



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,
October 17, 2023 5:00pm
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: October 13, 2023

A Board of Directors Meeting has been scheduled for Tuesday, October 17, 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 October 17, 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
October 17, 2023

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

agenda

- I. MINUTES, BOARD OF DIRECTORS, September 19, 2023 **Beebe**
- II. PUBLIC COMMENT- Public Comment **Beebe**
- III. EMPLOYEE OF THE QUARTER AWARD **Wickens**
EMPLOYEE OF THE FIRST QUARTER- **Ashley**
“Ash” Jaderborg, Peer Recovery Specialist
- IV. MYERS DRIVE RESPITE GROUP HOME PRESENTATION *by, Angela D’Angelo and Steve Curtis*
- V. CONSENT AGENDA **Beebe**

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 Revenue²Reimbursement-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
- F. Community Support Services
- G. Deputy Executive Director

Kobuchi
Cleveland
Carrington
Terrell
Wagaman
Jindra
Williams

VIII. BOARD TIME

Beebe

IX. ADJOURNMENT

Beebe

September 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 September 19, 2023 at 600 Jackson Street and called to order by Chair, Ms. Beebe. *Attendees included:* Nancy Beebe, Jacob Parcell, Greg Sokolowski, Claire Curcio, Matt Zurasky, Bridgette Williams, Glenna Boerner and Sarah Ritchie. *Not present:* Ken Lapin, Carol Walker, Susan Gayle, and Melissa White.

MINUTES, BOARD OF DIRECTORS, **August 15, 2023**

The Board of Directors approved the minutes from the August 15, 2023 meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Ms. Curcio

Seconded by: Mr. Zurasky

I. PUBLIC COMMENT

No Action Taken

II. EMPLOYEE SERVICE AWARDS

Mr. Wickens recognized the following employees for their years of service:

10 years

Kelly Cook – Infant Child Support Coordinator

Beth Shultz – Infant Child Support Coordinator

Dgenie Michel – Direct Support Professional, Piedmont

15 years

Clark Thomas – Transportation Services

20 years

Kelly Kockler – Supervisor – ID/DD Case Management

25 years

Todd Larkin – Property Supervisor

❖ Board Presentation: **ROXBURY PROPERTY UPDATE**- presented by Mr. Bill Loving

Mr. Loving began his presentation with a timeline from 2019 (the time of purchase) to present the progress made in regards to the Roxbury Property. The project was placed on hold during the pandemic. He spoke about the city's transition that started in 2020 changing properties from Commercial Downtown Zoning to Creative Maker District Zoning. This creating additional

restrictions on properties creating difficulties for new construction and harder to walk through the design process. Mr. Wickens then added that the Board decided to put the property on the market in 2021 and there were several offers through 2022, although none were accepted. We then decided to take another fresh look at the project due to our ongoing space needs. At the same time, we also took a closer look at the needs of the state. The state has prioritized mental health and the need for crisis receiving centers (CRC) to include a 23-hour observation service. It was then that we revised the project to build a CRC and include a number of other programs as part of a behavioral health care center. In March of this year the Board agreed to take the property off the market in pursuit of the CRC. Next steps forward include a site plan submission and follow up meeting with the city's Technical Review Committee (TRC) to be held on October 26, 2023.

III. CONSENT AGENDA

Beebe

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE

September 12, 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 Approved - Transportation Services
- A.7 Information Only – Waitlist
- A.8 Approved – Licensing Reports
- A.9 Information Only – Quality Assurance Report
- A.10 Information Only -- Incident Report Review
- A.11 Information Only – Part C Compliance Measure Memorandum & Accompanying Chart

RECOMMENDED: FINANCE COMMITTEE September 12, 2023

Zurasky

- B.1 Information Only – End of Year State FY23 Part C Fiscal Report
- B.2 Information Only –Summary of Cash Investments
- B.3 Information Only –Summary of Investment Portfolio
- B.4 Information Only – Fee Revenue Reimbursement
- B.5 Information Only – Fee Revenue Reimbursement-without credits
- B.6 Information Only – Fee Collection YTD and Quarterly
- B.7 Information Only – Write-Off Report
- B.8 Information Only – Health Insurance Account
- B.9 Information Only – OPEB
- B.10 Information Only – Payroll Statistics
- B.11 Approved – 2023 July Financial Summary
- B.12 Information Only – DBDHS Block Grant Increase FY2024
- B.13 Information Only – Anthem BHH Incentive

RECOMMENDED: PERSONNEL COMMITTEE September 12, 2023

Boerner for
Gayle

- C.1 Information Only –Retention Report
- C.2 Information Only – CSB Workforce Reporting Overview
- C.3 Information Only –EEO Report and Recruitment Update
- C.4 Information Only – Performance Evaluations

ACTION TAKEN: The Board approved the consent agenda.

Moved by: Mr. Parcell

Seconded by: Mr. Zurasky

IV. REPORT FROM THE EXECUTIVE DIRECTOR

- a. Mr. Wickens announced that in regards to needed administrative space we will be moving some of our services from the 600 Jackson Place location to our early intervention facility over at 700 Kenmore Avenue, currently occupied by our PEID program. Our early intervention program will be moving to what used to be our Healthy Families location and they will be working from home. The main reason for this is to create more room here at Jackson Street for our therapists. We are continuing to hire more staff.
- b. Mr. Wickens shared that a new Caroline County Board member has been designated by the Board of Supervisors, though we do not yet have the formal notice. Mr. Wickens will share them when he receives.
- c. Fredericksburg Chamber of Commerce Leadership Program, Mr. Wickens congratulated Ms. Amy Jindra for her acceptance and participation in the program. She is the seventh staff participate since 2016.
- d. Mr. Wickens shared that there has been no response to our Trac-It letter with the deadline date of September 15th. Mr. Zurasky stated he wanted to send another response asking when they will have a response and letting them know they missed a deadline.

ACTION TAKEN: The Board agreed to send another letter, via email, to the Commissioner of DBHDS reminding them they missed a deadline to our August 24th letter. The deadline was September 15th for a response.

Moved by: Mr. Zurasky

Seconded by: Mr. Parcell

V. REPORT OF THE DIRECTORS AND COORDINATORS

- a. **Clinical Services** – Ms. Kobuchi noted that the Fredericksburg Clinic has no waitlist right now which is a huge accomplishment. Also, they filled two positions at the detention center that had been open for quite some time. Things running as they should be now. In August clinical services got all of their staff from every clinic trained in dispensing Naloxone thanks to Michelle Wagaman and her staff. In addition, our behavioral health docket, which is new in Spotsylvania County, at the juvenile drug court is now fully up and running and near capacity. We are also working with the City of Fredericksburg; they want to start a behavioral health docket in the city as well so we should see some expansion of that. The jail staff has applied for some money to potentially pay us for those services. Mr. Zurasky asked in follow up to the presentation by Bill, looking at the TRC meeting and the police department involvement, would the police department be an advocate for whatever we build at Roxbury. Mr. Wickens confirmed they are on board.

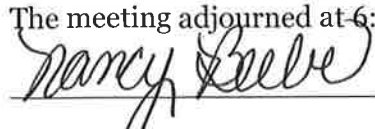
- b. **Finance and Administration** – Ms. Cleveland had a meeting with bank representatives and we received another increase in our cash account to 3.75% we are going to meet again in October.
- c. **Human Resources** – nothing to report.
- d. **Compliance**- Ms. Terrell shared that regarding the past few committee meetings we have had QA reports. The compliance team is putting together eight modules that concentrate on specific things that stem from the chart audits so it will be some true detail training that we will be providing for staff. Also, last month she had the opportunity to go to DC to participate in a Privacy and Compliance training. Wonderful networking. Ms. Terrell shared that she was pleased to bring back lots of important information from that training.
- e. **Public Information** – nothing to report.
- f. **Prevention**- Ms. Wagaman announced that September is suicide prevention awareness month and tomorrow we are partnering with the Rappahannock EMS counsel, the health district, the VA and DBDHS to do a presentation around suicide prevention. Also, we are continuing with our Barbershop talks at the Mayfield Civic Association, for men of all ages and stages who are interested in talking about mental health in dealing with stress. Ms. Wagaman also shared that August was their biggest month ever of dispensing Naloxone. Many trainings and visibility around International Overdose Awareness.
- g. **Community Support Services** – Ms. Jindra just noted that there will be fifteen additional living waivers coming our way.
- h. **Deputy Executive Director**- Ms. Williams mentioned the opportunities that we have been able to have around the Behavioral Health Workforce initiative and also some of the statewide initiatives going on.

VI. BOARD TIME

- a) Mr. Parcell said thank you to everyone for all the hard work and thank you for the presentation. He shared that he was speaking with someone at the police department who was doing a review and they mentioned how great Ms. Kobuchi was and how it was one of the best relationships and one of the best interactions he's had with an individual regarding behavioral health. He added that your work doesn't go unnoticed here in the community and to keep up the good work.
- b) Mr. Sokolowski great work! You've exceeded my expectations again and I'm proud.
- c) Ms. Beebe mentioned she was on the board tour today and every time she asked who does what they seemed to say Todd Larkin. Ms. Beebe gave kudos to Todd who was in the room to receive his service award.
- d) Ms. Boerner, great job everyone.
- e) Ms. Curcio shared how she is impressed with how everyone is able to think so far ahead despite being short staffed.
- f) Mr. Zurasky – noted that given we are so short staffed, and the need is high to expand services, he addressed HR Director Ms. Carrington, and told her she has her work cut out for her in getting all of these positions filled. Ms. Carrington agreed with Mr. Zurasky and they both agreed it was going to take a team effort.
- g) Ms. Ritchie – thanks to everyone and she enjoyed hearing all of the proactive things that everyone is doing.

ADJOURNMENT

The meeting adjourned at 6:33 PM.



Board of Directors Chair



Executive Director

October 11, 2023

Dear Ashley "Ash",

Congratulations on your selection as Employee of the Quarter for the First Quarter 2024 (covering the months July – September 2023). The following nominations were submitted on your behalf:

1. I would like to nominate the OBOT Peer Recovery Specialist Ashley " Ash" Jaderborg. He comes to work on time. Sometimes even earlier. Doesn't rush out the door when it's 5:00PM. He comes into work with a positive, energetic attitude. He goes above and beyond to help his peers (Clients) in the OBOT program. Whether it's making them feel comfortable attending their 1st peer group. Reaching out when they missed peer group. Ash cares about his co-workers, and pays attention when they are having a rough day. He takes the time to support his team. He genuinely cares about others. Helping, the clients we service. I could go on and on listing the many reasons why, Ash deserves to be Employer of the Quarter. But you said to write a brief summary. He is an example of what an employee of the quarter represents. It's been a blessing working with Ash. He brings energy and personality to the OBOT team as well as the Fredericksburg clinic. Thank you
2. I would like to nominate Ash Jaderborg as the employee of the quarter. Ash is a very supportive co-worker and goes above and beyond for all the clients that he meets with. He brings a light hearted spirit with him wherever he goes and is always making someone smile. I am so grateful to have Ash as a co-worker and I believe he is very deserving of this award.
3. I nominate Ashley (Ash) Jaderborg for employee of the quarter. He is willing to help others and is passionate about the work he does. He offers great insight when working with clients and advocates for those in need. He is a great teammate, offering positivity and hope. I am truly grateful to have the chance to work with him.
4. I would like to nominate Ashley Jaderborg, Peer Recovery Specialist for the OBOT program. Ash is currently the only peer for the OBOT program when normally there are 2. Despite the added work and pressure this has added to him, he has handled it all like a pro. He is always up for a challenge and can always be counted on when needed. He always has a positive attitude and often jokes that make those around him smile. He is great with our clients and staff members alike. He is an important part of our team and is well deserving of Employee of the Quarter.

5. I would like to nominate Ash Jaderborg for Employee of the Quarter. Ash is a Registered Peer Recovery Specialist that works within the OBOT program. He is dedicated and loyal to both his team and clients. He's a strong advocate for our clients and helps them engage in services at the beginning of their substance use treatment. Not only is he dedicated to the OBOT team, he is also present in our community and shares his lived experience to help those better understand recovery. I am grateful that our clients have such a hardworking and positive individual to support them on their own journey to recovery.

A one-time salary supplement of \$500 will be added to your paycheck.

The Rappahannock Area Community Services Board thanks you for your outstanding level of service to the agency. Please join us to be recognized at 600 Jackson Street in Board Room 208 for the Board of Directors Meeting on 10/17/23 at 5:00 PM. The recognition will come at the beginning of the meeting, and then you will be photographed.

Please RSVP to this email ddobson@rappahannockareacsb.org, or call 540.899.4371 to let me know if you are able to attend.

Sincerely,



Joe Wickens, Executive Director
Rappahannock Area Community Services Board

Cc: Terri Carrington, Human Resources Director

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

PRESENT

Claire Curcio
Melissa White
Matt Zurasky
Nancy Beebe
Ken Lapin
Jacob Parcell
Sarah Ritchie
Bridgette Williams
Susan Gayle

ABSENT

Carol Walker
Glenna Boerner
Greg Sokolowski

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
Michelle Wagaman, Prevention Services Director

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 **October 10, 2023**.

ISSUE: Extraordinary Barriers List

DISCUSSION: Ms. Kobuchi announced that there are currently still no individuals on the Extraordinary Barriers List. She noted we are doing a great job discharging people but we are also having a hard time getting admissions into the state hospitals, so there are less people to discharge.

ISSUE: Independent Assessment Certification and Coordination Team Update – September

DISCUSSION: Ms. Kobuchi told the committee that the RACSB received twenty-one IACCT referrals in the month of September and completed nineteen assessments. Ten referrals were initial IACCT assessments and eleven were re-authorizations in September. Eight were from Spotsylvania, three from Stafford, two from Caroline, three from King George and five from the City of Fredericksburg. Of the nineteen completed assessments seven recommended Level C Residential, ten recommended Level B Group Home and two recommended community-

based services No reauthorizations recommended discharge at this time.

DMAS has contracted with Kepro/Acentra to oversee the IACCT process starting November 1st. Magellan will no longer be managing the IACCT process. RACSB staff will attend training on the transition once dates have been scheduled, will review the current workflow and train staff on any new steps. As of this date, no trainings have been announced. Ms. Kobuchi took the committee through the monthly IACCT tracking data for September 2023.

Mr. Parcell asked if we anticipate this will be a positive change. Ms. Kobuchi noted that is yet to be determined.

ISSUE:

Information Technology/Electronic Health Record Update

DISCUSSION:

Ms. Brandie Williams shared with the committee that the IT department closed 910 tickets during the month of September. This in comparison to August 883 closed and July's 965. She also announced that the fiscal year 2023 CCS was submitted on time and without error. In regards to WaMS 3.4 "New" extract, Ms. Williams explained it has been working as expected since June 2023. IT & Netsmart are still working through the additional extracts, "Discard" & "Update", since they were not able to test during the normal testing window. The WaMS vendor is keeping their test system running without helpdesk support outside the normal testing window.

Ms. Williams stated that in regards to Trac-IT, there remains system-wide concerns related to the increased number of data requirements which will be required as of December 11, 2023. She reported to the Board that we still have not received a response to our letter of concerns to the Commissioner dated August 24th and subsequent email requesting confirmation of receipt sent September 20th. Ms. Williams gave a brief update from the Executive Director Forum held at the VACSB conference. Jennifer Faison reported there would be no response from the Commissioner's office that their response is currently at the level of the Secretary. Mr. Zurasky expressed his concerns in that the Commissioner is not even able to send us a response to let us know he's working on it. Mr. Zurasky proposed the further action of either requesting a meeting with the Commissioner or taking our concerns to the Governor. Mr. Wickens said he can make the request for the meeting with the Commissioner. He feels the Commissioner will be receptive to the meeting. Ms. Gayle asked if we know if any other CSBs are following the same course of sending letters to the Commissioner. Ms. Williams said we know other CSBs have brought it up face to face with the Commissioner and others have expressed their concerns on multiple levels and have questions that mirror ours. She said she believes DBDHS knows that this impacts more than just one or two CSBs.

Mr. Zurasky stated that for the meeting with the Commissioner, we will ask what were his recommendations to the Secretary. Further, we will ask for a functional configuration audit of where they got their requirements so we can see where they completed full system engineering for this effort.

ACTION TAKEN:

Mr. Wickens to send meeting request to Commissioner of DBDHS. Mr. Zurasky to work with Mr. Wickens to determine who should be present.

ISSUE:

Crisis Assessment Center and CIT Report August 2023

DISCUSSION: Ms. Kobuchi told the Committee that the CIT Assessment Center assessed 21 individuals in the month of September 2023. The number of persons served by locality were the following: Fredericksburg 7; Caroline 3; King George 2; Spotsylvania 11; Stafford 13, and 1 other. CIT Data Sheet provided.

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

DISCUSSION: Ms. Kobuchi told the Committee that emergency services staff completed 344 emergency evaluations. Eighty emergency custody orders were assessed and seventy-two total temporary detention orders served. Staff facilitated one adult admission to Western State Hospital. A total of fifteen individuals were involuntarily hospitalized outside of our catchment area in September. One individual utilized alternative transportation. Ms. Kobuchi provided data reports.

Mr. Parcell asked if there has been any impact to service with the renovations of the emergency department. Ms. Kobuchi responded that the assessment room has moved around a bit and also, it's impacted people getting in and out a bit but they have worked around it. Mr. Lapin asked about the numbers over the last couple of the years and if these are separate individuals or include some of the same individuals. Ms. Kobuchi said the report indicates number of assessments and could include the same individual twice if the individual received multiple assessments within a given time period.

ISSUE: **Healthy Families Rappahannock Area Home Visiting and TANF Funding**

DISCUSSION: Ms. Wagaman shared that the TANF funding which supports the Healthy Families program is at risk in the next fiscal year. Without action and funding by the General Assembly, home visiting will not be funded and our local program would be negatively impacted.

Mr. Parcell if there are immediate actions which the Board should take. Ms. Wagaman said there are advocacy letters being sent out by the Board of Directors for Healthy Families which are also available for others to use to advocate.

ISSUE: **Wait List – September 2023**

DISCUSSION: Ms. Terrell reported there are 142 individuals on the wait list for outpatient therapy services. The waitlist in Fredericksburg is currently at 0 clients. The waitlist in Spotsylvania is currently 59 clients. The waitlist in Caroline is currently 83 clients. This is a decrease of 16 from the August 2023 waitlist.

FOLLOW UP:

Ms. Terrell went on that for Psychiatric intake, as of October 2023, there are seven older adolescent and adults waiting longer than 30 days for their

intake appointments. This is a decrease from the one in August 2023 waitlist. The furthest out appointment is 11/17/2023. There are no children age 13 and below waiting longer than 30 days for their intake appointment.

Ms. Terrell reported that in regards to MH Residential Services, there are 6 individuals on the referral list. In regards to Intellectual Disability Residential Services, there are 70 individuals. For Assertive Community Treatment, there are a total of 17 individuals with 16 on the Needs, 1 on the Referrals, 0 on the Acceptance list.

Ms. Terrell stated for ID/DD Support Coordination there are 824 individuals on the waiting list for the DD waiver.

Mr. Zurasky asked, of those on the DD Residential Waiting List, how many have a waiver right now. Ms. Jindra said she didn't know but that she could find out and report back. Mr. Wickens inquired about what the timeframe from receiving a waiver until first service has to be received. Ms. Terrell said its thirty days. Mr. Parcell said good work at getting Fredericksburg Outpatient to zero and keeping it there. He said it's noticed and appreciated.

ISSUE: Licensing Reports

DISCUSSION: Ms. Terrell informed the Committee there were two licensing reports for September. Galveston Road Group Home received a report due to substantiated allegation of exploitation. Developmental Disabilities Sponsored Placement Program received a report due to the late reporting of an incident. Ms. Terrell went over corrective action plans that provided additional details regarding the citation and RACSB's response.

ACTION TAKEN: It was moved by Ms. Zurasky and seconded by Mr. Lapin that the Committee recommends the Board to approve the September 2023 Licensing Reports and associated corrective action plans as presented by staff.

ISSUE: Data Highlights Report for Program Planning and Evaluation

DISCUSSION: Ms. Williams went over the on-going Behavioral Health and Developmental Disability performance measures. Same Day Access- Appointment Offered, our current performance is at 73.3%. Same Day Access- Appointment Kept, our current performance is at 84.1%, Suicide Risk Assessment, our current performance is at 78%, Child Suicide Assessment, our current performance is at 55.4%, Substance Use Disorder Engagement Measures, our current performance is at 51.4%, Daily Living Activity 37.5%, Developmental Disability Measures, ECM Face to Fact, our current performance, 80.71%, ECM Face to Face with Telehealth 84.89%.

ISSUE: Other Business: Follow up on question of how we make sure our committee meetings better, reports we don't need or others we do need, open discussion led by Mr. Parcell.

- More strategic items, less clinical
- Challenges- what are the challenges the managers are dealing with presently
- Speak from the Heart – Human pieces
- Program Updates Monthly/Quarterly – Leeland Road, Sunshine Lady House
- Quality Measures important to us
- Trends that are helpful

Mr. Parcell said he would take all the comments from today, meet with Mr. Wickens to figure out a more systematic approach to incorporating these new Items, and bring recommendations back to the committee.

Adjournment

The meeting adjourned at 11:29 AM

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
October 10, 2023, 10:30 AM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: October 4, 2023

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

Looking forward to seeing everyone on Tuesday at 10:30 AM.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

October 10, 2023 – 10:30 AM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

AGENDA

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VI. Healthy Families Rappahannock Area Home Visiting and TANF Funding, <i>Wagaman</i>	15
VII. Waitlist, <i>Terrell</i>	21
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X. 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: October 10, 2023

RACSB currently has no individuals on the Extraordinary Barriers List (EBL). 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.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: October 3, 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-one IACCT referrals in the month of September and completed nineteen assessments. Two reauthorizations have not been completed yet. Ten referrals were initial IACCT assessments and eleven were re-authorizations in September. Eight were from Spotsylvania, three from Stafford, two from Caroline, three from King George and five from the City of Fredericksburg. Of the nineteen completed assessments seven recommended Level C Residential, ten recommended Level B Group Home and two recommended community based services No reauthorizations recommended discharge at this time.

DMAS has contracted with Kepro/Acentra to oversee the IACCT process starting November 1st. Magellan will no longer be managing the IACCT process. RACSB staff will attend training on the transition once dates have been scheduled, will review the current workflow and train staff on any new steps. As of this date, no trainings have been announced.

Attached is the monthly IACCT tracking data for August 2023.

Report Month/Year	Sept. 23
1. Total number of Referrals from Magellan for IACCT:	21
1.a. total number of auth referrals:	10
1.b. total num. of re-auth referrals:	11
2. Total number of Referrals per county:	
Fredericksburg:	5
Spotsylvania:	8
Stafford:	3
Caroline:	2
King George:	3
Other:	0
3. Total number of extensions granted:	3
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	19
8a. Total number of ICA's recommending: residential:	7
8b. Total number of ICA's recommending: therapeutic group home:	10
8c. Total number of ICA's recommending: community based services:	2
8g. Total number of ICA's recommending: Other:	0
8h. Total number of ICA's recommending: no MH Service:	0
9. Total number of reauthorization ICA's recommending: requested service not continue:	0
10. Total number of notifications that a family had difficulty accessing any IACCT-recommended service/s:	

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: October 3, 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 September, 910 tickets were closed by IT Staff compared to 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.

Community Consumer Submission 3

In September two CCS submissions were due. CCS was submitted on September 18th, 2023 and September 28th, 2023.

Waiver Management System (WaMS)

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

Trac-IT Early Intervention Data System

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

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

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. As of this report, we have received no response from DBHDS.

Zoom

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

- September 2023 – 1,823 video meetings with a total of 4,663 participants
- August 2023 – 2,072 video meetings with a total of 5,305 participants
- July 2023 – 1,584 video meetings with a total of 4,067 participants
- June 2023 – 1,847 video meetings with a total of 4,881 participants
- May 2023 – 1,935 video meetings with a total of 5,173 participants
- April 2023 – 2,410 video meetings with a total of 6,685 participants

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

Avatar

Bells implementation with RAAI continues. IT is now meeting with ID Residential to begin the process of creating a Bells note for their team.

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

MEMORANDUM

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

The CIT Assessment Center assessed 21 individuals in the month of September 2023. The number of persons served by locality were the following: Fredericksburg 7; Caroline 3; King George 2; Spotsylvania 11; Stafford 13; 1 other.

Please see attached CIT data sheet

September 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
9/1/2023	2	2	n.a	Stafford/Spotsylvania
9/2/2023	1	1	Stafford	Spotsylvania
9/3/2023	1	1	Spotsylvania	Spotsylvania
9/4/2023	1	1	Stafford	Spotsylvania
9/5/2023	1	1	Fredericksburg	Spotsylvania
9/6/2023	3	1	Stafford(2); Caroline(1); Spotsylvania	Stafford/Spotsylvania
9/7/2023	1	1	Fredericksburg	Stafford
9/8/2023	1	1	Stafford	Spotsylvania
9/9/2023	1	1	Stafford	Spotsylvania
9/10/2023	1	1	Stafford	Spotsylvania
9/11/2023	0	0	n/a	Stafford
9/12/2023	1	1	King George	Spotsylvania/Stafford
9/13/2023	1	0	Caroline	n/a
9/14/2023	2	1	Spotsylvania(1); Fredericksburg(1)	Stafford/Spotsylvania
9/15/2023	0	0	n/a	n/a
9/16/2023	1	0	Caroline	Spotsylvania
9/17/2023	0	0	n/s	King George
9/18/2023	1	0	Spotsylvania	n/a
9/19/2023	2	2	Spotsylvania(1); Fredericksburg(1)	Stafford
9/20/2023	1	1	Spotsylvania	Fredericksburg/Spotsylvania
9/21/2023	0	0	Spotsylvania	Spotsylvania
9/22/2023	1	1	Spotsylvania	Spotsylvania/Stafford
9/23/2023	1	1	Stafford	Spotsylvania
9/24/2023	1	1	Stafford	Spotsylvania
9/25/2023	1	1	Stafford	Spotsylvania/Stafford
9/26/2023	3	0	Spotsylvania(1); Fredericksburg(1); Stafford(1)	Spotsylvania/Stafford
9/27/2023	1	1	Fredericksburg	Spotsylvania
9/28/2023	3	0	Fredericksburg(2); King George(1)	Spotsylvania
9/29/2023	1	0	Spotsylvania	Fredericksburg
9/30/2023	3	0	Stafford(2); Spotsylvania (1)	Spotsylvania
Total	37	21		

Total Assessmen at Center in September: 21

Brought by:		Cumulative Total:	Cumulative number of Assessment since September 2023:	
Caroline	3	152		
Fred City	7	1037		
Spotsylvania	11	1002		
Stafford	13	1049		
King George	2	130		
Other	1	6		
				3376

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Acting Emergency Services Coordinator

Date: 10/1/2023

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

In September, Emergency Services staff completed 344 emergency evaluations. Eighty individuals were assessed under emergency custody orders and 72 total temporary detention orders were issued and served. Staff facilitated one admission to a state hospital. One adult admission went to Western State Hospital.

A total of 15 individuals were involuntarily hospitalized outside of our catchment area in September. One individual was able to utilize 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

Alternative Transportation for September 2023											
Date	ID	LE Dept	Location	Receiving Hospital	Travel Time	ECO	Gender	Age	TDO Criteria	Presented to AT	Reason for Decline
9/4/23	59906	Stafford	MWH	Poplar Springs	160	Y	F	27	danger to others	no	aggression
9/6/23	111410	Stafford	MWH	Carrillon	304	Y	F	28	danger to others	no	aggression
9/12/23	111514	Stafford	MWH	Poplar Springs	160	Y	M		danger to others	no	aggression
9/12/23	76860	King George	MWH	Newport News	221	N	F	15	danger to others	no	aggression
9/14/23	54962	Stafford	MWH	Poplar Springs	160	Y	F	28	danger to self	no	elopement risk, poor impulsivity
9/17/23	63549	Spots	MWH	NorthSprings	198	Y	F	14	danger to others	no	aggression
9/19/23	96696	Fred	MWH	Richmond Communi	124	Y	M	32	danger to self	no	elopement risk
9/20/23	64459	Spots	MWH	Pavillion	180	Y	M	38	inability to care	no	aggression and elopment risk
9/22/23	105247	Spots	MWH	Poplar Springs	160	Y	M	27	inability to care	no	level of psychosis
9/25/23	107279	Spots	MWH	Poplar Springs	160	Y	m	21	inability to care	no	physical aggression
9/27/23	57817	Fred	MWH	Poplar Springs	160	Y	F	29	inability to care	no	lacks capacity
9/28/23	83303	Fred	MWH	Western State	204	Y	M	38	danger to others	no	physical aggression
9/28/23	69322	Stafford	MWH	Poplar Springs	160	Y	F	19	danger to self	no	impulsivity to self harm
9/30/2023	9778	Spots	MWH	Pavillion	180	Y	F	61	danger to others	No	threatening and physical aggressive

Healthy Families Rappahannock Area Home Visiting and TANF Funding

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

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

Approximately half of the program funding (\$409,000) is through TANF – Temporary Aid for Needy Families. This federal funding supports 7 FTE positions. In Fiscal Year 2023, a total of 233 families received an assessment from a TANF funded staff member.

TANF funding has remained flat since the 1990's. Virginia receives \$158 million annually and historically was able to “save” or carry-over unspent funds. This TANF Reserve has been utilized by Virginia to backfill home visiting funding cuts following the 2008 recession. It is estimated that the Reserve Fund will have a balance of \$4 million at the end of FY 2024. Home visiting programs costs approximately \$13 million annually.

Without action and funding by the General Assembly, home visiting will not be funded and our local program would be negatively impacted.

Virginia’s Home Visiting Programs and TANF

Virginia’s home visiting programs are at risk of losing funding because of the decline in the TANF balance over the next two fiscal years. The projected TANF Balance as of 6/30/23 is \$46,316,648. By 6/30/24, the projected TANF Balance is \$4,185,257ⁱ. Virginia needs to plan out how it will continue supporting home visiting programs while managing this reduction in TANF spending.

Our Ask:

- 1) Fill funding gaps with General Fund to leverage federal funding and continue services
- 2) Partner with Families Forward VA and Early Impact VA to develop alternative funding streams for home visiting programs

The 2022 GA directed the VA Department of Social Services to create a workgroup to make recommendations one of which was: “...**continuing to support those programs with state general funds.**”ⁱⁱ

About Home Visiting:

Home visiting connects pregnant and parenting families with young children to a trained, family support professional who provides customized coaching and guidance through pregnancy and the early stages of a child’s development. Home visitors help parents understand their role as their child’s first, and most important, teacher. Home visitors help families realize their strengths, and unlock their child’s potential.

Home visiting benefits families, children, and the community.

- Moms and babies are healthier
- Children are better prepared for school
- Children are safer
- Families are more self-sufficient
- Home visiting programs save money in the long run

TANF Spending Summary:

TANF supports Home Visiting Services to 4,574 children (3,970 families) in 123 Virginia communities. Local programs rely on TANF funding **to leverage an additional \$11,000,000** for direct services.

CHIP of Virginia	\$2,400,000
Healthy Families	\$9,035,501
Resource Mothers	\$1,000,000
Early Impact Virginia	\$600,000

ⁱ Virginia Department of Social Services. “Report on TANF Participants & Community Employment and Training Programs.” 26 January 2023

ⁱⁱ [Temporary Assistance for Needy Families \(TANF\) Interim Working Group Report – January 2023 \(virginia.gov\)](#)

Sample letter from home visiting programs to their local elected officials

Dear [insert elected officials name here],

My name is [insert name] and I'm contacting you on behalf of [inset local program name]. We are a home visiting program that that has served [insert service footprint] for [x] years. I ask that you ensure that local family support programs such as ours do not lose funding due to shortfalls in the state TANF program and that the loss of TANF funding is made whole either through the state General Fund or other sources. We must ensure that our services continue to be available for the families and children we serve.

Home visiting connects pregnant and parenting families with young children to trained, family support professionals who provides customized coaching and guidance through pregnancy and the early stages of a child's development. Home visitors help parents understand their role as their child's first, and most important, teacher. Home visitors help families realize their strengths, and unlock their child's potential. Home visiting reduces poor birth outcomes, repeat teen pregnancy, and lack of school readiness. Families are healthier and more self-sufficient.

Virginia's home visiting programs are at risk of losing funding because of the decline in the TANF balance over the next two fiscal years. A [recent study about TANF spending](#) in Virginia stated:

"...the TANF block grant will become fully obligated in FY 25 and the current allocation of funding will result in a deficit (approximately \$56.9M in FY25)."

TANF supports Home Visiting Services to 4,574 children (3,970 families) in 123 Virginia communities. Local programs rely on TANF funding **to leverage an additional \$11,000,000** for direct services.

As a local government leader, your ability to quickly address this issue insures that your constituents have continued access to vital family support services. As TANF funds shrink, please make sure that it is a priority for our local government in their General Assembly advocacy.

I'd be happy to arrange for you and your staff to go on a home visit, come to a parent group or a food delivery so you can see exactly how important home visiting is to our Community. Thank you for your time and consideration.

Sincerely,

[insert name]

[insert title, and agency name]

Our Home Visiting Advocacy Update for Mid-September

In the last few weeks we've made progress on our advocacy efforts that include short and long-term funding goals and strategies. As such, you will see a shift in how we discuss these efforts going forward. Please be sure to review the August 14th update for specifics on the current financial situation regarding TANF.

Update:

Home Visiting Advocacy Plan:

- Funding inclusion in the Governor's Budget
- Budget Amendments in the 2024 General Assembly
- Legislative actions to include Home Visiting in VA code



This strategy allows us to pursue full and adequate state funding for the entirety of home visiting in the state, using multiple strategies to meet our short and long term needs.

Requested Actions:

Continue discussing the value of home visiting to the community as a whole with local decision makers and report the discussions you have with current legislators and candidates.

Share any additional meeting or event opportunities where we can continue to spread awareness about home visiting to our current and potential organizational partners.

Shift to using the terms Home Visiting Advocacy Plan, vs TANF cliff. That may have been a prompt for some of our actions, however, the needs and work we are doing go far beyond addressing that funding issue.

New Tools and Resources:

[Encounter Reporting Tool](#) - this tool helps us track the discussions you are having with legislators and candidates. This information helps to inform our talking points and meeting plans as we move forward with the strategy.

[Coalition Meeting/Event Form](#) - this tool helps to inform us of meetings and events in the community that we may want to participate in, or send information to help spread awareness of home visiting and our advocacy plans.

A Lot of Hurry Up and Wait:

We understand that we are all very passionate about this work and wanting to secure the funding immediately, unfortunately this is a long process full of hurry up and wait. There will be some periods of what seem like no action or change, but please know the home visiting advocacy team is working through the plan, and you will see much more “action” in the weeks and months ahead. We appreciate your patience and your dedication to this work.

If you have any questions or concerns, please call or email Nichole Wescott, Advocacy Coordinator, at advcoord@familiesforwardva.org or 804.337.0039.

Virginia's Home Visiting Programs and TANF

Virginia's home visiting programs are at risk of losing funding because of the decline in the TANF balance over the next two fiscal years. The projected TANF Balance as of 6/30/23 is \$46,316,648. By 6/30/24, the projected TANF Balance is \$4,185,257[i]. Virginia needs to plan out how it will continue supporting home visiting programs while managing this reduction in TANF spending.



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- CHIP of Virginia \$2,400,000
- Healthy Families \$9,035,501
- Resource Mothers \$1,000,000
- Early Impact Virginia \$600,000

Our Ask:

- 1) Fill funding gaps with General Fund to leverage federal funding and continue services
- 2) Partner with Families Forward VA and Early Impact VA to develop alternative funding streams for home visiting programs

The 2022 GA directed the VA Department of Social Services to create a workgroup to make recommendations one of which was: **"...continuing to support those programs with state general funds."**[ii]

Local home visiting programs should contact their local governments and ask that the General Assembly fill any gaps in TANF funding for Home Visiting. You can use draft letter below when contacting your local city council members or county board of supervisors.



hv tanf local advocacy letter REVISED.docx

Download DOCX • 22KB



We have also created a one page issue brief about the TANF and Home Visiting that you can print out and take with and use when speaking to elected officials about this issue.



external hv tanf issue brief.docx

Download DOCX • 26KB



Brief History:

Temporary Aid to Needy Families (TANF) is a federally funded program designed to provide financial assistance to families in need. In addition to direct payments to families in need, there are 4 other related categories for which TANF funds may be used.

Funding has remained flat since the 1990s when the program began.

Virginia receives \$158 million/year and until recently did not spend all of this allocation. Rather, Virginia was able to 'save' unspent funds in a TANF Reserve Fund.

To help backfill home visiting funding cuts following the 2008 recession, the VA Legislature began funding home visiting services with TANF Reserve funds (CHIP \$1.4M; HFV \$4.26M = \$5.66M)

Over the last decade, VA Governors and Legislators have increasingly relied on TANF Reserve funds to support health and social services, e.g. Food Banks, DV Shelters, LARCs, etc...

In 2017, an additional ~\$6.75M in TANF Reserve funding was allocated by the VA Legislature to support home visiting services through three program models (CHIP, HFV and Resource Mothers)

In 2019, \$600K in TANF Reserve funds were allocated by the VA Legislature to support Early Impact Virginia. The 2022 GA directed the VA Department of Social Services to create a workgroup to study TA spending and make recommendations to ensure structural balance in TANF spending.

The workgroup determined that TANF Obligations currently exceed federal funding by approximately \$61M/year. The projected TANF balance as of 6/30/24 will be \$4M.

[i] Virginia Department of Social Services. "Report on TANF Participants & Community Employment and Training Programs." 26 January 2023

[ii] Temporary Assistance for Needy Families (TANF) Interim Working Group Report – January 2023 (virginia.gov)

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: October 3, 2023
Re: September 2023 Waiting Lists

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

OUTPATIENT SERVICES

- Clinical services: As of September 30, 2023, there are 142 individuals on the wait list for outpatient therapy services.

- Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
 - Due to an increase in request for outpatient services, the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services beginning October 5, 2021, the Spotsylvania Clinic implemented a waitlist beginning May 2022, and the Caroline Clinic implemented a waitlist beginning November 2022.
 - The waitlist in Fredericksburg is currently at 0 clients.
 - The waitlist in Spotsylvania is currently at 59 clients.
 - The waitlist in Caroline is currently at 83 clients.
 - This is a decrease of 16 from the August 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 October 3, 2023, there is seven older adolescent and adult waiting longer than 30 days for their intake appointment. This is a decrease of one from the August 2023 waitlist. The furthest out appointment is 11/17/2023. There is no children age 13 and below waiting longer than 30 days for their intake appointment.

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

Appointment
Dates

<i>Fredericksburg Clinic</i>	
	11/17/23
<i>Caroline Clinic</i>	
	11/3/2023
<i>King George</i>	
	10/17/23 11/13/23
<i>Spotsylvania Clinic</i>	
	11/2/2023 11/3/2023
<i>Stafford Clinic</i>	
	N/A

Community Support services:

Waitlist Definitions

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

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

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

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

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

MH RESIDENTIAL SERVICES - 6

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

Count by County:

Caroline	0
King George	0
Fredericksburg	0
Spotsylvania	1
Stafford	4
Other	1

There are 4 vacant community beds (2 at Home Road, 2 at Lafayette) and 1 transitional bed. A female referral for the transitional bed, was found NGRI and is unable to start passes until late October. There is another female referral for the transitional bed, who is also NGRI. Staff have made numerous attempts to schedule a pass with her SW, but has not received a response.

One individual is currently doing passes in a LBH community bed, with the plan to accept in early October. Additional passes were necessary to ensure she will be willing to participate in the program and assess her during medication changes that have occurred during her passes. Passes are being scheduled for the other community referrals, with the plan to have the community beds filled by the end of October.

Intellectual Disability Residential Services – 70

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

Count by County:

Caroline	7
King George	4
Fredericksburg	7
Spotsylvania	22
Stafford	30

Assertive Community Treatment (ACT)– 17

Caroline: 0
Fredericksburg: 9
King George: 1
Spotsylvania: 3
Stafford: 3
Homeless/Unknown/Incarcerated/Hospitalized: 1

Total Needs: 16
Total Referrals: 1
Total Acceptances: 0

Total program enrollments = 51

Admissions: 0

Discharges: 0

ACT NORTH is in the process of re-enrolling a client who wants to resume services after he requested discharge earlier this year. Since discharge, this client has been admitted to Snowden, has pending criminal charges and has experienced homelessness. He has also been referred to agency Permanent Supportive Housing.

ACT SOUTH attempted to meet with three potential clients who were referred to ACT for services. After the appointments were scheduled, they each declined services at the present time. They are aware we can reschedule to discuss our program in the future.

The ACT Coordinator had an in-service training with agency staff at Rappahannock Regional Jail. It was a productive and informative meeting. ACT Team Leads have an in-service training scheduled October 26th with the clinical team at Jackson Street to discuss ACT services.

ID/DD Support Coordination

There are currently 824 individuals on the DD Waiver Waiting List.

P 1 – 347

P2 – 194

P3 – 283

RAAI – 37

Caroline: 4

Fredericksburg: 1

King George: 3

Spotsylvania: 9

Stafford: 15

Other: 5

Total Referrals: 25

Total Assessing: 7

Total Acceptances (waiting to add more days): 5

Total program enrollments = 114 (1 new admission in September)

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: October 3, 2023
Re: Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) obtained approval for two Corrective Action Plan (CAP) during the months of September 2023. Galveston Road Group Home received a report due to a substantiated allegation of exploitation. Developmental Disabilities Sponsored Placement Program received a report due to the late reporting of an incident.

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

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

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

Date of Inspection: **08-28-2023**
Program Type/Facility Name: **01-001 Galveston Road Group Home**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Galveston Road Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Galveston Road Group Home This regulation was NOT MET as evidenced by: "Exploitation" means the misuse or misappropriation of the individual's assets, goods, or property. Exploitation is a type of abuse. (See § 37.2-100 of the Code of Virginia.) Exploitation also includes the use of a position of authority to extract personal gain from an individual. Exploitation includes violations of 12VAC35-115-120 and 12VAC35-115-130 . Exploitation does not include the billing of an individual's third party payer for services. Exploitation also does not include instances of use or appropriation of an individual's assets, goods or property when permission is given by the individual or his authorized representative: 1. With full knowledge of the consequences; 2. With no inducements; and 3. Without force, misrepresentation, fraud, deceit, duress of any form, constraint, or coercion. During an internal investigation the provider substantiated the allegation of exploitation, specifically, misappropriation	PR) 09/12/2023 PR: Upon substantiation of the allegation following investigation procedures, the staff member responsible for the incident was separated from employment by the agency effective 8/14/23. Systematically, the finance policy and procedures have been updated and a new audit process has been enacted to help quickly identify any red flags indicating potential exploitation. All signers on accounts have been or will be oriented to/trained on the new financial policies and procedures. Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee. All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure	9/30/2023

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-28-2023

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>of client funds, due to the following:</p> <ul style="list-style-type: none"> • It was determined that a total of \$22,734.65 in client funds cannot be accounted for by receipts or reports from family or staff; • Calculation of client funds spent by and for the clients were determined by physical receipts, activity identified in case note, or reported by family member; • There were receipts for two plays that were not located in the documents reviewed; • July 6 camera footage was reviewed: <ul style="list-style-type: none"> ◦ Employee 1 can be seen leaving the facility at approximately 11:34 with a check in hand; ◦ Employee 1 is seen returning at approximately 1:14 and does not appear to bring back any items from the bank as Employee 1 does not report directly to the office; ◦ When Employee 1 does go to the office, Employee 1 does not have any items which can be identified as funds. • Petty cash logs and funds in the petty cash pouches were reviewed and the following was revealed: <ul style="list-style-type: none"> ◦ Petty cash in the pouches did not always match the balance that was on the log; and, ◦ Petty cash pouches did not contain receipts that totaled the monies withdrawn from checking accounts. • The total for items/activities in which there was not a physical receipt is \$1,050. • Below shows the total amounts for each individual which could not be accounted for based on review of documentation and interviews: <ul style="list-style-type: none"> ◦ Individual 1: \$4,370.91 ◦ Individual 2: \$4,502.15 ◦ Individual 3: \$4,868.99 	<p>continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p> <p>The program leaders will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. They will likewise ensure best person-centered practices are being followed by staff through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals).</p> <p>The Quality Assurance team will monitor incident reports and any allegations or reports of human rights violations on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>Any staff member suspected or alleged to violate the Code of Virginia and any related human rights regulations adopted by the state board will immediately be put on administrative leave pending the outcome of an investigation.</p>	

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

License #: 101-01-001

Date of Inspection: 08-28-2023

Organization Name: Rappahannock Area Community Services Board

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<ul style="list-style-type: none"> ◦ Individual 4: \$4,113.30 ◦ Individual 5: \$1,049.88 ◦ Individual 6: \$3,541.73 	OHR/OLR) Accepted 09/13/2023	

General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights (Signature of Organization Representative) Date

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

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

License #: 101-08-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-22-2023
Program Type/Facility Name: 08-011 Charmaine Rhan

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or	N	Charmaine Rhan This regulation was NOT MET as evidenced by: CHRIS Number: 20230191 Date/Time of Discover: 08/05/2023 9:15AM Enter Date/Time: 08/07/2023 4:33PM Reporting Delay: 31:18:00 Location Name: Charmaine Rhan	PR) 09/12/2023 PR: Moving forward, incident reports will be entered into the CHRIS Program within the 24-hour deadline. To help ensure understanding of expected timelines for incident report submission, the responsible sponsored placement team members will be re-oriented on expected deadlines and sign off on an attestation of understanding by 9/30/23. An annual e-learning course on incident reporting will continue to be assigned to all residential program staff annually to ensure continued understanding of expected protocols and deadlines for submitting incident reports. Monitoring and oversight of timeliness for incident reporting protocols and timeline expectations will be provided by the Sponsored Placement Supervisor and specialists daily. Additionally, Quality Assurance and the DD Residential Coordinator will monitor for incidents and timeliness of reports on a daily basis to ensure Level II and Level III incidents are entered in a timely fashion into the CHRIS system. OLR) Accepted 09/13/2023	9/30/2023

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

License #: 101-08-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-22-2023
Program Type/Facility Name: 08-011 Charmaine Rhan

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

General Comments / Recommendations:

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

Lakesha Steele, Incident Management Unit

(Signature of Organization Representative)

Date

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

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: October 2, 2023

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

Department of Behavioral Health and Developmental Services Performance Dashboard

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

Behavioral Health Measures

Same Day Access

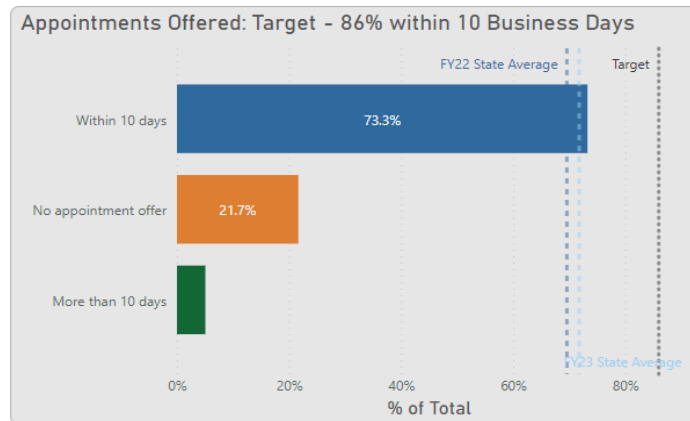
Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

Current Month's Performance- June 2023 (73.3%)

State Average

61.2%!

Goal: 86 %
Within 10 days



Number of CSBs that met 86% target in most current month: [5 of 40](#)

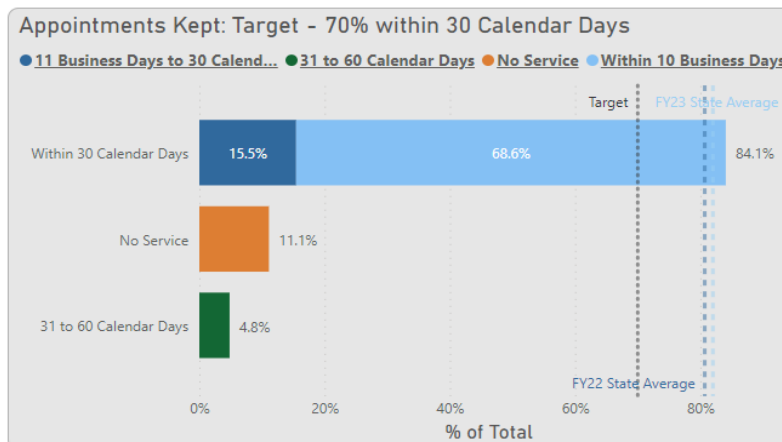
Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

Current Month's Performance- April 2023 (84.1%)

State Average

78.8%✓

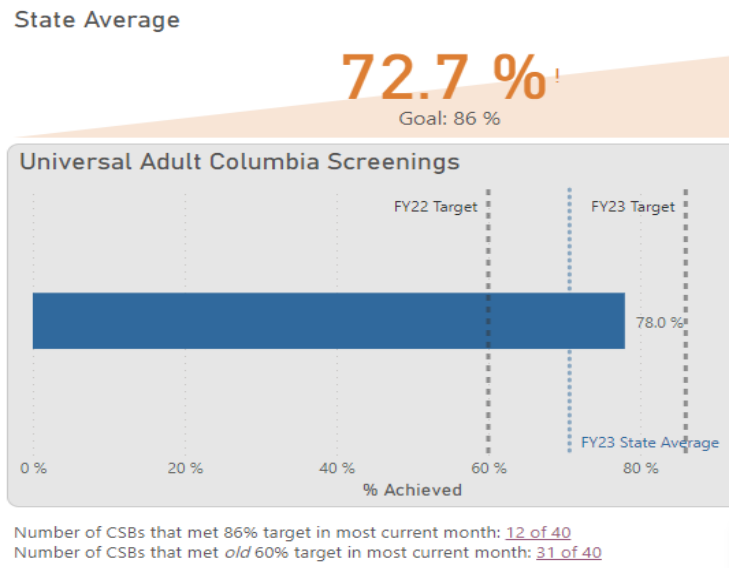
Goal: 70 %
Within 30 Days



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

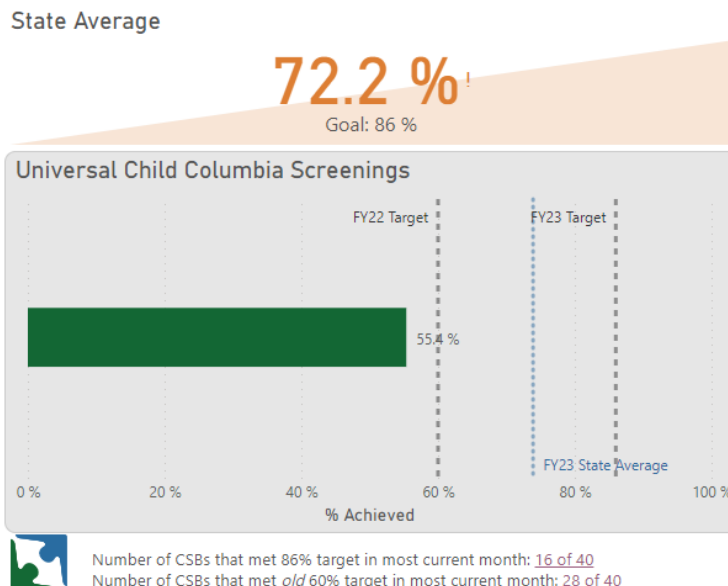
Measure #1: Universal Adult Columbia Screenings: Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(enumerator). The benchmark is set at 60 % for FY22 and 86% for FY23. This is the same information presented last month as there have not been updates provided

Current Month's Performance-May 2023 (78.0%)



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

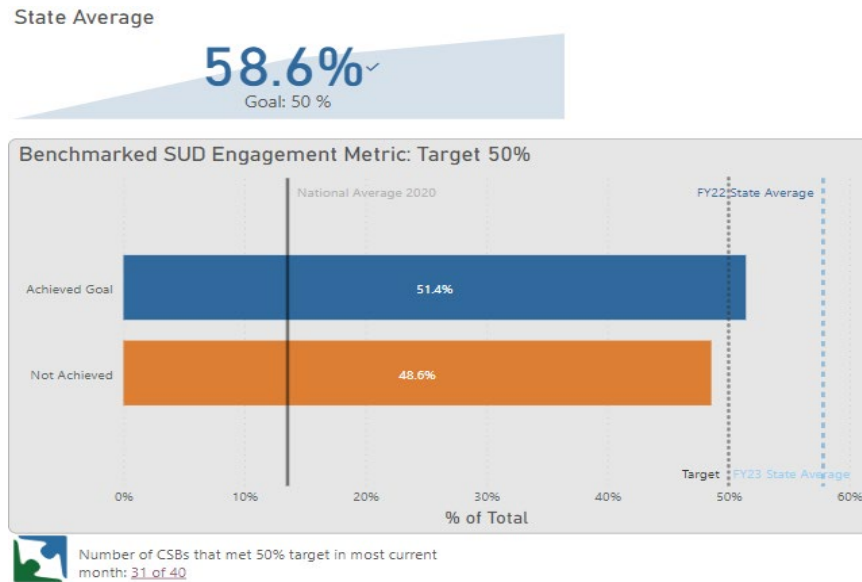
Current Month's Performance-May 2023 (55.4%)



Substance Use Disorder Engagement Measures

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

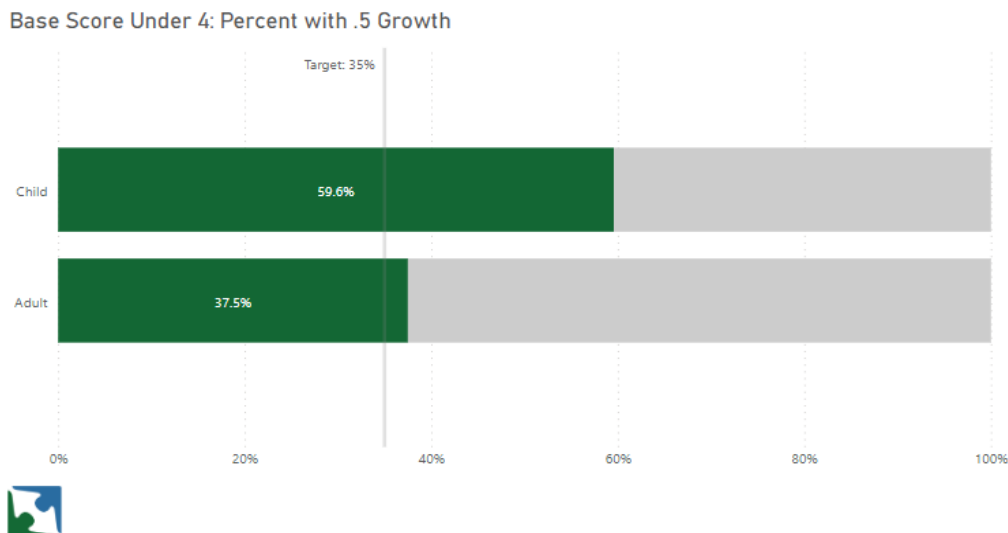
Current Month's Performance- May 2023 (51.4%)



Daily Living Activity (DLA-20) Assessment Measures

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

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



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: July 2023- 80.71%

<input type="checkbox"/> FY2023Q1							
July		228	322	70.81%			
August		204	321	63.55%			
September		215	320	67.19%			
<input type="checkbox"/> FY2023Q2							
October		227	316	71.84%			
November		232	315	73.65%			
December		223	316	70.57%			
<input type="checkbox"/> FY2023Q3							
January		239	316	75.63%			
February		265	314	84.39%			
March		260	316	82.28%			
<input type="checkbox"/> FY2023Q4							
April		278	315	88.25%			
May		280	314	89.17%			
June		260	315	82.54%			
<input type="checkbox"/> FY2024Q1							
July					251	311	80.71%

ECM Face to Face with Telehealth included: July 2023- 84.89%

<input type="checkbox"/> FY2023Q1							
July	292	322	90.68%				
August	284	321	88.47%				
September	280	320	87.50%				
<input type="checkbox"/> FY2023Q2							
October	274	316	86.71%				
November	277	315	87.94%				
December	283	316	89.56%				
<input type="checkbox"/> FY2023Q3							
January	290	316	91.77%				
February	283	314	90.13%				
March	277	316	87.66%				
<input type="checkbox"/> FY2023Q4							
April	290	315	92.06%				
May	292	314	92.99%				
June	277	315	87.94%				
<input type="checkbox"/> FY2024Q1							
July					264	311	84.89%

ECM In-Home: July 2023- 78.46%

☐ FY2023Q1						
July	228	322	70.81%			
August	218	321	67.91%			
September	221	320	69.06%			
☐ FY2023Q2						
October	220	316	69.62%			
November	227	315	72.06%			
December	224	316	70.89%			
☐ FY2023Q3						
January	249	316	78.80%			
February	268	314	85.35%			
March	262	316	82.91%			
☐ FY2023Q4						
April	278	315	88.25%			
May	271	314	86.31%			
June	250	315	79.37%			
☐ FY2024Q1						
July				244	311	78.46%

Rappahannock Area Community Services Board
Finance Committee Meeting

Tuesday, October 10, 2023 at 12:00 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Claire Curcio
Melissa White
Bridgette Williams
Sarah Ritchie
Matt Zurasky
Nancy Beebe
Ken Lapin
Jacob Parcell
Susan Gayle

ABSENT

Glenna Boerner
Carol Walker
Greg Sokolowski

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
Nadine Mayo, Financial Analyst
Megan Toler, Reimbursement Coordinator
Jacque Kobuchi, Clinical Services Director
Amy Jindra, Community Support Services Director

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 **October 10, 2023**.

ISSUE: October 2023 Board Deck

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

Cash Investments, which totaled \$26,044,002 in August 2023.

Investment Portfolio Summary, since we started this investment in November of 2022, we have gained \$88,000 in investments.

Fee Revenue Reimbursement, with current year-to-date collections as of August 2023 we have a total outstanding of 6.2 million with 44% of those insurance claims each have less than thirty days. There is a credit on our aged claims over 120 days.

Collections, we collected 5.5 million as compared to prior year of 6 million. Ms. Toler went over the factors affecting this variance including Medicaid not enforcing spend downs.

Mr. Zurasky asked about the Prior Year to Date Collections box that reads \$8,202,133, but slide six reads \$6 million. Ms. Cleveland said it should be \$6.25 million, she must have pulled the wrong box when editing. Ms. Toler clarified that the Prior Year to Date Collections should be exactly \$6,031,000, and said that they will make the edit for inclusion in the Board meeting packet.

Ms. Toler then went over write-offs year to date. We have \$442,000 this year compared to \$522,000 last year. This is largely due to the decrease in financial assistance.

Mr. Lapin asked Ms. Toler to please eliminate the cents in the chart. Mr. Zurasky asked about the provider not credentialed amount and ask for confirmation that we will not see the amount in the month column next time. Ms. Toler confirmed that was correct.

Ms. Cleveland went over the health insurance and our current balance in our account is \$1.9 million. Our claims for August were \$272,000 with and premiums were \$348,000. Between July and August, we had one person who had a high claim over \$250,000, so we will start to see our claims increase due to that one person.

Ms. Cleveland went over the other post employee benefits which is our post retirement and employment package and it sits at 3.8 million, representing a decrease of \$72,000 from last month. As this fund is a commodity, it will fluctuate with the market.

Ms. Cleveland then went over the payroll statistics. We have 519 employees, our current leave average is 3,764, and overtime hours are 478 each period. We anticipate the number of overtime hours to decrease once we are fully staffed in residential programs.

Mr. Lapin asked if is the number of employees reported are FTEs or includes part-time and PRN employees in the count. Ms. Cleveland said she can provide a chart that shows the full time equivalent and the PRN because they are different. Mr. Lapin said that would be good but she only needed to provide the breakdown one time.

ISSUE:

Financial Policies and Procedure Manual Update – Representative Payee and Signatory

DISCUSSION:

Ms. Cleveland reported on the evaluation of our current financial policies to support the elimination of risky behaviors to individuals/and or agency while maintaining compliance with any regulatory agencies. The Finance team started the review with the Representative Payee and Signatory Services Policy. Managers are now required to be signers on the account and to provide oversight and review of checkbooks on a daily basis at the program level. The finance team is reconciling on a monthly basis and also conducting

random audits of the programs.

Mr. Lapin asked how many people access RACSB for Representative Payee services. Ms. Cleveland reported 94 accounts/individuals. Mr. Lapin is concerned about the workload. Mr. Wickens noted that they are hiring a new person in accounting to assist in this new workload.

Mr. Zurasky said he has a number of edits he would like to include and walked Ms. Cleveland through his edits.

ACTION TAKEN: It was moved by Mr. Zurasky and seconded by Ms. Curcio to accept the Financial Policies and Procedure Manual Update. The motion was unanimously approved.

ISSUE: **July 2023 Financial Summary Report**

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

Ms. Mayo went over the mental health adult case management variance and reported moving some personnel from this RU to the appropriate RU for jail-based services.

For Jail Diversion, there are some carry over funds not yet booked; however, the funding for this program does not cover expenses.

Ms. Beebe asked if we could provide additional data on per person costs, number of individuals served, and detailed revenues and expenses for the Respite Group Home. Mr. Zurasky recommended this discussion is held in Program Evaluation, not in Finance meeting. Ms. Beebe asked if we could look at that information at the board meeting. Ms. Cleveland said she will put together something for review at the Board meeting.

Ms. Mayo reported that RAAI Day Support program will see improvement in financial position within the next couple of months because there was a rate increase that went into effect.

Each of the substance use program areas are negatively impacted due to the delay in receiving funds due to new reimbursement process through DBHDS. In addition, there were some larger purchases made during this time period for testing and drug supplies.

Mr. Zurasky inquired about potential impacts of the continuing resolution for some of these federal funds. Ms. Cleveland said we may see delays until there is an actual budget. For example, last year's SOR funding was not received until November due to budget approval delays. DBHDS provides an eighth of total federal funding awarded up front with the remainder of the funds accessed through the reimbursement process. Mr. Zurasky asked what

happens if there isn't a budget and they do a continuing resolution for the whole year. Ms. Cleveland reports that we have not yet received further guidance the eighth of the funding is only guaranteed upon award of funding. Since we have received notice of award for SOR funding, this funding should not be impacted.

Ms. Cleveland went over the financial balances summary and we are currently at a balance of \$1 million. There remains 1.5 million in carryover funding which is not yet booked. The total net positive variance at the end of August 2023 is \$2.5 million.

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

ISSUE: **Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Fund**

DISCUSSION: Ms. Brandie Williams presented that the RACSB had the opportunity to submit a proposal for potential funding through the Joe and Mary Wilson Fund targeted at funding behavioral health initiatives in rural locations. She gave details regarding the proposal.

ACTION TAKEN: It was moved by Mr. Lapin and seconded by Ms. Gayle to approve this proposal for funding. The motion was unanimously approved.

ISSUE: **Transitional Bed Funding Increase**

DISCUSSION: Ms. Jindra went over the memo regarding this funding increase.

Next meeting will be November 14, 2023.

Adjournment

The meeting adjourned at 12:51 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
October 10, 2023, 12:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: October 4, 2023

A Finance Committee meeting has been scheduled for Tuesday, October 10, 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

October 10, 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 Policies and Procedures Memorandum, <i>Cleveland</i>	13
III.	Financial Policy tracked changes, <i>Cleveland</i>	16
IV.	Financial Summary, <i>Cleveland</i>	25
V.	Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Fund, <i>Williams</i>	29
VI.	Transitional Bed Funding Increase, <i>Jindra</i>	32
VII.	Other Business, <i>Zurasky</i>	

Finance Committee

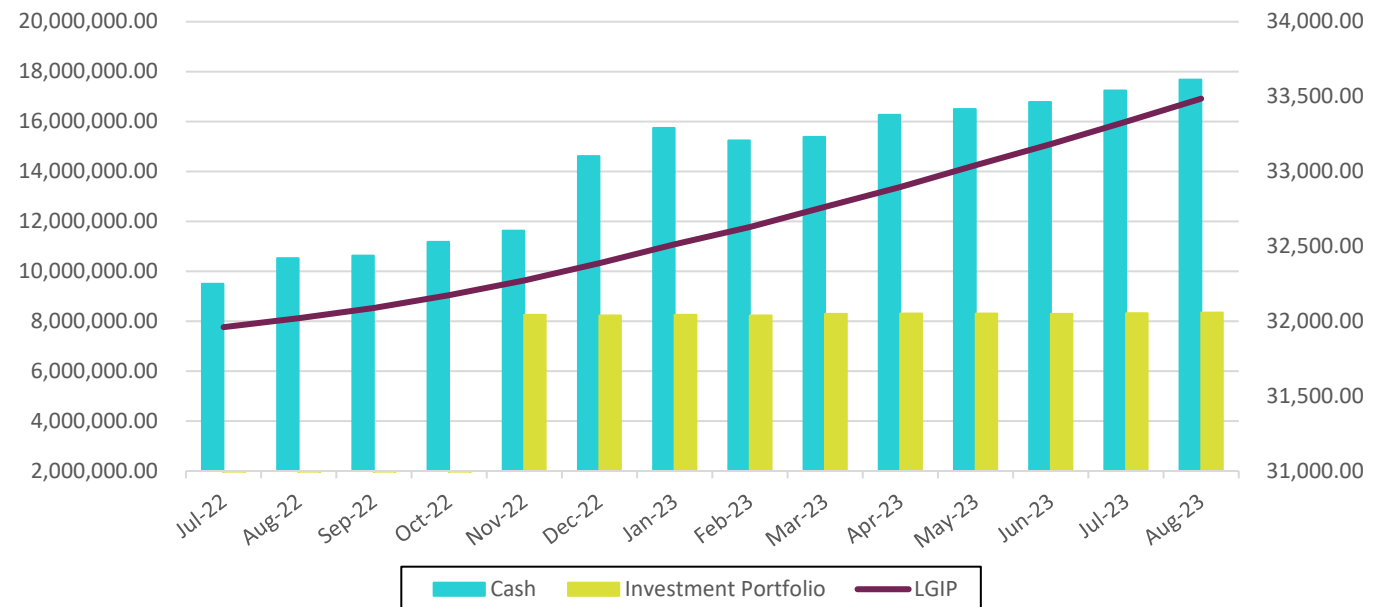
OCTOBER 10, 2023

Summary of Cash Investments

Depository		Rate
Atlantic Union Bank		
Checking	\$ 17,671,673	3.50%
Investment Portfolio		
Cash Equivalents	4,398,273	1.27%
Fixed Income	3,940,570	3.69%
Total Investment	8,338,843	
Total Atlantic Union Bank		
	\$ 26,010,515	
Other		
Local Gov. Investment Pool	\$ 33,487	5.57%
Total Investments	\$ 26,044,002	

	\$ Change	% Change
Change from Prior Month	\$ 449,218	2%
Change from Prior Year	\$ 4,241,410	19%
Average # Months Reserves on Hand:		6

Cash and Cash Equivalents



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%
Fidelity IMM Gov Class I Fund #57	\$ 498,050.10	498,050.10	\$ 498,050.10	\$ -	\$ 26,095.00	5.24%
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	952,818.71	\$ 955,129.17	\$ (2,310.46)		
US Treasury Bill (10/26/2023)	\$ 1,025,000.00	\$ 1,015,374.05	\$ 1,015,443.01	\$ (68.96)		
US Treasury Bill (11/30/2023)	\$ 1,025,000.00	\$ 979,385.62	\$ 981,732.90	\$ (2,347.28)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 952,644.42	\$ 955,364.35	\$ (2,719.93)		
Total Cash Equivalents	\$ 4,548,050.10	\$ 4,398,272.90	\$ 4,405,719.53	\$ (7,446.63)	\$ 26,095.00	0.59%
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 981,980.00	\$ 973,575.00	\$ 8,405.00	\$ 22,500.00	2.31%
US Treasury Note (7/31/2024)	\$ 1,000,000.00	\$ 978,480.00	\$ 978,733.75	\$ (253.75)	\$ 30,000.00	3.07%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 988,950.00	\$ 1,005,781.25	\$ (16,831.25)	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 991,160.00	\$ 1,004,914.69	\$ (13,754.69)	\$ 45,000.00	4.48%
Total Fixed income	\$ 4,000,000.00	\$ 3,940,570.00	\$ 3,963,004.69	\$ (22,434.69)	\$ 140,000.00	3.53%
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%

Fee Revenue Reimbursement

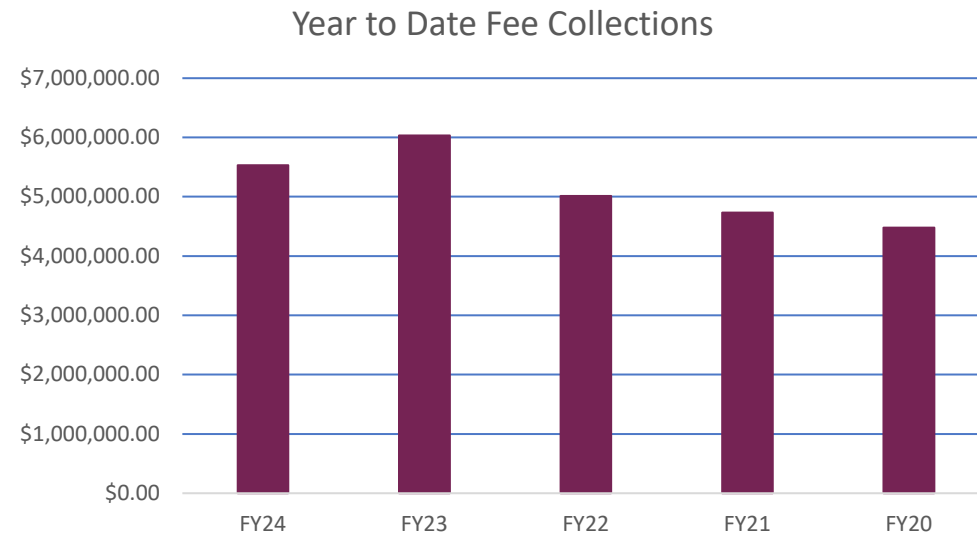
AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,259,319	100%	\$6,163,828	100%	\$5,981,652
	Consumers	56%	\$3,522,802	57%	\$3,516,865	44%	\$2,626,351
	3rd Party	44%	\$2,736,516	43%	\$2,646,964	56%	\$3,355,301
Claims Aged 0-29 Days	Consumers	1%	\$92,457	1%	\$86,669	4%	\$230,401
	3rd Party	44%	\$2,732,448	43%	\$2,625,688	47%	\$2,801,018
Claims Aged 30-59 Days	Consumers	1%	\$40,475	4%	\$274,513	3%	\$155,552
	3rd Party	0%	\$24,793	1%	\$41,891	2%	\$130,428
Claims Aged 60-89 Days	Consumers	4%	\$272,653	3%	\$215,299	0%	\$5,543
	3rd Party	0%	\$17,822	0%	\$22,152	1%	\$74,113
Claims Aged 90-119 Days	Consumers	4%	\$219,187	5%	\$333,974	3%	\$192,493
	3rd Party	0%	\$7,707	0%	\$14,789	1%	\$65,254
Claims Aged 120+ Days	Consumers	46%	\$2,904,031	42%	\$2,606,411	34%	\$2,042,363
	3rd Party	-1%	-\$52,253	-1%	-\$57,556	5%	\$284,489

CLAIM COLLECTIONS	
Current Year To Date Collections	\$5,530,585
Prior Year To Date Collections	\$6,031,008
\$ Change from Prior Year	-\$500,423
% Change from Prior Year	-8%

Fee Revenue Reimbursement – Without Credits

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,259,319	100%	\$6,163,828	100%	\$5,981,652
	Consumers	56%	\$3,522,802	57%	\$3,516,865	44%	\$2,626,351
	3rd Party	44%	\$2,736,516	43%	\$2,646,964	56%	\$3,355,301
Claims Aged 0-29 Days	Consumers	1%	\$92,457	1%	\$86,669	4%	\$230,401
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	3rd Party	0%	\$17,822	0%	\$22,152	1%	\$74,113
Claims Aged 90-119 Days	Consumers	4%	\$219,187	5%	\$333,974	3%	\$192,493
	3rd Party	0%	\$7,707	0%	\$14,789	1%	\$65,254
Claims Aged 120+ Days	Consumers	46%	\$2,904,031	42%	\$2,606,411	34%	\$2,042,363
	3rd Party	1%	\$39,626	1%	\$42,180	5%	\$284,489

Fee Collection YTD



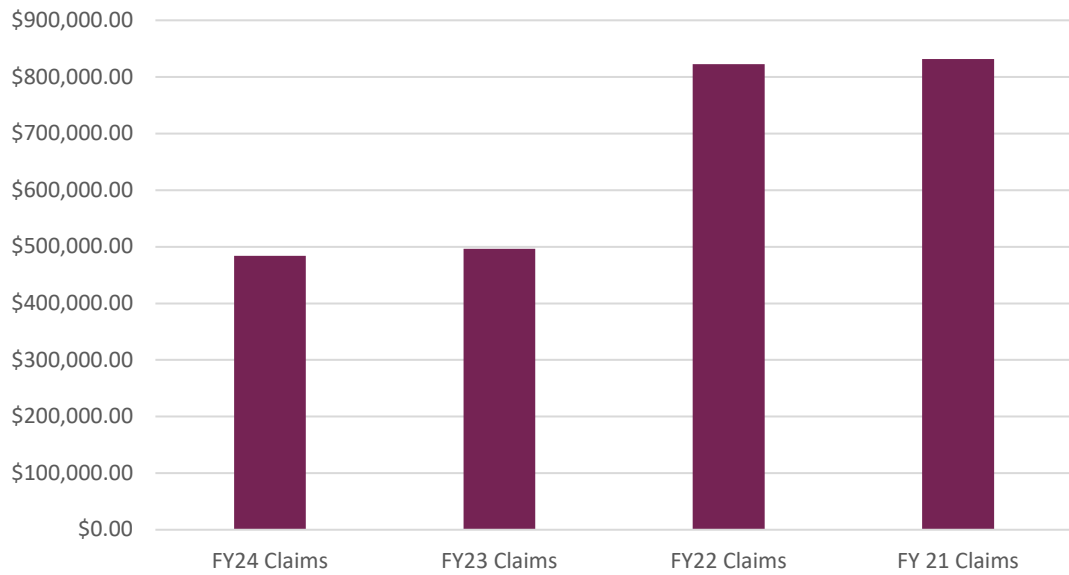
Write Off's – Current Month & YTD

Month: August 2023		
Write Off Code	Current Year	Prior Year
BANKRUPTCY	\$246.32	\$1,488.50
DECEASED	\$80.00	\$1,268.14
NO FINANCIAL AGREEMENT	\$10,284.24	\$1,828.66
SMALL BALANCE	\$289.48	\$117.00
UNCOLLECTABLE	\$832.73	\$592.52
FINANCIAL ASSISTANCE	\$156,479.40	\$176,838.85
NO SHOW	\$2,505.50	\$280.00
MAX UNITS/BENEFITS	\$7,452.66	\$3,629.28
PROVIDER NOT CREDENTIALLED	\$32,979.72	\$1,143.06
DIAGNOSIS NOT COVERED	\$160.00	\$65.00
NON-COVERED SERVICE	\$7,469.49	\$11,245.46
SERVICES NOT AUTHORIZED	\$13,303.54	\$13,243.25
PAST BILLING DEADLINE	\$13,378.43	\$2,417.64
INCORRECT PAYER	\$3,844.04	\$905.00
TOTAL	\$ 249,305.55	\$ 215,062.36

Year to Date: July 2023 - August 2023		
Write Off Code	Current YTD	Prior YTD
BANKRUPTCY	\$246.32	\$1,923.50
DECEASED	\$80.00	\$3,115.01
NO FINANCIAL AGREEMENT	\$11,778.88	\$34,345.68
SMALL BALANCE	\$329.15	\$252.00
UNCOLLECTABLE	\$1,028.73	\$1,795.57
FINANCIAL ASSISTANCE	\$306,933.92	\$400,328.77
NO SHOW	\$3,145.50	\$580.00
MAX UNITS/BENEFITS	\$10,320.84	\$7,279.32
PROVIDER NOT CREDENTIALLED	\$38,931.56	\$4,528.06
DIAGNOSIS NOT COVERED	\$320.00	\$65.00
NON-COVERED SERVICE	\$9,434.35	\$12,891.97
SERVICES NOT AUTHORIZED	\$38,101.41	\$44,998.68
PAST BILLING DEADLINE	\$16,370.15	\$6,803.13
INCORRECT PAYER	\$5,075.97	\$4,072.37
TOTAL	\$ 442,096.78	\$ 522,979.06

Health Insurance

Year-to-Date Health Insurance Claims

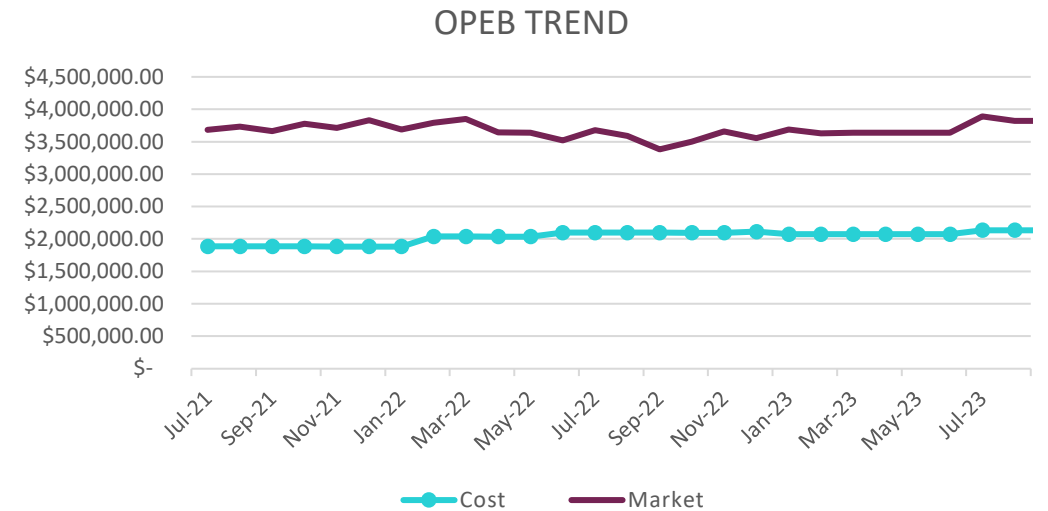


FY 2024	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$1,745,071
July	\$355,798		\$211,426	\$743	\$1,890,186
August	\$348,151		\$272,609	\$758	\$1,966,486
YTD Total	\$703,949	\$0	\$484,035	\$1,501	\$1,966,486

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2024	\$242,017	\$27,641	\$272,609
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
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2023 Year-End Balance	\$ 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
Realized Gain/(Loss)			\$ 411	
Unrealized Gain/(Loss)			\$ (71,206)	
Fees & Expenses	\$ 67		\$ (7)	
Purchases/Sales	\$ (358)			
Transfers/Contributions			\$ (910)	
Balance at 8/31/2023	\$ 2,134,934	\$ 1,180,314	\$ 3,821,233	\$ 2,866,613



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	519
Leave Hours	4,196	3,473	3,764
Overtime Hours	279	473	478

Memorandum

To: Joe Wickens, Executive Director

From: Tina Cleveland, Director of Finance and Administration

Date: September 27, 2023

Re: Financial Policies and Procedure Manual Update - Representative Payee and Signatory Services

The Finance team has initiated a thorough review of the Financial Policies and Procedures Manual to take place throughout the current fiscal year. Under this review, finance will work with various program leads where necessary to evaluate current policies and determine what changes are necessary to eliminate risk to individuals and/or agency while maintaining compliance with any regulatory agencies.

Based on a higher priority the team started their review with the Representative Payee and Signatory Services policy. Below are the updates that have been made to the policy.

Policy:

- **First paragraph, second sentence added:** Individuals who have been determined incapable of managing their SSA or SSI payments have the right to choose who will provide representative payee services.
- **Third paragraph: Replaced:** Staff must be at the Counselor II level or higher; **Replaced with:** Staff must be Grade 10 or higher
- **Third paragraph, last sentence added:** Training is provided by a member of the finance team for an overview of the policy and procedures and additional training at the program level will be provided during onboarding.

Procedure for Establishing Representative Payee Services:

- **Number 3, First Sentence Replaced:** forwarded to the RACSB staff member; **Replaced with:** forwarded to Finance Department
- **Number 3, Removed:** These forms are used to enter data into RACSB financial software. The staff member assigned as signatory is responsible to contact the account audit staff to obtain copies for banking and the individual/s receiving services; **Replaced with:** Director of Finance will assign audit designee. Copies of the approved budget are stored on the shared drive for reference for both financial and program staff. Bank statements are uploaded into the shared drive by finance designee.
- **Number 4: Updated:** bank name to Atlantic Union Bank
- **Number 5: Replaced:** checks received will be deposited in full and in a timely manner; **Replaced with:** checks received will be deposited in full within 3 business days

- **Number 6: Replaced:** The Signatory will enroll the individual in the RACSB Representative Payee and Signatory Services Reporting Unit (RU 1010) in AVATAR. **Replaced with:** The Residential Coordinator or Assistant Coordinator will notify the finance designee of all required information for the new representative payee.

Procedure for Establishing Signatory Services:

- **Number 1: Replaced:** Monthly Budget; **Replaced with:** Annual Budget
- **Number 1: Added:** Any fixed cost changes (on going expense) requires an update to the budget with subsequent approvals.

Budget

- **Letter a: Replaced:** Three signatures; **Replaced with:** Five signatures; **Added:** Program Coordinator
- **Letter d: Revised sentence:** Prepare new budget each January to reflect changes to Treasury payments and monthly expenses.
- **Letter e: Replaced:** If a significant and ongoing change occurs in the individual's month income or expenses, a new budget form must be prepared by staff and approved by the Community Services Director. A copy is filed in accounting and in the individual's file. **Replaced with:** If a significant and ongoing change occurs in the individual's month income or expenses, a new budget form must be prepared by staff and follow the approval process. A copy is filed on the shared drive.
- **Letter g: Added:** authorization from Coordinator in addition to Community Support Director
- **Letter i: Added Sentence:** For accounts carry over exceeding \$1500, Finance will provide monthly notice to program staff/payee regarding potential need to spend down.

Check Writing

- **Letter d: Sentence Removed:** Use of out of sequence checks should take place only in the event of an emergency.
- **Letter f: Updated wording:** electronic check register
- **Letter g: Added Sentence:** Finance designee will provide a monthly summary of out of sequence items or other concerns for the signatory/payee to resolve.
- **Letter k:** Increased value from \$30.00 to \$50.00. Added no more than three \$50.00 checks can be issued during a week. Checks presented at bank for cash, valid ID must be provided.

Record Keeping

- **Letter a: Added:** All receipts for checks written and individuals personal spending receipts are to be saved on the shared drive.
- **Letter b: Added:** Two staff signatures are required on receipts to confirm cash transactions.
- **Deleted:** Monthly bank statements are balanced by the staff member assigned to each individuals/s' receiving services account. A monthly schedule is provided staff for submitting individual/s' receiving services checkbooks and statements to accounting. Account activity is entered into financial software for balancing and record keeping.

- **Letter f: Added:** Digital registers, bank statements, receipts and reconciliation summaries are to be current and stored on shared drive.

Management of Client Personal Funds

- Entire Section Added

Suggested Purchases to Spend Down Excess Funds

- Entire Section Added

Representative Payee Bank Account and Personal Spending Fund Audit Procedures

- Entire Section Added

Forms Revised

- Internal Audit Finding Report
- Payee Request Form
- Signatory Request Form
- Account Reconciliation and Internal Audit Checklist
- Residential Financial Log

Policy and Procedures for Representative Payee and Signatory Services

POLICY:

SSA appoints a representative payee when a beneficiary is determined incapable of managing or directing someone else to manage their SSA and/or SSI payments. Individuals who have been determined incapable of managing their SSA or SSI payments have the right to choose who will provide representative payee services. RACSB is an approved Fee-for-Service Representative Payee and may apply to be representative payee for individual/s receiving services participating in RACSB programs. The Executive Director solely authorizes RACSB to accept funds from individual/s receiving services, employers or programs and assigns staff to fulfill the responsibilities of the representative payee. The RACSB procedures to control and account for our Representative Payee services have been developed in accordance with policies of the Social Security Administration (**Attachment-1**).

RACSB also offers financial services to individual/s receiving services who are not recipients of SSA funds. In this case, our role is to assist the individual/s receiving services with finances by becoming a bank account signatory. The Executive Director must authorize staff to fulfill these responsibilities. The fee structure and audit procedures for Signatory services are the same as those established for Representative Payee services. The Social Security Administration is not involved with Signatory services.

RACSB offers Representative Payee and Signatory services to individual/s receiving services in Residential Programs. Staff must be a Grade 10 or higher in order to be authorized as a signer on an individual/s receiving services account. Attendance at Individual/s Receiving Services Funds training is mandatory for staff involved with individual/s receiving service accounts. Training is provided by a member of the Finance team for an overview of the policy and procedures and additional training at the program level will be provided during onboarding.

PROCEDURE for Establishing Representative Payee Services:

1. Upon determination that an RACSB individual/s receiving services is in need of Representative payee services, RACSB staff will submit documentation to the payer agency requesting RACSB designation as a representative payee. File a Form SSA-11 (**Attachment-2**) with the local Social Security office. SSA requires this application be completed in a face-to-face interview (with certain exceptions.) This process will apply to most individual/s receiving services since Treasury is usually their primary source of income.
2. Once RACSB has been designated representative payee, staff must complete a Payee Request Form (**Attachment-3**), which outlines agreement conditions and staff assignments as account Signatories. Staff must assist the individual/s receiving services in determining estimated expenses by preparing a Annual Budget Form (**Attachment-4**), which is reviewed on a monthly basis. This completed form is approved by the Community Support Services Director and forwarded to the Executive Director with the Payee Request Form. The Executive Director solely authorizes staff to fulfill the responsibilities of managing accounts by signing the Payee Request Form. For individual/s receiving services new to the program, a report on all of the individual/s' receiving services accounts and balances will accompany the Payee Request Form and the Monthly Budget Form. A copy of the SSA Representative Payee authorization is also required.

3. Once signed, the original Payee Request Form and the Monthly Budget Form are forwarded to the Finance Department designated staff assigned to audit and maintain individual/s receiving services funds records for the agency. Director of Finance will assign audit designee. Copies of the approved budget are stored on the shared drive for reference for both financial and program staff. Bank statements are uploaded onto the shared drive by Finance designee.

4. Upon receipt of authorizations, individuals receiving services are assisted in opening an account at Atlantic Union Bank or another bank of the individual's choice. Atlantic Union Bank offers free checking to RACSB staff and individual/s receiving services. The authorized signers provide the Payee Request Form to the bank, signature cards are signed and a new account is set up. To protect beneficiary funds, checking and saving accounts must show the beneficiary as the only owner (Beneficiary's name by RACSB, Representative Payee).

5. It is deemed that the most efficient procedure for receiving individual's funds is to request the payer agency to electronically deposit the funds to the individual's personal checking account. In situations where, electronic deposit is not practical, all checks received will be deposited in full within 3 business days to the individual's checking account.

6. The Residential Coordinator or Assistant Coordinator will notify the finance designee of all required information for the new representative payee.

PROCEDURE for establishing Signatory services:

1. Upon determination that an RACSB individuals receiving services is in need of signatory services, RACSB staff will assist the individual/s receiving services in completing a Signatory Request Form (**Attachment-5**), which outlines agreement conditions and staff assignments as account signatories. Staff must assist the individual/s receiving services in determining expenses by preparing the Annual Budget Form (**Attachment-4**), which is reviewed on a monthly basis. These forms are reviewed and approved by the Community Support Services Director and forwarded to the Executive Director. The Executive Director solely authorizes staff to fulfill the responsibilities of managing accounts by signing the Signatory Request Form. Any fixed cost changes (on going expense) requires an update to the budget with subsequent approvals.

2. Once signed, the original Signatory Request Form and the Monthly Budget Form are forwarded to the RACSB staff member assigned to audit and maintain individual/s receiving services funds records for the agency. The staff member assigned as signatory maintains a copy in the individual/s receiving services file.

3. Upon receipt of authorizations, the individual/s receiving services is assisted in opening an account at Atlantic Union Bank & Trust or another bank of the individual's choice. In the case of an existing account, the signature card is updated.

4. Ownership of funds should be clear. Since in this case we are simply an added signer, Social Security (Representative Payee) guidelines for account set up do not apply. (We do not set up the account as Beneficiary's Name, by RACSB.) Our name does not appear on the account except as an authorized signer. The individual served will have access to this information and documentation. Assigned Staff will assist the individual with obtaining this information.

RACSB Staff Check Signing & Reporting Responsibilities

RACSB staff involved with the Representative Payee and Signatory Services program must follow the procedures outlined below:

1. BUDGET

- a. Five signatures are required on the budget form: Individual/s receiving services, Responsible Staff (Payee), Program Coordinator, CSS Director and Executive Director.
- b. Include at least \$50.00 per month for personal spending.
- c. Prepare a new budget each time a representative payee change is made
- d. Prepare new budget each January to reflect changes in Treasury payments and monthly expenses.
- e. If a significant and ongoing change occurs in the individual's monthly income or expenses, a new Budget Form must be prepared by staff and must follow the approval process. A copy is filed on the shared drive.
- f. For a one-time receipt of money, including SSA funds, document the amount on a budget sheet with a spending plan and send to the Community Services director for approval. A copy will be filed with the individual's master file in accounting.
- g. Unbudgeted transactions require written authorization from the Coordinator and Community Support Services Director **prior** to issuance of a check.
- h. Budgets will be checked to actual spending. Unbudgeted expenditures will require written explanation. Life insurance or prepaid burial contracts must be authorized and signed by the Support Services Director. A copy will be kept with the master Representative Payee file in accounting. These accounts/contracts should be established on a case-by-case basis with the approval of SSA and the Community Support Services Director.
- i. If back payments of Social Security are paid in a lump sum, the funds must be spent on current needs such as rent and a security deposit, food or furnishings. The rest of the money may be spent for medical services, education, home improvements or debts. The back payment must be spent **within 6 months** so that the total resources are below \$2,000.00 for an individual or \$3,000.00 for a couple. For accounts carry overs exceeding \$1500, Finance will provide monthly notice to program staff/payee regarding potential need to spend down.
- j. Include vendor names in budget line. Example: If phone is paid to RACSB, enter RACSB in the vendor line. Due date should also be noted.
- k. Use budget each month to make sure payments are made in a timely manner and for reconciliation.
- i. Use Special Notes/Information section to explain/detail exception items. Must be signed in this section by Coordinator or Director.

2. CHECK WRITING

- a. All individuals receiving services will use carbon copy checks. Do not remove carbons. Do not remove checks before they are written.
- b. No checks are to be drawn to "cash".
- c. Counter checks should not be used (Blank checks obtained at the teller counter.)
- d. Checks should be used in order.
- e. The purpose of all check should be recorded on the memo line. Amounts for food, transportation, personal expenses, laundry, etc. should be clear. Checks will not be written to the individual/s receiving services for an amount to cover all expenses for the month.

- f. The electronic check register located on the shared drive must be current. When a check is written or a deposit is made, document it clearly in the electronic register. Dates must also be entered in the register.
- g. When a check does not clear the bank, signatory staff must research the reason and handle appropriately. If this involves voiding the check, a clear written explanation must be provided in the register. Finance designee will provide a monthly summary of out of sequence items or other concerns for the signatory/payee to resolve.
- h. Do not write a check unless there are adequate funds in the account. Electronically processed checks should be considered immediate withdrawals.
- i. Fees for statement copies are not to be paid by individual/s receiving services. Make sure you know when the statement should arrive and the individual to contact at RACSB if it is late.
- j. All transactions, including fees/charges, must be recorded in the account register with the actual transaction date.
- k. No check to individuals receiving services will be written in excess of \$50 per day without the Community Support Services Director's approval. No more than three \$50 checks written to individuals can be issued per calendar week (Sunday-Saturday) without Director approval. When staff must provide the individual/s receiving services with cash for personal expenditure items, the Check will be made payable to the individual/s receiving services. Do not make checks payable "To Staff for Individual/s Receiving Services". If a staff member cashes the check, valid ID must be presented at the bank. the individual/s receiving services and staff member must endorse the check (where applicable). See paragraph 3.d. below for security of these funds.
 - l. Telephone and internet payments drawn on the individual/s receiving service's account are not authorized. All payments will be made by writing a check in accordance with check writing procedures.

3. SECURITY

- a. Checkbooks in staff possession are maintained in a locked location.
- b. Access to checkbooks is limited to assigned signatory staff.
- c. When staff maintain cash for an individual/s receiving services it must be secured in an individual locking money pouch and kept in a secure, locked location. When staff assists residents in spending such funds, the expenditures are monitored on the Resident Financial Log form (**Attachment-6**). Staff counts available pouch money each time money is spent to ensure that the financial log balance is always correct. No more than \$50.00 will be maintained for an individual/s receiving services at any one time without prior written approval from the Community Support Services Director and/or the Developmental Disabilities Residential Coordinator. Individuals in Supported Apartment Programs and Sponsored Placement will store and maintain their personal spending funds. Staff will provide a receipt that the individual received funds and document in EHR that individual received spending money. Exploring the use of student checking type of accounts for management of individual "petty" cash or personal spending. Policy to be updated once receive clarification on account options.
- d. The signatory/payee must report loss of a checkbook, regardless of the length of time, to the bank, DD Residential Coordinator, CSS Director, and Director of Finance, immediately.
- e. Any unusual checkbook activity must also be reported to the supervisor, Coordinator, Finance and CSS Directors, immediately. This includes **any** activity that could result in legal or public relations issues for RACSB.

- f. Discrepancies, unusual or excessive expenditures that are not acceptably explained and documented with receipts, or any discrepancies in the account are reported immediately to the Executive, Community Support Services and the Finance Directors. Upon discovery of circumstances suggesting a reasonable possibility that a fraudulent transaction has occurred the Executive Director shall report such information in accordance with Chapter 5, Section 2 of this manual.
- g. Checkbook records for RACSB individual/s receiving services are kept on computer in the accounting department.
- h. Loans by staff from individuals receiving services to other individuals receiving services are not permitted. Loans between staff and individuals receiving services are also not permitted. Loans between staff and individuals can result in disciplinary action.

4. RECORD KEEPING

- a. It is the responsibility of the staff person with signature authority to retain original receipts and invoices for all payments and purchases. The staff writing the check will sign the receipt/invoice verifying the purchase was made for and received by the individual/s receiving services. These receipts/invoices will be organized, annotated with the check number and saved on the shared drive with the electronic check registers for audit. Cash held by programs for individuals also must track/save receipts for personal expenses. For the individual/s receiving services who hold their own money, they are not required to provide receipts for purchases out of the personal expenditure budget.
- b. Those individual/s receiving services, who are physically and/or mentally capable, must sign a receipt for any cash given them from payee accounts by staff. If an individual is unable to sign a receipt for cash, two staff signatures are required on a receipt to confirm transaction.
- c. Accounts must be balanced and audited by the Finance department before payee responsibility is transferred.
- d. Checkbooks maintained by a staff person will be audited by the RACSB Finance department at the time the staff person submits a resignation notice.
- e. The account auditor completes the Payee Accounts Reconciliation and Internal Audit Checklist (Attachment-7). Questions and/or problems are recorded on an Internal Audit Response Form (Attachment-8). The program Coordinator must ensure corrective action is accomplished and the form is annotated and returned to the audit staff no later than the next audit.
- f. All individual/s receiving services check registers, bank statements, supporting documentation receipts and financial logs are to be maintained on a current basis. Signatory or Payee staff are to review records with the individual served on a monthly basis and available at any time for audit by the Community Support Services Director or the Finance and Administration Director, or their designees. Digital register, bank statements, receipts, reconciliation summaries are to be current and stored in the shared drive.
- g. Payees will be sent a "Representative Payee Report" periodically, usually once a year (**Attachment-9**). The report is simple to complete if staff keep clear records of payments received and how the money is spent and/or saved. These reports need to be completed and returned to SSA.
- h. A copy of SSA correspondence establishing RACSB Representative Payee status must be filed with the accounting copy of the Rep Payee Authorization form.
- i. Records Retention: Storage of Individual/s Receiving Services statements and related items is the responsibility of the assigned signers. Retention will be in accordance with Chapter 5, Section 4 of this manual.

5. MANAGEMENT OF CLIENT PERSONAL FUNDS

- a. RACSB encourages individuals receiving services to acquire skills to manage their own financial affairs. When needed, RACSB residential program staff may provide additional support to residents for the management of personal funds. Resident personal funds include the individual's monthly personal spending

allowance from SSI/SSDI, wages earned, or gifted money and dictated by annual budget or with proper allowances, by unique circumstances. The management of the individual resident funds will be done in a responsible, accountable manner, in compliance with agency and program policies.

b. The DD Residential Coordinator under the direction of the Community Support Services Director is responsible for all resident funds in Developmental Disability Services at Rappahannock Area Community Services Board. DD Residential Program supervisors/managers and assistant managers are responsible for day to day operations of the sites and assure compliance with representative payee, signatory requirements and personal fund policies. Individual residents capable of managing their own finances will be encouraged to do so and will be provided with a lock box in which to secure the funds. Residents who do not currently possess the skills required to manage and monitor their own spending funds and desiring to do so may have a goal of obtaining that skill to the extent of their ability included in their Person-Centered Plan. All programs will monitor and secure the individual personal spending in the following manner:

1. All personal funds are to be stored in a secure location. If the program maintains the funds for the individual, they are to be locked but accessible to the individual upon request or planned activity. If the funds are held by the individual resident, staff are to assure the individual has the necessary means to securely store funds, to include wallet/purses, lock boxes/cabinets, or otherwise secure space.
2. Individual funds are not to be comingled with other residents' personal funds.
3. Personal funds typically are received via a check written to the individual to cash from their representative payee or signatory account. The check cannot exceed \$50 without CSS director approval. No more than three \$50 checks can be written to cash in a single week (Sunday-Saturday) without express permission from the CSS Director and explanation of the needed funds.
4. Individuals sign a receipt when they receive a check to cash. If an individual isn't physically and/or mentally capable to sign the receipt, two staff members must sign a receipt to confirm transfer of check to cash. Check number must be recorded on the receipt as well as on the personal fund ledger.
5. The staff or resident receiving the funds will sign in the space designated as "Funds Received By" and indicate the amount received in the space designated as "Amount Received" and fill in the date of receipt.
6. Cashed unused funds, should not exceed \$50.
7. Staff are to maintain personal fund ledger with receipts for cash purchases.
8. Receipts and personal fund ledger are to be scanned into the shared drive corresponding with the individual's payee files.
9. Finance Department designee will conduct monthly account reconciliations to ensure documentation supports account activity.
10. Review of the personal fund ledgers will be part of the monthly supervision for all program supervisors/managers. The review will include audit for receipts and actual count of the money on site.
11. If funds are given to a family member or otherwise trusted person to support an individual's participation in an activity, the other person is to sign a receipt.

Cash Deposits:

Deposits to the personal funds must be documented on the ledger. The source of the deposit should also be noted on the ledger. Corresponding check numbers should also be included on the personal funds ledger.

The personal funds stored by the program:

1. Activity calendars with approximate costs should be submitted monthly by program supervisors to DD Residential Coordinator, Compliance and CSS Directors.
2. Payees are to support maintaining a balance of \$50 in the personal funds.
3. When an individual will need cash for an activity, staff are to request the removal of funds. The request to the program supervisor should include the approximate cost, amount of cash removed, the date/time of the activity, and the details of the activity.
4. Staff are to count the actual funds prior to removing cash for an activity. If the cash does not align with the ledger's total, staff are to notate the discrepancy in the ledger.
5. Within in 24 hours of the activity, change should be returned to storage with the ledger. Receipts should be taped to paper and stored in the binder with the ledger and cash. The ledger should be

updated to reflect the expense. Staff are to count the total cash on hand again following the activity. Any discrepancies must be notated in the ledger. Staff are to initial receipts and ledgers.

6. All discrepancies must include an explanation and notification to supervisor.

The personal funds held by resident/individual:

1. Payee will write checks to individual for personal spending based on budget or individual request and availability of funds.
2. The individual will be supported with cashing the funds as needed.
3. Prior to receiving funds, staff will provide coaching on storing/management of personal funds.
4. Individual will sign a receipt acknowledging transfer of funds from payee to resident.

Gift Cards:

1. If an individual receives a gift card, a ledger is used to track activity and balance.
2. The source of the funds for the gift card are identified in the ledger. (i.e check number if from payee account, cash from personal funds, gift, etc.)
3. Receipts for expenses are kept with the gift card ledger

5. ACCOUNT CLOSEOUT

a. A beneficiary' account will be closed if the beneficiary dies, if a new Representative Payee is appointed by SSA or if SSA determines the beneficiary no longer requires a Representative Payee. *If a beneficiary dies any social security payment for the month of death or after must be returned to SSA. An SSI payment will be made for the month of death but must be returned to SSA for any month after death. Any conserved funds belonging to the beneficiary are the property of his or her estate and will be given to the legal representative of the beneficiary's estate or otherwise handled according to state law. The account will be closed in accordance with the procedures in paragraph 5.b.

*If SSA appoints a new Representative Payee any conserved funds will be returned to SSA and the account will be closed in accordance with the procedures in paragraph 5.b.

*If it is felt that the beneficiary no longer requires a Representative Payee SSA will be notified. SSA will schedule an appointment with the beneficiary to determine whether he or she is capable of handling his or her own money. If SSA determines that the Representative Payee is no longer required any conserved funds will be returned to SSA and the account will be closed in accordance with the procedures in paragraph.

b. The following procedures will be followed to close a beneficiary's account:

*Signatory will provide a copy of the SSA notification that Representative Payee status has changed to the account auditor.

*Signatory will provide a written statement as to circumstances and dates of account closure to the account auditor.

*Signatory will reconcile the account and provide same to the account auditor along with any bank statements, receipts, check registers and unused checks.

*Account auditor will conduct a final audit of the account and provide the results to the signatory, the signatory's supervisor, the agency Internal Auditor, the Community Support Services Director and the Finance and Administration Director.

*After satisfactory completion of the final audit the signatory will forward conserved funds to SSA or the beneficiary's estate as appropriate and close the account with the financial institution.

*Signatory will file all documentation of account in accordance with paragraph 4.j.

6. SUGGESTED PURCHASES TO SPEND DOWN EXCESS FUNDS

- a. Health and hygiene items - soaps, toiletries, cosmetics, combs, brushes, bath scale, dermatology treatments, cosmetic surgery, elective or cosmetic dental treatments, etc.;
- b. Clothing such as caps, scarves, gloves, bathing suits and caps, seasonal garments, shoes, boots, slippers, athletic shoes, disability-related adaptive clothing, etc.;
- c. Convenience items such as radios, TVs, clocks, CD/DVD players, clothes hamper, stationery, wristwatches, etc.;
- d. Living area furnishings such as carpets, curtains, blankets, bedspreads, quilts, pictures, posters, mirrors, pillows, lockable chest/trunk, rocking chair, recliner, etc.;
- e. Therapeutic equipment - if recommended by a doctor or appropriate therapist, and not
- f. Covered by any other source: hearing aids, electric wheelchairs, orthopedic shoes, shower and bathroom chairs, walkers, crawlers, book holders, feeding aids, toilet aids, etc.;
- g. Transportation expenses - trips to visit family or for relatives to visit the beneficiary in special cases, trips to amusement parks, State Fairs, summer camps, etc.;
- h. Hobby and craft items - art supplies, photo albums, cameras, film, cassette tapes, video cassettes, etc.; and
- i. Miscellaneous items - magazine subscriptions, reasonably priced holiday presents for family/friends, telephone calls to or from out-of-town relatives, restaurant meals, etc.

Representative Payee Bank Account and Personal Spending Fund Audit Procedures

Personal spending cash accounts have been established for Representative Payee and/or Signatory accounts in order to provide an alternative source of money when using their checkbook is not feasible, primarily due to time constraints when cash is a necessary means of purchasing. The Representative Payee (authorized signer) of the account is designated as the custodian of the personal spending cash fund. The Director of Finance or designee provides an overview of the procedures and audit function to the custodian on the cash fund procedures. The Director of Community Support Services or designee provide an in-depth program specific training to the custodian on the cash fund procedures. The amount of each fund shall be no more than \$50 maintained for an individual/s receiving services at any one time without prior approval from the Community Support Services Director and the Intellectual Disabilities Residential Coordinator.

REPRESENTATIVE PAYEE BANK ACCOUNT

Each month an internal audit will be performed on all representative payee bank accounts by a member of the Finance team. The audit will consist of the following:

- Three-way review between monthly (Annual) budget, electronic check registers and receipts
- A review of the electronic check registers to verify all checks have been written in sequential order, as indicated in policy

- There are no checks written over the \$50 threshold to an individual, if written, verify appropriate authorization was received and policy of followed of only three checks within a week with approval
- Receipts are provided to support checks written on payee account (invoice, receipt, lease, etc.)
- Finance team will review all documentation provided and submit any findings to the Group Home Manager, Residential Coordinator and Director of Community Support Services.
- The Group Home Manager, Residential Coordinator and Director of Community Support Services will have five (5) business days to correct and respond to the Finance teams with corrective action.

Each month a random internal audit will be done over the personal spending fund of individuals by a member of the Finance team. The audit will consist of the following:

- A member of the Finance team will establish an audit schedule that is only disclosed to the Finance team.
- Onsite visits will be conducted over personal spending funds providing same day notice of a 30-60 minutes window of arrival.
- Onsite Finance team will review the Resident Spending Log (Attachment – 6) for the following:
 - All information is completed and accurate
 - Verify all withdrawals noted have an accompany receipt for expense
 - Receipts are annotated with signature of staff and check number issued
 - Cash remaining on receipt is entered on log as a deposit
 - Accuracy of math to determine valid balance
- Finance team will count actual cash funds and compare to spending log for accuracy
 - If funds do not match (under or over) the spending funds log the Finance team will immediately notify the Residential Coordinator and Director of Community Support Services
 - Residential Coordinator and/or Director of Community Support Services will provide a corrective action plan (verbally accepted) before leaving the facility
 - Finance team will complete the audit finding documentation and support to all parties above and include the Executive Director

RACSB
FY 2022 FINANCIAL REPORT
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MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
OUTPATIENT (FED)	2,442,643	461,347	18.89%	2,442,643	443,728	18.17%	17,619	4%
MEDICAL OUTPATIENT (R) (FED)	4,420,904	740,714	16.75%	4,420,904	715,765	16.19%	24,949	3%
ACT NORTH (R)	875,000	153,905	17.59%	875,000	140,429	16.05%	13,476	9%
ACT SOUTH (R)	875,000	140,015	16.00%	875,000	126,614	14.47%	13,401	10%
CASE MANAGEMENT ADULT (FED)	1,043,065	168,908	16.19%	1,043,065	194,041	18.60%	(25,133)	-15%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,031,998	140,348	13.60%	1,031,998	120,741	11.70%	19,607	14%
PSY REHAB & KENMORE EMP SER (R) (FED)	703,184	112,207	15.96%	703,184	123,245	17.53%	(11,038)	-10%
PERMANENT SUPPORTIVE HOUSING (R)	2,295,862	378,819	16.50%	2,295,862	295,035	12.85%	83,785	22%
CRISIS STABILIZATION (R)	2,149,875	200,231	9.31%	2,149,875	189,364	8.81%	10,867	5%
SUPERVISED RESIDENTIAL	360,841	224,369	62.18%	360,841	81,616	22.62%	142,753	64%
SUPPORTED RESIDENTIAL	781,947	200,169	25.60%	781,947	144,733	18.51%	55,436	28%
JAIL DIVERSION GRANT (R)	94,043	15,674	16.67%	94,043	16,276	17.31%	(602)	-4%
JAIL & DETENTION SERVICES	523,537	26,253	5.01%	523,537	3,322	0.63%	22,931	87%
SUB-TOTAL	17,597,899	2,962,958	17%	17,597,899	2,594,909	15%	368,050	12%
* 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	592,539	16.46%	3,600,846	536,458	14.90%	56,081	9%
DAY HEALTH & REHAB *	4,969,885	735,776	14.80%	4,969,885	772,839	15.55%	(37,063)	-5%
GROUP HOMES	6,380,744	1,211,274	18.98%	6,380,744	847,312	13.28%	363,962	30%
RESPIRE GROUP HOME	749,912	37,688	5.03%	749,912	95,624	12.75%	(57,936)	-154%
INTERMEDIATE CARE FACILITIES	4,295,140	767,042	17.86%	4,295,140	680,121	15.83%	86,922	11%
SUPERVISED APARTMENTS	2,071,114	586,534	28.32%	2,071,114	264,866	12.79%	321,668	55%
SPONSORED PLACEMENTS	2,216,891	417,017	18.81%	2,216,891	353,881	15.96%	63,136	15%
SUB-TOTAL	24,284,532	4,347,871	17.90%	24,284,532	3,551,101	14.62%	796,770	18%
* Budget excludes program subsidies								

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FY 2022 FINANCIAL REPORT
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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	187,380	11.59%	1,616,929	268,240	16.59%	(80,861)	-43%
MAT PROGRAM (R) (FED)	774,936	38,351	4.95%	774,936	152,676	19.70%	(114,325)	-298%
CASE MANAGEMENT (R) (FED)	232,071	30,997	13.36%	232,071	16,090	6.93%	14,907	48%
RESIDENTIAL (R)	69,049	11,508	16.67%	69,049	28,781	41.68%	(17,273)	-150%
PREVENTION (R) (FED)	867,515	11,550	1.33%	867,515	92,523	10.67%	(80,973)	-701%
LINK (R) (FED)	290,801	26,031	8.95%	290,801	41,625	14.31%	(15,595)	-60%
SUB-TOTAL	3,851,301	305,817	8%	2,234,372	599,936	27%	(213,259)	-70%

* 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	348,512	20.35%	1,327,096	174,742	13.17%	173,771	50%
CHILD MOBILE CRISIS (R)	371,304	90	0.02%	320,728	8,232	2.57%	(8,142)	-9047%
CIT ASSESSMENT SITE (R)	290,495	53,734	18.50%	289,481	63,612	21.97%	(9,878)	-18%
CONSUMER MONITORING (R) (FED)	133,656	0	0.00%	139,646	15,784	11.30%	(15,784)	0%
ASSESSMENT AND EVALUATION (R)	390,825	76,229	19.50%	739,048	62,298	8.43%	13,931	18%
SUB-TOTAL	2,899,268	478,566	16.51%	2,815,999	324,668	11.53%	153,898	32%

* Budget excludes program subsidies

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%	
ADMINISTRATION (FED)	130,080	112,843	86.75%	130,080	112,843	86.75%	0
PROGRAM SUPPORT	4,354	4,600	105.64%	4,354	4,600	105.64%	0
SUB-TOTAL	134,434	117,443	87.36%	134,434	117,443	87.36%	0
ALLOCATED TO PROGRAMS				4,268,473	827,893	19.40%	

* Budget excludes program subsidies

RACSB
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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	268,920	15.62%	1,721,538	128,062	7.44%	140,858	52%
INFANT CASE MANAGEMENT (R)	808,195	110,457	13.67%	808,195	149,217	18.46%	(38,760)	-35%
EARLY INTERVENTION (R)	2,178,718	233,271	10.71%	2,178,718	326,591	14.99%	(93,320)	-40%
TOTAL PART C	4,708,451	612,648	13.01%	4,708,451	603,870	12.83%	8,778	1%
HEALTHY FAMILIES (R)	280,006	25,647	9.16%	280,006	43,528	15.55%	(17,881)	-70%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	315,601	29,558	9.37%	315,601	55,861	17.70%	(26,303)	-89%
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	459,084	63,267	13.78%	459,084	78,835	17.17%	(15,568)	-25%
TOTAL HEALTHY FAMILY	1,054,691	118,472	11.23%	1,054,691	178,224	16.90%	(59,752)	-50%

RACSB
FY 2022 FINANCIAL REPORT
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Report Period: July 1, 2023 through Aug 31, 2023

RECAP FY 2024 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	2,962,958	2,594,909	368,050	12%
DEVELOPMENTAL SERVICES	4,347,871	3,551,101	796,770	18%
SUBSTANCE ABUSE	305,817	599,936	(294,120)	-96%
SERVICES OUTSIDE PROGRAM AREA	478,566	324,668	153,898	32%
ADMINISTRATION	117,443	117,443	0	0%
FISCAL AGENT PROGRAMS	731,121	782,094	(50,973)	-7%
TOTAL	8,943,776	7,970,152	973,624	11%

Restricted Funds	\$ (53,565)
Unrestricted Funds	1,021,321
Total	\$ 973,624
Carryover Restricted Funds Not Yet Booked	\$ 1,589,005
Total	\$ 2,562,629

RECAP FY 2023 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	1,668,032	1,433,348	234,684	14%
DEVELOPMENTAL SERVICES	2,339,533	1,982,582	356,951	15%
SUBSTANCE ABUSE	239,812	324,185	(84,373)	-35%
SERVICES OUTSIDE PROGRAM AREA	356,617	234,207	122,410	34%
ADMINISTRATION	8,439	8,439	0	0%
OTHER	0	26,611	(26,611)	0%
FISCAL AGENT PROGRAMS	871,486	497,239	374,248	43%
TOTAL	5,483,919	4,506,611	977,309	18%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 3,459,856	63.09%
Change in Expense from Prior Year	\$ 3,463,542	76.85%
Change in Net Income from Prior Year	\$ (3,684)	-0.38%

*Unaudited Report

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Fund

Date: June 9, 2022

The Rappahannock Area Community Services Board had the opportunity to submit a proposal for potential funding through the Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Fund targeted at funding behavioral health initiatives in rural locations. RACSB submitted the following proposal for consideration.

The Children and Adolescent Behavioral Health Supports Program initiative provides evidenced-based, recovery-oriented service treatment using a model that provides comprehensive, locally-based clinical and recovery support services to children and adolescents experiencing increased behavioral health needs. This funding opportunity would expand this existing program by adding one full-time Child and Adolescent Therapist. The program has already established partnerships with Caroline County and Fredericksburg City and has two therapists actively providing services. The CABHSP initiative will partner with a local school system in our service area to target children/adolescents experiencing behavioral needs to receive enhanced services. The program currently serves students from Fredericksburg City and Caroline County Public Schools. RACSB is willing to expand to Stafford based on funding level or requirements. The initiative currently funds two Child and Adolescent Mental Health Therapists, who work in tandem with school counselors, school psychologists and school social workers to provide a full continuum of supports. Funding for one additional therapist was awarded by the Mary Washington Hospital Foundation last grant cycle, but RACSB has not yet received the check. Once funding is received, we will work to hire the therapist for placement in Fredericksburg City School. This funding would support one additional Child and Adolescent Mental Health Therapist. Co-located and community-based services increase access for individuals who may not typically have been enrolled in traditional RACSB services. Priority areas addressed include increasing access; addressing trauma, grief, and loss; children's behavioral health services; and indirectly providing associated supports and services using transportation of school system.

Community Benefit Fund Continuation Application Cover Page

Check which Foundation this application applies to: ___ Mary Washington Hospital or ___ Stafford Hospital

Full name of the organization requesting funding:

Federal Identification Number: 54-1183037

Program Title: Children and Adolescents Behavioral Health Supports Program

Contact Person and Title: Brandie Williams, Deputy Executive Director

Mailing Address: 600 Jackson Street, Fredericksburg, VA 22401

Phone: 540-834-7277; 540-899-4401

Fax: 540-371-3753

E-mail Address: bwilliams@rappahannockareacsb.org

1. Community Benefit Fund Grant Request:	\$79,800
2. Dollar Amount from Organization:	\$63,650
3. Dollar Amount from Other Sources:	\$126,000
Total Dollar Amount of Program (1+2+3):	\$269,450
Current Agency Operating Budget:	\$52,834,926

MWHC Approved Objectives – Check the objective(s) this program will address:

Educational programs addressing the following ten (10) health needs. *Check those that apply*

- Cancer – Including breast, lung, and prostate
- Cardiovascular Health
- Reduction of Obesity / Attainment of Healthy Weight
- Diabetes Screening and Education
- Mental Health Services
- Access to Affordable Health Services
- Tobacco Cessation
- Substance Abuse
- Access to Affordable Dental Services
- Seniors Health Issues (Osteoporosis, Dementia, and Fall/Fracture Prevention)

Cardiovascular health, heart disease, stroke, and tobacco cessation.

Cancer education and screening.

Diabetes education and screening, overweight and obesity.

Access to health-related services.

Access to behavioral Health Services.

Physical, mental and dental health of pregnant women, and infants (Emphasis on prenatal care).

Seniors and caregivers, aging, and end-of-life decisions.

Prevention and management of chronic environmental and respiratory diseases.

Increase healthcare workforce development programming to further enhance training, hiring, and

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

Date: October 2, 2023

Re: Transitional Bed Funding Increase

RACSB offers Transitional Beds in two of the Mental Health Residential Programs. Transitional beds provide housing for individuals ready for discharge from a state psychiatric hospital. The beds are held in reserve until the individual completes needed passes and is otherwise prepared for discharge. RACSB recently renewed the agreement to offer Transitional Beds at Home Road Supported Apartment Program and Lafayette Boarding House. The updated Exhibit D includes several important changes to programming and funding. The original Exhibit D began in 2021 for \$201,529 annually for 5 transitional beds at Home Road and 1 bed at Lafayette. Criteria for admission in the original agreement limits bed use to only individuals discharging from a state psychiatric hospital. The 2023 agreement increases funding to \$299,981 annually. The new Exhibit D also allows for flexibility of location of the 6 beds between Lafayette and Home Road, providing more choice for individuals and accuracy in treatment provision. Additionally, criteria for admission to a transitional bed now includes diversion criteria. The expanded admission criteria allow for greater opportunity to serve individuals who have had repeated hospitalizations, in or near crisis, recent waitlist for state hospitalization, or to support jail diversion from a psychiatric hospital.

The additional flexibility in the 2023-2025 Exhibit D for Transitional Beds will allow Mental Health Residential Services to better serve those at risk for psychiatric crises or in need of discharge from a state hospital.

Rappahannock Area Community Services
Board Personnel Committee Meeting
Tuesday October 10, 2023 at 12:30 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Claire Curcio
Susan Gayle
Bridgette Williams
Susan Ritchie
Matt Zurasky
Nancy Beebe
Ken Lapin
Melissa White
Jacob Parcell

ABSENT

Greg Sokolowski
Carol Walker
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

Call to order – Ms. Susan Gayle

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **October 10, 2023**

ISSUE: September 2023 Retention Report

DISCUSSION: Ms. Carrington reported that Human Resources processed a total of 9 employee separations, resulting in a Retention Rate of 98.46% for the month of September 2023.

ISSUE: September 2023 EEO Report and Recruitment Update

DISCUSSION: Ms. Carrington told the Committee that RACSB received 88 applications through September 30, 2023. This is a decrease of 34.81% compared to the month of August 2023, and an increase of 6.02% when compared to the month of September 2022. RACSB received 1,179 resumes and advertised 38 positions through Indeed for September 2023.

Of the applications received, 24 applicants listed the RACSB applicant website as their recruitment source, 44 stated employee referrals as their

recruitment source, and 10 listed Indeed.com as their recruitment source. There are a total of 99 open positions.

Mr. Lapin said its marvelous that we had ten promotions in the month of September. He also asked about the breakdown of employees by full time equivalent and asked that both Ms. Cleveland and Ms. Carrington work together to provide this data. Ms. Carrington also shared that we signed a contract with Valeo Recruiting Services and they are sending us candidates for our key positions.

ISSUE: Virginia Health Workforce Convening and Strategic Plan

DISCUSSION: Ms. Brandie Williams updated the committee on the work of The Claude Moore Foundation and Deloitte Consulting five working groups, representing 130+ stakeholders, in order to develop strategic recommendations for investing in Virginia’s health workforce. She talked about the October 3, 2023 in-person summit held and provided the opportunity to present strategic priorities developed by the five working groups. Also, the Virginia Health Workforce Development Authority and RAND group consulting group also discussed their refreshed strategic plan. Rappahannock Area Community Services Board had representation on three of the workgroups as well as on a panel during the convening. Ms. Brandie Williams went over the Strategic Recommendations Report for review and consideration.

Adjournment

The meeting adjourned at 1:16 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
October 10, 2023 12:30 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: October 4, 2023

A Personnel Committee Meeting has been scheduled for Tuesday, October 10, 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

*October 10, 2023 12:30 PM
600 Jackson Street, Room 208
Fredericksburg, VA 22401*

a g e n d a

- I. SUMMARY – **SEPTEMBER 2023** RETENTION AND
TURNOVER REPORT – CARRINGTON

- II. SUMMARY – **SEPTEMBER 2023** EEO REPORT AND
RECRUITMENT UPDATE - CARRINGTON

- III. WORKFORCE CONVENING MEMO AND
STRATEGIC PLAN (HANDOUT) CARRINGTON



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: October 3, 2023
 Re: Summary – Retention Report – September 2023

Human Resources processed a total of nine (9) employee separations for the month of September 2023. Seven (7) of the separations were voluntary and two (2) were involuntary. Eight (8) of the employees were full-time and one (1) was PRN.

Reasons for Separations

Did Not Meet PRN Requirements	1
For Cause	2
Medical	1
Other Employment	2
Personal Reasons	2
Unknown	1
Total	9

Retention and Turnover Rates

According to the attached report, the retention rate for September was 98.46% and the turnover rate was 1.54%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT
 Septemberr 2023

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative			1	For Cause
<i>Unit Totals</i>	<i>1</i>	<i>0</i>	<i>1</i>	
Clinical Services		2	0	Other Employment
		1	0	Personal Reasons
<i>Unit Totals</i>	<i>3</i>	<i>3</i>	<i>0</i>	
Community Support Services				
		1	0	For Cause
		1	0	Did Not Meet PRN Requirements
		1	0	Medical
		1	0	Personal Reasons
		1	0	Unknown
<i>Unit Totals</i>	<i>5</i>	<i>5</i>	<i>0</i>	
Grand Totals for the Month	9	8	1	

Total Employees for the Month	522
Retention Rate	98.46%
Turnover Rate	1.54%

Total Separations	9
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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	9	600	600	99
Turnover by Month YTD	1.83%	1.50%	2.00%	1.20%	1.69%	2.27%	2.07%	2.86%	1.54%	1.54%	0.00%	0.00%	16.96%
Cumulative Turnover YTD	0.17%	3.33%	5.33%	6.53%	8.22%	10.49%	12.56%	15.42%	16.96%	16.96%	0.00%	0.00%	79.03%
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%	0.00%	0.00%	20.44%

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



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

MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Human Resources Coordinator

Date: October 3, 2023

Re: Summary – September 2023 EEO Report and Recruitment Update

RACSB received **88** applications through September 30, 2023. This is an **decrease** of **34.81%** compared to the month of August 2023, and an **increase** of **6.02%** when compared to the month of September 2022.

RACSB received **1,179** resumes and advertised **38** positions through Indeed for **September 2023**.

Of the applications received, 24 applicants listed the RACSB applicant website as their recruitment source, 44 stated employee referrals as their recruitment source, and 10 listed Indeed.com as their recruitment source.

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

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

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				30
Full-time	6	10	13	13	19	8	11	16	13				109
Sub Total External Applicants Hired	13	15	16	17	25	11	11	18	13	0	0	0	139
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						1
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						4
Promotion	1	1	7	3	6	2	1	6	10				37
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	0	0	0	76
Total Positions Filled:	19	22	26	27	37	16	17	26	25	0	0	0	215
Total Applications Received:													
Actual Total of Applicants:	75	62	83	115	110	110	112	135	88				890
Total External Offers Made:	20	15	18	26	29	11	11	18	13				161
Total Internal Offers Made:	9	7	18	4	13	5	6	9	12				16

EEO Report 2023

APPLICANT DATA	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Female	35	29	25	22	46	33	51	65	60	48	47	70	39
Male	12	4	2	8	5	27	6	11	23	8	7	11	11
Not Supplied	36	35	29	41	54	39	49	68	72	54	58	54	38
Total	83	68	56	71	105	99	106	144	155	110	112	135	88
<u>ETHNICITY</u>													
Caucasian	28	14	17	9	39	27	31	44	42	24	29	42	23
African American	19	16	7	19	18	26	25	32	37	24	23	33	25
Hispanic	2	5	1	2	8	7	7	3	3	5	6	6	6
Asian		1	2	1	1	3	2	1	1	3		4	1
American Indian	1	1							1	1		1	1
Native Hawaiian						2				2		1	1
Two or More Races													
<u>RECRUITMENT SOURCE</u>													
Newspaper Ads		1		4	2	3		1	2	1		1	1
RACSB Website	28	26	25	27	48	53	45	42	81	50	47	74	24
RACSB Intranet	6	2	1	2	2	7	4	5	11		6	5	3
Employee Referrals	27	23	19	22	37	26	35	48	32	38	39	43	44
Radio Ads			1					2	2				
Indeed.com	24	13	9	16	19	9	22	31	28	15	12	21	10
VA Employment Commission			2	4		2	2		1			6	4
Monster.com													
Other -	2	2	2	2	1	6	1	4	5	3	3	4	3
Colleges/Handshake							1						
Facebook					1								
Multi Site Search	2						1	1	1	3	2		1
NHSC													
Linked In													
Goodwill referral													
Zip Recruiter	1	3	1		2	5	3	3	5	1	4	1	2
Job Fair	2		2	2	2	2	1	2		1			1
Total # of Applicants	64	57	42	60	75	62	83	115	110	80	89	102	67

Open Positions Report		9/30/2023							
Date Posted	Position No.	ADMIN	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		
11/18/2022	298-2022	CLINICAL	MH/SA Outpatient Therapist	Caroline	2	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		
3/9/2023	048-2023	CLINICAL	MH/Substance Abuse Therapist	Fredericksburg		2200/4200/6430 FT	Other		
3/28/2023	076-2023	CLINICAL	Asst. Coordinator, Emergency Svcs - Comm Based	Fredericksburg		2000/4000 FT	Leadership		
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	173-2023	CLINICAL	Therapist, Emergency Services	Fredericksburg		2000/4000 FT	Other		
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	Fredericksburg		4296 FT	Other		
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania		2500 PT	Other		
6/2/2023	102-2023	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT	Other		
8/17/2023	160-2023	CLINICAL	SA Therapist	Spotsylvania		4200 FT	Other		
8/29/2023	161-2023	CLINICAL	Therapist, School Based	Spotsylvania		2200 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		
1/5/2023	325-2022	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Other		
4/10/2023	089-2023	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Other		
8/29/2023	171-2023	ADMIN	Office Associate II	Stafford		1100 FT	Other		
12/1/2022	303-2022	CSS	Cook	Crisis Stabilization	31	2770 FT	Other		
2/17/2023	034-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other		
3/3/2023	043-2023	CSS	Coordinator	Crisis Stabilization		2770 FT	Leadership		
6/22/2023	126-2023	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 PT	Other		
7/11/2023	139-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other		
7/14/2023	140-2023	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 PT	Other		
8/4/2023	157-2023	CSS	Therapist	Crisis Stabilization		2770 FT	Other		
8/22/2023	170-2023	CSS	MH Residential Counselor II	Lafayette	7	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		
6/2/2023	112-2023	CSS	Direct Support Professional - Day Support	RAAICA	5	3651 PT	Other		
9/15/2023	186-2023	CSS	Direct Support Professional - Day Support	RAAIKG		3653 FT	Other		
7/17/2023	196-2021	CSS	Direct Support Professional - Day Support	RAAIKH		3652 PT	Other		
7/11/2022	174-2022	CSS	Direct Support Professional - ICF Team	RAAIKH		3656 PT	Other		
5/19/2023	103-2023	CSS	Direct Support Professional - ICF Team	RAAIKH		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		
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 PT	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		
8/29/2023	175-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other		
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas	13	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		
8/15/2023	159-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 FT	Other		
9/15/2023	185-2023	CSS	Assistant Group Home Manager	ICF Lucas		3793 FT	Leadership		
3/10/2023	053-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT	Other		
4/10/2023	088-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other		
7/11/2023	137-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other		
8/4/2023	154-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other		
9/26/2023	194-2023	CSS	Assistant Group Home Manager	ICF Ross		3792 FT	Leadership		
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		
8/22/2023	167-2023	CSS	ID/DD SAP Manager	Belmont SAP	14	3781 FT	Leadership		
2/10/2023	025-2023	CSS	Direct Support Professional - Residential	Churchill		3791 PT	Other		
9/11/2023	183-2023	CSS	Direct Support Professional - Residential	Devon Drive		3774 PT	Other		
8/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd		3790 PT	Other		
8/23/2023	172-2023	CSS	Assistant Group Home Manager	Galveston Rd		3790 FT	Leadership		
9/22/2023	190-2023	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		
9/26/2023	193-2023	CSS	Group Home Manager	Igo Rd		3777 FT	Leadership		
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		
9/22/2023	189-2023	CSS	Direct Support Professional - Residential	Leeland Road		3772 FT	Other		
9/25/2023	031-2023	CSS	Group Home Manager	Leeland Road		3772 FT	Leadership		
6/12/2023	115-2023	CSS	Direct Support Professional - Residential	Merchants Square SAP		3784 FT	Other		
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 FT	Other		
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT	Other		
1/20/2023	324-2022	CSS	Direct Support Professional - Residential	New Hope		3778 PT	Other		
3/15/2023	062-2023	CSS	Assistant Group Home Manager	Piedmont		3776 FT	Leadership		
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		
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		
9/26/2023	196-2023	CSS	Group Home Manager	Stonewall Estates		3773 FT	Leadership		
Positions on Hold									
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200 PT	Other		
9/15/2022	260-2022	CSS	Nurse Manager II	ID/DD		Split FT	Leadership		
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford	98	2250 FT	Other		
1/30/2023	019-2023	CSS	MH Supv Apartment Asst. Mgr	Lafayette		2786 FT	Leadership		

Date Posted	Position No.	Position Title	Location	RU	Full-time/ Part-time	Leadership/ Other	
Total Open Positions:			99				

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Virginia Health Workforce Convening and Strategic Plan

Date: October 4, 2023

The Claude Moore Foundation and Deloitte Consulting have convened five working groups, representing 130+ stakeholders, in order to develop strategic recommendations for investing in Virginia's health workforce. On October 3, 2023, the Virginia Government, Business, Healthcare, and Education Leaders for a Solutions-focused Health Workforce Convening was held. This in-person summit provided the opportunity to present the strategic priorities developed by the five working groups. Also, the Virginia Health Workforce Development Authority and RAND group consulting group also discussed their refreshed strategic plan. Rappahannock Area Community Services Board had representation on three of the workgroups as well as on a panel during the convening.

The Strategic Recommendations Report is attached for review and consideration.

To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: 10/10/23
Re: Report to RACSB Board of Directors for the October Board Meeting

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Outpatient Services

The Caroline Clinic continues to have one full-time clinician vacancy and is actively recruiting. Our waiting list remains active and staff have been performing weekly outreach to these individuals. Caroline Clinic staff completed 20 new patient intakes in September, that includes priority populations and individuals from waiting list. We continue to offer weekly co-ed Substance Abuse group. We had one successful graduate last month. We are building the caseload of our contracted telehealth therapist, which allowed us to serve a family in crisis this month and enroll multiple family members into services.

The Fredericksburg Clinic scheduled 18- 25 intakes per week in September for adult outpatient therapy and medication management. The Children’s Services Clinic scheduled 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! The Fredericksburg Clinic continues to experience challenges in staffing at the front desk due to vacancies and providing coverage to the outer clinics; however, Vicki Bates has recently joined our team. Current vacancies at the Fredericksburg Clinic include: Office Associate II and MH/SA Therapist. Our MH Peer Recovery Specialist, Kelly Argueta, has started a Hearing Voices Network peer drop in group to help support our individuals who experience or have experienced symptoms of psychosis. We are excited to expand our services to support our clients!

The King George Clinic continues to offer the weekly Men’s and Women’s Substance Abuse treatment group that is well attended. We had one successful graduate during the month of September. King George staff completed 26 new patient intakes during the month of September. Staff attended trainings on grief and ethics this month.

The Stafford Clinic welcomed a new Clinic Coordinator, Lindsay Steele, LCSW. Lindsay comes from our King George Clinic where she worked as an outpatient therapist. She has been with RACSB since 2015 and worked in Compliance and Emergency Services prior to outpatient.

The Spotsylvania Clinic therapists completed 56 intakes during the month of September. 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. Therapists have been completing the Restoration Competency



training to increase availability to provide restoration services. There is currently one vacant position: Men's Substance Use Therapist.

A new Safe Harbor Therapist has been hired! She is set to join the RACSB on 10/2/2023. This therapist will provide TFCBT to children who have disclosed abuse through forensic interviews at Safe Harbor Child Advocacy Center. 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. The School-Based Therapist in Fredericksburg City schools recently began her transition to the Stafford Clinic as the full-time Child and Adolescent Therapist. Additional funding has been approved to add two new school based therapy positions! Interviews are in progress.

Jail & Detention

Please note the following updates at the jail and detention center. Detention has a census of 33 residents. Currently, there is one Community Placement Program resident and four 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

Child and Adolescent:

For September, the Senior Case Manager position for Stafford County was filled. This was a new position that had remained vacant for an extended period of time. The individual brings a great deal of case management experience and experience working with our locality. She will start 10/30/23. The Family Support Peer has started receiving referrals from Emergency Services to follow-up with parents and legal guardians after a child is seen and released by emergency services. She will reach out to families to provide support and resources. Utilization Review services has seen an increase in referrals from the Department of Social Services to assist with difficult to place foster children. Our UR staff work closely with the foster care social workers to identify potential placements and work on plans with the worker and child for permanency.

Adult:

Today we celebrated the first graduate of the Spotsylvania Behavioral Health Docket (BHD). The BHD is a specialty court docket with the Spotsylvania Circuit Court that offers to provide treatment and monitoring to individuals with pending legal charges and serious mental illness. Each individual who is participating in the BHD also receives MHCM Services from Ramon Test and many also receive services from our Lead Peer Specialist, Christine DuBois along with other

services provided by other teams within RACSB. Both Ramon and Christine have dedicated many hours this past year, providing services and attending meetings related to the BHD. We look forward to the continued collaboration with the Docket Team as well as many more successful graduations.

Substance Use

During the month of September, the local harm reduction subcommittee partnered with Katora Coffee to have a harm reduction table in front. Several substance use staff volunteered to man the table and assisted in dispensing Narcan, medication disposal kits, and drug testing kits. Fredericksburg substance use staff continue to dispense Narcan to at-risk individuals. The women's SUD therapist and OBOT Peer Recovery Specialist positions remain vacant, and have had no applicants. The grant proposal for continued SOR funds through SAMHSA was also submitted. The SUD Coordinator continues to participate in meetings regarding OAA funds and working to develop a mobile OBOT program. Focus for this month emphasized writing job descriptions for new positions within the mobile program as well as collaborating with other agencies with current mobile OBOT programs.

Specialty Dockets

During the month of September, the Specialty Dockets continued to welcome new participants and celebrated some graduations. The Behavioral Health Docket welcomed one new participant and had one unfortunate termination. The Veterans Docket continues to operate with ten participants with one person awaiting a court date to begin the program. Juvenile Drug Court welcomed one 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 team attended the annual State DUI and Drug Court Conference in Norfolk, VA from September 18-20. This conference provided training on best practices and guidelines for the programs.

Emergency Services

Our Emergency Services program continues to recruit for Emergency Services Therapists, Child and Adolescent Emergency Services Therapists, Co-Response Therapists and an Assistant Coordinator. The team is working extremely hard to meet the demand for emergency interventions, despite significant vacancies.

Finance Committee

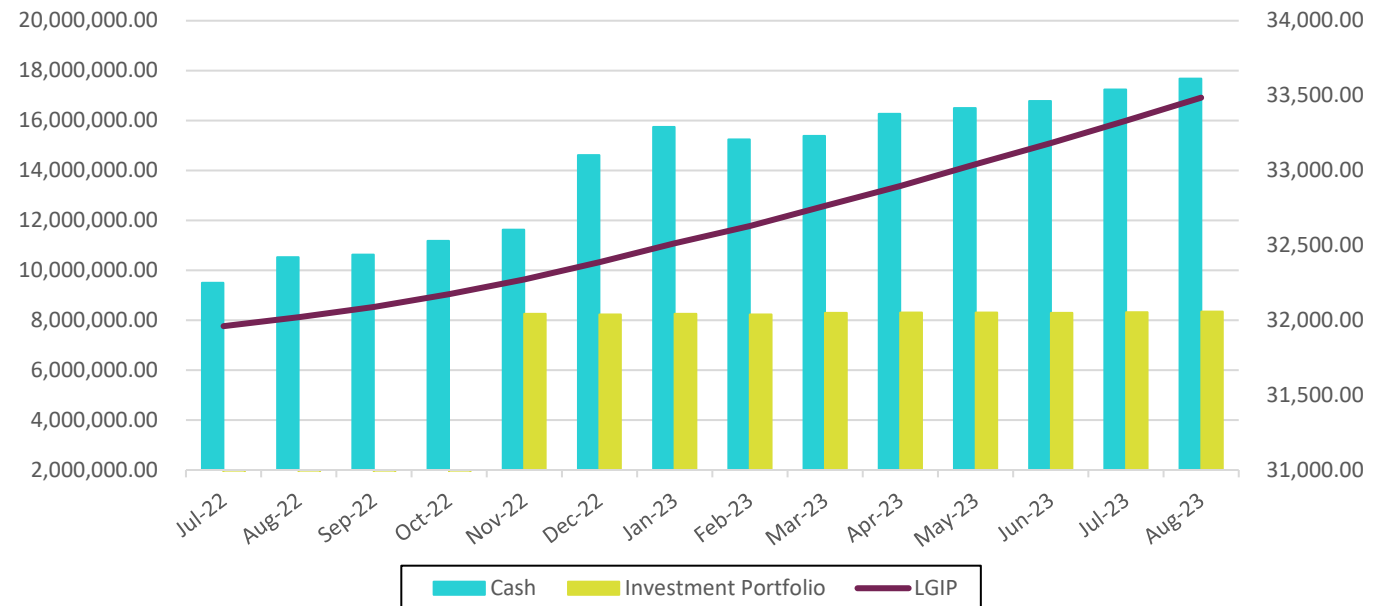
OCTOBER 10, 2023

Summary of Cash Investments

Depository		Rate
Atlantic Union Bank		
Checking	\$ 17,671,673	3.50%
Investment Portfolio		
Cash Equivalents	4,398,273	1.27%
Fixed Income	3,940,570	3.69%
Total Investment	8,338,843	
Total Atlantic Union Bank		
	\$ 26,010,515	
Other		
Local Gov. Investment Pool	\$ 33,487	5.57%
Total Investments	\$ 26,044,002	

	\$ Change	% Change
Change from Prior Month	\$ 449,218	2%
Change from Prior Year	\$ 4,241,410	19%
Average # Months Reserves on Hand:		6

Cash and Cash Equivalents



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%
Fidelity IMM Gov Class I Fund #57	\$ 498,050.10	498,050.10	\$ 498,050.10	\$ -	\$ 26,095.00	5.24%
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	952,818.71	\$ 955,129.17	\$ (2,310.46)		
US Treasury Bill (10/26/2023)	\$ 1,025,000.00	\$ 1,015,374.05	\$ 1,015,443.01	\$ (68.96)		
US Treasury Bill (11/30/2023)	\$ 1,025,000.00	\$ 979,385.62	\$ 981,732.90	\$ (2,347.28)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 952,644.42	\$ 955,364.35	\$ (2,719.93)		
Total Cash Equivalents	\$ 4,548,050.10	\$ 4,398,272.90	\$ 4,405,719.53	\$ (7,446.63)	\$ 26,095.00	0.59%
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 981,980.00	\$ 973,575.00	\$ 8,405.00	\$ 22,500.00	2.31%
US Treasury Note (7/31/2024)	\$ 1,000,000.00	\$ 978,480.00	\$ 978,733.75	\$ (253.75)	\$ 30,000.00	3.07%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 988,950.00	\$ 1,005,781.25	\$ (16,831.25)	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 991,160.00	\$ 1,004,914.69	\$ (13,754.69)	\$ 45,000.00	4.48%
Total Fixed income	\$ 4,000,000.00	\$ 3,940,570.00	\$ 3,963,004.69	\$ (22,434.69)	\$ 140,000.00	3.53%
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%

Fee Revenue Reimbursement

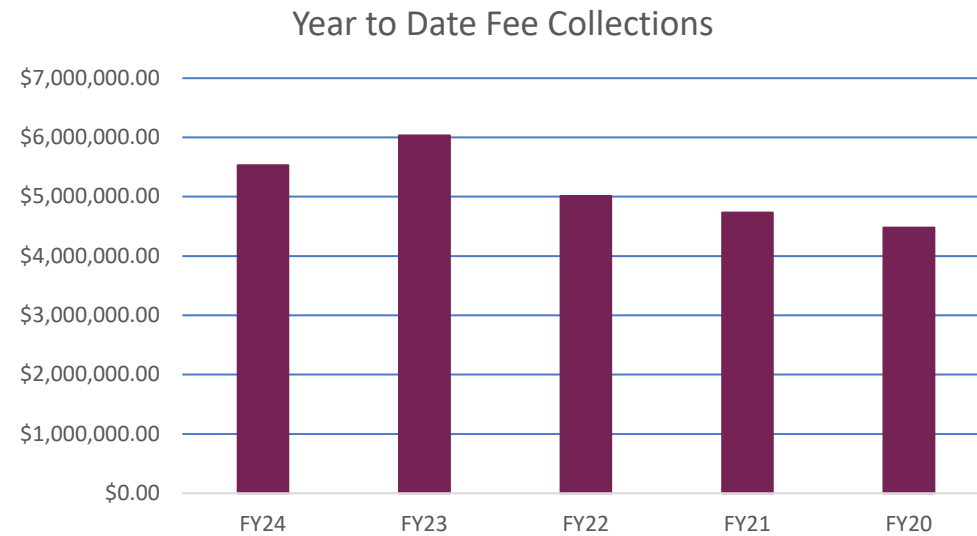
AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,259,319	100%	\$6,163,828	100%	\$5,981,652
	Consumers	56%	\$3,522,802	57%	\$3,516,865	44%	\$2,626,351
	3rd Party	44%	\$2,736,516	43%	\$2,646,964	56%	\$3,355,301
Claims Aged 0-29 Days	Consumers	1%	\$92,457	1%	\$86,669	4%	\$230,401
	3rd Party	44%	\$2,732,448	43%	\$2,625,688	47%	\$2,801,018
Claims Aged 30-59 Days	Consumers	1%	\$40,475	4%	\$274,513	3%	\$155,552
	3rd Party	0%	\$24,793	1%	\$41,891	2%	\$130,428
Claims Aged 60-89 Days	Consumers	4%	\$272,653	3%	\$215,299	0%	\$5,543
	3rd Party	0%	\$17,822	0%	\$22,152	1%	\$74,113
Claims Aged 90-119 Days	Consumers	4%	\$219,187	5%	\$333,974	3%	\$192,493
	3rd Party	0%	\$7,707	0%	\$14,789	1%	\$65,254
Claims Aged 120+ Days	Consumers	46%	\$2,904,031	42%	\$2,606,411	34%	\$2,042,363
	3rd Party	-1%	-\$52,253	-1%	-\$57,556	5%	\$284,489

CLAIM COLLECTIONS	
Current Year To Date Collections	\$5,530,585
Prior Year To Date Collections	\$6,031,008
\$ Change from Prior Year	-\$500,423
% Change from Prior Year	-8%

Fee Revenue Reimbursement – Without Credits

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,259,319	100%	\$6,163,828	100%	\$5,981,652
	Consumers	56%	\$3,522,802	57%	\$3,516,865	44%	\$2,626,351
	3rd Party	44%	\$2,736,516	43%	\$2,646,964	56%	\$3,355,301
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	3rd Party	0%	\$7,707	0%	\$14,789	1%	\$65,254
Claims Aged 120+ Days	Consumers	46%	\$2,904,031	42%	\$2,606,411	34%	\$2,042,363
	3rd Party	1%	\$39,626	1%	\$42,180	5%	\$284,489

Fee Collection YTD



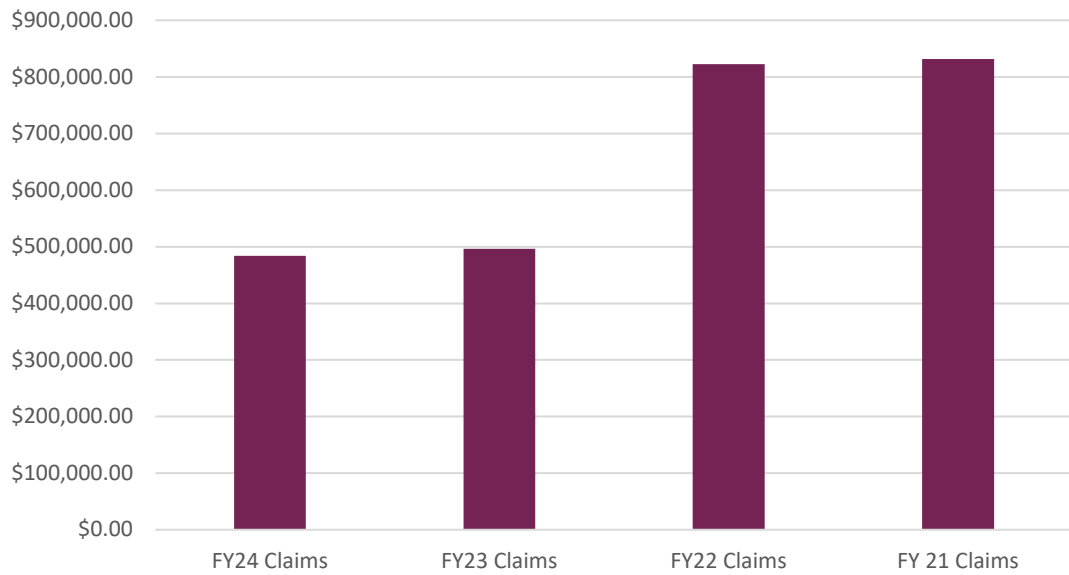
Write Off's – Current Month & YTD

Month: August 2023		
Write Off Code	Current Year	Prior Year
BANKRUPTCY	\$246.32	\$1,488.50
DECEASED	\$80.00	\$1,268.14
NO FINANCIAL AGREEMENT	\$10,284.24	\$1,828.66
SMALL BALANCE	\$289.48	\$117.00
UNCOLLECTABLE	\$832.73	\$592.52
FINANCIAL ASSISTANCE	\$156,479.40	\$176,838.85
NO SHOW	\$2,505.50	\$280.00
MAX UNITS/BENEFITS	\$7,452.66	\$3,629.28
PROVIDER NOT CREDENTIALLED	\$32,979.72	\$1,143.06
DIAGNOSIS NOT COVERED	\$160.00	\$65.00
NON-COVERED SERVICE	\$7,469.49	\$11,245.46
SERVICES NOT AUTHORIZED	\$13,303.54	\$13,243.25
PAST BILLING DEADLINE	\$13,378.43	\$2,417.64
INCORRECT PAYER	\$3,844.04	\$905.00
TOTAL	\$ 249,305.55	\$ 215,062.36

Year to Date: July 2023 - August 2023		
Write Off Code	Current YTD	Prior YTD
BANKRUPTCY	\$246.32	\$1,923.50
DECEASED	\$80.00	\$3,115.01
NO FINANCIAL AGREEMENT	\$11,778.88	\$34,345.68
SMALL BALANCE	\$329.15	\$252.00
UNCOLLECTABLE	\$1,028.73	\$1,795.57
FINANCIAL ASSISTANCE	\$306,933.92	\$400,328.77
NO SHOW	\$3,145.50	\$580.00
MAX UNITS/BENEFITS	\$10,320.84	\$7,279.32
PROVIDER NOT CREDENTIALLED	\$38,931.56	\$4,528.06
DIAGNOSIS NOT COVERED	\$320.00	\$65.00
NON-COVERED SERVICE	\$9,434.35	\$12,891.97
SERVICES NOT AUTHORIZED	\$38,101.41	\$44,998.68
PAST BILLING DEADLINE	\$16,370.15	\$6,803.13
INCORRECT PAYER	\$5,075.97	\$4,072.37
TOTAL	\$ 442,096.78	\$ 522,979.06

Health Insurance

Year-to-Date Health Insurance Claims

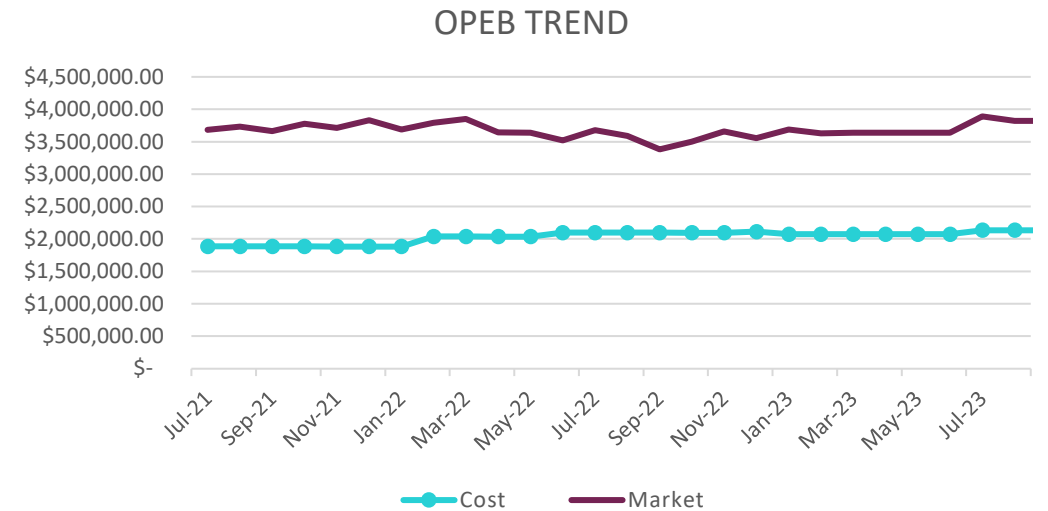


FY 2024	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$1,745,071
July	\$355,798		\$211,426	\$743	\$1,890,186
August	\$348,151		\$272,609	\$758	\$1,966,486
YTD Total	\$703,949	\$0	\$484,035	\$1,501	\$1,966,486

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2024	\$242,017	\$27,641	\$272,609
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
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2023 Year-End Balance	\$ 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
Realized Gain/(Loss)			\$ 411	
Unrealized Gain/(Loss)			\$ (71,206)	
Fees & Expenses	\$ 67		\$ (7)	
Purchases/Sales	\$ (358)			
Transfers/Contributions			\$ (910)	
Balance at 8/31/2023	\$ 2,134,934	\$ 1,180,314	\$ 3,821,233	\$ 2,866,613



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	519
Leave Hours	4,196	3,473	3,764
Overtime Hours	279	473	478

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

HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS – SEPTEMBER 2023

Training

Human Resources held 2 New Employee Orientation (NEO) classes during September. There was a total of 25 individuals hired (24 full-time and 1 part-time).

DOL STATUS	# OF EMPLOYEES HIRED
Full-time	24
Part-time	1
TOTAL	25

Recruitment

In the month of September, we made offers to 13 external applicants and 12 internal applicants.

Human Resources and Employee Relations

Congratulations to the following employees who have recently been promoted:

- Lindsey Steele – Clinic Coordinator – Caroline County
- Nasiba Hussaini – ICF Group Home Manager - Lucas
- Nicollo Saludez – Day Support Site Leader - Stafford
- Mario Anthony-Williams – ICF Group Home Manager - Ross
- Pamela Lavalley – Human Resources Training Specialist
- Margith Vaz – MH Residential Counselor II – Home Road
- Jessica Judkins – Infant/Child Support Coordinator
- Denielle Petty – Payroll Specialist
- Alexander Decatur – Lead Landscape Technician

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: October 3, 2023
Re: September 2023 Waiting Lists

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

OUTPATIENT SERVICES

- Clinical services: As of September 30, 2023, there are 142 individuals on the wait list for outpatient therapy services.

- Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
 - Due to an increase in request for outpatient services, the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services beginning October 5, 2021, the Spotsylvania Clinic implemented a waitlist beginning May 2022, and the Caroline Clinic implemented a waitlist beginning November 2022.
 - The waitlist in Fredericksburg is currently at 0 clients.
 - The waitlist in Spotsylvania is currently at 59 clients.
 - The waitlist in Caroline is currently at 83 clients.
 - This is a decrease of 16 from the August 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 October 3, 2023, there is six older adolescent and adult waiting longer than 30 days for their intake appointment. This is a decrease of one from the August 2023 waitlist. The furthest out appointment is 11/17/2023. There is no children age 13 and below waiting longer than 30 days for their intake appointment.

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

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	11/17/23
<i>Caroline Clinic</i>	
	11/3/2023
<i>King George</i>	
	10/17/23 11/13/23
<i>Spotsylvania Clinic</i>	
	11/2/2023 11/3/2023
<i>Stafford Clinic</i>	
	N/A

Community Support services:

Waitlist Definitions

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

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

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

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

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

MH RESIDENTIAL SERVICES - 6

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

Count by County:

Caroline	0
King George	0
Fredericksburg	0
Spotsylvania	1
Stafford	4
Other	1

There are 4 vacant community beds (2 at Home Road, 2 at Lafayette) and 1 transitional bed. A female referral for the transitional bed, was found NGRI and is unable to start passes until late October. There is another female referral for the transitional bed, who is also NGRI. Staff have made numerous attempts to schedule a pass with her SW, but has not received a response.

One individual is currently doing passes in a LBH community bed, with the plan to accept in early October. Additional passes were necessary to ensure she will be willing to participate in the program and assess her during medication changes that have occurred during her passes. Passes are being scheduled for the other community referrals, with the plan to have the community beds filled by the end of October.

Intellectual Disability Residential Services – 70

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

Count by County:

Caroline	7
King George	4
Fredericksburg	7
Spotsylvania	22
Stafford	30

Assertive Community Treatment (ACT)– 17

Caroline: 0
Fredericksburg: 9
King George: 1
Spotsylvania: 3
Stafford: 3
Homeless/Unknown/Incarcerated/Hospitalized: 1

Total Needs: 16
Total Referrals: 1
Total Acceptances: 0

Total program enrollments = 51

Admissions: 0

Discharges: 0

ACT NORTH is in the process of re-enrolling a client who wants to resume services after he requested discharge earlier this year. Since discharge, this client has been admitted to Snowden, has pending criminal charges and has experienced homelessness. He has also been referred to agency Permanent Supportive Housing.

ACT SOUTH attempted to meet with three potential clients who were referred to ACT for services. After the appointments were scheduled, they each declined services at the present time. They are aware we can reschedule to discuss our program in the future.

The ACT Coordinator had an in-service training with agency staff at Rappahannock Regional Jail. It was a productive and informative meeting. ACT Team Leads have an in-service training scheduled October 26th with the clinical team at Jackson Street to discuss ACT services.

ID/DD Support Coordination

There are currently 824 individuals on the DD Waiver Waiting List.

P 1 – 347

P2 – 194

P3 – 283

RAAI – 37

Caroline: 4

Fredericksburg: 1

King George: 3

Spotsylvania: 9

Stafford: 15

Other: 5

Total Referrals: 25

Total Assessing: 7

Total Acceptances (waiting to add more days): 5

Total program enrollments = 114 (1 new admission in September)

Prevention Services

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org

540-374-3337, ext. 7520

October 2023

Substance Abuse Prevention

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

Youth Education/Evidence Based Curriculum – Jennifer Bateman, Prevention Specialist, resumed facilitation of 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. Bowling Green Elementary was completed in September.

Coalitions – The Community Collaborative for Youth and Families met September 29, 2023 to review the results of the community needs assessment survey related to future funding for the Promoting Safe and Stable Families grant. These funds are provided to local departments of social services. Planning is underway to resume regular meetings 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, returns to King George High School in October.

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 ASIST scheduled for September 14-15, 2023 was cancelled due to low registrations. The next training will be held 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.

In September and October, we are training all staff at the Central Rappahannock Regional Library. Additionally, we have added a class in partnership with Germanna Community College.

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. A safeTALK training was held September 19, 2023. The training scheduled for October 12, 2023 was cancelled due to not meeting the minimum number of registrations. We do not have any additional safeTALK trainings scheduled for 2023.

Lock and Talk Virginia – The campaign for Suicide Prevention Month (L.O.C.K. <https://www.lockandtalk.org/campaigns/lock>) was successful with a impressions and video views exceeding 1 million! The website had nearly 400 new visitors.

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 were on display at the Central Rappahannock Regional Library in September and will be restocked in October.

Awareness – RACSB participated in the Silent Disco to benefit Mental Health America of Fredericksburg on September 30, 2023. The event was held in Market Square and saw good foot traffic from downtown. We will be at the American Foundation for Suicide Prevention's Out of Darkness Walk on October 14, 2023.

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. The group received a \$4,000 grant from the Mary Washington Hospital Foundation to support harm reduction strategies.

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 128 boxes during September.

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

Awareness - Operation Medicine Cabinet will be held October 28, 2023 from 10:00 a.m. to 2:00 p.m. at various sites within Planning District 16. This is held in conjunction with the DEAs National Drug Take Back Day. RACSB and RAHD will be providing drive thru Rapid REVIVE training and Naloxone dispensing at four of the sites.

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.vcpj.net.

ACEs and Resilience – RACSB Prevention Services offers in-person trainings and continues to collaborate with fellow CSBs to host virtual Understanding ACEs trainings. We have a small in-person training scheduled for October 12, 2023. Our next virtual training is scheduled for October 19, 2023 at 1:00 p.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 remaining fall dates are at capacity.

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

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.

September 2023

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	0	6	0
CITY OF FREDERICKSBURG	5	5	48	11
KING GEORGE COUNTY	4	0	4	0
SPOTSYLVANIA COUNTY	13	11	41	4
STAFFORD COUNTY	9	6	33	4
OUT OF AREA (REFERRED TO OTHER HF SITES)	1	0	0	0
TOTAL	33	22	132	19

- HFRA received donations from the Thurman Brisben Center.
- HFRA Team met with VA Cooperative Extension and Central Virginia Housing at their weekly prep rally to build awareness
- HFRA celebrated 15 families who graduated from program at our annual Family Fun Day. This year's event was hosted by Hillcrest United Methodist Church.

Community Support Services Board Report: October 2023

Developmental Disabilities (DD) Residential Services - Stephen Curtis

In September, we welcomed Kelly Sanders to the manager position at Churchill Group Home. Mario Anthony Williams, Ross Drive ICF, and Nasiba Hussaini, Lucas Street ICF, were both promoted to manager roles in their programs during September as well. We congratulate all three staff and look forward to working closely with them in their new positions.

The Compliance team began an 8-session training with DD Residential's managers and assistant managers in September covering everything to do with documentation. The topics thus far have included a review of the EHR system and plan writing/assessment. The remaining 6 sessions are forthcoming over the course of the next 6 weeks and will occur on Thursday mornings. The presentations are well thought out and allow for interactive questions and feedback. We truly appreciate the opportunity the Compliance team is providing us.

Residents at Belmont, Merchants Square, and New Hope all participated in vacations in the month of September. Belmont and New Hope went to Virginia Beach, and Merchants Square vacationed in Ocean City. All individuals seemed to enjoy the opportunity to have a change of pace.

Longtime Belmont SAP manager Kimberly Ehinmiakhena has announced her retirement for December 2023. Kimberly has a huge heart and been such an advocate for the residents at Belmont. Over the years, she has built a dedicated team and worked to ensure folks in her program remain active members of their community. We will miss Kimberly's positive energy and her heart for the work she does.

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

We are currently supporting 114 individuals; with 5 individuals in their 90 day assessment. We continue to assess those on the waitlist and admit individuals as staffing allows. The Plant & Play event at the Fred Nats Stadium was unfortunately cancelled but our Fall Plant Sale is in full swing! Though we are thinking about pumpkins and mums, be on the lookout soon for info on our Holiday Poinsettia sale!

Developmental Disabilities Support Services - Jen Acors

In September, support coordinators worked to start individuals who received waivers in August to open to services – this is a long process and can be prolonged by things like individuals needing to apply for Medicaid and/or get physical exams before services can start.

We received direction by DBHDS to contact everyone who was in Priority 1 status to determine if the individual is interested in group home or sponsored residential placement in the next six months as there are several regional CL slots that need to be awarded – (Regional slots come available when a CSB in the region has no one in Priority 1 status that wants group home or sponsored residential services). We were not able to contact everyone due to the sheer number of people we have in P-1 status – instead we contacted everyone who is age 17 and older and submitted the names of individuals who said they would accept a group home or residential service within the next six months. There are 28 regional slots.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club has a very busy October. So far we had a Sunday Football program that had a really great turnout with around 20 members participating. We will also be participating in the NAMI Walk and the Out of the Darkness Suicide Prevention Walk the next two weekends. Our Halloween party will be October 27. We are also planning some exciting trips during the week like going to the local pumpkin patches, and the National Zoo. We continue to go to the YMCA three days a week, and have begun to expand local volunteer opportunities to include the Food Bank and the SPCA. Our current enrollment is 81.

Assertive Community Treatment (ACT)-Tamra McCoy

Our ACT TEAMS are both fully staffed! New hire, ACT SOUTH Nurse, Elizabeth Brown starts October 16, 2023. Elizabeth has a wealth of experience as a nurse and we are very pleased she will be a part of our wonderful program!

ACT NORTH is in the process of re-enrolling a client who wants to resume services after he requested discharge earlier this year. Since discharge, this client has been admitted to Snowden, has pending criminal charges and has experienced homelessness. He has also been referred to agency Permanent Supportive Housing.

ACT SOUTH attempted to meet with three potential clients who were referred to ACT for services. After the appointments were scheduled, they each declined services at the present time. They are aware we can reschedule to discuss our program in the future.

ACT Team Leads have an in-service training scheduled October 26th with the clinical team at Jackson Street to discuss ACT services.

Mental Health (MH) Residential Services - Nancy Price

Lafayette hosted one pass for a community referral in September. This individual is currently in ACT services and received multiple medication changes during her pass. Her pass was extended an additional week in order to further assess and observe her during the medication changes. Her pass ends on October 2, at which time a decision on her referral will be made.

Home Road had one individual move into a community bed on September 1. An individual who is currently at WSH and completing 8 passes at Home Road, per the conditions of his conditional release plan, was accepted for a transitional bed at Home Road on September 26. He will continue to complete one more pass, prior to starting the process for discharge from WSH.

Three individuals moved into housing through PSH in September, which brings the total to 51 individuals currently housed.

Nancy Price, Amenah Price and Lori Werensnick attended the Housing Virginia's Most Vulnerable conference in Richmond from September 20-22. Nancy Price was asked by DBHDS to present at the conference. The presentation focused on the coordination of PSH and PATH services for the prioritization and transition of our most vulnerable individuals.

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

There are currently 519 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

Sunshine Lady House continues to work towards reopening. Currently the program is training new hires while actively working towards filling vacancies. At this time, Sunshine Lady House has vacancies that include the nurse manager, peer specialists, therapist, residential specialist, and coordinator. Due to state and DMAS regulations, the program is required to have a licensed clinician to provide oversight. Challenges with hiring a qualified coordinator have been on going. However, RACSB recently enlisted the aid of a professional headhunter/recruitment agency to more assertively recruit for the crisis coordinator.

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

September 2023 Review

Community Consumer Submission 3 version 7.5 (CCS3 7.5)

DBHDS has agreed to no more changes in CCS 3 as we work to sunset this data submission functionality with the updated transactional data exchange platform. RACSB is active and well represented within the data exchange project with DBHDS.

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.

RACSB participated in a TRAC-IT status meeting hosted by VACSB and DBHDS. We sent a list of questions prior to the meeting and were informed they would be addressed in the Commissioner's response to the Board. Representatives from at least 10 other boards asked questions and expressed concerns during that meeting.

Opportunities for Partnership/Input:

- Participated in two of five workgroups around Behavioral Health Workforce with Claude Moore Foundation and Deloitte.
- Participated in DBHDS Provider Issues Resolution Workgroup meeting and Sub-Committee on System functioning.
- Joined DBHDS workgroup on supporting BH workforce led by Juliann Tripp, Director of Workforce initiatives.
- 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. We began the proposal review and scoring process.
- Approved as newest member at the EDCC Advisory Council Meeting.
- Attended mandatory grant meeting and submitted application for grant through Mary Washington Healthcare Foundation for an additional school-based therapist.
- Negotiated contract with Valeo, a recruitment agency, to help support our recruitment efforts for key open positions.
- Served on planning committee, secured the presenters, and attended the VACSB/DBHDS Interoperability Summit.
- Served on panel for the Virginia Health Sciences and Human Services Workforce Convening attended by over 100 partners including legislators, funders, hospital associations, Behavioral Health Commission members/staff, other CSBs, Virginia Department of Health Professions, and DBHDS.

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.
- Led the completion of the STEP-VA Check In report.