



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

## meeting notice

**TO:** Board of Directors

**FROM:** Matt Zurasky, Secretary  
Joe Wickens Executive Director

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

**DATE:** November 16, 2023

---

**A Board of Directors Meeting has been scheduled for Tuesday, November 21, 2023 at 5:00 PM, at Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.**

**We are looking forward to seeing everyone on November 21, 2023.**

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

**Best,**

**MZ/JW**

**Enclosure (Agenda Packet)**

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD  
BOARD OF DIRECTORS MEETING  
*November 21, 2023*

600 Jackson Street, Board Room 208  
Fredericksburg, VA 22401

# agenda

- I. MINUTES, BOARD OF DIRECTORS, October 17, 2023 **Beebe**
- II. PUBLIC COMMENT- Public Comment **Beebe**
- III. EMPLOYEE SERVICE AWARDS **Wickens**  
5 years  
**Thomas Cotter**, Psychosocial Advocate – Kenmore Club  
**Tara Barrett**, MH Residential Specialist – Crisis Stabilization
- IV. LOCAL FUNDING APPLICATION **Cleveland**  
PRESENTATION *by, Tina Cleveland*
- V. CONSENT AGENDA **Beebe**

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE  
November 14, 2023

**Parcell**

- A.1 Information Only – Extraordinary Barriers List
- A.2 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- A.3 Information Only – Crisis Intervention Team Report
- A.4 Information Only – Emergency Custody Order/Temporary Detention Order
- A.5 Information Only – Part C Compliance Monitoring Results
- A.6 Information Only – DD Waiver Slot Allocation
- A.7 Information Only – Sunshine Lady House Reopening
- A.8 Information Only – Myers Respite
- A.9 Information Only – Waitlist
- A.10 Information Only – Incident Report Quarterly
- A.11 Information Only – Information Technology/Electronic Health Record Update
- A.12 Information Only – Legislative Updates
- A.13 Information Only – Data Highlights Report

RECOMMENDED: FINANCE COMMITTEE November 14, 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 Follow Up Board – 2023 Financial Summary
- B.11 Follow Up Board – DRPT Grant Intent to Apply

RECOMMENDED: PERSONNEL COMMITTEE November 14, 2023

**Beebe for  
Gayle**

- C.1 Information Only –Retention and Turnover Report
- C.2 Information Only –EEO Report and Recruitment Update
- C.3 Information Only – CSB Workforce Report Overview
- C.4 Information Only – Behavioral Health Technician Intern Program Launch

VI. REPORT FROM THE EXECUTIVE DIRECTOR

**Wickens**

VII. REPORT OF DIRECTORS and COORDINATORS

- A. Clinical Services
- B. Human Resources
- C. Compliance
- D. Prevention
- E. Community Support Services
- F. Deputy Executive Director

**Kobuchi  
Carrington  
Terrell  
Wagaman  
Jindra  
Williams**

VIII. BOARD TIME

**Beebe**

IX. ADJOURNMENT

**Beebe**

---

# October 2023 Board of Directors Meeting Minutes

---

## CALL TO ORDER

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held on October 17, 2023 at 600 Jackson Street and called to order by Chair, Ms. Nancy Beebe. *Attendees included:* Greg Sokolowski, Ken Lapin, Jacob Parcell, Claire Curcio, Carol Walker, Matt Zurasky, and Bridgette Williams. *Not present:* Sarah Ritchie, Glenna Boerner, Susan Gayle, and Melissa White.

## MINUTES, BOARD OF DIRECTORS, **September 19, 2023**

The Board of Directors approved the minutes from the September 19, 2023 meeting.

**ACTION TAKEN:** The Board approved the minutes.

Moved by: Mr. Lapin

Seconded by: Ms. Walker

### I. PUBLIC COMMENT

No Action Taken

### II. EMPLOYEE OF THE QUARTER

Joe Wickens recognized employee of the quarter:

**Ashley Jaderborg** – 1<sup>st</sup> Quarter FY24

### ❖ Board Presentation: MYERS DRIVE RESPITE GROUP HOME by: *Steve Curtis*

Mr. Steve Curtis gave a presentation on Myers Drive Respite Home that was established in 2013. The home is for adults with developmental disabilities. The goal at Myers is to reach out to families that may not otherwise have care for respite. The focus of the presentation was to give the Board a complete picture of the services and unique person-centered activities, social, recreational and leisure that are offered at Myers. A number of questions were asked by the Board about its operations, challenges and costs. The Board decided to table any decisions about the program until the next Program Planning Evaluation Committee meeting on November 8, 2023. The Board thanked Steve for the presentation.

### III. CONSENT AGENDA

**RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE**

October 10, 2023

Parcell

A.1 Information Only – Extraordinary Barriers List

A.2 Information Only – Independent Assessment Certification and

Coordination Team Update (IACCT)

- A.3 Information Only – Information Technology/Electronic Health Record Update
- A.4 Information Only – Crisis Intervention Team Assessment Center Report
- A.5 Information Only – Emergency Custody Order/Temporary Detention Order
- A.6 Information Only – Healthy Families Rappahannock Area Home Visiting and TANF Funding
- A.7 Information Only – Waitlist
- A.8 Approved – Licensing Reports
- A.9 Information Only – Data Highlights Report
- A.10 Information Only – Other Business

RECOMMENDED: FINANCE COMMITTEE October 10, 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 Financial Policies and Procedures Memorandum
- B.11 Approved – Financial Policy tracked changes
- B.12 Approved – 2023 August Financial Summary
- B.13 Approved – Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Funding
- B.14 Information Only – Transitional Bed Funding Increase

RECOMMENDED: PERSONNEL COMMITTEE October 10, 2023

Gayle

- C.1 Information Only – Retention Report
- C.2 Information Only – EEO Report and Recruitment Update
- C.3 Information Only – Workforce Convening Memo and Strategic Plan

VI. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VII. REPORT OF DIRECTORS and COORDINATORS

- A. Clinical Services
- B. Finance and Administration
- C. Human Resources
- D. Compliance
- E. Prevention

Kobuchi  
Cleveland  
Carrington  
Terrell  
Wagaman

F. Community Support Services  
G. Deputy Executive Director

Jindra  
Williams

VIII. BOARD TIME

Beebe

IX. ADJOURNMENT

Beebe

**ACTION TAKEN:** The Board approved the Consent Agenda.

Moved by: Mr. Lapin

Seconded by: Mr. Parcell

#### IV. REPORT FROM THE EXECUTIVE DIRECTOR

- a. Mr. Wickens reported that the General Assembly has finally approved the budget and there are a number of items that will assist RACSB. They budgeted \$18 million for salaries and workforce challenges to be spread across the four CSBs. We should see approximately \$488,000 in January to help with salary adjustments. We will see more money in July. Mr. Wickens said we will provide recommendations in the following months to include in our annual COLA that we do in January. In addition, a number of rate increases for services we provide were also passed.
- b. Mr. Wickens announced that he has reached out to the Commissioner of DBDHS as instructed regarding requesting a meeting with the Board to discuss the Trac It letter. The Commissioner has accepted the invitation although he requests to host the meeting at his location in Richmond. A date has yet to be confirmed.
- c. The Board holiday dinner will be on Tuesday, December 19<sup>th</sup> at 6:00 PM in lieu of the Board meeting. Location to be announced. Mark your calendars.

#### V. REPORT OF THE DIRECTORS AND COORDINATORS

- a. **Clinical Services** – Ms. Kobuchi reported they have a new Stafford Clinic Coordinator, Ms. Lindsey Steele, who has been promoted. Also, they are rolling out their plan to implement the grant-funded Mobile MAT program and have posted for an Assistant Substance Abuse Coordinator who will help further develop the program. In addition, they had their first graduate from the Behavioral Health Docket in Spotsylvania.
- c. **Prevention** – Ms. Wagaman shared that yesterday they had an interest meeting for the formation of the local suicide prevention coalition. The meeting was well-attended with broad community representation. The next meeting will be held in November when they will be working on a mission and vision statement. This is a collaborative effort between the RACSB, the Rappahannock Area Health District, and the Veterans Administration. Mr. Zurasky asked if the coalition would eventually expand to the school systems. Ms. Wagaman said absolutely.
- f. **Community Support Services** – Ms. Jindra shared that RAAI is doing a trunk or treat this Sunday. They also have plant sales going on. Other program updates in packet.
- g. **Deputy Executive Director** – Ms. Williams announced that she's excited about the inaugural intern program being hosted here at RACSB on November 1<sup>st</sup>. It's the first of its kind in the Commonwealth. They have decided on 18 acceptances to the Behavioral Health Technician Certification Program with Germanna. Students go through a 15-

week curriculum paired with 20 hours a week fieldwork at RACSB. RACSB will pay for their hours worked and Germanna, through the Claude Moore Foundation, will fund the students so they don't have a single cost. At the completion of the program, we get the opportunity to offer the students jobs.

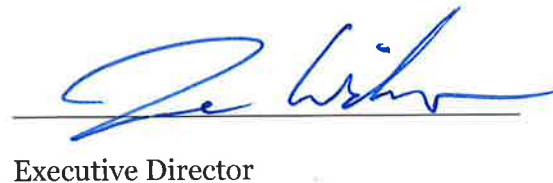
#### VI. BOARD TIME

- a) Mr. Sokolowski said great job thank you.
- b) Ms. Walker shared that the intern program sounds wonderful and she can see how it will be beneficial in finding new employees; she also wanted to share with the Board her positive experience on the board bus tour of Myers Respite Home recently. She encouraged them all to visit the home if they have the opportunity. She found it very impressive and it helped her understand it as a living organization with people doing amazing things.
- c) Ms. Curcio said she's still amazed at all the things everyone does and she's also amazed at how many of her friends have no idea what we do here. She has been doing a lot of educating as a result.
- d) Mr. Lapin is especially impressed with the leadership the staff takes in the state.
- e) Ms. Williams said congratulations.
- f) Mr. Zurasky said I'm thrilled that we've got this kicked off with Germanna and let's do everything we can to make this that shining star for the rest of the state and look for other places we can expand to. Rappahannock Community College has an outpost in King George so we can replicate it and help fill the gaps not only for our CSB but across the state. A job well done.
- g) Mr. Parcell said thank you to all well done. The only thing looking forward is what our legislative agenda is coming up as we hit November and December.
- h) Ms. Beebe thanked everyone for being here.

#### ADJOURNMENT

The meeting adjourned at 6:25 PM.

  
\_\_\_\_\_  
Board of Directors Chair

  
\_\_\_\_\_  
Executive Director

# RACSB

LOCAL FUNDING REQUEST FY 2025

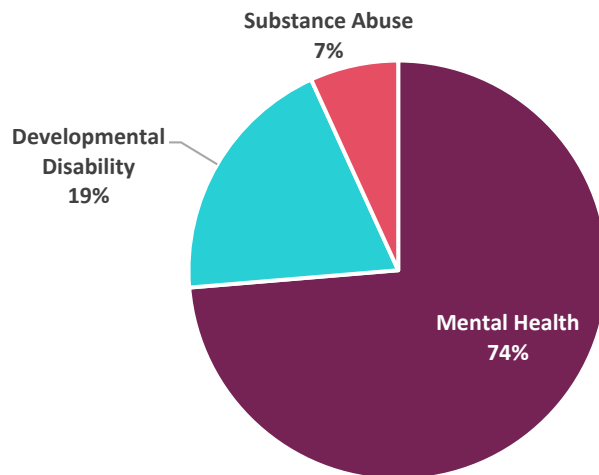


# Overview

- ▶ RACSB requests local funding to support the Mental Health and Substance Abuse programs. RACSB request total funding of \$2M for fiscal year 2025, from the Counties of Caroline, King George, Spotsylvania, Stafford and the City of Fredericksburg. RACSB is requesting \$111,930 (6%) additional funding across all localities over last year's approved to maintain the current salaries and provided support for the Crisis Resource Center.

# FY 2023 Services to Individuals

FY 2023 Services to Individuals



Locality	Mental Health	Developmental Disability	Substance Abuse	Total	% Increase/Decrease from PY
<b>Caroline</b>	919	268	81	1,268	-2%
<b>Fredericksburg</b>	2,177	333	237	2,747	-3%
<b>King George</b>	1,393	260	104	1,757	1%
<b>Spotsylvania</b>	5,073	1,366	424	6,863	-4%
<b>Stafford</b>	4,126	1,396	420	5,942	-5%
<b>Total</b>	13,688	3,623	1,266	18,577	-4%

Note: Decrease is due to staff vacancies and resulting waitlist.

# FY 2023 Per Capita

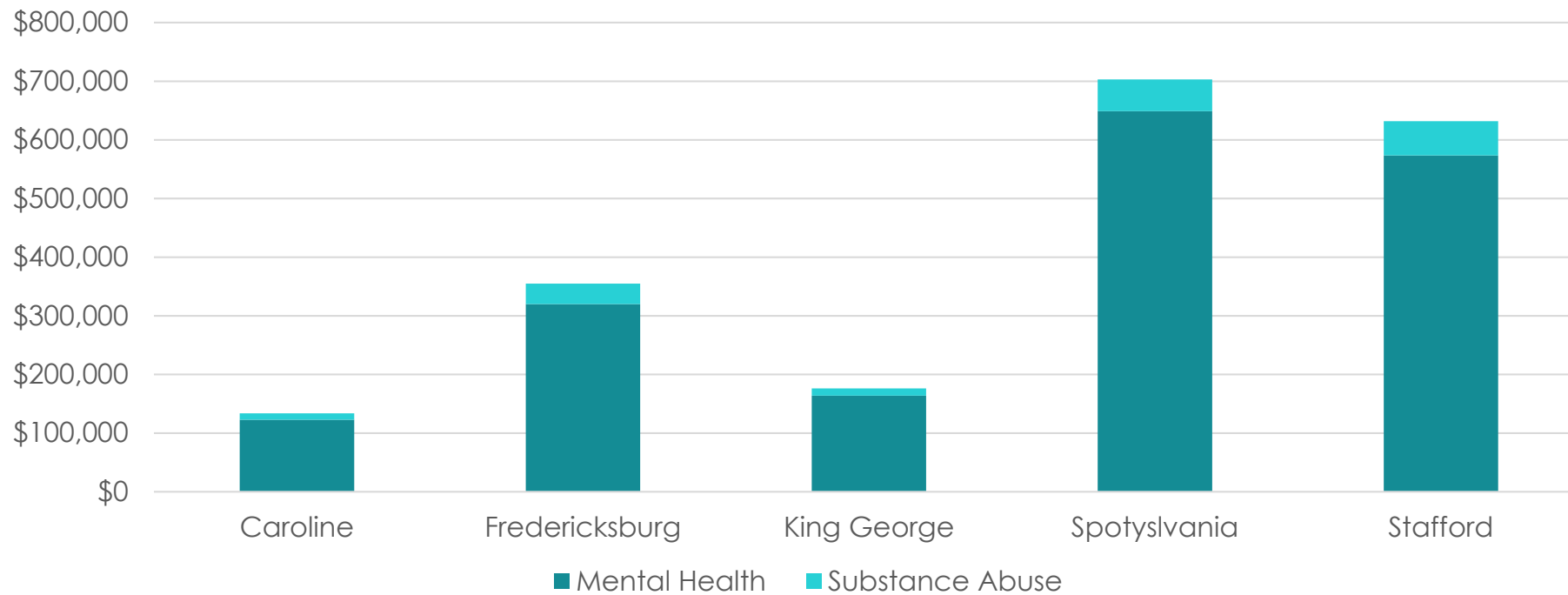
Locality	FY23Actual	Individuals Served	Population Estimate	Per Individual Served	Per Capita
<b>Caroline</b>	\$128,756.00	1,268	32,334	\$101.54	\$3.98
<b>King George</b>	\$166,173.00	1,757	27,645	\$94.58	\$6.01
<b>Spotsylvania</b>	\$661,438.00	6,863	145,013	\$96.38	\$4.56
<b>Stafford</b>	\$583,990.00	5,942	163,239	\$98.28	\$3.58
<b>Fredericksburg</b>	\$347,713.00	2,747	27,667	\$126.58	\$12.57

*\*Population data pulled from Weldon Cooper Center as of July 1, 2022.*

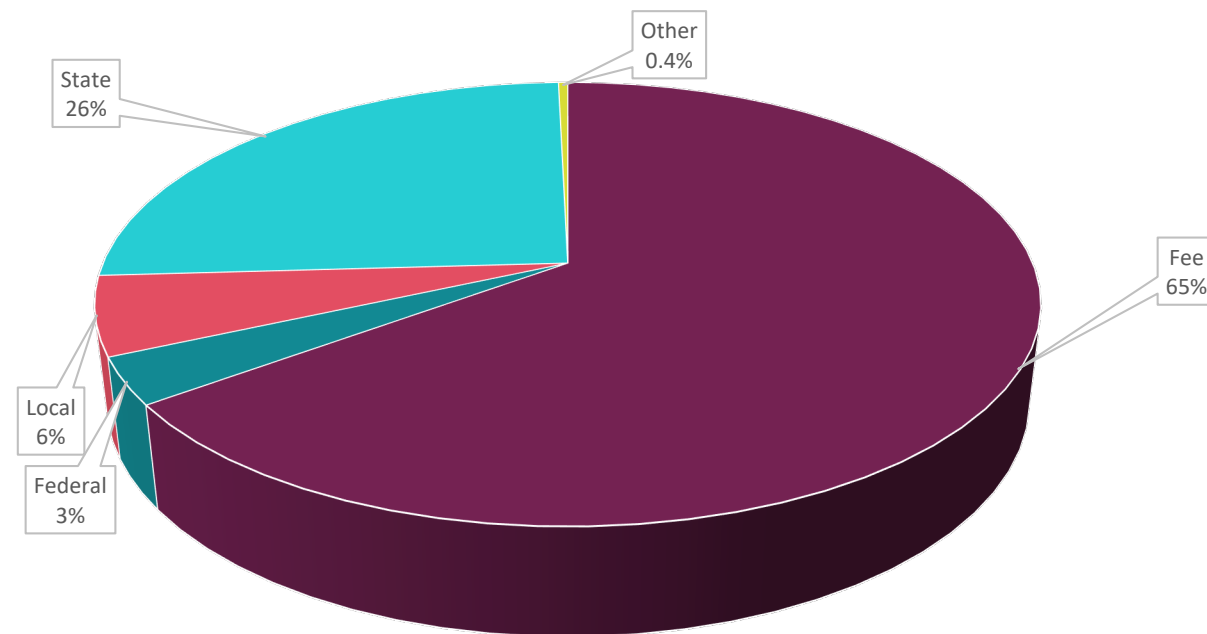
# FY 2025 Request by Locality

Locality	FY 2024 Actual	FY 2025 Request	Change from PY \$	Change from PY %
<b>Caroline</b>	\$128,756	\$133,743	\$4,987	4%
<b>Fredericksburg</b>	\$347,713	\$354,857	\$7,144	2%
<b>King George</b>	\$166,173	\$176,214	\$10,041	6%
<b>Spotsylvania</b>	\$661,438	\$703,188	\$41,750	6%
<b>Stafford</b>	\$583,990	\$631,998	\$48,008	8%
<b>Total</b>	\$1,888,070	\$2,000,000	\$111,930	6%

# FY 2025 Local Funding Allocation

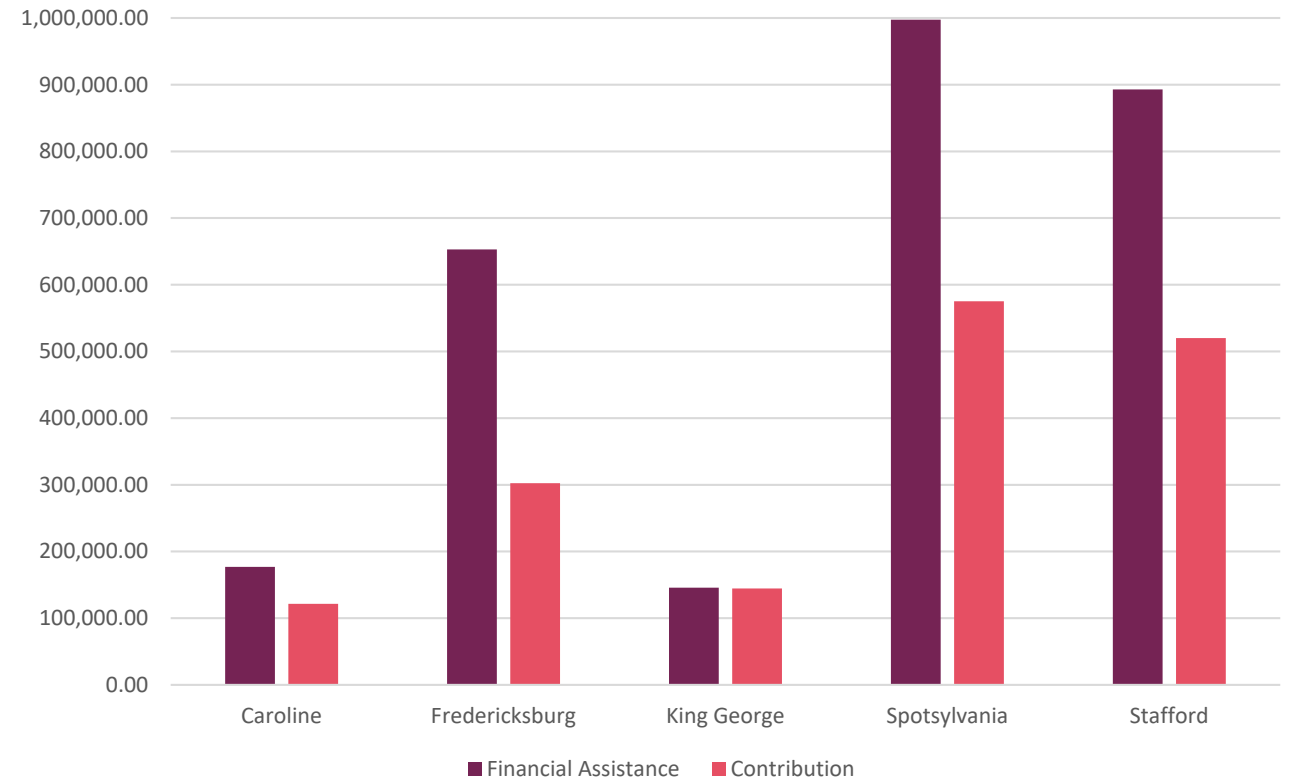


# FY 2023 Revenue Sources



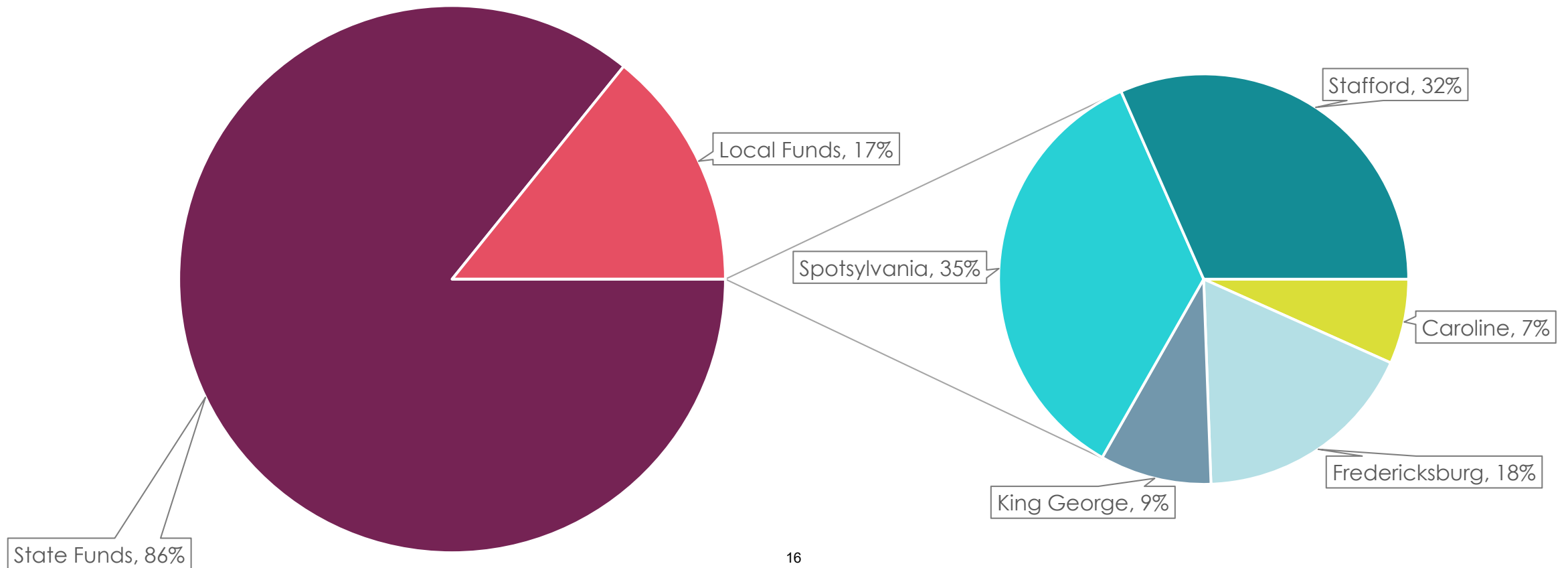
## FY 2023 Return on Investment

RACSB provides services to individuals regardless of ability to pay. In fiscal year 2023, RACSB received \$1,663,458 from all localities but provided \$3,049,648 in financial assistance to individuals seeking services.



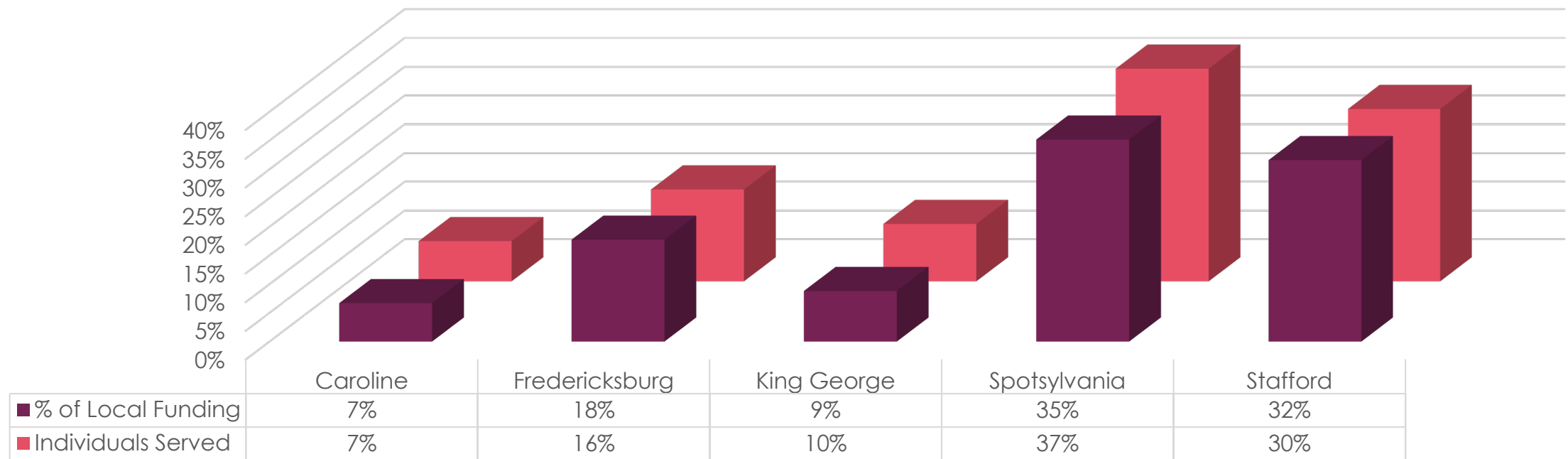
# Performance Contract Requirements

## Funding



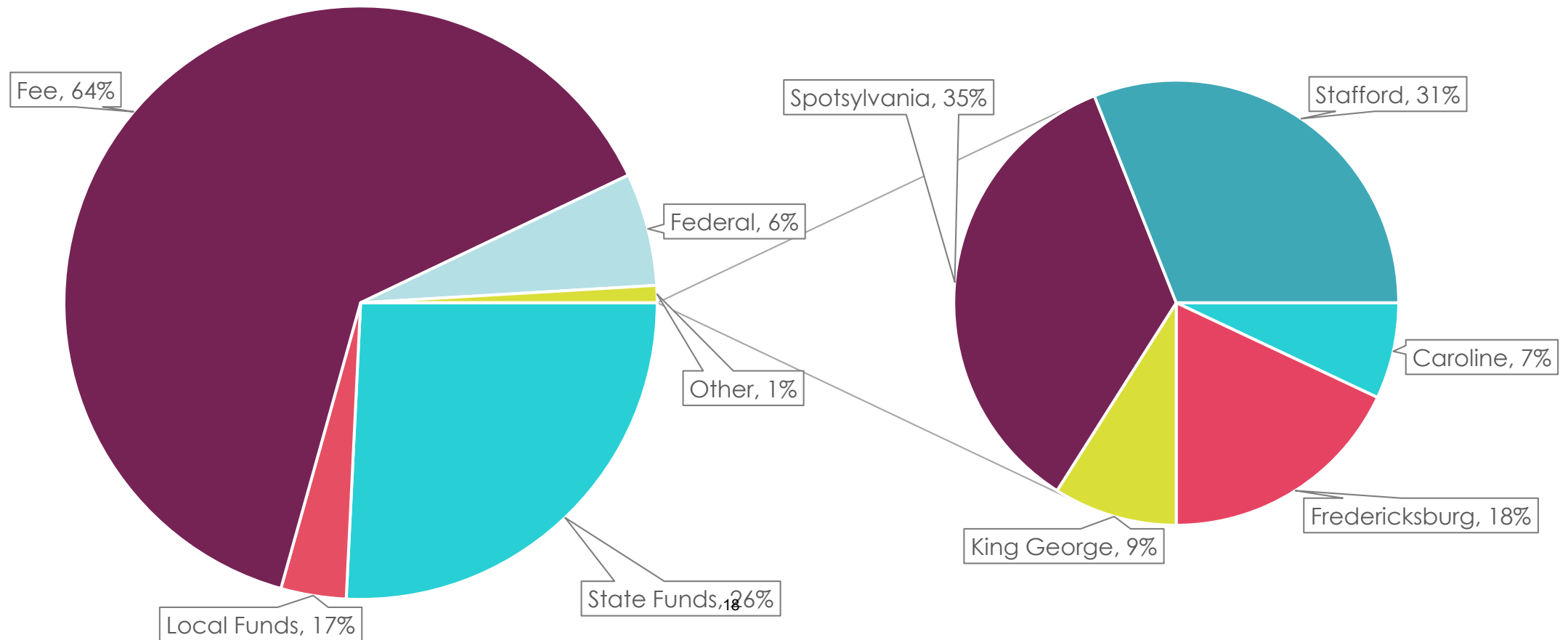


## Performance Contract Funding Requirements Local Funding versus Individuals Served



# Fiscal Year 2024 Budgeted Revenue

## Funding



Rappahannock Area Community Services Board  
Program Planning & Evaluation Meeting Tuesday,  
November 14, 2023 at 10:00 a.m.  
600 Jackson Street, Board Room 208  
Fredericksburg, VA

---

**PRESENT**

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

**ABSENT**

Carol Walker  
Melissa White  
Susan Gayle  
Shawn Kiger  
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  
Jacque Kobuchi, Clinical Services Director  
Amy Jindra, Community Support Services Director  
Amy Umble, Public Information Officer  
Stephen Curtis, Coordinator ID Residential Services  
Alison Standing, Part C Coordinator

**Call to Order – Jacob Parcell/ Chair**

A meeting of the Program Planning and Evaluation Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on November 14, 2023.

ISSUE: **Extraordinary Barriers List**

DISCUSSION: Ms. Kobuchi announced that there is currently one person on the list, they have been on the list since October 10, 2023. One of the barriers is that they are Not Guilty by Reason of Insanity (NGRI) process. The individual has a primary diagnosis of Schizophrenia. It has been identified that this individual would benefit from a transitional residential program that can provide them with the education and support necessary to develop independent living skills, best manage their mental health concerns as well as maintain compliance with their Conditional Release Plan (CRP). They have made excellent progress in their treatment and have been accepted to Home Road.

ISSUE: **Independent Assessment Certification and Coordination Team Update – October**

DISCUSSION: Ms. Kobuchi told the committee that the RACSB received twenty-three IACCT

referrals in the month of October and completed twenty-one assessments. The IACCT assessors were unable to reach two families to schedule the assessment. One initial IACCT was a no-show, but an extension was granted and the assessment was completed. Fifteen referrals were initial IACCT assessments and eight were re-authorizations in October. Eight were from Spotsylvania, eight from Stafford, one from Caroline, three from King George and three from the City of Fredericksburg. Of the twenty-one completed assessments, twelve recommended Level C Residential and nine recommended Level B Group Home. One reauthorization recommended discharge home from residential in the next month.

DMAS' contract with Kepro/Acentra to oversee the IACCT process started November 1<sup>st</sup>. Ms. Kobuchi reported they have not received a single IACCT referral since Kepro took over, so a bit worrying that transition is not going well and we will get a large influx of them all at once (in December). There has also been a bit of challenge for the staff working with their system. Mr. Zurasky asked if DMAS is aware we haven't received any and Ms. Kobuchi said she wasn't sure, she would have to check with her staff. Ms. Williams said that indeed DMAS is aware there have been speed bumps impacting the transition..

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

**DISCUSSION:** Ms. Kobuchi told the Committee that the CIT Assessment Center assessed 20 individuals in the month of October 2023. The number of persons served by locality were the following: Fredericksburg 5; Caroline 0; King George 0; Spotsylvania 10; Stafford 5, and 0 other. CIT Data Sheet provided.

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

**DISCUSSION:** Ms. Kobuchi told the Committee that emergency services staff completed 290 emergency evaluations. Seventy-seven individuals were assessed under emergency custody orders and seventy-one total temporary detention orders were issued and served. Staff facilitated two admissions to state facilities. Two children were admitted to Commonwealth Center for Children and Adolescent. A total of six individuals were involuntarily hospitalized outside of our catchment area in the month of October. This month we had no individuals who used alternative transportation. Ms. Kobuchi provided data reports.

**ISSUE: Part C Compliance Monitoring Results**

**DISCUSSION:** Ms. Standring took the group through the monitoring results and determination from DBHDS for FFY22/SFY23 for Local Early Intervention System (LEIS). Ms. Standring provided a summary of the monitoring process and what is involved in the determinations, a chart that describes the federal indicators reviewed and how we scored on each, a sample chart with explanation bubbles, an explanation of the calculations used to determine child outcome indicator scores, the Child Outcomes Decision

Tree, our local family survey results, and statewide family survey results. She reviewed where we were in compliance and not in compliance. She reported that during state fiscal year 2023, their program processed 890 referrals (up from 870 last year) and served more than 1, 117 infants and toddlers (up from 1, 031 last year).

Ms. Standring noted that workforce issues and high staff caseloads continue to impact their program. As predicted this time last year, our determination this year reflects the struggles we've experienced. Still, Ms. Standring remains optimistic that they will correct their current deficiencies prior to DBHDS's deadline of June 30, 2024 and that they will return to a Meets Requirements determination next year.

**ISSUE: DD Waiver Slot Allocation**

**DISCUSSION:** Ms. Jindra presented the DBHDS announcement that in October of 2023 there will be new waiver allocations based on Virginia's FY 24 budget. Based on funding approval, 70 Community Living and 430 Family and Individual Support Waiver slots will be allocated as of January 2024.

Ms. Jindra continued that historically RACSB receives the third highest allocation of waivers. RACSB already received 21 CL Waivers and 27 FIS Waivers between July and November of 2023. More waivers are possible due to attrition for individual losing appeals, passing away, moving out of state, inability to locate/contact, individual no longer qualifies for Medicaid, or the person/guardian declines utilizing the waiver within 150 days of award date. Support coordination anticipates an additional 50 waivers in January 2024. The increase in waivers will require adjustment to staffing to support the equivalent of at least 2 additional caseloads.

Mr. Lapin asked if once a waiver is awarded is it permanent. Ms. Jindra said yes, unless it's not being utilized.

**ISSUE: Sunshine Lady House Reopening**

**DISCUSSION:** Ms. Jindra reported that the week of November 26, 2023, the Sunshine Lady House staff will return to prepare for re-opening. The program will resume operations on December 4, 2023, with 12 beds, including providing detox and TDO services. She went over the extensive plan to include her taking over the "acting coordinator" role in order to meet the licensed clinical supervisor regulations. Additionally, RACSB will contract with a LPC to provide approximately 10 hours/week of clinical oversight. Eight hours of training for Sunshine Lady House leadership will be provided by TBD Solutions firm prior to the opening. During this time, ongoing efforts to hire a full-time coordinator will continue.

Mr. Wickens noted the reason it has taken so long to reopen has been due to staffing issues. He commended Amy on doing what she has done to get this back on track. Mr. Parcell also thanked the team for what they have done to get things moving again.

ISSUE:

**Myers Drive Respite**

DISCUSSION:

Mr. Curtis began by giving an overview of the programs ten-year history to where it is today. He talked about how they are working to make the shortfalls less. He talked about cost per service with an average of cost per hour of service equating to \$86. In addition to low reimbursement rates, Myers also requires significant administrative duties. Mr. Curtis took the group through the financial challenges and extensive administrative and staffing requirements.

Mr. Zurasky clarified that the \$86 per hour includes the administrative costs- to develop the plans and maintain them. Mr. Curtis confirmed that was correct.

Ms. Beebe asked what the per hour cost for group homes are. Ms. Jindra said she did not have that information.

Mr. Curtis took the group through the financial deficit. He explained the need for the additional assistant manager which takes the budget in excess of \$70,000. He also shared that they are committed to staying open 24 hours regardless if it's one guest or six so that gives them a bit of a challenge. The average deficit has been \$360,000 a year.

Mr. Curtis then went through the benefits of the programs; respite services, manage personal needs, rest, expansion of personal relationships, and further development of interpersonal skills. As a result of continued stays and assessment through the use of Myers Drive over the last 10 years, 22 individuals have chosen to move into other RACSB residential programs. These programs generate \$2,815,025 in revenue annually.

Mr. Curtis went on with improvement strategies to help mitigate costs. Myers will freeze two of the full-time positions resulting in an additional a \$92,000 savings. Ms. Beebe asked how long have these two openings been vacant. Ms. Jindra said approximately two months. Mr. Parcell clarified and Ms. Jindra confirmed that at current utilization without the two positions we won't have any unmet needs.

Ms. Boerner asked how many times a week are there no guests in the house. Ms. Jindra said one day in the last ninety days. Ms. Boerner asked what is the average number of guests. Ms. Jindra said its three, but somedays it could be one. Ms. Boerner asked about the staff that has been reallocated to other places how do they feel about it. Ms. Jindra said they love Myers- it may not be their preference but they do it.

Mr. Curtis reported program leadership is currently re-evaluating self-pay policies and rate schedule. He went onto say that overall residential services funding is sufficient to absorb Myers costs. Ms. Jindra added that last year's revenue for residential services was \$3.8 million. Mr. Curtis added that it is reflective of the rate increase for group home services being disproportionate to the increase Myers has received. Ms. Jindra said if you look at all of DD services, we ended the year with 3.2 million positive variance- and that includes Myers and RAAI which ended with negative variances. Therefore, DD services alone, historically, have been able to offset these costs.

FOLLOW UP:

Ms. Beebe said she would like clarified how many people are spending the night and how many are using it as a day program. Ms. Jindra said she will provide. Mr. Lapin would like to see how the shifts are worked. He said he would like to see each shift and how many people are there over a period of time. Ms. Jindra to provide. Ms. Boerner reminded the board about their fiduciary

responsibilities.

Ms. Jindra went over the Medicaid Utilization Goals and then went into the recommendation.

Mr. Parcell recognized that the Board may not have what is needed to make a decision at this time. He recommended revisiting the decision in April with reports from the program in the interim of the results of the strategies to mitigate financial loss while increasing utilization. All board members present agreed to table the decision until April 2024. Mr. Lapin thanked Ms. Jindra for all of her work on this. Ms. Curcio asked that they have updates between now and April.

ISSUE: **Waitlist**

DISCUSSION: Ms. Terrell took the group through the October waitlist. There are 318 individuals on the wait list for outpatient therapy services. Fredericksburg Clinic no longer has a waitlist, but added Stafford. There are six individuals waiting longer than 30 days for psychiatric intake. MH Residential Services have six individuals on the referral list. Intellectual Disability Residential Services have sixty-eight on the needs list. Assertive Community Treatment had sixteen on the needs list, two on the referrals list, and one admission for a total of fifty-two program enrollments.

ID/DD Support Coordination, there are currently 825 individuals on the DD Waiver Waiting List. This is a decrease of eleven from last month. This decrease is due to RACSB receiving sixteen community living waiver slots from the regional slots that were available. Regional slots are slots that are available because the board who has the slots has no one in Priority 1 status who will use that type of slot. RAAI had thirty-seven individuals, twenty-seven referrals and six assessing. Total program enrollments are 114 with one admission and one discharged last month.

ISSUE: **1<sup>st</sup> Quarter Incident Report Review**

DISCUSSION: Ms. Terrell went over the first quarter incident summary report covering the months of July 1, 2023 through September 30, 2023. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives.

The population covered includes all people receiving services by the RACSB, which includes Mental Health, Substance Use, Developmental Disability, and Prevention services. RACSB provided services to 7,312 individuals, unduplicated by service area, from July 1, 2023 through September 30, 2023.

Quality Assurance Staff received and triaged 565 Incident Reports from July 1, 2023 through September 30, 2023 (an overall increase of 23 reports from last quarter). Of those 565 incident reports received, 84 incidents were reported to

Department of Behavioral Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS) as a serious incident; this is an increase of 1 from last quarter.

Ms. Terrell took the group through the charts of incident reports. The levels that DBHDS uses are: Level 1 (minor incidents), 2(need to be reported), and 3(need to be reported), of those there were 66 incidents classified as a level 2 and 18 incidents classified as a Level 3. Mr. Lapin asked Ms. Terrell that, due to the detail of the charts, if there is anything of great significance that she wants them to pay attention to in the future, if she could please highlight it. Ms. Terrell confirmed. Both Mr. Lapin and Mr. Zurasky asked why there are more incidents on Wednesdays than any other day. Ms. Terrell said she didn't know.

ISSUE: **Information Technology/Electronic Health Record Update/Trac-It Update**

DISCUSSION: Ms. Brandie Williams said she was going to ask the group to refer to her report for the Information Technology/Electronic Health Record Update this month. She wanted to open her time up and ask both Ms. Beebe and Mr. Zurasky to share their comments on the meeting the group had with the DBHDS Commissioner around Trac-IT. Mr. Zurasky gave his perspective of the meeting and felt that over all our message was well fairly well received and now we needed to see if DBHDS was willing to make the changes. Ms. Beebe felt the Commissioner took responsibility for the oversights of the Trac-It program and she was very pleased with the outcome of the meeting. Mr. Wickens added that he felt the outcome was good. All left the meeting very pleased and felt good that the follow-on meeting would occur. Ms. Williams spoke about the follow-up meeting. She reminded the group we asked for two things from DBHDS, we asked for them to make the 91 data elements that were not directly tied to monitoring or regulatory requirements optional and, we also asked for that we would have the option to report, as we do all other services for an additional eight encounter-level data elements. This would decrease the anticipated program cost to \$50,000 versus \$500,000.

Ms. Williams reported that we did not get the 91 optional due to the DBHDS's inability to manage their vendor in time for December 11<sup>th</sup> deadline, however, we did get them to agree that we can submit dummy data. We can hard code the 91 so our staff don't ever have to touch it. It can be in the background. Ms. Williams said we would need this as an amendment to our contract and DBHDS agreed. Mr. Lapin asked if every CSB can do this too. Ms. Williams said yes, this option will be offered to local systems across the state

ISSUE: **Legislative Updates and Priorities**

DISCUSSION: Ms. Williams went over the Legislative Updates and Priorities.  
CSB Workforce Development  
Behavioral Health Services (Step-VA inflation pressures)  
School Based Services



Substance Use Disorder SUD Services  
Early Intervention Services  
Developmental Disability (DD) Waiver Services  
Underage Cannabis Use Prevention Programs

Ms. Williams provided recommendations and options: STEP-VA implementation and performance monitoring for all to review.

ISSUE: **Data Highlights Report for Program Planning and Evaluation**

DISCUSSION: Ms. Williams provided the month's report for all to review.

Mr. Lapin asked if we have the option to reassess our pay rates, our compensation study, for example if we say we want to raise our pay rates for nurses that competes with the VA Hospital, can we do that. Mr. Wickens confirmed that we could and, despite the compensation study, there are still a number of critical positions open. Mr. Wickens agreed to bring options to the Board to consider next month.

Mr. Zurasky asked if there was anyone new on the list of legislators. Ms. Williams said yes there are and they are highlighted on the sheet she handed out.

### **Adjournment**

The meeting adjourned at 12:15PM

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

## NOTICE

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

**From:** Joseph Wickens  
Executive Director

**Subject:** Program Planning and Evaluation Meeting  
November 14, 2023, **10:00 AM**  
600 Jackson Street, Board Room 208, Fredericksburg, VA

**Date:** November 9, 2023

---

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, November 14, 2023 at **10:00 AM**. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing everyone on Tuesday at **10:00 AM**.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**Program Planning and Evaluation Committee Meeting**

November 14, 2023 – **10:00 AM**

600 Jackson Street, Room 208 Fredericksburg, VA 22401

# AGENDA

I. Extraordinary Barriers List, <i>Newman</i> .....	3
II. Independent Assessment Certification and Coordination Team Update, <i>Kobuchi</i> .....	4
III. Crisis Intervention Team Report, <i>Kobuchi</i> .....	6
IV. Emergency Custody Order/Temporary Detention Order, <i>Kobuchi</i> .....	8
V. Part C Compliance Monitoring Results, <i>Standring</i> .....	11
VI. DD Waiver Slot Allocation, <i>Jindra</i> .....	27
VII. Sunshine Lady House Reopening, <i>Jindra</i> .....	31
VIII. Myers Respite, <i>Curtis</i> .....	33
IX. Waitlist, <i>Terrell</i> .....	40
X. Incident Report Quarterly, <i>Terrell</i> .....	44
XI. Information Technology/Electronic Health Record Update, <i>Williams</i> .....	53
XII. Legislative Priorities, <i>Williams</i> .....	55
XIII. Data Highlights Report, <i>Williams</i> .....	61
XIV. Other Business, <i>Parcell</i>	

## MEMORANDUM

TO: Joe Wickens, Executive Director

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

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

SUBJECT: Extraordinary Barriers List (EBL)

DATE: November 14, 2023

---

RACSB currently has one individual on the Extraordinary Barriers List (EBL), hospitalized at Western State Hospital. Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

### **Western State Hospital**

Individual #1: Was placed on the EBL 10/10/2023. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a primary diagnosis of Schizophrenia. It has been identified that his individual would benefit from a transitional residential program that can provide them with the education and support necessary to develop independent living skills, best manage their mental health concerns as well as maintain compliance with their Conditional Release Plan (CRP). They have made excellent progress in their treatment and gradual release process and have been accepted to Home Road. This individual has completed successful passes to Home Road as well as the Kenmore Club. Their CRP has been developed and submitted for review as well as approved by the Internal Forensic Review Committee. They will discharge from the hospital once their CRP is approved by the Forensic Review Panel and the Court.

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Donna Andrus, Child and Adolescent Support Services Supervisor  
**Date:** November 7, 2023  
**Re:** Independent Assessment Certification and Coordination Team (IACCT) Update

\*\*\*\*\*

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

RACSB received twenty-three IACCT referrals in the month of October and completed twenty-one assessments. The IACCT assessors were unable to reach two families to schedule the assessment. One initial IACCT was a no-show but an extension was granted and the assessment was completed. Fifteen referrals were initial IACCT assessments and eight were re-authorizations in October. Eight were from Spotsylvania, eight from Stafford, one from Caroline, three from King George and three from the City of Fredericksburg. Of the twenty-one completed assessments twelve recommended Level C Residential and nine recommended Level B Group Home. One reauthorizations recommended discharge home from residential in the next month.

DMAS has contracted with Kepro/Acentra to oversee the IACCT process starting November 1<sup>st</sup>. Magellan will no longer be managing the IACCT process.

Attached is the monthly IACCT tracking data for October 2023.

Report Month/Year	Oct-23
1. Total number of Referrals from Magellan for IACCT:	23
1.a. total number of auth referrals:	15
1.b. total num. of re-auth referrals:	8
2. Total number of Referrals per county:	
Fredericksburg:	3
Spotsylvania:	8
Stafford:	8
Caroline:	1
King George:	3
Other:	
3. Total number of extensions granted:	4
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	1
6. Total number of cancellations:	0
7. Total number of assessments completed:	21
8a. Total number of ICA's recommending: <b>residential:</b>	12
8b. Total number of ICA's recommending: <b>therapeutic group home:</b>	9
8c. Total number of ICA's recommending: <b>community based services:</b>	0
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>	0
10. Total number of notifications that a family had difficulty accessing <b>any</b> IACCT-recommended service/s:	0

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Natasha Randall, Acting Emergency Services Coordinator  
**Date:** November 3, 2023  
**Re:** Crisis Assessment Center and CIT report September 2023

---

The CIT Assessment Center assessed 20 individuals in the month of October 2023. The number of persons served by locality were the following: Fredericksburg 5; Caroline 0; King George 0; Spotsylvania 10; Stafford 5; 0 other.

Please see attached CIT data sheet

October 2023 RACSB CIT Assessment Center Data

Date	Number of ECOs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
10/1/2023	0	0	n.a	n/a
10/2/2023	0	0	n/a	Spotsylvania/ Stafford
10/3/2023	1	1	Stafford	Spotsylvania
10/4/2023	1	1	Fredericksburg	Spotsylvania
10/5/2023	1	1	Spotsylvania	n/a
10/6/2023	1	1	Stafford	Spotsylvania
10/7/2023	1	1	Spotsylvania	Spotsylvania
10/8/2023	1	1	Fredericksburg	Spotsylvania
10/9/2023	1	1	Spotsylvania	Stafford/Spotsylvania
10/10/2023	4	1	Spotsylvania	Stafford/Fredericksburg
10/11/2023	3	0	n/a	Spotsylvania
10/12/2023	0	0	n/a	Spotsylvania
10/13/2023	1	1	Stafford	Spotsylvania
10/14/2023	0	0	n/a	Spotsylvania
10/15/2023	1	1	Spotsylvania	Spotsylvania/Stafford
10/16/2023	0	0	n.a	Spotsylvania
10/17/2023	1	1	Spotsylvania	Spotsylvania/Stafford
10/18/2023	1	1	Spotsylvania	Spotsylvania/Stafford/Fredericksburg
10/19/2023	2	2	Fred/Spotsylvania	Stafford/Spotsylvania
10/20/2023	1	1	Fredericksburg	Spotsylvania/Stafford
10/21/2023	2	2	Fredericksburg/Stafford	Spotsylvania
10/22/2023	2	0	n.a	Spotsylvania/Stafford
10/23/2023	1	1	Spotsylvania	Spotsylvania/Stafford
10/24/2023	1	0	n.a	Spotsylvania/Stafford
10/25/2023	1	0	n.a	Spotsylvania
10/26/2023	2	1	Stafford	Spotsylvania
10/27/2023	1	1	Spotsylvania	Stafford
10/28/2023	1	0	n.a	Spotsylvania
10/29/2023	0	0	n.a	Spotsylvania
10/30/2023	0	0	n/a	Spotsylvania
10/31/2023	0	0	n/a	Spotsylvania
<b>Total</b>	<b>32</b>	<b>20</b>		

Total Assessmen at Center in September: 20

Brought by:	<b>Cumulative Total:</b>	Cumulative number of Assessment since	
Caroline	0	152	
Fred City	5	1042	October 2023: 3396
Spotsylvania	10	1012	
Stafford	5	1054	
King George	0	130	
Other	0	6	



## MEMORANDUM

**To:** Joe Wickens, Executive Director

**From:** Natasha Randall, Acting Emergency Services Coordinator

**Date:** 11/1/2023

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

---

In October, Emergency Services staff completed 290 emergency evaluations. Seventy-seven individuals were assessed under emergency custody orders and seventy-one total temporary detention orders were issued and served. Staff facilitated two admissions to state facilities. Two children were admitted to Commonwealth Center for Children and Adolescent.

A total of six individuals were involuntarily hospitalized outside of our catchment area in October. This month we had no individuals utilizes alternative transport.

Please see attached data reports.

Month	Evaluations	ECOs	TDOs Issued	TDOs Executed
Oct-21	422	60	72	72
Nov-21	425	59	60	60
Dec-21	401	67	66	66
Jan-22	355	74	63	63
Feb-22	442	87	64	64
Mar-22	375	74	81	81
Apr-22	390	85	87	87
May-22	417	92	73	73
Jun-22	342	75	66	66
Jul-22	343	77	83	83
Aug-22	367	79	76	76
Sep-22	341	66	76	76
Oct-22	351	70	75	75
Nov-22	359	69	73	73
Dec-22	296	55	51	51
Jan-23	389	81	86	86
Feb-23	340	65	67	67
Mar-23	406	83	93	93
Apr-23	325	65	78	78
Jun-23	275	57	65	65
Jul-23	296	69	66	66
23-Aug	329	78	66	66
23 Sept	344	80	72	72
Oct 23	290	77	71	71


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

<b>CSB/BHA</b>	Rappahannock Area Community Services Board			<b>Month</b>	October 2023				
<b>1) Number of Emergency Evaluations</b>	<b>2) Number of ECOs</b>			<b>3) Number of Civil TDOs Issued</b>	<b>4) Number of Civil TDOs Executed</b>				<b>5) Number of Criminal TDOs Executed</b>
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
290	29	48	77	71	7	2	62	71	
			0					0	
			0					0	
			0					0	
			0					0	
			0					0	
			0					0	

**FY '24 CSB/BHA Form** (Revised: 07/10/2023)

<b>CSB/BHA</b>	Rappahannock Area Community Services	<b>Reporting month</b>	October 2023	<b>No Exceptions this month</b> →		
<b>Date</b>	<b>Consumer Identifier</b>	<b>1) Special Population Designation</b> <small>(see definition)</small>	<b>1a) Describe "other" in your own words</b> <small>(see definition)</small>	<b>2) "Last Resort" admission</b> <small>(see definition)</small>	<b>3) No ECO, but "last resort" TDO to state hospital</b> <small>(see definition)</small>	<b>4) Additional Relevant Information or Discussion</b> <small>(see definition)</small>
10/31/23	83303	Adolescent with ID/DD		Yes	No	CCCA
10/10/23	83238	Child with ID/DD		YES	no	CCCA

Date	ID	LE Dept	Location	Receiving Hospital	Alternative Transportation for October 2023				TDO Criteria	Presented to AT	Reason for Decline
					Travel Time	ECO	Gender	Age			
10/3/2023	109162	Stafford	MWH	Northsprings	162	Y	F	11	danger to others	no	aggression
10/10/2023	83238	Spotsylvania	SRMC	CCCA	204	n	m	11	danger to others	no	aggression
10/12/2023	111926	Stafford	MWH	Poplar Springs	160	y	F	40	danger to others	no	aggression
10/23/2023	39097	Spotsylvania	SRMC	Pavillon	180	Y	m	31	danger to others	no	aggression
10/24/2023	4146	Fredericksburg	MWH	Pavillon	180	Y	m	37	danger to others	no	aggressive
10/27/2023	55748	Spotsylvania	MWH	CCCA	204	Y	m	15	danger to others	no	aggression

To: Joe Wickens, Executive Director  
From: Alison Standring, Part C Coordinator   
Subject: Monitoring Results for FFY22/SFY23, Copy 2 of 2  
Date: October 24, 2023

Kyla Patterson's memo and the accompanying chart provide the second of two reporting cycles for the results of our annual chart review to determine compliance with Part C federal regulations for FFY22/SFY23.

## MEMORANDUM

To: Joe Wickens, Executive Director  
From: Alison Standring, Part C Coordinator *AS*  
Subject: Monitoring Results and Determination FFY22/SFY23  
(July 1, 2022 through June 30, 2023)  
Date: October 24, 2023

The Department of Behavioral Health and Developmental Services monitors each of the 40 local Part C systems in the Commonwealth to assure that it is in compliance with federal Part C requirements. Enclosed is a memo from Kyla Patterson that summarizes the monitoring process and what is involved in determinations (pages 4 through 6), a chart that describes the federal indicators reviewed and how we scored on each (pages 7 through 9), a sample chart with explanation bubbles (pages 10 through 12), an explanation of the calculations used to determine child outcome indicator scores (page 13), the Child Outcomes Decision Tree (page 14), our local family survey results (page 15), and statewide family survey results (page 16).

The charts on pages 7 through 9 demonstrate our compliance with 14 indicators plus DBHDS's measurement of Longstanding Non-Compliance, Accurate & Timely Data, Data Anomalies, Children with Exit Scores, and Family Survey results and Family Survey Response Rate. Each of these items is awarded points based on our local result compared to the target.

1. Page 7 shows
  - a. Initially we were not in compliance with
    - i. implementing services within 30 days of developing an Individualized Family Service Plan (Indicator 01); we have since corrected that finding.
    - ii. developing an Individualized Family Service Plan (IFSP) within 45 days of a referral (Indicator 07); we remain out of compliance with this indicator.
    - iii. Transition Notification to Local Education Agency and State Education Agency (Indicator 08B); as of today, we remain out of compliance with this indicator though we submitted documentation for a new review mid-October in hopes of demonstrating compliance.
  - b. Initially we were in compliance with documenting Transition Steps and Services (Indicator 08A), and the Transition Conference (Indicator 08C).
  - c. We have one area of longstanding noncompliance in meeting the 45-day timeline due to initial findings of non-compliance two years in a row;
  - d. The data we submit are accurate and timely.
2. Page 8 shows
  - a. We are in compliance with Primary Service Setting (Indicator 02), providing services in the child's natural environment.
  - b. Our local results for Child Outcomes (Indicator 03) which measure children's positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs in comparison to same aged peers as they exit out of early intervention are in line with state results (this item is not yet awarded points, DBHDS continues to refine this process); (see page 13 for the Decision Tree used to determine individual child scores and page 14 for explanation of how DBHDS uses individual child scores to calculate system scoring)

- i. Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
    - ii. Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.
  - c. There were no Data Anomalies among our Child Outcomes data;
  - d. 92.3 % of eligible children had Exit Scores;
  - e. The results of Family Outcomes (Indicator 04) as measured through an annual family survey scored lower than the state targets in all three areas, we received no points for this item; (see page 15 for the survey questions and responses per question. Only strongly agree and very strongly agree responses count toward our results.) This survey is mailed from Old Dominion University in the spring to each family enrolled in our program on the prior December 1<sup>st</sup>. (see page 16 for the results across the state)
  - f. Our Family Survey Response Rate was less than the 25<sup>th</sup> percentile; we received no points for this item.
3. Page 9 shows
- a. We exceed the state targets for Child Find (Indicator 05, Indicator 06), enrolling more children birth to 1 and birth to 3 than the state expected of us;
  - b. Our Cumulative Score is 66.7% resulting in a **Needs Assistance** determination.

During State Fiscal Year 2023, our program processed 890 referrals (up from 870 last year) and served more than 1,117 infants and toddlers (up from 1,031 last year).

Workforce issues and high staff caseloads continue to impact our program. As predicted this time last year, our determination this year reflects the struggles we've experienced. I remain optimistic that we will correct our current deficiencies prior to DBHDS's deadline of June 30, 2024 and that we will return to a Meets Requirements determination next year.

I appreciate the dedication and commitment of staff to work towards and assure continued compliance with Part C federal regulations.

pc: Amy Jindra, CSS Director  
 Suzanne Haskell, PE-ID Coordinator  
 PE-ID Staff  
 Infant Case Management Staff

MEMORANDUM

TO: Local Early Intervention System (LEIS) Lead Agency Directors

FROM: Kyla Patterson *Kyr CPAT*  
Early Intervention Program Manager

DATE: October 16, 2023

RE: Local Early Intervention System (LEIS) Monitoring Results & Determination for  
FFY22/SFY23 (July 1, 2022 – June 30, 2023) – Copy 2 of 2

**Overview**

In 2013 the Infant & Toddler Connection of Virginia (ITCVA) introduced you to the “Local Early Intervention System (LEIS) Monitoring Results & Determination Report” as a mechanism for informing localities of their Part C of IDEA monitoring results. Because data becomes available at varying points throughout the year—and to expedite communication of results while fostering familiarity with the report and reporting process—two (2) copies of this report are prepared and sent during the year.

Copy 1 of 2 was disseminated in June 2023. Enclosed you will find copy 2 of 2—the final copy for FFY22/SFY23. This final report also includes your LEIS determination and specifies any required enforcements.

The Individuals with Disabilities Education Act (IDEA) of 2004 §616(b)(2)(C)(ii)(II) requires each state to measure and report results on federally identified indicators in an Annual Performance Report (APR). The review period for Virginia’s next APR—to be submitted in February 2024—will cover FFY22/SFY23 (07/01/2022-06/30/23). In addition to reporting this APR data to the Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required under the IDEA of 2004 §616 (d)(e).

**Determinations and Enforcements**

In accordance with Subpart H, §303.700 of the Individuals with Disabilities Education Act (IDEA) 2011, states are required to make determinations annually on the performance of each LEIS under Part C and to use appropriate enforcement mechanisms depending on the determination. States must use the following

four (4) determination categories outlined in §303.703 of IDEA: Meets Requirements (MR), Needs Assistance (NA), Needs Intervention (NI) and Needs Substantial Intervention (NSI).

Your local system's determination can be found on page 3 of the report.

- If your LEIS has received a determination of Meets Requirements (MR) with no long-standing noncompliance—congratulations! Your hard work is recognized and appreciated. If your LEIS has improved its determination status since last year (and/or improved its determination assessment score since last year), thank you for your ongoing improvement efforts.
- If your LEIS has received a determination of Needs Assistance (NA) immediately following a determination of Meets Requirements (MR), ITCVA technical assistance and monitoring team staff members will continue to be available to work with your LEIS as needed to help identify and address any issues that may be preventing a determination of Meets Requirements.
- ***In certain circumstances specific enforcement actions are required and identified immediately following your local determination.*** These instances include:
  - Your LEIS has received a determination of Needs Assistance (NA) *immediately* following one or more determinations of Needs Assistance—resulting in NA2, NA3, etc.;
  - Your LEIS has received a determination of NI (Needs Intervention) or NSI (Needs Substantial Intervention); or
  - Your LEIS has received a determination of MR (Meets Requirements) but has long-standing noncompliance with one or more Part C requirements.

If applicable, your technical assistance consultant and monitoring consultant will be reaching out to your local system manager (LSM) to discuss each of the required enforcement actions in further detail.

- If your local system has not yet corrected noncompliance for any of the Part C compliance indicators (1, 7, 8A, 8B and 8C), you must continue monthly monitoring and improvement strategies until your system is in compliance. Noncompliance identified on copy 1 of 2 (sent on June 30, 2023) must be corrected as quickly as possible and in no case later than one (1) year from identification. Your technical assistance and monitoring consultants are available to assist you.
- If your local system did not meet the targets for any of the results indicators (2, 3, 4, 5, and 6), your technical assistance and monitoring consultants will work with you to determine the best way to improve your results.

With reauthorization of IDEA, OSEP has focused on state and local accountability in implementing this federal legislation. Both the local system's publicly reported data and its determination status provide valuable data and information about how your local system's performance compares to the State's measurable and rigorous targets.

While local performance on federal indicators is important, DBHDS recognizes that your local system's determination status and public reporting data do not capture all of the positive work that occurs locally



and all of the support and help you provide to children and families in your community. Your local system's continued commitment to providing early intervention services and supports for Virginia's infants and toddlers with disabilities and their families is greatly appreciated.

If you should have any questions regarding the determination for your LEIS, please do not hesitate to contact your monitoring consultant.

Enclosures

cc: Local System Manager

Local System Manager Supervisor

Nelson Smith, Commissioner, DBHDS

Ellen Harrison, Chief Deputy Commissioner, Community Services, DBHDS

Katherine Hunter, Acting Director, Office of Child and Family Services, DBHDS

Richard Corbett, Monitoring Team Leader, Infant & Toddler Connection of Virginia, DBHDS

Monitoring Consultant, Infant & Toddler Connection of Virginia, DBHDS

Technical Assistance Consultant, Infant & Toddler Connection of Virginia, DBHDS

# Rappahannock Area

Section A						
Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data						
Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)						
<b>Scoring</b> <ul style="list-style-type: none"> <li>• CPN = N/A → 2</li> <li>• CPN = Y → 2</li> <li>• CPN = N and ARR &gt;= 95% → 2</li> <li>• CPN = N and ARR &gt;= 75% → 1</li> <li>• CPN = N and ARR &lt; 75% → 0</li> </ul>						
Indicator	State Target	State Result	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction FFY21/SFY22 Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%	94.24%	96.7%	Y	N/A	2
07: 45-Day Timeline	100%	96.45%	73.6%	N	Y	0
08A: Transition Steps and Services	100%	99.60%	100.0%	N/A	N/A	2
08B: Transition Notification to LEA & VDOE	100%	97.15%	93.3%	N	N/A	1
08C: Transition Conference	100%	99.55%	100.0%	N/A	N/A	2
Longstanding Noncompliance						
<b>Scoring</b> <ul style="list-style-type: none"> <li>• No longstanding noncompliance → 2</li> <li>• Noncompliance corrected within one (1) year; if repeated, compliance at ARR &gt;= 95% → 2</li> <li>• Noncompliance corrected within one (1) year; if repeated, compliance at ARR &lt; 95% → 1</li> <li>• Noncompliance exceeding one (1) year → 0</li> </ul>						1
Accurate & Timely Data						
<b>Scoring</b> <ul style="list-style-type: none"> <li>• True → 1</li> <li>• False → 0</li> </ul>	<b>Accuracy</b>	ARR Data and Verification				1
		December 1 <sup>st</sup> Child Count				1
		Children Over Three Report				1
	<b>Timeliness</b>	Contract Deliverables <sup>1</sup>				1
Section A Points and % Score						
<b>Scoring</b> <ul style="list-style-type: none"> <li>• Total points = SUM of points awarded</li> <li>• Section A % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>2</sup></li> </ul>			<b>SECTION A POINTS</b>			12
			<b>SECTION A % SCORE</b>			75.0%

<sup>1</sup> All FFY22/SFY23 contract deliverables submitted and 8 of 9 deliverables submitted on time in order to receive full credit.

<sup>2</sup> FFY22/SFY23 total possible points for Section A = 16.

## Section B

### Results Indicators; Data Anomalies; Data Completeness

Primary Service Setting (Indicator 02)					
<b>Scoring</b> <ul style="list-style-type: none"> <li>PSS &gt;= State target → 1</li> <li>PSS &lt; State target → 0</li> </ul>	<b>State Target</b>	<b>State Result</b>	<b>Local Result</b>	<b>Points Awarded</b>	
	98.0%	99.7%	100.0%	1	
Child Outcomes (Indicator 03)					
<b>Scoring</b> <ul style="list-style-type: none"> <li>Local results reported but not scored</li> </ul>					
	<b>State Target</b>	<b>State Result</b>	<b>Local Result</b>		
03A-S1: Positive social-emotional skills	64.9%	63.7%	52.6%		
03A-S2: Positive social-emotional skills	57.6%	49.5%	50.3%		
03B-S1: Acquisition and use of knowledge and skills	68.7%	67.5%	64.3%		
03B-S2: Acquisition and use of knowledge and skills	46.9%	42.3%	46.6%		
03C-S1: Use of appropriate behaviors to meet needs	68.6%	63.6%	58.1%		
03C-S2: Use of appropriate behaviors to meet needs	50.7%	46.5%	48.3%		
Data Anomalies					
<b>Scoring</b> <ul style="list-style-type: none"> <li>3 child outcomes x 5 progress categories (a-e) = 15 results</li> <li>15 results – total anomalies = Score                             <ul style="list-style-type: none"> <li>Score = 13, 14 or 15 → 2 points</li> <li>Score = 10, 11 or 12 → 1 point</li> <li>Score &lt; 10 → 0 points</li> </ul> </li> </ul>	<b>Anomalies</b>	<b>Score</b>	<b>Points Awarded</b>		
	0	15	2		
Children w/ Exit Scores					
<b>Scoring</b> <ul style="list-style-type: none"> <li># score captured ÷ total # eligible for scores = LEIS %                             <ul style="list-style-type: none"> <li>LEIS % &gt;= 90% → 2 points</li> <li>LEIS % between 80% and 90% → 1</li> <li>LEIS % &lt; 80% → 0 points</li> </ul> </li> </ul>	<b>Eligible</b>	<b>Captured</b>	<b>LEIS %</b>	<b>Points Awarded</b>	
	377	348	92.3%	2	
Family Outcomes (Indicator 04)					
<b>Scoring</b> <ul style="list-style-type: none"> <li>Meaningful difference = NA<sup>3</sup> → 1</li> <li>Meaningful difference = N → 1</li> <li>Meaningful difference = Y → 0</li> </ul>	<b>State Target</b>	<b>State Result</b>	<b>Local Result</b>	<b>Meaningful Difference (Y/N/NA)</b>	<b>Points Awarded</b>
	04A: Family Outcomes (Know their rights)	75.0%	77.7%	65.0%	Y
04B: Family Outcomes (Communicate needs)	71.9%	74%	62.0%	Y	0
04C: Family Outcomes (Help child learn)	85.9%	87.5%	73.0%	Y	0
Family Survey Response Rate					
<b>Scoring</b> <ul style="list-style-type: none"> <li>[Surveys connected<sup>4</sup> minus (-) surveys returned] ÷ surveys connected = LEIS %                             <ul style="list-style-type: none"> <li>LEIS % &gt;= 26% OR at or above 75<sup>th</sup> percentile → 2</li> <li>LEIS % &gt;= 22% OR between 25<sup>th</sup> and 75<sup>th</sup> percentile → 1</li> <li>LEIS % at or below 25<sup>th</sup> PERCENTILE → 0</li> </ul> </li> </ul>	<b>Surveys Connected</b>	<b>Surveys Returned</b>	<b>LEIS %</b>	<b>Points Awarded</b>	
	397	60	15.1%	0	

<sup>3</sup> Local result >= state target = NA

<sup>4</sup> Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable "connected" with the intended recipient household.

## Section B: Results (continued)

### Child Find (Indicator 05; Indicator 06)

<b>Scoring</b>	<b>State Target</b>	<b>State Result</b>	<b>Local Result</b>	<b>Meaningful Difference (Y/N/NA)</b>	<b>Points Awarded</b>
<ul style="list-style-type: none"> <li>Meaningful difference = NA<sup>5</sup> → 1</li> <li>Meaningful difference = N → 1</li> <li>Meaningful difference = Y → 0</li> </ul>					
05: Child Find 0-1	1.64%	<b>1.45%</b>	<b>1.7%</b>	<b>NA</b>	<b>1</b>
06: Child Find 0-3	3.43%	<b>3.99%</b>	<b>4.0%</b>	<b>NA</b>	<b>1</b>

### Section B Points and % Score

<b>Scoring</b>	<b>SECTION B POINTS</b>	<b>Points Awarded</b>
<ul style="list-style-type: none"> <li>Total points = SUM of points awarded</li> <li>Section B % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>6</sup></li> </ul>		<b>7</b>
	<b>SECTION B % SCORE</b>	<b>58.3%</b>

### Cumulative Score and Determination

<b>Scoring</b>	<b>FFY22/SFY23 CUMULATIVE % SCORE</b>	<b>Points Awarded</b>
<ul style="list-style-type: none"> <li>Cumulative % Score = 50% Section A % Score + 50% Section B % Score</li> <li>Determination                             <ul style="list-style-type: none"> <li>80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year</li> <li>60%-79% → Needs Assistance (NA)</li> <li>50%-59% → Needs Intervention (NI)</li> <li>0%-49% → Needs Substantial Intervention (NSI)</li> </ul> </li> </ul>		<b>66.7%</b>
	<b>FFY22/SFY23 DETERMINATION</b>	<b>NA</b>

### Enforcement Actions (if applicable)

--

### Local EIS Determination History

<b>FFY06/SFY07</b> (July 1, 2006 – June 30, 2007)	<b>FFY07/SFY08</b> (July 1, 2007 – June 30, 2008)	<b>FFY08/SFY09</b> (July 1, 2008 – June 30, 2009)	<b>FFY09/SFY10</b> (July 1, 2009 – June 30, 2010)	<b>FFY10/SFY11</b> (July 1, 2010 – June 30, 2011)	<b>FFY11/SFY12</b> (July 1, 2011 – June 30, 2012)	<b>FFY12/SFY13</b> (July 1, 2012 – June 30, 2013)
<b>NA</b>	<b>MR</b>	<b>MR</b>	<b>MR</b>	<b>MR</b>	<b>MR</b>	<b>MR</b>
<b>FFY13/SFY14</b> (July 1, 2013 – June 30, 2014)	<b>FFY14/SFY15</b> (July 1, 2014 – June 30, 2015)	<b>FFY15/SFY16</b> (July 1, 2015 – June 30, 2016)	<b>FFY16/SFY17</b> (July 1, 2016 – June 30, 2017)	<b>FFY17/SFY18</b> (July 1, 2017 – June 30, 2018)	<b>FFY18/SFY19</b> (July 1, 2018 – June 30, 2019)	<b>FFY19/SFY20</b> (July 1, 2019 – June 30, 2020)
<b>MR</b>	<b>MR</b>	<b>MR</b>	<b>MR</b>	<b>MR</b>	<b>MR</b>	<b>MR</b>
<b>FFY20/SFY21</b> (July 1, 2020 – June 30, 2021)	<b>FFY21/SFY22</b> (July 1, 2021 – June 30, 2022)	<b>FFY22/SFY23</b> (July 1, 2022 – June 30, 2023)				
<b>MR</b>	<b>MR</b>	<b>NA</b>				

<sup>5</sup> Local result >= state target = NA

<sup>6</sup> FFY22/SFY23 total possible points for Section B = 12

# Local Early Intervention System (LEIS) Monitoring Results & Determination

Based on monitoring data from FFY 20## (July 1, 20## - June 30, 20##) [as required by OSEP]

Copy 1/2 – Results (6/##) •  Copy 2/2 – FINAL Results & Determination (10/##)

Infant & Toddler Connection of

## LEIS

### GENERAL INFO

- Scoring is done on Copy 2/2 (October)
- Points are positive (awarded if criteria is met)
- Meaningful difference calculators are used to determine whether differences from targets are statistically significant for Child Outcome Progress Categories, Family Outcomes and Child Count.

### Section A

Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data

#### Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)

##### Scoring

- CPN = N/A → 2
- CPN = Y → 2
- CPN = N and ARR >= 95% → 2
- CPN = N and ARR >= 75% → 1
- CPN = N and ARR < 75% → 0

Indicator	State Target	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction of FFY##/SFY## Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%				
07: 45-Day Timeline	100%				
08A: Transition Steps and Services	100%				
08B: Transition Notification to LEA & SEA	100%				
08C: Transition Conference	100%				

Target for all Compliance Indicators is 100%

#### Longstanding Noncompliance

##### Scoring

- No longstanding noncompliance → 2
- Noncompliance corrected within one (1) year; if repeated, compliance
- Noncompliance corrected within one (1) year; if repeated, compliance
- Noncompliance exceeding one (1) year → 0

Noncompliance not corrected within one year OR noncompliance that is corrected and then repeated in a subsequent ARR

#### Accurate & Timely Data

##### Scoring

- True → 1
- False → 0

ARR Data and Verification	
December 1 <sup>st</sup> Child Count	
Children Over Three Report	
Contract Deliverables <sup>1</sup>	

Review of data submitted with ARR confirmed accuracy

No changes in 12/1 child count due to late data entry

#### Section A Points and % Score

##### Scoring

- Total points = SUM of points awarded
- Section A % score =  $\frac{\text{SUM}}{\text{TOTAL POSSIBLE POINTS}^2}$

<b>SECTION A POINTS</b>	
<b>SECTION A % SCORE</b>	

No children on report more than 2 of 3 months reviewed

X of Y required deliverables submitted on time

<sup>1</sup> All FFY##/SFY## contract deliverables submitted and X of Y deliverables submitted on time in order to receive full credit.

<sup>2</sup> FFY##/SFY## total possible points for Section A = X.

Section B				
Results Indicators; Data Anomalies; Data Completeness				
Primary Service Setting (Indicator 02)				
<b>Scoring</b> <ul style="list-style-type: none"> <li>PSS &gt;= State target → 1</li> <li>PSS &lt; State target → 0</li> </ul>	<b>State Target</b>	<b>Local Result</b>		<b>Points Awarded</b>
	98.0%			
Child Outcomes (Indicator 03)				
<b>Scoring</b> <ul style="list-style-type: none"> <li>Local results reported but not scored</li> </ul>				
03A-S1: Positive social-emotional skills	69.5%			
03A-S2: Positive social-emotional skills	66.4%			
03B-S1: Acquisition and use of knowledge and skills	74.7%			
03B-S2: Acquisition and use of knowledge and skills	55.3%			
03C-S1: Use of appropriate behaviors to meet needs	78.7%			
03C-S2: Use of appropriate behaviors to meet needs	56.4%			
Data Anomalies				
<b>Scoring</b> <ul style="list-style-type: none"> <li>3 child outcomes x 5 progress categories (a-e) = 15 results</li> <li>15 results – total anomalies = Score                             <ul style="list-style-type: none"> <li>Score = 13, 14 or 15 → 2 points</li> <li>Score = 10, 11 or 12 → 1 point</li> <li>Score &lt; 10 → 0 points</li> </ul> </li> </ul>	<b>Anomalies</b>	<b>Score</b>		<b>Points Awarded</b>
Children w/ Exit Scores				
<b>Scoring</b> <ul style="list-style-type: none"> <li># score captured ÷ total # eligible for scores = LEIS %                             <ul style="list-style-type: none"> <li>LEIS % &gt;= 90% → 2 points</li> <li>LEIS % between 80% and 90% → 1</li> <li>LEIS % &lt; 80% → 0 points</li> </ul> </li> </ul>	<b>Eligible</b>	<b>Captured</b>	<b>LEIS %</b>	<b>Points Awarded</b>
Family Outcomes (Indicator 04)				
<b>Scoring</b> <ul style="list-style-type: none"> <li>Meaningful difference = NA<sup>3</sup> → 1</li> <li>Meaningful difference = N → 1</li> <li>Meaningful difference = Y → 0</li> </ul>	<b>State Target</b>	<b>Local Result</b>	<b>Meaningful Difference (Y/N/NA)</b>	<b>Points Awarded</b>
	04A: Family Outcomes (Know their rights)	76.4%		
04B: Family Outcomes (Communicate needs)	74.4%			
04C: Family Outcomes (Help child learn)	84.9%			
Family Survey Response Rate				
<b>Scoring</b> <ul style="list-style-type: none"> <li>[Surveys connected<sup>4</sup> minus (-) surveys returned] ÷ surveys connected = LEIS %                             <ul style="list-style-type: none"> <li>LEIS % &gt;= 26% → 2</li> <li>LEIS % between 22% and 26% → 1</li> <li>LEIS % &lt; 22% → 0</li> </ul> </li> </ul>	<b>Surveys Connected</b>	<b>Surveys Returned</b>	<b>LEIS %</b>	<b>Points Awarded</b>

Scoring is determined by using a meaningful difference calculator; points received if local results are not meaningfully different from expected patterns. "Anomalies" is the terminology OSEP uses to describe results that vary from the expected patterns.

Comparison of the number of children eligible for scores (6+ months between initial IFSP date and date of closure) to the number of children with scores.

<sup>3</sup> Local result >= state target = NA

<sup>4</sup> Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable "connected" with the intended recipient household.

## Section B: Results (continued)

### Child Find (Indicator 05; Indicator 06)

<b>Scoring</b>	<b>State Target</b>	<b>Local Result</b>	<b>Meaningful Difference (Y/N/NA)</b>	<b>Points Awarded</b>
<ul style="list-style-type: none"> <li>Meaningful difference = NA<sup>5</sup> → 1</li> <li>Meaningful difference = N → 1</li> <li>Meaningful difference = Y → 0</li> </ul>				
05: Child Find 0-1	1.20%			
06: Child Find 0-3	2.76%			

### Section B Points and % Score

<b>Scoring</b>	<b>SECTION B POINTS</b>	
<ul style="list-style-type: none"> <li>Total points = SUM of points awarded</li> <li>Section B % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>6</sup></li> </ul>		
	<b>SECTION B % SCORE</b>	

### Cumulative Score and Determination

<b>Scoring</b>	<b>FFY##/SFY## CUMMULATIVE % SCORE</b>	
<ul style="list-style-type: none"> <li>Cumulative % Score = 50% Section A % Score + 50% Section B % Score</li> <li>Determination                             <ul style="list-style-type: none"> <li>80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year</li> <li>60%-79% → Needs Assistance (NA)</li> <li>50%-59% → Needs Intervention (NI)</li> <li>0%-49% → Needs Substantial Intervention (NSI)</li> </ul> </li> </ul>		
	<b>FFY##/SFY## DETERMINATION</b>	

### Enforcement Actions (if applicable)

--

<sup>5</sup> Local result >= state target = NA

<sup>6</sup> FFY##/SFY## total possible points for Section B = X.

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

State selected data source.

#### Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

#### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

##### Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by ((# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

##### Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

#### Instructions

*Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

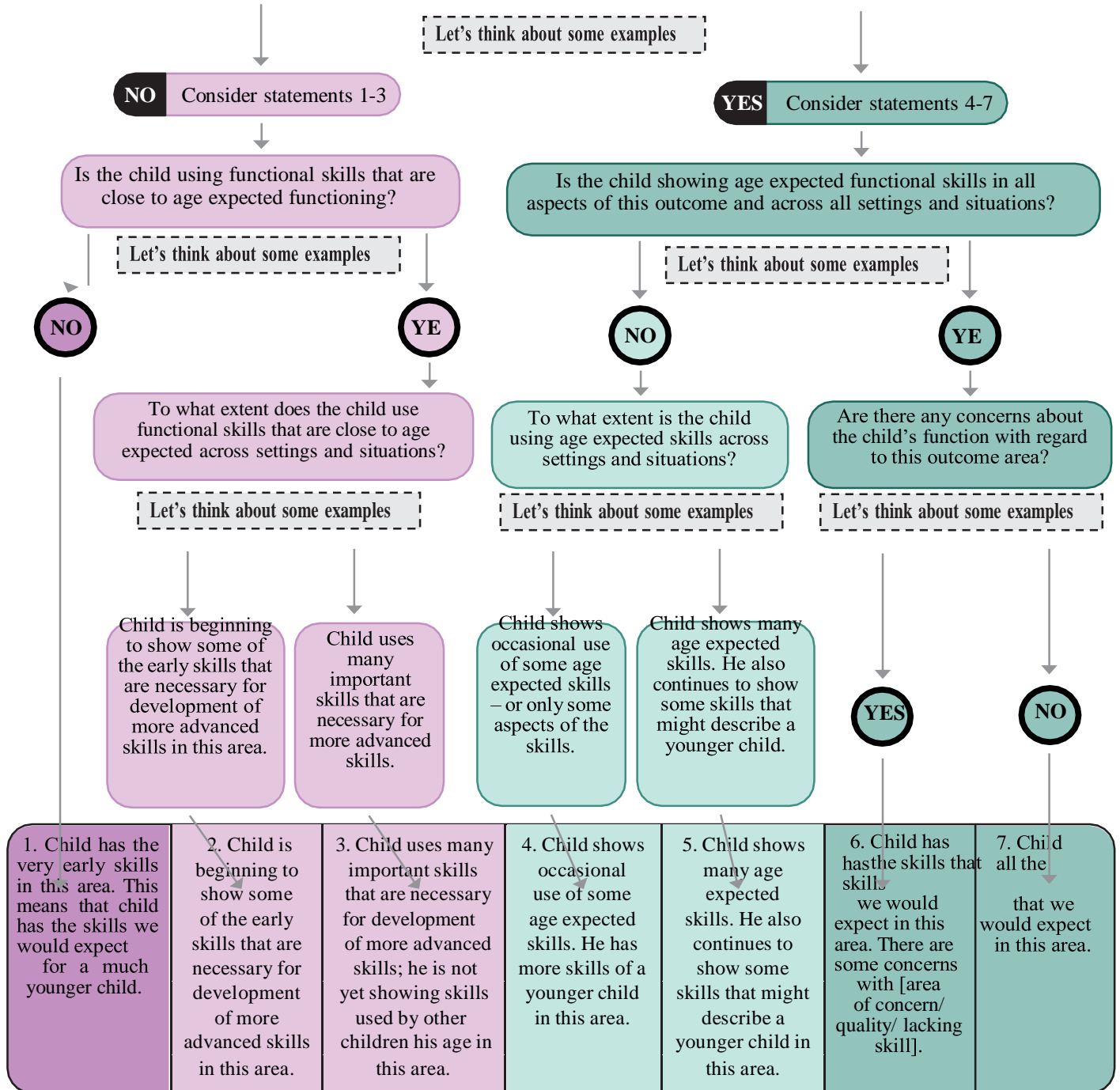


# Decision Tree for Child Outcomes Summary Process

Based on All Assessment Information

**Does the child ever function in ways that would be considered age expected with regard to this outcome?**

*NOTE: Performance of an age expected skill that emerges at a younger age is not sufficient by itself to answer yes to this question.*



This professional development resource is supported by the Integrated Training Collaborative (ITC), with grant funding support from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), Part C Early Intervention.

September 2018

### Infant & Toddler Connection of Rappahannock Area

<i>Over the past year, Early Intervention services have helped me and/or my family:</i>	% DNA	VSD	SD	D	A	SA	VSA	% A / SA / VSA	% SA / VSA
participate in typical activities for children and families in my community	15%	6%	6%	10%	31%	18%	29%	78%	47%
know about services in my community	3%	7%	2%	7%	34%	21%	29%	84%	50%
know where to go for support to meet my family's needs	13%	10%	6%	10%	27%	23%	25%	75%	48%
keep up friendships for my child and family	16%	12%	0%	8%	37%	16%	27%	80%	43%
know where to go for support to meet my child's needs	2%	9%	7%	7%	28%	19%	31%	78%	50%
find information I need	3%	13%	0%	11%	21%	18%	38%	77%	55%
improve my family's quality of life	7%	13%	2%	2%	25%	27%	31%	84%	58%
feel that I can get the services and supports that my child and family need	2%	12%	3%	2%	29%	22%	32%	83%	54%
feel more confident in my skills as a parent	3%	12%	3%	5%	28%	21%	31%	79%	52%
feel that my child will be accepted and welcomed in the community	13%	8%	2%	8%	31%	15%	37%	83%	52%
know how to make changes in family routines that will benefit my child	5%	11%	0%	4%	28%	30%	28%	86%	58%
communicate more effectively with the people who work with my child and family	10%	7%	2%	6%	35%	22%	28%	85%	50%
feel more confident in finding ways to meet my child's needs	0%	12%	0%	2%	35%	20%	32%	87%	52%
understand how the Early Intervention system works	0%	7%	2%	7%	35%	23%	27%	85%	50%
feel that I can handle the challenges of parenting my child with his/her needs	0%	9%	3%	5%	24%	24%	34%	83%	59%
understand the roles of the people who work with my child and family	5%	9%	0%	7%	26%	30%	28%	84%	58%
figure out solutions to problems as they come up	3%	10%	0%	5%	28%	26%	31%	84%	57%
know about my child's and family's rights concerning Early Intervention services	5%	4%	2%	4%	37%	21%	33%	91%	54%
be able to evaluate how much progress my child is making	0%	10%	0%	3%	30%	22%	35%	87%	57%
understand my child's needs	0%	10%	2%	2%	27%	25%	35%	87%	60%
feel that my efforts are helping my child	0%	10%	0%	2%	27%	18%	43%	88%	62%
do things with and for my child that are good for my child's development	2%	10%	0%	3%	22%	22%	42%	86%	64%
What I say about my child and family is understood and respected.	0%	8%	2%	7%	13%	23%	47%	83%	70%
The people who work with my child and family answer our questions.	2%	8%	0%	5%	17%	25%	44%	86%	69%
I can easily get in touch with my service coordinator.	2%	10%	0%	2%	22%	20%	46%	88%	66%
The services provided to my child and family help reach the outcomes/goals that are important to my family.	0%	12%	0%	5%	15%	23%	45%	83%	68%

**Table 4.5. Percent of Respondents Meeting or Exceeding Each of the Standards for Indicator #4%, by Program Location**

Program Location	N	Indicator 4A	Indicator 4B	Indicator 4C
Alexandria	35	69%	60%	77%
Alleghany Highlands	5	60%	40%	60%
Arlington County	31	68%	61%	71%
Augusta-Highland	25	72%	68%	84%
Blue Ridge	87	78%	74%	85%
Central Virginia	89	79%	74%	88%
Chesapeake	83	76%	76%	89%
Chesterfield	106	76%	76%	89%
Crater District	27	78%	70%	85%
Cumberland Mountain	22	73%	68%	91%
Danville-Pittsylvania	19	84%	84%	95%
DILENOWISCO	24	83%	83%	92%
Eastern Shore	21	71%	71%	90%
Fairfax-Falls Church	375	75%	71%	85%
Goochland-Powhatan	17	82%	71%	88%
Hampton-Newport News	40	78%	75%	90%
Hanover County	39	77%	72%	87%
Harrisonburg-Rockingham	50	86%	82%	94%
Heartland	35	83%	80%	91%
Henrico Area	74	70%	68%	77%
Highlands	23	96%	96%	96%
Loudoun County	110	75%	70%	89%
Middle Peninsula-Northern Neck	28	68%	68%	79%
Mount Rogers	30	87%	80%	90%
New River Valley	40	83%	83%	90%
Norfolk	60	82%	78%	90%
Piedmont	19	74%	68%	89%
Portsmouth	24	79%	79%	92%
Prince William	127	72%	69%	87%
Rappahannock Area	60	65%	62%	73%
Rappahannock-Rapidan	40	83%	75%	93%
Richmond	52	83%	81%	87%
Roanoke Valley	58	76%	72%	81%
Rockbridge Area	20	95%	95%	100%
Shenandoah Valley	61	84%	77%	92%
Southside	22	82%	82%	86%
Staunton-Waynesboro	19	89%	84%	100%
Virginia Beach	85	81%	80%	87%
Western Tidewater	43	81%	79%	86%
Williamsburg	55	87%	84%	93%

# Memorandum

**To:** Joe Wickens  
**From:** Amy Jindra, CSS Director  
**Date:** November 6, 2023  
**Re:** DD Waiver Slot Allocation

---

DBHDS announced in October of 2023 new waiver allocations based on Virginia's FY 24 budget. Based on federal approval, 70 Community Living (CL) and 430 Family and Individual Support (FIS) Waiver slots will be allocated as of January 2024. CL waivers provide funding for residential settings, employment, nursing, and nearly all waiver services aside from those covered by the Building Independence (BI) Waiver. The BI Waiver provides supports for less intensive needs and limited to 21 hours of support for those living independently. The FIS Waiver covers all that is covered in the CL Waiver except for group home settings and sponsored placement. The state requires that waiver slots are assigned first to priority 1 individuals. 21 CSBs do not have priority 1 individuals seeking residential services (CL Waivers). For the FIS Waiver, 7 CSBs do not have any individuals on the priority 1 waiting list.

Historically, RACSB receives the third highest allocation of waivers. RACSB already received 21 CL Waivers and 27 FIS Waivers between July and November of 2023. More waivers are possible due to attrition for individuals losing appeals, passing away, moving out of the state, inability to locate/contact, individual no longer qualifies for Medicaid, or the person/guardian declines utilizing the waiver within 150 days of award date. Support coordination anticipates an additional 50 waivers in January 2024. The increase in waivers will require adjustment to staffing to support the equivalent of at least 2 additional caseloads.

Attached is DBHDS' October 2023 memo announcing the Waiver Slot allocation.



# 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)

## MEMORANDUM

TO: CSB Executive Directors  
CSB Developmental Services Directors

FROM: Nicole DeStefano, Waiver Network Supports Director

DATE: October 10, 2023

SUBJECT: FY24 DD CL and FIS Waiver Slot Allocation

I am pleased to announce that with the Commonwealth of Virginia's Fiscal Year 2024 Budget that was passed as of September, 70 Community Living and 430 Family and Individual Support Waiver slots are projected to be allocated as of January 1, 2024, pending the approved federal portion of funding from the Centers for Medicare and Medicaid Services.

As you know, each CSB receives one slot right off the top, then an algorithm is run utilizing the following factors:

- Overall population in the CSB's catchment area
- Number of people receiving Medicaid services in the CSB's catchment area
- Number of people on the CSB's Priority One portion of the DD waiver waiting list.

Please work with your DBHDS Regional Supports Specialist to schedule Waiver Slot Assignment Committee meetings as soon as possible in July.

I would like to remind you that, according to the waiver regulations (12VAC30-122-80), once a slot is associated with a particular individual on the waiting list (i.e., the slot is in "projected" status for that individual) the support coordinator must notify the individual and family/caregiver of slot availability and available services within the offered waiver within **seven calendar days** and document this notification. The individual/caregiver must confirm acceptance or declination of the slot within **15 calendar days** of notification of slot availability. If the individual/family caregiver has not relayed their decision to the support coordinator within **seven calendar days**, the support coordinator should make and document a second contact. If no decision is forthcoming after **15 calendar days**, the Support Coordinator (SC) should notify their Regional

Supports Specialist, who will remove the individual from projected enrollment status, return him to the waiting list, and take steps to assign the slot to the next highest scoring individual from the review pool. No appeal rights will be required because the individual was not actually enrolled in the waiver.

The individual and the individual's family/caregiver, as appropriate, must meet with the support coordinator within **30 calendar days** of slot acceptance to discuss the individual's needs, existing supports, and individual preferences, discuss obtaining documentation of a medical examination to be dated no earlier than 12 months prior to the initiation of waiver services, begin to develop the personal profile, and discuss the processes around completion of the Supports Intensity Scale® (or other assessment, as appropriate, per section 12VAC30-122-200 of the regulations).

The regulations require that services will be initiated within **30 calendar days** of the support coordinator moving the individual to active enrollment status in WaMS or confirmation of Medicaid eligibility through the DMAS-225 process, whichever comes last. If the services are not initiated by at least one provider within 30 days, the support coordinator must notify the local department of social services so that reevaluation of the individual's financial eligibility can be made and must also submit a Request to Retain Slot form through WaMS.

DBHDS staff is available to assist in any situations in which there are barriers to timely commencement of services.

If you have any questions about the FY24 slot allocation, please contact me at [nicole.destefano@dbhds.virginia.gov](mailto:nicole.destefano@dbhds.virginia.gov).

cc: Heather Norton, DBHDS  
Ann Bevan, DMAS  
Jennifer Faison, VACSB

FY24 Virginia Developmental Disabilities Family and Individual Supports (FIS) and  
Community Living (CL) Waivers Additional Slot Allocation 10/10/2023

CSB	FIS	CL
Alexandria Community Services Board	6	1
Alleghany Highlands Community Services Board	1	1
Arlington County Community Services Board	9	1
Blue Ridge Behavioral Healthcare	14	2
Chesapeake Integrated Behavioral Healthcare	10	1
Chesterfield Community Services Board	23	3
Colonial Behavioral Health	8	1
Crossroads Community Services Board	4	1
Cumberland Mountain Community Services Board	4	1
Danville-Pittsylvania Community Services	5	1
Dickenson County Behavioral Health Services	1	1
District 19 Community Services Board	8	1
Eastern Shore Community Services Board	2	1
Encompass Community Supports (Formerly RAPPAHANNOCK RAPIDAN)	9	1
Fairfax-Falls Church Community Services Board	72	10
Goochland-Powhatan Community Services	2	1
Hampton-Newport News Community Services Board	14	2
Hanover County Community Services Board	8	1
Harrisonburg-Rockingham Community Services Board	7	1
Henrico Area Mental Health and Developmental Services	18	3
Highlands Community Services	3	1
Horizon Behavioral Health	11	2
Loudoun County MH, SA and Developmental Services	24	4
Middle Peninsula-Northern Neck Community Services Board	6	1
Mount Rogers Community Services Board	4	1
New River Valley Community Services	9	1
Norfolk Community Services Board	11	2
Northwestern Community Services	12	2
Piedmont Community Services	6	1
Planning District One Behavioral Health Services	4	1
Portsmouth Department of Behavioral Healthcare Services	4	1
Prince William County Community Services Board	27	4
Rappahannock Area Community Services Board	24	4
Region Ten Community Services Board	13	2
Richmond Behavioral Health Authority	10	1
Rockbridge Area Community Services	2	1
Southside Community Services Board	3	1
Valley Community Services Board	7	1
Virginia Beach Community Services Board	18	3
Western Tidewater Community Services Board	7	1
<b>Total</b>	<b>430</b>	<b>70</b>

# Memorandum

**To:** Joe Wickens, Executive Director

**From:** Amy Jindra, CSS Director

**Date:** October 11, 2023

**Re:** Sunshine Lady House Reopening

---

Sunshine Lady House for Wellness and Recovery temporarily closed on February 7, 2023 due to significant staffing shortages. The program was unable to meet the 24 hour nursing requirement along with the required 1:6 ratio for staffing due to vacancies. Since February 7, RACSB CSS Director and Assistant Coordinator have worked diligently to work through the hiring process to hire nurses, residential specialists, peers, and therapists. Since closing in February, Sunshine Lady House has hired 1 therapist, 1 senior residential specialist, 3 residential specialists, and 5 nurses. During the month of November, Sunshine Lady House leadership is conducting interviews for the nurse manager, cook, two residential specialists, and peer specialists positions. However, despite recruitment efforts, we have been unable to hire a qualified candidate for the coordinator position. Over 25 resumes' have been reviewed, to lead to only 3 interviews in 8 months. Consequently, this proposal seeks to provide a viable option to resume services without a permanent coordinator in place.

By November 27, 2023, Sunshine Lady House will resume residential crisis services with the following plan in place. Amy Jindra, CSS Director will assume "acting coordinator" role in order to meet the licensed clinical supervisor regulations. Additionally, RACSB will contract with Latroy Coleman, LPC to provide approximately 10 hours/week of clinical oversight. Ms. Coleman will complete service authorizations, provide clinical and leadership supervision, review admissions and discharge plans, complete required reporting, and offer clinical consultation. Ms. Coleman's prior leadership experience with RACSB allows for even greater program support. Ms. Coleman and Ms. Jindra will work in conjunction with Carla Anderson, Assistant Coordinator and the program leadership to provide oversight for daily operations. Prior to opening, Sunshine Lady House leadership will receive training from Heather Honaker, LPC, with TBD Solutions consulting firm. Ms. Honaker will provide 8 hours of training prior to November 27. She will also provide weekly consultation for 3 months after opening.

While Ms. Coleman and Ms. Honaker are providing support for the program to resume services, ongoing efforts to hire a full time coordinator will continue. Once a permanent, full time coordinator begins working at the program, Ms. Coleman's support will gradually conclude. Attached are projected costs for TBD Solutions consultation and Ms. Coleman's contract. Ms. Anderson will receive interim coordinator salary until the coordinator position is filled.



The temporarily reassigned staff will return to Sunshine Lady House on the week of 11/26/2023 to finalize any training needs and prepare for opening to guests. The program will begin providing residential crisis stabilization services to individuals beginning December 4, 2023. The program will resume operations with 12 beds, including providing detox and TDO services.

<b>RACSB Crisis Stabilization Unit Technical Assistance TBD Solutions</b>
Provide technical assistance and training for CSU leadership prior to program reopening.
Provide weekly consultation and subject matter expertise on Crisis Stabilization Unit operations and program leadership.
<b>Project Budget: \$5,750</b>
<b>Contracted Coordinator November 1, 2023 – March 1, 2024</b>
6-10 hrs/week of contracted services at \$57.00/hr
After hours on call services at \$75.00/hr
<b>Project Budget: \$7,380</b>
<b>Interim Coordinator November 1, 2023-March 1, 2024</b>
<b>Salary increase: \$496.01/pay period increase</b>
<b>Project Budget for 90 days: \$3968</b>
<b>Total Estimated Project Budget: \$17,098</b>

# Memorandum

**To:** Joe Wickens, Executive Director

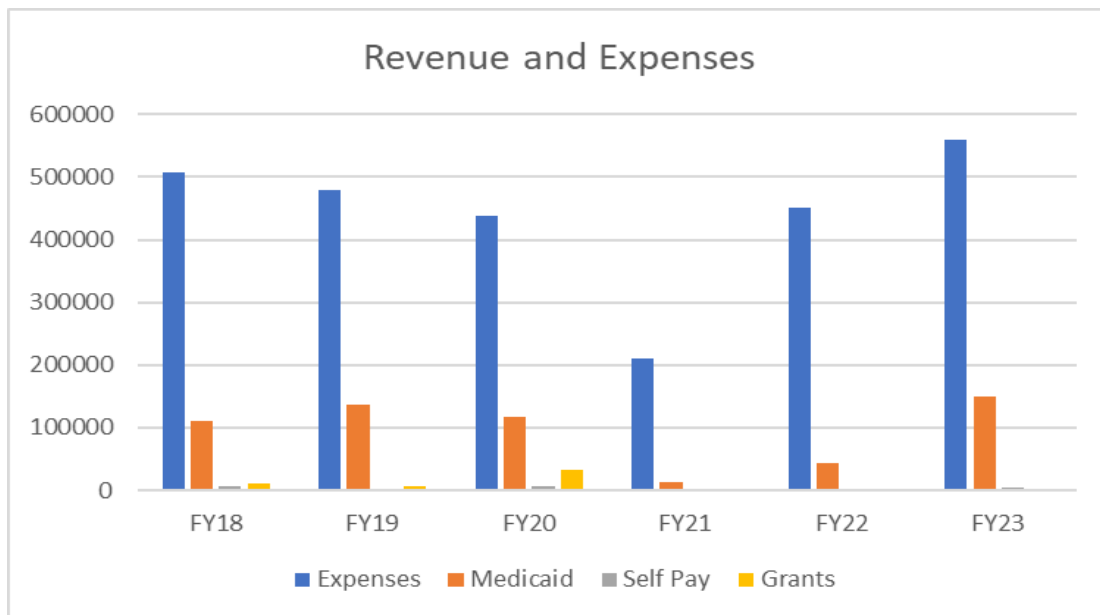
**From:** Amy Jindra, CSS Director

**Date:** November 7, 2023

**Re:** Myers Drive Respite

Myers Drive Respite began in 2013 to serve an unmet need for families in the community. Doris Buffet’s Sunshine Lady Foundation provided initial funding. Myers is unique in the Commonwealth. Community and RACSB Board members advocated for the program’s conception and implementation. As a 6-bed, 24-hour program providing respite, Myers creates unique opportunities for caregivers to attend to home and personal concerns while assuring their loved ones’ needs are met.

With the construction of Myers, RACSB leadership anticipated some financial loss. For the last 10 years, the agency regularly reviews the value of providing respite services. While the program offers a valuable and quality service, Myers has consistently operated at an expected financial loss. In this evaluation of the program, RACSB identifies current challenges along with innovative strategies for mitigating deficits. Below is a visual representation of revenue and expenses from FY2018 through FY2023.



One major contributor to financial challenges for Myers derives from the reimbursement rate. With average cost per hour of service equating to \$86, both the waiver and self-pay rates establish a poor financial foundation for the program. In addition to the low reimbursement rates, Myers also requires significant administrative duties.

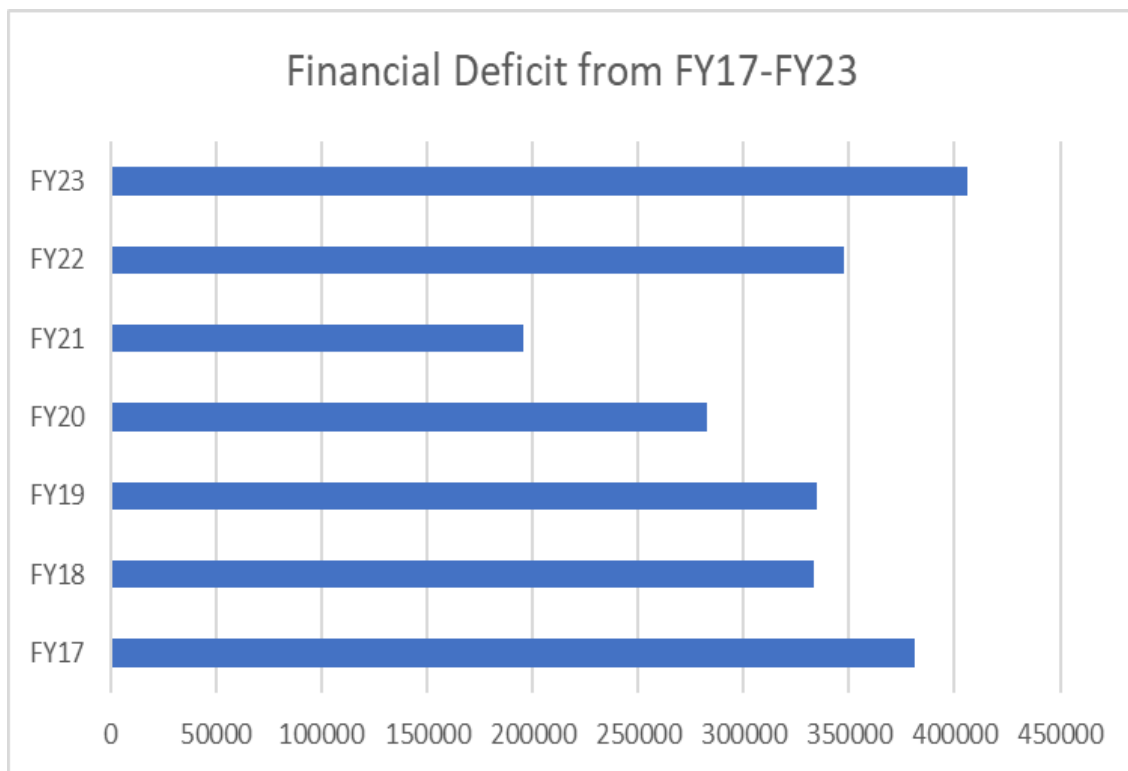
**Financial Challenges:**

- Medicaid Waiver, for eligible individuals, pays \$21.79 per hour. Prior to July 2022, the unit rate was \$20.27. Before July 2021, respite services reimbursement was \$18.02 per hour.
- Non-waiver individuals may also participate in respite care through RACSB’s sliding scale process. Private/self-pay is adjusted for income; the maximum charge is \$105 per day, or \$4.38/hour. Self-pay costs per individual currently are structured not to exceed \$420/month regardless of total days of service.
- In reengaging services post COVID closures, Myers census was low but still required the same administrative and support level staffing. FY23’s deficit of \$406,042 was indicative of the challenges of staffing needs with low, but growing utilization.

**Administrative and Staffing Requirements:**

- 42 Person Centered Plans, 168 quarterlies, or 1 plan per guest along 4 quarterlies are required every year. Myers also completes ongoing assessments, extensive check in procedures, and medication oversight warranting the need for an extra assistant manager.
- Myers exceeds a 6 bed group home expenses by approximately \$70,000 annually, primarily due to the additional leadership position.
- Whether Myers serves 1 or 6 guests, the program requires staffing for 24-hour services.

An illustration of the program’s deficits from the last 7 years demonstrates prior to and following COVID impacted years (FY20 and FY21), the program averaged an annual loss of approximately \$360,000. Myers experienced closures from 2020-2021.



Reimbursement rates, regulatory documentation, and subsequent staffing needs offer fairly concrete data for costs. To provide a comprehensive review of the program, both fixed and intangible variables are included in the analysis.

**Programmatic Benefits:**

- Myers respite services extend family members' ability to manage personal needs, rest, or otherwise prevent compassion fatigue.
- Unlike in-home respite or other center-based programs, Myers provides respite support in a residential setting, with staff trained to provide medication aid and direct support services.
- Respite supports are not cancelled or rescheduled due to a single employee's schedule. Myers staffing is reliable and consistent.
- Myers services differ from those provided at a day support by focusing on daily living skills and guest selected, spontaneous recreational activities.
- Families can utilize Myers for urgent support needs. The program has supported individuals experiencing crisis needs that have included interpersonal challenges in their home, housing issues due to floods or power outages, and urgent behavioral support interventions.
- Because Myers serves up to 6 individuals, guests have an opportunity to expand personal relationships and further develop interpersonal skills.
- Respite services offer rehabilitative activities and community engagement for individuals who either are not able to access typical day support programming, who are on the program waitlists, or do not have a waiver and cannot afford self-pay day support options.

**Transition to RACSB and Waiver services:**

- For individuals transitioning to adult services, Myers supports exploring potential residential programs.
- Individuals who receive waivers have 30 days to accept the waiver and 150 days to utilize. Some families wait years for waivers and may not be ready for a residential setting when they receive the waiver. Utilizing Myers allows for them to maintain the waiver without having to make a premature commitment to a group home, sponsored placement, or supervised apartment setting.
- As a result of continued stays and assessment through the use of Myers Drive over the last 10 years, 22 individuals have chosen to move into other RACSB residential programs to receive ongoing supports. Of the 17 individuals currently remaining in those residential placements that Myers connected to DD Residential, the programs generate \$2,815,025 in revenue annually.
- In an effort to promote Myers Drive Respite, staff are able to create greater awareness about developmental disabilities and waiver services.

In this process of evaluating Myers Drive, growth opportunities were identified and the program's value was further cemented. However, program leadership also seeks to assure better financial management. Strategies for mitigating costs are also included in the assessment of respite services.

**Improvement Strategies:**

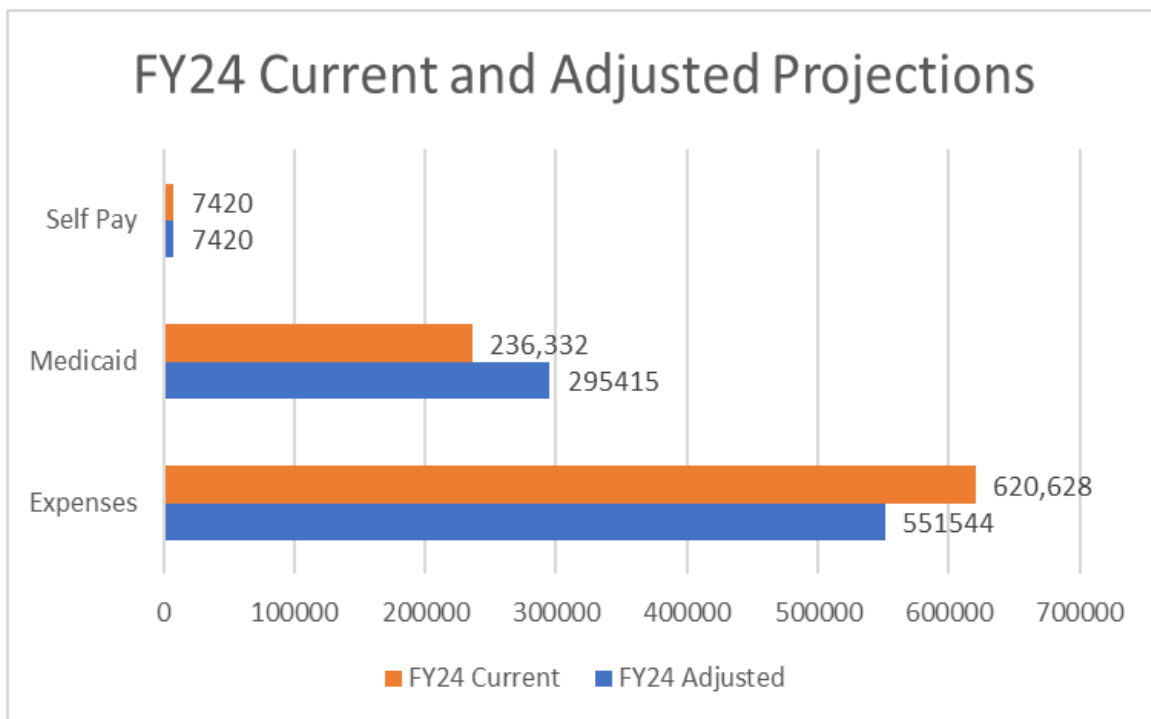
- To help mitigate expenses, staff will be assigned to work in other programs during periods of low utilization. Consequently, wages will be allocated to the secondary work site.
- Myers program will freeze two vacant Direct Support Professional positions reducing expenses by approximately \$92,112.
- 11 individuals are currently being assessed to use Myers respite services (8 Waivers, 3 Self-Pay) Myers will continue to pursue expanding enrollment.
- The Myers' leadership and team will reach out and invite current guests to fully use their authorized waiver hours.
- Expanding promotional efforts to offer a minimum of quarterly events and monthly outreach. Myers plans to provide a tour for high school Special Education students/families from James Monroe High

School in November. Presentations to families/support coordinators, hosting open houses, and tabling community events are also part of promoting services.

- Networking with support coordinators, special education staff, transitional programs, and local community members can provide referral opportunities.
- Myers is re-evaluating utilization and scheduling of guests. The program proposes to maximize daily utilization through improving scheduling processes. Currently, the program schedules solely at the convenience and requests of guests and families. Consequently, the program will experience low census sporadically through the month. In an effort to balance the financial costs and still support families, Myers will look to better manage daily scheduling.
- Myers will pursue a daily goal of 40% Medicaid utilization for the remainder of FY24. The program currently operates with approximately 20% Medicaid utilization. In FY23, Myers Medicaid utilization was approximately 13%.
- Myers will evaluate the self-pay rate. The current non-waiver rate does not accurately reflect the cost of the service. In place of the maximum, sliding scale, per diem rate of \$105/day and/or \$420/month, an hourly rate will be developed by December 31, 2023. While assessing the sliding scale process for Myers, any cost recommendations will avoid posing a barrier to access to respite services.
- Other Developmental Disability (DD) Residential programs provide financial buffer for Myers' deficit. The FY23 final revenue and expense reports for DD Residential's waiver group homes, supported apartments, and sponsored placement services resulted in \$3,899,562 positive variance. DD Services, including all of DD Residential, RAAI, Support Coordination, ended FY23 with over \$3,254,000 after all program deficits. Overall, Myers represents less than 1% of RACSB's total \$54,000,000 budget. The RACSB's unrestricted net revenue in FY23 was \$4,665,152.

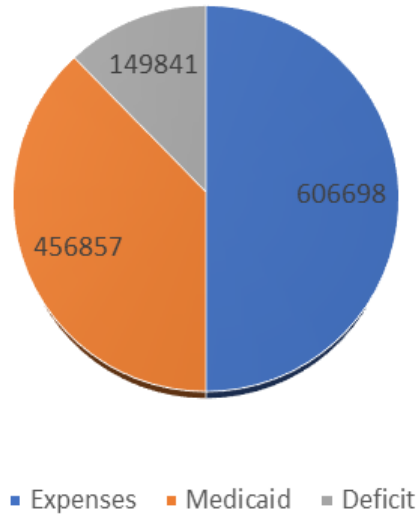
**Medicaid Utilization Goals:**

The first graph below compares Meyers current projections based on the September 2023 final revenue and expense report with the adjusted projections based on proposed changes for FY24. The second illustration shows the impact of the utilization goal of 40% in FY25. FY25 also includes a 10% increase in expenses.



\* FY24 Current Expenses include salaries for vacant positions  
 \* FY24 Adjusted Medicaid revenue increase to 40% for April-June 2024

### FY25 with 40% Medicaid Utilization



\* FY25 Includes 10% increase in expenses, 40% Medicaid billing, and deficit of \$149,841

#### Census:

FY24	Medicaid	Self
Current	34	8
Anticipated	8	3
<b>Total</b>	<b>42</b>	<b>11</b>
<b>Enrollment Total: 53</b>		

#### Quarterly Reports:

2019

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	36	36	38	36
<i>Waiver Hours Billed</i>	1975.50	3024.25	3133.75	2302.75
<i>Private Pay Hours Billed</i>	48.75	1267.50	693.25	1058.00
<i>Grant Hours Billed</i>	1114.00	N/A	N/A	N/A
<i>Total Hours Billed</i>	3138.25	4291.75	3827.00	3360.75
<i>Waiver Revenue</i>	\$31,146.00	\$48,009.00	\$50,547.39	\$36,022.32
<i>Private Pay Revenue</i>	\$675.00	\$2,036.00	\$1,435.00	\$1,730.00
<i>Total Grant Used</i>	\$2,109.83	funds expended	funds expended	funds expended
<i>Total Revenue</i>	\$33,930.83	\$50,045.00	\$51,982.39	\$37,752.32

**2020**

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	31	0	9	11
<i>Waiver Hours Billed</i>	1271.35	0	192.25	684.25
<i>Private Pay Hours Billed</i>	588.75	0	184	146.75
<i>Grant Hours Billed</i>	0	0	0	285.75
<i>Total Hours Billed</i>	1860.1	0	376.25	1,116.75
<i>Waiver Revenue</i>	\$20,506.87	\$0.00	\$3,101.00	\$11,332.87
<i>Private Pay Revenue</i>	\$1,090.00	\$0.00	\$640.00	\$335.00
<i>Total Grant Used</i>	funds expended	\$0.00	\$0.00	\$3,580.42
<i>Total Revenue</i>	\$21,596.87	\$0.00	\$3,741.00	\$15,248.29

\*closed 4/1/20-9/7/20  
\*closed 11/20/20-12/31/20

**2021**

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>			7	20
<i>Waiver Hours Billed</i>	C	C	222.25	1,225.75
<i>Private Pay Hours Billed</i>	L	L	0	57.25
<i>Grant Hours Billed</i>	O	O	116.25	515.25
<i>Total Hours Billed</i>	S	S	338.5	1,798
<i>Waiver Revenue</i>	E	E	5,059.12	7,960.34
<i>Private Pay Revenue</i>	D	D	0.00	75.00
<i>Total Grant Used</i>			\$2,094.83	\$8,161.56
<i>Total Revenue</i>			\$7,153.95	\$15,196.90

\*closed 1/1/21-8/28/21

**2022**

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	12	20	22	28
<i>Waiver Hours Billed</i>	384	1694.25	1491.5	1558
<i>Private Pay Hours Billed</i>	447.25	738.5	1146.5	507.25
<i>Grant Hours Billed</i>	N/A	N/A	N/A	N/A
<i>Total Hours Billed</i>	831.25	2432.75	2638	2065.25
<i>Waiver Revenue</i>	\$12,648.49	\$34,707.31	\$32,499.79	\$33,948.82
<i>Private Pay Revenue</i>	\$735.00	\$1,270.00	\$1,735.00	\$1,295.00
<i>Total Grant Used</i>	N/A	N/A	N/A	N/A
<i>Total Revenue</i>	\$13,383.49	\$35,977.31	\$34,234.79	\$35,243.82

**2023**

	<i>1/1 - 3/31</i>	<i>4/1 - 6/30</i>	<i>7/1 -9/30</i>	<i>10/1 - 12/31</i>
<i>Total Individuals Served</i>	33	34	35	
<i>Waiver Hours Billed</i>	1787	2235	3130	
<i>Private Pay Hours Billed</i>	817.25	1935.5	526.25	
<i>Grant Hours Billed</i>	N/A	N/A	N/A	
<i>Total Hours Billed</i>	2604.25	4170.5	3656.25	
<i>Waiver Revenue</i>	\$38,938.73	\$48,700.65	\$68,203.00	
<i>Private Pay Revenue</i>	\$1,795.00	\$2,465.00	\$1,980.00	
<i>Total Grant Used</i>	N/A	N/A	N/A	
<i>Total Revenue</i>	\$40,733.73	\$51,165.65	\$70,183	

**Recommendation:**

Myers Drive Respite demonstrates its value in the lives of the families and individuals participating in services. The program also provides a low-risk option for utilizing the waiver process to assure long term access to additional DD services. Myers offers an access point for group home placements that has proven to more than cover the past and current operating costs. Additionally, Myers staff support other DD Residential program needs when experiencing low utilization. While RACSB has anticipated annual deficit for Myers over the last 10 years, the program will utilize proposed strategies to reduce the annual average loss of \$360,000 to less than \$250,000 for FY24.



# MEMORANDUM

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

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

## **OUTPATIENT SERVICES**

- Clinical services: As of October 31, 2023, there are 318 individuals on the wait list for outpatient therapy services.
  - Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
    - Due to an increase in request for outpatient services, the Fredericksburg, Stafford, and Caroline Clinic implemented a waitlist for new clients seeking outpatient services.
      - The waitlist in Stafford is currently at 180 clients.
      - The waitlist in Spotsylvania is currently at 59 clients.
      - The waitlist in Caroline is currently at 79 clients.
      - This is a decrease of 176 from the September 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 November 7, 2023, there is six older adolescent and adult waiting longer than 30 days for their intake appointment. The furthest out appointment is 12/21/2023. There is no children age 13 and below waiting longer than 30 days for their intake appointment.

**PSYCHIATRY INTAKE** – As of November 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 –	1 (1)	0 (0)
○ Caroline –	1 (1)	0 (0)
○ King George –	1 (2)	0 (0)
○ Spotsylvania –	3 (2)	0 (0)
○ Stafford –	0 (0)	0 (0)
<b>Total</b>	<b>6 (6)</b>	<b>0 (0)</b>

Appointment Dates	
<b><i>Fredericksburg Clinic</i></b>	
	12/21/23
<b><i>Caroline Clinic</i></b>	
	12/13/23
<b><i>King George</i></b>	
	1/21/23
<b><i>Spotsylvania Clinic</i></b>	
	12/11/23 12/14/23 12/18/23
<b><i>Stafford Clinic</i></b>	
	N/A

**Community Support services:**

**Waitlist Definitions**

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

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

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

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

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

**MH RESIDENTIAL SERVICES - 6**

Needs List: 0  
Referral List: 6  
Acceptance List: 0

Count by County:

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

There are three vacant community beds (2 at Home Road, 1 at Lafayette) and one transitional bed at Home Road. There are four referrals for the transitional bed at Home Road, however, three out of the four are NGRI and are unable to complete passes at this time. The individual who is not NGRI is scheduled for a first pass at Home Road from October 25-27.

For the vacant community beds, there are two community referrals. Home Road is scheduled to host a pass for one individual during the first week of November, per his request. Another individual is currently on pass at Lafayette from 10/23-10/30 for the vacant community bed.

**Intellectual Disability Residential Services – 68**

Needs List: 68  
Referral List: 0  
Acceptance List: 0

**Count by County:**

Caroline	7
King George	3
Fredericksburg	7
Spotsylvania	22
Stafford	30

**Assertive Community Treatment (ACT)– 18**

Caroline: 0  
Fredericksburg: 10  
King George: 1  
Spotsylvania: 4  
Stafford: 3

Total Needs: 16  
Total Referrals: 2  
Total Acceptances: 0

Total program enrollments = 52

Admissions: 1  
Discharges: 0

ACT SOUTH enrolled a client who was referred by the Spotsylvania Clinic. He's had multiple psychiatric hospitalizations this year and he was also a patient of Dr. Swing's at the Spotsylvania Clinic. His goals include medication management, benefit coordination, therapeutic interventions to manage stressors and peer support to enhance community engagement.

ACT SOUTH also attempted to enroll a previous client who was referred by Liz Wells. He was discharged from a state hospital. However, he was returned to Rappahannock Regional Jail on previous charges of assaulting law enforcement. Once we receive an update on his release, we will move forward with re-enrollment.

ACT NORTH is still attempting to re-enroll a client who wants to resume services after he requested discharge earlier this year. After several messages were left to schedule an appointment, the client called and stated he will make contact next month to discuss re-enrollment.

The ACT Team Leads have an in-service training scheduled November 30th with the clinical team at Jackson Street to discuss ACT services.

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

There are currently 825 individuals on the DD Waiver Waiting List. This is an decrease of 11 from last month. This decrease is due to RACSB receiving 16 community living waiver slots from the regional slots that were available. Regional slots are slots that are available because the board who has the slots has no one in Priority 1 status who will use that type of slot.

P 1 – 342

P2 – 206

P3 – 277

### **RAAI – 37**

Caroline: 3

Fredericksburg: 0

King George: 3

Spotsylvania: 9

Stafford: 15

Other: 3

Total Referrals: 27

Total Assessing: 6

Total Acceptances on 90 day asses (waiting to add more days): 6

Total program enrollments = 114 (1 admission- 1 discharge in Oct)

## MEMORANDUM

**To:** Joseph Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance and Human Rights  
**Date:** November 6, 2023  
**Re:** 1st Quarter FY 2024 Incident Report Review

---

The first quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of July 1, 2023 through September 30, 2023. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives.

The population covered includes all people receiving services by the RACSB, which includes Mental Health, Substance Use, Developmental Disability, and Prevention services. RACSB provided services to 7,312 individuals, unduplicated by service area, from July 1, 2023 through September 30, 2023.

Quality Assurance Staff received and triaged 565 Incident Reports from July 1, 2023 through September 30, 2023 (an overall increase of 23 reports from last quarter). Of those 565 incident reports received, 84 incidents were reported to Department of Behavior Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS) as a serious incident; this is an increase of 1 from last quarter.

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

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

### **DBHDS categories of serious incidents**

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

- 2) A sexual assault of an individual;
- 3) A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment;
- 4) A suicide attempt by an individual admitted for services that results in a hospital admission.”

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

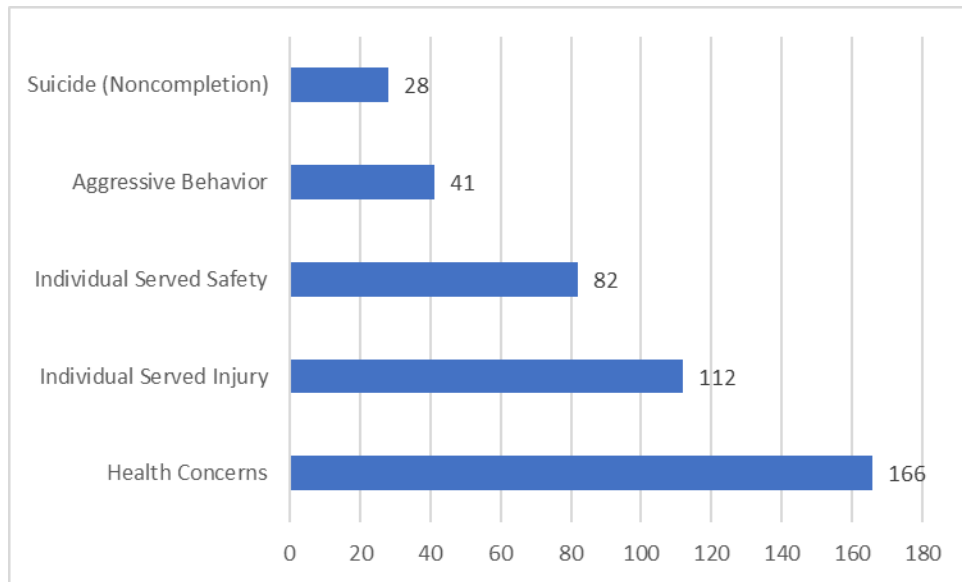
Below is a list of the incident categories and the definition:

- Aggressive Behavior –Physical - hit, slap, push, shove, pull hair, spit, bite, intimidate, demean, threaten, curse etc...
- Aggressive Behavior –Verbal - yelling, screaming, intimidate, demean, threaten, curse etc...
- Individual Safety - situations that may cause a safety risk for individuals served involving physical environment or structures (faulty equipment, smoking.)
- Individual Injury - situations that may cause a safety risk for individuals served involving minor injury such as a scraped knee
- Health Concerns - individual served exhibiting health concerns, i.e. possible seizure activity, sick, sudden weight +/-, etc.
- Elopement/Wandering - unexpectedly leaving program/premises with possible risk to safety
- Biohazardous Accident - needle stick or instance requiring testing of individual served or staff
- Infection Control - lack of infection control and use of universal precautions in relation to risk of non-life-threatening communicable diseases i.e. Flu, Lice... etc...
- Exposure to Communicable Diseases - instance of exposure due to lack of infection control and/or use of universal precautions in relation to risky communicable diseases i.e. TB, HIV/AIDS, HEP A, B, C or MRSA...
- Vehicle Accident - Accident of RACSB or personal vehicle while delivering services. This requires additional paperwork and follow up to protocol contact Human Resources & Supervisor
- Property Damage - damage to property
- Weapon Use/Possession - Weapons are not allowed in any RACSB facility. Knives, carpet knives, swords, guns etc...
- Staff Injury - injury to staff- ensure proper HR forms are completed
- Use of Seclusion/Restraint - if emergency intervention required to deescalate threatening behavior
- Med Non-Compliance - not following medication regime- staff attempt evident- non-compliance
- Med Error- Staff additionally to complete med error report. error has been made in administering a medication to an individual (wrong- med, individual, route, dose, time)
- Possession of Illicit/Licit Substance - possession of illegal or non-prescribed drug –possible intent of abuse

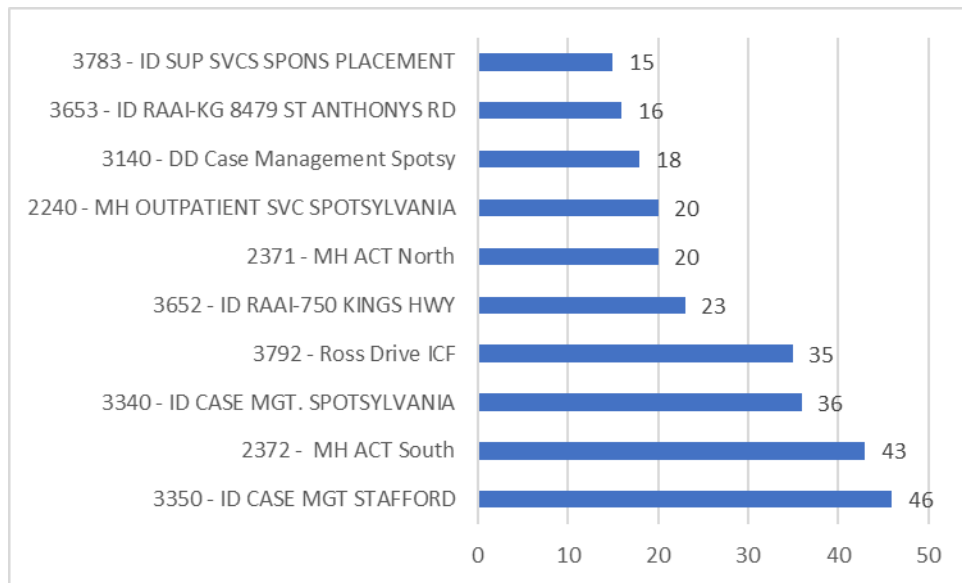
- Sexual Assault - is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will
- Suicide/Suicide Attempt - is the act of intentionally causing one's own death/ is the act of intentionally unsuccessfully trying to cause one's own death
- Sentinel Events - An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof- warrants immediate investigation and response
- Other – incident which does not fit into a category above

<b>Type</b>	<b>Total</b>
Accidental Overdose	0
Aggressive Behavior - Physical	41
Aggressive Behavior - Verbal	5
Biohazardous Accident	0
Elopement/Wandering	7
Exposure to Communicable Diseases	0
Health Concern	166
Individual Served Injury	112
Individual Served Safety	82
Infection Control	1
Med Error	21
Med Non-Compliance	15
Medication non-adherence	12
Medication poor adherence	21
other	0
Possession of Illicit/Licit Substances	0
Property Damage	11
Sentinel Event (death)	11
SIBs	9
Sexual Assault	3
Staff Injury	8
Suicide (non-completion)	28
Use of Seclusion/Restraint	0
Vehicle Accident	12
Weapon Use/Possession	0
Missing Person	0
<b>Total</b>	<b>565</b>

The table above depicts the total number of incident reports received, July 1, 2023 through September 30, 2023.

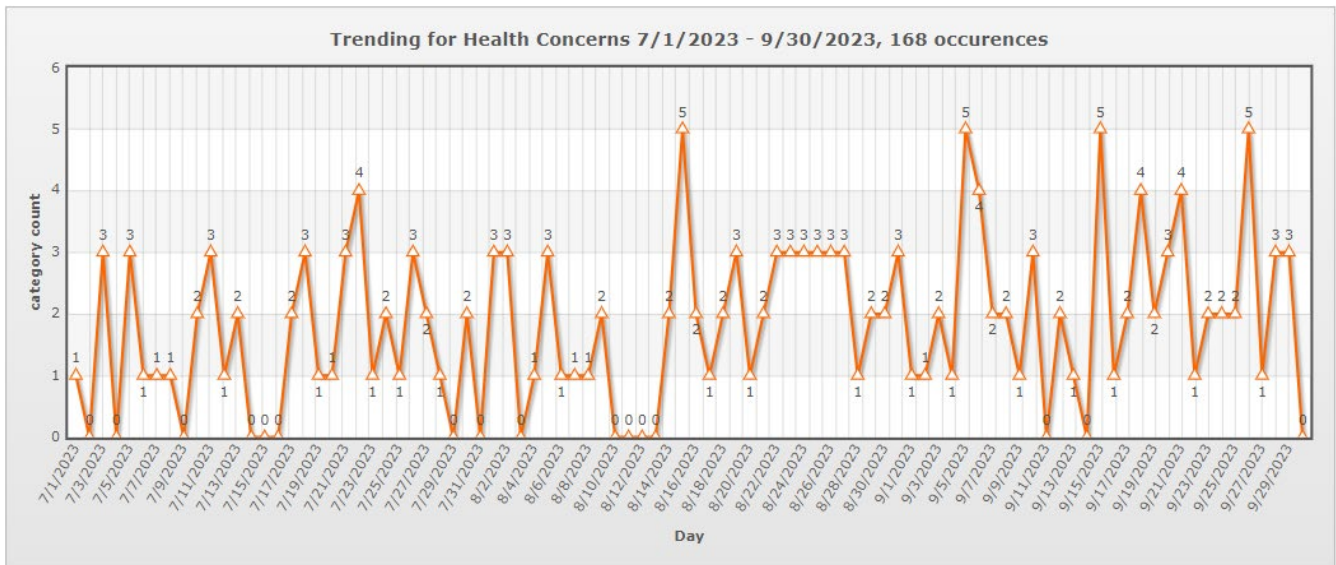


The chart above includes the total number of incident reports received and depicts the categories with the highest occurrences reported July 1, 2023 through September 30, 2023.

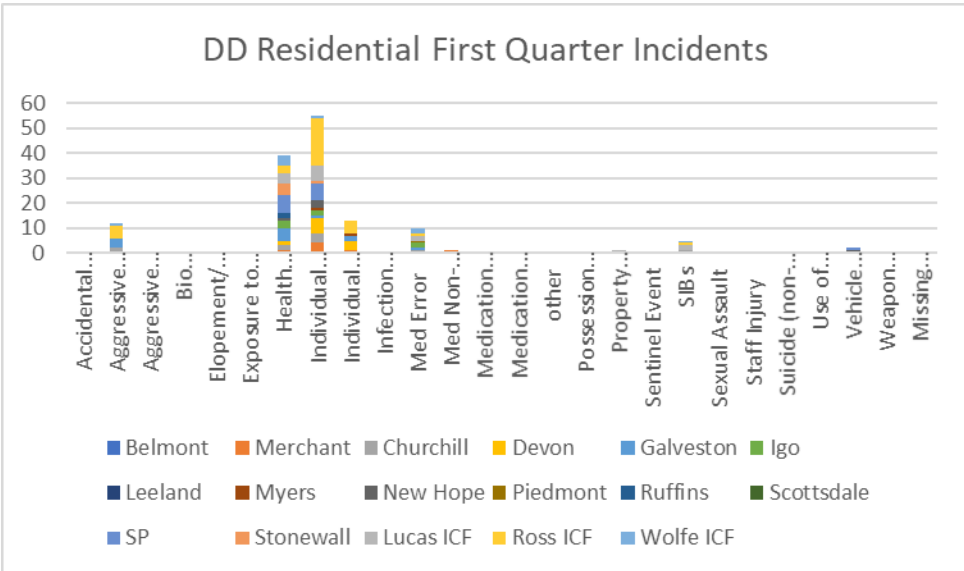


The chart above depicts the top ten programs that submitted the highest of number of incident reports during the time period of July 1, 2023 through September 30, 2023.

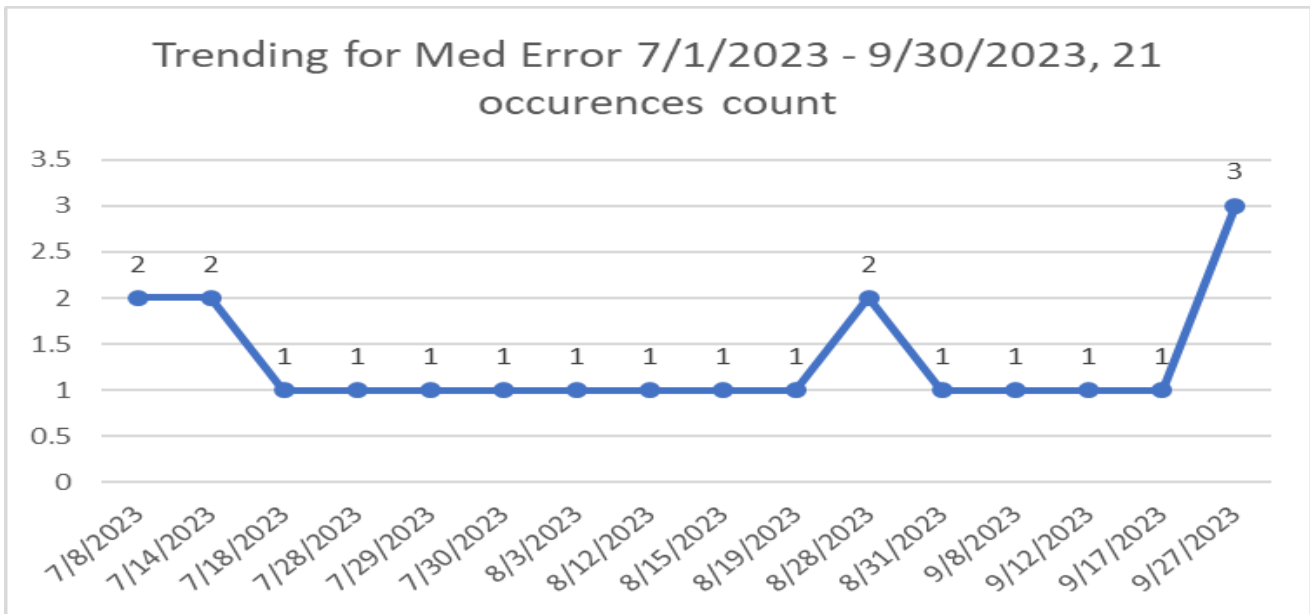




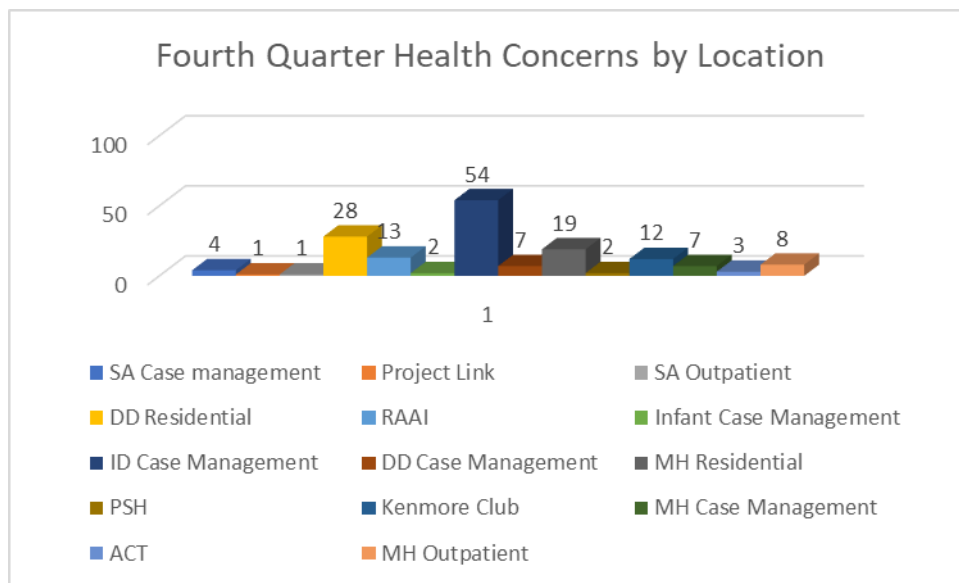
Approximately 29% of the incident reports received were categorized as health concerns. When compared to previous quarters, health concerns continue to be the category with the highest number of incidents. This can be contributed to all health-related conditions, such as colds, flu, and vomiting or diarrhea. RACSB Residential Services submitted 39 of 166 health concern reports. Reports consisted of concerns related to abnormal pain, nausea, feeling ill, seizure, cellulitis, bruising, choking and urinary tract infections. Sponsored Placement submitted the highest number of health concern incident reports (7) for Developmental Disability Group Home Services; however, no two concerns were the same. Review of reports revealed no trend concerns; Health Concern category numbers have increased from the previous quarter by 11 incidents.



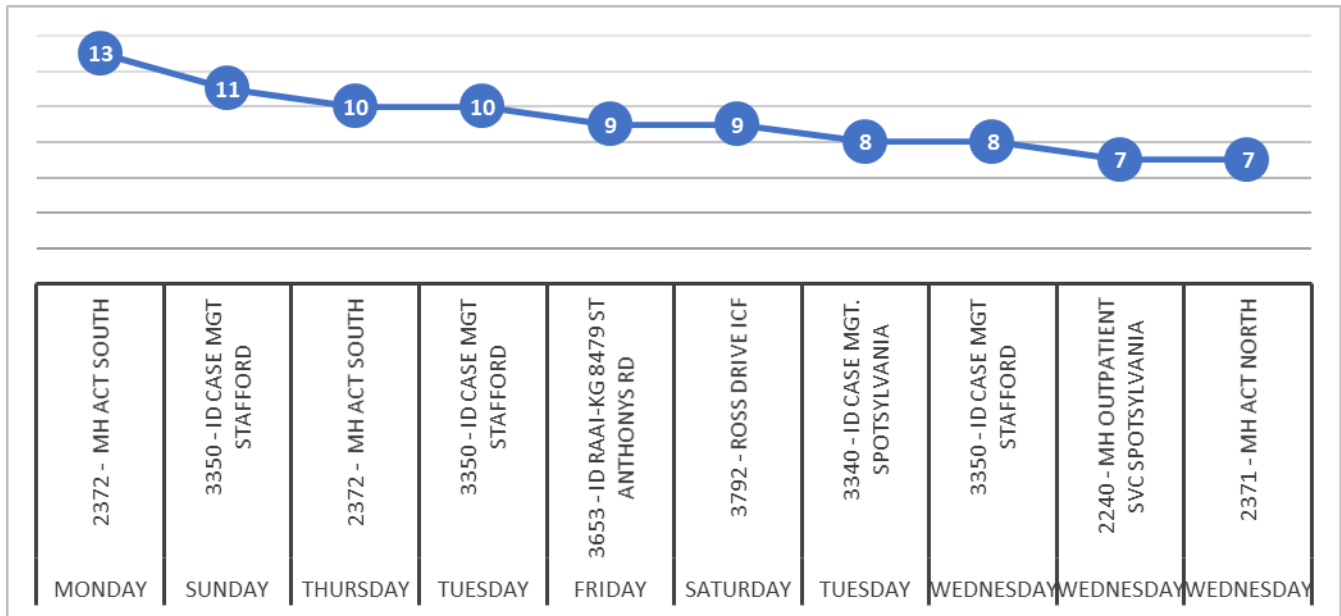
RACSB Residential programs submitted 138 incident reports. In DD Residential, the most frequent incidents were Individual Served Injury, with 55 reports, which included reports of scrapes, bruises, self-injurious behaviors, and falls. There were 39 Health Concerns reported, which included concerns related to choking, asthma, rash, elevated blood pressure, feeling ill, bruising, seizure, urinary tract infections, abnormal pain, and general just not feeling well.



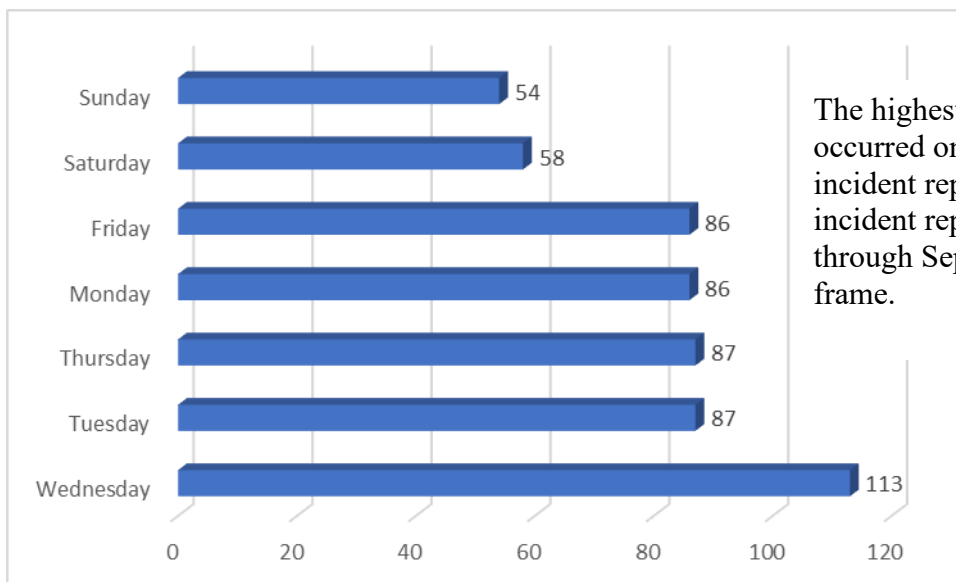
There was a total of 10 medication errors which occurred in DD Residential programs, four in day support services (RAAI), five in MH Residential Programs, and two in non-RACSB programs. Ten errors related to a single dose missed, two categorized as a wrong medication administered, one categorized as given at the wrong time, one categorized as a discontinued medication administered, one categorized as late administration, two categorized as late administration, and four categorized as multiple doses missed. Review and analysis of medication policy, medication administration area, staffing pattern, and cause of errors took place in an attempt to mitigate future errors. There were 12 instances of physical aggression reported by Residential programs. Of the 12 instances, six individuals were involved; four of whom have behavioral intervention plans which were reviewed and deemed appropriate.

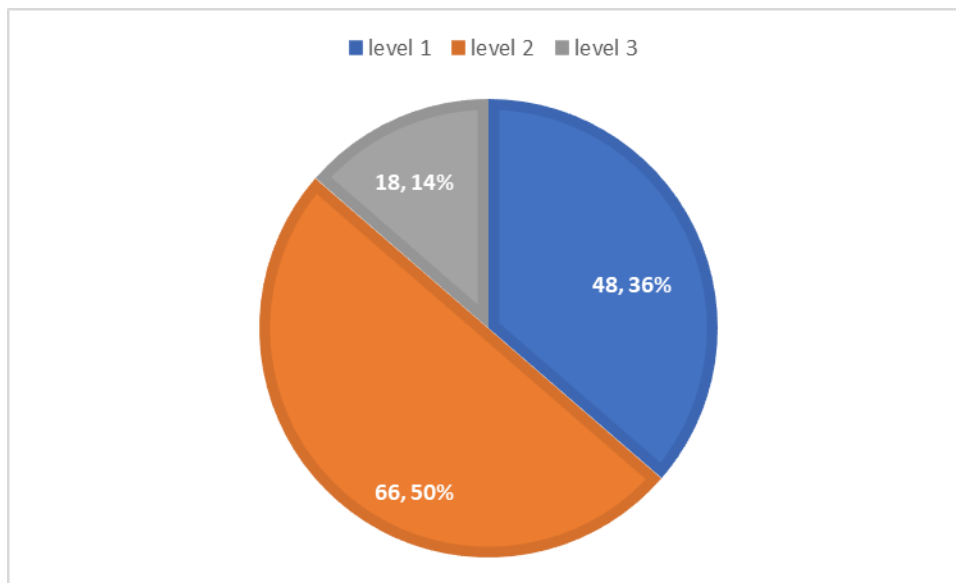


In analyzing the reports for the program with the highest occurrence of health concerns reported, Developmental Disabilities (DD) Support Coordination Services submitted the highest number of reports (67). The health concerns consisted of individuals that reside either with family or in a non-RACSB residential program. The program with the second highest number of reports submitted, with reports submitted related to health concerns is the DD Residential Services Programs (39). Due to the nature of the DD Residential Services, it is projected that there would be a high number of health concerns incident reports. Review of reports revealed no trend concerns.



The above chart above displays the top 10 program sites that submitted the most incidents based on the day of the week.





There was a total of 48 incidents categorized as a level I. Of the 48 incidents categorized as a level I, the majority were the result of minor or superficial cuts, scratches, or bruises, which required first aid. 29 of the incidents occurred in DD Residential services, 11 of the incidents occurred at RAAI Day Support, four occurred in MH Residential, two occurred at Kenmore Club, one occurred in ID Case Management, and one occurred in SA Outpatient:

- EMS assessment without transport for excessive exhaustion and falls
- Urgent care visits for:
  - Urinary Tract Infection (UTI)
  - Abdominal pain
  - Choking
  - Abnormal, pain or bruising on feet
  - Infection
  - Illness
- First Aid administered for a minor burns, sores, cuts, and scrapes.
- Falls requiring first aide and/or urgent care visits.

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

There were 66 incidents classified as a Level 2 and 18 incidents classified as Level 3. Root Cause Analyses were conducted for all Level 2 and Level 3 Incidents. One extended root cause analysis was required during this quarter. Of the 18 Level 3 reports, 8 of which were death reports, four from Outpatient Services, three from ID/DD Case Management and one from SA Case Management; none of the ID/DD deaths were currently receiving DD Residential services. Ten of these level 3 reports were suicide (noncompletion); five from Emergency Services, two from Outpatient, two from MH Case Management, and one from ACT. Based on review of the Level 1, Level 2 and Level 3 there does not appear to be a pattern or trends.

### **Program actions as a result of Incident Reports**

1. A review of medication errors showed that the errors occurred due to staff being distracted during the time they were administering medications or staff not following policy as written. Medication Errors resulted in both personnel action and remedial training depending on the error.

The current medication administration policy includes procedure for staff to follow to eliminate distraction.

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

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: November 7, 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 October, 970 tickets were closed by IT Staff compared to September – 910, August- 883, July -965, June- 1,028, May -1,006, April – 910, March – 1098, February – 1050, and January – 983. In 2022, the IT department averaged closure of 1,023 tickets per month.

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

IT & Netsmart staff are starting to meet with DBHDS staff about WaMS 3.5 changes, which typically occur in the Spring. DBHDS is proposing some significant changes to the Individualized Service Plan, around the addition of the Risk Assessment Tool into the Plan.

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

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

We began testing our EHR file uploads on September 29, 2023. We will continue to work with Netsmart to refine our extract through the testing period.

Thank you to Board Members for their advocacy with the letter to the Commissioner regarding concerns with TRAC-IT. Nancy Beebe, Matt Zurasky, Joe Wickens, and Brandie Williams met with the Commissioner and Deputy Commissioner on October 30, 2023. As a result of the meeting, DBHDS is re-considering the alternatives requested in our letter which include limiting required data elements to those necessary to meet regulatory and monitoring expectations and allowing the reporting of service data via the current state reporting process. A group of DBHDS and CSB staff will meet on Monday, November 13 to review and plan for alternative solutions.

### **Zoom**

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

- October 2023 – 1,947 video meetings with a total of 5,079 participants
- Average from January to December 2022 was 2,800 video meetings and 8,154 Participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants

### **Avatar**

Bells – ID residential and IT are regularly meeting to discuss and setup their progress notes, review service codes, and discuss Bells AI automations.

Patient Portal 2.0 project kicked off on July 26<sup>th</sup> 2023. IT and program supervisors are meeting weekly with the Netsmart team to review new workflows and features.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: November 7, 2023

The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. We recognize the impact that legislative activity at the federal, state, and local level impact the services we offer to the community. This report will provide specific information on current legislative or regulatory topics which impact RACSB.

**This month's report will review the following topics:**

- Updated list of Virginia General Assembly Members who represent Planning District 16 and their contact information (handout)
- The Virginia Association of Community Services Board's legislative priorities for the upcoming session
- Recommendations and options for STEP-VA implemented and performance monitoring approved for legislative action in upcoming session by the Behavioral Health Commission.



# DRAFT Virginia Association of Community Services Boards Priorities for the 2024-2026 State Budget

---

*Dollar figures will be added once they are calculated and vetted for accuracy with our state agency partners.*

*The Virginia Association of Community Services Boards (VACSB) will support amendments from its advocacy partners once they are advanced.*

**CSBS WORKFORCE DEVELOPMENT:** VACSB is requesting funding for the following areas to act as a mechanism for recruitment and retention in the short term as well as to develop a pipeline for staff at all levels which will result in a robust and stable workforce in the public safety net system. VACSB will request funding for CSBs to provide the following: **Paid Internships, Clinical Supervision Hours, Student Loan Repayment Programs, Scholarship Programs.**

**BEHAVIORAL HEALTH SERVICES (STEP-VA inflation pressures):** VACSB is thankful that the General Assembly included in its budget for FY24 half of the funding requested to account for inflation, since inception, in the first three steps of STEP-VA. Due to the late breaking nature of the budget, the funds will only be available in the second half of the fiscal year and are considered one-time. **VACSB will request the other half of the funding in the next biennium as well as funding for inflationary adjustments to the remaining steps.** The funding should be provided for flexible use among all the services areas of STEP-VA and should be ongoing beyond this biennium.

**SCHOOL BASED SERVICES:** VACSB will seek budget language which authorizes DMAS to conduct a **rate study for school-based services** for children and youth with behavioral health service needs. This was meant to be part of phase two of Project BRAVO, but without authority DMAS cannot proceed.

**SUBSTANCE USE DISORDER (SUD) SERVICES:** VACSB is requesting a **12.5% rate increase for the Substance Use Disorder (SUD) services** that did not receive the permanent 12.5% rate increase other behavioral health services received. Those services are: **Office Based Addiction Treatment (OBAT), Opioid Treatment Program (OTP), Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP).** The CSBs are experiencing a workforce crisis in all areas of services, including SUD services and increasing rates is one way to increase compensation for CSB workforce.

**EARLY INTERVENTION SERVICES:** The VACSB is requesting an **increase in state general fund dollars for Early Intervention services.** For FY23 the projected shortfall for local Early Intervention services equaled \$1.2M. In addition, the \$2.2M in emergency ARPA funds for Early Intervention services recently ended. Early Intervention Services will therefore experience an approximately \$3.4M shortfall in FY24 and beyond if no additional funding is provided. **VACSB will be requesting an increase in Early Intervention general fund dollars for FY25 and FY26 and beyond to account for this expected shortfall in general funds.**

**DEVELOPMENTAL DISABILITY (DD) WAIVER SERVICES:** VACSB is requesting budget language that directs DMAS to conduct a **rebase of the DD Waiver services reimbursement rates prior to each biennial budget.** VACSB will also continue to support additional Waiver slots to address the Priority One wait list but recognizes that stabilization of the CSBs workforce as well as Waiver service providers must also be a priority for the state to ensure there are adequate staff to provide the services involved with each new Waiver slot. One of the ways to help the CSB workforce crisis and to improve provider availability is through reimbursement rate increases.

**UNDERAGE CANNABIS USE PREVENTION PROGRAMS:** Legislation legalizing simple possession of cannabis passed in 2021 with language directing a portion of the revenue from retail sales to cannabis prevention and treatment programs. With retail sales on hold, **CSBs do not have appropriate funding to effectively develop and engage in cannabis youth prevention programs.** Therefore, the VACSB will request ongoing funds until such time as revenues from retail cannabis sales are made available. The key to successful prevention campaigns is ensuring that they are deployed well ahead of policy changes such as cannabis legalization.

## **Recommendations and options: STEP-VA implementation and performance monitoring**

BHC staff typically offer recommendations or options to address findings identified in its reports. Staff will usually propose options, rather than recommendations, when (i) the action proposed is a policy judgment best made by the General Assembly or other elected officials, (ii) the evidence indicates that addressing a report finding could be beneficial but the impact may not be significant, or (iii) there are multiple ways to address a finding and there is insufficient evidence to determine the single best way to address the finding.

### **Recommendations**

#### **RECOMMENDATION 1**

The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.

---

#### **RECOMMENDATION 2**

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to work with the Department of Medical Assistance Services (DMAS) to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid -eligible services they provide, (ii) provide technical assistance and training in coordination with Medicaid managed care organizations (MCOs), on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2024, and annually thereafter.

---

#### **RECOMMENDATION 3**

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that community services boards must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and credentialing requirements; and (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2024.

---

RECOMMENDATION 4

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the State Board of Behavioral Health and Developmental Services and to the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.

---

RECOMMENDATION 5

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS.

---

RECOMMENDATION 6

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting; and (v) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission by December 1, 2024, on progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.

---

RECOMMENDATION 7

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and to report these measures to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, and (ii) finalize benchmarks for every STEP-VA service component that has been initiated statewide and to report these benchmarks to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2025.

---

**RECOMMENDATION 8**

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission on the changes made to community services board performance contracts related to revised performance measures and benchmarks for each STEP-VA service component by December 1, 2024.

---

**RECOMMENDATION 9**

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.

---

**RECOMMENDATION 10**

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of the individuals receiving services implemented pursuant to the plan.

---

## **Options**

**OPTION 1**

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA, (ii) develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide, and (iii) report on their findings to the House Appropriations and the Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

---

OPTION 2

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) ensure that comprehensive information about all available managed care organization preferred provider programs is provided to all community services boards (CSBs), including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs; and (ii) report to the Behavioral Health Commission regarding efforts to make such information available to CSBs no later than December 1, 2024.

---

OPTION 3

The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.

---

OPTION 4

The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

---

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: November 7, 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

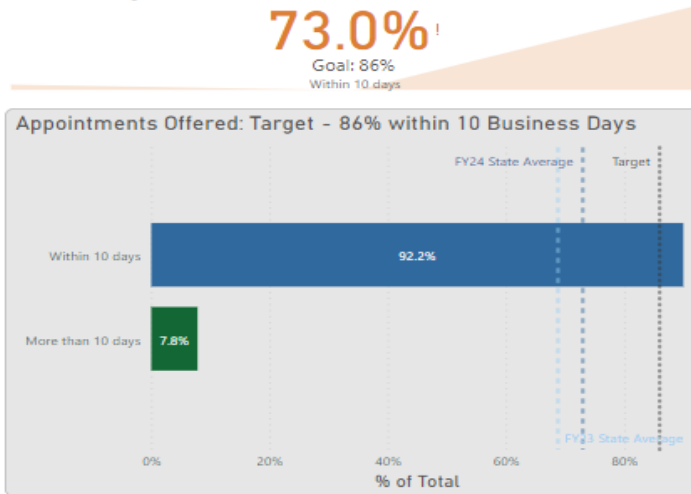
**Measure #1: SDA Appointment Offered:** Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

#### **Current Month's Performance- July 2023 (92.2%)**

##### Measure 1: Appointments Offered

Target - 86% within 10 Business Days

State Average



Number of CSBs that met 86% target in most current month: [14 of 40](#)

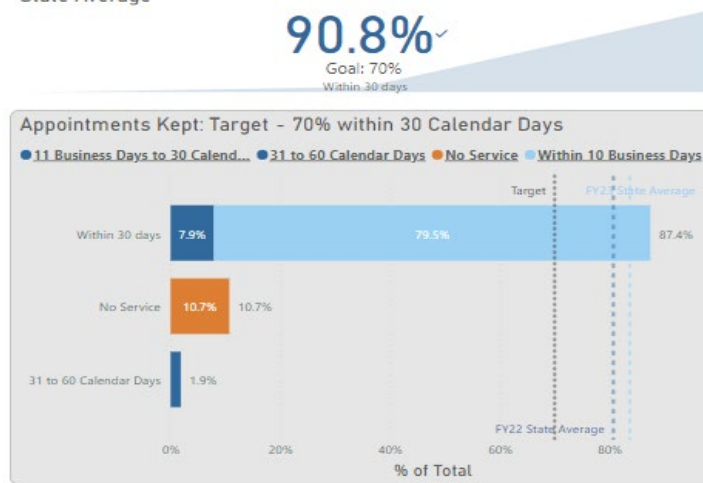
**Measure #2: SDA Appointment Kept:** Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

#### **Current Month's Performance- May 2023 (87.4%)**

##### Measure 2: Appointments Kept

Target - 70% within 30 Calendar Days

State Average

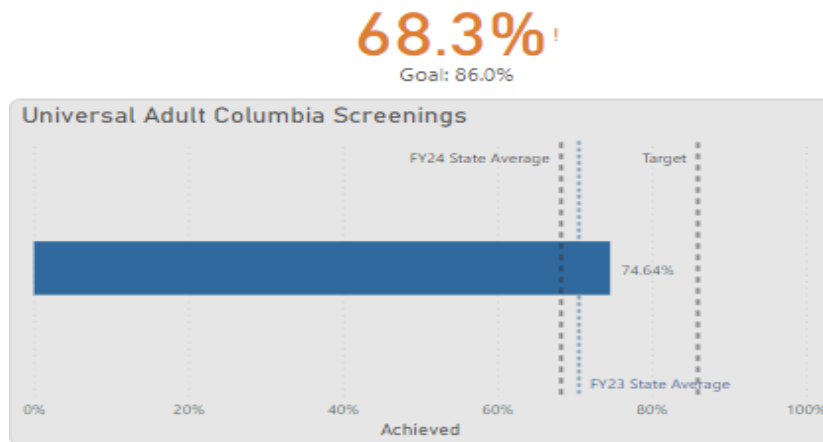


**Suicide Risk Assessment \*The reports for these measures are still in development by DBHDS. These results are provided for a general idea of RACSB performance, but are not finalized or official.**

*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(numerator). The benchmark is set at 60 % for FY22 and 86% for FY23. This is the same information presented last month as there have not been updates provided

**Current Month's Performance-July 2023 (74.64%)**

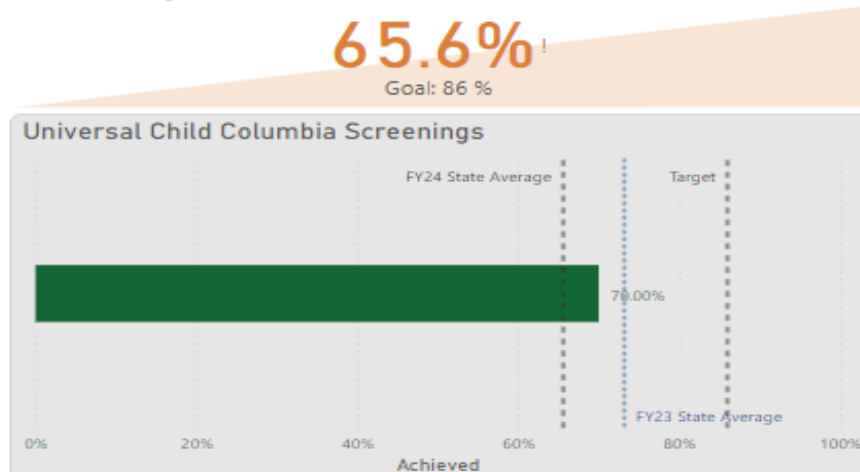
**Measure 2: Adults 18 and Over**  
FY23 Target: 86%  
State Average



*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(numerator). The benchmark is set at 60 % for FY22 and 86% for FY23. \*Not yet benchmarked in performance contract. This is the same information presented last month as there have not been updates provided

**Current Month's Performance-July 2023 (70.0%)**

**Measure 1: Children 6 to 17**  
Target: 86%  
State Average

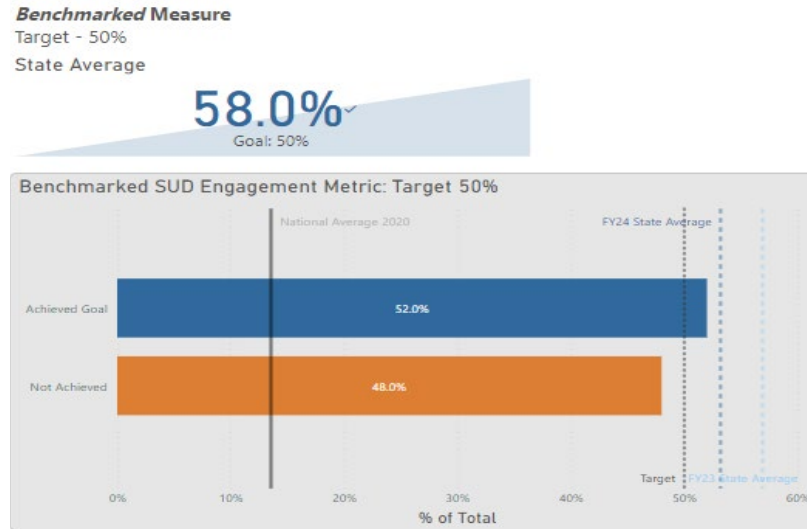




**Substance Use Disorder Engagement Measures**

*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- July 2023 (52.0%)**



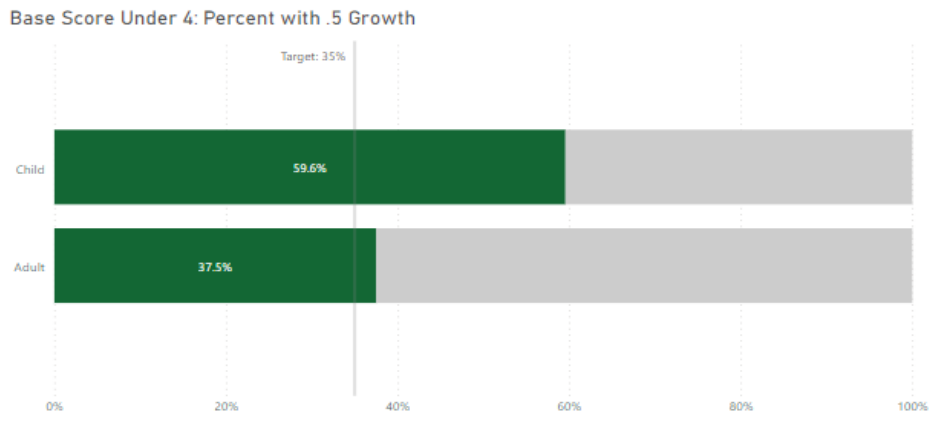
**Daily Living Activity (DLA-20) Assessment Measures**

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

**Current Performance- FY23Q2Q4 (Child-59.6%; Adult-37.5%)**

**Daily Living Activity (DLA) - 20 Assessment**

Score Change Over 6 Months  
 Program Areas: 100 MH; 300 SUD  
 Service Code: 310 Outpatient Services  
*Official Benchmarked Measure*



## Developmental Disability Measures

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

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

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

ECM Face to Face: September 2023- 73.46%

ECM Face to Face with Telehealth included: September 2023- 86.41%

ECM In-Home: September 2023- 81.55%

### **Overview of all Targeted Case Management Quarterly Report**

FiscalQtr	FY2023Q3			FY2023Q4							
Region	All_MODALITY	F2F_PCT	F2F_TH_PCT	F2F	TELEHEALTH	AUDIO	NON_F2F	NA	All_MODALITY	F2F_PCT	F2F_TH_PCT
☐ Region 1	767	96.7%	96.9%	738	1	0	38	0	777	95.0%	95.1%
Rappahannock Area	767	96.7%	96.9%	738	1	0	38	0	777	95.0%	95.1%
<b>Total</b>	<b>767</b>	<b>96.7%</b>	<b>96.9%</b>	<b>738</b>	<b>1</b>	<b>0</b>	<b>38</b>	<b>0</b>	<b>777</b>	<b>95.0%</b>	<b>95.1%</b>

Rappahannock Area Community Services Board  
Finance Committee Meeting

Tuesday, November 14, 2023 at 12:00 p.m.

600 Jackson Street, Board Room 208

Fredericksburg, VA

---

**PRESENT**

Matt Zurasky  
Glenna Boerner  
Sarah Ritchie  
Claire Curcio  
Nancy Beebe

**ABSENT**

Carol Walker  
Melissa White  
Susan Gayle  
Bridgette Williams  
Greg Sokolowski  
Ken Lapin  
Jacob Parcell  
Shawn Kiger

**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  
Megan Toler, Reimbursement Coordinator  
Jacque Kobuchi, Clinical Services Director  
Amy Jindra, Community Support Services Director  
Amy Umble, Public Information Officer

**Call to order – Mr. Matt Zurasky, Chair**

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on November 14, 2023.

ISSUE: **November 2023 Board Deck**

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

Cash Investments, which totaled \$25,686,697 in September 2023.

Summary of Investment Portfolio is sitting at a market value of \$8.3 million dollars for our cash investment and we started at \$8.2. Mr. Wickens added that we are having discussions about making recommendation about additional retaining costs and what to do with it. He realizes CDs rates were not competitive, but recently, the return has increased. We are reviewing our portfolio diversification strategy options and will make recommendations to the Board. Mr.

Zurasky said OK.

Ms. Toler talked the group through the Fee Reimbursement slide. We are looking at collections as of September 30, 2023 of a total outstanding \$6.7 million with a 47% aged out less than 30 days. Our insurance claims aged over 120 shows a credit which increased since last month but we are working through slowly. Ms. Toler said we have \$7.7 million collected.

Ms. Cleveland went over the health insurance benefits, our current monthly premiums collected YTD is \$1.2 million. Our claims increased significantly the past month so we are at \$1 million in claims. In September, we had a \$593,000 claim come through the agency. We are still on track; we have \$1.9 million in our account. Mr. Zurasky asked if the large claim will be a recurring claim and Ms. Cleveland said no it has hit our stop gap.

Ms. Cleveland went over other post-employment benefits report. We are at \$3.7 million and we hold consistently.

Ms. Cleveland went onto payroll statistics. Currently, we are averaging 515 employees, we have an average of 3400 leave hours, and an average of 497 overtime hours because we still have open positions and people covering shifts.

**ISSUE: Financial Summary Report**

**DISCUSSION:** Ms. Cleveland took the group through the financial summary by program.

**FOLLOW UP:** Motion to accept will be taken at Board meeting held on November 21, 2023

**ISSUE: Department of Rail and Public Transportation (DRPT)**

**DISCUSSION:** Ms. Jindra presented on the application for new vehicle funding through the Virginia Department of Rail and Public Transportation (DRPT). The grant, when awarded, provides 80% funding for new accessible vehicles, requiring the Agency to provide 20% match. This year, RACSB will apply for funding for 4 wheelchair-accessible vans. The vans will be utilized by RAAI and DD Residential. Grants are awarded in the Spring. Vans will be selected at the CTAV Convention and EXPO in August 2024. The purchasing and modification process for the vans will take several additional months with delivery anticipated in the fall of 2025. Total funding of the grant request is approximately \$256,000. Ms. Jindra provided a letter of intention to pursue the DRPT grant.

**FOLLOW UP:** Motion to accept will be taken at Board meeting held on November 21, 2023

Next meeting will be December 12, 2023.

## **Adjournment**

The meeting adjourned at 12:56 PM



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

## NOTICE

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

**From:** Joseph Wickens  
Executive Director

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

**Date:** November 9, 2023

---

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

We are looking forward to seeing you on Tuesday at 12:00 PM.

# Finance Committee Meeting

November 14, 2023 – 12:00 PM

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

## ***Agenda***

I.	Finance Committee Board Deck, <i>Cleveland</i> .....	3
	a. Summary of Cash Investments	
	b. Summary of Investment Portfolio	
	c. Fee Revenue Reimbursement	
	d. Fee Revenue Reimbursement-Without Credits	
	e. Fee Collection YTD and Quarterly	
	f. Write-Off Report	
	g. Health Insurance Account	
	h. OPEB	
	i. Payroll Statistics	
II.	Financial Summary, <i>Cleveland</i> .....	13
III.	DRPT Grant intent to apply, <i>Jindra</i> .....	18
IV.	Other Business, <i>Zurasky</i>	

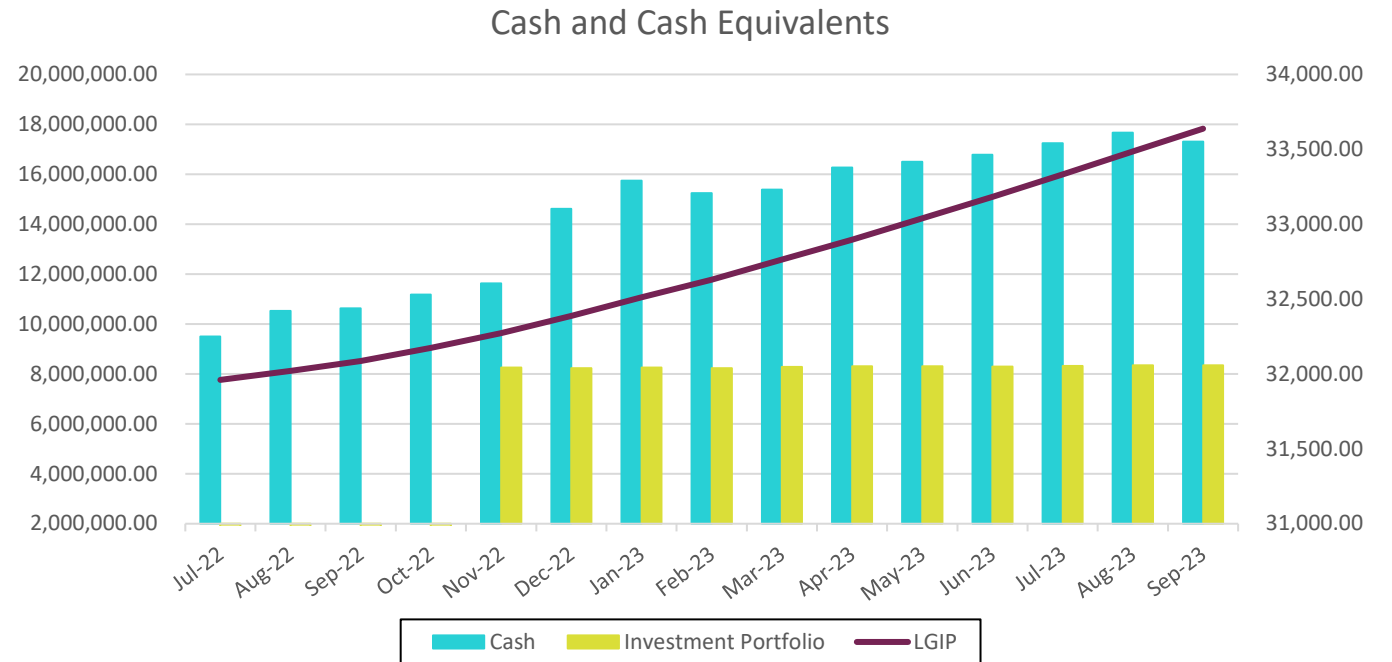
# Finance Committee

NOVEMBER 14, 2023

# Summary of Cash Investments

Depository		Rate
<b>Atlantic Union Bank</b>		
Checking	\$ 17,306,649	3.75%
<b>Investment Portfolio</b>		
Cash Equivalents	4,407,760	0.02%
Fixed Income	3,938,650	3.53%
Total Investment	8,346,410	
<b>Total Atlantic Union Bank</b>	<b>\$ 25,653,059</b>	
<b>Other</b>		
Local Gov. Investment Pool	\$ 33,638	5.57%
<b>Total Investments</b>	<b>\$ 25,686,697</b>	

	\$ Change	% Change
Change from Prior Month	\$ (357,305)	-1%
Change from Prior Year	\$ 3,774,151	0%
<b>Average # Months Reserves on Hand:</b>	<b>6</b>	





# Summary of Investment Portfolio

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Current Yield
Balance at 6/30/2023	\$ 8,511,825	\$ 8,310,338	\$ 8,347,703	\$ (37,365)	\$ 184,366	2%
Balance at 7/31/2023	\$ 8,514,417	\$ 8,315,552	\$ 8,350,295	\$ (34,742)	\$ 187,825	2%
Balance at 8/31/2023	\$ 8,548,050.10	\$ 8,338,842.90	\$ 8,368,724.22	\$ (29,881.32)	\$ 166,095.00	1.98%
Fidelity IMM Gov Class I Fund #57	\$ 13,796.07	13,796.07	\$ 13,796.07	\$ -	\$ 722.00	5.23%
US Treasury Bill (1/23/2024)	\$ 500,000.00	491,339.10	\$ 491,270.95	\$ 68.15		
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	953,354.14	\$ 955,129.17	\$ (1,775.03)		
US Treasury Bill (10/26/2023)	\$ 1,000,000.00	\$ 1,015,568.21	\$ 1,015,443.01	\$ 125.20		
US Treasury Bill (11/30/2023)	\$ 1,025,000.00	\$ 980,297.88	\$ 981,732.90	\$ (1,435.02)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 953,405.08	\$ 955,364.35	\$ (1,959.27)		
<b>Total Cash Equivalents</b>	<b>\$ 4,538,796.07</b>	<b>\$ 4,407,760.48</b>	<b>\$ 4,412,736.45</b>	<b>\$ (4,975.97)</b>	<b>\$ 722.00</b>	<b>0.02%</b>
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 984,360.00	\$ 973,575.00	\$ 10,785.00	\$ 22,500.00	2.31%
US Treasury Note (7/31/2024)	\$ 1,000,000.00	\$ 979,690.00	\$ 978,733.75	\$ 956.25	\$ 30,000.00	3.07%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 984,500.00	\$ 1,005,781.25	\$ (21,281.25)	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 990,100.00	\$ 1,004,914.69	\$ (14,814.69)	\$ 45,000.00	4.48%
<b>Total Fixed income</b>	<b>\$ 4,000,000.00</b>	<b>\$ 3,938,650.00</b>	<b>\$ 3,963,004.69</b>	<b>\$ (24,354.69)</b>	<b>\$ 140,000.00</b>	<b>3.53%</b>
<b>Balance at 9/30/2023</b>	<b>\$ 8,538,796.07</b>	<b>\$ 8,346,410.48</b>	<b>\$ 8,375,741.14</b>	<b>\$ (29,330.66)</b>	<b>\$ 140,722.00</b>	<b>1.68%</b>

# Fee Revenue Reimbursement

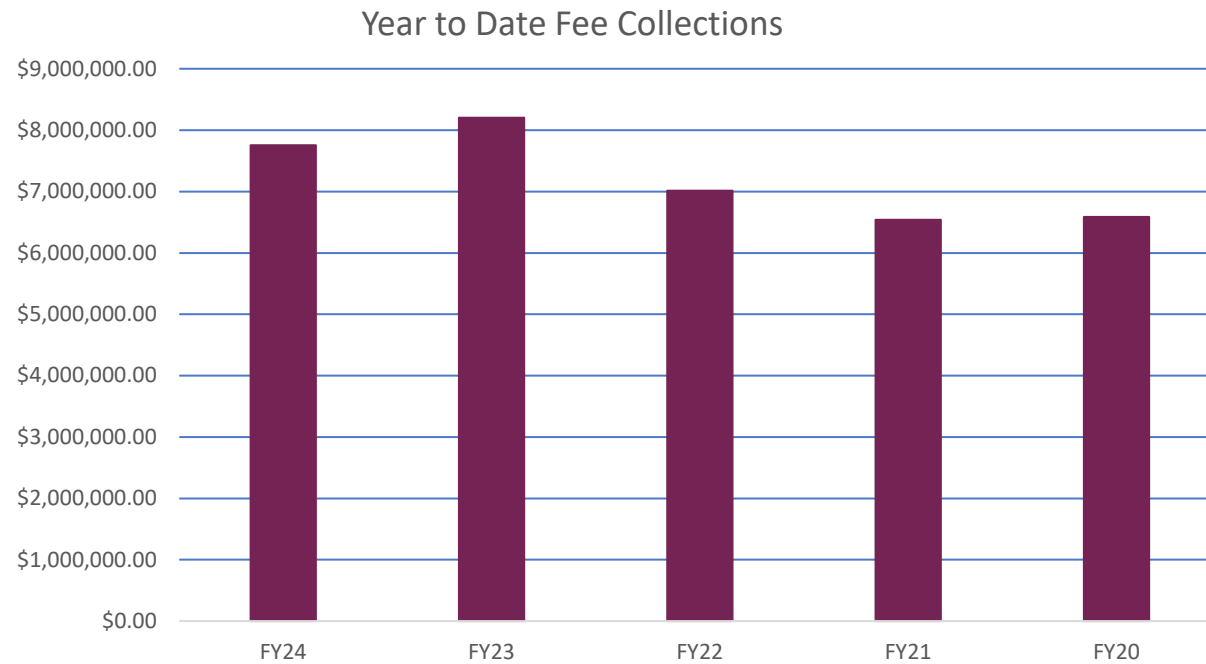
AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
<b>Total Claims Outstanding</b>	Total	100%	\$6,728,481	100%	\$6,259,319	100%	\$6,326,837
	Consumers	53%	\$3,542,016	56%	\$3,522,802	40%	\$2,502,523
	3rd Party	47%	\$3,186,465	44%	\$2,736,516	60%	\$3,824,314
<b>Claims Aged 0-29 Days</b>	Consumers	1%	\$72,433	1%	\$92,457	3%	\$161,359
	3rd Party	47%	\$3,133,077	44%	\$2,732,448	52%	\$3,291,104
<b>Claims Aged 30-59 Days</b>	Consumers	1%	\$57,825	1%	\$40,475	0%	\$7,249
	3rd Party	1%	\$84,741	0%	\$24,793	1%	\$93,616
<b>Claims Aged 60-89 Days</b>	Consumers	1%	\$37,524	4%	\$272,653	2%	\$104,926
	3rd Party	0%	\$8,351	0%	\$17,822	2%	\$111,314
<b>Claims Aged 90-119 Days</b>	Consumers	4%	\$271,938	4%	\$219,187	0%	\$5,460
	3rd Party	0%	\$10,548	0%	\$7,707	1%	\$54,461
<b>Claims Aged 120+ Days</b>	Consumers	46%	\$3,102,297	46%	\$2,904,031	35%	\$2,223,529
	3rd Party	-1%	-\$50,252	-1%	-\$52,253	4%	\$273,819

CLAIM COLLECTIONS	
Current Year To Date Collections	\$7,753,853
Prior Year To Date Collections	\$8,202,133
\$ Change from Prior Year	-\$448,280
% Change from Prior Year	-5%
<i>**\$398,000 of prior year collections was for FY22**</i>	

# Fee Revenue Reimbursement – Without Credits

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
<b>Total Claims Outstanding</b>	Total	100%	\$6,728,481	100%	\$6,259,319	100%	\$6,326,837
	Consumers	53%	\$3,542,016	56%	\$3,522,802	40%	\$2,502,523
	3rd Party	47%	\$3,186,465	44%	\$2,736,516	60%	\$3,824,314
<b>Claims Aged 0-29 Days</b>	Consumers	1%	\$72,433	1%	\$92,457	3%	\$161,359
	3rd Party	47%	\$3,133,077	44%	\$2,732,448	52%	\$3,291,104
<b>Claims Aged 30-59 Days</b>	Consumers	1%	\$57,825	1%	\$40,475	0%	\$7,249
	3rd Party	1%	\$84,741	0%	\$24,793	1%	\$93,616
<b>Claims Aged 60-89 Days</b>	Consumers	1%	\$37,524	4%	\$272,653	2%	\$104,926
	3rd Party	0%	\$8,351	0%	\$17,822	2%	\$111,314
<b>Claims Aged 90-119 Days</b>	Consumers	4%	\$271,938	4%	\$219,187	0%	\$5,460
	3rd Party	0%	\$10,548	0%	\$7,707	1%	\$54,461
<b>Claims Aged 120+ Days</b>	Consumers	46%	\$3,102,297	46%	\$2,904,031	35%	\$2,223,529
	3rd Party	1%	\$40,507	1%	\$39,626	4%	\$273,819

# Fee Collection YTD



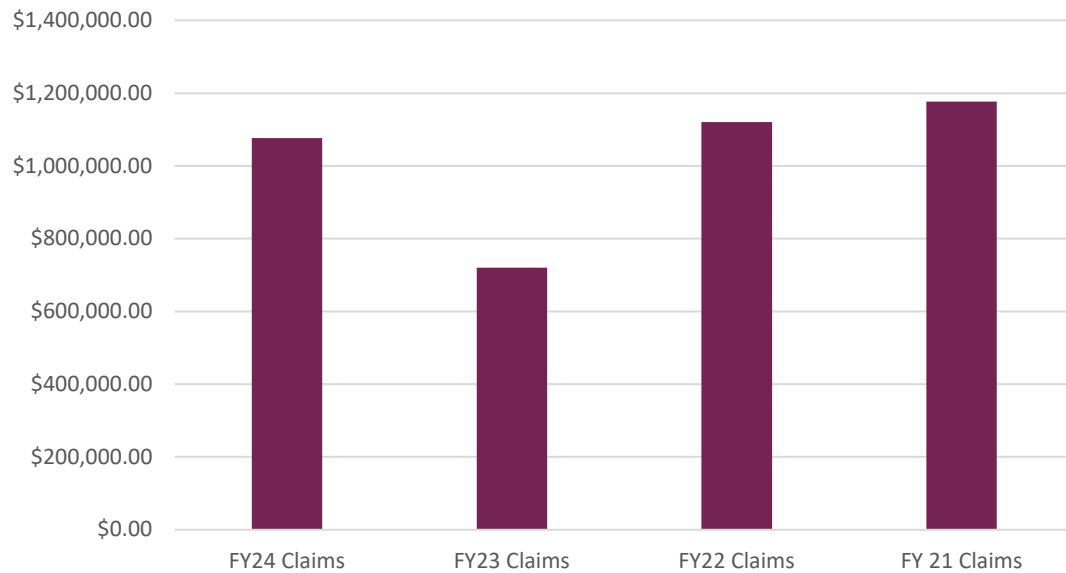
# Write Off's – Current Month & YTD

Month: Sept 2023		
Write Off Code	Current Year	Prior Year
DECEASED	\$ 10	\$ 390
NO FINANCIAL AGREEMENT	\$ 4,005	\$ 1,445
SMALL BALANCE	\$ 118	\$ 38
UNCOLLECTABLE	\$ 596	\$ 1,130
FINANCIAL ASSISTANCE	\$ 144,419	\$ 372,631
NO SHOW	\$ 540	\$ 520
MAX UNITS/BENEFITS	\$ 15,969	\$ 9,551
PROVIDER NOT CREDENTIALLED	\$ 6,088	\$ 5,930
DIAGNOSIS NOT COVERED	\$ -	\$ 235
NON-COVERED SERVICE	\$ 4,608	\$ 253
SERVICES NOT AUTHORIZED	\$ 8,157	\$ 14,200
PAST BILLING DEADLINE	\$ -	\$ 3,830
INCORRECT PAYER	\$ 1,763	\$ 4,224
INVALID MEMBER ID	\$ -	\$ 160
<b>TOTAL</b>	<b>\$ 186,273</b>	<b>\$ 414,536</b>

Year to Date: July -Sept 2023		
Write Off Code	Current YTD	Prior YTD
BANKRUPTCY	\$ 246	\$ 1,924
DECEASED	\$ 90	\$ 3,505
NO FINANCIAL AGREEMENT	\$ 16,272	\$ 35,791
SMALL BALANCE	\$ 447	\$ 290
UNCOLLECTABLE	\$ 1,625	\$ 2,925
FINANCIAL ASSISTANCE	\$ 451,503	\$ 772,960
NO SHOW	\$ 3,686	\$ 1,100
MAX UNITS/BENEFITS	\$ 26,890	\$ 16,830
PROVIDER NOT CREDENTIALLED	\$ 45,019	\$ 10,458
DIAGNOSIS NOT COVERED	\$ 320	\$ 300
NON-COVERED SERVICE	\$ 14,042	\$ 13,144
SERVICES NOT AUTHORIZED	\$ 46,258	\$ 59,198
PAST BILLING DEADLINE	\$ 16,370	\$ 10,633
INCORRECT PAYER	\$ 6,839	\$ 8,296
INVALID MEMBER ID	\$ -	\$ 160
<b>TOTAL</b>	<b>\$ 629,607</b>	<b>\$ 937,515</b>

# Health Insurance

**Year-to-Date Health Insurance Claims**

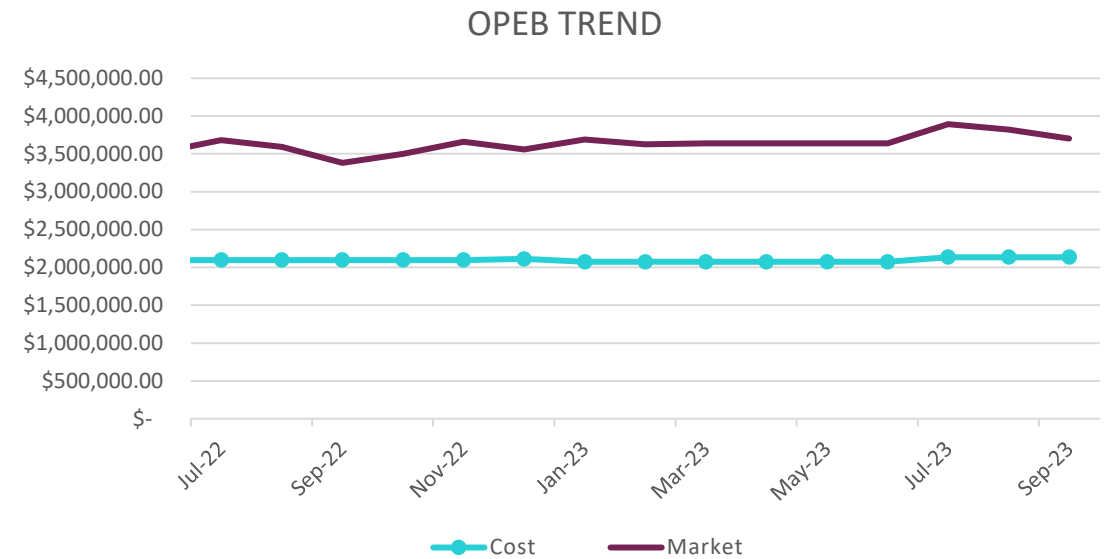


FY 2024	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$1,745,071
July	\$355,798		\$211,426	\$743	\$1,890,186
August	\$348,151		\$272,609	\$758	\$1,966,486
September	\$522,419		\$593,001	\$706	\$1,896,610
<b>YTD Total</b>	<b>\$1,226,368</b>	<b>\$0</b>	<b>\$1,077,036</b>	<b>\$2,207</b>	<b>\$1,896,610</b>

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2024	\$359,012	\$144,636	\$593,001
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906

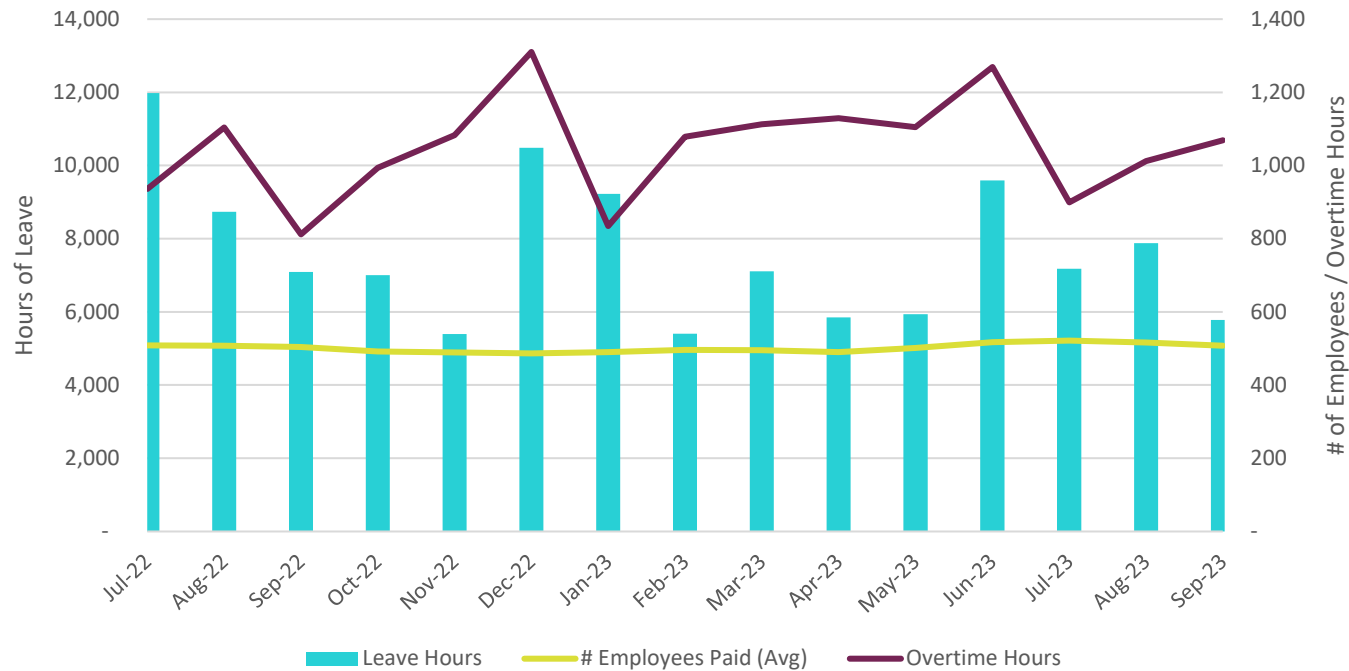
# Other Post Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
<b>Initial Contribution</b>	\$ 954,620		\$ 954,620	
<b>FY 2023 Year-End Balance</b>	\$ 2,135,292	\$ 1,119,005	\$ 3,807,041	\$ 2,685,538
Balance at 7/31/2023	\$ 2,135,226	\$ 1,180,606	\$ 3,892,944	\$ 2,938,324
Balance at 8/31/2023	\$ 2,134,934	\$ 1,180,314	\$ 3,821,233	\$ 2,866,613
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ (118,290)	
Purchases	\$ 1		\$ 1	
Fees & Expenses				
Transfers/Contributions				
<b>Balance at 9/30/2023</b>	\$ 2,134,935	\$ 1,180,315	\$ 3,702,943	\$ 2,748,323



# Payroll Statistics

Employees / Leave\* / Overtime



Indicators	FY 2022 Average Per Pay Period	FY 2023 Average Per Pay Period	FY 2024 Average Per Pay Period
# Employees Paid	506	499	515
Leave Hours	4,196	3,473	3,472
Overtime Hours	279	473	497



**RACSB**  
**FY 2022 FINANCIAL REPORT**  
Fiscal Year: July 1, 2023 through June 30, 2024  
Report Period: July 1, 2023 through Sept 30, 2023

**MENTAL HEALTH**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
INPATIENT	0	73,150	0.00%	0	53,150	0.00%	20,000	27%
OUTPATIENT (FED)	2,442,643	672,195	27.52%	2,442,643	661,667	27.09%	10,528	2%
MEDICAL OUTPATIENT ( R ) (FED)	4,420,904	991,326	22.42%	4,420,904	1,095,392	24.78%	(104,067)	-10%
ACT NORTH ( R )	875,000	231,735	26.48%	875,000	209,303	23.92%	22,431	10%
ACT SOUTH ( R )	875,000	216,034	24.69%	875,000	185,685	21.22%	30,350	14%
CASE MANAGEMENT ADULT (FED)	1,043,065	236,933	22.72%	1,043,065	274,353	26.30%	(37,420)	-16%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,031,998	193,969	18.80%	1,031,998	180,792	17.52%	13,177	7%
PSY REHAB & KENMORE EMP SER ( R ) (FED)	703,184	166,602	23.69%	703,184	177,883	25.30%	(11,281)	-7%
PERMANENT SUPPORTIVE HOUSING ( R )	2,295,862	1,818,295	79.20%	2,295,862	420,038	18.30%	1,398,257	77%
CRISIS STABILIZATION ( R )	2,149,875	308,032	14.33%	2,149,875	296,393	13.79%	11,639	4%
SUPERVISED RESIDENTIAL	360,841	273,451	75.78%	360,841	120,151	33.30%	153,300	56%
SUPPORTED RESIDENTIAL	781,947	244,563	31.28%	781,947	206,844	26.45%	37,719	15%
JAIL DIVERSION GRANT ( R )	94,043	37,437	39.81%	94,043	22,973	24.43%	14,463	39%
JAIL & DETENTION SERVICES	523,537	39,379	7.52%	523,537	47,838	9.14%	(8,459)	-21%
<b>SUB-TOTAL</b>	<b>17,597,899</b>	<b>5,503,101</b>	<b>31%</b>	<b>17,597,899</b>	<b>3,952,464</b>	<b>22%</b>	<b>1,550,637</b>	<b>28%</b>
* Budget excludes program subsidies								

**DEVELOPMENTAL SERVICES**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
CASE MANAGEMENT	3,600,846	877,497	24.37%	3,600,846	786,260	21.84%	91,237	10%
DAY HEALTH & REHAB *	4,969,885	1,058,673	21.30%	4,969,885	1,126,618	22.67%	(67,945)	-6%
GROUP HOMES	6,380,744	1,790,547	28.06%	6,380,744	1,259,550	19.74%	530,997	30%
RESPIRE GROUP HOME	749,912	60,939	8.13%	749,912	137,887	18.39%	(76,948)	-126%
INTERMEDIATE CARE FACILITIES	4,295,140	917,410	21.36%	4,295,140	972,775	22.65%	(55,365)	-6%
SUPERVISED APARTMENTS	2,071,114	715,368	34.54%	2,071,114	390,331	18.85%	325,037	45%
SPONSORED PLACEMENTS	2,216,891	622,530	28.08%	2,216,891	546,277	24.64%	76,253	12%
<b>SUB-TOTAL</b>	<b>24,284,532</b>	<b>6,042,963</b>	<b>24.88%</b>	<b>24,284,532</b>	<b>5,219,697</b>	<b>21.49%</b>	<b>823,266</b>	<b>14%</b>
* Budget excludes program subsidies								

(R) Restricted Funding within program  
(FED) Federal Reimbursement process within program

**RACSB**  
**FY 2022 FINANCIAL REPORT**  
Fiscal Year: July 1, 2023 through June 30, 2024  
Report Period: July 1, 2023 through Sept 30, 2023  
**SUBSTANCE ABUSE**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
SA OUTPATIENT ( R ) (FED)	1,616,929	269,990	16.70%	1,616,929	365,736	22.62%	(95,746)	-35%
MAT PROGRAM ( R ) (FED)	774,936	54,298	7.01%	774,936	243,161	31.38%	(188,863)	-348%
CASE MANAGEMENT ( R ) (FED)	232,071	36,179	15.59%	232,071	24,703	10.64%	11,476	32%
RESIDENTIAL ( R )	69,049	86,311	125.00%	69,049	30,081	43.57%	56,230	65%
PREVENTION ( R ) (FED)	867,515	42,300	4.88%	867,515	143,966	16.60%	(101,666)	-240%
LINK ( R ) (FED)	290,801	31,546	10.85%	290,801	59,771	20.55%	(28,225)	-89%
<b>SUB-TOTAL</b>	<b>3,851,301</b>	<b>520,624</b>	<b>14%</b>	<b>2,234,372</b>	<b>867,418</b>	<b>39%</b>	<b>(251,048)</b>	<b>-48%</b>

\* Budget excludes program subsidies

**SERVICES OUTSIDE PROGRAM AREA**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
EMERGENCY SERVICES ( R )	1,712,988	700,350	40.88%	1,327,096	252,683	19.04%	447,667	64%
CHILD MOBILE CRISIS ( R )	371,304	90	0.02%	320,728	11,308	3.53%	(11,218)	-12465%
CIT ASSESSMENT SITE ( R )	290,495	80,801	27.82%	289,481	90,552	31.28%	(9,751)	-12%
CONSUMER MONITORING ( R ) (FED)	133,656	3,713	2.78%	139,646	33,126	23.72%	(29,413)	-792%
ASSESSMENT AND EVALUATION ( R )	390,825	106,129	27.16%	739,048	94,878	12.84%	11,251	11%
<b>SUB-TOTAL</b>	<b>2,899,268</b>	<b>891,084</b>	<b>30.73%</b>	<b>2,815,999</b>	<b>482,548</b>	<b>17.14%</b>	<b>408,536</b>	<b>46%</b>

\* Budget excludes program subsidies

**ADMINISTRATION**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%	
ADMINISTRATION (FED)	130,080	184,284	141.67%	130,080	184,284	141.67%	0
PROGRAM SUPPORT	4,354	6,900	158.46%	4,354	6,900	158.46%	0
<b>SUB-TOTAL</b>	<b>134,434</b>	<b>191,184</b>	<b>142.21%</b>	<b>134,434</b>	<b>191,184</b>	<b>142.21%</b>	<b>0</b>
ALLOCATED TO PROGRAMS				4,268,473	1,266,582	29.67%	

\* Budget excludes program subsidies

(R) Restricted Funding within program  
(FED) Federal Reimbursement process within program

**RACSB**  
**FY 2022 FINANCIAL REPORT**  
Fiscal Year: July 1, 2023 through June 30, 2024  
Report Period: July 1, 2023 through Sept 30, 2023  
**FISCAL AGENT PROGRAMS**  
**PART C AND HEALTHY FAMILY PROGRAMS**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL ( R )	1,721,538	867,818	50.41%	1,721,538	236,753	13.75%	631,065	73%
INFANT CASE MANAGEMENT ( R )	808,195	299,683	37.08%	808,195	214,376	26.53%	85,306	28%
EARLY INTERVENTION ( R )	2,178,718	368,600	16.92%	2,178,718	489,838	22.48%	(121,238)	-33%
<b>TOTAL PART C</b>	<b>4,708,451</b>	<b>1,536,100</b>	<b>32.62%</b>	<b>4,708,451</b>	<b>940,967</b>	<b>19.98%</b>	<b>595,133</b>	<b>39%</b>
HEALTHY FAMILIES ( R )	280,006	40,089	14.32%	280,006	62,314	22.25%	(22,225)	-55%
HEALTHY FAMILIES - MIECHV Grant ( R ) (REIM)	315,601	74,114	23.48%	315,601	77,942	24.70%	(3,829)	-5%
HEALTHY FAMILIES-TANF & CBCAP GRANT ( R ) (REIM)	459,084	79,174	17.25%	459,084	116,294	25.33%	(37,120)	-47%
<b>TOTAL HEALTHY FAMILY</b>	<b>1,054,691</b>	<b>193,377</b>	<b>18.33%</b>	<b>1,054,691</b>	<b>256,550</b>	<b>24.32%</b>	<b>(63,174)</b>	<b>-33%</b>

(R) Restricted Funding within program  
(FED) Federal Reimbursement process within program

**RACSB**  
**FY 2022 FINANCIAL REPORT**  
 Fiscal Year: July 1, 2023 through June 30, 2024  
 Report Period: July 1, 2023 through Sept 30, 2023

## RECAP FY 2024 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	5,503,101	3,975,122	1,527,978	28%
DEVELOPMENTAL SERVICES	6,049,506	5,219,912	829,594	14%
SUBSTANCE ABUSE	520,624	867,418	(346,794)	-67%
SERVICES OUTSIDE PROGRAM AREA	891,084	528,967	362,117	41%
ADMINISTRATION	191,184	191,184	0	0%
FISCAL AGENT PROGRAMS	1,729,477	1,197,518	531,960	31%
<b>TOTAL</b>	<b>14,884,975</b>	<b>11,980,120</b>	<b>2,904,855</b>	<b>20%</b>

Restricted Funds	\$ 1,989,530
Unrestricted Funds	957,393
<b>Total</b>	<b>\$ 2,904,855</b>

## RECAP FY 2023 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	4,927,622	3,721,372	1,206,250	24%
DEVELOPMENTAL SERVICES	6,009,841	5,154,940	854,901	14%
SUBSTANCE ABUSE	1,418,934	827,049	591,886	42%
SERVICES OUTSIDE PROGRAM AREA	803,851	606,925	196,926	24%
ADMINISTRATION	8,439	8,439	0	0%
FISCAL AGENT PROGRAMS	1,686,755	1,273,427	413,329	25%
<b>TOTAL</b>	<b>14,855,443</b>	<b>11,592,151</b>	<b>3,263,292</b>	<b>22%</b>

	\$ Change	% Change
Change in Revenue from Prior Year	\$ 29,532	0.20%
Change in Expense from Prior Year	\$ 387,969	3.35%
Change in Net Income from Prior Year	\$ (358,436)	-10.98%

\*Unaudited Report

# Memorandum

**To:** Joe Wickens

**From:** Amy Jindra

**Date:** November 3, 2023

**Re:** DRPT

---

Annually, Transportation Supervisor, Clark Thomas applies for new vehicle funding through the Virginia Department of Rail and Public Transportation, DRPT. The grant, when awarded, provides 80% funding for new accessible vehicles, requiring the Agency to provide a 20% match. This year, RACSB will apply for funding for 4, wheelchair accessible, vans. The vans will be utilized by RAAI and DD Residential. Mr. Thomas will apply for the grant by February 1, 2024. Grants are awarded in the spring. Vans will be selected at the CTAV Convention and EXPO in August 2024. The purchasing and modification process for the vans will take several additional months with delivery anticipated in the fall of 2025. Total funding of the grant request is approximately \$256,000.

Attached please find Mr. Thomas' letter of intention to pursue the DRPT grant.

**RAPPAHANNOCK AREA**  
COMMUNITY SERVICES BOARD

October 16, 2023

Subject: FY25 DRPT Section 5310 Grant Application

Dear Amy,

On Monday October 16, 2023 I attended the FY25 DRPT Section 5310 CHSM Meeting for the Central Region. This workshop provides the process for the DRPT 5310 Grant Application. At this workshop I represented RACSB and informed the committee that we will participate in the FY 25 Grant process. RACSB is requesting four (4) 9-passenger raised roof vans with lift. Each van cost \$80,000. RACSB is responsible for a 20% Local Match. The local Match is \$16,000/van. Total RACSB Local Match is \$64,000.

Please present this intent to participate in the grant process with the RACSB Board of Directors per our grant policy.

If you have any questions or require further information please contact me.

Sincerely,



Clark Thomas  
Specialized Transportation Supervisor / Fleet Manager  
RACSB Specialized Transportation Program

600 Jackson Street  
Fredericksburg, VA 22401  
540-373-3223

RappahannockAreaCSB.org



Rappahannock Area Community Services  
Board Personnel Committee Meeting  
Tuesday November 14, 2023 at 12:30 p.m.  
600 Jackson Street, Board Room 208  
Fredericksburg, VA

---

**PRESENT**

Nancy Beebe  
Claire Curcio  
Sarah Ritchie

**ABSENT**

Carol Walker  
Melissa White  
Susan Gayle  
Bridgette Williams  
Matt Zurasky  
Greg Sokolowski  
Ken Lapin  
Jacob Parcell  
Shawn Kiger  
Glenna Boerner

**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  
Jacque Kobuchi, Clinical Services Director  
Amy Jindra, Community Support Services Director  
Amy Umble, Public Information Officer

**Call to order – Ms. Beebe for Ms. Gayle**

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on November 14, 2023

**ISSUE: October 2023 Retention Report**

**DISCUSSION:** Ms. Carrington reported that Human Resources processed a total of 7 employee separations, resulting in a Retention Rate of 99.04% for the month of October 2023.

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

**DISCUSSION:** Ms. Carrington told the Committee that RACSB received 126 applications through October 31, 2023. This is an increase of 43.18% compared to the month of September 2023, and an increase of 85.29% when compared to the month of October 2022. RACSB received 1,597

resumes and advertised 20 positions through Indeed for October 2023. Of the applications received, 58 applicants listed the RACSB applicant website as their recruitment source, 41 stated employee referrals as their recruitment source, and 12 listed Indeed.com as their recruitment source. There is a total of 92 open positions.

**ISSUE: CSB Workforce Reporting Overview**

**DISCUSSION:** Ms. Carrington reminded the group that DBDHS has us submit workforce data on a quarterly basis. They defined certain position categories for the reporting of vacancy rate, turnover rate and salary information. The first baseline data was submitted to DBDHS in August. The next submission will be October 30<sup>th</sup>. Ms. Carrington went over the rates for the past three months; the overall vacancy rate in July was 17% and the turnover rate was 4%, for August, it was 16% vacancy rate and 6% turnover rate, for September again 16% vacancy rate and 3% turnover rate. The overall average for all three months is 16% vacancy and 4% turnover rate.

**ISSUE: Behavioral Health Technician Intern Program Launch**

**DISCUSSION:** Ms. Williams shared with the group the excitement about the launch of the November 1<sup>st</sup> entry level behavioral health technician program which combines foundational curriculum and paid field work experience in a “first of its kind in the Commonwealth” workforce program. Five students have completed all orientation and enrollment processes. Students who are successful within the program will be offered ongoing employment through RACSB.

## **Adjournment**

The meeting adjourned at 1:12 PM



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

## NOTICE

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

**From:** Joseph Wickens  
Executive Director

**Subject:** Personnel Committee Meeting  
November 14, 2023 12:30 PM  
600 Jackson Street, Board Room 208, Fredericksburg, VA

**Date:** November 9, 2023

---

A Personnel Committee Meeting has been scheduled for Tuesday, November 14, 2023 at 12:30 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

We are looking forward to seeing you on Tuesday at 12:30PM.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

**PERSONNEL COMMITTEE MEETING**

*November 14, 2023 12:30 PM*

*600 Jackson Street, Room 208*

*Fredericksburg, VA 22401*

**a g e n d a**

- |      |  |            |
|------|--|------------|
| I.   | SUMMARY – <b>OCTOBER 2023</b> RETENTION AND<br>TURNOVER REPORT –     | CARRINGTON |
| II.  | SUMMARY – <b>OCTOBER 2023</b> EEO REPORT AND<br>RECRUITMENT UPDATE - | CARRINGTON |
| III. | CSB WORKFORCE REPORT OVERVIEW  | CARRINGTON |
| IV.  | BEHAVIORAL HEALTH TECHNICIAN INTERN PROGRAM LUNCH                    | WILLIAMS   |



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

## MEMORANDUM

To: Joe Wickens, Executive Director  
 From: Terri Carrington, Director of Human Resources  
 Date: November 7, 2023  
 Re: Summary – Retention Report – October 2023

---

Human Resources processed a total of seven (7) employee separations for the month of October 2023. Four (4) of the separations were voluntary and three (3) were involuntary. Five (5) of the employees were full-time, one (1) was part-time and one (1) was PRN.

### Reasons for Separations

Did Not Meet PRN Requirements	1
For Cause	2
Medical	1
Other Employment	1
Background	1
Unknown	1
<b>Total</b>	<b>7</b>

### Retention and Turnover Rates

According to the attached report, the retention rate for September was 99.04% and the turnover rate was 0.96%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT  
Oct-23

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative		1		Other Employment
<i>Unit Totals</i>	<i>1</i>	<i>1</i>	<i>0</i>	
Clinical Services				
<i>Unit Totals</i>	<i>0</i>	<i>0</i>	<i>0</i>	
Community Support Services				
			2	For Cause
			1	Did Not Meet PRN Requirements
		1		Medical
		1		Personal Reasons
		1		Unknown
		3	3	Background
<i>Unit Totals</i>	<i>6</i>	<i>3</i>	<i>3</i>	
Grand Totals for the Month	7	4	3	

Total Employees for the Month	522
Retention Rate	99.04%
Turnover Rate	0.96%

Total Separations	7
-------------------	---

RACSB Turnover 2020

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

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

RACSB Turnover 2021

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

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

RACSB Turnover 2022

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

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

RACSB Turnover 2023

Employees	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 Year End
Average Total Positions	600	600	600	600	600	600	600	600	600	600	600	600	600
Monthly Terminations*	11	9	12	6	12	12	13	15	9	7			106
Turnover by Month YTD	1.83%	1.50%	2.00%	1.20%	1.69%	2.27%	2.07%	2.86%	1.54%	0.96%			17.92%
Cumulative Turnover YTD	0.17%	3.33%	5.33%	6.53%	8.22%	10.49%	12.56%	15.42%	16.96%	17.92%			96.96%
Average % Turnover per Month YTD	0.17%	1.67%	1.11%	1.78%	1.63%	2.06%	2.62%	3.14%	3.86%	4.24%			22.27%

RECRUITMENT REPORT 2023

MONTHLY RECRUITMENT	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL YTD
External Applicants Hired:													
Part-time	7	5	3	4	6	3	0	2	0	6			36
Full-time	6	10	13	13	19	8	11	16	13	10			119
Sub Total External Applicants Hired	13	15	16	17	25	11	11	18	13	16	0	0	155
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							1			2			3
PRN As Needed to Part-time		1							1				2
Lateral Transfer		1		4	5	2		2	1				15
Non-Lateral Change in Position				1			3			1			5
Promotion	1	1	7	3	6	2	1	6	10	4			41
Temporary to Regular													0
PRN As Needed to Full-Time				1			1						2
Temporary Promotion					1	1							2
Intern to Full-time	1												1
Sub Total Internal Applicant Moves	6	7	10	10	12	5	6	8	12	7	0	0	83
Total Positions Filled:	19	22	26	27	37	16	17	26	25	23	0	0	238
Total Applications Received:													
Actual Total of Applicants:	75	62	83	115	110	110	112	135	88	126			1016
Total External Offers Made:	20	15	18	26	29	11	11	18	13	16			177
Total Internal Offers Made:	9	7	18	4	13	5	6	9	12	7			16



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

## MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Human Resources Coordinator

Date: November 6, 2023

Re: Summary – October 2023 EEO Report and Recruitment Update

RACSB received **126** applications through October 31, 2023. This is an **increase of 43.18%** compared to the month of September 2023, and an **increase of 85.29%** when compared to the month of October 2022.

RACSB received **1,597** resumes and advertised **20** positions through Indeed for **September 2023**.

Of the applications received, 58 applicants listed the RACSB applicant website as their recruitment source, 41 stated employee referrals as their recruitment source, and 12 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **92** 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 **October 2023**.

EEO Report 2023

<u>APPLICANT DATA</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>Jan-23</u>	<u>Feb-23</u>	<u>Mar-23</u>	<u>Apr-23</u>	<u>May-23</u>	<u>Jun-23</u>	<u>Jul-23</u>	<u>Aug-23</u>	<u>Sep-23</u>	<u>Oct-23</u>
Female	29	25	22	46	33	51	65	60	48	47	70	39	53
Male	4	2	8	5	27	6	11	23	8	7	11	11	12
Not Supplied	35	29	41	54	39	49	68	72	54	58	54	38	61
<b>Total</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>110</b>	<b>112</b>	<b>135</b>	<b>88</b>	<b>126</b>
<u>ETHNICITY</u>													
Caucasian	14	17	9	39	27	31	44	42	24	29	42	23	25
African American	16	7	19	18	26	25	32	37	24	23	33	25	29
Hispanic	5	1	2	8	7	7	3	3	5	6	6	6	9
Asian	1	2	1	1	3	2	1	1	3		4	1	1
American Indian	1							1	1		1	1	2
Native Hawaiian					2				2		1	1	2
Two or More Races													
<u>RECRUITMENT SOURCE</u>													
Newspaper Ads	1		4	2	3		1	2	1		1	1	2
RACSB Website	26	25	27	48	53	45	42	81	50	47	74	24	58
RACSB Intranet	2	1	2	2	7	4	5	11		6	5	3	4
Employee Referrals	23	19	22	37	26	35	48	32	38	39	43	44	41
Radio Ads		1					2	2					
Indeed.com	13	9	16	19	9	22	31	28	15	12	21	10	12
VA Employment Commission		2	4		2	2		1			6	4	3
Monster.com													
Other -	2	2	2	1	6	1	4	5	3	3	4	3	1
VA Peer Recovery Specialist Site													2
Colleges/Handshake						1							5
Facebook				1									
Multi Site Search						1	1	1	3	2		1	1
NHSC													
Linked In													1
Goodwill referral													
Zip Recruiter	3	1		2	5	3	3	5	1	4	1	2	1
Job Fair		2	2	2	2	1	2		1			1	1
<b>Total # of Applicants</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>	<b>80</b>	<b>89</b>	<b>102</b>	<b>67</b>	<b>100</b>



Open Positions Report		10/31/2023						
Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Leadership/ Other	
7/27/2023	146-2023	ADMIN	Accounting Specialist	Fredericksburg		1000 FT	Other	
9/22/2023	191-2023	ADMIN	Benefits Specialist-Human Resources	Fredericksburg		1000 FT	Other	
10/26/2023	209-2023	ADMIN	Internal Auditor	Fredericksburg		1000 FT	Other	
					3			
11/18/2022	298-2022	CLINICAL	MH/SA Outpatient Therapist	Caroline		2210 FT	Other	
1/26/2021	350-2021	CLINICAL	SA Therapist, Women's Services	Fredericksburg		4260 FT	Other	
7/23/2021	200-2021	CLINICAL	Therapist/Office On Youth	Fredericksburg		4200 PT/FT	Other	
1/10/2022	003-2022	CLINICAL	Psychiatrist	Fredericksburg		2201 FT	Other	
7/20/2022	183-2022	CLINICAL	Emergency Services Therapist	Fredericksburg		2000/4000 FT	Other	
1/20/2023	004-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT	Other	
2/24/2023	030-2023	CLINICAL	MH Therapist - Intakes	Fredericksburg		6430 FT	Other	
3/28/2023	076-2023	CLINICAL	Asst. Coordinator, Emergency Svcs - Comm Based	Fredericksburg		2000/4000 FT	Leadership	
6/2/2023	114-2023	CLINICAL	Lead Therapist, Veterans & Families	Fredericksburg		2200 FT	Other	
6/12/2023	117-2023	CLINICAL	Peer Recovery Specialist - OBOT	Fredericksburg		4261 FT	Other	
7/13/2023	138-2023	CLINICAL	Emergency Services Coordinator	Fredericksburg		2000/4000 FT	Leadership	
8/4/2023	152-2023	CLINICAL	Adult MH Care Coordinator	Fredericksburg		2400 FT	Other	
8/29/2023	161-2023	CLINICAL	Therapist, School Based	Fredericksburg		2200 FT	Other	
8/29/2023	173-2023	CLINICAL	Therapist, Emergency Services	Fredericksburg		2000/4000 FT	Other	
10/11/2023	198-2023	CLINICAL	Assistant Substance Use Coordinator, OBOT	Fredericksburg		4200 FT	Leadership	
9/11/2023	181-2023	CLINICAL	Therapist, MH/SA	King George		2200/4200 FT	Other	
12/1/2022	306-2022	CLINICAL	Substance Abuse Therapist (P&P)	RRJ		4200 FT	Other	
7/7/2023	133-2023	CLINICAL	Therapist, SA (Jail Based)	RRJ		4200 FT	Other	
4/18/2023	092-2023	CLINICAL	Therapist - Jail Diversion	RRJ		5970 FT	Other	
5/16/2023	006-2023	CLINICAL	SA Peer Specialist	RRJ		4290 FT	Other	
7/27/2023	147-2023	CLINICAL	Therapist, MH (Jail Based)	RRJ		2200/4200/6430 FT	Other	
9/19/2023	056-2021	CLINICAL	SA Therapist/Case Manager	RRJ		4296 FT	Other	
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania		2500 PT	Other	
8/17/2023	160-2023	CLINICAL	SA Therapist	Spotsylvania		4200 FT	Other	
8/29/2023	162-2023	CLINICAL	Therapist, School Based	Spotsylvania		2200 FT	Other	
1/28/2022	029-2022	CLINICAL	MH Therapist	Stafford		2250/6430 FT	Other	
7/8/2022	269-2022	CLINICAL	Child/Adolescent MH Case Manager	Stafford		2500 FT	Other	
8/29/2023	171-2023	ADMIN	Office Associate II	Stafford		1100 FT	Other	
					28			
12/1/2022	303-2022	CSS	Cook	Crisis Stabilization		2770 FT	Other	
2/17/2023	034-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other	
3/3/2023	043-2023	CSS	Coordinator	Crisis Stabilization		2770 FT	Leadership	
7/11/2023	139-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other	
7/14/2023	140-2023	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 PT	Other	
8/4/2023	157-2023	CSS	Therapist	Crisis Stabilization		2770 FT	Other	
					6			
8/22/2023	170-2023	CSS	MH Residential Counselor II	Lafayette		2786 FT	Other	
9/26/2023	194-2023	CSS	MH Residential Counselor I	Home Road		2778 FT	Other	
8/1/2022	309-2021	CSS	Speech/Language Pathologist	PEID		3910 FT	Other	
6/21/2023	120-2023	CSS	Developmental Service Support Coordinator	Caroline		3300 FT	Other	
5/12/2023	097-2023	CSS	Peer Specialist	PSH		2760 FT	Other	
					5			
6/2/2023	112-2023	CSS	Direct Support Professional - Day Support	RAAI CA		3651 PT	Other	
9/15/2023	186-2023	CSS	Direct Support Professional - Day Support	RAAI KG		3653 FT	Other	
7/17/2023	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other	
10/13/2023	111-2023	CSS	Direct Support Professional - Day Support	RAAI KH		3652 FT	Other	
10/20/2023	203-2023	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other	
7/11/2022	174-2022	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Other	
5/19/2023	103-2023	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Other	
8/16/2023	164-2023	CSS	Direct Support Professional - Day Support	RAAI SP		3654 FT	Other	
8/29/2023	177-2023	CSS	Direct Support Professional - Day Support	RAAI SP		3654 FT	Other	
8/30/2023	179-2023	CSS	Direct Support Professional - Day Support	RAAI SP		3654 PT	Other	
10/20/2023	204-2023	CSS	Direct Support Professional - Day Support	RAAI SP		3654 FT	Other	
5/19/2023	101-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other	
5/30/2023	007-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 FT	Other	
7/3/2023	131-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other	
7/27/2023	145-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other	
					15			
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT	Other	
1/30/2023	018-2023	CSS	ICF Nurse - LPN	ICF Lucas		3793 FT	Other	
6/21/2023	118-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 PT	Other	
10/11/2023	199-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 FT	Other	
10/20/2023	201-2023	CSS	ICF Manager I	ICF Lucas		3793 FT	Leadership	
10/26/2023	207-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 PT	Other	
3/10/2023	053-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT	Other	
8/4/2023	154-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other	
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT	Other	
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT or PT	Other	
5/4/2021	089-2021	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT	Other	
4/10/2023	087-2023	CSS	Intermediate Care Facility Manager	Wolfe Street ICF		3771 FT	Leadership	
					12			
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd		3790 PT	Other	
9/22/2023	190-2023	CSS	Direct Support Professional - Residential	Galveston Rd		3790 FT	Other	
10/20/2023	205-2023	CSS	Direct Support Professional - Residential	Galveston Rd		3790 FT	Other	
10/20/2023	206-2023	CSS	Direct Support Professional - Residential	Galveston Rd		3790 FT	Other	
4/18/2023	153-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT	Other	
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT	Other	
10/13/2022	275-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT	Other	
2/24/2023	039-2023	CSS	Assistant Group Home Manager	Leeland Road		3772 FT	Leadership	
9/22/2023	187-2023	CSS	Direct Support Professional - Residential	Leeland Road		3772 FT	Other	
9/22/2023	188-2023	CSS	Direct Support Professional - Residential	Leeland Road		3772 FT	Other	

Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Leadership/ Other	
9/22/2023	189-2023	CSS	Direct Support Professional - Residential	Leeland Road		3772	FT	Other
6/12/2023	115-2023	CSS	Direct Support Professional - Residential	Merchants Square SAP		3784	FT	Other
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794	FT	Other
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794	PT	Other
3/15/2023	062-2023	CSS	Assistant Group Home Manager	Piedmont		3776	FT	Leadership
8/8/2023	158-2023	CSS	Direct Support Professional - Residential	Piedmont		3776	PT	Other
2/18/2022	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond		3775	PT	Other
10/5/2023	197-2023	CSS	Direct Support Professional - Residential	Ruffins Pond		3775	FT	Other
10/26/2023	200-2023	CSS	Direct Support Professional - Residential	Ruffins Pond		3775	FT	Other
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779	PT	Other
7/18/2022	187-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773	PT	Other
7/18/2022	188-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773	PT	Other
6/22/2023	127-2023	CSS	Direct Support Professional - Residential	Stonewall Estates		3773	FT	Other
					23			
<b>Positions on Hold</b>								
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200	PT	Other
9/15/2022	260-2022	CSS	Nurse Manager II	ID/DD		Split	FT	Leadership
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford		2250	FT	Other
1/30/2023	019-2023	CSS	MH Supv Apartment Asst. Mgr	Lafayette		2786	FT	Leadership
<b>Total Open Positions:</b>					<b>92</b>			



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

## MEMORANDUM

To: Joe Wickens, Executive Director  
 From: Terri Carrington, Director of Human Resources  
 Date: November 7, 2023  
 Re: CSB Workforce Reporting Overview

As of July 2023, the Rappahannock Area Community Services Board is required to submit workforce data to the Department of Behavioral Health and Developmental Services (DBHDS) on a quarterly basis. DBHDS defined certain position categories for the reporting of vacancy rate, turnover rate and salary information. The first baseline data was submitted as required in August. The next submission date was October 30, 2023. Please find an overview of the data below for Quarter 1 (July, August, September). The next data submission will be January 30, 2024 and will include Quarter 2 data.

### Quarter 1 Data

#### July 2023

	July					
	Positions	Filled	Vacant	Terminations	Vacancy Rate	Turnover Rate
<b>Administrative Support</b>	58	52	6	2	10%	4%
<b>Case Manager</b>	142	125	17	4	12%	3%
<b>Clinician</b>	76	71	5	3	7%	4%
<b>Direct Service Provider</b>	235	180	55	8	23%	4%
<b>Executive Leadership</b>	9	9	0	0	0%	0%
<b>Nursing</b>	35	21	14	0	40%	0%
<b>Other</b>	10	9	1	0	10%	0%
<b>Peer</b>	11	9	2	1	18%	11%
<b>Prescriber</b>	8	8	0	0	0%	0%
<b>Overall</b>	584	484	100	18	17%	4%

### August 2023

	August					
	Positions	Filled	Vacant	Terminations	Vacancy Rate	Turnover Rate
<b>Administrative Support</b>	60	57	3	5	5%	9%
<b>Case Manager</b>	146	136	10	5	7%	4%
<b>Clinician</b>	96	69	27	6	28%	9%
<b>Direct Service Provider</b>	255	207	48	15	19%	7%
<b>Executive Leadership</b>	9	9	0	0	0%	0%
<b>Nursing</b>	30	24	6	0	20%	0%
<b>Other</b>	10	9	1	1	10%	11%
<b>Peer</b>	15	9	6	0	40%	0%
<b>Prescriber</b>	9	8	1	0	11%	0%
<b>Overall</b>	630	528	102	32	16%	6%

### September 2023

	September					
	Positions	Filled	Vacant	Terminations	Vacancy Rate	Turnover Rate
<b>Administrative Support</b>	58	55	3	1	5%	2%
<b>Case Manager</b>	143	136	7	3	5%	2%
<b>Clinician</b>	97	70	27	3	28%	4%
<b>Direct Service Provider</b>	255	206	49	8	19%	4%
<b>Executive Leadership</b>	9	9	0	0	0%	0%
<b>Nursing</b>	30	25	5	0	17%	0%
<b>Other</b>	11	10	1	1	9%	10%
<b>Peer</b>	15	9	6	0	40%	0%
<b>Prescriber</b>	9	8	1	0	11%	0%
<b>Overall</b>	627	528	99	16	16%	3%

## Quarter 1 Average

	Vacancy Rate	Turnover Rate
<b>Administrative Support</b>	7%	5%
<b>Case Manager</b>	8%	3%
<b>Clinician</b>	21%	6%
<b>Direct Service Provider</b>	20%	5%
<b>Executive Leadership</b>	0%	0%
<b>Nursing</b>	26%	0%
<b>Other</b>	10%	7%
<b>Peer</b>	33%	4%
<b>Prescriber</b>	7%	0%
<b>Overall</b>	16%	4%

## Average Wage by Category

Position Category	Avg. Rate	Position Category	Avg. Rate
<b>Administrative Support</b>	\$ 25.44	<b>Nurses</b>	\$ 33.30
Front-line	\$ 22.88	LPN	\$ 28.04
Middle Management	\$ 34.79	RN	\$ 38.15
Upper Management	\$ 41.48	<b>Peers</b>	\$ 20.47
<b>Other</b>	\$ 27.25	Certified	\$ 20.47
Front-line	\$ 23.72	<b>Prescribers</b>	\$ 115.34
Middle Management	\$ 39.31	Nurse Practitioner	\$ 65.86
Upper Management	\$ 43.40	Psychiatrist	\$ 145.03
<b>Clinician</b>	\$ 35.44	<b>Direct Service Providers</b>	\$ 20.63
Front-line	\$ 34.48	Front-line	\$ 19.31
Middle Management	\$ 38.38	Middle Management	\$ 27.32
Upper Management	\$ 39.82	<b>Case Managers</b>	\$ 28.82
		Front-line	\$ 26.28
		Middle Management	\$ 30.87
		Upper Management	\$ 32.01
		<b>Executive Leadership</b>	\$ 59.90
		0	\$ 59.90
		<b>Grand Total</b>	\$ 28.03

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Behavioral Health Technician Intern Program Launch

Date: November 7, 2023

The Rappahannock Area Community Services Board (RACSB) is committed to growing our community’s workforce to meet the needs of the individuals we serve. We recognize that internships have been an effective way to recruit, hire, and retain a talented, diverse, and well-trained workforce. The RACSB strategic plan contains a strategy to develop a career ladder in partnership with educational institutions to build and develop behavioral health and developmental disability workforce. More specifically, RACSB will develop and implement process to increase the utilization of interns across program settings and business operations, through broader recruitment partnerships with academic programs, and enhanced retention practices.

On November 1, 2023, RACSB in partnership with Germanna Community College launched an entry level behavioral health technician program which combines foundational curriculum and paid field work experience in a “first of its kind in the Commonwealth” workforce program. This 15-week program will run from November 2023 through February 12, 2023. Nineteen students were offered acceptance into the program, five students completed all orientation and enrollment processes. Students who are successful within the program will be offered ongoing employment through RACSB.



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 11/14/23

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

.....

## Outpatient Services

The Caroline Clinic continues to have one full-time clinician vacancy and is actively recruiting. Our waiting list remains active and individuals on the waiting list are contacted to check-in and provide updates. Staff completed 28 new client intakes in October for outpatient therapy and medication management. We continue to offer weekly co-ed Substance Abuse groups. The Clinic Coordinator attended a Caroline High School event last month and provided information about RACSB services to youth and their families. Staff attended trainings in Trauma Informed Care and ‘The Impact of Everyday Racism on Mental Health: Evidence and Opportunities.’

Stafford therapists completed 37 intakes during the month of October. The clinic continues to be on a waitlist and people are contacted weekly for updates and check ins. The clinic currently has three therapists, including a telehealth therapist working with Stafford clients 3 days a week. One new therapist started on October 30, 2023. There are currently three vacant positions: Mental health Therapist, Mental Health/Substance Use Therapist, and Office Associate.

The Fredericksburg Clinic completed 57 intakes in October for adult outpatient therapy and medication management. The Children’s Services Clinic completed 24 intakes during the month of September. We are no longer on a waitlist in Fredericksburg and have transitioned to offering one or two intakes via same day access Monday through Thursday for adults. We are scheduling child/adolescent intakes due to difficulty scheduling same day. The Fredericksburg Clinic front desk is now fully staffed, as we welcomed Hannah Womack to our team during the month of October. We have one open position for MH/SA therapist, but are anticipating filling this position by the end of November.

The King George Clinic continues to offer the weekly substance abuse group for women and men. Topics in group during the month of October included triggers and coping skills, completing alcohol AUDIT and learning what happens after you quit drinking, and the Neuroscience of Addiction 101. King George staff attended trainings on Grief: Identifying Normal Grief and a virtual ethics training: *The Ethics of Harm Reduction & Medication Assisted Treatment*. One staff member would like to highlight a recent success from an individual in outpatient therapy. This individual entered into therapy experiencing significant symptoms of depression including very low mood, lack of appetite, fatigue, ongoing isolation, and limited self-care. Over the course of outpatient therapy, this individual has seen significant improvement in all



areas, including mood, increases in socialization, regular participation in enjoyable activities, and has returned back to work after being out of the workforce for over 1 year. For a staff success, our office manager received a thank you call from another CSB due to her quick response on a records request.

The Spotsylvania therapists continue to provide outpatient therapy to individuals ages five and up. The clinic continues to be on a waitlist and therapists contact individuals weekly to check-in and provide updates. The clinic currently has seven therapists including a contracted telehealth therapist. Several therapists have completed restoration training and are now providing outpatient restoration services to adults and one adolescent. There is currently one vacant position: Men's Substance Use Therapist.

The new Safe Harbor therapist joined the team on 10/2/2023. This therapist will provide Trauma-Focused Cognitive Behavioral Therapy (TFCBT) to children who have disclosed abuse through Forensic Interviews at Safe Harbor Child Advocacy Center. She recently started her training in TFCBT and was able to attend the annual Child Advocacy Conference. Spotsylvania clinicians have been assisting Safe Harbor with high risk referrals.

The School-Based Therapist in Caroline continues to provide services at the middle, high school, and alternative education program. An additional therapist was hired and starts 11/27/2023. The RACSB is currently working with Stafford County Schools to create a MOU to provide services in their school district.

## Jail & Detention

The Juvenile Detention Center has a census of 43 residents. Currently, there is one Community Placement Program resident and three residents in the Post Dispositional program. There are four vacancies at RRJ: Substance Abuse Therapist, Mental Health Therapist, Diversion Therapist, and Peer Recovery Specialist.

## Case Management

The Adult Mental Health Case Management Team is fortunate enough to have our very first Germanna Intern. Shania Dennis has joined our team to complete her Intern program, where she will gain on the job education and experience in the mental health field. Shania has already had the opportunity to shadow some of the CM team, attend quarterly meetings, support individuals on pass from the state hospitals as well as receive education on our electronic health records and the Not Guilty by Reason of Insanity process. Ms. Dennis will be with our team through February.

The Child and Adolescent Case Management team filled the Senior Case Manager position in Stafford this month. This is a new position that has been posted for over a year. This position will be the lead for the Stafford child and adolescent case management team handling referrals, case assignments, completing billing, case staffing and serving as the liaison



with Stafford Human Services office. C&A staff completed a training this past month for Spotsylvania CSA on completing the Child Adolescent Needs and Strengths Assessment, the Family Assessment and Planning Team report and tying them to goals and outcomes. Sixty four staff attended the training from the school social work team, court services unit, Department of Social Services and CSB child and adolescent case management staff.

## Substance Use

During the month of October, Fredericksburg substance use staff continued to dispense Narcan to at-risk individuals. The Women's SUD therapist and OBOT Peer Recovery Specialist positions remain vacant, although several interviews were conducted for the OBOT Peer Recovery Specialist vacancy with some promising candidates. The SUD Coordinator continues to participate in meetings regarding OAA funds and working to develop a mobile OBOT program. Job descriptions were written for the newly funded positions and several have been posted. An additional vacancy was added in Project LINK, as the Project LINK specialist has resigned. SUD staff continued to improve their knowledge of community resources through hosting the Life Center of Galax and Mainspring Recovery, two inpatient treatment facilities in Virginia. The SUD Coordinator provided a training on substance use and harm reduction to Fredericksburg CSA, alongside the owner of Lighthouse Counseling, and also worked to improve collaboration with Rappahannock Regional Jail as it relates to treatment for opioid use disorders through attending a meeting with RRJ staff as well as RACSB medical providers.

## Specialty Dockets

During the month of October the Specialty Dockets continued to welcome new participants and celebrated some graduations. The Behavioral Health Docket celebrated our first graduate from the program on October 5, 2023, which was an exciting milestone for the program. The Veterans Docket continues to operate with nine participants with one person awaiting a court date to begin the program. Juvenile Drug Court welcomed another new client this month and are operating with five participants at this time. Adult Drug Court currently has over forty active participants and have several clients who have been evaluated and are awaiting their court dates to begin participation. The D21 Probation and Parole Therapist, Drug Court Therapist and the Veterans and Family Therapist position continues to remain vacant at this time. Our Specialty Docket Coordinator and several members of the Spotsylvania Behavioral Health Docket interdisciplinary team attended the Behavioral Health Summit in Williamsburg. This was a great opportunity to learn about mental health initiatives in the state and identify ways to continue improving our dockets in Virginia. We continue to participate in meetings for the Fredericksburg Behavioral Health Docket, which is in the planning stage at this time.

## Human Resources Report for the Board of Directors – October 2023

### Training

Human Resources held 2 New Employee Orientation (NEO) classes during the month of October. There was a total of fourteen (14) individuals hired. This total consisted of eight (8) full-time employees and six (6) part-time employees.

DOL Status	# Of Employees Hired
Full-time	8
Part-time	6
<b>Total</b>	<b>14</b>

### RACSB/Germanna Internship Program

On November 1, 2023, RACSB in partnership with Germanna Community College launched an entry level behavioral health technician program which combines foundational curriculum and paid field work experience in a “first of its kind in the Commonwealth” workforce program. The program is 15 weeks that will run from November 2023 through February 12, 2024.

RACSB **welcomes** the following individuals:

Shania Dennis: Intern – Mental Health Case Management

Meghan Heflin: Intern – Fredericksburg Outpatient

Martinez Masterson: Intern – Emergency Services

Kayla Reynolds: Intern – Compliance and Human Rights

Amberly Shaw: Intern – RAAI Kings Highway

Ethan Crawford: Intern – MH Residential



## Recruitment

In the month of October, we made offers to fourteen (14) external applicants and eight (8) internal applicants.

## Promotions

**Congratulations** to the following employees who were recently promoted!

- Lynae Jordan: Assistant Manager – ICF Lucas
- Tilisha Minor: SAP Manager
- Cossi Tchiakpe: Assistant Group Home Manager – ICF Ross
- Kyle Branham: Group Home Manager – Igo
- Haley Bedell: Assistant Group Home Manager – Galveston

## DBHDS Workforce Data Reporting

RACSB is required to submit workforce data to the Department of Behavioral Health and Developmental Services (DBHDS) on a quarterly basis. Quarter 1 data was submitted October 30, 2023.

### July 2023

- For the month of July, there was a total of 584 positions of which 484 were filled and 100 were vacant. There was a total of 18 terminations.
- Vacancy rate was 17%.
- Turnover rate was 4%.

### August 2023

- For the month of August, there was a total of 630 positions of which 528 were filled and 102 were vacant. There was a total of 32 terminations.
- Vacancy rate was 16%.
- Turnover rate was 6%.

### September 2023

- For the month of September, there was a total of 627 positions of which 528 were filled and 99 were vacant. There was a total of 16 terminations.
- Vacancy rate was 16%
- Turnover rate was 3%.

### Average Rates: Quarter 1

- Vacancy rate: 16%
- Turnover rate: 4%

## RACSB Board Report Compliance

### Incident Report

- There were 191 Incident Reports entered into the Electronic Incident Report Tracker during the month of October. This is a decrease of 15 reports from September, and a decrease of 16 from August. All incident reports submitted were triaged by QA staff. The top two categories of reports submitted were and Health Concerns (67 reports) and Individual Served Injury (24 reports).
- Quality Assurance Staff entered 30 incident reports into the Department of Behavioral Health and Developmental Services Electronic Incident reporting system (21 Level 2, 9 Level 3); an increase of two entered in September (20 Level 2, 8 Level 3).
- There were no reports elevated to a care concern by DBHDS in October. These are reports that, based on the Office of Licensing's review of current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analyses completed on behalf of this individual. In addition, take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the conduction of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff's discovery of the incident. QA staff requested specific programs, based on submitted incident report, to complete the required root cause analysis. Thirty-four root cause analysis were requested and 23 were completed. No expanded root cause analysis was required in October.

### Human Rights Investigations

QA staff initiated six and closed five investigations during the month of October. One opened investigation regarded an allegation of physical abuse in a Mental Health Residential program. One, founded, investigation of neglect was opened and closed in the Permanent Supportive Housing program. Four investigations were opened and closed regarding medication errors; of these four reports, three were from different ID/DD Residential programs, and one was from a Mental Health Residential Program.

Of the combined six investigations in October, three are from separate ID/DD Residential programs, two are from MH Residential programs, and one from Permanent Supportive Housing. Four of the six allegations were initiated by the programs, and two of the six allegations were initiated by the Compliance team.

### External Reviewers

- QA staff provided requested follow-up information to Brian Dempsey and other Licensing Specialists with the Department of Behavioral Health and Developmental Services (DBHDS), on six incident reports submitted into CHRIS.

- QA staff received seven external chart review requests, which included 95 charts, and responded to this request by submitting requested documentation.
- QA staff received and responded to 37 emails from various Human Rights Advocates regarding investigative reports, CHRIS reports and external providers. In addition, QA staff responded to various documentation request from the Advocates.
- QA staff received 11 phone calls and multiple emails from various programs with questions about incident reports, human rights, complaints, surrogate decision makers, and root cause analysis (RCA) process.

### **Complaint call synopsis:**

The QA team received one complaint call in the month of October. An outpatient client had concerns regarding a medication refill that was not sent to the pharmacy. The medication was able to be sent to the pharmacy and the client was satisfied; however, her medication was stolen a few days later, and she called a second time, attempting to have an emergency refill of the medication and left the case number of the police report.

The QA team had one in-person complaint in October. The first individual receives Outpatient services, and had concerns regarding communication with his doctor regarding talking to him about his medications and their uses; however, he had no way to contact him, and did not reach back out.

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

### **Trainings/Meetings**

- 10/2 – Investigation Interviews (2)
- 10/2-4 - NEO
- 10/5 – ID/DD Manager Training – Quarterly Reviews
- 10/5 – Investigation Interview (1)
- 10/6 – Investigation Interview (1)
- 10/11 – DMAS Training - Reimbursing Legally Responsible Individuals
- 10/12 – ID/DD Manager Training – Notes and Documentation
- 10/17 – Investigation Interview (1)
- 10/18 - NEO
- 10/19 – one-on-one Avatar training with Churchill Manager (new-hire)
- 10/19 – ID/DD Manager Training – Audits and Paybacks
- 10/20 – Investigation Interview (1)
- 10/20 – Merchant Square Meeting (Kat)
- 10/23 – Chart Audit Module Overview
- 10/23 – Investigation Interviews (2)
- 10/24 – Investigation Interviews (3)
- 10/25 – Provider Roundtable
- 10/26 – ID/DD Manager Training – Medication and MARs
- 10/26 – Investigation Interview (1)

# Prevention Services

**Michelle Wagaman, Director**

[mwagaman@rappahannockareacsb.org](mailto:mwagaman@rappahannockareacsb.org)

540-374-3337, ext. 7520

November 2023

## Substance Abuse Prevention

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

**Youth Education/Evidence Based Curriculum** – Jennifer Bateman, Prevention Specialist, continued facilitation of the Second Step social emotional learning curriculum with St. Paul’s and 4Seasons day care/preschool centers in King George County. Additionally, she is facilitating the Second Step Bully Prevention curriculum within Caroline County Public Schools. She is currently at Madison Elementary School one day per week to facilitate to grades 3<sup>rd</sup> through 5<sup>th</sup>.

**Coalitions** – The Community Collaborative for Youth and Families will resume regular meetings in 2024 and relaunch the website.

**Tobacco Control** – There has been a delay in DBHDS providing updated CounterTools materials that have been translated into Spanish. We will visit an estimated 300 retailers over the next year to provide merchant education. Gaming and gambling questions have been added to the store audit form.

**Alcohol and Vaping Prevention Education** – We continued scheduling for the 2023-2024 academy year to facilitate alcohol prevention and vaping prevention education trainings as part of health classes. Jennifer Bateman, Prevention Specialist, visits Courtland High School in November.

## 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 training is scheduled for December 7-8, 2023.

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

**Mental Health First Aid** – This 8-hour course teaches adults how to identify, understand, and respond to signs of mental health and substance use disorders. The training introduces common mental health challenges and gives participants the skills to reach out and provide initial support

to someone who may be developing a mental health or substance use problem and connect them to the appropriate care.

On October 25, 2023, we partnered with Caroline County Public Schools to host a Youth MHFA training for their staff. Congratulations to Board member Susan Gayle on co-facilitating her first YMhFA! We are training staff in preparation for bringing teenMHFA to 10<sup>th</sup> grade students at Caroline High School in Fall 2024.

In November, we are hosting a full community training as well as a training for Stafford County Government employees and psychology students at Germanna Community College.

**We have now exceeded 4,000 community members trained in Mental Health First Aid!**

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 will resume offering safeTALK trainings in 2024.

**Lock and Talk Virginia** – November is National Caregivers Awareness Month and messaging specifically focuses on military connected families this month.

**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. These items continue to be on display at the Central Rappahannock Regional Library. At the request of Courthouse Road Elementary School we provided gun locks,

medication lock boxes, and medication disposal kits to a family engagement event held at the Brittany Commons Apartment Complex. The school organized the event in response to a youth involved shooting at the complex.

**Awareness** – RACSB participated in Stafford Schools Chart Your Future event on October 11, 2023 which was attended by 1,400 high school seniors. The team was at Germanna Community College on October 10, 2023 to observe World Mental Health Day, the American Foundation for Suicide Prevention’s Out of Darkness Walk on October 14, 2023, Spotsylvania County Public Schools 4 E’s Expo on November 1, 2023, King George YMCA Healthcare Rocks fair on November 3-4, 2023, and the Courthouse Road Elementary Family Engagement event on November 13, 2023.

Our Specialty Docket Team represented RACSB at two events recently: Veteran’s Day Celebration hosted by the Spotsylvania County Sheriff’s Office on November 4, 2023 and Veteran’s 5K at Fredericksburg Nationals Stadium on November 5, 2023.





**Coalitions** - Planning continues to move forward in support of the establishment of a local suicide prevention coalition. The next planning meeting will be held November 27, 2023 at 12:30 p.m.

Join The Community Collaborative  
for Youth and Families

**WE'RE  
FORMING...**  
**...A SUICIDE PREVENTION  
COALITION**

Planning Meeting:  
November 27, 2023  
12:30 p.m. to 2:00 p.m.  
Rappahannock EMS Council  
Training Center  
(250 Executive Center Parkway,  
Fredericksburg, VA 22401)

Lets bring together community partners to raise awareness, increase education, and share resources pertaining to suicide prevention within Planning District 16. We want to reduce/eliminate the growing number of suicide deaths in our community.

Questions?  
ccyf@thecommunitycollaborative.org

### **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. Meetings continued to scheduled and held with local medical providers as we work to increase knowledge and understanding of prevention and harm reduction strategies. We are preparing for additional outreach to physicians and businesses located along the 4 Mile Fork Corridor. Organizations are also partnering to create and sponsor ads on Fred Buses.

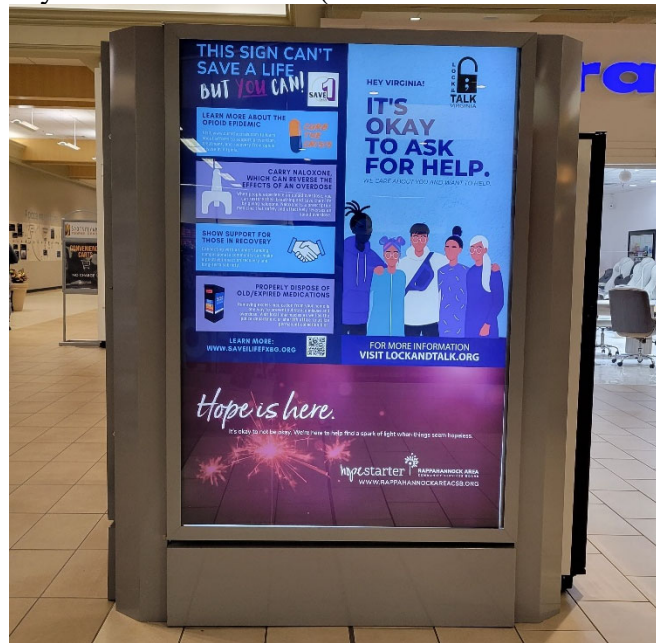
**Save One Life Naloxone Training and Dispensing** –RACSB continues to host virtual trainings twice a month and at the request of community partners. We dispensed 112 boxes during October.

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

**Awareness** – Operation Medicine Cabinet was held October 28, 2023 at various sites within Planning District 16. This is held in conjunction with the DEAs National Drug Take Back Day. RACSB and RAHD provided drive thru Rapid REVIVE training and Naloxone dispensing at four of the sites. A total of 50 boxes of Narcan (100 doses) were dispensed at this event. A total of 1,173 pounds were collected.



New signage in the Spotsylvania Town Center (located near the Costco entrance)



### 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.vcpg.net](http://www.vcpg.net).

The lawsuit to keep skill games has been thrown out of court so no hearing will occur in December (<https://www.wdbj7.com/2023/11/14/judge-dismisses-skill-games-lawsuit/>) Stores

had 30 days from the Virginia Supreme Court order to remove the games (November 16, 2023). If you see any machines after December 1, if you would like to report it you can either call the VSP tip line at 1-833-889-2300 or if you prefer you can let me know the name and address of the store and the date you saw it. I will collect the information and send to VSP. There is no requirement to do this. Enforcement will be up to each locality.

**ACEs and Resilience** – RACSB Prevention Services offers in-person trainings and continues to collaborate with fellow CSBs to host virtual Understanding ACEs trainings. We held a virtual training on November 15, 2023 and have another one scheduled for December 6, 2023 starting at 9:00 a.m.

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

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

**Community Resilience Initiative** – Course 1 Trauma Informed and Course 2 Trauma Supportive are each 6-hour courses that cover brain science, the individual experiences and ways to build individual and community resilience. The Course 2 held in October was well attended. We hope to offer these trainings quarterly in 2024.

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

The November issue of Fredericksburg Parent and Family Magazine includes a special insert sponsored by RACSB Prevention Services. The focus is “Building Blocks of Resilience” <https://fredparent.uberflip.com/i/1511001-november-2023/0?>

**building BLOCKS**  
of RESILIENCE

Last year, the Rappahannock Area Community Services Board (RACSB) brought on a guide to having difficult conversations on a range of topics from underage substance misuse to suicide prevention.

This year, RACSB is back with this important guide for parents on how to build resilience in our children and within our families. Historically, public health initiatives have focused heavily on risk factors. But the CDC's Adverse Childhood Experiences Study in the 1990's caused a shift in perspectives. We're asked to shift our lens.

Instead of asking, "What's wrong with you?" when someone behaves outside of social expectations, we're encouraged to ask "What happened to you?" This is an acknowledgement that the choices we make are based on our experiences. And when we experience less-than-favorable events, those things can actually get under our skin and rewire our brain development. This is where another shift has to take place.

We have to increase the focus on building protective factors. And the next step in this trauma-informed progression is to ask, "And who was there for you?" Over the next few pages, you'll read more about brain development and the importance of relationships.

We all have a role to play in cultivating individual and community resilience. Let's work together to build and support protective factors. Because while we can't prevent all adversity, we can control how we respond. We can control the actions we take within our homes, our schools, our teams, our organizations, and within our community to create safe and welcoming environments that support positive and nurturing relationships.

A special publication from the  
Rappahannock Area Community Services Board

hopestarter | RAPPAHANNOCK AREA  
COMMUNITY SERVICES BOARD

[www.rappahannockareacsb.org](http://www.rappahannockareacsb.org)

# buildingBLOCKS: Brain Science

Sponsored Material

To understand resilience, start with the brain

WRITTEN BY EMILY FREEHLING

Reports about America's mental health crisis point to traumatic events such as the pandemic, poverty and family instability to explain why so many people are struggling.

But by looking at the individuals who have experienced these events without adverse outcomes, we can learn how to build a society where more individuals have this kind of resilience, says Rick Griffin, executive director of the Community Resilience Initiative, a Washington-based nonprofit that uses brain science to help communities and individuals build resilience.

While it's easy to list the protective factors that help individuals build resilience—including everything from trusting relationships, to physical exercise, to creative pursuits—Griffin wants people to understand the brain response that these factors elicit that helps people overcome traumatic experiences.

"It really comes down to the brain doing what it does best, and that is getting needs met in order to survive," he said.

Our brains are constantly on the lookout for potential threats. In young brains that are still growing, the accuracy of this threat prediction isn't always 100%.

"Sometimes teenage brains might predict a threat where none exists, but yet the same process happens in the body as if there were a true threat, where cortisol and adrenaline are released," Griffin says.

This stress response impacts individuals physically and emotionally, and over time can lead to anxiety and other mental health challenges.

Protective factors work because they trigger an opposite brain reaction—the release of chemicals like dopamine and oxytocin.

"These chemicals help us to engage in healthier ways with one another," Griffin said. "I think an important understanding for parents to have is what is driving all of these things that we know as protective factors. The question should be, 'What can I do to understand what my child needs and find a way to provide that for them?'"



Rick Griffin, executive director of the Community Resilience Initiative, a Washington-based nonprofit that uses brain science to help communities and individuals build resilience.



### MEET THE BASIC NEEDS FIRST

Parents can help children activate more positive brain chemicals by understanding that the brain is wired to pursue two primary things—safety and connection.

When the brain senses these needs aren't being met, children can have difficulty focusing on things like following rules, academics and meeting normal behavioral expectations.

Parents can play an important role by understanding their children's needs for safety and connection and meeting those needs.

This can look like making space in the schedule for children to connect with friends, allowing sufficient access to appropriate technology tools for kids to stay connected with peers, and cultivating a safe home environment where children know they can unload their fears.

"If a parent can afford some of those safety and connection needs, then that frees up the brain to spend more time learning and doing all of the other things the brain can do," he said.

### BE CURIOUS, NOT FURIOUS

When children make choices that go against the rules of school, home or the community, parents' reactions are critical.

"All behavior is communication," Griffin says. "Children's actions communicate that they have a need that is not being met. If we can meet the need, then the behavior that was put in place will go away."

When children enter the teenage years, the drive for connection to a peer group becomes a powerful motivator—one that can override the knowledge of household rules. As parents try to motivate their children to achieve in academics and other areas of life, it can help to understand that many kids will seek to get the basic need for connection met first.

"They are still trying to pursue those needs for safety and connection," he said. "They just have figured out a different way to go about it that doesn't look as stellar as we would wish with them so that they don't have those disruptive behaviors?"

Griffin encourages parents to be intentional in the way they react when dealing with negative behaviors.

"Change the tone of that voice in your head. Be really curious about what is going on in their environment. How are they trying to get their needs met?"



### CONSIDER RELATIONSHIP-BUILDING A CRITICAL SKILL

Just like you'd spend time exposing your child to books to help them prepare to learn to read, Griffin emphasizes the importance of exposing children to positive, loving relationships to help them learn the important life skill of connecting with others.

"Relationships are so important, but we don't teach it intentionally," he says.

The process can look the same as teaching the ABCs.

"It's the same process, it's repetition and rewarding. It's when we pass them off to somebody else in an environment that looks different and they don't cry—encourage that," he said.

This is why getting back to some of the habits that were lost during the pandemic—from public parks to library story times to other casual chances for children to interact with caring people outside the home—is important.

Griffin emphasizes that it's also important for parents to model positive relationships themselves.

"If they're not exposed to somebody treating somebody else with respect, all the lessons in the world won't matter."

### LAY A FOUNDATION FOR DIVERSE RELATIONSHIPS

Early childhood is an important time for brain development. This means that proactive steps at ages as young as 0 to 3 can have major impacts later in life.

One way parents can prepare their children to successfully relate to a diverse world is by making an effort to ensure they come in contact with people who look different from them from an early age.



Scan to visit our website for more information about violence prevention.

"One of the great things a parent can do is expose their child to people who look different who can help meet their needs," he said. "Even simple things like being fed or being put down to nap by somebody who looks a little different can start to expand those neural networks."

This equips the child as they get older to be able to look to neighbors, coaches, teachers or other community members as people who can possibly meet their needs, and opens them up to making connections with people who can help them navigate challenges.

### Nine Things All Children Need to Be Resilient

1. Structure
2. Consequences
3. Parent-child connections
4. Lots and lots of strong relationships
5. A powerful identity
6. Sense of control
7. Sense of belonging
8. Fair and just treatment
9. Physical and psychological safety

By Dr. Michael Ungar of Dalhousie University

www.FredricksburgParent.NET 21

20 Fredricksburg Parent and Family • November 2023

# buildingBLOCKS: Connection

Sponsored Material

Human connection is the best medicine

In his work as the Adverse Childhood Experiences Coordinator for the Virginia Department of Behavioral Health and Developmental Services, Keith Cartwright has listened to countless stories of individuals who have overcome traumatic experiences in their youth.

"Those stories almost always start with, 'Here's who came into my life,'" he said.

This strengthens his belief that resilience—the ability to overcome hard things in our lives—is not something we build alone.

*"Resilience is literally the product of human connection."*

### A LONELINESS EPIDEMIC

That's why Cartwright is so concerned about what the U.S. Surgeon General has called a public health crisis around loneliness, isolation and lack of connection. In an advisory released this past spring, the "nation's doctor" stated that lacking connection can increase the risk for premature death to levels comparable with smoking daily.

As he sits through the growing number of statistics indicating Americans' mental health is suffering, Cartwright looks at what averts young people here to verbalize their feelings to caring individuals in a constructive way.

He points to a statewide survey conducted last year of 5,000 18- to 24-year-olds. The survey showed rates of substance use and risky behaviors increasing, but Cartwright homed in on a different detail in the data.

"The one thing that stuck out most to me was when we asked young people, 'If something challenging is going on in your life, do you have somebody you can talk to about it?'" he said. "Sixty-five percent said, 'I do not.'"

In today's world, kids can be surrounded by people without being able to name anyone with whom they can authentically share their feelings. School buses can be a sea of downturned heads, as phones pull kids into a virtual world where so-called "friends" or "followers" can pile up by the hundreds or thousands. Meanwhile, each kid on the bus may be carrying an emotional weight and feel that nobody can help them share the load.

This bolsters Cartwright's belief that we all need to get better at making authentic connections with the people around us, whether those are our children, spouses, coworkers or friends.

Because people are the biggest protective factor that can help us all weather trauma in our lives. "There's more and more evidence and research showing that if I experience something hard, but I experience it in an environment where there are people around me who can help me cope with that, who can buffer me from some of the impacts of that... it can be far less traumatic," Cartwright says. "Our interpersonal connections are the greatest protective factor that we have available to us in life. There is no greater medicine."

Much of Cartwright's work centers on adverse childhood experiences (ACEs). These include things like physical and emotional abuse, neglect and household disruption. Research has shown that the more ACEs an individual experiences, the greater their chance of poor health outcomes later in life. Most of the population has experienced at least one ACE.

"These experiences can make our heart beat faster than it needs to all the time. They can keep the immune system overreactive all the time, to the point where, if a pandemic comes along, we may be more susceptible," Cartwright says.



Keith Cartwright, Adverse Childhood Experiences Coordinator for the Virginia Department of Behavioral Health and Developmental Services.

*"...we all need to get better at making authentic connections with the people around us..."*



Being able to talk with a trusting individual about the emotions these experiences cause—even years and decades later—and the "why" behind these emotions can decrease the stress and negative health impacts they cause.

For this reason, Cartwright urges parents and caregivers to prioritize building the skill of slowing down, connecting and listening without judgment—and to make this a regular practice in the household.

"Slowing down is not one of our greatest skills as Americans. A lot of our kids are just super busy and active and going going going and some of that's a good thing, but not if we don't ever slow down and say, 'Tell me what's happening in your life. What are you struggling with right now?'" he said.

Without that pressure-release valve, Cartwright says, "They keep it inside and start telling themselves stories that often leave them feeling shame and guilt."

### BE A BETTER LISTENER

It's common to want to jump to offering advice or "the solution" when our children open up about struggles with us. And it's natural to experience emotions like anger and frustration when kids come to us with the consequences of poor choices they've made.

"My parental instinct is going to be to respond to the behavior, when what that young person needs first and foremost is for us to be curious about the story beneath the behavior. And that is what we miss a lot of times," Cartwright said.

Without excusing the behavior, parents can lay a strong foundation for a long-term trusting relationship by maintaining a calm, curious and non-judgmental tone when talking with children about their struggles. Ask questions about the days and weeks that led up to the experiences they tell you about. Help the child to uncover the story that led to the emotions they are feeling, or the negative behaviors they have engaged in.

"First and foremost, let them know you're going to have this conversation in a safe space," Cartwright says. "That doesn't happen with yelling, screaming, galling or shaming."

When children repeatedly learn that they can safely share their struggles with their parents, it removes one more source of anxiety—the need to hide. It also creates a more productive environment for parents to then talk about consequences or ways to make the situation right.

"Kids don't need you to come to them loaded with wise wisdom and advice. They really just need to be heard," he said. "This mental health crisis is really kids crying out, 'I just need somebody to hear me.'"

### BUILD A CULTURE OF CONNECTION

Tips for parents and caregivers from the Surgeon General's Advisory on Our Epidemic of Loneliness and Isolation, available at hhs.gov.

- Model healthy social connection, including constructive conflict resolution, spending time together, staying in regular contact with extended family, friends, and neighbors, setting time aside for socializing away from technology or social media, and participating in community events.
- Help children and adolescents develop strong, safe, and stable relationships with supportive adults like grandparents, teachers, coaches, counselors, and mentors.
- Encourage healthy social connection with peers by supporting individual friendships, as well as participation in structured activities such as volunteering, sports, community activities, and mentorship programs.
- Be attentive to how young people spend their time online. Delay the age at which children join social media platforms and monitor and decrease screen time in favor of positive, in-person, connection-building activities.
- Identify and aim to reduce behaviors and experiences that may increase the risk for social disconnection, including bullying and excessive or harmful social media use.
- Talk to your children about social connection regularly to understand if they are struggling with loneliness or isolation, to destigmatize talking about these feelings, and to create space for children to share their perspective and needs.
- Look out for potential warning signs of loneliness and social isolation, such as increases in time spent alone, disproportionate online time, limited interactions with friends, or excessive attention-seeking behavior.

22 Fredricksburg Parent and Family • November 2023

www.FredricksburgParent.NET 25

# buildingBLOCKS: Models of Resilience

Sponsored Material

## Children Will Listen

Parents are a child's first teachers. Even after children enter their school-age years, the habits, responses and behaviors that parents demonstrate to their kids each day are foundational to how children construct their own responses to difficult situations.

Dr. Tanya Meline, Director of Student Services with the Stafford County Public Schools, and Jennifer Bunn, Lead Social Worker for the Fredericksburg City Public Schools, offer the following ideas to help parents instill resilience in the home.

### TEACH EMOTIONAL VOCABULARY

Meline urges parents to prioritize emotional literacy alongside other important skills. Just as parents are advised to name the objects around them to help young children build language skills, naming specific emotions can help build emotional intelligence—a crucial skill for resilience.

"We tend to do happy and angry really well, but we don't talk about this spectrum of emotions that exist between those two," she said.

Parents can help by using specific words to convey the emotions they are feeling to their children. This helps children learn to match distinct facial expressions and physical presentations with specific feelings—and to not assume that every furrowed brow is a sign of anger.

"You might say, 'Right now, I am feeling nervous. This is what I am feeling nervous about,'" Meline suggests. "Normalize having the whole spectrum of emotions, and communicate that all emotions are OK. It's OK to be angry. It's OK to be nervous. It's what we do with our emotions that can cause conflict—not the emotions themselves."

Building in more regular talk about emotions doesn't only help children—it also helps parents process their own feelings.

"If you're teaching your child more emotional language, then you are also building your own emotional competency," Meline says. "Adults feel like we have to have it together all the time, but the reality is, none of us has it together all the time and that's OK. We have to learn to name what we are feeling then come up with a healthy way to express it."



Scan to visit our website for more information about resilience.

### BUILD THE HABIT OF CONVERSATION

Bunn says it's important to build the habit of talking before the need to have "big conversations." She acknowledges that sometimes the biggest challenge is just getting kids to engage with questions.

To overcome this, Bunn recommends forgoing the big, open-ended questions for lots and lots of questions with simple, closed-ended answers.

"A lot of times kids, especially if they have experienced trauma, are not ready for the higher-level deep conversations. You have to make basic conversation first," she said. "I will pull very random

things out of the air to talk to kids about. 'What class do you have next? Do you like the teacher? Do you have any homework?'"

As children get used to answering—and learn that it feels good to have someone listen to their answers—they will be more likely to open up in bigger conversations.

"These closed-ended questions can be what makes kids feel comfortable with having a back-and-forth conversation. It's a muscle you need to build," Bunn said.

### SET APPROPRIATE BENCHMARKS

In a world where parents and children are awash in endless social media feeds of college acceptances, athletic achievements, and perfect portraits, it's easy to feel like the goal post keeps moving.

Helping children to understand that growth—not perfection—is the ultimate goal can help calm anxieties and fear of failure.

"You are looking for them to grow from where they are right now—not to meet the standard of matching everyone else," Meline said.

Make children a part of the conversation about what their goals should be in different areas of their life, rather than forcing a single standard on them, and help them to recognize that overcoming failures is an achievement worth celebrating in itself. Also keep in mind that within the same family, different goals may be appropriate for individual siblings.

### ENCOURAGE CURIOUS CONVERSATIONS

When smartphones offer an enticing alternative to striking up a conversation with the person next to you, both children and adults may need extra practice in the basic skill of connecting with those around them.

Meline said schools are working to build the foundational skill of having a conversation that helps you to empathize and connect with your peer, your teacher or any other individual.



This means encouraging kids to be curious, not scared or worried, when they encounter people with different opinions or backgrounds. Teaching kids to engage with phrases like, "Tell me more about that" can help them uncover the things they have in common with people who may at first seem very different from them.

"As educators, we're trying to figure out, how do we bring curiosity back into our relationships?" Meline said. "We're just trying to help them be better human beings and learning into relationships with other people versus like staying far away from them."

### BE THE EXAMPLE

Bunn emphasizes that our actions often speak much louder than our words.

"Kids see how their parents react to situations, and to other people. Children will model the behavior they see," she said.

Bunn reminds parents to be mindful of the language they use around kids.

"Our words have such an impact," she said. "Things that you say can have a really lasting effect in a positive or negative light."

Meline urges parents to take heart that building resilience doesn't have to take big, sweeping changes, but can happen from lots of little changes—everything from the words we use to the way we approach problems.

"It's the little things that you do every day that help reinforce the importance of coming back from hard things and being willing to tackle hard things," she said. **BJ**

**L.O.C.K. A Path to Safety.**  
Provide support and remove access to lethal means.

- L: Look for warning signs**  
Warning signs of someone who may be at risk include changes in behavior, withdrawal from activities, sleep, eating, and appearance.
- O: Offer support**  
Offer support to talk, listen to how they are feeling, and share someone's empathy, but don't show you are alone and people care about their well-being.
- C: Communicate concerns**  
Express your concerns, ask directly about thoughts of suicide and encourage them to seek professional help.
- K: Keep safe from lethal means**  
Identify and remove firearms, pills, knives, and other potentially lethal items, and remove access to them.

**T.A.L.K. can effectively help prevent suicide.**

- T: Take it Seriously!**  
Thoughts of suicide, especially suicidal ideation, are a warning sign of suicide risk.
- A: Ask Directly!**  
Ask 'Are you thinking about suicide?'
- L: Listen Non-Judgmentally!**  
Create a safe space where individuals can share their feelings and ask for help without judgement.
- K: Keep Talking!**  
Suicidal thoughts are often temporary. Let's keep talking and continue with ongoing support.

24 Fredericksburg Parent and Family • November 2023

www.FredericksburgParent.Net 25

**hopestarter | RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD**

**PREVENTION SERVICES**

**Prevention Services**

Prevention Services at the Rappahannock Area Community Services Board provide a wide array of evidence-based, curricula and best practice initiatives to support healthy lifestyles for youth free of substances and to foster a community of wellness. We also provide general youth substance use prevention (to include alcohol, tobacco/vaping, marijuana/cannabis, OTC/prescriptions, and other drugs), suicide prevention presentations, and prevention of problem gambling and gaming.

- Parent Check-ins Education and Support on a Range of Topics
- Second Step Social-Emotional Education for Pre-K thru Elementary
- Healthy Alternatives for Little Ones Healthy Lifestyle Education for Pre-K
- Top Good For Drugs Substance Abuse Awareness and Peer Resistance Skills for Pre-K thru Elementary
- Media Detection/Media Ready Substance Abuse and Environmental Awareness for Fourth thru Eighth Grade
- Rappahannock Area Kids on the Block Educational Puppets
- Lock and Talk Virginia Muzzle Safety and Harm Reduction Initiative to Prevent Suicide
- Greater Tools Youth Tobacco Use Prevention Initiative
- Prevention of Problem Gambling and Gaming Education/Awareness

To request a training or presentation: [prevention@rappahannockareacsb.org](mailto:prevention@rappahannockareacsb.org)

**Adverse Childhood Experiences, Trauma-Informed and Resiliency Trainings**

**ACE Interface**

**COMMUNITY RESILIENCE INITIATIVE**

To register: <https://rappahannockareacsb.org/trainings/>

**Naloxone Training/Opioid Overdose Reversal**

To register: <https://rappahannockareacsb.org/trainings/>

**Suicide Prevention Trainings**

**Mental Health FIRST AID**  
from NATIONAL COUNCIL FOR MENTAL WELLNESS

To register: <https://rappahannockareacsb.org/trainings/>

**ASIST** **safeTALK**

To register: <https://rappahannockareacsb.org/trainings/>

[www.rappahannockareacsb.org/trainings](http://www.rappahannockareacsb.org/trainings)

**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.

**October 2023**

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	3	7	2
CITY OF FREDERICKSBURG	6	4	51	13
KING GEORGE COUNTY	7	3	5	1
SPOTSYLVANIA COUNTY	12	6	41	4
STAFFORD COUNTY	5	6	35	6
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
<b>TOTAL</b>	<b>31</b>	<b>22</b>	<b>139</b>	<b>26</b>

- HFRA hosted its Annual Costume Party Playgroup – 33 children plus parents attended
- HFRA received donation of paper products and decorations from Rappahannock United Way
- HFRA received diaper donations from The Brisben Center
- HFRA participated in the Stafford Fall Family Festival
- Program Manager and Program Supervisor spoke at Fredericksburg DSS to increase community awareness
- Program Manager attended The Community Foundation’s Year End Fundraising seminar
- HFRA received Sponsorship Donations from GLMG Contractors & Management Analysis Technologies Inc. for the 25<sup>th</sup> Anniversary Celebration Gala.
  - To purchase your tickets for the Gala. Please share Early Bird tickets are available now! <https://www.eventbrite.com/e/728906086727?aff=oddtcreator>

## **Community Support Services Board Report: November 2023**

### **Developmental Disabilities (DD) Residential Services - Stephen Curtis**

Kyle Branham, Assistant Manager at Igo, has accepted the Manager position at Igo to begin on 11/12. Cossi Tchiakpe has accepted a promotion from his DSP role into that of Ross Drive Assistant Manager effective 11/12.

Compliance Department has hosted an 8-part training on documentation for managers and assistant managers that began in September and will end in November. They have offered to continue the curriculum for newly hired managers and assistants to help get staff versed on all of the important details and requirements that goes into our charting.

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

We are currently supporting 114 individuals, with 6 individuals in their 90 day assessment. We have been unable to fill any vacant staffing positions in the last month and had 4 resignations so further assessments have been put on hold. We are back to 20 vacant DSP positions with a vacancy rate of 60% at some sites. We will likely see a significant decrease in community engagement in the upcoming months but are focusing on keeping all sites open at this time.

Holiday Poinsettia sale is underway, orders due by 12/8, see website for details and to make your order!

### **Developmental Disabilities Support Services - Jen Acors**

We received 16 Community Living Waiver Slots (CL). We were informed of a Waiver Selection Committee Meeting to be held at the end of November to assign 6 slots that are available through attrition. Staff participated in a Department of Aging and Rehabilitation Services (DARS) vendor event. We held an all support coordination team meeting for training in October.

### **Psychosocial Rehabilitation: Kenmore Club - Anna Loftis**

Kenmore Club is currently planning on several upcoming events. Our October yard sale brought in around \$300. We are currently focusing on our upcoming Thanksgiving lunch on Wednesday, November 22. We will then be taking things slowly as we prepare for the winter holidays. We want to make some program adjustments to make sure we are doing our best for the members. We will be planning for the December holiday party towards the end of this month. We continue to go to the YMCA three days a week. Our current enrollment is 81.

### **Assertive Community Treatment (ACT)-Tamra McCoy**

ACT SOUTH is in the process of enrolling a client today who's also receiving services with PSH. They also enrolled a client who was referred by the Spotsylvania Clinic. He's had multiple psychiatric hospitalizations this year and he was also a patient of Dr. Swing's at the Spotsylvania Clinic. His goals include medication management, benefit coordination, therapeutic interventions to manage stressors and peer support to enhance community engagement.

ACT SOUTH also attempted to enroll a previous client who was referred by Mental Health Case Management. He was discharged from a state hospital. However, he was returned to

Rappahannock Regional Jail for previous charges. Once we receive an update on his release, we will move forward with re-enrollment.

ACT NORTH is still attempting to re-enroll a client who wants to resume services after he requested discharge earlier this year. Our staff continue to make contact to schedule re-enrollment.

ACT staff have an in-service scheduled this Thursday, November 9th with Natasha Randall, RACSB Emergency Services-Assistant Coordinator. She will discuss the updated process of obtaining an emergency custody order when our clients need psychiatric hospitalization.

### **Mental Health (MH) Residential Services - Nancy Price**

Lafayette Boarding House completed an extended pass for an individual that was referred from ACT. The individual was accepted to Lafayette and moved in on October 6.

One additional individual moved into housing through PSH in October, which brings the total to 52 individuals currently housed.

Home Road completed three assessments for transitional housing referrals. One individual came on pass October 25-27, while the other two are NGRI and cannot begin passes for several months.

Nancy Price, Tarah Stanley and Amenah Price attended the first ever Regional Housing Summit on October 17 at the Fredericksburg Expo and Conference Center. Government officials, community leaders and housing advocates came together to discuss the issues surrounding attainable housing in our community.

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

There are currently 553 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. We are scheduling 16 consistent assessments per week as well as adding intermittent assessments in various counties. Referrals have dropped slightly in the past month but are still above average. There are currently 16 providers on staff. We currently have an offer out for a speech-language pathologist.

### **Sunshine Lady House- Carla Anderson**

Sunshine Lady House plans to reopen on December 4, 2023. The program will open with 12 beds. Licensing application for the 3 detox beds will need to be submitted as the license was forfeited during COVID when medically managed withdrawal was not being provided at the program. Sunshine Lady House continues to interview for remaining vacancies that include peer specialists, cook, nurse manager, residential specialists, and coordinator.



## RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

### October 2023 Review

#### Trac-IT Early Intervention Data System

The go live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, was June 27, 2022. The new date for full implementation of additional 280+ data requirements has been announced as December 11, 2023. RACSB continues to work to meet these expectations in a way that does not negatively impact our services.

Thank you to Board Members for their advocacy with the letter to the Commissioner regarding concerns with TRAC-IT. Nancy Beebe, Matt Zurasky, Joe Wickens, and Brandie Williams met with the Commissioner and Deputy Commissioner on October 30, 2023. As a result of the meeting, DBHDS is re-considering the alternatives requested in our letter which include limiting required data elements to those necessary to meet regulatory and monitoring expectations and allowing the reporting of service data via the current state reporting process. A group of DBHDS and CSB staff met on Monday, November 13 to review and plan for alternative solutions. DBHDS agreed to allowing us to hard code or report minimal data on the 91 elements as they agreed that these were not tied to monitoring or legislative requirements. Further, CSBs will be provided the option to submit encounter data via the established CCS state reporting mechanisms. These alternatives will minimize the impact on our program from approximately \$511,736 to \$45,398 annually.

#### Opportunities for Partnership/Input:

- Presented at the statewide Claude Moore Charitable Foundation and Virginia Government, Business, Healthcare, and Education Leaders for a Solutions-focused Health Workforce Convening
- Selected as a voting member of the 5-person DBHDS procurement committee to select the vendor for the new data exchange platform which will serve as the foundation for all future state reporting. Completed both initial and second round interviews to narrow vendor choices.
- Participated and provided supplemental information to DBHDS regarding our crisis funding proposal
- Attended TRAC-IT meeting with the Commissioner and the resulting workgroup to work towards alternative solutions to reduce duplicate data entry and administrative burden.
- Participated in meeting with DBHDS to negotiate Exhibit D for our adult residential crisis stabilization program, Sunshine Lady House.

#### Special Projects and Data Requests:

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

- Represented the agency at the VACSB Quality and Outcomes, Data Management Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, VACSB Public Policy, VACSB Leadership Team, and CCBHC meetings.
- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions regarding appropriate reporting of new initiatives.
- Meet weekly on the core advisory group with DBHDS around the new Data Exchange implementation project.
- Chaired Emergency Department Care Coordination Collaborative meeting through Virginia Health Information.

Current List of RACSB Legislators for 2024 (current as of 11/13/2023)

<b>Representative</b>	<b>Email Address (Current)</b>	<b>Phone Number</b>
Bryce Reeves	<a href="mailto:district17@senate.virginia.gov">district17@senate.virginia.gov</a>	804-698-7517
Ryan McDougle	<a href="mailto:district04@senate.virginia.gov">district04@senate.virginia.gov</a>	804-698-7504
Richard Stuart	<a href="mailto:district28@senate.virginia.gov">district28@senate.virginia.gov</a>	804-698-7528
Scott Surovell	<a href="mailto:district36@senate.virginia.gov">district36@senate.virginia.gov</a>	804-698-7536
Tara Durant	<a href="mailto:DelTdurant@house.virginia.gov">DelTdurant@house.virginia.gov</a>	804-698-1028
Jeremy McPike	<a href="mailto:district29@senate.virginia.gov">district29@senate.virginia.gov</a>	804-698-7529
Buddy Fowler	<a href="mailto:DelBfowler@house.virginia.gov">DelBfowler@house.virginia.gov</a>	804-698-1055
Robert Orrock	<a href="mailto:DelBORrock@house.virginia.gov">DelBORrock@house.virginia.gov</a>	804-698-1054
Phil Scott	<a href="mailto:DelPScott@house.virginia.gov">DelPScott@house.virginia.gov</a>	804-698-1088
Candi Mundon-King	<a href="mailto:DelCmundonKing@house.virginia.gov">DelCmundonKing@house.virginia.gov</a>	804-698-1002
Hillary Pugh Kent	<a href="mailto:campaign@hillarypughkentva.com">campaign@hillarypughkentva.com</a>	
Joshua Cole	<a href="mailto:info@jgcole.org">info@jgcole.org</a>	540-642-0165
Paul Milde III	<a href="mailto:info@paulmilde.com">info@paulmilde.com</a>	703-728-2828