

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

License #: **101-02-006**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-31-2023**

Program Type/Facility Name: **02-006 Stafford Clinic**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: December 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 November, 809 tickets were closed by IT Staff compared to November – 970, September – 910, August- 883, July -965, June- 1,028, May -1,006, April – 910, March – 1098, February – 1050, and January – 983. In 2022, the IT department averaged closure of 1,023 tickets per month.

Waiver Management System (WaMS)

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

Trac-IT Early Intervention Data System

We have adjusted our extract based on the alternative reporting flexibilities offered by DBHDS and are working through the testing process. We are also adjusting our CCS extract to accommodate the reporting of service level data, reducing the administrative burden and duplicate data entry to one third of what would have been required if these alternatives were not available.

Thank you to Board Members for their advocacy efforts regarding concerns with TRAC-IT. Please see next agenda item for a full update and official DBHDS response.

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.

- November 2023 – 1,722 video meetings with a total of 4,566 participants
- Average from January to December 2022 was 2,800 video meetings and 8,154 Participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants

Avatar

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

Work continues on the Patient Portal 2.0 project. IT and program supervisors continue to meet weekly with the Netsmart team to review new workflows and features.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: TRAC-IT Advocacy Update

Date: December 5, 2023

The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. The Board of Directors were concerned with the impact of the significantly increased data reporting requirements proposed by the Department of Behavioral Health and Developmental Services' (DBHDS) Part C Early Intervention Program department. As the TRAC-IT data platform does not have the required functionality to serve as sole record, the increased data requirements as of December 11, 2023 would require duplication of data which is untenable for the service.

At the August 2023 RACSB Board of Directors meeting, the Board approved sending a letter to the Commissioner of DBHDS and our legislators to work towards a more tenable and sustainable solution. Board members and executive staff met with the Commissioner to work towards alternative solutions. Due to his leadership, DBHDS has now committed to implementing those solutions to allow the Part C Early Intervention Local Systems to move forward with reduced additional administrative burden and duplicate data entry.

The memo from Ellen Harrison, Chief Deputy Commissioner DBHDS, which formalizes these alternatives is attached.



COMMONWEALTH of VIRGINIA

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COMMISSIONER


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November 28, 2024

MEMORANDUM

TO: Community Services Boards Executive Directors

FROM: Ellen Harrison 
Chief Deputy Commissioner

SUBJECT: TRAC-IT

Be advised of the following important notes related to the December 11th launch of TRAC-IT system enhancements. This enhancement adds an additional 91 data elements to the input process for Early Intervention providers:

- 20 are optional fields
- 61 are completed at treatment milestones (intake/assessment/discharge, etc.) rather than at each visit
- 10 of the new fields are intended to be collected at each visit

These data elements are a critical part of the agency's mission to improve policy and funding allocations to optimize the care delivered, as well as the clinical outcomes for consumers and their families. We recognize these additional data elements have represented a significant administrative burden for an already depleted workforce across several CSBs.

After final discussions between CSB leaders and agency leadership, the following changes will be in effect when TRAC-IT enhancements launch in December.

1. There will be no change to the TRAC-IT platform regarding which fields are required by the system to progress through the patient record. This ensures that agencies who complete the record receive accurate validation of a compliant record.
2. No CSB will be deemed out of compliance with the Part C contract or any other performance accountability system, under DBHDS control, for providing placeholder data for these additional data elements.

3. CSBs who were planning to use an EHR extract to push data into TRAC-IT, as well as CSBs who may opt to use such a mechanism in the future, will have the option to code their extracts with placeholder data for most of these 91 fields not already collected and stored in the EHR.
4. DBHDS will, beginning in January 2024, accept Service Log and Progress Note fields via the CCS3 extract submission as governed by the Performance Contract. These fields already exist in the CCS3 system but are deemed optional in CCS3.
5. Local systems, including CSBs, may be required to produce data associated with individual program or record reviews via normal processes if placeholder data is used.

A list of the 91 data elements clarifying which fields fall into which category will be shared with CSBs soon.

DBHDS would like to reiterate the importance of these data elements for program oversight and improvement for planning purposes and encourages all local providers to collect and report as many of these metrics as possible. Further, the agency does not wish to place unsustainable burdens on local systems and is pleased to have worked with stakeholders to find the above solution.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: December 5, 2023

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

This month's report will review the following topics:

- List of RACSB's legislative priorities for upcoming session
- Behavioral Health Commission draft legislative and budgetary actions and staff priorities

RACSB Legislative Priorities:

Legislation to expand and grow behavioral health workforce

Legislatively direct the Department of Health Professions to further develop out the Qualified Mental Health Professional credential to lower levels of education and define scope of practice for these clinicians. Entry level credentials should be stackable for both the education as well as the hours of supervision. Part of review should be developing out standardized curriculum based on credentials currently available in other states to include California's wellness coach and Florida's Certified Behavioral Health Technician. Direct DMAS to perform a rate study to develop rates for these new credentials to match priorities of crisis behavioral health, school-based behavioral health supports, and enhance STEP-VA.

Legislation to move Virginia's Behavioral Health System towards CCBHC

Clarify the intent of STEP-VA regarding scope of each component that CSBs are required to provide to achieve full implementation at current funding levels. Recognizing that each step was not fully funded, the requirements should match funding levels. Legislatively direct DBHDS and DMAS to establish a prospective payment rate system for coordinated public behavioral health care consistent with CCBHC methodology and to support appropriate levels of funding for enhanced STEP-VA. Both of these are outlined in the "Monitoring STEP-VA Report" to the Behavioral Health Commission and is outlined below.

RECOMMENDATION 1 The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.

OPTION 4 The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

Legislate the expansion and funding of the Crisis Continuum of Supports

RECOMMENDATION 10 The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of the individuals receiving services implemented pursuant to the plan.

Legislation to support prevention efforts

Support legislation which establishes an authority to implement and oversee tobacco retailer registration and licensing as Virginia is one of 7 states that does not license tobacco retailers. Support and uphold legislation which makes skill machines illegal in Virginia. Facilitate appropriations which would increase funding for education and prevention of Cannabis use, specifically for those under 21. Fully restore and support TANF funding for home visiting programs.

BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
AGREED TO AS PART OF VOTES on 10/17/2023 and 11/13/2023		
STEP-VA Report		
<p>Recommendation 2. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to work with the Department of Medical Assistance Services to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid-eligible services they provide, (ii) provide technical assistance and training, in coordination with Medicaid managed care organizations, on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2024, and annually thereafter.</p>	<p>Language: The Department of Behavioral Health and Developmental Services shall work with the Department of Medical Assistance Services to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid-eligible services they provide, (ii) provide technical assistance and training, in coordination with Medicaid managed care organizations, on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2024, and annually thereafter.</p>	<p>Both the Appropriation Act and CSB performance contracts set the expectation that CSBs should maximize the collection of Medicaid payments for their services. However, no processes exist to ensure CSBs are appropriately and consistently billing, and it appears at least some CSBs are not consistently billing for Medicaid services and instead using state general funds to cover costs of serving Medicaid-enrollees. Although the proportion of consumers enrolled in Medicaid has increased, Medicaid funding for CSB behavioral health services decreased by 15% compared to FY12.</p> <p>Note: 2023 BHC budget recommendation not adopted</p>

BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
<p>Recommendation 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that CSBs must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and credentialing requirements; and (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2024.</p>	<p>Language: The Department of Medical Assistance Services shall (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that CSBs must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and credentialing requirements; (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2024.</p>	<p>Both the Appropriation Act and CSB performance contracts set the expectation that CSBs should maximize the collection of Medicaid payments for their services. However, no processes exist to ensure CSBs are appropriately and consistently billing, and it appears at least some CSBs are not consistently billing for Medicaid services and instead using state general funds to cover costs of serving Medicaid-enrollees. Although the proportion of consumers enrolled in Medicaid has increased, Medicaid funding for CSB behavioral health services decreased by 15% compared to FY12.</p> <p>Note: 2023 BHC budget recommendation not adopted</p>
<p>Recommendation 4. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.</p>	<p>Language: The Department of Behavioral Health and Developmental Services shall report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.</p>	<p>This information would help the General Assembly monitor the workforce challenges of CSBs and gain more insight into when and for what positions compensation increases are needed.</p> <p>Note: 2023 BHC budget recommendation not adopted</p>

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Recommendation / option	Budget language / Funding	Explanation
<p>Recommendation 5. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS</p>	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually to DBHDS on any staff compensation actions taken during the prior fiscal year.</p>	<p>The General Assembly has funded salary increases for full-time CSB staff several times over the past decade, but some CSBs have not provided the salary increases to their employees.</p> <p>Note: 2023 BHC budget recommendation not adopted</p>
<p>Recommendation 6. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and</p>	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting; and (iv) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.</p>	<p>CSB direct care providers spend a significant amount of time on administrative work, which reduces time available to provide care to patients. Given staff shortages and apparent delays in consumers’ access to services, existing direct care staff need to be able to maximize their work time devoted to consumer care to the maximum extent possible.</p> <p>Note: 2023 BHC budget recommendation not adopted</p>

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<p>timely services or are duplicative or conflicting; and (iv) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.</p>		
<p>Recommendation 7. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and to report these measures to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, and (ii) finalize benchmarks for every STEP-VA service component that has been initiated statewide and to report these benchmarks to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2025.</p>	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and report these performance measures to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024; and (ii) finalize benchmarks for every STEP-VA service component that has been initiated statewide and to report these benchmarks to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2025.</p>	<p>Without performance measures and benchmarks in performance contracts, DBHDS cannot provide effective monitoring and oversight of CSB performance by identifying underperforming CSBs and suggesting quality improvement interventions to help them meet the goals of STEP-VA service components.</p>

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<p>Recommendation 8. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission, by December 1, 2024, on the changes to STEP-VA performance measures and benchmarks that are anticipated to be included in CSB performance contracts, which will become effective July 1, 2025.</p>	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall report to the Behavioral Health Commission by December 1, 2024, on the changes to STEP-VA performance measures and benchmarks that are anticipated to be included in CSB performance contracts, which will become effective July 1, 2025.</p>	<p>The 2023 General Assembly directed DBHDS to include in CSB performance contracts (i) specific goals and objectives related to the delivery of services, (ii) specific, relevant, and measurable performance measures to assess the experiences and outcomes of individuals receiving services, and (iii) relevant benchmarks and monitoring activities for each performance measure. These provisions will become effective July 1, 2025. A DBHDS report will provide the BHC with a preview of the changes specifically related to STEP-VA metrics that are expected to be made to CSB performance contracts on July 1, 2025, before measures are finalized, to ensure they achieve the General Assembly’s intent of effectively measuring the performance of STEP-VA.</p>
<p>Recommendation 10. The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to</p>	<p>Language: The Secretary of Health and Human Resources shall report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of</p>	<p>Funding for Right Help Right Now is not part of the STEP-VA initiative’s budget appropriation and therefore not subject to reporting requirements that would allow the General Assembly to be apprised of how funds are being used and to what extent they are improving access to crisis services or the outcomes of individuals who receive them.</p>

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<p>existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of the individuals receiving services implemented pursuant to the plan.</p>	<p>the individuals receiving services implemented pursuant to the plan.</p>	
<p>Option 1. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA, (ii) develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide, and (iii) report on their findings to the House Appropriations and the Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.</p>	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA, (ii) develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide, and (iii) report on their findings to the House Appropriations and the Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.</p>	<p>Limits on the scope of STEP-VA service components constrain access to essential behavioral health services. If the General Assembly wishes to explore fully meeting demand for essential behavioral health services through the STEP-VA initiative, a useful first step would be to determine the unmet need for each service and the cost of meeting that need.</p>

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Recommendation / option	Budget language / Funding	Explanation
<p>Option 2. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) ensure that comprehensive information about all available managed care organization preferred provider programs is provided to all community services boards (CSBs), including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs; and (ii) report to the Behavioral Health Commission regarding efforts to make such information available to CSBs no later than December 1, 2024.</p>	<p>Language: The Department of Medical Assistance Services shall (i) ensure that comprehensive information about all available managed care organization preferred provider programs is provided to all community services boards (CSBs), including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs; and (ii) report to the Behavioral Health Commission regarding efforts to make such information available to CSBs no later than December 1, 2024.</p>	<p>Obtaining “preferred provider” status with managed care organizations could reduce the administrative complexity of billing for Medicaid-eligible services, helping CSBs increase reimbursement for Medicaid-eligible services. Designation as a “preferred provider” means that the provider is not required to meet prior authorization requirements for certain services. Reducing prior authorization requirements can allow consumers to receive services more quickly and require fewer administrative steps before CSBs are able to receive reimbursement for services delivered.</p> <p>Note: JLARC recommendation from 2022 report on CSBs</p>
<p>Option 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services</p>	<p>Language: The Secretary of Health and Human Resources shall report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.</p>	<p>Adopting the CCBHC model envisioned by Pillar 3 of Right Help, Right Now could help address some of the current limitations of the STEP-VA initiative. The evidence-based monitoring and oversight measures required by the CCBHC model may address issues with existing performance measures and benchmarks for certain STEP-VA service components. Additionally, because the CCBHC model has already been implemented in other states, the model offers existing benchmarks against which to measure outcomes and quality, which could allow for meaningful</p>

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Recommendation / option	Budget language / Funding	Explanation
and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.		measurement of the quality of STEP-VA service components.
<p>Option 4. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.</p>	<p>Language: The Department of Medical Assistance Services (DMAS) shall examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.</p>	<p>Adopting a prospective payment system is a key element of the CCBHC model and was found to be a major challenge when Virginia explored CCBHCs in 2017. Participation in the CCBHC demonstration grant could allow Virginia to receive increased federal funding through Medicaid for behavioral health services provided by CSBs, increasing financial resources for STEP-VA service components.</p>
<p>Report on Maximizing School-Based Mental Health</p>		
<p>Recommendation 1. The General Assembly may wish to consider including funding in the Appropriation Act for DMAS to commission a review of Multi-Tiered School Based Behavioral Health Services including (1) whether and how to redesign Therapeutic Day Treatment, and (2) the rate structure and amount that should be used to enroll a</p>	<p>Funding: \$250,000 in FY 2025</p>	<p>Many schools rely on Therapeutic Day Treatment (TDT) for their Tier 3 mental health services, but TDT has encountered challenges with structure and quality. A thorough review of TDT would allow the state to determine whether TDT is still a good fit for contemporary classrooms and whether there are other Medicaid mental health services that could be introduced in schools.</p>

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Recommendation / option	Budget language / Funding	Explanation
sufficient number of providers qualified to deliver services identified.		
<p>Option 1. The General Assembly may wish to consider including in the Appropriation Act (1) \$7.5 million in FY25 and \$7.5 million in FY26 to support the School-Based Mental Health Integration Pilot for two additional years, and (2) language directing DBHDS to develop performance measures for participating sites and for the pilot overall, and to report to the Behavioral Health Commission on the selected performance measures by November 1, 2024.</p>	<p>Funding: \$7,500,000 in FY 2025 and \$7,500,000 in FY 2026</p> <p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall develop performance measures for participating sites and for the pilot overall, and shall report to the Behavioral Health Commission on the selected performance measures by November 1, 2024.</p>	<p>DBHDS has been limited in its ability to collect performance data on the pilot program. Going forward, collection of performance measures could allow DBHDS to assess the success of the program at current sites and make determinations about which aspects of the pilot program, if any, should be expanded statewide once the pilot period is over. An additional biennium of funding would provide some stability so that pilot sites could fully hire staff and the state could judge the effectiveness of a fully implemented pilot program.</p>
<p>Option 2. The General Assembly may wish to consider including provisions in the Appropriation Act (i) directing the Department of Medical Assistance Services and Department of Education to revise their interagency agreement to reduce the percentage of administrative reimbursement pass-through funds retained by DMAS; and (ii) appropriating an equivalent amount of funding to the Department of Education to support one full-time position that would provide Virginia school divisions with additional technical assistance with billing the Medicaid program for school-based services.</p>	<p>Language: The Department of Medical Assistance Services (DMAS) and Department of Education (DOE) shall revise their interagency agreement to reduce the percentage of administrative reimbursement pass-through funds retained by DMAS; and (ii) appropriate an equivalent amount of funding to the Department of Education to support staffing, training, and professional development to provide Virginia school divisions with additional technical assistance with billing the Medicaid program for school-based services.</p>	<p>DOE currently has one staff member who works with divisions on their Medicaid reimbursement processes. More funding for staffing and training could allow the state to provide additional technical support to divisions to leverage opportunities for increased funding created by the new state plan amendment. Funding for the additional position(s) could come from the share of federal Medicaid administrative reimbursement funds that is currently retained by DMAS.</p>

BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
<p>Option 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Education (DOE) to work collaboratively with the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services on a plan for creating a new program to deliver flexible mental health funds to divisions. The program would provide flexible funding to participating divisions for maintaining school-based mental health services and supports as well as technical assistance and evaluation capabilities to build out their mental health programs within a multi-tiered system of supports. The plan should include a proposed vision and goals for Virginia’s school-based mental health program and action steps to meet these goals; proposed outcome measures to determine program success; a recommendation on the amount of funding that should be appropriated annually; a proposed funding mechanism to ensure funding flexibility and consistency over time; and a structure for providing technical assistance and evaluation capabilities that will ensure the program is positively impacting the outcomes of students. DOE</p>	<p>Language: The Department of Education (DOE) shall work collaboratively with the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services on a plan for creating a new program to deliver flexible mental health funds to divisions. The program should provide flexible funding to participating divisions for maintaining school-based mental health services and supports as well as technical assistance and evaluation capabilities to build out their mental health programs within a multi-tiered system of supports. The plan should include a proposed vision and goals for Virginia’s school-based mental health program and action steps to meet these goals; proposed outcome measures to determine program success; a recommendation on the amount of funding that should be appropriated annually; a proposed funding mechanism to ensure funding flexibility and consistency over time; and a structure for providing technical assistance and evaluation capabilities that will ensure the program is positively impacting the outcomes of students. DOE should report to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee as well as to the BHC by December 1, 2024.</p>	<p>Schools have relied on \$123 million in pandemic relief funds to fund mental health services, which will be expiring by January 2025. State funding will likely be necessary to mitigate the loss of services or maintain current levels of service. There is not currently a state structure or funding mechanism that could deliver reliable, flexible mental health funds to schools. The relevant state agencies possess the expertise needed to determine the most effective way to structure and fund a program that can address short-term loss of funding as well as realize long-term success.</p>

BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
<p>should report to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee as well as to the BHC by December 1, 2024.</p>		
<p>Option 4. The General Assembly may wish to consider including one-time funding in the Appropriation Act for divisions to maintain school-based mental health services in FY2025, until additional funding is made available through the new state program in FY 2026.</p>	<p>Funding: \$20-30 million in FY2025</p>	<p>Schools have relied on \$123 million in pandemic relief funds to fund mental health services, which will be expiring by January 2025. School divisions will lose all federal pandemic funding before a new funding mechanism is available to maintain services. Even if additional funding is expected in the future, a temporary loss in funding will curtail the availability of services for students and may prompt measures with long-term implications. This stopgap funding measure could provide temporary assistance to allow divisions to continue their mental health services after the final expiration of ESSER funds while DOE plans the implementation of a new, permanent funding mechanism for school-based mental health.</p>
<p>Behavioral Health Commission</p>		
<p>Recommendation A. The General Assembly way wish to consider including funding in the Appropriation Act to fully fund the positions allocated to the Behavioral Health Commission and to fund one additional staff position to perform monitoring activities.</p>	<p>Funding: \$300,000 in FY2025 and \$300,000 in FY2026 Fully fund existing positions and salary and benefits for one additional experienced analyst</p>	<p>The starting budget for the BHC did not fully fund the four positions allocated to the agency to provide for competitive salaries, particularly for staff with experience. Given the small staff of the BHC, experienced analysts will provide much greater returns. Recruiting and retention have proved very challenging, and competitive salaries will be essential to ensuring the BHC can attract qualified and productive analysts. One additional staff would enable</p>

BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
		the BHC to take on oversight responsibilities and monitor the implementation of past and future activities funded by the General Assembly.

PULLED OUT OF THE BLOCK and not voted on at 10.17.23 meeting

Report on STEP-VA

<p>Recommendation 9. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.</p> <p><i>Reason for pulling out of block:</i> Members were concerned that this requirement could be overly burdensome for DBHDS.</p>	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.</p>	<p>The General Assembly provided funding to upgrade DBHDS’ data infrastructure and implement a new data exchange initiative beginning in FY 2023. To minimize risks associated with project delays, JLARC recommended that the General Assembly direct DBHDS and the Virginia Information Technologies Agency to provide reports on the project status to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services at least every three months until the project is complete.</p> <p>Note: Information can be obtained without budget amendment</p>
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BUDGET AMENDMENTS

2023 BHC Budget Recommendations Not Adopted			
Recommendation / option			
	Original Patron	Language/Funding	2023 Appropriation Act Outcome
JLARC Report: CSB Behavioral Health Services			
<p>Recommendation A. The General Assembly may wish to consider including language in the Appropriation Act requiring the Department of Behavioral Health and Developmental Services (DBHDS) to report annually on (i) community service board (CSB) performance in improving the functioning levels of its consumers based on composite and individual item scores from the DLA-20 assessment, or results from another comparable assessment, by CSB, (ii) changes in CSB performance in improving consumer functioning levels over time, by CSB, and (iii) the use of functional assessment data by DBHDS to improve CSB performance to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission.</p>	Del. Brewer	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall report annually on (i) community service board (CSB) performance in improving the functioning levels of its consumers based on composite and individual item scores from the DLA-20 assessment, or results from another comparable assessment, by CSB, (ii) changes in CSB performance in improving consumer functioning levels over time, by CSB, and (iii) the use of functional assessment data by DBHDS to improve CSB performance to the State</p>	Included in HB 1400 (311 #3h). Not included in final budget.

BUDGET AMENDMENTS

		Board of Behavioral Health and Developmental Services and the Behavioral Health Commission.	
<p>Recommendation C. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.</p>	Sen. Deeds	<p>Language: The Department of Behavioral Health and Developmental Services shall report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.</p>	<p>Included in SB 800 (311 #20s). Not included in final budget.</p> <p>Note: Included in STEP-VA recommendations</p>
<p>Recommendation D. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS.</p>	Sen. Deeds	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually to DBHDS on any staff</p>	<p>Included in SB 800 (312 #5s). Not included in final budget.</p> <p>Note: Included in STEP-VA recommendations</p>

BUDGET AMENDMENTS

		compensation actions taken during the prior fiscal year.	
<p>Recommendation E. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting; and (iv) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.</p>	Del. Rasoul	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting; and (iv) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on progress made toward eliminating administrative requirements</p>	<p>Included in HB 1400 (311 #2h). Not included in final budget. Note: Included in STEP-VA recommendations</p>
	Sen. Mason		<p>Included in SB 800 (311 #18s). Not included in final budget. Note: Included in STEP-VA recommendations</p>

BUDGET AMENDMENTS

		that are not essential, are duplicative, or are conflicting.	
<p>Recommendation F. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to contract with one or more higher education institutions to establish training and technical assistance centers to (i) deliver standardized training for preadmission screening clinicians on developing appropriate preadmission screening recommendations, interpreting lab results, and understanding basic medical conditions and (ii) provide technical assistance to preadmission screening clinicians, particularly when quality improvement is deemed necessary by DBHDS.</p>	Sen. Deeds	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall contract with one or more higher education institutions to establish training and technical assistance centers to (i) deliver standardized training for preadmission screening clinicians on developing appropriate preadmission screening recommendations, interpreting lab results, and understanding basic medical conditions and (ii) provide technical assistance to preadmission screening clinicians, particularly when quality improvement is deemed necessary by DBHDS.</p>	Included in SB 800 (312 #4s). Not included in final budget.
<p>Recommendation G. The General Assembly may wish to consider including funding in the Appropriation Act for the Department of Behavioral Health and Developmental Services to help community services boards hire additional staff for crisis stabilization</p>	Del. Hope	<p>Funding: \$2,500,000 the second year from the general fund is designated to Community Services Boards to hire additional staff for Crisis Stabilization Units whose bed</p>	<p>Not directly included in HB 1400. The BHC recommendation would have provided \$2,500,000 for DBHDS to help CSBs hire additional staff for CSUs.</p> <p>The House Committee reports included \$25,000,000 for additional CSUs, which is more than the BHC recommendation but does not seem to contemplate additional funding for existing CSUs.</p>

BUDGET AMENDMENTS

<p>units whose bed capacity is not fully utilized because of a lack of staff.</p>		<p>capacity is not fully utilized because of lack of staff.</p>	
<p>Recommendation H. The General Assembly may wish to consider including language and funding in the Appropriation Act to support the development and ongoing operations of additional crisis stabilization units (CSUs) for children and adolescents, the Southside area, and any other underserved areas of the state, and to direct that the Department of Behavioral Health and Developmental Services provide detailed information on the following before such funding is provided for a new unit to ensure the most strategic deployment of limited resources: (i) the unmet needs the new unit will address, (ii) the capacity of community service boards or private</p>	<p>Sen. Deeds</p>	<p>Funding: \$8,700,000 the second year from the general fund is provided to increase funding for the first three steps of STEP-VA, including same day access, primary care screening, and outpatient services at community service boards.</p>	<p>Included indirectly in SB 800. The BHC recommendation would have provided \$2,500,000 for DBHDS to help CSBs hire additional staff for CSUs. The Senate Committee reports included \$30,000,000 for the creation of additional crisis receiving centers and crisis stabilization units and to make enhancements to existing sites. SB 800 requires DBHDS to notify the Chairs of HAC and SFAC within 10 days of each award, stating the amount approved and the services that will be provided.</p>
	<p>Del. Brewer</p>	<p>Funding:</p> <ul style="list-style-type: none"> \$4.0M - \$10.0M, one-time to establish 2 RCSUs \$4.0M - \$7.0M annually to operate 2 RCSUs 	<p>Included in HB 1400 (312 #1h). Not included in final budget. The BHC recommendation would have provided an additional \$17,000,000 for 2 additional CSUs. The House would have included an additional \$25,000,000 for CSUs to be placed in priority areas, in addition to the CSUs proposed in the Right Help, Right Now plan.</p>
	<p>Sen. Hanger</p>	<p>Total funds, including GF, Medicaid, insurance billings, etc.</p>	<p>Indirectly included in SB 800. Not included in final budget. The BHC recommendation would have provided \$17,000,000 for 2 additional CSUs. The Senate would have included \$30,000,000 for the creation of additional crisis receiving centers and crisis stabilization units and to make enhancements to existing sites.</p>

BUDGET AMENDMENTS

<p>providers to staff the proposed unit, (iii) the unit’s ability to serve individuals under a temporary detention order, (iv) expected initial and ongoing costs of the proposed unit, and (v) the planned timeframe for when the unit would become operational.</p>			
<p>Recommendation I (revised). The General Assembly may wish to consider including language in the Appropriation Act to (i) direct the Department of Behavioral Health and Developmental Services to contract as soon as practicable with a vendor to implement a secure online portal, which is compliant with the Health Insurance Portability and Accountability Act (HIPAA), for community services boards to upload and share patient documents with inpatient psychiatric facilities, and (ii) temporarily suspend the requirement that state facilities, CSBs/BHAs, and private inpatient providers licensed by DBHDS participate in the acute psychiatric bed registry pursuant to § 37.2-308.1.</p> <p>Funding: \$650K.</p>	<p>Del. Brewer</p>	<p>Language: The Department of Behavioral Health and Developmental Services shall contract as soon as practicable with a vendor to implement a secure online portal, which is compliant with the Health Insurance Portability and Accountability Act (HIPAA), for community services boards to upload and share patient documents with inpatient psychiatric facilities.</p> <p>The requirement for state facilities, CSBs/BHAs, and private inpatient providers licensed by DBHDS to participate in the acute psychiatric bed registry pursuant to § 37.2-308.1 is temporarily suspended until</p>	<p>Not included in HB 1400. (Original: 311 #3h)</p>
	<p>Sen. Deeds</p>		<p>Included in SB 800 (311 #2s). Not included in final budget.</p>

BUDGET AMENDMENTS

		such time as a new registry is made available by DBHDS.	
<p>Recommendation J. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to work with the Department of Medical Assistance Services to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid-eligible services they provide, (ii) provide technical assistance and training, in coordination with Medicaid managed care organizations, on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2023, and annually thereafter.</p>	<p>Sen. Favola</p>	<p>Language: The Department of Behavioral Health and Developmental Services shall work with the Department of Medical Assistance Services to: (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid-eligible services they provide; (ii) provide technical assistance and training, in coordination with Medicaid managed care organizations, on appropriate Medicaid billing and claiming practices to relevant CSB staff; and (iii) evaluate the feasibility of a central billing entity, similar to the Federally Qualified Health Centers, that would handle all Medicaid claims for the entire system. The department shall report the results of these targeted reviews, any technical assistance or training provided in response, and on the feasibility of central billing</p>	<p>Included in SB 800 (311 #17s). Not included in final budget. Note: Included in STEP-VA recommendations</p>

BUDGET AMENDMENTS

		<p>to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2023, and annually thereafter on December 1, of each year.</p>	
<p>Recommendation K. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that CSBs must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and credentialing requirements; and (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2023.</p>	<p>Sen. Favola</p>	<p>Language: The Department of Medical Assistance Services shall (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that CSBs must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and credentialing requirements; (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2023.</p>	<p>Not included in SB 800.</p> <p>The Senate Committee reports direct DMAS to “incorporate provisions to standardize claims and service authorization processes” in their RFP development, which may address part of the concern behind this recommendation.</p> <p>Note: Included in STEP-VA recommendations</p>

BUDGET AMENDMENTS

<p>Recommendation M. The General Assembly may wish to direct the Department of Behavioral Health and Developmental Services (DBHDS) to complete a comprehensive review of the performance contracts with community services boards and revise all performance measures in the base performance contract and addendums to ensure that (i) performance measures are designed to measure outcomes for each service; (ii) performance measures include a relevant benchmark for each measure, and (iii) DBHDS has given clear direction on how it will monitor performance and enforce compliance with performance requirements. DBHDS should complete the contract revision and report on the improvements made to the Behavioral Health Commission by December 1, 2023 and implement changes before the finalization of the fiscal year 2025 performance contract.</p>	<p>Sen. Deeds</p>	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall complete a comprehensive review of the performance contracts with community services boards and revise all performance measures in the base performance contract and addendums to ensure that (i) performance measures are designed to measure outcomes for each service; (ii) performance measures include a relevant benchmark for each measure, and (iii) DBHDS has given clear direction on how it will monitor performance and enforce compliance with performance requirements. DBHDS should complete the contract revision and report on the improvements made to the Behavioral Health Commission by December 1, 2023 and implement changes before the finalization of the fiscal year 2025 performance contract.</p>	<p>Included in SB 800 (311 #13s). Not included in final budget.</p>
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BUDGET AMENDMENTS

<p>Recommendation O. The General Assembly may wish to include language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to report community services board (CSB)-level performance information, including any substantial underperformance or non-compliance and associated enforcement actions, annually to (1) each CSB governing board, (2) the Behavioral Health Commission, and (3) the State Board of Behavioral Health and Developmental Services.</p>	<p>Sen. Deeds</p>	<p>Language: The Department of Behavioral Health and Developmental Services (DBHDS) shall report community services board (CSB)-level performance information, including any substantial underperformance or non-compliance and associated enforcement actions, annually to (1) each CSB governing board, (2) the Behavioral Health Commission, and (3) the State Board of Behavioral Health and Developmental Services.</p>	<p>Included in SB 800 (311 #14s). Not included in final budget.</p>
<p>Option 3. The General Assembly may wish to provide additional funding for the Virginia Tiered System of Supports program to train staff at more schools about student behavior and classroom management.</p> <p>Funding: \$1.5M</p>	<p>Del. Watts</p>	<p>Funding: \$1.5M - \$3.25M annually, at least until pandemic-related behavior problems improve.</p> <p>Language: The Virginia Tiered System of Supports program will use newly appropriated funds to conduct training on student behavior and classroom management with staff in schools not previously served by the VTSS program.</p>	<p>Partially included in HB 1400 (130 #1h). Not included in final budget. The BHC recommendation would have provided \$1,500,000 for the VTSS. The House would have included \$500,000 for the VTSS.</p>
	<p>Sen. Mason</p>		<p>Included in SB 800 (129 #2s). Not included in final budget.</p> <p>The Senate would have included \$1,500,000 for DOE to provide technical assistance to teachers and administrators on positive behavioral interventions and supports (PBIS)</p>

BUDGET AMENDMENTS

		<p>\$250K per 5 school divisions; \$1.5M would expand the program by 50% (6 additional teams of 2, covering 30 more school division), while \$3.25M would provide for all school divisions not currently participating in VTSS (~65) to be served. However, not all divisions want to or can participate, and hiring challenges could preclude VTSS from serving all divisions.</p>	
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BILL REQUESTS

Recommendation / option	Legislative draft (LD) number	Explanation
AGREED TO AS PART OF BLOCK VOTE on 10/17/2023		
Report on STEP-VA		
<p>Recommendation 1. The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.</p>	<p>24100984</p>	<p>Without a clear statement of the General Assembly’s intent with regard to the STEP-VA initiative or its expectations regarding the scope of the STEP-VA service components that CSBs must provide, it is not possible to determine the extent to the implementation of STEP-VA service components is consistent with legislative intent.</p>

To be voted on at 12.05.23 meeting		
Limited-scope study of EDCOT		
<p>Option 1. The General Assembly may wish to consider adopting a study resolution directing the Office of the Executive Secretary of the Supreme Court (OES) to contract with the National Center for State Courts and collaborate with the Department of Behavioral Health and Developmental Services (DBHDS) to (1) determine the availability, scope, and effectiveness of existing statewide diversion programs and initiatives in Virginia; (2) assess in what ways and to what extent expedited diversion to court ordered treatment (EDCOT) could divert individuals not currently served by existing programs</p>	<p>24101392</p>	<p>If Virginia chooses to explore implementing EDCOT, the state may wish to explore existing diversion programs and initiatives in Virginia; assess whether and how EDCOT might surpass the positive impact of initiatives that exist in Virginia and best practices employed in other states; examine the operational, legal, and funding changes that would be required to address the EDCOT implementation challenges identified by stakeholders; and determine the best course of action for Virginia with respect to individual outcomes, public safety, and the adequacy of its mental health and courts systems.</p>

BILL REQUESTS

Recommendation / option	Legislative draft (LD) number	Explanation
<p>in Virginia; (3) examine the operational, legal, and funding changes identified by stakeholders that would be required to address the EDCOT implementation challenges; and (4) determine the feasibility of implementing EDCOT or a similar diversion program to allow for diversion of individuals not currently served by existing programs in Virginia. In conducting their work, OES shall work with the National Center for State Courts to evaluate whether other states use diversion best practices that may be more effective and efficient than EDCOT. OES and DBHDS shall provide ample opportunities for meaningful collaboration and cooperation with stakeholders impacted by the potential implementation of an EDCOT model and changes to diversion programs. OES should report on its findings to the Behavioral Health Commission by November 1, 2025.</p>		
<p>Option 2. The General Assembly may wish to consider adopting a joint resolution directing the Joint Legislative Audit and Review Commission (JLARC) to study how to maximize the availability and effectiveness of diversion opportunities for individuals with mental illness who are involved in the criminal justice system in Virginia. As part of this study, JLARC should (1) determine the availability, scope, and effectiveness of major diversion programs and initiatives in Virginia, including pre-arrest models; (2) assess in what ways and to what</p>		<p>If Virginia chooses to explore implementing EDCOT, the state may wish to explore existing diversion programs and initiatives in Virginia; assess whether and how EDCOT might surpass the positive impact of initiatives that exist in Virginia and best practices employed in other states; examine the operational, legal, and funding changes that would be required to address the EDCOT implementation challenges identified by stakeholders; and determine the best course of action for Virginia with respect to individual outcomes, public safety, and the adequacy of its mental health and courts systems.</p>

BILL REQUESTS

Recommendation / option	Legislative draft (LD) number	Explanation
<p>extent expedited diversion to court ordered treatment (EDCOT) could benefit the state and eligible individuals compared to the benefits of existing diversion programs; (3) examine the operational, legal, and funding changes that would be required to effectively implement EDCOT and address concerns raised by stakeholders; (4) evaluate the costs and benefits of implementing EDCOT compared to those of maximizing the availability of existing diversion programs; and (5) make recommendations about the diversion programs that Virginia should offer to optimize individual outcomes, public safety, and the use state resources. In conducting their work, JLARC staff should consider diversion best practices used in other states. JLARC should report on its findings by November 1, 2025.</p>		
<p>BHC Membership</p>		
<p>The General Assembly may wish to consider amending § 30-403 to include three instead of two members of the House Committee on Appropriations as part of the seven members of the House of Delegates appointed to the Behavioral Health Commission.</p>	<p>24101824</p>	<p>During meetings about the goals and role of the BHC, members discussed the importance of having more money committee members on the BHC in order to broaden expertise about behavioral health issues among HAC and SFAC members, and to facilitate the implementation of recommendations requiring state funding.</p>

Agreed to as part of block vote: STEP-VA report

SENATE BILL NO. _____ HOUSE BILL NO. _____

1 A BILL to amend and reenact § 37.2-500 of the Code of Virginia, relating to community services boards;
2 core of services.

3 **Be it enacted by the General Assembly of Virginia:**

4 **1. That § 37.2-500 of the Code of Virginia is amended and reenacted as follows:**

5 **§ 37.2-500. Purpose; community services board; services to be provided.**

6 A. The Department, for the purposes of establishing, maintaining, and promoting the development
7 of mental health, developmental, and substance abuse services in the Commonwealth, may provide funds
8 to assist any city or county or any combinations of cities or counties or cities and counties in the provision
9 of these services. Every city or county shall establish a community services board by itself or in any
10 combination with other cities and counties, unless it establishes a behavioral health authority pursuant to
11 Chapter 6 (§ 37.2-600 et seq.). In order to provide comprehensive mental health, developmental, and
12 substance abuse services within a continuum of care, the community services board shall function as the
13 single point of entry into publicly funded mental health, developmental, and substance abuse services.

14 B. The purpose of behavioral health services provided by community services boards shall be to
15 enable individuals who have a mental illness or substance use disorder that significantly impairs their
16 functioning to access effective, timely, and cost-efficient services that help them (i) overcome or manage
17 functional impairments caused by the mental illness or substance use disorder and (ii) remain in the
18 community to the greatest extent possible, consistent with the individual's well-being and public safety.

19 C. The core of services provided by community services boards within the cities and counties that
20 they serve shall include:

21 1. Emergency services;

22 2. Same-day mental health screening services;

23 3. Outpatient primary care screening and monitoring services for physical health indicators and
24 health risks and follow-up services for individuals identified as being in need of assistance with

25 overcoming barriers to accessing primary health services, including developing linkages to primary health
26 care providers; ~~and~~

27 4. ~~Subject to the availability of funds appropriated for them, case~~ Crisis services for individuals
28 with a mental illness or substance use disorder;

29 5. Outpatient mental health and substance abuse services;

30 6. Psychiatric rehabilitation services;

31 7. Peer support and family support services;

32 8. Mental health services for members of the armed forces located 50 miles or more from a military
33 treatment facility and veterans located 40 miles or more from a Veterans Health Administration medical
34 facility;

35 9. Care coordination services; and

36 10. Case management services.

37 Such services shall be provided in a manner that ensures every individual in need of services has
38 access to the services they need, when and where they need them.

39 ~~C-D.~~ Subject to the availability of funds appropriated for them, the core of services may include
40 a comprehensive system of inpatient, outpatient, day support, residential, prevention, early intervention,
41 and other appropriate mental health, developmental, and substance abuse services necessary to provide
42 individualized services and supports to persons with mental illness, developmental disabilities, or
43 substance abuse. Community services boards may establish crisis stabilization units that provide
44 residential crisis stabilization services.

45 ~~D. The purpose of behavioral health services provided by community services boards shall be to~~
46 ~~enable individuals who have a mental illness or substance use disorder that significantly impairs their~~
47 ~~functioning to access effective, timely, and cost-efficient services that help them (i) overcome or manage~~
48 ~~functional impairments caused by the mental illness or substance use disorder and (ii) remain in the~~
49 ~~community to the greatest extent possible, consistent with the individual's well-being and public safety.~~

50 E. Every city or county or any combination of cities and counties that has established a community
51 services board, in consultation with that board, shall designate it as an operating community services

52 board, an administrative policy community services board, or a local government department with a
53 policy-advisory community services board. The governing body of each city or county that established
54 the community services board may change this designation at any time by ordinance. In the case of a
55 community services board established by more than one city or county, the decision to change this
56 designation shall be the unanimous decision of all governing bodies.

57 F. A community services board may enter into contracts with private providers to ensure the
58 delivery of services pursuant to this article.

59 #

To be voted on: December 2023 meeting

BHC Membership

§ 30-403. Membership; terms; vacancies; chairman and vice-chairman; quorum; meetings; voting on recommendations.

The Commission shall consist of 12 legislative members, who shall be appointed as follows: five members of the Senate, at least one of whom shall be a member of the Senate Committee on Education and Health, at least one of whom shall be a member of the Senate Committee on Rehabilitation and Social Services, and at least two of whom shall be members of the Senate Committee on Finance and Appropriations, to be appointed by the Committee on Rules and seven members of the House of Delegates, at least ~~two~~ three of whom shall be members of the House Committee on Appropriations and at least two of whom shall be members of the House Committee on Health, Welfare and Institutions, to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates.

Members of the Commission shall serve terms coincident with their terms of office. Members may be reappointed. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired term. Vacancies shall be filled in the same manner as the original appointment.

The Commission shall elect a chairman and a vice-chairman from among its membership.

A majority of the members of the Commission shall constitute a quorum. Meetings of the Commission shall be held at the call of the chairman or whenever the majority of the members of the Commission so request.

No recommendation of the Commission shall be adopted if a majority of the Senate members or a majority of the House members appointed to the Commission (i) vote against the recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the Commission.

2021, Sp. Sess. I, c. [313](#).

Limited-scope study of EDCOT

Option 1

The General Assembly may wish to consider adopting a study resolution directing the Office of the Executive Secretary of the Supreme Court (OES) to contract with the National Center for State Courts and collaborate with the Department of Behavioral Health and Developmental Services (DBHDS) to (1) determine the availability, scope, and effectiveness of existing statewide diversion programs and initiatives in Virginia; (2) assess in what ways and to what extent expedited diversion to court ordered treatment (EDCOT) could divert individuals not currently served by existing programs in Virginia; (3) examine the operational, legal, and funding changes identified by stakeholders that would be required to address the EDCOT implementation challenges; and (4) determine the feasibility of implementing EDCOT or a similar diversion program to allow for diversion of individuals not currently served by existing programs in Virginia. In conducting their work, OES shall work with the National Center for State Courts to evaluate whether other states use diversion best practices that may be more effective and efficient than EDCOT. OES and DBHDS shall provide ample opportunities for meaningful collaboration and cooperation with stakeholders impacted by the potential implementation of an EDCOT model and changes to diversion programs. OES should report on its findings to the Behavioral Health Commission by November 1, 2025.

Option 2

The General Assembly may wish to consider adopting a joint resolution directing the Joint Legislative Audit and Review Commission (JLARC) to study how to maximize the availability and effectiveness of diversion opportunities for individuals with mental illness who are involved in the criminal justice system in Virginia. As part of this study, JLARC should (1) determine the availability, scope, and effectiveness of major diversion programs and initiatives in Virginia, including pre-arrest models; (2) assess in what ways and to what extent expedited diversion to court ordered treatment (EDCOT) could benefit the state and eligible individuals compared to the benefits of existing diversion programs; (3) examine the operational, legal, and funding changes that would be required to effectively implement EDCOT and address concerns raised by stakeholders; (4) evaluate the costs and benefits of implementing EDCOT compared to those of maximizing the availability of existing diversion programs; and (5) make recommendations about the diversion programs that Virginia should offer to optimize individual outcomes, public safety, and the use state resources. In conducting their work, JLARC staff should consider diversion best practices used in other states. JLARC should report on its findings by November 1, 2025.



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

November 8, 2023

Stafford County
Randy Vosburg, County Administrator
rvosburg@staffordcountyva.gov
1300 Courthouse Road, 3rd Floor
Stafford, Virginia 22554

Stafford County Planning and Zoning
Kathy Baker, Acting Director of Planning and Zoning
Administratorkbaker@staffordcountyva.gov
P.O. Box 339
Stafford, Virginia 22555

Rappahannock Area CSB
Joe Wickens, Executive Director
jwickens@rappahannockareacsb.org
600 Jackson Street
Fredericksburg, Virginia 22401

Re: Licensing Application:
 Concerted Care Group Fredericksburg, LLC
 Opioid Treatment Center

Location:
 Concerted Care Group Fredericksburg
 282 Deacon Road
 Fredericksburg, Virginia 22405

Dear Mr. Vosburg, Ms. Baker, and Mr. Wickens:

Virginia Code § 37.2-406 establishes conditions that must be met before the Commissioner of the Department of Behavioral Health and Developmental Services can issue a license to a provider of Medication Assisted Treatment (MAT) services. This statute requires the

Commissioner to notify local governing bodies and community services boards (CSBs) of applications for licensure to provide MAT services within their jurisdictions. The statute then requires local governing bodies to notify the Commissioner of the applicant's compliance with any applicable local ordinances, and both local governing bodies and CSBs are required to submit to the Commissioner comments on the application and the facility's proposed location.

This letter serves as notification that an application for a MAT service license has been submitted to the DBHDS' Office of Licensing. Pursuant to Virginia Code §37.2-406 (B), you are required to submit to us, within 30 calendar days of the date of this letter, comments on the application and the facility's proposed locations. In addition, the local governing board is required to provide a determination of the application's compliance with applicable local ordinances. Please note, the Department will accept submissions from a local board of zoning appeals if the local governing board notifies the Office of Licensing, in writing, that the local board of zoning appeals is authorized to respond on behalf of the local governing board with respect to this information.

- If the local CSB does not submit comments within 30 calendar days, the OL will provide a single written reminder to the CSB. If a response still is not received within an additional 10 business days, the OL will contact the applicant via the Office of Licensing Information system's portal (CONNECT) to notify them of the reason for the delay in processing their application and suggest that they reach out directly to the CSB. If the CSB does not have any comments on the application, the CSB's response should simply state that the CSB has no comments on the application.
- If the local governing body, or local board of zoning appeals on behalf of the local governing body, does not submit comments and a determination of the application's compliance with local zoning ordinances within 30 days, the OL will provide a single written reminder. If a response still is not received within an additional 10 business days, the OL will contact the applicant via the CONNECT portal to notify them of the reason for the delay in processing their application and suggest that they reach out directly to the local governing body or board of zoning appeals, as applicable.
- If the local governing body, or local board of zoning appeals on behalf of the local governing body, determines that an applicant's proposed service/location is out of compliance with any applicable local ordinance, they will be required to reference the specific ordinances. This information will be used by the OL to determine if the application for a license will be denied on the basis of non-compliance with section 12VAC35-105-150 of the [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#).
- If the local governing body, or local board of zoning appeals on behalf of the local governing body, determines that the application does not violate any applicable local ordinance and provides comments on the application, this information will be shared with the Commissioner, and the OL will proceed with processing the application in accordance with the [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#).

Please note, in accordance with § 37.2-406.C, the Commissioner will not issue a license to the provider until the above steps have been completed. For your convenience, the relevant Code section can be found at this link. <http://law.lis.virginia.gov/vacode/title37.2/chapter4/section37.2-406/>

Please provide your comments, name, title and date below and return via email:

Local Governing Body:

Is this Applicant's proposed service/location out of compliance with any applicable local ordinance(s)?

Yes or No

If yes, citations to specific ordinance(s) is required.

Reference specific ordinances:

Name:

Title:

Date:

Planning/Development Director or Zoning Appeals

Comments:

Name:

Title:

Date:

Community Services Board:

Comments:

The Rappahannock Area Community Services Board (RACSB) is dedicated to the education, recovery, treatment, and wellness of Planning District 16 residents affected by mental health, substance use disorders, and developmental disabilities. We recognize that both public and private provider partnerships are needed to fulfill our mission. Individuals in Planning District 16 should have access to a full continuum of evidence-based treatment options to meet person-centered needs and preferences. We support individual access to providers in the community who are committed to demonstrating safe, high-quality and ethical services by meeting and exceeding the standards of licensing defined by the Department of Behavioral Health and Developmental Services (DBHDS), requirements of our payer partners including the Department of Medical Assistance Services (DMAS), and nationally-recognized code of ethics of practitioner types. With our mission in mind and from our full review of the application and comment requirements, RACSB submits the following comments for consideration regarding Concerted Care Group Fredericksburg, LLC's application to DBHDS for licensure.

Concerted Care Group Fredericksburg, LLC has not met the requirement of 12VAC35-105-925. Standards for the evaluation of new licenses for providers of services to individuals with opioid addiction. Section J. which states "Applicants shall submit documentation of contract with community services boards or behavioral health authorities in their service areas to discuss their plans for operating in the area and to develop joint agreements, as appropriate". As of the date of this comment, CCG has not contacted RACSB. Therefore, RACSB has not been provided any information regarding their plans to operate in the area, meet the requirements as outlined above, nor to develop any joint agreements. We were not

provided opportunity to discuss or clarify questions regarding the staffing plan, services, and policies included in their application. Further, there is not a position included or designated to serve as the required community liaison responsible for developing and maintain cooperative relationships with community organizations, other service providers, local law enforcement, local government officials, and the community at-large (12VAC35-105-925, M.)

In regards to proposed location, RACSB is concerned regarding the ability to safely and equitably meet the needs of individuals in our planning district due to the failure to meet local ordinances or guidelines. The shopping center of the proposed location does not contain the required number of parking spots or off-street parking to accommodate the needs of individuals being served per local ordinance. Further, the proposed location has little to no access to public transportation options, nor sufficient sidewalks or walkways to access via foot, limiting access for individuals unable to provide their own transportation.

Name: Joseph Wickens
Title: Executive Director
Date: 12/07/2023

Accordingly, the Commissioner respectfully requests that you send comments and compliance information directly to jamie.ball@dbhds.virginia.gov in the Office of Licensing no later than December 8, 2023. Should you have any questions, or if you need additional information, please call me directly at (804) 393-3419 or at the main number (804) 786-1747.

Sincerely,

Jamie Ball
Policy Review Specialist

Office of Licensing

cc: Diane Oehl, Office of Substance Abuse Services, DBHDS

Veronica Davis, Associate Director for State Licensure, Office of Licensing, DBHDS

Jordan Hyde, ASAM Regional Manager, DBHDS

Provider #: 7784

Rappahannock Area Community Services Board
Finance Committee Meeting

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

PRESENT

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

ABSENT

Melissa White
Susan Gayle
Shawn Kiger
Ken Lapin
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
Megan Toler, Reimbursement Coordinator
Jacque Kobuchi, Clinical Services Director
Amy Jindra, Community Support Services Director
Amy Umble, Public Information Officer

Call to order – Mr. Matt Zurasky, Chair

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

ISSUE: **December 2023 Board Deck**

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

Cash Investments, which totaled \$26,050,001 in October 2023. We are at 3.5 million higher than we were last year in our bank account portfolios. We are averaging six months of reserves.

Summary of Investment Portfolio has a market value of \$8.39 million dollars for our cash investment and we started at \$8.25. Ms. Toler talked the group through the fee revenue. As of October 23, 2023, total outstanding claims of \$6.6 million.

44% of that outstanding are third-party insurance claims within 30 days aged. Our insurance claims aged over 120 days includes a credit of \$41,000- something the reimbursement department is working on with the insurance companies to resolve. Looking at collections, the agency collected a total of \$10.4 million this fiscal year compared to prior year at \$10.9. This represents a decrease when compared to previous year due to the following factors: prior year they collected about \$400,000 in July that should have been for the year prior. Also, last year they completed a significant number of rebills for 12.5% increase from FY2022 and they received that revenue last year. Medicaid is now enforcing spend downs which has a negative impact on revenue. Mr. Parcell asked if Ms. Toler could explain the Medicaid spend down. Ms. Jindra provided an explanation Staff work with these clients to meet their spend downs. Prior to completing spend down, Medicaid will not reimburse for services.

Ms. Toler reviewed the write-off reports as well as the year-to-date comparison. She provided detail for the increase in the category of max unit benefits. This is a result of clients that are in residential – there are only a certain number of days they can bill / 344 days. Moving on YTD comparison, the agency had \$875,000 compared to last year of \$1.2, the main decrease is what they wrote off in financial assistance. Mr. Zurasky asked why is it 344 days, Ms. Toler said they estimate a number of days the individual will be away from the home such as weekends and vacations with families.

Ms. Cleveland went over Health Insurance claims for October that were \$161,000 and monthly premiums collected were \$407,000, so total premiums of \$1.6 for total claims of 1.2 for the year. As noted last month, they had one individual that caused the increase of funds that hit the stop loss so they have the funding back for that. They are currently holding in this reserve account \$2.1 million for health insurance. Other Post-Employment Benefits are at a market basis of \$3.6 million. Payroll statistics- the agency is averaging 514 employees on a pay period, averaging about 3400 leave hours, and 490 in overtime hours.

ISSUE: Financial Summary Report

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

ACTION TAKEN: It was moved by Ms. Curcio and seconded by Mr. Parcell to accept the Financial Summary Report. The motion was unanimously approved.

ISSUE: Christmas Holidays Differential

DISCUSSION: Ms. Jindra presented on a new differential rate of time and a half in an effort to better compensate 24-hour program staff working on Christmas Eve and Christmas Day. The programs include: Developmental Disabilities (DD), Residential, Mental Health (MH), Residential, Assertive Community Treatment (ACT), and Sunshine Lady House. Emergency Services has a separate differential rate that accommodates its unique program and staffing

needs.

ACTION: It was moved by Mr. Parcell and seconded by Ms. Walker to accept the Christmas Holidays Differential. The motion was unanimously accepted.

ISSUE: **Classification and Compensation Recommendations**

DISCUSSION: Ms. Cleveland took the group through the following items of the Classification and Compensation Recommendations:

Description of Salary Adjustment Scenarios

Description of Tenure-Based Adjustments

Approximate Additional Annual Salary Cost of Each Scenario

Financial Position and Considerations to Evaluate Recommendations

RACSB recommended compensation adjustment strategy.

ACTION TAKEN: It was moved by Ms. Beebe and seconded by Ms. Boerner to accept the Classification and Compensation Recommendations. The motion was unanimously approved.

FOLLOW UP: It was agreed that the compensation scale would be reassessed again in May 2024.

Adjournment

The meeting adjourned at 12:29 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: Finance Committee Meeting
December 12, 2023, 12:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: December 8, 2023

A Finance Committee meeting has been scheduled for Tuesday, December 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.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Finance Committee Meeting

December 12, 2023 – 12:00 PM

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

Agenda

I.	Finance Committee Board Deck, <i>Cleveland</i>	3
	a. Summary of Cash Investments	
	b. Summary of Investment Portfolio	
	c. Fee Revenue Reimbursement	
	d. Fee Revenue Reimbursement-Without Credits	
	e. Fee Collection YTD and Quarterly	
	f. Write-Off Report	
	g. Health Insurance Account	
	h. OPEB	
	i. Payroll Statistics	
II.	Financial Summary, <i>Cleveland</i>	13
III.	Christmas Holiday Differential, <i>Jindra</i>	17
IV.	Other Business, <i>Zurasky</i>	

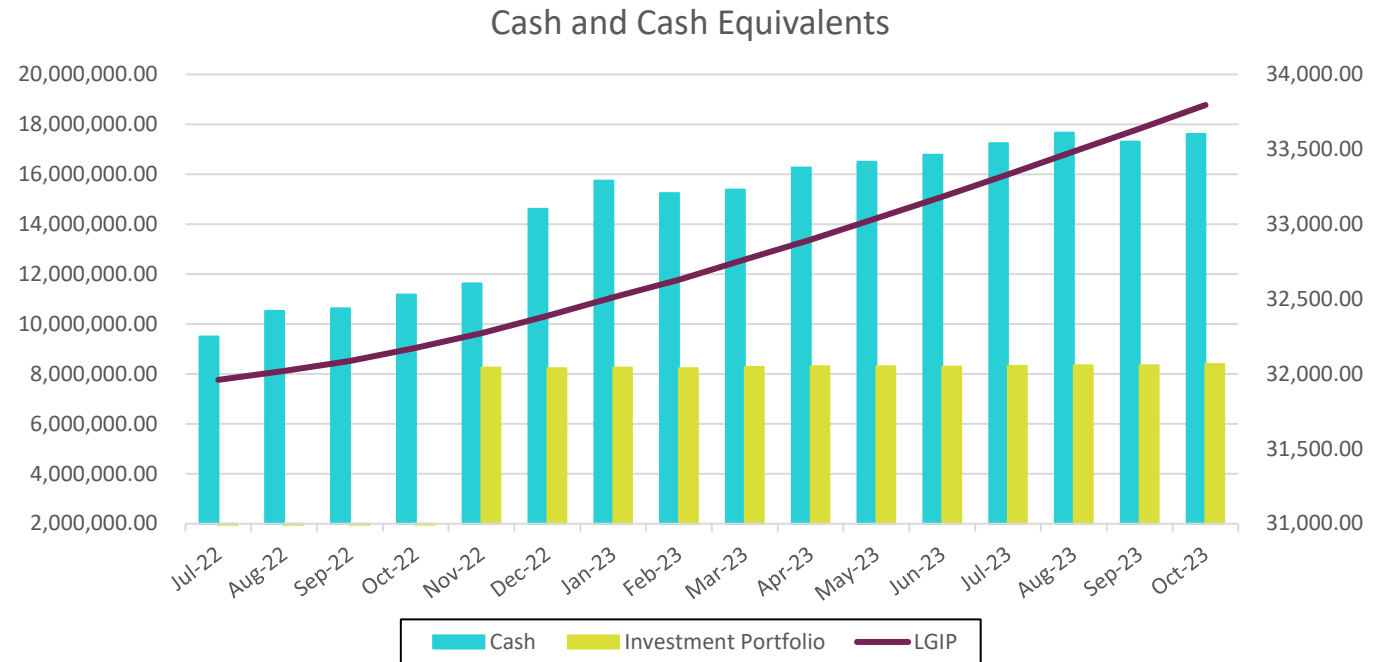
Finance Committee

DECEMBER 12, 2023

Summary of Cash Investments

Depository		Rate
Atlantic Union Bank		
Checking	\$ 17,621,404	3.75%
Investment Portfolio		
Cash Equivalents	4,451,472	0.02%
Fixed Income	3,943,330	3.53%
Total Investment	8,394,802	
Total Atlantic Union Bank	\$ 26,016,206	
Other		
Local Gov. Investment Pool	\$ 33,795	5.51%
Total Investments	\$ 26,050,001	

	\$ Change	% Change
Change from Prior Month	\$ 363,304	1%
Change from Prior Year	\$ 3,591,603	0%
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%
Balance at 7/31/2023	\$ 8,514,417	\$ 8,315,552	\$ 8,350,295	\$ (34,742)	\$ 187,825	2%
Balance at 8/31/2023	\$ 8,548,050.10	\$ 8,338,842.90	\$ 8,368,724.22	\$ (29,881.32)	\$ 166,095.00	1.98%
Balance at 9/30/2023	\$ 8,538,796.07	\$ 8,346,410.48	\$ 8,375,741.14	\$ (29,330.66)	\$ 140,722.00	1.68%
Fidelity IMM Gov Class I Fund #57	\$ 1,071,446.94	1,071,446.94	\$ 1,071,446.94	\$ -	\$ 56,235.00	5.25%
US Treasury Bill (1/23/2024)	\$ 500,000.00	491,290.88	\$ 491,270.95	\$ 19.93		
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	\$ 953,728.76	\$ 955,129.17	\$ (1,400.41)		
US Treasury Bill (11/30/2023)	\$ 1,025,000.00	\$ 981,003.09	\$ 981,732.90	\$ (729.81)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 954,002.09	\$ 955,364.35	\$ (1,362.26)		
Total Cash Equivalents	\$ 4,596,446.94	\$ 4,451,471.76	\$ 4,454,944.31	\$ (3,472.55)	\$ 56,235.00	1.26%
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 986,860.00	\$ 973,575.00	\$ 13,285.00	\$ 22,500.00	2.31%
US Treasury Note (7/31/2024)	\$ 1,000,000.00	\$ 981,800.00	\$ 978,733.75	\$ 3,066.25	\$ 30,000.00	3.07%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 984,500.00	\$ 1,005,781.25	\$ (21,281.25)	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 990,170.00	\$ 1,004,914.69	\$ (14,744.69)	\$ 45,000.00	4.48%
Total Fixed income	\$ 4,000,000.00	\$ 3,943,330.00	\$ 3,963,004.69	\$ (19,674.69)	\$ 140,000.00	3.53%
Balance at 10/31/2023	\$ 8,596,446.94	\$ 8,394,801.76	\$ 8,417,949.00	\$ (23,147.24)	\$ 196,235.00	2.33%

Fee Revenue Reimbursement

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,609,145	100%	\$6,728,481	100%	\$6,326,837
	Consumers	54%	\$3,571,878	53%	\$3,542,016	40%	\$2,502,523
	3rd Party	46%	\$3,037,268	47%	\$3,186,465	60%	\$3,824,314
Claims Aged 0-29 Days	Consumers	1%	\$88,608	1%	\$72,433	3%	\$161,359
	3rd Party	44%	\$2,909,794	47%	\$3,133,077	52%	\$3,291,104
Claims Aged 30-59 Days	Consumers	0%	\$24,998	1%	\$57,825	0%	\$7,249
	3rd Party	2%	\$119,263	1%	\$84,741	1%	\$93,616
Claims Aged 60-89 Days	Consumers	1%	\$56,331	1%	\$37,524	2%	\$104,926
	3rd Party	1%	\$45,295	0%	\$8,351	2%	\$111,314
Claims Aged 90-119 Days	Consumers	1%	\$33,208	4%	\$271,938	0%	\$5,460
	3rd Party	0%	\$4,820	0%	\$10,548	1%	\$54,461
Claims Aged 120+ Days	Consumers	51%	\$3,368,732	46%	\$3,102,297	35%	\$2,223,529
	3rd Party	-1%	-\$41,904	-1%	-\$50,252	4%	\$273,819

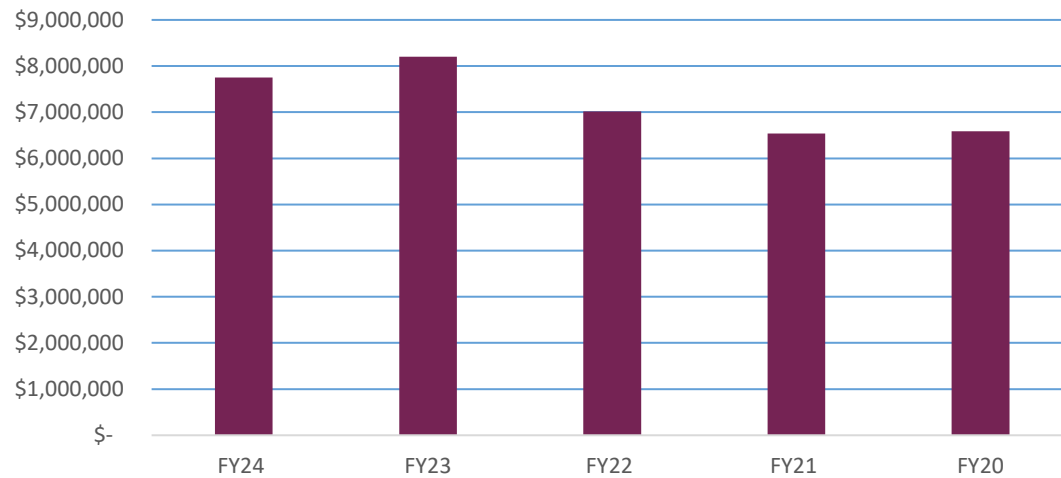
CLAIM COLLECTIONS	
Current Year To Date Collections	\$10,484,791
Prior Year To Date Collections	\$10,914,845
\$ Change from Prior Year	-\$430,054
% Change from Prior Year	-4%
<i>**\$398,000 of prior year collections was for FY22**</i>	

Fee Revenue Reimbursement – Without Credits

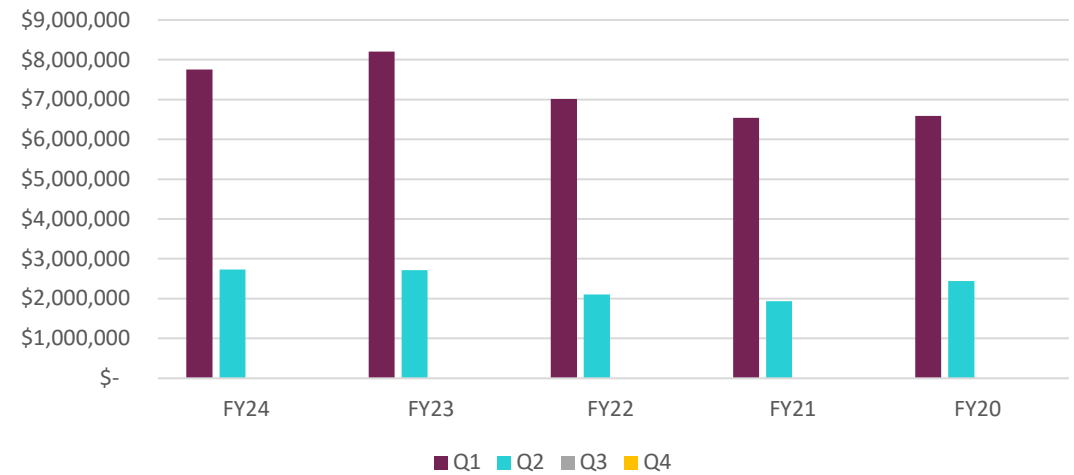
AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,728,481	100%	\$6,259,319	100%	\$6,326,837
	Consumers	53%	\$3,542,016	56%	\$3,522,802	40%	\$2,502,523
	3rd Party	47%	\$3,186,465	44%	\$2,736,516	60%	\$3,824,314
Claims Aged 0-29 Days	Consumers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

Fee Collection YTD & QTD

Year to Date Fee Collections



Quarterly Fee Collections



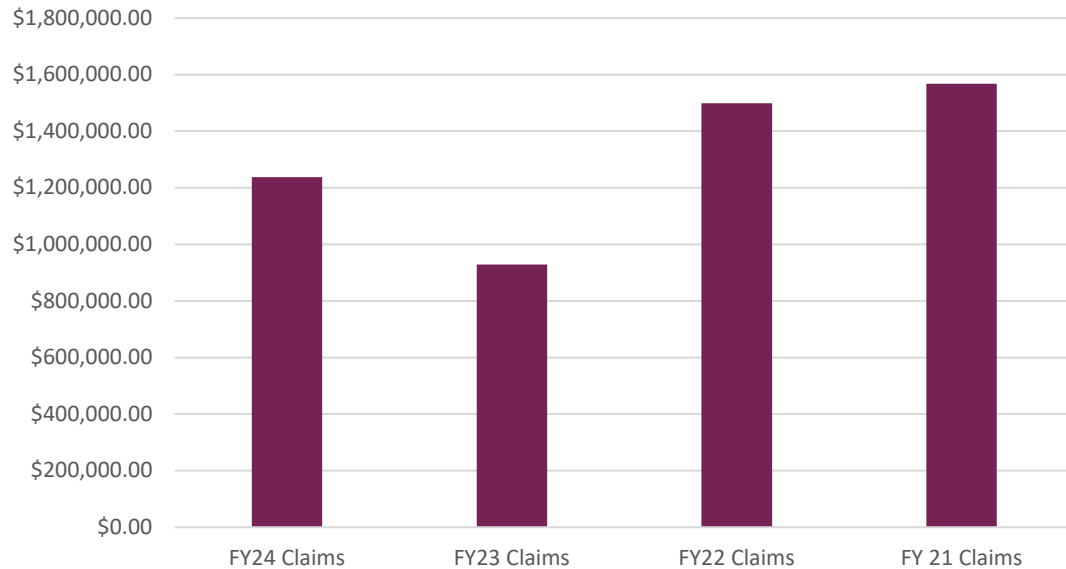
Write Off's – Current Month & YTD

Month: Oct 2023		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 30	\$ -
BANKRUPTCY	\$ 120	\$ 1,084
DECEASED	\$ 10	\$ 81
NO FINANCIAL AGREEMENT	\$ 829	\$ 5,006
SMALL BALANCE	\$ 71	\$ 106
UNCOLLECTABLE	\$ 350	\$ 1,130
FINANCIAL ASSISTANCE	\$ 130,214	\$ 170,335
NO SHOW	\$ 432	\$ 570
MAX UNITS/BENEFITS	\$ 27,780	\$ 12,262
PROVIDER NOT CREDENTIALLED	\$ 3,684	\$ 7,445
ROLL UP BILLING	\$ 18,224	\$ -
DIAGNOSIS NOT COVERED	\$ -	\$ 1,520
NON-COVERED SERVICE	\$ 1,648	\$ 5,639
SERVICES NOT AUTHORIZED	\$ 10,089	\$ 47,163
PAST BILLING DEADLINE	\$ 94	\$ 18,330
INCORRECT PAYER	\$ 1,696	\$ 19,232
INVALID MEMBER ID	\$ -	\$ 650
SPENDDOWN NOT MET	\$ 12,321	\$ -
TOTAL	\$ 207,593	\$ 290,553

Year to Date: July -Oct 2023		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 30	\$ -
BANKRUPTCY	\$ 366	\$ 3,008
DECEASED	\$ 100	\$ 3,586
NO FINANCIAL AGREEMENT	\$ 17,101	\$ 40,797
SMALL BALANCE	\$ 519	\$ 396
UNCOLLECTABLE	\$ 1,975	\$ 4,055
FINANCIAL ASSISTANCE	\$ 581,718	\$ 943,295
NO SHOW	\$ 4,118	\$ 1,670
MAX UNITS/BENEFITS	\$ 54,670	\$ 29,092
PROVIDER NOT CREDENTIALLED	\$ 48,704	\$ 17,903
ROLL UP BILLING	\$ 56,616	\$ -
DIAGNOSIS NOT COVERED	\$ 320	\$ 1,820
NON-COVERED SERVICE	\$ 15,689	\$ 18,784
SERVICES NOT AUTHORIZED	\$ 56,347	\$ 106,361
PAST BILLING DEADLINE	\$ 16,464	\$ 28,963
INCORRECT PAYER	\$ 8,535	\$ 27,528
INVALID MEMBER ID	\$ -	\$ 810
SPENDDOWN NOT MET	\$ 12,321	\$ -
TOTAL	\$ 875,593	\$ 1,228,067

Health Insurance

Year-to-Date Health Insurance Claims

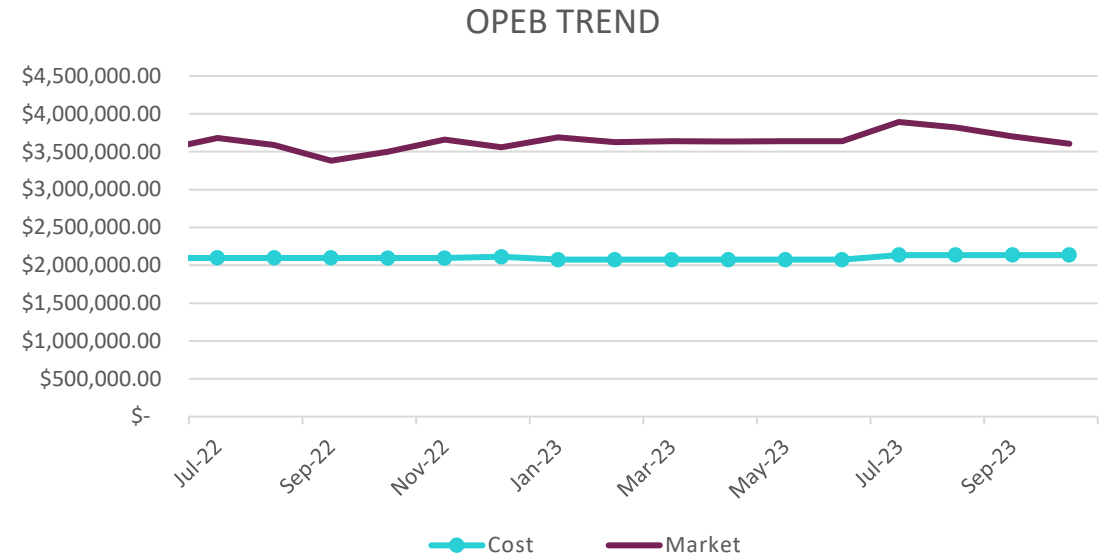


FY 2024	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$1,745,071
July	\$355,798		\$211,426	\$743	\$1,890,186
August	\$348,151		\$272,609	\$758	\$1,966,486
September	\$522,419		\$593,001	\$706	\$1,896,610
October	\$407,029		\$161,087	\$862	\$2,143,414
YTD Total	\$1,633,397	\$0	\$1,238,123	\$3,069	\$2,143,414

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2024	\$309,531	\$95,154	\$593,001
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906

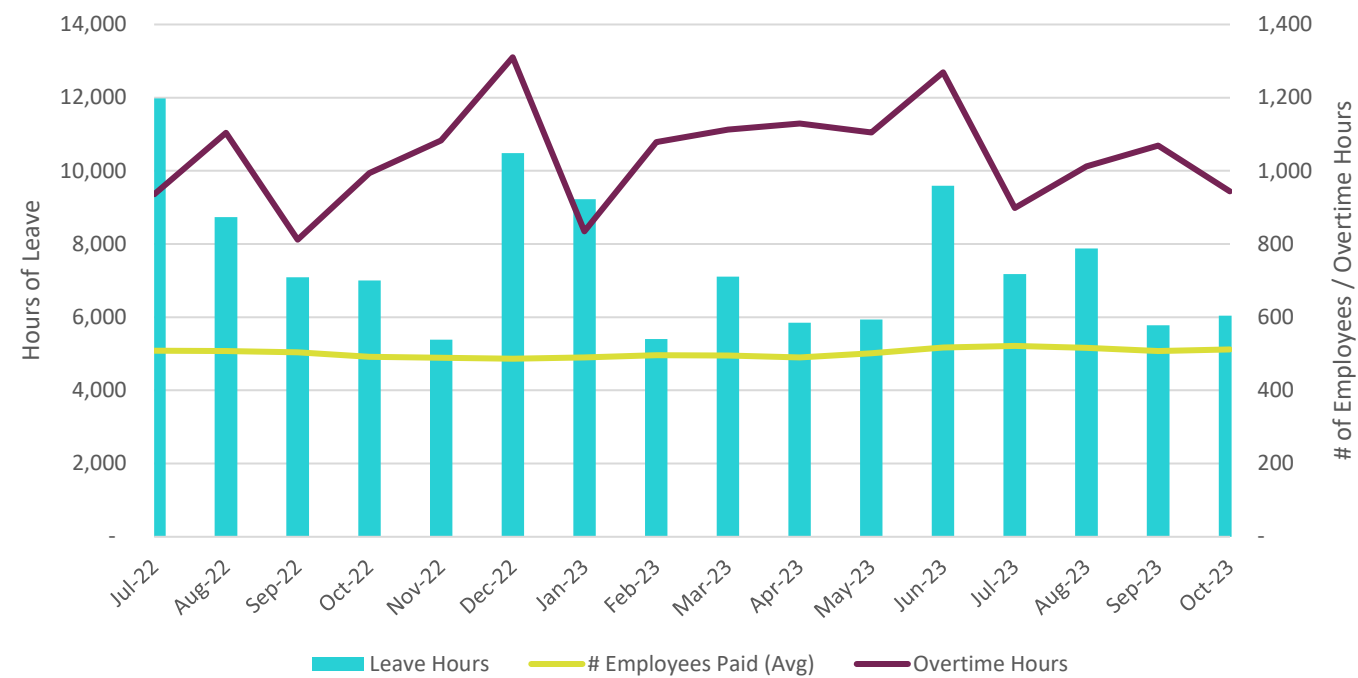
Other Post Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2023 Year-End Balance	\$ 2,135,292	\$ 1,119,005	\$ 3,807,041	\$ 2,685,538
Balance at 7/31/2023	\$ 2,135,226	\$ 1,180,606	\$ 3,892,944	\$ 2,938,324
Balance at 8/31/2023	\$ 2,134,934	\$ 1,180,314	\$ 3,821,233	\$ 2,866,613
Balance at 9/30/2023	\$ 2,134,935	\$ 1,180,315	\$ 3,702,943	\$ 2,748,323
Realized Gain/(Loss)				
Unrealized Gain/(Loss)			\$ (97,585.34)	
Fees & Expenses	\$ (124.42)		\$ (125.02)	
Transfers/Contributions				
Balance at 10/31/2023	\$ 2,134,810.61	\$ 1,180,190.61	\$ 3,605,232.80	\$ 2,650,612.80



Payroll Statistics

Employees / Leave* / Overtime



Indicators	FY 2022 Average Per Pay Period	FY 2023 Average Per Pay Period	FY 2024 Average Per Pay Period
# Employees Paid	506	499	514
Leave Hours	4,196	3,473	3,359
Overtime Hours	279	473	490

RACSB
FY 2022 FINANCIAL REPORT
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MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
INPATIENT	0	73,150	0.00%	0	53,150	0.00%	20,000	27%
OUTPATIENT (FED)	2,442,643	1,001,384	41.00%	2,442,643	939,994	38.48%	61,390	6%
MEDICAL OUTPATIENT (R) (FED)	4,420,904	1,328,942	30.06%	4,420,904	1,363,673	30.85%	(34,731)	-3%
ACT NORTH (R)	875,000	308,930	35.31%	875,000	275,859	31.53%	33,071	11%
ACT SOUTH (R)	875,000	282,430	32.28%	875,000	245,793	28.09%	36,637	13%
CASE MANAGEMENT ADULT (FED)	1,043,065	312,642	29.97%	1,043,065	351,353	33.68%	(38,711)	-12%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,031,998	285,950	27.71%	1,031,998	239,999	23.26%	45,951	16%
PSY REHAB & KENMORE EMP SER (R) (FED)	703,184	218,190	31.03%	703,184	232,598	33.08%	(14,408)	-7%
PERMANENT SUPPORTIVE HOUSING (R)	2,295,862	2,013,949	87.72%	2,295,862	557,272	24.27%	1,456,677	72%
CRISIS STABILIZATION (R)	2,149,875	408,128	18.98%	2,149,875	399,401	18.58%	8,726	2%
SUPERVISED RESIDENTIAL	360,841	306,768	85.01%	360,841	156,425	43.35%	150,343	49%
SUPPORTED RESIDENTIAL	781,947	279,606	35.76%	781,947	279,980	35.81%	(374)	0%
JAIL DIVERSION GRANT (R)	94,043	45,274	48.14%	94,043	29,771	31.66%	15,502	34%
JAIL & DETENTION SERVICES	523,537	52,505	10.03%	523,537	84,772	16.19%	(32,267)	-61%
SUB-TOTAL	17,597,899	6,917,847	39%	17,597,899	5,210,040	30%	1,707,806	25%
* Budget excludes program subsidies								

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
CASE MANAGEMENT	3,600,846	1,127,552	31.31%	3,600,846	1,051,778	29.21%	75,773	7%
DAY HEALTH & REHAB *	4,969,885	1,482,541	29.83%	4,969,885	1,489,171	29.96%	(6,629)	0%
GROUP HOMES	6,380,744	2,314,046	36.27%	6,380,744	1,634,682	25.62%	679,363	29%
RESPIRE GROUP HOME	749,912	62,364	8.32%	749,912	182,627	24.35%	(120,263)	-193%
INTERMEDIATE CARE FACILITIES	4,295,140	1,256,445	29.25%	4,295,140	1,343,184	31.27%	(86,739)	-7%
SUPERVISED APARTMENTS	2,071,114	1,069,396	51.63%	2,071,114	498,468	24.07%	570,928	53%
SPONSORED PLACEMENTS	2,216,891	868,540	39.18%	2,216,891	724,722	32.69%	143,818	17%
SUB-TOTAL	24,284,532	8,180,884	33.69%	24,284,532	6,924,633	28.51%	1,256,252	15%
* Budget excludes program subsidies								

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

RACSB
FY 2022 FINANCIAL REPORT
Fiscal Year: July 1, 2023 through June 30, 2024
Report Period: July 1, 2023 through Oct 31, 2023
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
SA OUTPATIENT (R) (FED)	1,616,929	367,759	22.74%	1,616,929	465,781	28.81%	(98,022)	-27%
MAT PROGRAM (R) (FED)	774,936	151,394	19.54%	774,936	327,022	42.20%	(175,628)	-116%
CASE MANAGEMENT (R) (FED)	232,071	48,642	20.96%	232,071	33,181	14.30%	15,461	32%
RESIDENTIAL (R)	69,049	92,065	133.33%	69,049	37,119	53.76%	54,946	60%
PREVENTION (R) (FED)	867,515	42,030	4.84%	867,515	181,454	20.92%	(139,424)	-332%
LINK (R) (FED)	290,801	44,561	15.32%	290,801	79,626	27.38%	(35,065)	-79%
SUB-TOTAL	3,851,301	746,452	19%	2,234,372	1,124,184	50%	(279,711)	-37%

* Budget excludes program subsidies

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
EMERGENCY SERVICES (R)	1,712,988	872,280	50.92%	1,327,096	330,467	24.90%	541,812	62%
CHILD MOBILE CRISIS (R)	371,304	1,394	0.38%	320,728	14,772	4.61%	(13,378)	-960%
CIT ASSESSMENT SITE (R)	290,495	109,468	37.68%	289,481	135,932	46.96%	(26,464)	-24%
CONSUMER MONITORING (R) (FED)	133,656	3,713	2.78%	139,646	45,186	32.36%	(41,473)	-1117%
ASSESSMENT AND EVALUATION (R)	390,825	142,479	36.46%	739,048	126,001	17.05%	16,478	12%
SUB-TOTAL	2,899,268	1,129,335	38.95%	2,815,999	652,359	23.17%	476,976	42%

* Budget excludes program subsidies

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%	
ADMINISTRATION (FED)	130,080	325,322	250.09%	130,080	325,322	250.09%	0
PROGRAM SUPPORT	4,354	9,200	211.29%	4,354	9,200	211.29%	0
SUB-TOTAL	134,434	334,522	248.84%	134,434	334,522	248.84%	0
ALLOCATED TO PROGRAMS				4,268,473	1,553,307	36.39%	

* Budget excludes program subsidies

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

RACSB
FY 2022 FINANCIAL REPORT
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Report Period: July 1, 2023 through Oct 31, 2023
FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL (R)	1,721,538	1,002,278	58.22%	1,721,538	340,006	19.75%	662,272	66%
INFANT CASE MANAGEMENT (R)	808,195	374,883	46.39%	808,195	279,461	34.58%	95,422	25%
EARLY INTERVENTION (R)	2,178,718	503,358	23.10%	2,178,718	656,406	30.13%	(153,047)	-30%
TOTAL PART C	4,708,451	1,880,520	39.94%	4,708,451	1,275,872	27.10%	604,647	32%
HEALTHY FAMILIES (R)	280,006	101,284	36.17%	280,006	80,349	28.70%	20,934	21%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	315,601	83,233	26.37%	315,601	101,862	32.28%	(18,629)	-22%
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	459,084	79,174	17.25%	459,084	157,023	34.20%	(77,849)	-98%
TOTAL HEALTHY FAMILY	1,054,691	263,691	25.00%	1,054,691	339,235	32.16%	(75,544)	-29%

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

RACSB
FY 2022 FINANCIAL REPORT
 Fiscal Year: July 1, 2023 through June 30, 2024
 Report Period: July 1, 2023 through Oct 31, 2023

RECAP FY 2024 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	6,917,847	5,243,499	1,674,348	24%
DEVELOPMENTAL SERVICES	8,189,434	6,924,863	1,264,571	15%
SUBSTANCE ABUSE	746,452	1,124,184	(377,733)	-51%
SERVICES OUTSIDE PROGRAM AREA	1,129,335	714,655	414,680	37%
ADMINISTRATION	334,522	334,522	0	0%
FISCAL AGENT PROGRAMS	2,144,210	1,615,107	529,103	25%
TOTAL	19,461,799	15,956,831	3,504,968	18%

Restricted Funds	\$ 2,173,154
Unrestricted Funds	1,392,388
Total	\$ 3,504,968

RECAP FY 2023 BALANCES

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

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 4,606,356	31.01%
Change in Expense from Prior Year	\$ 4,364,680	37.65%
Change in Net Income from Prior Year	\$ 241,677	7.41%

*Unaudited Report

Memo

To: Joe Wickens
From: Amy Jindra
cc: Tina Cleveland
Date: December 6, 2023
Re: Christmas Holidays Differential

Approximately 15 years ago, RACSB introduced a pay rate increase for those working on Christmas Eve and Day for Community Support Services (CSS) 24 hour programs. The increase amounted to \$2/hour differential. In an effort to better compensate 24-hour program staff working on Christmas Eve and Christmas Day, a new differential rate is proposed. Developmental Disabilities (DD) Residential, Mental Health (MH) Residential, Assertive Community Treatment (ACT), and Sunshine Lady House consist of the programs included in this proposal. Emergency Services has a separate differential rate that accommodates its unique program and staffing needs. Consequently, only CSS 24 hour programs are included in the differential rate proposed changes. For December 2023, the recommended differential rate is time and half for those working on the 24th and 25th. The rate increase applies for full time, part time, exempt, and non-exempt staff.

Among the 19 programs offering 24-hour support during the holidays, 154 staff will provide coverage for various shifts. The 154 staff will provide coverage for approximately 1,232 hours. In reviewing estimated wages of those working during the holidays, the agency will pay about \$26,566 in base salaries. Applying one and half times increase will increase wage expenses by \$13,283, for a total of \$39,849. For an individual staff perspective, historically, an employee would earn an additional \$16 for an 8-hour shift worked on Christmas Day or Christmas Eve. With the proposed changes, a staff making \$18/hour, would instead receive \$72 for the 8-hour shift. Providing time and half does create an additional expense for RACSB. However, for an individual staff, the increase carries significantly greater value.

All of the CSS programs can afford the increased cost. DD Residential has 13 programs that will need staff coverage for the Christmas holidays. Cost in wages for the proposed rate will be an additional \$10,485. DD Residential as a whole carries a margin of \$1,848,174. MH

Residential will incur an additional \$1014 by following the proposal. MH Residential, excluding Permanent Supportive Housing, has a balance of \$150,343. ACT will pay an extra \$250 in wages for the two days. ACT carries a positive variance of \$69,600. Sunshine Lady House, currently has a balance of \$8,700. It has just resumed services. The cost to cover the increased holiday rate for Sunshine Lady House is an additional \$1535. Currently, some of the 24-hour programs are struggling to fill shifts or have staff scheduled for 12 hour shifts in order to maintain needed coverage. This additional incentive may likely encourage additional employee support or better reinforce the agency's backing of those working.

To: Joe Wickens, Executive Director
 From: Tina Cleveland, Director of Finance
 Subject: Classification and Compensation Recommendations
 Date: December 12, 2023

The Rappahannock Area Community Services Board contracted with JER Human Resources Consulting to perform a comprehensive classification, compensation, and benefit study at the beginning of this year. The Board approved implementing the resulting recommendations from this study. While these actions temporarily resulted in an increase in applications and reduction in open positions, workforce shortages and vacancy continue to negatively impact programming across the agency to include temporary closings, waitlists, and increased cost to maintain current services. Further, the actions did not effectively address horizontal compression within each grade. Once the changes were implemented, the majority of agency staff fell within the 1st quartile of the new range, even those employees who have been with the agency over ten years or more. As requested by Board members during November committee and board members, staff have reviewed further potential compensations actions for presentation and recommendation to the Board.

Description of Salary Adjustment Scenarios:

Living Wage based on Caroline: The living wage for Caroline is \$19.00 per hour which is a 5.4% increase of our current lowest grade so the increase was applied evenly across all grades to calculate new scale and across all employees to calculate cost details.

Bringing up to \$20 per hour minimum: Bringing the minimum up to \$20.00 per hour is 10% increase of our current lowest grade so the increase was applied evenly across all grades to calculate new scale and across all employees to calculate cost details.

Bringing up to \$20 per hour minimum and addressing vertical compression: This strategy raises starting pay to \$20.00 per hour equating to a 11% increase plus an additional % increase to ensure a consistent percentage-based spread between the starting salaries for each grade in the scale through Grade 13. Grades 13 and up will receive only a 10% increase as these grades already maintain a consistent spread based on starting salaries.

Living Wage based on All other localities: The living wage for all other localities is \$22.43 per hour which is a 19.8% increase of our current lowest grade so the increase was applied evenly across all grades to calculate new scale and across all employees to calculate cost details.

Description of Tenure-Based Adjustment:

In order to effectively address horizontal compression, an additional percentage salary increase can be applied to the base salary options above. The amount of the additional percentage increase will be based on years of service to the agency.

Approximate Additional Annual Salary Cost of Each Scenario:

Description	Living wage-Caroline (5.4%)	Based on \$20 min (10%)	Based on \$20 min plus vertical compression adjustment	Living wage-All other localities (19.8%)
Total with Tenure Adjustment	\$2,334,950.35	\$3,754,610.87	\$4,156,030.14	\$6,779,105.01

Financial Position and Considerations to Evaluate Recommendations:

RACSB is in the financial position to implement any of the above recommendations due to the following factors. The agency currently has cash investments of \$26,050,001 equating to 6 months of reserves. Last year, RACSB ended the fiscal year with a positive variance of \$7,207,898. Financial projections indicate the agency is on-track to end this year with a positive variance of \$7,714,906 even without the following increases in funding and revenue. RACSB will receive an additional \$472,397 in January 2024 and starting in July, \$944,794 on an ongoing annual basis in additional state funds which have to be directed at salary actions. In addition, the rates for the majority of the services we provide will have a 10% increase starting January 1, 2024. Please find a summary of these additional financial considerations below:

Description of positive current and future annual variances:	Approved or Projected Amounts
Projected positive variance FY2024	\$7,714,906
Projected annual increase in State Funds for salary	\$944,794
10% increase in fee collections (based on fee revenue for FY23)	\$3,406,858
Total positive current/future annual variances	\$12,066,558

RACSB recommends the following strategies to remain competitive with the current market:

Set compensation scale to bring the minimum up to \$20.00 per hour equating to a minimum 10% increase for all steps. For Step 6 through Step 12, an additional % increase will be added based on grade to address vertical compression by ensuring 8% spread between the minimum salary of each grade. In addition, RACSB recommends implementing the tenure adjustment to address the horizontal compression concern and support retention of employees. For employees who are in non-graded positions, have salaries that currently exceed or with current recommendations which exceed the new maximum of their grade, and employees with the agency less than one-year, alternative actions would apply as described below. Please find summary and assumptions below.

Assumptions	Number of Employees	Increase Calculation	1- 4 Years	5-6 Years	7-10 Years	11+ Years
Typical	388	10% plus Tenure % increase	1%	2%	5%	6%
Non-Graded Positions	4	2% COLA plus Tenure %	1%	2%	5%	6%
If with agency less than 1 year	122	Brought up to new minimum Only	0	0	0	0
If Currently or recommended adjustments over New Max	2	1% COLA; Brought up to Max only	0	0	0	0
If over Mid and Tenure <5 years	2	2% COLA	0	0	0	0
Interns	6	No Change				

Position Type	Number of Employees	Total Cost of Increase	Total Annual Salary Cost
Full-Time	443	\$3,671,434.16	\$29,423,830.70
Part-Time PRN	71	\$418,063.90	\$3,589,086.30
Non-Graded	4	\$66,532.08	\$1,274,749.22
TOTAL	518	\$4,156,030.14	\$34,287,666.22

*Totals will be less once Part-Time/PRN is adjusted based on each employee's actual number of hours.

Rappahannock Area Community Services
Board Prevention/Public Information
Committee Meeting

Tuesday, December 12, 2023 at 12:30 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Matt Zurasky
Nancy Beebe
Sarah Ritchie
Carol Walker
Claire Curcio
Jacob Parcell

ABSENT

Melissa White
Susan Gayle
Shawn Kiger
Ken Lapin
Greg Sokolowski
Bridgette Williams
Glenna Boerner

OTHERS PRESENT

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

Call to order – Ms. Carol Walker for Ms. White

A meeting of the Prevention/Public Information Committee of the Rappahannock Area Community Services Board was held at 600 Jackson Street on **December 12, 2023**

ISSUE: Website Traffic Report

DISCUSSION: Ms. Umble presented on website traffic source distribution, device usage, page views and some fun facts.

ISSUE: Social Media Report

DISCUSSION: Ms. Umble provided updates on mental health and why social media matters for all at the RACSB. She reviewed the top Facebook, Instagram and LinkedIn Posts. She reported the agency has 2,400 followers on Facebook, 356 followers on Instagram and 411 on LinkedIn.

ISSUE: Prevention Trainings Fiscal Year 2024 Mid-Year Update

DISCUSSION: Ms. Wagaman gave a mid-year status update of training numbers for the Prevention department. For mental health first aid, the agency has four in-house instructors now. Currently, the number for community trainings is at 383 which is an increase from the previous two years. In addition to community trainings, they continue to partner with

Rappahannock Regional Criminal Justice Academy. The Prevention department will be rolling out the new public safety law enforcement module for them in January. They also continue to partner with the University of Mary Washington. All resident advisors are required to have some kind of mental health training.

In October, they added four trainings at the request of the library and trained 90 of the library staff both in youth and adult mental health first aid trainings. They just hit a milestone of their 4,000th individual trained – since they started their first training in 2014.

- ISSUE: **ASIST: Applied Suicide Intervention Skills Training**
DISCUSSION: Ms. Wagaman reported they don't offer as many ASIST trainings but they are at 31 for 2024. Their goal is to offer this quarterly.
- ISSUE: **SafeTALK**
DISCUSSION: Ms. Wagaman noted that last year was the first year they offered this and they will continue to offer quarterly. It is a three-hour training.
- ISSUE: **ACE Interface**
DISCUSSION: Ms. Wagaman stated that they continue to offer virtually with collaborating CSBs. They are reviewing numbers and trends to consider adjustments for this training moving forward in order to reduce no-shows to training.
- ISSUE: **Community Resilience Initiative Course 1 and Course 2**
DISCUSSION: Ms. Wagaman stated RACSB continues to facilitate initiatives to prevent opioid use, abuse, and overdose. This includes naloxone trainings, safe messaging campaigns, distribution of medication deactivation kits and medication lock boxes.
- ISSUE: **Save One Life/REVIVE**
DISCUSSION: Ms. Wagaman reported that in the first half of FY 2024, they have trained 797 community members in Save One Life and dispensed 758 boxes of Narcan. Since beginning to offer REVIVE in 2017, they have now trained 4,370 community members.
- ISSUE: **RACSB Substance Use Prevention Block Grant**
DISCUSSION: Ms. Wagaman took the Board through the Annual Report: July 2022 to June 2023 and Priority Strategies.
1. Building Community Connections
 2. Preventing Suicide through Lock and Talk Efforts
 3. Promoting Mental Health and Preventing Suicide
 4. Raising Awareness to Address Adverse Childhood Experiences
 5. Preventing Youth Tobacco Use
 6. Understanding the Risks of Problem Gambling/Gaming
 7. Addressing Cannabis Use

ISSUE: **2024 Virginia Young Adult Survey**
DISCUSSION: Ms. Wagaman shared this survey targets ages 18-25 and was developed by OBHW and OMNI Institute. The survey will be rolled out January through April. Their goal is to have 150 surveys completed by April 15, 2024.

ISSUE: **Prevention of Problem Gambling/Update on Skill Machines**
DISCUSSION: Ms. Wagaman gave an update on the October ban on electronic skill games in Virginia reinstated by the Virginia Supreme Court.

ISSUE: **Healthy Families Rappahannock Area Home Visiting Brief**
DISCUSSION: Ms. Wagaman announced that home visiting programs are at risk of losing funding because of the decline in the Temporary Assistance for Needy Families balance over the next two fiscal years. Early impact Virginia and Families Forward Virginia are leading the efforts to close the upcoming funding gap as well as develop a long-term sustainable plan for the growth of our local home visiting programs.

ISSUE: **Healthy Families Rappahannock Area 25th Anniversary Gala**
DISCUSSION: Ms. Wagaman reminded Board members that Healthy Families is celebrating 25 years of quality home-visiting services to the residents of Planning District 16. A gala is planned for April 26, 2024 at Stevenson Ridge in Spotsylvania County and all Board members are invited.

Adjournment

The meeting adjourned at 12:59 PM



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

NOTICE

To: Public Information/Prevention Committee: Melissa White (Chair), Nancy Beebe, Sarah Ritchie, Greg Sokolowski, Glenna Boerner, Claire Curcio, Carol Walker

From: Joseph Wickens
Executive Director

Subject: Public Information/Prevention Committee Meeting
December 12, 2023, 12:30 PM
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: December 8, 2023

A Public Information/Prevention Committee meeting has been scheduled for Tuesday, December 12, 2023, at 12:30 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on December 12th.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Prevention/Public Information Committee Meeting

December 12, 2023 – 12:30 PM

600 Jackson Street, Room 208 Fredericksburg, VA 22401

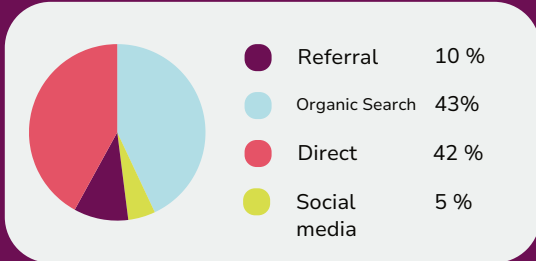
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X.	Other Business, <i>White</i>	

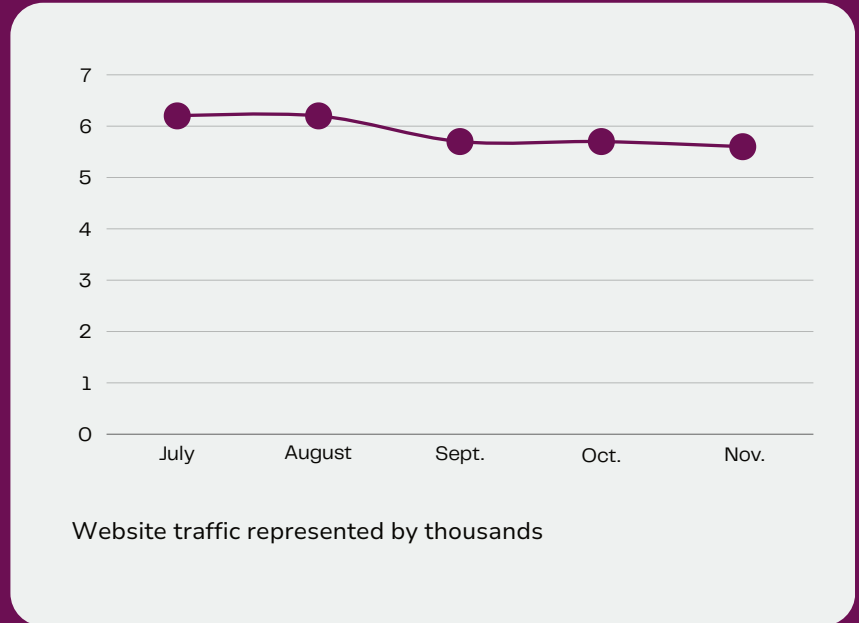
Website Traffic Report

December 1, 2023

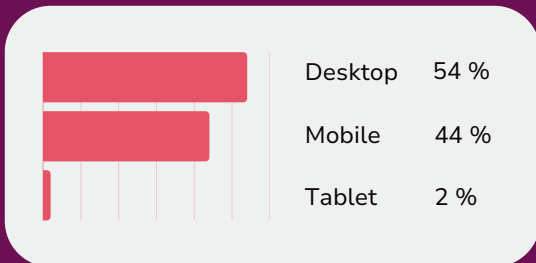
* Traffic Source Distribution



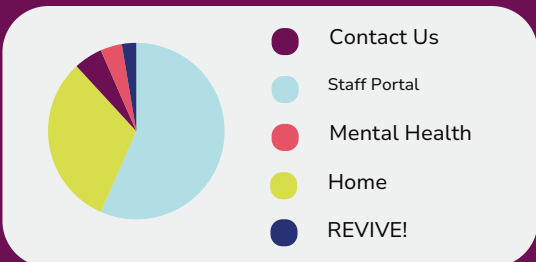
* Website Traffic Over Time



* Device Usage



* Page Views



* Fun Facts

11.9% More users in November 2023 vs November 2022

102k New users in 2023

343 Users came from Fredericksburg. Today in November 2023

Thursday Top day of the week for website use

Social Media Report

July 1, 2023 to November 30, 2023



“

“It's not enough to have lived. We should be determined to live for something. May I suggest that it be creating joy for others, sharing what we have for the betterment of personkind, bringing hope to the lost and love to the lonely.”

LEO BUSCAGLIA

hopestarter

4 BENEFITS OF EXERCISE FOR MENTAL HEALTH



MOOD BOOST

Exercise improves mood and reduces symptoms of depression.



STRESS RELIEF

Physical activity helps alleviate stress and promotes relaxation.



COGNITIVE ENHANCEMENT

Regular exercise enhances cognitive function and boosts memory.



INCREASED SELF-ESTEEM

Exercise improves self-confidence and body image.

hopestarter

Why does this report matter? What difference does it make if we gain a dozen Facebook followers in one month? Does a blue thumbs up mean anything?

If we're dealing with 100 open positions, waiting lists and closed programs, is it really important to have a content calendar?

Glad you asked.

The short answer is yes. You knew it would be, right? Your communications coordinator is not likely to say that communications isn't important.

But let's take a moment to see why it matters. Otherwise, our 8.5% engagement rate on Instagram is going to seem meaningless.

Social media is how many people meet Rappahannock Area Community Services Board. It's our first impression. If you've searched for a job lately, you might know that one of the first things job seekers do is check out the social media accounts of potential employers.

These days, job searchers seek meaning. They want a career that matters, working in a company with a culture that cares. If they can't find any social media content--or if that content doesn't speak to their hearts--they're going to pass up the opportunity.

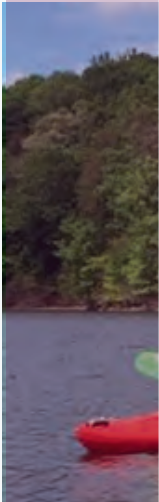
Social media is also how our employees can feel connected to our mission and can see our culture in action--something that is challenging when we operate in about 40 different facilities.

Additionally, this is how our community finds us. It's how new community partners see if we'd be a good fit.

Most importantly, we now know that individuals and families impacted by mental illness, substance use disorders and developmental disabilities often turn to social media to find support.

Studies show that many will peruse social media for a while before becoming comfortable reaching out for services. Done correctly, RACSB's social media can be a place for support and healing before individuals ever walk through one of our doors.

While I enjoy that we have an audience growth rate that is well above industry benchmarks, I really love that we are creating a community that fights stigma, busts barriers and embraces inclusion.



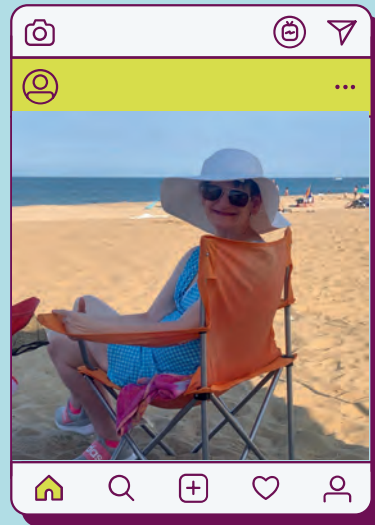
Top Facebook Posts



105
38

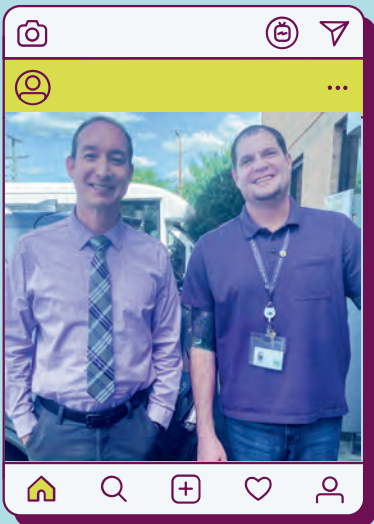


99
15



80
3
4

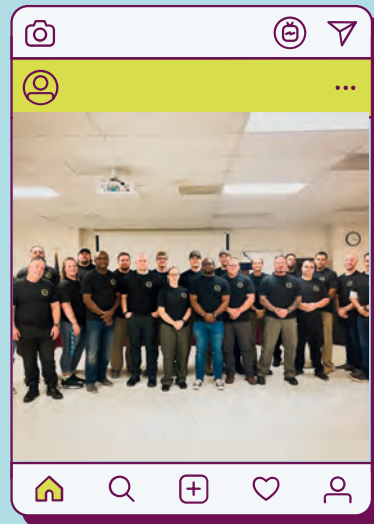
Top Instagram Posts



24
1



22
2



20
1

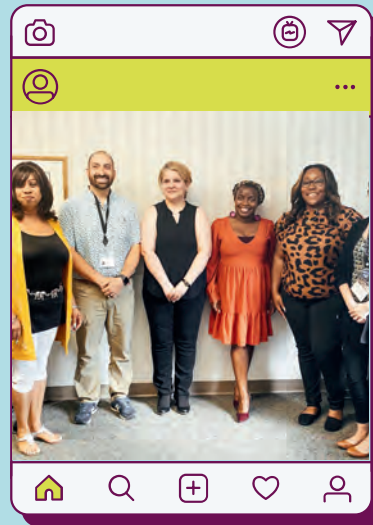
Top LinkedIn Posts



15
5
3



13
1



11
12

Overall, the content that does the best on RACSB social media accounts includes photos of employees and individuals served.



WE ARE HIRING
SUNSHINE LADY HOUSE
 OPEN POSITIONS:
 • Mental Health Professionals
 • Licensed Practical Nurses
 • Peer Specialist
 • Registered Nurses

Apply Now!

hopestarter | RAPPANNOCK AREA COMMUNITY SERVICES BOARD

*RACSB does have an X account. However, this report does not review statistics/metrics for X. Due to some significant changes within the platform, metrics are inconsistent at the moment.

At a Glance



Followers

2,400



Content

250



New Fans

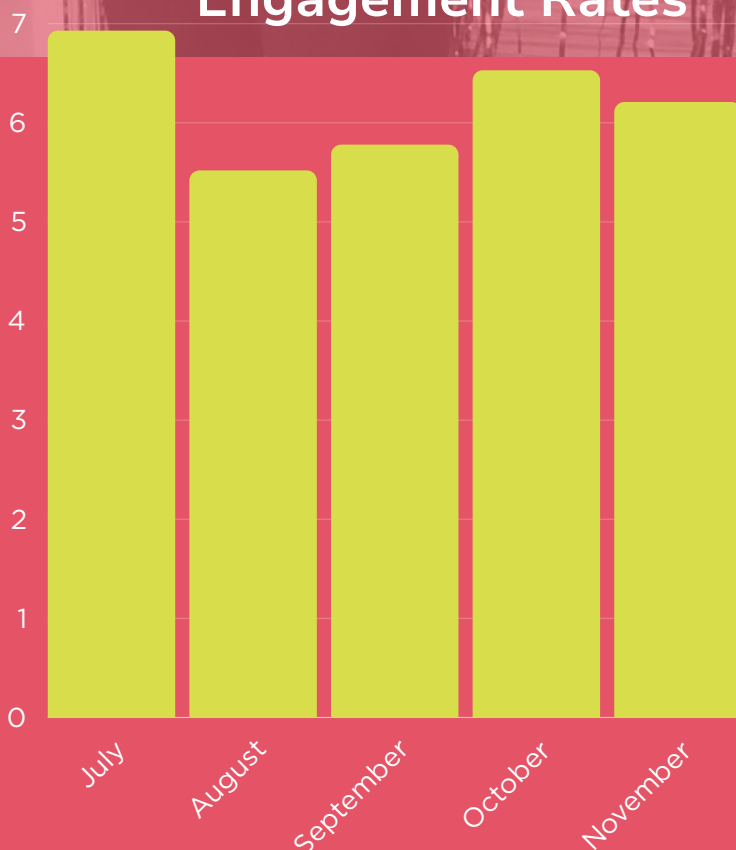
93

Post Performance

97k
Reach

6.07%
Engagement Rate

Monthly Engagement Rates



At a Glance



Followers

356



Content

92



New Fans

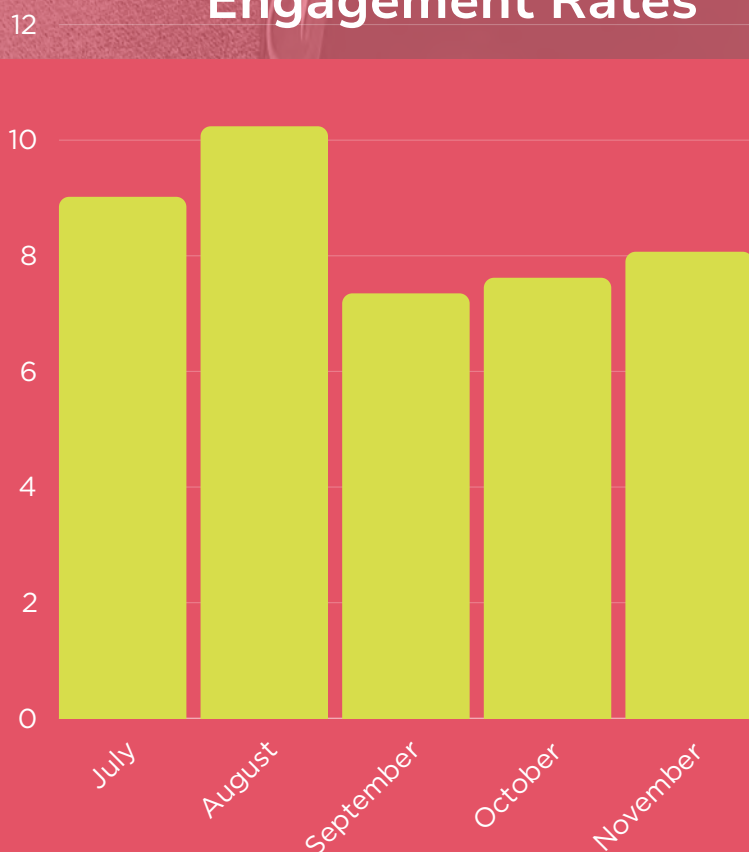
35

Post Performance

5.6k
Reach

8.5%
Engagement
Rate

Monthly Engagement Rates



At a Glance



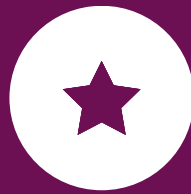
Followers

411



Content

65



New Fans

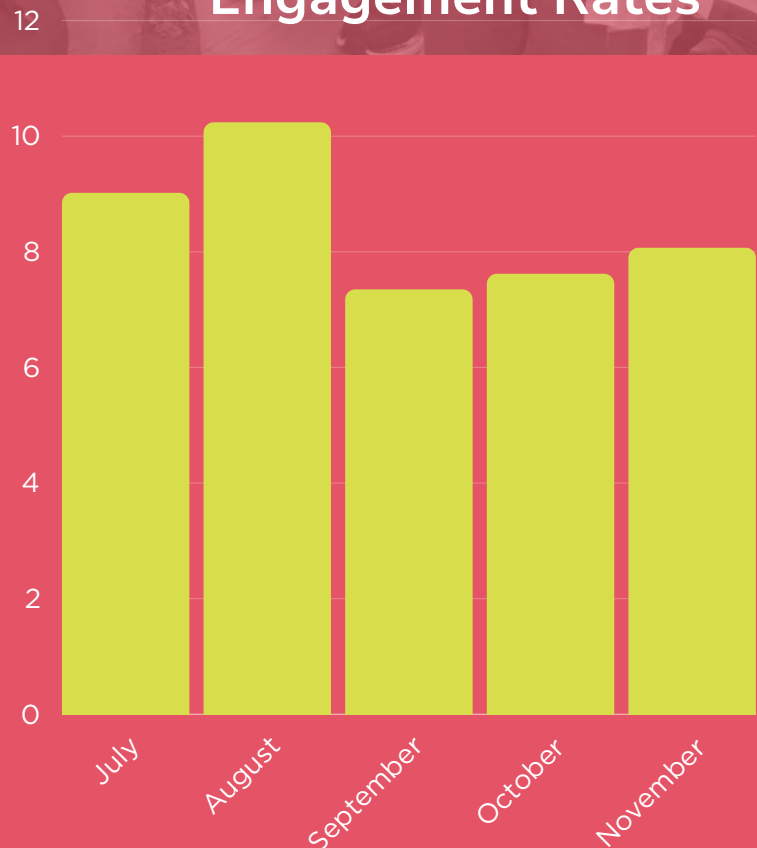
38

Post Performance

6.8k
Reach

7.2%
Engagement
Rate

Monthly Engagement Rates



Best Time to Post

	Facebook	Instagram	LinkedIn
Monday	8 p.m.	8 p.m.	3 p.m.
Tuesday	7-8 p.m.	8 p.m.	
Wednesday	2 p.m.	8 p.m.	2 p.m.
Thursday	10 a.m.	4 p.m.	4 p.m.
Friday	5 p.m.	8 p.m.	2 p.m.
Saturday	9 a.m.	8 p.m.	1 p.m.
Sunday	7 p.m.	7 p.m.	noon

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Self-Care Jar



- 1 Get an empty jar
- 2 Write down your favorite self-care ideas on strips of paper.
- 3 Whenever you're feeling down, stressed out, or drained – pull out a strip of paper and then do that activity

www.rappahannockareacs.org




Want a job that's a work of heart? We're hiring for multiple positions. No matter what you do at RACSB, you're starting hope in our community! Apply today: www.racsbjobs.com

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Benchmarks

Industry Benchmarks: Nonprofit

- Instagram Audience Growth Rate:
 - Industry: -10.75%
 - RACSB: 7.23%
- Instagram Post Engagement Rate:
 - Industry, 2.01%
 - RACSB, 6.84%
- Instagram Posting Frequency:
 - Industry, 0.9 posts/day
 - RACSB, 0.6 posts/day
- Facebook Audience Growth Rate:
 - Industry, -3.3%
 - RACSB, 4.6%
- Facebook Post Engagement Rate
 - Industry, 1.58%
 - RACSB, 6.04%
- Posting Frequency:
 - Industry, 0.5 posts/day
 - RACSB, 1.63 posts/day
- LinkedIn Audience Growth Rate:
 - Industry, 0.54%
 - RACSB, 10.33%
- Post Engagement Rate:
 - Industry, 2.08%
 - RACSB, 12.73%
- Posting Frequency:
 - Industry, 0.44 posts/day
 - RACSB, 0.41 posts/day

Prevention Trainings

Fiscal Year 2024 Mid-Year Update

In FY 2024, RACSB Prevention Services continues to facilitate the following trainings: Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); safeTALK; Understanding ACEs; Community Resilience Initiative Course 1 and Course 2; and REVIVE/Naloxone. This is a mid-year report to provide participant numbers and initiative highlights for the period covering July 1, 2023 through November 30, 2023.

Mental Health First Aid Trainings

RACSB has the following instructors: Michelle Amey; Benjamin Henderson; Sherry Norton-Williams; and Michelle Wagaman. RACSB trainers are certified to facilitate the adult, youth, higher education, and public safety curriculums.

In the first half of FY 2024, 364 community members were trained (17 adult and 4 youth trainings held). Since we began offering the Mental Health First Aid training in 2014, a total of 4,046 community members have been trained. This curriculum is facilitated over 8-hours.

In addition to hosting trainings open within the community, trainings were held in partnership with the following organizations:

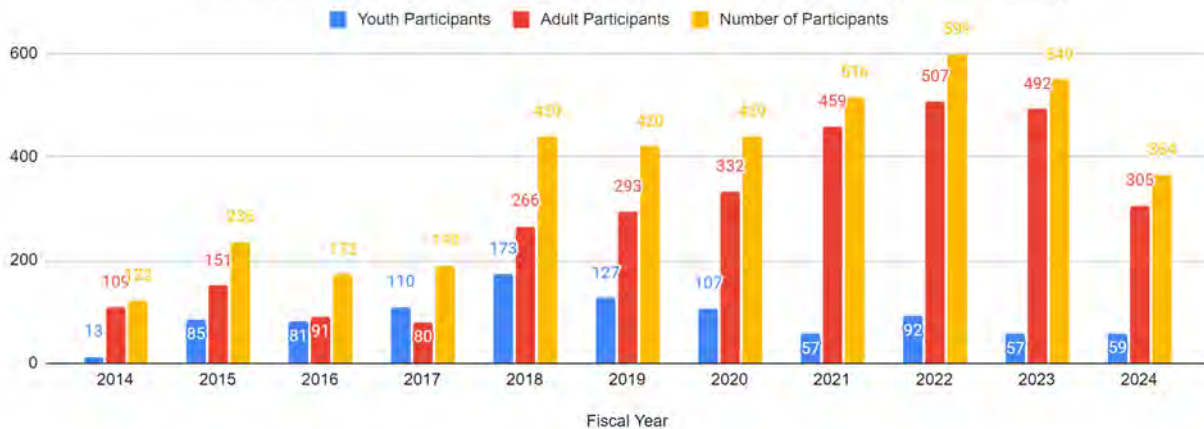
- Rappahannock Regional Criminal Justice Academy (4)
- University of Mary Washington (2)
- Central Rappahannock Regional Library (4)
- Stafford County Government
- Germanna Community College
- Caroline County Public Schools
- U.S. Air Force Air Traffic Controllers (via Langley, VA) (2)

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

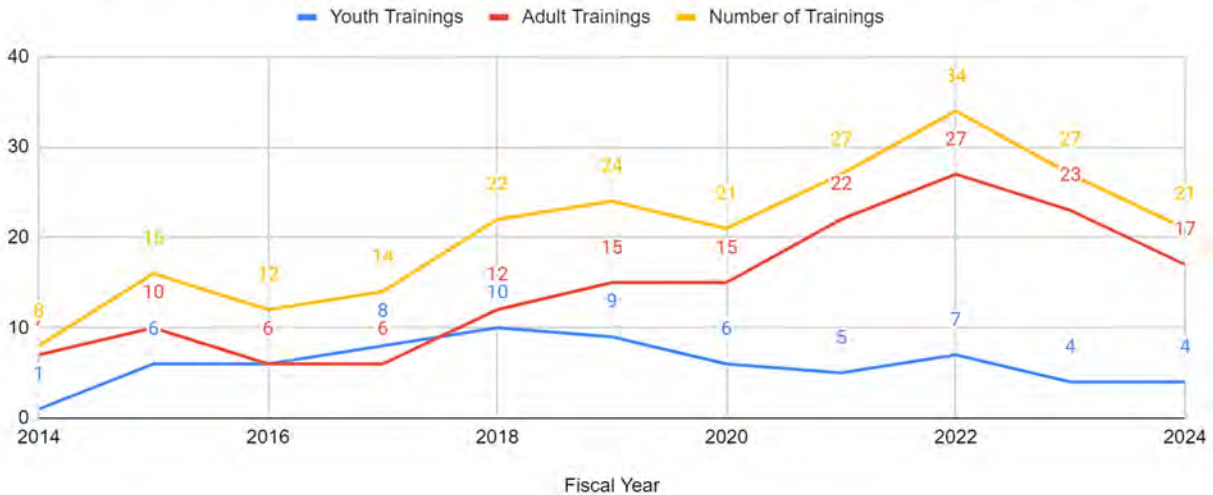
Fiscal Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024*	Cumulative
Youth Trainings	1	6	6	8	10	9	6	5	7	4	4	66
Youth Participants	13	85	81	110	173	127	107	57	92	57	59	961
Adult Trainings	7	10	6	6	12	15	15	22	27	23	17	160
Adult Participants	109	151	91	80	266	293	332	459	507	492	305	3085
Number of Trainings	8	16	12	14	22	24	21	27	34	27	21	226
Number of Participants	122	236	172	190	439	420	439	516	599	549	364	4046

*Reporting the first five months of FY 2024

Mental Health First Aid Training Participants (FY 2014 - mid-year FY 2024)



Mental Health First Aid Trainings Held Annually (FY 2014 - mid-year FY 2024)



ASIST: Applied Suicide Intervention Skills Training

This suicide prevention “first aid” is a 2-day training that supports participants to identify and intervene to help keep a person with thoughts of suicide safe for now. RACSB initially began facilitating this training in FY 2019. Training was suspended in FY 2020 following the departure of the second training and the COVID pandemic. This training is only provided in-person. We were successful in getting a second internal instructor certified in March 2022 and resumed offering this training in FY 2023.

One (1) training was held for a total of 20 participants in the first half of FY 2024. We cancelled the training scheduled for September 2023 due to registrations not meeting the minimum number required to host the course. An additional training is scheduled for December 7-8, 2023.

Fiscal Year	2019	2020	2021	2022	2023	2024*	Cumulative
Number of Trainings	1	1	0	1	6	1	10
Number of Participants	8	15	0	30	53	20	127

*Reporting the first five months of FY 2024



SafeTALK

SafeTALK is a 3-hour suicide alertness training. RACSB began offering this training in FY 2023 to allow for an option of a suicide prevention training with a shorter duration.

We cancelled one (1) training due to not meeting the minimum number of required participants.

Fiscal Year	2023	2024*	Cumulative
Number of Trainings	2	1	3
Number of Participants	31	11	42

*Reporting the first five months of FY 2024

ACE Interface

“Understanding Adverse Childhood Experiences and Building Self-Healing Communities” is facilitated both in person and virtually. The content allows for options from a 20-minute introduction/overview to a 6-hour course. We have been facilitating a 3-hour virtual version as well as in-person.

Registration and attendance have been low for in-person trainings; we cancelled one (1) training due to low registration numbers.

Fiscal Year	2018	2019	2020	2021	2022	2023	2024*	Cumulative
Number of Trainings	10	35	23	26	29	10	7	130
Number of Participants	157	733	646	1562	690	212	121	3,964

*Reporting the first five months of FY 2024

Community Resilience Initiative Course 1 and Course 2

RACSB has two trainers for The Community Resilience Initiative’s Course 1: Trauma Informed and Course 2: Trauma Supportive. Each training is 6-hours. Course 1 is a requirement for Course 2. We did not offer these trainings in 2021 or 2022 due to the duration being too long for virtual facilitation.

Course 1: Trauma Informed covers NEAR Science (Neuroscience, Epigenetics, ACE Study, and Resilience), Brain States, and ROLES strategies for individuals seeking a trauma-informed certification.

Course 2: Trauma Supportive covers the science of resiliency and shares promising strategies to build culturally and contextually resilient individuals and communities.

Fiscal Year	2020	2021	2022	2023	2024*	Cumulative
Course 1 Trainings	5	0	0	1	1	7
Course 1 Participants	160	0	0	16	19	195
Course 2 Trainings	1	0	0	1	1	3
Course 2 Participants	23	0	0	17	15	55
Number of Trainings	6	0	0	2	2	10
Number of Participants	183	0	0	33	34	250

*Reporting the first five months of FY 2024

Save One Life/REVIVE! Opioid Overdose Reversal Training

RACSB began offering the REVIVE! Opioid Overdose Reversal training in 2019. We have clinical staff trained as well as all of the Prevention Team as facilitators. We have two Master Trainers on staff. Locally, we began using the Save One Life campaign for harm reduction initiatives in 2023.

In the first half of FY 2024, we have trained 797 community members in Save One Life and dispensed 758 boxes of Narcan (1,516 doses). Since beginning to offer REVIVE in 2017, we have now trained 4,370 community members.

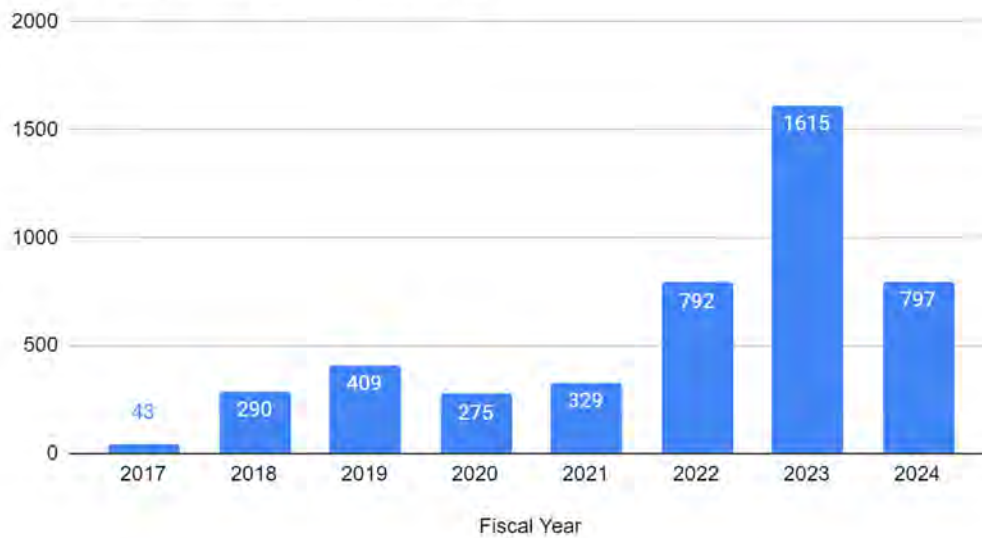


RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Fiscal Year	2017	2018	2019	2020	2021	2022	2023*	2024*	Cumulative
Number of Trainings	3	25	30	21	26	63	108	50	326
Number of Participants	43	290	409	275	329	792	1,615	797	4,550

*Reporting the first five months of FY 2024

REVIVE! Training Participants

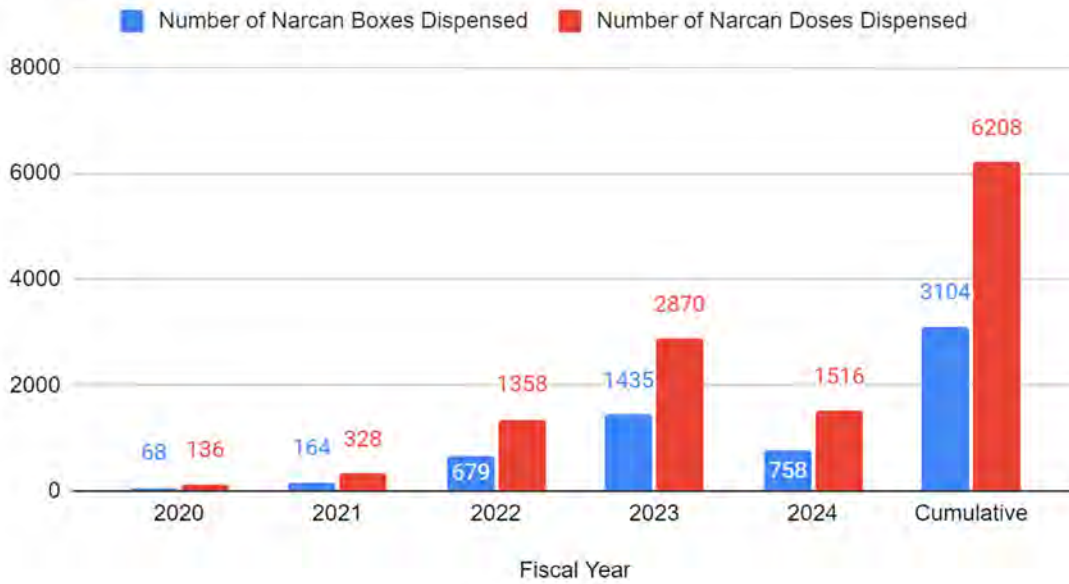


RACSB began dispensing Narcan in February 2020 and have dispensed a total of 3,104 boxes of Narcan/Naloxone or 6,208 doses. Each box contains two doses.

Fiscal Year	2020	2021	2022	2023	2024*	Cumulative
Number of Narcan Boxes Dispensed	68	164	679	1435	758	3104
Number of Narcan Doses Dispensed	136	328	1,358	2,870	1,516	6,208

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Narcan Dispensing



Rappahannock Area CSB Substance Use Prevention Block Grant

Annual Report: July 2022 to June 2023

The Substance Abuse Prevention Block Grant is funded by the Substance Abuse and Mental Health Services Administration (SAMSHA) and is distributed to all 40 Virginia Community Service Boards (CSBs) through the Department of Behavioral Health and Developmental Services (DBHDS). These funds allow communities to plan, implement, and evaluate activities that prevent substance use. Through a data-driven decision-making process, CSBs engage their communities by enacting efforts such as coalition development, trainings, community events, and media campaigns. This report includes information regarding the prevention efforts of Rappahannock Area Community Service Board.



Why Prevention Matters



Prevention efforts can **stop substance use before it begins** – particularly among youth and adolescents – and promote a health future for our community.



Research shows that **every dollar spent on substance use prevention saves up to \$65** in medical costs. Prevention efforts save not only lives, but money.



We **build caring community networks** through efforts that target shared risk and protective factors.

2023: The Year At-A-Glance

5

Localities served

328K

Community population

1.8M

Engagements with community members



RACSB Prevention Specialists attend more than 50 community events annually.

BG 2022-23 Priority Strategies



Building Community Connections

Our coalitions inform and engage our communities in substance use prevention through CADCA and/or CCoVA membership. Coalitions support strategy implementation and are key in creating a network of community stakeholders that care.

2 active coalition(s)
with **137 members**
representing **15 sectors**



Preventing Suicide through Lock and Talk Efforts



311,119
Impressions/reach

Materials Distributed:

Lock Boxes	255
Cable Locks	364
Trigger Locks	469



21
Community
Presentations

Lock and Talk educates communities on storing and securing lethal means while distributing safety devices. Lock and Talk also engages communities through information dissemination strategies.



Promoting Mental Health and Preventing Suicide

Trainings such as Mental Health First Aid (MHFA), SafeTALK, QPR, or Applied Suicide Intervention Skills Training (ASIST) help participants identify, understand, and respond to the signs of mental health or substance use challenges. Participants leave equipped to connect people to resources and care.



34
Trainings



779
People Trained

BG 2022-23 Priority Strategies



Raising Awareness to Address Adverse Childhood Experiences

ACE Interface trainings disseminate ACE and resilience science in diverse communities. Participants learn about the biological, health, and social impacts of ACEs and how to support the health and well being of community members.



24
Trainings



537
People Trained

Sectors trained:

- Schools
- Public Health
- Law Enforcement
- Dept. Social Services



Preventing Youth Tobacco Use

By providing education to tobacco and nicotine retailers across our catchment area, we are able to prevent youth tobacco use through reduced access.



3
Merchants visited

Materials distributed:

- Counter mats
- Window clings

*This is an initiative planned for FY 2024.



Understanding the Risks of Problem Gambling/Gaming

New laws have expanded access to legal gaming and gambling across Virginia, including online gambling and newly opened casinos. This has led Virginia prevention efforts to focus on Problem Gambling –an addictive disorder when you’re constantly placing a bet or wager where outcomes are dependent at least partly upon chance. Merchant education, media campaigns and information dissemination are some of the common strategies being implemented to raise community awareness.



363
Impressions/reach

Other Activities Implemented:

- Trainings for staff
- Community Education
- School Resources



Addressing Cannabis Use

Changing legislation across Virginia has expanded access and use to medical and recreational cannabis. Many CSBs have begun implementing prevention efforts, such as education and media campaigns, and wider information dissemination campaigns to increase knowledge and awareness.



2,500

Impressions/reach

Other Activities Implemented:

- Building staff capacity
- Youth Education
- Parent Education

Prevention In Action!



RACSB Prevention Recognized at Youth First Conference

While demonstrating what builds a health community, the RACSB Prevention team engaged with 500+ attendees at the Youth First Conference. In addition to handing out wallet resource cards and other information, the team trained 75 individuals to recognize and respond to an opioid overdose using Naloxone.

Left, members of the RACSB Prevention Team at Youth First, February 2023

"I think this is a great course and I would love it if more people could take it and easily talk about Mental Health issues." – participant, Mental Health First Aid Training

"Fantastic experience – I was a little worried with it being virtual- but you nailed it!"
- participant, virtual Understanding Adverse Childhood Experiences Training

For more info, contact us at prevention@rappahannockareacsb.org
www.rappahannockareacsb.org

This report was prepared in partnership with the OMNI Institute, Virginia's evaluation partner for the Substance Abuse Block Grant. OMNI is a non-profit social science consultancy based in Denver, CO.



2024 Virginia Young Adult Survey

The Office of Behavioral Health Wellness (OBHW) at the Virginia Department of Behavioral Health and Developmental Services (DBHDS) has directed CSB Prevention teams to implement the 2024 Young Adult Survey. This survey was first administered in spring 2022.

The survey is directed towards young adults ages 18-25 and was developed by OBHW and OMNI Institute.

The goal of the survey is to better understand young adult experiences with substance use, mental health, and other related topics. The survey asks about alcohol, marijuana/cannabis, cigarettes/e-cigarettes, stimulants, opioids, and other illicit drug use. Additionally, the survey asked about mental health topics/suicide, gaming and gambling behavior, and the impacts of the COVID-19 pandemic.

The survey is voluntary and takes 10-15 minutes to complete. It is confidential and anonymous. Upon exit of the survey, personal information is gathered to that an incentive can be provided. We have elected to once again work with VCU for the tracking and distribution of incentives (\$15 e-gift card).

Our goal is to have 150 surveys completed by April 15, 2024.

2024 Virginia Young Adult Survey

Guidance provided from OBHW & OMNI for CSB YAS Administration



Target Audience

Young adults ages 18 to 25



Timeline

OMNI target dates for YAS data collection: January 16- April 15



Funding

\$5,000 has been provided to each CSB as part of the problem gambling prevention funds. This is written into CSB Exhibit D's and Anne Rogers supplied CSB Prevention Offices with a copy of the Exhibit indicating this YAS allotment.



Goal

Increase from your CSB total from 2022 or a minimum of 150 valid responses. See www.vasis.org/yas to see your 2022 response rate.



Incentives & Thank You Gifts

Problem gambling prevention funds do not have heavy restrictions for purchasing incentives. They may include branded items and standard giveaway items like mugs, t-shirts, or gift cards. **Gift cards must be \$25 or less.**

Optional offer to partner with VCU (Mary Moore) on management

CSBs will be responsible for collecting and verifying contact information for those seeking to obtain gift cards. This will include setting up a Survey Monkey contact form, Google form, or other system to gather complete contact information.

CSBs will need to provide OMNI with a link to the incentive contact form no later than December X, 2023 so we can program and test the link with the survey.



Technical Assistance

Contact OBHW for:

- questions about ways to reach participants or roll out the survey in your community
- questions about funding-related matters or staff time

Contact OMNI for:

- technical questions about the survey
- support on creating an incentive contact form
- questions about recruitment
- to receive a custom survey link and QR code for in-person events
- to receive a special data entry link for paper survey data entry
- suspected survey spamming or fraud detected in your incentive contact form data

2024 Virginia Young Adult Survey

Orient yourself to all the YAS materials in Box.com

- Visit the OMNI TA Resources >> Young Adult Survey 2024 Folder and review all materials

Determine your incentives

- Identify incentives type(s) that your CSB will distribute
- Nail down your incentives budget
- Set up your incentives survey and send the link to OMNI by December 1, 2023
- Determine your incentives distribution process and whether you will engage any partners in this, such as VCU. If contracting with VCU, get contracts in place as soon as possible. *Note: You will not be able to contract with VCU if you wait until January to start this process.*

Nail down your recruitment approach

- Identify any key events in your community that you can use to recruit survey participants
- Determine your in-person survey taking strategy – will you use paper copies? iPads or tablets? QR codes? *Note: if you'll be distributing paper surveys, identify your process and staff who will be responsible for entering those surveys into the system.*
- Print out any materials you'll need such as flyers, posters, paper surveys, survey talking points
- Identify CSB staff, coalition members, and volunteers who will be supporting your recruitment efforts
- Plan out your social media strategy, including setting up a calendar for posting, pre-scheduling posts on your accounts, and determining whether you'll purchase any ads (and setting aside a budget for those if you are)

Establish partnerships (and identify how each partner will support your efforts)

- Local coalitions
- Regional or neighboring CSBs
- Young adult serving organizations and programs such as those at community centers, YMCAs, leadership or community service groups, and faith-based programs/youth ministries
- Schools, colleges and universities. *Note: Don't forget that many high school seniors are 18+!*
- Libraries, community and recreational centers, and other community-serving organizations such as LGBTQ+ community centers and organizations serving refugee and immigrant communities
- Faith-based organizations such as churches, mosques, temples, and spiritual centers
- Military bases, recruiting offices, and veteran's associations
- Local businesses such as gyms, bowling allies, restaurants, movie theaters, bars, coffee shops, game and hobby stores, and other stores frequented by young adults in your area
- Local trade schools, trade groups, or unions

Prevention of Problem Gambling

Update on Skill Machines

In October, the Virginia Supreme Court reinstated a ban on electronic skill games in Virginia. These machines or games look and play similar to slot machines. Manufacturers say there is an element of skill involved.

The General Assembly passed legislation outlawing skill games in 2020. However, former Gov. Ralph Northam delayed the ban for a year to help the state raise money for COVID-19 relief efforts.

When the ban then took effect in 2021, a lawsuit resulted in an injunction that allowed games already registered with the state's Alcoholic Beverage Control Authority to continue until the issue is resolved. The lawsuit was scheduled to go to trial in December.

Following the Virginia Supreme Court decision, the lower court dismissed the lawsuit challenging the state ban on skill games. Retailers had 30 days to remove the games/machines (November 16). If the games/machines are active within stores, the public can call the Virginia State Police Tip Line at 1-833-889-2300 to report the name and address of the violating retailer.

It is anticipated that supporters of the skill machines will take this issue up with the General Assembly next session.

Prior to the Supreme Court decision and subsequent lawsuit dismissal, CSB Prevention teams were planning to visit all retailers where such machines are registered. As part of these audits, merchant education would be provided with regards to use by those age 18 and older, promotion of 1-800-Gambler support, and product placement.

Healthy Families Rappahannock Area Home Visiting Brief

State Funding of Virginia's Home Visiting Programs

Virginia's home visiting programs connect pregnant and parenting families with young children to a registered nurse and a trained family support professional who provide customized coaching and support through pregnancy and the early stages of a child's development. Home visitors help families realize their strengths and unlock their child's potential. They also work to prevent child abuse while breaking intergenerational patterns of at-risk behavior while building protective factors within the family.

Currently Virginia's home visiting programs serve approximately 4,600 children (4,000 families) in 123 Virginia communities.

Locally, Planning District 16 is served by Healthy Families Rappahannock Area. This successful home visiting program has served the community for 25 years. Last year, the program served 318 children in 139 local families. RACSB serves as the fiscal agent.

Virginia's home visiting programs are at risk of losing funding because of the decline in the Temporary Assistance for Needy Families (TANF) balance over the next two fiscal years. Early Impact Virginia and Families Forward Virginia are leading the effort to close the upcoming funding gap as well as develop a long-term sustainable plan for the growth of our local home visiting programs.



Home Visiting Issue Brief 2024

If you could ensure Virginia's mothers and babies are healthier, would you?

If you could help Virginia's families become more self-sufficient, would you?



The solution depends on you!

FUNDING FOR HOME VISITING IS AT RISK DUE TO SHORTFALLS IN TANF

Families Forward Virginia Home Visiting

Families Served
12,456

Prenatal Families
5,925

Home Visits
377,808

Total # of Home Visits

248,953
Healthy Families Virginia™

28,799
parents as teachers®

100,056
CHIP of Virginia

FY18-FY23



Funding for



Healthy Families
Rappahannock Area

is at risk due to shortfalls in TANF.

Empowering & Enhancing our Region's Families

Home Visits
in the last 5 years:

11,325

Families served
in the last 5 years:

558

Pregnant Women
served in the last
5 years:

400

"Being a single first time mom is scary, and to know I had a nonjudgmental mentor guiding and supporting me towards unimaginable goals for my child and I. Without the help of healthy families, I would not have been fully equipped to embark on the journey of motherhood alone"

~Nia W.



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FXBG Advance



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New parents 'have a friend' in Healthy Families

ADELE UPHAUS - DECEMBER 6, 2023



by Adele Uphaus
MANAGING EDITOR AND CORRESPONDENT

When Chelsea Neal found out earlier this year that she was pregnant, her very first thought was, "Let me contact Ivy."

She wasn't expecting to get pregnant again and she still didn't have any family support in the area. But she wasn't worried. Ivy Lee, a family support specialist with Healthy Families Rappahannock Area, had seen her through the birth of twins five years ago, connected her with resources, helped get her enrolled in an associate degree program and given her confidence in her parenting – and she knew she could do it again with Ivy's support.

"She makes it so easy to ask for help, and often, I don't even have to ask," Neal said. "She's like my subconscious."

Healthy Families Rappahannock Area is a home visiting program that works with new parents in the Fredericksburg region, offering free, voluntary in-home support and guidance.

Family support specialists such as Ivy are trained in early childhood development and can help their clients access safety-net resources.

No income limits are required to receive services. Families at risk of child abuse or neglect can be referred to the program by their physicians, the hospital or social services – but anyone who feels they might benefit from the program can refer themselves, whether they are in crisis or not.

"Babies don't come with handbooks," said Melodie Jennings, who directs the program. "There's no 'how to' guide and every single child is different. Sometimes it's nice to have that support system to come in and normalize and guide you and be your #1 cheerleader."

"Home visiting is a highly effective prevention strategy"

There are 29 Healthy Families programs active throughout the state of Virginia, and the program is just one of eight different models of home visiting under the umbrella of Early Impact Virginia, a nonprofit alliance of early childhood home visiting.

"All the models grew up or were developed for different reasons or out of different organizations, but they all come from the same base or foundational understanding that when we're able to really support families from the earliest point and center our support around what their needs are and what their goals are for children and themselves, we can be really successful," said Laurel Aparicio, executive director of Early Impact Virginia.

Home visiting is "a highly effective prevention strategy that can disrupt generational poverty while helping kids become prepared for school," Aparicio said.

Home visiting in its different forms has been around for decades, has a strong base of evidence for its success and a high return on investment, reaching \$5.70 for every dollar spent, according to Early Impact Virginia.

Last year, 572 family support professionals served more than 6,700 families statewide, according to Early Impact Virginia, and the services benefit both parents and children.

Mothers who participate in home visiting are less likely to give birth to pre-term babies. Children are more likely to be referred for intervention when developmental delays are evident. Parents with substance abuse or depression are more likely to be connected with resources to help with these conditions.

And while 50% of participating mothers reported that they themselves had been abused as children, more than 99% of participating children had no founded cases of child abuse or neglect, according to Healthy Families Virginia, the umbrella organization over the local Healthy Families program.

"If you are a parent that was raised to think that you didn't matter, or that when you did something wrong, you were told you were stupid or got knocked upside the head, there's a likelihood of you repeating that behavior if you've never had somebody to say, 'Hey, there's a different way,'" Jennings said.

A lack of funding and awareness

But statewide, home visiting programs reach less than 10% of the families that could benefit from their services, according to Early Impact Virginia.

That's due to a combination of funding – which for Healthy Families comes from federal, state and local levels as well as private donations – workforce shortages and a lack of awareness.

Jennings said Healthy Families Rappahannock Area is currently serving 132 families with eight family support specialists. They have the capacity to serve up to 176 families, but there are two new family support specialists who keep their caseloads at half the maximum for the first year of their employment.

The majority of families in the local program are introduced to its services in the hospital, Jennings said. Healthy Families Rappahannock employs a family resource specialist who visits local hospitals and talks with parents after the baby has been delivered.

Local social services departments also refer families, but Jennings said she would love to see the number of self-referrals grow, rather than having to rely on overworked nurses and social workers.

In 2021, a baby died from malnourishment in Spotsylvania County. Jennings said she looked in her database to see if Healthy Families had ever received a referral about the baby's family.

They hadn't, but her mind still swirls with "what ifs."

"What if the mom was watering down the baby's formula because she didn't know where to get the next can from? What if she was suffering from post-partum depression and no one knew the signs?" Jennings wonders.

If there was more awareness of the free, voluntary resources offered by Healthy Families Rappahannock, the outcome of this one case might have been different, she thinks.

"So we've started a community awareness open house," Jennings said. "We invite anybody and everybody to come over, tell us about you and let us tell you about us. We know it takes a village. There should never be a parent that is having a child and they have to do this journey alone. We're here, we're free – let us help."

"My life changed"

Local moms who receive home visits from Healthy Families Rappahannock Area told the Advance that they can't imagine their lives without the support it gives them.

Zoe Williams, the mother of a six-month old son, said she was skeptical about home-visiting because she is a private person and she worried she would be judged.

But "my life has changed" since she was connected with a family support specialist, she said.

"I was on edge during my pregnancy," Williams said. "I thought, 'I don't know how to do this.' But (her family support specialist) was someone I could vent to, who offered me reassurance. She checks on how I'm doing as a person. She texts throughout the week. She's helped me connect with other moms. Now, I ask, 'When are you coming? I need you!'"

Yvette Breaux said home visits through Healthy Families helped alleviate her fears over her daughter's development. Her family support specialist was able to reassure her that children reach milestones on their own schedules.

Breaux has two young children just one year apart, and her family support specialist would bring activities for the older child so she could focus on the younger.

The visits were "something I could look forward to," Breaux said. "She always made me feel like she wasn't there to judge, but to help."

Home visits can continue through Healthy Families Rappahannock until a child enters kindergarten, Jennings said. Many families don't want to leave the program, so she asks them to act as "parent ambassadors."

"I've been here for 19 years, and my proudest moments have been in the last three years when we hired three former participants," Jennings said.

Rebekah Schumaker is one of them. She said she wants to pay forward the guidance and support she got from her family support specialist, who she credits with helping her leave a domestic violence situation.

"For me, she is what kept me going," Schumaker said.

RELATED POST



November 20, 2023

Stafford supervisors approve Amazon data center project in Falmouth district



November 15, 2023

Specialty centers are coming to Stafford high schools in fall of 2024



November 17, 2023

Proposed zoning changes in Stafford would affect future opioid treatment facilities



November 20, 2023

State Board of Education approves two regional lab schools

Comments are closed.

Healthy Families Rappahannock Area 25th Anniversary Gala

Healthy Families Rappahannock Area is celebrating 25 years of quality home-visiting services to the residents of Planning District 16.

A gala is planned for April 26, 2024 at Stevenson Ridge in Spotsylvania County.

Sponsorship and tickets are available.



Healthy Families
Rappahannock Area



Celebration Gala

April 26, 2024 6pm

Stevenson Ridge,
6901 Meeting St
Spotsylvania VA 22553

**Get
Your
Ticket
Today**



Rappahannock Area Community Services
Board Personnel Committee Meeting
Tuesday December 12, 2023 at 1:00 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Matt Zurasky
Sarah Ritchie
Jacob Parcell
Claire Curcio
Nancy Beebe
Carol Walker

ABSENT

Melissa White
Susan Gayle
Shawn Kiger
Kenneth Lapin
Bridgette Williams
Greg Sokolowski
Glenna Boerner

OTHERS PRESENT

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

Call to order – Ms. Walker for Ms. Gayle

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

ISSUE: November 2023 Retention Report

DISCUSSION: Ms. Carrington reported that Human Resources processed a total of 13 employee separations, resulting in a Retention Rate of 97.53% for the month of October 2023.

Ms. Curcio brought to Ms. Carrington’s attention the turnover rate in the chart for RACSB Turnover 2023 (page five of the handout). Ms. Curcio asked why the cumulative turnover YTD rate was 117.35% in comparison to other years. Mr. Wickens said he believes the calculation is wrong. Ms. Carrington said that it was an error and that she would have it amended.

ISSUE: November 2023 EEO Report and Recruitment Update

DISCUSSION: Ms. Carrington told the Committee that RACSB received 92 applications

through November 30, 2023. This is a decrease of 26.98% compared to the month of October 2023, and an increase of 64.29% when compared to the month of November 2022. RACSB received 625 resumes and advertised 29 positions through Indeed for November 2023. Of the applications received 60 applicants listed the RACSB applicant website as their recruitment source, 20 stated employee referrals as their recruitment source, and 6 listed Indeed.com as their recruitment source.

ISSUE: **Open Positions Report**

DISCUSSION: Ms. Carrington shared with the committee a list that provided the number of open positions. Currently there are 96 open positions. New positions account for 8 of the open positions. A summary was provided indicating external applicants hired, internal applicants moved, and actual number of applicants applying for positions in the month of November 2023.

ISSUE: **Drug-Free Workplace Policy**

DISCUSSION: Ms. Carrington provided the committee with a handout of a proposed Drug-Free Workplace Policy that executive leadership would like to distribute to all staff. The policy was discussed in detail amongst committee members.

Ms. Curcio asked if the fact that marijuana is legal in Virginia affects the policy as written. Mr. Wickens said that because the agency receives federal funding, RACSB must follow the federal definitions of illegal substances.

Mr. Zurasky questioned the timeframe of when the testing has to be done. Ms. Williams noted that the timing is not in the policy specifically but it can and should be added to sections 8.3 B, D, and E. Mr. Wickens noted that the practice has been if called to test they have to go immediately, and if that is not in the policy it needs to be.

FOLLOW UP: The committee was unable to approve the policy due to the absence of a quorum.

ISSUE: **Performance Evaluation Policy**

DISCUSSION: Ms. Carrington provided the committee with a handout of the proposed Performance Evaluation Policy listing the policy guidelines and main changes to the policy which include measuring performance two times a year, updating the scoring from a 3-point to a 5-point scale, and updating the performance factors.

-

FOLLOW UP: The committee was unable to approve the policy due to the absence of a quorum.

Adjournment

The meeting adjourned at 1:57 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
December 12, 2023 1:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: December 8, 2023

A Personnel Committee Meeting has been scheduled for Tuesday, December 12, 2023 at 1:00 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 1:00PM.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

PERSONNEL COMMITTEE MEETING

*December 12, 2023 1:00 PM
600 Jackson Street, Room 208
Fredericksburg, VA 22401*

a g e n d a

- | | | |
|------|---|------------|
| I. | SUMMARY – NOVEMBER 2023 RETENTION AND
TURNOVER REPORT – | CARRINGTON |
| II. | SUMMARY – NOVEMBER 2023 EEO REPORT AND
RECRUITMENT UPDATE - | CARRINGTON |
| III. | OPEN POSITIONS REPORT | CARRINGTON |
| IV. | DRUG-FREE WORKPLACE POLICY (HANDOUT) | CARRINGTON |
| V. | PERFORMANCE EVALUATION POLICY (HANDOUT) | CARRINGTON |

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

MEMORANDUM

To: Joe Wickens, Executive Director
 From: Terri Carrington, Director of Human Resources
 Date: December 5, 2023
 Re: Summary – Retention Report – November 2023

Human Resources processed a total of thirteen (13) employee separations for the month of November 2023. Eight (8) of the separations were voluntary and five (5) were involuntary. Seven (7) of the employees were full-time, one (1) was part-time and five (5) were PRN.

Reasons for Separations

Personal Reasons	5
Abandonment	1
Other Employment	1
Retirement	1
Other <i>*PRN staff who did not meet PRN requirements not completed required trainings</i>	5
Total	13

Retention and Turnover Rates

According to the attached report, the retention rate for September was 97.53% and the turnover rate was 2.47%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT

Nov-23

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative		1		Personal Reasons
<i>Unit Totals</i>	1	1	0	
Clinical Services		1		Other Employment
<i>Unit Totals</i>	1	1	0	
Community Support Services		4		Personal Reasons
		1	5	Other *PRN did not meet PRN requirements/trainings
		1		Retirement
		1		Abandonment
<i>Unit Totals</i>	11	6	5	
Grand Totals for the Month	13	8	5	

Total Employees for the Month	526
Retention Rate	97.53%
Turnover Rate	2.47%

Total Separations	13
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RACSB Turnover 2020

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

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

RACSB Turnover 2021

	<u>Jan-21</u>	<u>Feb-21</u>	<u>Mar-21</u>	<u>Apr-21</u>	<u>May-21</u>	<u>Jun-21</u>	<u>Jul-21</u>	<u>Aug-21</u>	<u>Sep-21</u>	<u>Oct-21</u>	<u>Nov-21</u>	<u>Dec-21</u>	<u>2021 Year End</u>
<u>Employees</u>	601	601	601	601	601	601	601	601	601	601	601	601	601
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

	<u>Jan-22</u>	<u>Feb-22</u>	<u>Mar-22</u>	<u>Apr-22</u>	<u>May-22</u>	<u>Jun-22</u>	<u>Jul-22</u>	<u>Aug-22</u>	<u>Sep-22</u>	<u>Oct-22</u>	<u>Nov-22</u>	<u>Dec-22</u>	<u>2022 Year End</u>
<u>Employees</u>	600	600	600	600	600	600	600	600	600	600	600	600	600
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

	<u>Jan-23</u>	<u>Feb-23</u>	<u>Mar-23</u>	<u>Apr-23</u>	<u>May-23</u>	<u>Jun-23</u>	<u>Jul-23</u>	<u>Aug-23</u>	<u>Sep-23</u>	<u>Oct-23</u>	<u>Nov-23</u>	<u>Dec-23</u>	<u>2023 Year End</u>
<u>Employees</u>	600	600	600	600	600	600	600	600	600	600	519	519	519
Average Total Positions	600	600	600	600	600	600	600	600	600	600	519	519	519
Monthly Terminations*	11	9	12	6	12	12	13	15	9	7	13		119
Turnover by Month YTD	1.83%	1.50%	2.00%	1.20%	1.69%	2.27%	2.07%	2.86%	1.54%	0.96%	2.47%		20.39%
Cumulative Turnover YTD	0.17%	3.33%	5.33%	6.53%	8.22%	10.49%	12.56%	15.42%	16.96%	17.92%	20.39%		20.39%
Average % Turnover per Month YTD	0.17%	1.67%	1.11%	1.78%	1.63%	1.75%	1.79%	1.93%	1.88%	1.79%	1.85%		1.85%

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



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

MEMORANDUM

To: Joe Wickens, Executive Director

From: Teresa McDonnel, Human Resources Coordinator

Date: December 5, 2023

Re: Summary – November 2023 EEO Report and Recruitment Update

RACSB received **92** applications through November 30, 2023. This is a **decrease** of **26.98%** compared to the month of October 2023, and an **increase** of **64.29%** when compared to the month of November 2022.

RACSB received **625** resumes and advertised **29** positions through Indeed for **November 2023**.

Of the applications received, 60 applicants listed the RACSB applicant website as their recruitment source, 20 stated employee referrals as their recruitment source, and 6 listed Indeed.com as their recruitment source.

According to the attached list, there are currently **96** open positions. New positions account for **8** 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 **November 2023**.

EEO Report 2023

APPLICANT DATA	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Female	25	22	46	33	51	65	60	48	47	70	39	53	46
Male	2	8	5	27	6	11	23	8	7	11	11	12	10
Not Supplied	29	41	54	39	49	68	72	54	58	54	38	61	36
Total	56	71	105	99	106	144	155	110	112	135	88	126	92
ETHNICITY													
Caucasian	17	9	39	27	31	44	42	24	29	42	23	25	25
African American	7	19	18	26	25	32	37	24	23	33	25	29	27
Hispanic	1	2	8	7	7	3	3	5	6	6	6	9	3
Asian	2	1	1	3	2	1	1	3		4	1	1	3
American Indian							1	1		1	1	2	
Native Hawaiian				2				2		1	1	2	
Two or More Races													
RECRUITMENT SOURCE													
Newspaper Ads		4	2	3		1	2	1	1	1	1	2	
RACSB Website	25	27	48	53	45	42	81	50	47	74	24	58	60
RACSB Intranet	1	2	2	7	4	5	11		6	5	3	4	3
Employee Referrals	19	22	37	26	35	48	32	38	39	43	44	41	20
Radio Ads	1					2	2						
Indeed.com	9	16	19	9	22	31	28	15	12	21	10	12	6
VA Employment Commission	2	4		2	2		1			6	4	3	2
Monster.com													
Other -	2	2	1	6	1	4	5	3	3	4	3	1	
VA Peer Recovery Specialist Site													
Colleges/Handshake					1							5	1
Facebook			1										
Multi Site Search					1	1	1	3	2		1	1	3
NHSC													
Linked In												1	
Goodwill referral													
Zip Recruiter	1		2	5	3	3	5	1	4	1	2	1	2
Job Fair	2	2	2	2	1	2	1	1	1		1	1	
Total # of Applicants	42	60	75	62	83	115	110	80	89	102	67	100	60

Open Positions Report		11/30/2023						
Date Posted	Position No.		Position Title	Location	RU		Full-time/ Part-time	Leadership/ Other
7/27/2023	146-2023	ADMIN	Accounting Specialist	Fredericksburg			1000 FT	Other
9/22/2023	191-2023	ADMIN	Benefits Specialist-Human Resources	Fredericksburg			1000 FT	Other
10/26/2023	209-2023	ADMIN	Internal Auditor	Fredericksburg			1000 FT	Other
					3			
11/18/2022	298-2022	CLINICAL	MH/SA Outpatient Therapist	Caroline			2210 FT	Other
1/26/2021	350-2021	CLINICAL	SA Therapist, Women's Services	Fredericksburg			4260 FT	Other
7/23/2021	200-2021	CLINICAL	Therapist/Office On Youth	Fredericksburg			4200 PT/FT	Other
1/10/2022	003-2022	CLINICAL	Psychiatrist	Fredericksburg			2201 FT	Other
7/20/2022	183-2022	CLINICAL	Emergency Services Therapist	Fredericksburg			2000/4000 FT	Other
1/20/2023	004-2023	CLINICAL	Child/Adolescent ES Therapist	Fredericksburg			2070 FT	Other
2/24/2023	030-2023	CLINICAL	MH Therapist - Intakes	Fredericksburg			6430 FT	Other
3/28/2023	076-2023	CLINICAL	Asst. Coordinator, Emergency Svcs - Comm Based	Fredericksburg			2000/4000 FT	Leadership
6/2/2023	114-2023	CLINICAL	Lead Therapist, Veterans & Families	Fredericksburg			2200 FT	Other
7/13/2023	138-2023	CLINICAL	Emergency Services Coordinator	Fredericksburg			2000/4000 FT	Leadership
8/29/2023	173-2023	CLINICAL	Therapist, Emergency Services	Fredericksburg			2000/4000 FT	Other
10/11/2023	198-2023	CLINICAL	Assistant Substance Use Coordinator, OBOT	Fredericksburg			4200 FT	Leadership
11/1/2023	210-2023	CLINICAL	Project LINK Specialist	Fredericksburg			4970 FT	Other
12/1/2022	306-2022	CLINICAL	Substance Abuse Therapist (P&P)	RRJ			4200 FT	Other
7/7/2023	133-2023	CLINICAL	Therapist, SA (Jail Based)	RRJ			4200 FT	Other
4/18/2023	092-2023	CLINICAL	Therapist - Jail Diversion	RRJ			5970 FT	Other
5/16/2023	006-2023	CLINICAL	SA Peer Specialist	RRJ			4290 FT	Other
7/27/2023	147-2023	CLINICAL	Therapist, MH (Jail Based)	RRJ			2200/4200/6430 FT	Other
9/19/2023	056-2021	CLINICAL	SA Therapist/Case Manager	RRJ			4296 FT	Other
9/21/2021	199-2021	CLINICAL	Family Support Peer	Spotsylvania			2500 PT	Other
8/17/2023	160-2023	CLINICAL	SA Therapist	Spotsylvania			4200 FT	Other
8/29/2023	162-2023	CLINICAL	Therapist, School Based	Spotsylvania			2200 FT	Other
1/28/2022	029-2022	CLINICAL	MH Therapist	Stafford			2250/6430 FT	Other
7/8/2022	269-2022	CLINICAL	Child/Adolescent MH Case Manager	Stafford			2500 FT	Other
8/29/2023	171-2023	ADMIN	Office Associate II	Stafford			1100 FT	Other
					25			
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
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
					5			
8/22/2023	170-2023	CSS	MH Residential Counselor II	Lafayette			2786 FT	Other
11/20/2023	218-2023	CSS	MH Residential Counselor I	Lafayette			2786 PT	Other
11/20/2023	222-2023	CSS	MH Residential Counselor I	Lafayette			2786 FT	Other
9/26/2023	194-2023	CSS	MH Residential Counselor I	Home Road			2778 FT	Other
8/1/2022	309-2021	CSS	Speech/Language Pathologist	PEID			3910 FT	Other
11/21/2023	215-2023	CSS	Office Associate II	PEID			3910 FT	Other
					6			
6/2/2023	112-2023	CSS	Direct Support Professional - Day Support	RAAI CA			3651 PT	Other
9/15/2023	186-2023	CSS	Direct Support Professional - Day Support	RAAI KG			3653 FT	Other
11/1/2023	212-2023	CSS	Direct Support Professional - Day Support	RAAI KG			3653 FT	Other
11/20/2023	220-2023	CSS	Direct Support Professional - Day Support	RAAI KG			3653 FT	Other
7/17/2023	196-2021	CSS	Direct Support Professional - Day Support	RAAI KH			3652 PT	Other
10/13/2023	111-2023	CSS	Direct Support Professional - Day Support	RAAI KH			3652 FT	Other
10/20/2023	203-2023	CSS	Direct Support Professional - Day Support	RAAI KH			3652 PT	Other
7/11/2022	174-2022	CSS	Direct Support Professional - ICF Team	RAAI KH			3656 PT	Other
5/19/2023	103-2023	CSS	Direct Support Professional - ICF Team	RAAI KH			3656 PT	Other
8/16/2023	164-2023	CSS	Direct Support Professional - Day Support	RAAI SP			3654 FT	Other
8/29/2023	177-2023	CSS	Direct Support Professional - Day Support	RAAI SP			3654 FT	Other
8/30/2023	179-2023	CSS	Direct Support Professional - Day Support	RAAI SP			3654 PT	Other
10/20/2023	204-2023	CSS	Direct Support Professional - Day Support	RAAI SP			3654 FT	Other
11/20/2023	219-2023	CSS	Direct Support Professional - Day Support	RAAI SP			3654 FT	Other
5/19/2023	101-2023	CSS	Direct Support Professional - Day Support	RAAI ST			3655 PT	Other
5/30/2023	007-2023	CSS	Direct Support Professional - Day Support	RAAI ST			3655 FT	Other
7/3/2023	131-2023	CSS	Direct Support Professional - Day Support	RAAI ST			3655 PT	Other
7/27/2023	145-2023	CSS	Direct Support Professional - Day Support	RAAI ST			3655 PT	Other
					18			
11/9/2020	196-2020	CSS	ICF Nurse - LPN	ICF Lucas			3793 FT	Other
1/30/2023	018-2023	CSS	ICF Nurse - LPN	ICF Lucas			3793 FT	Other
6/21/2023	118-2023	CSS	Direct Support Professional - ICF	ICF Lucas			3793 PT	Other
10/11/2023	199-2023	CSS	Direct Support Professional - ICF	ICF Lucas			3793 FT	Other
10/20/2023	201-2023	CSS	ICF Manager I	ICF Lucas			3793 FT	Leadership
10/26/2023	207-2023	CSS	Direct Support Professional - ICF	ICF Lucas			3793 PT	Other
3/10/2023	053-2023	CSS	Direct Support Professional - ICF	ICF Ross			3792 PT	Other
8/4/2023	154-2023	CSS	Direct Support Professional - ICF	ICF Ross			3792 FT	Other
7/27/2020	115-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF			3771 FT	Other
12/8/2020	218-2020	CSS	ICF Nurse - LPN	Wolfe Street ICF			3771 FT or PT	Other
5/4/2021	089-2021	CSS	ICF Nurse - LPN	Wolfe Street ICF			3771 FT	Other
					11			
11/1/2023	211-2023	CSS	Assistant Group Home Manager	Belmont SAP			3781 FT	Leadership
11/1/2023	208-2023	CSS	Direct Support Professional - Residential	Devon Drive			3774 PT	Other
6/23/2022	178-2021	CSS	Direct Support Professional - Residential	Galveston Rd			3790 PT	Other
9/22/2023	190-2023	CSS	Direct Support Professional - Residential	Galveston Rd			3790 FT	Other
10/20/2023	205-2023	CSS	Direct Support Professional - Residential	Galveston Rd			3790 FT	Other
10/20/2023	206-2023	CSS	Direct Support Professional - Residential	Galveston Rd			3790 FT	Other
4/18/2023	153-2022	CSS	Direct Support Professional - Residential	Igo Rd			3777 PT	Other
11/1/2023	214-2023	CSS	Direct Support Professional - Residential	Igo Rd			3777 FT	Other
11/20/2023	217-2023	CSS	Assistant Group Home Manager	Igo Rd			3777 FT	Leadership
8/30/2022	244-2022	CSS	Direct Support Professional - Residential	Leeland Road			3772 PT	Other
10/13/2022	275-2022	CSS	Direct Support Professional - Residential	Leeland Road			3772 PT	Other
2/24/2023	039-2023	CSS	Assistant Group Home Manager	Leeland Road			3772 FT	Leadership

Date Posted	Position No.		Position Title	Location	RU	Full-time/ Part-time	Leadership/ Other
9/22/2023	187-2023	CSS	Direct Support Professional - Residential	Leeland Road		3772 FT	Other
9/22/2023	188-2023	CSS	Direct Support Professional - Residential	Leeland Road		3772 FT	Other
9/22/2023	189-2023	CSS	Direct Support Professional - Residential	Leeland Road		3772 FT	Other
6/12/2023	115-2023	CSS	Direct Support Professional - Residential	Merchants Square SAP		3784 FT	Other
9/29/2022	271-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 FT	Other
9/29/2022	274-2022	CSS	Direct Support Professional - Residential	Myers Drive Respite		3794 PT	Other
3/15/2023	062-2023	CSS	Assistant Group Home Manager	Piedmont		3776 FT	Leadership
8/8/2023	158-2023	CSS	Direct Support Professional - Residential	Piedmont		3776 PT	Other
2/18/2022	056-2022	CSS	Direct Support Professional - Residential	Ruffins Pond		3775 PT	Other
10/5/2023	197-2023	CSS	Direct Support Professional - Residential	Ruffins Pond		3775 FT	Other
10/26/2023	200-2023	CSS	Direct Support Professional - Residential	Ruffins Pond		3775 FT	Other
1/26/2022	026-2022	CSS	Direct Support Professional - Residential	Scottsdale Estates		3779 PT	Other
7/18/2022	187-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 PT	Other
7/18/2022	188-2022	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 PT	Other
6/22/2023	127-2023	CSS	Direct Support Professional - Residential	Stonewall Estates		3773 FT	Other
11/20/2023	221-2023	CSS	Assistant Group Home Manager	Stonewall Estates		3773 FT	Leadership
					28		
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:		96		

Memorandum

To: Joe Wickens, Executive Director
From: Terri Carrington, Director of Human Resources
Date: December 7, 2023
Re: Drug-Free Workplace Policy

On September 15, 1986, President Ronald Reagan signed Executive Order 12564, Drug-Free Federal Workplace, establishing a policy against the use of illegal drugs by Federal employees. The Drug-free Workplace Act of 1988 prohibits the unlawful manufacture, distribution, dispensation, possession, or use of non-prescription controlled substances or alcoholic beverages in the workplace.

The Rappahannock Area Community Services Board (RACSB) adheres to this Federal regulation and is firmly committed to providing a safe and productive workplace that is free from alcohol, Marijuana, illegal drugs, or any other unlawful substance as classified under federal laws while employees are working for RACSB, whether on or off its premises.

Policy Guidelines

1. **Pre-employment Drug Testing:** Applicants will be subjected to pre-employment drug testing before being hired and after a conditional offer has been made. Existing employees who have been promoted or transferred will be subjected to drug testing.
2. **Random Drug Screening:** RACSB will conduct random drug screenings on a minimum percentage (10%) of employees on a monthly basis. Random screening will be managed by the human resources office.
3. **Use of Prescription Medication:** Employees may engage in the appropriate use of medicine as legally prescribed; however, any employee undergoing prescribed medical treatment with any drug which may alter their physical and mental ability may be asked to report the treatment to the manager and the Human Resources Office.

Since Marijuana is classified as a Schedule I substance under the Controlled Substance Act (CSA; 21 U.S.C. §801 et seq.) and considered to have a high potential for abuse, RACSB will adhere to the Federal regulations.

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

4. **Post-accident Drug Testing**: RACSB may require drug screening for employees who violate RACSB's safety and security procedures or who have been involved in a work-related accident/vehicular accident (work or personal vehicles) will be subjected to drug screening.

Employees receiving a citation while transporting individuals receiving services will be subjected to drug screening.

5. **Employee Assistance Program (EAP)**: RACSB offers EAP through its health insurance carrier, Anthem. Employees may access the EAP, without jeopardizing their job, so long as they request access from the Director of Human Resources prior to being asked by the Agency to undergo any drug or alcohol screening.

8.3 DRUG-FREE WORKPLACE AND TESTING POLICY

The Rappahannock Area Community Services Board (RACSB) is firmly committed to providing a safe, healthy, and productive workplace. In keeping with this commitment, RACSB maintains a strict policy against the use of alcohol and the unlawful use of drugs in the workplace. Consequently, no employee may consume or possess alcohol, or use, possess, sell, purchase, or transfer illegal drugs at any time while on RACSB premises or while using RACSB vehicles or equipment, or at any location during work time. No employee may report to work with illegal drugs (or their metabolites) or alcohol in their bodily system.

“Illegal drug” means any drug that is not legally obtainable or that is legally obtainable but has not been legally obtained. It includes prescription drugs not being used for prescribed purposes, by the person to whom the drugs are prescribed, or in prescribed amounts.

You must notify your immediate supervisor and the Human Resources Office if you are taking any drug or substance that would render you unable to complete your assigned work in a safe and proper manner. The Human Resources Office, in conjunction with management, will determine whether a temporary change in the employee’s job assignment is warranted during the period of treatment.

Any violation of this policy will be considered a Major violation under the Standards of Conduct policy, which will result in disciplinary action, up to and including immediate termination of employment.

Employees must cooperate with RACSB’s investigation of possible violations of this policy. As part of this cooperation, employees must report to their supervisor, the Human Resources Office, or other management personnel, any known or suspected violations of this policy. An employee’s refusal to cooperate with an investigation conducted under this policy will subject employee to disciplinary action, up to and including termination.

In furtherance of RACSB’s commitment to a drug-free workplace, RACSB maintains a policy by which it may request or require applicants and employees to submit to alcohol or drug testing in certain situations. The Human Resources (HR) Office is responsible for administering this policy.

- A. ***Pre-employment Drug Testing and Retesting Upon a Change in Employment Status:*** Before an applicant is hired, after a conditional offer has been extended to hire, or after an employee has been promoted or transferred, and before the employee performs the new position, a drug screen is to be completed. All offers of employment with RACSB may be conditioned on the applicant submitting to and successfully completing and passing a drug and alcohol test in accordance with the testing procedures described in this policy.
- B. ***Testing Based on Reasonable Suspicion:*** In accordance with applicable law, an employee may be asked to submit to a drug and/or alcohol test if the employee’s supervisor or other person in authority has a reasonable suspicion, based on objective factors such as the employee’s appearance, speech, behavior, or other conduct and facts, that the employee possesses or is under the influence of unlawful drugs or alcohol, or both. Such employee may be required to undergo immediate medical evaluation to determine fitness for duty and appropriate drug or alcohol testing. Employees who exhibit signs of impairment during work and/or while on RACSB property will not be allowed to work until RACSB receives the test results and determines no further action is necessary. RACSB has sole discretion to determine whether any situation warrants testing, and this policy does not prevent RACSB from taking action without testing.
- C. ***Random Drug Screening:*** RACSB will conduct random drug screenings on a minimum of 10 percent (10%) of employees. Each month the Human Resource Office will run a

random report from the staff database and notify staff of the random screen. A positive drug screen shall not automatically result in the termination of the employee. A decision regarding future employment and corrective action will be made after a meeting with the supervisor, the Director of Human Resources, and the Executive Director.

- D. **Post-Incident Drug Testing:** RACSB may require employees involved in any work-related accident, or incident involving the violation of any safety or security procedures, to submit to drug and alcohol testing, in accordance with applicable law. This policy applies even if the incident did not result in injury to any person or any property damage.
- E. **Testing After Receiving a Citation:** Any employee who is issued a citation while transporting an individual receiving services in a vehicle owned, operated, leased, or rented by RACSB will be required to submit to drug and alcohol testing.
- F. **Testing Procedures:** All drug and alcohol testing under this policy will be conducted by an independent testing facility licensed by the state in which the employee works, which will obtain the individual's written consent prior to testing. RACSB will pay for the full cost of the test. All testing will be done with appropriate regard for accuracy, reliability, expediency, and employee privacy and confidentiality, and in compliance with applicable laws.
- G. **Confidentiality.** All records relating to drug and alcohol test results will be kept confidential. The results of drug and alcohol tests shall not be disclosed without the prior written consent of the individual or a court order.
- H. **Consequences of a Positive Test:** Employees who test positive will be subject to discipline, up to and including immediate termination of employment. Applicants who test positive will have their conditional job offers withdrawn. In accordance with applicable law, employees who test positive and are offered an opportunity to return to work may be subject to unscheduled random testing.
- I. **Consequences of Refusing to Submit to Testing or Failing to Complete the Test:** Individuals who refuse to submit to testing as required by RACSB or who fail to complete the test will be subject to discipline, up to and including suspension or immediate termination of employment. RACSB will not consider applicants who refuse to submit to drug and alcohol testing for employment.
- J. **Procedure for Handling Positive Test Results:** If an applicant or employee tests positive for alcohol, marijuana, illegal drugs, use of unprescribed legal drugs, abuse of over-the-counter medications, or other intoxicants, it will be considered a violation of RACSB's "Standards of Conduct" and RACSB will follow the associated corrective action procedures.
- K. **Volunteers, Interns, and Contractors:** All volunteers, interns, and contractors of RACSB shall be subject to the terms of this policy except for the section titled Employee Assistance Program (EAP).
- L. **Use of Legal Drugs.** This policy does not prohibit employees from the lawful use and possession of legal drugs or prescribed medications. Employees taking a legal drug or a prescribed medication must carry it in the original container or one labeled by a licensed pharmacist or be prepared to produce this if asked. Employees should ensure that legal drugs or prescribed medications brought into the program are kept in a secure location which is not readily accessible to individuals served or other employees.

8.4 DRUG AND ALCOHOL TESTING FOR LICENSED COMMERCIAL DRIVERS

The RACSB, in seeking to promote safe transportation, maintain a drug free workplace, and provide a safe environment in the delivery of transportation services to individuals who receive its services, requires those holding a valid Commercial Driver's License (CDL) and performing safety sensitive duties as set forth in this policy, or prospective employees for such position, to comply with regulations established by the Department of Transportation (DOT) and the Federal Highway Administration (FHWA), 49 C.F.R., Part 382, regarding testing for drugs and alcohol. All drug and alcohol testing under this policy will be conducted according to procedures established under 49 C.F.R., Part 40.

A. **Definitions:**

- ◇ **Commercial Motor Vehicle:** Any vehicle with a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight of more than 10,000 pounds; or with a gross vehicle weight rating of 26,001 or more pounds; or designed to transport 16 or more passengers; or of any size used to transport hazardous materials requiring a placard on the vehicle under hazardous materials regulations.

- ◇ **Commercial Motor Vehicle Operator:** A vehicle operator performing a covered function when driving, or expected to be able to drive, a commercial motor vehicle, or who is performing a safety sensitive duty. *Safety sensitive duties* covered by this policy include:
 - a. All time waiting to be dispatched, unless the driver has been relieved from duty.
 - b. All time inspecting or servicing a commercial motor vehicle.
 - c. All time spent at the driving controls of a commercial motor vehicle.
 - d. All other time spent on or in a commercial motor vehicle.
 - e. All time loading or unloading a commercial motor vehicle, supervising, assisting or attending the loading or unloading of such vehicle, or remaining in readiness to operate a commercial motor vehicle.

B. **Testing and Identification:** All testing required under this policy requires the employee to present positive identification at the testing site.

C. **Controlled Substances:** Employees and prospective employees covered by this policy shall be tested for the following controlled substances:

- ◇ Marijuana
- ◇ Cocaine
- ◇ Opiates
- ◇ Amphetamines
- ◇ Phencyclidine (PCP)

D. **Alcohol:** Employees will be tested for alcohol. Prospective employees will not be tested for alcohol.

E. **Procedure:** Alcohol testing will be performed by a Breath Alcohol Technician (BAT) using a breath alcohol evidential breath testing device (EBT) approved by the National Highway Traffic Safety Administration (NHTSA). Drug testing of urine samples will be performed by a laboratory certified by the Department of Health and Human Services (DHHS).

Testing will be conducted under the following circumstances:

1. **Pre-duty Testing:** A requirement for an employee prior to being assigned to a position that requires the operation of a commercial motor vehicle.

2. **Post-accident Testing:** Testing for drugs and alcohol following an accident in which a driver receives a citation for a moving traffic violation and for any accident involving a fatality, even if the driver is not issued a citation.
 - a) Alcohol test must be conducted within two (2) hours following the accident. If driver has not submitted to an alcohol test within two hours following the accident, the supervisor will prepare a written report stating the reason a test was not promptly administered. If an alcohol test is not administered within eight (8) hours following the accident, attempts to administer the alcohol test will cease and the record shall be so noted.
 - b) Drug test must be conducted within thirty-two (32) hours following accident. If the driver has not submitted to a drug test within thirty-two (32) hours following accident, the supervisor shall prepare a written report stating the reason a test was not promptly administered, and attempts to administer the drug test will cease.
 - c) Supervisor submits the above reports to the Human Resource Director if testing is not conducted within the required time frames.
 - d) Failure of the employee to remain readily available for testing, except to obtain necessary medical care or to provide needed assistance as a result of the accident, may result in disciplinary action.
3. **Random Testing:** RACSB will conduct random drug screenings on a minimum of 10 percent (10%) of employees. Each month the Human Resources office will run a random report from the staff database and notify staff of the random screen. A positive drug screen shall not automatically result in the termination of the employee. A decision regarding future employment and corrective action will be made after a meeting with the supervisor, the Director of Human Resources, and the Executive Director.
4. **Reasonable Suspicion Testing:** In accordance with applicable law, an employee may be asked to submit to a drug and/or alcohol test if the employee's supervisor or other person in authority has a reasonable suspicion, based on objective factors such as the employee's appearance, speech, behavior, or other conduct and facts, that the employee possesses or is under the influence of unlawful drugs or alcohol, or both. Such employee may be required to undergo immediate medical evaluation to determine fitness for duty and appropriate drug or alcohol testing. Employees who exhibit signs of impairment during work and/or while on RACSB property will not be allowed to work until RACSB receives the test results and determines no further action is necessary. RACSB has sole discretion to determine whether any situation warrants testing, and this policy does not prevent RACSB from taking action without testing. An employee being tested for reasonable suspicion may not drive to the testing site, but must be driven by a supervisor.
5. **Return-to-duty Testing:** Return-to-duty testing will be conducted before an employee who has engaged in prohibited conduct under this section may return to work and will be in addition to appropriate disciplinary action. Upon the

recommendation of a Substance Abuse Professional (SAP), the employee will undergo testing for both alcohol and drugs.

- (a) *Alcohol:* Driver must undergo testing with satisfactory results being a breath alcohol concentration of 0.02 or less.
 - (b) *Drugs:* Driver must undergo testing with a verified negative result for controlled substance use.
6. ***Follow-up Testing:*** Testing for drugs and/or alcohol will be conducted when a covered driver has been identified by a Substance Abuse Professional as needing assistance resolving a problem with alcohol and/or drugs. Testing will be unannounced and will be directed by a Substance Abuse Professional (SAP).
- (a) There will be six (6) follow-up tests in the first twelve (12) months after the need for follow-up testing has been established and the employee has returned to work. At the direction of the SAP, testing may be continued for up to sixty (60) months (5 years). Additionally, the employee must be evaluated by an SAP and participate in a recommended assistance program.
 - (b) Testing for the presence of alcohol will be conducted while the employee is performing safety sensitive duties, immediately prior to performing safety sensitive duties or immediately following performing safety sensitive duties.
 - (c) Drug testing may be conducted anytime the employee is on duty.

8.5 PROHIBITIONS

Drivers who engage in any conduct prohibited by this section are subject to: (i) RACSB Standards of Conduct policy and may be subject to disciplinary action up to and including termination of employment; (ii) immediate removal from safety sensitive duties, and may not resume such duties until they have been evaluated by an SAP; (iii) demonstration of compliance with recommendations for treatment; and (iv) evaluation by an SAP prior to release to return to duty. Prohibited conduct includes the following:

1. Use of alcohol while on duty, on call for duty or within four (4) hours of reporting for duty.
2. Possession of any type of alcohol, including medicines containing alcohol, inside a commercial motor vehicle. The only exception to this is where the packaging seal on a medicine container has not been broken.
3. Consumption of alcohol within eight (8) hours following an accident involving an RACSB commercial motor vehicle.
4. Any unauthorized use of a controlled substance on or off duty. Authorized use of a controlled substance occurs under the supervision of a treating physician who has advised the driver that the substance does not adversely affect the ability to operate a commercial motor vehicle or perform safety sensitive duties.
5. Reporting for duty or remaining on duty to perform safety sensitive functions when the driver has an alcohol concentration of 0.04 or greater, or if the driver tests positive for a controlled substance.

Any driver who immediately before, during, or immediately after performing safety sensitive duties has a breath alcohol concentration of between 0.02 and 0.039 will be removed from such duties for at least 24 hours and may be referred by the supervisor for evaluation by an SAP.

Any employee or applicant who refuses to be tested or attempts to circumvent testing under the provisions of this section will be disqualified from operating a commercial motor vehicle or performing any safety sensitive functions and may be subject to further disciplinary action up to and including termination. A driver who refuses a post-accident test will be automatically disqualified from driving any RACSB commercial motor vehicle and such driver's employment may be terminated. Refusals to be tested, or failures to be tested in accordance with this policy without good cause, are considered to be Standards of Conduct violations which could lead to disciplinary action, up to and including termination of employment.

The Director of Human Resources is responsible for the administration of this policy. Questions about this policy should be addressed in writing to the Director of Human Resources. Records created under this section will be maintained in the Human Resource Office.

The RACSB will release records maintained under this section as required by law or under DOT drug and alcohol testing requirements.

Upon written request, the employee's test results may be released to the employee, a subsequent employer or other person authorized by the employee.

RACSB will provide assistance to CDL drivers for the diagnosis and treatment of problems associated with alcohol and drug use.

8.6 EMPLOYEE ASSISTANCE PROGRAM (EAP)

RACSB offers confidential assistance with substance use or alcohol problems through the Employee Assistance Program (EAP). As part of its EAP, RACSB offers employees the opportunity to enter rehabilitation programs approved by the Agency at the sole cost and expense of the employee outside of the standard EAP benefit. Any employees may access the EAP without jeopardizing that employee's job, so long as the employee requests from the Director of Human Resources access to the EAP prior to being asked by the Agency to undergo any urinalysis, blood test, saliva test, breath test, or any other test now in existence or hereafter developed with detects the presence of alcohol, illegal drugs (including Marijuana), controlled substances, drugs, or other intoxicants.

All employees in the EAP, including any rehabilitation program, shall be subject to all testing and other requirements of this policy. The type of drug screening administered at any given time shall be in the sole discretion of the Executive Director of the Agency or his/her designee.

8.3 DRUG-FREE WORKPLACE AND TESTING POLICY

The Rappahannock Area Community Services Board (RACSB) is firmly committed to providing a safe, healthy, and productive workplace ~~that is free from alcohol, Marijuana, illegal drugs, or any other unlawful substance as classified under federal laws while employees are working for RACSB, whether on or off its premises. RACSB is committed to achieving and maintaining a drug-free workplace and has therefore instituted this Drug-Free Workplace Policy.~~ In keeping with this commitment, RACSB maintains a strict policy against the use of alcohol and the unlawful use of drugs in the workplace. Consequently, no employee may consume or possess alcohol, or use, possess, sell, purchase, or transfer illegal drugs at any time while on RACSB premises or while using RACSB vehicles or equipment, or at any location during work time. No employee may report to work with illegal drugs (or their metabolites) or alcohol in their bodily system.

~~Scope: This policy applies to all interns, employees, and contractors of RACSB. The Human Resources (HR) Office is responsible for policy administration.~~

"Illegal drug" means any drug that is not legally obtainable or that is legally obtainable but has not been legally obtained. It includes prescription drugs not being used for prescribed purposes, by the person to whom the drugs are prescribed, or in prescribed amounts.

~~Procedures: Employees are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the workplace. Employees and prospective employees covered by this policy shall be tested for the following controlled substances: Amphetamines, Cocaine, Marijuana, Opiates, Phencyclidine (PCP).~~

You must notify your immediate supervisor and the Human Resources Office if you are taking any drug or substance that would render you unable to complete your assigned work in a safe and proper manner. The Human Resources Office, in conjunction with management, will determine whether a temporary change in the employee's job assignment is warranted during the period of treatment.

~~Reasonable suspicion testing will be conducted when an employee exhibits behavior or appearance characteristic of substance abuse or misuse while on duty. An employee being tested for reasonable suspicion may not drive to the testing site, but must be driven by a supervisor.~~

~~Violations Any violation of this rule policy will be considered a Major violation under the Standards of Conduct policy. A Major violation should normally result in termination of the employee. If extraordinary or mitigating circumstances are brought forward, alternate corrective actions may be utilized including written notice and suspension of employment, transfer, or demotion. Notwithstanding the foregoing and as stated above, RACSB reserves the right to take any corrective actions, which will result in disciplinary action, up to and including immediate termination of employment.~~

Employees must cooperate with RACSB's investigation of possible violations of this policy. As part of this cooperation, employees must report to their supervisor, the Human Resources Office, or other management personnel, any known or suspected violations of this policy. An employee's refusal to cooperate with an investigation conducted under this policy will subject employee to disciplinary action, up to and including termination.

In furtherance of RACSB's commitment to a drug-free workplace, RACSB maintains a policy by which it may request or require applicants and employees to submit to alcohol or drug testing in certain situations. The Human Resources (HR) Office is responsible for administering this policy.

- A. ***Pre-employment Drug Testing and Retesting Upon a Change in Employment Status:***
Before an applicant is hired, after a conditional offer has been extended to hire, or after an employee has been promoted or transferred, and before the employee performs of the new position, a drug screen is to be completed. All offers of employment with RACSB may be

conditioned on the applicant submitting to and successfully completing and passing a drug and alcohol test in accordance with the testing procedures described in this policy.

- B. Testing Based on Reasonable Suspicion:** In accordance with applicable law, an employee may be asked to submit to a drug and/or alcohol test if the employee's supervisor or other person in authority has a reasonable suspicion, based on objective factors such as the employee's appearance, speech, behavior, or other conduct and facts, that the employee possesses or is under the influence of unlawful drugs or alcohol, or both. Such employee may be required to undergo immediate medical evaluation to determine fitness for duty and appropriate drug or alcohol testing. Employees who exhibit signs of impairment during work and/or while on RACSB property will not be allowed to work until RACSB receives the test results and determines no further action is necessary. RACSB has sole discretion to determine whether any situation warrants testing, and this policy does not prevent RACSB from taking action without testing.

~~Refusal to take the drug screen, failure to pass the drug screening, adulterating specimens or otherwise interfering with the orderly administration of the drug screening shall be a violation of this policy.~~

- BC. Random Drug Screening:** RACSB will conduct random drug screenings on a minimum of 10 percent (10%) of employees. Each month the Human Resource Office will run a random report from the staff database and notify staff of the random screen. A positive drug screen shall not automatically result in the termination of the employee. A decision regarding future employment and corrective action will be made after a meeting with the supervisor, the Director of Human Resources, and the Executive Director.

- C. Use of Prescription Medicine:** ~~Prescription medication is a drug or medicine obtained pursuant to a written, signed, or other legally authorized communication by a duly licensed practitioner licensed by the laws of a state to prescribe such drugs or medicinal supplies to be filled, compounded, or dispensed by another person licensed by the laws of the applicable state. Employees may engage in the appropriate use of medicine as legally prescribed.~~

~~However, an employee undergoing prescribed medical treatment with any drug which may alter their physical or mental ability may be asked to report this treatment to the immediate supervisor and to RACSB's Human Resources Department. The Human Resources Department, in conjunction with management, will determine whether a temporary change in the employee's job assignment is warranted during the period of treatment.~~

~~Marijuana is classified as a Schedule I substance under the Controlled Substances Act (CSA; 21 U.S.C. §801 et seq.). This means that it is considered to have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. RACSB adheres to this Federal regulation.~~

- D. Post-incident~~Post-Incident~~ Drug Testing:** ~~In accordance with applicable Virginia law, RACSB may require a drug screening for employees who violate RACSB's involved in any work-related accident, or incident involving the violation of any safety or security procedures or who are in work-related accidents, to submit to drug and alcohol testing. No injuries or property damage are necessary to require drug screening. Any employee who is involved in any vehicle accident (including accidents on personal vehicles) causing an injury or property damage which occurs (i) during the employee's working hours as established by RACSB, (ii) when an employee is traveling to work, (iii) on a break during an employee's working hours, at lunch or other mealtime, (iv) while otherwise engaged in activity on behalf of RACSB, or (v) while operating a vehicle owned, operated, leased, or rented by RACSB shall report such injury, property damage, or accident to that employee's immediate supervisor. In the event that the accident occurs while operating a vehicle owned, operated, leased, or rented by RACSB, or the supervisor believes the circumstances of the accident to be of an unusual or suspicious nature, then that employee will be required to take a drug and alcohol screening, in accordance with applicable law,~~

This policy applies even if the incident did not result in injury to any person or any property damage.

~~Refusal to take the drug and alcohol screen as required herein, failure to pass the drug and alcohol screening, or otherwise interfering with the orderly administration of a drug and alcohol screening shall be a violation of this policy.~~

- E. **Testing After Receiving a Citation:** Any employee who is issued a citation while transporting an individual receiving services in a vehicle owned, operated, leased, or rented by RACSB will be required to ~~take a~~submit to drug and alcohol ~~screening.~~ ~~Refusal to take the drug and alcohol screening as required herein, failure to pass the drug screening, or adulterating specimens or otherwise interfering with the orderly administration of the drug and alcohol screening shall be a violation of this policy.~~testing.
- F. ~~Notification of convictions: As a condition of employment, every employee must notify their supervisor and the Director of Human Resources of any arrest or conviction of any criminal drug-related charge (including a plea of nolo contendere) by the next working day. Drug-related charges included any offense involving the manufacture, distribution, dispensation, use or illegal possession of any controlled substance. Failure to notify a supervisor and the Director of Human Resources of such arrest, charge, or conviction shall be a violation of this policy. Failure to notify in accordance with this policy will be considered a violation of "Standards of Conduct" policy.~~ **Testing Procedures:** All drug and alcohol testing under this policy will be conducted by an independent testing facility licensed by the state in which the employee works, which will obtain the individual's written consent prior to testing. RACSB will pay for the full cost of the test. All testing will be done with appropriate regard for accuracy, reliability, expediency, and employee privacy and confidentiality, and in compliance with applicable laws.
- G. **Confidentiality.** All records relating to drug and alcohol test results will be kept confidential. The results of drug and alcohol tests shall not be disclosed without the prior written consent of the individual or a court order.
- H. **Consequences of a Positive Test:** Employees who test positive will be subject to discipline, up to and including immediate termination of employment. Applicants who test positive will have their conditional job offers withdrawn. In accordance with applicable law, employees who test positive and are offered an opportunity to return to work may be subject to unscheduled random testing.
- I. **Consequences of Refusing to Submit to Testing or Failing to Complete the Test:** Individuals who refuse to submit to testing as required by RACSB or who fail to complete the test will be subject to discipline, up to and including suspension or immediate termination of employment. RACSB will not consider applicants who refuse to submit to drug and alcohol testing for employment.
- GJ. **Procedure for Handling Positive Test Results:** If an applicant or employee tests positive for alcohol, ~~Marijuana~~marijuana, illegal drugs, use of unprescribed legal drugs, abuse of over-the-counter medications, or other intoxicants, it will be considered a violation of RACSB's "Standards of Conduct" and RACSB will follow the associated corrective action procedures.
- H- ~~Privacy: All results of testing, documentation, and information about suspicion, testing rehabilitation and counseling will be private, held in confidence by restricting access to such information to those with a legitimate need to know, and will not be available to the public. All information about suspicion, testing, rehabilitation, and counseling will become a part of a file, separate from the applicant's or employee's permanent employee file, and access shall be limited to those with a legitimate need to know.~~

- ~~I. **Duty to Report:** All employees have the duty to immediately report to the Director of Human Resources any and all information regarding any violation or potential violation of this policy. RACSB will use reasonable efforts to ensure the confidentiality of the persons providing information hereunder, in light of RACSB's duty to investigate any violations of this policy. RACSB will not tolerate retaliation against anyone providing information or cooperating in any investigation of a violation of this policy.~~
- JK. Volunteers, Interns, and Contractors:** All volunteers, interns, and contractors of RACSB shall be subject to the terms of this policy except for the section titled Employee Assistance Program (EAP).

~~While legalization of medical Marijuana and adult use has occurred in Virginia, Marijuana and its derivatives (CBC/THC) remain illegal under federal law as a Schedule 1 drug in the Controlled Substances Act. Any use of Marijuana is illegal under federal law, regardless of state law. As the recipient of federal funding, RACSB maintains a drug-free workplace.~~

- L. Use of Legal Drugs.** This policy does not prohibit employees from the lawful use and possession of legal drugs or prescribed medications. Employees taking a legal drug or a prescribed medication must carry it in the original container or one labeled by a licensed pharmacist or be prepared to produce this if asked. Employees should ensure that legal drugs or prescribed medications brought into the program are kept in a secure location which is not readily accessible to individuals served or other employees.

8.4 DRUG AND ALCOHOL TESTING FOR LICENSED COMMERCIAL DRIVERS

The RACSB, in seeking to promote safe transportation, maintain a drug free workplace, and provide a safe environment in the delivery of transportation services to individuals who receive its services, requires those holding a valid Commercial ~~Driver's~~Driver's License (CDL) and performing safety sensitive duties as set forth in this policy, or prospective employees for such position, to comply with regulations established by the Department of Transportation (DOT) and the Federal Highway Administration (FHWA), 49 C.F.R., Part 382, regarding testing for drugs and alcohol. All drug and alcohol testing under this policy will be conducted according to procedures established under 49 C.F.R., Part 40.

A. **Definitions:**

- ◇ **Commercial Motor Vehicle:** Any vehicle with a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight of more than 10,000 pounds; or with a gross vehicle weight rating of 26,001 or more pounds; or designed to transport 16 or more passengers; or of any size used to transport hazardous materials requiring a placard on the vehicle under hazardous materials regulations.
- ◇ **Commercial Motor Vehicle Operator:** A vehicle operator performing a covered function when driving, or expected to be able to drive, a commercial motor vehicle, or who is performing a safety sensitive duty. *Safety sensitive duties* covered by this policy include:
 - a. All time waiting to be dispatched, unless the driver has been relieved from duty.
 - b. All time inspecting or servicing a commercial motor vehicle.
 - c. All time spent at the driving controls of a commercial motor vehicle.
 - d. All other time spent on or in a commercial motor vehicle.
 - e. All time loading or unloading a commercial motor vehicle, supervising, assisting or attending the loading or unloading of such vehicle, or remaining in readiness to operate a commercial motor vehicle.

- B. **Testing and Identification:** All testing ~~require~~under this policy requires the employee to present positive identification at the testing site.

- C. **Controlled Substances:** Employees and prospective employees covered by this policy shall be tested for the following controlled substances:
- ◇ Marijuana
 - ◇ Cocaine
 - ◇ Opiates
 - ◇ Amphetamines
 - ◇ Phencyclidine (PCP)
- D. **Alcohol:** Employees will be tested for alcohol. Prospective employees will not be tested for alcohol.
- E. **Procedure:** Alcohol testing will be performed by a Breath Alcohol Technician (BAT) using a breath alcohol evidential breath testing device (EBT) approved by the National Highway Traffic Safety Administration (NHTSA). Drug testing of urine samples will be performed by a laboratory certified by the Department of Health and Human Services (DHHS).

Testing will be conducted under the following circumstances:

1. **Pre-duty Testing:** A requirement for an employee prior to being assigned to a position that requires the operation of a commercial motor vehicle.
2. **Post-accident Testing:** Testing for drugs and alcohol following an accident in which a driver receives a citation for a moving traffic violation and for any accident involving a fatality, even if the driver is not issued a citation.
 - a) Alcohol test must be conducted within two (2) hours following the accident. If driver has not submitted to an alcohol test within two hours following the accident, the supervisor will prepare a written report stating the reason a test was not promptly administered. If an alcohol test is not administered within eight (8) hours following the accident, attempts to administer the alcohol test will cease and the record shall be so noted.
 - b) Drug test must be conducted within thirty-two (32) hours following accident. If the driver has not submitted to a drug test within thirty-two (32) hours following accident, the supervisor shall prepare a written report stating the reason a test was not promptly administered, and attempts to administer the drug test will cease.
 - c) Supervisor submits the above reports to the Human Resource ~~Manager~~Director if testing is not conducted within the required time frames.
 - d) Failure of the employee to remain readily available for testing, except to obtain necessary medical care or to provide needed assistance as a result of the accident, may result in disciplinary action.
3. **Random Testing:** RACSB will conduct random drug screenings on a minimum of 10 percent (10%) of employees. Each month the ~~human resources~~Human Resources office will run a random report from the staff database and notify staff of the random screen. A positive drug screen shall not automatically result in the termination of the employee. A decision regarding future employment and

corrective action will be made after a meeting with the supervisor, the Director of Human Resources, and the Executive Director.

4. **Reasonable Suspicion Testing:** ~~Observation to conduct~~ In accordance with applicable law, an employee may be asked to submit to a drug and/or alcohol test if the employee's supervisor or other person in authority has a reasonable suspicion testing may be made only by a supervisor trained in the physical, behavioral, speech and performance indicators of alcohol or drug use and requires the approval of the Division Director or his/her designee. This testing will be conducted when an employee exhibits behavior or appearance characteristic of substance abuse or misuse while on duty, based on objective factors such as the employee's appearance, speech, behavior, or other conduct and facts, that the employee possesses or is under the influence of unlawful drugs or alcohol, or both. Such employee may be required to undergo immediate medical evaluation to determine fitness for duty and appropriate drug or alcohol testing. Employees who exhibit signs of impairment during work and/or while on RACSB property will not be allowed to work until RACSB receives the test results and determines no further action is necessary. RACSB has sole discretion to determine whether any situation warrants testing, and this policy does not prevent RACSB from taking action without testing. An employee being tested for reasonable suspicion may not drive to the testing site, but must be driven by a supervisor.
5. **Return-to-duty Testing:** Return-to-duty testing will be conducted before an employee who has engaged in prohibited conduct under this section may return to work and will be in addition to appropriate disciplinary action. Upon the recommendation of a Substance Abuse Professional (SAP), the employee will undergo testing for both alcohol and drugs.
 - (a) *Alcohol:* Driver must undergo testing with satisfactory results being a breath alcohol concentration of 0.02 or less.
 - (b) *Drugs:* Driver must undergo testing with a verified negative result for controlled substance use.
6. **Follow-up Testing:** Testing for drugs and/or alcohol will be conducted when a covered driver has been identified by a Substance Abuse Professional as needing assistance resolving a problem with alcohol and/or drugs. Testing will be unannounced and will be directed by a Substance Abuse Professional (SAP).
 - (a) There will be six (6) follow-up tests in the first twelve (12) months after the need for follow-up testing has been established and the employee has returned to work. At the direction of the SAP, testing may be continued for up to sixty (60) months (5 years). Additionally, the employee must be evaluated by an SAP and participate in a recommended assistance program.
 - (b) Testing for the presence of alcohol will be conducted while the employee is performing safety sensitive duties, immediately prior to performing safety sensitive duties or immediately following performing safety sensitive duties.
 - (c) Drug testing may be conducted anytime the employee is on duty.

8.5 PROHIBITIONS

Drivers who engage in any conduct prohibited by this section are subject to: (i) RACSB Standards of Conduct policy and may be subject to disciplinary action up to and including termination of employment; (ii) immediate removal from safety sensitive duties, and may not resume such duties until they have been evaluated by an SAP; (iii) demonstration of compliance with recommendations for treatment; and (iv) evaluation by an SAP prior to release to return to duty. Prohibited conduct includes the following:

1. Use of alcohol while on duty, on call for duty or within four (4) hours of reporting for duty.
2. Possession of any type of alcohol, including medicines containing alcohol, inside a commercial motor vehicle. The only exception to this is where the packaging seal on a medicine container has not been broken.
3. Consumption of alcohol within eight (8) hours following an accident involving an RACSB commercial motor vehicle.
4. Any unauthorized use of a controlled substance on or off duty. Authorized use of a controlled substance occurs under the supervision of a treating physician who has advised the driver that the substance does not adversely affect the ability to operate a commercial motor vehicle or perform safety sensitive duties.
5. Reporting for duty or remaining on duty to perform safety sensitive functions when the driver has an alcohol concentration of 0.04 or greater, or if the driver tests positive for a controlled substance.

Any driver who immediately before, during, or immediately after performing safety sensitive duties has a breath alcohol concentration of between 0.02 and 0.039 will be removed from such duties for at least 24 hours and may be referred by the supervisor for evaluation by an SAP.

Any employee or applicant who refuses to be tested or attempts to circumvent testing under the provisions of this section will be disqualified from operating a commercial motor vehicle or performing any safety sensitive functions and may be subject to further disciplinary action up to and including termination. A driver who refuses a post-accident test will be automatically disqualified from driving any RACSB commercial motor vehicle and such driver's employment may be terminated. Refusals to be tested, or failures to be tested in accordance with this policy without good cause, are considered to be Standards of Conduct violations which could lead to disciplinary action, up to and including termination of employment.

The Director of Human Resources is responsible for the administration of this policy. Questions about this policy should be addressed in writing to the Director of Human Resources. Records created under this section will be maintained in the Human Resource Office.

The RACSB will release records maintained under this section as required by law or under DOT drug and alcohol testing requirements.

Upon written request, the employee's test results may be released to the employee, a subsequent employer or other person authorized by the employee.

RACSB will provide assistance to CDL drivers for the diagnosis and treatment of problems associated with alcohol and drug use.

8.6 EMPLOYEE ASSISTANCE PROGRAM (EAP)

RACSB offers confidential assistance with substance use or alcohol problems through the Employee Assistance Program (EAP). As part of its EAP, RACSB offers employees the opportunity to enter rehabilitation programs approved by the Agency at the sole cost and expense of the

employee outside of the standard EAP benefit. ~~All~~Any employees may access the EAP without jeopardizing that employee's job, so long as the employee requests from the Director of Human Resources access to the EAP prior to being asked by the Agency to undergo any urinalysis, blood test, saliva test, breath test, or any other test now in existence or hereafter developed with detects the presence of alcohol, illegal drugs (including Marijuana), controlled substances, drugs, or other intoxicants.

All employees in the EAP, including any rehabilitation program, shall be subject to all testing and other requirements of this policy. The type of drug screening administered at any given time shall be in the sole discretion of the Executive Director of the Agency or his/her designee.

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Summary report:	
Litera Compare for Word 11.3.0.46 Document comparison done on 12/12/2023 9:14:01 AM	
Style name: HF Standard	
Intelligent Table Comparison: Active	
Original DMS: iw://hf-iman.hirschlerfleischer.com/IMAN/16748595/1	
Modified DMS: iw://hf-iman.hirschlerfleischer.com/IMAN/16740952/1	
Changes:	
<u>Add</u>	42
Delete	40
<u>Move From</u>	3
<u>Move To</u>	3
<u>Table Insert</u>	0
Table Delete	0
<u>Table moves to</u>	0
<u>Table moves from</u>	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	88

Memorandum

To: Joe Wickens, Executive Director
From: Terri Carrington, Director of Human Resources
Date: December 7, 2023
Re: Performance Evaluation Policy

Evaluating employee performance is one of the most important responsibilities of a manager or supervisor. Evaluations provide a framework for setting and accomplishing organizational and individual goals and objectives. An effective evaluation process allows employees know what is expected of them, how they are performing, and how they can improve or take advantage of growth and career opportunities.

Policy Guidelines

1. **Timeliness**: It is strongly encouraged that performance evaluations should be completed mid-year and annually on all employees regardless of the length of service. For six-month probationary employees, evaluations are to be completed prior to the end of the sixth month and annual evaluation should be done prior to end of twelve months. It is particularly important the evaluations be done timely a) when merit increases are due, and b) for probationary employees so they have every opportunity to successfully complete their probationary period.
2. **Feedback**: Feedback on employee performance is a continual process throughout the year and needs to be given as recognition for achievements or when the employee is having a difficulty meeting performance standards or objectives. The evaluation form itself documents the ongoing feedback the manager has discussed with the employee throughout the year in addition to setting specific objectives the employee is expected to accomplish during the next evaluation period. Although employee may disagree with some of the manager's statements, there should be no surprises during the performance evaluation meeting.
3. **Improvement Needed/Unsatisfactory Evaluations**: If the overall work performance either needs improvement (partially meets expectations – below the standard level required for the position) or is unsatisfactory (does not meet expectations – inadequate and definitely inferior to the standards of performance required for the position), employees are to be re-evaluated.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

4. **Re-Evaluation Period:** Employees partially meeting expectations: A full re-evaluation must occur within two (2) months. If re-evaluation remains less than 2.99, a Plan of Corrective Action will be implemented with a full re-evaluation in 30 days. If performance remains marginal, this will be grounds for termination.

Employees not meeting expectations: Probationary employees with unacceptable performance is grounds for immediate termination. Non-probationary employees will have a plan of correction action implemented with full re-evaluation in 30 days. If re-evaluation is 2.49 or less, this will be ground for termination.

5. **Scoring:** The performance evaluation is based on SMART goals: specific, measurable, achievable, relevant, and time-bound. The evaluation is based on a 5-point rating scale:

Overall Performance Evaluation Scoring and Criteria	
Appraisal Rating	Criteria
5 – Substantially Exceeds Expectation	Consistently exceeds standards and performs above expectations. Handles all aspects of performance standard expertly with little instruction or coaching. Available to train/help others and take on additional responsibilities.
4 – Exceeds Expectation	Frequently meets or exceeds standards. Competently and consistently performs all components of the performance measure.
3 – Meets Expectation	Generally, meets standards. Competently performs aspects of the performance measure.
2 – Partially Meets Expectations	Inconsistently meets standards and performance needs improvements to measure. Does not consistently meet all of the components of the performance standard. Requires frequent instruction and/or coaching. A full re-evaluation must occur within two (2) months. If re-evaluation remains less than 2.99, a Plan of Corrective Action will be implemented with a full re-evaluation in 30 days. If performance remains marginal, this will be grounds for termination.
1 – Does not Meet Expectations	Overall performance does not meet standards. Frequently unable to perform job duties and does not demonstrate the skills necessary for the performance standard. <u>Probationary</u> : Unacceptable performance is grounds for immediate terminations. <u>Non-Probationary</u> : Plan of corrective action implemented with full re-evaluation in 30 days. If re-evaluation is 2.49 or less, this will be grounds for termination.

6. **Merit Increases:** The Board of Directors will determine the provision of merit increases on performance evaluations and they will also determine the criteria to be met in order for employees to receive the merit increases.

SECTION 3.0: EMPLOYEE RELATIONS

3.1 EMPLOYEE PERFORMANCE EVALUATIONS

The employee performance evaluation is designed to facilitate the improvement and development of RACSB employees. A more productive working organization results when there is a mutual understanding that employees and supervisors are working together for a common purpose. Further, effective periodic ratings clarify performance expectations.

Employees and supervisors are mutually responsible for quality assurance, efficiency, ethical conduct and safety in relation to work performed. The supervisor will provide regularly scheduled supervision and is responsible on an ongoing basis for:

- ◇ Clarifying the employee's tasks, priorities, and accountability.
- ◇ Motivating the employee toward improved performance.
- ◇ Fostering a positive and productive work relationship with the employee.
- ◇ Soliciting input from the employee on his/her performance.
- ◇ Keeping the employee informed as to his/her positive accomplishments, areas in need of improvement, and expected standards of performance and conduct.

The employee is responsible on an ongoing basis for:

- ◇ Seeking clarification and instructions related to tasks, priorities and accountability.
- ◇ Requesting supervision in areas of job difficulty.
- ◇ Carrying out duties and functions to the best of his/her ability.
- ◇ Acting on the job in accordance with agency standards of conduct and performance.

Performance Evaluations are completed at the following times and shall cover the entire preceding review period:

- ◇ Six months following the first day of the month of employment (mid-probationary).
- ◇ Mid-year evaluation occurring in December.
- ◇ Annual evaluation in May (annual date), or a date designated by the Executive Director.
- ◇ Upon a lateral transfer of an employee.
- ◇ Upon any interim date determined to be appropriate by the employee's supervisor, the Program Director, or the Executive Director.

During employment, the supervisor is to maintain regular contact with the employee to communicate informal appraisal of day-to-day performance. A supervisor should keep balanced accounts of employee performance, identifying areas of satisfactory and unsatisfactory work.

Supervisors are encouraged to conduct reviews of the employee's overall performance more frequently than twice a year as required, even if conducted only on an informal basis.

Performance problems involving specific performance areas may arise outside the evaluation process and require immediate attention and correction. In such situations, the corrective action procedures outlined in the Standards of Conduct policy should be applied. Such corrective action steps may be taken prior to, between, or following performance evaluations. Further such actions will be included in the performance evaluation which cover the time period that corrective action occurred.

3.1.1 THE EVALUATION

The supervisor is responsible for conducting the evaluation. The supervisor ensures that the employee is fully aware of the evaluation process. The supervisor shall have responsibility for coordinating employee evaluation scheduling for his/her employees. Managers should provide performance feedback throughout the year and should immediately address significant failures to meet expectations through verbal and/or written disciplinary notices as outlined in RACSB's Employee Handbook.

Managers are encouraged to maintain notes regarding specific performance observations to facilitate providing examples that substantiate performance scores on the evaluation. In preparing for the evaluation, the supervisor should take into consideration the employee's performance for the entire evaluation period. The performance evaluation is of little value unless it is discussed with the employee. Therefore, it is RACSB's policy that the supervisor and the employee discuss each evaluation.

The discussion should include a review of the strengths as well as weaknesses of the employee's performance. The employee's comments and suggestions should be invited regarding past performances as well as future performance opportunities. The purpose is to achieve a constructive dialogue that supports the employee's development as well as reflects the supervisor's perspective of the employee's performance. When combined with the employee's input, this two-way communication should increase understanding and stimulate improved employee performance.

The evaluation tool has a total of ten (10) competencies. The first eight (8) are organization-wide and last two (2) are specific to those employees who have a supervisory role. The competencies are:

Communication/Customer Service;
 Judgment/Decision Making;
 Teamwork and Collaboration;
 Dependability/Initiative/Reliability;
 Documentation and Accountability;
 Competency (specific to position);
 Productivity (specific to position);
 Trainings;
 Supervision and Leadership; and
 Program Management.

Employees will be evaluated on the above competencies using a five-point scale from 1 – Does Not Meet Expectations to 5 – Substantially Exceeds Expectations (see below).

Overall Performance Evaluation Scoring and Criteria	
Appraisal Rating	Criteria
5 – Substantially Exceeds Expectations	Consistently exceeds standards and performs above expectations. Handles all aspects of performance standard expertly with little instruction or coaching. Available to train/help others and take on additional responsibilities.
4 – Exceeds Expectations	Frequently meets or exceeds standards. Competently and consistently performs all components of the performance measure.
3 – Meets Expectations	Generally, meets standards. Competently performs aspects of the performance measure.
2 – Partially Meets Expectations	Inconsistently meets standards and performance needs improvements to measure. Does not consistently meet all of the components of the

	performance standard. Requires frequent instruction and/or coaching. A full re-evaluation must occur within two (2) months. If re-evaluation remains less than 2.99, a Plan of Corrective Action will be implemented with a full re-evaluation in 30 days. If performance remains marginal, this will be grounds for termination.
1 – Does Not Meet Expectations	Overall performance does not meet standards. Frequently unable to perform job duties and does not demonstrate the skills necessary for the performance standard. <u>Probationary</u> : Unacceptable performance is grounds for immediate terminations. <u>Non-Probationary</u> : Plan of corrective action implemented with full re-evaluation in 30 days. If re-evaluation is 2.49 or less, this will be grounds for termination.

3.1.2 STEPS

- ◇ The supervisor shall complete the evaluation and present it to the Program Director for his/her review and signature. The Program Director will ensure that the written evaluation:
 - ◇ conforms to the Board's evaluation format;
 - ◇ is complete;
 - ◇ includes adequate data in the narrative statement; and
 - ◇ has an appropriate development plan for the employee.
- ◇ The supervisor shall then arrange the evaluation date with the employee. The date of the evaluation shall be on or before the established review date. Evaluations scheduled after the annual review date must be approved in writing by the Program Director or Executive Director.
- ◇ The evaluation must be discussed by the supervisor and employee and should include an overview of the past performance, specific performance strengths and weaknesses, future performance goals and objectives. The supervisor should encourage the employee's comments and suggestions regarding past performance as well as future performance opportunities. In support of a collaborative process, employees are encouraged to be active in the development of future professional and program goals.
- ◇ Upon completion of the evaluation with the employee, the supervisor shall obtain the employee's signature on the evaluation form and forward the form to Human Resources for inclusion in the employee's Personnel file. The employee's signature on the evaluation form does not necessarily signify agreement with the rating. If an employee disagrees with any statement made in the evaluation, she/he may submit a written statement within ten (10) working days following the conference with his/her supervisor; this statement is attached to the evaluation form and forwarded to the Human Resource Manager.

3.1.3 MERIT INCREASES

Employees meeting requirements and who have been employed a minimum of one (1) year will be eligible to receive any merit-based pay increases approved by the Board of Directors. The Board of Directors will determine the provision of merit increases based on performance evaluations. The Board will also determine the criteria to be met in order for employees to receive the merit increase.

SECTION 3.0: EMPLOYEE RELATIONS

3.1 EMPLOYEE PERFORMANCE EVALUATIONS

The employee performance evaluation is designed to facilitate the improvement and development of RACSB employees. A more productive working organization results when there is a mutual understanding that employees and supervisors are working together for a common purpose. Further, effective periodic ratings clarify performance expectations.

Employees and supervisors are mutually responsible for quality assurance, efficiency, ethical conduct and safety in relation to work performed. The supervisor will provide regularly scheduled supervision and is responsible on an ongoing basis for:

- ◇ Clarifying the employee's tasks, priorities, and accountability.
- ◇ Motivating the employee toward improved performance.
- ◇ Fostering a positive and productive work relationship with the employee.
- ◇ Soliciting input from the employee on his/her performance.
- ◇ Keeping the employee informed as to his/her positive accomplishments, areas in need of improvement, and expected standards of performance and conduct.

The employee is responsible on an ongoing basis for:

- ◇ Seeking clarification and instructions related to tasks, priorities and accountability.
- ◇ Requesting supervision in areas of job difficulty.
- ◇ Carrying out duties and functions to the best of his/her ability.
- ◇ Acting on the job in accordance with agency standards of conduct and performance.

~~The significance of the Employee Performance Evaluation depends upon the supervisor's understanding that the purpose of the evaluation is to improve employee effectiveness.~~

Performance Evaluations are completed at the following times and shall cover the entire preceding review period:

- ◇ Six months following the first day of the month of employment (mid-probationary).
- ◇ Mid-year evaluation occurring in December.
- ◇ Annual evaluation in May (annual date), or a date designated by the Executive Director.
- ◇ Upon a lateral transfer of an employee.
- ◇ Upon any interim date determined to be appropriate by the employee's supervisor, the Program Director, or the Executive Director.

During employment, the supervisor is to maintain regular contact with the employee to communicate informal appraisal of day-to-day performance. A supervisor should keep balanced accounts of employee performance, identifying areas of satisfactory and unsatisfactory work.

Supervisors are encouraged to conduct reviews of the employee's overall performance more frequently than twice a year as required, even if conducted only on an informal basis.

Performance problems involving specific performance areas may arise outside the evaluation process and require immediate attention and correction. In such situations, the corrective action procedures outlined in the Standards of Conduct policy should be applied. Such corrective action steps may be taken prior to, between, or following performance evaluations. Further such actions

will be included in the performance evaluation which cover the time period that corrective action occurred.

3.1.1 THE EVALUATION

The supervisor is responsible for conducting the evaluation. The supervisor ensures that the employee is fully aware of the evaluation process. The supervisor shall have responsibility for coordinating employee evaluation scheduling for his/her employees. Managers should provide performance feedback throughout the year and should immediately address significant failures to meet expectations through verbal and/or written disciplinary notices as outlined in RACSB's Employee Handbook.

Managers are encouraged to maintain notes regarding specific performance observations to facilitate providing examples that substantiate performance scores on the evaluation. In preparing for the evaluation, the supervisor should take into consideration the employee's performance for the entire evaluation period. The performance evaluation is of little value unless it is discussed with the employee. Therefore, it is RACSB's policy that the supervisor and the employee discuss each evaluation.

The discussion should include a review of the strengths as well as weaknesses of the employee's performance. The employee's comments and suggestions should be invited regarding past performances as well as future performance opportunities. The purpose is to achieve a constructive dialogue that supports the employee's development as well as reflects the supervisor's perspective of the employee's performance. When combined with the employee's input, this two-way communication should increase understanding and stimulate improved employee performance.

The ~~instrument utilized, measures the same competencies for each employee and are reviewed through the lens of each individuals' role within their respective program. The~~ evaluation tool has a total of ten (10) competencies. The first eight (8) are organization-wide and last two (2) are specific to those within employees who have a supervisory role. ~~Performance measures utilized~~The competencies are:

Communication/Customer Service; ~~Judgement~~
Judgment/Decision Making;
 Teamwork and Collaboration;
 Dependability/Initiative/Reliability;
 Documentation and Accountability;
 Competency (specific to position);
 Productivity (specific to position);
 Trainings;
 Supervision and Leadership; and
 Program Management. ~~The criteria utilized is~~

Employees will be evaluated on the above competencies using a five-point scale from 1 – Does Not Meet Expectations to 5 – Substantially Exceeds Expectations (see below).

3.1.2 STEPS

- ◇ ~~The supervisor shall complete the evaluation and present it to the Program Director for his/her review and signature. The Program Director will ensure~~ ~~the written evaluation:~~
 - ◇ ~~conforms to the Board's evaluation format;~~
 - ◇ ~~is complete;~~
 - ◇ ~~includes adequate data in the narrative statement; and~~
 - ◇ ~~has an appropriate development plan for the employee.~~

- ◇ ~~The supervisor shall then arrange the evaluation date with the employee. The date of the evaluation shall be on or before the established review date. Evaluations scheduled after the annual review date must be approved in writing by the Program Director or Executive Director.~~
- ◇ ~~The evaluation must be discussed by the supervisor and employee and should include an overview of the past performance, specific performance strengths and weaknesses, future performance goals and objectives. The supervisor should encourage the employee's comments and suggestions regarding past performance as well as future performance opportunities. In support of a collaborative process, employees are encouraged to be active in the development of future professional and program goals.~~
- ◇ ~~Upon completion of the evaluation with the employee, the supervisor shall obtain the employee's signature on the evaluation form and forward the form to Human Resources for inclusion in the employee's Personnel file.~~

3.1.3 SCORING

~~RACSB's performance evaluation is based on SMART goals: Specific, Measurable, Achievable, Relevant, and Time-bound. Employee meetings are to focus on improving communication and clarity, enhancing motivation and engagement, facilitating feedback and recognition, fostering learning and improvement by encouragement and collaboration with each employee.~~

~~Employees meeting requirements and who have been employed a minimum of one (1) year (12 months) will be eligible to receive any merit-based pay increases approved by the Board of Directors.~~

~~The performance evaluation is based on a 5-point rating scale.~~

Overall Performance Evaluation Scoring and Criteria	
Appraisal Rating	Criteria
5 – Substantially Exceeds Expectation s	Consistently exceeds standards and performs above expectations. Handles all aspects of performance standard expertly with little instruction or coaching. Available to train/help others and take on additional responsibilities.
4 – Exceeds Expectation <u>Expectations</u>	Frequently meets or exceeds standards. Competently and consistently performs all components of the performance measure.
3 – Meets Expectation <u>Expectations</u>	Generally, meets standards. Competently performs aspects of the performance measure.
2 – Partially Meets Expectations	Inconsistently meets standards and performance needs improvements to measure. Does not consistently meet all of the components of the performance standard. Requires frequent instruction and/or coaching. A full re-evaluation must occur within two (2) months. If re-evaluation remains less than 2.99, a Plan of Corrective Action will be implemented with a full re-evaluation in 30 days. If performance remains marginal, this will be grounds for termination.
1 – Does not <u>Not</u> Meet Expectations	Overall performance does not meet standards. Frequently unable to perform job duties and does not demonstrate the skills necessary for the performance standard. <u>Probationary</u> : Unacceptable performance is grounds for immediate terminations. <u>Non-Probationary</u> : Plan of corrective action implemented with full re-evaluation in 30 days. If re-evaluation is 2.49 or less, this will be grounds for termination.

- A. ~~Probationary employees: Failure of a probationary employee to receive a satisfactory evaluation shall be grounds for dismissal.~~

3.1.2 STEPS

- ◇ ~~The supervisor shall complete the evaluation and present it to the Program Director for his/her review and signature. The Program Director will ensure that the written evaluation:~~

- ◇ conforms to the Board's evaluation format;
 - ◇ is complete;
 - ◇ includes adequate data in the narrative statement; and
 - ◇ has an appropriate development plan for the employee.
- ◇ The supervisor shall then arrange the evaluation date with the employee. The date of the evaluation shall be on or before the established review date. Evaluations scheduled after the annual review date must be approved in writing by the Program Director or Executive Director.
- ◇ The evaluation must be discussed by the supervisor and employee and should include an overview of the past performance, specific performance strengths and weaknesses, future performance goals and objectives. The supervisor should encourage the employee's comments and suggestions regarding past performance as well as future performance opportunities. In support of a collaborative process, employees are encouraged to be active in the development of future professional and program goals.
- ◇ ~~B. Employee's signature:~~ Upon completion of the evaluation with the employee, the supervisor shall obtain the employee's signature on the evaluation form and forward the form to Human Resources for inclusion in the employee's Personnel file. The employee's signature on the evaluation form does not necessarily signify agreement with the rating. If an employee disagrees with any statement made in the evaluation, she/he may submit a written statement within ten (10) working days following the conference with his/her supervisor; this statement is attached to the evaluation form and forwarded to the Human Resource Manager.

3.1.43.1.3 MERIT INCREASES

Employees meeting requirements and who have been employed a minimum of one (1) year will be eligible to receive any merit-based pay increases approved by the Board of Directors. The Board of Directors will determine the provision of merit increases based on performance evaluations. The Board will also determine the criteria to be met in order for employees to receive the merit increase.

Summary report:	
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RACSB

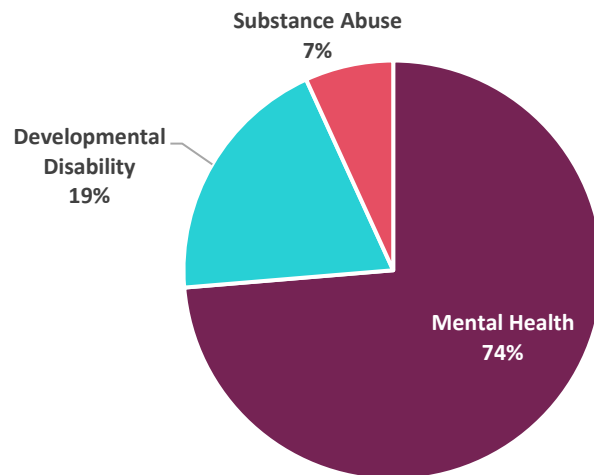
LOCAL FUNDING REQUEST FY 2025

Overview

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

FY 2023 Services to Individuals

FY 2023 Services to Individuals



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

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

FY 2023 Per Capita

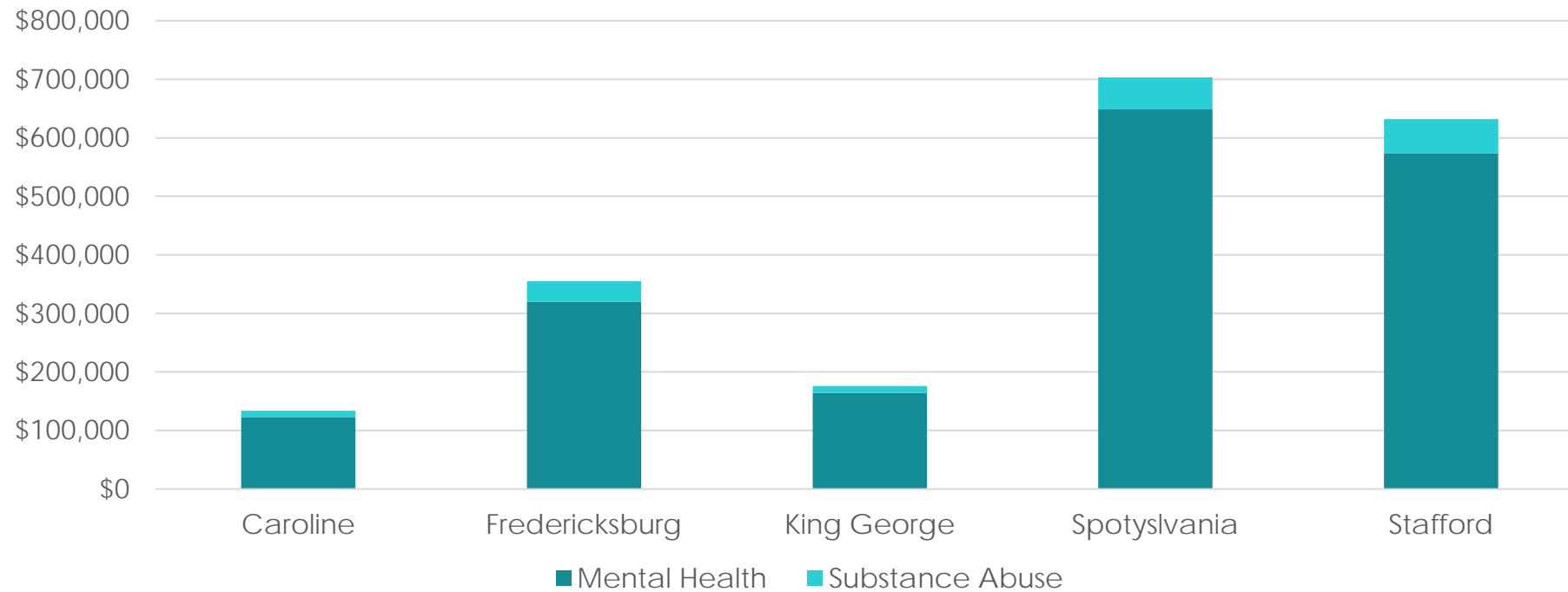
Locality	FY23Actual	Individuals Served	Population Estimate	Per Individual Served	Per Capita
Caroline	\$128,756.00	1,268	31,957	\$101.54	\$4.03
King George	\$166,173.00	1,757	27,856	\$94.58	\$5.97
Spotsylvania	\$661,438.00	6,863	146,688	\$96.38	\$4.51
Stafford	\$583,990.00	5,942	163,380	\$98.28	\$3.57
Fredericksburg	\$347,713.00	2,747	28,757	\$126.58	\$12.09

**Population data pulled from US Census Bureau as of July 1, 2022.*

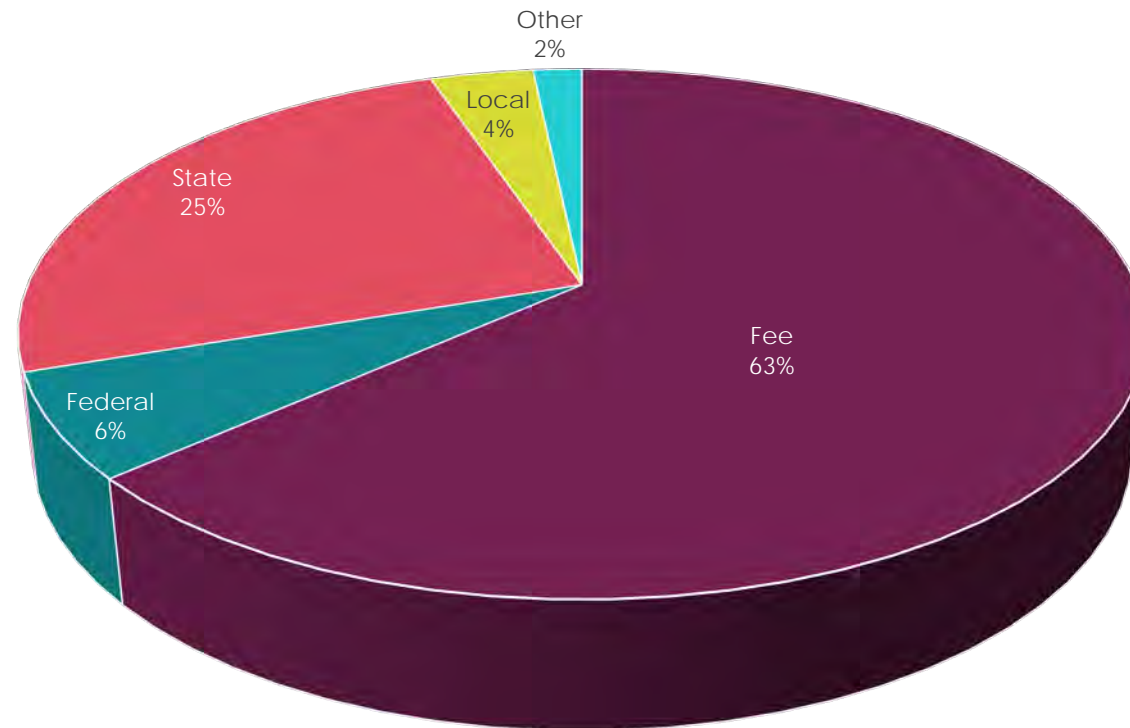
FY 2025 Request by Locality

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

FY 2025 Local Funding Allocation



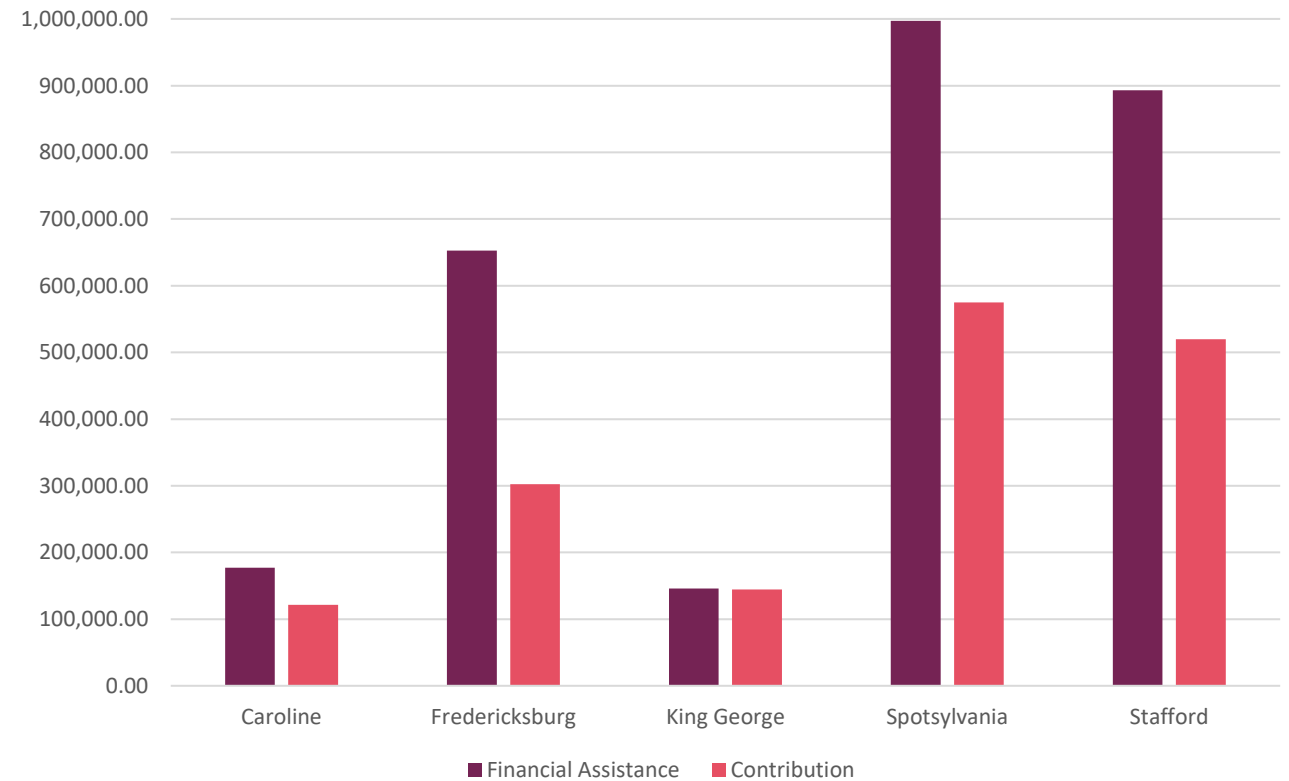
FY 2023 Revenue Sources



■ Fee ■ Federal ■ State ■ Local ■ Other

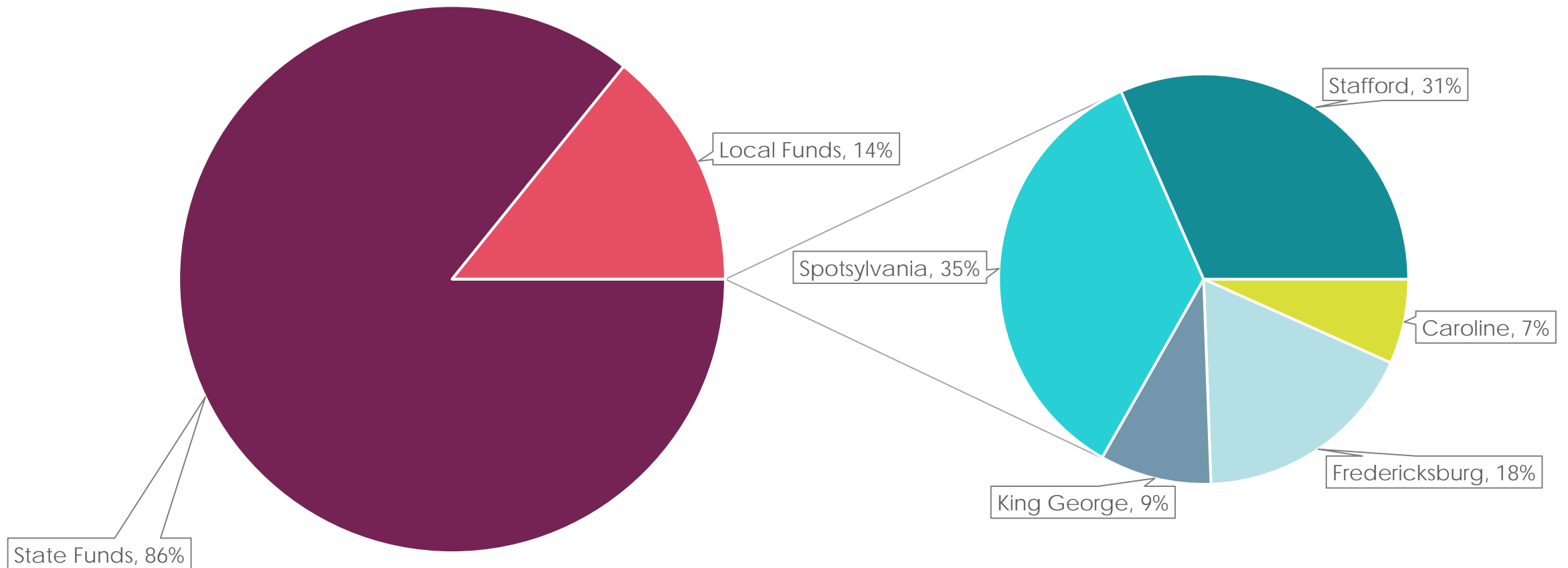
FY 2023 Return on Investment

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

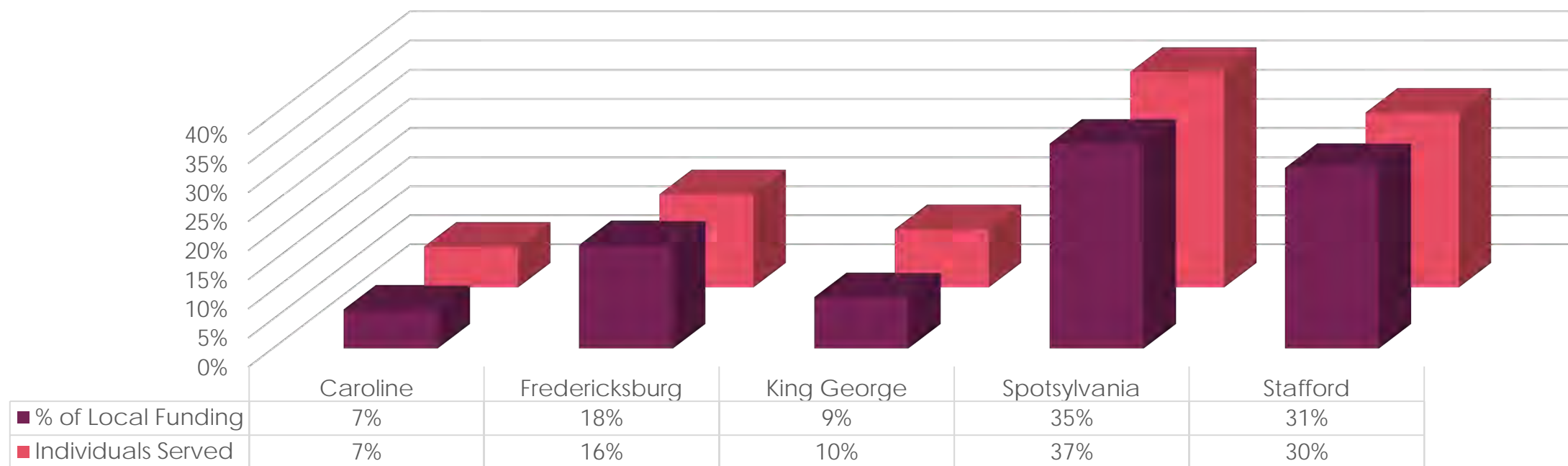


Performance Contract Requirements

Funding



Performance Contract Funding Requirements Local Funding versus Individuals Served



Fiscal Year 2024 Budgeted Revenue

Funding

