



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

## NOTICE

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

**From:** Joseph Wickens  
Executive Director

**Subject:** Program Planning and Evaluation Meeting  
April 11, 2023, 10:30 AM  
600 Jackson Street, Board Room 208. Fredericksburg, VA

**Date:** April 06, 2023

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, April 11, 2023 at 10:30 a.m. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on April 11, 2023 at 10:30 AM

Cc: Nancy Beebe, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
**Program Planning and Evaluation Committee Meeting**

April 11, 2023 – 10:30 AM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

*Agenda*

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## 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: April 11, 2023

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RACSB currently has one individual on the Extraordinary Barriers List (EBL) who is hospitalized at Northern Virginia Mental Health Institute (NVMHI). 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.

### **Northern Virginia Mental Health Institute**

Individual #1: Was placed on the EBL 3/15/23. Barriers to discharge include identifying and being accepted to a Developmental Disability Group Home. This individual has diagnosis of both a Developmental Disability and mental health concerns. A group home has been identified and a meeting between the individual and the group home took place on 3/31/23. The group home would like this individual to transition from the hospital to the Regional, Education, Assessment, Crisis Services, Habilitation (REACH) therapeutic home first before discharging to their program. An interview with REACH will be requested and other group homes will continue to be explored as potential backups to this placement. This individual will have a Developmental Disability waiver and will not require Discharge Assistance Program (DAP) funding.

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Donna Andrus, Child and Adolescent Support Services Supervisor  
**Date:** April 5, 2023  
**Re:** Independent Assessment Certification and Coordination Team (IACCT) Update

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

RACSB received twenty-one IACCT referrals and completed twenty assessments in the month of March. There was one no-show. Twelve referrals were initial IACCT assessments and nine were re-authorizations. Nine were from Spotsylvania, four from Stafford, four from Caroline, two from King George and two from the City of Fredericksburg. Of the twenty completed assessments in March, eleven recommended Level C Residential, four recommended Level B Group Home, two recommended community based services and two reauthorizations recommended discharge. One assessment has been completed but the IACCT is still in process so there is not a recommendation yet. One recommendation for residential was over turned by Magellan as they did not feel it met medical necessity. One completed assessment initially recommended group home placement however the foster child disrupted within a few days and the recommendation was then residential level of care.

Attached is the monthly IACCT tracking data for March 2023.

Report Month/Year	Mar-23
1. Total number of Referrals from Magellan for IACCT:	21
1.a. total number of auth referrals:	12
1.b. total num. of re-auth referrals:	9
2. Total number of Referrals per county:	
Fredericksburg:	2
Spotsylvania:	9
Stafford:	4
Caroline:	4
King George:	2
Other:	0
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":	1
6. Total number of cancellations:	0
7. Total number of assessments completed:	20
8a. Total number of ICA's recommending: <b>residential:</b>	11
8b. Total number of ICA's recommending: <b>therapeutic group home:</b>	4
8c. Total number of ICA's recommending: <b>community based services:</b>	2
8g. Total number of ICA's recommending: <b>Other:</b>	0
8h. Total number of ICA's recommending: <b>no MH Service:</b>	0
9. Total number of reauthorization ICA's recommending: <b>requested service not continue:</b>	2
10. Total number of notifications that a family had difficulty accessing <b>any</b> IACCT-recommended service/s:	

To: Joe Wickens, Executive Director

From: Suzanne Poe, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: April 4, 2023

This report provides an update on projects related to Information Technology and the Electronic Health Record. 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 March 2023, 1098 tickets were closed by IT Staff compared to February – 1050, and January – 983. In 2022, the IT department averaged closure of 1,023 tickets per month.

During the week of March 20, 2023, IT finished the technical support for Permanent Supportive Housing program's move to the Bowman Center. Technical support included wiring, phone placement and setup, and all users were connected to the network. During the following week, IT supported ACT South's transition from 401 Bridgewater to 405 Bridgewater. Phones and printers were moved to the new location and setup.

### **Community Consumer Submission 3**

The February 2023 CCS was submitted on March 29, 2023.

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

DBHDS has released their new 2023 specifications for ISP version 3.4. Netsmart and the IT team have implemented the ISP changes into the Avatar test system and are waiting for DBHDS to open the WaMS testing period. IT staff are continuing to meet with DBHDS, WaMS, and Netsmart to discuss ISP 3.4 changes/testing period. The testing period for the upcoming ISP changes will begin April 1, 2023 and end on April 30<sup>th</sup>. All the setup is complete and testing will commence once the period is open. Changes will go-live on May 1, 2023.

### **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 were 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. DBHDS advertised an updated EHR demo kick off which was held at the end of March 2023. Both program staff and information technology staff attended the webinar. The presenter of the webinar indicated that there had been no changes in functionality since last May and ended the webinar an hour early due to multiple concerns being expressed by participants.

### **Zoom**

We continue to utilize Zoom for telehealth throughout the agency.

- March 2023 – 2,821 video meetings with a total of 7,479 participants
- February 2023 – 2,475 video meetings with a total of 6,731 participants
- January 2023 – 2,402 video meetings with a total of 6,668 participants
- Average from January to December 2022 was 2,800 video meetings and 8,154 Participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants

### **Avatar**

On March 20, 2023, Netsmart installed the Bells Group Note patch into our Avatar system. On March 21, IT met with the Bells team to set up the general structure of the group note for the SUD programs. SUD staff are currently testing the initial setup, and confirming the note functions as expected.

### **Staffing**

The IT department hired Rebecca Ackley as the Data Analyst. Rebecca is currently employed as the RCS Accountant for RACSB and will transfer to IT on April 17, 2023. There remains 1 IT Specialist vacancy.

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Tabitha Taylor, Emergency Services Law enforcement liaison  
**Date:** April 5, 2023  
**Re:** Crisis Assessment Center and CIT report March

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The CIT Assessment Center assessed 22 individuals in the month of March 2023. The number of persons served by locality were the following: Fredericksburg 7; Caroline 2; King George 0; Spotsylvania 5; Stafford 8.

A dispatcher training took place where six dispatchers were able to complete the training.

Please see attached CIT data sheet



**March 2023 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
3/1/2023	3	1	Stafford	n.a
3/2/2023	2	0	n.a	Spotsylvania
3/3/2023	1	1	Fredericksburg	Spotsylvania/Stafford
3/4/2023	3	0	n.a	Spotsylvania
3/5/2023	3	1	Spotsylvania	Spotsylvania/Stafford
3/8/2023	2	0	n.a	Spotsylvania/Stafford
3/7/2023	1	0	n.a	Spotsylvania/Fredericksburg
3/8/2023	3	1	Caroline	Spotsylvania/Stafford
3/9/2023	3	2	Spotsylvania; Stafford	Spotsylvania
3/10/2023	1	0	n.a	Stafford
3/11/2023	4	2	Fredericksburg(2)	King George
3/12/2023	3	1	Fredericksburg	King George/Spotsylvania
3/13/2023	4	1	Spotsylvania	Spotsylvania/Stafford
3/14/2023	3	0	n.a	Spotsylvania
3/15/2023	0	0	n.a	Spotsylvania/Fredericksburg
3/16/2023	2	2	Fredericksburg(2)	Spotsylvania/Fredericksburg
3/17/2023	1	0	n.a	Spotsylvania
3/18/2023	4	1	Stafford	Spotsylvania
3/19/2023	1	1	Stafford	Spotsylvania
3/20/2023	5	1	Stafford	Spotsylvania
3/21/2023	4	1	Stafford	Spotsylvania
3/22/2023	3	1	Spotsylvania	Spotsylvania
3/23/2023	4	0	n.a	Spotsylvania/Fredericksburg
3/24/2023	4	1	Spotsylvania	Spotsylvania/Fredericksburg
3/25/2023	4	0	n.a	Spotsylvania/King george
3/26/2023	1	0	n.a	Stafford/Spotsylvania
3/27/2023	2	0	n.a	Spotsylvania/Stafford
3/28/2023	1	0	n.a	Spotsylvania/Stafford
3/29/2023	4	2	Stafford(2)	Spotsylvania
3/30/2023	2	1	Fredericksburg	Spotsylvania
3/31/2023	2	1	Caroline	Spotsylvania/Stafford
<b>Total</b>	<b>80</b>	<b>22</b>		

Total Assessments at Center in March: 22

Brought by:

		<b>Cumulative Total:</b>	
Caroline	2	147	Cumulative number of Assessment since September 2016:
Fred City	7	1013	3264
Spotsylvania	5	966	
Stafford	8	1009	
King George	0	125	
Other	0	4	

## MEMORANDUM

**To:** Joe Wickens, Executive Director

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

**Date:** April 5, 2023

**Re:** Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – March, 2023

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In March 2023, Emergency Services staff completed 406 emergency evaluations. Eighty-three emergency custody orders were assessed and ninety-three total temporary detention orders served of the 406 evaluations. Staff facilitated six admissions to a state hospital. One adult admission went to Catawba and the other adult admission went to NVMHI. Four children and adolescent admissions went to CCCA.

A total of 17 individuals were involuntarily hospitalized outside of our catchment area in February. No individuals were able to utilize alternative transport, while one was appropriate he was a post-committed individual therefore ineligible.

Please see attached data reports.

DATE: 4.5.2023

## Emergency Services Activity Reports

Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
November 2020		413	88	88	88
December 2020		373	75	79	79
January 2021		374	88	89	89
February 2021		358	84	83	83
March 2021		465	82	100	100
April 2021		449	92	100	100
May 2021		507	93	93	93
June 2021		453	95	95	92
July 2021		379	76	74	74
August 2021		394	86	77	77
September 2021		517	98	86	86
October 2021		422	60	72	72
November 2021		425	59	60	60
December 2021		401	67	66	66
January 2022		355	74	63	63
February 2022		442	87	64	64
March 2022		375	74	81	81
April 2022		390	85	87	87
May 2022		417	92	73	73
June 2022		342	75	66	66
July 2022		343	77	83	83
August 2022		367	79	76	76
September 2022		341	66	76	76
October 2022		351	70	75	75
November 2022		359	69	73	73
December 2022		296	55	51	51
January 2023		389	81	86	86
February 2023		340	65	67	67
March 2023		406	83	93	93

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

CSB/BHA	Rappahannock Area Community Services Board				Month	March 2023	
1) Number of Emergency Evaluations	2) Number of ECOs			4) Number of Civil TDOs Executed			5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total	Minor	Older Adult	Adult	
406	39	44	83	10	1	82	93
			0				0
			0				0
			0				0

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

CSB/BHA	Rappahannock Area Community Services Board	Reporting month	March 2023	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)
3/6/23	108754	Child with ID/DD		Yes	No
3/13/23	108780	Child with ID/DD		Yes	No
3/21/23	109016	Adolescent with ID/DD		No	Yes
3/29/23	47227			Yes	No
3/30/23	40541			Yes	No
3/31/23	63409	Adolescent		Yes	No

**ALTERNATIVE TRANSPORT DATA March 2023**

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
3/2/23	98873	Stafford	MWH-ED	Riverside	240	no	M	18	Danger to others; Inability to care	No	Assaultive and impulsive
3/5/23	108223	Spotsylvania	MWH-ED	Catawba	402	yes	M	48	Inability to care	Yes	Post commitment
3/6/23	108754	Stafford	MWH-ED	CCCA	240	yes	M	10	Danger to others	No	Aggression
3/13/23	109523	Spotsylvania	MWH-ED	North spring	198	yes	M	12	Danger to self and others	No	Too impulsive
3/13/23	108780	Spotsylvania	MWH-ED	CCCA	240	yes	M	8	Danger to self and others	No	Impulsive and aggressive
3/14/23	36706	Stafford	MWH-ED	Clearview Psych	644	yes	F	51	Danger to self	No	Unpredictable
3/14/23	109491	Caroline County	MWH-ED	Dickenson	746	yes	F	61	Inability to care	No	Eloperment risk
3/20/23	109603	Stafford	SRMC ED	Poplar Springs	160	yes	M	23	Inability to care	No	Eloperment risk
3/21/23	109016	Stafford	MWH-ED	CCCA	240	no	F	12	Danger to self and others	No	Aggressive/Unpredictable
3/22/23	96331	Fredericksburg	MWH-ED	Pavilion at Williamsburg	180	no	F	26	Inability to care	No	Eloperment risk
3/22/23	54318	Spotsylvania	MWH-ED	Poplar Springs	160	no	M	42	Inability to care	No	Catonia preventing transport/unpredictable
3/22/23	95815	Fredericksburg	MWH-ED	Poplar Springs	160	yes	F	40	Danger to self	No	Eloperment risk
3/25/23	2291	King George	MWH-ED	Poplar Springs	160	yes	M	30	Inability to care; Danger to self	No	Impulsive
3/27/23	80534	Fredericksburg	MWH-ED	Poplar Springs	160	yes	F	19	Danger to self	No	Eloperment risk
3/29/23	47227	Spotsylvania	MWH-ED	Catawba	402	yes	F	62	Inability to care	No	Limited mobility/Inability to ambulate
3/30/23	40541	Spotsylvania	MWH-ED	NVMHI	100	yes	M	37	Danger to others; Inability to care	No	Eloperment risk
3/31/23	63409	Caroline	MWH-ED	CCCA	240	yes	F	14	Danger to others; Inability to care	No	Transportation risk; Uncooperative

**Total Out of Area**

17

**Total Utilized % Utilized Total Appropriate for AI**



# MEMORANDUM

**To: Joe Wickens, Executive Director**  
**From: Stephanie Terrell, Director of Compliance and Human Rights**  
**Date: April 5, 2023**  
**Re: March 2023 Waiting Lists**

Identified below you will find the number of individuals who were on a waiting list as of March 31, 2023.

## OUTPATIENT SERVICES

- Clinical services: As of March 31, 2023, there are 220 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 80 clients.
      - The waitlist in Spotsylvania is currently at 70 clients.
      - The waitlist in Caroline is currently at 70 clients.
      - This is a decrease of 55 from the February 2023 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 April 5, 2023, there are five older adolescents and adults waiting longer than 30 days for their intake appointment. This is an increase of two from the February 2023 waitlist. The furthest out appointment is 6/27/2023. There is no children age 13 and below waiting longer than 30 days for their intake appointment. This is a decrease of one from the February 2023 wait list.

**PSYCHIATRY INTAKE** – As of April 5, 2023 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

Adults		Children: Age 13 and below
○ Fredericksburg –	5 (3)	0 (0)
○ Caroline –	0 (0)	0 (1)
○ King George –	0 (0)	0 (0)
○ Spotsylvania –	0 (0)	0 (0)
○ Stafford –	0 (0)	0 (0)
<b>Total</b>	<b>5 (3)</b>	<b>0 (1)</b>

Appointment Dates	
<b><i>Fredericksburg Clinic</i></b>	
	5/5/2023 5/4/2023 5/11/2023 5/18/2023 6/27/2023
<b><i>Caroline Clinic</i></b>	
	N/A
<b><i>King George</i></b>	
	N/A
<b><i>Spotsylvania Clinic</i></b>	
	N/A
<b><i>Stafford Clinic</i></b>	
	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 all persons who have been assessed for services and accepted to the program. These individuals are waiting for appropriate supports.

**MH RESIDENTIAL SERVICES - 6**

Needs List: 0  
Referral List: 4  
Acceptance List: 2

Count by County:

Caroline 2  
King George 0  
Fredericksburg 1  
Spotsylvania 1  
Stafford 0  
Culpepper 2

- We have two individuals who are on the acceptance list. One moves into Home Road on 4/1 and the other moves into Lafayette BH on 4/3. We have two individuals on the referral list. Both have had their CSS assessment and are waiting for/to complete their first pass. We had two individuals on the referral list from Western state, one declined a second pass because we are too far from his family and the other was declined after his first pass due to weapons/drugs safety issue.

**Intellectual Disability Residential Services – 97**

Needs List: 92  
Referral List: 5  
Acceptance List: 0

**Count by County:**

Caroline 10  
King George 7  
Fredericksburg 8  
Spotsylvania 34  
Stafford 37  
Richmond 1

**Assertive Community Treatment (ACT)– 16**

Caroline: 1  
Fredericksburg: 7  
King George: 0  
Spotsylvania: 4  
Stafford: 4  
Homeless/Unknown/Incarcerated/Hospitalized: 2

Total Needs: 8  
Total Referrals: 11  
Total Acceptances: 0

Total program enrollments = 50

Admissions: 1  
Discharges: 1



- During the month of March, an ACT South client, who has been receiving services since 2016, was discharged. This client experienced a medical emergency during an ACT program staff weekly medication management home visit in December 2022. She needed emergent treatment and was hospitalized with hyperglycemia and COVID. The client had been living alone and her daughter wanted to take care of her mother because of her medical issues. After discharge, the client relocated to Hampton and resides with her daughter. This client is now receiving adult case/medication management with Hampton/Newport News Community Services Board. ACT staff were proactive with assisting the client and her daughter with obtaining continued services in Hampton.
- ACT SOUTH was scheduled to enroll a client today who was discharged yesterday from Northern Virginia Mental Health Institute. We met with this potential client last month while she was hospitalized and she met criteria for services. She was detained yesterday in Fairfax jail after discharge for outstanding warrants. She is expected to be enrolled in ACT SOUTH once she is released.
- ACT North re-enrolled a client this month who requested discharge in 2021. She had been receiving ACT services from 2019 to 2021. This client has been receiving adult case/medication management from the RACSB but she struggled with medication adherence. She has been hospitalized multiple times for psychiatric treatment since discharge from ACT. The most recent hospitalization occurred March 2023. Since re-enrollment, she has been very engaged with ACT services including medication adherence.
- In addition, ACT South has client at RRJ. We continue to collaborate with program coordinator Portia Bennett for continuity of services. Our ACT North client, who was at RRJ, is now incarcerated at Nottoway Correctional Center. He is expected to be released in May 2023.

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

There are 812 individuals on the waiting list for a DD waiver. This is an increase of 6 from last month.

P-1 341  
P-2 185  
P-3 286

### **RAAI – 39**

Caroline: 3  
Fredericksburg: 2  
King George: 3  
Spotsylvania: 15  
Stafford: 9  
Other: 7

Total Referrals: 33  
Total Assessing: 1  
Total Acceptances (waiting to add more days): 5

Total program enrollments = 110

MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance and Human Rights  
**Date:** April 5, 2023  
**Re:** Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) obtained approval for one Corrective Action Plan (CAP) during the month of March 2023. Leeland Road Group Home received a report due to an incident which occurred involving a resident of Leeland.

The attached CAP provides addition details regarding the citation and RACSB's response.

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

License #: **101-01-001**      Date of Inspection: **03-22-2023**  
 Organization Name: **Rappahannock Area Community Services Board**      Program Type/Facility Name: **01-001 Leeland Road Group Home**

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

<p>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;</p>	<p>N</p>	<p>Leeland Road Group Home                   This regulation was NOT MET as evidenced by: See OHR citation below.</p>		
<p>12VAC35-115-110.                  A. - Each individual is entitled to be completely free from any unnecessary use of seclusion, restraint, or time out.</p>	<p>N</p>	<p>Leeland Road Group Home                   This regulation was NOT MET as evidenced by:                  CHRIS Abuse #20230009 &amp; CHRIS Abuse #20230010/Incident date: 2.21.2023 &amp; 2.28.2023                   "Seclusion" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it.                   Provider substantiated for seclusion due to the following:  <ul style="list-style-type: none"> <li>• While conducting a routine check in the home, the staff observed a recliner placed against the space between the end of resident's bedrail and the foot board. The recliner was placed in this position in order to physically block the individual from leaving the room.</li> </ul>                 Physically blocking an individual from leaving the room meets the regulatory definition of seclusion.</p>	<p>PR) 03/29/2023                   PR: The staff members responsible for the incidents were each put on administrative leave following the discovery of the incident. They will receive corrective coaching by 4/15/23 to ensure they understand the dynamics of providing safety supports in such a way that are not intrusive or secluding in nature for individuals.                   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.                   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</p>	<p>4/15/2023</p>

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 03-22-2023

Program Type/Facility Name: 01-001 Leeland Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>orientation.</p> <p>Program leaders will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. They will likewise ensure best person-centered practices are being followed by staff through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals).</p> <p>The Quality Assurance team will monitor incident reports and any allegations or reports of human rights violations on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>Any staff member suspected or alleged to violate the Code of Virginia and any related human rights regulations adopted by the state board will immediately be put on administrative leave pending the outcome of an investigation.</p>	
			OHR/OLR) Accepted 03/29/2023	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
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**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: April 4, 2023

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

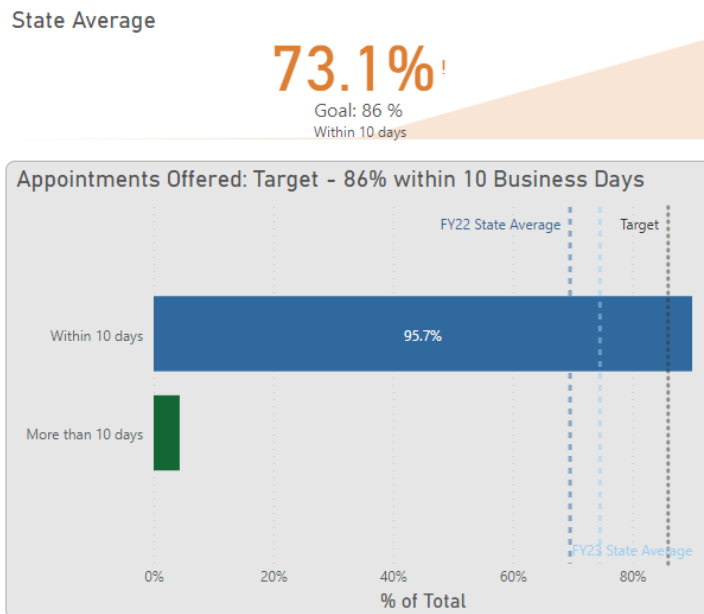
This month's report will detail the new measures and ongoing measures set by DBHDS as performance metrics. The targets indicated have been set by DBHDS and are subject to change at the department's discretion. These targets did not take effect until July 1, 2021.

### Behavioral Health Measures

#### Same Day Access

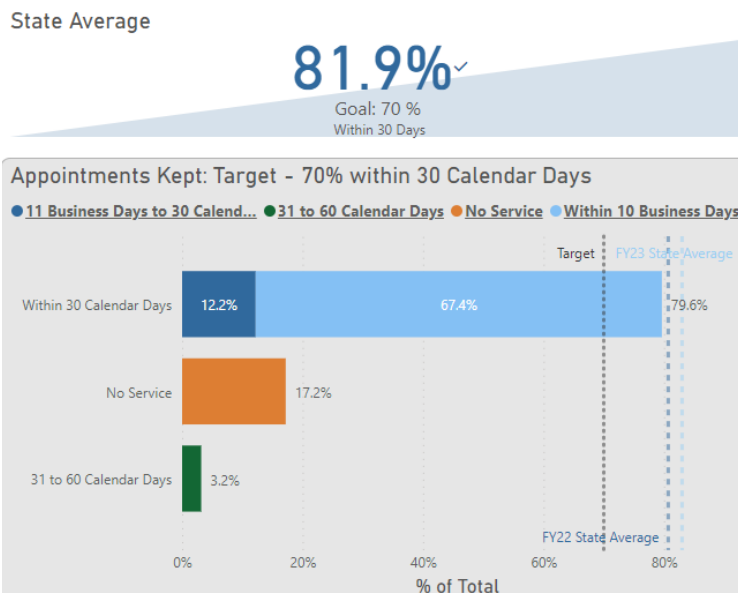
**Measure #1: SDA Appointment Offered:** Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

#### Current Month's Performance- December 2022 (95.7%)



**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%.

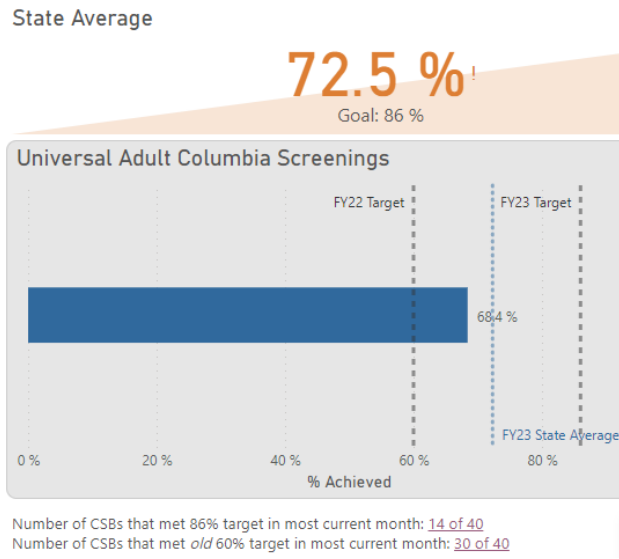
#### Current Month's Performance- November 2022 (79.6%)



**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.

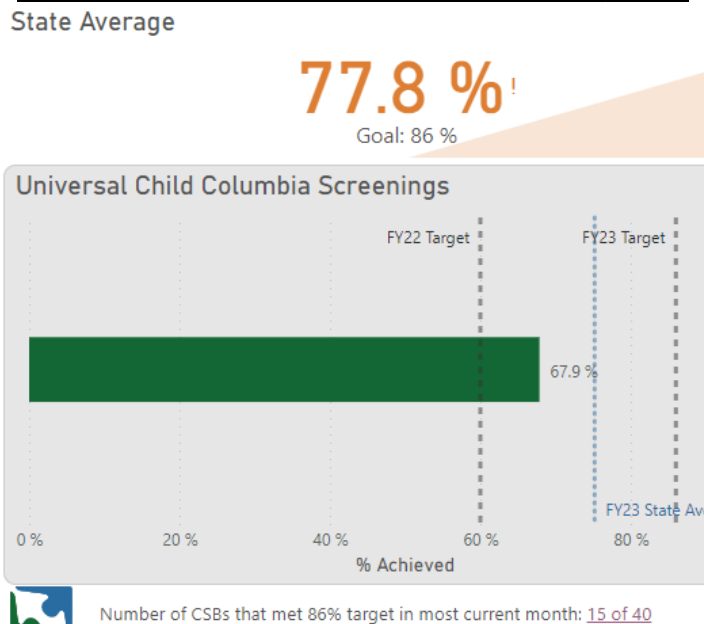
*Measure #1: Universal Adult Columbia Screenings:* Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(enumerator). The benchmark is set at 60 % for FY22 and 86% for FY23.

**Current Month's Performance-December 2022 (68.4%)**



*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(enumerator). The benchmark is set at 60 % for FY22 and 86% for FY23. \*Not yet benchmarked in performance contract.

**Current Month's Performance- December 2022 (67.9%)**

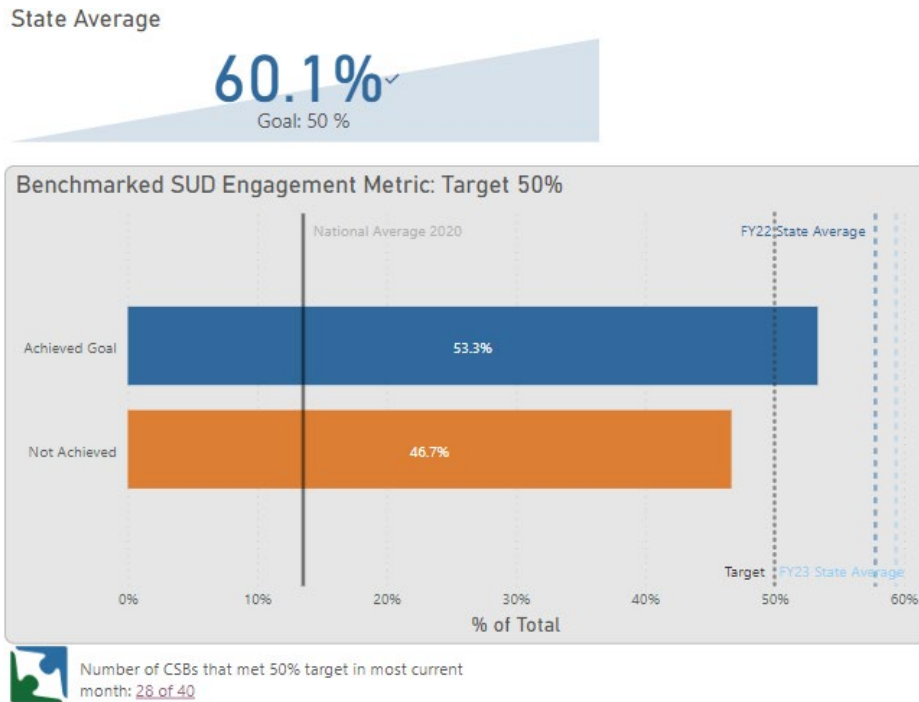




## Substance Use Disorder Engagement Measures

*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- Jan 2023 (53.3%)



## 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%.*

### DBHDS has not provided an updated visualization of the ID/DD Case Management Measures at this time

ECM Face to Face: January 2023- 76%

ECM Face to Face with Telehealth included: January 2023- 92%

ECM In-Home: January 2023- 79%

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Opioid Abatement Authority Local and Regional Funding Project Proposal

Date: April 5, 2023

The Opioid Abatement Authority (OAA) was established by the Virginia General Assembly in 2021 as an independent entity to abate and remediate the opioid epidemic in the Commonwealth. Financial assistance offered through the OAA consists of settlement funds paid to Virginia by prescription opioid manufacturers and companies in the prescription opioid distribution network.

#### Distribution to Cities and Counties (15% of OAA Funds)

Each city and county in Virginia is eligible to receive a specific amount of OAA funding in accordance with the statewide MOU. In order to obtain these funds, the city or county will be required to agree to certain terms and conditions and must apply to the OAA for approval of the use of those funds.

#### Distributions for Cooperative Projects involving Multiple Cities and/or Counties (35% of OAA Funds)

In addition, the OAA will award funds for projects involving two or more cities and/or counties working together on an opioid abatement/remediation project.

In considering potential awards, the OAA Board is directed by the statute to prioritize:

- Programs or organizations with an established record of success (expansion of existing program or implementation in a new city or county);
- Programs in communities with a high incidence of opioid use disorder or opioid death rate, relative to population;
- Programs in historically economically disadvantaged communities; and,
- Applications that include a monetary match from or on behalf of the applicant, with higher priority given to an effort with a larger matching amounts

Considering that a minimum of 15% will be allocated to participating cities and counties and at least another 35% will be provided for cooperative projects with participating cities and counties, this means that a total of at least 50% of the Opioid Abatement Fund will be distributed out to Virginia's cities and counties.

#### Distribution to State Agencies (15% of OAA Funds)

The OAA will also be distributing funds to state agencies through a separate process for opioid abatement/remediation projects.

#### Unrestricted Funds (35% of OAA Funds)

Lastly, the unrestricted portion of the Opioid Abatement Fund is designed to allow the Board the ability to support opioid abatement/remediation projects in other ways such as the OAA's "Gold Standard" Incentive for Cities and Counties. This is also where the OAA funds its administrative costs.

The Rappahannock Area Community Services Board has met both individually and as a regional cohort with the localities we serve to work together to identify projects which could be supported by the localities' direct funding and also opportunities for interested localities to partner to apply for the Cooperative Projects funding.

Please find the proposed projects attached. Each locality is currently taking the proposal to the Board of Supervisors/City Council for consideration.

## Proposed Mobile MAT Budget-Regional Funding

<b>Salaries</b>	
Position	Total Cost w/ Taxes and Fringe
MAT Program Manager	\$88,151.42
Certified Substance Abuse Counselor	\$64,853.42
Nurse (RN)	\$88,151.42
Peer Recovery Specialist	\$47,379.92
Nurse Practitioner	\$187,167.92
	<b>\$475,704</b>
<b>Treatment</b>	
Drug/Medical Supplies	15,000.00
Drug Screens	14,000.00
Labwork	6,000.00
Medical Services	6,000.00
Contingency Management	3,000.00
Treatment Materials	1,000.00
	<b>45,000.00</b>
<b>Mobile Medical Unit</b>	
One time purchase	\$170,000
Ongoing maintenance, insurance, gas	\$5,000
	<b>\$175,000.00</b>
Total Year One Cost:	<b>\$695,704</b>
Cost Per Years 2-5	<b>\$525,704</b>

### Proposed Co-Occurring Crisis Stabilization Opioid Service Expansion-Funded through locality OAA funding match

<b>Salaries</b>	
2 PT Nurses	\$ 85,000.00
1 FT CSAC	\$ 60,000.00
1 PT Certified Peer Recovery Specialist	\$ 20,000.00
<b>Additional Expenses</b>	
Rappahannock Creative Healthcare Medical Oversight	\$ 66,000.00
Substance-Use/Co-Occurring Training	\$ 10,000.00
Withdrawal medications	\$ 5,000.00
Participant Resources	\$ 1,000.00
<b>Total Annual Expenses</b>	<b>\$ 247,000.00</b>

# Virginia Opioid Abatement Authority Application for Awards for Cooperative Projects Involving Cities and Counties

**1. Contact Information**

This application is for cooperative projects consisting of a cooperative partnership between at least two cities and/or counties within the same Department of Behavioral Health and Developmental Services (DBHDS) region.

Complete this table for all cities and/or counties involved in the cooperative partnership.

Name of City/County	Contact Person	Mailing Address	Phone #	Email
Caroline				
Fredericksburg				
King George				
Spotsylvania				
Stafford				

**2. Fiscal Agent**

- a. One of the participating cities or counties must serve as the fiscal agent for the cooperative project. The fiscal agent will be responsible to ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.
- b. City/County Serving as Fiscal Agent \_\_\_\_\_  city  county
- c. Physical address: \_\_\_\_\_
- d. Mailing address: \_\_\_\_\_  
(if different than physical address)
- e. Contact Person for this application
  - i. Name: \_\_\_\_\_
  - ii. Job Title: \_\_\_\_\_
  - iii. Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
  - iv. Email: \_\_\_\_\_

**3. Agreements**

- a. Attach a copy of the cooperative partnership agreement between the participating cities and/or counties for the project. The agreement should also designate the city or county selected as fiscal agent for the cooperative project. A SAMPLE agreement is available here.
  - i. If any participating city and/or county elects to allocate a portion of its Individual Distribution from the OAA to this regional project, the Cooperative Partnership Agreement should clearly document the commitment and amount.

**4. Signature**

Signature section must be completed by a person designated with signatory authority in the MOU/MOA noted in Part 3.a of this application.

*"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge."*

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

5. Project Proposal

Complete the information below for the project the cooperative partnership is requesting to be funded.

a. Is this project:

A new effort for the participating cities/counties.

A proposed supplement or enhancement to a project or effort that is already in place.

How long has the project existed? \_\_\_\_\_

A combination of enhancing an existing project/effort with new components.

How long has the project existed? 2014

b. Provide a brief narrative description of the proposed project including the requested term (1-5 years).

Planning District 16 would like to partner with the Rappahannock Area Community Services Board to expand opioid treatment and recovery services through implementation mobile services for Medication Assisted Treatment (MAT) and expansion of co-occurring residential crisis stabilization to include detoxification services through the Sunshine Lady House for Wellness and Recovery. The mobile team will include a program manager, nurse practitioner, certified substance abuse counselor (CSAC), and a peer recovery specialist. Planning District 16 includes the City of Fredericksburg along with Caroline, King George, Spotsylvania and Stafford Counties. Planning District 16 includes rural areas with limited transportation options and mobile services will help alleviate barriers to treatment. The mobile program would be licensed as an Office Based Opioid/Addiction Treatment facility and staff will facilitate inductions, urine and saliva drug screens, medication administration, case management, counseling, peer supports and other harm reduction strategies including Naloxone and fentanyl test strip distribution. The mobile team would connect with each locality at least once per week. Sunshine Lady House for Wellness and Recovery, RACSB's Residential Crisis Stabilization, was constructed to offer medical detox services for those experience mental health crises in conjunction with active substance use. The program shut down the detox services in the spring of 2020, while continuing to provide crisis stabilization. In 2022, RACSB voluntarily permanently closed detox services due to the inability to adequately meet staffing requirements. We are seeking funding to renew and enhance medical detox services at Sunshine Lady House. In order to enhance services, we seek funding to add a full time certified substance abuse counselor (CSAC), 2 additional part time nurses, and 1 additional certified peer recovery specialist (CPRS) to the existing staffing. We are also seeking funding for the medical provider services required to provide oversight. We are also looking to fund training for all staff on substance use and co-occurring needs. In addition, funding would offset withdrawal medications not covered by insurance and patient resources.

Funding is requested for a five year term. A combination of local and regional funding will support the project implementation



c. Describe the objectives of this project

1. Provide access to medication for individuals with Opioid Use Disorders in all localities within our catchment area at least once/week.
2. Enroll at least 5 people per mobile unit locality within the first two months.
3. Decrease overdose rates through improving access to treatment and naloxone.
4. Reducing the use of emergency or inpatient hospitalizations to address the needs of individuals experiencing co-occurring behavioral health crisis.
5. Mitigate the high correlation between mental health challenges and substance use. Individuals suffering from significant mental health issues have significantly higher rates of substance use. The converse is also true. Most individuals struggling with addiction have an underlying, untreated mental health disorder.
6. Provide comprehensive patient care to stabilize individuals and promote access to on-going community treatment.

d. How was the need determined and how does that need relate to abatement?

In 2020, Planning District 16 lost 127 community members to fatal drug/poison overdoses per the Office of the Chief Medical Examiners' Annual Report. The number of community members lost in 2019 was 83. The Rappahannock Area CSB's current MAT program has touched over 650 individuals with opioid use disorders since its inception in June of 2017. Local treatment efforts have been a huge accomplishment, but an unmet need remains.

Since the 2017 opening, RACSB's medication assisted treatment program has worked to reduce barriers to treatment through paying for transportation for eligible individuals, assisting individuals to obtain health insurance through Medicaid, changing our program license from an OTP to an OBOT in order to reduce dosing frequency, assisting individuals in overcoming childcare barriers, and working with our local jail to improve transitions for those leaving incarceration.

An ongoing barrier for many seeking services continues to be the distance from RACSB's Fredericksburg clinic. A mobile unit will remove this barrier by allowing RACSB to bring the clinic's services closer to those in need.

Prior to Covid over 160 individuals annually utilized detox services at the Sunshine Lady House. Due to staffing shortages, particularly with nursing staff, Sunshine Lady House has not been able to resume medically managed withdrawal. Providing comprehensive coverage for addressing an individual's whole health, is one of Sunshine Lady House's main goals. The detox services are one facet of the program's efforts to support individual stability. Through the effective introduction to effective supports and on-going services, Sunshine Lady House is able to prevent inpatient hospitalizations and assure greater individual outcomes. The program allows for individuals to receive needed care through a crisis while linking to needed resources including substance use therapies/treatments, medication management, outpatient therapy, peer supports, housing, and other community services.

**Application for Awards for Cooperative  
Projects Involving Cities and Counties**

- e. Who are the targeted beneficiaries, and how many persons are expected to participate per year?

The target population is residents of Planning District 16 with Opioid Use Disorders. We estimate serving approximately 50-100 individuals per year through our mobile program. Targeted populations are individuals who meet criteria for Residential Crisis Stabilization services and need medical detox. We anticipate approximately 200 individuals per year utilizing medical detox under the umbrella of Sunshine Lady House services.

- f. Briefly describe (name or organization, description of role, budget, etc.) the organization(s), including any sub-recipients or contractors (if known) that will be involved in this project. Attach any contracts and/or memoranda of understanding/agreement. If not fully executed, a draft or a narrative describing the scope of services may suffice.

Rappahannock Area Community Services Board (RACSB) will be the sub-recipient for this project.

Mobile MAT Expansion would be covered with funding received through this regional application. Total funding requested is Year-One- \$695,704 with subsequent years at \$525,704. This request includes salaries for 5 new staff positions (\$475,704), treatment supplies and services (\$45,000), and one-time purchase of Mobile Medical Unit (\$175,000). The SLH expansion of detox services would be funded through a match using participating locality OAA funding throughout the grant period. Total locality funding would be \$247,000 annually. This budget includes salaries for one full-time and three part-time new staff positions (\$165,000) and additional supplies, oversight, medications, and participant resources (\$82,000).

**Application for Awards for Cooperative  
Projects Involving Cities and Counties**

g. Is the project classified as evidence-based?

Yes

No

*If yes, attach supporting information to this application.*

h. Is the project classified as evidence-informed?

Yes

No

*If yes, attach supporting information to this application.*

i. Has this project been certified or credentialed by a state/federal government agency, or other organization/non-profit?

Yes

No

*If yes, attach supporting information to this application.*

j. Has this project received any awards or recognition?

Yes

No

*If yes, attach supporting information to this application.*

k. Does this project have components other than opioid-related treatment as defined?

No, it is 100% related to opioid treatment

Yes, there are other substances involved

*If yes, what is the approximate percentage of the project that covers opioid-related abatement (i.e., 20% of the patients who seek services have opioid-related disorders)?*

The mobile MAT expansion will be 100% related to opioid treatment. Services provided for the SLH detoxification services will be directed to individuals with opioid-related disorders. Approximately 10% of individuals accessing Sunshine Lady House require detox services due to opioid use. However, the program serves many more who may not need detox at the time of admission but struggle with active opioid use. Consequently, the requested services will support approximately 45% of the individuals accessing crisis stabilization.

**Application for Awards for Cooperative  
Projects Involving Cities and Counties**

- l. Attach a budget for that minimally includes FY2024 with line-item details for the project. If carry-over of OAA funds from FY2024 into FY2025 is expected, include this in the line-item budget. If there is intention to renew the funding (maximum of 4 renewals), include the projected budget for each subsequent fiscal year.
  - i. If a city or county in the cooperative partnership is allocating any of its Direct Distributions and/or any of its Individual Distributions from the OAA to this cooperative project, include line items for each as funding sources for the project.
- m. Complete and attach the project timeline workbook for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), complete the timeline for each subsequent fiscal year.
- n. Complete and attach the performance measurement workbook for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), include the complete the performance measures for each subsequent fiscal year.
- o. *(Optional)* Attach any additional narrative materials explaining the project, along with any research, data, plans, letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.

# Virginia Opioid Abatement Authority

## Sample Cooperative Agreement

WHEREAS, the mission of the Virginia Opioid Abatement Authority (OAA) is to abate and remediate the opioid epidemic in the Commonwealth through financial support in the form of grants, donations, or other assistance; and

WHEREAS, the OAA operates a financial assistance program to support certain cooperative partnerships of cities and/or counties in Virginia that implement regional efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids; and

WHEREAS, the cities and/or counties listed below have committed to work together to develop and jointly submit an application for regional cooperative partnership funding from the OAA; and

WHEREAS, at least two of the cities and/or counties listed below are located within the same region of the Department of Behavioral Health and Developmental Services; and

WHEREAS, the cities and/or counties and other organizations listed below agree they will execute a legally binding agreement formalizing the cooperating partnership if the application for financial assistance is approved; and

WHEREAS, the cities and/or counties and other organizations listed below agree that insert name of city or county will serve as the fiscal agent for the cooperative partnership if it is awarded; and

WHEREAS, the cities and/or counties and other organizations listed below seek a total of insert amount in grant funding from the OAA for Fiscal Year 2024.

*WHEREAS, insert name of city or county has committed to allocate enter amount of its Individual Distribution from the OAA to this project for Fiscal Year 2024.*

NOW, THEREFORE, BE IT RESOLVED, the cities and/or counties and other organizations listed below hereby authorize insert name of city or county acting as fiscal agent to execute the cooperative partnership grant application to the Virginia Opioid Abatement Authority and to execute all documents in connection therewith.

Name of City, County, or Organization	Printed Name of Authorized Signor	Title of Authorized Signor	Signature

*\*\*Italicized section is optional and only required if a participating city or county is allocating their Individual Distribution to the project. If multiple cities and/or county are allocating, create an additional line for each.*