.00	\$508,498.73	\$229,349.49	\$737,848.22	
Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal</b>	<b>\$200,204.00</b>	<b>\$282,143.00</b>	<b>\$556,632.00</b>	<b>\$1,038,979.00</b>	<b>\$508,498.73</b>	<b>\$229,349.49</b>	<b>\$737,848.22</b>	
<b>SYSTEM OPERATIONS</b>								
Administration	\$70,666.00			\$70,666.00	\$30,856.20	\$20,600.29	\$51,456.49	
System Management	\$84,977.00			\$84,977.00	\$40,437.04	\$33,927.49	\$74,364.53	
Data Collection				\$0.00	\$0.00	\$0.00	\$0.00	
Training	\$3,700.00			\$3,700.00	\$300.00	\$1,460.00	\$1,760.00	
Public Awareness/Child Find	\$5,000.00			\$5,000.00	\$3,099.00	\$5,201.50	\$8,300.50	
Other System Cost	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal</b>	<b>\$164,343.00</b>		<b>\$0.00</b>	<b>\$164,343.00</b>	<b>\$74,692.24</b>	<b>\$61,189.28</b>	<b>\$135,881.52</b>	
<b>TOTAL REVENUES &amp; EXPENDITURES</b>	<b>\$364,547.00</b>	<b>\$1,124,402.82</b>	<b>\$1,370,446.00</b>	<b>\$2,859,395.82</b>	<b>\$1,408,291.45</b>	<b>\$977,742.78</b>	<b>\$2,386,034.23</b>	

### Section B: Revenues by Source

SOURCE	Annual Budget	Actual Revenues 07/01 - 12/31	Actual Expenditures 07/01 - 12/31	Mid-Year Balance	Actual Revenues 01/01 - 06/30	Actual Expenditures 01/01 - 06/30	Final Balance	Comments
Federal Part C Funds	\$364,547.00	\$182,268.00	\$182,268.00	\$0.00	\$182,279.00	\$182,279.00	\$0.00	
Federal Part C Retained Earnings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
State Part C Funds	\$1,049,775.00	\$524,892.00	\$493,588.36	\$31,303.64	\$524,883.00	\$199,198.30	\$356,988.34	
State Part C Retained Earnings	\$74,627.82	\$74,627.82	\$74,627.82	\$0.00	\$0.00	\$0.00	\$0.00	
State Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Local Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Medicaid	\$781,346.00	\$379,780.32	\$379,780.32	\$0.00	\$421,402.32	\$359,066.59	\$62,335.73	
Medicaid EI TCM	\$324,000.00	\$150,547.16	\$150,547.16	\$0.00	\$154,394.50	\$131,077.94	\$23,316.56	
Insurance	\$94,527.00	\$41,049.99	\$41,049.99	\$0.00	\$46,444.03	\$39,893.29	\$6,550.74	
TRICARE	\$40,496.00	\$17,937.62	\$17,937.62	\$0.00	\$23,261.99	\$22,769.16	\$492.83	

Family Cost Share	\$46,556.00	\$19,100.58	\$19,100.58	\$0.00	\$21,184.06	\$17,097.12	\$4,086.94	
Donations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
In Kind	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify) Retained earnings fees	\$73,873.00	\$73,872.98	\$49,391.60	\$24,481.38	\$0.00	\$24,481.38	\$0.00	
Other (specify) Retained donation	\$9,648.00	\$9,648.00	\$0.00	\$9,648.00	\$0.00	\$0.00	\$9,648.00	
Other (specify)		\$0.00	\$0.00	\$0.00	\$1,880.00	\$1,880.00	\$0.00	
<b>TOTAL REVENUES &amp; EXPENDITURES</b>	<b>\$2,859,395.82</b>	<b>\$1,473,724.47</b>	<b>\$1,408,291.45</b>	<b>\$65,433.02</b>	<b>\$1,375,728.90</b>	<b>\$977,742.78</b>	<b>\$463,419.14</b>	
<b>SURPLUS</b>	<b>\$0.00</b>	<b>\$65,433.02</b>			<b>\$397,986.12</b>		<b>\$463,419.14</b>	

## Part C LEIS Lead Agency Budget: ARPA FUNDS

Infant & Toddler Connection of  
Contract Number 720-4515-30  
DUNS Number  
FFY/SFY

the Rappahannock Area  
720-4515-30  
789728649  
FFY21/SFY22

Revision Date → 09/08/22

### Section A: Budget, Service Information & Expenditures

	Budgeted Federal Part C Revenues	Budgeted State Part C Revenues	Budgeted Additional Revenues	Budgeted TOTAL Revenues	Actual Expenditures 07/01 - 12/31	Actual Expenditures 01/01 - 06/30	TOTAL Expenditures	Comments
<b>DIRECT SERVICES</b>								
<i>Billed by 15-minute increments/units</i>								
Assessment for Service Planning	\$0.00	\$0.00	\$38,253.00	\$38,253.00	\$0.00	\$38,252.68	\$38,252.68	
Counseling	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nursing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Occupational Therapy	\$0.00	\$0.00	\$10,126.00	\$10,126.00	\$0.00	\$10,125.13	\$10,125.13	
Occupational Therapy - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Physical Therapy	\$0.00	\$0.00	\$8,211.00	\$8,211.00	\$0.00	\$8,210.94	\$8,210.94	
Physical Therapy - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Psychology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Social Work	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Developmental Services	\$0.00	\$0.00	\$13,616.00	\$13,616.00	\$0.00	\$13,615.70	\$13,615.70	
Speech Language Pathology	\$0.00	\$0.00	\$42,804.00	\$42,804.00	\$0.00	\$42,803.93	\$42,803.93	
Speech-Language Pathology - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$113,010.00</b>	<b>\$113,010.00</b>	<b>\$0.00</b>	<b>\$113,008.38</b>	<b>\$113,008.38</b>	
<b>DIRECT SERVICES</b>								
<i>Individual Activities</i>								
Assistive Technology Devices	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Audiology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Eligibility Determination (EI Providers)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nutrition	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Service Coordination	\$0.00	\$0.00	\$129,652.00	\$129,652.00	\$0.00	\$129,653.62	\$129,653.62	
Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$129,652.00</b>	<b>\$129,652.00</b>	<b>\$0.00</b>	<b>\$129,653.62</b>	<b>\$129,653.62</b>	
<b>SYSTEM OPERATIONS</b>								
Administration	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
System Management	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Data Collection	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Training	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Public Awareness/Child Find	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other System Cost	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Subtotal</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>TOTAL REVENUES &amp; EXPENDITURES</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$242,662.00</b>	<b>\$242,662.00</b>	<b>\$0.00</b>	<b>\$242,662.00</b>	<b>\$242,662.00</b>	

### Section B: Revenues by Source

SOURCE	Annual Budget	Actual Revenues 07/01 - 12/31	Actual Expenditures 07/01 - 12/31	Mid-Year Balance	Actual Revenues 01/01 - 06/30	Actual Expenditures 01/01 - 06/30	Final Balance	Comments
ARPA Funds	\$242,662.00	\$122,765.00	\$0.00	\$122,765.00	\$119,897.00	\$242,662.00	\$0.00	
<b>TOTAL REVENUES &amp; EXPENDITURES</b>	<b>\$242,662.00</b>	<b>\$122,765.00</b>	<b>\$0.00</b>	<b>\$122,765.00</b>	<b>\$119,897.00</b>	<b>\$242,662.00</b>	<b>\$0.00</b>	
<b>SURPLUS</b>	<b>\$0.00</b>	<b>\$122,765.00</b>			<b>(\$122,765.00)</b>		<b>\$0.00</b>	



# Memorandum

**To:** Joe Wickens, Executive Director  
**From:** Amy Jindra, CSS Director  
**Date:** November 1, 2022  
**Re:** KOVAR Grant for DD Residential

---

Recently, RACSB had another opportunity to apply for KOVAR funds. KOVAR is Virginia Knights of Columbus tax exempt charity. The maximum grant award is \$15,000. The grant is intended to support individuals with Intellectual Disabilities with specific goods or services. Bids for the services or goods are included in the grant requests. Steve Curtis, DD Residential recently applied for a KOVAR grant. If approved, the grant will aid in replacing dining furniture, chairs, and lounge seating for Churchill, Devon, Igo, and Ruffins group homes. The attached includes his grant request as well as a copy of the bid to replace furniture at 4 of the DD Residential group homes.

# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

October 27, 2022

KOVAR  
5588 Neddleton Ave  
Woodbridge VA 22193

My Dear Friends at KOVAR,

Rappahannock Area Community Services Board (RACSB) works to improve the quality of life for people residing in Planning District 16 with mental health, developmental, and substance use problems and to preventing the occurrence of these conditions. My role at RACSB involves coordinating the mission, vision, and daily ongoings of our Intellectual Disability Residential Services.

KOVAR has come to our aid over 10 different times through the years in obtaining furniture just for our intellectual disability group home services alone. The most impressive thing personally is having witnessed KOVAR's impact on our agency and the individuals we serve for 20 plus years. KOVAR members have truly made a difference, and we continue to remain grateful for your hearts and compassion for the individuals that we provide support.

Because our mission is never ending, I once again write to you asking for your support. Specifically, I would like to apply for a grant for \$14,674.14 to assist with replacing some of the weathered furniture in four of our group homes for adults with intellectual disabilities. I am proud to say that each one of these homes has previously been supported with KOVAR's assistance in obtaining furniture, most often of which has been during the opening of each. Because some of the items we are looking to replace date back to 2012, you can imagine the years of heavy use that warrant our attention at this point.

With this requested grant aid, new dining furniture, chairs, and seating will provide comfortable replacement items for a minimum of 18 different adults currently receiving our residential services, not to include vacancies in the four homes that we intend to fill. With our current census (151 individuals in our residential services), this aid would directly benefit 12% of the people that we serve. Without your aid, we will certainly look at slowly replacing the items

# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

that we need from our own budget and likewise searching for other grant possibilities to pay for them. Ultimately, budgeting for replacement furnishings subtracts from other possibilities that we strive to provide individuals with, especially in light of our non-profit status.

Consequently, I reach out to you as RACSB has historically done in the past for your help. It is with hope and respect that I send you this request, knowing well that you have been our loyal friend for so many years. I appreciate all that your organization does for the community that we share, and I sincerely thank you for considering our grant application.

Humbly and respectfully yours,

Stephen L. Curtis  
Intellectual Disabilities Residential Coordinator  
10825 Tidewater Trail  
Fredericksburg VA, 22408  
540-899-4358  
[scurtis@rappahannockareacsb.org](mailto:scurtis@rappahannockareacsb.org)



877-852-0784  
ph: 804-897-3400  
fx: 804-897-0053

QUOTATION 97972

**Net Price Quote For:**  
RAPPAHANNOCK AREA CSB  
600 JACKSON ST.  
FREDERICKSBURG, VA 22401

413-A Branchway Road  
North Chesterfield, VA 23236

Cust # 048176 Price As Code: SA2023

Date Created: 10/26/22  
Project:  
Required Date: 1/31/23

Ship To: RAPPAHANNOCK AREA CSB  
10825 Tidewater Trail  
FREDERICKSBURG, VA 22408

Sales Rep: MARK BUECHELE  
856-264-1519  
MBUECHELE@BUTLERHUMANSERVICES.COM

Contact: Steve Curtis  
(540) 899-4358  
SCURTIS@RAPPAHANNOCKAREACSB.ORG

Line	Qty	Description	Net Each	Total
1	1	7954081 KEATON TRESTLE,LG, 8 SEAT tag: 507 Beechwood Select Cherry 507	\$809.34	\$809.34
2	6	7924355 CHANDLER SIDE CHAIR, ALL WOOD tag: 507 Beechwood Select Cherry 507 507 Beechwood Select Cherry 507	\$195.16	\$1,170.96
3	6	7924354 DALTON SIDE CHAIR, ALL WOOD tag: 502 Beechwood Huntington Maple 502	\$213.20	\$1,279.20
4	1	58112 ALLURE LOVESEAT tag: B Grade B Fabric/Com Fabric	\$1,836.00	\$1,836.00

5	6	59111 CAVETTO CHAIR tag:  B        Grade B Fabric/Com Fabric 10       Two Piece Pillow Back SLG      Standard Wood Leg	\$1,334.40	\$8,006.40
6	1	1099040 HS PRODUCT DELIVERY tag:  TEAM LOGISTICS DELIVERY NO LIFT GATE DELIVERY APPOINTMENT: TBD	\$1,572.24	\$1,572.24
			Subtotal:	\$14,674.14
			Handling Charge:	\$0.00
(Tax, if applicable, is ESTIMATED. Final tax total will be calculated after the order is placed.)				
			<b>Total*:</b>	<b>\$14,674.14</b>

Sauder® Manufacturing Co. means Sauder® Manufacturing Co.; Sauder Worship Seating®; Sauder Education®; Wieland; Butler Human Services®; and any affiliated, predecessor or successor entities

**Postponed Delivery/Installation:** Any order postponed 30 days or longer from the original estimated ship date listed on your order acknowledgement, without 60 days written notice will be subject to storage charges of \$300 per trailer/container per month and a onetime handling charge of \$360 per trailer/container. Any order postponed with less than 14 day's notice will be subject to additional shipping, handling, and storage charges of up to \$1,000 per trailer/container per week. Payment will be due per the original terms. We will make every effort to reschedule postponed deliveries on customer's requested date. Due to other delivery commitments, we cannot guarantee delivery on the date you requested.

**Delivery/Installation:** Facilities must be ready to receive furniture. All construction must be complete before we can start delivery and installation. There must be free and clear easy access to the building where the furniture will be installed. Rooms, hallways, lobby, and entrance way must be empty and free and clear of all obstructions. All buildings with 3 or more floors must have working elevators free and clear of all obstructions and dedicated for the sole use of our installers during our installation. If upon arrival for delivery and installation, the conditions described in this paragraph are not met, Butler Human Services® will not start the installation. Butler Human Services® will charge customer any storage, additional labor, trucking, and expenses incurred due to the site not being ready to receive furniture as described in this paragraph.

**Cancellations:** No cancellations will be accepted after parts, fabrics, and or materials have been ordered for your order.

**Returns:** All returns must be pre-authorized by Butler Human Services®. Returns will be subject to a restocking fee.

**Payment terms** are net 30 days from invoice date with an established credit limit.

**Open terms** may be established based on Sauder® Manufacturing Co. determination of available funds to pay for the order in full and within payment terms. If there is a high-risk determination, then a 100% deposit may be required. Acceptance of this order is expressly conditioned upon Purchaser agreeing to Sauder® Manufacturing Co. terms and conditions, which can be found at [www.butlerhumanservices.com](http://www.butlerhumanservices.com) unless otherwise agreed to in a writing signed by all applicable parties. Sauder® Manufacturing Co. includes Butler Human Services® and any affiliate, predecessor, or successor entities.

**Collection Costs:** Customer agrees to pay all costs of collection, including reasonable attorney fees, collection fees and court costs in the event customer fails to pay any charges when due.

**Warranty:** Butler Human Services® warranty is extended to the initial Purchaser for a 10 year period from the date of delivery. Proof of delivery is required for any claim. Butler Human Services® warrants that its manufactured products are free of defects in material and workmanship. Fully upholstered products: Fabric manufacturer warranty will apply for selected fabric. Foam is warranted to be free from defects in materials and workmanship for one (1) year. Wooden frames are guaranteed for a period of

10 years. The tempered steel mainframe deck is covered for one (1) year. Mattresses are not manufactured by Butler Human Services® and therefore are covered by the manufacturer's standard warranty. Under no circumstances shall Butler Human Services® be liable for incidental or consequential damages. Please see Butler Human Services® Warranty Statement for additional information.

**Deposits:** A 50% deposit is required with the order for: COM fabrics, modifications of standard items, custom items, and any non-standard item.

**COM and Special Ordered Fabric:** All COM and Special-Order fabrics carry no warranty from Butler Human Services®. No changes or cancellations accepted after fabric ordered. Butler Human Services® cannot control COM and Special-Order fabric vendors' delivery therefore delivery dates will be quoted once fabric is received.

Quote is valid for 45 days from quote date.

**Order Acknowledgement:** Any changes to this order must be received by Butler Human Services® in writing within 3 business days of receipt of original signed quote/order. No changes or cancellations will be accepted after Butler Human Services® has ordered parts, fabrics, materials, etc. for your order. If you do not receive an order acknowledgement within 10 days, contact Butler Human Services® immediately as your order may not be placed.

The undersigned person represents and warrants that they are duly authorized and has legal capacity to execute and bind the purchaser. The purchaser also represents and warrants the execution and performance of the purchase order has been duly authorize and is a valid and legal agreement enforceable in accordance with Butler Human Services ®terms and conditions.

This order may be subject to a price increase after receipt of signed quote, order, order contract, receipt of subcontract, and/or receipt of signed purchase order.

Acceptance of these terms shall be evidenced by Signature's and/or Sauder® Manufacturing Co. commencing work on this project. By signing below the purchaser agrees to purchase the goods as stated in the quote and agrees it represents a contract for sale.

Designate the contact you wish to receive the Order Acknowledgement (Choose one only)

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Mailing address: \_\_\_\_\_

Signature \_\_\_\_\_

**RAPPAHANNOCK AREA**  
COMMUNITY SERVICES BOARD

October 18, 2022

Subject: FY24 DRPT Section 5310 Grant Application

Dear Amy,

On Friday October 14, 2022 I attended the FY24 DRPT Section 5310 CHSM Meeting for the Central Region. This workshop provides the process for the DRPT 5310 Grant Application. At this workshop I represented RACSB and informed the committee that we will participate in the FY 24 Grant process. RACSB is requesting four (4) 9-passenger raised roof vans with lift. Each van cost \$80,000. RACSB is responsible for a 20% Local Match. The local Match is \$16,000/van. Total RACSB Local Match is \$64,000.

Please present this intent to participate in the grant process with the RACSB Board of Directors per our grant policy.

If you have any questions or require further information please contact me.

Sincerely,



Clark Thomas  
Specialized Transportation Supervisor / Fleet Manager  
RACSB Specialized Transportation Program

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Additional Funding Summary

Date: November 2, 2022

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



### **Summary of Additional Funding Received During September**

#### **Substance Use Disorder Workforce Development Initiative:**

Amount: \$9,580 to be spent by March 14, 2023.

Description: This funding will be provided in a lump sum payment and is a supplemental funding under the Substance Abuse Prevention and Treatment Block Grant. The additional money will be used to offer training to staff providing services for adolescents who use drugs or with substance use disorder.

#### **Creative Communities Partnership Grant:**

Amount: \$1,100

Description: This funding will be provided in a lump sum payment and is a supplemental funding from the Fredericksburg Area Arts Commission to support activities provided by Rappahannock Area Kids on the Block.

#### **ARPA Funding for Home Visiting:**

Amount: \$18,398 to be spent by September 29, 2023.

Description: This funding is a renewal of funding received last year by Healthy Families to support emergency supplies, pre-paid grocery cards, and new staff computers to continue to deliver virtual services.

**Re: September 2022 Financial Report**

Fiscal Year 2023 revenues of \$14,410,651 are \$296,338 or 2.10% higher than Fiscal Year 2022 as of September 30, 2022. Expenses of \$11,610,674 are \$257,232 or 2.27% higher than Fiscal Year 2022. The Net Revenue of \$2,799,977 is \$39,106 or 1.42% more than Fiscal Year 2022.

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

**MENTAL HEALTH**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
INPATIENT	20,000	0	0.00%	20,000	0	0.00%	-	0%
OUTPATIENT	2,078,691	807,899	38.87%	2,078,691	559,787	26.93%	248,111	31%
MEDICAL OUTPATIENT	3,849,822	1,081,517	28.09%	3,849,822	1,158,449	30.09%	(76,932)	-7%
ACT NORTH	880,238	266,441	30.27%	880,238	207,300	23.55%	59,140	22%
ACT SOUTH	843,563	211,825	25.11%	843,563	159,958	18.96%	51,867	24%
CASE MANAGEMENT ADULT	937,373	268,429	28.64%	937,373	248,478	26.51%	19,950	7%
CASE MANAGEMENT CHILD & ADOLESCENT	800,057	233,203	29.15%	800,057	171,815	21.48%	61,388	26%
PSY REHAB & KENMORE EMP SER	681,878	208,842	30.63%	681,878	149,047	21.86%	59,795	29%
PERMANENT SUPPORTIVE HOUSING	1,275,349	906,608	71.09%	1,275,349	269,936	21.17%	636,672	70%
CRISIS STABILIZATION	1,928,225	515,001	26.71%	1,928,225	391,018	20.28%	123,983	24%
SUPERVISED RESIDENTIAL	440,930	123,169	27.93%	440,930	130,501	29.60%	(7,332)	-6%
SUPPORTED RESIDENTIAL	893,956	205,728	23.01%	893,956	205,537	22.99%	191	0%
JAIL DIVERSION GRANT	156,523	98,932	63.21%	156,523	20,359	13.01%	78,574	79%
<b>SUB-TOTAL</b>	<b>14,786,607</b>	<b>4,927,592</b>	<b>33%</b>	<b>14,786,607</b>	<b>3,672,185</b>	<b>25%</b>	<b>1,255,407</b>	<b>25%</b>
* Budget excludes program subsidies								

**DEVELOPMENTAL SERVICES**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
CASE MANAGEMENT	3,105,473	827,248	26.64%	3,105,473	801,755	25.82%	25,493	3%
DAY HEALTH & REHAB *	4,136,396	1,040,090	25.14%	4,136,396	1,121,366	27.11%	(81,277)	-8%
GROUP HOMES	5,580,946	1,642,037	29.42%	5,580,946	1,278,632	22.91%	363,404	22%
RESPIRE GROUP HOME	229,325	45,654	19.91%	229,325	129,152	56.32%	(83,498)	-183%
INTERMEDIATE CARE FACILITIES	4,091,920	1,151,135	28.13%	4,091,920	952,976	23.29%	198,158	17%
SUPERVISED APARTMENTS	1,525,310	575,367	37.72%	1,525,310	402,349	26.38%	173,018	30%
SPONSORED PLACEMENTS	2,047,818	728,311	35.57%	2,047,818	468,658	22.89%	259,653	36%
<b>SUB-TOTAL</b>	<b>20,717,187</b>	<b>6,009,841</b>	<b>29.01%</b>	<b>20,717,187</b>	<b>5,154,889</b>	<b>24.88%</b>	<b>854,952</b>	<b>14%</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 September 30, 2022

**SUBSTANCE ABUSE**

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%	ACTUAL VARIANCE	
OUTPATIENT	1,818,448	396,538	21.81%	1,818,448	437,193	24.04%	(40,655)	-10%
MAT PROGRAM	987,709	94,014	9.52%	987,709	165,604	16.77%	(71,590)	-76%
CASE MANAGEMENT	154,511	37,012	23.95%	154,511	30,775	19.92%	6,237	17%
RESIDENTIAL	161,757	89,188	55.14%	161,757	5,616	3.47%	83,572	94%
PREVENTION	808,950	481,690	59.55%	808,950	147,219	18.20%	334,471	69%
LINK	400,397	320,492	80.04%	400,397	40,641	10.15%	279,850	87%
<b>SUB-TOTAL</b>	<b>4,331,772</b>	<b>1,418,934</b>	<b>33%</b>	<b>4,331,772</b>	<b>827,049</b>	<b>19%</b>	<b>591,886</b>	<b>42%</b>
* Budget excludes program subsidies								

**SERVICES OUTSIDE PROGRAM AREA**

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%	ACTUAL Variance	
EMERGENCY SERVICES	1,371,467	412,781	30.10%	1,327,096	283,346	21.35%	129,436	31%
CHILD MOBILE CRISIS	311,007	104,932	33.74%	320,728	75,709	23.61%	29,223	28%
CIT ASSESSMENT SITE	294,556	95,237	32.33%	289,481	75,373	26.04%	19,864	21%
CONSUMER MONITORING	130,859	49,657	37.95%	139,646	62,644	44.86%	(12,988)	-26%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	47,282	24.38%	(47,282)	0%
ASSESSMENT AND EVALUATION	592,509	141,244	23.84%	739,048	111,758	15.12%	29,486	21%
<b>SUB-TOTAL</b>	<b>2,894,374</b>	<b>803,851</b>	<b>27.77%</b>	<b>3,009,974</b>	<b>656,112</b>	<b>21.80%</b>	<b>147,739</b>	<b>18%</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 September 30, 2022

**ADMINISTRATION**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%	
ADMINISTRATION	130,574	27,596	21.13%	130,574	27,596	21.13%	0
PROGRAM SUPPORT	66,768	(583)	-0.87%	66,768	(583)	-0.87%	0
<b>SUB-TOTAL</b>	<b>197,342</b>	<b>27,012</b>	<b>13.69%</b>	<b>197,342</b>	<b>27,012</b>	<b>13.69%</b>	<b>0</b>
ALLOCATED TO PROGRAMS				4,268,473	1,167,863	27.36%	

| \* Budget excludes program subsidies

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
TRANSPORTATION	0	0	0.00%	0	22,897	0.00%	(22,897)	0%
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>22,897</b>	<b>0.00%</b>	<b>(22,897)</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 * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL	1,710,296	481,341	28.14%	1,710,296	312,364	18.26%	168,977	35%
INFANT CASE MANAGEMENT	725,520	216,915	29.90%	725,520	183,039	25.23%	33,876	16%
EARLY INTERVENTION	2,041,058	406,051	19.89%	2,041,058	494,919	24.25%	(88,868)	-22%
<b>TOTAL PART C</b>	<b>4,476,874</b>	<b>1,104,307</b>	<b>24.67%</b>	<b>4,476,874</b>	<b>990,323</b>	<b>22.12%</b>	<b>113,984</b>	<b>10%</b>
HEALTHY FAMILIES	178,886	51,768	28.94%	178,886	20,967	11.72%	30,801	59%
HEALTHY FAMILIES - MIECHV Grant	403,497	56,952	14.11%	403,497	98,940	24.52%	(41,988)	-74%
HEALTHY FAMILIES-TANF & CBCAP GRANT	531,457	10,393	1.96%	531,457	140,300	26.40%	(129,907)	-1250%
<b>TOTAL HEALTHY FAMILY</b>	<b>1,113,840</b>	<b>119,113</b>	<b>10.69%</b>	<b>1,113,840</b>	<b>260,207</b>	<b>23.36%</b>	<b>(141,093)</b>	<b>-118%</b>

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

## RECAP FY 2023 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	4,927,592	3,672,185	1,255,407	25%
DEVELOPMENTAL SERVICES	6,009,841	5,154,889	854,952	14%
SUBSTANCE ABUSE	1,418,934	827,049	591,886	42%
SERVICES OUTSIDE PROGRAM AREA	803,851	656,112	147,739	18%
ADMINISTRATION	27,012	27,012	0	0%
OTHER	0	22,897	(22,897)	0%
FISCAL AGENT PROGRAMS	1,223,420	1,250,530	(27,109)	-2%
<b>TOTAL</b>	<b>14,410,651</b>	<b>11,610,674</b>	<b>2,799,977</b>	<b>19%</b>

Restricted Funds	\$	1,512,428
Unrestricted Funds		1,288,475
<b>Total</b>	<b>\$</b>	<b>2,799,977</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	\$ 296,338	2.10%
Change in Expense from Prior Year	\$ 257,232	2.27%
Change in Net Income from Prior Year	\$ 39,106	1.42%

\*Unaudited Report

## **Re: September 2022 Investment Report**

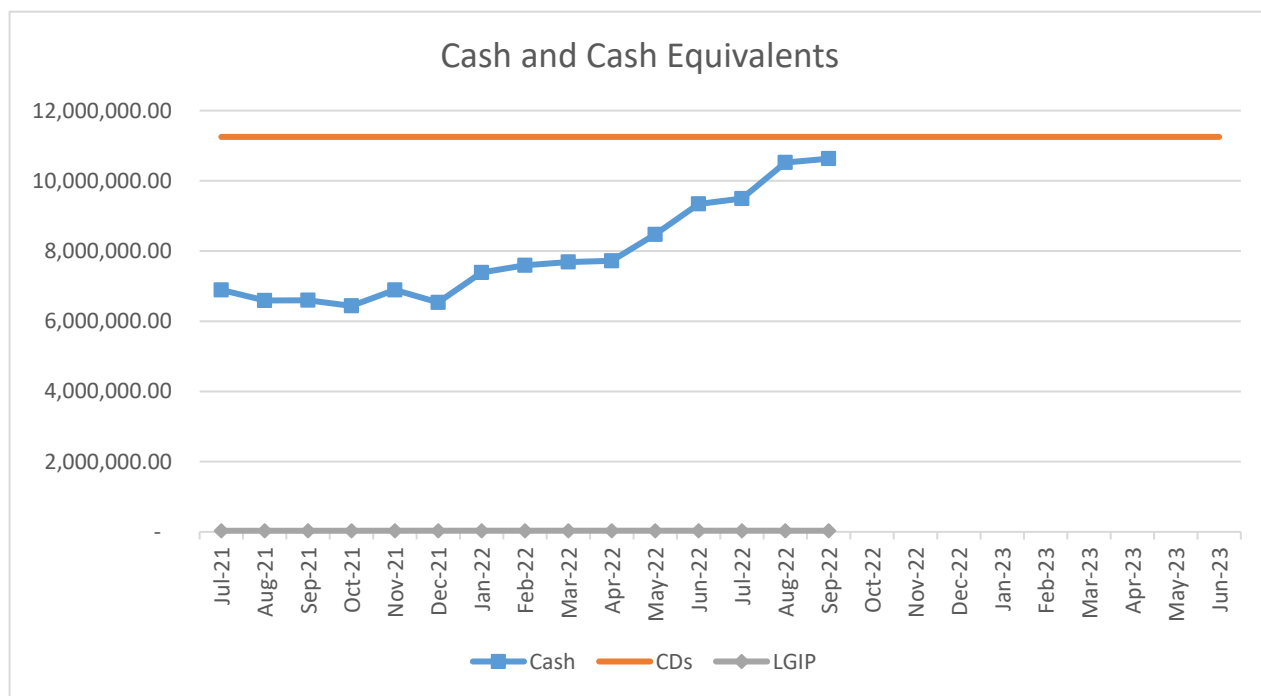
At September 30, 2022, cash and cash equivalent investments totaled \$21,912,546 and 23% higher than the prior year. Of the investments, 99% is with Atlantic Union Bank and the remainder is invested in the Local Government Investment Pool.

Currently five months of reserve on hand.

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

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

<b>Depository</b>	<b>September 2022</b>	<b>Rate</b>	<b>Maturity Date</b>
<b>Atlantic Union Bank</b>			
Checking	\$ 10,630,459	0.05%	N/A
Certificates of Deposit	\$ 11,250,000	0.01%	6/21/2024
<b>Total Atlantic Union Bank</b>	<b>\$ 21,880,459</b>		
<b>Other</b>			
Local Gov. Investment Pool	\$ 32,087	0.09%	N/A
<b>Total Investments</b>	<b>\$ 21,912,546</b>		



	<b>\$ Change</b>	<b>% Change</b>
Change from Prior Month	\$ 109,954	0.5%
Change from Prior Year	\$ 4,033,793	23%

**Average # Months Reserves on Hand: 5.42**



**Re: Reimbursement Report**

Claims aging figures are provided as of September 30, 2022. Aging is calculated from the date the service was billed. Total outstanding claims are \$6,326,837 as of the period end date.

Year-to-date fee revenue of \$8,202,133 is 17% higher than the prior year.

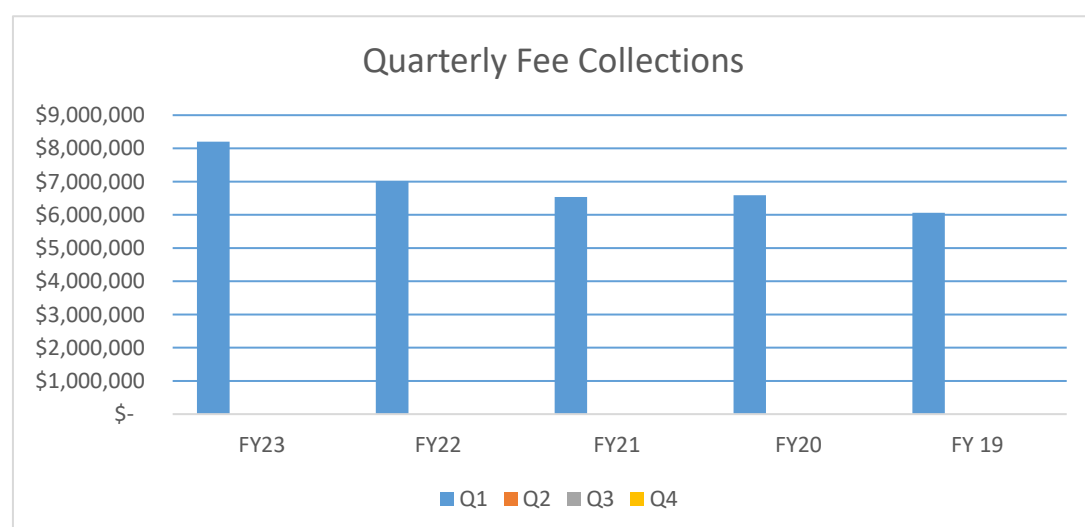
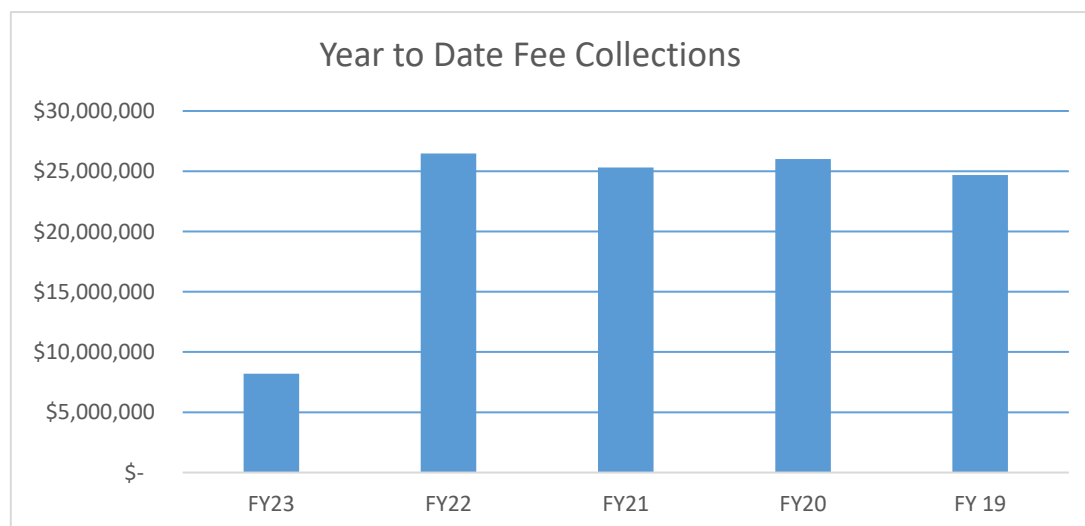
**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
FEE REVENUE REIMBURSEMENT REPORT AS OF SEPT,2022**

**AGED CLAIMS**

		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
<b>Total Claims Outstanding</b>	Total	100%	\$6,326,837	100%	\$5,981,652	100%	\$5,444,592
	Consumers	40%	\$2,502,523	44%	\$2,626,351	32%	\$1,716,808
	3rd Party	60%	\$3,824,314	56%	\$3,355,301	68%	\$3,727,784
<b>Claims Aged 0-29 Days</b>	Consumers	3%	\$161,359	4%	\$230,401	4%	\$220,190
	3rd Party	52%	\$3,291,104	47%	\$2,801,018	51%	\$2,785,485
<b>Claims Aged 30-59 Days</b>	Consumers	0%	\$7,249	3%	\$155,552	1%	\$52,182
	3rd Party	1%	\$93,616	2%	\$130,428	1%	\$64,284
<b>Claims Aged 60-89 Days</b>	Consumers	2%	\$104,926	0%	\$5,543	1%	\$30,795
	3rd Party	2%	\$111,314	1%	\$74,113	1%	\$80,654
<b>Claims Aged 90-119 Days</b>	Consumers	0%	\$5,460	3%	\$192,493	0%	\$18,196
	3rd Party	1%	\$54,461	1%	\$65,254	1%	\$59,189
<b>Claims Aged 120+ Days</b>	Consumers	35%	\$2,223,529	34%	\$2,042,363	26%	\$1,395,446
	3rd Party	4%	\$273,819	5%	\$284,489	14%	\$738,172

**CLAIM COLLECTIONS**

Current Year To Date Collections	\$8,202,133
Prior Year To Date Collections	\$7,015,565
\$ Change from Prior Year	\$1,186,568
% Change from Prior Year	17%

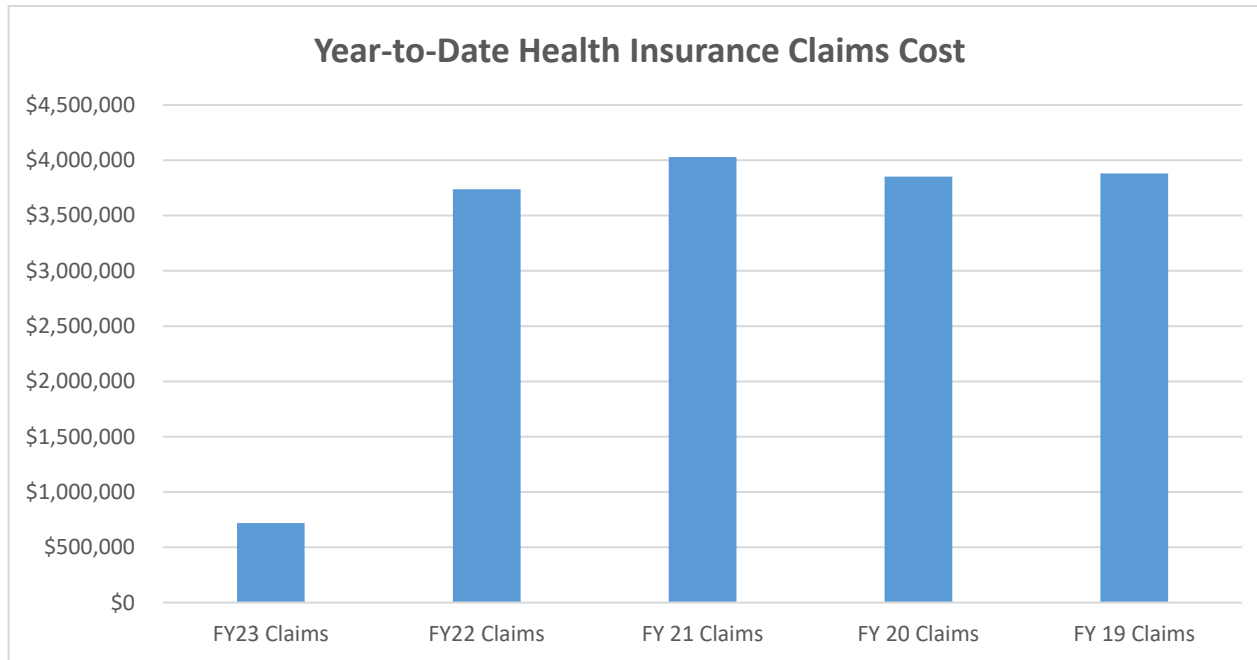


**Re: September 2022 Health Insurance Account Report**

The health insurance account balance is \$653,612 as of September 30, 2022.

Year-to-date premiums deposited in the account, \$997,576 are more than year-to-date claims and fees by \$271,620.

**RAPPAHANNOCK AREA CSB**  
**FY 2023 HEALTH INSURANCE ACCOUNT REPORT**  
**September 2022**



<b>FY 2023</b>	<b>Monthly Premiums</b>	<b>Additional Premium Contributions</b>	<b>Monthly Claims &amp; Fees</b>	<b>Interest</b>	<b>Balance</b>
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					\$653,612.17
November					\$653,612.17
December					\$653,612.17
January					\$653,612.17
February					\$653,612.17
March					\$653,612.17
Apr					\$653,612.17
May					\$653,612.17
June					\$653,612.17
<b>YTD Total</b>	<b>\$991,576.89</b>	<b>\$0.00</b>	<b>\$719,956.82</b>	<b>\$118.49</b>	<b>\$653,612.17</b>

<b>Historical Data</b>	<b>Average Monthly Claims</b>	<b>Monthly Average Difference from PY</b>	<b>Highest Month</b>
FY 2023	\$239,986	(\$71,528)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906
FY 2020	\$321,002	(\$1,163)	\$378,562
FY 2019	\$322,165	\$46,681	\$396,619
FY 2018	\$275,483	\$38,450	\$320,214
FY 2017	\$237,033	\$15,995	\$293,706
FY 2016	\$221,038	(\$5,388)	\$291,378
FY 2015	\$226,426		\$253,164

## **Re: Other Post-Employment Benefits (OPEB) Review**

The September 2022 OPEB cash basis value is \$2,096,641 which is 120% more than the initial investment of \$954,620. The market value of \$3,382,530 is 254% higher than the initial investment. The market value decreased 5.8% from the prior month.

RACSB employees who retired after having worked for the Rappahannock Area Community Services Board continuously the last fifteen years or more upon retirement, or who retired because of a line-of-duty disability, will have the option of continuing to participate at their own cost in the group program provided by RACSB until the age of MEDICARE eligibility.

RACSB will pay 50% of the premium of subscriber only coverage for employees 50 years of age or older with 20 to 24 years of continuous service; 75% of the premium for employees 50 years of age or older with 25 to 29 years of continuous service; and 100% of the premium for employees 50 years of age or older with 30 or more years of continuous service. The premium amount paid by RACSB will be reduced by the amount of the Health Insurance Credit received by the employee from the Virginia Retirement System (VRS).

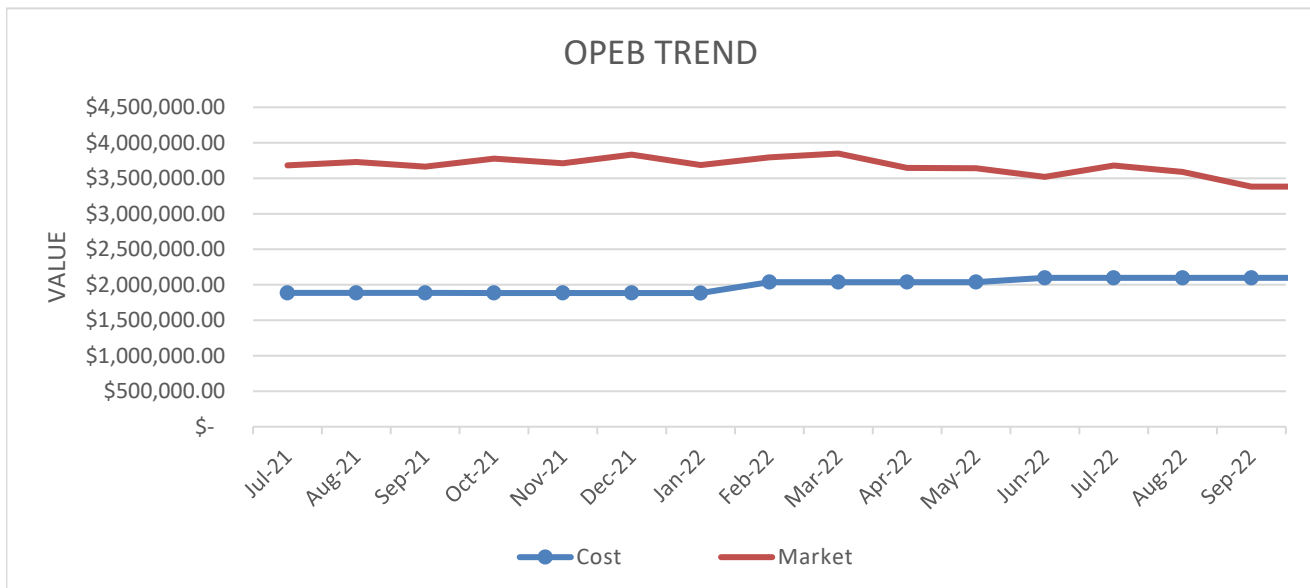
The Retiree may purchase additional coverage under the subscriber-and-minor or subscriber-and family portions of the RACSB health insurance benefit policy so long as the above circumstances apply.

For RACSB employees who retire and qualify for Medicare, RACSB will pay \$240 per month toward a supplemental insurance plan for retirees with at least 30 years of continuous service; \$180 per month for retirees with at least 25 years of continuous service; and \$120 per month for retirees with at least 20 years of continuous service. Proof of insurance will be required prior to payment. The amount paid by RACSB toward supplemental insurance will be reduced by the amount of Health Insurance Credit received by the employee from the Virginia Retirement System (VRS).

RACSB participates in the Optional Health Credit Program through the Virginia Retirement System (VRS). All current and future retirees who have 15 or more years of VRS service or are receiving a disability retirement allowance and who participate in a health insurance plan or Medicare Part B are eligible for a monthly Health Insurance Credit paid by VRS. The monthly credit is equal to \$1.50 for each year of VRS service, up to a maximum credit of \$45.00 or the monthly premium for the retiree-only health insurance, whichever is lower.

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

	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>	<b>\$ 2,096,641.74</b>	<b>\$ 1,142,021.74</b>	<b>\$ 3,680,816.76</b>	<b>\$ 2,726,196.76</b>
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ (90,815.98)	
Fees & Expenses				
Transfers/Contributions				
<b>Balance at 8/31/2022</b>	<b>\$ 2,096,641.74</b>	<b>\$ 1,142,021.74</b>	<b>\$ 3,590,000.78</b>	<b>\$ 2,635,380.78</b>
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ (207,470.34)	
Fees & Expenses				
Transfers/Contributions				
<b>Balance at 9/30/2022</b>	<b>\$ 2,096,641.74</b>	<b>\$ 1,142,021.74</b>	<b>\$ 3,382,530.44</b>	<b>\$ 2,427,910.44</b>



## Re: Write Off Report

Write off totals below include write offs for the month of September 2022 and Year to Date totals.

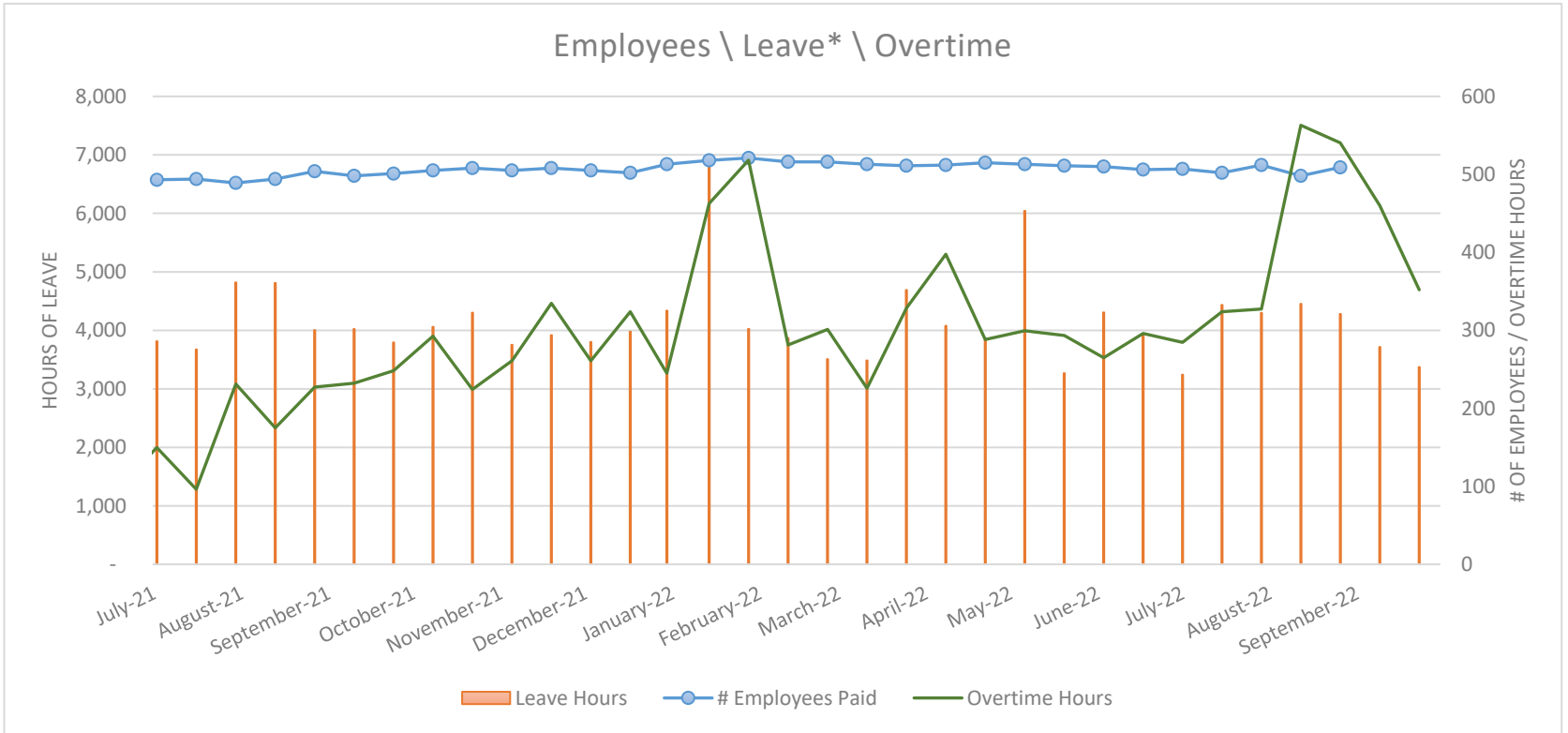
The detail of the write offs show the breakdown of write offs by reason and by program.

Month: September 2022		
Write Off Code	Current Year	Prior Year
603-WRITE OFF - DECEASED	\$ 390.00	\$ 110.00
604-WRITE OFF - NO FINANCIAL AGREEMENT	\$ 1,445.19	\$ 3,571.64
605-WRITE OFF - SMALL BALANCE	\$ 38.49	\$ 89.43
606-WRITE OFF - UNCOLLECTABLE	\$ 162.00	\$ 1,204.11
607-WRITE OFF - FINANCIAL ASSISTANCE	\$ 372,630.86	\$ 414,404.75
608-WRITE OFF - NO SHOW	\$ 520.00	\$ 350.00
609-WRITE OFF- MAX UNITS/BENEFITS	\$ 9,551.08	\$ 10,573.48
610-WRITE OFF-PROVIDER NOT CREDENTIALLED	\$ 5,930.00	\$ 10,699.36
612-WRITE OFF-DIAGNOSIS NOT COVERED	\$ 235.00	\$ -
613-WRITE OFF-NON-COVERED SERVICE	\$ 252.52	\$ 1,080.55
614-WRITE OFF-SERVICES NOT AUTHORIZED	\$ 12,619.45	\$ 40,982.81
615-WRITE OFF-PAST BILLING DEADLINE	\$ 3,000.40	\$ 3,679.72
617-WRITE OFF - MCO DENIED AUTH	\$ -	\$ 706.69
618-WRITE OFF-INCORRECT PAYER	\$ 4,223.50	\$ 1,005.00
619 WRITE OFF-INVALID MEMBER ID	\$ 160.00	\$ -
<b>TOTAL</b>	<b>\$ 411,158.49</b>	<b>\$ 488,457.54</b>

Year to Date FY 2023		
Write Off Code	Current Year	Prior Year
601-WRITE OFF - BAD ADDRESS	\$ -	\$ 478.25
602-WRITE OFF - BANKRUPTCY	\$ 1,923.50	\$ 270.00
603-WRITE OFF - DECEASED	\$ 3,505.01	\$ 190.00
604-WRITE OFF - NO FINANCIAL AGREEMENT	\$ 35,790.87	\$ 14,050.43
605-WRITE OFF - SMALL BALANCE	\$ 290.49	\$ 489.26
606-WRITE OFF - UNCOLLECTABLE	\$ 1,788.81	\$ 2,528.64
607-WRITE OFF - FINANCIAL ASSISTANCE	\$772,959.63	\$770,846.27
608-WRITE OFF - NO SHOW	\$ 1,100.00	\$ 1,702.66
609-WRITE OFF- MAX UNITS/BENEFITS	\$ 16,492.88	\$ 16,944.62
610-WRITE OFF-PROVIDER NOT CREDENTIALLED	\$ 10,458.06	\$ 28,590.71
612-WRITE OFF-DIAGNOSIS NOT COVERED	\$ 300.00	\$ -
613-WRITE OFF-NON-COVERED SERVICE	\$ 13,144.49	\$ 4,191.48
614-WRITE OFF-SERVICES NOT AUTHORIZED	\$ 57,618.13	\$102,007.47
615-WRITE OFF-PAST BILLING DEADLINE	\$ 9,803.53	\$ 25,836.70
617-WRITE OFF - MCO DENIED AUTH	\$ -	\$ 2,636.26
618-WRITE OFF-INCORRECT PAYER	\$ 8,295.87	\$ 6,368.00
619 WRITE OFF-INVALID MEMBER ID	\$ 160.00	\$ -
<b>TOTAL</b>	<b>\$ 933,631.27</b>	<b>\$ 977,130.75</b>



**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
PAYROLL STATISTICS**



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

Indicators	FY 2021 Average Per Pay Period	FY 2022 Average Per Pay Period	FY 2023 Average Per Pay Period
# Employees Paid	514	506	506
Leave Hours	3,850	4,196	3,971
Overtime Hours	102	279	407

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# November 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 November 8, 2022. Attendees included Nancy Beebe, Ken Lapin, Claire Curcio, Glenna Boerner, Matt Zurasky, Susan Muerdler, Jacob Parcell, Jacque Kobuchi, Michelle Runyon, Tina Cleveland, Joe Wickens, Brandie Williams, Amy Umble. Members not in attendance included Linda Carter, Melissa White, Sarah Ritchie, Susan Gayle, and Greg Sokolowski.

## Cultural Competencies Review

Michelle Runyon reviewed the annual Cultural Competencies Demographics Report. She told the Committee that this policy outlines RACSB's goals to promote cultural diversity. She reviewed local demographics compared to RACSB's employee, individuals served, and applicants demographics.

## Benefits Presentation

Michelle Runyon told the Committee about the benefits offered to RACSB employees, including medical, dental, vision, retirement, flexible spending, employee assistance, and paid leave.

## October 2022 EEO Report and Recruitment Update

Michelle Runyon told the Committee that RACSB received 68 applications through October 31, 2022. This is a decrease of 18.07% compared to the month of September 2022, and a decrease of 62.64% when compared to the month of October 2021. RACSB received 626 resumes through Indeed for October 2022. There are currently 129 open positions.

## October 2022 Retention Report

Michelle Runyon reported that Human Resources processed a total of nine employee separations for the month of October 2022. The retention rate was 948.50%.

## Adjournment

The meeting adjourned at 1:39 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  
November 8, 2022, 12:30 PM  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** November 2, 2022

A Personnel Committee meeting has been scheduled for Tuesday, November 8, 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 November 8 at 12:30 PM.

Cc: Susan Gayle, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**Personnel Committee Meeting**

November 8, 2022—12:30 p.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

**Agenda**

I.	Annual Cultural Competencies Review, Runyon.....	3
II.	Open Enrollment Presentation, Runyon.....	6
III.	October Recruitment Report, Runyon.....	15
IV.	October Retention Report, Runyon.....	20
V.	Other Business, Gayle	

## Rappahannock Area Community Services Board Cultural Competencies – Annual Demographics Review

The Rappahannock Area Community Services Board (RACSB) policy for Cultural Competency is addressed in Sections 1.5 of the Employee Handbook. The policy outlines the goals established by RACSB to promote cultural diversity and a plan to monitor overall agency compliance in this area.

It is understood by RACSB citizen representatives, management staff, and direct service employees that an environment promoting diversity and competence in the workplace fulfills RACSB's Mission and is beneficial to the community it serves. Therefore, it is the policy of RACSB to promote diversity in the workplace and strengthen cultural sensitivity and competence among its workforce as it relates to one another and the individuals RACSB serves. Cultural competency and diversity concerns and issues will be directed to the Human Resource Manager for review.

RACSB's Cultural Competency Plan is a Board policy which is reviewed annually.

Goals of RACSB's Cultural Competency Plan are:

- To promote an environment within which diversity is welcome;
- To encourage staff to display sensitivity to, and competence with, diversity issues of staff and RACSB individuals receiving services;
- Assess opportunities for persons served to share cultural preferences associated with: culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language;
- To ensure RACSB services are appropriate for the diverse population served by regularly addressing diversity and staff competency issues on the agenda in program staff meetings;
- To maintain RACSB's ongoing practice to seek and retain qualified staff to reflect a diverse workforce;
- To continue to include equal opportunity employment notation on advertisements indicating RACSB's sincerity and commitment to hiring a diverse workforce;
- To develop strategies to promote RACSB as a culturally sensitive organization; and
- To include diversity on Customer Satisfaction Surveys.

The information contained in this report compares the race/ethnicity of personnel employed by RACSB to the general population of Planning District 16, as well as the individuals served by the agency. The ethnicity of the pool of applicants responding to recruitment job listings posted on the website ([www.racsbjobs.org](http://www.racsbjobs.org)) is also compared to census estimates for the region.

**Figure 1: 2022 Census Estimates for Planning District 16**

<b>Race/Ethnicity</b>	
White	72.7%
African-American	17.9%
Asian	2.3%
Two or More Races	3.6%
All Other	3.5%

*Source: Virginia Community Profile, Virginia Employment Commission*

**Figure 2: RACSB Employee Race/Ethnicity**

<b>Race/Ethnicity</b>	
White	52.7%
African-American	29.8%
Asian	2.2%
Two or More Races	1.6%
All Other	9.6%
Did Not Identify	4.1%

**Figure 3: Race/Ethnicity for Individuals Served by RACSB**

<b>Race/Ethnicity</b>	
White	63.6%
African-American	21.9%
Asian	0.8%
Two or More Races	6.0%
All Other	4.5%
Did Not Identify	3.2%

**Figure 4: RACSB Applicant Race/Ethnicity for FY 2022**

<b>Race/Ethnicity</b>	
White	46.7%
African-American	39.4%
Asian	2.5%
Two or More Races	0%
All Other	11.4%
Did Not Identify	0%

RACSB provides several brochures and forms in Spanish and translators/interpreters are retained as needed. Data reflects that 77% of applicants who selected “Other” are of Hispanic descent.

Reviewing male/female comparisons, the gender ratio of the individuals served by RACSB is comparable to that of Planning District 16.

**Figure 5: Gender Comparison 2022**

<b>Group</b>	<b>Male</b>	<b>Female</b>	<b>Did Not Identify</b>
Planning District 16	49.3 %	50.7%	0.0%
RACSB Individuals Served	52.2%	47.8%	0.0%
RACSB Employees	18.2%	77.1%	4.64%
RACSB Applicants	11.2%	49.6%	39.2%

New employees complete a training segment on cultural diversity during the New Employee Orientation. All employees are required to complete a course on workplace diversity annually. The Diversity, Equity and Inclusion Committee continues to meet regularly to discuss plans and resources to advance the agency's environment as one of inclusion for all employees.

RACSB will continue to explore options for expanding services to the diverse populations within Planning District 16.

During 2021 and 2022 RACSB participated in the following employer seminars & career fairs. With the continuation of COVID concerns, career fairs were very limited again this year.

• VRSA – Reasonable Suspicion Training	July, 2021
• Fredericksburg SHRM Meeting	August, 2021
• VEC Job Fair	August, 2021
• VEC Job Fair	September, 2021
• VRSA – Inclusion and Residency Training	September, 2021
• Fredericksburg SHRM Meeting – Mock Trial w/Kauffman & Canoles	October, 2021
• Kauffman & Canoles – Annual Labor Update	October, 2021
• Virtual Job Fair – In-House	October, 2021
• VACSB HR Counsel Meeting	October, 2021
• VACSB HR Counsel Meeting	January, 2022
• VRSA – Inclusivity & Team Practices	February, 2022
• Legislative Update Seminar – VA State Governor	May, 2022
• VRSA – How DEI Impacts Your Whole Campus	May, 2022
• Civilian Response & Causality Care	June, 2022

These events attract people working and living in Planning District 16 and provide another avenue for attracting qualified, knowledgeable applicants. The events also provide RACSB opportunities to explain our Agency and the services provided to individuals who may not come in contact with RACSB in any other venue. Due to COVID 19, these events have been drastically changed to virtual events.

RACSB has hosted Job Fairs which have consistently proven to be quite successful events. They are open to the entire community and have been widely advertised in social media, print and radio ads. This year we partnered with Brazen, a virtual recruiting platform and moved away from print. The Job Fairs have had low attendance, again, due to COVID.

RACSB will continue its effort to employ and to provide services to individuals representing diverse populations. The Agency will provide RACSB employees with on-going training and programs to expand their sensitivity, awareness and understanding of the diverse cultures and ethnic groups represented in Planning District 16.

# Benefits





# Medical

## In-Network Benefits

Anthem Health Plan		POS 30	POS 25	POS 15	PPO
In-Network	PY Deductible (Individual/Family)	\$1,000 / \$2,000	\$500 / \$1,000	\$0 / \$0	\$0 / \$0
	Out-of-Pocket Maximum (Individual/Family)	\$5,000 / \$10,000	\$4,000 / \$8,000	\$3,500 / \$7,000	\$4,000 / \$8,000
Hospital Benefits	Inpatient	30% AD	20% AD	\$250/day (\$1,250 max)	\$300/day (\$1,500 max)
	Outpatient Surgery	30% AD	20% AD	\$300	\$300
	ER (waived if admitted)	30% AD	20% AD	\$300	\$350
Physician Office	PCP Office Visits	\$30	\$25	\$15	\$20
	Specialist Office Visits	\$50	\$50	\$35	\$40
	Diagnostic Imaging	30% AD	20% AD	20%	20%
	Urgent Care Center	\$50	\$50	\$35	\$40
Outpatient Services	Outpatient Facility Diagnostic X-Ray & Lab	30% AD	20% AD	\$35	\$40
	Diagnostic Imaging Services (MRI, MRA, CAT, PET Scans)	30% AD	20% AD	\$200	\$200
Prescription Drugs	Retail (Up to 31 day supply) Specialty	\$10 / \$40 / \$70 20% to \$300 max per Rx			
	Mail Order (Up to 90 day supply)	\$25 / \$100 / \$175			

# Dental

- 2 plans through Delta Dental: Low and High
- Children may be covered on the plan until the end of the month that they turn 26.
- All spouses are eligible for coverage.
- In 2023, our dental plans will be changing to more traditional low/high options. The high plan will stay as it is, while the low plan will only cover preventive and basic services for a lower premium deduction.

BENEFITS	LOW	HIGH
Diagnostic and Preventive Services <i>oral exams, cleanings, x-rays, sealants and fluoride for children</i>	100%	
Basic Services <i>fillings, root canals, oral surgery, periodontic services</i>	20%	10%
Major Services <i>crowns, bridges, dentures, implants</i>	50%	40%
Orthodontic Services <i>for covered dependents under the age of 19</i>	50%	
Annual Deductible <i>per contract year</i>	\$50 / \$150	
Contract Year Maximum <i>per covered person</i>	\$1,500	
Orthodontic Lifetime Maximum <i>per covered person</i>	\$1,000	

# Vision

VISION CARE SERVICES	IN-NETWORK COST
Frequency Exam/Lens/Frame	Exam (every 12 months)
	Lens (every 12 months)
	Frames (every 24 months)
Annual Routine Eye Exam	\$15
Eyeglass Frames	\$130 allowance then 20% off balance over \$130
<b>Standard Plastic Lenses</b>	
Single Vision	\$15
Bifocal	\$15
Trifocal	\$15
<b>Options and Upgrades (in addition to cost of lenses)</b>	
UV Coating	\$15
Tint (solid/gradient)	\$15
Standard Polycarbonate	\$40
Standard Progressive (add-on to Bifocal)	\$65
Standard Anti-Reflective	\$45
Other Add-Ons & Services	20% off retail
<b>Contact Lenses</b>	
Conventional	\$130 allowance then 15% of balance over \$130
Disposable	\$130 allowance
Medically Necessary	Covered in full

# Flexible Spending Accounts

- Administered through TASC
- Medical — up to \$2,850 pre-tax to be used for out-of-pocket health care expenses (e.g., fees/co-pays/deductibles). Pre-funded account.
- Day Care / Aged Adult Care — up to \$5,000 pre-tax, per family (\$2,500 married, filing separately)
- Flex elections do not roll over from year-to-year. To continue from one plan year to the next, a new election must be made.
- Money set aside and not used by the end of the grace period will be forfeited for dependent care accounts. Unused funds up to \$570 will be rolled over for medical spending accounts so long as a new election is made.

# Employee Assistance Program

- Confidential assistance in the areas of: stress, job concerns, legal issues, depression, financial consulting, grief, parenting, substance abuse, ID recovery, etc.
- No cost for you or your eligible family members
- 3 visits per issue (in person, online or phone)
- For more information, please go to [www.anthemEAP.com](http://www.anthemEAP.com) (Employer ID: RACSB) or call (800) 346-5484

# Annual Leave

Years of Service	Accrual Rates Per Pay Period	Total Hours Accrued Per Year	Maximum Accruals Allowed
0-2 years	3.75 hours	97.5 hours	80 hours
3-5 years	4.75 hours	123.50 hours	96 hours
6-8 years	5.50 hours	143 hours	120 hours
9+ years	6.50 hours	169 hours	160 hours

Annual leave credits will be provided for each fully completed pay period of service in accordance with the number of years of full-time service with RACSB as follows:

New employees and current employees who change from a part-time to a full-time status will be eligible to use annual leave their first full pay period after 90 days of their employment or change of status (22.5 hours leave accumulation).

No leave(s) of absence with pay shall be granted in anticipation of future leave accruals. Part-time, temporary and non-graded employees do not earn annual leave.

# SICK Sick/Family Personal Leave

Beginning on January 1 of each calendar year, current eligible employees will be credited with 64 to 80 hours of sick leave based on their total months of full time employment (including leave without pay periods) as of that date.

Months of Service	Sick Leave Hours
0 to 5 yrs.	64 hours
6 to 9 yrs.	72 hours
10 yrs. +	80 hours

Each calendar year, Family/Personal leave credits will be provided in accordance with the numbers of months of full-time service with RACSB as follows:

Months of Service	Family/Personal Leave Hours
0 to 9 yrs.	32 hours
10 yrs. +	40 hours

# Holidays

- New Year's Day (January 1)
- Martin Luther King Day (3<sup>rd</sup> Monday in January)
- President's Day (3<sup>rd</sup> Monday in February)
- Memorial Day (last Monday in May)
- Juneteenth (June 19<sup>th</sup>)
- Independence Day (July 4<sup>th</sup>)
- Labor Day (1<sup>st</sup> Monday in September)
- Columbus Day (2<sup>nd</sup> Monday in October)
- Veteran's Day (November 11)
- Thanksgiving Day (4<sup>th</sup> Thursday in November)
- Day after Thanksgiving
- Christmas Eve (December 24)
- Christmas Day (December 25)





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

## MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnell, Human Resources Specialist

Date: November 1, 2022

Re: Summary – October 2022 EEO Report and Recruitment Update

RACSB received **68** applications through October 31, 2022. This is a **decrease** of **18.07%** compared to the month of September 2022, and a **decrease** of **62.64%** when compared to the month of October 2021.

RACSB received **626** resumes and advertised **12** positions through Indeed for **October 2022**.

Of the applications received, 26 applicants listed the RACSB applicant website as their recruitment source, 23 stated employee referrals as their recruitment source, and 13 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **129** 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 **October 2022**.

## Open Positions Report - October 28, 2022

Date Posted	Position No.	Position Title	Location	RU	Full-time/ Part-time
8/20/2021	236-2021	ADMIN Utilization Review Specialist	Fredericksburg		1000 FT
5/12/2022	115-2022	ADMIN Office Associate II	Fredericksburg		1000 FT
5/27/2022	127-2022	ADMIN Property Maintenance Technician	Fredericksburg		1000 FT
7/20/2022	185-2022	ADMIN IT Specialist (PC & Network Support)	Fredericksburg		1000 FT
8/8/2022	210-2022	ADMIN Lead Landscape Technician	Fredericksburg		1000 FT
8/11/2022	216-2022	ADMIN Landscape Technician I	Fredericksburg		1000 PT
9/27/2022	264-2022	ADMIN Executive Assistant	Fredericksburg		1000 FT
				7	
1/10/2022	003-2022	CLINICAL Psychiatrist	Fredericksburg		FT
10/17/2022	276-2022	CLINICAL Office Associate II	Spotsylvania		1100 FT
7/20/2022	183-2022	CLINICAL Emergency Services Therapist - Overnight	Fredericksburg		2000/4000 FT
7/22/2022	197-2022	CLINICAL Emergency Services Therapist	Fredericksburg		2000/4000 FT
6/9/2021	123-2021	CLINICAL Child/Adolescent ES Therapist	Fredericksburg		2070 FT
8/30/2022	245-2022	CLINICAL Psychiatric Nurse Practitioner	Fredericksburg		2200 FT
9/20/2021	265-2021	CLINICAL Peer Recovery Specialist MH	Fredericksburg		2200 FT
1/11/2022	005-2022	CLINICAL Clinical Outreach Therapist	Fredericksburg		2220 FT
1/28/2022	030-2022	CLINICAL MH Therapist (Jail Based)	RRJ Stafford	2200-4200/6430	FT
9/27/2022	246-2022	CLINICAL MH Nurse - LPN/RN	Outpatient Clinics		2201 FT
6/1/2022	125-2022	CLINICAL MH Therapist	Caroline		2210 FT
3/30/2022	093-2022	CLINICAL School Based Therapist	Spotsylvania		2240 FT
4/16/2022	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
9/21/2021	189-2021	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
10/13/2022	269-2022	CLINICAL 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
				34	
6/10/2022	148-2022	CSS Nurse Manager - RN	Crisis Stabilization		2770 FT
7/15/2022	182-2022	CSS MH Nurse - RN/LPN	Crisis Stabilization		2770 FT
8/8/2022	209-2022	CSS MH Residential Specialist	Crisis Stabilization		2770 FT
9/9/2022	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
				6	
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
10/30/2022	287-2022	CSS MH Specialist - ACT South	401 Bridgewater		2372 FT
4/26/2022	109-2022	CSS PSH Case Manager	401 Bridgewater		2760 FT
8/30/2022	242-2022	CSS Developmental Svcs Support Coordinator	Caroline		3400 FT
8/30/2022	241-2022	CSS Developmental Svcs Support Coordinator	Spotsylvania		3400 FT
3/21/2022	077-2022	CSS Developmental Svcs Support Coordinator	Stafford		3400 FT
5/24/2022	129-2022	CSS Developmental Svcs Support Coordinator	Stafford		3400 FT
8/17/2022	225-2022	CSS Infant/Child Support Coordinator	PEID		3500 FT
6/10/2022	144-2022	CSS Early Childhood Special Educator	PEID		3910 FT
8/1/2022	309-2021	CSS Speech/Language Pathologist	PEID		3910 FT
				18	
7/11/2022	177-2022	CSS Office Associate II	RAAI KH	RAAI Spill	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
6/4/2021	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

Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	
8/10/2022	213-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF		3771	PT
3/17/2022	072-2022	CSS	Direct Support Professional - ICF	ICF Ross		3792	PT
7/12/2022	179-2022	CSS	Direct Support Professional - ICF	ICF Ross		3792	PT
7/29/2022	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
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
10/13/2022	279-2022	CSS	Direct Support Professional - ICF	ICF Lucas		3793	FT
5/26/2022	126-2022	CSS	Direct Support Professional - ICF	ICF Lucas		3793	PT
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas		3793	FT
					16		
9/16/2022	260-2022	CSS	Nurse Manager II	ID/DD		Splk	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	206-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773	FT
10/14/2022	285-2022	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	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond		3776	PT
2/18/2022	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond		3776	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
6/16/2022	163-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777	PT
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777	FT
8/30/2022	243-2022	CSS	Direct Support Professional - Residential	New Hope Estates		3778	FT
7/29/2022	201-2022	CSS	Direct Support Professional - Residential	New Hope Estates		3778	PT
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779	PT
9/10/2021	102-2021	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779	PT
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	106-2022	CSS	Direct Support Professional - Residential	Brittany Commons SAP		3784	PT
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd		3790	PT
9/29/2022	272-2022	CSS	Direct Support Professional - Residential	Galveston Rd		3794	FT
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
					32		
Positions on Hold							
3/29/2021	058-2021	ADMIN	Administration Office Support	Fredericksburg		1000	FT
3/23/2020	058-2020	CLINICAL	Lead, ES Therapist	Fredericksburg		2000/4000	FT
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford		2260	FT
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200	PT
1/21/2022	014-2022	CSS	Peer Coach	Crisis Stabilization		2770	FT
2/3/2022	037-2022	CSS	Peer Coach	Crisis Stabilization		2770	PT

# Rappahannock Area Community Services Board Overview

2022-10-01 – 2022-10-31

## Job performance summary

Performance of your jobs across Indeed

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

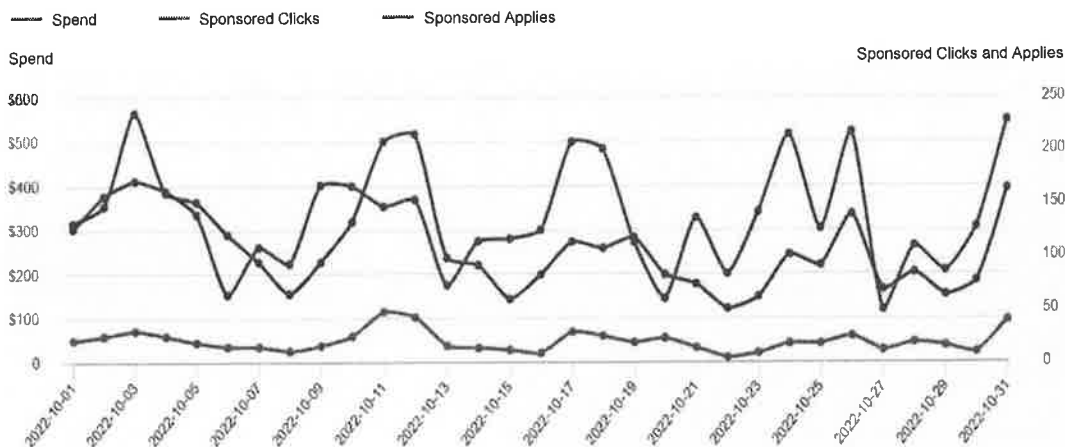
### Candidate behavior funnel

Sponsored

Impressions → Click-through rate → Clicks → Apply start rate → Apply starts → Apply completion rate → Applies

**25,469** → **13.74%** → **3,500** → **21.57%** → **755** → **82.91%** → **626**

### Cost-per-click campaign performance



Total spend  
**\$10,091.20**

Cost per click (CPC)  
**\$2.88**

Cost per apply start  
**\$13.37**

Cost per apply (CPA)  
**\$16.12**

### Desktop vs mobile clicks

Total



Desktop clicks  
**2,461**

Mobile clicks  
**1,283**

[View jobs dashboard](#)

[View jobs campaigns](#)

[View billing summary](#)

### Cost-per-application campaigns

Jobs  
**0**

Total spend  
**-**

Applies  
**0**

[Manage job postings](#)

## EEO Report 2022

<b>APPLICANT DATA</b>	<b>Oct-21</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>
Female	83	43	45	41	46	35	24	31	45	30	41	35	29
Male	26	15	7	8	7	11	3	13	11	9	11	12	4
Not Supplied	73	61	43	27	33	26	30	25	33	44	38	36	35
<b>Total</b>	<b>182</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>ETHNICITY</b>													
Caucasian	69	29	28	31	25	13	13	22	30	19	30	28	14
African American	34	28	20	15	20	27	16	17	24	17	18	19	16
Hispanic	14	5	9	7	6	5	5	5	3	4	5	2	5
Asian	5	2		2	3		1	1			1		1
American Indian	3	1	1		2	1		1	1	1		1	1
Native Hawaiian	1												
Two or More Races													
<b>RECRUITMENT SOURCE</b>													
Newspaper Ads				1									1
RACSB Website	84	52	39	36	32	33	27	28	39	28	31	28	26
RACSB Intranet	7	3	1	2	7	5	2	5	7	3	6	6	2
Employee Referrals	47	31	34	18	32	15	23	18	30	29	30	27	23
Radio Ads						1		1			4		
Indeed.com	49	25	20	20	7	17	9	11	15	11	13	24	13
VA Employment Commission	4		1	3	2	3	2	7	2	2	1		
Monster.com													
Other -	4			1	8	3		3	4	5	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
Job Fair	2	6			2	1			1			2	
<b>Total # of Applicants</b>	<b>121</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>



## MEMORANDUM

To: Joe Wickens, Executive Director

From: Michelle Runyon, Human Resources Director

Date: October 31, 2022

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

Human Resources processed a total of 9 employee separations for the month of **October**, 2022. All of the separations were voluntary. Of the 9 employees, 1 was part-time and 8 were full-time.

Resignations were submitted due to other employment (2), resigned without notice (4), moving (1) and personal reasons (2).

According to the attached report, the Retention Rate for **October** was 98.50% and the turnover rate was 1.50%. Annualized turnover comparison is included.

#### RACSB Turnover 2019

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

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

#### RACSB Turnover 2020

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

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

#### RACSB Turnover 2021

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

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

#### RACSB Turnover 2022

<u>Employees</u>	<u>Jan-22</u>	<u>Feb-22</u>	<u>Mar-22</u>	<u>Apr-22</u>	<u>May-22</u>	<u>Jun-22</u>	<u>Jul-22</u>	<u>Aug-22</u>	<u>Sep-22</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>2022 Year End</u>
Average Total Positions	600	600	600	600	600	600	600	600	600	600	600	600	600
Average Number of PRN's	43	43	42	41	39	38	38	43	42	42			
Monthly Terminations*	11	13	11	7	8	16	17	13	13	9			118
Turnover by Month YTD	1.83%	2.17%	1.83%	1.17%	1.33%	2.67%	2.83%	2.17%	2.17%	1.50%			19.67%
Cumulative Turnover YTD	0.17%	4.00%	5.83%	7.00%	8.33%	11.00%	13.83%	16.00%	18.17%	19.67%			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%			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  
Oct-22

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative	1	1	0	Moved Out of State
<b>Unit Totals</b>	<b>1</b>	<b>1</b>	<b>0</b>	
Clinical Services	1	1	0	Other Employment
	1	1	0	Resigned /Ready to Retire
<b>Unit Totals</b>	<b>2</b>	<b>2</b>	<b>0</b>	
Community Support Services				
	1	1	0	Spend Time w/ Family
	1	1	0	Other Employment
	4	4	0	Resigned Without Notice
<b>Unit Totals</b>	<b>6</b>	<b>6</b>	<b>0</b>	
<b>Grand Totals for the Month</b>	<b>9</b>	<b>9</b>	<b>0</b>	

Total Employees for the Month	600
Retention Rate	98.50%
Turnover Rate	1.50%

Total Separations	9
Part-time Separations	11.12%
Full-time Separations	88.88%



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			
Full-time	15	11	15	10	11	8	15	12	12	15			
<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>Internal Applicants Moved:</b>													
Full-time to PRN As Needed	1	1	1		1	1	1	6	1	3			
Full-time to Part-time									1				
Part-time to PRN As Needed	1			1		1							
Part-time to Full-time		1	2	1			1	1	1	1			
PRN As Needed to Part-time													
Lateral Transfer	1		6	3		1		2	1				
Non-Lateral Change in Position			1		1		1			1			
Promotion	4	6	2	5	6	3	6	6	2	6			
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>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>Total Applications Received:</b>													
Actual Total of Applicants:	62	65	59	47	52	77	59	72	83	57			
Total External Offers Made:	20	16	19	6	15	14	19	16	8	21			
Total Internal Offers Made:	8	11	13	11	3	11	12	20	6	13			

# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 11/09/22

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

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## Outpatient Services

The Spotsylvania Clinic currently has four therapists and one Masters level intern. The therapists completed 43 assessments this month. The clinic continues to be on a waitlist that averages an additional 50 individuals waiting for services. The clinic continues to have three vacancies including two substance use positions and one mental health position. Therapists continue to balance high caseloads and administrative tasks in stride! The clinic's Office Associate, Sherry Monroe, retired. She will be greatly missed. The position has been posted, however, there have been no applicants.

Melis Akin, School Based Therapist, continues to provide therapeutic services to Fredericksburg City students in an elementary, middle, high, and public day placement. She has completed four 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 three assessments this month. She continues to provide Trauma Focused Cognitive Behavioral therapy to children who have disclosed abuse through Forensic Interviews. Safe Harbor is currently operating on a waitlist, as there continues to be a vacant therapy position. Heather attended the 13<sup>th</sup> annual Crimes Against Children Conference with fellow Child Advocacy Center colleagues.

The Caroline Clinic continues to offer bimonthly adult wellness group and weekly substance abuse group treatment. The men's group had two successful graduates during the month of October. Individuals receiving mental health services have also made great progress in reaching their treatment goals. We have a vacancy for a Mental Health/Substance Abuse Clinician and are actively recruiting. Despite staffing challenges, the Caroline Clinic continues to strive to meet the needs of the individuals we serve.

The King George Clinic continues to offer the Women's and Men's weekly substance abuse treatment programs. During the month of October, we had one woman successfully graduate from the program. King George Clinic staff completed 28 new patient intakes during October. Staff attended trainings on DBT, Motivational Interviewing, and one staff completed her supervisory training towards providing clinical supervision for MSWs.

# RAPPAHANNOCK AREA

## COMMUNITY SERVICES BOARD

During the month of October, the Fredericksburg Clinic and Children's Services Clinic completed 95 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 565 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. Lori Zuniga, MSW, transitioned from Child/Adolescent Therapist to the MH/SUD Therapist at the Fredericksburg Clinic and recently completed EMDR training along with the Clinic Coordinator. Sherrie Johnson, LPC and Leslie Bottoms, Resident in Counseling, both had the opportunity to present at Mt. Zion Baptist Church for a Women's Retreat and provide additional resources/information on depression. We are continuing to hire for an Intake Therapist and Clinical Outreach Therapist, as well as an Office Associate at the front desk. We look forward to having Olivia Oliver start on 11/14 as a Child/Adolescent Therapist, as well as Robert Figueroa start as an Office Associate.

### Emergency Services

In October, the Emergency Services team supported Germanna Community College completing depression screenings virtually for students who signed up expressing interest. The Marcus Alert stakeholders continue to meet both in large groups and subcommittees. Community representatives were invited after being selected by the group to attend the recent large meeting. The Emergency Services Coordinator provided Mental Health First Aid training at the Police academy for new law enforcement officers. A 40 hour CIT training took place in October training 17 new officers and Fire/EMS staff. VACSB also was attended by the ES coordinator where an informative session on Crisis receiving centers was participated in to learn more about the constantly evolving crisis continuum. Emergency services overall saw an increase in children in crisis and temporary detention orders for children. The children's crisis staff are maintaining full case loads to support the children in our community to help divert hospitalization.

### Case Management

The Family Support Partner part-time position was filled and she has begun trainings. She will begin shadowing staff and FAPT meetings in November as well as meeting community partners. One full-time case manager position was filled this week for Fredericksburg, King George and Caroline and another interview is scheduled end of this week for full-time case manager position. Currently, we have two vacant full-time case manager positions, one vacant full-time senior case manager position and one vacant part-time family support partner position posted. Existing case management staff continue to cover case loads of open positions. Currently we have seen an increase in Commonwealth Center admissions. We currently have 6 children at CCCA and 1 at the CCCA sponsored group home. Three of those children are Stafford DSS foster children and all three are on the ready to discharge list. Our case manager responsible for monitoring all CCCA admissions participates every two weeks on a state call regarding the 3 cases on the EBL list.

The Adult Mental Health Case Management Team would like to welcome Benjamin Henderson to the RACSB as our Health Educator for the Anthem Behavioral Health Home. Ben comes to the RACSB with a host of experience, knowledge but most importantly excitement and enthusiasm. Ben is local to Fredericksburg and been employed in our community

# RAPPAHANNOCK AREA

## COMMUNITY SERVICES BOARD

as a Community Health Worker and Call Center Specialist with the Rappahannock Area Health District as well as has provided Therapeutic Day Treatment services both in our community as well as our school systems. We are so excited to and lucky to have Ben join our team.

### Jail & Detention

The Juvenile Detention Center currently has a census of 28 residents. We have hired a new full-time therapist, Paul Ortiz, who will begin orientation on November 14<sup>th</sup> and one remaining vacancy for a therapist at the detention center. The Mental Health Therapist position remains vacant at the jail. There is also a vacancy for the OBOT/MAT Peer Specialist position.

### Specialty Dockets

During the month of October, the Specialty Dockets continued to welcome new participants and celebrated some graduations. We had two terminations in drug court this month due to non-compliance with probation guidelines. Three participants graduated from the program and were able to have their legal charges dismissed. The Behavioral Health Deferred Disposition Program is still pending approval from the Supreme Court, however we continue to provide services for this population. We have six current participants in the program, with one unfortunate termination this month. We have seven current participants in the Veteran's Docket with the next graduation scheduled for February 2023. Our therapist at the District 21 Probation and Parole Office had his last day in this position on 10/28/22 and we have begun transitioning these clients to the outer clinics for services.

### Substance Use

Ashley Jaderborg, Peer Recovery Specialist, initiated a new men's only peer support group. This brings the total number of substance use peer support groups to four. Arianna Colley and Rachel Lewis attended the AATOD conference in Baltimore National Harbor in order to remain up-to-date on current trends and best practice standards in the treatment of opioid use disorders. The SUD Coordinator and MSW intern continued participation on the Harm Reduction subcommittee, and SUD coordinator provided bimonthly CIT training on co-occurring disorders at the Rappahannock Justice Training Academy. The SUD program continues to experience two outpatient therapist vacancies and one Project LINK specialist vacancy, despite multiple interviews.

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

### Training

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

### Recruitment

In the month of October, we made twenty-one offers to external applicants and thirteen offers to internal candidates. This is up from the previous month.

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

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

### Human Resources & Employee Relations

Congratulations to the following employees who have recently received promotions:

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

### September Employee Events

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

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

Michelle Runyon, HR Director

## RACSB Board Report Compliance

### Incident Report

- There were 160 Incident Reports entered into the Electronic Incident Report Tracker during the month of August. This is a decrease of 22 from September 2022. All incident reports submitted were triaged by QA staff. The top two categories of reports submitted were Individual Served Injury (26 reports) and Health Concerns (61 reports).
- Quality Assurance Staff entered 29 incident reports into the Department of Behavioral Health and Developmental Services Electronic Incident reporting system. (10 Level 1, 19 Level 2, 10 Level 3) There were 4 positive COVID cases reported. Positive cases were reported regarding individuals receiving DD or MH Residential Services.
- There was no 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-six root cause analysis were requested and seventeen were completed. No expanded root cause analysis were required nor received in August.

### Human Rights Investigations

QA staff did initiate and completed one investigation during the month of October. The completed investigation was initiated as the result of allegations of abuse (founded).

### External Reviewers

- CARF survey completed October 17 through October 18, 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.
- QA staff responded to 1 external chart reviews by submitting requested documentation for 1 individual.
- QA staff received and responded to 5 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 15 phone calls and multiple emails from various programs with questions about incident reports, human rights, do-not-resuscitate (DNR) paperwork, authorized

representatives, regulations regarding discharge from services, and root cause analysis (RCA) process.

- QA staff submitted documentation to the Department of Behavioral Health and Developmental Services' Mortality Review Specialist, for two individuals that passed away during the month of October.
- QA staff provided the HSAG reviewer with requested documents related to clients receiving developmental disability services
- QA staff assisted in the scheduling of interviews with individuals served and staff for the HSAG reviewer.

### **Complaint call synopsis:**

The QA team received one complaint call in the month of October. This call concerned dissatisfaction with a change in her medications prescribed by her RACSB psychiatrist. After a few weeks of back and forth communications with a number of staff, the client chose to find services elsewhere, rather than change to another provider.

### **Trainings/Meetings**

10/5/2022 DBHDS Connect System

10/13 DBHDS Abuse Neglect and Exploitation Complaints

10/20 Restrictions Behavioral treatment restraints

10/31 – NEO (Diversity)

10/31 – THEROPS train the trainer

### **Other Activities**

- QA staff forwarded the Support Coordination serious incident report to Support Coordinator Supervisors and the Coordinator for Support Coordination on October 3, 2022.

# COMMUNICATIONS REPORT FOR THE BOARD OF DIRECTORS

November 2022

A visual account of this month's activities



WWW.RAPPAHANNOCKAREACSB.ORG

540.373.3223



RAPPAHANNOCK AREA COMMUNITY  
SERVICES BOARD IS **HERE TO HELP.**  
WE PROVIDE COMMUNITY-BASED  
BEHAVIORAL HEALTH AND  
DEVELOPMENTAL DISABILITY SERVICES.

*Help is here.*

**RAPPAHANNOCK AREA**  
COMMUNITY SERVICES BOARD

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## MENTAL HEALTH

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## SUBSTANCE USE DISORDER

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## DEVELOPMENTAL DISABILITY

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## EARLY INTERVENTION

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## PREVENTION

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WWW.RAPPAHANNOCKAREACSB.ORG  
540.373.3223

SERVING RESIDENTS OF THE CITY OF FREDERICKSBURG  
AND THE COUNTIES OF CAROLINE, KING GEORGE,  
SPOTSYLVANIA, AND STAFFORD

*Newly designed rack cards with QR codes to replace wordy brochures*





Front of Recruiting Postcards



## Media Releases

One media release was disseminated, on a suicide prevention class.  
Worked with three reporters from The Free Lance-Star on stories dealing with mental health.  
Monthly FLS column follows



## Social Media

1,829 Facebook followers  
317 Instagram followers  
426 Twitter followers  
264 LinkedIn followers



## Website Updates

Updates include:

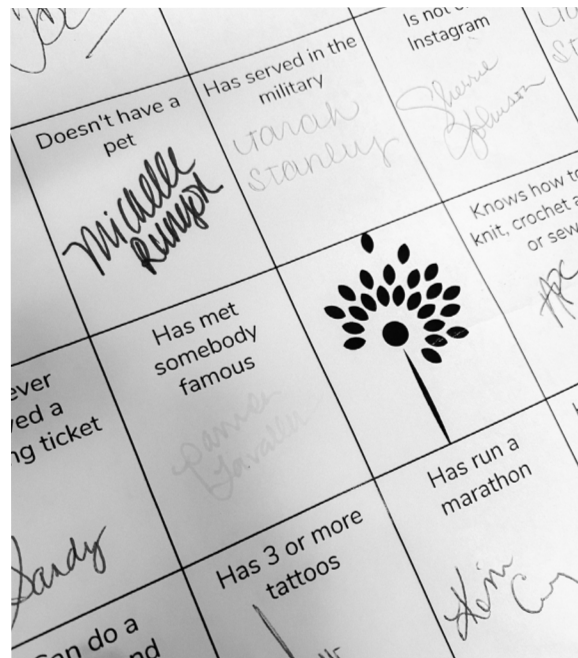
- Regular maintenance
- Changing sliding boxes on home page
- Updating Peer Supports page
- Creating a community resources page and a gambling and problem gaming page
- Developing commerce capability to be used for RAAI fundraisers
- Creating forms for the employee in-service sessions and lunch

# Employee In-Service

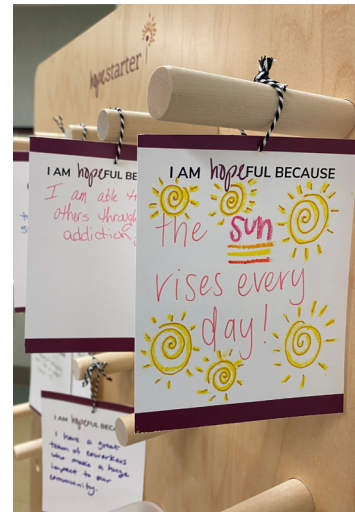


September  
29  
2022

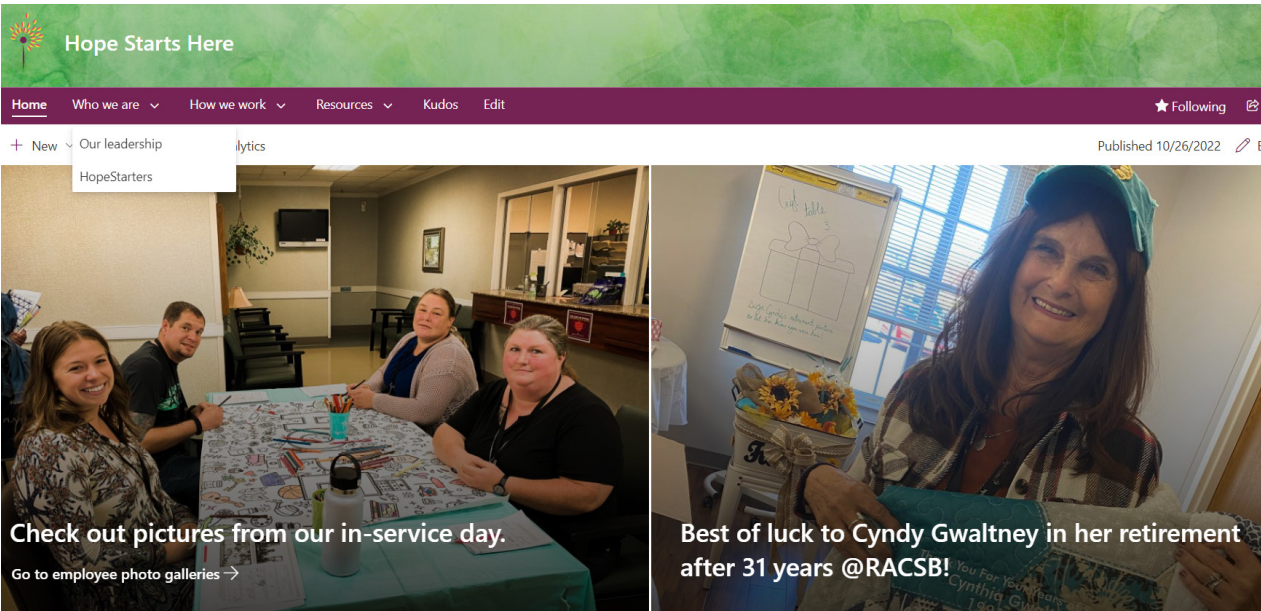
hopestarter  
RAPPAHANNOCK AREA  
COMMUNITY SERVICES BOARD



For the employee in-service, communications created the agenda, registration forms, a giant coloring mural, an employee BINGO game, "I am hopeful because" cards and a HopeStarter ambassador kit.



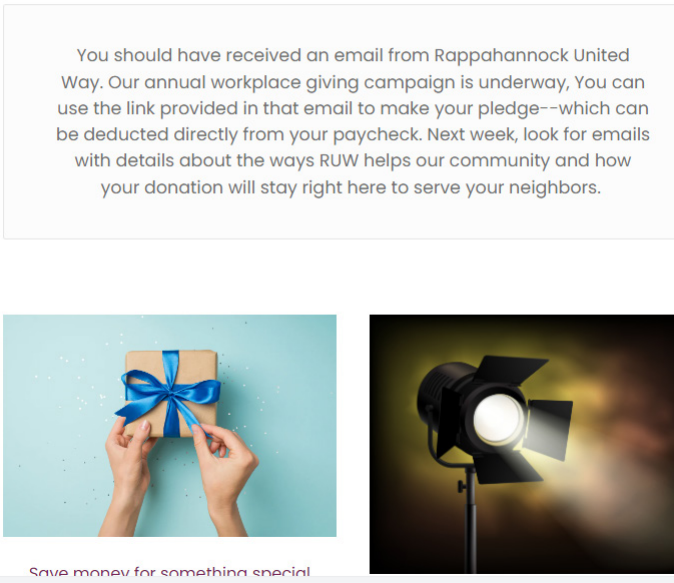
Employee Intranet



United Way Campaign



Invitation for staff holiday party



A snippet from a weekly Information Friday email



[https://fredericksburg.com/lifestyles/health-med-fit/health-matters-take-small-steps-towards-showing-gratitude/article\\_e1b15828-5a48-11ed-ba8d-27591acf412e.html](https://fredericksburg.com/lifestyles/health-med-fit/health-matters-take-small-steps-towards-showing-gratitude/article_e1b15828-5a48-11ed-ba8d-27591acf412e.html)

ALERT

TOP STORY

## HEALTH MATTERS: Take small steps towards showing gratitude

**Amy Umble**

Nov 5, 2022



Connect with others by reaching out to a supportive friend or relative, even by text or chat.

oatawa / iSTOCKPHOTO

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Amy Umble

**B**etween goblins and gifts lies a brief season of gratitude. Social media posts and home décor implore people to develop “an attitude of gratitude” and to “count your blessings.”

Research shows that gratefulness can boost happiness and overall well-being.

But for people suffering from depression or struggling with anxiety—or just struggling in general—counting blessings can feel like a burdensome chore.

Individuals with substance use disorders who are in the first stages of recovery might not have time or energy to keep a gratitude journal.

Thankfulness can make you feel happy—but what if you're too unhappy to find it? Even small acts of gratitude have an impact on emotional well-being. You don't have to write thank you notes or go hunting for a gratitude journal.

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## **People are also reading...**

- 1 High School Football: LIVE Scoreboard & This Week's Coverage!**
- 2 Hit-and-run crash in Spotsylvania kills pedestrian, injures another**
- 3 Police identify Stafford hit-and-run victim**
- 4 Last total lunar eclipse for 3 years arrives Tuesday**

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Here are some steps to help you feel thankful if you have a behavioral health disorder:

- Don't fake it 'til you make it. You don't have to force joy. Gratitude can reside with anger, grief, sadness and other emotions.
- Make an ingratitude list. Sound counterintuitive? Sometimes writing down the things you don't enjoy can help you to appreciate those that you do.
- Connect with others. This doesn't mean you have to show up to friendsgiving parties while you're feeling down. But do reach out to a supportive friend or relative, even by text or chat.

# Prevention Services

**Michelle Wagaman, Director**

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

**November 2022**

## Initiatives

**Youth Marijuana Prevention** – We are awaiting the analysis of the state wide survey and research by OMNI Institute. We expect to receive stated-wide and CSB specific reports in December.

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

**ASIST (Applied Suicide Intervention Skills Training)** – RACSB resumed hosting this training in July 2022. This is a two-day suicide intervention skills training. Our last scheduled training for 2022 is being held November 9 – 10, 2022. We plan to host this training on a quarterly basis in 2023. A total of 20 community members have completed this training thus far in FY 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. National Council recently released updated modules for the following Mental Health First Aid (MHFA) community-specific courses:

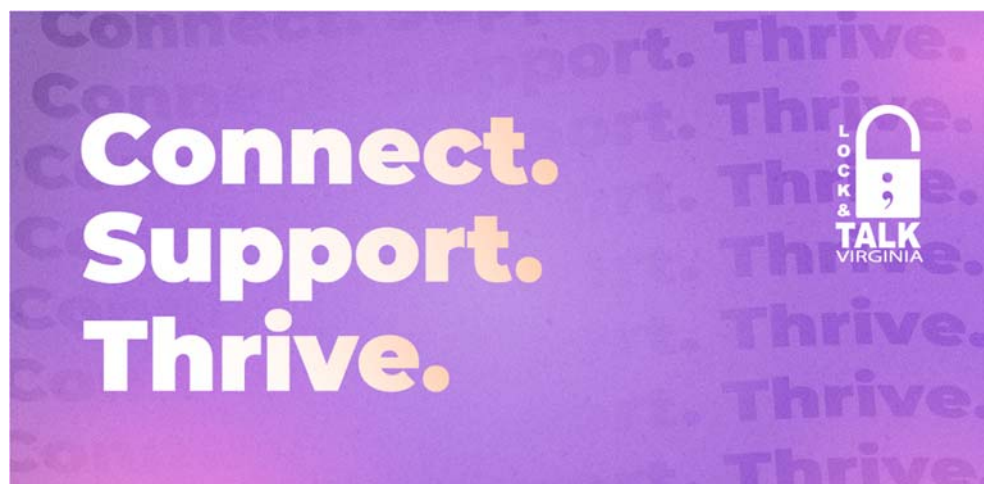
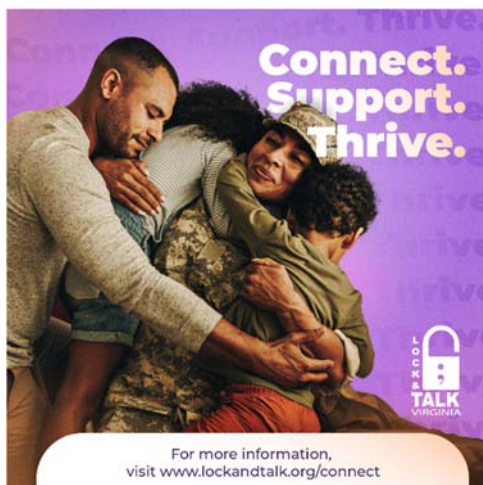
- Adult MHFA for Spanish-speaking Communities Version 2.0, In-person and Blended
- Youth MHFA for Spanish-speaking Communities Version 2.0, In-person and Blended
- Adult MHFA for Higher Education Version 2.0, In-person
- Adult MHFA for Fire/EMS Version 2.0, In-person
- Adult MHFA for Military, Veterans, and Their Families Version 2.0, In-person

We have two (2) staff certified to facilitate the Higher Education. We are still waiting for the updated Public Safety module.

In October, we held one (1) Youth Mental Health First Aid Training and two (2) Public Safety. We have one additional Adult training scheduled for November 29, 2022 (8:30 a.m. to 4:00

p.m.). A total of 299 community members have completed Mental Health First Aid thus far in FY 2023.

**Lock and Talk Virginia** – November is National Family Caregiver Awareness Month and our campaign theme is “Connect. Support. Thrive.” A campaign featuring social media content, videos, AudioGo radio ads, and special website page have been made available to all CSB and community partners. 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 also continue to provide this twice a month at the produce distribution at The Table. In October, we provided REVIVE! training with Narcan dispensing to Stafford County Parks and

Recreation, the disability Resource Center, and University of Mary Washington (in partnership with Eagles in Recovery). We also provided Rapid REVIVE at two sites as part of Operation Medicine Cabinet on October 29, 2022. We have several dates scheduled in collaboration with Stafford County Public Schools and King George County Public Schools in November.

We have trained 595 community members in REVIVE! and another 32 as trainers since July 1, 2022. Additionally, we have dispensed 570 boxes of Narcan (each box contains two (2) doses).

REVIVE trainings currently scheduled:

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

Narcan dispensing continues to be scheduled following the training.

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

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

- November 1, 2022 9:00 a.m. to noon
- November 10, 2022 9:00 a.m. to noon
- December 13, 2022 9:00 a.m. to noon

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

We are hosting a local Train-the-Presenter cohort three-day training in November. A total of 18 community members are registered. Participants agree to a minimum number of annual trainings and participating in a local trauma informed community network.

**Save the Date! Thursday, December 8<sup>th</sup> 8:30 a.m. to 3:30 p.m. at River Club**  
**Rick Griffin with Community Resilience Initiative will facilitate**  
**Trauma Informed Leadership (flyer attached with [registration link](#))**

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

- Every other Tuesday – The Table at St. George's produce distribution
- November 4, 2022 – YMCA and MWHC Community Health Fair
- November 6, 2022 – FredNats Salute to Veterans 5K



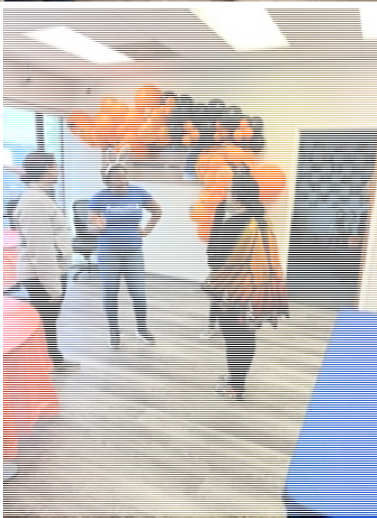
## Healthy Families Rappahannock Area

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

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	1	7	2
CITY OF FREDERICKSBURG	3	5	32	7
KING GEORGE COUNTY	1	0	5	1
SPOTSYLVANIA COUNTY	16	9	73	9
STAFFORD COUNTY	7	3	35	6
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
<b>TOTAL</b>	<b>28</b>	<b>18</b>	<b>151</b>	<b>25</b>

### Highlights:

- HFRA was the beneficiary of a recent open house hosted by CMS Mortgage Solutions. This resulted in receiving a donation of \$3,800.
- HFRA participated in the “Honor the 1” event sponsored by Zion Church.
- HFRA hosted its first “Costume Party” playgroup. We had three (3) sessions, each with a positive male role model from the community participating. There were 25 participants that came out on that day. (see attached photos).
- Program Manager, Melodie Jennings, participated in Germanna’s Faith and Community event.
- Program Manager, Melodie Jennings, attended the Chamber of Commerce Leadership Summit featuring Chris Singleton.
- HFRA met with Pam Jones the new Manager of Diversity and Training for the City of Fredericksburg .
- The program is hosting a diaper and wipe drive to help refill their supply to provide families.
- Planning is underway for the annual holiday event. It will be a drive through event again this year on December 10, 2022. Collections are underway to allow the program to provide each family with a \$100 grocery gift card.





# TRAUMA-INFORMED

## Leadership I

By better understanding how our brains work,  
we can learn how to work better together.

Learn from national speaker and trainer **Rick Griffin**,  
Executive Director of Community Resilience Initiative.

### *Series Introduction & Neuro Mechanisms*

Understanding how the brain works, and the implications on how people think, feel, and act, can transform the way you lead others. In this new training series, Community Resilience Initiative challenges old stereotypes about trauma and brain function based on recent neuroscience discoveries.

### *Cost & CEUs*

CRI Trauma-Informed Leadership Courses typically cost \$150 per person. Through a grant, Region Ten and Rappahannock Area CSB are making this workshop available for \$50 per participant.

### *December 7, 2022*


8:30 a.m. to 3:30 p.m.  
(Hour lunch break; lunch provided)  
Region Ten Community Services Board  
500 Old Lynchburg Rd  
Charlottesville, VA 22903  
Use Code 100FREELB to pay \$50  
Questions? [laura.handler@regionten.org](mailto:laura.handler@regionten.org)



### *December 8, 2022*

8:30 a.m. to 3:30 p.m.  
(Hour lunch break; lunch provided)  
Rappahannock Area Community Services Board  
10825 Tidewater Trail  
Fredericksburg, VA 22408  
Use Code 100FREETW to pay \$50  
Questions? [mwagaman@rappahannockareacsb.org](mailto:mwagaman@rappahannockareacsb.org)



 This workshop has been approved for 6 CEUs by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists and Licensed Mental Health Counselors. Provider number is #1975-253. (The cost of the CEU's is \$20. Payment by check is to be sent separately with a survey and post test.)

## **RACSB DEPUTY EXECUTIVE DIRECTOR REPORT**

### **October 2022 Review**

#### Community Consumer Submission 3 version 7.5 (CCS3 7.5)

The Community Consumer Submission 3 version 7.5 is the technical specifications for our state reporting data collection and extract. We completed this year's changes and have successfully submitted all submissions on time for the fiscal year. Brandie Williams met with DBHDS leads to develop the timeline and process to consider changes for the upcoming year.

#### Trac-IT Early Intervention Data System

The go live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, was June 27, 2022. Part C has indicated that the additional 280+ data requirements will not occur November 15, 2022 as planned, they plan on announcing the new full implementation date soon. We participated in User Acceptance Testing for off-line functionality and implemented the new multi-factor authentication requirement in mid-October. We participated in the demo of the EHR upload process and functionality for consideration.

#### Opportunities for Partnership/Input:

- Brandie served as part of a panel during the Virginia Cooperative Extension state conference on partnerships, collaboration, and engagement with funders and legislative partners. Other panelists included former Secretary of Health and Human Services, Dr. Bill Hazel.
- Submitted grant through Mary Washington Hospital Foundation for the expansion of the School-Based Mental Health Therapy program.
- Launched contracted care coordination program with CBC-Solutions.
- Participated in the VACSB Leadership Team call.
- Met with members of U.S. House of Representative Spanberger's team to discuss behavioral health workforce issues and opportunities for advocacy and lead the operational/advocacy workgroup of the Rappahannock Area Behavioral Health Workforce Initiative.
- Continued to participate in multiple one-on-one phone calls and in person with Virginia Delegate Tara Durant to provide input on legislative priorities in the public behavioral health space.
- Participated in a second Executive Brief with new Assistant Commissioner Ellen Harrison on the state reporting data exchange streamline program.
- Participated in the development of a new software platform for capturing and reporting information on projects and strategic planning.

#### Special Projects and Data Requests:

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

- Continued regular reporting for MAT, missing diagnosis, Columbia completion, TDO by age, Child Crisis Duration, Type of Care consistency, clinical utilization, Same Day Access Data Entry, Psychiatric Assessments in Draft, Substance Use Diagnosis status, and monitoring physicals for individuals over 18 receiving case management services.
- Represented the agency virtually at the VACSB Quality and Outcomes, Data Management Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, Region 1 IT Council, UAT Team, new DBHDS Data

Dashboard Committee, and DMC Technical Sub-committee.

- Participates as representative of both RACSB and DMC on the implementation and oversight group for the new Early Intervention data platform. Established a workgroup comprised of both program and data staff of multiple CSBs to work through barriers and advocacy regarding the transition to the new platform. This group has grown to over 50 members.
- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions regarding appropriate reporting of new initiatives.
- Participated in one-on-one CARF interviews with the administrative CARF reviewer.
- Participated in the curriculum/education workgroup of the Rappahannock Area Behavioral Health Workforce initiative.
- Joined a call with Rappahannock Area Health District to help with a grant application which could result in additional funding to RACSB.
- Participated on VACSB Zoom meeting around E-Badge professional certification program for Direct Support Professionals.
- Continued participation on the performance contract collaboration between DBHDS and CSB representatives focused on re-vamping the performance contract.
- Participated with representatives for Stafford to plan for Opioid Abatement Funding projects.
- Attended the October VACSB Public Policy Conference.