



VOICE/TDD (540) 373-3223

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meeting notice

TO: Board of Directors

FROM: Matt Zurasky, Secretary
Joe Wickens Executive Director

SUBJECT: Board of Directors Meeting Tuesday,
September 19, 2023 5:00pm
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: September 14, 2023

A Board of Directors Meeting has been scheduled for Tuesday, September 19, 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 September 19, 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
September 19, 2023

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

agenda

- I. MINUTES, BOARD OF DIRECTORS, August 15, 2023 Beebe
- II. PUBLIC COMMENT- Public Comment Beebe
- III. EMPLOYEE SERVICE AWARDS Wickens

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

- IV. 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

VI. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VII. REPORT OF DIRECTORS and COORDINATORS

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

Kobuchi
Cleveland
Carrington
Terrell
Umble
Wagaman
Jindra
Williams

VIII. BOARD TIME

Beebe

IX. CLOSED SESSION

Beebe

X. ADJOURNMENT

Beebe

August 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 August 15, 2023 at 600 Jackson Street and called to order by Vice Chair, Mr. Parcell. *Attendees included:* Ken Lapin, Jacob Parcell, Claire Curcio, Carol Walker, Matt Zurasky, Susan Gayle, Melissa White, Bridgette Williams, and Joe Wickens. *Not present:* Sarah Ritchie, Nancy Beebe, Glenna Boerner and Greg Sokolowski.

MINUTES, BOARD OF DIRECTORS, June 20, 2023

The Board of Directors approved the minutes from the June 20, 2023 meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Mr. Zurasky

Seconded by: Mr. Lapin

I. PUBLIC COMMENT

No Action Taken

II. EMPLOYEE SERVICE AWARDS AND EMPLOYEE OF THE QUARTER

Joe Wickens recognized the following employees for their years of service as well as the employee of the quarter:

5 years

Eleni Mcneil – Coordinator, Substance Abuse

Alexis Wynn-Coleman – PSH Case Manager as of 7/16th, prior MH Residential Specialist

Rachael Nieves, Reimbursement Technician

Sheila Kenney, Direct Support Professional- RAAI ICF

Patricia Byerly, Lead Specialist, RAAI Kings Hwy

Nancy Love, Clinic Coordinator

10 years

Anahita Saeidi – Direct Support Professional, Scottsdale Estates

Katie Barnes – Clinic Coordinator

Ramon Test – Adult MH Case Manager

Lisa Pigg – Direct Support Professional, Galveston Road

Ivy Lee – Family Support Specialist, Healthy Families

15 years

Christopher Gambell – Direct Support Professional, Galveston Road

Diane Allen – Direct Support Professional, Ruffins Pond

Employee of the Quarter

Antwan White – 4th Quarter FY23

❖ **Board Presentation: CRISIS INTERVENTION RESPONSE TEAM (CIT)**

Ms. Jacque Kobuchi and Ms. Karen Wright presented the primary components of Marcus Alert and diverting calls from 911 call centers to regional crisis call centers (988 has now replaced the 800 number for the National Suicide Prevention Lifeline). They explained the formalized agreements between law enforcement and the mobile crisis teams. They also touched upon specialized response from law enforcement when responding to mental health crisis i.e., CIT trained officers and co-response teams. Handout provided. Question and answer discussion followed presentation.

III. CONSENT AGENDA

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

- A.1 Information Only – Extraordinary Barriers List
- A.2 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- A.3 Information Only – Crisis Intervention Team Assessment Center Report
- A.4 Information Only – Emergency Custody Order/Temporary Detention Order
- A.5 Permanent Supportive Housing
- A.6 Information Only – Waitlist
- A.7 Approved – Licensing Reports
- A.8 Information Only – Quality Assurance Report
- A.9 Information Only – Dashboard/Data Highlights
- A.10 Information Only – DBHDS CSB Operational Review
- A.11 Information Only - CARF End of Year Performance Analysis Exec Summary

RECOMMENDED: FINANCE COMMITTEE August 8, 2023 Zurasky

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

B.12 Approved – August 2023 Financial Report, as amended

RECOMMENDED: PERSONNEL COMMITTEE August 8, 2023

Gayle

C.1 Information Only –Retention Report

C.2 Information Only –EEO Report and Recruitment Update

RECOMMENDED: PUBLIC INFORMATION/PREVENTION August 8, 2023

White

D.1 Information Only – Website Analytics

D.2 Information Only – Social Media Analytics

D.3 Information Only – Acronym List

D.4 Information Only – Prevention Program FY 2023 Year End Summary

D.5 Information Only – Understanding ACEs FY 2023 Year End Summary

D.6 Information Only – Suicide Prevention Initiatives FY 2023 Year End Summary

D.7 Information Only – Prevention Efforts Related to Opioid Epidemic FY 2023

D.8 Information Only – Healthy Families FY 2023 Year End Report

D.9 Information Only – Upcoming Events

ACTION TAKEN: The Board approved the Consent Agenda with the exception of *Item A.3 Information Only – Information Technology/Electronic Health Record Update*, which was removed from the agenda.

Moved by: Claire Curcio

Seconded by: Carol Walker

Discussion on Item A.3 Information Only- Information Technology/Electronic Health Record Update. Mr. Zurasky led by stating he had no questions with what was presented. He has issues with what we are being asked to do. Mr. Zurasky made the point that we had a discussion with DBHDS last year around data platforms and he didn't want to see the state asking for data without a purpose. Mr. Zurasky asked Ms. Williams for a summary of the concerns with the Trac-It platform expectations, barriers, and recommended solutions so that he could write a letter to our representatives to ask for assistance and provide visibility of our concerns. Trac-it summary provided today by Ms. Williams as requested during Program Planning and Evaluation Committee.

Ms. Williams added that this is something we have discussed each month for about three years and advocated for throughout multiple levels within both the VACSB and DBHDS organizations. We have put good faith effort to advocating through DBHDS to address our concerns specific to the electronic platform. If required number of data elements for December 11th remains as it is today, it will negatively impact our ability to provide services in our early intervention program. Further, it will result in an increase of 80 hours weekly (2 FTEs) of administrative time and 200 hours weekly (5 FTEs) of clinical time to sustain the data expectations.

Mr. Wickens stated that our last hope had hung on a DBHDS meeting that occurred a few weeks ago to discuss this issue. Unfortunately, DBHDS decided to move forward with the full list of required data elements. If there is no change, we are not going to be able to meet the requirements. We are still going to prioritize services for our over 500 children in the

program which may result in us being cited for not meeting the data requirements. DBHDS may ultimately decide to pull funding as a result which may lead to a decision from our Board as to whether we continue the service, as DBHDS is mandated to provide the service, not the CSBs. The CSBs are participating as contractors with DBHDS to provide the services.

Mr. Parcell said it's sad it has had to come to this, although it seems appropriate. He appreciates the timing of it being brought to the Board as well. Mr. Parcell also stated the situation warrants a full board communication response to the appropriate state officials, to include our legislative representatives. Mr. Parcell asked Mr. Zurasky if he would be willing to take the lead in coordinating the effort. Mr. Zurasky said yes, he would. Mr. Zurasky also suggested that as a Board we address the letter to the Commissioner and copy all of our delegates. Ms. Curcio noted the Board needed some guidance on how to write the letter. Mr. Parcell added that the letter should have a very clear ask. It should state what the cost is, that it will negatively impact service to our patients, and to be clear in what we want done about it. He also believes we should have the letter circulated to other CSB Boards and ask them to consider drafting a similar letter. Timeline for the draft letter to be approved by Board is early next week.

ACTION TAKEN: Board to approve and send letter to the Commissioner of DBHDS with a copy to select Representatives, outlining what the cost is to our CSB and reiterate that the bottom line is untenable.

Moved by: Mr. Zurasky

Seconded by: Ms. Walker

ACTION TAKEN: Board members provided suggestions and edits to draft letter to the Commissioner. Board members voted electronically to unanimously approve the letter as edited. The letter was sent via email from the Board of Directors email account and by postal service on August 24, 2023.

IV. REPORT FROM THE EXECUTIVE DIRECTOR

- a. Mr. Wickens gave a reminder of the upcoming Board tour to be held on September 19, 2023, from 9:30am – 2:00pm. The focus of the tour is staff and programs.
- b. Mr. Wickens shared that the VACSB Conference email link has been sent to all. Agenda has been publicized. Please let us know if you want to go, we will register you. We will also pay your mileage and meals.
- c. Mr. Wickens gave an update on the April Congressional Funding Grant Application – he notified the Board that we did not receive. Nevertheless, he added that we did also submit an application to DBHDS in May and we were provided the opportunity to adjust our funding request level. Our new ask is around \$13 million to account for the amount not received at the federal level.

V. REPORT OF THE DIRECTORS AND COORDINATORS

- a. **Clinical Services** – Ms. Kobuchi reported staff have attended some very good trainings over the summer, we sent several substance abuse therapists to VA Summer Institute for Addiction Services. We also had our school-based therapist attend the first school-based event- called the Reimagining Mental Health for Virginia's Youth

Conference. Ms. Williams was a presenter and our two-school based therapist were also able to attend and it was great. Ms. Kobuchi also wanted to highlight Eleni McNeil, our substance abuse coordinator, who did multiple presentations for Board of Supervisors and the local city council on harm reduction. All very well received. The last thing to report is that our waitlist in Fredericksburg has reduced to 13 individuals from 100, due to diligence and hard work by staff. Huge progress and really happy to see this.

- b. **Finance and Administration** – Ms. Cleveland advised they are currently doing their year-end audit. Also, we just received an email that the regional application for our regional funding for each of our localities will open September 6th
- c. **Human Resources** – Ms. Carrington gave a brief recap of numbers for June and July.
- d. **Public Information** – Ms. Umble gave update that she was invited to speak to the Rappahannock Rotary Club and she said it was an amazing experience. Many of the participants came up to her after the event to thank her and to share their own experiences with mental health. They were complimentary of all that the RACSB does. It was a good reminder of the importance of work that we do here. Ms. Umble also reported that there is a staff engagement activity tomorrow to assemble Jared Boxes for Mary Washington Healthcare. These plastic shoeboxes are filled with fun items for children to use while they're in the hospital, whether they're there for days or hours. MWHC uses these boxes at its local hospitals—Mary Washington and Stafford—and its stand-alone emergency departments.
- e. **Community Support Services** – Ms. Jindra's department reported that they've seen a 30% reduction in our DD Residential vacancies since May. The Comp Study is working and it is helping. We also are projected to fill the last ICF vacancy in October. While vacancies for staffing are still prevalent in the ICF programs, all of our beds will be occupied. At RAAI, they have fully implemented community engagement services which is beneficial for the individuals and also for billing purposes. Ms. Jindra announced that the fall plant sale is coming up on September 23. She provided information on the Plant and Play event at the Fred Nat stadium. RAAI will be selling the plants at the stadium in conjunction with many other activities. Also, she reported that Developmental Disabilities support coordination received 24 waivers awarded which is a good thing for individuals in our community, but also a challenge since staffing is currently a struggle. For Kenmore Club, Ms. Jindra stated they are looking at kicking off Art of Recovery again. Art of Recovery has been a collaboration between Kenmore Club and Community Gallery for almost 14 years. For Assertive Community Treatment Ms. Jindra reported it has fully split to two different facilities, two teams. ACT continues to review referrals for program services. Mental Health Residential Services – Home Road and Lafayette continue to complete assessments and overnight passes for individuals who are referred for MH Residential. For Early Intervention: Parent Education and Infant Development (PEID), Ms. Jindra said there are currently 513 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. Due to increased referrals, we are scheduling 16 consistent assessments per week as well as adding intermittent assessments in various counties. There are currently 16 providers on staff, with an open position for a speech-language pathologist. Ms. Jindra finished with an update on Crisis Stabilization – Sunshine Lady House, we submitted a new hire packet for nurse manager position that has been vacant for two years. Once the coordinator position is filled, we will be able to re-open the program.

- f. **Deputy Executive Director** - Ms. Williams, in absence of Michelle Wagaman, reminded everyone that August 31st is International Overdose Awareness Day, please remember to wear purple on August 31st in supports of their efforts.
Opportunities for Partnership/Input- Ms. Williams provided the Board a list of special opportunities and speaking engagements as well as special projects and data requests.

VI. BOARD TIME

- a) Ms. White said she's glad to back and thanks for all that everyone does.
- b) Ms. Gayle said thank you to all for what they do.
- c) Ms. Curcio said she's still amazed at all they do and thank you for everything they do, and thank you for the acronym list.
- d) Ms. Walker, I really appreciate Matt taking the lead on the letter and I fully support the action. I also was delighted to hear about the rotary club presentation because she was a member Rotarian for years and she appreciates very much that Ms. Umble went to speak to the group.
- e) Ms. Williams, I really appreciated the CIRT presentation and she's looking forward to this being a part of the community, she thinks this is just wonderful and relieved to know there is assistance for the 911 system so it's not overwhelmed. She also wants to get some of the business cards of Ms. Wright when she has them available so she can use them for her clients. She gave a big kudos to both Ms. Kobuchi and Ms. Wright for all they do.
- f) Mr. Lapin – Thank you.
- g) Mr. Zurasky – shared a link to a New York Times magazine article regarding the World's Happiest Man who shares his 3 Rules for Life, the gentlemen is a Buddhist monk and the French interpreter for the Dalai Lama 1) there are no rules, 2) to be happy you have to have compassion....and that's what Mr. Zurasky thinks this whole organization reflects.
- h) Mr. Parcell – thank you to all the staff, great work, thank you for the CIRT presentation, good job, and just a reminder to the Board that our service as Board members doesn't start or stop here at these meetings, in between meetings please reach out to other board members, network, think of ways we can do better and just keep pushing our mission. Thank you.

ADJOURNMENT

The meeting adjourned at 6:05 PM.

Board of Directors Chair

Executive Director

Rappahannock Area Community Services Board
Program Planning & Evaluation Meeting Tuesday,
September 12, 2023 at 10:00 a.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

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

ABSENT

Susan Gayle
Melissa White
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
Amy Umble, Public Information Officer
Patricia Newman, Case Management Supervisor
Alison Standring, Part C Coordinator
Jacque Kobuchi, Clinical Services Director
Amy Jindra, Community Support 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 **September 12, 2023**.

ISSUE: Extraordinary Barriers List

DISCUSSION: Ms. Newman announced that there are currently no individuals on the Extraordinary Barriers List. She noted we have not had many admissions to the state hospitals recently because they are so full. The individuals that we do have that will start working their way towards discharge and will start hitting the EBL list soon, individuals that are not guilty by reason of insanity. These individuals take longer due to the required process which includes court appearances and approval. Ms. Newman noted that our emergency services team does a great job finding private placements for individuals. Ms. Kobuchi also gave the emergency services team kudos for their hard work and on-going efforts. 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.

ISSUE: Independent Assessment Certification and Coordination Team Update – August

DISCUSSION: Ms. Kobuchi told the committee that the RACSB received twenty-four IACCT referrals in the month of August and completed twenty assessments. Nine referrals were initial IACCT assessments and fifteen were re-authorizations in August. Twelve were from Spotsylvania, six from Stafford, two from Caroline, four from King George and none from the City of Fredericksburg. Of the nineteen completed assessments eighteen recommended Level C Residential and two recommended Level B Group Home.

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. Ms. Kobuchi took the committee through the monthly IACCT tracking data for August 2023.

Ms. Kobuchi shared that recently there have been discussions with coordinators and leadership about the agency continuing to complete IACCTs. RACSB is not required to be the IACCT provider, the process is time consuming for our clinicians, and the reimbursement rate does not cover the time spent. Nevertheless, Ms. Kobuchi said her staff feels it's a great service to the community as we typically know the children served and are better able to coordinate care. RACSB plans to continue as the IACCT provider at this time. We will re-evaluate once the transition to Kepro is complete.

Mr. Zurasky asked if the process change under the new contract. Ms. Kobuchi said she was unsure.

ISSUE: Information Technology/Electronic Health Record Update

DISCUSSION: Mr. Reese started with the news for the IT department is that they are fully staffed. Mr. Reese then shared with the committee that the IT department closed 883 tickets during the month of August. This in comparison to July's 965 closed and June's 1028. He also announced that the fiscal year 2023 CCS was submitted on July 28, 2023. In regards to WaMS 3.4 "New" extract, Mr. Reese 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.

Mr. Reese noted that track-IT remains an issue due system-wide concerns related to the increased number of data requirements which will be required as of December 11, 2023.

Mr. Reese told the committee that we continue to utilize Zoom for telehealth throughout the agency. Zoom meetings for medical staff have decreased significantly with providers moving to more in person appointments. Average from January to December 2021 was 3,648 video meetings and 11,087 participants.

Avatar/Bells project, according to Mr. Reese, is currently in implementation with RAAI and is going well with a plan to expand to other locations over the coming months IT is also focusing their efforts on upgrading the patient portal and held the project kick off on July 26th. IT and program supervisors are meeting weekly with the Netsmart team to review new workflows and features.

Ms. Beebe asked if we are still getting reimbursed for Zoom. Mr. Reese said for some services yes. Ms. Kobuchi said we can bill for outpatient therapy.

Mr. Zurasky asked about the meeting with the VACSB and whether or not the RACSB was part of that meeting. Mr. Wickens replied there was a meeting held yesterday. DBHDS did a status progress report. They asked for questions in advance which we provided. Their response was, since they are crafting their response to the letter we submitted, they can't answer any of our questions. Mr. Wickens went on that this defeated the purpose of the meeting. Multiple other CSB staff members asked similar questions and shared similar concerns with the TRAC-IT implementation. DBHDS will provide written responses to the questions. The letter from the Board requested a response by September 15, 2023 which is this Friday.

ISSUE: Crisis Assessment Center and CIT Report August 2023

DISCUSSION: Ms. Kobuchi told the Committee that the CIT Assessment Center assessed 24 individuals in the month of August 2023. The number of persons served by locality were the following: Fredericksburg 8; Caroline 1; King George 1; Spotsylvania 8; Stafford 5, 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 329 emergency evaluations. Seventy-eight emergency custody orders were assessed and sixty-six total temporary detention orders served. Staff facilitated zero admissions to a state hospital. A total of eight individuals were involuntarily hospitalized outside of our catchment area in August. Two individuals were able to utilize alternative transportation. Ms. Kobuchi provided data reports.

Ms. Beebe asked if we have had to utilize the adolescent services for alternative transportation. Ms. Kobuchi reported we had two adolescents this month, but neither were appropriate for alternative transportation. Mr. Parcell asked if there were opportunities to expand the capacity of the CITAC to relieve the burden on communities. Ms. Kobuchi said we have limited funding as we pay for that officer's time for the assessment center through our grant we receive through the department. We don't have funds to pay for more officer time. With our local law enforcement agencies also experiencing workforce challenges, Ms. Kobuchi said she didn't know if there would be enough staffing.

ISSUE: Transportation Services

DISCUSSION: Ms. Jindra shared that prior to the onset of the COVID 19 pandemic, RACSB provided transportation services for individuals to attend RAAI or Kenmore Club Day programs. Pandemic protocols for congregate settings significantly reduced the need for day programming transportation. The transportation department transitioned to providing fleet maintenance and management at that time. Since RAAI's and Kenmore Club's return to full operation in 2021, individuals have utilized private Medicaid transportation providers. While individuals are fully utilizing other transportation services, the need for agency fleet maintenance, management, driving and wheelchair procedure trainings continues.

Ms. Jindra stated that, while the role of the transportation supervisor shifted from managing routes, a limited fleet, trainings, and Medicaid reimbursement/billing processes, the need for the role continues. The transportation supervisor manages the agency's entire fleet maintenance program. Staff within programs are able to prioritize client care over time spent completing vehicle maintenance. In addition, the supervisor's role also includes establishing business relationships with dealerships, body and repair shops, detailing, and other vehicle maintenance. He also manages insurance processes for the vehicles.

Ms. Jindra said that Transportation Services evolved during the pandemic to provide much needed program support. Consequently, she recommends officially recognizing the transition of transportation department to solely program support. She also recommends the permanent reassignment of the office associate to CSS/Clinical Division Directors. The current transportation office should also remain. The location provides safe storage/parking for agency vehicles, access to local mechanics, and central proximity to agency programs.

Ms. Beebe shared her concerns about fully relying on Medicaid for transportation and how she wished there were other systems to provide transport. Ms. Jindra expressed her understanding with Ms. Beebe and assured her that they do everything in their power when there are barriers to help individuals find transportation. As of now, according to Ms. Jindra, our programs just don't have a van full of individuals to pick up. Individuals are finding their own transportation if not through Medicaid, then through private providers.

Mr. Zurasky stated that to be clear, we have adapted the program already so really what we are approving is moving to program support for community support services. Ms. Jindra confirmed. Mr. Parcell then asked if with this official change will we be selling off any capital assets. Mr. Wickens said we are already doing that to some degree. We are selling vehicles as they age. We still have approximately 90 vehicles in our fleet, which is still significant. We sold eight surplus ones. Once they reach around 100,000 miles, we part with them.

ACTION TAKEN: Mr. Zurasky moved and it was seconded by Ms. Beebe to accept the

recommendation to move transportation services under program support. Board members all voted to approve this motion.

ISSUE: Wait List – August 2023

DISCUSSION: Ms. Terrell reported there are 158 individuals on the wait list for outpatient therapy services. The waitlist in Fredericksburg is currently at 6 clients. The waitlist in Spotsylvania is currently 61 clients. The waitlist in Caroline is currently 91 clients. This is a decrease of 11 from the July 2023 waitlist.

FOLLOW UP:

Ms. Terrell went on that for Psychiatric intake: as of September 2023, there are seven older adolescent and adults waiting longer than 30 days for their intake appointments. This is an increase of six from the August 2023 waitlist. The furthest out appointment is 12/4/2023. 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 3 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 15 individuals with 10 on the Needs, 5 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.

Ms. Curcio asked why the Caroline number was so high. Ms. Kobuchi responded that it is due to staffing. Mr. Parcell noted it was a good job getting the wait list number down but asked what further opportunities we have to get further reduce the waitlist. He has concerns that the waitlist would not be eliminated, even at full staff. Ms. Kobuchi said that the staff have very high caseloads, so more staffing will make a big difference and is a priority. Staffing is the only barrier we have at this time. If we fill all thirty positions, the waitlist will disappear. Ms. Bridgette Williams suggested calling the Board of Counseling to see if they have a list of people who have passed the exam. Ms. Kobuchi agreed to follow through.

Ms. Curcio asked if Mary Washington University has ever been approached about starting a counseling program here at RACSB. Ms. Kobuchi said we can definitely consider something like that. Mr. Zurasky added that there are also opportunities in co-ops which can be future investments. He supports the idea of a MWU program as well.

Ms. Brandie Williams shared there are similar programs and pilots being developed. There are also larger statewide efforts to coordinate siloed strategies into a single strategic plan for addressing the behavioral health workforce needs. Strategies include all levels of education, including marketing behavioral health careers as early as middle school. Mr. Zurasky believes there are opportunities for exploration here. He asked if there are private companies, we can contract with to do the heavy lifting to develop a local strategic plan., Mr. Wickens agreed to explore further. *Mr. Parcell*

asked to do a follow up on this discussion at our next committee meeting to explore our options at a local level and take action as appropriate.

ISSUE: Licensing Reports

DISCUSSION: Ms. Terrell informed the Committee there were two licensing reports for August. Myers Respite Program received a report due to a substantiated allegation of neglect. Home Road Supervised Apartment 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. Curcio and seconded by Mr. Zurasky that the Committee recommends the Board to approve the August 2023 Licensing Reports as presented by staff.

ISSUE: Quality Assurance Report

DISCUSSION: Ms. Terrell reported to Committee that RACSB Quality Assurance staff completed chart reviews for the following programs: (RAAI): Kings Highway, King George, and Spotsylvania.

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): Kings Highway charts from the previous audits to the current audits, the average score decreased from 95 to 94 on a 100-point scale.

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): King George charts from the previous audits to the current audits, the average score remained the same at 91 on a 100-point scale.

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): Spotsylvania charts from the previous audits to the current audits, the average score decreased from 100 to 93 on a 100-point scale.

ISSUE: Incident Report Review

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

The population covered includes all individuals receiving services by the RACSB, which includes Mental Health, Substance Use, Developmental Disability, and Prevention services.

Quality Assurance Staff received and triaged 542 Incident Reports from April 1, 2023 through June 30, 2023 (an overall decrease of 55 reports from last quarter). Of those 542 incident reports received, 83 incidents were reported to Department of Behavior Health and Developmental Services (DBHDS) through

the Computerized Human Rights Information System (CHRIS) as a serious incident.

Mr. Lapin asked for confirmation that the lack of trends or patterns of incidents is positive. Ms. Terrell confirmed it was good that no trends were identified. Mr. Parcell asked for examples of the events that qualify as sentinel events for our population. Ms. Terrell said that many of the sentinel events are on the outpatient side and occur outside the provision of services, so we don't have much control over those. Still, we have to report out on them and these incidents are counted in our numbers.

ISSUE:

Part C Compliance Measures

DISCUSSION:

Ms. Standing presented a memo that provided Part C Compliance Measures for three of 14 federally identified indicators and a chart summarizing each of the indicators for the period of July 1, 2022 through June 30, 2023 (Federal Fiscal Year 2022). The Department of Behavioral Health and Developmental Services monitors each Part C system in the Commonwealth to assure that it is in compliance with federal Part C requirements.

Ms. Standing showed how the chart indicates that the Rappahannock Area, through the hard work of the Parent Education- Infant Development Program and Infant/Child Support Coordinators, achieved 100% compliance three of five areas. They did not demonstrate 100% compliance at the time of the review in February/March in the area of meeting the 30-day timeline to initiate services, but have since corrected the deficiency to the satisfaction of DBHDS. They continue to work on the remaining two areas of non-compliance - meeting the 45-day timeline to develop an IFSP after receiving a referral and providing timely notification to the local school district and the Virginia Department of Education of referrals for potentially eligible children. Ms. Standing anticipates they will verify correction of these remaining two areas prior to DBHDS' s deadline of June 30, 2024.

The last three pages of the packet contain a sample chart with explanations of the elements in the chart.

Ms. Curcio noted that we hear over and over there is not enough staff. She asked if there is anything we are doing that is optional- programs etc., that we can reduce to be better staffed. Mr. Wickens replied that the compensation scale was really the key and that we are looking at everything we can. As far as dropping costs to make up for it, we are doing that as well the redeployment of transportation is an example. At the same time, once you make changes to programming, there is a domino effect so we need to be careful. Ms. Curcio added she is worried if we go on with an overburdened staff, we are not going to have a staff to overburden. Mr. Wickens said it was a good point, but we are seeing progress, particularly compared to March when we changed the compensation scale. Another example discussed today was considering our continued participation as the IACCT provider.

Mr. Lapin added that the far-reaching discussions this morning the staff have been 100% up to discussing each and every one of them and for that he applauds

you.

Mr. Parcell commented that he has homework for the board. As we go into the new fiscal year, he wants to make sure that we are taking a look at what we need to do to adjust things. He wants the board to think about which reports are giving them the information they need and which ones are not. He would like them to come to the next meeting with a list of what reports are providing value, what areas need more information, and suggestions to improve meetings.

Adjournment

The meeting adjourned at 11:30 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
September 12, 2023, 10:00 AM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: September 6, 2023

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, September 12, 2023 at 10:00 AM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

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

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

September 12, 2023 – **10:00 AM**

600 Jackson Street, Room 208 Fredericksburg, VA 22401

AGENDA

I. Extraordinary Barriers List, <i>Newman</i>	3
II. Independent Assessment Certification and Coordination Team Update, <i>Kobuchi</i>	4
III. Information Technology/Electronic Health Record Update, <i>Reese</i>	6
IV. Crisis Intervention Team Report, <i>Kobuchi</i>	9
V. Emergency Custody Order/Temporary Detention Order, <i>Kobuchi</i>	11
VI. Transportation Services, <i>Jindra</i>	14
VII. Waitlist, <i>Terrell</i>	15
VIII. Licensing Reports, <i>Terrell</i>	19
IX. Quality Assurance Report, <i>Terrell</i>	25
X. Incident Report Review, <i>Terrell</i>	28
XI. Part C Compliance Measures Memorandum & Accompanying Chart, <i>Standring</i>	37
XII. 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: September 12, 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: September 5, 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-four IACCT referrals in the month of August and completed twenty assessments. One no-showed, two discharged home prior to the reassessment due date and one reauthorization has not been completed yet. Nine referrals were initial IACCT assessments and fifteen were re-authorizations in August. Twelve were from Spotsylvania, six from Stafford, two from Caroline, four from King George and none from the City of Fredericksburg. Of the nineteen completed assessments eighteen recommended Level C Residential and two recommended Level B Group Home.

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.

Attached is the monthly IACCT tracking data for August 2023.

Report Month/Year	Aug-23
1. Total number of Referrals from Magellan for IACCT:	24
1.a. total number of auth referrals:	9
1.b. total num. of re-auth referrals:	15
2. Total number of Referrals per county:	
Fredericksburg:	0
Spotsylvania:	12
Stafford:	6
Caroline:	2
King George:	4
Other:	0
3. Total number of extensions granted:	4
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	1
6. Total number of cancellations:	0
7. Total number of assessments completed:	20
8a. Total number of ICA's recommending: residential:	18
8b. Total number of ICA's recommending: therapeutic group home:	2
8c. Total number of ICA's recommending: community based services:	0
8g. Total number of ICA's recommending: Other:	0
8h. Total number of ICA's recommending: no MH Service:	0
9. Total number of reauthorization ICA's recommending: requested service not continue:	0
10. Total number of notifications that a family had difficulty accessing any IACCT-recommended service/s:	0

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: September 5, 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 August, 883 tickets were closed by IT Staff compared to 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

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

Waiver Management System (WaMS)

The WaMS 3.4 “New” extract has been working as expected since June 2023. IT & Netsmart are still working through the additional extracts, “Discard” & “Update”, since we were not able to test during the normal testing window. 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.

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.

- 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. RAAI is now piloting Bells with live notes in Avatar, with their Stafford location. Once the Stafford team successfully implements Bells, RAAI will start implementation with other locations.

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.

Staffing

Taylor Nash started as the Assistant IT Coordinator on September 5, 2023.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, Acting Emergency Services Coordinator
Date: September 7, 2023
Re: Crisis Assessment Center and CIT report August 2023

The CIT Assessment Center assessed 24 individuals in the month of August 2023. The number of persons served by locality were the following: Fredericksburg 8; Caroline 1; King George 1; Spotsylvania 8; Stafford 5; 1 other.

Please see attached CIT data sheet

August 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
8/1/2023	0	0	n.a	Spotsylvania
8/2/2023	1	0	Stafford	Spotsylvania
8/3/2023	0	0	n/a	Stafford/Spotsylvania
8/4/2023	1	1	Stafford	Stafford/Spotsylvania
8/5/2023	1	0	Spotsylvania	Spotsylvania
8/6/2023	4	0	Stafford; Spotsylvania(2)	Spotsylvania
8/7/2023	1	0	Stafford	Spotsylvania
8/8/2023	3	1	Stafford	Spotsylvania
8/9/2023	4	0	Fredericksburg; Spotsylvania(2);King George	Spotsylvania
8/10/2023	3	3	Fredericksburg; Caroline(2)	Spotsylvania
8/11/2023	1	1	Fredericksburg	Spotsylvania
8/12/2023	1	1	Spotsylvania	Spotsylvania/Stafford
8/13/2023	2	2	Frederickburg;Stafford	Spotsylvania
8/14/2023	3	0	Caroline; Spotsylvania; Stafford	Spotsylvania
8/15/2023	3	0	Fredericksburg(2); Spotsylvania	Spotsylvania/King george
8/16/2023	3	1	Fredericksburg(2); Spotsylvania	Spotsylvania
8/17/2023	2	2	Fredericksburg; Stafford	Spotsylvania/Stafford
8/18/2023	4	1	Fredericksburg; Stafford(2);Spotsylvania	Spotsylvania
8/19/2023	1	1	Stafford	Spotsylvania/Fredericksburg
8/20/2023	2	1	Spotsylvania	Spotsylvania/Stafford
8/21/2023	2	0	Fredericksburg	Spotsylvania/Fredericksburg
8/22/2023	5	0	Fredericksburg(3); King George;Stafford; Spots	Spotsylvania/Stafford
8/23/2023	6	1	Spotsylvania(2);Fredericksburg(2),Stafford(2)	Spotsylvania
8/24/2023	0	0	n.a	Spotsylvania
8/25/2023	0	0	n/a	Spotsylvania
8/26/2023	1	1	Spotsylvania	Spotsylvania
8/27/2023	3	2	Caroline; Stafford	Spotsylvania/Fredericksburg
8/28/2023	3	2	Fredericksburg(2); Spotsylvania	Spotsylvania
8/29/2023	6	2	Spotsylvania(4); Fredericksburg(2)	Spotsylvania
8/30/2023	2	1	Spotsylvania(2)	Spotsylvania
8/31/2023	0	0	n.a	Spotsylvania/
Total	68	24		

Total Assesmen at Center in August: 24

Brought by:	Cumulative Total:		Cumulative number of Assessment since	
Caroline	0	149	September 2016:	3339
Fred City	9	1030		
Spotsylvania	8	991		
Stafford	5	1036		
King George	1	128		
Other	1	5		

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Acting Emergency Services Coordinator

Date: September 5, 2023

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

In August 2023, Emergency Services staff completed 329 emergency evaluations. Seventy-eight individuals were assessed under emergency custody orders and sixty-six total temporary detention orders were issued and served. Staff facilitated zero admissions to a state hospital.

A total of eight individuals were involuntarily hospitalized outside of our catchment area in August. Two individuals were able to utilize alternative transportation.

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

FY24 CSB/BHA Form (Revised: 07/10/2023)									
CSB/BHA	Rappahannock Area Community Services Board			Month	August 2023				
1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
329	25	53	78	66	3	3	60	66	0

FY '24 CSB/BHA Form (Revised: 07/10/2023)						
CSB/BHA	Rappahannock Area Community Services	Reporting month	August 2023		No Exceptions this month →	
Date	Consumer Identifier	1) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>	4) Additional Relevant Information or Discussion <small>(see definition)</small>

Alternative Transport Data August 2023

Date	ID	LE Dept	Location of Individual	Receiving Hospital	Travel time Round Trip	ECO (Y or N)	Gender	Age	TDO Criteria	Presented for AT: Y or N	Reason for Decline
8/6/2023	43229	Spotsylvania	MWH ED	Green Oak	746	Y	m	61	inability to care	Yes	Prior refusal of AT
8/9/2023	111151	Spotsylvania	MWH ED	Dominion	120	Y	f	17	danger to self	Yes	aggression
8/10/2023	111288	Fredericksbug	MWH ED	St. Mary Hospital	120	n	M	31	danger to self	Yes	elopement risk
8/11/2023	111297	Fredericksbug	MWH medical floor	Clearview	644	N	M	63	psychosi;lack capaci	No	aggression
8/11/2023	110881	Spotsylvania	MWH ED	Cumberland	160	Y	M	16	danger to self	Yes	client to unpredictable
8/12/2023	39077	Spotsylvania	MWH ED	Clearview	644	Y	M	32	danger to self	Yes	impulsivity

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

Date: September 6, 2023

Re: Transportation Services

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

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

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

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

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: September 5, 2023
Re: August 2023 Waiting Lists

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

OUTPATIENT SERVICES

- Clinical services: As of August 31, there are 158 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 6 clients.
 - The waitlist in Spotsylvania is currently at 61 clients.
 - The waitlist in Caroline is currently at 91 clients.
 - This is a decrease of 11 from the July 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 September, 2023, there are seven older adolescents and adults waiting longer than 30 days for their intake appointment. This is an increase of six from the August 2023 waitlist. The furthest out appointment is 12/4/2023. There are 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 – 2 (0)	0 (0)
○ Caroline – 2 (0)	0 (0)
○ King George – 2 (1)	0 (0)
○ Spotsylvania – 1 (0)	0 (0)
○ Stafford – 0 (0)	0 (0)
Total	0 (0)

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	11/17/23 12/4/23
<i>Caroline Clinic</i>	
	10/11/23 10/20/23
<i>King George</i>	
	10/17/23 11/13/23
<i>Spotsylvania Clinic</i>	
	10/12/23
<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 - 3

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

Count by County:

Caroline 0
King George 0
Fredericksburg 0
Spotsylvania 0
Stafford 2
Other 1

There is one vacant transitional bed at this time, with two transitional referrals. One individual is hospitalized at WSH and is required to complete 8 passes at Home Road, which he started on August 7. The other individual is also hospitalized at WSH and is required to complete 8 passes at Kenmore Club prior to starting passes at Home Road. She has not yet begun passes at Kenmore Club, but is expected to do so in September. By the time she is able to start passes at Home Road, we are expected to have an additional vacant transitional bed at Home Road.

The one individual for a community bed is currently on a trial pass at Lafayette Boarding House. A second pass is being scheduled for the week of August 28.

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)– 15

Caroline: 0
Fredericksburg: 8
King George: 1
Spotsylvania: 3
Stafford: 3

Total Needs: 10
Total Referrals: 5
Total Acceptances: 0

Total program enrollments = 51

Admissions: 0
Discharges: 0

ACT SOUTH attempted to enroll a client earlier this month. However, he came to the office the day after the scheduled appointment. This potential client was admitted to Snowden the following week for unspecified psychosis. Upon discharge from Snowden, this potential client expressed his interest with moving forward with enrollment in ACT. He is scheduled to be enrolled in ACT South tomorrow. It should be noted he's also been approved for an apartment with our Permanent Supportive Housing program. He's scheduled to move into his apartment in September. He's been living in motels for the past several months.

We currently have three clients in our program who are hospitalized at Snowden. They each have been receiving intensive supports from ACT on a daily basis. These supports include medication management, wellness checks and community engagement. Our staff has been in contact with their case manager at Snowden for updates and discharge planning. The ACT Coordinator continues to attend weekly meetings with Snowden staff and other RACSB providers to discuss services which support client recovery.

ID/DD Support Coordination

There are currently 824 individuals on the DD Waiver Waiting List. This is a decrease of 25 from last month. There were 33 individual awarded waivers during the month of August.

P 1 – 347
P2 – 194
P3 – 283

RAAI – 37

Caroline: 3
Fredericksburg: 1
King George: 3
Spotsylvania: 9
Stafford: 15
Other: 6

Total Referrals: 26
Total Assessing: 8
Total Acceptances (waiting to add more days): 4

Total program enrollments = 112 (3 new admissions in August)

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: September 5, 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 Plans (CAPs) during the month of August 2023. Myers Respite Program received a report due to a substantiated allegation of neglect. Home Road Supervised Apartment 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 #: 101-01-012
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-20-2023
Program Type/Facility Name: 01-012 Home Rd. Apartments

<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	Home Rd. Apartments This regulation was NOT MET as evidenced by: CHRIS Number: 20230160 Date/Time of Discover: 06/30/2023 2:00PM Enter Date/Time: 07/03/2023 1:19PM Reporting Delay: 47:19:00 Location Name: Home Rd. Apartments	PR) 08/10/2023 PR: Staff involved indicated confusion about documenting an IR due to the injury initially occurring offsite and the individual initially declining medical attention. PR: Program supervisor provided training for staff involved. Supervisor also addressed the situation with staff during July staff meeting. Program also included in training regarding enhanced communication for clients involved in multiple programs. Additional 1:1 supervision with staff involved will occur by 8/18/23. PR: SAP program managers and assistant managers will monitor remediation efforts for delayed reporting. They will provide on call support for after hour incidents and medical needs. Daily monitoring will occur for the medical needs of the program residents. PR: by 8/18/23 individual supervision will occur. OLR) Accepted 08/28/2023	8/18/2023

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

License #: 101-01-012
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-20-2023
Program Type/Facility Name: 01-012 Home Rd. Apartments

<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

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

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

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

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

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

License #: 101-01-036

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-19-2023

Program Type/Facility Name: 01-036 Myers Drive

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>opportunities; Employee #1 did not offer.</p> <p>Failure to provide treatment and services necessary to the health and safety of the individual is a violation of 12VAC35-115-50(B)(2).</p>	<p>consistently met.</p> <p>Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p> <p>The program leaders will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. They will likewise ensure best person-centered practices are being followed by staff through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals).</p> <p>The Quality Assurance team will monitor incident reports and any allegations or reports of human rights violations on a daily</p>	

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

License #: 101-01-036

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-19-2023

Program Type/Facility Name: 01-036 Myers Drive

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>Any staff member suspected or alleged to violate the Code of Virginia and any related human rights regulations adopted by the state board will immediately be put on administrative leave pending the outcome of an investigation.</p> <p>Date of completion: Start 8/1/23 and continue indefinitely thereafter</p> <p>OHR/OLR) Accepted 07/27/2023</p>	

General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

MEMORANDUM

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

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

- Rappahannock Adult Activities, Inc. (RAAI): Kings Highway
- Rappahannock Adult Activities, Inc. (RAAI): King George
- Rappahannock Adult Activities, Inc. (RAAI): Spotsylvania

Rappahannock Adult Activities, Inc. (RAAI): Kings Highway

There were two staff members responsible for the selected charts.

Findings for the ten open charts reviewed for Rappahannock Adult Activities, Inc. (RAAI): Kings Highway were as follows:

- Ten charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - One chart was missing the Individual Service Authorization Request (ISAR).
 - Three charts were missing the Program Agreement.
 - Two charts were missing Releases.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - One chart was missing the AR Representative signature.
- Ten charts were reviewed for Quarterly Review compliance:
 - **No discrepancies noted with Quarterly Review.**
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Note Review.**
- Ten charts were reviewed for Medical compliance:
 - **Discrepancies noted with Medical:**
 - One chart had a medication prescription missing.

Comparative Information:

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): Kings Highway charts from the previous audits to the current audits, the average score decreased from 95 to 94 on a 100-point scale.

Corrective Action Plan:

- All missing items have been scanned in by 6/30/23 or requested from the Support Coordinator.
- Retraining will be completed on responsibility of RAAI staff for documents for those individuals who have SC outside of RACSB on 7/26/23.
- Corrective action according to RACSB policy will be issued to responsible staff for items not in Avatar at time of the audit.
- Asst Coordinator will oversee training and ensure corrections.

Rappahannock Adult Activities, Inc. (RAAI): King George

There was one staff member responsible for the selected charts.

Findings for the ten open charts reviewed for Rappahannock Adult Activities, Inc. (RAAI): King George were as follows:

- Ten charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - Five charts were missing the Program Agreement.
 - Five charts were missing Releases.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - Seven charts were missing the Schedule of Supports.
 - One chart was missing Guardian / AR Signatures.
- Ten charts were reviewed for Quarterly Review compliance:
 - **No discrepancies noted with Quarterly Review.**
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Notes.**
- Ten charts were reviewed for Medical compliance:
 - **No discrepancies noted with Medical.**

Comparative Information:

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): King George charts from the previous audits to the current audits, the average score remained the same at 91 on a 100-point scale.

Corrective Action Plan:

- All missing items have been scanned in by 6/30/23 or requested from the Support Coordinator.
- Retraining will be completed on responsibility of RAAI staff for documents for those individuals who have SC outside of RACSB on 7/26/23.

-Corrective action according to RACSB policy will be issued to responsible staff for items not in Avatar at time of the audit.

-Asst Coordinator will oversee training and ensure corrections.

Rappahannock Adult Activities, Inc. (RAAI): Spotsylvania

There was one staff member responsible for the selected charts.

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

- Ten charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - One chart was missing the Risk Assessment, VIDES (Virginia Individual Developmental Disability Eligibility Survey) and Consumer Orientation. **Typically the responsibility of support coordination, however individual does not have SC with RACSB, auditor was unable to locate where staff reached out to SC for that documentation*
 - One chart was missing Level of Functioning (LOF)
 - One chart was missing program agreement
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plan:**
 - One chart was missing Parts I- IV. *Typically, the responsibility of support coordination, however individual does not have SC with RACSB, auditor was unable to locate where staff reached out to SC for that documentation*
- Ten charts were reviewed for Quarterly Review compliance:
 - **No discrepancies noted with Quarterly Review.**
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Notes.**
- Ten charts were reviewed for Medical compliance:
 - **No discrepancies noted with Medical.**

Comparative Information:

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): Spotsylvania charts from the previous audits to the current audits, the average score decreased from 100 to 93 on a 100-point scale.

Corrective Action Plan:

-All missing items have been scanned in by 6/30/23 or requested from the Support Coordinator.

-Retraining will be completed on responsibility of RAAI staff for documents for those individuals who have SC outside of RACSB on 7/26/23.

-Corrective action according to RACSB policy will be issued to responsible staff for items not in Avatar at time of the audit.

-Asst Coordinator will oversee training and ensure corrections.

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: September 5, 2023
Re: 4th Quarter FY 2023 Incident Report Review

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

The population covered includes all people receiving services by the RACSB, which includes Mental Health, Substance Use, Developmental Disability, and Prevention services.

Quality Assurance Staff received and triaged 542 Incident Reports from April 1, 2023 through June 30, 2023 (an overall decrease of 55 reports from last quarter). Of those 542 incident reports received, 83 incidents were reported to Department of Behavior Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS) as a serious incident.

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

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

DBHDS categories of serious incidents

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

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

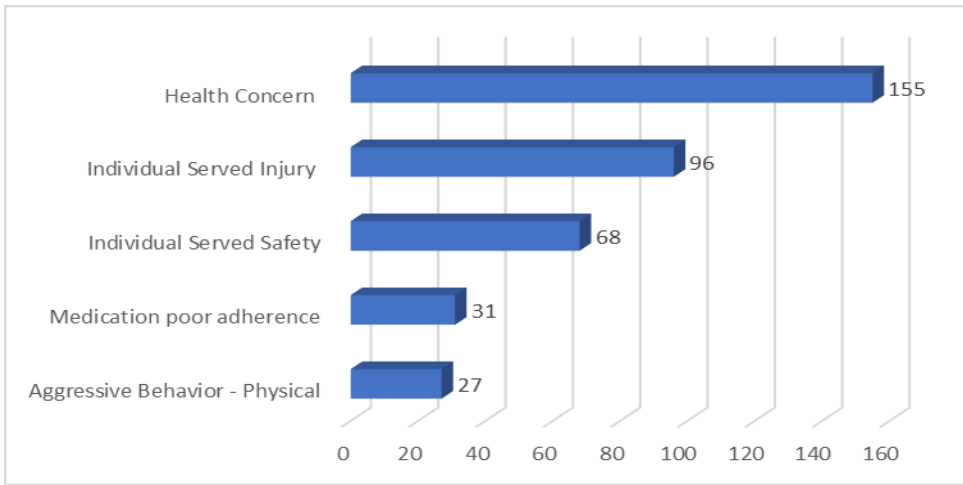
Below is a list of the incident categories and the definition:

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

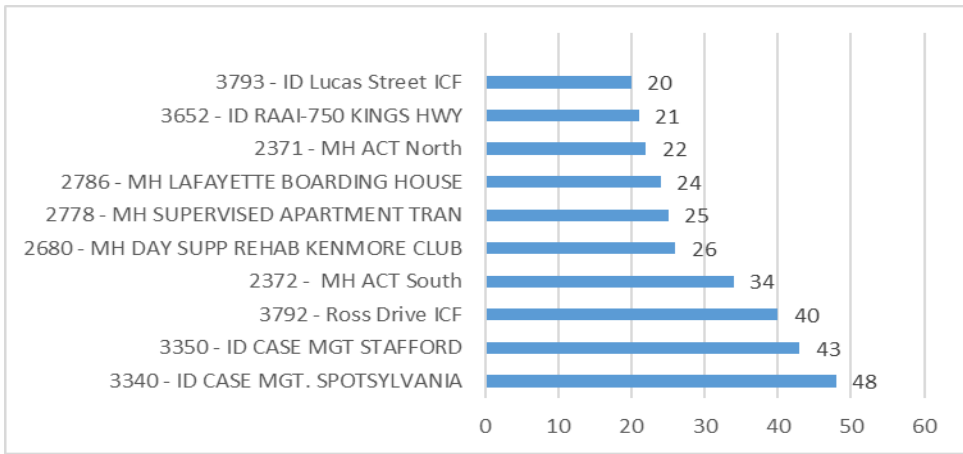
- Other – incident which does not fit into a category above

Type	Total
Accidental Overdose	1
Aggressive Behavior - Physical	27
Aggressive Behavior - Verbal	17
Bio hazardous Accident	0
COVID	2
Elopement/Wandering	5
Exposure to Communicable Diseases	0
Health Concern	155
Individual Served Injury	96
Individual Served Safety	68
Infection Control	0
Med Error	21
Med Non-Compliance	12
Medication non-adherence	10
Medication poor adherence	31
other	6
Possession of Illicit/Licit Substances	0
Property Damage	11
Sentinel Event	11
SIBs	17
Sexual Assault	5
Staff Injury	6
Suicide (non-completion)	24
Use of Seclusion/Restraint	0
Vehicle Accident	11
Weapon Use/Possession	2
Missing Person	4
Total	542

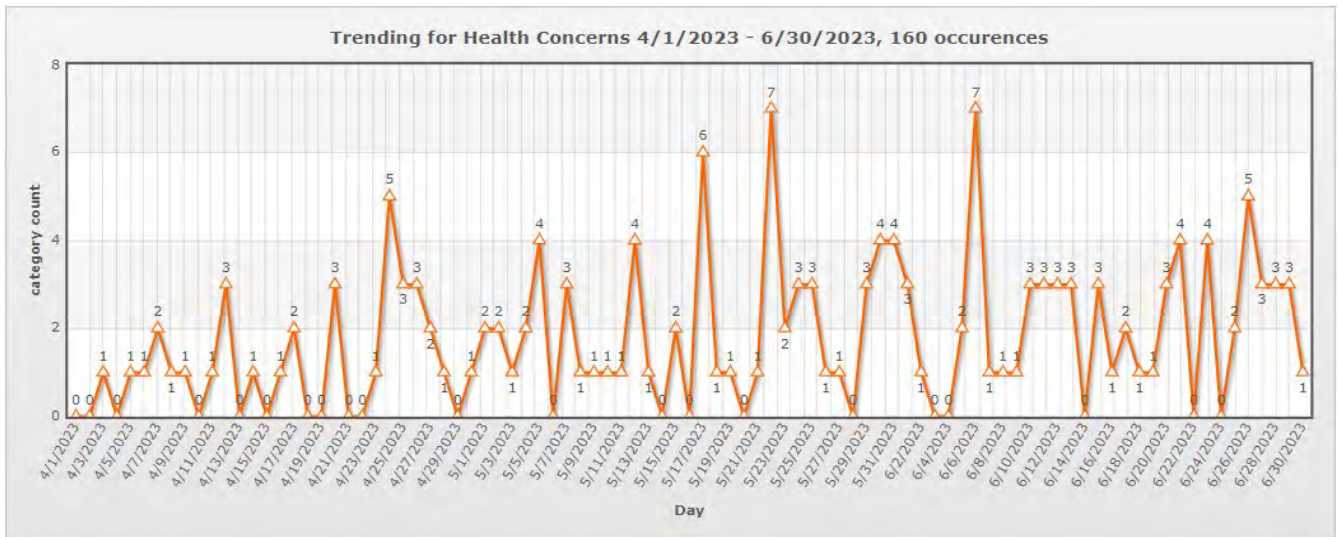
The table above depicts the total number of incident reports received, April 1, 2023 through June 30, 2023 by category.



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

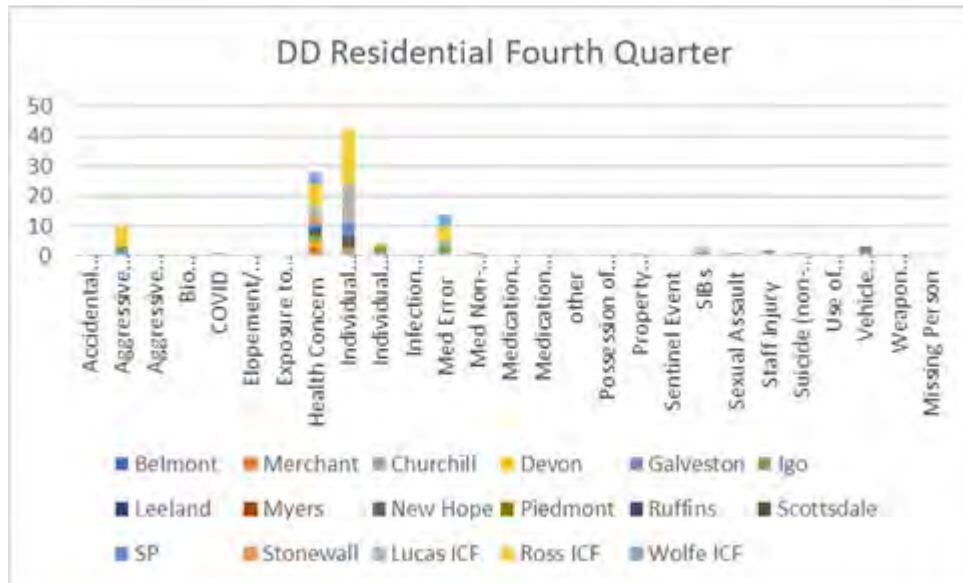


The chart above depicts the top ten programs that submitted the highest of number of incident reports during the time period of April 1, 2023 through June 31, 2023.



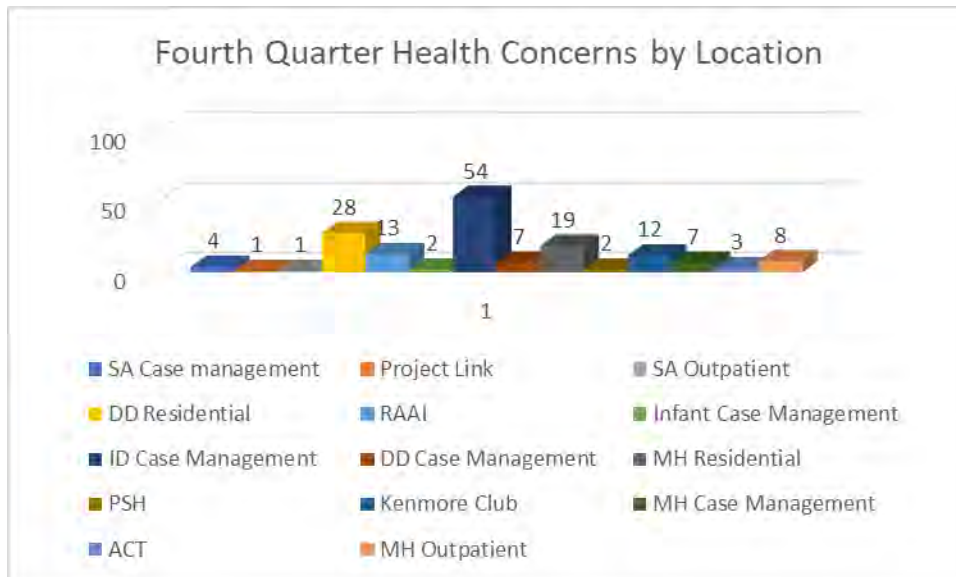
Approximately 28% of the incident reports received were categorized as health concerns. When compared to previous quarters, health concerns continue to be the category with the highest number of

incidents. This can be contributed to all health-related conditions, such as colds, flu, and vomiting or diarrhea. RACSB Residential Services submitted 28 of 155 health concern reports. Reports consisted of concerns related to abnormal pain, nausea, feeling ill, seizure, cellulitis, bruising, choking and urinary tract infections. Ross ICF submitted the highest number of health concern incident reports (7) for Developmental Disability Group Home Services; however, no two concerns were the same. Review of reports revealed no trend concerns; Health Concern category numbers have decreased from the previous quarter by 30 incidents.

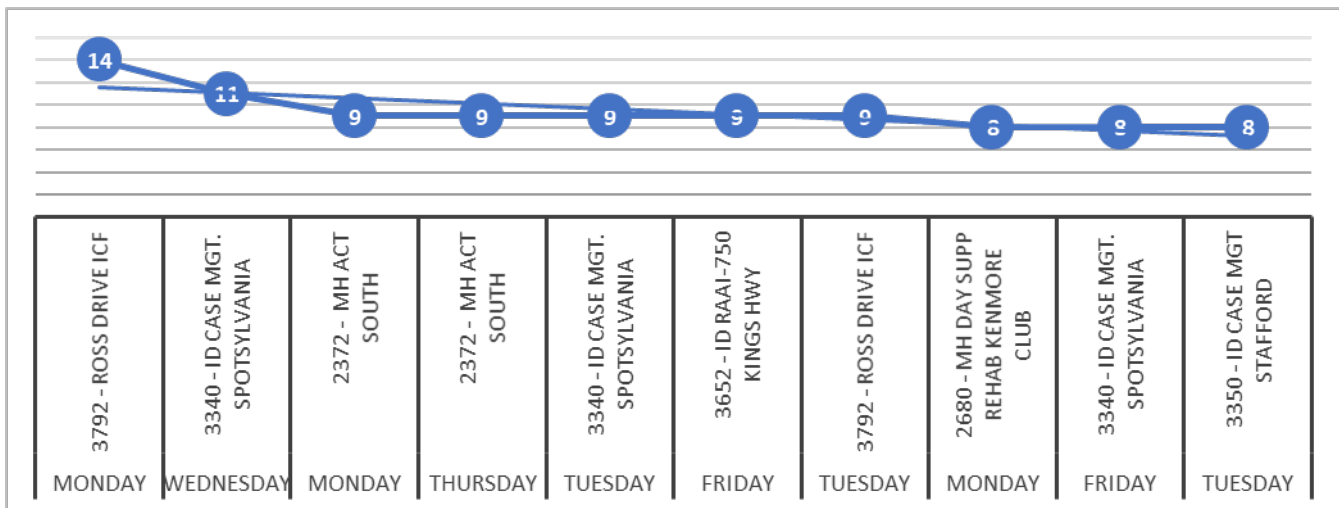


RACSB Residential programs submitted 111 incident reports. In DD Residential, the most frequent incidents were Individual Served Injury, with 47 reports, which included reports of scrapes, bruises, self-injurious behaviors, and falls. There were 28 Health Concerns reported, which included concerns related to choking, asthma, rash, elevated blood pressure, feeling ill, bruising, seizure, urinary tract infections, self-injurious behaviors, abnormal pain, and general just not feeling well. There was a total of 14 medication errors which occurred in DD Residential programs. Five errors related to single dose missed, two categorized as a wrong dose, one categorized as given to the wrong person, and six multiple doses missed. Review and analysis of medication policy, medication administration area, staffing pattern, and cause of errors took place in an attempt to mitigate future errors. There were eight instances of physical aggression reported by Residential programs. Of the eight instances, five individuals were involved; three of whom have behavioral intervention plans which were reviewed and deemed appropriate.

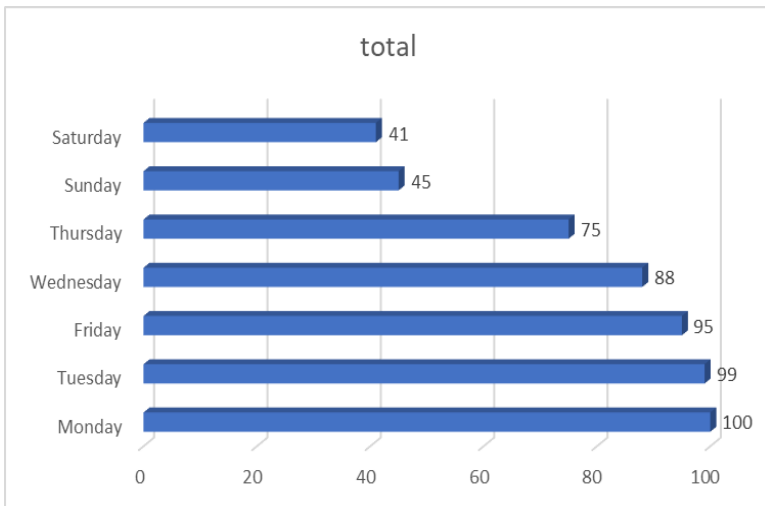
Two COVID related reports were submitted during the April 1, 2023 through June 31, 2023 time frame. This category includes incident reports for individuals who were tested for COVID and for individuals who received positive test results. These two incidents were regarding testing from Case Management and Wolfe ICF; both were reported as negative cases. Residential programs owned and operated by RACSB followed CDC guidelines related to COVID. In addition, program staff were provided personal protective equipment during working hours. RACSB will continue to follow CDC guidelines in an effort to keep everyone safe and healthy.



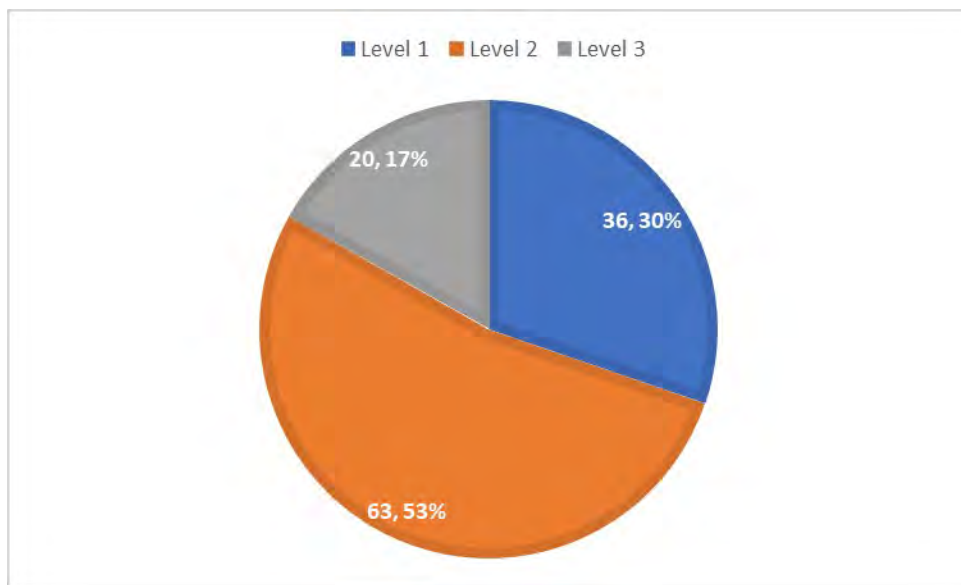
In analyzing the reports for the program with the highest occurrence of health concerns reported, Developmental Disabilities (DD) Support Coordination Services submitted the highest number of reports (54). The health concerns consisted of individuals that reside either with family or in a non-RACSB residential program. The program with the second highest number of reports submitted, with reports submitted related to health concerns is the DD Residential Services Programs (28). Due to the nature of the DD Residential Services, it is projected that there would be a high number of health concerns incident reports. Review of reports revealed no trend concerns.



The above chart above displays the top 10 program sites that submitted the most incidents based on the day of the week. If program sites are grouped based on service type there are five program areas that submitted the highest number of incident reports on specific days of the week; DD Residential, ID Case Management, ACT, RAAI, and Kenmore Club.



The highest number of incidents occurred on Mondays, with 100 incident reports out of the 542 incident reports received in the April 1 through June 31, 2023 time frame.



There was a total of 36 incidence categorized as a level I. Of the 36 incidents categorized as a level I, the majority were the result of minor or superficial cuts, scratches, or bruises, which required first aid. Nineteen of the incidents occurred in DD Residential services, 11 of the incidents occurred at RAAI Day Support, five occurred in MH Residential, and one occurred in ID Case Management:

- Urgent care visits for:
 - cold symptoms,
 - back pain,
 - dizziness,
 - self-injurious behaviors,
 - ear infection,
 - bronchitis,
- First Aid administered for a minor burns and scrapes.
- Falls requiring first aide and/or urgent care visits.

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

There were 63 incidents classified as a Level 2 and 20 incidents classified as Level 3. Root Cause Analyses were conducted for all Level 2 and Level 3 Incidents. One extended root cause analysis was

required during this quarter. Of the 20 Level 3 reports, 11 were death reports, seven from Outpatient Services and four from ID/DD Case Management; none of the ID/DD deaths were currently receiving DD Residential services. Based on review of the Level 1, Level 2 and Level 3 there does not appear to be a pattern or trends.

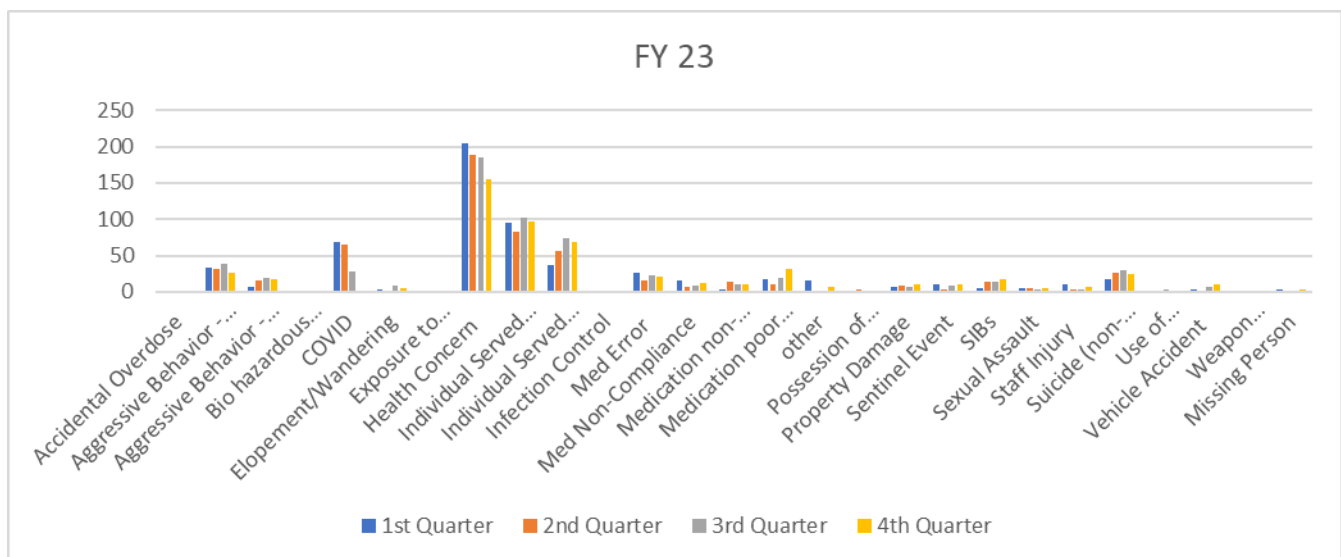
Program actions as a result of Incident Reports


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

FY 23 Data

Type	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Accidental Overdose	2	2	2	1
Aggressive Behavior - Physical	34	31	39	27
Aggressive Behavior - Verbal	7	15	19	17
Bio hazardous Accident	1	0	0	0
COVID	68	65	28	2
Elopement/Wandering	3	1	9	5
Exposure to Communicable Diseases	0	1	0	0
Health Concern	205	189	185	155
Individual Served Injury	95	82	102	96
Individual Served Safety	37	56	73	68
Infection Control	0	1	0	0
Med Error	26	15	23	21
Med Non-Compliance	15	6	8	12
Medication non-adherence	4	13	11	10
Medication poor adherence	18	11	19	31
other	15	0	0	6
Possession of Illicit/Licit Substances	1	3	0	0
Property Damage	7	8	7	11
Sentinel Event	10	4	9	11
SIBs	5	13	13	17
Sexual Assault	5	5	4	5
Staff Injury	10	4	4	6
Suicide (non-completion)	18	26	29	24
Use of Seclusion/Restraint	1	1	4	0
Vehicle Accident	4	2	7	11
Weapon Use/Possession	0	0	0	2
Missing Person	4	2	2	4
Total	602	556	597	542

The table above depicts the total number of incident reports received Throughout Fiscal Year 2023 by category.



To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator 
Subject: Monitoring Results for FFY22/SFY23, Report 1 of 2
Date: August 31, 2023

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

MEMORANDUM

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator
Subject: Monitoring Results for Indicators 1, 7, and 8a, 8b, and 8c FFY22/SFY23
(July 1, 2022 through June 30, 2023) Report 1 of 2
Date: August 31, 2023

The attached memo from Kyla Patterson provides Part C Compliance Measures for three of 14 federally identified indicators, and a chart summarizing each of the indicators for the period of July 1, 2022 through June 30, 2023 (Federal Fiscal Year 2022). The Department of Behavioral Health and Developmental Services monitors each Part C system in the Commonwealth to assure that it is in compliance with federal Part C requirements.

The chart indicates that the Rappahannock Area, through the hard work of the Parent Education - Infant Development Program and Infant/Child Support Coordinators, achieved 100% compliance three of five areas. We did not demonstrate 100% compliance at the time of the review in February/March in the area of meeting the 30-day timeline to initiate services, but have since corrected the deficiency to the satisfaction of DBHDS. We continue to work on the remaining two areas of non-compliance - meeting the 45-day timeline to develop an IFSP after receiving a referral and providing timely notification to the local school district and the Virginia Department of Education of referrals for potentially eligible children. I anticipate we will verify correction of these remaining two areas prior to DBHDS' s deadline of June 30, 2024.

The last three pages of this packet contain a sample chart with explanations of the elements in the chart.

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

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



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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

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

DATE: June 30, 2023

RE: Summary of Local Early Intervention System (LEIS) Monitoring Results for FFY22/SFY23 (July 1, 2022 – June 30, 2023) for Indicators 1, 7, and 8

Section 616(b)(2)(C)(ii)(II) of the Individuals with Disabilities Education Act (IDEA) of 2004 requires each state to measure and report results on federally-identified indicators in an Annual Performance Report (APR). The review period for Virginia's next APR—to be submitted in February 2024—will cover FFY22/SFY23 (July 1, 2022 – June 30, 2023). In addition to reporting this APR data to the Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required under the IDEA of 2004 §616 (b)(2)(C)(ii)(I) and §303.700(a)(2).

State Part C staff recently completed a monitoring review of your local system data for the following annual compliance measures—

- Indicator 01: Timely Initiation of Services
- Indicator 07: 45-Day Timeline for Meeting to Develop the IFSP
- Indicator 08A-C: Transition

We appreciate the time your LEIS spent completing the local annual record review (ARR), entering relevant data into TRAC-IT, and working with both your technical assistance consultant and monitoring consultant throughout the year. Your time and assistance in the monitoring process is critical to ensuring that the data reported to OSEP and to the public is accurate and timely.

The results for the indicators reviewed for your LEIS are documented on the enclosed “Local Early Intervention System (LEIS) Monitoring Results & Determination – Copy 1/2 – Results (06/2023)” report. Final scores for all items and sections—including your LEIS determination for FFY22/SFY23—will be reflected in copy 2 of 2 of the report to be disseminated later this year.

The IDEA of 2004 set the state target for all compliance indicators at 100% and requires correction of identified noncompliance as soon as possible but no later than one (1) year from the date of official notification—i.e., the date of this memorandum. If your LEIS monitoring results for compliance Indicator 01 (Timely Initiation of Services), compliance Indicator 07 (45-Day Timeline for Meeting to Develop the IFSP) and/or compliance Indicator 08A-C (Transition) are less than 100% and were not corrected prior to receipt of this memo, state Part C staff will contact your LEIS local system manager to provide guidance regarding next steps.

Please note:

- For all compliance indicators where noncompliance has been identified (i.e., results of less than 100%), the State Lead Agency must verify that noncompliance has been corrected as soon as possible and in no case later than June 30, 2024. In accordance with OSEP memo 09-02 dated October 17, 2008, this requires confirming that the LEIS is now implementing the requirement correctly and that the local system has corrected each individual case of noncompliance (unless the child is no longer in the system.) Additional record reviews or other monitoring activities may be needed in order to verify correction of noncompliance.
- The State Lead Agency is required per the IDEA of 2004 §616(e)-(g) to implement appropriate enforcement action(s) any time a LEIS: 1) fails to correct noncompliance within one (1) year; 2) receives a determination of Needs Assistance two or more years in a row; and/or 3) receives a determination of Needs Intervention or Needs Substantial Intervention. Local determinations and any required enforcement action(s) will be included on copy 2 of 2 of the local determination report (to be disseminated later this year). Your technical assistance consultant and monitoring consultant are available to support your local system in achieving timely correction.

If you have any questions regarding this notification, please contact your monitoring consultant.

As always, thank you for your ongoing efforts to ensure quality supports and services for the infants and toddlers and their families served by the Infant & Toddler Connection of Virginia.

Enclosures

cc: Local System Manager

Local System Manager Supervisor

Nelson Smith, Commissioner, DBHDS

Ellen Harrison, Chief Deputy Commissioner, Community Services, DBHDS

Nina Marino, Interim Assistant Commissioner, Community Behavioral Health Services, DBHDS

Katharine Hunter, Interim Director, Office of Child and Family Services, DBHDS

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

Monitoring Consultant, Infant & Toddler Connection of Virginia, DBHDS

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

Rappahannock Area

Section A						
Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data						
Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)						
Scoring <ul style="list-style-type: none"> • CPN = N/A → 2 • CPN = Y → 2 • CPN = N and ARR >= 95% → 2 • CPN = N and ARR >= 75% → 1 • CPN = N and ARR < 75% → 0 						
Indicator	State Target	State Result	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction FFY21/SFY22 Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%	94.24%	96.67%	Y		
07: 45-Day Timeline	100%	96.45%	73.60%	N		
08A: Transition Steps and Services	100%	99.60%	100.0%	NA		
08B: Transition Notification to LEA & VDOE	100%	97.15%	93.3%	N		
08C: Transition Conference	100%	99.55%	100.0%	NA		
Longstanding Noncompliance						
Scoring <ul style="list-style-type: none"> • No longstanding noncompliance → 2 • Noncompliance corrected within one (1) year; if repeated, compliance at ARR >= 95% → 2 • Noncompliance corrected within one (1) year; if repeated, compliance at ARR < 95% → 1 • Noncompliance exceeding one (1) year → 0 						
Accurate & Timely Data						
Scoring <ul style="list-style-type: none"> • True → 1 • False → 0 	Accuracy	ARR Data and Verification				
		December 1 st Child Count				
		Children Over Three Report				
	Timeliness	Contract Deliverables ¹				
Section A Points and % Score						
Scoring <ul style="list-style-type: none"> • Total points = SUM of points awarded • Section A % score = SUM ÷ TOTAL POSSIBLE POINTS² 		SECTION A POINTS				
		SECTION A % SCORE				

¹ All FFY22/SFY23 contract deliverables submitted and 9 of 11 deliverables submitted on time in order to receive full credit.

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

Section B

Results Indicators; Data Anomalies; Data Completeness

Primary Service Setting (Indicator 02)					
Scoring <ul style="list-style-type: none"> PSS >= State target → 1 PSS < State target → 0 	State Target	State Result	Local Result	Points Awarded	
	98.0%				
Child Outcomes (Indicator 03)					
Scoring <ul style="list-style-type: none"> Local results reported but not scored 					
	State Target	State Result	Local Result		
03A-S1: Positive social-emotional skills					
03A-S2: Positive social-emotional skills					
03B-S1: Acquisition and use of knowledge and skills					
03B-S2: Acquisition and use of knowledge and skills					
03C-S1: Use of appropriate behaviors to meet needs					
03C-S2: Use of appropriate behaviors to meet needs					
Data Anomalies					
Scoring <ul style="list-style-type: none"> 3 child outcomes x 5 progress categories (a-e) = 15 results 15 results – total anomalies = Score <ul style="list-style-type: none"> Score = 13, 14 or 15 → 2 points Score = 10, 11 or 12 → 1 point Score < 10 → 0 points 	Anomalies	Score	Points Awarded		
Children w/ Exit Scores					
Scoring <ul style="list-style-type: none"> # score captured ÷ total # eligible for scores = LEIS % <ul style="list-style-type: none"> LEIS % >= 90% → 2 points LEIS % between 80% and 90% → 1 LEIS % < 80% → 0 points 	Eligible	Captured	LEIS %	Points Awarded	
Family Outcomes (Indicator 04)					
Scoring <ul style="list-style-type: none"> Meaningful difference = NA³ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
	04A: Family Outcomes (Know their rights)				
04B: Family Outcomes (Communicate needs)					
04C: Family Outcomes (Help child learn)					
Family Survey Response Rate					
Scoring <ul style="list-style-type: none"> [Surveys connected⁴ minus (-) surveys returned] ÷ surveys connected = LEIS % <ul style="list-style-type: none"> LEIS % >= 26% OR at or above 75th percentile → 2 LEIS % >= 22% OR between 25th and 75th percentile → 1 LEIS % at or below 25th PERCENTILE → 0 	Surveys Connected	Surveys Returned	LEIS %	Points Awarded	

³ Local result >= state target = NA

⁴ Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable “connected” with the intended recipient household.

Section B: Results (continued)						
Child Find (Indicator 05; Indicator 06)						
Scoring <ul style="list-style-type: none"> Meaningful difference = NA⁵ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded	
05: Child Find 0-1						
06: Child Find 0-3						
Section B Points and % Score						
Scoring <ul style="list-style-type: none"> Total points = SUM of points awarded Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶ 	SECTION B POINTS					
	SECTION B % SCORE					
Cumulative Score and Determination						
Scoring <ul style="list-style-type: none"> Cumulative % Score = 50% Section A % Score + 50% Section B % Score Determination <ul style="list-style-type: none"> 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year 60%-79% → Needs Assistance (NA) 50%-59% → Needs Intervention (NI) 0%-49% → Needs Substantial Intervention (NSI) 	FFY22/SFY23 CUMULATIVE % SCORE					
	FFY22/SFY23 DETERMINATION					
Enforcement Actions (if applicable)						
Local EIS Determination History						
FFY06/SFY07 (July 1, 2006 – June 30, 2007)	FFY07/SFY08 (July 1, 2007 – June 30, 2008)	FFY08/SFY09 (July 1, 2008 – June 30, 2009)	FFY09/SFY10 (July 1, 2009 – June 30, 2010)	FFY10/SFY11 (July 1, 2010 – June 30, 2011)	FFY11/SFY12 (July 1, 2011 – June 30, 2012)	FFY12/SFY13 (July 1, 2012 – June 30, 2013)
FFY13/SFY14 (July 1, 2013 – June 30, 2014)	FFY14/SFY15 (July 1, 2014 – June 30, 2015)	FFY15/SFY16 (July 1, 2015 – June 30, 2016)	FFY16/SFY17 (July 1, 2016 – June 30, 2017)	FFY17/SFY18 (July 1, 2017 – June 30, 2018)	FFY18/SFY19 (July 1, 2018 – June 30, 2019)	FFY19/SFY20 (July 1, 2019 – June 30, 2020)
FFY20/SFY21 (July 1, 2020 – June 30, 2021)	FFY21/SFY22 (July 1, 2021 – June 30, 2022)	FFY22/SFY23 (July 1, 2022 – June 30, 2023)				

⁵ Local result >= state target = NA

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

Local Early Intervention System (LEIS) Monitoring Results & Determination

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

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

Infant & Toddler Connection of

LEIS

GENERAL INFO

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

Section A

Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data

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

Scoring

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

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

Target for all Compliance Indicators is 100%

Longstanding Noncompliance

Scoring

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

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

Accurate & Timely Data

Scoring

- True → 1
- False → 0

ARR Data and Verification	
December 1 st Child Count	
Children Over Three Report	
Contract Deliverables ¹	

Review of data submitted with ARR confirmed accuracy

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

Section A Points and % Score

Scoring

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

SECTION A POINTS

SECTION A % SCORE

No children on report more than 2 of 3 months reviewed

X of Y required deliverables submitted on time

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

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

Section B				
Results Indicators; Data Anomalies; Data Completeness				
Primary Service Setting (Indicator 02)				
Scoring <ul style="list-style-type: none"> PSS >= State target → 1 PSS < State target → 0 	State Target	Local Result		Points Awarded
	98.0%			
Child Outcomes (Indicator 03)				
Scoring <ul style="list-style-type: none"> Local results reported but not scored 				
03A-S1: Positive social-emotional skills	69.5%			
03A-S2: Positive social-emotional skills	66.4%			
03B-S1: Acquisition and use of knowledge and skills	74.7%			
03B-S2: Acquisition and use of knowledge and skills	55.3%			
03C-S1: Use of appropriate behaviors to meet needs	78.7%			
03C-S2: Use of appropriate behaviors to meet needs	56.4%			
Data Anomalies				
Scoring <ul style="list-style-type: none"> 3 child outcomes x 5 progress categories (a-e) = 15 results 15 results – total anomalies = Score <ul style="list-style-type: none"> Score = 13, 14 or 15 → 2 points Score = 10, 11 or 12 → 1 point Score < 10 → 0 points 	Anomalies	Score		Points Awarded
Children w/ Exit Scores				
Scoring <ul style="list-style-type: none"> # score captured ÷ total # eligible for scores = LEIS % <ul style="list-style-type: none"> LEIS % >= 90% → 2 points LEIS % between 80% and 90% → 1 LEIS % < 80% → 0 points 	Eligible	Captured	LEIS %	Points Awarded
Family Outcomes (Indicator 04)				
Scoring <ul style="list-style-type: none"> Meaningful difference = NA³ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
	04A: Family Outcomes (Know their rights)	76.4%		
04B: Family Outcomes (Communicate needs)	74.4%			
04C: Family Outcomes (Help child learn)	84.9%			
Family Survey Response Rate				
Scoring <ul style="list-style-type: none"> [Surveys connected⁴ minus (-) surveys returned] ÷ surveys connected = LEIS % <ul style="list-style-type: none"> LEIS % >= 26% → 2 LEIS % between 22% and 26% → 1 LEIS % < 22% → 0 	Surveys Connected	Surveys Returned	LEIS %	Points Awarded

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

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

³ Local result >= state target = NA

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

Section B: Results (continued)

Child Find (Indicator 05; Indicator 06)				
Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> Meaningful difference = NA⁵ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 				
05: Child Find 0-1	1.20%			
06: Child Find 0-3	2.76%			

Section B Points and % Score

Scoring	SECTION B POINTS	
<ul style="list-style-type: none"> Total points = SUM of points awarded Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶ 		
	SECTION B % SCORE	

Cumulative Score and Determination

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

Enforcement Actions (if applicable)

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⁵ Local result >= state target = NA

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

Rappahannock Area Community Services Board
Finance Committee Meeting

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

PRESENT

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

ABSENT

Susan Gayle
Melissa White
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
Alison Standring, Part C Coordinator

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 September 12, 2023.

ISSUE: End of Year State FY23 Part C Fiscal Report

DISCUSSION: The end of year Part C fiscal report shows that we received \$3,488,902.44 in combined revenue for the three program areas of RACSB that make up the Part C system: ICC, Parent Education Infant Development Program, and Infant Case Management. Expenses through June were \$2,908,224.57 leaving a balance of \$580,677.87.

During fiscal year 2023, we provided ongoing services to 1,117 infants and toddlers (up from 1,031 last year), processed 879 referrals (up from 870 last year) and provided assessment to determine eligibility to 90 infants and toddlers who did not enroll in services (up from 56 last year). Some of those who did not enroll were not eligible for services, some were

eligible but declined services, and some moved out of our area.

ISSUE: **September 2023 Board Deck**

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

- Cash Investments, which totaled \$25,594,784 in July 2023.

Mr. Lapin asked if there was any downside to having too much money in our reserve. Ms. Cleveland reminded them that we haven't gone forward with any of our capital projects over the past three years. Ms. Boerner asked about the rates of the checking account and whether the rates fluctuate. Ms. Cleveland indicated it was a set rate. She works with the bank to get our rates increased as the market fluctuates. Mr. Lapin asked if this is set now. Ms. Cleveland said yes.

- Investment Portfolio Summary, which showed an estimated income balance of \$187,825 as of July 31, 2023.
- Fee Revenue Reimbursement, with current year-to-date collections of \$3,001,114 which was a -9% increase from the previous year.
- Write-Off Report, which totaled \$192,480.23 for July 2023.
- Health Insurance Account, with year-to-date monthly premiums totaling \$355,798 and claims and fees totaling \$211,426
- Other Post-Employment Benefits, which had a balance of \$3,892,944 as of July 31, 2023.

Mr. Lapin asked if everybody contributes to this. Ms. Cleveland said this is solely agency contribution.

- Payroll Statistics, which showed an average of 522 employees were paid, 449 overtime hours per pay period in FY23, and an average of 3,588 leave hours per pay period.

Mr. Zurasky inquired if this overtime hours per pay period tends to be the same people. He asked about the average number of overtime for people worked and what programs are they in. Ms. Jindra said its primarily DD Residential. Ms. Cleveland continued that its 25 to 30 people that work consistently over time and it is DD Residential and it ranges on average 15 to 20 hours per week. Ms. Boerner clarified that overtime is time and a half. Ms. Cleveland confirmed.

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 said

that insurance costs affected those numbers. She went onto child & adolescent case management; tax payments affected those numbers. Ms. Cleveland noted that all of our localities ask for regional funding, when we receive that regional funding, its generally done on a quarterly basis- so we get it in July/October so you'll see a higher spike during those times. Ms. Mayo noted Kenmore Club's variance is impacted by salaries, insurance costs, and reduced revenue due to some individuals being placed on spend down. Mr. Zurasky asked so the only expenditure outside of the expected window is within the supervised residential at 11.16%. Ms. Jindra reported this increased expense is due temporary placement of crisis stabilization staff assisting with that program. Mr. Zurasky said even that number isn't that bad.

Ms. Cleveland spoke on the jail and detention services and the related Memorandum of Understanding. This has been represented on the summary as a new separate column so we can evaluate the true cost of this service and help us finalize funding.

Ms. Mayo continued with an overview of the developmental services programs. Group homes showed increased revenues due to back billing which boosted the numbers. There was a question as to why the respite home number was such a negative. Mr. Wickens spoke on the respite group home and said that the board has asked that we revisit the program and the cost. We will provide a presentation next month to the board- the history, the purpose of the program, the cost etc. It is at a negative because it costs more to run than we could ever bill for, even with Medicaid services. Mr. Wickens reminded the board that there is a tour of the facility next week and he looks forward to everyone's participation. Ms. Beebe encouraged everyone to attend the October meeting so that we can review the program and information presented. She also asked if there was schedule for the board tour. It was discussed and Ms. Umble noted she sent the schedule out the week prior.

Ms. Mayo continued with a review of substance abuse programs. Mr. Zurasky asked about the expenditures for residential of 18%. Ms. Kobuchi said that is an ebb and flow with substance abuse residential- if we send someone to detox or to a 28-day program. We might budget a flat rate per month, but the number of individuals per month fluctuates. Ms. Cleveland also noted that it's a reimbursable expense. Mr. Wickens asked Ms. Cleveland to mark the columns to notate the ones that operate on a reimbursement process. Ms. Cleveland confirmed she would add that to the report.

Ms. Cleveland asked if it was approved to incorporate transportation into the program support reporting category. Mr. Zurasky confirmed it was okay.

Ms. Cleveland went over the financial balances recap and we are currently at a balance of \$1.1 million. She gave a number for carry over funds of 1.5 million and that puts us at a total net positive variance of 2.7 million for July.

ACTION TAKEN: It was moved by Ms. Walker and seconded by Mr. Zurasky to accept the July Financial Report 2023. The motion was unanimously approved.

ISSUE: **Mental Health and Substance Use Block Grant Increase**

DISCUSSION: Ms. Brandie Williams presented that on Friday, August 25, 2023, the Department of Behavioral Health and Developmental Services announced that the base federal Mental Health and Substance Use Block Grants are expected to increase for FY2024. DBHDS is planning to pass the majority of this increase to community services boards as a Cost-of-Living Adjustment for each base block grant programs. She advised that there will be a 10% increase to all programs and personnel supported by base block grants with no change to programmatic requirements to assist in countering the rise in costs of providing these services. This increase will be ongoing, contingent on availability of federal funding. This increase is only for base block grant funding and does not impact programs funded with various supplemental block grant fund sources. The Rappahannock Area Community Services Board received a notice of award for \$1,272,775 in base block grant funding for FY2024. The additional increase will amount to approximately \$127,278. This funding will follow the federal reimbursement process for payment. Ms. Brandie Williams noted the significance of this grant because we don't have to do any additional reporting or administrative efforts to receive it.

Mr. Lapin asked what is base block grant. Ms. Brandie Williams said these are federal funds which represent approximately 7% of our budgeted revenue.

ISSUE: **Incentive Payment from Anthem**

DISCUSSION: Ms. Brandie Williams reported that the Rappahannock Area Community Services Board has received an incentive award in the amount of \$4,590 from Anthem Blue Cross and Blue Shield for meeting quality incentive measures through the Behavioral Health Home partnership. In order to qualify for an incentive payment, RACSB has to meet metrics in the following areas: Acute behavioral health inpatient 30-day readmissions, emergency room utilization, PCP visits, 7-day follow-up visit after mental health inpatient discharge, follow-up after ED visit for MH, follow-up after ED visit for alcohol and other drug abuse, and engagement of alcohol and other drug dependence treatment. Most importantly as noted by Ms. Brandie Williams, this incentive is in addition to the per member per month revenue we receive on top of any service billing to provide care coordination for eligible individuals as part of the Behavioral Health Home.

Ms. Beebe inquired where the money goes when we receive it. Ms. Brandie Williams said it depends on the program, it normally goes back into the program that worked to earn the incentive.

Mr. Zurasky asked if these are unrestricted funds. Ms. Brandie Williams confirmed that it is and we can put into any program.

Next meeting will be October 10, 2023.

Adjournment

The meeting adjourned at 1:30 PM



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

NOTICE

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

From: Joseph Wickens
Executive Director

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

Date: September 6, 2023

A Finance Committee meeting has been scheduled for Tuesday, September 12, 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


September 12, 2023 – 12:00 PM

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

Agenda

I.	End of Year State FY23 Part C Fiscal Report, <i>Standring</i>	3
II.	Finance Committee Board Deck, <i>Cleveland</i>	6
	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	
III.	DBDHS Block Grant Increase FY2024, <i>Williams</i>	16
IV.	Anthem BHH Incentive, <i>Williams</i>	17
V.	Other Business, <i>Zurasky</i>	

MEMORANDUM

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator 
Subject: End of Year State FY23 Part C Fiscal Report July 1, 2022-June 30, 2023
Date: August 31, 2023

The end of year Part C fiscal report shows that we received \$3,488,902.44 in combined revenue for the three program areas of RACSB that make up the Part C system: ICC, Parent Education Infant Development Program, and Infant Case Management. Expenses through June were \$2,908,224.57 leaving a balance of \$580,677.87.

During fiscal year 2023 we provided ongoing services to 1,117 infants and toddlers (up from 1,031 last year), processed 879 referrals (up from 870 last year) and provided assessment to determine eligibility to 90 infants and toddlers who did not enroll in services (up from 56 last year). Some of those who did not enroll were not eligible for services, some were eligible but declined services, and some moved out of our area.

PC: Amy Jindra, Community Support Services Director
Tina Cleveland, Finance/Administration Director
Suzanne Haskell, PE-ID Coordinator

Part C LEIS Lead Agency Budget

Infant & Toddler Connection of
 Contract Number 720-4955-30
 DUNS Number
 FFY/SFY

the Rappahannock Area
 720-4955-30
 789728649
 FFY22/SFY23

Revision Date → 02/15/23

Section A: Budget, Service Information & Expenditures

	Budgeted Federal Part C Revenues	Budgeted State Part C Revenues	Budgeted Additional Revenues	Budgeted TOTAL Revenues	Actual Expenditures 07/01 - 12/31	Actual Expenditures 01/01 - 06/30	TOTAL Expenditures	Comments
DIRECT SERVICES								
<i>Billed by 15-minute increments/units</i>								
Assessment for Service Planning	\$0.00	\$396,200.00	\$289,068.21	\$685,268.21	\$249,599.38	\$262,750.20	\$512,349.58	
Counseling	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nursing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Occupational Therapy	\$0.00	\$154,200.00	\$160,000.00	\$314,200.00	\$113,817.31	\$126,120.09	\$239,937.40	
Occupational Therapy - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Physical Therapy	\$0.00	\$164,531.56	\$166,421.00	\$330,952.56	\$113,817.31	\$126,120.09	\$239,937.40	
Physical Therapy - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Psychology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Social Work	\$0.00	\$82,252.00	\$0.00	\$82,252.00	\$0.00	\$0.00	\$0.00	
Developmental Services	\$0.00	\$133,188.34	\$280,000.00	\$413,188.34	\$149,759.62	\$163,956.13	\$313,715.75	
Speech Language Pathology	\$0.00	\$363,200.00	\$250,000.00	\$613,200.00	\$221,644.25	\$214,404.16	\$436,048.41	
Speech-Language Pathology - AT Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subtotal	\$0.00	\$1,293,571.90	\$1,145,489.21	\$2,439,061.11	\$848,637.87	\$893,350.67	\$1,741,988.54	
DIRECT SERVICES								
<i>Individual Activities</i>								
Assistive Technology Devices	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Audiology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Eligibility Determination (EI Providers)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nutrition	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Service Coordination	\$198,793.56	\$316,305.44	\$346,421.00	\$861,520.00	\$513,040.40	\$512,801.55	\$1,025,841.95	
Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subtotal	\$198,793.56	\$316,305.44	\$346,421.00	\$861,520.00	\$513,040.40	\$512,801.55	\$1,025,841.95	
SYSTEM OPERATIONS								
Administration	\$82,515.00		\$0.00	\$82,515.00	\$26,953.00	\$20,888.69	\$47,841.69	
System Management	\$85,898.44		\$0.00	\$85,898.44	\$39,244.61	\$42,699.74	\$81,944.35	
Data Collection	\$3,200.00		\$0.00	\$3,200.00	\$0.00	\$0.00	\$0.00	
Training	\$22,000.00		\$0.00	\$22,000.00	\$1,175.84	\$36.20	\$1,212.04	
Public Awareness/Child Find	\$5,000.00		\$0.00	\$5,000.00	\$3,204.50	\$6,191.50	\$9,396.00	
Other System Cost	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subtotal	\$198,613.44		\$0.00	\$198,613.44	\$70,577.95	\$69,816.13	\$140,394.08	
TOTAL REVENUES & EXPENDITURES	\$397,407.00	\$1,609,877.34	\$1,491,910.21	\$3,499,194.55	\$1,432,256.22	\$1,475,968.35	\$2,908,224.57	

Section B: Revenues by Source

SOURCE	Annual Budget	Actual Revenues 07/01 - 12/31	Actual Expenditures 07/01 - 12/31	Mid-Year Balance	Actual Revenues 01/01 - 06/30	Actual Expenditures 01/01 - 06/30	Final Balance	Comments
Federal Part C Funds	\$397,407.00	\$198,708.00	\$198,708.00	\$0.00	\$198,699.00	\$198,699.00	\$0.00	
Federal Part C Retained Earnings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
State Part C Funds	\$1,252,889.00	\$626,448.00	\$207,808.54	\$418,639.46	\$626,441.00	\$590,290.80	\$454,789.66	
State Part C Retained Earnings	\$356,988.34	\$356,988.34	\$356,988.34	\$0.00	\$0.00	\$0.00	\$0.00	
State Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Local Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Medicaid	\$863,635.71	\$356,859.29	\$356,859.29	\$0.00	\$406,052.98	\$406,052.98	\$0.00	
Medicaid EI TCM	\$346,421.00	\$192,536.33	\$107,580.42	\$84,955.91	\$200,363.73	\$169,079.43	\$116,240.21	
Insurance	\$91,553.64	\$53,527.29	\$53,527.29	\$0.00	\$56,375.42	\$56,375.42	\$0.00	
TRICARE	\$42,684.61	\$25,429.42	\$25,429.42	\$0.00	\$25,257.86	\$25,257.86	\$0.00	

Family Cost Share	\$41,184.45	\$28,656.22	\$28,656.22	\$0.00	\$29,888.86	\$29,888.86	\$0.00
Donations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
In Kind	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (specify) Retained earnings - fees	\$96,782.80	\$96,698.70	\$96,698.70	\$0.00	\$0.00	\$0.00	\$0.00
Other (specify) Retained donation	\$9,648.00	\$9,648.00	\$0.00	\$9,648.00	\$0.00	\$0.00	\$9,648.00
Other (specify)	\$0.00	\$0.00	\$0.00	\$0.00	\$324.00	\$324.00	\$0.00
TOTAL REVENUES & EXPENDITURES	\$3,499,194.55	\$1,945,499.59	\$1,432,256.22	\$513,243.37	\$1,543,402.85	\$1,475,968.35	\$580,677.87
SURPLUS	\$0.00	\$513,243.37			\$67,434.50		\$580,677.87

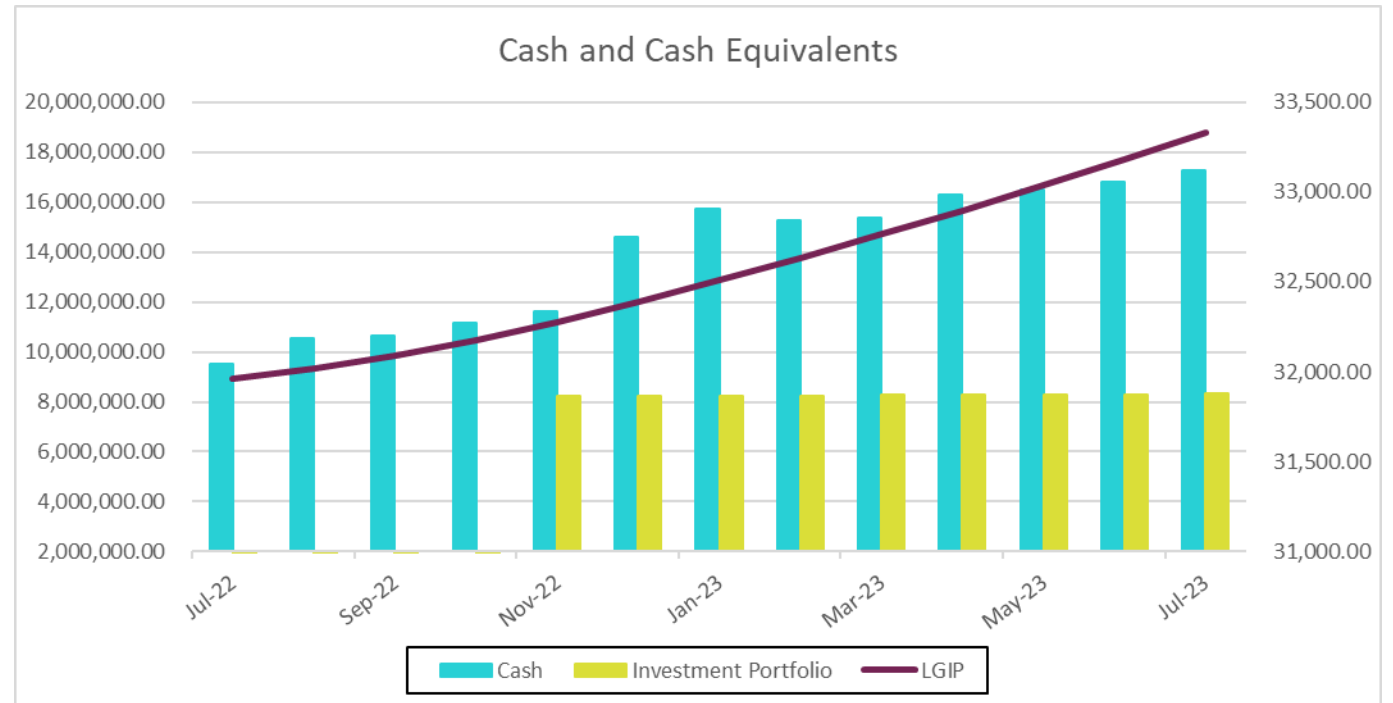
Finance Committee

SEPTEMBER 12, 2023

Summary of Cash Investments

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 17,245,899	3.50%	
Investment Portfolio			
Cash Equivalents	5,357,092	1.27%	
Fixed Income	2,958,460	3.69%	
Total Investment	8,315,552		
Total Atlantic Union Bank	\$ 25,561,452		
Other			
Local Gov. Investment Pool	\$ 33,333	5.32%	Avg. Monthly Yield
Total Investments	\$ 25,594,784		

	\$ Change	% Change
Change from Prior Month	\$ 492,700	2%
Change from Prior Year	\$ 4,818,670	23%
Average # Months Reserves on Hand: 6		



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%
Fidelity IMM Gov Class I Fund #57	\$ 1,489,417	\$ 1,489,417	\$ 1,489,417	\$ -	\$ 77,825	5%
US Treasury Bill (1/25/2024)	\$ 1,000,000	\$ 952,464	\$ 955,129	\$ (2,665)		
US Treasury Bill (8/01/2023)	\$ 1,000,000	\$ 984,380	\$ 984,380	\$ -		
US Treasury Bill (11/30/2023)	\$ 1,025,000	\$ 978,803	\$ 981,733	\$ (2,929)		
US Treasury Bill (12/28/2023)	\$ 1,000,000	\$ 952,027	\$ 955,364	\$ (3,337)		
Total Cash Equivalents	\$ 5,514,417	\$ 5,357,092	\$ 5,366,024	\$ (8,932)	\$ 77,825	1%
US Treasury Note (3/31/2024)	\$ 1,000,000	\$ 979,680	\$ 973,575	\$ 6,105	\$ 22,500	2%
US Treasury Note (10/15/2025)	\$ 1,000,000	\$ 988,700	\$ 1,005,781	\$ (17,081)	\$ 42,500	4%
US Treasury Note (11/30/2024)	\$ 1,000,000	\$ 990,080	\$ 1,004,915	\$ (14,835)	\$ 45,000	4%
Total Fixed income	\$ 3,000,000	\$ 2,958,460	\$ 2,984,271	\$ (25,811)	\$ 110,000	4%
Balance at 7/31/2023	\$ 8,514,417	\$ 8,315,552	\$ 8,350,295	\$ (34,742)	\$ 187,825	2%

Fee Revenue Reimbursement

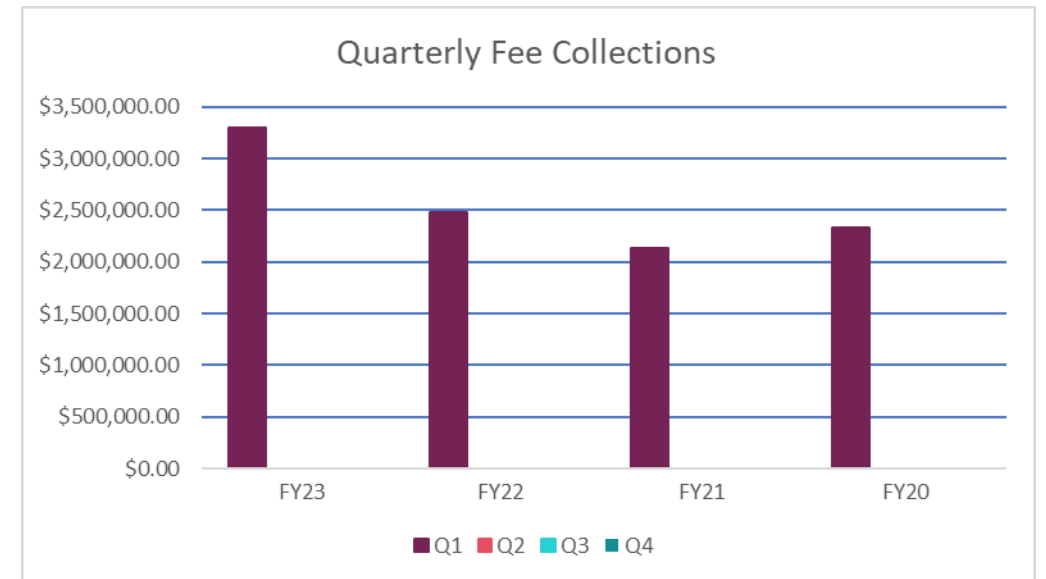
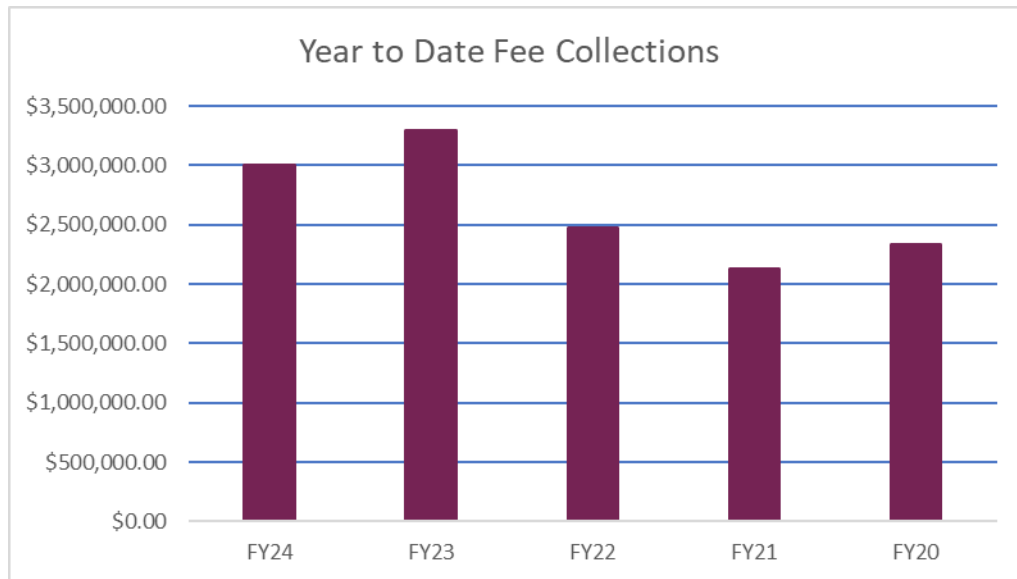
AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,163,828	100%	\$6,657,142	100%	\$5,749,793
	Consumers	57%	\$3,516,865	54%	\$3,594,246	43%	\$2,499,149
	3rd Party	43%	\$2,646,964	46%	\$3,062,897	57%	\$3,250,644
Claims Aged 0-29 Days	Consumers	1%	\$86,669	6%	\$386,356	3%	\$160,745
	3rd Party	43%	\$2,625,688	46%	\$3,046,534	48%	\$2,750,998
Claims Aged 30-59 Days	Consumers	4%	\$274,513	3%	\$225,233	0%	\$3,571
	3rd Party	1%	\$41,891	0%	\$31,325	2%	\$120,154
Claims Aged 60-89 Days	Consumers	3%	\$215,299	5%	\$344,471	4%	\$203,298
	3rd Party	0%	\$22,152	0%	\$20,901	1%	\$54,097
Claims Aged 90-119 Days	Consumers	5%	\$333,974	3%	\$223,000	0%	\$8,587
	3rd Party	0%	\$14,789	0%	\$12,624	2%	\$89,557
Claims Aged 120+ Days	Consumers	42%	\$2,606,411	36%	\$2,415,185	37%	\$2,122,948
	3rd Party	-1%	-\$57,556	-1%	-\$48,488	4%	\$235,837

CLAIM COLLECTIONS	
Current Year To Date Collections	\$3,001,114
Prior Year To Date Collections	\$3,298,827
\$ Change from Prior Year	-\$297,713
% Change from Prior Year	-9%

Fee Revenue Reimbursement – Without Credits

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,163,828	100%	\$6,657,142	100%	\$5,749,793
	Consumers	57%	\$3,516,865	54%	\$3,594,246	43%	\$2,499,149
	3rd Party	43%	\$2,646,964	46%	\$3,062,897	57%	\$3,250,644
Claims Aged 0-29 Days	Consumers	1%	\$86,669	6%	\$386,356	3%	\$160,745
	3rd Party	43%	\$2,625,688	46%	\$3,046,534	48%	\$2,750,998
Claims Aged 30-59 Days	Consumers	4%	\$274,513	3%	\$225,233	0%	\$3,571
	3rd Party	1%	\$41,891	0%	\$31,325	2%	\$120,154
Claims Aged 60-89 Days	Consumers	3%	\$215,299	5%	\$344,471	4%	\$203,298
	3rd Party	0%	\$22,152	0%	\$20,901	1%	\$54,097
Claims Aged 90-119 Days	Consumers	5%	\$333,974	3%	\$223,000	0%	\$8,587
	3rd Party	0%	\$14,789	0%	\$12,624	2%	\$89,557
Claims Aged 120+ Days	Consumers	42%	\$2,606,411	36%	\$2,415,185	37%	\$2,122,948
	3rd Party	1%	\$42,180	1%	\$57,210	4%	\$235,837

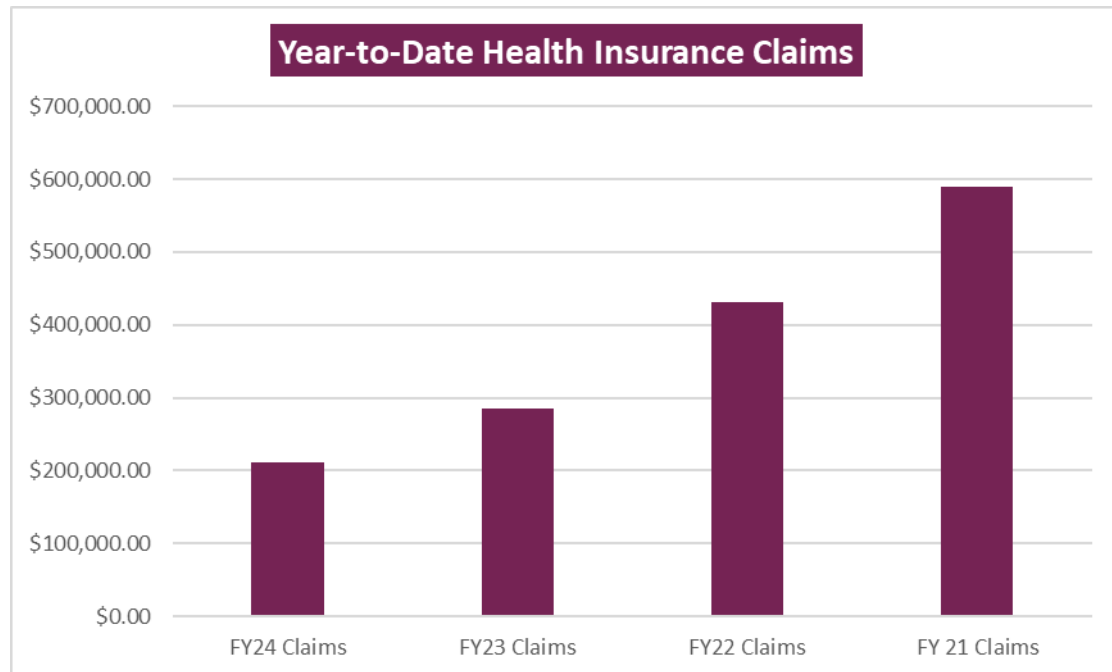
Fee Collection YTD and Quarterly



Write Off's – Current Month & YTD

Month: July 2023		
Write Off Code	Current Year	Prior Year
BANKRUPTCY	\$ -	\$ 435.00
DECEASED	-	1,847
NO FINANCIAL AGREEMENT	1,495	32,517
SMALL BALANCE	40	135
UNCOLLECTABLE	105	1,203
FINANCIAL ASSISTANCE	150,455	223,490
NO SHOW	420	300
MAX UNITS/BENEFITS	2,868	3,650
PROVIDER NOT CREDENTIALLED	5,952	3,385
DIAGNOSIS NOT COVERED	160	-
NON- COVERED SERVICE	1,965	1,647
SERVICES NOT AUTHORIZED	24,798	31,755
PAST BILLING DEADLINE	2,992	4,385
INCORRECT PAYER	1,232	3,167
TOTAL	\$ 192,480.23	\$ 307,916.70

Health Insurance

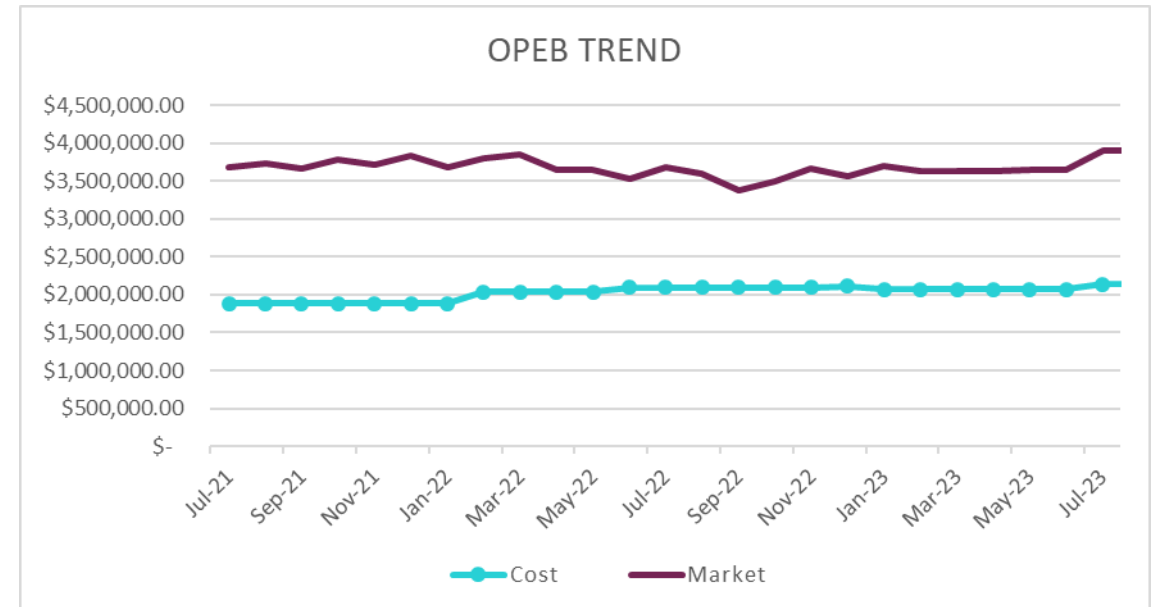


FY 2024	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$1,745,071
July	\$355,798		\$211,426	\$743	\$1,890,186
YTD Total	\$355,798	\$0	\$211,426	\$743	\$1,890,186

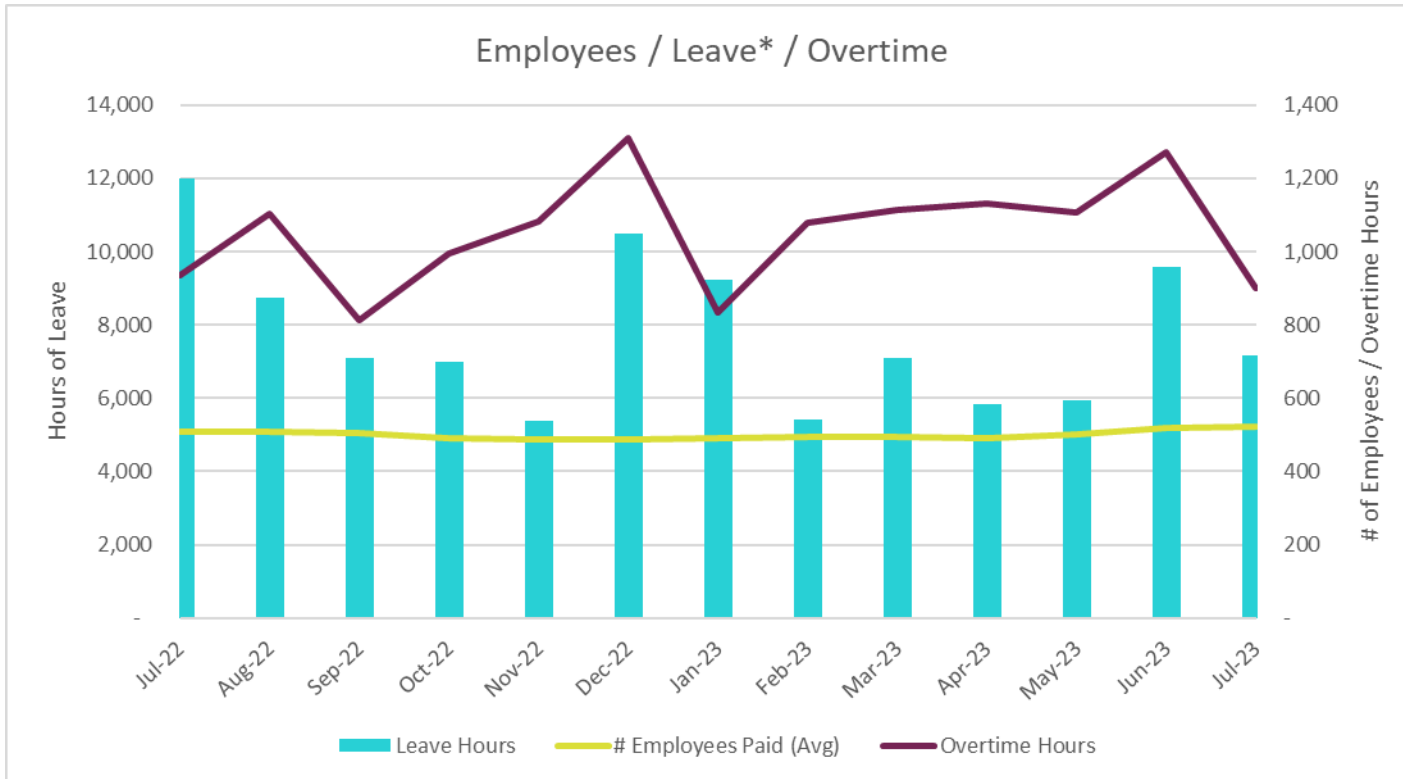
Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2024	\$211,426	(\$2,950)	\$211,426
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906

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
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ 85,755	
Fees & Expenses	\$ (84)		\$ (84)	
Income Received	\$ 17		\$ 17	
Accrued Income			\$ 215	
Transfers/Contributions				
Balance at 7/31/2023	\$ 2,135,226	\$ 1,180,606	\$ 3,892,944	\$ 2,938,324



Payroll Statistics



Indicators	FY 2022 Average Per Pay Period	FY 2023 Average Per Pay Period	FY 2024 Average Per Pay Period
# Employees Paid	506	499	522
Leave Hours	4,196	3,473	3,588
Overtime Hours	279	473	449

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Mental Health and Substance Use Block Grant Increase

Date: September 5, 2023

On Friday, August 25, 2023, the Department of Behavioral Health and Developmental Services announced that the base federal Mental Health and Substance Use Block Grants are expected to increase for FY2024. DBHDS is planning to pass the majority of this increase to community services boards as a Cost of Living Adjustment for each base block grant programs. There will be a 10% increase to all programs and personnel supported by base block grants with no change to programmatic requirements to assist in countering the rise in costs of providing these services. This increase will be ongoing, contingent on availability of federal funding. This increase is only for base block grant funding and does not impact programs funded with various supplemental block grant fund sources. The Rappahannock Area Community Services Board received a notice of award for \$1,272,775 in base block grant funding for FY2024. The additional increase will amount to approximately \$127,278. This funding will follow the federal reimbursement process for payment.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Incentive Payment from Anthem

Date: September 5, 2023

The Rappahannock Area Community Services Board has received an incentive award in the amount of \$4,590 from Anthem Blue Cross and Blue Shield for meeting quality incentive measures through the Behavioral Health Home partnership. In order to qualify for an incentive payment, RACSB has to meet metrics in the following areas: Acute behavioral health inpatient 30-day readmissions, emergency room utilization, PCP visits, 7-day follow-up visit after mental health inpatient discharge, follow-up after ED visit for MH, follow-up after ED visit for alcohol and other drug abuse, and engagement of alcohol and other drug dependence treatment. This incentive is in addition to the \$60 per member per month we receive on top of any service billing to provide care coordination for eligible individuals as part of the Behavioral Health Home.

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

PRESENT

Claire Curcio
Glenna Boerner
Bridgette Williams
Susan Ritchie
Matt Zurasky
Nancy Beebe
Ken Lapin
Carol Walker
Jacob Parcell

ABSENT

Greg Sokolowski
Susan Gayle
Melissa White

OTHERS PRESENT

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

Call to order – Ms. Glenna Boerner

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **September 12, 2023**

ISSUE: August 2023 Retention Report

DISCUSSION: Ms. Carrington reported that Human Resources processed a total of 15 employee separations, resulting in a Retention Rate of 97.14% for the month of August 2023.

ISSUE: Workforce Reporting Overview

DISCUSSION: As of July 2023, the Rappahannock Area Community Services Board is required to submit workforce data to the Department of Behavioral Health and Developmental Services (DBHDS) on a quarterly basis. DBHDS defined certain position categories for the reporting of vacancy rate, turnover rate, and salary information. The first baseline data was submitted as required in August. Ms. Carrington covered an

overview of the data for the month of July 2023. The next data submission will be October 30, 2023 and will include the first quarter data.

ISSUE: August 2023 EEO Report and Recruitment Update

DISCUSSION: Ms. Carrington told the Committee that RACSB received 135 applications through July 31, 2023. This is an increase of 20.54 compared to the month of July 2023, and an increase of 50% when compared to the month of August 2022. RACSB received 1,522 resumes and advertised 22 positions through Indeed in August 2023.

Of the applications received, 74 applicants listed the RACSB applicant website as their recruitment source, 43 stated employee referrals as their recruitment source, and 21 listed Indeed.com as their recruitment source.

ISSUE: Performance Evaluations

DISCUSSION: Ms. Carrington announced that in an effort to more accurately assess and acknowledge employee performance, RACSB leadership proposes a new performance evaluation process. The process includes a new annual form, merit increases, correlation with monthly supervision, and 6-month review.

The new form allows for position specific outcomes, in addition to general staff conduct. The position-specific factors measure competency and productivity. The form will continue to provide assessment of general employee conduct. Ms. Carrington pointed out that unlike the previous process, the proposed annual performance evaluation will now allow for recognition of staff work ethic that exceeds expectations. Monthly staff supervision will align with the track performance to provide accurate input for staff progress on the evaluation. Staff will receive a bi-annual review to provide clear understanding of current standing and expectations.

Training for the new form and process will occur October-November 2023. The staff will then be evaluated using the new format beginning December 2023. Year-end performance evaluations will be due May 31. After May 2024, the form will be part of the annual evaluation and a 6-month review will occur in December.

An updated process for identifying and documenting employee performance provides an opportunity to recognize efforts and incentivize improvement. The new evaluation forms also will encourage supervisors to evaluate and communicate work outcomes on a consistent, monthly schedule.

Ms. Walker asked if employees will be allowed to submit feedback or

participate in a self-evaluation. Ms. Jindra noted that some supervisors encourage a self-evaluation, but this would not be a requirement at this time.

It was the consensus of the committee that the form would need to be applied in order to see how well it works. The committee did note they felt that it was a move in the right direction. They were cognizant of the hard work that had gone into the evaluation thus far. Still, they felt it needed some work and would probably need continuous improvements.

ACTION TAKEN: Mr. Lapin moved that the committee approve the concept of the performance evaluations and that they approve the percentages (+1.0% and +0.5%) as noted on pages 10 of the performance appraisal form. Ms. Walker seconded and added her thanks for all the hard work on the evaluation form.

Adjournment

The meeting adjourned at 2:30 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
September 12, 2023 12:30 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: September 6, 2023

A Personnel Committee Meeting has been scheduled for Tuesday, September 12, 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

September 12, 2023 12:30 PM

600 Jackson Street, Room 208

Fredericksburg, VA 22401

a g e n d a

- | | | |
|------|---|------------|
| I. | SUMMARY – RETENTION REPORT – AUGUST 2023 | CARRINGTON |
| II. | CSB WORKFORCE REPORTING OVERVIEW | CARRINGTON |
| III. | SUMMARY – AUGUST 2023 EEO REPORT AND RECRUITMENT UPDATE | CARRINGTON |



MEMORANDUM

To: Joe Wickens, Executive Director

From: Terri Carrington, Director of Human Resources

Date: September 5, 2023

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

Human Resources processed a total of **fifteen (15)** employee separations for the month of August 2023. Twelve (11) of the separations were voluntary and three (4) were involuntary. Twelve (12) of the employees were full-time, three (2) were part-time, and two (1) was PRN.

Reason of Separations

Higher Education	1
For cause	4
Internal/Work Environment	1
Other employment	5
Medical	2
Personal	1
Resigned – unknown	1
Total	15

Retention and Turnover Rates

According to the attached report, the Retention Rate for August was 97.14% and the turnover rate was 2.86%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT
Aug-23

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative		2	0	Medical
		1	0	Other employment
<i>Unit Totals</i>	3	3	0	
Clinical Services		0	0	
<i>Unit Totals</i>	0	0	0	
Community Support Services		0	4	For Cause
		1	0	Higher Education
		1	0	Internal/Work Environment
		4	0	Other Employment
		1	0	Personal Reasons
		1	0	Unknown
		0	0	
		0	0	
		0	0	
		0	0	
<i>Unit Totals</i>	12	8	4	
Grand Totals for the Month	15	11	4	

Total Employees for the Month	525
Retention Rate	97.14%
Turnover Rate	2.86%

Total Separations	15
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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%	17.96%
Cumulative Turnover YTD	0.16%	1.76%	3.37%	4.49%	5.13%	6.25%	8.01%	10.59%	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	15				90
Turnover by Month YTD	1.83%	1.50%	2.00%	1.20%	1.66%	2.27%	2.07%	2.86%	2.86%	0.00%	0.00%	0.00%	15.42%
Cumulative Turnover YTD	0.17%	3.33%	5.33%	6.53%	8.22%	10.49%	12.56%	15.42%	15.42%	0.00%	0.00%	0.00%	62.07%
Average % Turnover per Month YTD	0.17%	1.67%	1.11%	1.78%	1.63%	2.06%	2.62%	3.14%	3.86%	0.00%	0.00%	0.00%	16.20%

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

To: Joe Wickens, Executive Director

From: Terri Carrington, Human Resources Director

Re: CSB Workforce Reporting Overview

Date: September 5, 2023

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

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

Average Wage by Category	
Position Category	Avg. Rate
Administrative Support	\$ 26.24
Front-line	\$ 22.81
Middle Management	\$ 36.01
Upper Management	\$ 44.57
Other	\$ 27.61
Front-line	\$ 23.68
Middle Management	\$ 39.31
Upper Management	\$ 43.40
Clinician	\$ 36.13
Front-line	\$ 34.44
Middle Management	\$ 39.85
Upper Management	\$ 41.96
Nurses	\$ 33.49
LPN	\$ 28.21
RN	\$ 38.32

Average Wage by Category	
Position Category	Avg. Rate
Peers	\$ 20.28
Certified	\$ 20.28
Prescribers	\$ 115.34
Nurse Practitioner	\$ 65.86
Psychiatrist	\$ 145.03
Direct Service Providers	\$ 20.62
Front-line	\$ 19.31
Middle Management	\$ 28.10
Case Managers	\$ 28.15
Front-line	\$ 26.20
Middle Management	\$ 30.85
Upper Management	\$ 30.06
Executive Leadership	\$ 59.90
0	\$ 59.90
Grand Total	\$ 28.02



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: September 5, 2023

Re: Summary – August 2023 EEO Report and Recruitment Update

RACSB received **135** applications through August 31, 2023. This is an **increase of 20.54%** compared to the month of July 2023, and an **increase of 50%** when compared to the month of August 2022.

RACSB received **1,522** resumes and advertised **22** positions through Indeed for **August 2023**.

Of the applications received, 74 applicants listed the RACSB applicant website as their recruitment source, 43 stated employee referrals as their recruitment source, and 21 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **102** open positions. New positions account for **6** 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 **August 2023**.

EEO Report 2023

APPLICANT DATA	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Female	41	35	29	25	22	46	33	51	65	60	48	47	70
Male	11	12	4	2	8	5	27	6	11	23	8	7	11
Not Supplied	38	36	35	29	41	54	39	49	68	72	54	58	54
Total	90	83	68	56	71	105	99	106	144	155	110	112	135
<u>ETHNICITY</u>													
Caucasian	30	28	14	17	9	39	27	31	44	42	24	29	42
African American	18	19	16	7	19	18	26	25	32	37	24	23	33
Hispanic	5	2	5	1	2	8	7	7	3	3	5	6	6
Asian	1		1	2	1	1	3	2	1	1	3		4
American Indian		1	1							1	1	1	1
Native Hawaiian							2				2		1
Two or More Races													
<u>RECRUITMENT SOURCE</u>													
Newspaper Ads			1		4	2	3		1	2	1		1
RACSB Website	31	28	26	25	27	48	53	45	42	81	50	47	74
RACSB Intranet	6	6	2	1	2	2	7	4	5	11		6	5
Employee Referrals	30	27	23	19	22	37	26	35	48	32	38	39	43
Radio Ads	4			1					2	2			
Indeed.com	13	24	13	9	16	19	9	22	31	28	15	12	21
VA Employment Commission	1			2	4		2	2		1			6
Monster.com													
Other -	2	2	2	2	2	1	6	1	4	5	3	3	4
Colleges/Handshake								1					
Facebook						1							
Multi Site Search	2	2						1	1	1	3	2	
NHSC													
Linked In	1												
Goodwill referral													
Zip Recruiter		1	3	1		2	5	3	3	5	1	4	1
Job Fair		2		2	2	2	2	1	2		1		
Total # of Applicants	72	64	57	42	60	75	62	83	115	110	80	89	102

Open Positions Report		8/31/2023					
Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Leadership/ Other
7/27/2023	146-2023	ADMIN	Accounting Specialist	Fredericksburg	1	1000 FT	Other
11/18/2022	298-2022	CLINICAL	MH/SA Outpatient Therapist	Caroline		2210 FT	Other
1/26/2021	350-2021	CLINICAL	SA Therapist, Women's Services	Fredericksburg		4260 FT	Other
7/23/2021	200-2021	CLINICAL	Therapist/Office On Youth	Fredericksburg		4200 PT/FT	Other
1/10/2022	003-2022	CLINICAL	Psychiatrist	Fredericksburg		2201 FT	Other
7/20/2022	183-2022	CLINICAL	Emergency Services Therapist	Fredericksburg		2000/4000 FT	Other
1/20/2023	004-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg		2070 FT	Other
2/24/2023	030-2023	CLINICAL	MH Therapist - Intakes	Fredericksburg		6430 FT	Other
3/9/2023	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
8/30/2023	178-2023	ADMIN	Office Associate II	Fredericksburg		1100 FT	Other
12/1/2022	306-2022	CLINICAL	Substance Abuse Therapist (P&P)	RRJ		4200 FT	Other
7/7/2023	133-2023	CLINICAL	Therapist, SA (Jail Based)	RRJ		4200 FT	Other
4/18/2023	092-2023	CLINICAL	Therapist - Jail Diversion	RRJ		5970 FT	Other
5/16/2023	006-2023	CLINICAL	SA Peer Specialist	RRJ		4290 FT	Other
7/27/2023	147-2023	CLINICAL	Therapist, MH (Jail Based)	RRJ		2200/4200/6430 FT	Other
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania		2500 PT	Other
4/15/2022	106-2022	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT	Other
6/2/2023	102-2023	CLINICAL	Child/Adolescent Therapist (Safe Harbour)	Spotsylvania		2400 FT	Other
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
8/22/2022	227-2022	CLINICAL	Child/Adolescent Therapist	Stafford		2200/6430 FT	Other
8/30/2022	240-2022	CLINICAL	Senior Child & Adolescent Case Manager	Stafford		2500 FT	Other
1/5/2023	325-2022	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Other
4/10/2023	089-2023	CLINICAL	MH/Substance Abuse Therapist	Stafford		2250/4250 FT	Other
8/29/2023	171-2023	ADMIN	Office Associate II	Stafford		1100 FT	Other
8/29/2023	176-2023	CLINICAL	Clinic Coordinator III	Stafford		2200/4200 FT	Leadership
					34		
12/1/2022	303-2022	CSS	Cook	Crisis Stabilization		2770 FT	Other
2/17/2023	034-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other
3/3/2023	043-2023	CSS	Coordinator	Crisis Stabilization		2770 FT	Leadership
6/22/2023	126-2023	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 PT	Other
7/11/2023	139-2023	CSS	MH Residential Specialist	Crisis Stabilization		2770 FT	Other
7/14/2023	140-2023	CSS	Peer Recovery Specialist	Crisis Stabilization		2770 PT	Other
8/4/2023	157-2023	CSS	Therapist	Crisis Stabilization		2770 FT	Other
					7		
4/25/2023	143-2022	CSS	Mental Health Nurse, RN/LPN - ACT South	401 Bridgewater		2372 FT	Other
6/22/2023	124-2023	CSS	MH Residential Counselor II	Home Road		2778 FT	Other
7/27/2023	144-2023	CSS	MH Residential Counselor I	Lafayette		2786 PT	Other
8/22/2023	170-2023	CSS	MH Residential Counselor II	Lafayette		2786 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		3500 FT	Other
7/11/2023	136-2023	CSS	Developmental Service Support Coordinator	Stafford		3500 FT	Other
5/12/2023	097-2023	CSS	Peer Specialist	PSH		2760 FT	Other
					8		
6/2/2023	112-2023	CSS	Direct Support Professional - Day Support	RAAI CA		3651 PT	Other
2/9/2022	046-2022	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other
7/17/2023	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH		3652 PT	Other
8/15/2023	163-2023	CSS	Direct Support Professional - Day Support	RAAI KH		3652 FT	Other
8/16/2023	111-2023	CSS	Direct Support Professional - Day Support	RAAI KH		3652 FT	Other
7/11/2022	174-2022	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Other
5/19/2023	103-2023	CSS	Direct Support Professional - ICF Team	RAAI KH		3656 PT	Other
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 FT	Other
7/3/2023	131-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other
7/27/2023	145-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other
8/29/2023	175-2023	CSS	Direct Support Professional - Day Support	RAAI ST		3655 PT	Other
8/30/2023	180-2023	CSS	Assistant Site Leader	RAAI ST		3655 PT	Leadership
					16		
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
8/4/2023	156-2023	CSS	Intermediate Care Facility Manager	ICF Lucas		3793 FT	Leadership
8/15/2023	159-2023	CSS	Direct Support Professional - ICF	ICF Lucas		3793 FT	Other
2/1/2023	021-2023	CSS	Intermediate Care Facility Manager	ICF Ross		3792 FT	Leadership
3/10/2023	053-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 PT	Other
4/10/2023	088-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other
7/11/2023	137-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other
8/4/2023	154-2023	CSS	Direct Support Professional - ICF	ICF Ross		3792 FT	Other
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT	Other
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF		3771 FT or PT	Other

Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Leadership/ 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
					13		
3/15/2023	055-2023	CSS	Direct Support Professional - Residential	Belmont SAP		3781 FT	Other
8/22/2023	167-2023	CSS	ID/DD SAP Manager	Belmont SAP		3781 FT	Leadership
2/10/2023	025-2023	CSS	Direct Support Professional - Residential	Churchill		3791 PT	Other
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd		3790 PT	Other
8/22/2023	168-2023	CSS	Direct Support Professional - Residential	Galveston Rd		3790 FT	Other
8/23/2023	172-2023	CSS	Assistant Group Home Manager	Galveston Rd		3790 FT	Leadership
6/3/2022	078-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT	Other
4/18/2023	153-2022	CSS	Direct Support Professional - Residential	Igo Rd		3777 PT	Other
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT	Other
10/13/2022	275-2022	CSS	Direct Support Professional - Residential	Leeland Road		3772 PT	Other
2/24/2023	039-2023	CSS	Assistant Group Home Manager	Leeland Road		3772 FT	Leadership
6/12/2023	115-2023	CSS	Direct Support Professional - Residential	Merchants Square SAP		3784 FT	Other
8/29/2023	174-2023	CSS	Assistant Group Home Manager	Merchants Square SAP		3784 FT	Leadership
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT	Other
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT	Other
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
					23		
Positions on Hold							
8/18/2020	127-2020	CLINICAL	Drug Court Surveillance Officer	Fredericksburg		4200 PT	Other
9/15/2022	260-2022	CSS	Nurse Manager II	ID/DD		Split FT	Leadership
9/25/2019	189-2019	CLINICAL	Psychologist II	Stafford		2250 FT	Other
1/30/2023	019-2023	CSS	MH Supv Apartment Asst. Mgr	Lafayette		2786 FT	Leadership
			Total Open Positions:		102		

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					30
Full-time	6	10	13	13	19	8	11	16					96
Sub Total External Applicants Hired	13	15	16	17	25	11	11	18	0	0	0	0	126
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
Lateral Transfer		1		4	5	2		2					14
Non-Lateral Change in Position				1			3						4
Promotion	1	1	7	3	6	2	1	6					27
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	0	0	0	0	64
Total Positions Filled:	19	22	26	27	37	16	17	26	0	0	0	0	190
Total Applications Received:													
Actual Total of Applicants:	75	62	83	115	110	110	112	135					802
Total External Offers Made:	20	15	18	26	29	11	11	18					148
Total Internal Offers Made:	9	7	18	4	13	5	6	9					16

HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS – AUGUST 2023

Training

Human Resources held 2 New Employee Orientation (NEO) classes during August. There was a total of 24 individuals hired (22 full-time and 2 part-time).

DOL STATUS	# OF EMPLOYEES HIRED
Full-time	22
Part-time	2
TOTAL	24

Recruitment

In the month of August, we made offers to 18 external applicants and 9 internal applicants. There was a total of 3 applicants who rescinded offers made due to acceptance of other employment.

Human Resources and Employee Relations

Congratulations to the following employees who have recently been promoted:

- Taylor Nash – IT Coordinator
- Niasha Johnson – Assistant Group Home Manager - Galveston
- Sharon Spangler – Administrative Associate – Healthy Families
- Jessica Judkins – Infant/Child Support Coordinator
- Shannon Ferguson – Assistant Site Leader – RAAI Caroline/King George
- Vanessa Nunez – Day Support Site Leader - Stafford

RACSB Board Report Compliance

Incident Report

- There were 192 Incident Reports entered into the Electronic Incident Report Tracker during the month of August. This is an increase of 11 reports from July, and a decrease of 1 from June. All incident reports submitted were triaged by QA staff. The top two categories of reports submitted were Health Concerns (59 reports) and Individual Served Injury (48 reports).
- Quality Assurance Staff entered 29 incident reports into the Department of Behavioral Health and Developmental Services Electronic Incident reporting system (24 Level 2, 5 Level 3); the same number entered in July (22 Level 2, 7 Level 3).
- There were three reports elevated to a care concern by DBHDS regarding two unplanned medical and one unplanned psychiatric hospitalization. These are reports that, based on the Office of Licensing's review of current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analyses completed on behalf of this individual. In addition, take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the conduction of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff's discovery of the incident. QA staff requested specific programs, based on submitted incident report, to complete the required root cause analysis. Twenty-five root cause analysis were requested and 22 were completed. One expanded root cause analysis was required in August regarding the same type of Level 2 medication errors reoccurring in one program.

Human Rights Investigations

QA staff initiated four and closed seven investigations during the month of August. **Six** investigations closed regarded founded allegations of exploitation in one DD Residential Group home; **one** closed report was in regard to an unfounded medication error at Lafayette Boarding House. **Two** opened investigations were in regard to allegations of verbal abuse in the same DD Residential Program; **one** opened investigation regarded an allegation of neglect in a DD Residential Group Home; **one** opened investigation was regarding an allegation of neglect regarding a medication error at a DD Residential Group Home.

Of the combined 11 investigations in August, nine are from one DD Residential Group Homes, one other from a different DD Residential Group Home, and one from a Mental Health Group Home.

External Reviewers

- QA staff provided requested follow-up information to Brian Dempsey and other Licensing Specialists with the Department of Behavioral Health and Developmental Services (DBHDS), on 15 incident reports submitted into CHRIS.

- QA staff received nine external chart review requests, which included 39 charts, and responded to this request by submitting requested documentation.
- QA staff received and responded to 23 emails from various Human Rights Advocates regarding investigative reports, CHRIS reports and external providers. In addition, QA staff responded to various documentation request from the Advocates.
- QA staff received 5 phone calls and multiple emails from various programs with questions about incident reports, human rights, complaints, surrogate decision makers, and root cause analysis (RCA) process.

Complaint call synopsis:

The QA team received five complaint calls in the month of August. One call was from a concerned community member regarding a staff member driving recklessly with an individual in the van. Two calls concerned mental health case management; one attempting to establish and one requesting a new case manager. One complaint call concerned outpatient services, requesting a new doctor and concerns over medications prescribed. These four callers were satisfied with the outcome. One call concerned DD case management services, but this caller had a misconception regarding the role case management plays in (non-RACSB) residential services. While this caller was not initially satisfied with the conclusion of the complaint, case management worked diligently and in collaboration with the caller to make sure the needs of the client were being met.

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

Trainings/Meetings

- **8/1 – Investigation Interviews (4)**
- **8/2 – Investigation Interview**
- **8/2 – meeting with Henrico CSB regarding Incident Tracker**
- **8/5 – Investigation Interviews w/ APS & DBHDS (8)**
- **8/7-9 – NEO**
- **8/9 – LHRC meeting**
- **8/11 – Quality Leadership meeting**
- **8/17 – Engagement committee**
- **8/17 - The Importance of an Effective Privacy and Security Aware**
- **8/18 – Devon Group Home meeting with IR & Body Chart training**
- **8/20-8/24 – Healthcare Privacy Training**
- **8/21-23 – NEO**
- **8/23 – Investigation Interview (1)**
- **8/24 – Investigation Interview (1)**
- **8/24 – Wolfe ICF meeting with IR & Body Chart training**
- **8/25 – RAAI in-service with IR & Documentation training**
- **8/29 – LHRC meeting**
- **8/29 – Piedmont Group Home with IR & Documentation training**

Communications Board Report: September 2023



Community Engagement:

August and September have been busy in the local community. Most weekends, RACSB has been present at multiple events and employees have been representing the agency throughout the week.

Employee Engagement:

Work is underway on the agency's annual holiday party, which will be held this year at Old Silk Mill Inn in Fredericksburg.

A recent engagement survey found that HopeStarters want more opportunities to mingle with their coworkers and to learn more about the agency. To that end, we have increased engagement activities, including a recent service project and an employee and family game night.

Social Media:

- Facebook followers increased by 22 fans, with a page reach of 18,000 (up from 17,000 the previous month)
- Instagram followers increased by 11 with a reach of 978 (compared to 964)
- LinkedIn followers increased by 6 with an engagement rate of 12% (up from 7%)
- Twitter followers increased by 2

Website

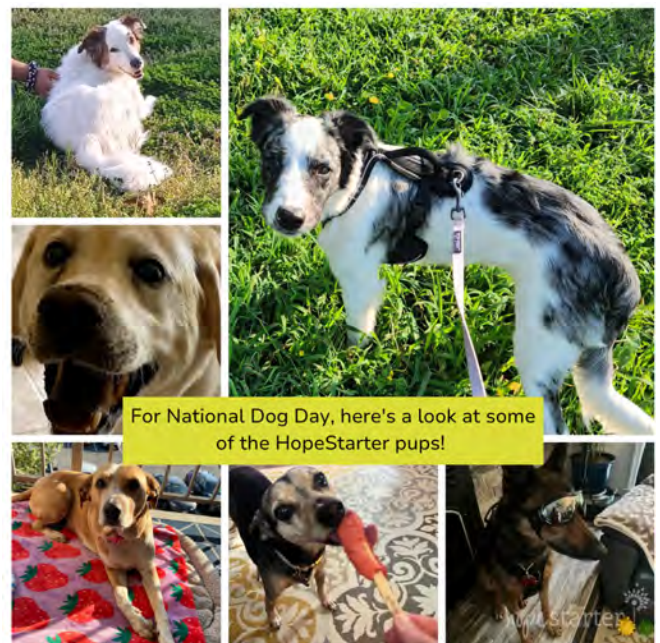
- 6,052 total users, an increase of 6% over prior month
- Three blog posts
- Two new pages
-

Media Releases

- Two releases were disseminated

Spark (Intranet)

- Created a new Viva Exchange group for HopeStarter pet owners.



Column in The Free Lance-Star:

HEALTH MATTERS: September is Suicide Prevention Month, reach out, find help for yourself or loved one

America's youth struggled with mental health even before COVID-19 brought dramatic changes to school and home life. The pandemic exacerbated a challenging situation, leading the American Academy of Pediatrics to declare child and adolescent mental health a national emergency.

More than half of teens felt hopeless enough to stop participating in their usual activities, according to a report by the U.S. Center for Disease Control and Prevention. Suicide is the second leading cause of death among youth ages 10-18.

And while 75% of parents said their child could benefit from counseling, less than half of youngsters with major depression receive treatment.

The barriers to treatment can seem insurmountable and include finances, transportation, scheduling and more. But the most dramatic barrier is the lack of behavioral healthcare providers, especially those who specialize in treating children and adolescents.

RACSB provides treatment with fees based on income but struggles with attracting therapists. It's a problem that plagues agencies across the U.S. where more than half of all counties do not have a practicing psychiatrist. RACSB increased both pay and recruitment efforts and is participating in regional and state efforts to reduce the workforce shortage.

However, this is a long-term problem that isn't going away anytime soon. Some families will wait for mental health services.

As a parent, I know that wait can be agonizing—you feel helpless and the situation feels hopeless. But there are some things you can do:

- If there is an emergency, services are available. You can bring your child to the nearest emergency department, call 988 or call RACSB's emergency services at 540/373-6876.
- Mental Health America of Fredericksburg has a list of local providers, which you can find at <https://www.mhafred.org/helpline/>.
- For families with private insurance, reach out and ask for referrals. Our insurance company was able to connect us with online therapy with a much shorter waiting list.
- Encourage children and teens to get enough sleep, exercise and fresh air. This can be a difficult one, especially if your youth has depression, but these efforts have a dramatic impact on mental health.
- Create a safe space by restricting access to means of self-harm such as knives, medication and firearms. RACSB provides free trigger and cable locks. Email prevention@rappahannockareacsb.org. Supplies are limited based on the availability of funds.
- Provide a supportive environment. It's easy to shrug off behavior changes or alarming statements because "it's just a phase" or a cry for help. While adults can recognize the transient nature of adolescent emotions, in the moment it feels real, scary and overwhelming to the child. Acknowledge their emotions and don't minimize them.
- Encourage youth to find a trusted adult. We know that the presence of one trusted adult significantly improves outcomes for adolescents. We like to think that as parents, we would be that adult but sometimes children open up better with someone else. Encourage children connect with other adults—and tell them to ask for help whenever they need it.
- Learn about mental illness. If you've never experienced depression or anxiety, it's hard to understand what it feels like. But there are resources to help. National Alliance on Mental Illness Rappahannock offers a family education program. Learn more at namirapp.org.

Health Matters, cont'd

- Learn to recognize and respond to mental health crises. RACSB offers suicide prevention training and you can find them at rappahannockareacsb.org/trainings.
- Take care of yourself. It's so tempting to ignore your own needs when your child is suffering. But supporting your child and getting them help is going to require you to be healthy and well.

INFOBOX

September is Suicide Prevention Month. A virtual community presentation on suicide prevention will take place Sept. 20 at 2 p.m.

Find the virtual meeting online at <https://us02web.zoom.us/j/86203587588>.

Lock and Talk Virginia—a statewide prevention program—encourages people to secure firearms, medications and other potentially harmful items and to talk openly about suicide. The group's theme for this year's Suicide Prevention Month is L.O.C.K.: A Path to Safety, which provides concrete steps for suicide prevention:

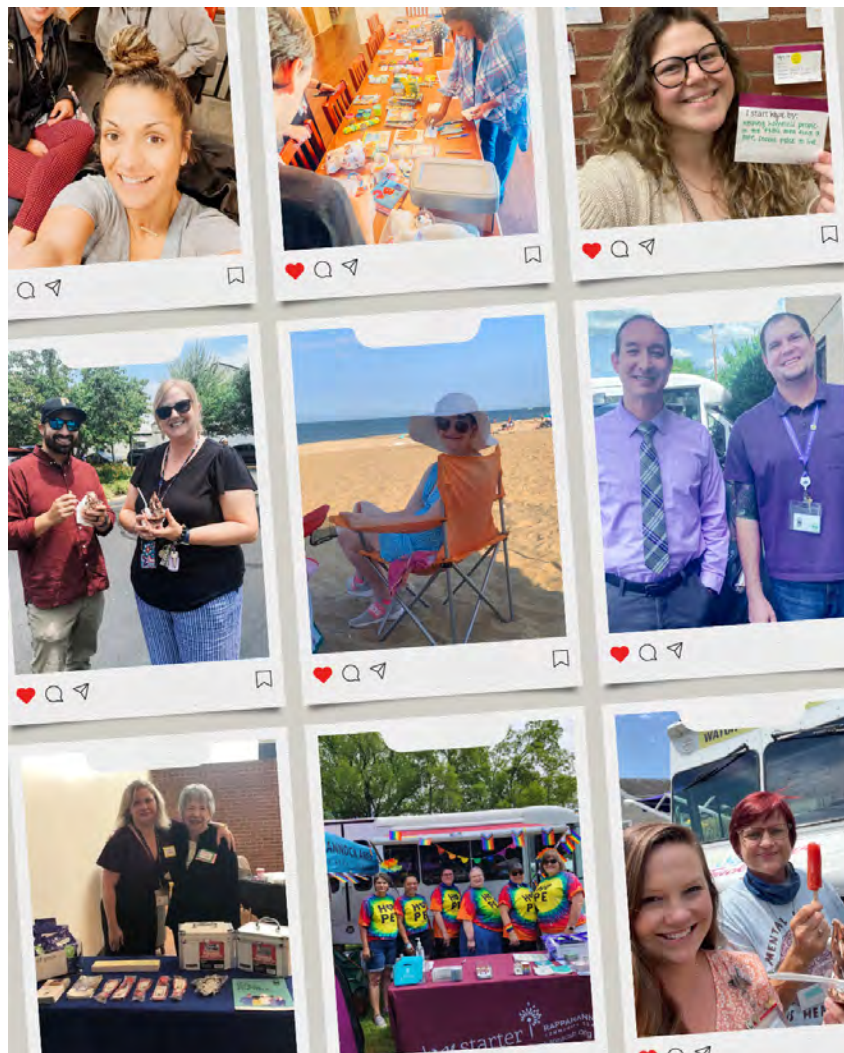
L – Look for Warning Signs

O – Offer Support

C – Communicate Concerns

K – Keep Safe from Lethal Means

If you or someone you know is thinking about suicide, call 988 or 540/373-6876.



Prevention Services

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org

540-374-3337, ext. 7520

September 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.

Coalitions – The Community Collaborative for Youth and Families will meet September 29, 2023 at 1:00 p.m. 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.

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 are 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. RACSB trainers facilitated six (6) ASIST workshops in FY 2023 for a total of 53 participants.

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.

To register:

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

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

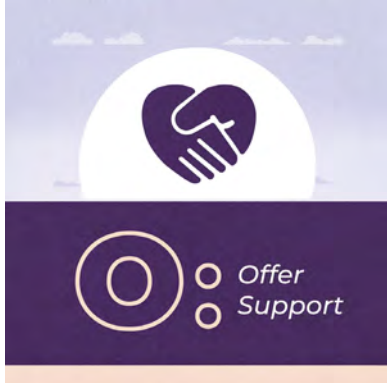
safeTALK – This 3-hour suicide alertness training encourages participants to learn how to prevent suicide by recognizing signs, engaging the individual, and connecting them to community resources for additional support. Our next safeTALK is scheduled for September 19, 2023.

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

Lock and Talk Virginia – September as Suicide Prevention Month and we launched a new campaign L.O.C.K. <https://www.lockandtalk.org/campaigns/lock>



L - Look for warning signs: Recognize the warning signs of someone who may be at risk, such as changes in behavior, withdrawal from activities, giving away possessions, or expressing feelings of hopelessness.



O - Offer support: Offer space to talk, listen to how they are feeling, and show genuine empathy. Let them know they are not alone and that there are people who care about their well-being.



C - Communicate concerns: Express concerns about a friend or loved one's well-being. Ask directly about thoughts of suicide and encourage them to seek professional help.



K - Keep safe from lethal means: Remove access to lethal means by safely storing or removing items such as firearms, medications, or dangerous objects to create a safe environment.

L.O.C.K highlights essential steps to increase awareness of suicide warning signs and promoting safety. Looking for warning signs, offering support, communicating concerns, and keeping lethal means secure are all necessary tools for keeping our loved one safe.

For immediate help, contact the 988 Suicide & Crisis Lifeline by dialing or texting 988. Call 911 for immediate medical emergencies.

For more information, visit lockandtalk.org/lock



For more information, visit lockandtalk.org

L.O.C.K.

A Path to Safety.
Provide support and remove access to lethal means.



- L: Look for warning signs**
Warning signs of someone who may be at risk include changes in behavior, withdrawal from activities, giving away possessions, or expressing feelings of hopelessness.
- O: Offer support**
Offer space to talk, listen to how they are feeling, and show genuine empathy. Tell them they are not alone and people care about their well-being.
- C: Communicate concerns**
Express your concerns. Ask directly about thoughts of suicide and encourage them to seek professional help.
- K: Keep safe from lethal means**
Remove access to lethal means by safely storing or removing firearms, medications, or dangerous objects.

T.A.L.K.

can effectively help **prevent suicide.**



- T**ake it Seriously:
Thoughts of suicide seriously shouldn't be dismissed or ignored. Recognize warning signs and seek help promptly.
- A**sk Directly:
Ask: "Are you thinking about suicide?"
- L**isten Non-judgmentally:
Create a safe space where individuals can share their feelings and experiences openly, knowing that they will be heard and supported.
- K**eep Talking:
Say: "I understand you're struggling. Let's keep talking and connect with ongoing supports."

L.O.C.K. highlights essential steps to increase awareness of suicide warning signs and promoting safety.

T.A.L.K. identifies several important steps in supporting someone during a mental health or suicide crisis.



Scan for more information and resources.

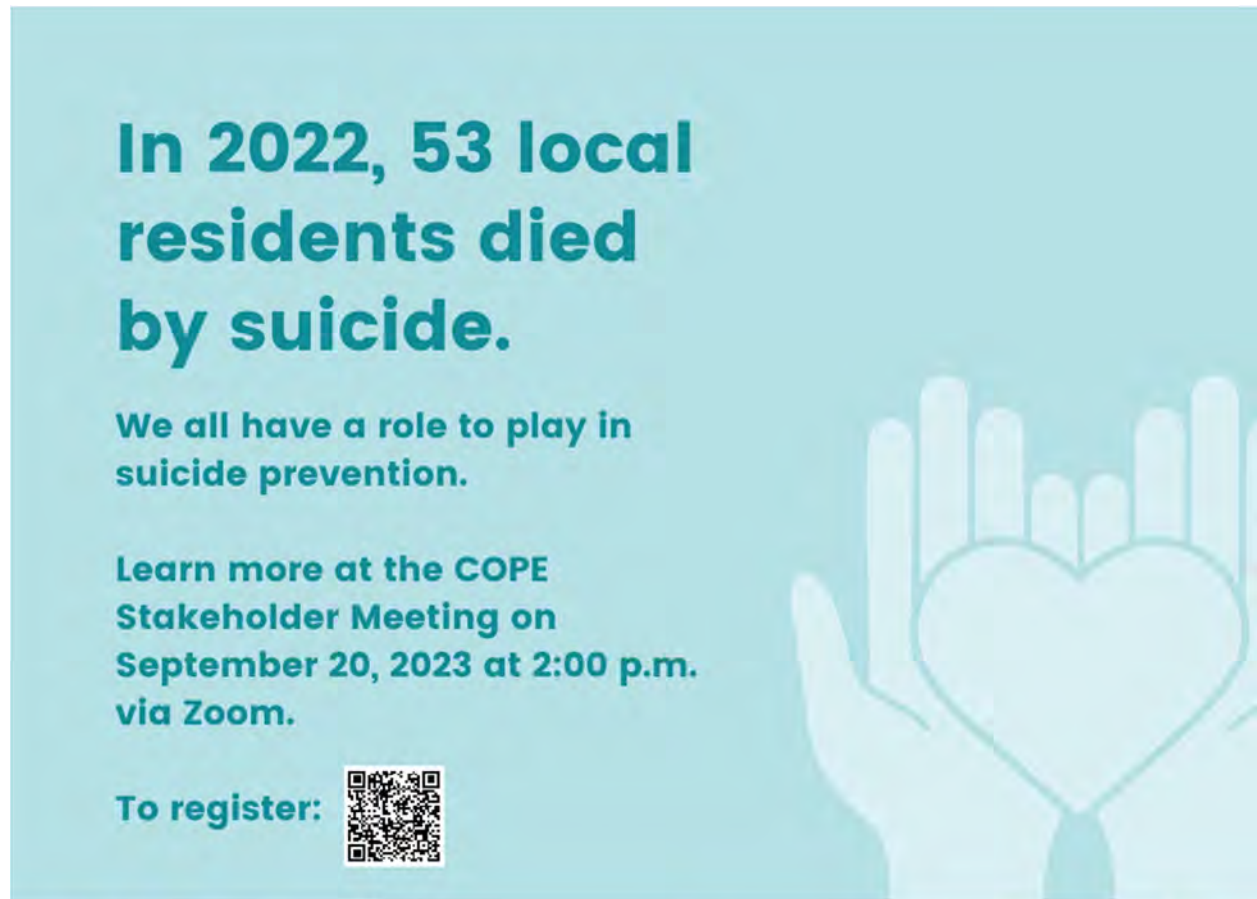
For immediate help, contact the **988 Suicide & Crisis Lifeline** by dialing or texting 988.

Call 911 for immediate medical emergencies.

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

Awareness and Education – We continue to partner with community organizations to provide information and education. We are partnering with the Rappahannock EMS Council’s COPE initiative to host a presentation on suicide prevention. Also partnering is the Rappahannock Area Health District, DBHDS, and local Veteran’s Administration office. Join us on September 20, 2023 at 2:00 p.m.


https://hopestarter-racsb.zoom.us/webinar/register/WN_8Qnv8e54QsmzPJgtcBo38Q



In 2022, 53 local residents died by suicide.

We all have a role to play in suicide prevention.

Learn more at the COPE Stakeholder Meeting on September 20, 2023 at 2:00 p.m. via Zoom.

To register: 



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. We recently received notice of award for SOR III Year 2 in the amount of \$125,000 (\$10,000 increase over prior year).

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.

International Overdose Awareness Day events were held August 31, 2023:

- Multiple locations for drive/walk-up Naloxone training
 - o Germanna Community College – 32 people trained/68 doses of Naloxone dispensed (1 box = 2 doses)
 - o University of Mary Washington’s Katora Coffee – 71 people trained/120 doses of Naloxone dispensed
 - o Towne Centre – 59 people trained/118 doses of Naloxone dispensed
- Virtual screening of the Virginia based documentary “Fentanyl Crisis: Stories of Heartbreak and Hope” with panel discussion was viewed by 15 community members.

Save One Life Naloxone Training and Dispensing –RACSB continues to host virtual trainings twice a month and at the request of community partners.

In August, we had a new monthly dispensing record for RACSB. We dispensed 316 boxes which is 632 doses! Driving this new record number was the three drive/walk up events as part of International Overdose Awareness Day where we dispensed 153 boxes. August is also the first month of clinics having ability to train/dispense (31 boxes). We also facilitated trainings with dispensing for a number of community partners and interested organizations.

In September, we launched a new partnership with the Spotsylvania County Sheriff’s Office where we will be onsite the first Thursday of the month at 1:00 p.m. to offer the rapid training with Naloxone dispensing at the Mall Substation. We trained/dispensed to four people on September 7, 2023.

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





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 held a small in-person training on September 7, 2023 and have one scheduled for October 12, 2023. Our next virtual training is scheduled for September 26, 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>

REMS Council COPE Stakeholders Meeting

Suicide Prevention in Planning District 16

Learn about local suicide prevention efforts and how you can get involved.

Presenters:

Allison Balmes-John

Population Health Manager, Rappahannock Area Health District

Angela Jameson

Community Engagement and Partnerships Coordinator,
Central Virginia VA Healthcare System

Laura Robertson

Suicide Prevention Coordinator, Virginia Dept. of Behavioral Health and
Developmental Services

Michelle Wagaman

Prevention Director, Rappahannock Area CSB



September 20, 2023



2:00 PM



via Zoom



Click to Register

Save the Date!
**Suicide Prevention
Coalition Interest Meeting**

October 16, 2023

1:00 p.m.

RACSB at River Club
10825 Tidewater Trail



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.

August 2023

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	0	0	6	0
CITY OF FREDERICKSBURG	5	6	46	7
KING GEORGE COUNTY	1	1	4	0
SPOTSYLVANIA COUNTY	2	7	40	3
STAFFORD COUNTY	12	8	30	2
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	20	22	126	12

- The program is gearing up to celebrate our 25th anniversary with a series of events. Please save the date of Friday, April 26, 2024 for a special gala.
- HFRA Team participated in “Pack the Backpacks” at Strong Tower Church.
- Program Manager, Melodie Jennings, Participated in the Rappahannock Area Task Force meeting 8-9-23.
- Program Manager, Melodie Jennings, volunteered at the Chamber of Commerce First Responder Breakfast.
- Program Manager, Melodie Jennings, selected as one of the new mentors for the Chamber of Commerce Leadership Fredericksburg Class of 2024.
- HFRA VDSS-TANF Team completed the VDSS TANF site visit.

Community Support Services Board Report: September 2023

Developmental Disabilities (DD) Residential Services - Stephen Curtis

Sponsored Placement hosted a “Fun in the Sun” day for all DD Residential programs on August 25th in light of RAAI being closed for Inservice. Individuals and staff enjoyed a great picnic and time to connect with each other on a beautiful lakeside area in Lake of the Woods.

Over half of the Sponsored Placement provider homes were audited for Home and Community Based Setting Compliance, which ensures individual rights to privacy, choice, autonomy, and greater access to the community. All of the providers audited received official compliance letters, and only a couple of overall recommendations were made that were easily resolvable.

Antwan White, Qualified Intellectual Disability Professional at the ICF’s, was selected for RACSB’s employee of the quarter in August. His strong work ethic, humility, and dedication to the individuals in the programs certainly make him stand out in residential. We appreciate him and the heart he brings to the job!

Assistant Coordinators Paul Mueller and Heidi Heyse did a wonderful job addressing needs while the coordinator was on vacation in August. We appreciate them for their hard work and dedication.

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

On August 25th, RAAI had its first in-service since 2019 and had the opportunity for great team building and trainings. We are currently supporting 112 individuals; with approx. 50 individuals on the waitlist for services. The next couple months will be focused on training new staff in site leader and assistant site leader positions as we have had several changes. Once trained, we will resume looking at the waitlist and assessing for start dates at several of our locations. Our fall plant sale will kick off at the Plant & Play event on Saturday, Sept 23 at Fred Nats Stadium where we will be selling native plants. We will then move the following Monday back to Kings Highway for our usual sale of fall veggies, mums, pumpkins, etc.

Developmental Disabilities Support Services - Jen Acors

In August, there was a Waiver Selection Committee meeting to assign 24 new Family and Individual Support DD waiver Slots. We are in the process of getting individuals started in services. We anticipate approximately 48-50 additional slots later in the fiscal year.

We also recently received a report from DBHDS including individuals that will be removed from the DD Waiver waiting list due to not returning the attestation statement that the individual to remain on the waiting list. During covid, no one was removed for not returning the form or going in to the web based portal to completing the attestation statement. This will drop our waiting list and we anticipate that it will lead to these individuals requesting to be screened for the DD waiver again.

IFSP Funds – (Individual and Family Service Program) will take applications from October 16 through Tuesday November 14. IFSP-Funding provides direct assistance to families and individuals who are on Virginia’s DD waiver waitlist. Individuals with a developmental disability who are on the DD waitlist or their family member are eligible to apply. IFSP funds cover the cost of a variety of items that will help an individual who is living in a community setting. – In the past, we have experienced an increase in contacts from both families on the waiting list wanting to ensure they are still on the waiting list or to know their priority level (It is not required for families to know priority level this year to apply), or from families that have applied but find out they are not on the waiting list. They then want to be screened and placed on the waiting list, which we try to accommodate as many requests as we can, but unfortunately, we are not able to screen everyone prior to the deadline to apply for IFSP funds. More information can be found at. <https://tinyurl.com/IFSP-FirstSteps>

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club is getting ready for our talent show on September 15. We will be welcoming back the Germanna Nursing students this week for the beginning of their fall semester mental health module. We had a successful first meeting to get the Art of Recovery back on track for 2024. We continue to utilize the YMCA three days a week as well as many other activities. Our current enrollment is 80.

Crisis Stabilization/Sunshine Lady House – Carla Anderson

All FT and PT nursing positions have been filled except for the nurse manager. We have a Peer Specialist interview set up for next week. Hiring efforts for the coordinator position are ongoing. A licensed clinical professional is required to oversee the program. Staff continue to support other programs, complete on boarding trainings, and anxiously await re-opening.

Assertive Community Treatment (ACT)-Tamara McCoy

ACT continues to review referrals for program services. We recently discovered one potential client is currently hospitalized at Western State for restoration of services with no set discharge date.

ACT North is in the process of re-enrolling a client who requested to resume ACT services. When he was discharged after receiving ACT services for several years, he had no psychiatric hospitalizations and was independently stable in the community. He was referred back to agency adult case management for continuity of care. Over the past few months, he's been hospitalized for psychiatric treatment and he struggles with medication adherence. Our program prioritizes previous clients who want to resume ACT services.

The ACT Coordinator and South Team Lead have an in-service training with agency staff at Rappahannock Regional Jail Thursday to discuss ACT services and program criteria.

Mental Health (MH) Residential Services - Nancy Price

Home Road and Lafayette continue to complete assessments and overnight passes for individuals who are referred for MH Residential. Three individuals were referred in August and completed assessments. Three individuals also started overnight passes at Home Road and Lafayette.

Home Road filled one community vacancy on August 28.

One individual discharged from WSH on August 7 to a transitional bed at Lafayette Boarding House.

One individual who was in a transitional bed at Home Road, completed a trial pass at River Place in August. He officially transferred to River Place on August 22, which leaves one transitional bed vacancy at Home Road. There is currently an individual completing eight 24-hour passes from WSH in the vacant bed.

A second individual who is currently in a transitional bed at Home Road has been on pass at Liberty Street during August. She is expected to officially discharge to Liberty Street on August 30, which will leave a female transitional bed open at Home Road. There is a female referral for this bed, but she was found NGRI and is required to attend Kenmore Club for 8 weeks prior to coming on pass. Kenmore Club passes are expected to start in September.

Four individuals moved into housing through PSH in August, which brings the total to 50 individuals currently housed.

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

There are currently 524 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. Due to increased referrals, we are scheduling 16 consistent assessments per week as well as adding intermittent assessments in various counties. There are currently 16 providers on staff. We currently have an open position for a speech-language pathologist.

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:

- Elected to serve on the EDCC Advisory Committee as the first CSB representative since the position became legislatively mandated.
- Participated in two of five workgroups around Behavioral Health Workforce with Claude Moore Foundation and Deloitte.
- Participated in Provider Issues Resolution Workgroup meeting and Sub-Committee on System functioning.
- Met with Michael Southam-Gerow, Director of the Center for Evidence-based Partnerships in Virginia to discuss opportunities for RACSB to receive no-cost EBP trainings.
- Participated in the DBHDS CCBHC Quality Workgroup, Provider Workgroup and CCBHC Stakeholder Roundtable meetings.
- Presented at the Fredericksburg City Schools Superintendent Roundtable as part of a panel on student safety.
- 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.

Special Projects and Data Requests:

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

- Represented the agency at the VACSB Quality and Outcomes, Data Management Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, VACSB Public Policy, VACSB Leadership Team, and CCBHC meetings.
- Led Subject Matter Expert Data Quality Committee with DBHDS to address questions

regarding appropriate reporting of new initiatives.

- Meet weekly on the core advisory group with DBHDS around the new Data Exchange implementation project.
- Chaired Emergency Department Care Coordination Collaborative meeting through Virginia Health Information.
- Met with Altruix to explore plan to implement “Medherent” technology within our Permanent Supportive Housing program our individuals around medication adherence.
- Completed the required CCBHC Core Services Crosswalk for DBHDS.
- Led the completion of the STEP-VA Check In report.