



VOICE/TDD (540) 373-3223

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meeting notice

TO: Board of Directors

FROM: Matt Zurasky, Secretary
Joe Wickens Executive Director

SUBJECT: Board of Directors Meeting
Tuesday, August 15, 2023 5:00 PM
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: August 11, 2023

A Board of Directors Meeting has been scheduled for Tuesday, August 15, 2023 at 5:00 PM, at Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

We are looking forward to seeing everyone on August 15, 2023.

***As a reminder, please ensure you send a reply RSVP via email if you plan to attend the meeting. Thank you.**

Best,

MZ/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
BOARD OF DIRECTORS MEETING
August 15, 2023

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

agenda

- I. MINUTES, BOARD OF DIRECTORS, June 20, 2023 Beebe
- II. PUBLIC COMMENT- Public Comment Beebe
- III. EMPLOYEE SERVICE AWARDS Wickens

5 years

Eleni Mcneil – Coordinator, Substance Abuse
Alexis Wynn-Coleman – PSH Case Manager as of
7/16th, prior MH Residential Specialist
Rachael Nieves, Reimbursement Technician
Sheila Kenney, Direct Support Professional- RAAI ICF
Patricia Byerly, Lead Specialist, RAAI Kings Hwy
Nancy Love, Clinic Coordinator

10 years

Anahita Saeidi – Direct Support Professional, Scottsdale Estates
Katie Barnes – Clinic Coordinator
Ramon Test – Adult MH Case Manager
Lisa Pigg – Direct Support Professional, Galveston Road
Ivy Lee – Family Support Specialist, Healthy Families

15 years

Christopher Gambell – Direct Support Professional, Galveston Road
Diane Allen – Direct Support Professional, Ruffins Pond

20 years

Kelly Kockler – Supervisor – ID/DD Case Management

25 years

Todd Larkin – Property Supervisor

- IV. CONSENT AGENDA Beebe

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE August 8, 2023 Boerner for
Parcell

- A.1 Information Only – Extraordinary Barriers List
A.2 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
A.3 Information Only – Information Technology/Electronic Health Record Update

- A.4 Information Only – Crisis Intervention Team Assessment Center Report
- A.5 Information Only – Emergency Custody Order/Temporary Detention Order
- A.6 Permanent Supportive Housing
- A.7 Information Only – Waitlist
- A.8 Approved – Licensing Reports
- A.9 Information Only – Quality Assurance Report
- A.10 Information Only – Dashboard/Data Highlights
- A.11 Information Only – DBHDS CSB Operational Review
- A.12 Information Only - CARF End of Year Performance Analysis Exec Summary

RECOMMENDED: FINANCE COMMITTEE August 8, 2023

Zurasky

- B.1 Information Only –Summary of Cash Investments
- B.2 Information Only –Summary of Investment Portfolio
- B.3 Information Only – Fee Revenue Reimbursement
- B.4 Information Only – Fee Revenue Reimbursement-without credits
- B.5 Information Only – Fee Collection YTD and Quarterly
- B.6 Information Only – Write-Off Report
- B.7 Information Only – Health Insurance Account
- B.8 Information Only – OPEB
- B.9 Information Only – Payroll Statistics
- B.10 Approved – 2023 July Financial Summary
- B.11 Information Only – Incentive Payment from Anthem
- B.12 Approved – August 2023 Financial Report, as amended

RECOMMENDED: PERSONNEL COMMITTEE August 8, 2023

Gayle

- C.1 Information Only –Retention Report
- C.2 Information Only –EEO Report and Recruitment Update

RECOMMENDED: PUBLIC INFORMATION/PREVENTION August 8, 2023

White

- D.1Information Only – Website Analytics
- D.2Information Only – Social Media Analytics
- D.3Information Only – Acronym List
- D.4Information Only – Prevention Program FY 2023 Year End Summary
- D.5Information Only – Understanding ACEs FY 2023 Year End Summary
- D.6Information Only – Suicide Prevention Initiatives FY 2023 Year End Summary
- D.7Information Only – Prevention Efforts Related to Opioid Epidemic FY 2023
- D.8Information Only – Healthy Families FY 2023 Year End Report
- D.9Information Only – Upcoming Events

VI. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VII. REPORT OF DIRECTORS and COORDINATORS

- A. Clinical Services
- B. Finance and Administration
- C. Human Resources
- D. Compliance
- E. Public Information
- F. Prevention
- G. Community Support Services

Kobuchi
 Cleveland
 Carrington
 Terrell
 Umble
 Wagaman
 Jindra

H. Deputy Executive Director

Williams

VIII. BOARD TIME

Beebe

IX. CLOSED SESSION

Beebe

X. ADJOURNMENT

Beebe

June 2023 Board of Directors Meeting Minutes

CALL TO ORDER

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held June 20, 2023 at 600 Jackson Street. *Attendees included:* Sarah Ritchie, Ken Lapin, Jacob Parcell Nancy Beebe, Claire Curcio, Glenna Boerner, Greg Sokolowski, Matt Zurasky, Joe Wickens, Diana Dobson, Tina Cleveland, Jacque Kobuchi, Terri Carrington, Stephanie Terrell, Amy Umble, Amy Jindra and Michelle Wagaman. *Not present:* Susan Gayle, and Melissa White.

I. MINUTES, BOARD OF DIRECTORS, **May 16, 2023**

The Board of Directors approved the minutes from the May 16th meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Mr. Sokolowski

Seconded by: Ms. Walker

II. PUBLIC COMMENT

No Action Taken

III. EMPLOYEE SERVICE AWARDS

Joe Wickens recognized the following employees for their years of service:

a. **Five Years**

- i. Sharon Edelen – Developmental Support Professional, Igo Road
- ii. Rene Jackson – Direct Support Professional, RAAI, Kings Hwy.

b. **Ten Years**

- i. Douglas Jackson – Direct Support Professional, RAAI
- ii. Teresa Short – Reimbursement Tech, Fredericksburg

IV. CONSENT AGENDA

- A.1 Information Only – Extraordinary Barriers List
- A.2 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- A.3 Information Only – Information Technology/Electronic Health Record Update
- A.4 Information Only – Crisis Intervention Team Assessment Center Report
- A.5 Information Only – Emergency Custody Order/Temporary Detention Order
- A.6 Information Only – Waitlist
- A.7 Approved – Licensing Reports
- A.8 Information Only – Quality Assurance Report
- A.9 Approved – Corporate Responsibility
- A.10 Information Only – Dashboard/Data Highlights

RECOMMENDED: FINANCE COMMITTEE June 13, 2023

- B.1 Information Only –Summary of Cash Investments
- B.2 Information Only –Summary of Investment Portfolio
- B.3 Information Only – Fee Revenue Reimbursement
- B.4 Information Only – Fee Revenue Reimbursement-without credits
- B.5 Information Only – Fee Collection YTD and Quarterly
- B.6 Information Only – Write-Off Report
- B.7 Information Only – Health Insurance Account
- B.8 Information Only – OPEB
- B.9 Information Only – Payroll Statistics
- B.10 Approved – 2023 April Financial Summary
- B.11 Information Only - Rappahannock Area Kids on the Block City Arts Commission Grant Award
- B.12 Approved – DBHDS Behavioral Health Equity Grant Notice Award
- B.13 Information Only – Permanent Supportive Housing, Expansion Funds
- B.14 Information Only – OBRA FY22 Reallocation Grant

RECOMMENDED: PERSONNEL COMMITTEE June 13, 2023

- C.1 Information Only –Retention Report
- C.2 Information Only –EEO Report and Recruitment Update

ACTION TAKEN: The Board approved the Consent Agenda.

Moved by: Mr. Zurasky

Seconded by: Ms. Walker

V. ELECTION OF EXECUTIVE COMMITTEE OFFICERS

- a. Ms. Beebe reviewed previous nominations for Board Chair, Vice Chair and Secretary for the next year. Ms. Beebe is nominated to move from Vice Chair to Chair, Mr. Parcell is nominated to be Vice Chair and Mr. Zurasky is nominated to be Secretary.

ACTION TAKEN: The Board approved all nominations.

Ms. Beebe – Chair

Mr. Parcell – Vice Chair

Mr. Zurasky – Secretary

Moved by: Mr. Lapin

Seconded by: Ms. Curcio

VI. FINANCIAL REPORT – FISCAL YEAR 2024 OPERATING BUDGET PRESENTATION

- a. Presentation given, handout

ACTION TAKEN: The Board approved the Fiscal Year 2024 Budget of \$52.8 million.

Moved by: Ms. Williams

Seconded by: Mr. Zurasky

VII. REPORT FROM THE EXECUTIVE DIRECTOR

- a. Mr. Wickens was invited to attend a Health Forum on Behavioral Health by Delegate Tara Durant on May 30th. Delegate Durant is supportive of our plans to build a crisis receiving center (CRC) and our plans to submit an application for state funding. Delegate Durante invited Mr. Curt Gleeson, Assistant Commissioner of Crisis Services from DBHDS, to present about the state's initiative and funding for crisis receiving centers and to also hear an update regarding RACSB's plans. Mr. Wickens was given an opportunity to share about the critical need for a CRC in our area and RACSB's plans to build one to help meet that need.
- b. Mr. Wickens announced that an application for state funding to assist in the construction of a CRC was submitted on June 14th. This is in addition to the federal funding request that was submitted in March. RACSB plans to continue to search for further funding opportunities.
- c. Mr. Wickens announced that on June 12th, the Opioid Abatement Authority approved the regional fund request that RACSB submitted. Board was reminded that the funding amount totaled \$942,000. There will be a public comment event on June 23, 2023, before funds are awarded.
- d. Mr. Parcell and the Fredericksburg Rescue Squad were recognized and thanked for their donation of \$2930.00 for the purchase of two AEDs for our Fredericksburg facilities, one for the Fredericksburg clinic and the other for Kenmore Club.

VIII. REPORT OF THE DIRECTORS AND COORDINATORS

- a. Clinical Services – Ms. Kobuchi reported that staff hiring are occurring, but still have some significant vacancies. A couple more interns finishing up, but looking at finding more to replace them. Staff member presented to the local board of supervisors and the city council and it went well.
- b. Finance and Administration – Ms. Cleveland advised they have two new software programs for reporting and data capturing helping them.
- c. Human Resources – Ms. Carrington stated that there has been 29 people hired in May. HR received 1500 resumes total. They have 99 open positions currently. Congratulations to the 4 people promoted in May.
- d. Public Information – Ms. Umble advised that the upcoming Board Tour will be postponed until further notice. Ms. Umble would like to start making appointments with members for headshots due to upcoming monitors in lobby- received approval from all members to do so. Additionally, made an internal communication committee combined with engagement committee announcement.
- e. Prevention – Ms. Wagaman reported that there are many events occurring in June. More community engagements and opportunities presenting themselves. The Transportation van and awning is up and running. In May, they gave out 548 individual doses of Naloxone.
- f. Community Support Services – Ms. Jindra's department is benefitting from newly staffed positions although still have a number of vacancies. Struggling to fill Sunshine Lady House Coordinator position. Employee trainings taking top priority at present.

IX. BOARD TIME

- a. Mr. Parcell thanks all for hard work the past year, thank you for the budget, for the wins and the challenges.

- b. Ms. Boerner, thanks for everything, you continually amaze me.
- c. Ms. Walker appreciates Ms. Cleveland's transparency with the budget, it helps with communications. Thank you.
- d. Ms. Curcio thanks Ms. Wagaman for the Narcan workshop that was done at her Church. It was surprisingly well attended and (Sherry Norton-Williams) did a great job! Thank you.
- e. Mr. Zurasky on Primary day said its incumbent on us to engage whomever wins on our efforts with mental health; we are at the end of our fiscal year and he too is excited about the future, it's been a rough couple of years but making progress.
- f. Ms. Ritchie - this is the completion of her first year on the Board, and she's learned a lot. Thank you. Also, a kudos to Michelle Wagaman because she has received so much positive feedback on the Fred Nats events, not only in her community but on social media.
- g. Mr. Lapin said staff are very impressive and he is proud. Looking forward to coming year.

X. CLOSED MEETING – VA CODE § 2.2 – 3711 A (4), A (7), and A (15)

Mr. Lapin requested a motion for a closed meeting.

It was moved by Nancy Beebe and seconded by Matt Zurasky that the Board of Directors of the Rappahannock Area Community Services Board convene in a closed meeting pursuant to Virginia Code § 2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business; and Virginia Code § 2.2 – 3711 A (15) to discuss medical records excluded from 2.2 – 3711 pursuant to subdivision 1 of 2.2 – 3705.5.

The motion was unanimously approved.

Upon reconvening, Mr. Lapin called for a certification from all members that, to the best of their knowledge, the Board discussed only matter lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Nancy Beebe – Voted Aye

Claire Curcio – Voted Aye

Carol Walker – Voted Aye

Jacob Purcell – Voted Aye

Bridgette Williams – Voted Aye

Glenna Boerner – Voted Aye

Greg Sokolowski – Voted Aye

Matt Zurasky – Voted Aye

Sarah Ritchie – Voted Aye

The motion was unanimously approved.

XI. BOARD GROUP PHOTO was taken by Ms. Umble. Missing from photo Glenna Boerner, Susan Gayle and Melissa White.

ADJOURNMENT

The meeting adjourned at 6:30 PM.

Board of Directors Chair

Executive Director

Rappahannock Area Community Services Board
Program Planning & Evaluation Meeting Tuesday,
August 8, 2023 at 10:30 a.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Claire Curcio
Glenna Boerner
Greg Sokolowski
Susan Gayle
Matt Zurasky
Nancy Beebe
Ken Lapin
Melissa White

ABSENT

Jacob Parcell
Carol Walker
Bridgette Williams
Sarah Ritchie

OTHERS PRESENT

Joe Wickens, Executive Director
Brandie Williams, Deputy Executive Director
Tina Cleveland, Finance and Administration Director
Stephanie Terrell, Comp & Human Rights Director
Terri Carrington, Human Resources Director
Amy Umble, Public Information Officer
Michelle Wagaman, Prevention Services Director
Megan Toler, Reimbursement Coordinator
Patricia Newman, Case Management Supervisor
Amenah Price, Assistant Coordinator
Jacque Kobuchi, Clinical Services Director
Amy Jindra, Community Support Services Director

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 August 8, 2023.

ISSUE: **Extraordinary Barriers List**

DISCUSSION: Ms. Newman reviewed one individual on the Extraordinary Barriers List who is currently hospitalized at Central State Hospital. They are Not Guilty by Reason of Insanity (NGRI). They were hospitalized there for the temporary custody evaluation process. To determine if they should be discharged or remain in hospital. During that process the RACSB is obligated to come up with a conditional release plan should the individual be discharged which we did. We made arrangements for them to reside at Lafayette boarding house. The court did approve their conditional release plan and they will be discharging on Thursday.

ISSUE: **Independent Assessment Certification and Coordination Team Update – June and July**

DISCUSSION: Ms. Kobuchi told the Committee that the RACSB received and completed nineteen IACCT referrals in the month of June. RACSB received 15 IACCT referrals in the month of July and completed ten assessments. Two assessments are still in process and three discharged homes prior to the reassessment due date. Twelve referrals were initial IACCT assessments and seven were re-authorizations in June, eight were initial IACCT assessments and seven re-authorizations in the month of July. In June and July, seventeen were from Spotsylvania, five from Stafford, two from Caroline, six from King George and four from the City of Fredericksburg. Of the nineteen completed assessments in June, nine recommended Level C Residential, six recommended Level B Group Home, three recommended community-based services and one reauthorization recommended discharge. Two initial IACCT assessments initially recommended community-based services but were changed to group home placement due to no foster home availability. Of the ten completed assessments in July, five recommended Level C Residential and five recommended level B Group Home. Two initial IACCTs are still in process.

Mr. Lapin asked if there is generally a lot of foster homes available in the city. Ms. Kobuchi said no. If you have kids that qualify for residential or are coming out of residential, they are generally harder to place in a foster home. There are just not a lot of people signing up to be foster parents. Ms. Boerner added that some of them have to go into a therapeutic foster care, if they are coming out of residential, which makes it even more difficult for placement.

ISSUE: **Information Technology/Electronic Health Record Update**

DISCUSSION: Ms. Williams explained we are still averaging around 1,000 tickets closed per month. We are up to date with our state data submissions and have applied the changes for the fiscal year for CCS which went into effect July 1st. We have applied the changes for the Waiver Management System which went into effect May 1st.

Ms. Williams noted we have been talking about Trac-IT for a while in this meeting and how we have been advocating through the appropriate DBDHS and VACSB channels because there are a significant number additional data elements that are going to be required as of December 11th for early intervention data system. We were able to identify that over 92 of the elements are not tied to any reporting or regulatory requirement for Part C programming. Unfortunately, DBHDS is not willing to reduce the required data elements so it's up to each local system to determine how they are going to manage this. We look towards managing this in ways which do not negatively impact our services. Ms. Williams is disappointed that there is not a recognition of the huge increase in burden and cost to CSBs. There is no dedicated funding that was provided to support this effort, so the cost will be passed on to the local system. We are disappointed that DBDHS did not back off on some of these requirements. If DBHDS had reduced the number, we would only have to report this high level of data on average two times a year per child. As it stands, we will have to report this high level of data every time a kid receives a service from us. DBHDS did agree to meet with VACSB in September to reconsider; however, any system that is wanting to use the extract functionality has to have their extract ready for testing and started by October 1st. Systems have to proceed and stand up the cost

to build the integrations with the required data elements as they stand. The December 11th requirements will have impact to our programming.

Mr. Zurasky asked if she could provide a summary of this report so that the Board can contact their legislators so that we can get some kind of push back from another route. Ms. Williams said she could provide. Mr. Zurasky said that we sat here and had a Zoom meeting with DBHDS and we specifically said don't ask for things we are not going to use and now they are doing it. Ms. Williams agreed. Ms. Williams said there is a high desire from them for systems to use the trac-IT system as our sole source of entry. However, it's not compliant with our regulations nor does it have the ability to bill so we are not able to do that at this time. Ms. Williams confirmed she will provide requested summary. She provided a similar summary to the VACSB for their advocacy efforts.

Mr. Zurasky asked if the summary could include cost projections. Ms. Williams agreed and said that she could estimate the cost of building an extract plus the man hours. Mr. Zurasky said that would be wonderful.

ISSUE: **Crisis Assessment Center and CIT Report July 2023**

DISCUSSION: Ms. Kobuchi told the Committee that the CIT Assessment Center assessed 24 individuals in the month of July 2023. The number of persons served by locality were the following: Fredericksburg 4; Caroline 1; King George 0; Spotsylvania 9; and Stafford 10. CIT Data Sheet provided.

Mr. Lapin asked about the 2nd of July and how two people showed up to utilize the site, nobody used it but you have an officer on duty. Ms. Kobuchi said it could have been the person from July 1st was still in it. They have people that are there for multiple days at a time waiting for transfers to state hospitals. It is still a good use of our officer's time to be the one to have them in custody so other officers aren't coming in off the street. Mr. Zurasky said maybe label it as room in use.

ISSUE: **Emergency Custody Order and Temporary Detention Order Report – July 2023**

DISCUSSION: Ms. Kobuchi told the Committee that emergency services staff completed 296 emergency evaluations. Sixty-nine emergency custody orders were assessed and sixty-six total temporary detention orders served of the 296 evaluations. Staff facilitated three admissions to a state hospital. One adult admission went to SVMHI. One adolescent admission went to CCCA. One geriatric admission went to Piedmont. A total of 19 individuals were involuntarily hospitalized outside of our catchment area in July. No individuals were able to utilize alternative transport due to some aggression. Ms. Kobuchi reported that they are currently working with DBHDS on a pilot program that would increase our ability to use alternative transportation. They would have some extra funding to pay for a driver and a companion in the car as well as some soft restraints in the car because right now they don't use restraints. The ultimate goal of the pilot is their ability is to take 100% of people in alternative transportation but right now it's 60%. The goal is to make it a more friendly, less traumatic experience for the individual as well.

Ms. Beebe said she knows they have an issue with hiring people for the transport because they subcontract. Ms. Kobuchi said she believes that's where the increase money comes from is for staffing. Ms. Beebe said they are also looking at trying pilots to bringing individuals back from hospitals so the burden isn't so much on the CSBs.

Mr. Lapin asked for this program who makes the decision that a person is a danger to themselves. Ms. Kobuchi said that is our emergency services therapist completing the assessment to determine if they meet criteria for the TDO. They also make that decision of whether they are too acute for the alternative transportation, but that is based on the guidelines that company has given of what they can handle. So, this process in the pilot would be similar where they would be making that decision based on the new criteria and would involve the law enforcement that is there with them.

Mr. Wickens asked Ms. Kobuchi to give a brief overview of the process of the ECO and TDO for Committee members who may not know. Ms. Kobuchi provided an overview of these processes. Ms. Kobuchi discussed some loopholes in code of Virginia which allow a situation where individuals can leave the ER since they are not physically at the state hospital which increases risk to involved agencies as well as to the individual.

ISSUE: Permanent Supportive Housing

DISCUSSION: Ms. Price asked if anyone needed any kind of overview of the program.

Mr. Sokolowski asked what kind of housing are we talking about when we say support housing. Mr. Wickens suggested that Ms. Price give an overview. Ms. Price said that we work with local apartments in Fredericksburg and some of the surrounding counties.

Ms. Price reported that in June 2019, RACSB was awarded \$630,805 to house 30 individuals in the community. The program started with a single case manager and housing specialist, and was supervised by the MH Residential Coordinator. PSH has grown to include a program manager, housing specialist, office manager, four case managers and a full-time specialist. For FY24, DBDHS has awarded PSH \$2,180,353 in funding to house 65 individuals. The program currently has 49 individuals housed, with another 19 individuals approved for PSH who are awaiting housing. Mr. Wickens gave some background that the state has figured out it is less expensive to stably house an individual than it is to fund extended state psychiatric hospitalizations. Ms. Jindra added the program is serving the serious mental illness population that have a history of chronic homelessness. The SMI population are high utilizers of medical hospitalization, psychiatric hospitalization and incarceration. A year in a state hospital costs around \$500,000 for one individual, so theoretically paying \$1,300 a month in rent is way cheaper than having that cycle. If we can get them housed and basic needs met, they tend to get better. Better opportunities for more well-being, evidence proves this.

Ms. Beebe said the state is paying now, she hopes they will continue as this is a great program and she appreciated reading the stories. Mr. Wickens agreed. Ms. Boerner asked if, as part of their intake process, is the individual required to get with an SSI/SSDI/Outreach/Access & Recovery (SOAR) individual to secure support. Ms. Price said we cannot require individuals to participate in any additional services, although a high percentage of the people who come into the program already have been linked to the resources above. There are a couple of individuals that have been on the streets and homeless for four or five years living in tents for example and they have nothing in place. As soon as they come in to the program, our case managers work to support the individual with access to resources.

Mr. Lapin asked that when we go on the board tours do we visit any of these apartments. Ms. Price said no. Mr. Sokolowski asked if it could be homes that rent out. Ms. Price said it could be a house but they are hard to find.

ISSUE: **Transportation Services**

DISCUSSION:
TABLED

Ms. Jindra shared this is a formal recognition that our transportation program has evolved because of COVID. While individuals are fully utilizing other transportation services, the need for agency fleet maintenance, management, driving and wheelchair procedure trainings continues. Ms. Beebe asked if someone from any of the programs needs transportation and they just can't make it, what do we do. Ms. Jindra said at Kenmore Club, the staff have provided transportation or support accessing public transportation options. With RAAI they use Medicaid cabs. Ms. Beebe asked to have this tabled until Jacob Parcell is present as he wanted to have input and she is concerned that people don't have access if they need it. Mr. Wickens said we can table this and he understands Ms. Beebe's concerns. We can go over a list of other options. He went onto explain how we used to justify our transportation as there were a number of families who couldn't make it into our programs because Medicaid transportation weren't set up for the volume or they did not have Medicaid. The pandemic taught us that people figured out a way to get in because they valued the programs and they were able to arrange for the Medicaid transportation. We haven't run into the barrier that individuals are looking for our transportation. Ms. Jindra added how Medicaid started to catch up with the demands for transportation needs. We also started to see more private transportation options. Ms. Beebe just wants to look at other options and said Medicaid does not show up for individuals.

ISSUE: **Wait List – July 2023**

DISCUSSION: Ms. Terrell reported that 169 individuals were waiting more than 30 days for outpatient therapy appointments as of July 31, 2023.

Ms. Terrell went on that for Psychiatric intake: as of August 2, there is one older adolescent and adult waiting longer than 30 days for their intake appointment. This is a decrease of five from the May 2023 waitlist. The furthest out appointment is 9/21/2023. There are no children age 13 and below waiting longer than 30 days for their intake appointment.

Ms. Terrell reported that in regards to MH Residential Services there are 5 individuals and all 5 are on the referral list. In regards to Intellectual Disability Residential Services there are 70 individuals. For Assertive Community Treatment there are a total of 14- there are 9 on the Needs and 5 on the Referrals, 0 on the Acceptance. Total on the program enrollments=51, Admissions 1, Discharges 0.

Ms. Terrell stated for ID/DD Support Coordination there are 841 individuals on the waiting list for the DD waiver. Total program enrollments =110 (3 new admissions with start dates 8/1).

ISSUE:

Licensing Reports

DISCUSSION:

Ms. Terrell informed the Committee that June and July were busy. There were five reports. Lucas Street Intermediate Care Facility received two reports due to one substantiated allegation of staff failing to provide services using sound therapeutic practices and another due to a substantiated allegation of neglect. Igo Group home received a report due to a substantiated allegation of abuse. Myers Respite program received a report due to a substantiated allegation of neglect. Ross Intermediate Care Facility received a report due to a substantiated allegation of neglect. CAPs reports provided.

Ms. Beebe inquired about the individual that was unclothed and if being so was a frequent occurrence. Ms. Terrell said that she does not believe so. In this case, she believes he was soiled. Mr. Wickens added that in this case the staff person was trying to advocate for the individual's right to be naked. Mr. Sokolowski wanted to know what training and/or onboarding process is required by staff to deal with these situations. Ms. Jindra said they receive an overview of people centered techniques and trained in specific DSP competencies for the populations they are working with. Mr. Sokolowsy said there must be state regulations of trainings that need to be provided, are they only for the CSB homes or are they for the individual private group homes as well. Ms. Terrell said that if it's a licensed program, there are required trainings.

ACTION TAKEN:

It was moved by Mr. Zurasky and seconded by Ms. Beebe that the Committee recommends the Board to approve the July 2023 Licensing Reports as presented by staff.

ISSUE:

Quality Assurance Report

DISCUSSION: Ms. Terrell told the Committee that RACSB that the Quality Assurance staff completed chart reviews for the following programs: Churchill Intellectual Disability Group Home, Igo Intellectual Disability Group Home and Belmont Intellectual Disability Supervised Apartment Program.

In comparing the audit reviews of Churchill Intellectual Disability Group Home charts from the previous audits to the current audits, the average score decreased from 88 to 74 on a 100-point scale. Corrective Action Plans given for each program.

In comparing the audit reviews of Igo Intellectual Disability Group Home charts from the previous audits to the current audits, the averages score decreased from 78 to 44 on a 100-point scale.

In comparing the audit reviews of Belmont Intellectual disability Supervised Apartment Program charts from the previous audits to the current audits, the average score decreased from 53 to 52 on a 100-point scale.

Mr. Sokolowski asked why the scores were so low for the supervised apartment program to begin with. Ms. Terrell said the scores are determined from the previous audits. Ms. Curcio asked if there were new staff members at this program. Mr. Wickens confirmed that the Assistant Manager recently retired and she handled the charts. Mr. Sokolowski asked when the last audit was done. Ms. Terrell said she's not sure, but it could be as far out as a year. Mr. Wickens confirmed that this report is through February to April.

ISSUE: **Data Highlights**

DISCUSSION: Ms. 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.

Mr. Sokolowski asked if there is a reason why the FY22 targets for Measure #2 are 60% and then they increased it for FY23. Ms. Williams said DBHDS establishes the benchmarks annually in the performance contract. This benchmark is not based on any national standard.

Mr. Zurasky asked question in regards to Developmental Disability Measures and the ECM Face to Face numbers. Ms. Williams how each of the measures is calculated,

ISSUE: **Department of Behavioral Health and Developmental Services CSB Operational Review**

DISCUSSION:

Ms. Williams announced the Department of Behavioral Health and Developmental Services conducts operational reviews of CSBs to evaluate the fiscal accountability and transparency in managing funds awarded to the organization by DBHDS, compliance with the DBHDS performance contract,

existence and functioning of internal controls, and the efficiency and economy of processes. Ms. Williams provided a summary of findings and commendations and grid with action steps. DBHDS will come back in one year to ensure completion of the corrective action plan

Ms. Beebe asked how long this audit lasted. Ms. Williams said they were on site for two days but said it required a lot of giving them documents, both prior and after the on-site portion of the audit. It took about 3-4 months in total.

Mr. Zurasky had a question on the summary page regarding quarterly report will be monitored weekly. Ms. Williams said because not all the individuals we serve are on the same schedule for their quarterly plan reviews.

Mr. Lapin drew attention to a mis-spelled word in the report and therefore the report will be amended for the Board meeting.

ISSUE:
DISCUSSION:

CARF End-of-Year Performance Analysis Executive Summary

Ms. Williams announced that the RACSB conducts an annual performance analysis of programs accredited by the Commission on Accreditation of Rehabilitation Facilities. She presented an executive summary providing highlights of the end-of-year progress for CARF accredited programs.

Mr. Zurasky noted under Crisis Stabilization, End of Year Performance, the word closed was left out in the statement regarding Sunshine Lady House Crisis Stabilization program.

Ms. Gayle wanted to clarify that a face to face is not really an in-person for certain services. Ms. Kobuchi answered that it depends. Due to clinical and regulatory guidelines for specific programs, the individual served must come to the clinic in-person, even if the doctor delivers the service remotely.

Mr. Sokolowski asked about the very last item on the list has a n/a. Ms. Williams said we give the point in time survey one time a year which was reported in the mid-year review, therefore, there is no updated information for the end of year report.

Adjournment

The meeting adjourned at 12:30 PM



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

NOTICE

To: Program Planning and Evaluation Committee
Jacob Parcell (Chair), Nancy Beebe, Glenna Boerner, Claire Curcio, Ken Lapin,
Sarah Ritchie, Carol Walker, Matt Zurasky, Bridgette Williams

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
August 8, 2023, 10:30 AM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: August 3, 2023

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, August 8, 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 all on August 8th at 10:30 AM.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

Aug 8, 2023 – 10:30 AM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

I.	Extraordinary Barriers List, <i>Newman</i>	3
II.	Independent Assessment Certification and Coordination Team Update, <i>Andrus</i>	6
III.	Information Technology/Electronic Health Record Update, <i>Williams</i>	11
IV.	Crisis Intervention Team Report, <i>Kobuchi</i>	14
V.	Emergency Custody Order/Temporary Detention Order, <i>Williams</i>	16
VI.	Permanent Supportive Housing, <i>Price</i>	20
VII.	Transportation Services, <i>Price</i>	22
VIII.	Waitlist, <i>Terrell</i>	23
IX.	Licensing Reports, <i>Terrell</i>	27
X.	Quality Assurance Report, <i>Terrell</i>	46
XI.	Data Highlights Report, <i>Williams</i>	50
XII.	DBHDS CSB Operational Review, <i>Williams</i>	55
XIII.	CARF End of Year Performance Analysis Exec Summary, <i>Williams</i>	71
XIV.	Other Business, <i>Parcell</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: August 8, 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 #2: Was placed on the EBL 4/28/23. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a primary diagnosis of Schizophrenia and a history of substance use. It has been identified that this individual requires a supervised residential setting in the community in order to maintain stability in their mental health as well as to maintain compliance with their Conditional Release. They have been accepted to Lafayette Boarding House. This individual was approved by the Court for Conditional Release at their hearing on 7/18/23. Once the court order is received by the hospital a discharge date will be set.

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: July 11, 2023

RACSB currently has two individuals on the Extraordinary Barriers List (EBL) who are hospitalized at Western State Hospital (WSH) and 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.

Western State Hospital

Individual #1: Was placed on the EBL 4/17/23. Barriers to discharge include being accepted to a supervised and transitional residential program. This individual has resided in the community, independently in the past and utilized Assertive Community Treatment (ACT) Services, however they struggled to maintain stability and participation in an independent setting. It has also been determined that they are not able to reside independently at this time. This individual recently completed an interview with and was accepted by Gateway Homes. This individual will discharge once a bed is available. They will not require any Discharge Assistance Program (DAP) Funding.

Central State Hospital

Individual #2: Was placed on the EBL 4/28/23. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a primary diagnosis of Schizophrenia and a history of substance use. It has been identified that this individual requires a supervised residential setting in the community in order to maintain stability in their mental health as well as to maintain compliance with their Conditional Release. They have been accepted to Lafayette Boarding House. During their hospitalization, two Temporary Custody Evaluations have been completed, resulting in one recommendation for continued hospitalization and one recommendation for Conditional Release. The Forensic Review Panel has also

recommended release. RACSB is in favor of continued hospitalization as this individual has minimal insight to their illness, struggles to take responsibility for lack of follow through with treatment in the past as well as lacks a good understanding of the commitment required to be successful on Conditional Release. They would benefit from continued hospitalization and participation in the graduated release process. Their next court date is 7/18/23. They will be discharged once approved by the court.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: July 28, 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 and completed nineteen IACCT referrals in the month of June. RACSB received 15 IACCT referrals in the month of July and completed ten assessments. Two assessments are still in process and three discharged home prior to the reassessment due date. Twelve referrals were initial IACCT assessments and seven were re-authorizations in June, eight were initial IACCT assessments and seven re-authorizations in the month of July. In June and July, seventeen were from Spotsylvania, five from Stafford, two from Caroline, six from King George and four from the City of Fredericksburg. Of the nineteen completed assessments in June, nine recommended Level C Residential, six recommended Level B Group Home, three recommended community based services and one reauthorization recommended discharge. Two initial IACCT assessments initially recommended community based services but were changed to group home placement due to no foster home availability. Of the ten completed assessments in July, five recommended Level C Residential and five recommended Level B Group Home. Two initial IACCTs are still in process.

Attached is the monthly IACCT tracking data for June 2023 and July 2023.



Report Month/Year	Jun-23
1. Total number of Referrals from Magellan for IACCT:	19
1.a. total number of auth referrals:	12
1.b. total num. of re-auth referrals:	7
2. Total number of Referrals per county:	
Fredericksburg:	3
Spotsylvania:	10
Stafford:	3
Caroline:	0
King George:	3
Other:	
3. Total number of extensions granted:	6
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	1
6. Total number of cancellations:	0
7. Total number of assessments completed:	19
8a. Total number of ICA's recommending: residential:	9
8b. Total number of ICA's recommending: therapeutic group home:	6
8c. Total number of ICA's recommending: community based services:	4
8g.Total number of ICA's recommending: Other:	0
8h.Total number of ICA's recommending: no MH Service:	0
9. Total number of reauthorization ICA's recommending: requested service not continue:	1

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

0

Report Month/Year	Jul-23
1. Total number of Referrals from Magellan for IACCT:	15
1.a. total number of auth referrals:	8
1.b. total num. of re-auth referrals:	7
2. Total number of Referrals per county:	
Fredericksburg:	1
Spotsylvania:	7
Stafford:	2
Caroline:	2
King George:	3
Other:	0
3. Total number of extensions granted:	4
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	10
8a. Total number of ICA's recommending: residential:	5
8b. Total number of ICA's recommending: therapeutic group home:	5
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

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: August 1, 2023

This report provides an update on projects related to Information Technology and the Electronic Health Record. Information is provided on state reporting initiatives, facility technology needs, and on-going projects.

Information Technology and Electronic Health Record Update

IT Systems Engineering Projects

During July, 965 tickets were closed by IT Staff compared to June- 1,028, May -1,006, April – 910, March – 1098, February – 1050, and January – 983. In 2022, the IT department averaged closure of 1,023 tickets per month.

21 of our firewalls were reaching end of life and needed to be replaced. In June, the devices were delivered and configured. Throughout July, IT staff went to all 21 locations replaced and tested connections to the network.

Community Consumer Submission 3

The fiscal year 2023 CCS was submitted on July 28, 2023.

Waiver Management System (WaMS)

The WaMS 3.4 “New” extract has been working as expected since June 2023. IT & Netsmart are still working through the additional extracts, “Discard” & “Update”, since we were not able to test during the normal testing window. WaMS is keeping their test system running without helpdesk outside the normal testing window.

Trac-IT Early Intervention Data System

There remain system-wide concerns related to the increased number data requirements which will be required as of December 11, 2023. The VACSB met with DBHDS to discuss concerns with the number of required data elements which have not been tied to any regulation or reporting requirement which greatly expands the administrative costs and burdens. DBHDS has not provided any additional funding specifically for managing the increased expectations.

Starting May 6, 2023 Netsmart State reporting, PEID, and IT staff began participating in the Trac-IT EHR committee to discuss the technical aspects of Trac-IT interoperability. This group meets monthly with the goal of producing a collaboratively developed process to facilitate the data exchange between Avatar and Trac-IT.

Zoom

We continue to utilize Zoom for telehealth throughout the agency. Zoom meeting for Medical staff have decreased significantly, with providers moving to more in person appointments. Zoom meetings continue their downward trend.

- July 2023 – 1,584 video meetings with a total of 4,067 participants
- June 2023 – 1,847 video meetings with a total of 4,881 participants
- May 2023 – 1,935 video meetings with a total of 5,173 participants
- April 2023 – 2,410 video meetings with a total of 6,685 participants
- March 2023 – 2,821 video meetings with a total of 7,479 participants
- February 2023 – 2,475 video meetings with a total of 6,731 participants
- January 2023 – 2,402 video meetings with a total of 6,668 participants
- Average from January to December 2022 was 2,800 video meetings and 8,154 Participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants

Avatar

Bells implementation with RAAI continues. RAAI is now testing the note taking workflow with Supervisors and select Direct Support staff. The expected launch is late August.

NIAM go-live was July 31, 2023. NIAM allows staff the ability to login to Avatar with the same password as their email. NIAM also requires users to set up 2-factor authentication to increase security.

IT has begun the process to update our Patient Portal. Updating our patient portal allows RACSB to comply with federal regulations around information sharing with patients. The project kicked off on July 26th 2023 and is expected to take 10 to 12 weeks.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Kari Norris, Emergency Services Coordinator
Date: August 3, 2023
Re: Crisis Assessment Center and CIT report July 2023

The CIT Assessment Center assessed 24 individuals in the month of July 2023. The number of persons served by locality were the following: Fredericksburg 4; Caroline 1; King George 0; Spotsylvania 9; Stafford 10.

Please see attached CIT data sheet

July 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
7/1/2023	1	1	Fredericksburg	Spotsylvania
7/2/2023	2	0	n/a	Spotsylvania
7/3/2023	7	2	Caroline; Spotsylvania	Stafford; Spotsylvania
7/4/2023	3	0	n/a	Stafford
7/5/2023	1	1	Stafford	Spotsylvania
7/6/2023	2	1	Fredericksburg	Spotsylvania
7/7/2023	2	2	Spotsylvania (2)	Fredericksburg; Stafford; Spotsylvania
7/8/2023	1	0	n/a	Spotsylvania
7/9/2023	2	1	Fredericksburg	Spotsylvania
7/10/2023	3	1	Stafford	Spotsylvania
7/11/2023	3	1	Stafford	Spotsylvania
7/12/2023	1	1	Spotsylvania	Stafford
7/13/2023	4	2	Stafford; Spotsylvania	Stafford
7/14/2023	2	0	n/a	Spotsylvania
7/15/2023	0	0	n/a	Spotsylvania
7/16/2023	1	0	n/a	Spotsylvania
7/17/2023	3	1	Stafford	Fredericksburg; Stafford
7/18/2023	3	2	Spotsylvania; Stafford	Fredericksburg
7/19/2023	1	1	Spotsylvania	Spotsylvania
7/20/2023	2	1	Stafford	Spotsylvania; Stafford
7/21/2023	1	1	Spotsylvania	Stafford
7/22/2023	0	0	n/a	Spotsylvania
7/23/2023	0	0	n/a	Spotsylvania
7/24/2023	1	1	Stafford	Spotsylvania
7/25/2023	1	0	n/a	Spotsylvania
7/26/2023	1	1	Fredericksburg	Stafford
7/27/2023	3	1	Spotsylvania	Stafford; Spotsylvania
7/28/2023	3	2	Stafford (2)	Spotsylvania
7/29/2023	1	0	n/a	Spotsylvania
7/30/2023	0	0	n/a	Spotsylvania
7/31/2023	3	0	n/a	Stafford
Total	58	24		
Total Assessments at Center in July: 24				
Brought by:		Cumulative Total:		
Caroline	1	149	Cumulative number of Assessment since	
Fred City	4	1021	September 2016: 3315	
Spotsylvania	9	983		
Stafford	10	1031		
King George	0	127		
Other	0	4		

MEMORANDUM

To: Joe Wickens, Executive Director

From: Kari Norris, Emergency Services Coordinator

Date: 8/2/2023

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

In July 2023, Emergency Services staff completed 296 emergency evaluations. Sixty-nine emergency custody orders were assessed and sixty-six total temporary detention orders served of the 296 evaluations. Staff facilitated three admissions to a state hospital. One adult admission went to SVMHI. One adolescent admission went to CCCA. One geriatric admission went to Piedmont.

A total of 19 individuals were involuntarily hospitalized outside of our catchment area in July. No individuals were able to utilize alternative transport.

Please see attached data reports.

8/1/2023

Emergency Services

Month		Evaluations	ECOs	TDOs Issued	TDOs Executed
October 2021		422	60	72	72
November 2021		425	59	60	60
December 2021		401	67	66	66
January 2022		355	74	63	63
February 2022		442	87	64	64
March 2022		375	74	81	81
April 2022		390	85	87	87
May 2022		417	92	73	73
June 2022		342	75	66	66
July 2022		343	77	83	83
August 2022		367	79	76	76
September 2022		341	66	76	76
October 2022		351	70	75	75
November 2022		359	69	73	73
December 2022		296	55	51	51
January 2023		389	81	86	86
February 2023		340	65	67	67
March 2023		406	83	93	93
April 2023		325	65	78	78
June 2023		275	57	65	65
July 2023		296	69	66	66

FY24 CSB/BHA Form (Revised: 07/10/2023)

CSB/BHA	Rappahannock Area Community Services Board			Month	July 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	
296	29	40	69	66	23	4	39	66	1
			0					0	
			0					0	
			0					0	
			0					0	

CSB/BHA	Rappahannock Area Community Ser	Reporting month	Jul-23	No Exceptions this month →		
Date	Consumer Identifier	1) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>	4) Additional Relevant Information or Discussion <small>(see definition)</small>
7/5/23	99373	Older adult		Yes	No	Piedmont
7/22/23	110975	Older adult		Yes	No	commitment order to SVMHI
7/28/23	109402	Adolescent		Yes	No	CCCA

ALTERNATIVE TRANSPORT DATA July 2023

Date	ID	LE DEPT	Location of Individual	Receiving Hospital	Travel time Round Trip (minutes)	ECO Y or N	Gender	Age	TDO criteria	Presented for AT: Y or N	Reason for Decline
7/2/23	64331	Caroline	MWH ED	Poplar Springs	160	yes	F	34	Danger to self; Inability to care	No	Prior refusal of AT and elopement risk
7/2/23	110742	Fredericksburg	MWH ED	Poplar Springs	160	yes	F	44	Inability to care	No	
7/3/23	106395	Spotsylvania	MWH ED	North Springs	198	yes	M	8	Danger to others	No	Aggression
7/3/23	107219	Stafford	MWH ED	North Springs	198	yes	M	10	Danger to self; Inability to care	No	Elopement risk
7/3/23	110741	Fredericksburg/	MWH ED	Pavilion of Williamsburg	180	yes	M	37	Inability to care	No	Elopement risk
7/3/23	31387	Spotsylvania	MWH ED	Pavilion of Williamsburg	180	yes	F	67	Danger to others; Inability to care	No	Too delusional
7/4/23	53444	Fredericksburg	MWH ED	Bon Secours-RCH	124	no	M	60	Inability to care	No	Client too unpredictable
7/5/23	99373	Stafford	MWH ED	Piedmont	210	yes	M	70	Inability to care	No	Aggression
7/6/23	26087	Stafford	MWH ED	Clearview	644	yes	M	58	Inability to care	No	Elopement risk
7/7/23	95479	Spotsylvania	MWH ED	Dominion	120	no	M	33	Danger to self	No	
7/10/23	64914	King George	MWH ED	North Springs	198	yes	M	14	Danger to Self; Danger to others	No	Elopement risk
7/11/23	110843	Spotsylvania	MWH ED	Pavilion of Williamsburg	180	no	M	14	Danger to self; Inability to care	No	
7/14/23	107219	Stafford	MWH ED	North Springs	198	yes	M	10	Danger to self; Inability to care	No	Elopement risk
7/17/23	27724	Stafford	MWH ED	Dickenson-GreenOak	746	yes	F	74	Inability to care	No	
7/18/23	110360	Spotsylvania	MWH ED	Pavilion	180	no	F	25	Inability to care	No	Catatonic state
7/21/23	110974	Spotsylvania	MWH ED	Cumberland	160	yes	F	10	Danger to self	No	
7/22/23	110975	Petersburg	Stafford Hospital	SVMHI	404	no	M	35	Danger to others	No	Elopement risk
7/28/23	100066	Spotsylvania	MWH ED	North Springs	198	yes	M	13	Danger to others	No	Client too unpredictable
7/28/23	109042	Stafford	MWH ED	CCCA	240	yes	M	15	Danger to self and others	No	Aggressive and combative

Total Out of Area

19

Total Utilizing AT	% Utilized	Total Appropriate for AT	%
0	0%	0	0%

Memorandum

To: Amy Jindra, CSS Director
From: Nancy Price, MH Residential Coordinator
Date: August 1, 2023
Re: Permanent Supportive Housing

Permanent Supportive Housing (PSH) is based on the philosophy that individuals with serious mental illness can live in their own housing with the same rights and responsibilities as anyone else, regardless of their support needs. It is based on overwhelming evidence that people experiencing homelessness and frequent hospitalizations can achieve stability in permanent housing, if provided with the appropriate level of services. RACSB is committed to following the basic principles and elements of the PSH model, specifically, providing housing to individuals without barriers or preconditions of entry.

In June 2019, RACSB was provided the opportunity to apply for grant funding through DBHDS for a PSH program. RACSB was awarded \$630,805 to house 30 individuals in the community. The program started with a single case manager and housing specialist, and was supervised by the MH Residential Coordinator. PSH has grown to include a program manager, housing specialist, office manager, four case managers and a full-time peer specialist. For FY24, DBHDS has awarded PSH \$2,180,353 in funding to house 65 individuals. The program currently has 49 individuals housed, with another 19 individuals approved for PSH who are awaiting housing.

PSH has proven to be successful for many individuals we support. A 53-year-old male, diagnosed with Schizophrenia, Paranoid Type, was one of the first individuals we housed in February 2020. Prior to housing with PSH, he had lived outside for over six years. While homeless, he visited the hospital three to five times each week in order to get food, sleep in a bed and get out of the extreme weather. He is diagnosed with diabetes and chronic COPD. He also had multiple arrests for public intoxication. Since he has been housed with PSH, he has been managing his medications and attending his doctors' appointments. He has not had any arrests and has only had one hospitalization, in which he was in ICU for COVID. He has established close friendships with his neighbors and remains in the same apartment that he moved into in February 2020.

Another individual, a 38-year-old male diagnosed with bipolar disorder, was housed with PSH in May 2021. Prior to being housed through PSH, he lived in his car and in a tent in the woods for four years. He has had 15 suicide attempts, resulting in inpatient hospitalization. He had

multiple incarcerations and interactions with law enforcement. When he was accepted to PSH and found housing, he was reluctant to move into his apartment, as he had become comfortable living in his tent in the woods. He had not been taking his psychiatric medications or seeing a psychiatrist. After additional support and encouragement, he moved into his apartment and has been thriving. He has been more accepting of mental health and medical treatment. He has remained out of the hospital and has not had any suicide attempts. With case management support, the individual saw a dentist for the first time in many years, then followed up with an orthodontist and now has braces.

Housed in December 2022, this 52-year-old female, diagnosed with bipolar disorder, had previously lived on the streets in various cities. She was involved in a series of abusive relationships and was not able to secure stable housing or employment. She has a long history of psychiatric hospitalizations and admissions to substance use treatment programs. Since being housed with PSH, she has remained out of the hospital and has been able to maintain part time employment. She is in the process of transitioning to full time employment, now that she has received a truck from compassion restoration, with the support of her PSH case manager.

The individuals mentioned above are just a few examples of how permanent housing can provide the stability that an individual needs. These individuals, along with many more that are housed in PSH, are now able to access a primary care provider, mental health supports and medications, which they had difficulty doing when they were homeless.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

Date: August 2, 2023

Re: Transportation Services

Prior to the onset of the COVID 19 pandemic, RACSB provided transportation services for individuals to attend RAAI or Kenmore Club day programs. Pandemic protocols for congregant settings significantly impacted the need for day programming transportation. Since RAAI's and Kenmore Club's return to full operation in 2021, individuals have utilized private Medicaid transportation providers. While individuals are fully utilizing other services, the need for agency fleet maintenance, management, driving and wheelchair procedure trainings continues.

Currently, transportation services consist of the transportation supervisor and an office associate. The office associate has been temporarily reassigned to support CSS and Clinical division directors. Transportation leases offices at the Rappahannock Area on Aging Healthy Generations office building. The \$1275 monthly rent consists of the use of two offices and the parking lot.

While the role of the transportation supervisor shifted from managing routes, a limited fleet, trainings, and Medicaid reimbursement/billing processes, the need for the role continues. The transportation supervisor completes annual grants for vehicle replacement. For the last grant application, the agency received 3 full size vans with wheelchair lifts that equated to a savings of \$192,000. The supervisor also provides START, Wheelchair Lift, DMV, and program specific driving trainings for the entire Agency. The transportation supervisor also manages the entire fleet's maintenance. Programs are able to prioritize client care over time at a mechanics or other vehicle maintenance. In addition, the supervisor's role also includes establishing business relationships with dealerships, body and repair shops, detailing, and other vehicle maintenance. He also manages insurance processes for the vehicles.

Transportation Services evolved during the pandemic to provide much needed program support. Consequently, I recommend officially recognizing the transition of transportation department to solely program support. I also recommend the permanent reassignment of the office associate to CSS/Clinical Division Directors. The current transportation office should also remain. The location provides safe storage/parking for agency vehicles, access to local mechanics, and central proximity to agency programs. I would recommend reassigning the second office at Healthy Generations to another RACSB program/department or pursuing a reduction in lease amount to forfeit the use of that space.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: August 2, 2023
Re: July 2023 Waiting Lists

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

OUTPATIENT SERVICES

- Clinical services: As of July 31, there are 169 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 19 clients.
 - The waitlist in Spotsylvania is currently at 60 clients.
 - The waitlist in Caroline is currently at 90 clients.
 - This is a decrease of six from the May 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 August 2, 2023, there is one older adolescent and adult waiting longer than 30 days for their intake appointment. This is a decrease of five from the May 2023 waitlist. The furthest out appointment is 9/21/2023. There are no children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of August 2, 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 – 0 (3)	0 (0)
○ Caroline – 0 (0)	0 (0)
○ King George – 1 (1)	0 (0)
○ Spotsylvania – 0 (2)	0 (0)
○ Stafford – 0 (0)	0 (0)
Total	0 (0)

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	N/A
<i>Caroline Clinic</i>	
	N/A
<i>King George</i>	
	9/21/23
<i>Spotsylvania Clinic</i>	
	N?
<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 - 5

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

Count by County:

Caroline	0
King George	0
Fredericksburg	1
Spotsylvania	0
Stafford	1
Other	3

All six transitional beds are occupied at this time. There is one transitional bed that is expected to be vacant at Home Road in early August.

Four referrals are from state hospitals for transitional beds at Home Road and LBH. One individual must complete 8 passes at Kenmore Club, which started 5/24, prior to starting his 8 passes at Home Road. He is scheduled to begin passes in August at Home Road. Evaluations are being completed for the other three transitional referrals. If they are accepted, they will be placed on a waitlist for future transitional vacancies.

The one individual for a community bed has completed one pass at Home Road, but was hospitalized at Snowden immediately following the pass. He is now on vacation with his family and is scheduled to complete his second trial pass once he returns from vacation on August 1.

Intellectual Disability Residential Services – 69

Needs List: 68
Referral List: 1
Acceptance List: 1

Count by County:

Caroline	7
King George	4
Fredericksburg	7
Spotsylvania	21
Stafford	30

Assertive Community Treatment (ACT)– 14

Caroline: 0
Fredericksburg: 7
King George: 1
Spotsylvania: 3
Stafford: 3

Total Needs: 9
Total Referrals: 5

Total Acceptances: 0

Total program enrollments = 51

Admissions: 1

Discharges: 0

ACT SOUTH attempted to enroll a client several times during the month of June. She either wasn't home or changed her mind. The potential client was then medically hospitalized for alcohol withdrawal and her blood alcohol level was .390. Apparently, she relapsed and needs more intensive substance use treatment than ACT provides. ACT can resume enrollment once she completes a structured and intensive substance use program. ACT SOUTH also met with a referral from agency case management who was also present during our discussion. Although the meeting with the client, his mother and case manager went well, he declined ACT services at the present time. This potential client is aware he can pursue enrollment in the future if he changes his mind.

ACT NORTH enrolled a client who is on an NGRI and was referred by Harrisonburg CSB. He relocated to King George and lives with his parents. The court in Harrisonburg approved his conditional release plan to move back to the area.

ID/DD Support Coordination

There are 841 individuals on the waiting list for a DD waiver.

P-1 370

P-2 195

P-3 283

RAAI – 38

Caroline: 3

Fredericksburg: 1

King George: 3

Spotsylvania: 10

Stafford: 16

Other: 5

Total Referrals: 29 (6 new in July)

Total Assessing: 5

Total Acceptances (waiting to add more days): 4

Total program enrollments = 110 (3 new admissions with start dates 8/1)

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: August 1, 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 five Corrective Action Plans (CAP) during the months of June and July 2023. Lucas Street Intermediate Care Facility received two reports due to one substantiated allegation of staff failing to provide services using sound therapeutic practices and another due to a substantiated allegation of neglect. Igo Group Home received a report due to a substantiated allegation of abuse. Myers Respite program received a report due to a substantiated allegation of neglect. Ross Intermediate Care Facility received a report due to a substantiated allegation of neglect.

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

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

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

Date of Inspection: **07-03-2023**
Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: CHRIS #20230044/Incidnet date: 6.25.2023 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. <ul style="list-style-type: none"> • Provider substantiated neglect due to the following: • Employee #1 was seen on video footage, allowing Individual #1 to sit unclothed in Individual #1's wheelchair from 5:50 am to 7:00 am. • Upon further review of the video footage, it was noted that, not only was Individual #1 left unclothed, Employee #1 also walked by the individual multiple times and did not assist the individual in picking up Individual #1's walker which is necessary for 	PR) 07/26/2023 PR: The staff member responsible for this incident was immediately put on administrative leave pending the outcome of an internal investigation. Upon substantiation of the neglect allegation following the investigation procedures, the staff member responsible for the incident was separated from employment by the agency effective 6/30/23. Programmatically, for the next 6 months during staff meetings, staff will be presented with different scenarios to process ways of promoting person centered practices to help ensure interactions and communications with individuals remain customer oriented and person first at all times, as well as ensure that all rights are honored and protected for all individuals.	1/31/2024

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

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-03-2023

Program Type/Facility Name: 01-005 Ross Drive (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>Individual #1 to ambulate.</p> <ul style="list-style-type: none"> ◦ When asked about the walker, Employee #1 stated they did not pick up the walker because the individual would only throw it back down; however, for several minutes Employee #1 was never seen attempting to pick up the walker to assist Individual #1. • Video footage also revealed that Individual #1 was not wearing prescribed gait belt: <ul style="list-style-type: none"> ◦ When asked why the individual was not wearing the gait belt, Employee #1 stated they would not put the gait belt on the individual because Employee #1 felt it was unsafe. <p>Failure to provide treatment, care, and services necessary for the health and safety of an individual is a violation of 12VAC-115-50(B)(2).</p>	<p>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.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</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</p>	

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

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-03-2023

Program Type/Facility Name: 01-005 Ross Drive (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>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> <p>Date of completion: January 31, 2024</p> <p>OHR/OLR) Accepted 07/27/2023</p>	

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

License #: **101-01-005**

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

Date of Inspection: **07-03-2023**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

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

Date of Inspection: 06-05-2023
Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: CHRIS C#20230004/Incident date: 5.22.2023 Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. <ul style="list-style-type: none"> • Provider substantiated violation due to the following: <ul style="list-style-type: none"> ◦ Individual #1 asked Employee #2 to help her in the restroom multiple times ◦ Employee #2 repeatedly told Individual #1 to "wait" and to "hold it" ◦ Employee #1 reported that, eventually, Employee #2 came into the bedroom, where Employee #1 had prepped for bathroom supports: <ul style="list-style-type: none"> ▪ Employee #1 described that Employee #2 seemed frustrated and did not talk Individual #1 through what she was doing as she assisted Individual #1. 	PR) 06/29/2023 PR: All Lucas Street ICF Staff will undergo re-trainings and guidance on individualized plans, and how to best support individuals with sound therapeutic practices by 6/30/23. The Lucas Street manager will ensure all program staff are current with their therapeutic options training requirement immediately and ensure no one lapsed in the training is working alone in the program. Furthermore, any staff member lapsed will be required to sign up for an available course to be completed no later than 8/1/23. 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	8/1/2023

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

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-05-2023

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>Per the provider's investigation, "Employee #2 was supporting another individual at the time of this event; however, there does appear to be some systemic issues with all staff regarding communicating without sound therapeutic practice."</p> <p>Failure to ensure that all services are at all times delivered in accordance with sound therapeutic practice is a violation of 12VAC35-115-60(B)(2).</p>	<p>potential employee.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</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>	

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

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-05-2023

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>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> <p>OHR/OLR) Accepted 06/29/2023</p>	

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: 07-03-2023
Program Type/Facility Name: 01-001 Igo 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>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Igo Road Group Home This regulation was NOT MET as evidenced by: See OHR citations below.		1/31/2024
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	Igo Road Group Home This regulation was NOT MET as evidenced by: CHRIS A#20230037/Incident Date: 6.4.2023 "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. <ul style="list-style-type: none"> • Provider substantiated abuse due to the following: <ul style="list-style-type: none"> ◦ Employee #1 admitted to yelling and screaming at Individual #1; ◦ Employee 1 admits to calling Individual #1 names, including "nasty mother fucker" Yelling and screaming at Individual #1, and use of	PR) 07/26/2023 PR: The staff member responsible for this incident was immediately put on administrative leave pending the outcome of an internal investigation. Upon substantiation of the allegation following the investigation procedures, the staff member responsible for the incident was issued corrective action. Programmatically, for the next 6 months during staff meetings, staff will be presented with different scenarios to process ways of promoting person centered practices to help ensure interactions and communications with individuals remain customer oriented and person first at all times. 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.	1/31/2024

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-03-2023

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>language that demeans, threatens, intimidates, or humiliates the person meets the regulatory definition of abuse and is a violation of 12VAC35-115-50(B)(2).</p>	<p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</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</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: 07-03-2023
Program Type/Facility Name: 01-001 Igo Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>administrative leave pending the outcome of an investigation.</p> <p>Date of completion: January 31, 2024</p> <p>OHR/OLR) Accepted 07/27/2023</p>	
<p>12VAC35-115-100. A. (1e) - From admission until discharge from a service, each individual is entitled to: 1. Enjoy all the freedoms of everyday life that are consistent with his need for services, his protection, and the protection of others, and that do not interfere with his services or the services of others. These freedoms include: 1e. Freedom to keep and use personal clothing and other personal items;</p>	N	<p>Igo Road Group Home</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS C#20230005/Incident date: 6.4.2023</p> <ul style="list-style-type: none"> • Provider substantiated violation due to the following: <ul style="list-style-type: none"> ◦ Employee #1 admitted to taking some of Individual #1's belongings, including toys and pictures, and putting them in a bag in the office. <p>Denying Individual #1 the freedom to keep and use personal items is a violation of 12VAC35-115-100(A)(1)(e).</p>	<p>PR) 07/26/2023</p> <p>PR: The staff member responsible for this incident was immediately put on administrative leave pending the outcome of an internal investigation. Upon substantiation of the allegation following the investigation procedures, the staff member responsible for the incident was issued corrective action.</p> <p>Programmatically, for the next 6 months during staff meetings, staff will be presented with different scenarios to process ways of promoting person centered practices to help ensure interactions and communications with individuals remain customer oriented and person first at all times.</p> <p>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.</p>	1/31/2024

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-03-2023

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</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>	

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

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

Date of Inspection: 07-03-2023
Program Type/Facility Name: 01-001 Igo Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>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> <p>Date of completion: January 31, 2024</p> <p>OHR/OLR) Accepted 07/27/2023</p>	

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 #: 101-01-036
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-19-2023
Program Type/Facility Name: 01-036 Myers Drive

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Myers Drive This regulation was NOT MET as evidenced by: See OHR citations below:		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Myers Drive This regulation was NOT MET as evidenced by: CHRIS #20230039/Incident date: 6.18.2023 "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. <ul style="list-style-type: none"> • Provider substantiated neglect due to the following: <ul style="list-style-type: none"> ◦ Individual #1 has moderate to severe oral dysphasia and requires direct supports with meals/ hydration to prevent choking and aspiration (this individual cannot hold a cup/fork/etc). ◦ Individual #1 is on a pureed/nectar-consistency diet and spoon-fed liquids, and the plan states "regular" hydration 	PR) 07/26/2023 PR: The staff member responsible for this incident was immediately put on administrative leave pending the outcome of an internal investigation upon discovery of the allegation. Upon substantiation of the neglect allegation following the investigation procedures, the staff member responsible for the incident, who had requested to drop to a PRN position was denied this request and she separated from employment with the agency effective 6/26/23. Programmatically, all staff will review and sign off attesting to their understanding of each individual's person-centered plan and those expectations included within to ensure they are providing for the health, safety, care, and well-being of each individual. Person centered practices and needs of individuals will be discussed in team meetings to ensure supports are	8/1/2023

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

License #: 101-01-036

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-19-2023

Program Type/Facility Name: 01-036 Myers Drive

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>opportunities; Employee #1 did not offer.</p> <p>Failure to provide treatment and services necessary to the health and safety of the individual is a violation of 12VAC35-115-50(B)(2).</p>	<p>consistently met.</p> <p>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.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</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</p>	

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

License #: 101-01-036

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-19-2023

Program Type/Facility Name: 01-036 Myers Drive

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>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> <p>Date of completion: Start 8/1/23 and continue indefinitely thereafter</p> <p>OHR/OLR) Accepted 07/27/2023</p>	

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

Date of Inspection: **06-05-2023**
Program Type/Facility Name: **01-005 Lucas Street (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: CHRIS #20230033/Incident Date: 5.21.2023 <ul style="list-style-type: none"> • Provider substantiated violation due to the following: <ul style="list-style-type: none"> ◦ Employee #1, Employee #2, and Employee #3 failed to utilize sound therapeutic practice due to pulling Individual #1 by the wrist, and leading/redirecting Individual #1 with physical interventions that are inconsistent with techniques identified in Entity #1 and the individual's fall-risk plan. <ul style="list-style-type: none"> ▪ The use of these unauthorized (but non-abusive) physical interventions by Employee #1, Employee #2, and Employee #3 were observed on camera footage throughout the shift on 5/21/2023. 	PR) 06/29/2023 PR: All Lucas Street ICF Staff will undergo re-trainings and guidance on individualized plans, and how to best support individuals with sound therapeutic practices by 6/30/23. The Lucas Street manager will ensure all program staff are current with their therapeutic options training requirement immediately and ensure no one lapsed in the training is working alone in the program. Furthermore, any staff member lapsed will be required to sign up for an available course to be completed no later than 8/1/23. 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	8/1/2023

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

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-05-2023

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>potential employee.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</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>	

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

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-05-2023

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>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> <p>OHR/OLR) Accepted 06/29/2023</p>	

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

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance & Human Rights
Date: July 2023
Re: Quality Assurance Report

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

- Churchill Intellectual Disability Group Home
- Igo Intellectual Disability Group Home
- Belmont Intellectual Disability Supervised Apartment Program

Churchill Intellectual Disability Group Home

There was one staff member responsible for the selected charts.

Findings for the six open charts reviewed for Churchill Intellectual Disability Group Home were as follows:

- Six charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - One chart was missing the Individual Service Authorization Request (ISAR).
 - Two charts were missing the Program Agreement.
 - One chart was missing Releases.
 - One chart was missing Authorized Representative Agreement.
- Six charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - Two charts were missing the Schedule of Supports.
- Six charts were reviewed for Quarterly Review compliance:
 - **No discrepancies noted with Quarterly Review.**
- Six charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Four charts had an ISP Checklists that was missing.
- Six charts were reviewed for Medical compliance:
 - **Discrepancies noted with Medical:**
 - Five charts had multiple medication prescriptions missing.

Comparative Information:

In comparing the audit reviews of Churchill Intellectual Disability Group Home charts from the previous audits to the current audits, the average score decreased from 88 to 74 on a 100-point scale.

Corrective Action Plan:

1. Corrective coaching is ongoing with the Churchill team to ensure charting is complete and meets all expected standards.
2. Charting standards and expectations have been and will continue to be discussed through weekly DD Residential Supervisor meetings, supervision, offered training opportunities, and through periodic program audits of charting. (See notes in spreadsheet for corrections made and to be made to the charting.)
3. Charting and documentation expectations will continue to be reinforced through documented supervision and through the peer auditing and supervision processes to help ensure compliance.
4. Oversight and corrective action will continue to be overseen by the DD Residential Coordinator and the DD Assistant Coordinators.

Igo Intellectual Disability Group Home

There was one staff member responsible for the selected charts.

Findings for the five open and one closed charts reviewed for Igo Intellectual Disability Group Home were as follows:

- Five charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - Two charts were missing the Individual Service Authorization Request (ISAR).
 - Three charts were missing the Program Agreement.
 - One chart was missing Releases.
 - One chart was missing Authorized Representative Agreement.
- Five charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - Three charts were missing the Schedule of Supports.
 - Two charts were missing Guardian / AR Signatures.
- Five charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Review:**
 - Two charts had quality and compliance deficiencies.
- Five charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Five charts had an ISP Checklists that was missing.
- Five charts were reviewed for Medical compliance:
 - **Discrepancies noted with Medical:**
 - Four charts had multiple medication prescriptions missing.

- Five charts had Medication Administration Records (MARs) missing.
- One chart was reviewed for Discharge compliance:
 - **Discrepancies noted with Discharge:**
 - One chart did not have a Discharge Summary and the Episode was still open when it should have been closed.

Comparative Information:

In comparing the audit reviews of Igo Intellectual Disability Group Home charts from the previous audits to the current audits, the average score decreased from 78 to 44 on a 100-point scale.

Corrective Action Plan:

1. It should be noted that both the manager and assistant manager are new to the program (approximately 3 months and 6 months at RACSB respectively) and are doing a fantastic job catching and correcting charting issues they inherited. Training and coaching are ongoing to ensure charting is complete, correct, properly labeled, signed, and timely.
2. Charting standards and expectations will continue to be discussed through weekly DD Residential Supervisor meetings, supervision, offered training opportunities, and through periodic program audits of charting. (See notes in spreadsheet for corrections made and to be made to the charting.) Both the manager and assistant manager are doing a great job reaching out to ask clarifying questions.
3. Charting and documentation expectations will continue to be reinforced through documented supervision and through the peer auditing and supervision processes to help ensure compliance.
4. Oversight and any needed corrective action will continue to be overseen by the DD Residential Coordinator and the DD Assistant Coordinators.

Belmont Intellectual Disability Supervised Apartment Program

There was one staff member responsible for the selected charts.

Findings for the eight open charts reviewed for Belmont Intellectual Disability Supervised Apartment Program were as follows:

- Eight charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - Four charts were missing the Individual Service Authorization Request (ISAR).
 - Four charts were missing the Program Agreement (AR).
 - Two charts were missing Releases.
- Eight charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - One chart was missing Guardian / AR Signatures.
- Eight charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Review:**

- Six charts had Quarterly Reviews that were completed late.
- Eight charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Eight charts had an ISP Checklist that was missing.
 - One chart had multiple Progress Notes that were completed late.
 - Four charts had Progress Notes with quality and compliance deficiencies.
- Eight charts were reviewed for Medical compliance:
 - **Discrepancies noted with Medical:**
 - Eight charts had multiple medication prescriptions missing.
 - Eight charts had Medication Administration Records (MARs) missing.

Comparative Information:

In comparing the audit reviews of Belmont Intellectual Disability Supervised Apartment Program charts from the previous audits to the current audits, the average score decreased from 53 to 52 on a 100-point scale.

Corrective Action Plan:

1. Corrective supervision and coaching are ongoing with the program manager and assistant manager to ensure charting is complete, correct, properly labeled, signed, and timely moving forward.
2. Charting standards and expectations have been and will continue to be discussed through weekly DD Residential Supervisor meetings, supervision, offered training opportunities, and through periodic program audits of charting. (See notes in spreadsheet for corrections made and to be made to the charting.)
3. Charting and documentation expectations will continue to be reinforced through documented supervision and through the peer auditing and supervision processes to help ensure compliance.
4. Should there be further issue with meeting these expectations, progressive corrective action will be issued to responsible staff.
5. Oversight and corrective action will continue to be overseen by the DD Residential Coordinator and the DD Assistant Coordinators.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: August 2, 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

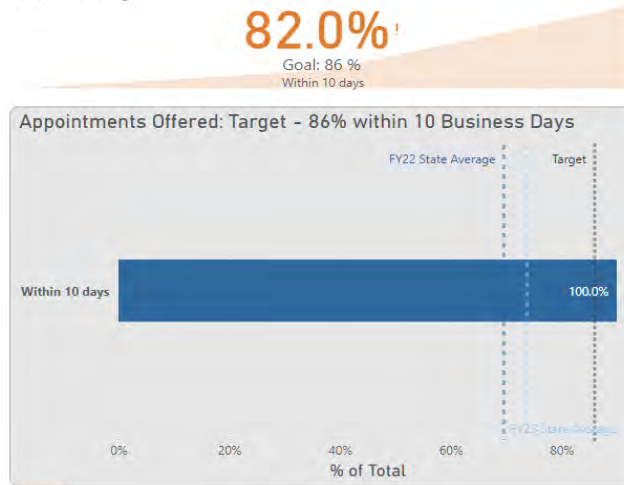
Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

Current Month's Performance- May 2023 (100%)

Measure 1: Appointments Offered

Target - 86% within 10 Business Days

State Average



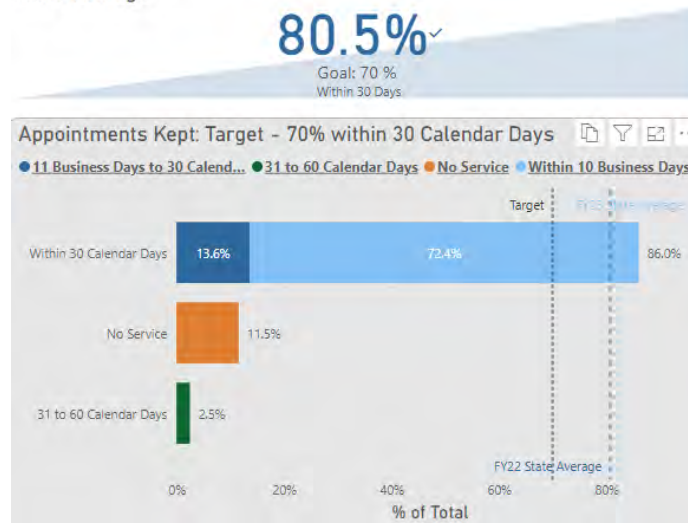
Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

Current Month's Performance- January 2023 (86.0%)

Measure 2: Appointments Kept

Target - 70% within 30 Calendar Days

State Average

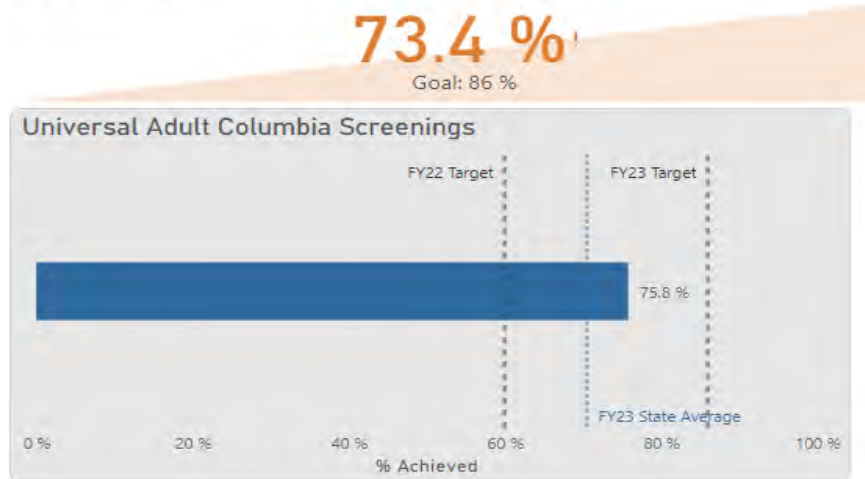


Suicide Risk Assessment *The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.

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-April 2023 (75.8%)

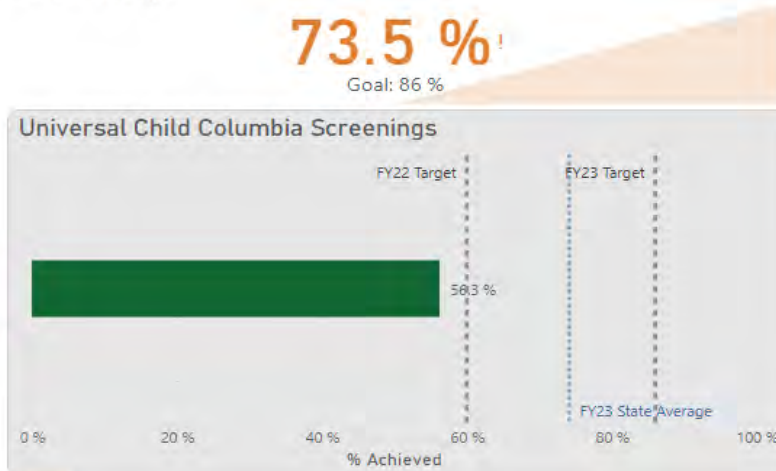
Measure 2: Adults 18 and Over
 FY22 Target: 60%; FY23 Target: 86%
 State Average



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- April 2023 (50.3%)

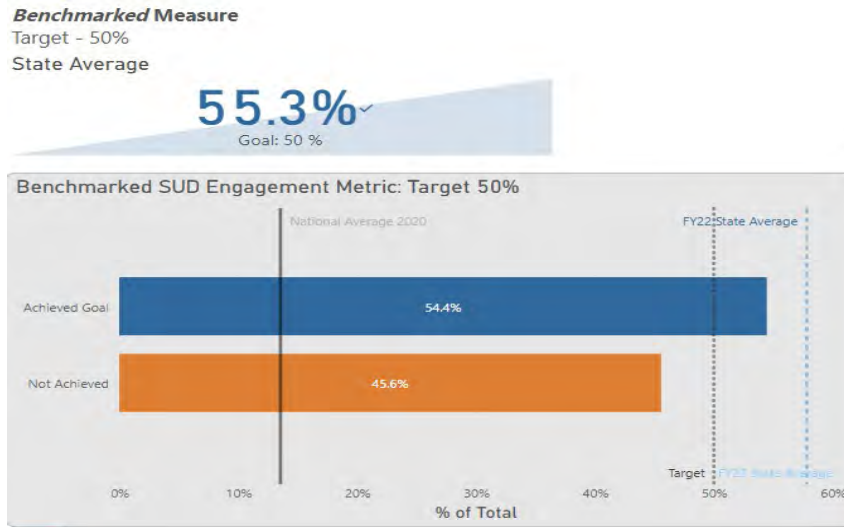
Measure 1: Children 6 to 17
 FY22 Target: 60%; FY23 Target: 86%
 State Average



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%.

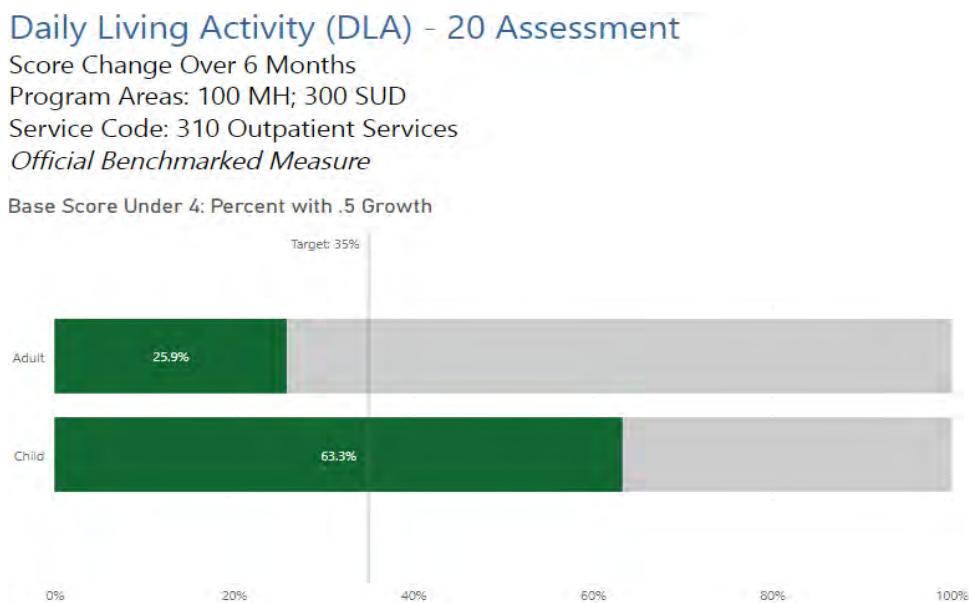
Current Month's Performance- May 2023 (54.4%)



Daily Living Activity (DLA-20) Assessment Measures

DLA-20 Assesment Change for Outpatient: Percentage of individuals receiving Outpatient Services who scored below a 4.0 on the DLA-20 and who remained in services at least six months (denominator) who demonstrated at least 0.5 growth within two fiscal quarters (numerator). Benchmark is 35%.

Current Performance- FY23Q1Q3 (Child-63.3%; Adult-25.9%)



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%.*

ECM Face to Face: May 2023- 88.85%

<input type="checkbox"/> FY2023Q1								
July						228	322	70.81%
August						204	321	63.55%
September						215	320	67.19%
<input type="checkbox"/> FY2023Q2								
October						227	316	71.84%
November						232	315	73.65%
December						223	316	70.57%
<input type="checkbox"/> FY2023Q3								
January						239	316	75.63%
February						265	314	84.39%
March						260	316	82.28%
<input type="checkbox"/> FY2023Q4								
April						278	315	88.25%
May						279	314	88.85%

ECM Face to Face with Telehealth included: May 2023- 92.68%

<input type="checkbox"/> FY2023Q1								
July						292	322	90.68%
August						284	321	88.47%
September						280	320	87.50%
<input type="checkbox"/> FY2023Q2								
October						274	316	86.71%
November						277	315	87.94%
December						283	316	89.56%
<input type="checkbox"/> FY2023Q3								
January						290	316	91.77%
February						283	314	90.13%
March						277	316	87.66%
<input type="checkbox"/> FY2023Q4								
April						290	315	92.06%
May						291	314	92.68%

ECM In-Home: May 2023- 85.99%

<input type="checkbox"/> FY2023Q1								
July						228	322	70.81%
August						218	321	67.91%
September						221	320	69.06%
<input type="checkbox"/> FY2023Q2								
October						220	316	69.62%
November						227	315	72.06%
December						224	316	70.89%
<input type="checkbox"/> FY2023Q3								
January						249	316	78.80%
February						268	314	85.35%
March						262	316	82.91%
<input type="checkbox"/> FY2023Q4								
April						278	315	88.25%
May						270	314	85.99%

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Department of Behavioral Health and Developmental Services CSB Operational Review

Date: August 8, 2023

The Department of Behavioral Health and Developmental Services conducts operational reviews of CSBs to evaluate the fiscal accountability and transparency in managing funds awarded to the organization by DBHDS, compliance with the DBHDS performance contract, existence and functioning of internal controls, and the efficiency and economy of processes.

SUMMARY OF FINDINGS

Our review disclosed a few opportunities to enhance controls, compliance, and operations in the programmatic and administrative areas of Developmental Disability (DD) Waiver, Mental Health (MH) and Substance Use Disorder (SUD) case management, staff training, Mental Health Initiatives (MHI) protocols, Crisis Intervention Team reports, required reporting around residential crisis stabilization unit changes, administrative policies, contracts, and expenditures. Further details are noted in the Findings and Recommendations section, with a summary of findings presented below:

- Some DD Waiver consumers' quarterly reviews were not conducted within the required timeframe.
- A few DD Waiver consumers were retaining a slot but were determined to no longer need it.
- Some case managers had not completed all DBHDS-required training courses.
- Some of the reports required of the Crisis Intervention Team were not submitted to DBHDS in a timely manner.
- One instance of a reduction in beds available in the residential crisis stabilization unit was not reported in the licensing system.
- The financial policy needs an approval and effective date, and a few appendices need to be updated.

- The section of the procurement policy related to contract administration needs to be enhanced to improve internal controls around contracts.
- Most of the contracts requested for review were either out of date or unavailable for review and none had an assigned contract administrator.
- Some of the expenditures reviewed lacked evidence of approval or adequate documentation.

COMMENDATIONS

We commend Rappahannock Area Community Services Board for the following programmatic and administrative areas where no exceptions were noted during audit testing:

- Assertive Community Treatment (ACT)
 - The Rappahannock Area ACT team is licensed as a small team and met the requirements set forth for this size team.
 - The team organizational chart, team schedules, and meeting notes were reviewed. We noted that their team had the required number of qualified employees per the Code of Virginia, operated a minimum of twelve hours per day, five days per week, and was available to provide services to individuals on weekends and holidays.
 - Ten consumer records were reviewed. All required forms were completed, weekly progress notes reflected services provided in accordance with the Individual Service Plans, and individuals were seen face-to-face by ACT staff as required.
- Prevention
 - The prevention team at Rappahannock Area CSB has submitted all required reports and documents to DBHDS in a timely manner.
 - Time and effort hours were reported in the PBPS system as required.
- Licensing inspection results were formally communicated to the Board of Directors, and any changes in services are formally communicated to DBHDS in a timely manner.
- Accounts Receivable
 - We reviewed the aging of receivables as of June 30, 2021 and June 30, 2022, and both reports appeared reasonable.
 - Receivables are accurately represented on the Rappahannock Area Community Service Board's financial statements for the year ended June 30, 2022.
- We reviewed five consumer records in the Electronic Health Record (EHR) and determined that financial assessments as required by the CSB's policy were properly completed and saved.
- Client refunds were issued timely and accurately.
- Bank statements were being reconciled in a timely manner.
- An up-to-date inventory of fixed assets was available for review.
- There is a process in place to ensure there is an adequate cash balance available.

**DEPARTMENT OF BEHAVIORAL HEALTH
& DEVELOPMENTAL SERVICES
RICHMOND, VIRGINIA**



CSB OPERATIONAL REVIEW

**Rappahannock Area Community Services Board
(RACSB)
Fredericksburg, Virginia**

**OFFICE OF INTERNAL AUDIT
AUDIT REPORT**

June 29, 2023

The DBHDS Vision: A life of possibilities for all Virginians

BACKGROUND

The Department of Behavioral Health and Developmental Services (DBHDS) conducts operational reviews of CSBs to evaluate the fiscal accountability and transparency in managing funds awarded to the organization by DBHDS, compliance with the DBHDS Performance Contract, existence and functioning of internal controls, and the efficiency and economy of processes. These reviews are an important part of the sub-recipient monitoring performed by DBHDS and completed in conformance with the Standards for the Professional Practice of Internal Auditing.

SCOPE & OBJECTIVES

The objectives of this audit were primarily developed based on the FY22 Performance Contract and state and federal regulation requirements. This review of the Rappahannock Area Community Services Board (RACSB) focused on programmatic areas such as Developmental Disability (DD) Waiver, Substance Abuse and Mental Health Case Management, Assertive Community Treatment (ACT), Mental Health Initiative, Early Intervention, Emergency and Crisis Services, and Prevention. This review also included related compliance and administrative areas: accounts receivables, monitoring of state and federal funding and use of funds, expenditures, representative payee, contract monitoring, revenue and reimbursements, fiscal reconciliations, and financial reporting. The audit objectives were developed primarily based on the Performance Contract requirements, state and federal regulations, and the CSB's policies and procedures. The testing period covered during this review was July 2021 through the current operating environment.

SUMMARY OF FINDINGS

Our review disclosed a few opportunities to enhance controls, compliance, and operations in the programmatic and administrative areas of Developmental Disability (DD) Waiver, Mental Health (MH) and Substance Use Disorder (SUD) case management, staff training, Mental Health Initiatives (MHI) protocols, Crisis Intervention Team reports, required reporting around residential crisis stabilization unit changes, administrative policies, contracts, and expenditures. Further details are noted in the Findings and Recommendations section, with a summary of findings presented below:

- Some DD Waiver consumers' quarterly reviews were not conducted within the required timeframe.
- A few DD Waiver consumers were retaining a slot but were determined to no longer need it.
- Some case managers had not completed all DBHDS-required training courses.
- Some of the reports required of the Crisis Intervention Team were not submitted to DBHDS in a timely manner.
- One instance of a reduction in beds available in the residential crisis stabilization unit was not reported in the licensing system.
- The financial policy needs an approval and effective date, and a few appendices need to be updated.

- The section of the procurement policy related to contract administration needs to be enhanced to improve internal controls around contracts.
- Most of the contracts requested for review were either out of date or unavailable for review and none had an assigned contract administrator.
- Some of the expenditures reviewed lacked evidence of approval or adequate documentation.

CONCLUSION

There are opportunities for improved oversight and monitoring controls in the programmatic and administrative areas of DD Waiver, case management training, MHI protocols, Crisis Intervention Team reports, required reporting around residential crisis stabilization unit changes, administrative policies, contracts, and expenditures. Except for those areas where we have made recommendations for strengthening controls and enhancing oversight, Rappahannock Area CSB has adequate controls and complies with the DBHDS Performance Contract requirements and state and federal rules and regulations in the areas we tested.

COMMENDATIONS

We commend Rappahannock Area Community Services Board for the following programmatic and administrative areas where no exceptions were noted during audit testing:

- Assertive Community Treatment (ACT)
 - The Rappahannock Area ACT team is licensed as a small team and met the requirements set forth for this size team.
 - The team organizational chart, team schedules, and meeting notes were reviewed. We noted that their team had the required number of qualified employees per the Code of Virginia, operated a minimum of twelve hours per day, five days per week, and was available to provide services to individuals on weekends and holidays.
 - Ten consumer records were reviewed. All required forms were completed, weekly progress notes reflected services provided in accordance with the Individual Service Plans, and individuals were seen face-to-face by ACT staff as required.
- Prevention
 - The prevention team at Rappahannock Area CSB has submitted all required reports and documents to DBHDS in a timely manner.
 - Time and effort hours were reported in the PBPS system as required.
- Licensing inspection results were formally communicated to the Board of Directors, and any changes in services are formally communicated to DBHDS in a timely manner.
- Accounts Receivable
 - We reviewed the aging of receivables as of June 30, 2021 and June 30, 2022, and both reports appeared reasonable.
 - Receivables are accurately represented on the Rappahannock Area Community Service Board's financial statements for the year ended June 30, 2022.
- We reviewed five consumer records in the Electronic Health Record (EHR) and determined that financial assessments as required by the CSB's policy were properly completed and saved.
- Client refunds were issued timely and accurately.
- Bank statements were being reconciled in a timely manner.
- An up-to-date inventory of fixed assets was available for review.
- There is a process in place to ensure there is an adequate cash balance available.

FINDINGS AND RECOMMENDATIONS

PROGRAMS

DD Waiver - Case Management

We selected a sample of ten consumers in the DD Waiver program and reviewed the Virginia Waiver Management System (WaMS) as well as EHR consumer records for documentation of the choice of case manager, timely import of the ISP into WaMS as well as support coordinator completion in WaMS, Virginia Individual Developmental Disability Eligibility Survey (VIDES) completion, Release of Information (ROI) forms, and annual ISPs with timely quarterly reviews. The following was noted:

- 5 of 10 (50%) consumers' quarterly reviews were not conducted within the required timeframe.
- 2 of 10 (20%) client ISPs status in WaMS were pending support coordinator input.
- 2 of 10 (20%) client ISPs were not imported from the CSB's EHR into WaMS within five business days of the ISP effective date.
- 1 of 10 (10%) Release of Information forms was not uploaded in the CSB's EHR system.

We recommend RACSB ensure quarterly reviews are occurring per the requirements.

We also recommend RACSB ensure all ISPs are uploaded into WaMS within five business days of the effective date, and the status of ISP's in WaMS is either "pending provider input" or "completed."

We also recommend RACSB ensure all consumers documents are uploaded into the EHR.

Management Response:

All support coordinators completed training on 5/11/2023 via zoom with DBHDS regarding documentation processes and requirements. Coordinator of I/DD Support Coordination and supervisors will use weekly quarterly report from EHR to track due dates and use for supervision. Corrective action measures for specific staff struggling with maintaining documentation will be implemented.

Responsible Staff: Coordinator of I/DD Support Coordination; Director of Community Support Services

Estimated Completion Date: New processes have already been implemented; Weekly quarterly review will be ongoing.

DD Waiver – Active without Services

We generated a report of consumers using waiver slots but not receiving services and asked the CSB for explanations on these consumers. We selected a sample and reviewed consumers notes in WaMS as well as the EHR. The following was noted:

- 2 of 7 (29%) of consumers reviewed no longer needed the retained slot.

- 1 of 7 (14%) is still being reviewed; WaMS shows no activity since July of 2021.

After reviewing for this audit, Rappahannock Area CSB has taken steps to release the two slots noted above.

We recommend RACSB periodically review the consumers with waiver slots who are active without services to evaluate if the slot is still required. Any slots that are not required should be appropriately released..

Management Response:

Program has experienced some difficulties releasing slots and have had to contact DBHDS for assistance over the past two years. These difficulties were due to system issues, pended or active authorizations, and other reasons support coordinator was unable to release slot without DBHDS intervention. Starting June 1, 2023, the Coordinator of I/DD Support Coordination will pull plan status list monthly from WaMS and share in supervisor meeting to distribute to support coordinators for status confirmation.

Responsible Staff: Coordinator of I/DD Support Coordination; Director of Community Support Services

Estimated Completion Date: Implemented as of June 1, 2023; Ongoing at a one-time a month frequency

Case Management Staff Training

The Performance Contract requires case management services training. DBHDS provides 11 Case Management Support/Coordination Training Modules. Modules 1-10 are offered through a partnership with VCU, and Module 11 is offered through the Commonwealth of Virginia Learning Center. We requested and reviewed human resources records of five Developmental Services case managers and five Mental Health case managers for training certificates.

- 2 of 10 (20%) did not complete the Support Coordination and Case Management Training Modules 1-10
- 8 of 10 (80%) did not complete the DBHDS – SCCM Module 11 Employment

We recommend RACSB ensure all case management staff receive the required training within 30 days of hire.

Management Response:

Our Coordinator of Substance Use Services is new to the position and was not aware of the requirement for SUD Case Managers. She now is aware and has supported the two staff to complete modules 1-10. Further, MH and SUD case managers were not aware of the additional Module 11. The Human Resources Department in collaboration with our Division Directors and Coordinators will develop a comprehensive training policy that includes all required trainings and where to locate them by position. In the interim and on-going, these trainings will be added to the onboarding checklist and into the electronic e-learning platform for tracking and monitoring purposes.

Responsible Staff: Human Resources Department staff will be responsible for developing policy and tracking/monitoring mechanism. Program Coordinators will ensure these trainings are added to the onboarding checklist for applicable case managers and monitor the completion of the required modules by all new staff.

Estimated Completion Date: Full training policy is anticipated to be completed by September 1, 2023. The updates and implementation of the trainings on onboarding checklists will start immediately with monthly monitoring starting July 1, 2023.

Child and Adolescent - Mental Health Initiative (MHI) Fund Protocol

Per Exhibit G section 12.2 of the Performance Contract, the CSB must develop policies and procedures for accessing MHI funds for appropriate children. The CSB should also work collaboratively with its local Community Policy and Management Team (CPMT) and/or Family and Assessment Planning Team (FAPT) to establish a MHI Fund Protocol for how the CSB will expend the MHI funds for the target population. We requested the CSB's Mental Health Initiative funding policies and procedures for the use of Mental Health Initiative funding as well as the Mental Health Initiative Protocol developed with the local CPMT's and were provided a copy of the Protocols for Mental Health Initiative Funds. This document sufficiently described the process for internal reporting of children and adolescents using MHI funds, however it did not address the restrictions on fund usage as outlined in Exhibit G such as the target population, appropriate services to be supported with these funds, or specific restrictions on fund use. Additionally, the CSB did not provide a protocol that was developed in conjunction with the local CPMT or FAPT.

We recommend RACSB develop a policy for the use of Mental Health Initiative funds that aligns with the guidance provided in Performance Contract Exhibit G.

We also recommend RACSB work with the local Community Policy and Management Team to establish Mental Health Initiative Fund protocol and submit the protocols to the DBHDS Office of Child and Family Services for review.

Management Response:

The Director of Clinical Services will review current policies, meet with CPMT members to obtain input and update policies accordingly.

Responsible Staff: Director of Clinical Services

Estimated Completion Date: Updated policies will be completed by 9/30/23. RACSB participates in CPMTs in five jurisdictions, and it will take time to engage each team in discussions related to the best use of these funds

Crisis Intervention Team (CIT)

During our review, we noted that the CIT is not submitting quarterly reports to the Jail Diversion or Crisis Intervention Team Assessment Center folders timely as required by the Performance Contract.

We recommend RACSB CIT submit required reports to DBHDS timely.

Management Response:

The Director of Clinical Services will meet with the Jail and Detentions Services Coordinator and the Emergency Services Coordinator to ensure expectations for data submission are clear and understood. The Director of Clinical Services will monitor data submission and take corrective action if data is not submitted in a timely manner.

Responsible Staff: The Director of Clinical Services

Estimated Completion Date: Meetings with Coordinators (or designee) will occur by 6/12/23 and monitoring of data submission will begin immediately and be ongoing.

Residential Crisis Stabilization Unit

During our review, we learned that the RACSB Residential Crisis Stabilization Unit (RCSU) reduced the number of beds during the fall of 2022 from nine to six. RACSB was able to provide an email inquiring about how to report the change at that time, however the Office of Licensing was unable to find any information reported about this change in the CONNECT System.

We recommend RACSB work with DBHDS Office of Licensing to determine reasons for bed changes not being updated within the Licensing records and determine ways to ensure changes in capacity are reported.

Management Response:

RACSB's RCSU experienced fluctuating bed capacity during the beginning of COVID starting with the end of providing detox beds (3 beds) and a reduction to MH CSU beds during the first few months of the pandemic in CHRIS system in 2020. It increased to 9 beds in June 2020. During that time, reporting changes remained confusing as CSBs were in transition from emailing licensing specialist, reporting in CHRIS, and emailing updates to the EOC mailbox. Further, there was uncertainty as to the temporary nature of the bed capacity. However, the coordinator of the program continued to provide the monthly updates on bed capacity to DBHDS through the regional office throughout this time. (email chain and applicable spreadsheet provided to auditors) The Executive Director and Coordinator of this program is no longer with the agency therefore further research could not be done at this time. During the audit period reviewed, the RCSU experienced one change in capacity in September 2022, its first since June 2020. The Director of Compliance reached out to the agency's licensing specialist notifying of the need to reduce and confirming the process was to enter in CHRIS. The licensing specialist indicated the

process had changed and that it was now entered in CONNECT. Further, she thanked the Director of Compliance for notification (email chain provided to auditors). As this was the first time the staff member was reporting this way, there must have been an error in completing the process. However, the email demonstrates RACSB's attempt to provide the appropriate notification. Director of Compliance is now trained to successfully complete notification in Connect.

Responsible Staff: Director of Compliance

Estimated Completion Date: This has already been completed as evidenced by the appropriate notifications to DBHDS earlier this year when the program had to temporarily close.

ADMINISTRATION

Representative Payee

Per RACSB's policy, there are four required forms to establish representative payee services for consumers. In addition, policy requires a Residential Financial Log for cash withdrawn and spent by the payee for or with the consumer. The staff is required to retain original receipts for all payments and purchases. Also, the policy states that all checks received will be deposited in full and in a timely manner to the individual's checking account. We selected a sample of three consumers enrolled in the representative payee program, requested documentation for March and August of 2022, and the following was noted:

- 3 of 3 (100%) consumers were missing one or more of the required forms for establishing Representative Payee services as outlined in RACSB Policies and Procedures.
- One consumer had a social security check that was being manually deposited.
 - 5 of 7 (71%) of checks deposited between March and October of 2022 were made on the 15th of the month or later, and the September deposit was not made until October 13th.
- One consumer's Residential Financial Log did not reflect all cash withdrawals from the bank account, leaving several hundred dollars unaccounted for in the two months we reviewed. After several inquiries, the CSB provided receipts documenting that the consumer was given cash to spend while spending time with family. We reviewed three other months of logs and found multiple instances where cash was withdrawn but not reflected on the residential spending log, amounts on the log were not supported with receipts, or receipts showed change being received that was not documented on the log.

We recommend RACSB ensure all required forms are completed and maintained for those enrolled in the representative payee program.

We also recommend RACSB update the policy for Representative Payee to include a definitive timeframe for manual deposits and work to ensure all social security checks are direct deposited.

We also recommend RACSB ensure that accounts are audited regularly including reconciliations to the residential financial logs and that records are kept updated to account for all funds.

Management Response:

RACSB's current practice has been to have paper forms signed by the individuals and then stored at the facility the individual is located. In order to avoid the loss of misplacement of documentation going forward since these documents could be signed and stored for many years, the agency is implementing a policy that all documents will be scanned and stored under the Representative Payee folder on the Shared drive according to location and individual. Only those who are managers over the facility will have access to these folders along with members of the finance team.

RACSB's finance team will perform an internal audit over all representative payee records to ensure all required documents are located and saved on the network. The documents required are listed below, if documents are not located, it will be required for the program managers to acquire signatures currently to update the files with the appropriate level of documentation.

- *Form SSA-11*
- *Payee Request Form*
- *Monthly/Annual Budget Form*
- *Signatory Request Form*

Historically when an individual transition to an RACSB program and pursues to have the agency as their representative payee, additional paperwork to have any Social Security Income directly deposited into the individuals account may take between thirty to sixty days to process. RACSB must establish a bank account for this individual, this process may take up to thirty days for signatures and opening of the account. After an account is established, RACSB must request the Social Security Income be directly deposited into the newly established bank account for the individual. This portion of the process could take thirty to sixty days which is fully dependent on Social Security internal processes.

RACSB group home management staff once they have completed the process of opening the bank account will upload all correspondence to the shared folder with the finance team to ensure proper documentation of when the opening of the account was established. The group home management team will also upload the documentation that was completed to establish RACSB as the representative payee and location of the direct deposit to the shared folder.

Finance team will monitor representative payee accounts to ensure the direct deposit becomes active. If within sixty days after submission of paperwork to SSI the direct deposit hasn't become active, the Finance team will notify the group home manager for follow up. The finance team will also monitor the timeliness of deposits to representative payee accounts and report any delays to the DD Residential Coordinator and include the Director of Community Support Services.

RACSB's Finance team will develop a training module for all group home staff on documenting, completing and accurate recording of transitions as it relates to the resident's person spending. To include when an individual's withdrawals funds to go on

trips with family where receipts are not provided back to the agency. At the times when individuals go with family, a receipt book will be used to document the amount of money withdrawn from the account with signatures from the group home, individual (where applicable) and family member. This practice will serve as the receipt for those withdrawn/spending done outside of the agency and group homes purview.

Any withdrawals of funds to which a member of the RACSB staff assists the individual, an appropriate receipt will need to be accompanied back to the perspective group home and held with any remaining money. All receipts and log are to be scanned and placed in the shared folder for the Finance team to do an internal review. A member(s) of the finance team will go out to each group home at least quarterly to do a physical review of all financial logs and unspent money to ensure accuracy of log and individual money is appropriately returned to their bank account or locked in a safe location for future use.

Responsible Staff: Director of Finance

Estimated Completion Date: Will begin immediately with audit and any policy change recommendations completed by July 1, 2023.

Contract Administration – Policy

We reviewed the procurement policy and determined the sections related to internal procurement responsibilities, small purchases, disposal and surplus property, and ethics were adequate. We noted the section related to contracts was very brief. After reviewing contracts (see below finding), we determined this section needs more details to create controls around contract administration and ensure contracts are kept current.

We recommend RACSB update the procurement policy to include more controls around contract administration. Suggestions include naming a contract administrator for each contract to ensure the contract is monitored and renewed as appropriate as well as implementing a contract evaluation process.

Management Response:

We have had significant changes in executive leadership over the past 18 months to include Executive Director, Deputy Executive Director, and Finance Director. We recognize that our contract administration, policies, and procedures require significant updates. The Director of Finance will review our current policy and make recommendations for updates to be presented for finalization by August 2023. Further, we will add a tracking and change log to our policy to document when reviews, updates, and changes to the policy occur.

Responsible Staff: Director of Finance

Estimated Completion Date: August 2023

Contracts

We reviewed the FY22 general ledger expenditures funded with DBHDS funds and selected five of the highest paid vendors to review associated contracts. We reviewed the contracts for proper contract execution, spending within contract limits, and approved invoices that follow contract stipulations. We also reviewed to ensure an “Addendum to Vendor’s Form” was completed per CSB policy. The following was noted:

- 4 of 5 (80%) contracts or requisitions reviewed either were not current, signed, and/or dated. There was one contract that was not able to be located during the audit, and the CSB made \$1,454,357 in payments to this vendor during FY22 with no contract in place.
- 2 of 5 (40%) were vendor contracts that did not include the "Addendum to Vendor's Form" referenced in the RACSB procurement policy.
- 5 of 5 (100%) did not have an assigned contract administrator as required by the Performance Contract Administrative Requirements Section K

We recommend RACSB ensure all contracts are fully executed and current prior to receiving services and paying invoices. The APSPM states that multi-year contracts, including options to renew, normally should not exceed five years.

We also recommend RACSB ensure all vendor contracts include the Addendum to Vendor's Form per policy.

We also recommend RACSB identify a contract administrator for each contract.

Management Response:

We have had significant changes in executive leadership over the past 18 months to include Executive Director, Deputy Executive Director, and Finance Director. We recognize that our contract administration, policies, and procedures require significant updates. The Director of Finance will review our current policy and make recommendations for updates to be presented for finalization by August 2023. Further, we will incorporate each of the recommendations above. We have started to implement an electronic contract management system to support improved contract management. We will have all contracts entered into this system no later than August 2023.

*Responsible Staff: Director of Finance
Estimated Completion Date: August 2023*

Expenditures

A sample of 20 program expenditures were reviewed to verify the expenditures were properly recorded and approved, were valid business expenditures with no sales tax paid, had adequate supporting documentation, were paid timely, and met the specific program or federal requirements. The following was noted during our review:

- 4 of 20 (20%) invoices reviewed did not have evidence of approval by either the executive director or a division director.
- 2 of 20 (10%) invoices reviewed did not support the amount paid.
- 1 of 20 (5%) expenditures was a credit card purchase and did not demonstrate separation of duties.

We recommend RACSB ensure invoices are properly approved in accordance with CSB policy.

We also recommend RACSB ensure all expenditures have adequate documentation to support the full amount charged.

We also recommend RACSB ensure there is proper separation of duties with all purchases made on a credit card.

Management Response:

We have had significant changes in executive leadership over the past 18 months to include Executive Director, Deputy Executive Director, and Finance Director. We recognize that our expenditure administration, policies, and procedures require significant updates. The Director of Finance will review our current policy and make recommendations for updates to be presented for finalization by August 2023. Further, we will add a tracking and change log to our policy to document when reviews, updates, and changes to the policy occur.

*Responsible Staff: Director of Finance
Estimated Completion Date: August 2023*

Citation	Department/Program	Action Step	Responsible Party	Date to be completed
Late quarterlies, Incorrect Status in WaMS, ISP not imported within 5 days of ISP effective date	ID/DD Support Coordination	Quarterly Report will be monitored weekly; Waiver Status will be checked once a month	Coordinator ID/DD Support Coordination	Process to be implemented by end of July with monitoring ongoing.
Case Management Staff Training not complete	MH/SUD/ID/DD Case Management	HR will create a process by which to track/assign the modules to all case managers. All current staff will be up to date no later than 8/30/2023	Director of HR; Program Coordinators	8/30/2023
CA Mental Health Initiative Fund Policy	Clinical Division/CA Case Management	Develop policy for MHI funds and work to obtain input and approval of all 5 CPMTs	Director of Clinical Services	9/30/2023
CA Mental Health Initiative Fund Protocol	Clinical Division/CA Case Management	Develop protocols for MHI funds and work to obtain input and approval of all 5 CPMTs	Director of Clinical Services	9/30/2023
Crisis Intervention Team Data Submission is not timely	Clinical Division	Director of Clinical Services will meet with Jail and Detention Services and ES Coordinator to ensure submission requirements are clear and understood. Monitoring to occur quarterly	Director of Clinical Services	Meeting will be held by end of June. Monitoring ongoing.
RCSU Program changes reporting not timely	Quality Assurance	Quality Assurance has been trained on new CONNECT system and how to report service modifications. QA will report all service modifications in CONNECT and to OEMS as outlined for RCSU.	Director of Clinical Services	Completed
Representative Payee accounts documentation incomplete, checks manually deposited, and log incomplete	Finance	Shared Rep Payee folder and new requirement to scan all documentation there. Finance team will perform internal audit of all representative payee records for completeness and timeliness of deposits. Finance department to develop a training module on Rep Payee.	Director of Finance	8/30/2023
Contract policy needs more details	Finance	Finance Director will develop a comprehensive Contract policy	Director of Finance	8/30/2023
Contracts not current and complete (addendum mentioned in policy and designation of contract administrator)	Finance	Finance Director will implement an electronic monitoring and contract repository.	Director of Finance	8/30/2023
Multiple approvals not documented on requisitions, invoices did not support amount paid, one credit card purchase did not demonstrate separation of duties	Finance	Director of Finance will review our current policy and make recommendations for updates by August 2023	Director of Finance	8/30/2023

To: Joseph Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: CARF End-of-Year Performance Analysis Executive Summary

Date: August 2, 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 end-of-year progress for CARF accredited programs.

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 Performance	End of Year Performance	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 TDOd in the year prior to receiving CS services. Of those eleven (11), two (2) were TDOd within 30 days after receiving CS services. (82%)	N/A-Sunshine Lady House has been closed during the second half of the year.	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%)	N/A-Sunshine Lady House has been closed during the second half of the year.	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%)	N/A-Sunshine Lady House has been closed during the second half of the year.	This metric has been met for the first part of the fiscal year. RACSB provided YMCA memberships have supported consistent access to a community activity for members. Kenmore Club facilitates visits to the YMCA three times a week. They also include library, grocery store, and lunch outings each week. Staffing shortages were a barrier this fiscal year, but the program addressed by prioritizing wellness activities during these times.
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.	100% of individuals participated in community activities and received supports/services in the area of community engagement.	
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.	6/23-13 total (5 transition w/in residential, 3 graduated, 3 d/c to community, 2 ALF).	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. Having the transitional beds and intentionally making sure individuals have the ability to transition. Offering the appropriate level support to begin with and realistic expectation around timelines for transition.
MH/SUD Outpatient/MH CM/SUD Case Management	35% of individuals who enter services with an average DLA score under 4 will demonstrate 0.5 points growth over 6 months.	39.2% of adults and 52.4% of children/adolescents who enter services with an average DLA score under 4 demonstrated 0.5 points growth over 6 months.	33.3% of adults and 51.4% of children/adolescents who enter services with an average DLA score under 4 demonstrated 0.5 points growth over 6 months.	This goal was met for the child/adolescent population and slightly under target for the adult population. We have expanded our number of staff able to provide training by accessing the DBHDS Train the Trainer opportunity this year. This will allow us to conduct refresher trainings more frequently to address and prevent drift as this is a subjective tool.
Program	Efficiency: The program is efficient when...(Efficiency-able to accomplish something with the least waste of time and effort)	Mid-Year	End of Year	Key Points
Crisis Stabilization	Exceed the state benchmark of 75% for bed usage.	YTD bed utilization is 58% through December 2022.	N/A-Sunshine Lady House has been closed during the second half of the year.	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.	As of July 2023, Kenmore Club has a positive variance of \$110,251.50.	Although Kenmore Club 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 ended 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 for the upcoming fiscal year.
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).	6/23-96% occupancy not including transitional beds; 83% occupancy including transitional beds (1 vacant transitional beds). Four beds expected to be filled in July 2023.	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. Unexpected transition to ALF and unexpected passing of an individual. 3 pretty abrupt discharges, but plenty of referrals to fill.
MH/SUD Outpatient	Program utilization will average 50% of time in direct service across direct service providers.	Program Utilization averaged 41.45%	Program Utilization averaged 42.5%	Due to turnover and recruitment increases, there is an amount of time for a new clinician to work towards meeting the utilization expectation. This impacts overall program level performance. This goal is incorporated now in individual clinician's performance evaluation and corrective action is provided when expectation is not consistently met.
Adult/Child & Adolescent Case Management	Program utilization will average 40% of time in direct service across direct service providers.	Program utilization averaged 40.7%	Program utilization averaged 42.6%	This goal was met.

Program	Access: Individuals have timely access to our program when...(Success of referral, waiting list, waiting for routine or emergency care)	Mid-Year		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.	N/A-Sunshine Lady House has been closed during the second half of the year.	SLH staff have tried to outreach to Western State staff but state hospitals are still limiting passes for individuals at this time. SLH has been closed the majority of the second half of the year.
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.	Kenmore Club staff have offered at least 5 community outing offerings per week each week since the beginning of the fiscal year. Currently, there are at least 7 community outings offerings each week.	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. The agency-provided YMCA memberships have been key in meeting this metric as this is a highly valued activity by members.
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.	6/23—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. Meeting half way; improved past couple months.
MH/SUD Outpatient/MH CM/SUD Case Management	90% of individuals opened to ongoing services will be offered 1 st appointment within 10 business days of same day access intake.	An average of 92.6% of individuals were offered a 1st appointment within 10 business days	An average of 91.6% of individuals were offered a 1st appointment within 10 business days	This goal was met. However, individuals placed on a waiting list are not included in this metric as they have not yet been opened to ongoing services.
MH/SUD Outpatient/MH CM/SUD Case Management	70% of individuals discharged from state hospitals will be seen within 7 days of discharge. (Tentative benchmark set by DBHDS)	77% of individuals discharged from state hospitals were seen within 7 days of discharge. 85% were seen by either RACSB or another CSB within 7 days.	76% of individuals discharged from state hospitals were seen within 7 days of discharge by RACSB. 85% were seen by either RACSB or another CSB within 7 days.	This goal was met
MH/SUD Outpatient/MH CM/SUD Case Management	50% of individuals who receive a SUD diagnosis will receive first face-to-face service within 14 days of intake who also receive two additional services within first 30 days. This is the benchmark established by DBHDS.	42.9% of individuals met this metric.	44.8% of individuals met this metric.	Workforce challenges impacted our ability to meet this metric.
Program	Customer Satisfaction: Customers are satisfied with our program when... (Given hope, treated with dignity and respect, overall feelings of satisfaction, satisfied with facilities, fee, service effectiveness and service efficiency)	Mid-Year		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.	N/A-Sunshine Lady House has been closed during the second half of the year.	This goal has been met for the first half of this fiscal year. Program was closed during 2nd half of 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.	Out of the 54 responses received for the annual survey, 100% of respondents indicated satisfaction with overall Kenmore Club Services.	This goal was met. In the upcoming fiscal year, program staff would like to work towards more formalized process, administration, and tracking the survey to increase number of responses.
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.	6/23- 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 an electronic survey platform that is also used for PSH to facilitate future surveys for easier access to aggregate data. Re-evaluate questions as they have had the same questions for multiple years, to target different feedback.
Clinical Services	At least 90% of individuals will agree or strongly agree to the statement "I am pleased with the care I receive at RACSB" (Included in detail in the point-in-time survey results).	94.4% of individuals who responded to the point in time survey agreed or strongly agreed as indicated.	N/A	Point in time survey completed in the fall 2023. Metric was met at that time.

Rappahannock Area Community Services Board
Finance Committee Meeting

Tuesday, August 8, 2023 at 12:00 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Claire Curcio
Glenna Boerner
Greg Sokolowski
Susan Gayle
Matt Zurasky
Nancy Beebe
Ken Lapin
Melissa White

ABSENT

Jacob Parcell
Carol Walker
Bridgette Williams
Sarah Ritchie

OTHERS PRESENT

Joe Wickens, Executive Director
Brandie Williams, Deputy Executive Director
Tina Cleveland, Finance and Administration Director
Stephanie Terrell, Comp & Human Rights Director
Terri Carrington, Human Resources Director
Michelle Wagaman, Prevention Services Director
Megan Toler, Reimbursement Coordinator
Nadine Mayo, Financial Analyst
Jacque Kobuchi, Clinical Services Director
Amy Jindra, Community Support Services Director

Call to order

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on August 8, 2023.

ISSUE: **August 2023 Board Deck**

DISCUSSION: Ms. Cleveland and Ms. Toler reviewed a Board Deck summary of financial reports, including:

- Cash Investments, which totaled \$25,102,084 in June 2023.
- Investment Portfolio Summary, which showed an estimated income balance of \$184,366 as of June 30, 2023.
- Fee Revenue Reimbursement, with current year-to-date collections of \$32,364 which was a 22% increase from the previous year.

Mr. Zurasky noted here that prior claims total outstanding was at 63% for third party and now were down to 46% so we are getting our third-party payers paid faster. Ms. Toler said yes, it's a better pattern and we want to see it continue.

- Write-Off Report, which totaled \$315,164 for June 2023.
- Health Insurance Account, with year-to-date monthly premiums totaling \$3,931,791 and claims and fees totaling \$2,572,516
- Other Post-Employment Benefits, which had a balance of \$3,640,158 as of June 30, 2023.
- Payroll Statistics, which showed an average of 499 employees were paid 473 overtime hours per pay period in FY23 and an average of 3,473 leave hours per pay period.

ISSUE: July 2023 Financial Summary Report

DISCUSSION: Ms. Mayo reviewed the programs of the FY 2023 financial summary report with the Committee.

Ms. Mayo went over the deficit in the substance abuse MAT program. She explained this was due to delays in the new reimbursement process through DBHDS but we anticipate receiving the funding. Mr. Zurasky asked, when the funding is received, if it is captured into FY23 or FY24. Ms. Cleveland said it goes into FY24. We will end the current fiscal year with this deficit. MAT program funding runs on the federal fiscal year.

Ms. Cleveland went over the summary for FY23. Overall, FY23 balances currently show a net gain of \$7,103,519 with 4.6% of that being unrestricted funds and 2.4% being restricted. Ms. Cleveland added this is a good place to be right now, that we are 4.3 million over what we were last year at this point in time. Ms. Cleveland stated that despite all of the struggles we've had along the way with the various programs and the staffing issues, we have been resilient with our funds, particularly with our improvements to the reimbursement processes and front-end processes with the clinical services team.

Mr. Lapin asked why the FY2023 balances on the summary are 53 million when the FY2022 balance is 14 million. Ms. Cleveland responded that it should be for the full year and that it is an error in the recording for FY22. Mr. Zurasky said that it needs to be amended. Ms. White asked if Ms. Mayo could please go over administration section. Ms. White questioned the budget for administration and Ms. Cleveland confirmed that it was correct.

ACTION TAKEN: It was moved by Mr. Zurasky and seconded by Mr. Lapin to accept the August Financial Report 2023 as amended. The motion was unanimously approved.

ISSUE: Incentive Payment from Anthem

DISCUSSION: Ms. Williams presented to the Committee that the RACSB has received an incentive award in the amount of \$23,302.55 from Anthem for meeting quality measures through the Virginia Behavioral Health Quality Incentive Program. In order to qualify for an incentive payment, RACSB has to meet metrics in the

following areas: Acute behavioral health in-patient 30-day readmissions, emergency room utilization, PCP visits, 7-day follow-up visit after mental health inpatient discharge, follow-up after ED visit for MH, follow up after ED visit for alcohol and other drug abuse, and engagement of alcohol and other drug dependence.

Ms. Beebe asked if we have to keep track of this or if they keep track. Ms. Williams stated that they keep track by using claims data to measure our performance. Ms. Beebe asked if this is an annual payment. Ms. Williams confirmed that it is.

Adjournment

The meeting adjourned at 1:30 PM



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

NOTICE

To: Finance Committee:
Matt Zurasky (Chair), Susan Gayle, Jacob Parcell, Carol Walker, Melissa White

From: Joseph Wickens
Executive Director

Subject: Financial Committee Meeting
August 8, 2023, 12:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: August 3, 2023

A Finance Committee meeting has been scheduled for Tuesday, August 8, 2023 at 12:00PM
The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

We are looking forward to seeing you on August 8th at 12:00 PM.

Finance Committee Meeting

August 8, 2023 – 12:00 PM

In-Person | 600 Jackson Street, Room 208 | Fredericksburg, VA 22401

Agenda

I.	Finance Committee Board Deck, <i>Cleveland</i>	3
	a. Summary of Cash Investments	
	b. Summary of Investment Portfolio	
	c. Fee Revenue Reimbursement	
	d. Fee Revenue Reimbursement-Without Credits	
	e. Fee Collection YTD and Quarterly	
	f. Write-Off Report	
	g. Health Insurance Account	
	h. OPEB	
	i. Payroll Statistics	
II.	Financial Summary, <i>Cleveland</i>	13
III.	Anthem PFP Award, <i>Williams</i>	17
IV.	Other Business, <i>Zurasky</i>	

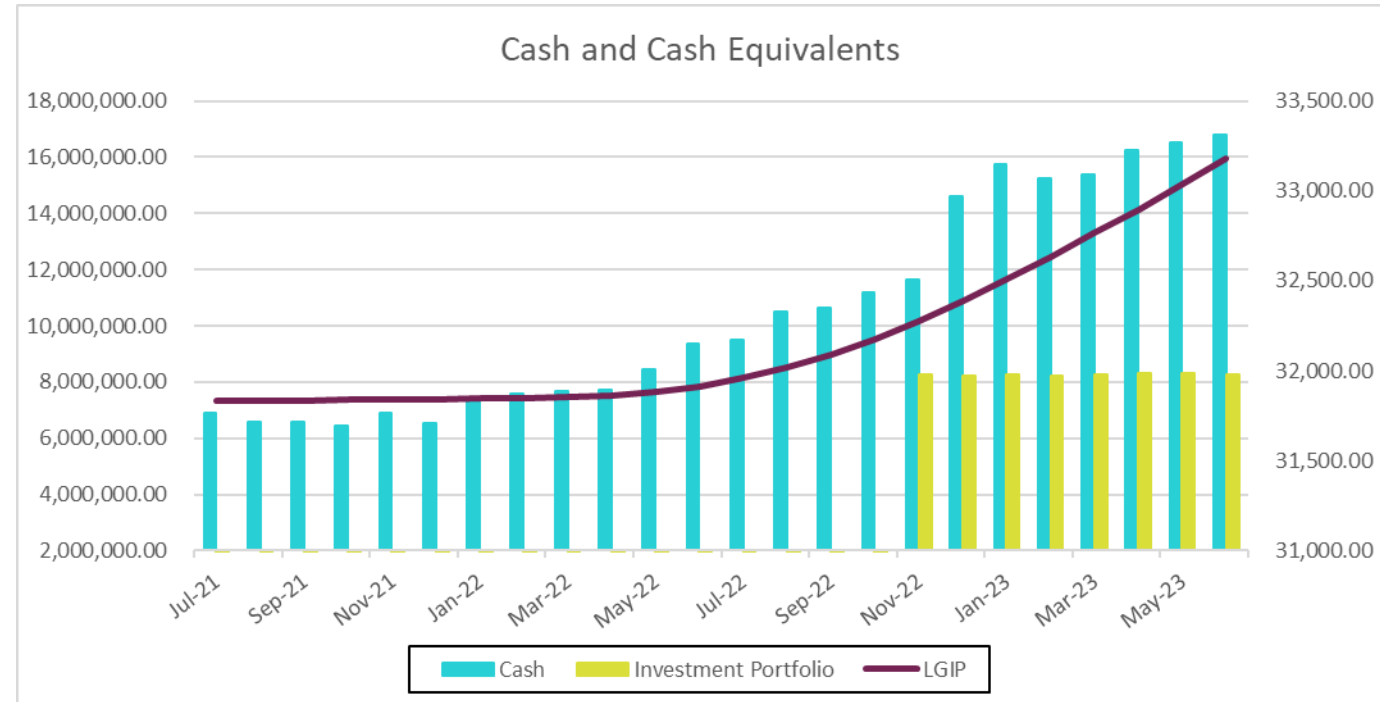
Finance Committee

AUGUST 8, 2023

Summary of Cash Investments

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 16,778,563	2.00%	
Investment Portfolio			
Cash Equivalents	5,335,167.97	1.27%	
Fixed Income	2,955,170.00	3.69%	
Total Investment	8,290,337.97		
Total Atlantic Union Bank	\$ 25,068,901		
Other			
Local Gov. Investment Pool	\$ 33,183	4.95%	Avg. Monthly Yeild
Total Investments	\$ 25,102,084		

	\$ Change	% Change
Change from Prior Month	\$ 263,996	1.1%
Change from Prior Year	\$ 4,480,303	22%
Average # Months Reserves on Hand: 6.07		



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%
Balance at 1/31/2023	\$ 8,378,256.66	\$ 8,251,634.22	\$ 8,252,541.72	\$ (907.50)	\$ 209,252.00	2.54%
Balance at 2/28/2023	\$ 8,431,374.26	\$ 8,225,629.40	\$ 8,260,788.49	\$ (35,159.09)	\$ 172,780.00	2.09%
Balance at 3/31/2023	\$ 8,447,556.58	\$ 8,286,125.41	\$ 8,276,970.81	\$ 9,154.60	\$ 177,246.00	2.14%
Balance at 4/30/2023	\$ 8,488,288.38	\$ 8,307,577.58	\$ 8,302,082.92	\$ 5,494.66	\$ 131,955.00	1.59%
Balance at 5/31/2023	\$ 8,511,462.15	\$ 8,306,745.81	\$ 8,325,256.69	\$ (18,510.88)	\$ 134,253.00	1.61%
Fidelity IMM Gov Class I Fund #57	\$ 1,486,824.86	\$ 1,486,824.86	\$ 1,486,824.86	\$ -	\$ 74,366.00	5.00%
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	\$ 953,609.48	\$ 955,129.17	\$ (1,519.69)		
US Treasury Bill (8/01/2023)	\$ 1,000,000.00	\$ 984,413.80	\$ 984,380.31	\$ 33.49		
US Treasury Bill (11/30/2023)	\$ 1,025,000.00	\$ 978,559.44	\$ 981,732.90	\$ (3,173.46)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 951,760.39	\$ 955,364.35	\$ (3,603.96)		
Total Cash Equivalents	\$ 5,511,824.86	\$ 5,355,167.97	\$ 5,363,431.59	\$ (8,263.62)	\$ 74,366.00	1.39%
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 976,640.00	\$ 973,575.00	\$ 3,065.00	\$ 22,500.00	2.31%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 988,990.00	\$ 1,005,781.25	\$ (16,791.25)	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 989,540.00	\$ 1,004,914.69	\$ (15,374.69)	\$ 45,000.00	4.48%
Total Fixed income	\$ 3,000,000.00	\$ 2,955,170.00	\$ 2,984,270.94	\$ (29,100.94)	\$ 110,000.00	3.69%
Balance at 6/30/2023	\$ 8,511,824.86	\$ 8,310,337.97	\$ 8,347,702.53	\$ (37,364.56)	\$ 184,366.00	2.21%

Fee Revenue Reimbursement

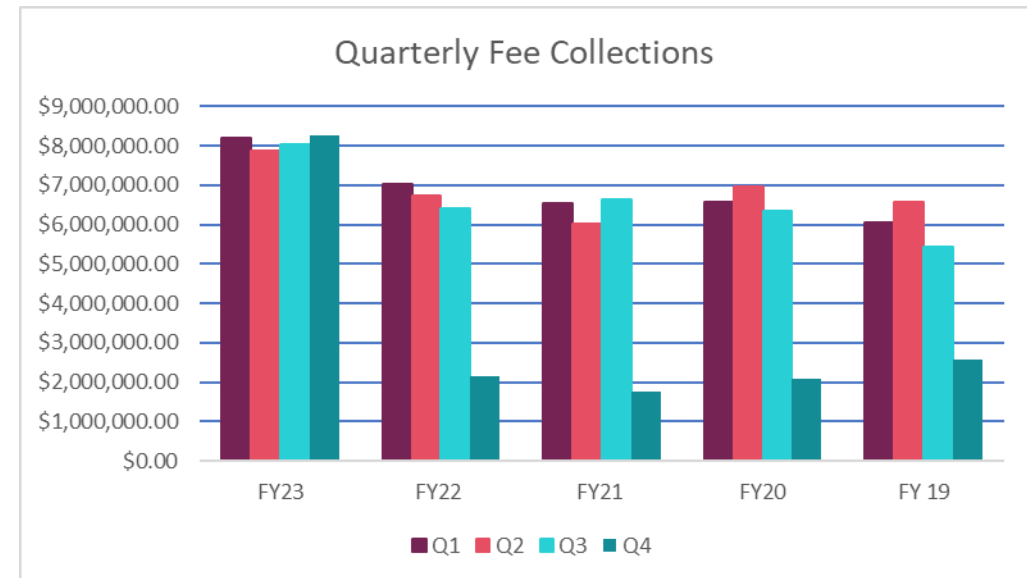
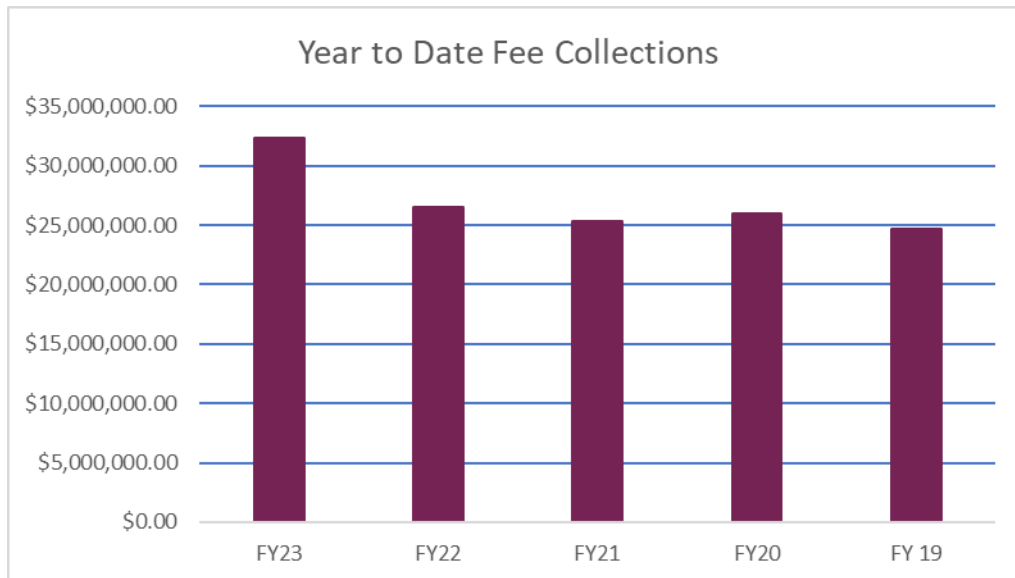
AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,657,142	100%	\$6,863,113	100%	\$6,327,036
	Consumers	54%	\$3,594,246	51%	\$3,494,785	38%	\$2,422,430
	3rd Party	46%	\$3,062,897	49%	\$3,368,328	62%	\$3,904,606
Claims Aged 0-29 Days	Consumers	6%	\$386,356	4%	\$263,908	4%	\$231,660
	3rd Party	46%	\$3,046,534	44%	\$2,992,228	48%	\$3,021,423
Claims Aged 30-59 Days	Consumers	3%	\$225,233	3%	\$226,416	0%	\$8,093
	3rd Party	0%	\$31,325	5%	\$331,110	5%	\$342,410
Claims Aged 60-89 Days	Consumers	5%	\$344,471	5%	\$325,117	0%	\$9,495
	3rd Party	0%	\$20,901	1%	\$51,709	1%	\$66,660
Claims Aged 90-119 Days	Consumers	3%	\$223,000	3%	\$212,642	4%	\$255,448
	3rd Party	0%	\$12,624	1%	\$34,795	5%	\$289,363
Claims Aged 120+ Days	Consumers	36%	\$2,415,185	36%	\$2,466,701	30%	\$1,917,734
	3rd Party	-1%	-\$48,488	-1%	-\$41,514	3%	\$184,750

CLAIM COLLECTIONS	
Current Year To Date Collections	\$32,364,087
Prior Year To Date Collections	\$26,475,897
\$ Change from Prior Year	\$5,888,190
% Change from Prior Year	22%

Fee Revenue Reimbursement – Without Credits

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,657,142	100%	\$6,863,113	100%	\$6,327,036
	Consumers	54%	\$3,594,246	51%	\$3,494,785	38%	\$2,422,430
	3rd Party	46%	\$3,062,897	49%	\$3,368,328	62%	\$3,904,606
Claims Aged 0-29 Days	Consumers	6%	\$386,356	4%	\$263,908	4%	\$231,660
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	3rd Party	0%	\$31,325	5%	\$331,110	5%	\$342,410
Claims Aged 60-89 Days	Consumers	5%	\$344,471	5%	\$325,117	0%	\$9,495
	3rd Party	0%	\$20,901	1%	\$51,709	1%	\$66,660
Claims Aged 90-119 Days	Consumers	3%	\$223,000	3%	\$212,642	4%	\$255,448
	3rd Party	0%	\$12,624	1%	\$34,795	5%	\$289,363
Claims Aged 120+ Days	Consumers	36%	\$2,415,185	36%	\$2,466,701	30%	\$1,917,734
	3rd Party	1%	\$57,210	1%	\$63,351	3%	\$184,750

Fee Collection YTD and Quarterly

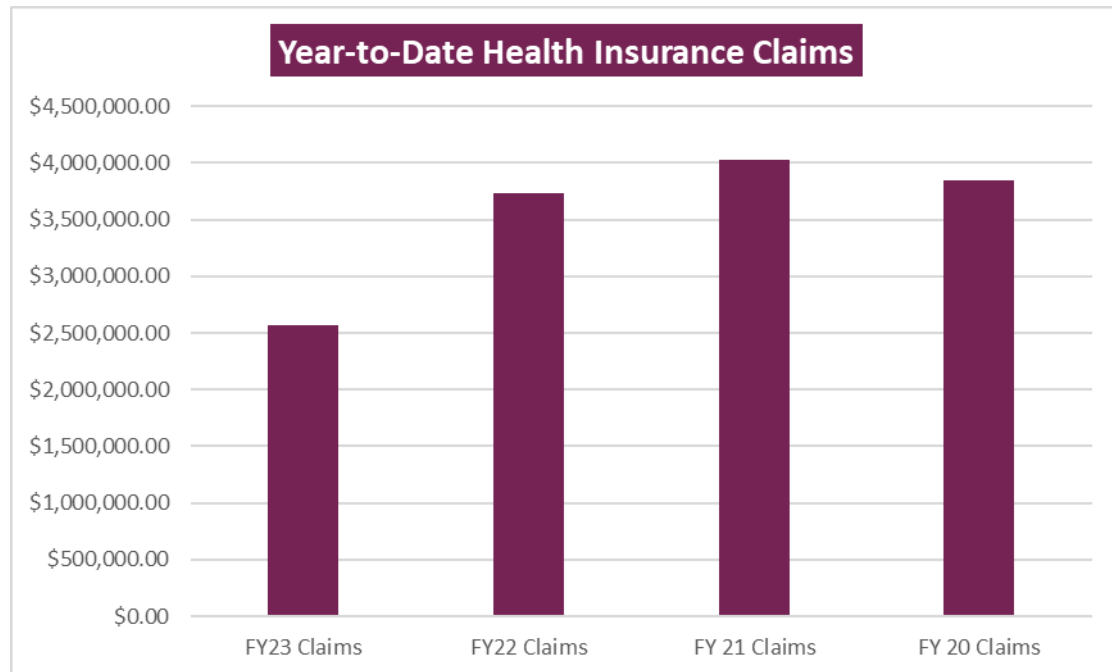


Write Off's – Current Month & YTD

Month: June 2023		
Write Off Code	Current Year	Prior Year
DECEASED	\$ -	\$ 40.00
NO FINANCIAL AGREEMENT	1,494.04	1,222.44
SMALL BALANCE	66.13	76.76
UNCOLLECTABLE	-	727.99
FINANCIAL ASSISTANCE	280,854.89	1,076,154.00
NO SHOW	440.00	345.00
MAX UNITS/BENEFITS	6,361.62	12,415.56
PROVIDER NOT CREDENTIALLED	1,541.47	101,486.12
DIAGNOSIS NOT COVERED	160.00	-
NON-COVERED SERVICE	7,620.09	11,374.24
SERVICES NOT AUTHORIZED	10,241.87	36,851.12
PAST BILLING DEADLINE	1,915.87	3,129.84
INCORRECT PAYER	3,763.76	615.00
INVALID MEMBER ID	-	260.00
INVALID POS/CPT/MODIFIER	705.00	-
TOTAL	\$ 315,164.74	\$ 1,244,698.07

Year to Date: July 2022 - June 2023			
Write Off Code	Current YTD	Jan 2023 Clean Up	Prior YTD
BAD ADDRESS	\$ 1,969.81	\$ -	\$ 1,257.47
BANKRUPTCY	4,190.55	-	730.63
DECEASED	4,857.66	-	8,450.22
NO FINANCIAL AGREEMENT	79,844.35	13,171.93	438,700.72
SMALL BALANCE	1,706.02	0.74	1,184.07
UNCOLLECTABLE	158,825.57	152,852.75	26,686.81
FINANCIAL ASSISTANCE	2,316,223.31	-	2,733,762.29
NO SHOW	4,555.00	-	4,977.66
MAX UNITS/BENEFITS	123,839.29	13,440.00	57,098.79
PROVIDER NOT CREDENTIALLED	83,115.04	12,170.00	170,985.28
DIAGNOSIS NOT COVERED	2,980.00	100.00	3,918.00
NON-COVERED SERVICE	142,521.98	76,117.09	143,843.76
SERVICES NOT AUTHORIZED	225,124.04	9,023.96	431,181.12
PAST BILLING DEADLINE	80,826.67	21,409.64	127,881.62
MCO DENIED AUTH	18,279.56	-	6,560.18
INCORRECT PAYER	105,318.89	13,530.79	24,792.55
INVALID MEMBER ID	5,095.00	-	780.00
INVALID POS/CPT/MODIFIER	2,844.00	2,009.00	-
NO PRIMARY EOB	16,014.28	3,792.32	-
TOTAL	\$ 3,378,131.02	\$ 317,618.22	\$ 4,182,791.17

Health Insurance

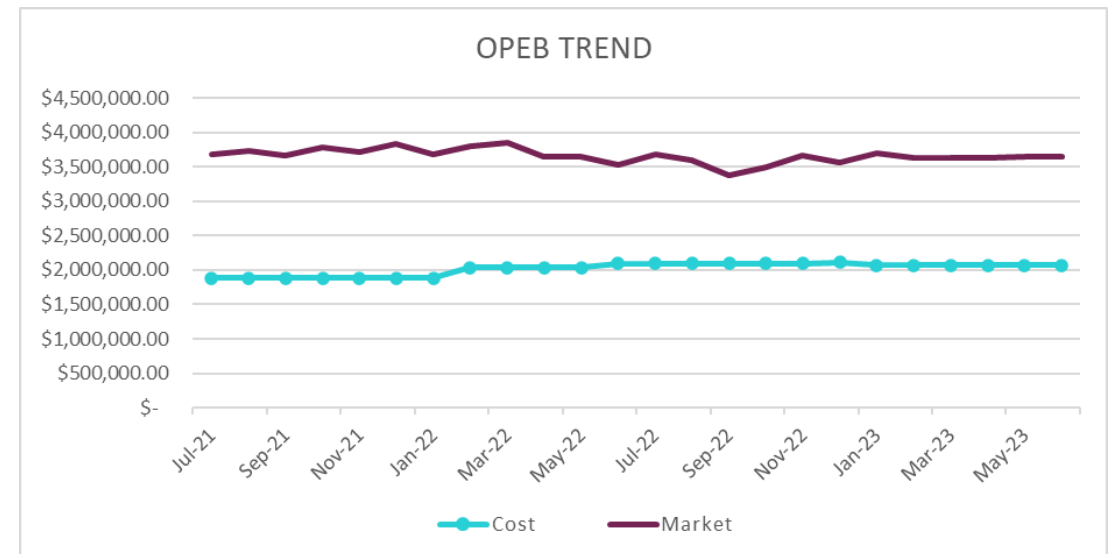


FY 2023	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$381,873.61
July	\$338,553.32		\$284,427.57	\$39.03	\$436,038.39
August	\$329,546.48		\$212,109.53	\$13.80	\$553,489.14
September	\$323,477.09		\$223,419.72	\$65.66	\$653,612.17
October	\$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
February	\$325,299.88		\$195,472.55	\$444.12	\$1,268,630.15
March	\$322,252.96		\$209,392.02	\$546.82	\$1,382,037.91
April	\$320,135.85		\$216,887.26	\$586.95	\$1,485,873.45
May	\$325,751.17		\$144,713.75	\$688.97	\$1,667,599.84
June	\$350,488.74		\$273,733.58	\$715.76	\$1,745,070.76
YTD Total	\$3,931,791.04	\$0.00	\$2,572,516.39	\$3,922.50	\$1,745,070.76

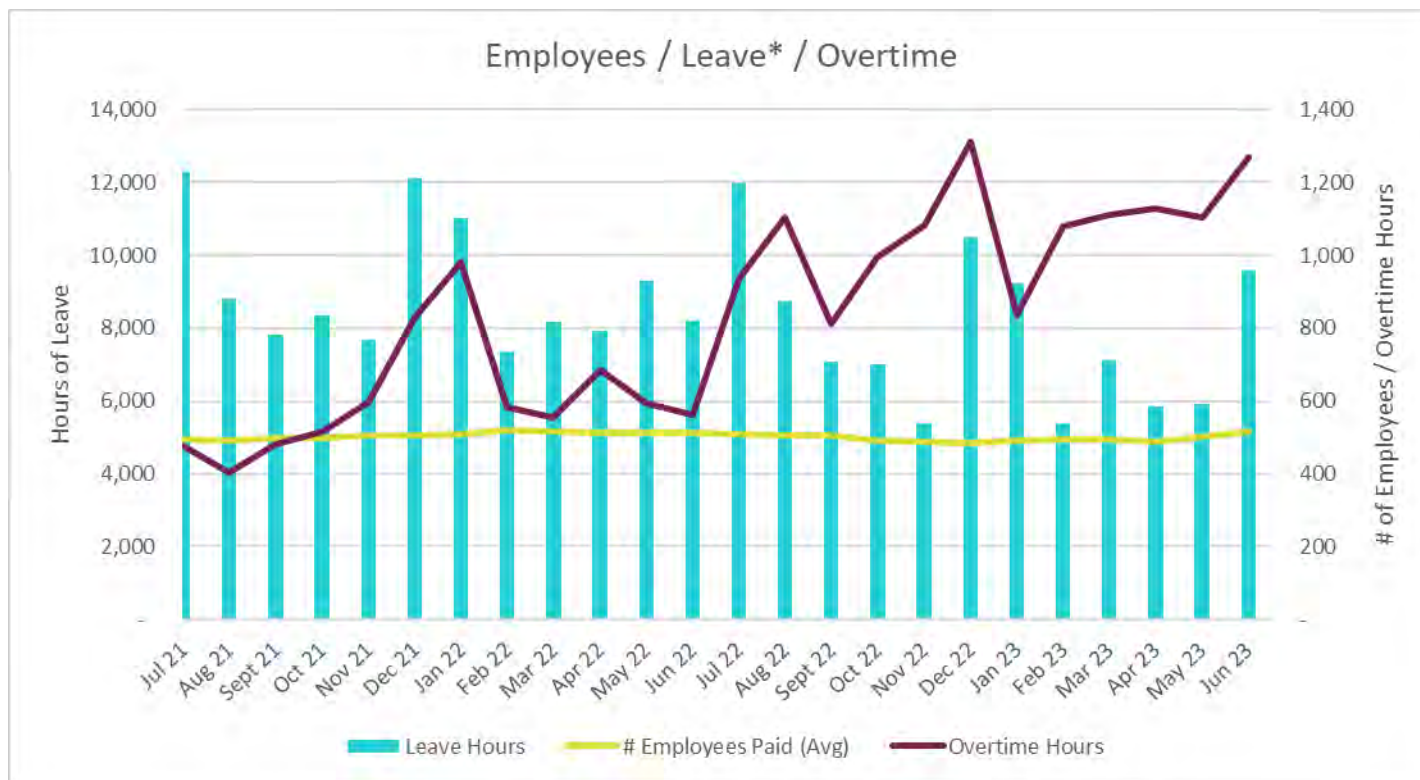
Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906
FY 2020	\$321,002		\$378,562

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
Balance at 1/31/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,689,164.71	\$ 2,734,544.71
Balance at 2/28/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,627,418.92	\$ 2,672,798.92
Balance at 3/31/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,637,066.89	\$ 2,682,446.89
Balance at 4/30/2023	\$ 2,073,229.11	\$ 1,118,609.11	\$ 3,636,941.89	\$ 2,682,321.89
Balance at 5/31/2023	\$ 2,073,624.57	\$ 1,119,004.57	\$ 3,640,158.24	\$ 2,685,538.24
Realized Gain/(Loss)				
Unrealized Gain/(Loss)				
Fees & Expenses				
Transfers/Contributions				
Balance at 6/30/2023	\$ 2,073,624.57	\$ 1,119,004.57	\$ 3,640,158.24	\$ 2,685,538.24



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	499
Leave Hours	3,850	4,196	3,473
Overtime Hours	102	279	473

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

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

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
INPATIENT	20,000	13,800	69.00%	20,000	41,800	209.00%	(28,000)	-203%
OUTPATIENT	2,078,691	2,923,990	140.66%	2,078,691	2,330,868	112.13%	593,122	20%
MEDICAL OUTPATIENT	3,849,822	3,909,713	101.56%	3,849,822	4,371,680	113.56%	(461,967)	-12%
ACT NORTH	880,238	987,797	112.22%	880,238	890,781	101.20%	97,016	10%
ACT SOUTH	843,563	828,083	98.16%	843,563	659,813	78.22%	168,271	20%
CASE MANAGEMENT ADULT	937,373	1,031,081	110.00%	937,373	978,386	104.38%	52,695	5%
CASE MANAGEMENT CHILD & ADOLESCENT	800,057	749,673	93.70%	800,057	743,491	92.93%	6,182	1%
PSY REHAB & KENMORE EMP SER	681,878	780,093	114.40%	681,878	656,137	96.22%	123,956	16%
PERMANENT SUPPORTIVE HOUSING	1,275,349	2,445,363	191.74%	1,275,349	1,219,594	95.63%	1,225,769	50%
CRISIS STABILIZATION	1,928,225	1,666,750	86.44%	1,928,225	1,258,857	65.29%	407,893	24%
SUPERVISED RESIDENTIAL	440,930	455,603	103.33%	440,930	505,172	114.57%	(49,569)	-11%
SUPPORTED RESIDENTIAL	893,956	808,010	90.39%	893,956	889,061	99.45%	(81,051)	-10%
JAIL DIVERSION GRANT	156,523	165,549	105.77%	156,523	151,624	96.87%	13,926	8%
SUB-TOTAL	14,786,607	16,765,504	113%	14,786,607	14,697,263	99%	2,068,241	12%

* 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	3,386,207	109.04%	3,105,473	3,226,754	103.91%	159,453	5%
DAY HEALTH & REHAB *	4,136,396	4,345,962	105.07%	4,136,396	4,476,057	108.21%	(130,094)	-3%
GROUP HOMES	5,580,946	6,992,377	125.29%	5,580,946	5,115,985	91.67%	1,876,392	27%
RESPIRE GROUP HOME	229,325	153,953	67.13%	229,325	559,995	244.19%	(406,042)	-264%
INTERMEDIATE CARE FACILITIES	4,091,920	3,590,130	87.74%	4,091,920	3,858,911	94.31%	(268,780)	-7%
SUPERVISED APARTMENTS	1,525,310	2,764,478	181.24%	1,525,310	1,505,275	98.69%	1,259,203	46%
SPONSORED PLACEMENTS	2,047,818	2,734,598	133.54%	2,047,818	1,970,631	96.23%	763,967	28%
SUB-TOTAL	20,717,187	23,967,706	115.69%	20,717,187	20,713,608	99.98%	3,254,098	14%

* Budget excludes program subsidies

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

SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
OUTPATIENT	1,818,448	1,461,603	80.38%	1,818,448	1,594,065	87.66%	(132,462)	-9%
MAT PROGRAM	987,709	715,495	72.44%	987,709	885,577	89.66%	(170,082)	-24%
CASE MANAGEMENT	154,511	161,664	104.63%	154,511	115,741	74.91%	45,922	28%
RESIDENTIAL	161,757	138,098	85.37%	161,757	48,196	29.80%	89,902	65%
PREVENTION	808,950	722,088	89.26%	808,950	561,957	69.47%	160,131	22%
LINK	400,397	448,589	112.04%	400,397	220,519	55.08%	228,070	51%
SUB-TOTAL	4,331,772	3,647,537	84%	4,331,772	3,426,055	79%	221,482	6%

* 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	2,138,039	155.89%	1,327,096	1,096,939	82.66%	1,041,099	49%
CHILD MOBILE CRISIS	311,007	225,295	72.44%	320,728	204,318	63.70%	20,977	9%
CIT ASSESSMENT SITE	294,556	323,605	109.86%	289,481	359,914	124.33%	(36,309)	-11%
CONSUMER MONITORING	130,859	164,158	125.45%	139,646	185,772	133.03%	(21,614)	-13%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	191,910	98.94%	(191,910)	0%
ASSESSMENT AND EVALUATION	592,509	507,551	85.66%	739,048	389,267	52.67%	118,285	23%
SUB-TOTAL	2,894,374	3,358,648	116.04%	3,009,974	2,428,120	80.67%	930,528	28%

* Budget excludes program subsidies

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

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%	
ADMINISTRATION	130,574	447,676	342.85%	130,574	447,676	342.85%	0
PROGRAM SUPPORT	66,768	84,817	127.03%	66,768	84,817	127.03%	0
SUB-TOTAL	197,342	532,492	269.83%	197,342	532,492	269.83%	0
ALLOCATED TO PROGRAMS				4,268,473	4,574,596	107.17%	

* 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	2,007,284	117.36%	1,710,296	1,262,578	73.82%	744,706	37%
INFANT CASE MANAGEMENT	725,520	834,672	115.04%	725,520	718,441	99.02%	116,231	14%
EARLY INTERVENTION	2,041,058	1,767,731	86.61%	2,041,058	2,049,380	100.41%	(281,649)	-16%
TOTAL PART C	4,476,874	4,609,688	102.97%	4,476,874	4,030,399	90.03%	579,289	13%
HEALTHY FAMILIES	178,886	369,872	206.76%	178,886	189,644	106.01%	180,229	49%
HEALTHY FAMILIES - MIECHV Grant	403,497	306,657	76.00%	403,497	341,018	84.52%	(34,361)	-11%
HEALTHY FAMILIES-TANF & CBCAP GRANT	531,457	395,519	74.42%	531,457	491,505	92.48%	(95,986)	-24%
TOTAL HEALTHY FAMILY	1,113,840	1,072,048	96.25%	1,113,840	1,022,166	91.77%	49,881	5%

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

RECAP FY 2023 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	16,765,504	14,697,263	2,068,241	12%
DEVELOPMENTAL SERVICES	23,967,706	20,713,608	3,254,098	14%
SUBSTANCE ABUSE	3,647,537	3,426,055	221,482	6%
SERVICES OUTSIDE PROGRAM AREA	3,358,648	2,428,120	930,528	28%
ADMINISTRATION	532,492	532,492	0	0%
OTHER	0	0	0	0%
FISCAL AGENT PROGRAMS	5,681,736	5,052,566	629,170	11%
TOTAL	53,953,623	46,850,104	7,103,519	13%

Restricted Funds	\$	2,438,219
Unrestricted Funds		4,665,162
Total	\$	7,103,519

RECAP FY 2022 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	15,605,505	13,280,721	2,324,784	15%
DEVELOPMENTAL SERVICES	18,630,038	19,367,925	(737,887)	-4%
SUBSTANCE ABUSE	4,224,457	3,568,085	656,371	16%
SERVICES OUTSIDE PROGRAM AREA	2,638,713	2,506,848	131,866	5%
ADMINISTRATION	143,416	144,862	(1,446)	-1%
OTHER	0	179,744	(179,744)	0%
FISCAL AGENT PROGRAMS	4,730,464	4,777,164	(46,700)	-1%
TOTAL	45,972,592	43,825,349	2,147,243	5%

	\$ Change	% Change
Change in Revenue from Prior Year	\$ 7,981,031	17.36%
Change in Expense from Prior Year	\$ 3,024,756	6.90%
Change in Net Income from Prior Year	\$ 4,956,276	230.82%

*Unaudited Report

Rappahannock Area Community Services
Board Personnel Committee Meeting
Tuesday, August 8, 2023 at 12:00 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Claire Curcio
Glenna Boerner
Greg Sokolowski
Susan Gayle
Matt Zurasky
Nancy Beebe
Ken Lapin
Melissa White

ABSENT

Jacob Parcell
Carol Walker
Bridgette Williams
Sarah Ritchie

OTHERS PRESENT

Joe Wickens, Executive Director
Brandie Williams, Deputy Executive Director
Tina Cleveland, Finance and Administration Director
Stephanie Terrell, Comp & Human Rights Director
Terri Carrington, Human Resources Director
Amy Umble, Public Information Officer
Michelle Wagaman, Prevention Services Director
Nadine Mayo, Financial Analyst
Jacque Kobuchi, Clinical Services Director
Amy Jindra, Community Support Services Director

Call to order

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on August 8, 2023

ISSUE: June 2023 Retention Report

DISCUSSION: Ms. Carrington reported that Human Resources processed a total of 12 employee separations, resulting in a Retention Rate of 97.73% for the month of June 2023.

ISSUE: July 2023 Retention Report

DISCUSSION: Ms. Carrington reported that Human Resources processed a total of 13 employee separations, resulting in a Retention Rate of 97.93% for the month of July 2023.

ISSUE: June and July 2023 EEO Report and Recruitment Update

DISCUSSION: Ms. Carrington told the Committee that RACSB received 110 applications through June 30, 2023. This is an increase of 23.6% compared to the month of June 2022, and an increase of 34.9% when compared to the month of July 2022.

Mr. Wickens announced that LocumTenens fees contribute to a significant deficit within the medical program. As a result, we are taking a closer look at pursuing alternative recruitment options, to include headhunters, for doctors. We currently have four LocumTenens doctors under contract for significantly more than in-house positions. Mr. Zurasky asked if they are twice as expensive. Mr. Wickens said at least a quarter more. Mr. Wickens recommended we invest more in recruitment activities for doctors. Mr. Zurasky was in agreement. Mr. Lapin added that the current doctors may not like this. Mr. Wickens added that we would have to make adjustments to our current doctors' compensation.

ISSUE: Closed Meeting – VA CODE § 2.2 – 3711 A (4), A (7), and A (15)

Ms. Gayle requested a motion for a closed meeting. It was moved by Ms. Boerner and seconded by Mr. Zurasky that the Board of Directors of the Rappahannock Area Community Services Board convene in a closed meeting pursuant to Virginia Code § 2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business; and Virginia Code § 2.2– 3711 A (15) to discuss medical records excluded from 2.2 – 3711 pursuant to subdivision 1 of 2.2 – 3705.5.

Upon reconvening Ms. Gayle called for a certification from all members that, to the best of their knowledge, the Board discussed only matters lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting. A roll call was conducted:

Melissa White – Voted Aye
Ken Lapin – Voted Aye
Matt Zurasky – Voted Aye
Nancy Beebe – Voted Aye
Claire Curcio – Voted Aye
Glenna Boerner – Voted Aye
Greg Sokolowski – Voted Aye
Susan Gayle – Voted Aye

The motion was unanimously approved.

Adjournment

The meeting adjourned at 1:50 PM



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

NOTICE

To: Personnel Committee
Susan Gayle (Chair), Glenna Boerner, Claire Curcio, Sarah Ritchie, Greg Sokolowski, Carol Walker, Jacob Parcell, Ken Lapin, Melissa White

From: Joseph Wickens
Executive Director

Subject: Personnel Committee Meeting
August 8, 2023 12:30 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: August 3, 2023

A Personnel Committee Meeting has been scheduled for Tuesday, August 8, 2023 at 12:30 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

We are looking forward to seeing you on August 8th at 12:30PM.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

PERSONNEL COMMITTEE MEETING

*August 8, 2023 12:30 PM
600 Jackson Street, Room 208
Fredericksburg, VA 22401*

a g e n d a

- I. SUMMARY – RETENTION REPORT – **JUNE 2023** CARRINGTON

- II. SUMMARY – RETENTION REPORT – **JULY 2023** CARRINGTON

- III. SUMMARY – **JUNE AND JULY 2023 EEO REPORT AND RECRUITMENT UPDATE** CARRINGTON



MEMORANDUM

To: Joe Wickens, Executive Director

From: Terri Carrington, Director of Human Resources

Date: August 2, 2023

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

Human Resources processed a total of **twelve (12)** employee separations for the month of **June 2023**. Seven (7) of the separations were voluntary and five (5) were involuntary. Seven (7) of the employees were full-time, three (3) were part-time, and two (2) were PRN.

Reason of Separations

Medical	1
Nursing Internship	1
Personal reasons	1
Resigned without notice	2
Background	1
Cause	3
Work performance	1
Resigned – unknown	2
Total	12

Retention and Turnover Rates

According to the attached report, the Retention Rate for **June** was 97.73% and the turnover rate was 2.27%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT
Jun-23

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative		1	0	Resigned Cause
Unit Totals	2	1	1	
Clinical Services	0	1	0	Resigned with notice
	0	0	0	
Unit Totals	1	1	0	
Community Support Services	0	1	0	Personal
	0	1	0	Nursing internship
	0	1	0	Resigned without notice
	0	1	0	Medical
	0	1	0	Unknown
	0	0	3	For cause
	0	0	1	Background
	0	0	0	
Unit Totals	9	5	4	
Grand Totals for the Month	12	7	5	

Total Employees for the Month	532
Retention Rate	97.73%
Turnover Rate	2.27%

Total Separations	12
Part-time Separations	58.00%
Full-time Separations	42.00%



MEMORANDUM

To: Joe Wickens, Executive Director

From: Terri Carrington, Director of Human Resources

Date: August 2, 2023

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

Human Resources processed a total of **thirteen (13)** employee separations for the month of **July 2023**. Ten (10) of the separations were voluntary and three (3) were involuntary. Ten (10) of the employees were full-time and three (3) were part-time.

Reason of Separations

Background	2
For cause	1
Trauma History	1
Other employment	2
PRN request denied	1
Relocating/other employment	1
Family reasons	2
Retirement	1
Resigned – unknown	2
Total	13

Retention and Turnover Rates

According to the attached report, the Retention Rate for **July** was 97.93% and the turnover rate was 2.07%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT
Jul-23

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative				
		1	0	Retirement
		1	0	Other employment
Unit Totals	2	2	0	
Clinical Services				
		1	0	Resignation
Unit Totals	1	1	0	
Community Support Services				
		1	0	Other employment
		1	0	Relocating/other employment
		1	0	Resignation
		1	0	Past trauma hx - resigned
		1	0	PRN request denied
		1	0	Resigned immediately - family reasons
		1	0	Resigned immediately - family reasons
		0	1	Background
		0	1	Cause
		0	1	Background
Unit Totals	10	7	3	
Grand Totals for the Month	13	10	3	

Total Employees for the Month	530
Retention Rate	97.93%
Turnover Rate	2.07%

Total Separations	13
Part-time Separations	23.00%
Full-time Separations	77.00%

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	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 Year End
Average Total Positions	600	600	600	600	600	600	600	600	600	600	600	600	600
Monthly Terminations*	11	9	12	6	12	12	13						75
Turnover by Month YTD	1.83%	1.50%	2.00%	1.20%	1.69%	2.27%	2.07%						12.56%
Cumulative Turnover YTD	0.17%	3.33%	5.33%	6.53%	8.22%	10.49%	12.56%	0.00%	0.00%	0.00%	0.00%	0.00%	46.65%
Average % Turnover per Month YTD	0.17%	1.67%	1.11%	1.78%	1.63%	2.06%	2.62%	0.00%	0.00%	0.00%	0.00%	0.00%	9.20%

*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 Coordinator

Date: August 2, 2023

Re: Summary – June and July 2023 EEO Report and Recruitment Update

RACSB received **110** applications through June 30, 2023. This is a **decrease of 4.35%** compared to the month of May 2023, and an **increase of 23.6%** when compared to the month of June 2022.

RACSB received **112** applications through July 31, 2023. This is an **increase of 1.8%** compared to the month of June 2023, and an **increase of 34.9%** when compared to the month of July 2022.

RACSB received **979** resumes and advertised **14** positions for **June 2023** and **1,919** resumes and advertised **32** positions for **July 2023** through Indeed.

Of the applications received in June 2023, 50 applicants listed the RACSB applicant website as their recruitment source, 38 stated employee referrals as their recruitment source, and 15 listed Indeed.com as their recruitment source.

Of the applications received in July 2023, 47 applicants listed the RACSB applicant website as their recruitment source, 39 stated employee referrals as their recruitment source, and 12 listed Indeed.com as their recruitment source.

According to the attached lists, there were **91** open positions in June 2023 and there are currently **99** open positions in July 2023. New positions account for **8** 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 months of **June and July 2023**.

EEO Report 2023

APPLICANT DATA	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Female	45	30	41	35	29	25	22	46	33	51	65	60	48	47
Male	11	9	11	12	4	2	8	5	27	6	11	23	8	7
Not Supplied	33	44	38	36	35	29	41	54	39	49	68	72	54	58
Total	89	83	90	83	68	56	71	105	99	106	144	155	110	112
ETHNICITY														
Caucasian	30	19	30	28	14	17	9	39	27	31	44	42	24	29
African American	24	17	18	19	16	7	19	18	26	25	32	37	24	23
Hispanic	3	4	5	2	5	1	2	8	7	7	3	3	5	6
Asian			1		1	2	1	1	3	2	1	1	3	
American Indian	1	1		1								1	1	
Native Hawaiian									2				2	
Two or More Races														
RECRUITMENT SOURCE														
NewSpaper Ads					1		4	2	3		1	2	1	
RACSB Website	39	28	31	28	26	25	27	48	53	45	42	81	50	47
RACSB Intranet	7	3	6	6	2	1	2	2	7	4	5	11		6
Employee Referrals	30	29	30	27	23	19	22	37	26	35	48	32	38	39
Radio Ads			4			1					2	2		
Indeed.com	15	11	13	24	13	9	16	19	9	22	31	28	15	12
VA Employment Commission	2	2	1			2	4		2	2		1		
Monster.com														
Other -	4	5	2	2	2	2	2	1	6	1	4	5	3	3
Colleges/Handshake	1									1				
Facebook								1						
Multi Site Search	1	1	2	2						1	1	1	3	2
NHSC														
Linked In			1											
Goodwill referral														
Zip Recruiter				1	3	1		2	5	3	3	5	1	4
Job Fair	1			2		2	2	2	2	1	2		1	
Total# of Applicants	77	59	72	64	57	42	60	75	62	83	115	110	80	89

Open Positions Report		6/30/2023					
Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Leadership/ Other
5/27/2022	127-2022	ADMIN	Property Maintenance Technician	Fredericksburg		1000 FT	Other
4/26/2023	094-2023	ADMIN	Assistant IT Coordinator	Fredericksburg		1000 FT	Leadership
5/23/2023	106-2023	ADMIN	IT Data Analyst	Fredericksburg		1000 FT	Other
					3		
11/18/2022	298-2022	CLINICAL	MH/SA Outpatient Therapist	Caroline		2210 FT	Other
1/26/2021	350-2021	CLINICAL	SA Therapist, Women's Services	Fredericksburg		4260 FT	Other
3/24/2021	056-2021	CLINICAL	SA Therapist/Case Manager	Fredericksburg		4296 FT	Other
6/9/2021	123-2021	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT	Other
7/23/2021	200-2021	CLINICAL	Therapist/Office On Youth	Fredericksburg		4200 PT/FT	Other
1/10/2022	003-2022	CLINICAL	Psychiatrist	Fredericksburg		FT	Other
7/20/2022	183-2022	CLINICAL	Emergency Services Therapist - Overnight	Fredericksburg	2000/4000	FT	Other
1/20/2023	004-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT	Other
2/24/2023	030-2023	CLINICAL	MH Therapist - Intakes	Fredericksburg		6430 FT	Other
3/9/2023	048-2023	CLINICAL	MH/Substance Abuse Therapist	Fredericksburg	2220/4200/6430	FT	Other
3/28/2023	076-2023	CLINICAL	Asst. Coordinator, Emergency Svcs - Comm Based	Fredericksburg	2000/4000	FT	Leadership
3/29/2023	080-2023	ADMIN	Office Associate II	Fredericksburg		1100 FT	Other
6/2/2023	114-2023	CLINICAL	Lead Therapist, Veterans & Families	Fredericksburg		2200 FT	Other
6/12/2023	117-2023	CLINICAL	Peer Recovery Specialist - OBOT	Fredericksburg		4261 FT	Other
7/29/2022	206-2022	CLINICAL	Therapist - Detention Based	RRJ		4290 FT	Other
5/16/2023	006-2023	CLINICAL	SA Peer Specialist	RRJ		4290 FT	Other
4/18/2023	090-2023	CLINICAL	MH/SA Therapist - Detention Based	RRJ		4290 FT	Other
4/18/2023	092-2023	CLINICAL	Therapist - Jail Diversion	RRJ		5970 FT	Other
12/1/2022	306-2022	CLINICAL	Substance Abuse Therapist (P&P)	RRJ Stafford		4200 FT	Other
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania		2500 PT	Other
4/15/2022	106-2022	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT	Other
6/2/2023	102-2023	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT	Other
1/28/2022	029-2022	CLINICAL	MH Therapist	Stafford		2250/6430 FT	Other
7/8/2022	269-2022	CLINICAL	Child/Adolescent MH Case Manager	Stafford		2500 FT	Other
8/22/2022	227-2022	CLINICAL	Child/Adolescent Therapist	Stafford		2200/6430 FT	Other
8/30/2022	240-2022	CLINICAL	Senior Child & Adolescent Case Manager	Stafford		2500 FT	Other
1/5/2023	325-2022	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Other
4/10/2023	089-2023	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Other
6/21/2023	122-2023	CLINICAL	Office Manager II	Stafford		1100 FT	Other
					29		
6/10/2022	148-2022	CSS	Nurse Manager - RN	Crisis Stabilization		2770 FT	Leadership
9/13/2022	253-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization		2770 FT	Other
12/1/2022	303-2022	CSS	Cook	Crisis Stabilization		2770 FT	Other
2/17/2023	034-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other
3/3/2023	043-2023	CSS	Coordinator	Crisis Stabilization		2770 FT	Leadership
3/15/2023	058-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other
6/22/2023	126-2023	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 PT	Other
					7		
4/25/2023	143-2022	CSS	Mental Health Nurse, RN/LPN - ACT South	401 Bridgewater		2372 FT	Other
6/22/2023	124-2023	CSS	MH Residential Counselor II	Home Road		2778 FT	Other
1/30/2023	019-2023	CSS	MH Supv Apartment Asst. Mgr	Lafayette		2786 FT	Leadership
8/1/2022	309-2021	CSS	Speech/Language Pathologist	PEID		3910 FT	Other
4/3/2023	081-2023	CSS	Infant/Child Support Coordinator	PEID		3500 FT	Other
6/21/2023	120-2023	CSS	Developmental Service Support Coordinator	Caroline		3500 FT	Other
5/12/2023	097-2023	CSS	Peer Specialist	PSH		2760 FT	Other
					7		
6/2/2023	112-2023	CSS	Direct Support Professional - Day Support	RAAI CA		3651 PT	Other
5/12/2023	099-2023	CSS	RAAI Site Leader	RAAI KG		3653 FT	Leadership
6/24/2021	158-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other
6/24/2021	159-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other
2/6/2022	308-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other
2/9/2022	046-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other
6/2/2023	111-2023	CSS	Direct Support Professional - Day Support	RAAI KH		3652 FT	Other
7/11/2022	174-2022	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Other
5/19/2023	103-2023	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Other
5/19/2023	104-2023	CSS	Direct Support Professional - Day Support	RAAI SP		3654 FT	Other
5/19/2023	101-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other
5/30/2023	007-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 FT	Other
					12		
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT	Other
1/30/2023	018-2023	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT	Other
2/17/2023	029-2023	CSS	Assistant Group Home Manager	ICF Lucas		3793 FT	Leadership
6/21/2023	118-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 PT	Other
2/1/2023	021-2023	CSS	Intermediate Care Facility Manager	ICF Ross		3792 FT	Leadership
3/10/2023	053-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT	Other
4/10/2023	088-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT	Other
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT or PT	Other

Open Positions Report		7/31/2023						
Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Leadership/ Other	
5/27/2022	127-2022	ADMIN	Property Maintenance Technician	Fredericksburg		1000 FT	Other	
4/26/2023	094-2023	ADMIN	Assistant IT Coordinator	Fredericksburg		1000 FT	Leadership	
7/27/2023	146-2023	ADMIN	Accounting Specialist	Fredericksburg		1000 FT	Other	
7/28/2023	151-2023	ADMIN	Landscape Technician I	Fredericksburg		1100 FT	Other	
					4			
11/18/2022	298-2022	CLINICAL	MH/SA Outpatient Therapist	Caroline		2210 FT	Other	
1/26/2021	350-2021	CLINICAL	SA Therapist, Women's Services	Fredericksburg		4260 FT	Other	
3/24/2021	056-2021	CLINICAL	SA Therapist/Case Manager	Fredericksburg		4296 FT	Other	
7/23/2021	200-2021	CLINICAL	Therapist/Office On Youth	Fredericksburg		4200 PT/FT	Other	
1/10/2022	003-2022	CLINICAL	Psychiatrist	Fredericksburg		2201 FT	Other	
7/20/2022	183-2022	CLINICAL	Emergency Services Therapist - Overnight	Fredericksburg		2000/4000 FT	Other	
1/20/2023	004-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT	Other	
2/24/2023	030-2023	CLINICAL	MH Therapist - Intakes	Fredericksburg		6430 FT	Other	
3/9/2023	048-2023	CLINICAL	MH/Substance Abuse Therapist	Fredericksburg		2200/4200/6430 FT	Other	
3/28/2023	076-2023	CLINICAL	Asst. Coordinator, Emergency Svcs - Comm Based	Fredericksburg		2000/4000 FT	Leadership	
3/29/2023	080-2023	ADMIN	Office Associate II	Fredericksburg		1100 FT	Other	
6/2/2023	114-2023	CLINICAL	Lead Therapist, Veterans & Families	Fredericksburg		2200 FT	Other	
6/12/2023	117-2023	CLINICAL	Peer Recovery Specialist - OBOT	Fredericksburg		4261 FT	Other	
7/13/2023	138-2023	CLINICAL	Emergency Services Coordinator	Fredericksburg		2000/4000 FT	Leadership	
7/19/2023	143-2023	ADMIN	Office Associate II	Fredericksburg		1100 FT	Other	
12/1/2022	306-2022	CLINICAL	Substance Abuse Therapist (P&P)	RRJ		4200 FT	Other	
7/7/2023	133-2023	CLINICAL	Therapist, SA (Jail Based)	RRJ		4200 FT	Other	
7/29/2022	206-2022	CLINICAL	Therapist - Detention Based	RRJ		4290 FT	Other	
4/18/2023	090-2023	CLINICAL	MH/SA Therapist - Detention Based	RRJ		4290 FT	Other	
4/18/2023	092-2023	CLINICAL	Therapist - Jail Diversion	RRJ		5970 FT	Other	
5/16/2023	006-2023	CLINICAL	SA Peer Specialist	RRJ		4290 FT	Other	
7/27/2023	147-2023	CLINICAL	Therapist, MH (Jail Based)	RRJ		2200/4200/6430 FT	Other	
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania		2500 PT	Other	
4/15/2022	106-2022	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT	Other	
6/2/2023	102-2023	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT	Other	
1/28/2022	029-2022	CLINICAL	MH Therapist	Stafford		2250/6430 FT	Other	
7/8/2022	269-2022	CLINICAL	Child/Adolescent MH Case Manager	Stafford		2500 FT	Other	
8/22/2022	227-2022	CLINICAL	Child/Adolescent Therapist	Stafford		2200/6430 FT	Other	
8/30/2022	240-2022	CLINICAL	Senior Child & Adolescent Case Manager	Stafford		2500 FT	Other	
1/5/2023	325-2022	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Other	
4/10/2023	089-2023	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Other	
					31			
6/10/2022	148-2022	CSS	Nurse Manager - RN	Crisis Stabilization		2770 FT	Leadership	
9/13/2022	253-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization		2770 FT	Other	
12/1/2022	303-2022	CSS	Cook	Crisis Stabilization		2770 FT	Other	
2/17/2023	034-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other	
3/3/2023	043-2023	CSS	Coordinator	Crisis Stabilization		2770 FT	Leadership	
6/22/2023	126-2023	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 PT	Other	
7/11/2023	139-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other	
7/14/2023	140-2023	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 PT	Other	
					8			
4/25/2023	143-2022	CSS	Mental Health Nurse, RN/LPN - ACT South	401 Bridgewater		2372 FT	Other	
6/22/2023	124-2023	CSS	MH Residential Counselor II	Home Road		2778 FT	Other	
1/30/2023	019-2023	CSS	MH Supv Apartment Asst. Mgr	Lafayette		2786 FT	Leadership	
7/27/2023	144-2023	CSS	MH Residential Counselor I	Lafayette		2786 PT	Other	
8/1/2022	309-2021	CSS	Speech/Language Pathologist	PEID		3910 FT	Other	
4/3/2023	081-2023	CSS	Infant/Child Support Coordinator	PEID		3500 FT	Other	
7/5/2023	135-2023	CSS	Early Childhood Special Educator	PEID		3910 FT	Other	
6/21/2023	120-2023	CSS	Developmental Service Support Coordinator	Caroline		3500 FT	Other	
7/11/2023	136-2023	CSS	Developmental Service Support Coordinator	Stafford		3500 FT	Other	
5/12/2023	097-2023	CSS	Peer Specialist	PSH		2760 FT	Other	
					10			
6/2/2023	112-2023	CSS	Direct Support Professional - Day Support	RAAI CA		3651 PT	Other	
7/3/2023	132-2023	CSS	Direct Support Professional - Day Support	RAAI CA		3651 FT	Other	
7/28/2023	150-2023	CSS	Assistant Site Leader	RAAI CA/KG		3651/3653 FT	Leadership	
7/27/2023	142-2023	CSS	Direct Support Professional - Day Support	RAAI KG		3653 FT	Other	
2/9/2022	046-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other	
7/17/2023	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other	
7/28/2023	148-2023	CSS	Direct Support Professional - Day Support	RAAI KH		3652 FT	Other	
7/11/2022	174-2022	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Other	
5/19/2023	103-2023	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Other	
5/19/2023	101-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other	
5/30/2023	007-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 FT	Other	
7/3/2023	131-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other	
7/27/2023	145-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other	
					13			
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT	Other	
1/30/2023	018-2023	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT	Other	
6/21/2023	118-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 PT	Other	
2/1/2023	021-2023	CSS	Intermediate Care Facility Manager	ICF Ross		3792 FT	Leadership	
3/10/2023	053-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT	Other	
4/10/2023	088-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other	
7/11/2023	137-2023	CSS	Direct Support Professional - Day Support	ICF Ross		3792 FT	Other	
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT	Other	
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT or PT	Other	
5/4/2021	089-2021	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT	Other	
4/10/2023	087-2023	CSS	Intermediate Care Facility Manager	Wolfe Street ICF		3771 FT	Leadership	

Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Leadership/ Other
					11		
3/15/2023	055-2023	CSS	Direct Support Professional - Residential	Belmont SAP		3781 FT	Other
2/10/2023	025-2023	CSS	Direct Support Professional - Residential	Churchill		3791 PT	Other
7/3/2023	130-2023	CSS	Direct Support Professional - Residential	Churchill		3791 FT	Leadership
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd		3790 PT	Other
7/3/2023	134-2023	CSS	Group Home Manager	Galveston Rd		3790 FT	Leadership
7/17/2023	109-2023	CSS	Assistant Group Home Manager	Galveston Rd		3790 FT	Leadership
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT	Other
4/18/2023	153-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT	Other
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT	Other
10/13/2022	275-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT	Other
2/24/2023	039-2023	CSS	Assistant Group Home Manager	Leeland Road		3772 FT	Leadership
6/12/2023	115-2023	CSS	Direct Support Professional - Residential	Merchants Square SAP		3784 FT	Other
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT	Other
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT	Other
9/30/2022	270-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 FT	Other
1/20/2023	324-2022	CSS	Direct Support Professional - Residential	New Hope		3778 PT	Other
3/15/2023	062-2023	CSS	Assistant Group Home Manager	Piedmont		3776 FT	Leadership
2/18/2022	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond		3775 PT	Other
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779 PT	Other
7/18/2022	187-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 PT	Other
7/18/2022	188-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 PT	Other
6/22/2023	127-2023	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 FT	Other
					22		
Positions on Hold							
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200 PT	Other
9/15/2022	260-2022	CSS	Nurse Manager II	ID/DD		Split FT	Leadership
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford		2250 FT	Other

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	3	4	6	3							28
Full-time	6	10	13	13	19	8	11						80
Sub Total External Applicants Hired	13	15	16	17	25	11	11	0	0	0	0	0	108
Internal Applicants Moved:													
Full-time to PRN As Needed	4	3	3	1									10
Full-time to Part-time		1											2
Part-time to PRN As Needed													0
Part-time to Full-time							1						1
PRN As Needed to Part-time		1											1
Lateral Transfer			1	4	5	2							12
Non-lateral Change in Position				1			3						4
Promotion	1	1	7	3	6	2	1						21
Temporary to Regular													0
PRN As Needed to Full-Time				1			1						2
Temporary Promotion					1	1							2
Intern to Full-time	1												1
Sub Total Internal Applicant Moves	6	7	10	10	12	5	6	0	0	0	0	0	56
Total Positions Filled:	19	22	26	27	37	16	17	0	0	0	0	0	164
Total Applications Received:													
Actual Total of Applicants:	75	62	83	115	110	80	89						137
Total External Offers Made:	20	15	18	26	29	11	11						35
Total Internal Offers Made:	9	7	18	4	13	5	6						16

Rappahannock Area Community Services
Board Prevention/Public Information
Committee Meeting

Tuesday, August 8, 2023 at 01:00 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Claire Curcio
Glenna Boerner
Greg Sokolowski
Susan Gayle
Matt Zurasky
Nancy Beebe
Ken Lapin
Melissa White

ABSENT

Jacob Parcell
Carol Walker
Bridgette Williams
Sarah Ritchie

OTHERS PRESENT

Joe Wickens, Executive Director
Brandie Williams, Deputy Executive Director
Tina Cleveland, Finance and Administration Director
Stephanie Terrell, Comp & Human Rights Director
Terri Carrington, Human Resources Director
Amy Umble, Public Information Officer
Michelle Wagaman, Prevention Services Director
Jacque Kobuchi, Clinical Services Director
Amy Jindra, Community Support Services Director
Melodie Jennings, Coordinator, Healthy Families

Call to order

A meeting of the Prevention/Public Information Committee of the Rappahannock Area Community Services Board was held at 600 Jackson Street on August 8, 2023

ISSUE: **Website Analytics**

DISCUSSION: Ms. Umble gave statistics of the company's website analytics to the Committee noting active users of the website are currently 29,966. She stated for posts, we had 2,309 for Facebook, 331 Instagram and 314 LinkedIn users since January. Ms. Umble noted for engagements on Facebook there were 1,771, on Instagram 563 and 250 on LinkedIn.

ISSUE: **Acronyms**

DISCUSSION: Ms. Umble provided the requested list of pertinent company acronyms to the Committee.

ISSUE: **Board Tour**

DISCUSSION: Ms. Umble asked the Committee if we could move the Board tour to

September 19th which is the same day as the Board meeting. Mr. Lapin said he would be absent that day for both. Ms. Boerner said she could do the 19th. Mr. Wickens said we would go with the 19th for now and we will firm up at the Board meeting on August 15th.

Ms. Beebe asked when the October VASCB conference is this year. Ms. Williams said it is October 4-5. Ms. Williams will send information out to the Board on the conference.

ISSUE: Prevention Programs Fiscal Year 2023 Year End Summary

DISCUSSION: Ms. Wagaman gave an overview of the following programs: Alcohol Education, Healthy Alternatives for Little Ones (H.A.L.O.), Parenting check-in, Second Step SEL Early Childhood, Second Step: Bully Prevention, Too Good For Drugs, and Vaping Education.

Ms. White added that for the Vaping Education she will volunteer her school system, she said that they have so many kids vaping at school. Ms. Wagaman said they would be happy to come and do that.

ISSUE: Understanding Adverse Childhood Experience (ACEs) Training

DISCUSSION: Ms. Wagaman announced that they receive family wellness dollars particularly for this program. This program seeks to foster a community that is not only trauma informed but also trauma supportive. It has been incredibly successful and Ms. Wagaman is very pleased.

ISSUE: Rappahannock Area CSB ACEs Evaluation Assessment

DISCUSSION: Ms. Wagaman went over the summary results of evaluation assessments given to program participants. Overall, most participants were very satisfied with the training and the presenter's level of knowledge.

ISSUE: Suicide Prevention Initiatives

DISCUSSION: Ms. Wagaman shared that RACSB continues to facilitate suicide prevention initiatives to include trainings, safe messaging campaigns, and distribution of lethal means safety devices through Lock and Talk Virginia.

Ms. Gayle asked if accidental deaths are included in the suicide statistics. Ms. Wagaman replied that it depends on the data. The Office of the Chief Medical Examiner has a violent death reporting system so they do a deeper dive. It is difficult with overdose to know if it is accidental or not.

ISSUE: Prevention Efforts Related to Opioid Epidemic

DISCUSSION: Ms. Wagaman stated RACSB continues to facilitate initiatives to prevent opioid use, abuse, and overdose. This includes naloxone trainings, safe messaging campaigns, distribution of medication deactivation kits and medication lock boxes.

ISSUE: Healthy Families Rappahannock Area (HFRA)

DISCUSSION:

Ms. Jennings presented on Healthy Families and shared with the Committee that it is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care and parent education. In FY23, the HFRA completed 325 screenings, 232 parent assessments, offered services to 136 families, enrolled 80 new families, conducted 2,336 home visits with 246 families and served 381 families. Ms. Jennings also announced they will be celebrating their 25th year in 2024 and they are having a 25th Anniversary Gala Celebration that all are invited to.

Ms. Wagaman went over a list of coming events for the remaining 2023 along with a list of upcoming workshops.

Adjournment

The meeting adjourned at 2:45 PM



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

NOTICE

To: Public Information/Prevention Committee: Melissa White (Chair), Nancy Beebe, Sarah Ritchie, Greg Sokolowski, Glenna Boerner, Claire Curcio, Carol Walker

From: Joseph Wickens
Executive Director

Subject: Public Information/Prevention Committee Meeting
August 8, 2023, 1:00 PM
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: August 3, 2023

A Public Information/Prevention Committee meeting has been scheduled for Tuesday, August 8, 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 August 8th.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Prevention/Public Information Committee Meeting

August 8, 2023 – 1:00 PM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

I. Website Analytics, *Umble*.....3
II. Social Media Analytics, *Umble*4
III. Acronym List, *Umble*.....5
IV. Prevention Program FY 2023 Year End Summary, *Wagaman*9
V. Understanding ACEs FY 2023 Year End Summary *Wagaman*.....14
VI. Suicide Prevention Initiatives FY 2023 Year End Summary, *Wagaman*21
VII. Prevention Efforts Related to Opioid Epidemic FY 2023 Year End Summary,
Wagaman.....27
VIII. Health Families Rappahannock Area FY 2023 Year End Report, *Wagaman*.....33
IX. Upcoming Events, *Wagaman*.....39
X. Other Business, *White*

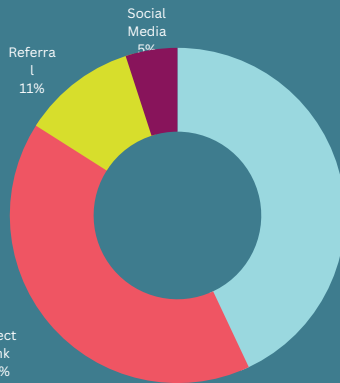
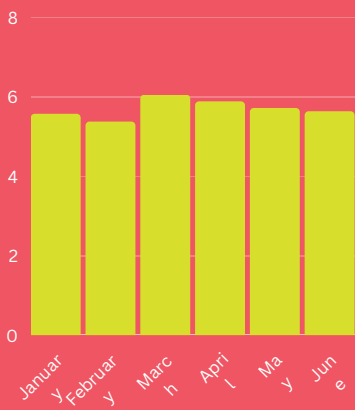
WEBSITE ANALYTICS

www.rappahannockareacs.org

Jan. 1- June 30, 2023

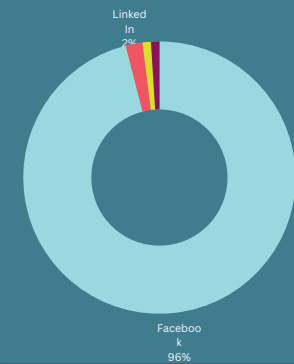
Active Users

28,966



How do people find us?

Acquisition Overview



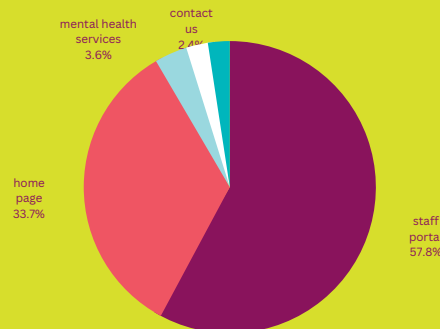
Fun Facts

Our biggest referral source is Fredericksburg.Today

Wednesdays see the most traffic.

The majority of our visitors are male.

Where do they go?



SOCIAL MEDIA REPORT

FISCAL YEAR 2023

FY23 Results

- Followers: 2,309 for Facebook, 331 Instagram and 314 LinkedIn
- Posts: 412 Facebook; 151 Instagram; 39 LinkedIn
- Engagement: 1,771 Facebook; 563 Instagram; 250 LinkedIn

Goals for FY 24

- Increase followers: 2,500 for Facebook, 400 Instagram and LinkedIn
- Increase posts: 500 Facebook; 200 Instagram; 50 LinkedIn
- Increase engagement: 1,900 Facebook; 700 Instagram; 325 LinkedIn

FY 23		
Facebook	Instagram	LinkedIn
<ul style="list-style-type: none"> • 6,818 Facebook visits • 211 New page likes • 412 Posts • Our most popular posts were: <ul style="list-style-type: none"> • A posting about jobs at SLH • Posting about our job fair • Post about Sarah Ritchie being named counselor of the year 	<ul style="list-style-type: none"> • 354 Instagram visits • 51 New followers • 151 posts • Our most popular posts were: <ul style="list-style-type: none"> • Employee in-service photos • Overdose Awareness Day • Abigail Spanberger's visit 	<ul style="list-style-type: none"> • 100 New followers • Our most popular posts were: <ul style="list-style-type: none"> • Abigail Spanberger's visit • RAAI Garden Party • Nicole Bassing winning an award • Behavioral Healthcare Workforce Summit

PREPARED FOR:

Commonly Used Acronyms

ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ALF	Assisted Living Facility
ASD	Autism Spectrum Disorder
ATOD	Alcohol, Tobacco and Other Drugs
BHA	Behavioral Health Authority
CARF	Commission on Accreditation of Rehabilitation Facilities
CBT	Cognitive Behavioral Therapy
CCCA	Commonwealth Center for Children and Adolescents
CCS	Community Consumer Submission
CHRIS	Comprehensive Human Rights Information System
CMS	Centers for Medicare and Medicaid Services

CPMT	Community Policy and Management Team
CSB	Community Services Board
DBHDS	(Virginia) Department of Behavioral Health and Developmental Services
DCJS	Department of Criminal Justice Services
DD	Developmental Disability (inclusive of individuals with an intellectual disability)
DMAS	Department of Medical Assistance Services
DOJ	Department of Justice
DSM	Diagnostic and Statistical Manual
DSP	Direct Support Professional
ECO	Emergency Custody Order
EHR	Electronic Health Record
ER/ED	Emergency Room/Emergency Department
FAPT	Family Assessment and Planning Team
IAACT	Independent Assessment, Certification and Coordination Team
ICF	Intermediate Care Facility

ISP	Individual Support Plan
ID	Intellectual Disability
LHRC	Local Human Rights Committee
MCO	Managed Care Organization
NAMI	National Alliance on Mental Illness
NGRI	Not Guilty by Reason of Insanity
NID	National Institute on Drug Abuse
NIH	National Institutes of Health
Part C	Part C of the IDEA (Federal funds for early intervention services)
PATH	Projects for Assistance in Transition from Homelessness
REACH	Regional Education Assessment Crisis Services Habilitation
SAMHSA	Substance Abuse Mental Health Services Administration
SMI	Serious Mental Illness
SSDI	Social Security Disability Insurance
SUD	Substance Use Disorder

TBI	Traumatic Brain Injury
TDO	Temporary Detention Order
VACSB	Virginia Association of Community Services Boards
VACO	Virginia Association of Counties
VNPP	Virginia Network of Private Providers
VOCAL	Virginia Association of Consumers Asserting Leadership
WaMS	Waiver Authorization Management System

Prevention Programs Fiscal Year 2023 Year-end Summary

RACSB Prevention Services facilitates several evidence-based curriculums in partnership with local schools and community groups. These curriculums include: Second Step; HALO (Healthy Alternatives for Little Ones); and Too Good for Drugs. These sessions were provided in-person. Additionally, we have provided Alcohol and Vaping Education presentations for high school health classes. We facilitated a parenting check-in this year as well.

Curriculum	Number Participants
Alcohol Education	352
Healthy Alternatives for Little Ones (H.A.L.O)	38
Parenting Check-In	8
Second Step SEL Early Childhood	39
Second Step: Bully Prevention	435
Too Good For Drugs	31
Vaping Education	1,646
Total:	2,549

Alcohol Education

Utilizing an evidence-based alcohol abuse prevention program, RACSB Prevention Services was able to educate 352 students at King George High School. The program was requested by both the NJROTC and Health Sciences program(s) teachers in addition to the Vaping education curriculum. Teachers have reported a steady increase in the number of students coming to school intoxicated as well as students reporting alcohol consumption over weekend and school breaks. Through the facilitation of the curriculum, students were able to make the connection between mental wellness and substance use. Students were also educated on generational addiction as well as the prevalence of societal acceptance of alcohol abuse. Students were able to identify positive ways to achieve the same perceived benefits of alcohol consumption with healthful/helpful coping techniques.

Healthy Alternatives for Little Ones (H.A.L.O.)

Healthy Alternatives for Little Ones (HALO) is a 12-unit holistic health and substance abuse prevention curriculum for children ages 3-6 in child care settings. HALO is designed to address risk and protective factors for substance abuse and other health behaviors by providing children with information on healthy choices. The program aims to help children understand the complexities of "health" and "healthy choices" by putting these abstract concepts into concrete terms they can understand. In HALO, health is defined as "growing bigger, stronger, and better able to think." The curriculum encourages healthy eating, exercise, and emotion recognition and educates children about the harmful effects of alcohol, tobacco, and other drugs (ATOD) on the body.

The students at both Four Seasons Daycare and St. Paul's Day School absolutely love the HALO program. They are now able to understand the connection between "big feelings," physical health and substance misuse. Students are able to identify choices that are appropriate for their bodies and their brains. The HALO program also gives children the words that they need to refuse choices that identified as harmful for someone their age. We also covered safe drug disposal, gun safety and the effects of second-hand smoke.

This curriculum was facilitated in three (3) classrooms at Four Seasons Daycare and one (1) classroom at St. Paul's Day School for a total of 38 participants.

Parenting Check-Ins

During the peak of COVID, we initiated monthly virtual parenting check-in sessions on a range of topics. Over time, attendance decreased and we placed these education sessions on hold.

At the request of Spotsylvania DSS, we hosted a parent education night for the parents of their HeadStart students. While turnout was low with eight (8) attendees, the quality of the education and conversation achieved through program facilitation was high. Parents were educated on how self-care must become a priority for their mental well-being. Parents were also educated on barriers and boundaries to have with their children. Parents shared some of their parenting pit falls and the group as a whole discussed ways to help resolve the situations. Spotsylvania DSS has made plans with RACSB Prevention Services to continue such parenting education nights with the commencement of the 2023-2024 school year.

Second Step SEL Early Childhood

Second Step® social-emotional learning (SEL) programs empower preschoolers, teens, and all ages in between to build skills for success. The children at both Four Seasons and St. Paul's Day School both benefitted greatly from the facilitation of the Early Childhood Curriculum. Over the course of 12-14 lessons, students learned not just the names of feelings, but also how those feelings affect their body. They explored incidences were one would encounter "big" feelings. The curriculum facilitated calm-down techniques and using our "feeling-words" correctly. Students became more self-aware of how their behaviors affect others and how they can calm down before big feelings take over. Using the printed curriculum, songs and selected children's books, the students at both daycares mastered a new feelings vocabulary, calm-down techniques and ways to avoid or diffuse stressful situations. The hand model of the brain was also to the children so that they could identify when they themselves were in either "fight, flight or freeze," safety seeking, or executive functioning. This gave students another way to express themselves to the people around them.

This curriculum was facilitated in three (3) classrooms at Four Seasons Daycare and one (1) classroom at St. Paul's Day School for a total of 39 participants.

Second Step: Bully Prevention

At the request of Caroline County Public Schools, RACSB Prevention Services piloted the Second Step Bully Awareness curriculum for all 3rd through 5th grade students attending Lewis and Clark Elementary. The curriculum was delivered weekly during March 2023 to six (6) 3rd grade classes, six (6) 4th grade classes, and five (5) 5th grade classes. The school was seeing an increase of bully ideation, bullying incidences, and students reporting of being bullied following closely after the call-back to classrooms from COVID isolation. The students all really identified and enjoyed all of the lessons. They most identified with being able to identify their bystander power. The guidance department reported an increase in bystanders standing up to incidences of bullying and an increase in students reporting that they now felt willing to attend school due to having “support” when it came to being bullied. For the 2023-2024 school year, Lewis and Clark Elementary school would like to have the Second Step Bully Awareness curriculum to be facilitated in ALL classrooms, Kindergarten to 5th grade. Dr. Monroe with Caroline County schools is asking that all elementary schools within Caroline County be offered this opportunity as well.

This curriculum was facilitated the 17 classrooms for a total of 435 participants.

Too Good For Drugs

Too Good is a comprehensive family of evidence-based substance use and violence prevention interventions designed to reduce the risk factors linked to problem behaviors and foster protective factors within the child to counter challenging behaviors. *Too Good* develops and reinforces skills that include setting reachable goals, making responsible decisions, identifying and managing emotions, and effective communication in addition to peer-pressure refusal, pro-social peer bonding, and peaceful conflict resolution skills. *Too Good* builds the basis for a safe, supportive, and respectful learning environment.

The students at Four Seasons Daycare have continued to benefit from the lessons covered by the *Too Good* curriculum. The students are able to identify “helpful” and “harming” substances within their households. Students are able to make the connection between feelings and body reactions. Students are also able to identify “trusted” adults both at the daycare and at home. In addition, students have practiced and mastered the words they need to be assertive in getting their mental and physical needs met.

This curriculum was facilitated in three (3) classrooms at Four Seasons Daycare and one (1) classroom at St. Paul's Day School for a total of 31 participants.

Vaping Education

Utilizing the Stanford Medical Vaping Education Tool-Kit, RACSB Prevention Services was able to education 1,527 students and 119 staff from various high schools across Planning District 16.

Riverbend High School selected to continue its partnership with RACSB Prevention Services to facilitate the vaping education curriculum as a part of their 9th grade health curriculum (480 students). King George High School has continued its 5-year partnership with RACSB to train the students participating in both the NJROTC and Health Sciences programs as a part of their substance use prevention efforts (297 students and 119 staff). North Stafford High School was a brand new community partner and made the vaping presentation available both in-person and streamed throughout the school simultaneously as a part of their "safe summer" efforts (750 students).

All of the high schools have reported a decrease in nicotine concentrates being vaped and a significant rise in THC concentrates used in vaping devices. All schools had reports of THC overdose among the students that chose to vape the THC concentrate.

Understanding Adverse Childhood Experiences (ACEs) Training FY 2023 Year-end Summary

The Rappahannock Area Community Services Board seeks to foster a community that is not only trauma informed but also trauma supportive. We believe having a shared language and understanding of the impacts of traumatic experiences on physical and mental well-being is vital to the overall health of the community.

RACSB began facilitating the ACE Interface “Understanding Adverse Childhood Experiences and Building Resilient Communities” in April 2018. Through a partnership with Community Resilience Initiative (CRI), RACSB also offers Course 1: Trauma Informed and Course 2: Trauma Supportive. These courses were on hold during COVID and resumed in-person in 2023.

Adverse Childhood Experiences or ACEs are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. This adversity can harm a child’s brain and its development, which can result in long-term negative health and social outcomes. Preventing ACEs is an opportunity for improving the well-being of community health.

ACE Interface

Michelle Wagaman, Prevention Services Director, and Amy Jindra, Community Support Services Director, participated in the first cohort of master trainers (December 2017). They also serve on a state advisory council on this topic. In March 2019, RACSB was able to send two additional staff to become master trainers: Alison Standing, Part C System Manager, and Sherry Norton-Williams, Prevention Specialist. In April 2022, Prevention Specialist Jennifer Bateman participate in a virtual train-the-presenter cohort.

In November 2022, RACSB hosted an on-site train-the-presenter for an additional 15 local presenters.

In response to COVID-19 precautions, we partnered with Community Services Boards from across the Commonwealth to facilitate virtual trainings throughout FY 2021. This collective effort continued in FY 2023. We also hosted local trainings that were open to the community as well as those at the request of various organizations.

The number of participants attending the virtual trainings continues to decrease compared to the prior year. In person trainings have also had low attendance. We will evaluate that for CY 2024.

Fiscal Year	# Trainings	# Participants
2018	10	157
2019	35	733
2020	23	646
2021	26	1,562
2022	29	690
2023	20	418
Total	143	4,206

Virtual trainings via collaborating CSBs continue to be scheduled in through December 2023.

To learn more and/or register: <https://www.signupgenius.com/go/RACSB-ACEsTrainings2023>

Community Resilience Initiative Course 1 and Course 2

RACSB resumed offering Course 1: Trauma Informed and Course 2: Trauma Supportive in 2023. Michelle Wagaman, Prevention Services Director, and Amy Jindra, Community Support Services Director, serve as instructors for Course 1: Trauma – Informed and Course 2: Trauma-Supportive. These courses are each 6 hours. You must complete Course 1 in order to take Course 2.

One of each course was held in FY 2023. Additional courses are scheduled through December 2023 and are already at capacity.

Fiscal Year	# Trainings	# Participants
2020	6	183
2023	2	33
Total		216

*Three (3) trainings were cancelled due to COVID in FY 2021 and no trainings were scheduled for FY 2022.

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

Rappahannock Area CSB ACEs Evaluation Assessment July 1st, 2022 through June 30th, 2023



303-839-9422



omni.org



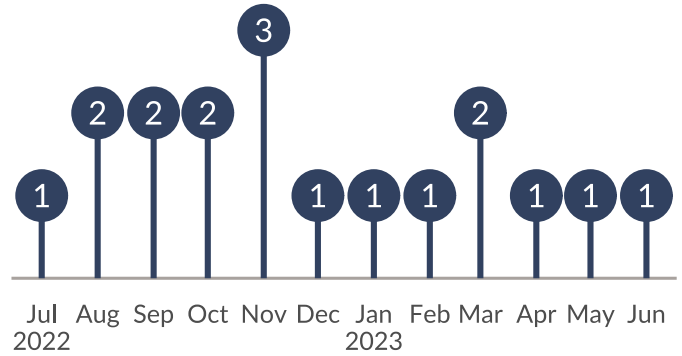
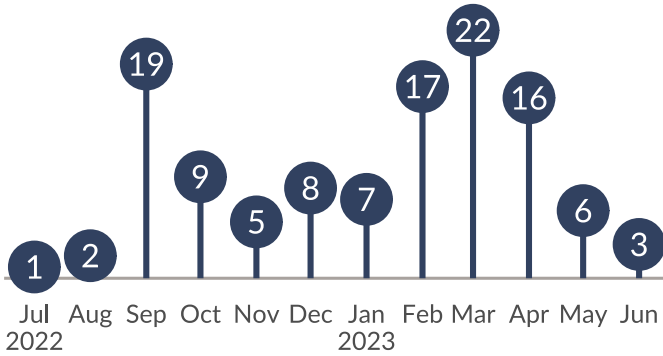
899 Logan St, St 600
Denver, CO 80203

Rappahannock Area CSB ACEs Evaluation Assessment July 1st, 2022 through June 30th, 2023

RAPPAHANNOCK AREA CSB

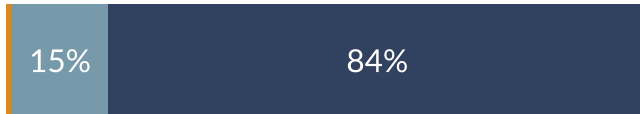
115 Participants were trained this year*

18 trainings occurred this year*



* Numbers reflect post-training evaluation data, and may not reflect actual number of participants and trainings held.

How satisfied were you with the presenter's level of knowledge?

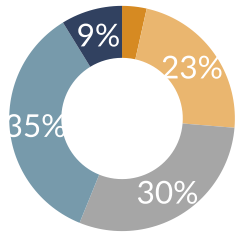


How satisfied were you with the presenter's delivery of the content?

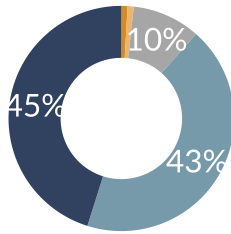


Very Dissatisfied
 Dissatisfied
 Satisfied
 Very Satisfied

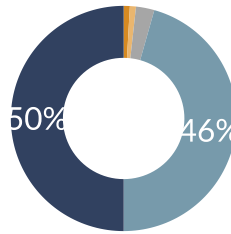
The information presented in this training was new to me



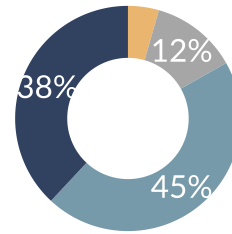
I want to learn more about the causes and effects of ACEs



I want to seek more information and guidance regarding trauma informed practice



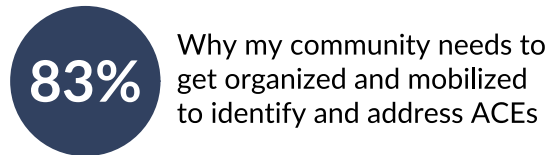
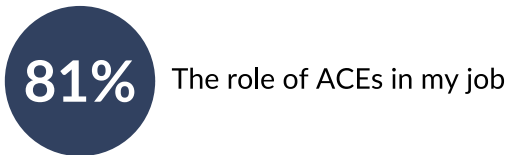
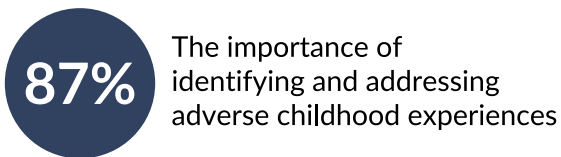
I want to actively participate in community-wide ACEs efforts



Strongly Disagree Disagree Neutral Agree Strongly Agree

Text labels for percentages below 5% are not shown.

How many participants learned about*:



* Participants responded on a 4-point scale. The percentages below show those who demonstrated the highest level of learning.

46% of people **STRONGLY AGREE** that many challenges that people experience are rooted in their history of difficult life events



28% of people **STRONGLY AGREE** that people are usually doing the best they can at any given time



49% of people **STRONGLY AGREE** that many people need to experience healing relationships, rather than consequences, in order to function successfully in the world



61% of people **STRONGLY AGREE** that people can change more quickly when their support system expresses compassion, rather than judgement



Strongly Disagree Disagree Neutral Agree Strongly Agree

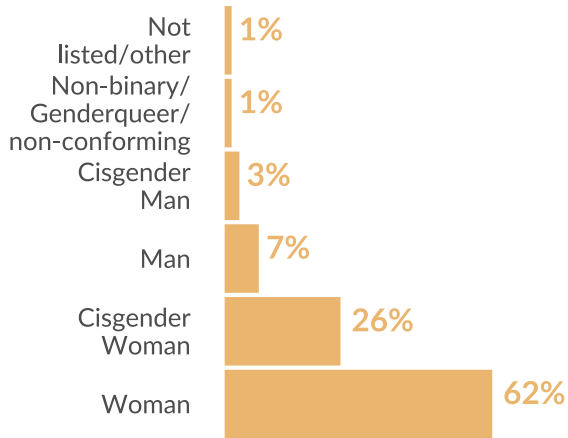
96%

of participants agreed or strongly agreed that they will incorporate their knowledge of ACEs into their daily interactions with family and friends

98%

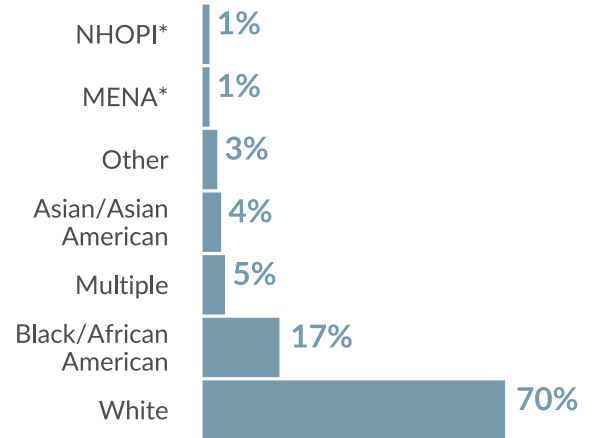
of participants agreed or strongly agreed that they will incorporate their knowledge of ACEs into their daily work

**Gender
(n = 110)**

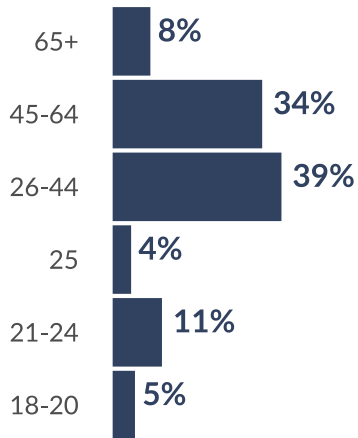


**Race
(n = 110)**

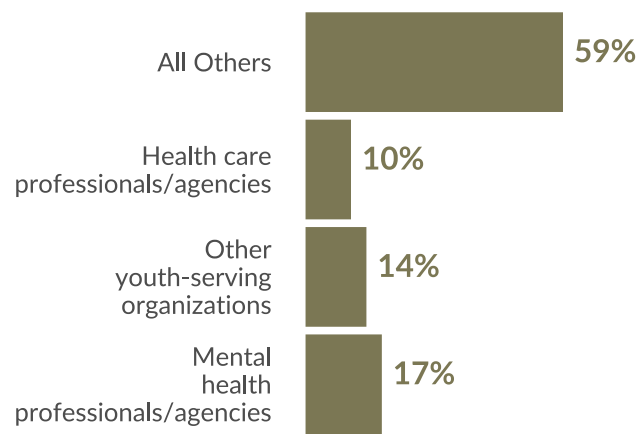
12% of participants identify as Hispanic or Latino/a/x



**Age
(n = 111)**



**Top 3 Occupations or Affiliations
(n = 111)**



*AIAN - American Indian or Alaska Native; MENA - Middle Eastern or North African; NHOPI - Native Hawaiian or Other Pacific Islander

Suicide Prevention Initiatives Fiscal Year 2023 Year-end Summary

RACSB continues to facilitate suicide prevention initiatives to include trainings, safe messaging campaigns, and distribution of lethal means safety devices through Lock and Talk Virginia.

Curriculum	# Trainings	# Participants
Mental Health First Aid	27	549
ASIST	6	53
safeTALK	4	71
Total:	37	603

Deaths by Suicide

The Virginia Department of Health recently released the Office of the Chief Medical Examiner 2021 Annual Report: <https://www.vdh.virginia.gov/medical-examiner/annual-reports/>

Death by suicide is relatively stable between 2020 and 2021 on the state level. Within Planning District 16, there was a decrease of 13.

In Virginia, the largest number of victims continue to be male (80.2%), white (79.9%), and aged 25-34 years old (18.3%). Males die by suicide at a rate of 4.1 compared to females. Firearms were used in 59.7% of all suicides.

Death by Suicide by Locality of Residence

Locality	2019		2020		2021	
	No. Deaths	Rate	No. Deaths	Rate	No. Deaths	Rate
Caroline	4	13	6	19.4	6	19.4
Fredericksburg	3	10.3	6	20.3	4	13.6
King George	2	7.5	6	21.9	1	3.7
Spotsylvania	17	12.5	15	10.8	15	10.8
Stafford	11	7.2	23	15.3	16	10.2
<i>Planning District 16 total</i>	<i>40</i>		<i>55</i>		<i>42</i>	
State Total	1098	12.9	1147	13.4	1138	13.2
<i>Out of state/unknown</i>	<i>31</i>		<i>62</i>		<i>63</i>	
Total	1159	13.6	1209	14.1	1201	14

*Rate per 100,000 population

Mental Health First Aid Trainings

RACSB trainers are certified to facilitate the adult, youth, higher education, and public safety curriculums. We continue to provide the Public Safety curriculum to all recruits at the Rappahannock Regional Criminal Justice Academy. We also partner with the University of Mary Washington to train new resident life staff twice a year.

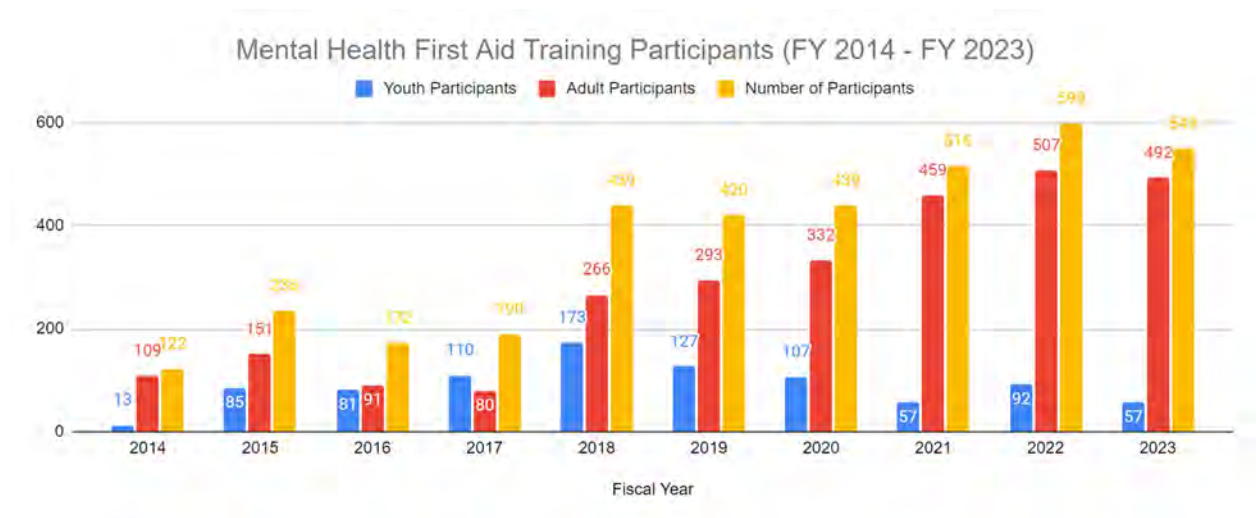
In FY 2023, 549 community members were trained (23 adult and 4 youth trainings held). Since we began offering the Mental Health First Aid training in 2014, a total of 3,682 community members have been trained.

In addition to hosting numerous trainings that were open within the community, trainings were held in partnership with the following organizations:

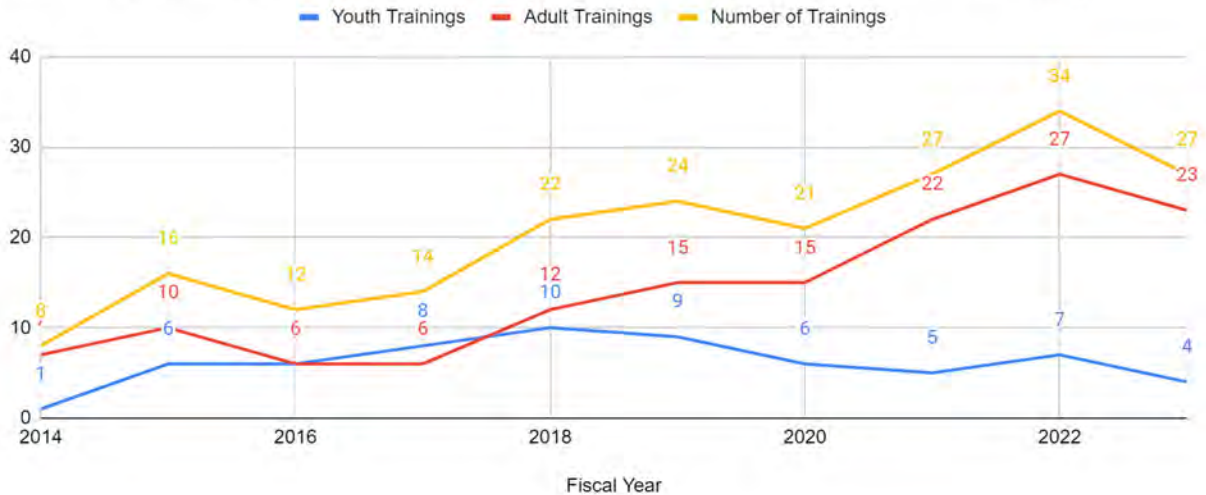
- Rappahannock Regional Criminal Justice Academy
- University of Mary Washington
- U.S. Air Force Air Traffic Controllers (via Langley, VA)
- Wounded Warrior Regiment (Marine Corps Base Quantico)
- Spotsylvania County Public Schools

- Virginia State Parks (in partnership with DBHDS)

The new Mental Health First Aid 2.0 curriculum and the CONNECT Platform continue to evolve. There have been recent updated modules released for Older Adults, Rural Communities, Higher Education, Public Safety, and a new Corrections Professional curriculum. Youth Mental Health First Aid has been updated with the release of 2.1 in June 2023.



Mental Health First Aid Trainings Held Annually (FY 2014 - FY 2023)



To learn more and/or register for Adult Mental Health First Aid:
<https://www.signupgenius.com/go/RACSB-MHFA-Training2023>

To learn more and/or register for Youth Mental Health First Aid:
<https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2023>

Lock and Talk Virginia

RACSB is one of the eight founding CSBs of Lock and Talk Virginia. It has since grown from Health Planning Region 1 to across the Commonwealth with all 40 CSBs participating. Three communities in New York have formally signed on as Lock and Talk partners.

In addition to providing gatekeeper trainings like ASIST, safeTALK, and Mental Health First Aid, the initiatives promotes help seeking behaviors and lethal means safety. RACSB distributes medication lock boxes and gun locks through our clinics, trainings, and prevention outreach efforts. In FY 2023, RACSB distributed:

- 243 Medication Lock Boxes
- 515 Cable Gun Locks

- 247 Trigger Gun Locks
- 1,852 Medication Deactivation Kits
- 12,000+ Wallet Resource Cards

Much of FY 2023 was spent expanding the graphics library and implementing a series of social media campaigns (Suicide Prevention Month, Caregiver Awareness Month, Mental Health Month). We also finalized the strategic plan and data evaluation plan.

In FY 2023, we partnered with the Central Rappahannock Regional Library to have Lock and Talk information as well as lethal means safety devices on display and available to community members at each branch.

The Gun Shop Project to provide education to firearm retailers will resume in FY 2024.

ASIST: Applied Suicide Intervention Skills Training

This suicide prevention “first aid” is a 2-day in-person training that supports participants to identify and intervene to help keep a person with thoughts of suicide safe for now. We were successful in getting a second internal instructor certified in March 2022 and resumed offering this training in FY 2023.

Fiscal Year	# Trainings	# Participants
2019	1	8
2020	1	15
2021*	0	0
2022	1	30
2023	6	53
Total:	9	106

*COVID and lack of required second trainer.

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

SafeTALK

SafeTALK is a 3-hour suicide alertness training. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing life. TALK stands for Tell, Ask, Listen, and KeepSafe. We began offering this training in FY 2023.

Fiscal Year	# Trainings	# Participants
2023	4	71
Total:	4	71

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

Prevention Efforts Related to Opioid Epidemic Fiscal Year 2023 Year-end Report

RACSB continues to facilitate initiatives to prevent opioid use, abuse, and overdose. This includes naloxone trainings, safe messaging campaigns, and distribution of medication deactivation kits and medication lock boxes.

Initiative	# Participants
REVIVE!/Save One Life	1,615
Naloxone Dispensed (doses)	2,870
Medication Deactivation Kits	1,852
Operation Medicine Cabinet	2,356 pounds collected

Deaths by Fatal Drug/Poisoning Overdose

The Virginia Department of Health has released the Office of the Chief Medical Examiner 2021 Annual Report in July 2023. In Virginia in 2021, for which the most current data is available, the number of fatal drug overdoses increased 15.6% compared to 2020. There was a total of 2,669 fatal drug/poison deaths, which is the largest number ever seen in Virginia.

The 2021 rate of drug/poisoning deaths in Virginia was 31.1 per 100,000 population. The majority of these deaths were accidental (94.9%), male (69.7%), Caucasian (65.8%) and 35-44 year olds (24.9%). Fentanyl was involved with 76.4% of all drug overdose deaths in 2021. Black males followed by Caucasian males had the highest rates of fatal overdoses, all substances in 2021 (66.3 and 44.7 per 100,000, respectively).

Within Planning District 16, we experienced an increase from 127 deaths in 2020 attributed to drug/overdose to 145 deaths in 2021 (increase of 18).

Number and Rate of OCME Fatal Drug/Poisoning Overdoses by Locality of Residence, 2019 - 2021:

Locality	2019		2020		2021	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
Caroline	5	16.3	13	42.1	19	61.6
Fredericksburg	5	17.2	16	54.3	18	61
King George	8	29.8	7	25.6	5	18.3
Spotsylvania	33	24.2	54	39	62	44.8
Stafford	32	20.9	37	23.6	41	26.2
<i>Planning District 16 total</i>	83		127		145	
State Total	1627	19.1	2309	26.9	2669	31.1

Rate per 100,000 population.

<https://www.vdh.virginia.gov/medical-examiner/annual-reports/>

Opioid Overdose Reversal Training

The Rappahannock Area Community Services Board began providing the REVIVE! Training in June 2017. In Fiscal Year 2023, our instructors hosted 98 trainings and trained a total of 1,491 individuals. Additionally, we hosted 10 train-the-trainers for another 124 individuals. Locally, we are now calling the opioid overdose reversal training Save One Life.

Fiscal Year	# Trainings	# Participants
2017	3	43
2018	25	290
2019	30	409
2020	21	275
2021	26	329
2022	63	792
2023	108	1,615
Total	276	3,753

In addition to open community groups, the following organizations/groups hosting trainings:

- Art of Aging Expo
- disability Resource Center
- Drug Take Back Days
- FailSafe Era
- Found and Sons Funeral Homes
- Fredericksburg Area Food Bank
- Fredericksburg City Schools (nurses)
- Fredericksburg Host Lion's Club
- Fredericksburg PRIDE
- Germanna Community College (multiple sessions/days)
- Juneteenth Celebration
- King George Public Schools – High School Health Careers classes (multiple sessions/days)
- Lighthouse Counseling – staff, individuals served, and families
- MAT Clients
- National Night Out
- National Park Service
- Neighborhood Watch – Spotsylvania County Sheriff's Office
- Probation and Parole
- Spotsylvania County Department of Social Services
- Spotsylvania County Public Schools (nurses)
- Stafford County Parks and Recreation
- The Table at St. George's
- Trinity Episcopal Church
- University of Mary Washington (multiple sessions/days)

Naloxone Dispensing

In January 2020, RACSB entered into a memorandum of understanding with the Virginia Department of Health to allow REVIVE! Instructors to dispense Naloxone (Narcan) to those completing the REVIVE! training.

A total of 1,435 boxes were dispensed in FY 2023. Each box contains two (2) doses of Naloxone for a total of 2,870 doses.

Fiscal Year	# Boxes	# Doses
2020	68	136
2021	164	328
2022	679	1,358
2023	1,435	2,870
Total	2,346	4,692

Prescription Drug Drop Boxes

Our community benefits from multiple permanent collection bins. Many are located at pharmacies like CVS and Walgreens as well as within the lobbies of local sheriff’s offices. We created a map of locations within Planning District 16:
<https://bit.ly/PlanningDistrict16MedicationCollectionSites>

Drug Deactivation Kits

In FY 2023, RACSB distributed more than 1,800 medication deactivation kits.

Drug Take Back Events

Operation Medicine Cabinet was held in October 2022 (875 pounds collected) and April 2023 (1,481 pounds collected). In FY 2023, a total of 2,356 pounds were collected through this initiative. The Operation Medicine Cabinet effort is organized by the Partners in Aging coalition to coincide with the DEA National Drug Take Back. Safe disposal of expired and unused medications is an important strategy to prevent substance misuse and poisoning.

Locality	Saturday, October 29, 2022	Saturday, April 22, 2023	Percent Change
Caroline County	21	50	138%
Fredericksburg City	265	495	87%
King George County	Unknown	141	n/a
Spotsylvania County	440	431	-2%
Stafford County	149	364	144%
Total:	875	1,481	69%

Opioid Workgroup

The Opioid Workgroup continues to meet monthly to address the local impact of the opioid epidemic. In FY 2023, the group formed a subcommittee to specifically address harm reduction strategies.

Highlights from FY 2023 include:

- International Overdose Awareness Day on August 31, 2022: This involved drive through Rapid REVIVE! with Narcan dispensing at Germanna Community College (both campuses), encouraging community members to wear purple, and outreach efforts. Through the partnership between Mary Washington Healthcare and Fredericksburg Nationals Baseball, a community member with lived experience was invited to throw out the first pitch and a brief PSA was shared.
- Fredericksburg City School and Spotsylvania County Public Schools finally adopted policies for nurses to have naloxone in the clinics. Now all five school divisions have policies and naloxone on site. This is a goal the group has been working forward since forming in 2017 years ago. The nurses are also trainers who can facilitate the training to others. RACSB has partnered with several school nurses to dispense naloxone following their trainings for staff and parents.
- Fentanyl Awareness Day on May 9, 2023: This is the second annual observance in Virginia and the Governor made a big awareness push. RACSB hosted several Save One Life trainings with dispensing, presented at The Table, hosted virtual screening with panel discussion, and actively promoted on social media.

- Harm Reduction Training for Clinicians: The committee organized and hosted a training for clinicians specifically related to ethics of harm reduction. Additionally, those in attendance completed the REVIVE! Train-the-Trainer.
- Private Providers Dispensing Naloxone: Two local private providers have obtained with own MOUs with VDH to be able to dispense naloxone.
- Presentations to Local Governments: RACSB and Rappahannock Area Health District have presented to four of the five local governments to update them on the local impact of opioids and to increase education around harm reduction and the continuum of strategies.
- Harm Reduction Kits: The workgroup has assembled harm reduction kits and begun distributing Fentanyl Test Strips. We are working to obtain Xylazine Test Strips.
- Primary Care Outreach: The group has met with leadership at Mary Washington Hospital and is presenting to Grand Rounds for physicians. The goals are to increase their awareness and understanding as it relates to harm reduction strategies and gather support for implementation at practice sites. The initial ask is training staff, displaying posters/educational materials, and distributing medication deactivation kits.

Hidden in Plain Sight

We hosted one (1) virtual Hidden in Plain Sight events in FY 2023. We are collaborating with the Spotsylvania County Sheriff's Office to create a mobile Hidden in Plain Sight trailer that can be utilized at various community events throughout the year. As well as a room set up at the mall substation that can host regular education events. It will debut at National Night Out on August 1, 2023.

Healthy Families Rappahannock Area FY 2023 Year-end Report

Healthy Families Rappahannock Area is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care and parent education.

Rappahannock Area Community Services Board serves as the fiscal agent for Healthy Families Rappahannock Area (HFRA). The program consists of a Program Director, two Supervisors, one Office Manager and ten Direct Service Professionals (Family Resource Specialists and Family Support Specialists).

In FY 2023, Healthy Families Rappahannock Area:

- Completed 325 Screenings
- Completed 232 parent assessments
- Offered services to 136 families
- Enrolled 80 new families
- Conducted 2,336 home visits with 246 families
- Served 381 families

Healthy Families Rappahannock Area (HFRA)
July 1, 2022– June 20, 2023

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

SCREENINGS

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Healthy Families screenings completed	84	65	90	86	325

ASSESSMENTS

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Parent Survey/Assessment completed	61	48	60	63	232
How many families were offered HV services	39	25	35	37	136
How many families enrolled (completed 1st home visit)	25	13	16	26	80

HOME VISITS

Period	Quarter-01	Quarter-02	Quarter-03	Quarter-04	YTD
Total number of home visits completed	693	563	566	514	2336
Total number of Families served with home visiting	173	165	166	144	246

FAMILIES SERVED

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Families served	208	197	201	180	381
Total number of Target Children served	187	184	178	143	291

Newsworthy:

- Received Level Funding for VDSS-TANF, MIECHV, and CBCAP.
- Recognized 22 participants at the Annual Graduation Celebration for their completion of the program.
- Re-established partnership with Stafford Hospital. The Family Resource Specialist is now visiting with families.
- Participated in Stafford Hospital Baby Shower event.
- Hosted its first “Costume Party” playgroup. There were three (3) sessions, each with a positive male role model from the community participating.
- Awarded a \$5,000 grant from Northern Neck Virginia Insurance.
- Recipient of a \$10,000 grant from the Fredericksburg Savings Charitable Foundation Fund through The Community Foundation of the Rappahannock River Region.
- Awarded a \$5,000 mini grant from Mary Washington Hospital.
- Received donations from the following Community Partners:
 - CMS Mortgage Solutions (\$3,800)
 - Creative Clips Hair Salon (\$600)
 - Kilgore and Smith Personal Injury Law Firm (\$1,100)
 - Prince Hall #61 (\$1,000) and 20 Thanksgiving Dinners
 - Sunshine Volunteers provide 110 toys for the target children of HFRA participating in the Holiday Drive Thru.
- Appointed seven (7) new members to the HFRA Board of Directors.
- Provided 110 families with \$100 Walmart gift cards during the Holiday Drive Thru thanks to the support of Community Partners and MIECHV ARP Funding.
- Onboarded two (2) new Family Support Specialists.
- Hosted the 2nd Community Awareness Open House (51 attendees).
- Established a new community partnership with Dr. McCrae (King George Pediatrician) to increase the number of referrals for King George County residents.
- Met with Rappahannock United Way regarding funding as a member agency. Funding will cease starting July 1, 2023 due to lack of donations received.
- Melodie Jennings, Program Manager, graduated from Fredericksburg Chamber of Commerce Leadership Fredericksburg fellowship.



Healthy Families Rappahannock Area

Empowering Parents to Raise Healthy Children

25th Anniversary Gala Celebration

Dynamic Speakers, Music & Dance Floor, Cash Bar, Gourmet Dinner, and Silent Auction

April 26, 2024

6:00-10:00 PM

STEVENSON RIDGE

6901 Meeting Street, Spotsylvania VA 22553

This is an excellent way for your business
and/or family to demonstrate
your passion for the

**PREVENTION OF
CHILD ABUSE AND NEGLECT**

with these

**EVENT SPONSORSHIPS
OPPORTUNITIES**

Sponsorship Levels

Platinum Sponsor- \$5000

- Eight (8) event tickets and a dedicated table with VIP Seating
- Company Logo or Individual/Family Name prominently displayed on Event Board and In the Event Program
- Company Logo or Individual/Family Name featured on event marketing materials before and during the event
- Special Recognition During Opening Welcome
- Video Presentation Opportunity of Company from Podium
- Invitation to the Exclusive VIP Reception
- Ten (10) Baby Bundles* with Company Logo or Individual/Family Name Showcased on Card

Diamond Sponsor- \$2500

- Six (6) event tickets and a dedicated table with Preferred Seating
- Company Logo or Individual/Family Name on All Event Displays
- Recognition of sponsorship on the HFRA social media websites
- Recognition During Opening Welcome
- Invitation to the Exclusive VIP Reception
- Five (5) Baby Bundles* with Company Logo or Individual/Family Name Showcased on Card

Sapphire Sponsor- \$1500

- Four (4) event tickets and a dedicated table with Preferred Seating
- Company Logo or Individual/Family Name on All Event Displays
- Company Logo or Individual/Family Name featured on event marketing materials before and during the event
- Signage with Company Logo or Individual/Family Name Displayed on each table "Dessert Provided By____"
- Three (3) Baby Bundles* with Company Logo or Individual/Family Name Showcased on Card

Gold Sponsor- \$750

- Four (4) event tickets with reserved Seating
- Company Logo or Individual/Family Name prominently displayed on all Event Boards and Programs
- Company Logo or Individual/Family Name featured on event marketing materials before and during the event
- Prominent signage with Company Logo or Individual/Family Name displayed at the Bar/Beverage Station
- Two (2) Baby Bundles* with Company Logo or Individual/Family Name Showcased on Card

Silver Sponsor- \$500

- Three (3) event tickets with reserved seating
- Company Logo or Individual/Family Name on all event displays
- Prominent signage with Company Logo or Individual/Family Name displayed at the Bar/Beverage Station
- One (1) Baby Bundle* with Company Logo or Individual/Family Name Showcased on Card

Bronze Sponsor- \$300

- Two (2) event tickets with reserved Seating
- Company Logo or Individual/Family Name on all event displays
- Company or Individual/Family Name featured on event marketing materials before and during event

Healthy Families Sponsor- \$150

- One (1) event ticket with reserved seating
- Company Logo or Individual/Family Name on all event displays
- Company or Individual/Family Name featured on event marketing materials before and during the event

*One(1) Infant Car seat, Diaper Bag, Diapers, Wipes, etc.

Event Sponsorship Agreement

Thank you for your interest in being a Healthy Families Rappahannock Area Event Sponsor

- Please complete and send this form to mjennings@rappahannockareacs.org
- By submitting this form you agree to pay the sponsorship amount within 30 days of the event
- Please email your logo in high-resolution .jpg, .png., or .svg file to mjennings@rappahannockareacs.org
- Guarantee your logo placement on printed marketing materials by sending your sponsorship agreement and logo within two weeks of receipt of this agreement.



NAME OF ORGANIZATION: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

PAYMENTS

PAY BY CHECK - PAYMENT ENCLOSED

Please make checks payable to:

Healthy Families Rappahannock Area

Attn: Melodie Jennings

4605 Carr Dr

Fredericksburg VA 22408

PLEASE INVOICE MY COMPANY
FOR SPONSORSHIP

Invoice Contact: _____

Invoice Address: _____

SPONSORSHIP LEVEL:

Platinum Sponsor \$5000

Diamond Sponsor \$2500

Sapphire Sponsor \$1500

Gold Sponsor \$750

Silver Sponsor \$500

Bronze Sponsor \$300

Healthy Families Sponsor \$150



Healthy Families
Rappahannock Area

Upcoming Events

RACSB staff will be hosting and/or participating in a number of upcoming events:

- National Night Out, August 1, 2023
 - o Spotsylvania Towne Center
 - o King George High School
- Back to School events at King George Schools, August 3, 2023
- The Table produce distribution and COPE education, August 8, 2023
- OUD/SUD Panel, REMS/COPE Community Stakeholders Meeting, August 16, 2023
- International Overdose Awareness Day, August 31, 2023
 - o 9:00 a.m. Germanna Community College (Fredericksburg Campus)
 - o 11:00 a.m. to 1:00 p.m. University of Mary Washington
 - o 4:00 p.m. to 7:30 p.m. Spotsylvania Towne Center
 - o 6:30 p.m. Virtual Screening of “The Fentanyl Crisis” documentary
- Baron “Deuce” P. Braswell II 5K Run/Walk Against Teen Violence at Courtland High School on September 16, 2023
- RACSB Game Day at RAAI, September 16, 2023
- Plant and Play at FredNats Stadium, September 23, 2023
- disAbility Resource Center Fall Festival, September 23, 2023
- Caroline High School Block Party, October 6, 2023
- World Mental Health Day tabling at Germanna Community College, October 10, 2023
- Central Rappahannock Regional Library Panel on Combating Loneliness, October 13, 2023
- American Foundation for Suicide Prevention’s Out of Darkness Walk on October 14, 2023 at Pratt Park.

A central sign-up has been created for staff to volunteer:

https://www.signupgenius.com/go/RACSB_Volunteer

International Overdose Awareness Day Virtual Screening

The Fentanyl Crisis

Stories of Heartbreak and Hope

Did you know that fentanyl contributes to more than 75% of overdose deaths in Virginia?



Join this virtual viewing to hear stories of Virginians who tragically lost their lives to overdose and the toll of overdose to individuals and families.

Following the viewing, local professionals will share crucial community supports to include recovery options, overdose prevention tools and the hope that lies ahead for a brighter future.

August 31, 2023 at 6:30 p.m.

Scan QR Code to Register:



2023 UPCOMING WORKSHOPS

UNDERSTANDING ADVERSE CHILDHOOD EXPERIENCES

Our life experiences can impact our health. Join us as we review the research on how Adverse Childhood Experiences (ACEs) play a tremendous role in developing potential physical, mental and behavioral problems later in life. Learn how you can not only work to reduce ACEs but also how to help foster individual and community resilience. Training is 3-hours.

- In-person: January 31, March 21, May 23, June 13, July 17, August 8, September 7, and October 12
- Virtual: January 24, February 16, March 16, April 19, May 23, June 21, August 10, September 26, October 19, November 15, and December 6

COMMUNITY RESILIENCE INITIATIVE COURSE 1 AND COURSE 2

The Community Resilience Initiative (CRI) has developed courses to teach any community member interested in learning more about toxic stress and how individuals and communities build resilience across the lifespan.

CRI Course 1: Trauma-Informed is a 6-hour course that covers NEAR Science (Neuroscience, Epigenetics, ACE Study, Resilience), Brain States, and ROLES strategies for individuals seeking a trauma-informed certification.

- February 23 and September 22 (9:00 a.m. to 4:00 p.m.)

CRI Course 2: Trauma-Supportive is a 6-hour course that covers the science of resiliency and shares promising strategies to build culturally and contextually resilient individuals and communities. (You must complete CRI Course 1 in order to take Course 2.)

- March 7 and October 26 (9:00 a.m. to 4:00 p.m.)

NALOXONE DISPENSING

Receive a free box of Naloxone following training or get trained at the same time.

- July 10, July 27, August 14, August 31 - International Overdose Awareness Day, September 21, October 2, October 19, November 13, December 4, December 14 (1:00 p.m. to 4:00 p.m.)
- First Friday of every month from 1:00 p.m. to 3:00 p.m. at the Fredericksburg Clinic (600 Jackson Street, Fredericksburg, VA 22401)

NALOXONE TRAINING/OPIOID OVERDOSE REVERSAL

A course that covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, and how to respond to an opioid overdose emergency with the administration of Naloxone. (1-hour virtual)

- Typically the first Thursday of the month at 6:30 p.m. and second Tuesday of the month at 10:30 a.m.



www.rappahannockareacsb.org

To learn more and register:
www.rappahannockareacsb.org/trainings

Find us on:



2023 UPCOMING WORKSHOPS

ADULT MENTAL HEALTH FIRST AID

Teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders. The training introduces common mental health challenges and gives you the skills to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care.

- March 30, May 2, July 28, September 28, November 29 (8:30 a.m. to 4:30 p.m.)

YOUTH MENTAL HEALTH FIRST AID

Teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders in adolescents. The training introduces common mental health challenges for youth and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.

- February 7, April 13, June 8, and August 17 (8:30 a.m. to 4:30 p.m.)

APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

The LivingWorks Applied Suicide Intervention Skills Training, commonly referred to as ASIST, is a 2-day interactive workshop in suicide first aid. Participants learn to recognize when someone may have thoughts of suicide and to work with the individual to create a plan that will support their immediate safety. ASIST can be learned and used by anyone ages 16 and older.

- May 10-11, July 10-11, September 14-15, and December 7-8 (8:30 a.m. to 5:00 p.m. both days; must be fully present both days)

SAFETALK

The LivingWorks safeTALK course is a 3-hour face-to-face workshop that encourages participants to learn how to prevent suicide by recognizing signs, engaging someone, and connecting them to community resources for additional support. It is appropriate for anyone age 16 and older.

- February 13 (1:00 p.m.), March 21, May 16, September 19, and October 12 (9:00 a.m.)

LOCK AND TALK

RACSB is a proud founder of the Lock and Talk Virginia suicide prevention initiative. Learn about lethal means safety, education opportunities, and community initiatives like The Gun Shop Project. Lock Meds. Lock Guns. Talk Safety. Learn more at www.lockandtalk.org.

Updated 07/10/2023



www.rappahannockareacsb.org

To learn more and register:
www.rappahannockareacsb.org/trainings

Find us on:



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: August 9, 2023

Re: Report to RACSB Board of Directors for the August Board Meeting

.....

Outpatient Services

The Caroline Clinic completed 28 new client intakes in July 2023. We continue to have one MH/SA clinician vacancy and receive part-time help from Sunshine Lady House staff person who facilitates our weekly substance abuse group. The waiting list remains active and we have been able to schedule individuals on the waiting list in addition to completing intakes for our priority populations. The Caroline Clinic Coordinator participated in a panel discussion for Ashland Probation and Parole in June regarding RACSB Mental Health and Substance Use outpatient services and collaboration with this community partner. The Caroline Clinic Therapist attended the VA Summer Institute for Addiction Services training in Williamsburg last month and the Clinic Coordinator attended ‘Examining Impacts of Substance Use for Adolescents and Young Adults’ symposium in July.

The Fredericksburg Clinic scheduled 93 intakes in June and 64 intakes in July for outpatient therapy and medication management. The Children’s Services Clinic scheduled 45 intakes for children and adolescents during the past two months. Our waitlist in Fredericksburg is down to 13 individuals and we have been diligently performing weekly outreach to these individuals. Our new Mental Health Peer Recovery Specialist, Kelly Argueta, joined our team in Fredericksburg and we are very excited to be able to offer peer support to our individuals with mental health needs. She has been able to assist with individuals scheduled in the Acute Care Clinic and has been able to co-facilitate a peer drop-in group with the Lead Peer Recovery Specialist. We also hired a new Office Associate II, Michaela Williams, at the front desk in Fredericksburg. We are continuing to hire for an Office Associate II and MH/SUD Therapist at the Fredericksburg Clinic. The Fredericksburg Clinic Coordinator, Megan Hartshorn, has been participating in the Best Practice Court Team Committee and had the opportunity to assist in a community training at the end of June to discuss how different agencies can support the complex needs of adolescents and their families in this area.

The King George Clinic continues to offer the weekly Men’s and Women’s Substance Abuse groups. We had 2 successful graduates during the month of July. The King George Clinic Youth Mental Health group continues to have good attendance. The RACSB Prevention team joined the mental health youth group and did a presentation on substance prevention. Four participants and 3 parents were trained to use Narcan kits. We will be starting this group again in October once the current group is complete. King George staff completed 24 new patient intakes during the month of July. Staff attended a training on Ethics this month. One staff attended the Virginia Summer Institute for Addiction Studies annual conference in Williamsburg.

The Stafford Clinic continues to have four therapist vacancies. The Clinic Coordinator is seeing clients in priority populations and is enlisting assistance from other clinics to meet the needs of Stafford residents while we recruit. We have added additional compensation to Stafford based therapist positions, as they have been historically more difficult to fill and retain due to the proximity to Northern Virginia.

The Spotsylvania clinic continues to be on a waitlist and therapists contact individuals on the waitlist weekly to check-in and provide updates. The Women's Substance Use Therapist joined the clinic and is working on building her caseload. She plans to start a new Substance Use group within the next month. The Spotsylvania Clinic has one open position: Men's Substance Use therapist.

The School-Based Therapists wrapped up their first year providing mental health therapy in Caroline and Fredericksburg City Schools. The therapists have transitioned to the clinics to provide ongoing therapy to their students during the summer months. They attended the Reimaging Mental Health for Virginia's Youth: A School-Based Approach Conference in June. The therapists have started their transition back to the schools.

The Safe Harbor Therapist continues to provide Trauma Focused Cognitive Behavioral therapy to children who have disclosed abuse through Forensic Interviews. After providing TFCBT to children for several years, the therapist has decided to transition to the Women's Substance Use Therapist position at the Spotsylvania Clinic. The therapist and other therapists trained in TFCBT will assist with individuals in need of services until the position is filled.

Jail & Detention

Please note the following updates at the jail and detention center. Detention has a census of 29 residents. Currently, there is one group of 3 CPP residents and 5 residents in the Post D program. Detention has two current vacancies for a full-time and a part-time Therapist. The Mental Health Therapist and OBOT/MAT Peer Specialist positions at the jail are also vacant.

Case Management

The Care Coordinator with the Adult Mental Health Case Management Team is now providing hospital discharge appointments to individuals who are discharging from local psychiatric units, mostly Snowden, and are not currently enrolled in services. These appointments are scheduled within a week of discharge and are designed to provide a human connection to mental health services through RACSB. The attendance rate of these appointments as well as follow up appointments to initiate care has been high and the individuals have been able to also obtain information on additional resources as well as referrals to other necessary services.

Three Child/Adolescent Case Management staff completed annual refresher training to remain certified in High Fidelity Wraparound Intensive Care Coordination, an evidence-based practice supported by the Virginia Office of Children's Services Act. The Family Support Partner Peer worked with our Communications Coordinator to

submit a press release for Fred Parent regarding Family Support Peer services. Staff worked with families to support kids in preparing for the return to school, accessing school supplies and clothing, and following-up on IEP needs. Several of our cases discharged successfully home and to the community from residential treatment facilities this summer. Case Management staff supported those families with setting up discharge plans, crisis plans and ensuring successful transitions home.

Substance Use

The Women's SUD Therapist position remains vacant, in addition to an OBOT Peer Recovery Specialist position. In the month of June, the SUD Coordinator provided a training to CASA on working with parent's with substance use, as well as to CIT on co-occurring disorders. Local presentations on harm reduction continued; the SUD coordinator co-presented with Dr. Obasanjo of RAHD to King George and Spotsylvania Board of Supervisors. In July, the SUD coordinator co-presented with a local private practice owner to Mary Washington Hospital's Physician Grand Rounds on harm reduction in a medical setting. SOR grant administrators conducted their annual site visit during July as well as the Women's Services Coordinator's site visit for Project LINK.

Specialty Dockets

During the month of July, the Specialty Dockets team continued to welcome new participants and celebrated some graduations. The Behavioral Health Docket currently has nine participants who are progressing through the phases. We are anticipating our first graduation in October 2023. The Veterans Docket currently has 10 participants. The program previously only accepted clients with felony charges, but has recently expanded to taking clients with misdemeanor charges as well. The program has two misdemeanor level clients at this time. Juvenile Drug Court continues to operate with two participants, but completed three intakes during this month for new participants who are expected to begin in August 2023. Adult Drug Court currently has over forty active participants and have several clients who have been evaluated and are awaiting their court dates to begin participation. The D21 Probation and Parole Therapist and the Veterans and Family Therapist positions continue to remain vacant at this time.

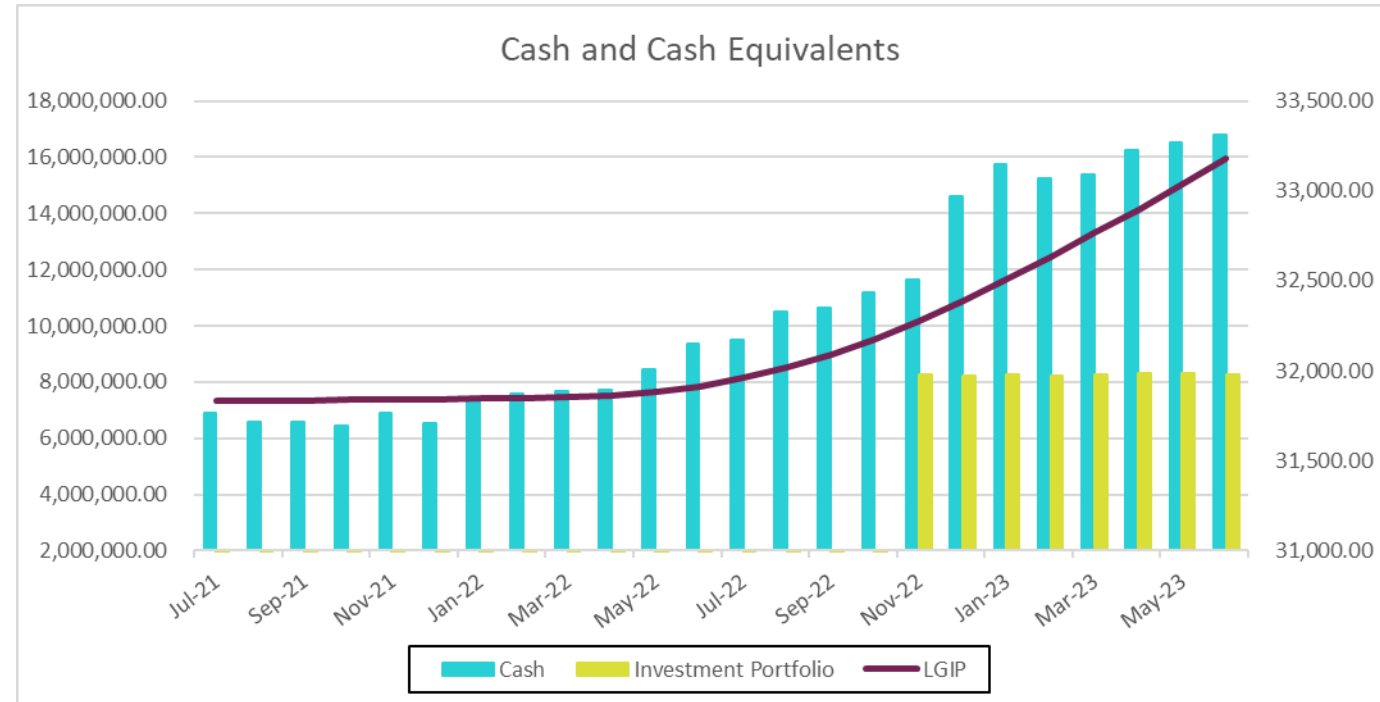
Finance Committee

AUGUST 8, 2023

Summary of Cash Investments

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 16,778,563	2.00%	
Investment Portfolio			
Cash Equivalents	5,335,167.97	1.27%	
Fixed Income	2,955,170.00	3.69%	
Total Investment	8,290,337.97		
Total Atlantic Union Bank	\$ 25,068,901		
Other			
Local Gov. Investment Pool	\$ 33,183	4.95%	Avg. Monthly Yeild
Total Investments	\$ 25,102,084		

	\$ Change	% Change
Change from Prior Month	\$ 263,996	1.1%
Change from Prior Year	\$ 4,480,303	22%
Average # Months Reserves on Hand: 6.07		



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%
Balance at 1/31/2023	\$ 8,378,256.66	\$ 8,251,634.22	\$ 8,252,541.72	\$ (907.50)	\$ 209,252.00	2.54%
Balance at 2/28/2023	\$ 8,431,374.26	\$ 8,225,629.40	\$ 8,260,788.49	\$ (35,159.09)	\$ 172,780.00	2.09%
Balance at 3/31/2023	\$ 8,447,556.58	\$ 8,286,125.41	\$ 8,276,970.81	\$ 9,154.60	\$ 177,246.00	2.14%
Balance at 4/30/2023	\$ 8,488,288.38	\$ 8,307,577.58	\$ 8,302,082.92	\$ 5,494.66	\$ 131,955.00	1.59%
Balance at 5/31/2023	\$ 8,511,462.15	\$ 8,306,745.81	\$ 8,325,256.69	\$ (18,510.88)	\$ 134,253.00	1.61%
Fidelity IMM Gov Class I Fund #57	\$ 1,486,824.86	\$ 1,486,824.86	\$ 1,486,824.86	\$ -	\$ 74,366.00	5.00%
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	\$ 953,609.48	\$ 955,129.17	\$ (1,519.69)		
US Treasury Bill (8/01/2023)	\$ 1,000,000.00	\$ 984,413.80	\$ 984,380.31	\$ 33.49		
US Treasury Bill (11/30/2023)	\$ 1,025,000.00	\$ 978,559.44	\$ 981,732.90	\$ (3,173.46)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 951,760.39	\$ 955,364.35	\$ (3,603.96)		
Total Cash Equivalents	\$ 5,511,824.86	\$ 5,355,167.97	\$ 5,363,431.59	\$ (8,263.62)	\$ 74,366.00	1.39%
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 976,640.00	\$ 973,575.00	\$ 3,065.00	\$ 22,500.00	2.31%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 988,990.00	\$ 1,005,781.25	\$ (16,791.25)	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 989,540.00	\$ 1,004,914.69	\$ (15,374.69)	\$ 45,000.00	4.48%
Total Fixed income	\$ 3,000,000.00	\$ 2,955,170.00	\$ 2,984,270.94	\$ (29,100.94)	\$ 110,000.00	3.69%
Balance at 6/30/2023	\$ 8,511,824.86	\$ 8,310,337.97	\$ 8,347,702.53	\$ (37,364.56)	\$ 184,366.00	2.21%

Fee Revenue Reimbursement

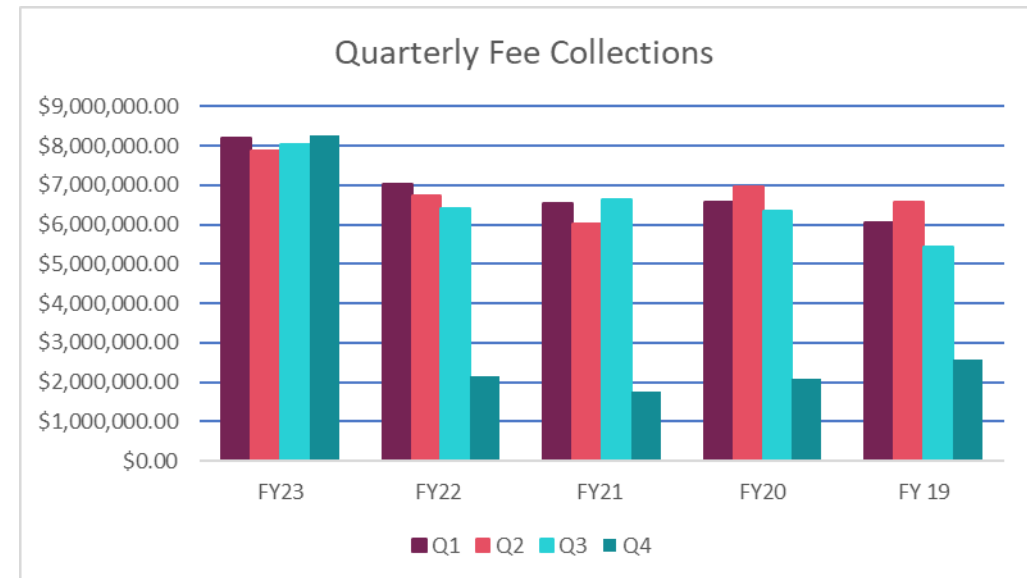
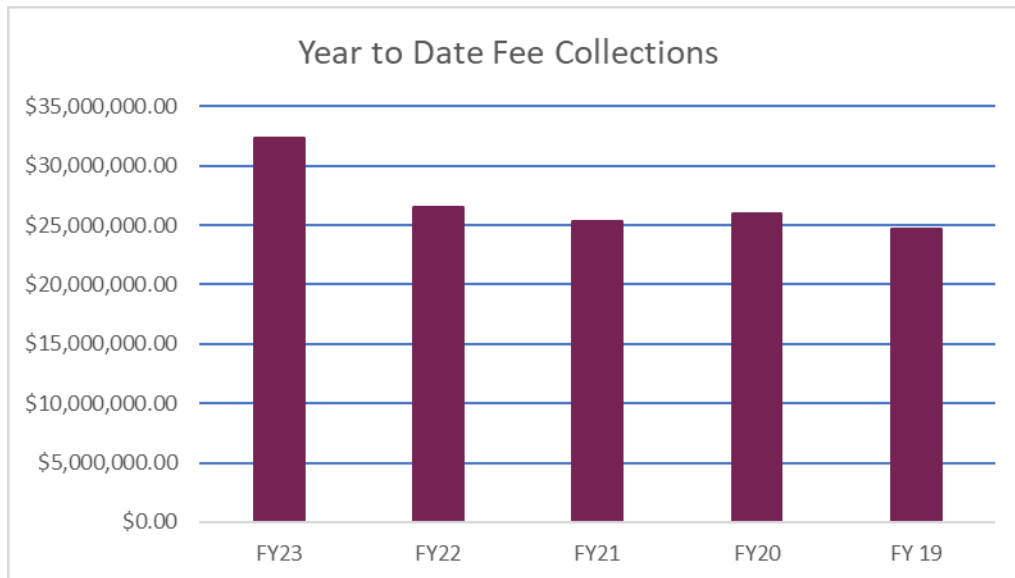
AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,657,142	100%	\$6,863,113	100%	\$6,327,036
	Consumers	54%	\$3,594,246	51%	\$3,494,785	38%	\$2,422,430
	3rd Party	46%	\$3,062,897	49%	\$3,368,328	62%	\$3,904,606
Claims Aged 0-29 Days	Consumers	6%	\$386,356	4%	\$263,908	4%	\$231,660
	3rd Party	46%	\$3,046,534	44%	\$2,992,228	48%	\$3,021,423
Claims Aged 30-59 Days	Consumers	3%	\$225,233	3%	\$226,416	0%	\$8,093
	3rd Party	0%	\$31,325	5%	\$331,110	5%	\$342,410
Claims Aged 60-89 Days	Consumers	5%	\$344,471	5%	\$325,117	0%	\$9,495
	3rd Party	0%	\$20,901	1%	\$51,709	1%	\$66,660
Claims Aged 90-119 Days	Consumers	3%	\$223,000	3%	\$212,642	4%	\$255,448
	3rd Party	0%	\$12,624	1%	\$34,795	5%	\$289,363
Claims Aged 120+ Days	Consumers	36%	\$2,415,185	36%	\$2,466,701	30%	\$1,917,734
	3rd Party	-1%	-\$48,488	-1%	-\$41,514	3%	\$184,750

CLAIM COLLECTIONS	
Current Year To Date Collections	\$32,364,087
Prior Year To Date Collections	\$26,475,897
\$ Change from Prior Year	\$5,888,190
% Change from Prior Year	22%

Fee Revenue Reimbursement – Without Credits

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,657,142	100%	\$6,863,113	100%	\$6,327,036
	Consumers	54%	\$3,594,246	51%	\$3,494,785	38%	\$2,422,430
	3rd Party	46%	\$3,062,897	49%	\$3,368,328	62%	\$3,904,606
Claims Aged 0-29 Days	Consumers	6%	\$386,356	4%	\$263,908	4%	\$231,660
	3rd Party	46%	\$3,046,534	44%	\$2,992,228	48%	\$3,021,423
Claims Aged 30-59 Days	Consumers	3%	\$225,233	3%	\$226,416	0%	\$8,093
	3rd Party	0%	\$31,325	5%	\$331,110	5%	\$342,410
Claims Aged 60-89 Days	Consumers	5%	\$344,471	5%	\$325,117	0%	\$9,495
	3rd Party	0%	\$20,901	1%	\$51,709	1%	\$66,660
Claims Aged 90-119 Days	Consumers	3%	\$223,000	3%	\$212,642	4%	\$255,448
	3rd Party	0%	\$12,624	1%	\$34,795	5%	\$289,363
Claims Aged 120+ Days	Consumers	36%	\$2,415,185	36%	\$2,466,701	30%	\$1,917,734
	3rd Party	1%	\$57,210	1%	\$63,351	3%	\$184,750

Fee Collection YTD and Quarterly

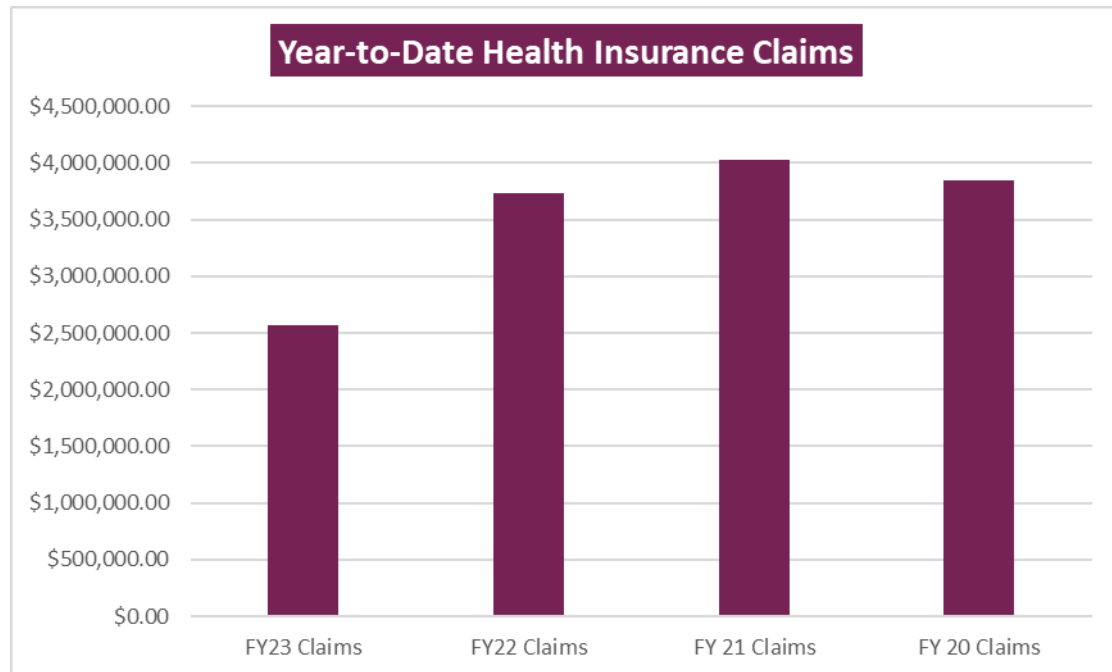


Write Off's – Current Month & YTD

Month: June 2023		
Write Off Code	Current Year	Prior Year
DECEASED	\$ -	\$ 40.00
NO FINANCIAL AGREEMENT	1,494.04	1,222.44
SMALL BALANCE	66.13	76.76
UNCOLLECTABLE	-	727.99
FINANCIAL ASSISTANCE	280,854.89	1,076,154.00
NO SHOW	440.00	345.00
MAX UNITS/BENEFITS	6,361.62	12,415.56
PROVIDER NOT CREDENTIALLED	1,541.47	101,486.12
DIAGNOSIS NOT COVERED	160.00	-
NON-COVERED SERVICE	7,620.09	11,374.24
SERVICES NOT AUTHORIZED	10,241.87	36,851.12
PAST BILLING DEADLINE	1,915.87	3,129.84
INCORRECT PAYER	3,763.76	615.00
INVALID MEMBER ID	-	260.00
INVALID POS/CPT/MODIFIER	705.00	-
TOTAL	\$ 315,164.74	\$ 1,244,698.07

Year to Date: July 2022 - June 2023			
Write Off Code	Current YTD	Jan 2023 Clean Up	Prior YTD
BAD ADDRESS	\$ 1,969.81	\$ -	\$ 1,257.47
BANKRUPTCY	4,190.55	-	730.63
DECEASED	4,857.66	-	8,450.22
NO FINANCIAL AGREEMENT	79,844.35	13,171.93	438,700.72
SMALL BALANCE	1,706.02	0.74	1,184.07
UNCOLLECTABLE	158,825.57	152,852.75	26,686.81
FINANCIAL ASSISTANCE	2,316,223.31	-	2,733,762.29
NO SHOW	4,555.00	-	4,977.66
MAX UNITS/BENEFITS	123,839.29	13,440.00	57,098.79
PROVIDER NOT CREDENTIALLED	83,115.04	12,170.00	170,985.28
DIAGNOSIS NOT COVERED	2,980.00	100.00	3,918.00
NON-COVERED SERVICE	142,521.98	76,117.09	143,843.76
SERVICES NOT AUTHORIZED	225,124.04	9,023.96	431,181.12
PAST BILLING DEADLINE	80,826.67	21,409.64	127,881.62
MCO DENIED AUTH	18,279.56	-	6,560.18
INCORRECT PAYER	105,318.89	13,530.79	24,792.55
INVALID MEMBER ID	5,095.00	-	780.00
INVALID POS/CPT/MODIFIER	2,844.00	2,009.00	-
NO PRIMARY EOB	16,014.28	3,792.32	-
TOTAL	\$ 3,378,131.02	\$ 317,618.22	\$ 4,182,791.17

Health Insurance

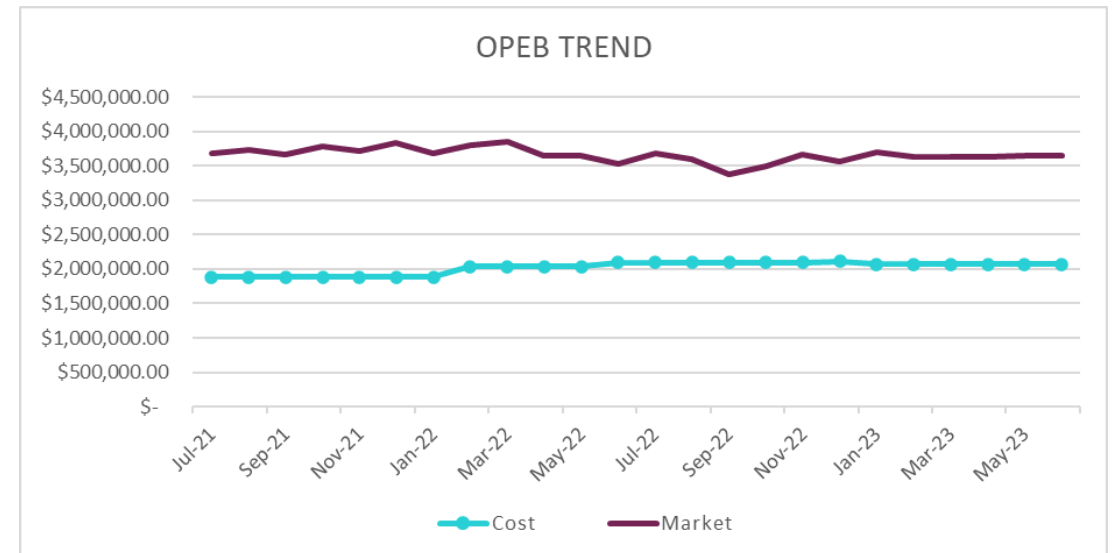


FY 2023	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$381,873.61
July	\$338,553.32		\$284,427.57	\$39.03	\$436,038.39
August	\$329,546.48		\$212,109.53	\$13.80	\$553,489.14
September	\$323,477.09		\$223,419.72	\$65.66	\$653,612.17
October	\$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
February	\$325,299.88		\$195,472.55	\$444.12	\$1,268,630.15
March	\$322,252.96		\$209,392.02	\$546.82	\$1,382,037.91
April	\$320,135.85		\$216,887.26	\$586.95	\$1,485,873.45
May	\$325,751.17		\$144,713.75	\$688.97	\$1,667,599.84
June	\$350,488.74		\$273,733.58	\$715.76	\$1,745,070.76
YTD Total	\$3,931,791.04	\$0.00	\$2,572,516.39	\$3,922.50	\$1,745,070.76

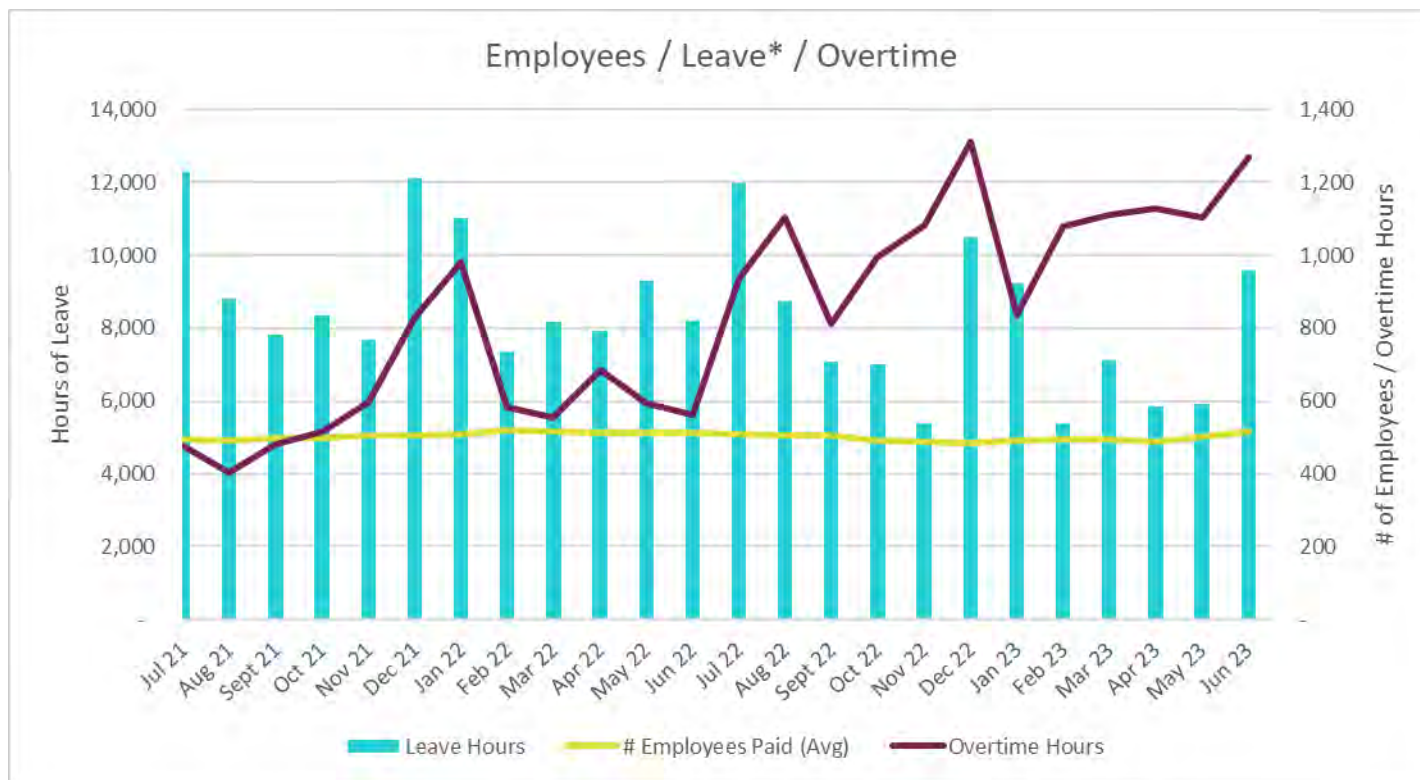
Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906
FY 2020	\$321,002		\$378,562

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
Balance at 1/31/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,689,164.71	\$ 2,734,544.71
Balance at 2/28/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,627,418.92	\$ 2,672,798.92
Balance at 3/31/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,637,066.89	\$ 2,682,446.89
Balance at 4/30/2023	\$ 2,073,229.11	\$ 1,118,609.11	\$ 3,636,941.89	\$ 2,682,321.89
Balance at 5/31/2023	\$ 2,073,624.57	\$ 1,119,004.57	\$ 3,640,158.24	\$ 2,685,538.24
Realized Gain/(Loss)				
Unrealized Gain/(Loss)				
Fees & Expenses				
Transfers/Contributions				
Balance at 6/30/2023	\$ 2,073,624.57	\$ 1,119,004.57	\$ 3,640,158.24	\$ 2,685,538.24



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	499
Leave Hours	3,850	4,196	3,473
Overtime Hours	102	279	473

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

FY 2022 FINANCIAL REPORT
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MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
INPATIENT	20,000	13,800	69.00%	20,000	41,800	209.00%	(28,000)	-203%
OUTPATIENT	2,078,691	2,923,990	140.66%	2,078,691	2,330,868	112.13%	593,122	20%
MEDICAL OUTPATIENT	3,849,822	3,909,713	101.56%	3,849,822	4,371,680	113.56%	(461,967)	-12%
ACT NORTH	880,238	987,797	112.22%	880,238	890,781	101.20%	97,016	10%
ACT SOUTH	843,563	828,083	98.16%	843,563	659,813	78.22%	168,271	20%
CASE MANAGEMENT ADULT	937,373	1,031,081	110.00%	937,373	978,386	104.38%	52,695	5%
CASE MANAGEMENT CHILD & ADOLESCENT	800,057	749,673	93.70%	800,057	743,491	92.93%	6,182	1%
PSY REHAB & KENMORE EMP SER	681,878	780,093	114.40%	681,878	656,137	96.22%	123,956	16%
PERMANENT SUPPORTIVE HOUSING	1,275,349	2,445,363	191.74%	1,275,349	1,219,594	95.63%	1,225,769	50%
CRISIS STABILIZATION	1,928,225	1,666,750	86.44%	1,928,225	1,258,857	65.29%	407,893	24%
SUPERVISED RESIDENTIAL	440,930	455,603	103.33%	440,930	505,172	114.57%	(49,569)	-11%
SUPPORTED RESIDENTIAL	893,956	808,010	90.39%	893,956	889,061	99.45%	(81,051)	-10%
JAIL DIVERSION GRANT	156,523	165,549	105.77%	156,523	151,624	96.87%	13,926	8%
SUB-TOTAL	14,786,607	16,765,504	113%	14,786,607	14,697,263	99%	2,068,241	12%
* 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	3,386,207	109.04%	3,105,473	3,226,754	103.91%	159,453	5%
DAY HEALTH & REHAB *	4,136,396	4,345,962	105.07%	4,136,396	4,476,057	108.21%	(130,094)	-3%
GROUP HOMES	5,580,946	6,992,377	125.29%	5,580,946	5,115,985	91.67%	1,876,392	27%
RESPIRE GROUP HOME	229,325	153,953	67.13%	229,325	559,995	244.19%	(406,042)	-264%
INTERMEDIATE CARE FACILITIES	4,091,920	3,590,130	87.74%	4,091,920	3,858,911	94.31%	(268,780)	-7%
SUPERVISED APARTMENTS	1,525,310	2,764,478	181.24%	1,525,310	1,505,275	98.69%	1,259,203	46%
SPONSORED PLACEMENTS	2,047,818	2,734,598	133.54%	2,047,818	1,970,631	96.23%	763,967	28%
SUB-TOTAL	20,717,187	23,967,706	115.69%	20,717,187	20,713,608	99.98%	3,254,098	14%
* Budget excludes program subsidies								

FY 2022 FINANCIAL REPORT
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SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
OUTPATIENT	1,818,448	1,461,603	80.38%	1,818,448	1,594,065	87.66%	(132,462)	-9%
MAT PROGRAM	987,709	715,495	72.44%	987,709	885,577	89.66%	(170,082)	-24%
CASE MANAGEMENT	154,511	161,664	104.63%	154,511	115,741	74.91%	45,922	28%
RESIDENTIAL	161,757	138,098	85.37%	161,757	48,196	29.80%	89,902	65%
PREVENTION	808,950	722,088	89.26%	808,950	561,957	69.47%	160,131	22%
LINK	400,397	448,589	112.04%	400,397	220,519	55.08%	228,070	51%
SUB-TOTAL	4,331,772	3,647,537	84%	4,331,772	3,426,055	79%	221,482	6%

* 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	2,138,039	155.89%	1,327,096	1,096,939	82.66%	1,041,099	49%
CHILD MOBILE CRISIS	311,007	225,295	72.44%	320,728	204,318	63.70%	20,977	9%
CIT ASSESSMENT SITE	294,556	323,605	109.86%	289,481	359,914	124.33%	(36,309)	-11%
CONSUMER MONITORING	130,859	164,158	125.45%	139,646	185,772	133.03%	(21,614)	-13%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	191,910	98.94%	(191,910)	0%
ASSESSMENT AND EVALUATION	592,509	507,551	85.66%	739,048	389,267	52.67%	118,285	23%
SUB-TOTAL	2,894,374	3,358,648	116.04%	3,009,974	2,428,120	80.67%	930,528	28%

* Budget excludes program subsidies

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ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%	
ADMINISTRATION	130,574	447,676	342.85%	130,574	447,676	342.85%	0
PROGRAM SUPPORT	66,768	84,817	127.03%	66,768	84,817	127.03%	0
SUB-TOTAL	197,342	532,492	269.83%	197,342	532,492	269.83%	0
ALLOCATED TO PROGRAMS				4,268,473	4,574,596	107.17%	

* 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	2,007,284	117.36%	1,710,296	1,262,578	73.82%	744,706	37%
INFANT CASE MANAGEMENT	725,520	834,672	115.04%	725,520	718,441	99.02%	116,231	14%
EARLY INTERVENTION	2,041,058	1,767,731	86.61%	2,041,058	2,049,380	100.41%	(281,649)	-16%
TOTAL PART C	4,476,874	4,609,688	102.97%	4,476,874	4,030,399	90.03%	579,289	13%
HEALTHY FAMILIES	178,886	369,872	206.76%	178,886	189,644	106.01%	180,229	49%
HEALTHY FAMILIES - MIECHV Grant	403,497	306,657	76.00%	403,497	341,018	84.52%	(34,361)	-11%
HEALTHY FAMILIES-TANF & CBCAP GRANT	531,457	395,519	74.42%	531,457	491,505	92.48%	(95,986)	-24%
TOTAL HEALTHY FAMILY	1,113,840	1,072,048	96.25%	1,113,840	1,022,166	91.77%	49,881	5%

FY 2022 FINANCIAL REPORT
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RECAP FY 2023 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	16,765,504	14,697,263	2,068,241	12%
DEVELOPMENTAL SERVICES	23,967,706	20,713,608	3,254,098	14%
SUBSTANCE ABUSE	3,647,537	3,426,055	221,482	6%
SERVICES OUTSIDE PROGRAM AREA	3,358,648	2,428,120	930,528	28%
ADMINISTRATION	532,492	532,492	0	0%
OTHER	0	0	0	0%
FISCAL AGENT PROGRAMS	5,681,736	5,052,566	629,170	11%
TOTAL	53,953,623	46,850,104	7,103,519	13%

Restricted Funds	\$	2,438,219
Unrestricted Funds		4,665,162
Total	\$	<u>7,103,519</u>

RECAP FY 2022 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	15,605,505	13,280,721	2,324,784	15%
DEVELOPMENTAL SERVICES	18,630,038	19,367,925	(737,887)	-4%
SUBSTANCE ABUSE	4,224,457	3,568,085	656,371	16%
SERVICES OUTSIDE PROGRAM AREA	2,638,713	2,506,848	131,866	5%
ADMINISTRATION	143,416	144,862	(1,446)	-1%
OTHER	0	179,744	(179,744)	0%
FISCAL AGENT PROGRAMS	4,730,464	4,777,164	(46,700)	-1%
TOTAL	45,972,592	43,825,349	2,147,243	5%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 7,981,031	17.36%
Change in Expense from Prior Year	\$ 3,024,756	6.90%
Change in Net Income from Prior Year	\$ 4,956,276	230.82%

*Unaudited Report

HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS: JULY 2023

Training

Human Resources held 2 New Employee Orientation's during July. There was a total of 11 individuals hired. All individuals were hired as full-time.

DOL Status	# of Employees
Full-time	11
Part-time	0
PRN	0
Total	11

Recruitment

In the month of July, we made **11** offers to external applicants and **6** offers to internal candidates.

Indeed continues to be our best source for applicants. We posted a total of **32** positions this month and received **1,919** resumes for the various positions.

Human Resources and Employee Relations

Congratulations to the following employees who have recently received promotions:

- Jonathan Reese – MH Residential Specialist – Sunshine Lady House
- Alexis Wynn-Coleman – promoted to Case Manager, PSH

RACSB Board Report Compliance

Incident Report

- There were 181 Incident Reports entered into the Electronic Incident Report Tracker during the month of July. This is a decrease of 12 reports from June, and a decrease of 4 from May. All incident reports submitted were triaged by QA staff. The top two categories of reports submitted were and Health Concerns (43 reports) and Individual Served Injury (37 reports).
- Quality Assurance Staff entered 29 incident reports into the Department of Behavioral Health and Developmental Services Electronic Incident reporting system (22 Level 2, 7 Level 3); a decrease of 18 from June. There were no COVID cases reported.
- There was four reports elevated to a care concern by DBHDS regarding multiple unplanned medical & psychiatric hospitalizations. These are reports that based the Office of Licensing's review of current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analyses completed on behalf of this individual. In addition, take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the conduction of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff's discovery of the incident. QA staff requested specific programs, based on submitted incident report, to complete the required root cause analysis. Twenty-eight root cause analysis were requested and 13 were completed. No expanded root cause analysis was required in July.

Human Rights Investigations

QA staff initiated twelve and closed seven investigations during the month of July. **Six** investigations initiated regarded an allegation of exploitation; **four** unfounded physical abuse allegations concerned four clients receiving ICF Residential services and bruising of unknown origin. **Four** unfounded neglect allegations regarded medication errors; from Mental Health Residential. **One** unfounded neglect allegation regarded leaving an ICF client unattended.

Of the combined 15 investigations in July, six are from two ICF Residential programs (40%).

External Reviewers

- QA staff provided requested follow-up information to Brian Dempsey and Lisa Ligat, Licensing Specialist with the Department of Behavioral Health and Developmental Services (DBHDS), on 10 incident reports submitted into CHRIS.
- QA staff received one external chart review request, which included eight charts, and responded to this request by submitting requested documentation.

- QA staff received and responded to 36 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 3 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 July. One call concerned two staff overheard by an anonymous caller talking about using drugs; one of the staff mentioned no longer worked for the agency, the other staff was triaged to Human Resources & DD Residential Coordinator. One call came from a former Outpatient and ES client, who left a voicemail, but did not respond to multiple attempts to make contact.

The QA team did not receive any feedback emails from the anonymous feedback portal on the RACSB website regarding a potential concern.

Trainings/Meetings

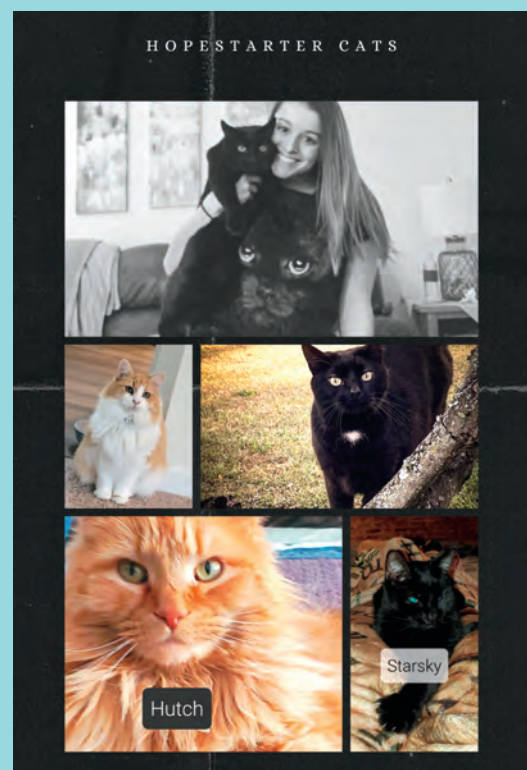
- 7/6 – Investigation Interview (1)
- 7/11 – DBHDS Regulatory Advisory Panel
- 7/11 – Investigation Interviews (2)
- 7/12 – Zoom with DBHDS regarding CHRIS issues
- 7/13 – Engagement Committee
- 7/18 – Investigation Interviews (4)
- 7/19 – Investigation Interviews (6)
- 7/20 – Investigation Interviews (4)
- 7/21 – Investigation Interviews (10)
- 7/25 – Lucas Staff Meeting
- 7/25 – Ross Staff Meeting

August 2023

Communications Report

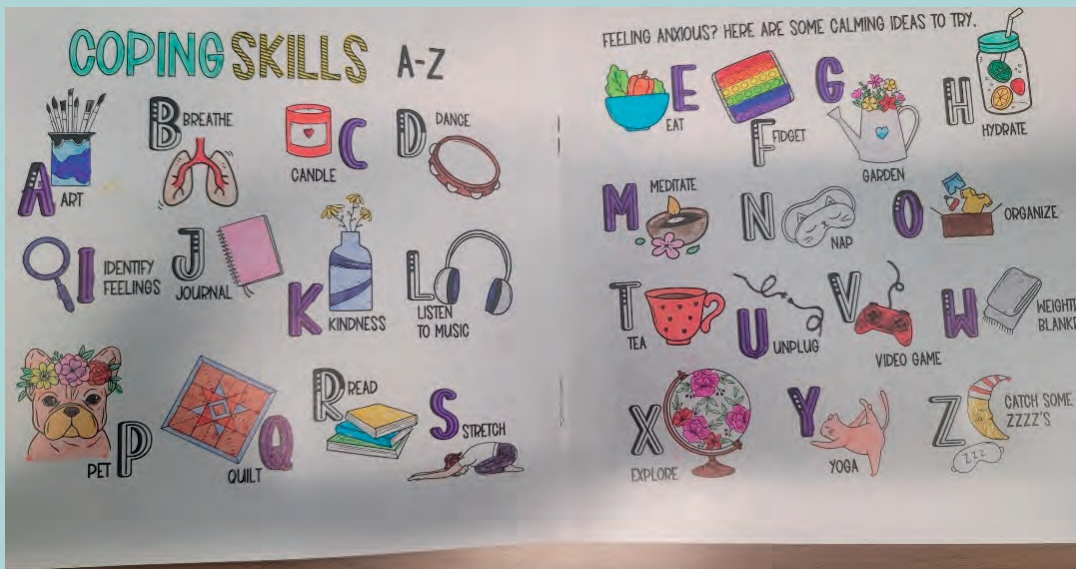
Highlights (since the June report):

- Two blog posts
- 124 social media posts
- Five photo galleries added to Spark (intranet)
- Spoke at the Rappahannock Rotary Club
- Supported staff representing RACSB at numerous community events
- 1 coloring book created



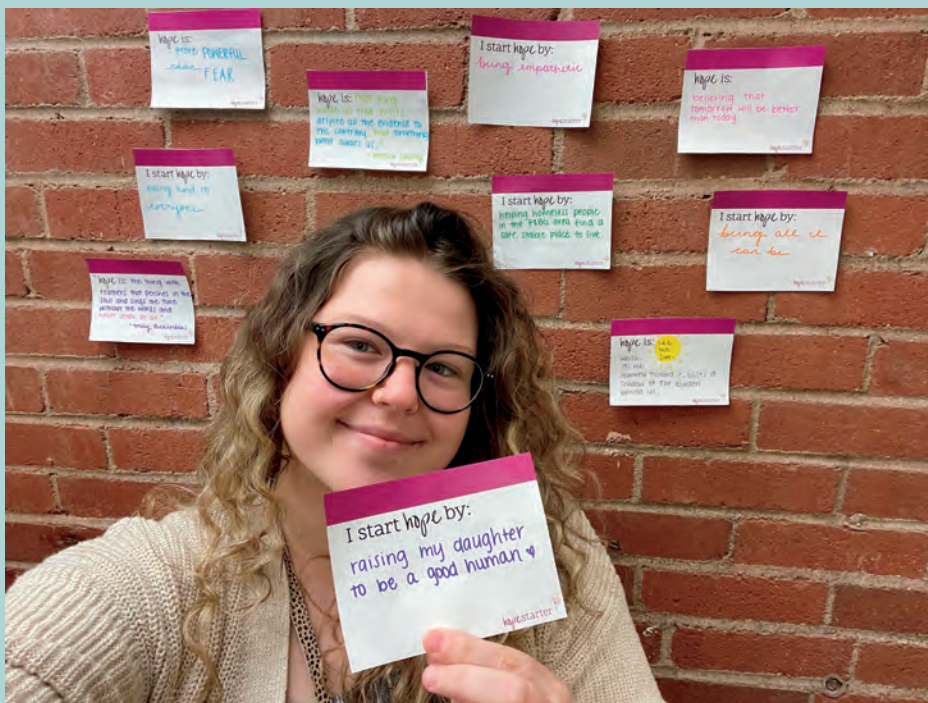
"Coloring seems like a fairly simple activity. But it has tremendous mental health benefits."

From the August 2 blog post: Coloring and Coping Skills



"Sure, it's awesome to have a pal to go to a movie with you. Or someone you can text when you need to vent. But your friends do so much more than that. Researchers discovered that meaningful relationships are key to living longer and to being healthy as you age."

From the July 28 blog post: The Importance of Friendship



From HopeStarter selfie day

Employee engagement:

- Provided coloring books to employees for National Coloring Book Day
- Creating Jared Boxes for MWHC on Aug. 16
- RACSB Family Game Night to be held Sept. 19
- Communications and Engagement Committee is reviewing employee engagement survey results and strategizing ways to meet the needs described

"We should have more employee get togethers so we can all meet one another and see the face of frequent emails :)."

"I guess I don't really feel appreciated at times, I work so hard..."

"Highlight staff/programs that are not typically recognized. Social media attention tends to be on the same staff who don't provide direct care services. "

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HELLO,
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www.rappahannockareacsb.org

Tools for Back to School

Some tips for managing back-to-school anxiety



Check In With Your Child



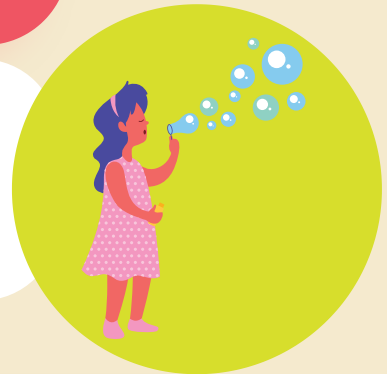
Encourage them to identify their feelings. The most useful visual tool is having your child identify on a thermometer their "temperature reading". You can use this in the morning and after school to foster discussion about any changes that may have occurred in their mood throughout the day.



Manage Stress and Anxiety



Practice ways to manage stress and anxiety with kids. Ideas could be practicing mindfulness or a breathing technique, like Practice deep breathing exercises at home with bubbles or dandelions. See who can blow bubbles for the longest period of time with one breath!



Create a Routine



Stability, structure, and consistency take the guess work out of what is coming next. Work with your child to establish a schedule that will work for you and your family to include morning, afternoon, and nightly routines.

Find tips for students,
teachers and parents

Read a blog post with therapist-suggested tips on minimizing anxiety in the new school year.



Prevention Services

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org

540-374-3337, ext. 7520

July and August 2023

Substance Abuse Prevention

RACSB Prevention Services continues substance abuse prevention efforts specifically targeting youth. In response to the opioid epidemic and legalization of adult-use cannabis, our target demographics includes adults.

Youth Education/Evidence Based Curriculum – Jennifer Bateman, Prevention Specialist, resumed facilitation of Too Good For Drugs with St. Paul’s and 4Seasons day care/preschool centers in King George County. In FY 2023, served 38 children through the HALO curriculum; 39 children through Second Step SEL; 435 elementary students through Second Step: Bully Prevention; and 31 children through Too Good for Drugs.

Coalitions – The Community Collaborative for Youth and Families resumed meeting in April 2023. Initial efforts for members will be to support local departments of social services with a needs assessment related to future funding for the Promoting Safe and Stable Families grant.

Tobacco Control – There has been a delay in DBHDS providing updated CounterTools materials that have been translated into Spanish. We will visit an estimated 300 retailers over the next year to provide merchant education.

Alcohol and Vaping Prevention Education – Nearly 2,000 adolescents received alcohol and tobacco/vaping prevention education in FY 2023. We are scheduling for the 2023-2024 academy year to facilitate alcohol prevention and vaping prevention education trainings as part of health classes.

Suicide Prevention Initiatives

RACSB Prevention Services takes an active role in suicide prevention initiatives including:

ASIST (Applied Suicide Intervention Skills Training) – This Living Works curriculum is a 2-day interactive workshop in suicide first aid. Participants learn how to recognize when someone may have thoughts of suicide and to work with the individual to create a plan that will support their immediate safety. RACSB trainers facilitated six (6) ASIST workshops in FY 2023 for a total of 53 participants.

The next ASIST is scheduled for September 14-15, 2023. We have several fire/EMS first responders registered.

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

Mental Health First Aid – This 8-hour course teaches adults how to identify, understand, and respond to signs of mental health and substance use disorders. The training introduces common mental health challenges and gives participants the skills to reach out and provide initial support to someone who may be developing a mental health or substance use problem and connect them to the appropriate care.

The National Council for Mental Wellbeing recently released updated modules for Higher Education and Public Safety. There is also a new module for Corrections Professionals. Trainers are working to obtain those certifications and begin facilitating the new modules.

We will be training all new resident advisors with the University of Mary Washington in August. Additionally, we will be training all staff at the Central Rappahannock Regional Library in September and October (four trainings scheduled).

In FY 2023, RACSB hosted 27 MHFA trainings for a total of 549 participants.

To register:

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

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

safeTALK – This 3-hour suicide alertness training encourages participants to learn how to prevent suicide by recognizing signs, engaging the individual, and connecting them to community resources for additional support. Our next safeTALK is now scheduled for September 19, 2023. In FY 2023, RACSB hosted four (4) trainings for a total 71 participants.

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

Lock and Talk Virginia – Region 1 Prevention Directors are preparing the annual report as well as the proposed FY 2024 work plan and budget. We are finalizing efforts for an awareness campaign for September as Suicide Prevention Month. If you haven't already, please visit our website at www.lockandtalk.org and follow us on Facebook and Instagram.

Means Safety – We continue to distribute medication lock boxes, and cable gun locks as part of our regional initiative Lock and Talk Virginia. We also promote safe storage and disposal of medications. We are awaiting a new supply of medication lock boxes. In FY 2023, we gave out 243 medication lock boxes, 515 cable gun locks, 247 trigger gun locks, 1,852 medication deactivation kits, and 12,000+ wallet resource cards.

Awareness and Education – We continue to partner with community organizations to provide information and education. We distributed a new supply of the “See Your Strength” mirror decals at events and to community partners.

State Opioid Response (SOR)

RACSB Prevention Services is actively engaged with community partners to address the opioid response in the areas of prevention, harm reduction, treatment, and recovery.

Coalitions – The Opioid Workgroup meets monthly and is an interdisciplinary professional group. In June and July, a number of meetings were held with local medical providers as we work to increase knowledge and understanding of prevention and harm reduction strategies.

We are preparing for International Overdose Awareness Day on August 31, 2023:

- “Paint the Town Purple” – everyone is encouraged to wear purple and use the #EndOverdoseFXBG on social media
- Multiple locations for drive/walk-up Naloxone training
 - o 9:00 a.m. to 12:00 p.m. at Germanna Community College
 - o 11:00 a.m. to 1:00 p.m. at University of Mary Washington’s Katora Coffee
 - o 4:00 p.m. to 7:00 p.m. at the Spotsylvania Towne Centre
- Virtual screening of the Virginia based documentary “Fentanyl Crisis: Stories of Heartbreak and Hope” with panel discussion.

Save One Life Naloxone Trainings –RACSB continues to host virtual trainings twice a month and at the request of community partners. In June, we dispensed 109 boxes (218 doses). In FY 2023, RACSB trained 1,615 individuals to recognize an opioid overdose and respond using Naloxone. We dispensed 2,870 doses of Naloxone.

To register for a Naloxone training: <https://www.signupgenius.com/go/RACSB-Narcan-Training2023>

Education/Outreach – We continue to partner with community stakeholders and provide information and resources. Fredericksburg Pride was rescheduled from June 24 to July 30 at Old Mill Park. We dispensed 96 boxes of Naloxone and trained 110 community members. RACSB was also at National Night Out on August 1 at the Spotsylvania Town Center. We worked with the Spotsylvania County Sheriff’s Office to co-host a Hidden in Plain Sight mock adolescent bedroom at the mall substation.



FXBG Pride Fest July 30, 2023



National Night Out August 1, 2023

Additional Initiatives

Responsible Gaming and Gambling – Planning continues to engage stakeholders to create a logic model and plan specific to Planning District 16. RACSB is now a member of the Virginia Council on Problem Gambling. To learn about this organization, please visit www.vcpbg.net.

ACEs and Resilience – RACSB Prevention Services offers in-person trainings and continues to collaborate with fellow CSBs to host virtual Understanding ACEs trainings. Our next virtual training is scheduled for August 10, 2023 at 1:00 p.m. In FY 2023, we trained 418 individuals through 20 trainings. Of those trained, 115 completed the post-training evaluation, 99% indicated being satisfied or very satisfied with the presenter’s level of knowledge. 99% also indicated being satisfied or very satisfied with the delivery of the content. Additionally, 92% responding participants agreed or strongly agree that many challenges that people experience are rooted in their history of difficult life events. And 97% of responding participants agree or strongly agree that people can change more quickly when their support system expresses compassion rather than judgement. 98% of respondents agreed or strongly agreed that they will incorporate their knowledge of ACEs in to their daily work.

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 –Course 1 Trauma Informed and Course 2 Trauma Supportive are each 6-hour courses that cover brain science, the individual experiences and ways to build individual and community resilience. In FY 2023, two trainings were held for 33 participants.

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

CRI hosted their annual conference on the east coast for the first time. It was held at the Hotel Roanoke (July 20-21, 2023). Prevention Specialists Jennifer Bateman and Sherry Norton-Williams attended. The conference plans to return to Roanoke June 18-19, 2024.

Behavioral Health Equity Mini-grant – RACSB received a 2023 Behavioral Health Equity Mini-grant to build on the barbershop talks from fall 2022. On July 17, 2023, we hosted a training on mental health for local barbers. The training is facilitated by Gary “Trey” Taylor, LCSW. The grant will also fund a series of workshop for adolescent boys.



Healthy Families Rappahannock Area

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

June 2023

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	1	7	2
CITY OF FREDERICKSBURG	5	4	35	19
KING GEORGE COUNTY	8	4	2	2
SPOTSYLVANIA COUNTY	3	4	36	15
STAFFORD COUNTY	7	7	37	18
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	24	20	117	56

- HFRA participated in the Mary Washington Hospital's Annual Baby Shower event on June 10, 2023.
- The program is building a community relationship with Healing Station Counseling -Denise Willis.
- Former program participant, Elizabeth Disney, joined the HFRA Board of Directors.

July 2023

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	0	0	6	0
CITY OF FREDERICKSBURG	5	3	40	2
KING GEORGE COUNTY	7	4	3	0
SPOTSYLVANIA COUNTY	8	12	36	2
STAFFORD COUNTY	5	8	31	2
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	25	27	116	6

- The program is gearing up to celebrate our 25th anniversary with a series of events. Please save the date of Friday, April 26, 2024 for a special gala.
- Program Manager, Melodie Jennings, met with Spotsylvania County DSS Advisory Board.
- Visited by Hope House- Building Community Partnerships
- Program Manager, Melodie Jennings, attended the Pathways to Resilience Conference
- Met with Va Employment Va Career Works-Building community partnerships.

INTERNATIONAL OVERDOSE AWARENESS DAY

THURSDAY, AUGUST 31, 2023

END STIGMA.
END SILENCE.
END OVERDOSE.



PAINT THE TOWN PURPLE

Help us send a powerful message all day. Wear purple, color your hair, change your lights to purple, snap a selfie in your purple, and share it with your social networks using #ENDOVERRIDEFXBG . Or email photos to prevention@rappahannockareacs.org.



DRIVE/WALK UP FREE NARCAN WITH TRAINING

5-minute training. Free box of Narcan/Naloxone with safety kit.

- 9:00 a.m. to 1:00 p.m. at the Germanna Community College's Fredericksburg Campus and Locust Grove Campus
- 11:00 a.m. to 1:00 p.m. at the University Mary Washington's Katora Coffee (Hurley Convergence Center)
- 4:00 p.m. to 7:00 p.m. at the Spotsylvania Towne Center Parking Lot (by Jared Jewelers)



VIRTUAL SCREENING OF FENTANYL CRISIS: STORIES OF HEARTBREAK AND HOPE

6:30 p.m. on Zoom

Scan the QR CODE to register.

*hope*starter |  RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD
WWW.RAPPAHANNOCKAREACSB.ORG

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

June and July 2023 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. There is only one change for the upcoming fiscal year which will go live on July 1, 2023. We successfully tested and went live with the changes.

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 continues to work to meet these expectations in a way that does not negatively impact our services.

Waiver Management System (WaMS)

RACSB continues to implement interoperability with our electronic health record, myAvatarNX with the state-wide Waiver Management System. The new changes went live on May 1, 2023. Netsmart required additional development in order to successfully integrate the changes. The changes have been fully implemented.

Opportunities for Partnership/Input:

- Presented with Dr. Herb Monroe, Assistant Superintendent with Caroline County Public Schools at the DBHDS Reimagining Mental Health for Virginia's Youth Conference.
- Invited to panel discussion at the Virginia Health Workforce Development Authority and also to a smaller workgroup with their contractor, RAND Group, specific to behavioral health workforce.
- Participated in the interviews and hiring of the new faculty at Germanna which will be leading our Behavioral Health Workforce partnership program.
- Participated in the DBHDS CCBHC Quality Workgroup and CCBHC Stakeholder Roundtable meetings.
- Presented at DBHDS state conference "Reimagining Mental Health for Virginia's Youth: A School-Based Approach".
- Led Quality Leader's Workgroup around 42 CFR Part 2 concerns, developed solutions in partnership with DBHDS, and advocated to move the solution forward.
- Met with Dr. Scheaffer at Paul D. Camp Community College who wants to replicate the workforce program we are developing with Germanna.
- Attended the Virginia Health Information EDCC Advisory Council Meeting. I have been nominated by DBHDS to fill the newly legislatively required CSB seat on this council.
- Attended the Behavioral Health Commission meeting held at Richmond Behavioral Health Authority.

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 at the VACSB Quality and Outcomes, Data Management Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, VACSB Public Policy, VACSB Leadership Team, and

CCBHC meetings.

- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions regarding appropriate reporting of new initiatives.
- Meet weekly on the core advisory group with DBHDS around the new Data Exchange implementation project.
- Chaired Emergency Department Care Coordination Collaborative meeting through Virginia Health Information.
- Met with Anthem and Altruix to explore a value-based care opportunity for our individuals around medication adherence.
- Led the effort to complete the required needs assessment, data, and ratings required of the 14 CCBHC Pilot CSBs.