



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

meeting notice

TO: Board of Directors

FROM: Gregory Sokolowski, Secretary
Joe Wickens Executive Director

SUBJECT: Board of Directors Meeting
Tuesday, May 16, 2023 5:00 PM
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: May 12, 2023

A Board of Directors Meeting has been scheduled for Tuesday, May 16, 2023 at 5:00 PM, Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

Looking forward to seeing everyone on May 16, 2023.

Best.

GS/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
BOARD OF DIRECTORS MEETING
May 16, 2023

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

agenda

- I. MINUTES, BOARD OF DIRECTORS, April 18, 2023 Lapin
- II. PUBLIC COMMENT- Public Comment Lapin
- III. EMPLOYEE SERVICE AWARDS Wickens
- 5 years
Bonny Gysel – Direct Support Professional, Igo Road
Tamra McCoy – Coordinator, ACT
- 10 years
Jennifer Bateman – Prevention Specialist
- 15 years
Daniel Bairley – ID Support Coordinator, Caroline
Brian Anderson – Case Manager, PSH
- IV. Presentation for the Board: Early Intervention Services
- V. CONSENT AGENDA Lapin
- RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE May 9, 2023 Beebe
- 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 – Quarterly Incident Report Review
A.9 Information Only –Quality Assurance Report
- RECOMMENDED: FINANCE COMMITTEE May 9, 2023 Zurasky
- B.1 Information Only –Investment Report
B.2 Information Only –Reimbursement Report

- B.3 Information Only –Write Off Report
- B.4 Information Only – Health Insurance Account Report
- B.5 Information Only – Other Post-Employment Benefits
- B.6 Information Only – Payroll Statistics
- B.7 Approved – August Financial Report

RECOMMENDED: PERSONNEL COMMITTEE May 9, 2023

Gayle

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

- | | | |
|-------|--------------------------------------|-----------|
| VI. | NOMINATIONS FOR EXECUTIVE COMMITTEE | Beebe |
| VII. | REPORT FROM THE EXECUTIVE DIRECTOR | Wickens |
| VIII. | REPORT OF DIRECTORS and COORDINATORS | |
| | A. Clinical Services | Kobuchi |
| | B. Finance and Administration | Cleveland |
| | C. Human Resources | McDonnel |
| | D. Compliance | Terrell |
| | E. Public Information | Umble |
| | F. Prevention | Wagaman |
| | G. Community Support Services | Jindra |
| | H. Deputy Executive Director | Williams |
| IX. | BOARD TIME | Lapin |
| X. | CLOSED SESSION | Lapin |
| XI. | ADJOURNMENT | Lapin |

April 2023 Board of Directors Meeting Minutes

Call to order

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held April 18, 2023 at 600 Jackson Street. *Attendees included:* Nancy Beebe, Claire Curcio, Glenna Boerner, Greg Sokolowski, Carol Walker, Matt Zurasky, Carley Hurd, Tina Cleveland, Amy Jindra, Jacque Kobuchi, Michelle Runyon, Stephanie Terrell, Amy Umble, Michelle Wagaman, Joe Wickens, and Brandie Williams. *Not present:* Ken Lapin, Jacob Parcell, Linda Carter, Susan Gayle, Sarah Ritchie, Melissa White

Joe Wickens stated that in the absence of a quorum for Board meeting this evening, that he would present Section six of the Bylaws for Rappahannock Area Community Services Board for consideration;

Section 6. *In the event a quorum is not present at a Board meeting, five or more Board members may reconstitute into a Committee of the Board to act for the Board and to perform official acts on behalf of the Board, subject to ratification by a quorum of the Board.*

Joe requested the Board enact section six for this evening.

ACTION TAKEN: The Committee of the Board approved enacting Section 6 of the Rappahannock Area Community Services Board's Bylaws to reconstitute into a Committee of the Board.

Moved by: Matt Zurasky

Seconded by: Carol Walker

March 21, 2023 Minutes Board of Directors

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

ACTION TAKEN: The Committee of the Board approved the minutes.

Moved by: Claire Curcio

Seconded by: Greg Sokolowski

I. Employee Service Awards

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

a. Five Years

- i. Carrie Brown – Developmental Support Services Coordinator – Spotsylvania
- ii. Sharon Spangler – Office Associate II – Stafford
- iii. Megan Toler – Coordinator, Reimbursement – Fredericksburg

b. Ten Years

- i. Lydia Strain – Direct Support Person – Belmont SAP

c. Employee of the Quarter (3rd Quarter)

- i. Teresa McDonnel – Lead Human Resources Specialist - Fredericksburg

II. USI “Health Insurance Benefits Presentation” by, *Scott Flora and Greg Snow*

Scott Flora and Greg Snow gave a comparison overview of the Health, Dental, and Vision insurance benefits of the previous contract to the new proposal for the new contract. They also reported on the plans and contributions, then gave recommendations for the new contract to be approved.

ACTION TAKEN: The Committee of Board approved continued use of Anthem for Insurance with the recommended plans, contributions, and recommendations.

Moved by: Greg Sokolowski

Seconded by: Claire Curcio

III. Consent Agenda

a. RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, April 11, 2023

- i. Information Only – Extraordinary Barriers List
- ii. Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- iii. Information Only – Information Technology/Electronic Health Record Update
- iv. Information Only – Crisis Intervention Team Assessment Center Report
- v. Information Only – Emergency Custody Order/Temporary Detention Order
- vi. Information Only – March Waitlist
- vii. Information Only – Licensing Reports
- viii. Information Only – Data Highlights
- ix. Approval – Opioid Abatement Authority Local and Regional Funding Project Proposal

b. RECOMMENDED: FINANCE COMMITTEE April 11, 2023

- i. Information Only – Board Deck, Financial Reports
- ii. Approval – Financial Summary
- iii. Approval – DBHDS One-time Funding Opportunities

c. RECOMMENDED: PREVENTION AND PUBLIC INFORMATION April 11, 2023

- i. Information Only – The Free Lance-Star Columns
- ii. Information Only – Digital Marketing Reach
- iii. Information Only – Intranet Re-launch “Spark”
- iv. Information Only – Virginia Substance Abuse Prevention Block Grant Annual Report 2022-23

- v. Information Only – Synar Inspection Results
- vi. Information Only – Healthy Families Rappahannock Area Annual Quality Assurance Site Visit Report
- vii. Information Only – Rappahannock Area Kids on the Block City Arts Commission Grant
- viii. Information Only – FDA Approves First Over-the-Counter Naloxone Nasal Spray

d. RECOMMENDED: PERSONNEL COMMITTEE April 11, 2023

- i. Information Only – Retention Report
- ii. Information Only – EEO Report and Recruitment Update

ACTION TAKEN: The Committee of the Board approved the Consent Agenda.

Moved by: Matt Zurasky

Seconded by: Carol Walker

IV. Items for Full Board Review

- i. March 2023 Executive Committee Meeting Minutes (addressed in closed session)

V. Report from the Executive Director

- a. Joe Wickens reminded the Board that the Board Tour will be held next Tuesday, April 25th, and to please RSVP if they would like to attend.

VI. Report of Directors and Coordinators

- a. Clinical Services – Jacque Kobuchi reported that there have been some new therapists hired, and an increase of new applicants as a result of the Classification and Compensation Implementations.
- b. Human Resources – Michelle Runyon stated that there has been an influx of applicants in the month of April and there have been 19 offers made so far. Matt Zurasky inquired how the job fair went. Michelle R. reported that there were six attendees and there is one they are interested in pursuing. She said that they are continuing to use the radio ads in the hopes of gaining more applicants.
- c. Prevention – Michelle Wagaman reminded that Operation Medicine Cabinet will be held Saturday, April 29th from 10:00 AM – 2:00 PM. She also stated that Healthy Families will be holding their “Community Awareness Open House” tomorrow, Wednesday, April 19th from 12:00 – 3:00 PM.
- d. Community Support Services – Amy Jindra reported that the plant sales for RAAI have been going well and that they have had to order more plants on three separate occasions to restock. She also reminded the Board that the Garden Party will be held on Thursday, April 20th from 6:00 – 8:00 PM at the main RAAI Campus.
- e. Deputy Executive Director – Brandie Williams stated that this is the season for community events and invited the Board to come to the events to see the dedication of the RACSB employees that volunteer their time to bring community awareness.

VII. Board Time

- a. Matt Zurasky thanked staff for working hard.
- b. Carol Walker is looking forward to the VACSB Conference.
- c. Claire Curcio is excited for the “Save One Life” training (Harm Reduction for Therapists).
- d. Nancy Beebe reminded the Board of the Kenmore Club Art Sale that will be held Saturday, May 13th at the Kenmore Club.
- e. Glenna Boerner is impressed with staff, and grateful to be here.
- f. Greg Sokolowski is impressed with staff and the work that is done.

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

Nancy Beebe 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, Nancy Beebe call 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

Glenna Boerner – Voted Aye
Greg Sokolowski – Voted Aye
Matt Zurasky – Voted Aye

The motion was unanimously approved.

IX. Adjournment

The meeting adjourned at 6:40 PM.

After the meeting and pursuant to Section 6 of the Bylaws, Board Secretary Greg Sokolowski sent request to all board members to ratify the actions taken by the Committee of the Board referenced above which was ratified by a quorum as documented below.

The following Board members approved ratification: Matt Zurasky, Greg Sokolowski, Susan Gayle, Melissa White, Sarah Ritchie, Claire Curcio, Ken Lapin, Jacob Parcell, Nancy Beebe

Board of Directors Chair

Executive Director

May 2023 Program Planning and Evaluation Committee Meeting Minutes

Call to order

A meeting of the Program Planning and Evaluation Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **May 9, 2023**. Attendees included Nancy Beebe, Glenna Boerner, Claire Curcio, Susan Gayle, Ken Lapin, Jacob Parcell, Sarah Ritchie, Carol Walker, Melissa White, Bridget Williams, Matt Zurasky, Jacque Kobuchi, Tina Cleveland, Joe Wickens, Amy Umble, Teresa McDonnel, Stephanie Terrell, Patricia Newman, Suzanne Poe, Steve Curtis, and Nadine Mayo.

Extraordinary Barriers List

Patricia Newman reviewed the cases of three individuals on the Extraordinary Barriers List. Barriers to placement include developmental disability, behavioral issues, and a need for mental health supports and housing.

Independent Assessment Certification and Coordination Team Update

Jacque Kobuchi told the Committee that RACSB received 11 IACCT referrals in April and completed 10. One assessment was still in process. Four were from Spotsylvania, one from Stafford, one from Caroline, two from King George, and three from the City of Fredericksburg.

Information Technology/Electronic Health Record Update

Suzanne Poe said that the information technology department closed 910 help tickets in April and Community Consumer information was submitted to the state April 27. The IT department is working on a project to streamline and increase Avatar credentials. Additionally, Suzanne is retiring in July. Nathan Reese has been selected as the next IT Coordinator and the department is recruiting for an assistant coordinator.

Crisis Intervention Team (CIT) Assessment Center Report

Jacque Kobuchi reported that the CIT Assessment Center assessed 27 individuals in the month of April 2023: Fredericksburg 4; Caroline 0; King George 1; Spotsylvania 8; Stafford 12. She said that lower numbers of assessments did not correlate to a decreased need for services. Instead, because it is more difficult to find hospital beds, individuals wait for longer periods in the CAC, which means that fewer people can use the center.

Emergency Custody Order and Temporary Detention Order Report

Jacque Kobuchi told the Committee that emergency services staff completed 325 emergency evaluations in April 2023. Sixty-five Emergency Custody Orders (ECO) were issued, 75 Temporary Detention Orders were issued. Five individuals were sent to state hospitals as a bed of last resort.

April 2023 Wait List

Stephanie Terrell reported that 193 individuals were waiting more than 30 days for outpatient therapy appointments as of April 30, 2023. As of May 1, there were four older adolescents and adults and no children under the age of 13 waiting longer than 30 days for a psychiatry intake appointment.

The Community Support Services waiting lists included: Mental Health Residential, 6 (needs, 0; referral, 3; acceptance, 3); Developmental Disability Residential, 97 (needs, 92; referral, 5; acceptance, 0); Assertive Community Treatment, 17 (needs, 6; referral, 11, acceptance, 0); DD Waiver Services, 812; and Rappahannock Adult Activities, 37 (referrals, 33; assessing, 1; acceptance, 3). Stephanie said that RAAI had not previously had a waitlist but after Covid, staffing issues required one.

Licensing Reports

Stephanie Terrell said that The Department of Behavioral Health and Developmental Services Office of Licensing issues licensing reports when DBHDS finds agencies in non-compliant in some regulations. Agencies respond with Corrective Action Plans, detailing how they will address the issues raised. RACSB obtained approval for three CAPs in April 2023. One was for an incident at Leeland Road Group Home and two were for incidents at Lucas Street Intermediate Care Facility.

ACTION TAKEN: It was moved by Susan Gayle and seconded by Ken Lapin that the Committee recommend the Board of Directors approves the Corrective Action Plans as presented.

Quarterly Incident Report Review

Stephanie Terrell reviewed the quarterly incident reports for the third quarter of FY23. There were 597 reports received during that quarter and 99 of those were reported to DBHDS through the Computerized Human Rights Information System as a serious incident.

Quality Assurance Report

Stephanie Terrell reported that quality assurance staff had reviewed randomly selected charts, files, and documents in the following program:

- Mental Health Outpatient, Stafford. The score increased from 72 to 81 on a 100-point scale.
- Leeland Road Group Home. The score decreased from 47 to 41 on a 100-point scale.
- Stonewall Estates Group Home. The score decreased from 70 to 30 on a 100-point scale.

Carol Walker asked if the incidents were impacted by staffing issues. Joe Wickens said that there were many vacancies in the DD Residential program and that those vacancies did play a role in the incidents. Steve Curtis said that the DD Residential leadership team was also increasing accountability and training to ensure the safety of residents.

Adjournment

The meeting adjourned at 11:35 a.m.

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

NOTICE

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

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
May 9, 2023 10:30 AM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: May 2, 2023

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, May 9, 2023 at 10:30 AM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on May 2, 2023 at 10:30 AM.

Cc: Nancy Beebe, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES
BOARD

**Program Planning and Evaluation Committee
Meeting**

May 9, 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> .	4
III.	Information Technology/Electronic Health Record Update, <i>Poe</i>	6
IV.	Crisis Intervention Team Assessment Center Report, <i>Kobuchi</i>	9
V.	Emergency Custody Order/Temporary Detention Order, <i>Kobuchi</i>	11
VI.	Waitlist, <i>Terrell</i>	15
VII.	Licensing Reports, <i>Terrell</i>	19
VIII.	3 rd Quarter FY2023 Incident Report Review, <i>Terrell</i>	29
IX.	Quality Assurance Report, <i>Terrell</i>	34
X.	Other Business, <i>Beebe</i>	

MEMORANDUM

TO: Joe Wickens, Executive Director

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

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

SUBJECT: Extraordinary Barriers List (EBL)

DATE: May 9, 2023

RACSB currently has three individuals on the Extraordinary Barriers List (EBL) who are hospitalized at Northern Virginia Mental Health Institute (NVMHI), Western State Hospital (WSH) and Catawba Hospital. Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

Northern Virginia Mental Health Institute

Individual #1: Was placed on the EBL 3/15/23. Barriers to discharge include identifying and being accepted to a Developmental Disability Group Home. This individual has diagnosis of both a Developmental Disability and mental health concerns. The treatment team continues to explore possible group home placements and this individual will interview with Angel Gate group home on 5/3/23. This individual will have a Developmental Disability waiver and will not require Discharge Assistance Program (DAP) funding.

Western State Hospital

Individual #2: 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. A trial pass to Home Road as well as a living skills assessment will be completed to determine if they will be accepted to the program. Discharge will take place once housing and services are established.

Catawba Hospital

Individual #3: Was placed on the EBL 4/7/23. Barriers to discharge include identifying and being accepted to a residential placement that is able to support this individual's needs. This individual has resided in a variety of different settings in the community to include with family, a supervised apartment as well as an assisted living facility, however they have struggled to maintain stability and have required hospitalization. This individual would prefer to reside independently, however at this time it has been determined that they would benefit from supervision, medication administration as well as education in the area of independent living. Discharge will take place once they are accepted to a supervised residential program.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Donna Andrus, Child and Adolescent Support Services Supervisor

Date: May 1, 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 eleven IACCT referrals and completed ten assessments in the month of April. One IACCT has not been completed yet. Five referrals were initial IACCT assessments and six were re-authorizations. Four were from Spotsylvania, one from Stafford, one from Caroline, two from King George and three from the City of Fredericksburg. Of the ten completed assessments in April, five recommended Level C Residential, three recommended Level B Group Home, one recommended community based services and one reauthorizations recommended discharge. One initial request was for a child to move from one residential facility to another facility and one initial request was for a child to remain in residential after initially being placed under private insurance and then qualifying for Medicaid. Five extensions were requested to meet the timeline.

Attached is the monthly IACCT tracking data for April 2023.

Report Month/Year	Apr-23
1. Total number of Referrals from Magellan for IACCT:	11
1.a. total number of auth referrals:	5
1.b. total num. of re-auth referrals:	6
2. Total number of Referrals per county:	
Fredericksburg:	3
Spotsylvania:	4
Stafford:	1
Caroline:	1
King George:	2
Other:	0
3. Total number of extensions granted:	5
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:	3
8c. Total number of ICA's recommending: community based services:	1
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

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: May 2, 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 April 2023, 910 tickets were closed by IT Staff compared to March – 1098, February – 1050, and January – 983. In 2022, the IT department averaged closure of 1,023 tickets per month.

Community Consumer Submission 3

The March 2023 CCS was submitted on April 27, 2023.

Waiver Management System (WaMS)

WaMS 3.4 testing opened April 1, 2023 however RACSB's testing window was significantly shortened due to Avatar losing connection between its Build and Test Avatar systems. The 3.4 changes were loaded into the Build system prior to the testing period, then once Netsmart completed their backend changes during the first week of testing, IT attempted to move forms to the Test Avatar system but had a critical error. From April 12th through April 27th, we were not able to test. Once Netsmart diagnosed and fixed the connection issue, testing resumed. WaMS 3.4 specifications go live on May 2, 2023. The WaMS testing site will continue to be used until successful submission is accomplished.

Trac-IT Early Intervention Data System

In November, RACSB program and IT staff attended a demo on the upload functionality for Trac-It. This functionality will be key for our ability to meet expanded data requirements when the new date for that implementation is announced. After the demo, there were system-wide concerns around the functionality. We met as part of the DMC Trac-IT workgroup with DBHDS Part C Staff to express our concerns. DBHDS advertised an updated EHR demo kick off which was held at the end of March 2023. Both program staff and information technology staff attended the webinar. The presenter of the webinar indicated that there had been no changes in functionality since last May and ended the webinar an hour early due to multiple concerns being expressed by participants.

Starting April 6th, 2023, Netsmart state reporting team, 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.

- 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

IT is beginning a new project to streamline and increase Avatar credentials. IT will kick-off Netsmart's single sign on, project on May 3, 2023. Once implemented NIAM will allow staff the ability to login to Avatar with the same password as their email. NIAM also allows users to set up 2 factor authentications to increase security. Lastly, NIAM will increase the efficiency by providing a single place for IT to manage account access, creation, and removal.

Staffing

Suzanne Poe is retiring from the agency after 26 years on July 28, 2023. Nathan Reese has been promoted to the IT Coordinator position, starting May 28, 2023. IT hired Rory Paule as an IT Specialist starting May 1, 2023. We currently have one vacancy for Assistant IT Coordinator.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Kari Norris, Emergency Services Coordinator
Date: May 2, 2023
Re: Crisis Assessment Center and CIT report April

The CIT Assessment Center assessed 27 individuals in the month of April 2023. The number of persons served by locality were the following: Fredericksburg 4; Caroline 1; King George 2; Spotsylvania 8; Stafford 12.

Please see attached CIT data sheet

April 2023 RACSB CIT Assessment Center Data

Date	Number of EOCs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
4/1/2023	2	1	Stafford	King George/Spotsylvania
4/2/2023	1	0	n/a	King George/Fredericksburg
4/3/2023	0	0	n/a	Stafford
4/4/2023	1	1	Spotsylvania	Fredericksburg/Spotsylvania/King George
4/5/2023	2	2	King George; Stafford	Spotsylvania/Stafford
4/6/2023	3	2	Stafford; Spotsylvania	Spotsylvania
4/7/2023	4	2	Spotsylvania	Spotsylvania
4/8/2023	1	1	Fredericksburg	Spotsylvania/Stafford
4/9/2023	3	0	n/a	VACANT
4/10/2023	6	2	Stafford (2)	Spotsylvania/Stafford
4/11/2023	1	0	n/a	Spotsylvania/Stafford
4/12/2023	0	0	n/a	Stafford
4/13/2023	2	2	Stafford; Fredericksburg	Fredericksburg/Spotsylvania
4/14/2023	1	0	n/a	Fredericksburg/Stafford
4/15/2023	4	1	Spotsylvania	Spotsylvania
4/16/2023	1	0	n/a	Spotsylvania/Stafford
4/17/2023	3	0	n/a	Spotsylvania/Stafford
4/18/2023	2	2	Stafford (2)	Spotsylvania
4/19/2023	2	1	Stafford	Spotsylvania/Stafford
4/20/2023	2	1	Fredericksburg	Spotsylvania
4/21/2023	4	2	Fredericksburg; Spotsylvania	Spotsylvania
4/22/2023	0	0	n/a	Spotsylvania
4/23/2023	1	1	Spotsylvania	Spotsylvania
4/24/2023	0	0	n/a	Stafford
4/25/2023	3	1	Stafford	Fredericksburg/Spotsylvania
4/26/2023	1	0	n/a	Spotsylvania
4/27/2023	5	2	Stafford; Caroline	Spotsylvania/Fredericksburg/Stafford
4/28/2023	3	1	King George	Spotsylvania/Stafford
4/29/2023	1	1	Stafford	Spotsylvania
4/30/2023	4	1	Spotsylvania	Spotsylvania/Stafford
Total	63	27		

Total Assessments at Center in April: 27

Brought by:

Caroline	1	148
Fred City	4	1017
Spotsylvania	8	974
Stafford	12	1021
King George	2	127
Other	0	4

Cumulative Total:

Cumulative number of Assessment since September 2016:

3291

MEMORANDUM

To: Joe Wickens, Executive Director

From: Kari Norris, Emergency Services Coordinator

Date: May 2, 2023

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

In April 2023, Emergency Services staff completed 325 emergency evaluations. Sixty-five emergency custody orders were assessed and seventy-seven total temporary detention orders served of the 325 evaluations. Staff facilitated five admissions to a state hospital. One adult admission went to NVMHI. Three adolescent admissions went to CCCA. One geriatric admission went to Piedmont.

A total of 17 individuals were involuntarily hospitalized outside of our catchment area in April. Three individuals were able to utilize alternative transport.

Please see attached data reports.

DATE: 5.2.2023

Emergency Services Activity Reports

Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
December 2020		373	75	79	79
January 2021		374	88	89	89
February 2021		358	84	83	83
March 2021		465	82	100	100
April 2021		449	92	100	100
May 2021		507	93	93	93
June 2021		453	95	95	92
July 2021		379	76	74	74
August 2021		394	86	77	77
September 2021		517	98	86	86
October 2021		422	60	72	72
November 2021		425	59	60	60
December 2021		401	67	66	66
January 2022		355	74	63	63
February 2022		442	87	64	64
March 2022		375	74	81	81
April 2022		390	85	87	87
May 2022		417	92	73	73
June 2022		342	75	66	66
July 2022		343	77	83	83
August 2022		367	79	76	76
September 2022		341	66	76	76
October 2022		351	70	75	75
November 2022		359	69	73	73
December 2022		296	55	51	51
January 2023		389	81	86	86
February 2023		340	65	67	67
March 2023		406	83	93	93
April 2023		325	65	78	78

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

CSB/BHA	Rappahannock Area Community Services Board	Month
		April 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	
325	33	32	65	77	10	6	61	77
			0					0
			0					0

CSB/BHA	Rappahannock Area Community Services Board	Reporting month
		April 2023
FY '23 CSB/BHA Form (Revised: 06/28/2022)		
No Exceptions this month		

Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)
4/6/23	79934	Adult (18-64) with ID or DD		No	Yes
4/7/23	109832	Adolescent		Yes	No
4/15/23	47969	Adolescent		Yes	No
4/21/2023	105396	Adolescent		Yes	No
4/25/2023	88885	Older adult		Yes	No
					NVMHI
					CCCA
					CCCA
					CCCA
					Piedmont

ALTERNATIVE TRANSPORT DATA April 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
										Y	N	
4/1/23	64331	Caroline	MWHEd	Ridgeview Pavilion		yes	F	34	Danger to self	No		Historically refuses and declines AT
4/1/23	109762	Stafford	MWHEd	Twin County		yes	F	24	Danger to self	Yes		Utilized AT
4/2/23	99766	Stafford	MWHEd	VCU		no	F	15	Danger to self	no		Client too impulsive
4/6/23	79934	Stafford	MWHEd	NVMHI		no	M	31	Danger to others; Inability to care	no		Aggression and poor impulse control
4/7/23	109832	Stafford	MWHEd	CCCA		yes	F	16	Danger to others;	no		Too impulsive and elopement risk
4/7/23	52865	King George	MWHEd	Twin County		yes	F	51	Inability to care	no		Too impulsive and elopement risk
4/9/23	109838	Stafford	MWHEd	Dickenson		yes	F	77	Inability to care	Yes		AT Utilized
4/10/23	108072	Stafford	MWHEd	Poplar Springs		yes	F	16	others	No		Elopement risk
4/15/23	47969	Stafford	MWHEd	CCCA		yes	F	17	Danger to self and others	No		Elopement risk
4/15/23	30217	Spotsylvania	MWHEd	Dickenson		yes	F	60	Danger to others; Inability to care	No		Post commitment client
4/17/23	79868	Stafford	MWHEd	Poplar Springs		yes	F	18	Danger to self and others	No		Too aggressive and actively self injuring
4/18/23	109652	Stafford	MWHEd	Northsprings		yes	F	13	Danger to self	Yes		Accepting facility needed a faster transport
4/19/23	104075	Stafford	MWHEd	Newport News		yes	F	15	danger to self and others	No		Too impulsive and aggressive
4/19/23	48244	Stafford	MWHEd	Pavilion at Williamsburg		no	F	47	Inability to care	Yes		AT Utilized
4/21/23	105396	King George	MWHEd	CCCA		yes	M	16	Danger to others	No		Too impulsive and active HI
4/25/23	88885	Spotsylvania	SRMC-ED	Piedmont		yes	F	67	Danger to self	No		Combative with LE
4/27/23	54962	Stafford	Stafford Hosp-ED	VA Beach Psych.		no	F	27	Danger to self; Inability to care	No		Elopement risk

Total Out of Area

17

Total Util% Utilize: Total Appropriate for AT

3 18%

4

24%

MEMORANDUM

To: Joe Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance and Human Rights

Date: May 1, 2023

Re: April 2023 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of April 30, 2023.

OUTPATIENT SERVICES

- Clinical services: As of April 30, 2023, there are 193 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 55 clients.
 - The waitlist in Spotsylvania is currently at 58 clients.
 - The waitlist in Caroline is currently at 80 clients.
 - This is a decrease of 27 from the March 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 May 1, 2023, there are four older adolescents and adults waiting longer than 30 days for their intake appointment. This is a decrease of one from the March 2023 waitlist. The furthest out appointment is 6/27/2023. There are no children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of May 1, 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 –	2 (5)	0 (0)
○ Caroline –	1 (0)	0 (0)
○ King George –	1 (0)	0 (0)
○ Spotsylvania –	0 (0)	0 (0)
○ Stafford –	0 (0)	0 (0)
Total	4 (5)	0 (0)

Appointment
Dates

<i>Fredericksburg Clinic</i>	
	6/14/2023
	6/27/2023
<i>Caroline Clinic</i>	
	6/2/2023
<i>King George</i>	
	6/5/2023
<i>Spotsylvania Clinic</i>	
	N/A
<i>Stafford Clinic</i>	
	N/A

Community Support services:

Waitlist Definitions

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

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

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

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

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

MH RESIDENTIAL SERVICES - 6

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

Count by County:

Caroline	0
King George	0
Fredericksburg	3
Spotsylvania	1
Stafford	0
Culpepper	2

- We have three individuals who are on the acceptance list. All three are from Western State and have conditional passes that they must first complete before moving in. We have three individuals on the referral list. Two are in Western and were unable to complete the CSS assessment due to psychosis and mental instability. We have one from the community that is waiting to complete his CSS assessment.

Intellectual Disability Residential Services – 97

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

Count by County:

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

Assertive Community Treatment (ACT)– 17

Caroline: 1
Fredericksburg: 7
King George: 1
Spotsylvania: 4
Stafford: 4

Total Needs: 6
Total Referrals: 11
Total Acceptances: 0

Total program enrollments = 51

Admissions: 1
Discharges: 0

ID/DD Support Coordination

There are 812 individuals on the waiting list for a DD waiver.

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

RAAI – 37

Caroline: 3

Fredericksburg: 2

King George: 3

Spotsylvania: 13

Stafford: 9

Other: 7

Total Referrals: 33

Total Assessing: 1

Total Acceptances (waiting to add more days): 3

Total program enrollments = 112

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: April 28, 2023
Re: Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) obtained approval for three Corrective Action Plans (CAPs) during the month of April 2023. Leeland Road Group Home received a report due to an incident which occurred involving a resident of Leeland and Lucas Street ICF received two reports for incidents involving two different residents of Lucas Street ICF.

The attached CAPs provide addition 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: 03-27-2023
 Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

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

<p>12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;</p>	<p>N Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: See OHR citation below.</p>	<p>PR) 04/19/2023 PR: The staff member alleged to have restricted the freedoms of everyday life for the individual was placed 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 separated from employment by the agency effective 4/3/23. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee. All RACSB staff, volunteers, and contractors will be required to undergo an annual</p>	<p>4/3/2023</p>
<p>12VAC35-115-100. A. (1a) - 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: 1a. Freedom to move within the service setting, its grounds, and the community;</p>	<p>N Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: During an internal investigation the provider substantiated the allegation due to the following: <ul style="list-style-type: none"> • Employee 1 admitted to locking Individual 1's door in an effort to keep others out. • Individual 1 stated no one asked if they could lock the door and does not like when staff lock the door. </p>	<p>PR) 04/19/2023 PR: The staff member alleged to have restricted the freedoms of everyday life for the individual was placed 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 separated from employment by the agency effective 4/3/23. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee. All RACSB staff, volunteers, and contractors will be required to undergo an annual</p>	<p>4/3/2023</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: 03-27-2023
Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

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

Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.

The program 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).

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.

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

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

License #: 101-01-005
 Organization Name: Rappahannock Area Community Services Board
 Date of Inspection: 03-27-2023
 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>
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			administrative leave pending the outcome of an investigation. OHR/OLR) Accepted 04/20/2023	
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General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

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

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

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

<p>12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;</p>	<p align="center">N</p>	<p>Leeland Road Group Home This regulation was NOT MET as evidenced by: See OHR citation below.</p>		
<p>12VAC35-115-110. A. - Each individual is entitled to be completely free from any unnecessary use of seclusion, restraint, or time out.</p>	<p align="center">N</p>	<p>Leeland Road Group Home This regulation was NOT MET as evidenced by: CHRIS Abuse #20230009 & CHRIS Abuse #20230010/Incident date: 2.21.2023 & 2.28.2023 "Seclusion" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it. Provider substantiated for seclusion due to the following: <ul style="list-style-type: none"> • While conducting a routine check in the home, the staff observed a recliner placed against the space between the end of resident's bedrail and the foot board. The recliner was placed in this position in order to physically block the individual from leaving the room. Physically blocking an individual from leaving the room meets the regulatory definition of seclusion.</p>	<p>PR) 03/29/2023 PR: The staff members responsible for the incidents were each put on administrative leave following the discovery of the incident. They will receive corrective coaching by 4/15/23 to ensure they understand the dynamics of providing safety supports in such a way that are not intrusive or secluding in nature for individuals. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee. All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency</p>	<p align="center">4/15/2023</p>

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

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

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

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 03-22-2023

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

Standard(s) Cited

Comp

Description of Noncompliance

Actions to be Taken

Planned Comp. Date

General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

License #: 101-01-005
 Organization Name: Rappahannock Area Community Services Board
 Date of Inspection: 03-29-2023
 Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

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

<p>12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;</p>	<p align="center">N</p>	<p>Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: See OHR citation below.</p>		
<p>12VAC35-115-50. D. (1) - The provider's duties: 1. Providers shall recognize, respect, support, and protect the dignity rights of each individual at all times. In the case of a minor, providers shall take into consideration the expressed preferences of the minor and the parent or guardian.</p>	<p align="center">N</p>	<p>Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: During an internal investigation the provider determined the following:</p> <ul style="list-style-type: none"> • Employee 1 instructed other staff to allow Individual 1 to walk around the group home setting naked due to the frequency in which Individual 1 disrobed • Individual 1 was allowed to walk around the services setting in front of peers in a state of undress • This is a violation of Individual 1's right to dignity rights 	<p>PR) 04/19/2023 PR: The staff member alleged to have violated the dignity rights of the individual was placed 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 separated from employment by the agency effective 4/3/23. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee. All RACSB staff, volunteers, and contractors will be required to undergo an annual</p>	<p align="center">4/3/2023</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: 03-29-2023
 Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

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

			<p>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>	
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-01-005
 Organization Name: Rappahannock Area Community Services Board
 Date of Inspection: 03-29-2023
 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>
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			administrative leave pending the outcome of an investigation. OHR/OLR) Accepted 04/20/2023	
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General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: April 14, 2023
Re: 3rd Quarter FY 2023 Incident Report Review

The third quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of January 1, 2023 through March 31, 2023. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative initiatives.

The population covered includes all people receiving services by the RACSB, which includes Mental Health, Substance Use, Developmental Disability, and Prevention services. RACSB provided services to 7,142 individuals, unduplicated by service area, from January 1, 2023 through March 31, 2023.

Quality Assurance Staff received and triaged 597 Incident Reports from January 1, 2023 through March 31, 2023 (an overall increase of 41 reports). Of the 597 incident reports received, 99 incidents were reported to Department of Behavior Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS) as a serious incident.

Quality Assurance staff triaged all incident reports into one of four categories.

1. **N/A** – these reports do not fit into DBHDS definitions of a serious incident. Incidents of this sort may be a staff having to report a child protective or adult protective case to the Department of Social Services, or an incident which occurs when the individuals is not in the provision of care, such as when a report is received by a Support Coordinator regarding an individual who resides with parent/guardian or a private provider.

DBHDS categories of serious incidents

2. **Level I:** a serious incident that occurs or originates during the provision of a service or on the premises of the provider that do not result in significant harm to individuals, but may include events that result in minor injuries that do not require medical attention, or events that have the potential to cause serious injury, even when no injury occurs.”
3. **Level II:** a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. Level II serious incident; also includes a significant harm or threat to the health or safety of others caused by an individual.
4. **Level III:** a serious incident whether or not the incident occurs while in the provision of a service or on the provider’s premises and results in:
 - 1) Any death of an individual;
 - 2) A sexual assault of an individual;
 - 3) A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment;

4) A suicide attempt by an individual admitted for services that results in a hospital admission.”

In addition to the notification to QA staff, program supervisors and coordinators, staff must also notify the individual’s parent/guardian/authorized representative, as appropriate, regarding the incident. Verification of the notification and the parent/guardian/authorized representative response is to be included on the incident report.

Below is a list of the incident categories and the definition:

- Aggressive Behavior –Physical - hit, slap, push, shove, pull hair, spit, bite, intimidate, demean, threaten, curse etc...
- Aggressive Behavior –Verbal - yelling, screaming, intimidate, demean, threaten, curse etc...
- Individual Safety - situations that may cause a safety risk for individuals served involving physical environment or structures (faulty equipment, smoking.)
- Individual Injury - situations that may cause a safety risk for individuals served involving minor injury such as a scraped knee
- Health Concerns - individual served exhibiting health concerns, i.e. possible seizure activity, sick, sudden weight +/-, etc.
- Elopement/Wandering - unexpectedly leaving program/premises with possible risk to safety
- Biohazardous Accident - needle stick or instance requiring testing of individual served or staff
- Infection Control - lack of infection control and use of universal precautions in relation to risk of non-life-threatening communicable diseases i.e. Flu, Lice... etc...
- Exposure to Communicable Diseases - instance of exposure due to lack of infection control and/or use of universal precautions in relation to risky communicable diseases i.e. TB, HIV/AIDS, HEP A, B, C or MRSA...
- Vehicle Accident - Accident of RACSB or personal vehicle while delivering services. This requires additional paperwork and follow up to protocol contact Human Resources & Supervisor
- Property Damage - damage to property
- Weapon Use/Possession - Weapons are not allowed in any RACSB facility. Knives, carpet knives, swords, guns etc...
- Staff Injury - injury to staff- ensure proper HR forms are completed
- Use of Seclusion/Restraint - if emergency intervention required to deescalate threatening behavior
- Med Non-Compliance - not following medication regime- staff attempt evident- non-compliance
- Med Error- Staff additionally to complete med error report. error has been made in administering a medication to an individual (wrong- med, individual, route, dose, time)
- Possession of Illicit/Licit Substance - possession of illegal or non-prescribed drug –possible intent of abuse
- Sexual Assault - is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will
- Suicide/Suicide Attempt - is the act of intentionally causing one's own death/ is the act of intentionally unsuccessfully trying to cause one's own death

- Sentinel Events - An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof- warrants immediate investigation and response
- Other – incident which does not fit into a category above

Type	Total
Accidental Overdose	2
Aggressive Behavior - Physical	39
Aggressive Behavior - Verbal	19
Bio hazardous Accident	0
COVID	28
Elopement/Wandering	9
Exposure to Communicable Diseases	0
Health Concern	185
Individual Served Injury	102
Individual Served Safety	73
Infection Control	0
Med Error	23
Med Non-Compliance	8
Medication non-adherence	11
Medication poor adherence	19
other	0
Possession of Illicit/Licit Substances	0
Property Damage	7
Sentinel Event	9
SIBs	13
Sexual Assault	4
Staff Injury	4
Suicide (non-completion)	29
Use of Seclusion/Restraint	4
Vehicle Accident	7
Weapon Use/Possession	0
Missing Person	2
Total	597

The table above depicts the total number of incident reports received, January 1, 2023 through March 31, 2023 by category.

Approximately 32% of the incident reports received were categorized as health concerns. When compared to previous quarters, health concerns continue to be the category with the highest number of incidents. This can be contributed to all health-related conditions, such as colds, flu, and vomiting or diarrhea. RACSB Residential Services submitted 30 of 184 health concern reports. Reports consisted of concerns related to abnormal pain, nausea, feeling ill, seizure, cellulitis, bruising, UTIs, and bowel obstruction. Churchill Group Home submitted the highest number of health concern incident reports (5) for Developmental Disability Group Home Services; however, no two concerns were the same. Review of reports revealed no trend concerns.

Twenty-eight COVID related reports were submitted during January 1, 2023 through March 31, 2023 time frame. This category includes incident reports for individuals who were tested and for individuals who received positive results. Of the 28 reports, 13 noted positive cases of COVID. Case Management (10), ACT (1), SA Outpatient (1), and Sponsored Placement (1), all reported positive cases. Residential programs owned and operated by RACSB followed CDC guidelines related to COVID. In addition, program staff were provided personal protective equipment during working hours. RACSB will continue to follow CDC guidelines in an effort to keep everyone safe and healthy.

In analyzing the reports for the program with the highest occurrence of health concerns reported, Developmental Disabilities (DD) Support Coordination Services submitted the highest number of reports (82). The health concerns consisted of individuals that reside either with family or in a non-RACSB residential program. The program with the second highest number of reports submitted, with reports submitted related to health concerns is the DD Residential Services Programs (30). Due to the nature of the DD Residential Services, it is projected that there would be a high number of health concerns incident reports. Review of reports revealed no trend concerns.

RACSB DD Residential programs submitted 114 incident reports. There were 36 reports regarding health concerns. Health concerns reported included concerns related to abnormal pain, nausea, feeling ill, seizure, bruising, UTIs, self-injurious behaviors, and general just not feeling well. There was a total of 13 medication errors which occurred in RACSB residential programs. Seven errors related to single dose missed, one categorized as "other" (noting the PM medications given in the AM time frame), three categorized as a wrong dose, and two multiple doses missed. Review and analysis of medication policy, medication administration area, staffing pattern, and cause of errors took place in an attempt to mitigate future errors. There were seven incidents of physical aggression reported by Residential programs. Of the seven incidents, there were four individuals involved and all four have behavioral intervention plans which were reviewed after the incident and deemed appropriate.

There was a total of 29 incident categorized as a level I. Of the 29 incidents categorized as a level I, the majority were the result of minor or superficial cuts, scratches, or bruises, which required first aid. Sixteen of the incidents occurred in residential services, and 4 of the incidents occurred at RAAI Day Support. Level 1 reports included the following

- Urgent Care visits:
 - COVID testing,
 - infected nail bed,
 - cold symptoms,
 - tooth pain,
 - irritable bowel syndrome
 - foot injury,
 - self-injurious behaviors,
 - bronchitis,

- First Aid administered for a minor burns and scrapes.
- Falls requiring first aide and/or urgent care visits.
- Wound clinic visits for lymphedema & minor skin break-down.

Based on review of the level 1 incidents, there does not appear to be patterns or trends.

There were 55 incidents classified as a level 2 and 15 incidents classified as level 3. Root Cause Analyses were conducted for all Level 2 and Level 3 Incidents. No extended root cause analyses were required during this quarter. Based on review of the Level 1, Level 2 and Level 3, there does not appear to be a pattern or trends.

Program actions as a result of Incident Reports

1. A review of medication errors showed that the errors occurred due to staff being distracted during the time they were administering medications or staff not following policy as written. Medication Errors resulted in both personnel action and remedial training depending on the error. The current medication administration policy includes procedure for staff to follow to eliminate distraction.
2. Based on review of medication non-compliance, program staff continue to assess the ability of individuals enrolled in the program to continue self-administration of medication. Staff counseled and educated individual on the importance of taking their medication and are working with family member to assist individuals in maintaining and improving individual's medication compliance.
3. Action plans for aggressive behavior included recommendations for behavior plans, assisting the individual in learning and using coping skills during times when they become upset, review and revision of individual's service plan, and continuance of using interventions that are currently in the individual's service plan.
4. Action plans for health concerns varied based on the concern. RACSB staff contact 911 in cases of medical emergencies. Ad-hoc medical appointments will continue to be made by RACSB staff to address health concerns for those individuals residing in RACSB residential programs. In addition, for RACSB non-residential programs staff will continue to assist individuals and family members with health concerns that are identified during program hours. RACSB utilizes CDC precautions and program contingency plans during active cases of COVID-19.
5. For those incidents which involve individuals that do not reside in RACSB residential programs, Support Coordinators and Case Managers monitor health concerns and document in case notes.
6. Root cause analyses were conducted on all incidents that fell into the level 2 or level 3 category. Findings of root cause analysis resulted in programs revising individual service plans, ad-hoc reviews of program files, policy and procedure revisions, staff training, and personnel action.

MEMORANDUM

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

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

- Mental Health Outpatient Stafford
- Leeland Intellectual Disability Group Home
- Stonewall Intellectual Disability Group Home

Mental Health Outpatient Stafford

There were two staff members responsible for the randomly selected charts.

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

- Seven charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart had a Comprehensive Needs Assessment (CNA) that was expired.
- Seven charts were reviewed for Individual Service Plan (ISP) compliance:
 - **Discrepancies noted with Service Plan:**
 - One ISP was not in the chart during the audit process.
- Seven charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Four charts contained notes which were completed more than 24hrs late.
- Seven charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - One chart was missing current quarterly review.
- Seven charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - One chart was missing the Consumer Orientation.
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Documentation:**

Comparative Information:

In comparing the audit reviews of Mental Health Outpatient Stafford charts from the previous audits to the current audits, the average score increased from 72 to 81 on a 100-point scale.

Corrective Action Plan:

1. **Corrections made to include discrepancies:** One staff was removed from the audit due to her working at another location. One staff is no longer employed with RACSB. The discrepancies for the third staff member were late entries for notes, which could not be corrected.
2. **Descriptions of the actions to be taken that will minimize the possibility that the discrepancy will occur again:** The Stafford Clinic has several vacancies and has been without a coordinator for nine months. The newly hired Coordinator will participate in QA training. The remaining therapist has resigned. Her charts will be audited to ensure they are as up-to-date as possible prior to her last day. The Coordinator will meet with new staff to train them on documentation expectations and will ensure they have time each day to complete appropriate documentation.
3. **Date of the completion for each corrective action:** Unclear when new staff will be hired.
4. **Who is responsible for overseeing that the corrective action is taken:** Stafford Clinic Coordinator and Director of Clinical Services

Leeland Intellectual Disability Group Home

There were two staff members responsible for the selected charts.

Findings for the four open charts reviewed for Leeland Intellectual Disability Group Home were as follows:

- Four charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - Three charts were missing consumer orientations.
 - Two charts were missing the program agreement.
 - Three charts were missing releases.
- Four charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - Four charts were missing the signature pages for the ISP.
- Four charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Review:**
 - Three charts had quarterly reviews completed late.
- Four charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Four charts had multiple notes completed more than 24hrs late.

- Four charts were reviewed for Medical compliance:
 - **Discrepancies noted with Medical:**
 - Four charts were missing multiple prescriptions and medication administration records (MARs).

Comparative Information:

In comparing the audit reviews of Leeland Intellectual Disability Group Home charts from the previous audits to the current audits, the average score decreased from 47 to 41 on a 100-point scale.

Corrective Action Plan:

Leeland Road Group Home – QA Audit: March 2023

1. The program manager responsible for the deficiencies recently left the agency as of 2/13/2023. Once hired, a new manager will be trained to ensure charting is complete and timely moving forward. A focus will be placed on obtaining signatures on plans, completing timely annual paperwork at the time of the ISP, completing timely quarterlies, ensuring all documentation requiring upload be entered into the EHR timely, and monitoring to ensure that staff are entering timely notes.
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.
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 the person or persons responsible for the charting.
5. Oversight and corrective action will continue to be overseen by the DD Residential Coordinator and the DD Assistant Coordinators.

Stonewall Intellectual Disability Group Home

There were two staff members responsible for the selected charts.

Findings for the four open charts reviewed for Stonewall Intellectual Disability Group Home were as follows:

- Four charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - One chart was missing consumer orientations.
 - Four charts were missing the program agreement.
 - Three charts were missing releases.
 - One chart was missing authorized representative paperwork.
- Four charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - Two charts were missing signature pages.

- Two charts contained plans that were scanned in late and not in the chart at the time of the audit.
- Four charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Review:**
 - Two charts contained quarterly reviews that were scanned in late and not present at the time of audit.
- Four charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Four charts had multiple notes completed more than 24hrs late.
- Four charts were reviewed for Medical compliance:
 - **Discrepancies noted with Medical:**
 - Three charts were missing multiple prescriptions and medication administration records (MARs).

Comparative Information:

In comparing the audit reviews of Stonewall Intellectual Disability Group Home charts from the previous audits to the current audits, the average score decreased from 70 to 30 on a 100-point scale.

Corrective Action Plan:

Stonewall Group Home – QA Audit: March 2023

1. Corrective supervision and coaching have been completed with the program manager to ensure charting is complete and timely moving forward. A focus will be placed on obtaining signatures on plans, completing timely annual paperwork at the time of the ISP, completing timely quarterlies, ensuring all documentation requiring upload be entered into the EHR timely, and monitoring to ensure that staff are entering timely notes.
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.
5. Oversight and corrective action will continue to be overseen by the DD Residential Coordinator and the DD Assistant Coordinators.

May 2023 Finance Committee Meeting Minutes

Call to order

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **May 9, 2023**. Attendees included Nancy Beebe, Matt Zurasky, Glenna Boerner, Melissa White, Susan Gayle, Claire Curcio, Ken Lapin, Bridget Williams, Jacob Parcell, Sarah Ritchie, Jacque Kobuchi, Teresa McDonnel, Stephanie Terrell, Tina Cleveland, Joe Wickens, Amy Umble, Nadine Mayo, and Abigail Raposo.

March 2023 Board Deck

Tina Cleveland and Abigail Raposo reviewed a Board Deck summary of financial reports., including:

- Cash Investments, which totaled \$23,703,008 in March 2023.
- Fee Revenue Reimbursement, with current year-to-date collections of \$24,105,063 which was a 20% increase from the previous year.
- Write-Off Report, which totaled \$275,141.52 for March 2023.
- Health Insurance Account, with year-to-date monthly premiums totaling \$2,935,415.28 and claims and fees totaling \$1,937,181.80.
- Other Post-Employment Benefits, which had a balance of \$2,073,354.11 as of March 31, 2023.
- Payroll Statistics, which showed that employees were paid an average of 463 overtime hours per pay period in FY23 and an average of 3,620 leave hours per pay period.

March 2023 Financial Summary Report

Nadine Mayo reviewed the March financial summary report with the Committee. Overall, FY23 balances currently show a positive variance of \$5.8 million, with \$2 million of that being in restricted funds.

ACTION TAKEN: The Committee unanimously approved a motion recommending the Board of Directors accept the report as presented.

Moved by: Susan Gayle Seconded by: Glenna Boerner

Adjournment

The meeting adjourned at 1:08 p.m.

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

NOTICE

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

From: Joseph Wickens
Executive Director

Subject: Finance Committee Meeting
May 9, 2023 12:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: May 2, 2023

A Finance Committee Meeting has been scheduled for Tuesday, May 9, 2023 at 12:00 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on May 2, 2023 at 12:00 PM.

Cc: Matt Zurasky, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES
BOARD

Finance Committee Meeting

May 9, 2023 – 12:00 PM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

I.	Finance Committee Board Deck	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.	Other Business, <i>Zurasky</i>	

Finance Committee

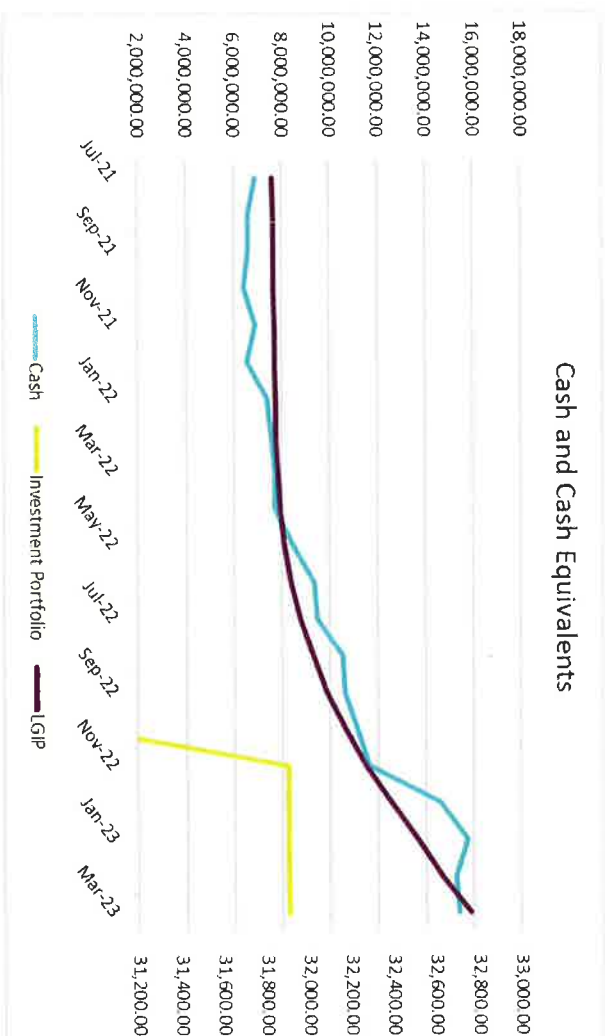
MAY 9, 2023

Summary of Cash Investments

Depository	Rate	Maturity Date
Atlantic Union Bank		
Checking	\$ 15,384,120	1.50%
Investment Portfolio		
Cash Equivalents	5,297,125.41	1.27%
Fixed Income	2,989,000.00	3.69%
Certificates of Deposit	-	0.00%
Total Atlantic Union Bank	\$ 23,670,245	6/21/2024
Other		
Local Gov. Investment Pool	\$ 32,763	0.09%
Total Investments	\$ 23,703,008	N/A

	\$ Change	% Change
Change from Prior Month	\$ (35,951)	-0.2%
Change from Prior Year	\$ 5,057,096	28%

Average # Months Reserves on Hand: 6.01



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%
Fidelity IMM Gov Class I Fund #57	\$ 1,422,556.58	1,422,556.58	\$ 1,422,556.58	\$ -	\$ 67,246.00	4.73%
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	957,893.98	\$ 955,129.17	\$ 2,764.81		
US Treasury Bill (6/15/2023)	\$ 1,000,000.00	\$ 977,874.14	\$ 977,916.87	\$ (42.73)		
US Treasury Bill (11/30/2023)	\$ 1,025,000.00	\$ 981,728.69	\$ 981,732.90	\$ (4.21)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 957,072.02	\$ 955,364.35	\$ 1,707.67		
Total Cash Equivalents	\$ 5,447,556.58	\$ 5,297,125.41	\$ 5,292,699.87	\$ 4,425.54	\$ 67,246.00	1.27%
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 976,960.00	\$ 973,575.00	\$ 3,385.00	\$ 22,500.00	2.31%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 1,007,930.00	\$ 1,005,781.25	\$ 2,148.75	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 1,004,110.00	\$ 1,004,914.69	\$ (804.69)	\$ 45,000.00	4.48%
Total Fixed Income	\$ 3,000,000.00	\$ 2,989,000.00	\$ 2,984,270.94	\$ 4,729.06	\$ 110,000.00	3.69%
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%

Fee Revenue Reimbursement

4

	AGED CLAIMS		Current Month		Prior Month		Prior Year	
	%	\$	%	\$	%	\$	%	\$
Total Claims Outstanding								
Total	100%	\$6,374,394	100%	\$5,871,217	100%	\$7,402,486		
Consumers	48%	\$3,067,650	47%	\$2,757,222	33%	\$2,407,896		
3rd Party	52%	\$3,306,744	53%	\$3,113,995	67%	\$4,994,590		
Claims Aged 0-29 Days								
Consumers	9%	\$583,993	6%	\$333,651	7%	\$456,477		
3rd Party	52%	\$3,296,094	53%	\$3,104,142	67%	\$4,267,031		
Claims Aged 30-59 Days								
Consumers	1%	\$89,659	1%	\$43,010	1%	\$88,117		
3rd Party	1%	\$40,205	1%	\$64,562	2%	\$124,670		
Claims Aged 60-89 Days								
Consumers	0%	\$29,603	0%	\$17,079	1%	\$55,580		
3rd Party	1%	\$39,660	0%	\$23,746	1%	\$51,521		
Claims Aged 90-119 Days								
Consumers	0%	\$14,012	5%	\$318,196	1%	\$73,434		
3rd Party	0%	\$8,849	0%	\$6,066	1%	\$35,704		
Claims Aged 120+ Days								
Consumers	37%	\$2,350,383	35%	\$2,045,285	27%	\$1,734,287		
3rd Party	-1%	-\$78,066	-1%	-\$84,521	8%	\$515,665		

CLAIM COLLECTIONS

Current Year To Date Collections	\$24,105,063
Prior Year To Date Collections	\$20,149,803
\$ Change from Prior Year	\$3,955,260
% Change from Prior Year	20%

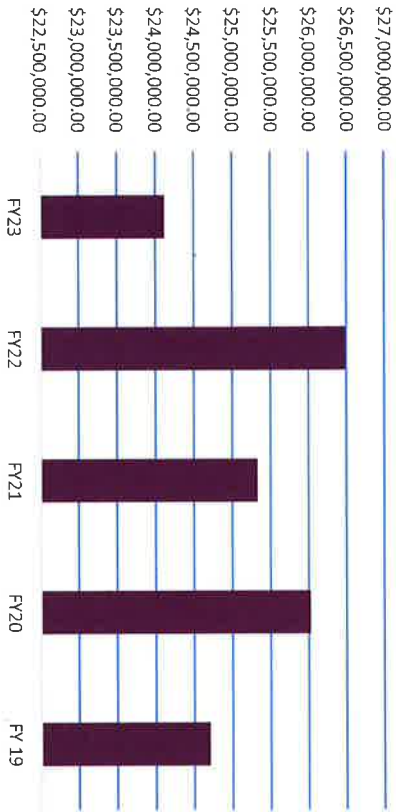
Fee Revenue Reimbursement - Without Credits

	AGED CLAIMS		Current Month		Prior Month		Prior Year	
	%	\$	%	\$	%	\$	%	\$
Total Claims Outstanding								
Total	100%	\$6,374,394	100%	\$5,871,217	100%	\$7,402,486		
Consumers	48%	\$3,067,650	47%	\$2,757,222	33%	\$2,407,896		
3rd Party	52%	\$3,306,744	53%	\$3,113,995	67%	\$4,994,590		
Claims Aged 0-29 Days								
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Claims Aged 60-89 Days								
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3rd Party	1%	\$39,660	0%	\$23,746	1%	\$51,521		
Claims Aged 90-119 Days								
Consumers	0%	\$14,012	5%	\$318,196	1%	\$73,434		
3rd Party	0%	\$8,849	0%	\$6,066	1%	\$35,704		
Claims Aged 120+ Days								
Consumers	37%	\$2,350,383	35%	\$2,045,285	27%	\$1,734,287		
3rd Party	1%	\$67,416	1%	\$67,441	8%	\$515,665		

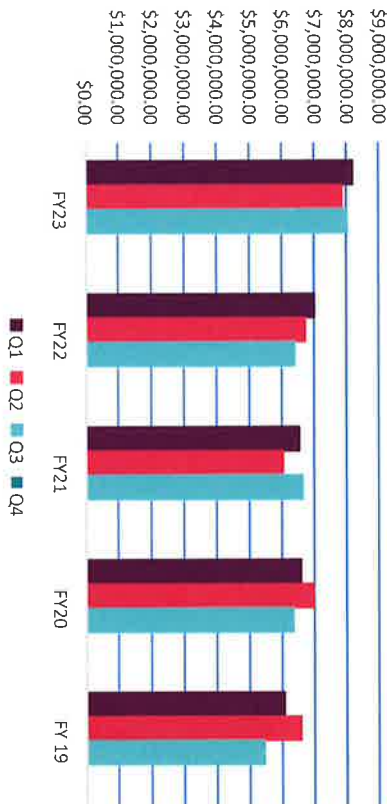
Fee Collection YTD and Quarterly

6

Year to Date Fee Collections



Quarterly Fee Collections



Write Off's - Current Month & YTD

Month: March 2023

Write Off Code	Current Year	Prior Year
BAD ADDRESS	\$ -	\$307.90
DECEASED	\$182.71	\$855.01
NO FINANCIAL AGREEMENT	\$6,389.07	\$4,279.45
SMALL BALANCE	\$37.11	\$42.21
UNCOLLECTABLE	\$119.64	\$6,766.82
FINANCIAL ASSISTANCE	\$208,341.23	\$13,851.23
NO SHOW	\$220.00	\$300.00
MAX UNITS/BENEFITS	\$12,578.78	\$1,460.44
PROVIDER NOT CREDENTIALLED	\$9,039.35	\$6,965.00
DIAGNOSIS NOT COVERED	\$65.00	\$ -
NON-COVERED SERVICE	\$6,337.54	\$208.94
SERVICES NOT AUTHORIZED	\$23,266.61	\$24,183.83
PAST BILLING DEADLINE	\$525.00	\$15,296.03
INCORRECT PAYER	\$3,237.84	\$ -
INCORRECT PAYER	\$150.00	\$ -
INVALID MEMBER ID	\$4,651.64	\$ -
NO PRIMARY EOB	\$ -	\$ -
TOTAL	\$275,141.52	\$74,516.86

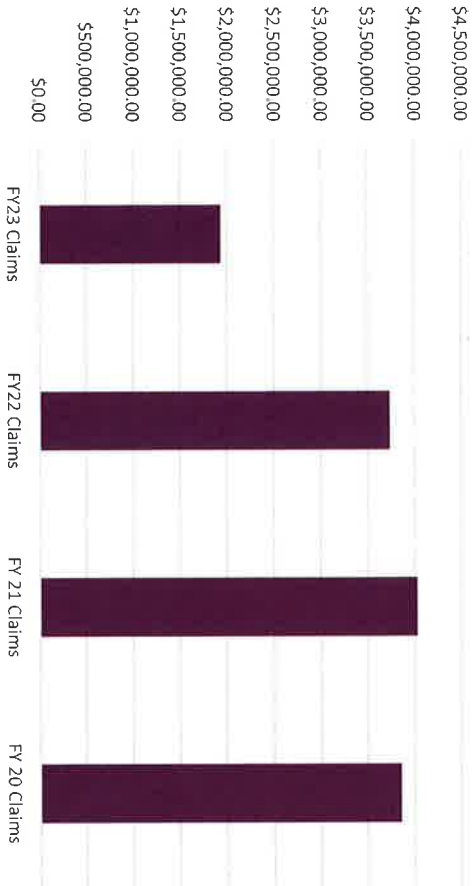
Year to Date: July 2022 - Mar 2023

Write Off Code	Current YTD	Jan 2023 Clean Up	Prior YTD
BAD ADDRESS	\$1,546.93		\$1,257.47
BANKRUPTCY	\$3,750.55		\$690.63
DECEASED	\$4,544.66		\$7,967.06
NO FINANCIAL AGREEMENT	\$68,622.45	\$13,171.93	\$35,436.84
SMALL BALANCE	\$1,424.03	\$0.74	\$803.99
UNCOLLECTABLE	\$158,578.55	\$152,852.75	\$18,710.28
FINANCIAL ASSISTANCE	\$1,876,712.42		\$1,657,608.29
NO SHOW	\$3,230.00		\$4,022.66
MAX UNITS/BENEFITS	\$105,060.81	\$13,440.00	\$38,003.23
PROVIDER NOT CREDENTIALLED	\$74,693.84	\$12,170.00	\$63,648.16
DIAGNOSIS NOT COVERED	\$2,660.00	\$100.00	\$3,918.00
NON-COVERED SERVICE	\$133,057.56	\$76,117.09	\$109,952.52
SERVICES NOT AUTHORIZED	\$186,113.89	\$9,023.96	\$284,136.02
PAST BILLING DEADLINE	\$69,796.06	\$21,409.64	\$106,730.78
MCO DENIED AUTH	\$18,279.56		\$6,560.18
INCORRECT PAYER	\$93,989.88	\$13,530.79	\$22,547.51
INCORRECT PAYER	\$5,095.00		\$360.00
INVALID MEMBER ID	\$2,139.00	\$2,009.00	\$ -
INVALID POS/CPT/MODIFIER	\$9,428.96	\$3,792.32	\$ -
NO PRIMARY EOB	\$ -	\$ -	\$ -
TOTAL	\$2,818,724.15	\$317,618.22	\$2,362,353.62

Health Insurance

8

Year-to-Date Health Insurance Claims



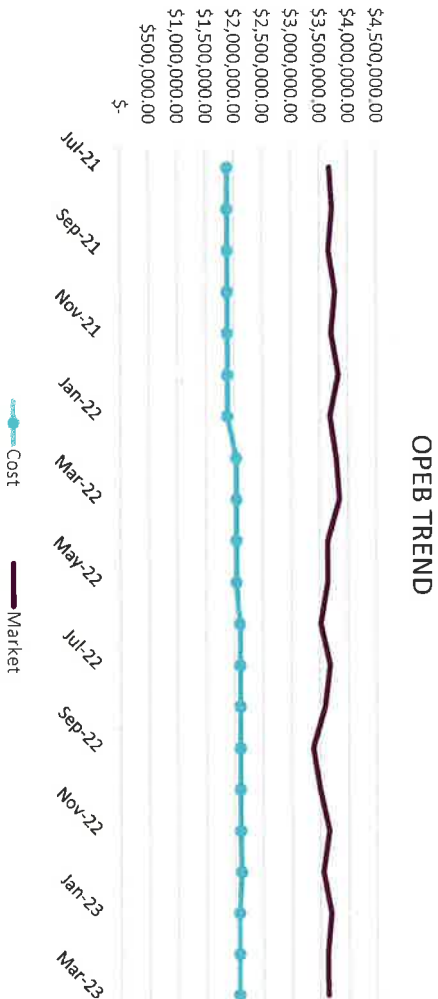
FY 2023	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$381,873.61
July	\$338,553.32		\$284,427.57	\$39.03	\$436,038.39
August	\$329,546.48		\$212,109.53	\$13.80	\$553,489.14
September	\$323,477.09		\$223,419.72	\$66.66	\$663,612.17
October	\$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
YTD Total	\$2,935,415.28	\$0.00	\$1,937,181.80	\$1,930.82	\$1,382,037.91

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2023	\$215,242	(\$96,271)	\$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)

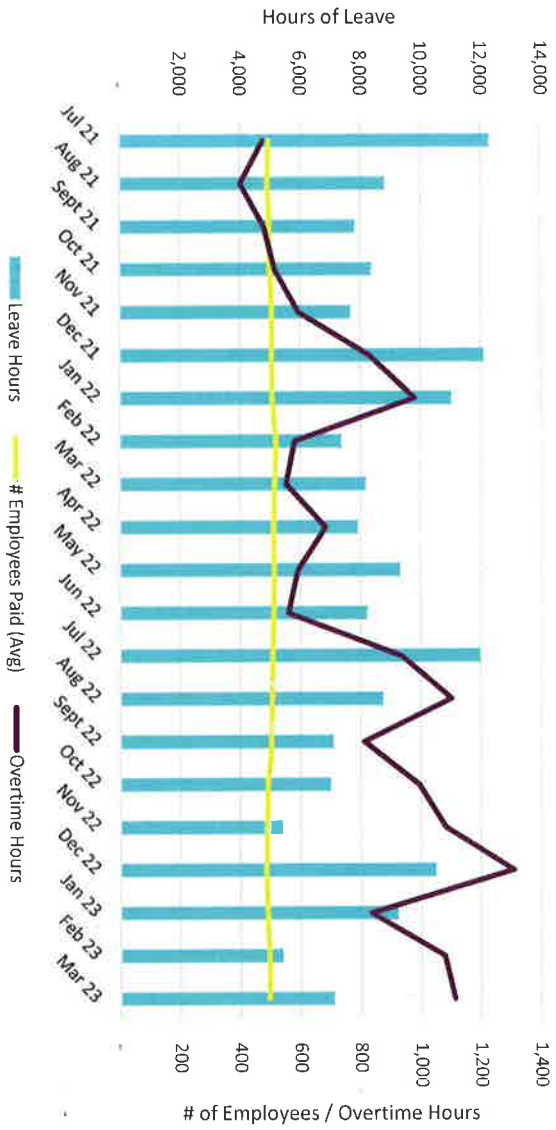
9

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620	\$ 1,142,641	\$ 954,620	\$ 2,565,725
FY 2022 Year-End Balance	\$ 2,097,261	\$ 1,142,641	\$ 3,520,345	\$ 2,726,196.76
Balance at 7/31/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,680,816.76	\$ 2,635,380.78
Balance at 8/31/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,590,000.78	\$ 2,427,910.44
Balance at 9/30/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,382,530.44	\$ 2,545,933.56
Balance at 10/31/2022	\$ 2,096,030.84	\$ 1,141,410.84	\$ 3,500,553.56	\$ 2,704,445.82
Balance at 11/30/2022	\$ 2,096,030.84	\$ 1,141,410.84	\$ 3,659,065.82	\$ 2,602,347.87
Balance at 12/31/2022	\$ 2,111,456.33	\$ 1,156,836.33	\$ 3,556,967.87	\$ 2,734,544.71
Balance at 1/31/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,689,164.71	\$ 2,672,798.92
Balance at 2/28/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,627,418.92	\$ 2,672,798.92
Realized Gain/(Loss)			\$ 9,647.97	
Unrealized Gain/(Loss)				
Fees & Expenses				
Transfers/Contributions				
Balance at 3/31/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,637,066.89	\$ 2,682,446.89



Payroll Statistics

Employees / Leave* / Overtime



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

Indicators	FY 2021 Average Per Pay Period	FY 2022 Average Per Pay Period	FY 2023 Average Per Pay Period
# Employees Paid	514	506	496
Leave Hours	3,850	4,196	3,620
Overtime Hours	102	279	463

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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	13,800	69.00%	-	0%
OUTPATIENT	2,078,691	2,221,244	106.86%	2,078,691	1,660,444	79.88%	560,800	25%
MEDICAL OUTPATIENT	3,849,822	2,901,989	75.38%	3,849,822	3,210,035	83.38%	(308,046)	-11%
ACT NORTH	880,238	731,209	83.07%	880,238	645,544	73.34%	85,665	12%
ACT SOUTH	843,563	623,661	73.93%	843,563	454,542	53.88%	169,119	27%
CASE MANAGEMENT ADULT	937,373	778,240	83.02%	937,373	695,120	74.16%	83,120	11%
CASE MANAGEMENT CHILD & ADOLESCENT	800,057	577,471	72.18%	800,057	545,922	68.24%	31,549	5%
PSY REHAB & KENMORE EMP SER	681,878	583,122	85.52%	681,878	472,870	69.35%	110,252	19%
PERMANENT SUPPORTIVE HOUSING	1,275,349	1,500,942	117.69%	1,275,349	860,882	67.50%	640,060	43%
CRISIS STABILIZATION	1,928,225	1,355,729	70.31%	1,928,225	1,069,065	55.44%	286,663	21%
SUPERVISED RESIDENTIAL	440,930	347,375	78.78%	440,930	381,516	86.53%	(34,141)	-10%
SUPPORTED RESIDENTIAL	893,956	635,695	71.11%	893,956	643,550	71.99%	(7,855)	-1%
JAIL DIVERSION GRANT	156,523	142,030	90.74%	156,523	114,397	73.09%	27,633	19%
SUB-TOTAL	14,786,607	12,412,508	84%	14,786,607	10,767,689	73%	1,644,819	13%

* 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	2,504,554	80.65%	3,105,473	2,365,538	76.17%	139,016	6%
DAY HEALTH & REHAB *	4,136,396	2,949,593	71.31%	4,136,396	3,254,734	78.69%	(305,141)	-10%
GROUP HOMES	5,580,946	5,189,113	92.98%	5,580,946	3,793,760	67.98%	1,395,353	27%
RESPIRE GROUP HOME	229,325	114,159	49.78%	229,325	401,587	175.12%	(287,428)	-252%
INTERMEDIATE CARE FACILITIES	4,091,920	2,693,659	65.83%	4,091,920	2,800,857	68.45%	(107,198)	-4%
SUPERVISED APARTMENTS	1,525,310	1,988,972	130.40%	1,525,310	1,131,455	74.18%	857,517	43%
SPONSORED PLACEMENTS	2,047,818	2,088,968	102.01%	2,047,818	1,483,341	72.44%	605,627	29%
SUB-TOTAL	20,717,187	17,529,018	84.61%	20,717,187	15,231,272	73.52%	2,297,746	13%

* Budget excludes program subsidies

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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	1,138,197	62.59%	1,818,448	1,158,484	63.71%	(20,287)	-2%
MAT PROGRAM	987,709	312,692	31.66%	987,709	664,228	67.25%	(351,537)	-112%
CASE MANAGEMENT	154,511	128,696	83.29%	154,511	90,022	58.26%	38,675	30%
RESIDENTIAL	161,757	120,835	74.70%	161,757	46,697	28.87%	74,138	61%
PREVENTION	808,950	647,154	80.00%	808,950	417,643	51.63%	229,511	35%
LINK	400,397	411,361	102.74%	400,397	153,744	38.40%	257,616	63%
SUB-TOTAL	4,331,772	2,758,934	64%	4,331,772	2,530,818	58%	228,116	8%

* 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	1,781,434	129.89%	1,327,096	791,111	59.61%	990,323	56%
CHILD MOBILE CRISIS	311,007	225,295	72.44%	320,728	185,175	57.74%	40,120	18%
CIT ASSESSMENT SITE	294,556	243,010	82.50%	289,481	279,464	96.54%	(36,454)	-15%
CONSUMER MONITORING	130,859	141,455	108.10%	139,646	153,165	109.68%	(11,710)	-8%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	139,172	71.75%	(139,172)	0%
ASSESSMENT AND EVALUATION	592,509	376,934	63.95%	739,048	291,156	39.40%	87,779	23%
SUB-TOTAL	2,894,374	2,770,129	95.71%	3,009,974	1,839,243	61.10%	930,886	34%

* 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	209,670	160.58%	130,574	209,670	160.58%	0
PROGRAM SUPPORT	66,768	77,917	116.70%	66,768	77,917	116.70%	0
SUB-TOTAL	197,342	287,587	145.73%	197,342	287,587	145.73%	0
ALLOCATED TO PROGRAMS				4,268,473	3,456,989	80.99%	

* Budget excludes program subsidies

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

* Budget excludes program subsidies

FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL	1,710,296	1,594,722	93.24%	1,710,296	938,732	54.89%	655,990	41%
INFANT CASE MANAGEMENT	725,520	650,228	89.62%	725,520	521,227	71.84%	129,001	20%
EARLY INTERVENTION	2,041,058	1,287,013	63.06%	2,041,058	1,480,492	72.54%	(193,479)	-15%
TOTAL PART C	4,476,874	3,531,963	78.89%	4,476,874	2,940,451	65.68%	591,511	17%
HEALTHY FAMILIES	178,866	336,879	188.32%	178,866	122,859	68.66%	214,020	64%
HEALTHY FAMILIES - MIECHV Grant	403,497	227,441	56.37%	403,497	257,116	63.72%	(29,675)	-13%
HEALTHY FAMILIES-TANF & CBCAP GRANT	531,457	281,967	53.06%	531,457	358,398	67.44%	(76,431)	-27%
TOTAL HEALTHY FAMILY	1,113,840	846,287	75.98%	1,113,840	738,373	66.29%	107,915	13%

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RECAP FY 2023 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	12,412,508	10,767,689	1,644,819	13%
DEVELOPMENTAL SERVICES	17,529,018	15,231,272	2,297,746	13%
SUBSTANCE ABUSE	2,758,934	2,530,818	228,116	8%
SERVICES OUTSIDE PROGRAM AREA	2,770,129	1,839,243	930,886	34%
ADMINISTRATION	287,587	287,587	0	0%
OTHER	0	0	0	0%
FISCAL AGENT PROGRAMS	4,378,250	3,678,824	699,426	16%
TOTAL	40,136,426	34,335,433	5,800,992	14%

Restricted Funds \$	2,003,578
Unrestricted Funds	3,797,277
Total \$	5,800,992

RECAP FY 2022 BALANCES

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

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 26,022,112	184.37%
Change in Expense from Prior Year	\$ 22,981,992	202.42%
Change in Net Income from Prior Year	\$ 3,040,122	110.11%

*Unaudited Report

May 2023 Personnel Committee Meeting Minutes

Call to order

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **May 9, 2023**. Attendees included Ken Lapin, Glenna Boerner, Matt Zurasky, Melissa White, Susan Gayle, Sarah Ritchie, Claire Curcio, Carol Walker, Nancy Beebe, Bridget Williams, Jacque Kobuchi, Teresa McDonnel, Nadine Mayo, Abigail Raposo, Tina Cleveland, Joe Wickens, and Amy Umble. Members not in attendance included Linda Carter and Greg Sokolowski.

April 2023 Retention Report

Teresa McDonnel reported that Human Resources processed a total of six employee separations for the month of April 2023. The retention rate was 98.8%.

April 2023 EEO Report and Recruitment Update

Teresa McDonnel told the Committee that RACSB received 144 applications through April 30, 2023. This is an increase of 35.85% to the month of March 2023, and an increase of 152.63% when compared to the month of April 2022.

Matt Zurasky asked for a breakdown of the open positions, how many were entry level and how many were management level. Teresa replied that most were entry level but there were several manager and supervisor level openings, including a coordinator and a director. Joe Wickens said that they would provide a report with more detail on the positions for the next month.

Adjournment

The meeting adjourned at 1:15 p.m.

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

NOTICE

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

From: Joseph Wickens
Executive Director

Subject: Personnel Committee Meeting
May 9, 2023 12:30 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: May 2, 2023

A Personnel Committee Meeting has been scheduled for Tuesday, May 9, 2023 at 12:30 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on May 2, 2023 at 12:30 PM.

Cc: Susan Gayle, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Personnel Committee Meeting

May 9, 2023 – 12:30 PM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

Agenda

I.	March Retention Report, <i>McDonnel</i>	3
II.	March EEO Report, <i>McDonnel</i>	6
III.	Other Business, <i>Gayle</i>	



MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Lead Human Resources Specialist

Date: May 1, 2023

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

Human Resources processed a total of **six** employee separations for the month of **April 2023**. Four of the separations were voluntary and two were terminations for cause. Four of the employees were full-time, one was part-time, and one was PRN.

Three resignations were submitted due to other employment, two were for cause, and one was due to personal reasons.

According to the attached report, the Retention Rate for **April** was 98.8% and the turnover rate was 1.2%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT
Apr-23

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative	0	0	0	
Unit Totals	0	0	0	
Clinical Services	0	1	0	Personal
	0	1	0	Other Employment
Unit Totals	0	2	0	
Community Support Services	0	0	2	Cause
	0	2	0	Other Employment
	0	0	0	Personal
	0	0	0	Job Abandonment
	0	0	0	Moving
Unit Totals	0	2	2	
Grand Totals for the Month	0	4	2	

Total Employees for the Month	585
Retention Rate	98.80%
Turnover Rate	1.20%
Total Separations	6
Part-time Separations	20.00%
Full-time Separations	80.00%

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%	1.75%	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									38
Turnover by Month YTD	1.83%	1.50%	2.00%	1.20%									6.53%
Cumulative Turnover YTD	0.17%	3.33%	5.33%	6.53%									0.00%
Average % Turnover per Month YTD	0.17%	1.67%	1.11%	1.78%									0.00%

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



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

MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Lead Human Resources Specialist

Date: May 1, 2023

Re: Summary – April 2023 EEO Report and Recruitment Update

RACSB received **144** applications through April 30, 2023. This is an **increase of 35.85%** compared to the month of March 2023, and an **increase of 152.63%** when compared to the month of April 2022.

RACSB received **1,642** resumes and advertised **20** positions through Indeed for **April 2023**.

Of the applications received, 42 applicants listed the RACSB applicant website as their recruitment source, 48 stated employee referrals as their recruitment source, and 31 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **124** open positions. New positions account for **5** of the open positions.

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

EEO Report 2023

APPLICANT DATA	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Female	24	31	45	30	41	35	29	25	22	46	33	51	65
Male	3	13	11	9	11	12	4	2	8	5	27	6	11
Not Supplied	30	25	33	44	38	36	35	29	41	54	39	49	68
Total	57	69	89	83	90	83	68	56	71	105	99	106	144
ETHNICITY													
Caucasian	13	22	30	19	30	28	14	17	9	39	27	31	44
African American	16	17	24	17	18	19	16	7	19	18	26	25	32
Hispanic	5	5	3	4	5	2	5	1	2	8	7	7	3
Asian	1	1			1		1	2	1	1	3	2	1
American Indian		1	1	1									
Native Hawaiian											2		
Two or More Races													
RECRUITMENT SOURCE													
Newspaper Ads							1		4	2	3		1
RACSB Website	27	28	39	28	31	28	26	25	27	48	53	45	42
RACSB Intranet	2	5	7	3	6	6	2	1	2	2	7	4	5
Employee Referrals	23	18	30	29	30	27	23	19	22	37	26	35	48
Radio Ads		1			4			1					2
Indeed.com	9	11	15	11	13	24	13	9	16	19	9	22	31
VA Employment Commission	2	7	2	2	1			2	4		2	2	
Monster.com													
Other -		3	4	5	2	2	2	2	2	1	6	1	4
Colleges/Handshake			1									1	
Facebook										1			
Multi Site Search			1	1	2	2						1	1
NHSC													
Linked In					1								
Goodwill referral													
Zip Recruiter						1	3	1		2	5	3	3
Job Fair			1			2		2	2	2	2	1	2
Total # of Applicants	47	52	77	59	72	64	57	42	60	75	62	83	115

Open Positions Report - April 28, 2023

Date Posted	Position No.	Position	Position Title	Location	RU	Full-time/ Part-time
5/27/2022	127-2022	ADMIN	Property Maintenance Technician	Fredericksburg		1000 FT
3/28/2023	079-2023	ADMIN	Accounting Specialist	Fredericksburg		1000 FT
4/3/2023	082-2023	ADMIN	Executive Associate	Fredericksburg		1000 FT
4/10/2023	091-2023	ADMIN	Director of Human Resources	Fredericksburg		1000 FT
4/26/2023	094-2023	ADMIN	Assistant IT Coordinator	Fredericksburg	6	1000 FT
1/10/2022	003-2022	CLINICAL	Psychiatrist	Fredericksburg		FT
3/27/2023	072-2023	ADMIN	Office Associate II	Fredericksburg		1100 FT
3/29/2023	080-2023	ADMIN	Office Associate II	Fredericksburg		1100 FT
7/20/2022	183-2022	CLINICAL	Emergency Services Therapist - Overnight	Fredericksburg		2000/4000 FT
3/28/2023	076-2023	CLINICAL	Asst. Coordinator, Emergency Svcs - Comm Based	Fredericksburg		2000/4000 FT
6/9/2021	123-2021	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT
1/20/2023	003-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT
1/20/2023	004-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT
9/20/2021	265-2021	CLINICAL	Peer Recovery Specialist MH	Fredericksburg		2200 FT
4/3/2023	083-2023	CLINICAL	Psychiatric Nurse Practitioner	Fredericksburg		2200 FT
9/27/2022	246-2022	CLINICAL	MH Nurse - LPN/RN	Outpatient Clinics		2201 FT
6/1/2022	125-2022	CLINICAL	MH Therapist	Caroline		2210 FT
11/18/2022	298-2022	CLINICAL	MH/SA Outpatient Therapist	Caroline		2210 FT
3/9/2023	048-2023	CLINICAL	MH/Substance Abuse Therapist	Fredericksburg	2220/4200/6430	FT
8/22/2022	227-2022	CLINICAL	Child/Adolescent Therapist	Stafford		2200/6430 FT
1/28/2022	029-2022	CLINICAL	MH Therapist	Stafford		2250/6430 FT
1/5/2023	325/2022	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT
4/10/2023	089-2023	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT
4/15/2022	106-2022	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania		2500 PT
7/8/2022	172-2022	CLINICAL	Child/Adolescent MH Case Manager	Stafford		2500 FT
8/30/2022	240-2022	CLINICAL	Senior Child & Adolescent Case Manager	Stafford		2500 FT
7/23/2021	200-2021	CLINICAL	Therapist/Office On Youth	Fredericksburg		4200 PT/FT
12/1/2022	306-2022	CLINICAL	Substance Abuse Therapise (P&P)	RRJ Stafford		4200 FT
7/13/2021	174-2021	CLINICAL	S. A. Therapist	Fredericksburg		4220 FT
3/30/2022	092-2022	CLINICAL	S.A. Therapist, Women's Services	Spotsylvania		4220 FT
1/26/2021	350-2021	CLINICAL	SA Therapist, Women's Services	Fredericksburg		4260 FT
4/28/2021	083-2021	CLINICAL	MH/SA Therpaist - Detention Based	RRJ		4290 FT
4/18/2023	090-2023	CLINICAL	MH/SA Therpaist - Detention Based	RRJ		4290 FT
3/24/2021	056-2021	CLINICAL	SA Therapist/Case Manager	Fredericksburg		4296 FT
4/18/2023	092-2023	CLINICAL	Therapist - Jail Diversion	RRJ		5970 FT
2/24/2023	030-2023	CLINICAL	MH Therapist - Intakes	Fredericksburg	33	6430 FT
3/3/2023	043-2023	CSS	Coordinator	Crisis Stabilization		2770 FT
3/15/2023	059-2023	CSS	Therapist	Crisis Stabilization		2770 FT
6/10/2022	148-2022	CSS	Nurse Manager - RN	Crisis Stabilization		2770 FT
7/15/2022	182-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization		2770 FT
9/9/2022	231-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization		2770 FT
9/13/2022	253-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization		2770 FT
12/28/2022	321-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization		2770 FT
12/28/2022	322-2022	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT
2/17/2023	034-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT
3/15/2023	057-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT
3/15/2023	058-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT
12/1/2022	303-2022	CSS	Cook	Crisis Stabilization		2770 FT
12/28/2022	320-2022	CSS	Peer Recovery Specialist	Crisis Stabilization	14	2770 FT
12/28/2022	318-2022	CSS	Psychoosocial Advocate	Kenmore Club		2680 FT
1/30/2023	019-2023	CSS	MH Supv Apartment Asst. Mgr	Lafayette		2786 FT
12/21/2021	345-2021	CSS	MH Residential Counselor	Lafayette		2786 PT
8/12/2022	220-2022	CSS	MH Residential Counselor II	Home Rd		2778 FT
7/11/2022	170-2022	CSS	MH Residential Counselor I	Home Rd		2778 FT
12/1/2022	305-2022	CSS	Office Associate II - ACT South	401 Bridgewater		2372 FT
3/15/2023	060-2023	CSS	Develpmental Svcs Support Coordinator	River Club		3400 FT
5/24/2022	129-2022	CSS	Develpmental Svcs Support Coordinator	Stafford		3400 FT
8/1/2022	309-2021	CSS	Speech/Language Pathologist	PEID		3910 FT
2/1/2023	023-2023	CSS	Office Associate II	PEID		3910 FT
4/3/2023	081-2023	CSS	Infant/Child Support Coordinator	PEID		3910 FT
4/26/2023	093-2023	CSS	Case Manager, PSH	PSH	12	2760 FT
3/28/2023	077-2023	CSS	Direct Support Professional - Day Support	RAAI KH		3652 FT
6/24/2021	158-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT

Date Posted	Position No.	Position	Position Title	Location	RU	Full-time/Part-time
6/24/2021	159-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT
7/26/2021	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT
2/9/2022	046-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT
2/6/2022	308-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT
3/20/2023	066-2023	CSS	Direct Support Professional - Day Support	RAAI KG		3653 PT
1/13/2023	007-2023	CSS	Direct Support Professional - Day Support	RAAI Stafford		3655 FT
3/28/2023	075-2023	CSS	Direct Support Professional - Day Support	RAAI Stafford		3655 FT
7/11/2022	174-2022	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT
					13	
4/10/2023	087-2023	CSS	ICF Facility Manager	Wolfe Street ICF		3771 FT
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT
5/4/2021	089-2021	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT or PT
9/8/2022	247-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF		3771 FT
12/6/2022	309-2022	CSS	Direct Support Professional - ICF	Wolfe Street ICF		3771 FT
3/10/2023	054-2023	CSS	Direct Support Professional - ICF	Wolfe Street ICF		3771 PT
2/1/2023	021-2023	CSS	Intermediate Care Facility Manager	ICF Ross		3792 FT
1/20/2023	012-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT
4/10/2023	088-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT
7/12/2022	179-2022	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT
3/10/2023	053-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT
8/27/2020	141-2020	CSS	ICF Nurse - LPN	ICF Ross		3792 PT
2/17/2023	029-2023	CSS	Assistant Group Home Manager	ICF Lucas		3793 FT
1/30/2023	017-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 FT
3/3/2023	045-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 FT
11/1/2022	292-2022	CSS	Direct Support Professional - ICF	ICF Lucas		3793 PT
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT
1/30/2023	018-2023	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT
					20	
4/5/2023	084-2023	CSS	Asst. Coordinator, ID Residential Svcs	River Club		14 FT
2/17/2023	031-2023	CSS	Group Home Manager	Leeland Road		3772 FT
2/24/2023	039-2023	CSS	Assistant Group Home Manager	Leeland Road		3772 FT
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT
10/13/2022	275-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT
11/18/2022	300-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 FT
2/24/2023	038-2023	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 FT
7/18/2022	187-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 PT
7/18/2022	188-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 PT
2/18/2022	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond		3775 PT
3/15/2023	062-2023	CSS	Assistant Group Home Manager	Piedmont		3776 FT
1/13/2023	009-2023	CSS	Direct Support Professional - Residential	Piedmont		3776 FT
11/14/2021	303-2021	CSS	Direct Support Professional - Residential	Piedmont		3776 PT
2/10/2023	026-2023	CSS	Direct Support Professional - Residential	Piedmont		3776 PT
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT
4/18/2023	153-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT
1/20/2023	324-2022	CSS	Direct Support Professional - Residential	New Hope		3778 PT
1/13/2023	008-2023	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779 FT
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779 PT
9/10/2021	102-2021	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779 PT
3/15/2023	055-2023	CSS	Direct Support Professional - Residential	Belmont SAP		3781 FT
3/28/2023	070-2023	CSS	Direct Support Professional - Residential	Merchants Square SAP		3784 FT
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd		3790 PT
12/29/2021	348-2021	CSS	Direct Support Professional - Residential	Churchill		3791 PT
2/10/2023	025-2023	CSS	Direct Support Professional - Residential	Churchill		3791 PT
9/30/2022	270-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 FT
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT
					26	
Positions on Hold						
3/29/2021	058-2021	ADMIN	Administration Office Support	Fredericksburg		1000 FT
3/23/2020	056-2020	CLINICAL	Lead, ES Therapist	Fredericksburg		2000/4000 FT
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford		2250 FT
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200 PT
9/15/2022	260-2022	CSS	Nurse Manager II	ID/DD		Split FT
				Total: 124		

RECRUITMENT REPORT 2023

MONTHLY RECRUITMENT	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL YTD
External Applicants Hired:	7	5	3	13									28
Part-time	6	10	13	4									33
Full-time	13	15	16	17									61
Sub Total External Applicants Hired													
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													0
PRN As Needed to Part-time		1											1
Lateral Transfer		1		4									5
Non-Lateral Change in Position				1									1
Promotion	1	1	7	3									12
Temporary to Regular													0
PRN As Needed to Full-Time				1									1
Temporary Promotion													0
Intern to Full-time	1												1
Sub Total Internal Applicant Moves	6	7	10	10	0	0	0	0	0	0	0	0	33
Total Positions Filled:	19	22	34										75
Total Applications Received:													
Actual Total of Applicants:	75	62	83	115									137
Total External Offers Made:	20	15	18	26									35
Total Internal Offers Made:	9	7	18	4									16

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: May 11, 2023

Re: Report to RACSB Board of Directors for May Board Meeting

Outpatient Services

The Caroline Clinic established a waiting list on 11/17/2022 and it remains active. Lili Spain, MSW started as MH/SA clinician on 4/3/2023 and Sunshine Lady House staff provide outpatient services at the clinic temporarily on a part-time basis. They have been a great help! Clinic staff completed 21 intakes in April for our priority populations and also contacted individuals on waiting list for weekly check-in calls. The co-ed substance abuse group and adult wellness group also remains active. Lili Spain, MSW participated last month in Motivational Interviewing, DLA20 and substance abuse on-line trainings.

During the month of April, the Fredericksburg Clinic and Children's Services Clinic scheduled 126 intakes for outpatient therapy and medication management. Children's Services Clinic scheduled 43 intakes and the Fredericksburg Clinic scheduled 83 intakes. Out of the 83 intakes scheduled, 38 intakes were scheduled for Same Day Access. We welcomed a new telehealth contracted therapist through Iris Telehealth, Bria Brown, LCSW, who will be able to provide assessments and ongoing therapy to clients in our catchment area. We also welcomed Sunilda Suarez-Ruiz to our front desk in Fredericksburg as an Office Associate II. Suni has been working as a temp for the past several months and we are excited for her to officially join our team! We are continuing to hire for an Office Associate II, Medical Records position, Mental Health Peer Recovery Specialist, Intake Therapist, and MH/SUD Therapist at the Fredericksburg Clinic.

The King George Clinic continues to offer the weekly substance abuse treatment program for men and women. One participant in particular has seen a lot of progress in their treatment this month. This individual had previously struggled greatly with compliance and is now not using their substances of choice and is communicating regularly and openly within the group and with the therapist.

The King George clinic will begin offering a mental health group for elementary aged children next month. This group will meet every week on Tuesday evenings and will focus on important topics, including developing social skills, substance prevention, conflict resolution, anxiety/worry, depression/safety, emotion identification, stress/time management, responsibility/accountability. Group activities will include mental health jeopardy, gratitude trees, stress balls, calming jars, and a fun and team based obstacle course.

King George Clinic staff attended a Motivational Interviewing training on Harm Reduction, and an Ethics training focusing on Clinical Services and the Justice System this month. Clinic staff completed 24 new client intakes during the month of April.

The therapists at the Spotsylvania Clinic completed 38 assessments in April. The clinic continues to be on a waitlist. Therapists contact individuals on the waitlist weekly to check-in and provide updates. The clinic welcomed the new Office Associate. The clinic said goodbye for now to their Intern who has accepted a full-time position. She will rejoin the team the end of May as the Mental Health/Substance Use Therapist. She is bilingual and able to provide therapy in Spanish. The clinic continues to have one Substance Use Therapist vacancy. The Clinic Coordinator has been conducting interviews for this position and is hopeful to submit a hiring packet soon. Clinic Coordinator conducted a DLA20 training for 14 CSB employees throughout the region. Therapists have been taking advantage of the following training opportunities this month: TFCBT webinar, Motivational Interviewing, DBT, and DLA20.

The School-Based Therapy program continues to grow. The School-Based Therapist has officially started in Caroline County Schools. She will be providing services at the middle, high, and alternative schools. The School-Based Therapist with Fredericksburg City continues to provide therapy to students in five schools. The Clinic Coordinator had the privilege of participating in the Superintendent Community Round Table to continue the conversation on how to best support students. The Safe Harbor Therapist continues to provide Trauma Focused Cognitive Behavioral therapy to children who have disclosed abuse through Forensic Interviews. The therapist completed her hours towards licensure to become a Licensed Professional Counselor!

Case Management

The Adult Mental Health Case Management team continues to receive referrals for services from various different sources to include RACSB therapists at time of intake, Emergency Services, State Hospital discharges, Community referrals as well as individuals and their families seeking services on their own. During the month of April 2023, the MHCM Team enrolled 24 individuals in services, supporting each individual in linking with the appropriate benefits, services and resources in order to work toward increased stability and independence.

Child and Adolescent Case Management has seen an increase in referrals for families seeking residential treatment placement out of the home for children and adolescents. Utilization Review staff have received six residential referrals in the last two weeks which is a significant number. There are fewer residential facilities in Virginia since COVID and many facilities currently have wait lists for bed availability. We continue to recruit for two full-time positions in Stafford County. Three staff are registered to attend The Supporting Socially Marginalized Youth Summit in Richmond sponsored by DBHDS this month.

Jail & Detention

Detention has a census of 42 residents. Currently, there is one group of seven CPP residents and three residents in the Post D program. The CPP program will cease at the detention center effective July 1, 2023. Detention has two current vacancies for a full-time and a part-time therapist. The Mental Health Therapist position at the Jail has been filled. Grace Landolt will start on May 30, 2023. The OBOT/MAT Peer Specialist position has been re-posted. Jail staff have plans to start weekly Mental Health clinic on most pods to expedite services.

Specialty Dockets

Behavioral Health Docket welcomed one new participant this month and did not have any terminations. We are up to nine active participants in the program and are seeing a lot of progress with the participants toward their treatment goals. We currently have eight Veterans Docket participants and are awaiting court dates for two others who have been evaluated and approved for participation. Juvenile Drug Court continues to operate with two participants. 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 position continues to remain vacant at this time and this population is being served through the clinics where they reside.

Nicole Bassing, Specialty Dockets Coordinator, received the “2023 Community Partner Award” at the safety awards banquet held jointly by the Spotsylvania Sheriff’s Office and the Spotsylvania Commonwealth Attorney’s Office. We are so proud of the work she does in our community!

Substance Use

SUD Programs continue to have one therapist vacancy. The Project LINK specialist vacancy was filled during the month of April and the new specialist began her role on 5/1/2023. We continue to anticipate the new SUD therapist’s start date of 5/30/2023.

The Substance Use Disorder Coordinator and Peer Recovery Specialists continue to serve on the Harm Reduction Subcommittee, under Be Well Rappahannock. The SUD Coordinator assisted in hosting a job fair at Sunshine Lady House in hopes of recruiting for vacancies. The SUD Coordinator also continues to attend monthly Recovery Behind Walls meetings in efforts to improve transitional planning and reduce barriers for those incarcerated with opioid use disorders. SUD staff continue to meet monthly via zoom to provide support to one another and staff challenging cases, in efforts to protect against compassion fatigue and burnout.

SUD staff continue to offer weekly intake assessments, prioritizing those with opioid use, use while pregnant, or intravenous drug use. Our case managers work diligently to provide residential prescreens in a timely manner and support in reducing barriers for those with primary substance use disorders. The peer drop-in groups continue to be facilitated weekly and have increased in attendance.

Prevention Services

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org

540-374-3337, ext. 7520

April 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 to include adults.

Youth Education/Evidence Based Curriculums – We continue to partner with St. Paul’s and 4Seasons day care/preschool centers in King George County to facilitate curriculums including HALO (Healthy Alternatives for Little Ones) and Second Step. Jennifer Bateman, Prevention Specialist, attended the Virginia Foundation for Healthy Youth Conference in Alexandria April 24-26, 2023. She will be participating with an effort to update the HALO curriculum.

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 – DBHDS is 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 – We completed another round of high school education at King George High School in April. We facilitate alcohol prevention and vaping prevention education trainings as part of health classes.

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. Recent efforts include a training for physicians at Mary Washington Healthcare. A training for clinicians on Harm Reduction will be held May 19, 2023 at Germanna Community College.

May 9, 2023 is recognized as the second annual Fentanyl Awareness Day. There was a big state-wide push from the Governor’s Office for CSBs to utilize the toolkit, host events, and increase community awareness of the dangers of fentanyl.

Locally, we utilized social media with daily posts the week leading up to the awareness day. There was a media release and information on our website. We trained and dispensed Naloxone at St. George Episcopal Church The Table produce distribution as well as at the request of the head of nursing at Stafford County Public Schools. T-shirts were provided to those tabling events as well as SA, OBOT, and nursing staff.



Additionally, a virtual screening of the documentary “Dead on Arrival” was held in the evening on May 9th. It was attended by 22 community members including two media representatives.

Governor Youngkin was at Stafford High School to discuss the state REVIVE! program. And Virginia Secretary of Education Aimee Rogstad Guidera spoke at Germanna Community College.



MAY 9 NATIONAL FENTANYL AWARENESS DAY

Fentanyl is cheap, potent and profitable, so dealers use it to make fake pills. It can also be found in party drugs like cocaine and MDMA.

MAY 9 NATIONAL FENTANYL AWARENESS DAY

Fentanyl is involved in more American youth drug deaths than heroin, meth, cocaine, benzos and Rx drugs COMBINED.

MAY 9 NATIONAL FENTANYL AWARENESS DAY

Fentanyl is involved in more deaths of Americans under 50 than any cause of death, including heart disease, cancer, homicide, suicide and other accidents.

MAY 9 NATIONAL FENTANYL AWARENESS DAY

Fake pills have been found in all 50 states. Assume any prescription pill you see online is fake, including Oxy, Percocet, Adderall and Xanax.

MAY 9 NATIONAL FENTANYL AWARENESS DAY

Practically all of the pills seized by law enforcement are fake, and a majority contain a potentially lethal amount of fentanyl.

WHAT IS FENTANYL?

Fentanyl is a potent synthetic opioid.

Potent
Up to 50x stronger than heroin and 100x stronger than morphine. A few grains of sand worth can be lethal.

Synthetic
Not plant based. Made in a lab.

Opioid
Pain reliever like oxycodone, morphine and heroin.

Published on: May 9, 2023 | Health & Wellness, Ted Schubel

News Rappahannock Area Community Services Board on what's available locally


Watch later Share

MAY 9 NATIONAL FENTANYL AWARENESS DAY

If you have a question please use the Q & A feature on the Zoom dashboard.

Sherry Norton-Williams, she/he...

Audio Settings Chat Raise Hand **Q&A**

Watch on  YouTube

[View](#) coverage by Fredericksburg Today

Save One Life Naloxone Trainings –RACSB continues to host virtual trainings twice a month and at the request of community partners. In April, we facilitated trainings at the request of University of Mary Washington (one for faculty/staff and one resident life programming for students), The National Park Service, Operation Medicine Cabinet, and Teen Summit at James Monroe High School. We are scheduled to train all 100+ of the Spotsylvania County DSS staff in May.

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

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

Education/Outreach – We continue to partner with community stakeholders and provide information and resources. One such event was Operation Medicine Cabinet on April 22, 2023. This is part of the national drug take back day organized by the DEA. RACSB staff were at two sites to train and dispense naloxone.

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 was unable to host the ASIST training scheduled for May 10 -11, 2023 due to participations cancelling their registrations. This resulted in not meeting the minimum number of attendees needed to host the course. The next ASIST is scheduled for July 10-11, 2023.

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.

In April, we returned to the Rappahannock Criminal Justice Academy twice for Law Enforcement Basic and Jail Basic recruits. We also hosted an Adult MHFA for the community on May 2, 2023. We have finalized plans to train all staff at the Central Rappahannock Regional Library in September and October. We have added four (4) training dates to meet their needs.

We are pleased to be adding additional trainers to help us expand capacity and training requests from community partners. Benjamin Henderson, Health Educator, will complete both the Youth and Adult train-the-trainers in May. Additionally, long-time trainer Michelle Amey will add the

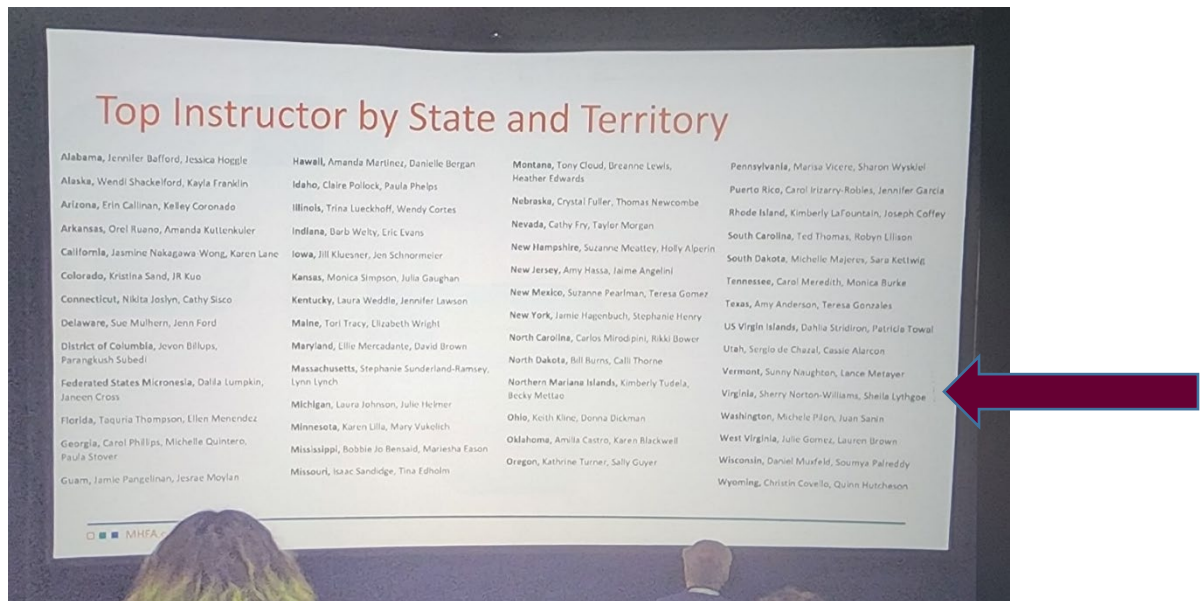
Youth certification. And, Board members Susan Gayle and Melissa White are becoming Youth instructors in preparation for bringing teenMHFA to Caroline County Public Schools.

To register:

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

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

Congratulations once again to Sherry Norton-Williams, Prevention Specialist. For a second consecutive year, Sherry was recognized by National Council as the Top Mental Health First Aid Instructor for Virginia!

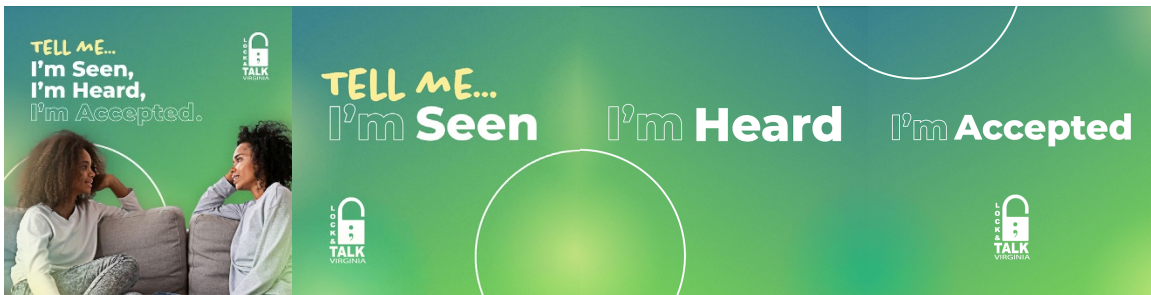
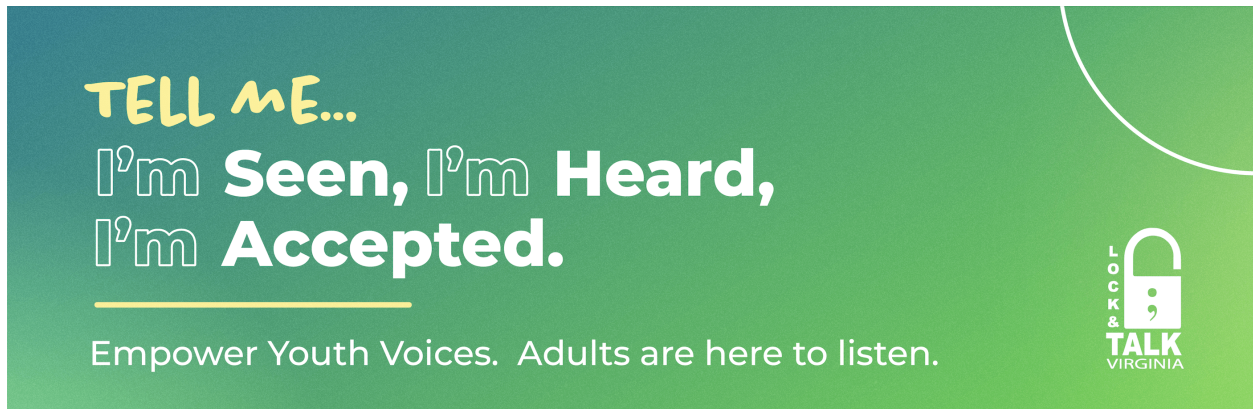


safeTALK – This 3-hour suicide alertness training encourages participants to learn how to prevent suicide by recognizing signs, engaging the individual, and connecting them to community resources for additional support. If we meet the minimum number of participants, our next training is scheduled for May 16, 2023.

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

Lock and Talk Virginia – The media campaign to recognize May as Mental Health Month has launched! The 2023 theme is “Tell me... I’m Seen, I’m Heard, I’m Accepted.” This campaign was built for adults to better support the mental wellness of youth. To learn more:

<https://www.lockandtalk.org/campaigns/tellme>



If you haven't already, please visit our new 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.

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.

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.vcpge.net.

ACEs and Resilience – RACSB Prevention Services has resumed in-person trainings and continues to collaborate with fellow CSBs to host virtual Understanding ACEs trainings. Our next in-person training is scheduled for May 23, 2023.

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

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

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

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

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

Healthy Families Rappahannock Area

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

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	0	1	6	2
CITY OF FREDERICKSBURG	2	2	27	14
KING GEORGE COUNTY	0	1	6	2
SPOTSYLVANIA COUNTY	8	9	53	14
STAFFORD COUNTY	5	6	33	13
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	15	19	125	45

- The Community Awareness open house held April 19, 2023 was well attended with nearly double the number of attendees compared to the prior year. A special thank you to Juan More Taco for sponsoring the refreshments.
- Participated in the Race Towards Autism, Safe Harbors Open House and Stafford Wellness Fair
- Met with Dr. Ayana McCrae, King George Pediatrician, to build a relationship and work on increasing referrals received from this county



Community Support Services Board Report: May 2023

Developmental Disabilities (DD) Residential Services - Stephen Curtis

As April began, DD Residential services was down 60 of 172 budgeted positions. As of 4/30, 52 positions were open. However, 2 positions had been accepted and another 9 hiring packets are in process. 2 candidates were turned down due to negative driving records. Resume submittal has increased substantially. The takeaway from this is that RACSB's salary and compensation scale is drawing the attention and interest of candidates and we are quickly seeing the impact it is having. We look forward to seeing additional positive increases in May.

Michael Peregory, Wolfe Street ICF, and Mario Anthony-Williams, Ross Drive are now both serving as acting managers for their programs. We thank them for their willingness to take on the responsibilities and duties for the positions.

We recently welcomed Candace Foxx to the manager position at Igo Road Group Home, and Lucy Carter to the Lucas Street ICF Manager position. We are very excited about the experience and leadership skills both bring with them.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club is currently making lots of plans for the upcoming art show, May 13. There are lots of pieces made by club members and staff, in an effort to increase awareness of mental health and raise some funds for the club. We also participated in the Mental Health of America walk earlier this month, and continue to work with community partner, NAMI, for an in-service. We say goodbye to our interns this month, but are looking forward to more outside activities, like our park day later this month. Our current enrollment is 81.

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

RAAI Garden party on 4/20 was a great success. Everyone had a great time and we are happy to have this event back. Plant sale continues to be busy, we anticipate running out of plants the first 2 weeks of May and wrapping up.

RAAI is currently supporting 112 individuals; with 38 individuals currently on the waitlist for services. We anticipate being able to make significant progress on reducing our waitlist in the upcoming months as we have filled many of our staffing vacancies. At this time, all full-time positions at RAAI have been filled and only part time remain.

Though we anticipate being almost fully staffed in the upcoming months, we do have less staff than we did prior to the staffing crisis. In the last 2 fiscal years, we converted 16 part time positions into 9 full time positions, in hopes to recruit and fill the massive number of vacant positions we had coming out of COVID. To reach a census of what we had pre-covid, we would likely need to increase staffing positions in the future or split those full time positions back into part time as they are vacated.

We have continued to increase community engagement numbers and are currently at an average of 2.7 across the whole program. DBHDS Customized rate services (1:1 supports) have all continued to be renewed with the most recent rate of \$44.49 per hour, DBHDS renewal staff report our documentation and renewal procedures have become excellent; making it clear the individuals receiving this support require it. RAAI continues to identify individuals who would benefit from this service and are not successful in the 1:7 group day and 1:3 community engagement ratios to close the gap on our budget deficit.

Mental Health (MH) Residential Services - Nancy Price

-One individual discharged from residential and went to an ALF.

- Three individuals were admitted into residential, two into Home Roads and one into Lafayette Boarding House.

-We had (6) referrals from Western state hospital for our transitional beds. One was accepted and moved into Home Road the end of April. One was unable to complete their CSS assessment due to psychosis and instability. One was accepted into LBH, but then returned to jail. Three are waiting to complete passes.

- We had two (2) community referrals. One will be completing his second pass once he is discharged from Snowden and one will be completing his first pass.

- PSH moved in seven (7) new clients into housing.

-The expansion plan for PSH was approved by DBHDS. Two new positions will be added due to the expansion, one case manager and one office manager. The first payout is due around mid May from DBHDS.

Early Intervention: Parent Education and Infant Development (PEID) - Suzanne Haskell

There are currently 536 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. Due to increased referrals, we are scheduling 15 consistent assessments per week as well as adding intermittent assessments in various counties. Each of the last few weeks we have

assessed 20, or close to 20, each week. There are currently 16 providers on staff. We currently have an open position for a speech-language pathologist.

Specialized Transportation: Clark Thomas

RACSB is awarded three Ford Transit 9 passenger vans with lift from the FTA 5310 Capital Grant application for FY24. The vans will be delivered in the summer/fall of 2024.



RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

April 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. RACSB staff, Suzanne Poe and Brandie Williams serve on the joint CCS User Acceptance Testing group.

Trac-IT Early Intervention Data System

The go live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, was June 27, 2022. The new date for full implementation of additional 280+ data requirements has been announced as December 11, 2023. RACSB will have to use the extract functionality which is still in development in order to meet full implementation expectations. Provided advocacy at the VACSB Executive Director's Forum around changes needed to the draft contract for Part C to remove requirements to maintain record in Trac-It and remove wording which would commit the agency to the increased data expectations on December 11 before having any opportunity to test the extract prior to signing.

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. During this time, IT staff directly entered the plans in WaMS to prevent any disruption to services.

Opportunities for Partnership/Input:

- Attended two Stafford Board of Supervisors Meetings in support of our regional Opioid Abatement Authority Cooperative grant application.
- Represented CSBs on the newly developed Data Exchange Steering Committee with senior DBHDS leadership.
- Worked with DBHDS Office of Enterprise Management Services to develop a potential pilot to reimburse CSBs for uncompensated mental health care services.
- Presented at the Virginia Association of School Superintendents state conference around supporting mental health in schools.
- Provided quote and feedback to US House of Representative Spanberger for the introduction of legislation to expand funding for SUD workforce public service student loan forgiveness program.
- Met with Anthem twice to explore potential pilots for additional funding to support individuals with temporary housing, SUD, and medication adherence.
- Attended the Virginia Health Information EDCC Advisory Council Meeting.
- Attended the Caroline County Public School's April School Board meeting to introduce new school-based therapist and program.
- Attended the Government Innovations Virginia Conference.

Special Projects and Data Requests:

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

- Represented the agency virtually at the VACSB Quality and Outcomes, Data Management

Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, Region 1 IT Council, UAT Team, new DBHDS Data Dashboard Committee, and DMC Technical Sub-committee.

- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions regarding appropriate reporting of new initiatives.
- Meet weekly on the core advisory group with DBHDS around the new Data Exchange implementation project.
- Met with Netsmart State Reporting engineers to begin development of an automated state metric measures reporting dashboard specific to Virginia dashboard measures.
- Participated in a development call with QI Folio to support development of a strategic plan management software.
- Attended Netsmart's National Conference Connections with 20 other Virginia CSB and DBHDS representatives.