RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

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

NOTICE

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

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
December 13, 2022, 10:30 AM
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: December 9, 2022

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, December 13, 2022 at 10:30 a.m. The meeting will be held at 600Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on December 13 at 10:30 a.m.

Cc: Nancy Beebe, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

December 13, 2022—10:30 a.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

MEMORANDUM

TO: Joe Wickens, Executive Director

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

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

SUBJECT: Extraordinary Barriers List (EBL)

DATE: December 13, 2022

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

Southern Virginia Mental Health Institute

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

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: December 6, 2022
Re: Independent Assessment Certification and Coordination Team (IACCT) Update
****

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

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

Attached is the monthly IACCT tracking data for November 2022.

Report Month/Year	Nov-22
1. Total number of Referrals from Magellan for IACCT:	12
1.a. total number of auth referrals:	8
1.b. total num. of re-auth referrals:	4
2. Total number of Referrals per county:	
Fredericksburg:	0
Spotsylvania:	3
Stafford:	6
Caroline:	1
King George:	2
Other:	
3. Total number of extensions granted:	4
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	12
8a. Total number of ICA's recommending: **residential:**	7
8b. Total number of ICA's recommending: **therapeutic group home:**	2
8c. Total number of ICA's recommending: **community based services:**	2
8g.Total number of ICA's recommending: **Other:**	0
8h.Total number of ICA's recommending: **no MH Service:**	0
9. Total number of reauthorization ICA's recommending: **requested service not continue:**	1

10. Total number of notifications that a family had difficulty accessing **any** IACCT-recommended service/s:	3

To: Joe Wickens, Executive Director

From: Suzanne Poe, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: December 6, 2022

This report provides an update on projects related to Information Technology and the Electronic Health Record. The IT department completed 939 tickets in the month of November. Information is provided on state reporting initiatives, facility technology needs, and on-going projects.

Information Technology and Electronic Health Record Update

IT Systems Engineering Projects

During November, 939 tickets where closed by IT Staff.

Ticket completion numbers by month for calendar year: October 2022-873; September 2022-1095; August 2022-1,168; July 2022-1,031; June 2022-1,159; May 2022-945; April 2022-943; March 2022-1,480; February 2022-891; January 2022-894.

We added the functionality for staff to get a notification on their email from outside of RACSB to help with reminding staff not to click on link in Phishing emails.

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

Community Consumer Submission 3

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

Waiver Management System (WaMS)

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

Trac-IT Early Intervention Data System

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

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

Zoom

We continue to utilize Zoom for telehealth throughout the agency.

- November 2022 – 2,538 video meetings with a total of 7,044 participants
- October 2022 – 2,546 video meeting with a total of 7,289 participants
- September 2022 – 2,589 video meeting with a total of 7,592 participants
- August 2022 – 3,023 video meetings with a total of 8,273 participants
- July 2022 – 2,582 video meetings with a total of 7,377 participants
- June 2022 – 2,881 video meetings with a total of 8,458 participants
- May 2022 – 2,921 video meetings with a total of 8,512 participants
- April 2022 – 2,878 video meetings with a total of 8,728 participants
- March 2022 – 3,281 video meetings with a total of 10,071 participants
- February 2022 - 3,248 video meetings with a total of 9,752 participants
- January 2022– 2,942 video meetings with a total of 8,870 participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants
- Average from April to December 2020 was 3,836 video meetings and 11,435 participants

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

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

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

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

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director

From: Tabitha Taylor, Emergency Services Law enforcement liaison

Date: December 6, 2022

Re: Crisis Assessment Center and CIT report November

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

Please see attached CIT data sheet

600 Jackson Street
Fredericksburg, VA 22401
540-373-3223

RappahannockAreaCSB.org

hopestarter

November 2022 RACSB CIT Assessment Center Data

Date	Number of ECOs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
11/1/2022	2	1	Fredericksburg	Spotsylvania
11/2/2022	1	1	Stafford	Spotsylvania
11/3/2022	5	3	Spotsylvania(2) Fredericksburg(1)	Spotsylvania
11/4/2022	5	2	Fredericksburg/Stafford	Spotsylvania
11/5/2022	2	0	Stafford	Spotsylvania/King George
11/6/2022	1	0	n.a	Spotsylvania/King George
11/7/2022	3	2	Spotsylvania (2)	Spotsylvania/Stafford
11/8/2022	2	2	Fredericksburg/Stafford	Spotsylvania
11/9/2022	2	1	Spotsylvania	Spotsylvania
11/10/2022	2	2	Fredericksburg(2)	n.a
11/11/2022	1	1	Stafford	Spotsylvania
11/12/2022	5	2	Stafford	Spotsylvania
11/13/2022	1	0	n.a	Spotsylvania
11/14/2022	1	0	n.a	Spotsylvania/Stafford
11/15/2022	0	0	n.a	Spotsylvania
11/16/2022	2	1	Fredericksburg	Spotsylvania
11/17/2022	4	1	Fredericksburg	Spotsylvania/Stafford
11/18/2022	5	2	Stafford (2)	n.a
11/19/2022	1	0	n.a	Spotsylvania
11/20/2022	1	0	n.a	Stafford/King George
11/21/2022	1	0	n.a	n.a
11/22/2022	0	0	n.a	Spotsylvania
11/23/2022	2	1	Fredericksburg	Spotsylvania/King George
11/24/2022	0	0	n.a	Spotsylvania
11/25/2022	5	1	Spotsylvania	Spotsylvania
11/26/2022	3	0	n.a	Spotsylvania
11/27/2022	5	1	Stafford	Spotsylvania
11/28/2022	3	1	Fredericksburg	Spotsylvania
11/29/2022	3	1	Fredericksburg	n.a
11/30/2022	3	0	n.a	Spotsylvanua
Total	71	26		

Total Assessments at Center in November: 26

Brought by:		**Cumulative Total:**
Caroline	0	137
Fred City	11	994
Spotsylvania	6	943
Stafford	9	975
King George	0	122
Other	0	3

Cumulative number of Assessment since September 2016: 3174

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Kari Norris, Emergency Services Coordinator
Date: December 6, 2022
Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – November, 2022

In November, Emergency Services staff facilitated five admissions to state hospitals. Four were admitted to Commonwealth Center for Children and Adolescents and one to Catawba Hospital. The adult was committed at his bedside hearings in the emergency department and transported after being involuntarily committed.

A total of ten individuals were involuntarily hospitalized outside of our catchment area in November. Due to acuity and elopement risks along with aggressive behaviors, no individuals were appropriate for AT.

Please see attached data reports.

600 Jackson Street
Fredericksburg, VA 22401
540-373-3223

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DATE: 12.6.22

Emergency Services Activity Reports

Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
July 2020	[redacted]	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
Setpember 2022		341	66	76	76
October 2022		351	70	75	75
November 2022		359	69	73	73

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

CSB/BHA	Rappahannock Area Community Services Board	Month	November 2022

1) Number of 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	
359	29	40	69	72	8	2	62	72	1
			0					0	
			0					0	
			0					0	
			0					0	
			0					0	

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

CSB/BHA	Rappahannock Area Community Services B	Reporting month	November 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)	
11/2/22	101042	Adolescent		Yes	No	CCCA
11/3/22	97143	Adolescent		Yes	No	CCCA
11/3/22	106338	Adolescent		Yes	No	CCCA
11/16/22	100212	Adolescent		Yes	No	CCCA
11/18/22	80955	Older adult		Yes	No	Catawba

ALTERNATIVE TRANSPORT DATA November 2022

Date	ID	LE DEPT	Location of Individual	Receiving Hospital	Travel time Round Trip (minutes)	ECO Y or N	Gender	Age	TDO criteria	Presented for AT: Y or N	Reason for Decline
11/2/22	101042	Spotsylvania	MWH-ED	CCCA	228	Yes	F	17	Danger to self and Others	N	Client required four point restraints and would not be appropriate.
11/3/22	97143	Spotsylvania	MWH-ED	CCCA	228	Yes	F	16	Danger to others/ Inability to care	N	Highly aggressive
11/3/22	106338	Stafford	MWH-ED	CCCA	228	Yes	M	17	Danger to others/ Inability to care	N	
11/4/22	106957	Stafford	MWH-ED	Poplar Springs	160	Yes	M	15	Danger to self/ Inability to care	N	Not appropriate per hospital staff report of client behavior in ED
11/15/22	108288	Fredericksburg	MWH-ED	Poplar Springs	160	No	M	44	Inability to care	N	Client is too unpredictable
11/16/22	100212	Culpeper	MWH-ED	CCCA	228	Yes	F	17	Danger to self	N	Client eloped from ED initially
11/18/22	80955	Fredericksburg	MWH-ED	Catawba	402	Yes	M	67	Danger to others/ Inability to care		
11/21/22	108355	Stafford	Stafford Hospital	Northsprings	154	Yes	M	17	Danger to others/ Inability to care	N	Assaultive and agressive
11/25/22	78696	Caroline	MWH-ED	North Spring	176	Yes	F	13	Danger to others	N	Aggressive
11/27/22	108149		MWH-ED	Lewis Gale	226	Yes	M	18	Inability to care	N	Client is an elopement risk

MEMORANDUM

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

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

OUTPATIENT SERVICES

- Clinical services: As of November 30, 2022, there are 264 individuals on the wait list for outpatient therapy services.
  - Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
    - Due to an increase in request for outpatient services, the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services beginning October 5, 2021, the Spotsylvania Clinic implemented a waitlist beginning May 2022, and the Caroline Clinic implemented a waitlist beginning November 2022.
      - The waitlist in Fredericksburg is currently at 203 clients.
      - The waitlist in Spotsylvania is currently at 50 clients.
      - The waitlist in Caroline is currently at 14 clients.
      - This is a increase of 28 from the September 2022 waitlist.

    - If an individual is not in a priority category, the following may occur: 1) he or she may be placed on a waiting list and called weekly by a therapist to review presenting situation. Individuals are then offered an appointment as one becomes available; 2) if an individual has private insurance, staff will assist in locating a private provider if the individual does not wish to wait for an appointment. Staff are working to avoid scheduling an individual too far into the future as this increases the likelihood of no-shows.

  - Clinical services are initiated through Same Day Access. Due to COVID-19 concerns, Same Day Access appointments are scheduled versus having multiple individuals come to the clinic and having to wait for their appointment time. Same Day Access schedules are as follows:

    - Fredericksburg Clinic: Monday, Wednesday, and Thursday 8:30a.m. to 2:30 pm
      Tuesday 9:30am – 2:30PM
    - King George Clinic: Tuesday-1:00 pm-5:00 pm and Wednesday- 8:00 am- 12:00 pm
    - Stafford Clinic: Tuesday and Thursday 9:00 am – 12:00 pm
    - Spotsylvania Clinic: Tuesday, Wednesday, and Thursday 9:00 am – 2:00 pm
    - Caroline Clinic: Tuesday and Thursday 8:30am – 11:30 am

- Psychiatry intake: As of December 6, 2022, there are six older adolescents and adults waiting longer than 30 days for their intake appointment. This is a decrease of five from the October 2022 waitlist. The furthest out appointment is 1/26/2023. There are zero children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of December 6, 2022 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

	Adults	Children: Age 13 and below
o Fredericksburg –	3 (9)	0 (0)
o Caroline –	1 (1)	0 (0)
o King George –	0 (0)	0 (0)
o Spotsylvania –	1 (0)	0 (0)
o Stafford –	1 (1)	0 (0)
Total	**6 (11)**	**0 (0)**

	Appointment Dates
Fredericksburg Clinic	
	1/5/2023 1/25/2023 1/25/2023
Caroline Clinic	
	2/1/2023
King George	
	N/A
Spotsylvania Clinic	
	1/26/2023
Stafford Clinic	
	1/9/2023 1/10/2023 1/24/2023

Community Support services:

Waitlist Definitions

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

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

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

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

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

MH RESIDENTIAL SERVICES - 3

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

Count by County:

Caroline	0
King George	0
Fredericksburg	0
Spotsylvania	1
Stafford	2

- One individual is a transitional referral and is currently completing 48-hour passes at Home Road. He is NGRI and is required to complete 8 successful passes prior to discharge. Passes were completed in November; however, his court date is not scheduled until December. He will continue passes until his court date.

- One individual is completing passes at Home Road for the next available community bed vacancy.

- One individual is currently hospitalized at SAF and will complete an assessment and pass at LBH upon discharge.

Intellectual Disability Residential Services – 96

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

Count by County:

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

Assertive Community Treatment (ACT)– 11

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

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

Total program enrollments = 52

Admissions: 1

Discharges: 1

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

ID/DD Support Coordination

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

P-1 316
P-2 182
P-3 293

MEMORANDUM

To: Joseph Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance & Human Rights

Date: December 2022

Re: Quality Assurance Report

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

- Mental Health Outpatient- Spotsylvania

Mental Health Outpatient- Spotsylvania

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

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

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

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

Comparative Information:

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

- **Corrective Action Plan:**
  Clinic Coordinator will review themes of the audit to include chart expectations.
  Clinic Coordinator will complete a random chart audit (one chart per therapist) monthly for the next three months to observe the following:
    a. Notes completed within 24 hours of service
    b. Quarterly assessments on time
    c. Treatment plan including frequency
    d. Updated bundles/CNAs, if open longer than a year

MEMORANDUM

To: Joe Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance and Human Rights

Date: December 6, 2022

Re: CARF Survey

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

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

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

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

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

CARF Accreditation Report

for

Rappahannock Area Community Service Board

Three-Year Accreditation

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

Contents

About CARF

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

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

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

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

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

Organizational Leadership

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

Survey Number

162864

Survey Date(s)

October 17, 2022–October 19, 2022

Surveyor(s)

Wayde J. Washburn, MDiv, CAC II, NCAC I, Administrative
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Program(s)/Service(s) Surveyed

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

Previous Survey

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

Accreditation Decision

Three-Year Accreditation
Expiration: November 30, 2025

Executive Summary

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

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

Accreditation Decision

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

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

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

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

Survey Details

Survey Participants

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

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

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

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

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

Survey Activities

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

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

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

Program(s)/Service(s) Surveyed

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

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

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

Representations and Constraints

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

Survey Findings

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

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

Areas of Strength

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

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

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

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

Opportunities for Quality Improvement

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

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

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

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

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

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

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

Key Areas Addressed

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

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

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

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

Key Areas Addressed

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

Recommendations

1.G.4.a.
1.G.4.b.
1.G.4.c.
1.G.4.d.
Because physician services delivered by the program seeking accreditation are provided under contract with another individual, documented reviews of the contract services should be performed at least annually and assess performance in relation to the scope and requirements of the contracts, ensure that they follow all applicable policies and procedures of the organization, and ensure that they conform to CARF standards applicable to the services they provide.

Consultation

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

1.H. Health and Safety

Description

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

Key Areas Addressed

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

Recommendations

1.H.5.c.(4)
1.H.5.c.(5)
1.H.5.c.(7)
1.H.5.c.(8)
The organization's written evacuation procedures should address the safety of all persons involved, accounting for all persons involved, and the identification and continuation of essential services.

1.H.14.a.
1.H.14.b.(1)
1.H.14.b.(2)
1.H.14.b.(3)
Comprehensive health and safety self-inspections should consistently be conducted at least semiannually on each shift and result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization’s ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

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

Recommendations

1.I.7.a.(1)
1.I.7.a.(2)
1.I.7.b.
1.I.7.c.
Although RACSB develops and evaluates competencies for clinical staff, they are not developed and evaluated for other staff members. Workforce development activities should include documentation of competencies to support the organization in the accomplishment of its mission and goals and to meet the needs of the individuals served, documented assessment of competencies, and documentation of timeframes/frequencies related to the competency assessment process.

1.I.8.f.
1.I.8.g.
The organization should implement written procedures for performance appraisal that also address measurable goals and sources of input.

1.J. Technology

Description

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

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

Key Areas Addressed

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

Recommendations

1.K.1.e.(4)
The organization should implement policies promoting the rights of the individuals that also include informed consent or refusal or expression of choice regarding composition of the service delivery team.

1.L. Accessibility

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Consultation

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

1.M. Performance Measurement and Management

Description

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

The foundation for successful performance measurement and management includes:

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

Key Areas Addressed

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

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

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

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

2.A. Program/Service Structure

Description

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

Key Areas Addressed

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

Recommendations

2.A.26.b.(4)
2.A.26.b.(5)
2.A.26.b.(7)
2.A.26.b.(8)
Ongoing supervision of clinical and direct service personnel should consistently address risk factors for suicide and other dangerous behaviors; issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries; cultural competency issues; and model fidelity, when implementing evidence-based practices. These could be added as domains on the supervision form.

Consultation

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

2.B. Screening and Access to Services

Description

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

Key Areas Addressed

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

Recommendations

2.B.13.h.(2)
2.B.13.j.
It is recommended that RACSB ensure that the assessment process consistently gathers and records information about the efficacy of current and/or previously used medication and the use of complementary health approaches.

Consultation

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

2.C. Person-Centered Plan

Description

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

Key Areas Addressed

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

Recommendations

2.C.2.a.(1)(a)
2.C.2.a.(2)(e)
It is recommended that goals on person-centered plans be expressed in the words of the individuals served and that specific service or treatment objectives be measurable.

2.D. Transition/Discharge

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

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

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

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

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

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

Key Areas Addressed

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

Recommendations

2.E.5.d.(1)
2.E.5.d.(2)
2.E.5.d.(3)
RACSB provides administering or prescribing of medications. It is recommended that the organization consistently follow its written procedures that address review of past medication use, including efficacy, side effects, and adverse reactions.

Consultation

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

2.G. Records of the Persons Served

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

2.I. Service Delivery Using Information and Communication Technologies

Description

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

The provision of services via information and communication technologies may:

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

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

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

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.D. Court Treatment (CT)

Description

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

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

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.F. Crisis Stabilization (CS)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

3.O. Outpatient Treatment (OT)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

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

4.C. Community Housing (CH)

Description

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

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

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

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

Community housing may include either or both of the following:

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

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

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

Key Areas Addressed

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

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Rappahannock Area Community Service Board

600 Jackson Street
Fredericksburg, VA 22401

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

Children's Clinical Services

7815 Carr Drive
Fredericksburg, VA 22408

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

Crisis Stabilization

615 Wolfe Street
Fredericksburg, VA 22401

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

Home Road Apartments

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

Community Housing: Mental Health (Adults)

Kenmore Club Psychosocial Rehabilitation Program

632 Kenmore Avenue
Fredericksburg, VA 22401

Community Integration: Psychosocial Rehabilitation (Adults)

Liberty Street Apartments

915 Liberty Street
Fredericksburg, VA 22401

Community Housing: Mental Health (Adults)

RACSB - Caroline County Clinic

19254 Rogers Clark Boulevard
Ruther Glen, VA 22546

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

RACSB - King George County Clinic

8479 Saint Anthony's Road
King George, VA 22485

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

RACSB - Spotsylvania County Clinic

7424 Brock Road
Spotsylvania, VA 22553

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

RACSB - Stafford County Clinic

15 Hope Road
Stafford, VA 22554

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

River Place Apartments

708 Sophia Street
Fredericksburg, VA 22401

Community Housing: Mental Health (Adults)

MEMORANDUM

To: Joe Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance and Human Rights

Date: December 6, 2022

Re: Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) obtained approval for three Corrective Action Plans (CAP) during the month of November 2022. One report was the result of late reporting of a level 3 incident and the other two reports were the result of founded cases of human rights concerns.

Emergency Services received the licensing report for late reporting.

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

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

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

License #: **101-03-001**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-20-2022**
Program Type/Facility Name: **03-001 MH Support Services**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or	N	MH Support Services This regulation was NOT MET as evidenced by: CHRIS Number: 20220605 Date/Time of Discover: 10/02/2022 5:00PM Enter Date/Time: 10/04/2022 10:53AM Reporting Delay: 17:53:00 Location Name: MH Support Services	PR) 11/15/2022 The identified staff member indicated that due to the client previously being admitted for several days following the overdose to the psychiatric hospital and that her initial contact with the client was not related to the overdose incident she was unclear on completing the report. Action taken includes reviewing that if ever unclear on when or what to report to always consult with supervisor. Additionally, IR reporting timelines were reviewed with this staff member to ensure completion is always done within a timely manner. ES Coordinator will monitor reports to ensure timeliness. OLR) Partially Accepted 11/18/2022 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 11/21/2022 Incident reports will be monitored daily by the ES Coordinator and the QA Team. OLR) Accepted 11/22/2022	11/4/2022

License #: **101-03-001**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-20-2022**
Program Type/Facility Name: **03-001 MH Support Services**

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

General Comments / Recommendations:

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

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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

License #: **101-02-011**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-27-2022**
Program Type/Facility Name: **02-011 Kenmore Club**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Kenmore Club This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Kenmore Club This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. CHRIS A#20220032/Incident date 10.11.22 Provider has substantiated for verbal abuse based on the following: • Employee #2 found Employee #1 "angrily yelling" at Individual #1. • Yelling angrily at an individual is demeaning, threatening, intimidating, and humiliating and might	PR) 11/21/2022 PR: Accused was placed on leave pending the Human Rights Investigation. To mitigate future occurrences, beginning October 31, 2022 all 1099 temporary contractors will receive orientation training to include a minimum of Human Rights training, incident reporting, overview of services delivered by RACSB, mandated reporting and receive criminal background checks. Trainings will be conducted by the QA team and criminal background checks will be conducted by Human Resources. The Supervisor overseeing the 1099 employees' duties will ensure that necessary trainings are provided. OHR/OLR) Accepted 11/21/2022	10/31/2022

License #: **101-02-011**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-27-2022**
Program Type/Facility Name: **02-011 Kenmore Club**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		cause psychological harm to an individual, which is a violation of 12VAC35-115-50(B)(2). Provider has substantiated for physical abuse based on the following: • Per report from Employee #2, Employee #1 charged towards Individual #1. Employee #2 physically placed themselves between Employee #1 and Individual #1 to protect Individual #1. • Review of video footage of the incident revealed the following: ◦ Employee #1 moving towards Individual #1 pulling a backpack off of Individual #1's back. ◦ Employee #1 approaching Individual #1 with a closed fist while Individual #1 shuffles backwards in an effort to get away from Employee #1. ◦ Employee #2 is seen physically intervening by getting in between Employee #1 and Individual #1 in an effort to protect Individual #1.		

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **101-02-011**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-27-2022**
Program Type/Facility Name: **02-011 Kenmore Club**

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

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

License #: **101-01-005**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-26-2022**
Program Type/Facility Name: **01-005 Lucas Street (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: CHRIS #20220033/Incident date: 10.14.2022 "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § 37.2-100 of the Code of Virginia. • Provider substantiated neglect due the following: ◦ On October 12, 2022, Individual #1 presented with dark urine. ◦ On October 13, 2022, Individual #1 presented with blood in the urine. ◦ On October 14, 2022, Individual #1 presented with dark urine and an increase in frequency of urination, at which time Employee #1 and	PR) 11/15/2022 The individual's plan will be reviewed and updated (if needed) with respect to this particular medical incident to ensure specific signs and symptoms are documented so that there is no confusion moving forward as to her baseline and when to seek immediate medical intervention. The individual's plan will be reviewed by all staff who will sign an attestation of understanding of the content and expectations for support. Likewise, all staff will sign an attestation of understanding regarding the policy on seeking medical care. Human rights regulations regarding abuse, neglect, and exploitation will be reviewed in the November staff meeting, including a	11/15/2022

License #: **101-01-005**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-26-2022**
Program Type/Facility Name: **01-005 Lucas Street (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		Employee #2 took Individual #1 to Entity #1. ◦ Employee #1 and Employee #2 failed to obtain medical assessment and treatment necessary to the health and welfare of Individual #1 in a timely manner. ◦ Upon evaluation at Entity #1, Individual was diagnosed with Diagnosis #1.	discussion on delay of care for medical concerns. All staff will sign an attestation stating that they understand these requirements and attesting to their commitment to abide by these practices. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee as a proactive measure for preventing abuse. All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation. The Program Supervisor, Assistant Manager, and QIDP will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. Staff interventions and supports will be monitored through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals, providing monthly supervision and coaching).	

License #: **101-01-005**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-26-2022**
Program Type/Facility Name: **01-005 Lucas Street (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			The Quality Assurance team will monitor incident reports and any allegations or reports of human rights violations on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly. OHR/OLR) Accepted 11/15/2022	

General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

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

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: December 6, 2022

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

Department of Behavioral Health and Developmental Services Performance Dashboard

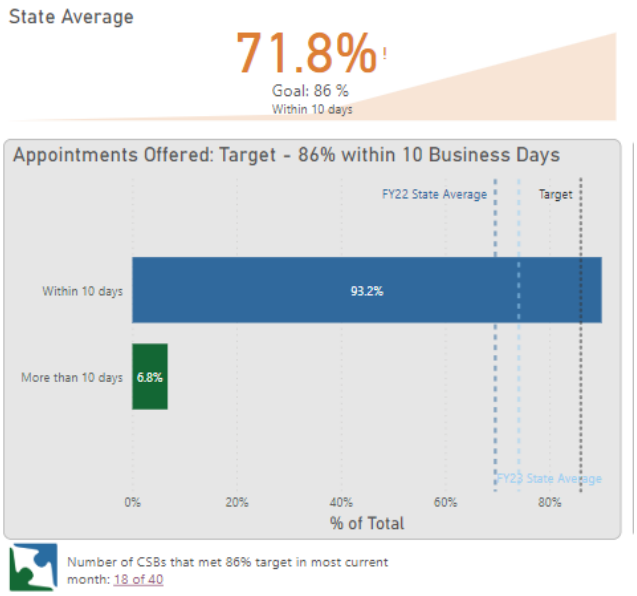
This month's report will detail the new measures and ongoing measures set by DBHDS as performance metrics. The targets indicated have been set by DBHDS and are subject to change at the department's discretion. These targets did not take effect until July 1, 2021.

Behavioral Health Measures

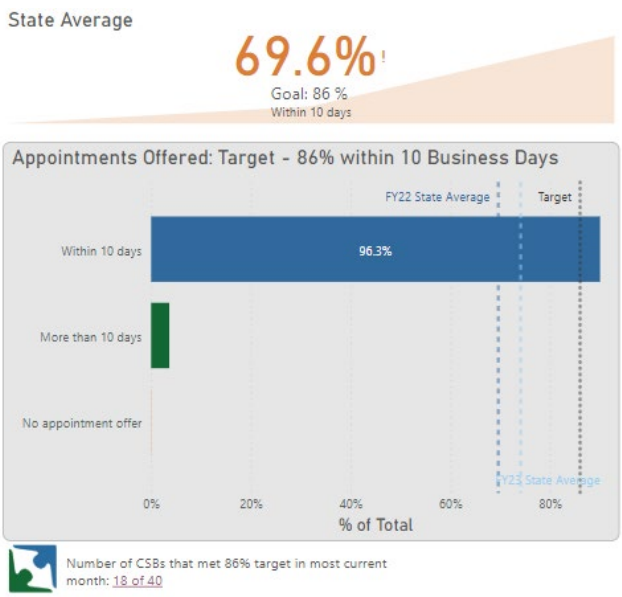
Same Day Access

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

Current Month's Performance- July 2022

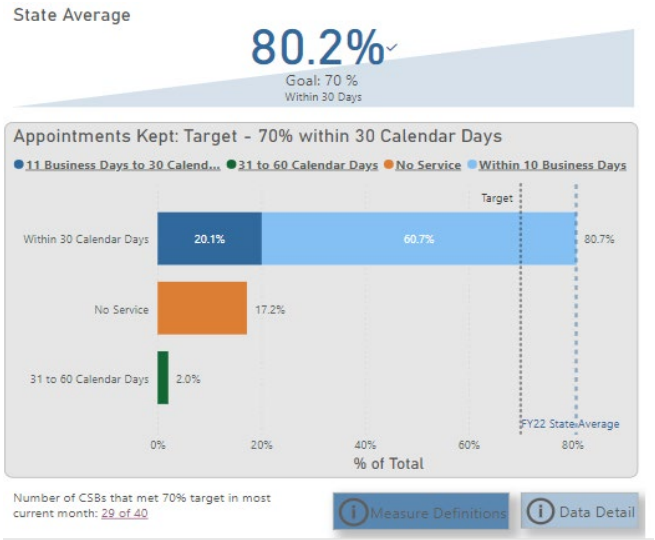


Year-to-date performance: FY2022

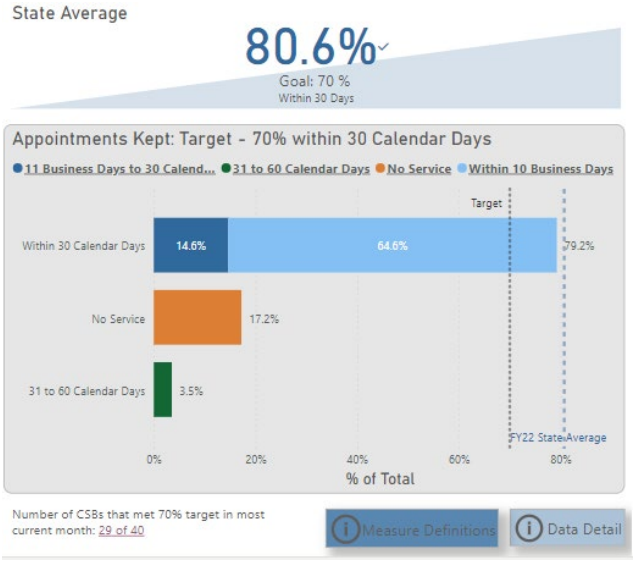


Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

Current Month's Performance- June 2022



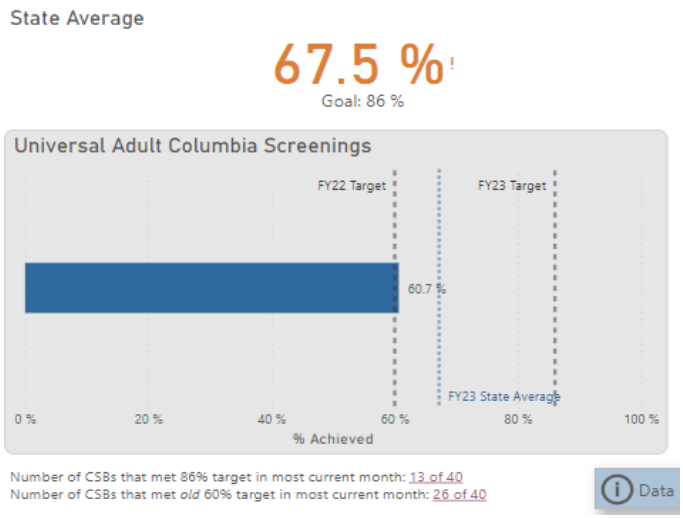
Year-to-date performance: FY2022



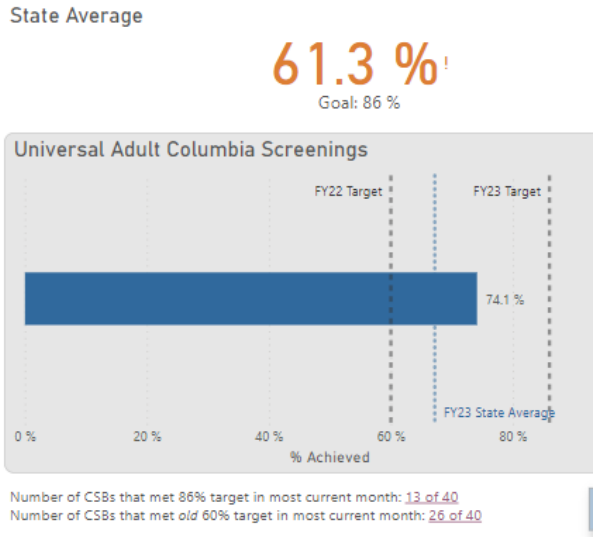
Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

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

Current Month's Performance- June 2022

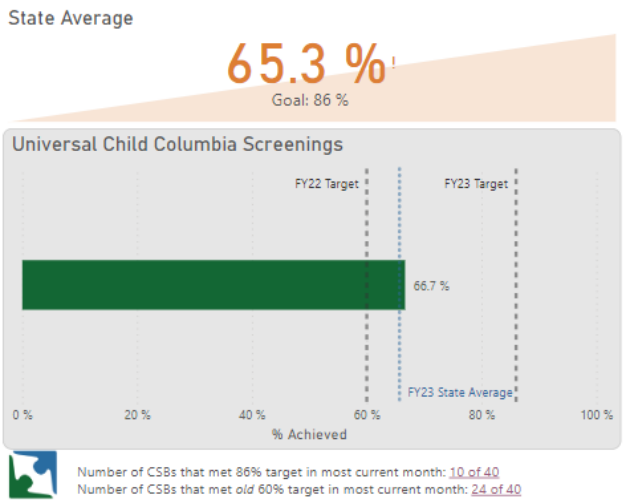


Year-to-date performance: FY2022

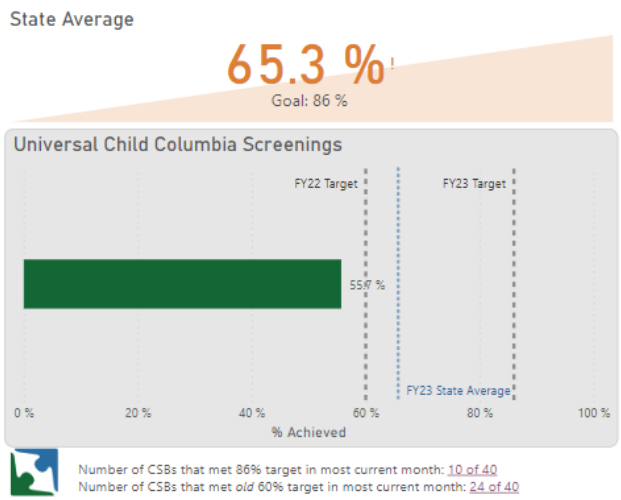


Measure #2: Child Suicide Assessment: Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for FY22 and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

Current Month's Performance- March 2022



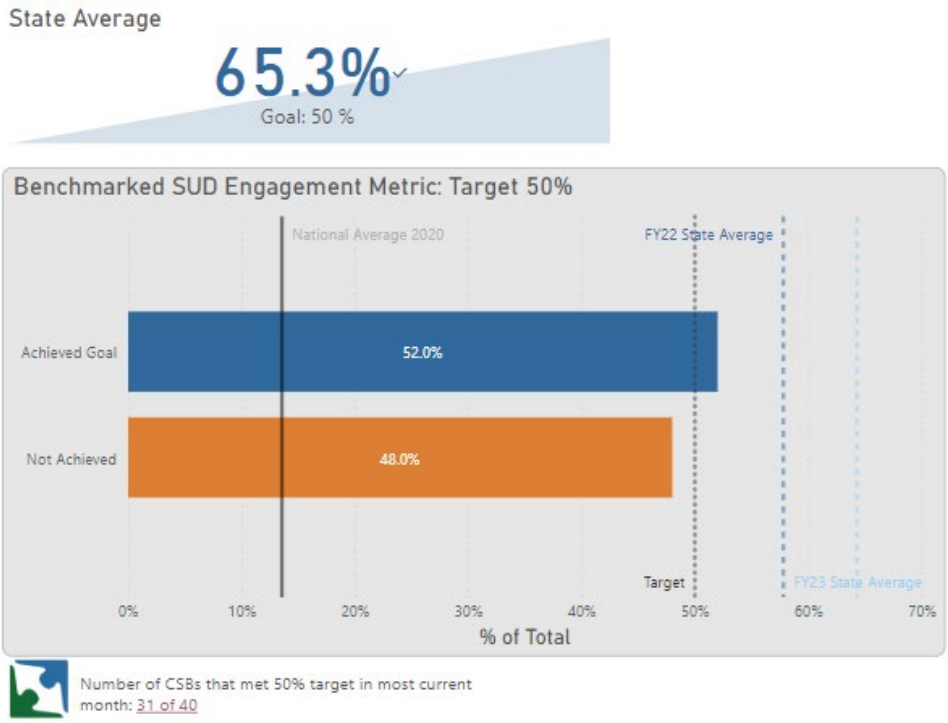
Year-to-date performance: FY2022



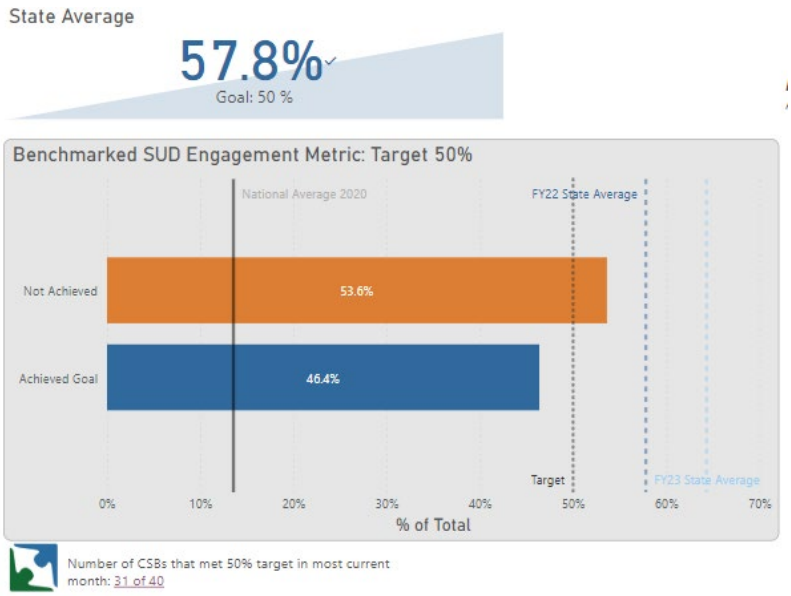
Substance Use Disorder Engagement Measures

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

Current Month's Performance- July 2022



Year-to-date performance: FY2022



Developmental Disability Measures

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

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

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

13 Months Trend