hopestarter 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
October 11, 2022, 10:30 AM
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: October 5, 2022

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

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

Cc: Nancy Beebe, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

October 11, 2022—10:30 a.m.

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

Memorandum

To: Joe Wickens, Executive Director

From: Steve Curtis, DD Residential Coordinator

Date: October 1, 2022

Re: Myers Drive Respite Quarterly Report

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

Myers Drive Respite Quarterly Report

2019

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

2020

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

2021

	1/1 - 3/31	*4/1 - 6/30*	*7/1 -9/30*	*10/1 - 12/31*	
Total Individuals Served			7	20	*closed 1/1/21-8/28/21
Waiver Hours Billed	C	C	222.25	1,225.75	
Private Pay Hours Billed	L	L	0	57.25	
Grant Hours Billed	O	O	116.25	515.25	
Total Hours Billed	S	S	338.5	1,798	
Waiver Revenue	E	E	5,059.12	7,960.34	
Private Pay Revenue	D	D	0.00	75.00	
Total Grant Used			$2,094.83	$8,161.56	
Total Revenue			$7,153.95	$15,196.90	

2022

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

MEMORANDUM

TO: Joe Wickens, Executive Director

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

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

SUBJECT: Extraordinary Barriers List (EBL)

DATE: October 11, 2022

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

Piedmont Geriatric Hospital

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

Western State Hospital

Individual #2: Was placed on the EBL 7/26/22. Barriers to discharge include identifying and being accepted to the most appropriate housing or residential program. This individual has a diagnosis of a serious mental illness and their personality traits of impulsivity and reactivity place them at greater risk to others. This individual has a history of hospitalizations as well as incarcerations and is a registered sex offender whose convictions include indecent liberties with a child (2014). They were also recently charged with a misdemeanor offense while hospitalized at Western State Hospital (WSH) in response to groping a female staff member and not

immediately releasing her. A previous placement had been identified; however, the cost was $15,000 per month as they required an all-male assisted living facility and a higher level of supervision. Discharge was delayed due to cost as well as the individual obtaining new legal charges. This individual continues to lack insight into their illness as well as their need for continued treatment, is often inappropriate with staff and has made statements regarding wanting to reside close to their victim of the original offense. RACSB has expressed concerns regarding their readiness for discharge as they have not had any interactions with female peers while at the hospital or participated in increased social integration activities due to the amount of supervision needed to maintain safety, however, WSH staff report that because they are at their baseline in their mental health, they are ready for discharge. A referral was completed and an interview has taken place with Hawkins Residential, a residential provider in the Richmond area, who operates an all-male program and who accepts Registered Sex Offenders. This program requires a pass to be completed before one is officially accepted to the program. At this time a pass to discharge is being coordinated and this individual will be discharged once the pass is completed and the address of the program is approved by their monitoring officer. The placement anticipates an open bed as early as 10/10/2022. Once a bed is available, discharge will be coordinated. The Sex Offender liaison for the area will also have to approve the placement before discharge can be finalized.

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

Northern Virginia Mental Health Institute

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

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: October 4, 2022
Re: Independent Assessment Certification and Coordination Team (IACCT) Update

****

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

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

Attached is the monthly IACCT tracking data for September 2022.

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

RappahannockAreaCSB.org

hopestarter

Report Month/Year	Sep-22
1. Total number of Referrals from Magellan for IACCT:	13
1.a. total number of auth referrals:	4
1.b. total num. of re-auth referrals:	9
2. Total number of Referrals per county:	
Fredericksburg:	3
Spotsylvania:	3
Stafford:	1
Caroline:	4
King George:	2
Other:	0
3. Total number of extensions granted:	0
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	11
8a. Total number of ICA's recommending: **residential:**	7
8b. Total number of ICA's recommending: **therapeutic group home:**	0
8c. Total number of ICA's recommending: **community based services:**	4
8g.Total number of ICA's recommending: **Other:**	0
8h.Total number of ICA's recommending: **no MH Service:**	0
9. Total number of reauthorization ICA's recommending: **requested service not continue:**	2

10. Total number of notifications that a family had difficulty accessing **any** IACCT-recommended service/s:	0

To: Joe Wickens, Executive Director

From: Suzanne Poe, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: October 3, 2022

This report provides an update on projects related to Information Technology and the Electronic Health Record. The IT department completed 1,095 tickets in the month of September. Information is provided on state reporting initiatives, facility technology needs, and on-going projects.

Information Technology and Electronic Health Record Update

IT Systems Engineering Projects

During September, 1,095 tickets where closed by IT Staff.

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

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

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

Community Consumer Submission 3

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

Waiver Management System (WaMS)

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

Trac-IT Early Intervention Data System

The go live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, was June 27, 2022. This month, we participated in the User Acceptance Testing process for testing the offline capabilities of Trac-IT. We also have prepared to support multifactor authentication requiring an app (not just a text message) which will be required to access Trac-IT beginning on 10/17/2022. This is a requirement that is being required by DBHDS IT Security.

Zoom

We continue to utilize Zoom for telehealth throughout the agency.

- September 2022 – 2,589 video 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

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

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

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

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

Moves/New Facilities

No moves or new facilities during September 2022.

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

Staffing

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

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

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

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

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

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

Please see attached CIT data sheet

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

RappahannockAreaCSB.org

hopestarter

Septmember 2022 RACSB CIT Assessment Center Data

Date	Number of ECOs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
9/1/2022	3	1	Fredericksburg	Spotsylvania/Stafford
9/2/2022	2	1	Spotsylvania	Spotsylvania/King George
9/3/2022	1	0	n.a	Spotsylvania
9/4/2022	3	0	n.a	Spotsylvania/King George
9/5/2022	2	0	n.a	Spotsylvania
9/6/2022	3	0	n.a	Spotsylvania/Stafford
9/7/2022	1	2	Fredericksburg(2)	Spotsylvania
9/8/2022	4	1	Spotsylvania	Spotsylvania/Stafford
9/9/2022	1	1	Fredricksburg	Fredericksburg/King George
9/10/2022	1	0	n.a	Spotsylvania
9/11/2022	1	0	n.a	Spotsylvania/King George
9/12/2022	2	2	Fredericksburg/Spotsylvania	Spotsylvania/Stafford
9/13/2022	1	1	Fredericksburg	Spotsylvania
9/14/2022	3	0	n.a	Spotsylvania
9/15/2022	3	1	Fredericksburg	Stafford
9/16/2022	2	2	n.a	Spotsylvania/King George
9/17/2022	3	3	Spotsylvania/King george	Spotsylvania
9/18/2022	2	0	n.a	Spotsylvania
9/19/2022	3	0	n.a	Spotsylvania
9/20/2022	2	0	n.a	Stafford
9/21/2022	1	2	Caroline/Spotsylvania	Spotsylvania
9/22/2022	3	3	Caroline(2) Stafford	Spotsylvania/Stafford
9/23/2022	4	1	n.a	Spotsylvania
9/24/2022	1	0	n.a	Spotsylvania
9/25/2022	1	1	King George	Spotsylvania
9/26/2022	0	0	n.a	Spotsylvania
9/27/2022	2	0	n.a	Spotsylvania
9/28/2022	1	1	Spotsylvania	Spotsylvania/Stafford
9/29/2022	1	1	Stafford	Spotsylvania
9/30/2022	3	1	Spotsyvania	Spotsylvanua
Total	60	29		

Total Assessments at Center in Septemer: 29

Brought by:		**Cumulative Total:**
Caroline	3	136
Fred City	7	980
Spotsylvania	7	931
Stafford	1	960
King George	2	121
Other	0	3

Cumulative number of Assessment since September 2016: 3131

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Kari Norris, Emergency Services Coordinator
Date: October 4, 2022
Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – September, 2022

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

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

Please see attached data reports.

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

RappahannockAreaCSB.org

hopestarter

DATE: 10.4.22

Emergency Services Activity Reports

Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
February 2021	[redacted]	358	84	83	83
March 2021		465	82	100	100
April 2021		449	92	100	100
May 2021		507	93	93	93
June 2021		453	95	95	92
July 2021		379	76	74	74
August 2021		394	86	77	77
September 2021		517	98	86	86
October 2021		422	60	72	72
November 2021		425	59	60	60
December 2021		401	67	66	66
January 2022		355	74	63	63
February 2022		442	87	64	64
March 2022		375	74	81	81
April 2022		390	85	87	87
May 2022		417	92	73	73
June 2022		342	75	66	66
July 2022		343	77	83	83
August 2022		367	79	76	76
Setpember 2022		341	66	76	76

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

CSB/BHA	Rappahannock Area Community Services Board	Month	September 2022

1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
341	37	29	66	74	10	3	61	74	2
			0					0	

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

CSB/BHA	Rappahannock Area Community Services B	Reporting month	September 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)	4) Additional Relevant Informat
9/2/22	39077	Adult (18-64) with Medical Acuity		Yes	No	NVMHI
9/7/22	26572			Yes	No	Catawba
9/13/22	100212	Adolescent with ID/DD		Yes	No	CCCA
9/15/22	47969	Adolescent		Yes	No	CCCA

ALTERNATIVE TRANSPORT DATA September 2022

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
9/1/22	107600	Spotsylvania	Stafford ED	North Springs	152	yes	F	11	Danger to others/ Inability to care	No	Client required TDO due to unsafe to transport voluntarily
9/2/22	39077	Spotsylvania	MWH ED	NVMHI	198	Yes	M	31	Danger to self	No	Post committed exclusionary
9/7/22	26572	Orange	MWH ED	Catawba	392	yes	F	59	Inabiltiy to care	No	Post committed and incontinence issues
9/13/22	100212	Culpeper County	MWH ED	CCCA	228	yes	F	17	Danger to self	No	Elopement risk
9/15/22	47969	Stafford	MWH ED	CCCA	228	yes	F	17	Danger to self	No	Elopement risk/suicide risk
9/16/22	107755	Fredericksburg	MWH ED	Rappahannock General	218	yes	M	41	Danger to self	No	Agitation and unpredictability
9/23/22	107814	Spotsylvania	SRMC-ED	Poplar Springs	160	yes	F	23	Inabiltiy to care	No	Elopement risk
9/24/22	63603	Stafford	MWH ED	Newport News	214	yes	F	13	Inabiltiy to care	Yes	AT utilized
9/26/22	107824	Westmoreland	MWH ED	Dominion	120	no	M	16	Danger to self	No	Agitation in ED requiring restraint and medication
9/30/22	68324	Spotsylvania	MWH ED	North Spring	198	yes	F	14	Danger to others	No	

Total Out of Area

10

Total Utilizing AT	% Utilized	Total Appropriate for AT	
1	10%	2	20%

MEMORANDUM

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

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

OUTPATIENT SERVICES

- Clinical services: As of September 30, 2022, there are 282 individuals on the wait list for outpatient therapy services.
  - Waiting list is defined as having to wait 30 calendar days or more to be offered an appointment.
    - Due to an increase in request for outpatient services the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services beginning October 5, 2021 and the Spotsylvania Clinic implemented a waitlist beginning May 2022. Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
      - The waitlist in Fredericksburg is currently at 235 clients.
      - The waitlist in Spotsylvania is currently at 47 clients.
      - This is an increase of 43 from the August 2022 waitlist.

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

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

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

- Psychiatry intake: As of October 5, 2022, there are seven older adolescents and adults waiting longer than 30 days for their intake appointment. This is a decrease of five from the August 2022 waitlist. The furthest out appointment is 12/12/2022. There are zero children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of September 7, 2022 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

	Adults	Children: Age 13 and below
o Fredericksburg –	4 (6)	0 (0)
o Caroline –	0 (2)	0 (0)
o King George –	0 (0)	0 (0)
o Spotsylvania –	0 (0)	0 (0)
o Stafford –	0 (1)	0 (0)
Total	**4 (9)**	**0 (0)**

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

Community Support services:

Waitlist Definitions

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

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

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

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

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

MH RESIDENTIAL SERVICES - 3

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

Count by County:

Caroline	0
King George	0
Fredericksburg	0
Spotsylvania	1
Stafford	2

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

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

Intellectual Disability Residential Services – 95

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

Count by County:

Caroline	11
King George	8
Fredericksburg	6
Spotsylvania	32
Stafford	38

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

Assertive Community Treatment (ACT)– 13

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

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

Total program enrollments = 58

Admissions: 2

Discharges: 1

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

ID/DD Support Coordination

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

This is a decrease of three individuals since last month.

P-1 296
P-2 175
P-3 295

MEMORANDUM

To: Joe Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance and Human Rights

Date: October 5, 2022

Re: Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) submitted and received approval for one Corrective Action Plans (CAP) during the month of September 2022.

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

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

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-02-2022**
Program Type/Facility Name: **01-001 Leeland Road Group Home**

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	Leeland Road Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Leeland Road Group Home This regulation was NOT MET as evidenced by: CHRIS Abuse #20220018/Incident Date: 7.21.22 • Individual #1 was upset and crying. • Employee #1 was witnessed by Employee #2 and Employee #3 attempting to "play fight" with Individual #1 while Individual #1 cried out, "No!" • Employee #2 described Employee #1 with closed fists and back and forth movements. • Individual #1 was further escalated by the actions of Employee #1. • "Play fighting" with an individual when the individual is upset/in crisis and saying, "No," is not within the bounds of sound therapeutic practice.	PR) 09/23/2022 PR: Employee #1 was put on administrative leave pending the results of an investigation. He will not return to shift until he has undergone the below described refresher trainings. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee as a proactive measure for preventing unsound therapeutic practice from occurring in programs. A Human Rights refresher training, along with a review of person-centered practices, will be presented to all staff at Leeland Road Group Home. Evidence of this training will	9/30/2022

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

Date of Inspection: **09-02-2022**
Program Type/Facility Name: **01-001 Leeland Road Group Home**

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

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

Date of Inspection: **09-02-2022**
Program Type/Facility Name: **01-001 Leeland Road Group Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals). 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 09/23/2022	

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: October 2, 2022

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

Department of Behavioral Health and Developmental Services Performance Dashboard

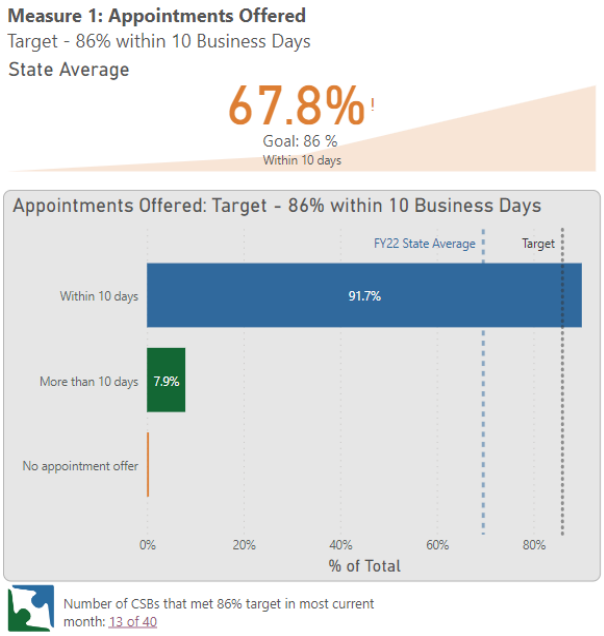
This month's report will detail the new measures and ongoing measures set by DBHDS as performance metrics. The targets indicated have been set by DBHDS and are subject to change at the department's discretion. These targets did not take effect until July 1, 2021.

Behavioral Health Measures

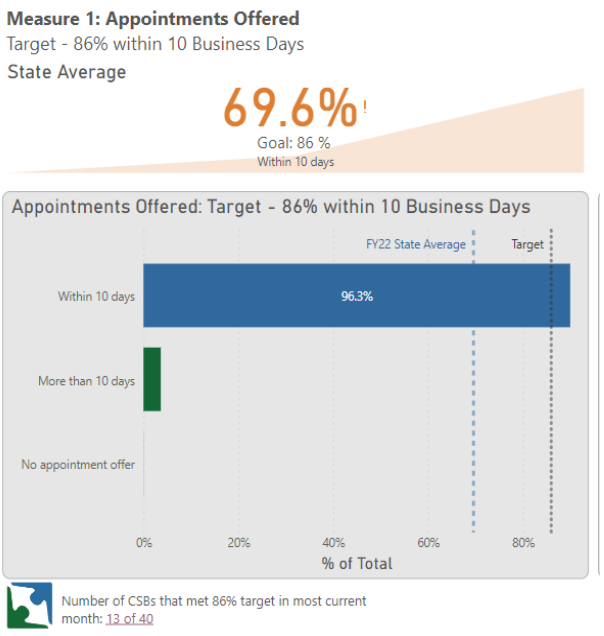
Same Day Access

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

Current Month's Performance- June 2022

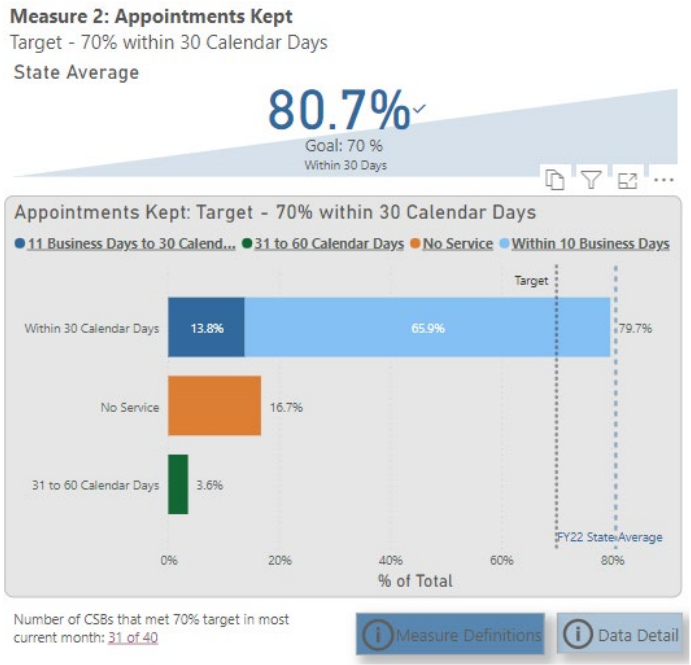


Year-to-date performance: FY2022

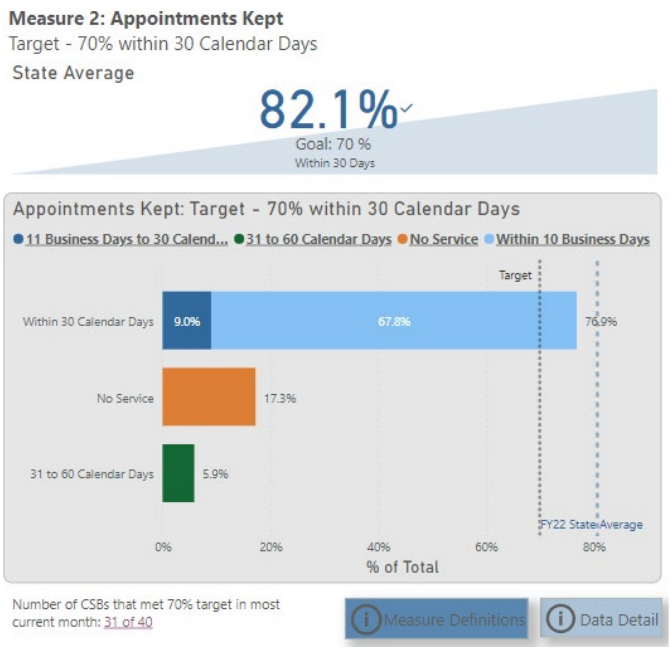


Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

Current Month's Performance- May 2022



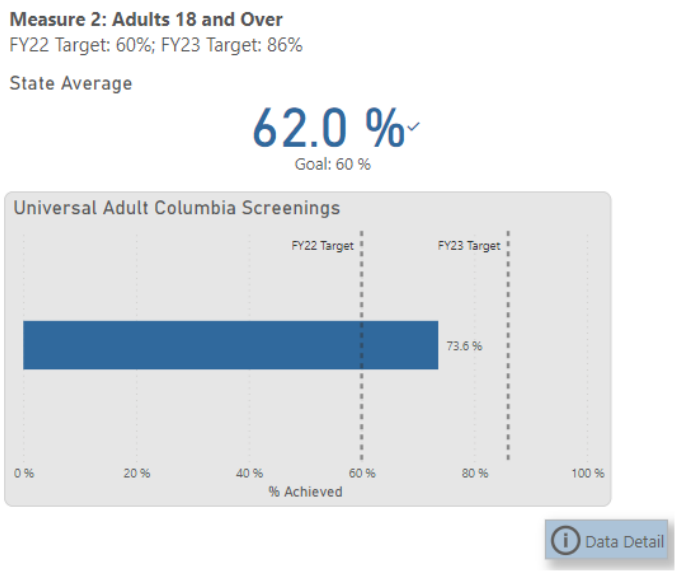
Year-to-date performance: FY2022



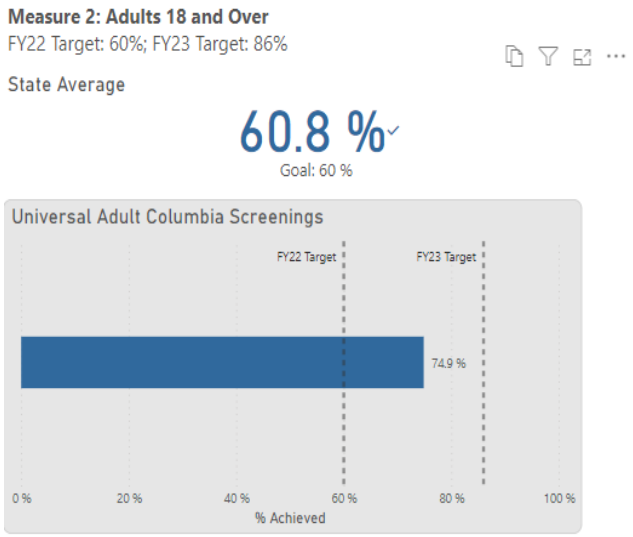
Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

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- May 2022

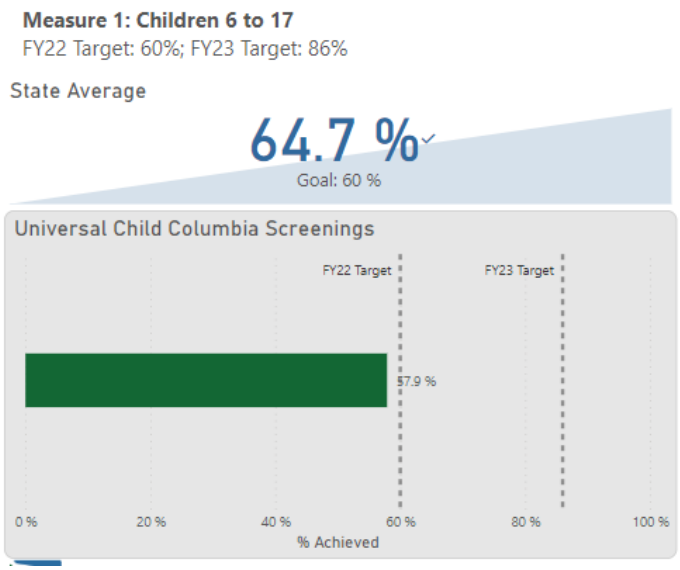


Year-to-date performance: FY2022

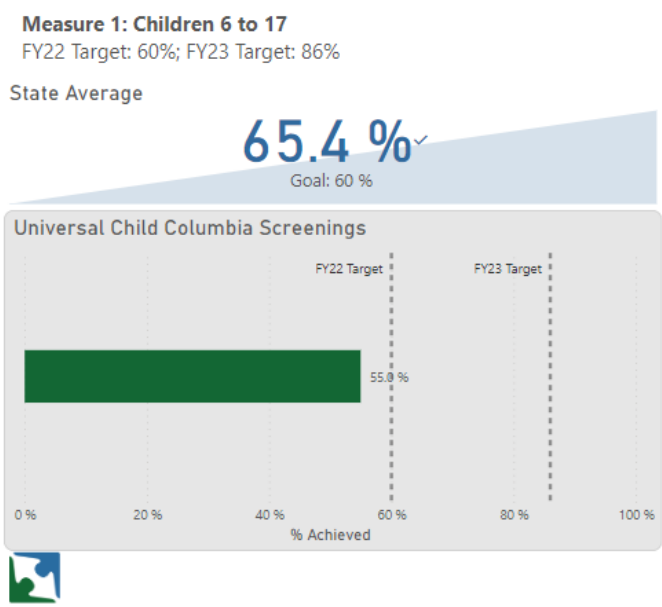


Measure #2: Child Suicide Assessment: Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for FY22 and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

Current Month's Performance- March 2022



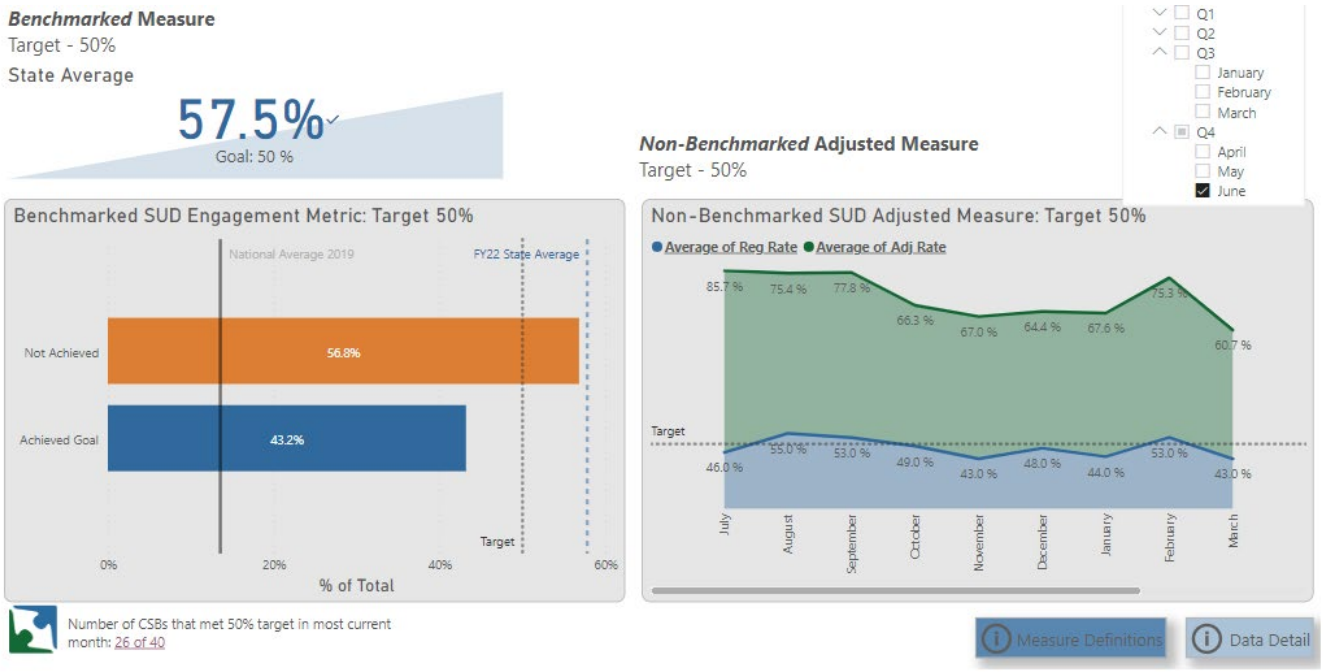
Year-to-date performance: FY2022



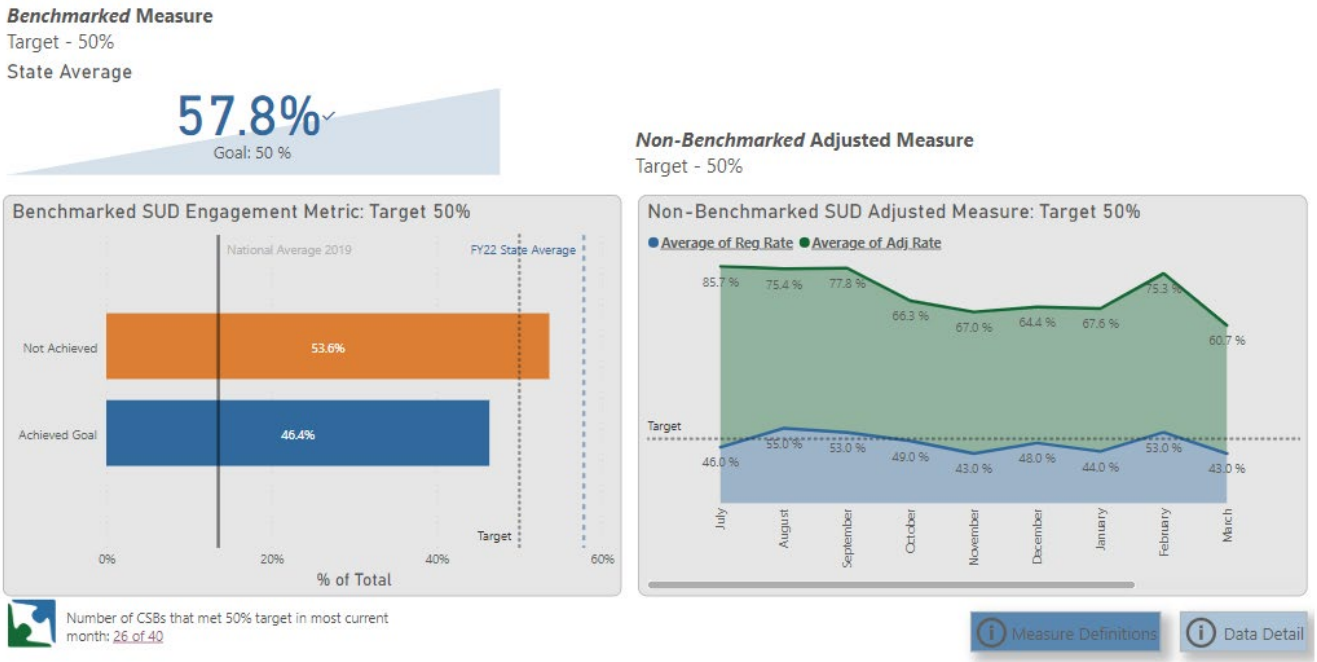
Substance Use Disorder Engagement Measures

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

Current Month's Performance- June 2022



Year-to-date performance: FY2022

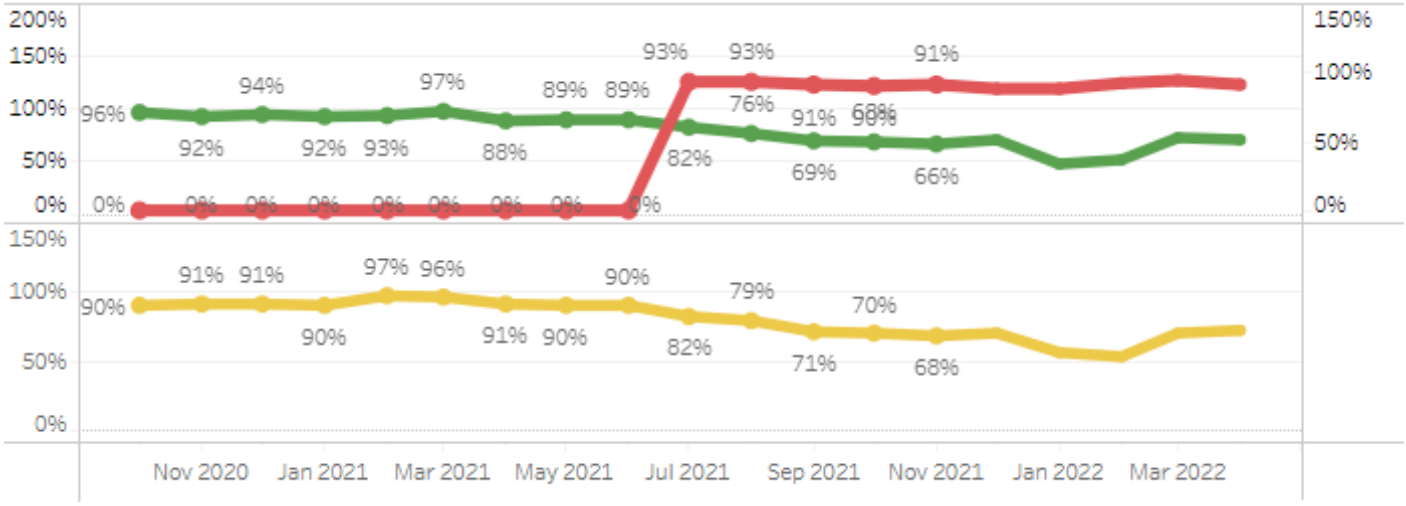


Developmental Disability Measures

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%.***



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

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

Date: October 2, 2022

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

FY2022 CARF Program Evaluation Goals

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

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

FY2022 CARF Clinical Program Goals

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

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Strategic Plan Final for Board Approval

Date: October 2, 2022

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

Rappahannock Area Community Services Board

Strategic Plan

November 1, 2022 - June 30, 2025

Introduction

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

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

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

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

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

Mission

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

RACSB Services

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

Accreditation and Compliance

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

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

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

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

Input to Local Strategic Plan

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

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

Community

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

Strategic Plan Goals

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

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

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

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

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

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

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

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

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

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

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

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

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

annual performance evaluation process, by October 1, 2022.
- Implement recommendations of classification and compensation study as financially feasible, by July 2023.
- Evaluate funding opportunities to support workforce development.
- Improve organizational and operational efficiency by the re-evaluation of our administrative support structure.

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

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

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

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

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

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

Strategy 2: Strengthen Peer Support and Family Support.

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

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

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

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

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

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

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

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

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

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

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

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

Strategy 3: Provide an excellent customer service experience.

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

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