



VOICE/TDD (540) 373-3223

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## meeting notice

**TO:** Board of Directors

**FROM:** Gregory Sokolowski, Secretary  
Joe Wickens Executive Director

**SUBJECT:** Board of Directors Meeting  
Tuesday, June 20, 2023 5:00 PM  
Rappahannock Area CSB – Board Room 208  
600 Jackson Street, Fredericksburg, VA 22401

**DATE:** June 16, 2023

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A Board of Directors Meeting has been scheduled for Tuesday, June 20<sup>th</sup> at 5:00 PM, at Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

We are looking forward to seeing everyone on June 20, 2023.

**\*As a reminder, we will be taking a formal group Board Photo therefore, please dress in business attire. Thank you.**

Best,

GS/JW

Enclosure (Agenda Packet)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
BOARD OF DIRECTORS MEETING  
*June 20, 2023*

600 Jackson Street, Board Room 208  
Fredericksburg, VA 22401

# agenda

- I. MINUTES, BOARD OF DIRECTORS, May 16, 2023 Lapin
- II. PUBLIC COMMENT- Public Comment Lapin
- III. EMPLOYEE SERVICE AWARDS Wickens

5 years

**Sharon Edelen** – Direct Support Professional, Igo Rd

**Rene Jackson** – Direct Support Professional, RAAI,  
Kings Hwy

10 years

**Douglas Jackson** – Direct Support Professional, RAAI

**Teresa Short** – Reimbursement Tech, Fredericksburg

- IV. CONSENT AGENDA Lapin

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE June 13, 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 – Quality Assurance Report

A.9 Approved –Corporate Responsibility

A.10 Information Only – Dashboard/Data Highlights

RECOMMENDED: FINANCE COMMITTEE June 13, 2023 Zurasky

B.1 Information Only –Summary of Cash Investments

B.2 Information Only –Summary of Investment Portfolio

B.3 Information Only – Fee Revenue Reimbursement

B.4 Information Only – Fee Revenue Reimbursement-without credits

B.5 Information Only – Fee Collection YTD and Quarterly

B.6 Information Only – Write-Off Report

B.7 Information Only – Health Insurance Account

B.8 Information Only – OPEB

B.9 Information Only – Payroll Statistics

B.10 Approved – 2023 April Financial Summary

B.11 Information Only - Rappahannock Area Kids on the Block City Arts Commission Grant Award

B.12 Approved – DBHDS Behavioral Health Equity Grant Notice Award

B.13 Information Only – Permanent Supportive Housing, Expansion Funds

B.14 Information Only – OBRA FY22 Reallocation Grant

RECOMMENDED: PERSONNEL COMMITTEE June 13, 2023

Gayle

C.1 Information Only –Retention Report

C.2 Information Only –EEO Report and Recruitment Update

VI. ELECTION OF EXECUTIVE COMMITTEE OFFICERS

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

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# May 2023 Board of Directors Meeting Minutes

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## Call to order

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held May 16, 2023 at 600 Jackson Street. Attendees included Sarah Ritchie, Greg Sokolowski, Susan Gayle, Claire Curcio, Glenna Boerner, Nancy Beebe, Ken Lapin, Bridgette Williams, Matt Zurasky, Jacob Parcell, Joe Wickens, Tina Cleveland, Teresa McDonnel, Amy Umble, Amy Jindra, Stephanie Terrell, Michelle Wagaman, Brian Anderson, Jennifer Bateman. Those not in attendance included Linda Carter, Melissa White, Carol Walker

## April 18, 2023 Minutes Board of Directors

The Board approved the minutes from the March meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Susan Gayle Seconded: Claire Curcio

## Employee Service Awards

Joe Wickens announced that the following employees have celebrated an anniversary for years of service:

### **Five Years**

Bonny Gysel, Direct Support Professional, Igo Road

Tamra McCoy, Coordinator, ACT

### **Ten Years**

Jennifer Bateman, Prevention Specialist

### **Fifteen Years**

Daniel Bairley, ID Support Coordinator Caroline

Brian Anderson, Case Manager, PSH

## Board Presentation: DD Children's Services

Suzanne Haskell and Alison Standring reviewed the Parent Education Infant Development Program and Part C services as an overview of early intervention services for children ages birth to 3 with a developmental delay. Jennifer Acors discussed ID support coordination for children.

## Consent Agenda

### **I. RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE, May 9, 2023**

#### **A. 1 Information only – Extraordinary Barriers List –**

- A. 2 Information only – Independent Assessment Certification and Coordination Team (IACCT) Update
- A. 3 Information only – Information Technology/Electronic Health Record Update
- A. 4 Information only – Crisis Intervention Team (CIT) Assessment Center Report
- A. 5 Information only – Emergency Custody/ Temporary Detention Order Report
- A.6 Information only – Wait List
- A. 7 Approved – Licensing Reports
- A. 8 Information only – Quarterly Incident Report Review
- A. 9 Information only – Quality Assurance Report Review
- II. RECOMMENDED: FINANCE COMMITTEE, May 9, 2023**
- B.1 Information Only –Investment Report
- B.2 Information Only –Reimbursement Report
- B.3 Information Only –Health Insurance Account Report
- B.4 Information Only –Other Post-Employment Benefits Review
- B.5 Information Only –Payroll Statistics
- B.6 Approved – Financial Report
- III. RECOMMENDED: PERSONNEL COMMITTEE, May 9, 2023**
- C. 1 Information Only –EEO Report and Recruitment Update
- C. 2 Information Only –Retention Report

ACTION TAKEN: The Board unanimously approved the consent agenda, including all recommended actions.

Moved by: Matt Zurasky Seconded: Susan Gayle

### Report from the Executive Director

Joe Wickens told the Board that each of the five localities in Planning District 16 have agreed to apply jointly for regional opioid abatement funding. He thanked Nancy Beebe and Glenna Boerner for reaching out to Spotsylvania County supervisors to talk about the funding opportunity. He also told the Board that Jacque Kobuchi, who could not attend the meeting, wanted to note the rising number of applications for clinical services positions. Joe reported that employment applications had increased throughout the agency overall. He also said that Teresa McDonnel was serving as the acting Director of Human Resources and that a new director had been hired and would begin work shortly. He also told the Board that a new executive associate had been hired.

### Report of Directors and Coordinators

Tina Cleveland said that the investment rate for cash reserves was 3.5%.

Teresa McDonnel reported a dramatic increase in applications, saying that more than 1,600 resumes were coming through Indeed. She said the applications were increasing in quality and quantity.

Stephanie Terrell said the compliance team was busy with a large number of audits and investigations.

Michelle Wagaman said that May was mental health month and reminded the Board about fentanyl awareness day. She also reported that Sherry Norton-Williams was the top Mental Health First Aid trainer in Virginia for the second year in a row.

Amy Jindra said that the compensation study has had a positive impact on her programs. Additionally, she reported that the Kenmore Club art sale and Rappahannock Adult Activities garden party had been successful events.

Brandie Williams thanked the Board Members who attended the VACSB conference.

## Board Time

Jacob Parcell thanked RACSB's leadership team for hard work and transparency and thanked Board Members for their advocacy.

Claire Curcio said that she enjoyed the Kenmore Club art show and that she was glad to see volunteer nurses from Germanna Community College at the event.

Glenna Boerner said that she was impressed with Sherry Norton-Williams who led the Fentanyl Awareness Day event.

Nancy Beebe said that the art show went well.

Ken Lapin reported that the VACSB conference was interesting and that he learned a lot.

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

Ken Lapin requested a motion for a closed meeting.

It was moved by Ken Lapin 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:

Ken Lapin – Voted Aye Jacob Parcell – Voted Aye  
Nancy Beebe – Voted Aye Glenna Boerner – Voted Aye  
Claire Curcio – Voted Aye Greg Sokolowski – Voted Aye  
Susan Gayle – Voted Aye Matt Zurasky – Voted Aye  
Bridgette Williams – Voted Aye. Sarah Ritchie – Voted Aye

The motion was unanimously approved.

## Adjournment

The meeting adjourned at 7:30 PM

Rappahannock Area Community Services Board  
Program Planning & Evaluation Meeting  
Tuesday, June 13, 2023 at 10:30 a.m.  
600 Jackson Street, Board Room 208  
Fredericksburg, VA

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**PRESENT**

Claire Curcio  
Glenna Boerner  
Greg Sokolowski  
Jacob Parcell  
Carol Walker  
Matt Zurasky  
Nancy Beebe  
Sarah Ritchie

**ABSENT**

Susan Gayle  
Melissa White  
Bridgette Williams  
Ken Lapin

**OTHERS PRESENT**

Joe Wickens, Executive Director  
Brandie Williams, Deputy Executive Director  
Tina Cleveland, Finance and Administration Director  
Stephanie Terrell, Comp & Human Rights Director  
Terri Carrington, Human Resources Director  
Amy Umble, Public Information Officer  
Teresa McDonnell, Human Resources  
Megan Hartshorn, Fredericksburg Clinic Coordinator  
Steve Curtis, Residential Services Coordinator  
Michelle Wagaman, Prevention Services Director  
Megan Toler, Reimbursement Coordinator  
Patricia Newman, Case Management Supervisor  
Nadine Mayo, Financial Analyst

**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 June 13, 2023.

**ISSUE:** **Extraordinary Barriers List**

**DISCUSSION:** Patricia Newman reviewed three individuals on the Extraordinary Barriers List who are ready for discharge from state psychiatric hospitals. Barriers to discharge include developmental disability, location of appropriate placement, and working through the Not Guilty by Reason of Insanity (NGRI) process.

Mr. Zurasky asked if we continue to hold spaces for the individuals working through the entire NGRI process. Ms. Newman reported agency will hold the bed until July 18<sup>th</sup> for the particular individual working through NGRI on this month's report. Ms. Williams added that this individual is scheduled to go into

one of our transitional beds so holding the bed does not impact funding/program revenue.

**ISSUE: Independent Assessment Certification and Coordination Team Update – March 2023**

**DISCUSSION:** Ms. Hartshorn told the Committee during the month of May, the RACSB Fredericksburg Clinic received twenty-seven IACCT referrals and completed twenty-five. One initial IACCT was cancelled 2 times by the legal guardian and then the adolescent was detained in juvenile detention. Fifteen referrals were initial IACCT assessments and twelve were re-authorizations. Seventeen were from Spotsylvania, four from Stafford, two from Caroline, two from King George and two from the City of Fredericksburg.

Mr. Zurasky inquired what the driver for the high number in Spotsylvania might be. Ms. Hartshorn said that they cover three zip codes. She also noted she has witnessed a lack of intensive services, especially community based, to keep individuals in the home. By the time they get to the IACCT process, they've exhausted all options. She went onto to say they are seeing an increase in the number of children and adolescents with substance abuse coming through the IACCT process as well.

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

**DISCUSSION:** Ms. Williams explained we are still averaging around 1,000 tickets closed per month. Especially challenging is navigating around a short-staffed department (seeking the following positions: Assistant Coordinator, Data Analyst, Data Entry P/T). The IT department continues to work on WAMS, Bells AI, and NIAM single sign on projects to improve efficiency. The IT department continues to work towards building an extract for TRAC-IT with concerns regarding the increase in required data elements scheduled for implementation on December 11, 2023.

Nancy Beebe asked if we still get reimbursed for Zoom when we have an appointment with someone online.

Ms. Williams explained that it is service dependent. The Federal Public Health Emergency ended in May so some virtual options are no longer available for certain services. Medicaid has created a telehealth supplement manual that formalizes the ability to bill for telehealth for many of our services.

**ISSUE: Emergency Custody Order and Temporary Detention Order Report - May 2023**

**DISCUSSION:** Ms. Williams told the Committee that emergency services staff completed 309 emergency evaluations in May 2023. 64 Emergency Custody Orders (ECO) were issued, 78 Temporary Detention Orders were executed. Staff facilitated one safety net admissions to a state hospital. There were also three forensic admissions to



state facilities this is when they are admitted directly from jail services. We have seen an increase in occupancy of forensic admissions to state hospitals that impacts our waiting list because there is no waiting for forensic to state hospitals. Ms. Beebe inquired if forensic individuals occupied most of our beds.

Ms. Williams noted that was accurate if you're looking at state bed occupancy across our system the majority of state hospital beds are occupied by forensic admissions. There are more civil admissions, however, they require less bed days prior to discharge compared to forensic admissions which average over 450 bed days per admission.

**ISSUE: Wait List - May 2023**

**DISCUSSION:** Ms. Terrell reported that 175 individuals were waiting more than 30 days for outpatient therapy appointments as of May 31, 2023.

Mr. Parcell inquired the reason for the significant outpatient wait list decrease. Ms. Terrell noted they have added staffing.

Mr. Zurasky asked about the *Other* in the count by county under Residential Services. Ms. Terrell said typically individuals from the state hospitals were already designated to our area so it could be somebody relocating to our area.

**ISSUE: Licensing Reports**

**DISCUSSION:** Ms. Terrell informed the Committee that RACSB obtained approval for one Corrective Action Plan (CAP) during the month of May 2023. Rappahannock Adult Activities (RAAI) Day Support Program, Caroline/The Gathering Place, received a report due to an incident which occurred involving a day support participant. As a result of the CAP, the staff was counseled and the service plan was adjusted.

**ACTION TAKEN:** It was moved by Mr. Zurasky and seconded by Mr. Purcell that the Committee recommends the Board to approve the May 2023 Licensing Reports as presented by staff. It was to be noted that the Corrective Action Plan was presented verbally to Committee. Staff was counseled and the ISP was updated. The motion was unanimously approved.

**ISSUE: Quality Assurance Report**

**DISCUSSION:** Ms. Terrell told the Committee that RACSB that the Quality Assurance staff completed chart reviews for the following programs: Rappahannock Adult Activities (RAAI): Stafford, Rappahannock Adult Activities, (RAAI): Caroline, Scottsdale Intellectual Disability Group Home.

Stafford: average score remained 100 on a 100-point scale.  
Caroline: 96 to 97 on a 100-point scale (CAP in place)

Scottsdale: 68 to 28 on a 100-point scale (CAP in place); overpayment of \$60,215.78 for this program due to this. This program will be re-reviewed in 90 days.

Ms. Beebe inquired what does the overpayment represent. Ms. Terrell, noted we have to pay the money back. Mr. Wickens provided explanation regarding staffing and primarily around management staff that were not trained properly, or simply weren't in position long enough. Mr. Curtis discussed how the program is addressing the staffing and training concerns.

Ms. Walker asked how the overpayments occurred. Ms. Terrell said for this particular program we are looking at the daily rates and so we are billing as the services are provided. In this particular case there was a service plan that was not created within the 365 days that it should have been. There was also a quarterly review that was missing. Mr. Zurasky asked how this affects other group homes and how are we improving to ensure this doesn't happen again. Mr. Curtis went into detail of how they are training new and current staff as well as constant self-reporting.

**ISSUE: Corporate Responsibility (CARF Requirement)**

**DISCUSSION:** Ms. Terrell told the Committee that this responsibility is focused on corporate compliance of policies and procedures set forth by the Commission on Accreditation of Rehabilitation Facilities. Overview of RACSB's compliance standards.

**ACTION TAKEN:** It was moved by Mr. Zurasky and seconded by Ms. Walker that the Committee recommends the Board to approve the Resolution: Corporate Responsibility as presented by staff. The motion was unanimously approved.

**ISSUE: Data Highlights**

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

### **Adjournment**

The meeting adjourned at 11:30 AM

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Board of Directors Chair

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Executive Director



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

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## 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  
June 13, 2023, 10:30 AM  
600 Jackson Street, Board Room 208, Fredericksburg, VA

**Date:** June 9, 2023

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A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, June 13, 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 June 13, 2023 at 10:30 AM.

Cc: Nancy Beebe, Chairperson

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

June 13, 2023 – 10:30 AM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

## *Agenda*

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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: June 13, 2023

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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 Central State Hospital (CSH). Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

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

Individual #1: Was placed on the EBL 5/17/23. Barriers to discharge include being accepted to a group home in the community. This individual has a primary diagnosis of a Developmental Disability and has an active DD Waiver. They have been accepted to Amazing Grace Group Home. At this time, paperwork and a prior authorization are being completed as this individual requires one-to-one supports. A discharge date will be set once all necessary paperwork is completed.

### **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. It has also been determined that they are not able to reside independently at this time. This individual completed a pass to Home Road Supervised Apartments; however, it was determined that this was not the most appropriate placement. Referrals have been completed for two other supervised transitional

residential programs in Region 1, Liberty and Gateway. This individual will discharge once accepted to a program.

### **Central State Hospital**

Individual #3: Was placed on the EBL 4/28/23. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a primary diagnosis of Schizophrenia and a history of substance use. It has been identified that this individual requires a supervised residential setting in the community in order to maintain stability in their mental health as well as to maintain compliance with their Conditional Release. They have been referred to and accepted by Lafayette Boarding House. During their hospitalization, two Temporary Custody Evaluations have been completed, resulting in one recommendation for continued hospitalization and one recommendation for Conditional Release. The Forensic Review Panel has also recommended release. RACSB is in favor of continued hospitalization as this individual has minimal insight to their illness, struggles to take responsibility for lack of follow through with treatment in the past as well as lacks a good understanding of the commitment required to be successful on Conditional Release. They would benefit from continued hospitalization and participation in the graduated release process. Their next court date is 7/18/23. They will be discharged once approved by the court.

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Donna Andrus, Child and Adolescent Support Services Supervisor  
**Date:** June 6, 2023  
**Re:** Independent Assessment Certification and Coordination Team (IACCT) Update

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

RACSB received twenty-seven IACCT referrals and completed twenty-five assessments in the month of May. One initial IACCT was cancelled 2 times by the legal guardian and then the adolescent was detained in juvenile detention. One reauthorization discharged home prior to the due date. Fifteen referrals were initial IACCT assessments and twelve were re-authorizations. Seventeen were from Spotsylvania, four from Stafford, two from Caroline, two from King George and two from the City of Fredericksburg. Of the twenty-five completed assessments in May, fifteen recommended Level C Residential, two recommended Level B Group Home, three recommended community based services and one reauthorization recommended discharge. Three assessments have not been completed yet with a recommendation and one was not completed within the timeline so another initial was started. One initial request was for a child to move from one residential facility to another due to lack of progress. Thirteen extensions were requested to meet the timeline.

Attached is the monthly IACCT tracking data for May 2023.

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: June 6, 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 May, 1,006 tickets were closed by IT Staff compared to April – 910, 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 April 2023 CCS was submitted on May 30, 2023.

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

WaMS 3.4 testing opened April 1, 2023. 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 12 through April 27, we were not able to test. WaMS 3.4 specifications went live on May 2, 2023. Due to the WaMS and Avatar not communicating properly, IT staff have spent a significant amount of time hand keying Individualized Service Plans into WaMS. WaMS testing still continues, a successful submission in the test system was achieved on May 30, 2023. Netsmart moved the test system's configuration to LIVE Avatar on June 6, 2023 via a patch. The system is now working as expected.

### **Trac-IT Early Intervention Data System**

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

### **Zoom**

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

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

### **Avatar**

On May 30, 2023, IT staff met with RAAI and Permanent Supportive Housing staff to discuss implementation of Bells to their program with hopes of going live in the next 60 days. Meetings will continue throughout the month of June to setup configuration of the system for the programs to use.

IT is still working through NIAM testing and integration. IT kicked off Netsmart's single sign on (NIAM) 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 authentication to increase security.

### **Staffing**

Suzanne Poe is retiring from the agency after 26 years on July 28, 2023. We currently have two vacancies, one for Assistant IT Coordinator and another for Data Analyst.

## MEMORANDUM

**To:** Joe Wickens, Executive Director

**From:** Jacqueline Kobuchi, Director of Clinical Services

**Date:** June 7, 2023

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

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In May 2023, Emergency Services staff completed 309 emergency evaluations. Sixty-four individuals were assessed under emergency custody orders and seventy-eight total temporary detention orders were served. Staff facilitated one safety net admissions to a state hospital. That individual was admitted to Catawba. There were also three forensic admissions to state facilities.

A total of 18 individuals were involuntarily hospitalized outside of our catchment area in April. Five individuals were able to utilize alternative transport.

Please see attached data reports.

# Emergency Services Activity Reports

Month	Contacts	Evaluations	ECOs	TDOs Issued	TDOs Executed
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
May 2023		309	64	78	78

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

CSB/BHA **Rappahannock Area Community Services Board** Month **May 2023**

1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
309	38	26	64	78	14	4	60	78	3
			0					0	
			0					0	
			0					0	

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

CSB/BHA **Rappahannock Area Community Services Board** Reporting month **May 2023** **No Exceptions this month** →

Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	
5/15/23	30146			Yes	No	Catawba

## MEMORANDUM

**To: Joe Wickens, Executive Director**  
**From: Stephanie Terrell, Director of Compliance and Human Rights**  
**Date: June 7, 2023**  
**Re: May 2023 Waiting Lists**

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

### OUTPATIENT SERVICES

- Clinical services: As of May 31, there are 175 individuals on the waiting 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 requests 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 38 clients.
    - The waitlist in Spotsylvania is currently at 57 clients.
    - The waitlist in Caroline is currently at 80 clients.
    - This is a decrease of 18 from the April 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 June 7, 2023, there are six older adolescents and adults waiting longer than 30 days for their intake appointment. This is an increase of two from the April 2023 waitlist. The furthest out appointment is 8/1/2023. There are no children age 13 and below waiting longer than 30 days for their intake appointment.

**PSYCHIATRY INTAKE** – As of June 7, 2023, the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

Adults	Children: Age 13 and below
○ Fredericksburg – 3 (2)	0 (0)
○ Caroline – 0 (1)	0 (0)
○ King George – 1 (1)	0 (0)
○ Spotsylvania – 2 (0)	0 (0)
○ Stafford – 0 (0)	0 (0)
<b>Total 6 (4)</b>	<b>0 (0)</b>

Appointment Dates	
<b>Fredericksburg Clinic</b>	
	7/13/23 7/24/23 8/1/2023
<b>Caroline Clinic</b>	
	N/A
<b>King George</b>	
	7/6/23
<b>Spotsylvania Clinic</b>	
	7/10/23 7/24/23
<b>Stafford Clinic</b>	
	N/A

**Community Support services:**

**Waitlist Definitions**

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

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

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

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

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

**MH RESIDENTIAL SERVICES - 3**

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

**Count by County:**

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

Two individuals are referrals from Western State Hospital for transitional beds at Home Road and LBH. One individual must complete eight passes at Kenmore Club, which started 5/24, prior to starting eight passes at Home Road. The other individual was referred to Lafayette Boarding House, but is expected to be recommitted at his hearing next week.

**Intellectual Disability Residential Services – 70**

Needs List: 69  
Referral List: 1  
Acceptance List: 0

**Count by County:**

Caroline	7
King George	4
Fredericksburg	7
Spotsylvania	28
Stafford	35

**Assertive Community Treatment (ACT)– 19**

Caroline: 1  
Fredericksburg: 7  
King George: 2  
Spotsylvania: 5  
Stafford: 4

Total Needs: 6  
Total Referrals: 13  
Total Acceptances: 0

Total program enrollments = 50

Admissions: 1  
Discharges: 0

**ID/DD Support Coordination**

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

P-1 361

P-2 193

P-3 287

**RAAI – 37**

Caroline: 3

Fredericksburg: 2

King George: 3

Spotsylvania: 15

Stafford: 9

Other: 7

Total Referrals: 30

Total Assessing: 2

Total Acceptances (waiting to add more days): 7

Total program enrollments = 112

Report Month/Year	May-23
1. Total number of Referrals from Magellan for IACCT:	27
1.a. total number of auth referrals:	15
1.b. total num. of re-auth referrals:	12
2. Total number of Referrals per county:	
Fredericksburg:	2
Spotsylvania:	17
Stafford:	4
Caroline:	2
King George:	2
Other:	0
3. Total number of extensions granted:	13
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:	1
7. Total number of assessments completed:	25
8a. Total number of ICA's recommending: <b>residential:</b>	15
8b. Total number of ICA's recommending: <b>therapeutic group home:</b>	2
8c. Total number of ICA's recommending: <b>community based services:</b>	3
8g. Total number of ICA's recommending: <b>Other:</b>	0
8h. Total number of ICA's recommending: <b>no MH Service:</b>	0
9. Total number of reauthorization ICA's recommending: <b>requested service not continue:</b>	1



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

1

## MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance and Human Rights  
**Date:** June 7, 2023  
**Re:** Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) obtained approval for one Corrective Action Plan (CAP) during the month of May 2023. Rappahannock Adult Activities Inc. (RAAI) Day Support Program received a report due to an incident which occurred involving a day support participant.

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

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

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

Date of Inspection: 05-12-2023

Program Type/Facility Name: 02-006 Caroline/The Gathering Place

Planned Comp. Date

Actions to be Taken

Description of Noncompliance

Comp

Standard(s) Cited

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Caroline/The Gathering Place  This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (4b) - The provider's duties. 4. Providers shall assign a specific person or group of persons to carry out each of the following activities: 4b. Preparation, implementation, and modifications to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual;	N	Caroline/The Gathering Place  This regulation was NOT MET as evidenced by:  The provider has substantiated for a Services violation based on the following:  <ul style="list-style-type: none"> <li>Employee #1 failed to implement the ISP in accordance with Individual #1's identified needs, which is a violation of 12VAC35-115-60(B)(4)(b).</li> </ul>		

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-12-2023

Program Type/Facility Name: 02-006 Caroline/The Gathering Place

<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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**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 #: 101-02-006  
 Organization Name: Rappahannock Area Community Services Board  
 Date of Inspection: 05-12-2023  
 Program Type/Facility Name: 02-006 Caroline/The Gathering Place

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

<p>12VAC35-105-150. (4)                  - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;</p>	<p>N</p>	<p>Caroline/The Gathering Place                  This regulation was NOT MET as evidenced by: See OHR citation below.</p>	<p>PR) 06/12/2023                  Employee #1 failed to implement the ISP in accordance with Individual #1's identified needs, which is a violation of 12VAC35-115-60(B)(4)(b).                    Employee #1 will receive corrective action according to RACSB standard of conduct policy and retraining on Human Rights.                  Employee #1 and all the staff at Caroline RAAI will receive additional training regarding Person-Centered language and plan of individual #1 at staff meeting on 6/13/23.                    All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of</p>	<p>6/13/2023</p>
<p>12VAC35-115-60. B. (4b) - The provider's duties. 4. Providers shall assign a specific person or group of persons to carry out each of the following activities:                  4b. Preparation, implementation, and modifications to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual;</p>	<p>N</p>	<p>Caroline/The Gathering Place                  This regulation was NOT MET as evidenced by:                  The provider has substantiated for a Services violation based on the following:</p> <ul style="list-style-type: none"> <li>Employee #1 failed to implement the ISP in accordance with Individual #1's identified needs, which is a violation of 12VAC35-115-60(B)(4)(b).</li> </ul>	<p>Employee #1 will receive corrective action according to RACSB standard of conduct policy and retraining on Human Rights.                  Employee #1 and all the staff at Caroline RAAI will receive additional training regarding Person-Centered language and plan of individual #1 at staff meeting on 6/13/23.                    All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of</p>	<p>6/13/2023</p>

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

Date of Inspection: 05-12-2023  
Program Type/Facility Name: 02-006 Caroline/The Gathering Place

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

Planned Comp. Date

Actions to be Taken

Description of Noncompliance

Comp

Standard(s) Cited

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

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

Date of Inspection: 05-12-2023

Program Type/Facility Name: 02-006 Caroline/The Gathering Place

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			OHR/OLR) Accepted 06/12/2023	

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			OHR/OLR) Accepted 06/12/2023	

**General Comments / Recommendations:**

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

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 & Human Rights  
**Date:** June 1, 2023  
**Re:** Quality Assurance Report

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

- Rappahannock Adult Activities, Inc. (RAAI): Stafford
- Rappahannock Adult Activities, Inc. (RAAI): Caroline
- Scottsdale Intellectual Disability Group Home

### **Rappahannock Adult Activities, Inc. (RAAI): Stafford**

There was one staff member responsible for the randomly selected charts.

Findings for the ten open and two closed charts reviewed for Rappahannock Adult Activities, Inc. (RAAI): Stafford were as follows:

- Ten charts were reviewed for Documentation compliance:
  - **No discrepancies noted with Documentation.**
- Ten charts were reviewed for Individual Service Plan (ISP) compliance:
  - **No discrepancies noted with Individual Service Plan.**
- Ten charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Review.**
- Ten charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with Progress Notes.**
- Ten charts were reviewed for Medical compliance:
  - **No discrepancies noted with Medical.**
- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

#### **Comparative Information:**

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): Stafford charts from the previous audits to the current audits, the average score remained the same of 100 on a 100-point scale.

#### **Corrective Action Plan:**

None Required

### **Rappahannock Adult Activities, Inc. (RAAI): Caroline**



There was one staff member responsible for the randomly selected charts.

Findings for the seven open and two closed charts reviewed for Rappahannock Adult Activities, Inc. (RAAI): Stafford were as follows

- Seven charts were reviewed for Documentation compliance:
  - **Discrepancies noted with Documentation:**
    - One chart was missing the Program Agreement.
    - Two charts were missing Authorized Representative Agreement.
- Seven charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plan:**
    - One chart was missing the Schedule of Supports.
- Seven charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Review.**
- Seven charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with Progress Notes.**
- Seven charts were reviewed for Medical compliance:
  - **No discrepancies noted with Medical.**
- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge:**

#### **Comparative Information:**

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): Caroline charts from the previous audits to the current audits, the average score increased from 96 to 97 on a 100-point scale.

#### **Corrective Action Plan:**

1. All missing documentation has been uploaded into Avatar, missing guardian signatures have been re-mailed.
2. Retraining for all lead specialists will occur on 5/24/23 on documentation for guardian signature follow up, as well as Authorization process completed by Asst Coordinator.
3. Corrective action will be completed for responsible staff for items not in the chart at the time of the audit.

## **Scottsdale Intellectual Disability Group Home**

There was one staff member responsible for the selected charts.

Findings for the six open charts and one closed chart reviewed for Scottsdale Intellectual Disability Group Home were as follows:

- Six charts were reviewed for Documentation compliance:
  - **Discrepancies noted with Documentation:**
    - One chart was missing the Individual Service Authorization Request (ISAR).
    - Two charts were missing the Program Agreement (AR).
    - Five charts were missing Releases.
    - One chart was missing Authorized Representative Agreement (AR).

- Six charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plan:**
    - Four charts were missing Guardian / AR Signatures.
    - Two charts were missing the Schedule of Supports.
    - Four charts contained Plans that were completed late.
  
- Six charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Review:**
    - Three charts were dated incorrectly for their coverage periods.
    - Two charts had Quarterly Reviews that were missing.
    - One chart was missing Guardian / AR Signature.
  
- Six charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes:**
    - Six charts had multiple notes that were not signed by the writer.
    - One chart had an ISP Checklist that was missing.
  
- Six charts were reviewed for Medical compliance:
  - **Discrepancies noted with Medical:**
    - Five charts had multiple medication prescriptions missing.
    - Three charts did not have the back sheet of the MARs scanned.

Projected overpayment: **\$60,215.78**

**Comparative Information:**

In comparing the audit reviews of Scottsdale Intellectual Disability Group Home charts from the previous audits to the current audits, the average score decreased from 68 to 28 on a 100-point scale.

**Corrective Action Plan:**

1. Corrective supervision and coaching are ongoing with the program manager and assistant manager to ensure charting is complete, correct, properly labeled, signed, and timely moving forward. The manager and assistant manager will be expected to re-attend all supervisor trainings on documentation in the coming months. Focus will be placed on obtaining signatures on plans, completing timely annual paperwork at the time of the ISP, completing timely quarterlies and plans, ensuring all documentation requiring upload be entered into the EHR timely and in the correct tabs, procuring scripts and uploading them in a timely manner, and monitoring to ensure that staff are entering timely, signed notes.
2. A re-review will be conducted in 90 days as a combined effort from the QA and Residential teams to ensure progress and accuracy is achieved.
3. 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.)
4. Charting and documentation expectations will continue to be reinforced through documented supervision and through the peer auditing and supervision processes to help ensure compliance.
5. Should there be further issue with meeting these expectations, progressive corrective action will be issued to responsible staff.
6. Oversight and corrective action will continue to be overseen by the DD Residential Coordinator and the DD Assistant Coordinators.

**Resolution:  
Corporate Responsibility**

The Rappahannock Area Community Services Board is committed to providing high quality services to people with mental health, developmental disability and substance use problems, in accordance with state and federal laws, agency policies, rules and regulations, and professional ethics.

The agency is committed to providing adequate training to support staff in their understanding of these requirements and procedures to follow, if noncompliance suspected. The Corporate Compliance Plan shall outline the procedures through which staff are educated about standards and policies as well as procedures to report suspected noncompliance.

The Director of Compliance and Human Rights shall assume the responsibilities of corporate compliance officer, and shall conduct mock audits to insure compliance with all applicable standards. The frequency, kinds of audits, and outcomes expected of those audits are outlined in the Corporate Compliance Plan.

The Corporate Compliance Plan shall be reviewed annually by the Board of Directors.

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Signature, Executive Director

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Signature, Chair, Board of Directors

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Date

June 2023

## I. Compliance Standards

Numerous federal and state laws and regulations, regulations by third-party payers, and accreditation standards define RACSB's obligations for which they must comply. Violations of these rules and regulations result in varying levels of consequence, depending on the severity of the violation.

The Policies and Procedures established by Rappahannock Area Community Services Board reflect the following regulations as well as our own sense of quality services (this list is not intended to identify all applicable laws, the Compliance Officer should be consulted with specific questions):

- 1) Rules and Regulations for the Licensure of Mental Health, Developmental Disability, and Substance use Services, Office of Licensure, Virginia Department of Behavioral Health & Developmental Services.
- 2) Human Rights and Confidentiality Regulations, Office on Human Rights, Virginia Department of Behavioral Health & Developmental Services.
- 3) Federal laws and regulations regarding substance use confidentiality.
- 4) Laws and regulations through Virginia's Department of Medical Assistance Services.
- 5) Applicable regulations through the Health Care Finance Administration.
- 6) Rules and regulations to prevent fiduciary abuse, as outlined in RACSB's Financial Policies and Procedures.
- 7) Accreditation standards, as issued through CARF.
- 8) Regulations as identified through the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 9) Laws and regulations of the Department of Health Professions.

In addition, RACSB has a clearly outlined Code of Ethics in its Personnel Policies and Procedures that reflect such items of importance as professional conduct, personal behavior, clinical practices, and methods to report suspected violations of the code of ethics.

## II. Staff Education

All RACSB employees are expected to comply with all policies, procedures, and applicable laws. At the beginning of employment, all employees review highlighted policies and sign off indicating they have read and understand the Employee Handbook. The Code of Ethics, grievance procedures, and standards of conduct violations are all outlined in the Employee Handbook.

During New Employee Orientation the Medical Record Accountability Protocol is reviewed and distributed to staff which outlines documentation expectations and potential consequences of improper medical record documentation.

At hire and annually, staff reviews the Corporate Compliance Plan and sign a policy indicating doing so. In addition, staff are required to complete an annual on-line training to review the components of corporate responsibility.

Annually, various Committees of the Board of Directors review Board policies and procedures and provide the Board of Directors with recommended changes/clarification.

#### **A. Policy and Procedure manuals**

A policy and procedure manual exists for each service provided. The policy and procedure manual reflects required standards and expectations required by each employee providing that service.

Each program coordinator or site coordinator is expected to work with the Division Directors and Quality Assurance Office to keep policies and procedures up to date and current.

All current policy and procedure manuals shall be posted on the RACSB Intranet to allow for immediate staff access.

#### **B. Maintenance of records and documentation**

Services rendered by staff shall be documented in the electronic health record according to all applicable rules and regulations. Staff must document activity accurately and honestly for services provided. Billing for these services shall not occur without proper documentation, as documented via an attestation statement on service activity logs. Billing that occurs without accurate documentation to support the service provided shall be considered fraud.

Upon resignation of employment, staff is expected to have all medical record documentation current in order to ease the transition between clinicians and improve continuity of care.

### **III. Compliance with Legal Inquiries: Subpoenas, Search Warrants and Court Appearances**

State and federal confidentiality laws bind information on services provided at Rappahannock Area Community Services Board. With the exception of information that may need to be shared in cases of emergency, subpoenas, search warrants and court orders are the other tools through which information may be released without the prior consent of the person receiving services.

As part of the intake process, persons receiving services receive information regarding confidentiality and limits thereof.

Step by step procedures regarding how to respond to subpoenas are located in the Clinical Services Policy and Procedures Manual. When staff is issued a subpoena, they are to immediately notify their supervisor, and have the subpoena reviewed by the Clinical Services Director or the Corporate Compliance Officer. The purpose of review is to assure that the subpoena meets all necessary legal requirements in order to disclose confidential information.

Any written information that is released as a result of a subpoena duces tecum shall be accompanied by a certification indicating the information is being released as ordered. The certification shall be signed by the Executive Director and duly notarized.

If the subpoena is complete and staff plans to attend the court hearing, it is recommended they call counsel prior to their attendance in order to review what is expected of them during the proceedings. Staff should be cautioned not to present themselves as expert witnesses. In addition, it is recommended, to the extent possible, that staff inform the consumer prior to the court appearance.

Staff should inform their supervisor and document in the case notes when they received the subpoena, when they appear in court, and the outcome of that appearance.

Staff should not take the entire medical record with them to court unless specifically requested by the subpoena to do so.

Any employee served with a search warrant at a site operated by RACSB shall immediately notify the Executive Director or designee for direction. Staff shall request identification from the law enforcement officer and shall write down the name and identification information of the officer.

A search warrant is a written order regarding a criminal matter that directs a sheriff or police officer to search a specific place for specific persons, documents or items that are to be seized as described in the search warrant.

Staff will cooperate with the officer in non-substance use cases. If the search warrant involves a request for records of an individual receiving substance use services, an attempt will be made to seek legal opinion. Employees will comply with law enforcement mandates in the event of emergency situations or when a law enforcement officer refuses staff request to seek further guidance; even if the officer's orders are later shown to be erroneous. When the officer takes property into custody, a detailed receipt must be given for the property. Make a copy of any requested medical records. Never give out the original.

RACSB is committed to cooperating with any legal investigative action and to assisting staff in responding appropriately to any legal inquiry, while maintain the confidentiality of individuals served.

#### IV. Availability of Legal Counsel

As needed, Rappahannock Area Community Services Board consults with legal counsel on any matters that pertain to allegations of wrongdoing by staff, or issues that revolve around the health and welfare of individuals served and of personnel.

#### V. Monitoring, Auditing and Risk Assessment Activities

Activities conducted to review compliance to standards include, but are not limited, to the following:

- Internal chart reviews are conducted on open and closed records each quarter. In addition to quality assurance record reviews, it is recommended that supervisors review records as part of staff meetings and individual supervision.
- Annual policy and procedure review.
- Unannounced reviews by the Virginia Department of Behavioral Health & Developmental Services, Office of Licensure.
- Unannounced reviews by the Virginia Department of Behavioral Health & Developmental Services, Office of Human Rights.
- Annual review of financial record by external CPA firm.
- Unannounced reviews by the Virginia Department of Medical Assistance Services.
- Unannounced reviews by Magellan Behavioral Health Services.
- Record requests via the Center for Medicaid and Medicare Services.
- At hire and monthly the Human Resource department verifies that staff are not listed on the Health and Human Services – Office of Inspector General List of Excluded Individuals and Entities.

#### VI. Investigations of Suspected Noncompliance

The Compliance Officer is responsible for investigating any suspected misconduct and referring, as appropriate, information to the Executive Director and/or the Board of Directors. All employees are expected to cooperate to the fullest extent possible with any and all investigations. Employees who refuse to cooperate with an investigation are in direct violation of agency policies and procedures.

An investigation into allegations of waste, fraud, abuse or other wrongdoing shall be completed in accordance with the procedures outlined in the Financial Policies and

Procedures. As noted in the Financial Policies and Procedures, the Code of Virginia requires that fraudulent activities be reported to appropriate authorities.

Employees must report to their supervisor or to the Corporate Compliance Officer suspected violations by employees of applicable laws, rules or regulations. In order to investigate allegations of noncompliance, staff need to provide as much information as possible regarding the suspected violation.

While the identity of an individual who reports a suspected violation cannot be guaranteed to be kept anonymous, no employee who reports suspected misconduct shall be retaliated against or otherwise disciplined by Rappahannock Area Community Services Board or any of its employees.

#### VII. Consequences for Non-Compliance

Consequences for noncompliance of agency policies and procedures are outlined in the Employee Handbook, Section 3.

#### VIII. Outside Investigations

Rappahannock Area Community Services Board is committed to full compliance of all state and federal laws and shall cooperate fully with any reasonable demands made by any outside entity, to the greatest extent possible.

#### IX. Corporate Citizenship.

Rappahannock Area Community Services Board is guided by strong moral and ethical standards in daily interactions with customers, shareholders, and employees and extends corporate responsibilities beyond core business.

Staff hold various positions on local Boards of agencies that assist individuals in need of human services. The Boards include the following agencies, Safe Harbor Child Advocacy Center, Moss Free Clinic, Rappahannock Council Against Sexual Assault, and Healthy Families. In addition, Rappahannock Area Community Services Board staff are involved in many community projects, such as local community fairs, seminars, and town halls to educate, inform, protect, and promote a healthy community. These activities presented during the community project may include educating the community regarding suicide prevention, Mental Health First Aide, REVIVE, Lock and Talk, and various other topics.



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: June 8, 2023

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

## Department of Behavioral Health and Developmental Services Performance Dashboard

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

### Behavioral Health Measures

#### Same Day Access

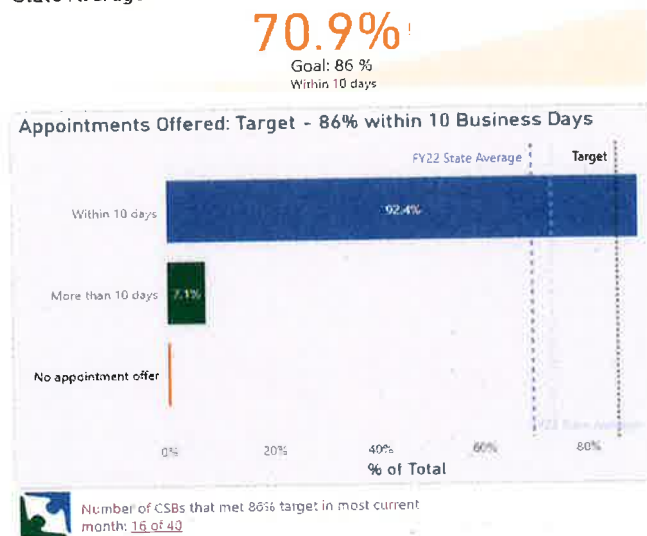
**Measure #1: SDA Appointment Offered:** Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

#### **Current Month's Performance- February 2023 (92.4%)**

**Measure 1: Appointments Offered**

Target - 86% within 10 Business Days

State Average



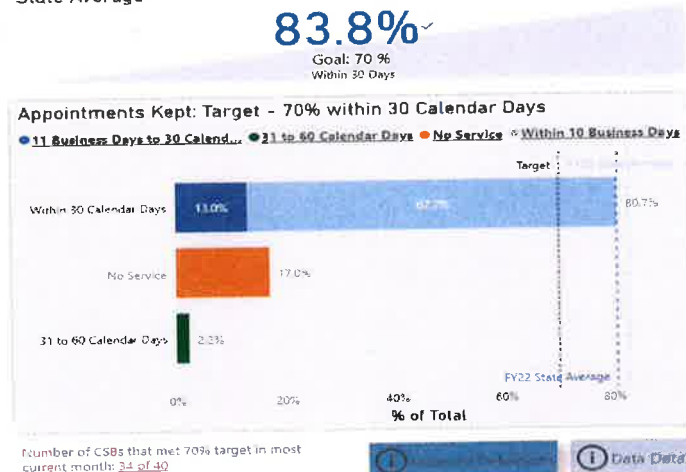
**Measure #2: SDA Appointment Kept:** Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

#### **Current Month's Performance- January 2023 (80.7%)**

**Measure 2: Appointments Kept**

Target - 70% within 30 Calendar Days

State Average



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

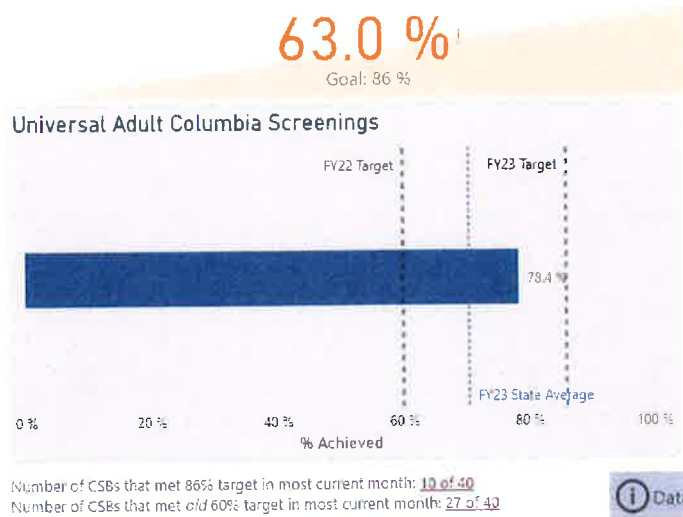
**Measure #1: Universal Adult Columbia Screenings:** Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(enumerator). The benchmark is set at 60 %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

**Current Month's Performance-February 2023 (78.4%)**

**Measure 2: Adults 18 and Over**

FY22 Target: 60%; FY23 Target: 86%

State Average



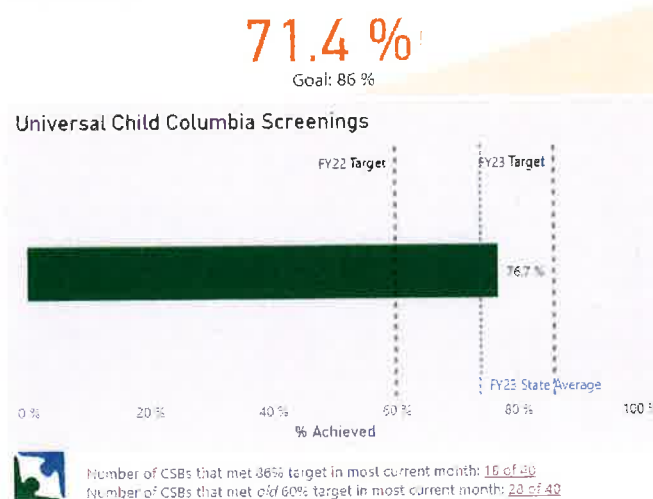
**Measure #2: Child Suicide Assessment:** Percentage of children who are 7 through 17 years old who have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(enumerator). The benchmark is set at 60 % for FY22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

**Current Month's Performance- February 2023 (76.7%)**

**Measure 1: Children 6 to 17**

FY22 Target: 60%; FY23 Target: 86%

State Average



**Substance Use Disorder Engagement Measures**

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

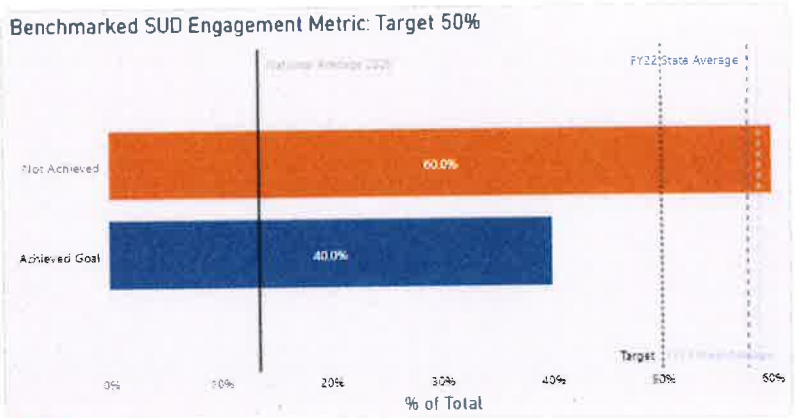
**Current Month's Performance- February 2023 (40.0%)**

**Benchmarked Measure**

Target - 50%

State Average

**57.7%**  
Goal: 50 %



Number of CSEs that met 50% target in most current month: 24 of 60

## Developmental Disability Measures

### Percent receiving face-to-face and In-Home Developmental Case Management Services

*Definition:* Percent of total individuals with an ID/DD Waiver who meet criteria for Enhanced Case Management who received a face-to-face case management service within the reporting month and previous case management visit was 40 days or less. *Target: 90%*

*Definition:* Percent of total individuals with an ID/DD Waiver who meet criteria for Enhanced Case Management who received **In-Home** face-to-face case management services every two months. *Target: 90%.*

**DBHDS has not provided an updated visualization of or updated performance on the ID/DD Case Management Measures at this time- Performance on this as indicated below is the same information previously reported in April 2023's Program Planning and Evaluation**

ECM Face to Face: January 2023- 76%

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

ECM In-Home: January 2023- 79%

Rappahannock Area Community Services Board  
Finance Committee Meeting  
Tuesday, June 13, 2023 at 12:00 p.m.  
600 Jackson Street, Board Room 208  
Fredericksburg, VA

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**PRESENT**

Claire Curcio  
Glenna Boerner  
Greg Sokolowski  
Jacob Parcell  
Carol Walker  
Matt Zurasky  
Nancy Beebe  
Sarah Ritchie

**ABSENT**

Susan Gayle  
Melissa White  
Bridgette Williams  
Ken Lapin

**OTHERS PRESENT**

Joe Wickens, Executive Director  
Brandie Williams, Deputy Executive Director  
Tina Cleveland, Finance and Administration Director  
Stephanie Terrell, Comp & Human Rights Director  
Terri Carrington, Human Resources Director  
Amy Umble, Public Information Officer  
Teresa McDonnell, Human Resources  
Megan Hartshorn, Fredericksburg Clinic Coordinator  
Steve Curtis, Residential Services Coordinator  
Michelle Wagaman, Prevention Services Director  
Megan Toler, Reimbursement Coordinator  
Patricia Newman, Case Management Supervisor  
Nadine Mayo, Financial Analyst

**Call to order**

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **June 13, 2023**.

**ISSUE:** **June 2023 Board Deck**

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

- Cash Investments, which totaled \$24,605,581 in May 2023.
- Investment Portfolio Summary, which showed an estimated income balance of \$131,955 as of April 30, 2023.
- Fee Revenue Reimbursement, with current year-to-date collections of \$73,639 which was a 12% increase from the previous year.
- Write-Off Report, which totaled \$196,810.01 for April 2023.
- Health Insurance Account, with year-to-date monthly premiums totaling \$3,255,551.13 and claims and fees totaling \$2,154,069.06.

- Other Post-Employment Benefits, which had a balance of \$3,636,941.98 as of April 30, 2023.
- Payroll Statistics, which showed an average of 496 employees were paid 472 overtime hours per pay period in FY23 and an average of 3,557 leave hours per pay period.

**ISSUE: June 2023 Financial Summary Report**

**DISCUSSION:** Ms. Mayo reviewed the FY 2023 financial summary report with the Committee. Overall, FY23 balances currently show a net gain of \$6,648,796 with \$2,125,640 of that being in restricted funds. Ms. Cleveland added at that we are sitting at a 3.8 million net gain above where we were sitting last year at this time, despite the fact we are paying higher salaries.

**ACTION TAKEN:** It was moved by Mr. Zurasky and seconded by Ms. Walker that the Committee approve the April 2023 Financial Summary. The motion was unanimously approved.

**ISSUE:** Ms. Wagaman informed the Committee of the Rappahannock Area Kids on the Block City Arts Commission Grant Award in the amount of \$1,250. Supports public performances.

**DISCUSSION:** No vote necessary

**ISSUE:** Ms. Wagaman presented information on the DBHDS Behavioral Health Equity Grant – Notice of Award, the RACSB will receive \$10,300 to build on the BarberShop talk held in September 2022 and GoodFellaz Project.

Mr. Zurasky inquired what Uphold 3:18 is. Ms. Wagaman explained it is the private practice of Gary Taylor. Ms. Walker asked what the toolkits consisted of. Ms. Wagaman said she was not sure yet, they are wanting the young boys to create them for themselves.

**ACTION TAKEN:** It was moved by Mr. Sokolowski and seconded by Mr. Parcell that the Committee approve the DBHDS Behavioral Health Equity Grant Request. The motion was unanimously approved.

**ISSUE:** Mr. Wickens went over the Permanent Supportive Housing, Expansion Funds. In response to our request, RACSB awarded \$624,988.

Mr. Parcell asked if we are at full utilization right now. Mr. Wickens said yes and we have a number of individuals on the wait list.

Ms. Beebe asked for a report from Ms. Jindra on how many individuals are successful and follow through with this program.

**ISSUE:** Ms. Williams went over the OBRA FY22 Reallocation Grant, overfunds. Last year awarded close to \$400,000 to offset deficit and this year we will be awarded \$170,000.

**Adjournment**

The meeting adjourned at 12:37 PM

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Board of Director

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Executive Director





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

## NOTICE

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

**From:** Joseph Wickens  
Executive Director

**Subject:** Financial Committee Meeting  
June 13, 2023, 12:00 PM  
600 Jackson Street, Board Room 208, Fredericksburg, VA

**Date:** June 9, 2023

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A Finance Committee meeting has been scheduled for Tuesday, June 13, 2023 at 12:00PM  
The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing you on June 13<sup>th</sup> at 12:00 PM

Cc: Matt Zurasky, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

# Finance Committee Meeting

June 13, 2023 – 12:00 PM

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

## **Agenda**

I.	Finance Committee Board Deck, <i>Cleveland</i> .....	3
	a. Summary of Cash Investments	
	b. Summary of Investment Portfolio	
	c. Fee Revenue Reimbursement	
	d. Fee Revenue Reimbursement-Without Credits	
	e. Fee Collection YTD and Quarterly	
	f. Write-Off Report	
	g. Health Insurance Account	
	h. OPEB	
	i. Payroll Statistics	
II.	Financial Summary, <i>Cleveland</i> .....	14
III.	Rappahannock Area Kids on the Block City Arts Commission Grant Award, <i>Wagaman</i> .....	19
IV.	Permanent Supportive Housing, Expansion Funds, <i>Price</i> .....	23
V.	OBRA FY22 Reallocation Grants, <i>Williams</i> .....	26
VI.	Other Business, <i>Zurasky</i>	

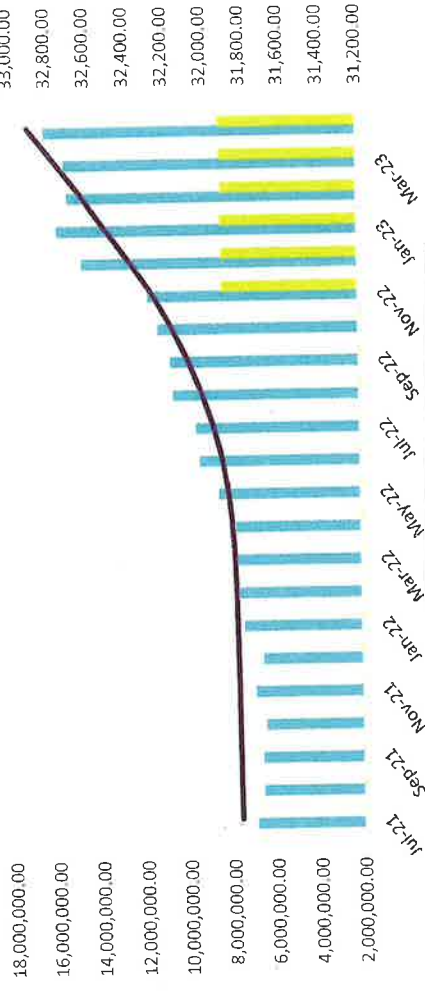
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# Finance Committee

JUNE 13, 2023

# Summary of Cash Investments

Depository	Rate	Comments
<b>Atlantic Union Bank</b>		
Checking	2.00%	
Cash Equivalents	1.27%	
Fixed Income	3.69%	
Total Investment		
<b>Total Atlantic Union Bank</b>		
Local Gov. Investment Pool	4.95%	
<b>Other</b>		
Local Gov. Investment Pool		
<b>Total Investments</b>		



	\$ Change	% Change
Change from Prior Month	\$ 902,572	3.8%
Change from Prior Year	\$ 5,602,362	29%

Average # Months Reserves on Hand: 5.95

# Summary of Investment Portfolio

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Current Yield
Balance at 12/31/2022	\$ 8,294,365.83	\$ 8,228,444.55	\$ 8,239,711.54	\$ (11,266.99)	\$ 261,728.00	3.18%
Balance at 1/31/2023	\$ 8,378,256.66	\$ 8,251,634.22	\$ 8,252,541.72	\$ (907.50)	\$ 209,252.00	2.54%
Balance at 2/28/2023	\$ 8,431,374.26	\$ 8,225,629.40	\$ 8,260,788.49	\$ (35,159.09)	\$ 172,780.00	2.09%
Balance at 3/31/2023	\$ 8,447,556.58	\$ 8,286,125.41	\$ 8,276,970.81	\$ 9,154.60	\$ 177,246.00	2.14%
Fidelity IMM Gov Class I Fund #57	\$ 463,288.38	463,288.38	\$ 463,288.38	\$ -	\$ 21,955.00	4.74%
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	957,099.43	\$ 955,129.17	\$ 1,970.26		
US Treasury Bill (6/15/2023)	\$ 1,000,000.00	\$ 977,641.23	\$ 977,916.87	\$ (275.64)		
US Treasury Bill (8/01/2023)	\$ 1,000,000.00	\$ 983,918.38	\$ 984,380.31	\$ (461.93)		
US Treasury Bill (11/30/2023)	\$ 1,025,000.00	\$ 981,677.46	\$ 981,732.90	\$ (55.44)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 956,032.70	\$ 955,364.35	\$ 668.35		
<b>Total Cash Equivalents</b>	<b>\$ 5,488,288.38</b>	<b>\$ 5,319,657.58</b>	<b>\$ 5,317,811.98</b>	<b>\$ 1,845.60</b>	<b>\$ 21,955.00</b>	<b>0.41%</b>
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 976,920.00	\$ 973,575.00	\$ 3,345.00	\$ 22,500.00	2.31%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 1,008,460.00	\$ 1,005,781.25	\$ 2,678.75	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 1,002,540.00	\$ 1,004,914.69	\$ (2,374.69)	\$ 45,000.00	4.48%
<b>Total Fixed Income</b>	<b>\$ 3,000,000.00</b>	<b>\$ 2,987,920.00</b>	<b>\$ 2,984,270.94</b>	<b>\$ 3,649.06</b>	<b>\$ 110,000.00</b>	<b>3.69%</b>
<b>Balance at 4/30/2023</b>	<b>\$ 8,488,288.38</b>	<b>\$ 8,307,577.58</b>	<b>\$ 8,302,082.92</b>	<b>\$ 5,494.66</b>	<b>\$ 131,955.00</b>	<b>1.59%</b>

# Fee Revenue Reimbursement

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
<b>Total Claims Outstanding</b>	<b>Total</b>	100%	\$6,545,639	100%	\$6,374,394	100%	\$6,173,284
	Consumers	51%	\$3,320,685	48%	\$3,067,650	38%	\$2,339,821
	3rd Party	49%	\$3,224,953	52%	\$3,306,744	62%	\$3,833,464
<b>Claims Aged 0-29 Days</b>	<b>Consumers</b>	100%	\$633,046	92%	\$583,993	0%	\$777
	3rd Party	497%	\$3,148,326	521%	\$3,296,094	50%	\$3,068,400
<b>Claims Aged 30-59 Days</b>	<b>Consumers</b>	37%	\$236,088	14%	\$89,659	6%	\$351,639
	3rd Party	14%	\$91,672	6%	\$40,205	5%	\$335,441
<b>Claims Aged 60-89 Days</b>	<b>Consumers</b>	14%	\$87,868	5%	\$29,603	2%	\$93,392
	3rd Party	4%	\$24,106	6%	\$39,660	1%	\$87,711
<b>Claims Aged 90-119 Days</b>	<b>Consumers</b>	5%	\$28,817	2%	\$14,012	1%	\$62,141
	3rd Party	5%	\$34,489	1%	\$8,849	1%	\$37,514
<b>Claims Aged 120+ Days</b>	<b>Consumers</b>	369%	\$2,334,865	371%	\$2,350,383	30%	\$1,831,871
	3rd Party	-12%	-\$73,639	-12%	-\$78,066	5%	\$304,398

## CLAIM COLLECTIONS

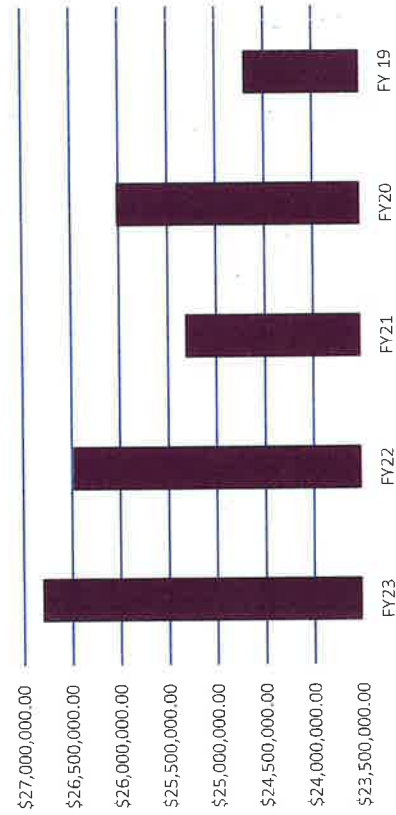
Current Year To Date Collections \$26,797,147  
 Prior Year To Date Collections \$22,293,970  
 \$ Change from Prior Year \$4,503,177  
 % Change from Prior Year 20%

# Fee Revenue Reimbursement - Without Credits

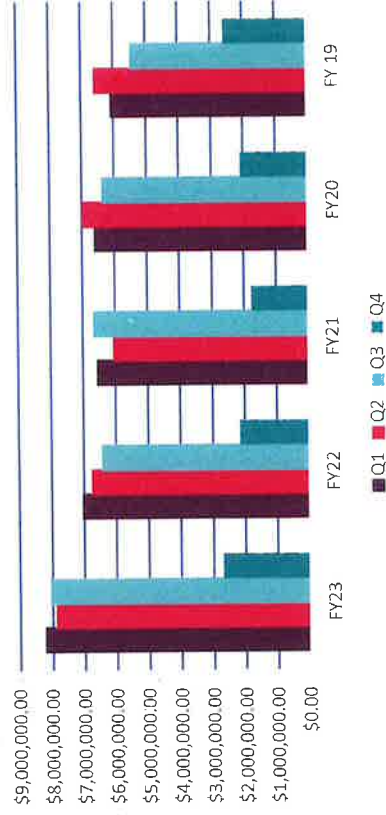
AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,545,639	100%	\$6,374,394	100%	\$6,173,284
	Consumers	51%	\$3,320,685	48%	\$3,067,650	38%	\$2,339,821
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Claims Aged 0-29 Days	Consumers	10%	\$633,046	9%	\$583,993	0%	\$777
	3rd Party	48%	\$3,148,326	52%	\$3,296,094	50%	\$3,068,400
Claims Aged 30-59 Days	Consumers	4%	\$236,088	1%	\$89,659	6%	\$351,639
	3rd Party	1%	\$91,672	1%	\$40,205	5%	\$335,441
Claims Aged 60-89 Days	Consumers	1%	\$87,868	0%	\$29,603	2%	\$93,392
	3rd Party	0%	\$24,106	1%	\$39,660	1%	\$87,711
Claims Aged 90-119 Days	Consumers	0%	\$28,817	0%	\$14,012	1%	\$62,141
	3rd Party	1%	\$34,489	0%	\$8,849	1%	\$37,514
Claims Aged 120+ Days	Consumers	36%	\$2,334,865	37%	\$2,350,383	30%	\$1,831,871
	3rd Party	1%	\$61,387	1%	\$67,416	5%	\$304,398

# Fee Collection YTD and Quarterly

Year to Date Fee Collections



Quarterly Fee Collections





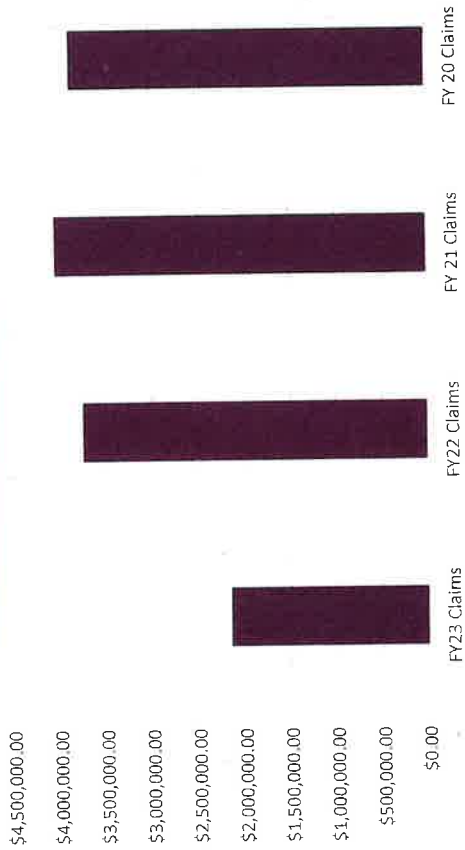
# Write Off's - Current Month & YTD

Write Off Code	Month: April 2023		
	Current Year	Prior Year	Prior Year
BAD ADDRESS	\$422.88	\$	-
DECEASED	\$280.00	\$	-
NO FINANCIAL AGREEMENT	\$558.64	\$1,343.78	
SMALL BALANCE	\$71.34	\$165.16	
UNCOLLECTABLE	\$86.91	\$2,470.01	
FINANCIAL ASSISTANCE	\$144,344.25	\$	-
NO SHOW	\$100.00		\$310.00
MAX UNITS/BENEFITS	\$9,987.86		\$4,950.00
PROVIDER NOT CREDENTIALLED	\$5,582.19		\$4,740.00
NON-COVERED SERVICE	\$1,295.20		\$9,205.00
SERVICES NOT AUTHORIZED	\$19,328.45		\$42,021.26
PAST BILLING DEADLINE	\$1,363.69		\$12,727.24
INCORRECT PAYER	\$7,063.28		\$860.00
INVALID MEMBER ID	\$		\$160.00
NO PRIMARY EOB	\$6,325.32	\$	-
<b>TOTAL</b>	<b>\$196,810.01</b>		<b>\$78,952.45</b>

Write Off Code	Year to Date: July 2022 - April 2023			
	Current YTD	Jan 2023	Clean Up	Prior YTD
BAD ADDRESS	\$1,969.81			\$1,257.47
BANKRUPTCY	\$3,750.55			\$690.63
DECEASED	\$4,824.66			\$7,967.06
NO FINANCIAL AGREEMENT	\$69,181.09	\$13,171.93		\$36,780.62
SMALL BALANCE	\$1,495.37	\$0.74		\$969.15
UNCOLLECTABLE	\$158,681.38	\$152,852.75		\$21,180.29
FINANCIAL ASSISTANCE	\$2,030,782.77			\$1,657,608.29
NO SHOW	\$3,330.00			\$4,332.66
MAX UNITS/BENEFITS	\$115,048.67	\$13,440.00		\$42,953.23
PROVIDER NOT CREDENTIALLED	\$80,276.03	\$12,170.00		\$68,388.16
DIAGNOSIS NOT COVERED	\$2,660.00	\$100.00		\$3,918.00
NON COVERED SERVICE	\$134,352.76	\$76,117.09		\$119,157.52
SERVICES NOT AUTHORIZED	\$205,442.34	\$9,023.96		\$326,157.28
PAST BILLING DEADLINE	\$71,159.75	\$21,409.64		\$119,458.02
MCO DENIED AUTH	\$18,279.56			\$6,560.18
INCORRECT PAYER	\$101,053.16	\$13,530.79		\$23,407.51
INVALID MEMBER ID	\$5,095.00			\$520.00
INVALID POS/CPT/MODIFIER	\$2,139.00	\$2,009.00		0
NO PRIMARY EOB	\$15,754.28	\$3,792.32		0
<b>TOTAL</b>	<b>\$2,818,724.15</b>	<b>\$317,618.22</b>		<b>\$2,362,353.62</b>

# Health Insurance

## Year-to-Date Health Insurance Claims



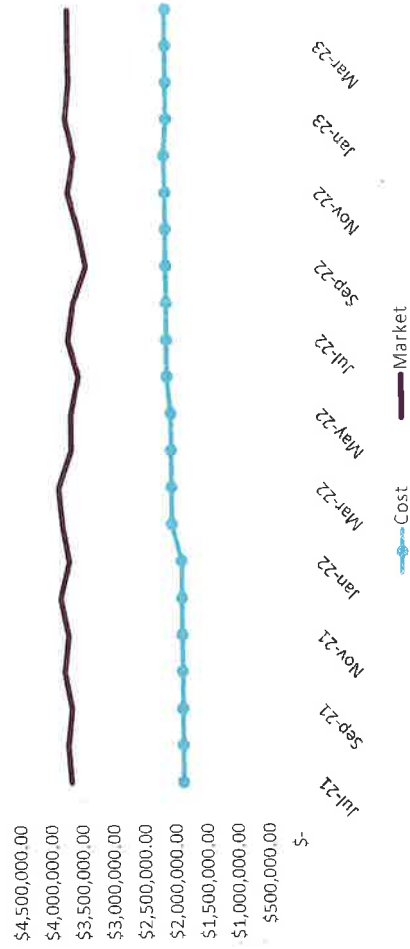
FY 2023	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$381,873.61
July	\$338,553.32		\$284,427.57	\$39.03	\$436,038.39
August	\$329,546.48		\$212,109.53	\$13.80	\$553,489.14
September	\$323,477.09		\$223,419.72	\$65.66	\$653,612.17
October	\$309,999.97		\$208,892.49	\$86.00	\$754,805.65
November	\$328,240.35		\$159,945.92	\$108.99	\$923,209.07
December	\$333,861.33		\$264,646.91	\$213.06	\$992,636.55
January	\$324,183.90		\$178,875.09	\$413.34	\$1,138,358.70
February	\$325,299.88		\$195,472.55	\$444.12	\$1,268,630.15
March	\$322,252.96		\$209,392.02	\$546.82	\$1,382,037.91
April	\$320,135.85		\$216,887.26	\$586.95	\$1,485,873.45
<b>YTD Total</b>	<b>\$3,255,551.13</b>	<b>\$0.00</b>	<b>\$2,154,069.06</b>	<b>\$2,517.77</b>	<b>\$1,485,873.45</b>

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2023	\$215,407	(\$96,106)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906
FY 2020	\$321,002		<del>\$588,906</del>

# Other Post Employment Benefit (OPEB)

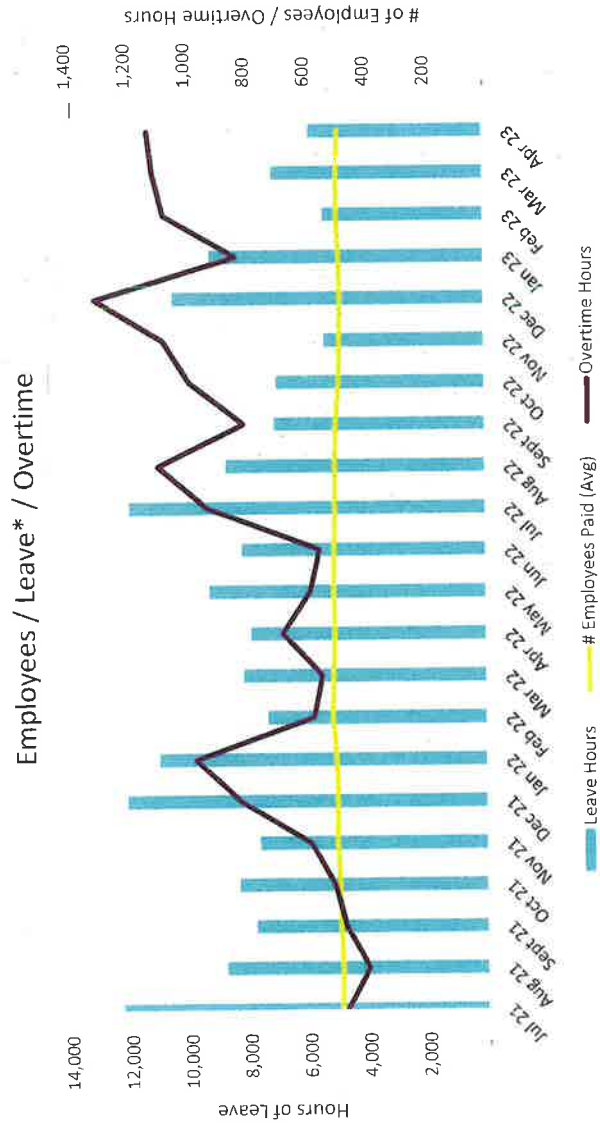
	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2022 Year-End Balance	\$ 2,097,261	\$ 1,142,641	\$ 3,520,345	\$ 2,565,725
Balance at 7/31/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,680,816.76	\$ 2,726,196.76
Balance at 8/31/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,590,000.78	\$ 2,635,380.78
Balance at 9/30/2022	\$ 2,096,641.74	\$ 1,142,021.74	\$ 3,382,530.44	\$ 2,427,910.44
Balance at 10/31/2022	\$ 2,096,030.84	\$ 1,141,410.84	\$ 3,500,553.56	\$ 2,545,933.56
Balance at 11/30/2022	\$ 2,096,030.84	\$ 1,141,410.84	\$ 3,659,065.82	\$ 2,704,445.82
Balance at 12/31/2022	\$ 2,111,456.33	\$ 1,156,836.33	\$ 3,556,967.87	\$ 2,602,347.87
Balance at 1/31/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,689,164.71	\$ 2,734,544.71
Balance at 2/28/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,627,418.92	\$ 2,672,798.92
Balance at 3/31/2023	\$ 2,073,354.11	\$ 1,118,734.11	\$ 3,637,066.89	\$ 2,682,446.89
Realized Gain/(Loss)				
Unrealized Gain/(Loss)				
Fees & Expenses	\$ (125.00)		\$ (125.00)	
Transfers/Contributions				
Balance at 4/30/2023	\$ 2,073,229.11	\$ 1,118,609.11	\$ 3,636,941.89	\$ 2,682,321.89

OPEB TREND



# Payroll Statistics

10



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	3,557
Overtime Hours	102	279	472

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

**MENTAL HEALTH**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
INPATIENT	20,000	13,800	69.00%	20,000	13,800	69.00%	-	0%
OUTPATIENT	2,078,691	2,484,025	119.50%	2,078,691	1,847,887	88.90%	636,138	26%
MEDICAL OUTPATIENT	3,849,822	3,308,694	85.94%	3,849,822	3,576,930	92.91%	(268,236)	-8%
ACT NORTH	880,238	811,479	92.19%	880,238	717,471	81.51%	94,008	12%
ACT SOUTH	843,563	681,415	80.78%	843,563	513,109	60.83%	168,306	25%
CASE MANAGEMENT ADULT	937,373	864,740	92.25%	937,373	773,035	82.47%	91,705	11%
CASE MANAGEMENT CHILD & ADOLESCENT	800,057	670,554	83.81%	800,057	604,501	75.56%	66,053	10%
PSY REHAB & KENMORE EMP SER	681,878	651,952	95.61%	681,878	528,124	77.45%	123,828	19%
PERMANENT SUPPORTIVE HOUSING	1,275,349	1,606,926	126.00%	1,275,349	981,160	76.93%	625,766	39%
CRISIS STABILIZATION	1,928,225	1,454,364	75.42%	1,928,225	1,112,380	57.69%	341,984	24%
SUPERVISED RESIDENTIAL	440,930	382,336	86.71%	440,930	414,838	94.08%	(32,502)	-9%
SUPPORTED RESIDENTIAL	893,956	684,110	76.53%	893,956	714,352	79.91%	(30,242)	-4%
JAIL DIVERSION GRANT	156,523	149,866	95.75%	156,523	128,022	81.79%	21,844	15%
<b>SUB-TOTAL</b>	<b>14,786,607</b>	<b>13,764,261</b>	<b>93%</b>	<b>14,786,607</b>	<b>11,925,609</b>	<b>81%</b>	<b>1,838,652</b>	<b>13%</b>

\* 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	2,783,449	89.83%	3,105,473	2,615,274	84.21%	168,176	6%
DAY HEALTH & REHAB *	4,136,396	3,381,283	81.74%	4,136,396	3,614,333	87.38%	(233,050)	-7%
GROUP HOMES	5,580,946	5,801,127	103.95%	5,580,946	4,161,995	74.58%	1,639,132	28%
RESPIRE GROUP HOME	229,325	127,660	55.67%	229,325	442,871	193.12%	(315,211)	-247%
INTERMEDIATE CARE FACILITIES	4,091,920	2,976,544	72.74%	4,091,920	3,064,249	74.89%	(87,705)	-3%
SUPERVISED APARTMENTS	1,525,310	2,253,445	147.74%	1,525,310	1,240,207	81.31%	1,013,238	45%
SPONSORED PLACEMENTS	2,047,818	2,311,131	112.86%	2,047,818	1,640,115	80.09%	671,016	29%
<b>SUB-TOTAL</b>	<b>20,717,187</b>	<b>19,634,639</b>	<b>94.77%</b>	<b>20,717,187</b>	<b>16,779,044</b>	<b>80.99%</b>	<b>2,855,595</b>	<b>15%</b>

\* Budget excludes program subsidies

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

**SUBSTANCE ABUSE**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%		
OUTPATIENT	1,818,448	1,228,424	67.55%	1,818,448	1,298,785	71.42%	(70,361)	-6%
MAT PROGRAM	987,709	527,326	53.39%	987,709	712,651	72.15%	(185,325)	-35%
CASE MANAGEMENT	154,511	141,752	91.74%	154,511	97,469	63.08%	44,283	31%
RESIDENTIAL	161,757	126,589	78.26%	161,757	47,247	29.21%	79,342	63%
PREVENTION	808,950	647,154	80.00%	808,950	450,434	55.68%	196,720	30%
LINK	400,397	423,165	105.69%	400,397	170,154	42.50%	253,011	60%
<b>SUB-TOTAL</b>	<b>4,331,772</b>	<b>3,094,410</b>	<b>71%</b>	<b>4,331,772</b>	<b>2,776,741</b>	<b>64%</b>	<b>317,670</b>	<b>10%</b>

\* 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	1,950,956	142.25%	1,327,096	875,874	66.00%	1,075,082	55%
CHILD MOBILE CRISIS	311,007	225,295	72.44%	320,728	191,403	59.68%	33,893	15%
CIT ASSESSMENT SITE	294,556	269,878	91.62%	289,481	311,928	107.75%	(42,050)	-16%
CONSUMER MONITORING	130,859	125,884	96.20%	139,646	166,183	119.00%	(40,299)	-32%
HOSPITAL CONSUMER MONITORING	193,975	0	0.00%	193,975	154,498	79.65%	(154,498)	0%
ASSESSMENT AND EVALUATION	592,509	419,425	70.79%	739,048	319,003	43.16%	100,422	24%
<b>SUB-TOTAL</b>	<b>2,894,374</b>	<b>2,991,438</b>	<b>103.35%</b>	<b>3,009,974</b>	<b>2,018,888</b>	<b>67.07%</b>	<b>972,550</b>	<b>33%</b>

\* Budget excludes program subsidies

**RACSB**  
**FY 2022 FINANCIAL REPORT**  
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**ADMINISTRATION**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2023	ACTUAL YTD	%	BUDGET FY 2023	ACTUAL YTD	%	
ADMINISTRATION	130,574	241,215	184.73%	130,574	241,215	184.73%	0
PROGRAM SUPPORT	66,768	80,217	120.14%	66,768	80,217	120.14%	0
<b>SUB-TOTAL</b>	<b>197,342</b>	<b>321,431</b>	<b>162.88%</b>	<b>197,342</b>	<b>321,431</b>	<b>162.88%</b>	<b>0</b>
ALLOCATED TO PROGRAMS				4,268,473	3,781,881	88.60%	

\* 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%
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0%</b>

\* 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	1,732,248	101.28%	1,710,296	1,050,515	61.42%	681,734	39%
INFANT CASE MANAGEMENT	725,520	707,995	97.58%	725,520	574,940	79.25%	133,055	19%
EARLY INTERVENTION	2,041,058	1,419,090	69.53%	2,041,058	1,642,514	80.47%	(223,425)	-16%
<b>TOTAL PART C</b>	<b>4,476,874</b>	<b>3,859,333</b>	<b>86.21%</b>	<b>4,476,874</b>	<b>3,267,969</b>	<b>73.00%</b>	<b>591,364</b>	<b>15%</b>
HEALTHY FAMILIES	178,886	344,842	192.77%	178,886	132,030	73.81%	212,812	62%
HEALTHY FAMILIES - MIECHV Grant	403,497	257,035	63.70%	403,497	282,174	69.93%	(25,139)	-10%
HEALTHY FAMILIES-TANF & CBCAP GRANT	531,457	281,967	53.06%	531,457	396,676	74.64%	(114,709)	-41%
<b>TOTAL HEALTHY FAMILY</b>	<b>1,113,840</b>	<b>883,844</b>	<b>79.35%</b>	<b>1,113,840</b>	<b>810,879</b>	<b>72.80%</b>	<b>72,965</b>	<b>8%</b>

**RACSB**  
**FY 2022 FINANCIAL REPORT**  
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 Report Period: July 1, 2022 through April 30, 2023

**RECAP FY 2023 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	13,764,261	11,925,609	1,838,652	13%
DEVELOPMENTAL SERVICES	19,634,639	16,779,044	2,855,595	15%
SUBSTANCE ABUSE	3,094,410	2,776,741	317,670	10%
SERVICES OUTSIDE PROGRAM AREA	2,991,438	2,018,888	972,550	33%
ADMINISTRATION	321,431	321,431	0	0%
OTHER	0	0	0	0%
FISCAL AGENT PROGRAMS	4,743,178	4,078,849	664,329	14%
<b>TOTAL</b>	<b>44,549,358</b>	<b>37,900,562</b>	<b>6,648,796</b>	<b>15%</b>

Restricted Funds \$	2,125,649
Unrestricted Funds	4,523,009
<b>Total \$</b>	<b>6,648,796</b>

**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%
<b>TOTAL</b>	<b>14,114,314</b>	<b>11,353,443</b>	<b>2,760,871</b>	<b>20%</b>

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 30,435,044	215.63%
Change in Expense from Prior Year	\$ 26,547,120	233.82%
Change in Net Income from Prior Year	\$ 3,887,925	140.82%

\*Unaudited Report



**Rappahannock Area Kids on the Block  
City Arts Commission Grant – Award**

We are pleased to share that the Rappahannock Area Kids on the Block (RAKOB) application to the City of Fredericksburg for the Government Challenge Grant has been awarded in the amount of \$1,250 (Notification dated May 19, 2023).

This is a matching grant program that combines local monies with state monies to support 501c3 Arts Organizations with operating funds. (The Rappahannock Area Community Services Board is not responsible for providing any additional funding.)

FY 2014	\$1,400
FY 2015	\$1,250
FY 2017	\$480
FY 2018	\$1,430
FY 2019	\$1,500
FY 2021	\$1,050
FY 2022	\$2,000
FY 2023	\$1,100
FY 2024	\$1,250
Total of Awards:	\$11,460



## Creative Communities Partnership Grant Letter of Agreement

May 19, 2023

**Rappahannock Area Kids on the Block, Inc.**  
**Attn: Ms. Sherry Norton-Williams**  
**600 Jackson Street**  
**Fredericksburg, VA 22401**

**Dear Ms. Norton-Williams,**

Congratulations! I am delighted to inform you that your application for the Creative Communities Partnership Grant for the **Rappahannock Area Kids on the Block, Inc.** has been approved by the Fredericksburg Arts Commission (FAC) and Virginia Commission for the Arts for funding in the amount of **\$1250.00**.

This Letter of Agreement sets forth the terms of the support and the manner in which it will be administered. Please understand that future grant decisions will include a full review of your organization's eligibility for the *Creative Communities Partnership Grant* along with the Fredericksburg Arts Commission's goals.

Please read the terms of this letter carefully to ensure your complete understanding and return a signed copy to M.C. Morris at: [mcmorris@fredericksburgva.gov](mailto:mcmorris@fredericksburgva.gov) or to the Fredericksburg Visitor Center, 706 Caroline Street, Fredericksburg, VA 22401.

### **Payment Process**

In order to receive your support funds check, please return:

1. Your signed Letter of Agreement
2. Your W9 form if this will be your first check from the City of Fredericksburg \* **PLEASE NOTE – the letter address shown on this letter – must match the address on the W-9 – please advise if that is not the case and we will send another letter with the matching address.**

To M.C. Morris at: [mcmorris@fredericksburgva.gov](mailto:mcmorris@fredericksburgva.gov) or to the Fredericksburg Visitor Center, 706 Caroline Street, Fredericksburg, VA 22401.

### **Use of Grant Funds**

This is an operational grant; funds are not for specific projects or events.

If you have questions or concerns at any time, please do not hesitate to contact me at 804-467-2879 or by email at [monica.spradlin@dbhds.virginia.gov](mailto:monica.spradlin@dbhds.virginia.gov).

Sincerely yours,

**Virginia Department of Behavioral Health and Developmental Services**

By: \_\_\_\_\_  
Name: Kristin Yavorsky  
Title: Director, Office of Community Housing  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Name: Cort Kirkley  
Title: Deputy Commissioner  
Date: \_\_\_\_\_

Acceptance: CSB agrees to the terms and conditions of this NOA upon receipt of the funding.

Rappahannock Area Community Services Board  
By: \_\_\_\_\_  
Name: Joe Wickens  
Title: Executive Director  
Date: \_\_\_\_\_

**Behavioral Health Equity Grant  
Notice of Award**

We are pleased to share that the Rappahannock Area Community Services Board (RACSB) application was selected for a Behavioral Health Equity Grant with DBHDS' Office of Behavioral Health Wellness (OBHW). The project will be funded in the amount of \$10,300.

This funding will build on the BarberShop talk held in September 2022 (funded by a previous Behavioral Health Equity Grant). This new funding will support partnering with Gray Taylor, LCSW to implement a training for Barbers on mental wellness and implementing the Goodfellaz Project through four after school sessions in August and September for adolescent boys attending James Monroe High School. The participating barbers will receive a stipend for their attendance. The participating adolescent boys will curate and receive a "youth tool kit" to help support their mental wellness.

The grant award includes fund for advertising and provision of snacks at each session.

**Additional information on the Goodfellaz Project:**

The Goodfellaz Project is a reoccurring support group created to provide a safe space for Black and Brown Men to heal. Uphold 3:18 brought 25 men together to discuss topics related to life, stress, and mental health. Various topics and age demographics sparked discussions around how each man could support one another and learn ways to manage life stressors in a healthy manner.

This program has been used in a variety of settings along with young adult men, older men, college students and adolescents.

The goal is to foster healthy dialogue amongst each participant, healthy coping and life skills and an understanding that they are not alone in their mental well-being journey.

The grant funds must be expended by September 30, 2023.



# COMMONWEALTH of VIRGINIA

NELSON SMITH  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

**TO:** Michelle Wagaman, Prevention Services Director, Rappahannock Area CSB

**FROM:** Glencora Gudger, Behavioral Health Equity Consultant, Office of Behavioral Health Wellness

**DATE:** May 26, 2023

**RE:** 2023 Behavioral Health Equity Grant

Congratulations! DBHDS' Office of Behavioral Health Wellness (OBHW) is Rappahannock Area Community Service Board a Behavioral Health Equity Grant in the amount of \$10,300. The grant funds will expire on September 30, 2023. Funding cannot be carried over and must be expended by September 30, 2023. Before accepting these funds, please ensure that you commit to:

- Completing approved objectives associated with your Behavioral Health Equity Grant.
- Maintaining an up-to-date budget of grant expenditures.
- Contacting the grant coordinator if you are unable to complete an approved objective, would like to make significant changes in your grant work, or alter the grant budget.
- Participating in a mid-grant site visit or phone call with the grant coordinator.
- Returning any unused grant funds to DBHDS.
- Completing a final grant report by October 20, 2023.

Please confirm acceptance of these funds by Wednesday, May 31, 2023.

OBHW looks forward to supporting your efforts in promoting equity in behavioral health wellness.

Glencora Gudger

# Memorandum

**To:** Joe Wickens, Executive Director  
**From:** Amy Jindra, CSS Director  
**Date:** June 7, 2023  
**Re:** Permanent Supportive Housing, Expansion Funds

---

RACSB recently requested funds to support the expansion of Permanent Supportive Housing (PSH) services under Mental Health Residential. PSH provides housing resources/services for adults with serious mental illness who have experienced chronic homelessness. Service expansion includes funding for the addition of 15 units/apartments, another PSH Case Manager, Office Manager, and additional operating expenses. The expansion request also includes funding for housing related expenses to include utilities, motels/hotel rooms, property damage repairs, initial apartment furniture/housing needs, food, lawn service, medical needs not covered by insurance, and skill building supports for non-Medicaid clients.

In response to the expansion budget request, DBHDS awarded RACSB \$624,988 for one-time funding. Award letter and expansion budget are attached.

Virginia DBHHS Permanent Supportive Housing Budget

CSD Name: Programs for LTR  
 Total # New Units (state capacity): 15

REVENUE	Justification	One-time	FY23	FY24	Full Year Annualized
Source 1: DBHHS Payroll		1	171,000	171,000	342,000
Source 2: P.S. (Medical)					146,277
<b>TOTAL REVENUE</b>		<b>1</b>	<b>171,000</b>	<b>171,000</b>	<b>517,943</b>
<b>EXPENSES</b>					
<b>Program Management</b>					
Salary					34,418
Payroll Taxes & Fringe					9,045
<b>Office Associate</b>					
Salary					17,410
Payroll Taxes & Fringe					4,700
<b>Account Coordinator</b>					
Salary					11,147
Payroll Taxes & Fringe					2,947
<b>Other Program Operating Expenses (Contract)</b>					
Tuition					2,764
<b>Other Program Expenses</b>					
Utility Expenses					1,800
Office Equipment					33,500
IT & Software					4,177
Travel					15,500
Marketing					
<b>Administration &amp; Overhead (Indirect)</b>					
Admin Overhead					71,400
<b>Voluntary Program Operating Expenses</b>					
					239,422
<b>Ongoing Housing Expenses</b>					
Rental Assistance Payments (Based on local FMR/maximum standard)					111,000
Utility expense payments (Based on actual)					21,600
<b>Specialized Client Assistance</b>					
Security deposits per 15 units (the monthly rent)					42,000
First month's rent					3,000
Additional assistance while awaiting housing (May be exceed two weeks; longer stays require approval from DBHHS)					1,000
Vacancy payments to landlords (no more than one month at full fair market rent, whichever is higher)					4,845
Interim housing for 15 units covered by landlord's lease obligations					5,000
Property damages (from fire, theft, and criminal background checks)					5,000
Home to set up (showerheads, etc., bedding, table & pans, cleaning supplies, etc. up to \$1,000 household)					7,025
Payments of old judgments for 15 units (amount of money to cover housing)					118
Moving fees, equipment, and supplies					400
Fees to clear identification and health records (e.g., drug screen, blood test, etc.)					450
Prescription medication if no other assistance is available					1,500
Transportation for single family homes					1,250
Medical Health, M & B Budget for individuals with no insurance/Medicaid					4,480
<b>TOTAL EXPENSES</b>					<b>517,943</b>
<b>BALANCE</b>					<b>146,277</b>

Full Year Annualized  
 Budget: 112,000 (FY23) 11,100 (FY24) 128,000

Amount per unit per month to account for duration of units only as if all 15 units are leased full time at \$150 (maximum for lease 10-15% if any budget left budget for 15% of units)

Additional notes to prevent errors \$1200

Additional notes to prevent errors \$10,000

Notes: Budgets must adhere to the VA DBHHS PSH Program Operating Guidelines. All fee items must include justification (i.e., local travel at \$45/mile; 200 miles/month; security deposits at \$800 each at 12% interest, etc.). Additional items may be added to any category to reflect all allowable program costs. The "One-time Costs" column should include expenses and revenue during program start up which are not expected to recur. The "One-time Costs" column should include expenses during the program start up phase which are not expected to recur. The "FY23" column should capture revenue and costs for July 1, 2023 - June 30, 2024, reflecting phases in starting, in-service, and program termination. The "FY24" column should capture revenue and costs for July 1, 2024 - June 30, 2025, reflecting phases in starting, in-service, and program termination. The "Full Year Annualized" column should capture a projection of a budget model period during which the program is fully staffed and leased. Revenue is estimated at 10-15% per unit. All staff positions must be listed separately and include Medicaid income, if applicable (i.e., program case management). Anticipated rental assistance budget should assume a full year of occupancy for all program participants at actual average rents less the consistent rental contribution. The utility payment line should reflect only utility payments made directly by the vendor, typically for those with no income.



# COMMONWEALTH of VIRGINIA

DEPARTMENT OF  
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www.dbhds.virginia.gov

NELSON SMITH  
COMMISSIONER

**TO:** Joe Wickens, Executive Director, Rappahannock Area Community Services Board

**FROM:** Monica Spradlin, Behavioral Health Housing Manager

**SUBJECT:** PSH SMI Expansion Funding Award – Fiscal Year 2023 Funding

**NOTICE OF AWARD NOTICE NO: NOA1772.780**

**1. Terms**

The Office of Community Housing (OCH) is able to provide your CSB \$624,988.00 with one-time restricted state general funds to support the expansion of your Permanent Supportive Housing (PSH) for adults with serious mental illness (SMI) program. These one-time funds are intended to support the program operating costs approved as a part of your PSH expansion approved budget as well as unmet program needs, staffing recruitment and retention initiatives. Any other identified permissible purposes for this funding must be approved by the OCH.

This award is governed by the terms and conditions of most current version the Community Services Performance Contract to include but not limited to certain requirements of Exhibit G FY22-23 AMD 1- Community Services Boards Master Programs Services Requirements.

**2. Payments Terms**

Payment(s) will be disbursed on the warrant payment schedule prior to the end of this fiscal year.

FY23 Funding Source	Purpose	Funding Amount
PSH	One-time funding for the implementation of a Permanent Supportive Housing (PSH) for adults with serious mental illness (SMI) program	\$624,988.00

The Department may monitor and review use of the funds, performance of the program or service, and compliance with this award notice, which may include onsite visits to assess the CSB's governance, management and operations, and review relevant financial and other records and materials. In addition, the Department may conduct audits, including onsite audits, at any time during the term of this award notice.



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: OBRA FY22 Reallocation Grants

Date: June 8, 2023

DBHDS has a balance of unspent OBRA funds that would normally go to serve individuals with ID/DD residing in nursing facilities. OBRA funding is traditionally used to purchase goods or services for individuals that would not otherwise be covered by Medicaid. The reallocated funds are not limited to the definition above as long as they assist the ID/DD population with priority placed on funding projects that better integrate individuals into the community. These funds cannot be used to directly pay CSB staff salaries or benefits. RACSB received \$430,505 from a similar opportunity last year to support RAAI Day Support. RAAI requested funds to offset just a portion of the deficit from this fiscal year. Being such an integrated part of the community involves a variety of costs. RACSB requested for \$299,990 to support community access for individuals in RAAI Day Support Programs. DBHDS awarded a total of \$170,000 in one-time funding for this request.

# COMMONWEALTH of VIRGINIA

NELSON SMITH  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638

**TO: Brandy Williams  
Rappahannock Area CSB**

**DATE: May 18, 2023**

**SUBJECT: OBRA Reallocated Funds for FY23**

Your CSB/BHA has qualified for the following reallocation of FY 23 OBRA funds;

Activity Expenses/Community Engagement  
Horticulture Sales

Total Award \$170,000

We were unable to award funds for:  
Fuel Vehicle, Maintenance Repairs, Etc  
Staff Training and support expenses

**Please note that this is a one time grant, and will not be available in future budget years.**

Rappahannock Area Community Services Board  
Personnel Committee Meeting  
Tuesday, June 13, 2023 at 12:30 p.m.  
600 Jackson Street, Board Room 208  
Fredericksburg, VA

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**PRESENT**

Claire Curcio  
Glenna Boerner  
Greg Sokolowski  
Jacob Parcell  
Carol Walker  
Matt Zurasky  
Nancy Beebe  
Sarah Ritchie  
Ken Lapin

**ABSENT**

Susan Gayle  
Melissa White  
Bridgette Williams

**OTHERS PRESENT**

Joe Wickens, Executive Director  
Brandie Williams, Deputy Executive Director  
Tina Cleveland, Finance and Administration Director  
Stephanie Terrell, Comp & Human Rights Director  
Terri Carrington, Human Resources Director  
Amy Umble, Public Information Officer  
Teresa McDonnell, Human Resources  
Megan Hartshorn, Fredericksburg Clinic Coordinator  
Steve Curtis, Residential Services Coordinator  
Michelle Wagaman, Prevention Services Director  
Patricia Newman, Case Management Supervisor  
Nadine Mayo, Financial Analyst

**Call to order**

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on June 13, 2023.

**ISSUE: May 2023 Retention Report**

**DISCUSSION:** Ms. McDonnell reported that Human Resources processed a total of 12 employee separations, resulting in a Retention Rate of 98.31% for the month of May 2023.

**ISSUE: May 2023 EEO Report and Recruitment Update**

DISCUSSION: Ms. McDonnell told the Committee that RACSB received 155 applications through May 31, 2023. This is an increase of 7.64% compared to the month of April 2023, and an increase of 124.64% when compared to the month of May 2022.

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

A roll call vote was conducted:

Ken Lapin – Voted Aye Jacob Parcell – Voted Aye  
Nancy Beebe – Voted Aye Glenna Boerner – Voted Aye  
Claire Curcio – Voted Aye Greg Sokolowski – Voted Aye  
Joe Wickens– Voted Aye Matt Zurasky – Voted Aye  
Bridgette Williams – Voted Aye Sarah Ritchie – Voted Aye  
Carol Walker - Voted Aye

The motion was unanimously approved.

The motion was unanimously approved.

### **Adjournment**

The meeting adjourned at 1:07 PM

\*We will be taking a formal group Board Picture at the Tuesday, June 20<sup>th</sup> Board meeting and are asked to dress in formal attire.

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Board of Directors Chair

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Executive Director



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

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

## NOTICE

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

**From:** Joseph Wickens  
Executive Director

**Subject:** Personnel Committee Meeting  
June 13, 2023, 12:30 PM  
600 Jackson Street, Board Room 208, Fredericksburg, VA

**Date:** June 9, 2023

---

A Personnel Committee Meeting has been scheduled for Tuesday, June 13, 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 June 13, 2023 at 12:30PM.

Cc: Susan Gayle, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**PERSONNEL COMMITTEE MEETING**

*June 13, 2023 12:30 PM*

*In-person*

*600 Jackson Street, Room 208*

*Fredericksburg, VA 22401*

**a g e n d a**

- I. MAY 2023 EEO REPORT and RECRUITMENT UPDATE, *McDonnel*.....5
  
- II. MAY 2023 RETENTION REPORT, *McDonnel*.....8



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: June 2, 2023

Re: Summary – May 2023 EEO Report and Recruitment Update

RACSB received **155** applications through May 31, 2023. This is an **increase** of **7.64%** compared to the month of April 2023, and an **increase** of **124.64%** when compared to the month of May 2022.

RACSB received **1,500** resumes and advertised **20** positions through Indeed for **May 2023**.

Of the applications received, 81 applicants listed the RACSB applicant website as their recruitment source, 32 stated employee referrals as their recruitment source, and 28 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **99** open positions. New positions account for **7** 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 **May 2023**.

EEO Report 2023

APPLICANT DATA	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Female	31	45	30	41	35	29	25	22	46	33	51	65	60
Male	13	11	9	11	12	4	2	8	5	27	6	11	23
Not Supplied	25	33	44	38	36	35	29	41	54	39	49	68	72
<b>Total</b>	<b>69</b>	<b>89</b>	<b>83</b>	<b>90</b>	<b>83</b>	<b>68</b>	<b>56</b>	<b>71</b>	<b>105</b>	<b>99</b>	<b>106</b>	<b>144</b>	<b>155</b>
<b>ETHNICITY</b>													
Caucasian	22	30	19	30	28	14	17	9	39	27	31	44	42
African American	17	24	17	18	19	16	7	19	18	26	25	32	37
Hispanic	5	3	4	5	2	5	1	2	8	7	7	3	3
Asian	1			1		1	2	1	1	3	2	1	1
American Indian	1	1	1	1									1
Native Hawaiian										2			
Two or More Races													
<b>RECRUITMENT SOURCE</b>													
Newspaper Ads						1		4	2	3		1	2
RACSB Website	28	39	28	31	28	26	25	27	48	53	45	42	81
RACSB Intranet	5	7	3	6	6	2	1	2	2	7	4	5	11
Employee Referrals	18	30	29	30	27	23	19	22	37	26	35	48	32
Radio Ads	1			4			1					2	2
Indeed.com	11	15	11	13	24	13	9	16	19	9	22	31	28
VA Employment Commission	7	2	2	1			2	4		2	2		1
Monster.com													
Other -	3	4	5	2	2	2	2	2	1	6	1	4	5
Colleges/Handshake		1							1				
Facebook													
Multi Site Search		1	1	2	2							1	1
NHSC													
Linked In				1									
Goodwill referral													
Zip Recruiter				1	1	3	1		2	5	3	3	5
Job Fair		1			2		2	2	2	2	1	2	2
<b>Total # of Applicants</b>	<b>52</b>	<b>77</b>	<b>59</b>	<b>72</b>	<b>64</b>	<b>57</b>	<b>42</b>	<b>60</b>	<b>75</b>	<b>62</b>	<b>83</b>	<b>115</b>	<b>110</b>



Open Positions Report		5/31/2023							
Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Exempt/ Non-Exempt	Leadership/ Other	
5/27/2022	127-2022	ADMIN	Property Maintenance Technician	Fredericksburg		1000 FT	Non-Exempt	Other	
4/26/2023	094-2023	ADMIN	Assistant IT Coordinator	Fredericksburg		1000 FT	Exempt	Leadership	
5/5/2023	078-2023	ADMIN	Accounts Payable Technician	Fredericksburg		1000 FT	Non-Exempt	Other	
5/23/2023	106-2023	ADMIN	IT Data Analyst	Fredericksburg		1000 FT	Non-Exempt	Other	
					4				
6/1/2022	125-2022	CLINICAL	MH Therapist	Caroline		2210 FT	Exempt	Other	
11/18/2022	298-2022	CLINICAL	MH/SA Outpatient Therapist	Caroline		2210 FT	Exempt	Other	
1/26/2021	350-2021	CLINICAL	SA Therapist, Women's Services	Fredericksburg		4260 FT	Exempt	Other	
3/24/2021	056-2021	CLINICAL	SA Therapist/Case Manager	Fredericksburg		4296 FT	Exempt	Other	
6/9/2021	123-2021	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT	Exempt	Other	
7/13/2021	174-2021	CLINICAL	S. A. Therapist	Fredericksburg		4220 FT	Exempt	Other	
7/23/2021	200-2021	CLINICAL	Therapist/Office On Youth	Fredericksburg		4200 PT/FT	Exempt	Other	
1/10/2022	003-2022	CLINICAL	Psychiatrist	Fredericksburg		FT	Exempt	Other	
7/20/2022	183-2022	CLINICAL	Emergency Services Therapist - Overnight	Fredericksburg		2000/4000 FT	Exempt	Other	
1/20/2023	003-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT	Exempt	Other	
1/20/2023	004-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT	Exempt	Other	
2/24/2023	030-2023	CLINICAL	MH Therapist - Intakes	Fredericksburg		6430 FT	Exempt	Other	
3/9/2023	048-2023	CLINICAL	MH/Substance Abuse Therapist	Fredericksburg		2220/4200/6430 FT	Exempt	Other	
3/27/2023	072-2023	ADMIN	Office Associate II	Fredericksburg		1100 FT	Non-Exempt	Other	
3/28/2023	076-2023	CLINICAL	Asst. Coordinator, Emergency Svcs - Comm Based	Fredericksburg		2000/4000 FT	Exempt	Leadership	
3/29/2023	080-2023	ADMIN	Office Associate II	Fredericksburg		1100 FT	Non-Exempt	Other	
4/3/2023	083-2023	CLINICAL	Psychiatric Nurse Practitioner	Fredericksburg		2200 FT	Exempt	Other	
9/27/2022	246-2022	CLINICAL	MH Nurse - LPN/RN	Outpatient Clinics		2201 FT	Exempt	Other	
4/28/2021	083-2021	CLINICAL	MH/SA Therapist - Detention Based	RRJ		4290 FT	Exempt	Other	
5/16/2023	006-2023	CLINICAL	SA Peer Specialist	RRJ		4290 FT	Non-Exempt	Other	
4/18/2023	090-2023	CLINICAL	MH/SA Therapist - Detention Based	RRJ		4290 FT	Exempt	Other	
4/18/2023	092-2023	CLINICAL	Therapist - Jail Diversion	RRJ		5970 FT	Exempt	Other	
12/1/2022	306-2022	CLINICAL	Substance Abuse Therapist (P&P)	RRJ Stafford		4200 FT	Exempt	Other	
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania		2500 PT	Non-Exempt	Other	
4/15/2022	106-2022	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT	Exempt	Other	
1/28/2022	029-2022	CLINICAL	MH Therapist	Stafford		2250/6430 FT	Exempt	Other	
7/8/2022	172-2022	CLINICAL	Child/Adolescent MH Case Manager	Stafford		2500 FT	Exempt	Other	
8/22/2022	227-2022	CLINICAL	Child/Adolescent Therapist	Stafford		2200/6430 FT	Exempt	Other	
8/30/2022	240-2022	CLINICAL	Senior Child & Adolescent Case Manager	Stafford		2500 FT	Exempt	Other	
1/5/2023	325/2022	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Exempt	Other	
4/10/2023	089-2023	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Exempt	Other	
					31				
6/10/2022	148-2022	CSS	Nurse Manager - RN	Crisis Stabilization		2770 FT	Exempt	Leadership	
9/13/2022	253-2022	CSS	MH Nurse - RN/LPN	Crisis Stabilization		2770 FT	Exempt	Other	
12/1/2022	303-2022	CSS	Cook	Crisis Stabilization		2770 FT	Non-Exempt	Other	
12/28/2022	320-2022	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 FT	Non-Exempt	Other	
2/17/2023	034-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Non-Exempt	Other	
3/3/2023	043-2023	CSS	Coordinator	Crisis Stabilization		2770 FT	Exempt	Leadership	
3/15/2023	059-2023	CSS	Therapist	Crisis Stabilization		2770 FT	Exempt	Other	
3/15/2023	057-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Non-Exempt	Other	
3/15/2023	058-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Non-Exempt	Other	
					9				
5/24/2022	129-2022	CSS	Developmental Svcs Support Coordinator	Stafford		3400 FT	Exempt	Other	
12/1/2022	305-2022	CSS	Office Associate II - ACT South	401 Bridgewater		2372 FT	Non-Exempt	Other	
12/28/2022	318-2022	CSS	Psychoosocial Advocate	Kenmore Club		2680 FT	Non-Exempt	Other	
1/30/2023	019-2023	CSS	MH Supv Apartment Asst. Mgr	Lafayette		2786 FT	Exempt	Leadership	
8/1/2022	309-2021	CSS	Speech/Language Pathologist	PEID		3910 FT	Exempt	Other	
2/1/2023	023-2023	CSS	Office Associate II	PEID		3910 FT	Non-Exempt	Other	
4/3/2023	081-2023	CSS	Infant/Child Support Coordinator	PEID		3910 FT	Exempt	Other	
5/19/2023	105-2023	CSS	Office Manager II, PSH	PSH		2760 FT	Non-Exempt	Other	
					8				
6/24/2021	158-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Non-Exempt	Other	
6/24/2021	159-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Non-Exempt	Other	
7/26/2021	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Non-Exempt	Other	
2/6/2022	308-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Non-Exempt	Other	
2/9/2022	046-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Non-Exempt	Other	
7/11/2022	174-2022	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Non-Exempt	Other	
5/4/2023	095-2023	CSS	RAAI Assistant Site Leader	RAAI KH		3652 FT	Exempt	Leadership	
5/19/2023	103-2023	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 FT	Non-Exempt	Other	
5/19/2023	104-2023	CSS	Direct Support Professional - Day Support	RAAI SP		3654 FT	Non-Exempt	Other	
5/19/2023	100-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Non-Exempt	Other	
5/19/2023	101-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Non-Exempt	Other	
					11				
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT	Exempt	Other	
1/30/2023	018-2023	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT	Exempt	Other	
2/17/2023	029-2023	CSS	Assistant Group Home Manager	ICF Lucas		3793 FT	Exempt	Leadership	
8/27/2020	141-2020	CSS	ICF Nurse - LPN	ICF Ross		3792 PT	Exempt	Other	
7/12/2022	179-2022	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT	Non-Exempt	Other	
2/1/2023	021-2023	CSS	Intermediate Care Facility Manager	ICF Ross		3792 FT	Exempt	Leadership	
3/10/2023	053-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT	Non-Exempt	Other	
4/10/2023	088-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Non-Exempt	Other	
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT	Exempt	Other	
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT or PT	Exempt	Other	

Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Exempt/ Non-Exempt	Leadership/ Other
5/4/2021	089-2021	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT	Exempt	Other
4/10/2023	087-2023	CSS	Intermediate Care Facility Manager	Wolfe Street ICF		3771 FT	Exempt	Leadership
					12			
3/15/2023	055-2023	CSS	Direct Support Professional - Residential	Belmont SAP		3781 FT	Non-Exempt	Other
12/29/2021	348-2021	CSS	Direct Support Professional - Residential	Churchill		3791 PT	Non-Exempt	Other
2/10/2023	025-2023	CSS	Direct Support Professional - Residential	Churchill		3791 PT	Non-Exempt	Other
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd		3790 PT	Non-Exempt	Other
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT	Non-Exempt	Other
4/18/2023	153-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT	Non-Exempt	Other
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT	Non-Exempt	Other
10/13/2022	275-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT	Non-Exempt	Other
2/17/2023	031-2023	CSS	Group Home Manager	Leeland Road		3772 FT	Exempt	Leadership
2/24/2023	039-2023	CSS	Assistant Group Home Manager	Leeland Road		3772 FT	Exempt	Leadership
3/28/2023	070-2023	CSS	Direct Support Professional - Residential	Merchants Square SAP		3784 FT	Non-Exempt	Other
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT	Non-Exempt	Other
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT	Non-Exempt	Other
9/30/2022	270-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 FT	Non-Exempt	Other
1/20/2023	324-2022	CSS	Direct Support Professional - Residential	New Hope		3778 PT	Non-Exempt	Other
2/10/2023	026-2023	CSS	Direct Support Professional - Residential	Piedmont		3776 PT	Non-Exempt	Other
3/15/2023	062-2023	CSS	Assistant Group Home Manager	Piedmont		3776 FT	Exempt	Leadership
4/5/2023	084-2023	CSS	Asst. Coordinator, ID Residential Svcs	River Club		14 FT	Exempt	Leadership
2/18/2022	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond		3775 PT	Non-Exempt	Other
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779 PT	Non-Exempt	Other
1/13/2023	008-2023	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779 FT	Non-Exempt	Other
7/18/2022	187-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 PT	Non-Exempt	Other
7/18/2022	188-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 PT	Non-Exempt	Other
2/24/2023	038-2023	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 FT	Non-Exempt	Other
					24			
<b>Positions on Hold</b>								
3/23/2020	056-2020	CLINICAL	Lead, ES Therapist	Fredericksburg		2000/4000 FT	Exempt	Leadership
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200 PT	Non-Exempt	Other
3/29/2021	058-2021	ADMIN	Administration Office Support	Fredericksburg		1000 FT	Non-Exempt	Other
9/15/2022	260-2022	CSS	Nurse Manager II	ID/DD		Split FT	Exempt	Leadership
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford		2250 FT	Exempt	Other
			<b>Total Open Positions:</b>		<b>99</b>			

RECRUITMENT REPORT 2023

<u>MONTHLY RECRUITMENT</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>TOTAL YTD</u>
External Applicants Hired:													
Part-time	7	5	3	4	6								25
Full-time	6	10	13	13	19								61
Sub Total External Applicants Hired	13	15	16	17	25								86
Internal Applicants Moved:													
Full-time to PRN As Needed	4	3	3										10
Full-time to Part-time		1		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								10
Non-Lateral Change in Position				1									1
Promotion	1	1	7	3	6								18
Temporary to Regular													0
PRN As Needed to Full-Time				1									1
Temporary Promotion					1								1
Intern to Full-time	1												1
Sub Total Internal Applicant Moves	6	7	10	10	12	0	0	0	0	0	0	0	45
Total Positions Filled:	19	22	26	27	37								131
Total Applications Received:													
Actual Total of Applicants:	75	62	83	115	110								137
Total External Offers Made:	20	15	18	26	29								35
Total Internal Offers Made:	9	7	18	4	13								16



## MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Lead Human Resources Specialist

Date: June 2, 2023

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

Human Resources processed a total of **twelve** employee separations for the month of **May 2023**. Seven of the separations were voluntary and five were terminations for cause. Six of the employees were full-time, four were part-time, and two were PRN.

Three resignations were submitted due to other employment, five were for cause, two were due to personal reasons, one quit without notice, and one was unable to fulfill their PRN requirements.

According to the attached report, the Retention Rate for **May** was 98.31% and the turnover rate was 1.69%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT  
May-23

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative	0	1	0	Personal
<b>Unit Totals</b>	<b>0</b>	<b>1</b>	<b>0</b>	
Clinical Services	0	0	0	Personal
	0	2	0	Other Employment
<b>Unit Totals</b>	<b>0</b>	<b>2</b>	<b>0</b>	
Community Support Services	0	0	5	Cause
	0	1	0	Other Employment
	0	1	0	Personal
	0	1	0	Quit without notice
	0	0	0	Moving
	0	1	0	PRN unable to fulfill PRN requirements
<b>Unit Totals</b>	<b>0</b>	<b>4</b>	<b>5</b>	
<b>Grand Totals for the Month</b>	<b>0</b>	<b>7</b>	<b>5</b>	

Total Employees for the Month	585
Retention Rate	98.31%
Turnover Rate	1.69%

Total Separations	12
Part-time Separations	50.00%
Full-time Separations	50.00%

RACSB Turnover 2020

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

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

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/Volunteer

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/Volunteer

RACSB Turnover 2023

Employees	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 Year End
Average Total Positions	600	600	600	600	600	600	600	600	600	600	600	600	600
Monthly Terminations*	11	9	12	6	12	12	12	12	12	12	12	12	50
Turnover by Month YTD	1.83%	1.50%	2.00%	1.20%	1.69%	1.69%	1.69%	1.69%	1.69%	1.69%	1.69%	1.69%	8.22%
Cumulative Turnover YTD	0.17%	3.33%	5.33%	6.53%	8.22%	8.22%	8.22%	8.22%	8.22%	8.22%	8.22%	8.22%	0.00%
Average % Turnover per Month YTD	0.17%	1.67%	1.11%	1.78%	1.63%	1.63%	1.63%	1.63%	1.63%	1.63%	1.63%	1.63%	0.00%

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

## HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS: MAY 2023

### Training

Human Resources held 3 New Employee Orientation's during **May**. There was a total of **35** individuals hired. Of the **29** full-time employees, **5** were rehires and of the **5** part-time employees, **2** were Interns.

DOL Status	# of Employees
Full-time	29
Part-time	5
PRN	1
<b>Total</b>	<b>35</b>

### Recruitment

In the month of May, we made **29** offers to external applicants and **13** offers to internal candidates.

Indeed continues to be our best source for applicants. We posted a total of **20** positions this month and received **1,500** resumes for the various positions.

### Human Resources and Employee Relations

Congratulations to the following employees who have recently received promotions:

- Nathan Reese – promoted to IT Coordinator
- Regina Baidoo – promoted to DSP Residential ICF
- Alexis Wynn-Coleman – promoted to Case Manager, PSH
- Britton Pickeral – promoted to Assistant Site Leader, RAAI Kenmore

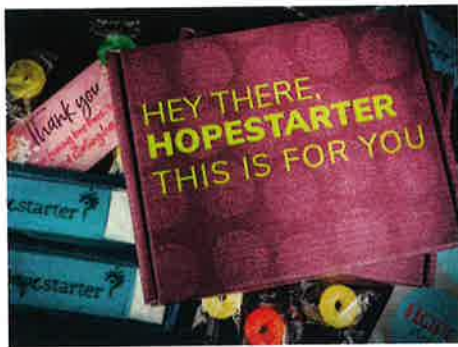
### May Employee Events

During May, the agency recognized the following events:

- **International Nurses Day on May 12<sup>th</sup>**: Nurses received goody boxes which included HopeStarter bandage holders, lifesaver candies and Starbucks gift cards (included a note stating "Thank you for fixing boo-boos, saving lives and starting hope").
- **Employee Picnic on May 17<sup>th</sup>**: Held at Braehead Farms.

# Public Information Board Report:

## June 2023



### International Nurses Day

We celebrated our nurses with branded boxes filled with LifeSavers, bandage holders and Starbucks gift cards.



### Communications Update

May involved a huge pivot as the communications coordinator took on the staff picnic two weeks before the event. The internal communications and engagement committee really stepped up and made the event a huge success, despite the fact that much of the planning took place last-minute. Committee members helped secure food trucks and party favors and gave up much of their evening to help with signing in guests, troubleshooting and photographing the picnic. Employees gave positive feedback about the event, which took place at Braehead Farm and featured a DJ and photo booth, three food trucks, picnic blanket/Turkish towel favors, a scavenger hunt and a ton of fun!

Communications Coordinator Amy Umble presented at the VACSB conference with communications coordinators from three other community services boards.

#### Social Media:

Our top-performing posts for our social media accounts this month were:

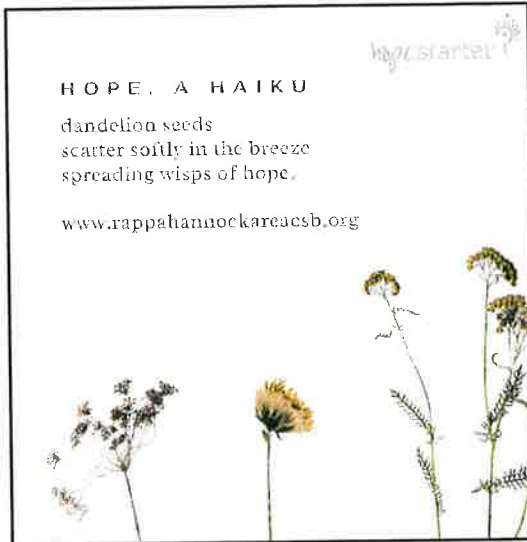
- LinkedIn: A post sharing a podcast recorded by Lauren Ball, our outreach substance use peer recovery specialist received the most impressions and a post welcoming new employees received the most engagement.
- Facebook: A shared post about local Special Olympian Grace Anne going to Berlin for the World Games received the highest reach. A post about Deputy Executive Director Brandie Williams presenting at the Reimaging Youth Mental Health Conference received the most engagement.
- Twitter: A post about Brandie's presentation at the conference received the most engagement.
- Instagram: A post about RACSB staff and Caroline County Public Schools staff attending the conference received the most reach and engagement.

Intranet: The employee kudos page was the most visited page this month (aside from the home page).

Website: The mental health services page received the most visitors (aside from the home page and employee portal page).



A social media post created for National Haiku Poetry Day.



## Fast Facts

- 5,717 people visited the RACSB website in May.
- The three most visited pages (after home page and staff portal) were: mental health services, contact us, and community trainings.
- RACSB has 3.1k fans and followers on social media. This is a 1% increase over the previous month.

## Internal Communications and Engagement Committee

The internal communications committee combined with the employee engagement committee in May, after the departure of the human resources director.

The committee met in May to reimagine employee engagement, moving from an event-based plan to one that focuses on the six C's of engagement: coach, care, contribute, communicate, connect and congratulate.

The committee's creativity will be seen in future months as we put many of its ideas into action. But one idea has already blossomed: The committee suggested including a dad joke from Executive Director Joe Wickens in the weekly informational emails to help employees get to know him a bit better.

## So. Many. Flyers.

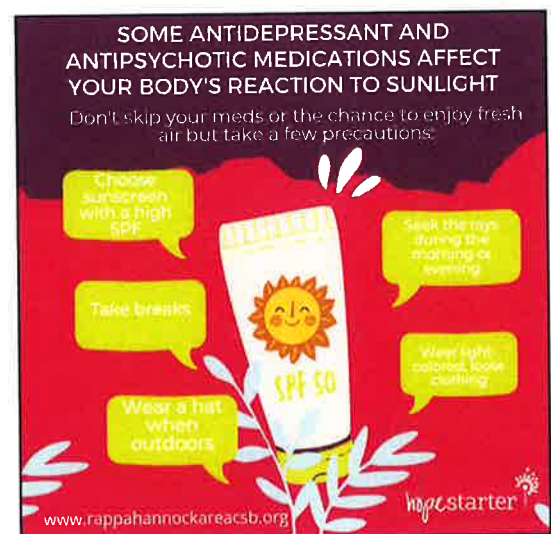
In addition to community events, the agency has increased its own in-person events, such as the Kenmore Club art sale, two new in-person support groups and one support group that is moving from virtual to in-person. These happenings plus increased presence at community events have led to many new flyers.

Additionally, the agency is increasing its use of rack cards, business cards and post cards to promote programs and increase recruitment.

## Community Events

This spring has been especially busy when it comes to community events. Some weekends, RACSB was present at four or five different events.

To encourage more employees to volunteer to represent the agency at these events, the communications department designed and ordered t-shirts for HopeStarters who represent the agency in the community.



A social media post created for National Sunscreen Day.

# Hunger for Hope

## Substance Use Support Group



Are you struggling with substance/alcohol use? Do you need more support? **Recovery is possible. There is always Hope.** We support, encourage and inspire each other when we need it the most.

*In-person groups start July 7*

**Fridays, 3:30-4:30 p.m.**

**RACSB Fredericksburg Clinic,**

600 Jackson Street

Fredericksburg, VA 22401

For details, contact Lauren Ball,  
Outreach Substance Use Peer Recovery Specialist

540.373.3223, ext. 4393  
or 540.212.4202

# Prevention Services

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

June 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 Curriculum** – As the school year concluded, we are taking a short break from these curriculums. We will resume later this summer with St. Paul’s and 4Seasons day care/preschool centers in King George County where we facilitate curriculums including HALO (Healthy Alternatives for Little Ones) and Second Step.

**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 North Stafford High School the last week of school in May. We are scheduling for the 2023-2024 academy year to 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. The training for clinicians on Harm Reduction will be held May 19, 2023 at Germanna Community College was well received with 27 attendees. We are preparing for International Overdose Awareness Day on August 31, 2023.

**Save One Life Naloxone Trainings** –RACSB continues to host virtual trainings twice a month and at the request of community partners. In May, we dispensed more boxes than in FY 2020 and FY 2021 combined. We dispensed 274 boxes (548 doses) This is the most Naloxone dispensed in a month since initiating this harm reduction strategy in January 2020. In addition to a number of community events/requests for trainings, we successfully trained 105 Spotsylvania

County DSS staff in May. Through May 31, 2023, we have dispensed a total of 1,429 boxes (or 2,858 doses) in FY 2023.

We recently updated our training schedule and added dates for the remainder for 2023.

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

**Education/Outreach** – We continue to partner with community stakeholders and provide information and resources. In May, we spoke at The Table produce distribution. In June, we will attend the Germanna Community College Community Connections event on June 10<sup>th</sup> in Bragg Hill as well as Juneteenth Celebration on July 17 at FredNats Stadium, and Fredericksburg Pride on June 24 at Old Mill Park.



The Art of Aging Expo – June 14, 2023

### **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.

The next ASIST is scheduled for July 10-11, 2023. We have several fire/EMS first responders registered.

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

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

We will be training all new resident advisors with the University of Mary Washington in August.

To register:

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

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

**safeTALK** – This 3-hour suicide alertness training encourages participants to learn how to prevent suicide by recognizing signs, engaging the individual, and connecting them to community resources for additional support. We did not meet the minimum number of participants and cancelled the training scheduled for May 16, 2023. Our next safeTALK is now scheduled for September 19, 2023.

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

**Lock and Talk Virginia** – Our new Lock and Talk calm strips and stickers arrived. If you haven't already, please visit our website at [www.lockandtalk.org](http://www.lockandtalk.org) and follow us on Facebook and Instagram.

**Means Safety** – We continue to distribute medication lock boxes, and cable gun locks as part of our regional initiative Lock and Talk Virginia. We also promote safe storage and disposal of medications. We are ordering a new supply of medication lock boxes.

**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](http://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 virtual training is scheduled for June 21, 2023 at noon.

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). Prevention Specialists Jennifer Bateman and Sherry Norton-Williams are attending.

### 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	0	6	2
CITY OF FREDERICKSBURG	1	2	35	16
KING GEORGE COUNTY	6	0	1	2
SPOTSYLVANIA COUNTY	19	12	39	15
STAFFORD COUNTY	11	10	36	15
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
<b>TOTAL</b>	<b>37</b>	<b>24</b>	<b>117</b>	<b>50</b>

- Participated in the King George Family Fun Day on May 6, 2023.
- Team members attended the Early Intervention Virginia Conference on May 17, 2023.
- Healthy Families Rappahannock Area has been a longtime member agency of Rappahannock United Way. We recently learned that funding will cease effective July 1, 2023 as fundraising did not meet RUW goals.
- Congratulations to program manager Melody Jennings on graduating from Leadership Fredericksburg.
- Ms. Jennings and both program supervisors Marta Fuentes and Laurie Strother attended the Strong Tower Church Community Partners luncheon. Ms. Jennings collaborated with Janel Donahue, President, RUW, to facilitate the Six Types of Working Genius.



Leadership Fredericksburg Graduation

## RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

### May 2023 Review

#### Community Consumer Submission 3 version 7.5 (CCS3 7.5)

The Community Consumer Submission 3 version 7.5 is the technical specifications for our state reporting data collection and extract. There is only one change for the upcoming fiscal year which will go live on July 1, 2023.

#### 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. In the process of negotiating the Part C Contract for the upcoming year.

#### 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 Ernst & Young Deliverable Presentation on new data exchange at DBHDS Central Office with DBHDS Senior Leadership to include the Commissioner.
- Attended the Netsmart Connections National Conference and hosted 20 other CSB representatives.
- Represented CSBs on the newly developed Data Exchange Steering Committee with senior DBHDS leadership.
- Attended Stafford Board of Supervisor's meeting to support regional application for Opioid Abatement Authority Funding.
- Presented at DBHDS state conference "Reimagining Mental Health for Virginia's Youth: A School-Based Approach".
- Attended press conference and roundtable at the invitation of Rep. Abigail Spanberger focused on Fentanyl crisis.
- Participated in roundtable discussion by invitation at the Virginia Health Workforce Development Authority/
- Attended the Virginia Health Information EDCC Advisory Council Meeting.
- Attended the Behavioral Health Commission meeting held at Region 10 CSB in Charlottesville.

#### 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.
- Attended and co-facilitated VACSB Regulatory Committee Meeting
- Met with Netsmart interoperability leadership to provide input on workflows related to Care Manager and new statewide Crisis Data Platform
- Chaired Emergency Department Care Coordination Collaborative meeting through Virginia Health Information.
- Met with Micah Ministries to discuss targeted efforts regarding the Bragg Hill Corridor.
- Attended executive leadership training on new contracts module within Webgrants hosted by DBHDS.
- Prepared executive summary of RACSB's plans to apply for crisis funding for discussion at Mental Health Forum hosted by Del. Tara Durant.