



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

meeting notice

TO: Board of Directors

FROM: Gregory Sokolowski, Secretary
Joe Wickens Executive Director

SUBJECT: Board of Directors Meeting
Tuesday, March 21, 2023 5:00 PM
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: March 17, 2023

A Board of Directors Meeting has been scheduled for Tuesday, March 21 at 5:00 PM, Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

Looking forward to seeing everyone on March 21, 2023.

Best.

GS/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
BOARD OF DIRECTORS MEETING
March 21, 2023
In-Person

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

agenda

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| III. | EMPLOYEE SERVICE AWARDS | | Wickens |
| | a. <u>Five Years</u> | | |
| | i. Daisha Smith – Direct Support Professional, ICF – Lucas Street ICF | | |
| | b. <u>Ten Years</u> | | |
| | i. Angela D’Angelo – Respite Group Home Supervisor – Myers Drive | | |
| | ii. Joseph Tanoh – Direct Support Professional, ICF RAAI – Kings Highway RAAI | | |
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VI. ITEMS FOR FULL BOARD REVIEW

- a. Licensing Reports
- b. Substance Abuse and Mental Health Services Administration FY2023 Grants for the Benefit of Homeless Individuals
- c. RACSB Comprehensive Behavioral Health Care Clinic and Crisis Receiving Center Project
- d. Financial Report

VII. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VIII. REPORT OF DIRECTORS and COORDINATORS

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IX. BOARD TIME

Lapin

X. ADJOURNMENT

Lapin

February 2023 Board of Directors Meeting Minutes

Call to order

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held February 21, 2023 at 600 Jackson Street. *Attendees included:* Nancy Beebe, Claire Curcio, Susan Gayle, Ken Lapin, Jacob Parcell, Sarah Ritchie, Greg Sokolowski, Carol Walker, Tina Cleveland, Carley Hurd, Amy Jindra, Jacque Kobuchi, Stephanie Terrell, Michelle Wagaman, Joe Wickens, and Brandie Williams. *Not present:* Glenna Boerner, Linda Carter, Susan Muerdler, Melissa White, Matt Zurasky

January 24, 2023 Minutes Board of Directors

The Board of Directors approved the minutes from the January meeting.

ACTION TAKEN: The Board approved the minutes as amended.

Moved by: Carol Walker

Seconded by: Susan Gayle

I. Employee Service Awards

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

a. 15 Years

- i. Jaime Biagi – Speech & Language Pathologist - PEID

II. Consent Agenda

a. **RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, February 14, 2023**

- i. Information Only – Extraordinary Barriers List
- ii. Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- iii. Information Only – Information Technology/Electronic Health Record Update
- iv. Information Only – Crisis Intervention Team Assessment Center Report
- v. Information Only – Emergency Custody Order/Temporary Detention Order
- vi. Information Only – January Waitlist
- vii. Information Only – Licensing Reports
- viii. Information Only – Data Highlights
- ix. Information Only – Strategic Plan FY23 Mid-Year Executive Summary

b. **RECOMMENDED: FINANCE COMMITTEE February 14, 2023**

- i. Information Only – Board Deck, Financial Reports

ii. Information Only – Financial Summary

c. RECOMMENDED: PERSONNEL COMMITTEE February 14, 2023

- i. Information Only – January Retention Report
- ii. Information Only – January EEO Report and Recruitment Update
- iii. Classification, Compensation, and Benefits Study
- iv. Classification and Compensation Recommendations

ACTION TAKEN: The Board approved the Consent Agenda.

Moved by: Susan Gayle

Seconded by: Susan Muerdler

III. Items for Full Board Review

- a. Joe Wickens reported that we have received confirmation that we have by right use for the Roxbury property. He asked for Board approval to remove the property from the market, and move forward with the plans for the development of the new Clinical and Crisis Receiving Center facility.
- b. Ken Lapin asked what services would be provided in the CRC. Joe and Jacque Kobuchi reviewed the services that will be offered by the crisis receiving center to include a 24-hour walk-in center, emergency services, 23-hour observation area, a crisis intervention team assessment center, and a central hub for crisis mobile services. The facility will also include our pharmacy, medical and outpatient services on the same first floor.

ACTION TAKEN: The Board approved the Consent Agenda.

Moved by: Greg Sokolowski

Seconded by: Susan Gayle

IV. Report from the Executive Director

- a. Joe Wickens stated that the negotiations between Mary Washington and Anthem have finally come to an end and they have reached an agreement to renew their contract due by the end of the month. As a result, Mary Washington Healthcare will remain in the Anthem network, easing concerns regarding provider coverage for our employees as well as to thousands of individuals we support.
- b. Joe gave an update regarding the temporary Sunshine Lady House closure. He emphasized that it was a temporary closure and wanted to give reassurance that it will open up as soon as we are able, as our community was depending on it.
- c. Joe thanked the Board of Directors for approving the compensation study recommendations. He stated that he felt hopeful the changes would make a positive impact on our workforce.

V. Report of Directors and Coordinators

- a. Public Information – Amy Umble said employee appreciation month is in March and she would like to do short appreciation videos from each of the board members to post on our website for the employees to see.

VI. Board Time

- a. Greg Sokolowski said he appreciated the staff for their hard work.
- b. Clair Curcio stated that she was impressed with the compensation study and the plan to implement.
- c. Carol Walker said she is glad to be back.
- d. Susan Gayle thanked the staff.
- e. Nancy Beebe thanked Joe for moving things forward.
- f. Sarah Ritchie said she is amazed by the staff and the work they do.
- g. Jacob Parcell thanked the staff and impressed by the work they do.
- h. Ken Lapin thanked the Board and the staff.

VII. Adjournment

The meeting adjourned at 6:02 PM.

Board of Directors Chair

Executive Director

Prevention Services

Michelle Wagaman, Prevention Services Director

Melodie Jennings, Program Manager,
Healthy Families Rappahannock Area

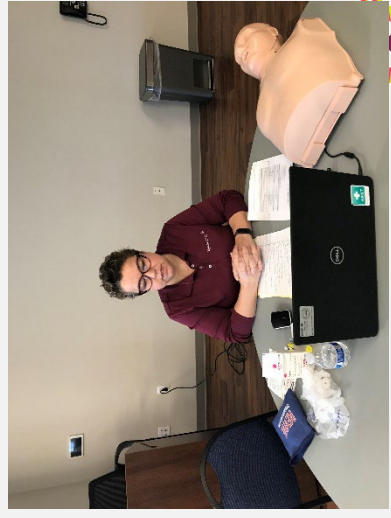
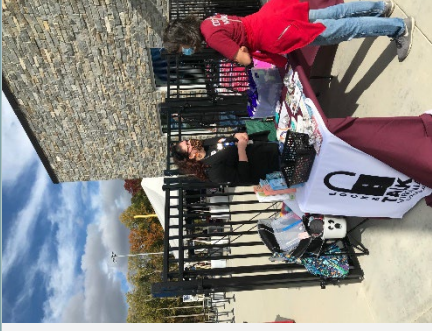
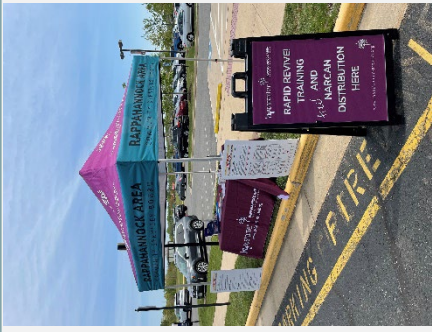
Who said it?

An ounce of prevention...

**AN OUNCE OF
PREVENTION IS WORTH A
POUND IN CURE**

Benjamin Franklin





VIRGINIA SUBSTANCE ABUSE PREVENTION LOGIC MODEL

| PROBLEM | PREVENTIVE INTERVENTIONS | ACTIVITIES | SHORT TERM OBJECTIVES | LONG TERM OBJECTIVES |
|--|--|---|---|--|
| <p>Substance abuse is a leading cause of death and disability in the United States. It is a major public health problem that affects individuals, families, and communities. The Rappahannock Area Community Services Board (RACSB) is committed to addressing this problem through a comprehensive prevention strategy.</p> <p>The RACSB's substance abuse prevention strategy is based on the following principles:</p> <ul style="list-style-type: none"> Prevention is the most effective way to reduce the burden of substance abuse. Prevention efforts should be based on sound research and evidence. Prevention efforts should be targeted to high-risk populations. Prevention efforts should be culturally sensitive and community-based. Prevention efforts should be coordinated and collaborative. <p>The RACSB's substance abuse prevention strategy is designed to address the following problems:</p> <ul style="list-style-type: none"> Substance abuse among youth. Substance abuse among pregnant women and infants. Substance abuse among the elderly. Substance abuse among individuals with mental health conditions. Substance abuse among individuals with chronic health conditions. | <p>1. Provide information and education about the risks of substance abuse.</p> <p>2. Provide counseling and support for individuals at risk of substance abuse.</p> <p>3. Provide screening and assessment for substance abuse.</p> <p>4. Provide referral and linkage to care for individuals with substance abuse.</p> <p>5. Provide recovery and relapse prevention services for individuals with substance abuse.</p> <p>6. Provide support and resources for families and communities affected by substance abuse.</p> | <p>1. Conduct community-based education campaigns.</p> <p>2. Provide individual and group counseling.</p> <p>3. Conduct screening and assessment.</p> <p>4. Provide referral and linkage to care.</p> <p>5. Provide recovery and relapse prevention services.</p> <p>6. Provide support and resources for families and communities.</p> | <p>1. Reduce the prevalence of substance abuse among youth.</p> <p>2. Reduce the prevalence of substance abuse among pregnant women and infants.</p> <p>3. Reduce the prevalence of substance abuse among the elderly.</p> <p>4. Reduce the prevalence of substance abuse among individuals with mental health conditions.</p> <p>5. Reduce the prevalence of substance abuse among individuals with chronic health conditions.</p> | <p>1. Reduce the burden of substance abuse in the Rappahannock Area.</p> <p>2. Improve the health and well-being of individuals, families, and communities.</p> <p>3. Create a culture of prevention and recovery.</p> |

2018-2019 Budget - FY 2023

| Agency | Program | Activity | Quantity | Unit Cost | Total Cost |
|--------|----------------------------|--|----------|-----------|------------|
| RACSB | Substance Abuse Prevention | Community-based education campaigns | 100 | \$1,000 | \$100,000 |
| | | Individual and group counseling | 500 | \$200 | \$100,000 |
| | | Screening and assessment | 200 | \$500 | \$100,000 |
| | | Referral and linkage to care | 100 | \$1,000 | \$100,000 |
| | | Recovery and relapse prevention services | 100 | \$1,000 | \$100,000 |
| | | Support and resources for families and communities | 100 | \$1,000 | \$100,000 |
| | | Administrative costs | 100 | \$1,000 | \$100,000 |
| | | Travel | 100 | \$1,000 | \$100,000 |
| | | Printing | 100 | \$1,000 | \$100,000 |
| | | Telephone | 100 | \$1,000 | \$100,000 |
| | | Utilities | 100 | \$1,000 | \$100,000 |
| | | Other | 100 | \$1,000 | \$100,000 |

Data driven logic model and measurement plans

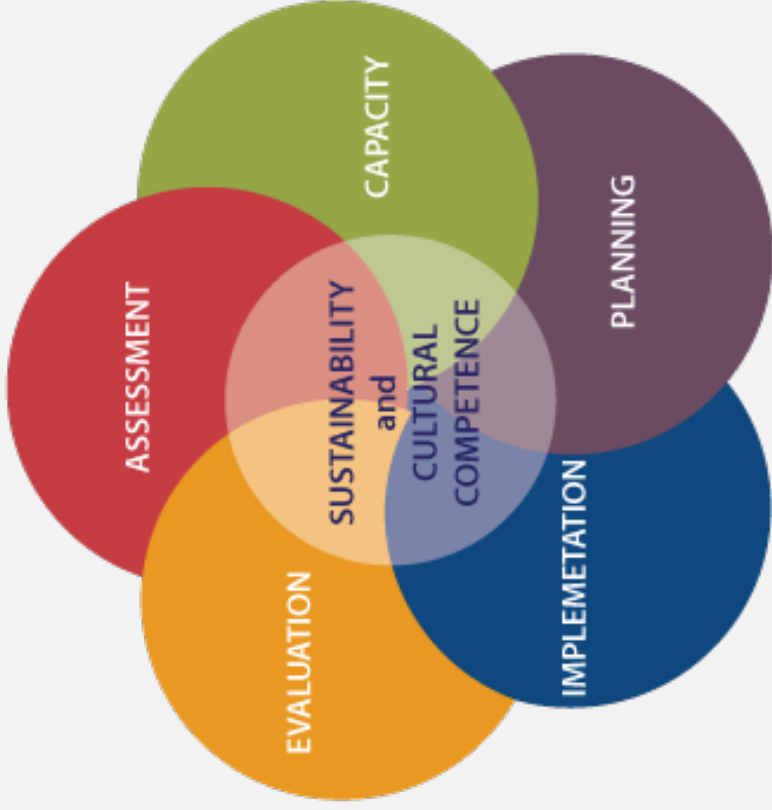
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| | | Utilities | 100 | \$1,000 | \$100,000 |
| | | Other | 100 | \$1,000 | \$100,000 |



Strategic Prevention Framework

- **Assessment**
 - Profile population needs, resources and readiness to address needs and gaps
- **Capacity**
 - Mobilize and/or build community capacity to address needs
- **Planning**
 - Develop a comprehensive strategic plan
- **Implementation**
 - Implement evidence-based programs and activities
- **Evaluation**
 - Monitor, evaluate, sustain, and improve or replace strategies



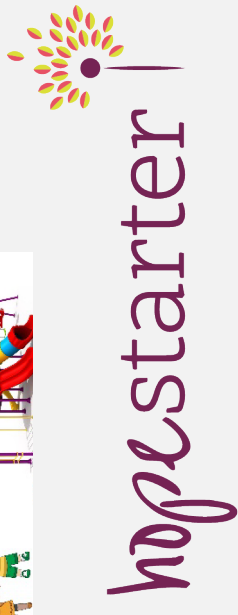
Prevention Services



- Works to enhance the overall health and safety of Planning District 16 residents through the promotion of mental wellness and the reduction of the overall impact of youth substance use and abuse.
- Helps to save lives through suicide prevention initiatives like Mental Health First Aid, ASIST, safeTALK, and Lock and Talk Virginia.
- Addresses public health concerns to include adverse childhood experiences, trauma-informed communities, vaping education, and the opioid epidemic.
- Engages in alcohol and tobacco merchant education activities to include environmental scans and information dissemination.
- Facilitates small group presentations, participate in community health fairs and events, and utilize social media.

Prevention Services

- Seeks to increase youth resilience and knowledge about substance mis-use while encouraging a healthy family through evidence-informed curriculums:
 - Second Step
 - Social/Emotional Knowledge
 - Bully Prevention
 - HALO (Healthy Alternatives for Little Ones)
 - Too Good for Drugs



Prevention Services

- Active coalition members and serve in leadership roles.
 - Community Collaborative for Youth and Families
 - Opioid Workgroup
- Funding through DBHDS
 - Substance Abuse Block Grant – Prevention Set-aside
 - Self-Healing Communities Grant (formerly Family Wellness Grant)
 - State Opioid Response Grant (SOR)
 - Prevention of Problem Gambling Funds





Rappahannock Area Kids on the Block

- Unique troupe of differently abled puppets
- Performances and workshops address important health and safety concerns

Available Scripts:

- Adult Literacy
- Alcohol, Tobacco and other Drugs
- Autism
- Automobile and Bicycle Safety
- Avoiding Gang Violence
- Bullies and School Safety
- Cerebral Palsy
- Children's Mental Health
- Combating Childhood Obesity
- Coping with Crisis
- Diabetes (Juvenile)
- Emotional Disturbance
- Fire Safety
- Intellectual Disabilities
- Learning Disabilities
- Life Lessons (Being a Good Person)
- Physical Abuse
- Prejudice Prevention
- Positive Self-esteem
- Sexual Abuse
- Visual Impairment



Healthy Families Rappahannock Area



“If only babies came home with a How-to-Guide”

Healthy Families Rappahannock Area supports NEW families through:

- Assessments and Referrals
- Home Visiting
- Case Management
- Village Fathers Parenting Education

Our Vision

- We help parents IDENTIFY their strengths.
- We PARTNER with parents for success in parenting.
- We EMPOWER parents to raise healthy children.

Funders

- Virginia Department of Social Services
 - Temporary Assistance for Needy Families (TANF) Grant
 - Community-based Child Abuse Prevention (CBCAP) Grant
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grant
- Rappahannock United Way
- Localities (Caroline, Fredericksburg, Spotsylvania, and Stafford)
- Medicaid Billing
- Donations
- Community Foundation of the Rappahannock River Region
- Mary Washington Hospital Foundation
- Local Churches



Events

- Holiday Drive Thru
- Community Awareness Open House
- Family Fun Day
- Monthly Playgroups
- Family Graduation
- Child Abuse Prevention Month (April)



ADDRESS IT TODAY. PREVENT IT TOMORROW.


We can reduce the generational impact of adverse childhood experiences (ACEs), overdose, and suicide.

URGENT IN EVERY COMMUNITY


RELATED TO EACH OTHER

PREVENTABLE IF WE ACT NOW


URGENT IN EVERY COMMUNITY
ACEs, overdose, and suicide are critical and growing public health challenges.



5+
of the 10 leading causes of death are associated with ACEs¹

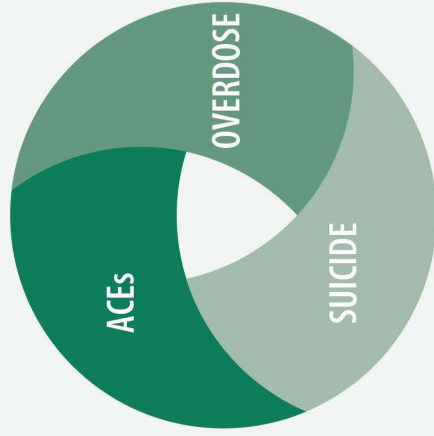


35%
increase in suicide rates²
— 1999 - 2018 —




6x
increase in opioid overdose deaths³
— 1999 - 2018 —

RELATED TO EACH OTHER
ACEs, overdose, and suicide have generational impact since preventing or addressing any one of these issues...




... decreases the risk of the others both now and for the next generation.


PREVENTABLE IF WE ACT NOW
Aligning policies and programs—and building on community strengths—can prevent ACEs, overdose, and suicide.




Engage People
as change agents in their communities




Increase Understanding
of the shared root causes



Invest in Research
to better understand what works



Ensure Equity
in policies, programs, and services



Longer Life Span

PREVENTION BENEFITS US ALL
Preventing ACEs, overdose, and suicide has wide-ranging benefits.



Increased Economic Productivity



Lower Healthcare Costs



More Effective Programs and Services

¹ <https://www.cdc.gov/vital-signs/aces/index.html>
² <https://www.cdc.gov/nchs/products/databriefs/db362.htm>
³ <https://www.cdc.gov/nchs/data/databriefs/db356-h.pdf>



Thank you!



March 2023 Program Planning and Evaluation Committee Meeting Minutes

Call to order

A meeting of the Program Planning and Evaluation Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **March 14, 2023**. *Attendees included:* Nancy Beebe, Clair Curcio, Jacob Parcell, Carol Walker, Matt Zurasky, Carley Hurd, Amy Jindra, Jacque Kobuchi, Patricia Newman, Stephanie Terrell, Amy Umble, Joe Wickens. *Absent:* Glenna Boerner, Linda Carter, Susan Gayle, Ken Lapin, Sarah Ritchie, Greg Sokolowski, and Melissa White.

Extraordinary Barriers List

Patricia Newman reviewed the case of one individual on the Extraordinary Barriers List. Barriers to placement include working through the Not Guilty by Reason of Insanity process.

Independent Assessment Certification and Coordination Team Update – February 2023

Jacque Kobuchi told the Committee that RACSB received 16 referrals and completed 16 IACCT referrals in February. Four were from Spotsylvania, five from Stafford, two from Caroline and one from the City of Fredericksburg.

Crisis Intervention Team (CIT) Assessment Center Report – February 2023

Jacque Kobuchi reported that the CIT Assessment Center assessed 26 individuals in the month of February 2023: Fredericksburg 7; Caroline 2; King George 1; Spotsylvania 7; Stafford 8; Other (out of area 1.

Emergency Custody Order and Temporary Detention Order Report – February 2023

Jacque Kobuchi told the Committee that emergency services staff completed 340 emergency evaluations in February 2023. 65 Emergency Custody Orders (ECO) were issued, 65 Temporary Detention Orders were executed. Six individuals were sent to the state hospital as a bed of last resort.

Lucas Street, Ross Drive ICF Life Safety Code Survey

Amy Jindra reported that Ross and Lucas ICFs underwent an unannounced recertification Life Safety Code survey and were in compliance with standards for participation in Medicaid and Medicare. Zero violations to report.

Wait List - February 2023

Stephanie Terrell reported that 275 individuals were waiting more than 30 days for outpatient therapy appointments as of February 28, 2023. As of March 7, 2023, there were 11 older adolescents and adults and 1 child under the age of 13 waiting longer than 30 days for a psychiatry intake appointment.

The Community Support Services waiting lists included: Mental Health Residential, 4 (needs, 0; referral, 3; acceptance, 1); Developmental Disability Residential, 97 (needs, 92; referral, 5; acceptance, 0); Assertive Community Treatment, 19 (needs, 8; referral, 11, acceptance, 0); and DD Waiver Services, 806.

QA Chart Reviews

Stephanie Terrell told the Committee that RACSB obtained approval for three Corrective Action Plans (CAP) during the month of February. Lafayette Boarding House, RAAI, and Leeland Road Group Home corrective actions have been made.

Information Technology/Electronic Health Record Update

Brandie Williams said that the information technology department closed 1050 help tickets in February. She also provided updates on required state reporting projects.

Data Highlights

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

Mid-Year Community Support Services CARF Executive Summary

Brandie Williams reported that RACSB conducts an annual performance analysis of programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Brandi also provided and reviewed a summary that highlighted the mid-year progress for CARF accredited programs within the Community Support Services Division.

Substance Abuse and Mental Health Services Administration FY2023 Grants for the Benefit of Homeless Individuals

Brandie Williams told the Committee that RACSB intends to apply for the Substance Abuse and Mental Health Services Administration FY 2023 Grants for the Benefit of Homeless Individuals (SAMHSA). Brandie reported that this project will develop a targeted team within the RACSB to provide intensive community-based outpatient treatment, recovery-oriented services, and harm reduction education to those living on the street, in shelters or precariously between the homes of friends and family.

Senate Congressionally Directed Spending Application

Brandie Williams reported RACSB has applied for the RACSB Comprehensive Behavioral Health Care and Crisis receiving Center Construction Project for he FY2024 Congressionally Directed Spending Community Project Funding through the joint application process for Senator Kaine and Senator Warner. This clinic would serve over 20,000 of Virginia's most vulnerable individuals by providing mental health care across the continuum of care from crisis, on-going support, and through recovery.

Adjournment

The meeting adjourned at 11:57 a.m.



Voice/TDD (540)373-3223 / Fax (540) 371-3733

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 Committee Meeting
March 14, 2023, 10:30 AM
600 Jackson Street, Board Room 208, Fredericksburg VA

Date: March 09, 2023

A Program Planning and Evaluation Committee meeting has been scheduled for Tuesday, March 14, 2023 at 10:30 AM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on March 14th at 10:30 AM.

Cc: Nancy Beebe, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
Program Planning and Evaluation Committee Meeting

March 14, 2023 – 10:30 AM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

| | | |
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| II. | Independent Assessment Certification and Coordination Team Update, <i>Kobuchi</i> | 4 |
| III. | Crisis Intervention Team Assessment Center Report, <i>Kobuchi</i> | 6 |
| IV. | Emergency Custody Order/Temporary Detention Order, <i>Kobuchi</i> | 8 |
| V. | ICF Life Safety Code Lucas/Ross, <i>Jindra</i> | 12 |
| VI. | December Waitlist, <i>Terrell</i> | 17 |
| VII. | Licensing Reports, <i>Terrell</i> | 21 |
| VIII. | Information Technology/Electronic Health Record Update, <i>Williams</i> | 32 |
| IX. | Data Dashboard Report, <i>Williams</i> | 34 |
| X. | Mid-Year CARF Executive Summary, <i>Williams</i> | 39 |
| XI. | Substance Abuse and Mental Health Services Administration FY 2023 Grants for the Benefit of Homeless Individuals, <i>Williams</i> | 43 |
| XII. | Senate Congressionally Directed Spending Application, <i>Williams</i> | 44 |
| XIII. | Other Business, <i>Beebe</i> | |

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: March 14, 2023

RACSB currently has one individual on the Extraordinary Barriers List (EBL) who is hospitalized at Central State Hospital (CSH). 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.

Central State Hospital

Individual #1: Was placed on the EBL 2/24/23. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has struggled with both mental health and substance use concerns. At time of discharge from the hospital, they will transition to an inpatient substance use program in Winchester, VA and then after successful completion, they will transition to sober living at an Oxford House. This individual's Conditional Release Plan (CRP) has been developed and has been approved by the Forensic Review Panel (FRP). RACSB has been coordinating with Northwestern Community Services Board (NWCSB) in development of the CRP as well to coordinate follow up care. Their court date is scheduled for 3/17/2023. Once the individual's CRP is approved by the court, an admission date will be scheduled for the inpatient substance use program and they will discharge to the community. This individual may require a small amount of 1x Discharge Assistance Program (DAP) funding at time of discharge.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: March 7, 2023
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 sixteen IACCT referrals and completed sixteen assessments in the month of February. Eleven referrals were initial IACCT assessments and five were re-authorizations. Eight were from Spotsylvania, four from Stafford, two from Caroline, two from King George and none from the City of Fredericksburg. Of the sixteen completed assessments in February, fourteen recommended Level C Residential and one recommended Level Group Home. One assessment has been completed but no recommendation submitted due to no physician to engage which is a required component. No reauthorizations recommended discharge at this time.

Attached is the monthly IACCT tracking data for February 2023.

| Report Month/Year | Feb-23 |
|--|--------|
| 1. Total number of Referrals from Magellan for IACCT: | 16 |
| 1.a. total number of auth referrals: | 11 |
| 1.b. total num. of re-auth referrals: | 5 |
| 2. Total number of Referrals per county: | |
| Fredericksburg: | 0 |
| Spotsylvania: | 8 |
| Stafford: | 4 |
| Caroline: | 2 |
| King George: | 2 |
| Other: | 0 |
| 3. Total number of extensions granted: | 7 |
| 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: | 16 |
| 8a. Total number of ICA's recommending: residential: | 14 |
| 8b. Total number of ICA's recommending: therapeutic group home: | 1 |
| 8c. Total number of ICA's recommending: community based services: | 0 |
| 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: | 0 |
| 10. Total number of notifications that a family had difficulty accessing any IACCT-recommended service/s: | 0 |

MEMORANDUM

To: Joe Wickens, Executive Director
From: Tabitha Taylor, Emergency Services Law enforcement liaison
Date: March 7, 2023
Re: Crisis Assessment Center and CIT report February 2023

The CIT Assessment Center assessed 26 individuals in the month of February 2023. The number of persons served by locality were the following: Fredericksburg 7; Caroline 2; King George 1; Spotsylvania 7; Stafford 8; 1 other.

Please see attached CIT data sheet

February 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 |
|--------------|---|--|---------------------------------|---|
| 2/1/2023 | 0 | 0 | n.a | Spotsylvania/Stafford |
| 2/2/2023 | 2 | 1 | Stafford | Fredericksburg |
| 2/3/2023 | 5 | 1 | Fredericksburg | Spotsylvania |
| 2/4/2023 | 3 | 0 | n.a | Spotsylvania |
| 2/5/2023 | 3 | 0 | n/a | Spotsylvania |
| 2/6/2023 | 4 | 0 | n.a | Spotsylvania |
| 2/7/2023 | 3 | 1 | Fredericksburg | Spotsylvania |
| 2/8/2023 | 6 | 3 | Stafford;Spotsylvania(2) | Spotsylvania |
| 2/9/2023 | 2 | 2 | Stafford | Spotsylvania/Fredericksburg |
| 2/10/2023 | 0 | 0 | n.a | Spotsylvania |
| 2/11/2023 | 4 | 2 | Caroline; Spotsylvania | Spotsylvania |
| 2/12/2023 | 3 | 2 | Stafford;Colonial Beach | Spotsylvania/Stafford |
| 2/13/2023 | 2 | 2 | Fredericksburg;Stafford | Spotsylvania |
| 2/14/2023 | 4 | 1 | Caroline | Spotsylvania |
| 2/15/2023 | 1 | 1 | Spotsylvania | Spotsylvania/King george |
| 2/16/2023 | 0 | 0 | n.a | Spotsylvania |
| 2/17/2023 | 2 | 2 | Fredericksburg; Spotsylvania | Spotsylvania/Stafford |
| 2/18/2023 | 2 | 2 | King George; Stafford | Spotsylvania |
| 2/19/2023 | 1 | 1 | Spotsylvania | Spotsylvania/Fredericksburg |
| 2/20/2023 | 1 | 1 | Fredericksburg | Spotsylvania/Stafford |
| 2/21/2023 | 2 | 2 | Fredericksburg | Spotsylvania/Fredericksburg |
| 2/22/2023 | 2 | 0 | n.a | Spotsylvania/Stafford |
| 2/23/2023 | 8 | 1 | Spotsylvania | Spotsylvania |
| 2/24/2023 | 1 | 0 | n.a | Spotsylvania |
| 2/25/2023 | 1 | 0 | n.a | Spotsylvania |
| 2/26/2023 | 2 | 1 | Stafford | King George |
| 2/27/2023 | 1 | 0 | n.a | Spotsylvania/Fredericksburg |
| 2/28/2023 | 1 | 0 | n.a | Spotsylvania |
| 2/29/2023 | 0 | 0 | n.a | Spotsylvania/King george |
| Total | 66 | 26 | | |

Total Assessments at Center in February: 20

| Brought by: | Cumulative Total: | Cumulative number of Assessments since September 2016: |
|--------------|-------------------|--|
| Caroline | 2 | 145 |
| Fred City | 7 | 1006 |
| Spotsylvania | 7 | 961 |
| Stafford | 8 | 1001 |
| King George | 1 | 125 |
| Other | 1 | 4 |
| | | 3242 |

MEMORANDUM

To: Joe Wickens, Executive Director

From: Kari Norris, Emergency Services Coordinator

Date: March 8, 2023

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

In February 2023, Emergency Services staff completed 340 emergency evaluations. Sixty-five emergency custody orders were assessed and sixty-five total temporary detention orders served of the 340 evaluations. Staff facilitated six admissions to a state hospital. Three adult admissions went to Western state (2) and NVMHI. One admission was a child admitted to CCCA. Two admissions went to Piedmont Geriatric hospital.

A total of fifteen individuals were involuntarily hospitalized outside of our catchment area in February. Three individuals were able to utilize alternative transportation.

Please see attached data reports.

DATE: 3.8.2023

Emergency Services Activity Reports

| Month | Contacts | Evaluations | ECOs | TDOs Issued | TDOs Executed |
|----------------|----------|-------------|------|-------------|---------------|
| October 2020 | | 492 | 113 | 85 | 85 |
| November 2020 | | 413 | 88 | 88 | 88 |
| December 2020 | | 373 | 75 | 79 | 79 |
| January 2021 | | 374 | 88 | 89 | 89 |
| February 2021 | | 358 | 84 | 83 | 83 |
| March 2021 | | 465 | 82 | 100 | 100 |
| April 2021 | | 449 | 92 | 100 | 100 |
| May 2021 | | 507 | 93 | 93 | 93 |
| June 2021 | | 453 | 95 | 95 | 92 |
| July 2021 | | 379 | 76 | 74 | 74 |
| August 2021 | | 394 | 86 | 77 | 77 |
| September 2021 | | 517 | 98 | 86 | 86 |
| October 2021 | | 422 | 60 | 72 | 72 |
| November 2021 | | 425 | 59 | 60 | 60 |
| December 2021 | | 401 | 67 | 66 | 66 |
| January 2022 | | 355 | 74 | 63 | 63 |
| February 2022 | | 442 | 87 | 64 | 64 |
| March 2022 | | 375 | 74 | 81 | 81 |
| April 2022 | | 390 | 85 | 87 | 87 |
| May 2022 | | 417 | 92 | 73 | 73 |
| June 2022 | | 342 | 75 | 66 | 66 |
| July 2022 | | 343 | 77 | 83 | 83 |
| August 2022 | | 367 | 79 | 76 | 76 |
| September 2022 | | 341 | 66 | 76 | 76 |
| October 2022 | | 351 | 70 | 75 | 75 |
| November 2022 | | 359 | 69 | 73 | 73 |
| December 2022 | | 296 | 55 | 51 | 51 |
| January 2023 | | 389 | 81 | 86 | 86 |
| February 2023 | | 340 | 65 | 67 | 67 |

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

| CSB/BHA | Rappahannock Area Community Services Board | | | | Month | February 2023 | | |
|------------------------------------|--|---------------------------|-------|--------------------------------|-------------|----------------------------------|-------|-------------------------------------|
| 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 | |
| 340 | 27 | 38 | 65 | 12 | 4 | 49 | 65 | 2 |

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

| CSB/BHA | Rappahannock Area Community Services Board | Reporting month | February 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) |
| 2/6/23 | 104555 | | | 3) No ECO, but "last resort" TDO to state hospital (see definition) |
| 2/7/23 | 76911 | Child | Yes | No |
| 2/8/23 | 103061 | | Yes | No |
| 2/12/23 | 109208 | | Yes | No |
| 2/23/23 | 65972 | Older Adult with Medical Acuity | Yes | No |
| 2/26/23 | 105131 | Older Adult with Medical Acuity | Yes | No |

ALTERNATIVE TRANSPORT DATA February 2023

| Date | ID | LE DEPT | Location of Individual | Receiving Hospital | Travel time Round Trip (minutes) | ECO | | Age | Gender | TDO criteria | Presented for AT: Y or N | | Reason for Decline |
|--|--------|----------------|------------------------|--------------------------|----------------------------------|-----|---|-----|--------|--|--------------------------|-----|---|
| | | | | | | Y | N | | | | Y | N | |
| 2/3/23 | 107219 | Stafford | MWH-ED | North Springs | 198 | yes | | 10 | M | Danger to self | No | No | Elopement risk |
| 2/6/23 | 104555 | Stafford | MWH-ED | NVMHI | 100 | yes | | 31 | M | Danger to self, others and inability to care | No | No | Aggressive and erratic |
| 2/7/23 | 76911 | Fredericksburg | MWH-ED | CCCA | 240 | yes | | 6 | M | Danger to self | No | No | Too erratic/impulsive |
| 2/8/23 | 103061 | Stafford | MWH-ED | Western State | 244 | yes | | 31 | F | Inability to care | No | No | Elopement risk |
| 2/11/23 | 60950 | Caroline | MWH-ED | Dominion | 120 | yes | | 16 | F | Danger to self | No | No | Elopement risk |
| 2/12/23 | 109208 | Westmoreland | MWH-ED | Western State | 244 | yes | | 33 | M | Inability to care | No | No | |
| 2/16/23 | 105121 | Stafford | Stafford-ED | Poplar Springs | 184 | yes | | 12 | F | Danger to self | No | No | Elopement risk |
| 2/18/23 | 107559 | Spotsylvania | Lee's Hill | Lewis Gale | 374 | no | | 15 | M | Danger to self | Yes | Yes | AT Utilized |
| 2/21/23 | 24325 | Fred PD | MWH-ED | Poplar Springs | 160 | yes | | 34 | F | Danger to self and others | No | No | Too erratic/impulsive |
| 2/23/22 | 82755 | Stafford | MWH-ED | Poplar Springs | 160 | yes | | 25 | F | Inability to care | No | No | Too erratic/impulsive |
| 2/23/23 | 65972 | Spotsylvania | MWH-ED | Piedmont | 224 | yes | | 68 | F | Inability to care | No | No | Prior refusal to go AT |
| 2/26/23 | 109362 | Stafford | Stafford-ED | Pavilion at Williamsburg | 202 | yes | | 19 | F | Danger to self | Yes | Yes | AT Utilized |
| 2/26/23 | 78035 | Stafford | MWH-ED | Pavilion at Williamsburg | 180 | no | | 44 | F | Inability to care | No | No | Client presents too acute with psychosis that she is in labor |
| 2/26/23 | 105131 | Stafford | MWH-ED | Piedmont | 224 | yes | | 66 | F | Danger to others; Inability to care | No | No | Assaulted staff and LE |
| 2/27/23 | 78179 | Stafford | MWH-ED | North spring | 198 | yes | | 11 | F | Danger to self | Yes | Yes | AT Utilized |
| Total Out of Area | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| Total Utili:% Utilized Total Appropriate for AT | | | | | | | | | | | | | |
| | | | | | | 3 | | 20% | | | | | |

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

Date: March 6, 2023

Re: Annual Live Safety Code Survey

On January 31, 2023, Ross and Lucas Intermediate Care Facilities underwent an unannounced recertification Life Safety Code survey. The Life Safety Code Survey evaluates the programs to assure compliance with Centers for Medicare and Medicaid Services (CMS) requirements relating to long term care. Based on the survey conducted by Inspector Thomas Payne, both Ross and Lucas met compliance standards for participation in Medicaid and Medicare. The cover letters and survey findings are attached.

1/31/23

Mr. Stephen Curtis,
Lucus St ICF
5701 Lucus St
Fredericksburg, VA

Ref; Lucus St ICF

Provider # 49G064

Dear Mr. Curtis,

scurtis@reppahannockareacs.org

This concerns the unannounced recertification Life Safety Code survey of the referenced facility conducted on 1/31/23 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The facility was surveyed for compliance using the Life Safety Code 2012 Existing regulations and no deficiencies were found.

All institutional buildings must meet all applicable Life Safety Code (NFPA 101) requirements in accordance with the federal Long Term Care certification requirements issued by the Centers for Medicare and Medicaid Services (CMS), in order to participate in the Medicare/Medicaid programs. The findings listed on the attached form, CMS 2567, "Statement of Deficiencies and Plan of Correction" demonstrate compliance with Title 42 Code Federal of Regulations, 483.90(a) et seq Life Safety from Fire.

If you have any questions or if I may be of assistance to you, please contact me at Thomas.payne@vdh.virginia.gov or at 434- 981- 2731.

Sincerely,



Thomas Payne
LSC Medical Facilities Inspector

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/15/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G064 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - LUCAS STREET B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/31/2023 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER LUCAS STREET | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5701 LUCAS STREET FREDERICKSBURG, VA 22407 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 000 | <p>INITIAL COMMENTS</p> <p>The facility is one story on a basement of Type V construction and is fully sprinklered.</p> <p>An unannounced life safety code recertification survey was conducted on 1/31/23 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facility for Persons with Mental Retardation. The facility was surveyed for compliance using the LSC 2012 Existing Regulations.</p> <p>The facility was in compliance with the requirements for participation for Medicare and Medicaid.</p> | K 000 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

1/31/23

Mr. Stephen Curtis,
Ross Drive ICF
5604 Ross Drive
Fredericksburg, VA

Ref; Ross Drive ICF

Provider # 49G065

Dear Mr. Curtis,

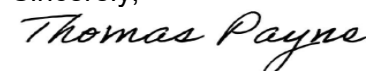
scurtis@reppahannockareacs.org

This concerns the unannounced recertification Life Safety Code survey of the referenced facility conducted on 1/31/23 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The facility was surveyed for compliance using the Life Safety Code 2012 Existing regulations and no deficiencies were found.

All institutional buildings must meet all applicable Life Safety Code (NFPA 101) requirements in accordance with the federal Long Term Care certification requirements issued by the Centers for Medicare and Medicaid Services (CMS), in order to participate in the Medicare/Medicaid programs. The findings listed on the attached form, CMS 2567, "Statement of Deficiencies and Plan of Correction" demonstrate compliance with Title 42 Code Federal of Regulations, 483.90(a) et seq Life Safety from Fire.

If you have any questions or if I may be of assistance to you, please contact me at Thomas.payne@vdh.virginia.gov or at 434- 981- 2731.

Sincerely,



Thomas Payne
LSC Medical Facilities Inspector

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G065 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ROSS DRIVE B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/31/2023 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ROSS DRIVE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5604 ROSS DRIVE FREDERICKSBURG, VA 22407 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 000 | <p>INITIAL COMMENTS</p> <p>The facility is one story of Type V construction and is fully sprinklered. Fire alarm and generator.</p> <p>An unannounced life safety code recertification survey was conducted on 1/31/23 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facility for Persons with Mental Retardation. The facility was surveyed for compliance using the LSC 2012 Existing Regulations.</p> <p>The facility was in compliance with the requirements for participation for Medicare and Medicaid.</p> | K 000 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: March 8, 2023
Re: February 2023 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of February 28, 2023.

OUTPATIENT SERVICES

- Clinical services: As of February 28, 2023, there are 275 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 120 clients.
 - The waitlist in Spotsylvania is currently at 70 clients.
 - The waitlist in Caroline is currently at 85 clients.
 - This is an increased of 6 from the January 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 February 7, 2023, there are three older adolescents and adults waiting longer than 30 days for their intake appointment. This is a decrease of eight from the January 2023 waitlist. The furthest out appointment is 5/3/2023. There is one child age 13 and below waiting longer than 30 days for their intake appointment. This is an increase of one from the January 2023 wait list.

PSYCHIATRY INTAKE – As of March 7, 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 – 3 (7) | 0 (0) |
| ○ Caroline – 0 (1) | 0 (0) |
| ○ King George – 0 (0) | 1 (0) |
| ○ Spotsylvania – 0 (0) | 0 (0) |
| ○ Stafford – 0 (3) | 0 (0) |
| Total 3 (11) | 1 (0) |

| Appointment Dates | |
|-------------------------------------|------------------------------|
| <i>Fredericksburg Clinic</i> | |
| | 4/19/23 4/26/23 5/3/23 |
| <i>Caroline Clinic</i> | |
| | N/A |
| <i>King George</i> | |
| | 4/13/23 |
| <i>Spotsylvania Clinic</i> | |
| | N/A |
| <i>Stafford Clinic</i> | |
| | 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 - 4

Needs List: 0
Referral List: 3
Acceptance List: 1

Count by County:

| | |
|----------------|---|
| Caroline | 1 |
| King George | 0 |
| Fredericksburg | 1 |
| Spotsylvania | 0 |
| Stafford | 2 |

- The one individual on the acceptance list is a referral from the community and has completed two successful trial passes at Home Road. He has been accepted for the next community bed that is available at Home Road, which will be available the third week of March.

Intellectual Disability Residential Services – 97

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

Count by County:

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

Assertive Community Treatment (ACT)– 19

Caroline: 1
Fredericksburg: 8
King George: 0
Spotsylvania: 4
Stafford: 6

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

Total program enrollments = 50

Admissions: 2
Discharges: 2

- During the month of February, an ACT South client asked to be discharged after receiving services since June 2021. This client had not had any psychiatric hospitalizations. He did not want to continue to receive ACT services because he felt he did not need the intensity of the program. This client will continue to receive services including case management from the agency Permanent Supportive Housing program. He did not want to receive continued medication and case management from our main clinic. This client is aware he can request ACT services in the future. ACT South enrolled a client on NGRI status who transitioned out of an agency residential program this month. The program coordinator and South Team Lead, met with a potential client who is currently hospitalized at Northern Virginia Mental Health Institute. She met program criteria and wants to be enrolled in ACT services upon hospital discharge.

ID/DD Support Coordination

There are 806 individuals on the waiting list for a DD waiver. This is an increase of 10 from last month

P-1 340

P-2 181

P-3 285

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: March 8, 2023
Re: Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) obtained approval for three Corrective Action Plans (CAP) during the month of February 2023.

Lafayette Boarding House received a report due to the late reporting of an incident.

Rappahannock Adult Activities Inc (RAAI), Spotsylvania location, received a report due to an incident which occurred involving a day support participant and Leeland Road Group Home received a report due to an incident which occurred involving a resident of Leeland.

The attached CAPs provide additional details regarding the citation and RACSB's response.

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

License #: **101-03-001** Date of Inspection: **01-23-2023**
 Organization Name: **Rappahannock Area Community Services Board** Program Type/Facility Name: **03-001 MH Support Services**

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

| | | | | |
|--|-----------|--|---|------------------|
| <p>12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or</p> | <p>NS</p> | <p>MH Support Services This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20230006 Date/Time of Discover: 01/04/2023 11:45AM Enter Date/Time: 01/05/2023 5:11PM Reporting Delay: 5:26:00 Location Name: MH Support Services Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 10/20/22 and is now a non-compliant.</p> | <p>PR) 02/13/2023 The assistant manager of the program reported that although she was aware that an incident report needed to be completed on January 4, which was the day that the incident occurred, she forgot to complete the IR because she was tending to other duties of the program. The program manager spoke with the assistant manager on the morning on January 5, once it was discovered that an IR had not yet been completed. At that time the assistant manager reported that she forgot to complete the IR on the previous day, but would complete one at that time. The assistant manager reported that she knows the policy and has completed IR's in a timely manner for other incidents, but forgot to complete one for this incident. The assistant manager responsible for failing to complete the incident report within the required timeframe, will be issued a standard of conduct violation that will become a part of the employee file. MH Residential staff, including the assistant manager responsible for failing to complete the incident report within the required timeframe, will attend a refresher training on all documentation protocols to ensure all future incidents are reported within the required timeframe. MH Residential Coordinator will review the Incident Report Protocol with managers and MH Residential Specialists during staff meetings, at least annually. MH Residential managers will review the Incident Report Protocol with program staff upon hire, and at least annually during staff meetings.</p> | <p>2/26/2023</p> |
|--|-----------|--|---|------------------|

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

License #: 101-03-001 Date of Inspection: 01-23-2023
Organization Name: Rappahannock Area Community Services Board Program Type/Facility Name: 03-001 MH Support Services

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--|-------------|-------------------------------------|----------------------------|---------------------------|
| circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported. | | | OLR) Accepted 02/27/2023 | |

General Comments / Recommendations:

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

Lakesha Steele, Incident Management Unit

(Signature of Organization Representative)

Date

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

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

License #: 101-02-006 Date of Inspection: 02-08-2023
Organization Name: Rappahannock Area Community Services Board Program Type/Facility Name: 02-006 Spotsylvania Clinic

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 align="center">N</p> | <p>Spotsylvania Clinic This regulation was NOT MET as evidenced by: See OHR citation below.</p> | | |
|--|-------------------------|--|--|--|

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

License #: 101-02-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 02-08-2023
Program Type/Facility Name: 02-006 Spotsylvania Clinic

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--|-------------|---|--|---------------------------|
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation. | N | <p>Spotsylvania Clinic</p> <p>This regulation was NOT MET as evidenced by: CHRIS #20230004/Incident date:1.13.2023</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse.</p> <ul style="list-style-type: none"> • Provider substantiated neglect due to the following: <ul style="list-style-type: none"> ◦ During provider investigation, it was revealed that Employee #1 left a door open, and left Individual #1 unsupervised, which resulted in a fall. ◦ Minor bruising occurred as a result of the fall. ◦ Failure to provide services necessary to the safety and welfare of the individual meets the regulatory definition of neglect. | <p>PR) 02/28/2023</p> <p>During provider investigation, it was revealed that Employee #1 left a door open, and left Individual #1 unsupervised, which resulted in a fall.</p> <p>On 2/22/23, protocol was developed for pick up and drop off times to ensure safe transition for individuals in and out of programming.</p> <p>Corrective action in accordance to RACSB policy will be provided to employee #1 when she returns from medical leave.</p> <p>On 3/3/23 a team meeting will be held with all staff to provide training on ISPs, and pick up and drop off protocol.</p> <p>Updates to individual #1's plan for supports will be made and reviewed with all staff on 3/3/23.</p> <p>Systematically, all employees will be trained on pick up and drop off protocols to ensure safe transition from programming to vehicles picking them up by 4/1/23.</p> | 4/1/2023 |
| | | | OHR(OLR) Accepted 03/01/2023 | |

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 02-08-2023

Program Type/Facility Name: 02-006 Spotsylvania Clinic

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

General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

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

License #: **101-01-001**
 Organization Name: **Rappahannock Area Community Services Board**
 Date of Inspection: **02-10-2023**
 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>12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.</p> | <p>N</p> | <p>Leeland Road Group Home This regulation was NOT MET as evidenced by: CHRIS#20220049/Incident date: 12.21.2022 "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider substantiated abuse due to the following:</p> <ul style="list-style-type: none"> Per the provider's investigation, verbal abuse is substantiated due to Employee #1 and Employee #2 confirming hearing Employee #3 tell individual #1: "Do you need me to take you to the bathroom and fuck you up?" | <p>PR) 03/03/2023 PR: Upon substantiation of the abuse allegation following the investigation procedures, the staff member responsible for the incident was separated from employment by the agency effective 2/13/23. 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 Leeland Group Home Staff underwent re-trainings concerning the RACSB Code of Ethics and mandated reporting requirements on 2/19/2023. All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of</p> | <p>2/19/2023</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: 02-10-2023

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> |
|--------------------------|-------------|---|--|---------------------------|
| | | <ul style="list-style-type: none"> Additional personnel described Employee #3 using "harsh" language toward Individual #1. | <p>individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p> <p>The program 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 03/06/2023

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 02-10-2023

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> |
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|

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: Suzanne Poe, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: March 6, 2023

This report provides an update on projects related to Information Technology and the Electronic Health Record. The IT department completed 1050 tickets in the month of January. 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 February 2023, 1050 tickets were closed by IT Staff.

Ticket completion numbers by month for calendar year 2023: January - 983

The Average number of TrackIt tickets closed in 2022 was 1,023 per month.

Permanent Supportive Housing's move-in date to the Bowman Center has been extended. The internet and phone services have been installed. Once furniture is installed, IT will complete final install of equipment, such as placing phones on desks and installing printers.

Community Consumer Submission 3

The January 2023 CCS was submitted on February 24, 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.

On January 30, 2023, DBHDS changed the transfer mechanism of how WaMS and Electronic Health Records communicate. There was a brief testing period the week prior. Avatar did not communicate with the new protocol initially and IT manually entered service plans through February 27th, until Netsmart was able to fix the communication to/from WaMS.

Trac-IT Early Intervention Data System

DBHDS Part C office has announced the Trac-It full implementation date as December 11, 2023. State Part C staff are currently developing an EHR extract implementation workgroup and has asked VACSB Data Management Committee Chairs for recommendations on CSB representation. RACSB worked used support provided by Netsmart's One Team to develop extract to test. We look forward to testing this extract in order to determine the feasibility of the upload process for implementation within our Early Intervention process. At this time, we will only be able to meet the new requirements of an additional 280+ required elements if the extract process is successful.

Zoom

We continue to utilize Zoom for telehealth throughout the agency.

- 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

The ACT and PEID are using Bells and identifying issues as they arise. Updates are now available in Avatar so that Bells can do group notes as well as individual notes. Once the new Bells updates are installed in our Avatar system, IT will start working with our Substance Use teams to try and incorporate the Bells group note functionality into their workflow.

Staffing

The IT department will have 2 vacant positions. Robert Rezendes, the current Data Analyst, is staying within RACSB but moving back to Quality Assurance. The date of his transfer is April 3rd 2023. Logan Taylor, IT specialist, left on February 24th.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: March 8, 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- Oct 2022 (91.3%)

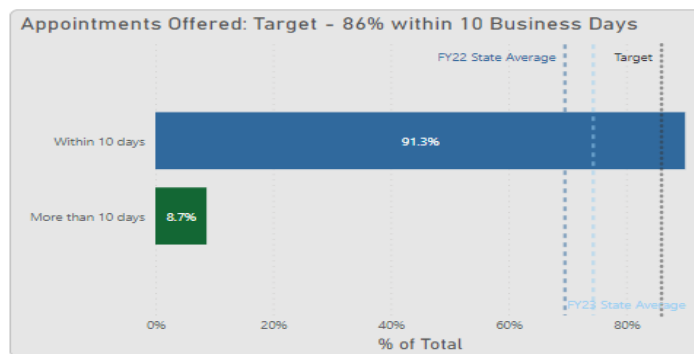
Measure 1: Appointments Offered

Target - 86% within 10 Business Days

State Average

76.5%!

Goal: 86 %
Within 10 days



Number of CSBs that met 86% target in most current month: 17 of 40

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

Current Month's Performance- Sept 2022 (86.3%)

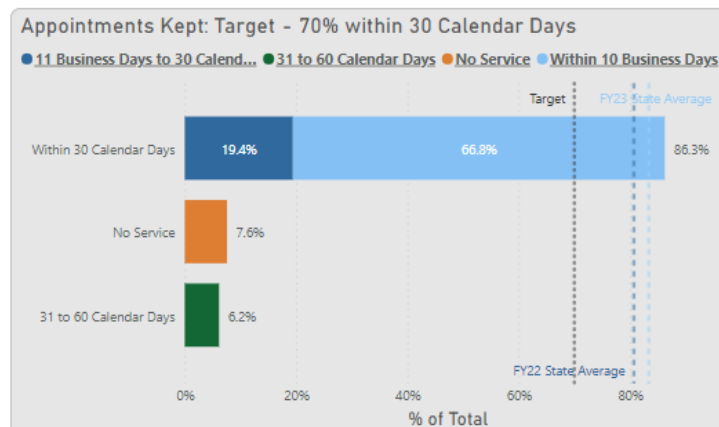
Measure 2: Appointments Kept

Target - 70% within 30 Calendar Days

State Average

85.0%✓

Goal: 70 %
Within 30 Days



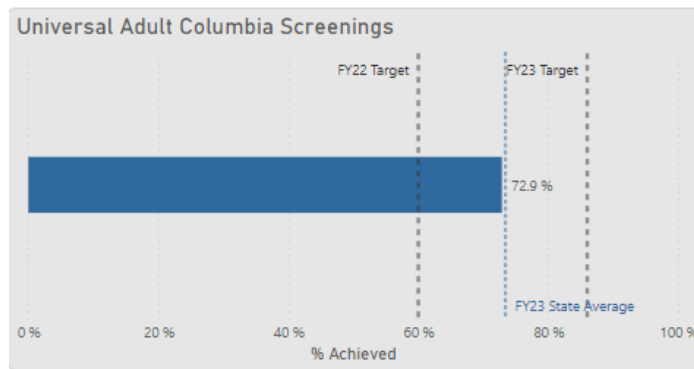
Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

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-Oct 2022 (72.9%)

Measure 2: Adults 18 and Over
 FY22 Target: 60%; FY23 Target: 86%
 State Average

75.5 %!
 Goal: 86 %

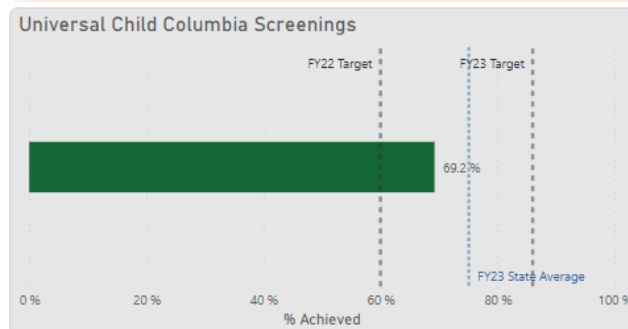


Measure #2: Child Suicide Assessment: Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(enumerator). The benchmark is set at 60 % for FY22 and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

Current Month's Performance- Oct 2022 (69.2%)

Measure 1: Children 6 to 17
 FY22 Target: 60%; FY23 Target: 86%
 State Average

79.1 %!
 Goal: 86 %



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- Nov 2022 (33.9%)

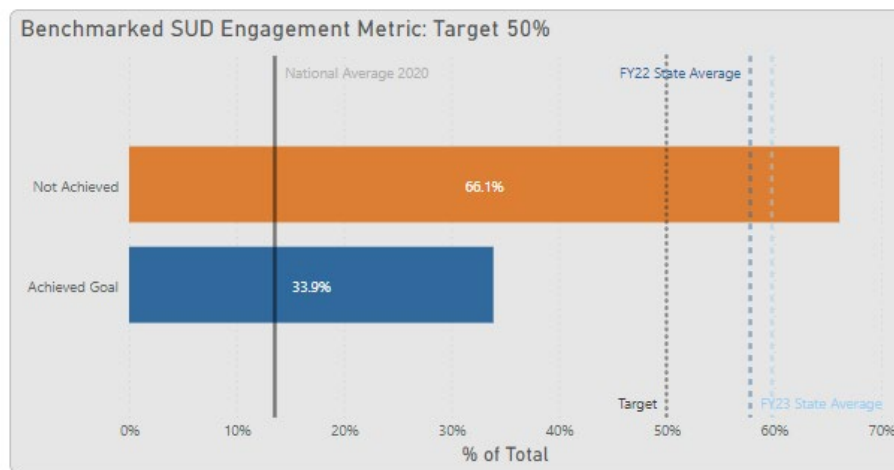
Benchmarked Measure

Target - 50%

State Average

55.3% ✓

Goal: 50 %



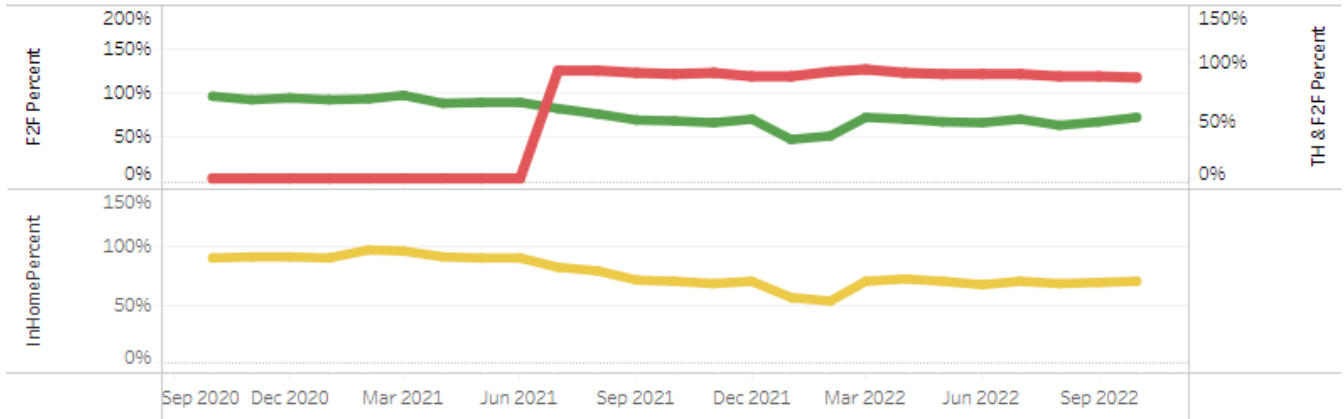
Developmental Disability Measures

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%.*

Current Month's Performance- Oct 2022



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Mid-Year Community Support Services CARF Executive Summary

Date: March 7, 2023

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). The attached executive summary provides highlights of the mid-year progress for CARF accredited programs within the Community Support Services Division.

FY2023 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 | 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 preceding admission to SLH will not have a TDO in the 30 days following discharge from SLH. | Of the one hundred and thirty-six (136) individuals served through December 2022, eleven (11) had been TDOed in the year prior to receiving CS services. Of those eleven (11), two (2) were TDOed within 30 days after receiving CS services. (82%) | Performance on this metric has improved since last year. Individuals who frequently access SLH have been less frequent as they have been more connected with supports such as Permanent Supportive Housing. |
| 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 thirty-six (136) individuals served through December 2022, fifty-two (52) had not received outpatient services within the year prior to entering CS. Of those fifty-two, forty-six (46) engaged in outpatient services with RACSB after discharge. (88%) | Performance on this metric has improved since last year do to increased access to outpatient services, particularly in-person access. |
| 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 thirty-six (136) individuals served through December 2022, nine (9) utilized Emergency services within 30-days post discharge, with two (2) requiring hospitalization. (6%) | This metric has been met for the first part of the fiscal year. |
| Psychosocial Rehabilitation | At least 75% of members will participate in wellness activities and receive supports/services in these areas (fitness, nutrition, smoking cessation, etc.) | 100% of individuals participated in community activities and received supports/services in the area of community engagement. | RACSB provided YMCA memberships have supported consistent access to a community activity for members. Kemore Club facilitates visits to the YMCA three times a week. They also include library, grocery store, and lunch outings each week. |
| 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. | 2/23-6 total (2 transition w/in residential, 2 graduated, 2 d/c to community), 3 more expected in Feb/March 2023. | This metric is on track to be met by the end of the fiscal year. Funding remains a primary barrier due to high rent/housing costs which individuals cannot afford on their income of an average of \$915 a month. |

| Program | Efficiency: The program is efficient when...(Efficiency-able to accomplish something with the least waste of time and effort) | Mid-Year | Key Points |
|-----------------------------|---|--|---|
| Crisis Stabilization | Exceed the state benchmark of 75% for bed usage. | YTD bed utilization is 58% through December 2022. | Bed utilization has been heavily impacted by staffing services. Due to staffing levels, bed availability was reduced to 6 beds in September. Lack of sufficient staff, specifically nursing, has led to the temporary closure of SLH at this time. |
| Psychosocial Rehabilitation | Expenses and revenue will be within program budget with a positive variance by the end of the year. | As of December 2022, Kenmore Club has a positive variance of \$72,136.41. | Although Kenmore Club has maintained a positive variance so far this fiscal year, this is credited to the Public Health Emergency flexibility to provide one unit of service each day via phone call. The PHE will end on May 11th so that billing option will no longer be available. Kenmore Club staff are planning ways to increase daily membership in order to balance the loss in revenue when the flexibility ends. |
| MH Residential Services | The occupancy rate at each residential facility is 96% or higher. | 2/23-100% occupancy not including transitional beds, with plan to be 100% full by end Dec; 89% occupancy including transitional beds (3 vacant trans. Beds). | This goal has been met with the exception of the transitional beds. DBHDS provides revenue for these beds regardless of them being filled. Barriers to increasing occupancy rates for these beds include lack of referrals from State Hospitals which is a requirement to place an individual in these beds and high turnover rate when individuals are placed as many are out of our catchment area. |
| Program | Access: Individuals have timely access to our program when...(Success of referral, waiting list, waiting for routine or emergency care) | Mid-Year | Key Points |
| Crisis Stabilization | Coordinate admission of twelve individuals from Western State Hospital on pass and/or as step-downs per year. | SLH received zero (0) referral for state hospital pass or step-down through December 2022. | SLH staff have tried to outreach to Western State staff but state hospitals are still limiting passes for individuals at this time. |
| Psychosocial Rehabilitation | Increase community outings by having at least 5 community outing offerings a week. | Kenmore Club staff have offered at least 5 community outing offerings per week each week since the beginning of the fiscal year. | This metric was established to ensure increased community options post-pandemic and ensure options for Club participation since transitioning from hybrid/virtual groups for service accessibility. |

| | | | |
|-----------------------------|---|--|--|
| 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. | 2/23—ongoing. This has occurred with each pass thus far in FY23. | Although this goal has been met, there has been some push back around passes from the state hospitals. |
| 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 | 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 FY23. | 100% of individuals discharging completed surveys with 94% responding positively. | This goal has been met so far this fiscal year. |
| Psychosocial Rehabilitation | 80% of Individuals will indicate satisfaction with overall services on the annual Kenmore Club specific program survey administered in Spring 2023. | The Comprehensive Satisfaction Survey is planned for administration in March 2023. Kenmore Club has started implementing targeted group surveys to evaluate each group offering and have completed for 40% of the groups at this time. | Annual survey scheduled for March 2023. |
| MH Residential Services | At least 90 % of individuals surveyed indicate overall satisfaction with MH Residential services by answering strongly agree or agree. | 2/23- Annual survey completed Dec. 22. 95% of participants are overall satisfied with MH Residential Services. Discharge surveys are also offered upon discharge. | MH Residential is exploring the use of Survey Monkey to facilitate future surveys for easier access to aggregate data. |

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Substance Abuse and Mental Health Services Administration FY2023 Grants for the Benefit of Homeless Individuals

Date: March 8, 2023

The Rappahannock Area Community Services Board intends to apply for the SAMHSA Grants for the Benefit of Homeless Individuals (TI-23-005).

This project will develop a targeted team within the Rappahannock Area Community Services Board to provide intensive community-based outpatient treatment, recovery-oriented services, and harm reduction education to those living on the street, in shelters or precariously between the homes of friends and family. The team will include a peer recovery specialist, a Certified Substance Abuse Counselor (CSAC), substance use and engagement case managers, as well as primary care service providers. The goals are five-fold: (1) Establish a dedicated treatment team that increases wrap-around support available in the community to people experiencing both homelessness and substance abuse or co-occurring disorders.; (2) Reduce unnecessary exits from permanent housing and shelter among formerly homeless as a result of substance abuse or co-occurring disorders; (3) Increase the self-determination and stability of formerly homeless who experience substance abuse and co-occurring disorders; (4) Facilitate linkages to physical health care across community systems and reduce emergency room visits.; (5) Enhance the bidirectional communication of the Rappahannock Area Community Services Board and community partners utilizing a Rapid Cycle Quality Improvement process. The program will build upon a public-private partnership established with a local homeless service organization, Micah Ecumenical Ministries. Building upon this partnership will not only enhance services available to the street homeless, but also those living precariously in doubled-up, imminently at risk, situations or staying in one of three other shelters in the community. The Rappahannock Area Health District will partner to support linkages to primary care services and community-level data.

We will serve at least 100 individuals a year through the 5-year funding period. We are requesting \$500,000 a year for this project. Approved funding will receive the requested amount annually for up to 5 years. We plan to submit the application by the due date of March 21, 2023.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Rappahannock Area Community Services Board Comprehensive Behavioral Health Care Clinic and Crisis Receiving Center Project

Date: March 8, 2023

The Rappahannock Area Community Services Board has applied for the RACSB Comprehensive Behavioral Health Care and Crisis Receiving Center Construction Project for the FY2024 Congressionally Directed Spending Community Project Funding through the joint application process for Senator Kaine and Senator Warner. This clinic would serve over 20,000 of Virginia's most vulnerable individuals by providing mental health care across the continuum of care from crisis, on-going support, and through recovery.

Prior the COVID-19 pandemic, RACSB purchased land adjacent to our primary location with plans to build an updated, trauma informed facility. However, construction was placed on hold due to the pandemic. The mental health needs of Virginians have increased significantly during that time period. As we have grown our staff to accommodate increased need, we no longer have the physical space for our clinicians. The Congressionally Directed Spending would jump-start the construction of the mental health clinic and crisis receiving center which would remain sustainable by the services provided within. The project is timely as it aligns with the Governor's Right Help, Right Now and simultaneously providing access to services not currently available in our community by building the area's first crisis receiving center.

The application was submitted under the Labor, Health and Human Services, Education, and Related Agencies appropriations under the Department of Health and Human Services, Health Resources and Services Administration, Program Management account. This project request specifically meets the committee's eligibility under the Health Facilities Construction and Equipment criteria. Funding will be used to cover architectural, engineering, and construction costs related to building a new, trauma-sensitive, public behavioral health clinic and crisis receiving center. The center would serve as the physical space for the provision of mental health therapy, case management, psychiatry, primary medical care, care coordination, peer recovery support services, and on-site pharmacy services for individuals regardless of ability to pay. A large footprint of the clinic is the physical design and construction of a Crisis Receiving Center where coordinated community behavioral health crisis responses services would be provided 24 hours a day, 7 days a week, 365 days a year. The crisis center would be designed and constructed to include 24-hour access, crisis observation rooms, centrally located service provider hub, as well as a dedicated entrance for law enforcement which affords additional security and privacy for the individual in mental health crisis. The project requests funding only for allowable construction and capital equipment purposes and does not exceed the established \$15 million funding limit.

At the time of this report, the project has received letters of support from over 20 elected officials, local boards of supervisors, law enforcement departments, and other key community partners.

March 2023 Finance Committee Meeting Minutes

Call to order

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **March 14, 2023**. *Attendees included:* Nancy Beebe, Claire Curcio, Jacob Parcell, Carol Walker, Matt Zurasky, Tina Cleveland, Carley Hurd, Amy Jindra, Teresa McDonnel, Alison Standring, Stephanie Terrell, Megan Toler, Amy Umble, Joe Wickens *Absent:* Glenna Boerner, Linda Carter, Susan Gayle, Ken Lapin, Sarah Ritchie, Greg Sokolowski, Melissa White.

Financial Report Presentation by Andrew with Robinson, Farmer, Cox Associates

Andrew reviewed the Financial Report for year ending on June 30, 2022

Mid-Year State FY23 Part C Fiscal Report July 1, 2022 – June 30, 2023

Alison Standring reviewed the Mid-Year Part C Fiscal Report through December 31, 2023, including:

- Combined revenue for the three program areas of RACSB that make up Part C system (Early Intervention): ICC, Parent Education Infant Development Program, and Infant Case Management is \$1,945,499.59 as of December 31, 2022
- Expenses through December 31, 2022 were \$1,432,256.22, leaving a balance of \$513,243.37.
- Provided ongoing services to 773 infants and toddlers (up from 749 last year) and processed 435 referrals (up from 430 last year) during the first half of the 2023 fiscal year.

January 2023 Board Deck

Tina Cleveland and Megan Toler reviewed a Board Deck summary of financial reports, including:

- Cash Investments, which totaled \$24,026,361 in January 2023.
- Investment Portfolio Summary, which showed an estimated income balance of \$209,252.00 as of January 31, 2023.
- Fee Revenue Reimbursement, with current year-to-date collections of \$19,215,958 which was a 19% increase from the previous year.
- Write-Off Report, which totaled \$116,548.73 for January 2023.
- Health Insurance Account, with year-to-date monthly premiums totaling \$2,287,862.44 and claims and fees totaling \$1,532,317.23.
- Other Post-Employment Benefits, which had a balance of \$2,073,354.11 as of January 31, 2023.
- Payroll Statistics, which showed that employees were paid an average of 442 overtime hours per pay period in FY23 and an average of 3,744 leave hours per pay period.

January 2023 Financial Summary Report

Tina Cleveland reviewed the January financial summary report with the Committee. Overall, FY23 balances currently show a net gain of \$5.5 million, with \$2.2 million of that being in restricted funds.

Adjournment

The meeting adjourned at 12:50 p.m.

Board of Directors Chair

Executive Director



Voice/TDD (540)373-3223 / Fax (540) 371-3733

NOTICE

To: Finance Committee: Susan Gayle, Susan Muerdler, Jacob Parcell, Carol Walker, Melissa White, Matt Zurasky

From: Joseph Wickens
Executive Director

Subject: Financial Committee Meeting
March 14, 2023, 12:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: March 09, 2023

A Finance Committee meeting has been scheduled for Tuesday, March 14, 2023 at 12:00 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on March 14 at 12:00 PM

Cc: Matt Zurasky, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Finance Committee Meeting

March 14, 2023 – 12:00 PM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

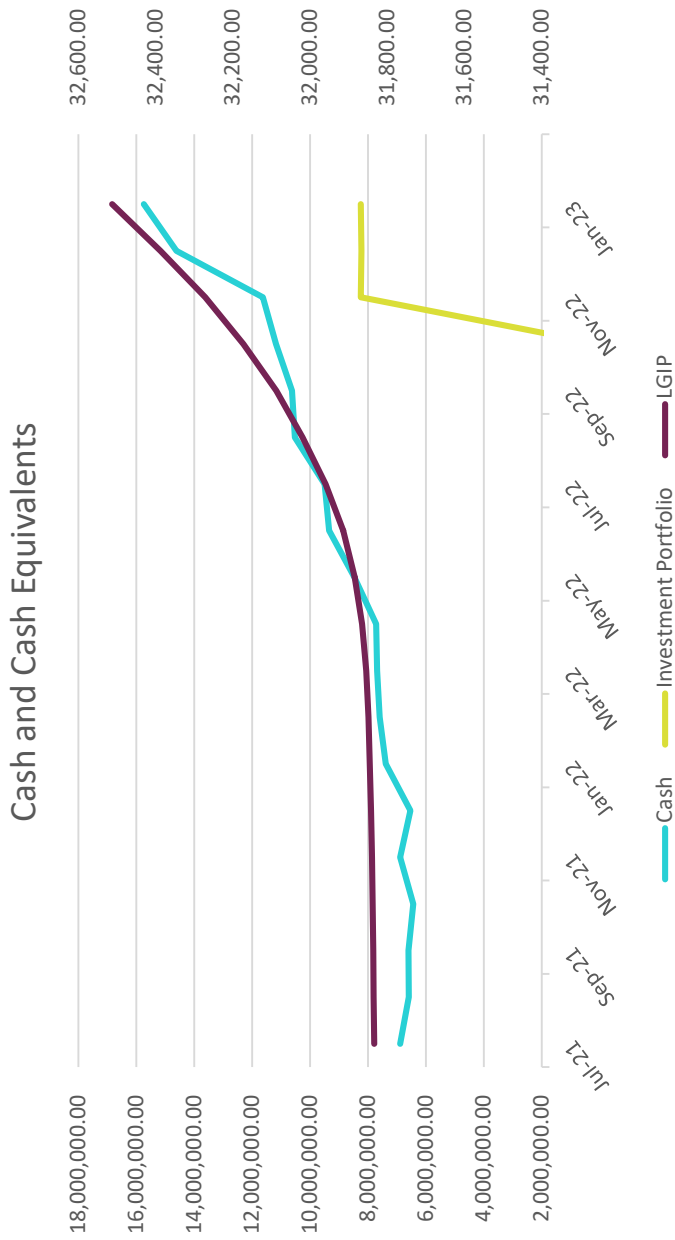
- I. Financial Report Presentation by *Josh Roller with Robinson, Farmer, Cox*..... Handout
- II. Finance Committee Board Deck3
 - a. Summary of Cash Investments
 - b. Summary of Investment Portfolio
 - c. Fee Revenue Reimbursement
 - d. Fee Collection YTD and Quarterly
 - e. Write-Off Report
 - f. Health Insurance Account
 - g. OPEB
 - h. Payroll Statistics
- III. Financial Summary, *Cleveland*12
- IV. Mid-Year State FY23 Part C Fiscal Report July 1, 2022 – June 30, 2023, *Alison Standring*.....16
- V. Other Business, *Zurasky*

Finance Committee

MARCH 14, 2023

Summary of Cash Investments

| Depository | | Rate | Maturity Date |
|----------------------------------|----------------------|-------|---------------|
| Atlantic Union Bank | | | |
| Checking | \$ 15,742,214 | 1.50% | N/A |
| Investment Portfolio | | | |
| Cash Equivalents | 5,267,814.22 | 2.80% | |
| Fixed Income | 2,983,820.00 | 4.38% | |
| Certificates of Deposit | - | 0.01% | 6/21/2024 |
| Total Atlantic Union Bank | \$ 23,993,848 | | |
| Other | | | |
| Local Gov. Investment Pool | \$ 32,512 | 0.09% | N/A |
| Total Investments | \$ 24,026,361 | | |



| | \$ Change | % Change |
|--|--------------|----------|
| Change from Prior Month | \$ 1,152,304 | 5.0% |
| Change from Prior Year | \$ 5,357,483 | 29% |
| | | |
| | | |
| Average # Months Reserves on Hand: 5.81 | | |

Summary of Investment Portfolio

| Asset Description | Shares/Face Value | Market Value | Total Cost | Unrealized Gain/Loss | Est. Income | Current Yield |
|-----------------------------------|------------------------|------------------------|------------------------|-----------------------|----------------------|---------------|
| Balance at 12/31/2022 | \$ 8,294,365.83 | \$ 8,228,444.55 | \$ 8,239,711.54 | \$ (11,266.99) | \$ 261,728.00 | 3.18% |
| Fidelity IMM Gov Class I Fund #57 | \$ 2,353,256.66 | 2,353,256.66 | \$ 2,353,256.66 | \$ - | \$ 99,252.00 | 4.22% |
| US Treasury Bill (6/15/2023) | \$ 1,000,000.00 | \$ 977,915.19 | \$ 977,916.87 | \$ (1.68) | | |
| US Treasury Bill (11/30/2023) | \$ 1,025,000.00 | \$ 981,265.34 | \$ 981,732.90 | \$ (467.56) | | |
| US Treasury Bill (12/28/2023) | \$ 1,000,000.00 | \$ 955,377.03 | \$ 955,364.35 | \$ 12.68 | | |
| Total Cash Equivalents | \$ 5,378,256.66 | \$ 5,267,814.22 | \$ 5,268,270.78 | \$ (456.56) | \$ 99,252.00 | 1.88% |
| US Treasury Note (3/31/2024) | \$ 1,000,000.00 | \$ 972,700.00 | \$ 973,575.00 | \$ (875.00) | \$ 22,500.00 | 2.31% |
| US Treasury Note (10/15/2025) | \$ 1,000,000.00 | \$ 1,007,720.00 | \$ 1,005,781.25 | \$ 1,938.75 | \$ 42,500.00 | 4.23% |
| US Treasury Note (11/30/2024) | \$ 1,000,000.00 | \$ 1,003,400.00 | \$ 1,004,914.69 | \$ (1,514.69) | \$ 45,000.00 | 4.48% |
| Total Fixed Income | \$ 3,000,000.00 | \$ 2,983,820.00 | \$ 2,984,270.94 | \$ (450.94) | \$ 110,000.00 | 3.72% |
| Balance at 1/31/2023 | \$ 8,378,256.66 | \$ 8,251,634.22 | \$ 8,252,541.72 | \$ (907.50) | \$ 209,252.00 | 2.54% |

Fee Revenue Reimbursement

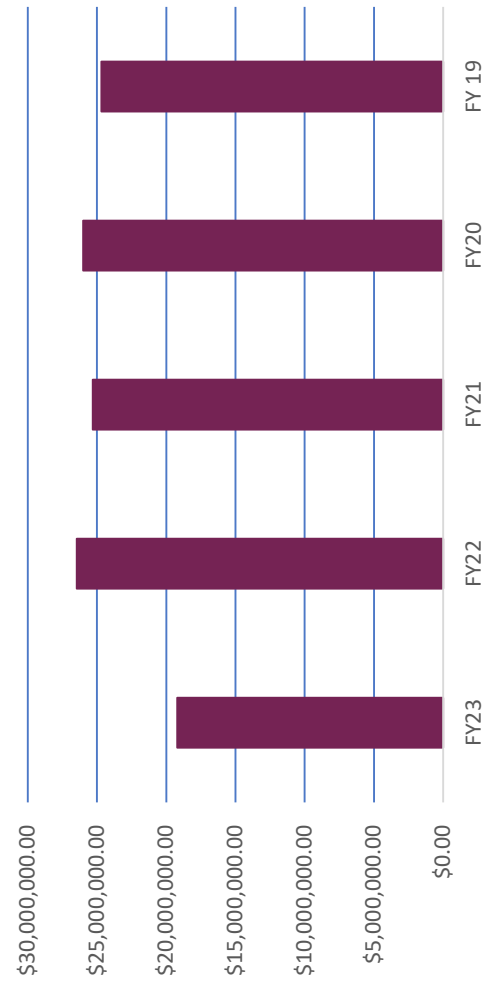
| AGED CLAIMS | | Current Month | | Prior Month | | Prior Year | |
|---------------------------------|-----------|---------------|-------------|-------------|-------------|------------|-------------|
| | | % | \$ | % | \$ | % | \$ |
| Total Claims Outstanding | Total | 100% | \$5,243,858 | 100% | \$5,915,583 | 100% | \$5,097,900 |
| | Consumers | 50% | \$2,606,507 | 42% | \$2,509,909 | 40% | \$2,038,388 |
| | 3rd Party | 50% | \$2,637,350 | 58% | \$3,405,675 | 60% | \$3,059,512 |
| Claims Aged 0-29 Days | Consumers | 4% | \$200,361 | 2% | \$104,985 | 1% | \$67,439 |
| | 3rd Party | 49% | \$2,566,086 | 53% | \$3,140,355 | 42% | \$2,141,776 |
| Claims Aged 30-59 Days | Consumers | 0% | \$20,593 | 6% | \$337,412 | 2% | \$88,529 |
| | 3rd Party | 1% | \$51,270 | 2% | \$91,716 | 1% | \$63,287 |
| Claims Aged 60-89 Days | Consumers | 6% | \$326,343 | 0% | \$13,001 | 4% | \$222,414 |
| | 3rd Party | 1% | \$34,953 | 1% | \$46,686 | 2% | \$103,658 |
| Claims Aged 90-119 Days | Consumers | 0% | \$12,864 | 2% | \$103,665 | 1% | \$55,879 |
| | 3rd Party | 1% | \$43,822 | 1% | \$44,838 | 1% | \$64,811 |
| Claims Aged 120+ Days | Consumers | 39% | \$2,046,346 | 33% | \$1,950,846 | 31% | \$1,604,127 |
| | 3rd Party | -1% | -\$58,780 | 1% | \$82,079 | 13% | \$685,981 |

CLAIM COLLECTIONS

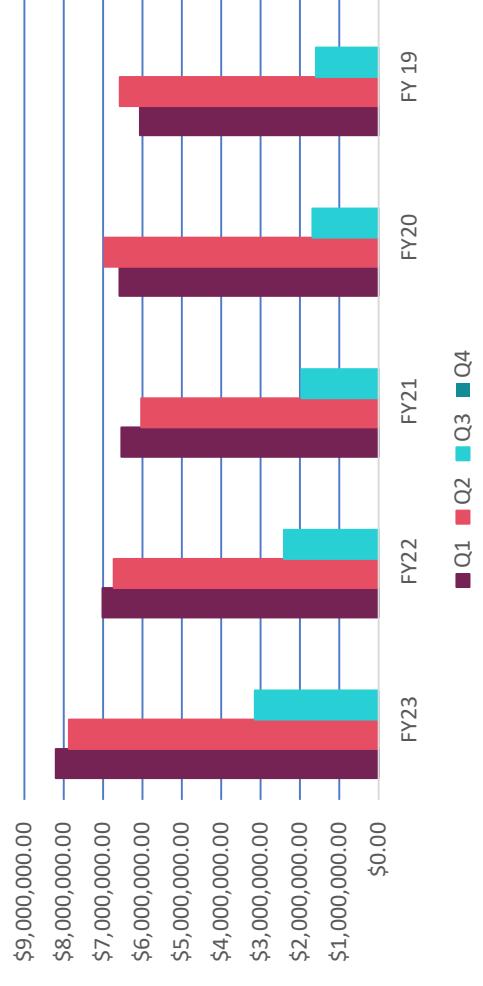
| | |
|----------------------------------|--------------|
| Current Year To Date Collections | \$19,215,958 |
| Prior Year To Date Collections | \$16,150,499 |
| \$ Change from Prior Year | \$3,065,459 |
| % Change from Prior Year | 19% |

Fee Collection YTD and Quarterly

Year to Date Fee Collections



Quarterly Fee Collections



Write Off's – Current Month & YTD

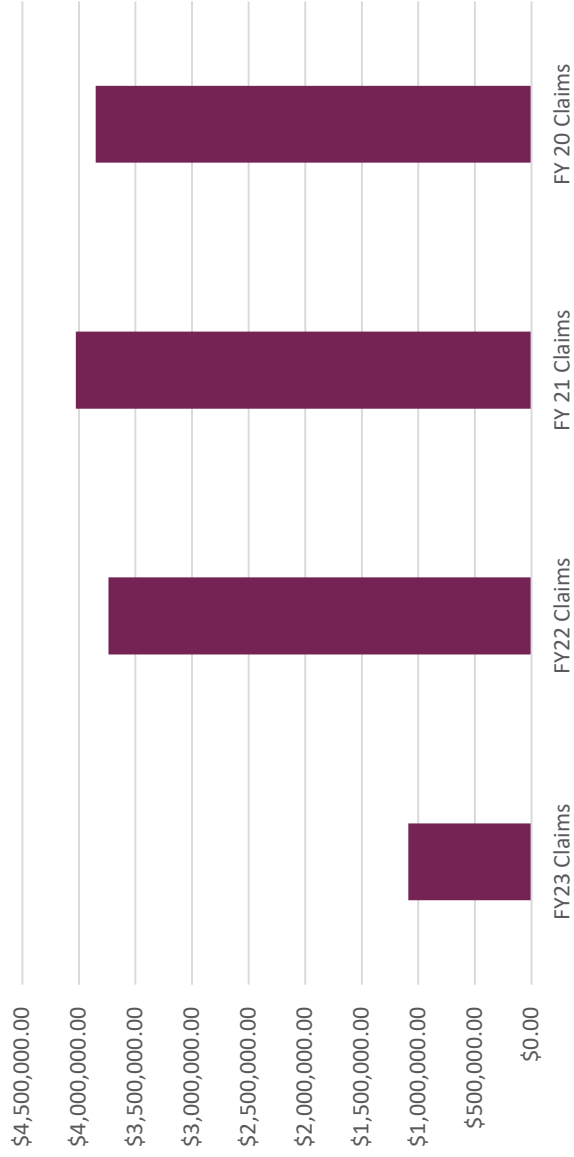
| Write Off Code | Month: January 2023 | | | Prior Year |
|----------------------------|---------------------|----------------------|---------------------|------------|
| | Current Year | Jan 2023 Clean Up | | |
| BAD ADDRESS | - | | 65 | |
| DECEASED | 250 | | - | |
| NO FINANCIAL AGREEMENT | 1,934.23 | 13,171.93 | 7,405.80 | |
| SMALL BALANCE | 599.13 | 0.74 | 25.43 | |
| UNCOLLECTABLE | 494.12 | 152,852.75 | 1,243.21 | |
| FINANCIAL ASSISTANCE | 37,456.85 | | 21,015.67 | |
| NO SHOW | 140 | | 220 | |
| MAX UNITS/BENEFITS | 27,611.23 | 13,440.00 | 7,797.93 | |
| PROVIDER NOT CREDENTIALLED | 9,038.66 | 12,170.00 | 3,717.64 | |
| DIAGNOSIS NOT COVERED | - | 100 | - | |
| NON-COVERED SERVICE | 14,186.77 | 76,117.09 | 1,811.62 | |
| SERVICES NOT AUTHORIZED | 15,485.21 | 9,023.96 | 83,164.84 | |
| PAST BILLING DEADLINE | 1,820.00 | 21,409.64 | 10,294.95 | |
| INCORRECT PAYER | 6,707.53 | 13,530.79 | 545 | |
| INVALID MEMBER ID | 825 | | 360 | |
| INVALID POS/CPT/MODIFIER | - | 2,009.00 | - | |
| NO PRIMARY EOB | - | 3,792.32 | - | |
| TOTAL | \$116,548.73 | \$317,618.22 | \$137,667.09 | |

| Write Off Code | Year to Date July 2022 - January 2023 | | | Prior YTD |
|----------------------------|---------------------------------------|----------------------|-----------------------|-----------|
| | Current YTD | Jan 2023 Clean Up | | |
| BAD ADDRESS | - | | 949.57 | |
| BANKRUPTCY | 3,750.55 | | 690.63 | |
| DECEASED | 4,206.95 | | 390 | |
| NO FINANCIAL AGREEMENT | 45,684.48 | 13,171.93 | 28,909.78 | |
| SMALL BALANCE | 1,339.29 | 0.74 | 703.69 | |
| UNCOLLECTABLE | 4,966.16 | 152,852.75 | 10,990.65 | |
| FINANCIAL ASSISTANCE | 1,318,090.22 | | 1,625,542.21 | |
| NO SHOW | 2,610.00 | | 2,962.66 | |
| MAX UNITS/BENEFITS | 77,121.15 | 13,440.00 | 30,899.71 | |
| PROVIDER NOT CREDENTIALLED | 45,033.69 | 12,170.00 | 51,904.18 | |
| DIAGNOSIS NOT COVERED | 2,220.00 | 100 | - | |
| NON-COVERED SERVICE | 47,309.80 | 76,117.09 | 108,120.32 | |
| SERVICES NOT AUTHORIZED | 145,276.49 | 9,023.96 | 247,415.71 | |
| PAST BILLING DEADLINE | 44,477.31 | 21,409.64 | 53,763.61 | |
| MCO DENIED AUTH | 18,279.56 | | 6,560.18 | |
| INCORRECT PAYER | 74,582.05 | 13,530.79 | 22,077.51 | |
| INVALID MEMBER ID | 4,320.00 | | 360 | |
| INVALID POS/CPT/MODIFIER | - | 2,009.00 | - | |
| NO PRIMARY EOB | - | 3,792.32 | - | |
| TOTAL | \$1,839,267.70 | \$317,618.22 | \$2,192,240.41 | |

Health Insurance

7

Year-to-Date Health Insurance Claims



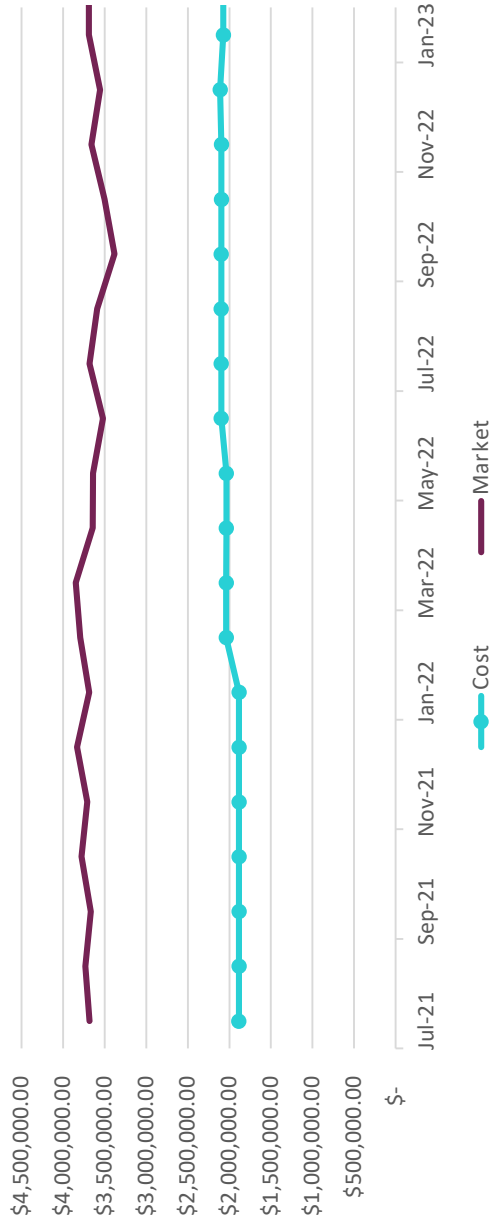
| FY 2023 | Monthly Premiums | Additional Premium Contributions | Monthly Claims & Fees | Interest | Balance |
|-------------------|-----------------------|----------------------------------|-----------------------|-----------------|-----------------------|
| Beginning Balance | | | | | \$381,873.61 |
| July | \$338,553.32 | | \$284,427.57 | \$39.03 | \$436,038.39 |
| August | \$329,546.48 | | \$212,109.53 | \$13.80 | \$553,489.14 |
| September | \$323,477.09 | | \$223,419.72 | \$65.66 | \$653,612.17 |
| October | \$309,999.97 | | \$208,892.49 | \$86.00 | \$754,805.65 |
| November | \$328,240.35 | | \$159,945.92 | \$108.99 | \$923,209.07 |
| December | \$333,861.33 | | \$264,646.91 | \$213.06 | \$992,636.55 |
| January | \$324,183.90 | | \$178,875.09 | \$413.34 | \$1,138,358.70 |
| YTD Total | \$2,287,862.44 | \$0.00 | \$1,532,317.23 | \$939.88 | \$1,138,358.70 |

| Historical Data | Average Monthly Claims | Monthly Average Difference from PY | Highest Month |
|-----------------|------------------------|------------------------------------|---------------|
| FY 2023 | \$218,902 | (\$92,611) | \$284,428 |
| FY 2022 | \$311,513 | (\$24,129) | \$431,613 |
| FY 2021 | \$335,642 | \$14,641 | \$588,906 |
| FY 2020 | \$321,002 | | \$378,562 |

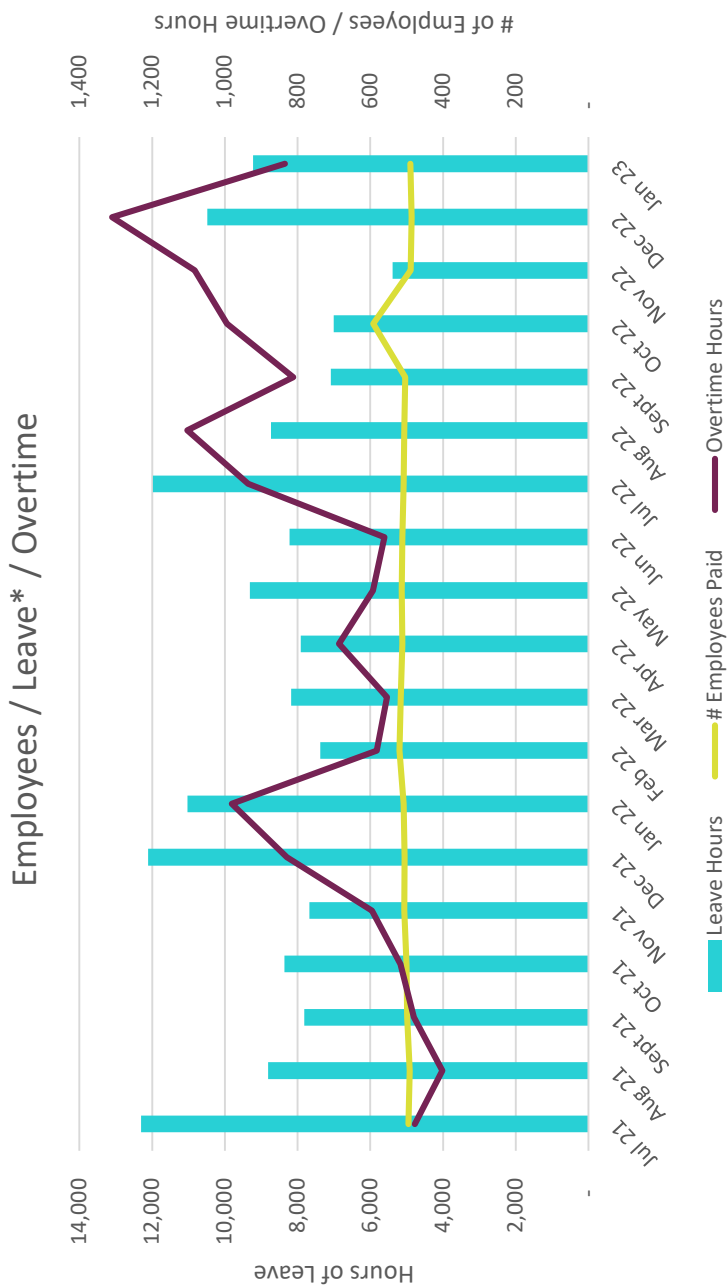
Other Post Employment Benefit (OPEB)

| | Cost Basis | Cost Variance From Inception | Market Basis | Market Variance From Inception |
|---------------------------------|-----------------|------------------------------|-----------------|--------------------------------|
| Initial Contribution | \$ 954,620 | | \$ 954,620 | |
| FY 2022 Year-End Balance | \$ 2,097,261 | \$ 1,142,641 | \$ 3,520,345 | \$ 2,565,725 |
| Balance at 7/31/2022 | \$ 2,096,641.74 | \$ 1,142,021.74 | \$ 3,680,816.76 | \$ 2,726,196.76 |
| Balance at 8/31/2022 | \$ 2,096,641.74 | \$ 1,142,021.74 | \$ 3,590,000.78 | \$ 2,635,380.78 |
| Balance at 9/30/2022 | \$ 2,096,641.74 | \$ 1,142,021.74 | \$ 3,382,530.44 | \$ 2,427,910.44 |
| Balance at 10/31/2022 | \$ 2,096,030.84 | \$ 1,141,410.84 | \$ 3,500,553.56 | \$ 2,545,933.56 |
| Balance at 11/30/2022 | \$ 2,096,030.84 | \$ 1,141,410.84 | \$ 3,659,065.82 | \$ 2,704,445.82 |
| Balance at 12/31/2022 | \$ 2,111,456.33 | \$ 1,156,836.33 | \$ 3,556,967.87 | \$ 2,602,347.87 |
| Realized Gain/(Loss) | \$ 425.12 | | \$ 425.12 | |
| Unrealized Gain/(Loss) | | | \$ 170,299.06 | |
| Fees & Expenses | \$ (125.00) | | \$ (125.00) | |
| Transfers/Contributions | \$ (845.63) | | \$ (845.63) | |
| Misc. Disbursements | \$ (37,556.71) | | \$ (37,556.71) | |
| Balance at 1/31/2023 | \$ 2,073,354.11 | \$ 1,118,734.11 | \$ 3,689,164.71 | \$ 2,734,544.71 |

OPEB TREND



Payroll Statistics



| Indicators | FY 2021 Average Per Pay Period | FY 2022 Average Per Pay Period | FY 2023 Average Per Pay Period |
|------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| # Employees Paid | 514 | 506 | 497 |
| Leave Hours | 3,850 | 4,196 | 3,744 |
| Overtime Hours | 102 | 279 | 442 |

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

MENTAL HEALTH

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|------------------------------------|-------------------|-------------------|------------|-------------------|------------------|------------|------------------|--------------------|
| | BUDGET * FY 2023 | ACTUAL YTD | % | BUDGET FY 2023 | ACTUAL YTD | % | | |
| INPATIENT | 20,000 | 10,400 | 52.00% | 20,000 | 10,400 | 52.00% | - | 0% |
| OUTPATIENT | 2,078,691 | 2,274,521 | 109.42% | 2,078,691 | 1,270,243 | 61.11% | 1,004,278 | 44% |
| MEDICAL OUTPATIENT | 3,849,822 | 2,494,996 | 64.81% | 3,849,822 | 2,434,367 | 63.23% | 60,629 | 2% |
| ACT NORTH | 880,238 | 562,987 | 63.96% | 880,238 | 490,416 | 55.71% | 72,572 | 13% |
| ACT SOUTH | 843,563 | 453,333 | 53.74% | 843,563 | 351,340 | 41.65% | 101,994 | 22% |
| CASE MANAGEMENT ADULT | 937,373 | 575,168 | 61.36% | 937,373 | 539,442 | 57.55% | 35,726 | 6% |
| CASE MANAGEMENT CHILD & ADOLESCENT | 800,057 | 483,391 | 60.42% | 800,057 | 427,105 | 53.38% | 56,287 | 12% |
| PSY REHAB & KENMORE EMP SER | 681,878 | 442,987 | 64.97% | 681,878 | 357,948 | 52.49% | 85,039 | 19% |
| PERMANENT SUPPORTIVE HOUSING | 1,275,349 | 1,281,608 | 100.49% | 1,275,349 | 674,808 | 52.91% | 606,800 | 47% |
| CRISIS STABILIZATION | 1,928,225 | 1,065,065 | 55.24% | 1,928,225 | 923,023 | 47.87% | 142,042 | 13% |
| SUPERVISED RESIDENTIAL | 440,930 | 246,019 | 55.80% | 440,930 | 301,652 | 68.41% | (55,633) | -23% |
| SUPPORTED RESIDENTIAL | 893,956 | 455,245 | 50.92% | 893,956 | 496,888 | 55.58% | (41,643) | -9% |
| JAIL DIVERSION GRANT | 156,523 | 126,358 | 80.73% | 156,523 | 88,917 | 56.81% | 37,441 | 30% |
| SUB-TOTAL | 14,786,607 | 10,472,080 | 71% | 14,786,607 | 8,366,548 | 57% | 2,105,532 | 20% |

* Budget excludes program subsidies

DEVELOPMENTAL SERVICES

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|------------------------------|-------------------|-------------------|---------------|-------------------|-------------------|---------------|------------------|--------------------|
| | BUDGET * FY 2023 | ACTUAL YTD | % | BUDGET FY 2023 | ACTUAL YTD | % | | |
| CASE MANAGEMENT | 3,105,473 | 1,941,175 | 62.51% | 3,105,473 | 1,874,486 | 60.36% | 66,689 | 3% |
| DAY HEALTH & REHAB * | 4,136,396 | 2,288,813 | 55.33% | 4,136,396 | 2,528,411 | 61.13% | (239,598) | -10% |
| GROUP HOMES | 5,580,946 | 4,247,964 | 76.12% | 5,580,946 | 2,981,955 | 53.43% | 1,266,009 | 30% |
| RESPIRE GROUP HOME | 229,325 | 89,445 | 39.00% | 229,325 | 306,854 | 133.81% | (217,409) | -243% |
| INTERMEDIATE CARE FACILITIES | 4,091,920 | 2,286,761 | 55.88% | 4,091,920 | 2,277,377 | 55.66% | 9,384 | 0% |
| SUPERVISED APARTMENTS | 1,525,310 | 1,627,936 | 106.73% | 1,525,310 | 914,296 | 59.94% | 713,640 | 44% |
| SPONSORED PLACEMENTS | 2,047,818 | 1,667,768 | 81.44% | 2,047,818 | 1,159,462 | 56.62% | 508,306 | 30% |
| SUB-TOTAL | 20,717,187 | 14,149,864 | 68.30% | 20,717,187 | 12,042,842 | 58.13% | 2,107,022 | 15% |

* Budget excludes program subsidies

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

SUBSTANCE ABUSE

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|------------------|---------------------|------------------|------------|-------------------|------------------|------------|-----------------|--------------------|
| | BUDGET * FY 2023 | ACTUAL YTD | % | BUDGET FY 2023 | ACTUAL YTD | % | | |
| OUTPATIENT | 1,818,448 | 935,830 | 51.46% | 1,818,448 | 916,479 | 50.40% | 19,351 | 2% |
| MAT PROGRAM | 987,709 | 321,237 | 32.52% | 987,709 | 553,553 | 56.04% | (232,316) | -72% |
| CASE MANAGEMENT | 154,511 | 102,939 | 66.62% | 154,511 | 72,781 | 47.10% | 30,158 | 29% |
| RESIDENTIAL | 161,757 | 109,327 | 67.59% | 161,757 | 39,206 | 24.24% | 70,121 | 64% |
| PREVENTION | 808,950 | 646,954 | 79.97% | 808,950 | 332,499 | 41.10% | 314,455 | 49% |
| LINK | 400,397 | 387,751 | 96.84% | 400,397 | 114,710 | 28.65% | 273,041 | 70% |
| SUB-TOTAL | 4,331,772 | 2,504,038 | 58% | 4,331,772 | 2,029,228 | 47% | 474,810 | 19% |

* Budget excludes program subsidies

SERVICES OUTSIDE PROGRAM AREA

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL Variance | VARIANCE / REVENUE |
|------------------------------|---------------------|------------------|---------------|-------------------|------------------|---------------|-----------------|--------------------|
| | BUDGET * FY 2023 | ACTUAL YTD | % | BUDGET FY 2023 | ACTUAL YTD | % | | |
| EMERGENCY SERVICES | 1,371,467 | 976,045 | 71.17% | 1,327,096 | 613,589 | 46.24% | 362,455 | 37% |
| CHILD MOBILE CRISIS | 311,007 | 221,929 | 71.36% | 320,728 | 166,484 | 51.91% | 55,445 | 25% |
| CIT ASSESSMENT SITE | 294,556 | 189,274 | 64.26% | 289,481 | 193,226 | 66.75% | (3,952) | -2% |
| CONSUMER MONITORING | 130,859 | 115,433 | 88.21% | 139,646 | 118,578 | 84.91% | (3,145) | -3% |
| HOSPITAL CONSUMER MONITORING | 193,975 | 0 | 0.00% | 193,975 | 109,897 | 56.65% | (109,897) | 0% |
| ASSESSMENT AND EVALUATION | 592,509 | 304,151 | 51.33% | 739,048 | 233,387 | 31.58% | 70,764 | 23% |
| SUB-TOTAL | 2,894,374 | 1,806,832 | 62.43% | 3,009,974 | 1,435,161 | 47.68% | 371,671 | 21% |

* Budget excludes program subsidies

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

ADMINISTRATION

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE |
|-----------------------|---------------------|----------------|---------------|-------------------|----------------|---------------|-----------------|
| | BUDGET * FY 2023 | ACTUAL YTD | % | BUDGET FY 2023 | ACTUAL YTD | % | |
| ADMINISTRATION | 130,574 | 123,331 | 94.45% | 130,574 | 123,331 | 94.45% | 0 |
| PROGRAM SUPPORT | 66,768 | 73,317 | 109.81% | 66,768 | 73,317 | 109.81% | 0 |
| SUB-TOTAL | 197,342 | 196,647 | 99.65% | 197,342 | 196,647 | 99.65% | 0 |
| ALLOCATED TO PROGRAMS | | | | 4,268,473 | 2,739,762 | 64.19% | |

* Budget excludes program subsidies

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|----------------|---------------------|---------------|--------------|-------------------|---------------|--------------|-----------------|-----------------------|
| | BUDGET * FY 2023 | ACTUAL YTD | % | BUDGET FY 2023 | ACTUAL YTD | % | | |
| TRANSPORTATION | 0 | 0 | 0.00% | 0 | 0 | 0.00% | 0 | 0% |
| TOTAL | 0 | 0 | 0.00% | 0 | 0 | 0.00% | 0 | 0% |

* Budget excludes program subsidies

FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|-------------------------------------|---------------------|------------------|---------------|-------------------|------------------|---------------|-----------------|-----------------------|
| | BUDGET * FY 2023 | ACTUAL YTD | % | BUDGET FY 2023 | ACTUAL YTD | % | | |
| INTERAGENCY COORDINATING COUNCIL | 1,710,296 | 1,319,670 | 77.16% | 1,710,296 | 723,181 | 42.28% | 596,489 | 45% |
| INFANT CASE MANAGEMENT | 725,520 | 512,983 | 70.71% | 725,520 | 416,234 | 57.37% | 96,749 | 19% |
| EARLY INTERVENTION | 2,041,058 | 977,531 | 47.89% | 2,041,058 | 1,164,657 | 57.06% | (187,127) | -19% |
| TOTAL PART C | 4,476,874 | 2,810,184 | 62.77% | 4,476,874 | 2,304,072 | 51.47% | 506,111 | 18% |
| HEALTHY FAMILIES | 178,886 | 316,670 | 177.02% | 178,886 | 39,527 | 22.10% | 277,143 | 88% |
| HEALTHY FAMILIES - MIECHV Grant | 403,497 | 110,655 | 27.42% | 403,497 | 231,657 | 57.41% | (121,002) | -109% |
| HEALTHY FAMILIES-TANF & CBCAP GRANT | 531,457 | 164,693 | 30.99% | 531,457 | 310,453 | 58.42% | (145,759) | -89% |
| TOTAL HEALTHY FAMILY | 1,113,840 | 592,018 | 53.15% | 1,113,840 | 581,636 | 52.22% | 10,382 | 2% |

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

RECAP FY 2023 BALANCES

| | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>NET</u> | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH | 10,472,080 | 8,366,548 | 2,105,532 | 20% |
| DEVELOPMENTAL SERVICES | 14,149,864 | 12,042,842 | 2,107,022 | 15% |
| SUBSTANCE ABUSE | 2,504,038 | 2,029,228 | 474,810 | 19% |
| SERVICES OUTSIDE PROGRAM AREA | 1,806,832 | 1,435,161 | 371,671 | 21% |
| ADMINISTRATION | 196,647 | 196,647 | 0 | 0% |
| OTHER | 0 | 0 | 0 | 0% |
| FISCAL AGENT PROGRAMS | 3,402,202 | 2,885,708 | 516,493 | 15% |
| TOTAL | 32,531,663 | 26,956,135 | 5,575,528 | 17% |

| | | |
|--------------------|----|------------------|
| Restricted Funds | \$ | 2,211,965 |
| Unrestricted Funds | | 3,365,823 |
| Total | \$ | <u>5,575,528</u> |


RECAP FY 2022 BALANCES

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

| | <u>\$ Change</u> | <u>% Change</u> |
|--------------------------------------|------------------|-----------------|
| Change in Revenue from Prior Year | \$ 18,417,349 | 130.49% |
| Change in Expense from Prior Year | \$ 15,602,693 | 137.43% |
| Change in Net Income from Prior Year | \$ 2,814,657 | 101.95% |

*Unaudited Report

MEMORANDUM

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator 
Subject: Mid-Year State FY23 Part C Fiscal Report July 1, 2022-June 30, 2023
Date: March 1, 2023

The mid-year Part C fiscal report shows that we received \$1,945,499.59 in combined revenue for the three program areas of RACSB that make up the Part C system: ICC, Parent Education Infant Development Program, and Infant Case Management. Expenses through December were \$1,432,256.22 leaving a balance of \$513,243.37.

During first half of fiscal year 2023 we provided ongoing services to 773 (up from 749 last year) infants and toddlers and processed 435 referrals (up from 430 last year).

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

Part C LEIS Lead Agency Budget

Infant & Toddler Connection of
 the Rappahannock Area
 Contract Number 720-4955-30
 DUNS Number
 789728649
 FFY/SFY
 FFY22/SFY23

Revision Date → 02/15/23

Section A: Budget, Service Information & Expenditures

| | Budgeted Federal Part C Revenues | Budgeted State Part C Revenues | Budgeted Additional Revenues | Budgeted TOTAL Revenues | Actual Expenditures 07/01 - 12/31 | Actual Expenditures 01/01 - 06/30 | TOTAL Expenditures | Comments |
|---|----------------------------------|--------------------------------|------------------------------|-------------------------|-----------------------------------|-----------------------------------|-----------------------|----------|
| DIRECT SERVICES | | | | | | | | |
| <i>Billed by 15-minute increments/units</i> | | | | | | | | |
| Assessment for Service Planning | \$0.00 | \$396,200.00 | \$289,068.21 | \$685,268.21 | \$249,599.38 | \$0.00 | \$249,599.38 | |
| Counseling | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Nursing | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Occupational Therapy | \$0.00 | \$154,200.00 | \$160,000.00 | \$314,200.00 | \$113,817.31 | \$0.00 | \$113,817.31 | |
| Occupational Therapy - AT Service | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Physical Therapy | \$0.00 | \$164,531.56 | \$166,421.00 | \$330,952.56 | \$113,817.31 | \$0.00 | \$113,817.31 | |
| Physical Therapy - AT Service | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Psychology | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Social Work | \$0.00 | \$82,252.00 | \$0.00 | \$82,252.00 | \$0.00 | \$0.00 | \$0.00 | |
| Developmental Services | \$0.00 | \$133,188.34 | \$280,000.00 | \$413,188.34 | \$149,759.62 | \$0.00 | \$149,759.62 | |
| Speech Language Pathology | \$0.00 | \$363,200.00 | \$250,000.00 | \$613,200.00 | \$221,644.25 | \$0.00 | \$221,644.25 | |
| Speech-Language Pathology - AT Service | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Vision | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$0.00 | \$1,293,571.90 | \$1,145,489.21 | \$2,439,061.11 | \$848,637.87 | \$0.00 | \$848,637.87 | |
| DIRECT SERVICES | | | | | | | | |
| <i>Individual Activities</i> | | | | | | | | |
| Assistive Technology Devices | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Audiology | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Eligibility Determination (EI Providers) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Health | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Nutrition | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Service Coordination | \$198,793.56 | \$316,305.44 | \$346,421.00 | \$861,520.00 | \$513,040.40 | \$0.00 | \$513,040.40 | |
| Transportation | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$198,793.56 | \$316,305.44 | \$346,421.00 | \$861,520.00 | \$513,040.40 | \$0.00 | \$513,040.40 | |
| SYSTEM OPERATIONS | | | | | | | | |
| Administration | \$82,515.00 | | \$0.00 | \$82,515.00 | \$26,953.00 | \$0.00 | \$26,953.00 | |
| System Management | \$85,898.44 | | \$0.00 | \$85,898.44 | \$39,244.61 | \$0.00 | \$39,244.61 | |
| Data Collection | \$3,200.00 | | \$0.00 | \$3,200.00 | \$0.00 | \$0.00 | \$0.00 | |
| Training | \$22,000.00 | | \$0.00 | \$22,000.00 | \$1,175.84 | \$0.00 | \$1,175.84 | |
| Public Awareness/Child Find | \$5,000.00 | | \$0.00 | \$5,000.00 | \$3,204.50 | \$0.00 | \$3,204.50 | |
| Other System Cost | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Subtotal | \$198,613.44 | | \$0.00 | \$198,613.44 | \$70,577.95 | \$0.00 | \$70,577.95 | |
| TOTAL REVENUES & EXPENDITURES | \$397,407.00 | \$1,609,877.34 | \$1,491,910.21 | \$3,499,194.55 | \$1,432,256.22 | \$0.00 | \$1,432,256.22 | |

Section B: Revenues by Source

| SOURCE | Annual Budget | Actual Revenues 07/01 - 12/31 | Actual Expenditures 07/01 - 12/31 | Mid-Year Balance | Actual Revenues 01/01 - 06/30 | Actual Expenditures 01/01 - 06/30 | Final Balance | Comments |
|----------------------------------|----------------|-------------------------------|-----------------------------------|------------------|-------------------------------|-----------------------------------|---------------|----------|
| Federal Part C Funds | \$397,407.00 | \$198,708.00 | \$198,708.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Federal Part C Retained Earnings | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| State Part C Funds | \$1,252,889.00 | \$626,448.00 | \$207,808.54 | \$418,639.46 | \$0.00 | \$0.00 | \$418,639.46 | |
| State Part C Retained Earnings | \$366,988.34 | \$366,988.34 | \$366,988.34 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Local Funds | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Local Funds | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Medicaid | \$863,635.71 | \$356,859.29 | \$356,859.29 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Medicaid EITCM | \$346,421.00 | \$192,536.33 | \$107,580.42 | \$84,955.91 | \$0.00 | \$0.00 | \$84,955.91 | |
| Insurance | \$91,553.64 | \$53,527.29 | \$53,527.29 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| TRICARE | \$42,684.61 | \$25,429.42 | \$25,429.42 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |

| | | | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|---------------------|---------------|---------------|---------------|---------------------|---------------|
| Family Cost Share | \$41,184.45 | \$28,656.22 | \$28,656.22 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Donations | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| In Kind | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) Retained earnings - fees | \$96,782.80 | \$96,698.70 | \$96,698.70 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Other (specify) Retained donation | \$9,648.00 | \$9,648.00 | \$0.00 | \$9,648.00 | \$0.00 | \$0.00 | \$0.00 | \$9,648.00 | \$0.00 |
| Other (specify) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL REVENUES & EXPENDITURES | \$3,499,194.55 | \$1,945,499.59 | \$1,432,256.22 | \$513,243.37 | \$0.00 | \$0.00 | \$0.00 | \$513,243.37 | \$0.00 |
| SURPLUS | \$0.00 | \$513,243.37 | | | \$0.00 | | | \$513,243.37 | |

March 2023 Personnel Committee Meeting Minutes

Call to order

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **March 14, 2023**. *Attendees included:* Nancy Beebe, Claire Curcio, Carol Walker, Matt Zurasky, Carley Hurd, Amy Jindra, Teresa McDonnel, Amy Umble, Joe Wickens *Absent:* Glenna Boerner, Linda Carter, Susan Gayle, Ken Lapin, Jacob Parcell, Sarah Ritchie, Greg Sokolowski, Melissa White.

February 2023 Retention Report

Michelle Runyon reported that Human Resources processed a total of 9 employee separations for the month of February 2023.

February 2023 EEO Report and Recruitment Update

Teresa McDonnel told the Committee that RACSB received 99 applications through February 28. This is an decrease of 5.72% to the month of January 2023, and an increase of 15.12% when compared to the month of February 2022.

Adjournment

The meeting adjourned at 1:06 p.m.



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

NOTICE

To: Personnel Committee: Glenna Boerner, Linda Carter, Claire Curcio, Susan Gayle, Sarah Ritchie, Greg Sokolowski , Carol Walker

From: Joseph Wickens
Executive Director

Subject: Personnel Committee Meeting
March 14, 2023, 1:00 PM
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: March 09, 2023

A Personnel Committee meeting has been scheduled for Tuesday, March 14, 2023 at 1:00 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on March 14th at 1:00 PM.

Cc: Susan Gayle, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Personnel Committee Meeting

March 14, 2023 – 1:00 PM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

I. February Retention Report, *Runyon*3
II. February EEO Report, *Runyon*6
III. Other Business, *Gayle*



MEMORANDUM

To: Joe Wickens, Executive Director

From: Michelle Runyon, Human Resources Director

Date: March 5, 2023

Re: Summary – Retention Report – **February 2023**

Human Resources processed a total of 9 employee separations for the month of **February, 2023**. Five of the separations were voluntary and 4 were terminations for cause, 8 employees were full-time and 1 was part-time.

Two resignations were submitted due to other employment & three were submitted due to personal reason (job too hard, medical reasons). We processed 3 additional terminations, all were no call/no shows after attending NEO and didn't return to work in the program in which they were hired.

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

RACSB RETENTION & TURNOVER REPORT
Feb-23

| <u>ORGANIZATIONAL UNIT</u> | <u>NUMBER OF TERMS</u> | <u>VOLUNTARY</u> | <u>INVOLUNTARY</u> | <u>EXPLANATION</u> |
|-----------------------------------|------------------------|------------------|--------------------|--------------------|
| Administrative | 0 | 1 | 0 | Other Employment |
| Unit Totals | 0 | 1 | 0 | |
| Clinical Services | 0 | 1 | 0 | Other Employment |
| Unit Totals | 0 | 1 | 0 | |
| Community Support Services | 0 | 2 | 0 | Job Too Hard |
| | 0 | 1 | 0 | Medical Reasons |
| | 0 | 0 | 2 | For Cause |
| | 0 | 0 | 2 | Background Check |
| Unit Totals | 0 | 3 | 4 | |
| Grand Totals for the Month | 0 | 5 | 4 | 1 Exhausted Leave |

| | |
|-------------------------------|--------|
| Total Employees for the Month | 600 |
| Retention Rate | 98.17% |
| Turnover Rate | 1.83% |

| | |
|-----------------------|--------|
| Total Separations | 9 |
| Part-time Separations | 11.00% |
| Full-time Separations | 89.00% |

RACSB Turnover 2020

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

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

RACSB Turnover 2021

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

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

RACSB Turnover 2022

| Employees | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | 2022 Year End |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|
| Average Total Positions | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 |
| Average Number of PRN's | 43 | 43 | 42 | 41 | 39 | 38 | 38 | 43 | 42 | 42 | 45 | 45 | 42 |
| Monthly Terminations* | 11 | 13 | 11 | 7 | 8 | 16 | 17 | 13 | 13 | 9 | 5 | 2 | 125 |
| Turnover by Month YTD | 1.83% | 2.17% | 1.83% | 1.17% | 1.33% | 2.67% | 2.83% | 2.17% | 2.17% | 1.50% | 0.83% | 0.33% | 20.83% |
| Cumulative Turnover YTD | 0.17% | 4.00% | 5.83% | 7.00% | 8.33% | 11.00% | 13.83% | 16.00% | 18.17% | 19.67% | 20.50% | 20.83% | 20.83% |
| Average % Turnover per Month YTD | 0.17% | 2.00% | 1.94% | 1.75% | 1.67% | 1.83% | 1.98% | 2.00% | 2.02% | 2.19% | 2.05% | 1.89% | 1.89% |

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

RACSB Turnover 2023

| Employees | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | 2023 Year End |
|----------------------------------|--------|--------|--------|--------|--------|--------|---------------|
| Average Total Positions | 600 | 600 | 600 | 600 | 600 | 600 | 600 |
| Monthly Terminations* | 11 | 9 | | | | | 20 |
| Turnover by Month YTD | 1.83% | 1.50% | | | | | 3.33% |
| Cumulative Turnover YTD | 0.17% | 3.33% | | | | | 0.00% |
| Average % Turnover per Month YTD | 0.17% | 1.67% | | | | | 0.00% |

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



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

MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Human Resources Specialist

Date: March 7, 2023

Re: Summary – February 2023 EEO Report and Recruitment Update

RACSB received **99** applications through February 28, 2023. This is a **decrease** of **5.72%** compared to the month of January 2023, and an **increase** of **15.12%** when compared to the month of February 2022.

RACSB received **586** resumes and advertised **16** positions through Indeed for **February 2023**.

Of the applications received, 53 applicants listed the RACSB applicant website as their recruitment source, 26 stated employee referrals as their recruitment source, and 9 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **131** open positions. New positions account for **5** of the open positions.

A summary is attached indicating external applicants hired, internal applicants moved, and actual number of applicants applying for positions in the month of **February 2023**.

EEO Report 2023

| APPLICANT DATA | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|
| Female | 46 | 35 | 24 | 31 | 45 | 30 | 41 | 35 | 29 | 25 | 22 | 46 | 33 |
| Male | 7 | 11 | 3 | 13 | 11 | 9 | 11 | 12 | 4 | 2 | 8 | 5 | 27 |
| Not Supplied | 33 | 26 | 30 | 25 | 33 | 44 | 38 | 36 | 35 | 29 | 41 | 54 | 39 |
| Total | 86 | 72 | 57 | 69 | 89 | 83 | 90 | 83 | 68 | 56 | 71 | 105 | 99 |
| ETHNICITY | | | | | | | | | | | | | |
| Caucasian | 25 | 13 | 13 | 22 | 30 | 19 | 30 | 28 | 14 | 17 | 9 | 39 | 27 |
| African American | 20 | 27 | 16 | 17 | 24 | 17 | 18 | 19 | 16 | 7 | 19 | 18 | 26 |
| Hispanic | 6 | 5 | 5 | 5 | 3 | 4 | 5 | 2 | 5 | 1 | 2 | 8 | 7 |
| Asian | 3 | | 1 | 1 | | | 1 | | 1 | 2 | 1 | 1 | 3 |
| American Indian | 2 | 1 | | 1 | 1 | 1 | | 1 | | | | | |
| Native Hawaiian | | | | | | | | | | | | | 2 |
| Two or More Races | | | | | | | | | | | | | |
| RECRUITMENT SOURCE | | | | | | | | | | | | | |
| Newspaper Ads | | | | | | | | | | | | | |
| RACSB Website | 32 | 33 | 27 | 28 | 39 | 28 | 31 | 28 | 26 | 25 | 27 | 48 | 53 |
| RACSB Intranet | 7 | 5 | 2 | 5 | 7 | 3 | 6 | 6 | 2 | 1 | 2 | 2 | 7 |
| Employee Referrals | 32 | 15 | 23 | 18 | 30 | 29 | 30 | 27 | 23 | 19 | 22 | 37 | 26 |
| Radio Ads | | 1 | | 1 | | | 4 | | | 1 | | | |
| Indeed.com | 7 | 17 | 9 | 11 | 15 | 11 | 13 | 24 | 13 | 9 | 16 | 19 | 9 |
| VA Employment Commission | 2 | 3 | 2 | 7 | 2 | 2 | 1 | | | 2 | 4 | | 2 |
| Monster.com | | | | | | | | | | | | | |
| Other - | 8 | 3 | | 3 | 4 | 5 | 2 | 2 | 2 | 2 | 2 | 1 | 6 |
| Colleges/Handshake | | | | | 1 | | | | | | | | |
| Facebook | | | | | | | | | | | | 1 | |
| Multi Site Search | | | | | 1 | 1 | 2 | 2 | | | | | |
| NHSC | | | | | | | | | | | | | |
| Linked In | | | | | | | 1 | | | | | | |
| Goodwill referral | | | | | | | | | | | | | |
| Zip Recruiter | | | | | | | | 1 | 3 | 1 | | 2 | 5 |
| Job Fair | 2 | 1 | | | 1 | | | 2 | | 2 | 2 | 2 | 2 |
| Total # of Applicants | 65 | 59 | 47 | 52 | 77 | 59 | 72 | 64 | 57 | 42 | 60 | 75 | 62 |

RECRUITMENT REPORT 2023

| MONTHLY RECRUITMENT | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | TOTAL YTD |
|-------------------------------------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|-----------|
| External Applicants Hired: | | | | | | | | | | | | | |
| Part-time | 7 | 5 | | | | | | | | | | | 12 |
| Full-time | 6 | 10 | | | | | | | | | | | 16 |
| Sub Total External Applicants Hired | 13 | 15 | | | | | | | | | | | 28 |
| Internal Applicants Moved: | | | | | | | | | | | | | |
| Full-time to PRN As Needed | 4 | 3 | | | | | | | | | | | 7 |
| Full-time to Part-time | | 1 | | | | | | | | | | | 1 |
| Part-time to PRN As Needed | | | | | | | | | | | | | 0 |
| Part-time to Full-time | | | | | | | | | | | | | 0 |
| PRN As Needed to Part-time | | 1 | | | | | | | | | | | 1 |
| Lateral Transfer | | 1 | | | | | | | | | | | 1 |
| Non-Lateral Change in Position | | | | | | | | | | | | | 0 |
| Promotion | 1 | 1 | | | | | | | | | | | 2 |
| Temporary to Regular | | | | | | | | | | | | | 0 |
| PRN As Needed to Full-Time | | | | | | | | | | | | | 0 |
| Temporary Promotion | | | | | | | | | | | | | 0 |
| Intern to Full-time | 1 | | | | | | | | | | | | 1 |
| Sub Total Internal Applicant Moves | 6 | | | | | | | | | | | | 6 |
| Total Positions Filled: | 19 | 7 | | | | | | | | | | | 26 |
| Total Applications Received: | | | | | | | | | | | | | |
| Actual Total of Applicants: | 75 | 62 | | | | | | | | | | | 137 |
| Total External Offers Made: | 20 | 15 | | | | | | | | | | | 35 |
| Total Internal Offers Made: | 9 | 7 | | | | | | | | | | | 16 |

| Open Positions Report - March 3, 2023 | | | | | | |
|---------------------------------------|--------------|----------|---|----------------------|----|-------------------------|
| Date Posted | Position No. | ADMIN | Position Title | Location | RJ | Full-time/ Part-time |
| 5/27/2022 | 127-2022 | ADMIN | Property Maintenance Technician | Fredericksburg | | 1000 FT |
| 8/8/2022 | 210-2022 | ADMIN | Lead Landscape Technician | Fredericksburg | | 1000 FT |
| 8/11/2022 | 216-2022 | ADMIN | Landscape Technician I | Fredericksburg | | 1000 PT |
| 1/24/2023 | 016-2023 | ADMIN | Finance Office Associate | Fredericksburg | | 1000 PT |
| 2/10/2023 | 027-2023 | ADMIN | IT Data Analyst | Fredericksburg | | 1000 FT |
| 2/17/2023 | 035-2023 | ADMIN | IT Specialist (PC & Network Support) | Fredericksburg | | 1000 FT |
| | | | | | 6 | |
| 1/10/2022 | 003-2022 | CLINICAL | Psychiatrist | Fredericksburg | | FT |
| 10/17/2022 | 276-2022 | CLINICAL | Office Associate II | Spotsylvania | | 1100 FT |
| 7/20/2022 | 183-2022 | CLINICAL | Emergency Services Therapist - Overnight | Fredericksburg | | 2000/4000 FT |
| 1/20/2023 | 005-2023 | CLINICAL | Emergency Services Therapist | Fredericksburg | | 2000/4000 FT |
| 6/9/2021 | 123-2021 | CLINICAL | Child/Adolescent ES Therapist | Fredericksburg | | 2070 FT |
| 1/20/2023 | 003-2023 | CLINICAL | Child/Adolescent ES Therapist | Fredericksburg | | 2070 FT |
| 1/20/2023 | 004-2023 | CLINICAL | Child/Adolescent ES Therapist | Fredericksburg | | 2070 FT |
| 9/20/2021 | 265-2021 | CLINICAL | Peer Recovery Specialist MH | Fredericksburg | | 2200 FT |
| 1/28/2022 | 030-2022 | CLINICAL | MH Therapist (Jail Based) | RRJ Stafford | | 2200-4200/6430 FT |
| 9/27/2022 | 246-2022 | CLINICAL | MH Nurse - LPN/RN | Outpatient Clinics | | 2201 FT |
| 6/1/2022 | 125-2022 | CLINICAL | MH Therapist | Caroline | | 2210 FT |
| 11/18/2022 | 298-2022 | CLINICAL | MH/SA Outpatient Therapist | Caroline | | 2210 FT |
| 12/27/2022 | 323-2022 | CLINICAL | Office Manager I | Caroline | | 2210 FT |
| 8/22/2022 | 227-2022 | CLINICAL | Child/Adolescent Therapist | Stafford | | 2200/6430 FT |
| 1/28/2022 | 029-2022 | CLINICAL | MH Therapist | Stafford | | 2250/6430 FT |
| 1/5/2023 | 325/2022 | CLINICAL | MH/Substance Abuse Therapist | Stafford | | 2250/4250 FT |
| 4/15/2022 | 106-2022 | CLINICAL | Child/Adolescent Therapist (Safe Harbour) | Spotsylvania | | 2400 FT |
| 8/30/2022 | 236-2022 | CLINICAL | Adult MH Case Manager | Fredericksburg | | 2400 FT |
| 11/2/2022 | 294-2022 | CLINICAL | Adult MH Care Coordinator | Fredericksburg | | 2400 FT |
| 9/21/2021 | 199-2021 | CLINICAL | Family Support Peer | Spotsylvania | | 2500 PT |
| 7/8/2022 | 172-2022 | CLINICAL | Child/Adolescent MH Case Manager | Stafford | | 2500 FT |
| 8/30/2022 | 240-2022 | CLINICAL | Senior Child & Adolescent Case Manager | Stafford | | 2500 FT |
| 7/23/2021 | 200-2021 | CLINICAL | Therapist/Office On Youth | Fredericksburg | | 4200 PT/FT |
| 12/1/2022 | 306-2022 | CLINICAL | Substance Abuse Therapist (P&P) | RRJ Stafford | | 4200 FT |
| 7/13/2021 | 174-2021 | CLINICAL | S. A. Therapist | Fredericksburg | | 4220 FT |
| 3/30/2022 | 092-2022 | CLINICAL | S.A. Therapist, Women's Services | Spotsylvania | | 4220 FT |
| 1/26/2021 | 350-2021 | CLINICAL | SA Therapist, Women's Services | Fredericksburg | | 4260 FT |
| 1/20/2023 | 006-2023 | CLINICAL | SA Peer Recovery Specialist | RRJ | | 4261 FT |
| 4/28/2021 | 083-2021 | CLINICAL | MH/SA Therapist - Detention Based | RRJ | | 4290 FT |
| 3/24/2021 | 056-2021 | CLINICAL | SA Therapist/Case Manager | Fredericksburg | | 4296 FT |
| 8/11/2022 | 217-2022 | CLINICAL | Project LINK Specialist, SUD | RC | | 4970 FT |
| 2/24/2023 | 030-2023 | CLINICAL | MH Therapist - Intakes | Fredericksburg | | 6430 FT |
| | | | | | 32 | |
| 3/3/2023 | 043-2023 | CSS | Coordinator | Crisis Stabilization | | 2770 FT |
| 1/13/2023 | 001-2023 | CSS | Assistant Coordinator | Crisis Stabilization | | 2770 FT |
| 6/10/2022 | 148-2022 | CSS | Nurse Manager - RN | Crisis Stabilization | | 2770 FT |
| 7/15/2022 | 182-2022 | CSS | MH Nurse - RN/LPN | Crisis Stabilization | | 2770 FT |
| 9/9/2022 | 231-2022 | CSS | MH Nurse - RN/LPN | Crisis Stabilization | | 2770 FT |
| 9/13/2022 | 253-2022 | CSS | MH Nurse - RN/LPN | Crisis Stabilization | | 2770 FT |
| 12/28/2022 | 321-2022 | CSS | MH Nurse - RN/LPN | Crisis Stabilization | | 2770 FT |
| 9/13/2022 | 256-2022 | CSS | MH Residential Specialist | Crisis Stabilization | | 2770 FT |
| 12/28/2022 | 322-2022 | CSS | MH Residential Specialist | Crisis Stabilization | | 2770 FT |
| 2/17/2023 | 034-2023 | CSS | MH Residential Specialist | Crisis Stabilization | | 2770 FT |
| 12/1/2022 | 303-2022 | CSS | Cook | Crisis Stabilization | | 2770 FT |
| 12/28/2022 | 320-2022 | CSS | Peer Recovery Specialist | Crisis Stabilization | | 2770 FT |
| | | | | | 12 | |
| 12/28/2022 | 318-2022 | CSS | Psychoosocial Advocate | Kenmore Club | | 2680 FT |
| 1/30/2023 | 019-2023 | CSS | MH Supv Apartment Asst. Mgr | Lafayette | | 2786 FT |
| 12/21/2021 | 345-2021 | CSS | MH Residential Counselor | Lafayette | | 2786 PT |
| 8/12/2022 | 220-2022 | CSS | MH Residential Counselor II | Home Rd | | 2778 FT |
| 7/11/2022 | 170-2022 | CSS | MH Residential Counselor I | Home Rd | | 2778 FT |
| 9/29/2022 | 273-2022 | CSS | Peer Specialist III - ACT | 401 Bridgewater | | 2372 FT |
| 12/1/2022 | 305-2022 | CSS | Office Associate II - ACT South | 401 Bridgewater | | 2372 FT |
| 12/13/2022 | 313-2022 | CSS | PSH Peer Specialist | 401 Bridgewater | | 2760 FT |
| 8/30/2022 | 242-2022 | CSS | Develpmental Svcs Support Coordinator | Caroline | | 3400 FT |
| 2/10/2023 | 028-2023 | CSS | Develpmental Svcs Support Coordinator | Caroline | | 3400 FT |
| 8/30/2022 | 241-2022 | CSS | Develpmental Svcs Support Coordinator | Spotsylvania | | 3400 FT |
| 5/24/2022 | 129-2022 | CSS | Develpmental Svcs Support Coordinator | Stafford | | 3400 FT |
| 8/17/2022 | 225-2022 | CSS | Infant/Child Support Coordinaor | PEID | | 3500 FT |
| 8/1/2022 | 309-2021 | CSS | Speech/Language Pathologist | PEID | | 3910 FT |

| Date Posted | Position No. | Position | Position Title | Location | RU | Full-time/Part-time |
|-------------|--------------|----------|---|----------------------|----|---------------------|
| 2/1/2023 | 023-2023 | CSS | Office Associate II | PEID | 15 | 3910 FT |
| 1/30/2023 | 014-2023 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 FT |
| 1/30/2023 | 015-2023 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 FT |
| 2/17/2023 | 032-2023 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 FT |
| 6/24/2021 | 156-2021 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 PT |
| 6/24/2021 | 158-2021 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 PT |
| 6/24/2021 | 159-2021 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 PT |
| 7/26/2021 | 196-2021 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 PT |
| 2/9/2022 | 046-2022 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 PT |
| 2/6/2022 | 308-2022 | CSS | Direct Support Professional - Day Support | RAAI KH | | 3652 PT |
| 1/13/2023 | 007-2023 | CSS | Direct Support Professional - Day Support | RAAI Stafford | | 3655 FT |
| 1/6/2023 | 326-2022 | CSS | Direct Support Professional - ICF Team | RAAI KH | | 3656 FT |
| 7/11/2022 | 174-2022 | CSS | Direct Support Professional - Day Support | RAAI ICF | | 3656 PT |
| | | | | | 12 | |
| 3/21/2022 | 079-2022 | CSS | Direct Support Professional - ICF | Wolfe Street ICF | | 3771 FT |
| 7/27/2020 | 115-2020 | CSS | ICF Nurse - LPN | Wolfe Street ICF | | 3771 FT |
| 5/4/2021 | 089-2021 | CSS | ICF Nurse - LPN | Wolfe Street ICF | | 3771 FT |
| 12/8/2020 | 218-2020 | CSS | ICF Nurse - LPN | Wolfe Street ICF | | 3771 FT or PT |
| 9/8/2022 | 247-2022 | CSS | Direct Support Professional - ICF | Wolfe Street ICF | | 3771 FT |
| 12/6/2022 | 309-2022 | CSS | Direct Support Professional - ICF | Wolfe Street ICF | | 3771 FT |
| 8/10/2022 | 213-2022 | CSS | Direct Support Professional - ICF | Wolfe Street ICF | | 3771 PT |
| 2/1/2023 | 021-2023 | CSS | Intermediate Care Facility Manager | ICF Ross | | 3792 FT |
| 10/13/2022 | 278-2022 | CSS | Direct Support Professional - ICF | ICF Ross | | 3792 FT |
| 1/20/2023 | 012-2023 | CSS | Direct Support Professional - ICF | ICF Ross | | 3792 FT |
| 1/20/2023 | 013-2023 | CSS | Direct Support Professional - ICF | ICF Ross | | 3792 FT |
| 7/12/2022 | 179-2022 | CSS | Direct Support Professional - ICF | ICF Ross | | 3792 PT |
| 8/27/2020 | 141-2020 | CSS | ICF Nurse - LPN | ICF Ross | | 3792 PT |
| 2/1/2023 | 022-2023 | CSS | Intermediate Care Facility Manager | ICF Lucas | | 3793 FT |
| 2/17/2023 | 029-2023 | CSS | Assistant Group Home Manager | ICF Lucas | | 3793 FT |
| 1/13/2023 | 010-2023 | CSS | Direct Support Professional - ICF | ICF Lucas | | 3793 FT |
| 1/30/2023 | 017-2023 | CSS | Direct Support Professional - ICF | ICF Lucas | | 3793 FT |
| 3/3/2023 | 045-2023 | CSS | Direct Support Professional - ICF | ICF Lucas | | 3793 FT |
| 5/25/2022 | 126-2022 | CSS | Direct Support Professional - ICF | ICF Lucas | | 3793 PT |
| 11/1/2022 | 292-2022 | CSS | Direct Support Professional - ICF | ICF Lucas | | 3793 PT |
| 11/9/2020 | 196-2020 | CSS | ICF Nurse - LPN | ICF Lucas | | 3793 FT |
| 1/30/2023 | 018-2023 | CSS | ICF Nurse - LPN | ICF Lucas | | 3793 FT |
| | | | | | 22 | |
| 2/17/2023 | 031-2023 | CSS | Group Home Manager | Leeland Road | | 3772 FT |
| 2/24/2023 | 039-2023 | CSS | Assistant Group Home Manager | Leeland Road | | 3772 FT |
| 8/30/2022 | 244-2022 | CSS | Direct Support Professional - Residential | Leeland Road | | 3772 PT |
| 10/13/2022 | 275-2022 | CSS | Direct Support Professional - Residential | Leeland Road | | 3772 PT |
| 11/18/2022 | 300-2022 | CSS | Direct Support Professional - Residential | Stonewall Estates | | 3773 FT |
| 2/24/2023 | 037-2023 | CSS | Direct Support Professional - Residential | Stonewall Estates | | 3773 FT |
| 2/24/2023 | 038-2023 | CSS | Direct Support Professional - Residential | Stonewall Estates | | 3773 FT |
| 7/18/2022 | 187-2022 | CSS | Direct Support Professional - Residential | Stonewall Estates | | 3773 PT |
| 7/18/2022 | 188-2022 | CSS | Direct Support Professional - Residential | Stonewall Estates | | 3773 PT |
| 3/3/2023 | 042-2023 | CSS | Assistant Group Home Manager | Devon Drive | | 3774 FT |
| 3/3/2023 | 041-2023 | CSS | Direct Support Professional - Residential | Devon Drive | | 3774 FT |
| 8/10/2022 | 211-2022 | CSS | Direct Support Professional - Residential | Devon Drive | | 3774 PT |
| 2/18/2022 | 056-2022 | CSS | Direct Support Professional - Residential | Ruffins Pond | | 3775 PT |
| 10/30/2022 | 289-2022 | CSS | Direct Support Professional - Residential | Piedmont | | 3776 FT |
| 1/13/2023 | 009-2023 | CSS | Direct Support Professional - Residential | Piedmont | | 3776 FT |
| 2/10/2023 | 026-2023 | CSS | Direct Support Professional - Residential | Piedmont | | 3776 PT |
| 6/15/2022 | 153-2022 | CSS | Direct Support Professional - Residential | Igo Rd | | 3777 PT |
| 6/3/2022 | 078-2022 | CSS | Direct Support Professional - Residential | Igo Rd | | 3777 PT |
| 1/20/2023 | 324-2022 | CSS | Direct Support Professional - Residential | New Hope | | 3778 PT |
| 1/13/2023 | 008-2023 | CSS | Direct Support Professional - Residential | Scottsdale Estates | | 3779 FT |
| 1/26/2022 | 026-2022 | CSS | Direct Support Professional - Residential | Scottsdale Estates | | 3779 PT |
| 9/10/2021 | 102-2021 | CSS | Direct Support Professional - Residential | Scottsdale Estates | | 3779 PT |
| 4/20/2022 | 105-2022 | CSS | Direct Support Professional - Residential | Merchants Square SAP | | 3784 PT |
| 1/6/2023 | 327-2022 | CSS | Direct Support Professional - Residential | Galveston Rd | | 3790 FT |
| 6/23/2022 | 178-2021 | CSS | Direct Support Professional - Residential | Galveston Rd | | 3790 PT |
| 12/29/2021 | 348-2021 | CSS | Direct Support Professional - Residential | Churchill | | 3791 PT |
| 2/10/2023 | 025-2023 | CSS | Direct Support Professional - Residential | Churchill | | 3791 PT |
| 5/3/2022 | 112-2022 | CSS | Direct Support Professional - Residential | Myers Drive Respite | | 3794 FT |
| 7/20/2022 | 189-2022 | CSS | Direct Support Professional - Residential | Myers Drive Respite | | 3794 FT |
| 9/30/2022 | 270-2022 | CSS | Direct Support Professional - Residential | Myers Drive Respite | | 3794 FT |
| 9/29/2022 | 271-2022 | CSS | Direct Support Professional - Residential | Myers Drive Respite | | 3794 PT |
| 9/29/2022 | 274-2022 | CSS | Direct Support Professional - Residential | Myers Drive Respite | | 3794 PT |

| Date Posted | Position No. | Position | Position Title | Location | RU | Full-time/ Part-time |
|--------------------------|--------------|----------|---------------------------------|----------------------------------|-----------|-------------------------|
| | | | | | 32 | |
| Positions on Hold | | | | | | |
| 3/29/2021 | 058-2021 | ADMIN | Administration Office Support | Fredericksburg | 1000 | FT |
| 3/23/2020 | 056-2020 | CLINICAL | Lead, ES Therapist | Fredericksburg | 2000/4000 | FT |
| 9/25/2019 | 189-2019 | CLINICAL | Psychologist II | Stafford | 2250 | FT |
| 8/18/2020 | 127-2020 | CLINICAL | Drug Court Surveillance Officer | Fredericksburg | 4200 | PT |
| 9/15/2022 | 260-2022 | CSS | Nurse Manager II | ID/DD | Split | FT |
| | | | | Total Open Positions: 131 | | |

To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: March 14, 2023
Re: Report to RACSB Board of Directors for March Board Meeting

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Outpatient Services

The Caroline clinic established a waiting list on 11/17/2022 and it remains active. Sunshine Lady House staff started contacting individuals on waiting list for weekly check-in last month. They are also assisting the Clinic Coordinator with completing intakes for our priority populations and for individuals on the waiting list. We also continue to offer an adult Wellness group. Lili Spain has accepted MH/SA clinician position and will join the team in early April. The clinic continues to have one full time clinician vacancy. Celina Wood started as new Office Manager last month replacing Carter Collins who was promoted to the Office Manager II position at the Spotsylvania clinic.

During the month of February, the Fredericksburg Clinic and Children’s Services clinic completed over 120 intakes for outpatient therapy and medication management. We continued to provide one to two Same Day Access Intakes daily, Monday through Friday, while continuing to provide weekly outreach to individuals on our waitlist. We have had several internal promotions from the Fredericksburg Clinic, as our Medical Records Office Associate was promoted to Office Manager at the Caroline Clinic and one of our MH/SUD therapists, Leslie Bottoms, was recently promoted to the Stafford Clinic Coordinator position and started last week. We are excited for this new opportunity for both of them! We are continuing to hire for our current vacancies: Office Associate II, Mental Health Peer Recovery Specialist, Intake Therapist, and MH/SUD Therapist.

The King George Clinic continues to offer the weekly in person women’s and men’s substance abuse groups. This month we had one man successfully graduate from the program. King George Clinic staff completed 28 new client intakes during the month of February. Staff attended a training on Ethics within Supervisory Challenges and a training on Motivational Interviewing entitled “How to Choose a Focus for Right Now.”

Successes from February include feedback from a new individual to services who was court ordered. This individual shared with staff that initially they had negative assumptions about court ordered treatment but “you all seem to genuinely care and want to help people.” We also have a group member that has recently really opened up within treatment and has had their longest period of sobriety since they began drinking.

The Spotsylvania Clinic Coordinator began orienting our new School Based Therapist this month. She will begin working at Caroline County Schools in April and they are excited to welcome her to the middle and high schools.

Emergency Services

For February, the emergency services coordinator started the month off with a meeting with Spotsylvania county sheriff office representatives, MWH emergency department and Snowden representatives and local government from Spotsylvania county to have a Temporary Detention Order solutions workgroup meeting to brainstorm ideas to help resolve the cases that are being boarded in the emergency department for days at a time. It was an initial meeting to start to think of ideas using resources to ensure the best process for both the individuals and law enforcement. The regional Marcus Alert Coordinator submitted the Marcus Alert plans for Fredericksburg City, Spotsylvania and Stafford counties. The work will continue with all the local Public Safety Answering Points (PSAPs) for the five localities we serve as they develop their separate triage protocols to transfer calls from the dispatch centers to the 988 call center. The Marcus Alert statewide committee also met at the end of February to provide updates and provided glimmers of hope by sharing success stories of co-response programs across the Commonwealth since the inception of Marcus Alert in 2021. The less expected warmer weather brought about higher volumes of cases however the Emergency Services team enjoyed the addition of our newest team member, Madison, who is steadily obtaining hours to work towards becoming a certified prescreener.

Case Management

Child and Adolescent case management staff and the Family Support Partner attended the Regional Youth First Conference 2/10/23. This was a great opportunity to meet with vendors and re-connect with community partners in person. We are working on developing a referral form for the new Family Support Partner program as well as tracking referrals, outreach and outcomes. The Family Support Partner attends the monthly child and adolescent case management staffings and shares resources with the team as well as staffs cases. Our Senior Utilization Review Intensive Case Manager provides weekly group supervision to provide on-going training, peer-audit of charts and staff cases. This has assisted the team with increasing cohesion and supporting the on-going training for newer staff. We continue to have two full-time positions open in Stafford County, one part-time family support partner open, and one fulltime Utilization Review intensive case manager out on FMLA. Existing staff and supervisor are covering these cases.

Jail & Detention

The Juvenile Detention has a census of 26 residents. Currently there is one group of CPP residents (8 males) and 3 residents in the Post D program (3 males). Detention has one current vacancy for a part-time Therapist. The Mental Health Therapist position remains vacant at the jail. There is also a vacancy in the OBOT/MAT Peer Specialist position. Applications are under review for all positions.

Specialty Dockets

During the month of February, the Specialty Dockets team continued to welcome new participants and celebrated some graduations. The Behavioral Health Docket currently has eight active clients and two more pending clients that have been assessed and approved for participation, but are awaiting their court dates. We celebrated two graduations in the Veterans Docket this month and have two more approved clients awaiting their court dates to begin. Juvenile Drug Court continues to operate with two participants. Adult Drug Court continues to welcome new participants and celebrated several graduations this month. We have approximately 45 participants in the program and have been receiving several referrals from various localities to be evaluated for participation. The Rappahannock Regional Jail hired a new drug court administrator who began in mid-February and the team has been working through this transition to adding a new member. The D21 Probation and Parole Therapist position has been posted and we are hopeful to fill it soon. The clients from District 21 continue to be served at the localities where they reside. We continue to serve the Veteran population at the clinics where they reside.

Substance Use

Substance use programs continued to have two therapist vacancies and the Project LINK Specialist vacancy. The SUD Coordinator and peer recovery specialists continue to serve on the Harm Reduction Subcommittee, under Be Well Rappahannock.

One of our case managers and therapists continue to collaborate weekly with Rappahannock Regional Jail to improve service follow-through for those being released from jail with substance use histories. During the month of February, a total of 16 incarcerated individuals were connected to our case manager and/or therapist. Of these 16, nine were released and all nine followed through with the recommended services.

Our peer specialist's continue to run several peer support groups for those seeking recovery from substance use. A new peer-led group, "Grief in Recovery," held it's first in-person meeting this month.

HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS, **February 2023**:

Training

Human Resources held two New Employee Orientation's during **February**. A total of fifteen new employees were brought on, ten were full-time, four were part-time and one was for Sponsor Placement.

Recruitment

In the month of **February**, we made fifteen offers to external applicants and seven offers to internal candidates.

Indeed continues to be our best source for applicants. We ran a total of 16 positions this month and received 586 resumes for the various positions, down from 921 resumes from the previous month.

Human Resources & Employee Relations

Congratulations to the following employee who have recently received promotions:

Siara Samuels Promotion to ID/DD Support Coordinator

February Employee Events

In February we honored National Heart month by wearing red the first Friday of the month. The Employee Engagement Committee met and continues to plan events for the next few months employee picnics, holiday dinner, employee in-service, etc.

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

Michelle Runyon, HR Director

RACSB Board Report Compliance

Incident Report

- There were 187 Incident Reports entered into the Electronic Incident Report Tracker during the month of February. This is a decrease of 12 from January 2023, and an decrease of 9 from December 2022. All incident reports submitted were triaged by QA staff. The top two categories of reports submitted were and Health Concerns (65 reports) and Individual Served Injury (36 reports).
- Quality Assurance Staff entered 31 incident reports into the Department of Behavioral Health and Developmental Services Electronic Incident reporting system. (10 Level 1, 21 Level 2, 10 Level 3); a decrease of 2 from January. There were three positive COVID cases reported, and four COVID testing reports. Positive cases were reported regarding individuals receiving DD or MH Residential Services.
- There were no reports elevated to care concern by DBHDS. These are reports that based the Office of Licensing's review of current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analyses completed on behalf of this individual. In addition, take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the conduction of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff's discovery of the incident. QA staff requested specific programs, based on submitted incident report, to complete the required root cause analysis. Thirty-three root cause analysis were requested and 13 were completed. No expanded root cause analysis were required nor received in February.

Human Rights Investigations

QA staff initiated five and closed four investigations during the month of February. Three investigations initiated regarded an allegation of neglect; one towards the members of a DD residential program, one towards an outpatient client, and one towards a client receiving day support services. All three of these neglect allegations were unfounded. One investigation was regarding physical abuse (unfounded) which occurred in a DD Residential program. One investigation regarded an allegation of seclusion/restraint; this is an ongoing investigation in a DD Residential program.

External Reviewers

- QA staff provided requested follow-up information to Brian Dempsey, Senior Licensing Specialist with the Department of Behavioral Health and Developmental Services (DBHDS), on 10 incident reports submitted into CHRIS.
- QA staff received four external chart review requests and responded to four external chart reviews for 23 clients by submitting requested documentation.

- QA staff received and responded to 14 emails from various Human Rights Advocates regarding investigative reports, CHRIS reports and external providers. In addition, QA staff responded to various documentation request from the Advocates.
- QA staff received 4 phone calls and multiple emails from various programs with questions about incident reports, human rights, complaints, and root cause analysis (RCA) process.

Complaint call synopsis:

The QA team received two complaint calls in the month of February. One call concerned dissatisfaction with services, stating that he needed to go to the hospital; due to his expressed need for inpatient care, this was triaged to ES and the client denied care. One complaint call concerned services at Mary Washington Hospital. After explaining that we had no purview over his concern, we offered community connection resources and asked if his RACSB services were satisfactory; he stated that they were.

Trainings/Meetings

- 2/7 – QMR Exit meeting
- 2/7 – NEO
- 2/8 – NEO
- 2/9 – Q-Tips: Supervision
- 2/10 – Investigation Interview (2)
- 2/14 – THEROPS (Kat)
- 2/15 – Compliance Committee Meeting
- 2/16 – Documentation training
- 2/21 – Investigation Interview (3)
- 2/22 – NEO
- 2/23 – NEO
- 2/23 – Q-Tips: Incident Reporting
- 2/24 – THEROPS (Kat)
- 2/28 – OHR site visit
- Investigation Interview (1)
- 2/29 – Investigation Interviews (3)

Other Activities

Prevention Services

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




March 2023

Initiatives and Trainings

Youth Education – We continue to partner with St. Paul’s and 4Seasons day care/preschool centers in King George County to facilitate curriculums including HALO (Healthy Alternatives for Little Ones) and Second Step. At the request of Caroline County Public Schools, we have purchased and begun implementing a pilot of the Second Step Bullying Prevention Unit at Lewis and Clark Elementary School. If successful, the pilot can expand to additional schools in the fall. We were invited to the Madison Elementary parent engagement night on March 2, 2023. We will be hosting a parent workshop on self-care for Spotsylvania HeadStart on March 22, 2023.

Vaping Prevention Education – We continue to be in several local high schools to facilitate vaping prevention education trainings as part of health classes.

Responsible Gaming and Gambling – March is Problem Gambling Awareness Month. Two staff members will be attending the CADCA Bootcamp on Prevention of Problem Gambling hosted by DBHDS the week of April 3 in Staunton.

| | | | |
|---|---|---|---|
| <p>Gambling Disorder Screening Is for Everyone</p>  | <p>DID YOU KNOW?</p> <p>PEOPLE CAN BE ADDICTED TO GAMBLING</p> <hr/> <p>ABOUT 3 OUT OF 100 PEOPLE HAVE GAMBLING PROBLEMS</p> <hr/> <p>GAMBLING PROBLEMS OFTEN GO UNDETECTED</p> <hr/> <p>RECOVERY FROM GAMBLING PROBLEMS IS POSSIBLE</p> | <p>Brief Biosocial Gambling Screen <i>A "yes" answer to any of the questions means the person is at risk for developing a gambling problem</i></p> <p>1. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare? YES <input type="checkbox"/> NO <input type="checkbox"/></p> | <p>National Problem Gambling Helpline</p> <p>1-800-522-4700</p> <p>Help is available 24/7 and is 100% confidential</p> <p>For more information, visit:</p> <p>www.divisiononaddiction.org</p> <p>www.basionline.org/YFSTC.html</p> <p> CHA Division on Addiction <small>Cambridge Health Alliance</small></p> <p> HARVARD MEDICAL SCHOOL <small>TEACHING HOSPITAL</small></p> |
|---|---|---|---|

ASIST (Applied Suicide Intervention Skills Training) – Our trainers are collaborating with other CSBs to co-train in February, March, and April. Our next ASIST training is scheduled for May 10 -11, 2023.

To register: <https://www.signupgenius.com/go/RACSB-ASIST-Training2023>

safeTALK – Our next offering of this 3-hour suicide alertness training is March 21, 2023 at 9:00 a.m.

To register: <https://www.signupgenius.com/go/RACSB-safeTALK-Training2023>

Mental Health First Aid – We continue to host this 8-hour course both virtually and in-person. We continue discussions with Caroline County Public Schools and King George County Public Schools to bring teenMHFA to their high schools.

To register:

Adult MHFA - <https://www.signupgenius.com/go/RACSB-MHFA-Training2023>

Youth MHFA - <https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2023>

Lock and Talk Virginia – We are gearing up for another media campaign to recognize May as Mental Health Month. The focus will be on the “talk” part of Lock and Talk. If you haven’t already, please visit our new website at www.lockandtalk.org.

Save One Life (formerly REVIVE!) – We are moving forward with the separation from DBHDS’s REVIVE! program and launching Save One Life as our opioid awareness and Naloxone training. Virtual trainings via Zoom continue to be held 1-2 times per month. We continue to see an increase in community partners requesting REVIVE trainings for their staff, volunteers, and clients served. We have trained probation and parole staff this month. We will be training nurses with Spotsylvania County Public Schools on March 27, 2023. At the request of Stevenson Ridge, we will be training their staff prior to prom season.

To register for a REVIVE! training: https://bit.ly/VIRTUAL_REVIVE

To register for Narcan dispensing: https://bit.ly/RACSB_NARCAN

There is increased interest from community partners to expand Harm Reduction Initiatives in our community. Members of the Opioid Workgroup are researching options and in dialog with community leaders.

ACEs and Resilience – RACSB Prevention Services is resuming in-person trainings and continuing to collaborate with fellow CSBs to host virtual Understanding ACEs trainings.

To register for in-person trainings: <https://www.signupgenius.com/go/RACSB-ACEsTrainings2023>

To register for virtual trainings: <https://forms.gle/mS9g5tZaQiuopFL08>

Community Resilience Initiative – We have resumed offering Course 1 Trauma Informed and Course 2 Trauma Supportive. These are 6-hour courses that cover brain science, the individual experiences and ways to build individual and community resilience.

To register: <https://www.signupgenius.com/go/RACSB-CRI-Training2023>

RACSB hosted part III of the Trauma Informed Leadership certification with Rick Griffin from Community Resilience Initiative (CRI) on March 9, 2023. This was the third and final session of the Trauma Informed Leadership certification. A total of 26 community members completed the certification! Including Board members Susan Gayle and Melissa White.

CRI is hosting their annual conference on the east coast for the first time. It will be held at the Hotel Roanoke (July 20-21, 2023).



Healthy Families Rappahannock Area (HFRA)

HFRA helps parents **IDENTIFY** the best version of themselves, **PARTNERS** with parents with success in parenting, and **EMPOWERS** parents to raise healthy children.

| LOCALITY | NUMBER OF REFERRALS | ASSESSMENTS | NUMBER OF FAMILIES RECEIVING HOME VISITS | NEW ENROLLEES YEAR-TO-DATE |
|--|---------------------|-------------|--|----------------------------|
| CAROLINE COUNTY | 0 | 0 | 6 | 2 |
| CITY OF FREDERICKSBURG | 4 | 6 | 36 | 12 |
| KING GEORGE COUNTY | 2 | 1 | 6 | 2 |
| SPOTSYLVANIA COUNTY | 10 | 9 | 65 | 11 |
| STAFFORD COUNTY | 6 | 4 | 35 | 8 |
| OUT OF AREA (REFERRED TO OTHER HF SITES) | 0 | 0 | 0 | 0 |
| TOTAL | 22 | 20 | 148 | 35 |

- Healthy Families Rappahannock Area completed their Annual Technical Assistance visit from Families Forward Virginia. The program is recognized as a strong site. (The report will be taken to the next Prevention/Public Information Committee meeting.)
- Healthy Families Rappahannock Area made new connections with the CEO of IMGNIlife (CHOICES) and are meeting with to create a partnership for the families being served.
- Program Manager, Melodie Jennings, attended a grant writing seminar hosted by the Community Foundation and Germanna Community College.
- New rack cards for both Healthy Families and Village Fathers have been created. These cards make it easier access for families to be taken directly to information screens that are then followed up by a HFRA team member.
- Please save the date of April 19, 2023 from noon to 3:00 p.m. for an open house and event in recognition of April as Child Abuse Prevention Month.
- The March newsletter is included.



Healthy Families
Rappahannock Area



Community Awareness Open House

It Takes a Village...Our Community
Deserves to Know
Who is in Theirs

Join us and let's learn about how we can
collaborate together to create a
community of strength and wellness

APRIL 19, 2023

12 pm-3 pm

4605 Carr Drive
Fredericksburg, VA 22408

SAVE THE
DATE

More information :



540-374-3366



tcarneal@rappahannockareacs.org



Healthy Families Rappahannock Area

March
2023



Keeping you in the loop...

HFRA will focus the month of March on creating a storyboard with current and previous participants. This will be an excellent way of sharing the impact of participating in Healthy Families. Jamie Garza from Ignite Cinemas will be recording the family's testimonies.

APRIL is National Child Abuse Prevention Month...

Wear your Blue on April 1st

HIGHLIGHTS FROM FEBRUARY

HFRA Management Team attended
Strong Tower Church's Luncheon
We were able to make
a new partnership with IMGNIlife
CEO Christian Johnson
(supporting CHOICES)

HFRA Program Director attended a
Grant Writing Seminar provided by
Germanna Community College

HFRA attended Youth First
Conference...making more
connections in the community

HFRA is working with King George
Early Education Department on
providing playgroups to the
King George community.



SHOUT OUTS

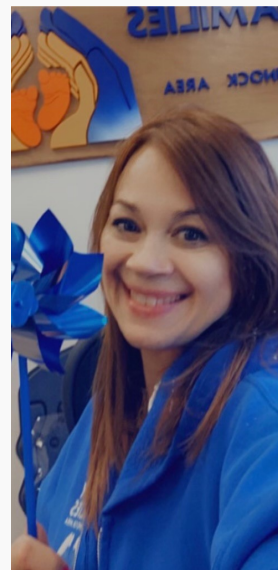
We would like to shout out our amazing
team player, LIXLIA!

*The definition of a team player is someone who cares more
about helping a group or team to succeed than about his
or her individual success.*

Lixlia is our sunshine. She is constantly making us laugh
She always comes with a positive attitude and is a
part of the solution, not the problem.

Please help us Thank Lixlia for her AWESOME Attitude
and always willing to see the good.

We Love
You
Lixlia!



DATES TO REMEMBER

- Board Meeting April 14th, 11-12:30pm
- Open House April 19th, 12-3pm
- King George Family Fun Day May 6th, 2-7 pm

COMMUNITY CONVERSATION

a series

Where:
Caroline Family
YMCA
804-448-9622

17422 Library Blvd
Ruther Glen, VA
22546

When:
April 15th, 2023
10am - 11:30am

Take the
Community Survey



A community
presentation about
Adverse Childhood
Experiences.

RSVP at mhafred.org/support-services/community-conversation-series/

In Partnership With



LifeWay Services
Caroline County Public Schools



Community Support Services Board Report: March 6, 2023

Assertive Community Treatment (ACT) – Tamra McCoy

An ACT South client asked to be discharged after receiving services since June 2021. This client had not had any psychiatric hospitalizations. He did not want to continue to receive ACT services because he felt he did not need the intensity of the program. This client will continue to receive services including case management from the agency Permanent Supportive Housing program. He did not want to receive continued medication and case management from our main clinic. This client is aware he can request ACT services in the future. ACT South enrolled a client on NGRI status who transitioned out of an agency residential program last month. The program coordinator and South Team Lead, met with a potential client who is currently hospitalized at Northern Virginia Mental Health Institute. She met program criteria and wants to be enrolled in ACT services upon hospital discharge.

ACT North re-enrolled a client in February who requested discharge last December. This client was hospitalized at Snowden after she requested discharge from services. An ACT North client who resided at the Bridgewater apartments since 2019, requested discharge. He was referred to agency adult case management, which will include psychiatric services and medication supports for continuity of care.

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

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club is currently planning for our Saint Patrick's Day party. We have an upcoming visit with Western State and the members will be attending the Brick Fair, a local Lego building event as a weekend program. We are increasing our YMCA visits to 3 days a week now, and will be taking a second trip to the Wilson Workforce Center. Although our interns are finished, we continue to have guest groups run by a staff from RCASA. Our current enrollment is 79.

Developmental Disabilities (DD) Residential Services - Stephen Curtis

The State Fire Marshal conducted an unannounced survey at Ross and Lucas ICF's at the end of January. We learned in February that both programs were found in compliance with the life safety code and no citations were found.

The KOVAR grant that was applied for at the end of last calendar year for furniture for several of our residential programs was awarded at the KOVAR board meeting in February. We should be able to place our furniture order in March.

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

RAAI Garden Party is back! This year's garden party will be on April 20th. More details to come. Our Plant sale is scheduled to start March 31st. A huge thank you to our representative from BFG who had 3 pallets of soil donated to us; this is enough soil for 3 years of planting! This year the price of plastic pots and soil had more than doubled in price so we were looking at several costs saving measures, including mixing our own soil. This donation allows for more flexibility and time to spend planting.

RAAI is currently supporting 110 individuals; with approx. 50 individuals on the waitlist for services. Individuals attending part time have slowly increased back to 5 days a week as new staff complete training. As we continue to fill staffing vacancies we will address the needs of those on the waitlist.

Home and Community Based Services (HCBS) audits are now occurring for ID/DD services. They are starting with Spotsylvania location and King George and Caroline are already scheduled to begin in March.

Mental Health (MH) Residential Services - Nancy Price

Two individuals graduated from MH Residential and discharged from Liberty Street SAP in February. Both individuals were found NGRI and had Conditional Release Plans while in our services. Both started at Home Road, one in a transitional bed, and then moved to Liberty Street. One individual returned to the home that he owns, and the other moved to an apartment in the community.

One individual, who was in a hospital transitional bed, discharged/left from Home Road and moved outside our catchment area, per their wishes.

Move date for PSH to new lease/building is pushed back until the week of March 20th due to furniture delivery

The expansion plan for PSH was submitted to DBHDS. This will include adding another case manager and an office associate. The total for client capacity will go from 50 to 65 for the program.

MH Crisis Stabilization: Sunshine Lady House - Heather Honaker

The Sunshine Lady House program remains temporarily closed and all staff have been temporarily reassigned to various agency programs.

There are currently 11 full-time positions open, including the Coordinator, Assistant Coordinator, Nurses, MH Residential Specialists, Cook, and Peer Specialist.

The program has two open-house recruitment events exclusively targeting nursing candidates scheduled for March 11th and March 15th.

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

February 2022 Review

Community Consumer Submission 3 version 7.5 (CCS3 7.5)

The Community Consumer Submission 3 version 7.5 is the technical specifications for our state reporting data collection and extract. RACSB staff, Suzanne Poe and Brandie Williams serve on the joint CCS User Acceptance Testing group.

Trac-IT Early Intervention Data System

The go live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, was June 27, 2022. The new date for full implementation of additional 280+ data requirements has been announced as December 11, 2023. RACSB will have to use the extract functionality which is still in development in order to meet full implementation expectations. Brandie has been asked to serve on the EHR extract workgroup with SSG and DBHDS Part C staff. Netsmart has developed our extract and we are ready to test once the process is available.

Waiver Management System (WaMS)

RACSB continues to implement interoperability with our electronic health record, myAvatarNX with the state-wide Waiver Management System. RACSB staff participate in the development and implementation of annual changes to this system. Finalized specifications for the upcoming year's changes were provided in December 2022. The new changes will go live on May 1, 2023.

Opportunities for Partnership/Input:

- Presented at the Caroline County Board of Supervisor's meeting with Caroline County Public School leadership.
- Met with Anthem's new Director of Behavioral Health to explore potential for some innovative pilot opportunities for RACSB.
- Served as a reference and demo for myAvatar with Chesterfield, Richmond Behavioral Health Authority, and Danville-Pittsylvania CSB. Supported Harrisonburg-Rockingham CSB in answering questions regarding the EDCC.
- Attended the Stroke Smart Stakeholder community event for the Rappahannock EMS Council.
- Selected to represent CSBs on the newly developed Data Exchange Steering Committee with senior DBHDS leadership.
- Met with Caroline County administration to develop plan for Opioid Abatement Authority funding.
- One of two CSB representatives on a call with DBHDS around the crisis data platform.
- Discussed and provided input on a new bill that Delegate Spanberger plans to introduce around the use of telehealth to provide behavioral health services from community partners within the school setting.
- Completed the Senate Congressionally Directed Spending application for funding and developed application for the SAMHSA Grant for the Benefit of Homeless Individuals.

Special Projects and Data Requests:

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

- Represented the agency virtually at the VACSB Quality and Outcomes, Data Management Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, Region 1 IT Council, UAT Team, new DBHDS Data Dashboard Committee, and DMC Technical Sub-committee.
- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions regarding appropriate reporting of new initiatives.
- Coordinated agency input for DBHDS request for information from CSBs around barriers and opportunities to improve partnership. Completed the requested CSB satisfaction survey.
- Meet weekly on the core advisory group with DBHDS around the new Data Exchange implementation project.
- Supported the implementation of the classification and compensation study.
- Attended the launch of the new intranet.
- Chaired the February 2023 EDCC Collaborative meeting.
- Completed CSS CARF Mid-Year performance meetings and goal updates.
- Supported the submission of our mid-year financial reporting to DBHDS per the performance contract.